

## Father's illness drove Stabenow's work to improve mental health access, aid

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As an undergraduate at Michigan State University, Debbie Stabenow sat in lecture hall listening to a psychiatrist describe a new diagnosis called manic depression — today known as bipolar disorder — and a promising drug to treat it.

After class, she approached the doctor.

“You just described my dad,” she recalls telling him.

When Stabenow was growing up in Clare, Michigan, her father, Robert Greer, would stay up long nights talking to her mother, a nurse, about grandiose ideas and books he planned to write. When the sun came up, the Oldsmobile dealer would give away cars, services and cash.



Greer would also have difficult low episodes, where he'd become severely depressed. He did multiple stints at Traverse City State Hospital, only to be released and stable for a few months before the cycle would start over again, Stabenow said.

He was misdiagnosed with schizophrenia and treated with the drug Thorazine that made him shaky and unable to work. Stabenow was in junior high when the family had to sell their home and downsize to another.

"I grew up pretty fast to help mom and dad," said Stabenow, the eldest of three siblings. "There was understanding and support, but there just wasn't help. My dad just wasn't getting the kind of help that he needed."

Years later at MSU, Stabenow put the psychiatrist in touch with her parents, and soon her dad was receiving treatment he'd never had, the mood stabilizer lithium. It enabled him to return to work, she said.

"He left the hospital and never went back in the hospital again," Stabenow said.

Her father died in 1983, but her family's experience set Stabenow on a mission that's endured her entire adult life, pushing to improve mental health access, funding and quality, starting with her days as an Ingham County commissioner in the 1970s, through her decades in the state Legislature and then Congress.

"I've seen what happens when folks do get help and when they don't get help, and what a difference that makes," she said. "And I know that my story is not unique."



In the state House, Stabenow chaired the Mental Health Committee for five years and wrote the Children's Mental Health Act. In the U.S. Senate, she authored the provision of the 2010 Affordable Care Act that requires all plans in states' health insurance marketplaces to offer mental health and substance abuse services at the same level as other health services.

Her vision and others' has been to have a health care system that handles mental health and addiction services the same way it handles physical services in terms of infrastructure and funding. "Treat health care above the neck the same as health care below the neck," she often says.

"My dad had an illness no different than somebody with cancer or diabetes or any other kind of disease that folks deal with," she said. "It's just a disease that, at the time, people didn't understand."

Stabenow wanted to alter the funding for community-based mental health and addiction treatment so it would not be limited to grants that "start and stop" but as part of the health care system.

This was the impetus behind the Excellence in Mental Health Act that she introduced in 2013 with Republican Sen. Roy Blunt of Missouri and others. The bill authorized funding through Medicaid for mental health and addiction services provided at federally qualified community health clinics.



The program created federal criteria for participating clinics to meet high quality standards and offer services including 24-hour crisis psychiatric care, outpatient services, immediate screenings, risk assessments and integrated help to treat substance abuse.

The model is intended to keep those needing treatment out of jails, hospitals and off the streets, aiming to reduce the cost and burden on prisons, police and emergency rooms.

"There's not a day goes by that we're not being called to the scene to help someone with one of these conditions that we're talking about — a mental health disorder or some sort of substance use disorder," Kalamazoo County Sheriff Richard Fuller III said. "Ultimately, this will guide our community in a different direction."

Funding was initially limited to eight states. Michigan wasn't selected for the first pilot program in 2016 but got in last year, along with Kentucky.

That means that, starting this month, Medicaid will begin reimbursing 13 community behavioral health clinics in Michigan for services — five of which are in southeast Michigan. The clinics currently receive some Medicaid funding but only for the severely mentally ill, Stabenow said.

"It's hard for them to provide help for everyone when their funding only comes for those who are seriously mentally ill," Stabenow said. "With this, we require that you take all comers and help everyone who reaches out and see them within a week."



Twenty other clinics in Michigan are receiving grant funding through the program for a total of 33 federally qualified clinics in the state — more than any other state in the country, said Robert Sheehan, CEO of Community Mental Health Association of Michigan. Michigan has received \$135 million in grant funding for the clinics since 2018.

Sheehan described the approach as a "sweeping change." He stressed that anyone can go to one of the Certified Community Behavioral Health Clinics for care, whether they have insurance or not.

"This broadens it to everybody. That's the eye opener that I always tell people," he said.

The program is an opportunity to fill gaps in care for people with behavioral health diagnosis or a substance use disorder, said Elizabeth Hertel, director of the Michigan Department of Health and Human Services.

"This initial demonstration has already made a very meaningful difference in the lives of individuals and families in Michigan," Hertel told reporters on a call last week.



Stabenow is hoping to expand the initiative further with a provision in the budget reconciliation bill that Democrats are currently negotiating in Congress.

That measure would allow any state to apply to be part of the program, meet the high standards of care and receive federal reimbursement through Medicaid, she said.

Stabenow pointed to data from the U.S. Department of Health and Human Services showing that those receiving services from the Certified Community Behavioral Health Clinics program for six months or more had a 63% reduction in emergency room visits for behavioral health issues, a 60% decrease in time spent in jail and 41% decline in homelessness among clients.

"It's the first time that we are building truly a system that will last and treat, as I said, health

care above the neck the same as health care below the neck. And we're not done," Stabenow said.

"We're going to continue to work to expand the clinics and the access to support and care to every part of Michigan and to every part of the country."

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