



# Community

MENTAL HEALTH  
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## COMMUNITY ACCESS COMMITTEE "HYBRID" MEETING MINUTES

812 E. Jolly Road, G11-C, Lansing, MI, 48910

Monday, June 1st, 2026 at 5:30 p.m.

### Committee Members Present

Lisa Alicia, Jason White, Al Way

### Committee Members Observing via Zoom

None

### Excused

Dianne Holman, Chair, Paula Yenson

### Other Board Present

Dwight Washington

### Other Board Present (via Zoom)

None

### Staff Present

Sara Lurie, Elise Magen, Shana Badgley, Lia Sibiliski, Gwenda Summers, Gwen Williams

### Staff Present (via Zoom)

None

### Staff Excused

Emily Wollner

### Public Present

None

**Public Present (via Zoom)**

Elizabeth Pratt, NAMI

**Call to Order:**

The meeting was called to order by Jason White at 5:37 pm.

**Previous Meeting Minutes**

**ACTION:**

MOVED by Lisa Alicea and SUPPORTED by AI Way to adopt the meeting minutes of January 26, 2026 as written.

MOTION CARRIED unanimously.

**Adoption of Agenda**

The agenda was updated to move New Business to the first item under Business Items, 9-1-1 Dispatch was updated to Adult Mobile Crisis and 9-1-1 Dispatch, and Lia Sibiliski was added as a presenter for the Youth Mobile Crisis agenda item.

**ACTION:**

MOVED by Lisa Alicia and SUPPORTED by AI Way to adopt the meeting Agenda of June 1, 2026 as updated.

MOTION CARRIED unanimously.

**Public Comment on Agenda Items**

None

**BUSINESS ITEMS**

**New Business**

Selection of Community Access Committee Vice Chair

**ACTION:**

Lisa Alicia nominated and MOVED Jason White to the position of Vice Chair for the Community Access Committee. SUPPORTED by AI Way.

MOTION CARRIED unanimously

## Selection of Community Access Committee Date and Time

### ACTION:

Moved by Lisa Alicia and SUPPORTED by Al Way to keep the current date and time of the Community Access Committee for the next year (4<sup>th</sup> Monday, bimonthly, at 5:30pm).

### Adult Mobile Crisis and 9-1-1 Dispatch

Shana Badgley, Director of Adult Mental Health Services (AMHS), and Gwen Williams, AMHS Supervisor, attended to provide information about the Adult Mobile Crisis team and CMHA-CEI's 9-1-1 dispatch integration.

Adult Crisis Services has five main functions available 24/7: pre-screening for hospitalization and urgent care, mobile crisis, 911 call taker integration, and Zoom-based intervention (formerly iPad model).

The pre-screening unit evaluates individuals through multiple pathways: court-ordered petitions from judges, petitions from family or community members, police pick-up orders, and alternative treatment orders for outpatient management. Behavioral health urgent care now provides walk-in access regardless of insurance, offering brief therapy intervention focused on immediate stabilization, same-day assessment, and connection to services with 24-hour follow-up for all contacts.

Adult mobile teams deploy with two-person crews: a master's or bachelor's level clinician paired with a peer support or peer recovery coach. The program prioritizes peer recovery coaches due to high prevalence of co-occurring substance abuse issues as crisis drivers. Mobile teams serve individuals experiencing psychiatric emergencies, partner with law enforcement (Lansing Police Department social workers, East Lansing, MSU, and Meridian departments), and respond to emergency rooms, medical units, and primary care offices to prevent hospitalization or facilitate smoother hospital transitions.

The iPad intervention program, developed initially with Meridian Township Police, allows officers at scenes to connect via iPad or cell phone for 15-minute problem-solving sessions with crisis staff. In the first quarter with Meridian, this approach prevented 8 of 12 potential drive-ins to emergency departments. The model enables immediate assessment, resource referrals, next-day appointment scheduling, or confirmation of hospitalization need while the officer remains on scene.

The 911 collaboration launched approximately one year ago based on Wayne State research indicating significant prevalence of mental health-related 911 calls (initially estimated at 3%, though felt to be substantially higher). Repeat callers placing 2-3 calls daily for non-emergency

situations create enormous resource strain, requiring fire truck, ambulance, and officer dispatch for each call.

The collaboration with 911 includes one full-time crisis call taker currently embedded in the 911 dispatch office located next door to the main, CMHA-CEI Jolly Rd building, with a second position about to be posted to achieve seven-day-a-week, 12-hour-daily coverage. The embedded call taker receives full four-week dispatcher training to establish credibility and facilitate call handoffs from dispatchers.

The integrated staff reviews all daily call logs to identify mental health-related issues, determines intervention opportunities, coordinates mobile crisis deployment, and conducts after-the-fact outreach even when immediate intervention wasn't possible. They deploy to urgent or follow-up calls where they have developed rapport with individuals, often accompanying officers to scenes.

The program addresses law enforcement resistance to social worker approaches by having the integrated staff wear similar uniforms to officers, complete full dispatch training, and build relationships through regular co-deployment. This visibility and familiarity aims to increase comfort with calling social work services over time.

Data analysis reveals over 30% of calls originate from repeat locations (same person or household), with approximately 25% of those calling five or more times. The program identifies top call addresses and individuals, enabling direct outreach by staff and mobile teams to address underlying needs and reduce emergency service deployment.

### Youth Mobile Crisis

Gwenda Summers, Families Forward Director, and Lia Sibilski, Families Forward Supervisor, presented information about the Youth Mobile Crisis program. Youth crisis services operate under core principles: expanding diversion options from psychiatric hospitalization, conducting intake assessments during crisis contacts, providing same-day access, centering treatment on families and guardians, and linking families with services during crisis sessions.

The youth program mirrors adult services with 24/7 walk-in access, mobile crisis teams, crisis stabilization unit planning, and behavioral health urgent care. Additional components include family therapy embedded in crisis intervention, collaboration with community partners during sessions, consultation for ongoing consumers in real-time crisis, overnight respite at Apple Tree facility, and contracted crisis residential placement.

Youth mobile crisis implementation began in FY18 with four deployments, growing to 320

deployments in approximately five months of FY26 data, positioning Ingham County as the highest mobile crisis volume site in Michigan. The mobile teams include one master's level clinician paired with paraprofessionals or parent support partners and must meet specific certification requirements established by MDHHS.

Mobile teams deploy anywhere families need them—homes, McDonald's, Zap Zone, schools—with families defining what constitutes a crisis. Teams meet with families together when possible, though often split initially to gather individual perspectives before reuniting for safety planning and family dynamics work. Interventions emphasize hands-on safety planning in the home environment.

Youth mobile teams co-deploy with law enforcement when youth exhibit high aggression levels, with officers often able to leave once situations stabilize and crisis workers take over. For threats or weapons, police involvement is mandatory—if families report weapons present, crisis teams do not deploy until police secure the scene.

Lansing Police Department social workers maintain regular contact with crisis services, sharing information about youth contacts even when crisis teams cannot reciprocate due to confidentiality, trusting crisis staff will act on the information and notify ongoing therapists. This partnership extends to East Lansing, MSU, and other departments. Crisis teams also collaborate closely with schools and child protective services.

Lia also described the pre-deployment screening process and the outreach and education work the program does to ensure people know about available services.

The Crisis Care Center is scheduled to open in July. Once the CSU opens, Patriot Ambulance will be able to drop individuals directly at the CSU rather than requiring ER routing, a significant improvement in reducing trauma and improving the human experience of crisis intervention. This capability requires specific facility certification that freestanding crisis services cannot obtain.

The youth CSU will operate with mandatory high family involvement, a model CMH has advocated for statewide. Each child's room will include a bed for the parent, with families highly encouraged to stay as part of treatment rather than simply visiting. When families need respite breaks, youth can be sent to Apple Tree overnight respite facility; when youth need intensive treatment during the 72-hour stay, they remain at the CSU with family participation.

**UNFINISHED BUSINESS**

None

**Public Comment**

None

**Adjournment**

The meeting was adjourned at 6:41 pm. The next regular meeting is scheduled for Monday, July 27, 2026 at 5:30 p.m., G11-C, 812 E. Jolly Road, and Lansing, MI.

**Notes taken by:**

Elise Magen

Director of QCSRR

**Minutes submitted by:**

Emily Wollner

QCSRR Administrative Assistant