

**COPPER
COUNTRY
MENTAL
HEALTH
SERVICES
ANNUAL REPORT
FY 2017**

COPPER COUNTRY MENTAL HEALTH SERVICES



Vicki Mikkola, M.S.W.

Executive Director

C. Michelle Morgan, M.D.

Medical Director

Cari Raboin, M.S., L.L.P.

Associate Director

Susan Serafini

Finance Director

Dawn Stromer

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, & Ontonagon counties.

CCMHS 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

To the Citizens of Baraga, Houghton, Keweenaw and Ontonagon Counties:

The Board of Directors of Copper Country Mental Health Services (CCMHS) is pleased to present the Annual Report for 2017. Some highlights include:

- RICC's Ontonagon pocket park project
- New trauma committee and services
- Basketball team triumphs!
- Clubhouse transitional employment program
- Day program/community inclusion services evolution

An annual highlight is the Recovery Lecture, sponsored by the Rice Memorial Clinic Foundation and CCMHS. This year's speaker was Colleen Jokinen, a Marquette-area R.N. and Peer Support Specialist, who shared her experiences with bipolar depression. Colleen talked about how important kindness – from the community as well as self-kindness – was in her recovery journey.

The results from this year's Consumer Satisfaction Surveys continue to show that the people we serve are generally pleased with their experience at CCMHS. The high level of satisfaction of consumers is due to the hard work of staff who provide services that are effective, respectful, and person-centered.

CCMHS will be experiencing a change in leadership when the Executive Director, Vicki Mikkola, will retire in March. Vicki has been our ED for the past 6 years; however, she has worked for the agency since 1983. She began as a Group Home Manager and was instrumental in the opening of many of the current group homes. She has also worked in the positions of Case Manager, Recipient Rights Officer, Day Program Supervisor, Program Director of Developmental Disabilities Services, and Associate Director. Although we will miss the wide range of knowledge and experience Vicki has provided to CCMHS, we wish her all the best on her well-deserved retirement!

As Colleen Jokinen noted in her talk, it “takes a village” to support and empower individuals with behavioral health needs. We'd like to thank our many community partners, consumers and families, the Rice Memorial Clinic Foundation, County Commissioners, and others in the four-county area who are part of our “village.” ~ Jim Tervo, Board Chairperson

CCMHS FISCAL PROFILE

Copper Country Mental Health Services provided services to 957 individuals this fiscal year, utilizing a budget of \$ 15,775,654.

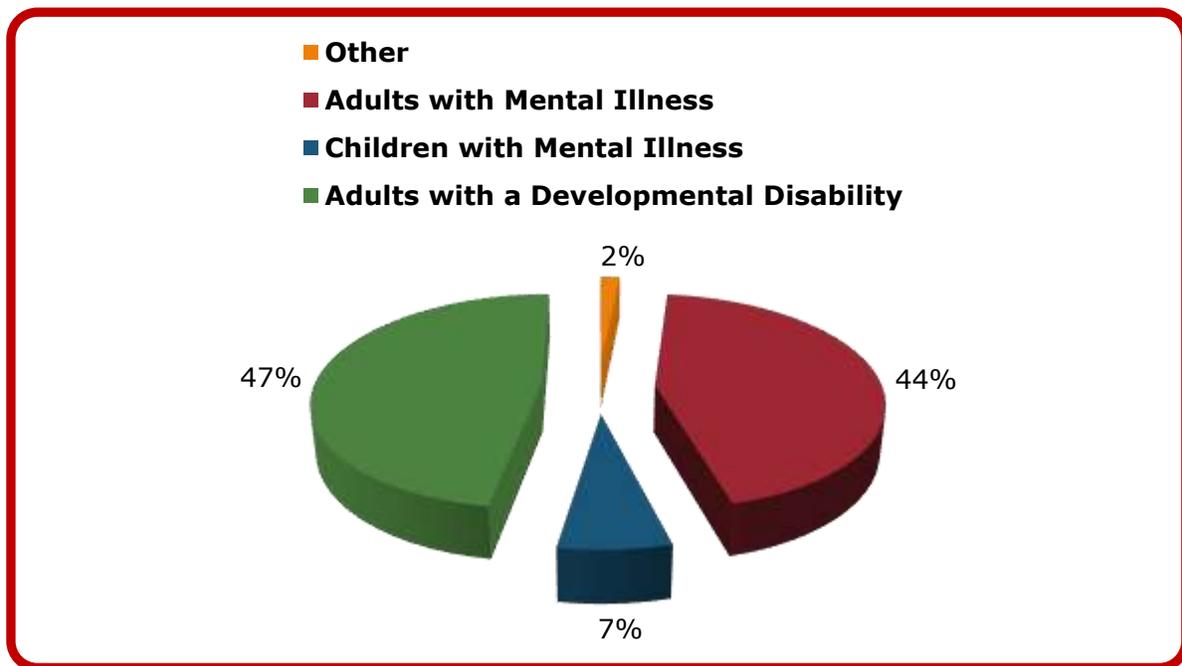
Revenue: October 1, 2016 – September 30, 2017

State General Fund.....	\$677,477
Medicaid.....	\$12,368,883
Healthy Michigan.....	\$1,233,788
County Appropriation.....	\$255,604
Other.....	\$1,239,902
Total:.....	\$15,775,654

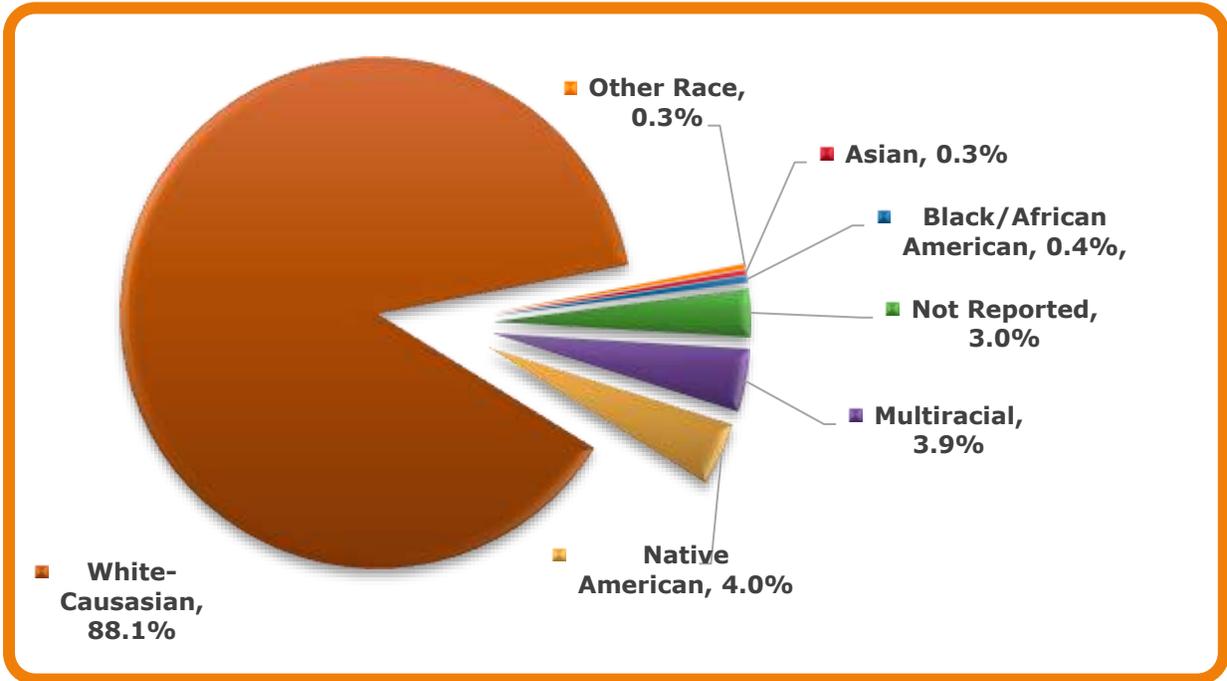
Expenditures: October 1, 2016 – September 30, 2017

Adults with Mental Illness.....	\$6,988,246
Children with Mental Illness.....	\$1,050,205
Adults with Developmental Disabilities.....	\$7,483,223
Other.....	\$253,980
Total:.....	\$15,775,654

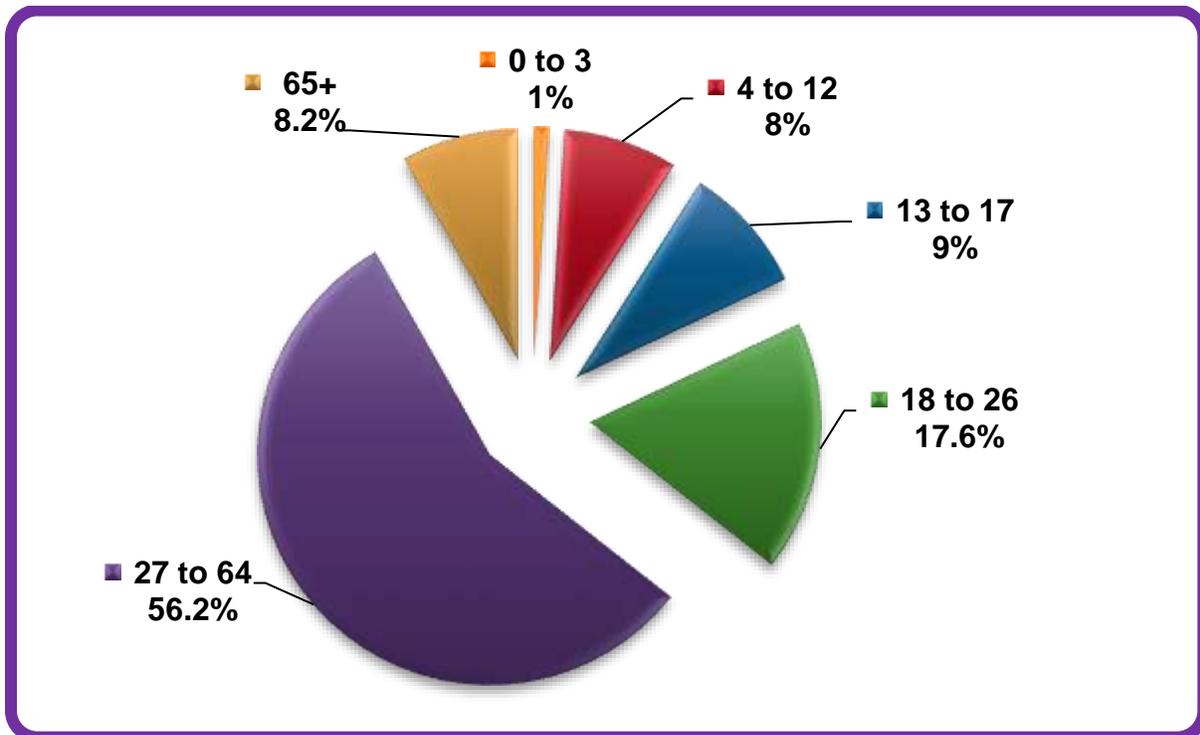
EXPENDITURES BY CONSUMER SERVED



CONSUMERS SERVED REPORTING RACE/ETHNICITY



CONSUMERS SERVED BY AGE GROUP



CONSUMER SATISFACTION SURVEY DATA

Our most important goal is to continue to serve the people of Baraga, Houghton, Keweenaw and Ontonagon counties by providing excellent mental health services to assist them in their recovery and to improve the quality of life of all citizens. One way to measure this effort is through the Annual Consumer Satisfaction Survey.

We sent out 817 questionnaires and **198** were returned for a response rate of **24.2%**. Last year's response rate was 23.5%. Overall satisfaction rate was **95.6%**, which is the same as in 2016.

Results from specific items are as follows:

- 98.7%** - 1. Appointments are scheduled at times that work best for me.
- 99.0%** - 2. I am informed of my rights.
- 97.3%** - 3. I feel better because of the services received.
- 98.8%** - 4. I know what to do if I have a concern or complaint.
- 92.6%** - 5. Staff is sensitive to my cultural/ethnic background.
- 97.0%** - 6. I was able to get the type of services I needed.
- 98.4%** - 7. My wishes about who is and who is not given information about my treatment are respected.
- 98.9%** - 8. My wishes about who is and who is not involved in my treatment are respected.
- 93.1%** - 9. I am satisfied with the help I received when calling the crisis line after 5pm Monday-Friday or on weekends.
- 96.6%** - 10. I would recommend these services to a friend or relative.

Some comments from our consumers:

1. I believe that the people here have helped me here a lot, & Bravo has also. I would recommend these services to other people.
2. Quincy House staff are really great with -----, they are all awesome and caring people.
3. I just want to say thank you for helping me and understanding my problems.
4. The services are fantastic! ----- seems to be thriving here!
5. Very good services. Worked hard to schedule appointments over summer vacations.

In January, 2014, seven (7) questions were added to the regional survey to learn about a person's recovery journey thus far with Community Mental Health. We received 198 surveys with the recovery section completed, and the overall satisfaction rate for that section was **80.1%**. Last year's rate was 80.3%.

Results from those items are as follows:

- 85.6%** - 1. I am hopeful about my future.
- 85.5%** - 2. I am willing to ask for help.
- 79.4%** - 3. I believe that I can meet my current personal goals.
- 90.0%** - 4. I have people I can count on.
- 70.1%** - 5. Coping with my mental illness is no longer the main focus of my life.
- 64.6%** - 6. My symptoms interfere less and less with my life.
- 83.9%** - 7. My services and supports from Community Mental Health are helping me in my recovery.

Additional comments regarding recovery:

1. Keep doing the excellent job you have been doing.
2. I am thankful for the therapists I've been meeting with & the staff members who have been friendly to me. The people at the Clubhouse have been nice to me.
3. CCMH has done a tremendous amount of care for me for my recovery journey.
4. Thank you. I look forward to my future.
5. Thank you for the coordinator that has come along side of me, to reach my personal goals. She has been very helpful and nice.

VISIT US ON THE WEB

www.cccmh.org

AGENCY HIGHLIGHTS

Ontonagon RICC Making a Difference

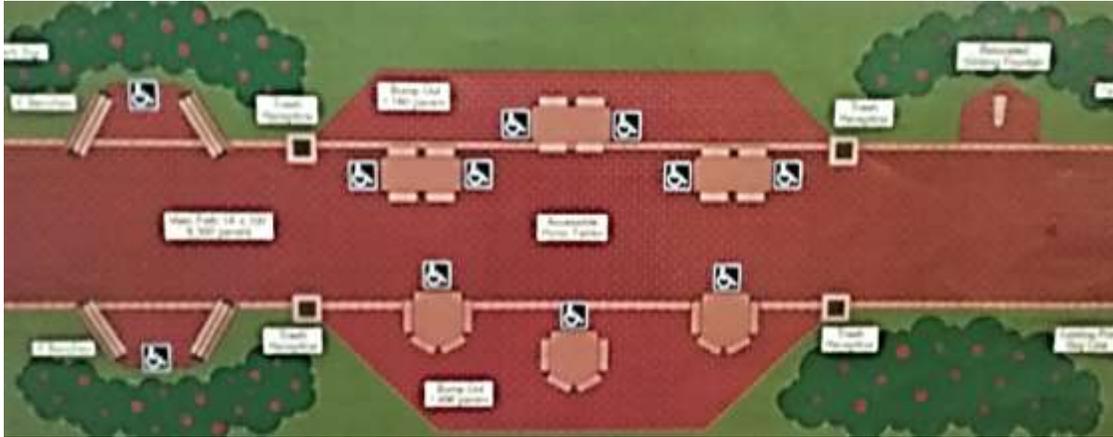
The Ontonagon RICC (Regional Inclusive Community Coalition) is an advocacy group made up of persons with disabilities, their advocates, community leaders and friends who, together, volunteer to make the community more accessible and a better place to live for everyone. The Ontonagon RICC recently moved to improve the community when it advocated at the Village Recreation Commission meeting for a pocket park in downtown Ontonagon. The RICC Park has been included in the five-year joint Recreation Plan with the Village and Township of Ontonagon for 2018-2022.



Completed Phase 1

On September 25, 2017 several RICC group volunteers along with community members began working on the first phase of the RICC Park. Volunteers worked for five days and were able to complete the first phase on October 6th. The second phase will begin in the spring/summer of 2018. Phase two will involve laying more bricks to add bump outs as well as picnic tables and drinking fountains. The park is set to be completed in 2019.

The RICC Park is smoke-free and handicap accessible. It is located between the Historical Museum and Aspirus Fitness Center in downtown Ontonagon on River Street. The RICC Park is a public social space that, when complete, will boast artwork on the walls, flower beds, a water fountain, accessible picnic tables and other amenities.



Completed Park

The park is funded through local grants and monetary donations. Check out the Ontonagon County RICC Facebook page for updates. If you would like more information or want to support the park, contact the Ontonagon Village Clerk at 906-884-2305.

What is a Trauma-Informed Culture? (and why is it important?)

CCMH forms Trauma Committee to improve services and environment for people with trauma histories

According to the Adverse Childhood Experiences (ACE) Study, over 60% of 17,337 people surveyed had at least one adverse life experience (such as abuse, neglect, or other household challenges) before the age of 18. The ACE Study, which was conducted from 1995 to 1997, also showed that more than one in five participants reported three or more ACEs. Study findings revealed that as the number of ACEs increases, the risk of many physical, mental, and lifestyle challenges also increases. Not only is there a higher occurrence of traumatic childhood experiences among the general population than previously believed, this trauma takes a great toll on people's overall health, well-being, and functioning.

Research has also revealed that individuals with serious mental illness, cognitive disabilities, and/or substance use disorders have an even higher rate of trauma history than the general population. It is an expectation that most of the people served by CCMH have had one or more experiences of trauma during their lives. With this in mind, CCMH has formed a Trauma Committee consisting of representatives from administration, support staff, clinical programs, peer support, and consumers. The mission of the Committee is to improve the agency's trauma-informed system of care to ensure consumer safety, prevent re-traumatization, and provide appropriate services.

To help determine what areas of CCMH's trauma-informed culture can be improved, the Committee chose a survey that was distributed to all staff. In addition, consumers were also given the opportunity to complete a survey. The Committee will collect and analyze the results to help plan for staff training and to make any policy or environmental changes needed.

Future Committee plans include:

- Implement trauma screening for all CCMH consumers, and if needed, provide a full trauma assessment, which will help determine appropriate interventions. (See the next article for an example of one trauma-specific treatment offered by CCMH).
- Provide informational materials regarding the topic of trauma and its effects to staff and consumers.
- Develop a comprehensive plan for staff training, including addressing staff secondary traumatic stress (distress that comes from hearing about the firsthand traumatic experiences of others).

The Trauma Committee will continue to play an important part in helping CCMH provide a more trauma-informed culture to address this vital issue that affects both consumer and employees.

References: Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Section 1, A Review of the Literature. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207192/>

Centers for Disease Control and Prevention Website – About the CDC-Kaiser ACE Study - <https://www.cdc.gov/violenceprevention/acestudy/about.html>

EMDR

WHAT IS IT?

Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based psychotherapy used to help people with many types of psychological distress. It was studied extensively for treatment of Post-Traumatic Stress Disorder and found to be very effective. However, it is also successful for treating many other kinds of mental health concerns, such as anger, depression, anxiety, complicated grief, dissociative disorders, addictions, eating disorders, and pain disorders.

EMDR was created by psychologist Dr. Francine Shapiro in 1987. It's much like traditional Cognitive Behavior Therapy, but with a twist. According to her website, Dr. Shapiro was walking in the park and noticed that eye movements appeared to lessen the negative feelings surrounding her own distressing memories. When she combined eye movements with elements of cognitive behavior therapy, they had a desensitizing effect, meaning that the same memory was not as distressing as previously.

Only licensed clinicians who have completed training for EMDR may provide EMDR to clients. We currently have three therapists who have completed an introductory training and who will be getting further training and consultation to become fully certified in EMDR.

WHAT DOES IT LOOK LIKE?

A typical EMDR session begins with the therapist guiding the client to pinpoint a problem or event that will be the target of the session. The client then identifies negative thoughts associated with the event and rates how distressing these are using two different scales. Examples of negative thoughts are:

- I am not good enough
- I am permanently damaged
- I cannot trust anyone

The therapist guides the client through an event, along with the thoughts and feelings that accompany it, while the client focuses on a moving light. Attention to the light stimulates both hemispheres of the brain and helps a person reprocess the event. For example, the person may realize that he or she was not responsible for the traumatic event. People do not change their memories during EMDR, but they change how they think about the trauma, which leads to a change in their feelings. Throughout the session, the therapist helps the client

practice skills for coping with distress so that anxiety drops by the end of the session.

Some clients experience dramatic reductions in distress in as little as two sessions, while others progress more slowly. The results, however, are equally effective and long-lasting in either case.

HOW DO WE KNOW IT WORKS?

Many studies have demonstrated the effectiveness of EMDR, and we are also gathering outcome data on client sessions using three different questionnaires. One of these questionnaires asks clients to rate on a 1 – 10 scale how much distress certain memories cause (0 is no disturbance and 10 is the highest). Sixteen people have completed this so far, and the scores have dropped from an average starting point of 8.4 to 0 at the end of treatment.

WHERE CAN I GET MORE INFORMATION?

If you are interested in knowing more about EMDR and the research supporting the method, visit the website: emdria.org.

Long-Time Board Member Retires

Carol Evers joined the Board of Directors of CCMH in 2004. Right from the beginning, she was committed to improving services for people that we serve. She was an active and dedicated member of the Board as well as several committees, including the Recipient Rights Advisory Committee and the Quality Improvement Committee, throughout her thirteen – year tenure. Carol and her husband, Larry, attended multiple Michigan Association of Community Mental Health Board conferences, and she earned “credit” in seven courses offered by the Association including, but not limited to, “Ensuring a Consumer Focus”, “Leadership - Legal” and “Public Policy”. She and Larry were also founding members and leaders of the local National Association for the Mentally Ill (NAMI – which was organized in 1989) – Keweenaw Area for many years. Carol retired from our Board in September 2017. We wish Carol and Larry the best in the years ahead. She will be missed.

They Did It Again!



From left: Mick Sheridan, Laura Barrette, TJ Oakes, Greg Tolonen

They did it again! Coach Koray Inal's Baraga County Vikings won the Ishpeming Special Olympics Invitational Basketball Tournament again this year in convincing style. On January 21, 2017 the team traveled to Ishpeming High School to defeat the other teams in their division. When asked about the team's performance in the tournament this year, Laura Barrette said, "It was just awesome!" The membership of the team underwent some changes this year with the retirement of two long term members and the addition of power center T.J. Oakes. Coach Mick Sheridan observed, "T.J. can out rebound just about anybody. When you add in put back points from offensive rebounds it makes a big difference." If there was a disappointment this year, it was that the UP championships in Escanaba on February 24th & 25th were cancelled due to a snowstorm. The team was confident about a strong performance at the UP championships and will have to wait until next year to prove themselves. Greg Tolonen said, "We did OK, I wasn't too happy about Escanaba." We'll get em' next year!!

Transitional Employment through Northern Lights Clubhouse

Transitional Employment (TE) is a supported work program that is unique to Clubhouses. Psychosocial Rehabilitation Clubhouses are all over the country and in 30 countries internationally. Through a TE program, Club members (program participants/consumers) attain part-time temporary jobs in the community, overseen by the Clubhouse. These entry-level job placements vary in hours, pay, duties, and work environments. Each TE employee works at the community-based job for approximately 6 months, and then the opportunity is provided for another Club member to be placed in the position.

Transitional Employment offers a normalized work experience for those who can benefit from support to get back into the workforce with the assistance of Clubhouse Placement Managers (Clubhouse staff). Placement Managers select and train TE employees and then provide coaching and ongoing support at the job site, to whatever extent is necessary for the member to be successful in working more independently. TE's are available to all actively involved Clubhouse members who have a strong desire to work.

In addition to an employer's partnership with a Clubhouse TE program being *good corporate citizenship*, there is community recognition of their support. Another primary benefit to the employer is the Transitional Employment "zero absenteeism guarantee" offered only by Clubhouse programs. This means that if, at any time, a TE worker is not able to fulfill their work shift, a Placement Manager will complete the scheduled work shift, at *no cost* to the employer. No other vocational rehabilitation program or service offers this special benefit to employers. Transitional Employment is a win-win arrangement.

At Northern Lights Clubhouse, Transitional Employment along with Supported Employment and Independent Employment form a comprehensive employment program to help members reach their vocational goals. The Transitional Employment program began in 2017 and two Shredding Technician positions were established with Copper Country Community Mental Health. These are CCCMH part-time temporary staff positions in Administration supervised by Human Resources Director Dawn Stromer. To date, four members have had opportunities to participate. As the program grows, as a result of increased member demand, other TE opportunities will be developed in the community.

Community Inclusion and the Evolution of Day Programs

In the beginning there was the Activity Center. Roughly forty years ago, day programs were founded and operated with a simple mission; to give those with a disability or mental health issue, who were not able to work, a place where they could go for recreation and camaraderie. A safe, comfortable place. As the CMH funding formulas changed and the systems became driven by Medicaid regulations, the focus changed to treatment and training. The service plans for members contained many goals that were developed by staff designed to address deficits in social skills, hygiene, money usage and a host of other problems. Later improvements taught staff to work from a strength-based approach and to assist members to develop goals that members decided were important using person-centered planning. This building-based service became known as “skill building.” Recently the focus of skill building has been sharpened to mean services used to assist a person in learning skills for volunteering, attending school, or to obtain paid community employment. If we circle back to the beginning of this history lesson, we recognize a problem in that we were originally talking about serving people who could not work.

There are, however, provisions in the Medicaid rules for staff to provide members with supports and training in the community. In the behavioral health world, the concept of community inclusion is becoming more widely known and accepted. Providing community living skills (CLS) daily out of the CMH building makes it possible for people to shop, socialize, volunteer, recreate and participate more fully in the life of the community. These outcomes are laudable, but they have required staff to be creative, flexible, resourceful and careful. There are challenges; we have an institutional bias toward safety and security. People may be wary of participation and families are concerned about what people may be exposed to in some community settings. It seems clear however that community inclusion is the next evolutionary step, causing us to adopt new methods to support people recovering from a mental health issue or living with a developmental disability. Rather than anticipating chronicity, community inclusion places a premium on engagement.

The people that receive services in Baraga County are well served by a small group of experienced and talented paraprofessionals who have embraced the challenge of advancing the cause of community inclusion. These staff all started their careers working as direct care staff in group homes. Together they have over eighty years of experience working with people with mental health needs. Working with people in the community, away from programs or centers or buildings, has made them experts in creative interventions while balancing the needs and concerns of those served.



**Paraprofessional Staff at the Baraga County Center
Krissy Holmquist, Roxanne Clement, Chris Sanregret and Jamie Dantes**

The program continues to evolve to serve the needs of people in Baraga County. Currently we provide services seven days per week, four of which are completely community based. The other days employ a hybrid model, using the building as a launch pad, where members meet, plan the day, perform some skill building activities (some of which is paid work) both in and out of the building. Staff and members collaborate with the CCMH Clubhouse Program (Northern Lights), volunteer at the Copper Country Humane Society and work two days per week at the L'Anse Sentinel.

Editor's Note: Skill building services are also available in Houghton County through a contract with Goodwill Industries and in an enclave setting at the Rice Memorial Center. These services are also provided in Ontonagon County in an enclave setting at the center and at the Car Wash. Community inclusion (CLS) services are also available in all locations.

The Annual Recovery Lecture Series



Bipolar depression and recovery was the theme of the 2017 Recovery Lecture Series September 25th, featuring Colleen Jokinen R.N., former Director of Marquette's Brantley Drop In Center, a Certified Peer Support Specialist and a NAMI *In Our Own Voice* presenter. Colleen shared her story about living the roller coaster ride of bipolar disorder and about living 45 years in recovery to 110 participants in two presentations. She explained that just as it takes a village to raise a child, it takes a village to support someone with mental illness. The audiences enjoyed Colleen's fresh and persistent approach to recovery that was both hopeful and empowering. The Recovery Lecture series is sponsored by Copper Country Mental Health and the Rice Memorial

Clinic Foundation.

Institute Highlights

The Institute provides Prevention Services (Mental Health and Substance Abuse) using a proactive approach to reduce risk factors, increase resiliency and promote wellness. During the past year, the Institute provided numerous presentations and newspaper articles on a variety of topics, including wellness, Mental Health First Aid™, substance use, healthy eating and recovery.

Act4Health

Act4Health is a pilot project through the Michigan Fitness Foundation with funding from the Michigan Health Endowment Fund. It is a free online tool designed to offer coaching support and encouragement to participants who keep track of daily physical activity and nutrition as part of their health goals. Copper Country Act4Health is one of two sites being piloted in Michigan. Our site

registered 193 users through outreach efforts that included free fitness events and a presence at local farmers' markets, health fairs and expos, as well as user referrals, a social media presence and a blog.

Health Education

Through a contract with Copper Country Intermediate School District, the Institute provided training and support for school districts within a five county area (Baraga, Houghton, Keweenaw, Ontonagon, Gogebic) to implement Michigan Model for Health[®] curriculum. This project provided local school children with health education including social emotional health which leads to academic success, success in relationships and a reduction of childhood obesity.

UP Health Project

A project through Delta-Schoolcraft ISD with funding from the Michigan Health Endowment Fund. We work with four school districts (Calumet, Laurium, Keweenaw Elementary School, E.B. Holman School, South Range Elementary School, and Wakefield-Marenisco Elementary School) to improve the nutrition, physical fitness and social-emotional well-being of all students with an emphasis on fifth and/or sixth graders.

Substance Abuse Prevention

The Institute provided substance abuse prevention through Botvin's Life Skills Training in Hancock Middle School, Houghton-Portage Township School Middle School, Ironwood Area School Middle School and Wakefield-Marenisco School District Junior High. We also providing Guiding Good Choices, a parenting curriculum for parents of middle school youth, in Houghton with Dial Help.

PE-Nut WUP

We implemented Physical Education-Nutrition Western Upper Peninsula) PE-Nut WUP, a nutrition and physical education program that uses a whole-school approach to motivate students, parents and educators to be physically active and eat healthier, in eight school districts. PE-Nut WUP is designed to improve health behaviors in a K-5 school environment by presenting simple, consistent nutrition and physical activity messages via multiple approaches and locations. Nutrition education and nutrition-reinforcing physical education were delivered in Kindergarten and fourth grade classrooms. Healthy Classrooms, Healthy Schools nutrition lessons with taste testing were taught by a nutrition educator. Teachers in Grades K and 4 utilized Health Through Literacy with their students, and Fit

Bits, physical activities that reinforce nutrition messages. Students took home Health Through Literacy book sets, which are grade-appropriate books reinforcing the program's nutrition and physical activity messages. Teachers also sent home PE-Nut Newsletters and Healthy Snack Handouts/Recipe Books.

Results of the program indicate that students are making healthier choices. They are choosing to eat more fruits and vegetables, whole grains, and low-fat dairy. Parents also report changes in their own eating habits, and they used the food recipes that their children bring home from school. Finally, parents report that their children are eating fewer fast food meals, choosing healthier snacks and doing more physical activity.

Moving More and Eating Better

The Michigan Fitness Foundation funded this project designed to increase physical activity and improve nutrition among adults with intellectual/developmental disabilities living in our four-county area. CrossFit Hakkapeliitta, Goodwill Industries, Oak House Adult Foster Care Home, the L'Anse and Ontonagon center staff, and our BRAVO team facilitated nutrition and fitness classes for 40 participants. The classes were held at four locations; the gyms at Baraga and Ontonagon Schools, CrossFit Hakkapeliitta in Houghton, and Goodwill Industries in Houghton County. Participants expressed enthusiastic appreciation for this experience. An outcome of this project is several individuals are exploring ways to start wellness clubs where they work to support efforts to sustain new physical activity and nutrition efforts.

Mental Health First Aid™

Mental Health First Aid™ is a training that teaches participants how to help people developing a mental illness or in a mental health crisis. The Institute provided three Mental Health First Aid trainings this year. This included two MHFA trainings for people living and working with adults, and one for those working and living with youth. To date we have trained over 100 Mental Health First Aiders, included parents, providers, law enforcement, EMTs, medical community, school counselors and human service providers. The program is also supported by the Rice Memorial Clinic Foundation.

Senior Reach

Senior Reach is a pilot project through the Michigan Community Mental Health Board Association and the Michigan Health Endowment Fund to support the wellbeing, independence and dignity of older adults through community education, mental health services and connection to existing community resources. It is a community-based program that identifies older adults who may have unmet mental health needs. The program increases community awareness of the behavioral health needs of seniors and trains community partners to identify and refer seniors for services. Care management and clinical visits are provided in the home. Senior Reach services are available for anyone aged 60 or older and living in their own home in Baraga, Houghton, Keweenaw or Ontonagon counties. In the past two years, Copper Country Senior Reach has trained 355 community partners. Of those trained, 127 were traditional partners (primary care physicians, health care workers, county agencies, programs serving seniors), 228 of those trained were non-traditional partners (faith communities, civic clubs, civic minded businesses such as libraries, post offices). Twenty-two referrals were received, and the program achieved a 90% acceptance of service rate.

CCMHS PROGRAMS AND SERVICE ARRAY

Assertive Community Treatment

The ACT Team provides services to individuals with severe 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.

Autism Benefit

This is a benefit to provide intensive Applied Behavior Analysis (ABA) interventions for children 0-21 years with the diagnosis of Autism Spectrum

Disorder. ABA is a scientific approach to changing behavior and teaching skills and is internationally recommended for children with autism.

BRAVO

Provides support to people with developmental/intellectual disabilities so that they can live, work and play where they choose. These supports may include helping with personal business, grocery shopping, cooking, managing money, assisting at doctor's appointments, housekeeping, taking part in community events, and respite.

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/intellectual disabilities.

Community Support

A program for individuals with serious mental illness, Community Support provides practical assistance at home and in the community with such things as medication management, money management, grocery shopping, and housekeeping.

Co-Occurring Disorders Treatment

Provides treatment to people with a combination of mental illness and/or developmental/intellectual disabilities and substance use disorder. This approach helps people recover by offering mental health and substance abuse treatment together.

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 hospitalization.

Home-Based Services

Designed to support and empower families who have one or more mentally ill children who are at risk for out-of-home placement. This array of services focuses on strengthening the family and utilizes prevention methods to help keep the child and family together.

The Institute

Provides a variety of education, prevention, and training programs including: adolescent development, asset building, child development, community education, depression education, infant mental health, mental health training, parent education, stress management, substance abuse prevention, violence prevention, and youth social skill development.

Intensive Crisis Stabilization (ICS)

ICS services are a short-term alternative to inpatient hospitalization or can also be used to provide additional support to allow earlier discharge from a hospital. These services are structured treatment and support activities provided by a team of mental health staff in a person's home or other community setting. Receiving treatment within the community, using a person's natural supports when available, helps to strengthen and promote independence and recovery.

Nursing Home Services (OBRA/PASARR)

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.

Outpatient Therapy

Provides assessment and treatment services for adults with a severe mental illness or children with serious emotional disturbance. 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.

Parent Support Partner

This service provides peer-to-peer support, education, and training to caretakers of children with a serious emotional disturbance. The primary goal is to empower families to move toward independence through skill-building interventions. The Parent Support Partner helps empower families to access and obtain resources in the community, partner with service providers, and increase their confidence in parenting so that all family members can remain in the community. The Parent Support Partner draws from personal experience and knowledge to help

engage families in the treatment process.

Peer Support Specialist (PSS) Services

PSS Services are provided by individuals who are on their own recovery journey, who have a serious mental illness, and are now receiving or have received services from the public mental health system. Peer Support Specialists are hired to share their life experience and provide expertise to consumers that professional disciplines cannot replicate. They provide a wide range of services including health integration, assistance with benefits and housing, community inclusion, health education, and promoting recovery.

Psychosocial Rehabilitation

Northern Lights Clubhouse provides services to members using the Clubhouse Model. Members who are adults with a mental illness are involved in a work-ordered day to operate the Clubhouse. Focusing on members' strengths, talents, and abilities provides opportunities to increase independence in the community.

Residential Services

Group homes serve adults with developmental/intellectual disabilities and/or mental illness who require help with daily activities and a structured living environment. People receive assistance 24-hours a day from trained staff.

Skill-Building Programs

Skill-Building programs provide structured services to persons with severe mental illness and/or developmental/intellectual disabilities. Services assist the person to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering.

Wraparound

Wraparound is a structured approach to service planning provided for children with serious emotional disturbance and their families that includes treatment services, personal support services or any other supports necessary to maintain the child in the family home. The Wraparound plan is developed using a team approach including the youth, parents/guardians, involved service providers, and others whom the family identifies as supportive for attaining their goals. Wraparound is a particularly effective approach in serving children served by multiple systems.

CODE OF ETHICS

CCMHSB Adopted 8/29/01, Revised 7/27/16

PREAMBLE

A code of ethics 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*

Code of Ethics continued...

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.

Code of Ethics continued...

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.
- ◆ We ensure employees, and clinical and non-clinical contractors are not excluded from Federal or State Health Care Programs.

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.
- ◆ We comply with all statutes, regulations and guidelines applicable to Federal Health Care Programs.

CCMHS BOARD OF DIRECTORS

James Tervo Chassell
30 years on Board
Board Chairperson

Pat Rozich Hancock
27 years on Board
Board Vice Chairperson

James Fyfe Ontonagon
10 years on Board

Michael Koskinen Baraga
7 years on Board
Baraga County Commissioner
Board Secretary

Barry Fink Houghton
5 years on Board

Richard Herrala Baraga
4 years on Board
Board Treasurer

Richard Bourdeau Mass City
3 years on Board
Ontonagon County
Commissioner

Kathleen Johnson
3 years on Board Lake Linden

Zach Edgerton Houghton
2 years on Board

Sandra Gayk Allouez
1 year on Board
Keweenaw County
Commissioner

Tom Tikkanen Calumet
1 year on Board
Houghton County
Commissioner

ACCESSING CCMHS SERVICES

FOR EMERGENCY SERVICES

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

NEW REQUESTS FOR SERVICES:

Call NorthCare Network Access and Eligibility
Toll free at: 1-888-906-9060

AREA CLINICS

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

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

Baraga County Center
15644 Skanee Road
L'Anse, MI 49946
(906)524-5885

The Institute
900 West Sharon Avenue
Houghton, MI 49931
(906)482-4880

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