

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
CITIZENS ADVISORY COMMITTEE MEETING
June 2, 2022 6:00 PM
Minutes**

PRESENT: Ann Finta, Cheryl Nelson, Jim Nesbit, Tracey Roat, Lyn Bradfield, Arletta French, Maggie Davis, Lisa Sawyer

ABSENT: Vicki Mikolajski-excused, Sally Weber-excused

STAFF: Sandra Lindsey, Rachel Slivik, Nancy Johnson, Ryan Mulder

GUESTS:

I. CALL TO ORDER

Ann Finta, Chair called the meeting to order at 6:01 p.m. Verification of the public posting was acknowledged and a quorum was established.

Ann welcomed everyone to tonight's meeting. Review and Acceptance of the Minutes of May 5, 2022.

Motion made by Lisa Sawyer and supported by Cheryl Nelson to approve the minutes of May 5, 2022 as written. Motion carried.

II. INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (IECMHC)

Rachel Slivik, Infant and Early Childhood MH Consultant presented on IECMHC. The following was noted:

- Overview of IECMHC
- Aspects of IECMHC
- Importance of IECMHC
- Trauma and Foster Care
- Developmental Delays and Early Mental Health Concerns
- What Research Shows
- Review of Service Specifics
- Support and Funding for IECMHC

The Committee was able to ask questions / make comment. See document for details.

Motion made by Arletta French and supported by Tracey Roat to receive and file the Infant and Early Childhood Mental Health Consultation update as presented. Motion Carried.

III. CRISIS INTERVENTION SERVICES / PREADMISSION SCREENING FOR INPATIENT

Nancy Johnson, Supervisor Crisis Intervention Services presented an update on CIS and Preadmission Screening for Inpatient Care at 500 Hancock and Covenant Emergency Care Center). The following was noted:

Scope of Service

- Preadmission site: 24/7 screening for hospital admission. Facilitation of the admission. CIS staff work as part of multidisciplinary team to assess the

level of risk and connect to the appropriate level of care. (Admission, CRTP, PHP) Assessments completed at 500 Hancock, Covenant and Ascension Emergency Care Center and on medical floors).

- Communicating with other CMH on behalf of individuals with Medicaid or noninsured.
- Crisis phone and text line
- Brief Screening and referral for individuals seeking Substance Use Services.
- Managing the Process for involuntary admission and monitoring Probate orders for mental health treatment. Police pickups, managing legal documents and facilitating readmission when appropriate.
- Utilization Review and Management. Authorizing payment and insuring the continued medical necessity for the hospital stay. Assisting with discharge planning and connecting without patient treatment.
- Access to outpatient referral and services after hours. Connecting callers to outpatient services with a hand off to CAI or the existing treatment team the next business day.
- Working with Law enforcement and other first responders to promote communication on behalf of Saginaw residents.
- Working with other community agencies such as the jail, shelters, VA to address behavioral emergencies in the community.
- Serving as part of the community wide safety net for individuals in behavioral health or SUD emergency.

The Committee was able to ask questions / make comment. See document for details.

Motion made by Lyn Bradfield and supported by Arletta French to receive and file the CRISIS INTERVENTION SERVICES (CIS) / PREADMISSION SCREENING FOR INPATIENT CARE update as presented. Motion Carried.

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) ADVISORY COUNCIL – UPDATE [FEB / MAY / AUG / NOV]

There was no update.

V. NEW BUSINESS

A. MSHN Citizens Advisory Council Update – No Meeting

B. Future CAC Agenda Items

If the CAC has any other subjects they would like to see covered, they are encouraged to send their ideas to Ryan. Recommendations as of today's meeting include:

- MRSS Follow up
- CMU Co-Location Project
- Transition Aged Youth TAY Program
- School-based Mental Health
- Client Health Self-Management Project
- STARS Rides for Wellness
- Family Support Subsidy
- Hispanic Outreach

VI. OLD BUSINESS

A. Attendance Log

The Attendance Log was reviewed by the Citizens Advisory Committee.

Motion by Arletta French and supported by Tracey Roat to approve the Attendance Log. Motion carried.

B. Membership Log

The Membership Log was reviewed by the Citizens Advisory Committee. It was noted there are still several vacancies:

Two (2) Community
One (1) Primary Consumer
One (1) Secondary Consumer
One (1) Service Provider

Motion by Arletta French and supported by Tracey Roat to approve the Membership Log. Motion carried.

VII. CEO REPORT – SANDRA LINDSEY

A Moment of Reflection on Gun Violence and its Impact (added message not discussed at 6/2/22 mtg)

Our world feels very overwhelming and heartbreaking right now as we almost daily hear reports of gun violence. We expect our schools to be places of safety for students and not the site of yet another incident of mass violence. We mourn the deaths of 19 young students and two teachers at Robb Elementary School in Uvalde, Texas and their families. We ache for the students and faculty and other school personnel that survived the event, but are traumatized and forever changed by this event as is the entire Uvalde community by this tragedy.

Gun violence is now the leading cause of death for youth in the United States.

As I write this report, across the US the weekend of June 4th, there were more than a dozen people killed and another seventeen injured as the result of gun violence. This includes Michigan; the death of one person and injury to three others in Grand Rapids, five persons wounded in Ecorse and closer to home, three persons killed in Bridgeport including a pregnant mother who died of her gunshot injury at the hospital. Her 7-month-old baby was saved and is now without their mother.

These tragedies are added to the other recent mass gun violence casualties in the last week, seemingly driven by grievance, racism and hate; at a supermarket in New York, a medical facility in Oklahoma, a Taiwanese church in California, high school graduation celebrations in Texas and South Carolina, an entertainment district in Philadelphia and nightclub in Tennessee.

This senseless gun violence that leaves a wake of death and injury impacts not just victims and their families left with the trauma of this life changing event, but also erodes the safety of whole communities. Let's also not forget those medical professionals in our local emergency departments that must deal with the aftermath of these shootings, as though the strain of two

years of COVID care and death was not enough strain on the humanity of these professionals or the mental health staff like our own, working side by side with these doctors and nurses and from whom they seek debriefing aid comfort.

Have these tragedies not become unbearable to the American consciousness? The polarized politics on guns in our nation and the perpetual suggestion that these tragedies are the result of inadequate mental health care and not gun safety are ridiculous. Grievance racism and hate are not diagnosable mental health conditions. The refusal of a whole party of elected officials to enact reasonable gun laws directed at those posing the most recent threats since Sandy Hook Elementary, Parkland or Oxford High school last year; those too young, impulsive and not responsible enough to own or have gun access. These same elected officials that suggest guns are not the problem, even when the guns are automatic weapons, designed for warfare and to kill other human beings at a rapid rate, are also those that refuse to act. Though they point to "mental health conditions" as a mitigating factor for these events, they refuse to consider even red flag laws to limit access for those who have openly threatened gun violence or who are experiencing temporary cognitive and emotional impairment, which should at least for a time, limit their access to guns. Their position is simply irrational, out of step with most of Americans including responsible gun owners.

Senate Bills 597 & 598

The Community Mental Health Association of Michigan (CMHA) through their Action Alert Process has communicated that it appears that Sen Shirkey is going to try to move these bills out of the MI Senate in the next two weeks. These are the bills that would amend the Mental Health Code and Social Welfare Act and irrevocably change the public mental health system; eliminating the PIHPS, relegate CMHSPs to provider only status and move the financing and management of the system to private insurance companies. I have asked Ryan to forward the latest Action Alert to all Board and CAC members.

New Project Updates:

Unwind to Federal Public Health Emergency (PHE)

The federal PHE declaration has driven the policies of Medicare and Medicaid during the COVID-19 pandemic. In recent months, with new COVID cases trending downward and hospitalizations and COVID deaths way down, MDHHS has started to plan and hold meetings with groups doing business with MDHHS in the Medicaid space, in anticipation of federal Medicaid and Medicare policy changes. Audiences invited to these meetings, include CMHSPs and PIHPs and their service networks, FQHC and health care systems serving these beneficiaries. States are waiting for the federal government to declare and end to the PHE measures put in place due to COVID-19. Many of the anticipated changes are policy accommodations, but others are economic arrangements with states and still others are around Medicaid eligibility.

One of the most complex challenges will be re-establishing the Medicaid Eligibility Redetermination Processes. During the pandemic no one lost Medicaid or Healthy MI eligibility and related coverage due to the measures prescribed in the conditions of the PHE. MDHHS will have 60 days post the end date of the PHE, to respond to the rewind of policy changes that resulted from the pandemic, including beneficiary eligibility redetermination. MDHHS and the Medicaid provider community, including SCCMHA, appreciates the challenges inherent in the restart of this process. Whether or not the MDHHS even has the correct addresses for all current beneficiaries, is in question as people may have moved over the two years of the

pandemic, as an example of the involved challenges. MDHHS during their recent provider meeting did indicate that planning for communication with beneficiaries is in the works.

It is important to remember that the PIHP/CMHSP system is deeply invested in the Eligibility Redetermination not just because we need to keep beneficiaries enrolled so they have health care coverage, but also because our sub-capitation payments are directly tied to enrollment.

The other related subjects besides eligibility redeterminations and policy accommodation rollbacks will be how many telehealth billing codes will continue to be allowable in the Medicaid and Medicare programs.

Diversity Equity and Inclusion (DEI)

A presentation of the first phase of the work in DEI space at SCCMHA has resulted in a climate assessment and recommendations. DEI consultant Paul Elam, PhD has been bringing presentations about this project to several audiences including the SCCMHA Board, last month but also to the Management Team, Leadership Team and an All Staff Summit last month. Paul will be scheduled to present at the Citizens Advisory Committee at their August meeting. The SCCMHA DEI Team comprised of 14 staff members will commence work on developing a 3-year DEI Implementation Plan in July.

Season of Site Visits/Audits

Sandy described the many virtual site visits and audits scheduled yet this summer and into the fall and the administrative burden to prepare for them, which is especially challenging with workforce shortages.

- A. Medicaid Waivers Site Review – 6/13 thru 6/17
(HSW, SED, Child Waivers)
- B. HUD Shelter Plus Care – 6/27 thru 7/1
- C. PIPBHC Site Visit with MDHHS and U of M – June 9
- D. CCBHC Mid-Year Check in with MDHHS – August 9
- E. CARF – Application with voluminous documents submitted last month with request for site visit. (We believe the visit will likely be scheduled in September)

New Big MDHHS Projects Coming in FY 2023

- **Electronic Visit Verification (EVV)**– electronic application being procured by MDHHS that will be used by all Home Help, CMHSP Network CLS providers and others to track work hours and locations for clocking in and out.
- **Conflict Free Assessment & Planning (CFA&P)**– this is a federal Managed Care requirement protect against financial and clinical conflict of interest between assessments and service planning and payment authorization. Lots of concerns about how this will all sort as it may mean big changes to CMH and PIHP Structural arrangements and IT System changes.
- **1915(i) SPA Medicaid Waiver** and related enrollment- this is another big change as the 1915(i) SPA, will replace the B3 Medicaid Waiver. Unlike the B3 Waiver, it will require individual enrollment and enhanced service monitoring of all most all of the 7,500 persons served by the SCCMHA and our Network

All of these new projects have been on hold due to COVID-19 but are now starting back up.

Summer Respite Camp Resumes after 2 Years of COVID Closure

SCCMHA is very pleased to report that we have organized the following summer respite camp opportunities this season and enrollment is well underway. Camp is a covered service of the Medicaid Specialty Benefit. Camp provides not only an important break for parents and care givers but is also a great consumer experience.

SCCMHA 2022 Sponsored Camps (settings unique to SCCMHA consumers) Include:

- Hartley Outdoor Education Center – Overnight respite camp (One Session- two overnight days)
- SCCMHA/GameChanger/YMCA Saginaw- Day Respite Camps (2 session weeks/4 days per session)
- Kingdom Life Ministries – offering 30 respite camp days throughout summer
- Center of Attraction- offering 25 respite camp days throughout summer

Additional integrated camp sponsorship (Child/Adult/IDD/SED) throughout the State like Camp Fishtales, Mystic Lake, Spring Hill, Indian Trails, Fowler Center, Camp Timbers, etc... are also setup and welcomed camp options SCCMHA can authorize but are not classified SCCMHA sponsored camps as we do not have exclusive access to such programs/facilities.

Each respite camper can choose both an overnight and day camp experience if families wish with camp goals and objectives written into IPOS, and additional camp opportunities with clinical IPOS supporting documentation can be further supported for specialty camps.

Financial, Compliance and Single Audits have been completed by Yeo & Yeo. Being presented to SCCMHA Board at July Board Meeting.

Jen Kreiner has been hired and will be in office full time on July 11.

CMHA Summer Conference is going on next week in Traverse City.

VIII. OTHER INFORMATION

A. DECIPHeR Project Community Advisory Meeting 6-15, 2022, and Project Summary

IX. ADJOURNMENT

Motion by Jim Nesbit and supported by Lisa Sawyer to adjourn the meeting at 7:25 PM. Motion carried.