



Community

MENTAL HEALTH
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COMMUNITY ACCESS COMMITTEE "HYBRID" MEETING MINUTES

812 E. Jolly Road, Lansing, MI, 48910

Monday, July 22, 2024 at 5:30 p.m.

Committee Members Present

Dianne Holman, Chair, Jason White, Vice-Chair, Al Platt

Committee Members Observing via Zoom

Paul Palmer, at his residence in Lansing, MI

Excused

Paula Yensen

Other Board Present

None

Other Board Present via. Zoom

Dwight Washington

Staff Present

Sara Lurie, Elise Magen

Staff attending via Zoom

Kristy Medes, Emily Wollner

Staff Excused

None

Public Present (Via Zoom)

None

Call to Order:

The meeting was called to order by Dianne Holman, Committee Chair at 5:30 pm.

Previous Meeting Minutes

ACTION:

MOVED by Al Platt and SUPPORTED by Jason White to adopt the meeting minutes of January 22, 2024 and June 3, 2024 as written.

MOTION CARRIED unanimously.

Adoption of Agenda

ACTION:

MOVED by Jason White and SUPPORTED by Al Platt to adopt the meeting Agenda of July 22, 2024 as written.

MOTION CARRIED unanimously.

Public Comment on Agenda Items

None

BUSINESS ITEMS

Access Center Data

Kristy Medes, QCSRR Supervisor, presented the updated Access Data Dashboard. The dashboard includes FY comparisons of inquiries completed, intakes scheduled, calls answered live, call volume, SUD pre-screens, and care coordination.

Access utilizes ProtoCall as an after-hours resource for incoming calls. Routine calls received by ProtoCall go into a call log and Access returns the calls the following morning. Crisis calls received by ProtoCall are transferred to CMHA-CEI's internal 24/7 Crisis Services number.

SUD Pre-Screen – FY Comparison (page 18 of packet): ITRS Outpatient opened in May of FY21, which is then followed by an increase in the SUD pre-screenings completed in subsequent months. This report shows the number of SUD pre-screens that Access completed and passed onto ITRS.

Other Data – Care Coordination (pages 20-23 of packet): Access started tracking fax

referrals from community partners in Q4 of FY22. In the first three quarters of FY24 referrals are already close to the total FY23 number. Kristy noted that they feel this shows that the referral process is going well and that community providers increasingly see CMHA-CEI as a resource. As the referral process has been developed, part of the process now is to follow-up with the referring provider to close the loop and let them know that their referral went through and if the referred individual is starting services. When a provider faxes in a referral, Access then calls the client back for screening.

Dianne questioned if Access can determine how many care coordination referrals are received for individuals who are completely new to CMHA-CEI. Kristy indicated that about 10% of the received referrals are reported to be open to a therapist already, but that Access can dig into the data further see how many referrals are new people vs. how many had already been connected. Paul agreed this would be a good thing to see. Dianne noted that any data that shows how people not connected to CMHA-CEI are getting connected would be good to see. Sara added that the care coordination process utilized by Access currently is very different from previous processes and is a big improvement in making it easier for individuals to get connected.

Inquiries Completed (page 14 of packet): Sara noted that it is interesting to see that FY22 numbers were so high and that this seems like it was a rebound year from the pandemic. Additionally, the lowest year was FY19 which demonstrates the overall increase in inquiries Access continues to see in FY24. The Intakes Scheduled report (page 15 of packet) follows a similar trend.

Calls Answered Live (page 16 of packet): This is a metric included in the strategic plan, with the goal to increase calls answered live by 10%. Access is already seeing an increase of 6.4% from FY23 to FY24. Sara questioned if 988 is resulting in more or less calls to Access. Kristy noted that they have had zero referrals from 988 to CMHA-CEI. In following up with MiCal, they asked them about which communities they see high utilization of 988 in and MiCal reported that communities with higher utilization don't have an established Crisis Services system compared to the Crisis Services system we have in Lansing.

Dianne questioned if there is a way to measure "non-events" like people who aren't connecting with CMHA-CEI. Kristy agreed that it can be hard to know who we're missing and in looking at some of Care Coordination data they can see some of that by looking at the number of people who were referred by providers, but who didn't respond to follow-up calls from Access or where the family didn't engage. Elise noted that the next Needs Assessment will include data to look at CMHA-CEI's penetration rate, comparing that rate to other CMHs, and also utilizing that data to look at disparities in specific populations.

Performance Improvement Plan – Access and Reduction of Disparities

Elise Magen, QCSRR Director, reviewed the Performance Improvement Project (PIP) Overview handout included in the Community Access Meeting packet. The PIP is region-wide and covers calendar years 2022-2024 with baseline data gathered from calendar year 2021. Final data from each year will be submitted to MDHHS by MSHN by June 30, 2025.

The PIP data is tracking how many individuals seeking services who complete an initial assessment and qualify for services continue on to start receiving services. Data for a number of different races was reviewed initially in the PIP and then the region focused on the disparity between White and Black/African American populations. After reviewing the baseline data from 2021, MSHN regional committees brainstormed intervention ideas that CMHs were to implement to work toward decreasing the disparity. Calendar year 2023 was recently released by MSHN. The combined MSHN region saw a reduction in the disparity, but also a reduction overall in how many people started services after assessment. CMHA-CEI saw both a decrease in the disparity and an increase in the percentage of those who started services after assessment. CMHA-CEI was the only CMH that improved on the PIP from calendar year 2021 to 2023.

Elise reviewed interventions completed by CMHA-CEI to increase access to services including adding additional access and assessment staff and hiring more therapists who provide services. They track data about appointments not available within 14-days and have seen that decrease from 29% to 18%. Barriers still also exist including stigma, transportation, ongoing staffing issues, increased paperwork demands, and a high number of no show appointments.

Dianne asked if the percentage in the 60s for calendar year 2023 is still lower than we would like to see. Elise confirmed that although these percentages have increased from 2021, they are still lower than they would like to see and work is ongoing to work toward increasing the overall rates and further reducing disparities.

Dwight commented that he appreciates this report and that it brings a lot of insight to see objective data. There is a significant increase in those starting services after assessment and he wondered if that group of people are accessible to ask questions about their experience and provide more information about their experience starting services. Elise noted that they can dig into the data further to learn more about which individuals started services in the last year to consider possible ways

to get feedback. Dwight also suggested that it could be interesting to see the PIP data broken down by age to see a comparison between different age groups. Elise confirmed that this is something they would have the ability to do and could bring to a future meeting.

UNFINISHED BUSINESS

None

NEW BUSINESS

None

Public Comment

None

Adjournment

The meeting was adjourned at 6:17 pm. The next regular meeting is scheduled for Monday, September 23, 2024 at 5:30 p.m., Atrium, 812 E. Jolly Road, Lansing, MI.

Minutes submitted by:

Emily Wollner
QCSRR Administrative Assistant