CEO Report
February/March 2023

Hello and good afternoon, it is a Great Day to be a part of the Lakeshore Regional Entity!

The distinction between black and blue print below is due to the February Board meeting being canceled due to inclement weather and not being able to review the CEO report with the LRE Board of Directors. I decided to utilize the February 2023 CEO report and add March information to the report. Black print represents what was in the February report and the blue print represents March information.

PIHP/REGIONAL Update

1. **LRE Updates**
    - The LRE post-pandemic operations consists mostly of remote based/hybrid for most employees. LRE does not provide direct clinical services to beneficiaries but for LRE field-based activities, LRE employees will honor provider/stakeholder preferences. This could be 100% in-person or remote or hybrid engagements with our staff as we carry out our work. In-person participation in community/provider events is commencing as well. LRE will continue to support our employees within the stated parameters.
    - The LRE executive team continues to meet every other Monday morning to kick the week off.
    - The LRE has started a PIHP QI meeting which will take place one time per month. The purpose of the meeting is to establish internal key performance indicators (KPIs) for each managed care area. Each managed care area will have KPIs to assist the LRE in evaluating how well we are performing as a managed care entity. Two meetings have been held to lay the groundwork for the group, as well as KPIs are under development.
    - The LRE Refresh of new logo and Vision, Mission, Values is going well. As part of the LRE refresh, a new sign is being installed at the LRE office.

2. **Regional Updates**
    - Regional Committees continue to meet using remote technology.
    - The Regional Operations Advisory Council meets semi-monthly with one meeting held in person and one virtual meeting. Although we have not been successful in getting all member CEO/Directors to the one in person meeting each month, we are continuing to recommend in person.
    - The LRE continues to work with the Members to identify areas of improvement for the region, as well as areas of high performance.

- Network 180 provided a presentation to the Operations Council regarding the unmet needs in Kent County for residential living and CLS services. The CMH CEO/Directors agreed to gather the same information to compare and gage if this is a regional issue. It does not appear that this is just a Kent County concern. However, LRE is unclear how large the regional unmet needs are currently. There will be more on this in the weeks to come.
- Lakeshore Regional Entity has been involved in several Medicaid State Fair Hearings (MA SFH) recently. There has been one case that has carried a great deal of weight due to the nature of the MA SFH. The hearing outcome may have set precedent across the state regarding self-determination and what are appropriate Medicaid billable services under the self-determination model as well as what are appropriate goods and services. I am elated to say, that the ruling on this case was in favor of the LRE and the CMH. Congratulations to LRE Compliance Department.
- On March 1, 2023, MDHHS issued a memo regarding the Supports Intensity Scale (SIS) contract with the American Association on Intellectual and Developmental Disabilities. The memo stated that the SIS would no longer be utilized as a state mandated tool, and there would be a SIS Steering Committee established to develop a plan to sunset the use of the SIS-A. The reasons for the decision to terminate the contract included: 1. overall cost vs benefit; 2. use of current tool would require upgrades; security and privacy; ongoing workforce challenges; and rate of completion of the SIS-A tool. The end date is March 28th, 2023.

3. **Historical Deficit Update**

Recap: The Court of Claims heard the cross motions for summary disposition on January 23, 2023. The hearing lasted over 1.5 hours and legal counsel reported that the Court asked very tough questions of all parties. Judge Shapiro requested the parties submit a joint glossary defining a few terms by February 3, 2023.

Update: A joint glossary was submitted by the deadline for the terms that there was agreement on the definitions. The Attorney General submitted a supplement to the joint document with an expanded definition on "Surplus Funds". LRE legal did file a follow-up document that stated that we are not in agreement with the supplement information submitted by the AG. No ruling as of 2/16/2023 when this report was drafted. Hoping for a ruling any day now.

4. **Network 180 Lawsuit**

On February 28th, Network180 filed a two-count complaint alleging breach of contract (count 1) and seeking a temporary restraining order (count II).

- In Count 1, Network180 claims LRE breached the parties' October 1, 2018, contract by failing to pay $14,010,195.69. N180 alleges that LRE owes the CMH

for services provided in 2018 and 2019. Lakeshore Regional Entity denies that it has any legal responsibility to pay Network180 for the deficit that was incurred by the CMH.

- Count II seeks an injunction prohibiting LRE from withholding funds from Network180 to offset an (approximately) $4 million cost settlement amount from FY 20/21.
- Network180 points to the action LRE filed in the Court of Claims seeking a declaration that LRE would not be in breach of its contract with MDHHS if it uses certain funds to pay the deficit. Network180 confuses LRE's *desire* to pay the deficit with having an *obligation* to pay it. LRE has never stated it has a legal obligation to pay the deficit only the desire to do so to help bring financial stability to the region. As part of this lawsuit, they also filed an Ex Parte Motion for a Temporary Restraining Order (TRO).
- March 1, 2023, the Ex Parte Temporary Restraining Order was denied.
- March 21, 2023, Scheduled hearing regarding the preliminary injunction.

5. **Rate Analysis Request from MDHHS Update**

Recap: MDHHS requested that LRE conduct an analysis of the rates across the region, as well as to identify if there was a process at each CMH and/or regionally to respond to provider network rate increase request. The LRE tackled MDHHS' ask by conducting a policy/procedure/practice review, and then completed a regional rate analysis of all codes listed in the External Quality Initiative (EQI) report.

Update: Policy review - Analysis of CMHSP policies pertaining to rate setting and provider rates did not demonstrate any substantial inadequacies in the processes and practices when determining service rates. CMHSPs each have established procedures and rates based on local market needs. Each CMHSP has an established process for providers to request a review of current rates. One area of focus moving forward will be to strengthen those processes to ensure consistency and clarity across the region.

EQI regional rate analysis - Methods: CMHSPs provided their rates by provider, procedure code and modifier, including the disposition of recent rate increase requests. The LRE aggregated the data and grouped similar codes by EQI service category. Utilization was incorporated to determine rate prevalence and help identify outliers. The analysis included minimum, maximum, simple average and weighted average rates by code and modifier. Rates were compared by provider, CMHSP, and regionally.

Recommendations and Next Steps:

The recommendations below identify areas to bring clarity and increased standardization where possible between the LRE and Member CMHSPs.

- Evaluation and Management Codes - increase the use of credentialling modifiers in provider rates for these codes. The cost to provide this service is not the same for a physician and a midlevel provider and should be coded appropriately.
- Encounter Data- Enhance the capability of the LRE to capture local modifier information to better explain variances and improve cost and utilization data.
- Regional Rate Setting- Examination of additional opportunities to establish regional rates, such as a minimum and/or maximum rates to improve network stability.
- Quality improvement opportunities
    - Establish key performance measures.
    - Comparison with EQI data
    - Review of the information with CMHSPs
- Access- The analysis did not indicate CMHSPs' provider rates were negatively impacting access to services due to the following:
    - Most providers received rate increases in the last 1-2 years.
    - CMHSPs consider market forces to help determine rates within service arrays.
    - Examination of MMBPIS, Grievance and appeals, as well as Fair Hearing outcomes do not indicate an uptick in access to care issues.

6. **FY 21 Finance Audit – Letter from MDHHS Update**

Recap: As previously discussed, on January 18th, LRE received a non-compliance letter follow-up from Jeff Wieferich at MDHHS. At the time of the letter LRE was 202 days delinquent on the Financial Statement Audit, Compliance Exam. The letter notified LRE that MDHHS intends to withhold $200,000 from the LRE as allowed by the PIHP contract. The letter also confirmed that although MDHHS does not agree with the MDHHS/LRE contract hearing requirement in this case, they will provide that opportunity prior to taking action. MDHHS will honor LRE's request for a hearing before the penalty is imposed.

Update: On the sanction issue, there was a pre-hearing telephone conference on March 14th scheduled, however it was adjourned because the State's attorneys had a conflict. No new date has been scheduled at the time of this report. Regarding the status of the completion of FY21 financial compliance audit, there are three outstanding issues at the present time preventing the completion of this matter. First, the reconciliation process has been challenging as there have been items left open on the general ledger since 2017. The finance department is digging into each one of these and resolving them in the general ledger, however that takes time. Secondly, there is an issue with the trial balance. This issue is not on the LRE end or due to an LRE error. It is a software issue. The LRE CFO and finance team have met several times with the vendor and progress is occurring, however it is slow. Finally, there is missing information from MDHHS that we are working with MDHHS to receive to complete the audit.

Update: The Sanction Hearing has been rescheduled for June 6th, 2023.

7. **Wakely Update**

Recap: The work that Wakely is doing for region 3 provides some interesting analysis and understanding of what is occurring. I would like to caution all that the analysis is not complete; however, it shows some elements for us to begin to work on immediately to try to prevent another 5% drop in our rates in the next rate setting analysis.
Update: LRE extended the timeframe with Wakely another 60 days due to the ongoing data mining and analysis they are providing to the LRE.

8. **Medicaid Enrollment and the Public Health Emergency Unwind**

Michigan provides Medicaid enrollees with information about options as eligibility requirements restart following recent federal legislation. Medicaid beneficiaries will have to renew their coverage this year, starting in June, as Michigan resumes Medicaid eligibility redeterminations to comply with federal legislation.

During the federal COVID-19 Public Health Emergency, Congress enacted the Families First Coronavirus Response Act that required state Medicaid agencies continue health care coverage for all medical assistance programs, even if someone's eligibility changed. Michigan's Medicaid caseload grew by more than 700,000 people during the public health emergency. This requirement was ended by the Federal Consolidated Appropriations Act of 2023 signed Dec. 29, 2022.

Michiganders who no longer qualify for Medicaid will receive additional information about other affordable health coverage options available, including on HealthCare.gov. Affected Michiganders will be able to shop for and enroll in comprehensive health insurance as they transition away from Medicaid, and many Michiganders can purchase a plan for less than $10 per month.

Renewals for traditional Medicaid and the Healthy Michigan Plan will take place monthly starting in June 2023 and run through May 2024. Monthly renewal notices will be sent three months prior to a beneficiaries' renewal date starting with June renewal dates. Beneficiaries can check their renewal month at www.michigan.gov/MIBridges. This link has more information regarding what Michigan Medicaid beneficiaries need to prepare for.

The LRE is beginning to look at worst case scenarios to assist the region in preparing for the MA enrollment to begin dropping and the capitated payment to be decreasing starting in June.

The LRE has begun pulling data to assist us in the development of best- and worst-case scenarios to assist in preparing for the possibility of MA enrollment dropping and the capitated payment decreasing starting in June.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

9. **Tribal Meeting Debrief**
   There was a meeting with the tribes to discuss access to care quality related issues and methods for improved coordination of care for tribal member living in Region 3.

10. **Building a Better Michigan**
    On 12/13/2022 Altarum released an update to its 2016 "Access to Behavioral Health Care in Michigan" using 2019 data (the most recent year for which data is available). A key set of recommendations includes legislation or other policy to increase retention of behavioral health providers in Michigan, remove restrictions on scope of practice to fully leverage all members of the health care team, promote effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches, use telemedicine to extend the reach of the behavioral health workforce, expand school-based behavioral health care, and better integrate primary care and behavioral health care delivery.

    The following are key findings (unmet needs). Note that these findings are for all payor types:

    • 641,000 (32%) of the estimated 1.99 million Michiganders that experienced Any Mental Illness (AMI) in 2019 are not receiving care. The most common mental illnesses with unmet needs are Anxiety Disorders and Depressive Episodes.
    • The total number of people with AMI increased between 2016 and 2019, but treatment also increased so the number of people untreated remained about the same, declining slightly from 666,000 to 641,000.
    • Among the 581,000 Michiganders with a substance use disorder (SUD), only 28% received treatment, leaving nearly 421,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
    • The number of people receiving SUD treatment in 2019 increased slightly from 2016, up from 128,000 to 160,000.
    • Prevalence of AMI and SUD are highest among Medicaid enrollees, the uninsured, and adolescents. Men are at greater risk for SUD and women have a higher prevalence of AMI.
    • There is significant geographic variation in levels of unmet need across the state. In the areas of Michigan with the worst access to AMI treatment 45% are untreated and for SUD treatment 77% are untreated.

• Expanding access to behavioral health care in all of Michigan to the same rates of care seen in best access areas of the state would improve access for 336,000 people with a mental illness and 85,000 people with a SUD.

On October 13, 2022, Readout from Communities in Action: Building A Better Michigan was made available. The White House Office of Intergovernmental Affairs and the Office of Public Engagement hosted nearly 40 state and local elected officials and community leaders from across Michigan in a "Communities in Action: Building a Better Michigan" event. During the half-day forum, participants heard from Vice President Kamala Harris, Department of Energy Secretary Jennifer Granholm, and Biden-Harris Administration officials about the benefits and impact of the American Rescue Plan, Bipartisan Infrastructure Law, Inflation Reduction Act, and the CHIPS and Science Act for working families in Michigan. White House officials discussed how the Biden-Harris Administration will continue to work together with states and local governments, labor leaders, businesses, non-profits, and health care leaders to leverage these historic investments to create and expand opportunities for working families. This was the fifth in a series of "Communities in Action" events that the White House will host with state, local and Tribal leaders to demonstrate how the Biden-Harris Administration is delivering results for the American people."

11. **Attorney General Telehealth Extension Initiative**

Michigan Attorney General Dana Nessel is joining 43 other attorneys general to urge the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) to permanently extend telehealth flexibilities for prescribing buprenorphine, an opioid use disorder treatment. Buprenorphine is one of three medications approved by the Food and Drug Administration (FDA) to treat patients suffering from addiction. During the COVID-19 pandemic, the FDA allowed doctors to use telehealth services to prescribe the medication, but the rule allowing buprenorphine to be prescribed virtually is set to expire once the COVID-19 public health emergency ends.

In a letter to head DEA and SAMHSA officials the attorneys general highlight how the existing flexibilities are critical to linking individuals with opioid use disorder to care. The attorneys general state: "The number of patients receiving buprenorphine as treatment…increased significantly when telehealth flexibilities were allowed…it also improved retention in care and reduced the odds of overdose for individuals prescribed buprenorphine via telehealth for opioid use disorder treatment."

12. **CMHA IMPACT REPORT 2022**

Every year, the Community Mental Health Association (CMHA) carries out a wide range of initiatives designed to ensure that you, CMHA member organizations, can continue to provide innovative, accessible, and high-quality mental health, intellectual and

developmental disability, and substance use disorder services to Michiganders in communities across the state.

To ensure that the members and stakeholders of CMHA have a sense of the breadth and depth of the work that CMHA provides to its members and in support of a strong public mental health system in Michigan, CMHA has developed the CMHA 2022 Impact Report. That report was included in the February 2023 CMHA Board of Directors packet and in the conference packets of the attendees at the recent CMHA Winter 2023 conference.

13. **Michigan Health Integration Updates**
Please see the attached update on the status of these many initiatives directly related to State Integration Initiatives.

14. **Michigan Psychiatric Care Improvement Project**
Please see the attached update on the status of these many initiatives directly related to Psychiatric Care Improvement.

FEDERAL/NATIONAL ACTIVITIES

15. **New Updates for 42CFR2 (Confidentiality of SUD Patient Records)**
The U.S. Health and Human Services Department, through the Office for Civil Rights (OCR) and the Substance Abuse and Mental Health Services Administration (SAMHSA), announced proposed changes to the Confidentiality of Substance Use Disorder (SUD) Patient Records under 42 CFR part 2 ("Part 2"), which protects patient privacy and records concerning treatment related to substance use challenges from unauthorized disclosures. Specifically, today's proposed rule increases coordination among providers in treatment for substance use challenges and increases protections for patients concerning records disclosure to avoid discrimination in treatment.

"Varying requirements of privacy laws can slow treatment, inhibit care, and perpetuate negative stereotypes about people facing substance use challenges," said Secretary Xavier Becerra. "This proposed rule would improve coordination of care for patients receiving treatment while strengthening critical privacy protections to help ensure individuals do not forego life-saving care due to concerns about records disclosure."

16. **Public Comment on "Take Home" Methadone**
SAMHSA has released a pre-publishing version of a notice of proposed rulemaking that proposes "to expand access to treatment for opioid use disorder (OUD)...would update the federal regulations that oversee OUD treatment standards as part of the Department of Health and Human Services' (HHS) Overdose Prevention Strategy. Specifically, the proposed rule change would allow Americans to access the treatment by allowing take

home doses of methadone and the use of telehealth in initiating buprenorphine at opioid treatment programs (OTPS).

In its Notice of Proposed Rulemaking (NPRM) to update 42 CFR Part 8, SAMHSA is proposing to improve Americans' access to and experiences with OUD treatment, in particular through OTPs. The proposed changes reflect the widespread desire by many stakeholders for SAMHSA to provide greater autonomy to OTP practitioners, positively support recovery, and continue flexibilities that were extended at the start of the nation's COVID-19 public health emergency." The notice is to be published formally on December 16 and the public will have 60 days to submit comments.

17. **Federal Actions to Help Recruit and Retain Providers**

The US Government Accountability Office (GAO) has released a study entitled Behavioral Health: Available Workforce Information and Federal Actions to Help Recruit and Retain Providers(GAO-23-105250). It notes that "Behavioral health conditions—including mental health and substance use disorders—affect millions of Americans. The COVID-19 pandemic may have also increased the number of people affected. A well-trained and diverse behavioral health care workforce is critical to providing the services people need. We reviewed Department of Health and Human Services information on the number of behavioral health care providers nationwide and found barriers to recruiting and retaining them. For example, there is a shortage of internships and qualified workers in rural areas. Based on reviews of available research and stakeholder interviews, GAO identified three key categories of barriers that pose challenges to recruiting and retaining behavioral health providers: financial, educational, and workplace. GAO found that incentives such as loan repayment and scholarships for students seeking behavioral health professions help to address these barriers.

Examples of Barriers to Recruiting and Retaining Behavioral Health Providers:

- Financial: Reimbursement rates and compensation for behavioral health services are low, according to stakeholders from multiple research organizations and behavioral health associations.
- Educational: Many programs designed to recruit diverse behavioral health providers only benefit individuals already studying in a behavioral health field and do not address the lack of a pipeline for underserved populations to enter the workforce, according to researchers we interviewed.
- Workplace: There is a shortage of licensed supervisors and funded internship positions in rural areas, according to a study on the psychologist workforce. Similarly, another study indicated that shortages of approved internships and qualified supervisors are barriers to recruiting school psychologists.

GAO also found that HHS agencies have taken actions to support recruiting and retaining behavioral health providers. These actions include administering various workforce

development programs to help recruit and retain qualified providers to work in underserved and mental health shortage areas. For example, the Health Resources and Services Administration (HRSA's) National Health Service Corps program provides loan repayment and scholarships to various types of providers, such as psychiatrists and psychologists. In return, the providers agree to practice in underserved areas for at least 2 years. According to HRSA, over 80 percent of behavioral health providers that graduated from these programs from 2012 through 2020 remained practicing in underserved areas as of 2021."

18. **SAMHSA Strategic Plan**

SAMHSA has announced the release of the agency's Interim Strategic Plan (ISP). "The ISP presents a new mission and vision that emphasizes a more person-centered approach and briefly describes our priorities and guiding principles. This ISP not only represents SAMHSA's thinking as an agency, but also reflects the insightful feedback we have received from our many partners over the past months. However, this is only a first step as we are also developing a full four-year Strategic Plan (2023-2026). Later this winter, we will post a draft of the new Plan on our website; the intent of this posting is to solicit public feedback to ensure the Plan is as responsive and inclusive as possible."

19. **Opioids and Pain Management**

Centers for Disease Control (CDC) has released updated and expanded recommendations for clinicians providing pain care for adult outpatients with short- and long-term pain. These clinical recommendations, published in the CDC Clinical Practice Guideline for Prescribing Opioids for Pain, will help clinicians work with their patients to ensure the safest and most effective pain care is provided. The publication updates and replaces the CDC Guideline for Prescribing Opioids for Chronic Pain released in 2016.

20. **US Senate Finance Committee Discussion Draft of Mental Health Integration Legislation**

(Reported by the National Council for Mental Wellbeing): The Senate Finance Committee released a discussion draft (analysis) of the mental health integration of care provisions to be included as a part of the Committee's broader legislative effort to improve mental health care for Medicaid, Medicare, and the Children's Health Insurance Program. Policy proposals within the discussion draft pertain to: increasing payments to certain providers for the integration of behavioral health; providing payments for mobile crisis response intervention services in Medicare; providing clarity on the eligibility for the participation of peer support specialists in furnishing behavioral health integration services in Medicare; integrating behavioral health care for treatment of mental health and substance use disorder (SUD) services in primary care; making the Medicaid state option to provide qualifying community-based mobile crisis intervention services permanent; requiring the Department of Health and Human Services (HHS) to improve integration of behavioral health services; and more.

OTHER

21. **The "988" National Suicide and Crisis Lifeline"** is now live nationwide. Toolkits and other information are available at this link. Increased marketing activities in Michigan are scheduled to take place winter/spring 2023.

22. **Board Works Videos Available Online**
    The CMHA BoardWorks program was developed to assist Board members in fulfilling their obligations as CMH leaders, directors of policy, and advocates for those they serve. Traditionally, these modules have been offered at conferences and through DVDs. CMHA now offers updated modules available for viewing on their website. The following BoardWorks modules are currently available with more to come! Click here to view.

    - Foundations – Intended Beneficiary Command
    - Foundations – Public Policy
    - Management – Systems
    - Current and Future Funding for CMHSPs and PIHPs (formerly Budgets)
    - Leadership – Participatory Governance and Ethical Implications (formerly Character)

23. **CMHA CEO Consultation Clearinghouse**
    This Clearinghouse would:
    - Serve as a method for connecting CEOs with each other around areas in which consultation, from one CEO to another, on a range of complex dimensions of leadership and management, could be provided in a sustainable and collegial manner.
    - Be provided from one CEO to another, via a contract from the consultation-receiving organization to the consultation-providing CEO, acting as a private contractual consultant - based on a CEO-to-CEO peer coaching and guidance model.
    - Be built around CMHA serving as simply the clearinghouse for this effort; CMHA would not be a party to this contract.

    The aims of the Clearinghouse are to:
    - Strengthen the leadership and management of the public mental health system.
    - Build collegial support among the state's CEOs.
    - Disseminate, across the system, sound practices built upon the Michigan context.
    - Ensure a system-wide understanding, by the system's CEO, of the history and core constructs of the system.

The mechanics of the Clearinghouse, roughly, would include:

1. CMHA polls the CEOs of its members (CMHs, PIHPs, and Provider Alliance members) regarding areas in which each is willing to provide consultation to other CEOs within the CMHA membership. This poll would provide a starter list of consultation areas – to prompt the thinking of CEOs around areas of expertise – while also allowing the CEOs to add areas of expertise not contained in the starter list.
2. CMHA compiles the catalog of topics and the consultation-offering CEO and their contact information, around which the CEOs could offer consultation.
3. CMHA announces the existence of this catalog. As yet, it is not determined whether this catalog would be published and distributed to the CEOs in our system or if CEOs desiring consultation would make that inquiry to CMHA, which would then provide the list of CEOs with expertise in the requested area.
4. CMHA provides both CEOs with a standard contract template that could be used to structure this relationship if either party did not have such a contract form.
5. CMHA regularly (annually?) surveys the CEOs within our system to update the list of consultation offering CEOs.

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity

Michigan Behavioral Health Crisis System

February 2023 Update

CONTENTS

MI Behavioral Health Crisis System Overview

Michigan Department of Health and Human Services (MDHHS), in partnership with stakeholders across the state, is in the process of developing a crisis services system for all Michiganders; following the Substance Abuse and Mental Health Services Administration (SAMHSA) model. We envision a day when everyone across our state has someone to call, someone to respond, and a safe place to go for crisis care.

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into Michigan Psychiatric Care Improvement Project (MPCIP), which is now called Michigan Behavioral Health Crisis System (MI BH Crisis System).

Two-part Crisis System

1. Public service for anyone, anytime, anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile Crisis, and Crisis Receiving and Stabilization Facilities.
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 through Community Mental Health Service Programs.

Opportunities for Improvement

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

988/MiCAL Implementation

The MiCAL, 988, Peer Warmline, and Frontline Strong sections of this report are combined because MiCAL (staffed by Common Ground) answers the calls, texts, and chats to these lines statewide.

Michigan Crisis and Access Line (MiCAL) Overview

- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Based on SAMHSA's Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls. MiCAL will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- Supports all Michiganders with behavioral health and substance use disorder needs and locates 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 or referral offered.
- MiCAL will not replace CMHSP crisis lines. It 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, Mobile Crisis Teams, and Crisis Stabilization Units.
- Piloted in Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.

988 Overview

- **988 went live on July 16, 2022,** as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose**: With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health, emotional, and substance use crises in addition to people feeling suicidal.
- **988 Implementation Plan**: Michigan's Official 988 Implementation Plan was submitted to Vibrant and SAMHSA on January 21, 2022. It was developed by a cross sector stakeholder group through a Vibrant funded planning process.
- **Michigan Coverage**: As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties through MiCAL. Seven counties have primary coverage through Network 180, Gryphon Place, or Macomb CMH.
- **988 Chat and Text**: MiCAL will also be responsible for answering 988 chats and texts.
- Vibrant is contracting with federally funded back up centers to answer call, chat, and text overflow.
- **988 Statewide Metrics:** December 2022
    - Total Calls Received: 6,466
    - Average Speed of Answer: 25 Seconds
    - Answer Rate: 90%
    - Involuntary Emergency Interventions: 15
        - Total Calls Received & Average Speed of Answer were pulled from Vibrant's State Report
        - The Answer Rate was calculated using the Total Calls Answered as reported by the centers divided by the Total Calls Received as reported by the center. Due to the data discrepancies between Vibrant's and centers' data, Michigan will rely on the 988 Center's total calls received when reporting the answer rate.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid-April 2022. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.
- **MiCAL Rollout**: MiCAL will rollout statewide in two phases.
    - **Phase 1 FY 22**: January 2022 - MiCAL rolled out 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. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
    - Coordination is in place with services in all PIHP geographic regions as of October 31, 2022. Map of the Prepaid Inpatient Health Plans (michigan.gov).
    - **Phase 2 FY 23**: CMHSP After Hours Crisis Coverage. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula. MiCAL is beginning to plan for 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 CMHSP at a time and will start with regions that volunteer participation beginning in January 2023. Afterhours Process Improvement meetings occurred throughout September and October 2022 to gather CMHSP and PIHP feedback and recommendations.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- A considerable change that was made to our original project timeline was postponing our in-state answering of 988 chat and text until early FY 24. The decision to postpone in-state coverage was discussed in depth and the

choice was made to postpone this activity until the MiCAL platform can integrate with the universal platform to allow MiCAL staff access to MiCAL customer relationship management (CRM) technology functionality when answering chats and texts.

- **There have been 89,101 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, NSPL, and CMHSP afterhours calls). See attached metrics for more details.**
- **988 Center Practices:** Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
  - Michigan's 988 workgroup finalized Michigan's Center Protocol document, which has incorporated Vibrant's requirements and standards and will be utilized and adopted by all of Michigan's 988 call centers as the framework for expected operations.
  - January's meeting discussion focused on updating Vibrant's policy on imminent risk and added one protocol about supervisory reviews on emergency interventions. All protocols are finalized and currently are up to date per Vibrant's requirements.
- **911/988 Collaboration:** State level 911/988 workgroup is meeting at least monthly to develop collaborative practices, with the initial focus on coordinated active rescues.
  - Michigan's 988/911 workgroup finalized the Involuntary Emergency Intervention Workflow. The workflow was created to standardize the way in which staff at all centers are expected to be trained and handle 988 involuntary emergency intervention processes. It will also be shared with 911 centers as an informational tool.
  - The 988/911 workgroup is currently working on creating a diversion plan that includes best practices to consider for instances where 911 receives calls that should be diverted to 988.
- **Public Relations**: 988 Implementation had initially focused on ensuring that there is adequate staffing and coordination with 911 and other crisis service providers before openly marketing the 988 number. This was a rollout approach that was recommended by SAMHSA and Vibrant. Targeted marketing will begin early 2023.
  - MDHHS developed a website to share with its stakeholders: 988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line, as well as a MiCAL/988 Quick Facts document for reference.
  - MDHHS has been providing presentations to key stakeholder groups. Presentations include but aren't limited to: Michigan Suicide Prevention Commission, Governor's Diversion Council, Michigan NAMI, TYSP-Emergency Department Community of Practice, Tribal Nations Behavioral Health Meeting, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
  - Starting in January 2023 marketing efforts for 988 in Michigan have officially gone live! Prior to 2023 we had asked stakeholders to hold off on any and all 988 marketing and advertising efforts in Michigan. Now we are encouraging all Stakeholders to feel free to openly publish, share, advertise, and market 988 and 988 relevant information through their designated communication channels. MDHHS would like to ensure that 988 in Michigan is accessible to all Michiganders, especially those who may be at a statistically heightened risk for a behavioral health crisis. Thus, MDHHS is currently actively partnering with Michigan Stakeholders to identify public awareness activities that specifically focus on targeting and reaching high-risk or underserved populations. Through our trusted Stakeholders we will also be focusing on how best to utilize existing trusted channels to assist in reaching all Michiganders in order to help spread information and awareness about 988, who can utilize it, and what other resources exist.
- **Stakeholder Participation:** As of January 2023, partners can openly advertise 988 and utilize SAMHSA's promotional materials. At this time, partners can freely and actively advertise and market the 988 number We are asking stakeholders to continue replacing the former NSPL number (the 800 number) with 988 and to maintain an active partner with us in identifying and notifying us of places where the 800 number needs to be replaced.
  - We had our first kick off stakeholder meeting November 10th. The intention for the meeting was to provide an overview of SAMHSA and Vibrant's marketing recommendations, discuss Michigan's current

and future approach to marketing 988, and provide a space to collaboratively work together to develop a comprehensive public awareness/marketing plan that utilizes existing communication channels that target people most at risk for a behavioral health crisis.

- In December, MDHHS hosted a series of breakout sessions with Michigan stakeholders to engage in more in-depth conversations around tailoring support and resources to all Michiganders, especially those who are considered to be high-risk or underserved populations. The meetings were immensely informative and enlightening in outlining individual community needs regarding marketing 988 in Michigan. Based on stakeholder feedback bi-monthly stakeholder breakout sessions will be continued moving forward.

Current Activities for Michigan Peer Warmline and Frontline Strong Together

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.
- Michigan Peer Warmline is refining data gathered during the call, i.e. reason for the call and services provided to compile a dashboard.
- **There have been 67,705 Warmline encounters since go-live at the end of April 2021. See Warmline Report for details.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is operated under MiCAL by Common Ground and is available statewide 24/7. Frontline Strong Together is a crisis line specifically for first responders (police, EMS, fire, dispatch, and corrections) to provide free, confidential support and effective resources.
- Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Frontline Strong Together went live in August 2022.
- Specialty first responder-specific resources have been incorporated into the Customer Relationship Management System to provide readily available resources to those calling in.
- The Project Manager has set up an office at the All for Oxford Resiliency Center once a week to reach out and serve as a resource to first responders.
- Frontline Strong Together is currently working on expanding visibility, including marketing, QR codes for easy access, and outreach to relevant stakeholder groups to increase awareness of the number.
- **There have been 68 Frontline Strong Together encounters since go-live mid-August 2022.**

Crisis Stabilization Units

Overview

Michigan Public Act (PA) 402 of 2020 added Chapter 9A (Crisis Stabilization Units) to the Mental Health Code, which requires the Michigan Department of Health and Human Services (MDHHS) to develop, implement, and oversee a certification process for CSUs (certification is in lieu of licensure). CSUs are meant to provide a short-term alternative to emergency department and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours.

To encourage participation and creation of CSUs, MI Legislature has designated funding in the FY 2023 budget to account for at least 9 CSUs. To develop a model and certification criteria for CSUs in Michigan, MDHHS engaged Public Sector Consultants (PSC) to convene and facilitate an advisory group of stakeholders. The stakeholder workgroup reviewed models from other states and Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.

Michigan Model developed by 12/1. MDHHS is developing draft certification rules for adult CSUs and will solicit feedback in fall of 2022, with goals of finalizing the criteria during Q1 of 2023. The certification criteria for children CSUs will be developed during FY 2023, with an implementation date in FY 2024.

Current Activities

- **CSU Certification Rules** workgroup was developed including potential CSU sites and a series of meetings were held to discuss key issues and areas of concern throughout December 2022 and January 2023.
    - Based on feedback from the workgroup, the Draft CSU Certification standards are being finalized to share with stakeholders for their feedback.
    - Once the rules workgroup is supportive and comfortable with the rules, we will begin the administrative rules process. We aim to start the administrative rules process in Spring 2023.
    - The CSU Certification Rules workgroup will also assist MDHHS in addressing all feedback we receive during the Administration rules process.
- A survey was issued in late September to acute and psychiatric hospitals as well as CMHSPs to assess the existence of any walk-in urgent care or crisis care behavioral health services similar to a CSU, such as an EMPATH unit and a psychiatric emergency room. This survey also assessed entities' interest in providing CSU services.
- MDHHS issued a CSU Pilot Readiness Application to those who expressed interest in learning more as a potential participant (via the survey).
    - In early January 2023 we received 8 applications that are currently being reviewed.
    - Once the list of participating sites is finalized, we will be sending out formal approvals. This will occur during the second or third week in February.
    - Monthly Learning Cohort meetings with pilot sites will begin March 2023 (tentatively).
- MDHHS will operate a CSU Community of Practice Pilot which will result in a Best Practice Implementation Handbook and pilot entities receiving CSU certification. Participants are recruited through the CSU survey.
- The Michigan Model has been tailored to include Children and Families. It has been shared for public feedback. Listening sessions with people with lived experience for child/ family specific feedback will occur in early 2023.

Adult 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.
- 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.
- Per Diversion Fund legislation MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and their intensive mobile crisis stabilization services.

Current Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, and Bureau of Specialty Behavioral Health 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 around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- MDHHS is in the process of hiring staff to initiate an RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.

MI-SMART (Medical Clearance Protocol)

Overview

- Standardized communication tool between EDs, CMHSPs, and Psychiatric Hospitals to rule out physical conditions when someone in the Emergency Department (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

- As of 1/19/23: Adopted/accepted by 55 Emergency Departments, 27 Psychiatric Hospitals, and 16 CMHSPs.
    - Over 25 facilities are pursuing the implementing of MI-SMART at their facility, including McLaren Bay Region and Helen Newberry Joy Hospital.
    - We are excited to welcome Trinity Health Grand Haven as our newest MI-SMART user!
- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption.
- MHA sent communication to members from their small and rural hospitals informing them about the MI-SMART Form. They were sent a link which they can fill out if they are interested in learning more about how to implement the MI-SMART Medical Clearance Process at their facility.
- MHA and MDHHS co-signed a letter encouraging the use of the MI-SMART Medical Clearance Process. This letter was signed by MDHHS Chief Medical Executive Dr. Natasha Bagdasarian and MHA Executive Vice President Laura Appel. MHA distributed the letter to their members in August.
- Provided a presentation on the MI-SMART Medical Clearance Process at the MHA Small and Rural Hospital Council meeting in September.
- Drafted a letter to send to PIHPs/CMSHPs aiming to work regionally to increase adoption of the MI-SMART Form.
- Partnered with LARA to develop a crosswalk that outlines regulatory practices that MI-SMART can help meet.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- 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, operated and funded by LARA.
- MiCARE 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 is supporting the successful rollout and maximization of the OpenBeds platform to meet Michigan's needs. The Psychiatric Bed Registry has transitioned to meet on an as needed basis.
- LARA is rolling out MiCARE regionally.
- Target audience: Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
    - Public and broader stakeholder access through MiCAL.
    - Broad cross-sector Advisory Workgroup.

Current Activities

- LARA is in the process of rolling out MiCARE statewide one PIHP region at a time. The focus is on substance use disorders treatment services. They have held meetings to continue the rollout process for providers in the remaining PIHP regions. They will reach out shortly to CMHSPs to bring them on as searchers. Please watch for emails.
- All inpatient psychiatric facilities received communication from LARA and MDHHS notifying them that the goal deadline to complete the onboarding into MiCARE (OpenBeds®) was extended. MDHHS has been, and will continue, contacting and working with psychiatric facilities. With the support from LARA, all facilities will be fully onboarded into MiCARE/OpenBeds within the coming months. MDHHS will begin ensuring psychiatric facilities' bed availability is regularly updated.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. Nearly two-third of all psychiatric hospital have been fully onboarded into MiCARE (OpenBeds) and almost all have begun the onboarding process.
- MDHHS and LARA, in partnership with Bamboo Health, hosted a demonstration of the OpenBeds platform for all bed searchers in September. This allowed those who have not had a chance to attend a demonstration the opportunity to learn more about the OpenBeds platform. A recording of the demonstration is available at https://mpcip.org/mpcip/micare/.
- Over the past few months, MDHHS has conducted a series of small group listening sessions with representatives from Psychiatric Hospitals, Community Mental Health Services Programs, and Emergency Departments. The goal is to understand partner requirements so that MDHHS could provide technical assistance and support to facilities utilizing OpenBeds and to develop usage protocols for MiCARE. In doing so, MDHHS would like to gain an understanding of how to implement the platform in the most optimal and cost neutral way. MDHHS most recently met representatives from Emergency Departments in October. MDHHS will continue to meet individually with stakeholders to gain feedback. If you are interested in providing feedback, please contact us at mpcip-support@mphi.org.
- All Emergency Departments received communication form LARA notifying them of the MiCARE/OpenBeds rollout. Facilities were encouraged to work with Bamboo Health's OpenBeds® team to onboard their Emergency Department in the network.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e., bed categorization, acuity, the rollout, and referral process.

Crisis Response Training Program

Overview

The Wayne State School of Social Work's crisis response credentialing program aims to support the development and expansion of a workforce with skills to work within Michigan's Behavioral Health Crisis Services. The project will offer cutting-edge education and training to individuals who have direct practice experience working within mental health settings and college students enrolled in a professional program aimed at becoming a mental health professional. The credentialing program will provide education and skill-building courses that enhance crisis assessment and practice techniques necessary to intervene in behavioral health crises, performing skills-based support when engaging as a first responder.

WSU School of Social Work will develop the training modules and university credit courses around performing rapid clinical assessments, de-escalation, providing contextual diagnosis, and effectively interacting with other first responders and family members within the community. WSU School of Social Work will also manage the project's data collection and performance measurement, which will serve as the routine progress monitoring for the project.

Current Activities

- Contract formalized. Egrams objectives, budget, budget narrative completed and submitted (12/16/22).
- Formation of Advisory Board. Consultants with various expertise selection; formalization of consultation contract underway.
- Faculty Expertise. WSU SSW is negotiating with a nationally renowned scholar on crisis response. Hopeful that the contract will be finalized the week of 12/19.
- Exploration of Peer training. Meeting set with Pam Werner for January.

Intensive Crisis Stabilization Services for Children - Bureau of Children's Coordinated Health Policy and Supports

Overview

The Bureau of Children's Coordinated Health Policy and Supports is leading and responsible for Kids' Intensive Mobile Crisis Stabilization Services. Intensive Crisis Stabilization Services (ICSS) for Children is a current Medicaid service in the Medicaid Provider Manual. MDHHS identified ICSS for Children as a key service in the MI Kids Now Service Array, and MDHHS will work towards expanding and ensuring access to this service on a statewide basis.

MDHHS established a new grant program to provide up to $200,000 to each Community Mental Health Service Program (CMHSP) to expand ICSS for Children. MDHHS awarded grants to 18 CMHSPs in fiscal year 2023, and MDHHS will provide ongoing funding opportunities in fiscal years 2024 and 2025. MDHHS launched the first cohort on January 1, 2023 and established a learning community to support grantees in implementation and encourage peer-to-peer sharing of best practices.

As part of this grant program, CMHSPs will expand ICSS for Children to address crisis situations for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school/childcare, or community. The awarding of these grants will allow CMHSP to develop staffing at the local level and increase access. Increased utilization will also help inform the development of Medicaid rates through the Prepaid Inpatient Health Plans (PIHPs) to allow for sustainable provision of these services. This program will allow CMHSPs to test different models (e.g., rural service delivery, 24/7

coverage, collaboration with other child-serving systems, etc.) using flexible General Fund dollars, and "lessons learned" will be integrated into Medicaid policy as permissible under federal law and regulations.

Current Activities

- MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
- MDHHS is collaborating with the Association for Children's Mental Health and Michigan State University to develop a survey to gain feedback from youth and families regarding their ICSS experience. This survey will be distributed to youth and families following every deployment of a mobile response team.

MDHHS - Crisis Services & Stabilization Section Updates

The MDHHS Behavioral Health (BH) Customer Relationship Management (CRM) System

The Crisis Services and Stabilization Section is tasked with ownership of the BH CRM from a technical and development perspective. We work with MDHHS business owners to design and implement processes into the system (i.e., MiCAL, Customer Inquiries, CMHSP Certification, ASAM Level of Care, and Critical Incidents). We act as a liaison between our MDHHS colleagues and the application developers and provide training and technical support to MDHHS and partners (CMHSPs, PIHPs, MiCAL, SUD entities, CCBHCs, etc.).

Many of you may be familiar with this system or have heard of it by one of various names, such as the BHDDA CRM or MiCAL CRM. As we continue to move forward with the rollout of MDHHS BPHASA business processes, we want to clear up any confusion and announce that this system is to be formally named the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). Effective immediately, please ensure all communications align with the name change.

Additionally, we have updated the shared team email address to encompass all facets of the BH CRM rather than solely MiCAL. **The newly updated email address is** MDHHS-BH-CRM@michigan.gov. *Any emails that are sent to the former address (MDHHS-BHDDA-MiCAL@michigan.gov) will be routed to this new address.*

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its' members.
To be added to the distribution list for this update - please contact MPCIP-support@mphi.org

MiCARE/Openbeds platform questions - contact Haley Winans, Specialist, LARA, WinansH@michigan.gov
988 or MiCAL questions, feedback, or complaints - contact us here.

Krista Hausermann, LMSW, CAADC
Crisis Services and Stabilization Section Manager,
Bureau of Specialty Behavioral Services,
Behavioral & Physical Health & Aging Services Administration
HausermannK@Michigan.gov

MDHHS Michigan Department of Health & Human Services

Time frame is April 19, 2021 to December 31, 2022 as indicated * MiCAL also includes CMHSP, First Responder, ER/ Hospital (ED) and 988 calls except as noted **

Metrics for MiCAL, December 2022

Offered 8496

Answered 7881

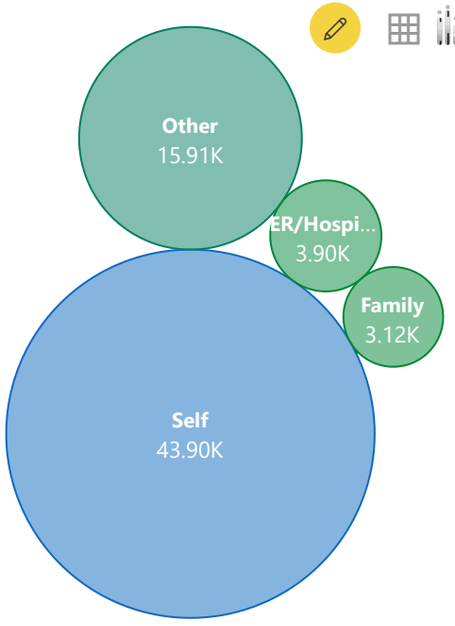
Answer Rate 93%

Avg. Speed of Answer (H:M:S) 00:00:16

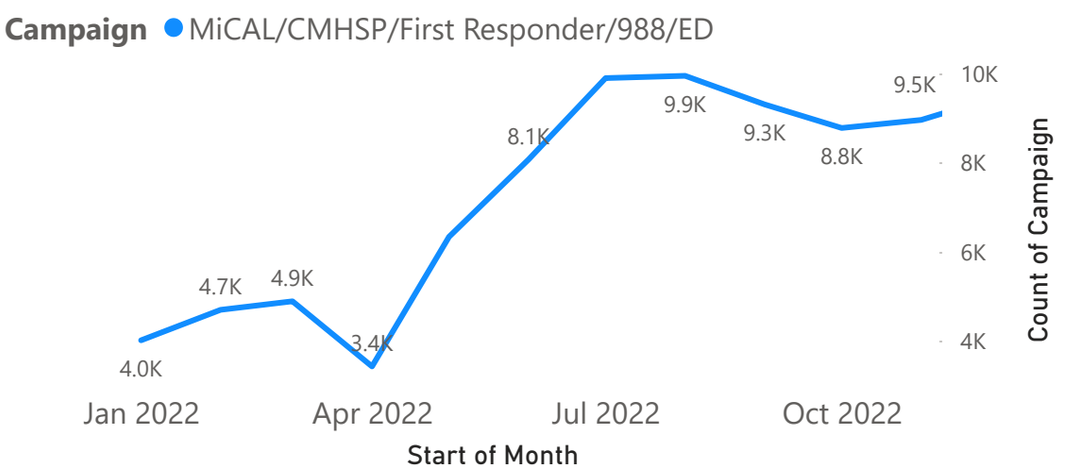
Avg. Talk Time 00:09:33

Goal (80% Answered in 30 Seconds) 91%

MiCAL Caller Type*

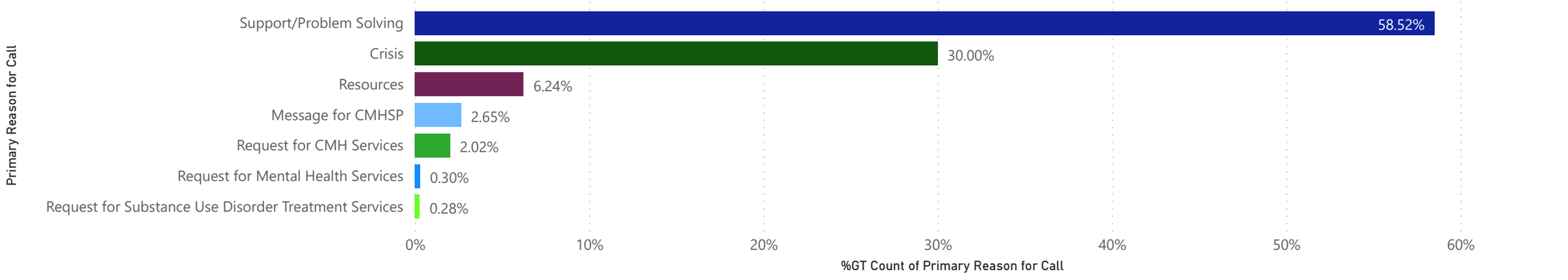


Call Volume Trends*



Campaign Name**	Inbound	Outbound	Total
988	44580		**44580**
MiCAL/CMHSP/First Responder/ED	53742	14007	**67749**

Reason for MiCAL Calls in Last 90 Days (from October 2, 2022 to December 31, 2022)



Michigan Warm Line Report - *Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.*

Call Volume Trends, January 1 to December 31, 2022

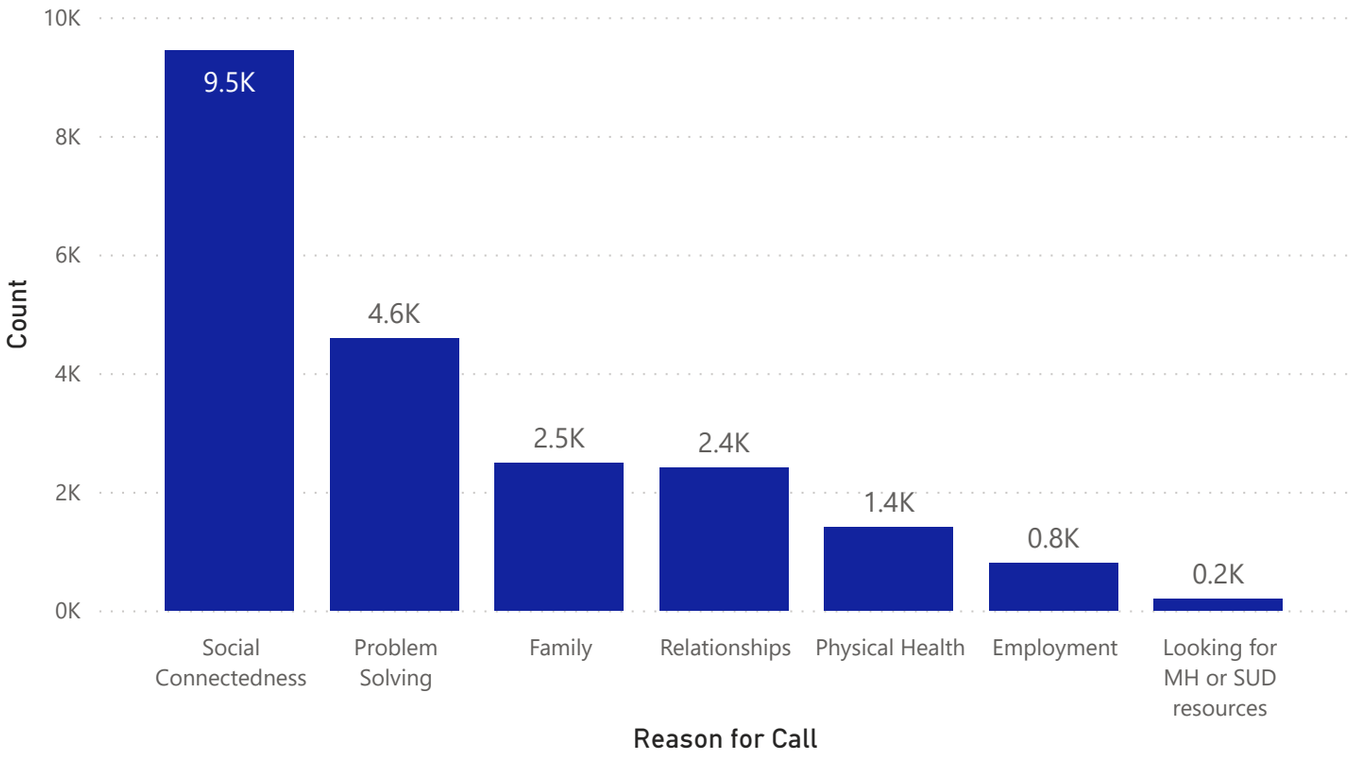
Call Volume, January 1, 2022 to December 31, 2022

Campaign Name	Offered
Peer Warm Line	68087

Call Volume, April 19, 2021 to December 31, 2022

Campaign Name	Offered
Peer Warm Line	99129

Frequency of Reason(s)* for Calls in Last 90 Days (October 2 to December 31, 2022)



*Warm Line Calls Can Be Documented with More Than 1 Reason

Metrics for Warm Line, December 2022

Avg. Time in Queue (H:M:S) 00:00:53

Avg. Talk Time 00:13:36

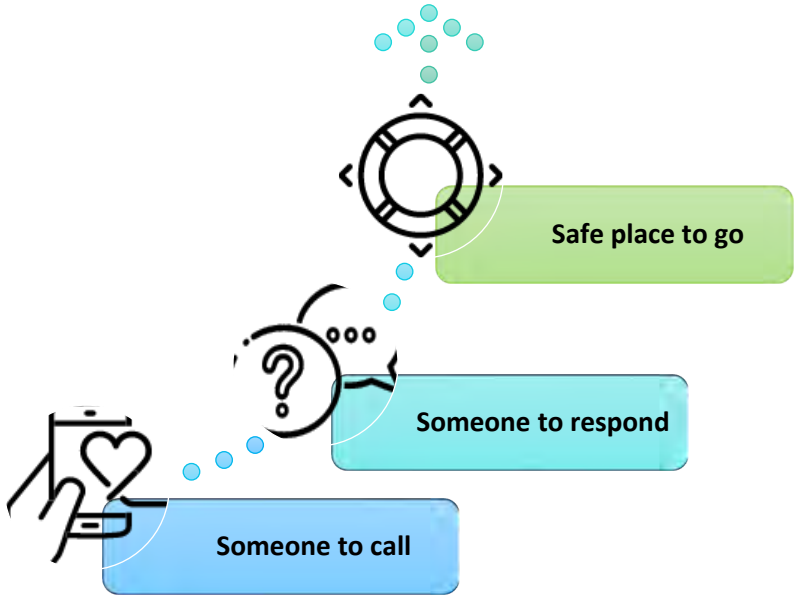
988 and Michigan Crisis and Access Line

January 24, 2023

MDHHS
Michigan Department of Health & Human Services

Michigan needs a *Crisis System in place for **ALL Michiganders**

for anyone, anywhere, anytime.



**Crisis is defined by the individual who needs help.*

Michigan Department of Health and Human Services (MDHHS) is in the process of developing a crisis services system for all Michiganders. This system will have **three primary components**:

Michigan Crisis and Access Line (MiCAL)/988 Center (Call)

- **Someone to talk to:** 24/7 crisis call center staffed with crisis specialists and clinical staff who provide crisis intervention and support, meet National Suicide Prevention Line (NSPL) standards, and provide Air Traffic Control quality coordination, with real time data management. MiCAL answers 988 calls, and will answer texts and chats statewide.
- **Goal:** 80% of calls, chats, texts resolved on the phone.

Mobile Teams aka Intensive Crisis Stabilization Services

- **Someone to respond:** Mobile crisis teams services offer community-based interventions to individuals in need whenever and wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a crisis. Community Mental Health Service Providers (CMHSPs), Certified Community Behavioral Health Clinics (CCBHCs), and a few private agencies currently provide this service but there are variations in this service in terms of population served, hours, and location.
- **Goal:** 70% are resolved in the field.

Crisis Stabilization Unit (CSU)

- **Somewhere to go:** a pre-screening unit or a facility that provides unscheduled clinical services designated to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate intensive and time-limited basis in response to a crisis. MDHHS and stakeholders are developing a CSU model and certification standards.
- **Goal:** 70% discharged to the community.

Michigan Crisis and Access Line (MiCAL) for all Michiganders!

Michigan.gov/MiCAL

Trained Crisis Call Specialists

Support Michiganders via phone 24/7

Crisis Intervention including Safe-T Assessments and Safety Plans for at-risk Persons

Activate face to face crisis services when necessary

Provide Referrals for mental health and substance use disorder services

Make warm transfers whenever possible

Provide follow up calls to ensure people are connected to services

Care Coordination with Community Mental Health & CCBHCs through crisis alerts and follow up notes

Up to date behavioral health service information from 211, MiCARE, and CMHSPs

Customer Relationship Management System to safely house caller data and produce reports for population health management

MiCAL Michigan Crisis and Access Line

is not…

MiCAL is **not** a replacement for Community Mental Health Services Programs (CMHSP) Crisis Lines and Crisis Services.

Contacting MiCAL or 988 is not a requirement for accessing any type of behavioral health services.

Implementation of MiCAL does not require CMHs to implement additional face to face crisis services.

988 Suicide & Crisis Lifeline

Federal Direction – SAMHSA & 988 Facts

In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline.

- National Suicide Prevention Lifeline (NSPL) is not going away.
- The new three-digit code went into effect on July 16, 2022.

The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Federal Communications Commission (FCC) and the Department of Veterans Affairs (DVA), is working to launch the new 988 code, which is expected to strengthen and expand the existing National Suicide Prevention Lifeline.

- 988 moves the NSPL from a standalone call line to part of a crisis services system.
- The objective of 988 is to expand and broaden the purpose of services.
- The National Suicide Prevention Lifeline current number (1-800-273-8255) is not going away. Dialing either number will route callers to the same services, no matter which number they use.
- States/territories are charged with implementing 988 and ensuring 988 centers meet NSPL requirements.

Vibrant and SAMHSA guidance states marketing should start when states are ready. Michigan will begin marketing for 988 at the beginning of 2023.

988 in Michigan

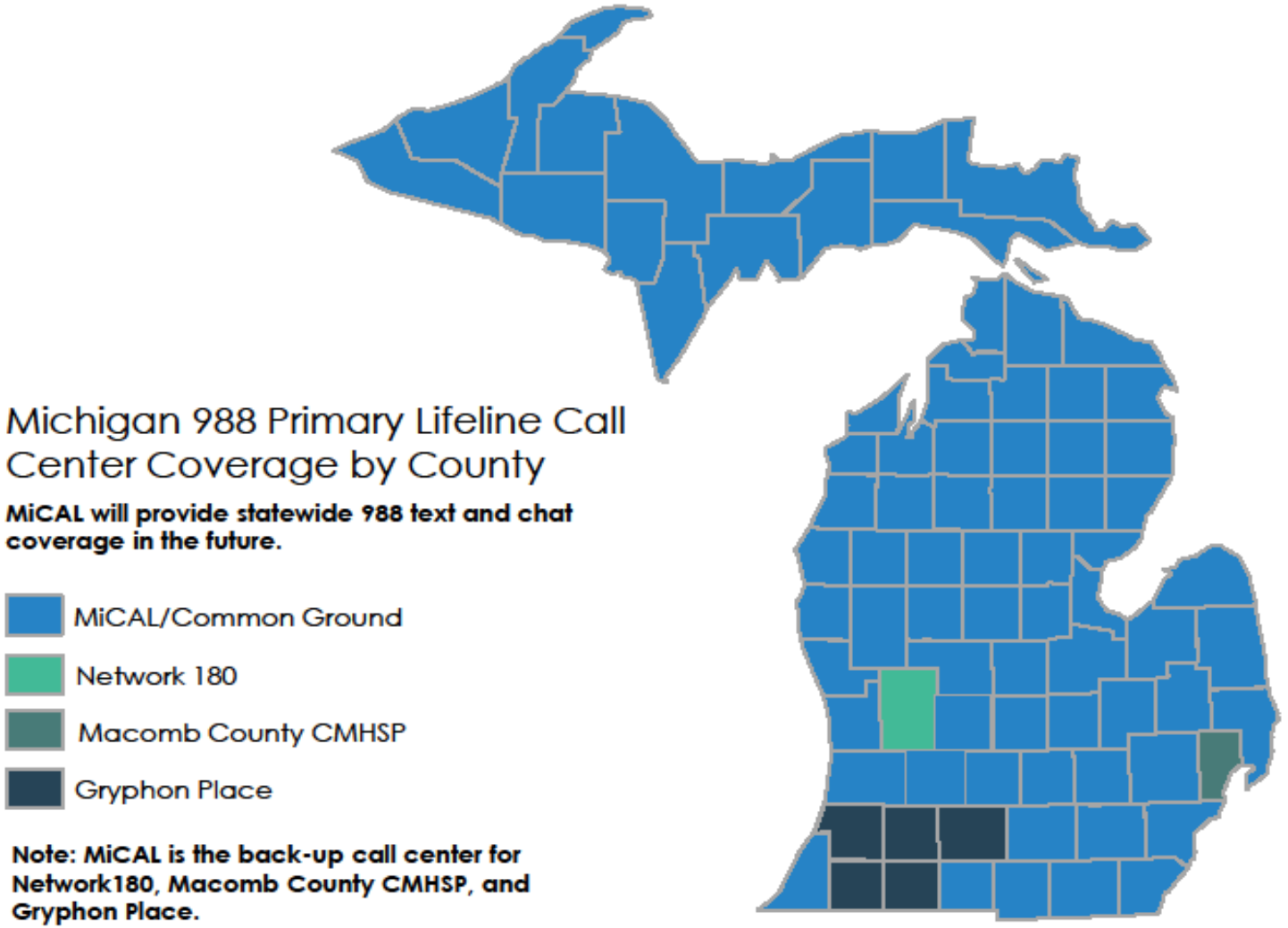
Michigan's Crisis and Access Line (MiCAL) is the central crisis line accepting the 988 calls and will accept texts and chats originating from Michigan

Michigan is still in the development stage for answering chats and texts.

Currently, 988 National Backup Centers are providing call overflow coverage and all text and chat coverage for Michigan.

MiCAL is primarily responsible for answering 988 calls statewide except in Calhoun, Cass, Kalamazoo, Kent, Macomb, St. Joseph, and Van Buren counties, where three regional call centers provide primary coverage and MiCAL provides backup call coverage.

Michigan 988 Call Center Coverage



Calls are routed by area code and exchange

What happens when you call 988?

When you call 988, first, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center. A little music will play while we connect you to a skilled, trained crisis worker. A trained crisis worker at your local center will answer the phone.

- 988 Extensions:
  - Dial 1 for the Veterans' Crisis Line.
  - Dial 2 for the Spanish Line.
  - Dial 3 for specialized support for LGBTQ+ (under the age of 25).

MiCAL 988 Metrics – December 2022

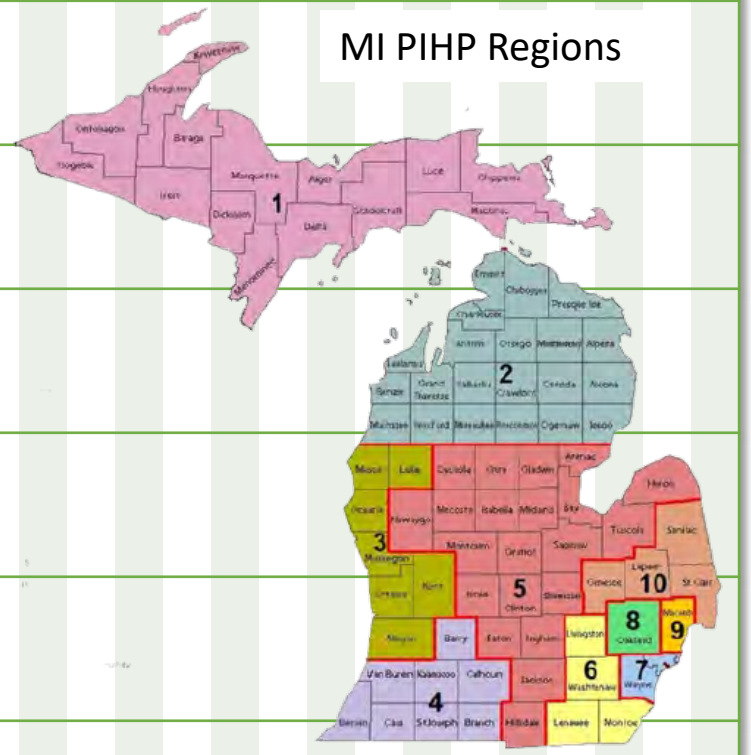
While we have decided what data will be collected, we are still working on the data collection process at a state and national level to ensure accuracy and consistency.

- Goal: 95% of calls are answered within 20 seconds
- MiCAL In State Answer Rate: 93%
- Calls Offered: 5,492
- Calls Answered: 5,152
- Average Speed of Answer: 16.43 seconds

MiCAL and 988 Rollout

MiCAL 988 Rollout Timeline (MiCAL/NSPL is active in Regions 1- UP & 8-Oakland)

	JAN 22'					FEB 22'				MAR 22'				APR 22'				MAY 22'					JUNE 22'				JULY 22'				AUG 22'				SEP 22'					OCT 22'			
	3	10	17	24	31	7	14	21	28	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31
3 – Lakeshore Regional Entity																																												
10 – Region 10 PIHP																																												
2 – Northern MI Regional Entity																																												
5 – Mid-State Health Network																																												
6 – CMH Partnership of Southeast MI																																											
7 – Detroit Wayne Integrated Health Network																																												
4 – Southwest MI Behavioral Health																																												
9 – Macomb County CMH Services																																											

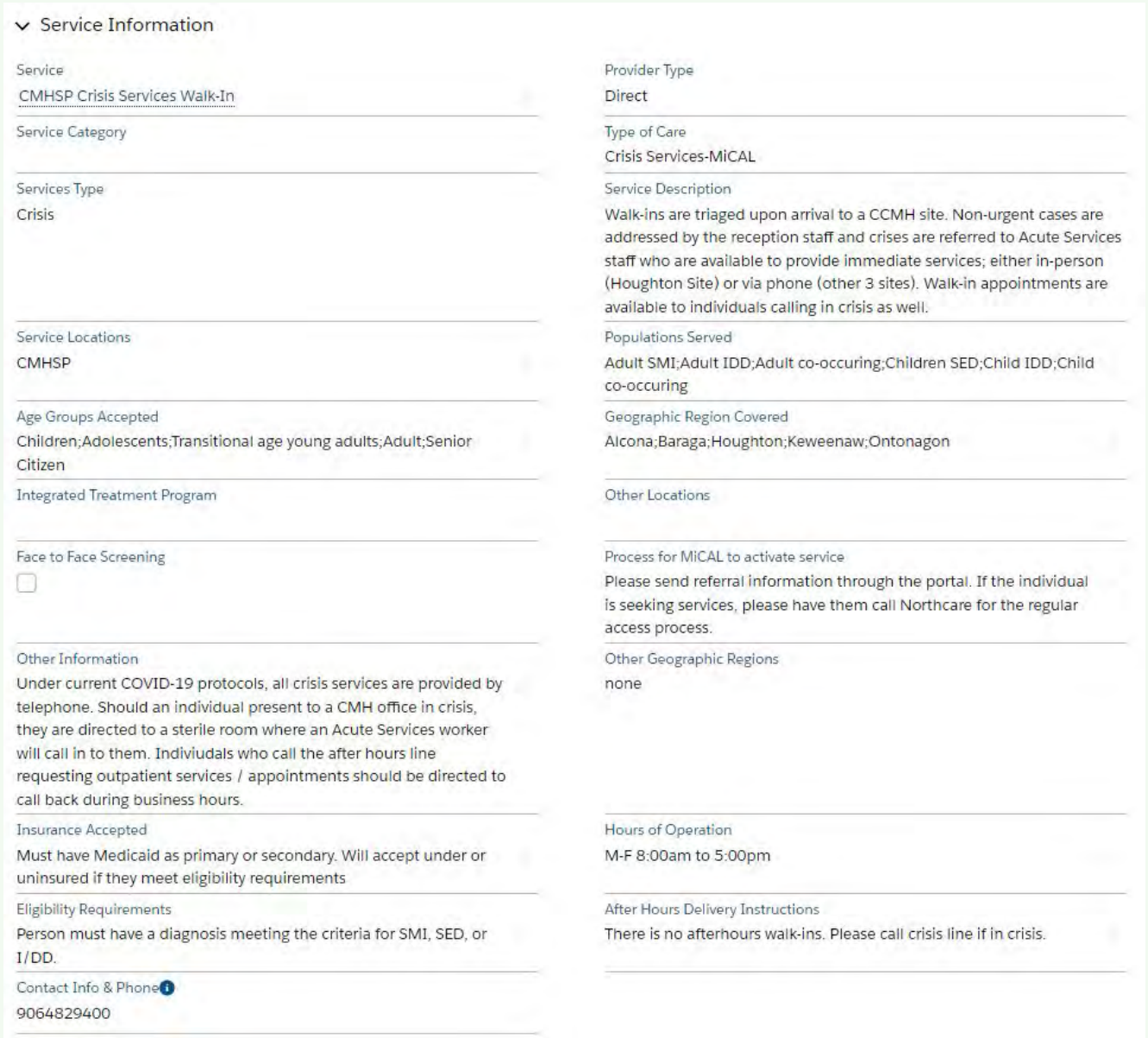


The statewide MiCAL ***soft*** rollout of NSPL coverage occurred region by region, completing in October 2022.

Coordination Requirements for CMHSPs/PIHPs

- Crisis and Access Services Information
- Activation of Face-to-Face Crisis Services
- Referrals
- Encounter Reports
- Crisis Alerts

Service Cards



Service Information

Service
CMHSP Crisis Services Walk-In

Service Category

Services Type
Crisis

Service Locations
CMHSP

Age Groups Accepted
Children;Adolescents;Transitional age young adults;Adult;Senior Citizen

Integrated Treatment Program

Face to Face Screening

Other Information
Under current COVID-19 protocols, all crisis services are provided by telephone. Should an individual present to a CMH office in crisis, they are directed to a sterile room where an Acute Services worker will call in to them. Indiviudals who call the after hours line requesting outpatient services / appointments should be directed to call back during business hours.

Insurance Accepted
Must have Medicaid as primary or secondary. Will accept under or uninsured if they meet eligibility requirements

Eligibility Requirements
Person must have a diagnosis meeting the criteria for SMI, SED, or I/DD.

Contact Info & Phone
9064829400

Provider Type
Direct

Type of Care
Crisis Services-MiCAL

Service Description
Walk-ins are triaged upon arrival to a CCMH site. Non-urgent cases are addressed by the reception staff and crises are referred to Acute Services staff who are available to provide immediate services; either in-person (Houghton Site) or via phone (other 3 sites). Walk-in appointments are available to individuals calling in crisis as well.

Populations Served
Adult SMI;Adult IDD;Adult co-occuring;Children SED;Child IDD;Child co-occuring

Geographic Region Covered
Alcona;Baraga;Houghton;Keweenaw;Ontonagon

Other Locations

Process for MiCAL to activate service
Please send referral information through the portal. If the individual is seeking services, please have them call Northcare for the regular access process.

Other Geographic Regions
none

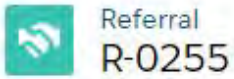
Hours of Operation
M-F 8:00am to 5:00pm

After Hours Delivery Instructions
There is no afterhours walk-ins. Please call crisis line if in crisis.

Key Components

- Populations Served
- Service Location
- Eligibility Requirements
- Process for MiCAL to activate

Referrals



Referral
R-0255

DETAILS RELATED

Referral Name
R-0255

Referral Type
Support Groups

Resource
Test CMHSP

Warm Referral Made?
☐

Encounter
00038534

Special Needs?
☐

Person
Carol Danvers

Comments

Warm Handoff

Referral Acknowledged
☑

Created By
MDHHS Demo User, 8/29/2022, 9:29 AM

Last Modified By
Daphne McElroy, 9/6/2022, 10:12 AM

Encounters

MiCAL Encounter Summary

Encounter 00018616

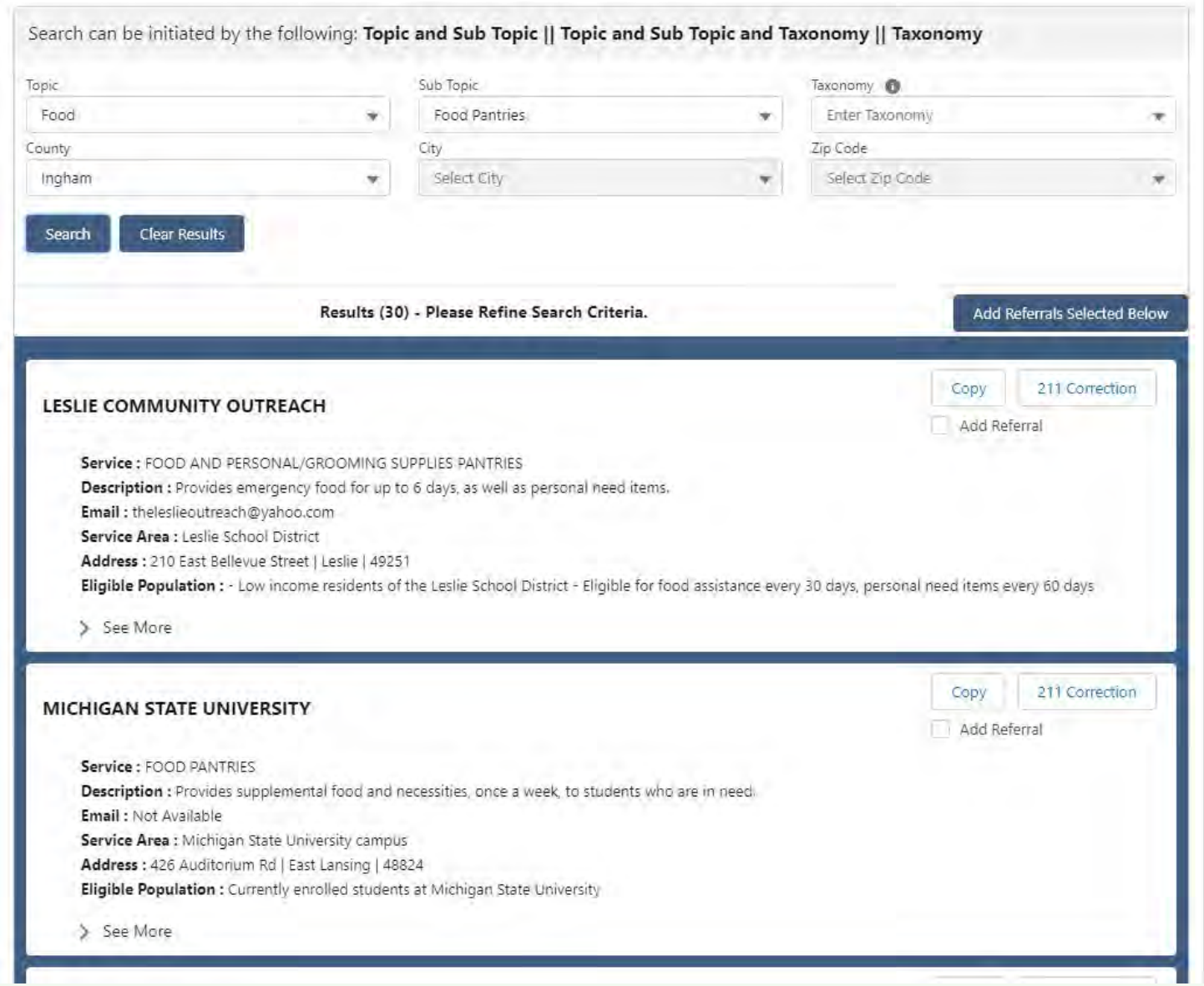
Label	Value
Name:	
Caller Type:	Self
Acute Care Hospital:	
Name of Caller:	
Phone # of Caller:	
Email of Caller:	
Date of Birth:	
Medicaid ID:	
Encounter Created Date:	01/07/2022 02:07 PM EST
Primary Reason for Call:	Resources
Summary for CMHSP:	
Summary:	
Support/Problem Solving:	
Type of Crisis:	
Sub Type of Crisis:	
Other Crisis:	
Homicidal or Harm to Other(s) Ideation:	N/A - Not discussed or unable to assess
Target of Homicidal or Harm to Others:	
Other Homicidal or Harm to Others:	
Follow-up Scheduled?:	No
Pre-Scale: Caller stated distress:	
Post-Scale: Caller stated distress:	

Related Referrals

Referral R-0096

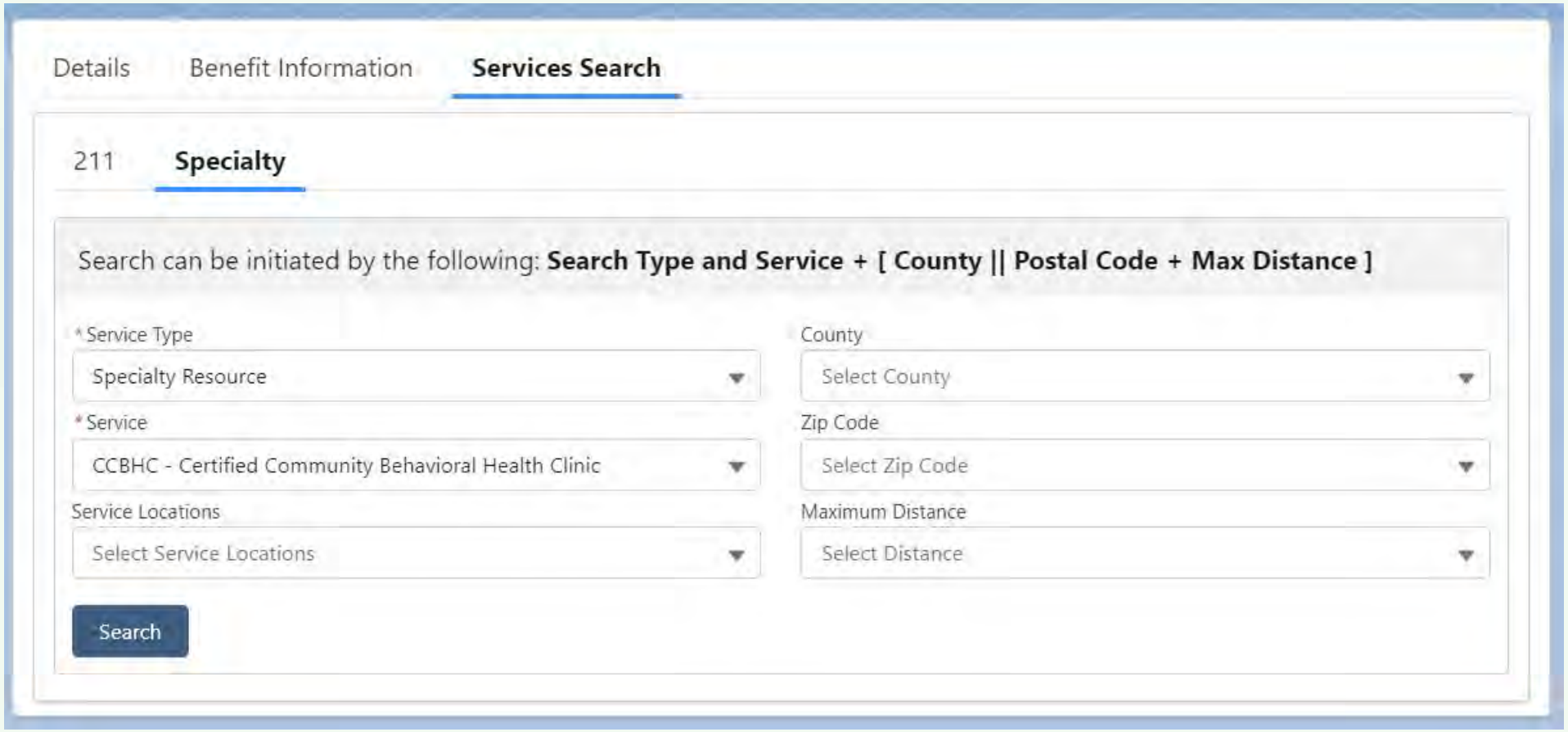
Label	Value
Name	R-0096
Referral Type	211
Resource	
Warm Referral Made?	
Encounter	00018616
Special Needs?	
Person	
Comments	
Warm Handoff	
Referral Acknowledged	
Created By	Common Ground
LastModified By	Common Ground
211 Resource	**Site Location Name:** SAINT VINCENT DE PAUL SOCIETY DIOCESAN COUNCIL OF MARQUETTE - IRONWOOD **Address:** 216 West Aurora Street | Ironwood MI | 49938 **Email:** Not Available **Hours of Operation:** Tues Wed and Thurs 9:30am-12:30pm (CST) **Phone:** (906) 932-4325 **Documents Required:** Social Security cards date of birth and proof of income for all individ household and proof residency. **Fee Structure:** No fees **Description:** Provides people who are in emergency situations with food. **Application Intake Process:** Walk-in **Accessibility:** Accessible RestroomAccessible ParkingNo Step EntranceWheelchair Accessil Area

211 Integration



- Search by topic and subtopic
- Can search by county, zip code, and city
- Multiple referrals can be selected
- Corrections sent to 211 directly from the system

Upcoming – CCBHC Specialty Search



Stakeholder Engagement

Michigan 988 Implementation

Calendar Year 2023
Engaging Stakeholders and Marketing

- Michigan 988 Chat and Text Implementation.
- Coordination with 911: (2) implement public education on calling 911 vs 988, and (3) 911 Diversion to 988 Best Practice development.
- 988 Funding as a Public Good.
- Targeted Outreach and support for high-risk callers: follow ups and marketing.
- Listening Sessions with people from typically underserved groups.
- General Marketing Campaign implementation through use of trusted community partners/communication channels.

Marketing Materials & Questions:

MDHHS Resources & Website:

To learn more about 988 in Michigan, visit our website:

SAMSHA 988 Partner Resources & Shareables:

- 988 Partner Toolkit | SAMHSA

Please direct any Michigan 988 related to questions to this email: MPCIP-support@mphi.org

QUESTIONS

Contact Information

Karen Everett
Departmental Specialist
Crisis and Stabilization Services Section
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
EverettK2@michigan.gov