

***Mental Health & Disability Groups call for Legislative OK
for Federally Funded Michigan-Based Resources***

—April 2013—

- Under the federal Affordable Care Act (ACA), Michigan would be able to utilize newly available Medicaid resources to craft a **Michigan approach to Medicaid services**. We want to ensure that Michigan tax dollars going to Washington come back to Michigan to increase the health coverage of Michiganders, many of whom lost their coverage with recent job losses.
- Among those significantly benefiting from increased Medicaid coverage would be **persons with mental illness, developmental disability and substance use disorder**. Cuts to General Fund support for mental health in recent years have reduced service availability for non-Medicaid individuals. Many of these would become eligible under expansion and have much-improved access to needed mental health services, including interventions early in one's disease state and preventing people from ending up in emergency rooms or criminal justice settings.
- Improved mental health care can make a significant dent in the huge problem of **persons with mental illness becoming incarcerated**. The most recent independent clinical studies in Michigan have found severe mental disability prevalence levels of 34% (jails) and over 20% (prisons). Additionally, the Department of Human Services reports over two-thirds of detainees in the three state-operated juvenile justice facilities have serious emotional disorders.
- In a February 13, 2013 document, the Senate Fiscal Agency wrote, "The expansion of Medicaid would result in an estimated 80% of MDOC-supervised individuals becoming eligible for reimbursement, which would yield significant savings (\$24.2 million General Fund) to the Department. Areas of savings **include substance abuse and mental health treatment for parolees** undergoing the (community) re-entry process as well as inpatient hospitalization of inmates."
- A recent statewide survey showed that Michigan **primary care physicians** are willing and able to accept new Medicaid enrollees. This not only gives assurance about capacity, but primary care physician availability is key to establishing coordinated linkages with appropriate specialty resources (e.g., psychiatry) for dealing with health care needs in an integrated manner. Increased Medicaid coverage would also allow **Health Centers** to expand delivery of integrated primary care and mental health/substance use disorder treatment to a previously uninsured population.

- **Hospitals** in states that opt out of the Medicaid expansion will face large uninsured populations at the same time their federal disproportionate share hospital payments are cut significantly. This would especially impact our safety net and rural hospitals, affecting care and perhaps the capacity to care for uninsured and underinsured patients, many of whom have psychiatric needs. We have already experienced a reduction of psychiatric beds for adults and children in many communities.
- A Medicaid expansion would generate immediate General Fund savings in the budget (\$206 million total, of which half would be reserved in a health savings fund), without which proposed programs aimed at improving mental health services, including new **programs for youth, expanded mental health courts, and mental health first aid training**, would need to be cut.



Linda Burghardt, Executive Director



Mental Health Association in Michigan

Mark Reinstein, President & CEO



Michigan Protection & Advocacy

Elmer L. Cerano, Executive Director



Michigan Psychiatric Society

Kathleen Gross, Executive Director



MACMHB

Michigan Association of Community Mental Health Boards

Michael Vizena, Executive Director



Jane Shank,
Interim Executive Director



Susan McParland, Executive Director



Arlene Gorelick, President



Dohn Hoyle, Executive Director



National Association of Social Workers - Michigan Chapter

Maxine Thome, Executive Director



Michigan Disability Rights Coalition

Norman G. DeLisle, Jr., Executive Director



Grand Rapids CHADD

Linda Brauer, Coordinator