

Rose Isabel Williams Mental Health Reform Act of 2020

Status Report

October 1, 2023 – December 31, 2023

*MS Department of Finance and Administration
Office of the Coordinator of Mental Health
Accessibility*

Report Developed By:

***Office of the Coordinator of Mental Health Accessibility
(OCMHA)***

Author:

*Bill Rosamond, JD
Coordinator, OCMHA*

Contributions by:

*Steven Allen
Jeri Gledhill, PhD, LPC
Jerry Mayo, CPA (Retired)*

Abstract

This report is submitted pursuant to the *Rose Isabel Williams Mental Health Reform Act of 2020*, as codified in Miss. Code § 41-20-5(h), which implemented a process for the comprehensive review and required reporting on Mississippi's mental health system to assess the structure, funding, adequacy, delivery, and availability of services throughout the State. This report explores shortages in behavioral health workforce and introduces a strategy that shows promise for alleviating the existing shortage; the need for proactive leadership training programs within the community mental health centers; a financial update on the community mental health centers; and resulting recommendations by OCMHA.

Table of Contents

<i>Behavioral Health Workforce Solutions</i>	5
<i>CMHC Leadership Training</i>	7
<i>CMHC Financial Update</i>	8
<i>Progress on Debt Related to the Dissolution of Region 11 CMHC</i>	10
<i>Region 12 CMHC Update Related to Adoption of Additional Counties</i>	11
<i>Region 15 CMHC Update Related to Adoption of Additional Counties</i>	12
<i>OCMHA Recommendations</i>	13
<i>Bibliography</i>	17
<i>Appendix A</i>	18
<i>Map of CMHC Regions in Mississippi</i>	18
<i>Appendix B</i>	20
<i>Minutes of DMH Certification Review Committee</i>	20

Table of Figures

Figure 1: Change in Net Position for Quarter Ended September 30, 2023	9
Figure 2: Days of Operating Cash by CMHC or Quarter Ended September 30, 2023.....	10

Rose Isabel Williams Mental Health Reform Act of 2020
Quarterly Status Report
Submitted Pursuant to Mississippi Code Section 41-20-5(h)
September 30, 2023 – December 31, 2023

The Office of the Coordinator of Mental Health Accessibility (OCMHA) has included the following topics for this report:

- Behavioral Health Workforce Solutions
- CMHC Leadership Training
- Community Mental Health Center (CMHC) Financial Updates
- Progress on Debt Related to the Dissolution of Region 11 CMHC
- Region 12 CMHC Related to the Adoption of Additional Counties
- Region 15 CMHC Related to the Adoption of Additional Counties
- OCMHA Recommendations

Behavioral Health Workforce Solutions

In efforts to enhance behavioral health services within the public mental health system in Mississippi, OCMHA actively collaborates with CMHCs to address critical issues affecting access to effective behavioral services in Mississippi. Engaging in regular visits to programs and conducting interviews with CMHC leadership, OCMHA identified a recurring concern: the shortage of master's level counselors. This concern was underscored when a recent poll conducted by OCMHA revealed 250 job openings for such professionals across the state. Workforce shortages can have far-reaching implications. Not only can such shortages contribute to a lack of effective behavioral health services, but they can also pose as a risk to the financial stability of CMHCs. In response to this identified gap, OCMHA worked with universities, Department of Mental Health (DMH), the Division of Medicaid (DOM), and CMHC leadership to develop a viable strategy to reduce the shortage and foster a more resilient and sustainable workforce.

A shortage of mental health professional is not unique to Mississippi. Nationally, SAMHSA reports a pressing demand for mental health professionals. According to SAMHSA (U.S. Department of Health and Human Services, 2023), the U.S. requires an additional 287,815 psychiatrists to effectively treat mental illnesses and substance use disorders (SAMHSA, 2020). This shortage extends beyond psychiatrists, encompassing a full spectrum of mental health professionals, such as psychologists, counselors, social workers, psychiatric nurse practitioners, physician assistants, technicians, and peer support specialists, creating an additional demand for an estimated 4,242,370 professionals, with behavioral health counselors projected to face the

largest demand, estimated at 1,436,228 additional jobs (SAMHSA, 2020). The American Society of Addiction Medicine, among others, proposes solutions to increase the workforce, including financial incentives, salary support, recruitment bonuses, loan repayment initiatives, and full tuition scholarships (American Society for Addiction Medicine, 2020, p. 16).

As the demand for mental health professionals continues to rise, it is crucial to prioritize solutions that ensure accessible and effective behavioral services for all. Through routine collaborative meetings with relevant partners described above, OCMHA determined that the use of counseling interns, who have historically not been eligible to serve as therapists, could be a solution.

Professional credentialing is critical for the behavioral health workforce. Credentialing is required for Medicaid reimbursement and DOM relies on DMH to establish the educational and experience requirements. The most recent version of the rules for DMH credentialing were effective May 1, 2017. DMH offers the following credentials for persons employed in eligible organizations:

- DMH Mental Health Therapist
- DMH Intellectual and Developmental Disabilities Therapist
- DMH Addiction Therapist
- DMH Community Support Specialist

A provisional certification is available for persons who do not currently meet the work experience requirement.

DMH requires a master's degree in a behavioral health field for employment as a therapist. To obtain the required master's degree, students must complete an internship at the end of their degree program. Students reportedly experience challenges achieving placement to complete their internship hours, as they do not meet the DMH standards as a therapist and are not eligible for professional certification made available by DMH or other licensure boards. Services provided by non-credentialed interns are not reimbursable and interns who are able to find placement are often working months without being paid. The CMHCs have the capacity to support the educational placement needs of students but the services provided are not compensated since the students are not professionally credentialed.

After engaging in discussions with representatives from Mississippi universities providing graduate degrees in mental health fields and consulting with officials from state mental health provider organizations, OCMHA explored gaps and potential solutions. Universities highlighted difficulties in securing placements for students fulfilling internship requirements, while leaders in the public mental health system pointed out challenges in filling open positions. Through OCMHA inquiries and meetings with university representatives, CMHCs, DMH and DOM, a

promising solution has emerged. OCMHA is working with all relevant parties on the viability of this solution and the policy and practice changes necessary for implementation.

Some potentially beneficial infrastructure was recently established. On November 29, 2023, the DMH Certification Review Committee approved a plan to allow a waiver process to be put into place for graduate-school interns. *See January 3, 2024, Minutes of the DMH Certification Review Committee attached as Appendix "B"*. This will allow individual waivers for DMH Operational Standard Rule 11.3.I which reads:

Therapy services are provided by an employee with at least a Master's degree in an addictions-, mental health-, intellectual/developmental disabilities-, or human services/behavioral health-related field and who has either (1) a professional license or (2) a DMH credential as a Mental Health Therapist, Intellectual and Developmental Disabilities Therapist, or Addictions Therapist (as appropriate to the service and population being served).

According to the January 3, 2024, Minutes of the Certification Review Committee referenced hereinabove, the approved process is as follows:

"If a DMH Certified Agency requests a waiver for a new hire therapist who is nearing completion of their applicable graduate degree, along with an official transcript showing their progress in their degree, and the agency requests a retroactive waiver effective date to their date of placement in the position, then the waiver, if approved, will be approved for a total of one (1) year. The letter issued with these waiver approvals will include that this waiver is no guarantee of third-party payment."

OCMHA will continue to work with the partners to identify solutions. If a viable process allowing for a temporary, provisional credentialing for master's level interns is established, anticipated outcomes include facilitating universities in placing students requiring internship hours more effectively and enabling public mental health organizations to fill vacant positions with individuals possessing the necessary credentials for Medicaid reimbursement. Longer term gains include a reduction in the behavioral health workforce shortage in Mississippi CMHCs, an increase the number of graduates entering the mental health field, and, ultimately, increased access to care. OCMHA plans to continue to explore solutions to this gap.

CMHC Leadership Training

Nine of the 11 current CMHC executive directors are eligible for retirement within the next five years. Since the establishment of OCMHA in 2020, three CMHCs have already witnessed changes in their top leadership, emphasizing the imperative for a proactive approach to

identifying and cultivating talented individuals for pivotal roles. In this changing environment, the recognition and nurturing of gifted professionals serve as a cornerstone for the development of future behavioral health leaders.

As we navigate these changes, the focus on leadership becomes essential to ensure the continued effectiveness of the CMHCs. Recruiting and retaining top employees (frontline, clinical, and executive) in the behavioral health and social services field is critical to providing quality services to the community. The departure of mental health professionals from organizations can negatively impact patient care quality and yield adverse consequences for the behavioral healthcare system itself (Yanchus, Periard, & Osatuke, 2016).

A leadership training program consists of selecting the right individuals and implementing processes for retention, promotion, and training to fill needed key positions. The goal is to help organizations achieve their mission and stay successful by choosing skilled and qualified employees (Ballaro & Polk, 2017). Having a continuity plan in place is crucial minimizing disruptions, such as a loss of executive leadership. Developing internal candidates for promotion opportunities ensures that future organizational leaders understand the history and culture of the organization (Pedersen, et al., 2018) and offer the organization stability.

A core function of CMHC boards of commissioners and executive leadership is strategic planning for the future. Operating at the intersection of business and government, CMHCs are complex organizations that must balance profitability for sustainability, incorporating elements of medical practice alongside federal, state and local funding sources. Partners extend beyond the individuals served to encompass entities such as local law agencies, city, county, and state governments, as well as courts.

Given the nuances inherent in CMHCs, characterized by a blend of medical and governmental features, external individuals may face challenges in adapting to and effectively leading within the specialized behavioral health environment. Recognizing this steep learning curve, it becomes imperative for current leadership to proactively consider the future and devise strategies for maintaining continuity in leadership where feasible. CMHCs would benefit from a comprehensive leadership training plan, particularly for key leadership positions in the CMHC. Those positions should include at a minimum the executive director, clinical director and financial officer. This plan should encompass anticipated retirement dates and outline interim leadership strategies in the event of unforeseen vacancies, ensuring a seamless transition in critical roles.

CMHC Financial Update

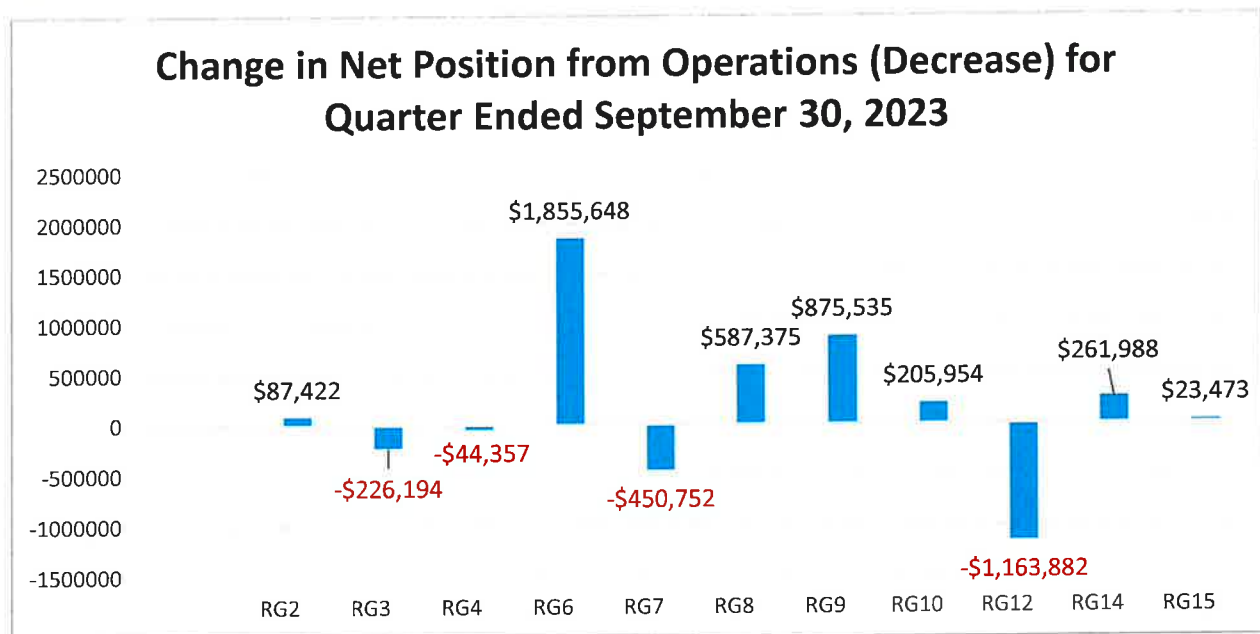
OCMHA conducts a quarterly review of the financial health of CMHCs and highlights areas of improvements and concerns that need attention. *See Map of CMHC Regions in Mississippi*

attached as Appendix "A". For the previous quarter, OCMHA highlighted concerns for two CMHCs, Regions 9 and 14. See OCMHA Status Report #8 Q3 2023. For the third quarter ended September 30, 2023, both have experienced improved financial positions. Figure 1 below provides the quarterly results for changes in net position for each CMHC.

At the end of the first quarter of 2023, Region 9 had only 17 days of operating cash and cash equivalents. As of September 30, 2023, liquidity had improved to 38 days, reflecting an ongoing positive trend since quarter one. Figure 2 provides details of days of operating cash for each CMHC. Region 9 reported an operating income and a net increase in operating position of \$875,535 for the quarter and \$697,390 year-to-date. Region 14 experienced an increase from 36 days to 40 days from the second quarter to the third quarter. For the quarter and year-to-date, Region 14 reports an operating income of \$261,217 and an increase in net position of \$261,988.

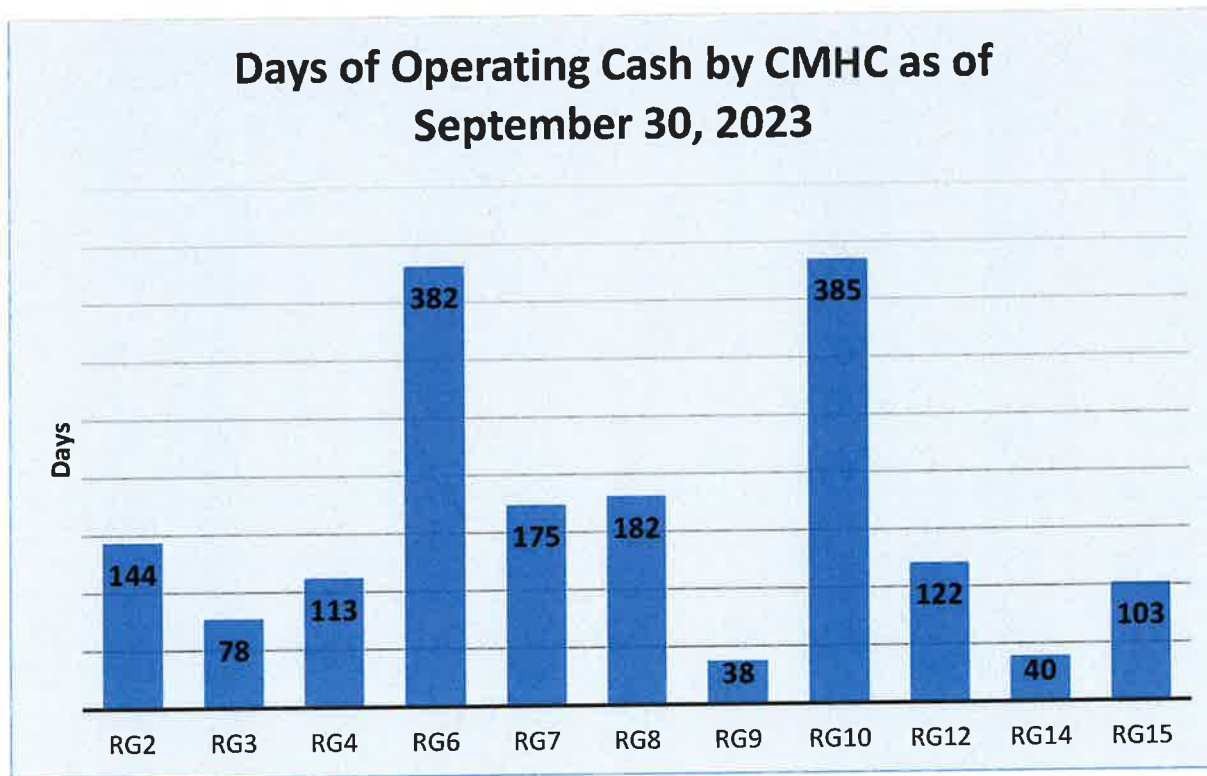
An analysis of the quarterly operating results indicates a trend in CMHCs returning to operating levels similar to those before the COVID-19 pandemic. No regions reported less than 30 days of cash and cash equivalent. The cumulative year-to-date increase in net position totaled \$8,879,679, which is a \$8,685,205 improvement over the prior year-to-date results when Covid funds are excluded. Regions 2, 6, 8, 9, 10, 14, and 15 reported a net increase for the most recent quarter. The changes in net position for CMHCs ranged from a reduction of (\$1,163,882) for Region 12 to an increase in net position of \$1,855,648 for Region 6.

Figure 1: Change in Net Position for Quarter Ended September 30, 2023¹



¹ Management recognizes that they have under-accrued employee benefits and are working with their benefit administrator to address the issue.

Figure 2: Days of Operating Cash by CMHC or Quarter Ended September 30, 2023



Progress on Debt Related to the Dissolution of Region 11 CMHC

Region 11 transitioned from providing clinical services as of June 30, 2023, and interested parties remain actively engaged in collaborative efforts to identify positive solutions to lingering operational challenges. The counties originally comprising Region 11 continue to engage the services of a consultant, a retired Pike County Supervisor and County Administrator, for the purpose of winding down the business aspects of Region 11. The consultant reports that financial circumstances have improved; however, financial statements have not been reconciled since October 31, 2023. Also, they successfully negotiated a settlement with a vendor, securing a substantially reduced price and the waiver of an early termination fee. OCMHA will receive a report once statements have been accessed and reconciled.

Beyond the financial considerations, other ongoing matters are yet to be resolved, including (1) the handling of continued requests for paper and electronic health records and associated costs from the previous electronic health record vendor; (2) amount of reimbursement owed for unemployment; (3) anticipated tax-related interest and penalties due to the Internal Revenue Service; and (4) satisfaction of outstanding invoices not expected to total more than \$2,000. Paper health records were reportedly successfully moved to a record storage facility in the Gulfport area, with an estimated cost of \$7,000 through January 31, 2024. Both paper and electronic health records should continue to be readily accessible in the event of records requests by former Region 11 clients. The cost to store the paper records in the future has not been

calculated. The consultant continues to explore solutions, assess associated costs, and present recommendations to the boards of supervisors. While final resolution of the debt is ongoing and continues to evolve, the consultant anticipates that resolution of the debt will occur by the end of FY 24. However, there will be ongoing expenses relating to the storage of health records for the foreseeable future.

Region 12 CMHC Update Related to Adoption of Additional Counties

As of July 1, 2023, Region 12 CMHC began providing services to Amite, Franklin, Lawrence, Pike, and Walthall counties upon the recommendation of OCMHA and following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11 CMHC. OCMHA continues to monitor the progress of the transition and provided an initial summary in *Status Report #8, Q3 2023*. Updates on key milestones, challenges addressed, and future plans for the newly expanded Region 12 are provided below.

Services
<p>Operations: Each county continues to provide services Monday through Friday from 8:00 AM to 5:00 PM, with at least one staff member present in each of the smaller offices. Both face-to-face and telehealth service delivery methods are ongoing. New intake assessments are being conducted in all five counties. As of December 18, 2023, Region 12 has provided a total of 974 unduplicated intake assessments (67 for Amite, 63 for Franklin, 163 for Lawrence, 520 for Pike, and 161 for Walthall). Crisis services, Intensive Community Outreach and Recovery Team (ICORT), and MCERT are still operating for the five counties.</p>

Finances
<p>Funding. Region 12 is utilizing \$500,000 of flexible grants funds provided by DMH. Through November 30, 2023, Region 12 has expended all but \$34,841.32 of the grant. The remaining amount is allocated for contractual services and is expected to be fully utilized by the end of January. Region 12 anticipates financial shortfalls for operations in the five counties beginning in December.</p>

Facilities
<p>Deeds. Region 12 reports the agency has officially received all deeds for the four facilities transferred from Region 11 and Southwest Mississippi Mental Health Foundation as of October 31, 2023. All utilities have been transferred as of the end of November. Region 12 has installed parking area and exterior building lighting at the Pike County Mental Health Center to enhance security for staff and individuals served.</p>

Community Outreach
<p>Community Partners. Region 12 conducted outreach and/or community meetings with Kid’s Hubs (Child Advocacy Center) Multi-disciplinary Team meetings in November and December. Region 12 also attended MAP meetings in November and December as well. As the Sheriff in Pike County will be changing in January, Region 12 was requested to hold off on reaching out</p>

about CIT until the newly elected Sheriff has been sworn in. There will be another advisory board meeting in that area the second week of January and Region 12 staff plan to attend. Plans are underway to host their first CIT class in Pike County in February.

Region 15 CMHC Update Related to Adoption of Additional Counties

As of July 1, 2023, Region 15 CMHC began providing services to Adams, Claiborne, Jefferson, and Wilkinson counties upon the recommendation of OCMHA and following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11 CMHC. OCMHA continues to monitor the progress of the transition and provided an initial summary in *Status Report #8, Q3 2023*. Updates on key milestones, challenges addressed, and future plans for the newly expanded Region 15 are provided below.

Services

Medical Records. The Electronic Health Record (EHR) system continues to have limitations as the region awaits the scheduled upgrade of Internet and WIFI systems by the vendor, expected in the next few months.

Children's Services. Memorandums of Understanding (MOU) are now in place with schools in Claiborne County and Adams County. Both an MOU and a grant to provide services is now in place with a school in Wilkinson County. Efforts are underway to finalize an MOU with schools in Jefferson County and a meeting is scheduled to solidify plans. Funding has been successfully secured for the implementation of an Adolescent Offender Program (AOP) in Adams County. The organization is presently engaged in the recruitment of staff and the formulation of a referral process in collaboration with the Youth Court.

ICORT. Before the incorporation of the four additional counties into their service region, Region 15 did not offer ICORT services. As of now, all positions for the ICORT Team have been successfully filled, with a highly recruited Registered Nurse scheduled to begin work in January.

Psychosocial Rehabilitation Services (PSR) Services. Region 15 is currently in the process of coordinating referrals from Jefferson County for individuals to participate in PSR services in Claiborne County, contingent upon the finalization of transportation arrangements with Claiborne County Human Resource Agency, an MDOT 5311 Rural Area Program grantee.

Finances

Funding. Region 15 has depleted \$400,000 allocated in flexible grant funds provided by the DMH.

Facilities

Environmental Improvements. The agency is currently soliciting bids for the replacement of heating and cooling units in the Adams County "Drop-Off" area. Preparations are underway to install the Crisis Stabilization Unit backup generator, initially purchased by Region 11, by the end of this quarter. Installation of a gas line and electrical accommodations are required, and cost estimates for these enhancements are currently pending.

Technology: The agency is currently awaiting the upcoming upgrade of the Internet and WiFi systems by the vendor, anticipated to take place in the next few months.

Access for Persons with Disabilities. The accessibility of facilities acquired during the transition of the four counties has been enhanced to align with ADA standards. Facility deficiencies were identified through an ADA audit conducted by Disability Rights Mississippi in August 2023. The entrance ramp to the Wilkinson County facility, owned by the Town of Centreville, has been repaired. Currently, the region is awaiting adjustments to the ramp leading to the Handicapped Restroom. In Adams and Claiborne County, signage for handicapped parking spaces has been successfully installed. Efforts are underway to coordinate with the town of Fayette to establish a handicapped parking space conveniently located near the office.

Certifications

Children's day treatment services are now certified in Jefferson County and efforts are underway to obtain prior authorizations from Medicaid to initiate services.

Community Outreach

Community Partners. An MOU is now in place with the Adams County Mental Health Court, and Region 15 is collaborating with court officials to formalize an effective referral process.

Workforce

Workforce. Region 15 has secured a plan for an LPC Supervisor to provide professional supervision for at least four of our staff seeking the LPC credential. The ability to offer required supervision for LPC candidates is expected to enhance recruitment efforts.

OCMHA Recommendations

Issue: Behavioral Health Workforce Shortage

Background

OCMHA collaborates with CMHCs in Mississippi to improve behavioral health services. Through visits and interviews, a recurring concern emerged: a shortage of master's level counselors, evidenced by 250 job openings in the state. These shortages not only impact service effectiveness but also pose a risk to CMHCs' financial stability. In response, OCMHA is working with universities, DMH, DOM, and CMHC leadership to

develop a potential strategy to reduce the shortage and foster a more resilient and sustainable workforce.

Recommendation 1 All relevant parties should continue to prioritize exploring solutions to establishing a means by which services performed by interns could be reimbursed.

Issue: Of the 11 CMHC regions in Mississippi, 82% of executive directors are currently retirement eligible.

Background OCMHA has had initial conversations with CMHCs regarding succession planning. Given the complex nature of CMHCs, current leadership must proactively plan for future continuity amid the specialized behavioral health environment's learning curve.

Recommendation 1 The Community Mental Health Center Association and its members should collaborate to develop comprehensive CMHC leadership training plans, particularly for key leadership positions in the CMHC, including anticipated retirement dates and interim leadership strategies in the event of unforeseen vacancies, ensuring a seamless transition in critical roles.

Issue: Financial Vulnerability of Region 9 CMHC

Background OCMHA conducts a review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 9 is financially vulnerable. *See OCMHA Quarterly Status Report for July1, 2023 – September 30, 2023.*

Recommendation 1 OCMHA will continue to meet with leadership of Region 9 to conduct a comprehensive assessment of their financial and operational status, with a focus on identifying and implementing sustainable solutions.

Issue: Financial Vulnerability of Region 14 CMHC

Background OCMHA conducts a review of the financial and operational status of CMHC's quarterly. OCMHA has identified that Region 14 is financially vulnerable. *See OCMHA Quarterly Status Report for July1, 2023 – September 30, 2023.*

Recommendation 1 OCMHA will continue to meet with meet with leadership of Region 14 to conduct a comprehensive assessment of their financial and operational status, with a focus on identifying and implementing sustainable solutions

Issue: Progress of Transition of Five Counties from Region 11 CMHC to Region 12 CMHC

Background	Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for increased access to mental health services for the Region 11 service area. As of July 1, 2023, Region 12 began providing services to Amite, Franklin, Lawrence, Pike, and Walthall counties following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11.
Recommendation 1	Region 12 CMHC should continue to maintain comprehensive accounting records for all expenses associated with the transition of services from Amite, Franklin, Lawrence, Pike and Walthall Counties.
Recommendation 2	Region 12 CMHC should continue to establish relationships with all clinics, healthcare providers, elected officials, advocates and other interested parties within the new service area and conduct strategic community outreach to identify persons in need of services.
Recommendation 3	Region 12 CMHC should continue to perform needs assessments to determine what other areas of service are needed.
Recommendation 4	OCMHA will continue to monitor the operational and financial integration of counties and transition of services for a minimum of 12 months.

Issue: Progress of Transition of Four Counties from Region 11 CMHC to Region 15 CMHC

Background	Pursuant to Miss. Code §41-20-9, OCMHA developed and implemented a plan for the Region 11 CMHC service area. As of July 1, 2023, Region 15 CMHC began providing services to Adams, Claiborne, Jefferson, and Wilkinson Counties following resolutions passed by the respective county boards of supervisors and the dissolution of Region 11 CMHC.
Recommendation 1	Region 15 CMHC should continue to maintain comprehensive accounting records for all expenses associated with the transition of services from Adams, Claiborne, Jefferson and Wilkinson Counties.
Recommendation 2	Region 15 CMHC should continue to establish relationships with all clinics, healthcare providers, elected officials, advocates and other interested parties within the new service area conduct strategic community outreach to identify persons in need of services.

Recommendation 3

Region 15 CMHC should continue to perform needs assessments to determine what other areas of services are needed.

Recommendation 4

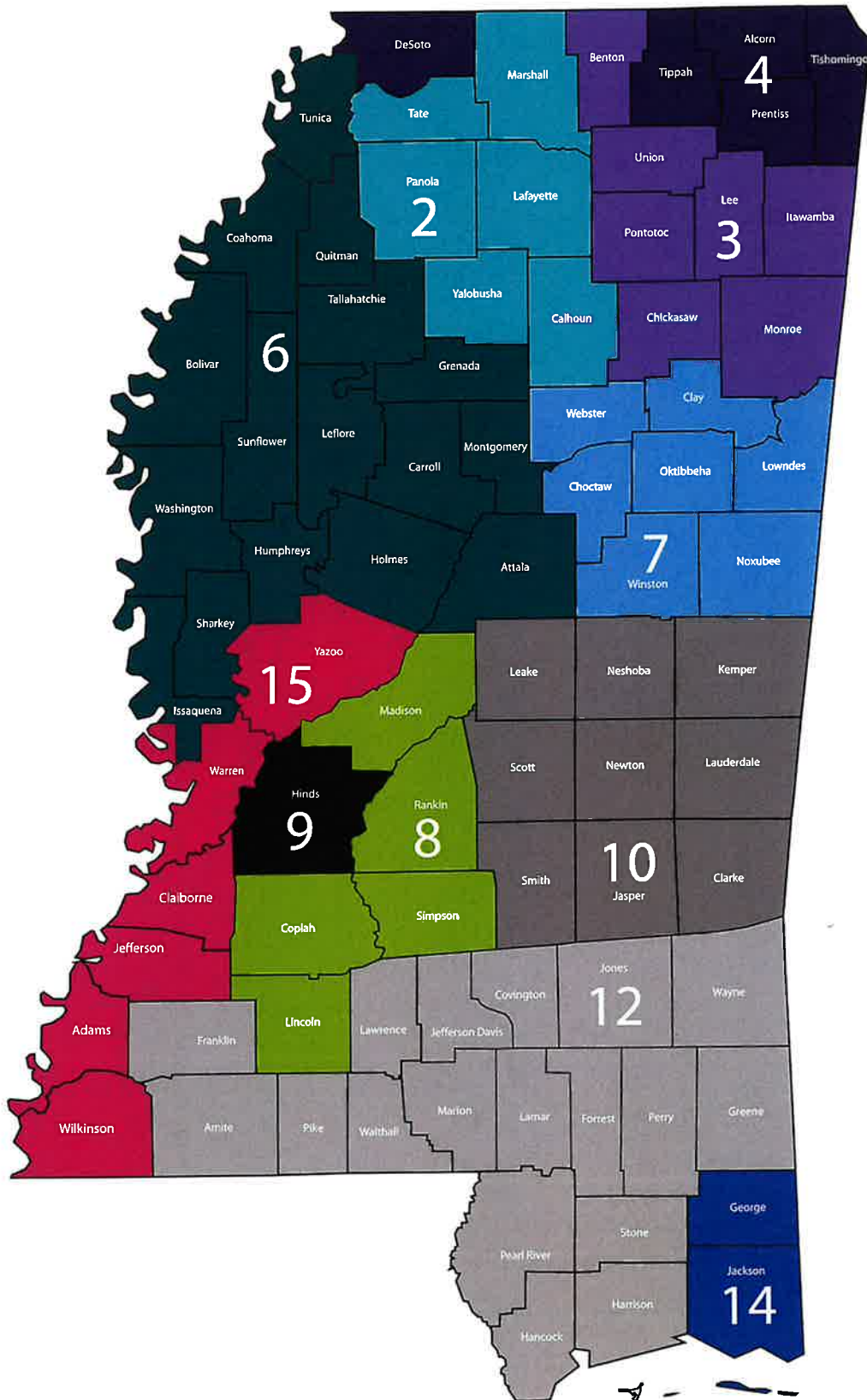
OCMHA will continue to monitor the operational and financial integration of counties and transition of services for a minimum of 12 months.

Bibliography

- American Society for Addiction Medicine. (2020). Retrieved from Addressing Access to Care in the Opioid Epidemic and Preventing a Future Recurrence:
https://www.asam.org/docs/default-source/advocacy/white-paper.pdf?sfvrsn=31755ac2_2
- Ballaro, J., & Polk, L. (2017, Winter). *Developing an Organization for Future Growth Using Succession Planning*. Retrieved from ProQuest.com:
<https://www.proquest.com/docview/2002996705?sourcetype=Scholarly%20Journals>
- Pedersen, A., Sorensen, J., Babcock, T., Bradley, M., Donaldson, N., Donnelly, J., & Edgar, W. (2018, March). A Nursing Leadership Immersion Program: Succession Planning Using Social Capital. *Journal of Nursing Administration*, 48(3), 168-174. Retrieved from https://journals.lww.com/jonajournal/abstract/2018/03000/a_nursing_leadership_immersion_program_succession.11.aspx
- U.S. Department of Health and Human Services. (2023). *Bureau of Health Workforce, Health Resources and Services Administration (HRSA)*. Retrieved from Designated Health Professional Shortage Area Statistics: Designated HPSA Quarterly Summary as of June 30, 2023: <https://data.hrsa.gov/default/generatehpsaquarterlyreport>
- Yanchus, N., Periard, D., & Osatuke, K. (2016, December 8). Further examination of predictors of turnover intention among mental health professionals. *Journal of Psychiatric Mental Health Nursing* (doi: 10.1111/jpm.12354). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27928857/>

Appendix A

Map of CMHC Regions in Mississippi



Appendix B

Minutes of DMH Certification Review Committee

**Mississippi Department of Mental Health (DMH)
Certification Review Committee (CRC)
January 3, 2024 (December 2023 Meeting)
Meeting Minutes**

Certification Review Committee Members in attendance were as follows: Cyndi Eubank, Kim Wood, Kristin Merritte, Stephanie Foster, and Brent Hurley. Monica Wilmoth facilitated the meeting.

M. Wilmoth welcomed the group and guests Ashlee Robinson and MaCall Chastain to the Certification Review Committee meeting. She reminded everyone all discussions in the CRC executive session are confidential.

S. Foster discussed a few recommended changes to the draft minutes for consideration for approval at today's meeting. These changes pertain to the following motion made at the November 29, 2023, meeting, as outlined below:

Background: S. Foster stated she has met with Bill Rosamond and Steven Allen, who are looking at ways to help the retention rate in the state system. She explained in PLACE, a newly hired employee has 30 days from their hire date to submit a complete initial application for a DMH credential. She explained that if the application is approved at the next PLACE Board meeting, then the credential is retroactive to their hire date. S. Foster noted that Bill Rosamond has requested the same with waiver applications for therapists completing their master's degree. If a waiver request is received and the agency requests a retroactive effective date (i.e., date of placement in the position), and the waiver is subsequently approved, then the effective date may be retroactive to the placement date in the position and approved for a total of one (1) year. She added that Bill Rosamond stated he has already had a conversation with Medicaid regarding this waiver procedure.

Recommended amended motion language from November 29, 2023, meeting: C. Eubank made the following motion at the November 29, 2023, meeting: if a DMH Certified Agency requests a waiver for a new hire therapist who is nearing completion of their applicable graduate degree, along with an official transcript showing their progress in their degree, and the agency requests a retroactive waiver effective date to their date of placement in the position, then the waiver, if approved, will be approved for a total of one (1) year. The letter issued with these waiver approvals will include that this waiver is no guarantee of third-party payment.

Following S. Foster's recommended changes to the draft minutes for consideration for approval, C. Eubank made the motion to approve the minutes of the November 29, 2023, meeting with the above changes recommended by S. Foster. K. Wood seconded the motion; the motion passed unanimously.

C. Eubank made the motion to consider the need for and enter Executive Session. B. Hurley seconded the motion; the CRC committee voted unanimously to enter Executive Session to discuss personnel matters and potential litigation.

C. Eubank made the motion to deny Pyscamore's Plan of Compliance, allowing them 30 days to resubmit an acceptable Plan of Compliance or possible suspension. K. Wood seconded the motion; the motion passed unanimously.

C. Eubank made the motion to lift the suspension of MS Families for Kids with the standard 30/60/90-day follow-up. K. Wood seconded the motion; the motion passed unanimously.

B. Hurley made the motion to lift the suspension of Finding a Better Me with the standard 30/60/90-day follow-up. C. Eubank seconded the motion; the motion passed unanimously.

C. Eubank made the motion to approve the waiver request from The ARC SE MS, Rule 11.3.R (Davis). K. Merritte seconded the motion; the motion passed unanimously.

K. Merritte made the motion to approve the waiver request from REM MS, Rule 11.3.R (Smith). K. Wood seconded the motion; the motion passed unanimously.

C. Eubank made the motion to approve the waiver request from Marion Counseling Services to utilize Managing Aggressive Behavior (MAB) in place of CPI/MANDT. B. Hurley seconded the motion; the motion passed unanimously.

On the motion of C. Eubank and seconded by B. Hurley, the CRC voted unanimously to exit Executive Session, reporting all action taken by the Committee.

The meeting adjourned at approximately 9:40 a.m.

The next meeting will be scheduled for January 31, 2024, at 8:30 a.m.

This page intentionally left blank.