

COMMUNITY REPORT

Fiscal Year 2024

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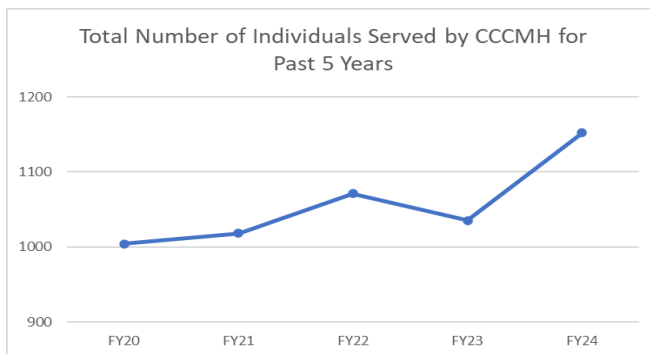
MISSION

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 eligible 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 individuals.



Inside this issue:

- * *MTU/CCMH Basketball Collaboration, pg. 3*
- * *Access, pg. 5*
- * *Home based, pg. 7 — and more!*



Supporting independence in the community since 1963!

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 is pleased to present the Annual Report for 2024.

This past year has brought the return of the critical service of Access to our four-county area. This report provides some information about that change, how to access our services and how to contact us. Additionally, we have provided articles about some of our youth programming and the successes that families have experienced using those programs. Finally, we have also included some data on various aspects of our work with community partners.

We sincerely thank the many people and organizations who work with and for us to provide high quality behavioral health services to people throughout the Copper Country.

James Tervo, Board Chairperson

Psychiatry: What do they do at CCMH and how is it different than a therapist?

CCMH has seven psychiatrists on staff. Most of them work 1-2 days per week in our various clinics. This is the equivalent of 1.6

FTE. They are located in all of our clinic office settings in all counties served by CCMH and in our specialty programs, like the Assertive Community Treatment Team. All counties have this service available even though the actual doctors may not be living in that county. Telehealth has allowed CCMH to utilize doctors who live all over the country and to find doctors who have experience in providing treatment to our priority populations.

We often hear that there may be confusion about what is the difference between a psychiatrist and a therapist. Psychiatrists are medical doctors who have been board certified to provide diagnosis and treatment of mental illnesses. Their primary method of treatment in our clinics is medication management. A mental health therapist has a master's degree and is also trained in the diagnosis and treatment of mental health. Therapists' methods of treatment often include addressing emotional and behavioral concerns using talk therapy and other developmentally appropriate treatment modalities. So, both professions can provide diagnoses and treatment, but the treatments are different. At CCMH, we work together as treatment teams, and we collaborate our efforts to ensure that all treatment needs are covered and in sync with one another.

By Leslie Griffith

MTU/CCMH Awareness Basketball Scrimmages

On December 7th, 2024, Copper Country Mental Health (CCMH) consumers had the opportunity to scrimmage during the half-times of the MTU men’s and women’s double header basketball games! The scrimmages were an opportunity to help bring awareness to the community about CCMH and the services and programs that are offered. A wonderful group of staff and volunteers banded together to organize and facilitate practices to prepare for the scrimmages. Twenty-two CCMH consumers from Houghton, Baraga, and Keweenaw Counties formed four teams that were led by a total of 9 volunteer coaches. The players had a blast playing in front of the crowd that was filled with friends, family, staff, and community members. The MTU Pep Band and Blizzard the Husky were a big hit amongst the players. MTU Athletics provided exemplary accommodations in the Hoop Zone, which became the CCMH



Party Balcony where the players were cheering each other on and reveling in the energetic atmosphere. Many players have already asked when the next games are going to be because they want to play again!



A few words from coaches/players:

“I love it!” - K, Team 2

“I got to see my friends. I LOVE basketball!”
- J, Team 1

“Everyone seemed like they had a great time.”
- CCMH staff Scott P.

“I could have not asked for a better opportunity to coach some of Keweenaw’s finest men and women. The opportunity to watch each player have fun while they worked to improve their skills and having it all come together on a community platform was a moment to remember. New lifelong friendships have been made. I feel honored to have been a part of this opportunity.”
-Coach Cassie Young

“I was so nervous, but it was so much fun. We made baskets.”
- C, Team 1

By Sam Menghini and Kristy Strom

HISTORY OF CCMH GROUP HOMES

In the Spring of 1982, Child and Family Services' main office based in Marquette had an ad put into the Daily Mining Gazette to hire staff for a 24-hour group home to be opened in South Range, MI. They also already had existing homes located in Iron Mountain, MI. The home was named *Stanton House* and was licensed for eight adults with intellectual/developmental disabilities (I/DD).

Child and Family Services had a branch office in downtown Houghton where staff interviews were held. Much of the training was provided by Child and Family Services and held at Stanton House but they also sent Stanton House staff to Newberry, MI where the Newberry Regional Mental Health Center (NRMHC) was located. Staff were lodged on the grounds area of NRMHC, where an old building which housed nurses and other staff was located, and training was provided for one week within the NRMHC building.

When Stanton House was ready to open, Child and Family Services transported several individuals at a time to the home in the coming few weeks, until the home was at full capacity. A year later in 1983, *Portage House* was opened and licensed for eight adults with I/DD.



On September 1, 1983, Copper Country Mental Health Services took over operations of both Stanton House and Portage House. Since then, CCMHS has owned and operated a total of ten AFC group homes in Houghton, Baraga, and Ontonagon counties.

By Sue Turner

ACCESS SERVICES

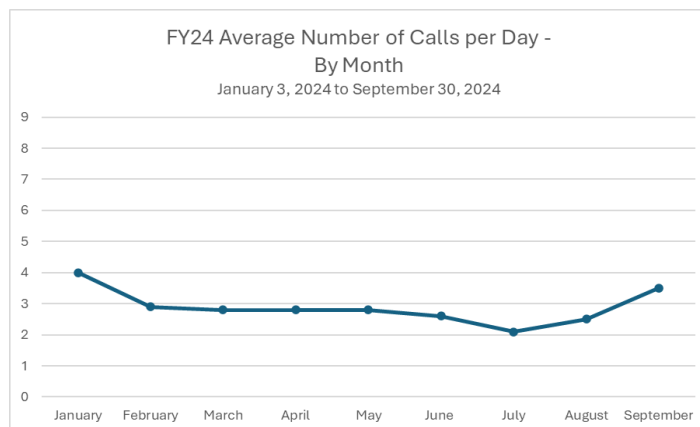
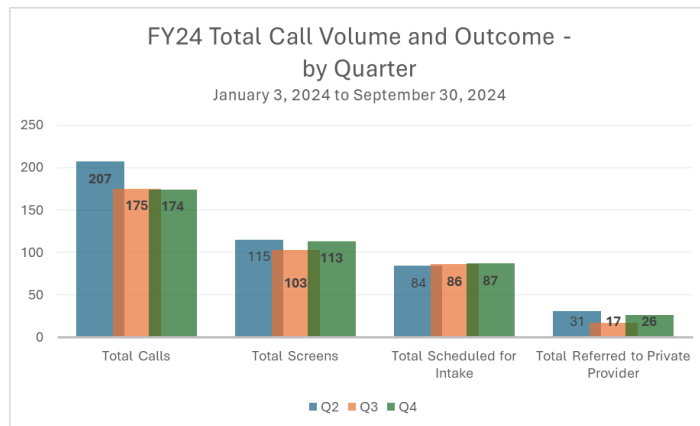
In January 2024, CCMH resumed the responsibility for

completing access services. From 2005 until this year, Northcare Network had regionally managed this service for the entire UP. CCMH has a team of people who answer the first calls to request services and to complete phone screenings to determine the next steps. If an individual qualifies for services, they are scheduled for an intake appointment at the end of the screening call. If an individual does not qualify for the specialty mental health services that CCMH is tasked with providing, we take the time at the end of the call to discuss other possible options and provide that information both verbally and then later through a letter. Our goal is to always assist individuals as we recognize that picking up the phone to make a call is the first step in a recovery journey.

CCMH appreciates the opportunity to support our local community. We hope that the return of this service to our area has been a positive change. If you or someone that you know would like to contact the access line, please call (906) 483-5555 or 1-877-906-CCMH (2264). For all other business, please call our main office numbers listed on the back page of this report.

Below are some of the numbers for our first year of providing this service.

By Leslie Griffith



556 Total Calls

74 Referred To Outside Providers

331 Access Screens Completed

257 Scheduled for Intakes

225 Info Only Calls

89% of screenings are completed within one business day of request.

Northern Lights Clubhouse Native Plant Garden

Along the east side of the Clubhouse building on Quincy Street in Hancock, was an unsightly, weedy strip of ground between the building and the sidewalk. Members at Northern Lights Clubhouse saw this as an opportunity to begin a project that would beautify our community and benefit nature. With the guidance of Polly Havins, a member of the Keweenaw chapter of Wild Ones and while working on her certification to become a MSU Extension Master Gardener, we began planning a native plant garden.



We began by doing soil testing, and monitoring how much sun our garden would get daily. We were then able to determine what plants would thrive in this space.



We prepared the space with cardboard and woodchips to mitigate the weeds. A scaled layout of our garden design was created while we considered plant height, color, and bloom time. Once it was determined what we wanted to plant, we ordered seeds and planted them in containers in early winter. The containers were then placed outside where they could overwinter and the seeds started to sprout in the spring. We moved the seedlings to bigger containers, allowing them to get larger and stronger before we planted them in the ground later in the summer. Initially the garden looked very sparse, but we knew that next spring our plants would reemerge and begin to put on a show with their beautiful blooms.



This fun project was a great team effort. All the time spent planning, preparing and planting did not disappoint. This summer we enjoyed watching our plants grow and bloom, from spring until late fall. The bees, butterflies and birds enjoyed the new garden as well as passersby who complimented the flowers and asked about our garden. We are looking forward to taking care of our garden and expanding it in summers to come.

By Chad Johnson

Home-Based: Intensity can result in success

The Home-Based team first met 7-year-old T while he was in a local hospital's emergency department. He had been there for 10 days due to violent behavior, screaming, yelling, and physical assault. The Home-Based team met with and worked with him daily while he was there, providing support to him and his family. When T was discharged to his home, the Home-Based services continued and slowly decreased from daily to weekly contacts. Over the next year, the Home-Based team continued to meet with T at his home and in the school to support T and his family members. His concerning behaviors have decreased, and he has been able to explore going back to mainstream education. T's grandpa states that he feels like

- Home-Based was a “good alternative to hospitalization”, and he has learned “patience and tools to use to help communicate with him.”

- T, who is now 9-years-old, is a success story in the Home-Based department. His case shows the flexibility of the program- being able to meet with the child in the home, school, hospital, etc., and working with the family in addition to the child. Children don't live in vacuums and this program allows services to be available in all settings and to all involved.

The Home-Based clinicians spend their days driving between all 4 counties to meet with kids, talking to teachers, meeting with hospitals, and working with guardians to make sure each child and family is receiving the most support that they can. Because of the many moving pieces, there are two Home-Based clinicians, Brittany and Beth, that work together to meet with each child and family at least 4 hours every month to ensure the maximum amount of support.

So, make sure to wave when you see Brittany and Beth driving around, or when they inevitably stop and get their XL fountain pops from the gas station.



By Brittany Turner and Elizabeth Sundblad

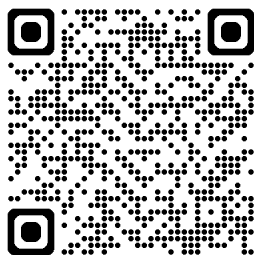
Autism Benefit Program

The Autism Benefit program is designed to increase desirable behaviors, while decreasing behaviors that are considered harmful to the person, their ability to learn, or those around them. Individuals under the age of 21 years who have a diagnosis of Autism Spectrum Disorder (ASD) may qualify for the program.

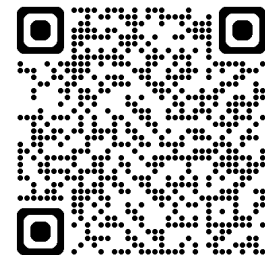
The Autism Benefit utilizes an evidenced-based method to help children learn skills and then generalize into home and community life. Skills range from toilet training to basic cooking and budgeting. Each consumer is unique and the skills they work on are discussed with the family so they can be individualized to the child and family's identified needs. The program uses positive reinforcement, which can look like and feel like play for both consumer and staff. Not only do staff feel like they make a difference, but the consumer's parents/guardians have expressed that they think it does too.

W is a young child who has been in the program for over a year. His mother has stated, "All other outlets that we have tried for help weren't showing progress." She also mentioned that W "has gotten EXTREMELY better at regulating and handling his emotions/tantrums. He has found effective ways to communicate his wants/needs."

By Hannah Butkovich



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Infant Mental Health (IMH)

Infant Mental Health is part of the Home-Based program at CCMH. Infant Mental Health was founded in Michigan in 1977 at the University of Michigan. Psychiatrist students would visit mothers and their babies in their homes to support them where they lived. This practice continues today with clinicians. The belief is that first relationships matter and that all babies need to feel loved, secure and understood. An IMH professional supports the baby and the caregivers on many levels. We often get asked if a baby needs to sit on a Freudian couch and the answer is “no!”, but a baby and their caregiver might need someone to answer questions, model interactions, and provide a safe, caring relationship to be vulnerable in. Parenting isn’t easy and doesn’t come with a handbook, and sometimes parenting can become more complicated because of things like post-partum depression, separation for medical needs in a NICU, foster care involvement, prenatal/postnatal substance use, and childhood developmental trauma. An IMH clinician can help in a prevention or an intervention role. We “hold” the families so that the families can “hold” their babies/toddlers.

By Brittany Turner and Leslie Griffith

Infant and Early Childhood Mental Health Consultation (IECMHC)

Did you know that daycare and preschool aged children are expelled at a rate 13 times higher than all K-12 expulsions combined? Infant and Early Childhood Mental Health Consultation (wow, that’s a mouthful!) is a program that links mental health professionals with early childhood providers and families to support children in these settings before an expulsion is considered/completed. CCMH has sent a supervisor and staff through a cohort training this year and are

able to take referrals. Although CCMH has not had any referrals yet, the team has enjoyed being able to connect with childcare agencies in the area as well as other consultants throughout Michigan to discuss how to increase the capacity for adults to support these children’s social, emotional and behavioral development. CCMH used to provide this service twenty years ago and are excited to offer it again.



By Brittany Turner



FAMILY SUPPORT SUBSIDY PROGRAM



The Family Support Subsidy is a program through the State of Michigan that provides financial assistance to families who care for their children who have severe disabilities or autism. Families who qualify for the program receive a subsidy of \$300.36 once a month. The subsidy can be used to help pay for special expenses such as additional therapies, special equipment, transportation costs, respite care, clothing, diapers & general household expenses.

The program is coordinated by a local coordinator from each Community Mental Health (CMH) in the state of Michigan. To qualify for the program the family must complete an application & meet the criteria which include:

Having an educational eligibility (*) category of:

- ◇ Cognitive impairment
- ◇ Severe multiple impairment or
- ◇ Autism Spectrum Disorder

*The educational eligibility category is determined by the child’s school or their local ISD.

The family’s annual taxable income must be \$60,000 or less & must provide proof of this by submitting their most currently filed MI 1040 tax return form.

The family must complete a renewal application each year prior to their child’s birthdate & they can do so until the child is 18 years old. A family is no longer eligible for the subsidy if they:

- ◇ Move out of State
- ◇ Their annual taxable income exceeds \$60,000
- ◇ The child has been placed outside of the family home
- ◇ The child no longer meets the educational eligibility criteria or is no longer enrolled in school

“I really enjoy the program because I can get my son things I typically could not afford without this program. Thank you very much for thinking of people like my son.”

Outreach is done annually by the local coordinators from each CMH to schools, ISD’s, DHHS offices, local support programs, & children’s programs to encourage families to apply. Children do not have to be enrolled in CMH services to be eligible for the subsidy. Currently, there are **25** children enrolled in the FSS program through Copper Country Mental Health Services. If you have questions, please contact Angela Cline at (906) 482-9400 etc. 122.

“The FSS program has given me the opportunity to stay home and teach my twin boys at home. I am a single mom, so this has financially lessened the burden of me not being able to work. I use the money for life, bills, gas so we can take trips to the zoo or aquariums and go camping.”

By Angela Cline, Local FSS Coordinator

Lake Superior Photo Contest

This fall we did a photo contest to select four photos (one from each county) to be in the entrance way of the Rice Memorial Center in Houghton. Thank you to everyone who submitted photos, as there were so many great photos. The photos are currently hung up. Here are the selected winners!



Amanda Velmer
Baraga County



Bill Box
Ontonagon County



Caleb Bach
Houghton County



Chad Johnson
Keweenaw County



By Eliza Richard

Acute Inpatient Psychiatric Hospitalization

Why is a person admitted to an inpatient unit? People admitted must meet certain criteria, such as imminent risk of harm to self or others due to a mental illness, or being so disorganized they cannot care for themselves.

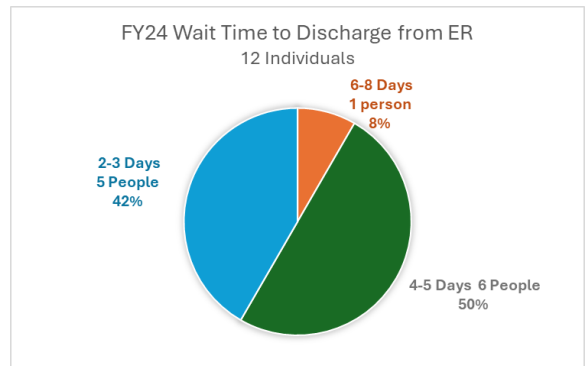
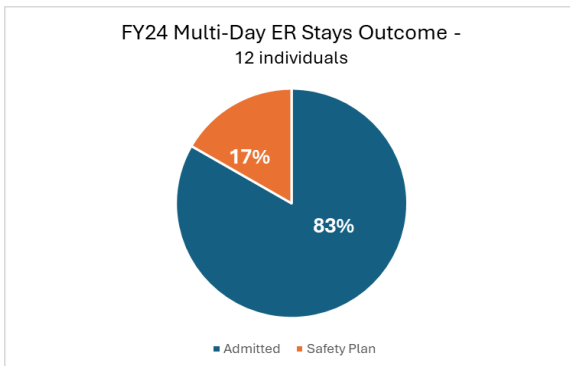
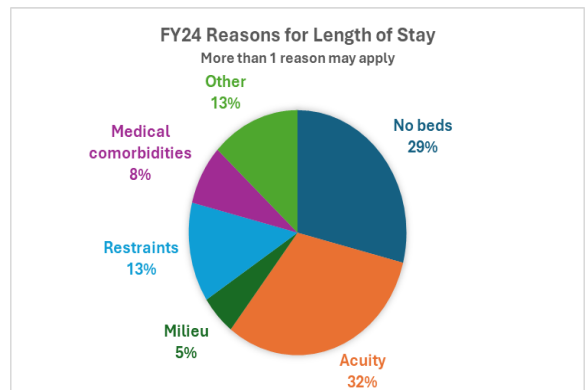
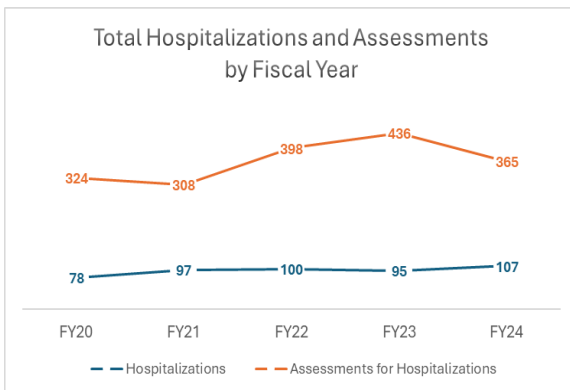
Where are these located? There are two inpatient units for adults located in the U.P. There are about two dozen units located downstate, some of which admit children.

What happens when a person is admitted to one of these units? Most people are in the unit for a week or less. The main goal of admission is to stabilize the person's symptoms through medications enough to return them to the community for follow-up with an outpatient treatment provider.

Why does it sometimes take days or weeks to get someone from the emergency room to an inpatient unit? CCMH makes the decision whether to hospitalize a person or safety plan them back home within three hours of the time we are contacted by the emergency room. However, psychiatric units do not have to accept patients for whom we request admission. They can deny our request for any reason. The most common reasons they give us are: no bed space, the case is too acute, the unit environment is not appropriate, and the person has serious physical health problems that cannot be managed on the unit.

Below is data from **October 1, 2023 to September 30, 2024** on multi-day hospital stays.

Multi-Day Stay is defined as the person staying in the emergency room for **two or more days**.



To view our frequently asked questions, scan this QR code!



Psychiatric Hospitalization Transportation



Why does local law enforcement have to transport people to these hospitals? Michigan law is very detailed regarding involuntary psychiatric admission, and it describes the process for transporting patients to inpatient units.

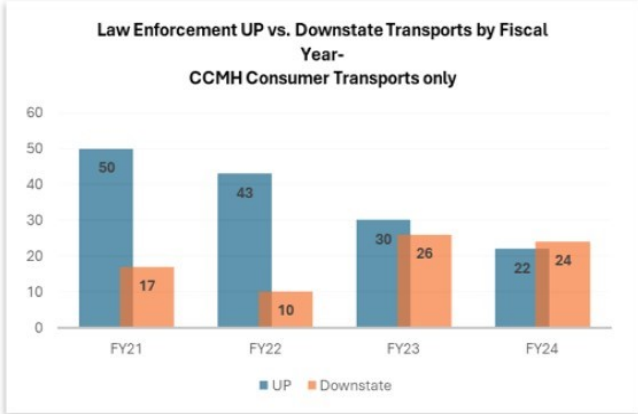
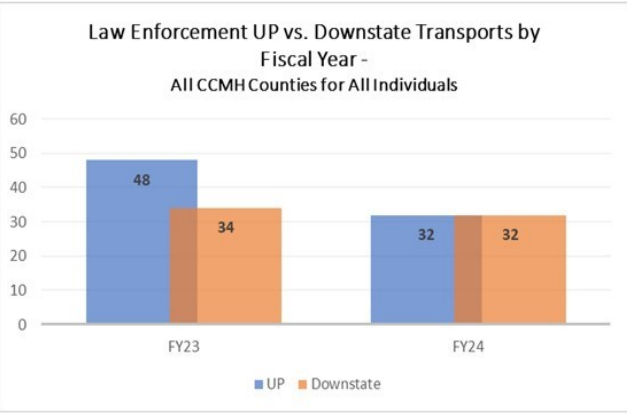
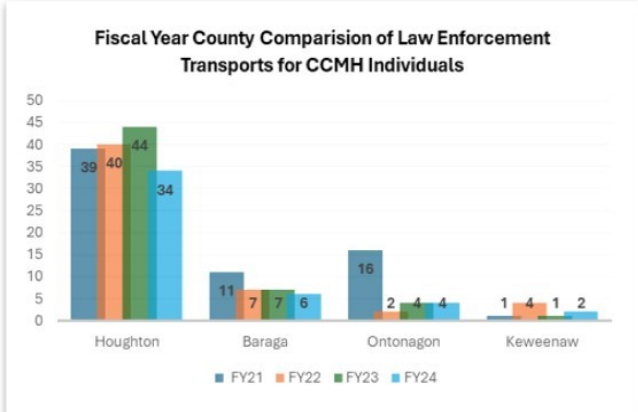
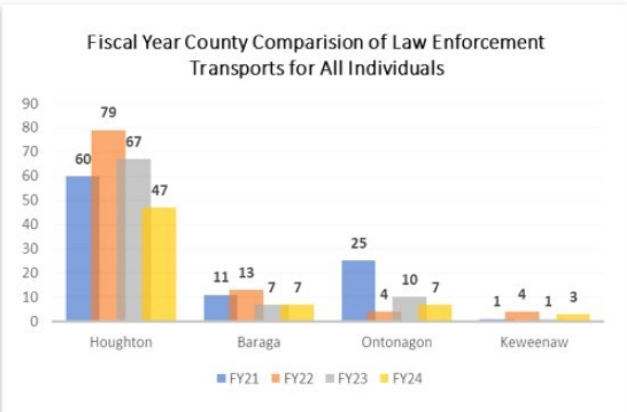
What is the difference between a voluntary and involuntary psychiatric hospitalization?

Voluntary: An individual understands their need for treatment and/or are amenable to recommended inpatient care.

Involuntary: An individual does not understand their need for treatment, and this requires court involvement to temporarily suspend a person's legal right to freedom of movement to ensure necessary treatment steps.

What does CCMH pay for in relationship to inpatient psychiatric hospitalizations? CCMH is responsible for the daily rate for each day that an individual is hospitalized. CCMH also pays for the clinician to complete the assessment and bed search.

The transport data below was provided by the County Sheriff Offices.



To view our frequently asked questions on our website, scan this QR code!

Institute Highlights 2024

The Institute delivers training and prevention services using a proactive approach to reduce risk factors, increase resiliency, and promote wellness. The Institute continued to post Facebook information on a variety of topics, including wellness, stress, burnout, suicide prevention and how to make healthy changes. The Institute coordinates orientation and annual training for CCMH staff as well as staff at local agencies who serve CCMH consumers.

Botvin's LifeSkills substance use disorder prevention training programming for students in 6th, 7th, and 8th grades in Houghton, Dollar Bay Tamarack City, Ironwood, Bessemer, and Wakefield-Marenisco schools focused on drug misuse, coping with anxiety, peer pressure, communication skills, and other skills that help youth navigate tough decisions.

Fit Together connects adult consumers of Copper Country Community Mental Health services who have a diagnosis of serious mental illness with area fitness opportunities and nutrition coaching. Twenty-nine new consumers joined the program during 2024. The program served 69 consumers. Fit Together provided funds for bus passes, gym passes, personal training sessions, local trail passes, and event expenses. Four events were held this year. They included Aikido demonstration, Hungarian Falls hike, kayaking on the Portage Canal, and a Bond Falls hike.

Health Education Training and support focuses on school districts within a five-county area (Baraga, Houghton, Keweenaw, Ontonagon, Gogebic) to implement Michigan Model for Health[®] curriculum. Local school children receiving comprehensive health education including skill-based instruction in social emotional health which leads to academic success, success in relationships and a reduction of childhood obesity.

Living Healthy in the Western UP The program consists of multiple curricula provided to two different populations, elementary schools and adults with intellectual/developmental disabilities living in our adult foster care homes. This year we were able to complete the new healthier menus/cookbooks for our nine group homes.

Taste Move Learn was provided to four of our group homes and Oakhouse.

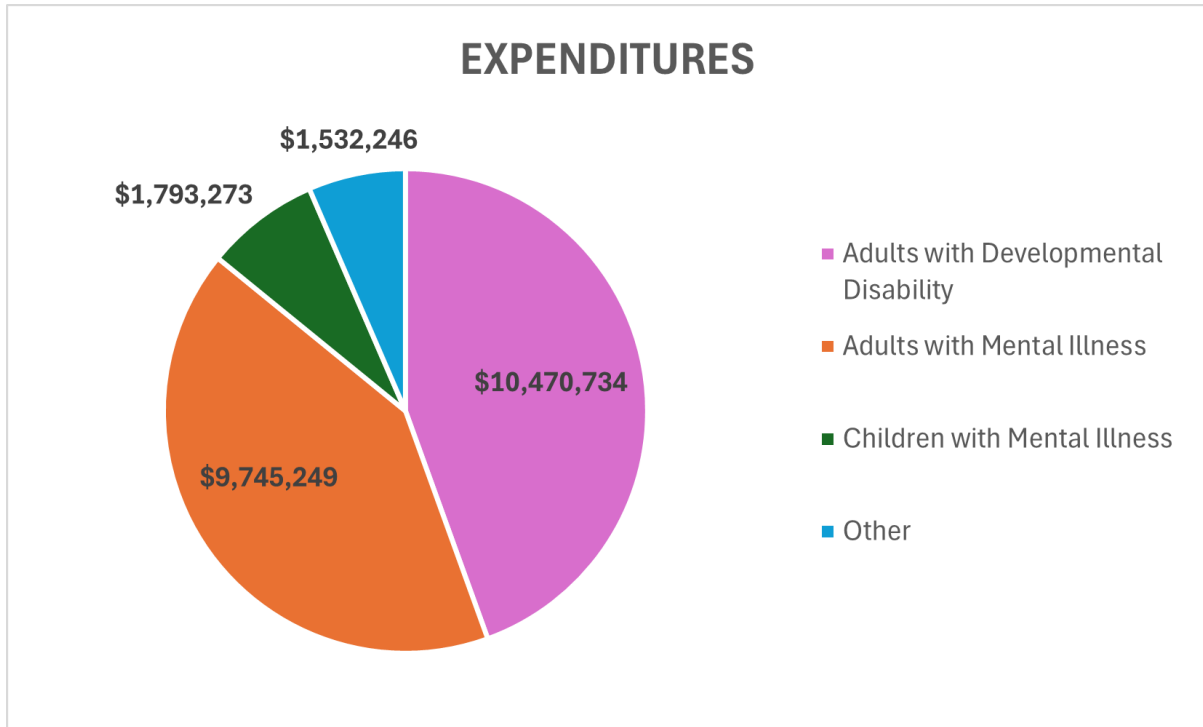
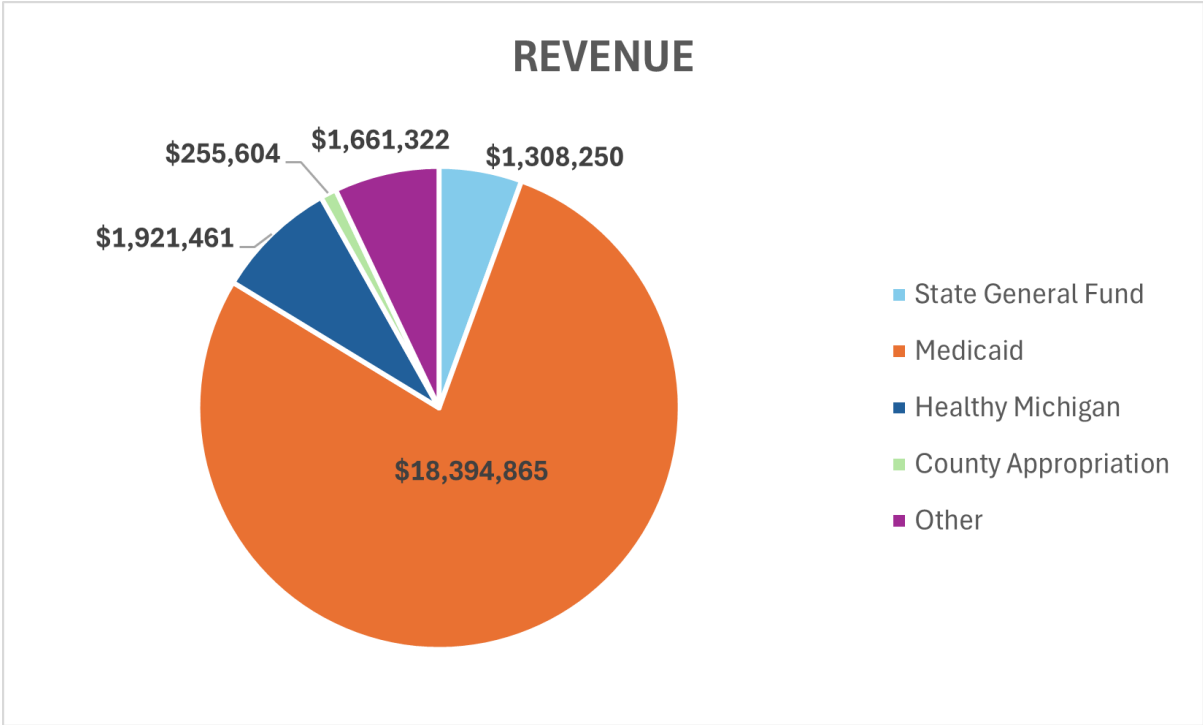
Healthy Schools Heathy Communities (HSHC) was provided for students in two elementary schools (kindergarten and second grade). **Cooking with Kids** was provided for students in three elementary school fifth grades and **Cooking Matters for Teens** was offered to middle school students in Baraga County. The programs use a whole-school approach to encourage students, parents, and educators to be physically active and eat healthier.

Mental Health First Aid™ teaches participants how to help someone experiencing a mental illness or a mental health crisis. To date we have trained over 500 Mental Health First Aiders, including parents, providers, law enforcement, EMTs, medical community, school counselors, teachers, pastors and human service providers.



By Taryn Mason

Utilizing a budget of \$23,954,502, Copper Country Mental Health Services provided services to 1,152 individuals from October 1, 2023 through September 30, 2024.



Board of Directors

James Tervo Houghton
37 years on Board
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Pat Rozich Houghton
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Michael Koskinen Baraga
14 years old Board
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Barry Fink Houghton
12 years on Board

Richard Bourdeau Ontonagon
10 years on Board
Ontonagon County Commissioner

Katherine Carlson-Lynch Ontonagon
4 years on Board

Randy Eckloff Keweenaw
4 years on Board
Keweenaw County Commissioner

Gail Eilola Baraga
4 years on Board
Baraga County Commissioner

Richard Herrala Houghton
3 years on Board

Roy Britz Houghton
3 years on Board
Houghton County Commissioner

Linda Pelli Houghton
1 month on Board

ACCESSING 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:

Access Center
 1-877-906-CCCMH (2264)
 (906) 483-5555

OUR CLINICS

Rice Memorial Center

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

Baraga County Center

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

Ontonagon County Center

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

Rice Memorial Center CLK Branch

56938 Calumet Avenue
 Calumet, MI 49913
 (906) 337-5810

The Institute

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