



## NMRE Response to Senate Bills 597 & 598

As a society, we have seen firsthand the devastation the pandemic has had on the mental and behavioral health of our communities. It has also shined a light on the critical gaps in the current behavioral health system and, while Michigan mental health care is among the best in the nation, there is no doubt that more needs to be done.

Unfortunately, this crisis has also created opportunism by commercial insurers and others who claim they have the cure for "Michigan's broken behavioral health system". They blame the publicly governed behavioral health system for the lack of access to necessary services that should already be available by the same commercial insurers and Michigan's privately managed Medicaid Health Plans (MHP).

In Senate Bills 597 and 598, introduced by Senator Mike Shirkey (R) and supported by Senator John Bizon, MD (R), the state would contract with private insurance companies, which are often owned outside of the state of Michigan, to provide a Medicaid health care benefit package that includes the full integration of physical and behavioral services, including those managed by local governmental entities. This type of privatization of behavioral health services leaves the counties, their Community Mental Health Service Programs (CMHSPs) and other safety net providers that work most closely with patients out of the governance and financing role. This plan would also place behavioral health services behind - or in competition with -- overall healthcare spending managed at the hands of large insurance companies -- insurers that arguably have a monopoly and currently do not handle non-medical social supports that assist individuals living with substance abuse disorder, mental health diagnosis or intellectual/developmental disabilities.

Supporters of this bill also express concerns with an outdated Community Mental Health system struggling, or even failing, to meet mental health needs.

**However, there is a side to this story that needs to be heard:** The Northern Michigan Regional Entity, essentially owned and governed by the 21 counties in Northern Lower Michigan through their respective CMHSPs, has effectively serves nearly 19,000 individuals annually. Additionally, as the fiduciary responsible for the 21 counties, NMRE and its five member Community Mental Health Services Programs (CMHSPs), **manage over \$200 million in Medicaid funding and federal block grant funding. These entities employ or contract approximately 3,000 individuals across the 21-county region. The NMRE's funding, unlike for profit or non-for-profit commercial insurance plans, goes directly to services or back to the state of Michigan tax payers.**

***Integrated physical and behavioral health care throughout Northern Lower Michigan exists because of Northern Michigan Regional Entity.***

A leader in the state of Michigan for on the ground integrated behavioral and physical healthcare initiatives, NMRE has reinforced cost savings and increased benefits for the individuals we serve through partnering and adopting programs. Programs such as the Behavioral Health Homes Initiative, which began as a pilot in 2014. Building off that success and based on locally identified need, in 2018

the NMRE was also the first region in the state to start an Opioid Health Home to serve and combat the identified opioid crisis. Over the past several years, commercial insurers looked to us as a model and requested access to our network of resources we have provided for more than 50 years. This is especially important in rural areas of Michigan, as there is no competitive provider base; NMRE's network includes payors and providers to manage services for our local communities. These programs provide physical and behavioral health services coordination to all of the 19,000 people we serve, and the Opioid and Behavioral Health Homes alone have generated nearly \$1,000,000 in overall healthcare savings per year that goes back to the State of Michigan.<sup>1</sup>

As best stated in a memo from the Michigan Association of Counties, the Michigan Sheriff Association, the Michigan Judges Association, and the American Civil Liberties Union of Michigan to Senate Majority Leader Shirkey & Members of the Senate Government Operations Committee opposing Senate Bills 597 and 598: "Thousands of families across the State of Michigan depend on the public mental health system for affordable, accessible care. The changes being suggested at the legislative level do very little to improve care and access for people with a mental illness or addiction. The proposal focuses solely on the administrative / managed care level, not the direct service level, and the suggested changes could in fact hurt individuals receiving the care they need at a time when so many across our state are struggling, vulnerable and in need of support".

"Our organizations want to express our support for Michigan's public mental health system and its strong local collaboration and problem-solving approach. Local law enforcement, judiciary, and prosecutors across Michigan have been in partnership with the Community Mental Health centers (CMHSPs and PIHPs) in their communities for years".

Throughout Northern Michigan, we have been steadfast in our efforts to support our neighbors battling mental and behavioral health crises. While we are grateful to see legislators taking note of this important issue, we are disheartened in the approach being taken to address the faults in the system.

"Where you live should not determine access to mental health care and mental health care, like all health care, must reflect how people live their lives," says Shirkey. On that, we can agree. But we also need to recognize that a one-size-fits-all approach does not work for Michigan. We must empower our local mental and behavioral health care leaders who have been invested in the people of their community for more than 50 years to continue doing the work they're equipped to do. Allow them the resources necessary to effectively do their jobs. Give them the ability to administer care holistically. Moving funding from public to private isn't the solution. What is? Backing those that have been doing the work all along, and giving them the ability to manage funding and care in a way that best benefits society.

Please use the following link to contact your State Senator.

[https://senate.michigan.gov/senatorinfo\\_list.html](https://senate.michigan.gov/senatorinfo_list.html)

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<sup>1</sup> Milliman study