

# MICHIGAN HEALTH ENDOWMENT FUND

## Behavioral Health Crisis Services : Models and Issues

February 13, 2018

The Michigan Health Endowment Fund is committed to improving the behavioral health of children and older adults in Michigan and believes innovative and cost effective approaches to delivering crisis intervention services are an important component of this work. To further this goal the Health Fund has provided grants to several organizations in Michigan to develop, implement, and evaluate innovative approaches. A summary of these grantee efforts can be found on page 3.

The Health Fund has also determined that providers and communities face several policy issues when attempting to do this work and contracted with Health Management Associates (HMA) to produce a paper regarding the issues and some strategies to address them.

The Health Fund has drawn the following list of recommendations from the HMA paper:

- A full continuum of behavioral health services is critical to community success in being able to address behavioral health crises. The work of the Michigan Pediatric Behavioral Health Acute Inpatient Access Improvement project (see list of grantee efforts, below) resulted in a paper that is an important resource for a related service category, inpatient care. The report can be found at:  
[https://www.michigan.gov/documents/mdhhs/MIPAD\\_WorkgroupReport\\_613570\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MIPAD_WorkgroupReport_613570_7.pdf)
- Service data indicates that a significant portion of individuals seeking behavioral health services present themselves for services. A strong, clear, and consistent public information effort can assure that individuals and their loved ones have better information on where to go instead of assuming a hospital emergency department is always the best choice.
- Effective triage of individuals and their presenting issues and direction to the most appropriate services is a necessary first step. The current environment is characterized by multiple entry points staffed by a wide variety of personnel with very different levels of training, skills, and knowledge. Enhancing the skills of existing personnel and more cross training across behavioral health, law enforcement, and emergency medical personnel can improve effectiveness.

- The development of systems of care to address behavioral health crises should be designed so that both medical and behavioral issues are given sufficient attention and addressed appropriately both in triage and care delivery.
- Policymakers should consider amending Michigan law to allow ambulances to transport someone experiencing a behavioral health crisis to a standalone crisis center, if one exists in that community. Payers should consider paying for emergency transport to facilities other than a licensed emergency department.
- The American College of Emergency Physicians published a literature review titled *Care of the Psychiatric Patient in the Emergency Department*. Each hospital emergency department should review the document and its recommendations to identify opportunities to expedite medical clearance for patients presenting in a behavioral health crisis so that they can be moved to appropriate treatment in a timely manner.
- Behavioral health and medical providers should come together to develop and implement consistent criteria and processes for “certification” for involuntary hospitalization
- Successful pilot projects to divert persons suffering behavioral health crises from the criminal justice system should be expanded and replicated.
- Payment for innovative crisis services is a barrier. Examples exist for successful payment methodologies within the Medicaid program in a few communities and these should be expanded elsewhere in the state.
- Common Ground in Oakland county has developed a bundled payment approach for Medicare beneficiaries and opportunities to expand this model should be sought.
- Coordination at the community level among the behavioral health, criminal justice, medical, and social services sectors is critical to achieving appropriate triage and service for persons experiencing behavioral health crises. State policymakers should assess the feasibility of supporting more extensive use in communities of the Sequential Intercept Model to “assess available resources, determine gaps in service and plan for community change.”

## List of Health Fund Grantee Efforts

### **Western Michigan University Homer Stryker M.D. School of Medicine**

Crisis Intervention System (MI-CIS)

Grant Period: 12/1/2016-11/30/2018

Western Michigan University Homer Stryker M.D. School of Medicine developed and is in the process of integrating an inter-professional educational curriculum for emergency responders who encounter individuals with acute or chronic behavioral health conditions. This curriculum is comprised of distance learning modules and hands-on experiential training, almost all of which has been conducted in its entirety at least once since the beginning of the funding period. To date, the curriculum has been in high demand within Michigan and outside the state, as police departments in Chicago, Baltimore, and San Francisco have reached out about incorporating the MI-CIS education model into their training programs going forward. This cross-training and coordination between entry points into the care continuum represents a critical step towards properly addressing behavioral health emergencies.

### **Washtenaw County Community Mental Health**

Correctional Care Integration Project

Grant Period: 12/1/2016-5/31/2018

Washtenaw County Community Mental Health (WCCMH) worked with the Washtenaw County Jail and Washtenaw County Children's Services (WCCS) to develop a framework for and implement workflow changes that facilitate information sharing between the behavioral health clinic at the jail and the physical health clinic at WCCS. Once this was established they then developed a Health Information Exchange (HIE) to connect the information in electronic health records (EHR) within the county jail and the WCCS clinics to the WCCMH EHR so that all parties can see a complete picture of a client they are treating.

### **Northern Lakes Community Mental Health**

Family Assessment & Safety Team (F.A.S.T.)

Grant Period: 9/1/2017-8/31/2019

The Family Assessment & Safety Team (F.A.S.T.) developed and implemented protocols to monitor crisis communication and case assessment, in addition to amending the proposed workplan to include paraprofessionals as secondary staff in the F.A.S.T. team due to new State of Michigan guidelines. Additionally, the program began collecting data ahead of schedule with the hiring of its master's-level clinician, who has since been providing assessments and scheduling follow-up visits with children referred from the community and local emergency department. As it progresses, F.A.S.T. will begin coordinating the care, services, and community resources of multidisciplinary partners across a six county region.

### **Pine Rest Christian Mental Health Services**

Reducing Psychiatric Boarding of Pediatric Patients to Assist Families in Crisis  
Grant Period: 9/1/2017-2/28/2019

Pine Rest Christian Mental Health Services integrated four on-call psychiatrists providing telephonic consultations for referred patients from six emergency departments (EDs), in addition to negotiating contacts with five others in west Michigan as of their last update on February 12, 2018. Referrals to a specialized floor providing inpatient psychiatric boarding have begun within the Helen DeVos Children's Hospital (HDCH) ED, aided by a case manager embedded in the Social Work Department that works with children in the ED and after their admission.

### **Michigan Department of Health and Human Services**

Michigan Pediatric Behavioral Health Acute Inpatient Access Improvement  
Grant Period: 11/2/017-10/31/2018

The Michigan Department of Health and Human Services (MDHHS) collaborated with stakeholders to finalize and publish a report on the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) workgroup and is currently implementing the included short-term recommendations. MDHHS has also worked with state legislators to pass policy authorizing the establishment of a psychiatric bed registry in Michigan. At the submission of the most recent report, the project team began planning for contracting with potential vendors for three of the activities included in the workplans related to enabling delivery of Community Living Support-type services during ED visits or inpatient hospital stays. Given the number of legal obstacles to providing timely behavioral health care, the development of this program for statewide application is a significant and essential step towards integrating these services into the care continuum more generally.

### **Kalamazoo Community Foundation**

Family & Children Services Regional Crisis Stabilization Initiative  
Grant Period: 1/1/2016-6/30/2017

The Kalamazoo Community Foundation funded the conversion of two former respite houses into short-term Crisis Stabilization Residential centers in collaboration with numerous stakeholders in Kalamazoo, including the Bronson Healthcare Group and Bronson Hospital. The two centers streamline the referral process for children in foster care who visit the ED due to behavioral health crises by ensuring that patients receive targeted trauma assessments and specialized treatment plans. This approach lowers the chances of children entering the foster system with untreated mental health issues while promoting the continuity of their school setting, providing a more stable treatment environment overall for a highly vulnerable population.