Community Mental Health For Central Michigan (CMHCM)

The *Who* and *What* we do for our community
What and Where is CMHCM?

- Your local mental health authority
- Covering Gladwin, Clare, Mecosta, Osceola, Midland and Isabella Counties.
- All of our services are trauma informed and take a stages of change approach.
- We provide crisis services (CMIT) 24/7/365. Most often to those with medicaid, but crisis services can, in fact, serve any insurance.
Who do we serve?

- We only serve those with Medicaid insurance

- Consumers must meet criteria to be considered eligible for services—this is more often based on level of functioning than it is diagnosis alone
  - Those with Intellectual or Developmental Disabilities (IDD)
  - Severely and Persistently Mentally Ill (SPMI)
  - Severely Emotionally Disturbed (SED)
  - Autism Spectrum Disorder (ASD)
  - Those with Co-Occurring Mental Illness and Substance Use Disorder (COD)
CMHCM is required by MDDHS to have a *person centered plan* for anyone open to and receiving our services.

A *person centered plan* is a unique plan for each person which outlines their personal goals for their lives to be fulfilled.

We then use *medical necessity* to help us determine what services we have that will best assist this person in meeting their goals.

All services provided by CMHCM must be *medically necessary* based on a person’s diagnosis, level of functioning, and overall capabilities.

CMHCM strives to take a *strengths based approach* in how we approach all of our consumers and their services.
Keep in mind that having an I/DD diagnosis does not automatically qualify for CMHCM services as we also look at level of functioning

Have to have been diagnosed before age of 22 and typically diagnosed by the school system. When possible we like these records.

Provide a SIS assessment to help determine areas of need and how we can best support consumers to live the most independent and fulfilled lives.
I/DD Services

- Based on medical necessity and person centered planning services may include any or multiple of below.
  - Case management—Linking, Advocacy, Coordination of Services, Assessment, and Monitoring
  - AFC home placement
  - Community Living Supports (CLS)—focuses on helping consumer to build skills in specific areas
  - Connected with MMI or Arnold Center for employment
  - Behavior Management Treatment Planning
  - Mental Health medications as needed/appropriate
SPMI Services

- Keep in mind that having a diagnosis of a mental illness does not automatically mean CMHCM services are necessary, but we again look at how a person’s mental health diagnosis impacts their overall level of functioning.

- Again what services a person receives will be determined based on their person centered plan and medical necessity.
A person diagnosed with a SPMI treatment plan may include any or multiple of below.
  ◦ Case management—Linking, Advocacy, Coordination of Services, Assessment, Monitoring
  ◦ OPT therapy services
  ◦ Peer Support Services
  ◦ Health Services—important to note that the majority of our psychiatric services are provided via tele-medicine.
SPMI A Deeper Dive

- ACT Services—Primarily for those with a diagnosis of schizophrenia or schizoaffective disorder. Can have a co–occurring substance use disorder.
  - Provides intensive team based services which includes case managers, peer supports, therapist, RN, and doctor
  - Access to ACT team 24/7
  - A team based approach that strives to help those with the most severe symptoms obtain and maintain stability to help live fulfilled lives in the community.
Evidence based practices (EBP’s) treatments we know that work. What do we provide?

- Cognitive Behavior Therapy (CBT)
- Cognitive Enhancement Therapy (CET)
- PE (Prolonged Exposure)
- Dialectical Behavior Therapy (DBT)
- Trauma Empowerment and Recovery (TREM and M–TREM)
- Motivational Interviewing (MI)
SED is the criteria used for kids. We look at diagnosis, trauma history, and functioning on different life domains.

Services for children always take a family focused approach. While, individual therapy for kids, has it’s time and place we also know that kids live in a family system and if that system doesn’t change or is able to meet the child’s needs changes will be minimal or less often sustainable.
SED–The Basics

- Based on person centered planning, diagnosis, functioning and medical necessity children and their families services may include any or multiple of below.
  - Case Management
  - OPT Services
  - HB Services (More intensive and highly family focused)
  - Health Services
  - Parent Support Partner
What EBP’s do we provide to children.

- Infant Mental Health (IMH) only provided in home based services as this is the model. Baby Court is our newest program under IMH. (0–4)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Trauma Focused CBT (TFCBT) (Most ages)
- Brief Strategic Family Therapy (BSFT) (Most ages)
- Parent Management Training of Oregon (PMTO) (Primarily focuses on 5–12)
- Parent Child Interaction Therapy (PCIT) (2–7)
- Adolescent Dialectical Behavior Therapy (typically 12 and up)
- Multisystemic Therapy (MST) Not available Clare/Gladwin...yet 😊
Autism Program

- Available for those ages Birth–21
- For those with medicaid we provide autism evaluations/assessments.
- For those who meet criteria for ASD we submit an application to the State who is actually the one who gives the final approval for the program.
- If eligible this program provides Applied Behavioral Analysis (ABA an EBP for autism) to the child and the family.
- These services can be done in the home or in a center. A behavior treatment plan is developed to target to increase or decrease specific behaviors. This plan is then overseen by a person certified in ABA and directly provided by a tech trained in ABA.
- Amount of time per week for this service is based on severity and intensity of the behaviors.
COD Services

- CMHCM does offer services to those who have both a mental health disorder and a substance use disorder.

- Using staged matched interventions and based on the principals of MI we try to meet all of our COD consumers where they are at in their readiness for treatment.

- CMHCM refers out for inpatient substance abuse treatment, detox treatment, and IOP.
Again based on person centered planning and medical necessity a person can receive any or multiple of below services.

- Case Management
- OPT Services
- COD Group therapy
- Peer Support (we do not currently have Certified Recovery Coaches)
- Health Services
Those with a COD may be appropriate and benefit from many of the other EBP’s listed based on what their mental health concern may be. Specifically for COD we provide

- Integrated Dual Disorder Treatment (IDDT)–ACT team like approach to those with the most high risk MH and SUD issues. A person typically receives Case management, therapy, and COD group. Cases are staffed on a weekly basis to discuss progress, concerns, problem solving.
Please don’t forget that CMHCM now partners with Recovery Pathways to bring MAT services to our communities. Recovery Pathways spends time in our Clare, Gladwin, Isabella, and Midland locations.

Remember do not have to be a CMHCM consumer to utilize this service, but do need to be in therapy in addition to receiving MAT.
CMHCM and Community Partnerships

- Just a quick look at a few community partnership programs we have going.
  - Jail Groups—Running Life Goals groups in the jails.
  - Baby Court—in partnership with DHHS
  - Youth Intervention Specialist—Mental health worker for the schools
  - Farwell Schools—1 therapist at Farwell Elementary and 1 therapist at Farwell Middle
  - Foster Parent Education/Support Groups run in conjunction with DHHS