



Community

MENTAL HEALTH

CLINTON • EATON • INGHAM

2016

REPORT TO THE COMMUNITY



**CONNECTIONS
& DIRECTIONS**

TOWARDS WELLNESS



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 leader, 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.

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MESSAGE FROM THE CEO

This year's **Annual Report to the Community** highlights the determination of CMHA-CEI and our consumers as we honored our past and kept an eye towards the future—while navigating transitions, challenges and uncertainty. Through the efforts of our dedicated board and staff leadership, committed community partners, local champions, innovative staff and passionate mental health advocates, we served nearly 11,000 individuals, strengthened our connections to each other and took steps towards new directions in 2016 with an even greater resolve to uphold CMHA-CEI's vision of creating:

"A community in which any person with a mental health need has access to a wide range of resources to allow him or her to seek his or her desired quality of life and to participate, with dignity, in the life of the community, with its freedoms and responsibilities."

The past year included adjustment to our new electronic health records, uncertainty about the future funding of the public mental health system, and embracing new opportunities such as applying to become a Certified Community Behavioral Health Clinic and expanding our adult outpatient and youth autism services. All of these circumstances

required incredible diligence, patience and perseverance across the organization. As we reflect, we celebrate the innovation and advocacy work undertaken by CMHA-CEI, community partners, and advocates in ensuring that our consumers and families have a voice in their own lives, in the direction of our organization and in the future of the public mental health system.

In this report you will find highlights of 2016 programs and initiatives that embody our continued efforts to uphold our vision, and the stories of consumers who inspire us with their determination to choose new directions for their lives and positively impact others.

2016 HIGHLIGHTS

- Opening two new outpatient Wellness Clinics
- Creating the Behavioral Health and Wellness Committee to promote a culture shift toward wellness and prevention
- Stepping up integrated care planning by applying to become a Certified Community Behavioral Health Clinic
- Increasing autism services to include care for those up to age 21
- Developing a Consumer Advisory Council to be launched in early 2017

- Partnering with community agencies in developing and implementing Crisis Intervention Team Training for local law enforcement agencies

Our connections with consumers and their families, staff, and community partners fuel us to move in the direction of our vision of full community participation for all.

We hold true to the words of Dr. Martin Luther King: "I can never be what I ought to be until you are what you ought to be. You can never be what you ought to be until I am what I ought to be."

We commit to the ongoing integration of behavioral and physical health services and actively promoting a culture of health and wellness for all those we serve including our staff and our communities. **Together**, we move boldly in the direction of our vision.

Sara Lurie, Chief Executive Officer

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



FAMILIES FORWARD

Families Forward (FF) remains committed to emphasizing and further developing our array of trauma services as well as strengthening a trauma-informed system of care. Over the last year, FF has worked with Department of Health and Human Services (DHHS), added innovative services for consumers and provided trauma training and supports for staff.

Meeting the Need for Trauma Services

Based on reports from children and their families, CMHA-CEI staff, and leadership, an estimated 80–90 percent of families entering services have experienced one or more traumatic events. Alarming, data collected statewide has demonstrated that the average number of reported traumas experienced by children is as high as seven. Due to research clearly demonstrating the pervasive nature of trauma across all life domains, it is imperative that our system be trauma-informed to best meet the needs of children and families who have experienced trauma.

Results have shown that **early intervention and treatment of trauma in childhood produces effective outcomes across the lifespan**. Families Forward (FF) remains committed to emphasizing and further developing our array of trauma services as well as strengthening a trauma-informed system of care. Over the last year, FF has worked with Department of Health and Human Services (DHHS), added innovative services for consumers and provided trauma training and supports for staff.

Trauma: Community Collaboration

Families Forward is one of 13 sites in Michigan participating in the *Trauma Breakthrough Initiative*, which brings together local teams of Community Mental Health Authority (CMHA-CEI) and Department of Health and Human Services (DHHS) representatives to create trauma-informed systems. These systems locally design ways to: educate their respective workforces on trauma, provide early identification of youth in the child welfare system who need trauma treatment and increase timely access to trauma treatment. Through collaborative work with local DHHS offices in all CEI counties, we have seen an increase in the identification of children who would benefit from a trauma-informed approach. To educate our collective DHHS and CMHA-CEI workforce, we have provided training on trauma awareness and secondary traumatic stress, and have more joint training on the horizon. This has been a tremendous opportunity to deepen our already strong partnership with our local DHHS offices, further strengthening the services and supports we offer families.

Trauma-Informed Groups Provide an Opportunity for Connection

Trauma-informed groups are also an effective way to increase our ability to serve more people in our community—but, more importantly, they offer an opportunity for individuals to connect with one another around a shared experience. Families Forward has worked to expand the number of groups offered through our various programs. We continue to run the Trauma Informed Parenting group, which provides support and psychoeducation to parents and other caregivers of children identified as having a trauma background. Additionally, this year we have developed a trauma treatment group for children which combines traditional group therapy with activities all provided through a trauma-informed lens. Currently, we are in the process of creating a Parent Trauma Group, which will provide trauma treatment to caregivers who have experienced their own history of trauma.

Additional Outpatient Support for Caregivers of Youth who have a Serious Emotional Disturbance

The children's outpatient program has added two staff dedicated to working exclusively with caretakers of children already receiving services in any Families Forward program (homebased or outpatient). This new POPS (Parent Out-Patient Service) program is able to focus on the caregiver's own identified goals and mental health needs, apart from their child's needs, in a way that enhances the caregiver's well-being and helps to coordinate work with their child's primary therapist. Since its kickoff in June 2016 to early January 2017, the POPS program has received 66 referrals of caregivers whose children are involved either in Family Guidance Services, Child & Adolescent Outpatient Services, or in Early Intervention Services.



Since its kickoff
in June 2016 to
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FAMILY STORY



Parents John and Kelley Bonandrini with Brianna (consumer) and Avery Bonandrini (sister)

My name is Kelley. Seventeen months ago, my husband, John, and I began to foster two sisters, ages six and seven, whom we eventually adopted in April 2016. Both of our girls have been in and out of foster care since they were one and two years old. Unfortunately, throughout the years of back and forth with their birth mother and five different foster homes, they have endured abuse, abandonment, exposure to drugs and alcohol, and homelessness. Both children have been diagnosed with Post Traumatic Stress Disorder, Fetal Alcohol Syndrome, and complex trauma.

Our oldest daughter was eligible for Family Guidance Services through Community Mental Health Authority of Clinton, Eaton and Ingham (CMHA-CEI). This therapeutic service has provided extensive trauma-based therapy that has benefited our entire family. Although our younger daughter was not officially open in services, the therapist has been treating both of our daughters' traumatic pasts.

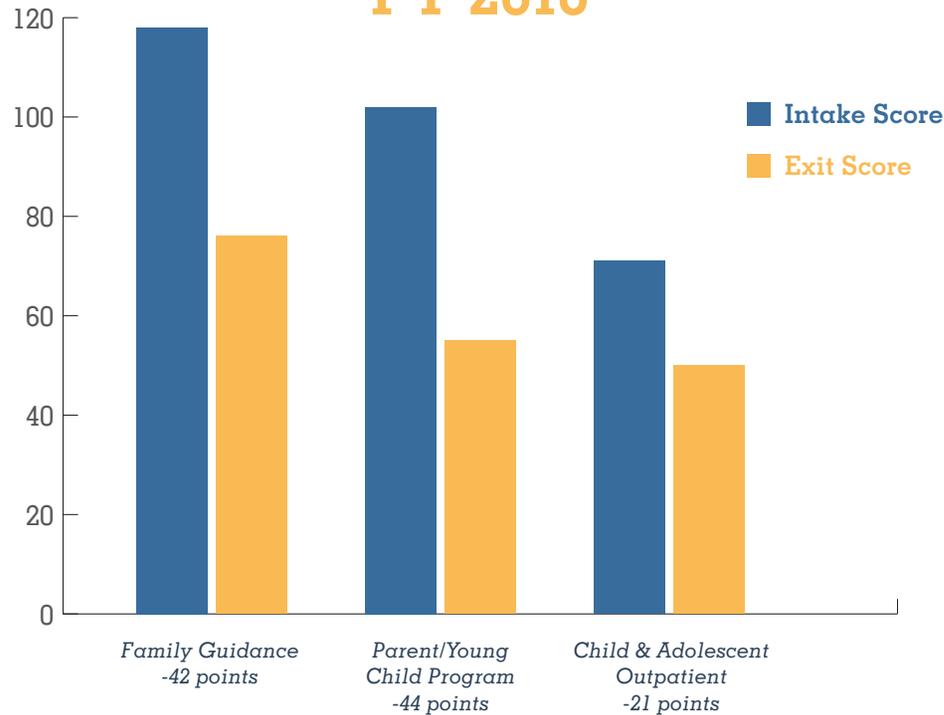
The trauma-based approach to therapy for our children has been vital. One of the goals the girls have been working towards is the trauma narrative. Over the past year, in particular, our girls have been discussing their past and the trauma they have experienced again and again. These exercises have led to our children writing down their past, trauma and all. Over the course of time, this trauma-based approach has helped our girls talk about the hardest and most painful parts of their lives. Words cannot describe what a difference this approach has made to help them cope and be able to discuss their lives!

As you can see, CMHA-CEI has made quite an impact in our lives. Our daughters and family have made so much progress in the past 17 months, and this would not be the case without them. Our family has received excellent support from CMH and our therapists.

A CMHA-CEI therapist has been to every school meeting, helped make sure the behavioral Individualized Education Plan was set up properly, was a part of our daughters' adoption day, helped me navigate all sorts of paperwork and insurance, offered support and counsel at each of our weekly meetings, offered so many additional resources and also made the time to counsel me. Our therapists have seen so many situations and issues and have helped John and me immensely. My family is very grateful to have CMHA-CEI in our lives.

CHANGE IN CAFAS SCORES

FY 2016



The Child and Adolescent Functional Assessment Scale (CAFAS) is the gold standard tool for assessing a youth's day-to-day functioning and for tracking changes in functioning over time. A drop in total score of 20 points or greater indicates meaningful and reliable improvement. The outcomes in the chart at left show the success families are having after receiving services from our therapeutic partnership with them.



A drop in total score of 20 points or greater = meaningful and reliable improvement.



The Autism Benefit Expanded for Persons

Effective January 1, 2016, the Department of Health and Human Services (DHHS) expanded the Autism Services Benefit to provide Behavior Health Treatment (BHT), including Applied Behavior Analysis (ABA), to children and young adults up to the age of 21. CSDD continues to be a leader in serving this growing population. During the year, the number of children served doubled from 73 in January to 153 in December. The program anticipates growing at an even greater rate in 2017. The autism services provided assist children in gaining positive behaviors, building motivation, and developing social, communication and adaptive skills.

Transitions Program Implements On My Own Curriculum

The emphasis of all CSDD Transition Programs is to help people explore, enjoy

COMMUNITY SUPPORT SERVICES FOR DEVELOPMENTALLY DISABLED (CSDD)

and integrate into their community. Most often, consumers engage in the community with CMHA-CEI staff. However, consumers are only involved in this programming during the weekdays—and, of course, people also want to enjoy activities on evenings and weekends. In addition, many of the people we serve have the capability to learn the needed skills to engage in the community without staff help.

Transitions staff developed and implanted a curriculum to help people access their community without needing staff present. Upon completing the curriculum, participants are expected to be able to achieve the following:

1. Ongoing involvement in a volunteer activity or community employment
2. Ability to manage their personal schedule of activities (manages daily routine on an ongoing basis; carries own schedule. Done independently or uses support independently.)
3. Ability to arrange their own transportation (independently or uses support independently)

4. Communicates needs and wants effectively to access community resources (independently or uses support independently)
5. Exhibits healthy social boundaries:
 - a. Respects others' personal space (physical and verbal)
 - b. Lawful public displays of affection
 - c. Private, consensual intimate behavior
6. Has developed a network of natural supports.
7. Safely manages own money for daily activities (independently or uses supports independently)
8. Manages own health and hygiene, such as medications, psychiatric appointments, doctor appointments, etc. (independently or uses supports independently)
9. Displays personal public safety skills when interacting with strangers.

The first class was a great success and 14 individuals graduated from the session. The response was so good that several more classes have been implemented across the Transitions sites.

CSDD Readies to Comply with Home- and Community-based Rules

In 2014 The Centers for Medicare and Medicaid Services (CMMS) issued a new set of rules for the delivery of services through the Medicaid waiver programs. CMMS aims to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning. The rules will affect both Residential and Transitions programs. The rules focus on ensuring programs promote consumer control, choice and interaction with the greater community. The first step in implementing the rules is to assess each program to see how well it meets the standards. In 2016, about one third of the residential homes and all of the Transitions programs were surveyed. The results for the first round of surveys will be reviewed and distributed early in 2017. Programs will have until 2019 to come into compliance with the surveys.

ADULT MENTAL HEALTH SERVICES (AMHS)

EXPANSION OF SERVICES IN 2016 – AMHS Wellness Clinics

In 2016, Adult Mental Health Services (AMHS) strived to touch more lives in the tri-county area with the expansion of outpatient counseling services to individuals with a moderate to severe mental health diagnosis. AMHS opened two new Wellness Counseling Center locations in Ingham County during 2016, while also providing these services in rural Ingham County (Mason), and in Clinton and Eaton Counties. In 2016, the AMHS Wellness Clinics have served 637 clients and provided over 4000 services!

One new location was the Wellness Counseling Center-Cedar Street, moving into the same building as the new Ingham County Health Department–Forest Health Center. The other new location, Wellness Counseling Center–Waverly, moved into their new building and hired their first Mental Health Therapist in May 2016. In just a short time, these Wellness Counseling Centers have been able to increase access

to services to the tri-county community by providing therapy, coordination of care with primary care physicians and linking to community resources for individuals who may otherwise have gone unserved.

AMHS expects to see continued growth in numbers of individuals served in 2017 as these clinics become fully established in the community.



In 2016, the AMHS
Wellness Clinics have served
637 clients
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WELLNESS CENTER CONSUMER STORY



Jennifer Parks

Jennifer began counseling in our Mason Wellness Program about six months ago. She has been seen weekly there by a Mental Health

Therapist. Jennifer had this to say about her experience in the Wellness Program:

“I went there because I was feeling like my thoughts were so negative and I could not see outside my own perspective. Through seeing Jeannine, I learned it is okay to have moments and to see all different sides to my problems. Jeannine understands what I am going through. She cares by showing that she understands and by helping me develop different ways of managing my problems. She has taught me skills to use in my difficult moments. I now focus more on myself and am better able to regulate my emotions. I am also able to see things more positively, including my own self esteem. I see now what I am good at, my strengths, and I did not see that before. My relationships are improving and I have a better outlook on life. I am thankful for the Wellness Clinic in Mason and that Jeannine had faith in me.”

BIRCH HEALTH CENTER

Improving Access and Integration of Physical and Behavioral Health

The Birch Health Center is a partnership between Ingham County Health Department and CMHA-CEI. From the inception of the Birch Health Center in 2013, the vision has been to improve access and integration of physical and behavioral health needs for individuals receiving CMHA-CEI services. Key to this vision is the role of the CMHA-CEI Nurse Care Manager embedded in Birch Health Clinic. In close partnership with the Ingham County Health Department and Birch Health Clinic staff, the Nurse Care Manager serves as a liaison between the medical practitioners and the CMHA-CEI treatment team. The Nurse Care Manager coordinates hospital discharges from behavioral as well as physical health inpatient settings and coordinates referrals with specialists, lab testing and radiology. The goal of this position is to not only reduce the morbidity and mortality of individuals with serious mental illness, but also the reduction of the degree of disability or mental health conditions by early identification and treatment of medical conditions. This is done by linking individuals served by CMHA-CEI with primary care services using behavioral health as the entry point. In 2016, the Nurse Care Manager provided service to 302 individuals. On average, the Nurse Care Manager processes six new referrals a week and is able to schedule them for an intake appointment with a primary care provider within two weeks. The Birch Health Center also added a full-time Mental Health Therapist to continue to promote and provide integrated mental and physical health care.

BIRCH HEALTH CENTER CONSUMER STORY



Told by Maria DeWitt, CMHA-CEI Mental Health Therapist



Last year I had the privilege of assisting Bonnie with her urgent medical issues. I called Bonnie to check on her in July, since she had missed her therapy appointment. She explained she felt

awful and that she had been falling on the floor and was not able to get up one day. When I offered to take her to the urgent care she agreed. At urgent care, the doctor stated her blood pressure was dangerously high and that she needed to go to the ER or her condition could be fatal. After a stay in the hospital, Bonnie agreed to be connected to Birch Health Clinic. Birch made Bonnie a priority. Bonnie told me they met her "with a smile" and did weekly blood pressure checks. In speaking of Birch, Bonnie remarked, "They care about me." They worked with her to lower her blood pressure to a more acceptable range. Bonnie is grateful for the care she has received at Birch Health Center and finds it convenient to be able to come to the Jolly Road location for both her physical and mental health needs.

BRIDGES CRISIS UNIT (BCU)

Stabilizing and Returning People to Their Lives

Bridges, a 16-bed residential crisis unit, provides hospital stepdown, hospital diversion and crisis stabilization (including Respite) for adults in the tri-county area with Medicaid. Individual counseling, psychiatric evaluation, medication monitoring, group therapy, pet therapy and connecting residents with outpatient providers for ongoing treatment and support are all just part of what Bridges provides. On average, residents stay eight to nine days, though the length of stay can greatly vary depending on what the consumer needs. Bridges is a unique service, one of very few such crisis units in the state.



In 2016, Bridges provided
515 admissions
preventing numerous hospitalizations
and giving hundreds of consumers
the opportunity to
**stabilize and return
to their lives.**

BRIDGES CRISIS UNIT CONSUMER STORY



Michelle Frayer

For Michelle, being able to stay in Bridges Crisis Unit gives her “a break from home.” She smiles as she shares how many times she’s used Bridges in the past, recalling stays back when she was 19.

Now 31, her last stay was in 2007, as she’s required higher level residential placements and state admissions since that time in order to treat her severe and persistent mental illness. But she’s now turned a corner. Now out of the state hospital, she lives in a rural AFC home. Her symptoms are far better controlled and her progress has been impressive, though she still has to deal with the reality of having a severe mental illness. At times, she needs a break from it all. Today, she is using Bridges to help restore her coping and to prevent a need for hospitalization. Michelle says she is grateful she can “take a break.”

Michelle is not the only consumer expressing her sincere appreciation for being able to use the crisis unit. At any given time, you will see handwritten notes pinned to the wall in the Bridges staff office. These notes contain heartfelt words of hope from consumers who were thankful for the opportunity to use Bridges to change their medication or to get them through a depressing holiday or even to connect them to a case manager to rebuild their lives after a trauma. These notes of gratitude remind Bridges staff of the significant impacts the crisis unit has in the lives of so many.

Michelle says the best thing about Bridges is “there are people around to talk to and it gives me a break.” Michelle’s stay may have prevented another admission or a loss of placement in her new AFC, though what mattered to her was “being around people who care.”

SUBSTANCE ABUSE SERVICES & CORRECTIONS MENTAL HEALTH



Strong Community Partnerships Lead to Vital Programs and Services

In 2016, Substance Abuse Services Administration joined local law enforcement, NAMI-Lansing, Emergency Departments, Homeless Shelters and courts to develop and hold the first Tri-County Crisis Intervention Training for 40 law enforcement personnel. The Crisis Intervention Team (CIT) is an innovative police-based first responder program for assisting those in a mental illness crisis. For more information on Crisis Intervention Training visit www.tricountycit.com

As a result of participation in community initiatives, the Director of Substance Abuse Services was accepted into the Behavioral Health and Justice Leadership Academy held in Washington, D.C., on May 3-4, 2016. Local leaders from communities that have demonstrated a readiness for change receive training and assistance as they carry out a strategic action plan.

Clinton County Counseling Center Consumers Achieving Success

Located in St. Johns, Clinton County Counseling Center (CCCC) provides outpatient treatment for Substance Use Disorders. In 2016, CCCC worked collaboratively with specialty courts and community providers in addressing both treatment and prevention. CCCC served 170 consumers in FY16 and had a successful discharge rate of 71%.

The Recovery Center Offers 24-hour Emergent Admissions

The Recovery Center (TRC) provides medically monitored detoxification services and is one of the few detox centers in the state offering 24-hour emergent admission. While TRC had 346 admissions in FY 2016, there is existing capacity to serve more individuals in need. New partnerships were initiated in 2016 to help increase utilization of this vital service.

These include:

- Partnership with the Volunteers of America Inter-Disciplinary Team (IDT) program to help individuals with chronic homelessness rapidly access detoxification services.
- New partnership with two Northern Community Mental Health Service Providers (CMHSP) to provide emergent detoxification services to individuals screened by those CMHSP's Adult Mental Health Crisis Services staff.

Correctional Assessment and Treatment Services

Correctional and Treatment Services (CATS) Program is located in the Ingham County Jail and offers Substance Use Disorder Services, Emergency Mental Health Services, and Jail Diversion for individuals who may have a persistent mental illness. Highlights from 2016 include:

- Served over 400 inmates within the Substance Use Disorders Treatment Program with 745 individuals screened by Crisis Mental Health staff in the jail.
- Through funding provided by Ingham County, Mental Health Crisis On-Call Services were added in the Ingham County Jail, allowing mental health screening to continue Friday evening through Monday morning and holidays.
- A new therapy group for inmates with a co-occurring diagnosis was implemented with 100 individuals attending this group in 2016.

House of Commons Men's Residential

The House of Commons (HOC) is a 40-bed men's residential substance use disorder treatment facility located in Mason. Program highlights from 2016 include:

- Maintained over 70% occupancy as a result of the strong relationships with the community at large and other key stake holders.
- Addition of a Mental Health Therapist provided needed services for consumers with a co-occurring diagnosis and the ability to facilitate The Men's Trauma Recovery and Empowerment Model (TREM) Group.
- Integrated Mindfulness by using a Cognitive Behavior Therapy (CBT) format combined with Mindfulness to address a broad range of psychological disorders and general stress conditions in effort to prevent relapse and reduce recidivism.

QUALITY ASSURANCE, CUSTOMER SERVICES & RECIPIENT RIGHTS (QCSRR)

Medication and Pharmacy Workgroup Enhances the Care of Consumers

St. John Pharmacy is located at CMHA-CEI's main office, making it easily accessible for consumers and staff. The co-location also provides many opportunities to partner to improve and enhance the care of our consumers. In 2016, the QCSRR Department formed the Medication and Pharmacy Workgroup (MAP), which has proved to be a collaborative and action-focused workgroup. MAP has fostered the creation of a formal communication system between St. John Pharmacy and CMHA-CEI, the development of procedures and training materials, and brainstorming regarding physical health outcomes and quality measures.

Empowering Consumer Voice

The QCSRR Department has been working to develop a Consumer Advisory Council (CAC). The CAC will provide the opportunity for consumer and community partner involvement in shaping CMHA-CEI policy and practice. The CAC will be comprised of current and past recipients of services and family members of those who have received services from CMHA-CEI. There has been active recruitment of potential council members through an application process and selection will take place in early 2017.

Moving Towards Prevention and Wellness

The Prevention and Wellness Specialist housed in QCSRR has been active on many fronts, empowering and engaging community residents, consumers, families, staff and system partners to expand and improve upon the behavioral health prevention and wellness promotion efforts provided within our area. The overarching goal is to improve the behavioral health landscape within Clinton, Eaton and Ingham counties.

Some of the 2016 highlights within the prevention and wellness initiatives include:

- CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee established the vision statement to “promote a culture of health and wellness for those we serve, our staff, and our communities.”
- Trained over 120 participants on Youth and Adult Mental Health First Aid.
- Hosted three Coordination of Care Dinner presentations to over 135 Primary Care and Behavioral Healthcare clinical staff in 2016.
- Received a MDHHS Health Innovation Grant award in partnership with Ingham Health Department’s Health Promotion and Prevention staff to establish a mobile online behavioral health screening platform.
- Led the planning and submission of a Nutrition and Healthy Lifestyles grant to the Michigan Health Endowment Fund. The goals include creating a culture of health—especially among groups that face great barriers in achieving better health.
- Established partnership with the American Foundation for Suicide Prevention (AFSP) Lansing chapter to build upon suicide prevention training, programming and community awareness campaigns in the tri-county area.
- Established an Eaton Rapids Medical Center (ERMC) partnership to expand and enhance ERMC’s current behavioral health adolescent screening, brief intervention and referral to treatment.
- Supported Capital Area Health Alliance Mental Health Partnership Council activity surrounding Mental Health First Aid training, access to care, care coordination, funding updates, and other behavioral health advocacy opportunities.
- Also actively managed the regular posting of relevant Behavioral Health prevention and wellness promotion initiatives, resources, and activity. Please like us on Facebook – <https://www.facebook.com/ceicmh/> or search Community Mental Health Authority of Clinton, Eaton, Ingham!
- Actively involved in multiple community networks and affiliations.

INFORMATION SYSTEMS (IS)



New Electronic Health Record Brings Challenges and Triumphs

CMHA-CEI has now used SmartCare, the agency's new Electronic Health Record (EHR), for a year and a half. This system, which went live October 1, 2015, provides a consolidated electronic record for all persons served at CMHA-CEI. Clinicians can electronically write, sign and view clinical assessments, treatment plans, referrals and scores of additional clinical documents. Paper documents can also be scanned and added to the record. Where clinically appropriate, information flows automatically between Assessment, Treatment Plan and Periodic Review, eliminating the need for repetitive

typing. The system also supports necessary "back-office" functions such as billing, encounter submission, acceptance of claims from contractual providers, and others.

One very positive SmartCare feature has been the fact that the Information Services Department and Reimbursement staff are often able to customize the SmartCare system in-house, thus avoiding the cost and delay of contracting with the vendor for changes. The IS Department has already added 65 customized CEI documents/screens and a similar number of new reports. In addition, the following integrated systems have been added to SmartCare by the IS Department:

- For consumers served by CMHA-CEI staff at the Ingham County Health Department, treatment information is automatically sent from the Health Department Electronic Health Record to SmartCare, so CMHA-CEI has a record of services provided.
- SmartCare receives real-time notification from about 80 Michigan hospitals when CMHA-CEI consumers are admitted or discharged from the emergency department or inpatient hospitalization. A consumer's

case manager and/or therapist receive an alert, allowing them to quickly reach out to consumers and/or providers if necessary.

- A system called the Integrated Care Delivery Platform (ICDP) now has a "portal" built into SmartCare. The ICDP portal uses Medicaid claims information to present each CMHA-CEI clinician with a more complete understanding of the physical health needs of the persons he/she treats.
- SmartCare is now integrated with the Great Lakes Health Connect (GLHC) "Virtual Integrated Patient Record." This system provides CEI staff with the ability to view treatment that has been provided by other participating Mid-Michigan providers.

New Systems and Upgrades

The IS Department also provides IT service to Mid-State Health Network (MSHN), the organization that manages behavioral health Medicaid funding for CMHA-CEI and 11 other Community Mental Health agencies. On behalf of MSHN, the IS Department created several new systems for reporting necessary information to the Department of Health and Human Services, including changes

HUMAN RESOURCES

to encounter systems, addition of Behavioral Health Treatment data, upgrades to automated routines to determine Medicaid eligibility, and automation to connect MSHN to other health systems.

Finally, a number of important updates were made to the technical infrastructure. CMHA-CEI utilizes 45 physical servers and 459 “virtual” servers to support over 1,214 users on 917 in-house computers. This is an addition of 12 physical servers and 77 virtual servers from the same time last year. Additional upgrades included a migration to Microsoft Office 2016 (from Office 2003), an upgrade of all 917 computers to Windows 10, upgraded hardware on 160 laptop computers, and installation of auxiliary server rooms at the new Cedar and Waverly Wellness Center locations.

Employing Strategies to Meet Growing Demand

The Human Resources department continues working toward ensuring that the characteristics of the CMHA-CEI workforce match those of the community we serve. In 2016, the department’s efforts focused on developing employment strategies to meet the growing demand for more diverse behavioral healthcare, developmental disability services and substance use services with focus on health care integration.

Our efforts to reach more diverse candidates and interns included attending the Michigan State University Diversity Career Fair and the university’s first International Students Career Fair. Staff continue their membership with the Capital Area Health Alliance and strengthened our relationship with the Lansing Economic Area Partnership. Our focus continues to be finding diverse, talented medical professionals to fill the high volume of vacancies throughout the tri-county area.

The recruitment team also became members of the Lansing Area Veterans Resource Coalition. The Human Resources Department is proud to provide support to veterans and their families, connecting them to employment opportunities and assisting them in career planning.



Our focus continues to be finding diverse, talented medical professionals to fill the high volume of vacancies throughout the tri-county area.

FINANCE



The Finance Department focused on the implementation of the new Electronic Health Record system, "SmartCare." The new system integrates claims, service and billing data into consumer health records.

Payroll & Benefits

Staff processed 227 new hires with 123 of those employees receiving benefits; 172 terminations and 122 transfers.

Outreach Assistance

Finance continued to provide outreach assistance to consumers and the community by hosting or participating in several events throughout the tri-county region. Efforts were expanded to include Finance staff visiting Volunteers of America twice a week. Such outreach included providing assistance with the application process for Medicaid, Healthy Michigan and other healthcare coverage.



General Fund Expenses*

	DOLLARS	PERCENT
Adults w/Mental Illness	\$28,390,069	27.16%
Children w/Emotional Disturbance.....	\$11,088,210	10.61%
Adults w/Developmental Disabilities.....	\$48,505,730	46.40%
Children w/Developmental Disabilities.....	\$2,443,065	2.34%
Substance Abuse.....	\$2,921,465	2.79%
Board Administration.....	\$9,480,734	9.07%
Community Benefit.....	\$613,509	0.59%
Supportive Housing	\$219,717	0.21%
Local Match	\$868,372	0.83%
TOTAL EXPENSE	\$104,530,871	

*The financial information contained in these tables is based on unaudited financial statements for the quarter ended September 30, 2016.

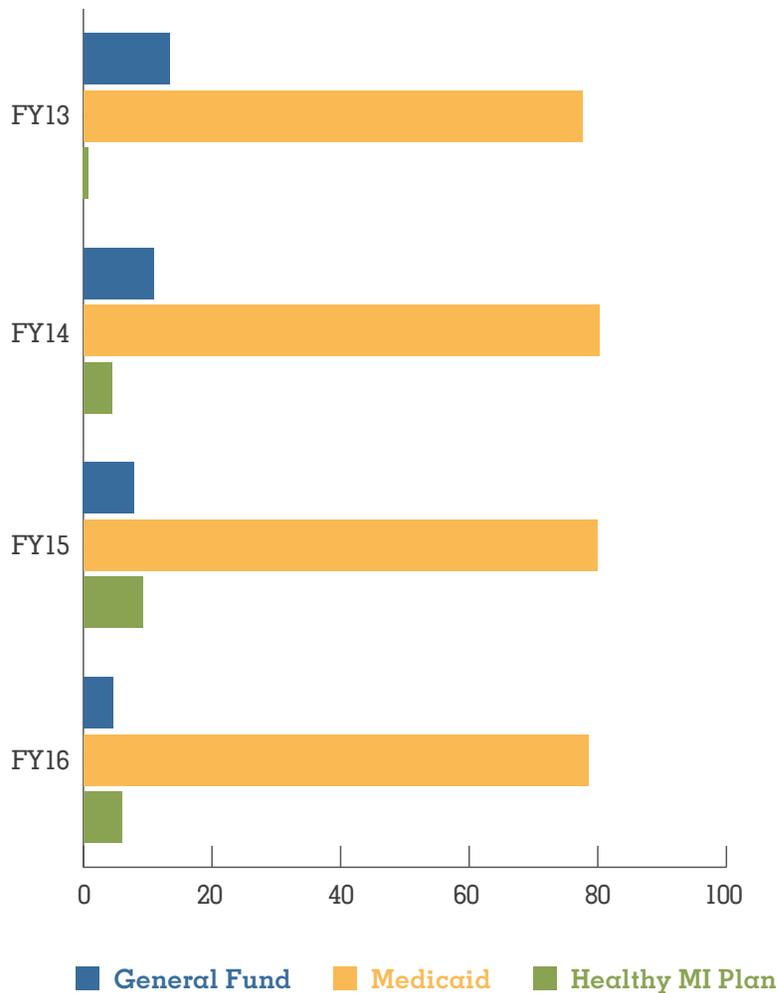
General Fund Revenues*

	DOLLARS	PERCENT
Federal Funds	\$968,405	0.91%
State of Michigan.....	\$5,458,257	5.14%
Local.....	\$4,599,786	4.33%
Earned Contracts.....	\$3,825,948	3.60%
Medicaid PEPM.....	\$88,191,822	83.05%
Medicaid - Fee for Service	\$1,865,214	1.76%
SSI/SSA.....	\$719,618	0.68%
Fees	\$462,411	0.44%
Food Stamps	\$84,948	0.08%
Interest Income	\$18,072	0.02%
TOTAL REVENUE.....	\$106,194,481	

CMHA-CEI FUNDING SOURCE TRENDS

2013 - 2016

(IN MILLIONS OF DOLLARS)



CUSTOMER SATISFACTION

Annually, CMHA-CEI surveys those whom it serves to determine their level of satisfaction with CMHA-CEI services. Following are the results of the 2016 survey (percent responding satisfied or very satisfied).

The CMHA-CEI staff...

- responded promptly to my request for services **90%**
- are courteous and respectful..... **95%**
- helps me to get the right type of services for my problem **90%**
- In general, I am satisfied with the services provided by CMH..... **93%**
- understand my needs and situation **90%**
- have the knowledge and skills to serve me well **92%**
- If a friend or family member were in need of similar services, I would recommend my CMH program to him or her **90%**
- The services I receive help me to function better in my life..... **90%**
- If I were to seek help again, I would come back to the same program..... **90%**
- Followed my person centered plan (PCP) or family centered plan..... **89%**
- Helped me identify natural supports **84%**



Community

MENTAL HEALTH

CLINTON • EATON • INGHAM

**Community Mental Health Authority
of Clinton, Eaton, & Ingham Counties**



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Phone: 517-346-8200 • www.ceicmh.org • Mental Health Crisis: 517-346-8460