

Michigan Psychiatric Care Improvement Project (MPCIP)

October 2021 Update

Overview

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into the Michigan Psychiatric Care Improvement Project (MPCIP).

Two Part Crisis System

1. Public service for anyone, anytime anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile crisis*, Crisis Receiving and Stabilization Facilities^{1*}
2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues

Opportunities for improvement

- Increase recovery and resiliency focus throughout entire crisis system,
- Expand array of crisis services
- Utilize data driven needs assessment and performance measures
- Equitable services across the state
- Integrated and coordinated crisis and access system – all partners
- Standardization and alignment of definitions, regulations, and billing codes

MI-SMART (MEDICAL CLEARANCE PROTOCOL)

Overview

- Standardized communication tool between EDs, CMHSPs, & Psychiatric Hospitals to rule out physical conditions when someone in the ED is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- Target Date: Soft rollout has started as of August 15, 2020.
- www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/

Current Activities:

- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Two free MiSMART trainings with CMEs were held in July with good turnout.
- CSUs will be required to accept the MiSMART form from EDs as proof of medical clearance as part of certification.
- As of 10/14/21: Adopted/Accepted by: 30 Emergency Departments, 14 Psychiatric Hospitals, 13 CMHSPs. 19 more facilities are in the process of implementing.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption

Michigan Crisis and Access Line (MiCAL)

Legislated through PA 12 of 2020, PA 166 of 2020.

CALL SIDE

Overview

- Crisis triage, support, and information and referral services 24/7 via phone, text, and chat
- Predicated on Recovery & Resiliency Principles: Caller-defined crisis, holistic, crisis support and triage, trauma informed, safety assessments, non-judgmental, referrals with follow up to help people connect to treatment when needed.

- Supports all Michiganders with behavioral health and substance use disorder needs to locate care regardless of severity level or payer type. Integrated with BHDDA Peer/ Recovery Coach Warm line, warm hand-offs and follow-ups, crisis resolution and/or referral, 24/7 warm line, and information and referral offered.
- MiCAL will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, and Crisis Stabilization Units.
- Individual level performance measures.
- Opportunity for systems level change: data source for systems level needs i.e. to be addressed in collaboration with other systems including other crisis lines.
- Common Ground is the MiCAL staffing vendor.
- Target Dates: Pilot start date: Upper Peninsula and Oakland April 2021; **Operational Statewide October 2022.**
- Planned Design Activities:
 - Targeted Engagement Discussions to ensure MiCAL meets all Michiganders' needs. This process will pull together providers and people with lived experience for specific population groups to ensure that MiCAL is effectively outreaching and serving them.
 - Resources: Developing partnerships and technological integration with 211 and OpenBeds to ensure MiCAL has up to date resource information.

Current Activities

- MiCAL Pilot is active in Upper Peninsula and Oakland County on April 19th.
- Warmline is active statewide.
- First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development.
- MiCAL and the Michigan Warmline staff have had over 21,000 encounters since April 19th (MiCAL go live); mostly calls. Over half the encounters have been on the Warmline.
- Pilot is focused on streamlining and routinizing care coordination process with CMHSPs and ensuring that CRM technology supports these processes.
- MiCAL Rollout: MiCAL will rollout statewide in two phases.
 - Phase 1 FY 22: MiCAL will rollout statewide one to two PIHP regions at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time.
 - Phase 2 FY 23: CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage. Rollout will occur one PIHP at a time.
- In early December, PIHPs, CMHSPs will be asked to provide BHDDA access and crisis services information in the CRM. This will be used for crisis services planning and in preparation for MiCAL referrals. We will host a couple of trainings which will cover the requirements and talk about 988 coordination requirements.

BHDDA Customer Relationship Management (CRM) – Internal Business Processes

Overview

- BHDDA will be transitioning all its internal business processes to a customer relationship management (CRM) system. The BHDDA CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between BHDDA and its customers: PIHPs, CMHSPs, CCBHCs, SUD entities, Michiganders, etc.
- The development process includes written documentation of the business process, describing the process and highlighting requirements, and the translation of the business process into technology. All this information is included in the user training.
- Stakeholders for each process are actively engaged throughout the design process and user testing.

- Training materials on the CRM and each of the business processes are housed within the CRM. Training materials include videos and written job aids.
- Virtual, synchronous training and “Learning Lab hours” are held when a business process goes live.

Current Activities

- Universal Credentialing (PA 282 of 2020): BHDDA is taking an in-depth look at the legislation and related business processes so we can ensure that the Universal Credentialing meets the requirements of the legislation and other process such as PIHP credentialing without having our partners enter the same information multiple times. They are designing a requirements cross walk which will be shared with stakeholders. BHDDA has already sent out an email soliciting participation from stakeholders and received a great response.
- Customer Service Inquiry and Contract Management Processes are rolled out statewide.
- ASAM Level of Care Certification Development is occurring now and will be estimated to be ready for rollout in December 2021.
- CMHSP Certification: Design work is still being done on this process. We are also working on rollout plans which will likely be a gradual rollout. Please stay tuned.

988 COALITION

Overview

- MDHHS received a grant from Vibrant Emotional Health (Vibrant) to plan for the implementation of a new, national, three-digit number for mental health crisis and suicide response (9-8-8), which will launch on or before July 16, 2022.
- The 9-8-8 Planning Coalition has gathered input from stakeholders to aid in the development of Michigan’s implementation plan. They met monthly over the last several months to help develop, review
- Michigan’s Draft Plan has two phases based on implementation time frames. Phase 1 focuses primarily on ensuring adequate call coverage statewide. Phase 2 will focus on metrics, operations requirements, and marketing. Note: Vibrant is still developing requirements so they suggested the “Phase” planning approach.
- Stakeholders have provided feedback throughout the planning process. Workgroup meetings have focused on topics such as vision, follow up care, and resources.
- Michigan’s final plan is due January 30, 2022.
- 988 will have a soft launch in July 2022.
- Marketing will start at the federal level late 2022, early 2023. We have been asked to wait to market until we receive notice from Vibrant. They will send us marketing materials.

Current Activities

- Michigan’s Draft Plan has two phases based on implementation time frames. Phase 1 focuses primarily on ensuring adequate call coverage statewide. Phase 2 will focus on metrics, operations requirements, and marketing. Note: Vibrant is still developing requirements so they suggested the “Phase” planning approach.
- Stakeholders have provided feedback throughout the planning process. Workgroup meetings have focused on topics such as vision, follow up care, and resources. Upcoming topics are metrics, communications, and funding.
- Official 988 Draft Plan was approved by the Workgroup and BHDDA Leadership and has been submitted to Vibrant and SAMHSA for their review. We expect feedback from them in November which we will incorporate into the final plan.
- We are starting implementation. We have scheduled meetings with existing NSPL centers to standardize processes as much as possible.

- We are also developing an email list to keep Workgroup members up to date and to solicit their help as needed on topics such as marketing.

PSYCHIATRIC BED TREATMENT REGISTRY

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/ OpenBeds platform which is Michigan’s behavioral health registry/ referral platform which is operated and funded by LARA.
- The Psychiatric Bed Registry Advisory Group’s purpose will transition from choosing a platform to supporting successful rollout and maximization of the OpenBeds platform to meet Michigan’s needs.
- **Target audience:** Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
 - Public and broader stakeholder access through MiCAL.
 - Broad cross-sector Advisory Workgroup.
- **Target Implementation Date:** Implemented statewide by January 2022.

Current Activities

- LARA is rolling out MiCARE regionally with a statewide completion date by early 2022.
- LARA is in the process of rolling out MiCARE statewide to all the psychiatric hospitals which was strongly supported by Workgroup members at the August meeting.
- The Psychiatric Bed Advisory Workgroup will meet on Friday, October 22nd to support rollout and to focus on streamlining the referral process.

CRISIS STABILIZATION UNITS

Overview

- PA 402 of 2020 codifies Crisis Stabilization Units (CSUs) in the Mental Health Code. This new statute requires MDHHS to develop, implement, and oversee a certification process for CSUs. The legislation did not appropriate funding.
- MDHHS is contracting with Public Sector Consultants to help develop with the develop of a Michigan Model and certification criteria.
- MDHHS is convening a cross sector stakeholder group to develop a Michigan model. As a group Stakeholders will review models from other states and from Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.
- Timing: Current to December 2021

Current Activities

- MDHHS is contracting with PSC/HMA to help develop a Michigan model and certification process.
- There will be a model for both children and adults. The adult model should be complete 12-1-2021.
- PSC is facilitating twice monthly stakeholder groups with the initial focus on setting high level standards, determining capacity needs, and a thorough assessment of existing CSU like facilities in Michigan.
- Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.

- The most recent workgroup focused on CSU services for children. A sub workgroup will meet to develop a family driven, youth guided CSU model.
- The Michigan model needs to work effectively in all regions. An initial listening session with rural CMHSPs was held to start work on developing a rural model for CSUs. More meetings will be held.
- PSC is also doing extensive research on best practices in other states as well as in Michigan. They have interviewed several other states.
- PSC is looking at available statewide data to help determine capacity needs.

MOBILE CRISIS SERVICES

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations, taking advantage of the enhanced Medicaid match.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- There is coordination with the MDHHS staff leading the KB lawsuit around services for children.

Target Date: Spring 2022

Current Activities

- PSC is doing research on mobile crisis models.
- PSC is coordinating work with the Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) who are also focused on looking at adult mobile crisis models.
- PSC will start exploring adult crisis stabilization services offered by CMHSPs in Michigan.
- MDHHS plans to take advantage of the advanced Medicaid match coming in the spring of 2022.

SMI/SED 1115 WAIVER APPLICATION

Current Activities

- MDHHS has determined that there is no need to pursue a SMI/SED 1115 Waiver for crisis services at this point in time as the current priorities can be accomplished through other means. MDHHS might pursue a waiver in the future if needs arise.

QUESTIONS OR COMMENTS?

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