

The Winds of Change – September 2, 2014
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Community Health**

I am writing this article on September 2, 2014 a few days after I resigned my position as Director. I had planned to stay longer but a minor stroke on Memorial Day lead my wife and I to decide that a change of pace was warranted. Thus I am using this format that Clinton Galloway via Connections has given to me to share a few outgoing thoughts with you.

I leave after 46 years of public service. It has been a great ride, and I leave proud of the relationships I have had with many of you and what we have collectively been able to do throughout the past decades. However, now is not the time to rest on our laurels. We know delivery models have to change and we continue to work together to lead those reforms. Governor Rick Snyder has asked us to reform our health care system, and that process continues.

When the behavioral health community based services movement began in the 1960s, many of us worked hard to carve behavioral health services because physical providers were not interested in doing so. Nowadays, we find ourselves moving forward with both budgeting and policy changes at lightning speed to integrate the mind and the body.

I have said for years we are in a period of great change in the delivery of services. I have no doubt that the twists and turns from this change will continue for the next several years as various systems shake out. The old models will be gone and will be replaced by ones that provide greater access to services, more technology, integration of care, and new treatment modalities. We will look back someday and wonder how we ever provided care without mobile apps, medical assisted therapies, electronic medical files, self-management and data analytics. But until then, we have much adapting that still needs to be done.

The question we all are facing is whether the community health model that was built in 1960s as a carve out, will be able to adapt and adjust to the new models of care. As we work to answer that question we must remain committed to full integration of services to ensure those we serve seamlessly get their behavioral and physical health care services in their communities.

While the exact steps for making this happen are not yet clear, now is time for purposeful dialogue and courageous action.

I would submit that the future for community mental health boards is reliant upon broadening depth and scope of services for all those who need mental health services.

We can no longer think institutionally. Michigan Protection and Advocacy Service estimate that more than 4,000 consumers in Michigan are in inappropriate housing situations. Beginning next year, the federal government and Michigan Protection and Advocacy Service will closely monitor consumers living situations to ensure patient choice is the priority. How these issues are resolved going forward will take careful negotiations with clear respect for self-determination and choice.

During the most recent budget process, the issue of General Funds was a point of contention. While we certainly always want to engage in productive dialogue, I think it is important for all partners to understand that the funding model of the past needs to be modernized and better reflect the needs of consumers. The reimbursement system is quickly moving to a per member per month contract with a health care organization and the major funder going forward will be Medicaid. Until the Medicaid funds are pooled and a treatment plan implemented with all providers from a single source of payment, true integration will not take place. The Michigan Department of Community Health's budget beginning October 1, 2014 is \$18.3 billion. What a collective responsibility we have to use these resources effectively and efficiently.

The focus will be on population health and who best can provide the comprehensive integrated care that consumers and funders are seeking.

In particular we all must adapt the services we provide to comprehensively serve those who are veterans, homeless, Not Guilty by Reason of Insanity, elderly, victims of human trafficking, dually eligible autistic and high utilizers of hospital and community services (both children and adults). We need to be vigilant in ensuring we pay close attention to these vulnerable populations so that they receive comprehensive services and do not fall victim to falling between the cracks. This includes ensuring we better integrate the substance use disorder and mental health service delivery

system so the experience of an individual's care is not fragmented between two access points, two medical record systems and uncoordinated care.

When considering the changing health care landscape, one program that stands out in particular is the Healthy Michigan Plan. With more than 381,000 residents enrolled already, this is one program that is working well and can serve as a model going forward. Let us all learn from its innovation and creativity. Make sure you read Public Act 107 of 2014 for it is the harbinger of the future and lays out a path forward.

Consumers of the future will rely more heavily on self-management of their health status and will want to utilize technology such as their smart phones for appointments, information, monitoring, and live interactions with professionals. Persons who are developmentally disabled will find more educational opportunities and renewed efforts by the Michigan Department of Education, Michigan Rehabilitation Services, and others to provide housing, educational and work experiences.

In the future, much of what we do will be guided by predictive models. We will utilize algorithms as partners in treatment plans. We will adapt to bundled payments for care, and we already working closely with providers communicating via electronic medical records.

The future of these changes does not rely totally on a common, shared electronic health record. We know that providers and Community Mental Health Boards already have a variety of electronic health records; so instead, we now need to focus on common ways to exchange those existing records. It is the development of standards for those systems that will move us forward. I encouraged the Community Mental Health system to work with providers in developing these standards for both behavioral and physical health services.

Further, changes in the Mental Health Code are needed and necessary. The Mental Health Code has not been revised since it was first written in the mid-1990s. The Mental Health and Wellness Commission has made a number of recommendations for improving the code and better serving our residents. To address these necessary changes, the Mental Health and Wellness Commission has clearly identified areas of new services needed and Requests for Proposals will be coming out soon to address those issues. As you know, the Fiscal Year 2015 budget allows the Michigan Department

of Community Health to contract directly with providers if appropriated and needed. Community Mental Health must be engaged in these solutions and I look forward to seeing the progress that will be made on this front.

Now is the time for the public mental health system to be responsive to the needs and resources of your communities. Using the strong network of quality private providers we've built over the years, we can reduce administrative duplication, and improve service structures within our communities. And even in doing so, I am confident that our community mental health system will continue to stand ready to develop innovative solutions and deliver services to fill gaps.

The legislature and our residents are looking for those who are part of the solution, bring new ideas to the table, and can demonstrate their ability to deliver the desired outcomes of both the State of Michigan and its residents. With all of the changes we are facing in the healthcare industry today, now is not the time to sit by and wait for the changes to sort themselves out. We need to be active in shaping the growth and future of Michigan. As Governor Snyder has said, a healthier Michigan is a stronger Michigan, and I firmly believe that by continuing to work together we can provide the comprehensive, integrated services our consumers deserve.