Melissa Sweet

From: fred.a.cummins@gmail.com
Sent: Wednesday, March 16, 2022 2:14 PM
To: Melissa Sweet
Cc: Rep. Donna Lasinski (District 52); Rep. Felicia Brabec (District 55); Rep. Jim Ellison (District 26); Rep. Samantha Steckloff (District 37); senjmoss@senate.mi.gov
Subject: Mental Health Reform

Ms Sweet,

Please accept my public comments, below for the House Health Policy Committee.

Fred Cummins
President, Alliance for the Mentally Ill of Oakland County

Comments to the House, Health Policy Committee

Regarding House Bills 4925, 4926, 4927 and more

Effectively, the mental health system has become a Medicaid-funded system. Any plan to move management of the mental health system out of the state administration (e.g., MDHHS) is a bad idea. The state administration must, instead take direct responsibility for the sorry state of the Michigan mental health system. Integration of physical and mental healthcare is a red herring. Insurance companies (HMOs) don't integrate anything except their efforts to cut costs and make a profit.

Furthermore, an oversight agency that is independent of state, mental health administration. Oversight must be insulated from political influence—it must be independent and objective. This includes comprehensive assessment of mental health services, in general, the need must be addressed to provide mental health services to 100,000 or more persons in need of receive mental health services who receive none and the persons who do receive services, at the same time, the available services are inadequate to provide a reasonable quality of life and promote recovery. MDHHS has failed to provide proper oversight or leadership, and it has been most successful and damage control, avoiding responsibility, and failing to make legislators face the reality of the failures of the system both in funding, and policy.

We don't need to change the system to devest the administration and legislature of responsibility and accountability, nor to give private companies the opportunity to divert taxpayer dollars to private profits. We need to eliminate managed care, remove contractual levels of loss of control and responsibility, and we need to pay for quality care focused on people, with a real "community service."

- The mental health system has become a Medicaid services system. This means that, as today, unless you have Medicaid, you will be unlikely to obtain services (you may get services if you are in a mental health crisis and have no healthcare insurance, but services will likely be short-term unless you are in poverty and can get Medicaid).
- If you receive new assets (such as an inheritance or a lawsuit recovery) or you get a job that pays a living wage, you will likely lose Medicaid along with your mental health services—this is a current problem that will not go away.
- The system only provides services to people who have become a threat to themselves or others, instead of providing services when they first have symptoms of mental illness. Hospitals, police, schools, courts, other

insurance, and does that in a timely and responsible manner. They must have a budget to meet the needs with fee-for-service rates (pay for what you get), with quality, professional care as the first priority. No more priority of budgets instead of people. Persons in need of services would suffer less severe symptoms and many of them would become productive citizens. In addition, with proper care, many current recipients would also improve so they would require less expensive care have reasonably normal lives. In the long term costs would be reduced and quality of life would be improved for persons with mental illness and many others whose lives they touch, including the employees of the mental health system.

If we fix the mental health system, we will reduce costs in the long-term, but the transition will increase costs due to services for additional persons served in the short term. We could intervene before people become seriously ill. We could provide responsive care to children in schools before they get in serious trouble, and we could help them become successful adults. We could help families who can't find help for a mentally ill family member until they become a danger to themselves or others, or worse. We could help all the persons who otherwise lose their jobs, become homeless, become a problem for the criminal justice system or commit more serious acts of violence.

In addition, there are too many levels of contractual delegation. PIHPs with multiple CMHs make more problems than they are worth, and they do not resolve the concern that managed care requires minimal pools of recipients. Make MDHHS directly responsible for direct care contracts, payments and oversight to improve quality of care and economies of scale. Eliminate of managed care to allow professionals to do their jobs for recipients rather than budgets. Fee-for-service would also stop CMHs from competing to do their best to comply with inadequate budgets. The federally funded CCBHC pilot programs should be adopted as the standard to force insurance companies to provide the limited treatment for which they are responsible, and coordinate with CMH to for coordinated care, promoting recovery. Doctors must be paid for and allowed to do what they were trained for, and less qualified people should not be taking their jobs. People with serious mental illness often have complex medical conditions that may be overlooked when they become seriously ill. Direct care workers must be properly trained to support recovery (they should not be baby-sitters), and they must be certified so providers do not retain or hire people who are not dedicated to quality care and respect for the recipients they serve (this means pay them a living wage, appropriate for their challenging jobs).

We have seen the mental health system go down hill for the past 30 years as the system is patched and squeezed by efforts to cut costs and avoid responsibility with near-sighted solutions and ignored consequences: we have closed state hospitals, increased dependence on Medicaid, introduced of managed care, localized offices of recipient rights, CMH authorities (minimal county responsibility to voters), Current legislative efforts are doomed to continue the decline. All the time, we have seen an increase in criminalization and populations of jails and prisons and the life expectancies of persons with a mental illness are shorter than the general by 25 years (not a good way to save money). The needed fix will have short-term costs but long-term improvements to quality of life for hundreds of thousands of Michigan citizens, both persons with a mental illness, their families and others.

The legislature is sitting on a $7 Billion surplus from Federal Covid funding. Getting a mental health system on track to provide "true, community mental health" is the best way to spend some of the budget surplus.

We must stop looking for ways to avoid the reality and **take responsibility for doing it right**. When that happens, we will no longer need to keep fighting off insurance companies bearing false claims of better care for less.

Fred Cummins
President,
Alliance for the Mentally Ill of Oakland County

P.S., I was President of NAMI Michigan and advocated against Governor Engler's closure of state hospitals and introduction of managed care.