

Celebrating Resilience





Letter to the Community Sara Lurie, CEO

Together, in 2021, we moved forward within the confines of an ongoing global pandemic and adjusted to life within this new normal. Many of us have felt or continue to feel the stress and strain of changed routines, workforce shortages, and personal challenges, while still finding joy and remaining hopeful, flexible, resilient. It is this combination of grit and compassion that makes our CMHA-CEI and Provider Network staff members true **Super Heroes** as, despite the challenges, we do whatever it takes to fulfill our mission to provide vital and often life preserving services to individuals and families in our community.

The 2021 Annual Report to the Community celebrates the resilient spirit of our organization and those we serve. No matter the obstacles facing us, we continued to learn from our mistakes, celebrated our successes, and looked toward the future. In 2021, as an organization, we stepped up to embrace new opportunities, maintained delivery of specialty behavioral health services to nearly 12,000 individuals and families across Clinton, Eaton, and Ingham Counties, and creatively responded to the reality of behavioral health workforce shortages.

As our world and communities continue to grapple with the far reaching impacts of the pandemic in 2021, it has brought broader awareness and acceptance of the importance of mental health, social connection, and wellness. This awakening helps reduce the stigma of seeking behavioral health services and has generated new opportunities and service delivery models to increase access to services.

Among the report highlights, you will find initiatives and stories from across our organization that illustrate and symbolize the resilience and contributions of our staff, Board of Directors, provider networks, community partners, funders, consumers, and advocates. Throughout 2021, we worked together to maintain 24/7 services to our most vulnerable, launched new and innovative services in the community, increased in-person delivery of services and integrated telehealth services.

The report also shows how participation in two Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants allows us to increase access to care, improve quality of care, treat the whole person, utilize outcome data, and has prepared us for the future as a CCBHC site in Michigan's CCBHC demonstration project.

We celebrate resilience and look toward the future in our continued commitment to whole person care and in meeting the behavioral health needs of individuals, families, and the community.

Sara Lurie, Chief Executive Officer

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

2021 Board of Directors



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OUR MISSION

CMHA-CEI's mission is to fulfill two complementary but distinct roles:

Behavioral healthcare provider-providing, directly and through partnerships, a comprehensive set of person-centered, high quality, and effective behavioral health and developmental disability services to the residents of this community.

Advocate, catalyst, thought leaders, convener-fostering the transformation of all aspects of community life, eliminating inequities, and promoting the common good for all, especially for persons with mental health needs.



2021 Agency Highlights

Definition of Resilience: The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress." This definition embodies life and work in 2021 as we all came to realize that the pandemic would continue and we had to reengage, adapt, and embrace new ways of safely delivering services.

In 2021, CMHA-CEI gradually resumed in-person services while also including telehealth options to maintain and expand services based on consumer request and clinical appropriateness. Here are some examples of resilience across the organization:

Families Forward (FF)

Uses Creativity and Flexibility

Throughout the pandemic, Families Forward staff have adjusted to new protocols and procedures, became familiar with telehealth interventions and activities, educated themselves and assisted families with accessing COVID related resources. They sought support from colleagues and maintained work relationships and connections. Staff continually adjust their days to allow for in-person appointments and switched to telehealth when necessary to safely meet the needs of the children and families. They are a creative group of staff who held telehealth sessions that address the treatment plans if in-person sessions were not in the cards for the week. They have built forts, used the Zoom accessories to do a life integrations timeline and made bags of play materials that are individualized to that child, while talking with the parents in a number of ways. They are an amazing group of staff who have quickly learned how to maintain relationships in many different ways! Staff have done this with impressively positive attitudes, grace, generosity and grit!

Community Services For The Developmentally Disabled (CSDD)

Builds on Experience

CSDD staff continued to build on experience and understanding gained in the first year of the pandemic, bringing increased efficiencies into 2021. In particular, telehealth expanded the capacity for treatment and support and created new opportunities for natural allies in supportive treatments. And, interestingly, some individuals respond incredibly well to telehealth interventions, with increased participation. As a result, CSDD clinicians continue to use telehealth for creative and clinically appropriate needs, all the while returning to much needed in-person services to support best clinical practices across the program. Residential Services Staff have worked tirelessly and without complaint to ensure that people receive the staffing and support they require. Flexibility and strong attachment to values in their work have been key to keeping this service area going during the pandemic.

Integrated Treatment and Recovery Services (ITRS)

Continually Adapts Care

Staff has continually adapted in the way they provide services between wearing full personal protection equipment (PPE) for in-person services, to providing telehealth services, all while following COVID-19 protocols. In outpatient settings, clients and their families were given the option to choose a telehealth mode of service when health factors may have interfered in their ability to participate in the service. Programs that offer services 24 hours per day, seven days per week have operated in-person throughout the pandemic. Telemedicine services paved the way for The Recovery Center, which provides withdrawal management services, to finally include Medication-Assisted Treatment (MAT), such as Suboxone and Vivitrol.

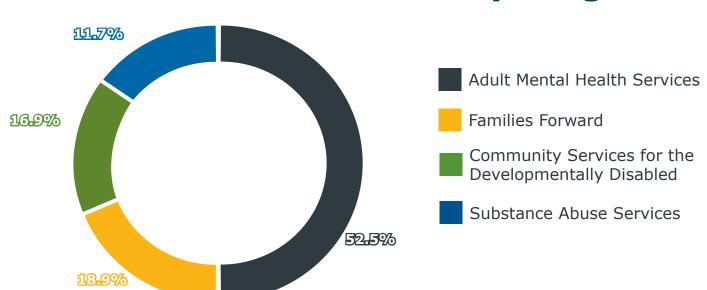
Adult Mental Health Services (AMHS)

Transitions Back to In-Person

In 2021, AMHS developed a transition plan of rotation of working from home and returning to the office. Many of the individuals served by AMHS do not have access to Zoom or video for telehealth, and it became evident that telephone alone was not providing quality mental health treatment. As AMHS moved to be more and more in-person, in the office, and shifted away from telephonic to in-person services, there was increased success in supporting the individuals we serve to be more stable. Where it can enhance the care for some individuals, we continue to integrate telehealth. We appreciate our staffs' flexibility and dedication to providing quality mental health services during this trying time. As a department, we kept our eye on our collective goal to keep providing our services in the safest and best way possible for positive outcomes.

MEASURING Impact

2021 NUMBERS SERVED By Program



Human Resources (HR)

Provides Guidance and Support

As our staff and their families experienced high rates of COVID-19 infections throughout 2021, the Human Resources team continued to provide guidance and support to staff. This included timely communications regarding protocols, helping staff understand their leave time benefits, providing ongoing support while on leave, and helping staff in navigating safe returns to work. The HR team worked tirelessly throughout the year; always ready to respond to staff's needs with understanding, empathy and patience. In response to the current extreme workforce shortage, our amazing hiring staff have worked earnestly to improve efficiencies within the recruitment and onboarding systems.

Quality, Customer Services and Recipient Rights (QCSRR)

Integrates Virtual Options

The Access Center managed a 300% increase in call volume; setting up virtual or in-person appointments based on preference and circumstances. Prevention and Outreach retooled by offering Mental Health First Aid and Question, Persuade and Refer (QPR) suicide prevention training virtually to the community. QCSRR staff supported to the agency and to the Virus Task Force by continually updating the COVID-19 Protocol Directory, developing staff tools and newsletters and by monitoring the internal COVID-19 email, all while completing the required PIHP and State quality improvement and auditing requirements.

Information Services (IS)

Keeps Information Flowing

IS expanded lines of communication with the clinical programs and administrative departments to ensure telehealth procedure codes and technology were available to support telehealth services. They also adjusted the onboarding process and training for new hires in relation to the Electronic Medical Record, and assisted clinical staff with their challenges as they learned new ways of delivering services.

Finance

Steps up to Challenges

In 2021, our Finance Department continued in Phase 2 of the Connect software conversion project, stepping up to the challenges of implementing a new system made even more challenging by the pandemic. The team successfully transitioned back from full remote work to a hybrid remote environment and also welcomed Sue Panetta as our new Chief Financial Officer.

Property and Facilities

Takes on New Roles

Property and Facilities staff took on new roles and additional tasks during the pandemic. Staff operationalized disinfecting protocols for the agency by providing signage and materials. They maintained use of the Virus Busters Team at clinical office sites for frequent disinfecting of touch points. They managed ongoing needed PPE, masks, face shields, etc. to all CMHA-CEI employees including centralized ordering, inventory and distribution. They provided continued support for on-site screening by in accordance with CMHA-CEI Protocols for compliance with CDC and local Health Departments.

Consumer Advisory Council



Empowering Consumer Voice

The CAC provides opportunities for consumer involvement in shaping the CMHA-CEI policies and practice. The CAC is an advisory group comprised of primary and secondary consumers who are receiving or have received mental health or substance abuse services from CMHA-CEI. Members are appointed by the Board of Directors for a term of 2 years. To assure strong linkage to the Board of Directors, the Chairperson of the Program and Planning Committee acts as Board Liaison to the CAC, attending meetings and reporting back to the full Board of Directors. The CAC is always recruiting new members to add depth and diversity to the voices it represents.

During this time of social distancing and isolation due to the COVID-19 pandemic, the CAC felt that it was important to stay connected in new and creative ways, creating a consumer newsletter, VOICES. It is their hope that the newsletter will bring resources, information, and a sense of connection.

Member Spotlight: **LORI**

Lori joined the CAC in 2017, as a secondary consumer as her son, Zach receives services. Lori is a strong advocate for consumers and their families. She has a wealth of experience with parents of children and adults with learning and mental health challenges, as she has facilitated a support group for 12 years. She continues to advocate any way she can for those in need. As a member of the CAC, Lori is impressed by how much she has learned about the programs and services provided by CMHA-CEI.

Lori's son, Zach, has been receiving services from CMHA-CEI since 2013. Zach has an amazing caregiver, Jasen, who has been with him for almost 8 years and is now part of the family! Zach loves going out in the community to the Post Office, participating in Holt Kiwanis Bowling, horseback riding at C.H.U.M. Therapeutic Riding Inc. and attending events like Walk-A-Mile in my Shoes! Wherever Zach goes, he remembers everyone's name, and loves to give updates about what he is up to. Zach lifts the spirits of everyone he encounters.



2021 Stories

Families Forward Launches New Integrated Community Youth Outreach Unit (ICYOU)



All around the world, the effects of COVID-19 have greatly impacted our daily routines, our workforce, and our overall economy. Children and teenagers have had to undergo changes in routines and are continuing to find their new "normal." Youth and families are provided assistance and obtain the tools to appropriately navigate emotional and behavioral challenges that they may face later on in life. With the launch of the Integrated Community Youth Outreach Unit (ICYOU), Families Forward strives to meet youth and families where they congregate to provide services and navigate mental health and other resources in the community.

The ICYOU focuses on identifying youth in need of mental health support and linking them with services. The unit is establishing new partnerships with organizations, and agencies, including libraries, recreation organizations and homeless shelters, to host ICYOU staff for a couple hours a week, where staff lead groups for youth and hold open office hours for children and their families. The team also conducts therapeutic skills based groups called "Stress Busters" providing youth and teenagers with the skills to develop social, anger management, and stress management skills.

ICYOU helps connect families and youth to a range of medical, mental health and community services. The ICYOU team hopes to become familiar faces within the community and is anxious to develop many more partner locations. A team member explains,



This program is special because it is all about prevention. We are working towards preventing juvenile delinquency by teaching life skills and social skills, preventing youth mental health crises by teaching coping skills and stress management, and we are working toward saving lives with the prevention of youth suicide.

of Resilience

ITRS Expands Outpatient Services

An outpatient hub was long desired for Ingham County residents after budget cuts eliminated CMHA-CEI outpatient substance use disorder (SUD) services in 2010, leaving those services provided only at Clinton County Counseling Center in St. Johns. The goal was for access to all levels of care for SUD needs in Ingham County. After a decade, ITRS has been able to reinstate outpatient SUD services in Lansing. A location was secured, and services were supported from numerous funding sources: Mid-State Health Network (MSHN), Mental Health Block Grant, Certified Community Behavioral Health Clinic (CCBHC) Grants and Ingham County. The current service array has grown to consist of individual therapy, group therapy, peer support services and nursing case manager services. Other supports and services include probationer groups, state opioid response case management, jail re-entry services, and Crisis Response Team (CIT) coordination with numerous community partners.

CSDD Clinical Services Moves to Remy Drive Location

CSDD Clinical Services benefited from an opportunity to both move and expand services, as the program relocated to the Remy Drive location (formerly home of Transitions North). This shift provided additional diagnostic space; Clinical Services doubled the number of evaluation rooms, facilitating access to autism services at a more proficient rate. Additionally, diagnostic rooms were designed with observation windows to allow clinicians and parents to observe the evaluation without disrupting the therapeutic environment. This design is reassuring to parents, and allows clinicians to assess and plan supplemental services that individuals may require.

Beyond addressing needs of CMHA-CEI's autism services, the move also provided the program with much needed space for various therapies and storage of treatment supplies, increasing program space from three to eleven therapy rooms. This has supported the provision of specialty pediatric services, and has provided therapy space to better serve our adults. One of the therapy rooms offers a full kitchen which can be used by registered dieticians and occupational therapists in training or therapy. Other therapy rooms provide beneficial sensory swing frames to assist with specialized occupational therapy needs.

The newly renamed "CSDD Clinical Services" unit is delighted with their new space and their ability to house all clinicians under one roof! Staff note feeling supported in their safe, structured, and efficiently designed clinical space; this move has produced a warm and welcoming clinical space for children and their families for years to come.

2021 Stories

CMHA-CEI Recognizes Recovery Month



Born and raised in Lansing, Michigan, Branda comes from a long line of substance users in her family. Branda had been predisposed to substance use at a very young age since her mother and father abused alcohol and other substances in the home. "We grew up in that kind of environment," states Branda who started using marijuana and other drugs to rebel against her parents, and to cope with trauma that she experienced when she was 13 years old. The more extensive her drug use became, the more influential Branda's friends were in supporting her substance use. "In your teenage years, you are very influenced by your peers", states Branda.

Due to her past traumas, Branda was using substances as a way to cope with anxiety and depression.

When I got sober, I learned that everyone has their "yet" moment. "I haven't done this drug yet" or 'I have not gotten to that point yet." Eventually, if you keep using a certain kind of drug, that becomes not enough. Your ambitions lower over time and some people will gravitate towards a different drug of choice.

This will not happen to every person who experiments with substances, but the likelihood is there due to peer pressures and having peers around you who influence your decision making abilities. Today, Branda has over 12 years of sobriety! Recovery and living a life in sobriety involves learning more about yourself, picking up the pieces, and rebuilding yourself. Branda explains this perfectly by sharing,

You have made this mold of yourself, when you get sober, you step out of the drug addicted mold of yourself. Sobriety changes you, so if you were to try to go back, you wouldn't be able to because you no longer fit into the older addiction mold. I just kept doing things that kept moving me so far away from who I was. The important aspect of recovery is to just keep going.

Today, Branda is confident that she has changed herself so much that no one would believe that she "walked through the fire" because she "no longer smells like smoke."

Branda is a Certified Recovery Coach at CMHA-CEI. She is able to relate to other individuals who are in need of treatment and recovery services because she has been through it. She prides herself in building relationships with her clients and provides outreach services at area homeless and domestic violence shelters, bus stations, and other access points within the tri-county area along with Bridges, The Recovery Center (TRC) and Crisis Services housed within CMHA-CEI.

of Resilience

CMHA-CEI Recognizes Recovery Month

Experiences at House of Commons

"I had all of the tools when I left and I did great," stated Wes. "I ended up having marital issues when I got out, but that was all an excuse. I didn't have to pick up the drink, but I did. Reaching for alcohol was an impulsive move." After successfully completing the substance use 90-day treatment program, Wes relapsed and is back at the House of Commons (HOC). Wes' story is a perfect example that recovery is not easy if there are no boundaries set, if an individual doesn't change their environment, and if the tools that are learned in recovery are not practiced daily.

"That's why residential is such an important part in recovery. What happens is you practice it here in a controlled environment. There are limited stressors," explains the HOC Program Coordinator, "You are not going to the gas station to pump gas and be tempted to buy cold beer at the cash register where you could impulsively buy it. We do not have that here. It's sober, it's not hostile, and you don't have any of those things to worry about. What happens is that everyone here is given all of these tools to stay sober. When people leave, they are challenged to continue to practice the tools that they practiced at the House of Commons."

When asked about his favorite class or program at HOC, Wes mentioned Moral Reconation Therapy (MRT). Also known as the Pyramid of Life, MRT is a type of behavioral therapy aimed at decreasing the likelihood of someone returning to abusing substances or alcohol. The purpose of the MRT steps is to help you take control of yourself and become the person you strive to be. It is a systematic method of restructuring your personality. The personality stages are described in each step because they help in understanding others and themselves. During group sessions, individuals are to provide verbal testimonies

and to give an honest assessment of themselves and their problems. This type of therapy also gives others a chance to listen and to challenge

members of the group to be truthful.



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2021 Stories

Vocational Services Helps Individuals Find Meaningful Employment: Bobbie's Story



"Someone or an organization who is looking to hire someone with disabilities; just know that they are going to be your hardest worker. They are going to come to work every day excited. Bobbie takes a lot of pride in her work. Just to hear someone say that they are proud of the work that they are doing makes it all worth it," states Cody Reavis, Planet Fitness Club Manager.

It has been a rewarding experience to be a part of Bobbie's support group and being able to see what goes on behind the scenes. Working alongside the Vocational Services team and Bobbie's Job Coach to provide the best support for Bobbie has been rewarding and an educational experience for me and the staff at Planet Fit-

ness. Bobbie always brings a positive attitude to work, which positively impacts our staff and members when they walk in through our doors.

"I like to work at Planet Fitness because I like the people that work here and I get to meet new friends," explained Bobbie. When asked about her experience with Vocational Services, Bobbie exclaimed, "It was good! The Job Coach has shown me how to do my job and if I have missed anything. I feel supported because Cody told me that whenever I need help, Cody said that I could come to him for help".

Bobbie's Vocational Counselor adds,

I think we really strive for employers to understand that individuals with IDD can thrive in any areas of employment that they put their minds to and erase the negative stigma. Individuals with disabilities are just like everyone else who can not only do the job, but be a positive asset to their team.

Bobbie is just one of the 20 individuals with Developmental and Intellectual Disabilities (IDD) who have successfully gained meaningful employment over the course of six months with assistance from the Vocational Services team at CMHA-CEI. The team provides individuals with IDD with voluntary support to help equip them with the skills and resources to be independent and thrive in their chosen place of employment.

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Carl's Story

Carl has been working with the CMHA-CEI Vocational Services team for a while and has found a job that he loves at the Michigan State University stadium.

Carl has enjoyed working with the Vocational Services team because of how supportive the team has been in making sure he was successful. "Victoria and the Vocational Services team are very supportive because it's a big responsibility, and on my part to look at the job and make sure I like it," explained Carl. "We looked at the choices of positions, we print out resumes to certain job sites, filled out applications and read the job information."

So far, Carl's experience working with his boss and MSU students has been a rewarding one. "I have a lot of fun. The students, you know, they let me give them high fives and we have fun about it!"

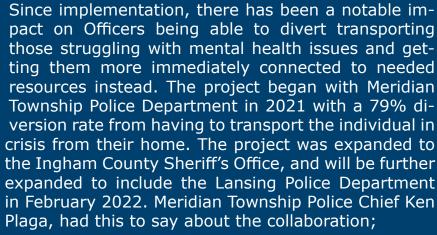


CMHA-CEI Coordinates with Local Police Departments Using Tablets

To meet the evolving need, CMHA-CEI partnered with Police Departments to develop the Tablet Model of Crisis Intervention in the field. In this model, Officers use tablets to connect directly to the Crisis Services unit. Mental Health Therapists "meet," via telehealth, with individuals encountered by Officers in the community who are having a mental health crisis, using the tablet to con-



nect within 15 minutes of determining the need. The virtual meeting with the therapist and individual lasts for 15-20 minutes to triage and make determinations of next steps. The disposition may include bringing the individual into CMHA-CEI Crisis Services, transporting to the ER, or staying in the community with follow up plans and resources. Both agencies (CM-HA-CEI and Police Department) collect data to determine the effectiveness of the collaboration.





In our opinion, the program has been a monumental success. The individuals that require resources are able to receive them quicker, while allowing them to stabilize in a familiar environment. This program has also reduced the number of persons required to be transported for treatment, which in turn keeps our Officers in the community and available for other responses. Fewer required transports have limited the possibility of a physical altercation between the individuals and our Officers.



CCBHC Services Expands Whole Person Care: Case Study

Peter is a fourteen-year-old who was in acute inpatient hospitalization for multiple psychiatric and physical health needs, including a rare genetic condition that caused a lot of pain, an autism spectrum disorder, and a history of aggressive behaviors that may have been pain related. He was discharged early from residential care because of the COVID-19 pandemic, and his mother needed care coordination to manage appointments with all of the doctors, specialists, and CMHA-CEI therapists. Peter's mother said,

I was just starting a new job, so the Nurse Care Manager helped schedule appointments when I couldn't do that. She was also on a couple of calls with me, which was really helpful. When I couldn't talk to the doctors or specialists, she could. I didn't have to explain everything to her; diagnoses, medication, because it was something she already knew.

Peter participated in multiple therapies with CMHA-CEI, coordinated by Wraparound. During his Zoom respite services, he was able to virtually tour football stadiums, which was something of great interest to him. The Wraparound team worked well together to ensure he was getting the right medications, tracking the various side effects, and getting connected to appropriate services. Peter's mother said,

I love all of the support we had. They were there before he even came home from the hospital. I was prepared for him to come home because I knew we were going to have all of that support. We has more services now, so I'm feeling pretty confident. Wraparound, his therapist, and the Nurse Care Manager have all been so great! So much support! Even when I call the emergency number to come to the house, they are right there.

The Nurse Care Manager said that Peter and his mother would not have received the same level of services without CCBHC. Because of CCBHC, they were able to achieve more of a whole person emphasis on Peter's care and the Nurse Care Manager was available to help coordinate services.

Certified Community Behavioral Health Clinic Improving Quality of Care

Introduction:

CMHA-CEI is currently receiving two different, yet complementary funding sources to expand and strengthen the implementation of the Certified Community Behavioral Health Clinic (CCBHC) model, which focuses on increasing access to care, improving quality of care, treating the whole person, and utilizing outcome data to drive treatment. We are in our second expansion grant project, which began May 1, 2020, and we were selected to participate in the state demonstration project, which began October 1, 2021.

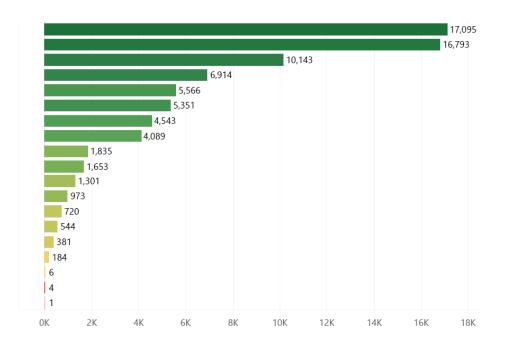
Expansion Grant Overview

As of December 31, 2021, the grants served 2,067 consumers; of whom, 1,667 were adults, 400 were children, and 42 were veterans. Notably, 339 were uninsured and 265 were commercially insured only, which means we served over 600 consumers through the CCBHC who may have otherwise not been able to receive our services!

The top five specialty services CCBHC-enrolled consumers received were case management, Community Living Supports (CLS), Crisis Residential, Home Based, and Assertive Community Treatment (ACT). Many of these listed are "specialty services" provided only our agency in the tri-county area and not typically, if ever, covered by commercial insurance. Therefore, the more than 600 uninsured or commercially insured consumers we served likely received these needed specialty services that they would not be able to receive at any other agency in the tri-county area.

CCBHC Service Array





Expansion Grant Outcome #2 Data (May 1, 2020 - April 30, 2021)

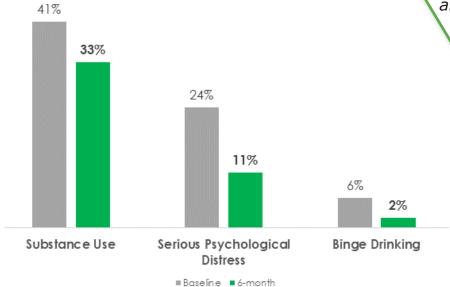
Data are collected through the National Outcome Measures (NOMS), which are consumer interviews conducted during enrollment in services and at 6-month increments afterwards, to determine how consumer outcomes are changing as a result of CCBHC services.

Statistically Significant Data

To be statistically significant means that there was enough certainty that CCBHC interventions (which are most of the specialty services we provide) positively impacted consumer outcomes. For example, 76% of adult CCBHC enrolled respondents reported in the first year that they were not experiencing serious psychological distress based on how they

answered a set of questions related to this variable. At the 6-month mark, this increased to 89% of adult CCBHC respondents. This was determined to be statistically significant. Therefore, among adults during the first year of the expansion grant, psychological distress, illegal substance use, and binge drinking were statistically significantly lower overall, 6 months into treatment.

"I've taken control
of my addiction. I still
go to CMHA just to talk
to them – they were my first
stop in Michigan. They were
welcoming and warm. I changed
my entire life and world by coming
here, and if it wasn't for CMHA
and TRC – I don't know what
would have happened."
-Wendy, Case Study



While there were not enough NOMS interviews completed for children to determine statistical significance, of the data collected, 92% of youth respondents held a positive perception of their care. Additionally, between baseline and 6 months, 50% of youth experienced an improvement in their functioning in everyday life, 40% reported an improvement in illegal substance use, and 31% reported improvements in feeling "healthy overall."

Expansion Grant #2 Goals for Year 1 (May 1, 2020 - April 30, 2021)

When applying for expansion grant funding, goals and objectives were developed to reach as steps towards becoming a CCBHC. We have met or are on our way to meeting most of these goals. These goals include increasing mobile crisis services to the community and helped deter unnecessary hospitalizations or incarcerations, increasing CCBHC-enrolled consumers in The Recovery Center (TRC), enrolling more veterans and individuals who have a substance use disorder into CCBHC, providing more Wellness Coaching, and increasing the number of consumers receiving evidence-based practices.

What do our partners say about us?

"COVID-19 impacted future work, in that "one of the things that we will take away from this is we can be more flexible than we realized. That exists on every level, from direct service level to macro level." "Two and a half years
ago we did a forum with
them on integrating behavioral
health and physical health services. The evaluations on that were
so impressive. We engaged people who
otherwise would not have been engaged in our work. We were able
to pull that together because of
the strong partnership."

"CMH has consistently provided us with really high-quality people to work with mental health court. The people they assigned to this project have been really good. It's clear they highly value this partnership and this work."

"People who have very difficult lives feel like the systems that are supposed to help them are fighting against them. The work we do together has helped people trust the system more."

"The biggest thing is we have been able to bring in mental health screenings three times a year. We can tell if a student is elevated or not. We have been able to provide one-on- one services to students that we wouldn't have been able to provide otherwise. It's been a positive experience."

Diversity Advisory Council



The Diversity Advisory Council (DAC) of CMHA-CEI has been conscientiously working to immerse Diversity, Equity and Inclusion (DEI) into the systemic structures of our organization. The council meets monthly with the support and encouragement of our CEO, Sara Lurie. The participants join with bravery and honesty as we candidly discuss ongoing tensions surrounding social injustice. Our action focused meetings include solution based dialogue to improve our mental health service model by demonstrating cultural competence, empathy and understanding.

The DAC experienced successful outcomes by our employee led workgroups this year, concentrating on creating an automated process for Stay, Exit and Transfer Interviews, and engaging in an intercultural development inventory assessment to determine a starting point for training needs. In an effort to be more inclusive of our employees within our 24/7 operations, the DAC Lunch and Learn format was rebranded to expand beyond the employees' lunch hour. Additionally, the Employee Mentorship Program was revamped to reduce barriers for employees to gain meaningful relationships within the organization. Importantly, DEI competencies have been incorporated on all employee evaluations, and gender pronouns were removed from our Mission Statement, and our policies and procedures.

As we continue to assess our status on the cultural competence continuum, we remain steadfast in our journey to improve Diversity, Equity and Inclusion for ourselves, each other, our consumers and the community. We are committed to building trust and resilience with dedication to providing best practices in mental health care.

Continuum of Cultural Competency

Cultural	Cultural	Cultural	Cultural	Cultural	Cultural
Destructiveness	Incapacity	Blindess	Pre-Competence	Competence	Proficiency
Forced assimilation, subjugation, rights and privileges for dominant groups only.	Racism, maintain stereotypes, unfair hiring practices.	Differences ignored, "treat everyone the same", only meet needs of dominant groups.	Explore cultural issues, are committed, assess needs of organization and individuals.	Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.	Implement changes to improve services based upon cultural needs.

Source: Georgetown University, 1989.



The Impact of Prevention

Outreach Activities

45 people trained in Mental Health First Aid Training (Youth & Adult)

8 Hour Behavioral Health Crisis Training

160 people trained in Question, Persuade, Refer Training 1 Hour Suicide Prevention Training

396 total encounters (including screening, transportation, etc.) Substance Use Disorder Recovery Coaches

40 community education opportunities Local & Statewide community presentations

Topics include CMHA-CEI services, access, eligibility, prevention & wellness, Stand Against Stigma, and the behavioral health screening platform

1,414 people engaged within Community Events

Including health fairs, festivals, statewide rallies, Vendor/Exhibitor presence, CMHA-CEI organized community events

1,039 people completed an Online Behavioral Health Screening 1597 people visited the screening platform. 65% of people who visit the site completed a screening.

CommunityPartners





American Foundation for Suicide Prevention















































WALK A MILE

The 2021 Walk a Mile Rally, held on Wednesday, September 29th, drew hundreds of volunteers, mental health advocates, and individuals receiving services to draw attention to the reform bills that are threatening the current mental health system. CMHA-CEI Prevention and Outreach Department provided an outreach booth and distributed hundreds of CMHA-CEI outreach materials to participants of the walk. Additionally, CMHA-CEI partnered with the Ingham County Health Department to provide a COVID-19 Vaccine Clinic through the Ingham County Mobile Unit.

Last year, the rally was held virtually due to the threats of COIVD-19. This year, Community Mental Health Association of Michigan (CMHAM) was able to host the event in-person on the Capitol lawn, while encouraging others to participate virtually from the comfort of their own home. Monique Francis, Board of Directors and Committee Clerk of CMAHM, reflected on the importance of this annual event.

This rally, held annually on the front lawn of the Michigan Capitol, draws over 2,500 persons served, families, advocates, and CMH, PIHP, and provider staff from all of Michigan's 83 counties, state legislators, and policy makers. This rally is our largest statewide effort to bring attention to the important issues that CMH staff, provider agencies, and the persons and families served dedicate themselves to daily.





Recruitment and Retention Takes Center Stage

Human Resources redoubled efforts towards achieving a diverse and inclusive workforce through expanding recruitment and retention initiatives, allocating additional staff time and increasing funding for recruitment.

The HR recruitment team worked tirelessly to meet the needs of the agency during a time of unprecedented labor shortages. The team's passion, creativity and energy led to improved efficiencies in our application and onboarding processes. Strengthened partnerships with hiring managers facilitated better understanding of program needs. Recruitment initiatives included increased connections through social media and increased attendance at career fairs both in-person and virtually.

A main spotlight in 2021 was our new weekly On the Spot Hiring events. These events allowed candidates to come in for in-person interviews and faster onboarding, and was so successful it will be expanded in 2022. The department also implemented the Michigan Works! Partnership Accountability Training and Hope program, providing individuals eligible for services through Michigan Works! to receive hands on information about our positions and facilitates preferred hiring.

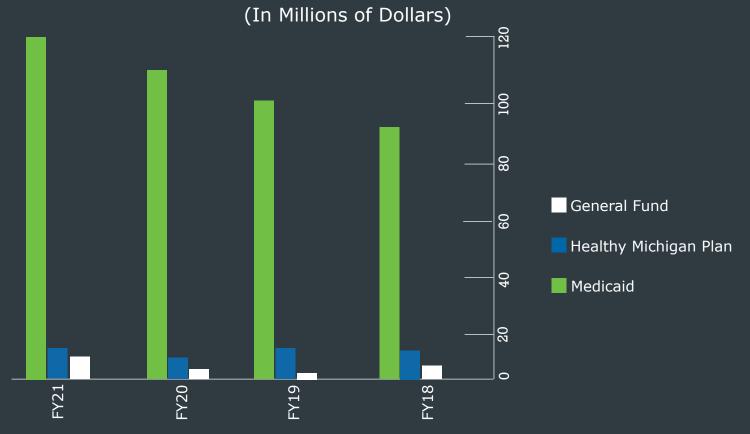
The agency's retention efforts included offering Student Debt Relief Scholarships agency wide, retention payments for all staff, implementation of improved exit and transfer interviews and the creation of new job classifications which provide more opportunities for career advancement.

Human Resources and WILX joined forces in launching a Recruitment and Retention Campaign in 2022. "Work at CMHA-CEI and Make a Difference" is the campaign slogan and will comprise of familiar faces telling their story of working at CMHA-CEI.

To apply for the latest job postings, visit: http://www.ceicmh.org/employment

CMHA-CEI FUNDING SOURCE TRENDS

2018-2021



GENERAL FUND EXPENSES*	DOLLARS	PERCENT
Adults w/ Mental Illness Children w/ Emotional Disturbance. Adults w/ Developmental Disabilities Children w/ Developmental Disabilities Substance Abuse Board Administration Community Benefit Supportive Housing. Local Match TOTAL EXPENSE	\$50,801,608 \$16,516,750 \$50,921,990 \$13,670,235 \$3,608,860 \$17,172,096 \$871,753 \$ \$693,000 \$154,256,292	32.9% 10.71% 33.01% 8.86% 2.34% 11.13% 0.57% %
GENERAL FUND REVENUES*	DOLLARS	PERCENT
Federal Funds State of Michigan Local Earned Contracts Medicaid PEPFM Medicaid - Fee for Service SSI/SSA Fees Food Stamps Interest Income TOTAL REVENUE	\$3,752,376 \$6,484,440 \$6,265,766 \$5,566,954 \$134,341,963 \$ \$601,376 \$418,669 \$7,308 \$30,855 \$157,469,707	PERCENT 2.38% 4.12% 3.98% 3.54% 85.31% % 0.38% 0.27% 0.00% 0.02%





www.ceicmh.org



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