

# Detroit News Editorial

Tom Watkins

Once again there is a battle over care and service versus profits taking place in Lansing.

Michigan's "health plans" — insurance companies — want to get their hands on more than \$3 billion of taxpayer money currently used to serve at least 300,000 people with serious mental illness, developmental disabilities, substance use disorders and children with emotional challenges in Michigan. They currently receive care under the public mental health system.

There ought to be great pause by the Michigan Legislature, the leadership of the Department of Health and Human Services and the governor about this money grab.

More: Michigan Senate leader's plan to overhaul mental health system worries advocates Don't get caught up in rhetoric over "privatizing" the system of care. Behavioral health care is currently provided by a network of private, nonprofit community agencies, under the auspices of public organizations across Michigan. Most of these community organizations sprung up during the Kennedy administration to meet the needs of their local communities.

We should redesign a system of care in response to the expressed needs and desires of consumers of behavioral health services — not creating profit centers for insurance companies, Watkins writes.

There is little disagreement that the goal of integrating behavioral health care with physical health care is admirable. The disagreement lies over who controls the billions in annual Medicaid dollars that would be used to make the changes.

Who do you want to trust the care of your mother, father, sister, brother, son or daughter to — a public transparent system of care governed by local citizens or often out-of-state, profit making insurance companies that answer to shareholders?

Don't think this is a pure money play? Study the political contributions and to whom they are being paid to by the insurance companies pushing this legislation.

Family members and consumers worry about abrupt change driven by profits, losing long-term relationships with trusted providers and new rules that limit service. Given the struggles to get what they have, their worries are not without merit.

Mental health issues skip no zip code and impact one in four people in our communities. If it hasn't impacted you and your family yet, it likely will.

Clearly, we should always strive to maximize both services and taxpayer dollars. This will not be accomplished by simply turning billions over to insurance companies.

Doing nothing is not an option. Clearly, we cannot continue to behave as though nothing has changed in health care when everything is changing around us. This is an opportunity to put into action people over profits and politics.

Moving forward, the dialog around this issue needs to be open, transparent and inclusive, with the state, community mental health organizations, health plans, hospitals, consumers and advocacy groups. An open and collaborative approach with all stakeholders will produce better results.

Let's work together to enhance the care, support and opportunities for our family members with an illness or disability.

Let's move forward, getting past the politics and turf protection considerations and truly place our collective focus on the citizens of Michigan — our family members and neighbors in need of quality mental health and substance-use services.

We should redesign a system of care in response to the expressed needs and desires of consumers of behavioral health services — not creating profit centers for insurance companies.

*Tom Watkins formerly served as the state of Michigan's mental health deputy and director and as the president and CEO of the Detroit Wayne Integrated Health Network.*