

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.

2015 ANNUAL REPORT

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

2015 HIGHLIGHTS

- 'Mind your Health' was the theme of NCCMH's 18th Annual Run/Walk for Mental Health. The activities emphasized the integration of physical health and wellness as part of the mental health recovery process.
- Supported Housing services were provided to 12 consumers in independent apartments and 7 consumers in the Bridge Street transitional housing unit using grants obtained from the Michigan Department of Health and Human Services (MDHHS).
- The Supported Employment program provided employment services to 71 consumers in 2015, of which there was a 50% rate of employment. Fidelity to the evidence based practice remains high, with most positions categorized as long term and non-seasonal.
- The Petoskey Club received a grant from MDHHS to send staff and members to a 3-week training in Worcester, Massachusetts. They also received a grant from the Petoskey Harbor Springs Area Community Foundation for Arts and Wellness activities and initiatives such as building raised garden beds, ukulele lessons, and the purchase of FitBits.
- New Horizons Clubhouse began the process for Clubhouse International Accreditation by starting the Clubhouse Self Study. They plan for their accreditation visit in June, 2016. New Horizons also appointed members to their newly formed Advisory Board.
- NCCMH provides Medicaid funding to 78 individuals who choose to direct their own services through a self-determination arrangement.
- The 2015 "Fun Walk for Autism" continued to grow with 130 participants. Highlights included fantastic community support with several gift cards and two iPads donated as prizes.
- Services related to the autism benefit were provided to 42 children during 2015. These services include autism testing and evaluations, assessments, service planning, and the provision of applied behavioral analysis intervention. In 2015 services were available to children aged 18 months through five years. Beginning January 2016, autism services are available to children up to 21 years of age.
- NCCMH conducted a consumer survey where satisfaction is measured on a 4-point scale, with four being highest. The average survey score was 3.61 and the percentage of consumers that were satisfied (scoring 3.0 or higher) was 94.5%. Survey results are used to enhance service delivery and drive quality improvement efforts.

2015 New Emphasis

It was gratifying to continue our emphasis on integrated care in 2015. Our partnership with the Alcona Health Center, which has existed since 2010 in the Community Health Center of Northern Michigan in Harbor Springs, has expanded to include offices in Indian River and Cheboygan. In addition to this, we are beginning a new partnership with the Otsego Memorial Hospital by sponsoring a staff member part time in their Gaylord Clinic.

These partnerships are a win-win community collaboration for North Country. We are able to expand the provision of behavioral health services to persons with mild and moderate impairment, something we have not been able to do for some time, as our Medicaid contract covers services for persons with *serious* mental illness and developmental disabilities. The health centers are able to provide much needed behavioral health care to their patient population, and behavioral health consultation to the medical staff. Often patients presenting with health conditions have co-occurring mental health conditions, and now these can be treated at the same time in the same location. This is more convenient for the patient, and leads to better health outcomes.

Another new emphasis for North Country has been the developing autism treatment program, and this expanded even further on January 1, 2016, when the eligible population changed from those 18 months through five years of age to those 18 months up to 21 years of age. Forty-two children received some form of treatment in NCCMH's autism services program in FY 2015, whether evaluation, assessment, service planning or applied behavioral analysis. With the expanded benefit, there were 69 new referrals for service in the new year. North Country is indeed fortunate to have the talented autism professionals it has on staff, and soon two staff members will be fully credentialed board certified behavior analysts, a "must have" for an agency autism program. Still, it is a challenge to keep up with demand, and difficult to meet the needs of the children and young adults presenting for services. Our State showed great foresight in developing the autism services program, which will show future benefits for this high need and highly deserving population.

Of course, any new emphasis does not relieve our agency of its responsibility to fulfill its mission *to ensure the provision of behavioral health services that improve the quality of life in our communities*. As you read these pages, you will note our many achievements, including the implementation of evidence-based practices, achieving high consumer satisfaction, and meeting or exceeding the State's performance standards. We do this while maintaining accreditation and weathering budget reductions.

If change is the only constant, we can expect more of it in 2016. We remain proud of our accomplishments and grateful for the continuing opportunity to serve our communities.



Ed Ginop
Chairperson, Mental Health Board



Alexis Kaczynski
Director

Trauma Focused Therapy

A Life of Worth After Trauma



TF/CBT Therapist Karleen Berry, left, shows Cassie's grandmother a card to explain that sometimes the symptoms of trauma are only the tip of the iceberg and what is underneath may be much bigger.

Unfortunately, childhood trauma is common

- More than 25% of American youth experience a serious traumatic event by the age of 16.
- Common sources of trauma include abuse and neglect; serious accidental injury; disasters and terrorism; experiencing or witnessing violence in neighborhoods, schools, and homes; and treatment for life-threatening illness.
- Children are more vulnerable to trauma because of their size, age, and dependence.

the support of her grandmother, who is her guardian, Cassie will build skills in the areas of emotions, cognitive restructuring, relaxation and coping ways. Once she has demonstrated and mastered her skills, she will write her trauma narrative under the guidance and support of her NCCMH TF/CBT therapist. She will end up with a safety plan, identified ways of coping that truly help and ultimately a celebration to recognize her hard work.

“Cassie will realize that the trauma is part of her life history; her life is not controlled by her trauma,” says Karleen Berry, M.A., L.L.P., Cassie’s TF/CBT trained therapist. Cassie will learn that in trauma therapy, the unspeakable is spoken and trust can be recaptured for healthy development.

It is very rewarding to see the TF/CBT process stabilize trauma reaction, permitting children to go about being children. Says Berry, “It is more than hope; it is a structure for life!”

Cassie (not her real name) is a quiet and mistrustful eight-year-old who has experienced a lot of trauma in her short life. She has already testified in court about the abuse she has experienced. As a result of her testimony, along with forensic evidence, her mother’s boyfriend was found guilty and sentenced to five years in prison. Her broken arm and belt marks have healed, but the hard work of emotional healing needs to take place as well.

Child traumatic stress occurs when children are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced. Depending on their age, children respond to traumatic stress in different ways. Many children show signs of intense distress – disturbed sleep, difficulty paying attention and concentrating, anger, irritability and withdrawal – when confronted by anything that reminds them of their traumatic experiences. Some children develop psychiatric conditions such as post-traumatic stress disorder, depression, anxiety and behavioral disorders.

While some children “bounce back” after adversity, traumatic experiences can result in a disruption of development and have profound long-term consequences. Repeated exposure to traumatic events can affect a child’s brain and nervous system and increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships. Adult survivors of traumatic events may have difficulty in establishing fulfilling relationships, holding steady jobs, and becoming productive members of society.

Fortunately, there are effective treatments for child traumatic stress.

Trauma Focused Cognitive Behavioral Therapy (TF/CBT) is fast becoming a standard of care in Michigan and at NCCMH for children with traumatic stress. With

Integrated Care: For the Whole Person

Partnership Helps People Get Care

Joe credits his counseling at Alcona Health Center with the change in his life course. Before, he was in constant pain, unable to work and on disability, treading water, with no sense of direction. He had been plagued with depression on and off since he was a teenager. Now, he is working as a truck driver, married, expecting his first child, and feeling better.

It began with Joe's appointment at the health clinic where he ran into a friend there for counseling. "I didn't know Alcona Health Center offered counseling," he said. "I asked about it and was connected to Jennifer right away. Jen brought me back from the so-called ledge several times. Since I started working with her, my life has changed!"



Joe received the right help at the right time and has now moved on with his life.

Jennifer Towns, LMSW, North Country Community Mental Health Outpatient Therapist, is one of a team of seasoned behavioral health professionals who are "leased" to Alcona Health Center. They work on site to see patients and provide consultation services to the medical staff.

Towns explained, "We are truly part of the multidisciplinary team and are treated as an equal and valid member of the clinic staff. Many times I have been called in to provide mental health triage with a patient who is presenting for a medication review or standard appointment but is in the midst of a mental health crisis. As Community Mental Health staff, we are very accustomed to providing emergency services and making appropriate referrals."

Joe said, "I can't say enough about Jen. She has really been there for me, in the right place at the right time. She cares and she finds ways to relate to me in real-world terms. She never tells me what to do, but she helps with suggestions, reasons, and rationale. She plays devil's advocate and helps me to see what the effects of various choices may have on me. She encouraged me to think about going back to work. She helped me find a different way to think and has helped me get my life back on track. I can't thank her enough."

According to Alexis Kaczynski, North Country CMH Director, "We are very proud of this partnership. It allows us to assist in extending behavioral health care to those people who have mild to moderate mental health needs."

"It simply is a fact that many people presenting with primary health care complaints also have behavioral health co-morbidities, and in some instances depression or anxiety may be the chief complaint. How helpful it is to have a behavioral health specialist there to address this!" Kaczynski added.

Dr. Boyd Manges, Site Clinical Director at the Community Health Center of Northern Michigan clinic, describes how it works: "A patient goes to the clinic to be evaluated for chronic abdominal pain and, after questioning him/her, it is clear they are having a lot of trouble with anxiety. After a complete exam, I speak with our counselor who is able to spend a couple minutes talking with them and set up an initial evaluation for later that week. A couple of months later the patient returns after several sessions of Cognitive Behavioral Therapy and is having a good improvement in pain and level of function. The ability to access behavioral health services in an office setting seems to de-stigmatize mental illness and, in my experience, improves outcomes and avoids unnecessary testing. I wouldn't have it any other way."

Christine Baumgardner, CEO, Alcona Health Center, said, "While the concept of integrating Medical and Behavioral Health care has been around for a long time, few organizations have successfully created a system with full integration. This partnership is a perfect example of how integration can provide seamless, convenient care for the full spectrum of Behavioral Health diagnoses. The medical and behavioral staff at both organizations have seen the added benefits for their patients and they have enriched the collegial relationships between their various disciplines. From Alcona's perspective this may have become the single biggest factor contributing to patient wellness. It's truly a win-win for all involved."

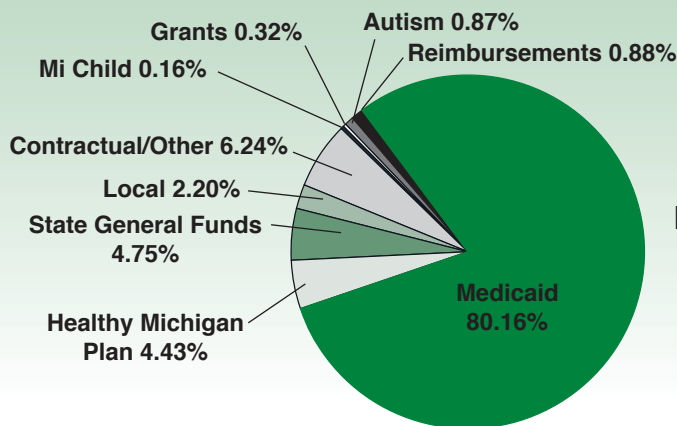
SERVICE DATA

	FY 2013	% of Total	FY 2014	% of Total	FY 2015	% of Total
Adults with Mental Illness	2575	61.0	2419	60.6	2234	58.3
Children with Mental Illness	805	19.1	723	18.1	748	19.5
Individuals with Intellectual/ Developmental Disabilities	812	19.2	829	20.8	817	21.3
Admissions	317		327		331	
Inpatient Days	4183		3962		4026	
Average Length of Stay (in days)	13.75		12.12		12.36	

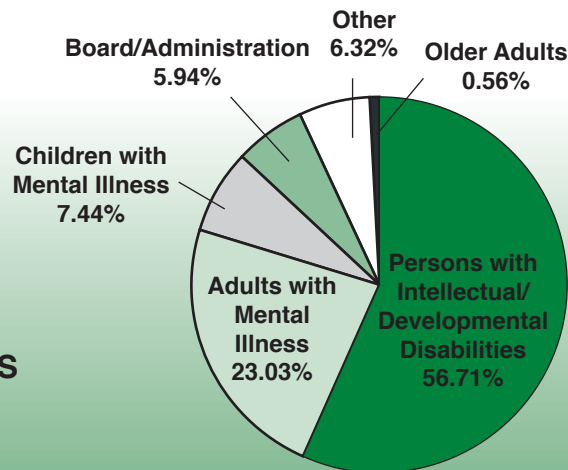
2015 HIGHLIGHTS

- 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.
- NCCMH met or exceeded MDHHS performance standards for timely access to services on 109 of 112 quarterly indicators. Indicators 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 performance expectation is 95% for each indicator except hospital readmissions which is <15%.
- NCCMH funded more than \$14.4 million in payroll for more than 278 employees in Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego counties, and paid \$22.5 million in contractual services leading to employment of more than 584 additional people. Several million more were spent on goods and services in the six-county area.
- NCCMH joined the MI Connect Network, an affiliation among the Health Department of Northwest Michigan, Alcona Health Center, McLaren Northern Michigan, and Sterling Area Health Center. The Network's primary objective is to provide selective support services to ensure promotion of health and wellness in the communities served. The Network's current initiative is providing youth access to behavioral health and oral health services in schools with funding through a Health Resources and Services Administration (HRSA) Rural Health Network Development grant.
- NCCMH received funding for enhancing healthcare integration through a SAMHSA Block Grant awarded to the Northern Michigan Regional Entity. NCCMH implemented a Health Information Exchange which provides timely electronic notification of consumers' admissions and discharges to emergency departments and hospitals, thereby improving healthcare coordination. NCCMH also expanded its integrated behavioral health services with Alcona Health Center, a Federally Qualified Health Center (FQHC) to three locations.
- NCCMH participated in five Community Needs Assessments conducted by the Health Department of Northwest Michigan. These Community Needs Assessments are used to identify strategic priorities in each county and to support the application process for grant funding.

TOTAL REVENUES



TOTAL EXPENDITURES



Revenues

Medicaid	\$ 35,533,048
Healthy Michigan	1,965,504
State General Funds	2,103,542
Local	976,784
Contractual/Other	2,765,408
Autism	383,547
MI Child	69,385
Grants	141,258
Reimbursements	388,910

Expenditures

Persons with Intellectual/ Developmental Disabilities	\$ 24,978,809
Adults with Mental Illness	10,146,356
Children with Mental Illness	3,277,458
Board/Administration	2,615,890
Older Adults	245,981
Other	2,783,657

Total Revenues	\$ 44,327,386	Total Expenditures	\$ 44,048,151
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2015 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

Craig Crambell
Sr. Augusta Stratz

Otsego County

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Ron Iseler

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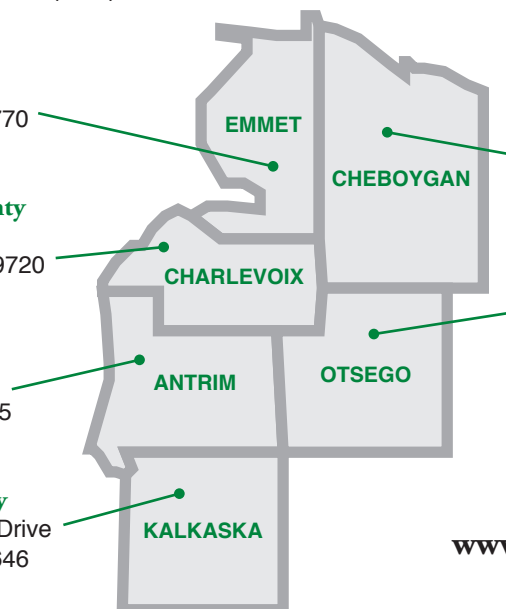
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Visit us at
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