

Michigan Psychiatric Care Improvement Project (MPCIP)

April 2022 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

988 IMPLEMENTATION

Overview

- 988 is the new three digit dialing code for the National Suicide Prevention Lifeline.
- 988 will go live July 16, 2022.
- Michigan completed an extensive 988 Implementation planning process with stakeholder involvement which was funded by Vibrant. Michigan's Official 988 Plan was submitted to Vibrant and SAMHSA on January 21, 2022.
- The plan focuses on topics such as vision, follow up care, resources, marketing, metrics, communications, and funding.
- Marketing will start at the federal level early 2023. We have been asked to wait to market until we receive notice from Vibrant. They will send us marketing materials.
- Over the next several months to a year, Michigan will transition from a regional call coverage system to statewide call coverage through MiCAL except for Network 180 covering Kent County and Macomb CMH covering Macomb County.
- MiCAL will provide statewide text and chat coverage.

Current Activities

- NSPL/MMDHHS applied for a 988 Implementation Grant which was submitted January 31st. SAMHSA 988 Implementation grants should be awarded by the end of April. Key focus areas are: stable diversified funding, adequate statewide coverage, common practices for centers, stakeholder engagement/marketing, and 911/ 988 collaboration.
- Statewide Coverage: MiCAL is rolling out statewide. See the MiCAL section for more information.
- Stakeholder engagement: Written updates are provided every 1 to 2 months. MDHHS is developing a stakeholder engagement plan with an emphasis on marketing.
- NSPL Center Practices: Operations workgroup meetings with current NSPL centers are focused on developing common practices around Imminent Risk.

- 911/988 Collaboration: State level 911/988 workgroup is meeting to develop collaborative practices.

MICHIGAN CRISIS AND ACCESS LINE (MICAL)

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

Overview

- Overall Model: One statewide line which links to local services tailored to meet regional and cultural needs.
- It will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- 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, collaborative support, least restrictive, and non-judgmental.
- Supports all Michiganders with behavioral health and substance use disorder needs to locate care regardless of severity level or payer type. Warm hand-offs and follow-ups, crisis resolution and/or referral, safety assessments, 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.
- Integrated with BPHASA Peer/ Recovery Coach Warm line
- Michigan Warmline is active statewide.
- MiCAL Rollout: MiCAL will rollout statewide in two phases.
 - Phase 1 FY 22: Starting in January 2022, MiCAL will rollout statewide one region 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.
- 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. This will occur through 988 Implementation process.
 - Resources: Developing partnerships and technological integration with 211 and OpenBeds to ensure MiCAL has up to date resource information.
 - Ongoing small improvements to the CRM system.

Current Activities

- Frontline Strong First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development. Crisis line is estimated to go live in Summer 2022. Staff recruitment is underway.
- MiCAL and the Michigan Warmline staff have had over 55,000 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.
- Warmline is refining data gathered during the call, i.e. reason for the call and services provided.
- Stakeholder dashboards are being developed.
- Common Ground is hiring staff in preparation for the rollout.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- MiCAL/NSPL is rolling out statewide a region at a time. It is developing coordination protocols with CMHSPs and state demonstration CCBHCs as the rollout progress.
- MiCAL/NSPL is live in Prepaid Inpatient Health Plan geographic regions 1, 2, 3, 8, and 10. It will be live in Region 5 by the end of May. Map of the Prepaid Inpatient Health Plans (michigan.gov)

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. Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.
- Timing: Michigan Model developed by 12/1. Draft Certification rules will be developed by summer 2022, draft administrative rules and draft Medicaid policy will be completed by September 30, 2022.

Current Activities

- Draft Certification Standards deadline is being extended to summer 2022. A small subset of the stakeholder group is developing draft certification criteria for adults. There is special attention being paid to congruency with funding requirements, licensing requirements of related services, and accreditation. PSC extensive research on best practices in other states is being incorporated in the model.
- MDHHS is exploring internal staffing necessary to certify CSUs.
- PSC is looking at available statewide data to help determine capacity needs. They are also using the new Crisis Talk Crisis Services Calculator.
- PSC is also researching funding models for this service.
- The Michigan Model is being tailored to the needs of Children and Families. Stakeholder meetings will be held in in late spring/ early summer.

MOBILE CRISIS INTERVENTION 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: September 2022

Current Activities –

- Multiple parts of MDHHS are working on expanding mobile crisis services: Diversion Council, Mi Kids Now, and Bureau of Community Based Services. Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible.
- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating internally around implementation plans, prior to stakeholder involvement.
- MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- Public Sector Consultants is pulling together legislative and funding requirements and best practices to develop a draft model for adults.
- 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.

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.
- As of 4/1/22 Adopted/Accepted by 45 Emergency Departments, 19 Psychiatric Hospitals, 13 CMHSPs.
- 26 more facilities are pursuing the implementing at their facility, including McLaren Bay Region, Beaumont Health, and UPHS Marquette.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption
- Partnering with MHA to distribute a survey targeted to provider groups with the goal of outreach and recruitment.
- Developing a commitment letter for Psych hospitals, CMHSPs, and EDs to sign.
- Partnering with LARA to develop a crosswalk that outlines regulatory practices that MiSMART can help meet.
- Record high COVID numbers in Emergency Departments are impeding progress.

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.
- MiSMART will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- 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.
- LARA is rolling out MiCARE regionally with a statewide completion date by early 2022.
- 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/ February 2022.

Current Activities

- LARA is in the process of rolling out MiCARE statewide a PIHP region at a time. The focus is on substance use disorders treatment services.
- Targeted rollout to psychiatric hospitals was paused due to this last wave of COVID.
- The Onboarding date was pushed back from February 2022 to June 30,2022.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. 70% attended the initial orientation.
- MDHHS PBR Implementation Team is developing a survey of psychiatric facilities for a status on MiCARE implementation.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e. bed categorization, acuity, the rollout, and referral process.

Behavioral Health Customer Relationship Management (CRM) – Internal Business Processes

Overview

- BPHASA will transition its internal business processes to a customer relationship management (CRM) system. The Behavioral Health CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between BPHASA 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.
- Completed Processes: Customer Service Inquiry, CCBHC Certification

Current Activities

- Contract Management: Review of training materials and development of retraining plans will occur over the next few months
- Universal Credentialing (PA 282 of 2020): Stakeholder workgroup composed of representatives from CMHSPs, PIHPs, and BPHASA is meeting regularly to develop the business process for Universal Credentialing. After this step is complete then the Stakeholder group will participate in automating the business process in the CRM.
- Specialty Program Certifications: Business Process development has been completed. Requirements for CRM development is in progress. Programs included are: is starting on certification for specialty programs: homebased, ACT, intensive crisis stabilization, clubhouse, therapeutic foster care, crisis residentials, and wraparound.
- The Critical Incident Database project is in the CRM development phase. It has a go live date of October 1, 2022.
- CMHSP Certification: The CRM work is complete. Rollout plans and training are being developed.
- ASAM Level of Care Certification Development Process is live in Detroit Wayne and the Upper Peninsula.

QUESTIONS OR COMMENTS?

- Krista Hausermann (hausermannk@michigan.gov)