Needs Assessment

FY2023

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

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OVERVIEW

The Michigan Mental Health Code, and the administrative rules implementing it, requires that Community Mental Health Service Programs (CMHSPs) complete an annual written assessment of community need.

SAMHSA (Substance Abuse and Mental Health Services Administration) has developed criteria for Certified Community Behavioral Health Clinic (CCBHC) certification. The criteria require Certified Community Behavioral Health Clinics (CCBHC) to develop an initial needs assessment and that CCBHCs regularly update it. A needs assessment is a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served.

A needs assessment can help identify current conditions and desired services or outcomes. It can identify the strengths of a program and the challenges faced in meeting the service needs of those served. A needs assessment should be objective and include input from consumers, program staff, and other key community stakeholders.

Implementing the Results of a Needs Assessment

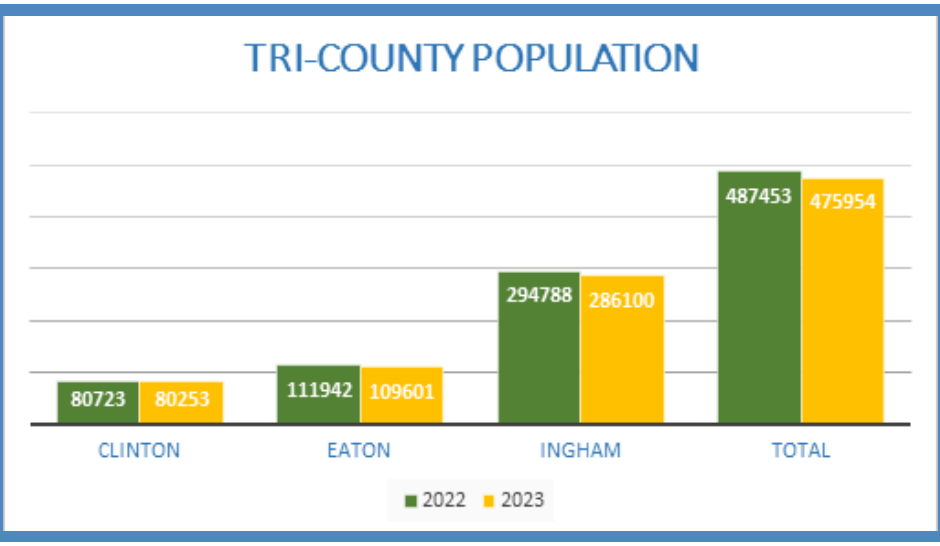
Needs assessment results should be integrated as a part of an organization's ongoing commitment to quality services and outcomes. The findings can support the organization's ongoing strategic planning and ensure that its program designs and services are well suited to the populations it serves.

This document provides meaningful information on a local level to assist in the development of community-based plans that address service needs and priorities.

FY22 COMMUNITY DATA SETS

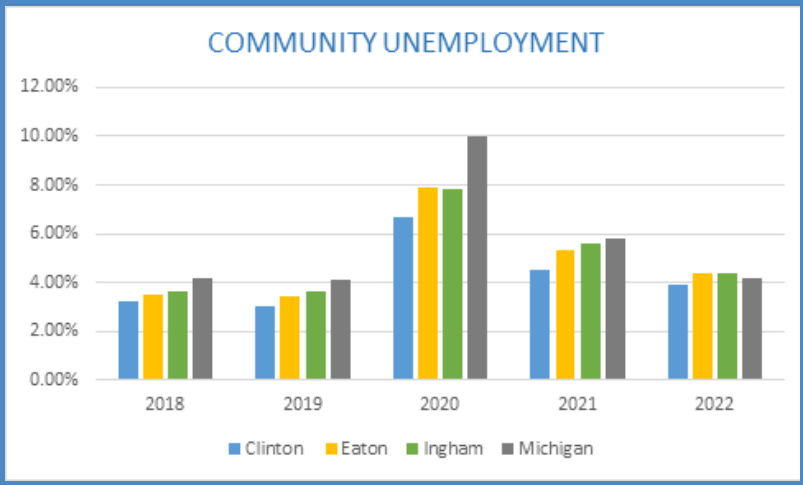
CMHA-CEI is required to complete a community data set developed by MDHHS to fulfil our obligation of the MDHHS Annual Submission. The community data set is used to compare the counties of Clinton, Eaton and Ingham with state and national data. The data set looks at community metrics such as population, employment, Medicaid enrollment and disability rates.

The total population in the tri-county area is 475,954, which represents a 2.36% decrease from the previous year. 1



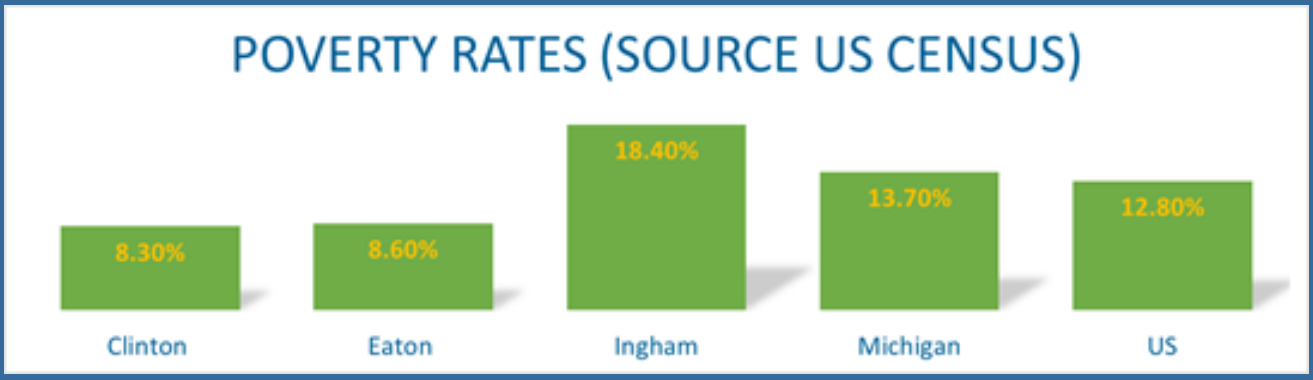
TRI-COUNTY UNEMPLOYMENT RATE

Unemployment rose sharply in 2020 due to COVID 19 but unemployment levels have still not fallen to what they were prior to the pandemic. Until 2022, the tri-county area's unemployment rate was lower than the rest of the state. 2

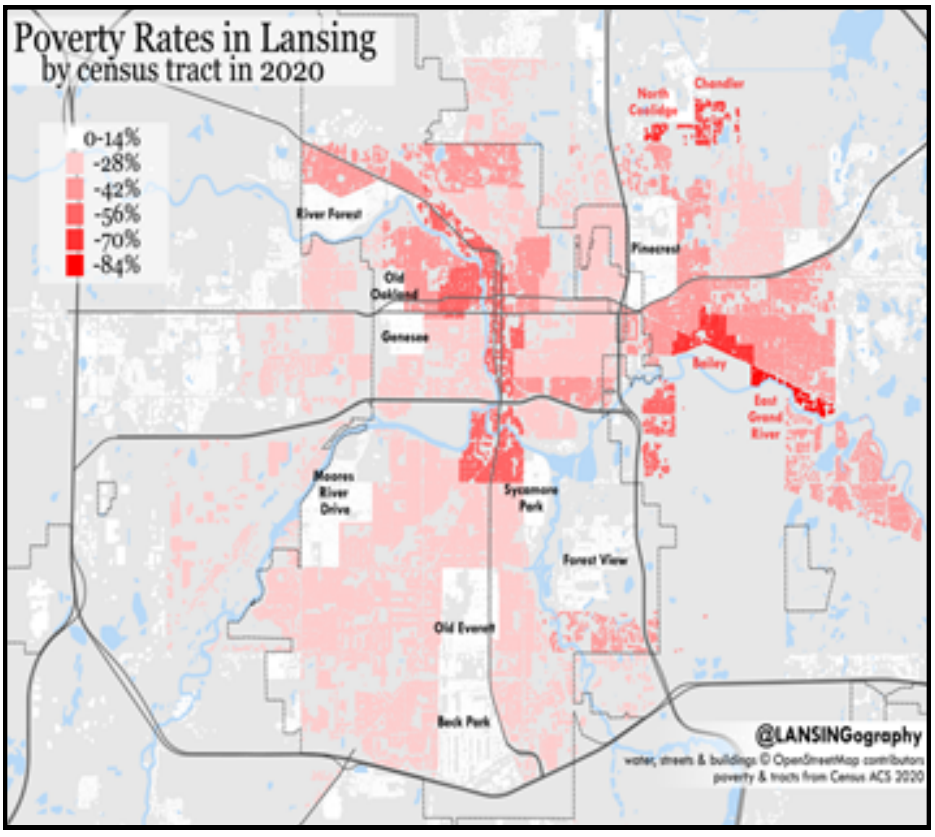


POVERTY RATES

Compared to the rest of Michigan and the United States, Clinton and Eaton Counties have a lower rate of poverty while Ingham County has a higher rate than the state and the rest of the country. Poverty has been associated with a higher rate of mental illness as well as physical illness and decreased life expectancy. This is due to a multitude of reasons including: reduced access to resources, housing, healthy food, education and employment.[3]

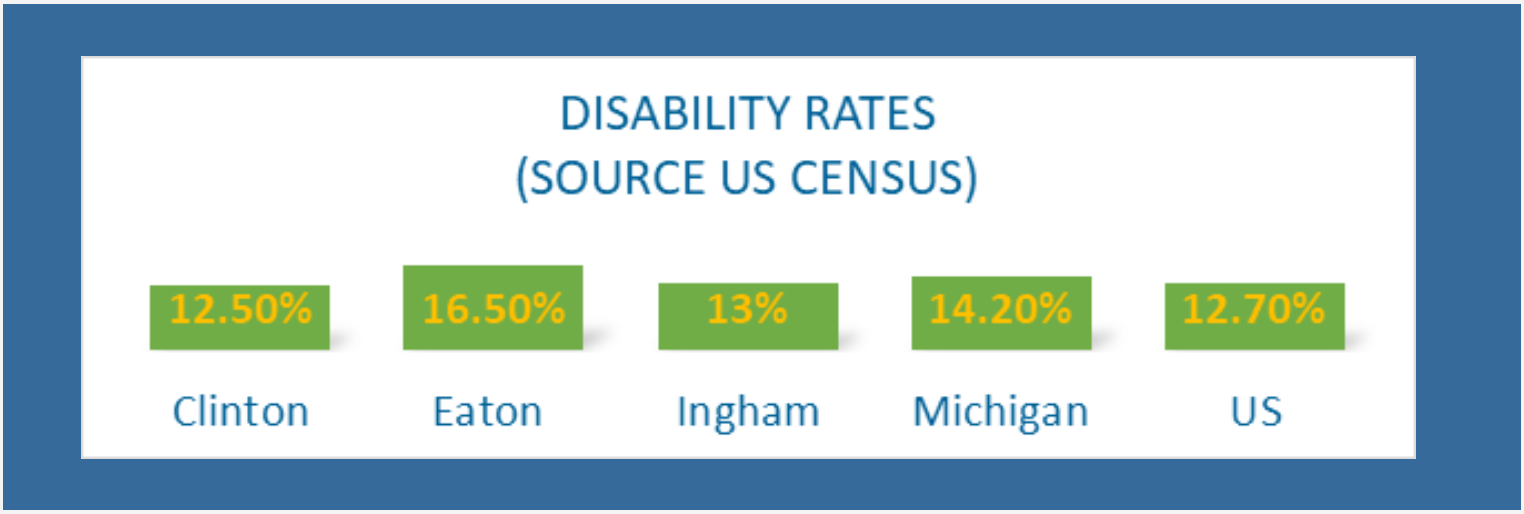


POVERTY MAP



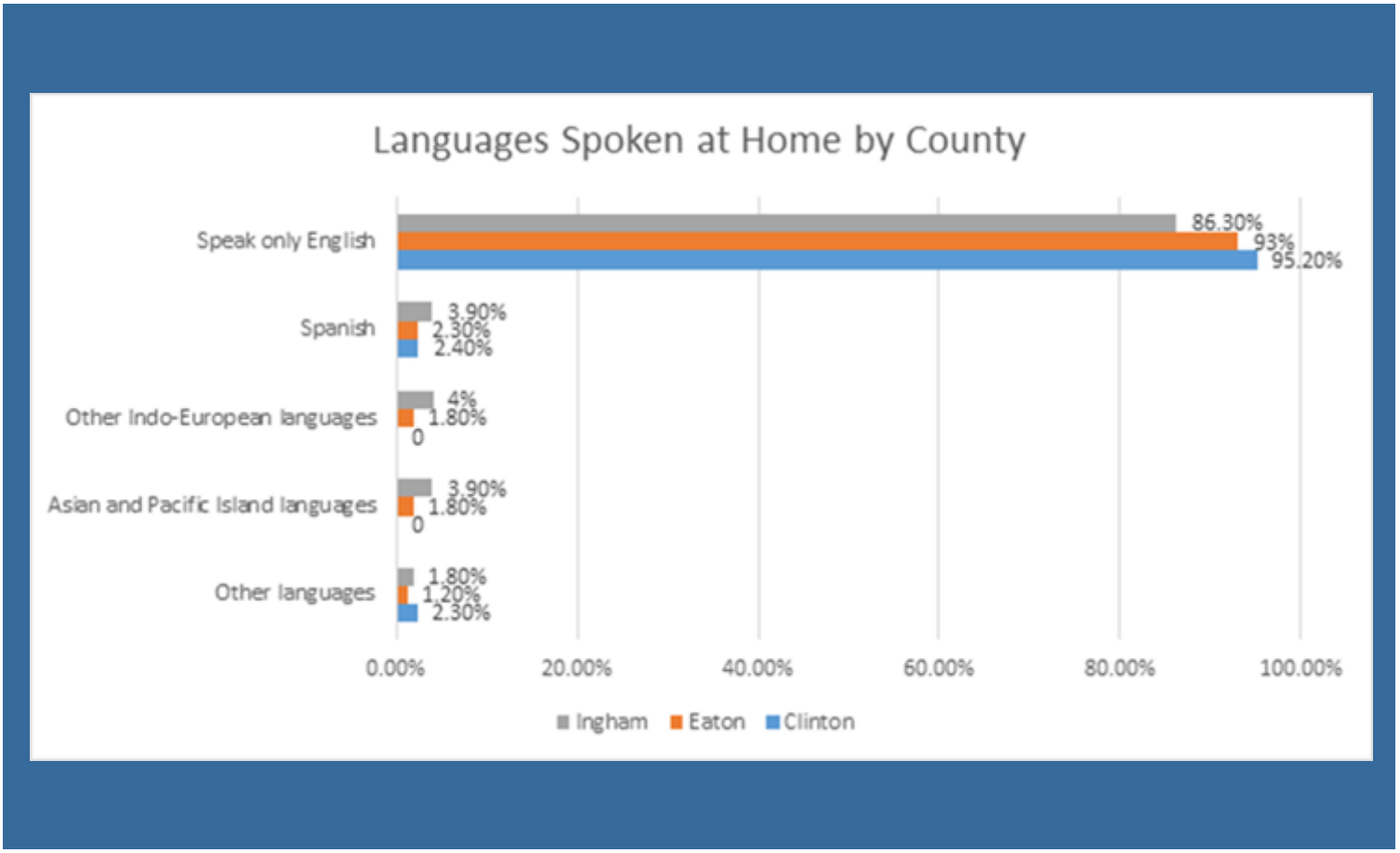
DISABILITY RATES

Overall, the number of individuals with a disability is higher in Michigan (14.2%) than the national average (12.7%). According to the US Census, disability is defined as hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent-living difficulty. Clinton and Ingham Counties are very close to rates seen in this country as a whole, however Eaton County's rate of individuals with a disability exceeds both the state and national levels. This is concerning as people with a disability are nearly five times as likely to experience a mental illness.[4]



LANGUAGES SPOKEN AT HOME

CMHA-CEI reviews census data of languages spoken at home by county. Any languages spoken at home that are above 5% for the population, vital documents for the agency will be available in that language. CMHA-CEI will ensure that all interpreters, translators, and other aids needed for Limited English Proficiency services shall be provided without cost to the beneficiary.



SOCIAL DETERMINANTS OF HEALTH:

Social Determinants of Health (SDOH) are the conditions affecting the environment in which people are born, live, work and play. SDOH contributes to 30-55% of health outcomes for people 5, which is why addressing SDOH is crucial to an individual's overall wellbeing.

In addition to the mental and physical toll on individuals experiencing health disparities, the financial toll of health disparities costs the US economy approximately 309 billion dollars a year.6

According to the Centers for Disease Control and Prevention (CDC), there are ten ways public healthcare organizations can improve social determinants of health for the individuals they serve 7: Below highlights some of the ways CMHA-CEI is working to address SDOH inequities.

HOW CMHA-CEI IS ADDRESSING SDOH DISPARITIES:

01 — Assess and monitor population health status, factors that influence health, and community needs and assets

- CMHA-CEI utilizes the Community Health Improvement Plan to review SDOH in the tri-county area.
- CMHA-CEI is beginning to plan for tracking systems of SDOH for individuals served. Goal to have in place by the end of 2024.

02 — Investigate, diagnose, and address health problems and hazards affecting the population

- CMHA-CEI is a community stakeholder in the Community Health Improvement Plan and has action plans to address the following
  - Reduce the rate of uninsured adults
  - Reduce the number of adults experiencing poor mental health days
  - Reduce the rate of depression and binge drinking in high school students
  - Increase access to healthcare through the development of new accessible services and facilities in the community

03 — Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

- Our clinicians routinely ask about health and ways to improve it
- Hypertension care pathway in Adult Mental Health Services
- Asthma care pathway in Families Forward
- Hepatitis C care pathway at House of Commons
- Wellness coaching

04 — Strengthen, support, and mobilize communities and partnerships to improve health

- CMHA-CEI is part of over 15 area coalitions, workgroups and councils working to improve health outcomes
- CMHA-CEI participates in DEI community events such as Juneteenth and Pride celebrations

05 — Create, champion, and implement policies, plans, and laws that impact health

- CMHA-CEI, together with the Ingham County Health Department are engaged in a year-long study to address racism, looking at how to shift staff values by helping people champion small areas they can control.

06 — Utilize legal and regulatory actions designed to improve and protect the public's health

- CMHA-CEI is a member of the Community Mental Health Association of Michigan (CMHAM). Being a CMHAM member, together with other CMHSPs across the state, allows for a stronger voice at the state level to advocate for better behavioral health care.

HOW CMHA-CEI IS ADDRESSING SDOH DISPARITIES:

07 — Assure an effective system that enables equitable access to the individual services and care needed to be healthy

- CMHA-CEI is a CCBHC site, which allows individuals with a qualifying diagnosis, to receive the following eligible behavioral healthcare services:
  - Crisis services
  - Screening, assessment and diagnosis, including risk assessment
  - Treatment planning
  - Outpatient mental health and substance use services
  - Outpatient clinic primary care screening and monitoring
  - Targeted case management
  - Psychiatric rehabilitation
  - Peer/family support
- Individuals can receive these services, regardless of their ability to pay.

08 — Build and support a diverse and skilled public health workforce

- CMHA-CEI is sponsoring a cohort of nine CMHA-CEI, bachelors-level, clinical staff in obtaining a Masters of Social Work through Michigan State University.
- Through our Diversity Advisory Council, Human Resources Committee and Board of Directors, CMHA-CEI is working to have the make-up of its employees match the make-up of the community we are a part of. This is close overall, but still lacking at the manager level. CEI's mentorship program's goal is to address this need.
- CMHA-CEI has removed preferred language in job postings and is in the process of auditing job descriptions to remove preferred language as underrepresented populations can be less likely to apply if there is preferred language, therefore creating a false barrier.

09 — Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

- Internal research committee
- Quarterly review of charts
- Mental Health First Aid trainings
- Quarterly monitoring of CCBHC quality measures

10 — Build and maintain a strong organizational infrastructure for public health

- The number of individuals seeking services has grown steadily over the past five years. CMHA-CEI has also grown to accommodate this need.

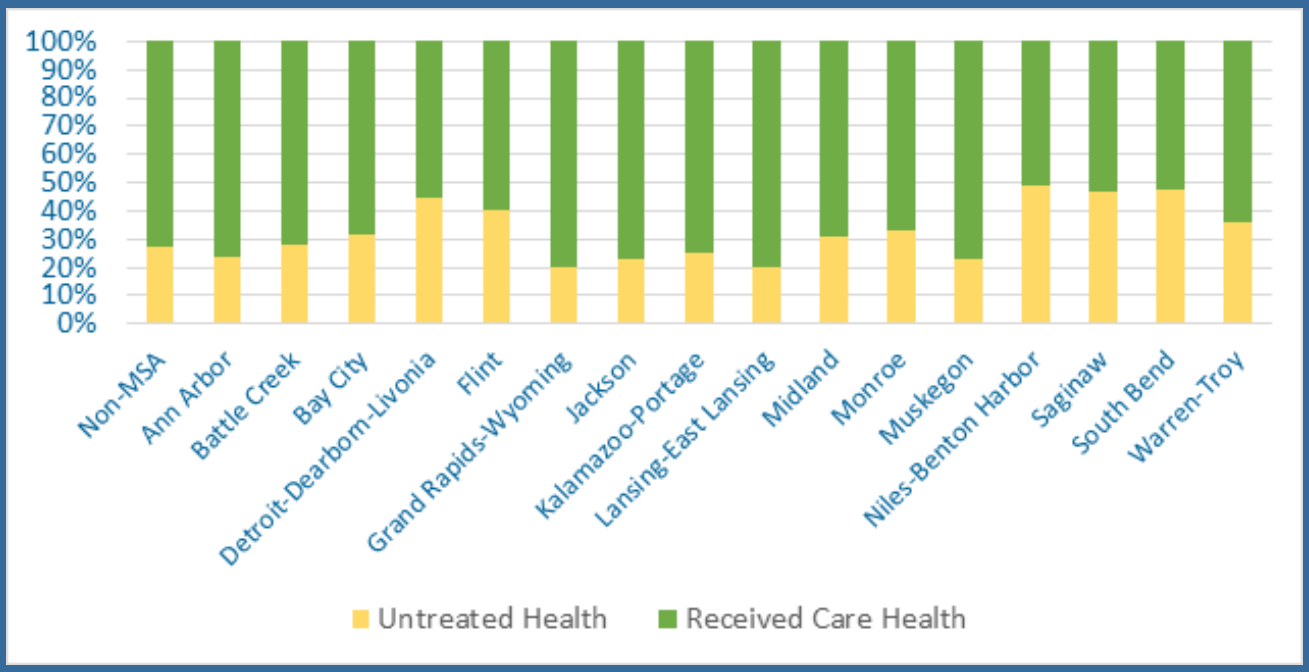
ACCESS TO CARE

According to The National Council, more than 50% of Americans are seeking mental health services for themselves or a loved one, with more than three quarters of the population believing that mental health is as important as physical health. Although there is a high demand for mental health services, there are still multiple barriers to receiving care, including: cost, insufficient insurance, limited options, long waits, lack of awareness and social stigma.8

In the tri-county area, the number of community providers, who offer counseling and psychiatry services, has increased by 36%, from 102 in 2021 to 136 in 2022. Additionally, the number of CMHA-CEI consumers who have a primary care physician has increased from 67% in 2021 to 85% in 2022. Although these are positive trends, Access to Behavioral Care was the issue most prioritized by CEI stakeholders.

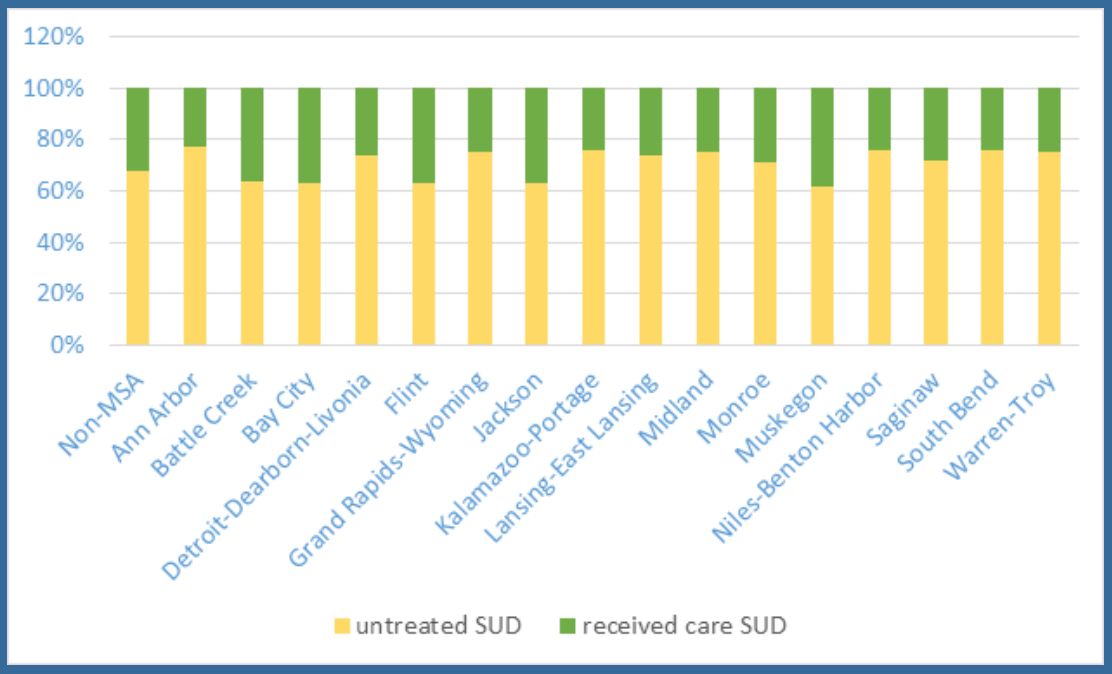
ACCESS TO CARE BY METROPOLITAN AREA:

The Lansing-East Lansing metropolitan area, along with Grand Rapids, ranks highest in the state for access to care for adults with mental illness (AMI).9



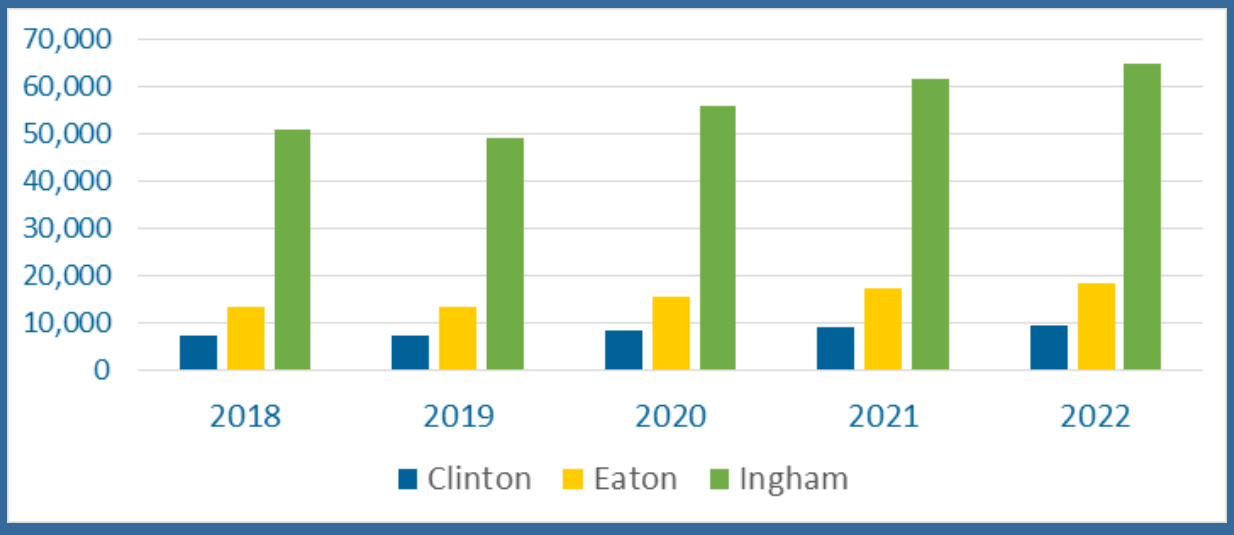
ACCESS TO SUD CARE BY METROPOLITAN AREA: 10

CMHA-CEI is in the average range, compared to other metropolitan areas in the state, for access to substance use disorder care.

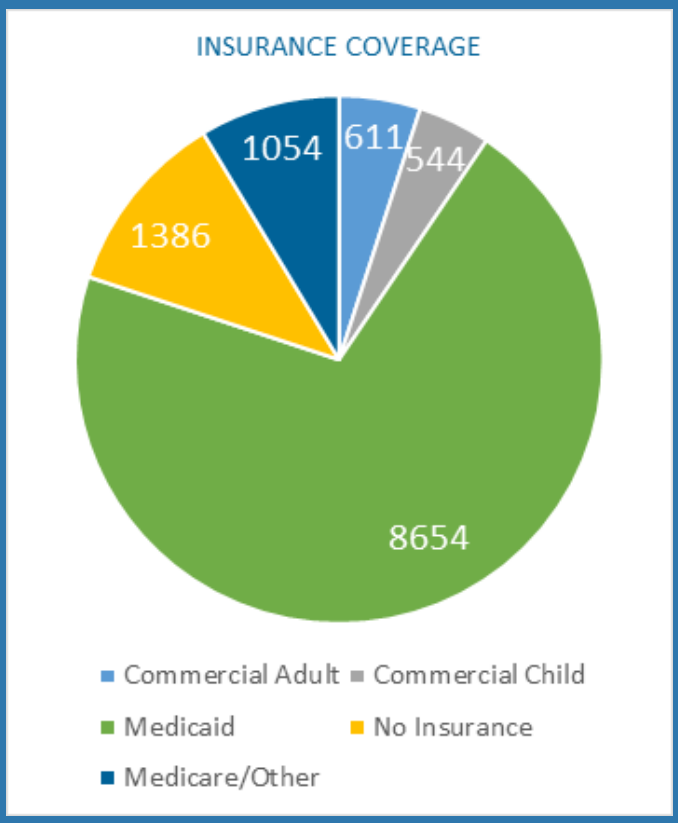


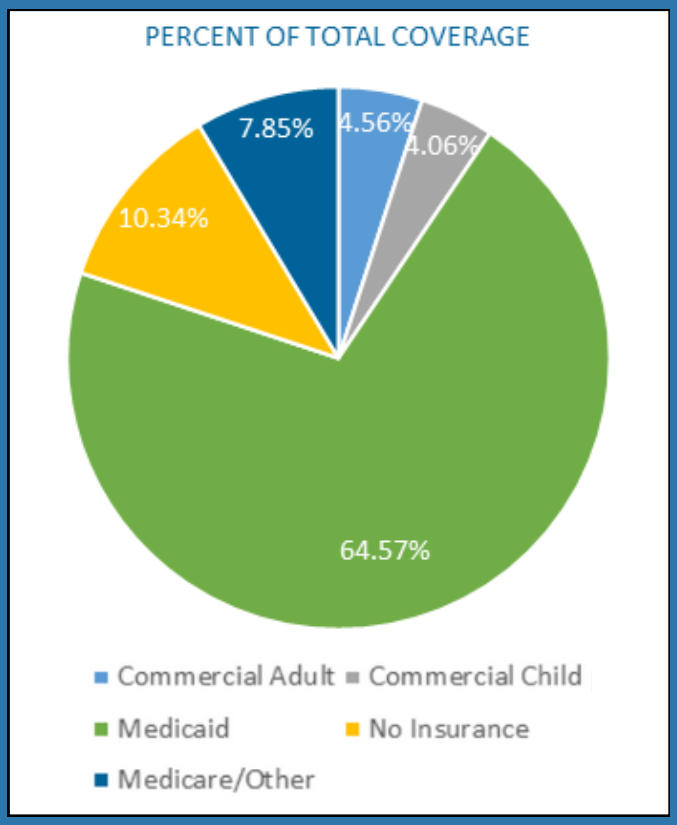
MEDICAID ENROLLMENT

Medicaid enrollment numbers have risen steadily in the last five years. Enrollment has increased in Clinton county by 30%, in Eaton County by 39% and in Ingham County by 28%. Increases in enrollment during 2020-2023 may be due to the temporary continuous enrollment provision created by the Families First Coronavirus Response Act (FFCRA). This Act expired March 31, 2023.[11]



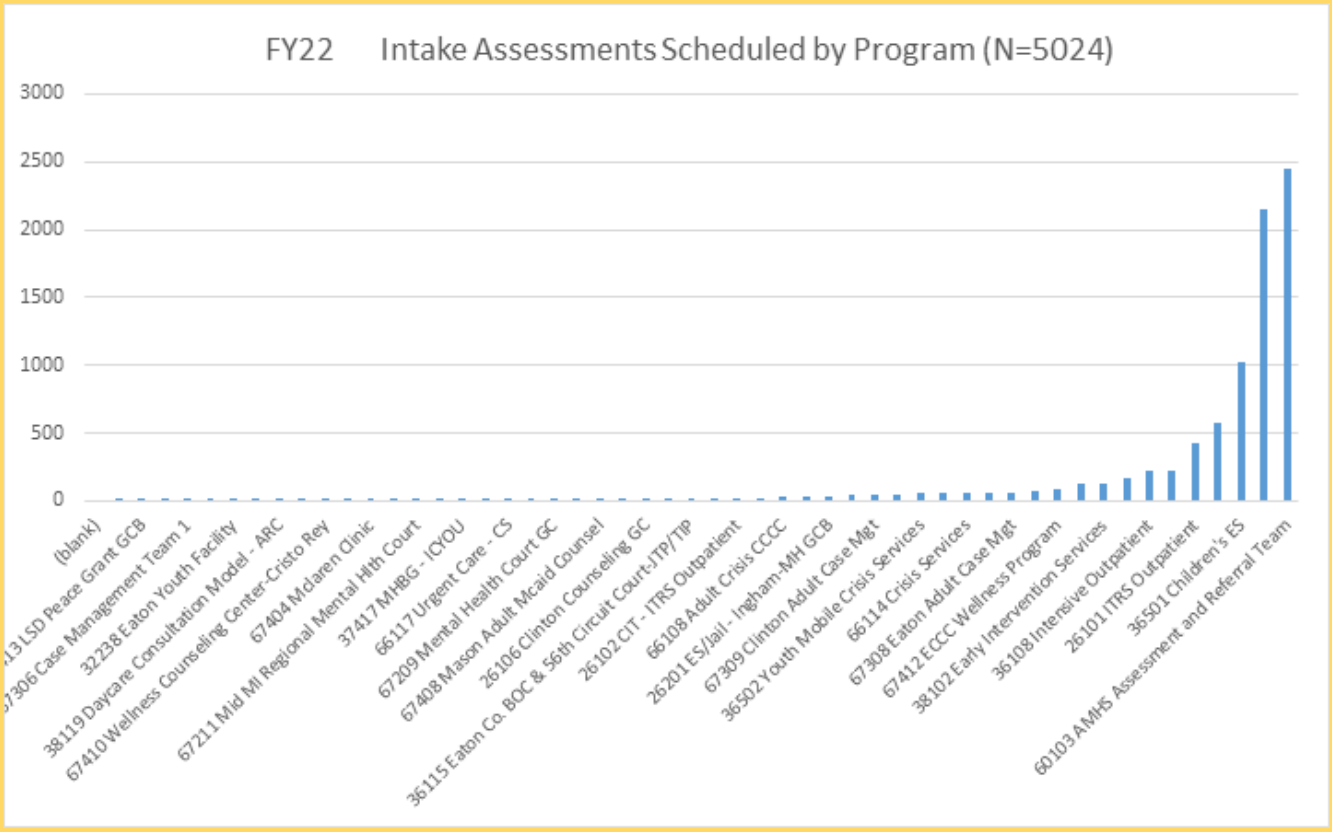
MEDICAID ENROLLMENT FY22 - CMHA-CEI CONSUMERS





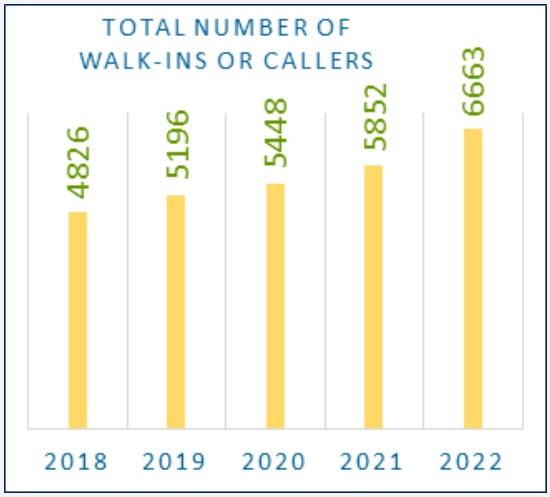
ACCESS CENTER DASHBOARD

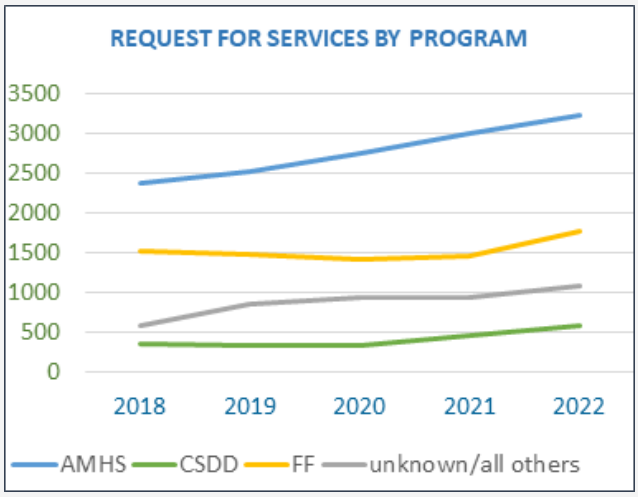
CMHA-CEI's AMHS Adult Assessment and Referral Team (ART) had the most intake assessments scheduled at 2452, with Children's Emergency Services a close second at 2152. ITRS Outpatient completes the top three at 1023 scheduled intake assessments.

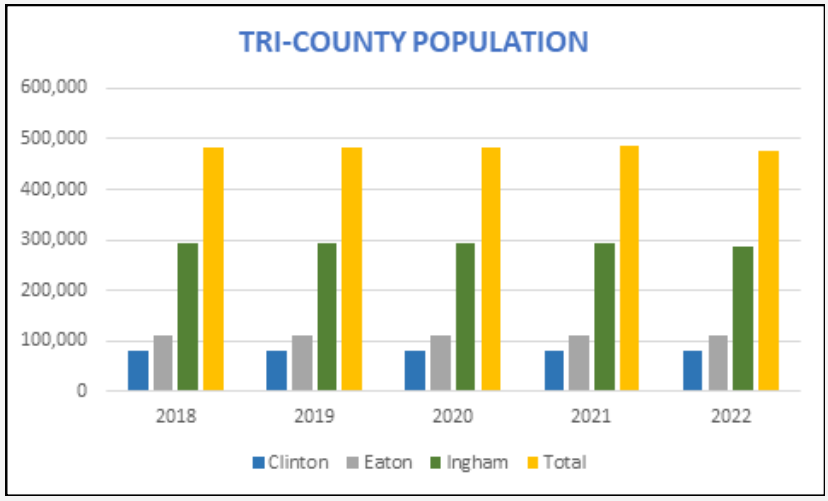


CMHA-CEI SERVICE TRENDS

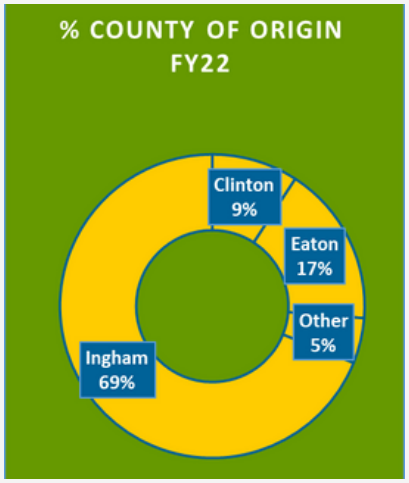
The number of individuals requesting services from CMHA-CEI has increased steadily in the last five years, however, the total population of the tri-county area has fallen slightly from 2018 to 2022.

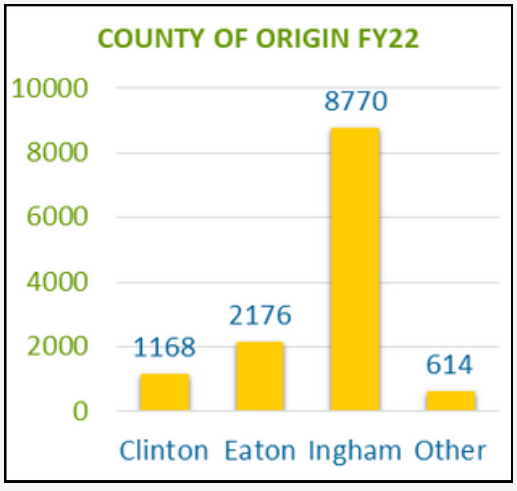






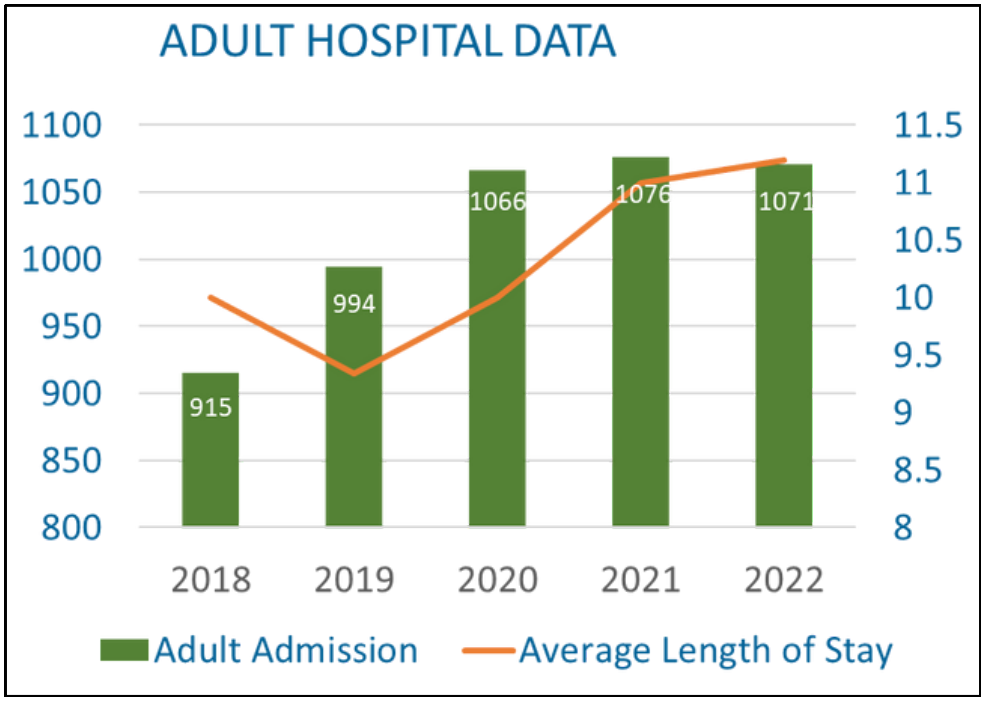
CMHA-CEI primarily provides services to individuals living in Clinton, Eaton and Ingham Counties. Around five percent of consumers are from other counties in Michigan.

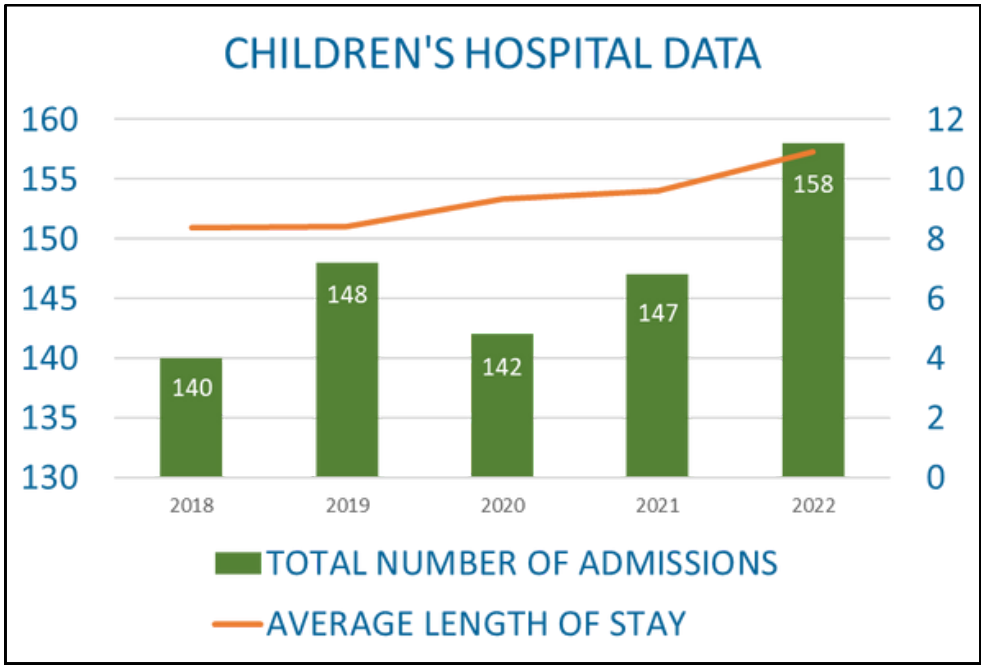




INPATIENT HOSPITALIZATION DATA

Adult inpatient hospital admissions have increased 17% from 2018 to 2022 and children's inpatient hospitalizations have increased 13%. Similarly, the average length of stay has increased by 20% for adults and 30% for children.





ACCESS PROCESS

During contact with Access Center staff, the consumer will be asked a variety of routine questions to help determine what services they are requesting from CMHA-CEI. The agency's Service Determination Scale (SDS) is used to assess the medical necessity of services by obtaining information from the consumer in five primary categories:

- Activities of Daily Living
- Interpersonal Functioning
- Moods and Emotions
- Self-Harm/Harm-to-others
- Thinking/Self-Direction.

Supplemental areas, including Social Supports and/or Caregivers Ability to Manage, Substance Abuse and Drug/Medication Complications are also assessed. When the individual's request is deemed to meet presumptive eligibility for services, an Access Center staff person will schedule an appointment for a psychosocial assessment in the program thought to be best able serve the individual's needs. Some programs have same-day appointments and walk-in availability. Should it be determined that CMHA-CEI is not the appropriate agency to provide services, the individual is referred to resources in the community.

Access Center Phone: (517) 346 - 8318

COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DISABLED

All referrals to CMHA-CEI for CSDD services are initiated through the Central Access Center. Persons are screened for key indicators of the presence of a developmental disability (developmental delays, reenrollment in special education, concern that Autism may be present etc.) Those screening positive are scheduled for a full assessment with a Master's level Developmental Disability Clinician.

Persons meeting the criteria for a Developmental Disability (as defined in the Michigan Mental Health Code) are enrolled in CSDD and a case manager is assigned and meets with the consumer/significant other within fourteen days of the assessment.

Specific supports and services to be provided are determined through the persons centered planning process which is completed within 30 days of the start of treatment. Consumers are notified of all potential services as well as the option for self-determination. The case manager works closely with the consumers to arrange for services identified within the plan. Once services are in place, the assigned case manager monitors services and the consumer's progress on a routine basis, typically monthly or more frequently. As needs change, the person-centered plan is modified accordingly.

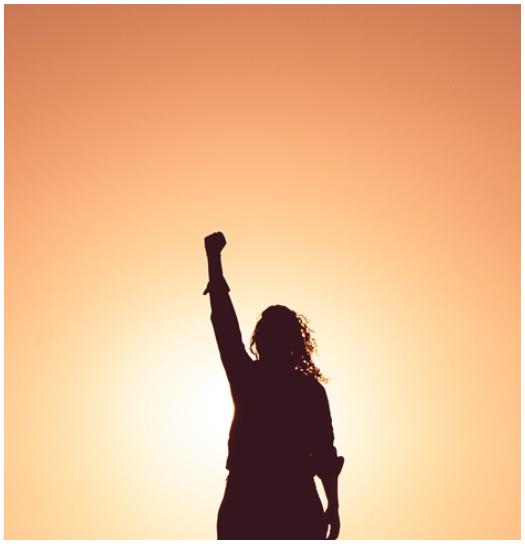
Program capacity is consistently monitored through:

- Monthly review of enrollments and closures
- Monthly review of numbers served in each service area
- Monitoring of caseloads in each service area

Staffing patterns and resources are altered as indicated on a quarterly basis or annual basis.

ADULT MENTAL HEALTH SERVICES:

All individuals applying for enhanced or specialty adult mental health services through CMHA-CEI are screened and scheduled for assessment through our Centralized Access Center.



If, during the screening conducted by our Access Center, the referral is evaluated as meeting the general criteria for AMHS specialty services, a formal initial assessment is scheduled with a licensed, Master's level prepared clinician for determination of eligibility, as well as level of care and psychosocial needs.

It should be noted that AMHS never maintains a waiting list for enhanced, adult, clinical services.

After a face-to-face psychosocial assessment, consumers meeting criteria for enhanced services are directly referred to the appropriate level of care and team to address identified service needs. Within a standardized timeliness period after assessment, individuals are offered pre-planning services to begin the process of developing a person-centered plan of service to meet their individual needs.

If the consumer does not meet the criteria for enhanced services, referrals are made to other mental health services in the community or to internal programs capable of meeting their specific needs (e.g., Urgent Care, Short term Case Management, Wellness Outpatient Programs, and Outpatient Clinical Services, etc.)

ADULT MENTAL HEALTH SERVICES:

There are a number of evaluation and planning activities that occur at the individual level to make sure service needs are met and monitored. These include, but are not limited to:

1. Initial psychosocial assessment
2. Comprehensive Person-Centered Planning
3. Formal face-to-face six-month review of the Person-Centered Plan and as often as needed/desired by the consumer
4. Referrals to higher or lower levels of care through the AMHS Service Review Committee, based on the findings of #1-#3 above
5. Interdisciplinary team case consultation and clinical supervision
6. Referral to Residential Services as medically indicated/needed

There are also programmatic monitoring activities that occur to assure program capacity for all levels of service need, including:

- Review of case openings/closings for all clinical teams on a monthly basis to assure adequate capacity is available on all teams/levels of care
- Review of cases and resource capacity in the Service Review Committee
- Review of cases and housing capacity in the Residential Screening Committee
- Review of cases in the Client Care Monitoring Committee as indicated
- Monthly review of all programmatic, agency and state mandated performance indicators within the AMHS management team to assure compliance, develop any necessary plans of correction, and to maintain administrative oversight of program needs.

FAMILIES FORWARD:

During the initial screening conducted by our Access Center, the referral is evaluated as meeting the general criteria for Families Forward services; a formal initial assessment is scheduled with a Master's prepared clinician.

We assure service level is met on an individual basis by doing a comprehensive assessment, utilizing the CAFAS measurement tool, and a treatment plan based on individual mental health needs. Individual assessment of progress is evaluated on a quarterly basis, through a review of progress with the family and the use of the outcome measure, (CAFAS), to aid in the evaluation of progress conversation.

Families Forward reviews a broad perspective of clinical data on a monthly basis at our System Look Management meeting. Included in the conversation are the timeliness issues of intakes and start of treatment, CAFAS/PECFAS data to name a few. Individual cases are monitored on a weekly basis through supervision. Outcome measures are reviewed as well, particularly utilizing the available wealth of information from the CAFAS/PECFAS.

Programmatically we review the aggregate CAFAS data on all children's services and review key service indicators by program. Clinical management staff, as a group, reviews monthly the System Look indicators, for example capacity, productivity, patterns/trends in utilization, etc.

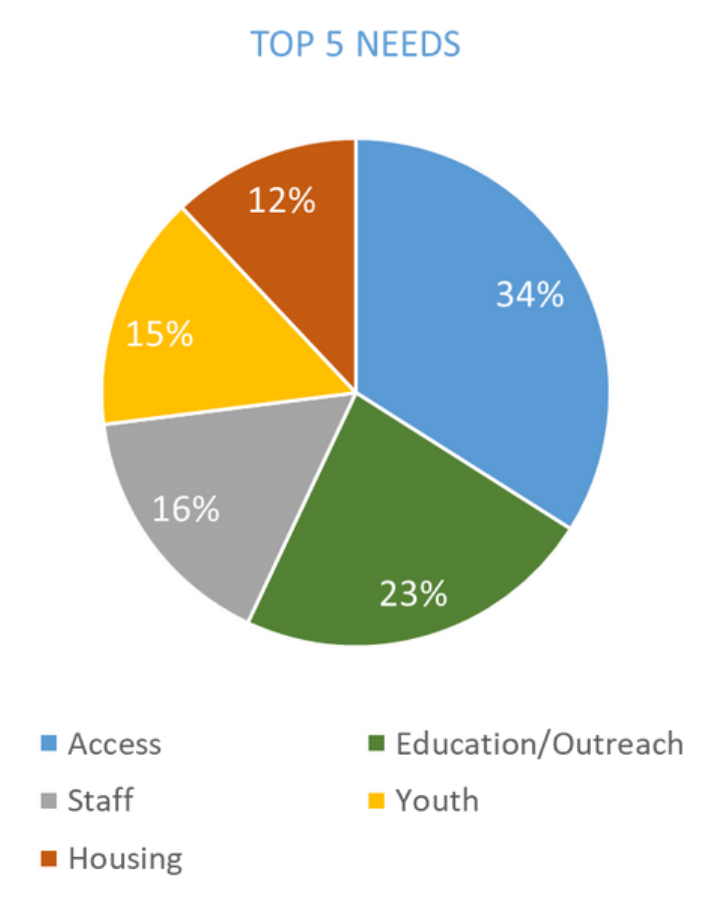
INTEGRATED TREATMENT AND RECOVERY SERVICES:

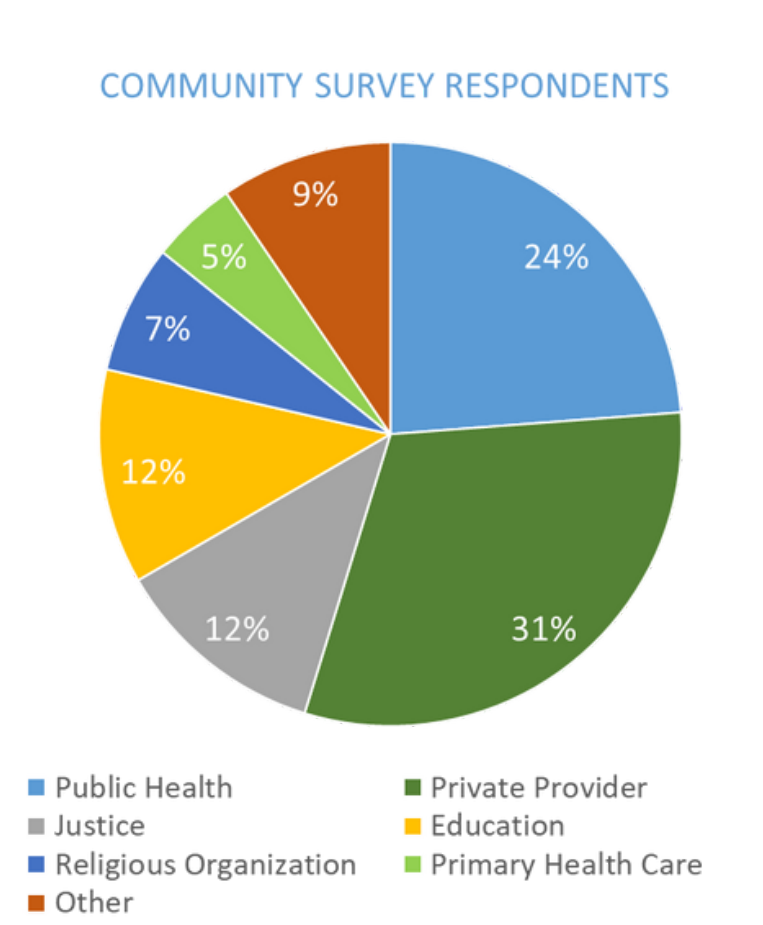
CMHA-CEI Integrated Treatment & Recovery Services (formerly Substance Abuse Services) recognizes substance use disorders as chronic health conditions. Services are designed to address underlying issues as well as the presenting drug and/or alcohol related problems. This is accomplished by careful assessment and comprehensive treatment planning. ITRS provides withdrawal management, residential and outpatient substance use disorder services involving individual and group therapy sessions, and Medication Assisted Treatment (MAT).

Peer recovery coaching and case management is also offered, as well as integrated healthcare in community-partnering health clinics. We also offer crisis intervention services in the three county jails and mental health services in the Ingham County Jail. We have been serving the tri-county area for over five decades and continue to be a strong support for the recovery of individuals dealing with substance use disorders.

We focus on being accessible to those in need and our leadership continually works with governing bodies, funding sources and other community providers to create continuity of care in our communities. The program works to create a co-occurring capable system that is welcoming, person-centered, recovery oriented, culturally competent and trauma informed. ITRS programs encourage, support and guide individuals to explore all methods of treatment identified as beneficial toward their wellness, including Medication Assisted Treatment (MAT).

2022 STAKEHOLDER SURVEY RESULTS:





<u>A total of 1504 surveys were emailed to CMHA-CEI stakeholders in February 2022. The following questions were asked:</u>

- **What do you see as being the most significant behavioral health needs that are not currently being adequately addressed in our community?**
- **From your perspective, what trends have you identified that CMHA-CEI should be aware of?**
- **Based on what you have shared, please identify the top three concerns/priorities.**

TOP RESULTS FROM STAKEHOLDER SURVEY, GROUPED

01 — Access

- Access to affordable person-centered mental health care
- Need for more clinics/practitioners that accept Medicaid
- Quicker access to all mental health services
- There never seems to be enough therapists to immediately help clients who have Medicaid health coverage and have behavioral health needs.
- More intensive service options for those who have private insurance

02 — Education

- Lack of personal client choice or understanding of services...being "talked into" services without clear understanding.
- Ongoing training for AFC to adequately deal with behaviors instead of issuing 30 day notices
- Poor communication between CMHA-CEI, providers, and individuals and their support staff
- The workforce shortage impacts the ability for community members to access much-needed services.
- Lack of qualified professionals who can see patients within 30 days or less

03 — Youth

- Options outside of the ER/hospital to keep youth safe while waiting for a longer-term bed.
- Disengaged parents, increase in the number and severity of behavioral concerns young children/students exhibit, depression in youth.

04 — Housing

- Lack of group homes.
- Housing for mentally ill

PRIORITY ISSUES:

Priority Issue	Reason for Priority	CMHSP Plan	Update
1. Access to Care	Record numbers of requests for services	• CMHA-CEI is continuing to increase access to care through our clinics utilizing the CCBHC model • CMHA-CEI will continue to increase CCBHC services by working with the state on being a demonstration site and to continue to apply for CCBHC Expansion Grant funds	• Served an additional 943 individuals in FY22 (12,755) • Continuing to "open doors" and serve those in mild and moderate population and increasing SUD services with outpatient SUD clinic
2. Training of Direct Care Staff	COVID-19 put a hold on some in person trainings such as Culture of Gentleness Trainings	• Begin in-person Working with People (Culture of Gentleness) training during FY22 for internal and contracted direct care staff	• Resumed monthly Culture of Gentleness Training which is open to internal and contracted staff • Partnered with staff at MDHHS and started pilot for direct care providers to utilize the Improving MI Practice training platform managed by MDHHS to improve training compliance and provide more comprehensive training

PRIORITY ISSUES:

Priority Issue	Reason for Priority	CMHSP Plan	Update
3. Recruitment and Retention of Staff	▪Behavioral health workforce shortage with the goal to make CMHA-CEI the behavioral health employer of choice in our catchment area ▪Need additional staff to serve a mild-to-moderate population in anticipation of CCBHC	Current efforts and plans for recruitment and retention: 1. Wage increase to all staff 2. Wage compensation study on position 3. Retention payment implemented in December 2021 4. One-to-one vacation buyout implemented in December 2021 5. Expanded student debt relief for 2022 6. Planning for MSU Scholars Cohort to launch in MSU summer and fall semesters. CEI will sponsor a cohort of nine (9) bachelor's level clinical staff in obtaining a Master's of Social Work degree. 7. Media Campaign underway that includes commercials, digital ads, and billboards and is titled "Work at CMHA-CEI and make a difference" 8. Resume Manager Adaptive Leadership Training and other manager training support efforts	1. Wage increase to staff was completed in April 2022 2. Wage compensation was completed in November 2022 3. An additional retention payment implemented in December 2021 4. MSU Scholars Cohort has eight staff participating 5. "Work at CMHA-CEI and make a difference" Media Campaign to recruit staff brought success in filling some open positions. Also expanded recruitment efforts to out-of-state job fairs to bring candidates to Michigan. 6. Adaptive Leadership Training resumed for managers in 2022 and continued in 2023. Resumed quarterly new manager training.

PRIORITY ISSUES:

Priority Issue	Reason for Priority	CMHSP Plan	Update
4. Strain on Crisis Service Units and Emergency Departments due to lack of local psychiatric beds.	▪Individuals boarding in crisis services or hospital emergency units while waiting for hospital bed ▪Need for additional diversion services to prevent boarding	▪CMHA-CEI has been informed that we will receive funds to start up a local Crisis Stabilization Unit for the Capital Area. ▪A Crisis Stabilization Unit (CSU) is a structured, secure, and multidisciplinary service, functioning within a coordinated continuum of care, and is crucial in filling the gaps in our community in treating persons experiencing an acute episode of mental illness and/or substance use who are a risk to themselves or others. ▪A CSU is a key element in reducing psychiatric hospitalizations, eliminating psychiatric boarding in emergency departments, and providing a resource for local law enforcement. CMHA-CEI will be working with local entities to plan for a local CSU.	▪Secured several streams of start-up funding for both staffing and renovations for the Crisis Stabilization Unit ▪Utilizing the expertise of consultants, TBD Solutions, to develop and facilitate internal workgroups ▪Each workgroup has its own charter with action steps ▪Progress is being made ▪Participate in MDHHS CSU Certification workgroup ▪Applied and been accepted into the MDHHS CSU pilot learning cohort, which began in July 2023
5. Lack of Housing options - Improve on access and delivery of housing resources to adults with SPMI.	▪Housing continues to be a universal need across the population of those persons with mental illness ▪CMHA CEI has addressed this need by adding staff in our AMHS Housing Unit ▪The priority exists to deliver this service to consumers in a way that best meets their needs and the needs of the community	▪Continue to work with community partners for housing options for adults with severe and persistent mental illness (SPMI) ▪Add staff to provide community living services, case management, and provider support	There continues to be a lack of housing options and recent closing of beds at state hospitals has increased the need ▪ Continued to work with local providers to open more AFC housing ▪ Added staff to the AMHS Housing Unit to assist with this need ▪ Increased supportive-housing partnerships through the addition of 48 affordable housing units and 12 supportive units ▪ Finalized partnerships for two additional supportive-housing projects

NEXT STEPS FY24:

- Consumer Satisfaction Survey is currently being conducted and data/responses will be compiled and reviewed in the fall of 2023
- CMHA-CEI will conduct a stakeholder survey in late 2023/early 2024
- Annual community data set will be compiled and reviewed in 2024
- New Priority Needs and Planned Actions will be set and tracked for 2024-2025, based on the results from the stakeholder survey to be distributed in early 2024.

SUMMARY

Based on CMHA-CEI's biennial survey to our stakeholders, the top needs of the community are: Access to care, training of direct care staff, recruitment and retention of staff, strain on crisis service units and emergency departments due to lack of local psychiatric beds, and lack of housing options (improve on access and delivery of housing resources to adults with SPMI). CMHA-CEI will conduct another survey in early 2024 to see if we have moved the needle on the above needs.

While the above needs are most pressing for CMHA-CEI stakeholders, the Community Health Improvement Plan, which looks at needs in the tri-county area, showed similar needs as well: Health care access and quality, community safety, behavioral health and safe and affordable housing. In working on CMHA-CEI's priority needs, the entire community can benefit.

As we learn more about SDOH and the associated health disparities, CMHA-CEI will be actively addressing these through a variety of means.

The number of individuals seeking services has risen steadily for the past five years. To increase access to care, CMHA-CEI is using the CCBHC model, which provides mental health services for anyone with a qualifying behavioral health diagnosis, regardless of their ability to pay. Another way CMHA-CEI is increasing access to care is to establish a Crisis Stabilization Center and will include a secured unit as a Crisis Stabilization Unit (CSU) at the previous McLaren Greenlawn location. This Crisis Stabilization Center will increase access to care by providing 24/7 crisis intervention while diverting individuals away from emergency departments and jails.

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