

Children's Issues Committee, November 16, 2021, 1:00pm

Meeting came to order at 1:01pm.

Agenda and Previous minutes were approved.

DHHS Updates – Kim Batsche-McKenzie, Justin Tate, Mary Chaliman – MDHHS

Justin Tate informed the group on staffing updates. Heather Valentini and Juliette Taylor started with the Department recently and another person was hired but will not start until later in November. Group wondered if the Department was experiencing the same struggles with hiring within the State system as the publicly funded system was. Justin stated that they are experiencing those same struggles – having taken them almost 2 years to fill the Wraparound position.

Kim Batsche-McKenzie reported that they are hearing major themes throughout the State such as workforce issues for Children and Families services (especially in master's level positions), ED boarding of adolescents, backlog at Hawthorn and those stuck at Hawthorn who are ready for discharge and awaiting placement and/or services that are not in place.

Kim reported that Phil Kurdunowicz who is a lead on the MI Kids Now initiative is on paternity leave and Lindsay McLaughlin is filling this role. Lindsay will be joining the January meeting to give an update. Kim stated that Jeff Wieferich recently held a meeting with PIHPs stating that they would like to focus on 3 services regarding the KB Lawsuit outcomes – Intensive Crisis and Stabilization, Family Support and Training (including Parent Support Partners) and Youth Peer Support. Group wondered why BHDDA were involved if they were not going to be part of implementation. Kim stated that they were part of the workgroups who were to inform the implementation planning group. Group stressed to Kim that urban models will not work for rural areas. Kim stated that they will keep that in mind. Group expressed frustration at the compliance aspect of this initiative as opposed to collaborating on improvements.

Group realizes that the system needs to evolve, but this isn't the way to do it. Group continued to discuss the exhaustion of the workforce and whether there was anything that the Department could do to intervene on placement at private facilities. Group suggested to Kim that the Department should find a way to utilize ARPA funds to help with the child psychiatric bed crisis. Kim suggested that the group invite Krista Hausserman to a future meeting for updates on initiatives being planned. Group also stressed the importance of parity in payers.

Mary Chaliman reported that a lot of the work they have been doing is around congregate care. There are not a lot of folks stepping up to be foster parents. They are working with residential facilities on their workforce development and support to retain staff. There is a regional placement unit that helps with child placement in residential settings called the Regional Placement Unit (RPU). Enhanced Treatment Foster Care (Together Facing the Challenge – North Carolina model) is a plan being looked at where a team comes into the care gives home to provide support and teach skills to the current caregiver and maintain placement of the child in that home. This is seeing some success and they hope to pilot it in the Kalamazoo area. Building Bridges contract amendments are being worked on currently.

Legislative Update – Alan Bolter

Alan reviewed the handouts that were sent to the group. He stated that there are about \$11 Billion left from ARPA and COVID relief funds that are being put into Supplementals. Senator Shirkey is introducing SB 714 which is a \$348 Million Supplemental of which over half would be earmarked for hospitals. \$100 Million is for infrastructure grants to enhance pediatric inpatient services. About ¼ would go to implementation or readiness for SB's 597 & 598, and about \$55 Million would go to community-based care. This supplemental will likely be tie-barred to SB's 597 & 598. He then gave details on the changes made recently to SB's 597 & 598, such as changing the phase-in sections from 3 phases to 4. Other changes included changing the implementation time to 2 years between phases, and language allowing the Department to terminate a phase if it's deemed unsuccessful. Finally, changes to the Mental Health Code language would eliminate the role of the CMH as it is currently, redefining them as providers for the Health Plans. Alan stated that the House package of bills is likely to change over the next several weeks, but we will have to wait and see what it looks like. He reported that the Democratic Listening Tours wrapped up yesterday and we will also have to wait and see what comes from that process. Group discussed the likelihood of either proposals passing out of one chamber and making it through the other. Alan stated that we may likely see either or both proposals at this time next year heading into Lane Duck.

Child Psychiatric Bed Crisis – Assess current status of these issues

- a. Request for point in time data when Bed is not secured within 24 hours
- b. Review state capacity of child beds
- c. Create Advocacy plan and partnership with hospitals/state to admit CMH children
- d. Address challenges of finding beds for children involved in DHS
- e. 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.

Group had no discussion on these items due to time constraints.

Children's Administrators Forum Update – Gwenda Summers, CEI

Gwenda reviewed the minutes for the October and November meetings. October discussions revolved around KB Lawsuit issues. She stated that the Department has not been able to share a lot of information yet. Some concerns are that there seems to be a "bundle of services" offer that they think will be a fix like a Band-Aid that cannot be followed due to not working for all families. This would produce compliance and audit issues and affect service delivery. Several of the complaints coming out of this whole process are Child Welfare

system related which is flowing over to the CMH System. November discussions revolved around KB Lawsuit issues as well, but the group felt very demoralized due to no placement options, recipient rights complaints and the increase in kids who are chronically mentally ill. Other topics included the workforce crisis and what MDHHS can do to help. Connie stated that it is imperative that we stop complaining about what is happening and find solutions to offer that can help fix the problems. Group discussed intake assessments, incentivizing certain things, and possibly offering overnight telehealth options – not just mobile crisis units.

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 on these topics due to time constraints.

Other

Connie reported that she is working on a document that she will be sharing with the group when it is closer to being finalized, on ideas how to work better with the Department on some of the issues that have come out of the KB lawsuit. Connie reported that Lindsay McLaughlin will be joining the January Children's Issues Committee meeting to discuss the MI Kids Now initiative.

Next Meeting

The next meeting of the Children's Issues Committee is scheduled for Tuesday, January 18, 2022, 1:00pm. This meeting will be held in-person AND via Zoom.

Meeting adjourned at 2:07pm.