

Livingston County Human Services Collaborative Body

2008 Legislative Priorities



Planning for Senior Growth

MI Choice

The most recent Area Agency on Aging 1-B report on access to in-home assistance for frail and low-income older Livingston County residents indicated that there are **12 individuals who appear both nursing home and Medicaid eligible who are on the wait list for MI Choice, and another 51 individuals needing help in paying for personal care, respite, and homemaking services.** MI Choice is a home and community-based Medicaid long term care program for individuals who need a nursing home level of care, but wish to remain living in their own home. Currently, individuals who are in extended nursing home stays have the ability to be served by MI Choice, but individuals in the community who are eligible are waiting approximately 1 year to receive the service. MI Choice is an important community-based option because most individuals prefer to remain in their homes, and the program is less costly to taxpayers than Medicaid nursing home care. In FY 2007, the average per person per day expenditure for Medicaid nursing home care was \$130, compared to \$40 for MI Choice. In her FY 2009 budget proposal Governor Granholm has proposed that the \$32 million that MI Choice will save the state in Medicaid long term care spending due to MI Choice be reinvested into the MI Choice program.

RECOMMENDATION: Support the proposal for reinvesting the money saved by MI Choice to serve more people through the program.

Supporting Families with Young Children

Increase funding for Great Start Collaboratives

Great Start Livingston was created to identify and align community resources and create partnerships which support the development of all children birth to age 5 – ensuring their readiness to succeed in school, in work, and in life. Each year, too many children enter kindergarten with previously unidentified health, social-emotional, or learning problems. These children will most likely never catch up to their peers. Parents and caregivers of these young children need easy access to information and resources in their communities to help them in their roles as the child's first teachers. Research tells us that for every community dollar invested in children during their first five years of life, \$17.00 is saved through greater success in school, higher graduation rates, higher earning employment opportunities, reduced special education costs, reduced job training costs, reduced welfare dependency, and decreased likelihood of incarceration. Increasing funding for Great Start Collaboratives will allow the Livingston Great Start Collaborative to receive funding from the state to significantly expand our local efforts.

RECOMMENDATION: Support the budget increase to Section 81 within the Intermediate School District funding in the Department of Education budget to fully fund Great Start Collaboratives.

Supporting At-Risk Youth and Families

Address transition issues for youth in mental health system

The access standards for youth in the public mental health system are less stringent than for adults. Therefore, there are examples of youth who have been served by Community Mental Health that no longer qualify for services when they become an adult. These standards are established in Medicaid policy through the Michigan Department of Community Health. Lowering the access standards for adults seeking services would address this issue, however, this policy change would create the need for additional state funds to match federal Medicaid funds in order to serve more adults.

RECOMMENDATION: Encourage revision to the standards in state Medicaid policy to allow more adults to access public mental health services. Increase state Medicaid funding to serve more adults in need of services.

SUPPORT STATE FUNDING FOR STATE AND LOCAL MANDATES

Medicaid Eligibility and Funding

We are well aware of the impact Medicaid has on the state budget. If there are cuts that need to be made it becomes a large target. However reducing benefits and/or beneficiaries in Medicaid only delays much needed treatment, can result in more expensive treatment options when the disease or condition worsens and passes those costs on to community health care systems.

RECOMMENDATION: Maintain or Increase Medicaid Eligibility and Funding

Public Health

In the Mid 90's the Michigan Department of Community Health, along with local public health, decided on the mandated services that were to be provided by local public health. The services were food sanitation, onsite waste water, onsite water supply, communicable disease control, hearing screening, vision screening, immunizations and sexually transmitted disease control. It was also agreed that the state and locals would share equally in the cost of providing these services. Since 1998 the State of Michigan has elected not to fund local public health to cover half of the costs for providing these services. Currently locals are covering 70% of the costs and the State 30%. This inequity results in local funds diverted from local needs to cover the cost of mandated services. The State would need to increase support to local public health by \$20 M annually to equally share in the cost of providing these services.

RECOMMENDATION: Support a \$5M increase for Local Public Health Operations in the Michigan Department of Community Health Budget.

No Worker Left Behind

The state must have comprehensive workforce development policy to meet the needs of our citizens and employers. This policy must include the K-12 system, community colleges, universities, private schools and the Michigan Works! system. At a time when the state's unemployment rate is over 7% many Michigan employers have difficulty finding workers with the skills they need. The "No Worker Left Behind" initiative has focused the state's attention on the need for workers to upgrade their skills so they can compete for these jobs. Since the initiative was launched last August, nearly 2,000 people have attended training program information sessions at the Michigan Works Livingston Service Center. This initiative is currently supported only with federal funds. Even with anticipated increases in federal funds beginning July 1, 2008, we will likely have funding to support only about 500 county residents in training.

RECOMMENDATION: A comprehensive workforce policy should not only provide some state resources for tuition assistance, but it must also provide resources and mechanisms for our education system to meet the demand of both our employers and our workers for training programs that prepare our citizens for today's jobs.

Community Corrections

County government tax revenue will not increase in 2008 and will decline in 2009/2010. It is very important that counties deal with inmate populations in a more creative way than the traditional institutional confinement. The community corrections budget has not increased for several years.

RECOMMENDATION: Increase the Community Corrections budget by \$1M.

911 Service

Livingston County supports an integrated county-wide 911 system. In July 2008 all telecommunication devices will be assessed a monthly fee of \$1.85 to support the system. Unfortunately the legislation which provided the means to assess all telecommunication devices will sunset in February 2009. There is uncertainty as to how our 911 system will be adequately funded in the future.

RECOMMENDATION: Support HB 5892 which extends the sunset until December 31, 2013.

Providing for Basic Needs

Increase funding to the Michigan Housing Trust Fund

We join more than 25 statewide organizations in supporting continued and increased funding of the Michigan Housing and Community Development Fund (MHCDF), which assists communities in creating affordable housing options in downtown areas and other neighborhoods. Last year, the Michigan Legislature appropriated \$2.2 million in general funds to support the fund and MSHDA (Michigan State Housing Development Authority) has since developed a process for allocation of the funds. The need for funds of this type is great throughout the state, but especially in Livingston County, which is one of the most expensive areas in the state for renters. Per a recently released report from the National Low Income Housing Coalition, the fair-market rent for a two-bedroom apartment in our county is \$894, which would require an income of \$17 per hour to be considered affordable (i.e., no more than 30% of one's income). The housing need for working class people is acute, yet Michigan is ranked 48th out of the 50 states for investment in housing.

RECOMMENDATION: Increase housing options by funding the MHCDF to the greatest extent possible.

Revise asset tests for public assistance programs

Many public benefit programs – like cash welfare or Medicaid – limit eligibility to those with few or no assets. If a family has assets over the state's limit it must "spend down" longer-term savings in order to receive what is often short term assistance. These asset limits were originally intended to ensure that public resources did not go to "asset-rich" individuals. Current cash assistance programs now focus on quickly moving families to self-sufficiency rather than allowing them to receive benefits indefinitely. Personal savings and assets are the kind of resources that allow families to move off and stay off public benefit programs. Yet, asset limits can discourage anyone considering or receiving public benefits from saving for the future (Corporation for Enterprise Development). Increasing the asset limit would increase the ability of individuals and families to work toward self sufficiency.

RECOMMENDATION: Revise asset tests for TANF (Temporary Assistance for Needy Families), Medicaid, and State Disability Programs by increasing the asset limit.

Preventing and Treating Substance Abuse

PA2 – Liquor Tax

PA2 funds are associated with the Convention Facilities Expansion initiative that is also known as "COBO HALL FUNDS". These are local tax dollars shared between the counties and the substance abuse coordinating agencies for treatment and prevention services. There are ongoing discussions regarding extension of and redesign of the funding structure as talks ensue around expansion.

RECOMMENDATION: Support continuation of funding for substance abuse services, extend or eliminate the 2015 sunset clause, and ensure these funds are preserved for their intended use.

Support some specialty tax proposals

As the economy continues to wane and revenue diminishes, we hope the legislature will investigate alternative sources of revenue that will benefit the citizens of Michigan. Taxes on beer have not been raised since the 1960's. Alcohol use and abuse has continued to grow, as well as the demand for treatment services. Funding for Substance Abuse services has remained flat for the last 15 years. There are also many tax deductions and exemptions outlined in the annual Executive Budget Appendix on Tax Credits, Deductions, and Exemptions that should be examined to potentially identify outdated or inappropriate tax loopholes.

RECOMMENDATION: Review alternative sources of revenue to ensure continued ability to meet the demand of vulnerable persons needing health and human services.