



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

Public Hearing

July 19, 2023

9:00 a.m.

Attendance: Brian Martinus, Lauri Fischer, Tracy Andrews, Heather Sleight, Stacy Maiville, Clarisse Hartnett-Manny, Cindy Peterson, Nancy Stevenson, Mary Marois, Brian Newcomb, Dan Mauk, Ann Ketchum, Terri Henderson, Keisha Whitney, Lauren Franklin, Joanie Blamer, Pamela Petroelje, Catherine Edwards, Mats Andbacka, Marie Jones, Dave Simpson, Courtney Gilbert, Julie Lanczki, Lynn Pope, Hannah Driver, Gerardo Vasquez, Kristine Rigling, Becky Brown, Somer Quinlan, Jennifer Rostambadi-Cook, Jessica Williams, Gina Schlegel, Aimee Horton-Johnson, Melissa Trout, Tina Bruning, Heather Nicklas, Jordan Byington, Melanie Schopieray, Megan Beckett, Katharene Bopry, Lindsey Halladay, Alexander Zeits, Sophorn Klingelsmith, Marybeth Kyro, Debbie Ehle, Tom Bratton, Leah Ordway, Joan Honeman, Sara Hayes, Stacey Kaminski, Jenna Thornton, Becca Binder, Kellee Hoag, Deb Freed, Treasa Cooper, Amanda Ritchie, Sara Bush, Erica Smith, Krista Patz, Rob Palmer, Mark Draeger, Barb Rohdy, Shauntell Vanhorn, Sarah Orlee, Fay Killingsworth, Michah Haven, Macrica Cila, Kate Dahlstrom, Mary Marois, Linda Solem, Carol Blake, Ruth Pilon, Jeremiah Williams, Dean Bladwin, Kari Barker, Amanda Ritchie, April Weinrick, Catherine Edwards, Jo Hency, Karen Cass, Kiley Fields, Leanne Letts, Stacey Kaminski, Terri Henderson, Melanie Schopieray, Tiffany Fewins, Valerie McCallum, Jessica Williams, Bobbi Hudson, Erica Smith, Nancy Stevenson, Lisa Jones

Minutes are reflective of the Traverse City and Cadillac sessions.

Opening – Brian Martinus

Brian Martinus, NLCMHA Interim Chief Executive Officer, gave an update on the agency. The enabling agreement has successfully been negotiated and signed by all six counties. Northern Lakes has had successful listening sessions with both the counties and the staff over the past ten months and has been working hard to resolve any issues addressed at those sessions. The relationship between the agency and the six counties has become less strained and more hopeful. The relationship between NLCMHA and law enforcement has been re-built and continues to be strengthened through monthly meetings, good communication, and collaborative efforts on both sides. Brian expressed his gratitude to the counties, law enforcement and the staff for these positive improvements and is looking forward to seeing things continue to go in a good direction. He also emphasized the importance of community collaborations and is optimistic for future partnerships among many community groups and would like to see those the agency already has, continue to grow, and become stronger. Northern Lakes Community Mental Health will celebrate its 20-year anniversary as an Authority this September. There will be an all-staff event to celebrate and receive training from international speaker, Peter Diaz. Brian thanked the

staff for staying with the agency through the turbulence and turmoil of the past year and never losing focus on the mission to provide world-class services to the community.

Brian touched base on some of the trends from last year's Public Hearing and gave an update regarding those concerns:

1. The need for Crisis Stabilization Center, Crisis Residential Center (CSU & CRU) and Crisis Welcoming Center.

Answer:

- The CSU is currently being developed through collaborative efforts between Munson, NMRE, United Way, Grand Traverse County, and other local groups. Projected to open December 2024.

- Hope CRU opened June 14th and has six beds available for those in crisis.

- Crisis Welcoming Center opened last year.

2. The lack of accountability.

Answer:

- The agency has developed new procedures and policies to help ensure accountability within the agency. There has also been an increase in training and staff development. The agency also has a monthly Townhall where communication is given to all staff members across the agency with an emphasis on transparency.

Lauri Fischer-

Lauri Fischer, The Chief Financial Officer, gave the agency's financial update.

NLCMHA receives capitated funds for individuals with Medicaid or Healthy Michigan Plan insurance coverage. Medicaid accounts for 73% of service funding, which includes autism services. Capitation funds that are not used must be returned to the NMRE.

Any service expenditures that exceed capitation amounts require an official request to the NMRE to cover costs. Even though the agency receives money, it is not earned until services are provided. State general funds account for 2% of the agency's money and is allotted for consumers who do not have Medicaid, Healthy Michigan, or if the service is provided in a place or in a way not coverable by Medicaid or Health Michigan Plan.

Local funding is provided by the six counties and by the performance-based incentive funding. The agency has been successful in meeting the performance indicator requirements which provides the performance-based incentive funding.

Lauri explained the tables provided (attached) which gave an overview and breakdown of expenditures by source of funds from FY 2020 through the FY 2023 budgets and the services provided in FY 2021 and 2022.

Medicaid is currently doing redetermination which will affect many consumers. The agency is trying to help its consumers navigate this process so they will not unnecessarily lose coverage. Medicaid redeterminations started July 1st and will continue over the next 12 months.

Areas of Improvement Discussion:

- Strengthen relationship with the local schools.
- Clear, consistent information to be given the schools and the families.

- Smoother process and more guidance during the intake process.
- Family training when a family does not know what they need. There needs to be someone to walk alongside them in this journey. Breakdown the silos. Families keep hearing what they don't qualify for, provide guidance as to how they would qualify, and if they don't, where they should go from there. Everyone at the table together.
- Access barriers for Autism services (ADOS test), - families are being told that they do not qualify for the test. There seems to be a lot of red tape and trouble getting families through the door. Clarification with this process is needed.
- Lack of infant mental health. Provide incentives for staff to receive those credentials.
- Bedside manners.
- Serving more veterans. - It was stated that the CSU that is being developed will help address some of the needs of veterans and will be an access point in the community.
- Higher pay for direct care staff. - It was discussed that the state recently approved a raise of 85 cents, possibly plus an additional 12%. Accounting will investigate. CLS contracts will be renewed October 1st where they will be looking closer at this.
- The smaller communities need to have the same services the larger ones have.
- More collaboration and communication with the smaller communities.
- More public awareness of NLCMH.
- More psychiatric hospitals/facilities/treatment centers.

What Improvement looks like:

- Feasibility study to obtain the CCBHC status.
- Consistent training for Access/Intake staff. There needs to be a mindset of helpfulness. If NLCMHA is not the right door, then direct the people to where they should go.
- More AFC training. People are not retaining the web training and does not help on the floor.
- Professionals in the community would know where/how to refer people. Phone numbers to give out and where to send people. Education to the community
- CRU & psychiatric unit in the smaller counties. Possibly with private insurance.
- More media opportunity. Something ongoing with the media, reach out and educate the community.
- NLCMH website does not link to the county websites and the county websites do not link up to NLCMH. Ask the counties to put the NLCMH link on their website.

Chief Operations Officer, Nancy Stevenson, commented that the CCBHC model has no way of Closing service. This results in some underserved and some overserved, this can cause bottleneck and overcommit the clinicians to where they cannot do the work that needs to be done.

How we Get There:

- Collaborative meetings with the schools, encourage partnership.
- Give guidance about what is needed for Access and Intake.
- Have a case manager present when a family is going through intake. It would be helpful so they can pass along information.

- Clarify with the local agencies how to overcome the red tape during the access process.
- Having long-term staff, staff retention.
- Pause and reiterate with the families what is happening during an appointment or meeting.
- Credentialing of staff.
- More presence on social media.
- Partnership with media, advertise.

Kudos to the Recipient Rights Office – very quick at responding any time there has been a question. This was mentioned by two attendees.

Closing & Adjournment:

Brian thanked those who attended the Public Hearing and closed the session.

Respectfully Submitted,

Stacy Maiville, Executive Secretary