

COMMUNITY MENTAL HEALTH

CLINTON • EATON • INGHAM



Opportunities. Choices. Changes.

Customer service representatives, like **Mary Elizabeth Davis** and **Karen Turner** (pictured on the cover), advocate for consumers in many ways. As mental health consumers themselves, they offer a unique perspective on the issues and problems many consumers face and how to solve them.

The Customer Service Representative (CSR) position created in 2002 was intended to be filled by a mental health consumer. The job is currently shared by Ms. Turner and Ms. Davis. Assisting consumers with complaints, concerns, or problems; follow-up work with consumers; communication with staff and others; correspondence and phone contacts are just some of their tasks as CSRs.

Both Ms. Davis and Ms. Turner have attended conferences on Self-Empowerment, Recipient Rights, and Person Centered Planning/Self-Determination. The two meet regularly with other CSRs to develop and implement strategies and programs for consumers in their own community. One program now in place is *Person-Centered Planning Training*, which is offered to consumers monthly and conducted by CSRs. Another program in development is the *Mystery Shopper Program*, to be implemented first by the CSRs, and later expanded to include consumers.

Community Mental Health of Clinton,  
Eaton and Ingham Counties (CMH-CEI) is  
committed to providing quality services  
and achieving the best possible outcomes  
for individuals, families and the community.



COMMUNITY MENTAL HEALTH  
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## Working Together Side By Side

### Board of Directors

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*In the year 2002, Community Mental Health of Clinton-Eaton-Ingham Counties (CMH-CEI) took on a number of new challenges—seeking some, making the best of others, and working to overcome a few.* CMH-CEI faced another round of tough, budget-related decisions (cuts have totalled over \$10 million in the past 4 years) and, with the leadership of the Board of Directors and the cooperation of consumers, labor, contractors, and management, crafted a balanced budget. While the resulting budget involved sacrifice by all, the core values and responsibilities of the organization were retained—those that focus on meeting the needs of the most vulnerable citizens in our community.

Even in the face of significant budget constraints, CMH-CEI was involved in a wide range of cutting edge initiatives, described in the pages that follow. From innovative housing options for persons with disabilities to greater opportunities for consumers in a range of employee roles; from expanded substance abuse treatment options to the development of inclusion “hubs” from which consumers depart for a wide range of community activities; from intensive family-based early intervention and treatment programs for at-risk pre-school children to strengthened on-line capabilities for staff, consumers, and those seeking employment or information at CMH-CEI.

While partnerships have always been a key tool in the CMH-CEI repertoire, the development of an eight county affiliation represented one of the most far-reaching collaboratives attempted, by this CMH, to date. This effort, known as the CMH Affiliation of Mid-Michigan, links Clinton, Eaton, and Ingham Counties with Gratiot, Ionia, Manistee-Benzie, and Newaygo Counties. This affiliation (*discussed on page 8*) works to promote best practices across its members and creates efficiencies of scale, yet preserves local autonomy. The affiliation has developed a synergy in design and implementation along with a unity of purpose, while reinforcing the value of the local community and its role in setting the course for service delivery.

*We close 2002, having weathered together challenges that would have paralyzed other organizations.* We look toward 2003 with the knowledge that the strength and creativity that we relied upon to successfully take on challenges in the past have grown, placing us in good stead for the challenges that lie ahead. On behalf of Community Mental Health of Clinton, Eaton, and Ingham Counties, we ask you to work with us—*side by side*—in our efforts to provide opportunities, ensure meaningful choices, and foster productive changes in our community and in the lives of those whom we serve.

  
Pamela Stants  
*Board Chairperson*

  
Robert Sheehan  
*Executive Director*



## John Berres, MSW – **CMH-CEI Employee of the Year 2002**

**John Berres, MSW**, has been an employee of Community Mental Health of Clinton-Eaton-Ingham Counties for over 17 years. He currently works as a Senior Mental Health Therapist in the Housing Outreach Program (HOP), part of Adult Mental Health Services. Mr. Berres provides case management services to adults with severe and persistent mental illness as well as chronic difficulties with housing, and is known for his dedication to providing top notch services to consumers. He has helped countless individuals in establishing goals for the future, refining their daily living skills, linking them with community resources, and assisting them in obtaining and maintaining stable housing.

Mr. Berres also facilitates the Shelter Plus Care Program, a joint venture between the Lansing Housing Commission (who administers housing vouchers for one bedroom apartments) and CMH-CEI (which provides supportive services to persons with mental illness who are homeless). He assists eligible CMH-CEI consumers in applying for and obtaining housing vouchers with the goal of maintaining permanent affordable housing.

Known for his professionalism, reliability and sense of humor, Mr. Berres never hesitates to take on another team member's responsibilities when a need arises. He is well respected by peers, consumers, and the community at large for his knowledge, caring heart, and commitment to the chronic and persistently mentally ill population. Mr. Berres' contributions to CMH-CEI and the community make him a well deserved recipient of the Employee of the Year Award.

*John Berres established a men's group for HOP consumers, organizing and providing safe, enjoyable outings; he has also been the main organizer of an annual trip for consumers to Tiger baseball games (recently switching to the Lansing Lugnuts!).*



## Pamela Stants – **CMH Consumer and Board Chairperson**

In 2002, CMH-CEI unanimously elected **Pamela Stants** as the first CMH-CEI consumer statewide to head its Board of Directors. Ms. Stants' considerable experience in advocating, both locally and statewide, on a range of mental health issues, made her a highly effective Board Chairperson. A trainer on mental health issues, Ms. Stants has spoken to hundreds of citizens across the state in workshops sponsored by the Michigan Department of Community Health, the Michigan Association of Community Mental Health Boards, and other human service organizations.

Prior to serving as its chairperson, Ms. Stants was a member of the CMH-CEI Board of Directors for the past six years and served, for two years, as the Chair of its Recipient Rights Committee. She serves on the Executive Committee of the Michigan Association of Community Mental Health Boards and is active on its Member Services Committee.

Serving as the chairperson of a Board of Directors was not new for Ms. Stants. Prior to taking the reins of the CMH-CEI Board, she had recently completed her tenure as the president of the Board of Directors of the Lansing-based Capital Area Center for Independent Living.

*"I am proud to be the first consumer to represent CMH-CEI as its Chairperson. I believe that even though we fight difficult illnesses, some of us still have the ability to be leaders in this community."*

Creative, collaborative, consumer-driven

## Providing New Opportunities

*A cooperative effort fosters:*

- *a vision of opportunity;*
- *experimentation with approaches to making the most of an opportunity;*
- *the assurance of second chances; and*
- *the realization of the opportunity itself.*

*One of the missions of CMH-CEI is to create opportunities for persons who have, all too often, been denied those opportunities.* These opportunities may include: living on one's own (*with and without assistance*), trying out a new job, developing parenting skills, succeeding at school (*or going back to school*), rekindling relationships severed by substance abuse, or making a dream a reality. These opportunities may come about after years of hard work and struggle, appear suddenly, or result from the transformation of a difficult situation. CMH-CEI works as a co-creator of opportunities, with the consumer taking the lead. CMH-CEI also works in partnership with a host of others—family, friends, landlords, employers, teachers, members of the faith community, law enforcement, the judiciary, and other health care and human service providers—in the development of new opportunities for the consumer.

*Belinda, a CMH-CEI consumer, attends a class at the Hen House sewing store in Charlotte. She has been going for several months and enjoys everything about it. The ladies at the store are very nice and helpful to her. They engage her in conversation and treat her like "one of the girls." The owner of the store feels that Belinda fits in fine with the group and advised her staff that she is more than welcome to come to class without accompaniment by CMH-CEI staff.*



## Ensuring Meaningful Choices

*CMH-CEI is committed to continually improving the quality of life in local communities. Listed here are a few of the successes from the year 2002.*

Early Intervention Services broadened its collaborative network in 2002 by forging closer links with *Head Start*, embarking on three projects which provide service alternatives for CMH-CEI children and families, including:

- Home visits to families with children, birth to 3 years old, as well as involving the children in full-time center-based programs;
- A fatherhood initiative developed by CMH-CEI employee, Barry Kaufman, Ph.D.; and
- Bright Futures, a therapeutic day treatment program, jointly funded by *Head Start* and the Ingham Intermediate School District, for children 3- to 5-years-old who have attachment issues and are disruptive in child care placements.

Family Guidance, a home-based children's program, was one of two community mental health programs in Michigan recognized in 2002 for having above average outcomes in their work with severely emotionally impaired children and their families. This recognition stems from state-wide outcome research sponsored by the Department of Community Health, using the *Child and Adolescent Functioning Assessment Scale*.

The three-year, federally funded Safe Schools/Healthy Kids Initiative came to a successful conclusion in 2002. Over the course of the grant, mental health therapists involved with the School and Family Empowerment (SAFE) program provided crisis intervention, assessment, referral and ongoing mental health treatment to hundreds of adolescents in Lansing schools.

3 Satellite Drop-in Centers were opened in Charlotte, Mason and St. Johns that allow consumers to more fully participate in activities in communities near their homes.

A home-based program was created for elderly consumers and those who are physically unable to attend a traditional day program on a regular basis. The program eliminates the need for long bus rides each day to participate in community activities.

CMH-CEI received Federal Block Grant funds to employ consumers as staff on case management teams; to bolster staff training in dual diagnosis work (mental illness/substance abuse); and to integrate the arts into treatment.

Two new residential homes were built in 2002.

CMH-CEI's House of Commons was awarded a residential program grant from the Mid-South Substance Abuse Commission to serve non-criminal justice clients in the tri-county region. This program offers a continuum of care for detoxification and then stabilization with up to 90 days residential programming at the HOC.

The probate courts of Clinton, Eaton and Ingham counties asked Community Services for the Developmentally Disabled staff to provide support for 72 guardianship hearings, including testing and testimony regarding the need for guardianships.

Grant money from the Michigan Department of Community Health funded the expansion of the Juvenile Justice and Mental Health Screening and Assessment Project. Two full-time mental health therapists now work with the Family Courts of Clinton, Eaton and Ingham Counties, screening youthful offenders for serious mental health concerns and making the appropriate referrals.

A new computer infrastructure upgrade was undertaken in 2002—including phasing out the IPX communication system and implementing Microsoft networking technology—to support the new Echo Software for the Affiliation.

The Human Resources Department was actively involved with the development of the agency's first on-line employment web site.

## ...In the Midst of Hard Times



215 Community inclusion sites, including new locations in Clinton, Eaton, and Southern Ingham counties, offer consumers opportunities such as adult education, visiting people in nursing homes, shooting billiards at the VFW hall, playing basketball at a local church gym and many other activities.

The number of Community Services for the Developmentally Disabled consumers working in supported employment topped 200 for the first time in 2002.

A CMH-CEI self determination steering group developed policies for the implementation of self determination and began involving more consumers in this planning process.

The Methadone Program gained accreditation from the Joint Commission on Accreditation of Health Organizations. 2002 was the first year the federal government requested that all out-patient methadone programs have a stand alone accreditation with separate criteria/standards in methadone treatment/maintenance.

The Mid-South Substance Abuse Commission granted a proposal that met the need for a Case Manager for individuals at risk in the Co-occurring and Methadone Programs. Funding began Oct. 1, 2002.

Utilization Management became an independent senior team, completing their first fiscal year of level of care reviews for outpatient case management.

*While CMH-CEI's successes this year are impressive in their own right, the fact that they even occurred is remarkable given that they came about in the face of tremendous financial pressures—pressures that have caused significant reductions in the availability of mental health services to citizens of this community.*

Over the past four years, as a result of stagnant state funding for mental health care, CMH-CEI has cut its budget by \$10 million:

- \$600,000 in FY 2000,
- \$1.7 million in FY 2001,
- \$4.6 million in FY 2002; and
- \$3.1 million in FY 2003.

These cuts could have been avoided, in their entirety, had the state provided modest cost-of-living increases to CMH-CEI (2.9% annually) over those years. The size of such cost increases is in sharp contrast to the increases experienced by other health care providers and health care insurers during the same period—increases ranging from 4% to 30% per year.

These budget cuts have caused the elimination of office-based outpatient psychotherapy/counseling for adults without Medicaid; cutting in half the available office-based psychotherapy/counseling for children; significant reduction in clinical services (nursing, nutrition, occupational therapy, psychology) available to persons with developmental disabilities; and burgeoning clinical caseloads. *These cuts, taken over the past four years, have resulted in the withdrawal of mental health care from hundreds of tri-county citizens.*

*While this Annual Report celebrates the successes of the past year, it is also a sobering call for sufficient state support—support that has been lacking over the last four years—for a system upon which so many tri-county residents rely.*

## Disaster Response Team Prepared Should Need Arise

*During the past year, the Disaster Response Team (DRT) has tested their skills in mock disasters including a dam break, airline crash, pipeline leak, and tornado. In an actual disaster, DRT members would work 12-hour shifts to coordinate the efforts of all human services agencies involved.*

***Sounding the civil distress sirens on the first Saturday of each month is just one component of the city's efforts to test their disaster management system. People throughout the city—the Mayor, Police Chief, Fire Chief, Emergency Management Director and CMH-CEI staff to name a few—stand ready to report to the city's Emergency Command Center should the need arise.***

CMH-CEI's members of the city's Disaster Response Team (DRT) meet each month with representatives from various city offices, law enforcement, fire departments, the American Red Cross, the Capital Area Critical Incident Stress Management Team and many others, to provide a forum to share information, provide input, and develop protocols that will ensure—in the event of an actual disaster—that the mental health needs of the residents of our community will be adequately addressed in a timely fashion. This collaborative approach also works to ensure services “mesh” with the efforts of the many service providers throughout the community.



*Dick, a CMH-CEI consumer, enjoys a close relationship with his father. Dick's dad used to drop in at the work shop, and Dick would spend occasional weekends at home with his father. Today, Dick sees his dad at a nursing home 2-3 times each week, with help from CMH-CEI staff. These visits are made possible by CMHs Charlotte Satellite, and have helped make the change to the Charlotte program much more pleasant for Dick.*





### Martha Kwant – **2002 Gilbert W. DeRath Humanitarian Award**

**Martha Kwant**, an employee of CMH-CEI's Community Services for the Developmentally Disabled program, received the 2002 Gilbert W. DeRath Humanitarian Award. Ms. Kwant was recognized as a humanitarian with a big heart for children and a knack for getting things done.

Ms. Kwant sits on the Board of Directors of a non-profit housing corporation in the city that rehabilitates older homes in an effort to make affordable housing available to people in our community. She is extremely knowledgeable about MSHDA loans, housing subsidies, HUD financing and the use of various funding programs designed to assist people in purchasing housing. Martha assisted a woman with severe disabilities in becoming a home owner long before it was "popular" to do so. She worked many hours beyond those that CMH-CEI paid her for to make sure that home ownership would be a reality for this person.

In addition to her responsibilities at CMH-CEI, Ms. Kwant is also a Red Cross disaster volunteer. She spent two weeks in New York City working with victims of the September 11, 2001 terrorist attack. She advocated and fought for people who could have easily been lost in the maze of relief efforts.



### Joel Weiss – **2002 Myrtle Yoshinaga Award**

**Joel Weiss** has been the Coordinator for the Charter House Program, a program for adults with severe mental illness, for the past several years. Charter House is a distinctive and distinguished rehabilitation program serving approximately 70 adults with chronic mental illness. The emphasis of the program is to provide a place where people can improve their skills, gain new skills, increase their self-confidence, identify their vocational interests, and build on abilities and strengths. The program provides lifelong support, if needed.

Mr. Weiss has been considered to be the "core of excellence" at Charter House, involving himself with members of the clubhouse as well as staff in creatively changing the program schedule to accommodate Medicaid and Department of Community Health guidelines.

Mr. Weiss encourages employment opportunities—both within the agency and out in the community—because he believes people with serious mental illness *want* to work and are capable of work, given sufficient support and the necessary accommodations.

Mr. Weiss' sense of humor and compassion for members has a phenomenal impact. He gives of his time, has patience to listen, and genuinely cares about members' lives. This award recognized Mr. Weiss for his clinical excellence, and also for his dedication to all of the members and staff at Charter House.

# Fostering Productive Changes

*Community Mental Health of Clinton, Eaton, and Ingham Counties joined forces with the CMHs of Gratiot, Ionia, Newaygo, and Manistee-Benzie Counties to form the CMH Affiliation of Mid-Michigan.*

This collaborative relationship allows each CMH group to draw on the best practices and most innovative approaches in place in the eight county region, attaining efficiencies only available through such collaborative efforts while ensuring that local control and responsiveness are maintained.

*The care management model used by the Affiliation is akin to a provider-sponsored plan in that the CMH affiliates:*

- Are responsible for managing a capitated reimbursement rate;*
- Employ risk-management methods in serving the recipients in their community;*
- Directly provide or purchase services for Medicaid eligible individuals within their community based upon consumer choice, quality, and cost; and*
- Capture and reinvest savings created by sound clinical, fiscal, and risk-management procedures.*

In addition to fostering innovation and efficiency, this collaborative approach ensures that these CMHs meet the size requirements of the Michigan Department of Community Health (DCH) and the federal Center for Medicaid and Medicare Services. In order for a CMH to continue to serve as the care manager (pre-paid health plan) for the state's Medicaid mental health program, a CMH or an affiliated group of CMHs must have over 20,000 Medicaid enrollees in the geographic area served by the affiliated CMHs. The new affiliation will have over 70,000 Medicaid enrollees in its service area, making it one of the largest specialty Medicaid care managers in the state. All members of the Affiliation will fulfill both care manager and service provider roles in the fulfillment of the contract with DCH.

The Affiliation's formation was driven by the similarity of values among the Affiliation members. *"This federation will be virtually transparent to consumers and other stakeholders, retaining the long-standing relationship of each CMH with its community,"* said Robert Sheehan, Executive Director of Community Mental Health of Clinton, Eaton, and Ingham Counties. *"Local participation and decision making, consumer choice and empowerment, strong clinical and fiscal operations, maintenance of the direct link to each county commission, and the ability to rapidly respond to local community needs are the hallmarks of this partnership."*

The Affiliation is a hybrid of provider-sponsored organizations/plans (PSO, PSP), staff model HMOs/PHPs, and network model HMOs/PHPs. This model applies a growing body of research, by the Robert Wood Johnson Foundation and others, regarding the use of tight-knit provider and payer/care manager systems to ensure the highest total quality care at the lowest total cost for persons suffering from chronic health conditions, such as serious mental illness and developmental disabilities.

# CMH Advisory Councils

Affiliation of Mid-Michigan  
Consumer Advisory Council

*The Affiliation Consumer and Stakeholder Advisory Council made up of representatives from each of the member CMHs, ensures that the work of the Affiliation is guided by the voice of the consumer, and:*

- *reviews & recommends policies;*
- *analyzes performance data and utilization/service authorization data; and*
- *supports & promotes consumer empowerment efforts.*

*The Council also serves as the communication link between consumers throughout the region and the Affiliation.*

## Children's Services

**Director:** Al Way

**First Chair:** Lee Tobar Hazaert    **Second Chair:** Virginia Kenney-Sweet

**Board Liason:** Janice Tower

**Members:** David Buck, Bud Burgess, Robin Laurain, Bobbie Lemon, and Anna Macielinski

## Substance Abuse Services / Corrections Mental Health

**Director:** Judi Cates

**CSS Liason:** Bud Burgess

**Board Liason:** Janice Tower

**Members:** Sharon Bahl, Craig Harris, Terry Jackson, Joyce Larkin, Gene Moyer, Diane Noga, and Betty Smith

## Adult Mental Health Services

**Director:** Michael Brashears

**First Chair:** Cathy Johnson    **Second Chair:** Sharon Allaire

**Board Liason:** Pamela Stants

**Members:** Bud Burgess, Greta deWolf, Carol Kennedy, Elaine Knox, and Maryette Richards

## Community Services for People with Develop. Disabilities

**Director:** Ken Slater

**Board Liason:** Carol Ranville

**Chairperson:** Blake Miller

**Members:** Ramona Adams, Lauri Esch, Carol Ferris, Lillian Flannery, Joanne Gager, Jan Gormely, Beverly Lockhart, Eleanor Luecke, Joanna Smith, Teri Tregloan, Fee Fong Wessel, and Ron Zimmerman



# Reinvesting in the Community

Community Mental Health of Clinton, Eaton, and Ingham Counties is committed to continually improving the quality of life in local communities. To that end, we aggressively seek funding from a wide range of revenue sources, including federal, state, and local governments, private insurance carriers, and other purchasers of mental health services, and then reinvest those funds in the community—serving area citizens and creating local jobs. In 2002, CMH-CEI reinvested over \$68 million in the tri-county community, in services to 11,140 residents. With more than 800 employees, CMH-CEI is the 15th largest employer in the region and, through contracts with other providers (totaling over \$20 million annually), creates an additional 500 jobs in our community.

*While the organization is fiscally sound, stagnant state and federal funding have severely limited CMH-CEI's ability to meet the mental health needs of the residents of the tri-county community.*

## Revenues

Federal Funds .....	\$1,688,437
State of Michigan .....	\$15,438,169
Local .....	\$4,310,277
Earned Contracts .....	\$2,082,198
SSI/SSA/Food Stamps .....	\$1,091,199
Fees .....	\$471,769
Interest Income .....	\$93,481
Long Term Debt Proceeds .....	\$1,603,007
Risk Reserve .....	\$200,000
Medicaid .....	\$41,315,353
<b>Total Revenue .....</b>	<b>\$68,293,890</b>

## Expenditures

### **Services to Adults with:**

Developmental Disabilities .....	\$29,240,945
Mental Illness or Other Mental Health Needs .....	\$18,189,588
Substance Abuse Problems .....	\$4,082,827

### **Services to Children with:**

Developmental Disabilities .....	\$1,956,106
Emotional Disturbance and Mental Illness .....	\$6,613,393
Central Access, Emergencies, Utilization Management .....	\$1,653,430
Board Administration .....	\$5,876,298
Local Match .....	\$868,872
<b>Total Expenditures .....</b>	<b>\$68,480,959</b>

“My counselor is on the same wavelength as me. She gives good advice, but isn't pushy with it. Thank you for Gwen!”

“I am so grateful that the services offered by CMH-CEI were available to me and my family. I don't know how I would have been able to cope with my situation without the services and ongoing support of CMH staff.”

“I really look forward to our sessions with Myrna Kleis-Miller, our CMH family support worker. She has been a tremendous emotional support to the entire family and always guides us in a positive direction.”

“I think home visits are great!”

### 2002 CMH-CEI Customer Satisfaction Survey

	2001	2002	% Change
CMH-CEI responded promptly to my request for services.	89%	91%	+2%
CMH-CEI staff help me get the right service for my problem.	91%	93%	+2%
CMH-CEI staff understand my needs and situation.	89%	89%	0%
CMH-CEI staff have the knowledge and skills to serve me well.	90%	92%	+2%
If a friend or family member were in need of similar services, I would recommend CMH-CEI.	89%	90%	+1%
The services I receive help me to function better in my life.	90%	92%	+2%
If I were to seek help again, I would return to the same program.	90%	90%	0%

“Over eight years of receiving services for our daughter, I have learned that getting good MENTAL health treatment—compared to good MEDICAL health treatment—can be very difficult. However, since we have been with CMH we have received the best services and treatment.

...Keep up the good work!”

*CMH-CEI provides a wide range of community-based services.  
In the year 2002, CMH-CEI served more than 11,140 people  
in Clinton, Eaton and Ingham counties, including:*

2,762

adults with serious mental illness

2,096

adults experiencing difficulty  
coping with life's stresses

2,316

adults with substance abuse problems

1,225

adults with developmental disabilities

2,430

children and adolescents with serious  
mental illness or emotional disturbance

311

children and adolescents  
with developmental disabilities

*CMH-CEI is working to help these individuals—and  
their families and communities—achieve...*

The best possible outcomes.



**COMMUNITY MENTAL HEALTH**

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*CMH is an equal opportunity employer*