

Priority Needs and Planned Actions (FY 16) (6 month Progress) (8/25/17)

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP has identified eight priority needs. Of these, the CMHSP identified the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

The Table gives a brief explanation of the issue, in order of priority, with 1 being highest. Also, the table identifies why each is a priority for our CMHSP. The Plan gives a brief overview of what steps the CMHSP intends to take to address the identified issue and the basic time frames and milestones that will be in place. Our CMHSP will monitor and update our progress on these priority areas.

Priority Issue	Reasons For Priority	CMHSP Plan/Current Progress	CMHSP Future Plan
<p>1. Expanding the eligibility criteria for Adult Mental Health Services</p> <p>(AMHS)</p>	<p>Historically, AMHS has faced challenges to providing regular, ongoing therapeutic services to persons with mild to moderate mental illnesses/mental health conditions. This has led to gaps in the provision of mental health services in the Tri-County area for persons not meeting an enhanced services level of care.</p>	<p>Current fiscal year, 10/1/15 – 9/30/16</p> <p>Identify funding mechanisms to expand current outpatient capacity in Ingham county and to develop and implement programs in Eaton and Clinton Counties, meet with local health plans to look at opportunities for collaboration, monitor and apply for grants to expand service capacity, evaluate current outpatient service delivery model to increase the volume of individuals served.</p>	<p>Opportunities for expanding psychiatric services, primarily consultation, are being explored within and outside of CMHA-CEI, e.g., on a contractual basis. CMHA-CEI has developed a payment rate for potential outside vendors and have had meetings with one prospective provider as of 8/1/16. Recruitment of psychiatry has been a challenge for CMHA-CEI due to a regional, state wide, and national shortage.</p>

		<p>Progress:</p> <p>With the support of expanded Healthy Michigan Program funding during FY 2016, office based outpatient services were expanded in Ingham County to serve up to 600 - 800 additional unique individuals covered by medicaid with moderate mental health needs.</p> <p>Staffing was increased for additional positions as follows: 10.0 fte Mental Health Therapists, 2.0 fte Client Services Specialist (i.e., Bachelor Level Case manager), and additional nursing and psychiatric services. Clinic sites (two) were established during Winter 2016 and staff hiring began Spring, 2016 with full staffing anticipated by the end of August, 2016. The CMHA-CEI centralized ACCESS department and community partners have been oriented to services through a series of meetings and two clinic open house events on 8/5/16 and 8/12/16.</p> <p>In Clinton County, a 1.0 fte Mental</p>	
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<p>2. Coordination of Care for individuals with substance use/ mental health needs during and post incarceration</p> <p>(Substance Abuse Services & Corrections Mental Health)</p>	<p>Adults with serious mental illness who are incarcerated appear to have difficulty getting mental health needs met post incarceration. This has led to gaps in the provision of mental health services in the Tri-County area for this population and the potential for recidivism in regards to mental health as well as legal issues.</p> <p>Clinton Eaton and Ingham County Jails currently have Crisis Service, Mental Health Therapist for in jail screening and follow up. The gap for individuals served in jail is upon leaving jail and no follow up as most have mild to moderate</p>	<p>Increase coordination of care for persons who have been incarcerated at either the local jails or state facilities by:</p> <ul style="list-style-type: none"> • Better discharge planning between local jails and outpatient treatment. • Shoring up communication between jail-based CMH programs (i.e. CATS) and outpatient/aftercare treatment programs • Developing working relationships with local courts to explore, at a minimum, better communication as well as the possibility of treatment courts. • Work collaboratively with Mental Health Courts in both 55th District and 30th Circuit, to increase coordination of care for persons who have been incarcerated at 	<p>1.CEI-CMHA will be applying for funding from the MDHHS Jail Diversion section to assist with pre-booking diversion.</p> <p>2.The first Crisis Intervention Training for the three county region’s law enforcement personnel will occur on 11/28 – December 2. CEI-CMHA has been active in the planning and the steering committee .</p> <p>3. CEI-CMHA is attending the local hospital’s community mapping project, with specific focus on gaps in behavioral health services.</p> <p>4. CEI-CMHA will be developing mobile crisis programming, part of which will include local detention facilities.</p>

	<p>mental illness. Individuals with MI/SUD have a high recidivism rate due to lack of attention to follow up in both areas of need (MI/SUD) and with intervention post discharge would be less likely to violate probation or once again enter the criminal justice system.</p>	<p>either the local jails or state facilities.</p> <p>UPDATE:</p> <ol style="list-style-type: none"> 1. Ingham County approved funding for Mental Health Crisis on-call services in the Ingham County Jail that occur Friday at 5:00 pm through Monday at 8:00 am and any holidays. 2. The Tri-County Crisis Intervention Steering Committee is planning for the first Crisis Intervention training for law enforcement in the three counties at the end of November, 2016. The committee is firming up the training schedule and presenters. 3. The Director of Substance Abuse Services & Corrections Mental Health was accepted into the Leadership Academy held in Washington, D.C. facilitated by Policy Research Associates. The Behavioral Health and Justice Leadership Academy initiative promotes the development of local 	
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		<p>leaders to address these issues in their communities. Through participation in the initiative, local leaders from communities that have demonstrated a readiness for change will receive training and assistance as they carry out a strategic action plan. The goal is to improve public health and public safety outcomes for people with mental and substance use disorders in the justice system by supporting leaders to implement effective strategies in their cities and counties.</p>	
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<p>3. Address individuals within the Greater Lansing area who have been identified as having super utilization of public services due to having an identified Substance Use Disorder</p> <p>(Substance Abuse Services & Corrections Mental Health)</p>	<p>An adult who accesses an Emergency Department ten (10) times during the course of a year is defined as Super Utilizer. These adults cost the public system untold dollar amounts and often are only addressed at the point of access. A workgroup, which includes CMHA-CEI Substance Abuse Services, local Emergency Departments, Lansing Fire and Lansing Police Departments, the Ingham County Health Department, as well as other stakeholders has formed in the City of Lansing to address identified individuals who meet the above criteria and take a wrap-</p>	<p>Workgroup began 10/14.</p> <ul style="list-style-type: none"> • Individuals are identified via the Lansing Fire Department’s Emergency Medical Services based on the number of transports to local Emergency Departments weekly. • Community partners were invited and held the first “wrap-around” meeting in October. Meetings are to be held monthly. • A plan of action document was developed, which included all agencies that are currently or have been involved with the identified utilizer. • The plan of action is reviewed monthly for both progress and if needed addressing further challenges. Individuals are either removed from the list or added based on number 	<p>The greater Lansing Homeless Resolution Network, and several other collaborative agencies received funding to expand Housing First initiatives for Behavioral health, which must include individuals with Substance Use Disorders. These agencies all sit on the Super Utilizer Workgroup and over the next year will focus on housing.</p> <p>2. Implementation of a shared consent form for identified individuals who are super users of Emergency Departments, first responders, local police and the development of individualized care plans for all involved to have and follow.</p>

	<p>around approach. Community partners address specific need and develop action plans for each identified individual.</p>	<p>of contacts.</p> <ul style="list-style-type: none"> • CMHA-CEI Substance Abuse Services Administration will maintain contact numbers in order to measure a reduction in contacts as all community partners in the group work as a team with specific plans for each individual. • Action may involve other community agencies, such as CMHA-CEI Adult Mental Health Services, other SUD providers, local First Responders (Lansing Township, Meridian Township, Delta Fire Departments) etc. <p>UPDATE: 1. The workgroup continues to meet monthly, but beginning in September, 2016, will combine with Volunteers of America's weekly Integrated Dual Disorder Treatment group.</p>	
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<p>4. Primary Care Providers- support to pediatricians and family practice Drs. to identify mental health needs of their patients, universal screen, refer to appropriate services as needed, as well as brief interventions when indicated</p> <p>(Families Forward)</p>	<p>Both national and state-wide initiatives are promoting fundamental changes in the provision of healthcare. These changes require CMH pursue closer partnerships with PCPs. Closer partnership would ensure earlier identification and treatment for behavioral health concerns. Additionally, data suggests that up to 70% of PCP visits are related to behavioral health issues.</p>	<p>Current Fiscal Year, 10/1/15 – 9/30/16</p> <p>Promote the integration of behavioral health with up to four primary care clinics by placing Behavioral Health Consultants (BHC) in those clinics. The BHCs in those clinics with complete screenings based on the Bright Futures Screening Protocol. Additionally, BHCs will provide brief treatment to patients, at the clinic. If behavioral health concerns are serious, BHCs will connect patients with more intensive services. Also, CEI-CMHA will present on Children’s Services (including eligibility and referral process) to several pediatric clinics in the tri-county area.</p>	<p>CMHA-CEI’s Families Forward continues to have 3 BHCs placed in three area clinics (2 pediatric, one family practice). BHC staff continue to provide behavioral health treatment for clinic patients, as well as making referrals for more intensive services, including services provided by CMHA-CEI. BHCs can assist in administering and/or interpreting developmental screenings, and in assisting patients in their readiness for change (motivational interviewing). BHCs provide both patients and providers with referral information for services and supports available for a number of behavioral health needs. Additionally, BHCs Staff are available to consult with clinic staff in coordinating for improved patient care.</p> <p>The BHC at MSU also fills the liaison role for Michigan Child Collaborative Care (MC3), which offers primary care providers</p>

			<p>(PCP) psychiatric consultation. Currently 42% of PCPs in the tri-county area have been enrolled in MC3.</p>
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<p>5. Expanding housing resources for adults with serious and persistent mental illness</p> <p>(AMHS)</p>	<p>Housing is a universally recognized need in the area served by CMHA-CEI, identified in our most recent agency needs assessment, and supported in our ongoing work with formal housing committees and workgroups in the community</p>	<p>Current fiscal year, 10/1/15 – 9/30/16</p> <p>Partner with MDCH, Human Services Agencies, formal Housing entities (e.g., MSHDA), developers, and others to identify resources, funding, as well as innovative housing initiatives. Participate on formal and informal housing workgroups, provide agency specific housing data, participate in grant writing, and support non-traditional housing options (e.g., transitional housing operated by a local drop-in program, funded by CMHA-CEI).</p> <p>Progress: Housing needs continue to be a priority for the Adult Mental Health Services (AMHS) program. In spite of losing the PATH program (housing outreach) and a consumer run transitional housing program over the past nine months due to General Fund limitations,</p>	<p>CMHA-CEI will be creating a Mental Health Therapist – Housing Specialist position and hoping to hire during October, 2016. During fiscal year 2016, CMHA-CEI AMHS will also be creating a second supported independence living program for up to 25 consumers in low income housing units with on-site staff during the week to assist with skills development, activities of daily living, community inclusion, and other supportive functions.</p>

		<p>AMHS has successfully partnered with a developer (LC Consultants) to support an application to MSHDA for a low income housing project in Lansing, Michigan, that will expand housing resources and designate 12 units for supportive permanent housing for individuals with serious and persistent mental illnesses experiencing homelessness. MSHDA has approved necessary tax credits for the project to commence with an anticipated construction completion date of December, 2017. CMHA-CEI will support the project with a dedicated 0.5 fte Peers Support Specialist. We are exploring the option of co-locating some programs services at the residential project. We continue to participate in community housing initiatives and have strong collaborative relationships with local service organizations that focus on housing needs.</p>	
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<p>6. Provide interventions and support to children who have experienced traumatic events</p> <p>(Families Forward)</p>	<p>We continue to increase our understanding of the impact of traumatic events on children and their families. It is evident that a significant portion of children served in Children’s services programs have experienced trauma which contributes to their need for mental health services.</p>	<p>In addition to continuing our work to train staff in trauma focused treatment and provide trauma services to children, we are working to partner with the Lansing School District to offer trauma informed parenting groups and trauma informed skills groups for children identified by the school district as being in need.</p> <p>6/2015-CEI Families Forward was chosen as a site to participate in a Breakthrough Collaborative Series with DHHS and The Children’s Trauma Assessment center. Leadership from CEI and local Child Welfare attended the first 2 day Learning Session and are partnering to move forward on screening more children from the child welfare system for trauma and offering trauma informed treatment appropriate to each child’s needs.</p>	<p>Families Forward continues to support staff to become Trauma Certified through the MDHHS TF-CBT trauma initiative to increase capacity to provide trauma services to our consumers. FF also is piloting some new trauma focused groups and yoga treatments.</p> <p>Families Forward continue to participate in the Breakthrough Collaborative Series with MDHHS and The Children’s Trauma Assessment center. Through this process we have formed a leadership team that includes managers from local DHHS offices and CEI staff, that are responsible for ensuring that all children in the Child Welfare system are screened for trauma and receive the appropriate access into services.</p>

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<p>7. Address the increase in children with emotional impairments, autism and dysfunctional households.</p> <p>(CSDD)</p>	<p>Not surprisingly increasing services to Children with Autism continues to be an identified need. The incidence of Autism continues to increase at a significant rate. Over the past decade the rate has increased from 1:160 children to 1:88, and just recently reported to be 1:68 children. CEI CMH began providing evidence based treatment, education and support for children with Autism, their families and the community at large</p>	<ul style="list-style-type: none"> • The Medicaid expansion has taken place. CSDD has evaluated and served 77 children and young adults since 1/1/16. • CEI has added another Applied Behavioral Analysis (ABA) providers to our network in order to meet the increased demand for ABA • Provide support groups and other support strategies for individuals with Autism, parents and siblings of people with Autism. • CEI has expanded its existing practicum and internship program for students in OT & SLP to include the Wardcliff Abilities Center. CEI also has a taken on a psychology intern who is running parent support group and research project. • CEI continues to partner with the Wardcliff 	<ul style="list-style-type: none"> • Provide Autism Training for Family Members, caregivers, day care providers and community members.

		<p>Neighborhood Association and other community agencies to develop and promote inclusion activities between neuro-typical individuals and individuals with autism and other developmental disabilities that will enhance understanding and acceptance of disabilities – emphasizing how all individuals have similar needs.</p> <ul style="list-style-type: none">• CEI in conjunction with Michigan State University CEI has officially become a become an Approved Autism Evaluation Center for Blue Cross, Blue Shield /Blue Care Network. This has enabled children from the Mid Michigan area receive the necessary diagnosis in order to access the Autism benefit provided by these insurers.	
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<p>8. Better coordination with Department of Social Services- DHS Implementation of the PTC-R reunification initiative returning children in foster care to their families.</p> <p>(Families Forward)</p>	<p>It is clearly evident that there is need for mental health services in the population of children and families involved in the foster care system. Services are often poorly coordinated and do not address the needs specific to this population</p>	<p>Current fiscal year 1/1/2015-9/30/2015. Partnership between DCH and DHS around the PTC-R initiative is a step in the direction of providing services coordinated by both departments which are directed at addressing the needs for families attempting to successfully reunify with children placed in care. The program offers specific skills training designed to improve parental functioning and the parent-child relationship. Unlike many other parenting programs, there is an emphasis on practice of skills during supervised visitations with an opportunity for direct feedback. Reports on parent progress and participation are then available to courts and DHS.</p> <p>The first PTC-R group has been completed. Families have had children returned to their care and are in the process of individual coaching around the skills learned through the group.</p>	<p>Families Forward continues to have a partnership with Ingham DHHS around the PTC-R initiative. This provides an opportunity for staff in each agencies to collaborate around services that serve our shared consumers. The PTC-R model delivers specific skill training designed to improve parental functioning and the parent-child relationship. There is extensive follow up with families during and after the group. Built into the model is communication between the partner agencies around progress. Another round of PTC-R is beginning in September 2016.</p>