

Good Morning, I am Sara Lurie, Chief Executive Officer of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, (CEI for short) located right here in the Lansing area. It is with pride that I stand before you representing our organization as a Certified Community Behavioral Health Clinic (or CCBHC). Our journey to achieving this certification, as one of Michigan's original 13 Demonstration Sites, has been marked by dedicated effort and a strong desire to more fully serve the needs of our community.

The (CCBHC) framework arose from the urgent need to address the escalating rates of suicides and the devastating impact of the Opioid Epidemic across the United States. This model not only tackles these critical issues but also confronts various systemic challenges within the behavioral healthcare landscape such as:

- **Accessibility:**
- **Integration of Evidence-Based Practices:**
- **Care Coordination and Integration:**
- **Financial Sustainability:**

At our organization, we have successfully implemented a range of initiatives aligned with the core values and requirements of the CCBHC model, including:

- Veteran System Navigator program
- After-hours clinics
- Mobile Crisis Services
- Consumer Advisory Council
- Care Coordination projects
- Care Pathways for health conditions
- Wellness Coaching
- Same Day Access
- Nurse Care Manager positions
- Zero Suicide Framework

Expanded services have not only enabled us to respond swiftly to crises, such as last year's tragic events at Michigan State University, but also has positioned us as pioneers in the development of a Crisis Stabilization Unit for our region.

Moreover, our commitment to expanding services extends beyond crisis intervention to encompass outpatient Substance Use Disorder (SUD) services, medically assisted treatment, and support for individuals with mild to moderate mental health conditions. By increasing access to behavioral healthcare, we aim to alleviate the burden on emergency departments, jails, and reduce hospitalizations.

In FY23 alone, we provided care to over 13,000 individuals and families, reflecting a substantial growth in our outreach efforts and the effectiveness of the CCBHC model.

The CCBHC model truly allows us to be of greater service to the community serving all from Mild to Severe Mental Health Conditions. We have felt encouraged by the investment that Michigan has made in expanding the model during the demonstration project and hope to see ongoing investment and commitment to make it a permanent part of the state plan.

During this time of tremendous transformation and opportunity, we have unfortunately also grappled with a shortage in the behavioral health workforce. We have had to be very creative in order to continue to expand services despite these shortages.

In the past 3 years, our workforce has turned over by 50%. With a strong focus on retention and recruitment we are doing better and rebuilding, but we cannot afford to lose any more seasoned staff. To strengthen the hiring pipeline, we have greatly expanded our internship program. We are funding our own cohort of 9 staff members in completing their M of social work at Michigan state University. We appreciate efforts undertaken by MDHHS to look at tuition reimbursement, paid internship options, and loan forgiveness. This all helps but it just can't seem to happen quickly enough.

Why is retention so tough? Our work in the public behavioral health system is extremely rewarding, but also brings heavy demands. Our clinical staff go into the field to help people and improve lives but too much of their time is spent with paperwork

requirements and meeting accountability demands placed on them in the public behavioral health system.

Just last summer, CEI had a successful week long national CARF accreditation review, followed by 3 state required audits and submission of 9 state required reports. Audits result in cumbersome corrective action plans and activities, even for small issues. We will repeat some of this again this summer.

We are beginning the recertification process this month for CCBHC and pleased to see that MDHHS is allowing CARF Accreditation to automatically meet some of the certification requirements. **This is a step in the right direction! The number and scope of audits could be reduced through allowing deemed status for sites with a national accreditation such as CARF or Joint Commissions.**

The other factor driving people out are the uncoordinated large scale changes put forth to the system. We are actively preparing for several new initiatives for FY25 that require planning, training, and change management within our workforce and our provider network. For example:

- Use of an electronic visit verification system for some services provided in people's homes,
- Use of the new required screening and assessment tool called MichiCANS for all children and this will also impact treatment planning,
- Implementing a new tiered payment system for psychiatric hospital stays,
- less than two weeks ago we were presented with a plan for system redesign under conflict free assessment and planning for FY25 that would fundamentally change almost every area of our organization, drastically impact our workforce, and our delivery of care to those we serve. This change also threatens the success of the MichiCANS rollout and the effectiveness of CCBHC efforts.
- Thoughtful consideration regarding the number of new initiatives rolled out each fiscal year is needed with an eye to minimizing the disruption to the workforce and allowing us to remain focused on sound delivery of services.

As we do our best to navigate through ongoing transformations and uncertainties, we remain steadfast in our commitment to serving the community and advocating for the continued expansion and sustainability of the CCBHC model. I extend an open

invitation to visit us at CEI and witness firsthand the impactful work being done to promote mental health and well-being in our community.

Thank you for your attention and consideration.

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