LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

ANNUAL REPORT

2016

To Promote Positive Outcomes by Creating a Path to Resilience, Recovery, Wellness and Self-Determination
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, Healthy Michigan, and individuals with no resources are served with General Fund monies from the State of Michigan.

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.

LCMHA has accepted the responsibility of being Lenawee County’s 24 hour Community Crisis Response contact agency. The Lenawee County Community Crisis Team provides crisis management, debriefing, defusing, and follow up services for traumatic events such as: accidents, abuse, bomb threats, deaths, fire, natural disasters, terrorism events etc.

Information about LCMHA can be found on our website: www.lcmha.org. We also have a Facebook page.
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 2016 we participated in:

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<tr>
<th>Project Connect</th>
<th>Seeking Safety Group</th>
<th>MACMHB Conferences</th>
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<td>Family Medical Center</td>
<td>Victims Service Unit &amp; Steering Committee</td>
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<td>Lenawee County Community Crisis Team</td>
<td>Domestic Violence Task Force</td>
<td>Making Strides for Suicide Prevention Walk</td>
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<td>Anti Bullying Task Force</td>
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<td>Recovery Oriented System of Care (ROSC)</td>
<td>Continuum of Care</td>
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<td>Continuum of Care – Point in Time Count</td>
<td>Ross Foundation Conference for Direct Care Staff</td>
<td>Parent Management Training – Oregon Model (PMTO)</td>
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<td>Trauma Focused Therapy Training</td>
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<td>Parenting Through Change (PTC)</td>
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<td>Head Start Policy Council</td>
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<td>Wraparound Gatekeeping</td>
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<td>Community Collaborative Collective Impact Model</td>
<td>Share the Warmth</td>
<td>2016 Addiction Summit</td>
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<td>OneLenawee</td>
<td>Collective Impact Core</td>
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<td>Lenawee Essential Needs Council</td>
<td>Cradle to Career</td>
<td>Motivational Interviewing Training</td>
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<td>State Walk a Mile Rally</td>
<td>Financial Stability Coalition</td>
<td>Mental Health First Aid Training</td>
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<td>E-Race Stigma 5K Run, Walk &amp; Kids Dash</td>
<td>Local Walk a Mile Rally</td>
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FOCUS ON:
INTEGRATION, HEALTH & WELLNESS

The Family Medical Center at 1200 N. Main, Adrian, MI 49221 co-locates LCMHA Psychiatrists, nursing staff, Integrated Health Supervisor, Integrated Health Care Manager, and Peer Support Staff in a medical building that houses primary care physicians; dentists; Department of Health & Human Services staff, lab services. The FMC offers: tele-psychiatry; tele-medicine; community psychiatrist; a psychologist; and nutritionist.

This is a one-stop shop for many of our consumers who previously did not have a primary care physician. FMC staff are actively working with LCMHA to continue to increase integration by being active members on committees and workgroups. FMC has a grant funded program “Project Health” for pre-diabetes and undiagnosed hypertension.

LCMHA has strengthened referrals to the community with “warm transfers”.

LCMHA is utilizing Medicaid claims data to recognize high utilizers of the hospital emergency rooms and offers physical and behavioral supports to decrease those numbers. Data is also used for case consultation to support CMH staff as they transition into Care Managers.

FOCUS ON:
ADVOCACY; AWARENESS AND ANTI-STIGMA

Consumer Action Committee has a new work plan; new energy and a new focus of educating the community about mental illness; promoting self sufficiency, and educating consumers on current and pending legislation. Members of Consumer Action Committee are active on many community groups, and act as the consumer voice at LCMHA board meetings. Members of this committee were very active in planning the Addiction Summit; the 5K race, and attended the Walk a Mile in My Shoes Rally in Lansing.

For Mental Health Awareness Month in May 2016 the second E-Race Stigma 5K run, walk and kids dash to raise awareness of the impact of fitness and a healthy lifestyle on a person's mental health was held. This event was very successful, it was organized by Greg Adams, a consumer, and board member, who himself is a very active runner. Greg attributes his physical fitness regime as instrumental in his recovery. Over 300 participated, including many with mental health or developmental disabilities. Entry fees and any donations received were donated back to the community for new health initiatives.
FOCUS ON:
RECOVERY ORIENTED SYSTEM OF CARE

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 2015, a total of 505 consumers were treated for substance use disorders.

In 2016 a one-day Addiction Summit was very well attended by a large cross section of the community, including treatment providers, medical professionals, law enforcement, court system, educators, parents, teens, people in recovery, patient advocates. The success of this event has led to planning of a follow up in 2017.

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)
• OneLenawee (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 bi-monthly 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. Childhood trauma, or toxic stress, was identified as a common issue which adversely affects all aspects of life, and can be positively impacted by a collaborative approach, in identification, education and treatment.
FOCUS ON: FAMILIES AND YOUTH AGES 0 - 18

The Children’s SED Department includes youth aged 0-18. Services continue to focus on evidence based practices that have fidelity measures and research data to indicate these particular services have effective results. The evidence based services that LCMHA maintains includes: Parent Management Training-Oregon Model; Parenting Through Change—a group model of PMTO for parents; Trauma Focused-CBT and Wraparound Facilitation; and Infant Mental Health services considered a promising practice. Some of the available services within the Children’s Department include:

**Autism Benefit Services:** Services for youth with Autism were expanded. The autism expansion can apply to youth ages 2-21 that been diagnosed on the Autism Spectrum and who meet criteria for this benefit. Assessments are completed to determine eligibility; with on-going therapy in the family home to increase social communication skills.

**Infant Mental Health services for families with a child 0-3:** Therapy is provided for parent to establish healthy attachment, supportive parenting, and appropriate connections with their children.

**Parent Management Training:** Available in either group or individual format. This is an active learning model that therapists practice tools with parents to build skill and mastery before parents ‘try it out’ at home. Components focus on teaching through encouragement, setting limits, and emotion regulation. Parents are the expert of their children and work in tandem with the therapist. A new component to this evidence based practice is called PTC-RH (Parenting Through Change-Return Home) for parents with children in the foster care system.

**Home Based Therapy:** Meeting with youth and family in the family home; focus on building healthy relationships, developing appropriate emotion regulation tools, increase pro-social skills, help families connect to other systems as needed and to help families establish independence and self-reliance.

**Children’s Case Management:** Continues to help parents connect to community resources, addresses concerns within school systems, collaborates with court, and works to integrate mental health services and physical health providers.

During 2016, staff within the Children’s Department continue to network and collaborate with school systems, courts, and DHHS. Combined CMH and provider staff continue to provide trauma focused therapy; continue to maintain certification in PMTO/PTC/PTC-RH; and work closely with a variety of community agencies and partnerships to provide integrated services for youth and families.
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.

LCMHA is Certified by MDHHS; and is a member of MACMHB (Michigan Association of Community Mental Health Boards).


Encouraging Access to Medicaid: LCMHA has a Benefits Specialist on staff who is 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.

LCMHA has several Continuous Improvement Workgroups:
- Staff Development & Training
- Provider Monitoring
- Health & Safety
- Enhancing Consumer Experience
- Records Review
- Lab Completion
- Local Admission Discharge Transfer
- Integrated Health Case Consultation
- Behavior Treatment Review Committee
- Sentinel Event Review
- Social Security Application

Clinical Supervisors meet weekly on Utilization Management.
**REVENUE**

- **MEDICAID, $15,669,515**
- **COUNTY FUNDS, $365,686**
- **STATE FUNDS, $508,407**
- **OTHER, $216,974**

**TOTAL REVENUE**

$18,063,415

**EXPENSES**

- **INPATIENT/ RESIDENTIAL $8,021,391**
- **MI SERVICES, $4,567,837**
- **DD SERVICES 2,673,650**
- **ADM SUPPORT $1,398,636**
- **RECIPIENT RIGHTS, $99,068**
- **SUD, $1,304,833**
- **STATE FUNDS, $508,407**
- **MEDICAID, $1,302,823**
- **COUNTY FUNDS, $365,686**
- **OTHER, $216,974**

**TOTAL EXPENSES**

$18,063,415
SERVICE STATISTICS

TOTAL CONSUMERS SERVED

- MI ADULT: 1154
- MI CHILD: 408
- SUD: 400
- DD ADULT/CHILD: 305

COMMUNITY INPATIENT UTILIZATION

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<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
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<tr>
<td>Admissions</td>
<td>358</td>
<td>332</td>
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<tr>
<td>Inpatient Days</td>
<td>1839</td>
<td>1749</td>
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<tr>
<td>Average length of stay (days)</td>
<td>5.14</td>
<td>6</td>
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