

CEO Report
June 14, 2022

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

1. Beacon Contract Update

Beacon and LRE continue with the de-implementation activities kicked off on 2/7/22.

Beacon's senior project lead from the implementation team continues to coordinate with all Beacon leads and LRE to insure a thoughtful, smooth transition.

One of the major areas of focus has been daily meetings to assist the LRE in building/developing and testing the data warehouse and Power BI reports. Additionally in the past month, Beacon has worked to contribute multiple submissions for the upcoming HSAG audit. This will continue to assure a successful result for LRE.

Finance

- Provided LRE Finance the May 2022 YTD Revenue Projections
- Presented May 2022 YTD Revenue Projections during the Finance ROAT meeting
- Updated the Revenue Projection model to reflect May 2022 rate change

Integrated Healthcare

In May, monthly joint care coordination meetings continue to take place with each of the Medicaid Health Plans that serve this region. During the May meetings, 57 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 13 consumers discussed with their MHPs, wherein an interactive care plan was not created, but collaboration took place. In May, there were 5 new interactive care plans opened. LRE clinical leadership staff continue to attend these meetings, when able, to prepare for taking over this responsibility.

Utilization Management

The LRE/Beacon clinical team has continued auditing PAS and CSR documentation, for consumers with Medicaid admitted to the inpatient level of care, on or after January 1, 2022. The team has completed the audits of 15% of discharges for March and are working on April 2022 discharges, currently.

The MCG Inter-Rater Reliability (IRR) exam is currently being administered to the Access Center and UM clinicians from Network180. Fifty-two clinicians and managers completed the exam (10UM and 42 from Access). The combined average score was 93.7%. The remaining CMHs continue to be encouraged to move forward with the exam, as well. The

IRR exam is another tool that can demonstrate increased consistency, specific to MCG criteria application, across the region.

As in previous months, the Beacon UM team continues to handle the reporting of weekly FUH data for the region.

2. **Historical Deficit**

LRE sent an email to MDHHS this week affirming our intent to follow the risk plan that was approved. The communication also referenced the revised FSRs, reasons for the revisions, and lack of feedback from MDHHS. LRE received a response stating that the FSRs are under review. LRE requested a timeline for completion as the LRE intention is to move forward with the risk plan in July 2022.

3. **System Redesign Proposals**

- SBs 597 & 598 (Sen. Shirkey bills) are possibly tied to the budget process, which legislature intends to pass in the next week or so. There has also been rumors of a narrowing of his bills to a kids only package, but there has been no confirmation of this in writing.
- Rumor is that there are more updates on the Whiteford bills coming however unable to confirm at present time what this will look like.

4. **National Suicide Prevention Lifeline**

In July 2022, the National Suicide Prevention Lifeline will officially become 988 – the National Suicide and Crisis Lifeline – a new, nationwide three-digit number for suicide response and mental health crisis care.

This shift represents a dramatic moment in terms of access to crisis care and enhanced integration of services across the crisis continuum. For example, the critical work of mental health and substance use treatment organizations will become more visible, utilization of mobile crisis teams and crisis stabilization units will continue to expand and volume to the Lifeline via calls, chats and texts is likely to increase.

To develop shared understanding and ensure maximum engagement with these new services, coordinated, and aligned messaging is key.

The National Council and Vibrant Emotional Health held a webinar on **Wednesday, June 15, [Framework and Tools for Successfully Messaging 988](#)**. Speakers from the National Action Alliance for Suicide Prevention (NAASP), the Substance Abuse and Mental Health Services Administration (SAMHSA) and Vibrant provided an overview of the 988-messaging framework, as well as walkthroughs of tools that can help organizations, providers and officials successfully message 988.

5. **Michigan Integration Efforts**

Overview – MDHHS Integration Efforts include four key initiatives:

- Behavioral Health Homes (BHH)
- Opioid Health Homes (OHH)
- Certified Behavioral Health Clinics (CCBHC)
- Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

Each initiative seeks to improve both behavioral and physical health outcomes by emphasizing care coordination, access, and comprehensive care. These programs specifically focus on adults and children with mental health and substance use disorder needs.

Goals

1. Increase access to behavioral and physical health services
2. Elevate the role of peer support specialists and community health workers
3. Improve health outcomes for people who need mental health and/or substance use disorder services
4. Improve care transitions between primary, specialty, and inpatient settings of care

Opportunities for Improvement

1. Improve access to care for all individuals seeking behavioral health services (SMI, SUD, SED, mild to moderate)
2. Identify and attend to social determinants of health needs
3. Improve care coordination between physical and behavioral health services

Behavioral Health Homes (BHH)

Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness or serious emotional disturbance by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- As of October 1, 2020, Behavioral Health Home services are available to beneficiaries in 37 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), and 8 (Oakland County)

Current Activities:

- As of June 1, 2022, there are 1,225 people enrolled:
 - Age range: 7-85 years old
 - Race: 31% African American, 72% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- On May 1, 2022, The Behavioral Health Home expanded services to 3 counties including Livingston, Washtenaw, and Wayne. Lenawee and Monroe will join the expansion in July 2022.
- Updated resources, including the policy, directory, and handbook, will be available on the Michigan Behavioral Health Home website soon. Behavioral Health Home (michigan.gov)
- The new regions to join the BHH are PIHP Region 6 and Region 7. This expansion added 5 new counties and 21 BHH provider sites.

Certified Community Behavioral Health Clinics (CCBHC)

Overview

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration launched in October 2021 with a planned implementation period of two years. 13 sites, including 10 CMHSPs and 3 non-profit behavioral health providers, are participating in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial

barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities:

- The CCBHC Demonstration has been operational since October 1, 2021. As of June 1, 2022, 34,291 Medicaid beneficiaries and 5,294 individuals without Medicaid were assigned to the 13 demonstration CCBHC sites. Assignment has increased steadily since the start of the demonstration.
- All 13 demonstration sites have received full certification! Certifications are valid for two years, and demonstration sites will participate in a site visit during demonstration year 2.
- The MDHHS CCBHC Implementation Team has been addressing operational issues that arise as the demonstration moves forward, including assignment and transfer among CCBHCs, encounter reporting, and alignment with existing financial reporting requirements. Updates to technological systems, including the WSA and CHAMPS, are ongoing. A manual detailing metric technical specifications, requirements, and submission procedures is under development and data scoping is underway to evaluate these requirements.
- A dashboard has been finalized to assist in the monitoring of service delivery and payment distribution.
- Funding has been approved to support the costs of CCBHC services to non-Medicaid beneficiaries. CCBHCs are expected to exhaust all other revenue sources, including existing grants, sliding fees, and third-party payments, prior to utilizing MDHHS funds.
- The final CCBHC policy (MSA 21-34) and CCBHC Demonstration Handbook can be found on the CCBHC webpage MDHHS - Provider (michigan.gov). Revisions to the handbook are ongoing.
- A MDHHS marketing campaign remains under development. Marketing is intended to increase awareness of the CCBHC model, eligibility, and services among the public and other community providers. Marketing will target the sixteen counties with demonstration sites. Counties will be prioritized based on CCBHC's level of readiness to accommodate an increased volume of recipients while meeting sufficient access requirements.

Opioid Health Homes (OHH)

Overview

- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2022, OHH services are available to eligible beneficiaries in 48 Michigan counties. Service areas include PIHP region 1, 2, 6,7, 9, 10 and Calhoun and Kalamazoo counties in PIHP region 4.

Current Activities:

- As of June 1, 2022, 2,205 beneficiaries are enrolled in OHH services.
- MDHHS has expanded OHH services to an additional nine counties within PIHP region 6, 7, and 10 in. Existing OHH's are expanding access with new providers and growing services for more beneficiaries. There are currently 38 Health Home Partners providing services to OHH beneficiaries.
- MDHHS is potentially looking to expand OHH services statewide in FY23.
- MDHHS is working on collaborating with many state agencies such as the Maternal and Infant Health division to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).

- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
 - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
 - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
 - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

Current Activities:

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the physical health and behavioral health providers.
- Shiawassee and Saginaw counties are starting to see shared patient data in Azara DRVS. Both counties are finalizing data validation and will move toward training and adoption of the system.
- Barry County attended their kickoff and are currently mapping and validating data.

ANNOUNCEMENTS:

Upcoming Board Training

Save the date for August 24th from 9-12 pm, the work session will be focused on a training for Board Members on the governance model and expectations and responsibilities of Board Members of the LRE. This was originally planned for May however needed to be moved back.

18th Annual ‘Walk a Mile in My Shoes’ Rally

The 18th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON on the State Capitol Lawn in Lansing, on September 15, 2022. Each year, this event draws upwards of 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Mark your calendars and make plans to join us on Thursday, September 15, 2022, as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

To access the most up to date information, check the CMHA website at:
<https://cmham.org/education-events/walk-a-mile-rally/>

Message to LRE Board for June 2022 Board Meeting:

Beacon would like to thank the LRE Board and the LRE team for their partnership and collaboration these past few years. We are proud of the outcomes we have achieved together and wish the LRE and all of you success in your future endeavors.

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