

NORTH COUNTRY



Mission

To ensure the provision of behavioral health services that improve the quality of life in our communities.

Vision

Setting the standard for excellence in behavioral health care.

2014 ANNUAL REPORT

*Serving
Antrim, Charlevoix, Cheboygan,
Emmet, Kalkaska and Otsego Counties*

2014 HIGHLIGHTS

- *May is Mental Health Month* activities NCCMH featured the 17th Annual Run/Walk for Mental Health with the theme, 'Mind your Health' emphasizing the role integration of behavioral and physical health plays in wellness and recovery.
- Supported Housing services were provided to 10 consumers in independent apartments and 8 consumers in the Bridge Street transitional housing unit using grants obtained from the Michigan Department of Community Health (MDCH).
- The Supported Employment program provided employment services to 42 consumers in 2014, of which 24 have successfully obtained employment. Fidelity to the evidence based practice remains strong, with the majority being non-seasonal, long-term positions.
- The Petoskey Club received 3-year accreditation status from Clubhouse International. This is a re-accreditation, as Petoskey Club has held this status for several years.
- New Horizons Clubhouse received a MDCH grant to assist with the provision of 3-week training. Two full-time staff, one member, and the clubhouse director all participated in training at Genesis House in Worcester, Massachusetts, in movement towards their goal of accreditation through Clubhouse International.
- The evidence-based practices of Integrated Dual Diagnosis Treatment, Illness Management Recovery and Family Psychoeducation continue to be provided to individuals with a mental illness in all six counties, both individually and in group format.
- The 2014 "Fun Walk for Autism" continued to grow with 145 participants. Highlights included Boyne City police attending to increase the comfort level of children with Autism Spectrum Disorders (ASD) around officers and encourage parents to complete a form for their home to alert police that a family member with ASD lives there. The grand prize was an iPad. A person with autism sold his book of poetry.
- The choice for self-direction climbs. By the end of 2014, 74 individuals chose to direct their own services through a self-determination arrangement.
- The Northern and Cheboygan Regional Interagency Consumer Committee (RICC) members continue advocacy through involvement in the "Walk a Mile in My Shoes" legislative event. They had discussions with legislators at a breakfast prior to the event on the impact of limited General Funds on people without Medicaid, the need to continue Medicaid funding for dental services, lack of employment opportunities and cuts to Clubhouses and workshops.

2014 *Continued Challenges*

The year 2014 saw the culmination of efforts related to the creation of a new region when the Northern Michigan Regional Entity (NMRE) was formed by the five mental health boards in the 21 counties in northern Lower Michigan. Thus, North Country Community Mental Health ceased operating its managed care arm, which it had done successfully since 2002. For 11 years, North Country CMH had two roles: one as a provider of services, and one as a managed care organization. The managed care side held the Medicaid contract with the state for an affiliation of three mental health boards serving 13 counties at the tip of the mitt. Now this role will be filled by the NMRE for a larger region. As one of ten prepaid inpatient health plans, the NMRE will hold the Medicaid contract for all specialty behavioral health care services, including substance use disorder services, and be responsible for ensuring that all services are provided and funds expended in a way that is compliant with federal regulation and state policy regarding Medicaid prepaid specialty services.

Another milestone in 2014 was the implementation of the Healthy Michigan program (Medicaid expansion) on April 1. This program provides much needed health care and behavioral health care services for people who qualify for this benefit. The implementation was successful in Michigan, exceeding expectations for enrollment in our region, and already has proven helpful in serving a group of persons who otherwise might have been without care.

Unfortunately, the Healthy Michigan program was accompanied by substantial cuts to State General Funds (GF) funding for CMH services in Michigan. While Healthy Michigan did, indeed, pick up some individuals who would otherwise have been funded by GF, it did not eliminate other needs for this flexible source of funding, such as state hospital utilization, child placements, supplementing Medicare funding, jail services, etc. This reduction in state funding has been a serious blow to our agency and to CMH agencies across the State.

You can see, however, that we have pursued our vision of *setting the standard for excellence in behavioral health care* in ways that include attaining accreditation for the Petoskey Club from Clubhouse International, facilitating self-determination arrangements for 74 individuals, and providing diagnostic, assessment and applied behavioral analysis services to 52 children with autism under the new autism benefit available in the state. We also continued to offer a host of evidence-based practices including supported employment, supported living, assertive community treatment, illness management recovery and integrated dual disorder treatment, among others.



Ed Ginop
Chairperson, Mental Health Board

While challenges are sure to continue, our staff and board remain committed to facing them with enthusiasm and gratitude for the opportunity to serve our clients and our communities.



Alexis Kaczynski
Director

Evidence-based supported Employment

The Power of Work



"I feel work is a type of therapy"

Important in the range of services offered by North Country CMH is evidence-based supported employment. This program, which offers individual placement and support to persons with serious mental illness, assisted 33 people in obtaining employment in 2014. Skill building, job search and development, the process of interviewing and placements have occurred within a wide range of job categories including food service, hospitality, janitorial, home healthcare, customer service, driving positions, and retail.

Despite barriers to successful employment such as transportation, extremely rural locations, symptoms, and lack of work history, these people have experienced success, in part, because of the evidence-based fidelity principle of considering client preference and choice as a primary focus when searching for employment. All employment is based upon the principle of "competitive employment," or job placements that are community-

based and appropriate for any citizen who applies. Additional principles which assist in success are a close integration between supported employment staff and the treatment team, time unlimited (on-the-job) supports, and benefits counseling to ensure the ability to maintain benefits and health insurance while earning an income. Two people who have found such success are Seth of Harbor Springs, and Linda of Petoskey.

Seth began working with the program in October 2013. He had a limited work history and had struggled to find a job. His employment journey took time, as finding the right job match for him was part of the fidelity principles. Due to his illness, he at times had difficulty focusing his attention and often was forgetful. He continued to work with his Employment Specialist to increase his skills, and in June 2014, was hired by a janitorial company doing after-hours cleaning six days a week. Seth's boss describes him as his "rock." He has not called in sick or taken any time off since starting his job! Seth initially received intensive job coaching, and now he only receives monthly visits to assure job retention. Seth takes pride in his work and has a confidence that was not evident prior to his employment. He has become more social, goal driven, and strives to do well.

When Seth was asked how to describe employment services, he stated, "It supports people to help them feel normal. I would not be as confident in myself as a human being. I have self-worth." He said that the program "has given me focus and a level of independence. It gives me something to look forward to as well as giving my mom time to recoup."

Linda began working with the program in January 2013. At that time she had been unemployed for five years, was recently hospitalized and was living in NCCMH transitional housing. With assistance from employment services, she was able to find seasonal employment in May though a local casino as a banquet server. That position ended in January 2014 but during that time she was able to find permanent housing and moved into her own apartment. Linda and her Employment Specialist then began a new job search and in February 2014 she secured year-round employment as a buffet attendant at a local eatery. She then was able to purchase a vehicle to assist with getting to and from work. Linda has maintained this employment for over one year and has become a valued employee. She has additionally been trained for dishwashing and greeting – at times doing all three during her shift.

Linda says, "The employment staff is there from finding a job, interviewing, and actually getting the job." She values evidence-based supported employment for "having support to have someone guide you along the way, both for your job as well as figuring out the finances of working and SSI benefits."



"I brag about the program all the time. Everyone should do it!"

Infant Mental Health

A Happy Ending and Great Start

Joey (not his real name) and his family were referred for Infant Mental Health (IMH) services by his daycare provider when Joey was one month old. His mother was returning to work early from her maternity leave. As she dropped him off for the first time, the provider commented about how difficult it must be to leave such a new baby. When Joey's mother replied, "Not really," the daycare provider took note. She observed the lack of emotion and expression on this mother's face, and the lack of connection the baby mirrored back. Through gentle support she learned more about Joey's mother and her circumstances, and was able to connect her to the IMH program.



Joey's mother was able to address the difficulties she was facing and now takes joy in her relationship with her son. The family has developed strong bonds and Joey is thriving in an environment of security.

Joey's mother used the treatment to address her depression and the current symptoms that were triggered by the abandonment she had experienced as a child. Through caring for Joey in a more attuned manner, she was able to elicit smiles, eye contact, and giggles, which were soon mirrored in her own smiles as she was able to take joy in a relationship in which she had feared investing.

The family continued in treatment for about a year and a half. Joey became a confident toddler, exploring and engaging in a larger world due to the security he felt in his family. The family also found confidence in their ability to meet one another's needs, solve problems, and participate in ongoing nurturing relationships.

When informed the family had graduated from IMH treatment, the daycare provider commented, "I think that was the best referral I ever made."

Joey's father had abandoned the family right after his birth. His mother had feared this would happen throughout her pregnancy, and so had a difficult time welcoming the pregnancy and birth of a new family member, fearing it would cause the loss of her significant other. When Joey's father did leave, his mother was plunged into a depression and became emotionally less available to her infant. With his father also missing, Joey was a baby without the connections he needed to thrive. Thus he became the solemn little bundle delivered to the daycare provider.

Thanks to the family's commitment to recovery, this story has a happy ending.

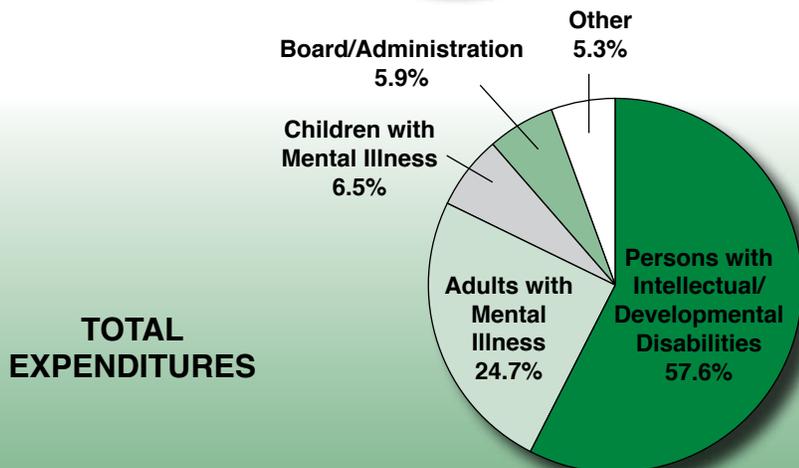
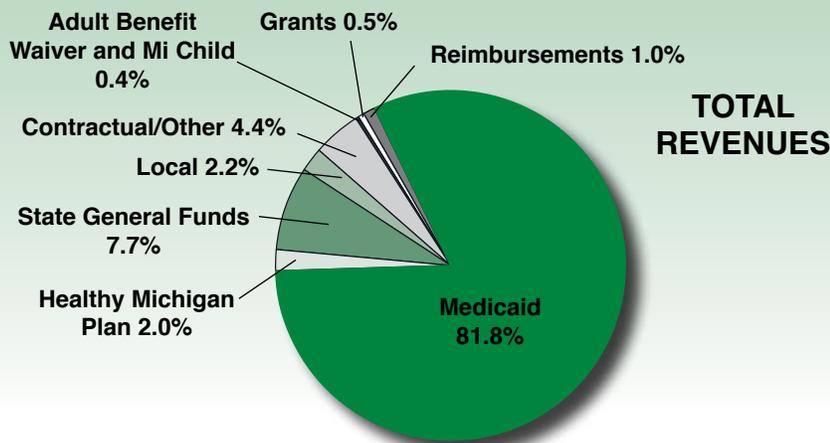
Joey's father returned. More than anything he wanted to give Joey a father, something he had never experienced himself. He was able to address his previous history of trauma, abuse and neglect, events from which he often fled by leaving home. He was able to see that he had continued this old coping pattern in his new family and was able to develop new, healthier strategies to speak about and cope with his fears. He feared he would not know how to be a father to Joey, and with Joey's help, he learned how a father cares for his infant son. They developed a strong bond, just what Joey needed, and just what Joey's dad had hoped would happen.

SERVICE DATA

	FY 2012	% of Total	FY 2013	% of Total	FY 2014	% of Total
Adults with Mental Illness	2543	61.1	2575	61.0	2419	60.6
Children with Mental Illness	845	20.3	805	19.1	723	18.1
Individuals with Intellectual/Developmental Disabilities	775	18.6	812	19.2	829	20.8
Admissions	325		317		327	
Inpatient Days	4391		4183		3962	
Average Length of Stay (in days)	13.51		13.75		12.12	

2014 HIGHLIGHTS

- The Antrim Kalkaska Aktion Club established a free mini-library in Mancelona. People can drop by, take a book, read it and bring it back and add books for others to read. Aktion Club members keep the box filled with all kinds of books for all ages
- A NCCMH staff became certified in the use of the Support Intensity Scale (SIS) in the summer of 2014. Forty-eight individuals with intellectual/developmental disabilities were interviewed between August and December. The SIS helps to identify the supports a person needs in all aspects of life to accomplish and be included in the same way anyone else would. The information is very useful in developing individual plans of service.
- NCCMH has been actively promoting CMH involvement in the National Core Indicators Survey, conducted by 41 states and the District of Columbia and used to measure quality of life for people with intellectual/developmental disabilities and to allow comparisons between the states.
- Services related to the autism benefit have been provided to 37 children during the course of the year. These services include autism testing and evaluations, assessments, service planning, and the provision of applied behavioral analysis intervention. Services are available to children aged 18 months through five years.
- NCCMH conducted a consumer survey where satisfaction is measured on a 4-point scale, with four being highest. The average survey score was 3.5 and the percentage of consumers that were satisfied (scoring 3.0 or higher) was 95%. Survey results are used to enhance service delivery and drive quality improvement efforts.
- NCCMH met or exceeded MDCH standards for timely access to services on 105 of 112 quarterly indicators during FY14. Measures include an initial assessment within 14 days of request; first ongoing service within 14 days of assessment; screening for inpatient hospitalization within three hours of request; and follow-up care within seven days after inpatient hospital discharge. The required standard is 95% of reported activities. For inpatient hospital readmissions within 30 days, the required standard is less than 15%.
- NCCMH funded more than \$14.2 million in payroll for more than 263 employees in Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego counties, and paid \$21.9 million in contractual services leading to employment of more than 560 additional people. Several million more were spent on goods and services in the six-county area.



Revenues

Medicaid	\$ 34,660,705
Healthy Michigan	847,146
State General Funds	3,275,377
Local	917,223
Contractual/Other	1,862,191
Adult Benefit Waiver and MI Child	150,445
Grants	230,420
Reimbursements	415,227

Expenditures

Persons with Intellectual/Developmental Disabilities	\$ 24,345,859
Adults with Mental Illness	10,436,119
Children with Mental Illness	2,760,714
Board/Administration	2,479,734
Other	2,240,174

Total Revenues \$ 42,358,734

Total Expenditures \$ 42,262,600

2014 Board Members

Antrim County

Christian Marcus
Louis Scholl

Charlevoix County

Joel Evans
Dennis Priess

Cheboygan County

Sue Allor
Bob Boyd
Ed Ginop (Board Chair)

Emmet County

Dan Plasencia
Karla Sherman

Kalkaska County

George Anthony
Craig Crambell
Debra Kimball
Sr. Augusta Stratz

Otsego County

Gary L. Averill
Paul L. Liss

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Main Locations

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Antrim County

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Kalkaska County

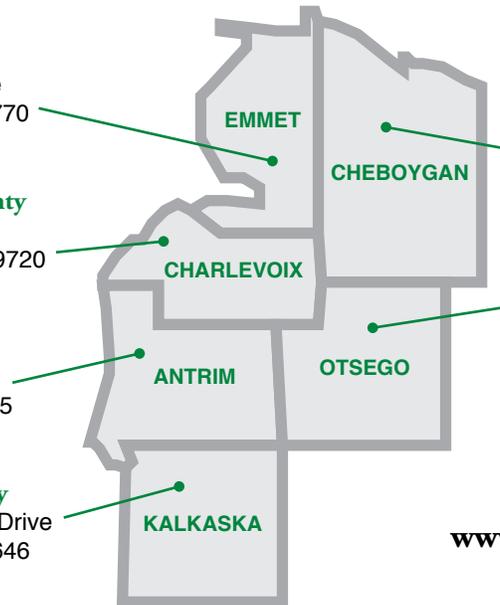
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Visit us at
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