ISSUE #2

Quarterly

BEHAVIORAL HEALTH CRISIS SYSTEM NEWSLETTER

02/2024

New & upcoming: crisis stabilization

While working diligently with MDHHS to develop the draft adult Crisis Stabilization Unit (CSU) program's certification standards, several sites participating in the Adult Crisis Stabilization Unit (CSU) Pilot Learning Community have been busy making strides toward opening their CSU doors.

Read this Wood TV new story to learn more about Network180's progress in West Michigan's Kent County. With a ribbon cutting set for February 2024, stay tuned for updates on Detroit Wayne Integrated Health Network's (DWIHN) CSU, slated to open its doors in March 2024.

Michigan Crisis System Fact

DID YOU KNOW?

Over 82% of Michiganders have access to 24/7 Mobile Crisis care. This service is provided through Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Service Providers (CMHSPs).

Commercial insurance workgroup for crisis care

Mental health crises can happen to anyone, anywhere, anytime, regardless of insurance status. Thanks to recent public financial support from local, state, and federal sources, Michigan has seen rapid growth in its crisis programs over the last five years. Crisis hotlines, mobile crisis teams, co-response units, crisis stabilization units, psychiatric urgent care centers, and crisis residential facilities are effective crisis system components that can de-escalate crises and connect people with long-term mental health care. Crisis services also divert people from psychiatric inpatient stays that can be traumatic for the individual, expensive for insurers, and suboptimal for long-term care.

However, not every Michigander has access to the optimal crisis continuum. Michigan's crisis service providers are mostly funded by Medicaid carveout dollars, and crisis services have historically targeted people with Medicaid and serious mental illnesses. Few commercial insurers have reimbursement arrangements with crisis service providers. As such, people with commercial insurance may not be eligible for local crisis services, as crisis service providers might not receive reimbursement to offer care. Crisis programs have been unable to scale up on Medicaid funding alone.

To expand crisis service eligibility criteria to all Michiganders, regardless of insurance status, crisis service providers are beginning to establish payment structures with commercial insurers. Wayne State University's Center for Behavioral Health and Justice has begun to facilitate a workgroup with the goals of: expanding crisis service availability, enhancing understanding between service providers and commercial insurers, and coordinating community education of crisis programming. Workgroup attendees include representatives from the Michigan Department of Health and Human Services, prepaid inpatient health plans, crisis service providers, TBD Solutions, and commercial insurance providers in Michigan. The workgroup meets monthly to strategize crisis service and reimbursement expansion. The learnings from this workgroup will feed into crisis system infrastructure development that MDHHS is doing with state and local partners.

For more information please contact: leonard.swanson@wayne.edu.

Blue Cross Blue Shield of Michigan and Blue Care Network support crisis services in Michigan by developing protocols to establish mobile crisis and crisis stabilization units.

"We are in a time of increasing behavioral health services need in the state of Michigan and nationally,"

according to William Beecroft, M.D., medical director of behavioral health for Blue Cross Blue Shield of Michigan and Blue Care Network. "There are many societal factors that go into this increase, but ultimately our community needs treatment systems to address behavioral health crisis needs in new and innovative ways." The public sector has been learning how to do this over the past 30 years. The 2020 published guidelines on how to set up crisis services from the Substance Abuse and Mental Health Services Administration, or SAMSHA, codified the nation's need for innovation beyond the "usual care" that has been available for the past 80 years in the United States.

The State of Michigan has assumed a leadership position in the country along with a few other communities in addressing the need for crisis services for our citizens. Blue Cross Blue Shield of Michigan (BCBSM), together with its HMO subsidiary Blue Care Network (BCN), are large commercial payers who applaud the efforts of the State of Michigan and recognize their fiduciary responsibility to support Michigan's health care system. BCBSM and BCN have supported crisis program services by developing payment mechanisms and network relationships with providers to address the needs of their members. They have payment systems already in place to reimburse providers at both private and public institutions in the most seamless way possible to make this minimally disruptive to established programming protocols. BCBSM and BCN don't require authorization for crisis services because they recognize that authorization can be a barrier to crisis care and they want crisis care to be easy to access for community members.

Ultimately, BCBSM and BCN want to be supporting members of our community, helping to ensure that everyone has access to the same crisis services no matter where they come from, what health care coverage they have or whether they have health care coverage at all. Key components of the BCBSM and BCN crisis services program, which likely sound very familiar to behavioral health practitioners, include:

- Taking an interdisciplinary, wholistic approach to care.
- Addressing medical needs as appropriate.
- Ensuring that prior authorization is not required for crisis care.
- Having uniform clinical protocols.
- Having the ability to respond in conjunction with public safety.
- Focusing on rapid diagnostic evaluation and initiating treatment.
- Triaging to the correct level of clinical care including hospitalization, if necessary.

If you're a health care provider interested in joining BCBSM and BCN's crisis services program or want more information, send an email to Dr. William Beecroft at wbeecroft@bcbsm.com.

DEI Corner: MI-SMART saves time, effort and improves care for psychiatric patients. A win for all.

M I smart? You are if you use MI (my) SMART. Michigan users anecdotally report that MI-SMART results in psychiatric patients getting an equitable medical clearance as it is more thorough while reducing unnecessary tests. Data confirm reduced costs and faster medical clearance. A win for all! The development of the MI-SMART Form came out of the belief that psychiatric patients in emergency departments were at risk of being both underscreened and overscreened. Overscreening of psychiatric patients can lead to overtreatment, along with overcrowding and increased ED length of stays.(1) A medical clearance process would help standardize the process of communication between entities and potentially limit the number of diagnostic studies that are unlikely to impact care. This differs from the longstanding belief that psychiatric patients in the EDs should always receive laboratory testing. Several studies have shown that routing laboratory testing is of very low yield and results in prolonged length of stays, increased costs, and increased stress for patients already in crisis. (2) The American College of Emergency Physician (ACEP) has released policy stating to "not routinely order lab testing on patients with acute psychiatric symptoms. Use medical history, previous psychiatric diagnosis, and physician examination to guide testing." The MI-SMART Form assesses patients utilizing the SMART criteria, developed by Sierra Sacramento Valley Medical Society, and classifies them into one of three categories: GREEN THUMPS UP (medically appropriate for psychiatric admission without need for further diagnostic testing), YELLOW CAUTION SIGN (medically appropriate for psychiatric admission after further diagnostic testing and/or clinical explanation of medical condition), RED STOP SIGN (admission to a psychiatric unit contraindicated until medical conditions are resolved). The MI-SMART Form helps standardize and create a comprehensive medical clearance process without subjecting patients to unnecessary testing, while also allowing providers from behavioral health to work together and best serve patients' needs. If you are interested in learning more about how to implement the MI-SMART Form at your facility, please contact mpcip-support@mphi.org.

1 https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13368
2 https://smartmedicalclearance.org/wp-content/uploads/2017/09/ssvms-crisis_in_the_emergency_dept.pdf

MDHHS
Michigan Department of Health & Human Services

Michigan Behavioral Health Crisis System

February 2024 Quarterly Report

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Project Updates

988 Suicide and Crisis Lifeline

Per Vibrant data, in December 2023, Michigan answered the eighth highest number of calls in the nation. Of those eight high-volume states, Michigan was tied for the highest in-state answer rate, which is the percentage of offered calls that were answered in Michigan; and had the quickest average speed to answer.

Care coordination between 988 and Certified Community Behavioral Health Clinics (CCBHCs) in Michigan has been a primary focus during this quarter, and a care coordination document has been established to ensure connection between 988 and the CCBHCs. Office hours and technical assistance sessions were held in January to provide instruction and support in the addition of services to the system so that they are available for referrals and resource information.

Michigan's 988 Team continues to be active in providing outreach and stakeholder engagement. In October 2023, the team participated in the All Abilities Community Fair, hosted by the Detroit Police Department, Detroit Public Schools, and the Special Olympics, and the quarterly Tribal Behavioral Health Communication Network meeting.

Jill Smith, senior director of the Michigan Crisis and Access Line at Common Ground, participated in a WDIV Local 4 Click on Detroit interview highlighting the positive impact of 988 in Michigan. The video can be viewed here: https://www.youtube.com/watch?v=eHm8qpFOLq8

In December 2023, the Michigan 988 Team and Common Ground participated in the Substance Abuse and Mental Health Services Administration webinar on Promising Practices for 988 & 911 Collaboration: Engaging with Your State on 988 & 911 Coordination. The webinar can be viewed here: https://www.youtube.com/watch?v=hxRb5R7TBkU

Frontline Strong Together (FST5)

Frontline Strong Together (FST5) has been conducting outreach to spread the word about the availability of the line. FST5 staff have been reaching out to different sheriff's offices and fire departments across the state to share information, including flyers and cards containing information about the line and its resources. As this outreach continues, call volume on FST5 continues to increase, signifying that more first responders are feeling comfortable calling the line.

The majority of first responders contacting the line are firefighters, followed closely by emergency medical services; however, the line provides support to all first responders, including corrections, dispatch, police, and active military and veterans. Please see December 2023 metrics for additional information.

Crisis Stabilization Unit (CSU)

- The draft adult Crisis Stabilization Unit (CSU) Certification rules have been frozen from any more changes as they await MDHHS Leadership review and approval which is the first step of starting the Administrative Rules process. Watch for more information next time on a link to the rules and public hearing dates.

- As part of the CSU pilot, the Medical Director and Nursing Support Focus Group have been meeting monthly and outlined expectations of treating physical health issues on-site to prevent transfers back and forth to urgent cares and ERs. These expectations will go in the CSU handbook which will accompany the rules.

- MDHHS has held a listening session with the pilot sites in the CSU Learning Community regarding bundled CSU billing.

- MDHHS and representatives from Blue Cross/ Blue Shield met this month to develop alignment on CSU program standards.

- On January 11, 2024, MDHHS toured Community Mental Health Authority of Clinton Eaton and Ingham Counties' (CEI's) Child & Family CSU-like program, which offers services similar to those laid out in the draft model for Michigan Child & Family CSUs. CEI is continuing to share lessons learned and must-have community collaborations with MDHHS's CSU development team.

MI-SMART (Medical Clearance Protocol)

We are excited to welcome HealthSource Saginaw as our newest MI-SMART User! We would also like to thank the Southeast Trinity Health Hospitals, Oaklawn Hospital, the University of Michigan, and UP Health System-Portage for meeting with our team and beginning the implementation process at their facilities!

The Mi-SMART Team will begin targeted outreach to Community Mental Health System Providers (CMHSPs) in geographic regions where ERs and Psychiatric Hospitals use Mi-SMART to promote Mi-SMART acceptance as proof on Medical Clearance.

For more information about the MI-SMART Form and how to implement it at your facility, please visit https://mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/ or contact mpcip-support@mphi.org.

Psychiatric Bed Treatment Registry	On October 10, LARA informed stakeholders that as of October 31, they are discontinuing their partnership with OpenBeds. The OpenBeds platform is officially shut down in Michigan. MDHHS recently made the decision to utilize the EMResource platform. Many emergency departments and inpatient psychiatric facilities are familiar with and using EMResource as it is currently utilized by the Bureau of Emergency Preparedness, EMS and System of Care at MDHHS. CMHSPs, ERs, and psychiatric hospitals will receive a letter from MDHHS in the next couple of weeks.
Crisis System Work: Billing Codes	MDHHS staff have started a review of all current crisis billing codes to clarify the purpose of the code, review staff qualifications, and ensure there are codes for all crisis services being offered. Feedback will be solicited through the MDHHS Encounter Data Integrity Team (EDIT) group.
Intensive Crisis Stabilization Services (ICSS) for Children	MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
Certified Crisis Professional Training Program	The standardized crisis training for degreed and degree-seeking staff has been official named the Certified Crisis Professional Training. The Advisory Committee has provided feedback on training content, delivery modality, and rollout. Asynchronous training models are almost complete. WSU is organizing a pilot cohort for the training. Participants will be solicited through the Advisory Committee.
Peers and Crisis Services	Peers play a critical role in crisis services. MDHHS is working on strengthening the peer crisis service workforce. They are developing a crisis training for certified peers and recovery coaches. A separate training will be developed for peers working with children, youth, and families. MDHHS also sponsored a training on February 21 - “Connection in Crisis: The Role of Peer support” for peers and degreed staff.

Data and Metrics

988 Suicide and Crisis Lifeline

988 Statewide Metrics: December 2023

- Total Calls Received: 7,592
- Average Speed of Answer: 17 seconds
- Answer Rate: 89% (*This is unusually low due to one center's technical issues. Answer rate has been over 90% since Dec. 2022.)*
- Involuntary Emergency Interventions: 15
    - Total Calls Received and Average Speed of Answer were pulled from Vibrant's state report.

The Answer Rate was calculated using the Total Calls Answered as reported by the centers divided by the Total Calls Received as reported by the center. Due to the data discrepancies between Vibrant's and centers' data, Michigan will rely on the 988 Center's total calls received when reporting the answer rate.

Michigan Peer Warmline

Warmline: There have been 136,178 answered calls since go-live at the end of April 2021. See December 2023 monthly metrics.

Frontline Strong Together (FST5)

Frontline Strong Together: There have been 691 answered calls since go-live mid-August 2022. See December 2023 metrics.

MI-SMART (Medical Clearance Protocol)

As of January 18, 2024: 52% of emergency departments, 64% of psychiatric hospitals, and 39% of CMHSPs have adopted/are implementing the MI-SMART Form as proof of appropriate medical clearance. There are also several facilities that are pursuing the implementation of MI-SMART at their facility.

MI Behavioral Health Crisis System

MDHHS, in partnership with stakeholders across the state, is in the process of developing a crisis system for all Michiganders, following the SAMHSA model. We envision a day when everyone across our state has someone to call, someone to respond, and a safe place to go for crisis care.

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

Two-part Crisis System

Specialty Behavioral Health Crisis Services through Community Mental Health Service Programs (CMHSPs): There are more intensive crisis services that are fully integrated with ongoing treatment, both at payer and provider level, for people with more significant behavioral health and/or substance use disorder issues through CMHSPs.

Public Crisis System for all Michiganders: Michigan is developing a public crisis system for all Michiganders: anyone, anytime, anywhere, any payer type, and any behavioral diagnosis.

- The 988 line answered by MiCAL and three regional centers provide a statewide easy access point for crisis support (someone to call). 988 coordinates and provides real time warm transitions with the local crisis system for people who need more support than can be offered through 988.
- Local areas are developing crisis hubs which will provide crisis care such as mobile crisis and crisis receiving and stabilization centers. While services will be tailored to the local region and might look different from region to region, each area will offer services that provide its residents with "someone to respond" and "a safe place to go" when in crisis.

Public System Key Elements

- Provide hope, stabilization and connections.
- Maximize the involvement of family, friends and community supports.
- Focus on the person and their environment.
- Facilitated transitions within the crisis system and with the behavioral health treatment system.

Public System Opportunities for Improvement

1. Increase recovery and resiliency focus throughout entire crisis system.
2. Maximize involvement of family, friends, and community support.
3. Facilitated transitions between services.
4. Expand array of crisis services.
5. Utilize data driven needs assessment and performance measures.
6. Equitable services across the state.
7. Integrated and coordinated crisis and access system – all partners.
8. Standardization and alignment of definitions, regulations and billing codes.
9. Workforce maximization and development.

Crisis and Access Lines

988 Suicide and Crisis Lifeline

988 went live nationally on July 16, 2022, as the new three digit dialing code for the Suicide and Crisis Lifeline, previously called the National Suicide Prevention Lifeline (NSPL). With the addition of 988, the crisis coverage was expanded for all behavioral health, emotional and substance use disorder (SUD) crises, in addition to people feeling suicidal. It is managed by Vibrant at the federal level.

As of June 1, 2022, Michigan has in-state coverage for all 988 calls originating from Michigan counties through MiCAL and three regional centers. MiCAL answers approximately 85% of Michigan 988 calls.

Michigan Crisis and Access Line (MiCAL)

The MiCAL is the statewide crisis and access line and 988 call center that supports all Michiganders with behavioral health and substance use disorder needs and locates care, regardless of severity level or payer type. MiCAL is primarily responsible for answering 988 calls originating from Michigan, except for seven counties where three regional 988 call centers provide primary coverage and MiCAL provides backup coverage (see 988 coverage map). MiCAL will also be responsible for answering 988 chats and texts in the future. Currently, a national backup center answers chats and texts for Michigan.

The Michigan Legislature gave Michigan an advantage in developing a comprehensive statewide call center by codifying and funding the Michigan Crisis and Access Line in 2020 through PA 12 of 2020 and PA 166 of 2020. MiCAL is based on SAMHSA's model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls.

MiCAL does not replace CMHSP crisis lines, and it does not prescreen individuals or directly refer people to psychiatric hospitals or other residential treatment. This is coordinated through Prepaid Inpatient Health Plans (PIHPs), CMHSPs, emergency departments, mobile crisis teams, and CSUs. MiCAL provides warm handoffs and follow-ups, crisis resolution; referrals, safety assessments, 24/7 warm line, and information as needed.

MiCAL is staffed by Common Ground with call specialists from more than 18 counties across the state of Michigan, both in the Lower and Upper Peninsula. Common Ground has more than 50 years of experience operating a crisis line and operates mobile crisis and a crisis stabilization unit-like facility.

Activities for 988/MiCAL

Key focus areas are (1) adequate statewide coverage for calls, chats, and texts, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.

MiCAL Rollout: MiCAL has rolled out statewide in two phases.

- **Phase 1 FY 22**: January 2022 - MiCAL rolled out statewide one region at a time, providing call coverage for 988 and crisis and distress support through the MiCAL number and care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers). Coordination is in place with services in all PIHP geographic regions as of October 31, 2022.
- **Phase 2 FY 23**: CMHSP After Hours Crisis Coverage. After-hours coverage services are currently provided as a pilot in the Upper Peninsula. There are currently no plans for expansion.
- MiCAL integration with OpenBeds/MiCARE is complete, allowing MiCAL staff to access all behavioral health resources housed within this platform.
- The implementation for in-state answering of 988 chats and texts in the MiCAL platform is slated to start in FY 24 and will begin with integration with the universal platform to allow staff to access the Behavioral Health Customer Relationship Management (BH CRM) technology functionality when answering chats and texts, with the goal of

answering some chats and texts by the end of FY 24. MiCAL plans to be answering more than 90% of Michigan 988 chats and texts by the end of FY 26.

Stable Diversified Funding: MDHHS Leadership is focused on developing stable ongoing funding which takes into consideration increasing costs based on increasing call volume and the initiation of in-state answering of 988 texts and chats. Currently MiCAL and 988 are predominantly funded by time-limited SAMHSA grants, an ongoing boilerplate allocation with annual budget requests to the Legislature to fund the deficit.

988 Center Practices: Operations workgroup meetings with current 988 centers are focused on developing common practices around imminent risk, active rescues, and follow-up. Centers meet as a group monthly to engage in collaborative discussions about monthly agenda items, provide general news and updates, revise center protocols, if necessary, discuss monthly barriers and successes, and examine/analyze call and staffing metrics.

Michigan's 988 workgroup has finalized Michigan's Center Protocol document, which has incorporated Vibrant's requirements and standards and will be utilized and adopted by all of Michigan's 988 call centers as the framework for expected operations. The most recent updates that had been added to the earliest original protocol document include the following: (1) adding language about receiving verbal consent to a follow-up call over the phone instead of in writing; (2) receiving training in follow-up requirements; (3) having at least one of the three call attempts be on a different day; and (4) asking what time range would work for the caller. The workgroup has also added screening questions to the Michigan 988 Center Protocols document related to callers at imminent risk of harming others and/or experiencing homicidal ideations and added definitions to follow-up metrics. Currently, all protocols requirements have been refined, finalized and are up-to-date per Vibrant's requirements.

911/988 Collaboration: State level 911/988 workgroup is meeting at least monthly to develop collaborative practices, with the initial focus on coordinated active rescues, both voluntary and involuntary.

- Michigan's 988/911 workgroup developed and finalized the Emergency Intervention Workflow, a process map outlining the steps of an emergency intervention. The workflow was created to standardize the way in which staff at all centers are expected to be trained and handle 988 involuntary emergency intervention processes.
- The 988/911 workgroup is still in the processes of working on creating a diversion plan that aligns with the National Emergency Number Association (NENA) standards and includes best practices to consider for instances where 911 receives calls that should be diverted to 988. Moving forward, the 911/988 workgroup's plan is to discuss a tailored diversion plan more in-depth once the most recent NENA Standards have been released to the public.
- The workgroup has finalized two of the educational shareable materials they have been developing to help the public better understand when to call 911, versus when to call 988 or 211. These developed materials are available for download and distribution in the Michigan-specific toolkit (988 MiCAL Partner Toolkit).
- MiCAL has a 988/911 coordinator who is reaching out to each 911 center in Michigan to develop collaborative relationships and share the Emergency Intervention Workflow. She is also in the initial processes of partnering with a Public Safety Answering Point (PSAP) to get a Memorandum of Understanding (MOU) in place.

Public Relations: 988 Implementation has initially focused on ensuring that there is adequate staffing and coordination with 911 and other crisis service providers before openly marketing the 988 number. This was a rollout approach that was recommended by SAMHSA and Vibrant. Michigan is now beginning to actively advertise 988 across the state.

- MDHHS developed a website to share with its stakeholders: 988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line, as well as a MiCAL/988 Quick Facts document for reference.
- MDHHS is in the process of developing Michigan-specific 988 materials to share with partners. A number of these materials have been finalized and are available to download, print, and share to the public at this location: 988 MiCAL Partner Toolkit. Interested individuals are also able to utilize SAMHSA's existing partnership toolkit for shareable 988 materials here: 988 Partner Toolkit | SAMHSA.
- MDHHS continues to provide presentations to key stakeholders and community partners.

Stakeholder Participation: As of January 2023, partners can openly advertise 988 and utilize SAMHSA's promotional materials. At this time, partners can freely and actively advertise and market the 988 number. We are asking

stakeholders to continue replacing the former NSPL number (the 800 number) with 988 and to maintain an active partnership with us in identifying and notifying us of places where the 800 number needs to be replaced.

- MDHHS would like to ensure that 988 is accessible to all Michiganders, especially those who may be at a statistically heightened risk for a behavioral health crisis. Thus, MDHHS is currently actively partnering with Michigan stakeholders to identify public awareness activities that specifically focus on targeting and reaching high-risk or underserved populations.
- MDHHS is focused on ensuring that 988 is tailored to fit and supports all Michiganders. Listening sessions will be held with six priority populations, with two listening sessions designated for each population. Initial listening sessions that had focused on LGBTQ+ youth has been completed. The next population has been selected and will be focusing on targeting aging and older adults. Activities such as implementing changes to operational practices based on the results of the listening sessions, identifying population specific resources, and tailoring training to meet the needs of high-risk populations and traditionally underserved groups will follow upon receiving feedback and input from upcoming listening sessions.

Michigan Peer Warmline

Seven days a week | **10 a.m. – 2 a.m.** | **1-888-PEER-753** | Michigan Peer Warmline Website

The Michigan Peer Warmline is a statewide warmline for Michiganders living with persistent mental health and/or substance use conditions. It is operated under MiCAL by Common Ground. The warmline connects individuals with certified peer support specialists who have lived experiences of behavioral health issues, trauma, or personal crises, and are trained to support and empower the callers. Warmlines are an alternative to traditional crisis hotlines to provide early intervention of peer support to avoid extreme emotional distress that can lead to hospitalization or other severe outcomes. Warmlines alleviate the burden on crisis responders by offering a solution for non-crisis callers.

Frontline Strong Together (FST5)

24/7 Crisis Line| 1-833-347-8766 | FST5 Website

FST5 is a statewide project committed to optimizing the health and resilience of first responders and their families through training and access to peers, mental health services, and external support. FST5, in partnership with Wayne State University, is operated under MiCAL by Common Ground and is available statewide 24/7. FST5 is a crisis line specifically for first responders (police, EMS, fire, dispatch, and corrections) to provide free, confidential support and effective resources.

The public hears relatively little about the suffering of the police, firefighters, EMS, dispatchers, and correction officers who risk their lives and are away from their families for days and weeks at a time to serve their community. FST5 are professionals with expertise in trauma and stress, who work extensively with first responders, law enforcement, fire, EMS, corrections, and 911 dispatchers.

Crisis Stabilization Units

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

Project Activities

Adult Crisis Stabilization Units

The Adult CSU Certification Standards drafted by the CSU Certification Standards Workgroup have officially started the administrative rules process! The first step is review and signoff by MDHHS leadership. No more stakeholder feedback will be incorporated until after the public hearing process.

MDHHS has previously obtained feedback directly from the involved Adult CSU Pilot sites, stakeholders, advocacy organizations, and individuals with lived experience. MDHHS partnered with Adult CSU pilot providers to use this feedback to enrich the draft standards and ensure their inclusivity for all Michiganders. MDHHS is currently working to reformat this final draft of the standards into the Administrative Rules format and will be pursuing the formal Administrative Rules process within the coming month.

The Adult CSU Development Team includes:

- MDHHS's Medical Director for Behavioral Health & Forensic Programs, Dr. Debra Pinals.
- MDHHS's Crisis Services and Stabilization Section, Krista Hausermann, Alyssa Newmoyer, Jackie Jones, and newly hired Abbey Wilcox.
- Contracted Medical Consultant & Nursing Expert, Heidi Warrington.
- Four Lived Experience Contractors, Al Hawks, Kathleen Gannon, Liz Orvis, and Nik Von Seggern.
- Public Sector Consultants, Amanda Day, Emily Tuesday, and Mary Swanson.

The Adult CSU Learning Community includes the following agencies:

- Arab Community Center for Economic and Social Services (ACCESS)
- Clinton Eaton Ingham (CEI) CMH
- Common Ground
- Detroit Wayne Integrated Health Network (DWIHN)
- Genesee Health System
- Hegira Health
- Macomb County CMH
- Network 180
- Pine Rest Christian Mental Health Services (in partnership with Integrated Services of Kalamazoo)
- Team Wellness Center

Click here to view a visual aid displaying the pilot sites' service areas throughout Michigan.

- Work related to CSU Metrics has begun to prepare for the anticipated upcoming start-dates of several CSU pilot programs.
- The Medical Director and Nursing Support Focus Group, which includes MDHHS's Dr. Debra Pinals, contracted RN Heidi Warrington, and the CSU Pilot Sites' medical teams, have been meeting monthly. The group has collaborated on stock medication requirements, as well as developing a medical scope of practice for CSU services. They have determined the minimum CSU medical scope of practice, which includes the onsite treatment of the following conditions:
    - Diabetes
    - Hypertension
    - Seizures (Epileptic and Non-Epileptic)
    - Minor/Uncomplicated Wound Care
    - Intoxication (Alcohol & Opioid withdrawal) and other Substance Use Disorder (SUD)
    - Common Cold, Respiratory or Allergy Symptoms, Asthma
    - Gastrointestinal Symptoms (i.e., Nausea, Reflux, Constipation, Diarrhea)
    - Minor Aches and Pain (i.e., Headache, Minor Body Aches, Injury Related Pain)
- MDHHS has held a listening session with the pilot sites in the CSU Learning Community regarding bundled CSU billing and will be meeting with BCBS this month to ensure alignment with their coverage.
- Adult CSU Pilot Learning Community monthly meetings are continuing to occur. MDHHS and the Adult CSU Pilot sites are discussing various topics where collaborative decision-making needs to occur and where best practices from around the state are being shared. These discussions result in Adult CSU program requirements with corresponding certification evidence and best practices that will be compiled into an Adult CSU Best Practice Handbook. Thus far, the pilot cohort has discussed topics like prosocial and trauma-informed environments, family and natural support partnerships, and the roles of staff during triage and admission to an Adult CSU.
- MDHHS completed meetings with Accenture to design user stories to guide the anticipated workflow in the Customer Relationship Management System (CRM). A meeting was held May 23 that included pilot sites to illicit feedback regarding partner-side workflow concerns. User Acceptance Testing (UAT) began on August 21, allowing

MDHHS and pilot sites to walkthrough the full workflow of CSU certification applications in the CRM. The certification process went live in the CRM on September 20, but MDHHS must wait to build out certification content until the CSU Certification Standards have passed through the Administrative Rules process.

Child & Family Crisis Stabilization Units

The Michigan Child and Family CSU model is underway. The proposed model is focused on stabilizing and supporting not only the child, but also their family and their environment. Michigan already has child-only focused crisis services, including crisis residential and respite, so rather than duplicating existing service models, MDHHS is developing a model that can offer stabilization and support for the whole family unit. We understand that when a child is in crisis, their family and supports may also be in crisis. This model must honor the important role families have and the expertise they bring on their family situation. It must maximize opportunities to partner with them and support them as well as the child in stabilizing the crisis situation. MDHHS recognizes that many children are living without a supportive family unit, either placed in the care and custody of the State of Michigan or without engaged parents. These children will be welcomed and served in Michigan's Child and Family CSUs; in these cases, services will engage their caregivers, which may include child welfare professionals.

To provide preliminary guidance to entities beginning construction and design of Child and Family CSUs, MDHHS is drafting a concept model with thoughts and input from the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS). Feedback is being solicited internally first but will move to children's service providers for feedback next. Listening sessions will be held with people with lived experience to illicit child and family specific feedback on the model and specifics about program concepts and design. MDHHS's primary piece of guidance to providers aimed at developing a Child and Family CSU is to ensure that the space designed for this program allows for at least one caregiver to stay throughout the course of service and treatment. Additional guidance will be provided when available.

On January 11, 2024, MDHHS toured Community Mental Health Authority of Clinton Eaton and Ingham Counties' (CEI's) Child & Family CSU-like program which offers services similar to that which have been laid out in the draft model for Michigan Child & Family CSUs. CEI is continuing to share lessons learned and must-have community collaborations with MDHHS's CSU development team to support the development of this model.

Once the Adult CSU Certification Standards begin the administrative rules process, MDHHS will begin increased focus on the Child and Family CSU Certification Standards. The certification criteria for Child & Family CSUs are expected to be fully developed by the end of FY 24, with an implementation date in FY 25.

Adult Mobile Crisis Intervention Services

MDHHS' goal is to ultimately expand mobile crisis across the state for all populations, taking advantage of the enhanced Medicaid match. Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, BPHASA Service Delivery Transformation Section, and Bureau of Specialty Behavioral Health Services.

BCCHPS is working on an initiative, MI Kids Now, to improve mobile intensive crisis stabilization services for children. Michigan's Certified Community Behavioral Health Clinic (CCBHC) demonstration sites are implementing mobile crisis programs as well.

PA 162 and PA 163 of 2021 institutes a Diversion Fund and requires MDHHS to create a community crisis response grant program, in accordance with the recommendations of the Governor's Mental Health Diversion Council.

Project Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS and Bureau of Specialty Behavioral Health Services.
- Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible regardless of the provider. A common certification process will be developed.

- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement.
- The RFP process for mobile crisis intervention through the Diversion Fund has been initiated, and staff is working on developing the application for the Medicaid mobile crisis enhanced match.
- A crosswalk of mobile crisis requirements and best practices has been developed based on the Medicaid enhanced match, SAMHSA guidelines, MDHHS Children's mobile crisis, and CCBHC mobile crisis. This crosswalk will be the foundation of the Medicaid enhanced match work.
- A new MDHHS staff person has been hired to lead work on the RFP development and Medicaid Enhanced Match.

MI-SMART (Medical Clearance Protocol)

MDHHS, the Michigan Health and Hospital Association (MHA), and the Michigan Public Health Institute (MPHI) convened a development and implementation Medical Clearance workgroup, which created the MI-SMART form. Adapted from the SMART form, this framework will help providers from behavioral health – including community mental health, emergency medicine, and inpatient psychiatry – work together to best serve patients' needs. According to a pilot program study from Holland Hospital, they found that the MI-SMART Form decreased the length of stay for admitted patients by 9% and average charges per visit by 26% while also increasing emergency department efficiency. Similarly, Spectrum Health found that the length of stay in emergency department decreased.

Implementation is currently voluntary, but LARA has helped provided state licensing and federal certification regulatory compliance that supports the MI-SMART form. More information, including a recorded overview of the MI-SMART Form provided by co-chairpersons of the MI-SMART Medical Clearance Workgroup, can be found at www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/. Please reach out to mpcip-support@mphi.org regarding any questions about implementing MI-SMART at your facility.

Project Activities

- As of January 18, 2024: 52% of emergency departments, 64% of psychiatric hospitals, and 39% of CMHSPs have adopted/are implementing the MI-SMART form as proof of appropriate medical clearance. There are also several facilities that are pursuing the implementation of MI-SMART at their facility.
    - We are excited to welcome HealthSource Saginaw as our newest MI-SMART User!
    - We would also like to thank the Southeast Trinity Health Hospitals, Oaklawn Hospital, the University of Michigan, and UP Health System-Portage for meeting with our team and beginning the implementation process at their facilities!
- The Medical Clearance Planning Committee continues to work with MHA regarding the implementation and outreach of the MI-SMART Form. Most recently, this included joint communication to psychiatric hospitals not yet using the MI-SMART Form. This letter was signed by MHA Executive Vice President Laura Appel and MDHHS Senior Chief Deputy Director for Health Farah Hanley. Accompanying this letter were statements of support for the MI-SMART Form by Pine Rest Christian Mental Health Services, Trinity Health Grand Rapids, and Forest View Hospital.
- In the coming months, the Medical Clearance Planning Committee will begin offering continuing education credit for nurses and physicians who have watched the MI-SMART Form and completed the course evaluation. Communication will be sent to inform staff from emergency departments, psychiatric hospitals, and CMHSPs who may be interested in learning more about the MI-SMART Form when the course is live.

Psychiatric Bed Treatment Registry

In 2018, the Michigan Legislature passed Public Act 658(8), which requires the State of Michigan to implement a state-wide psychiatric bed registry. MDHHS is working with stakeholders to roll out a psychiatric bed registry. MDHHS's goal is to create a statewide, comprehensive network of all behavioral treatment providers, referrers, and social support resources that will provide the capability to link those in need of treatment to appropriate, available care, and is designed for use when the patient is ready or as crisis responders and other professionals identify an acute need.

As part of the legislation, MDHHS also created the Psychiatric Bed Registry Advisory Group to support the successful rollout and maximization of the registry to meet Michigan's needs. The Advisory Group participated in several activities

and will be re-engaged with the next phase of the project. If you have any questions, or are interested in providing feedback, please contact us at mpcip-support@mphi.org.

Project Activities

- In October 2023, the Michigan Department of Licensing and Regulatory Affairs (LARA) sent communication to all behavioral health providers notifying them of the decision to decommission the OpenBeds platform in Michigan, effective October 31, 2023.
- As OpenBeds will no longer house the psychiatric bed registry, MDHHS has made the decision to utilize the EMResource platform. Many emergency departments and inpatient psychiatric facilities are familiar with and using EMResource as it is currently utilized by the Bureau of Emergency Preparedness, EMS and System of Care at MDHHS in another capacity related to public health emergency.
- MDHHS will continue working with stakeholders to stand up the registry. Communication from MDHHS will be sent to stakeholders with more information on next steps in the coming weeks.
- MDHHS and Michigan Health and Hospital Association (MHA) are meeting together in early February for an initial demonstration of EMResource to start work on implementing a psychiatric bed registry.
- With the recent change to the psychiatric bed registry's platform, the advisory group will be re-engaged in March or April to provide support in the modification and implementation of the platform and the development of common standards of use.

Certified Crisis Professional Training Program

The Wayne State School of Social Work's Certified Crisis Professional Training aims to support the development and expansion of a workforce with skills to work within Michigan's Behavioral Health Crisis Services. The project will offer cutting-edge education and training to individuals who have direct practice experience working within mental health settings and college students enrolled in a professional program aimed at becoming a mental health professional. The credentialing program will provide education and skill-building courses that enhance crisis assessment and practice techniques necessary to intervene in behavioral health crises, performing skills-based support when engaging as a first responder. This training will meet MDHHS training requirements contained within certification for publicly funded crisis programs such as mobile crisis and crisis stabilization units. MDHHS is planning to shift its staff credentialing process to focus more heavily on competencies and standardized training requirements rather than on specific degrees.

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

Project Activities

- Faculty expertise. WSU SSW has successfully negotiated with a nationally renowned scholar on crisis response, Dr. Amy Watson, to lead this work. Other staff have now been added to the Wayne State team.
- Training development is underway. The training will be approximately 40 hours and composed of modules offered virtually both synchronously and asynchronously and face-to-face.
- CMHSP and CCBHC staff were surveyed to capture the current state of crisis worker training and suggestions for training content.
- An Advisory Committee, composed of representatives from MDHHS, CMHSPs, CCBHCs, the peer community and people with lived experience have provided feedback on the development of the training in terms of content and implementation.
- WSU is developing a pilot process for the training and will solicit participants through the Advisory Workgroup.

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

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

MDHHS established a new grant program to provide up to $200,000 to each CMHSP to expand ICSS for Children. MDHHS awarded grants to 18 CMHSPs in FY 23, and MDHHS will provide ongoing funding opportunities in fiscal years 2024 and 2025. MDHHS launched the first cohort on January 1, and established a learning community to support grantees in implementation and encourage peer-to-peer sharing of best practices. MDHHS also just released a Request for Proposals (RFP) to select a second cohort of CMHSPs for the grant program, and the second cohort will launch on October 1.

As part of this grant program, CMHSPs will expand ICSS for Children to address crisis situations for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school/childcare, or community. The awarding of these grants will allow CMHSP to develop staffing at the local level and increase access. Increased utilization will also help inform the development of Medicaid rates through the Prepaid Inpatient Health Plans (PIHPs) to allow for sustainable provision of these services. This program will allow CMHSPs to test different models (e.g., rural service delivery, 24/7 coverage, collaboration with other child-serving systems, etc.) using flexible General Fund dollars, and "lessons learned" will be integrated into Medicaid policy as permissible under federal law and regulations.

Project Activities

- MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
- MDHHS is collaborating with the Association for Children's Mental Health and Michigan State University to develop a survey to gain feedback from youth and families regarding their ICSS experience. This survey will be distributed to youth and families following every deployment of a mobile response team.
- MDHHS administered an RFP to select a second cohort of CMHSPs for the grant program.
- MDHHS is currently reviewing the submitted applications to evaluate the award grants to a limited set of bidders.

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its members. To be added to the distribution list for this update, please contact MPCIP-support@mphi.org.
988 or MiCAL questions, feedback, or complaints - contact us here.

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Michigan Department of Health & Human Services

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Time frame for 988 reporting is for April 19, 2021 to December 31, 2023 except as noted with* for December 2023 and ** for last 90 days

Metrics for 988* December 2023

Offered 6756

Answered 6246

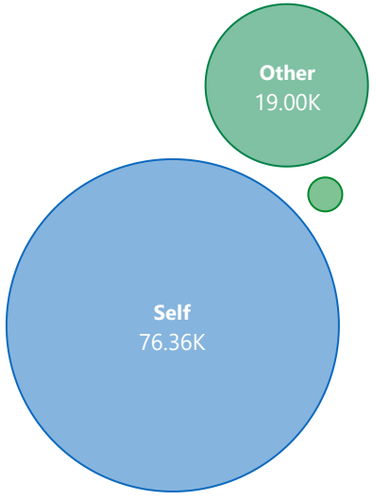
Answer Rate 92%

Avg. Speed of Answer (H:M:S) 00:00:13

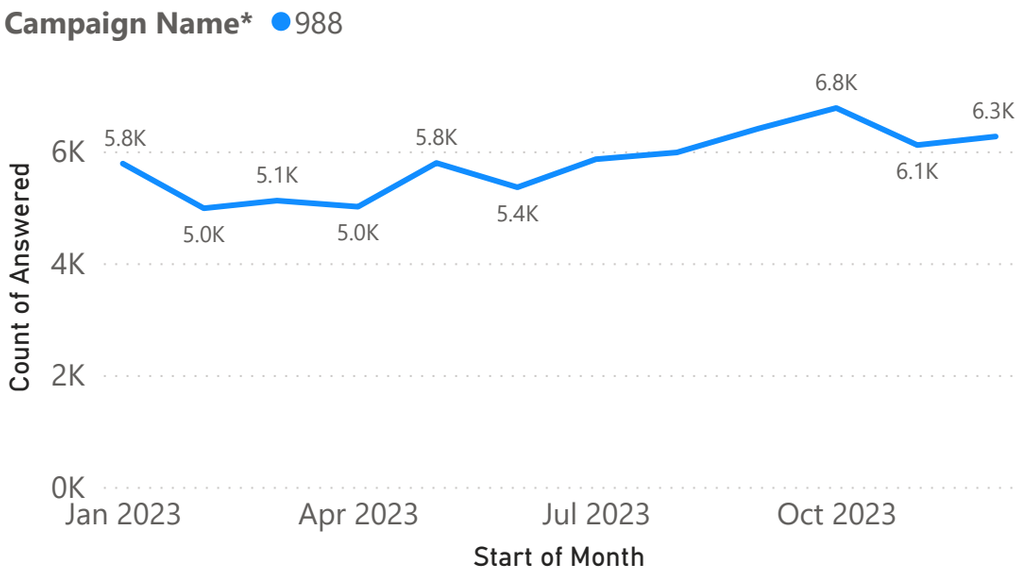
Avg. Talk Time 00:11:12

Goal (90% Answered in 20 Seconds) 92%

988 Caller Type

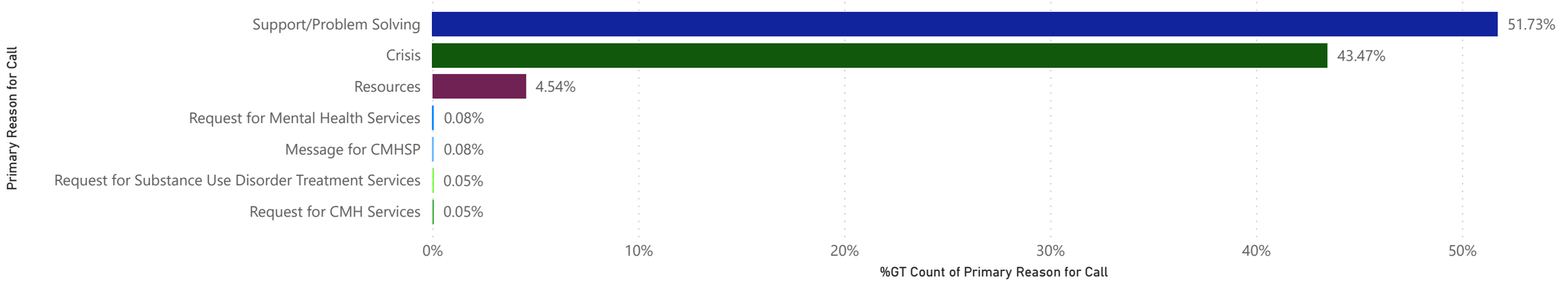


Call Volume Trends



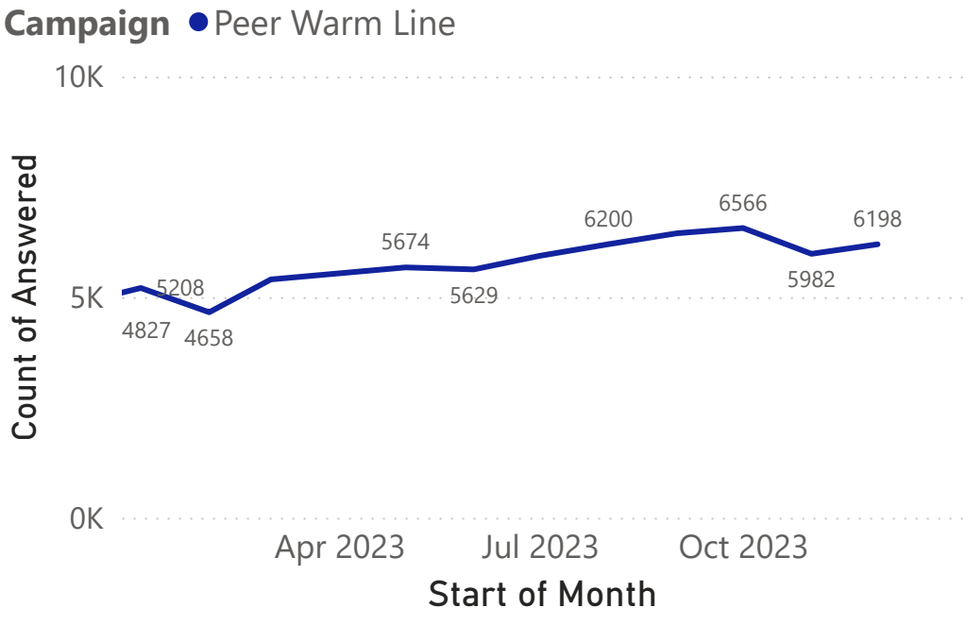
Campaign Name	Sum of Answered
988	107650

Reason for 988 Calls in Last 90 Days** (from Oct 2, 2023 to December 31, 2023)

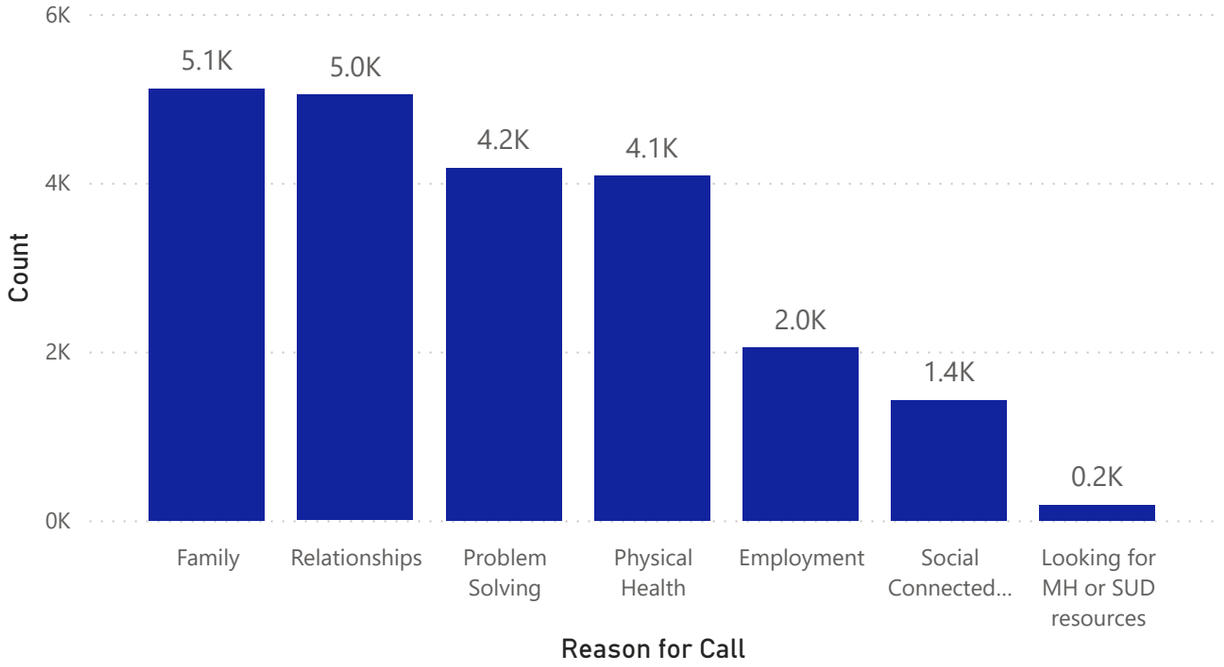


Michigan Warm Line Report - *Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.*

Call Volume Trends, January 1, 2023 to December 31, 2023



Frequency of Reason(s)* for Calls in Last 90 Days (October 2 to December 31, 2023)



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

Call Volume, January 1, 2023 to December 31, 2023

Campaign Name	Answered
Peer Warm Line	69392

Call Volume, from Campaign Start (April 19, 2021) to December 31, 2023

Campaign Name	Answered
Peer Warm Line	136178

Metrics for Warm Line, December 2023

Entered in Line (Queued) **7103**

Avg. Time in Queue (H:M:S) **00:01:01**

Avg. Talk Time **00:13:52**

Front Line Strong Together Metrics for Period as Noted Below

Metrics for Line, December 2023

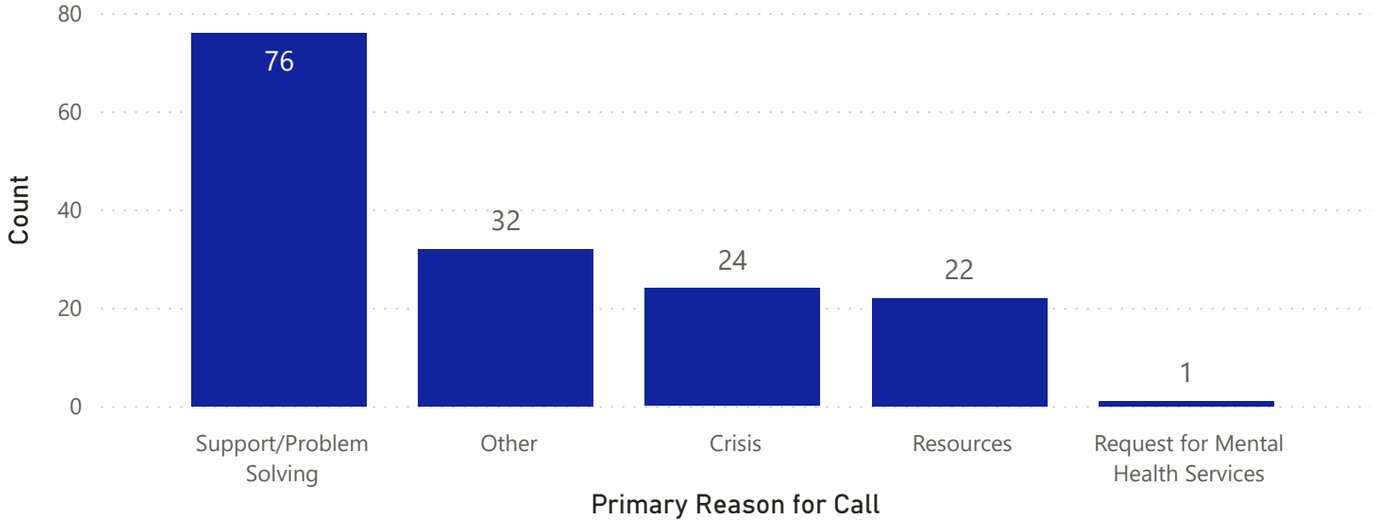
Avg. Time in Queue (H:M:S) 00:00:10

Avg. Talk Time 00:08:59

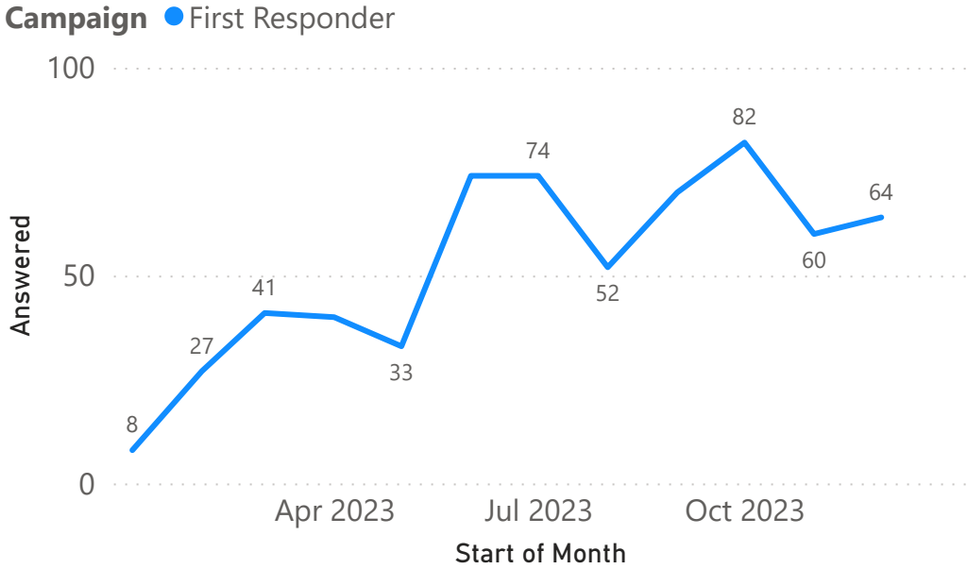
Call Volume, August 15, 2022 to December 31, 2023

Campaign Name	Answered
First Responder	691

Frequency of Primary Reason for Call in Last 90 Days (October 2 to December 31, 2023)



Call Volume Trends, January 1, 2023 to December 31, 2023



First Responder Type, August 15, 2022 to December 31, 2023