

Commentary: Build on Michigan's proven public mental health system

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There is currently a set of bills in the Michigan Senate, SB 597 and 598, that, if passed, would move the management of the state's Medicaid mental health system to private health insurance companies.

This move would unravel Michigan's nationally recognized public mental health system — its Community Mental Health or CMH system, its network of providers, and its public managed care operations — and harm the 320,000 Michiganders served by this system.

Rather than pursuing this path, Michigan needs to take concrete steps that will advance Michigan's high-performing public mental health system — building on its strengths — all of which are within our reach.

These Senate bills will instead do real damage. These bills would:

Move the Michigan system from a low-overhead, publicly managed system (6 percent) to a high-overhead, privately managed system (15 percent). That would mean a loss to the service delivery system of \$300 million per year.

Greatly reduce funding to the public community mental health agencies in every community, thus destroying this leading-edge clinical system and the longstanding partnerships between CMHs and schools, courts, law enforcement, homeless shelters and hospitals

Not integrate mental health care and physical health care, as the sponsors claim, but simply move taxpayer dollars to private insurance companies. Real health care integration occurs where the client/patient receives their care.

Put the state's public mental health system in the hands of private health insurance companies with no experience in serving persons with serious and complex mental health needs. In fact, for the part of the state's Medicaid mental health benefit that these insurance companies do manage, enrollees have reported that they are unable to find psychotherapists and psychiatrists to serve them.

Ignore the views expressed by those who would be directly impacted by these changes — the persons served by the public mental health system and their families. These views, captured in the Section 298 Final Report run counter to the direction outlined in these bills.

Eliminate the strong local control and governance of the current system, tied to local elected officials answerable to local community members.

Instead, we should build on Michigan's existing high-performing public mental health system. The longstanding high performance of this system is described in a report by the Center for Healthcare Integration and Innovation, "A Tradition of Excellence and Innovation."

Michigan's public mental health system:

- Regularly meets or exceeds state-established and nationally recognized performance standards.

- Leads the nation in converting a system dominated by state hospitals to one that is community-based (allowing for 32 Michiganders to be served for what it costs to serve one person in the state hospital).

- Has pioneered, in partnership with MDHHS, nearly every mental health innovation, evidence-based and promising practice that has taken place in Michigan.

- Has over two decades of experience in designing and running a high performing publicly managed system that oversees the care of all community-based mental health care and does so with very low overhead (putting 94 percent of every dollar into services).

- Controls costs, resulting in billions of dollars of savings for taxpayers when compared to Medicaid cost increases seen in other states.

- Is a leader in integrating mental health and physical health care (with over 600 integrated care efforts led by this public system).

Rather than moving the state's mental health dollars to private health insurance companies, Michigan needs to take the concrete steps that will truly advance the state's public mental health system.

Improve access to comprehensive mental health services to all Michiganders by expanding the number of Michigan's Certified Community Behavioral Health Centers, Behavioral Health Homes, and Opioid Treatment Health Homes — programs that capture increased federal dollars for such improved access.

Improve access to inpatient psychiatric care and residential alternatives to hospitalization by implementing the recommendations in the Michigan Psychiatric Admissions Discussion group, a cross-discipline group of experts from across the state

Address the mental health workforce shortage by paying competitive wages and building a career path for mental health direct support professionals; expanding loan repayment programs to attract psychiatrists and other clinicians to underserved Michigan communities; and overhauling the administrative demands that draw clinicians away from serving Michiganders.

Foster real health care integration by incentivizing the growth and expansion of the existing partnerships between Michigan's public system and primary care providers.

Rather than pursuing the course outlined in these Senate bills, Michigan can build on its strengths to advance this system and make high-quality care accessible to all.