

The Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMHA-CEI), its staff, community partners, and, at the lead, the consumers with whom we work, have been involved in a bold human and civil rights movement for the past four decades—the community mental health movement.

Since its formation in 1964, CMHA-CEI has taken seriously the charge of ensuring that the rights of persons with mental health needs are protected and expanded. In 2009 this commitment continued with:

- the expansion of CMHA-CEI's peer support specialist initiative (consumers hired to work as an integral part of treatment teams, with the aim of fostering the recovery of consumers with mental health needs)
- the growth in the family advocate initiative (parents hired to work, as peer advocates with other parents of children with mental health needs)
- the expansion of self-directed service delivery through the self determination initiative;
- the opening of a community-based children's respite home
- the refinement of this region's community-based substance abuse detoxification program

Whether meeting with universal public support or opposition, each of these initiatives was moved ahead by a coalition of CMHA-CEI stakeholders, in pursuit of the goals of this human and civil rights movement.

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

This **2009 Annual Report to the Community** contains stories of collaborative efforts between CMHA-CEI, its consumers, and its community partners. These stories are emblematic of the thousands of such partnerships—partnerships that make life richer for the over 9,000 persons served by this CMH.

So, as we look toward 2010, we are encouraged by the impact of four decades of the community mental health movement, a civil rights movement in every sense of those words. We are also fully aware of the economic, political, and stigma-based barriers that must be overcome as this movement continues to ensure full citizenship and community participation for all of us, regardless of disability. We look forward to the continuation of this movement and this CMH's role in fostering its progress.

Robert Sheehan, Executive Director

Better Together

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Members of the audience joined the Figureheads on stage for a little hip hop music therapy during the 2009 Community Dialogue Breakfast event.

How does CEI Measure Service Quality?

The Department of Quality, Customer Service, and Recipient Rights has oversight of a number of State required performance indicators. The indicators, developed by Michigan Department of Community Health, Mental Health and Developmental Disabilities Quality Division, with input from consumers, mental health care providers, and other stakeholders, measure each Community Mental Health's (CMH) performance in areas that are important to consumers and families. The more than 40 indicators include such measures as:

The percent of persons requesting psychiatric hospitalization for which a decision about their admission is made within three hours. The standard is 95% of the assessments will be completed in 3 hours or less.

Between 10/1/2008 and 9/30/2009:

- 1672 persons requested hospitalization.
- **1631** persons knew within 3 hours if they were being admitted to the hospital.
- **97.55%** had a decision within 3 hours which exceeds the standard of 95%.

The percent of persons requesting CMH services who were offered an appointment within 14 days of their request. The standard is 95% of the persons will be seen within 14 days. Between 10/1/2008 and 9/30/2009

- 916 persons requested service and received an appointment for an assessment.
- **907** of those persons received an assessment within 14 days of the request.
- 99% of those who were assessed had the assessment within 14 days of their request for service which exceeds the 95% standard.

The percent of persons who were offered an appointment for a CMH service within 14 days of their assessment. The standard is 95% of the persons will receive their first service within 14 days.

Between 10/1/2008 and 9/30/2009

- **499** persons were eligible for services and were offered an appointment for service.
- **479** persons had their first service within 14 days of their assessment.
- 96% of those who started a first service had the service within 14 days of the assessment which exceeds the 95% standard.

If you would like more information on the performance indicators, please contact our Customer Service Representative at (517) 346-8244.

Community Gathering at Potter Park

The Community Mental Health Authority of Clinton, Eaton, Ingham Counties sponsors a November event annually for consumers, stakeholders, and employees at Potter Park. In 2009, over 1,000 people attended the event. Hundreds of hats and mittens were given away along with special goodie bags.

Potter Park and CMHA-CEI work together to provide a day of "inclusion". The theme of inclusion is evident when you see the community come together and enjoy the day.

The "Turkey" (CMHA-CEI staff Deb Darcy) works hard to put smiles on all the faces. She is shown here dancing the chicken dance—what a turkey!



Community Mental Health Affiliation of Mid-Michigan

The Community Mental Health Affiliation of Mid-Michigan (CMHAMM) took on a number of quality improvement projects in 2009, including the Application for Renewal and Recommitment (ARR), sponsored by the Michigan Department of Community Health (MDCH).

The ARR sets a course for MDCH and CMHAMM—along with community partners, individuals receiving services, and their supporters—to achieve certain quality improvement goals within the next five years. To that end, CMHAMM set out to evaluate strengths and opportunities for improvement with regard to offering an efficient, outcomes oriented, system of care that promotes freedom of choice, inclusion, dignity and respect. Environmental scans were conducted in each county of CMHAMM through the use of (stakeholder) meetings and surveys. Gathering stakeholder feedback, identifying common concerns and trends, and generating self-imposed Quality Improvement Plans are on-going activities supported by the PIHP as a part of its regular operations.

The actual results of the scan were informative, in that they confirmed that CMHAMM affiliates have challenges and opportunities that are at times very unique to their counties and that their local autonomy will continue to be important when responding to stakeholder concerns. The results identified shared strengths and areas for improvement that were affiliation-wide. To address stakeholder concerns, CMHAMM has formed ARR workgroups comprised of Community Mental Health staff, consumers, advocates, providers, and community partners. These ARR workgroups, over the course of the next five years, will work to ensure that CMHAMM remains committed to its goals of improving the quality of services provided, while keeping stakeholder input in the forefront of its guiding principles.

Electronic Medical Record

CMHA-CEI made major strides in 2009 towards converting its paper-based clinical records system to an Electronic Medical Record (EMR). The EMR allows assigned clinical staff to have real-time and immediate access to essential mental health records. Ready access to medical records has been shown to improve quality of care, assist coordination of care between multiple providers, increase efficiency, and improve compliance with regulations and billing requirements.

Human Resources

CMHA-CEI Human Resources staff continued to stay connected to local communities and promote public service employment opportunities in 2009. Together with the Human Resource Management Association of Mid-Michigan and Capital Area Michigan Works, CMHA-CEI participates in area Workforce Readiness events and activities. One such event is Holt's 9th grade portfolio presentation. Every year, each 9th grade student must present a two-year portfolio of their work to a panel of adult volunteers from various local employers. This provides students the opportunity to present their accomplishments in a realistic, formal interview setting.

People Helping People



Todd

Peer Supporter

Todd is an asset to his Transitions North peers and staff everyday. He assists by opening doors or guiding people to their destinations. Whenever the opportunity arises to be of assistance, Todd says "sure" or "yes"! At Tuesday bowling, he is more than willing to help anyone in the group. He assists the Spec-Tran drivers with guiding wheelchairs on and off the vehicle. Spec-Tran has him listed as a "helper" for others in the group. According to CST, Wanda Pierce, "He is one of my best helpers!" Peers and staff benefit from his assistance, charm and personality.

Waverly Rocks!

The Waverly High School club, Interact, raised \$1420.20 for Community Mental Health Creative Recovery in 2009 through its annual Rock-a-thon. Students rocked in rocking chairs to raise money and awareness about the needs of mental health consumers. Interact began its relationship with CMHA-CEI in January, when students worked with CMHA-CEI consumers to make fleece blankets. Future events are in the works.

Community Mental Health Creative Recovery supports some of the most vulnerable with mental illness in Clinton, Eaton, and Ingham Counties.



Community Services for the Developmentally Disabled

Community Services for the Developmentally Disabled (CSDD) encourages individuals to live and participate as independently as possible in the community. In 2009, CSDD continued to experience an increase in demand for all service areas—Case Management, Transitions Programs, Residential, and Clinical Services. CSDD 2009 themes included:

Supporting Children at Home

Funding previously allocated for foster care placements has been converted to provide community living supports and training to assist families in learning strategies to strengthen the family unit and keep their child at home. Over 25 families are now receiving in home supports within the Family Support Unit.

Despite tough economic times, 165 consumers continued to work at jobs, including 10 new positions in the dorms at MSU.

Community Involvement

CSDD's Transitions Programs help consumers to get involved and contribute to their communities. Consumers volunteered/participated in recreation opportunities at over 200 sites in 2009. Transitions St. Johns held fundraisers to raise money to supply mosquito netting to people in Africa and the Philippines, provide Christmas donations to those in need, and purchased a bike for a child with special needs.

Gentle Teaching

CSDD worked to bring a culture of gentleness to its services in 2009. Gentle Teaching is based on the concept that all people need to feel safe, feel cared for, be caring towards others, and be engaged in a meaningful life. As staff continue to be trained in these concepts, treatment focus will shift to providing environments that help prevent behavioral issues before they occur, and on helping people create and engage in a community.

Autism Support Team

In response to the growing numbers of persons diagnosed with autism, CSDD has formed an Autism Support Team (AST) to identify the needs for education, support, and services, for people with autism. The focus of the team is to insure internal expertise in a variety of areas that can be shared within the agency and throughout the community.

Along with the Mid- Michigan Autism Association, the Oak Park YMCA, and the Lansing Parks and Recreation program, the AST is developing an integrated day camp for the summer of 2010 at the Oak Park YMCA, which will serve children ages 5-17 with autism spectrum disorders.

CMHA-CEI Children's Services

Early Intervention Services— Great Start Collaboratives

With the ever increasing understanding of the significance of a child's early experiences on their brain's development and their lifelong functioning, Michigan is promoting and supporting the development of local Great Start Collaboratives. Clinton, Eaton and Ingham each have a Great Start Collaborative focusing on optimizing the healthy development of each child from conception through age five. **CMHA-CEI Early Intervention Services** has been an active participant in each collaborative assuring that the social and emotional health, and treatment needs of very young children and their families are recognized and planned for.

CMHA-CEI partnered with local health departments, Early On providers, Head Start-Early Head Start, preschool teachers, child care providers, child protective services, foster care and adoption workers, and most importantly the parents. To raise awareness, Early Intervention staff provided trainings for parents, childcare providers, and professionals on sensory integration, the emotional and behavioral effects of domestic violence, links between trauma and challenging behaviors such as very young child's self regulation abilities. The Parent-Infant Program and the Parent-Young Child Program provided strength-based, family-focused, homebased services specifically designed to meet the emotional/behavioral needs of the child and their family.

Family Guidance Services (FGS)— Children's Respite Home

After more than a year of planning, Family Guidance Service (FGS) opened a six-bed respite/crisis home in Lansing for children and adolescents in the tri-county area who have serious mental health, emotional, and behavioral challenges. The home provides planned and emergency respite care in a supportive and therapeutic environment to families of youth who are receiving mental health services. The home is licensed by the State of Michigan and staffed by CBI Rehabilitation Services, Inc. Since opening in July of 2009, the children's respite/crisis home has served more than 50 youth.

FGS Community Placement

FGS partnered in 2009 with Ingham County 30th Judicial Circuit Court, Family Division on an innovative community-based program. The Community Placement Program (CPP) prevents costly out-of-home placements for adjudicated youth through intensive court, mental health, wraparound, and family support services. Youth involved in the program receive daily contact, supervision, support, and feedback from court workers, mental health therapists, and other members of the CPP team. Services are individualized according to the goals and needs of each youth and family, and include structured skillbuilding and social-recreational activities, mental health counseling, a parent support group, and a Saturday youth program. The CPP is a tiered intervention, giving youth the opportunity to earn their way through four program levels and eventually off probation and out of the court system.

Ingham County System of Care Intitiative, IMPACT

In October, IMPACT, Ingham county's System of Care initiative, partnered with other organizations to host the second Statewide System of Care Conference. With over 300 participants, the conference underscored the role of local communities in promoting System of Care values across the state. In addition they continue to support youth and their families in a collaborative effort.

Randy Rauch, Director of Ingham County Department of Human Services (DHS), said, "Through the comprehensive bundle of services offered to youth and families, DHS has been able to save over \$1 million that it would have otherwise spent on removing youth from their homes." Families continue to influence the development/delivery of services in Ingham County.

Data show that working together, across agencies, is producing better results for youth and families.

Clinton County Counseling Center

The Clinton County Counseling Center Children Services staff in 2009 worked with a diverse range of community agencies and stakeholders that served children and families including the county school system (six districts). 52 youth with serious emotional disturbances were served during the period 10/1/08 -9/30/09. Moreover, the range of presenting problems assessed and/or seen were mild to severe. The principal therapist, Cindy Carson, continues to work with youth and their families to secure needed medical and clinical services in Clinton County while collaborating with all parities who support the children's success.

The CCCC also served 221 unique adults with Substance Use Disorder; implemented a community based aftercare group; and provided onsite consultation at the Department of Human Services.



Eaton County Counseling Center

Truancy Intervention Project

The Eaton County Counseling Center, in conjunction with the Eaton County Health and Human Services subcommittee, and as funded by a Juvenile Justice Millage, expanded the Truancy Intervention Project (TIP) in 2009. The project provided screening and mental health treatment for truant youth and their families. The project has been shown to have a positive impact on the many psychological problems that truant youth face, such as school anxiety/phobia, bullying, depression, family conflicts, academic problems, and depression. The TIP mental health program initially started a few years ago with only a very small grant which allowed 7 youth to be served. It has now grown and is expected to serve about 45 youth in the year 2010.

Substance Abuse Services/Corrections Mental Health

Birchtree Cottage, a six bed, Sub Acute Clinically Monitored Detoxification Program located in Mason, Michigan, in 2009 began working with a strong collaborative of local agencies to relocate the program to a more central location in Lansing. The new location would provide services to those individuals who are not being served due to the distance to the current program in Mason. The plans discussed in 2009 called for a re-location in 2010.

Correctional and field staff in *Corrections Mental Health Programs* affiliated with the Clinton, Eaton and Ingham County Sheriff Departments and the Lansing Police Department participated in an updated training in 2009 on issues surrounding Mental Illness that impacts their work both in community and in the jails. The goal of the training was to increase the knowledge of the trainee when working with Mental Health consumers. This updated training covered many different areas including information on the warning signs and symptoms of fragile individuals as part of the detection and prevention of suicide.

The *Clinton County Substance Abuse Prevention Program* continued a strong collaborative relationship with a multisector representation, focusing on preventing the incidence and prevalence of substance use and abuse by implementing coordinated prevention strategies delineated in a countywide data-driven strategic substance abuse prevention plan. The plan utilizes the strategic planning process and guidelines from the Mid South Substance Abuse Commission. Strengthened and renewed through a coalition vote and the reporting of outcomes, this prevention program pulls together agencies such as the Department of Community Health, Clinton Memorial Hospital, Clinton County Sheriff's Department, Building Stronger Communities Council, and the Mid-South Substance Abuse Commission.

Adult Mental Health Services

Adult Mental Health Services (AMHS) continues to implement Evidence-Based Practices and Promising Practices and to provide new services through key partnerships in the community. Four initiatives have been at the forefront of this work.

Dialectical Behavior Therapy

Eight clinicians from Case Management Services (CMS) in Lansing completed an intensive Dialectical Behavior Therapy (DBT) training offered by Behavioral Tech through the Michigan Department of Community Health. This treatment model serves persons with borderline personality disorder and other mental health conditions with a high degree of emotional dysregulation. Consumers in the program received group skills training, individual therapy, and coaching, with the goals of building a life worth living and reducing hospitalizations. Clinton County Counseling Center also conducted a DBT group.

A skilled pool of peers is prepared to apply for **Peer Support positions** through Charter House.

Family Psycho-Education

Family Psycho-Education (FPE) is becoming a cornerstone of serving consumers and families at AMHS. FPE groups are now available in Mason, Clinton County, and Eaton County, as well as at Case Management Services, Outreach Case Management, Assertive Community Treatment, and Older Adult Services of Ingham County. In addition, the initiative at Older Adult Services is one of the few applications of FPE for older adults in Michigan and it will be presented at the Michigan Mental Health and Aging conference in 2010.

Peer Support Services

Peer Support Specialists are located within Case Management Services, Charter House, Mason Rural Outreach, and the PATH homeless project. An exciting new initiative is the creation of Transitional Employment positions through the Charter House program. As permanent Peer Support positions become available, a skilled pool of peers are prepared to apply for them. Additionally, even in a tough Michigan economy, 54 consumers were placed in jobs in the community through Charter House over the past year, with a total of 92 consumers employed through that program.

Community Partnerships

Several key community partnerships created opportunities for persons with mild to moderate mental health conditions to receive services previously unavailable to them. Through a partnership between the Ingham County Health Department (ICHD) and AMHS, integrated health and mental health services are now available at ICHD's St. Lawrence, South Cedar, and Sparrow Community Health Centers. It is hoped that psychiatry services can be added at these centers over the next year. AMHS also continued its partnership with the Behavioral Health Services clinic at Care Free Medical, Inc.

In addition to providing integrated health and mental health services, both of these initiatives have created more opportunities in the community for persons with mild to moderate mental health conditions to receive mental health services although limited to these sites. Additionally, through a partnership and with funding provided by the City of Lansing, mental health counseling for persons referred by homeless shelters, homeless services and the faith-based community is available to persons with mild to moderate mental health conditions.

2009 Community Dialogue Events

The Released: When Mentally Ill Leave Prison

Interactive Bi-Lingual Community Workshop on Managing Stress

Attention Deficit
Hyperactivity Disorder:
Understanding and
Treating the Disorder

Alzheimer's 2009: Has Anything Changed?

Rhythm & Relationships: An Approach to Youth Development Through Music

Men's Health is a Family Issue— African American Mental Health (Co-Sponsor)

The Importance of Keeping a Personal Health Record

Financial Highlights

The Finance Department, in cooperation with the Department of Human Services, launched a joint effort to increase the enrollment of Community Mental Health consumers into the Medicaid program. This made a positive impact on the lives of our consumers and the finances of the organization. When individuals are enrolled in the Medicaid program, they gain access to both mental health and medical service, and often receive Social Security benefits to help pay for their living expenses.

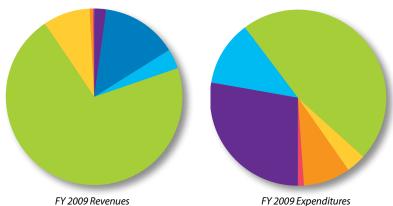
Fiscal Year 2009 Revenues (CHMA-CEI Operations Only)

Federal Sources	\$ 2,195,316
State Sources	12,548,484
Local Sources	3,520,787
Medicaid Contracts	64,746,569
Other Contracts	7,829,167
Charges for Services and Fees	621,701
Investment Income	43,032
Total Revenue	\$91,505,056

Fiscal Year 2009 Expenditures (CHMA-CEI Operations Only)

Adults with Mental Illness	\$26,933,716
Children with Emotional Disturbance	10,540,501
Developmental Disabilities	41,915,618
Substance Abuse	3,011,029
Board Administration	7,727,645
• Affiliation	887,429
Total Expenditures	\$91,015,938

Excess of Revenues over Expenditures\$489,11



FY 2009 Revenues
Clinton • Eaton • Ingham Operations Only

FY 2009 Expenditures
Clinton • Eaton • Ingham Operations Only

In addition to CMHA's revenues and expenses for its Clinton, Eaton, and Ingham operations, CMHA receives \$33,886,417 in Medicaid revenues with which it purchases Medicaid services, for the residents of its eight county Affiliation region, from its six community mental health and substance abuse coordinating agency affiliates. When these funds are reflected in CMHA's budget, its annual FY 2009 revenues were \$125,391,473 and its annual FY 2009 expenses were \$124,902,357.

Numbers Served

CMH's staff and provider network, working in over 100 locations and hundreds of homes, workplaces, schools, and neighborhoods across the community, provided over 5 million hours of care to 9,474 tri-county residents in 2009, including:

1,606 children and adolescents with serious mental illness or emotional disturbance

309 children and adolescents with developmental disabilities

1,349 adults with developmental disabilities

1,654 adults and adolescents coping with substance abuse disorder

1,434 adults coping with life's stresses

3,122 adults with serious mental illness

Beyond the Numbers...

I am a person with a disability. I have been with CMH for a few years now. I wanted to find a job and John Root, Senior Vocational Counselor at Community Mental Health, placed me in a job doing many different tasks. I enjoy my work and I have made new friends. I am told I work very hard and that I am a really good worker. I am thankful for my job at Community Mental Health.



—Katrina Schneeberger

Our Vision

CMH is working to ensure that these individuals and their families have the opportunity—including the necessary services and supports -to participate, with dignity, in the life of the community, with its freedoms, responsibilities, rewards, and consequences.



COMMUNITY MENTAL HEALTH AUTHORITY

CLINTON • EATON • INGHAM

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CMHA-CEI is an equal opportunity empoyer.