

**The Michigan Behavioral Health & Wellness Collaborative
Testimony, April 8-10, 2024. House + Senate Appropriations Subcommittee on HH**

Every Michigander Deserves Access to Quality Behavioral Health Care,
When & Where They Need It.

Demand for behavioral health services continues to grow, while a workforce shortage, unnecessary barriers, and inadequate resources limit providers' ability to meet that need.

- The pandemic has significantly increased the prevalence of anxiety, depression, suicidal ideations, and substance use, affecting 1 in 5 adults and 1 in 6 youth. ([CDC](#), [NAMI](#))
- Mental health conditions disproportionately impact certain populations, underscoring the need for targeted interventions. ([CDC](#))
- 1.76 million Michiganders are experiencing mental illness - Only 62% are receiving treatment. (Altarum. 2019)

My name is Daniel Cherrin, and on behalf of **the [MI Behavioral Health and Wellness Collaborative](#)**, representing 17 community mental health providers serving 80,000 people in Wayne County and employing 12,000 front-line community-based healthcare workers.

In the face of a growing mental health crisis exacerbated by the global pandemic, our shared commitment to improving health outcomes, reducing unnecessary healthcare costs, and ensuring transparency in government actions has never been more critical.

Community-based care is essential for individuals with behavioral health conditions because it shifts the locus of care from hospitals and jails back to the community and ensures everyone has access to interconnected services that promise better behavioral health outcomes for all Michiganders.

Despite these challenges, there is a path forward.

In passing a budget, we encourage the Michigan Legislature to:

- Strategize equitable solutions for dual-role entities in behavioral health. The dual role of PIHP/CMHSPs as funder and provider creates significant conflicts of interest that can undermine service quality and provider diversity.
- Make health care coordinated and accessible.
- Stabilize the workforce and develop a consistent pipeline into community mental health without providers having to compete against their funders.

The Fiscal Year 2025 Executive Budget Recommendation articulates a broad spectrum of investments and reforms to keep kids safe, expand behavioral health access, assist families, and support the healthcare workforce. This includes:

1. The "expansion" of Certified Community Behavioral Health Clinics (CCBHCs).
2. Funding that addresses the critical workforce shortages.
3. Funding that would increase Medicaid reimbursement rates.

Expand Certified Community Behavioral Health Clinics (CCBHCs) to non-profit provider organizations.

Yet, the budget, as proposed, won't increase the number of providers receiving CCBHC expansion grants since they will go to the existing CCBHCs. According to MDHHS, 13 CCBHC sites joined in 2021, and 17

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more clinics have been certified and approved to join—30 are in the program now—so no new CCBHCs will be added. We must see more community mental health providers, including child behavioral health providers, become CCBHCs.

- CCBHCs deliver comprehensive, high-quality behavioral health services, ensuring access for all individuals regardless of insurance status, ability to pay, or residence.
- The coordinated and integrated model of care moves people from crisis to routine care.
- Expanding CCBHCs to include non-profit provider organizations, especially in areas like Wayne County, can bridge the gap in services not currently covered by CMHSPs.
- These organizations have the infrastructure and capability to deliver the necessary services, and including them in the expansion is crucial for comprehensively addressing unmet needs.
- In Michigan, there is tangible evidence of their impact—reducing hospitalizations for mental health issues and enhancing overall access to care.

We encourage the legislature to increase the funding allotted to CCBHC expansion, including oversight within the MDHS, so that additional community mental health providers can become CCBHCs.

Make Health Care for Michigan's Families Coordinated & Accessible

The proposed implementation of Conflict Free Access & Planning (CFA&P) by the Michigan Department of Health and Human Services (MDHHS) will add complexity and delay in accessing care, contrary to enhancing equitable access and removing barriers. We need a more collaborative, transparent, and practical approach to policy development in this area.

It undermines integrated care and increases system complexity – CFA&P's separation of assessment and service delivery risks complicating the care pathway, potentially leading to delays, and reducing the effectiveness of integrated care models like CCBHCs.

The proposed changes could impose additional administrative layers and burdens on providers and individuals seeking care, potentially slowing progress in mental health care in Michigan.

The process of developing CFA&P has been criticized for lacking transparency and failing to include input from providers and consumers. This is crucial for creating policies that effectively address the needs of those impacted.

With legal opinions questioning the necessity of CFA&P and concerns about undisclosed special interests, the push for CFA&P raises questions about its rationale and the potential impact on Michigan's behavioral health system.

We encourage the legislature to withhold funding from the MDHSS for the implementation of Conflict Free Access & Planning.

Stabilize the workforce & develop a consistent pipeline into community mental health.

Michiganders needing behavioral health care are not receiving it. A recent survey of public mental health service providers in Michigan by the Community Mental Health Association (CMHA) found that the average vacancy rate across mental health employers was 19 percent, with some mental health

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employers at 63 percent. The shortage of behavioral health care workers, difficulties securing licensure, administrative burdens, and limited pay prevent your constituents from accessing Michigan's behavioral health care system.

- **Eliminate Administrative Burdens**—Every PHIP requires audits and a system for training people. The state should create one universally recognized system to ensure consistency and eliminate redundancy.
- **Increase Direct Care Wages**—Raising direct care worker wages is a step forward but risks widening workforce gaps across behavioral health sectors. A more balanced approach could prevent unintended consequences. We encourage more funding to be allocated to direct care wages.
- **Peer Support** - Developing a training program for peer support specialists taps into a valuable resource of individuals with personal experience in mental health or substance use disorders, enhancing the community mental health model.
- **Increase Reimbursement Rates** - Examine the potential to increase reimbursement under the current fee-for-service (FFS) model. Seek the addition of billing codes for coordination activities, such as the Healthcare Common Procedure Coding System (HCPCS) code G0507: care management services for behavioral health. If funded based on enrollment and coordination fees. References could also improve financial stability in times of service volume fluctuation.
- **Pay Interns** - Loan forgiveness is beneficial but insufficient. Establishing a stipend fund for internships, especially in marginalized and rural areas, could address the competition from hospitals and other high-paying entities more effectively. Funding should go directly to the providers offering internships.
- **Value-added bonuses**—Pursue the potential for adding value-based bonus payments to FFS payments to increase provider payments and reward quality care. Advocate for quality measures to apply to pediatric populations.
- **Address provider rates**—Rates should, at minimum, cover the cost of providing services. The reimbursement model criteria should cover staff costs commensurate with education, years of experience, and certification, similar to other disciplines or staff positions.
- **Streamline the licensure and authorization process.**

Breaking Behavioral Health Barriers

Opportunity for Transformation.

Together, we can transform Michigan's behavioral health landscape into a more equitable, accessible, and effective system for all.

Comprehensive Care for Vulnerable Communities.

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By integrating comprehensive care for our most vulnerable communities, enhancing the quality and accessibility of services, and fostering fair support for community-based providers, we can ensure that every Michigander has access to the care they need, where they want it.

Consumer Choice and Use of Public Funds

Our commitment to protecting consumer choice, optimizing public funds for the greatest community benefit, and driving comprehensive reform based on evidence-based models marks a clear path forward.

Together, We Are Breaking the Cycle

Solving the mental health crisis demands system-wide change, breaking the cycle of unmet needs to transition from crisis to routine care. Your support will catalyze this transformation, creating a legacy of health, hope, and resilience for all of Michigan.

Behavioral health must become a priority in Lansing. It touches upon every key area of the Governor's budget – Lowering Costs, Getting Kids Back on Track, Strengthening Families, and Keeping Communities Safe. From the schoolhouse to the board room and into our living room, we have all felt the impact of a behavioral health system that needs support to create systemic change. This is Michigan's Golden Opportunity, and the MI Behavioral Health Collaborative looks forward to being a resource to Moving Michigan Forward.

The MI Behavioral Health & Wellness Collaborative (Est. 2017) is a platform for critical conversations and networking, fostering a community of innovation and impact in behavioral health. Through strategic partnerships and leveraging data, we illuminate challenges and inform solutions while improving the lives of a vulnerable community. Our purpose is to strengthen the voice of community mental health providers in supporting the behavioral health needs of all individuals with comprehensive, integrated care efficiently and cost-effectively.

Daniel Cherrin is the President of North Coast Strategies and Lead Facilitator of the MI Behavior Health & Wellness Collaborative.