



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

### **Annual Public Hearing**

**September 12, 2025**

**10:00 a.m.**

#### **Attendance:**

**In Person:** Curt Cummins, Erica Longstreet, Neil Rojas, Stacy Maiville, Christal Frost Anderson, Dan Mauk, Mark Crane, Kim Silbor, Kevin Hartley, Ty Wessell, Dave Freedman, Penny Morris, Mark Nyman, Pat Reiser, Vince Cornellier, Al Cambridge, Kim Silbor, Hillary Rappuhn, Pat Reeser, M. Zinster, Courtney Wiggins, Breana Dearay, Sue Paul, Carol Navarto, Pam Kaiser, Kathie Reidy, Dayna Ryan, Holly Gallagher, Don D., Rhonda Cross, Leslie Veda, Wade D., Dayna Ryan, Kate Dahlstrom

**Virtual:** Ann Ketchum, Alexandra Coon, Jeremiah Williams, Laura Argyle, Kristen Hains, Amanda Ritchie, Erika Solomonson, Christina Hasty, Katy Maximiuk, Becky Brown, Sophorn Klingelsmith, Elizabeth Totten, Rob Ordiway, Nicole Leemaster, Tiffany Fewins, Demarie Jones, Amy Kotulski, Bobbi Hudson, Trapper Merz, Kari Barker, Melanie Schopieray, Deb Freed, Lynda Zeller, Phillip Hunter, Grayling City, Amanda Clough, Dayna Shock, Teri Dougherty, Michael Corby, Kim Morley, , Caleb Gomez, Crystal Duncan, Kellee Hoag, Aimee Horton Johnson, Melissa Bentgen, Thrive Therapy & Wellness, Jessica Williams, Sarah Olree, Victoria McDonald, Rebecca Litzner, Mary Swartz, L, Jennifer Wisniewski, Holly Barton, Joseph Barkman, Jordan Byington, Gina Schlegel, RTaber, Christina VanHouten, Steven Andrews, Jill Rountree, six unknowns.

#### **Agency Updates:**

Dr. Curtis Cummins, Interim CEO and Erica Longstreet, Chief Clinical Officer, provided the community with agency updates. Two potential CEO candidates will be interviewed on Thursday with an offer extended with the hopes of onboarding a new CEO this Fall. The agency recently received the CARF 3-yr accreditation, this will be the agency's 7<sup>th</sup> three-year accreditation that has been received. Dr. Cummins also gave an update on the Grand Traverse Mental Health Crisis and Access Center (GTMHCAC). The agency continues to meet with its partners at Munson to refine the processes at the Center, and they continue to move forward. The Crisis and Access Center has an 18-month plan to roll out all of its services. Dr. Cummins gave an update on Assisted Outpatient Treatment (AOT) which is an effective tool for those with severe mental illness when used correctly. Dr. Cummins and Ms. Longstreet gave an overview of what AOT is, how Northern Lakes uses AOT, how many people are on AOT, and the success it can bring. One of the attendees in the crowd agreed that AOT has proved to be highly successful.

**Feedback:****Community Discussion & Feedback:****Grand Traverse Mental Health Crisis and Access Center:**

There was feedback from the public regarding the GTMHCAC. It was stated that the staff at the center are great, and the living room style is appreciated. However, several commenters stated that they are disappointed that the GTMHCAC does not take private insurance. It was clarified that prescreening does not currently take private insurance, which the agency is working towards remedying. However, other crisis services at GTMHCAC do take private insurance, for example Munson's psychiatric urgent care.

It was requested that NLCMHA provide a liaison with the agency to give updates and provide clarification to the community. One commenter stated that they were referred by an NLCMHA employee to go to GTMHCAC, only to arrive there at 4pm to be turned away. This situation is confusing for the public and the commenter suggested the NLCMHA staff and the Munson staff know how and when to direct people to GTMHCAC.

There was concern and confusion over GTMHCAC. It was clarified that GTMHCAC is open 24/7. NLCMHA Social Workers and Peer Support Workers are present 24/7 at GTMHCAC. However, Munson Psychiatrist and Nurses are available on weekdays 8am-5pm, on a first come, first serve basis at GTMHCAC.

**Communication:**

It was requested that there be better communication between Munson, NLCMHA, PineRest, and other CMHs across the state regarding patients' medication and treatment plan. This lack of communication has caused mix-ups and some patients' treatments to take a step backwards.

It was commented that NLCMHA and Munson seem to tell consumers to take up certain issues with the other organization. There needs to be a smoother process and better communication between Munson and NLCMHA.

**Treatment:**

There were several complaints about Munson's lack of empathy, especially with the staff in D6. It was said that the staff there are very stigmatizing towards those going through a mental health crisis. Those who do not have Medicaid, e.g., private insurance, are being turned away from the Crisis Center and sent to Munson ER for pre-screening. They are then forced to face a horrible process within D6. Dr. Cummins shared that the next phase of operations at the GTMHCAC is slated to include crisis residential beds, which will fill key gaps in service.

**Patient Portals:**

There were negative comments regarding the patient portal. At this point, the portal does not seem to be comprehensive enough or stay up to date. The consumers would like to see their medications and treatment plans readily available to them or their guardians.

**GTI:**

There were several comments in person and written regarding the partnership between NLCMHA and GTI. Several of these comments expressed concerns about funding being cut from NLCMHA and GTI. It was stated that GTI provides a pivotal role in consumers and their family's lives. The consumers learn many valuable skills from GTI and they "desperately need GTI to stay open".

Dr. Cummins responded that the relationship with GTI has not changed, and funding has not been cut. A staff member of GTI also commented that people advocating for GTI with legislators to please include personal stories and thanked those who have been advocating.

**Assessment & Training:**

Ms. Longstreet gave an update on several clinical department(s). Crisis and Access teams are now cross trained, to reduce the needs for any handoffs. The goal in doing that is to provide same day assessment as needed. Ms. Longstreet clarified that the staff layoffs were due to the cost containment and not the merger. She also clarified that anyone of any age can be assessed for autism. Ms. Longstreet was asked about caseloads, and she responded that on average, ACT workers have 10 cases per full-time staff, and Case Manager's average 45-50.

**Crisis:**

There was a written comment concerning how loved ones of an individual can intervene with treatment. Does NLCMHA have a trained interventionist and access to a psychiatrist and therapist? The Walmart stabber was brought up as an example for this point.

**Layoff Effects:**

There were comments about the staff layoffs and the effects that it has had on the consumers. One commenter mentioned that a consumer's case manager changed, and they were never made aware until weeks later.

Dr. Cummins encouraged concerned consumers to contact Customer Service or the Office of Recipient Rights if they are not being provided their agreed upon services.

**Cost Containment:**

An attendee commented about the rent that NLCMHA is paying Munson for the GTMHCAC. Feels that Northern Lakes is getting the short end of the deal. That amount is about \$500,000 a year, which could be going towards more staff members to provide services. Dr. Cummins asked the commenter to send him an email regarding this topic.

**New CEO**

An attendee from GTI commented that they would like to encourage the board to select a new CEO who will do the following:

- Commit to building strong, collaborative partnerships with providers like GTI.

- Actively advocate for services and programs for individuals with IDD—ensuring they remain a top priority in planning and budgeting.
- Champion these services not only within CMH, but also with legislators, state leaders, and community partners.
- Dedicated to listening to individuals and families and keeping their voices at the center of decision-making.
- Transparent and consistent in communication, engaging providers in problem-solving and long-term planning.
- Focus on building and supporting the internal case management team that serves the IDD population.
- Committed to ensuring equity in funding and attention, so the IDD population does not fall behind other service areas.

### **Transportation:**

It was mentioned that considerations regarding transportation are not being fully recognized. There may be some under heavy medications or have a disability and cannot navigate a bus system to get an appointment. As a result, they may miss out on treatment. There needs to be a solution to this. It appears some in those circumstances, with no support to drive them, may fall through the cracks.

A Roscommon transit authority staff member commented that most counties in MI have mobility manager's that will cross county lines. However, transportation is lacking in rural areas. Mobility managers are supposed to be promoting transportation from all different vendors, not just buses.

### **Closing:**

In response to a question "what a good item would be to address with state representatives?", Dr. Cummins stated, to advocate for more funding. A Board member also responded that the mental health organizations cannot afford any more cuts in this state.

Dr. Cummins acknowledged the concerns presented in the audience and answered accordingly. He and the leadership team will look at these issues, brainstorm and find solutions to the best of their ability.

Respectfully Submitted,

Stacy Maiville

Executive Administrator