



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, August 31, 2022

Via Zoom Link Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|-------------------------------|
| I. | Announcements | April Siebert |
| II. | SUD Updates | Gregory Lindsey |
| III. | 988 MiCAL Implementation | Jacqueline Davis |
| IV. | Criminal Background Check Direct Hire Self Determination | Lucinda Brown |
| V. | IHC Complex Case Management Evaluation | Ashley Bonds |
| VI. | MDHHS Waiver Site Audit POC Update | Starlit Smith |
| VII. | Claims Verification Reviews | Marlena Peters |
| VIII. | Policies/Procedure Updates | |
| | a) Customer Service (CS) Enrollee/Member Appeals | Dorine Johnson |
| | b) Benefit (tabled) | Marlena Hampton |
| IX. | CE/SE Processing Update | Carla Spight-Mackey |
| X. | MMBPI Data/View Only Module | |
| | a. HSAG PMV Preliminary Results | Tania Greason |
| | b. PI# 2a PI#4 PI# 10 Updates | Justin Zeller & Tania Greason |
| | c. Documentation of Progress Notes | Tania Greason |
| XI. | Provider Feedback | Group |
| XII. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, August 31, 2022

Via [Zoom Link Platform](#)

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements:

- The Outpatient Residential meeting will be held on September 16, 2022.
- The 2021 Walk A Mile in My Shoes Rally, will be held on September 29, 2022 at the State Capital, Lansing, MI from 12 pm – 3pm.
- QI has hosted three (3) trainings on BTP facilitated by Fareeha Nadeem, QI Clinical Specialist; IPOS and PCP trainings hosted by subject matter experts from CPI, CI, and QI units; the PowerPoints will be available on DWIHN website.
- The QI unit welcomed new team member Oluchi Eke, QI Data Analyst to the team.



2) Item: SUD Updates – Gregory Lindsey, SUD Contract Manager

Goal: Update for SUD Services

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
<p>Mr. Lindsey provided the following update for DWIHN’s SUD unit:</p> <ul style="list-style-type: none"> • The Licensing and Regulatory Affairs (LARA) will be holding a public hearing to announce the proposed changes to the SUD program August 31, 2022 from 9 am – 3 pm in Lansing MI and get public feedback to the changes. • A Request for Qualification (RFQ) has been opened to the provider network and the public, SUD is seeking to generate a list of quality vendors to provide SUD treatment; the vendors must meet ASAM criteria to provide designated levels of care; applications must be submitted by September 10, 2022 and the RFQ is opened for 5 years. • The Michigan Celebrate Recovery Walk/ Rally September 10, 2022 on Belle Isle will meet at the James Scott Memorial Fountain, registration begin at 9 am. • MDHHS is soliciting letters of interest for grants for high school students recovering from SUD and will award up to four grants to support the cost of counselors, staff and recovery coaches; the grant purpose is to educate students who are recovering from SUD or co-occurring disorders; grant period is from December 1, 2022 – September 20 2023 and not exceed 150,000 per application. • The SUD department staff passed out sleeping bag coats, fentanyl strips and Narcan kits August 30, 2022 to providers in the SUD network. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items		
None		



3) Item: 988 MiCAL Implementation Jacqueline Davis, Clinical Officer

Goal: Review of 988 MiCAL Implementation

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
<p>Jacqueline Davis discussed with the workgroup that MDHHS has rolled out the MI Crisis and Access Line (MiCAL) 988 suicided crisis line created as a 24/7 crisis line, staffed with crisis specialists and clinicians to do triage, assessments, and stabilize the caller. Members can call the national suicide number to get through to “988” both numbers are operating. MDHHS will have mobile team in every community/region and will also have a response mobile team. DWIHN’s goal is 70% resolute in the field; 80% determine information from crisis documentation; 80% of callers can be stabilized. In term of crisis stabilization unit’s member can walk in or be drop off by Law Enforcement or EMS. MDHHS working on some regulation and standards that allow members access to the crisis regulation unit to help decrease ER visits. For additional information please review PowerPoint presentation “Michigan 988 Implementation & Rollout” on the following highlighted areas below:</p> <ol style="list-style-type: none"> 1. Michigan needs a *Crisis System in place for <u>ALL Michiganders</u> 2. Federal Direction – SAMHSA & 988 Facts 3. 988 Builds Directly on the Existing National Suicide Prevention Lifeline 4. Michigan 988 & MiCAL Facts 5. MiCAL & 988 What is the difference? 6. Michigan Crisis and Access Line (MiCAL) for all Michiganders! 7. Michigan 988 Implementation 8. Michigan’s 988 Soft Roll Out 9. FAQ <p>Please contact Jacquelyn Davis via email jdavis2@dwihn.org with any questions.</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items		
None		



4) Item: Criminal Background Check Direct Hire Self Determination, Lucinda Brown UM Program Administrator IDD Management

Goal: Review of requirements for Criminal Background Checks

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
<p>Lucinda Brown discussed with the workgroup the importance of training support coordinators of DWIHN's process for members requesting self-determination services. The UM IDD team has developed a standardize form and added language detailing self-determination & self-directing services in the policy detailing the requirements to ensure Criminal Background Checks are completed using the ICHAT source. Everyone in the community mental health workforce who provides professional and direct care services to consumers must be screened against those relevant convictions listed in the included document referred to as the 'Michigan Workforce Background Check Program Legal Guide.' Those convictions are to be used to exclude persons from employment. Criminal background checks are mandatory prior to hire in order to avoid employment or contracting with those who are not eligible in accordance with federal, State of Michigan or contractual requirements. In the event that an employee is terminated or discontinues employment with your company, you must update your record to stop receiving RAPback notifications. Annually the Criminal Background Checks ICHAT and member's wavier form will need to be updated.</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items	Assigned To	Deadline
None		



5) Item: Complex Case Management (CCM) Evaluation, Ashley Bond, IHC Clinical Specialist CCM

Goal: Provide updates to the CCM Evaluation

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# 1 UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
<p>Ashley Bond shared with the workgroup the updated changes to the CCM evaluation FY 2021 as required by NCQA standards. New goals are included to Improve participation in the number of members who attended two outpatient Behavioral Health service visits within 60 days starting CCM services who were open for at least 60 days and closed as of October 2021 as evidenced by an overall 10% increase in participation (86%) Although IHC met the program goals for FY21, a Causal Analysis was added to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal year. A Causal Analysis was added for the following:</p> <ul style="list-style-type: none"> • PHQ • WHO-DAS • ED and Hospital Admits • Out-Patient Services • Satisfaction Surveys <p>For additional information please review PowerPoint presentation “Updates to Complex Case Management Program Evaluation FY21” on the following highlighted areas below:</p> <ul style="list-style-type: none"> • Goals • Timeframes • Causal Analysis • Satisfaction Surveys 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items	Assigned To	Deadline
None		



6) Item: MDHHS Waiver Site Audit POC Update, Starlit Smith, QI Administrator

Goal: Update for MDHHS Waiver Site Audit Review and POC

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
Starlit Smith discussed that DWIHN had the MDHHS Annual Waiver review in March of 2022 and DWIHN has received a POC. After the submission and acceptance of the POC, MDHHS will be performing 90-day return site review in which documentation has to be submitted demonstrating evidence that DWIHN has fully implemented the POC. The QI unit has requested documentation from providers with a due date of September 12, 2022, allowing the QI team to review prior to submitting to MDHHS on September 21, 2022.		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items	Assigned To	Deadline
Assigned providers to submit MDHHS Annual Waiver Review requested documents to the DWIHN's QI Unit.	Assigned Providers	September 12, 2022



7) Item: Claims Verification Reviews, Melissa Peters, QI Clinical Specialist

Goal: Review of Claims Verification Process

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
Melissa Peters shared with the workgroup that for FY-2022 (Quarters 1 and 2) QI has reviewed 1799 claims (90%). Most areas of concern include the following: IPOS not having member or legal representation signature or signed timely; goals and adjectives not specifics to the services being provided and recommendation has been given to the providers to help assist staff to ensure they are up to date with all components of specific job duties also providers are requested to ensure documentation submitted for claims are relative to the date of service. The QI unit will begin to review Quarters 3 and 4 within the next few weeks. QI will be following up within the next few months, with providers that assigned a POC.		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items		
The QI unit will follow-up with assigned providers for requested POC's	QI Unit/Assigned Providers	December 30, 2022



8) Item: Policies/Procedure Updates Customer Service (CS) Enrollee/Member Appeals, Dorian Johnson, CS Due Process Manager

Goal: Review of CS Enrollee/Member Appeals Policy/Procedure

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion		
<p>Dorian Johnson informed the workgroup that the purpose of the Customer Service (CS) Enrollee/Member Appeals policy is to provide operational and procedural guidance to DWIHN, the Access Center, Crisis services vendor, and Service Providers for the development and consistent processing of enrollee/member appeals. Standard #1b6 was added to the policy along with a date range to allow the opportunity for the member, legal guardian or authorized representative to submit written comments, documents or other information relating to the appeal within 14 calendar days of the origination of the appeal. Also, information was added to reference that Second opinions may be requested by the member, legal guardian or parent of a minor child when the individual is in disagreement with a decision that has been made related to the denial of requested care whether it be denial of all community mental health services, denial of psychiatric hospitalization, etc. CS have not removed any language related to the member or their authorized representative requesting an appeal that is not an urgent request.</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items		
None		



9) Item: Critical Events/Sentinel Event Processing Update, Carla Spight-Mackey, QI Clinical Specialist -

Goal: Review Trainings/Processing of CE/SE Reporting Requirements

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion		
<p>Carla Spight-Mackey shared with the workgroup the upcoming CE/SE training dates. All trainings will occur the second Thursday of each month from 9:00 a.m. – Noon. The dates for the trainings are as follows:</p> <ul style="list-style-type: none"> • October 13 • November 10 • December 8 <p>Please see attached Flyer with CE/SE Training Dates</p>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items	Assigned To	Deadline
None		

10) Item: MMBPI Data/View Only Module Justin Zeller & Tania Greason



- a. HSAG PMV Preliminary Results
- b. PI# 2a PI#4 PI# 10 Updates
- c. Documentation of Progress Notes

Goal: Review of MMBPI Data

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion		
<p>Tania Greason discussed with the group the following for the HSAG PMV Preliminary Results: DWIHN had three (3) internal Quality Reviews from HSAG. The Performance Measurement Validation review was held on June 9th, 2022. DWIHN has received a preliminary draft report on August 26, demonstrating 100% with no required POC. The preliminary report demonstrates that DWIHN is reporting the MMBPI data correctly also including review of our claims, encounter and BHTed reporting system. HSAG made two recommendations to DWIHN:</p> <ol style="list-style-type: none"> 1) Preadmission review screening PAR form which the access team and Daniel West are working to updating this policy. 2) Providers documenting if members are a no show for appointments. Providers are required to document attempts to reach out to the member three (3) attempts with clear documentation in the members progress/clinical notes. 		
<p>Justin Zeller shared with the group the following for PI# 2a Updates:</p> <ul style="list-style-type: none"> • PI #2a DWIHN has received a score of 59.23% for 2nd Quarter and 37.84% for 3rd Quarter. • The biggest challenge is lack of appointments available for members within the required 14 day timeframe. • Providers are not accepting new members and feeling overwhelmed with staff shortages, the greatest impact on the children provider population. • For Quarter 2, the state average for PI# 2a is 54% <p>PI #4 Updates:</p> <ul style="list-style-type: none"> • MMBPI view only module is a standing agenda item, providers can review their data in MH_WIN if you don't have access or have questions please reach out to QI via email (Justin Zeller). • QI is waiting to update the exceptions for Quarter 3, DWIHN score is almost at the 95% requirement. • Providers are to make certain to document "Exceptions" within each progress note, noting reach out attempts as required per policy. 		



<ul style="list-style-type: none"> • If the members are not showing up or rescheduling their appointment MDHHS is still excepting exceptions for PI # 4a. • Providers are reminded to continue to make certain that members are making their 7 days follow-up as MDHHS will discontinue “Exceptions sometime next FY. Members that keep their appointments are less likely to be recidivistic. 		
Provider Feedback	Assigned To	Deadline
No Provider Feedback		
Action Items		
Assigned providers to review Q3 and make necessary “Exceptions” for PI# 4a. Continue to monitor MMBPI data through the “View Only” Module	Assigned Providers	September 15, 2022

NEXT MEETING: Wednesday September 28, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)

ADJOURNMENT: 11:12 a.m.

ah_09.12.2022



Last revised: July 2022

Michigan 988 Implementation & Rollout

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 (phone, chat, and text), meet National Suicide Prevention Line (NSPL) standards, and provide Air Traffic Control quality coordination, with real time data management. MiCAL will answer 988 calls, texts, chats statewide.
- **Goal:** 80% of calls, chats, texts resolved on the phone.

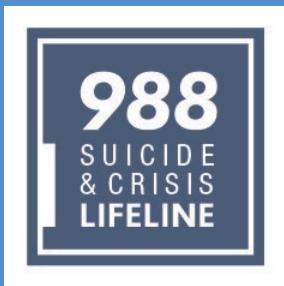
Mobile Teams

- **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.

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 will take 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.

Per Vibrant and SAMHSA guidance, marketing for 988 will start at the beginning of 2023.

988 Builds Directly on the Existing National Suicide Prevention Lifeline

988

2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the **Veterans Crisis Line (VCL)**

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

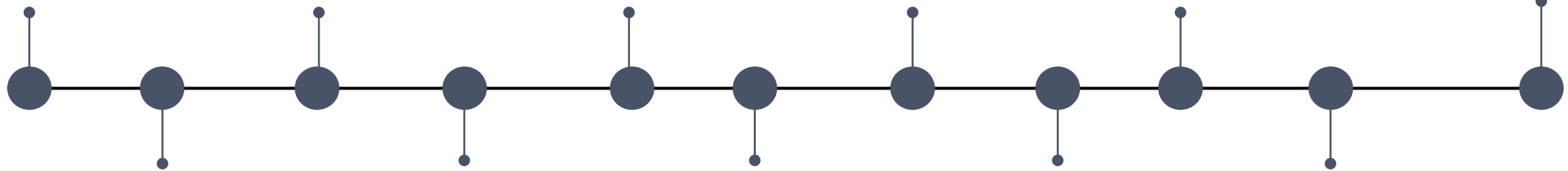
Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 transition complete
July 16, 2022



2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**

Michigan 988 & MiCAL Facts



MDHHS led a 988-planning process which involved cross sector group of stakeholders to develop a 988-implementation plan.



Michigan's Official Draft 988 Plan was submitted to Vibrant/SAMHSA January 21, 2022.



MiCAL will be primary for answering calls, texts, or chats for 988 for most of the state and will be secondary answering calls where there is a regional NSPL center, i.e. Network180, Macomb CMH.



MiCAL will be primary for answering 988 texts and chats statewide – but Michigan is still in the development stage for a text and chat rollout plan and process.



Michigan Received a 2-year SAMHSA 988 Implementation Grant in April 2022.

MiCAL & 988

What is the difference?

MiCAL and 988 have two different phone numbers but they are both answered by the MiCAL staff.

The Michigan Crisis and Access Line (MiCAL) was developed out of the House CARES Task Force and Michigan Psychiatric Inpatient Discussion (MIPAD).

- MiCAL was built on the SAMHSA's National Guidelines for Behavioral Health, which is also the foundation for 988.
- MiCAL was funded by the Michigan Legislature in December of 2018 and formalized into statute – PA 12 of 2020 in January of 2020.

MiCAL is the statewide crisis and access line which will answer 988 calls, texts, and chats for Michiganders.

MiCAL provides a clear access point for all Michiganders in crisis or distress who do not know where to go for help.



The 988 Suicide and Crisis Lifeline

988 or 1-800-273-8255

- Nationwide Hotline - AKA National Suicide Prevention Line (NSPL).
- Calls routed to state of origin.



Michigan Crisis and Access Line (MiCAL)

1-844-446-4225

- MiCAL is Michigan's central crisis line that accepts the 988 calls, texts, and chats that originate from Michigan.

988 SUICIDE & CRISIS
LIFELINE



is not...

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

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

24/7 Call, Text, or Chat

1-844-44 MiCAL (64225)

Michigan.gov/MiCAL



Trained Crisis Call Specialists



Support Michiganders via phone, chat, and SMS with translation services



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

Michigan 988 Implementation

Calendar Year 2022
Developing
Infrastructure

- Statewide Coverage for calls with less than 10% being answered NSPL back up centers.
- Develop chat and text implementation plan.
- Common Practices across all 988 Lines: crisis assessments, referrals, follow-ups, and training.
- 988 Funding as a Public Good.
- Care Coordination with other crisis services (mobile crisis, preadmission screening, behavioral health urgent care centers, and crisis stabilization units).
- Coordination with 911: (1) active rescues, (2) public education on calling 911 vs 988 development.
- Development of 988 Marketing plan in partnership with stakeholders.

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.

Michigan's 988 Soft Roll Out

988 will go live nationally on July 16th, 2022. However, Michigan is currently focusing its efforts on:

- Maintaining and ensuring a solid infrastructure be built first.
- Coordination with 911.
- Adequate staffing capabilities to handle call volume.

Michigan has statewide staffing in place for calls.

Michigan has begun the process of gradually rolling out 988 to the state but to ensure that there is a flawless transition and not to overburden the call centers all at once. Marketing efforts for 988 will begin in the beginning of 2023.

Currently, we are more than happy to provide our stakeholders and community partners more information on 988, its implementation, and how they can get involved. However, we are asking said stakeholders and community partners **not** to publish or share this information.

FAQ

What is 988?

- 988 is a direct, three-digit, and easy to remember phone number to [National Suicide Prevention Lifeline](#) call takers. Beginning July 16, 2022, 988 will be available 24/7, 365 days a year. Trained counselors, who are not clinicians, are available to provide free, confidential emotional support for people in distress and answer all calls at local crisis call centers. With an easy to remember number like 988, the Lifeline hopes to reach many more people in emotional crisis and connect those to services if needed.

Why do we need 988?

- Behavioral health support and suicide prevention are critical needs. Since 2008, [suicide](#) has ranked as the tenth leading cause of death in the United States. The adoption of the new three-digit number reflects a commitment to delivering necessary intervention services. Like using 911 for emergency calls, switching to an easy-to-remember 988 for suicide prevention and mental health crisis services will make it easier for Americans in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues.

Who is 988 for?

- Anyone. 988 is for anyone in emotional distress or having a behavioral health or suicidal crisis. It is also for an individual who is worried about a loved one and not sure how to support that person or where to get them help. Trained counselors, who are not clinicians, are available to provide free, confidential emotional support to all callers.

When does 988 take effect?

- 988 will go live on July 16, 2022. Individuals who need help today should call the National Suicide Prevention Lifeline. The National Suicide Prevention Lifeline can be reached by calling 1-800-273- 8255 (1-800-273-TALK) and through online chat, suicidepreventionlifeline.org/chat.

Is the National Suicide Prevention Lifeline Number (NSPL) going away?

- No. Moving to 988 does not mean that the 800 number goes away. Dialing either number will get people to the same services, no matter which number they use. In the end, 988 is an easier-to-remember way for people to access a strengthened and expanded network of crisis call centers. The same centers that answer the 800 number will answer 988.

How will 988, 911, and the Emergency Services Program interact?

- Increased collaboration between 988, 911, and the Emergency Services Program will give more options for those in crisis, such as dispatching mobile crisis teams to individuals in mental health, substance use, or suicidal crisis rather than police, fire, or EMS, and greater coordination of care options like crisis stabilization units.

More FAQ:

What's the difference between 988 and MiCAL?

In Michigan, MiCAL and 988 are not two separately staffed crisis lines. While MiCAL and 988 are two separate numbers, MiCAL is responsible for answering 988 calls in all areas of Michigan. In Macomb and Kent counties, Macomb Community Mental Health and Network 180 will be primarily responsible for answering calls and MiCAL will provide back up call coverage.

Is 988 only for suicide-related-crisis?

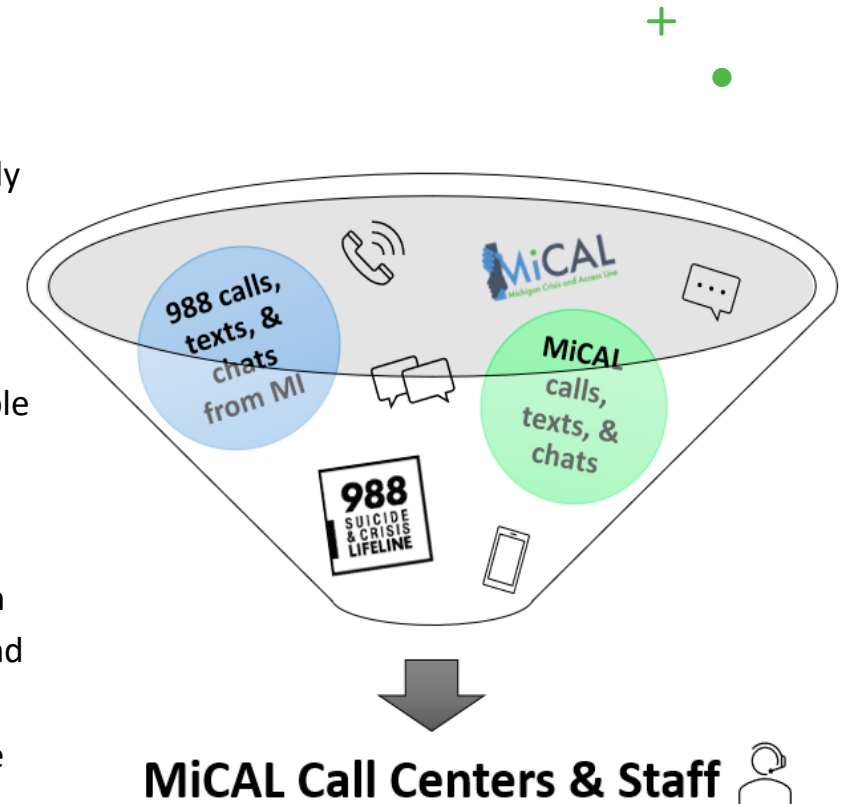
No. With the implementation of 988, the Lifeline's purpose is expanding to provide support for people with any behavioral health crisis (crisis is defined by the caller). It is no longer just for people who are feeling suicidal.

Why haven't I seen publicized material on 988 in Michigan?

Michigan is currently implementing a soft rollout for 988 per Vibrant's recommendations. We plan to start public awareness activities and marketing in January 2023. We will focus on developing and strengthening infrastructure (resources, staff, and coordination) in the first several months and when that is solidified, we will focus our efforts on marketing and advertising the 988-dialing code throughout Michigan.

What can I, or my organization, do if we want to get involved in 988?

Please contact us at MPCIP-support@mphi.org if you would like to get involved or have questions.



DWIHN Contact Information

Jacquelyn Davis, LMSW

Clinical Officer

jdavis2@dwihn.org

UPDATES TO COMPLEX CASE MANAGEMENT PROGRAM EVALUATION FY21

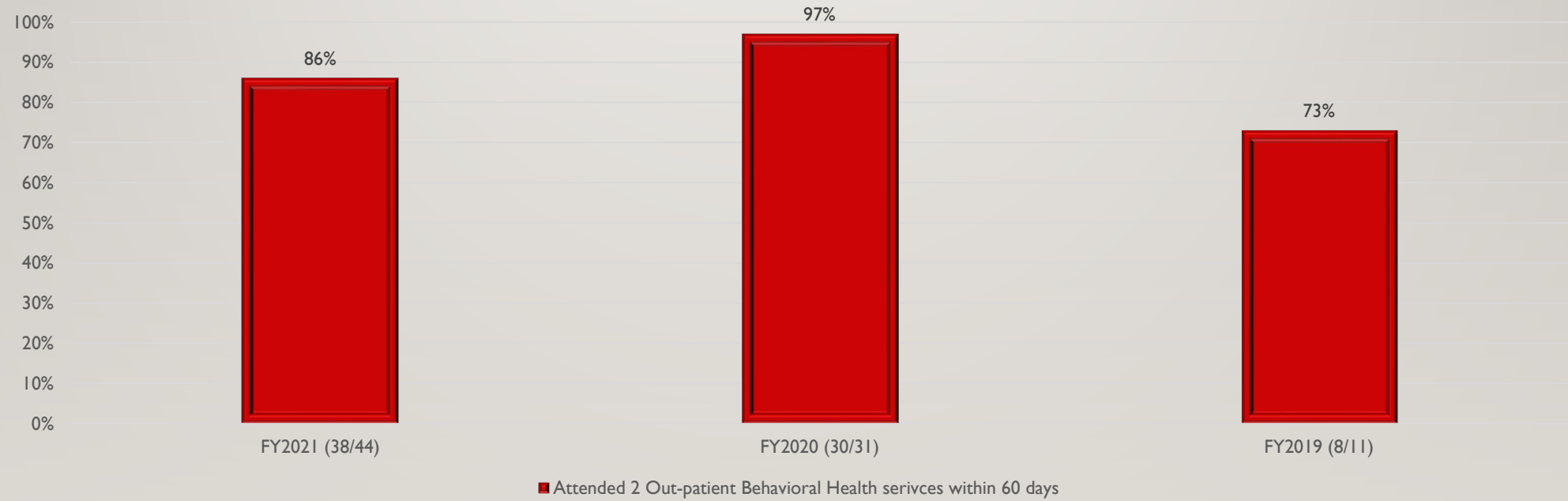
ASHLEY BOND MA, LPC

DETROIT WAYNE INTEGRATED HEALTH NETWORK

GOALS

- New goal: Improve participation in the number of members who attended two out patient Behavioral Health service visits within 60 days starting CCM services who were open for at least 60 days and closed as of October 2021 as evidenced by an overall 10% increase in participation (86%)

Attended 2 Out-patient Behavioral Health services within 60 days



TIMEFRAMES

- PHQ and WHO-DAS

~Members were included who were open for at least 90 days

- Emergency Room, Inpatient admit and Utilization of Out-Patient Services

~Members were included who were open for at least 60 days

CAUSAL ANALYSIS

- Although we met our program goals for FY21, we added a Causal Analysis to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal year.
- A Causal Analysis was added for the following:
 - PHQ
 - WHO-DAS
 - ED and Hospital Admits
 - Out-Patient Services
 - Satisfaction Surveys

SATISFACTION SURVEYS

- Out of 42 members, 16 returned Satisfaction Surveys (38%)
- Elimination of neutral responses starting in FY23 to obtain members true opinions for negative and/or positive feedback
- Electronic Satisfaction Surveys

Critical/Sentinel Event Reporting Module Training

The next trainings are scheduled for:

SECOND (2nd) THURSDAY WEBINAR
9:00 a.m. – Noon

October 13
November 10
December 8

Registration closes one (1) week prior to the webinar



YOU WILL NOT BE ADMITTED AFTER 9:10 A.M.

Your camera MUST REMAIN ON for ENTIRE training

This training prepares participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's are able to register a maximum of 5 staff monthly. Additional training may be available based on the workload of the trainers.

Registration is required. Managers/Supervisors must register staff by email to cmackey@dwihn.org with **staff name and MH-WIN ID# (NOT USERNAME), organization, position, and email address.**

