Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

COMMUNITY ACCESS COMMITTEE
IN-PERSON "HYBRID" MEETING
Monday, September 30th, 2024
5:30 p.m.
812 E. Jolly Road, Atrium
Lansing, MI 48910

Zoom: https://zoom.us/j/91287480022
Meeting ID: 912 8748 0022

I. Call to Order

II. Previous Meeting Minutes – July 22, 2024

III. Adoption of Agenda

IV. Public Comment on Agenda Items

BUSINESS ITEMS:

V. FY24 CMHA-CEI Needs Assessment — **Elise Magen, Director of QCSRR**

VI. Unfinished Business

VII. New Business

VIII. Public Comment

IX. Adjournment

***Action Items**

If you need accommodations in order to fully participate in this meeting, please email echols@ceicmh.org. If, however, you are deaf/hard of hearing or deaf/blind, please call Michigan Relay Center, TTY/Voice by dialing 711 or 844-578-6563 and ask them to forward your message to 517-507-6771. Requests must be made no later than 48 hours prior to the meeting. This meeting is open to all members of the public under Michigan's Open Meetings Act.

Community
MENTAL HEALTH
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COMMUNITY ACCESS
COMMITTEE "HYBRID"
MEETING MINUTES
812 E. Jolly Road, Lansing, MI, 48910
Monday, July 22, 2024 at 5:30 p.m.

Committee Members Present
Dianne Holman, Chair, Jason White, Vice-Chair, Al Platt

Committee Members Observing via Zoom
Paul Palmer, at his residence in Lansing, MI

Excused
Paula Yensen

Other Board Present
None

Other Board Present via. Zoom
Dwight Washington

Staff Present
Sara Lurie, Elise Magen

Staff attending via Zoom
Kristy Medes, Emily Wollner

Staff Excused
None

Public Present (Via Zoom)
None

Call to Order:
The meeting was called to order by Dianne Holman, Committee Chair at 5:30 pm.

Previous Meeting Minutes
ACTION:
MOVED by Al Platt and SUPPORTED by Jason White to adopt the meeting minutes of January 22, 2024 and June 3, 2024 as written.

MOTION CARRIED unanimously.

Adoption of Agenda
ACTION:
MOVED by Jason White and SUPPORTED by Al Platt to adopt the meeting Agenda of July 22, 2024 as written.

MOTION CARRIED unanimously.

Public Comment on Agenda Items
None

BUSINESS ITEMS
Access Center Data
Kristy Medes, QCSRR Supervisor, presented the updated Access Data Dashboard. The dashboard includes FY comparisons of inquiries completed, intakes scheduled, calls answered live, call volume, SUD pre-screens, and care coordination.

Access utilizes ProtoCall as an after-hours resource for incoming calls. Routine calls received by ProtoCall go into a call log and Access returns the calls the following morning. Crisis calls received by ProtoCall are transferred to CMHA-CEI's internal 24/7 Crisis Services number.

SUD Pre-Screen – FY Comparison (page 18 of packet): ITRS Outpatient opened in May of FY21, which is then followed by an increase in the SUD pre-screenings completed in subsequent months. This report shows the number of SUD pre-screens that Access completed and passed onto ITRS.

Other Data – Care Coordination (pages 20-23 of packet): Access started tracking fax

referrals from community partners in Q4 of FY22. In the first three quarters of FY24 referrals are already close to the total FY23 number. Kristy noted that they feel this shows that the referral process is going well and that community providers increasingly see CMHA-CEI as a resource. As the referral process has been developed, part of the process now is to follow-up with the referring provider to close the loop and let them know that their referral went through and if the referred individual is starting services. When a provider faxes in a referral, Access then calls the client back for screening.

Dianne questioned if Access can determine how many care coordination referrals are received for individuals who are completely new to CMHA-CEI. Kristy indicated that about 10% of the received referrals are reported to be open to a therapist already, but that Access can dig into the data further see how many referrals are new people vs. how many had already been connected. Paul agreed this would be a good thing to see. Dianne noted that any data that shows how people not connected to CMHA-CEI are getting connected would be good to see. Sara added that the care coordination process utilized by Access currently is very different from previous processes and is a big improvement in making it easier for individuals to get connected.

Inquiries Completed (page 14 of packet): Sara noted that it is interesting to see that FY22 numbers were so high and that this seems like it was a rebound year from the pandemic. Additionally, the lowest year was FY19 which demonstrates the overall increase in inquiries Access continues to see in FY24. The Intakes Scheduled report (page 15 of packet) follows a similar trend.

Calls Answered Live (page 16 of packet): This is a metric included in the strategic plan, with the goal to increase calls answered live by 10%. Access is already seeing an increase of 6.4% from FY23 to FY24. Sara questioned if 988 is resulting in more or less calls to Access. Kristy noted that they have had zero referrals from 988 to CMHA-CEI. In following up with MiCal, they asked them about which communities they see high utilization of 988 in and MiCal reported that communities with higher utilization don't have an established Crisis Services system compared to the Crisis Services system we have in Lansing.

Dianne questioned if there is a way to measure "non-events" like people who aren't connecting with CMHA-CEI. Kristy agreed that it can be hard to know who we're missing and in looking at some of Care Coordination data they can see some of that by looking at the number of people who were referred by providers, but who didn't respond to follow-up calls from Access or where the family didn't engage. Elise noted that the next Needs Assessment will include data to look at CMHA-CEI's penetration rate, comparing that rate to other CMHs, and also utilizing that data to look at disparities in specific populations.

Performance Improvement Plan – Access and Reduction of Disparities

Elise Magen, QCSRR Director, reviewed the Performance Improvement Project (PIP) Overview handout included in the Community Access Meeting packet. The PIP is region-wide and covers calendar years 2022-2024 with baseline data gathered from calendar year 2021. Final data from each year will be submitted to MDHHS by MSHN by June 30, 2025.

The PIP data is tracking how many individuals seeking services who complete an initial assessment and qualify for services continue on to start receiving services. Data for a number of different races was reviewed initially in the PIP and then the region focused on the disparity between White and Black/African American populations. After reviewing the baseline data from 2021, MSHN regional committees brainstormed intervention ideas that CMHs were to implement to work toward decreasing the disparity. Calendar year 2023 was recently released by MSHN. The combined MSHN region saw a reduction in the disparity, but also a reduction overall in how many people started services after assessment. CMHA-CEI saw both a decrease in the disparity and an increase in the percentage of those who started services after assessment. CMHA-CEI was the only CMH that improved on the PIP from calendar year 2021 to 2023.

Elise reviewed interventions completed by CMHA-CEI to increase access to services including adding additional access and assessment staff and hiring more therapists who provide services. They track data about appointments not available within 14-days and have seen that decrease from 29% to 18%. Barriers still also exist including stigma, transportation, ongoing staffing issues, increased paperwork demands, and a high number of no show appointments.

Dianne asked if the percentage in the 60s for calendar year 2023 is still lower than we would like to see. Elise confirmed that although these percentages have increased from 2021, they are still lower than they would like to see and work is ongoing to work toward increasing the overall rates and further reducing disparities.

Dwight commented that he appreciates this report and that it brings a lot of insight to see objective data. There is a significant increase in those starting services after assessment and he wondered if that group of people are accessible to ask questions about their experience and provide more information about their experience starting services. Elise noted that they can dig into the data further to learn more about which individuals started services in the last year to consider possible ways

to get feedback. Dwight also suggested that it could be interesting to see the PIP data broken down by age to see a comparison between different age groups. Elise confirmed that this is something they would have the ability to do and could bring to a future meeting.

UNFINISHED BUSINESS
None

NEW BUSINESS
None

Public Comment
None

Adjournment
The meeting was adjourned at 6:17 pm. The next regular meeting is scheduled for Monday, September 23, 2024 at 5:30 p.m., Atrium, 812 E. Jolly Road, Lansing, MI.

Minutes submitted by:

Emily Wollner
QCSRR Administrative Assistant

FY2024 NEEDS ASSESSMENT

Community MENTAL HEALTH
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Together we can.

Table of Contents

Overview:

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. A needs assessment allows us to take actionable steps from the data to form CMHA-CEI's strategic plan. Finally, a needs assessment enables an organization to prioritize funding, staffing, administrative resources and clinical practices. 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.

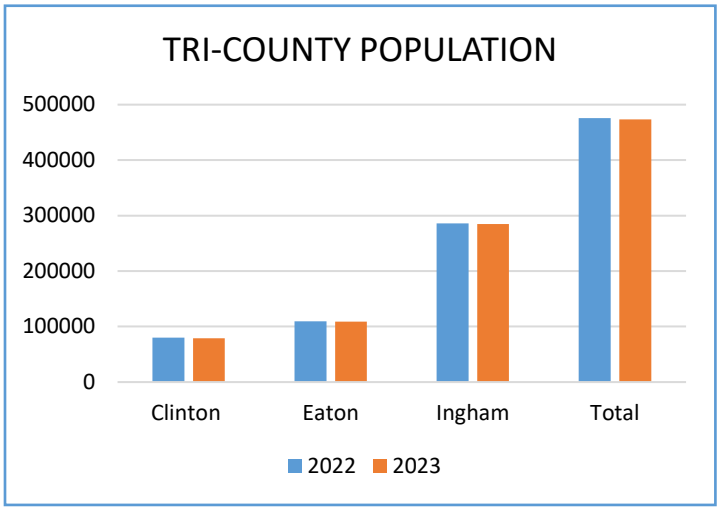
Implementing the Results of a Needs Assessment

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.

Characteristics of People Receiving Services

CMHA-CEI is required to complete a community data set developed by MDHHS set to fulfill 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. In order to fully capture the needs of the tri-county area and to fulfill CCBHC requirements, the following section also includes data on the size of the service area, mental health and substance use.

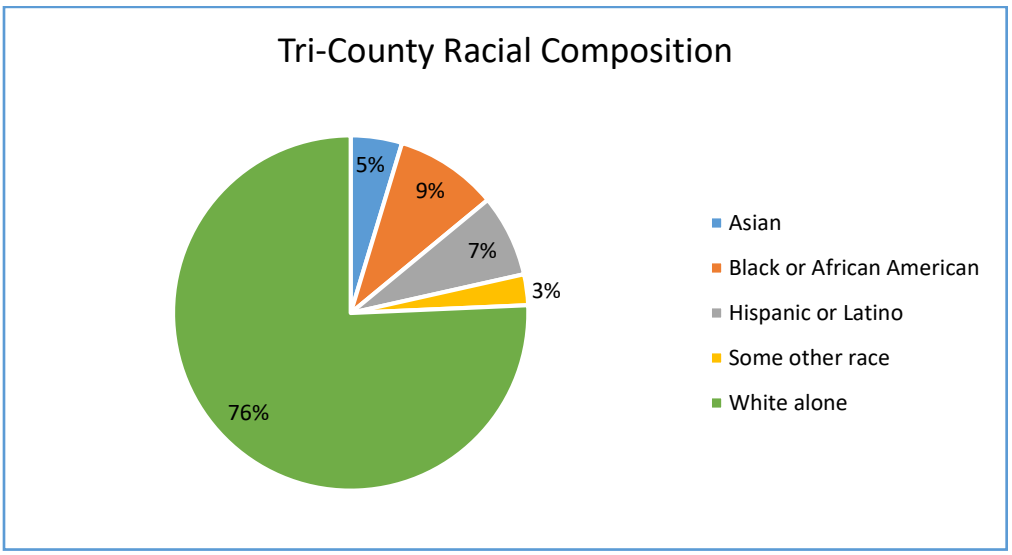


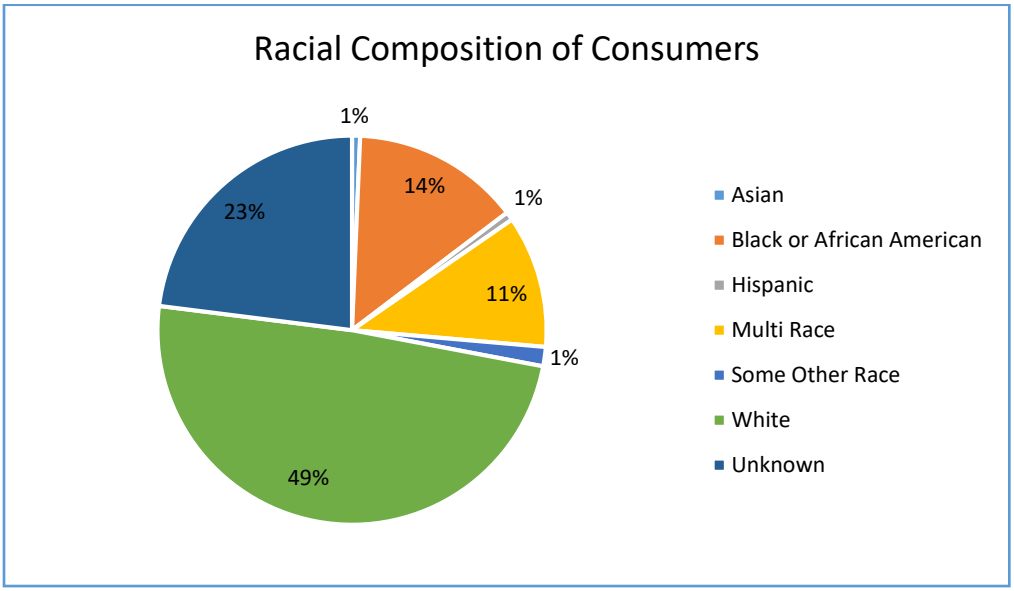
The total population in the tri-county area is 473,203, which represents a 0.58% decrease from the previous year.1

Racial Composition

The tri-county area is predominantly White, (76%), followed by Black/African American (10%), Hispanic/Latino (8%), Asian (5%) and some other race (3%). American Indian/Alaskan Native and Native Hawaiian/Pacific Island, combined, accounted for less than 1% of the total population and have been included in the Some Other Race category.2

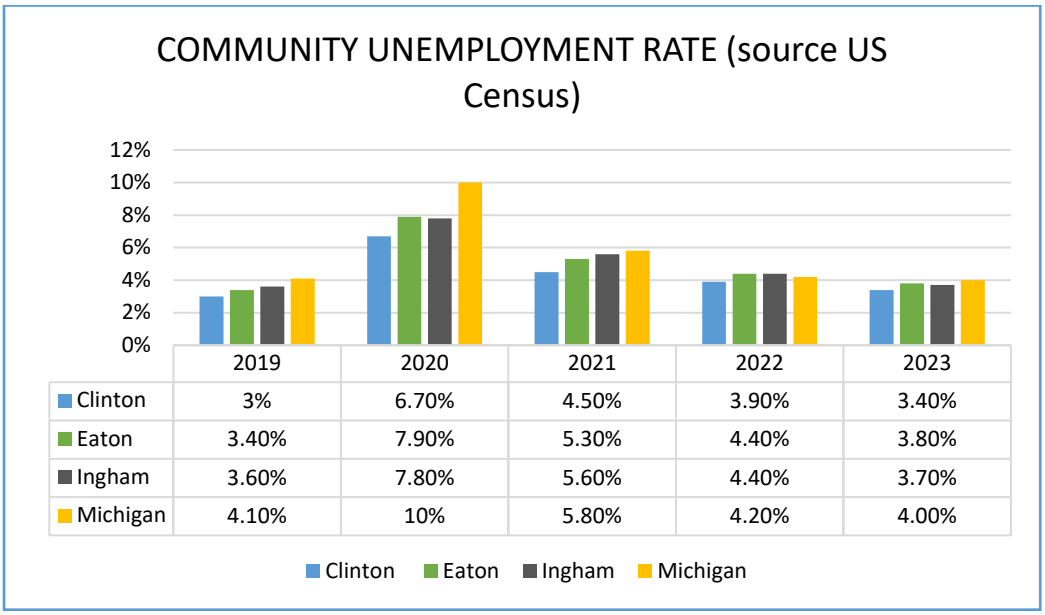
The racial composition of the people seeking services from CMHA-CEI appears to not be reflective of the community at large. This may be partially due to the unknown racial status of 23% of CMHA-CEI consumers. The greatest number of people CMHA-CEI serves are white (49%), followed by Black/African American (14%) and Multi Race (11%), while Hispanic and Asian each account for less than 1%. Both Hispanic and Asian people are underserved at CMHA-CEI. This could be due to this population not wanting to provide their racial status or having private insurance and are seeking services elsewhere, or some other barrier to seeking services that CMHA-CEI is not aware of.





Tri-county Unemployment Rate:

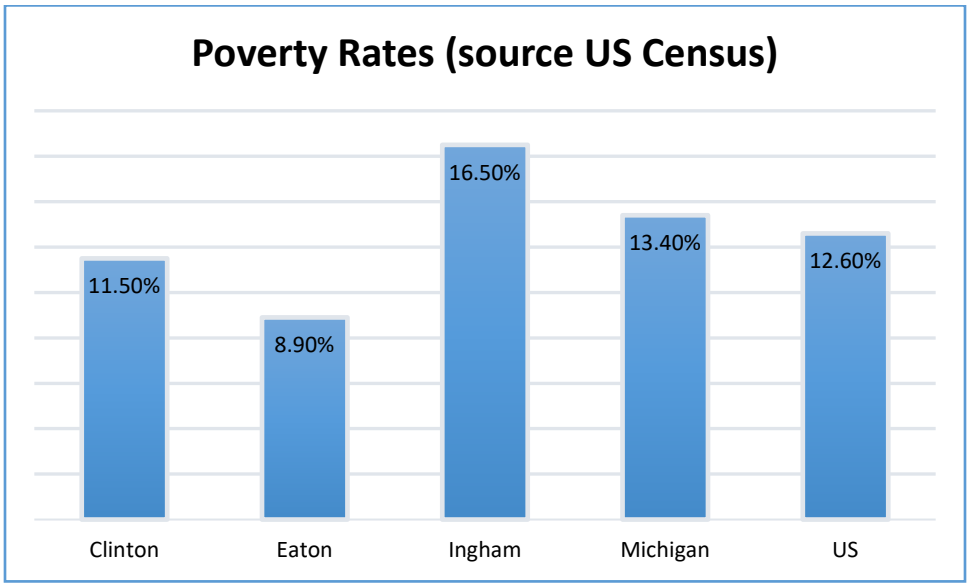
Unemployment rose sharply in 2020 due to COVID 19 but unemployment levels are inching closer to what they were prior to the pandemic. The tri-county area unemployment rate is lower than the statewide average.3



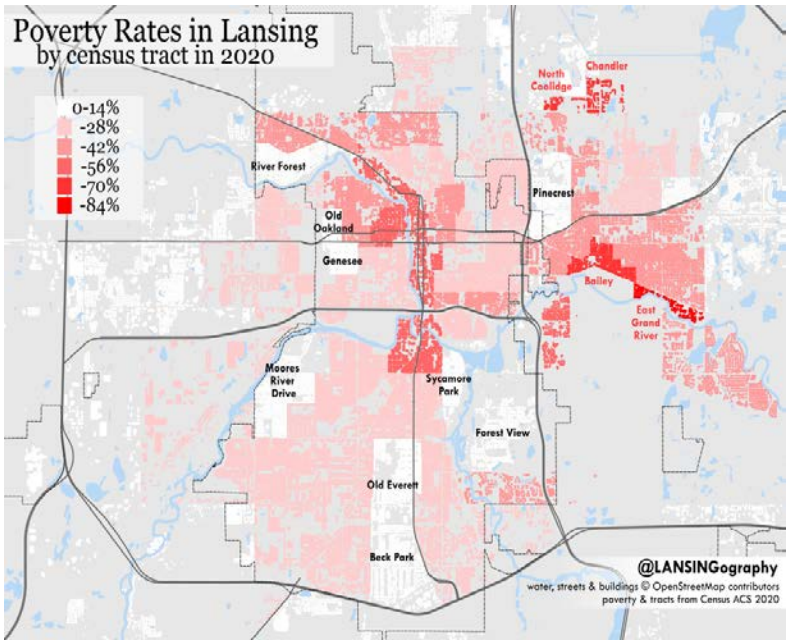
	2019	2020	2021	2022	2023
Clinton	3%	6.70%	4.50%	3.90%	3.40%
Eaton	3.40%	7.90%	5.30%	4.40%	3.80%
Ingham	3.60%	7.80%	5.60%	4.40%	3.70%
Michigan	4.10%	10%	5.80%	4.20%	4.00%

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.4

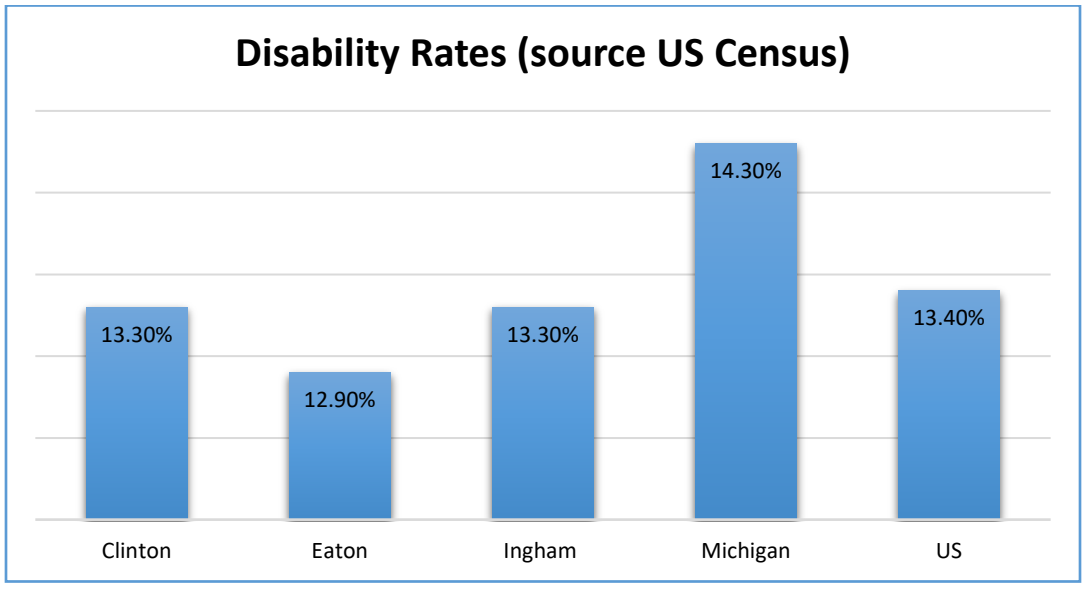


Poverty Map:



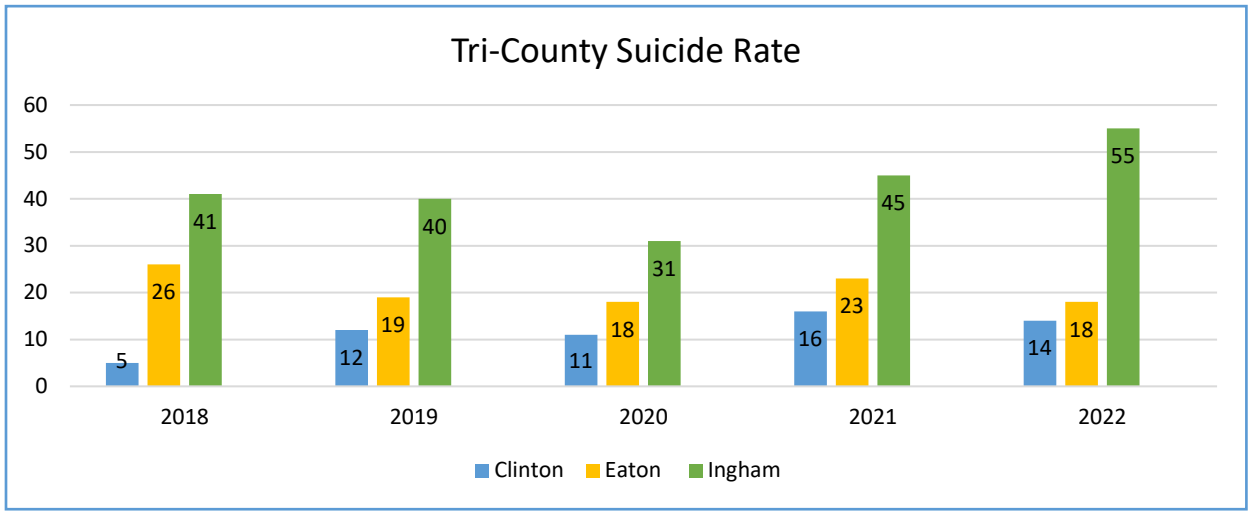
Disability Rates:

Overall, the number of individuals with a disability remains higher in Michigan (14.3%) than the national average (13.4%). All counties in our area are lower than the state and national average for people with disabilities. According to the US Census, disability is defined as hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent-living difficulty. People with a disability are nearly five times as likely to experience a mental illness.5



Suicide Rate:

The suicide rate in Clinton County has nearly tripled since 2018. In Eaton County, the rate has fluctuated some but has not changed dramatically. Suicides in Ingham county decreased in 2020 but have increased nearly 43% since 2020. The most recent data is from 2022.12

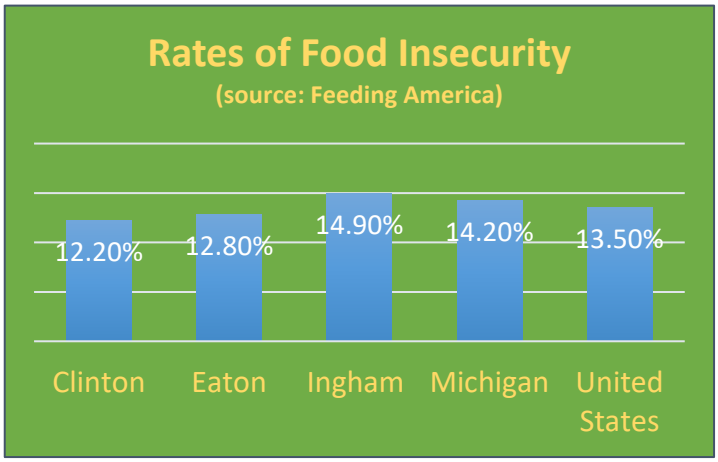


Overdose Rate

In looking at a three-year rate from 2020 to 2023, the overdose rate (per 100,00) is 12.1% for Clinton County, 22.1% for Eaton County and 38.7% for Ingham County. The overdose rate for the state of Michigan has fluctuated between 6.5% and 8.3%. All three counties are higher than the state average. In breaking the overdose rate down by race, there were no deaths by Black individuals in Clinton and Eaton Counties however, in Ingham County, there were 76.2 deaths per 100,000 for Black individuals and 29.7 deaths per 100,000 for White individuals. This is a large disparity as individuals identifying as Black or African American only account for 10% of the tri-county population and their overdose rate is more than double that of White individuals.13

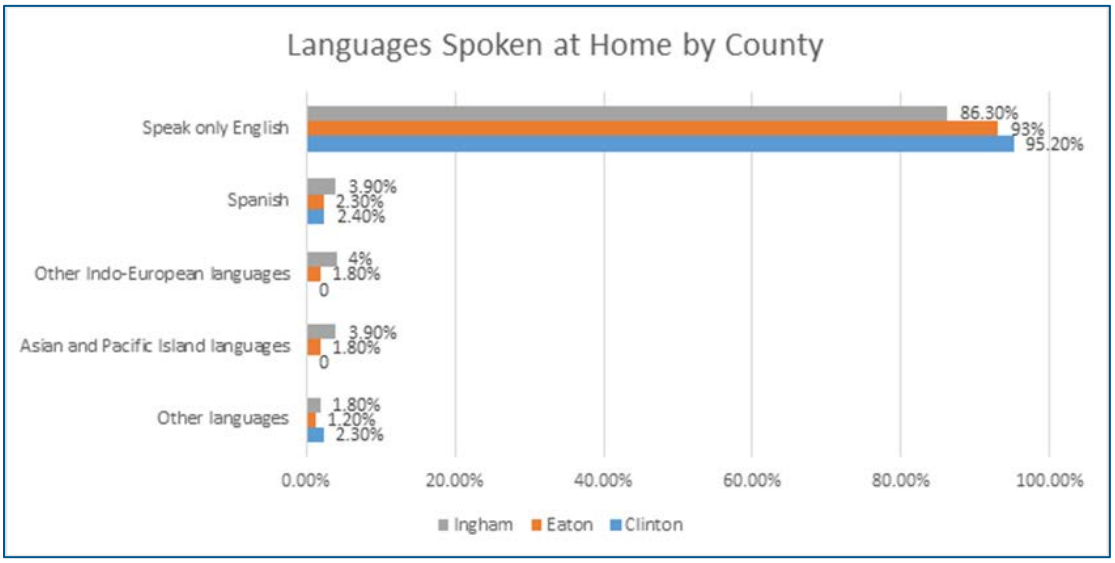
Rate of Food Insecurity

Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Michigan as a whole has a food insecurity rate higher than the national average. Clinton and Eaton Counties have a rate less than the state and national average while Ingham is above both the state and national average.7



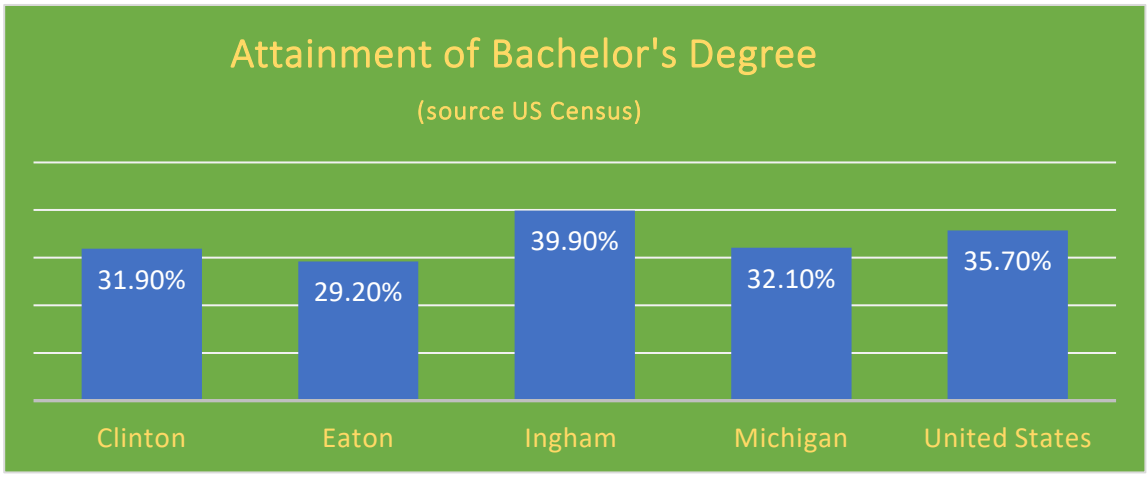
Languages Spoken at Home

CMHA-CEI reviews census data of languages spoken at home by county.6 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.



Rate of Bachelor's Degree Attainment

Ingham county has a higher attainment rate of Bachelor's degrees than nationwide and statewide rates, likely due to Michigan State University, a large state university, being housed in Ingham County. Clinton and Eaton Counties are close to the statewide average but both are below the nationwide average.8



Access to Transportation:

Respondents listed access to transportation as an unmet need in the 2024 Stakeholder survey. CMHA-CEI serves individuals living in the tri-county area, some of which is urban and some is rural. As such, transportation resources across the region vary.

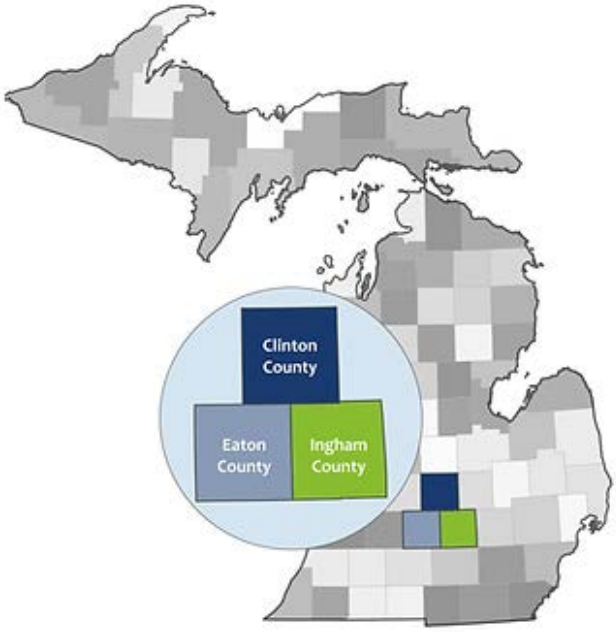
In Clinton County, public transportation is provided by Clinton Transit. Clinton Transit offers walk-in service locations but these can vary daily and are dependent on availability. All of their transportation services are wheelchair accessible. Their standard hours are M-F from 6:00-9:00 and Saturday from 8:00-6:00. Additionally, Clinton Transit offers a Community Connections Program, which offers rides past traditional hours as well as to surrounding counties. This service is not guaranteed at all times or locations. All rides, aside from walk-ins, must be reserved in advance.

The Capital Area Transportation Authority (CATA) is the public transportation provider in Ingham County. CATA has scheduled bus routes for Lansing, and East Lansing and Holt, which are adjacent to Lansing, as well as Okemos. In June of 2023 through a partnership with CATA and Eaton County Transportation Authority (EATRAN) CATA now offers scheduled routes west of the Lansing Mall in to Eaton County with 30 additional stops. CATA also offers rural connector services to the following cities: Mason, Charlotte, Grand Ledge, Williamston and Webberville, with limited bus stops in those places. CATA buses are able to accommodate individuals with disabilities. Veterans, with appropriate identification, are able to ride without charge for all of CATA services. CATA's fixed bus routes begin around 6:00 AM with all but one ending by 10:30 PM and CATA's specialty services ending around 5:00 PM. CATA services are closed on the following holidays: New Year's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas although in 2023, CATA resumed a pilot program of limited service for curb-to-curb rides on Easter Sunday, Independence Day, Thanksgiving Day and Christmas Day. The Disability Network Capital Area offers training for people wanting to learn how to utilize CATA's services.

The Eaton County Transportation Authority (EATRAN) provides public transportation to people living in Eaton County. They are closed on the same holidays as CATA is. All of their buses are accessible to individuals with disabilities. EATRAN will provide curb-to-curb public transportation throughout Eaton County from M-F from 6:00 AM-7:00 PM and Saturday from 8:00-5:00. They also provide transportation to and from medical appointments in Ingham County M-F from 11:00 AM-3:30 PM as well as connector buses from Charlotte, Grand Ledge and Delta Township to downtown Lansing M-F from 8:00-5:00. All rides must be reserved in advance.

Geographic Size and Where Services Are Delivered:

The counties in the tri-county area are similarly sized. Ingham County has 556 square miles of land, Eaton County has 575 squares miles and Clinton County has 567 squares miles for a total of 1698 square miles for the three counties. Although the three counties are similar in size geographically, Ingham County has more than three times as many people as Clinton County about two and a half times as many people as Eaton County. Ingham County includes the city of Lansing, with a population of slightly over 100,000 as well as many smaller cities, making up the bulk of the rest of the population. Clinton and Eaton Counties are more rural with smaller towns in each county. In order to make services more accessible to individuals in our region, CMHA-CEI has ten locations in Lansing and four in Mason, all of which are in Ingham County, one in St. Johns which is located in Clinton County and one in Charlotte which is located in Eaton County



Additionally, CMHA-CEI has staff embedded in local emergency departments, primary care offices, Care Free Medical, McLaren Family Residency Clinic and at several FQHC clinics including schools. Home-based services and ACT services are provided in the community as well as mobile crisis services that are deployed through the tri-county area. CSDD and AMHS case managers provide services in AFCs and in the community.

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 people9, 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 year10.

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 11: Below highlights some of the ways CMHA-CEI is working to address SDOH inequities.

How CMHA-CEI is Addressing Social Determinants of Health Disparities:

1. 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 October 2024.

2. 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

3. 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

4. Strengthen, support, and mobilize communities and partnerships to improve health

- CMHA-CEI is part of over 16 area coalitions, workgroups and councils working to improve health outcomes
- CMHA-CEI participates in DEI community events such as Juneteenth and Pride celebrations

5. Create, champion, and implement policies, plans, and laws that impact health

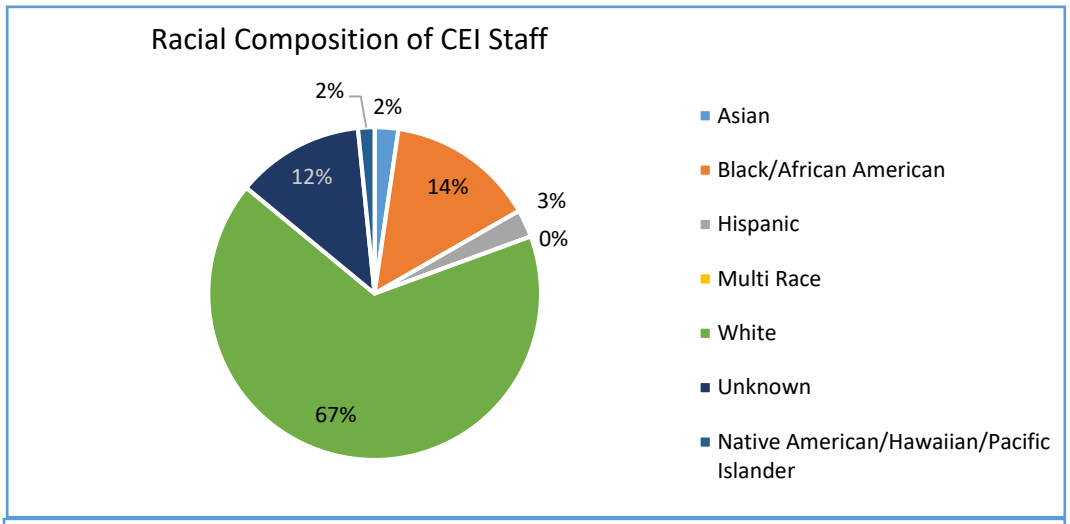
- CEI has offered a Health Equity training in conjunction with the Ingham County Health Department to look at our healthcare systems and outcomes to determine how we are best supporting people from different backgrounds as well as how to shift staff values. The year-long training covered the following topics: Power and oppression; history of health inequity; introspection and self-exploration; spheres of influence; systems level thinking; ally-ship; power vs. authority; risks/pushback against antiracism; leadership and continuing the journey.

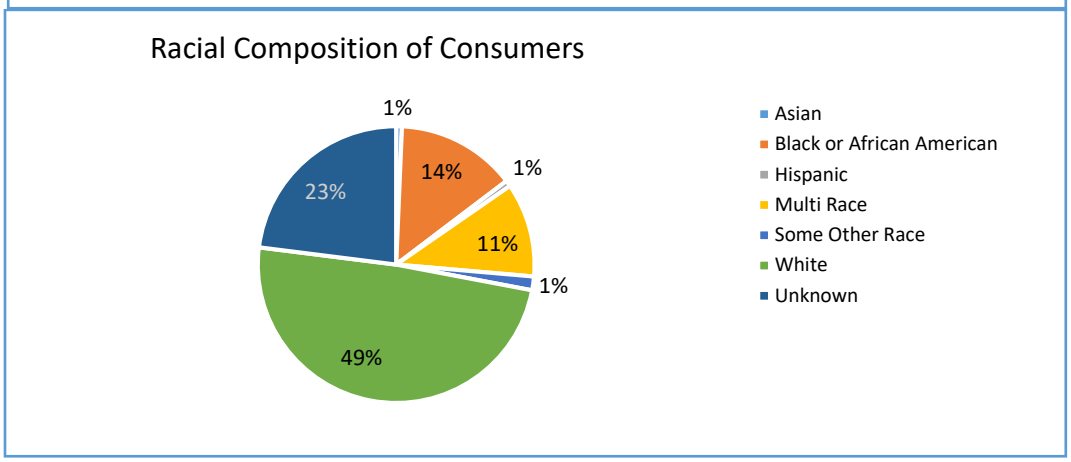
6. Utilize legal and regulatory actions designed to improve and protect the public's health

- 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.

7. 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, starting the second year
- 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.
- 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 serve. CEI's mentorship program's goal is to address this need. This is close at the paraprofessional level but still lacking at the manager and professional level. The following graphs illustrate the makeup of the two groups. It should be noted that both groups have a sizeable percentage that is unknown.





8. 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, regardless of their ability to pay:
    - 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.

9. 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 Services:

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.14

CMHA-CEI directly provides (either face to face or through telehealth) a broad range of evidence-based treatment services, authorized by the state of Michigan Department of Health and Human Services and determined to be effective in addressing the psychosocial needs of all persons receiving services in outpatient mental, substance use disorder and co-occurring programs. Evidence-based programs (EBPs) and promising practices through group and individual modalities include:

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Assertive Community Treatment (ACT)
- Dialectical-Behavioral Therapy (DBT)
- Integrated Dual Disorder Treatment (IDDT)
- Medication Assisted Treatment (MAT)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Infant Mental Health
- Parent Management Training – Oregon Model (PMTO)
- Youth and adolescent motivational interviewing

CMHA-CEI also provides the following evidence-based/promising practices:

- Eye Movement Desensitization and Reprocessing (EMDR) therapy
- Men's Trauma Recovery and Empowerment Model (M-TREM)
- Transition to Independence Model (TIP)
- Wellness Coaching
- Community Work Experience (CWEP) program
- Psychosocial rehabilitation clubhouse
- Recovery oriented and peer support specialist guided services
- Consumer-Run Drop-in Program
- Family Psycho-Education (FPE)
- The Nurturing Father's Program (NFP)
- Co-occurring disorder treatment
- Moral Re-Conation Therapy (MRT)
- Helping Women Recover (Covington)
- Tobacco Cessation
- Acu-detoxification (auricular acupuncture)

Evidence-based practices that fall outside of the expertise of CMHA-CEI to provide are arranged for through referral and coordination of care with specialized treatment.

In the tri-county area, the number of community providers, who offer counseling and psychiatry services, has increased by 10%, from 136 in 2022 to 150 in 2023. CMHA-CEI is currently the only entity who provides targeted case management and crisis services. Additionally, the number of CMHA-CEI consumers who have a primary care physician has increased from 67% in 2021 to 85% in 2022 and is down slightly at 84% in 2023. Although these are positive trends, access to behavioral care remains one of the top priorities by CEI stakeholders.

Minimally, CMHA-CEI is open from 8:00 AM to 5:00 PM Monday through Friday as well as 24/7 for crisis services. ITRS services have evening hours until 7:00 PM on Wednesdays and are looking to expand to having evening hours on Thursday also. CSDD is able to meet with people outside of traditional working hours if needed. AMHS offers after-hours therapy in the evenings and FF is open until 5:30 to allow for child pick-up. CMHA-CEI's, Navigate, a coordinated specialty-care program for young people experiencing early psychosis, is open until 8:00 PM.

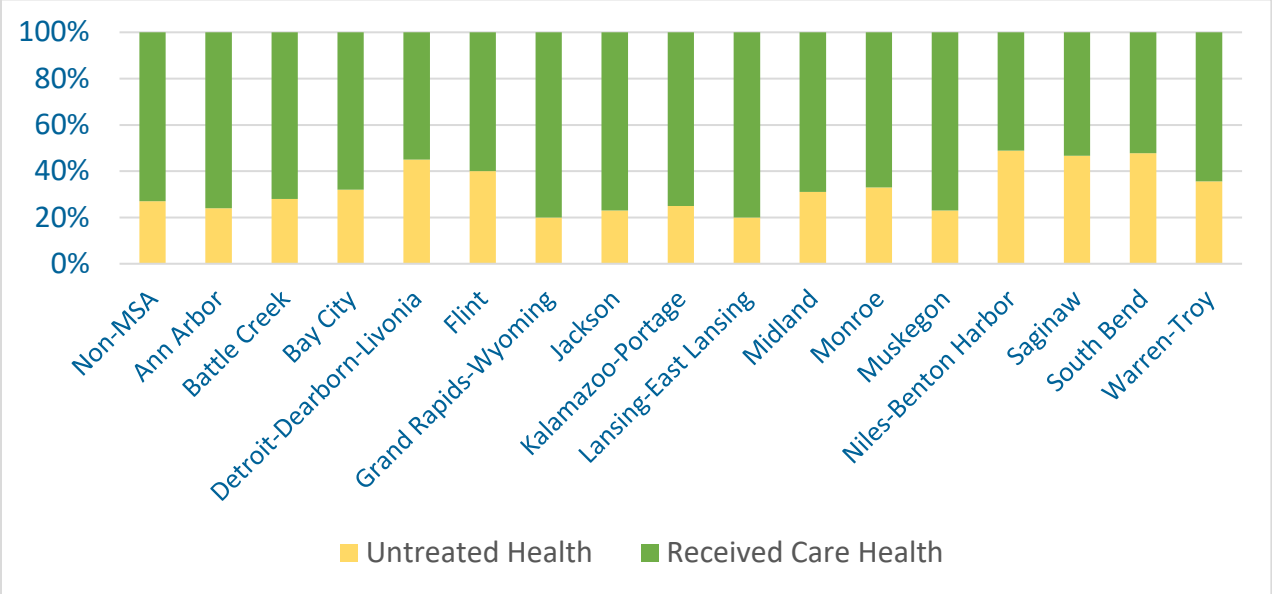
In looking at a telehealth snapshot from June 1, 2023-June 30, 2023, the vast majority of services were provided face-to-face. Over 93% of services were delivered face-to-face and 7% were delivered via telehealth, telephone and hospice with the majority of those being telehealth.

Community Outreach

CMHA-CEI has a dedicated, fulltime position for prevention and community outreach. There are nearly 100 community organizations that CMHA-CEI provides outreach to. The following is a sampling: schools, colleges, libraries, police departments, urgent cares, private practices, hospitals, food pantries, religious organizations, various associations, employment agencies and county health departments. Additionally, CMHA-CEI hosts an annual event at Potter Park Zoo, which is open to the community, consumers and family members as well as having a presence at local Pride and Juneteenth events, Unity in the Community, Walk-A-Mile and an annual trick-or-treating event.

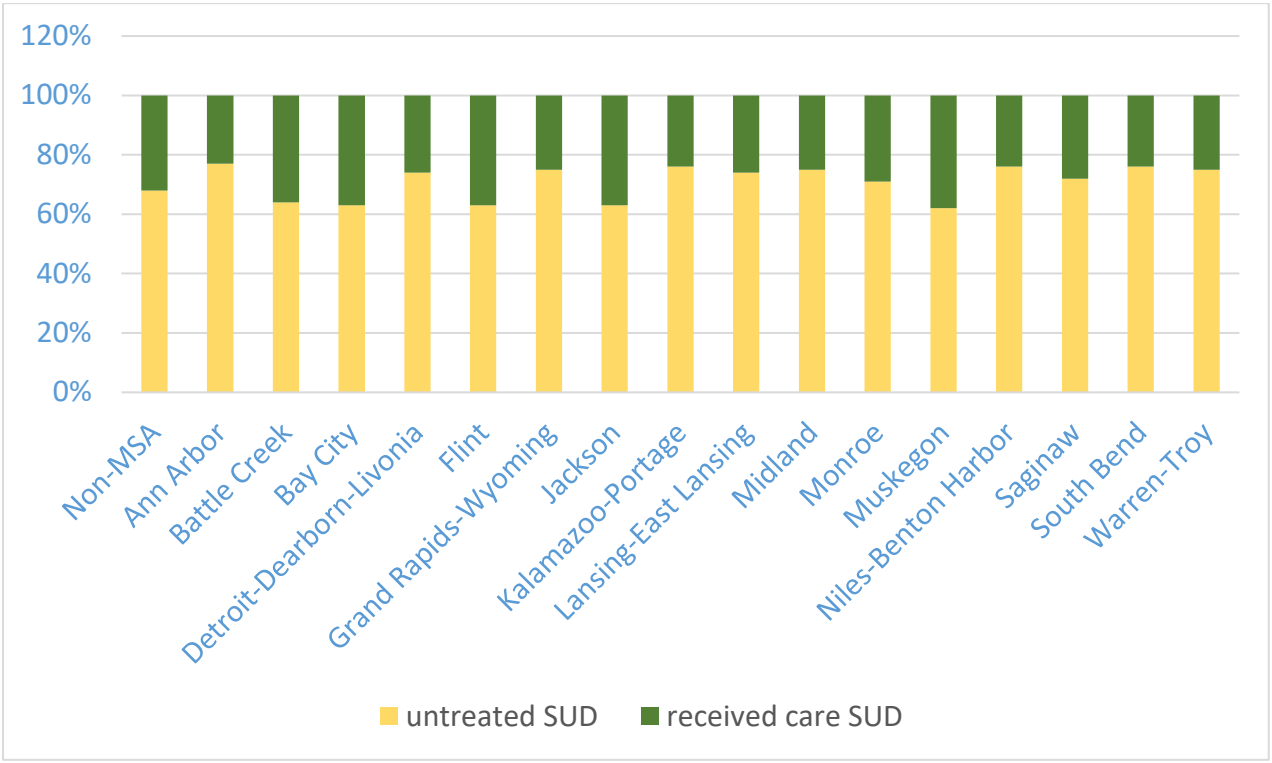
Access to Care by Metropolitan Area:

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)15



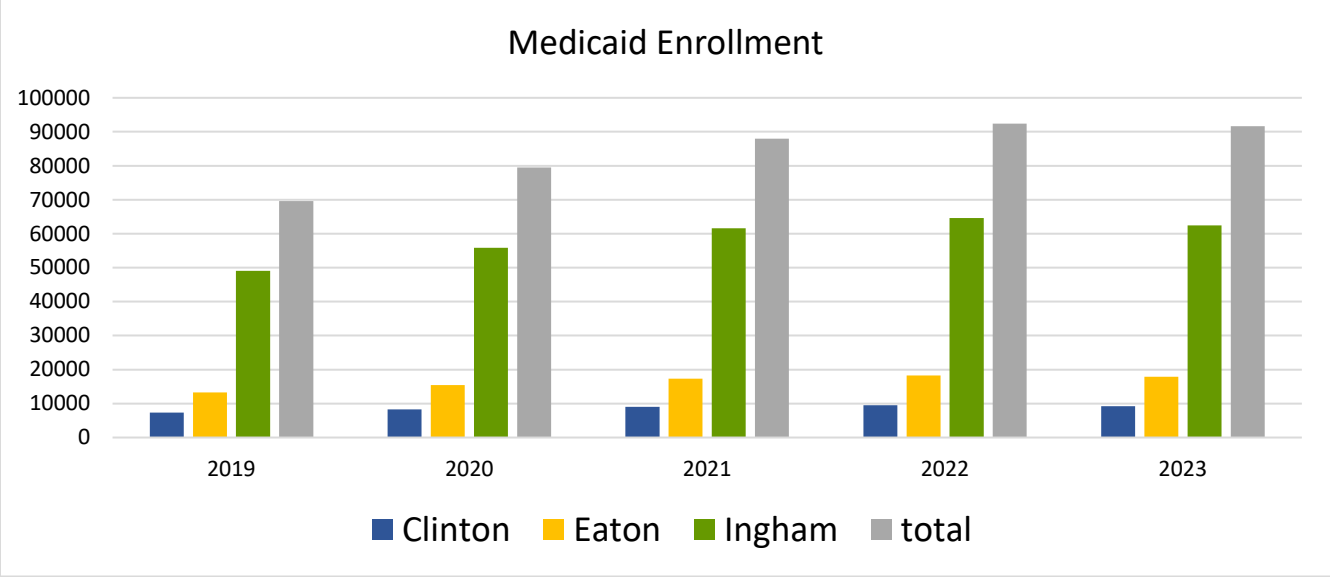
Access to SUD Care by Metropolitan Area:16

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

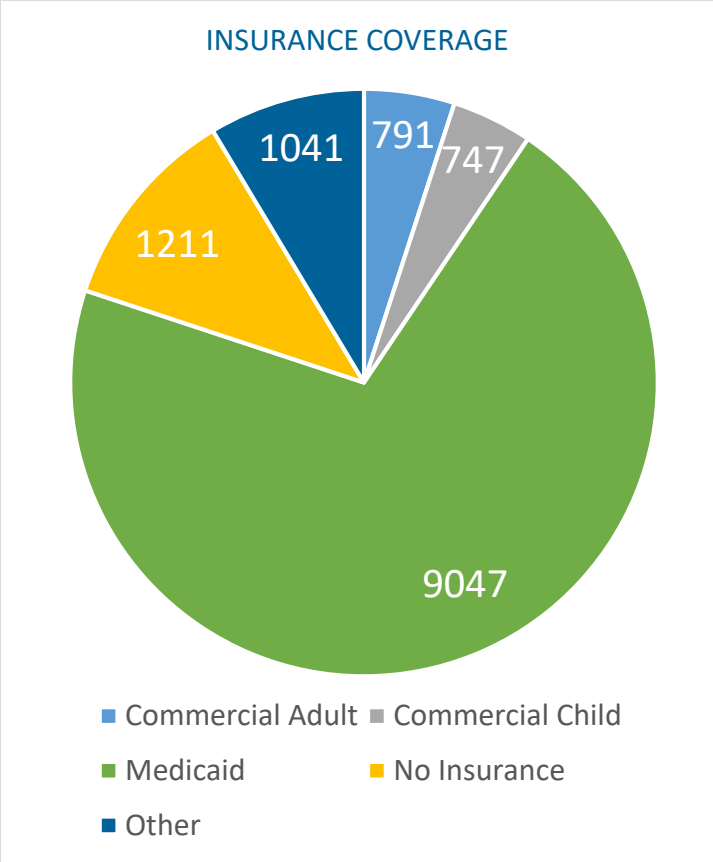


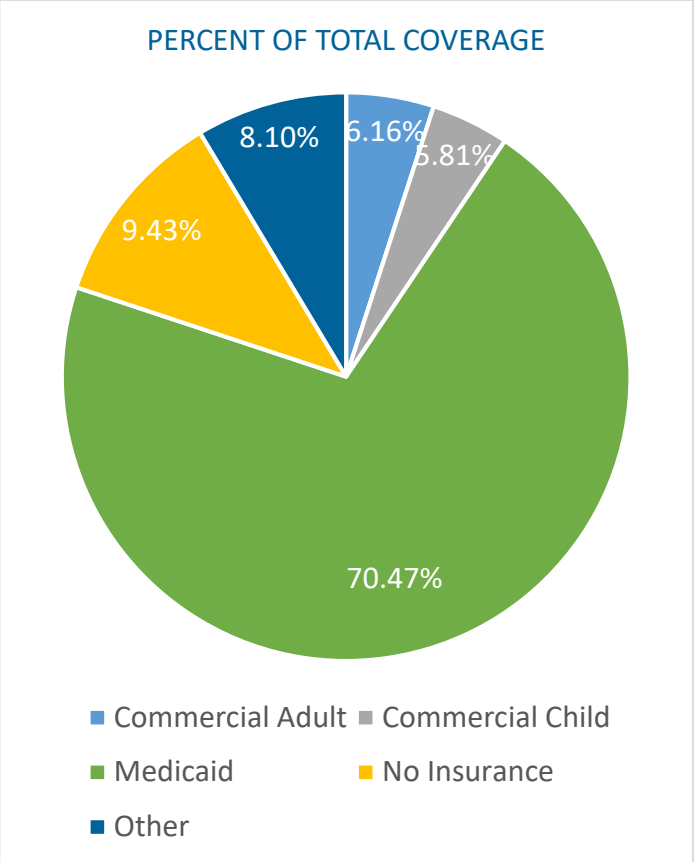
Medicaid Enrollment:

Medicaid enrollment numbers for the tri-county area have risen steadily in the last four years, however last year enrollment numbers fell slightly, likely due to ending continuous Medicaid enrollment, which expired on March 31, 2023. Enrollment continues to remain higher than the pre-pandemic levels. 17



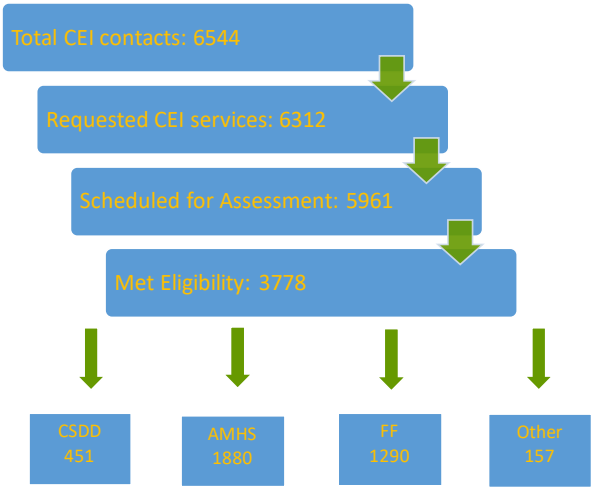
Insurance Enrollment-CMHA-CEI Consumers





Eligibility Determination Process:

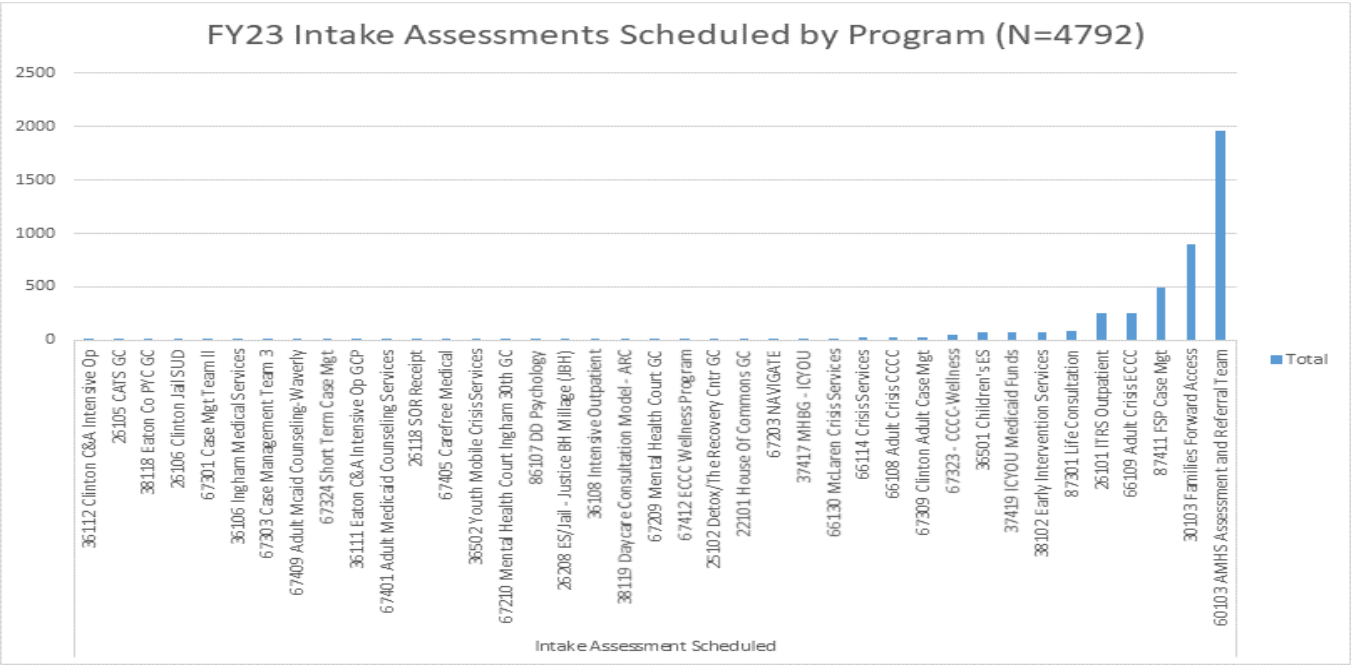
People are directed to contact the Access Center to seek services from Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI). CMHA-CEI provides a wide range of services to people experiencing mild, moderate or severe mental illness, intellectual and developmental disabilities, substance use disorders and to children and youth experiencing serious emotional disturbance. An individual may call Access or walk in to the agency and request face-to-face screening through Zoom. In 2022, CMHA-CEI's Access Department answered calls live at 62.0%. In 2023, that rate has increased to 78.9%. In 2024, this rate increased to 92%. If individuals reach CEI's Access Department's voice-mail, their calls are generally returned within the next business day.



Access Center Dashboard:

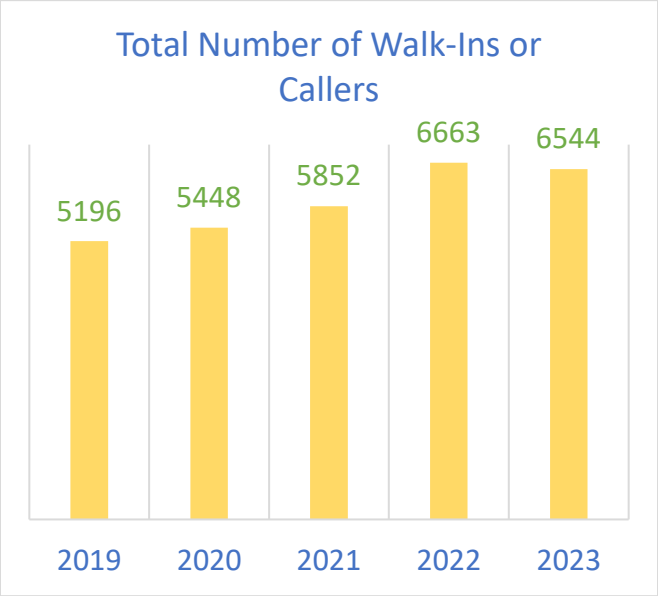
The number of individuals being screened from CMHA-CEI's Access Department has increased steadily in the last four years but decreased slightly from 2022 to 2023. This is likely the result of CMHA-CEI's Families Forward Department setting up their own crisis services appointments rather than through our own Access Department. This has streamlined the process for individuals who clearly need services.

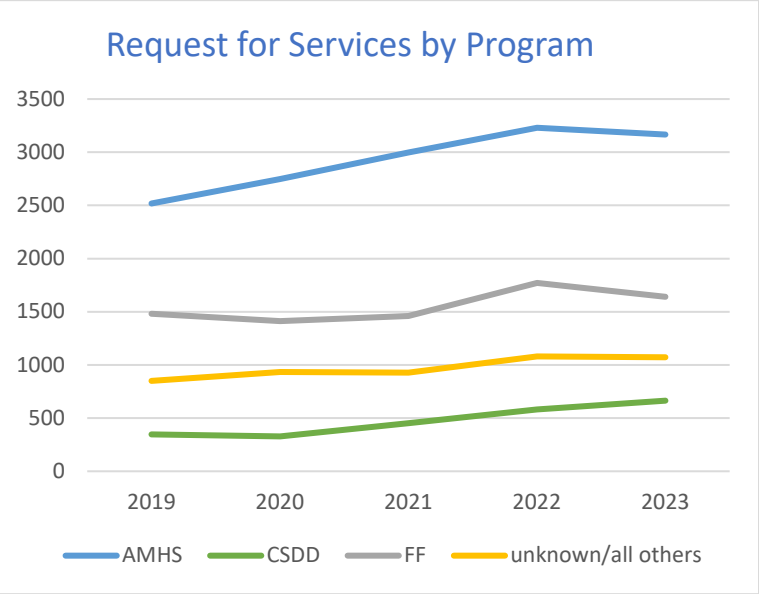
CMHA-CEI's AMHS Adult Assessment and Referral Team (ART) had the most intake assessments scheduled at 1966, Families Forward Access in second at 897 and FSP Case Management in third at 492. For other data on other departments, please refer to the graph below.



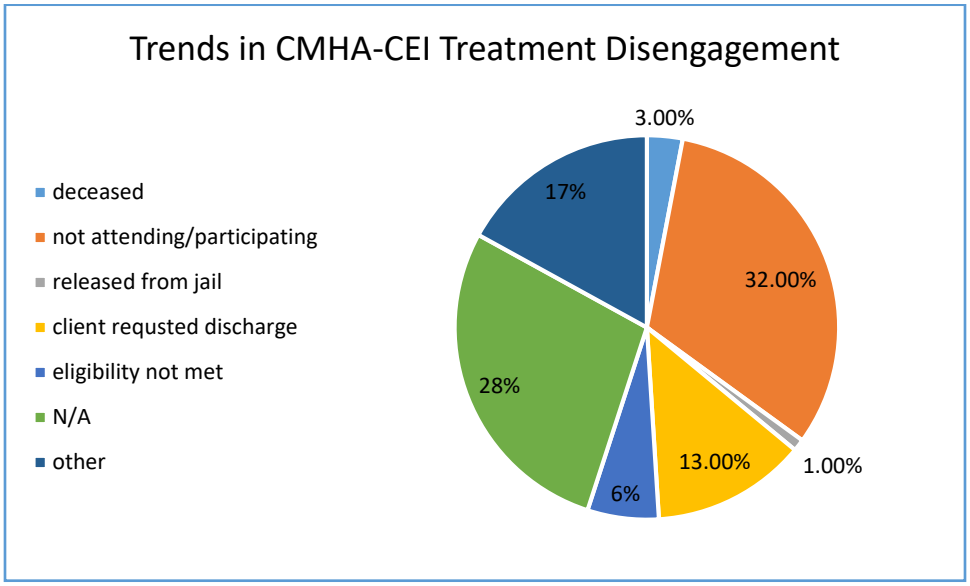
Number of People Engaging in Services:

The number of individuals requesting services from CMHA-CEI has increased steadily in the last four years but decreased slightly from 2022 to 2023. The total population of the tri-county area has decreased from 2019 to 2023.





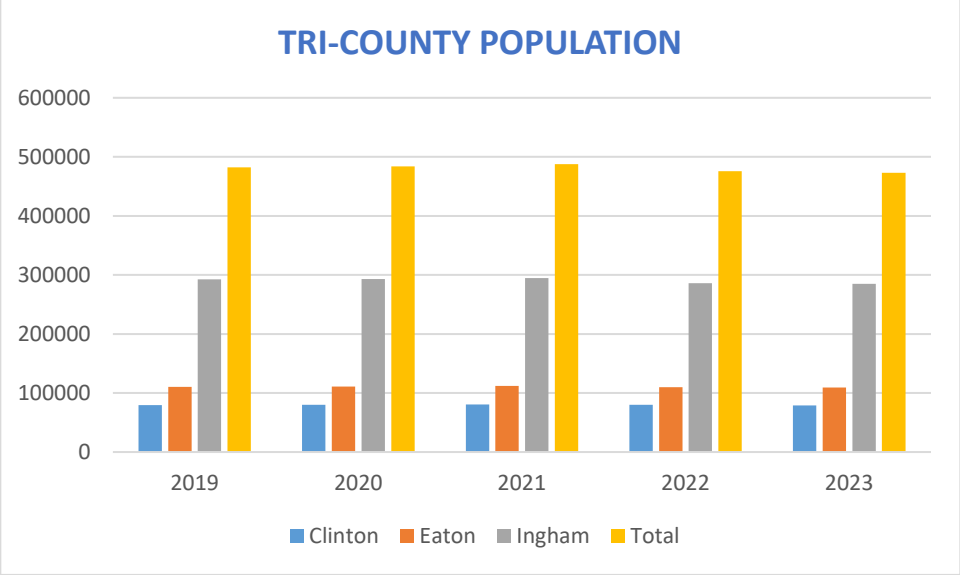
People have many reasons for disengaging in services. The following graph shows the most common reasons.



Access Process:

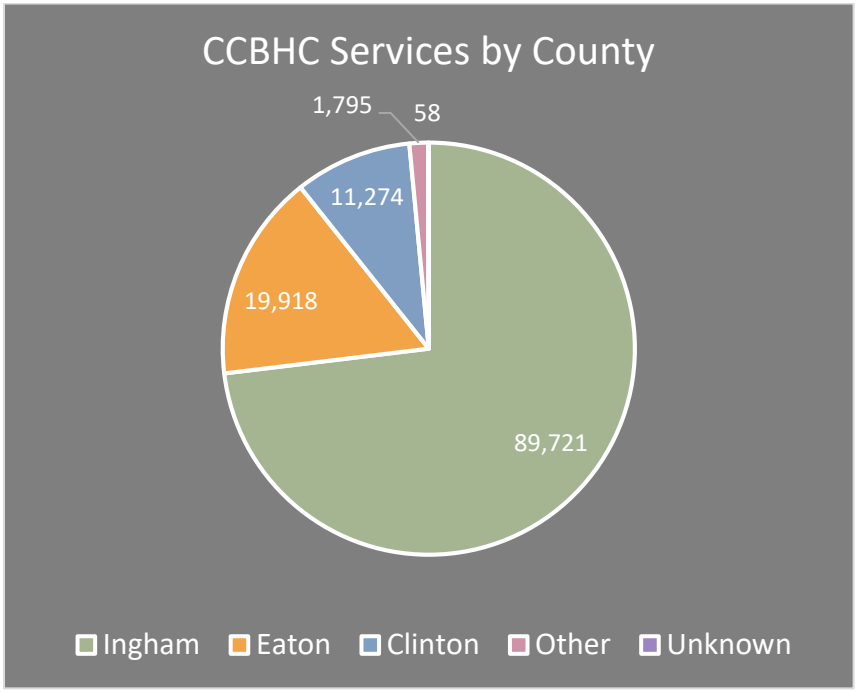
During contact with the Access staff, the consumer will be asked a variety of routine questions to help determine what services they are requesting from CMHA-CEI. The agency's Service Determination Scale (SDS) is used to assess the medical necessity of services by obtaining information from the consumer in five primary categories: Activities of Daily Living, Interpersonal Functioning, Moods and Emotions, Self-Harm/Harm-to-others and Thinking/Self-Direction.

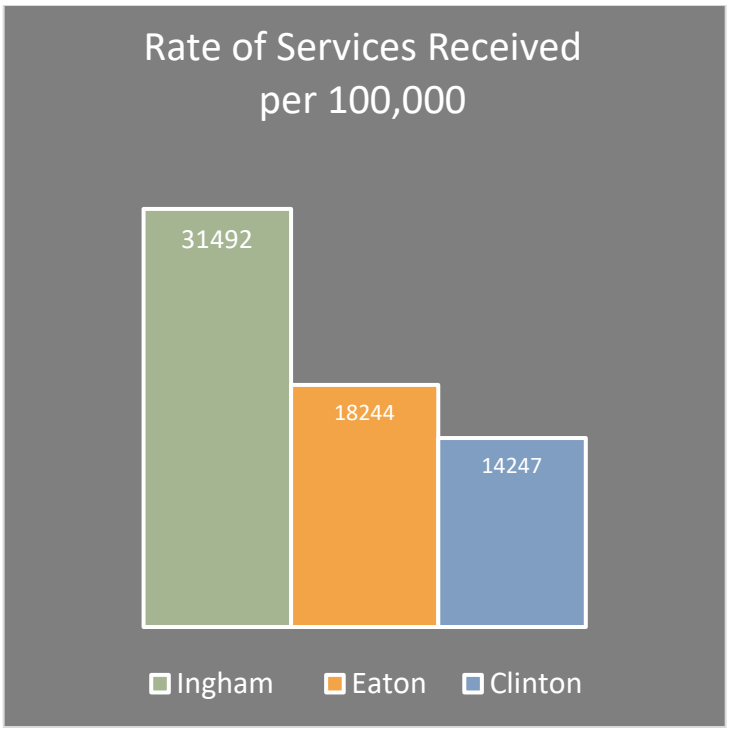
Supplemental areas, including Social Supports and/or Caregivers Ability to Manage, Substance Abuse and Drug/Medication Complications are also assessed. When the individual's request is deemed to meet presumptive eligibility for services, the Access staff person will schedule an appointment for a psychosocial 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.

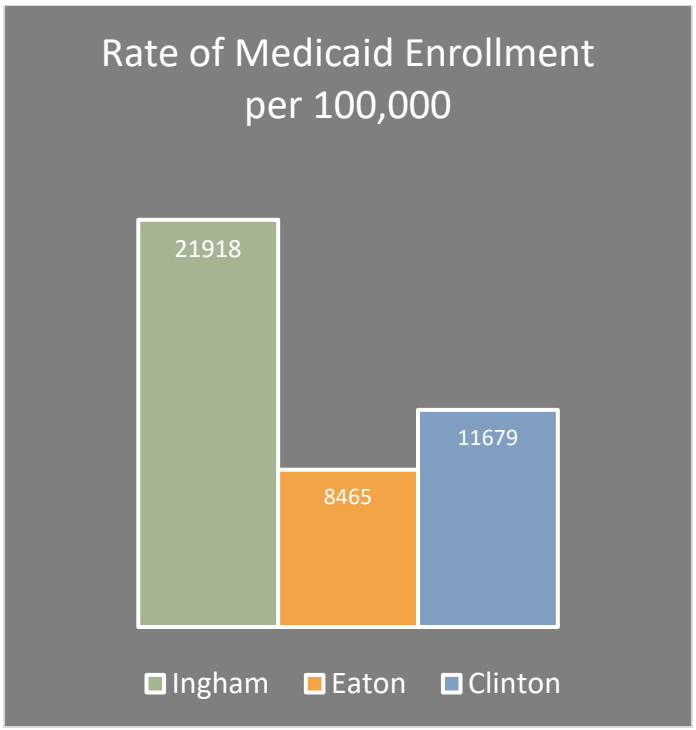


18

CMHA-CEI primarily provides services to individuals living in Clinton, Eaton and Ingham Counties. The pie charts, below, shows the CCBHC services provided by county of origin, the rate of services per 100,000 and Medicaid enrollment per 100,000.





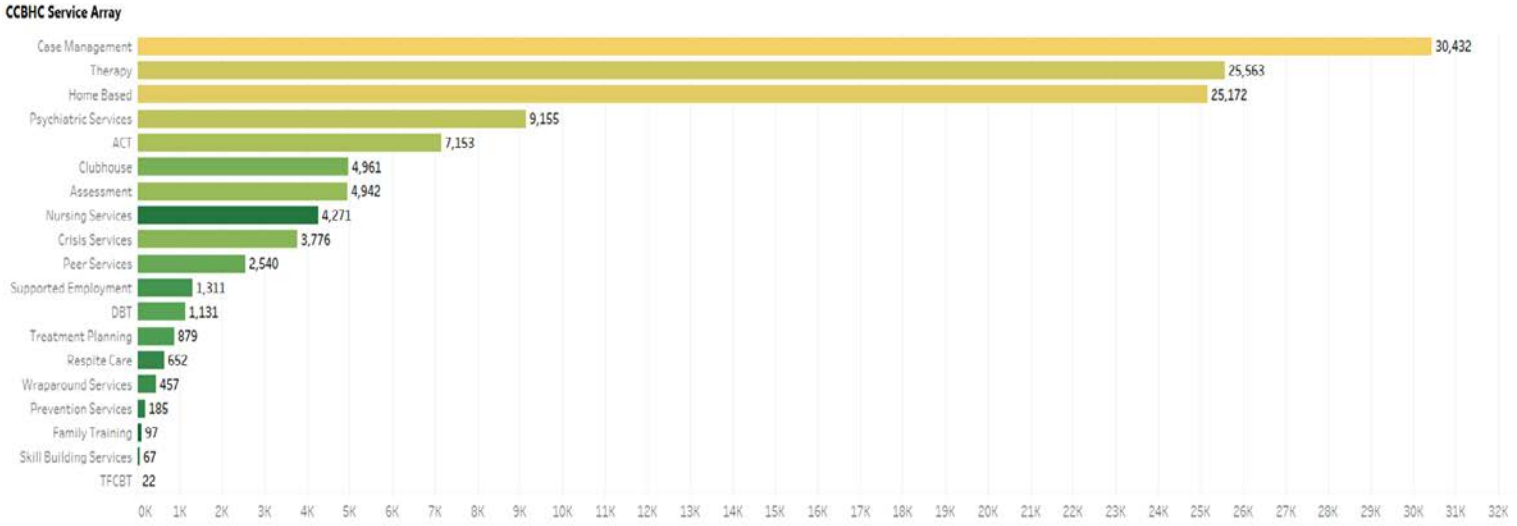


Screening, Prevention and Treatment

CEI completes a diabetes monitoring care alert on individuals between the ages of 18-64 who are diagnosed with diabetes and schizophrenia. The goal is for these individuals to have annual lab work drawn, checking cholesterol and blood sugar levels. It is the hope that monitoring these levels will improve their physical health.

CMHA-CEI also utilizes wellness coaches, has incorporated physical health goals into client's treatment plans as well as screening for asthma in our children's population and high blood pressure in adults.

The following CCBHC services were provided from October 1, 2022 to September 30, 2023. Case management was the service provided most, with therapy and home-based services rounding out the top three.



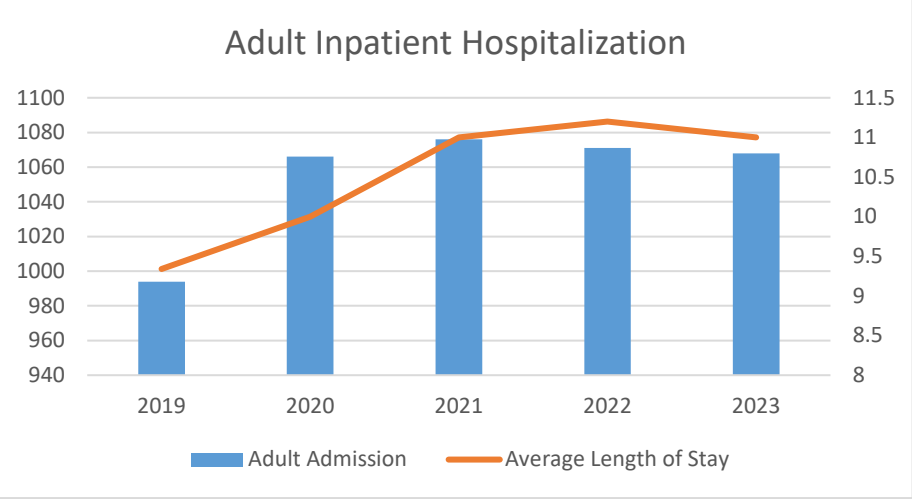
Staffing at CMHA-CEI:

In order to provide medically necessary services, CMHA-CEI needs a strong workforce. CMHA-CEI currently employs 1091 employees. Of the professional employees, the majority are licensed master social workers, followed by limited licensed master social workers, licensed professional counselors, limited licensed professional counselors and limited licensed psychologists with a small amount of other licensed professionals.

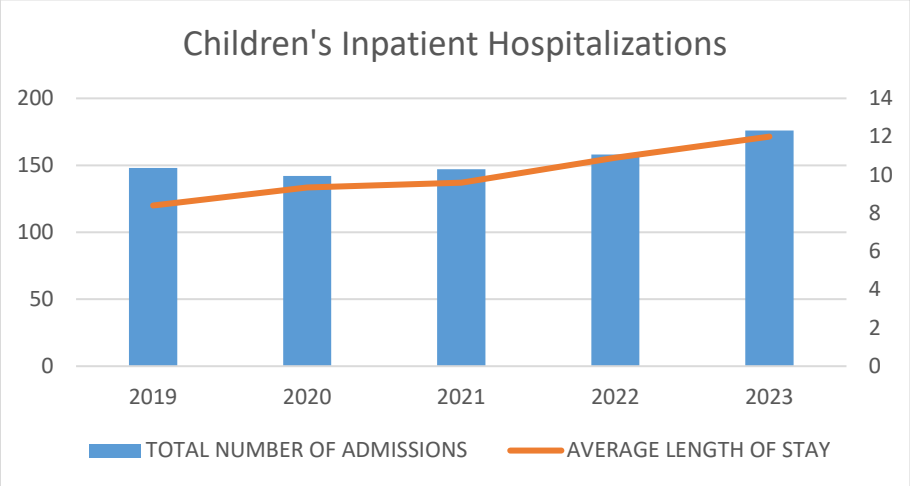
In the last three years CMHA'CEI's staff turnover rate has ranged from 19 to 23 percent. In 2022, CMHA-CEI had 397 open positions posted and 349 open positions in 2023. 2024 is trending similarly to the previous year with 222 open positions as of August 2024.

Inpatient Hospitalization Data:

Adult inpatient hospitalization peaked in 2021 at 1076 admissions and subsequent years have fallen slightly as well as the average number of days spent in the hospital.



Children's inpatient hospitalizations have risen steadily since 2020, most notably an 11.4% increase from 2022 to 2023. The average number of days has also increased since 2020.



Services Offered at CMHA-CEI:

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 person 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 monitored through:

1. **Monthly review of enrollments and closures**
2. **Monthly review of numbers served in each service area**
3. **Monitoring of caseloads in each service area**

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

AMHS:

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 Access, 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. 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., Crisis Recovery Team, Outpatient Clinical Services, etc.)

It should be noted that AMHS never maintains a waiting list for enhanced adult clinical 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:

1) 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
2) Review of cases and resource capacity in the Service Review Committee
3) Review of cases and housing capacity in the Residential Screening Committee
4) Review of cases in the Client Care Monitoring Committee as indicated
5) 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 Access, 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 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.

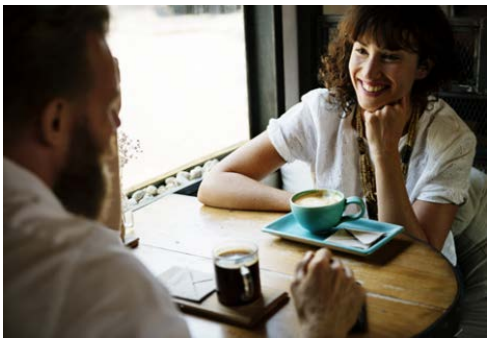
Offered services include:

- outpatient therapy at sites in each of the three counties
- intensive in-home treatment for school-aged children
- in-home treatment specific to the needs of young children ages 0 to 6
- children's emergency services and evaluations for psychiatric hospitalization

Other therapeutic services may include children's psychiatric and medication services, overnight respite, parenting skills groups, and supports designed to promote children's participation in community activities. CMHA-CEI has therapists trained in a variety of promising therapeutic practices and evidence-based practices including PMTO, Trauma Focused treatment, Dialectical Behavioral Therapy, Love and Logic, Aggression Interruption Training and the Seven Challenges approach to addressing substance use.

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).

Programs offered include:

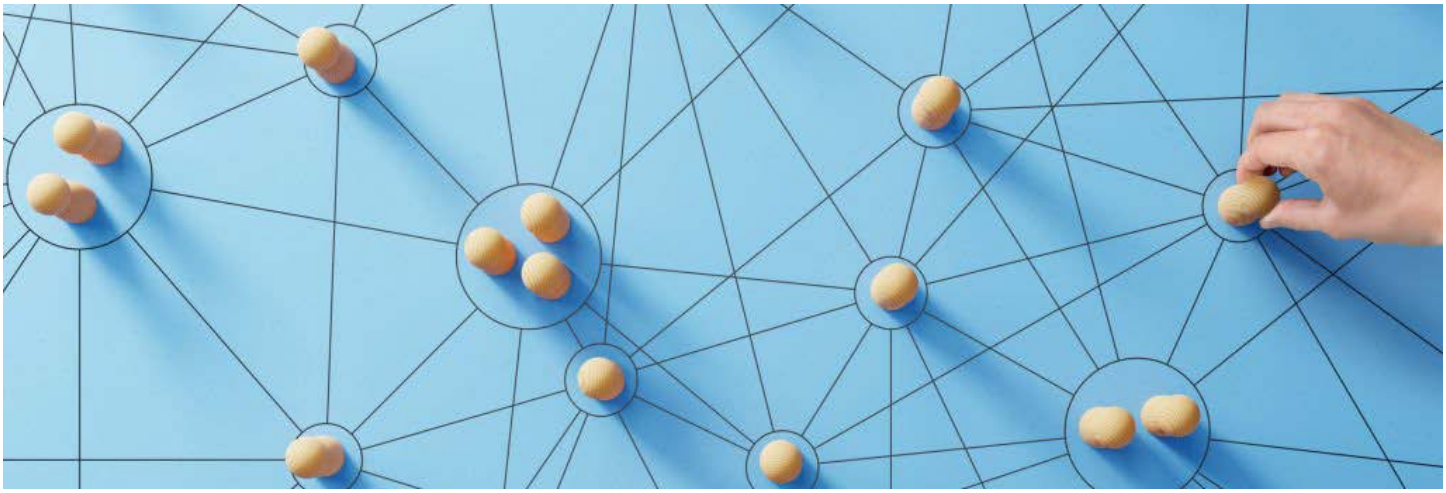
- **Integrated Treatment & Recovery Services Outpatient:** Provides outpatient substance use disorder treatment which includes screening, assessment, individual and group counseling.
- **The Recovery Center (TRC):** Offers withdrawal management (detox) services.
- **House of Commons (HOC**): Offers residential substance use disorder treatment for men.
- **Correctional Assessment & Treatment Services (CATS) Program:** provides outpatient treatment for individuals who are incarcerated in the Ingham County Jail.
- **Corrections Mental Health:** Clinton, Eaton and Ingham County Jails are staffed with Mental Health Therapists to do Crisis Mental Health Screening and Referrals for individuals with mental health issues.

- **Healthcare Integration Programs (HCI):** Healthcare integration seeks to enhance access to behavioral health. Primary Care Behavioral Health is achieved through partnering with primary care providers to have behavioral health services integrated into the service offered to patients at their primary care office.

Coordination of Care:

CMHA-CEI has an established history of collaboration and coordination with community providers as well as primary care offices. CMHA-CEI has several care coordination agreements in place currently and the list of coordination agreements continues to grow. CMHA-CEI has many examples in this area, that include, but are not limited to:

- Schools: There is a contractual coordination of care effort with the Clinton County RESA to provide mental health consultation and intervention. CMHA-CEI serves as Chairperson for the Tri-County Lifesavers (a Suicide Prevention Coalition) which includes representation from a large section of schools and other health and human services agencies in the tri-county area.
- Child Welfare Agencies: CMHA-CEI's Families Forward program has care coordination agreements with all three counties to provide trauma-informed care to youth involved in child welfare through DHHS in Clinton, Eaton and Ingham Counties.
- Local Juvenile Justice: A critical partner is the Eaton Department of Health and Human Services. Included in this coordination agreement is an initiative called the Truancy and Intervention Project (TIP) to screen, assess and provide mental health interventions for youth identified through the Eaton Family Court. There is also a care coordination agreement with Ingham County Juvenile Court for inpatient evaluation and crisis intervention in the Ingham County Youth Facility.
- Mental Health Courts: CMHA-CEI participates and partners with Mental Health Courts in 30th Circuit, 55th District, and 65th District Courts.
- Law Enforcement: CMHA-CEI has worked with local police departments from the three-county region to develop Crisis Intervention Team (CIT) Training curriculum with the goal of having certified Crisis Intervention Teams on each police force in our community. To date, the CIT program has graduated over 425 officers in the five-day immersion training in de-escalation tactics and crisis response. We continue to have representation on and collaborate with the CIT Board to provide this training.

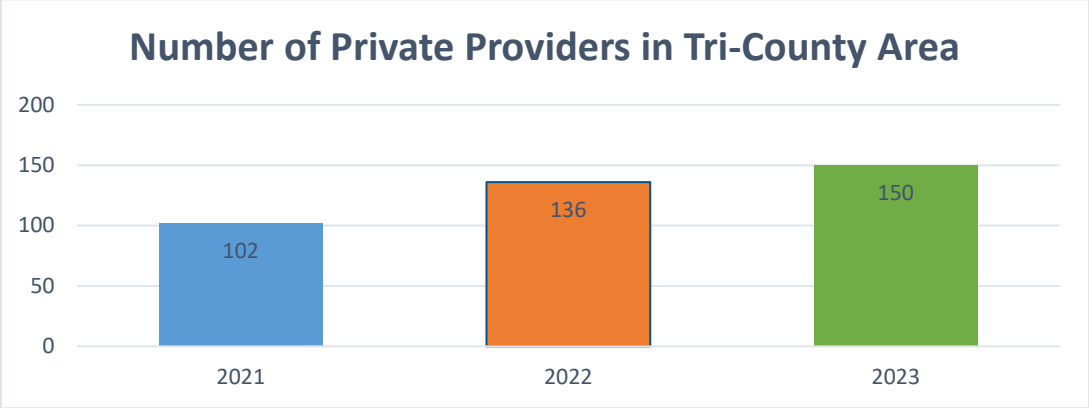


Community Collaborations with Multiple Partners:

- The Tri-County CIT Board is composed of local police department representatives, the VA, CMH, NAMI, local hospital Emergency Rooms and local homeless shelters.
- CMHA-CEI is a permanent member of the Tri-County Office on Aging Advisory Council. We also have a representative on the Ingham County Vulnerable Adult Protocol Committee, which is co-led by the Ingham County Prosecutor's Office and Adult Protective Services. This committee reviews possible cases of abuse and neglect.
- Jails: CMHA-CEI has formal agreements with local jails which provide for mental health crisis screening and jail diversion therapists in each of the county jails. CMHA-CEI coordinates quarterly jail diversion meetings, including an annual breakfast bringing partners in law enforcement and jail diversion efforts (specialty courts) together from all three counties.
- Homeless shelters: CMHA-CEI has representation on the Housing Network which includes the homeless shelters and the Lansing Housing Commission (housing agencies).
- Employment services systems: CMHA-CEI has a CESP (Community Employment Success Program) program, which partners with community businesses for job placement of individuals receiving services. This program explores options in the community for employment based on interests/skills of the individuals in the program. CMHA-CEI then partners with the business to assist with job training, skill development, and problem solving to facilitate the gainful employment of individuals served.
- Veterans: CMHA-CEI finalized a care coordination letter with the Battle Creek Veterans Administration Medical Center on November 1, 2022.
- End of life/palliative care: Although there are no current formal agreements in place, CMHA-CEI works closely with area agencies who provide palliative and hospice care. Primary case managers assist, in conjunction with primary care providers, in linking consumers to community resources and navigating the options available to them. Then, the primary case manager coordinates care with the agency as appropriate.
- CMHA-CEI leads and facilitates the Behavioral Health Council that represents diverse community partnerships and supports the promotion of behavioral health services (MH, SUD, IDD), supports, access, training, education and outreach in the tri-county area.
- CMHA-CEI utilizes SmartCare for its electronic health record. CMHA-CEI staff also use Great Lakes Health Connect (GLHC) to access necessary physical health data on its clients. Additionally, CMHA-CEI is collaborating with the Ingham County Health Centers (ICHC) to develop a two-way data bridge to share patient-healthcare information with a go-live date of 6.1.24.

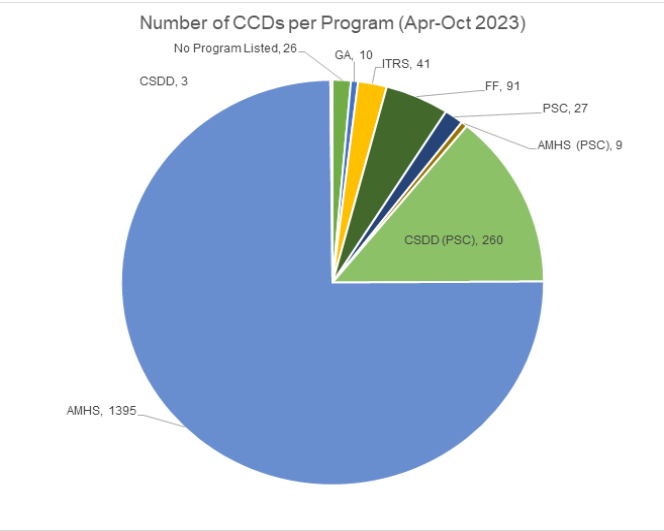
Other Processes of Care

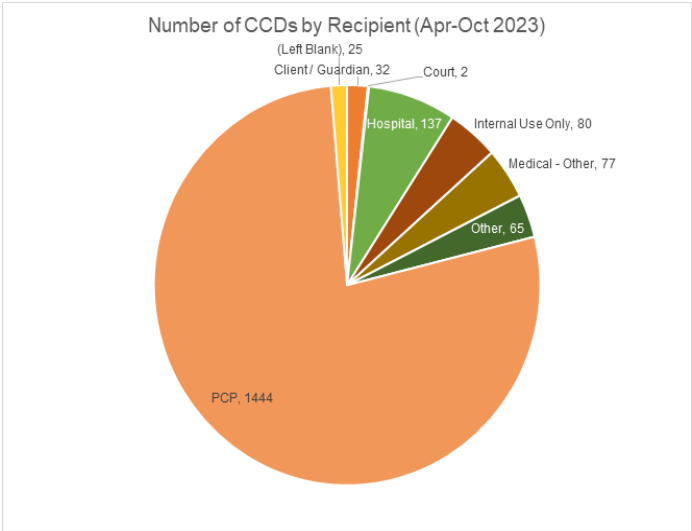
The number of other mental health care providers offering therapy and psychiatry in the tri-county region has risen each year for the last three years. See below:



Of the private providers, 24% accept Medicaid, 29% have a sliding fee scale and 82% accept children/youth.

CMHA-CEI utilizes a Continuity of Care Document, which is created for a consumer that gives a snapshot of care they are receiving with us (such as treatment plan goals, medications prescribed, last visit, services receiving, next appointment, diagnosis etc…). The following graphs show the number of Continuity of Care Documents by program (left) and by recipient (right)





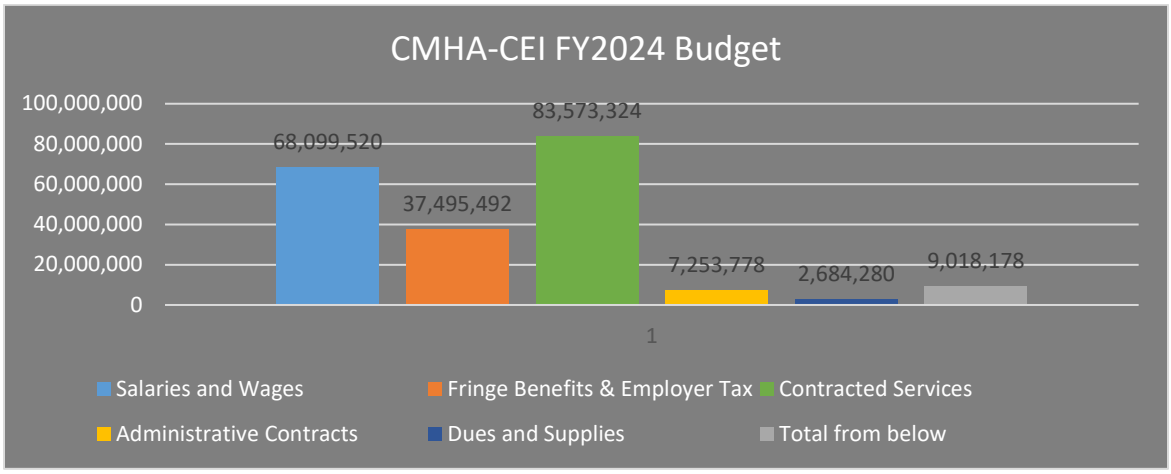
On-site Pharmacy

CMHA-CEI has partnered with Ascension Pharmacy to offer a full service pharmacy on-site. In addition to prescription medications, Ascension provides immunizations, OTC recommendations, medication counseling and more. CMHA-CEI collaborated with the Ingham County Health Department's Federally Qualified Health Centers (FQHC), Michigan State University and the Sparrow Family Medicine Program to house a primary health center (BIRCH) at the Jolly Rd site. The BIRCH Clinic focuses on chronic, acute and well-check needs with a goal of making it easier for consumers to access primary care.

Costs

Staffing Costs

CMHA-CEI has an annual budget of $208,124,583. The biggest percentage of the budget goes toward staff wages, fringe benefits and employer tax (shown separately in the graph below). Following that, contracted services make up the next largest share. The following graph illustrates CMHA-CEI's expenses:

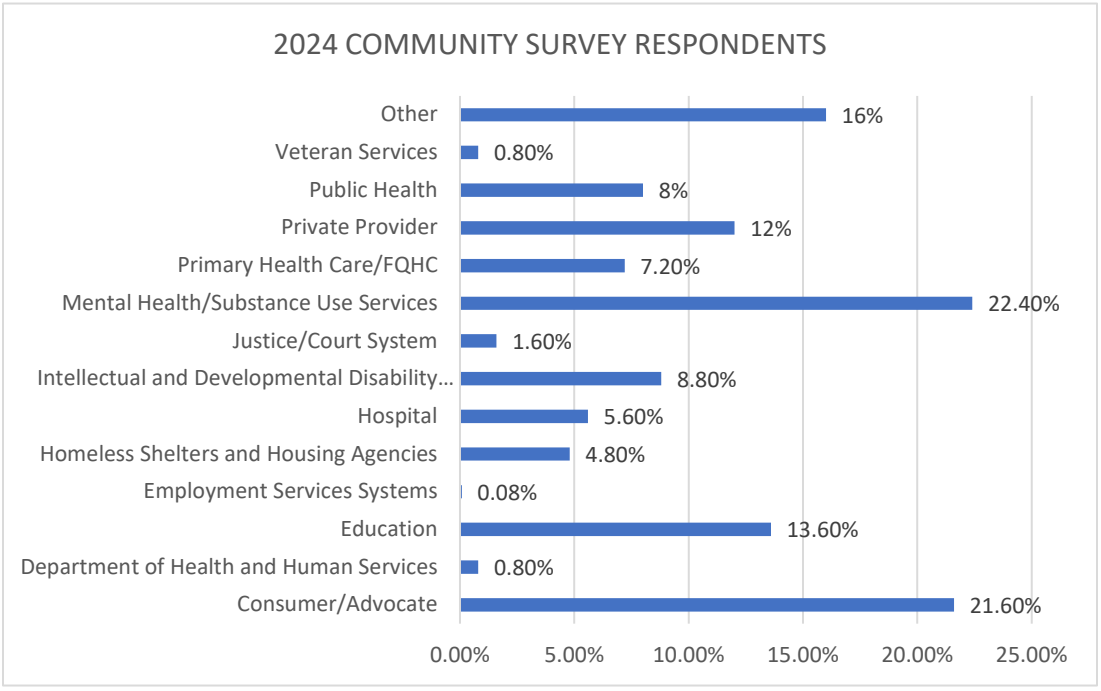


2024 Stakeholder Survey Results:

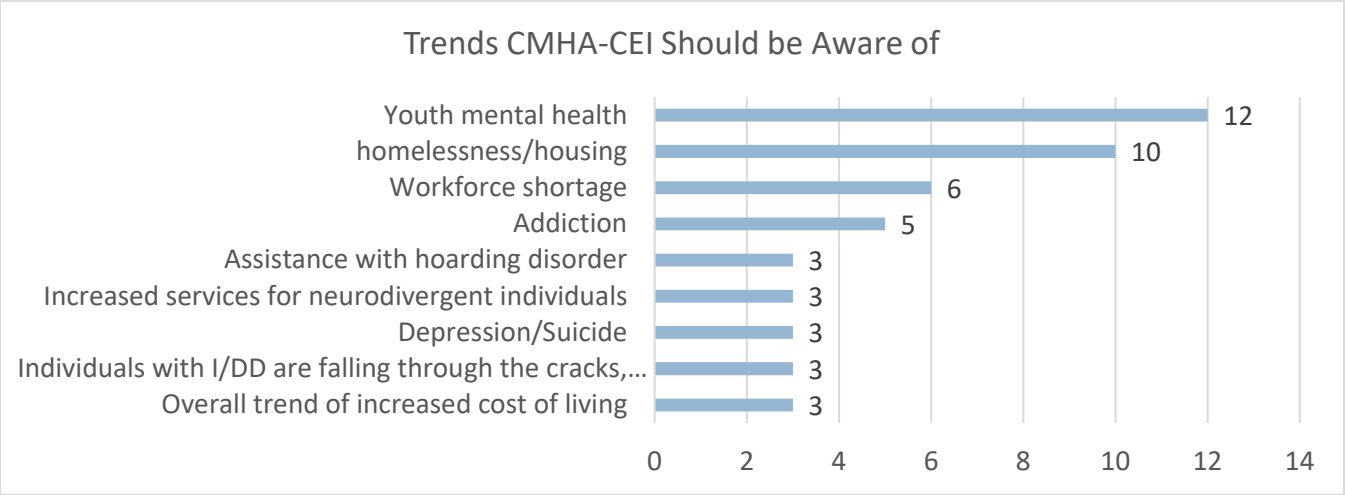
A total of 3434 surveys were emailed to CMHA-CEI stakeholders in February 2024, see graph below, which included various organizations and individuals

The surveys included a combination of open-ended questions and select-a-box questions. The survey was comprised of the following questions:

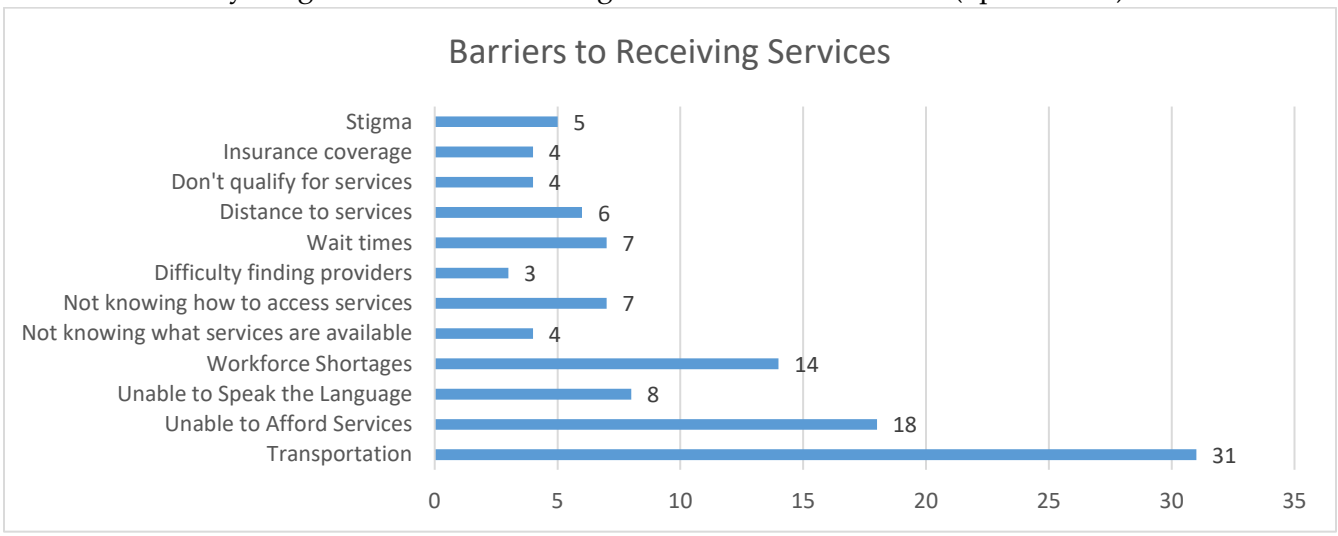
- Which of the following best describes your position in the community?



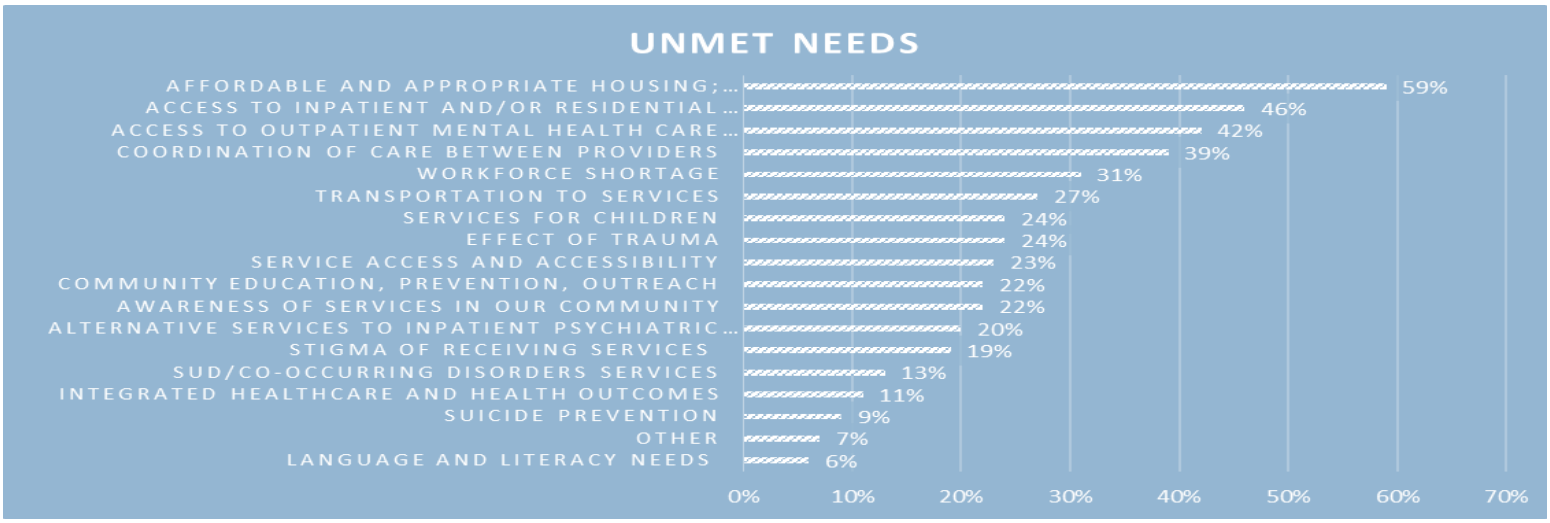
- What trends should CMHA-CEI be aware of? (open ended)



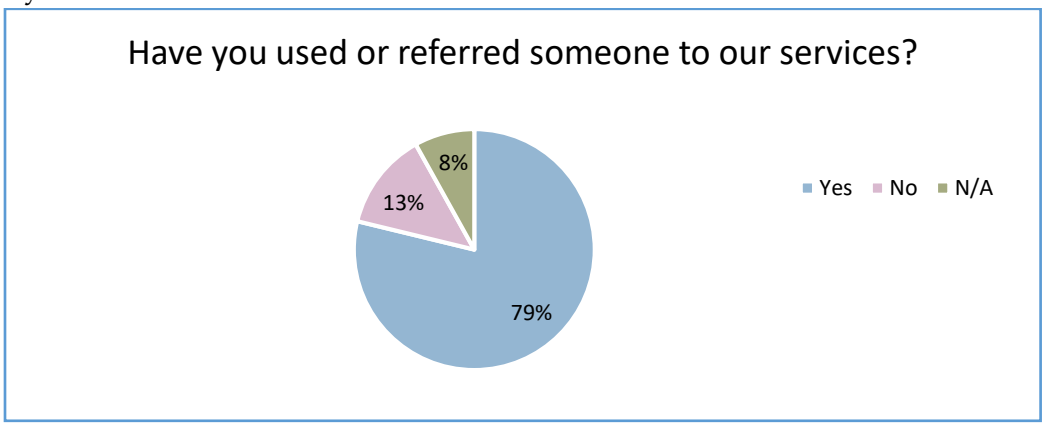
- Is there anything that makes it hard to get mental health services? (open ended)



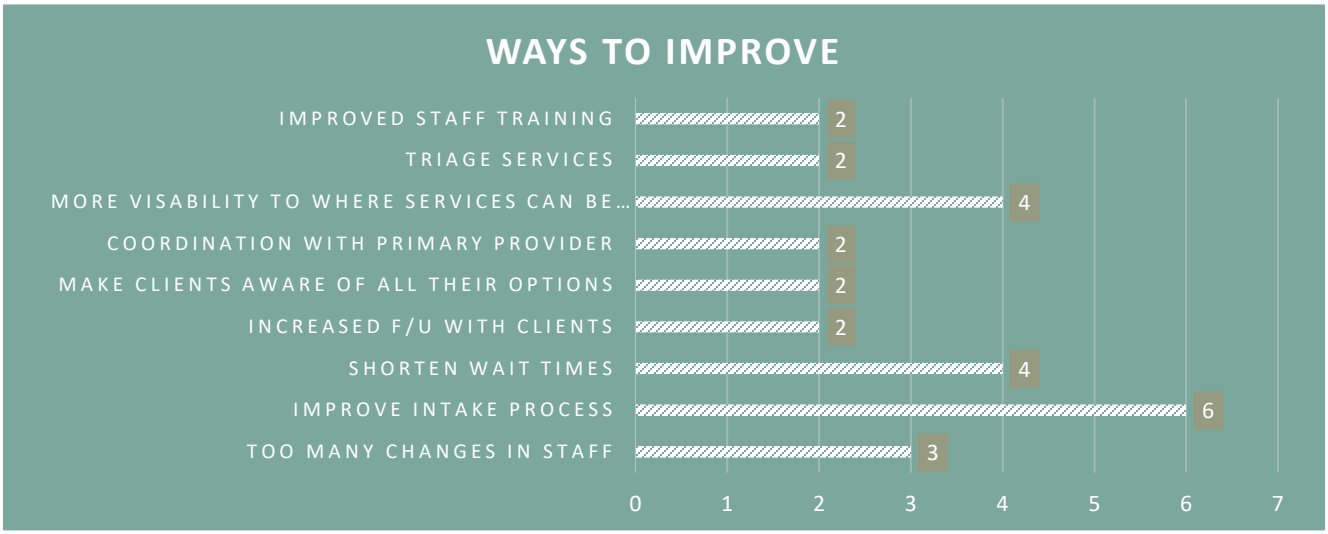
- What do you see as being the most significant behavioral health need that is not being adequately addressed?



- Have you ever used our services or referred an individual for services?



- If you have used our services or referred someone, how can we improve? (open ended)



- If you have never received our services or referred someone, what can we do to help you be willing to get services or make a referral? (open ended). The following are some of the stakeholder's suggestions:
    - Offer more choices in providers
    - Better communication
    - Education on services
    - Reduce wait times
    - Make access easier

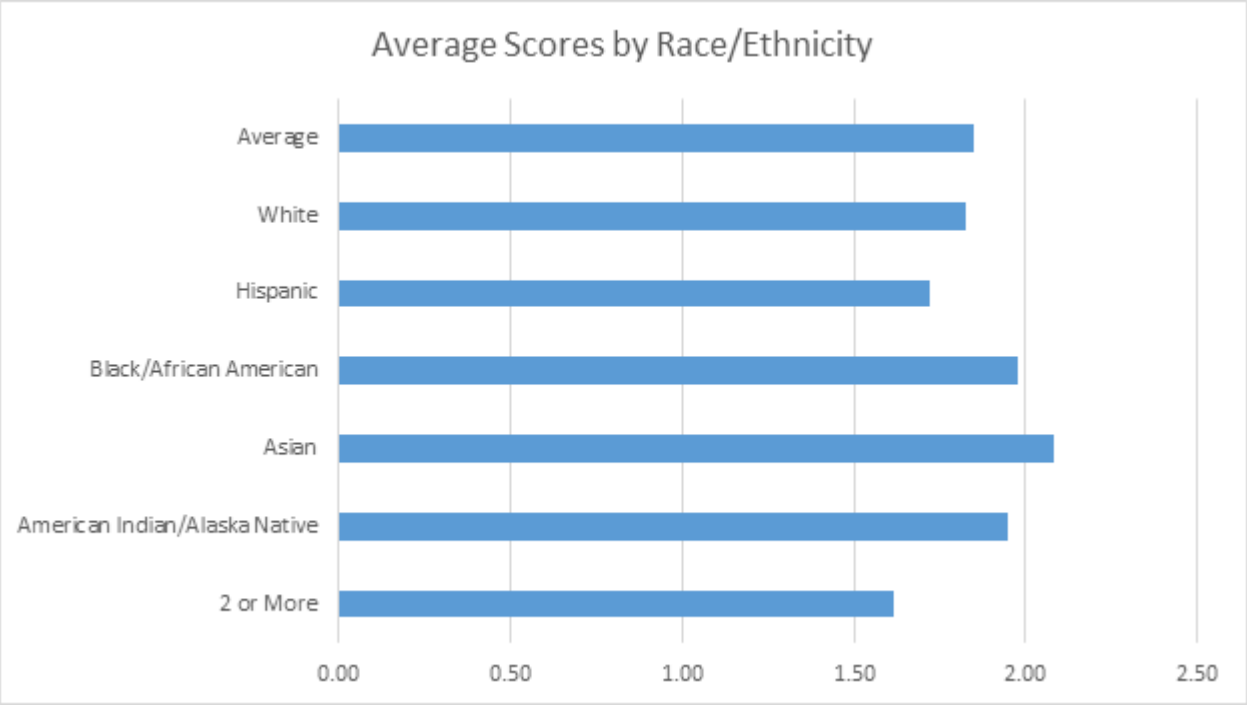
Outcomes of People Receiving Services

Self-Reported Client Data

In order to help CMHA-CEI gauge the level of among the consumer's served, an annual satisfaction survey is administered and completed by individuals receiving services. The survey looks at the following areas: General satisfaction; participation in treatment planning; quality and appropriateness, access, social connectedness, functioning and outcome of services. Across all programs, the difference between the highest and lowest-performing questions was relatively small. This indicates that consumers are generally satisfied with CEI services. However, year-over-year, questions on the quality of staff and services have often scored slightly higher than those regarding treatment outcomes.

The results allow CMHA-CEI to determine ways it can improve its services. This year, CMHA-CEI distributed 5,514 surveys (AMHS-2338, FF-1759, CSDD Adults-926, CSDD Children-491) with an overall rate of return of 14.6%. Additionally, individuals receiving services from ITRS filled out 113 satisfaction surveys.

Adult consumers participating in AMHS and CSDD Adult programs completed the MHSIP thirty-six-question survey. This survey template provided by MSHN used a six-point Likert scale with the following options: Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), Strongly Disagree (5), and Not Applicable (9). The average score for all adults was 1.85. For adults, (1) is the highest score. When comparing responses based on race, Black individuals had a lower overall satisfaction rate than the average of all races and of White individuals. Asian individuals had the lowest satisfaction rate but there were only two individuals who identified as Asian; with such a low response rate it is hard to get meaningful data from that. The following graph shows the average response rate broken down by race:



Child consumers participating in Families Forward and CSSD Youth programs, or their families if the consumer was younger than 13, completed the YSSF twenty-six-question survey. This survey template provided by MSHN used a five-point Likert scale with the following options: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), and Strongly Disagree (1). Please note that this numerical order is flipped when compared to the MHSIP survey administered to the adult-focused programs. The average score for children was 4.24. For children, (5) is the highest score.

For individuals receiving services from ITRS, the average score was 4.7. For ITRS, (5) is the highest score. After seeking direct input from CMHA-CEI's peer recovery coaches, they reported the following needs:

- Detox facilities that allow smoking. Some clients do not want to go to TRC because they do not allow smoking.
- Women's residential treatment facility. Many women in the community refuse to go to treatment due to not being able to take their children with them or having to travel over 60 miles.
- Transitional housing for women.
- Transportation
- Housing
- More education and training for staff at CMHA-CEI on the role of peer recovery coaches and the services they can provide.

Priority Needs and Planned Actions

CMHA-CEI reviewed community data and feedback and developed a list of Priority Needs and Planned Actions for calendar years 2024 and 2025. The Priority Needs and Planned Actions assist CMHA-CEI in setting priorities for local action.

Priority Issue	Reasons For Priority	CMHSP Plan Overview
1. Affordable and Appropriate Housing; Homelessness	Housing continues to be a universal need across the population of those persons with mental illness, substance use disorders, and those with intellectual and/or developmental disabilities. There continues to be a lack of housing options and closing of beds at state hospitals has increased the need.	1. Continue to work with community partners on housing options for individuals we serve. 2. Continue to add capacity to our provider network to offer additional housing options.
2. Increase Access to Services to those in Crisis	Additional services/programs are needed to assist in reducing psychiatric hospitalizations, creating a less restrictive treatment option without negatively impacting clinical outcomes, eliminating psychiatric boarding in emergency departments, preventing unnecessary incarceration, and providing a resource for local law enforcement. For those waiting for an inpatient bed, individuals could start receiving services, and alleviate the onboarding happening at local emergency departments.	1. CMHA-CEI plans to open a Crisis Stabilization Unit (CSU). 2. CMHA-CEI has secured several streams of start-up funding for both staffing and renovations for the Crisis Stabilization Unit. 3. Create workgroups and utilize the expertise of consultants to develop internal workgroups. Each workgroup has its own charter with action steps. 4. Will participate in MDHHS CSU Certification workgroup and the MDHHS CSU pilot learning cohort.

3. Increase Access to Outpatient Mental Health Care Services	Receiving record numbers of requests for services. Rate of Asian and Hispanic individuals receiving services is less than the rate of Asian and Hispanic individuals living in our community.	1. CMHA-CEI is continuing to increase access to care through our clinics utilizing the CCBHC model. 2. CMHA-CEI will continue to increase CCBHC services and work with MDHHS to be re-certified as a CCBHC. 3. CMHA-CEI will work to increase outreach to underserved populations.
4. Build Stronger Community Support and Partnerships	Need to improve care coordination with other healthcare providers to help improve service delivery. Continued need to educate community about who we serve and how to access services, and addressing behavioral health stigma.	1. CMHA-CEI will continue to collaborate with local health departments. 2. CMHA-CEI will continue to collaborate with community agencies to work to fully address the identified behavioral health needs of our community. 3. A goal in our culture of health plan is to expand upon behavioral health prevention, promotion, public relations, and community outreach opportunities. 4. Improve use of the Continuity of Care document and coordination with primary care providers.
5. Build Workplace Capacity	Loss of some of the workforce during the pandemic and an increase in request for services created a shortage of behavioral health staff. Need to increase recruitment and retention practices.	1. HR will form internal cross teams to focus on recruitment and retention. 2. Review the past recruitment and retention plan to evaluate effectiveness and create action plan for updates. 3. CMHA-CEI MSU Scholars Program steering committee will reconvene to review feedback from students, MSU faculty, and CMHA-CEI staff to identify potential improvements to processes, agreements, and support provided to participants and staff.

Next Steps: FY25

- Consumer Satisfaction Survey is currently being conducted and data/responses will be compiled and reviewed in fall of 2024
- CMHA-CEI will conduct a stakeholder survey in early 2026
- Annual community data set will be compiled and reviewed in 2025
- Priority Needs and Planned Actions will be tracked and an update on progress will be reported on in early 2025.
- By September 30, 2025, CMHA-CEI will have the capacity to meet the increased requirements of a Behavioral Health Urgent Care for youth and adults, at least 12 hours per day, 7 days a week.

Summary:

Based on CMHA-CEI's review of community data, organizational data, and the biennial survey to our stakeholders, the top needs of the community are: Affordable and appropriate housing/homelessness; increase access to services to those in crisis; increase access to outpatient mental health care services; build stronger community support and partnerships; and build workplace capacity. CMHA-CEI will review data and conduct another survey in early 2026 to see if we have moved the needle on the above needs. Other needs in the community have also been identified and CMHA-CEI will implement performance improvement plans for underserved populations.

The rate of Asian and Hispanic individuals seeking services is lower than the rate of Asian and Hispanic individuals living in the tri-county area. CMHA-CEI will attempt to remedy this disparity by increasing outreach to those underserved populations. Additionally, from the consumer satisfaction survey, Black individuals were less satisfied overall with services than White individuals. This should also be addressed, possibly through additional trainings like the Health Equity Training, which for participants, did result in increased ability to better support people from different backgrounds as well as continuing to work towards having professional-level staff and management mirror the individuals CMHA-CEI provides services to. From the community data set, in Ingham County, there were 76.2 overdose deaths per 100,000 for Black individuals and 29.7 deaths per 100,000 for White individuals. This is a large disparity as individuals identifying as Black or African American only account for 10% of the tri-county population and their overdose rate is more than double that of White individuals.13

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. There will be an updated Community Health Improvement Plan in summer of 2024.

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. Currently, CMHA-CEI directly provides and coordinates emergency behavioral-health, crisis-intervention services, addressing mental health and substance use issues across the life span at multiple locations across its tri-county service area including, but not limited to: a free standing 24-hour/7-day-per-week crisis services program; mobile-crisis teams, with the ability to deploy 24/7; embedded staff at the McLaren Emergency Department; a medically managed withdrawal center (which functions at an ASAM Withdrawal Management Level 3.7); crisis respite (youth); crisis residential, and crisis stabilization services which incorporates the current standards for a behavioral health urgent care; an interdisciplinary team that provides recovery-oriented services with the inclusion of peer support specialists; parent support partners; and a nurse. CMHA-CEI is the only entity in the area providing behavioral health crisis services. The addition of the CSU will include having at least one registered nurse on site 24/7 and a psychiatrist on-site or on call 24/7. With the current services we offer, and our ongoing development of a Crisis Stabilization Unit, we will have the capacity to meet the increased requirements of a Behavioral Health Urgent Care for youth and adults by September 30, 2025.

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