(A)

Testimony of the Mental Health Association in Michigan
House DHHS Appropriations Subcommittee – March 9, 2020

Representative Whiteford and Members of the Subcommittee,

I'm Marianne Huff, President & CEO of the Mental Health Association in Michigan, the state's oldest advocacy organization for persons with mental illness. With me is our former long-time CEO, Mark Reinstein.

There are many possible areas for budget testimony. My focus today is on one of the most critical – insufficient state General Fund appropriations for non-Medicaid mental health services.

Before the advent of Healthy Michigan in 2014, the non-Medicaid GF mental health line was over $300 million. Now it's just over $100 million. That is far too low to have an adequate safety net for persons with severe mental illness who don't have Medicaid or any insurance. The Mental Health Code states, in 330.1208 (4)," An individual shall not be denied a service because an individual who is financially liable is unable to pay for the service." And yet, there are thousands of Michigan residents with serious mental illness who are being denied access to outpatient mental health services as a result of the General Fund reductions in 2014.

We have become totally dominated by Medicaid in mental health. Yet mental illness strikes us all and cares not what your insurance status is. And children and youth are possibly the group that has been the most negatively impacted by the loss of state General Fund dollars because even if their parents have private insurance, there are many specialty supports and services that private insurers do not cover.

The Flinn Foundation (2019: Community Mental Health Landscape Analysis) reports a drop in the number of persons served by community mental health with serious mental illness over a five-year period (beginning in 2013 prior to the General Fund reductions): from 170,000 to 153,000 (a 10% drop). This is surely fueled by the lack of GF appropriations and the accompanying establishment of "waiting lists." We have closed the door on vitally needed services, including hospitalization in some cases, because seriously disordered individuals aren't eligible for or enrolled in Medicaid. Michigan's Mental Health Code says nothing about services and supports being dependent on whether someone has Medicaid. The Mental Health Code states in 330.1208 (3) that "Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations."

If state law says that these individuals must be served, "regardless of the ability to pay, and that they must be a priority if they are in urgent or emergency situations", then how is this being monitored by the MDHHS?

MDHHS now has a system redesign plan that says it will build a better safety net for non-Medicaid individuals. That is impossible with a GF appropriation of just over $100 million. Dr. Mellos from DHHS told you Feb. 19 that "CMHSPs struggle to proved adequate safety-net services," and that "current appropriations are not commensurate with growing behavioral health demands of Michiganders."

The report of the state's Task Force on Jail & Pretrial Incarceration has just been issued, with a number of mental health recommendations. Numerous legislators have said they want to take follow-up steps. But the local mental health player in jail diversion and services is Community Mental Health, and CMHSPs can only spend money on this from their GF appropriations.

Seven statewide mental health advocacy groups have called for CMH GF appropriations to be tripled, up to about $360 million. We realize that's a very tall task for you since state budgeting is done in departmental silos. But if we can invoke some philosophy from the "Price of Government" experts the Legislature brought in about 15 years ago, it's time for the Legislature to determine where mental health treatment ranks in terms of its priorities. We owe those hit by severe mental illness, and their families, nothing less. This becomes more significant in consideration of data by the National Institute of Mental Health (NIMH) that neuropsychiatric and behavioral disorders are the fourth most common disability in the United States, with 13.8 percent of the population being affected. This is a staggering statistic and makes our point for us: The provision of mental health services to all who need them is a matter of public urgency.

One final budget item that we wish to bring to your attention is regarding boilerplate section 8-904 on community mental health service and expenditure reporting. We want to be sure that no CMHSP reports persons solely communicated with via internet or phone (outside the realm of telemedicine) as "persons served." And everyone in the mental health advocacy community wants to know what percentage of persons contacting CMHSPs about possible service are turned away by phone or e-mail without any face-to-face evaluation.

Thus, we suggest revisions to sec. 8-904 as follow:

*After (2)(a), add a new sentence: "Persons who have had contact with a CMHSP solely via internet or phone, excluding telemedicine professional service, cannot be counted or reported as individuals served."

*Insert a new (2)(b), re-letter remainder: "The number of persons inquiring about service who have been denied solely via internet or phone, without personal examination, excluding telemedicine professional services."

Thank you for your thoughtful consideration of our requests.

Appendix D

Serious Mental Illness and Serious Emotional Disorder Population and Cost Data (Section 904)

Statistic	2013	2014	2015	2016	2017
SMI Total Population	169,695	155,623	151,057	158,064	153,168
% change		-8.29%	-2.93%	4.64%	-3.10%
SMI Total Cost	$893,862,615	$824,500,381	$867,228,280	$815,785,079	$875,426,130
% change		-7.76%	5.18%	-5.93%	7.31%
SED Total Population	46,253	45,683	47,475	49,260	51,422
% change		-1.23%	3.92%	3.76%	4.39%
SED Total Cost	$211,719,639	$205,716,996	$226,306,947	$230,468,327	$252,528,518
% change		-2.84%	10.01%	1.84%	9.57%
I/DD Total Population	43,579	46,981	46,431	48,864	49,513
% change		7.81%	-1.17%	5.24%	1.33%
I/DD Total Cost	$1,210,295,902	$1,207,558,805	$1,302,629,081	$1,354,399,690	$1,443,514,380
% change		-0.23%	7.87%	3.97%	6.58%
Total Served	259,527	248,287	244,963	256,188	254,103
% change		-4.33%	-1.34%	4.58%	-0.81%
Total Cost	$2,315,878,156	$2,237,776,182	$2,396,164,308	$2,400,653,096	$2,571,469,028
% change		-3.37%	7.08%	0.19%	7.12%

Michigan Department of Health and Human Services

Appendix E

Substance Use Disorder Spending by Payer, for Four CMHs (Section 908)

Statistic	2015	2016	2017
Total	**$180,165,361**	**$180,165,361**	**$238,850,150**
Medicaid	**$41,900,746**	**$41,900,746**	**$58,211,937**
HMP	**$53,728,675**	**$53,728,675**	**$80,397,398**
MIChild	**$41,525**	**$41,525**	**$1,510,201**
DWMHA	**$44,445,272**	**$44,445,272**	**$65,170,759**
OCCMHA	**$11,150,253**	**$11,150,253**	**$15,462,829**
MCCMH	**$12,490,253**	**$12,490,253**	**$15,249,425**
CMHPSM	**$7,814,567**	**$7,814,567**	**$11,098,320**

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