

**Copper  
Country  
Mental Health  
Services Board**

**ANNUAL  
PERFORMANCE  
REPORT**

**Fiscal Year  
2005**



# **Copper Country Mental Health Services**



**Lawrence J. Pollack, Ph.D.**  
*Executive Director*

**C. Michelle Morgan, M.D.**  
*Medical Director*

**Vicki Mikkola, MSW**  
*Associate Director*

**Susan Serafini**  
*Finance Director*

**Lora A. Bulleit**  
*Human Resources Director*

## **CCMHS MISSION**

It is the mission of the Copper Country Mental Health Services Board to ensure that appropriate, cost-efficient, and quality behavioral health services are accessible to persons in Baraga, Houghton, Keweenaw, and Ontonagon counties.

Copper Country Mental Health Services provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served. Service is tailored to the needs and strengths of consumers.

## **A MESSAGE FROM THE BOARD**

*Greetings to the Citizens of Baraga, Houghton, Keweenaw and Ontonagon Counties:*

*Our Annual Performance Report gives us an opportunity to share with you some of the accomplishments and activities that occurred at Copper Country Mental Health Services over the past year. It was, indeed, a very busy year for the consumers, staff and Board of Directors at CCMH. One might call it “the year of the surveys” in that we had four different survey teams visit us during the summer of 2005.*

*We are pleased to report that we received our third three-year accreditation from CARF International, The Rehabilitation Accreditation Commission, in June, 2005. Also, the Department of Community Health conducted their three-year Rights System Assessment in June, 2005, and our Agency’s compliance score with the 292 standards was 99.3%. The other surveys included annual visits from the Department of Community Health and NorthCare Network.*

*As in years past, this report explains the current funding sources for our services and provides an overview of how those funds are used. It also provides information about our quality improvement efforts, consumer and stakeholder satisfaction results, a brief description of the services we provide, goals for the future and other Agency highlights.*

*We extend our appreciation and thanks to the many people who receive services, and other individuals and agencies from our communities who work with our staff everyday. We, again, say “thank you” to The Rice Memorial Foundation and the County Commissioners from all four counties for their continued strong support of our programs. These contributions help us and our dedicated staff to accomplish our mission and mandate to serve the people of the four-county area.*

*Thank you for your interest in Copper Country Mental Health Services.*

*Daune Smith  
Board Chairperson*

# CODE OF ETHICS

## PREAMBLE

This code is intended to provide both general and specific principles to cover most situations encountered by Copper Country Mental Health Services Board Staff. At the core of this code is our belief in accountability and is based on core values of:

- ◆ *Accountability to the public*
- ◆ *Choice*
- ◆ *Efficiency*
- ◆ *Empowerment*
- ◆ *Prudent use of resources*
- ◆ *Respect for the life, value and dignity of individuals*
- ◆ *Avoiding conflict of interest*
- ◆ *Effectiveness*
- ◆ *Empathy*
- ◆ *Inclusion*
- ◆ *Security*
- ◆ *Being fair and impartial*

## GENERAL PRINCIPLES

### **Competence**

- ◆ *We strive to maintain high standards of conduct in our work.*
- ◆ *We recognize the boundaries of our expertise.*
- ◆ *We recognize the need for ongoing education.*

### **Concern For Others Welfare**

- ◆ *We promote a safe and comfortable environment.*
- ◆ *We promote informed choice.*
- ◆ *We do not exploit professional relationships.*

### **Respect**

- ◆ *We respect the dignity and worth of all people.*
- ◆ *We promote the right to privacy and autonomy.*
- ◆ *We respect cultural differences and diversity.*

### **Social Responsibility**

- ◆ *We work to reduce social stigma.*
- ◆ *We encourage policy that promotes the interests of the people we serve and the public.*
- ◆ *We comply with the law.*

### **Integrity**

- ◆ *We strive to be honest, fair and respectful of others.*
- ◆ *We attempt to clarify our roles and responsibilities.*
- ◆ *We avoid conflict of interest.*

### **Professional Conduct**

- ◆ *We uphold the values, ethics and mission of the Agency.*
- ◆ *We adapt to meet the needs of people from different backgrounds.*
- ◆ *We collaborate with others to promote consumer interests.*

## SPECIFIC PRINCIPLES

### **Business**

- ◆ *We bill appropriately for services delivered.*
- ◆ *We conduct business in accordance with Agency values and general ethics principles.*
- ◆ *We protect against the misuse of funds.*
- ◆ *We award contracts via approved selection processes.*

### **Human Resources**

- ◆ *We follow all laws prohibiting discrimination.*
- ◆ *We are committed to providing an environment free of harassment.*
- ◆ *We show appreciation to employees.*
- ◆ *We apply fair and equitable treatment to all employees.*
- ◆ *We respect the employee's right to privacy.*

### **Marketing**

- ◆ *We compete for business on merit alone and do not engage in attempts to discredit competitors.*
- ◆ *We share testimonials that are truthful.*
- ◆ *We provide information able to be read and understood by current and potential consumers.*

### **Service Delivery**

- ◆ *We provide services that are consumer directed.*
- ◆ *We strive to provide quality services.*

### **Professional Responsibilities**

- ◆ *We follow a Code of Ethics for our respective professional disciplines.*
- ◆ *We follow the Michigan Mental Health Code.*

Adopted by CCMHS Board 8/29/01, Revised 10/27/04

# CCMHS FISCAL PROFILE

Copper Country Mental Health Services provided services to 1,361 individuals this fiscal year, utilizing a budget of \$13,508,965.

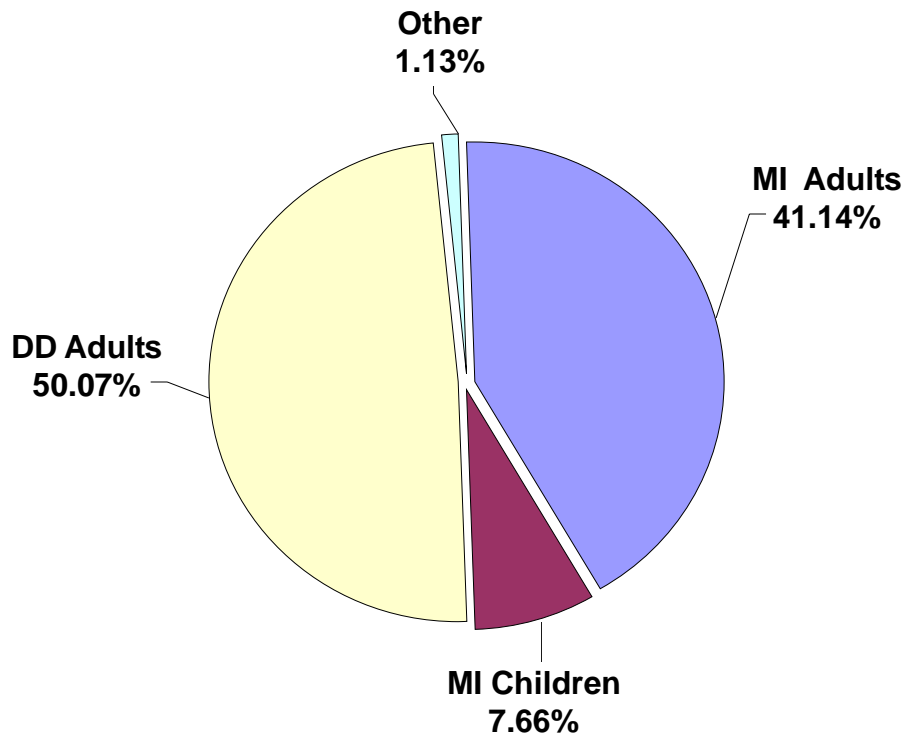
## Revenue - October 1, 2004 - September 30, 2005

State General Fund .....	\$2,392,941
Medicaid - Developmentally Disabled .....	\$7,889,868
Medicaid - Mentally Ill .....	\$2,200,492
County Appropriation .....	\$255,604
Other .....	\$1,394,481
<b>Total: .....</b>	<b>\$14,133,386</b>

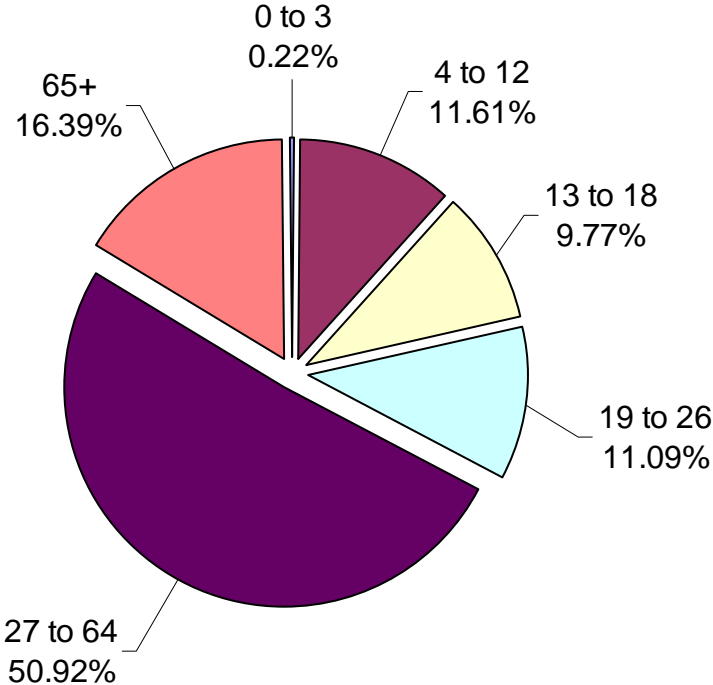
## Expenditures - October 1, 2004 - September 30, 2005

Adults with Mental Illness .....	\$5,557,977
Children with Mental Illness .....	\$1,035,121
Adults with Developmental Disabilities .....	\$6,763,796
Other .....	\$152,071
<b>Total: .....</b>	<b>\$13,508,965</b>

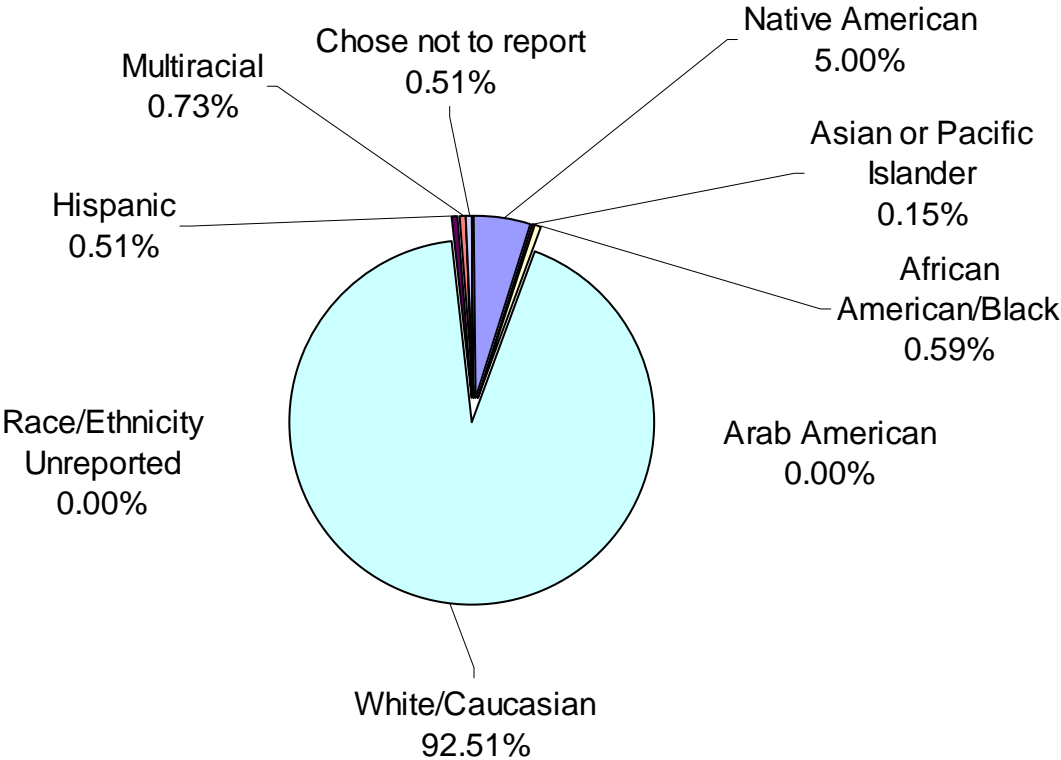
### Expenditures By Population Served



### Consumers Served by Age Group FY 05



### Consumers Served Who Reported Race/Ethnicity FY 05



# QUALITY IMPROVEMENT

The Quality Improvement (QI) Program exists to serve the mission of the agency by providing ongoing mechanisms that objectively and systematically monitor, evaluate, and improve the quality and appropriateness of agency services. Quality Improvement is an agency-wide ongoing commitment to monitor the quality of care, identify opportunities for improvement, measure the outcomes of improvement efforts and provide feedback to consumers, stakeholders and personnel.

The QI Committee administers the QI Program and is comprised of the Associate Director, Quality Management Coordinator, Corporate Compliance Officer, Finance Director, Human Resources Director, Medical Director, MIS Program Manager, Clinic Services Program Director, Acute Services Manager, Outpatient Administrative Clinical Coordinator, Community Services Program Director, Institute Director, Training Coordinator, and members of the CCMHS Board who represent people the Agency serves as well as the community.

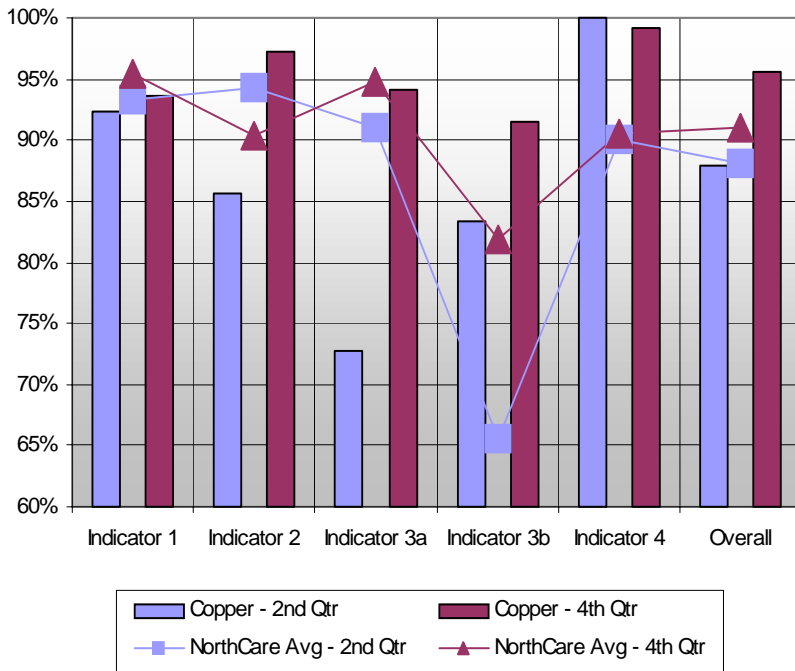
The committee meets eight times a year to review the areas indicated in the QI Work Plan. In addition, ad hoc subcommittees to the QI Committee are developed and meet as issues arise and as necessary. Quarterly and annual reports are provided to the Executive Director and the Board of Directors. The QI process encourages consumers to identify improvement opportunities, participate on QI Teams, and Review QI Reports. Consumer input is sought through advisory committees, focus groups, suggestion boxes, ongoing feedback to clinicians, availability of a customer services coordinator and the annual Consumer Satisfaction survey.

The QI Program is integrated into all services provided by the Board; the QI Committee monitors and evaluates numerous agency-wide indicators. The Committee works across departmental lines to address issues such as accessibility to services, consumer satisfaction, quality records reviews and staff development. It receives reports from various Agency committees, such as the Behavior Management Committee, the Safety Committee, the Rights Advisory Committee, the Consumer Advisory Committee and the Infection Control Committee. With information from across the Agency, the Committee is able to make recommendations to plan and execute improvements in our efforts to provide services that meet or exceed consumer expectations.

The graphs on the following pages under Regional Projects and Timeliness Indicators, identify the state mandated regional performance improvement projects and performance indicators.

# Regional Projects

## Coordination of Care



Indicator 1 - % of records that have a completed release of information to primary care physician.

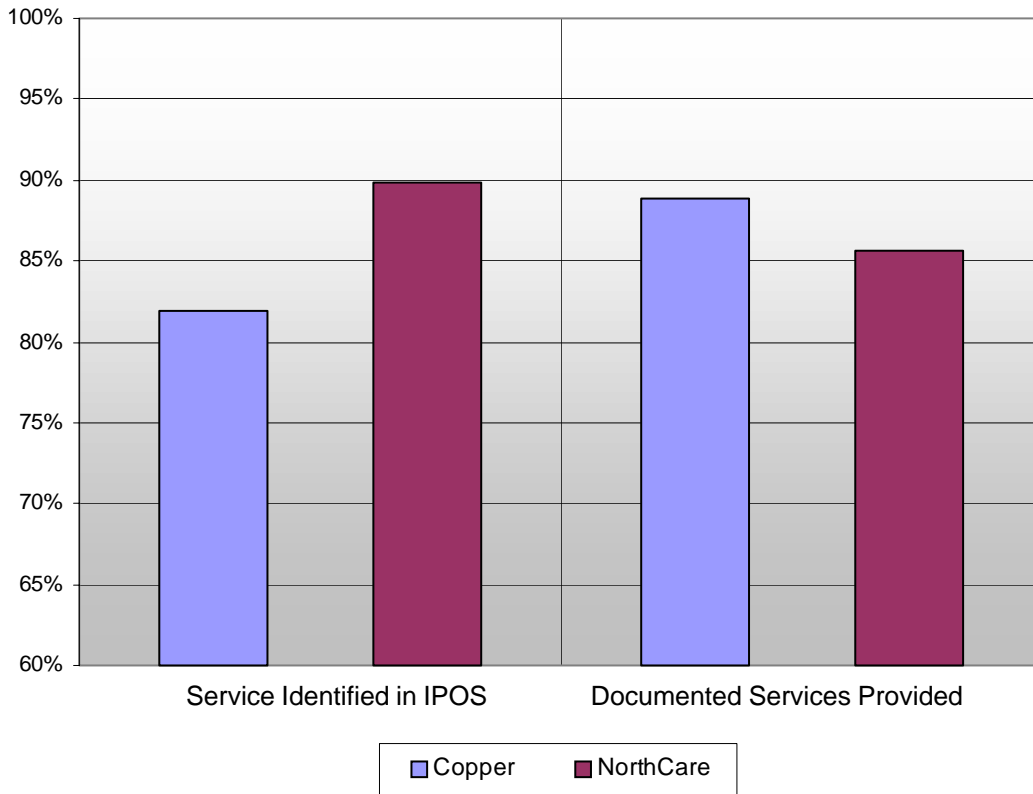
Indicator 2 - % of records that contain evidence of coordination of care.

Indicator 3 - % of records that contain evidence that medication information was shared with primary care physician.

Indicator 4 - % of records that contain evidence of effort to coordinate care when primary care physician prescribes medications.

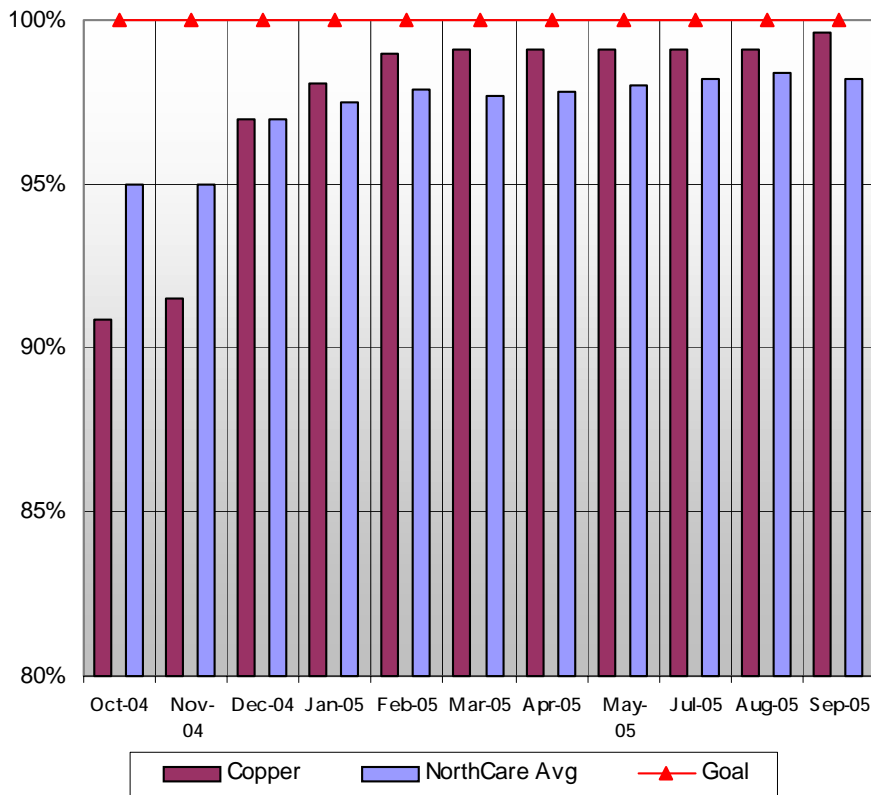
Indicator 5 - % of records that contain evidence of health care supports being referenced in the individual plan of service.

## Verification of Medicaid Services Report





### Data Integrity Project - Indicator #1

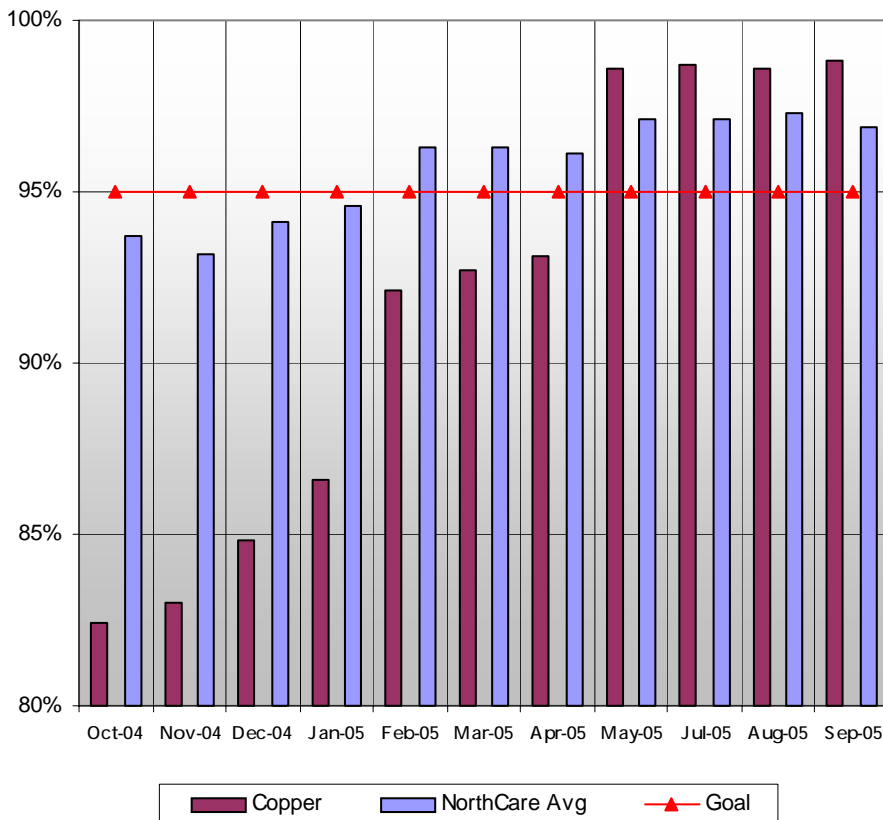


#### Indicator #1:

100% of all records sampled will show accurate data for all of the following fields:

- Date of Birth
- Medicaid ID's
- Primary Diagnosis (ICD-9)
- Primary Diagnosis (DSM-IV)
- Level of Service
- Date of Initial Assessment
- Expiration or Lapse date for IPOS
- Primary Eligibility

### Data Integrity Project - Indicator #2



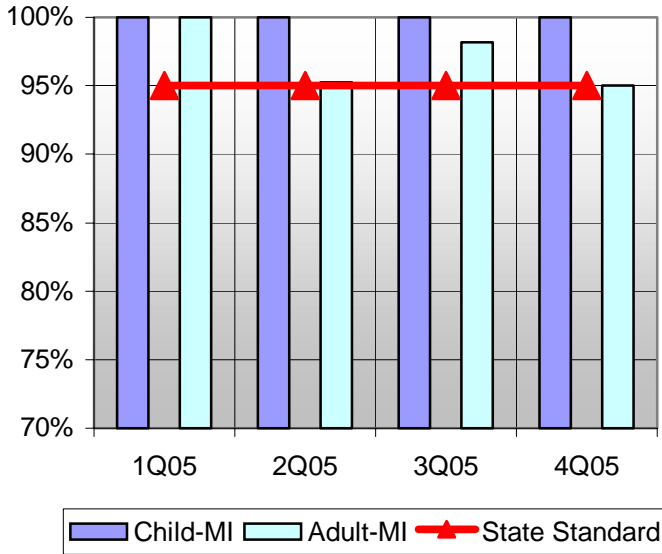
#### Indicator #2:

95% of all records sampled will show accurate data for all of the following fields:

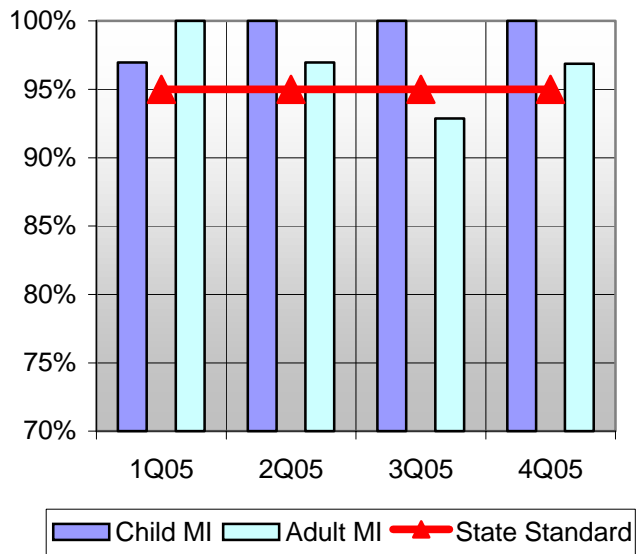
- Social Security Number
- Level of Function Tool
- Level of Function Scores

# Timeliness Indicators

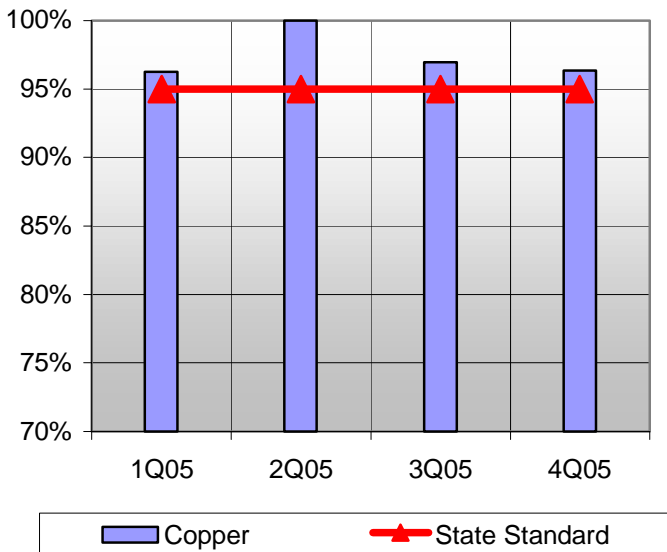
**Initial Face-To-Face meeting Within 14 Days of Request**



**Ongoing Service within 14 days of Initial Assessment**

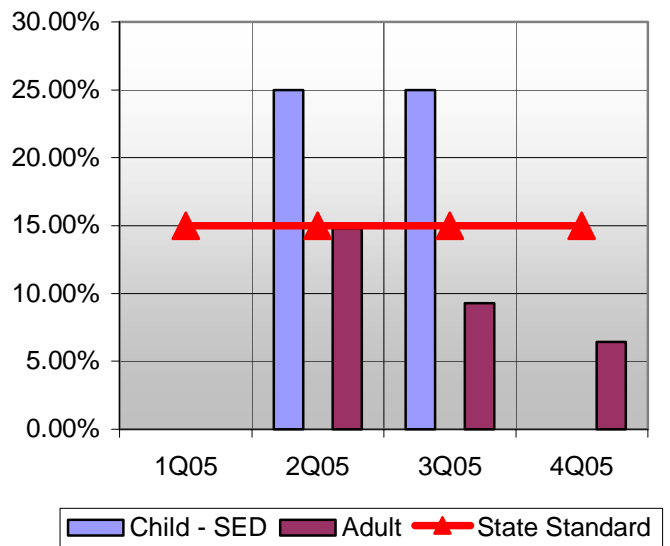


**Emergency Assessments - Preadmission Inpatient Screenings Completed in 3 Hours**



**Consumers Discharged from and Re-admitted to the Hospital within 30 Days**

(State Standard is 15% or less)



## **CARF**

During June 2005, we invited CARF International to conduct a survey of our organization. After many months of hard work and dedication by staff we received a 3-year accreditation award citing several areas of exemplary conformance to the standards set by CARF. This 3-year accreditation is the highest award that can be granted an organization. The following is an excerpt from our accreditation letter. "This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence."

## **Rights of the Consumers**

The Michigan Department of Community Health Office of Recipient Rights conducted an on-site assessment of Copper Country Mental Health Services Office of Recipient Rights in June 2005. As a result of that assessment, our rights system was found to be in substantial compliance, receiving 290 out of a possible 292 points. A plan of correction was submitted and accepted as being in full compliance with the standards established by the Department of Community Health.

The Office of Recipient Rights received 40 allegations of violations of consumers' rights of which 20 allegations were investigated. There was one rights appeal filed on the basis that the action/plan did not provide an adequate remedy as stated in the summary report of a rights investigation. This resulted in additional administrative action being taken, which was accepted by the Recipient Rights Advisory Committee and the complainant as adequate.

## **Risk Management**

This year our organization furthered its demonstration of providing services of high quality while continuing to evaluate organizational risk. This has been demonstrated by the development of a written risk management plan and the implementation of a formal risk management process. This process has established a risk management committee that meets on a monthly basis to discuss, evaluate, and monitor areas of potential risk to the agency. One of the areas monitored by this committee is sentinel event activity. Sentinel events signal the need for immediate investigation and response and also include any that may be subject to litigation. They include such events as the death of a consumer, serious injuries or illness, serious challenging behaviors, medication errors, arrests and convictions. There were nine sentinel events that were reported, investigated and documented as required.

# CONSUMER SATISFACTION

A regional customer services complaints/grievance tracking form and database were developed and implemented. There were thirteen (13) grievances filed with the Customer Services Department. All 13 grievances were addressed within the 60-day time frame. There were no appeals of actions taken by the Agency during FY05.

The annual consumer satisfaction survey was conducted during June 2005 with the following results and comments.

## The 2005 survey shows an overall satisfaction level of 94.6%

**94.8%** Overall, I am satisfied with my experience at CCMHS.

**97.4%** Staff are courteous and respectful.

**94.1%** The services/supports I receive are based on my needs and desires.

**95.9%** I receive clear explanations of treatment/support choices and options.

**96.3%** My rights as a consumer of mental health services are respected.

**93.7%** I feel free to complain when I am not satisfied.

**93.8%** I am making progress toward my goals.

**90.8%** My calls are returned promptly.

**96.6%** My cultural/ethnic values are respected.

**92.5%** I would recommend CCMHS to a friend.

## What Some Of Our Consumers Are Saying About Us:

*I and my sister are very thankful we have homes like Quincy House. Thank you for all you do.*

*Very positive experience.*

*The goals established for my brother are great!*

*Everyone is so wonderful at your office. The girls always smile & are so friendly. Nancy Bean & Dr. Shoup have worked with me for such a long time. They have so much patience & understanding.*

*I compliment CCMH on the excellent job they are doing for my daughter. She has shown much interest in going to the CCMH day program, work program and looks forward to the meetings, etc. Keep up the good work.*

*\_\_\_\_\_ receives excellent services from very caring staff. He is treated well and is liked by the residents and staff.*

*Still waiting for some type of AA or dual diagnosis meeting, etc. to open at CCMH in L'Anse. I am currently struggling to work 40 hrs/week and really don't have the \$ or time to go to Houghton. Overall-Everyone (I know at CCMH) is doing a pretty good job in a difficult profession.*

*I received counseling services with Mike Bach. I can't thank him enough for his help.*

## **STAKEHOLDER INPUT**

During FY 2004, CCMHSB conducted a survey of our stakeholders. Below are some comments from our stakeholders.

*The Jail Diversion program is working well.*

*I have been very pleased with the collaboration and support I have received from your agency. Services, questions, etc. have been handled in a timely manner.*

*I feel CCMH provides as much service as possible given enormous budget constraints. There is a great need for accessible, affordable and appropriate services for children in this area. Staff have been very responsive to my requests for services and helpful with phone consultation.*

*Your staff is excellent with regard to coordination of services, planning and innovative approaches to community placement. Enjoy \_\_\_\_\_ as a co-worker along with all of your staff!*

*Larry – I have much respect for you and CCMH. The problem is that due to your funding situation there are many who have mental health problems who do not meet the criteria for your services, and they are the ones we most commonly see in the courts, but I am not telling you anything you do not already know. Regards.*

## The Overall Stakeholder Satisfaction Rate was 88%.

- 86%** Urgent requests for services are handled in a timely manner.
- 86%** Routine requests for services are handled in a timely manner.
- 84%** Adequate feedback is given regarding dispositions following requests for services.
- 65%** I have an adequate understanding of CCMHS eligibility criteria.
- 67%** I am provided with adequate information regarding alternative treatment providers in the area.
- 98%** CCMHS personnel are culturally sensitive.
- 88%** I am generally satisfied with services provided by CCMHS.

### Physicians only:

- 88%** With common patients with a CCMHS psychiatrist, I am adequately informed of the patient's psychiatric diagnosis and medications.
- 88%** I feel CCMHS nursing and psychiatric staff are accessible for phone consultation.

## EVIDENCE-BASED PRACTICE

During Fiscal Year '05, Copper Country Mental Health Services began the process of implementing three evidence-based practices. Evidence-based practices are clinical interventions which have been consistently shown in several research studies to assist consumers in achieving their desired goals of health and wellness. The status of each practice follows:

Family Psychoeducation: This approach helps individuals with severe and persistent mental illness and their family members or other supportive individuals by working towards recovery through learning about mental illness, developing problem-solving skills, developing social supports, and improving communication. Initially two clinicians were trained in this approach and formed the first multi-family group in January of '05.

Another clinician was trained in October of '05, and it is expected that a multi-family group will be formed at the Ontonagon Clinic in the spring of '06. The goal is to eventually offer this service at all satellite clinics.

Co-Occurring Disorders: Integrated Dual Disorders Treatment: This treatment is for individuals who have co-occurring disorders – a combination of mental illness and substance use disorder. This approach helps people recover by offering mental health and substance abuse treatment together in an integrated and personalized plan. Currently Copper Country Mental Health Services screens 100% of consumers for substance use disorders. Our co-occurring specialist provides consultation to staff and makes recommendations about further assessment and integrated treatment. The goal is to eventually train all clinical staff in co-occurring disorders.

Parent Management Training: This approach teaches parents strategies for managing the behavior of their child(ren) with serious emotional disturbance. Currently one clinician has completed the initial phase of this training and will begin the second phase of the training in the spring of '06.

## **INSTITUTE HIGHLIGHTS**

The Institute, provides Prevention Services (Mental Health and Substance Abuse) utilizing a proactive approach to reduce risk factors, increase resiliency, and promote wellness. Prevention services are provided through a philosophy of collaboration and individual empowerment. During the past year, we have provide over 100 presentations on a variety of topics, including depression, Alzheimer's disease, preventing underage drinking, stress management, and violence prevention. Through our presentations and community awareness campaigns we hope to reduce the stigma related to mental health services and mental illness.

This year one of our larger initiatives involves working on reducing youth substance abuse through environmental prevention efforts. This is being done through the development of the Copper Country Coalition for a Drug-Free Community. The Coalition sponsored a Life Skills Training for school and prevention personnel, and we have been able to implement Life Skills in almost all sixth grade classrooms in the four-county area.

## CCMHS GOALS FOR PREVIOUS YEAR

Progress for October 2004 - September 2005	Progress Made	Goal Met
To retain CARF Accreditation when surveyed during May 2005		X
Developing an electronic authorization system	X	
To enhance ongoing training for all staff		X
Improve technology systems by:		
1. completing agency-wide interoffice connectivity	X	
2. video conferencing capabilities	X	
Ensuring compliance with HIPAA security rules		X
Participate in the regional performance improvement projects (see graphs)		X
Continued participation in regional efforts including but not limited to evidence-based practices and analysis of over and under utilization of critical services		X
To address areas of consumer and stakeholder concern		X
Develop a formal written risk management plan		X
Implement risk management plan		X

## FUTURE GOALS

As can be seen in the above table, the Agency made significant progress towards many of its goals during the past year. The Quality Improvement Plan provides details regarding this progress and the numerous goals for the upcoming year. Some highlights of the strategic plan are described below.

During Fiscal Year '06, Copper Country Mental Health Services' primary focus will be on improving the quality of our services and identifying areas that can be improved upon and/or changed throughout the Agency. This will be done through the ongoing development of Customer Services efforts that provide us with input from consumers and other stakeholders through their active involvement in many aspects and activities of the organization.

Our staff is enthusiastic about participation in training and implementation of the Evidence-Based Practices described previously in this report. These practices will ensure that CCMHS provides "state of the art" clinical services to our consumers.

Continuing evolution of our information technology systems will improve efficiency in data collection and reporting. We will improve security for data entry, storage, retrieval and transmission through continued education and compliance with HIPAA security regulations. Completing agency-wide interoffice connectivity and video conferencing capabilities continues to be a goal as does developing an electronic authorization system.

Last but not least, key management staff will carry out CCMHS' commitment to legal, ethical and honest activities through Corporate Compliance and Risk Management activities. CCMHS continues to encourage consumers, family members, guardians, employees and other members of the public to report suspected or known unlawful activity.



# CCMHS PROGRAMS AND SERVICE ARRAY

## Emergency Services

Services are available 24 hours a day, 365 days a year to persons having a mental health emergency requiring immediate assistance. These services include crisis intervention, assessment, and pre-screening for crisis services including hospitalization.

## Crisis Residential Services

Provides alternative to short-term inpatient services for individuals with serious mental illness experiencing an acute psychiatric crisis. Support, structure, therapy, medication management, behavioral intervention, illness education, and nursing services are offered as a part of treatment.

## Crisis Stabilization Services

Crisis Stabilization offers alternatives to psychiatric hospitalization. Services may take place in any setting other than inpatient, jail, or the Crisis Residential Unit and will assist with maintaining community living while providing the support needed to remain out of the hospital.

## Assertive Community Treatment

The ACT Team provides services to individuals with severe and persistent mental illness. It offers a wide array of clinical, medical, or rehabilitative services during face-to-face interactions that are designed to assist individuals to live in the community, or help while transitioning to a more independent living arrangement.

## Community Support

A program for individuals with persistent mental illness, Community Support provides practical assistance at home and in the community with such things as medication management, grocery shopping, managing money, getting to doctor's appointments, housekeeping and transportation.

## Psychosocial Rehabilitation

Northern Lights Clubhouse provides services to members using the Clubhouse Model. Members who are adults with persistent mental illness are involved in program operation, transitional employment and social/recreational activities.

## Day Programs

Day programs provide structured services to persons with persistent mental illness and persons with developmental disabilities. Services are available at the Centers in L'Anse and Ontonagon. The day program is a place where people can come for support, training, companionship, recreation and some paid work.

## Case Management/Supports Coordination

Provides assessment, service planning, linking/coordinating, follow-up, and monitoring services to adults and children with mental illness and/or developmental disabilities.

## **Residential Services**

Group homes serve adults with developmental disabilities and/or mental illness who require help with daily activities and a structured living environment.

## **Nursing Home Services (OBRA)**

The OBRA Team works with area hospitals and nursing homes to identify and address the mental health needs of persons residing in long-term facilities.

## **BRAVO**

The program offers support to people with developmental disabilities so that they can live, work and play where they choose. These supports may include help with things like taking care of personal business, grocery shopping, cooking, managing money, getting to doctor's appointments, housekeeping, taking part in community events, transportation and respite.

## **Outpatient Therapy**

Provides assessment and treatment services for persons who are severely mentally ill or seriously emotionally disturbed. The type of help offered varies and may address family relationship problems, parent/child conflicts, interpersonal-social conflicts and symptoms related to depression, anxiety, and other acute psychiatric problems. Services are provided at offices in Houghton, Calumet, L'Anse, and Ontonagon.

## **School Social Work Program**

Provides school-based early detection and intervention for elementary school children experiencing serious emotional disturbances that interfere with learning. The program targets children from kindergarten through the sixth grade and views involvement of the child's family as a crucial element in the treatment process.

## **Children's Intensive Services**

Provides services and support for families of mentally ill children (up to age 17) who require a greater level of service intensity than can be provided through Outpatient Therapy or the School Social Work Program.

## **The Institute**

Provides a variety of education, prevention, and training programs including: Alzheimer education, adolescent development, attention deficit disorder education, asset building, behavior management training, caregiver education, child development, community education, depression education, elder abuse education, employee assistance program (EAP), infant mental health, mental health training, parent education, preschool expulsion prevention, stress management, substance abuse prevention, violence prevention, worksite training and youth social skill development.

## CCMHS BOARD OF DIRECTORS

**Roland Antila** White Pine  
25 years on Board  
Board Works Certificate

**Dennis Barrette** Dollar Bay  
4 years on Board  
Houghton County Commissioner

**Dyann Edgerton** Houghton  
3 years on Board

**Carol Evers** Lake Linden  
1 year on Board

**Gerald Johnson** Watton  
15 years on Board  
Board Works Certificate

**Don Keith** Eagle Harbor  
3 years on Board  
Keweenaw County Commissioner

**Hubert Lukkari** Greenland  
7 years on Board  
Ontonagon County Commissioner

**Ida Michaelson** Chassell  
14 years on Board  
Board Vice-Chairperson  
Board Works Certificate

**Nancy Middleton** Lake Linden  
10 years on Board  
Board Secretary

**Pat Rozich** Hancock  
15 years on Board  
Board Treasurer  
Board Works Certificate

**Daune Smith** Covington  
3 years on Board  
Baraga County Commissioner

**James Tervo** Chassell  
18 years on Board  
Board Chairperson

## ACCESSING CCMHS:

### FOR EMERGENCY SERVICES:

During business hours call:  
**(906)482-9404 or 1-800-526-5059**

After hours call: **1-800-526-5059**

### FOR ALL OTHER SERVICES:

Houghton County: **(906) 482-9404**  
or Toll Free: **1-800-526-5059**

Rice Memorial Center  
901 West Memorial Drive  
Houghton, MI 49931  
**(906) 482-9400**  
TDD/TTY: **(906) 482-8037**

Rice Memorial Ctr. - CLK Branch  
56938 Calumet Avenue  
Calumet, MI 49913  
**(906) 337-5810**

Baraga County Center  
HCO3 P.O. Box 957, Skanee Rd.  
L'Anse, MI 49946  
**(906) 524-5885**

Ontonagon County Center  
515 Quartz Street  
Ontonagon, MI 49953  
**(906) 884-4804**

The Institute  
900 West Sharon Avenue  
Houghton, MI 49931  
**(906) 482-4880**  
e-mail: [theinst@portup.com](mailto:theinst@portup.com)

## ON THE WEB AT:

[www.cccmh.org](http://www.cccmh.org)