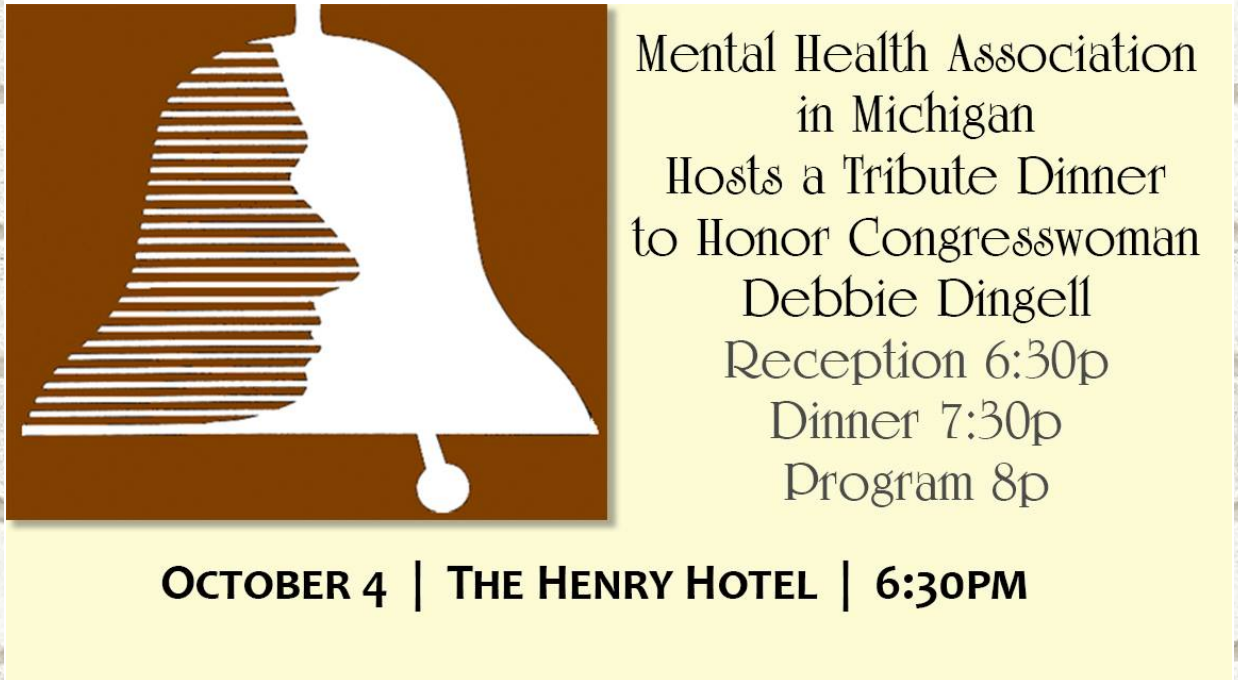
Mental Health Association in Michigan

LETTER FROM LANSING

A monthly public policy newsletter from the
Mental Health Association in Michigan (MHAM) | Vol. 2 No. 6



SAVE THE DATE!
2019 MHAM TRIBUTE DINNER

Mental Health Association in Michigan (MHAM)

2019 Tribute Dinner

Honoring Congresswoman Debbie Dingell

October 4, 2019 | The Henry Hotel | 300 Town Center Dr. Dearborn, MI 48126

Tickets $150 | All proceeds benefit the work of MHAM

Reception at 6:00 p.m. | Dinner at 7:00 p.m.
Program at 8:00 p.m.

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

SECTION 298 MESS CONTINUES

Who Has the Courage to Stop it?

The state's federally mandated Behavioral Health Advisory Council acted on June 14 to recommend termination of Michigan's Section 298 pilot projects and renewed commitment to the 75 recommendations of the MDHHS Section 2908 Facilitation Workgroup.

The Section 298 pilots have now been delayed for the third or fourth time (new projected start of October 2020), even though it has been two years since the Legislature first mandated this effort. Little progress toward anything has happened in those two years.

This is not surprising, given the following:

*The pilot projects have to do an end-run around Michigan law on Medicaid behavioral health.

*Saginaw County CMH has dropped out of the pilot for that community

*U-M project evaluators told advocates at a March 2019 meeting that ultimate evaluation results will not answer overall big-picture questions. The evaluators also said pilot results would be compared to the "rest of the state" but without our three biggest counties (Wayne, Oakland, Macomb) or the Upper Peninsula included – a glaring oversight.

*Each pilot requires a CMH program to reach agreement with *multiple* Medicaid Health Plans (MHPs), while also having to negotiate other contracts with PIHPs and the state.

*MDHHS has made several unsuccessful attempts to come up with a management plan in pilot areas for Medicaid beneficiaries not enrolled

in MHPs.

*The state has had a pilot with some similarities for 3-4 years regarding persons enrolled in both Medicaid and Medicare. At this time, that pilot can only be labeled a failure.

*The state hasn't yet submitted the federal waiver request for which approval is needed if the pilots are to begin.

Behavioral health consumers, families, advocates and providers were strongly opposed to the Section 298 concept, and the MDHHS Workgroup on this subject recommended against it. This was after 31 related affinity groups were held across the state in 2016. These were attended by over 1,000 individuals, with more than 70% being consumers and families. Yet despite this opposition, the Legislature proceeded with authorization of pilot projects.

Why has the behavioral health community been so united in its opposition? Below are just some of the reasons.

*MHPs have no experience managing severe behavioral disorder. They have been limited to managing "mild-to-moderate" behavioral conditions, and have done a poor job of this.

*MHPs, all private and some for-profit, lack public transparency and accountability.

*Integration of behavioral and non-behavioral services is best accomplished at the service delivery level, not at the level of who receives appropriations.

*MHPs lack experience with modern behavioral health concepts like person-centered planning and social supports.

*Current behavioral health beneficiaries could be forced to leave their doctors and providers for new ones imposed on them.

We are not suggesting that our public mental health system is fine the way it is. Nor do we oppose integration efforts that are appropriate and workable. Improvements are certainly needed, and the MDHHS Section 298 Facilitation Workgroup made a start toward this in 2017 with 75 related recommendations. These included key issues like resolution of consumer and family complaints; medication access; age-appropriate services for children and youth; person-centered planning; uniformity of practices and procedures statewide; reducing bureaucratic impediments to service access; and integration at the service delivery level.

It is time for the state to start moving on these. Instead, all focus is on Section 298 pilots. Such focus is resulting in expenditure of great time,

energy and resources from MDHHS, the local parties involved in the pilots, the Legislature and the behavioral health advocacy community. It is also a cause of stress and concern for consumers and families in the pilot communities. We would be better served if all the 298 attention were devoted to practical and meaningful efforts to improve behavioral health services and integration in Michigan.

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 Association in Michigan
Mark Reinstein, Ph.D., President & CEO | Oliver Cameron, M.D., Ph.D., Board Chair
1100 West Saginaw, Suite 1-B | Lansing, MI 48864-5956
P: 517.898.3907 | F: 517.913.5941
mhamich@aol.com | mha-mi.com (membership available on-line)
A United Way-Supported Agency, affiliated with Mental Health America

Join Us On Our Socials!