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Michigan's Mental Health System Shows Positive Results with Healthcare Integration Efforts

(LANSING, Mich. – November 21, 2016) The [Michigan Association of Community Mental Health Boards \(MACMHB\)](#) today released a new study on healthcare integration initiatives across the state: [Healthcare Integration and Coordination Efforts: Key themes identified in a survey of Michigan's CMHs, PIHPs and Providers](#). As states across the nation wrestle with questions of healthcare integration, Michigan continues to remain at the forefront of coordinating behavioral health and physical healthcare. Throughout the state, MACMHB and its members have years of experience effectively integrating care and bettering the lives of thousands of individuals.

The results showed that more than 750 healthcare integration efforts, led by Michigan's publicly sponsored Behavioral Healthcare and Intellectual/Developmental Disability service system (BHIDD), are yielding real-world benefits for patients and the state of Michigan by making overall care more cost-effective and seamless.

The report also showed that:

- There are now 50 initiatives with integrated electronic health records, increasing efficiency across all settings and services, creating a more person-centered care model
- There are now 42 co-location efforts occurring across the state, including either placing BHIDD clinicians in primary care clinics or placing primary care providers in BHIDD sites
- There are now 74 projects that have partnerships between BHIDD providers, payers, primary care practices, hospitals and physical health plans, in order to relieve the high number of Medicaid claim service users and overall effectively utilize healthcare resources.

Mental health programs across the state strive to integrate care at the patient level, rather than simply integrate funding. This on-the-ground healthcare integration, which involves a number of partners at the patient level, has produced life-changing results for consumers and families. Historically, Community Mental Health Service Programs (CMHSPs), Public Prepaid Inpatient Health Plans (PIHPs), provider networks, and the [Michigan Department of Health and Human Services \(MDHHS\)](#) have been responsible for managing and designing Michigan's BHIDD service system. Over the past several years especially, these groups have focused increasingly on integrating the BHIDD services they provide with primary care and other healthcare services.

Adults in the United States living with serious mental illness die on average 25 years earlier than the general population—largely due to untreated and preventable chronic medical conditions which are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care together with navigating complex healthcare systems continue to be a major obstacle for many dealing with mental illness.

Michigan's behavioral health system is considered a leader in integrating high quality care for more than 300,000 citizens. It remains the only state in the nation that uses a 100-percent managed care model—healthcare insurance plans designed to provide care at the lowest possible cost—and has integrated mental illness, intellectual/developmental disabilities, and substance use disorder services into one system.

“This study, the first of its kind, identified hundreds of healthcare integration efforts that link behavioral healthcare with primary care led by the state’s public mental health system. While discussions on the need for health integration drive a great many policy and legislative discussions, Michigan’s community mental health system has been implementing a wide range of leading edge health integration practices in urban, suburban, and rural communities across the state,” said Robert Sheehan, CEO of MACMHB. “It is key that policy makers and lawmakers work to support these efforts and foster their continued development in breadth and depth.”

Michigan continues to remain at the forefront of the implementation and advancement of this type of efficient and effective mode. Regional integration examples include:

- In 2014, Network180 (the community mental health authority for Kent County) in partnership with Priority Health (a health care maintenance organization), launched a pilot model of behavioral and physical health integration. This model represents the first effort in Kent County to collaboratively manage these services with the goal of reducing patient costs and increasing treatment effectiveness and efficiency for individuals with co-occurring mental and physical health disorders. In the first year of the pilot program, care management met its goal of serving 150 individuals and saw an increase in activation; individuals visited the emergency department less; and the cost of intensive behavioral health services for individuals enrolled in the program for one year dropped by 65 percent. In its second year and beyond, Network180 and Priority Health hope to expand the model through continued funding, new grant applications, training programs and collaboration with other counties.
- Genesee County is one of 20 counties in Michigan that has primary care providers physically located in BHIDD sites. The practice of co-location is a highly efficient way for consumers to receive a wide range of healthcare services in one location, saving time, money and ensuring a more comprehensive approach to treatment. Genesee County actually placed one of the first Federally Qualified Health Centers (FQHC) ever established in a public housing development. The location, just blocks from the county’s main service center, has resulted in a major increase in the number of individuals receiving both primary care and mental health support. In fact, for many individuals, it is the first time receiving primary care services in decades. In 2016 thus far, there were 518 individuals who received both primary care and mental health services, and an additional 283 that were screened for mental health issues.
- The U.S. Substance Abuse Mental Health Services Administration (SAMHSA) recently awarded LifeWays, the CMH for Jackson and Hillsdale counties, a \$1.6 million federal grant to establish coordinated integrated primary healthcare and behavioral healthcare services. While LifeWays already partners with the Center for Family Health to provide primary medical care to anyone 18 years and older at its downtown campus location, this grant will further benefit Lifeways integrated care efforts. The SAMHSA grant is a nationally competitive award that LifeWays director Maribeth Leonard had been applying for since 2012. LifeWays finally received the grant when their data was shown to be comparable to national data alluding to adults with mental illness correlating to short life expectancy. LifeWays saw a correlation between their consumers’ chronic co-morbid conditions and wellness activities, and knew it was critical to address more behavioral services to be integrated into general physical health screenings. Individuals from the area were struggling with diabetes and hypertension. With more than 750 healthcare integration initiatives already underway across the state, Michigan will continue to lead in showing the real-world benefits of integrating mental health services with primary care.

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