STRATEGIC PLAN
2018-2023

Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

CONTENTS

I. HISTORY & BACKGROUND

"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. A community defined by justice for persons with mental health needs".

- CMHA-CEI Community Vision

Formed in 1964, to assist individuals returning to their communities from large state psychiatric facilities, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) - formerly Community Mental Health of Clinton, Eaton, and Ingham Counties - has a long history of providing evidence-based programs and innovative systems alignment for the health and well-being of the Clinton, Eaton, and Ingham County communities. The organization has long-established and trusted relationships with local governments, health departments, schools, and partner agencies. CMHA-CEI also has established connections and cooperative relationships with law enforcement agencies, county jails, judicial officials/court systems, especially through established mental health and sobriety courts.

In 2002, CMHA-CEI was designated as the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties. As an authority, CMHA-CEI can employ staff, take on debt, and act in many of the ways that an autonomous governmental body can, except for the levying of taxes and the selection of its governing body. These two powers are retained by the counties.

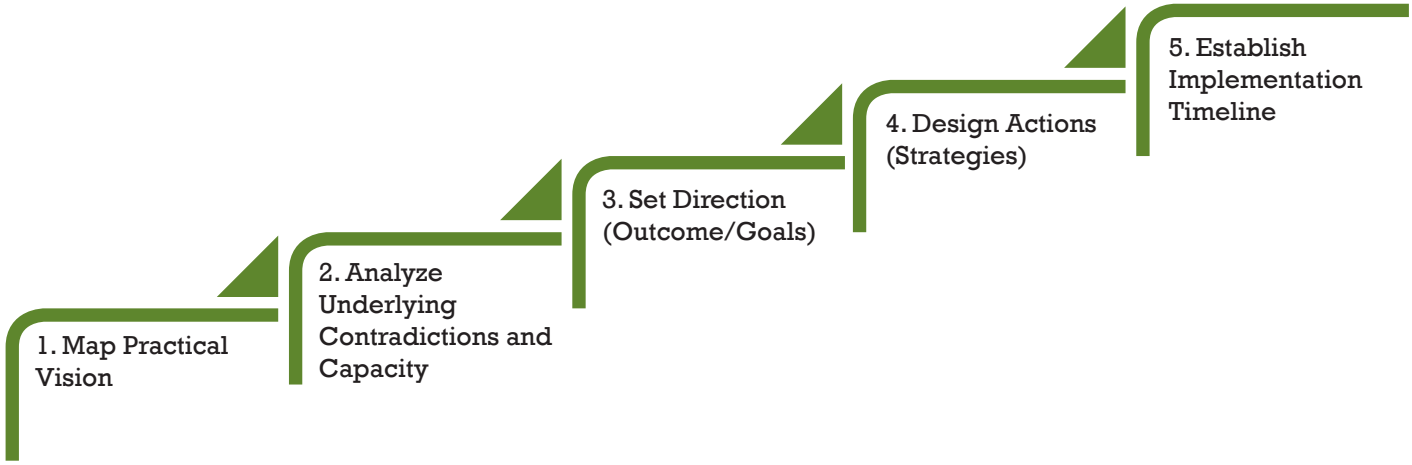
In April of 2013, CMHA-CEI joined with 12 Community Mental Health Service Providers (CMHSPs) to form the Mid-State Health Network (MSHN). MSHN serves as the Prepaid Inpatient Health Plan (PIHP) or Regional Entity for a 21 county region responsible for managing the Medicaid resources for behavioral health and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees. MSHN subcontracts to the CMHSPs and substance abuse providers serving these counties.

CMHA-CEI Strategic Plan 2012-2015, titled "Shaping and Responding to the Changing Health Care Environment", boldly laid out an action oriented, strategic-doing approach to meeting the current and future opportunities and threats made possible by the rapidly changing healthcare environment under the Affordable Care Act (ACA). Rooted in the vision and mission of CMHA-CEI, and the concept of the triple aim (improved consumer experience of care, improved health of populations, reduced per capita costs of health care) as a unifying principle across the health care sectors, the plan offered a multi-dimensional approach in improved integration between physical and behavioral health, building upon existing strengths and momentum. Two status reports published in April 2013 and February 2014 offered updates on substantial progress in key areas during this time period.

I. HISTORY & BACKGROUND CONTINUED

Moving forward: Building on the success of the previous strategic plan, in early 2018, Chief Executive Officer, Sara Lurie, and the Board of Directors for CMHA-CEI initiated an organization-wide strategic planning process covering 2018 through 2023. Through a series of meetings and workshops, CMHA-CEI Leadership engaged in establishing a practical vision, goals, and strategies in support of furthering CMHA-CEI's capacity to realize its community vision and accomplish the dual mission of behavioral healthcare provider and community advocate, catalyst, thought leader, and convener especially for persons with mental health needs.

The agency followed a five step planning process (adapted from Technology of Participation, Institute of Cultural Affairs):



Specific planning activities included:

- An inaugural Leadership planning session (Board of Directors and Leadership Team; January 19, 2018);
- A series of follow up planning sessions (Leadership Team, Managers); February through June, 2018); and
- Updates with the Board of Directors (February through June, 2018)

II. ASSESSING THE CURRENT ENVIRONMENT

Despite uncertainty and challenges, CMHA-CEI is committed to serving the needs of community residents. Regardless of how financial resources flow in the future, our focus will remain on access to services for residents identified in the mental health code as the priority population and those with substance use disorders, on delivering quality health outcomes, and on increasing cost effectiveness.

A wide array of specialty services and evidence-based programs are offered through CMHA-CEI clinical departments consisting of Adult Mental Health Services, Community Services for the Developmentally Disabled, Families Forward, Substance Abuse Services and Corrections Mental Health serving community residents with severe mental illness, serious emotional disturbance (SED), intellectual and developmental disabilities, and substance use disorders (SUD).

CMHA-CEI served a total of 11,735 consumers in fiscal year 2017 - 76% adult (8886) and 24% children (2849). The primary diagnostic categories among adults were major depressive disorder, schizophrenia, bipolar disorders, alcohol use disorders, and schizoaffective disorder. The primary categories for children were unspecified mood (affective) disorder, major depressive disorder, autism spectrum disorder, adjustment disorders, and post-traumatic stress disorder. Currently, 85% of the CMHA-CEI budget is supported by Medicaid funding.

Facility improvements to our main Jolly Road building in Lansing began in June 2017 are scheduled to be completed by August 2018. The expansion adds a three story, 42,600 square-foot addition to the current facility and includes a new lobby, new offices, and new clinical space. This added space will streamline the delivery of service to consumers, relocate offsite programs and staff, and better integrate services.

Strategizing for the future comes in the face of ongoing serious challenges and many unknowns for community mental health service providers. At the state level, pilot projects are being planned to evaluate new funding approaches for community mental health organizations. At the federal level, the future of the ACA and the sustainability of Medicaid and Medicaid Expansion dollars is in question.

II. ASSESSING THE CURRENT ENVIRONMENT CONTINUED

Looking ahead, the following mental health related trends examined by the Board and Leadership are likely to impact the agency programs and operations:

1. **Directions in Health Care Costs and Coverage.** There is continuing economic and political pressure to reduce the rate of health cost growth over the long term. Health care is becoming a larger and larger share of the national gross domestic product (GDP) and the Federal budget. There is significant ongoing risk to the level of Medicaid funding that will continue to be available. Multiple repeal and reform proposals of the federal ACA are under consideration with the aim of reductions in Federal spending on health care.
   Source: Health Management Associates, January, 2018

2. **Directions in Service Need Across the Tri-County Region.** A 2017 survey of local stakeholders (public and private providers, school systems, and other key community partners) identified eight priority concerns for mental health service and service delivery.

- Coordination of care for individuals with substance use/mental health needs (co-occurring) within the community and CMHA-CEI programs.
- Collaboration with tri-county partners to reduce opiate overdose, increase access to treatment, and promote recovery within the opioid use disorder population.
- Improvement in accessibility and coordination of care across the Adult Mental Health population.
- Improve on access and delivery of housing resources to adults with serious and persistent mental illnesses (SPMI).
- Greater emphasis on prevention i.e. need for suicide awareness, crisis response, and critical incident debriefing for children.
- Crisis stabilization services for youth.
- Action to address the increase in children with emotional impairments, autism, and behavioral needs.
- Action to address growth in need for residential services both in licensed and unlicensed settings.

Source: CMHA-CEI, FY17 Community Needs Assessment (See attachment C for related plan actions and progress)

3. **Directions in Service Provision.** Foundational trends in mental health service provision include: consideration for the whole person and empowerment of those served by health and human services; demand for increased accountability; and demand for continuing innovation. Concurrently, there is political interest in privatizing the core functions of Michigan's publicly-sponsored mental health system. A proposed "third way" strategy is under consideration with emphasis on the role of public-private partnerships, provider-payer partnerships, shared savings initiatives, and healthcare integration.
   Source: Community Mental Health Association of Michigan; January, 2018

III. ESTABLISHING A PRACTICAL VISION FOR 2023

CMHA-CEI has a solid community vision and mission that speaks to its vital ongoing work in supporting mental health care consumers in full participation in community. For this plan, the focus is on developing a practical vision for the organization's immediate future.

Two questions guided the creation of this vision:

- **What's our vision of how CMHA-CEI will stay alive and thrive in a new healthcare environment?**

- **What key outcomes must CMHA-CEI accomplish to realize its practical vision for 2023?**

CMHA-CEI Practical Vision - 2023

CMHA-CEI is . . .	Outcomes/Goals
A leader in facilitating clinical services, prevention, wellness, accountability, and accessiblity.	• Be the main service provider for community residents as defined as priority by the Michigan Mental Health Code. • Develop competitive cost service delivery. • Establish more meaningful intergration within CMHA-CEI. • Hire and retain needed workforce talent.
Known for seamless, successful consumer service experiences through partnerships, networks, and collaboration.	• Develop competitive cost service delivery. • Establish more meaningful intergration within CMHA-CEI. • Increase/expand partnerships and partner investments. • Hire and retain needed workforce talent.
Visible in the community and engaged with its consumers.	• Promote to the public what we do.
Supported by diversified funding sources.	• Continue to serve our communities by securing funding needed to survive fiscally and clinically as an independent, vibrant organization. • Increase/expand partnerships and partner investments.
Utilizing data to inform clinical staff and demonstrate successful outcomes.	• Do evaluation with available data. • Identify and organize a data set and meaningful outcome measures. • Use data to effectively promote our services.

IV. ACHIEVING THE VISION

What existing realities (i.e. issues, obstacles, constraints) could block or prevent this practical vision?

CMHA-CEI Leadership identified four key factors that carry a potential impact on achieving the practical vision:

1. High Costs and Service Inefficiencies

Examples include overhead driven by high accountability and audit mandates; low reimbursement rates; non-billable services; and lack of adequate resources for Substance Use Disorder, prevention, and outreach.

2. Staffing Constraints

Examples include limited recruitment pools; retention and staff turnover; and wage levels.

3. Not Having/Using the Data Needed to Manage Effectively

Examples include the need for real-time data for analysis and tracking; defining and prioritizing what data are useful; and current data/outcome sources reliability.

4. Lack of Clear Image/Outreach to Target Consumers

Examples include need for better branding; educating community about who we serve and how to access services; addressing behavioral health stigma.

IV. ACHIEVING THE VISION CONTINUED

What unique assets can be applied moving forward?

CMHA-CEI Leadership identified the following unique assets to leverage in achieving the practical vision:

Unique Assets

We bring longstanding expertise; offer a broad range of co-located services; strong partnerships with others; and a positive work environment.

- A broad array of creative, co-located services
- Growing outreach and prevention presence into the community
- Direct provider of SUD Services
- Successful partnerships
- Strong relationships with our counties and key players such as jail, health department, child welfare
- 24/7 Free-Standing Crisis Services Unit
- Mobile crisis capabilities and strong array of crisis services
- Recognized as community leaders with expertise and influence in behavioral health
- Recognized as community leaders in primary care and behavioral healthcare integration
- Committed leadership and staff with long tenures
- Work environment that supports professional growth and ongoing education
- Strong positive labor relations

IV. ACHIEVING THE VISION CONTINUED

What strengths can be applied moving forward?

CMHA-CEI Leadership identified the following strengths to leverage in achieving the practical vision:

What We Do Best (Strengths)

We are collaborators and creative problem-solvers in service of our consumers and the community.

- Focus on consumers
- Serving the most severally impaired individuals
- Sound clinical expertise
- Provide all types of behavioral health services
- Prevention education
- "Seamless" services while handling requirements and compliance
- Small clinical pilots
- Work culture of collaboration and solution focus
- We are survivors; we reimagine and sustain service provision during fiscally challenging times
- Seize unique funding for creative interventions across the organization
- Creative program managers
- Influential in mobilizing advocacy within the community
- Knowledgeable and collaborative partnerships

IV. ACHIEVING THE VISION CONTINUED

What opportunities can be applied moving forward?

CMHA-CEI Leadership identified the following opportunities to leverage in achieving the practical vision:

Opportunities

Build on our existing relationships; expand our funding base through partnerships, grants, and millages.

- New demands offer key windows to dramatically alter/improve services
- Build on good key community relationships across the service array
- Look for more involvement with corrections and behavioral health such as Crisis Intervention Team (CIT), Michigan Department of Corrections (MDOC), Sequential Intercept Mapping (SIM) (current)
- Private and public partnerships as part of an organized network (within 2 years)
- Behavioral health super utilizer health home (within 2 years)
- Grants for prevention and outreach and other yet-to-be identified activities
- Medication Assisted Treatment
- Millage within counties specific for behavioral health
- Proximity to the State gives access other Community Mental Health Agencies might not have
- Proximity to higher learning may help recruitment
- General Fund Equity formula implementation
- Grants to become a Federal Substance Abuse Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Clinic

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023

The following six goals, related measures of success, and strategies describe in greater detail the outcomes and related coordinated actions (strategies) to be accomplished over the next five years in support of achieving the practical vision.

GOAL 1: Be the main service provider for community residents as defined as priority by the Michigan Mental Health code; develop a competitive cost service delivery structure.

Measures of Success

1a. Complete a plan to implement efficient clinical and related administrative processes supporting Intellectual or Developmental Disabilities (IDD), SPMI, SED, and SUD by 2022.

1b. Reduce administrative costs to less than 10% by September 2020; ensure our rates are no higher than one standard deviation from regional and state rates by 2023.

Strategies: Goal 1

- Transition to Home and Community Based Services compliance for designated services by March 2019 or other identified deadlines.
- Define the Core and Mandated Services and parameters for effective service delivery by December 2019.
- Analyze cost/benefit for identified high cost/high volume services by December 2019.
- Analyze business processes, administrative processes, and determine staffing needs to enhance efficiencies by 2020.
- Support deeper integration of physical health, behavioral health, and overall wellness services by 2021 .
- Renew focus on sound clinical work with increased clinical training and support for staff providing core services by 2022.
- Analyze fee for service and commercial reimbursement rates and align our costs to be comparative and competitive with those models by 2023.

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023 CONTINUED

GOAL 2:

Secure funding needed to survive fiscally and clinically as an independent, vibrant organization serving the mental health needs of our community.

Measures of Success

2a. Sustain or increase our current level of funding by 2019.

2b. Establish capacity to replace capitated Medicaid as needed by building a diverse funding portfolio.

2c. Increase the percentage of services reimbursement billable to commercial insurance.

Strategies: Goal 2

- Annually meet all requirements to renew optimal funding sources while advocating for adequate funding for the public behavioral health system at local, state, and federal levels.
- Streamline and enhance internal administrative systems for pursuing and implementing grants and contracts by September, 2019.
- Sustain or expand grant sources, county millage opportunities, commercial insurance billing or other identified non-Medicaid funding sources that enhance our clinical service delivery/meet identified community needs by 2020.

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023 CONTINUED

GOAL 3: Increase/expand partnerships and partner investments in CMHA-CEI.

Measures of Success

3a. Increase the percent of non-Medicaid funds from 15% to 20% by 2022.

3b. Sustain or increase our current number of partnerships.

Strategies: Goal 3

- Complete a scan of potential and existing partnerships to determine gaps and evaluate opportunities to sustain/expand investments with current/partners by December, 2018.
- Develop and implement a method that determines potential return on investment through partnerships by 2019.
- Expand our clinical partnerships (including healthcare integration within primary care, hospitals, health departments, etc.) and explore options within the partnerships by 2020.
- Examine public-private models to understand their potential for local application; select a model for deeper exploration with potential partners; and develop a pilot by 2021.

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023 CONTINUED

GOAL 4: Hire and retain needed workforce talent.

Measures of Success

4a. Have a 10% increase in applicant pools for targeted classifications by September, 2019.

4b. Demonstrate a 20% decrease in the length of time from pulling posted vacancy to hire date for targeted applications by September, 2019.

4c. Identify targeted classifications* and determine retention improvement efforts by June, 2019.

**Defined as "high risk and high turnover" i.e. Master's level therapists, psychiatrists; residential, included was relief, 24hr service area program staff.*

Strategies: Goal 4

- Develop and implement evaluation plans and tools to inform retention efforts.
- Implement improved job application software by December, 2018.
- Develop a Human Resources dashboard by December, 2018.
- Develop and implement plan to improve efficiencies in hiring process for targeted applications by March, 2019.
- Expand recruiting markets by September, 2019.
- Quantify staff retention rate within our agency and develop a retention improvement plan January, 2020.

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023 CONTINUED

GOAL 5: Do evaluation with available data.

Measures of Success

5a. Launch and phase-in a data-driven evaluation process across the agency by December 2023.

Strategies: Goal 5

- Develop dashboards to track and report on pertinent data points December, 2018.
- Finalize the Quality Assurance and Performance Improvement Plan (QAPIP) and FY18 annual effectiveness plan for Board adoption in January, 2019.
- The Quality, Customer Service, and Recipient Rights department (QCSRR), in conjunction with IS, Finance, and Clinical Departments, will establish and adopt a process to identify meaningful key measures across the organization by June 2019.
- Develop a plan to phase-in the key measures between June 2019 and September 2020 to be tested and refined by 2022.

V. SETTING DIRECTION: GOALS & STRATEGIES FOR 2018-2023 CONTINUED

GOAL 6: Promote to the public what we do; use data effectively to communicate the vision and benefit of services.

Measures of Success

6a. Develop and Launch Phase 1 of an Agency-Wide Communication and Outreach Plan by December 2019.

6b. Evaluate Phase I and Develop a plan for Phase 2 by January, 2021.

Strategies: Goal 6

- Identify and assess the audiences we need to reach and their current perceptions of the agency by January, 2019.
- Develop a brand image and other identifiers (such as a tagline) for the agency by April, 2019.
- Adopt and implement an outreach and promotional strategy for the organization by April, 2019.
- Design and implement an evaluation strategy to measure change in perception and participation. Issue a report of findings by September, 2020.
- Develop Phase 2 plan by January, 2021.

VI. COMPLEMENTARY GOALS AND ACTIONS

Concurrent with this Strategic Plan, CMHA-CEI has developed and is implementing specific plans for identified priority needs in each clinical department, behavioral health and wellness programs, healthcare integration, technology, and risk management. Each of these specific plans also contains strategies/goals that complement the practical vision, goals, and strategies. A summary of current Community Mental Health Service Programs (CMHSP) Priority Needs and Planned Actions is included as Attachment C.

In addition, in order to inform future planning, CMHA-CEI will examine opportunities to improve upon current needs assessment methods used to better determine the mental health needs of the residents of Clinton, Eaton, and Ingham Counties and to identify public and nonpublic services necessary to meet those needs.

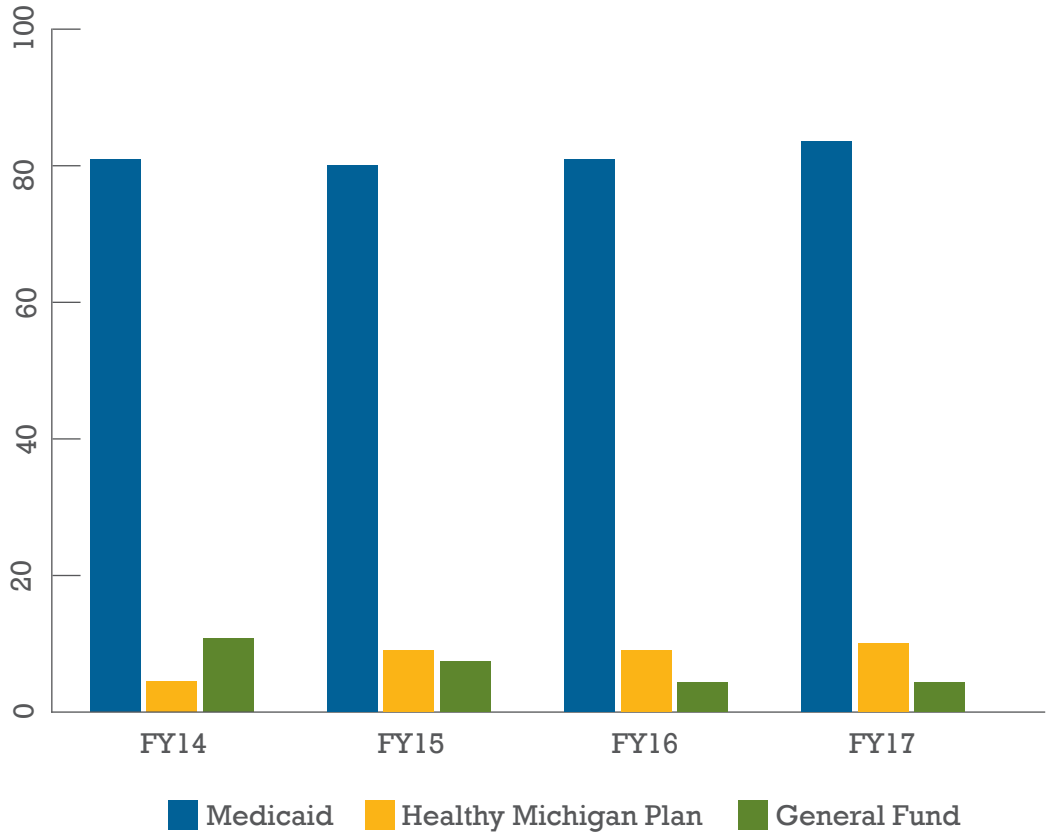
ATTACHMENTS

Attachment A

Future Funding Projections

Due to increased Medicaid and Healthy Michigan enrollments in Clinton, Eaton, and Ingham Counties, overall Medicaid funding is expected to increase in fiscal year 2019.
In addition, a new state General Fund re-allocation formula will result in an incremental increase in general funds for CMHA-CEI. Beginning with an additional $424,000 in FY2019 and increasing yearly over a five year period, it is anticipated that CMHA-CEI will have an additional two million dollars available for use in serving uninsured and underinsured community residents in need of services by the end of the Strategic Plan period in 2023.

CMHA-CEI FUNDING SOURCE TRENDS
2014-2017
(IN MILLIONS OF DOLLARS)



Attachment B

Implementation/Action Plans

To be added as development is completed

Attachment C

CMHSP Priority Needs and Planned Actions
FY17 (12 Month Review)

Priority Issue #1
Coordination of Care for individuals with substance use/mental health needs (co-occurring) within the community and CMHA-CEI programs.
(Substance Abuse Services & Corrections Mental Health)

Reasons For Priority
The term "Behavioral Health" not only includes individuals with a mental health disorder or a developmental disability, but also those with a substance use disorder. Often, these three areas of need are separate and coordination of care is lacking. This has led to consumer frustration, inconsistency in message, and the inability to serve the whole person.

According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH), an estimated 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders

CMHSP Plan/Current Progress
Increase coordination of care for persons with a co-occurring disorder (substance use disorder and another primary behavioral health diagnosis) at all access points within CMHA-CEI by:

a. Training all CMHA-CEI staff who screen/assess how to use the Screening, Brief Intervention, and Referral Tool (SBIRT).

b. Providing CMHA-CEI clinicians outside of SUD services training on SBIRT, identification of SUD and how to refer and retain consumers in SUD treatment.

c. Assisting ease of access in CMHA-CEI SUD programs via use of a Recovery Coach, and extended admission hours in the residential program.

d. Hiring and training Recovery Coaches.

e. Continuing with co-occurring and case management programming in the local jails.

f. Having SUD detoxification program staff available to other program staff for training and answering questions regarding SUD and possible treatment choices.

Update on progress

a. Training all CMHA-CEI staff who screen/assess how to use the SBIRT has not occurred.

b. An Ingham County project that will have Wellness coaches providing SBIRT in three local

emergency departments begins in 12/17. Once this projects stabilizes, will provide SBIRT/ Project ASSERT training for access/crisis services employees at CMHA-CEI.

c. Two Recovery Coaches have been hired for CMHA-CEI in the Access department and are actively working in the community as well as working closely with two projects related to opioid overdose and responding in the community to talk to the individuals about recovery.

d. Work continues with co-occurring and case management programming in the local jails.

e. CMHA-CEI SUD detox program has entered into a memorandum of understanding (MOU) with the Michigan State Police Angel program to be the clearinghouse for individuals brought by MSP Angels asking for treatment services. Detox staff have been involved in many community meetings and events regarding this effort.

f. In August 2017 CMHA-CEI Substance Abuse Services and Corrections Mental Health hosted the SAMSHA Gains Center for Sequential Intercept Mapping. SIM assists in identifying gaps in services for corrections involved individuals who are experiencing behavioral health crises/ needs.

CMHSP Future Plan
The SIM was completed and CMHSP is awaiting final report from SAMHSA Gains. This includes several actions that SIM attendees thought were priorities. Once the final report has arrived, workgroups will be getting back together to address action plans.

Priority Issue #2

Improve accessibility and coordination of care across Adult Mental Health Population. (AMHS)

Reasons For Priority
CMHA-CEI is now providing ongoing therapeutic services to persons with moderate to severe mental health conditions. It is noted across populations that these persons continue to have barriers to entry to mental health services as well as increasing physical health needs that impact their overall wellbeing. Data indicates a shorter life span for persons with mental illness. This has led us to increase attention to coordinated care and access to that care.

CMHSP Plan/Current Progress
CMHA-CEI is working to increase access to psychiatry needs across the population. CMHA-CEI will continue to work on increasing the various points of entry into services. (i.e., Carefree Medical). CMHA-CEI will continue to focus on training with case managers and other direct care staff to be well versed on integrated care (physical and mental health care).

CMHSP Future Plan
CMHA-CEI has added 30 hours of Tele Psych to our program. We continue to provide various points of entry into services through Primary Care Physicians; Crisis Services and Crisis Response Team and Urgent Care/Emergency Rooms. Currently we are conducting a pilot program with Outreach Case Management Services collaborating with the BIRCH Clinic, with mutual clients that have known hypertension and seen at both locations with collaboration on treatment goals to help clients reduce health risks involved with hypertension, including educating staff in office and at our Adult Foster Care (AFC) Facilities.

Priority Issue #3

Collaborate with tri-county partners to reduce opiate overdose, increase access to treatment and promote recovery within the opioid use disorder population.
(Substance Abuse Services & Corrections Mental Health)

Reasons For Priority

The Ingham County Health Department (ICHD) reported that opioid-related deaths have increased by nearly 66 percent over the last five years after a relatively constant rate from 2003-2010. Heroin is the most common narcotic among the 50 opioid-related deaths in Ingham County in 2016, according to the ICHD.

Ingham County is not an anomaly, either. According to the Centers for Disease Control and Prevention, heroin-related overdose deaths had nearly quadrupled nationwide between 2002 and 2013, with more than 8,200 such deaths occurring in 2013. Opioids are now causing more hospitalizations per 10,000 residents than cocaine and amphetamines combined. Source: Michigan Department of Health and Human Services.

CMHSP Plan/Current Progress

As a provider of SUD treatment programs, and a member of Ingham County's Opiate overdose task force, CMHA-CEI will strengthen efforts with prevention, treatment advocacy & treatment retention in the Tri-county area.

a. Continue providing Naloxone Kits at three CMHA-CEI SUD programs with assistance from the PIHP.
b. Work with county jails for Naloxone to be in inmate property for those released to outpatient programs or no SUD programming.
c. Partner with Ingham Health Plan's Community of Care Committee who is working with local hospital Emergency Departments on locating persons with SUD and working with the access treatment services. We continue on this committee and working with community partners to get individuals into treatment.
d. Work with Access Department for assisting consumers with SUD to locate appropriate level of treatment; addition of Recovery Coaches for Admission, Transfer and assisting individuals in their effort to get to treatment programs, working with the local Provider Network on admissions and transfers.

Update on progress

a. CMHA-CEI continues to provide Naloxone kits via the PIHP to law enforcement agencies and maintains data for the PIHP on number of kits utilized.

b. Naloxone is currently being provided in the Eaton county jail. CMHA-CEI is working with new Sheriff in Ingham and Clinton Counties to have naloxone available to inmates at risk upon the inmates release to community.

c. SBIRT/Project ASSERT begins in local Emergency Departments (ED)'s in 12/17

d. Recovery Coaches housed in the Access Department are assisting consumers via transportation and support to get to treatment and stay in treatment. There is an effort to reach out to key community agencies, such as homeless shelters, etc.

CMHSP Future Plan
CMHA-CEI is working with ICHD on a grant to provide re-entry services including Medically Assisted Treatment (MAT) for inmates in the Ingham County Jail.

The Ingham County Sheriff's Office, along with three ambulance services/fire department, CMHA-CEI, Families Against Narcotics and Recovery Coaches are working on a Rapid Response Team. This team would be called together to meet with individuals who overdose, are taken to the ED and do not see a Recovery Coach at that site. The goal is to discuss recovery and assist the individual post overdose.

Priority Issue #4
Crisis Stabilization services for youth (Families Forward)

Reasons For Priority
Need for additional crisis services.

CMHSP Plan/Current Progress
a. Hired two staff (1 for 10am-6pm and 1 for 4pm-12am). We have one more position posted (4pm-12am) to hire.

b. Director of Families Forward (FF) held community meeting with the Lansing Police Department (LPD), the Lansing School District (LSD), and the Department of Health and Human Services (DHHS) in tri-county area, and Sparrow to talk about initiative.

c. Collaborated with Sparrow to get clearance to go into ED and do dispositions there.

d. Discussing potential for DHHS collaboration for Foster Care and Child protective Services (CPS) cases.

e. Discussed safety beepers with the Compliance and Safety Officer for mobile staff.

Update on progress
a. Hired second staff for 4pm-12am shift.

b. Have a full team that has started deploying to the community from 4pm-12am shift. They are going out to area hospitals and homes.

c. Held meeting with LPD to collaborate on mobile deployment and educate on process.

d. Set up and implemented ProtoCall answering service to triage mobile calls from 4pm-8am the next day, M-F.

e. Completed contract for safety beepers.

f. Implemented a weekend on call from Friday 10pm-Sunday 10pm for Families Forward staff to do crisis screens.

CMHSP Future Plan
a. Discussing appropriateness of next staff to hire, for what shift and with what educational background.

b. Continued education with FF staff on what mobile is and how to utilize it for families.

c. Create mobile brochure.

d. Writing up MHSN application for Crisis Stabilization team certification.

e. Continue collecting data on areas that mobile goes to, number of mobile contacts, etc.

Priority Issue #5

Prevention (Families Forward)

Reasons For Priority

Need for suicide awareness, crisis response, critical incident debriefing for children in our communities.

CMHSP Plan/Current Progress

a. Joining Coalitions around Prevention activities.

b. Joining Eaton Regional Educational Service Agency (RESA) prevention activities i.e., SOS trainings in schools.

c. Provided Signs Of Suicide(SOS) training follow up with schools and students (Bath and Dewitt).

d. Created presentation for FF staff on risk assessment.

e. Collaboration and presentation for Eaton/Barry Health Department.

f. Working with LSD to do School Summit Presentation on Mental Health/Suicide risk assessment training.

g. Training in Youth Mental Health First Aid (YMHFA).

h. Started meeting with community members to start the "Tri-County Lifesavers Coalition" to address suicide awareness in tri-county area.

i. Provided Crisis Intervention Team (CIT) training on youth mental health and suicide awareness December 2017.

j. Trained as a trainer for YMHFA.

k. Conducted two YMHFA trainings so far and has two more set up.

l. Training for Girl Scout troop and families in Bath schools on mental health awareness.

m. CIT training continues.

n. Coordinating agency Critical Incident Stress Management (CISM) team.

o. Participated in CISM training in order to increase our agency response capabilities to critical

events in our community.

p. Multiple SOS collaboration with schools to help with after processing.

q. Started the Lifesavers coalition. Have had two meetings that have brought community players together to discuss youth suicide awareness.

r. Meeting with coalition to establish barriers and successes in the community with regards to youth suicide awareness.

s. Created insurance navigation packet for consumers to help with getting in touch with the appropriate resources and services for their insurance.

t. Provided a training through Michigan State University (MSU) to DHHS workers on how to coach foster parents on mental health issues.

CMHSP Future Plan

a. Lifesavers will create goals around what we want to move forward on as a community to address barriers and needs in the community with regards to youth suicide prevention.

b. Continue outreach to community on prevention efforts we have to offer such as trainings, CISM, YMHFA, etc.

c. Collaborating with LSD on a training for mental health/risk assessment and connection for their MHT.

d. Collaboration with our DHHS in Ingham County on providing an YMHFA training.

e. Working with Eaton and Clinton Counties to set up a time for an YMHFA training.

Priority Issue #6

Improve on access and delivery of housing resources to adults with SPMI. (AMHS)

Reasons For Priority

Housing continues to be a universal need across the population of those persons with mental illness. CMHA-CEI has addressed this need by adding a Housing Specialist. The priority exists to deliver this service to consumers in a way that best meets their needs and the needs of the community.

CMHSP Plan/Current Progress

Partnering with Michigan State Housing Development Authority (MSHDA) and other housing agencies to identify opportunities for housing initiatives. Serving on workgroups and being visible in the community. Continue to look for a way to have a youth transitional housing program in the community. Continue to pursue a housing development with LG consultants for units/apartments in the downtown Lansing area that will be directly for consumers of our services.

CMHSP Future Plan

Collaborating with Lansing Landlords for 4-5 Outreach Case Management Services clients as a community project for housing MI clients. We continue to explore apartment buildings for the youth transitional housing program. Housing specialist meeting with a variety of people and AFC providers. Helps get donations and gift cards for our consumers to help with housing items.

Priority Issue #7

Address the increase in children with emotional impairments, autism and behavioral needs. (Community Services for the Developmentally Disabled (CSDD))

Reasons For Priority

Increasing services to Children with Autism continues to be an identified need reported to be 1:68 children. CMHA-CEI began providing evidence-based treatment, education and support for children with Autism, their families and the community at large. However, CSDD has not achieved full capacity to meet all of the identified need.

CMHSP Plan/Current Progress

- CSDD will increase capacity by 50% to provide Autism Diagnosis Evaluations at rate of 12 children per week. *[Autism Diagnostic Observation Schedule (ADOS). The Autism Diagnostic Observation Schedule is an instrument for diagnosing and assessing autism. The protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner and the subject.]*

- CSDD increase the availability of Applied Behavioral Analysis (ABA) providers to our network in order to meet the increased demand for ABA. Capacity for Services will be double over the next 12 months to accommodate 250 children and young adults.

- Provide support groups and other support strategies for individuals with parents and siblings of people with Autism.

- In conjunction with MSU as an approved Autism Evaluation Center for Blue Cross, Blue Shield / Blue Care Network, will increase the number of children served to 4 per week.

- CMHA-CEI will continues to develop a set of services designed specifically for families with adolescents or young adults who are experiencing a behavioral crisis.

CMHSP Future Plan

The Wardcliff Abilites Center is offering six ADOS slots each week, and doing so with five psychologists trained in ADOS.

Testing slots will be increased to eight per week beginning January 1, 2018. In order to increase slots beyond eight per week, the Wardcliff setting will require additional space for testing to occur. Meetings with the Okemos School District are ongoing, in the pursuit of extended access to space at the Wardcliff location. In additional to space, staffing time would also need to increase to meet expansion beyond eight slots per week.

As of 12/1/17, there are 213 children enrolled in the Autism benefit. Wardcliff currently contracts with eight ABA agencies (ROI, Autism Centers of Michigan, ABA Pathways, Centria, SU-ELI, Gateway Pediatric, ABA Insights, and Novel Responses). We are currently meeting with three other agencies to explore expansion of our provider network, and to meet future needs.

Adding support groups and other support strategies for parents and siblings of people with autism has not yet been put into motion through the Wardcliff Abilities Center.

Increasing the number of children servied to four per week is no longer being pursued.

The development of a set of services designed specifically for fmailies with adolescents or young adults who are experienceing a beavoiral crisis continues to be explored with our current providers.

Priority Issue #8

Address the Need for Additional Residential Services both in Licensed and Unlicensed settings. (CSDD)

Reasons For Priority

There is still a lack of sufficient housing resources for persons with developmental disabilities. In particular, housing for persons with behavioral needs remains in short supply.

CMHSP Plan/Current Progress

- Create twelve additional beds in licensed homes designed to serve persons who have high behavioral needs.

- Continue to increase the amount of community living supports available by ten percent over the next 24 months. Thus allowing fifty additional individuals to receive assistance in their own home.

CMHSP Future Plan

Over the past year, the Residential Services unit worked with a long standing contract provider to convert an existing 6 bed personal care AFC to a 6 bed behavioral care AFC (this transition was feasible due to decreased demand for personal care beds in our region). This transition has allowed for the support of 6 behaviorally challenging individuals.

In addition, the unit currently holds capacity for the following supports:

- 1 high intensity behavioral support vacancy within directly operated services

- 5 moderate intensity behavioral support vacancies within contracted services

The Community Living Services (CLS) budget has continued with fairly consistent expansion (based on need/interest expressed in the service area) in an effort to promote and support this goal. Roughly 400 people are now supported via CLS supports in the tri-county region.

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