



Michigan Behavioral Health Crisis System

June 2023 Update

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MI Behavioral Health Crisis System

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

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

Two-part Crisis System

1. Public service for anyone, anytime, anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile Crisis, and Crisis Receiving and Stabilization Facilities.
2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues through Community Mental Health Service Programs.

Opportunities for Improvement

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

988 MiCAL Implementation

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

Michigan Crisis and Access Line (MiCAL) Overview

- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Based on SAMHSA's Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls. MiCAL will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- Supports all Michiganders with behavioral health and substance use disorder needs and locates care, regardless of severity level or payer type. Warm hand-offs and follow-ups, crisis resolution and/or referral, safety assessments, 24/7 warm line, and information or referral offered.
- MiCAL will not replace CMHSP crisis lines. It will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, Mobile Crisis Teams, and Crisis Stabilization Units.
- Piloted in Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.

988 Overview

- **988 went live on July 16, 2022**, as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose:** With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health, emotional, and substance use crises in addition to people feeling suicidal.
- **988 Implementation Plan:** Michigan's Official 988 Implementation Plan was submitted to Vibrant and SAMHSA on January 21, 2022. It was developed by a cross sector stakeholder group through a Vibrant funded planning process.
- **Michigan Coverage:** As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties through MiCAL. Seven counties have primary coverage through Network 180, Gryphon Place, or Macomb CMH.
- **988 Chat and Text:** MiCAL will also be responsible for answering 988 chats and texts in the future. Currently a national backup center answers chats and texts for Michigan.
- Vibrant is contracting with federally funded back up centers to answer call, chat, and text overflow.
- **988 Statewide Metrics:** April 2023
 - Total Calls Received: 6,228
 - Average Speed of Answer: 26 Seconds
 - Answer Rate: 89.0% (*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 & Average Speed of Answer were pulled from Vibrant's State Report
 - The Answer Rate was calculated using the Total Calls Answered as reported by the centers divided by the Total Calls Received as reported by the center. Due to the data discrepancies between Vibrant's and centers' data, Michigan will rely on the 988 Center's total calls received when reporting the answer rate.

Current Activities for 988/MiCAL

- MDHHS received a 2-year SAMHSA 988 Implementation grant mid-April 2022. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.

- **MiCAL Rollout:** MiCAL has rolled out statewide in two phases.
 - **Phase 1 FY 22:** January 2022 - MiCAL rolled out statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
 - Coordination is in place with services in all PIHP geographic regions as of October 31, 2022. [Map of the Prepaid Inpatient Health Plans \(michigan.gov\)](#).
 - **Phase 2 FY 23:** CMHSP After Hours Crisis Coverage. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula. There are no plans for expansion at this time.
 - Afterhours Process Improvement meetings occurred throughout September and October 2022 to gather CMHSP and PIHP feedback and recommendations.
- MiCAL integration with OpenBeds/MiCARE is complete, allowing MiCAL staff to access all behavioral health resources housed within this platform.
- A considerable change that was made to our original project timeline was postponing our in-state answering of 988 chat and text until FY 24 or FY 25. The decision to postpone in-state coverage was discussed in depth and the choice was made to postpone this activity until the MiCAL platform can integrate with the universal platform to allow MiCAL staff access to MiCAL customer relationship management (CRM) technology functionality when answering chats and texts. Stable funding also needs to be identified prior to expanding to text and chat coverage.
- **There have been 151,878 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, 988, Frontline Strong Together, and CMHSP afterhours calls).** See April monthly metrics.
- **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 group discussions about specific 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 to 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. It will also be shared with 911 centers as an informational tool. During May's workgroup meeting, each of the centers outlined their steps for reviewing emergency interventions, and ways in which they could possibly improve processes, after the fact.
 - 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 that they have been working on developing. Both of these educational materials are intended to be shared with the public to help them better understand when to call 911, versus when to call 988, or 211. These educational materials also outline the different services that are provided by 988, 911, and 211. The workgroup invited 211 to participate, collaborate, and provide feedback on the educational materials that were being developed as well as discuss ideas for future collaboration efforts. These developed materials, as well as updated answers regarding 988 vs. 911, will be added and available for download and distribution this month in a newly Michigan specific toolkit on MDHHS' 988 website (Michigan.gov/988.)
- 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 PSAP to get a 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.
 - 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 more Michigan specific 988 materials. We are very excited to announce that some new materials have been finalized and will be shared with partners via the 988 Stakeholder list serv at some point this month and will be made available to download, print, and share to the public via the MDHHS website that has been indicated above.
 - While Michigan is still in the development phase of creating more of a variety of Michigan specific 988 materials, MDHHS is encouraging interested individuals to utilize SAMHSA's existing partnership toolkit for available and shareable 988 materials: [988 Partner Toolkit | SAMHSA](#).
 - MDHHS has been providing presentations to key stakeholder groups. Presentations include but aren't limited to: Michigan Suicide Prevention Commission, Governor's Diversion Council, Michigan NAMI, TYSP- Emergency Department Community of Practice, Tribal Nations Behavioral Health Meeting, the Community Technical Assistance (CTAC) Conference, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
 - Michigan 988 is invited to present at this year's 2023 CIT International Conference in August. To learn more information about this conference, and to register, please visit: [CIT International - 2023 Conference Details](#).
 - On June 16, 2023, members of the 911/988 Workgroup have been invited to give a presentation to the Michigan Suicide Prevention Commission. The presentation will outline and inform Commission members, and the general public, of the collaborative discussions, work, deliverables, and activities that the workgroup has achieved to date as well as discuss future action items and efforts that will be taking place moving forward. Michigan Suicide Prevention Commission meetings are open to the public and attendance is accessible both virtually and in person. If you are interested in attending June's Commission meeting, please click [here](#) for more information.
- **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 in Michigan is accessible to all Michiganders, especially those who may be at a statistically heightened risk for a behavioral health crisis. Thus, MDHHS is currently actively partnering with Michigan Stakeholders to identify public awareness activities that specifically focus on targeting and

reaching high-risk or underserved populations. Through our trusted Stakeholders we will also be focusing on how best to utilize existing trusted channels to assist in reaching all Michiganders in order to help spread information and awareness about 988, who can utilize it, and what other resources exist.

- 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. The processes of hosting and conducting listening sessions has now progressed. The Initial listening sessions, that had focused on LGBTQ+ youth, are in the process of wrapping up. 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.
- We had our first kick off stakeholder meeting November 10th. The intention for the meeting was to provide an overview of SAMHSA and Vibrant’s marketing recommendations, discuss Michigan’s current and future approach to marketing 988, and provide a space to collaboratively work together to develop a comprehensive public awareness/marketing plan that utilizes existing communication channels that target people most at risk for a behavioral health crisis.
- In December, MDHHS hosted a series of breakout sessions with Michigan stakeholders to engage in more in-depth conversations around tailoring support and resources to all Michiganders, especially those who are considered to be high-risk or underserved populations. The meetings were immensely informative and enlightening in outlining individual community needs regarding marketing 988 in Michigan. Michigan is currently in the processes of finalizing their 988 Marketing Plan. Once it has been formalized, MDHHS will reach back out to stakeholders to outline the identified plan, answer questions, and ask for feedback.

Current Activities for Michigan Peer Warmline and Frontline Strong Together

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide and operates 10 am to 2 am 7 days per week.
- Michigan Peer Warmline has data gathered during the call, i.e., reason for the call and services and has compiled a monthly dashboard. See April monthly metrics.
- **There have been 90,884 Warmline encounters since go-live at the end of April 2021.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is operated under MiCAL by Common Ground and is available statewide 24/7. Frontline Strong Together is a crisis line specifically for first responders (police, EMS, fire, dispatch, and corrections) to provide free, confidential support and effective resources.
- Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Frontline Strong Together went live in August 2022.
- Specialty first responder-specific resources have been incorporated into the Customer Relationship Management System to provide readily available resources to those calling in.
- The Project Manager has set up an office at the All for Oxford Resiliency Center once a week to reach out and serve as a resource to first responders.
- The Project Manager has also participated in a podcast, Minds on the Frontline, to discuss what to expect when calling Frontline Strong Together. This can be viewed here: [Minds on the Frontline Podcast - Episode 1 - YouTube](#)
- Frontline Strong Together is currently working on expanding visibility, including marketing, QR codes for easy access, and outreach to relevant stakeholder groups to increase awareness of the number.
- **There have been 217 Frontline Strong Together encounters since go-live mid-August 2022.** See April monthly metrics.

Crisis Stabilization Units

Overview

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

CSU Current Activities

Adult CSU Certification Standards drafted by the CSU Certification Standards Workgroup are in process of review.

- MDHHS is meeting with the CSU Pilot Sites individually to illicit feedback and obtain their approval of the Draft Standards.
- Once all CSU Pilot Sites have had the opportunity to share feedback and offer approval of the draft rules, we will begin the administrative rules process, which will include widespread feedback opportunities for service providers and the community. We aim to start this administrative rules process in Summer/ Fall of 2023.
- The CSU Certification Standards Workgroup will be tasked with supporting MDHHS in addressing all feedback received during the administrative rules process.
- Pilot sites of the CSU Community of Practice include ACCESS, CEI Community Mental Health, Common Ground, Detroit Wayne Integrated Health Network, Genesee Health System, HealthWest, Hegira, Macomb County Community Mental Health, Network 180, Northern Lakes Community Mental Health, and Pine Rest Christian Mental Health Services (in partnership with Integrated Services of Kalamazoo).
- Monthly CSU Pilot Cohort meetings are scheduled to begin in June 2023.
- The Community of Practice Pilot will result in the creation of the Best Practice Implementation Handbook and formal certification of all CSU pilot sites.
- Public Service Consultants, as CSU Pilot Facilitators, will hire 3 to 4 people with lived experience to participate on the CSU pilot. These individuals will provide insight into their experience, supporting the Pilot sites and MDHHS in designing stigma-free services and programming. We have extended the application deadline to July 7, 2023. If you are interested in applying, please contact MDHHS-CSU@michigan.gov.
- The Michigan Model has been tailored to include Children and Families. Once the Adult CSU Certification Standards begin the administrative rules process, we will begin increased focus on the Children & Families CSU Certification Standards. Listening sessions will be held with people with lived experience to illicit child and family specific feedback. The certification criteria for Children & Families CSUs are expected to be fully developed by the end of FY 2024, with an implementation date in FY 2025.
- MDHHS has been meeting twice weekly with Accenture to design user stories to guide the anticipated workflow in the Customer Relationship Management System (CRM). A meeting was held May 23, 2023, that included pilot sites to illicit feedback regarding partner-side workflow concerns.
- A full time CSU Specialist has been hired, Alyssa Newmoyer, starting her role on April 17, 2023. A full time CSU Certification Analyst Position has been posted with hopes of hire by June 2023.
- A new CSU email inbox has been created: MDHHS-CSU@michigan.gov. This inbox will provide a centralized point of contact for anyone needing to discuss CSU-related concerns.

Adult Mobile Crisis Intervention Services

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- Per Diversion Fund legislation MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and their intensive mobile crisis stabilization services.

Current Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, and Bureau of Specialty Behavioral Health Services.
- Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible.
- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- MDHHS has hired staff to initiate an RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.
- A crosswalk of mobile crisis requirements and best practices is being 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.

MI-SMART (Medical Clearance Protocol)

Overview

Psychiatric patients are often at risk of being both under screened and over screened. The MI-SMART protocol enhances patient care by standardizing a thorough and comprehensive medical clearance process without subjecting patients to unnecessary testing. 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.

A workgroup made up of representatives from emergency medicine, psychiatry, community mental health, etc., was held pre-COVID-19 and has continued to convene since. The workgroup incorporated examples from two pilots in development of this form and protocol: 1) the Southeast Michigan Medical Clearance Pilot and 2) the Southwest Michigan SMART Form Pilot.

Implementation is currently voluntary, but LARA has helped provided state licensing and federal certification regulatory compliance that supports the MI-SMART Form. More information can be found at www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/.

Current Activities

- As of 5/25/23: Adopted/accepted by 55 Emergency Departments, 31 Psychiatric Hospitals, and 18 CMHSPs.
 - Several facilities are pursuing the implementing of MI-SMART at their facility, including Helen Newberry Joy Hospital and Sparrow Health System.
 - We are excited to welcome McLaren Lapeer and Gratiot Integrated Health Network as our newest MI-SMART users!
- The co-chairpersons of the MI-SMART Medical Clearance Workgroup has recorded an overview of the use of the MI-SMART, which can be found at <https://mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/>. Please contact mpcip-support@mphi.org regarding any questions and/or for next steps about how to get MI-SMART implemented at your facility.
- 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 from MHA and MDHHS has been sent out 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 supports for the MI-SMART Form by Pine Rest Christian Mental Health Services, Trinity Health Grand Rapids, and Forest View Hospital.
- MDHHS distributed a letter to send to PIHPs/CMHSPs aiming to work regionally to increase adoption of the MI-SMART Form. Following this letter from MDHHS, CMHSPs were informed of the emergency department partners in their area using the MI-SMART Form.

Psychiatric Bed Treatment Registry

Overview

In 2018, the Michigan Legislature enacted PA 658 that included language requiring the Michigan Department of Health & Human Services (MDHHS) to implement and maintain a statewide Psychiatric Bed Registry (PBR) in Michigan. The Michigan Legislature also enacted separate legislation that required the Michigan Department of Licensing & Regulatory Affairs (LARA) to establish a statewide bed registry for substance use disorders. Because of the similarity between potential users of the two registries and target populations, MDHHS and LARA collaborated and decided to integrate both registries into one comprehensive platform. This electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services. MiCARE will eventually house all private and public Behavioral Health Services and will have a public facing portal. MiCARE will be housed on the OpenBeds platform.

As part of the legislation, MDHHS also created the Psychiatric Bed Registry Advisory Group to support the successful rollout and maximization of the OpenBeds platform to meet Michigan's needs. The Advisory Group participated in several activities such as the creation of process and performance measures of OpenBeds, the development of an evaluation plan to monitor and assess the functionality and level of use of the registry during and after implementation, editing MiCARE filter options, and the development of a psychiatric hospital survey. The Psychiatric Bed Registry has transitioned to meet on an as needed basis.

Current Activities

- MDHHS and LARA, in partnership with Bamboo Health, hosted a demonstration of the OpenBeds platform for all bed searchers. This allowed those who have not had a chance to attend a demonstration the opportunity to learn more about the OpenBeds platform. A recording of the demonstration is available at <https://mpcip.org/mpcip/micare/>.
- MDHHS and LARA have continued to reach out to stakeholders about the rollout and their facility's onboarding into MiCARE.
 - MDHHS has been, and will continue, contacting and working with psychiatric facilities. Nearly two-third of all psychiatric hospital have been fully onboarded into MiCARE. Please contact mpcip-support@mphi.org if you have any questions about the onboarding process.
 - LARA has met with all PIHP regions about their rollout of MiCARE and will be holding additional meetings to continue the rollout process for providers in the PIHP regions. The focus is on substance use disorders treatment services. CMHSPs are being contacted to be brought on as searchers. Please watch for emails for more information.
 - All Emergency Departments received communication from LARA notifying them of the MiCARE rollout. Facilities were encouraged to work with Bamboo Health's OpenBeds® team to onboard their Emergency Department in the network.
- MDHHS has conducted a series of small group listening sessions with representatives from Psychiatric Hospitals, Community Mental Health Services Programs, and Emergency Departments. The goal is to understand partner requirements so that MDHHS could provide technical assistance and support to facilities utilizing MiCARE and to develop usage protocols for MiCARE. In doing so, MDHHS would like to gain an understanding of how to implement the platform in the most optimal and cost neutral way. MDHHS will continue to meet individually with stakeholders to gain feedback. If you are interested in providing feedback, please contact us at mpcip-support@mphi.org.
- MDHHS and LARA are holding internal meetings to strategize about improving MiCARE adoption.
- Please watch for additional communication to stakeholders containing the next steps for MiCARE/OpenBeds.

Crisis Response Training Program

Overview

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

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

Current Activities

- Contract formalized. Egrams objectives, budget, budget narrative completed and submitted (12/16/22).
- Formation of Advisory Board. Consultants with various expertise selection; formalization of consultation contract underway.

- Faculty Expertise. WSU SSW has successfully negotiated with a nationally renowned scholar on crisis response, Dr. Amy Watson, to lead this work.
- Exploration of Peer training. Meeting set with Pam Werner for January.
- Regular meetings with MDHHS staff review training topics and assuring alignment with other MDHHS training initiatives such as Behavioral Health Emergency Partner training (BHEP).

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

Overview

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

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

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

Current Activities

- MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
- MDHHS is collaborating with the Association for Children's Mental Health and Michigan State University to develop a survey to gain feedback from youth and families regarding their ICSS experience. This survey will be distributed to youth and families following every deployment of a mobile response team.
- MDHHS is administering an RFP to select a second cohort of CMHSPs for the grant program, and the deadline for RFP submissions is June 21, 2023.

Mental Health Diversion Council

Background and Initiatives Summary

In February of 2013, Governor Rick Snyder established the Mental Health Diversion Council through Executive Order 2013-7. The council is charged with "...reducing the number of people with mental illness or intellectual or

developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety.” In March of 2014, Governor Snyder expanded the scope of the Diversion Council to incorporate the issue of juvenile justice through Executive Order 2014-7. The Council’s membership was expanded from 14 to 18 members to include juvenile justice experts and since then, an action plan specific to the juvenile justice population has been adopted.

Recommended Initiatives/Pilots: The Council has funded various pilots to initiate innovative ways to divert/deflect people with mental illness, substance use disorder, and developmental disabilities (both adult and juvenile) from incarceration or detention. The goal of these initiatives/pilots is to gather data to replicate preferred and best practices throughout the state. Past initiatives include implementation of CIT, Juvenile Diversion programs, boundary spanners and jail clinicians, Forensic Assertive Community Treatment (FACT), diversion units/centers, specialty courts and longer-term housing programs.

Progress Evaluation: The Council partners with the **Center for Behavioral Health and Justice** at Wayne State University’s School of Social Work to establish baseline data for projects and evaluates that data to determine relevance, ability to replicate across the state, sustainability, and best practices. Data collected includes prevalence of *serious mental illness in jails, recidivism among individuals with serious mental illness, and Crisis Intervention Team training.*

Mental Health Diversion Council Projects Summary

- Revision and implementation of statewide law enforcement and behavioral health trainings (BHEP-Behavioral Health Emergency Partnerships training for law enforcement, behavioral health and first responders).
- Modified and codified Assisted Outpatient Treatment law.
- Updated Guardianship, serious offender, juvenile justice, Assisted Outpatient Treatment statute.
- Proposed modified legislative language for IST and misdemeanants.
- Implemented statewide **technical assistance** for diversion efforts within counties.
- Sponsored statewide pilots to address diversion/deflection initiatives for adults and juveniles.
- Executed statewide assessment system for juveniles (MJJAS).
- **Partnership** with the Center for Behavioral Health and Justice at the Wayne State University School of Social Work for continued county intervention surrounding diversion/deflection as well as data gathering and evolution.
- Proposed and received dedicated State General Jail Diversion appropriation for behavioral health services (Jail Diversion Fund).
- Sought and implemented Data driven institution of best practices, **recommendations** Surveys, Executive Summaries and Gap Identification.
- Promotes the use of Boundary Spanners to effectuate the diversion of persons with mental illness throughout the entire criminal justice process.
- Improve behavioral health treatment upon re-entry into the community from institutional settings including exploration of statewide eligibility standards.
- Develop and implement best practices for warm handoffs from all institutional settings.
- Collect baseline and performance indicators for each intercept point.
- Utilize sequential intercept mapping techniques and the **Stepping Up** initiative concepts as well as other national models to develop best practices in Michigan.
- Utilize the **Center for Behavioral Health and Justice** to promote national best practices statewide.

See February 2023 Statewide Impact: Mental Health Diversion Council and CBHJ.

MDHHS - Crisis Services & Stabilization Section Updates

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

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

As we continue to move forward with the rollout of MDHHS BPHASA business processes, we want to clear up any confusion and announce that this system is to be formally named the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). Effective immediately, please ensure all communications align with the name change.

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

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its' members.

To be added to the distribution list for this update - please contact MPCIP-support@mphi.org

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

Krista Hausermann, LMSW, CAADC

Crisis Services and Stabilization Section Manager,
Bureau of Specialty Behavioral Services,
Behavioral & Physical Health & Aging Services Administration

HausermannK@Michigan.gov



Time frame is April 19, 2021 to April 30, 2023 as indicated * MiCAL also includes CMHSP, First Responder, ER/ Hospital (ED) and 988 calls except as noted **

Metrics for MiCAL, April 2023

Offered 8076

Answered 7446

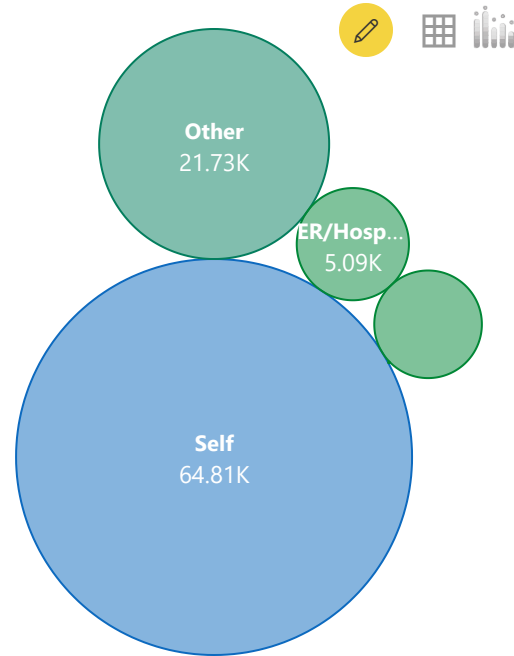
Answer Rate 92%

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

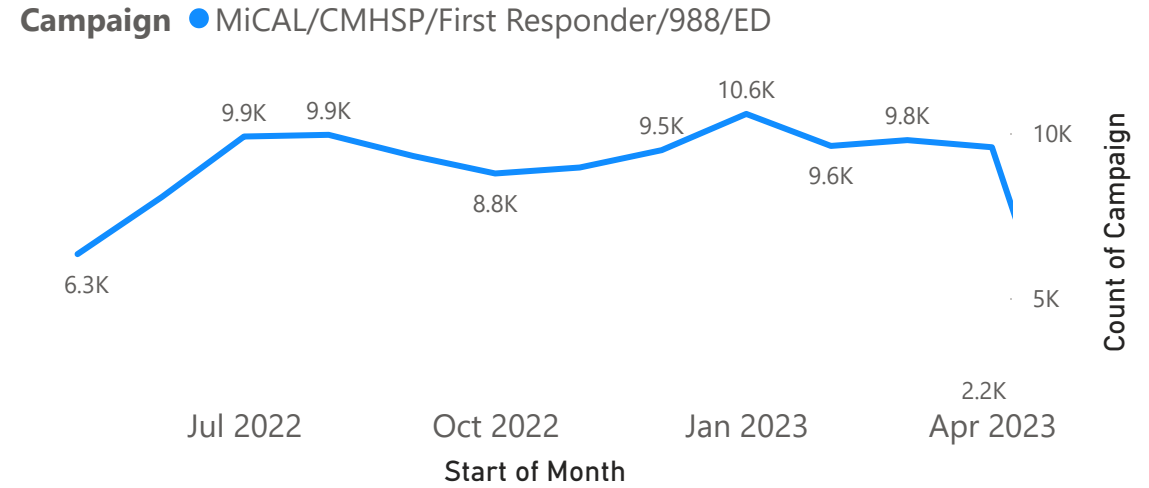
Avg. Talk Time 00:09:42

Goal (90% Answered in 20 Seconds) 88%

MiCAL Caller Type*

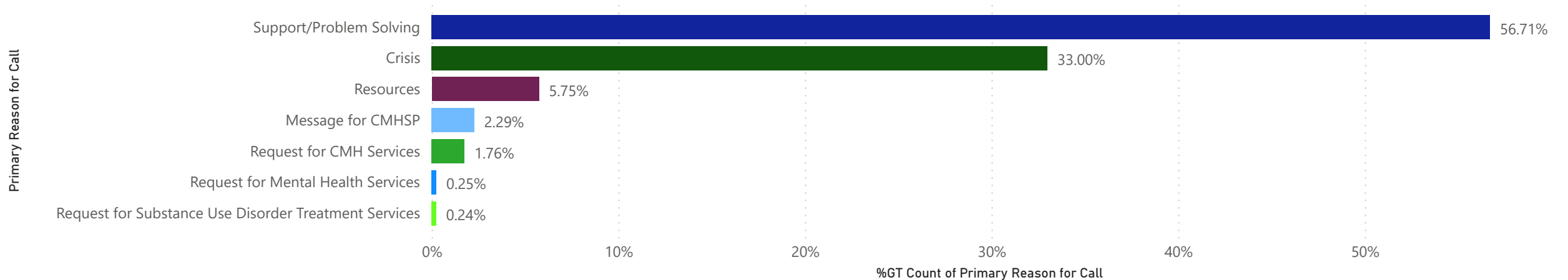


Call Volume Trends*



Campaign Name**	Inbound	Outbound	Total
988	66809	269	67078
MiCAL/CMHSP/First Responder/ED	64851	19949	84800

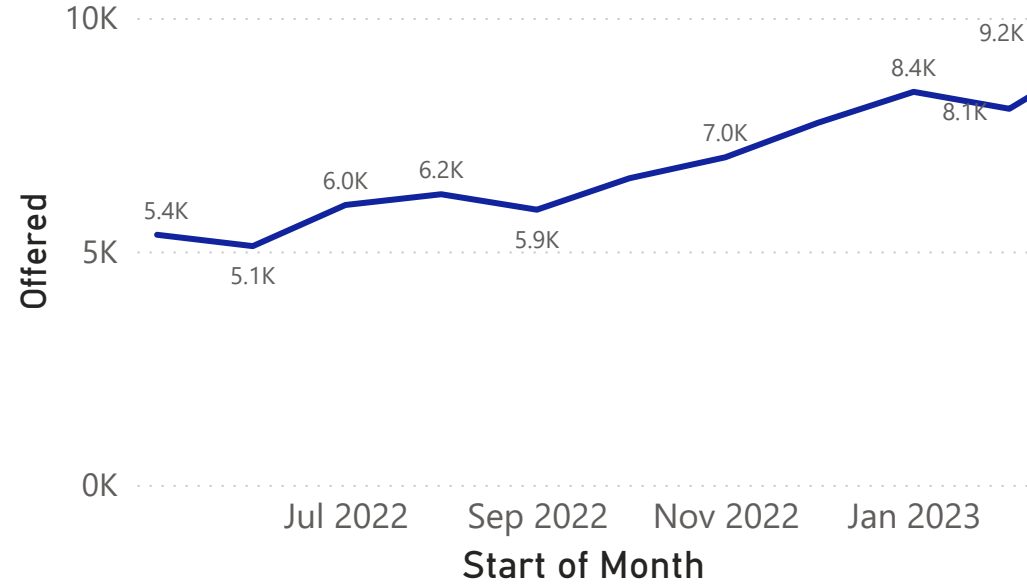
Reason for MiCAL Calls in Last 90 Days (from January 30, 2023 to April 30, 2023)



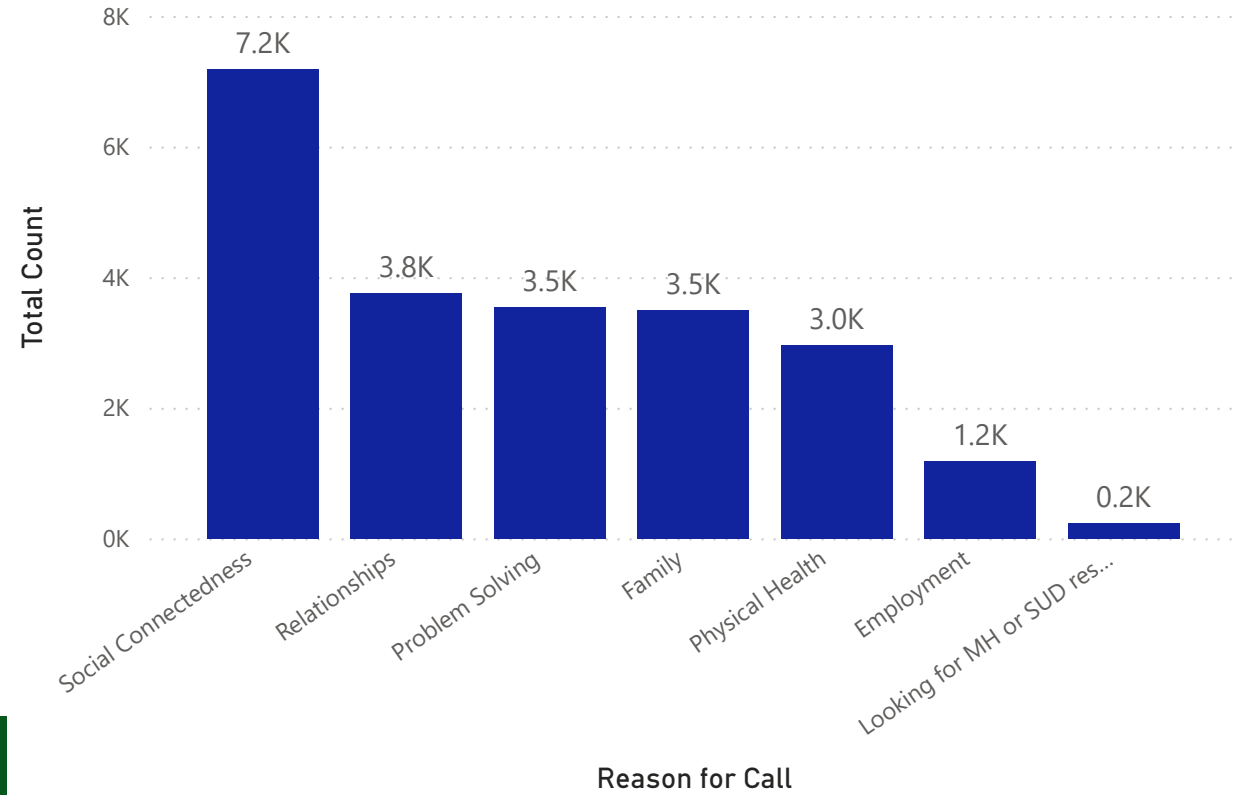
Michigan Warm Line Report - Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.

Call Volume Trends, May 1, 2022 to April 30, 2023

Campaign ● Peer Warm Line



Frequency of Reason(s)* for Calls in Last 90 Days (January 30 to April 30, 2023)



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

Call Volume, May 1, 2022 to April 30, 2023

Campaign Name	Offered
Peer Warm Line	83735

Call Volume, April 19, 2021 to April 30, 2023

Campaign Name	Offered
Peer Warm Line	132940

Metrics for Warm Line, April 2023

Avg. Time in Queue (H:M:S) 00:00:59

Avg. Talk Time 00:13:46

Front Line Strong Together Metrics for Period as Noted Below

Metrics for Line, April 2023

Avg. Time in Queue (H:M:S) 00:00:22

Avg. Talk Time 00:15:56

Call Volume, August 15, 2022 to April 30, 2023

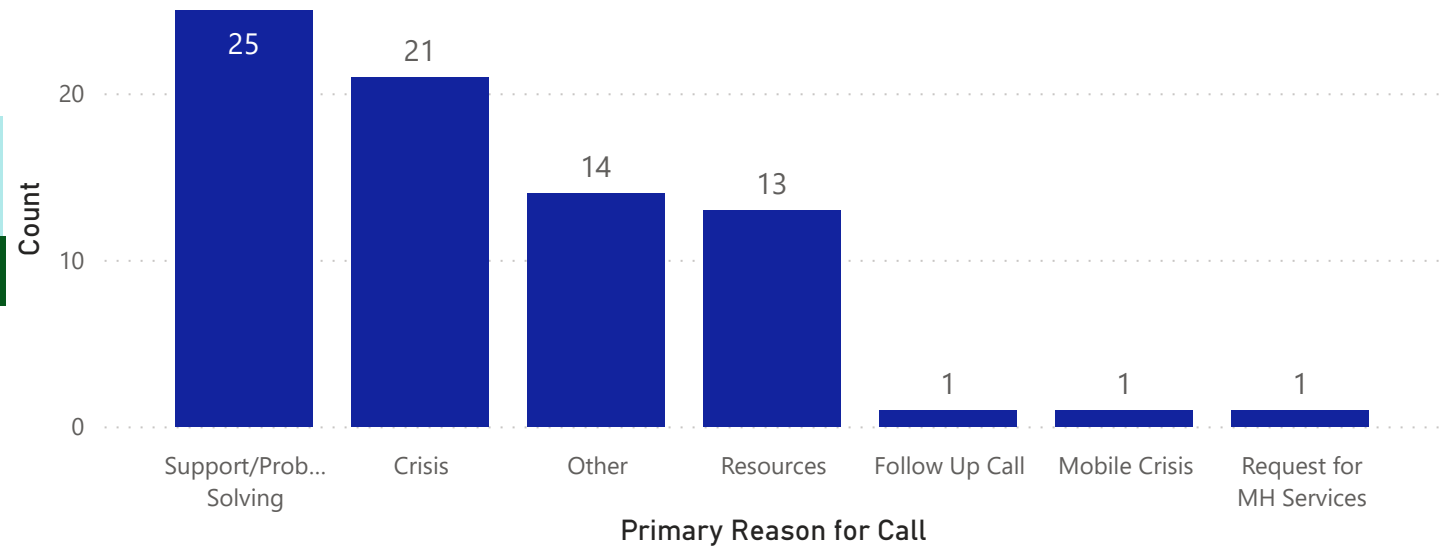
Campaign Name

Offered

First Responder

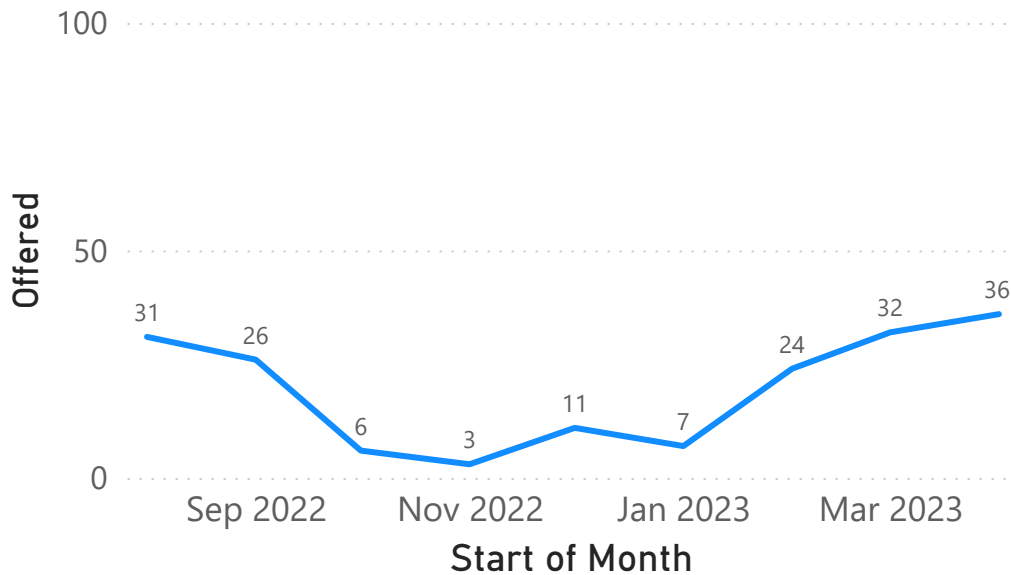
176

Frequency of Primary Reason for Call in Last 90 Days (January 30 to April 30, 2023)

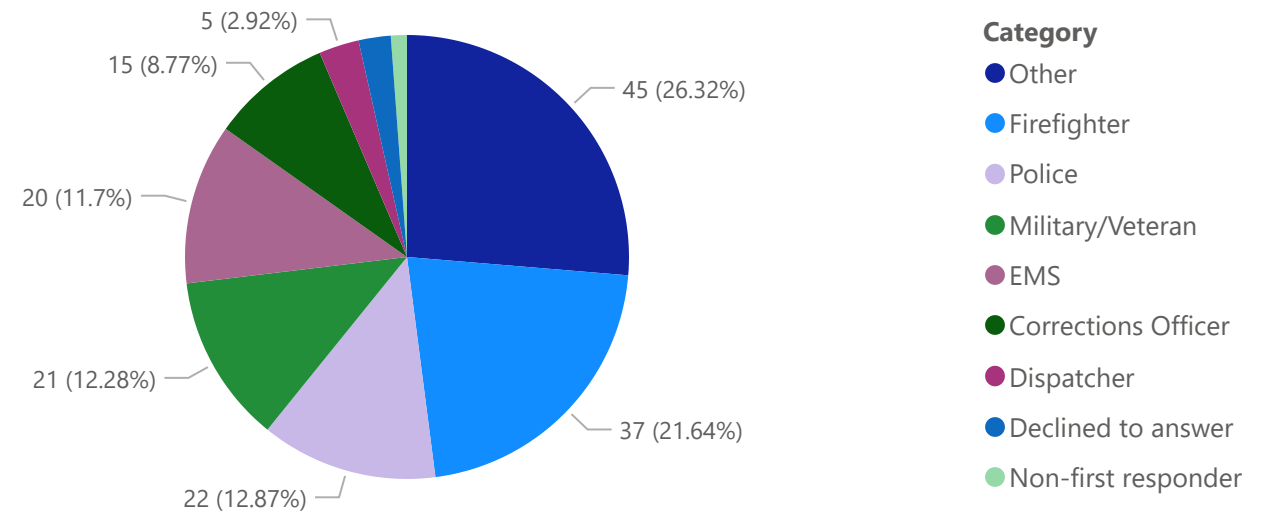


Call Volume Trends, August 15, 2022 to April 30, 2023

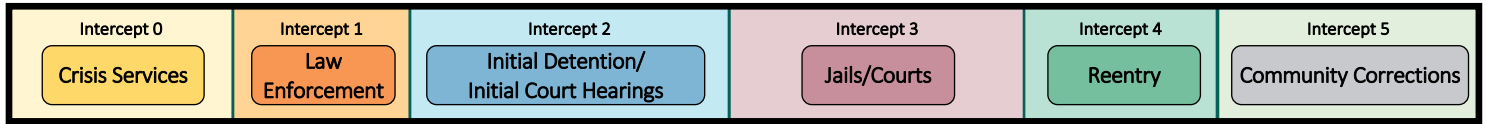
Campaign ● First Responder



First Responder Type, August 15, 2022 to April 30, 2023



Since 2015, the [Center for Behavioral Health and Justice](#) (CBHJ) has served as consultants and evaluators for the [Mental Health Diversion Council](#). The [partnership](#) has produced a number of robust programs that have engaged criminal/legal and behavioral/physical health agencies in 29 counties across the state, providing, evaluation, training, and technical assistance to optimize diversion of individuals from involvement in the criminal/legal system. Thanks to the generosity of the Diversion Council, these services come at no cost to the counties. [Learn more](#)



Jail diversion pilot evaluation (2015-2020)

Between 2014 and 2017, ten counties were funded by the Diversion Council for pilot projects (Barry, Berrien, Kalamazoo, Kent, Livingston, Marquette, Monroe, Oakland, St. Joseph and Wayne Counties). The two-phase evaluation was initially focused on the success of pilot programs, followed by a systems-level evaluation of diversion activities across the intercepts. This robust program produced many key [findings](#), [recommendations](#), [publications](#) and [resources](#).



- 23%** 23% of those booked into jail screened positive for **serious mental illness** (2019).
- 38x** **CIT trained officers** were 38 times more likely to use the Crisis Center.
- 2x** Individuals who got a diversion service in jail were twice as likely to get a **mental health service** in the community.
- Counties that increased pre-booking interventions showed **decreased SMI jail bookings** over two years.

Stepping Up technical assistance (2019-current)

[Stepping Up](#) is a national initiative to reduce the number of people with mental illness in jails. While local support is strong, communities often lack sufficient data and technical expertise to effectively move forward with the initiative. To assist, the CBHJ provides customized [technical assistance](#), including prevalence and jail-based services data, evidence-based recommendations, strategic planning, initiation of local advisory boards, and development of sustainable data practices that can be integrated across county systems. To date, the CBHJ has worked with 26 counties across the state.



- 24%** 24% of those booked into Stepping Up county jails screened positive for **serious mental illness** (2020).
- 55%** 55% of those booked into Stepping Up county jails indicated **substance use** issues (2020).
- Standardized screens** identified more individuals with mental health needs (24%) than were known to the jail (14%) (2020).

Data dashboard (2020-current)

The data dashboard was created to centralize access to data for counties on a county, regional, and state level. Data variables have been compiled from several publicly available data sources, allowing criminal justice, behavioral health, and other data sets to more easily inform decision-making, grant proposals, and more. In the current phase of the dashboard project, variables collected across all CBHJ programs will be made publicly available for the first time.

[Visit the dashboard](#)

Crisis response (2021-current)

Informed by [SAMHSA guidelines](#), the CBHJ seeks to understand crisis services across the state and help local communities work toward a comprehensive crisis continuum for those in crisis to have someone to talk to, someone to respond, and a place to go. A three-phase data collection project explored the current state of crisis response and investigated short-term outcomes for common program models. Now, data analysis seeks to assess long-term impact of crisis response, system engagement for individuals in crisis, and cost effectiveness. Local communities are also receiving tailored technical assistance to provide them with strategic planning, systems mapping, and custom data collection.



- 30%** Only 30% of public safety telecommunicators said they **refer callers** to behavioral health crisis lines (2021).
- 1** For every mile **further a crisis stabilization unit** was from a call, officers were 1% less likely to use it (2019).
- 70%** Among law enforcement response to crisis situations, 70% were **involuntarily transported to the emergency department**.

Assisted outpatient treatment toolkit (2022-current)

The assisted outpatient treatment (AOT) [toolkit](#) strives to provide tools to improve the implementation of AOT and Michigan's response to mental illness. Effective AOT systems will help ensure individuals receive appropriate services in the community and work toward transitioning back to voluntary care. The toolkit aims to provide general information about the process of AOT and more specific guidance for key components of the system: [courts](#), [mental health providers](#), [hospitals](#), [individuals](#) under AOT orders, [families and advocates](#), and [law enforcement](#).

[Visit the toolkit](#)

