



Mental Health Association in Michigan

LETTER FROM LANSING

A monthly public policy newsletter from the
Mental Health Association in Michigan (MHAM) | Vol. 2 No. 7



Save the Date



Mental Health Association in Michigan (MHAM)
2019 Tribute Dinner Honoring
Congresswoman Debbie Dingell



Friday, October 4



The Henry Hotel | 300 Town Center Dr. | Dearborn
Tickets are \$150 & all proceeds benefit the work of MHAM

Reception 6pm | Dinner 7pm | Program 8pm

Join Us for the 2019 MHAM TRIBUTE DINNER

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Michigan (MHAM)
2019 Tribute Dinner**

**Honoring Congresswoman
Debbie Dingell**



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Dearborn, MI 48126

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Program at 8:00 p.m.

Please plan on joining us for this annual event. Invites to come.

[Purchase Ticket](#)

State Review of Harbor Oaks Rights Practices Damning

The state Office of Recipient Rights has conducted a review of rights practices and procedures at Harbor Oaks psychiatric hospital (Macomb County), and the results are alarming.

We have written about alleged consumer safety allegations at Harbor Oaks in previous issues. Channel 7 News (Detroit) has covered this extensively.

Last year, we attempted to interest MDHHS and LARA (Department of Licensing & Regulatory Affairs, which licenses psychiatric hospital in Michigan) in conducting a special investigation of Harbor Oaks. To his credit, then-MDHHS Director Nick Lyon ordered his department's Recipient Rights Office to conduct an investigation of rights practices and procedures at Harbor Oaks. The investigative report was completed last November, but MDHHS only recently sent the report to Harbor Oaks. MHAM obtained a copy of the document in late June.

Of 28 rights processes for which MDHHS pulled a sample of cases, Harbor Oaks was deficient in 26. Here are five examples:

*Upon completion of an investigation, the rights office completes a written report and provides it to the appropriate parties – 16% compliance.

*When appropriate, the written investigative report includes remedial recommendations – 22% compliance.

*On substantiated cases of abuse or neglect, appropriate disciplinary action taken – 21% compliance.

*On substantiated rights violations not requiring discipline, appropriate remedial action taken – 14% compliance.

*Investigations initiated in a timely and efficient manner – “None of the investigations reviewed...were initiated or completed in a timely manner.”

Regarding the latter point, the MDHHS report indicated a year-old complaint of potential abuse/neglect involving injuries was still open as of last November. (We have learned it still was as of June.) The investigation also revealed that the hospital’s “risk management” program, upon learning of an alleged sexual assault, failed to convey that information to the recipient rights office.

While the report does not openly criticize LARA or any CMHSPs, a reading of it raises questions about both parties’ abilities to monitor rights matters (and perhaps other happenings) at Harbor Oaks. An immediate question raised is whether MDHHS, rather than LARA, should be licensing psychiatric hospitals. Another key point requiring attention is whether the Office of Recipient Rights at MDHHS should be legally authorized to have more regulatory involvement than is presently the case with psychiatric hospitals not operated by the state.

One of the investigation’s recommendations is that MDHHS monitor complaint resolution at Harbor Oaks for six months. Since the report was only recently sent to Harbor Oaks, that recommendation has been on hold. This raises another important question: If the report was completed in November, why did it take six months for a copy to go to Harbor Oaks? A delay of perhaps three months would have been understandable, given a change in administration at MDHHS. But six months? As much as we appreciate that this investigation was undertaken, six months is not acceptable.

A copy of the MDHHS investigative report has been posted on the MHAM website. Please [click here](#) for report.

MDHHS Intends to End PIHP Contract with Lakeshore

We wrote a few issues back about MDHHS threatening to terminate its contract with Lakeshore Regional Entity for PIHP services. PIHPs serve as Medicaid specialty behavioral health intermediaries between MDHHS and the CMHSPs. Per the federal government, we need at least one PIHP in Michigan; we presently have 10.

MDHHS has now announced it does intend to terminate the LRE contract. LRE may exercise its right of appeal, and could ultimately go to court.

MDHHS cited continuing financial difficulty in the LRE region, as well as other management problems. The department says it will “temporarily” be the PIHP for the region; obtain assistance from a private company (Beacon Options) that LRE was using for this purpose; and appoint a new board of directors for the region.

What does “temporary” mean? Apparently for MDHHS, it means through FY-20, as the department has stated a goal of having a “permanent” PIHP in place for FY-21.

The MDHHS announcement has sparked controversy. (What doesn’t in mental health?) Some see this as a sell-out of a “public” mental health system, and emotions are running high.

We are trying to take a broad look at public mental health system structure, organization, and operation, and where the LRE situation might fit into a broader picture.

We are working with several other mental health advocacy groups to see if there might be a collective response to LRE and a broader picture. We hope to be in position to tell you about that next issue.

We can tell you right now that MHAM is looking at the number of PIHPs (and CMHSPs) we have in Michigan (too many?); how PIHPs have been formed and governed to date; their specific roles and responsibilities; and assuring that all PIHP Boards (including the “temporary” one in the Lakeshore region) are publicly transparent and accountable (Open Meetings & FOIA law), with government appointing their Board members, and minimum consumer representation required on the Boards.

We’re also concerned with the current underfunding of the public mental health system, for both Medicaid and non-Medicaid services, and the state retaining ability to end a contract for poor performance so consumers and families aren’t stuck permanently with a sub-standard situation.

Further, services in the Lakeshore region should be protected from reductions/terminations, and extra vigilance must be applied to recipient rights in that region during whatever transitional period exists.

Stay tuned for next issue.

A Quick, New Word on Section 298

We wrote about this extensively last issue. Since then, a top MDHHS official has announced that the 298 “demonstration project” for Kent County, which never started, has apparently failed. When is enough gloom to be enough to end this misguided concept completely?

Letter from Lansing is published monthly by MHAM. The primary mode of distributing the newsletter is electronic mail, but we will postal-mail copies to persons lacking internet access. If you’ve come across this issue through a friend or colleague and wish to subscribe (there is no charge), kindly let us know. If at any point you wish to unsubscribe, simply contact mhamiweb@gmail.com.

MENTAL HEALTH MATTERS

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