



# Community

MENTAL HEALTH  
CLINTON • EATON • INGHAM

Together we can.

# 2020 REPORT TO THE COMMUNITY



STANDING  
***STRONG***  
TOGETHER

# Letter to the **COMMUNITY**

It has been a year like no other! From a global pandemic impacting millions of people to an awakening across our country of the impact of systemic racism and racial injustice, we were called upon to live up to our highest values in 2020. We have been through so much over the past year and here we are still **Standing Strong Together!**

From the very beginning when COVID-19 emerged and the first stay at home order was issued, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties quickly shifted over half of our staff to remote operations. To protect the health and safety of consumers and staff, our Virus Task Force implemented protocols and practices for screening and cleaning, while also scrambling to secure Personal Protective Equipment and supplies needed to support our 24/7 programs and in-person services to those at most risk. Never did we imagine that a year later we would still be actively dealing with the pandemic. Now, finally, we are filled with tentative hope for a return to a "new normal" with the vaccination efforts underway.

The 2020 Annual Report to the Community highlights initiatives and stories from across our organization that illustrate both the spirit of our tagline *Together we can* and the resilience of Standing Strong Together. We proudly celebrate the fulfillment of our mission during this unprecedented year as we delivered essential behavioral health services to thousands of individuals and families across the tri-county area while also recommitting to our important role in eliminating inequities, and promoting the common good for all. Truly, every staff member across the organization, our Board of Directors, network of providers, community partners, funders, consumers, and advocates have contributed their best effort during this time, showing generosity, compassion, determination, creativity, and courage in the face of adversity and heartbreak.

Despite the challenges, this year has also been unparalleled in unexpected accelerated growth and learning as we grappled with the challenges of maintaining connection and providing tools and support to a remote workforce, greatly expanded the use of telehealth, adjusted to meetings and events using Zoom technology, initiated state required COVID-19 testing, and forged ahead with ongoing time sensitive administrative initiatives and facility renovations. During this time, we also received a second federal award as a Certified Community Behavioral Health Clinic Expansion Grantee. We have also continued to deepen our community partnerships, and expanded our Diversity Advisory Council planning efforts.

We look forward to applying all of the new experiences and lessons learned in this time to our future work, as we Stand Strong Together and continue recovery efforts to rebuild, refocus, and reenergize in this post-pandemic world.



Sara Lurie, Chief Executive Officer  
Community Mental Health Authority of Clinton, Eaton, and Ingham Counties



## 2020 **Board of Directors**

### **Chair**

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### **Vice Chair**

Joe Brehler

### **Secretary**

Al Platt

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Dwight Washington

## 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.

# Agency HIGHLIGHTS

## Virus Task Force

In March 2020 we quickly pulled together our Virus Task Force, a workgroup that would continue to meet multiple times a week throughout the year to address regularly changing COVID-19 guidance from the Centers for Disease Control, the Michigan Department of Health and Human Services, and our local health departments. The Virus Task Force develops and reviews internal protocols, monitors personal protective equipment inventory and ordering processes, provides education to staff and consumers, and facilitates COVID-19 communication with staff, contracted providers, consumers, and the public. As we've managed challenging situations this year, we've had the opportunity to work closely with our local health departments to ensure the health and safety of our staff and those we serve. With their collaboration, we've addressed housing needs for those who are COVID-19 positive, managed positive cases in residential settings, and helped our staff and consumers in high priority groups receive COVID-19 vaccinations.



## COVID-19 Testing

We rose to a new challenge in November this year, when the Michigan Department of Health and Human Services released an Epidemic Order requiring COVID-19 testing in adult foster care facilities licensed for 13 or more residents. In collaboration with Sparrow Occupational Health, our staff quickly created a test collection site and implemented new processes to safely test over 60 staff every week. The ingenuity of our Human Resources department in meeting this challenge, and the fortitude of our residential staff participating in weekly testing, has helped create safer residential settings for those we serve.

## Nurses and Volunteers

We give a big shout out to our CMHA-CEI nurses and their contribution to good patient outcomes during this challenging time. Throughout the pandemic, vital injections were continued on schedule and telehealth visits with psychiatrists were supported. Patient support, education, and care coordination with other providers was maintained. Again and again during the pandemic our nurses stepped up to help with screening, COVID-19 testing, staffed the Nurse line to offer consultation and support to clinical programs, participated in the Virus Task Force, and filled in during staffing shortages.

Staff stepped up to volunteer to help out in areas of great need when the pandemic took a toll on staffing in some of our 24/7 programs, and to provide support to homeless consumers with COVID-19 while quarantined in local hotels.

# STORIES OF SUCCESS AND INNOVATION from across the organization during a global pandemic

## Adult Mental Health Services:

24/7 programs including Residential, Crisis Services, and Bridges Crisis Unit did not miss a beat and have all continued to work with safety measures in place. They have dealt with positive cases and low staffing and have continued forward to serve our community. Outreach Case Management and Assertive Community Treatment teams shifted, balancing office, home, and community work, especially early on when things were very unknown. These staff continually focused on flexibility and dedication to consumer's needs being met delivering meds, making sure cancer treatments weren't missed and shopping for food.

Other programs have worked a hybrid model of seeing clients in person who have urgent needs or to remain stable. They met the challenge of shifting several times each week between working from home and from the office. The resiliency and dedication to clients and their needs while adhering to safety protocols to do this work has been nothing short of admirable.

## Families Forward:

Children's Crisis Services, Youth Mobile Crisis, Urgent Care, Apple Tree Crisis





Respite, Homebased and Enhanced Outpatient Therapy, the newly opened Beacon Sandhurst Crisis Residential and other in-person services to those most at risk continued in-person services throughout the pandemic with safety measures in place. In other services, staff used creativity to engage children and families safely in therapeutic activities including meeting outdoors, facilitating engaging telehealth visits that included virtual gardening, fort building, creative games and activities. Every summer for the last 18 years, Families Forward has offered a summer camp experience for youth. Camp normally serves around 60-80 kids each year. During the summer of 2020, staff had to create a hybrid summer program that kept in mind factors of being safe through the pandemic. While maintaining all safety protocols, such as social distancing, supporting youth wearing masks, frequent and thorough sanitizing and altering to a 1:1 ratio, we were still able to serve upwards of 50 kids throughout the course of 6 weeks all while in the midst of this pandemic.

### ***Community Services for the Developmentally Disabled:***

CSDD staff responded with substantial creativity in the pandemic, not only maintaining much of the typical services and supports people require in day to day existence but, in some cases, found ways to expand service offerings. As the pandemic closed down peoples' access to the world, staff in Residential Supports stepped in to fill social gaps, acting in cases as a form of "surrogate family". Residential staff faced many stressful Covid-19 related demands, and worked without complaint to ensure that people receive the hours and staffing they require, often working back to back shifts, or in environments not well known. Clinical Services staff never skipped a beat across their service span and Autism screening, challenging to maintain needed support levels in typical instances, managed to hold steady throughout the year. Case Managers found ways to use Zoom connection not only in support of one another, but also in ways to build new connections among those we serve, and in aid of much needed social support. Skill Building staff adapted effectively to assist our most vulnerable and stressed service area where help was needed most, the Residential unit, and by working in various support sites across the agency as valued Covid-19 screeners in facilities.

### ***Integrated Treatment and Recovery Services:***

ITRS employees went above and beyond to continue to provide critical services.

Jail based programs quickly worked with the Sheriff's offices and jail command to plan how best to continue to meet the needs of the consumers. This included Corrections and Treatment Services (CATS) staff shifting their schedules to evening and weekends due to lack of telecommunication devices in the Ingham County Jail. The 24/7 programs; The Recovery Center and House of Commons Men's Residential Treatment Center continued consumer admissions and insured all safety and health practices were maintained, utilizing technology to insure consumers had family visits and on line support group meetings. Integrated Healthcare implemented Medication Assisted Treatment at a local Community Health Clinic with Behavioral Health Consultants assisting with consumer navigation. ITRS also developed and implemented a new outpatient level of care in Lansing. Peer Recovery Coaches and Case Managers continued to assist consumers at risk of relapse and to help those requesting treatment. All ITRS employees continue to exude flexibility, patience and quality clinical care.

### ***Quality, Customer Service and Recipient Rights (QCSRR):***

Staff in the QCSRR Department continue to demonstrate a nimbleness and willingness to do all they can to support our consumers and to support the Departments on the front lines. Access and Customer Service staff developed strategies to manage the highest call volume experienced in our history, working with clinical programs to support Intake Assessments performed via Zoom and phone calls.



Recipient Rights staff continue to maintain a strong presence in the agency while working remotely. Recipient Rights training, required for all new staff, is now provided through an interactive virtual platform. Quality Improvement staff adapted to a virtual format, ushering the agency in the achievement of a 3-year CARF accreditation and supporting the successful completion of other large audits required by MDHHS and MSHN. Additionally, they played a large role



in assisting in the development of COVID-19 information including a Pandemic Protocol Directory. Quality Advisor staff provided site visits and supports virtually, ensuring consumer protection and safety. They are a valuable resource and active support for contract providers in providing services and housing to consumers during this pandemic. Utilization Management staff are extraordinarily busy as the rate of psychiatric hospitalizations has increased, adapting their reviews of hospital stays to an electronic format. Additionally, they expanded the provision of utilization management functions to the Clinical Departments, freeing up clinical staff's time to provide services. The Records Room team remained on site, applying safety protocols while increasing their support to all Departments by assisting with on-site tasks and supporting the transition from paper to electronic systems.

### **The Information Services Department(IS):**

IS Staff mobilized quickly to provide the resources and tools necessary to get hundreds of staff working remotely. The Network and Support team planned and came up with solutions to provide equipment and tools necessary to connect to the agency's network. Business Analysts tested solutions, wrote several user manuals for staff and provided ongoing support. Software Developers made updates to the Electronic Health Record to meet requirements for Telehealth. Within 3 days of the shutdown staff were able to work remotely and within less than a week clinicians and physicians were able to use Zoom to provide telehealth/tele-psychiatry services.

In order to meet the needs of the agency in the changing work environment, supervisors and managers had to gather information on spreadsheets regarding the equipment and internet availability of all current staff. Everyone responded very quickly to the surveys to ensure their staff were able to continue to work and serve their consumers. This is what allowed IS to have a fast turnaround to get everyone the resources they needed to continue working. The coordination and patience demonstrated across the agency led to a great success.

### **Human Resources:**

The Human Resources Department provided guidance and support to staff experiencing symptoms or diagnosed with COVID-19. This included helping staff draw down all eligible leave benefits. The Human Resources Department also worked with Directors and the Union in maintaining employment for all agency employees during the statewide shutdowns. This included providing options and workplace flexibility for parents of children in K through 8th grades when schools continued to be virtual in the fall. Understanding and implementing weekly testing of employees in two programs was an amazing team effort. This was done in a very short period of time and included Human Resources staff, Training Unit staff, the Virus Task Force and Sparrow Occupational Health contributions. It inspired the motto *Together we can*, and together we did.

### **Property and Facilities:**

The Property and Facilities team rallied around during a time of great need. From getting signage and six-foot distancing stickers in place to setting up screening at our various locations and then establishing an internal process for PPE inventory, storage, and delivery, they worked swiftly and efficiently to protect the health and safety of consumers and staff. Our Security and Grounds Staff assisted with deliveries to group homes and facilities. This was truly a team effort and we are grateful for how everyone pulled together in this tremendous effort.

### **Finance:**

Early in the pandemic, the Finance team transitioned to remote work and then swiftly worked to transition our agency from historically paper based processes to electronic processes. This required collaborative work to assist one another in imagining and developing new business processes to meet the needs of the agency in the new remote working environment. Finance also worked collaboratively with Facilities and Families Forward to share their physical space to meet the needs of the agency and the individuals we serve. Along with Human Resources and IS, they were involved in forging ahead with Phase 1 of the Connect software conversion for Human Resources and Payroll and Benefits. This has been no small feat during a pandemic!

**Together we can.**

# CONSUMER ADVISORY Council

## Empowering Consumer Voice

The CMHA-CEI Consumer Advisory Council (CAC) provides opportunity 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. This year, the CAC has worked hard to ensure that they could continue to meet despite the challenges of the pandemic.



Reflecting on 2020, members were asked to share their answers to two questions:

### 1. What has been the most challenging thing about living through the COVID-19 pandemic?

- "I haven't done much, being in quarantine." -Edward H.
- "Not being able to get out with friends and family." -Linda M.
- "Wearing face masks." -Gordon P.
- "Not being able to see my case manager as often." -Simone T.

### 2. What accomplishments are you most proud of during this time?

- "Since we couldn't go to Higgins Lake, we went to Houghton Lake and we took lemons and made lemonade." -Carol B.
- "I have learned a lot of things from the Advisory Council." -Janel B.
- "I've read lots of books." -Lori G.
- "I had four of my poems published in a book through Writers' Group." -Kathryn W.
- "I am proud of the work that all the CAC members did to promote the 2020 Census and for the video that Sara and I recorded." -Jerri Nicole W.

# CCBHC

## Certified Community Behavioral Health Clinic

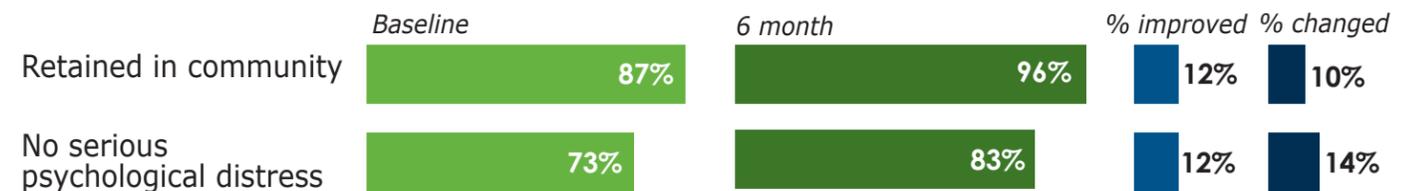


CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC  
Comprehensive Care is Key

This model of care aims to standardize behavioral healthcare across the nation, with one emphasis focused on gathering outcome data. In October of 2020, we closed out our final year for the first CCBHC expansion grant and were able to determine that 95.6% of adults enrolled in CCBHC had a **positive perception of their care**. The National Outcome Measures (NOMS) data showed outcomes improved between their initial enrollment and 6 months into treatment. In fact, there were statistically significant improvements in two areas. One of these included a decrease in serious psychological distress. The other was an increased ability to maintain life within the community, indicating they were not homeless, hospitalized, residing in residential treatment, or incarcerated. In addition, 100% of youth enrolled in CCBHC held a positive perception of their care. Their functioning in everyday life and feelings of social connectedness also statistically improved during their treatment.

### ADULTS: 95.6% positive perception of care

Outcomes improved between baseline & 6 months (4/1/19-9/30/20)



### YOUTH: 100% positive perception of care

Outcomes improved between baseline & 6 months (4/1/19-9/30/20)



CMHA-CEI applied and was awarded a second CCBHC expansion grant which began in May of 2020. Between May 1, 2020 and December 31, 2020, 1,153 consumers were enrolled in the CCBHC grant. Of them, 121 were uninsured, 100 were commercially insured, and 23 were Veterans. Of those enrolled, 957 of them were adults and 196 were children. With this funding, we're continuing our efforts to move towards implementing the CCBHC model of care to increase access to care, coordination of care, quality of services with evidence-based practices, and building infrastructures to keep us sustainable. In fact, by the end of December 2020 (about 25% of the way through), the numbers showed that we are on track with achieving or have already surpassed some of our Objectives:

**Mobile Crisis Services:** Mobile Crisis Services provided 55 services to the agency overall, and 12 to CCBHC consumers.

**Substance Use Disorders:** CMHA-CEI enrolled 55 consumers into CCBHC who have a substance use disorder.

**Tele-Psychiatry:** CMHA-CEI added two access points to tele-psychiatry services in our rural clinics located in Clinton and Eaton Counties.

**Veterans System Navigator Program:** CMHA-CEI's Veterans Systems Navigator Program served 16 veterans enrolled in CMHA-CEI services.

**Evidence-Based Practices:** Consumers received 5,477 services that were evidence-based practices.

# PREVENTION Goes Virtual

Prevention and Outreach's focus and determination to provide high level prevention initiatives, public relations, community training, and outreach has been reconfigured, reimagined and reinforced over the past 12 months due to the pandemic.

- Adjusted quickly to a virtual environment for in-demand evidence based programming around suicide prevention and mental health promotion.
- Provided community leadership and executive level support for multiple tri-county task forces, coalitions and boards faced with uncertainty in the midst of a global pandemic.
- Quickly transitioned to enhanced communication methods to share and promote important public health and behavioral health related information, resources and community supports to our consumers, staff, and community networks on a multitude of platforms, including newsletters, website, Facebook, and local news channels.
- Realization that existing initiatives (Behavioral Health Screening Platform, Facebook Toolkit, QPR & MHFA Trainings, Behavioral Health Council, Recovery Coach Outreach, Consumer Supports, etc.) proved to be even more imperative, relevant, and impactful within a pandemic.



## **500** interactions with Recovery Coaches

*including 281 new encounters and 116 individuals screened, transported and engaged in substance use disorder treatment*

**636** people completed an  
**Online Behavioral Health Screening**  
*1,011 people visited the screening platform. 62.91% of people who visit the site completed a screening.*

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

**796** people participated in  
**The Talks**  
*Community conversations about youth behavioral health facilitated by Families Forward*



## Diversity Advisory Council

The Diversity Advisory Council (DAC) of Community Mental Health Authority of Clinton, Eaton and Ingham Counties is open to all employees and focuses on strategic initiatives specific to diversity, equity and inclusion in the workplace. These initiatives are demonstrated by the creation of targeted workgroups focused on continuous improvement of our on-going Management Mentorship Program, development of stay, exit and transfer interviews as well as the implementation of agency wide education initiatives on difficult conversations surrounding racial beliefs, privilege and biases.

This past year, our nation was forced to face the cruel realities of our racist systemic structures, policies and practices that disproportionately impact the health and well-being for people of color. As an organization, we actively work to reduce stigma and trauma by providing hope and healing within our community based behavioral health system. CMHA-CEI is committed to diversity, equity and inclusion and is actively taking accountability as we recognize, address and eliminate racial injustice, discrimination and oppression within our organization and community. We will continue to practice self-awareness to respond in respectful communications to ensure our actions and behaviors directly benefit our consumers, their families and each other.

**Together we can** embrace cultural humility and encourage the differences that make up Clinton, Eaton, Ingham counties.

# Customer SATISFACTION

Due to the timing and restrictions of the COVID-19 pandemic, the satisfaction survey data for the year of 2020 is more limited than in typical years. In response to regulatory changes related to the COVID-19 pandemic, modifications were made which include the distribution method which was limited to mailings through USPS, and sent only to consumers in AMHS and FF. Of the 2968 surveys distributed and collected July/August, only 352 surveys were returned representing a response rate of 11.9%. Please see the results below.

## Adult Mental Health Services Survey Questions/Responses

Mean Average of a Likert Scale 1-Strongly Disagree to 5-Strongly Agree, 3- Neutral Mean

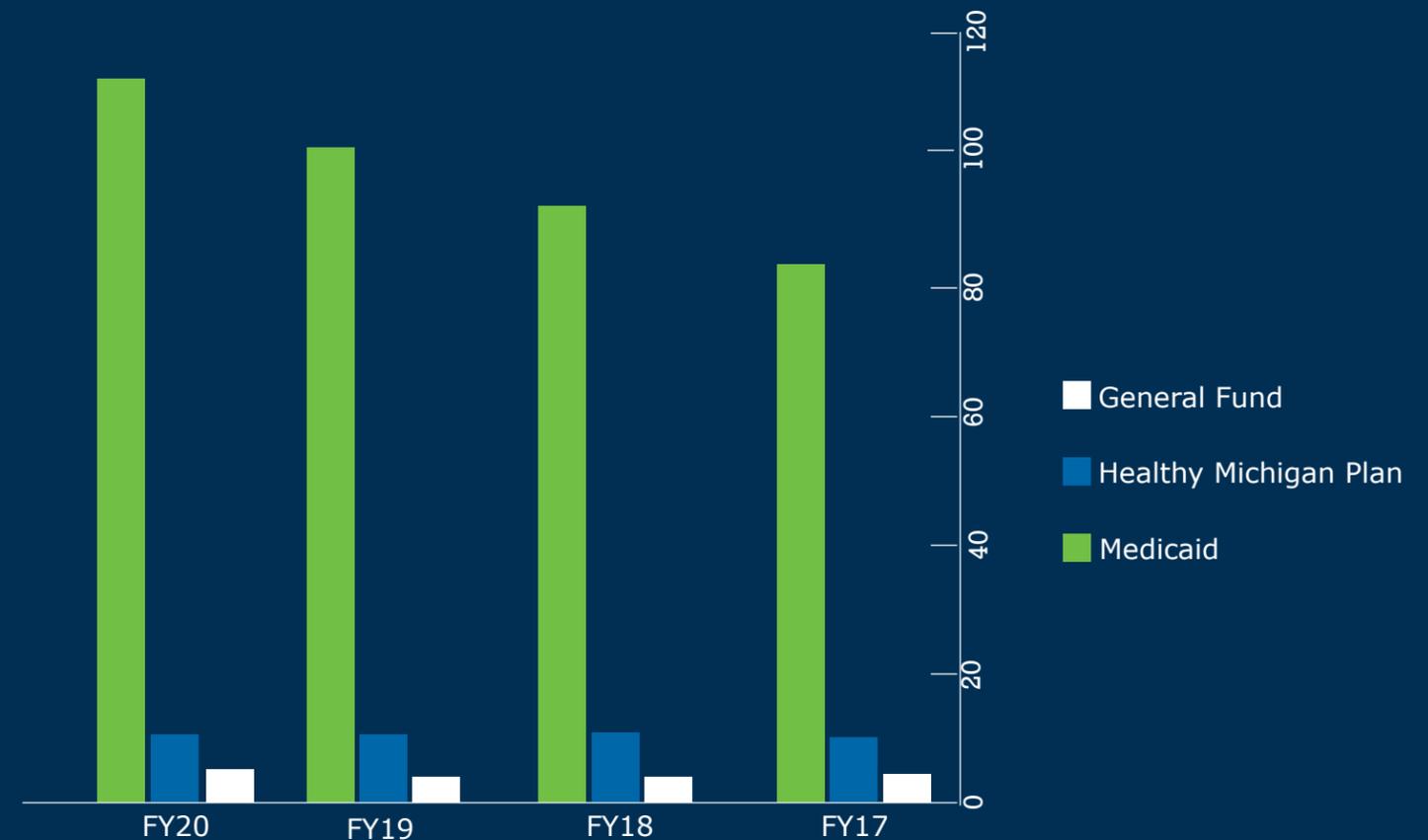
I liked the services that I received.	4.36
I would recommend this agency to a friend or family member.	4.36
Services were available at times that were good for me.	4.29
I feel comfortable asking questions about my treatment, services, and medication.	4.28
Staff encouraged me to take responsibility for how I live my life.	4.27
Staff respected my wishes about who is and who is not to be given information about my treatment services.	4.38

## Families Forward Survey Questions/Responses

Mean Average of a Likert Scale 1-Strongly Disagree to 5-Strongly Agree, 3- Neutral Mean

Staff treated me with respect.	4.71
Staff were sensitive to my cultural/ethnic background (e.g. race, religion, language).	4.64
Staff respected my family's religious/spiritual beliefs.	4.58
I participated in my child's treatment/services.	4.52
Staff spoke with me in a way I understood.	4.63
The people helping my child stuck with us no matter what.	4.44

## CMHA-CEI FUNDING SOURCE TRENDS (in millions of dollars) 2017-2020



### GENERAL FUND EXPENSES\*

	DOLLARS	PERCENT
Adults w/ Mental Illness .....	\$47,285,747	31.97%
Children w/ Emotional Disturbance .....	\$15,715,952	10.62%
Adults w/ Developmental Disabilities .....	\$58,830,262	39.77%
Children w/ Developmental Disabilities .....	\$2,477,807	1.68%
Substance Abuse .....	\$4,896,334	3.31%
Board Administration .....	\$17,151,807	11.60%
Community Benefit .....	\$869,176	0.59%
Supportive Housing .....	\$ -	-
Local Match .....	\$693,000	0.4%

**TOTAL EXPENSE ..... \$147,920,085**

### GENERAL FUND REVENUES\*

	DOLLARS	PERCENT
Federal Funds .....	\$5,404,193	3.60%
State of Michigan .....	\$6,276,843	4.18%
Local .....	\$4,841,020	3.22%
Earned Contracts .....	\$7,102,575	4.73%
Medicaid PEPFM .....	\$123,600,460	82.24%
Medicaid - Fee for Service .....	\$1,670,806	1.11%
SSI/SSA .....	\$655,129	0.44%
Fees .....	\$617,544	0.41%
Food Stamps .....	\$102,923	0.07%
Interest Income .....	\$18,575	0.01%

**TOTAL REVENUE ..... \$150,290,068**



# Community

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[www.ceicmh.org](http://www.ceicmh.org)

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**Non-Crisis:** 517-346-8318

**Mental Health Crisis:** 517-346-8460