

Senate Bills 597 & 598

Myths vs. Facts



Senate Majority Leader Mike Shirkey introduced two new bills – Senate Bills 597 & 598. This legislation would privatize all Medicaid mental health services by giving full financial control and oversight or decision making to for-profit insurance companies.

The bills are being falsely portrayed as improvements to the state's public mental health system. If passed into law, these bills will severely damage Michigan's Community Mental Health system and cause significant harm to the 320,000+ Michiganders who rely on its stability.

Learn about the myths and facts. **Oppose Senate Bills 597 & 598.**



Myth The public mental health system has too many layers.

✓ Fact Public mental health in every community is one system of care.

People with mental health disorders and persons with intellectual and developmental disabilities access the public system through their local Community Mental Health (CMH) organization. The CMH may provide the service directly or contract with a local provider (CMHs manage their local network of providers). Regardless of how a person may receive their services, the CMH is the best local access point.

Prepaid Inpatient Health Plans (PIHPs) do not provide services. These are entities contracted through the state to provide administrative oversight and monitoring of the Medicaid behavioral health dollars. They also manage local/regional service networks for persons with Substance Use Disorder (SUD) treatment needs and local SUD prevention programs.

Furthermore, SBs 597 & 598 do NOT reduce layers. In fact, the bills increase the number administrative entities overseeing Medicaid Mental Health by 4-6x.

The proposed legislation replaces a single PIHP per region and replaces it with up to 4-6 Medicaid health plans in that very same region at double the overhead cost.

Myth Michigan's public mental health system is broken.

✓ Fact Michigan's public mental health system is not perfect, but it is far from broken.

Michigan's public mental health system has been a national leader in the Evidence-Based Practice movement, pioneering evidence-based and promising practices for decades. Michigan's public mental health system has faced and met every challenge it has been presented with as the specialty benefit has evolved over decades. This system is the only one with statutory responsibilities 24-hours a day, 365 days a year, to provide services, and like law enforcement and other first responders, has the central responsibility for mental health crisis response in every county in Michigan. When other providers of mental health and SUD services for any payer have failed to meet a citizen's needs, CMHs have the responsibility to provide assistance day or night.



Myth The public mental health system is confusing and hard to navigate.

✓ Fact Health care in general is hard to navigate, if you don't know who to call. For the public mental health system there is one number to call.

The confusion and difficulty to navigate service access exists largely for persons not eligible for CMH services without insurance, or privately insured with high co-pays and deductibles, or those with employer sponsored health care trying to find qualified and eligible providers in their insurance networks close to home.

Getting in touch with the access center at the local CMH is easy. The CMH in each community serves as the central hub for information for those who qualify. However, those who do not qualify must find help calling endless 1-800-NUMBERS for private insurance plans, provider information, finding a therapist/provider taking new patients, or who take a certain insurance. Many are not available for weeks or months.

Myth

34 other states have successfully integrated physical and mental health services for their Medicaid consumers – why hasn't Michigan?



Fact

This is not an apples-to-apples comparison. Michigan's public mental health system is one of the most advanced, clinically and financially, in the country. Where states have moved from public to private management, the results for clients/patients and the mental health safety net have been disastrous

Many of Michigan's Medicaid consumers in the public mental health system do receive integrated care through the on-the-ground, person-centered initiatives – CCBHCs & Health Homes. These initiatives are NOT run or operated by insurance companies.

Most of these 34 states have only a small number of mental health services – only services to persons with mild mental health needs – managed by private health plans. Michigan has long ago taken that step and even with that step, mental health services to persons with mild mental health needs, has been poorly managed by the private health plans as their [national accrediting body](#) has found. Additionally, the [track record of such privatization efforts, in other states](#), is very poor, with harm to persons served.

Instead of pursuing this path, Michigan Medicaid consumers in the public mental health have been receiving integrated care through our Certified Community Behavioral Health Clinics (CCBHC) and our Behavioral Health Homes/Opioid Health Homes (BHH/OHH). Both CCBHC and BHH/OHH are on the ground patient-centered integration efforts that provide both physical and mental health services for individuals in those counties. These models assess a person's physical and behavioral health needs, prioritize their health goals, develop a plan of care and provide a full array of services. Currently there are 36 CCBHC sites and over 40 different counties with health homes.

Additionally, there are more than 650 integration efforts currently led by the public mental health system that range from a physical health-informed BHIDD services, co-location, and identification of super-utilizers.

Myth

The current system does not provide consistency or portability throughout the state.



Fact

The uniform Medicaid behavioral health care benefit fosters consistency in the services provided to beneficiaries across the state.

Portability and consistency are currently assured with Medicaid beneficiaries retaining their ability to receive Medicaid behavioral health services regardless of where they move in the state. Coordination of service delivery and payment for services is carried out by the PIHP and CMH with rare disruptions in care due to the relocation of a beneficiary. Additionally, if Medicaid eligibility is lost due to such a move, the PIHP/CMH system works to re-enroll the former beneficiary into Medicaid, ensuring the portability of the Medicaid benefit.

Myth

We're trying to make the Medicaid benefit look and feel a lot more like a commercial benefit.



Fact

The Medicaid mental health benefit is far more robust than any commercial mental health benefit.

A typical commercial mental health benefit covers some out-patient talk therapy and some hospitalization. Michigan's Medicaid mental health system provides much more than talk therapy or hospital-based care. It includes a full continuum of care and services such as:

- Community living supports
- Skill building
- Family & peer supports
- Housing assistance
- Supported employment
- Consumer-ran drop-in center services
- Psychosocial rehabilitation
- Behavioral treatment services
- Medication education & management services
- Applied behavioral analysis
- Wraparound services
- Home-based services
- Infant mental health services
- Targeted case management
- Transportation
- Monitoring for those with judicial and law enforcement involvement and more

"Look and feel a lot more like a commercial benefit" is CODE for "reducing services to increase profits."

