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Testimony  
before the  
Michigan Mental Health and Wellness Commission  
Lt. Governor Brian Calley, Chair  
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Mr. Chairman, Honorable members of the Commission, I am pleased to have this opportunity to speak with you regarding your task to strengthen the state's mental health system. For more than 50 years my various professional endeavors have involved the public mental health system, its personnel, and most importantly the people served. I have for the same duration been closely involved in public education and human services. A very large majority of the people served in one system also receive services from the others. My 46 year old daughter with profound intellectual disability is one of them.

My experience is that the most vulnerable members of our society, persons with developmental disabilities, mental illness diagnoses and/or substance use disorders, are frequently persons with low income as well. Historically, public service systems have not been well coordinated and the burden on those seeking services is immense. A family with a child in special education, for example, may not only have to deal with the school and public education system, but travel across town to plan for mental health services; and perhaps even need to visit a Department of Human Services office for food stamps and/or Medicaid, or income support. I know from personal experience how complex it is to coordinate all these services to assure an effective intervention, service and/or support for one individual.

While the recipient of service is challenged to obtain what he or she needs to live decently, taxpayers should be concerned with the redundancy in administrative overhead, infrastructure usage, and poorly coordinated data systems. With today's technology, there is no reason a recipient should have more than one plan of service. Currently, individuals served by more than one agency may have a Mental Health Individual Plan of Service, a Rehabilitation Services Individual Written Plan of Service, or an Individual Education Plan or "504" Plan if still in school. Much of the content in each plan is duplicated. When not duplicated, there may be competing goals. The same professionals often attend each annual planning meeting - again duplicating costs.

We can do better. And we have the opportunity to do so. Governor Snyder's **People Executive Group** led by Department of Community Health Director Haveman and including the Directors of the Departments of Human Services and Civil Rights and the State Superintendent of Public Instruction is the perfect vehicle for creating a more coherent service delivery model.

I am encouraged by steps taken so far to create **community schools** in which health care, mental health care, and social services personnel, and perhaps other human services are located within the neighborhood public school. Not only does this make the services accessible to the people who need them, it demystifies the educational entity and encourages more parental/family/guardian involvement. We know that students learn best when they are well-rested, adequately nourished, have access to health care and social and emotional supports, and feel safe. We also know that parental involvement is important to student achievement. Many parents are alienated from the education system or fearful of it. Housing the other services they need in the

school building increases their comfort level and they venture further into the educational environment. I saw this when I was a member of the Michigan State Board of Education and visited some of the early community school models e.g. Burton School in Grand Rapids. The Kent School Services Network had brought together public and private human services and located them in the building. This resulted in more neighborhood involvement and support for the educational programs.

I am encouraged by Department of Human Services Director Corrigan's move to place social workers in schools. Her **Pathways to Potential** program which establishes Family Resource Centers in area schools is a giant step forward. It makes the school the central resource center for the entire neighborhood. The focus on removing barriers to school attendance can only boost student achievement over time. This program is off to a good start and incorporates the creation of community schools.

**I am here today to ask you to scale up these initiatives to reach beyond the communities currently benefitting.** It makes sense to begin where the most people are in need of the combined services. It is also important to note that students in all communities may have need for mental health, health care, and substance use interventions. Counseling staff have been cut in most districts to the point that those counselors remaining in high schools are largely focused on the college application function. There are few if any people in the lower grades to deal with developmental and/or emotional problems of students. When public and private mental health personnel are placed in schools, they can assist students in a timely way and free educators to be teachers and not (sometimes untrained) mental health services providers.

How can we afford to provide a comprehensive service to members of the community of all ages? Simply repurpose infrastructure, coordinate allocation of skilled personnel, and reduce the paper work burden for all providers and recipients alike.

**Repurposing infrastructure:** Historically there were neighborhood schools designed so youth could walk to their place of education. With declining birth rates and a number of other initiatives there is excess building capacity...buildings constructed with taxpayers' funds. At the same time various departments of government rent space in commercial settings, build their own new buildings, etc. adding to infrastructure and costs. Combining functions in the available space already provided by taxpayers could reduce some of that overhead.

**Coordinating allocation of personnel:** While staffing needs vary from department to department. There are a significant number of commonalities. All use social workers, most use allied professionals such as occupational therapists, physical therapists, speech, hearing and language therapists, psychologists, and often psychiatrists. Rather than every provider seeking to hire its own team, consolidated service delivery can place the optimal number of professionals in settings where the service is most accessible to the people who use it.

**Reducing paperwork:** Currently there is a single student identifier for every student in public education. That identifier could be used in every service system. Single identifier numbers would need to be given to persons who use services, but are not or have not been in the public education system. The profile for each individual created in any one sector can serve all sectors. Annual plans, goals and objectives, service needs, benefits, etc. can be recorded in the single profile. Recipients of services from more than one agency can have their plans, goals, whatever added to the profile. There would be no need to retype the identifying information for the individual. The individual would have a **single plan of service** with the relevant agency designated to provide various elements. As services are delivered, actions and outcomes would be digitally recorded in the single record. The recipient could view his/her record at any time. If the person moved to another state, the record could be transported with him/her in hard copy or on a disc or by electronic transfer. If there is need for confidentiality of particular information, it can be blocked from general access. Many data collection systems, like InteGrade-Pro used in some school districts, have capacity to do this.

Another benefit of a single record would be facilitation of movement of the recipient from one system to another. Currently youth aging out of special education and requiring evaluation and perhaps services from Michigan Rehabilitation Services or Community Mental Health Agencies have a very difficult time making application, coordinating the transition and/or planning early-on for transition from school to adult services, post-secondary education or employment. Much time is lost while completing application requirements.

My experience as a parent of a person who uses services from multiple departments and as Executive Director of Michigan Protection and Advocacy Service, Inc., (1981-2001) wherein we represented thousands of persons seeking to transition from one service to another, is that transition is a time and resource consuming process. I often thought it would be much less expensive and certainly easier to just write a check to cover the needs of the person. By the time –often months to years – that the objective was attained, the personnel costs had far exceeded the cost of the desired/needed service.

I have focused here on the scaling up of community schools and creation of a single (cross-agency) data base for each recipient of service because I believe that wide-spread implementation of these two things will positively affect the social, emotional and physical health of the most people while creating an efficient, effective service delivery system.

There are other concerns I have regarding streamlining of the individual department structures, coordinating services, reducing stigma, assuring protection of the rights of recipients, and listening first to the voices of those who use services.

The person in need, the person who uses your services can tell you best what will make a difference in his or her life. Too often individuals are “slotted” into available programs which may or may not address their needs and desires. My experience in working with persons who themselves use public services is that they want less intervention in their lives, not more. They want to be valued and respected as individuals. They want to have adequate food and shelter, and a welcoming community. They want to be called by their name.

I encourage you to spend lots of time with the men and women, children and their families, who use the services of the Department of Community Health and its allied Departments: Human Services, Education, and Civil Rights. Go to dinner with them in their neighborhoods. Listen to their stories. Learn from them what their life experiences are and have been. Invite them to hold honored positions on your boards, commissions, councils, etc. They have much to contribute. Meaningful involvement is incredibly informative and a life changing experience for all. Your policy direction, programs, and services will be more relevant to their needs as a result.

Thank you.

A handwritten signature in cursive script that reads "Elizabeth W. Bauer". The signature is written in dark ink and is positioned below the "Thank you." text.