Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

Written comments for Senate Judiciary Committee on SB 246 &247
May 22, 2012

Chairman Jones and Members of the Committee:

My name is Alan Bolter. I am associate director of the Michigan Association of CMH Boards. MACMHB is a trade association, representing the 46 CMH boards and over 65 provider organizations. Our members provide mental health, developmental/intellectual disability and substance use disorder services for Michigan residents in all 83 counties in Michigan.

MACMHB certainly supports the intent of this package of bills. Our Association members also believe that the publicly funded mental health and court systems, together with the other partners in their local system of care, should be addressing the needs of these juveniles, their families, and their communities as a priority population to serve. However, we have a couple of concerns regarding the bills.

First, we are very concerned by the young age limit set in these bills. If signed into law, this package of bills would presume a 4th or 5th grade student (10 year old) is competent to participate in certain court proceedings. Research shows that significant portions of youth, under the age of 15, are unlikely to participate competently in their own trial due to developmental immaturity.

MACMHB certainly appreciates Sen. Schuitmaker and Rep. Lipton working with us regarding our concerns around the competency assessment and restoration services language in the bills. However, we still have concerns with potential implications of the bills' language as it pertains to the ability of the court to order mental health services for certain youth.

SBs 246 & 247 allow the court to order mental health services for children who are not able to be restored due to a serious emotional disturbance, our concerns is we do not have a clear picture as to how many children that would include. Estimates on the number of children have ranged from 120 to as high as 700. Additionally, the bills do not provide any additional funding for these children, which would shift the financial burden onto the publicly funded community mental health system. Furthermore, it is unclear how many children would be Medicaid eligible and how many would require general fund services, which are extremely limited.

Our current publicly funded CMH system is stretched to its limits. Additional unfunded mandates will continue to put stress on a fragile system. In the FY '10 budget, the non-Medicaid (General Fund) CMH services line in the DCH budget was reduced by $40 million. Furthermore, over the past 4 fiscal years CMH general funds have been reduced by over $60 million. The demand for mental health services is greater now than ever before. As funding

continues to decrease, wait lists continue to grow for those individuals receiving non-Medicaid funded services.

The Michigan Association of CMH Boards certainly appreciates the intent of this package, however, given our concerns as outlined, we can not support it. We would welcome the opportunity to share our thoughts on specific language in a more conducive setting and appreciate your attention to our concerns.

Respectfully submitted,

Alan Bolter
Associate Director