LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY
ANNUAL REPORT
2013

Providing Positive Outcomes by Creating a Path to Resilience, Recovery, Wellness and Self-Determination
FOCUS ON: INTEGRATION, HEALTH & WELLNESS

In anticipation of the co-location of the Community Mental Health medication clinic within the new Family Medical Center (currently in the process of construction), joint meetings have been held to plan the integration of behavioral health services along with physical health needs of the Lenawee community. The new Family Medical Center is due to open in October 2014. We are very excited to have this new facility available to Lenawee’s most vulnerable population.

FOCUS ON: COMMUNITY COLLABORATION

Community Mental Health acts as the backbone organization of the Collective Impact Core – which includes representatives of each of the CI groups in Lenawee County. There are currently five different CI groups using the Collective Impact Model:

- Lenawee Essential Needs Council (food housing & utilities)
- One Lenawee (making and keeping Lenawee a great place to live)
- Lenawee Health Network (improving the quality of health in Lenawee)
- Lenawee Financial Stability Coalition (expanding budgeting and saving through education & skill building)
- Lenawee Cradle to Career (maximize educational opportunities)

The main function of the CI Core group is to share data and information; monitor goals and metrics, identify resources and emerging issues. The Core group also sets the agenda for quarterly Community Collaborative Meetings – these are open to anyone in the community to attend. The Collaborative meets to share information, provide CI group, agency and other coalition updates, and provide an opportunity for networking.
In addition to a focus on overall health, LCMHA, together with many community partners, has been working to develop a county wide Recovery Oriented System of Care (ROSC). Networks of organizations, agencies and community members that coordinate a wide spectrum of services. The Lenawee ROSC partnership has been meeting since June 2012 to build a continuum of support for individuals with substance use disorders and their families. This group is in the process of developing a strategic plan for the community.

In 2013, a total of 376 consumers were treated for substance use disorders.

For more information call Customer Services at 517.263.8905.

Following a statewide consolidation of PIHP’s from 18 to 10, our Affiliation (Washtenaw, Livingston, Monroe and Lenawee) remained intact and unchanged, and is still known as the Community Mental Health Partnership of Southeast Michigan (CMHPSM). However, a new Regional Board was created to support the shared governance efforts of the Affiliation. The new Regional Entity consists of representatives from each of the affiliate boards, they meet monthly. A new Managing Director – Mary O’Hare was hired. The Executive Directors of each Affiliate continue to meet weekly (Regional Operations Committee).
FOCUS ON: COMMUNITY ENGAGEMENT

LCMHA continues to reach out to the community to listen to their concerns, provide education and community enrichment in order to break down the barriers for persons with behavioral health conditions. In 2013 we participated in:

- Path to Health & Wellness Conference
- State and Local Walk a Mile Rallies
- Gentle Teaching
- Seeking Safety Group
- Family Medical Center
- Leaping in Lenawee
- Victims Service Unit & Steering Committee
- Domestic Violence Task Force
- Anti-Bullying Task Force
- Sobriety Court
- Lenawee Substance Abuse Prevention Coalition
- Basic Needs Task Force
- Recovery Oriented System of Care (ROSC)
- Court Ordered Orientation (ROSC)
- Continuum of Care
- Art-a-Licious Festival
- Continuum of Care - Point in Time Count
- Ross Foundation Conference for Direct Care Staff
- Trauma Focused Therapy Training
- Integrated Health Care Training
- Lenawee Health Network
- Great Start Collaborative
- Head Start Policy Council
- Wraparound Gatekeeping
- United Way
- Prisoner Reentry
- Mental Health Awareness Committee
- Share the Warmth
- Community Collaborative Collective Impact Model
- safeTALK Training
- ASIST Training
- Motivational Interviewing Training
- Lenawee Substance Abuse & Prevention Taskforce
- Yellow Ribbon Training
- MACMHB Conferences
FOCUS ON:
ACCESS TO SERVICES & IMMEDIATE RESPONSE

All individuals in need of mental health services, regardless of urgency, can access services at LCMHA by walking into our offices or by calling 517.263.8905 or 1.800.644.5005. The LCMHA continuum of care includes immediate 24 hours, 7 days per week emergency and urgent care for all of the current consumers, potential consumers, and all residents of the state of Michigan.

It is the mission of the Access Center of LCMHA to arrange for effective, medically necessary mental health and substance use services for residents of Lenawee County. The Access Center is the single entry point in Lenawee County for individuals and families who seek services from the public mental health and substance use system. We serve individuals and families with several benefit packages: Medicaid, Adult Benefit Waiver, MIChild and individuals with no resources are served with General Fund monies from the State of Michigan.

Unfortunately, in 2013 LCMHA had to implement a waiting list for people who have no health care benefits. LCMHA must use general fund dollars to try to meet their needs and there is just not enough GF money to meet the need. In 2013 only those who required hospitalization received outpatient services, all others were added to the wait list.

Local Outreach:

We participate on the Lenawee Sheriff’s Dept., Victims Service Unit, which is a team of emergency responders who have been trained by state and local law enforcement to provide immediate, on-site assistance to families dealing with the aftermath of a crisis. Response teams accompany emergency personnel to the scene, to provide support and assistance to survivors, helping to connect them with the services they may need.

Seeking Safety Group serves those who have had trauma in their life, and teaches them to learn how to manage symptoms, cope with life, free themselves of abusive relationships and find ways to feel good about themselves and enjoy life.
FOCUS ON: FAMILIES AND CHILDREN

LCMHA Children’s Department continues to focus on services for youth ages 0 – 17 with severe emotional disturbances. Services range in intensity including wraparound facilitation, home-based services, individual/family counseling, infant mental health prevention-direct services, and case management. Case Managers continue to implement family-driven, youth-guided treatment plans. Clinicians provide therapy using a variety of evidence based practices including trauma-focused CBT and Parent Management Training Model.

One additional case manager was added to the Children’s Team in 2013, to assist with a variety of case management needs including linking and coordinating families with community supports. The Children’s Department continues to collaborate with our community partners to help all families build appropriate coping skills, establish healthy relationships, and connect to education system as well as find appropriate primary care health providers.

Children’s staff lead a community team of trainers regarding being trauma informed. Trainings have been held with foster parents and child care directors. The Trauma Training team presented at a State training about working together as a community about the impact of trauma and how to help children/families.

A one-time only research project was conducted with U of M called “Mom Power”. Moms with children ages 0 – 6 were invited to participate in a 10 week engagement group. Two of our Level II endorsed Infant Mental Health Clinicians facilitated the group with many other staff helping with either the children’s group or with other details. The participants reported finding the group helpful.

Parent Management Training (individual) and Parenting Through Change (group) continue to be offered as part of our services for families. In 2013, nine families participated in 123 PMTO sessions and 12 parents participated in 72 PTC group sessions. Post-participation surveys indicated a positive experience for parents who participated in either of these services.

Health care and wellness, as well as substance abuse concerns are discussed with families and incorporated into the treatment plan of each child. LCMHA staff encourages families to be part of each step of treatment process.
FOCUS ON: ACCOUNTABILITY

As a public entity, LCMHA realizes its responsibility to be accountable to the community for what we do and how we do it. We are always working to assure that we are providing the right services to the right people at the right time. We work to assure that those we serve are treated with respect. And, we work to manage our operations using financially sound strategies. With these goals in mind, below are some of the accountability measures we employ across our system to assure the highest standards of accountability:

LCMHA is accredited by the Joint Commission; is Certified by MDCH; and is a member of MACMHB (Michigan Association of Community Mental Health Boards).


Encouraging Access to Medicaid: LCMHA has Peer Support Specialists on staff who are available to assist completing paperwork, and monitoring applications for those who may qualify for LCMHA services, and much more.

The Office of Recipient Rights: LCMHA is a member of the PIHP made up of: Washtenaw, Livingston, Monroe, Lenawee. Rights protection is provided by the PIHP. Potential rights violations, medication errors and other potential risks to consumers are identified, investigated and remedied effectively and in a timely manner. If you have questions about your rights, call the ORR, 517-263-8905 or 734-544-3000.
REVENUE
(DCH versus State Funds)

$16,606,877

TOTAL REVENUE

EXPENSES

$16,606,877

TOTAL EXPENSES
## Service Statistics

### Total Consumers Served

- **MI Adult,** 1399
- **MI Child,** 422
- **SUD,** 376
- **Persons with DD,** 294

### Community Inpatient Utilization

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<tr>
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<th>FY12</th>
<th>FY13</th>
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<tbody>
<tr>
<td>Admissions</td>
<td>260</td>
<td>272</td>
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<tr>
<td>Inpatient Days</td>
<td>1286</td>
<td>1252</td>
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<tr>
<td>Average length of stay (days)</td>
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<td>4.60</td>
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