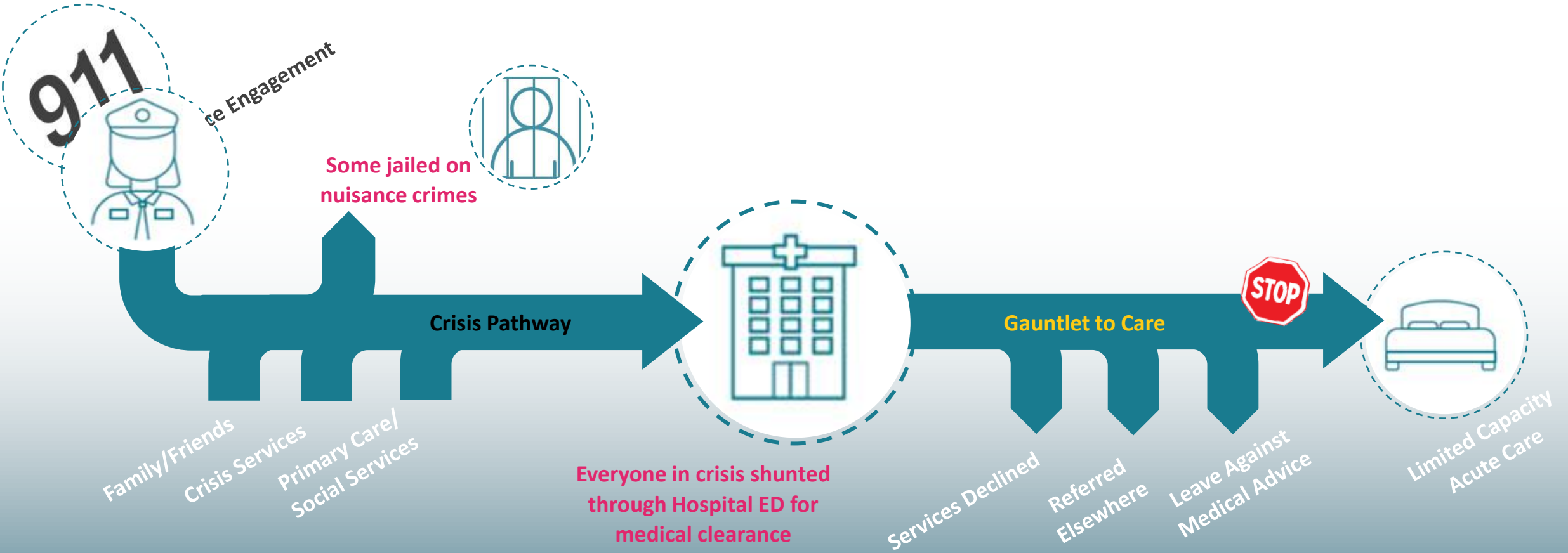




MEDICAL ROLE IN CRISIS CARE

The Crisis Now Difference



Current Flow

The Crisis Now Difference



988



Crisis Pathway

Mobile Crisis



Crisis Facilities



Medical Emergency



Stabilized in Community

Connected to Additional Resources



Limited Capacity Acute Care

911

Public Safety Threat



Police Engagement

988 Current State

Niche/
Boutique

vs.

Core
Crisis Care
(Everyone)



The Crisis Now Difference



988



Crisis Pathway

Mobile Crisis



Crisis Facilities



Medical Emergency



Stabilized in Community

Connected to Additional Resources



Limited Capacity Acute Care

Public Safety Threat



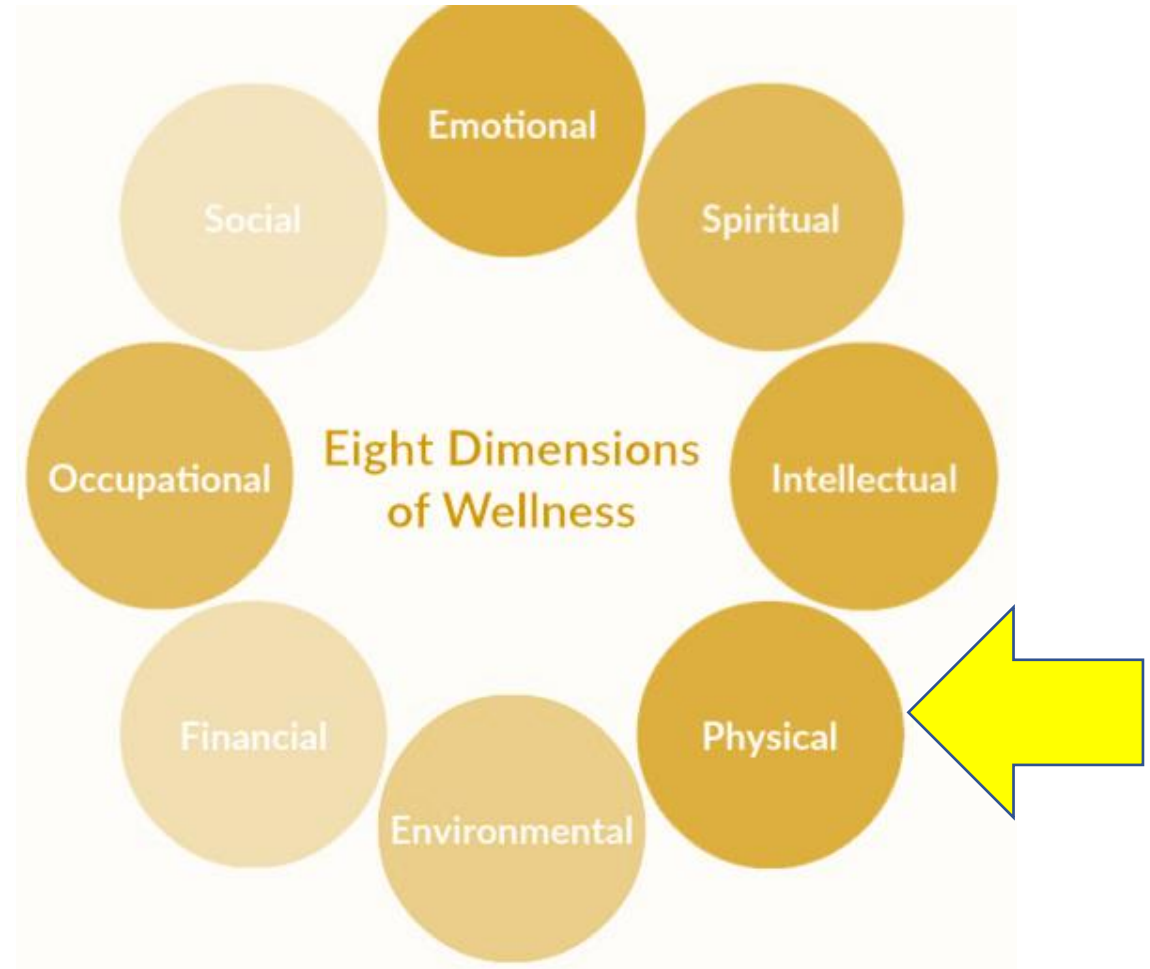
Police Engagement

988 Current State

Learn more at [CrisisNow.com](https://www.crisisnow.com)

Whole Person Wellness

Remembering to work with the individual regarding all eight dimensions of wellness.



“MEDICAL CLEARANCE” IN BEHAVIORAL HEALTH CRISIS CONTEXTS

Debra A. Pinals, M.D.

Senior Medical and Forensic Adviser, NASMHPD

**Medical Director, Behavioral Health and Forensic Programs, Michigan Department of
Health and Human Services**

WHAT IS MEDICAL CLEARANCE?

- Debates on what is necessary and sufficient
- People with SMI are at risk of medical conditions being under-recognized and under treated
- People going into psychiatric hospitals are at risk

MEDICAL CLEARANCE: THE MICHIGAN EXPERIENCE

- stakeholder discussion about psychiatric access**
- multiple barriers identified, including debates about medical clearance**
- project planning took place with emergency medicine, psychiatric and other multidisciplinary input**
- development of the MI-SMART protocol**

MPCIP

Please see the most recent edition of the Michigan Behavioral Health Crisis System Update: [06.2023 MI BHCS Update](#)

Menu

- [MDHHS MPCIP Page](#)
- [National Suicide Prevention Lifeline 9-8-8](#)
- [MI-SMART Psychiatric Medical Clearance](#)
- [Michigan Care Access Referral Exchange](#)
- [Contact](#)

Overview

In 2017, Michigan Department of Health and Human Services (MDHHS) convened the Michigan Inpatient Psychiatric Admissions Discussion workgroup (MIPAD). They studied and generated recommendations to address access issues around psychiatric hospitalization.

MDHHS, along with its community partners, is in the process of implementing many of these recommendations through the Michigan Psychiatric Care Improvement Project (MPCIP). These projects include: Michigan Crisis and Access Line (MiCAL), Medical Clearance Algorithm (MI-SMART), Behavioral Health Treatment Registry, and Psychiatric Residential Treatment Facilities.

There is recognition that each of these initiatives on its own will not solve this multi-faceted complex issue, but together they can have a positive impact.

Visit the Michigan Department of Health and Human Services' page [here](#) for more details about Michigan Psychiatric Care Improvement Project.

MI-SMART Psychiatric Medical Clearance

Menu

- [MDHHS MPCIP Page](#)
- [MI-SMART Psychiatric Medical Clearance](#)
- [Statewide Rollout Implementation Toolkit](#)
- [HII Score](#)
- [Advisory Work Group](#)
- [Feedback](#)

MI-SMART is an effective, standardized tool for determining medical stability for patients with a psychiatric crisis in emergency contexts. Benefits can include improved patient care and more efficient care coordination.

MI-SMART Form Overview

The following video is an overview of the MI-SMART Form. If you are interested in learning more about how your facility can implement the MI-SMART Form, please contact us at MPCIP-support@mph.org.



The Purpose of the MI-SMART Initiative

The MI-SMART Form is a tool to help providers from behavioral health, including community mental health, emergency medicine, and inpatient psychiatry work harmoniously together and best serve the patient's needs.



"Adopting and implementing MI-SMART Psychiatric Medical Clearance criteria at Common Ground has improved patient care and efficient coordination between our stabilization unit, emergency departments, and inpatient psychiatric hospitals. The MI-SMART form provides us a tool that allows for needed communication between providers regarding an individual's crisis needs, focusing on the individual's acute needs instead of non-pertinent treatment. The positive results of implementing MI-SMART criteria have been tangible and have made a significant difference in simplifying and standardizing the medical clearance process."

Allison Boggess, RN, Program Director

MI-SMART PROTOCOL

Sending Entity (Insert Logo Here)




Patient's Name: _____
U.R. # _____ D.O.B. _____

MI-SMART Form

The workgroup developed the following guide for the assessment of patients presenting to the emergency department with psychiatric symptoms to determine the patient is medically stable and appropriate for transfer out of the emergency department to further psychiatric care. This guide is primarily intended for use in the medical assessment of patients who are age 12 or older.

No changes to this form are permitted.

Please make suggestions for form changes at: www.mpcip.org/mpcip/contact/

Status	Description of Medical Clearance Status
	Description
Green 	All responses to Part 1 of Medical Clearance Guide are negative. The individual is considered medically stable for inpatient psychiatric admission without need for additional diagnostic studies.
Yellow 	There are one or more positive findings to Part 1 and/or Part 2 of the Medical Clearance Guide, and the individual is determined to be medically stable for inpatient psychiatric admission based on the clinician's medical assessment with or without further diagnostic studies as medically indicated by the transferring clinician. The clinician is responsible for explaining all Part 1 and 2 abnormalities in Part 3 of the guide. Individuals with this status may have acute, chronic, or acute on chronic medical conditions but would otherwise be considered appropriate for discharge from the emergency department except for the behavioral health condition.
Red 	This status is for patients who meet criteria for medical admission. The transfer of this individual to an inpatient psychiatric facility is inappropriate until the individual's underlying medical condition has been adequately treated. These patients include, but are not limited to: <ul style="list-style-type: none"> Individuals with clinically unstable vital signs. Individuals who have experienced a drug overdose and are in need of medical monitoring and/or treatment (consistent with poison control consultation). Individuals who acutely require supplemental oxygen. Individuals who require intravenous fluids and/or medications. Individuals with other similar acute or acute exacerbations of chronic conditions.

Instructions for the Form

The clinician should enter the patient's demographic information and complete the Part 1 screen. Patients with negative findings ("No" selected for each item in Part 1) are considered medically stable and do not require further medical workup prior to inpatient psychiatric admission; the clinician should proceed to Part 4 and complete the attestation. Any positive finding ("Yes" selected in Part 1) **may** warrant further diagnostic studies (Part 2), and the clinician should proceed to Part 2. Any positive findings from Part 1 or Part 2 **require** a clinician explanation (Part 3) regarding the abnormal finding, the clinical significance, and the disposition plan before completing the attestation in Part 4. Please report any urgent technical issues to: www.surveymonkey.com/t/SZHNJN

Barcode Here

Sending Entity (Insert Logo Here)

Patient's Name: _____
U.R. # _____ D.O.B. _____

MI-SMART Form		No*	Yes	Time Resolved
Part 1(b) Adopted from the Sierra Sacramento Valley Medical Society SMART Project				
Suspect New Onset Psychiatric Condition?				
Medical Conditions that Require Screening?				
Diabetes (FSBS less than 60 or greater than 250)				
Possibility of pregnancy (age 12-50)				
Other complaints that require screening				
Abnormal:				
Vital Signs?				
Temp: greater than 38.0°C (100.4°F)				
HR: less than 50 or greater than 110				
BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart)				
RR: less than 8 or greater than 22				
O ₂ Sat: less than 95% on room air				
Mental Status?				
Cannot answer name, month/year and location (minimum A/O x 3)				
If clinically intoxicated, HII score 4 or more? (next page)				
Physical Exam (unclothed)?				
Risky Presentation?				
Age less than 12 or greater than 55				
Possibility of ingestion (screen all suicidal patients)				
Eating disorders				
Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks)				
Ill-appearing, significant injury, prolonged struggle or "found down"				
Therapeutic Levels Needed?				
Phenytoin				
Valproic acid				
Lithium				
Digoxin				
Warfarin (INR)				

* If ALL five SMART categories are checked "NO" then the patient is considered medically cleared and no testing is indicated. If ANY category is checked "YES" then appropriate testing and/or documentation of rationale must be reflected in the medical record and time resolved must be documented above.

Date: _____ Time: _____ Completed by: _____
Signature Print

Barcode Here

Sending Entity (Insert Logo Here)

Patient's Name: _____
U.R. # _____ D.O.B. _____

Part 2: Additional Diagnostic Studies (When Clinically Indicated)							
Ordered	Abnormal*	Laboratory Study	Ordered	Abnormal*	Diagnostic	Detail	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CBC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	X-Ray	[Body Part]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CMP	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CT/CTA	[Body Part]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urinalysis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	MRI/MRA	[Body Part]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Culture	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ultrasound	[Body Part]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Drug Screen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	EKG	[QTC Value]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Urine Pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Diagnostic	Detail	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Beta hCG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	BAL	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Liver Function Test	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Ammonia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	TSH	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Salicylate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Valproic Acid	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Lithium	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Phenytoin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Troponin	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	CPK Levels	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	ABG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	[Name]	[Detail]	

*Clinically Significant Abnormality

Part 3: Medical Clearance Explanation/Plan (Required for Positive Part 1 and Part 2 Findings)

See additional documentation in emergency department medical record

Part 4: Medical Clearance Attestation

This individual has undergone an emergency department medical screening evaluation and has been determined to be appropriate for inpatient psychiatric hospitalization. There is no indication for non-psychiatric hospitalization at this time. If there is a change in the individual's condition, further medical evaluation may be indicated.

Name	Organization
Signature	Date and Time

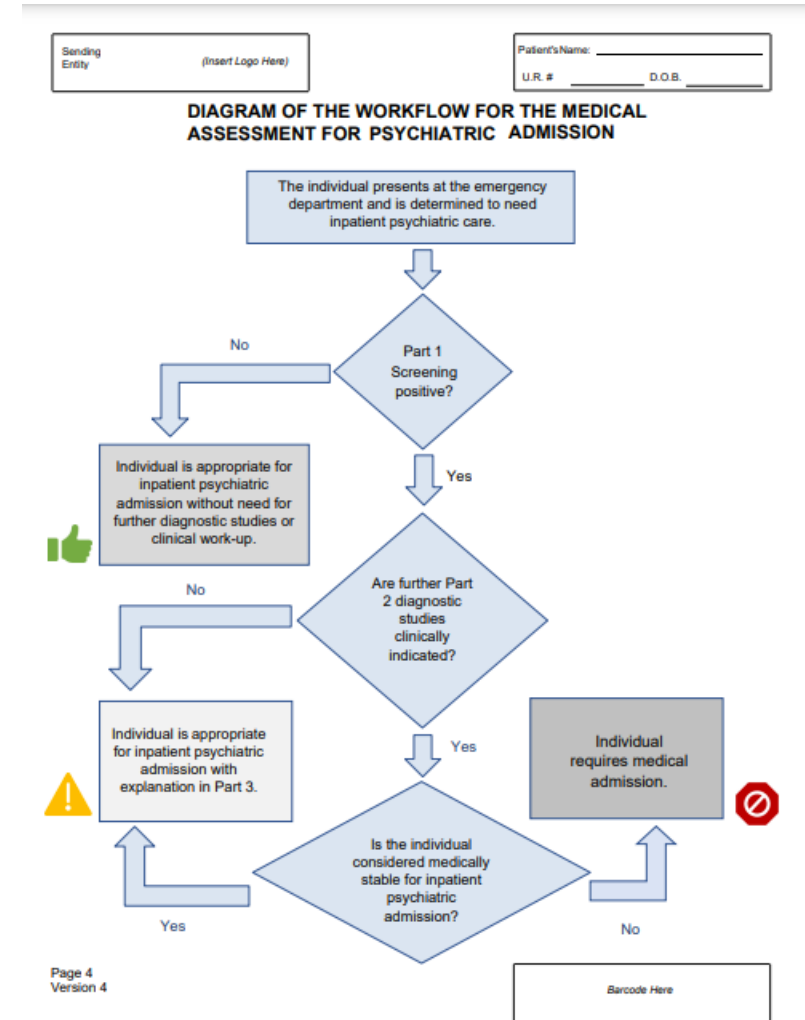
Please report any technical issues about form to www.surveymonkey.com/t/SZHNJN

Barcode Here



Implementation:

- Regular meetings with end users
- Engagement of practitioners
- Opportunity for feedback
- Adoption at various sites
- Tracking adoption





The Future in Medical Crisis Care ?



QUESTIONS?

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