



To: Sen. Jim Marleau, Chair, Senate Subcommittee on Health and Human Services
Rep. Rob VerHeulen, Chair, House Subcommittee on Community Health

From: Robert Sheehan, Michigan Association of Community Mental Health Boards
Rick Murdock, Michigan Association of Health Plans

Date: February 18, 2016

Re: MDHHS Budget Boilerplate, Sec. 8-290 of Bill number regarding service integration

We are jointly writing this memo regarding the boilerplate language in the proposed Department of Health and Human Services budget addressing integration of mental health services with physical health treatments. As major stakeholders in this matter, we believe it is vital to get the process right before making any programmatic or resource changes. Therefore we want you to know that our two organizations along with other groups are already engaged with the Administration on this issue through a process convened by the Lieutenant Governor as envisioned by the proposed boilerplate.

We expect that one of the outcomes of this process will be recommendations that will help frame your final budget boilerplate recommendations that would result in replacing the section 8.298 with language that more closely reflect the wording in Gov. Rick Snyder's executive budget statement on integration. Gov. Snyder's executive budget statement reads:

The governor recommends that the state begin the process to better integrate mental and behavioral health services with a patient's physical health treatments. The governor expects to see improved coordination of care and a stronger focus on the needs of an individual patient by initiating a process by which all patient services are closely integrated. This budget recommendation asks the legislature and the health provider community to engage in an important conversation about integrating physical and behavioral health services into the larger consideration of patient need.

This integration design effort must reflect:

- A robust and transparent stakeholder involvement (through a process that stakeholders help to design)
- The use of this stakeholder involvement in the development of a clear set of goals and principles for the effort (including the aim of integrating care at the consumer/patient/practice level and ensuring a person-centered approach to care)
- Only after these goals and principles are determined, the identification of best practices from across the state and nation to achieve those goals and principles, which are then built into a design that is guided by robust and transparent stakeholder involvement

Key to that process would be development of a clear set of principles, factual information and core design elements upon which efforts to integrate care would be based. These principles should include: person-centered planning, self-determination, and recovery orientation at the core of the effort; avoiding the return to a medical

and institutional model of supports and services for persons with behavioral health/developmental disability needs; easy access to services for persons with mental health needs; community-based supports and services including integrated employment and safe, affordable and accessible housing options; and compliance with all federal requirements aimed at consumer freedoms and community inclusion; and the integration effort focused on the point at which the patient/consumer receives care, supports, and services. The process should also develop appropriate goals and metrics aimed at, first and foremost, improving care for individuals who are in need of mental and behavioral health services.

The process needs to involve a robust and transparent stakeholder involvement(through a process that stakeholders help to design, including patients/consumers and the affected organizations to ascertain what they would see as a successful integration of mental and physical health services and to guide the design, planning, implementation, and monitoring of this effort. Only after principles, goals and metrics are properly determined can the state and the affected parties begin to consider what changes in policies, operations and contracts should be recommended, again with active and transparent stakeholder involvement.

A clear and early message from your offices of your receptivity to receive and willingness to adopt alternative budget boilerplate language as a result this process will be very appreciated.

Our two organizations are pleased to be part of this engagement process initiated by the Administration that will recommend alternate language (to Section 298), that will be consistent with the Governor's budget message. Since the intended process is to be guided by the MDHHS, and , that limited department staff resources are available we also recommend that the MDHHS utilize resources available from the State Innovation Model funding, the Michigan Health Endowment Fund or other similar innovation-promoting funding source, as this issue is consistent with the intended use of those funds. This would then enable outside firms to be used to facilitate research and discussions necessary to arrive at objective conclusions.

While we understand there is a "sense of urgency," we also cannot underscore too heavily that moving too quickly to affect change will likely fail to properly develop goals and metrics and place systems failing to align with the needs of patients.

In conclusion, we agree that a vigorous conversation needs to take place. We believe the needs of patients/consumers must be the primary concern. We think outside contractors are best suited to develop a research and conversation process that will drive stakeholders toward a set of desired outcomes. We know the SIM account has sufficient resources to provide outside facilitators and researchers to help drive an effective, collaborative process.

We are confident once those outcomes are clear, responsible parties can work together to evolve a set of processes with a high probability of achieving the desired result – as highlighted in the governor's statement: *"...improved coordination of care and a stronger focus on the needs of an individual patient..."*

To this end, we pledge our cooperation. Thank you for your consideration.

cc. Lt. Gov. Calley
Nick Lyon
Lynda Zeller
Christ Priest