

## Children's Issues Committee, April 19, 2022, 1:00pm

ACMH Update – Jane Shank

Jane reported that the Youth Leadership has completed part 1 of their camp. They are working on a “Day in the Life” photography project. It will share what the participants want others to know about their stories. She then spoke about Youth Advisory Committee. This is open to applications until June 6<sup>th</sup>. Youth can have input and impact on Youth services up to the State level. Jane will send links to applications on this to Monique for distribution to the group. She will also send information on how parents can be involved. Jane spoke about the May hashtag event for Youth Mental Health Awareness which will be a compilation of photos and posts to social media using #worth1000words. Jane will send information on this event to Monique for distribution to the group as well. The final compilation video will be added to the ACMH website. Crisis Toolkit and Peer Continuum will also be worked on in the upcoming months as well.

DHHS Updates – Phil Kurdunowicz, Lindsay McLaughlin, Kim Batsche-McKenzie, Justin Tate, Mary Chaliman – MDHHS

Implementation of Proposed Policy 2151-BHDDA Delayed – Intensive Crisis Stabilization for Children (enc)

Phil stated that he appreciated the number of comments received concerning Intensive Crisis Stabilization for children, which included workforce, financing, dispatch policy, training and supports. He stated that the Department is pausing to review all of these comments and concerns to have an effective implementation of this policy. Kim stated that keeping telehealth in mind as well as the differences between urban and rural dynamics is important moving forward.

Introduction to the Bureau of Children's Coordinated Health Policy and Supports (enc)-Vision for the future

Phil briefly reviewed the new Bureau's structure for Children. As part of this structure, one of the goals is to expand access to children, youth and families. He reviewed the 3 divisions that are included in the Bureau. Phil spoke about how the transition is going. Justin Tate spoke about the Family and Community Partnership division, reviewing the goals and outcomes they would like to see. The Family Driven Youth Guided Policy will be included in the base of these goals and outcomes. Kim spoke about the Program and Grant division that she will be leading. She stated that she, Phil and Justin will be working together on many activities to avoid creating silos. Block Grant activities, PRTF, Family Support Subsidies remain in the Program and Grant division (overseen by Mary Ludtke), as well as data monitoring and Quality Improvement. A data dashboard will be created along with Behavioral and Physical Health and Aging Services (BPHASA) input and involvement. Phil stated that the Division he will be leading is focused on access and having a sufficient provider network, as well as the standards and assessment process and strengthening the behavioral health workforce.

Group expressed to Phil, Kim, Justin, and Mary how critical the workforce shortage is at this time. Programs and service levels are adequate, but behavioral health workers are in crucial demand. Supports through trainings is highly needed from the State. Group discussed assessment, diagnosis, and referral (as to how the diagnosis follows with the referral). Phil stated that typically the diagnosis will follow the referral but recognized there is room for improvement on this. It is not on their radar, and does cut across to the BHDDA department, but they can collaborate with them on this issue. Group wondered who the contact people will be within this bureau for capacity issues with psych beds and hospitals, or would they remain the same. Phil stated that admissions to Hawthorn will remain the same. For community hospitals, the Department will be coordinating closely with those hospitals in particular. Coordinating with Justin Tate and Kim Batsche-McKenzie until a lead is identified for the Clinical Supports and Service Navigation division. Kim stated that if anyone is not sure who they need to contact, reach out to the folks you've reached out to before.

Update on Child Psychiatric Bed availability

No discussion due to lack of time.

KB Lawsuit update/partnership opportunities

Phil reported that mediation was paused during the transition over to the new Children's Bureau. This will be resumed in May. An advisory committee and internal workgroups are in the process of being established and defined. Focus will now shift to what needs to be done first, such as service array, workforce development, training, assessment process and expansion of services. Connie stated that the offer to partner with the CMH system on solutions/ideas is still available. Group discussed EPSDTs briefly.

Workforce crisis/support

Discussed in multiple items above.

Legislative Update – Alan Bolter (enc)

Alan reported that the Senate is going to report their version of the budget out of subcommittee tomorrow at 12:30. He spoke about priorities that the Association has listed in a document being used with legislators. This document was shared in the packet of materials for today's meeting. Alan then reported on SB 992, which would change some rules in group homes for children, allowing some types of emergency use of seclusion and/or restraint. This bill is just beginning to move through the process. These group homes can now, hopefully, be an alternative to inpatient settings.

Child Psychiatric Bed Crisis –

Create Advocacy plan and partnership with hospitals/state to admit CMH children

Discussed throughout meeting.

Address challenges of finding beds for children involved in DHS

Continue to find ways to advocate for addressing this issue.

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.

Discussed within other items during today's meeting.

Children's Administrators Forum Update – Gwenda Summers, CEI

April meeting minutes

Gwenda reported that the April meeting minutes were not finalized yet. She stated that there was a presentation during the April meeting on the 1915(i) waiver and discussion took place on the impacts that will be experienced by our system after implementation.

Lack of hospital beds and advocacy on that was discussed as well.

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

No discussion due to lack of time.

There was no other business.

Next Meeting

The next meeting of the Children's Issues Committee is scheduled for Tuesday, June 21, 2022, 1:00pm. This meeting will be held in-person AND via Zoom.

Meeting adjourned at 2:15pm.