

Children's Issues Committee, January 18, 2022, 1:00pm

ACMH Update – Jane Shank

Jane reported that they have recently hired a new staff member (Lisa Romero) who will be working closely with the CMHs and creating a new crisis tool kit. She will also be reviewing Peer roles which will be examined to see what is needed, as well as reviewing the Family Driven Youth Guided Policy. Jane stated that they will be doing a presentation at the CMHA Winter Conference. Another Virtual Children's Mental Health Awareness Day is being discussed, and ACMH is hopeful that their Fall Conference will be able to be held in person.

DHHS Updates – Lindsay McLaughlin and Phil Kurdunowicz (MI Kids Now Initiative) – around 1:30pm

Kim Batsche-McKenzie – MDHHS

Kim reported first on BH Teds field data on Gender Identity. She stated that beginning 10/01/2021, BHTEDS was updated changing the label "Sex" to "Sex Assigned at Birth" and the new Gender Identity field was added to the Admission (A072) and Update/Discharge (DU050) records. The Gender Identity Field has the following possible values for the user to select from:

Gender Identity

- 01 Man/Cisgender Man
- 02 Woman/Cisgender Woman
- 03 Transgender Man
- 04 Transgender Woman
- 05 Agender
- 06 Androgynous
- 07 Bigender
- 08 Genderfluid
- 09 Gender Questioning
- 10 Non-binary/Genderqueer
- 11 Two Spirit
- 90 Other
- 95 Chose not to disclose
- 97 Unknown for this crisis event (Q only)
- 98 Not collected - MH BH-TEDS full record exception

Pat Weighman reported that some parents do not want to be identified as "Mom" or "Dad" or have already transitioned.

Kim reported that workforce challenges for children's masters prepared individuals is high on the identified needs list at the Department. She stated that a waiver has been put in place to allow for one year to obtain licensure, in order to alleviate that burden. Kim reported that youth that previously were waiting for placement, either in housing or the ED, are now not able to wait there due to Covid restrictions. QRTP placement is also seeing problems. Kim reported that Al Jansen is on reduced capacity, working on special projects, and Jeff Wieferich remains in the Director position.

The review for the Mobile Crisis (crisis stabilization) policy went out for public comment, with the major difference being services would be changed to 24/7. Christine Gebhard stated that she felt this policy was setting rural CMHs up to fail. Kim encouraged Christine (and others) to put those comments in writing and submit to Matt Seagar. Group felt strongly that now is not the time to implement this policy. Connie stated that this was not just a rural issue... urban agencies feel much the same way. Several different CMHs weighed in with the same grievances.

Kim then reported on wraparound enrollments. They have enrollments to approve, but certification model may be used moving forward. Mobile crisis enrollments are being used to guide them at the Department. They are trying to avoid having people re-fill out documents, and they are still being reviewed. Kim reported that standards will be a little clearer in the certification model.

Learning Collaboratives for EBP are being mailed out.

Lindsay McLaughlin gave an update on the MI Kids Now Initiative, reporting that the stakeholder engagements took place in November. She spoke about specific themes that were discovered from those sessions such as awareness of what services were available, consistency on access to care and services, geographic differences, and resources in general. She stated that they are finalizing a strategic policy manual about key priorities and the mission of MI Kids Now. This cannot be shared at this time, but it will be provided as soon as possible. Continued formal external engagement will be key moving forward. Input from key stakeholders will also be key. Phil stated that some of the feedback discussed earlier in this meeting is being heard. He stated that they are trying to make sure that children's services are being improved. Kim clarified that telehealth codes are still active through March 16th, due to the health crisis being extended for 90 days. Connie stated that this group would like to stay involved in the process and be part of the solution to improve services.

Legislative Update – Alan Bolter

Alan reported that the Legislature wrapped up 2021 business on December 15, 2021. He reported that the House created a school safety task force related to the Oxford school shooting. There will be mental health aspects discussed during this process as well as safety and technology. He reported that next Wednesday, the Governor will hold the State of the State address on the 26th, virtually.

Governor Whitmer was in Traverse City last week discussing mental health issues, but none of the Northern area CMH directors were involved in those discussions. Alan is reaching out to the Governor's office to see if CMHA can be of any help with issues she may want to discuss in her State of the State address. Alan then reported that on the 14th of January, the Revenue Estimating Conference was held. The State has about \$5.7 Billion in surplus in State GF, and another \$8 Billion in COVID/ARPA funds. Revenue to be allocated will be interesting to see during the first half of this year in the form of Supplementals. SBs 637 & 638 were passed late last year, which show proof of concept for moving forward with funding for Mobile Crisis Units. Also, HB 5165 was passed which puts the state in compliance and aligns it with the National Health Service Corps on ability to pay on that loan repayment program. Alan stated that we will likely see new drafts in the next couple of weeks of Representative Whiteford's proposal for healthcare integration. There has been no movement on SBs 597 & 598. Alan reported that he has no new information on the Open Meetings Act, or to go back to pre-Covid OMA which was more flexible. He stated that several agencies are pushing to get this through, but no movement is anticipated anytime soon.

Child Psychiatric Bed Crisis – Assess current status of these issues – Dr. George Mellos (PRTF)

- I. Request for point in time data when Bed is not secured within 24 hours
- II. Review state capacity of child beds
- III. Create Advocacy plan and partnership with hospitals/state to admit CMH children
- IV. Address challenges of finding beds for children involved in DHS
- V. Accountability to address service capacity needs like other services in the Medicaid Provider Manual, other strategies (PRTF, crisis stabilization, etc.) may reduce need but it is not the solution to this problem.

Dr. George Mellos reported that PRTF is a Medicaid reimbursement mechanism. Group asked if this was still only going to be piloted or was it ready to move forward. Dr. Mellos stated it will be piloted in the next few weeks. He stated that provider manual policy has been created and is being vetted by the department and MSA. It is the hope to go live with this sometime early next year. This will likely be 50-60 beds, with the potential to increase up to 100-120. Security level is decreased from the levels in a state hospital, but homes can be specialized. Group felt this was a key piece of the continuum to have treatments setting to reduce state hospitalizations for youth. Group wondered how the selection will be made. Dr. Mellos stated that youth will be selected from Hawthorn through a youth transition process. It is unknown where the pilots will be. Group wondered about when other youth being able to access PRTF. Dr. Mellos stated early next fiscal year. Group wondered how these will differ from crisis residential settings as they currently are. Dr. Mellos stated that PRTFs provide hospital level of care, without the security level. Dr. Mellos stated that the current waitlist for Hawthorn is between 35-40.

Children's Administrators Forum Update – Gwenda Summers, CEI

Gwenda reviewed the January meeting minutes from the 1/14/22 meeting. She reported that key topics discussed were Mobile Crisis and alternatives for what could be provided for overnight support, staff being pulled into different jobs (and possible loss of staff due to that), what support other entities give during those overnight hours (such as DHHS, Welfare), CCBHC seeing youth with private insurance (capacity issues), SED Waiver (huge push from Child Welfare to do waiver for 'difficulty of care' rate), and capacity issues with CLS and respite. Gwenda stated that significant discussions took place on staffing issues, especially around the 24/7 Mobile, with additional pay/rate incentives also being discussed. Discussions on the pilot with New Oakland Family Services also took place. Kim Batsche-McKenzie stated this pilot would be a day-treatment or partial for kids in foster care to support the foster homes they are in. Gwenda stated that the wait for youth placement in psychiatric hospitals was (and is always) discussed as well as any possible solutions.

Committee Focus Areas for 2022

Child Psychiatric bed Crisis and threats to our Children's system of care efforts/KB lawsuit

Policy, Advocacy, Gaps in Services, Create strategies for workforce capacity issues in our system.

Group had no discussion other than specifics as mentioned in above discussions.

There was no other business. Group briefly discussed some of the good work being done, despite the problems and hurdles discussed during this meeting.

The next meeting of the Children's Issues Committee is scheduled for Tuesday, March 15, 2022, 1:00pm. This meeting will be held in-person AND via Zoom.

Meeting adjourned at 2:20pm.