ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH
3111 Electric Avenue
Port Huron, Michigan 48060

GROUP MEETING:	Advisory Council
PLACE:	St. Clair County CMH – Summit
DATE:	October 15, 2025
TIME:	12:00 p.m.
PRESIDING:	Nancy Thomson, Chairman

PRESENT:	Dr. Katherine Albrecht, Shane Chase, Heidi Fogarty, Kathleen Gallagher, Sarah Herrle, Tonia Hudson, Debra Johnson, Jordan McCabe, Rosella Mirabelli, Judy Parker, Martha Partipilo, Nancy Thomson, Jennifer Trembath
ABSENT:	Nora Condland, Jason Marocco, Trisha Pierce, Cheryle Randall, Cynthia Raymo, Kristen Thompson, Jessica Totty
GUEST:	Denise Choiniere

I. Call to Order/Agenda Changes

The meeting was called to order by N. Thomson at 12:05 PM. D. Johnson requested that her update be moved ahead of the Quality update due to an early departure. The adjustment was approved by M. Partipilo and seconded by R. Mirabelli.

II. Review/Accept Minutes

R. Mirabelli moved to approve the August meeting minutes, and S. Chase seconded the motion.

III. Chief Executive Director Update

MDHHS Competitive Procurement Update

There is currently a lawsuit against MDHHS related to concerns that the department violated state statutes and the Mental Health Code during the competitive procurement process. A hearing was held last week, and the judge issued a partial ruling—described as both a partial win and a partial loss.

The judge determined that the state does have the authority to redefine regional boundaries, including the transition from 10 regions to three. While current PIHP regions, such as Region 10, were formed through local governance (county governments, CMH boards, and commissioner approvals), the court ruled that MDHHS retains the right to reorganize.

They are no longer wanting to sole source specialty behavioral health benefits to community mental health programs. This arrangement has been in place for years under a CMS-approved waiver, which permitted sole sourcing to entities like ours.

However, the case is not fully resolved. A key concern remains in the new RFP language, which prohibits PIHPs from delegating specific responsibilities to CMHs—some of which are legally mandated for CMHs to perform. This issue has not yet been fully addressed by the court, and it is viewed as a potentially favorable point moving forward.

Further legal action is likely, with plans to file a new lawsuit focused on the impact of these changes on individuals served. The next phase may include testimony from service recipients and their families,

emphasizing potential harm.

This remains a deeply concerning process. Many at the state level lack firsthand experience with community mental health operations and the realities of local service delivery. There is also a narrative emerging from MDHHS suggesting that individuals want payer choice—an idea that could increase complexity and fragmentation in care.

Advocacy efforts must continue, as the situation is still evolving.

IV. Quality Update

1. Customer Experience

This is a new report in the sense that we have combined Customer Satisfaction and Accessibility to Services surveys. The FY25 Customer Experience Survey was administered July 28, 2025-August 29, 2025. All individuals or the parent/guardian of those individuals open to services on July 14, 2025, received a hardcopy survey via mail. Each mailed survey also included a self-addressed stamped envelope for their convenience. Two weeks following the initial mail out, any individual or parent/guardian who had not yet forwarded a completed survey were contacted via phone or provided a survey at their next scheduled appointment. This gave them an additional opportunity to complete the survey. The added follow-up significantly increased the survey response rate. It additionally gave them an alternative method to express their satisfaction.

The over response rate for FY25 Customer Experience Survey was 13% (642 of 4945). This was a six percent decrease from the previous year.

The average overall satisfaction rate was 92%, a 1% decrease from the previous.

Any survey requesting a follow-up were forwarded to the Chief Clinical Officer. Any survey or survey comments that were concerning, regardless of request for follow-up, were also forwarded to the Chief Clinical Officer for review and follow-up.

Having difficulty getting transportation consistently is ranked as a barrier by the individuals served. As an ongoing practice, caseholders willingly assist with transportation needs. This includes going to the individual's home, offering services at the most convenient locations, and providing bus tickets. In recent years CMH has also added the option of telehealth services.

Another barrier mentioned is the cost of services and/or lack of insurance or deductibles/co-pays. Staff are continually being educated on the new and existing community programs and benefits available to the individuals we serve. CMH has recently added "Patient Navigator" positions to assist individuals when applying for healthcare benefits such as Medicaid and/or determining where they can get the most out of their benefits for the least out of pocket cost.

M. Partipilo asked if email has been considered for the surveys to possibly get a greater response. K. Gallagher suggested that we check with the IT department to see if there is a way we can send it out with identifiers through email or survey monkey.

V. CMH Updates

1. UM Internal Process

As of October 1st, we implemented a new internal Utilization Management process. We have assumed responsibility for Access functions, with the exception of hospital and SUD inpatient services. Along with this shift, we launched our own internal authorization process.

Previously, service authorizations were submitted to the Region for review and approval on a case-by-case basis. Now, those requests are managed through an internal queue reviewed and approved by K. Gallagher, the Service Directors, and Supervisors.

This change is especially important for our General Fund cases—individuals who are either privately insured, use a sliding fee scale, or have no insurance at all. These services must be funded from the

General Fund, as Medicaid dollars cannot be used for non-Medicaid services.

While we've had an abundance in Medicaid funding in the past, our General Fund allocation has remained same for the past six years. At the same time, the number of individuals we serve who are privately insured or uninsured has grown significantly over the last five years. Given this trend, it's critical that we monitor and manage General Fund utilization closely—hence the need for a more controlled internal process.

2. ACCESS Changes

We now have a new Access phone number: **810-488-8888**.

To ensure a smooth transition, warm transfers are in place—if someone calls the old number, they will be seamlessly connected to the correct line.

We've received positive feedback from individuals entering the system. They now speak with one person here and scheduled for intake, rather than completing an initial screening at the Region followed by another screening with us. We believe this streamlined process offers a significantly improved customer service experience.

3. Community Debriefings

Over the past few months, we've conducted several community debriefings in response to difficult incidents, including completed suicides and violent acts involving children. Our Critical Incident Stress Management (CISM) team—a free service available to the community—has been actively involved in supporting those affected by these events.

In more positive news, the Port Huron Police Department (PHPD) reported a 31.48% decrease in overdoses/M.O.R.T. cases in 2024. The Mobile Overdose Response Team, a collaborative effort between a PHPD officer, a staff member from Odyssey House, and our CMH-embedded clinician, has played a key role in this progress. The team follows up in person with individuals who have experienced an overdose, offering direct connections to services. They also extend support to family members and others who may benefit from resources or treatment referrals.

VI. Program Operations Update

Our Early Childhood Court and Social-Emotional Consultant grant funding is secure for the current fiscal year; however, funding for the following year is not yet guaranteed.

The Children's Division continues to face challenges related to workforce capacity. We are actively recruiting in order to provide stability and continuity of care, and to avoid children being transferred between clinicians.

Despite ongoing uncertainties at both the state and federal levels, we remain committed to pursuing the development of a children's residential home. The need is significant—currently, our only real options are psychiatric acute care facilities, many of which selectively admit lower-need cases. Unfortunately, they are not required to accept children with more severe and complex needs, who often require longer-term care.

To move this project forward, we are issuing an RFP for the construction of the facility.

One concern is that DHHS may place a number of state wards in the home. If those children are not accepted elsewhere and cannot be discharged, we risk the home operating at full capacity and losing flexibility for other high-need children in our community.

H. Fogarty is actively advocating at the state level to help address this concern and support the broader vision for the home.

1. Ukeru

Ukeru is a physical management technique that uses foam pads as shields to safely manage aggressive behavior in children. We sent three staff members to receive training and gather feedback. They believe this approach will be very helpful for families, as everyday items like couch cushions can be used as protective tools. The primary goal of Ukeru is to minimize injuries and avoid physical contact, which can sometimes escalate the situation

VII. Community Relations Update

We created a postcard to send to our legislators as another way to advocate as a creative way to get their attention, we wanted something visual to catch their eye.

We have other documents that we have pulled together from CMHA's. Another CMH did a great job with an easy-to-understand privatization and what it means if you have never encountered our public mental health system.

We have updated all of our materials and publications with our new ACCESS number.

VIII. Policy Review

There were no substantive changes; the documents were simply updated to reflect the new template.

IX. Council Round Table

1. M. Partipilo requested that Irene Schuck attend our next council meeting to discuss the personal fund limits.
2. S. Chase raised concerns about group home placements, expressing that they feel they have little input on where individuals are placed. K. Gallagher explained that group home corporations have limited control over admissions since placements depend on their licensing designation. As the contracting and funding body, we are responsible for ensuring beds are filled. Currently, 30 individuals are placed out of county because local group homes have declined them. K. Gallagher also noted that if group homes require additional training, they should proactively reach out to CMH for support.

X. Next Meeting

Thursday December 4, 2025, in Room 204

XI. Adjournment

R. Mirabelli made a motion to adjourn the meeting; M. Partipilo seconded the motion. Meeting adjourned at 1:03 pm.

Respectfully Submitted,

Tonia Hudson
Recording Secretary

Reviewed and Approved,

Kathleen Gallagher
Chief Clinical Officer