

## **CMHA-CEI Customer Satisfaction Survey**

Annually, CMHA-CEI surveys those whom it serves to determine their level of satisfaction with CMHA-CEI services. The results of the 2012 survey (percent responding satisfied or very satisfied) follow:

CMHA-CEI responded to my request for services91%
CMHA-CEI staff are courteous and respectful96%
CMHA-CEI staff help me to get the right type of service for my problem91%
In general, I am satisfied with the services provided by CMHA-CEI92%
CMHA-CEI staff understand my needs and situation91%
CMHA-CEI staff have the knowledge and skills to serve me well
If a friend or family member were in need of similar services, I would recommend my CMHA-CEI program to him or her89%
The services I receive help me to function better in my life90%
If I were to seek help again, I would come back to the same program89%
CMHA-CEI staff follow my person centered plan (PCP) or family centered plan89%
CMHA-CEI helped me identify natural supports85%

## **Board of Directors**

FY2012

### **CHAIR**

**Raul Gonzales** 

### **VICE CHAIR**

Joe Brehler

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## **Our Vision**

CMHA-CEI holds a vision of a community in which persons with a mental illness, emotional disturbance, developmental disability and/or substance use disorder, have the opportunity to participate, with dignity, in the life of the community, with its freedoms, responsibilities, rewards and consequences.



## Letter from the Executive Director

As this report illustrates, the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI), its Board of Directors, staff, community partners and, at the lead, the consumers with whom we work, have taken on a number of bold challenges. Our willingness to take them on is driven by a commitment to those whom we serve – individuals, families and communities – and imagination, hard work, tenacity and the desire to integrate partnerships into all of our work.

Recently, in preparation for a celebration of the work of Dr. Martin Luther King, Jr., we were reminded of a quote of Dr. King...

"Human progress is neither automatic nor inevitable. Every step toward the goal of justice requires sacrifice, suffering and struggle; the tireless exertions and passionate concern of dedicated individuals."

This quote rang true and served to remind us that, for nearly five decades, this organization has worked for human progress and justice with and on behalf of thousands of this community's most tireless, passionate, dedicated, resilient and, at times, vulnerable members.

Since its formation in 1964, this organization has taken seriously the charge of ensuring that the rights and potential of persons with mental health needs are protected and expanded. As this report highlights, the work of this organization has been made possible by many of us coming together in pursuit of the goals of this human and civil rights movement; in pursuit of the organization's vision:

A vision of a community in which persons with mental health needs have the opportunity to participate, with dignity, in the life of the community, with its freedoms, responsibilities, rewards and consequences.

As this vision underscores, our efforts are driven by the view that the abilities and disabilities that we possess, as a community – whether it be a community that is bound by geography, family ties, common challenges, or interests – are what make us who we are, a community founded on the concept of mutual support, full citizenship and integration.

This 2012 Report to the Community contains a number of stories of resilience, recovery, creativity and collaboration. These stories are emblematic of the millions of such encounters – encounters that make life richer for the 10,000 persons served by this CMH.

So, as we look toward 2013, we are encouraged by the impact of nearly five decades of the community mental health movement, a civil rights movement in every sense of those words. We are also fully aware of the economic, political and stigma-based barriers that must be overcome as this movement continues to ensure full citizenship and community participation for all of us, regardless of disability. We look forward to the continuation of this movement and this CMHA-CEI's role in fostering its progress.

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## **SELF DETERMINATION**

The CSDD program continues to work on ways to empower individuals and families to direct their supports and services. Flexibility and control of their budgeted resources through Self Determination makes this possible. Last year, CSDD more than doubled the number of individuals living Self Determined lives. Now, more than 200 individuals live in the community in their own homes and apartments with supports specific to their needs. Recognizing a change in needs, CSDD bridged a gap between the Residential Supports and Life Consultation service units by creating a Self Determination Coordinator role.



CSDD supports ongoing choices and opportunities for people to be full and equal citizens in the community.

## **LESLIE SENIOR PROGRAM**

In a creative partnership with the Tri-County Office on Aging and the Grace Lutheran church, the CSDD Transitions Program announced plans to open a center for seniors in Leslie, Michigan. This exciting collaboration will provide a dining site and recreational activities to Leslie seniors – both those who have disabilities and those who do not. Seniors currently go to Mason, Stockbridge or Lansing to access these activities. This new center will be a welcome addition to the CSDD program.

## INFORMATION SERVICES

A wide variety of improvements were made in the CMHA-CEI information systems in 2012 such as upgrades to the infrastructure, integration of CMHA-CEI's electronic medical system with other systems and enhancements to clinical and administrative data systems. These projects included:

- Converting the server infrastructure to "virtual" server technology where 20 physical servers host 120 different "virtual" servers – decreasing cost and increasing efficiency
- Assisting with integrated care by working with Great Lakes Health Information Exchange (GLHIE) on a project to automatically transfer lab results, transcriptions and physical health information into consumer CMHA-CEI electronic medical records. Similar integration projects have commenced with the Ingham County Health Department and others
- Making multiple enhancements to the electronic clinical record, creating an automated clinician scheduling and tracking system and adding systems for health monitoring, evaluation, screening, assessments, adequate and advance notice and others
- Expanding document imaging technology to Children's Services, Clinton County Counseling Center and Eaton County Counseling Center
- Upgrading the CMHA-CEI email system from Novell GroupWise to Microsoft Exchange, including the conversion of all historical email into the new system
- Rebuilding the www.ceicmh.org web site, based on the combined work of a CMHA-CEI cross program / department development team, designed to increase the information available to consumers, prospective consumers and others
- Implementing customized online staff scheduling system for three CMHA-CFI units



CMHA-CEI activities include a trip to the Lugnut Stadium.

## **AUTISM CENTER**

In response to the increased incidence of Autism which occurs in 1 out of 88 children (up from 1 in 160 children a decade ago) staff from the Community Services for the Developmentally Disabled (CSDD) program of CMHA-CEI has been taking steps in preparation to open an Autism Center. The center will provide diagnosis and treatment of Autism Spectrum Disorders. Emphasis will be on early diagnosis, evidence based treatments and support and education for families and the community. The Autism Center is slated to open in 2013.

## **CHILDREN'S SERVICES**

## **Outpatient Therapy at Four New Locations**

In an effort to increase access to children's mental health services, the Community Mental Health Authority (CMHA-CEI) of Clinton, Eaton and Ingham Counties, in partnership with the Ingham County Health Department (ICHD), has made available mental health outpatient therapy at four new locations. This effort is intended to remove barriers and decrease the stigma associated with accessing mental health care for children, youth and families. Through this agreement, Children Services staff of CMHA-CEI joined health department clinic staff in two area high schools, the Willow Plaza Teen Health Clinic, and at the ICHD Child Health Clinic. In locating mental health services in settings where families and youth are already receiving health-care, more families will be able to access care. While this partnership between CMHA-CEI and ICHD is still relatively new, this model of providing care shows great promise to better meet the needs of youth and families in the community.

## Children's Trauma Clinic Services

Children's Services of CMHA-CEI offers an array of trauma clinic services to infants, children and adolescents, birth through age 17, who are experiencing life-interfering effects from exposure to trauma. These specialized and evidence-based therapeutic services are designed to decrease and resolve the short-term and long-term effects of traumatic experience. Traumatic childhood experiences may include emotional, physical, or sexual abuse; emotional or physical neglect; exposure to domestic violence or substance abuse; illness or loss of a loved one; and parental separation, divorce, or imprisonment. Children who are affected by trauma often appear to be intentionally misbehaving and uncooperative when they are actually reacting to overwhelming sensory stimulation.

Interventions that typically work with noncompliant and oppositional youth do not work with these children so Children's Services in 2012 developed a children's trauma clinic with the goal of assisting children and families who may not otherwise have access to trauma-specific treatment. Trauma clinic services are delivered by master's level mental health therapists and occupational therapists who have specialized training in trauma-specific treatments and expertise in working with specific age groups. Trauma clinic services include trauma assessment, individual and family therapy, sensory intervention and psycho education for parents and caregivers. Because secondary or "vicarious" trauma is a common occupational hazard for professionals working with traumatized children, trauma clinic staff are also available to provide trauma-specific training and support to frontline workers in the community.



# Promoting Education to Reduce Stigma

In partnership with the Capitol Area Health Alliance Mental Health Partnership Council, **CMHA-CEI** promotes mental health and wellness of those living in the tri-county area, provides resources for quality and accessibility of mental health services within the community and offers educational events and information to increase awareness and reduce stigma. This year more than 1,000 people in the tri-county area attended sponsored events. These presentations included:

- Choices in Recovery—
   Relapse Awareness and
   Reduction Strategies
- Erasing the Stigma of Mental Illness with Kathy Cronkite (pictured above)
- Dealing Successfully with the Challenges of Psychological and Physical Illnesses

## Customer Service Representatives and Peer Support Specialists: Reaching Out to Innovate and Integrate

The Customer Service Department of CMHA-CEI is staffed with five Customer Service Representatives (CSRs). In addition to customer service, the representatives are Certified Peer Support Specialists (PSS). In 2012 the Peer Support Specialists offered a number of health and wellness classes and they continue to be offered.

## Classes offered are:

## Mental Health First Aid

A 12-hour course for the community.

## Solutions to Wellness

Information on over 100 health topics. Classes can be customized based on the needs of the attendees. Numbers of sessions depend on the interests of the group.

## PATH (Personal Action Toward Health)

Covers topics such as help with sleep, preventing falls, communication with a primary care provider, healthy eating and exercise.

## • WRAP (Wellness Recovery Action Plan)

A mental health toolkit to help with everyday stressors. Participants will also develop a Crisis Action Plan.

Looking toward 2013, the Peer Support Specialists will partner with a local primary care clinic to co-teach PATH at the primary care provider's office.

## **PHARMACY SERVICES**

CMHA-CEI has had a full service pharmacy on-site for more than 10 years.

Operated by St. John Providence Health System, a subsystem of Ascension Health, the pharmacy is dedicated to providing services for our consumers.

## The benefits of an on-site pharmacy are:

- Easy access to medications prescribed by CMHA-CEI and community providers
- Immediate access to pharmacists for consultation
- 24 hour access by health care providers to current consumer prescription information through a web-based program
- 24 hour pharmacy on-call for and 24 hour delivery for emergency prescriptions
- Medication delivery to the more than 150 service sites in a variety of packaging systems that best meet the needs of the consumers/sites
- The pharmacy is staffed by 4 pharmacists, 6 pharmacy technicians and 3 drivers;
   each month the pharmacy dispenses more than 12,000 prescriptions; makes more
   than 900 deliveries and logs more than 9000 miles for deliveries

## **ADULT MENTAL HEALTH SERVICES**

An exciting initiative at Adult Mental Health Services (AMHS) is the work which is being completed to assure that services provided at AMHS are trauma-informed and that the amount of trauma-specific Services for persons with mental illness continues to grow. Because of the the correlation between untreated trauma and substance abuse as well as mental health conditions, in June of 2011, a trauma-informed care workgroup was developed at AMHS comprised of Peer Support Specialists/ Customer Service Representatives, Mental Health Therapists, AMHS Managers and the AMHS Director.

In the Fall of 2011, two initiatives were implemented: a survey of several AMHS teams' general attitudes about trauma and trauma-informed care and the development of written materials on basic issues related to trauma, as well as ways of decreasing re-traumatization. During the first 5 months of 2012, all AMHS staff received this basic training and staff surveys were very positive. Since a significant part of decreasing re-traumatization is by creating a more welcoming environment, this work coincided nicely with the work of the CMHA-CEI Customer Service Workshops. The second initiative is the involvement of an AMHS Coordinator as a member of the DCH Trauma Workgroup. In September 2012, AMHS hosted a national trainer, Dr Jamie Marich, who presented a day long workshop for AMHS and Substance Abuse/Corrections clinical staff on "Trauma, Addiction and Grief Interaction: An Introductory Course for the Helping Professional" to assist clinical staff in better identifying trauma and ways of treating trauma in a therapeutic environment. trauma-informed and trauma-specific skills are being expanded including Seeking Safety, Dialectical Behavior Therapy (DBT), Trauma Recovery and Empowerment Model (TREM) and Eye Movement Desensitization and Reprocessing (EMDR). It is hoped that these initiatives will continue to further the AMHS goal of increasing not only the awareness of trauma and re-traumatization with the consumers served by AMHS but also provide more specific services to treat the effects of trauma.

## **HUMAN RESOURCES**

The Human Resources department continues its pursuit in developing employment strategies to ensure that CMHA-CEI's workforce is of the capacity, diversity and skill level needed to meet the growing demand for diverse behavioral healthcare, developmental disability services and substance use services. The department joined with CMHA-CEI Human Resources Offices and non-CMHA-CEI Human Resources professionals from across the State, Nation, and Affiliation to collectively address these issues. Currently, focus is in the area of talent acquisition and the challenges presented by shortages of people with the vital skills and capabilities to meet our workforce needs. CMHA-CEI has increased recruitment efforts and partnership building with colleges and universities. With a focus on discovering great people from within, CMHA-CEI is currently developing a formal management mentorship program to be offered to staff within the current fiscal year.

## **PSYCHIATRY**

The psychiatric staff at CMHA-CEI over the past twelve months has broadened who it serves. Psychiatrists are providing psychiatric evaluations for patients with mild to moderate psychiatric symptoms at CMHA-CEI Children's Services, Carefree Medical Clinic, and McLaren Multi-Disciplinary Clinic. In addition to providing direct psychiatric consultations our psychiatrists are providing behavioral health education to residents from other disciplines including family practice, internal medicine, surgery and orthopedic surgery.

CMHA-CEI has hired additional psychiatric residents for coverage at Emergency Services, the Bridges Crisis Unit, and the Recovery Center. CMHA-CEI psychiatrists will be providing medical detoxification at the Recovery Center in order to meet the needs of this underserved population. CMHA-CEI has expanded the Coordination of Care effort and has partnered with McLaren Medical Center to co-sponsor this educational event. This will help increase the awareness of primary care and specialty physicians regarding the treatment of comorbid psychiatric conditions.

CMHA-CEI psychiatrists continue to be involved at the state and national level and recently presented the medical marijuana lecture at the National American Psychiatric Association in New York City.

## Substance Use Disorder (SUD) and Corrections Mental Health

## TRAUMA TRAINING MODULES

In 2012, Substance Use Disorder/Corrections Mental Health Programs worked to gain a better understanding of the impact of trauma on individuals and substance abuse.

The Department of Veterans Affairs developed a strong program of modules that are a great educational service, not only to veterans but to all who have had unresolved trauma that progresses into a diagnosis of Post Traumatic Stress Disorder. This training, with multiple modules, was identified as a good fit for our professional staff training initiative for 2013.

Current research leads us to consider past trauma in an individual's life and how this creates a challenge in recovery and in treatment. A study published in 2011 showed that 48-98% of individuals with severe and persistent mental illness experienced at least one traumatic event in their life and 19-43% were diagnosed with Post Traumatic Stress Disorder (PTSD). The Substance Use Disorder (SUD) population, especially those with co-occurring disorders, are described as falling into these same parameters.

The training modules will give new skills and information in PTSD to CMHA-CEI staff explaining how "Trauma Informed Care" helps alter the therapist's approach from, "What's wrong with you?" to one that asks, "What has happened to you?"

## COMMUNITY MENTAL HEALTH AFFILIATION OF MID MICHIGAN

The Community Mental Health Affiliation of Mid Michigan is the collaboration of 5 Community Mental Health organizations spanning across 8 counties, including Benzie, Clinton, Eaton, Gratiot, Ionia, Ingham, Manistee and Newaygo. The Affiliation was involved in several quality improvement and compliance efforts during 2012. Included in those efforts were External Quality Review audits completed by a National review team and the Michigan Department of Community Health, both of which the Affiliation were found to be fully compliant with established standards.

As was the case in previous years, in 2012, the Affiliation of Mid Michigan continued to focus on meeting the requirements of the 2010 Affordable Care Act (National Health Care Reform) and on becoming a regional leader in behavioral healthcare by providing efficient, effective, high quality care. To achieve this goal, the Affiliation initiated several programmatic changes in service delivery in support of more coordinated care between providers and smart integrated care for the people served. Results to date have been very encouraging and the Affiliation looks to build upon its successes and move further in this direction in 2013.

## CMHA-CEI INTEGRATES MID-SOUTH SERVICES

The Community Mental Health Authority of Clinton, Eaton and Ingham County integrated the programs, personnel and resources of the Mid-South Substance Abuse Commission into its offices effective October 1, 2012.

All community substance use disorder (SUD) services formerly offered by Mid-South are now provided to the public directly by CMHA-CEI. Mid-South was a coordinating agency (CA) serving to connect those in the community suffering from substance use disorders with the resources necessary to seek treatment.

Formerly two separate managed care entities, CMHA-CEI is now responsible for managing SUD care along with other behavioral health services. In addition to Clinton, Ingham and Eaton, CMHA-CEI's new SUD management program will serve the residents of Gratiot, Newaygo, Jackson and Hillsdale counties, who were formerly within Mid-South's area of operation.

It is not uncommon for a mental health services facility to identify SUD needs in a consumer, or vice versa. In the past, our region's CA and the CMHA would have to refer consumers to one another and in these circumstances it was difficult to determine whether individuals actually received needed services. Integrating SUD services into CMHA-CEI should result in streamlined record sharing across programs that will likely result in an improved experience for consumers who seek both mental health and SUD services. This integration of services is just one step in an overall statewide effort to streamline the management and delivery of public programs relating to physical and mental health.

## "CMHA-CEI is there for me."

Community Mental Health (CMHA-CEI) has changed my life in many ways. They have been there for me every time I have had an issue, a crisis or a need. Before I sought treatment, my life had stalled and come to a halt. If it wasn't for the services and supports that CMHA-CEI has provided, I truly believe that I would not be here today. As far as I am concerned, CMHA-CEI saved my life! Or, at least, took me from just surviving to LIVING again.

I felt isolated for years and very much alone in the world. I suffered with homelessness, joblessness and I had absolutely no one there for me. The only voice I could hear was my own, bouncing around in my head. Its only messages were, "You are a failure. No one likes you. Why do you still breathe?" I tried to end my life.

In the Emergency Room, CMHA-CEI was there for me. The ER doctor wanted to hospitalize me, but I refused to go. CMHA-CEI compromised with me and only made me do partial hospitalization. I learned to trust CMHA-CEI over that one little gesture. They worked with me with great care, honesty and patience. I needed that. I needed to let others be patient with me so that I could be patient with myself.

CMHA-CEI has been there for me every step of the way. Dialectical Behavior Therapy (DBT) classes have helped me tremendously. When I could not make it to treatment, CMHA-CEI provided transportation. They ensured that I had the right meds, the right skills and the right tools to help myself. They even supported my dream of helping others with opportunities to work as a Peer Support Specialist with Charter House and the PATH program.

Because of CMHA-CEI, my life has steadily improved. And not only my life, but also the lives of those around me. I didn't even feel like a person five years ago. Now, I feel alive and fortunate to BE alive. CMHA-CEI has gotten me this far, given me the tools to go farther and a life worth living as a driving factor to continue to improve. I am still a work in progress, but I am better than I have ever been. I actually laugh now!

I can't thank the dedicated, professional staff of CMHA-CEI enough. They have restored a quality of life to me that I believed would never return. They gave me a life, a home, dreams, friends, support structures, helpful meds that balance me and a future that I can't wait to live. I love CMHA-CEI. They are the ones that taught me to love, at least to love myself. I have a future thanks to CMHA-CEI.



## CMHA-CEI Governmental Fund – Statement of Revenues, Expenditures and Changes in Fund Balance

Year ended September 30, 2012

## **REVENUES**

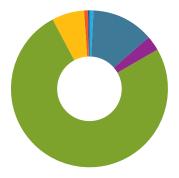
Total Payanues	104 090 960
Investment income	2,699
Charges for services and fees	977,988
Other contracts	6,949,027
Medicaid contracts	78,700,563
Local sources	3,235,197
State sources	13,274,102
Federal sources	\$941,384

## **EXPENDITURES**

Total Expenditures 103,938,170		
Affiliation		
Supportive Housing		
Community Benefit		
Board administration		
Substance abuse		
Developmental disabilities		
Children with emotional disturbance 11,244,122		
Adults with mental illness		

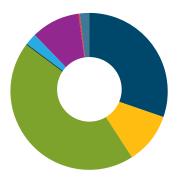
In addition to CMHA-CEI's revenues and expenses for its Clinton, Eaton and Ingham operations, CMHA-CEI receives \$40,269,294 in Medicaid revenues with which it purchases Medicaid services, for the residents of its eight county Affiliation region, from its six community mental health and substance abuse coordinating agency affiliates. When these funds are reflected in CMHA-CEI's budget, its annual FY 2012 revenues were \$144,350,254 and its annual FY 2012 expenses were \$144,207,464.

Excess of Revenues over Expenditures......142,790



## **REVENUES**

- Federal sources (non-Medicaid)
- State sources
- Local sources
- Medicaid contracts
- Other contracts
- Charges for services and fees
- Investment income



## **EXPENDITURES**

- Adults w/ mental illness
- Children w/ emotional disturbance
- Persons w/ developmental disabilities
- Persons w/ substance use disorders
- Board administration
- Community benefit
- Supportive housing
- Affiliation

## **CMHA-CEI Numbers Served**

CMHA-CEI's staff and provider network, working in over 100 locations and hundreds of homes, workplaces, schools and neighborhoods across the community served 10,634 tri-county residents in FY 2012, including:

- 1,796 Children and adolescents with serious mental or emotional disturbance
- 1,754 Adults and children/adolescents with developmental disabilities
- 1,916 Adults and adolescents coping with substance use disorder
- 5,168 Adults with serious mental illness or coping with life's stresses

## **Distinguished Service Award Past Recipients**

## 2012

Ingham County Health Dept.

Barry/Eaton <u>District Health Dept.</u>

## 2011

**City of Lansing** 

**Lansing Police Department** 

**Lansing Fire Department** 

**Sparrow Health System** 

**Ingham Regional Medical Center** 

**Ingham Health Plan** 

Mid-South Substance Abuse Commission

**Volunteers of America** 

City of Lansing Rescue Mission

**Emergency Medical Association** 

National Council on Alcoholism, Lansing Chapter

## 2010

Michigan State University – The Gallery Cafeteria

St. John's Kiwanis Club – Nan Simon

## 2009

**U.S. Senator Debbie Stabenow** 

Ingham County Department of Human Services – Susan Hull

Ingham County Department of Human Services – Randy Rauch

Ingham County Circuit Court, Family Division – Maureen Winslow

## 2008

**Care Free Clinic** 

Michigan State University – School of Social Work

Justice in Mental Health Organization

## 2007

Dr. Elizabeth Imeson

## 2006

Michigan State University – Dr. John Eulenber

## **Past Presenters**

## **Kathy Cronkite**

Writer and Journalist (message on erasing stigma)

### **Debra Jay**

Professional Interventionist (message on intervention)

## **Susan Ford Bales**

Daughter of President Gerald Ford (message on recovery)

Janet Olszewski

**Bill Allen** 

**Dr. Sharon Banks** 

**Paul DeWeese** 

**Virg Bernero** 

## **Rick and Dick Hoyt**

Team Hoyt (Father and son stigma-battling marathon running team)

## The Figureheads

(hip hop group with a stigma-battling message)

## **Joseph Greco**

(director of the movie, Canvas, which portrays the life of a woman with schizophrenia and her family)

## Taylor Cross and his mother, Keri Bowers

(autism advocates and filmmakers)

