

Public Testimony Submitted by Pamela Casper
House Appropriations Subcommittee on Health and Human Services
October 30, 2019

Re: Public Behavioral Health System

Madam Chair Whiteford and Members of this Subcommittee:

My name is Pam Casper. I receive mental health services from CNS Healthcare and Our House Clubhouse. They are providers contracted with Oakland Community Health Network (formerly known as Oakland County Community Mental Health Authority).

Thank you for this opportunity to share my story and also bring to your attention some concerns. I've had 16 psychiatric hospitalizations. I haven't had any psychiatric hospitalizations in more than a decade because of the specialty mental health services and supports that I receive through the public mental health system. Traditional mental health services were not adequate to help me.

Previously, I was employed as a Registered Nurse and I had health insurance through my employer. I experienced severe bipolar depression that required outpatient treatment and several hospitalizations on a psychiatric unit.

Despite receiving treatment from private psychiatrists, a private psychotherapist, and electroconvulsive shock therapy for treatment resistant depression, my symptoms increased. My depression, anxiety, and panic attacks became so disabling that I couldn't work. My psychiatrists had difficulty trying to find an effective combination of medications to treat my symptoms. This resulted in several medical leaves of absence. My last medical leave of absence was without pay. Eventually, I had to resign from my position because it was not known when or if I would be able to return to work.

I exhausted all of my savings and I cashed in my retirement plan. It didn't take long to become financially destitute. I was on the verge of becoming homeless. My depression and anxiety spiraled and I attempted suicide.

Subsequently, I was referred to Community Mental Health (CMH). I received intensive services from the Assertive Community Treatment (ACT) team for several years which literally saved my life. ACT is a multidisciplinary community based team that provides intensive services 24 hours per day, seven days per week, and 365 days per year. When I received ACT services, I had at three to five contacts per week. Sometimes I received multiple contacts in one day.

After receiving ACT services for several years, I became stable enough to be transitioned to a less intensive case management program. Over the years, I've received assertive community treatment, case management, peer support, clubhouse, and psychiatry services.

The specialty mental health services that I've received have been and continue to be instrumental in my recovery. If I was not able to get the specialty mental health services that I needed, I would have died by suicide. I'm very concerned that if CMH services are privatized,

individuals who need ACT services long term won't get them due to the cost. Medicaid Health Plans have shareholders who want the plans to have a good profit margin.

It would take a lot of time for me to tell you about how the public mental health system has helped me. Many people will provide testimony about how specialty behavioral health services and supports are vital to their recovery.

Instead, I would like to bring several concerns to your attention. First, I want thank you for increasing the general fund dollars allocated to the CMH budget. However, I think that you may not be aware of some of the reasons why the increase is not adequate.

Some individuals who receive services through CMH have the Healthy Michigan Plan (HMP) type of Medicaid and receive Social Security Disability Insurance (SSDI) benefits. After they receive SSDI benefits for 24 months, they becomes eligible for Medicare. People eligible for Medicare are not eligible for the HMP. Therefore, these individuals lose access to specialty behavioral health services.

Unfortunately, Medicare *does not* cover specialty behavioral health services such as Assertive Community Treatment and peer support. It also doesn't cover psychosocial rehabilitation services nor long-term services and supports. Psychosocial rehabilitation services help individuals with severe and persistent mental illness build the skills they need to live, work, and fully participate in the community.

Additionally, some people get Medicaid through the Freedom to Work (FTW) for Individuals with Disabilities Medicaid program. Eligibility for FTW is limited to individuals under the age of 65. Therefore, when people in this program turn 65, they lose access to specialty mental health services. Without these services, some individuals become unstable. Their symptoms may become so severe that they have difficulty functioning and lose their job. Please remove the age cap for the FTW Medicaid program so people can get the services that they need.

Furthermore, as an unintended consequence of establishing the HMP, most individuals in the Aged, Blind, and Disabled Medicaid category aren't eligible for CMH services because they don't have full Medicaid. I didn't have full Medicaid for many years. Fortunately, at that time the CMH non-Medicaid budget was adequately funded. The specialty mental health services that I received literally saved my life and helped me to be able to function again. Traditional psychiatry and psychotherapy were not adequate to help me.

I urge you to increase the amount of general fund dollars allocated to the public mental health system and to remove the age cap from the Freedom to Work for Individuals with Disabilities Medicaid program. This will allow more people to have access to the specialty behavioral health services they need.

Thank you for the opportunity to share my story and my concerns. If you have any questions, you may contact me at pam.casper27@gmail.com or (248) 374-0646.

Sincerely,
Pamela Casper
27064 Meadowood Drive, Apartment 101
Wixom, MI 48393