

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY  
CITIZENS ADVISORY COMMITTEE MEETING  
April 1, 2021 6:00 p.m.  
Toll Free Number: (877) 336-1831 / Access Code: 9525591#  
Minutes**

*Due to the COVID-19 Public Health Emergency this CAC Meeting was held virtually by Zoom conference.*

**PRESENT:** Ann Finta, Cheryl Nelson, Joan Williams, Arletta French, Deb Nagel, Tracey Roat, Lyn Bradfield, Tony Krasinski, Vicki Mikolajski, Maggie Davis, Sally Weber, Jim Nesbit

**ABSENT:** Lisa Sawyer, Eileen Vescio

**STAFF:** Sandra Lindsey, Farrah Wojcik, Carey Moffett, Ryan Mulder

**GUESTS:**

**I. CALL TO ORDER**

Ann Finta, Chair called the meeting to order at 6:05 p.m. Verification of the public posting was acknowledged and a quorum was established.

Ann welcomed everyone to tonight's meeting. Review and Acceptance of the Minutes of March 4, 2021.

**Motion by Sally Weber and supported by Deb Nagel to approve the minutes of March 4, 2021 as written. Motion carried.**

**II. UPDATE ON JUVENILE URGENT RESPONSE TEAM (JURT) GRANT WITH DISCUSSION REGARDING ENHANCEMENT TO MOBILE RESPONSE STABILIZATION SERVICES**

Carey Moffett, Mental Health Supervisor (MUTT) and Farrah Wojcik, MUTT Site Program Supervisor on JURT Grant and MRSS. The following was noted:

- History and Development 2008 – 2014
- History and Development 2015 – Present
- Existing Program Components
- Program Components Following Expansion
- Identifying and Addressing Barriers to Expansion
- JURT Preliminary Data
- Questions & Answers

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

**Motion made by Vicki Mikolajski and supported by Tracie Roat to receive and file the Update on Juvenile Urgent Response Team (JURT) Grant with Discussion Regarding Enhancement to Mobil Response Stabilization Services Update. Motion Carried.**

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

No report.

#### **IV. NEW BUSINESS**

##### **A. MSHN Citizen's Advisory Council Update**

See page 20 and 21 in tonight's packet.

##### **B. Future CAC Agenda Items**

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

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

##### **C. Confidentiality Agreements**

Ryan thanked the several folks already for taking the time to sign and return their copies of the Confidentiality Agreements that were included in the packet for tonight's meeting. Others that have not yet done so were encouraged to do so.

#### **V. OLD BUSINESS**

##### **A. Attendance Log**

The Attendance Log was reviewed by the Citizens Advisory Committee.

**Motion by Vicki Mikolajski and supported by Jim Nesbit to approve the Attendance Log. Motion carried.**

##### **B. Membership**

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

1. Community

Sandy and noted that they still would like to recruit an individual or a parent of a child with SED, Primary SUD diagnosis. This is still a work in progress though.

**Motion by Vicki Mikolajski and supported by Jim Nesbit to approve the Membership Log. Motion carried.**

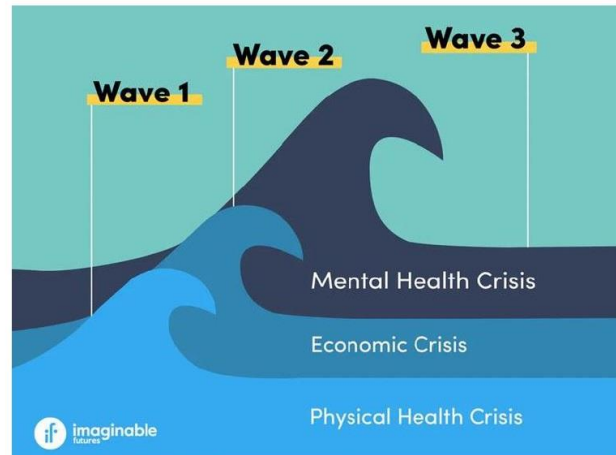
#### **VI. CEO REPORT – SANDRA LINDSEY**

Sandy spoke of the Pandemic Impacts: Prolonged and Mounting Mental Health Crisis infographic below:

## Pandemic Impacts: Prolonged and Mounting Mental Health Crisis

New first responder data from the National EMS Information System (NEMSIS) shows:

- Significant increases in mental distress, overdose rates, and suicides.
- Mental health and overdose calls to first responders doubled in 2020 compared to both 2018 and 2019.
- Suicides have seen an increase



### **MDHHS Michigan Psychiatric Care Improvement Project (MPCIP)**

Last month in the CEO Report to the CAC, I reported the crisis involving the lack of available inpatient psychiatric hospital beds across the state. The Michigan Department of Health and Human Services is very aware of the crisis and has several projects underway under the umbrella of the Michigan Psychiatric Care Improvement Project (MPCIP), a couple of which had gotten underway pre-pandemic. As mentioned in the March CAC Report, the lack of adequate bed availability was urgent pre-pandemic. Then with the onset of COVID-10 and the surges of high infection rates, hospitalizations and deaths, came the second wave of concern namely; the wave of economic shutdowns, economic instability and job losses. The second wave was followed by a third wave of dramatic increases in mental health and substance use disorder treatment needs including, increases in suicide attempts and completions. The initiatives MDHHS is leading with diverse stakeholder input, include the following components aimed at fortifying behavioral health infrastructure to address this third wave of increases in demand for mental health and SUD treatment and resources:

#### **A. MDHHS MICAL- Building A Two-Part Crisis System Components:**

1. Public service for anyone, anytime, anywhere: Michigan Crisis & Access Line (MiCAL) per (PA 12 of 2020), Mobile crisis\*, Crisis Receiving and Stabilizing Facilities\* The new MiCAL Provider is Common Ground, in Oakland County.  
<https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care>
2. More intensive crisis services that are fully integrated with ongoing treatment both at the payer and provider (PIHP/CMHSPs) level for persons with significant mental health and substance use disorder issues.

Note: The developing MiCAL project will need to connect and coordinate with the new Federal Communication Commission (FCC) development of a National Crisis Line telephone exchange "988" by the summer of 2022". The new 988 exchange will absorb the current National Suicide Prevention Life Line service.

#### **B. MDHHS - Mi-SMART Medical Clearance Protocol: (This project began pre-pandemic)**

This project has developed a standard clinical communication protocol tool between Hospital Emergency Departments, CMHSPs Crisis and Pre-Screening Service and Psychiatric Hospitals and Psychiatric Units in med-surge hospitals to rule out physical health conditions and determine stability to transfer if inpatient care is needed.

Being led by broad cross functional workgroup including MI Hospital Association, MDHHS, ED Physicians and CMHSPs and is being facilitated by MI Public Health Institute. Pilots using the new protocols began in August of 2020 and as of March 1, 2021, 27 Emergency Departments, 12 psychiatric Hospitals and 10 CMHSPs are using the new medical clearance protocols.

[www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/](http://www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/)

C. Psychiatric Bed Treatment Registry (This project began pre-pandemic by MSHN and CMHSP Partners, like SCCMHA and later expanded across the state)

(The project has been elevated and codified in law twice, PA658 of 2018, PA12 of 2020, PA166 of 2020)

This project involves the creation of a new electronic service registry housing psychiatric beds, crisis residential services and SUD residential services availability in near real time. Such a registry would be used to find bed availability across the state with efficiency.

D. New Crisis Stabilization Units (Brand new service in Michigan \*)

(PA402 of 2020) codifies a brand-new service to our state called Crisis Stabilization Units (CSUs) in the Michigan Mental Health Code. This new statute requires MDHHS to develop new care and facility standards and implement and oversee a certification process for CRUs. At present, the plan is for these programs to be for 72 hour holds. No new funding to support the effort has yet been appropriated. MDHHS is exploring funding opportunities to carry out the legislation. Meanwhile, a set of cross functional stakeholder discussions to inform planning are underway. These facilities would not be licensed as Adult Foster Care facilities. Instead new standards would be developed by MDHHS and programs certified by a yet un-named division of MDHHS. This is a very different service from Crisis Residential Services (CRUs), provided in our SCCMHA Network by Hope Network called Saginaw Meadows, where the site is a licensed AFC and lengths of stay are longer.

E. Expansion of Psychiatric Residential Treatment Facilities (PRTFs) for Children and Youth

PRTFs are facilities for children in psychiatric crisis or as step downs from inpatient psychiatric care. These are unique programs to the CMHSP System licensed under the Child Caring Institution licensing standards. There are only a small handful of these programs in the state operating now. These residential programs are new and being reviewed for how they fit into the crisis services continuum. The service as of now is not required for all CMHSPs. The closest program to Saginaw is in the Lansing area and SCCMHA has a contract with the service provider.

**Expansion of SCCMHA Mobile Response and Stabilization Services Expanding to 24/7 Services and Adding Adults to Service Eligibility**

The SCCMHA clinical leadership has planning underway to rename the current Mobile Urgent Treatment Team to Mobile Response and Stabilization Services. In addition, the service will move to 24/7 operations and serve adults as well as children and youth. Four new mental health clinician positions are being created to cover the midnight shift along with additional staffing enhancements to existing day time hours on Saturdays and Sundays. This unit will work closely with Central Access and Intake, Crisis Services and law enforcement. Building out the service is likely to take until the end of the fiscal year. The MDHHS Juvenile Justice Urgent Treatment Team grant has funded expansion for the program in the current year. Much more to come as planning and implementation gets underway.

### **NEW DECIPHER Grant**

Last fall SCCMHA learned that a large federal research grant funded by U.S. Dept. of Health and Human Services (HHS) submitted by a research partnership between the University of Michigan and John Hopkins Medical School called DECIPHeR, included SCCMHA as an implementation partner. The grant was submitted quite a while ago and we assume decisions about awards to applicants was delayed due to COVID-19.

The funder HHS via the National Institute for Health, was interested through this grant release titled: *Achieving Cardiovascular Health Equity in Community Health*, in funding research to address how to achieve cardiovascular health equity by optimizing implementation strategies for consumers of community mental health centers. DECIPHeR is the acronym title of the grant submission by the university partnership that stands for *Disparities Elimination through Coordinated Interventions to Prevent and Control Health Disease Risk*.

The planned 7-year research partnership is being led by Gail Daumit, MD from John Hopkins and Amy Kilbourne, PhD, MPH from the University of Michigan. The project research implementation strategies will be in partnership with 12 community mental health centers in Michigan and 12 in Maryland. In Michigan, SCCMHA will be one of these sites.

The benefit of participation to our organization and more importantly to those adults with serious mental illness that we serve, will be staff training in methods and strategies from experts in a modality called *IDEAL Goals*. *IDEAL Goals* combines two evidenced based practices: *Life Goals Collaborative Care* and *IDEAL*, which are based upon the Collaborative Care Model and are proven effective to address heart disease risk factors in persons with serious mental illness. The components include; mental and physical health self-management and lifestyle support, behavioral counseling for heart disease risk factors (e.g. tobacco cessation) and care management (e.g. for blood pressure management).

The first meeting with the researchers to begin planning was on March 2, 2021. Stay tuned.

### **MDHHS COVID Supplemental Block Grant Letters of Interest to Apply FY 21-23**

MDHHS anticipating new supplemental federal COVID funding, recently solicited *Letters of Interest* from CMHSPs for new supplemental Adult and Children's Block Grant opportunities with letters due to MDHHS on 3-28-21 for the potential use of such funding along specific MDHHS parameters for the following time periods:

FY 2021      June 1, 2021 – September, 30, 2021

FY 2022      October 1, 2020 – September 30, 2022

FY 2023      October 1, 2022 – March 14, 2023

SCCMHA submitted 3 *Letters of Interest* for Adult Block Grant funding in all three years to support; COVID-19 Vaccine Information and Marketing materials, COVID implementation of a new software package for better law enforcement communication in real time and virtual connections of Mental Health Clinicians to the scene of police intervention, expansion of Mental Health First Aid training (Adult and Law Enforcement curricula), including professional marketing of the training and lastly, the creation of a new video production to teach various audiences about the Probate Court Involuntary Petitioning Process.

SCCMHA also submitted 3 *Letters of Interest* for Children's Block Grant funding in all three years, to support expansion of Mental Health First Aid training (Youth curricula) including professionally developed marketing materials.

### **Preventing Suicide in Michigan Men (PRiSM)**

Central Michigan University has received new grant funding to support a regional suicide prevention initiative called Preventing Suicide in Michigan Men (PRiSM). The initiative is focused on Saginaw, Midland, Isabella, Bay Arenac and Gratiot Counties. The initiative will focus on men in the region 25 years and older. The project will address high rates of despair and deaths related to overdoses, suicides, alcohol related illness and stigma.

White men out of the labor force have the worst health markers in the country, including high levels of opioid addiction and reported pain, and the lowest levels of hope compared to any labor market cohort. (Dean & Case, 2020).

SCCMHA and the other CMHSPs in the regions will be collaborating with the initiative along with many other partners. Presently, PRiSM has a survey out to the partners to build out a Regional Inventory of Suicide Prevention Resources.

SCCMHA has already responded to the survey to share all of the resources we provide to the SCCMHA network, those we serve and the greater Saginaw and regional communities in the suicide and prevention space.

The goals of PRiSM and for the other similar initiatives for other regions of the state include:

- Preventing Suicide in Michigan Men
- Comprehensive multi-component collaboration to reduce suicide morbidity and mortality by 10% over the next 5 years with a specific focus on men 25 years or older
- Address significant risk factors
  - Rural and urban residence
  - Access to firearms
  - Limited access to behavioral health treatment
  - Need for high quality interventions tailored to the unique needs of men

CMU has identified two specific strategies to advance the initiative:

- Create a comprehensive suicide prevention plan for the Great Lakes Bay Region that will align multisectoral partners' effort, resources and suicide prevention strategies focused on the regions most vulnerable populations which include men 25 years and older.
- Provide technical assistance, training and facilitate the creation of a Suicide Prevention Telehealth Training Network and Toolkit to support the deployment and replication of telehealth strategies to support the State's Comprehensive Suicide Prevention Plan.

### **COVID Updates**

- There has been one new COVID -19 infections among staff members since January.
- Infection rates in SCCMHA network AFCs seem to be stabilizing.
- In response to COVID Cases rising in the state and in the Saginaw region, as of 4-1-21 local hospitals have returned to no visitor provisions and hospital staff are back in full PPE.
- SCCMHA continues to advocate to all audiences for COVID-19 vaccinations.  
(The best of the three different vaccines is the one you can get into your arm the quickest.)
- New consumer vaccination access for those persons living independently or with family (not AFCs) is looking promising through our partnership with GLBHC.
- The professional staff shortages in the SCCMHA Network for Treatment Teams is improving and starting to stabilize enabling expanded referrals for treatment.
- SCCMHA contract communication and new rate calculations to providers to include the additional .25 cents/hour premium pay for direct care staff are complete. March provider claims will be adjudicated using the new rates which include the pay increase. SCCMHA had already extended a \$2.00/hour premium pay increase through the end of the year. The MI Legislative supplemental appropriation passed the first week of March will bring new dollars to CMHSPs via their PIHPs to support the \$2.25 increase for the rest of the year.

### **VII. OTHER INFORMATION**

### **VIII. ADJOURNMENT**

**Motion by Tracey Roat and supported by Deb Nagel to adjourn the meeting at 7:16 PM. Motion carried.**