



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

Public Hearing Minutes

July 25, 2022

3:00 PM & 5:00 PM

August 1, 2022

ATTENDANCE:

Northern Lakes Community Mental Health Authority Public Hearing virtual and in-person meeting. Joanie Blamer called the meeting to order at 3:00 p.m. & at 5:00 p.m.

Public Present: Donna Norkoli, Jane Sundmacher, Paula Smith, Jim Moore, Sharon Vreeland, Doreen Lanc, Terri Lacroix-Kelty, Sara Shields, Erin Brotherton, Angela Linseman, Pennie Foster-Fishman, Joe Brooks, Shellon, Fay Killingsworth, Stacey Gedeon, Tracy Trasky, Micah Haven, Krystina Chimoski, Marilyn Madison (this is staff), Brandie Sigler, Debbie Daly, Jennifer Brown, Mardi Link, Sallie Krepps, Kim Silbor (this is staff), Cindy Evans, Bonnie Zabel, Jo, North Arrow, Doreen, Pamela Harris Kaiser, Darden Chaka, Tracy Trasky, Susan Onan-Swa, , Darlene Buchner, Mary Bath Chaplin, Rob Hentschel, Mike Shea, Jimmy Argle, Darlene Buchner (staff), Heather Pineda, Bryce Hundle, Krystina Chimoski, Marla, Deb, Amy Johnson, Debbie, Susan Wilson, Ed, CCHHS

Board Members Present: Pam Babcock and Andy (Cadillac); Mary Marois (virtual); Rose Denny (virtual); Barb Selesky (Grayling), Dan DeKorse (TC), Penny Morris (TC), Al Cambridge (HL)

Staff Present: Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Tracy Andrews, Director of Integrated and Managed Health Services; Carrie Gray, Chief Population Officer for Individuals with IDD; Matt Leiter, Human Resource Director; Brian Newcomb, Recipient Rights Director; Kari Barker, Quality and Compliance Director; Dan Mauk, Chief Information Officer; Darryl Washington, Long-term Care and Supports Director; Alyssa Hansen, Aaron Fader, Kristen McLeod, Michelle Dosch, Jessica Williams, Bobbi Hudson, Teri Dougherty, Alyssa Heider, Hilary Rapphun, Leah Tvardek, Elizabeth Stier, Gina Schlegel, Jennifer Hemmes, Dean Baldwin, Jeremiah Williams, Ann Ketchum, Aimee Horton-Johnson, Rob Palmer, Sheryl Dey, Mats Andtbacka, Andrera Weiss, Andrew Waite, Amy Johnson, C, Amanda Ritchie, Chris Biggar, Jim Benson, Kellee Hoag, Kristin McLeod, Scott Legleitner, Jeremiah Williams, Deb Freed

1. WELCOME:

Interim CEO, Joanie Blamer, reviewed the agenda and thanked the staff, facilitators, and public for being present.

2. FINANCIAL UPDATE:

CFO, Lauri Fisher, spoke about funds received by NLCMHA in support of the Medicaid billing for behavioral health. State and Local funds for required match and uninsured individuals, contracts, grants, home health operations and our Northern Health Care Management division providing home and community-based waiver services. The CFO also displayed and reviewed expenditures by source of funds. Lauri Identified service units and dollars for Medicaid behavioral health services. Presented the challenges and opportunities of the 2023 fiscal year such as, Medicaid redeterminations and spend downs and the expiration of some services being provided virtually. Opportunities include more grants and appropriations being available. Recruitment and retainment of employees is also vital to the success of being a healthcare provider.

3. NEEDS AND GAPS:

Participants were divided into breakout sessions to discuss the needs and gaps of the community. Groups worked off an interactive or physical sheet to discuss their thoughts. The following items were identified:

- More housing options for those with IDD
- Enough beds to avoid ER boarding and meet the needs of people requiring inpatient care
- Too long of wait to get in for an appointment
- Lack of integrated care
- Support from PCP for mental health
- Marketing and awareness about services offered
- Social media presence and positive NLCMH stories
- Underutilization of children's services
- Underutilization of Integrated health clinic
- NLCMH services in schools
- Clear definition of what qualifying care is
- Inaccessibility of services to those with private insurance
- Assistance getting consumers in AFC out to workshops
- Communication and coordination between CMH and facilities like Mid MI Health to help shared patient population
- Specialized residential providers
- Lack of staffing
- Too low of wages for employees
- Need for employee recognition
- Lack of employee health and wellness initiative within the agency
- Lack of transportation for consumers to appointments
- More satisfied consumer base
- Lack of Respite services and providers
- Lack of crisis providers
- Need for IDD mild to moderate services
- Clarification, transparency, and communication from Northern Lakes to the community
- Need for a point person to speak with providers on behalf of Northern Lakes.
- Lack of crisis respite beds for those with IDD, hospital has no capacity for those with IDD and no economical way to help an individual with IDD.
- Affordable housing opportunities for all individuals
- Housing opportunities for those with IDD

- Affordable childcare
- Medication or PCP denials
- Lack of walk-in services
- Resources for learning disabilities
- Better OBRA services
- Wraparound services
- Support animal services
- Help finding a provider
- Meal assistance for community members
- Errand running assistance
- Reduce stigma and create a culture of gentleness
- Lack of accountability
- Service providers afraid of retaliation
- Need for a robust mobile crisis team to avoid incarceration
- Direct line for crisis needed and clarification as to how the agency directs crisis calls
- Agency employees feel as though they cannot speak freely regarding issues
- Stabilization center needed with beds and chairs, direct medical involvement with Munson for all ages
- Need an autism center for centralized services for adults with autism
- Increased wages for DCW
- More crisis and suicide prevention training for gatekeepers
- Clear line of communication for Crisis services 24/7
- Respite and CLS workers/staff-no contracting agency, need to find own workers
- Grayling does not have staff to support the Grayling area
- Insufficient services for mild-moderate MI population
- Services offered to school-age children
- Lack of inpatient availability for those in crisis
- Challenge around the use of a virtual screening process if someone is suicidal it doesn't assess risk level as adequate as in-person
- Lack of leadership to solve community partnership issues
- Lengthy waitlist for psychiatrists (6+ months)
- Misinterpretation of services and policies that can and should be provided/funded for the plan
- Support for those with substance abuse
- Misunderstanding of what services CMH can provide
- Medicaid is too complex - recipients need a resource to help with understanding what they qualify for and who will provide it
- Support for friends/families
- Suicide prevention support
- Youth support groups
- Need more opportunities to connect in rural areas
- Staffing support for AFC homes
- Eldercare – nursing homes and facilities are limited capacity
- Length of time for autism diagnosis – up to 1 year
- Case managers for autism – new case workers lack understanding of diagnosis, services, and processing
- Self-determination arrangements
- Lack of person-centered planning
- Bedside manners from staff to consumers and their families
- Footprints in time funding
- Consumer program Cadillac/Lake City

- Inpatient beds
- Need for training ER providers for managing mental health crisis patients
- Make Recipient Rights training available for consumers
- Focus on effective communication for at risk populations on the clinical side

4. CATEGORIZATION:

Participants were divided into breakout sessions to discuss the categories of the needs and gaps identified. Groups worked off an interactive or physical sheet to discuss their thoughts. The following items were identified:

- Access, Autism/ABA Service Providers, Children/Families
- Crisis Intervention/Services
- Crisis Residential (youth/adult)
- Crisis Respite Providers
- Housing
- Inpatient/Psychiatric care
- Integrated Care
- Jail Diversion
- Jail Services
- Local On-Call Crisis Center
- Marketing/Community Awareness
- Mild/Moderate Population
- Office Environment
- Partnering with Community Members
- Prevention Services
- Respite Providers
- Other
- Staffing Shortage
- Veteran's Services
- Substance Abuse Treatment
- Therapy
- Transportation

WHAT SUCCESS LOOKS LIKE:

Participants were divided into breakout sessions to discuss what success looks like. Groups worked off an interactive or physical sheet to discuss their thoughts. The following items were identified:

- Filled staffing vacancies, (Home Providers) enough staff to transport consumers to outings and workshops regularly
- Stable workforce - better pay and benefits offered
- Better options and incentives for night providers
- Staff appreciation and work/life balance
- Less staff turnover, more training case managers that are more familiar with services - across all counties, more job coaching
- Whistle blowing policies/protection for staff who report things
- A vehicle whereby employees can speak freely without fear of retaliation
- Faster turnaround time on autism diagnosis, recruit internal employee to provide testing/diagnosis, to establish appropriate workload to allow for faster diagnosis turnaround
- Competitive wages offered to staff of NLCMHA
- More childcare providers

- Agency communication to the community and recipients, procedures and policies clarified
- Affordable housing -affordable housing for anyone who needs it. Housing vouchers increased to the rate of actual housing options. Eligibility for available housing grants opened up. More temporary housing options to provide shelter for the homeless. More living wage jobs. More assistance for people wanting to work, with transportation, hygiene, clothing, etc...
- More responsive case managers to the different needs of clients, case managers more familiar with local resources, increased understanding of process
- Community awareness- helping people to understand the resources that CMH provides
- Mild to moderate and direct care coverage,
- Increase direct medical involvement with Munson for all ages.
- School-based support and increase support within the schools.
- Prevent intervention by law enforcement
- More surveys, offer opportunities for community and consumer feedback
- Increase accessibility to VA's, helping Vets get support and aware of resources available to them
- More support and understanding while receiving housing vouchers
- Qualified cooperative partners working to solve the problems. Knowledge that Medicaid will provide transportation to medical/behavioral therapy appointments.
- Reduced stigma for mental health issues
- Increased CLS and in-home family supports to allow individuals with IDD to live at home
- See that the community is aware CMH is the go-to for mental health issues. No wrong door-everyone is welcome-level of severity and any insurance welcomed.
- Refer and connect people to the resources available.
- Raise wages and increase marketing and advertisements. Reconsideration of the jobs and roles to allow for more flexibility and work-family balance. Increase gratitude and public recognition of mental health staff
- Working with state representatives to get funding for those with mild to moderate. Increase in general funds for those. Ultimately being able to serve all who need services
- A strong respite program with providers who would come into the home and stay more than one day
- Munson to open up wing for those with IDD in crisis
- Adequate time to put measures in place from a direct source. A meeting to receive updates
- Eliminate or change the verbiage of assigning percentages to a consumer's "Performance"
- Acute response centers. Ease of contact for crisis hotlines. Written process for all involved
- More compassionate community
- Stabilization
- Co-occurring groups would be available to the service area, more frequent meetings, more rehab treatment centers locally (Cadillac), openings available-eliminate wait lists, NARCAM available/educational info regarding how to administer (CMH community session)
- Wider array of living options available, (based on personalities, individual's desire, services offered/needed)
- Option for consumers to stay in the community (near family/friends/familiarity) versus having to move

- Housing/village community with several levels of needs - including work/employment options either on premises or nearby
- Serving the mild to moderate
- More jail diversion assistance- Individual dispatched to intervene for a person with mental health needs to avoid incarceration
- When our community has a place to call locally and in rural areas
- Expand our FAST services
- Good crisis intervention
- Support for families of individuals that have completed suicide
- Keep the agency together, it is in the best interest of the communities and consumers to have a system of 6 counties
- NLCMHA have a 20 year anniversary in 2023

5. WHO NEEDS TO BE INVOLVED & STEPS TO TAKE:

Participants were divided into breakout sessions to discuss what steps to take and who needs to be involved in order to achieve the success desired. Groups worked off an interactive or physical sheet to discuss their thoughts. The following items were identified:

Who Needs to Be Involved:

Local hospitals, area schools, DHHS , CMH , NMRE, ARC of MI, ATS, Catholic Human Services, Child & Family Services, law enforcement, advocates. NEMCSA, community organizations, NW Michigan Housing Coalition and their partners, builders/contractors, local and regional governments, Legislators, NMCAA, local businesses, GT County, surrounding counties, Chamber of Commerce, NAMI, Case Managers, NLCMHA staff and management, advocacy groups and providers, Psychologists, Physicians, Caretakers, Outpatient mental health providers

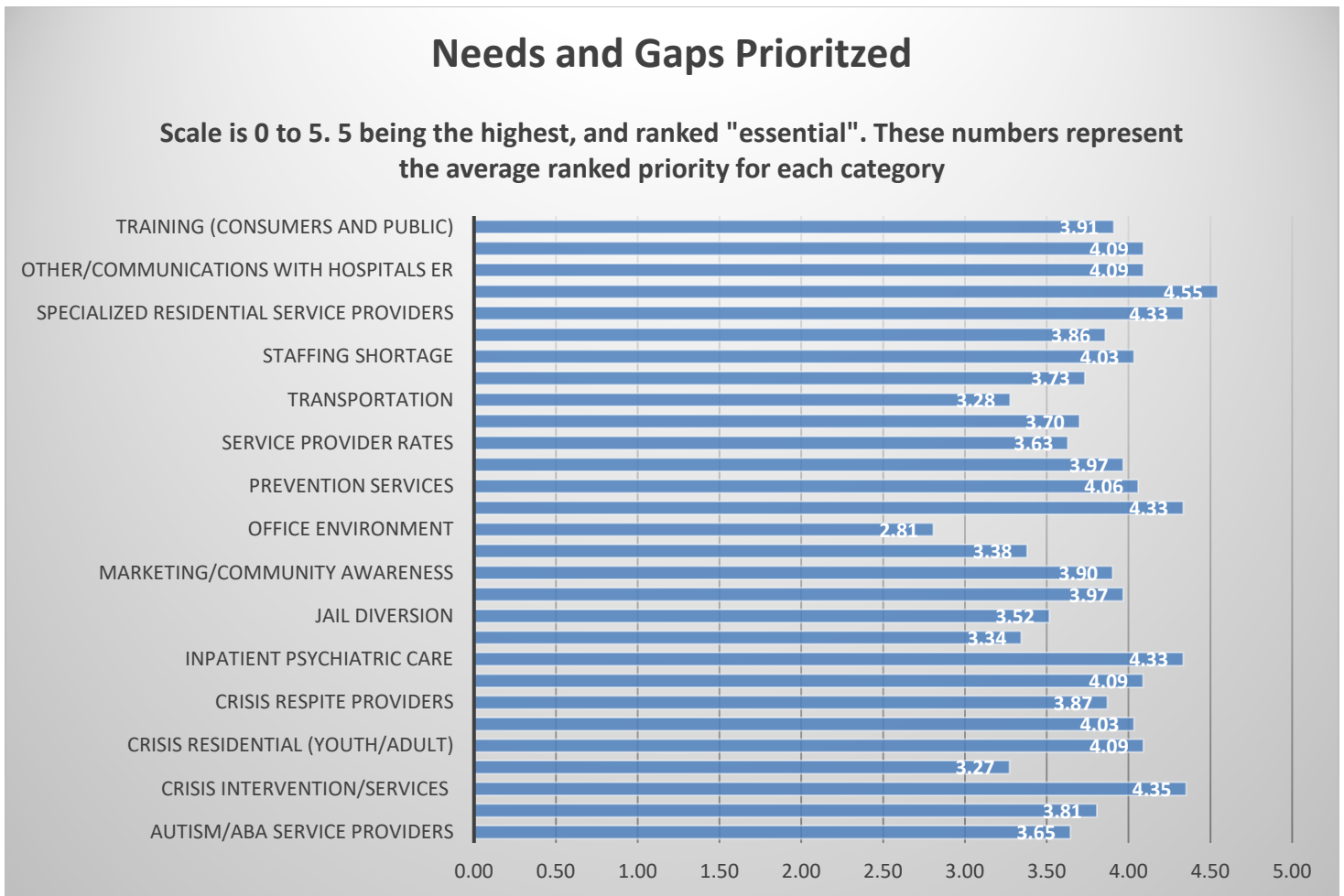
What Steps to Take:

- Families and consumer input
- Monitor the effectiveness of mobile crisis unit
- More active and effective use of social media
- CMH leadership needs to dedicate themselves to promoting NLCMHA
- Start media calendar for the year of goals and promotions
- Hire public relations firm to help counter the negativity, partners/providers/clients to help tell their story (personal/professional testimonials)
- Legislative action for reimbursement rates/staff rates
- Have the community partners evaluate needs for their area of expertise and decide who should be doing what to provide services of value
- Professional development to the teachers about how to identify children at risk. Mental health/first aid training for teachers. Parents would be a critical stakeholder to engage in this role.
- Local advocacy for affordable housing - county commissioners, city and township boards. Seek funding at the state and federal levels. Community education and more pressure from the community on their local politicians to support people in need of housing. Community resource providers need to be involved and providing community workshops.
- NLCMH provides a living wage and make employees happier where they're working.
- Continue funding that has been passed through providers from Covid relief funds. Obtain additional funds to allow the continuum of reimbursement for indirect costs.

- Hear from IDD team and being briefed on progress and provide input. More advance notice and sharing all available information in a timely way.
- Create Transportation committee to provide a voice.
- Contract with BATA or taxi service specific to home provider to help transport consumers to workshops - utilizing students and working with local universities and colleges - advertising the benefits of the job
- Advocating with legislature - mentoring program for new potential childcare owners to help educate them on the steps to open a new facility- tax advantages - utilizing students and working with local universities and colleges
- Increase training for case managers
- CMH to create documentation and share info about services with providers, Quarterly meetings, newsletters, updated, communication to behavioral health and then disseminated to public

6. PRIORITIZING SURVEY:

The attendees were asked to take a survey about prioritizing their Needs and Gaps. The survey asked the attendees to rank the different the categories identified based on their priority level of either; Optional, Low, Medium, High, and Essential. Below are the results of the survey.



CLOSING:

Joanie thanked all for participating and attending.

Joanie stated your participation today has provided us with information to complete our MDHHS needs assessment as well as our annual planning.

Meeting adjourned at 5:05 p.m. & 6:50p.m.

Respectfully Submitted,

Stacy Maiville
Executive Secretary