D.A. BLODGETT ST. JOHN'S Homes and Hope for Children | WEDGWOOD CHRISTIAN SERVICES | HolyCrossServices | Wolverine Human Services Helping Children & Families to be Heroes | VISTA MARIA

CRITICAL NEED RESPONSE – MENTAL HEALTH BEHAVIOR STABILIZATION TREATMENT BEDS

MDHHS leadership has expressed the need for an approach to address the immediate need of providing the "right programming in the right place" as well as the long-term goals of the CCI Visioning document. The focus of the meeting was to keep the long-term goals in mind while addressing the immediate and critical need for additional MHBS treatment beds (including programming for Developmentally Disabled/Cognitively Impaired (DD/CI) youth).

Problem Statement –

MDHHS Children Services Administration (CSA) leadership noted that approximately 120 children need mental health behavior stabilization treatment within a congregate care setting. Private providers need to re-envision delivery of care to increase the number of MHBS treatment beds for DD/CI youth and children needing psychiatric stabilization. MDHHS indicated that they have contracts for more than enough MHBS treatment beds, yet providers are not making the contracted bed capacity available. The question was asked of the private agency leaders, "What would it take for each of you to bring contracted MHBS treatment beds available to accept children into residential mental health treatment?"

The overwhelming response from private agency leaders was the inability to attract, train and retain qualified, competent staff at the current per diem reimbursement rates. Private agency providers have had to reduce the number of beds available for youth due to per diem revenue shortfalls resulting from significant turnover due to the pandemic, the inability to respond to the increased cost of labor as well as the other increased costs to deliver a day of care. The process to establish and the current per diem reimbursement rates **do not** respond to 1) differences within various MHBS programs especially clinical competency requirements, 2) real-time expense increases or model changes, and 3) incent/respond to program innovation or performance-based contracting.

System Needs –

1) Innovative programming support is essential to meet the changing needs of children and families. The private agency providers commit to the following CSA Leadership goals:
   - Paramount focus on child safety,
   - Provision of high-quality, evidence-based, trauma-informed programming and intervention,
   - Equitable outcomes for youth of all races (monitoring and corrective measures in place to address disparate impact of policies and practices),
   - Child and family voice as experts to ensure robust programming, care, and outcomes,
   - Collaborative and coordinated behavioral health systems as well as a continuum of care across multiple private providers to move children into less restrictive setting and closer to family, and
   - Supportive aftercare to promote successful placement and maintenance in a community setting.

2) Radical change in rate setting is needed as well as immediate investment to achieve the residential care transformation. We propose a long term collaboratively developed strategy be established to change the rate setting per diem process. We request a mutual commitment to redesign the process. To address the immediate need, a significant investment in the MHBS per diem rates effective April 1, 2022, is needed to establish and then consistently and reliably provide the following:
   - Recruit and retain a skilled and robust direct workforce – increased training/development, increased support in program structure, increased competitive compensation.
   - Enlist supportive therapy partners in care and support of kids in "real-time" (including but not limited to, Occupational Therapy, individualized focused psychiatrist, and medical team, etc.).

- Promote highly skilled and experienced administrative positions overseeing day-to-day programmatic operations. Recruitment and retention of top leaders requires higher compensation package in residential work.
- Compensated engagement of individuals (former youth and adults) with lived experience.

3) Collaboration to effectively implement innovative programming to evolve and achieve system change. Licensing and private agency leadership work together regarding **flexible implementation of staffing ratios** and the need to address crisis care without coercive interventions. Flexibility in the minute-to-minute staffing ratios to successfully address the immediate needs and safety of all youth is needed. Private agency providers need **autonomy to step youth and family down into less restrictive settings** as directed by the clinical team working with the family. Removal of approvals or barriers is essential to providing progress, hope and community reintegration.

Response –

By meeting the immediate financial and collaboration needs outlined above, the private agency leadership should be able to address some of the need for 120 MHBS treatment beds.

Outcomes to be measured:

- Reduction in physical interventions and behavioral management of youth (MiSACWIS)
- Increased permanency as evidenced by shorter length of stay (MiSACWIS)
- Increased stability in community placement post treatment (Provider post-care)
- Youth and families report being empowered in their clinical treatment plans (Provider during care)

Increase per diem rates effective April 1, 2022, for all children placed with each provider as outlined below and the following providers commits to increase available bed capacity over the next 6 to 9 months (ramp up period of 4/1/2022 through 12/31/2022).

Provider	Increase to current youth served	Per diem rate	Provider Contact for this proposal
D.A. Blodgett-St. John's	12-14	$956.52 all programs (MHBS and DD/CI)	Mary Muliett, CEO & President
Holy Cross	15	$922 (MHBS)	Susan Rosas, President and CEO Sharon Berkobien, VP of Clinical Excellence
Vista Maria	14 - 20	$910 (MHBS and DD/CI) $810 (SIL)	Angela Aufdemberge, President & CEO
Wedgewood	15	$953 (Secure) all programs	Dan Gowdy, President/CEO
Wolverine	10-15 males 15-20 females	$925 (RFC & JJ MHBS) 1-3 ratio. * preferred JJ ratio $750 (JJ MHBS) 1-5 ratio	Judith Fischer, Chief Executive Officer

* Provider agrees to deliver above commitments as well as:

- Contracted ratio of 1:3 with the flexibility for a provider (staff based on clinical needs of youth in real time on the milieu).
- Commitment for FY22 (beginning 4/1/22) through the end of FY23 at set rate (assess increased expenses by April 1, 2023).
- Commitment to reconvene for evaluation of investment and outcomes and to negotiate ongoing needs and contract rates.
- All components of new rate commitment would follow QRTP requirements in current contract.