



# 2014-15 Annual Report to the Community

## Newaygo County Mental Health

Looking back to my opening remarks in the 2013-2014 annual report, I framed that as being our “report card” to you, the community of Newaygo County. The 2014-2015 annual report is written and presented to you for your review within that same context.

During the fall of 2014, the NCMH Board of Directors and agency administrative staff met to identify strategic priorities and missions for the agency. The board had many discussions about the strengths and weaknesses of the agency, as well as board priorities for the future. During that same time period, the board conducted an environmental scan to evaluate the current state of the agency, identified upcoming challenges, and prioritized objectives for the future.

In the area of “strengths,” core competencies were felt to be the agency’s greatest strength. These are important to the fulfillment of our mission, vision, and values. They are the foundation upon which everything, including the strategic plan, is built. They are essential to the operations and functions of the agency. Those core competencies include having a board and staff that are consumer-focused and committed to the mission of the agency; where consumer treatment is person/family-centered and clinically focused on best practices; where there is a culture of personal and agency-wide accountability, not only in how we serve the consumers and the community, but in the management of the agency’s resources; and that there be a strategic focus.

The latter was grouped into three primary areas: (1) community collaborations, (2) consumer services, and (3) maintain ongoing awareness of state

and federal initiatives that would impact the agency and related consumer services. From these primary areas, corresponding goals were developed which serves as the agency’s “roadmap” for the next 3-4 years. We recognize that the healthcare environment is ever changing, and these goals are foundational to our mission, which was amended during this past year to more accurately reflect some of those changes.

*To improve and promote the wellness and recovery of persons with, or at risk of, behavioral healthcare needs and/or intellectual/developmental disabilities, who reside in Newaygo County and surrounding communities, through the provision of integrated, person/family-centered, and trauma-informed services.*

In this report you will also read of other challenges and success stories that were achieved during this time period. Despite these successes, there will always be areas in which we can improve. However, as you will see, many of the challenges and opportunities we face today in Newaygo County, whether as an individual, an organization, or community, require the collective efforts of all. Therefore, I invite you to thoughtfully consider how you can be a part of the solution for those challenges we collectively face.

Thank you, and I look forward to hearing from you.

*Michael Geoghan, R.N., L.M.S.W.*  
Executive Director

## The plan to expand: key areas of growth and development at NCMH

In fiscal year 2014-2015, NCMH made preparations for an upcoming period of growth. By focusing on the needs of our consumers and the upcoming requirements of the state, key areas were identified and given priority. These key areas included increasing access to services, growing stronger partnerships in the community, enhancing our substance use disorder (SUD) services, and implementing a trauma-informed vision as an agency.

### Expanding our reach - Fremont



On December 30, 2014, NCMH was gifted a building from Spectrum Health Gerber Memorial. Located at 220 W. Pine Street in

Fremont, this 3,920 square-foot building is the cornerstone of outreach expansion for the future. Because a significant portion of the population that we serve live in Fremont, this building will give area residents another option for seeking and receiving services. Potential consumers will soon be able to access services in Fremont, and those receiving service will also have the option to receive outpatient therapy there as well. The building is scheduled to open in the spring of 2016.

### Growing strong partnerships - community integration

NCMH has been represented on multiple community collaborative groups, including Live Well Newaygo County. Live Well is a multiagency collaboration with the goal of making Newaygo the healthiest county in the state. Additionally, we have specifically targeted community integration with local health care providers. Through the integrated behavioral healthcare program, our clini-

cians have been providing mental health services at the Spectrum Gerber's Multispecialty Clinic and Obstetrics and Gynecology clinic. These collaboration initiatives serve the role of keeping the community informed about NCMH and preventing individuals from developing severe forms of mental illness.

### Developing our services – substance use disorder integration

As of October 1, 2015, it is mandated that there should be “no wrong door” for individuals who are seeking help for substance use disorders (SUD). In response to this directive, we



sought to increase the quality and scope of SUD services. For example, clinicians were offered additional trainings and encouraged to pursue SUD certifications. We also secured the services of Bruce Baker, M.D., an addictionologist who has provided the organization with leadership and direction related to SUD services. In this next fiscal year, we plan to continue to develop and integrate comprehensive SUD services.

### Enhancing our vision: Trauma-Informed System of Care (TISC)



Led by the trauma champions team, we have enhanced the provision of trauma-informed care (TIC). With support of the National Council for Behavioral Health programs (2014-2015 Addressing Health Disparities Leadership Program and the 2015-2016 Trauma Informed Learning Community) we have made great progress in this area. At the beginning of the year enhancements included: identifying individuals to participate in the champi-



on team, revision of our mission, vision, values, and improving procedures (i.e., adding TIC to job descriptions and postings). Further enhancements include developing a shared understanding of TISC by participating in webinars, coaching sessions, agency-wide trainings, and increased clinician training in trauma-informed, evidenced-based practice. Training was also completed by supervisors in an effort to improve knowledge/discussion of secondary trauma in supervision. Also, an environmental scan was completed by staff, leadership, as well as consumers. This process led to recommendations for possible enhancements for 2015-2016. At the end of the year the champion team led a “staff care week” to recognize the importance of taking care of self, receiving support from others (including NCMH), and validating the inherent struggles for clinicians who do this difficult and important work. NCMH and the trauma champion team look forward to further enhancing of our trauma-informed system of care in 2015-2016.



**Integration:** Rhonda is a licensed, master’s-level social worker graduate of Hope College and University of Michigan School of Social Work. She has been working in the maternal and early childhood field for over 20 years. Currently she is working in an obstetrics and gynecology office. Her duties include, but are not limited to, screening and assessing psychosocial needs, as well as making referrals to community resources. She is also able to provide on-going counseling, if needed.

Rhonda may talk to patients about housing, insurance, transportation, food, and childcare. If they are pregnant, she identifies who they have as a support, and asks about anxiety and depression. Do they struggle with drugs or alcohol? Some patients have more specific needs such as finding an adoption agency or help obtaining information regarding DNA testing. Others have experienced miscarriage or fetal demise and are in the grieving process. Additional concerns may be related to parenting a newborn, post-partum depression, or child custody arrangements. How she intervenes is tailored to the needs of each patient.

Here is a hypothetical example: Suzie is 26 years old and pregnant. She is living in a house with 12 other people. She is struggling to make ends meet. Even though she is living with lots of people, she feels very alone. The father of the baby is not involved. This is her fourth baby, seventh pregnancy. She has had three miscarriages. One of her children has special needs. Her youngest child is only 6 months old. She is tired, sick with morning sickness, and very worried about caring for herself and her children. She needs help with housing, transportation, and controlling her anxiety. As a result, Rhonda assists in referring her to services of various agencies. Suzie also agreed to a counseling referral to address feelings of grief, loss, and anxiety. Upon leaving the office, she stated how relieved she was and thankful for the extra help.

Rhonda began providing integrated services for NCMH in April of 2015. What she likes most about the program is that it embraces the fact that the mind and the body are connected. By upholding that fact, she believes that the medical and behavioral providers can make an impact at a very critical time in a woman’s life as well as the life of an unborn child.





## Benefit update

The autism benefit has been in existence at NCMH since May 2013. In the past 2.5 years we have tested 36 children and have provided applied behavior analysis (ABA) services to 15 children. The services involve teaching various skills that each child needs to improve their overall functioning and independence (e.g., communication, social skills, self-care skills, etc.). The hours of service vary from 5 per week on up to 20, depending on the child's need.

We have seen progress with all of the children we have served. One child had limited speech that was difficult to understand, and he didn't attend to tasks. He is now talking in complete sentences and telling us what happens at school, during a movie, etc. He is also staying on task for long periods of time, making great progress.

Another child now has improved communication and increased the number of words that she says. She wasn't able to focus on activities in the past and would have a temper tantrum when asked to do something. She now sits at the table or on the floor completing activities and following directions, making progress on all of her goals.

On January 1, 2016, the autism benefit was expanded to age 21. We are now able to provide services for children aged 18 months through the age of 20. With this age expansion there are many other children that may qualify for the autism benefit, so we are in the process of testing and hiring and training staff. Our goal is to increase functional skills in the lives of many more children diagnosed with autism.



## My journey of recovery...

My name is Raquel. I am a normal person living a normal life. I work, raise my son, go to church, and spend time with friends. It probably doesn't sound very special, does it? But to me, it is! It's a hard-won victory over mental illness, drug use, and social isolation.

I first came to NCMH several years ago. I was in crisis; my home life was a mess, my husband and I fought constantly, I struggled with drinking and drug use, and suicide was never far from my thoughts. I was deeply depressed and emotionally unstable. The clinician I saw diagnosed me with Borderline Personality Disorder. Finally, I had a name for what I was experiencing and an answer to the burning question, *what's wrong with me?* They told me it wasn't a good diagnosis, but it was something that, with a lot of hard work and intensive therapy, I would be able to recover from. I liked the sound of that.

It was several years later that I finally returned to NCMH to begin work on recovery. During the years I had been out of state, I had been through numerous moves, two more psychiatric hospitalizations, a miscarriage, and a stint in rehab. At last I had had enough! My life was chaotic and unstable. Even getting out of bed took almost super-human efforts. Dealing with my day-to-day existence had become more than I could manage, so I got into individual therapy and started work. Not long after that, I entered the DBT program. It was a lot of hard work. You wouldn't think it would be so hard to sit in a room with other people and have a 90-minute discussion, but there were days where that was literally the biggest thing I accomplished. I learned, over many grueling weeks and months, skills to help cope with distress, ways to keep an eye on my emotions, and how to navigate through social interactions.

Essentially, DBT taught me the skills I needed to become a healthy, functioning person. Before DBT, my self-awareness and interpersonal skills were almost non-existent. I didn't trust anyone, I struggled to maintain relationships, and I had terrible anxiety when faced with any sort of social situation. After learning and working the skills, lots of individual therapy, and patient coaching from the handful of different therapists I worked with, I eventually completed the DBT program. I have been working with an awesome case manager, and with his help and encouragement, I have gotten a job and a car and enrolled my son in preschool. I will soon be moving into my own apartment. In the not-so-distant past, all of those things would have been a pipedream!

Thanks to all the compassionate treatment and care I received at NCMH, I'm much better equipped to function in my daily life. With all the things I've learned, I'm a much better mother, friend, coworkers, and human being, in general. I am working towards becoming a happy, successful individual and am making great strides in my life. I'm very glad I got the chance to receive the help I needed. My life, and my son's life, have improved so much. I'm very thankful to all the great people who have helped to make this change possible.



On March 31, 2015, NCMH was awarded a grant through Priority Health to develop and increase access of Newaygo County citizens to tele-psychiatry and addictionologist services through tele-medicine. The grant allowed for purchase of video conferencing equipment for our new Fremont facility as well as contracting with psychiatrists and physicians to provide services. We are deeply grateful to Priority Health for this opportunity to expand access to these needed services.

## Mental illness: faces of hope & recovery

Many of us have preconceived notions about what mental illness looks like: how could we not. Look at how the media portrays the mentally ill...

crazy  
criminals  
dangerous  
threatening  
nuts  
unhinged

But the truth is, statistics say that 1 in 5 people live with a mental illness.\* If 1 in 5 people have a mental illness, those descriptions can't be right. So, what does mental illness look like?



These are the faces of mental illness. These are also the faces of hope and recovery. Mental illness is nothing to be ashamed of. If you or someone you know may be experiencing a mental illness, help is available.

*\*According to the National Institute of Mental Health*







- ✓ Customers seen within two weeks of their request .....99.3%
- ✓ Customers with emergencies seen within three hours .....100%
- ✓ Customers seen for follow-up care within 7 days of inpatient discharge ....100%
- ✓ Customers seen for ongoing service within 14 days of assessment.....98.5%
- ✓ Customers not readmitted within 30 days of inpatient discharge .....91.7%

**Where your money comes from:**

Client fees .....	\$54,707	.47%
County funds .....	220,000	1.88%
State funds .....	481,668	4.11%
Federal funds .....	88,163	.75%
Medicaid.....	10,667,541	91.05%
Other .....	204,051	1.74%

**Total.....\$11,716,130**

**How your money was spent:**

Children’s services .....	\$2,051,545	17.51%
Developmentally disabled services.....	1,138,276	9.72%
Residential care services .....	4,028,989	34.39%
Adult services .....	3,472,895	29.64%
Administration & support.....	1,024,425	8.74%

**Total.....\$11,716,130**

<b>Cases served by age:</b>	0 - 3.....	18
	4 - 12.....	233
	13 - 18.....	256
	19 - 26.....	203
	27 - 64.....	778
	65+ .....	36

} **Total = 1,524**

▪ Newaygo County Mental Health is a government agency run by a board of 12 citizens, appointed by the Newaygo County Board of Commissioners. They meet on the 2nd Tuesday of the month at 10:00 a.m. The public is invited to attend.



NCMH is accredited by CARF  
(Commission on Accreditation of  
Rehabilitation Facilities)

*Newaygo County Mental Health is funded, in part, by Michigan Department of Health & Human Services, the County of Newaygo, insurance, and fees.*

**2014-15 Board of Directors**

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- Ralph Bell, Newaygo
- Kathy Broome, White Cloud
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- Michael Hamm, White Cloud
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- Catherine Kellerman, Fremont, Secretary
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- Marilyn Snell, White Cloud
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Newaygo County Mental Health assures that no individual shall be denied service on the basis of ability to pay, race, color, age, sex, religion, national affiliations, marital status, height, weight, arrest record, disability, or any other legally protected status.