Testimony before the Michigan House Health Policy Committee, June 17, 2021

Thank you Chair Kahle and Members of the House Policy Committee for the opportunity to provide testimony on HB 4925 that would redesign the behavioral health carve-out for specialty populations. I am Christine Gebhard, CEO of North Country Community Mental Health Authority, serving six counties in rural northern Michigan (Antrim, Charlevoix, Emmet, Kalkaska, Cheboygan, and Otsego). North Country is one of five Community Mental Health Services Programs (CMHSPs) comprising the Northern Michigan Regional Entity, the provider-sponsored Prepaid Inpatient Health Plan (PIHP) serving the 21 counties of northern lower Michigan.

I want to start by expressing my appreciation for Representative Whiteford's testimony on June 3 in which she recognized the strides that have been made in care integration at the local level, including the expansion this year of the Behavioral Health Home and Opioid Health Home models within the 36 counties of northern lower Michigan and the Upper Peninsula; models that have demonstrated positive client outcomes and savings in Per Member Per Month costs. I also appreciated Representative Whiteford's expressed desire to preserve what's best in the behavioral health system and, more specifically, to strengthen Community Mental Health Services Programs.

To be clear, the 'behavioral health system' defined in the Mental Health Code means the ten PIHPs and 46 CMHSPs responsible for the **specialty services and supports** for persons with the most serious mental illness, emotional disorders, intellectual and developmental disabilities, and substance use disorders. By design, the **specialty behavioral health system** does not serve the 2.1 million enrollees in Michigan's Medicaid Health Plans with mild to moderate behavioral health and substance use needs; the population with the highest level of unmet need for treatment (*Access to Behavioral Health Care in Michigan, Altarum, July 2019*). My colleagues in the Northern Michigan Regional Entity and I agree with HB 4925's proposed integration of behavioral health services for the mild and moderate into the public community mental health system, thereby improving their access to behavioral health services.

The **specialty behavioral health system** represents a purposeful partnership between the counties and state government. It works because eligibility verification, utilization management, quality management, provider network development and management, recipient rights, customer services, corporate compliance, and funding are regionally managed and locally focused. These are the same functions that the Administrative Services Organization (ASO) in HB 4925 would fulfill, but at a statewide level disconnected from accountability to local government.

The Michigan Department of Health and Human Services established a Behavioral Health Advisory Council (BHAC) in 2013, comprised of 40 diverse members including service recipients, with the responsibility to review the mental health and substance use State plan and make recommendations; to improve behavioral health outcomes; to serve as advocates; and to monitor, review and evaluate the allocation and adequacy of mental health and substance use services within the State. HB 4925 would unnecessarily create a Behavioral Health Oversight Council when, perhaps, it is the existing Advisory Council that needs restructuring and increased accountability.

My colleagues and I ask that you not dismantle 57 years of county, state, and federal investment in an infrastructure that, as stated earlier, is nationally recognized as one of the most innovative, comprehensive, and community-based systems in the country. Like you, I hear stories from people who feel the behavioral health system has failed them. And, while sometimes tragic, these stories are not reflective of the thousands of positive outcomes achieved every day. While well-intended, HB 4925 will not increase access to community or state inpatient psychiatric hospital beds or long waits in emergency departments and it will not solve our workforce shortages, in particular the current crisis in direct care

workers. We need legislative, policy, and funding solutions that address the very real problems we face today.

Thank you.

Respectfully submitted,
Christine Gebhard, Chief Executive Officer
North Country Community Mental Health