## Engler backs mental health plan with bucks

for local control

By Judith Donor Borne staff writer

FAGESPLUS (4)

Dy Tim Richard

Michigan will continue to shift

Michigan will continue to shift

mental health follars from hig institutions to community health programs in Gov. John Engler's 1993

Lugget.

"The day of the hig institution is pait," the governor said in a recent interview.

"Its mental health proposal for the year starting Oct. 1 is \$959 million

Community boards would get \$141

Immental health chief, Jim

Lavennon, said he would cut admin-

istrative costs \$1.2 million to put, more money into direct care.

The speed with which Engler and Haveman have shifted from institutions to community-based care has drawn more criticism than anything except perhaps his general assistance welfare cuts.

Here are the operations and anything that the property is the property of the pr

A. No. Q. What about Clinton Valley Cen-

ter in Pontine?

A. Ah (pause), the real challenge right now is to see Oakland and Maconh counties decide what type of mental health providers they're going to be Macomb is moving along. Oakland is the remaining county where they're not (pause) in the same status as other counties.

quickly as they can after treatment.
Community-based models, I think, are in the interest of the person needing care and the interest of the family. The day of big state institutions is really past.

Q. Rialph Slovenko, professor of law and psychiatry at Wayne State University, calls community mental health "a dismal fature" and says the fallacy is that there's "a community where the patients could return" and that "treatment is under fined." Comment?

A. I think Mr. Slovenko is also one of the advocates of the current mental health code, which makes involuntary commitment of an individual virtually impossible. So the same person that is required by law to be put on the street is the person we're trying to provide networks to deal with.

Nobody's come forward to advo-cate a change in the mental health code like the old days where some-one could be picked up and put in an institution for months and years. Absent that change, the state is in-capable of holding them. This is the problem that has perplexed law en-forcement agencies for some time. What do you do if you find someone on the street having an episode? Where do you go? The fact is they can't be held. They receive overright treatment and decide they don't wish to stay.

treatment and decide they don't wish to slay.

I think the mental health code might be changed. We might have a different approach, some of the advocates on the legal side have to be held accountable in part to address the solution. I don't think community constitutions of the second of the seco or institutional care can make a dif-ference to the person he's citing be-cause neither can help.



County preps

or Although Oakland and Macomb are the only counties in Michigan which haven't signed on the dotted

Full management, according to Cooper, means that all the public mental health money will go through the county mental health board.

health director James Haveman.
"I'm very happy. It will give our staff the tools," Cooper staff.
The decision to go "full management" awaits the humbs up signal from the full Oakland County Board of Commistoners. The Community Mental Health Services Committee has recommended it.
Cooper is confident that the one state hospital in the county — Clinton Valley Center - will remain open.

"Full management is not about closing hospitals," he said. "My understanding is there are no plans to close down Clinton Valley. If we go full management, we will still need (those) 150 to 200 hospital beds."

He sees three state hospitals re-maining open — Clinton Valley, Northville and Kalamazoo — to serve those in the state who need in-stitutional care.





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