

## **Children's Issues Committee, March 15, 2022, 1:00pm**

### **ACMH Update – Jane Shank**

Jane reported that the ACMH is working on Family Driven Youth initiatives and Crisis training as well as Peer Continuum initiatives and Leadership camps. She stated that there has been some restructuring of services for kids and families through the MI Kids Now initiative. She thanked Lindsay and Phil (from MDHHS) for their willingness to discuss children's initiatives moving forward. ACMH has a parent support partner position open at this time. Youth Leadership camp will be held on April 9<sup>th</sup>. Applications are being accepted through March 17<sup>th</sup>. Jane will forward application to Monique for her to send out to the group.

### **DHHS Updates – Phil Kurdunowicz, Lindsay McLaughlin, Justin Tate, Mary Ludtke – MDHHS**

#### **MDHHS Reorganization**

Lindsay McLaughlin gave a presentation on the restructuring of BHDDA. She stated that the Bureau of Children's Coordinated Health Policy and Supports will be the title of the newly formed Children's Division. She will serve as the State Bureau Administrator of this Bureau. She gave details of the divisions and sections in this new bureau, stating that 3 main divisions have been identified – Office of the Advocate for Children, Youth and Families; Program and Grant Development and Quality Monitoring Division; and Access Standard, Service Array and Policy Division. These changes within the Department will take place on March 21, 2022. Group asked about screening tools and who is responsible for if/when they are followed up on. Phil Kurdunowicz stated that he can follow up on this within the Department. Group asked how these newly identified departments within this Bureau were going to work together to help further the need for children's services moving forward. Lindsay stated that they will all be housed in the same building once remote work dwindles down some, and there will always be crossover work, but this reorganization is the best way to accomplish the policy needs that are so different for children's services. Phil stated that the System of Care collaboration is truly best served by this reorganization. Group expressed an apparent lack of alignment with CPS and CMH and hopes that this reorganization would work toward fixing that. Group also stated that Social Workers are being drawn away from the Mental Health system and into the school system, and they were hopeful that this reorganization would address this issue as well. Phil spoke about the Talent Pipeline project that the Department is working on with CMHA to avoid pulling social workers from the MH system into the school system. He stated that the MI Kids Now initiative will see the development of a joint vision for the CPS and CMH systems. Gwenda spoke about kids coming out of residential care settings, the need for hospital beds, and funding needs. Julie Bayardo stated that the CMH system is fearful that more children's services will be created as a result of the MI Kids Now initiative, with the current services already understaffed. Pat Weighman asked about oversight of mobile crisis for children's services, which was to be connected to the adult services. Phil explained that the children's side may look a little different than the adult's side. These services need to be crafted around children's needs to focus on intensive crisis stabilization services. Phil stated that the Department would like to align workforce supports with any new programs coming out. He also stated that they hope to expand hospital services as well as home and community-based services. Julia asked that everyone within the newly formed Children's Bureau take a fresh look at the current services, EBP's, home-based services, and IPSS, to evaluate future actions, and to recognize that the credentials needed currently are limiting being able to provide staff for those services. Phil stated the Department is willing to partner on that and look into some creative ideas for this.

#### **Legislative Update – Alan Bolter**

Alan reviewed the handouts that were distributed in the packet. He stated the Governor's FY23 Budget recommendation was approx. \$74 Billion. Previous budgets in past years have been around \$50 Billion, so this budget contains about \$20 billion in extra funding due to ARPA and COVID federal dollars. He spoke about her different types of recommendations which include supplemental, ongoing and one-time funded – giving details of specifics listed in the proposal. Alan spoke about the funding being proposed for MH services in schools. He stated that the Association would like to collaborate with organizations to keep mental health workers from being drawn away from the public mental health system to the school system. Group briefly discussed dental coverage for those receiving services. Alan stated that recently, Senator Shirkey moved SBs 597 & 598 to the agenda for a vote, but after a whip, these bills reached third reading, but did NOT get added to the agenda for a vote. They continue to remain off the agenda. All Democrats voted No, and 5 Republicans – Senators McBroom, Bumstead, Outman, Theis and MacDonald – whipped No. Alan stated that the Sheriff's Association, MAC, Catholic Conference and Unions have been instrumental in helping to fight these Senate Bills. Alan then reported that Rep. Whiteford's package of bills, which would create one ASO (Administrative Service Organization), will be up for testimony on March 17 and they may be voted on next week. This package of bills would keep the CMH system intact with the ASO authorizing care, and they would not be allowed to profit from providing services. A set amount would be paid to the ASO whether services were authorized or denied either way.

**Child Psychiatric Bed Crisis – Request for point in time data when Bed is not secured within 24 hours, Review state capacity of child beds, Create Advocacy plan and partnership with hospitals/state to admit CMH children, Address challenges of finding beds for children involved in DHS, 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.**

#### **Children's Administrators Forum Update – Gwenda Summers, CEI**

February and March meeting minutes were included in the packet. Gwenda stated that topics discussed were Hospital bed access, staffing, and Hawthorne NOT always being the next step. Group also discussed systemic problems that cannot be 'program

developed' away, and that capacity needs MUST be addressed. Group continued to discuss how the Department's reorganization must align with the help needed by this system. Heidi Fogarty reported that they are meeting with Senator Lars tomorrow to try to reinstate some type of seclusion and restraint to be used in crisis residential settings. They are hopeful this will help to move things in the right direction. Kay wondered if a parent of a privately insured child had it easier than those served by Medicaid. Connie stated probably not, but it depends on where they live. Kay suggested that these parents would be allies in the fight to fix these access issues. Many in the group felt that it was strictly an acuity level issue – not a private/public insurance issue.

#### Committee Focus Areas for 2022

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

- i. Policy
- ii. Advocacy
- iii. Gaps in Services

Create strategies for workforce capacity issues in our system.

There was no other business.

The next meeting of the Children's Issues Committee is scheduled for Tuesday, April 19, 2022, 1:00pm. This meeting will be held in-person AND via Zoom.

Meeting adjourned at 2:16pm