



COMMUNITY MENTAL HEALTH AUTHORITY
CLINTON • EATON • INGHAM

Community Mental Health of Clinton, Eaton, and Ingham Counties
**A Call for the Protection of
Mid-Michigan's Mental Health Safety Net**

Advocates Handbook

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I. The Case for Action

A. The Issue

Significant gaps in the public mental health safety net exist in the tri-county region – Clinton, Eaton, and Ingham Counties. These gaps are the result of:

- a long standing history of insufficient funding for the state's public mental health system, made worse by recent and proposed cuts
- significant disparities in funding that exist across the state's public mental health system

1. Recent and proposed cuts: The recent cuts to the CMH system and potential cuts in next year's state budget will only cause these gaps to grow. Action is needed, now, to close these gaps in services to the most vulnerable in our community and prevent these gaps from growing.

FY 2009 Executive Order: The CMH system suffered a \$10 million cut as part of the May 5 Executive Order; the local CMH, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties,

lost \$200,000

FY 2010 Budget: If this cut were to be annualized in FY 2010, this cut of \$40 million would mean a cut to the CMH of Clinton, Eaton, and Ingham Counties – depending upon the method used to distribute the cut, statewide – of:

\$800,000 to \$1.6 million.

When combined with increases in health care and other costs, the gap in CMH's FY 2010 budget could be:

\$2 million to \$3 million

Cuts of this magnitude will leave a very large segment of the tri-county population unserved – only exacerbating the service gap that currently exists – and is described below.

2. Longstanding disparity in funding: As a matter of social policy and in the eyes of Michigan's citizens, families, and taxpayers, all of Michigan's residents should have the same access to mental health care, regardless of where, in the state, they live. However, because of vast disparities in the funding provided across the state, this equal access to publicly funded mental health services does not exist.

The per capita mental health funding gap, in the mid-Michigan community, is substantial, as illustrated below.¹

The Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) is **underfunded by:**

\$85 million when compared with the highest per capita funded county in the state (this would require a 95% increase above CEI's current funding level)

\$11 million when compared with the average CMH per capital funding across the state (this would require a 13% increase above CEI's current funding level)

3. Funding inequity not based on differences in need: These funding inequities are not related to differences in need or the cost of providing services. Rather, they are the result of past appropriation patterns, the location of state psychiatric hospitals and developmental disability centers, and past Medicaid billing practices.

B. Underfunding has led to budget cuts

Over the 13 year period of FY 1997 through FY 2009, as a result of insufficient funding increases, in the best years, and declining funding, in the worst years, this CMH has:

- **Cut its budget by \$13.9 million** (A 15.7% budget cut)
- **Used over \$2 million in reserves** (over 50% of its reserves)
- **Reduced its workforce by 8.4%** (71 FTEs)

¹ Per capita is measured for Medicaid funds as per Medicaid enrollee; and for state General Fund dollars as per non-Medicaid enrollee with incomes below 200% of poverty. Attachment A provides additional detail on these funding inequities. See Attachment A for further detail on the inequity.

C. A picture of the mid-Michigan's mental health safety net gaps

As a result of this underfunding, in 2008, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) **turned away over 1,400 persons in need of mental health services**. This number does not count the thousands of others who, knowing that services will not be available, do not even bother to inquire. National prevalence data suggests that between 27,000 and 45,000 persons, in the tri-county region have serious mental health or developmental disability needs; CEI serves only 10,000 of them annually.

A sample of the types of services that are not available to tri-county residents – or available at levels far below the need of these residents - but which are available to the residents of other parts of the state include:

- Early intervention mental health services (therapy, casemanagement, medication) to children and adults experiencing:

homelessness	sexual assault and abuse	job loss
domestic, school, or workplace violence		marital discord
grieving	poverty	

The demand for mental health treatment for persons dealing with these issues is growing rapidly, while public funding for these services has been virtually eliminated.

- Mental health services to **at-risk youth** – before they become involved in the **juvenile justice and child welfare systems**. In fact, the early intervention services provided to children and adolescents with mental health needs, in the tri-county regional, are funded, in the main, not by Medicaid nor State GF funds, but by federal grants and the joint county/state funded Child Care Fund.
- Monitoring, linking, and supports, and treatment services for **adults under court orders for mental health treatment**. As an example, annually over 700 Ingham County residents are under such court orders. CEI has the resources to provide casemanagement and/or treatment for only 200 of them – those with the most serious and persistent mental illnesses.
- **Jail-based services**. There is a growing recognition of the need for mental health treatment for persons incarcerated in local jails. Partnerships between this CMH and local jails have only scratched the surface in meeting these needs.
- **Psychiatric care** for persons with:
 - developmental disabilities who also have a mental illness
 - substance abuse problems who also have a mental illnessThe need for these services is far greater than CEI's ability to meet them and is growing rapidly.
- Greater access to **supported independent living** for persons with developmental disabilities and mental illness – as opposed to the use of congregate care/group homes
- **Respite services** (provision of support staff to provide brief breaks in caregiver responsibilities for parents) for families of children with emotional disturbances or persons with developmental disabilities. Respite services are some of the most cost effective services, dramatically reducing the need for expensive out-of-home care.

D. Solution and signs of hope

To close these mental health safety net gaps, the **state legislature must be asked to:**

1. **Protect the CMH system from further cuts** in next year's (FY 2010) budget
2. Adopt a **multi-year plan** for closing the General Fund and Medicaid gap in funding for the CMH system.

New language – stronger language, could build upon the language in the FY 08 DCH Appropriations bill, which calls for funding equity. This language, below, must be strengthened.

SB 1094 of 2008

Sec. 462. The department shall develop a funding equity plan for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. The funding plan should reflect a more equitable distribution methodology based on proxy measures of need and the recognition of varying expenditure needs of CMHSPs. The department shall submit the written equity funding plan and a report regarding implementation feasibility of the equity funding plan including an impact statement to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1 of the current fiscal year.

This language could be refined, expanded to include Medicaid funds, and used as the basis for Appropriations Committee action to promote funding equity.

3. Reflect, **in each year's Appropriations bill – including the FY 2010 appropriations bill - , supplemental appropriations bill, or executive order, movement toward funding the closure of the funding gap** with the distribution of increases or reductions (when reductions are required) in ways that close the funding gap:

- **Preventing funding cuts** to those CMHs, including this CMH, with state GF and Medicaid funding below the average per capita funding
- **Moving new dollars**, when they become available, into the budgets of the under-funded CMHs across the state

4. **Signs of Hope: Continue the sound equity-based methods used with the May 5 Executive Order:** The Michigan Department of Community Health used equity-based principles in distributing the May 5 Executive Order. Legislators must require MDCH to continue to use these principles in applying future funding increases and cuts until funding equity is reached.

II. Actions that Advocates Can Take

A. Written, face-to-face, and written communication with state elected officials

1. The list of state legislators (their addresses, e-mail addresses, and phone number) who represent this area is included as Appendix B this handbook.

You can also identify your State Representative and State Senator by going to:

To find your State Representative:

1. On the internet, go to: www.house.michigan.gov
2. Go to “Find your Representative” link, enter your zip code, county, or district.

To find your State Senator:

1. On the internet, go to: www.senate.michigan.gov
2. Go to “Find your Senator” link, enter your zip code, county or district

2. Written communication:

a. Address the letter as:

Honorable State Representative XXX
Michigan House of Representatives
S0586 House Office Building
P.O. Box 30014
Lansing, MI 48909-7514

Honorable State Senator XXX
State Senate
P.O. Box 30036
Lansing, MI 48909-7536

b. Open the letter with: Dear Representative XXX (or Dear Senator YYY)

c. When writing a letter to a state legislator:

1. Do not personally attack anyone in the letter.
2. Be clear about the topic and your view of it and/or your recommendations.
3. State who you are, what issue is, and what you want accomplished (if appropriate).
4. Always include your home address and daytime phone number in the letter.
5. If possible, personalize the issue.

d. A sample letter, on the need to close the mental health safety net gaps in FY 2010, is included as Attachment A in this Handbook.

3. Face-to-face or phone communication

- a. It is useful to develop a short list of issues that you want to discuss with the rep or senator - to ensure that you cover them all during the conversation.
- b. When you call, expect to talk with a staff member. This is not a bad sign; it is only a sign of the hectic schedule kept by most reps and senators. Give them your full opinion, as if you were talking to the rep or senator him or herself.
- c. Advice for phone or face-to-face discussions:
 1. Do not personally attack anyone in the conversation.
 2. Be clear about the topic and your view of it and/or your recommendations.
 3. If possible, personalize issue
 4. Be brief, but succinct in conversation.
 5. Thank them for their time and let them know that you are available if they want to any further information on the topic

B. Letters to the Editor

Write letters to the editors of local media. The contact information is provided below. The letters should avoid personal attacks, should not use profanity, and should address the issues that are identified in the sample letter attached to this packet.

Lansing State Journal:

- a. You can write a **letter to the editor** at the Lansing State Journal by going to the Lansing State Journal website: (www.lansingstatejournal.com) and then to the Opinion section, and then to the Submit a Letter section. Or you can go right to this section by going to:

<http://www.lansingstatejournal.com/article/99999999/CONTACTUS/80325015>

- b. You can be part of a **blog** discussion by going to the Lansing State Journal Opinion section website:

<http://www.lansingstatejournal.com/section/opinion>

and clicking on the “Become a member” section of the “Comment, blog & share photos” section of this webpage.

City Pulse:

- a. You can write a letter to the City Pulse editor in one of three ways:

1. E-mail: letters@lansingcitypulse.com
2. Postal service mail to: City Pulse, 2001 E. Michigan Ave., Lansing, MI 48912
3. Fax: (517) 371-5800

- b. You can also write a guest column by Contacting the publisher of the City Pulse, Berl Schwartz, for more information: publisher@lansingcitypulse.com

or by calling (517) 371-5600 ext. 10 (Please include your name, address and telephone number so we can reach you. Keep letters to 250 words or fewer. City Pulse reserves the right to edit letters and columns.)

C. Testify at legislative hearings

Be willing to testify at House or Senate Appropriations Committee hearings when the budget bill for the Michigan Department of Community Health (MDCH) is being considered, about mental health issues and how the budget impacts you or someone about whom you care. CMH staff will support you in this, with preparation, transportation, and by accompanying you to and staying with you during the hearings.

If you are willing to serve in this way, e-mail Judy Hazle, CMH's Community Education Liaison, at hazle@ceicmh.org

D. Be interviewed by media

Be willing to be interviewed by television, radio, or newspaper reporters on mental health issues, especially as they impact you or someone about whom you care. CMH staff will support you in this, with preparation, transportation, and by accompanying you to and staying with you during the interview, if you so desire.

If you are willing to serve in this way, e-mail Judy Hazle, CMH's Community Education Liaison, at hazle@ceicmh.org

E. Be willing to be part of CMH's e-mail advocates list

If you provide us with your name and e-mail address, we can keep you up-to-date on the budget-related issues that impact the CMH system.

If you want to be added to this list, e-mail Judy Hazle, CMH's Community Education Liaison, at hazle@ceicmh.org

Attachment A: Sample letter or e-mail to legislator

May 22, 2009

Honorable State Representative
House of Representatives
P.O. Box 30014
Lansing, MI 48909-7514

OR

Honorable State Senator
State Senate
P.O. Box 30036
Lansing, MI 48909-7536

Dear Representative (or Senator)

Opening paragraph makes your point:

Sample: As the FY 2010 Department of Community Health budget works its way through the legislature, I urge you to protect the funding for the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties. As a resident of your district I want to ensure that the services provided by, and therefore, the state funds provided to, our local CMH are not cut.

Show that you know details about the budget:

Sample (reflecting FY 2010 realities): As you may know, the CMH system suffered a \$10 million cut as part of the May 5 Executive Order; the local CMH lost \$200,000. If this cut were to be annualized in FY 2010, this cut of \$40 million would mean a cut to the CMH of Clinton, Eaton, and Ingham Counties ranging from \$800,000 to \$1.6 million – depending upon the method used to distribute the cut, statewide. Additionally, the CMH system cannot take a cut to its Medicaid funding – funding that is needed to meet the demand for services for which Medicaid recipients are entitled, by law, to receive.

Show that you know of disparities in funding and recent attempts to correct them:

Sample: As you may know, the local CMH receives funding that is \$11 million below the state per capita average (13% below the state average) and \$85 million below what it would receive if it were funded, on a per capita basis, as the highest funded CMHs in the state (60% below the best funded). As a result many mental health services are not available to residents of this community. This is not right. The mental health services available to a resident of the tri-county community should be the same as those received be so different across the state.

Recently the Michigan Department of Community Health used a funding equity-based method to distribute cuts to the CMH system – as part of the May 5 Executive Order. This method must continue to used until funding equity is reached.

Draw on personal connection with CMH – if you are served by CMH or have a family member, friend, student, client, customer, or neighbor who is served by CMH or who you think should be able to be served by CMH, if the funds were available) describe the impact, to that person, of the loss of CMH services, if services were cut due to a cut to the CMH budget; or the impact that the inability to gain access to needed CMH services has had on that person

Close with summary of your view:

Sample: A budget cut to Community Mental Health will have ripple effects throughout other systems (schools, courts, hospitals) and the community as a whole. Dollars saved by cutting the services of Community Mental Health will result in even greater dollars spent on increased hospitalizations, increased incarcerations, and increased behavioral and emotional difficulties of students in school. So please, lend your support in protecting the budget of the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties.

Sincerely,
Name, address, phone number

Attachment B:

Michigan State Legislators
2009 - 2010

State Representatives

District/County/Name	Party	Address	Phone #	E-Mail Address
Clinton County				
085 Ball Richard	R	S 1189 HOB	517-373-0841	richardball@house.mi.gov
093 Opsommer Paul	R	N 1197 HOB	517-373-1778	paulopsommer@house.mi.gov
Eaton County:				
065 Simpson Mike	D	N 0999 HOB	517-373-1775	mikesimpson@house.mi.gov
071 Jones Rick	R	N 1090 HOB	517-373-0853	rickjones@house.mi.gov
Ingham County:				
067 Byrum Barb	D	S 1086 HOB	517-373-0587	barbbyrum@house.mi.gov
068 Bauer Joan	D	S 1087 HOB	517-373-0826	joanbauer@house.mi.gov
069 Meadows Mark	D	S 1088 HOB	517-373-1786	markmeadows@house.mi.gov

State Senators

District/County/Name	Party	Address	Phone #	E-Mail Address
Clinton County				
033 Cropsey Alan	R	S-8 Capitol Bldg	(517) 373-3760	SenACropsey@senate.michigan.gov
Ingham County				
022 Garcia Valde	R	Room S-132 Capitol Bldg	(517) 373-2420	SenVGarcia@senate.michigan.gov
023 Whitmer Gretchen	D	Room 415 Farnum Bldg	(517) 373-1734	SenGWhitmer@senate.michigan.gov
Eaton County				
024 Birkholtz Patricia	R	Room 805 Farnum Building	(517) 373-3447	SenPBirkholz@senate.michigan.gov