# CREATING A CULTURE OF HEALTH:

Changing the landscape to improve behavioral health and wellness for those we serve, our staff, and our communities

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**BEHAVIORAL HEALTH
PREVENTION & WELLNESS
COMMITTEE**

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# BACKGROUND

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is interested in expanding upon and aligning two unique frameworks; behavioral health prevention and wellness promotion. CMHA-CEI is interested in investing in a broader and more inclusive framework of prevention and wellness. This expanded framework is represented by enhanced behavioral health services (inclusive of mental health, substance use disorders, and developmental disabilities), screening protocols, early intervention and referral, suicide prevention, substance use disorder prevention, trauma informed communities, stigma reduction efforts, community outreach, as well as far reaching health and wellness promotion efforts directed towards consumers, staff, and our communities.

# TARGET POPULATION: CMHA-CEI CONSUMERS, STAFF, AND COMMUNITY

Research shows that individuals living with a serious mental illness (SMI) die, on average, 15-25 years earlier than those living without an SMI. This gap in life expectancy, once thought to be largely due to suicide, is actually due to physical illnesses, such as cardiovascular disease, cancer, and respiratory diseases caused by smoking, obesity, substance abuse, and inadequate access to medical care. All of these physical illnesses are risk factors that are preventable and modifiable (Parks, MD, et al, 2006). The chart below illustrates this chronic health issue and highlights our consumer population and community mental health service program populations operating in the state of Michigan.

To address this major public health problem, CMHA-CEI is investing in the development and implementation of this comprehensive behavioral health prevention and wellness promotion plan that will assist the agency in enhancing its population's health. The population receiving the strategies and initiatives (outlined on page 11) are individuals served by CMHA-CEI, including individuals living with a serious mental illness, developmental disability, serious emotional disturbance, and/or substance use disorder. Additionally, the plan will include strategies to improve the health of our staff as well as the community at large.



**Chronic Health Conditions**
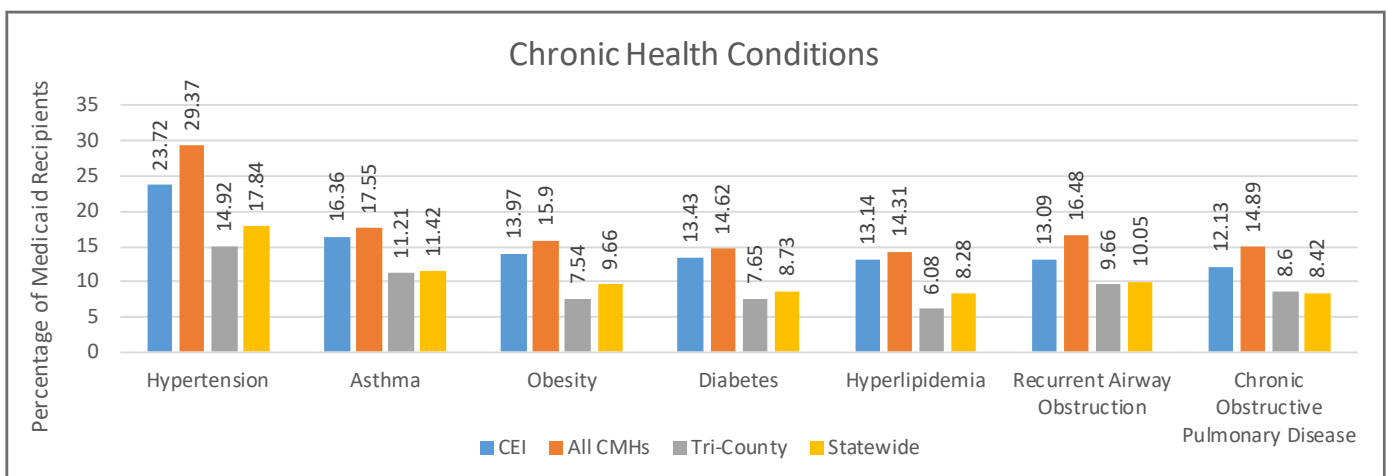
Source: CareConnect360, Michigan Department of Health and Human Services, January 9, 2017

# PURPOSE

The current healthcare environment in Michigan, as well as throughout the entire United States, has begun to recognize the crucial importance of behavioral health prevention, both in terms of health outcomes and cost savings. Whether in systems alignment efforts, coordination of care, or environmental policy work, prevention must be a consideration in every action taken to improve a population's overall health and wellbeing.

# RISK AND PROTECTIVE FACTORS

Reducing depression, suicide ideation, and consequences of substance use and abuse (i.e. alcohol or drug involved traffic fatalities and injuries, overdose deaths, lung cancer, etc.) is accomplished by influencing risk and protective (R & P) factors involving the individual or group of individuals and their environment. A risk factor is characterized at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes. A protective factor is associated with a lower likelihood of problem outcomes or something that reduces the negative impact of a risk factor on problem outcomes. Many influences that place children and adults at risk for developing substance use disorders also place them at risk for mental health disorders. Effective behavioral health prevention strategies focus on building resilience by reducing risk factors and strengthening protective factors.

The opportunity to decrease risk factors and enhance protective factors is demonstrated through research to be an effective way to integrate behavioral health prevention with other healthcare disciplines and interventions. The scope of prevention has been broadened on a national level, which supports the use of different interventions and strategies for individuals based on the varying degrees of their vulnerability to suicide ideation as well as experimentation with and patterns of substance use. Behavioral health prevention in the form of evidenced-based services, programs, and activities ultimately influence quality of life indicators by targeting R & P factors that moderate behavioral health problems or reduce the chances they will occur. Behavioral health prevention is the foundation of healthy beliefs, attitudes, and behaviors; without existing behavioral health prevention programs, policies, and practices, our current healthcare environment would be much farther behind in terms of quality of life indicators, economic burden on society, and our ability to achieve positive long-term outcomes with the individuals and families we serve.

Creating a culture of health at CMHA-CEI requires a strong and enduring commitment to behavioral health prevention. Preventing disease, illness, and injury is the most cost-effective, common-sense way to improve health, period. "The integration of prevention within healthy life style policies and programs, including interventions at the family, school and community levels, is more likely to produce the desired outcomes" (World of Psychiatry, Maria Elena Medina-Mora, Feb/2005).
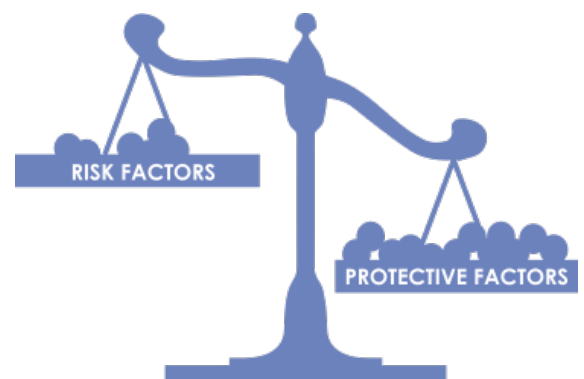
# CONTINUUM OF CARE

Prevention and health promotion in behavioral health are crucial strategies in reducing the increasing burden due to substance misuse and mental health disorders. Mental health promotion encompasses tactics that reduce stigma, support positive mental health and permit people to embrace healthy lifestyles.  Mental Health First Aid for example, is an evidenced-based prevention and early intervention approach that offers training to identify, understand, and respond to signs of addictions and mental illnesses. The Institute of Medicine's Continuum of Care highlights these types of interrelationships among promotion, prevention, treatment, and maintenance.  It clearly shows that each phase along the continuum does not exist in isolation and illustrates the importance of a comprehensive and multi-faceted approach.



Continuum of Care[5]
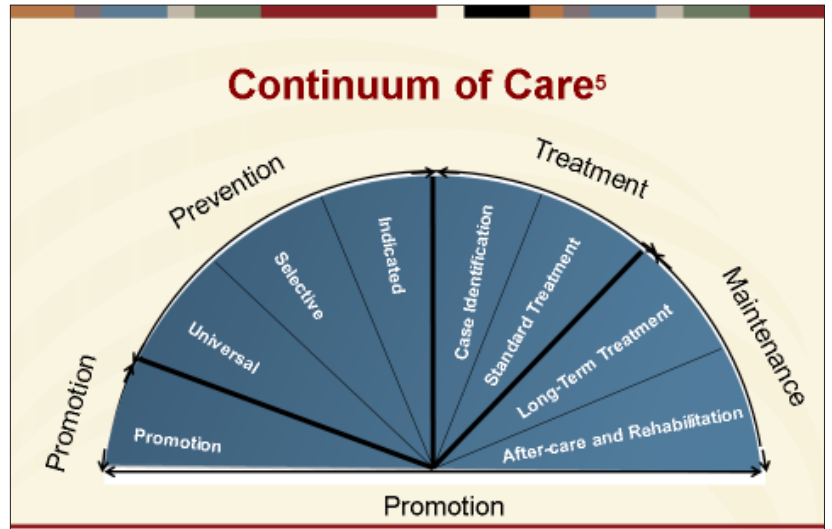
# SPECTRUM OF PREVENTION

The Public Health Model (pictured to the right) stresses that problems arise through the relationships and interactions among the agent, the host, and the environment, i.e., the substance, the individual using, and the social and physical context of the use.



Host

Agent — Environment
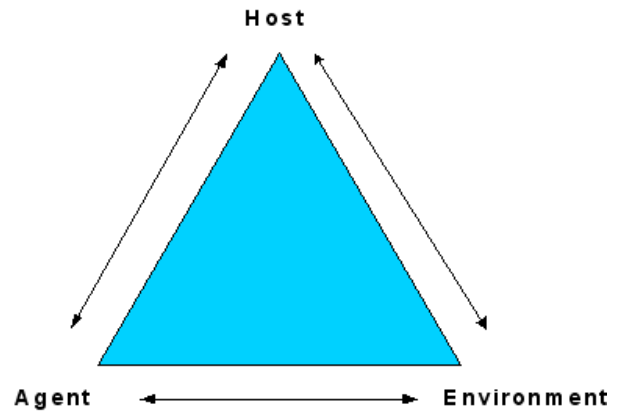


**Strategic Prevention Framework**

The goal of Prevention is to reduce social burdens by applying a public health approach using a data driven and outcome based Strategic Prevention Framework (pictured to the left) to have a collective impact on our communities. Multiple studies indicate that every dollar spent on prevention results in an average of $10 in long-term savings. (Power of Prevention. The Community Prevention Initiative (CPI) 2011, Center for Applied Research Solutions.)

The Spectrum of Prevention (pictured below) is a systematic tool that promotes a multifaceted range of activities for effective prevention. Originally developed by Larry Cohen and based on the work of Marshall Swift in treating developmental disabilities, this framework has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness.

The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative.

| LEVEL OF SPECTRUM | DEFINITION OF LEVEL |
|---|---|
| 1. Strengthening Individual Knowledge and Skills | Enhancing an individual's capability or preventing injury or illness and promoting safety. |
| 2. Promoting Community Education | Reaching groups of people with information and resources to promote health and safety. |
| 3. Educating Providers | Informing providers who will transmit skills and knowledge to others. |
| 4. Fostering Coalitions and Networks | Convening groups and individuals for broader goals and greater impact. |
| 5. Changing Organizational Practices | Adopting regulations and shaping norms to improve health and safety. |
| 6. Influencing Policy and Legislation | Developing strategies to change laws and polices to influence outcomes. |

# NATIONAL OUTREACH GUIDELINES

What Is Outreach? The National Outreach Guidelines for Underserved Populations defines outreach as the process of improving people's quality of life by doing the following:

- Facilitating access to quality health care and social services,
- Providing health education,
- Bringing linguistically and culturally responsive health care directly to the community,
- Helping people become equal partners in their health care, and
- Increasing the community's awareness of the presence of underserved populations.

*Source: Health Outreach Partners, National Outreach Guidelines for Underserved Populations (Oakland, CA: Health Outreach Partners, 2012), available online at http://www.outreach-partners.org/resources/nationaloutreachguidelines*

Outreach is a critical function of health and human service systems serving people who are low-income, uninsured or underinsured, and/or members of underserved populations such as veterans, people experiencing homelessness, racial and ethnic minorities, the elderly, and individuals suffering from a substance use disorder. A strong outreach program offers the best opportunity for the most vulnerable populations to be connected to and engaged with healthcare providers.

The ten guidelines included within this framework are grouped into three broad categories: Person-Focused Guidelines, Community-Focused Guidelines, and Program-Focused Guidelines. These Guidelines and accompanying strategies are intended to provide direction for how to most effectively use outreach to increase access to and utilization of comprehensive primary care and behavioral health care services in underserved communities and are accessible at www.outreach-partners.org.

## INTEGRATED HEALTH CONSIDERATIONS

The health care environment, which is always in flux, has been changing even more rapidly over the past several years, with a focus on improved integration between physical and behavioral healthcare. Some of the key drivers of these changes, with greatest relevance to CMHA-CEI and those whom this organization serves, include:

**The Triple Aim:** The emergence of the triple aim as a unifying principle across the health care sectors. The triple aim framework drives the nation's health care system to:

- Improve the patient (consumer) experience of care (including quality and satisfaction).
- Improve the health of populations (this includes the growing recognition of the need to prevent the premature death of persons with serious mental illness and/or substance use disorders).
- Reduce the per capita cost of health care (this includes reducing the inappropriate

use or over-use of a range of health care and human services to meet the needs of persons with developmental disabilities, substance use disorders, or mental illness and children and adolescents with emotional disturbance).

- *With consideration of a fourth dimension (Quadruple Aim) to improve the work life of health care providers, including clinicians and staff.

**Role of integrator:** The recognition of the need for better health care integration and coordination to fulfill the triple aim is often fulfilled by organizations playing the role of "integrators". Leading thinkers, writers, and policy makers underscore that the triple aim can be achieved only with several preconditions, one of which is an organization, known as integrator that accepts responsibility for all three aims for a given population. As described by Don Berwick, et. al. (Dr. Berwick is the former Director of the federal Centers for Medicare and Medicaid Services (CMS)), "the integrator's role includes at least five components:

- Partnership with individuals and families
- Redesign of primary care
- Population health management
- Financial management
- Macro system integration

**Increased Demand for Behavioral Healthcare:** Over the last few years, health care systems have seen a steady, sometimes dramatic, increase in the demand for a wide range of behavioral health care and developmental disability services. This increase is a result of greater access to health care coverage (Healthy Michigan Plan / Medicaid Expansion) and the growing recognition of the importance of behavioral healthcare as a core component of this nation's health care system. The continued strength, centrality, and focus of this system, one of the most advanced in the nation, is key to advancing Michigan's health care system and its ability to achieve the triple aim.

CMHA-CEI is seen as a convener and partner in the implementation of healthcare integration by providing meaningful and manageable approaches in achieving outcomes and improving the overall quality of life for those we serve. Towards this effort, CMHA-CEI Behavioral Health staff are currently embedded in many healthcare settings such as Ingham County Health Department Federally Qualified Health Centers (FQHC), Mid-Michigan District Health Department, Sparrow Family Practices, McLaren Multi-Specialty Clinic, Michigan State University Child Health Care Center, and McLaren-Greater Lansing Emergency Department. In addition, Ingham County Health Department's Birch Health Center FQHC is located inside our CMHA-CEI Jolly Rd Building with a CMHA-CEI Psychiatric Nurse Case Manager and a Behavioral Health Consultant embedded. St. John Pharmacy, a full service pharmacy, is also located on site and soon CMHA-CEI will be adding an on-site Sparrow Laboratory Service.

Local behavioral health prevention coalitions also have a unique opportunity to address substance abuse and mental illness more broadly and connect with new partners and

stakeholders through targeted outreach to improve population-level health outcomes. The existing strengths of these coalitions in working collaboratively with community stakeholders to plan, carry out, and sustain community-level interventions to promote safe, healthy, and drug free communities are assets to integration efforts.

*(SAMHSA-HRSA Center for Integrated Health Solutions, Coalitions and Community Health: Integration of Behavioral Health and Primary Care April 2013) http://www.integration.samhsa.gov/clinical-practice/Coalitions_and_Community_Health_-_Final_-_042313.pdf*

## COMMUNITY AFFILIATIONS

CMHA-CEI staff are heavily involved in the majority of community coalitions, task forces, and workgroups operating in the tri-county area and beyond. The staff play an active role on many of the affiliated networks identified below. The overarching intent of our involvement is to organize and align stakeholders and system leaders to improve the behavioral health landscape in the tri-county area. These affiliations represent a sample and include a dynamic group of stakeholders with diverse backgrounds, focused agendas, and action oriented meetings. They also provide updates, information, resources, and opportunities surrounding the behavioral health service delivery system, access to care, health and wellness promotion, training opportunities, community educational events and policy initiatives. CMHA-CEI staff leadership and participation within the initiatives identified below and many others is vital to our sustained growth in promoting behavioral health prevention and wellness promotion.

# WELLNESS PROMOTION

Health and wellness promotion is the promotion of healthy ideas and concepts to motivate individuals to adopt healthier behaviors. According to the World Health Organization, health and wellness promotion is the process of enabling people to increase control over, and to improve their overall health. Health and wellness promotion encompasses activities directed at strengthening the skills and capabilities of individuals and families, as well as activities directed towards changing the social, environmental, and economic conditions to alleviate their impact on the individual's well-being and public health. Participation is a key ingredient in wellness promotion and is essential to sustain wellness promotion initiatives.

The five priority actionable areas which support health and wellness promotion and have been identified nationally are identified below for consideration:
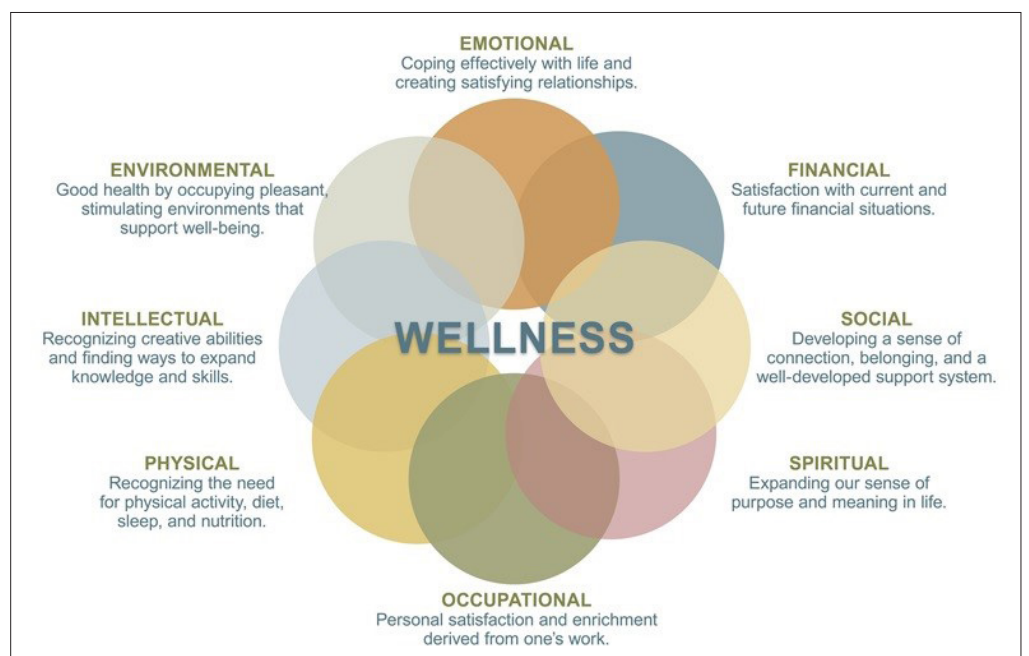
- Build healthy public policy,
- Create supportive environments for health,
- Strengthen community action for health,
- Develop personal skills, and
- Re-orient health services.

# SAMHSA'S 8 DIMENSIONS OF WELLNESS

Through its Wellness Initiative, SAMHSA pledges to promote wellness for people with mental and substance use disorders by motivating individuals, organizations, and communities to take action and work toward improved quality of life, cardiovascular health, and decreased early mortality rates. This framework is at the heart of creating a culture of health for consumers, staff, and our communities.

# WORKSITE WELLNESS

Why worksite wellness? There are numerous reasons to implement worksite wellness programs into the workplace. To begin, many individuals spend the majority of their time in the workplace. Additionally, the cost of healthcare is continually rising as result



EMOTIONAL
Coping effectively with life and creating satisfying relationships.

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being.

FINANCIAL
Satisfaction with current and future financial situations.

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills.

WELLNESS

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system.

PHYSICAL
Recognizing the need for physical activity, diet, sleep, and nutrition.

SPIRITUAL
Expanding our sense of purpose and meaning in life.

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work.

of chronic diseases in the US and worksite wellness programs can help abate this cost. Worksite wellness programs can also decrease overall cost of healthcare for participants and employers. Beyond that, worksite wellness programs are known to increase productivity, support life/work balance, improve overall health and wellbeing, reduce burnout, and lower costs.

Worksite wellness involves any workplace health promotion activity or organizational policy designed to support healthy behavior in the workplace and to improve health outcomes. Worksite wellness often comprises activities such as health education, medical screenings, weight management programs, and on-site fitness programs or facilities. These programs can be classified as primary, secondary, or tertiary health programs, depending on the goal of the specific program.

Primary prevention programs usually target a fairly healthy employee population and encourage them to more frequently engage in health behaviors that will encourage ongoing good health. Examples of primary prevention programs include stress management, exercise, and healthy eating promotion. Secondary prevention programs are targeted at reducing behavior that is considered a risk factor for poor health. Examples of such programs include smoking cessation programs, screenings for high blood pressure or other cardiovascular disease related risk factors. Tertiary health programs address existing health problems and aim to help control



or reduce symptoms or to help slow the progression of a disease or condition. Such programs might encourage employees to better adhere to specific medication or self-managed care guidelines.
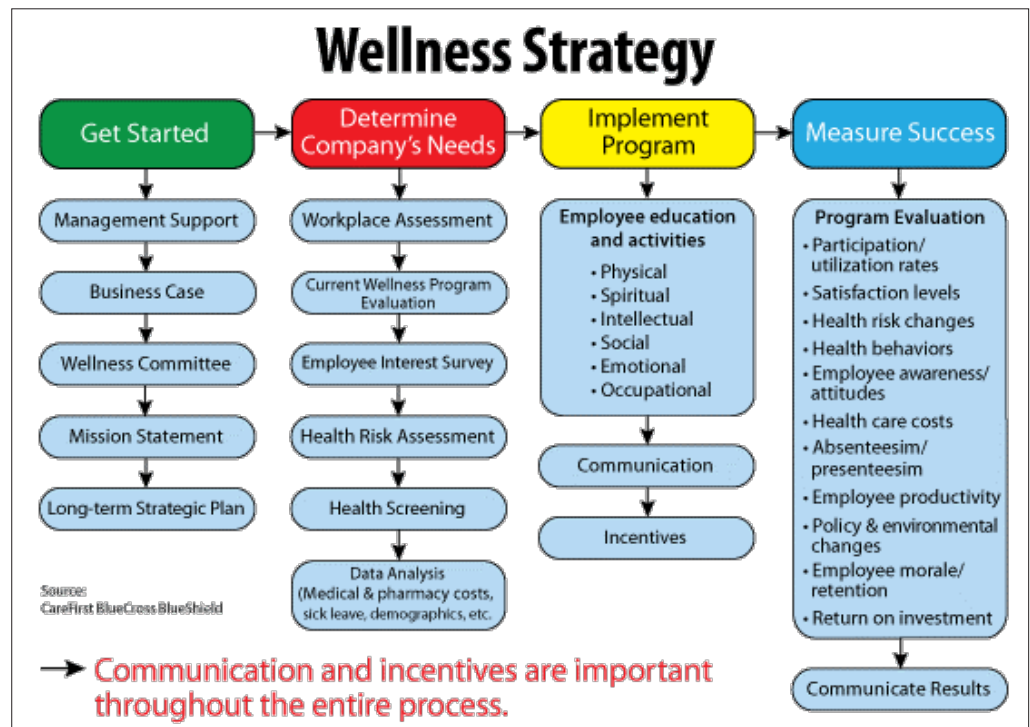
*Above is the Wellness Strategy Logic Model, developed by Blue Cross Blue Shield, that diagrams the components of a worksite wellness initiative and will assist and support CMHA-CEI's future efforts.*

# CMHA-CEI BEHAVIORAL HEALTH PREVENTION AND WELLNESS PROMOTION COMMITTEE

An internal workgroup established in May 2016 has met monthly and achieved the following outcomes:

- Developed a vision statement:
  *Our Vision is to "Promote a culture of health and wellness for those we serve, our staff, and our communities."*
- Provided recommendations and clarifications regarding staff roles and responsibilities.
- Defined behavioral health prevention and wellness promotion for CMHA-CEI.
- Identified target populations (i.e. consumers, staff, and community) for initiatives.
- Completed SAMHSA's Culture of Wellness Organizational Self-Assessment Tool to direct CMHA-CEI in improving our policies, procedures, practices, activities, services, and social and physical environments to reflect the characteristics of a wellness-focused organization.
- Drafted a formal Behavioral Health Prevention and Wellness Promotion Plan inclusive of specific recommendations/next steps.

A special thank you goes out to the members of the CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee for their knowledge and expertise in support of this plan.

**Facilitator**
Joel Hoepfner – Prevention and Wellness Specialist

**Membership**

| | |
|---|---|
| Sara Lurie | Chief Executive Officer |
| Stacy Fox-Elster | Adult Mental Health Services Supervisor |
| Matt Wojack | Families Forward Supervisor |
| Laura Lince | Clinical Services for the Developmentally Disabled -  Sr. Registered Dietitian |
| Carla Smalec | Clinical Services for the Developmentally Disabled -  Sr. Registered Nurse |
| KC Brown | Substance Abuse Services Coordinator |
| Jana Baylis | Human Resources Manager |
| Joyce Tunnard | Director of Quality, Customer Service, and Recipient Rights |
| Kelly Gluszewski | Families Forward Supervisor |
| Bridget Doyle | Human Resource Coordinator |
| Richard Coelho | Evaluation Specialist and Customer Service Manager |
| Donna Brower | Retired Payroll and Benefits Manager |
| Pat Miller | Retired Clinical Services for the Developmentally Disabled Clinical Services Supervisor |
| John Peiffer | Properties and Facilities/Maintenance Supervisor 2A |
| Kinnith Gibbs | Environmental Safety and Compliance Officer |
| Aleshia Echols | Executive Administrative Assistant |
| Ashlee Bailey | Recipient Rights Officer |
| Chelsea Hadd | Public Relations/Outreach Assistant |
| Lynn McLaughlin | Clinical Services, Prevention, and Recipient Rights Secretary |
| Jody Nelson | Families Forward Mental Health Therapist |
| Lia Sibilski | Families Forward Supervisor |

# BEHAVIORAL HEALTH AND WELLNESS GOALS, OBJECTIVES, AND STRATEGIES

**GOAL 1:** Create a Culture of Health and Wellness

a. Identify and activate healthy role models – leadership, staff, and consumers who exemplify healthy behaviors and provide recognition and opportunities to lead.

b. Provide healthier snacks, meals, beverages, and options within our services, initiatives, trainings, events, meetings, store inventory, and vending machines.

c. Promote an internal and external culture of wellness by further developing the following opportunities for consumers, staff, and community members. These opportunities include walking/yoga/challenge groups, wellness/exercise/meditation room, gym/safe space with healthy options, support for homeopathic options, community garden, community partnerships to promote health, smoke-free campus, health fairs, smoking cessation, and potential consumer activities to be used in homes, clubhouses, out in community, within their individual space, etc. **See Exhibit A – CMHA-CEI Staff Program Wellness Ideas**

d. Utilize and expand upon evidence based programming (or locally developed programming) targeting the health and wellness of consumers.

e. Create incentives for healthy behavior – within employment, benefit package, community partnerships, and service delivery systems.

f. Establish insurance vendor partnerships supporting health initiatives (sponsorship of events, activities, incentives, resource material, data, etc.).

g. Explore enhancement opportunities, recommendations, and major key themes which emerged from the completion of SAMHSA's Culture of Wellness Organizational Self-Assessment Tool. **See Exhibit B - SAMHSA's Culture of Wellness Organizational Self-Assessment Findings**

h. Conduct an agency wide capacity building and readiness assessment that surveys staff on availability of health and wellness resources, interests, needs, and skills; educate provider network and subcontractors on health resources and changes; advocate within departments to align with health and wellness culture; consider additional positions to drive planning and activity. **See Exhibit C - CMHA-CEI Staff Wellness Survey & Results**

**GOAL 2:** Expand Upon Behavioral Health Prevention, Promotion, Public Relations, and Community Outreach Opportunities

a. Enhance community awareness of behavioral health issues, align CMHA-CEI prevention initiatives and programming, and expand upon health and wellness opportunities via local partnerships and community networks, community health fair and festival participation (via outreach calendar), media campaigns, social media activity, and community education and training.

b. Promote behavioral health advocacy and outreach opportunities via formal membership with various boards, community coalitions, workgroups, councils, committees, and task forces.

c. Expand upon staff and consumer directed messages via Wellness Central Newsletter, monthly and/or weekly promotions, sharing of preventative tips, posting of wellness and motivational messaging, email blasts, and improved signage, etc. **See Exhibit D – CMHA-CEI Health & Wellness Central Newsletter**

d. Maintain a behavioral health prevention, wellness, and promotion resource warehouse for CMHA-CEI (brochures, booklets, clinical guides and tools, resource and referral listings and information, etc.) **See Exhibit E - Behavioral Health Prevention & Wellness Promotion Resource Menu**

e. Develop a Behavioral Health Communication Plan (inclusive of suicide prevention, substance abuse prevention, wellness activities, community events calendar, and other partnership opportunities) to reduce stigma surrounding access to behavioral health services and improve community health and wellness. **See Exhibit F - CMHA-CEI Communications Plan**

f. Expand utilization of online/social media outlets (Facebook, CMHA-CEI Website, etc.) to promote behavioral health prevention, wellness promotion, and community outreach opportunities.

## CMHA-CEI
BEHAVIORAL HEALTH
PREVENTION & WELLNESS
## COMMITTEE

**THINK** Positively
**EXERCISE** Daily
**EAT** Healthy
**WORK** Hard
**STAY** Strong
**WORRY** Less
**DANCE** More
**LOVE** Often
**BE** Happy

**CONTACT US**
BEHAVIORAL HEALTH
PREVENTION & WELLNESS
**Community Mental Health
Authority of Clinton, Eaton,
& Ingham Counties**
838 Louisa St, Suite B
Lansing, MI 48911
(517)346-8465

**GOAL 3:** Initiate and Promote Early Intervention Programming

a. Expand and promote enhanced screening opportunities internally (with staff and departments) and externally (website, referral sources, and other partners) to include mild to moderate and substance use disorder population focus (i.e. online behavioral health screening platform developed via MDHHS's Health Innovation Grant award).

b. Support the development of and promotion around Suicide Prevention programming, policies, and protocol (Zero Suicide, Crisis Intervention Team (CIT)

Training, etc.).

c. Establish and maintain a Tri-County Suicide Prevention Coalition focused on prevention, preparedness, and response (i.e. Tri-County Lifesavers established in October 2017).

d. Expand the utilization of trauma informed care and the development of trauma informed communities.

e. Support expanded opportunities for secondary trauma training and self-care for our consumers, staff, and community networks.

## GOAL 4: Expand the Behavioral Health Education and Training Opportunities Offered to Area Professionals

a. Continue to offer and expand Mental Health First Aid (MHFA) & Youth Mental Health First Aid (YMHFA) training opportunities. **See Exhibit G – MFHA Brochure**

b. Continue to offer and expand other internal and external professional trainings and presentations offered within the Coordination of Care dinner events, Clinical Excellence Committee trainings, Training Unit, Lunch and Learn opportunities, etc.

c. Consider how to incorporate and utilize parenting education, pro-health consumer and staff education (with literacy consideration), caregiver support, stress management, health literacy, school-based presentations, etc. Utilize a train the trainer model where possible.

## GOAL 5: Enhance Behavioral Health System Alignment Efforts, Access to Funding Streams, and Integrated Care Opportunities

a. Develop initiatives involving healthy behaviors, nutrition, enhanced screening opportunities, early intervention initiatives, and suicide prevention with consideration for SUD prevention, treatment and recovery, and mental health and primary care environments.

b. Identify formal recommendations and next steps in conjunction with the Primary & Behavioral Healthcare Integration Committee (PBHIC) and in consideration of their integrated healthcare pilots and formal action plan.
**See Exhibit H – *CMHA-CEI Healthcare Integration Overview***

## GOAL 6: Compile Data and Prioritize Data Indicators and At-Risk Populations

a. Identify target populations and behavioral health data indicators to share and communicate via community awareness campaigns, infographics, social media posts, etc. (i.e. rates of mental illness (MI), severe emotional disturbance (SED), developmentally disabled (DD); substance use disorders (SUD), substance abuse

consumption patterns and consequence data, other health indicator data (i.e. blood pressure, cholesterol, data trends, etc.).

b. Monitor, track, and trend priority behavioral health data indicators and outcome measures (i.e. development of a Behavioral Health Dashboard).

c. Connect and align with the work of the Information Integration Committee (IIC) to further data recommendations and opportunities.

## OTHER CONSIDERATIONS GOING FORWARD

1. Re-constitution of the CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee to:

   • Oversee the implementation of the goals and objectives identified within this plan,

   • Create an evaluation plan and provide regular progress reports to leadership, and

   • Strengthen the alignment between other internal workgroups (Information Integration Committee (IIC), Trauma Workgroup (TW), Primary & Behavioral Healthcare Integration Committee (PBHIC), etc.).

2. Consideration of new and expanded roles and responsibilities of Customer Service Staff, Peer Support Services, and Prevention and Outreach Staff. Examples include formalized outreach, evidence based programming/service delivery to consumers and families, system navigators, etc.

3. Development of a prevention and wellness related budgetary line to support interdepartmental, agency wide, and community related efforts and develop general rules surrounding utilization of those funds.

## EXHIBITS A – G:

Exhibit A – CMHA-CEI Staff Wellness Program Ideas

Exhibit B – SAMHSA's Culture of Wellness Organizational Self-Assessment Findings

Exhibit C – CMHA-CEI Staff Wellness Survey & Results

Exhibit D – CMHA-CEI Health & Wellness Central Newsletter

Exhibit E – CMHA-CEI Behavioral Health Prevention & Wellness Promotion Resource Menu

Exhibit F – CMHA-CEI Communications Plan

Exhibit G – CMHA-CEI Mental Health First Aid Brochure

Exhibit H – CMHA-CEI Primary & Behavioral Healthcare Integration Committee

# 50 STAFF Wellness Program IDEAS

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1. Provide your employees with healthy office snacks
2. Stop offering soda and sugar-laden drinks
3. Publish a workplace wellness newsletter
4. Participate in a community 5k or 10k run/walk
5. Hold a health fair
6. Stop offering low quality snacks
7. Create standing desks
8. Signage near the elevator reminding people to take the stairs instead
9. Swap the old junk food vending machines for a healthy micro-market
12. Bring in a specialist who offers health assessments
11. On-site yoga classes to relieve stress
10. Survey your employees to find out what is working and what is not
13. Monthly and weekly fitness challenges
14. The random acts of kindness challenge

15. Teach your employees the basics and importance of finance
16. Put up a wellness wall
17. Bring in a guest speaker to talk on wellness
18. Subsidize personal development books and courses
19. Team scavenger hunt
20. Offer discounts to a local gym
21. The mile-a-day challenge

> Companies across the nation are replacing vending machines with healthy micro-markets. Micro-markets are unattended, self-checkout mini-convienence stores in your breakroom.

> Bring in a specialist who offers biometric screenings and health assessments, and more importantly, can give people a roadmap to improved health.

22. Subsidize a wearable technology that helps staff track their activity
23. Team can drives
24. Create a mentor program

# (50) Staff Wellness Program Ideas

**25** The 8 glasses of water challenge

Incentivize drinking the daily recommended amount of water by offering prizes and adding a little competition to your staff's day.

**26** Incentivize smoking cessation

**27** Create a healthy office cookbook

A lot of larger farms offer community supported agriculture programs where you invest in their farm and they bring you fresh produce weekly. If you get enough people from your company signed up they might deliver to your office.

**28** Utilize community supported agriculture

**29** Join a co-ed sports league

**42** Reduce health insurance premiums for employees who are extra active

**30** Share personal goals on a whiteboard

**43** Tea for the soul

**31** Create flexible work hours

Kick the habit of mandated working hours and focus more on effectiveness. What matters most is the quality and effectiveness of someones work.

**32** Host an employee field day

**33** The 7 hours of sleep challenge

**44** Start a Facebook group that highlights hikes around the city

**34** Celebrate work anniversaries

**45** Host healthy lunch and learns

**35** Clothing drive

**46** Organize a bookclub

**36** 21 days of gratefulness challenge

Encourage your staff to feel grateful and happy by offering prizes and adding a little competition to your staff's day.

**37** Hire a masseuse for a day

**47** Start a community library

**38** Encourage cubical/office customization

**48** Ask staff to create a vision board

**39** Throw a costume or a themed day

**49** Make your incentives and company prizes health based

**40** Offer some cool freebies

**50** Create a wellness calendar

**41** Free company gear

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# SAMSHA's Culture of Wellness Organizational Assessment

Several enhancement opportunities, recommendations, and major key themes emerged from the CMHA-CEI Behavioral Health Prevention and Wellness Promotion Committee completing SAMSHA's Culture of Wellness Organizational Assessment. The recommendations are identified below.

**A.** Consider new participants (primary care staff, consumers, Peer Support Specialists, psychiatrists, etc.) to be added to the BH Prevention and Wellness Promotion Committee as well as our CAHA Mental Health Partnership Council over time.

**B.** Develop a centralized, coordinated, and systematic way of communicating/promoting what types of wellness opportunities exist at CMHA-CEI.

**C.** Explore opportunities for enhanced and potential routine health risk screenings and preventative services for our consumers (i.e. depression, suicide, immunizations, flu shots, cholesterol tests, blood pressure checks, cancer screens, BMI measures, etc.).

**D.** Incorporate evidence based and evidence informed wellness programs. Policies, and practices with consumers and staff.

**E.** Utilize and incorporate peer-involved/peer-led client centered educational and health self-management activation approaches (WHAM, HARP, Chronic Disease Self-Management programs, other wellness programs, etc.).

**F.** Offer inexpensive, practical, and wellness supporting incentives to our consumers and staff to encourage and activate them to learn about and experience the possible benefits of wellness related activities.

**G.** Establish a culture of wellness through leadership, communications, and wellness promoting activities for consumers, staff, and community.

**H.** Establish clinical documentation to prompt and guide clinical staff to assess, plan, and address whole health and wellness needs as a part of an integrated care service plan.

**I.** Provide basic health literacy training for all direct care staff.

**J.** Engage community resources as partners in supporting client, staff, and community wellness (YMCA, Sparrow, CAHA, IHD, Weight Watchers, Lettuce Live Well, etc.).

**K.** Expand wellness-related informational posters and brochures visible and available throughout the organization.

**L.** Enhance worksite wellness systems, protocols, supports, and incentives for staff

**M.** Establish wellness promoting policies and practices related to tobacco free campus and food and drink available to staff and clients.

# 2017 Employee Behavioral Health & Wellness Survey Results

## Demographics

**Gender:**
The majority of the respondents were female with 220 responses and there were also 54 male respondents.

**Age:**
The majority of the respondents were in the ages of 35-54 with 157 responses.

**Location of Office:**
The majority of the respondents worked at 812 E Jolly Rd with 131 of the responses. Second to that was the Ingham Counseling Center with 36 of the responses.

## Readiness for Change – Results of Question Four

The majority of the responses for question four fell into **categories 2-4**, with an **average of 3.2** for most options.

**These categories were:**

- **2** - I have considered making healthier choices
- **3** - I am seriously ready to make a change in my health and lifestyle
- **4** - I have started making healthier choices

The outliers for these results were in regards to tobacco use and alcohol use. These options mostly had "not applicable" chosen as the response.

**For those who felt it did apply to them, the most common response was:**

- **1** -  I am satisfied with the way I am now and have no desire to change

# Priorities for Programs – Results of Question Six

The results of question six show that the top 6 most prioritized and wanted programs overall are:

- On/off site fitness/physical activities,
- Nutrition/healthy eating,
- Managing stress,
- Weight management,
- Personal financial management, and
- Walking groups.

## Employee Behavioral Health & Wellness Survey Program Priorities
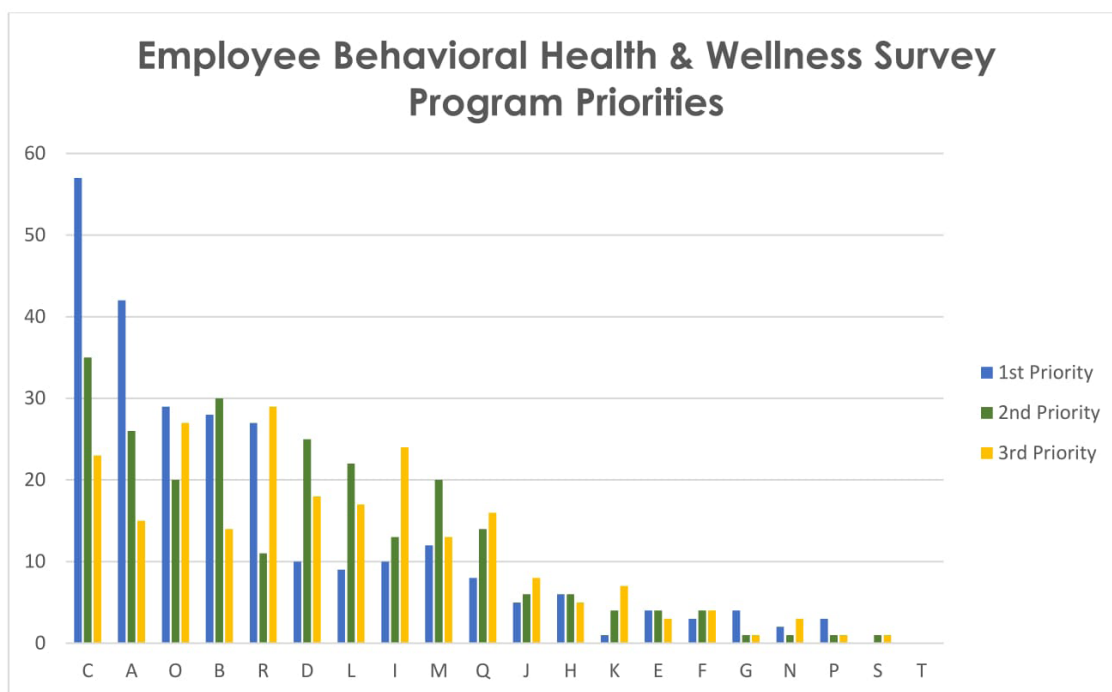


**C: On/Off Site fitness/physical activity**
**A: Nutrition/Healthy Eating**
**O: Managing Stress**
**B: Weight Management**
**R: Personal Financial Management**
**D: Walking groups**
L: Back/neck pain management
I: Women's Health Issues
M: Anxiety/depression awareness & management
Q: Ergonomics

J: Reducing the risk of heart disease/stroke
H: Men's Health Issues
K: Pre/post pregnancy planning
E: Cholesterol Reduction
F: Blood Pressure Reduction
G: Diabetes Awareness and Management
N: How to quit tobacco
P: Medical Self-Care (e.g. medication management)
S: Allergy & Asthma management
T: Safe Sex

# EXHIBIT D:

# Health & Wellness
# Central

## August 2017

**Community**
MENTAL HEALTH
CLINTON · EATON · INGHAM

**Our Vision: "To Promote a culture of health and wellness for those we serve, our staff, and our communities"**

## BEHAVIORAL HEALTH PREVENTION & WELLNESS COMMITTEE UPDATE

CMHA-CEI's Behavioral Health Prevention and Wellness Committee has completed a draft of a formal plan on behavioral health prevention and wellness promotion.

**The six major goal areas include:**
1. Create a culture of health and wellness,
2. Expand behavioral health prevention/promotion/outreach,
3. Initiate early intervention programming,
4. Expand behavioral health education/training opportunities,
5. Enhance behavioral health system alignment efforts, and
6. Utilize data/prioritize at-risk populations.

The early results of the Staff Wellness Survey had nearly 300 responsesand was very positive.

**The majority of respondents interested in the following topic areas:**
- On/Off Site fitness,
- Nutrition/Healthy Eating,
- Stress Management,
- Weight Management, and Personal Financial Management.

## SPOTLIGHT: FAMILIES FORWARD

The Behavioral Health Prevention and Wellness Committee would like to promote the efforts of our own Families Forward and highlight the worksite wellness initiative they are creating. This initiative has support from the director as well as the entire department and aligns with their overarching interests, values, mission and vision.

**The Dream Team**
Families Forward (FF) has recently established a wellness committee that refers to themselves as the "Dream Team". The Dream Team's efforts work within the "Wellness Movement" that directly supports the newly established agency vision statement:

*"To promote a culture of health and wellness for those we serve, our staff, and our communities".*

The committee has about twelve members, three of which are managers and the rest of the team includes one to two frontline staff from each unit within FF.

**A Year of Wellness**
The Dream Team has been meeting regularly to come up with a plan for a year of wellness. Their kick-off event will be held at their staff picnic in August. Activities and opportunities to support health and wellness include; yard games, a stress-ball making table, a "packet pickup station" that will include ways to set goals for wellness, and a "punch card" to reinforce people's efforts around self-care.

Individual FF staff are beginning to come up with unique ideas that are intended to create some excitement around the office in regards to the event: a wellness word cloud, a wellness word search, emails to staff, etc.

Beyond the staff picnic in August, they are planning to align ongoing efforts to specific themes of each of the 4 seasons. The first one identified is "Fall Into Wellness". Fall Into Wellness will focus on mind, body, and spirit. This is just the beginning for Families Forward and their exploration into the power of worksite wellness.

**Have a Wellness Initiative?**
If your team or department has other examples of worksite wellness initiatives that you would like to share broadly please connect with Joel Hoepfner, Prevention & Wellness Specialist at hoepfner@ceicmh.org so we can add them to CMHA-CEI worksite wellness menu.
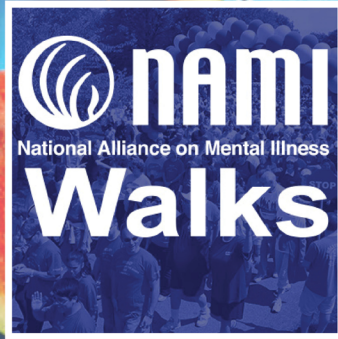
# Walk Into Wellness!

**Participating in either of these wonderful walks will help to support causes that are near and dear to all of our hearts.**

## Out of the DARKNESS COMMUNITY WALKS
### American Foundation for Suicide Prevention
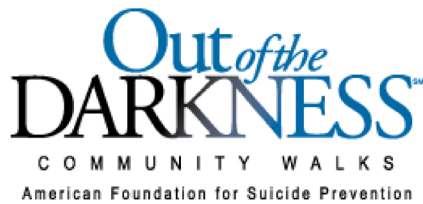
**The American Foundation for Suicide Prevention** is holding it's annual Out of the Darkness Walk to Fight Suicide on Saturday, September 16th, 2017 at 9:00 am at Hawk Island Park in Lansing, MI.

This walk is a great way to help supporters unite with the common goal of breaking the silence surrounding suicide and mental illness.

At the event there will be many activities, including art activities, a silent auction, a photobooth, a remembrance tent, and honor beads.

**CMHA-CEI will have a walking team at the Walk to Fight Suicide and is still accepting team members!**
We also have a fundraising goal of $1,500. If you would like to join our team or donate go to www.afsp.donordrive.com and search for "CMHA-CEI" in the Fundraiser Search bar. You can also email Chelsea Hadd at hadd@ceicmh.org to join or donate to the cause.

## NAMIWalks
### National Alliance on Mental Illness
### WALK 2017 for mental health.

**The National Alliance on Mental Illness (NAMI)** is holding it's annual NAMIWalks on Saturday, October 7th, 2017 at 10:00 am in Grand Rapids, MI.

With more than 80 NAMIWalks in 2017, join the movement and walk with us for mental health this year! Each NAMIWalks is a 5K event that raises awareness and funds for NAMI organizations across the country.

**CMHA-CEI will have a walking team at NAMIWalks and is still accepting team members!** A bus will pick up the team at CMHA-CEI at 8:00 am the morning of the walk. CMHA-CEI has a fundraising goal of $1,000 for this event.

If you would like to join the CMHA-CEI team or to donate to the cause, you can do so by going to www.namiwalks.org and search for "CMHCEI" in the Fundraiser Search bar. You can also email Chelsea Hadd at hadd@ceicmh.org to join or donate to the cause.

### Community
#### MENTAL HEALTH
#### CLINTON • EATON • INGHAM

# EXHIBIT E:

**Behavioral Health and Wellness Promotion Resource Menu (Mental Health & Substance Use Disorder)**

If interested in any Behavioral Health resources identified below, please follow links included or feel free to complete this form and send it to Joel Hoepfner, Prevention and Wellness Specialist at [Hoepfner@ceicmh.org](mailto:Hoepfner@ceicmh.org) for order processing.

Name and Location of Person Requesting Resources:_____

## RESOURCE MENU

1) **General Substance Use Disorder (SUD) Resources**

   ☐ # ___ Substance Use Disorder (SUD) Regional Provider Listing
   [www.midstatehealthnetwork.org/provider-network/Search-Provider.php](http://www.midstatehealthnetwork.org/provider-network/Search-Provider.php)
   ☐ # ___ The Science of Addiction – NIDA [www.drugabuse.gov](http://www.drugabuse.gov)
   ☐ # ___ Common Abused Drugs Chart – [www.streetdrugs.org](http://www.streetdrugs.org)

   Screening, Brief Intervention, Referral to Treatment (SBIRT) Resources [www.samhsa.gov/sbirt/resources](http://www.samhsa.gov/sbirt/resources)

   ☐ # ___ Audit C – Alcohol Screening Tool
   ☐ # ___ CAGE-AID – Alcohol and Drug Screening Tool
   ☐ # ___ CRAFT – Adolescent substance abuse screening tool
   ☐ # ___ DAST – Drug abuse screening tool
   ☐ # ___ ASSIST – Alcohol, Tobacco, and other Drug Screening Tool
   ☐ # ___ Drugs, Alcohol, and HIV / AIDS – A Consumer Guide, SAMHSA [www.samhsa.gov](http://www.samhsa.gov)

2) **Alcohol Resources**

   ☐ # ___ Helping Patients Who Drink Too Much: Clinicians Guide – USDHHS, NIH, NIAAA [www.niaaa.nih.gov/guide](http://www.niaaa.nih.gov/guide)
   ☐ # ___ Rethinking Drinking; Alcohol and Your Health – NIH [www.rethinkingdrinking.niaaa.nih.gov/](http://www.rethinkingdrinking.niaaa.nih.gov/)
   ☐ # ___ Spanish Version also available
   ☐ # ___ Alcohol Screening and Brief Intervention for Youth – Pocket Guide – NIAAA [www.niaaa.nih.gov/guide](http://www.niaaa.nih.gov/guide)
   ☐ # ___ Under 21? Michigan OHSP

☐   Alcoholic Anonymous Lansing Central Office - http://aalansingmi.com

## 3)  Tobacco Resources

☐   # ___ Michigan Tobacco Quit-Line Resources www.michigan.quitlogix.org/
☐   # ___ Ingham County Health Department Quit Tobacco Resources Sheet
        www.hd.ingham.org/SeekingCare/SubstanceUse/Tobacco.aspx
☐   # ___ E-Cigarettes & Vaping Brochure
        www.hd.ingham.org/Portals/HD/thetruthaboutecigs.pdf

## 4)  Marijuana Resources

☐   # ___ Marijuana Facts for Teens – NIDA www.drugabuse.gov/publications
☐   # ___ Marijuana and the Brain – MDHHS
        www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871---,00.html
☐   # ___ Brief Counseling for Marijuana Dependence: A Manual for Treating Adults –
        SAMHSA www.store.samhsa.gov/

## 5)  Prescription Drug Resources
☐   # ___ Not Worth The Risk – SAMHSA Flyer and Brochure
        www.store.samhsa.gov/home

## 6)  Narcotics – Heroin / Hydrocodone / Oxycodone

## 7)  Medication Assisted Treatment Resources (MAT) & Neonatal Abstinence Syndrome (NAS)

Buprenorphine (Suboxone) Information & National Provider Listing www.naabt.org
☐   # ___ Medication-Assisted Treatment for Opioid Addiction: Facts for Families and
        Friends – SAMHSA www.store.samhsa.gov/
☐   # ___ NAS Resource

## 8)  Stimulants - Cocaine / Amphetamine / Methamphetamine Resources

☐   # ___ Methamphetamine Brochure – MDHHS
        www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_48558-15090--,00.html

## 9)  Synthetics

☐   #___ K2 / Spice Fact Sheet
        www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_48558-15090--,00.html

**10) Co-Occurring Disorder Resources**

       Co-Occurring Disorders Information / Fact Sheets / Resources
       http://intranet.ceicmhb/execute/reference_material.asp

- ☐ # ___ PSC-Y – Youth Mental Health Screening Tool
  www.massgeneral.org/psychiatry/services/psc_home.aspx
- ☐ # ___ K-10 – Mental Health Screening Tool
  www.hcp.med.harvard.edu/ncs/k6_scales.php

**11) Suicide Prevention / Depression / Trauma**

- ☐ # ___ National Suicide Prevention Lifeline – SAMHSA
  www.suicidepreventionlifeline.org/
- ☐ # ___ Suicide Handout – NIMH
  www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml
- ☐ # ___ Depression – NIH Brochure
  www.nimh.nih.gov/health/topics/depression/index.shtml
- ☐ # ___ PHQ-9 or PHQ-2 - Depression Screening Tool
  www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
- ☐ # ___ Trauma Screening Tool

**12) PTSD / Grief and Loss / Stress Resources**

- ☐ # ___ Post-Traumatic Stress Disorder Brochure (NIH)
  www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml
- ☐ # ___ Grief and Loss Resources – Local Resource List
- ☐ # ___ Adult Stress Handout
  www.nimh.nih.gov/health/publications/stress/index.shtml

**13) Mental Health First Aid Trainings**

- ☐ # ___ MHFA Brochures (Youth and Adult) and Training Dates Flyers
  www.ceicmh.org/community-resources/mhfa

**14) Recovery Resources**

       Faces n Voices of Recovery www.facesandvoicesofrecovery.org/
       National Alliance on Mental Illness (NAMI) Michigan Chapter www.namimi.org

**15) Family Resources**

Family Guidelines Magnets – Contact CEI AMHS
☐ Pregnancy and Substance Abuse Resources – Medline Plus
www.nlm.nih.gov/medlineplus/pregnancyandsubstanceabuse.html

**16) Domestic Violence Resources**

The National Domestic Violence 24/7 Hotline # 1-800-799-SAFE (7233)
www.thehotline.org/

**17) Human Trafficking**

The National Human Trafficking Resource Center Hotline # 1-888-373-7888
www.traffickingresourcecenter.org/

**18) Gambling Resource**

☐ # ___ Know When to Fold Them – 211 Brochure
www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_48558-15090--,00.html
☐ # ___ Problem Gambling Resource – MDHHS
www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_48558-15090--,00.html

**19) Pain Management Resource**

Pain Management Health Center - WebMD
www.webmd.com/pain-management/guide/default.htm

**20) Safe Prescription Drug Disposal Resources**

☐ # ___ Take Back Medication Safe Disposal Brochure, "It's Up to You" Poster, Take Away Card, and Commit to proper disposal magnet – www.takebackmeds.org, www.capitalcountiescommit.org and www.greatlakescleanwater.org/yellow-jug-old-drugs/

**21) Health & Wellness Resources**

☐ # ___ Three Ways to Promote Wellness Poster and Fact Sheet- SAMHSA's Wellness Initiative www.samhsa.gov/wellness-initiative
☐ # ___ SAMHSA's Wellness Initiative – Brochure, Fact Sheet, etc.
www.samhsa.gov/wellness-initiative
☐ # ___ Diabetes Screening Tool
☐ # ___ Cholesterol Screening Tool

Healthy Living Resources – www.cdc.gov/HealthyLiving/

- Smoking & Tobacco Use: www.cdc.gov/tobacco/
- Cancer: www.cdc.gov/cancer/
- Alcohol & Public Health: www.cdc.gov/alcohol/
- CDC Health Disparities & Inequalities Report: www.cdc.gov/minorityhealth/CHDIReport.html
- Physical Activity & Exercise: www.cdc.gov/physicalactivity/basics/index.htm

Diseases & Conditions: www.cdc.gov/DiseasesConditions/
- Diabetes Prevention: www.cdc.gov/diabetes/prevention/index.htm
- Heart Disease: www.cdc.gov/heartdisease/index.htm

**22) 211 Resources**

Central Michigan 211 Information www.centralmichigan211.org/

**Other Behavioral Health Resource Links for Staff and Clinicians**

1. Improving My Practices, www.improvingmipractices.org – Clinical Best Practices Website for the State of Michigan
2. CMHA-CEI Reference Materials Wellness link on intranet

# COMMUNICATION PLAN

## Overview

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) intends to effectively promote themselves as a professional and community-driven organization for which mental health services can be received.

Current promotions at CMHA-CEI vary and cover many areas of service and care. This plan seeks to build upon that foundation by creating concrete themes and objectives for promotional activity within the agency. This plan, with all its themes and objectives, should be extended to all programs within the agency.

## Existing Promotions at CMHA-CEI

Currently, CMHA-CEI promotions include online methods (website, Facebook, and email), face-to-face methods (community events, participation in groups/councils), and print methods (press releases, brochures, flyers, postcards).

These methods of promotion are not used frequently/consistently and the methods used vary from department-to-department. It is the goal of this plan to help focus these promotions as well as integrate additional promotional methods to enhance and expand our efforts.

## Overarching PR/Outreach Themes

CMHA-CEI has identified 4 major themes that will guide their promotional efforts as an agency. These themes will be shaped by the implementation of the following objectives and strategies.

1. Create a positive public image
2. Establish/maintain a consistent professional brand standard for the agency
3. Increase penetration rate in targeted populations
4. Enhance community/public service opportunities

## Objectives

### 1. Expand and integrate online media into CMHA-CEI communication efforts

**Strategy 1: Utilize Constant Contact.** Currently, CMHA-CEI does not have an email marketing or contact management system. A great option for this is Constant Contact. Constant Contact will not only fill this void, but will also act as an all-in-one solution for email marketing, contact management, and online surveying.

Constant Contact allows CMHA-CEI to keep in contact with Primary Care Physicians, Consumers, Community Partners, Contract Providers, internal staffing, and more to update them on important services, events, programs, and information. Constant Contact allows CMHA-CEI to inform and interact with their audience, get a better understanding of their audience's needs, and provides a more user friendly way for the audience to stay connected.

**Strategy 2: Utilize Facebook, "All News, and other online outlets as promotional tools.** Facebook promotions can vary from promoting the page, to promoting a specific event or program. These promotions are not only cost effective, but they reach a targeted audience and have proved to be an effective form of promotion for CMHA-CEI in a few pilots.

**Strategy 3: Offer online media trainings to staff.** Frequent and informative online media trainings will help to make online media an effective and safe way to communicate with the community. These trainings will also promote brand consistency and will help to ensure that social media procedures are followed.

**Strategy 4: Update website for usability.** Usability focuses on how easy an object is to use (whether the object is a toy, instructions, a form, or a website) and always begins with testing. Usability tests will tell CMHA-CEI how easy-to-use their website is and how accessible it is. It will also offer CMHA-CEI specific suggestions for areas that could use improvement and shows where problem areas are. With the feedback and direction from the Information Services department, usability testing on CMHA-CEI's website would help to ensure that the website is accessible to consumers in the way that makes most sense for them. The ability to properly utilize and access the website is a very important part of the agency's outreach, promotion, and access efforts.

## 2. Intensify current outreach efforts

**Strategy 1: Enlist spokespersons**. To better track and facilitate the face-to-face promotions CMHA-CEI will delegate several spokespersons to handle face-to-face communication activities.

**Strategy 2: Create a procedure for internal/external risk management.** To ensure that all internal/external crisis situations are handled and communicated properly a procedure for risk management communication should be put in place. This procedure should outline who can make statements on crisis situations to the media as well as guidelines of how to talk with the media about such situations.

**Strategy 3: Coordinate outreach efforts.** The coordination of outreach efforts will help to ensure that CMHA-CEI representation is at as many events as possible and to create a coordinated plan for promotion at said events.

**Strategy 4: Create a PR/outreach menu for departments/programs to utilize when promoting their services.** The CMHA-CEI PR/Outreach Menu will contain a myriad of promotional options that are supported by the agency for use. The menu will include instructions, contacts, helpful tips, and information on how to utilize the various promotional offerings. Promotional offerings will include brochures, Facebook ads, press releases, postings on the website, posts on Facebook, billboards, newspaper ads, and more. CMHA-CEI also has media contact list available.

## 3. Enhance CMHA-CEI's public image/impression

**Strategy 1: Cultivate a good relationship with the media.** Creating a good relationship with the media is always a good move. Not only will they be more likely to publish CMHA-CEI press releases if a relationship is established, but the will also be more likely to consult with CMHA-CEI when potentially damaging stories are being written so that CMHA-CEI has a chance to set the record straight before a story goes to print.

**Strategy 2: Update promotional material**. Many of the CMHA-CEI programs have their own promotional materials. Many of these promotional materials include flyers and brochures that were created using the same template. An update to these materials will help increase visual interest, document flow, and the ability to understand the document clearly.

**Strategy 3: Update and monitor brand standards/style guide.** CMHA-CEI has a style guide that was created by GUD Marketing Services. This style guide is not as expansive as CMHA-CEI would like and needs to be updated. The new style guide would include guidelines for voice, writing style, image usage, and logo placement to name a few. Updates will also be made to font options, color options, and special request options.

# Moving Forward

CMHA-CEI will continuously work on the objectives and strategies listed above to move forward on a path towards the overarching goal of improved communication as an agency. These improvements will help create an easily accessible and welcoming environment for consumers and the community.

The objectives and strategies outlined in this plan are the stepping stones for achieving our communication themes. The plan will continue to change to accommodate the changes occurring within the agency in regards to communications and public relations.

**Community**
MENTAL HEALTH
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USA

MENTAL
HEALTH
FIRST AID

## WHY TAKE MHFA?

- Mental health problems are common.

- Stigma is associated with mental health problems.

- Many people are not well informed about mental health problems.

- Professional help is not always on hand.

- People often do not know how to respond.

- People with mental health problems often do not seek help.

BE THE 1 TO MAKE A
DIFFERENCE

## RECEIVING TRAINING

- **For training dates please visit:**
  *www.ceicmh.org/community-resources/mhfa*

- **To register online visit:**
  *http://mhfatrainingcmha-cei.eventbrite.com*

- **To register on the phone:**
  Contact our Prevention Secretary at 517-887-5234 for assistance.

**If you are paying by check, please send $25 payable to "CMHA-CEI" adding in the memo line who is attending and MHFA to:**

Community Mental Health – CEI
c/o Prevention Secretary,
838 Louisa St. Suite B
Lansing, MI 48911

*Once you have registered, you will receive a confirmation via email from Eventbrite. If you have questions and/or do not receive confirmation within 24 hours, please contact the Prevention Secretary at 517-887-5234 or the Training Coordinator via email at hoepfner@ceicmh.org.*

**Adult Mental Health First Aid**
(focus is on the adult population)

**Youth Mental Health First Aid**
(focus is on adolescents ages 12-18)

SAVE LIVES
*& build stronger communities*

**Community**
MENTAL HEALTH
CLINTON • EATON • INGHAM

812 E. Jolly Road
Lansing, MI 48910

## KNOW THE SIGNS,

## *learn the actions,*

## & BE A *lifeline.*

### YOU WILL LEARN:

- *Potential Warning Signs & Risk Factors*
- *5-Step Action Plan (ALGEE)*
- *Impact of Mental Health & Substance Use*
- *Local Community Resources*

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## ABOUT THE COURSE

*Mental Health First Aid is the initial help given to a person showing symptoms of mental illness or in a mental health crisis.*

Mental Health First Aid may be utilized until appropriate professional or other help, including peer and family support, can be engaged.

Youth Mental Health First Aid is primarily designed for adults who, regularly interact with young people (ages 12-18).Youth Mental Health First Aid teaches adults to help adolescents who are experiencing a mental health or addictions challenge or is in crisis.

*Both these 8-hour courses prepare members of the public to provide Mental Health First Aid to those in need. This course is delivered by certified Mental Health First Aid USA instructors who completed a 5-day training and meet other certifications.*

MHFA is provided in partnership with:

**AMERICAN FOUNDATION FOR**
Suicide Prevention

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## CONTINUING EDUCATION CREDITS

CMHA-CEI is offering up to 7.5 Continuing Education Credits for Nurses, Social Workers, and Substance Abuse Professionals. Teachers may qualify for 7.0 SCECH for a very small fee. Please inquire if you would like more information about earning the SCECH credits.

**Nursing**
CMHA-CEI (OH -336, 3/1/2018) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Social Work**
CMHA-CEI is an approved provider with the Michigan Social Work Continuing Education Collaborative.

**Substance Abuse Professionals:**
CMHA-CEI is approved by MCBAP. Substance Abuse Professionals may receive a maximum of 7.5 "related" educational contact hours.

### Cost: $25.00

(Includes one day course, MHFA manual, lunch, and CEUs - Scholarships may be available upon request to help cover the fee)

### Timeframe and Location:

Full day training from 8:30am to 5:00pm (must attend full 8 hours to get certificate) held at CMHA-CEI's Atrium, 812 E. Jolly Road Lansing, MI 48910.

NOTE: Due to the popularity of MHFA, payment must be received by CMHA-CEI prior to the date of training. Refunds will only be made available to those individuals who request a refund at least 7 days prior to the actual training session.There is a minimum of 10 and a maximum of 30 seating limit per training. If less than 10 are registered class will be cancelled.

**Community**
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# Primary and Behavioral Healthcare Integration Committee

**Fiscal Year 2018 Workplan Overview**

## CMHA-CEI Healthcare Integration Vision

CMHA-CEI is a convener and partner in the implementation of healthcare integration by providing meaningful and manageable approaches in achieving outcomes and improving the overall quality of life for those we serve.

## Areas of Growth to Achieve Our Vision

- Define staff roles as a driver of integrated health and better outcomes across the organization.
- Expand care coordination efforts by building staff knowledge to manage and act upon physical health measures.
- Build competencies and measure effectiveness in delivery of behavioral health consultant services in integrated care sites.

## Fiscal Year 2018 Next Steps

- Development of the Information Integration Committee
- Implement Care Coordination Pilot Projects in each clinical department as defined in Fiscal year 2017
- Evaluate outcomes
- Revise/expand efforts based on outcomes

# Pilot Projects

## Families Forward

**Goals:**

1. Addressing asthma/COPD for all new consumers entering services.
2. Staff will integrate goals around asthma into Tx plan.
3. Staff will assist families in better understanding the behavioral health/physical health relationship.
4. Staff will increase communication with Primary Care Physician (PCP) staff.

**Identified Population:**

All new consumers of Families Forward services who endorse asthma as a current health condition when completing the health screening questionnaire at intake.

**Strategies:**

1. All staff will be trained in asthma/COPD and behavior aspects of managing
2. Staff will review asthma care plan provided by healthcare staff with parents/guardian.
3. Staff will document discussing asthma with identified families 3 times per quarter.

**Outcome Measures:**

1. Baseline measure of Asthma/COPD related ED visits established.
2. 100% of clinical staff trained in discussing behavior aspects of managing asthma/COPD with families.
3. Increased staff competency in discussing and documenting asthma/COPD as part of the Tx plan and progress notes as evidence by chart reviews.

## Adult Mental Health Services

**Goals:**

1. Increase clinician knowledge base and documentation of physical health indicators.
2. Increase of coordination of care between CMHA-CEI and PCP.

**Identified Population:**

Dx of hypertension (HTN) and receiving services through OCMS and Birch Health Center.

**Strategies:**

1. Staff training in HTN – including how to take a blood pressure.
2. Documentation of BP taken on a regular basis and shared with Birch PCP.
3. Education and motivational interviewing used with identified consumers and documented in HER in a consistent and meaningful way.

**Outcome Measures:**

1. 100% of clinical staff trained in risk factors, prevention, and behavioral change which would be helpful for identified population with HTN.
2. Amount of blood pressure readings will increase by 50% for identified population compared to the baseline measurement year.
3. Education or use of motivational interviewing surrounding behavioral change related to HTN will occur at least once a month for 100% of the identified population.
4. Blood pressure flow sheets will be shared with the Birch Health Center on a monthly basis 100% of the time for the identified population.

## Substance Abuse Services

**Goals:**

1. Increase education for consumers at the House of Commons (HOC) Residential Treatment Center who are diabetic and are insulin dependent.
2. Ensure the above individuals have a primary healthcare site upon discharge from the facility in order to increase compliance and success in managing their disorder.

**Identified Population:**

Consumers at HOC who are insulin dependent.

**Strategies:**

1. The HOC RN will meet with each consumer with diabetes to review the disorder; review medication management and answer any concerns and document this in a note.

2. The primary clinician will work with the consumer to include a goal on the treatment plan to manage diabetes, which includes medication compliance and proper management of levels (diet, glucometer readings).
3. The consumer will be referred to a local diabetic education series.
4. If the consumer does not have a PCP, the program will work to assist in establishment of one and then coordinate care. Coordination will occur with existing PCPs.

**Outcome Measures:**

1. 90% of consumers admitted to HOC will be connected with a primary care physician upon discharge.
2. Increased consumer knowledge of diabetes management as evidenced by completing pre/posttest.

# Community Services for the Developmentally Disabled

**Goals:**

1. Decrease usage of local emergency departments (ED) for health care related needs and identify key issues currently being addressed via ED usage.
2. Increase linkage to PCP for more comprehensive and sustainable healthcare.

**Identified Population:**

Consumers served within the Supported Independence Resource Team (SIRT) – this group is comprised of 160-180 individuals with I/DD diagnosis and fewer connections to traditional CSDD related supports.

**Strategies:**

1. Using a report developed by the IS department, case managers, will verify connection (or lack thereof) to a Primary Care Physician for all individuals supported via SIRT.
2. Case managers will meet individually with consumers to assess the accuracy of the report, appropriateness of the current physician connection (and/or explore potential barriers to connections), and provide education of possible physician options if currently lacking such a connection.
3. If connection with a PCP is required, mental health workers within the unit will facilitate further linkages. Case managers will update the HER to reflect accurate status.

4. On a quarterly basis, Life Consultation Administrative staff will pull reports to (1) assess data related to usage of local EDs and (2) determine key issues presenting as in need of care. Data will be linked back to the case manager for further review and follow up, as well as for ongoing education of alternatives involving PCPs.
5. Case managers will use all data and subsequent meetings with consumers to link to the Person Centered Plan and associated treatment plans per individual need.

**Outcome Measures:**

1. Baseline measure of consumers lacking primary care physician established.
2. Baseline measure of consumer ED usage and causes established.
3. Increased staff competency in discussing and documenting health condition as part of the Tx plan and progress notes as evidence by chart reviews.

## Healthcare Integration Programs – Sparrow/MSU Family Medicine Residency Program

**Goals:**

1. Increase number of clinic patients accessing behavioral health services.

**Identified Population:**

All active (Medicaid) patients at both Lansing and Mason clinics.

**Strategies:**

1. Establish new contract with Sparrow/MSU Family Medicine residency program that allows for increased staffing in two clinics.
2. Development of presentation for providers to educate on the Behavioral Health Consultant model and how it enhances the provider's clinical practice.

**Outcome Measures:**

Demonstrated capacity to provide integrated care through reporting total number of patients served, in relation to total number of active clinic patients.

# Community
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