

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Agenda for Forums Held in Iron Mountain, Marquette, Sault Sainte Marie, Ironwood
and Hancock
5:30 PM -7 PM EST

- I. Introduction of the NorthCare Staff
Introduction of the audience/brief statement about why you are here
- II. Explanation of the Application for Renewal and Recommitment and our role managing the Medicaid dollars for Specialty Mental Health and Medicaid Substance Abuse Services
- III. All services are focused through the lens of Recovery
 1. Individuals with Serious Mental Illness, Serious Emotional Disturbance, Developmental Disabilities, Co-occurring Disorders, and Coordinating Agency Substance Abuse Services
- IV. Mandates to assure quality
 1. Performance Measures
 2. Performance Improvement Projects(PIP)
 3. Audits
- V. Consumer Involvement - Membership on:
 1. Performance Improvement Project (PIP) teams
 2. Quality Improvement Council
 3. Customer Services
 4. Work teams for special projects like Supported Employment and Co-occurring Disorders
 5. Consumer initiatives –Drop Ins, annual conference, Peer Support Specialists

Five public forums were held across the Upper Peninsula in October and November 2008 to learn from the community their concerns and hopes for community mental health in the next five years. NorthCare stressed throughout each of the public forums the importance of community input and offered many ways stakeholders from our communities can be involved in NorthCare's work. There are numerous committees, at NorthCare and you local CMHSP that are always looking for involvement from consumers, family members, and other stakeholders. For example: Customer Services Committee, Performance Improvement Project teams, local customer services committee, practices improvement leadership team. If you are interested in learning more about any of these committees, please contact NorthCare.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Iron Mountain, Iron Mountain High School - October 29, 2008

Handouts Available: Agenda for tonight's Forum, NorthCare Handbook, WRAP Brochure, Independent Facilitation Brochure, PowerPoint presentation outlining the ARR draft document; list of Websites; and Pieces of Recovery Handout.

All attendees were provided NorthCare's web site, www.northcare-up.org and informed that the ARR materials received to date are posted there and future documentation and the final application will be posted at our web site. This question and answer and comment document is posted at the website as well.

Ten attendees represented: Peer Support Specialists, Consumers, Board Members, CMHSP CEO, Recipient Rights Committee Member, Group Home Staff, and Project Parenting Time.

Reasons for their attendance included: Was asked to attend; run NAMI support groups; to listen and learn; trying to get children the custody rights they have through the courts. One participant is looking to incorporate a standard operating procedure for when a child is denied their court ordered rights. The participant elaborated, "I'm all about policy and procedure because no employee can be assured to do anything if it isn't actually on their job descriptions. Reporting of abuse and neglect is not in the job descriptions [of CMHSP staff]. I am looking for changes in the contract because you can't get these people to do much outside of the contract. If we get it in the contract we'll have some recourse if they don't do it."

Questions/Comments from Attendees:

Q. Is this 5 year plan just for the UP or when you send down state will they incorporate our plan with the state's plan?

A. Our response will be just for the UP. Our responses will serve as our commitment for the next 5 years.

Q. We, does that mean all 5 CMHs or are you going to do what you want? Where is the draft, are people going to have input?

A. NorthCare has not received the final application yet. We don't know when we will get it. We will solicit input from the CMH and stakeholders as we work on it. We will also take written comment.

Q. You mentioned families involvement with kids, does that include the broken family

A. NorthCare provides no clinical services, however we do monitor to ensure that a family focused treatment plan is developed; you immediately run into who has legal authority over the child and who is legally able to address the services and supports for the child. We can give you a copy of the MDCH family centered plan guideline.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

- Q. You keep saying that NC doesn't provide direct care but don't you coordinate across all CMHSPs to make sure services are the same?
- A. NorthCare as the Managed Care Organization is responsible to monitor services across the region. We work with the local CMHs to ensure consistent practices; NC does hold the CMHs responsible at their county level for family centered planning.
- We have five group homes for people with developmental disabilities including non-verbal and non-ambulatory residents. Some of the things we see as disadvantages are: The pay scales; it is hard to keep competent resident care workers. Dental care (for consumers) is another big thing. Sometimes it is not just routine maintenance. Another thing we see is that they have four homes – some with Pathways consumers and some with Northpointe consumers. We see a lot of differences among the CMHs. They make sure the residents are taken care of and that they get the paper work in. Documentation is astronomical everything from billing to documenting on resident care. We provide a lot of personal care. We attend a conference every year in May. It seems a lot of things we are doing in the UP they are not doing down state. This is a positive note. A lot of the same problems here are down state like employee retention. The public perception of residents has gotten a lot better.
 - Mental Health is in the right direction that knowledge is power. Getting the community to understand mental illness has been very helpful. Radio and TV Ad s are a big push.
 - NorthCare shared the progress with an electronic medical record and asked if they felt this would benefit the residential system. A residential care representative stated that one difficulty is that the Internet access is too expensive; they have tried to secure access and it is so difficult they gave up. We need to be very aware that there are providers in rural areas that need help getting internet access. There may be opportunity for grant funding to assist rural residential providers in obtaining Internet access.
 - The recovery concept – Wellness Recovery Action Plan (WRAP) is the way. Hoping for more WRAP training for Northpointe. Bring recovery training to the UP. There is a need for a good definition of recovery to be a part of this plan - have seen numerous definitions.
 - Some consumers are not participating in WRAP because they are worried about losing their benefits.
 - I just wonder if some of the programs like WRAP are available to people without Medicaid. Can the CMH open up support groups to people who don't have Medicaid but need the groups? Could the CMH help NAMI to do their groups like Family to Family? Some clinicians may be interested in helping the local NAMI groups get in the doors.
 - Board Member Don Johnson from the Pathways /NorthCare Board offered the following comments: I came tonight because I wanted to see what kind of comments we would be getting from the public forum. It is interesting to hear the local comments and issues. I am active on the state level and people need to understand that the Center for Medicare and Medicaid Services is changing because of the new administration in January. This is going to be a huge factor. There is a lot going on – Michigan it is stable; the current state government is against putting individuals with developmental disorders (DD) in nursing homes. On a federal level there is a movement to change from mental health controlling the DD services to moving it to

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

another dept. Politically, one rational is that nursing home concept gets more sympathy at the federal level. The counter argument is that 55 to 65 % of the Michigan State CMHSP budget is for services for individuals with developmental disorders. So it is a struggle and we cannot lose sight of the federal fight. There are new people coming in and new directions. The state associations are monitoring. Stupak controls the Medicaid dollars from his federal committee. When they sold the digital TV airwaves, that money went into Medicaid. We get so localized, it is a big federal \$ and 80% of our budgets are Medicaid dollars. I want you to know there are people listening and attempts to reduce some of the paperwork. There are people in society that will need help forever. People get so negative at times but we can't right now, we have to stay positive. Providing services for individuals with DD is expensive. Residential staff at \$10 an hour doesn't keep up.

- One attendee addressed a concern regarding someone she knows who is receiving mental health services. Staff in attendance provided some suggestions and offered to talk with her after the forum.
- The concern was brought up that most employees have mandatory reporting under the laws and the belief that it needs to be specified in job descriptions. The participant believes if it is in the job description as a condition of employment, it would tighten up reporting. NorthCare responded there are policies that establish definitions of when staff are required to report abuse and neglect. Further concerns brought up were the questions as to who establishes those definitions; are the definitions specified anywhere; and specifically what is the legal definition of child abuse? NorthCare reiterated there are policies based on the Michigan Compiled Laws and public administrative rules where the abuse and neglect are defined. The CMHSPs have the responsibility to train and report per numerous policies pertaining to recipient rights and licensing and credentialing policies.
- A participant expressed a belief that the working committees of NorthCare need to be reviewed by an attorney to establish whether or not a specific committee needs to comply with the Michigan Open Meetings Act. NorthCare explained that these particular forums are not meetings controlled by the Open Meetings Act as there was no governance or decision making going on at the meetings. Further, the Open Meetings Act does not apply to working committees of public agencies such as the Customer Services Committee that has consumer members and personal issues may be discussed at them. NorthCare encouraged the participant to pursue his own legal counsel on this issue if he was still concerned.
- After the above comment, one of the participants expressed the concern "I'm a consumer and I don't want my information being discussed at an open meeting."

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Marquette, Marquette Senior High School – October 30, 2008

Handouts Available: Agenda for tonight's Forum, NorthCare Handbook, WRAP Brochure, Independent Facilitation Brochure, PowerPoint presentation outlining the ARR draft document; list of Websites; Pieces of Recovery Handout, and an Evaluation Form for this Forum.

All attendees were provided NorthCare's web site, www.northcare-up.org and informed that the ARR materials received to date are posted there and future documentation and the final application will be posted at our web site. This question and answer and comment document is posted at the website as well.

Nine attendees represented: National Alliance on Mental Illness (NAMI), Marquette General Hospital (MGH), Upper Peninsula Health Plan (UPHP), WRAP Facilitators, Peer Support Specialists, Consumers, Project Parenting Time, active community volunteer and CMH retiree, and CMH.

Reasons for their attendance included:

- Participant who attended Northpointe meeting repeated comments about starting Project Parenting Time and the need for all policies created by CMHSP or the PIHP to be reviewed by an attorney.
- Have family members w/Serious Mental Illness
- Involved with NAMI for over 20 years
- Staff from MGH expressed concern with the growing gap between being able to qualify for services at Pathways and services provided at MGH. Also curious about the turnout and comments from this group in case there is anything they can do.
- Interested in learning about services and how to access them.
- Want to know why the chances are not very good for someone with OCD (Obsessive Compulsive Disorder) to receive mental health therapy from Pathways because it isn't a serious enough illness.
- Concern is there are many people who need help in our community and they are not qualifying for services. People will deteriorate without treatment and the community needs to manage that problem.

Questions/Comments from Attendees:

- Participant expressed the opinion that the courts are excluded from the loop with mental health services and the desire for better coordination. The belief that families dealing with separation are underserved was also expressed. This participant criticized NorthCare for how the forums were being conducted and expressed the opinion that too much technical information was being presented. The proposal was made to generate an electronic list serve to manage distributing all the information about PIHP activities and the CMHSPs.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

NorthCare explained material will be posted on their website and will be mailed to those parties who express an interest in continuing to be part of this dialogue.

- NorthCare explained there is a process for reviewing providers and exploring the unserved and underserved groups. NorthCare has learned we need to be looking at our aging population with Developmental Disorders and helping families plan; there will be a spike in the dementia population and we need to look forward and anticipate that area of need; and veterans and their families. Donna Kitrick of Pathways/ NorthCare added we are also looking at services for infants between zero and age three.
- A concern was expressed that the need for a competent work force should include contracted agency and homes. NorthCare explained that in our monitoring of our CMHs we look to see that their sub-contractors are trained and meeting necessary requirements. The participant expressed the concern that the aged individuals with mental illness and developmental disorders need consistency for trust building, etc. Therefore high staff turnover in the residential homes negatively affects the recovery process. If there is a profit to be made, that profit has to come from somewhere. Often, we see it in terms of benefits and salaries which lead to turnover in workers versus a wage that possibly allows them to stay for many years. Usually that is linked to a passion for the field that gets them over some of the discrepancies. That is something we would like to see CMHs include in discussions with contract providers.
- One of the Peer Support Specialists (PSS) attending reported one effective use of the PPS. When a PSS goes to the hospital with a consumer for the first time to alleviate the trauma of going to a psychiatric ward, it can be very effective.
- The two WRAP facilitators presented information on how they are documenting the workshops they are leading to gather information as to whether the evidence based practice is working. They are asking participants to do the pre and post surveys to help with that; to see evidence that it is working. As the week goes on, we hear them saying “I’m really glad I’m here, this really helped me.” Also to see people in two weeks, their hygiene is improving. Scruffy beards came in clean shaven, people were dressed up. It is great to see this miracle before us. One thing that happened today is we passed around a contact list and we asked to exchange phone numbers and contact information. One guy asked if it was o.k. to use this list to send Christmas cards to everyone. As he walked out the door he said “I could use this list for supporters”. He came upon that thought all by himself and whoa was that cool. I thank NorthCare for this opportunity to offer the WRAP program across the Upper Peninsula. The group we do is just unbelievable. I thank the group because I learn so much from them. This is a shared learning process. I just want to say thank you.
- One of the WRAP facilitators focused on the Consumer Run Drop In Centers and confusion around the criteria to be a member at a Drop IN. The confusion is that each Drop In across the state can set their membership rules. However, the Medicaid service is only billable for a person receiving services at the CMH. There are serious variances in the Drop Ins and in how effectively the CMHs work with the Drop In Directors and Drop In Boards. NorthCare thanked the PSS for adding the comment because we do need to do a fidelity study of the Drop Ins in our region. We need to help support people and to provide a better understanding about Drop Ins. We need to help to improve the Drop Ins to get

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

their wishes met. At the Practices Improvement Leadership Team we will be prioritizing the goals in the five year plan and working with the Drop Ins is one we hope to accomplish in the first two years.

- A member of NAMI is concerned about the trend to contract services outside of the CMHSP. Does that result in another level of bureaucracy for monitoring basic services? The other thing, when you are contracting with homes, is the training and paying of workers. Another area of concern is the continuum of care issues post discharge from the hospital. What services are there for people who are in between the hospital and the CMH who do not have family supports? They may be eligible for CMH supports but those are not always in place post hospital discharge. What about someone getting services who may have been trained to recognize their own decompensation. They might be able to stay out of the hospital with supports until they get over the suicidal thoughts or agitation. Locally in the UP this is an issue particularly because one or two hospitals are providing inpatient psychiatric care. In Marquette, there was a home called Crescent House that provided the in between care. Since its closure, NAMI has been concerned about this group. There has got to be a solution.
- One of the PSS commented that in WRAP there is the opportunity to write a post crisis plan for what help a person needs after hospitalization. This is written by the person when they are feeling well and what they want to see if they ever get hospitalized. Everyone that does a WRAP has the opportunity to write an advance directive. They have that post plan that is written out what they want to see after they get out of the hospital. They have their wishes down.
- Donna Kitrick of Pathways /NorthCare stated they are currently working on a number of points brought up by NAMI. Recently, Pathways sent out a Request for Proposals for a group home and have asked the provider to discuss issues on : hiring of staff, wages, etc. There was discussion about having a residence for people discharged from the hospital needing stabilization before going to a group home.
- Another NAMI member and CMH retiree shared comments that focused on the complexity of funding and that Medicaid is not available to many people who need treatment. We have all of our people (individuals applying for services through the Marquette Medical Care Access Coalition) fill out a Medicaid application and they get a denial for MA and ABW. Somehow in our society we need to have finances to take care of the people who are mentally ill so they don't deteriorate. One of the problems with WRAP is you would not have a WRAP for your first hospitalization so that is when you would need the most help. I listen and say "there still is hope." The more often you deteriorate the worse you are, the less chance of a long life. I think a lot of the things you are saying on this proposal sound great. One other concern, self determination: I went from a time when people were hospitalized because they didn't wash the dishes to now, we have reversed that to you must be harmful to self or others to be hospitalized. We need to come up with an in between place. Because of media, and TV we hear a lot about mentally ill individuals that harm people. That is a lot because we have gone so far the other way but I also see them at the homeless shelter. I have a pretty good way of establishing rapport. When they are at a homeless shelter, we may recognize what is wrong but we can't get them in for treatment. We need to balance out self determination. Yes, I want to have some say about treatment

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

for my mental illness, but if I get that bad and I can't talk to someone and tell them how bad I feel I hope someone steps in. NorthCare suggested that one path that is in between is to encourage the judicial system to learn more about alternative outpatient treatment orders (AOT). That option does exist and doesn't require inpatient hospitalization for the judge to order treatment. This is a relatively new initiative in Michigan and there probably needs to be more coordination between the law enforcement agencies and courts and CMHs to make this option more available.

- MGH senior staff addressed the competent work force and administrative efficiencies dimension in the ARR. I am hoping we can work together to change some of the administrative bureaucracies that tie up a tremendous amount of clinical time. There has got to be a mechanism to challenge those things and give more clinical time and create happier workforce. We have lost some really competent, talented gifted, caring people because of the access process and paperwork. An example is the latest email that has to do with Substance Abuse funding and the definition of SA treatment specialist. On my residential unit, technically I can't use a registered dietitian to talk about the importance of nutrition because they are not "addiction specialists." We have created mediocrity in order to be reimbursed. My bachelor level addictions clinician can come and talk about nutrition but the dietitian cannot. Physical rehab can't come in but my bachelor level addiction counselor can. It is actually much worse in the CMH end than it is in the SA end. I am glad we do our work through the UPHP. Other concerns are the amount of time entering data into Carenet (the information system used for billing in SA) and the frequency of authorizations and the time preparing for reviews and the time spend during reviews.
- The UPHP staff asked about the centralized access system and is it correct that with one number can they get access to services for their patients? NorthCare explained they have two phone lines. One is for Access—1-888-906-9060 and one is for the monitoring and complaints unit and that number is 1-888-333-8030. Both lines are answered by a person between the hours of 8 AM til 5 PM daily. It is always good to meet people and network with people. I don't know about the WRAP program and it could be a good co-training between UPHP staff and NorthCare staff.
- The PSS reported that Michigan has more peer specialists than the rest of the nation. Peer specialists are being trained and they go to the CMH with all this knowledge and they get to the CMH and they are told to drive someone to someplace. This is a waste of the special skills the PSS can bring into the treatment program. Peer Support programs are in its infancy and there is the need for creating clear guidelines in how to partner with clinicians in the CMH.
- One last comment from a NAMI member was the concern for families if they step in and take too much responsibility that the CMH will withdraw some of their supports. It is important that as people are given choice, their choices should not supplant the responsibility of the CMH. It hasn't happened, but it's a fear.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Ironwood, Ironwood High School – November 3, 2008

Handouts Available: Agenda for tonight's Forum, NorthCare Handbook, WRAP Brochure, Independent Facilitation Brochure, PowerPoint presentation outlining the ARR draft document; list of Websites; Pieces of Recovery Handout, and an Evaluation Form for this Forum.

All attendees were provided NorthCare's web site, www.northcare-up.org and informed that the ARR materials received to date are posted there and future documentation and the final application will be posted at our web site. This question and answer and comment document is posted at the website as well.

Two attendees represented: Parent of an adult individual with a developmental disability and parent of an adult with a mental illness.

Reasons for their attendance included:

- One mother concerned about what the CMH can do to assist adults with special needs in dealing with sexuality, etc. Also, being an older parent is a concern, who will take care of my daughter when I am gone.
- One mother concerned that mental illness is getting worse; more people going into the hospital; hospitals sending home too soon; and not enough resources; will be running into more people going to prison if they can't get people into the hospital and keeping family safe. With tragedies more people react and need hospitalization.

Questions/Comments from Attendees:

Comments from parent with adult with serious mental illness –In such a small area, I think people forget about us. Mental illness happens everywhere – big problem if people aren't prepared for this – it is getting worse there. My child was released too soon from hospital, she was not stable. Some of the medications take 4-6 weeks to titrate to full level and he/she is released well before that. Treatment after discharge is hard because group homes are not available all the time either. In regards to stigma – my child hates being associated with social security because she wants to go back to school, and people identify SS w/disabilities. Stigma is hard to get away from living in a small town where people know you have a mental illness. She wants a future with schooling and work and yet recently her illness just came crashing down on him/her.

Comments from the parent of adult with developmental disorders--I didn't want my child working in case it would detract from her social security income. She resides in a group home in Wakefield . I am concerned about the use of the computer in case there are predators and I have been learning about that and what can happen on MySpace. I am concerned about the stigma in the Ironwood school toward anyone who is different. There are some teachers who try—the special education teachers. There is a real need for anti- stigma work in this area. Another area of concern is the need to learn more about sexuality and individuals with a DD diagnosis. You want people to be open, how do you talk about it in a simple form. You don't want to frighten them or be afraid of it, but

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

they are loving people and they want to hug. They are deprived of human touch. What do we do, how do we show them how to be caring, loving, touching people. How do we teach them without making them vulnerable to others? Lucy Olson referenced a sexual education program in Canada that uses the Red Light /Green Light concepts to teach about personal space and public space and then teach about sexuality and sexual boundaries. NorthCare asked whether the opportunity to participate in a training to learn how to plan for the care of her child entitled ***“After I am gone.”*** There was interest in such a program and the suggestion was to put an article in the newspaper and have a phone number that they can call.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Sault St. Marie, Sault St. Marie Middle School – November 10, 2008

Handouts Available: Agenda for tonight's Forum, NorthCare Handbook, WRAP Brochure, Independent Facilitation Brochure, PowerPoint presentation outlining the ARR draft document; list of Websites; Pieces of Recovery Handout, and an Evaluation Form for this Forum.

All attendees were provided NorthCare's web site, www.northcare-up.org and informed that the ARR materials received to date are posted there and future documentation and the final application will be posted at our web site. This question and answer and comment document is posted at the website as well.

Four attendees represented: Hiawatha Behavioral Health (HBH) and their Recovery Program, Peer Support Specialists, Consumers.

Reasons for their attendance included:

- Interesting to hear what we and others have to say.
- Just returned from PSS certification training and was asked to attend.
- Wanted to see what this is all about. Wants to make sure NorthCare and the UP get their fair share of funds for mental health services and see what we can do with stigma - not enough being done. Same avenue as those with treating stigma against blacks, homosexuals, etc.
- Want to learn more and see how she can assist.

Questions/Comments from Attendees:

- Acronyms are difficult during meetings.
- Discussion about Advance Directives and that there is a need to do more education particularly about the difference between a medical advance directive and a psychiatric Advance Directive. There is the need to discuss this each year at least. This should be an ongoing conversation. Many times it is so brief and/or all information is given at time of intake and is overwhelming.
- A Peer Support Specialist attending the forum reported how downstate there is a program using Peer Support Specialists to ride along to hospital with consumers being admitted and even on the way back. Many times people are coming home alone – important to have someone (PSS) with them then. Daily visits are made to those on the psychiatric unit. The PSS at the forum reported a very difficult drive to the hospital the first time she had a psychiatric hospitalization when the CMH staff sat with the transporter in the front seat and neither of them talked with her the entire way. She believes we should implement this use of PSS here in the UP.
- As a group, we spent time brainstorming on the eleven dimensions in the Application for Renewal and Recommitment. Staff from HBH reported they are focusing on improving relationships with their community partners who work with children. There is an anti-stigma campaign called “KIDS ON THE BLOCK” which is a performed puppet show for elementary school children that adolescents produce. They are working on that in Sault Sainte Marie. The teachers have been quite supportive as there is a requirement in the Michigan Model for

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

education regarding social and emotional wellness. It was suggested that at the Third Consumer Conference, HBH could showcase this production.

- On the topic of supporting maximum consumer choice and control, the three consumers reported that Person Centered Planning (PCP) is a lot better now. The consumer had to step up and say what they wanted; and to feel more comfortable with clinician. The consumers present reported it is all in how the case manager presents and communicates with the consumer. One PSS was just told she had to have a goal. One participant pointed out that when someone asks you what your goal is and if you are just bouncing in and out of the hospital – your goal may be to just stay out of the hospital. The conversation about future goals and the life you want to live may need to wait until the consumer is better before really being able to state a goal.
- Discussion about how few consumers use the option of an independent facilitator. (This is true across the region.) It was suggested that if people really don't understand what an independent facilitator can do for them then it really is not a choice even if offered. This may be an option in PCP that needs to be developed better and have more training on it. One PSS acknowledged that it may have helped having someone help direct their meeting.
- HBH staff believes that while choice is important, the actual step-by-step implementation of Self Determination is beyond what almost any family wants to do. She had families say "if I could do that I wouldn't need your help." She experienced that families of kids are so overwhelmed; they don't want to deal with a budget.
- One idea that emerged from the conversation was the idea to use questions on the Customer Satisfaction Survey to try to capture improvements in the recovery culture of the CMH. For instance: Has your conversation changed with your case manager in the past year? Are people including you more in the conversations about your future? Are your goals different this year based on your personal successes and interests?
- The Consumer Conference held in September 2008 at Bay Cliff was discussed. The CMH with the highest percentage of attendance was HBH; there were good numbers from Copper, Pathways and Gogebic. Northpointe had the lowest attendance. The suggestion to work more closely with the Drop Ins to help with transportation to the Third Conference.
- An observation based on the conversation about the conference was there were specific topics presented at the conference. People may be more likely to attend a Forum if they knew the specific areas or issues that were going to be addressed. We could highlight a topic or have a specific presentation like the puppets or WRAP etc.
- Expanding opportunities for integrated supported employment was supported by all the attendees but with the awareness that the local economy is so poor that right now is probably not the time to focus on this endeavor.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

Hancock, Hancock High School – November 17, 2008

Handouts Available: Agenda for Forum, NorthCare Handbook, WRAP Brochure, Independent Facilitation Brochure, PowerPoint presentation outlining the ARR draft document; list of Websites; Pieces of Recovery Handout, and an Evaluation Form for Forum.

All attendees were provided NorthCare's web site, www.northcare-up.org and informed that the ARR materials received to date are posted there and future documentation and the final application will be posted at our web site. This question and answer and comment document is posted at the website as well.

Six attendees represented: Phoenix House, family members of individuals with a mental illness and family members of individuals with a Developmental Disability & substance abuse disorder, Copper Country Intermediate School District, local NAMI member.

Reasons for their attendance included:

- Received the notice information from the Eastern U.P. Coordinating Agency Director and wanted to learn more.
- Have received the NorthCare Newsletter and when they saw the forum announcement in the local newspaper they wanted to learn more and “get a better understanding.”
- Noticed the ad in the local newspaper about the forum. Work with school age children and are happy with the services provided through Copper Country Community Mental Health but need more services available.
- Received the notice of the forum due to being on the NorthCare Customer Service Committee and wants to keep informed and see if she can help in any way.

The group discussed the eleven dimensions in the Application for Renewal and Recommitment and received the following input/comments/questions.

- It is confusing how Substance Abuse services are funded in Copper. Medicaid money is controlled by NorthCare Substance Abuse and the block grant money for substance abuse services is controlled by the Western U.P. Coordinating Agency. People get spun around and don't know where to go for services. Further confusion arises as there is an Eastern UP Coordinating Agency. NorthCare clarified that NorthCare SA includes the Eastern UP CA.
- Discussion regarding the need for active engagement of consumers focused on how critical good nutrition is for consumers. One of the participants is willing to write an article for the NorthCare Newsletter for Medicaid beneficiaries on good nutrition. One lesson learned in nutrition is that eating low calorie alternatives is not always the healthiest choice. The need to do more outreach to homeless youth in the Upper Peninsula was raised.
- Participants at the workshop were aware of the right to person centered planning on at least an annual basis and that they can request a plan be updated or re-negotiated at any time during the year.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

- Discussion of employment issues raised the following points. Young people with developmental disorders up to the age of 26 need assistance with employment. The vocational center, VSI has good opportunities, but there is need for more. The SA provider presented the need to work with employers that will accept a person with a substance abuse disorder and work with them. There is a need for job coaching -- help/supervision --so people can be successful working.
- The need for more training in the area of law enforcement and mental health was discussed at length. A serious local situation was discussed: an incident a couple of months ago where a man with a mental illness was swinging a golf club at a Sheriff's deputy and the deputy shot and killed the man. The local NAMI group has given the Sheriff's Department a training video for officers, but they do not know if it has ever been watched by the policy officers. Another attendee at the forum suggested that the Sheriff be invited to the local NAMI group to explain what happened in that particular situation. There was much discussion on the differences between the State Police and the Sheriff's Department in the local area. The participants believe there is a difference in the State Police response to individuals with a mental illness and the Sheriff. They believe more training for the local police would be helpful. One question raised was why individuals can be "diverted" for mental health issues, but why assessments for substance abuse are not completed in the jails. (Although not addressed at the Forum—the reason for this difference is that diversion for serious mental illness is required by law in the Michigan Mental Health Code. There is no similar law for individuals with substance abuse disorders.)
- The unmet or underserved needs that were highlighted were: 1) The need for a social detoxification program in the Copper area. There is only one social detoxification program in the Upper Peninsula and that is in Sault Sainte Marie. The Phoenix House is working to meet this need. It was also noted that in difficult economic times, substance abuse problems increase, with the state of our local, state and federal economy, the substance abuse issues will be growing. 2) Since Marquette General Hospital closed their Behavioral Health Offices in Copper County there is a need for more mental health services in the area. Phoenix House staff indicated they are able to help with some outpatient mental health counseling on a case-by-case basis 3) Children in the school systems receive services through the Community Mental Health agency until sixth grade and are then dropped. In High School they can receive services but they are more limited so this is an underserved population.
- Efforts to improve coordination and managing care across different agencies were discussed. It was noted that training could be expanded by utilizing video conferencing and web conferencing. NorthCare Coordinating Agency held training via a web-ex, web-cam and it was an excellent training with no travel involved. NorthCare staff noted that a significant amount of meetings are held via videoconferencing. Unfortunately Copper Country Community Mental Health is the one CMH in the Upper Peninsula that does not have videoconferencing capabilities at this time. The Copper Country ISD does have videoconferencing capabilities and they have let other agencies utilize the system in the past.
- NorthCare staff discussed the need to recruit, train, and maintain competent staff. This includes training and providing continuing education credits. One individual noted that he is currently in the blended MSW curriculum through MSU and it is helpful not to have to travel further.

Summary of the Conversations at the NorthCare Network Public Forums regarding the Application for Renewal and Recommitment to Quality and Community

- NorthCare staff explained the NorthCare Access Unit which has been implemented over the past year & 1/2 and now completes the initial phone screening for all five Community Mental Health Agencies. The Michigan Department of Community Health mandates a person eligible to receive mental health services must receive an assessment within 14 days of their first contact. After the initial assessment, they must then receive an ongoing service within another 14 days.