


The Michigan Autism Council

AUTISM COUNCIL MEETING MINUTES

Friday, December 16, 2022

9:00 am – 12:00 pm

[Recorded Meeting Link](#)

COUNCIL MEMBERS PRESENT	ORGANIZATION, REPRESENTATION
Amy Matthews	Grand Valley State University, State-funded Initiatives
Colleen Allen	Autism Alliance of Michigan, Non-Profit Organization serving those with ASD
Dana Lasenby	Oakland Community Health Network, Pre-Paid Inpatient Health Plans/Community Mental Health Service Programs
Emily DeLaGarza	Michigan Department of Insurance & Financial Services
Frank Vaca	Self-Advocate, ASD Community
Jacob Daar	Northern Michigan University, State Universities
Jeanette Scheid	MDHHS Children's Services Agency
Krista Boe	Acorn Health, Certified Behavior Analysts
Lauren Ringle	Intermediate School Districts and Local Schools
Martin Baum	Parent, ASD Community
Neelkamal Soares	Western Michigan University Homer Stryker MD School of Medicine, Health Care Providers
COUNCIL MEMBERS EXCUSED	ORGANIZATION, REPRESENTATION
Rebecca McIntyre	Michigan Department of Education
Jenny Piatt	Michigan Rehabilitation Services, Employment Services
Raymie Postema	Michigan Department of Health & Human Services, Recipient Rights
Brian Debano	Department of Licensing and Regulatory Affairs
MDHHS STAFF PRESENT	MDHHS REPRESENTATION
Mary Chaliman	Michigan Department of Health and Human Services, Child Welfare
Lisa Grost	MDHHS
Patty Neitman	Bureau of Children's Service Coordinated Health Policy & Supports
Kristen Jordan	Chief Deputy of Health Office
Lindsay McLaughlin	Bureau of Children's Service Coordinated Health Policy & Supports
Lisa Collins	Bureau of Children's Service Coordinated Health Policy & Supports
Marina Wyrzykowski	Legislative Affairs

Mary Luchies	State Hospital Administration
Ernest Papke	MDHHS
Phil Kurdunowicz	Bureau of Children's Service Coordinated Health Policy & Supports
Ali Cosgrove	Bureau of Children's Service Coordinated Health Policy & Supports
Sara Salamey	Bureau of Children's Service Coordinated Health Policy & Supports
GUESTS PRESENT	ORGANIZATION
Ashley Shayter	Autism Alliance of Michigan
Barb Groom	Mid-State Health Network
Brie Elsasser	Mid-State Health Network
Cheri Ramirez	GIHN
Debra Miller	CMHCM
Edwin Portugal	Full Spectrum Agency for Autistic Adults
Janet Marra	MCCMH
Jenny Ward-Kolka	Guest
Jeremy Franklin	SWMBH
Justin Persoon	ISRE
Karen Clark	AAOM
Kayla Perdue	Kids Speech
Lisa Gutierrez	DWIHN
Mariana Del Rio	Guest
Mark Laman	DEBH
Mary Schrier	CMHCM
Megan Noll	Guest
Morgan VanDenBerg	Guest
Nicole Osgood	HCHS
Rachel Barnhart	DWIHN
Stewart Mills	ISRE
Taylor Baker	Guest
Tera Harris	Mid State Health

CALL TO ORDER

The Autism Council meeting was called to order by Lauren Ringle at 9:06 am. A quorum was present for the meeting.

ROLL CALL

A roll call of Council members, MDHHS staff, and guests was completed.

APPROVAL OF PREVIOUS MINUTES

Lauren Ringle called for a **MOTION** to approve the October minutes. Neelkamal Soares made a **MOTION** to approve the October minutes. Amy Matthews **SECONDED** the motion. The **MOTION** carried.

PUBLIC COMMENT

Lily Reuter-Yuill from Comprehensive Speech and Therapy Center out of Jackson, wanted to thank the council and BCCHPS for all our work and support. She wanted to invite us to start thinking about ABA services in schools and what the best practices are moving forward.

Michigan Department of Health and Human Services (MDHHS) UPDATES

Financial Operations Administration-MDHHS Budget: No budget updates today.

Legislative Update: Marina Wyrzykowski reported on that it is very likely that there will be very little activity legislatively before the close of Session. Pending legislation will “die” at the end of Session.

Bureau of Children’s Service Coordinated Health Policy & Supports (BCCHPS)

MDHHS Current Position Vacancies:

- IDD & Autism Spectrum Disorder Services Section Manager: Mary Luchies welcomes a new member to her section, Erika Dianis. She will start in January. Erika will help support diagnosticians across the state for medical, educational, and behavioral evaluations.

Emergency Department Admittance Data: Phil Kurdunowicz reported on a setback with staffing on obtaining the data but is working on continuing to gather data and is hopeful to have this by the next meeting.

Old Business

- Open Meetings Act and In-person Requirements: Lauren discussed the requirement that members have to be in person unless they have a medical or military clearance. There was some discussion on whether or not a virtual meeting could be allowed when bad weather occurs in the winter months since we have members that travel from across the state.
- Locations of Meetings: The group discussed the possibility of hosting some autism council meetings in Northern Michigan as well as other places across the state. This would be helpful for other agencies and organizations to better participate if we could be in alternate locations. MCTI was discussed as an option with a tour as well as schools. A point was made to consider those who might not have transportation for longer distances.
- Acute Care Action Updates: Phil and Lindsay shared a presentation and some updates regarding the MI Kids Now initiative and an overview of the bureau structure. Dr. Soares questioned if there were any documents that shared FAQ’s with families regarding insurance and options for foster and adoptive parents. It was questioned what work has been done in the past and what needs to be done still, can we pull resources from all council members to help build better resources.

New Business

- Lindsay reported on filling the Autism Council Chairperson role and secretary role and asked

council members to help with recommendations. Council conveyed that it would be helpful to have a job description to better understand the roles and responsibilities that are required.

- The group would also like term dates shared with members.
- The group discussed reaching out to other organizations and communities to be more involved in council. Council would like to add this as a standing agenda item.

Discussion

ABA Partnership Presentation

Mary Luchies and Lisa Collins presented on ABA partnership. A lot of discussion was had on the difficulties and what the goal of these partnerships looks like in the future. The next step was discussed on gathering volunteers for a task force of about 10 people who will share progress and plans with the group in future meetings.

Member Updates

Dana Lasenby: Children's Crisis Service Unit just opened a center called Youth and Family Care Connection, for families and youth that need services or to be screened for services.

Jenny Piatt:

- Dell's Neurodiversity Internship Program Recruitment for Summer 2023 - Dell is currently recruiting for summer interns: 10-12 week internship across a variety of role types (optional: remote or in-person). Some of the role types that we're looking to fill are included in the description on the internship portal link that is included below. As a reminder, only current students are eligible for these opportunities. They can be in a 2 year or preferably 4-year college or getting a master's degree.
- Dell career page: [Neurodivergent hiring program \(dell.com\)](https://dell.com/neurodivergent-hiring-program)
- This is the application portal specifically for internships: [Neurodiversity@Dell 2023 Internship \(avature.net\)](https://avature.net/neurodiversity@Dell-2023-Internship)

Jacob Daar: NMU to take possession of a new larger facility next month that will provide more capacity.

Neelkamal Soares: WMU has been collaborating with Ohio State on parent education and autism over the next 6 months and will report back when its completed.

Action Items			
<i>Status (Open) (Complete)</i>	<i>Description</i>	<i>Owner</i>	<i>Target Date</i>
	MDHHS to share Chairperson Position Description and the rules around new and expiring members	Sara	1/5/2023
	Council to bring forth any materials and resources that currently exist – council to audit items and review for current needs	All	2/15/2023
	MDHHS to review the Open Meetings Act regarding virtual member participation and exceptions for severe weather conditions.	Ali Cosgrove	1/5/2023
	Lauren to touch-base with Jenny regarding a possible MCTI tour for April.	Lauren	2/15/2023
	Add a standing agenda item for Autism Community outreach and representation.	Lauren/Amy	2/15/2023
	Send Sara any volunteers for a task force on ABA Guidance at SalameyS@michigan.gov	All	2/15/2023
	Sara to share Director Hertel's presentation along with today's presentations (MKN & ABA) with meeting minutes.	Sara	1/5/2023
	Share the spreadsheet for term dates of council members.	Sara	1/5/2023

Adjourn

Lauren Ringle adjourned the meeting at 12:00 pm. The next Autism Council meeting will take place on February 24, 2023, at the South Grand Conference Room, 333 South Grand Ave, Lansing, MI. This will be in person only; non-council members can join virtually. If you need a copy of any presentations or additional materials please email Sara at SalameyS@Michigan.gov for a copy.

Dell's Neurodiversity Internship Program Recruitment for Summer 2023

Dell is currently recruiting for summer interns: 10-12 week internship across a variety of role types (optional: remote or in-person). Some of the role types that we're looking to fill are included in the description on the internship portal link that is included below. As a reminder, only current students are eligible for these opportunities. They can be in a 2 year or preferably 4-year college or getting a master's degree.

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MI Kids Now (MKN) Initiative

Overview for Autism Council
December 2022



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MKN Initiative Overview

- Brief Overview: Bureau of Children's Coordinated Health Policy & Supports
- Overview of the Current System
- Overview of the Lawsuit and Settlement Agreement
- Overview of the Environmental Scan
- Overview of the MI Kids Now Initiative & Interagency Teams
- Opportunities for Collaboration



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Bureau of Children's Coordinated Health Policy and Supports (BCCHPS)

Builds upon previous work to improve coordination and oversight of children's behavioral health services.

Proactively restructures delivery of publicly funded specialty health services to better serve Michigan children, youth and families.

Recognizes that services must be designed specifically to meet the needs of children, youth and families with their input.

Reinforces protections for youth to access appropriate services when needed, rather than turning to emergency room settings.

Establishes a clinical support team to serve as a statewide resource and provide support to families and partners.

Works in tandem with other MDHHS administrations and across agencies to address children's behavioral health crises.



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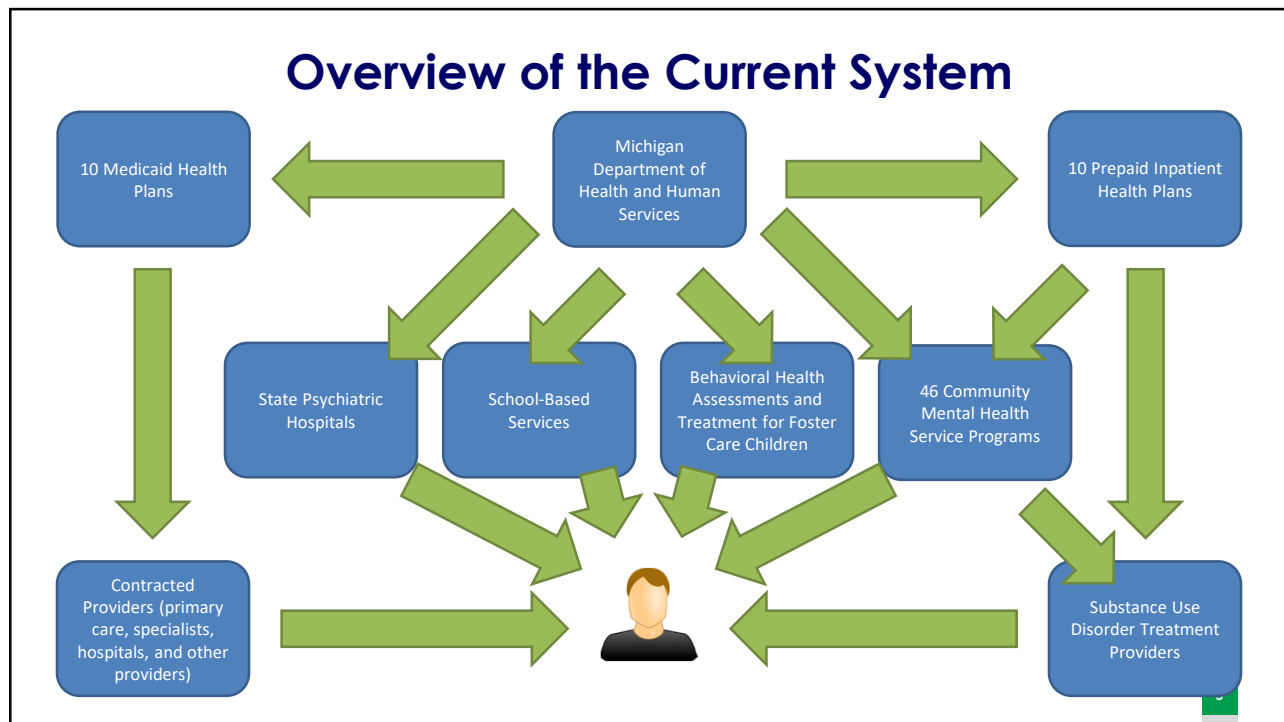
Bureau of Children's Coordinated Health Policy and Supports

- **Office of the Advocate for Children, Youth and Families (Patty Neitman)**
 - Partner with behavioral health service providers, child welfare agencies and other appropriate support people, offering consultation and technical assistance with the goal of strategically addressing complex behavioral health challenges faced by children, youth, and families
- **Program and Grant Development and Quality Monitoring Division (Kim Batsche-McKenzie)**
 - Develop and manage specialized programs and evidenced based practices for children's behavioral health services based on availability of grant funding and other revenue sources
 - Establish a data and quality section for increased transparency and dashboard development
- **Division of Access Standards, Service Arrays and Policy (Phil Kurdunowicz)**
 - Develop and implement a standard process for assessing children, youth, and families for eligibility for home and community-based services, which includes "at-risk" children and youth
 - Establish an education, training, and workforce development program to assist providers with implementing new service models and assessment processes



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Overview of the Lawsuit & Settlement Agreement

- In 2018, the National Health Law Program, Disability Rights Michigan, and Mantese and Honigman LLP brought a class action lawsuit against the Michigan Department of Health and Human Services (MDHHS). This lawsuit is known as “KB” (formally known as K.B. et al. v. MDHHS et al.).
- The lawsuit alleges that the State of Michigan failed to provide adequate behavioral health services and supports to Early and Periodic Screening, Diagnostic and Treatment (EPSDT)-eligible children with mental or behavioral disorders including children with developmental disabilities.
- MDHHS entered into an interim agreement with the plaintiffs in 2020. This interim agreement establishes a process for the plaintiffs and MDHHS to reach a settlement regarding the lawsuit. As part of the settlement, MDHHS will develop an implementation plan.



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Overview of the Environmental Scan

MDHHS contracted with the Center for Health Care Strategies (CHCS) to conduct an environmental scan of the behavioral health system and support the development of the implementation plan.

The scan involved the following activities:

- Analysis of data on (1) Medicaid claims and encounters and (2) other services provided to children, youth, and young adults who are eligible for EPSDT services (including children, youth, and young adults in the child welfare system)
- Analysis of current Medicaid policy for the provision of behavioral health services
- Completion of 29 interviews with 140 individuals including family members, advocacy organizations, health plans, providers, and other external partners

The primary concerns noted by CHCS during the scan included:

- Access to Services
- Assessment Process
- Coordination with the Foster Care System
- Current PIHP and CMHSP Structure
- Workforce Development



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Overview of the MKN Initiative

The MI Kids Now Initiative was established to implement the department's Strategic Policy Plan (SPP). The SPP encapsulates MDHHS' vision for the expansion of behavioral health services and goals and objectives for statewide outcome improvements. The plan includes a multi faceted approach across key areas of action that include:

- Michigan Intensive Child and Adolescent Services (MICAS) Package
- Beneficiary/Recipient Information and Service Array
- Eligibility and Access to Behavioral Health
- Service Delivery
- Data Collection and Transparency
- Reporting and Monitoring of Implementation and Outcomes



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MKN Interagency Teams

Current Teams/Areas of Focus

- MichiCANS
- Workforce Development
- Intensive Crisis Stabilization
- Community Behavioral Health Placement & Treatment Options
- Community Reintegration
- Care Coordination
- Juvenile Justice

Forthcoming Teams

- At-Risk Population
- Workforce Training
- Contracts & Operational Change



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Opportunities for Collaboration

- IDD/ASD Section within BCCHPS
- MichiCANS utilization
- ICSS expansion
- University partnerships for training
- Clinical consultation opportunities through OACYF
- Considerations for Care Coordination



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ABA in Schools

Developing guidance for schools,
providers, and families to help navigate
options and opportunities for ABA during
school hours



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Collaboration



MDHHS
Autism Council



Michigan Department of
Education



2

Stakeholders

MDE

Intermediate School Districts

MAASE

Local school districts

Families

Parents/Guardians

Parent advocates

Autism Alliance

CMHSPs

Providers

BCBAs

ABA provider agencies

MI-Bap

Pediatricians

Funders

PIHPs/CMHSPs

Insurance providers

School based services

3

What is ABA therapy and how can it be provided during the school day?

1

What is FAPE and what considerations need to be made when developing options for ABA therapy?

2


Questions

How is ABA therapy funded if provided in school?

3

4


Clarification



ABA Therapy

Defining ABA Therapy


How BCBAs can partner with schools



FAPE

Clarifying IDEA laws

Providing guidance for options available to families



Funding

Guidance for billing for services

Coordination with PIHPs, CMHSPs, Insurance

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ABA Therapy



Evidenced based practice using scientific principles to reduce problem behavior and/or increase skills implemented by a board certified and licensed behavior analyst



ABA can be focused (a few specific goals) or comprehensive (more complex needs).



ABA therapy must be individualized and can utilize a variety of methods

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ABA options



Children can leave the classroom for a portion of the school day to work on specific skills developed to increase their ability to participate in a classroom


Families can choose to homeschool their child and receive more intensive ABA therapy at home or in a clinic and still receive other special education services

Behavior technicians or Paraprofessionals can provide individual classroom supports during the school day for specified durations

BCBAs can be employed by schools/ISDs and support education staff with universal training or consultative individual supports such as environmental adjustments

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Decisions



Determination of need
What is the process for a determination that ABA would be beneficial for a child who is enrolled in school?

IEP/504 development
Is ABA therapy included in an IEP/504 plan and what are the processes for including or not?

BCBAs in school
If ABA is recommended, how does the BCBA/LBA work within a school structure?

Communication, Collaboration and Coordination
Information about goal development and timelines for ABA therapy

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State models

- California
- Colorado
- Massachusetts
- Montana
- New Jersey
- Oregon
- Pennsylvania
- Tennessee
- Virginia

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Schools incorporating ABA



Midland ESA

Walled Lake Schools



Ann Arbor Public Schools

Ottawa Area ISD



Kent ISD

10 ISDs using PFA-SBTs

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“Autism is not a disability,
it's a different ability.”

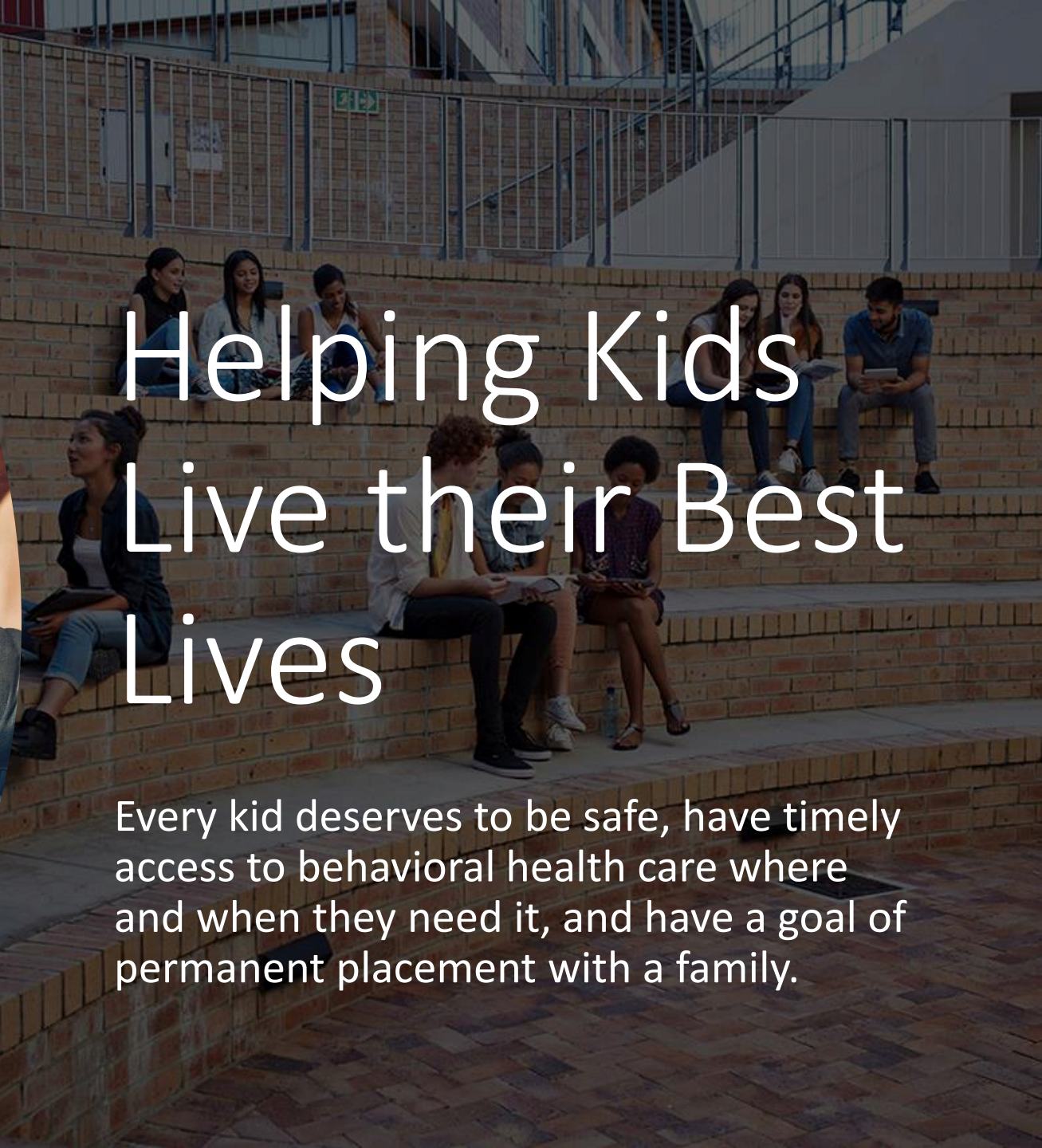
—Stuart Duncan





Helping Kids Live their Best Lives

Every kid deserves to be safe, have timely access to behavioral health care where and when they need it, and have a goal of permanent placement with a family.



CSA Priorities



Children's Services Agency

State-administered child welfare system

- **83** counties.
- **5** Business Service Center (BSC) regions.
- Employs approximately **3,200** field and central office staff.
- Administers contracts to provide family preservation, foster care, licensing, and adoption services with approximately **48** agencies.

Children's Protective Services

- Complaints received: **174,325**
- Complaints investigated: **68,739**
- Confirmed complaints: **15,256**

*CPS data is from FY22

Foster Care

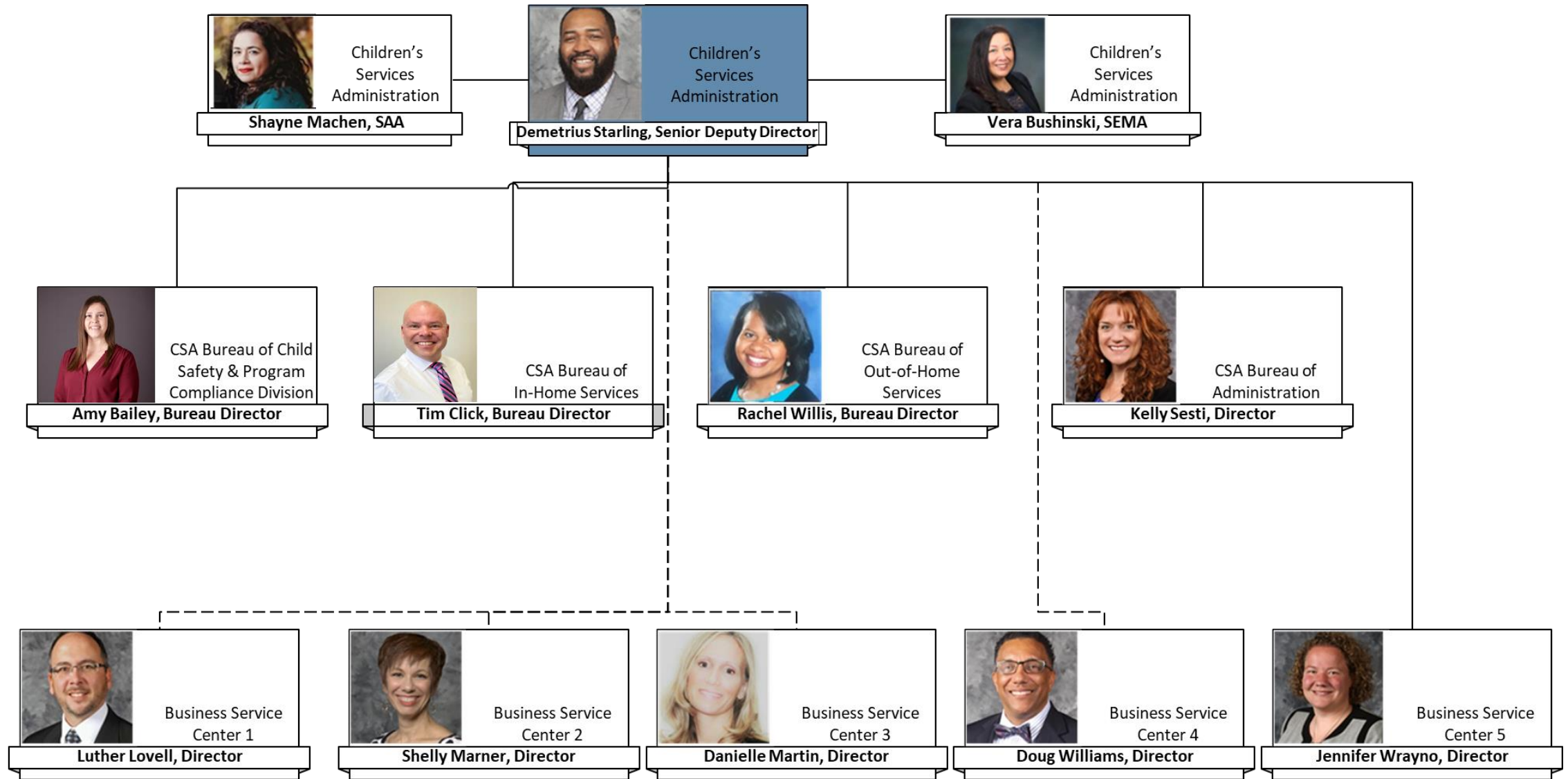
- **10,312** children in foster care
- **9,663** children in out-of-home care
- Children entered foster care: **4,241**
- Children exited foster care: **5,121**

Adoption

- 1,669 completed adoptions.
- **97%** of children adopted received adoption subsidy, medical subsidy or both.

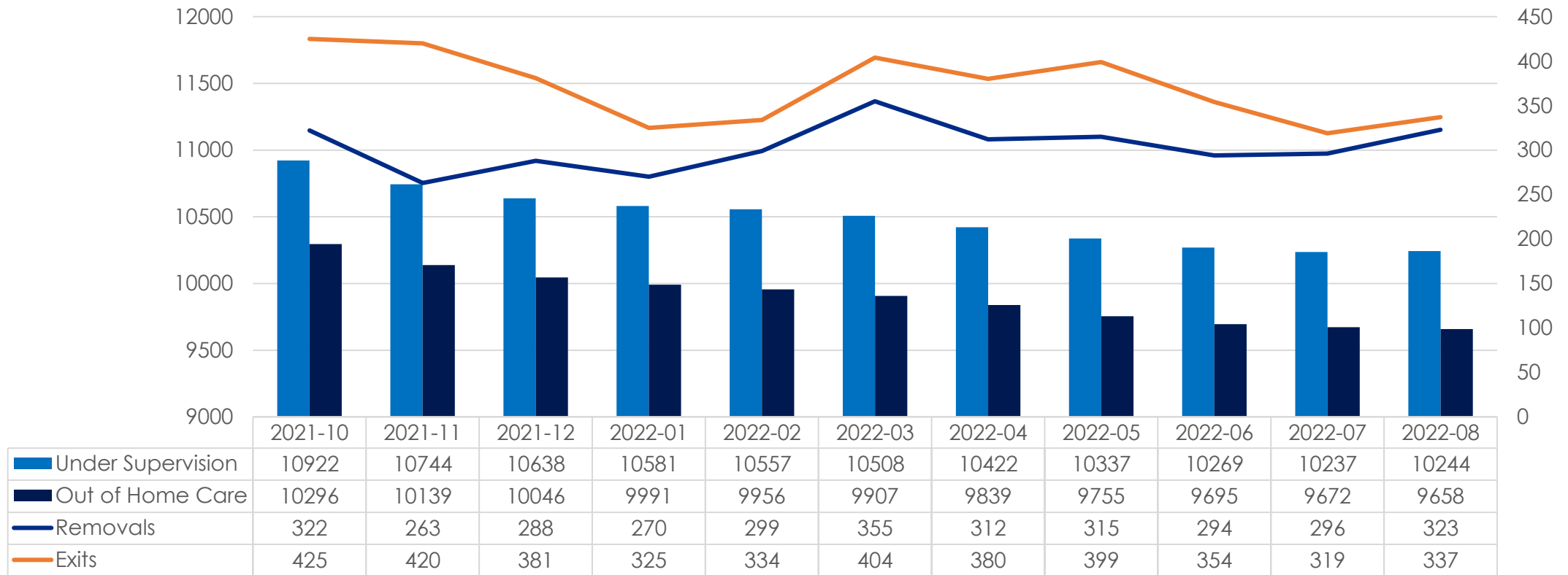
Juvenile Justice

- **622** youth supervised by MDHHS.

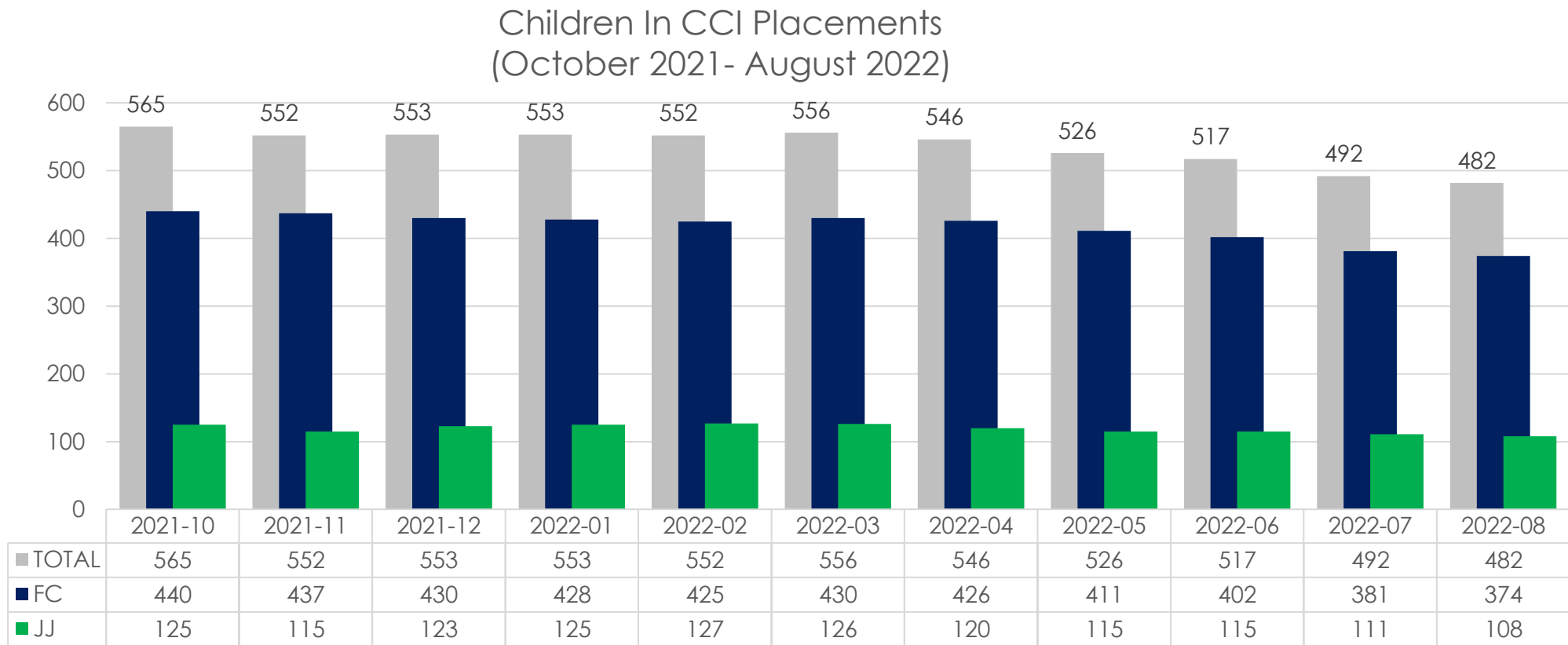


Data Updates: Foster Care Trends

Children Under Supervision, Out-of-Home Care, Removals and Exits
End of Month (October 2021 - August 2022)

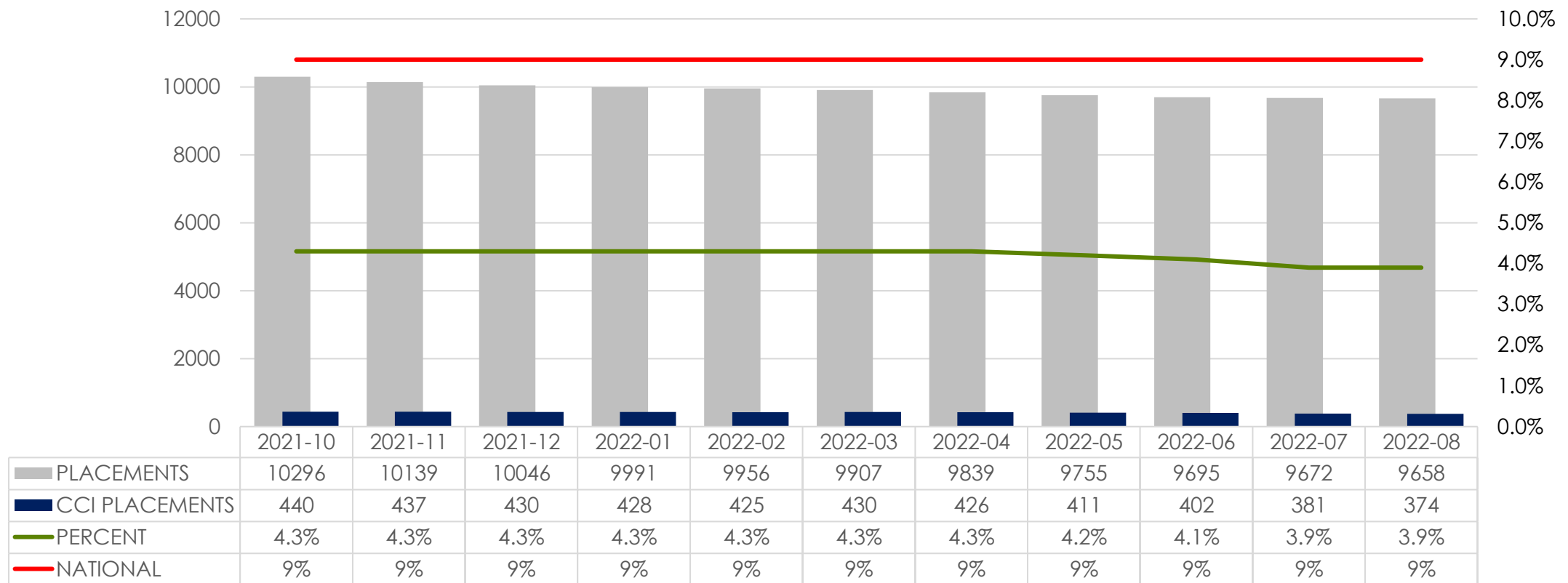


Data Updates: CCI Population by Program



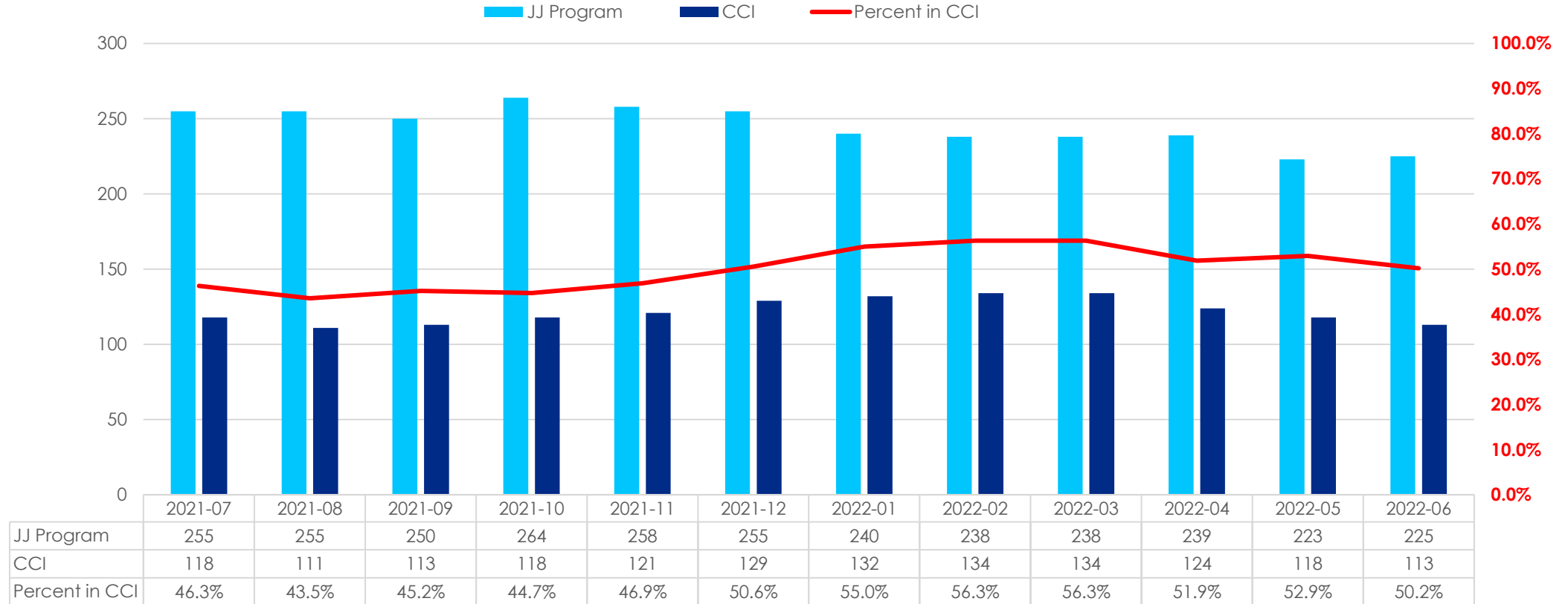
Data Updates: Children Receiving Treatment in a Congregate Care Setting

October 2021 - August 2022



Children in MDHHS Juvenile Justice Program*

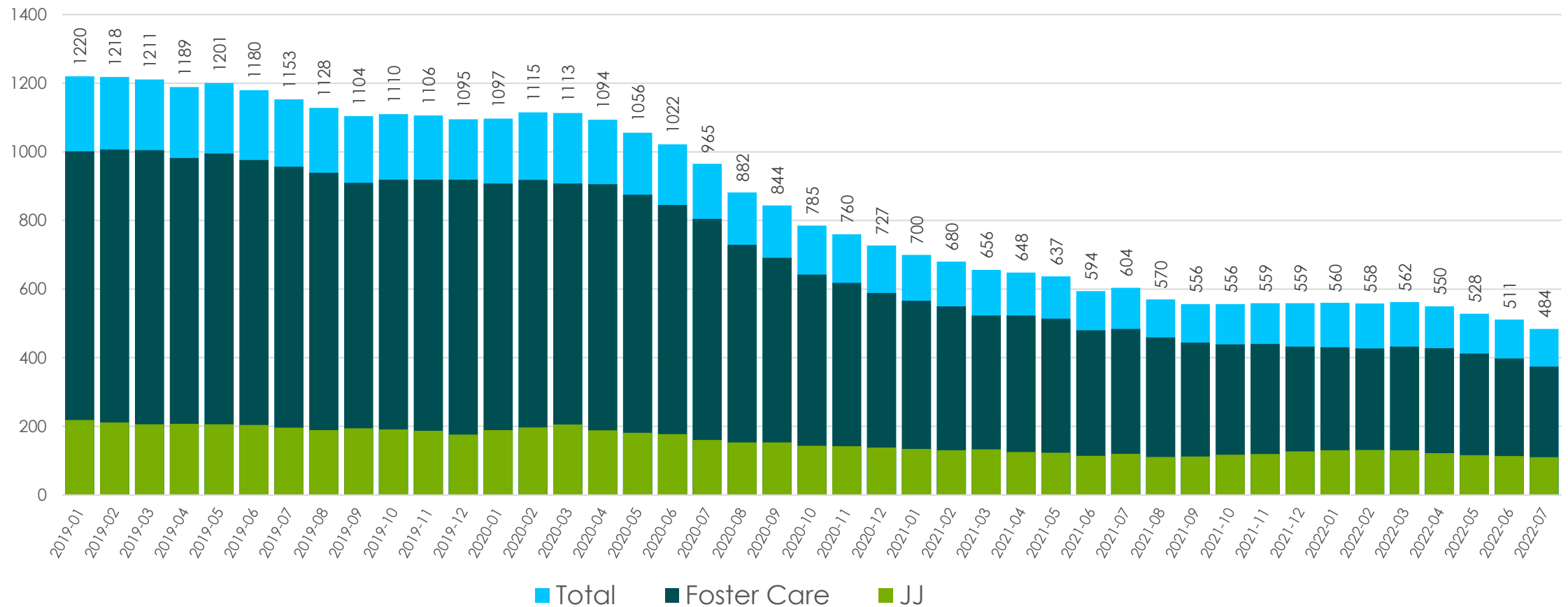
July 2021 - June 2022



*This data represents children who only have an open juvenile justice legal status. Children who have both an open juvenile justice and foster care legal status are identified as dual wards. Dual wards are counted under the foster care program.

Foster Care & JJ CCI Population: 2019 to Present

CCI Population By Month
January 2019 - July 2022



Healthy Families Build Healthy Communities

- Families need access to supports and behavioral health services.
- Services should be *family led* and *youth focused*.
- Kids are safer and healthier *with their families*.
- If an out-of-home placement is necessary, it should provide trauma-informed care, therapeutic services, and be culturally competent.

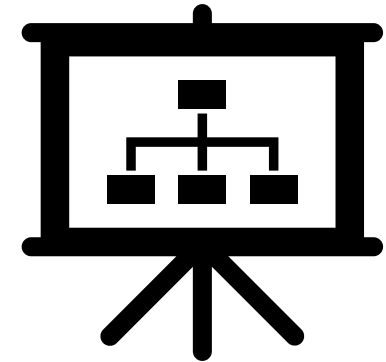


Families First Prevention Services Act (FFPSA)

- FFPSA is federal law that offers funding to states to substantially transform their child welfare systems
 - Reorients child welfare systems to ***prevent maltreatment*** and support families.
 - Increases **family-based placements** for children and youth who enter foster care.
 - Right-sizes congregate care to create and ensure after care support for the youth in care.
- MDHHS implementation
 - Expanding three ***evidence-based home visiting*** programs to support 500 additional home visiting slots.
 - Partnering with U of M to develop an evaluation plan for key **family preservation** programs.

New MDHHS Structure Supports Healthy Families

- A newly restructured department will help ensure **behavioral health services** are supported across community-based, residential and school locations, as well as other settings.
- The changes will benefit people of all ages, with addressing the needs of children and their families a top priority. This includes creation of the ***Bureau of Children's Coordinated Health Policy and Supports***.
- Created the Health Care and Human Services Workforce Steering Committee that is involved in multiple efforts to recruit more **behavioral health workers to address shortages**.
- Created the Division of Child Safety and Program Compliance to assist and provide additional **oversight, technical assistance, and support of contracted agencies** providing congregate care or placing children in foster care homes or facilities.



MI Kids Now

Executive Committee

Chief Deputy for Health
Chief Deputy for Administration
Chief Deputy for Opportunity
Executive Director, Children's Services Agency
Children's Ombudsman (Non-Voting Member)
Executive Office of the Governor (Non-Voting Member)

Director of Bureau of Children's Coordinated Health Policy and Supports (Non-Voting Member)
Senior Deputy for Budget
Senior Deputy for Policy, Planning, and Operational Support
Senior Deputy for State Hospital Administration

The MI Kids Now Executive Committee provides **strategic vision and oversight for decision-making** related to children's behavioral health policy, foster care, and access to services for youth.

The Executive Committee approves contracting and licensing decisions for Child Placing Agencies and Child Caring Institutions (CCIs). CCIs with elevated risk scores are evaluated for adverse licensing actions or termination and recommendations for support and corrective action plans.

Interagency Teams

Taking action now to:

- Expand crisis services.
- Ensure statewide consistency and timeliness **behavioral health assessments**.
- Align the services and placements available with the needs kids have today.
- Reintegrate kids in institutional settings **back into the community**.
- Address workforce shortages.

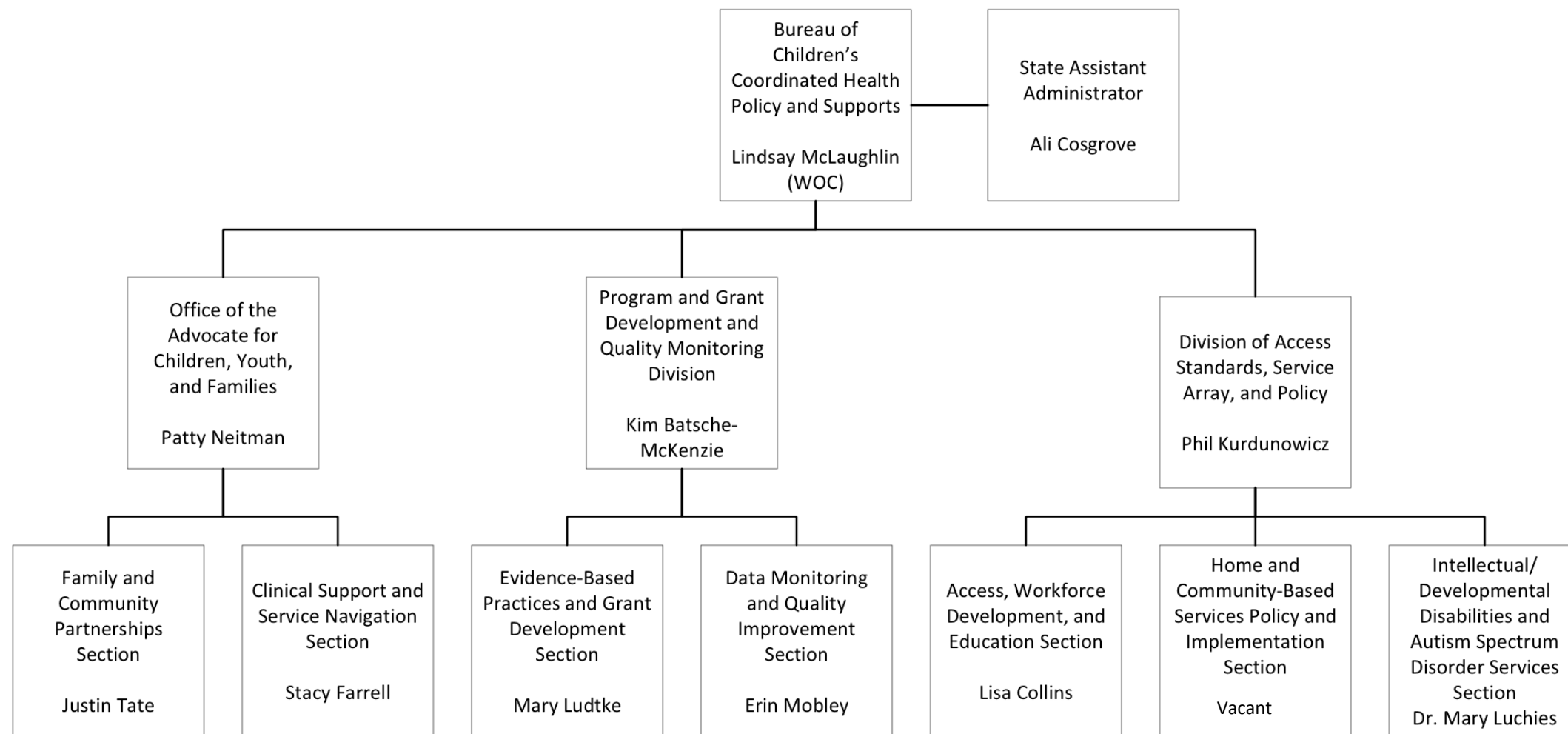
Bureau of Children's Coordinated Health Policy & Supports

Provides coordination and oversight of children's behavioral health services and policies. Services should be designed specifically for the needs of children and youth, including those transitioning through different health care settings, while recognizing and appropriately prioritizing the inclusion of families in addressing the health needs of children.

Bureau of Children's Coordinated Health Policy and Supports (BCCHPS)

- Improve ***coordination and oversight*** of children's behavioral health services.
- Works across MDHHS administrations to address children's behavioral health crises.
- Proactively restructures how we deliver publicly-funded specialty health services to better serve Michigan children, youth and families.
- Recognizes that services must be designed specifically for the **needs of children, youth and families**.
- Emphasizes the critical importance of **including families** in addressing the health needs of children and youth.
- Reinforces protections for youth so they can access the appropriate services when they are needed, rather than turning to an emergency room setting.
- Establishes a **clinical support team** that will serve as a statewide resource and provide support to Community Mental Health Service Programs, Prepaid Inpatient Health Plans, behavioral health providers, and other partners.

Bureau of Children's Coordinated Health Policy and Supports



MI Kids Now Policy Wins

Behavioral Health Provider Student Loan Repayment

Student Loan repayment for mental health providers who work for nonprofit service providers or public schools:

- Incentivizes behavioral health care providers to practice in **underserved areas** in Michigan.
- Two-year service obligation.
- Includes Psychologist, Psychiatrist, Social Worker, and Professional Counselor.

Initial round of applications is under review and **award contracts will begin in November 2022.**

Intensive Crisis Stabilization

Expand access to mobile response teams to address crisis situations for:

Young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school or community.

Mobile Response Grant Program

- Support for Community Mental Health Service Program expansion through 2025.
- Medicaid policy will support ongoing provision of this service.

Behavioral Health Assessments

MDHHS is developing a customized statewide version of the assessment tool:

Child and Adolescent Needs and Strengths (CANS)

- Determine **eligibility for specialty behavioral health services** and supports in the public system.
- Serious emotional disturbances, intellectual/developmental disabilities, Autism.
- At risk of hospitalization or out-of-home placement due to a behavioral health need.

Health Care and Human Services Workforce Steering Committee

Current Efforts

- Michigan Health Endowment Fund Grant to assess and determine behavioral health workforce needs regionally.
- **MI Kids Now Loan Repayment Program** to repay medical debt and incentivize behavioral health care providers to practice in underserved areas in Michigan.
- MDHHS-LEO Behavioral Health Talent Pipeline Management Project, prioritizing licensed social workers.
- Psychiatric Advanced Practice Professional Job Specification to allow psychiatric nurse practitioners and physician assistants to **practice at the top of their license** and provide psychiatric services at state institutions.

Exploring

- Direct Care Worker **Permanent Wage Increase** – to \$18 hour with benefits, with contract provisions that restrict making positions 29 hours or less.
- Develop clinical rotations and internships for students at provider agencies.
- Positive Culture **Public Awareness Campaign** – increase the awareness of positions with individuals in residential and treatment facilities.
- Partner with AmeriCorps to supply staff in essential need placements.
- Partner with AARP to promote part-time and full-time employment opportunities and utilize this population to educate others.

Potential Future Focus

- Partner with universities to add student cohorts, scholarships and/or accelerated programs for social workers and other identified professions to increase the number of students and timeframe they can complete their degrees.
- **Mental Health Provider Scholarship programs** to offer first-dollar awards and provide front-end tuition assistance for Michigan students pursuing bachelor's degrees in a behavioral health field.
- Expand the successful Behavioral Health Loan Repayment Program.

Behavioral Health Placements

FY 2023 Bipartisan Budget Investments

Intensive Community Transition Services (ICTS)

ICTS provides an inpatient level of care through active 24/7 treatment to children and youth under age 18 with complex psychiatric conditions

- Youth and families receive intensive behavioral health treatment with the goal of returning the youth to their home and community as soon as clinically appropriate

New State Psychiatric Facility Complex

- Additional state psychiatric hospital beds for adults and youth

Non-State Psychiatric Residential Treatment Facilities

- \$10 million investment for youth behavioral health beds supporting transitions from hospital to the community

Foster Care Families

- 20% rate increase to foster care, adoptive, and juvenile guardianship families that have taken in children who would otherwise not be living in a family environment

Exploring Future Opportunities

- ✓ Goal: Get Kids the Services they Need
- ✓ Goal: Reduce Emergency Department Boarding
- ✓ Goal: Leverage Additional Medicaid \$

Psychiatric Residential Treatment Facility (PRTF)

- Children with behavioral health needs, including children involved with child welfare. Michigan can add this as a Medicaid benefit, but the service must be available to all children requiring that level of care
- Medicaid reimbursements cover not only treatment services but also “maintenance” costs such as “room and board” that are incorporated into the provider rate

Modified Implementation, Sustainability, and Exit Plan (MISEP)

Corrective Action Plans were agreed upon by the Court, State, and Children's Rights in April 2022. As of July 31, 2022, the Department has implemented 94.4% of the CAP —67 of 71 items. Four additional CAP items are currently in progress, with only one remaining CAP item to be implemented this Fall.

- ✓ Goal: Develop a centralized unit that is responsible for ensuring that contract agencies are meeting performance expectations and create mechanisms to better monitor contracted agencies.
- ✓ Goal: Reduce the time to ***permanency*** for children in foster care.
- ✓ Goal: Place children with their relatives and siblings. MDHHS has increased efforts to support relative placements and recruit homes that can take sibling groups.
- ✓ Goal: Limit the length of stay in ***shelter placements***.

Support and Accountability

Total 2023 ongoing and one-time funding for CCI is \$103.5 million

Payments

Funding Increases

- Rate increase to CCIs on Oct 1, 2022.
- Increased funding for specialized programs.
- \$6.2 million provided to CCIs in Spring 2022.
- \$2 an hour direct care worker wage increase.
- \$25 million for CCIs committing to continue services in fiscal year 2023.
- 20% increase in rates for foster parents, independent living providers, relatives and adoptive parents/guardians.

Contract Oversight

Executive Committee Review

- MI Kids Now Executive Team review and approval has been implemented to support contract decisions, licensing actions, and safety at CCIs.

New Compliance and Support Division

- The Division of Child Safety and Program Compliance provides technical assistance and additional oversight to contracted Child Placing Agencies and Child Caring Institutions.
- Building Bridges Initiative (BBI) training and technical assistance implemented.

Seclusion and Restraints

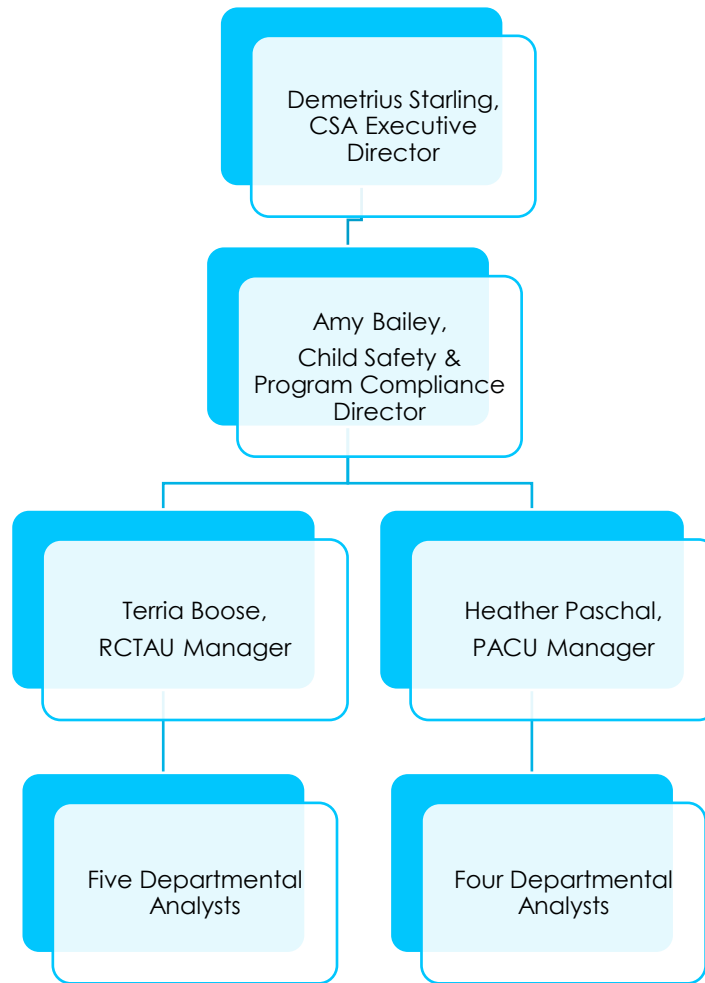
- New administrative rules ban seclusion and provide guidance on the reduction/ elimination of restraints.

Contract Evaluation: Division of Child Safety and Program Compliance (CSPC)

To provide additional oversight of private foster care agencies and residential contractors, MDHHS created the Division of Child Safety and Program Compliance.

- ✓ Technical assistance to valued partners.
- ✓ Enhanced contract oversight.
 - **Residential Collaboration Technical Assistance Unit (RCTAU)** - Focus on providing technical assistance to contracted residential facilities to mitigate concerns for child safety and well-being.
 - **Private Agency Compliance Unit (PCAU)** – Focus on providing technical assistance to private partners specific to key performance indicators such as family visits, medical and dental visits, and MISEP activities. The unit shares best practices and discusses trends with child placing agencies.

MDHHS: Child Safety and Program Compliance (CSPC) Division



Qualified Residential Treatment Program (QRTP)

Provision of Families First Prevention Services Act (FFPSA)

Federally-funded services must include:

- ✓ **Trauma-informed treatment** model.
- ✓ Licensed nursing and clinical staff on-site and available 24/7.
- ✓ **Family outreach and participation** as part of treatment program/planning, when in child's best interest.
- ✓ **Discharge planning** and family-based aftercare supports for at least 6 months in the community.

Policy changes and abuse/neglect and juvenile justice residential contracts with QRTP requirements began April 1, 2021.

- ✓ Independent assessments for all youth.
- ✓ Additional reviews and approvals for QRTP services from local courts and CSA Director.
- ✓ Residential as a treatment rather than just placement.

Reimagine CCI Contracts to Meet Youth Needs

*New contracts focusing on treating youth dealing with mental health crisis will provide more innovative care to meet the **unique needs of each youth***

MDHHS contracts with child caring institutions to provide specialized treatment to youth in foster care or the juvenile justice system. In recent years it has been challenging in Michigan and nationally to find foster care and juvenile justice placements – especially residential therapeutic treatment beds.

New Request for Proposal

- Increase the capacity of residential placement options to provide **mental health behavioral stabilization programming**.
- Ensure quality service through consistent funding and increased performance measures.
- Improve **youth placement stability** through no-reject/no-eject requirement.
- Allow facilities to maintain the **staffing levels** necessary to continue to accept youth even when the youth in congregate care population fluctuates.

Strong Families Build Strong Communities

- Permanency
- Keep Siblings Together
- Place Kids with Relatives



Permanency

Michigan is focused on permanency in 12 months for children entering foster care

Identifying barriers and **best practices**

- ✓ Support relatives to encourage family preservation.
- ✓ Community Mental Health pilot to provide services as soon as children come into care. All children ages 3 and older are referred within 14 days to CMH for screening and service connection.
- ✓ Quarterly meetings with the courts with permanency as a standing agenda item.

Using data to improve outcomes

- ✓ Partnered with State Court Administrative Office (SCAO) and U of M to develop a data visualization tool for jurists and counties to look at their data and implement strategies to improve outcomes for families including permanency timeliness.
- ✓ Public-facing data dashboard to enable the courts to have a centralized and accessible source of data on the foster care system.

Statewide **Child and Parent Legal Representation (CPLR) grants** began in fiscal year 2021

- ✓ For fiscal year 2023, 42 counties have committed to participate in the CPLR.
- ✓ Expediated permanency hearings are operating in two counties (Calhoun and Van Buren).

Keep Families Together

Keep Siblings Together

- Enhanced effort has been made to **recruit foster homes** that are able to serve the sibling set population.
- Notice provided to staff regarding upcoming reports on cases where a sibling split has occurred to ensure the worker makes ***efforts to reunify the siblings***.

Place Kids with Relatives

- MDHHS established **kinship parent support workers** within each BSC on May 16, 2022.
 - Sixteen Kinship Support workers have been onboarded.
 - Working to support caregivers.
- Statewide technical assistance calls occur on a quarterly basis with staff to ***support relative placements***.
 - Best practices for tracking measures presented.
 - Discuss any barriers and highlight success.

Juvenile Justice Enhancements & Task Force Recommendations

Close equity gaps in our juvenile justice system, reduce recidivism, and create opportunity for young people

MDHHS takes very seriously our role in helping all youth receive the best services to address behavioral and mental health needs so they can grow up to realize their potential, achieve their dreams and be productive members of society.

Governor Gretchen Whitmer created the Michigan Juvenile Residential Facilities Advisory Committee to review procedures for juvenile residential facilities and make recommendations to improve the system and better serve Michigan's youth.

- ✓ Joint effort to ensure stable, safe placement for children.
- ✓ Commitment to data collection.
- ✓ Transparency.
- ✓ Inclusion of the voices and perspectives of those most impacted by the system.

Data and Technology

- The first Comprehensive Child Welfare Information System (CCWIS) module focused on licensing launched on 10/31/2022.
- The Child Welfare Licensing Module (CWLM) replaces licensing functionality in MiSACWIS and the BITS systems.
- CWLM provides licensing functionality for foster home, child-placing agency (CPA) and child caring institution (CCI) licensing.
- Training is currently occurring.
- The Michigan Foster Care Portal (MFCP), a site for potential foster parents to inquire and apply to be licensed, will launch in early 2023.

Helping Kids Live their Best Lives

Supporting Strong Families

Prevention

- Upstream focus to prevent abuse before it occurs.
- Access to community-based interventions.
- Connect families to resources and supports to ***promote safety and well-being***.
- Focused support for family thriving.

Intervention

- Unyielding child safety focus.
- ***Unbiased assessments*** and engagement.
- Sensitive to avoid conflation of poverty with neglect.
- Strength-based interventions.
- Family focused, family driven.

Stability

- Engage broad stakeholder spectrum to support children and families.
- Value consistent and reliable ***resources for families***.
- Leverage creativity to address family specific challenges.

Wellness

- Trauma-informed, family focused.
- Person centered planning to meet unique needs.
- Access to quality ***physical and behavioral health supports***.
- Achieve educational outcomes.
- Access to safe and stable housing.

Workforce

- Entrusted to take action to ensure safety and support for families.
- Value for professionalism and expertise.
- Encourage innovation.
- Avoid deficit thinking.
- Value public/ private partnerships.
- Support wellness and a ***positive work-life balance***.