

Testimony for the House Appropriations Subcommittee on Community Health—March 5, 2014

My name is Dr. Hubert Huebl. I am a retired surgeon and the President of the National Alliance on Mental Illness (NAMI) for the Dearborn, Michigan area.

Mental illnesses are no-fault illnesses which include depression, bipolar disorder, anxiety disorders, obsessive-compulsive disorders, schizophrenia, and others. According to the National Institute of Mental Health, research indicates that these disorders arise in persons with a genetic vulnerability who are exposed to environmental stressors which then trigger the manifestations of symptoms in thinking and behavior and can result in disability. The largest single cause for disability worldwide is depression.

During the past two decades most of the State-run longer term mental health facilities were closed on the theory that people could be provided care in the community, leaving only three such facilities in Michigan available for adults. After closure of the State facilities, the incidence of homelessness and the incarceration of persons in prisons have risen. It has been estimated that at least 40-50% of persons homeless on the streets and in prison have diagnosable mental illness. These often are people who do not have adequate natural supports. The cost of maintaining people in prisons is significant; not providing for persons who are homeless may be considered to be inhumane.

During the past half century, advances have been made in knowledge of how to provide therapy for persons with these illnesses, together with medications which help to bring many of these individuals into recovery and function in the community. This has been demonstrated to be less costly over time than incarceration and multiple hospitalizations.

Payment for these treatments can be provided by private insurance, Medicare, and Medicaid. However, there are many persons who are unable to afford private insurance and who have not been eligible for Medicaid. General funds are used to provide treatment for such persons with mental illness who otherwise could not afford care and likely would go untreated. They also are used to provide supported housing.

I would submit that this is not the time for cutting general funds which may be the sole financial support for many of these vulnerable citizens. Furthermore, the complexity of the Affordable Care Act has made it difficult for many to understand and navigate through. It would seem better to delay considering such cuts until the Affordable Care Act can be allowed to demonstrate its ability to provide adequate help for this population, and to make sure that there is an orderly transition for people currently receiving services and housing through these general funds.



# **MICHIGAN ASSOCIATION OF SUBSTANCE ABUSE COORDINATING AGENCIES**

## **Testimony on the FY 2015 Budget**

### **Presented to the House Appropriations Subcommittee For Community Health**

**March 5, 2014**

Mr. Chairman and Members of the Subcommittee:

My name is Mark Witte. I am the Director of Prevention and Health Promotion of Genesee County Community Mental Health, which also is the Substance Abuse Coordinating Agency for Genesee County. I appear before you today as the Vice President of the Michigan Association of Substance Abuse Coordinating Agencies, commonly known as MASACA. The members of MASACA are the Directors of the 16 Coordinating Agencies which are responsible by statute for planning, funding and oversight of treatment and prevention services in all 83 Michigan counties.

We see that the Governor's proposed Community Health budget for FY 2015 appears to include continuation of current General Fund support for substance use disorder services. That has caused us some relief, since this budget has experienced major reductions over the past 20 years, reduced by over 50% to the current \$16 million from its high point of \$35 million back in 1995.

However, the funding proposed for Medicaid substance use disorder services is grossly inadequate. The formula used to project numbers of clients needing treatment services is inappropriate for the subpopulations that will be managed under the Healthy Michigan plan. Those populations historically have shown greater than average incidence of drug and alcohol problems requiring treatment. And the per client funding of \$1,000 per treatment episode is approximately half of what it should be. We would challenge this Medicaid proposal and recommend this committee do the same.

But rather than focus on this part of the budget, I want to address some important changes occurring in Michigan, especially changes involving you, the legislature, which put a bright spotlight on how pervasively substance use disorders affect people in our state and, in turn, impact state government.

The Republican 2013-14 Action Plan, for example, commits to ensuring a healthy, normal life for more than 13,000 children in foster care. Yet if the homes most of these kids are removed from due to abuse and neglect have alcohol and drug problems, as is often the case, those homes likely will repeat the same problems unless there is an effective intervention with their alcohol and drug abuse.

Also, state budgets in recent years expand funding for more drug and sobriety courts, and rightly so. Data shows how effective these courts are in turning around so many to sober, healthy living and making our communities safer places to live. The same is true of the mental health courts which are increasing through state funding and half of whose clients will have substance use disorders. But that success presumes readily available treatment resources.

Furthermore, the legislative Diversion Council is committed to diverting more people from the criminal justice system to treatment, something that makes enormous sense. Any sheriff can tell you of county jails filled with people who don't really belong there, but who would benefit far more from substance use disorder and mental health services. Treatment that would finally interrupt the costly, repeated in and out and back in cycle of incarceration. But diversion presumes available local treatment.

The legislative Mental Health Commission, chaired by the Lt. Governor, recently issued its report advocating for expanded and improved services for those with mental disorders that often land people in jail or prevent them from accessing needed health and other services. But we know at least half of those folks will exhibit co-occurring substance use disorders requiring treatment.

Finally, a bill now in play by Rep. John Walsh will create involuntary commitment and treatment for resistant substance abusers, giving families one last chance to get help for a son or daughter or parent who has resisted other efforts. Other bills will offer treatment help to those denied cash assistance benefits or unemployment benefits due to drug or alcohol problems, a chance to turn lives around.

All these things are really good in that they offer help to those who need it, often desperately need it. Despite the heavy stigma still attached to people with substance use disorders, you and your colleagues seem to recognize that alcohol and drug abuse is deeply intertwined with so many other aspects of life and, when left untreated, cause terrible pain to individuals and families and create huge cost for local communities and the state. But we cannot stop that pain or reduce that cost with the current funding level for substance use disorder services. As the treatment and prevention system has been asked to do more and more with less and less, it is simply breaking down. Waiting lists are popping up across the state. Many of the newer treatment components we know contribute to lasting recovery we cannot afford to implement. Even the Mental Health Commission acknowledged that financial investment must support its recommendations if they are to succeed.

But there is a financial solution on the horizon. Rep. Matt Lori introduced HB 4891, which proposes to dedicate a portion – 9.5% - of the state's substantial annual net revenues from alcohol taxes and fees toward local substance use disorder services. I think the bill recognizes that all the good legislative initiatives I mentioned, which can have such a positive impact on families and the state, will fail if treatment and prevention services are not adequately funded. In all this talk about diversion, we had better be sure there is effective, available help to refer people to. With the state generating \$363 million net income from alcohol in 2012, we think it both humane and just to dedicate a portion of that revenue to help those who contribute a disproportionate share of that income, but who have such serious problems with the product and will eventually seek help.

And so, we hope you will approve the General Fund support for substance use disorder services contained in the FY 2015 budget, even as we challenge the inadequate level of Medicaid funds proposed for substance use disorder services. But we believe that level of funding will never allow the legislature to accomplish its several initiatives to help special populations and to reduce its criminal justice and social service and healthcare costs. Assuming HB 4891 is passed by the House and referred to the

Senate, likely to this very committee, we urge you to support that bill, so we can address adequately and effectively a public health problem that touches in one way or another every person in this state.

Thank you for allowing me to share our thoughts with you. I will gladly respond to any questions you might have.



## Diabetes and Kidney Programs Supported by the Michigan Department of Community Health

### The Problem

**Obesity → Causing Type 2 Diabetes → Causing kidney disease/failure**

**Prevention is possible in every part of this equation**

#### Obesity:

- Michigan is the 5<sup>th</sup> most obese state in the nation.
- Over 66% of Michigan adults are overweight or obese.
- Obesity is directly correlated with type 2 diabetes.

#### Diabetes:

- Over 13% of Michigan adults have diabetes, but one third (1/3) don't know it.
- Over 29% of Michigan adults have pre-diabetes (blood sugar levels higher than normal). Most will develop type 2 diabetes without lifestyle changes.
- Diabetes is directly correlated with kidney disease and kidney failure.

#### Kidney Disease/Failure:

- Over 9% of Michigan adults have chronic kidney disease, but most don't know it.
- Diabetes is the leading cause of kidney failure.



### The Solution

Reducing obesity, diabetes, and kidney disease can be achieved through:

- Michigan's new Diabetes Prevention Program.
- Community programs that are evidence based and provide tools for self management
- Collaborative partnerships: MDCH, schools, Head Starts, community-based organizations, non-profits, faith-based organizations, health plans, medical professionals, etc.
- Programs focused on minority populations at higher risk for diabetes, high blood pressure, and kidney disease
- Leveraging match funding
- Alignment with the Health and Wellness 4 x 4 plan

4 Key Health Behaviors	4 Key Health Measures
1. Maintain a healthy diet	1. Body Mass index (BMI)
2. Engage in regular exercise	2. Blood Pressure
3. Get an annual physical exam	3. Cholesterol Level
4. Avoid all tobacco use	4. Blood Sugar/Glucose Level

**Please support prevention of obesity, diabetes, and kidney disease by increasing funding to positively impact the health of children, families and communities.**

Sally Joy, National Kidney Foundation of Michigan, March 2014  
[sjoy@nkfm.org](mailto:sjoy@nkfm.org)



National Kidney Foundation " 734-222-9800

of Michigan





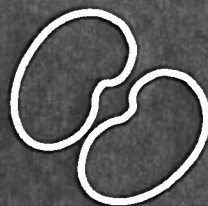
# Diabetes and Kidney Disease

## 2014 Guide for Michigan Policy Makers

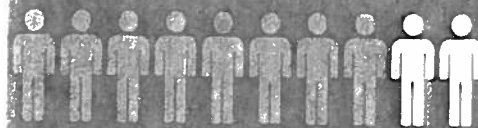
### Problem



Over 1 million people in Michigan have diabetes and 2.6 million have prediabetes.



Diabetes is the leading cause of kidney failure, causing over 40% of all cases.



As much as 80% of diabetes can be attributed to people being overweight or obese and inactive.

In 2009, Michigan spent **\$9 Billion** to treat diabetes and **\$1.6 Billion** to treat kidney failure.

### Solution

**Michigan's New Evidence-Based Prevention Program: Reducing diabetes reduces kidney failure.**

#### Diabetes Prevention Program (DPP)

The DPP 12-month evidence-based lifestyle change program brings the proven success of the diabetes prevention clinical trial to people in communities around the country. Through 16 weekly sessions (core) and 6-8 monthly sessions (post-core), participants lose weight through healthy eating, being more physically active, and by recognizing and addressing barriers to healthy eating and physical activity. This lifestyle change program has been proven to reduce the risk of developing diabetes among people with prediabetes.

DPP promotes modest behavior changes, such as:



improving food choices



increasing physical activity to at least 150 minutes per week



helping participants lose 5%-7% of their body weight

### Results

**\*Treating 100 high risk adults with DPP:**

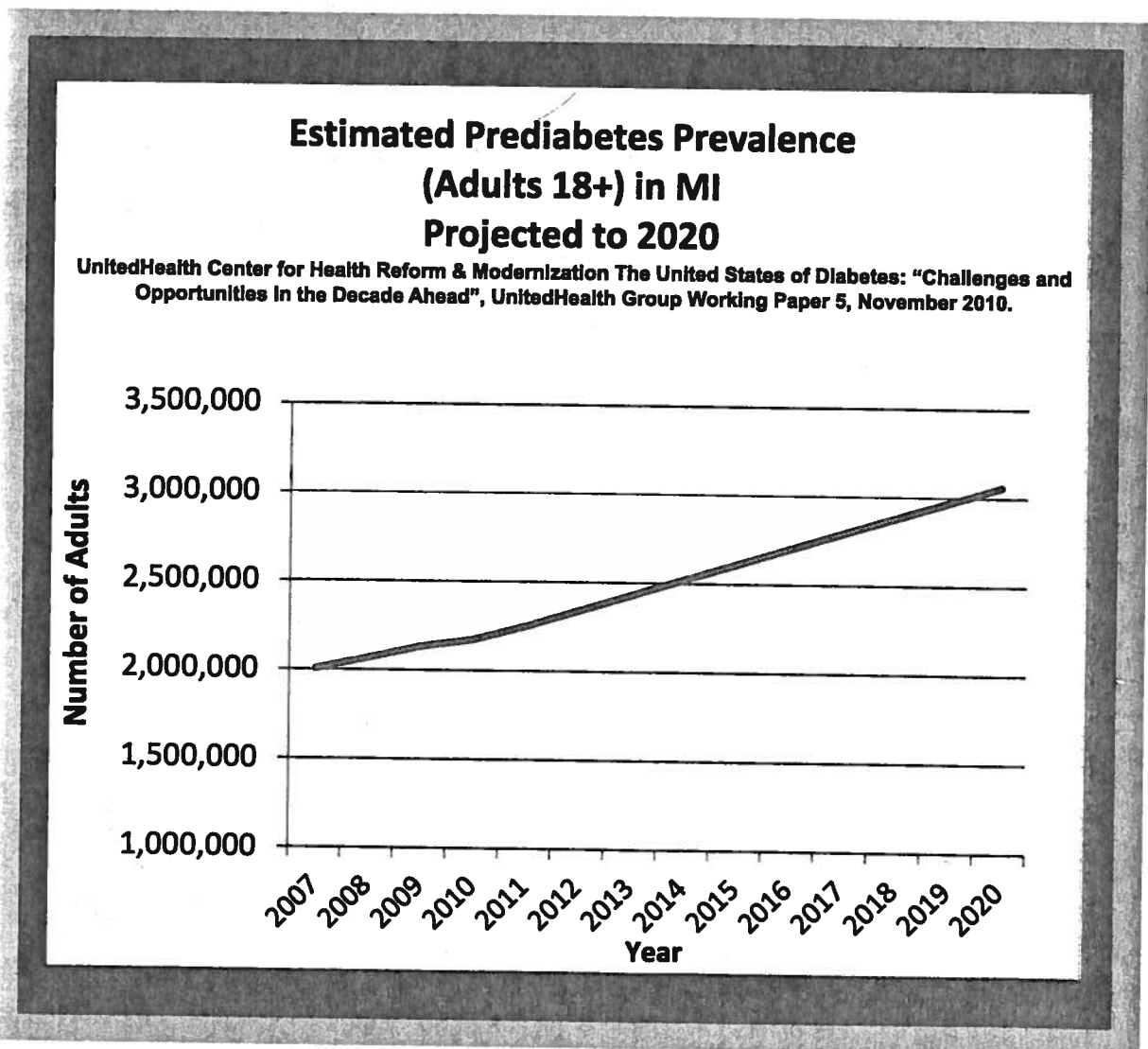
- Avoids \$91,400 in health care costs over a lifetime.
- Prevents 15 cases of type 2 diabetes.
- Prevents 162 missed work days.
- Avoids the need for high blood pressure and high cholesterol medications in 11 people.
- Adds the equivalent of 20 years of health.

\*References available upon request



# Estimated Prediabetes Prevalence in MI

- Prediabetes prevalence has continued to grow in Michigan.
- In 2013, the estimated number of people with prediabetes was approximately equal to the population of Wayne and Genesee counties combined.
- Without intervention, such as DPP, prediabetes will likely turn into diabetes, the leading cause of kidney failure.
- Diagnosing prediabetes is a key component to prevention. Currently, only 7% of the people with prediabetes in Michigan know it. NKFM is working to raise provider awareness to increase prediabetes diagnosis.





State programs to prevent and manage diabetes and kidney disease served over 125,000 Michiganders in 2013. All programs are evidence-based or produce their own positive results.

## Managing Chronic Conditions

Managing chronic conditions saves money and improves quality of life.

- **Diabetes Self Management Education (DSME)** teaches people with diabetes the skills to manage their condition and prevent complications.
- **Personal Action Toward Health (PATH)** helps adults to navigate the health care system and manage chronic conditions.
- **EnhanceFitness** is a physical activity class for those with chronic conditions.
- **Healthy Hair Starts with a Healthy Body®** and **Dodge the Punch: Live Right®** provide health information to African American adults through their salon stylist or barber.



## Teaching Children to Embrace Healthy Lifestyles

Children learn how to eat healthy and adopt positive physical activity habits.

- **Regie's Rainbow Adventure®** teaches elementary-aged children healthy living through a storybook hero named Regie.
- **Healthy Families Start with You** educates parents and kids in Head Start programs how to make healthy lifestyle changes.
- **PE-Nut (Physical Education and Nutrition)** expands grade school physical education programs by infusing nutritional education into daily exercise to encourage healthy lifestyle habits.
- **Kidney Programs in Schools** teaches children how healthy lifestyles can prevent kidney disease.



# Diabetes Prevention Program (DPP)

## How is DPP Different?

DPP is more than a weight loss program, it is a lifestyle change program.

## How does DPP Help?

DPP is about prevention, and can reduce the risk of developing diabetes by 58%.

## How can DPP impact my constituency?

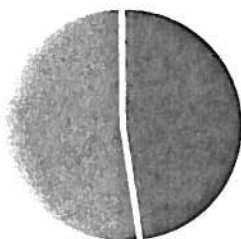
Prevention means fewer cases of diabetes, fewer work days missed, lower medical costs, and a healthier constituency.

## Results

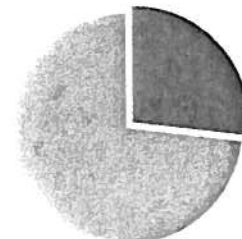
NKFM has completed over 200 sessions that have helped participants to lose over 1,200 pounds.

## National Kidney Foundation (NKFM) of Michigan and DPP

**OVER 150 PARTICIPANTS**  
since the start of the program



**48% achieved**  
5% weight loss goal



**27% achieved**  
7% weight loss goal

On average, participants had 213 minutes of physical activity per week, exceeding the goal of 150 minutes per week.



National Kidney Foundation™  
of Michigan

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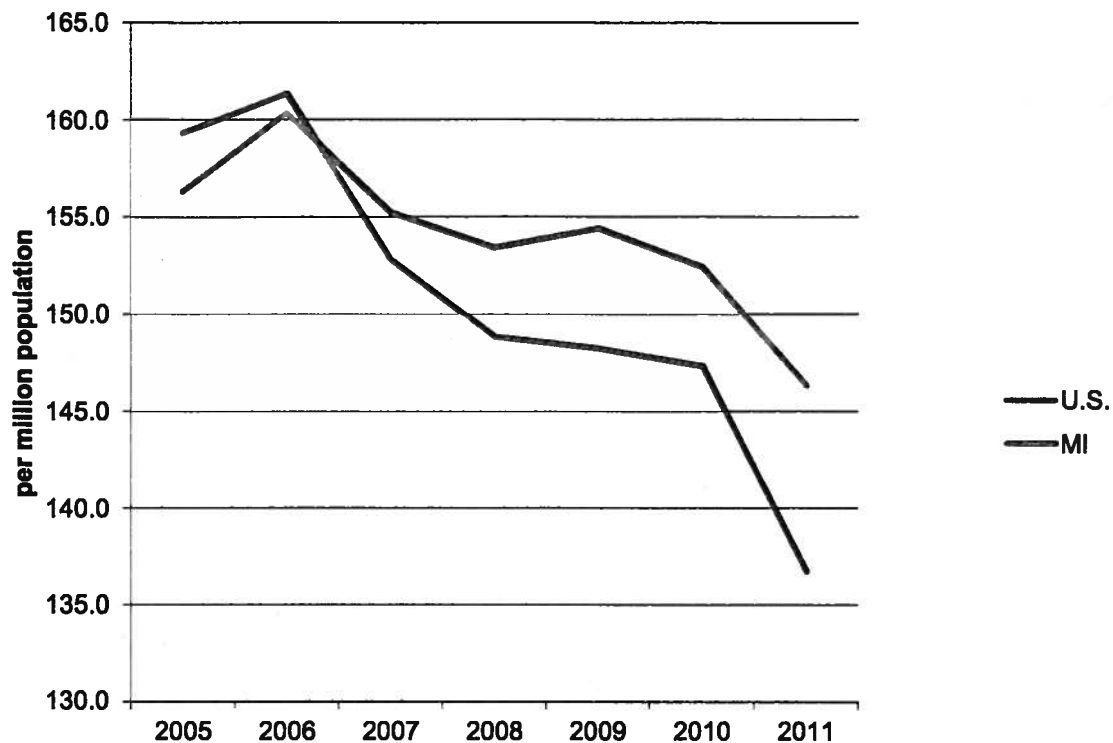


Only 3% of charities receive 4 stars from  
Charity Navigator 6 years in a row.





U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013.



2013 USRDS Annual Report, Incidence Table A.9(2)

## **Diabetes is the Leading Cause of Kidney Failure. Kidney Failure from Diabetes is Declining Faster in Michigan than in the U.S.**

- Kidney failure can continue to decline by reducing the number of people with diabetes, high blood pressure, and obesity: the leading causes of chronic kidney disease.
- NKFMI is leading the charge to prevent kidney failure in Michigan through our innovative and evidence-based programs.
- In order to prevent kidney failure, we need to stop it before it starts. Evidence based programs such as DPP help to prevent kidney failure and diabetes.

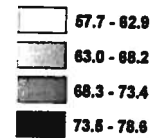


# In the State of Michigan...

## Obesity

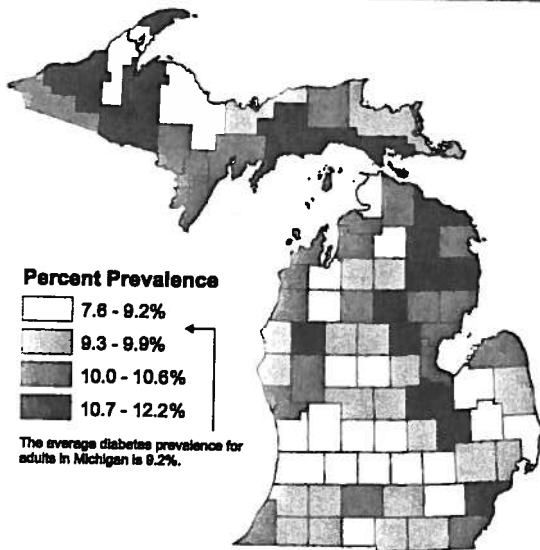
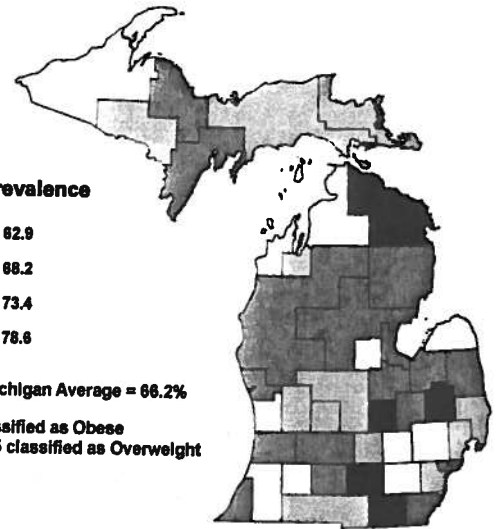
- 66% of people in Michigan are overweight or obese.
- **As much as 80% of diabetes can be attributed to people being overweight or obese.**
- 2.6 million have prediabetes.
- Michigan's new Diabetes Prevention Program **reduces the risk of developing type 2 diabetes by 58% in people with prediabetes.**

### Percent Prevalence

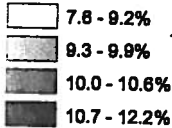


2008-2010 Michigan Average = 66.2%

BMI ≥ 30 classified as Obese  
30 > BMI ≥ 25 classified as Overweight



### Percent Prevalence



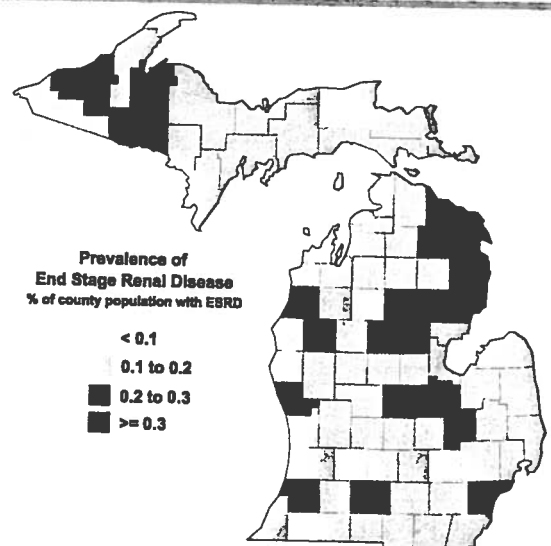
The average diabetes prevalence for adults in Michigan is 9.2%.

## Diabetes

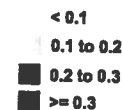
- Over 1 million people in Michigan have diabetes.
- Michigan's new Diabetes Prevention Program can help keep this number from growing.
- Diabetes self-management education is critical for those with diabetes.
- When people learn to manage their diabetes, complications like blindness, kidney disease, amputation, heart attack and stroke can be prevented.
- **Diabetes is the leading cause of kidney failure.**

## Kidney Failure

- More than 900,000 people in Michigan have chronic kidney disease. . . and most don't know it.
- African Americans, Asian Americans, Hispanic Americans, and Native Americans are at increased risk for developing kidney disease.
- After diabetes, high blood pressure is the second leading cause of kidney failure.
- **More than 70% of all kidney failure, caused by diabetes or high blood pressure, could be prevented or delayed by eating healthy, getting exercise, and taking the right medications.**



### Prevalence of End Stage Renal Disease % of county population with EBRD



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Public Comment: Jim Casha, 207 North St. E., P.O. Box 308, Norwich, ON , NOJ 1P0 - 540-717-9240

March 5, 2014 House Appropriations Committee Community Health – Budget Behavioral Health 2015

'A child with mental retardation fills the heart with sympathy and sorrow. If only this misfortune that affected the budding brain in the womb could have been prevented. The sad reality is that we know the villain inflicting mental retardation on most children. Moreover, we know how to stop its slaughter, yet it continues. The leading cause of mental retardation in children is fetal alcohol syndrome [FAS].'

R. Douglas Fields, PhD, *The Other Brain*, 2009

Why don't we stop it? Or, at least try.

I will not stop using the 'R' word until you stop neglecting these innocent children.

I have been coming to Lansing for the last 6 years in an attempt to get help for the innocent children whose brains have been permanently disabled as a result of prenatal alcohol exposure. I have failed miserably.

Prenatal alcohol exposure is the leading cause of 'mental disabilities'. Secondary 'mental illnesses' often result. Shouldn't the mental health budget include money to prevent the leading cause of mental health issues? If you don't start attacking this 'root cause', your problem will only continue to get worse. It's a geometric progression.

Seventy-five percent of foster children are affected. Seventy-five percent of those incarcerated are affected. It's a poverty trap.

The Center for Chronic Disease Prevention recently released a report entitled the 'State Costs of Excessive Alcohol Consumption'. The Michigan Department of Community Health participated in the study. Michigan's share of the national cost of \$223.5 billion is \$8.2 billion - with the government's share at \$3.5 billion.

When I first met Rick on the campaign trail he said we must take care of the mentally ill and disabled or it comes back and 'bites us in the rear'. He's right. He said 'no' to my request to raise alcohol taxes. He said he would find the money somewhere.

He has found it; but instead of helping these innocent victims, he is stashing it away in an \$822 million 'rainy day' fund.

This is unconscionable and unacceptable.

There must be money in the FY 2015 budget to deal with the awareness of **prenatal alcohol exposure**, the prevention of **prenatal alcohol exposure**, the diagnosis of **prenatal alcohol exposure**, and the care of those innocent victims affected by **prenatal alcohol exposure**.

