

# **Funding Request for the Michigan Mental Health Evidence-based Practice Initiative**

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Revised July 2006

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# Executive Summary

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The Michigan Mental Health Evidence-Based Practice Initiative (MiMHEBPI, or the Initiative) is requesting matching funds to implement a quality improvement action plan with the goal to implement, support, and measure the use of evidence-based medication practices (Michigan Medication Algorithms) for Michigan residents with major depression, bipolar disorder, or schizophrenia (major mood and psychotic disorders). The Initiative will accomplish its goal through sponsoring, supporting, and implementing pilot programs at locations in Michigan over the three years and through broad public education and awareness programs. The implementation of the pilot programs and use of the Michigan Medication Algorithms throughout Michigan will significantly improve treatment outcomes for those with a major mental illness.

It is now well documented that the knowledge gained through research has not been translated to everyday clinical practice in the mental health field. More specific for grantmakers and the mental health field, the U.S. Surgeon General's report found that few physicians and mental health programs are using proven and effective interventions for the vast majority of their patients.

In November 2001 the Ethel and James Flinn Foundation (the Foundation), with the help of outside consultation and expertise, determined it could help close the gap between research and practice by bringing stakeholders together to identify and implement pharmaceutical guidelines and algorithms in Michigan. The Texas Medication Algorithm Project (TMAP) was identified as a model program by the consultant. Later the President's New Freedom Commission on Mental Health also identified TMAP as a model program.

In 2002 the Foundation began the Initiative with the intent to develop an action plan to implement evidence-based practices (EBP) in clinical settings. The Foundation's goal for the plan was to improve the quality of mental health services through identification and implementation of medication guidelines and algorithms for the treatment of major mood and psychotic disorders. The Foundation engaged Public Sector Consultants Inc. (PSC) as project manager and convened a broad-based steering committee of 25 Michigan mental health experts to develop the action plan. The plan—*Closing the Quality Gap in Michigan: A Prescription for Mental Health Care*—was released in September 2004. The steering committee determined that the plan should focus on encouraging and helping physicians to adopt evidence-based prescribing practices through the implementation of pilot programs throughout the state. The steering committee determined that the Texas Implementation of Medication Algorithms (TIMA) with modifications for Michigan (now the Michigan Medication Algorithms) were the most effective and proven algorithms.

Following dissemination of the report, a leadership team was established to maintain the continuity and momentum of the Initiative and facilitate the establishment and ongoing operations of pilot programs in furtherance of the action plan. The action plan calls for pilot programs to be established and funded in Michigan locations over a three year period. The pilot programs will implement and test physician and patient acceptance of, and compliance with, the Michigan Medication Algorithms, based on the strategies and tactics described in the action plan.

Six pilot programs were identified through a request for information (RFI) process. Criteria included merit according to the recommendations in the action plan, and diversity of institution

type (public/private), service delivery area (urban/rural), and geographic location (east/west Michigan). The programs and their partners are as follows:

- Henry Ford Health System, Henry Ford Medical Group, Health Alliance Plan
- Huron Valley Physician Association, St. Joseph Mercy Health System, Care Choices HMO, Eastern Michigan University
- Lifeways Community Mental Health Authority (CMHA), Foote Health System, Center for Family Health, Health Plan of Michigan, Brown's Advanced Care Pharmacy Services, Refocus LLC
- Network 180 (formerly Community Mental Health and Substance Abuse Network of West Michigan), St. Mary's Health Care/Pine Rest Christian Mental Health, Forest View Hospital, Touchstone Innovare, Family Pharmacy-Wege Center, Calvin College
- Washtenaw Community Health Organization, University of Michigan, St. Joseph Mercy Hospital
- Wayne State University, the Gateway Network (MCPN), Rose Hill, Detroit Medical Center, TIGS (technology integrator), SPEC Associates

The Initiative was formally launched in October 2005 with the award of the first of three year grant contracts to the pilots. All six pilots report good initial progress toward implementing their respective work plans.

The six pilot programs committed to implementing expanded integrated technology plans which involve automating guidelines and algorithms, computerized assisted clinical support systems based on the algorithms, documentation and data gathering, and integration or connectivity to the organizations existing or to be developed electronic medical record system. The pilot programs also committed to multi-site as well as individual site evaluation of the Initiative which will determine the feasibility and effectiveness of, and best methods for, implementing the medication algorithms in Michigan.

The final phase of the Initiative involves infusing the Michigan Medication Algorithms beyond the pilot programs to the state's total health care community.

To date, the Initiative has been funded by the Foundation with grant contracts to PSC for all project coordination expenses and to the pilot programs for the first year of the Initiative. The Foundation has budgeted \$2 million over three years for implementation of the Initiative. The Foundation, however, does not have the financial resources to fund the Initiative, which has budgeted \$4 million for implementation over three years.

The expanded Integrated Technology Project was developed with a budget of \$700,000 which is in addition to the \$4 million implementation budget. Multi-site combined with individual site evaluations were also developed which will require an additional \$300,000 from other funding sources. The total budget is \$5,000,000.

The infusion of the Michigan Medication Algorithms into the state's public and private mental health systems will result in more consistent and better quality mental health treatment based on best evidence yielding improved outcomes for those with a mental illness. With matching funds to fully implement these six innovative pilot programs over the next three years, Michigan will indeed be a model state in the treatment of mental illness.

# Funding Request

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The Michigan Mental Health Evidence-Based Practice Initiative (MiMHEBPI, or the Initiative) is requesting matching funds to implement a quality improvement action plan with the goal to implement, support, and measure the use of evidence-based medication practices (Michigan Medication Algorithms) for Michigan residents with major depression, bipolar disorder, or schizophrenia (major mood and psychotic disorders). The Initiative will accomplish its goal through sponsoring, supporting, and implementing pilot programs at locations in Michigan over the three years and through broad public education and awareness programs (see Attachment 1: Vision, Goals, Outcomes, and Strategy). The implementation of the pilot programs and use of the Michigan Medication Algorithms throughout Michigan will significantly improve treatment outcomes for those with a major mental illness.

## BACKGROUND

It is now well documented that the knowledge gained through research has, in many cases, not been translated to everyday clinical practice in the mental health field.

A wide variety of effective, community-based services, carefully refined through years of research, exist for even the most severe mental illnesses yet are not being translated into community settings. Numerous explanations for the gap between what is known from research and what is practiced beg for innovative strategies to bridge it. (U.S. Department of Health and Human Services. *Mental Health: A Report of the U.S. Surgeon General - Executive Summary*, 1999, p. 20–21.)

A huge gap exists between what we know about treating mental illness and the availability of treatments, services and programs that are so vital to recovery. (Quote from Laurie Flynn, NAMI Executive Director. *Visions of Hope and Recovery: NAMI 21<sup>st</sup> Anniversary Commemorative Booklet and Annual Report*, p. 1.)

Historically, the vulnerability and suffering of persons who live with disabling mental illnesses too often were ignored or misunderstood by much of society. Yet over the past half-century, the people of the United States, through the National Institute of Mental Health (NIMH), have supported medical, neuroscientific and behavioral research on mental illnesses consistently and generously. With that support, and that of others (e.g., foundations, industry and other federal agencies), a remarkable scientific effort has demonstrated convincingly that mental illnesses affect a specific organ—the brain—and that in the vast majority of instances, mental illnesses can be treated successfully using an array of specific interventions....Researchers, policymakers, health care providers and most critically, individuals with mental illnesses and their families today recognize that translating the remarkable breakthroughs into procedures and policies of everyday clinical practice is an urgent, essential and achievable task. It is a challenge that has profound implications for the quality of the lives of Americans with mental illnesses and for the health of the Nation. (*Bridging Science and Service: A Report by the National Advisory Mental Health Council's Clinical Treatment and Services Research Working Group: Executive Summary*, p. 4.)

More specific to grantmakers and the mental health field, a *Grantmakers In Health* article, “Putting Knowledge to Work for Mental Health,” states the following:

Despite the existence of proven and effective interventions, the Surgeon General's report also found that few physicians, community clinics, and even mental health programs are putting them to use for the vast majority of their clients. Instead, current practices are often based on tradition, convenience, clinicians' preferences, and payer policies. Not surprisingly, they have a poor track record....Fortunately, foundations are uniquely equipped to help address these issues: we can chart new territory, challenge the system to do better, and help put evidence-based practices to work in a variety of ways.

The author stated the following in a call for action to grantmakers:

Of course, if you're looking for an area that will give you real results for your grant dollars, there is no better focus than evidence-based practices in mental health. The issues are growing in urgency, and the field remains wide open for us to make major contributions toward improving patients' symptoms, their ability to function in society, and, ultimately, their quality of life. (Laurie R. Garduque, Senior Program Officer, The John D. and Catherine T. MacArthur Foundation.)

Technology is a key component to implementing medication algorithms. The need for computerized medication algorithms to support clinical practice is described in the introduction to the article, *Computerized Medication Algorithms in Behavioral Health Care*, as follows:<sup>1</sup>

Advancements in medicine have occurred rapidly over the last several decades. These advances have taken place in areas such as basic medical knowledge, treatment strategies, interpretation of clinical data, diagnostics, and pharmacology, thus changing the extent and complexity of medical practice. Physicians in clinical practice (specialists as well as primary care physicians) are called upon to assimilate a substantial volume of complex data for a multitude of medical conditions. Physicians' decisions in clinical practice not only are contingent on a considerable knowledge base, but also require the physician to stay well informed of current advancements in order to optimally treat patients.

In an effort to facilitate this process, various tools have been designed to manage the large amounts of new information and keep everyday medical practice in sync with current technology. Guidelines are among the methods most frequently used for this purpose. In study settings, the use of clinical practice guidelines and algorithms has been shown to be effective in assisting doctors in clinical decision making, thereby improving clinical practice. However, in routine practice, guidelines and algorithms are significantly underutilized, primarily due to limits in their immediate availability and ease of use at the time of patient care.

Medical technology is making considerable progress in the design and utilization of computerized medication algorithms to support clinical practice. Computer-assisted clinical decision support systems (CDSSs) have the potential to overcome many of the limitations of paper-and-pencil clinical guidelines and algorithms. The availability of CDSSs has focused considerable interest in the usefulness, applicability, and rich potential of these computerized tools in assisting with patient care (53).

The article concludes:

We believe that a computerized treatment algorithm is a viable solution to the obstacles confronting physicians today, and is a logical progression in the methodology toward use of new technological advancements in behavioral health care (60).

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<sup>1</sup> Trivedi, Kern, Voegtle, Baker, Altshuler, *Behavioral Healthcare Informatics* (2001), 53-66.

Clinical algorithms have been described as “guides to stepwise evaluation and management strategies that require observations to be made, decision to be considered and steps to be taken. In general, algorithms are more specific and prescriptive than guidelines.”<sup>2</sup>

## THE INITIATIVE

In November 2001 the Ethel and James Flinn Foundation (the Foundation) engaged outside consultation and expertise to evaluate its grantmaking program. The consultant pointed out the gap between research and clinical practice and suggested the Foundation could help close that gap by bringing stakeholders together to identify and implement medication guidelines and algorithms. The consultant identified the TMAP as a model program. Later the President’s New Freedom Commission on Mental Health report, “Achieving the Promise: Transforming Mental Healthcare in America” (July 2003), cited the need for evidence-based practices and recognized TMAP as a “Best Evidence-Based Practice” and stated:

Effective, state-of-the-art treatments vital for quality care and recovery are now available for most serious mental illnesses and serious emotional disorders. Yet these new effective practices are not being used to benefit countless people with mental illnesses. The mental health field has developed *evidence-based practices* (EBPs)—a range of treatments and services whose effectiveness is well documented. A partial list of EBPs includes...medication algorithms....The Texas Medication Algorithm Project illustrates an evidence-based practice that results in better consumer outcomes, including reduced symptoms, fewer and less severe side effects, and improved functioning. However, too few consumers benefit from this practice because it is not widely used.

### **Phase I**

In 2002 the Foundation began the Initiative with the intent to develop an action plan to implement EBPs in clinical settings. The Foundation’s goal for the plan was to improve the quality of mental health services through identification and implementation of medication guidelines and algorithms for the treatment of major mood and psychotic disorders. The Foundation engaged Public Sector Consultants Inc. (PSC) as project manager and convened a broad-based steering committee of 25 Michigan mental health experts to develop the action plan. The plan, *Closing the Quality Gap in Michigan: A Prescription for Mental Health Care* (enclosed separately), was released in September 2004 at a conference and widely disseminated. The steering committee determined that the plan should focus on encouraging and helping physicians to adopt evidence-based prescribing practices through the implementation of pilot programs. The steering committee determined that the TIMA algorithms with modifications for Michigan (now the Michigan Medication Algorithms) were the most effective and proven algorithms.

### **Phase II**

Following dissemination of the report, a leadership team was established to maintain the continuity and momentum of the Initiative and facilitate the establishment and ongoing operations of pilot programs in furtherance of the action plan. Exhibit 1 is a summary of the leadership team and its responsibilities; see Attachment 2 for a list of members.

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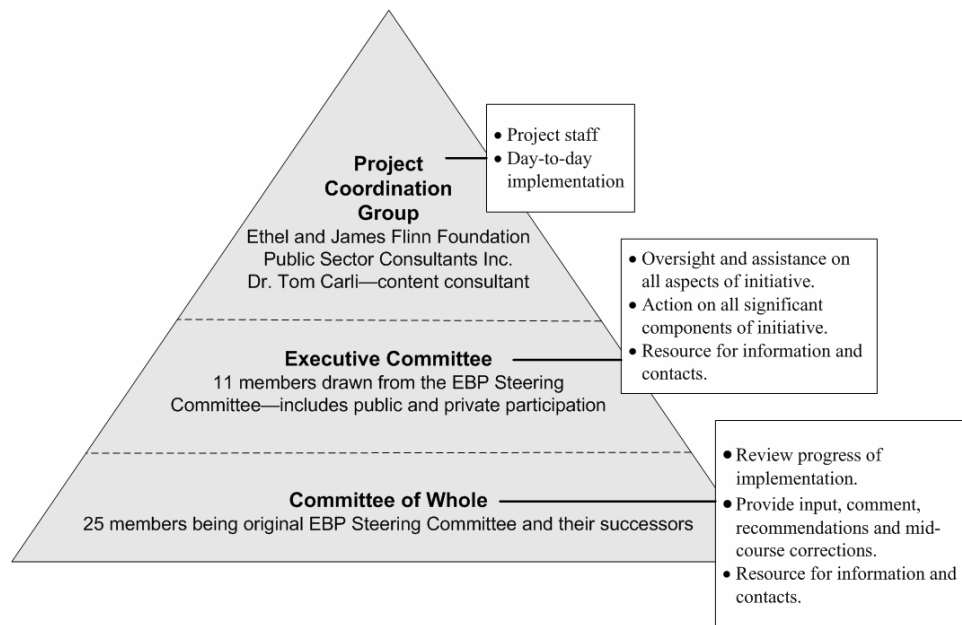
<sup>2</sup> Trivedi, Kern, Baker, Altshuler, *Journal of Psychiatric Practice* (Sept. 2000) 239

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## EXHIBIT 1

### Michigan Mental Health Evidence-Based Practice Initiative Leadership Team

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The Executive Committee has oversight and responsibility and takes action on all significant aspects of the Initiative. The Ethel & James Flinn Foundation, a 501(c)(3) charitable organization, and for the purpose of the Initiative does business under the assumed name of Michigan Mental Health Evidence-Based Practice Initiative (MiMHEBPI), manages the grantmaking program of the six pilots and receives, manages, and disburses to the pilots all grant funds received from other funders and grantmakers.

The action plan calls for pilot programs to be established and funded at Michigan locations over a three year period. The pilot programs will implement and test physician and patient acceptance of, and compliance with, the Michigan Medication Algorithms (available for download at [www.mimentalhealthebp.net](http://www.mimentalhealthebp.net)), based on the strategies and tactics described in the action plan. These strategies cover:

- Physician Education
- Consumer Education
- Ongoing Physician Support
- Incentives for Change
- Evaluation and Measurement
- Stakeholder Buy-in

The pilot programs were chosen through a request for information (RFI) process followed by interviews, discussions, and negotiations. A call for letters of interest, widely disseminated in February 2005, resulted in 18 responses. The RFI was forwarded to the respondents in late April. Ten proposals were received and the executive committee narrowed the number of pilot

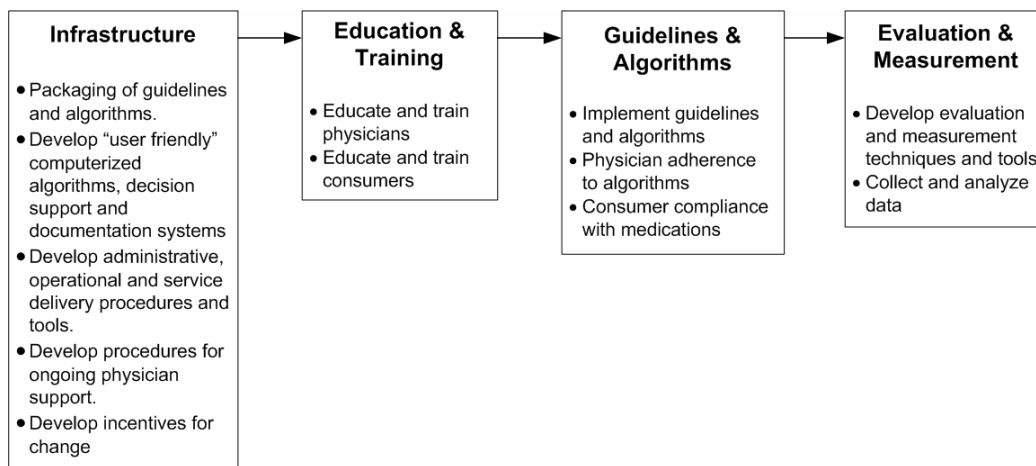
projects to six. Criteria included merit according to the recommendations in the action plan, and diversity of institution type (public/private), service delivery area (urban/rural), and geographic location (east/west Michigan). The programs and their partners are listed below; summaries are included as Attachment 5.

- Henry Ford Health System, Henry Ford Medical Group, Health Alliance Plan
- Huron Valley Physician Association, St. Joseph Mercy Health System, Care Choices HMO, Eastern Michigan University
- Lifeways Community Mental Health Authority (CMHA), Foote Health System, Center for Family Health, Health Plan of Michigan, Brown’s Advanced Care Pharmacy Services, Refocus LLC
- Network 180 (formerly Community Mental Health and Substance Abuse Network of West Michigan), St. Mary’s Health Care/Pine Rest Christian Mental Health, Forest View Hospital, Touchstone Innovare, Family Pharmacy-Wege Center, Calvin College
- Washtenaw Community Health Organization, University of Michigan, St. Joseph Mercy Hospital
- Wayne State University, the Gateway Network (MCPN), Rose Hill, Detroit Medical Center, TIGS (technology integrator), SPEC Associates

The Initiative was formally launched in October 2005 with the award of the first of three year grant contracts to the six pilot programs. Exhibit 2 is a summary of a sample implementation plan. All six pilots report good initial progress toward implementing their respective work plans.

### EXHIBIT 2

#### Michigan Mental Health Evidence-Based Practice Sample Initiative Plan



The demographics of the treatment pool of the six pilot programs are as follows:

<b>I. Insurance Status</b>	<b>Insured</b>	<b>Medicaid</b>	<b>Uninsured</b>
Henry Ford Health System	98%	0%	2%
St. Joseph Mercy/Huron Valley	98	0	2
Wayne State/Gateway/Rose Hill	6	61	33

Washtenaw/U of M	5	60	35
LifeWays/Jackson	5	75	20
Network 180/West Michigan	0	52	48
<b>II. Racial Status</b>	<b>African-American</b>	<b>Caucasian</b>	<b>Other</b>
Henry Ford Health System	83%	15%	2%
St. Joseph Mercy/Huron Valley	5	92	3
Wayne State/Gateway/Rose Hill	78	16	6
Washtenaw/U of M	12	80	8
LifeWays/Jackson	10	86	4
Network 180/West Michigan	28	57	15

The above demographics are best estimates and not necessarily the result of a systematic survey, poll, or evaluation. Four of the six pilots are public mental health organizations.

The six pilot programs have committed to implementing integrated technology plans which involve automating guidelines and algorithms, computerized assisted clinical decision support systems based on the algorithms, documentation and data gathering capability, and integration or connectivity to the organization's existing or to be developed electronic medical record system. The six technology proposals all include the following: hardware and infrastructure; software development; operational procedures and forms; training; and evaluation.

Several technology approaches to automating MiMA and physician-decision support will be used. The Project Coordination Group and Executive Committee are coordinating the approaches, which include the following:

- **NextSteps:** An outcome-based managed care standalone software program that incorporates automation for personalized treatment plans, charting to the plan, and the medical regiment to changes in symptomology. MiMA will be incorporated into NextSteps as a side panel as the physician evaluates the medication plan. This program can be Web-based and can be connected to the organization's electronic medical record.
- **Closed System Automation:** Automated algorithm and physician-decision support will be imbedded in a closed systemwide advanced electronic medical record system. The individual site will develop and design the automated algorithm and physician-decision support modules.
- **Comp TMAP:** Standalone software developed over several years by the Texas Medication Algorithm Project. This software program has been implemented in several states and will be connected to the individual organization's electronic medical record system.

Following is a comment on the value of the project from one of the pilots, the Henry Ford Health System, as stated in its Integrated Technology Proposal:

The Michigan Mental Health Evidence-Based Practice Initiative allows us to take this initiative to another level, that of providing perfect pharmacologic care to patients with chronic mental illness, major depression, bipolar disorder, and schizophrenia. Using information technology is a key to this initiative. Guidelines only become effective provider agents when they are an integral part of patient care: part of daily decision

making and work flow. The funding of this training and technology will allow us to achieve another step toward perfect care.

### **Phase III**

The final phase of the Initiative involves infusing the Michigan Medication Algorithms beyond the pilot programs to the state's total health care community. The final phase will begin after the pilots' three-year terms and their evaluations are complete.

## **PROJECT OUTCOMES**

The vision, goal and outcomes are described in Attachment 1. The bottom line is that infusion of the Michigan Medication Algorithms (MiMA) into the state's public and private mental health systems will result in more consistent and better quality mental health treatment based on best evidence yielding improved outcomes for those with mental illness. An evaluation of the Texas Medication Algorithm Project has demonstrated that the use of these algorithms will yield improved treatment outcomes.<sup>3</sup> Multi-site and individual site evaluations of the Initiative will determine the feasibility and effectiveness of, and best methods for, implementing the medication algorithms in Michigan. Infusion of these algorithms throughout the state will improve access to consistent and quality mental health care.

## **FUNDING**

To date the Initiative has been funded by the Foundation with grant contracts to PSC for all project coordination expenses and to the pilots programs for the first year of the Initiative. The Foundation has budgeted \$2 million over the next three years for implementing MiMA in the six MiMHEBPI pilot sites. The Foundation, however, does not have the financial resources to fully fund the Initiative.

The six pilots presented negotiated budgets for implementation totaling \$4 million. The Initiative seeks \$2 million to match the Foundation's funding of \$2 million through a broad-based Michigan fundraising campaign.

Subsequent to the development of the initial implementation plan, multi-site evaluation and technology plans were developed beyond the initial concepts in the RFIs because of the realization that technology and evaluation must play a stronger role in the Initiative.

Accordingly, the Integrated Technology Project was developed with a budget of \$700,000, which is in addition to the \$4 million implementation budget. Multi-site combined with individual site evaluations were also developed which will require an additional \$300,000 from other funding sources. The total budget for the project is \$5,000,000. (See Appendix 3 – Budget.)

The Plan for raising funds from sources other than the Foundation involves four strategies: (1) marketing MiMHEBPI through website, written materials, and media; (2) targeted approaches to foundations and corporations that may have an interest in behavioral health and health care

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<sup>3</sup> Rush, et al., Texas Medication Algorithm Project, Phase 3 (TMAP-3): Rationale and Study Design, *Journal of Clinical Psychiatry* 64 (2003), 357–369

Suppes, et al., Texas Medication Algorithm Project, Phase 3 (TMAP-3): Clinical Results for Patients with a History of Mania, *Journal of Clinical Psychiatry* 64 (2003), 370–382

quality improvement; (3) engagement of all partners in the Initiative in a capital campaign to build a constituency of individual donors and volunteers dedicated to mental health for each partner; and (4) soliciting major pharmaceutical companies involved in behavioral health medications with assistance from Michigan Department of Community Health.

Funding opportunities will include grants to or designated for the Initiative itself or any of the six pilot programs through one of their partners. Grants to the Initiative will be distributed in full to the pilots. Grants also may be designated for specific budget items such as physician and/or patient education, project coordination, physician incentives, technology, or evaluation.

## **EVALUATION**

Evaluations will be conducted on two levels: multi-site and individual site. The multi-site evaluation includes outcome and process evaluation components.

Several strategies have been proposed under the direction of the multi-site evaluation and technical assistance team led by Drs. Blow and Barry.

- Each of the six pilot sites will collect an agreed-upon, limited, common set of outcome and process data elements throughout the three years of the evaluation that will be pooled to form the basis of the centralized multi-site evaluation.
- De-identified data will be transferred from the individual sites to the multi-site team on a monthly basis for quality monitoring, adherence to the evaluation protocol, and any measurement issues.
- Overall multi-site evaluation reports will be provided to the Initiative and the individual sites on a semi-annual basis.
- Each individual site has proposed evaluation items specific to its respective program that will be part of its individual grant report with some consolidation into the overall multi-site evaluation reports, where appropriate.
- The multi-site evaluation team will develop and disseminate a Michigan-based overall field guide/implementation manual including each of the three target conditions (bipolar disorder, schizophrenia, depression) at the end of the project.
- The multi-site evaluation team will provide technical assistance on the evaluation to each of the six pilot sites to ensure successful implementation and completion of the multi-site evaluation component.

### ***Multi-Site Outcome Evaluation Overview***

The outcome evaluation will focus on provider and consumer use of guidelines and adherence to the medication algorithms.

#### **Outcome Measures**

Provider and consumer adherence to the guidelines will be monitored on an ongoing basis through electronic medical record system data from each site. The data elements for adherence from the medical record will include:

- Number, demographic, and diagnostic characteristics of consumers in the algorithm
- Percentage of total number of consumers/site in algorithm
- Number/percentage of consumers in algorithm by clinician

- Number of clinicians using the algorithm
- Prescriptions and prescription changes for consumers in algorithm/provider
- Hospitalizations per consumer in algorithm
- Mental health office visits; case management visits; doctor visits; ER use/consumer
- Other health care use/consumer
- Consumer adherence to medications and follow-up schedule with providers
- Total mental health costs of consumers in the algorithm/year
- Total physical health costs of consumers in the algorithm/year
- Fidelity to model
  - Consistency of provider use of the algorithm (electronic counts, etc.)
  - Provider non-adherence to algorithm; reasons
  - Use of algorithm stages based on clinical ratings
  - Completion of any clinical measurements embedded in the medical record (changes in scores over time)

Data monitoring will be an integral part of the grant process to ensure feedback to the project and providers, and as part of interim and final reports. The organizational component will include an analysis of the range and increase in overall services.

### ***Process Evaluation Overview***

The process evaluation component will include attitudinal assessments of providers and staff, and assessments of organizational support over the course of the three-year project. Ongoing evaluation data on the participating providers and administrators will address predisposing and enabling factors and will provide the basis for continuous quality improvement over the course of the project. The summative process evaluation will indicate the degree of success of the project and its components.

The process evaluation model is, in part, theoretically based on the PRECEDE health promotion model (Green and Kreuter, 1991), which has served as a model in a number of rigorously evaluated clinical and field trials. PRECEDE stands for "predisposing, reinforcing, and enabling constructs in diagnosis and evaluation."

This type of design will show if the algorithm implementation is contributing to change in the appropriate direction and if there are variations by type of site (public/private funding), location, and model of implementation.

### ***Summary***

In sum, the comprehensive outcome and process multi-site evaluation will help to determine the effect of algorithm implementation on providers and the systems, will delineate any barriers to implementation, and provide important information for directors, administrators, and providers regarding methods to most easily and efficiently incorporate medication algorithm implementation into ongoing quality mental health care for a vulnerable population.

## **PUBLIC POLICY CONTEXT**

Through the President's New Freedom Commission and the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal government supports evidence-based practices and the implementation of these practices and algorithms through action plans and toolkits (see [www.mentalhealth.SAMHSA.gov](http://www.mentalhealth.SAMHSA.gov)). The State of Michigan and the Department of Community Health strongly support this Initiative. The Michigan Mental Health Commission, in its 2004 report to Governor Granholm, stated:

To support the implementation of a model array of mental health services, the Commission emphasizes that Michigan's public mental health system needs to identify, promote, disseminate, implement, and operationalize the use of research and evidence-based practice. (p. 36)

Further, the department's April 2005 plan for implementing the commission's recommendations includes this Initiative among its implementation activities:

DCH has indicated to CMHSPs that it plans to mandate the use of two EBPs ... in FY 06. The department is also working with a project team established by the Flinn Foundation, to select sites to pilot implementation of the Michigan Medication Algorithms. (p. 12)

In launching Michigan's Medicaid Pharmacy initiative, the department recently issued this statement:

According to Eggleston, the pharmacy initiative will assist the Michigan Department of Community Health in promoting awareness and adoption of evidence-based guidelines as was developed by the Flinn Foundation project—part of the state's multiyear effort to improve the quality of mental healthcare in Michigan by encouraging the full incorporation of best-practice principles into the delivery of healthcare. (*Mental Health Weekly*, Vol. 15, No. 24, p. 7.)

The infusion of the Michigan Medication Algorithms into the state's public and private mental health systems will result in more consistent and better quality mental health treatment based on best evidence yielding better outcomes for those with a mental illness. With matching funds to fully implement these six innovative pilot projects over the next three years, Michigan will indeed be a model state in the treatment of mental illness.

See attachment 4 for letters of support from Michigan Governor Jennifer Granholm and Director of the Michigan Department of Community Health Janet Olszewski.

## **INITIATIVE CONTACTS**

For general information about the Initiative see the website [www.mimentalhealthebp.net](http://www.mimentalhealthebp.net) or contact Elisabeth Weston at Public Sector Consultants Inc., 600 W. Saint Joseph St., Suite 10, Lansing, MI 48933-2267, (517) 484-4954, or Leonard Smith at Ethel and James Flinn Foundation, 500 Woodward Ave., Suite 3500, Detroit, MI 48226-3435, (313) 965-8580. For responses to this Request for Funding contact Leonard Smith.

# Attachment 1:

## *Vision, Goals, Outcomes, and Strategy*

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### **Vision**

The Michigan Mental Health Evidence-Based Practice Initiative (MiMHEBPI) is a quality improvement initiative that translates evidence-based medication guidelines and algorithms into daily practice and promotes optimal recovery for people with major depression, schizophrenia, or bipolar disorder.

### **Goal**

The goal of MiMHEBPI is to implement, support, and measure the use of standardized evidence-based medication guidelines and algorithms for Michigan residents with major depression, schizophrenia, or bipolar disorder.

### **Outcomes**

Organizations and professionals delivering mental health care will partner to implement and sustain an initiative on evidence-based guidelines and algorithms for the pharmaceutical treatment of patients with mental illness.

Organizations implementing these evidence-based practices will have infrastructure, policies, and resources in place to support mental health professionals and patients in the use of the guidelines and algorithms.

Mental health professionals (physicians and others) will use the guidelines and algorithms and patients will understand and comply with treatment recommendations supported by the guidelines and algorithms.

Patient outcomes will improve.

Organization support (infrastructure, policies, and resources); physician use of guidelines and algorithms; and patient compliance with the treatment recommendations supported by the guidelines and algorithms will be measured so that the Initiative can be evaluated. Successes and challenges will be identified through quantitative and qualitative assessments. Over time, patient outcomes will also be measured.

### **Strategy**

The MiMHEBPI will be implemented through sponsoring, supporting, and implementing pilot programs at locations throughout Michigan over the next three or more years and through broad public education and awareness programs.

## **Attachment 2:** *Initiative Leadership Team*

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### ***Executive Committee***

- **Patrick Barrie\***, Deputy Director, Mental Health & Substance Abuse Administration, Michigan Department of Community Health
- **Richard C. Berchou\***, **PharmD**, Assistant Professor, WSU Psychiatric Center
- **Calmeze H. Dudley\***, **MD**, Medical Director, Mental Health Services, Blue Cross Blue Shield of Michigan
- **Michael Fauman\***, **MD, PhD**, Medical Director and Vice President Medical Services Magellan Behavioral Health Michigan
- **Jed Magen\***, **DO, MS**, Chair, MSU Department of Psychiatry
- **Giovannino Perri**, **MD**, Office of Medical Affairs, Michigan Department of Community Health
- **Michele Reid\***, **MD**, Medical Director, Detroit-Wayne County CMH
- **Mark Reinstein\***, **PhD**, President and CEO, Mental Health Association in Michigan
- **Kathy Reynolds**, Executive Director, Washtenaw Community Health Organization
- **Manuel Tancer\***, **MD**, Chair, WSU Department of Psychiatry and Behavioral Neurosciences
- **Thomas Zelnik\***, **MD**, Chairman, Department of Psychiatry, St. Joseph Mercy Health System

### ***MiMHEBPI Committee of the Whole***

- **John Baugh**, **MD**, St. Clair County CMH
- **Wayne Creelman**, **MD**, Pine Rest Christian Mental Health Services
- **Michael Engel**, **DO**, Michigan Psychiatric Society
- **Jonathan Henry**, **MD**, Clinton-Eaton-Ingham CMH
- **Hubert Huebl**, **MD**, National Alliance for the Mentally Ill (Mich. Chapter)
- **Robb Imonen**, **DO**, Marquette General Health System
- **Kevin Kerber**, **MD**, U-M Department of Psychiatry
- **R. Michael Massanari**, **MD, MS**, WSU Center for Health Care Effectiveness Research
- **Karen Milner**, **MD**, U-M Department of Psychiatry
- **Barry Mintzes**, **PhD**, Lansing Psychological Associates; Michigan Psychological Association
- **Robert Sheehan**, **MSW, MBA**, Clinton-Eaton-Ingham CMH; Michigan Assoc. of Community Mental Health Boards
- **Philip Veenhuis**, **MD, MPH**, (retired)

\* Also member of MiMHEBPI Committee of the Whole.

- **Daniel Wilhelm, MD**, Children’s Healthcare; Michigan State Medical Society
- **Kathleen Williams, MSN (ABD)**, American Psychiatric Nurses Association (Mich. Chapter)
- **Michael Zarr, MD, MBA**, ValueOptions

***Project Coordination Group***

- **Leonard Smith**, President, Ethel and James Flinn Foundation
- **Peter Pratt**, Senior Vice President, Public Sector Consultants Inc.
- Elisabeth Weston**, Senior Consultant, Public Sector Consultants Inc.

## Attachment 3: *Budgets*

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### ***Budget Note***

Attached are the year one budgets for the six pilot projects. The second schedule is payment schedule to the six pilots over the three year period. The budgets for years 2 and 3 will equal the budget for year 1 but may vary within categories. The pilots will present revised budgets for years 2 and 3 on or before August 1, 2006 and August 1, 2007. All pilots were asked to submit budgets on a MiMHEBPI budget form that was adapted from the CMF common appreciation budget. Some of the pilots reflected their in-kind contributions but all pilots are utilizing in-kind contributions and other funding to help support their pilots.

The third and fourth schedules are the three year budgets for the multi-site evaluation and the integrated technology projects.

**Attachment 4:**  
*Letters of Support*

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## **Attachment 5:** *Summaries of Pilot Programs*

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**Henry Ford Health System** (PI: Cathy Frank, MD, Director of Outpatient Services, Director of Psychiatric Education, Henry Ford Department of Psychiatry). The project partners in the Henry Ford collaboration include the Henry Ford Hospital, Henry Ford Medical Group, Kingswood Hospital, Maplegrove Hospital, eight ambulatory psychiatric clinics located throughout southeast Michigan; and the Health Alliance Plan (HAP). Henry Ford had 11,726 total admissions for patients with mental health disorders in 2004 (8,796 outpatients, 3,130 inpatients). In Year 1 of the study, the medication algorithm will be applied to all patients with bipolar disorder. The bipolar treatment population is 1,705. In Year 2, the medication algorithm will be added for all patients with major depression. In Year 3, patients with schizophrenia will be included in the evaluation.

**St. Joseph's Mercy Health System/Huron Valley:** (PI: Thomas Zelnik, MD, Board Member, Huron Valley Physicians Association (HVPA); Vice President, Psychiatric Associates of Michigan (PAM); Chair, Saint Joseph Mercy Health System (SJM) Psychiatry Department; Member, Care Choices HMO Behavioral Health Council). The project partners include HVPA, PAM, SJM, Care Choices HMO, and Eastern Michigan University. HVPA is a 870-member physician organization. Approximately one-third of HVPA members are primary care physicians and virtually all specialties are represented within the organization. PAM is a 25-member psychiatric subspecialty organization that constitutes a significant subset of psychiatric specialists within HVPA. PAM currently provides the majority of private and contractual psychiatric services to patients admitted for facility-based care to SJM. SJM covers a complete continuum of service intensities and is a major referral source for community and surrounding areas. Approximately 1,000 psychiatric adult inpatients are admitted annually. In addition to private outpatient offices of 30 psychiatrists on staff at SJM, the hospital also provides over 65,000 outpatient mental health visits per year.

**LifeWays/Jackson:** (PI: Joanne Sheldon, Associate Director, Lifeways Community Mental Health Authority: CMHA). Project partners include Lifeways CMHA and its contracted service providers, Brown's Advanced Care Pharmacy Services, Foote Health System, Center for Family Health, Health Plan of Michigan. LifeWays is the lead partner in the Jackson Coalition which serves the rural counties of Jackson and Hillsdale. The Coalition serves an active caseload of approximately 7,000 individuals most of whom have a serious mental illness, severe emotional disturbance or developmental disability. LifeWays has a network of over 70 providers. The Coalition sees 250 newly diagnosed bipolar patients per year but will limit Year 1 of the pilot project to the first 150 patients who meet the target population criteria. Twenty-five clinicians will be involved in the project.

**Wayne State/Gateway/Rose Hill:** (PI: Dave Ballenberger, Executive Director, Rose Hill Center). Partners for their project include Wayne State University (WSU), Rose Hill Center, Technology Integration Group Services (TIGS), Gateway Community Health, and SPEC & Associates. The project partners will incorporate the Michigan algorithms for bipolar disorder and schizophrenia into the regular workflow of participating organizations by programming them into a common Electronic Medical Record (EMR). Algorithm software (TIGS) will be

incorporated into the decision model. Approximately 30 physicians will be trained, active participants in the pilot. These physicians practice in both inpatient and outpatient settings and are affiliated with WSU and Psychiatric Behavioral Medicine Professionals (PBMP) at various hospitals and four outpatient clinics (UPC Jefferson, Lincoln Behavioral, Sinai Grace, TEAM Mental Health and Rose Hill Center).

**Washtenaw Community Health Organization/University of Michigan** (PI: Karen Milner, MD, Director, University of Michigan (U-M) Psychiatric Emergency Services). Partners include Washtenaw Community Health Organization (WCHO) and its contracted service providers, Community Mental Health Partnership of Southeast Michigan, and the University of Michigan. The WCHO will implement, support and measure the use of the standardized evidence-based guidelines and algorithms for individuals with severe and persistent mental illness served by the Community Mental Health Partnership of Southeast Michigan in its inpatient and outpatient settings. Inpatient covers University of Michigan Health System, 307 mentally ill admissions in 2004 and St. Joseph Mercy Hospital/Ann Arbor, 320 mentally ill admits in 2004. The WCHO contracts the largest portion of outpatient services to the Washtenaw County Community Support and Treatment Services (CSTS). There will be approximately 40 plus prescribers across the two hospital settings and CSTS serving 10,000 consumers annually.

**Network 180/West Michigan** (PI: Su Hood, Population Services Manager, Network 180). The project partners are Network 180 (formerly Community Mental Health and Substance Abuse Network of West Michigan) and its contracted service providers, Touchstone Innovare, St. Mary's Health Care, Forest View Hospital, Family Pharmacy Wege Center, and Calvin College. Network 180 (formerly Community Mental Health and Substance Abuse Network of West Michigan) is the lead organization in the West Michigan Coalition. In 2004, new assessment and admission of mentally ill persons by coalition partners totaled 2,099. Bipolar assessments and admission amounted to approximately 450 mentally ill persons. All incoming patients with a diagnosis of bipolar disorder, major depressive disorder, or schizophrenia (approximately 2,000) will receive information about the pilot study. Those who agree to participate will be tracked for the project's purposes and will be compensated for their time participating in requisite educational sessions.

