

Mental Health/Substance Use Task Force History Document 2000-2007

Mission of the Greater Flint Health Coalition:

- Improve the health status of the residents of Genesee County. Improve the quality and cost effectiveness of the health care system in our community.

This summary will provide an understanding of how the topic of mental health and substance use became an area of interest for the Greater Flint Health Coalition and to provide an overview of the work the Task Force has done since its creation.

The Mental Health/Substance Use Task Force first convened as an exploratory group in July 2000 under the name Behavioral Medicine and Substance Abuse. During the first meeting on July 19, 2000, the group discussed the status of behavioral medicine and substance abuse in Genesee County and whether this topic should be addressed by the Greater Flint Health Coalition. Highlighted in the discussion was the feeling that behavioral medicine and substance abuse were ignored in the medical community, and inadequate attention was given to this important area and its impact on overall health. Shifts in treatment away from proven and effective methods, along with rising healthcare costs, were also challenges in the field. After the discussion, the committee decided the issue of behavioral medicine and substance abuse would be an important focus for the Coalition. **It was suggested by the committee to have a behavioral medicine/substance abuse representative on each of the Health Coalition's committees and task forces to ensure the topic would be part of the discussion for all of the Coalition's activities.** Education and cost, in association with mental health and substance abuse, would also be a focus for the committee.

During the GFHC Board of Directors meeting on January 8, 2001, Tom McHale, former Employee Assistance Program (EAP) Coordinator, UAW Local 598 Member; Dan Russell, Executive Director, Genesee County Community Mental Health; and Kristie Schmiede, Director of Behavioral Health, Genesee County Health Department presented information on the exploratory Mental Health and Substance Abuse Task Force (MH/SA Task Force) to the Board. Their presentation included an overview of mental health and substance abuse in the United States and Genesee County, the impact of mental health and substance abuse on U.S. employer costs, the impact of mental health and substance abuse on the Coalition's business plan, and how the exploratory group believed a mental health and substance abuse task force would help the Coalition in its work¹. Addressing the co-morbidity associated with mental health and substance abuse was one of the main goals of the exploratory MH/SA Task Force. For example, cardiac care is one area greatly affected by co-morbidities related to mental health and

¹ The full presentation can be found at GR-8M presentationtoC&RP.090700kf

substance abuse. Cardiac studies show that heart disease patients have a greater risk of dying after a heart attack if they are also clinically depressed.

The presentation also included data on utilization associated with mental health and substance abuse. In patients with high utilization of health care, identification and treatment of depression improved their quality of life and increased work productivity. Employer costs associated with mental health and substance abuse were also noted as an issue. In 1998, \$70 was spent on mental health care per employee, per year, compared to \$152 in 1988, representing a decrease of 54% over a ten year span. Healthcare costs for workers with depression were 70% higher than the costs for non-depressed workers. It was also estimated that businesses lose \$27 billion in lost productivity due to alcohol use as employees who abuse alcohol generally have high healthcare claims.

Data presented from the National Institute of Mental Health (NIMH) stated that \$69 billion was spent on mental health treatment services in 1996. Of this, \$37 billion was from public funding, and \$32 billion was from the private sector. In addition, \$13 billion was spent on substance abuse. Research from NIMH and the Michigan Department of Community Health (MDCH) also showed that in Genesee County, with a population of 440,000 (2000 Census data), 65,000 adults suffer from mental illness and 14,000 minors have a serious emotional disturbance. Data from Genesee County Community Mental Health (CMH) showed 11,505 adult mental health clients and 1,990 minors were served in 2000. Of these clients, 67% of the adults and 90% of the minors met the criteria for a "serious mental illness". According to CMH, in Genesee County, 52,000 individuals, or 12% of the population, are estimated to need substance abuse treatment.

The results of the Coalition's Michigan Health Access Survey-Genesee County, done in the spring of 2000, were also presented. The survey was a random sample of 500 respondents in Genesee County. Results showed 46% of the sample either did not know or were not covered by mental health insurance, 33% could not afford to see a mental health counselor, and 4% suffered from drug addiction. The survey also showed that 8% of the respondents suffered from depression and 11% suffered from alcoholism.

Concluding the presentation, the exploratory MH/SA group's goal was restated:

- To become a standing task force under the Greater Flint Health Coalition with the following outcome option:
 - To integrate mental health and substance abuse issues into the business plan and not work on a specific project.
 - To ensure that every committee/task force/group of the Coalition incorporates into their outcome option attention to the mental health and substance abuse issues of that activity.

Following the presentation, the Board of Directors agreed to continue the discussion of the Mental Health Substance Abuse Task Force at the next Cost and Resource Planning Committee meeting, as well as at the February 2001 GFHC Board retreat.

During the Mental Health & Substance Abuse Task Force (MH/SA Task Force) meeting of April 19th, 2001, the task force created and adopted a vision and priorities for the Task Force. The vision statement was to "assure community availability and utilization of mental health and addictive illness services that are affordable, accessible, and effective." The task force's priorities were education, stigma reduction, and improved screening. The importance of having a MH/SA Task Force representative on each Committee and Task Force of the Coalition remained a critical priority of the Task Force. This was a conscious decision that Mental Health/Substance Abuse Task Force not be a place for discussion of mental health issues but rather impacting the "medical model" of the Coalition's business plan.

On August 17, 2001, the Cost and Resource Planning Committee approved the Terms of Reference for the Mental Health Substance Abuse Task Force. Mr. McHale was selected as chair of the Task Force. The vision of this committee, as listed in the Terms of Reference, was to "integrate behavioral medicine and substance abuse into the vision and activities of the Coalition: quality, access, prevention and cost". The outcome option for the committee was "to ensure every committee/task force/group of the Coalition incorporates into their outcome option attention to the behavioral medicine and substance abuse issues of that activity", integrating mental health and substance abuse issues into the business plan of the Coalition. Rather than focusing on specific mental health issues, the Mental Health/Substance Abuse Task Force made the decision to impact the "medical model" of the Coalition's business plan, concentrating on improving quality, access, prevention, and cost for mental health and substance abuse issues. Incorporating mental health and substance abuse into each committee of the Coalition ensured attention would be given to the co-morbidity issue and the impact of mental health and substance use on other Coalition initiatives.

During the August 2001 Mental Health and Substance Abuse Task Force meeting, Henry Gaines, Chair, Greater Flint Health Coalition Board of Directors, presented Mr. McHale with a special recognition award on behalf of the Greater Flint Health Coalition for his dedication, work, and vision in the development of the MH/SA Task Force.

At the May 2002 MH/SA Task Force meeting, Mr. McHale suggested the word "abuse" be removed from the title of the Task Force, since the word tends to have a negative connotation. During this meeting, a new chair and vice-chair were approved for the Task Force. Danis Russell, CEO, Genesee County Community Mental Health, was approved as Chair, while Richard Tallman, Executive Director, Behavioral Health Management Services, was approved as Vice Chair for the task force. Mr. McHale also presented the Join Together DEMAND TREATMENT! grant opportunity to the MH/SA Task Force and the Task Force voted to submit a grant proposal for the DEMAND TREATMENT! Partner II Grant.

Founded in 1991, Join Together is a program of the Boston University School of Public Health that provides information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. Join Together is primarily funded by a grant from The Robert Wood Johnson Foundation to the Boston University School of Public Health. Join Together's DEMAND TREATMENT! Program was a national community-based initiative aimed at increasing the number of people who get quality treatment for alcohol and other drug problems. In 2001, Join Together selected fifteen cities to become DEMAND TREATMENT! Partners. Dedicated to expanding the program, Join Together added twelve new cities in the Partners II phase in 2002. This grant opportunity provided communities with \$60,000 over a two year period to:

- Build local leadership
- Provide information for action
- Improve the quality and standards of treatment services, and
- End discrimination against recovery seekers

At the end of two years, DEMAND TREATMENT! Partners II would have in place:

- An effective strategy to increase demand for brief interventions and treatment
- A plan to implement the strategy
- Leadership and leveraged resources necessary to implement the strategy
- Local capacity to collect, analyze, and report substance abuse trends
- A plan to integrate principles of effective treatment throughout the community

In August 2002, the Greater Flint Health Coalition was awarded a DEMAND TREATMENT! grant by Join Together. This grant provided \$60,000 (\$30,000 a year, for two years) to fund the DEMAND TREATMENT! program in Genesee County.

Following Mr. McHale's suggestion, in September 2002, the name of the Mental Health Substance Abuse Task Force was changed to Mental Health & Substance Use Task Force (MH/SU Task Force). At this meeting, the Task Force discussed the goals for the recently funded DEMAND TREATMENT! project. The group decided targeting a particular specialty area would be beneficial. Possible specialty areas identified by the Task Force included emergency medicine, diabetes, primary care, and Genesee Health Plan/Health Access providers. Members from the MH/SU Task Force met with Join Together at the Join Together partnership training in Miami, Florida, to discuss their expectations of the DEMAND TREATMENT! program in Genesee County. Join Together officials stressed the importance of the program to be about "*changing a culture.*"

In November 2002, a presentation was made to the MH/SU Task Force by representatives from Greater Flint Project Vox. Project Vox advocates promoting awareness of drug and alcohol addictions. The presentation outlined the organization's Warning Label Campaign and identified the primary reasons for supporting alcohol

warning labels. Following the presentation, the MH/SU Task Force and Project Vox discussed the DEMAND TREATMENT! project.

On January 15, 2003, the Mental Health/Substance Use Task Force approved distribution of DEMAND TREATMENT! funding, allocating \$24,000 to the development of Greater Flint Project Vox, \$24,000 to the Heart Failure Task Force for a brief heart failure/alcohol screening intervention initiative, and \$12,000 to support the Greater Flint Health Coalition as the fiduciary and lead organization of the DEMAND TREATMENT! initiative. A brief summary of each initiative follows.

Greater Flint Project Vox

In 1999, Greater Flint Project Vox was founded with support from the National Council on Alcoholism and Drug Dependence (NCADD)-Michigan. Using funds from the DEMAND TREATMENT! grant, the GFHC supported the strategic planning process for Project Vox, enabling Project Vox to develop an organizational structure, including a detailed business plan.

With funds from the DEMAND TREATMENT! grant, Greater Flint Project Vox completed the strategic planning process, setting forth a plan for carrying out the organization's vision and mission. Once completed, Greater Flint Project Vox could begin the implementation of their plan and develop the organizational structure needed to be an active participant in activities of the Greater Flint Health Coalition. A strategic plan positioned Greater Flint Project Vox to be a liaison between the Greater Flint Health Coalition and the recovering community.

In May 2003, a Greater Flint Project Vox DEMAND TREATMENT! workgroup, made up of Mr. McHale, Mr. Russell, and Stephen Skorcz, President & CEO, Greater Flint Health Coalition, was held to review the organization's strategic planning proposal from Project Vox. The workgroup decided to explore different options for Project Vox's strategic planning process. After further discussion during the July 16, 2003 MH/SU Task Force meeting, the committee voted to incorporate the Flint-based Resource Center into the process. During the August 2003 MH/SU Task Force meeting, the Resource Center's Strategic Planning Process was presented and the committee voted to accept the proposal for the Project Vox Strategic Plan. In the first phase of Project Vox's Strategic Planning process, a questionnaire was distributed to identify possible stakeholders. The questionnaire was mailed to approximately 550 individuals. Project Vox also sought federal designation as a 501(c)3 tax-exempt organization. The planning process created a Board of Directors for the organization, which would have between seven and twenty-one members. The NCADD-Michigan offered approximately \$17,000 in assets and equipment to Project Vox.

Heart Failure/Alcohol Screening Intervention

The Greater Flint Health Coalition Heart Failure Task Force (HFTF), a medically-based quality/best practice initiative, focused on decreasing the morbidity and

mortality associated with heart failure in Genesee & Saginaw Counties. Outcome options for the HFTF included implementing and showing a significant change in adherence to the best practices guidelines for heart failure. The HFTF brought together five competing health systems (Covenant Health System, Genesys Health System, Hurley Medical Center, McLaren Regional Medical Center, and St. Mary's Medical Center). By incorporating an adequate substance use screening, brief intervention, and referral processes, there was great potential for increasing the quality of life for people experiencing co-morbid alcohol abuse/dependence and heart failure.

Dr. Fred Blow, a faculty member/researcher from the University of Michigan (Ann Arbor), made a presentation to the MH/SU Task Force regarding the Heart Failure Task Force and its role in the DEMAND TREATMENT! program. The HFTF sought to design and implement a brief intervention initiative, which would conduct screenings and brief interventions for alcohol/substance use. This program planned to improve the medical system's and patient's adherence to American College of Cardiology (ACC) heart failure guidelines and recommendations. The outcome options for this program were to implement best practices guidelines in heart failure care in Genesee/Saginaw Counties, showing significant improvements in compliance to these guidelines, and show a decrease in heart failure morbidity and mortality.

Following the initial development of these two initiatives, the MH/SU Task Force presented an update on the DEMAND TREATMENT! Initiative at the June, 2004 Cost and Resource Planning Committee meeting. The MH/SU Task Force DEMAND TREATMENT! strategy noted two distinct parts:

- To strengthen Project Vox's ability to carry out its activities through supporting an organizational development, strategic planning, and project implementation process.
- To develop a clinical pathway for people experiencing substance abuse/dependence and heart failure co-morbidity, including screening, assessment, and brief intervention trainings for local heart-care providers.

Accomplishments made by Project Vox at that time were:

- Completed organizational assessment
- Completed stakeholder questionnaire and tabulated results
- Completed strategic planning retreat
- Filed for 501(c)3 non-profit organization status
- Organized a sixteen member board of directors compiled of community stakeholders
- Developed a membership recruitment strategy

Project Vox was also in the process of:

- Completing the strategic plan given retreat outcomes
- Securing funding to ensure ongoing viability
- Implementing the finalized strategic plan

Also highlighted was the progress of the Heart Failure/Alcohol Dependence Screening Activity. In partnership with McLaren Regional Medical Center and the University of Michigan-Ann Arbor, the MH/SU Task Force was developing and implementing a behavioral health screening assessment for those hospitalized with a primary or secondary diagnosis of heart failure. This assessment measured the rate of co-morbidity between heart failure and alcohol use/dependence, along with assessing other behavioral health issues such as depression and a person's social support system.

Throughout the DEMAND TREATMENT! partnership, Join Together held four leadership conferences for DEMAND TREATMENT! partners. The first Join Together DEMAND TREATMENT! Institute was held October 20th – 23rd, 2002 in Miami, Florida. The Greater Flint Health Coalition was represented by Ben Cortez, Chris Flores, Karl Olmstead, and GFHC staff member Cameron Schultz. The second DEMAND TREATMENT! Institute was held April 2nd – 5th, 2003 in San Francisco, California. Attendees representing the Greater Flint Health Coalition were Kimberly Barber, Mr. McHale, Carol McHale, Cecelia Montoye, Mr. Tallman, and Mr. Schultz. The third DEMAND TREATMENT! Institute took place on October 26th – 29th, 2003 in Boston, Massachusetts. Barry Barnes, Kelly Beardslee, Mike Burnett, Tim Laskowski, Mr. McHale, and Mr. Russell represented the GFHC at the conference. The fourth and final DEMAND TREATMENT! Institute was held October 17th – 20th, 2004 in Chicago, Illinois. Julie Buck, Allan Ebert, D.O., Mr. McHale, and Ms. Schmiege along with GFHC staff members Stephen Skorcz and Andrew Fotenakes attended on behalf of the Coalition.

During the November 17, 2004 meeting, MH/SU Task Force members who attended the final DEMAND TREATMENT! Institute described the conference as "phenomenal" and reported that there was a great deal of interesting information on other projects. Interest by the MH/SU Task Force in expanding the DEMAND TREATMENT! program outside of Project Vox and Heart Failure was suggested. Substance use among pregnant women was an area the MH/SU Task Force investigated for a possible DEMAND TREATMENT! initiative. This suggested initiative would develop local infrastructure to improve services for pregnant women who are experiencing substance use problems. Mr. Skorcz presented Mr. McHale a Join Together/DEMAND TREATMENT! award for his work with Project Vox.

Also in November 2004, Flint was chosen as one of seven pilot sites for the National African American Drug Policy Coalition (NAADPC). The topic of diversity, in Project Vox and the MH/SU Task Force, was also addressed. It was stated the issue of mental health and substance use affects a diverse group, and Project Vox and the Task Force should represent that diversity. Mr. McHale stated it would be in the best interest of everyone if the committees better resembled Genesee County, in regards to diversity.

In January 2005, Ms. Erika Miles Edwards, DEMAND TREATMENT! staff from Join Together assigned to the Flint DEMAND TREATMENT! initiatives, was a guest at the MH/SU Task Force meeting. Ms. Miles Edwards traveled to Flint for a 2 ½ day site visit.

In addition to the MH/SU Task Force meeting, Ms. Miles Edwards attended meetings with:

- Mr. Russell at Genesee County Community Mental Health
- Ms. Schmiede at the Genesee County Health Department
- Mr. McHale at various Project Vox activities

Ms. Miles Edwards noted that Join Together was beginning to focus on quality. This was of concern to some, due to the fact that access to treatment was still a challenge. Ms. Miles Edwards also noted that some funders have private agendas as to why they support certain programs, without taking into consideration the best interest for the entire community. She urged the Coalition and MH/SU Task Force to continue to be resourceful and explore other funding options.

In March 2005, the issue of the Heart Failure/Alcohol Screening Intervention was addressed. This program, which was to be implemented at McLaren Regional Medical Center, had stalled. The MH/SU Task Force discussed moving the remaining DEMAND TREATMENT! funding, totaling \$18,334.38, to another focus area. Friendly AccessSM Infant Mortality Initiative (FAIMI), Flint Healthcare Employment Opportunities, and an alternative site for the Heart Failure/Alcohol Screening Intervention were suggested as possible projects for the remaining DEMAND TREATMENT! funding. Following an unsuccessful attempt to resurrect the Heart Failure/Alcohol Screening initiative at a new location, the MH/SU Task Force voted to approve the allocation of the remaining DEMAND TREATMENT! grant dollars to Greater Flint Project Vox in September 2005. With the additional funding, Project Vox was to:

- Develop a newsletter
- Purchase and broadcast public service announcements
- Create and distribute brochures and other marketing materials
- Support facilitation of focus groups and speakers bureau training, and miscellaneous expenses, such as office equipment and supplies

During the MH/SU Task Force meeting of September 21, 2005, the topic of depression screening/treatment and its connection to chronic disease mortality was discussed. Members of the Task Force reviewed information regarding National Depression Screening Day and discussed whether this would be a topic of interest for the group. Given the short time frame, the Task Force agreed to explore the organization of a depression screening event, independent from the national screening day. A workgroup was created to begin assessing the options for such an event, which would be held in April or May of 2006.

The Ad Hoc Depression Screening Work Group met in October 2005 to explore possible activities of the Mental Health & Substance Use Task Force on promoting depression screening and treatment relative to depression's role as a factor in various chronic diseases. One suggestion was to partner with the Genesee County Medical Society and have a speaker and dinner event to promote depression treatment in the primary care setting. While this suggested event did not occur, further discussion suggested Dr.

Michael Klinkman, Associate Professor, Departments of Family Medicine and Psychiatry and Director of Primary Care Programs, University of Michigan Depression Center, as a potential speaker for a future event centered on depression awareness. After discussing various possibilities and taking into consideration the decreasing timeframe, the MH/SU Task Force voted to delay any such event to coincide with the National Depression Screening Day in October 2006.

In May 2006, Dr. Klinkman was invited to make a presentation to the MH/SU Task Force on Integrating Depression Treatment into Primary Care Practice. Co-morbidity rates of depression to chronic disease and depression to mental health issues were highlighted, along with major barriers to changing depression treatment in primary care practice. Dr. Klinkman stressed that collaboration across disciplines is critical to improving practice. Specifically highlighted was the Depression in Primary Care (DPC) project, focused on integrating depression management into primary care. The basic goal of this program was to provide disease monitoring support and feedback for primary care physicians at a level matching patient need. Five University of Michigan Health System (UMHS) primary care sites participated in the pilot program and an additional five sites served as control sites for a comprehensive program evaluation.

The Depression in Primary Care program includes the following core elements:

- Care management services (by a supervised Master in Social Work) matched to the level of depression severity
- Ongoing disease monitoring (by care manager) and clinician feedback at the individual patient level
- Evidence-based treatment advice (from care manager and psychiatrists) to primary care clinicians
- Patient education, activation, and self-management assistance
- Clinical information system (CIS) to facilitate disease monitoring and clinical communication
- Direct reimbursement to clinicians for non face-to-face care coordination activities
- Integration of disability management and disease management activities

Dr. Klinkman noted, with the support of \$500,000 from the Robert Wood Johnson Foundation, a comprehensive evaluation of the Depression in Primary Care program was completed. This evaluation, which was conducted on the five primary care sites at UMHS and the five matched control sites, included over 30,000 patients, with roughly 2,000 in depression registry prior to implementation. These sites included 50 primary care physicians, 2 full time care managers, and 0.1 full time psychiatric liaison. As of January 1, 2005, 875 patients had been referred to the Depression in Primary Care program, 656 (75%) of which agreed to enroll in the program. Of those enrolled, 377 patients remain active in the program, with referral rates remaining fairly consistent.

Dr. Klinkman stated there was interest in exploring opportunities in other communities. For this to be feasible, a full community partnership must be present in order for the

collaboration to be effective. The project was in the process of developing a proposal for the National Institute of Mental Health (NIMH) Interventions and Practice Research Infrastructure Program.

At the close of his presentation, Dr. Klinkman reiterated:

- Primary care-based depression disease management is feasible, effective, efficient and sustainable
- Collaboration is necessary, but it needs to be rational
- Disease management support must be tailored to the workflow of primary care practices and must be integrated across conditions (and payors) whenever possible
- Patients are active participants in this effort, and we need to learn a lot more about their goals and priorities

At the request of the MH/SU Task Force membership, Dr. Klinkman returned to the July 2006 MH/SU Task Force meeting to further discuss the DPC program and the possibility of implementing a similar program suited to Genesee County. Dr. Klinkman reinforced that the ultimate goal of the Depression in Primary Care Program was the integration of health care, addressing a patient's needs without having to refer them to sub specialties. The following next steps for collaboration were outlined:

- Understanding if this is something the Genesee County community wished to do
- Determining stakeholder interest in implementation
- Selecting which primary care physicians and health plans to engage

After further discussion, consensus within the MH/SU Task Force was to move forward with exploratory planning for a Depression in Primary Care program in Genesee County. In the meetings that followed, a Depression in Primary Care Community Steering Committee was created. It was initially composed of:

- Mike Burnett, Director of Behavioral Medicine, Hurley Medical Center
- Ramona Deese, President, National Alliance for the Mentally Ill
- Kenneth Deighton, Director of Behavioral Services, McLaren Regional Medical Center
- Calmeze Dudley, M.D., Medical Director, Mental Health Services, Blue Cross Blue Shield of Michigan
- Allan Ebert, D.O., Genesys Health System
- Michael Klinkman, M.D., Associate Professor, Department of Family Medicine, University of Michigan Depression Center
- Tim Laskowski, Director, Account Services, ValueOptions
- Pete Levine, Executive Director, Genesee County Medical Society
- Meg Pointon, Senior Director, Utilization Management, HealthPlus of Michigan
- Dan Russell, CEO, Genesee County Community Mental Health
- Mark Vogel, Ph.D., Director, Behavioral Services, Genesys Health System
- *Community Representative (To Be Determined (TBD))*
- *Physician (3) (TBD)*
- *Representative, Genesee County Osteopathic Society (TBD)*

- *Chair (TBD)*
- *Co-Principal Investigator (TBD)*

On September 18th, 2006, Dr. Klinkman and Mr. Russell presented the Depression in Primary Care project to the Greater Flint Health Coalition Board of Directors. The board was very engaged and interested in the project and requested the MH/SU Task Force and the Depression in Primary Care Community Steering Committee present Terms of Reference at a future meeting. The Depression in Primary Care – Community Steering Committee Terms of Reference were presented to and approved by the Board of Directors on October 16, 2006. The vision of the Depression in Primary Care Community Steering Committee is to “build a community-wide system of care for mental health problems, focused on the primary care setting and to carry out translational research exploring the effectiveness of this system of care in a real-world setting, utilizing a long-term community-academic partnership between Genesee County stakeholders and partners from the University of Michigan Depression Center”. Outcome options, to be completed by September 2007, are to create the infrastructure to support a long-term community-academic partnership that will accomplish the following:

- Create a community “mental health care map”, which (a) demonstrate the places in which mental health care occurs; (b) provides a description of the providers and patients at each entity; and (c) provides a description of the health system, payors, and employers involved.
- Create a community “information management map”, which (a) exhibits the clinical data flows between providers and systems; (b) exhibits the number of information technology systems in place; and (c) exhibits where information flow is smooth and useful as well as where discontinuities exist.
- Determine a set of measurable community mental health metrics that will assess quality for each of the key stakeholders (patients, providers, health plans, employers, etc.) and for the system as a whole.

The Depression in Primary Care Community Steering Committee began meeting in November 2006. A proposal to National Institute of Mental Health was submitted by the University of Michigan Depression Center on behalf of the Greater Flint Health Coalition Depression in Primary Care Community Steering Committee partners in February 2007.