

Michigan Psychiatric Care Improvement Project (MPCIP)

May 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.
- As of 4/15/21: Adopted/Accepted by: 29 Emergency Departments, 13 Psychiatric Hospitals, 13 CMHSPs.
- 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, person-centered approach to crisis and crisis resolution, no call limits or time limits, trauma informed, non-judgmental, orienting people in or out of the call to identify and address needs (instead of screening for services).
- 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

1. SAMHSA National Guidelines for Behavioral Health Crisis Care <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care>
*MDHHS intends to explore partnerships with key stakeholders to fund these services for everyone.

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 a specific population groups to ensure that MiCAL is effectively outreaching and serving them.
 - Resources: Developing partnerships and technological integration with EMResources, 211, and OpenBeds to ensure MiCAL has up to date resource information.

Current Activities

- MiCAL Pilot in active in Upper Peninsula and Oakland County on April 19th. We have received more than 7000 calls since April 19th, mostly from the Peer Warmline which averages between 80 to 100 calls per day.
- First Responder Crisis support project in partnership with Wayne State is in development.
- Meetings with each PIHP to talk about the timing and implementation process of MiCAL in their area. We are prioritizing areas without NSPL coverage.

INTERNAL CRM

Overview

- BHDDA will be transitioning all its internal business processes and compliance processes into the CRM improving efficiency and reporting.
- Three internal business processes are included in the pilot phase: CMHSP Certification, Customer Inquiries, and MDHHS/ PIHP/ CMHSP Contract Compliance and Sanctions.
- Pilot PIHPs and CMHSPs are participating in the design and user testing process.

Current Activities

- Go Live dates will be the week of April 19th. for BHDDA and the pilot sites.
- Customer Inquiry and Contract Compliance processes will be rolled out to other PIHPs and CMHSPs starting summer 2021. You will get information in the next week or so.

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 will gather input from stakeholders to aide in the development of Michigan's implementation plan. Coalition members will examine the state's current system and capacity for mental health crisis calls, review model legislation for establishing a consistent statewide system for 9-8-8 calls, and offer input on potential funding models and sources, among other things.

- The group meets once a month virtually between March and September 2021.

Current Activities

- Exploration of a centralized system for 988 with common standards across the state to maximize resources, workforces, and ensure equitable care across the state.
- Partnering with 911 to

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.
- **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

- Integration of Registry with MiCAL per legislation and funding requirements.
- Working with EMResources, MiCAL technical solutions architect, key stakeholders to build out the technological platform within EMResources and MiCAL.
- Design sessions with CMHSPs and EDs were completed.
- Current plan is for CMHSPs to access the registry through MiCAL Partner Portal.
- Advisory Meeting on Wednesday, May 23rd.

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.
- Initial focus will be on setting high level standards, determining capacity needs, and a thorough assessment of existing CSU like facilities in Michigan.
- Next Stakeholder meeting is scheduled on June 23rd.

SMI/SED 1115 WAIVER APPLICATION

Overview

- This project may be impacted in scope and timeline by COVID-19.
- MDHHS will apply for the CMS Medicaid funding waiver.
- Identifying innovations, gaps, barriers, and priorities:
 - Environmental Scan: discussions with other states, literature review.
 - CMHSP survey: informative only, identify innovations and gaps – i.e. licensing issues around crisis services.
- Possible directions of this initiative:
 - Increase and standardize community-based crisis service capacity to meet recovery, resiliency focused definitions.
 - Exploration of Mobile Crisis Expansion.
 - IMD Exclusion Exception.
 - PRTF Look-a-likes for Adults.
 - Exploration of Crisis Receiving & Stabilization Models such as Psychiatric Emergency Centers, Living Room Model, EmPATH.
 - Children's Therapeutic Foster Care.
- Target Date: beginning stages – Application fall 2021.

Current Activities

- MDHHS has contracted with PSC/HMA to help develop the 1115 Waiver.

OTHER INFORMATION:

- MDHHS has also contracted with PSC/HMA to develop recommendations to expand mobile crisis in Michigan.
- Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) is also focused on looking at adult mobile crisis models. With permission of individual CMHSPs, they are using the CMHSP Crisis Survey data as baseline data to help determine who to contact to learn about successful existing mobile crisis models and any challenges implementing mobile crisis.

QUESTIONS OR COMMENTS?

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