



2008 Community Needs Assessment SUMMARY OF FINDINGS





Conducted among potential users, clinicians, administrators, stakeholders, advocates and human service agencies to help develop access to integrated mental/behavioral health care for people with mild to moderate symptoms and no or inadequate insurance coverage. Over 200 people provided input during the course of 11 meetings held in August 2008.

 Findings show that when our three counties are compared to the rest of Michigan and the nation, our region has higher rates of stress, anxiety and depression; higher rates of uninsured; more working poor; poorer health status; more people without a regular place for health care; and more people visiting the emergency room.

 ***Positively, what makes our region unique is that it is resource and collaboration rich, with a track record of coming together to address broader community issues. The success of local partnerships, the Traverse Health Clinic, etc., which have been established and supported by community people and institutions, were noted by many. Many people said this “can-do” attitude comes from the local history and general work ethic of the region, and gives us hope about our area’s ability to improve our behavioral health care safety net.***

Overwhelmingly, community discussion group participants acknowledged that the existing regional health system (primary medical care, dental and mental health care) continues to do its part to increase health access and reduce disparities, but the demand for services is outpacing the supply. In addition to capacity issues, other challenges include fragmentation of the system, which hinders optimal collaboration; inadequate funding; and too much complexity in navigating the system, making people feel intimidated, overwhelmed and confused. Better integration of primary care and behavioral health treatment is seen as an area in which improvements may significantly help, as would simplifying administrative paperwork and establishing reasonable reimbursement rates for services to Medicaid patients.

What’s Working

-  Health and community agencies were frequently mentioned as good partners in addressing area health issues and challenges, such as the Health Departments, Community Mental Health, Emergency Room, Teen Centers, Crisis Centers, Public Health and the Faith-based Community, to name a few.
-  Convening the Northwest Michigan Mental Health Network is working to improve the knowledge about and the awareness of health services, resources and programs in the region.
-  The Poverty Reduction Initiative is providing navigators to help people get the care they need.
-  The Coalition Health Access Program (CHAP) has played a critical role in creating access for the Medicaid and uninsured populations, with over 100 agencies or individual offices with over 200 providers participating. CHAP is a model that could be enhanced.

Next Steps

The Network anticipates piloting services in 2009, and has written a HRSA (Health Resources and Services Administration) Outreach grant, to be announced in March, to help in that endeavor. With or without the grant, however, the Network is moving ahead.

An early step in the process will be to recruit additional volunteer providers, including designing a package that simplifies the process of donating services to make it more appealing to potential new providers.

Consider discussion group advice to convene a mental health summit to disseminate information on what mental health services are available now and being planned.

Recommended Principles for the Ideal Health System

- The ideal behavioral/mental health safety net is accessible, affordable and equitable.
- Bring some of the services out into the counties.
- Keep substance abuse and mental health treatment together.
- The system assumption should be “Of course you deserve this, and you don’t have to prove that you need it.”
- Consumer voice and choice is critical.
- Evidence-based and practice-based processes are adopted.
- The geographic focus should remain Leelanau, Benzie and Grand Traverse counties and consider expanding to Kalkaska and Antrim counties.
- The work of existing individuals and institutions should be respected, honored, and incorporated into the “new” processes and ideas of the Northwest Michigan Mental Health Network.
- Any health improvement idea should be sustainable (no quick or temporary fixes or false starts).
- Maintain a sense of sharing the responsibility, both among the provider community and with the individual.

Ideas Generated through Community Discussion Groups for Future Exploration

- The Network could explore and implement multiple strategies to help individuals to establish a regular place for behavioral health or primary medical care, including enrollment, education, and provider training/support.
- The Network could work on creating a standard eligibility form to determine what individuals and families are currently enrolled in and what they are eligible for so that this information can be used to better guide individuals and families through the health care system more efficiently, as well as enrolling individuals and families into insurance, prescription, and other health, human and social service assistance programs for which they may be eligible but in which they have not yet enrolled (i.e., because of time, cost, awareness, or convenience).
- The Network could investigate insurance enrollment strategies, expanding providers who participate in CHAP and expanding access to health care for uninsured and Medicaid populations in order to reduce inappropriate emergency room utilization. Patient compliance education and provider/medical office trainings emphasizing what symptoms/conditions can be managed at home, when to make a doctor’s appointment and when to go to the emergency room should be considered.
- The need to share in various forms with both the general community and provider community what mental health services and resources are available will be a constant issue. The Network may need to regularly revisit and revise how, when, where, and who does the information sharing about the mental health resources and services that are available throughout the region.
- Health communications and educational and community-based programs on a variety of mental health topics and in a multitude of forums would be helpful in disseminating knowledge among individuals and families.
- With over half of survey respondents reporting stress as a condition, efforts to assist individuals with managing stress, and assist providers with identifying and assisting with management of stress, should be continued. Multiple strategies will likely be needed.

The Northwest Michigan Mental Health Network (NMMHN)

The Northwest Michigan Mental Health Network represents a new partnership of seven organizations that serve the health care needs of low income, uninsured and underinsured persons in rural northwest Michigan. Partners include:

- Catholic Human Services, Inc.
- Child and Family Services
- Manistee-Benzie Community Mental Health
- Munson Behavioral Health
- Northern Lakes Community Mental Health Authority
- Third Level Crisis Intervention Center
- Traverse Health Clinic

NMMHN Contact for more information

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