



BEHAVIORAL HEALTH

MICHIGAN HEALTH ENDOWMENT FUND
2016 AND 2017 COHORT REPORT
NOVEMBER 2020



PUBLIC SECTOR
CONSULTANTS

MICHIGAN HEALTH
ENDOWMENT FUND

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EXECUTIVE SUMMARY

In 2016 and 2017, the Michigan Health Endowment Fund (Health Fund) awarded funds to 22 grantees through its proactive Behavioral Health grant round. In 2016, it also awarded behavioral health-related grants to five grantees through its Special Projects and Emerging Ideas Initiative. The Health Fund engaged Public Sector Consultants (PSC) to conduct cohort evaluations of the 2016 and 2017 grantees to determine their projects' impact on behavioral health in Michigan. The Health Fund's proactive grantmaking is guided by two overarching goals and five additional aims:

GOALS

1. **INTEGRATION**

To develop and expand innovative and cost-effective integration models that coordinate care, services, and community resources in ways that promote the health of children and seniors in Michigan.

2. **WORKFORCE**

To build, extend, and strengthen workforce capacity through:

- Training and development for clinicians, program staff, and informal caregivers.
- Innovative and cost-effective approaches to improve the physical and mental health of children and seniors in Michigan.

AIMS

1. Increase access to care 
2. Improve health outcomes 
3. Decrease healthcare costs 
4. Improve patient experience 
5. Inform public policy 

PSC assessed grantee progress toward these goals and aims as well as common challenges they experienced, key factors contributing to their success, and their approaches to and likelihood of project sustainability. PSC used grantee reports, interviews with project staff, and an interview with Health Fund staff to conduct this assessment.

This report covers the time period of August 2016 through June 2020 and includes the 22 projects in the 2016 and 2017 Behavioral Health cohorts and the five behavioral health-related Special Projects and Emerging Ideas Initiatives for 2016 grantees.

PROGRESS ON HEALTH FUND AIMS

- **Increase access to care:**

Grantees increased access to behavioral healthcare through enhancing workforce skills and capacity, implementing new service delivery models, increasing clinical integration, and integrating behavioral health services in schools.

- **Improve health outcomes:**

Most grantees who sought to improve behavioral health outcomes—whether through workforce enhancements or integration—focused on depression and anxiety, while a few focused on substance use and child and family functioning. The extent to which each grantee was able to collect and analyze data on these metrics varied, with some able to describe statistically significant changes and others only able to offer anecdotal evidence.

- **Decrease healthcare costs:**

Some grantees anticipated cost savings due to reductions in costly services, such as inpatient hospitalizations, but only a few were able to demonstrate such savings during their grant funding periods.

- **Improve patient experience:**

Only a few grantees aimed to improve patient experience of care, and no grantees provided data demonstrating the impact of this aim.

- **Inform public policy:**

Several grantee projects resulted in new or revised workforce training protocols or curricula for behavioral health and other providers seeking to deliver services in Michigan. A few also successfully advocated for changes to healthcare reimbursement practices.

CHALLENGES

All grantees experienced challenges over the course of project implementation. Many of these challenges were similar for both cohorts, which emphasizes the consistency of these issues over time. The common challenges among 2016 and 2017 Behavioral Health grantees included attracting and retaining staff, engaging participants and meeting demand, collecting and sharing data, experiencing unanticipated delays, and navigating complicated program structures. Some faced additional challenges, such as difficult partnerships or cultural barriers, though these were not as common.

SUCCESSSES

Many grantees demonstrated successful project implementation by achieving set targets for interventions and completing key activities. Through reporting and interviews, grantees identified several factors contributing to their success, including supportive infrastructure, strong partnerships, and high demand or need for project services. These factors were generally the same among the 2016 and 2017 cohorts and strongly connect with grantees' likelihood of successfully sustaining their projects.

SUSTAINABILITY

Grantees used one or more of the following five major sustainability approaches:

- Maintain or expand partnerships
- Increase staff capacity and/or enhance workforce skills
- Obtain third-party reimbursement
- Establish a best practice or model for replication
- Seek other sources of funding

Most grantees plan to sustain their projects based on two or more approaches, which strengthens their likelihood of success. Most are either already sustaining or have a high likelihood of sustaining their projects beyond the grant funding period, and some have begun to scale their projects by expanding into additional areas.

GRANT ADMINISTRATION

The grants made in 2016 and 2017 offered the Health Fund an opportunity to learn from grantees' successes and challenges and to refine its technical assistance efforts and grantmaking strategies to support grantee success.

- **Technical assistance:**

The Health Fund provided more individualized and targeted technical assistance through one-on-one conversations, specialized consultants, and topical webinars and conferences to support grantees.

- **Grantmaking changes:**

The Health Fund has strengthened its request for proposals (RFP) to state more explicitly how it defines integration and the types of projects it will support. The Health Fund has also found that these early funding years helped identify promising areas for targeted grantmaking, including projects that address opioid use, promote school-based services, implement care coordination models, and use technology to expand workforce capacity and effectiveness.

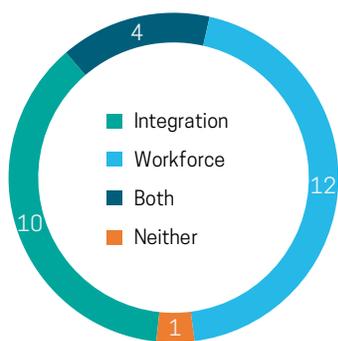
OVERVIEW OF GRANTEE GOALS AND AIMS

While some of the 27 grantees are implementing projects that address both of the Health Fund’s overarching goals, most address just one. About half of projects (52%) focused on integration—including integrating behavioral healthcare into new locations—and 60% focused on workforce capacity. By focusing on either goal, grantees are working to achieve the Health Fund’s aims. About three-quarters are working to improve health outcomes, but only a handful are using their projects to inform public policy or improve patient experience (Exhibit 1).

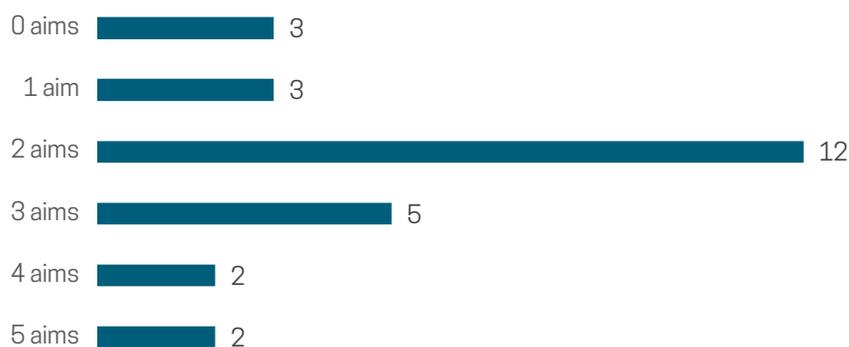
EXHIBIT 1. Goals and Aims Summary Table, by Number of Grantees

HEALTH FUND GOALS			HEALTH FUND AIMS					
	Integrate physical and behavioral health	Enhance and expand workforce capacity	Increase access to care	Improve health outcomes	Decrease healthcare costs	Improve patient experience	Inform public policy	
2016	6	11	2016	10	10	5	3	6
2017	8	5	2017	8	11	5	1	2
Total	14	16	Total	18	21	10	4	8

Health Fund Goals Targeted, by Number of Grantees



Number of Health Fund Aims Targeted, by Number of Grantees



GRANTEE PROGRESS TOWARD GOALS AND AIMS

As of June 30, 2020, all 2016 grantees and six 2017 grantees completed their projects. The remaining five 2017 grantees will complete their work between July 2020 and September 2020.

Between August 2016 and June 2020, grantees implemented projects that increased access to behavioral healthcare, improved behavioral health outcomes, reduced healthcare costs, and informed public policy. A few grantees aimed to improve patient experiences, but none of them demonstrated or captured evidence of these improvements. The following grantee success stories show some of the ways this cohort is having an impact on behavioral health in Michigan.

Increase Access to Behavioral Healthcare

Efforts to increase access to care varied across grantees. These projects enhanced and developed skills among providers that can extend across the state, established new models for delivering behavioral healthcare, increased clinical integration of behavioral and physical healthcare services, and brought behavioral health services into schools.

ENHANCED WORKFORCE SKILLS

The **University of Michigan's (U-M's) Transforming Research into Action to Improve the Lives of Students (TRAILS)** project trained nearly 150 behavioral health providers across the state in cognitive behavioral therapy (CBT), 86 of whom will go on to coach school-based health professionals in CBT. **Eastern Michigan University (EMU)** trained 15 doctoral students to provide neurobehavioral health services to older adults for emotional and behavioral changes associated with cognitive loss and tested the methods through an onsite clinic, providing services to 160 clients and their care partners. These doctoral students are now training junior doctoral students in this model, with faculty support.

Easterseals Michigan (Easterseals) trained several of its staff in Brief Strategic Family Therapy (BSFT), an evidence-based program to improve relationships within families, and certified a master trainer to train staff in partner organizations. **Northern Lakes Community Mental Health Authority (NLCMHA)** implemented the Family Assessment and Safety Team (FAST) project to reduce hospital emergency department (ED) use for nonmedical behavioral health crises and reduce pediatric psychiatric hospitalizations by immediately responding to and directly visiting children and families experiencing a behavioral health crisis. Of the nearly 500 children assessed through FAST, 40% were diverted from the ED and 78% avoided hospitalization.

INCREASED CLINICAL INTEGRATION

The Kent County community mental health agency **network180** replicated a behavioral health home (BHH) model of care for people with mental illness and co-occurring substance use disorders (SUDs), which served more than 500 adults during the grant period. The **Ruth Ellis Center (REC)** established an

innovative collaboration with Henry Ford Health System (HFHS) to integrate behavioral and primary care services in its Health and Wellness Center, which served more than 700 patients over the course of the funding period.

In northern Michigan, **the Upper Great Lakes Family Health Center (UGL)** partnered with Great Lakes Recovery Centers (GLRC) to develop a Medicaid health home model by bringing primary care services into two residential substance use treatment facilities. Over the two-year grant period, UGL provided services to 376 adults and 65 children/adolescents through this model.

U-M and the Michigan Primary Care Association's (MPCA's) Michigan Collaborative Care Implementation Support Team (MCCIST) project provided community health center (CHC) clinics with consultation to support and implement the collaborative care model (CoCM) for integrating behavioral and physical healthcare services. To date, 188 patients have been referred to CoCM programs, with 91% of eligible patients accepting enrollment.

Wayne State University (WSU) developed an interactive mobile application called Mommy Checkup that assesses those who are pregnant on targeted risk factors (e.g., depression and substance use) while they wait for their scheduled clinic visit. Assessment results are shared with specially trained treatment providers to improve and integrate care.

BEHAVIORAL HEALTH SERVICES IN SCHOOLS

The Family Medical Center of Michigan (FMC) implemented a combination of onsite and telehealth behavioral health services in seven schools in rural southeastern Michigan. Onsite services included mental health counseling delivered by a master's-level social worker, with telehealth used to provide remote visits with an FMC psychiatrist when needed. FMC provided behavioral health services to 381 individual students during the grant period and is expanding these services to additional schools.

M.P.A. Group created a school-based system of education and care that integrates behavioral health services to address the needs of children and families. Over the course of the grant period, 65 staff were trained on identifying signs of secondary trauma and promoting the importance of student self-care and coping techniques. Additionally, 82 students received case management services, a brief interview, and/or therapy. **Communities in Schools of Kalamazoo (CIS)** integrated behavioral health providers and services into targeted schools in Kalamazoo, where clinicians provided individual and group behavioral health services and trained school staff on trauma to help them better understand students' behavioral health needs.

Improve Behavioral Health Outcomes

Most grantees who sought to improve behavioral health outcomes, whether through workforce enhancements or integration, focused on depression and anxiety, while a few also focused on substance use and child and family functioning.

Cherry Health's project, which identified behavioral health conditions of older adults during wellness exams, led to half of its participating patients with moderate-to-severe depression at their initial screening showing reductions in depression at their next screening. Of the 41 moderate-to-severely depressed patients who were engaged with the **MCCIST** program for three to six months, 71% exhibited improved depression outcomes and 12% were in remission. Of the 37 moderate-to-severely anxious patients who were engaged with the program for three to six months, 67% exhibited improved anxiety outcomes and 14% were in remission. **The Corner Health Center (Corner Health)**, which integrated behavioral health services into its clinic, reported a statistically significant decrease in depression and anxiety scores among patients.

Easterseals reported clinically significant improvements in functioning among 92% of children and in conflict resolution and parenting practices among 92% of families who received BSFT. **CIS** reported that 36% of students demonstrated improvements in functioning. Through its integrated Family Recovery Care Team—designed to improve outcomes of parents and families involved in the child welfare system—**Catholic Human Services (CHS)** decreased parental right terminations from 37.5% to 10% of cases and increased successful case closures from 6.3% to 30% of cases. **M.P.A. Group** reported that postservice self-assessments of students who participated in group therapy services showed improvements in social skills, anger, and anxiety.

In addition, **HFHS**, which provided patient and provider education on the risks of opioids and implemented an integrated care model for those diagnosed with an opioid use disorder, reported a 38% reduction in opiate prescriptions and a similar decrease in the percentage of chronic opioid-tolerant patients, along with a 12% reduction in average morphine doses.

Decrease Healthcare Costs

A few grantees demonstrated cost savings due to reductions in costly services, such as inpatient hospitalizations.

U-M's Helping Michigan's Kids Grow project increased its capacity to deliver intensive treatment for children with feeding disorders by establishing an interdisciplinary triage team and training four behavioral technicians. These efforts led to a significant decrease in the waiting list for treatment and allowed the team to serve far more children and families at one time. Over the course of the grant period, staff provided intensive outpatient feeding services to 26 children, eliminating the need for enteral feeds for ten children and preventing gastrostomy tube surgeries for 16 children. Project staff estimated the cost savings over five years to be \$3 million and over ten years to be \$6.2 million.

NLCMHA estimated savings of nearly \$1.8 million in the first eight months of fiscal year 2019 due to avoided psychiatric hospitalizations through its FAST project. Additionally, **network180** reported a

17% decline in behavioral healthcare costs for BHH participants and a significant reduction in inpatient hospitalizations and ED visits.

Inform Public Policy

Several grantee projects resulted in new or revised workforce training protocols or curricula for behavioral health and other providers seeking to deliver services in Michigan. A few also successfully advocated for changes to healthcare reimbursement practices.

WORKFORCE TRAINING PROTOCOLS AND CURRICULA

The **Michigan Department of Health and Human Services (MDHHS)** developed and tested a standardized training curriculum for infant mental health home visiting (IMH-HV) services; the department has indicated its intent to support the curriculum after the grant funding period and has implemented an IMH-HV train-the-trainers model. Components of the **MDHHS' Secondary Trauma Assessment and Training** curriculum are being incorporated into the MDHHS's preservice institute for new child welfare workers and supervisor training sessions.

The Michigan Commission on Law Enforcement Standards designated the **Western Michigan University School of Medicine (WMed)** as an approved criminal justice in-service training provider site, ensuring that the WMed Michigan Crisis Intervention System (MI-CIS) will satisfy annual mental health training requirements for state police agencies. The MI-CIS curriculum, which comprises online and in-person trainings to improve emergency response to mental health crises, was also used to assist MDHHS staff in rewriting the State of Michigan's EMS protocol for behavioral health emergencies.

HEALTHCARE REIMBURSEMENT AND PAYMENT MODELS

U-M's Helping Michigan's Kids Grow project successfully established billing codes for intensive feeding treatment to be reimbursed on a bundled, per-diem rate by Medicaid as well as commercial insurers, including Blue Cross Blue Shield of Michigan and Blue Care Network. Michigan Medicine has been in contact with the MDHHS to initiate the process of becoming a certified intensive treatment site.

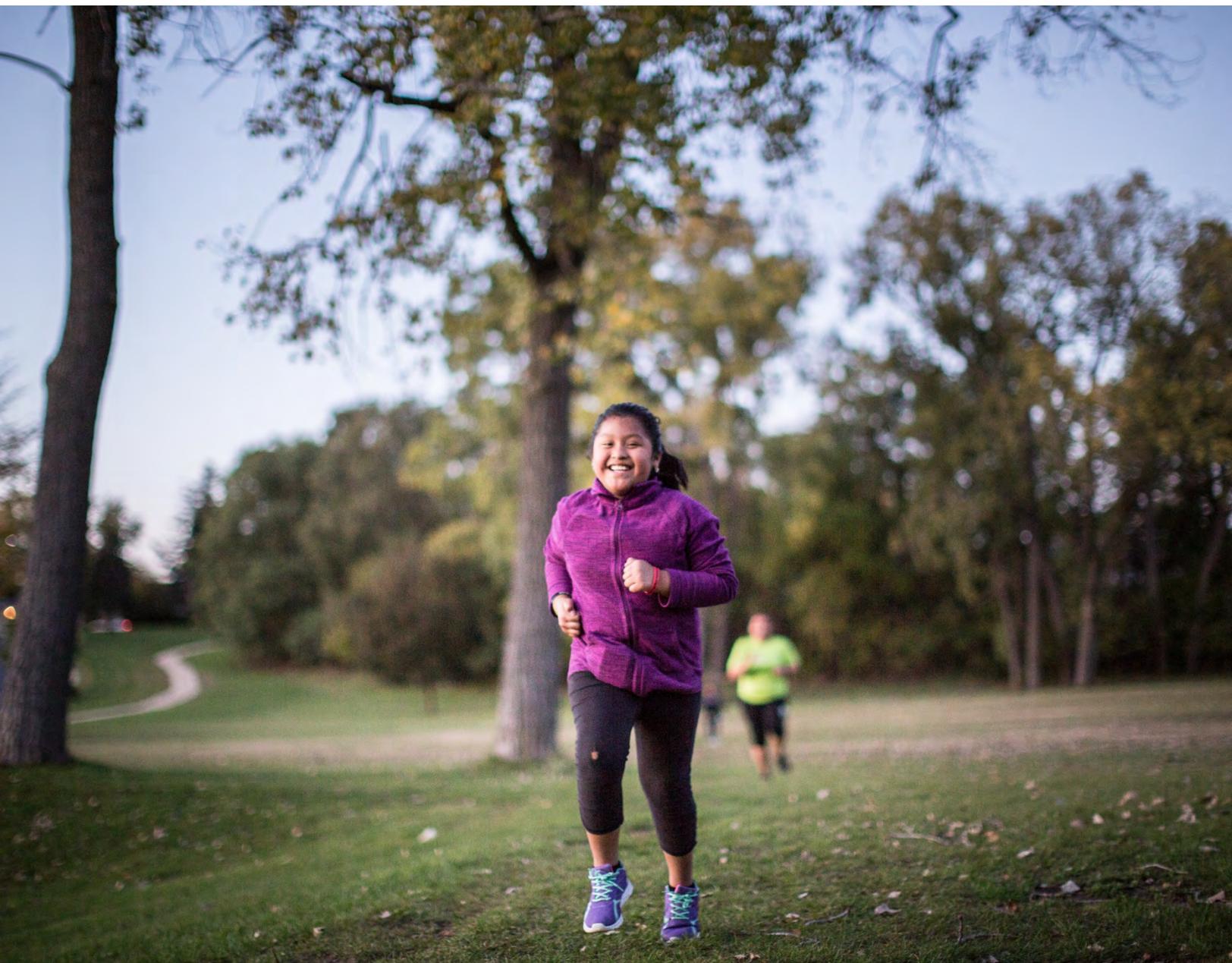
MCCIST project staff successfully engaged key stakeholders from state government, healthcare organizations, and local payers in conversations to establish a billing mechanism to reimburse for CoCM services. Moreover, Michigan's Medical Services Administration agreed to activate billing codes for CoCM services beginning in August 2020.

For **network180's** BHH replication project, it tested and refined a new payment model, which will provide a model for other BHHs to be reimbursed for providing the same evidence-based treatment practices as network180. This model was finalized and added to provider contracts for fiscal year 2018.

SYSTEMS CHANGE AND AWARENESS BUILDING

The **Michigan Public Health Institute (MPHI)** developed and implemented a multiagency system to integrate care across the continuum of prepregnancy to the neonatal period to reduce harm from neonatal opioid withdrawal syndrome (NOWS) in Saginaw and Marquette Counties. MPHI is currently developing a replication guide for use in other communities that would like to create a similar system.

The **Michigan Association of Health Plans (MAHP) Foundation's** Michigan ACE Initiative trained 105 master trainers to present information about adverse childhood experiences (ACEs) and to teach other community champions to make these presentations. The initiative delivered more than 350 workforce trainings and more than 150 awareness events to 16,000 participants. In addition, the MAHP Foundation and the Michigan ACE Initiative Steering Committee worked with providers and provider organizations to integrate ACEs screening and trauma-informed care into their practices.



COMMON CHALLENGES

All grantees experienced challenges during project implementation. Common challenges included staff recruitment and retention, participant engagement, data collection and sharing, unanticipated delays, and program structures. Some grantees faced additional challenges, such as difficult partnerships or cultural barriers, though these were not as common. Many challenges were similar across cohorts, emphasizing the consistency of these issues over time.

Health Fund staff observed additional factors that made it difficult for some grantees to succeed, including implementing projects outside of a grantee organization's mission, lacking a memorandum of understanding with project partners in case of leadership changes, and having limited involvement of outside organizations or systems where savings resulting from the project were likely to be attributed. The Health Fund has worked to make future grantees aware of common challenges to prepare them for potential difficulties that can delay or derail project activities. It also provides technical assistance to grantees to support program implementation and avoid some of these common challenges.

Staff Recruitment and Retention

Eight 2016 grantees and seven 2017 grantees experienced challenges with project staffing. In most cases, they discovered it was difficult to find and hire qualified candidates to deliver services and/or receive adequate reimbursement. Others also reported staff turnover issues, which led to implementation delays, reduced service delivery, modifications to the original staffing plan, and challenges with project buy-in and sustainability. In some cases, recruiting and retaining staff was a minor challenge at the project outset or grantees were able to address this issue through innovative solutions, such as:

- Adjusting position responsibilities and flexibility
- Expanding staff recruitment searches or directly hiring through partner organizations
- Creating internal trainings to build the workforce needed

Other projects, however, experienced staffing challenges that more significantly impacted project success and sustainability.

Participant Engagement and Demand for Services

Eight 2016 grantees and five 2017 grantees experienced difficulty engaging potential clients or existing participants in services, primarily due to lack of awareness or understanding of the service or limited availability to commit the necessary time. In one instance, demand for services actually exceeded expectations, which led to challenges in serving participants due to limited staff capacity. Grantees found developing connections in the communities where they operate, adjusting service

options and delivery methods, and educating potential referral sources were critical to engaging participants.

Data Collection and Sharing

Eight 2016 grantees and four 2017 grantees described challenges collecting data, sharing client records, and implementing new data systems. Challenges ranged from lack of access to evaluation data, absence of data collection procedures, and difficulties integrating medical and behavioral health records. These issues led to delays in establishing evaluation procedures and creating workarounds to ensure relevant data were available to all parties involved in a client's care. In some projects where data issues persisted, they were unable to demonstrate their impact or intended outcomes.

Unanticipated Delays

Six 2016 grantees and two 2017 grantees experienced unanticipated delays, which were largely attributed to the need for more planning time at the outset of a project to address challenges in hiring project staff or subcontractors, forming partnerships, gaining board or administrative approvals, and/or establishing processes. Some also faced delays once the project was underway due to unexpected staff changes or the need to modify organizational infrastructure. The grants' one- to two-year time frames, in some cases, appeared to limit grantees' ability to plan for project needs, implement the program, and evaluate outcomes by the end of the grant period.

Program Structure

Two 2016 grantees and six 2017 grantees had to reevaluate or revise their project design when they discovered low service utilization rates, difficulty billing for services, or other unanticipated issues with program structure. Some were able to address these challenges by increasing telehealth services, narrowing project goals and activities, and hiring staff with advanced credentials to increase reimbursements. Some projects' structural challenges, however, ultimately obstructed their ability to sustain proposed service delivery models.

COMMON SUCCESS FACTORS

Many grantees demonstrated successful project implementation by achieving established targets for project activities and showing a positive impact on patients and/or clients served. Common factors contributing to this success included supportive infrastructure, strong partnerships, and high demand for project services. These factors were generally the same among the 2016 and 2017 cohorts, and they strongly connect with project sustainability, as well.

In addition to grantee reporting, Health Fund staff observed key factors contributing to project success. These included effective collaboration between organizations, project buy-in at both the executive and organizational levels, early consideration of revenue and sustainability at grantee and partner organizations, a clear and well-defined project scope, and the ability to measure impact and share those findings with potential funders and stakeholders.

Supportive Infrastructure

Seven 2016 grantees and four 2017 grantees incorporated policies, processes, and programs into an existing infrastructure that supported project success. The infrastructure support varied significantly across grantees and included the following:

- Background expertise and knowledge on Medicaid, insurance billing, and Medicaid match dollars
- Adaptable workflows to incorporate new processes
- Existing service lines and referral networks that could support new service offerings
- Backbone organizations, such as a federally qualified health center (FQHC), that supported expanded and integrated service delivery

Strong Partnerships

Four 2016 grantees and five 2017 grantees specified partnerships with other organizations were critical to their success. Grantees highlighted aspects of ensuring a strong partnership, which included regular communication; clear and written roles, responsibilities, and expectations, such as through memoranda of understanding; vision alignment; and commitment from partners' organizational leadership. Strong partnerships helped projects sustain momentum (even during times of staff turnover), supported cross-agency data collection, and created stronger referral networks.

High Demand for Services

Five 2016 grantees and four 2017 grantees experienced high demand or need for their services for various reasons, including the timeliness of projects, alignment with state policies or guidance, or identification of unmet needs. Some grantees found excess demand for services, noting in some cases how little or no advertising was needed to reach delivery goals. Others found high levels of demand for

training or awareness on key topics, with grantees noting high attendance rates and the need to increase training and education offerings. This level of demand contributed to project success and is likely to help grantees sustain projects if there is continued need for services and an avenue to pay for them.



SUSTAINABILITY AND SCALABILITY

Grantees have employed five primary approaches to sustaining their projects:

- Maintain or expand partnerships
- Increase staff capacity and/or enhance workforce skills
- Obtain third-party reimbursement
- Establish a best practice or model for replication
- Seek other sources of funding

Most grantees' sustainability plans were based on two or more of these approaches, which strengthens their likelihood of success. Several grantees have begun to scale their projects by expanding them into additional areas of the state.

Most grantees are either already or have a high likelihood of sustaining their projects beyond the grant funding period. The examples below are not exhaustive; instead, they highlight the ways in which the varying approaches have contributed to the longer-term impact of the Health Fund's Behavioral Health grantmaking.

Maintain or Expand Partnerships

Grantees' primary strategies to maintain or expand partnerships included continuing and building on existing partnerships within health systems, creating multiagency teams and/or systems to enhance community capacity to meet residents' needs, and convening stakeholder groups to guide efforts and partner in service delivery.

CHS has strong organizational partnerships, including with the MDHHS, the local community mental health agency, Alcona Health Center—an FQHC—and the Family Court. Project staff have strong skill sets, are cross-trained in multiple systems, and are well connected to community members and resources, which has strengthened relationships and increased referrals. CHS attributes its success in keeping families out of foster care and residential care, in large part, to its strong collaboration with these partners and their commitment to continuing collaborative team meetings. The CHS team is exploring the potential of expanding the approach to additional communities, including in Gaylord, Michigan.

The potential for sustaining **MPHI's** efforts to establish systems for addressing NOWS in Saginaw and Marquette Counties is bolstered by the incorporation of the funded projects into the regions' respective perinatal regional collaboratives. Community agencies are well engaged in these counties, and project staff indicated significant levels of trust among partners. MPHI is creating a replication guide for other communities interested in developing a system for addressing NOWS. The guide will

include referral pathways and support tools, education materials, focus group findings, recorded presentations, and a video.

The **MAHP Foundation** capitalized on high demand for ACEs information and used a train-the-trainer model to rapidly expand reach. Collaboration with stakeholders contributed to developing momentum around project goals, connecting with organizations and interested networks across the state, and conducting outreach to legislators. Through ongoing partnerships, the MAHP Foundation is developing Web-based learning modules for providers, facilitating development of inventories of interventions by county, and creating guidelines for incorporating ACE histories into Medicaid and provider protocols. Providers in need of information and resources about ACEs may rely on the Michigan ACE Initiative and/or those trained through the program.

The **REC** and HFHS established a strong partnership to deliver coordinated, integrated care to youth and young adults in the REC Health and Wellness Center. At the outset, the partners developed a memorandum of understanding documenting each organization's roles and responsibilities. The partners hold weekly team meetings, share an electronic health record, and have developed shared policies and procedures for service delivery.

By partnering with GLRC to place well-trained and committed primary care providers in two residential substance abuse treatment facilities, **UGL** created medical homes for a high-risk population. The partners established processes for sharing patient information and distributing patient care responsibilities. UGL has now established partnerships with additional service delivery sites, including a child and family welfare organization and three outpatient clinics.

Increase Staff Capacity and Enhance Workforce Skills

Grantees' primary strategies to increase staff capacity and/or enhance workforce skills included developing a train-the-trainer model, training and deploying master trainers and coaches, and increasing the skills of providers in the workforce and internal program staff.

Corner Health sought to build capacity among its social work and nursing staff to triage and schedule psychiatric appointments, follow up with patients, and authorize medication refills. U-M's Michigan Child Collaborative Care program delivered provider trainings to all Corner Health nurse practitioners (NPs) and other staff, enabling NPs to perform more psychiatric care and medication reviews, which increased the number of psychiatric visits that could be delivered during the grant period.

HFHS trained 95% of its primary care physicians and 100% of staff at its three project sites regarding opiate prescribing, screening, and treatment. Project staff built patient education into provider workflows so all patients prescribed opiates receive educational materials. HFHS also implemented sustainable infrastructure to support ongoing implementation of grant-funded activities, including a

patient registry, opiate guideline information on its intranet, and an opiate dashboard that compares how individual clinics, specialties, and providers are progressing with regard to opioid prescribing.

Obtain Third-Party Reimbursement

Grantees' primary strategies to obtain third-party reimbursement included integrating the delivery of services already reimbursable by Medicaid, developing a curriculum or service delivery model that is likely to be eligible for Medicaid reimbursement, and advocating for Medicaid reimbursement based on demonstrated cost savings.

U-M's Helping Michigan's Kids Grow project expanded on a proven intervention that project staff have experience delivering. They have experience billing Medicaid and other payers as well as existing relationships with payers that allow them to negotiate payment terms. The project used grant funds to expand on and gather data to demonstrate the potential cost savings of a proven behavioral intervention, allowing U-M to successfully advocate for reimbursement using a per-diem rate for all services delivered. It also added space and staff capacity to expand service delivery for more children.

U-M and MPCA planned for the CoCM model to be sustained through the development of business plans with CHCs that included Medicaid reimbursement for collaborative care efforts and telepsychiatry services. MCCIST has worked with each CHC to cultivate a vision for the continuation and possible expansion of the program, including staffing needs, dissemination timelines, and quality monitoring and reporting. Due, in part, to MCCIST advocacy efforts, the MDHHS Medical Services Administration is expected to implement a new policy in August 2020 that allows for reimbursement for CoCM services.

Establish New and Evidence-Based Practices

Grantees' primary approaches to establish new best practices included developing a training package or model replication guide based on project implementation, becoming part of established practices or workforce training requirements of state agencies and other institutions, implementing best practices within a health system that other facilities can replicate, and disseminating a technology-focused model for those who are pregnant.

FMC was able to leverage its status as an FQHC to provide billable behavioral health services, including telepsychiatry, biopsychosocial assessments, and therapeutic services, in partnership with six school districts in Lenawee and Monroe Counties. The project successfully improved and created access to behavioral health services for students in rural, underserved areas. Following the grant period, FMC increased the number of days staff are present in two of the schools and is expanding services to five schools in districts already served and to five others in two new districts, including three in the Detroit Public Schools Community District.

The **MDHHS IMH-HV** model has been implemented across Michigan through community mental health service programs and their network providers. The project aligned with Public Act 291, which requires all of Michigan's home visiting funding to support evidence-based or promising programs. The MDHHS continues to evaluate the IMH-HV model to establish an evidence base that meets state regulatory requirements and supports ongoing utilization of state and federal funds.

In replicating and expanding its successful BHH model, **network180** ensured the delivery of evidence-based healthcare services to people with co-occurring mental illnesses, substance abuse diagnoses, and chronic conditions, including mental illness and SUDs. The model has been successfully sustained by increasing staff and workforce capacity to deliver evidence-based interventions and finalizing a value-based payment model that will provide sustainable funding for BHH services.

There is strong interest in **WSU's** Mommy Checkup app among clinics and health systems, as clinics can easily integrate it into their waiting rooms and patients can conveniently access it. Physicians appreciate the application-generated report sent directly to them when the patient consents to share their information from the screening. A health law related to personal medical records allows WSU to connect directly with patients—instead of through a clinic—so even clinics that cannot support an IMH therapist can benefit from the application. They can offer patients a brochure with information about Mommy Checkup and how to access it, and patients can go to the website on their own smartphone or tablet, complete an assessment, and be connected with an IMH therapist via telehealth.

Seek Other Sources of Funding

Some strategies grantees are using to seek other sources of income include attracting new funding from foundations or other donors based on demonstrated project success, establishing contracts with other service providers, obtaining Medicaid matching funds, and pursuing ongoing support from the MDHHS to implement new training curricula.

The **U-M TRAILS** project was designed to leverage existing state and county mental health providers to embed evidence-based mental health practices in schools statewide. Health Fund funding was sought to support the initial clinical and coaching training for providers and development of a website to support ongoing learning for coaches. Funding for the project's next phase—pairing coaches with schools—will come from a National Institutes of Health grant. The project currently receives Michigan Medicaid matching funds, which will continue through fiscal year 2020. TRAILS is also included as a recommended program in the State of Michigan's 31N legislation rollout, which will provide \$30 million in funds to intermediate school districts for mental health supports in schools. Additionally, U-M is one of four partners in a five-year grant project funded by the U.S. Department of Education, which will build on TRAILS work in Washtenaw County with enhanced development of mental health services delivered in the four largest buildings in the Ypsilanti and Lincoln school districts.

The MAHP Foundation's Michigan ACE Initiative built a network of master trainers who could continue to educate service providers about the impact of trauma and ACEs and to expand pediatrician's use of ACE assessments. The MAHP Foundation secured contributions from corporations to continue its work. It plans to continue convening the ACE steering committee—a diverse group of passionate organization leaders. Certified master trainers will train others in their communities to further expand trauma knowledge and awareness and to help connect individuals to resources. With the secured funding and ongoing partnerships, the MAHP Foundation is developing web-based learning modules for providers, facilitating development of inventories of interventions by county, and developing guidelines for incorporating ACE histories into Medicaid and provider protocols.



HEALTH FUND GRANT ADMINISTRATION

The first two years of the Health Fund's proactive grantmaking initiative in Behavioral Health were 2016 and 2017. The grants made in those two years provided an opportunity for the Health Fund to learn from the successes and challenges grantees faced and to refine its technical assistance efforts and grantmaking strategies to support grantee success.

Technical Assistance

When the initial cohorts of grantees were funded in 2016 and 2017, the Health Fund held annual convenings for all behavioral health grantees, which provided them an opportunity to learn about each other's projects and key topics in behavioral health policy. For 2016 grantees, they were also expected, at first, to participate in occasional grantee calls, which provided an opportunity to connect with others, discuss common challenges, and support each other in overcoming issues. While grantees provided positive feedback on these activities, the Health Fund saw a greater need to provide more individualized and targeted topic-based support.

INDIVIDUALIZED SUPPORT

Through a technical assistance survey, the Health Fund identified common areas of need across grantees, including ensuring effective billing and project sustainability, recruiting staff, developing and strengthening community partnerships, and understanding the public mental health system. The Health Fund's Behavioral Health program staff found in-person visits to grantee program sites were most useful. They worked directly with grantees to address challenges with workflow, partnerships, existing resources, and other issues. In a few circumstances, the Health Fund helped secure an external resource to provide targeted support, such as a contractor to review billing practices for maximizing reimbursement and ultimately supporting project sustainability. Health Fund program staff also helped connect grantees with other partners, including policymakers and potential funders.

TARGETED TOPIC-BASED SUPPORT

The Health Fund replaced its annual cohort-based grantee convenings with topical webinars and conferences on relevant subjects and strategies, such as telehealth and evaluation. It brought relevant grantees together to meet with state Medicaid staff to talk about telehealth payment and billable services.

The Health Fund supported the development of a white paper on school financing structures and 31N funding (i.e., State Medicaid funding to expand mental health services to general education students) and contracted with another organization to explore and prepare a report on mobile crisis responses for mental health issues.

Grantmaking Role

Between 2016 and 2017—and even since 2017—the Health Fund refined its approach to funding behavioral health projects, revising its RFP to clarify the types of initiatives it was seeking to support. The Health Fund has also continually considered its role in informing behavioral health services, workforce, funding, and public policy.

As the Health Fund seeks to improve integration of physical and behavioral health services, it has strengthened its RFP to more explicitly define integration and outline the types of projects it will support.

In addition, the Health Fund has found that these early funding years helped identify promising areas for targeted grantmaking. For example, Behavioral Health program staff have proactively sought to fund projects that address opioid use, promote school-based services, implement care coordination models, and use technology to expand workforce capacity and effectiveness.

Grantmaking Impact

The Health Fund's proactive grantmaking in Behavioral Health has clearly impacted its overarching goals and aims to increase integration and enhance behavioral health workforce capacity.

Integration has been improved through increased screening for behavioral health problems in medical settings, creation of health information exchanges, implementation of BHHs, and the anticipated approval of a Medicaid policy to reimburse CoCM services.

The workforce has also been strengthened with the development, training, and dissemination of evidence-based treatment modalities, such as CBT, BSFT, IMH-HV, and geropsychology for adults with cognitive difficulties.

As these efforts are implemented in new areas of the state and new curricula are disseminated, the Health Fund's grantmaking will contribute to increased access to behavioral healthcare, improved health outcomes, and reduced healthcare costs. Beyond these benefits, the Health Fund can also continue to inform behavioral health policy across the state.