



# Michigan Behavioral Health Crisis System

April 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, texts, and chats 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:** February 2023
  - Total Calls Received: 6,033
  - Average Speed of Answer: 25 Seconds
  - Answer Rate: 94.3%
  - Involuntary Emergency Interventions: 18
    - 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.
- 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 108,013 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, 988, and CMHSP afterhours calls).** See February 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.
  - Michigan's 988 workgroup is working on finalizing 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.
  - Since the last workgroup meeting in February, Vibrant has released Follow-up Guidelines for Centers. The Michigan workgroup reviewed Vibrant's guidelines to ensure that they were in alignment with the Michigan 988 Center Protocols and will be finalizing the updated protocols by the end of the month. Updates to the protocols included (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 recently 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.
  - During the workgroup meeting that occurred in March, centers were asked to send any final feedback and edits that they had to the existing protocols. The workgroup also added the definitions to the follow-up metrics. Moving forward, the Centers will also be adding policies in the Michigan Center Protocol document for following up with minors. All protocols are in the processes of being finalized and 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 finalized the Emergency Intervention Workflow. 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.
  - The 988/911 workgroup is still in the processes of working on creating a diversion plan that aligns with the NENA standards and includes best practices to consider for instances where 911 receives calls that should be diverted to 988.
  - The workgroup is also finalizing the development of educational materials that are intended to be shared with the public to help understand when to call 911 versus when to call 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. is in the initial processes of partnering with a PSAP to get an MOU in place.

- **Public Relations:** 988 Implementation had 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 currently in the process of developing Michigan specific 988 materials. Once materials are finalized, they will be shared with partners via the 988 Stakeholder list serv and be available to the public via the MDHHS website that has been indicated above. While Michigan is still in the development phase of creating 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, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
- **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 partner 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 up to six priority populations, with two listening sessions designated for each population. The processes of hosting and conducting listening sessions has now progressed. Initial listening sessions have begun with the LGBTQ+ populations. 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 February monthly metrics.
- **There have been 79,518 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.
- 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 109 Frontline Strong Together encounters since go-live mid-August 2022.**

## Crisis Stabilization Units

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### 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 people who can be stabilized within 72 hours.

To encourage participation and creation of CSUs, MI Legislature has designated funding in the FY 2023 budget to account for at least 9 CSUs. To develop a model and certification criteria for CSUs in Michigan, MDHHS engaged Public Sector Consultants (PSC) to convene and facilitate an advisory group of stakeholders. The stakeholder workgroup reviewed models from other states and Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders. [Click here](#) to see the current model.

MDHHS is developing draft certification rules for adult CSUs. PSC developed an initial draft based on the model and rules from other states. A small group of SMEs at the state level and potential CSU site representatives have been actively working with MDHHS and PSC over the last year to develop a set of draft rules for Michigan. These rules will be shared with stakeholders for feedback and to commence the official administrative rules process sometime in the summer or fall 2023. The certification criteria for children CSUs will be developed during FY 2024, with an implementation date in FY 2025.

### Current Activities

- **CSU Certification Rules** workgroup was developed including potential CSU sites and SMEs at the state level. A series of meetings have been held over the last year to add key issues and areas of concern throughout December 2022 and January 2023.
  - Based on feedback from the workgroup, the Draft CSU Certification standards are being finalized to share with stakeholders for their feedback.
  - Once the rules workgroup is supportive and comfortable with the rules, we will begin the administrative rules process. We aim to start the administrative rules process in Summer or Fall of 2023.
  - The CSU Certification Rules workgroup will also assist MDHHS in addressing all feedback we receive during the Administration rules process.

- A survey was issued in late September to acute and psychiatric hospitals as well as CMHSPs to assess the existence of any walk-in urgent care or crisis care behavioral health services similar to a CSU, such as an EMPATH unit and a psychiatric emergency room. This survey also assessed entities' interest in providing CSU services.
- MDHHS issued a CSU Pilot Readiness Application to those who expressed interest in learning more as a potential participant (via the survey). 11 applications were received, and all were formally approved to join the pilot. Pilot sites include: Detroit Wayne Integrated Health, Hegira, ACCESS, Common Ground, Macomb County Community Mental Health, Genesee Health System, CEI Community Mental Health, HealthWest, Network 180, Pine Rest Christian Mental Health Services (in partnership with Integrated Services of Kalamazoo) and Northern Lakes Community Mental Health.
  - Pre-pilot touch base meetings with individual sites throughout April.
  - Monthly Learning Cohort meetings with pilot sites will begin May 2023 (tentatively).
- MDHHS will operate a CSU Community of Practice Pilot which will result in a Best Practice Implementation Handbook and pilot entities receiving CSU certification.
- PSC, as CSU Pilot Facilitators, will hire 3 to 4 people with lived experience to participate on the CSU pilot.
- The Michigan Model has been tailored to include Children and Families. It has been shared for public feedback. Listening sessions with people with lived experience for child/family specific feedback will occur in early 2023.

## Adult Mobile Crisis Intervention Services

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### 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.

## MI-SMART (Medical Clearance Protocol)

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### 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/](http://www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/).

### Current Activities

- As of 3/24/23: Adopted/accepted by 55 Emergency Departments, 30 Psychiatric Hospitals, and 18 CMHSPs.
  - Over 20 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 Bay Region, Summit Pointe, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, and Berrien Mental Health Authority as our newest MI-SMART users!
- MHA has sent communication to members regarding the MI-SMART Form. Most recently this has included:
  - Communication to their small and rural hospitals informing them about the MI-SMART Form. They were sent a link which they can fill out if they are interested in learning more about how to implement the MI-SMART Medical Clearance Process at their facility.
  - Co-signing a letter with MDHHS encouraging the use of the MI-SMART Medical Clearance Process. This letter was signed by MDHHS Chief Medical Executive Dr. Natasha Bagdasarian and MHA Executive Vice President Laura Appel. MHA distributed the letter to their members.
- 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/>.
- MDHHS distributed a letter to send to PIHPs/CMSHPs aiming to work regionally to increase adoption of the MI-SMART Form.

## Psychiatric Bed Treatment Registry

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### 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. Communication from LARA and MDHHS was sent to psychiatric facilities notifying them to complete the onboarding into MiCARE. Nearly two-third of all psychiatric hospital have been fully onboarded into MiCARE.
  - LARA has met with all PIHP regions about their rollout of MiCARE. The focus is on substance use disorders treatment services. LARA will be holding additional meetings to continue the rollout process for providers in the PIHP regions. CMHSPs are being contacted to be brought on as searchers. Please watch for emails.
  - 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](mailto:mpcip-support@mphi.org).

## Crisis Response Training Program

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### 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 is negotiating with a nationally renowned scholar on crisis response. Hopeful that the contract will be finalized the week of 12/19.
- Exploration of Peer training. Meeting set with Pam Werner for January.

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

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### 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.

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 - Crisis Services & Stabilization Section Updates

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### Staffing Update

The Crisis Services and Stabilization Section has two new staff joining the team on April 17, 2023. There are three remaining vacancies on the team.

- Alyssa Newmoyer, Crisis Stabilization Unit Specialist, will lead the CSU initiative.
- Robin Basarabska-Bruff, Crisis Services Analyst, will lead the adult mobile crisis work.

### 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](mailto:MDHHS-BH-CRM@michigan.gov).** Any emails that are sent to the former address ([MDHHS-BHDDA-MiCAL@michigan.gov](mailto:MDHHS-BHDDA-MiCAL@michigan.gov)) will be routed to this new address.

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### 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)

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

#### Krista Hausermann, LMSW, CAADC

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

### Metrics for MiCAL, February 2023

**Offered 8091**

**Answered 7534**

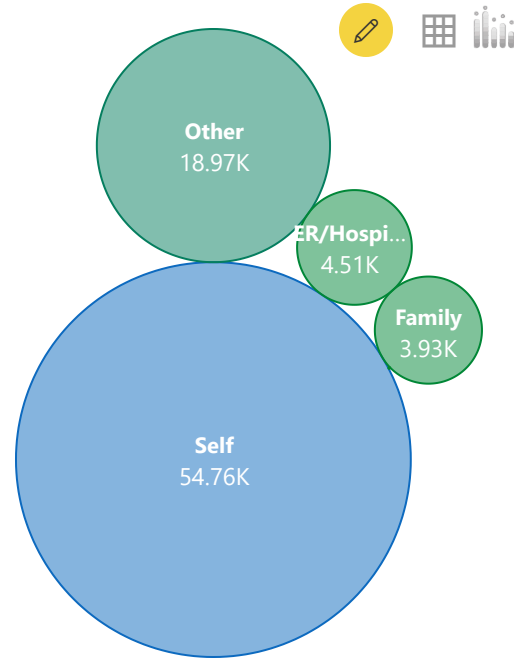
**Answer Rate 93%**

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

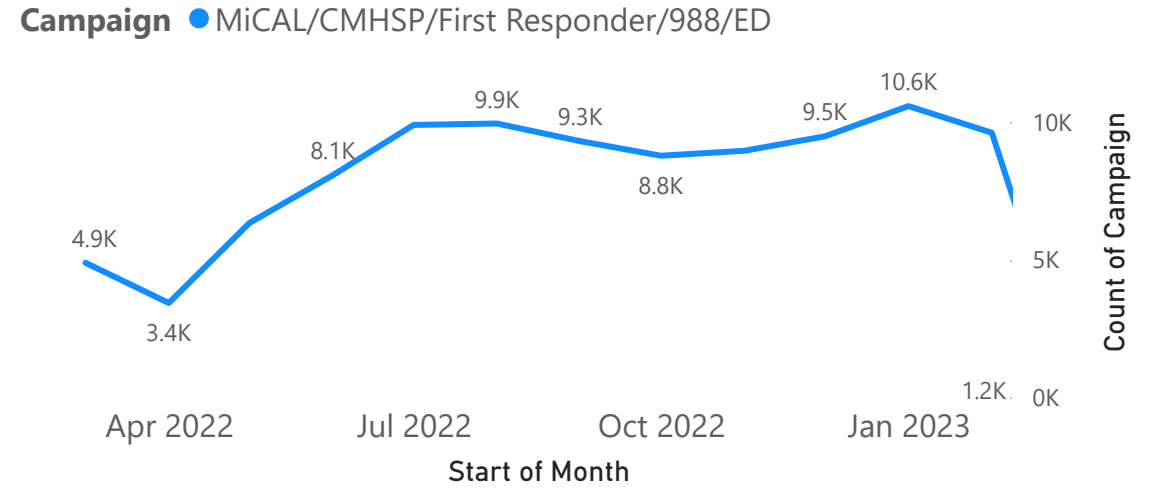
**Avg. Talk Time 00:09:30**

**Goal (80% Answered in 30 Seconds) 92%**

### MiCAL Caller Type\*

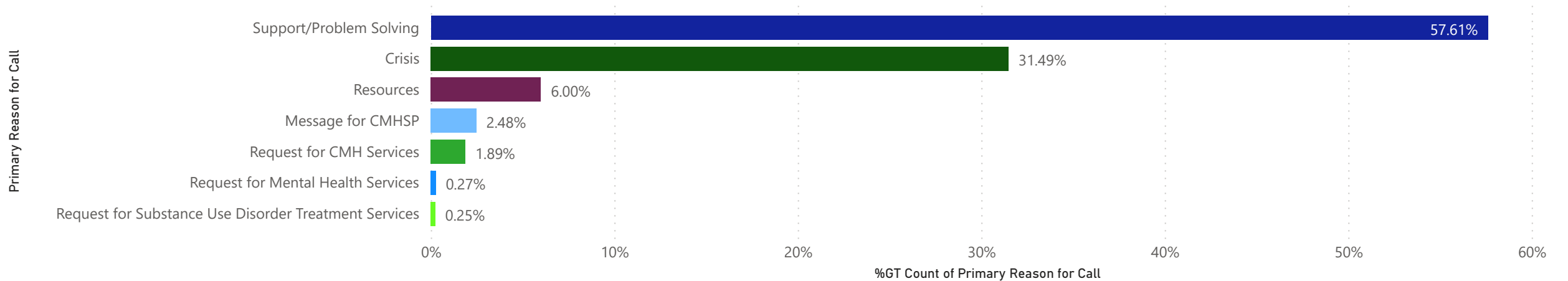


### Call Volume Trends\*



Campaign Name**	Inbound	Outbound	Total
988	56024		<b>56024</b>
MiCAL/CMHSP/First Responder/ED	59495	17001	<b>76496</b>

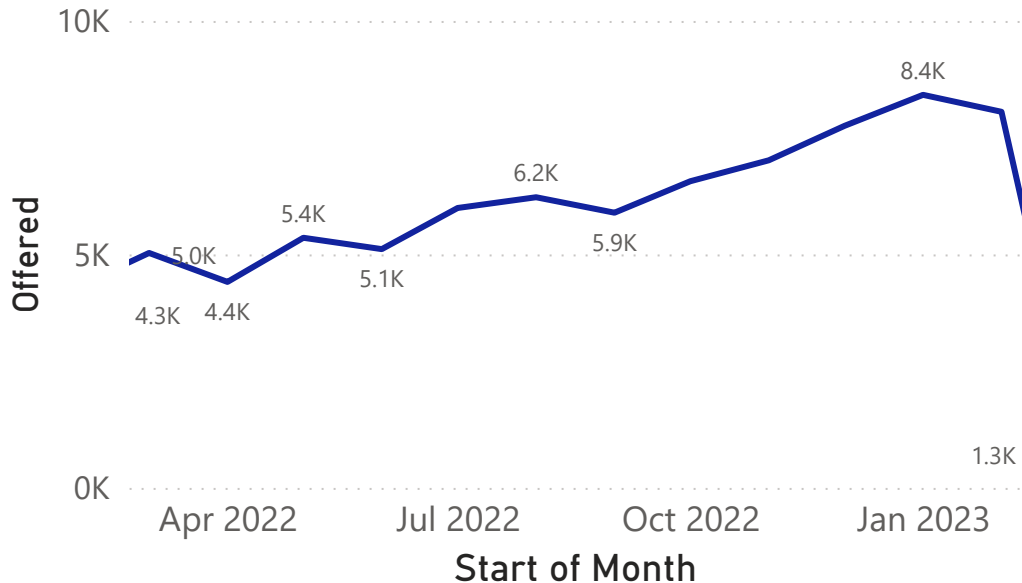
### Reason for MiCAL Calls in Last 90 Days (from November 30, 2022 to February 28, 2023)



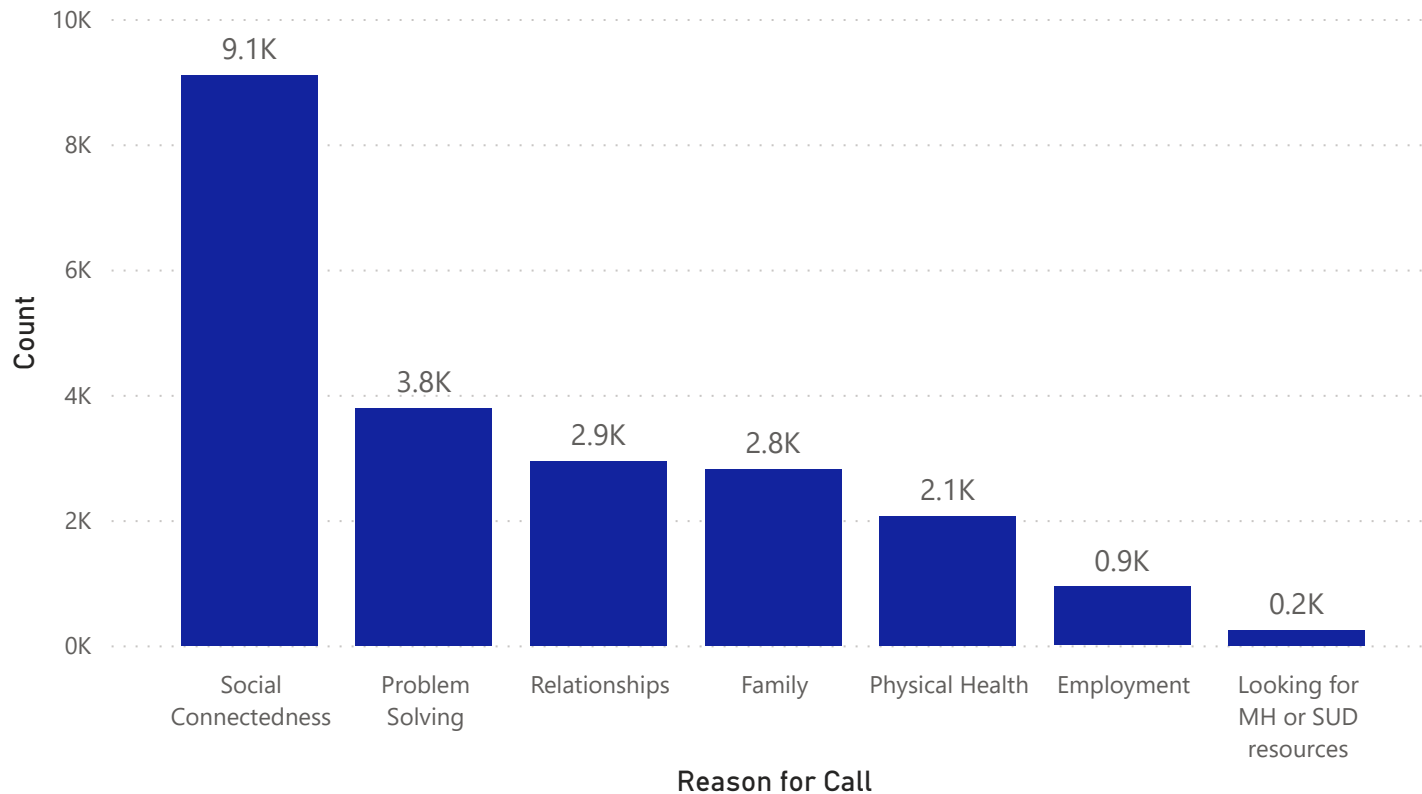
**Michigan Warm Line Report** - Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.

Call Volume Trends, March 1, 2022 to February 28, 2023

Campaign ● Peer Warm Line



Frequency of Reason(s)\* for Calls in Last 90 Days (November 30 to February 28, 2023)



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

Call Volume, March 1, 2022 to February 28, 2023

Campaign Name	Offered
Peer Warm Line	75841

Call Volume, April 19, 2021 to February 28, 2023

Campaign Name	Offered
Peer Warm Line	115602

Metrics for Warm Line, February 2023

**Avg. Time in Queue (H:M:S)** 00:00:60

**Avg. Talk Time** 00:13:38