

Date: February 7, 2019

**Certificate of Need Commission**

c/o Michigan Department of Community Health Certificate of Need

Policy Section

South Grand Building

333 S. Grand Avenue

Lansing, MI 48933

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

As the Director of the ACCESS Community Health & Research Center, I lead a large behavioral health division. In our work, we see firsthand, the challenge our communities face every day in getting their loved ones in dire need the appropriate care especially as it pertains to inpatient hospitalization. Even the patients that do get admitted are often prematurely discharged because of the limitations in the number of beds and insurance. At our agency we see over 2000 behavioral health clients a year out of which 20% would have benefited if they had received more intensive and extended care during their hospital stay. Furthermore, the diverse communities we serve often fall victim to the ripple effects of mental health stigma. This especially resonates with the child and adolescent population given the added vulnerabilities that they face. Our community needs a health system that

they can trust, a hospital that ensures that they are provided with the care they need and deserve and providers that treat them with dignity.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,



Mona Makki LLP,  
Director,  
ACCESS Community Health and Research Center  
6450 Maple Street, Dearborn MI 48126

**CON Committee Meeting  
Public Hearing Comments  
February 6, 2019**

- Chairperson Falahee and Commission Members, thank you for allowing public comment on the proposed language changes Under Section 8 (6) and Section 9 (11).
- I support increasing accessibility for inpatient psychiatric services for children and adolescents which I believe is the intent of the proposed changes. There definitely is a need for more beds for the children and adolescents served by Bay Arenac Behavioral Health and throughout the State of Michigan. Very young children and those with behavior problems tend to be the most difficult to find placement. Often those children have extended stays in Emergency Rooms and/or medical units. Many never receive the inpatient care they need. The children who are entering the mental health system are requiring higher levels of care and I applaud the efforts of this Committee to address this need.
- My concern is related to the proposal to relocate adult beds to address the lack of beds for children and adolescents.
- I would like to acknowledge the work that has been done on addressing accessibility difficulties for public patients through the CON Workgroups and the MIPAD Initiative and am grateful for the attention that is being paid to address those concerns. As a representative for public patients of Community Mental Health my concern is that despite these efforts, we continue to have difficulty accessing inpatient psychiatric beds not only for children and adolescents but for adults who clearly meet criteria as a person requiring treatment.
- We continue to have patients who are regularly held in the Emergency Room for several days waiting for an open admission without receiving appropriate psychiatric treatment.
- If there is capacity for adult beds to be relocated, I propose that the occupancy for public adult patients be increased higher than the current 50%. Consider the need for children and adolescents by increasing the number of beds without the relocation of adult beds.
- As state-owned psychiatric hospitals have closed during the last 30 years and the reduced resources with increased restrictions for more intensive community options, psychiatric beds in community hospitals have often become the last line of defense to protect the health and safety of public patients.
- In many instances, there simply is no other immediate treatment option available capable of providing the necessary protective measures for these individuals.
- I urge you to continue your work on expanding access to inpatient psychiatric services for children, adolescents and adults who are deemed public patients.

Thank you for your time.

Karen Amon, LMSW, CADC  
Bay Arenac Behavioral Health  
Director of Integrated Health  
201 Mulholland Ave, Bay City MI 48708  
989-895-2214



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Standish, MI 48658

North Bay  
1961 E. Parish Road  
Kawkawlin, MI 48631

William B. Cammin Clinic  
1010 N. Madison  
Bay City, MI 48708

Wirt Building  
909 Washington Ave.  
Bay City, MI 48708

February 5, 2019

James Falahee, Chairperson  
Michigan Certificate of Need (CON) Commission  
Department of Health and Human Services  
5<sup>th</sup> Floor South Grand Building, 333 S. Grand Ave.  
Lansing, MI 48933

### RE: PUBLIC HEARING FOR THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES

Dear Chairperson Falahee and Honorable Commission Members:

Bay-Arenac Behavioral Health Authority (BABHA) is a two-county community mental health services program established under Section 330.1204 of the Michigan Mental Health Code. BABHA was one of the original county community mental health boards established in Michigan more than 50 years ago and currently provides services to over 5,000 residents of Bay and Arenac counties on an annual basis. Access to in-patient care for individuals experiencing acute psychiatric illnesses is an essential service for individuals in our community.

BABHA strongly supported the revisions to the CON Review Standards for Psychiatric Beds and Services in 2016. The establishment of a state-wide pool of psychiatric beds for special populations has encouraged more policy dialogue for persons with developmental disabilities, persons with geriatric needs, and persons with co-morbid medical needs. The CON Commission is to be commended for initiating these actions.

It is also important to note that the Michigan Department of Health and Human Services (MDHHS) has worked collaboratively to improve access to inpatient psychiatric services through the MIPAD initiative. Unfortunately, despite this progress, BABHA continues to experience difficulty accessing inpatient psychiatric beds in our community. For example, BABH has encountered situations involving residents that clearly meet the criteria as a person requiring treatment only to be denied admission by an inpatient psychiatric unit. These denials have occurred even in situations involving existing treatment orders issued by probate court and/or necessitating protective custody by a peace officer.

The inpatient psychiatric unit in a community hospital is often the only option capable of providing the protective measures necessary to maintain the health and safety of our most vulnerable persons. It is absolutely vital that such community hospitals recognize their inherent safety-net role in the continuum of care for public mental health services. As a result, we encourage the CON Commission to consider additional regulatory changes for Psychiatric Beds and Services including:

- Increase the occupancy threshold for all inpatient psychiatric units to at least 70% for adult beds and 50% for child/adolescent beds
- Increase the compliance sanctions for hospitals that do not meet the public patient obligations.

We wish to acknowledge the attention that the CON Commission has given to this important matter during the last four years and express our gratitude for the continued dialogue to improve the community safety net for our most vulnerable citizens.

Sincerely,



Christopher Pinter  
Chief Executive Officer

cc: Dr. George Mellos, MDHHS  
Robert Sheehan, CMHAM



February 11, 2019

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require. In my role as President & CEO at CARE of Southeastern Michigan I have seen the need for more access to high quality behavioral and psychiatric services for youth and adolescents. All too often it is difficult for families to find inpatient treatment services for their child or teen. Long waiting times in local emergency departments only add to the stress that a family is experiencing when their child is experiencing a crisis. The additional inpatient services will increase access and help families at their most vulnerable time.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,



Monique Stanton  
President & CEO

Phone: 586.218.5267

Email: [mstanton@careofsem.com](mailto:mstanton@careofsem.com)

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# Beaumont

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February 8, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health  
Certificate of Need Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

**Re: Written Comments Pertaining to CON Review Standards for Psychiatric Beds and Services**

Dear Commissioners:

Beaumont Health strongly supports the Psychiatric Services child/adolescent (C/A) language that the Commission took proposed action to approve at its December 2018 meeting, and requests that the Commission take final action to approve this language at its March 2019 meeting. This proposed language would:

- Provide a 1-time option for an existing licensed psychiatric hospital or unit to receive up to 20 C/A beds from another existing C/A hospital or unit if they met the requirements.
- The proposed language would not increase the number of C/A beds in the planning area but may help to re-deploy existing beds to a site that is linked to an acute-care hospital system and subject to the agreement to give primary consideration to pediatric ED patients. This approach seeks to reduce barriers within hospital systems to prompt placement of pediatric psychiatric patients.
- Require a collaboration agreement with an existing licensed C/A psychiatric hospital/unit, which seeks to reduce barriers to operation of a C/A site by providing operational expertise and collaboration on C/A psychiatrist staffing.
- The proposed approach is limited so as not to interfere with the bed need methodology and other mechanisms for additional inpatient psychiatric C/A capacity.

The need for additional C/A bed access is well documented:

- The National Alliance on Mental Health notes that the lack of adequate mental health providers and beds inundates emergency rooms causing delays in care and negatively impacts the continuity essential for the care and treatment of these patients. It is unconscionable for pediatric psych patients to languish in an acute-care ER or observation bed for 36-48 hours without getting the psychiatric services these patients require. Beaumont operates 8 hospital ERs in Southeast Michigan which in 2017 collectively saw over 650 patients age 14 and under with psychiatric diagnoses. And based on discussion at the Psychiatric Services Workgroup meetings, it appears other acute-care systems are having similar issues with prompt placement of pediatric psych patients.
- Bed availability is not the only barrier to improved child/adolescent inpatient psychiatric unit access. Of equal importance is the lack of child/adolescent psychiatrists and professional support staff necessary for operation of an inpatient child/adolescent program.
- Per Dr. Delamater's Psychiatric Bed Need Methodology report to the Psychiatric Beds and Services Workgroup (dated 10/17/18), both child/adolescent days per 10,000 population and child/adolescent unit occupancy rates increased significantly between 2012 and 2017.
- Per the Michigan Psychiatric Admission Denial Database, for the period July-December 2017, children who experienced denials averaged 8.6 denials per denial event, with "at capacity" cited as the most frequent reason for denial.

- The “CARES” Task Force notes that there is a limited number of psychiatrists in Michigan, and increasing the number of psychiatric residencies will help mitigate this shortage. Per the Kaiser Family Foundation, Michigan has only 44% of the psychiatrists needed to serve the population, and over 100 additional psychiatrists are required to meet mental health needs.
- Strategies to address the acute shortage of psychiatrists in Michigan need to be implemented but improvements in physician staffing will not be immediate. An increase in the number of child/adolescent programs over a broad geographic area and without arrangements for shared psychiatric staffing will exacerbate the limited availability of child/adolescent inpatient psychiatric beds by spreading existing professional staffing too thinly. Across the country and in Michigan, hospitals sometimes have to cap child/adolescent admissions due to both staffing and physical capacity.

While CON cannot address all or even most of the mental health issues facing our State as the need is great and resources are limited, we urge the Commission to take final action to approve this limited proposal now in order to prioritize a reduction in the number of children who must languish in emergency rooms awaiting placement in a psychiatric bed.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Wilson".

Carolyn Wilson, M.B.A., R.N.

EVP & Chief Operating Officer

Beaumont Health





taking on disability together

2399 E. Walton Blvd.  
Auburn Hills MI 48326  
248.475.6400 phone  
248.475.6402 fax  
[www.EastersealsMichigan.com](http://www.EastersealsMichigan.com)

February 8, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

Easterseals Michigan (ESM) is a non-profit organization that serves and supports individuals with disabilities and their families. We provide services for autism, behavioral health, integrated care, substance use, senior services, and trauma assessment and intervention services to over 12,000 individuals each year. In my role as president/CEO, I have personally seen the impact of this problem in our system. ESM had a child waiting in an emergency room for four days while waiting for a bed. Another time, we had a child waiting at a crisis center for seven days. This child was eventually placed at a location in mid-Michigan, which was hours away from his home, as that was the only location available in the state.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brent L. Wirth". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Brent L. Wirth  
President/CEO

[bwirth@essmichigan.org](mailto:bwirth@essmichigan.org)



February 13, 2019

Via Email: MDHHS-ConWebTeam@michigan.gov  
Certificate of Need Commission  
c/o Michigan Department of Health and Human Services  
Lansing, Michigan

Dear Commissioners:

Cedar Creek Hospital strongly supports proposed revisions to the CON Standards for Psychiatric Beds and Services that were subject to proposed action by the CON Commission at its December 2018 meeting. The proposed revisions would create a one-time option for an existing licensed psychiatric hospital or unit to receive up to 20 child/adolescent beds from another existing child/adolescent psychiatric hospital or unit, if all applicable requirements were met.

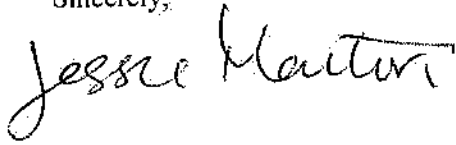
As an existing operator of child/adolescent inpatient psychiatric beds in Michigan, we believe the proposed revisions are good public policy and we support final action by the CON Commission on these proposed revisions at the Commission's March 2019 meeting. In particular, we conclude that the proposed revisions would:

- Not increase the number of child/adolescent beds in the requisite planning area but may help with the re-distribution of some existing beds to a site affiliated with an acute-care hospital system thereby reducing barriers within hospital systems for the prompt placement of pediatric psychiatric patients.
- Have minimal impact on rational allocation of new child/adolescent beds through the bed need methodology or expansion of existing bed capacity through high occupancy and flex bed options in the current CON Standards.
- Help to facilitate more prompt placement of pediatric emergency department patients notwithstanding ongoing efforts by Cedar Creek Hospital to implement communication strategies and processes with acute-care emergency departments to assure prompt transfer of these individuals.
- Facilitate the transfer of operational expertise and collaboration regarding the most optimal and efficient deployment of the very limited number of child/adolescent psychiatrists in Michigan, which continues to be a significant barrier to more widespread access to inpatient child/adolescent psychiatric services.

Cedar Creek Hospital is persuaded that the proposed revisions would help address some of the actual root causes in the current system that may impede the prompt placement of pediatric patients for inpatient psychiatric care. In particular, Cedar Creek Hospital has concerns that simply increasing the number of child/adolescent psychiatric inpatient beds will not address a serious shortage of trained child/adolescent psychiatrists in Michigan or a limited number of providers with the operational expertise to successfully serve this population.

We appreciate that the CON program cannot solve every access problem in Michigan. However, the proposed language would offer both a timely and appropriate way to try to improve coordination and use of existing resources for the benefit of Michigan's children and families.

Sincerely,

A handwritten signature in black ink that reads "Jessie Martori". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Jessie Martori

Chief Executive Officer

Cedar Creek Hospital

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February 5, 2019

Certificate of Need Commission  
333 S. Grand Ave  
P.O. Box 30195  
Lansing, Michigan 48909

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/ Adolescent Psych Beds**

Dear Certificate of Need Commission,

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

In my role as a Judge of the 41b District court and the President of Families Against Narcotics (FAN), I have witnessed the flaws in the system first hand. Access to immediate care can often result poor health choices and in many cases death. This has been a growing problem for over a decades and resources are needed to make sure everyone suffering from a life debilitating disease or mental illness receive the same standard of care. My court, as well as, (FAN) have worked tirelessly to fill these gaps in treatment and have partnered with several hospitals to aid in providing appropriate care. We continue to see a decrease in the age of individuals coming to us for help. Solutions like this one are the first step in bridging gaps and provide long lasting care.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

Linda Davis  
cm=Linda Davis, o=FAN, ou=  
email=L.Davis@41bcount-  
mi.us, c=US  
2019.02.05 08:49:39 -0500

Judge Linda Davis  
Executive President Families Against Narcotics  
fan@familiesagainstnarcotics.org



February 13, 2019

Via Email: MDHHS-ConWebTeam@michigan.gov  
Certificate of Need Commission  
c/o Michigan Department of Health and Human Services  
Lansing, Michigan

Dear Commissioners:

Forest View Psychiatric Hospital (“Forest View”) supports proposed revisions to the CON Standards for Psychiatric Beds and Services that were subject to proposed action by the CON Commission at its December 2018 meeting. The proposed revisions would create a one-time option for an existing licensed psychiatric hospital or unit to receive up to 20 child/adolescent beds from another existing child/adolescent psychiatric hospital or unit, if all applicable requirements were met.

As an existing operator of child/adolescent inpatient psychiatric beds in Michigan, we believe the proposed revisions are good public policy and we support final action by the CON Commission on these proposed revisions at the Commission’s March 2019 meeting. In particular, we conclude that the proposed revisions would:

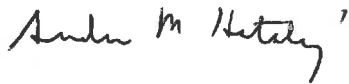
- Not increase the number of child/adolescent beds in the requisite planning area but may help with the re-distribution of some existing beds to a site affiliated with an acute-care hospital system thereby reducing barriers within hospital systems for the prompt placement of pediatric psychiatric patients.
- Have minimal impact on rational allocation of new child/adolescent beds through the bed need methodology or expansion of existing bed capacity through high occupancy and flex bed options in the current CON Standards.
- Help to facilitate more prompt placement of pediatric emergency department patients notwithstanding ongoing efforts by Forest View to implement communication strategies and processes with acute-care emergency departments to assure prompt transfer of these individuals.
- Facilitate the transfer of operational expertise and collaboration regarding the most optimal and efficient deployment of the very limited number of child/adolescent psychiatrists in Michigan, which continues to be a significant barrier to more widespread access to inpatient child/adolescent psychiatric services.

Forest View is persuaded that the proposed revisions would help address some of the actual root causes in the current system that may impede the prompt placement of pediatric patients for inpatient psychiatric care. In particular, Forest View has concerns that simply increasing the number of child/adolescent psychiatric inpatient beds will not address a serious shortage of trained child/adolescent psychiatrists in Michigan or a limited number of providers with the operational expertise to successfully serve this population.



We appreciate that the CON program cannot solve every access problem in Michigan. However, the proposed language would offer both a timely and appropriate way to try to improve coordination and use of existing resources for the benefit of Michigan's children and families.

Sincerely,

A handwritten signature in black ink that reads "Andrew M. Hotaling". The signature is written in a cursive style with a distinct loop at the end of the last name.

Andrew M Hotaling

Chief Executive Officer



# HAVENWYCK HOSPITAL

February 13, 2019

**VIA E-mail: [MDHHS-ConWebTeam@michigan.gov](mailto:MDHHS-ConWebTeam@michigan.gov)**

Certificate of Need Commission  
c/o Michigan Department of Health and Human Services  
Lansing, Michigan

Dear Commissioners:

Havenwyck Hospital ("Havenwyck") strongly supports proposed revisions to the CON Standards for Psychiatric Beds and Services that were subject to proposed action by the CON Commission at its December 2018 meeting. The proposed revisions would create a one-time option for an existing licensed psychiatric hospital or unit to receive up to 20 child/adolescent beds from another existing child/adolescent psychiatric hospital or unit, if all applicable requirements were met.

As an existing operator of child/adolescent inpatient psychiatric beds in Michigan, we believe the proposed revisions are good public policy and we support final action by the CON Commission on these proposed revisions at the Commission's March 2019 meeting. In particular, we conclude that the proposed revisions would:

- Not increase the number of child/adolescent beds in the requisite planning area but may help with the re-distribution of some existing beds to a site affiliated with an acute-care hospital system thereby reducing barriers within hospital systems for the prompt placement of pediatric psychiatric patients.
- Have minimal impact on rational allocation of new child/adolescent beds through the bed need methodology or expansion of existing bed capacity through high occupancy and flex bed options in the current CON Standards.
- Help to facilitate more prompt placement of pediatric emergency department patients notwithstanding ongoing efforts by Havenwyck to implement communication strategies and processes with acute-care emergency departments to assure prompt transfer of these individuals.
- Facilitate the transfer of operational expertise and collaboration regarding the most optimal and efficient deployment of the very limited number of child/adolescent psychiatrists in Michigan, which continues to be a significant barrier to more widespread access to inpatient child/adolescent psychiatric services.

Havenwyck is persuaded that the proposed revisions would help address some of the actual root causes in the current system that may impede the prompt placement of pediatric patients for inpatient psychiatric care. In particular, Havenwyck has concerns that simply increasing the number of child/adolescent psychiatric inpatient beds will not address a serious shortage of trained child/adolescent psychiatrists in Michigan or a limited number of providers with the operational expertise to successfully serve this population.

We appreciate that the CON program cannot solve every access problem in Michigan. However, the proposed language would offer both a timely and appropriate way to try to improve coordination and use of existing resources for the benefit of Michigan's children and families.

Sincerely,

Julie Szyska  
Chief Executive Officer





**Henry Ford Health System**  
One Ford Place  
Detroit, MI 48202

February 6, 2019

Mr. James Falahee, JD  
CON Commission Chairperson  
South Grand Building, 4th Floor  
333 S. Grand Avenue  
Lansing MI 48933

Dear Commissioner Falahee,

Henry Ford Health System (HFHS) supports opportunities to enhance flexibility and access for patients, as well as encouraging ways to creatively address need. However, we have some concerns with the proposed draft language for Sections 8(6) and the newly recommended subsection 9(11) of the Psych Bed.

Feedback includes:

- The addition of this language creates only a temporary solution to a larger issue of demand. We believe more time should be spent assessing actual bed need to remedy the actual heart of the issue, bed need, as opposed to simply adding language to allow for transferring of beds.
- Additionally, in its current state, the concept of moving pediatric beds from one part of the Planning area to a different part of the Planning area may lead to a gap in bed availability for local communities. Planning areas are very large in the Psychiatric Bed standards (up to 18 counties, spanning as much as 16,000 square miles). This concern is compounded by the fact that there are limited providers of IP pediatric services. Providing this level of flexibility to relocate a program to any part of the same planning area may lead to unintended gaps or access issues in service within the planning area.
- Additional language in the newly proposed subsection is vague:
  - Section 9(11)(b)- While referenced in the proposed language, it should be stated that the applicant shall demonstrate through the most recent 12 months of available data, that the facility is not just promising to provide care to specific subsets of the population but should have to show that they provided the care referenced in the draft language. More specifically, the receiving facility should have to provide documentation that they actually provided at least 50% of their beds to care for public patients.
  - Section 9(11)(d)- Further clarification is needed for "collaborative agreement". Additionally, the agreement's impact on access to the community at large should be considered.

Most importantly, there is an active Psych Bed Workgroup. This group has been tasked with bringing forth a recommendation for this charge, along with other charges. HFHS requests that any further action by the Commission be paused until the Psych Bed Workgroup recommendations on this charge are complete, likely before the June Commission meeting.

Thank you for the opportunity to share our input.

Respectfully,

A handwritten signature in black ink, appearing to read "Cathrine Frank", written over a horizontal line.

Cathrine Frank, Chair- Psychiatry Behavioral Health Services  
Henry Ford Health System  
1 Ford Place  
Detroit, MI 48202



P.O. Box 852  
Northville, MI 48167  
[www.namimetro.org](http://www.namimetro.org)  
(248) 348-7197

Date: February 5, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

My role as President of NAMI Metro (National Alliance on Mental Illness Affiliate) represents Oakland, Wayne and Macomb Counties. We provide Education, Support and Advocacy to families, individuals and the community on Mental Health/Illness. We are a grass roots, all volunteer 501C3 organization and are the largest affiliate in Michigan. We have three help lines run by volunteers 24/7 and are regularly told stories of families in crises over the lack of Psychiatric beds available, especially for Child/Adolescent situations. They tell us story after story of how their loved ones had to wait hours to days in acute care/emergency rooms. These facilities are not equipped to handle and provide the services that are needed in a psychiatric emergency. There is a lack of dignity for these patients who must languish for such long periods of time in emergency rooms as psychiatric beds are unavailable. Our help line volunteers are helpless in directing families in crises to psychiatric beds because of bed unavailability.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

Signature

A handwritten signature in black ink that reads "Leon Judd". The signature is written in a cursive style with a large, prominent "L" and "J".

Leon Judd

President, NAMI Metro

(248) 348-7197

leonj@namimetro.org





# DEPARTMENT OF HEALTH & COMMUNITY SERVICES

One South Main Street - 8<sup>th</sup> Floor ♦ Mount Clemens, Michigan 48043

Phone: (586) 469-7190 ♦ Fax: (586) 469-5545

[www.macombgov.org/hcs](http://www.macombgov.org/hcs)

---

Rhonda M. Powell  
Director

February 5, 2019

## **Certificate of Need Commission**

c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

## **Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

As Director of Health and Community Services in Macomb County, I have personally seen the impact of this problem. For more than a decade, the County has experienced continued growth in its population, cultural diversity and economic development. This rapid growth pattern has created both challenges and opportunities for change, in not only the way we partner with local businesses, schools and residents, but it has also changed the face of Public and Mental Health in the county.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.



We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

A handwritten signature in black ink, appearing to read "Rhonda M. Powell". The signature is fluid and cursive, with a large loop at the end.

Rhonda M. Powell, Director  
Macomb County  
Department of Health & Community Services

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February 7, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue Lansing, MI 48933

Re: Proposed Psychiatric Services and Beds Certificate of Need  
Standards Pertaining to Child/Adolescent Psych Beds

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards, which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting and has the opportunity to take final action at its March 2019 meeting.

Lack of access to inpatient psychiatric beds, when needed, is a crisis impacting health systems and their ability to provide adequate care. OCHN does believe there is a shortage of child and adolescent beds, as well as challenges accessing the current supply of beds within the system. As a result, children in need of acute inpatient care need often languish in an acute care emergency department for observation for 36-48 hours without getting the psychiatric services and appropriate care required.

This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation. OCHN supports this proposal, as it does not seek to change or disrupt the current bed need methodology, but rather, it works to find a way to better deploy and share existing resources. This proposal is necessary to provide adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,



Matthew Owens, MA, LPC, LLP  
Chief Network Officer  
Oakland Community Health Network

CC: Annette Downey



OAKLAND  
**Family Services**

**PONTIAC**

114 Orchard Lake Road  
Pontiac, MI 48341  
248.858.7766

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[www.oaklandfamilyservices.org](http://www.oaklandfamilyservices.org)

February 11, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards, which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours without getting the psychiatric services and appropriate care setting these patients require.

Oakland Family Services is a private, non-profit 501 (c) (3) human service organization serving individuals and families since 1921. The agency has four locations across Oakland County, including Pontiac, Berkley, Rochester and Walled Lake. The organization is accredited by the Council on Accreditation and fully licensed by the State of Michigan as an outpatient substance abuse prevention and treatment provider, a child-placing agency for foster care and adoption and a child day care center and preschool.

Programs at Oakland Family Services help families achieve their goals and are designed to increase individual and family protective factors, reduce risk factors and enhance individual and family resiliency. Services are organized into four service areas: Behavioral Health provides mental health and substance use disorder treatment services for children, adolescents and adults; Specialized Services for Youth delivers home and center-based services to youth with serious emotional disturbances and their families; Family Preservation offers foster care and adoption services; and Early Childhood Services provides early education and child development programs.



In my role as President/CEO of Oakland Family Services, I have personally seen the impact of a lack of beds on children and adolescents. We have had experiences with the youth we serve lingering in unacceptable settings due to a lack of access to appropriate treatment.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

If you would like any more information, you can contact me at (248) 858-7766 ext 275.

Sincerely,



Jaimie Clayton  
President/CEO  
Contact information



February 8, 2019

**Certificate of Need Commission**

c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

**Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds**

Dear Certificate of Need Commission:

Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took proposed action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in an acute care ER for observation for 36-48 hours or more without getting the psychiatric services and appropriate care setting these patients require.

Currently, I am the President and CEO of Southwest Solutions (SWS), which is a Community Mental Health provider primarily serving Wayne County residents. SWS delivers services to approximately 6,000 Adults with Serious and Persistent Mental Illness and Children and Adolescence with Serious Emotional Disorders. Of these 6,000 consumers, SWS serves approximately 800 Children and Adolescence with Serious Emotional Disorders. Too often, youth are unable to gain access to an inpatient bed due to the lack of capacity in Southeast Michigan. Just last month a child presented in crisis during at our Child Outpatient Clinic. Our Child Psychiatrist immediately conducted a psych evaluation and recommended hospitalization. SWS immediately began to look for an inpatient bed within a Child / Adolescent hospital unit. It was determined that there were no available beds which left two options: referral to the Children's Crisis Center or an Emergency Room. SWS opted to proceed to transfer the child to the Children's Crisis Center until a Child / Adolescent bed became available. They remained at the Crisis Unit and was finally placed in a bed over 24 hours after presenting at the SWS outpatient clinic.

SWS believes the proposal before the commission creates a better option to resolve access to inpatient beds for children and adolescents, so examples like the one discussed above do not occur again. We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but to find a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide clients adequate care and address mental health amongst the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joseph M. Tasse". The signature is stylized with a large initial "J" and a long horizontal stroke extending to the right.

Joseph M. Tasse, FACHE  
President and CEO (Interim)  
Southwest Solutions





February 8, 2019

Certificate of Need Commission  
c/o Michigan of Community Health Certificate of Need Policy Section  
South Grand Building  
333. S Grand Avenue  
Lansing, MI 48933

Dear Certificate of Need Commission:

I am writing on behalf of Beaumont Health System and a proposed change to the Certificate of Need Rules to allow hospitals such as Beaumont with adult mental health beds to add child adolescent beds. Thank you for the opportunity to provide comment on the proposed CON Review Standards which will help to improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took action to approve this language change at its December 2018 Commission meeting and has the opportunity to take final action at its March 2019 meeting.

Lack of inpatient psychiatric beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, children and adolescents in need of acute psychiatric care often languish in acute care ERs while waiting for an appropriate bed to become available.

The Guidance Center performs as many as 200 preadmission reviews per month for children and adolescents in Wayne County as part of the Detroit Wayne Mental Health Authority system of care for children who have Medicaid or who are uninsured. We deploy children's crisis screening staff to area ERs 24/7 and while we meet the requirement to screen and arrive at a disposition within 3 hours of being contacted, our staff are too often confronted with no appropriate bed to place those children who require an acute care psychiatric hospitalization.

The proposal before the Commission creates an option to better integrate inpatient psychiatric care with acute care emergency departments that have a high number of pediatric visits with a psychiatric diagnosis. This proposal allows for a one-time option to relocate up to 20 child adolescent beds in over bedded planning areas to expedite this solutions implementation. This would appear to be a modest adjustment to address an acute and unacceptable problem facing Michigan's children.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but finds a way to better deploy and share existing resources, especially operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health amongst Michigan's pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,

A handwritten signature in black ink that reads "Kari D. Walker". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kari D. Walker  
President and CEO  
The Guidance Center

Sincerely,

Your Name  
Title



February 7, 2019

Certificate of Need Commission  
c/o Michigan Department of Community Health Certificate of Need  
Policy Section  
South Grand Building  
333 S. Grand Avenue  
Lansing, MI 48933

Re: Proposed Psychiatric Services and Beds Certificate of Need Standards Pertaining to Child/Adolescent Psych Beds

Dear Certificate of Need Commission:

The proposed CON Review Standards will improve access to inpatient psychiatric services for children and adolescents. We understand the Commission took initial action to approve this language at its December 2018 Commission meeting, and has the opportunity to take final action at its March 2019 meeting.

Lack of adequate mental health providers and beds is a crisis impacting health systems and their ability to provide adequate care. Due to lack of child and adolescent beds, pediatric psych patients often languish in acute care ER for observation for 36-48 hours without getting the psychiatric services and the appropriate care setting these patients require.

As a community organization serving Wayne County residents, connecting them with services that can help them across multiple service systems since 1975, we see the very human consequences when appropriate services are not available. This is too often the case for children and youth in need of inpatient psychiatric services.

The proposal before the commission creates an option to better integrate inpatient psychiatric care with acute-care emergency departments that have a high number of pediatric visits with psychiatric diagnosis. This proposal allows a one-time option to relocate up to 20 child/adolescent beds in over bedded planning areas to expedite this solution's implementation.

We wholeheartedly support this proposal as it does not seek to change or disrupt the current bed need methodology but rather to find a way to better deploy and share existing resources, including operational expertise and staff. This proposal is necessary to provide patients adequate care and address mental health among the pediatric population.

We encourage the Commission to take final action to approve the proposed language. Thank you for your consideration of this important policy change and for your work to positively impact the future of mental health in the state of Michigan.

Sincerely,  
  
Edward D'Angelo  
President & CEO

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