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Testimony to the Michigan House of Representatives – MDHHS Subcommittee on Appropriations
Room 352, House Appropriations, State Capitol Building, Lansing, MI

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Chairperson Whiteford and Members of the Committee:

Thank you for this opportunity to address the committee. As a long-term advocate for individuals with disabilities generally and those who use services and supports provided by Michigan's Department of Health and Human Services in particular, I have observed the impact on people of changes in structure, policy and funding over 6 decades nationally and since 1975 in Michigan.

Over time, supports and services have transformed from institutional to community-based. Individuals have gained rights and can choose their supports and services and their service providers. Written Individual Plans of Service document those choices. Recipients can integrate their physical and behavioral health care when they have an adequate array of acceptable, accessible, and affordable services from which to choose. The most effective services in terms of cost and personal outcome are those integrated by the person who uses them.

Recent efforts to integrate care have focused on payers and organizational structures. Various models have been developed, often with uneven results. For example, Michigan evolved from state-run institutions and centers and county-based mental health services. They were once coordinated by Regional Offices of the Department of Mental Health. Regional Offices were eliminated in the 1980s as they were an unnecessary bureaucracy. But then the current Prepaid Inpatient Health Plans (PIHP) were created. While the number of PIHPs has been reduced to 10, they are still an additional layer of administration and take significant funding away from direct services. And, we still have the historic community mental health agencies. All this "overhead" could be tolerated if it assured access to equitable service statewide. As you have heard from many, that is not the case. The fact is the service array differs from one community to another.

You have also heard testimony regarding the various data collection and audit systems that are used throughout the state. This variation adds cost for service providers and impedes movement of service recipients. Given this experience with layers of bureaucracy and lack of coordination of functions, it seems to me that the now-off-the-table plan to have a number of Medicaid Health Plans (MHP) administer the money would not have addressed the issues of access and equity. The Medicaid Health Plans would still need to contract with services providers for the hands-on care and support of recipients. Unless all MHPs used a common system of documentation, payments, audits, etc. (highly unlikely); we would still have a fractured system of care.

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You are charged with appropriating funds to support a system of care for persons with Intellectual/Developmental Disabilities, Behavioral Health conditions, and Substance Use Disorders. The population to be directly served is huge, the impact on their families and communities even greater. The funds to be expended are significant. I believe you want to appropriate funds in the amount and places where they will have greatest effect on improving lives of direct recipients of service and their allies.

Today I come to suggest that we have an incredible opportunity to examine the current service system from top to bottom, bottom to top, and silo to silo. We can design a new system that responds to the needs and desires of the men, women, and children who use publicly funded supports and services including behavioral health and physical health care, long term services and supports, and more.

Policy is best when it is informed by the people it affects. The litmus test question when a recipient of a service evaluates that service or support is: "Did you ask me?" We have a great opportunity to eliminate redundant costly layers of bureaucracy and design anew. We must start with the individuals who use supports and services and design upward. I know in schools where the instruction is student-driven, students are purposefully engaged in learning. Teaching and learning become a productive partnership. Asking, not telling, makes all the difference. A system designed in response to people's expressed needs and desires, where the user's choice is central to the design, are effective, less costly, and result in better outcomes for the individuals served therein.

Personally, I want to see service recipients in the driver's seat. What is it that will enhance the quality of their lives? How should supports and services be developed and organized to enable them to fulfill their personal needs, hopes and dreams?

The principles of Self-Determination (Freedom, Authority, Support, and Responsibility) must guide the discussion. We cannot sacrifice the basic human right of persons with disabilities to direct their futures; have control over how they live their lives, where, and with whom; and have authority over the resources that support them. The elements of Person-Centered Plans, based upon the principles of Self-Determination should dictate the system requirements. I am here to advocate for what ought to be.

Thank you.

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Brief Listing of Professional Endeavors:

- 1959-1973** Speech Pathologist in rehabilitation and institutional settings (NJ, NY, PA)
- 1973-1975** MA in Special Education, Ohio State University
- 1975-1978** Teacher Consultant in Special Education; Administrator, Adult Education
Dual Appointment, Pontiac, MI Public Schools
- 1978-1980** Director of Training, Michigan Department of Mental Health
- 1980-1981** Director, Community Placement, Wayne County, Michigan Department of Mental Health
Metropolitan Regional Office
- 1981-2001** Incorporated Michigan Protection and Advocacy Service, Inc., Executive Director 1981-2001
- 2002-2010** Elected Member, Michigan State Board of Education
- 2012-2016** Founder and Board President, W-A-Y Academy Detroit (Southwest and Brightmoor
Campuses), grades 7 -12
- 1994-present** Consultant, Human Rights and Civil Society (many states in USA and 22 countries)