



Community

MENTAL HEALTH
CLINTON • EATON • INGHAM

COMMUNITY ACCESS COMMITTEE “HYBRID” MEETING MINUTES

812 E. Jolly Road, G11-C, Lansing, MI, 48910

Monday, July 27th, 2026 at 5:30 p.m.

Committee Members Present

Lisa Alicia, Dianne Holman, Chair, Jason White, Vice-Chair, Al Way

Committee Members Observing via Zoom

None

Excused

Paula Yenson

Other Board Present

None

Other Board Present (via Zoom)

None

Staff Present

Sara Lurie, Elise Magen, Gwenda Summers

Staff Present (via Zoom)

Brandon Dotson, Tim Teed, Emily Wollner,

Staff Excused

Emily Wollner

Public Present

None

Public Present (via Zoom)

None

Call to Order:

The meeting was called to order by Dianne Holman at 5:31pm.

Previous Meeting Minutes

ACTION:

MOVED by Jason White and SUPPORTED by Lisa Alicea to adopt the meeting minutes of June 1, 2026 as written.

MOTION CARRIED unanimously.

Adoption of Agenda

ACTION:

MOVED by Jason White and SUPPORTED by Lisa Alicea to adopt the meeting Agenda of July 27, 2026 as written.

MOTION CARRIED unanimously.

Public Comment on Agenda Items

None

BUSINESS ITEMS

Website Data

Brandon Dotson, Chief Information Officer, attended to review the most updated data received related to the updated CMHA-CEI website. The summary report he reviewed covered January – June of 2026 and included website metrics, traffic acquisition, and top pages by views.

The website data can help determine whether patients are finding information about the agency where they need to and also provide insight on how people are finding us. We can see referral traffic and look further into whether community partners are helping drive traffic. The data can also show us what search terms people are using to find the website. Top page views can help show where people spend the most time on the website and what they are looking for. Using this data can help tailor the website to further meet the needs of the agency and the community.

Dianne asked whether the website is the best source of information for people looking for services. Brandon noted that it is a resource, but other sources are also important, including social media and in-person connections.

Al asked whether we can see specifically where people are accessing the website from, down to the county or neighborhood level. Brandon said not yet, but that this would be helpful data and that he can request it and work with the vendor to access it.

Dianne noted that starting services and accessing services for the first time can be complicated and difficult, and the website is likely a place people go for that information. She thinks the “start here” information could be more prominent on the home page. Brandon noted that the website workgroup will review that feedback as they consider ongoing updates.

Psychiatric Inpatient Hospital Data

Tim Teed, Utilization Management (UM) Coordinator, presented data to give insight into hospitalization during FY26 Q2. Overall, hospital numbers have increased. It is incumbent in UM to track hospital diversion data going forward and the data will be helpful when reviewing the effectiveness of the new CSU at decreasing inpatient hospitalization stays.

The data reviewed included the following:

- Adolescent Medicaid and Indigent IP Admits
- Adolescent Medicaid and indigent Average Length of Stay
- Adolescent CRU and Partial Hospitalization Stays
- Adolescent Stays from FY23 through FY26 Q2

If the final quarters trend in the same way, they anticipate a 21% increase in IP admissions this FY. Gwenda noted that this also aligns with the total number of children served. The percentage of children screened, which can provide a more balanced view, is more consistent than the total number. Al asked why there has been an overall increase. Gwenda noted that some changes in the world have led to increases, and CCBHC has also opened the doors wider. Mobile Crisis brings in different people, and there is higher awareness of available services through promotion, social media, etc. Private insurance clients who have started services have had a higher level of need than anticipated; they thought they would primarily have mild/moderate needs.

Tim also noted that one unit of two CRU units in the state closed, so there is now access to only one unit. This explains the drop in CRU admissions in FY25 and so far in FY26.

- Adult Medicaid and Indigent IP Admits
- Adult Medicaid and Indigent Average Length of Stay
- Adult IP Admissions from for Q1 and Q2 from FY22-FY26
- Adult Medicaid and Indigent PHP Admits

- Adult Medicaid and Indigent PHP Average Length of Stay
- Adult Medicaid and Indigent CRU Admits

LOS is fairly consistent with previous years. Some hospitals do tend to keep people longer than others due to doctor preferences, medication regimens, etc., which can influence this. Al noted that it might be helpful to see total admissions and length of stay together for easier comparison.

Some individuals start as indigent, but many get Medicaid during admission or after. Some remain indigent, and those stays are paid out of the General Fund.

Placement options can be limited for people with high acuity or high medical needs. This does seem to have improved, although this is anecdotal. They have access to more hospitals than ever before, and a number of them are expanding, opening new locations, etc. Individuals still sometimes end up waiting a long time.

Lisa noted that it will be interesting to see how numbers look a year from now with the CCC opening and the new CSUs.

Disparity Data

Elise Magen share disparity data from two performance improvement projects (PIPs) CMHA-CEI has been working on with the MSHN region.

PIP 1: Identified a base year and target years. As of CY25, the disparity between the two populations has been statistically eliminated. The focus was on ensuring everyone was getting in timely and then focusing on specific populations. Transportation has become more accessible by adding it as a service provided by peers/MHT and increasing access to bus passes.

PIP 2: Reviewed penetration rate data, including total enrollees and total served. Penetration rates have increased overall, and the disparity percentage has decreased. We also have access to data specifically for CMHA-CEI that can be shared with the committee.

UNFINISHED BUSINESS

None

Public Comment

None

Other

Sara had an elected officials meeting today and discussed the upcoming HR1 changes. Without intervention at the state level, including more General Fund support and higher Medicaid rates, CMHs could be in a difficult situation and be forced to prioritize higher-need individuals and close our doors to others. Knowing where we are spending more General Fund dollars is part of planning. CMHA-CEI has worked hard to open our doors and build those services.

Adjournment

The meeting was adjourned at 6:21 pm. The next regular meeting is scheduled for Monday, September 28, 2026 at 5:30 p.m., G11-C, 812 E. Jolly Road, and Lansing, MI.

Minutes submitted by:

Emily Wollner

QCSRR Administrative Assistant

