

# MDHHS BH CRISIS SYSTEM UPDATE

## September 2024

Suicide Prevention Month



September is Suicide Prevention Month, a crucial time dedicated to raising awareness, sharing vital information, spreading hope and acknowledging the millions affected by suicide. Suicide is a significant public health issue, as the 2nd leading cause of death among individuals aged 10-14, the 3rd leading cause among those aged 15-24, and the 12th leading cause of death overall in the United States. Forty six percent of people who die by suicide had a diagnosed mental health condition, yet research indicates that up to 90% may have experienced symptoms of a mental health condition.

**This month emphasizes the importance of mental health awareness, encouraging open conversations and providing support to those in need. By coming together, we can help reduce the stigma surrounding mental health, promote resources for those struggling and ultimately save lives.**


### **Crisis' Incorporation of Evidence-Based Practices: Zero Suicide and Beyond**

Evidence-based practices provide guidance for sites implementing crisis services, and with community-based crisis responses gaining more national interest, the library of evidence-based practices continues to grow. Particularly in crisis settings, learning from literature provides knowledge life-saving practices.

In Michigan, Certified Community Behavioral Health Clinics (CCBHCs) implement the [Zero Suicide framework](#), which resulted from a task force of national suicide experts. Zero Suicide outlines an aspirational, evidence-based model consisting of seven core components that span comprehensive screening, suicide care management plans (also called a crisis response plan), workforce training, and cultural change, and others. Many CCBHCs first train staff, then build toward agency change and ongoing development. Some have built Zero Suicide teams or suicide prevention teams, which more closely focus on implementation of the entire Zero Suicide framework, and others have narrowed down further; CMHA-CEI has established five workgroups among its staff, including Clinical, Communication, Data, Training, and Implementation.

Other evidence-based practices are used in Michigan's crisis continuum, including required ASIST training for 988/MiCAL staff, crisis plan development, and the inclusion of peers across crisis services. Michigan will continue to learn from emerging literature and learning communities to better understand suicidality as a public health issue. MDHHS emphasizes tailoring crisis services to community resources and population while prioritizing the individual receiving care as the central component of crisis services.





## Michigan Highlights: Suicide Prevention Plan and Suicide Prevention Commission

Suicide demonstrates a significant public health issue in Michigan, with more than 1,490 suicide deaths in 2022 (Michigan resident mortality files, 2012-2022). The Surgeon General [put forth a warning in 2023 around the epidemic of loneliness and isolation](#), depicting increased social isolation for Americans across the nation and evidencing social connection as a protective factor against suicide. Michigan coalitions are working on systems change, researching the contributing factors to suicide prevalence in our state and making recommendations. Here we highlight two of these efforts, which include implementable steps for organizations and individuals.

### MICHIGAN SUICIDE PREVENTION PLAN

The [Michigan Suicide Prevention Plan for 2024-2027: A Systems Level Approach to Preventing Suicide](#) was developed by MDHHS through input from a statewide team seeking to “address suicide in a comprehensive, collaborative, and coordinated way.” This plan can change and adapt as we learn new information, aiming to address fatal and non-fatal suicidal behaviors from many angles. Found in this document are general and state-specific information, as well as actionable steps broken down by agency or system. The goal and activity section is lengthy and well-rounded, spanning trainings, language use, program expansion, information to the public and data collection, to name a few.

The Michigan Suicide Prevention Plan will take time to implement, as well as commitment and assistance from people at all levels. The move toward systematically preventing suicide - and from an interpersonal perspective, supporting individuals with the resources and care they need - will take all of us.

### MICHIGAN SUICIDE PREVENTION COMMISSION

Governor Gretchen Whitmer initiated the Michigan Suicide Prevention Commission in 2020, which is made up of an interdisciplinary team of researchers, academics, professionals, providers, and first responders. 2024 marks the culmination of their four-year term, and their [2024 Annual Report](#) provides insights into the suicide incidence data in the state. Through the lens of Michigan-specific data, the Commission discusses:

Common suicide myths.



Risk and protective factors.

Co-occurrences with substance use disorders.

Disproportionate impact on special populations, discussed through the framework of intersectionality.

Types of suicide prevention efforts and current statewide initiatives.

The Michigan Suicide Prevention Commission’s Suicide Prevention Summit was held in August 2024 and their agenda of projects from the summit is in the works.



# DEI CORNER

**"Although public health and community mental health systems cannot solve structural violence, poverty, and discrimination alone, crisis mental health and substance use systems need to help foster integrated systems of care that recognize these disparities and create safeguards against further perpetuating existing inequalities. As such, providers working within them must be aware of these unique threats and develop and implement strategies to mitigate the risk of worsening the risk factors that vulnerable populations already face."**

*Crisis Services: Addressing Unique Needs of Diverse Populations, p. 17.*

## Health Equity in Suicide Prevention

Every behavioral health organization provides services to an intersectional population, no matter the type of care provided, the organization's size, nor its location. As crisis services expand, consideration of the diversity of the populations who access services is vital in striving for equitable outcomes. In the National Association of State Mental Health Program Director's (NASMHPD) August 2020 brief entitled [Crisis Services: Addressing Unique Needs of Diverse Populations](#), the report's authors make an array of recommendations to address this need.

While the entire document provides implementable strategies, some recommendations in an interpersonal setting include person-centered treatment, a biopsychosocial approach including sexuality and gender expression, and assessment for underlying comorbidities. Members of minority groups experience barriers to mental health and substance use care across the care continuum; recognition of the whole person moves toward equity in crisis care. Early intervention, particularly through collaboration with community partners, serves as a protective factor around suicidality of individuals in crisis, especially when working with parallel person-serving systems.

Diverse populations mean that each Michigander seeking crisis care will carry a different set of unique needs and challenges. As such, ongoing learning and a commitment to quality care for all is a vital part of a comprehensive and equitable crisis continuum; the time is ripe to address health disparities for all in Michigan.

## Suicide Prevention Month (SPM) Resources

MICHIGAN	NATIONAL
<ul style="list-style-type: none"><li>• <a href="#">Michigan 988 Partner Toolkit</a></li><li>• <a href="#">MDHHS - Suicide Prevention</a></li><li>• <a href="#">UMich Med - Every Life is Worth Living: Preventing Suicide Through Education and Intervention</a></li><li>• <a href="#">MSU Public Health - NCHATS</a></li></ul>	<ul style="list-style-type: none"><li>• <a href="#">988 Lifeline - #BeThe1To</a></li><li>• <a href="#">NAMI - Get Involved</a></li><li>• <a href="#">SAMHSA - Help Prevent Suicide</a></li><li>• <a href="#">2024 National Strategy for Suicide Prevention</a></li><li>• <a href="#">Zero Suicide - Framework</a></li><li>• <a href="#">NIH Suicide Prevention</a></li><li>• <a href="#">American Foundation for Suicide Prevention</a></li></ul>





# Michigan Behavioral Health Crisis System

## *September 2024 Quarterly Report*

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## Project Updates

### ***988 Suicide and Crisis Lifeline***

On July 16, 2024, Michigan celebrated the two year anniversary of the 988 Suicide and Crisis Lifeline in Michigan! The MDHHS 988 Team created a Year Two in Review document highlighting the achievements over the past year and upcoming goals for the future. [Please see the 988 Year in Review.](#)

This year, MDHHS joined the Substance Abuse and Mental Health Services Administration (SAMHSA) in observing the first 988 Day on Sunday, September 8. Utilizing the message “No Judgement. Just Help.” and the hashtag #988Day, the Michigan 988 Team created social media graphics for stakeholders and agencies across Michigan to share and spread the message. These materials were also made available for public use in the [Michigan 988 Toolkit.](#)

Per Vibrant data, in August 2024, Michigan answered the ninth highest number of calls in the nation. Of those nine high-volume states, Michigan maintained the quickest average speed to answer at 18 seconds, which is how quickly on average it takes for a Michigan 988 call to be answered.

Michigan’s 988 Team continues to be active in providing outreach and stakeholder engagement. The team presented to the Northern Michigan United Suicide Prevention Coalition on April 2 and to the St. Clair County Suicide Prevention Committee on June 11.

At the end of April, the Michigan 988 Team attended the first 988 and Behavioral Health Crisis System Transformation Grantee National Conference in Chicago, where they had the opportunity to discuss best practices with 988 grantees across the nation.

Common Ground, MiCAL’s vendor for the statewide 988 center, recently brought on a Tribal Nations Outreach Specialist to focus on building relationships and care coordination between 988 and Tribal Behavioral Health. The addition of this position is a culmination of consistent collaboration between the Michigan 988 Team, the MDHHS Tribal Government Services and Policy Section, and the Tribal Behavioral Health Communication Network.

### ***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 services; however, the line provides support to all first responders, including corrections, dispatch, police, and active military and veterans. Please see August 2024 metrics for additional information.

## ***Crisis Stabilization Unit (CSU)***

Two adult CSU sites have opened and begun offering CSU services to their communities! Detroit Wayne Integrated Health Network (DWHN)'s Crisis Care Center, located at 707 W Milwaukee Ave location in Wayne County, opened their door on June 10, 2024. Network180's Behavioral Health Crisis Center (BHCC), located at 260 Jefferson Ave SE, Grand Rapids, MI 49503 in Kent County opened their doors with a soft open on May 8, 2024.

The CSU Learning Community continues to meet monthly, discussing best practices and details of CSU processes, like discharge processes, facilitated transition care, and the safe utilization of physical management and restraint.

The MDHHS CSU team has begun development of:

- an incident reporting process that outlines requirements for both the reporting site and the MDHHS CSU team during review.
- data reporting requirements. The MDHHS CSU Team has compiled recommended data points from national crisis service leaders and has begun tailoring this list of data points to the specific needs of Michigan.
- an investigation process for CSU complaints to the department.

The Children's CSU model has been established and the MDHHS CSU team has pulled together an internal workgroup to begin project planning discussions. Stayed for stakeholder involvement opportunities.

## ***MI-SMART (Medical Clearance Protocol)***

We are excited to welcome Oaklawn Hospital as our newest MI-SMART User! Additionally, we would like to thank Aspirus Health for meeting with our team and beginning the implementation process at their facility!

The use of the MI-SMART Form is continuously expanding in exciting new ways.

- The American Association of Pediatrics is leading a national quality improvement project focused on the reduction of unnecessary testing in the pediatric population and used the MI-SMART Form as a model.
- We would like to recognize and thank the University of Michigan for piloting the MI-SMART Form in their pediatric spaces.
- The MI-SMART Form is being adapted to be utilized in EMS and CSU settings in Michigan. Most recently, Kent County EMS MCA has developed protocols for the use of MI-SMART Form in EMS settings.

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](mailto:mpcip-support@mphi.org).

## ***Peers and Crisis Services***

Certified Peers are very important members of the crisis workforce, bringing hope and support to people in crisis. MDHHS has developed a crisis training for adult certified peers and recovery coaches. The training was successfully piloted this summer. It is rolling out this fall. The training will be held in Detroit this November for Peers in the Detroit. Please stay tuned for future trainings which will be posted on the [mipeers.org](http://mipeers.org) website.

MDHHS is developing a separate crisis training for parent and young adult peers.

## ***Crisis System Work: Model Development***

MDHHS has developed a model for the crisis system continuum and is in the process of refining definitions and key components based on collaboration and feedback from select internal and external key stakeholders. This model helps to illustrate the vision for Michigan's behavioral health crisis continuum and will help guide future collaboration. This model will be the basis of upcoming Medicaid changes to Intensive Crisis Stabilization Services for both children and adults.

## ***Psychiatric Bed Registry***

MDHHS has re-engaged the Michigan Psychiatric Bed Registry Advisory Group with the goal of providing support in the modification and implementation of the platform and the development of common standards of use. The group has held meetings in June, July, and August with more upcoming. The advisory group is most recently focused on establishing and defining data elements to be included in the registry. The tentative go live date for the registry is November 2024. If you are interested in participating in the Advisory Group, please contact [mpcip-support@mphi.org](mailto:mpcip-support@mphi.org).

## ***Certified Crisis Professional Training Program***

The pilot cohort has been recruited and has completed the training! Wayne State University is in the process of finalizing the training and will train its first official cohort in the coming weeks. The Crisis Worker Training Advisory Committee has provided ongoing feedback on the training and an appropriate alternative, and MDHHS and Wayne State are exploring the certification process.

## Adult Mobile Crisis

Keep an eye out for an RFP in the coming months aimed toward community-based mobile crisis development for rural teams. This RFP will seek to build capacity for teams which do not already have mobile crisis infrastructure and will allow MDHHS to support in those efforts. MDHHS has met with mobile crisis teams from other states who successfully implement mobile crisis response in rural communities and is continuing to learn best practices in this area.

MDHHS is in process of promulgating updated Intensive Crisis Stabilization Services policy, which outlines the crisis continuum, provides common training standards, and which aligns with BCCHSP's child and family mobile crisis. Providers for both adult and children will share a single ICSS certification.

## Data and Metrics

### Michigan Peer Warmline

**Warmline:** There have been 184,254 answered calls since go-live at the end of April 2021. See August 2024 monthly metrics.

### 988 Suicide and Crisis Lifeline

988 Statewide Metrics: July 2024

- Total Calls Received: 10,168
- Total Calls Answered: 9,171
- Average Speed of Answer: 13.7 seconds
- Answer Rate: 90%
- Involuntary Emergency Interventions: 24

*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.*

### Frontline Strong Together (FST5)

**Frontline Strong Together:** There have been 1,159 answered calls since go-live mid-August 2022. See August 2024 metrics.

### MI-SMART (Medical Clearance Protocol)

As of July 26, 2024: 57% 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 two 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 six 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) referrals and linkages to behavioral health services (3) common practices for centers, (4) stakeholder engagement/marketing, (5) stable diversified funding, and (6) 911/988 collaboration.

### MiCAL Rollout:

- Call Coverage: starting in April of 2021, 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.
- In-state chat and text: The implementation for in-state answering of 988 chats and texts in the MiCAL platform is now slated to start in FY 25. Integration of Michigan's Behavioral Health Customer Relationship Management (BH CRM) with 988's universal platform will allow MiCAL 988 staff to access (BH CRM) technology functionality when answering chats and texts. This technology supports access to local resources and referral functionality. MiCAL plans to answer more than 90% of Michigan 988 chats and texts by the end of FY 26.

**Stable Diversified Funding:** 988 is fully funded for FY 25. FY 25 funding comes from a Michigan Legislature boilerplate allocation and SAMHSA grant 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. MDHHS has engaged a nationally renowned consultant to develop accurate cost estimates for future funding.

**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 988 workgroup is now focused on developing a quality improvement plan of which increasing care coordination and referrals is a primary focus.

**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 has developed 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:** MDHHS encourages its' partners to advertise 988 and utilize SAMHSA's promotional materials. 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 Draft Adult CSU Administrative Rules are continuing to move through the formalization process. These draft rules have passed through approval of MDHHS Leadership, the Administrative Rules Division, and the Legislative Service Bureau. 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 administrative rules and ensure their inclusivity for all Michiganders. No more stakeholder feedback will be incorporated until after the public hearing process.

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’s CSU Team: Krista Hausermann, Alyssa Newmoyer, Jackie Jones, and 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.

Two sites, Detroit Wayne Integrated Health Network (DWIHN)’s Crisis Care Center and Network180’s Behavioral Health Crisis Center (BHCC) have both opened their Adult CSUs and have begun offering services to their communities! DWIHN’s Crisis Care Center, located at 707 W Milwaukee Avenue location in Wayne County opened their doors on June 10, 2024. Network180’s BHCC, located at 260 Jefferson Ave SE in Kent County opened their doors for a soft open on May 8, 2024.

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, the roles of staff during triage, admission processes, and best practice tools for assessments.

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 continued meeting monthly. The group has previously collaborated on stock medication requirements, as well as developing a draft medical scope of practice for CSU services.

MDHHS has completed the work on developing a CSU certification application process in the MDHHS Behavioral Health Customer Relationship Management System (MDHHS BH CRM). The certification process went live in the BH CRM on September 20, 2023, but MDHHS must wait to build out certification content until the CSU Certification Standards have passed through the Administrative Rules process.

Meetings between MDHHS, Milliman, and the CSU Learning Community continue to occur, allowing collaboration on CSU billing processes and the creation of a CSU bundled rate. Updates on this bundled billing rate will be shared when available.

Work on CSU Metrics continues as the MDHHS CSU Team has compiled recommended data points from national crisis service leaders and has begun tailoring this list of data points to the specific needs of Michigan. MDHHS is partnering with sites to ensure that data collection is streamlined to be compatible with EHR platforms. Data requirements will roll out in three phases to allow operational sites to begin basic data reporting as soon as possible.

MDHHS has created an incident reporting process that outlines the requirements for both the reporting sites and the MDHHS CSU team during review. More information will be released in the coming months as processes are finalized.

## 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 has drafted a concept model with thoughts and input from the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS). MDHHS will start gathering feedback from children's service providers over the next several months. 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 can be found in the [CSU model](#).

On June 12, 2024, MDHHS partnered with Community Mental Health Authority of Clinton Eaton and Ingham Counties (CEI) to present the Child and Family CSU model at the Community Mental Health Association's (CMHA's) 2024 Summer Conference. CEI currently offers a Child & Family CSU-like program which provides services like 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 to support the development of this model and educate the community.

## Adult Mobile Crisis Intervention Services

MDHHS' goal is to ultimately expand mobile crisis across the state for all Michiganders, taking advantage of federal Medicaid Enhanced Match funds. Multiple sections of MDHHS are working on the expansion of mobile crisis services: the Diversion Council, BCCHSP, BPHASA Service Delivery Transformation Section, and Bureau of Specialty Behavioral Health Services.

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

Michigan's Certified Community Behavioral Health Clinic (CCBHC) demonstration sites are implementing mobile crisis programs, as are other sites across the state.

### Project Activities

- Internal meetings are ongoing to ensure that models for children, families, and adults are aligned wherever possible regardless of the provider. A common certification is in its promulgation phase.
- The RFP for mobile crisis services through the Diversion Fund will be available sometime prior to January 2025. This RFP seeks to prioritize funding for rural areas and will begin a cohort of grantees. Program evaluation data from grantees will be reviewed by a Wayne State University's Center for Behavioral Health and Justice.
- Staff are developing the application for Medicaid enhanced match funds for community-based mobile crisis initiatives. The evaluation of current Medicaid policies to ensure their alignment with the American Rescue Plan Act has been finalized. Internal meetings around connection with CMS at the federal level are beginning.

- MDHHS is working in collaboration with the Michigan State Police around training and service definitions, ensuring that community crisis providers are dispatched appropriately, and new police recruits understand Michigan’s crisis providers as partners.

## 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 provide 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/](http://www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/). Please reach out to [mpcip-support@mphi.org](mailto:mpcip-support@mphi.org) regarding any questions about implementing MI-SMART at your facility.

### Project Activities

- As of July 26<sup>th</sup>, 2024: 57% 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 Oaklawn Hospital as our newest MI-SMART User!
  - We would also like to thank the University of Michigan for piloting the MI-SMART Form in their pediatric spaces and Aspirus Health for meeting with our team and beginning the implementation process at their facility!
  - Health systems, such as Ascension, have implemented the MI-SMART Form to their locations in other states as well.
- The MI-SMART Form is being adapted to be utilized by EMS in Michigan. Most recently, Kent County EMS has developed protocols on MI-SMART.
- The Medical Clearance Planning Committee has begun working with CSUs to develop a process for using the MI-SMART Form in CSU settings.
- The American Association of Pediatrics (AAP) is leading a national quality improvement project focused on the reduction of unnecessary testing in the pediatric population and used the MI-SMART Form as a model. Michigan has met with AAP and will provide additional information to their sites across the nation in the coming months.
- The Medical Clearance Planning Committee continues to work with MHA regarding the implementation and outreach of the MI-SMART Form.

## Psychiatric Bed Treatment Registry

In 2018, the Michigan Legislature passed Public Act 658(8), which requires the State of Michigan to implement a statewide 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](mailto: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.
- With the recent change to the psychiatric bed registry's platform, the advisory group was re-engaged to provide support in the modification and implementation of the platform and the development of common standards of use. Meetings have occurred in June, July and August with more upcoming. The advisory group is focused on establishing and defining data elements to be included in the registry. If you are interested in participating in the Advisory Group, please contact [mpcip-support@mphi.org](mailto:mpcip-support@mphi.org).

## 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 skilled workforce for Michigan's Behavioral Health Crisis Services. This project offers cutting-edge, comprehensive, and cohesive education and training to individuals in crisis services roles across the state. This training meets MDHHS training certification requirements for publicly funded crisis programs, including mobile crisis and crisis stabilization units. MDHHS is in the process of shifting its credentialing process to focus more heavily on competencies and standardized training requirements rather than on specific degrees.

WSU School of Social Work (WSU SSW) is nearing completion on the training modules and university credit courses for 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

- The training will be approximately 40 hours and composed of modules offered virtually both synchronously and asynchronously and face-to-face. CEs have been finalized and the pilot group has completed the training. The team is in process of implementing feedback.
- Training content has been developed and finalized, including filming for asynchronous content and videos of individuals with lived experience.
- An Advisory Committee, composed of representatives from MDHHS, CMHSPs, CCBHCs, the peer community, and people with lived experience, has provided continual feedback on the development of training content and implementation.

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

BCCHPS is leading and responsible for Children's Intensive 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 Michigan Intensive Child and Adolescent Services (MICAS) 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. The grant program began in FY 2023 and is currently halfway through the second year of the grant. Grantees can continue receiving ongoing funding in FY 2025 to help support service expansion and improvement. MDHHS continues to



facilitate a monthly learning community to support grantees in implementation and encourage peer-to-peer sharing of best practices.

As part of the goal to expand access to this service on a statewide basis, MDHHS has identified several areas of the Medicaid policy that will be updated to align with current best practices. Efforts to update the policy will span over several areas, including staffing requirements and provider qualifications, billing codes and rates, training requirements, and clearer role definitions of crisis service providers. MDHHS will implement the policy updates in phases to coordinate with other key behavioral health initiatives, and the first policy update is expected to be completed and active first quarter of FY 2025.

## Project Activities

- MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
- MDHHS continues to collaborate with the Association of Children’s Mental Health and Michigan State University to finalize 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. The survey is expected to begin implementation statewide in FY 2025.
- MDHHS will continue to support Cohorts 1 and 2 of the grant program through FY 2025.
- MDHHS is in the process of updating Medicaid policy related to Children’s Intensive Crisis Stabilization Services.

## 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](mailto:MPCIP-support@mphi.org).

**988 or MiCAL** questions, feedback, or complaints - [contact us here](#).

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Time frame for 988 reporting is for April 19, 2021 to August 31, 2024 except as noted with\* for August 2024 and \*\* for last 90 days

Metrics for 988\* August 2024

**Offered 8607**

**Answered 7850**

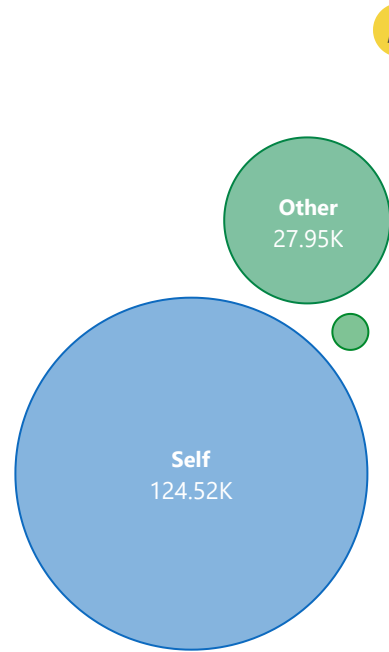
**Answer Rate 91%**

**Avg. Speed of Answer (H:M:S) 00:00:14**

**Avg. Talk Time 00:10:33**

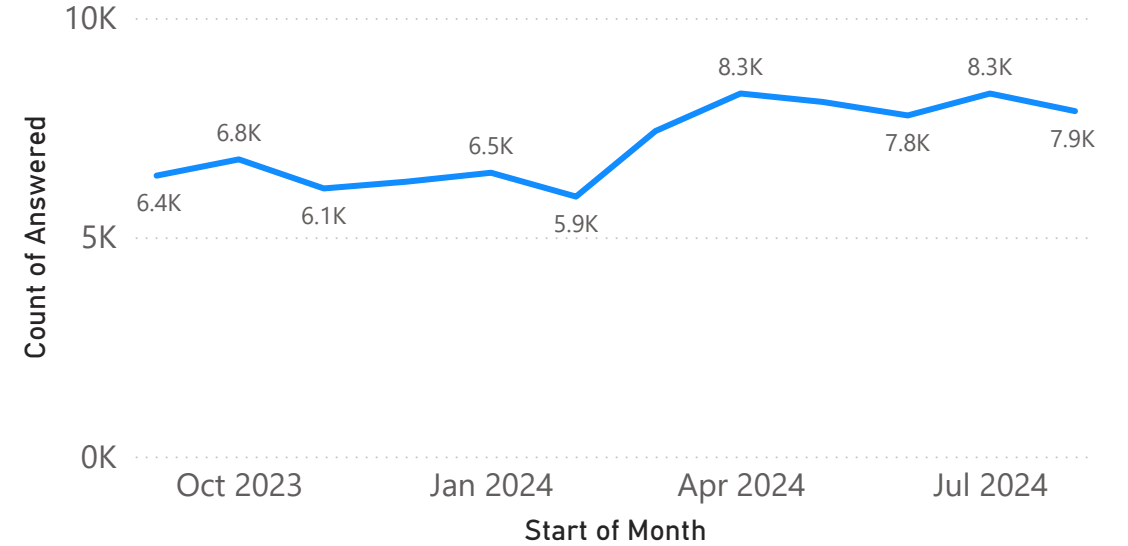
**Goal (90% Answered in 20 Seconds) 90%**

988 Caller Type



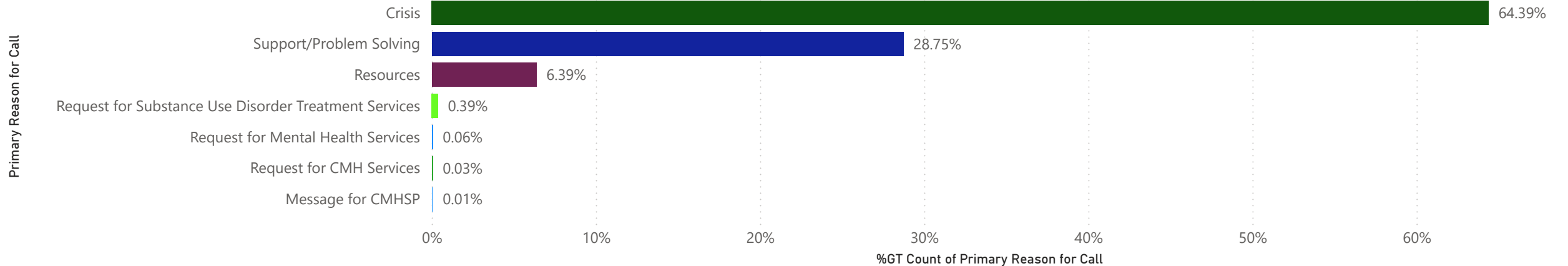
Call Volume Trends

Campaign Name\* ● 988



Reason for 988 Calls in Last 90 Days\*\* (from June 2, 2024 to August 31, 2024)

Campaign Name	Sum of Answered
988	167761



# Front Line Strong Together Metrics for Period as Noted Below

Metrics for Line, August 2024

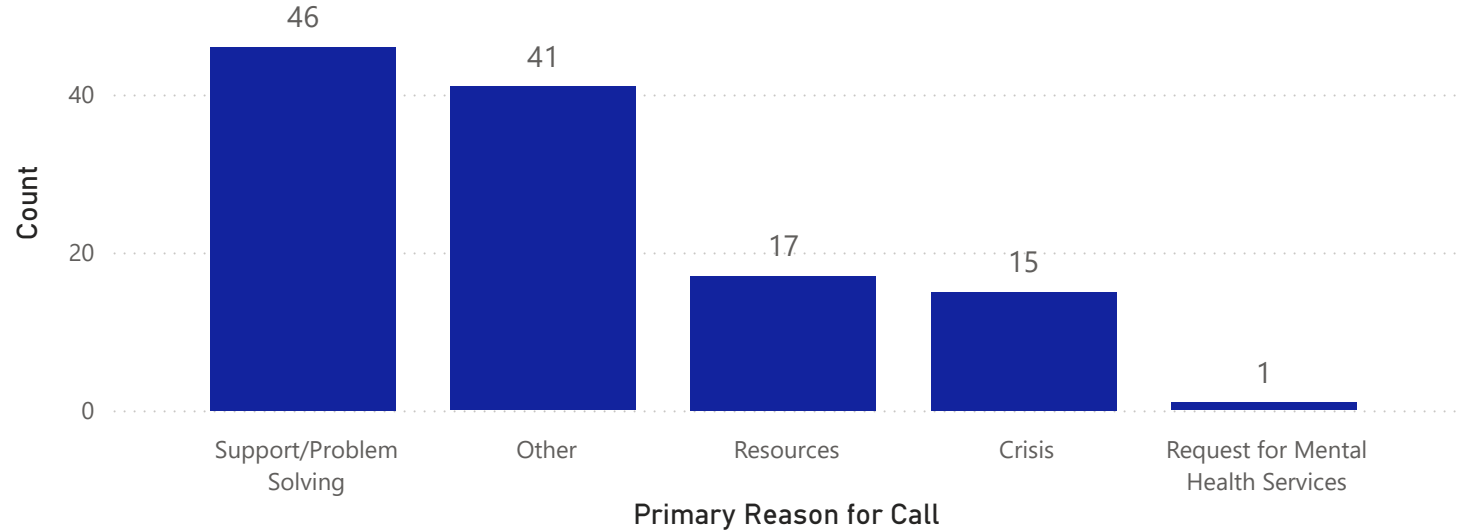
**Avg. Time in Queue (H:M:S) 00:00:10**

**Avg. Talk Time 00:09:25**

Call Volume, August 15, 2022 to August 31, 2024

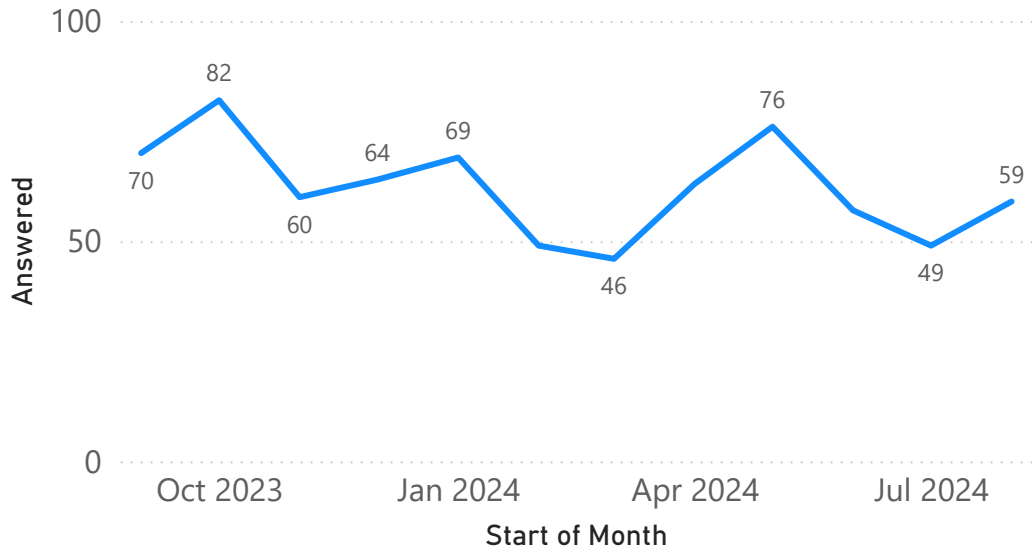
Campaign Name	Answered
First Responder	1159

Frequency of Primary Reason for Call in Last 90 Days (June 2 to August 31, 2024)

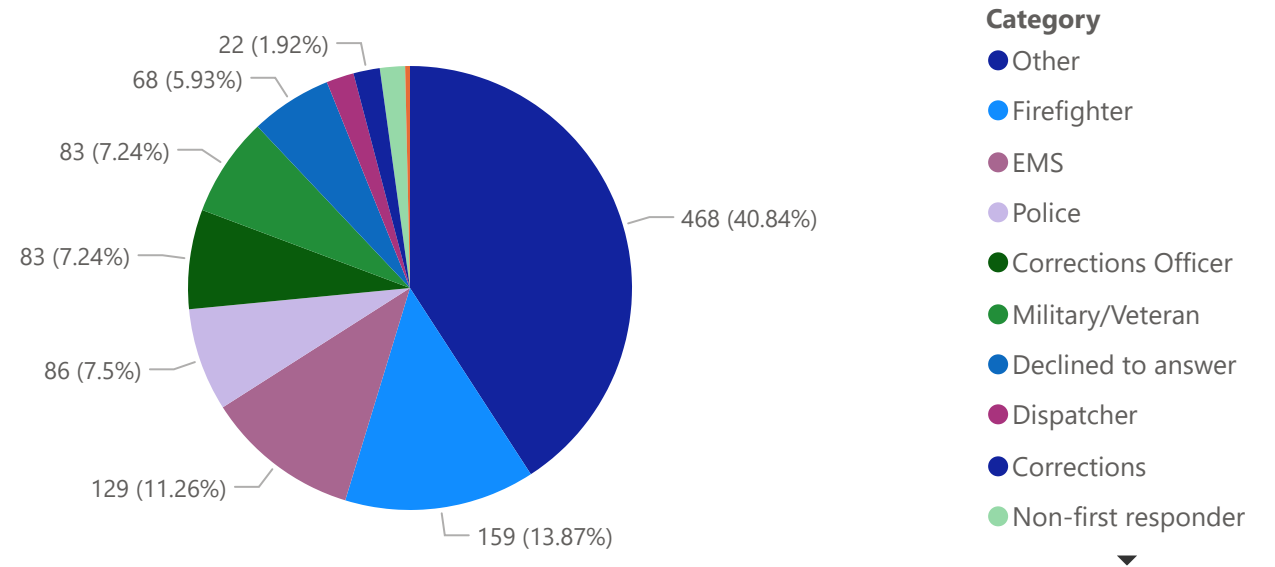


Call Volume Trends, Sep 1, 2023 to August 31, 2024

**Campaign** ● First Responder



First Responder Type, August 15, 2022 to August 31, 2024

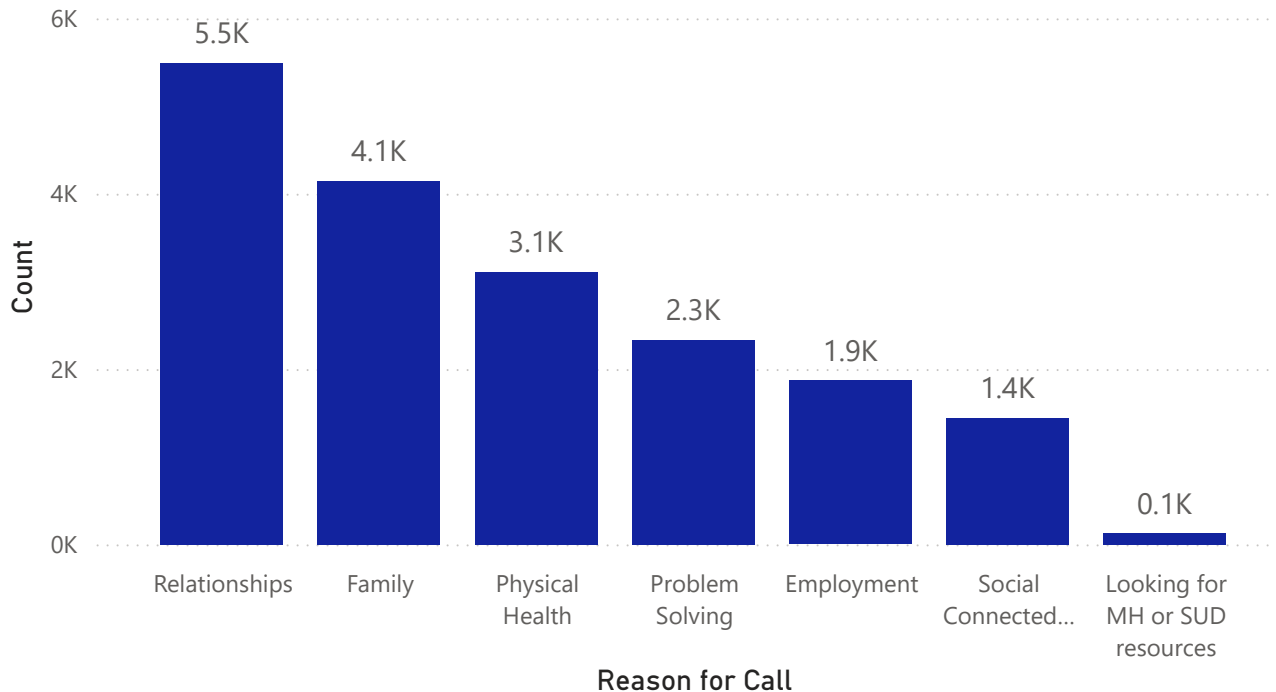
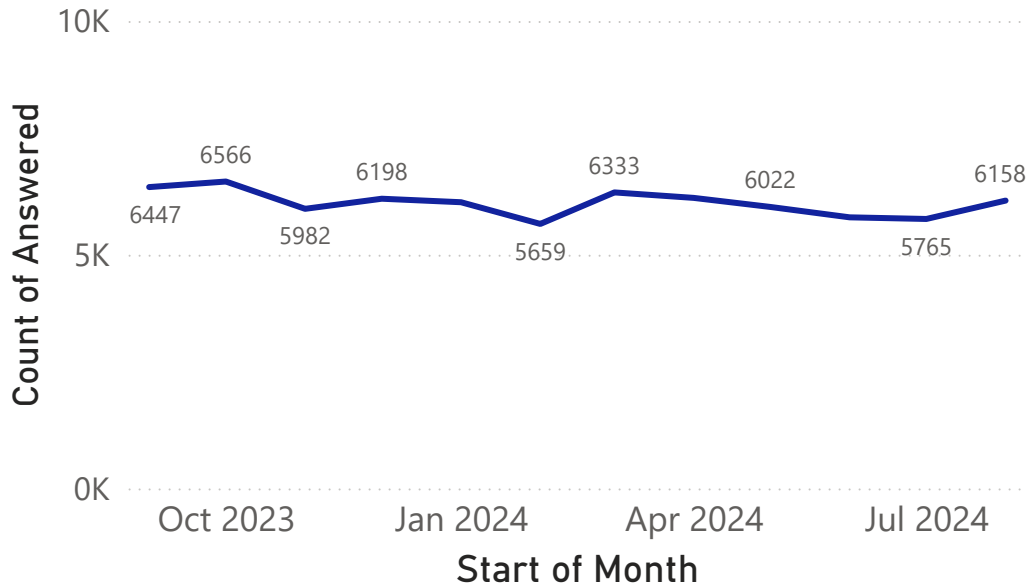


**Michigan Warm Line Report** - Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.

Call Volume Trends, Sep 1, 2023 to August 31, 2024

Frequency of Reason(s)\* for Calls in Last 90 Days (June 2 to August 31, 2024)

**Campaign** ● Peer Warm Line



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

Call Volume, Sep 1, 2023 to August 31, 2024

Campaign Name	Answered
Peer Warm Line	73269

Call Volume, from Campaign Start (April 19, 2021) to August 31, 2024

Campaign Name	Answered
Peer Warm Line	184254

Metrics for Warm Line, August 2024

**Entered in Line (Queued)** 8318

**Avg. Time in Queue (H:M:S)** 00:01:35

**Avg. Talk Time** 00:13:12