2026-27 HEALTH AND HUMAN SERVICES PLATFORM

This committee shall review all pending Health and Human Services reforms that pertain to county governments. This committee supports local control and accountability to meet the individual needs of local communities and opposes the creation of any unfunded mandates. This committee is responsible for assessing the adequacy of state appropriations related to the local delivery of services. MAC supports stronger prevention and treatment initiatives for all human services, such as, but not limited to, wellness, mental health issues, substance abuse, homelessness, children's protective services, the stabilization of families and the prevention and control of diseases.

COUNTY BOARDS OF HEALTH

MAC supports:

- Coordinated decision-making by county, state and federal health care officials to provide optimal customer services, particularly as they relate to coordination and collaborative input about global, national or statewide health crises.
- Efforts to preserve and strengthen the role of local boards of health.
- Continued funding for mandated essential local public health services, which, at a minimum, includes 50/50 cost-sharing mechanism to avoid any potential reduction in services.
- Investment in public health infrastructure and emergency preparedness to prepare counties for pandemics or any other wide threats to health.
- Continuation of county health plans as essential components of the social safety net in providing access to health care for low-income and uninsured people in a way that reduces disparities of health care across our communities.
- State and Federal coordination of investments in monitoring and meeting basic non-medical needs as per the guidance of the United States Department of Health and Human Services, Michigan Department of Health and Human Services, and local public health departments,
- State and local coordination of health need surveys to identify the state's priority health problems and address non-medical factors that may determine health outcomes.

MEDICAID AND MANAGED CARE

MAC supports:

- A policy of county, state and federal government agencies and county health boards working as responsible partners in providing transparent, optimal and equitable health care services with adequate state and federal funding.
- Continued collaboration between local health and community mental health boards in developing and delivering local health care services.
- Flexible use of local funds to match and support individual county Medicaid and Medicare services.

- Federal entitlement benefits for otherwise Medicaid- and Medicare-eligible individuals placed in a state or county facility, including correctional facilities.
- Amending Section 1905(a)(A) of the Social Security Act to allow the continuation of federal benefits, such as Medicaid, Medicare and Children's Health Insurance Plan, for enrolled and eligible individuals who are pending disposition from mental illness, substance use disorders and other chronic health conditions.
- Establishment of Medicaid rates to reflect the actual and projected growth in demand and for the real costs of providing the services associated with Michigan's Medicaid mental health benefit.
- Continued implementation of the Consolidated Appropriations Act and DHHS reapplication for the Medicaid Section 1115 waivers to lift the statutory Medicaid inmate exclusion for services provided to people in custody for a certain period prior to their reentry into their communities.
- At a minimum, statutory changes to require health facilities and pharmacies to charge Medicaid rates for county inmate medical, mental health and SUD needs.

MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD)

MAC supports:

- Our public mental health system, which gives local control and oversight to our counties in ensuring quality and accessible services for all residents when adequately funded by the state.
- Community and evidence-based mental health care that considers geographic factors that include community resources, familial supports, staff and service shortage areas.
- Increased funding for mandated mental health services.
- Continued mental health parity, thereby ensuring financial requirements for mental health and SUD are no more restrictive than requirements applied to other medical or surgical benefits.
- Sustainable funding for SUD treatment services.
- Continued state opioid settlement funding for technical assistance, implementation, and expansion of MAT/MOUD programs in County Jails.
- The ability of the regional advisory committee to determine the appropriate use of PA 2 SUD funds, with county member input.
- Increased state funding to support community mental health providers and proper classification of enrollees to ensure maximum Medicaid rates.
- State investment for treatment and services related to combatting the opioid epidemic and maximization of funds allocated to the state and locals through the national opioid settlement.
- Removal of Section 928, which requires local counties to fund the state's obligation for drawing down Medicaid funds.
- Flexible use of local funds to match and support individual county Medicaid and Medicare services.
- A rate-setting system that more effectively responds to changes in the quantity and cost of services.

MAC opposes:

- Attempts to keep money from opioid settlements for exclusive state General Fund

appropriations, like what happened with the tobacco settlement.
- Any attempt to move financial management and/or regulatory control of Michigan's public mental health system to private health insurance companies or any attempt that would in any fashion privatize public mental health and substance abuse disorder services.
- The unallocated spending of funds by MDHHS as it moves forward with the PIHP RFP process.

COUNTY MEDICAL CARE

MAC supports:

- An appropriate reimbursement and regulatory structure that is adequate for the delivery and sustainability of quality care services.
- Comprehensive strategies to address staffing shortages across all levels of nursing, including but not limited to, state investments to support incentives and educational opportunities for prospective nurses.
- Merging Medicaid and Medicare dual-eligible persons into one transparent managed care program, on the condition that improved care is achieved, care settings are used appropriately, the beneficiary's best interests are met, reimbursement is not reduced and county-operated entities are fully engaged and fully funded.

MAC recognizes:

- The importance of medical care facilities and long-term care units in guaranteeing access to long-term care for county residents.

SENIOR-RELATED SUPPORTS AND SERVICES

MAC supports:

- Coordinating county, state and federal programs to meet the needs and services of Michigan's aging population.
- Quality long-term care options focused on individualized quality care.
- Senior initiatives that encourage and prolong independence, including, but not limited to, wellness programs, technology educational programs, suitable housing, transportation, health care choices, home delivery of meals, in-home care, care-giver respite and senior volunteers.
- State investment for the advocacy and research of effective alternative treatment programs that improve health and well-being for age-friendly communities.

VETERANS AFFAIRS

MAC supports:

- Collaboration and communication between the Michigan Department of Veterans Affairs and counties to ensure adequate and sustained funding for veterans' services.
- Directing resources and full funding to the local level to deliver efficient programming and services for veterans.
- Increased funding for veteran specialty courts.
- Maintaining current staffing levels for veteran regional coordinator services.
- Review of outdated legislation as it pertains to veterans' programs and funds.

COUNTY CHILD CARE FUND (Shared with Judiciary)
MAC supports:

- At minimum, the continuation of the 75% reimbursement rate from the state to counties, or an increase in the state match for community-based children's prevention and intervention programs that have proven positive outcomes, as such programs are the best alternative for children and will ultimately save the county and state money.
- Continuation of at least a minimum of 50 percent cost-share in state funding for out-of-state placements made by the local courts.
- Increase in the availability of in-state placement options for the juvenile population, paid for by the State.
- Ensuring the 10 percent indirect cost allocation is applied to costs related to child welfare and juvenile justice populations.
- The state's recognition of counties' role in child welfare and juvenile justice funding model discussions and allowing counties to decide how Child Care Fund dollars are appropriately allocated.
- Continued collaboration toward best practices between the state and the counties to ensure timely payments.
- Fair appeal processes for fund source determinations and partnership with the state to maximize federal foster care funding.
- State investment and funding to ensure adequate housing for juveniles under the care and supervision of the county/court.

WORKFORCE DEVELOPMENT AND AFFORDABLE HOUSING
MAC supports:

- Extensive involvement and oversight by county commissioners in administering the Partnership Accountability Training Hope (PATH) program or other programs that move people to self-sufficiency.
- Adequate funding for training displaced and unemployed workers to address the gap between workers' skills and employers' needs.
- Delivery of employment and training services by existing county-structured partnerships and labor market areas through the state's Workforce Investment System.
- Increased funding for the skilled trades training, such as the GoPro Program.
- Sufficient and sustainable funds for all workforce development activities, particularly providing employment and training services to welfare recipients.
- State support and partnership in creating and expanding tools for local governments to support the development or rehabilitation of housing supplies that are attainable to more of our citizens, so long as the State does not usurp local control decisions
- Decisions being made at the county and local level to support community goals of affordability, particularly to provide workforce housing for families and individuals making up to 120 percent of the area median income.
- Employer-based incentives and supports for housing for moderate- and low-income workers.
- Solutions and policies to help combat worker shortages and support parents struggling to find accessible and affordable childcare, transportation and

housing.
- A state-provided stimulus or economic incentive for the purpose of expanding affordable housing dedicated to employers bringing employment opportunities to county residents.

OFFICE OF THE MEDICAL EXAMINER (shared with Judiciary and Public Safety)
MAC supports:

- Legislative and regulatory changes that advance research and provide technical assistance for data collection and analysis that chart a pathway for enhancing statewide training and standards for county offices of the medical examiner.
- Medical examiner accreditation(s) or certification of non-forensic pathologists and medicolegal death investigators to enhance the proficiency of medicolegal death investigations.

MAC opposes:

- Mandated regionalization of medical examiner services and/or offices.
- Statutory caps on fees or costs associated with medical examiner services.