

Tuscola Behavioral Health Systems



Annual Report

October 1, 2015 to September 30, 2016

Community Message from Sharon Beals, CEO



Tuscola Behavioral Health Systems has been providing services within Tuscola County since 1974. As the community mental health agency within Tuscola County we are here to provide services to children with severe emotional disorders, individuals with autism, adults with mental illness, substance use disorders, and intellectual/developmental disorders. Another important role that TBHS plays within the county is serving as a partner with other local agencies as we all work together to improve the quality of life of individuals within Tuscola County.

The Governor's FY 17 budget proposal contained language referred to as Section 298 which jeopardizes the local control that we currently have related to mental health services. The Governor's proposal would move the Medicaid funds that currently go to the Prepaid Inpatient Health Plans (PIHP) to the Medicaid Health Plans. This proposal was met with such opposition that a workgroup was formed by Lt. Governor Calley. Membership of this workgroup consisted of consumers, their families and advocates. This workgroup met and developed a set of recommendations that were presented to the legislation. Unfortunately, it appears that members of both the House and the Senate have chosen to ignore the work of this workgroup and have moved forward with language that disregards these recommendations. At this time, there is revised section 298 language and new section 234 language that have been proposed by the House and the Senate that would move the funding for the community mental health system from the PIHPs to the Medicaid Health Plans. This in essence would turn the community mental health system in Michigan over to the for-profit health plans to manage.

Michigan is currently considered to have one of the best community based mental health systems in the country. Change is inevitable and change is embraced by our system when it is for the benefit of the individuals that we serve and the community. The proposed changes do not appear to be in the best interest of the individuals served or the communities where those services are provided. Many individuals have expressed their support of TBHS and the community mental health system and have shared this support with our local legislators. Thank you so much for your continued support and we will continue to advocate on behalf of the community based mental health system in Michigan.

TBHS Leadership Team (as of 9.30.2016)

~ Sharon Beals, Chief Executive Officer ~ Julie Majeske, Chief Operating Officer ~ Marilyn Wiley, Chief Financial Officer
~ Brenda Brookhouse, Residential Services Supervisor ~ Jeannette Folcik, Care Coordination Supervisor ~ Deb Geno, Outpatient Supervisor
~ Tina Gomez, Health Operations Supervisor, ~Victor Gomez, Residential Services Supervisor ~ Michelle Miller, Recipient Rights Officer
~ Cindy Opperman, Human Resource Supervisor ~ Susan R. Holder, Director Marketing and Training Service
~ Shannon LaVoie-Thompson, Children's Services & Emergency Services Supervisor ~ Michael Swathwood, Quality Systems and Compliance
~Rick Smith, Assertive Community Treatment & DBT Supervisor ~ Teri Stefanovsky, Skill Building/Supported Employment Supervisor

"Courage does not always roar, sometimes courage is the quiet voice at the end of the day saying, "I will try again tomorrow!"

HOPE



TUSCOLA

Behavioral Health Systems

MISSION STATEMENT: Our mission is to empower individuals and families on their journey toward wellness and recovery by providing access to comprehensive behavioral health care services in our community.

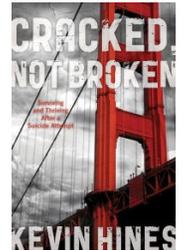
TBHS BOARD OF DIRECTORS

~ Karen Snider, Chairperson ~ Dan Grimshaw, Vice-Chairperson ~ Joann Helmbold, Secretary
~ Raymond Bates ~ Thomas Bardwell ~ Paula Cavanaugh ~ Dave Griesing ~ Marianne Harrington ~ Susan McNett
~ Kenneth Partridge ~ Brenda Ryan ~ Walter Szostak



KEVIN HINES STORY

TBHS had the pleasure of hosting KEVIN HINES during National Suicide Awareness Prevention Month. Kevin is a mental health advocate, award-winning global speaker, bestselling author and documentary filmmaker who reaches the audience with his story of an unlikely survival and his strong will to live. Two years after he was diagnosed with bipolar disorder at 19 years of age, he attempted to take his life by jumping from the Golden Gate Bridge. The fall would break his body, but not his spirit. Kevin dedicates his life to saving lives by spreading the message of hope and sharing his art of living mentally well. He is one of the most respected and admired voices of lived experience.



Over a two day period approximately 1,000 individuals in Tuscola County heard Kevin's story, a remarkable testament to the strength of the human spirit to connect with others. Kevin's presentation was a reminder for us all to love the life we have.

INDIVIDUALS SERVED - Fiscal Year 2015 - 2016...1257

~ **Children with Mental Illness including:** Children's Home Based ~ Case Management Outpatient ~ Services for Children
~ **Adults with Mental Illness including:** Case Management Services ~ Assertive Community Treatment ~ Psychiatric Service
~ Outpatient Services ~ Aging Services /OBRA Outreach
~ **Adults and Children with Developmental Disabilities including:** Autism ~ Respite Services

~ TBHS monitors how many people are served, the programs and types of services received and a persons demographic characteristics in order to effectively manage resources. This annual report gives the unduplicated numbers—from single admission through discharge of services.

RECOVERY... It's Work. It's a Process. It's Worth it. It's Possible. Unknown

Trauma: A Mother and Sons Journey Toward Recovery



My name is Kayla and I want to tell my five year old son, Calix's story of recovery. As I write this my son is trying to color a picture, while chasing Charlie and Boots, our cats. I am happy he is active and playful and not on the floor of his room crying so hard he is getting sick on his hot wheels floor rug while he struggles to breathe because he suddenly smells the aftershave his father, the man who abused him, wore at the time. The thing is, Calix doesn't even know why he can't breathe, or why his chest feels tight, or why he needs to feel the bittersweet release he gets from beating his head into a wall.

When Calix was two, I came home to discover tiny, red little freckles covering his pudgy cheeks. I thought it was an allergic reaction, nothing some Benadryl wouldn't fix in a jiffy. I wish I had known then exactly how life would change for him. Maybe I could have cushioned the blow some how. But I couldn't, and without the assistance of the staff at Tuscola Behavioral Health Systems (TBHS) with phone calls, positive affirmations, and as much support and education as I could soak in, I have learned how to ease his pain and fears.

Through education and awareness training with Trauma Focused Cognitive Behavior Therapy (TF-CBT) services with TBHS, I became aware of triggers. Calix has little memory of his trauma, the only way he could survive was to enter into survival brain. At such a young age he has locked down all the hurt, and ill memory, but sometimes these waves slip beneath the door, an oil spill of emotions come out that cannot be contained when it happens. There's an echo there, deep within his bones, that explodes in the form of hyperventilation, self harm, and utter fear/terror. It is because of the skills and tools through TF-CBT that I've learned through the TBHS Children's Services program that I am able to join him on his walk of recovery. I can successfully identify Calix's specific triggers before it becomes an attack to his senses. I am able to give him solace and a sense of safety, I can open the doorway to conversation when my brilliant five year old son tells me he is feeling anxious. Yes, he can identify his own anxiety and he can verbalize to me when his prison becomes too much for him. We have been given the ability to heal, and most importantly to live.

When we first entered treatment an assessment was completed on Calix and as his mother, those results terrified and tore me apart. I've felt ashamed, and disappointed in myself that my precious child could possibly be stigmatized by the event that occurred to him. That is when I started asking what I as a parent could do and was given an opportunity to take the TF-CBT class by the caring and supportive TBHS staff. With the TF-CBT program, I spent one evening a week, for an hour and a half, learning creative strategies to help my son understand that he is loved, valued, and safe. I also learned how to reduce my own emotional distress about his traumatic event. I can honestly say that I do not believe we would have achieved the confidence and skills together without this service at TBHS. For my family, this was not a manual and a handful of ideas to jot down in the margins of a piece of scrap paper. This was HOPE.

There will be days filled with darkness still, of laying on the bathroom floor because his new haircut brings him back to a time so far away, and he's so scared that he might somehow resemble someone that caused him so much pain, but I know now that I can bring him back from the trauma symptoms and responses even if it means he gets to shave my head too.

TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic live events. Incorporates trauma-sensitive interventions with cognitive behavioral, family and humanistic principals and techniques. Children and parents learn new skills to help process thoughts and feeling related to traumatic life events; manage and resolve distressing thoughts, feelings and behaviors related to traumatic events, enhance safety, growth, parenting skills and family communication.

*Hope is a desire accompanied by confident expectation. Having a sense of hope is the foundation for ongoing recovery from mental illness.
Even the smallest belief that we can get better, as others have, can fuel the recovery process.*

RECOVERY IS POSSIBLE AND BEAUTIFUL!



The Quality Improvement department monitors standards that are set to help ensure that consumers are served in the most timely and effective manner possible. The outcomes for fiscal year 2015-2016 demonstrate the efforts that were made on a daily basis by TBHS staff members.

Indicator #1 Standard measure of access to care. The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours (by two sub-populations: children and adults). Standard is 95% Rationale for use: People who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. The indicator assesses whether the CMH (Community Mental Health)/PHIPS is meeting the Department of Health and Human Services (DHHS) standard of 95% of the inpatient screenings having a final disposition within three hour. This indicator is a standard measure of access to care.

Population	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Children	100%	100%	100%	100%
Adults	100%	100%	100%	100%



Indicator #2 The percentage of new individuals during the quarter receiving a face to face assessment with a professional within 14 calendar days of a non-emergent request for service . Standard is 95%.

Rationale for use: Quick, convenient entry into the public mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Population	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Mentally Ill Children	100%	100%	100%	100%
Mentally Ill Adults	100%	100%	100%	100%
Developmental Disabled Children	100%	100%	100%	100%
Developmental Disabled Adults	100%	100%	100%	100%

UNDERSTANDING is the first step to ACCEPTANCE and only with ACCEPTANCE can there be RECOVERY. Joanne Rowling

RECOVERY IS POSSIBLE AND BEAUTIFUL!

Indicator #3 Standard 95% within 14 days. The percentage of new persons during the quarter starting any needed on-going service within 14 calendar days of a non-emergent face-to-face assessment with a professional. *Rationale for Use:* The amount of time between professional assessment and the delivery of needed treatments and supports addresses a different aspect of access to care than Indicator #2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Indicator #4a Standard 95%. The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. *Rationale for use:* When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer. This is an indicator required by the federal Substance Abuse and Mental Health Services Administration.

Population	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Mentally Ill - Children	97%	100%	100%	100%
Mentally Ill Adults	100%	100%	100%	100%
Developmental Disabled Children	100%	100%	100%	100%
Developmental Disabled Adults	100%	100%	100%	100%

Population	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Children	100%	100%	100%	100%
Adults	100%	100%	100%	100%

Guiding Values of Tuscola Behavioral Health Systems



Dedication: For Tuscola Behavioral Health Systems, dedication means determination of purpose. It is embodied in our commitment to excellence in all we do in remaining loyal to our organizational cause and our partnership with consumers.

Dignity: We believe in a welcoming environment in which each individual is treated with dignity and respect.

Empowerment: We believe in the empowerment of individuals to reach their greatest potential and to take ownership in decisions regarding their lives and their recovery.

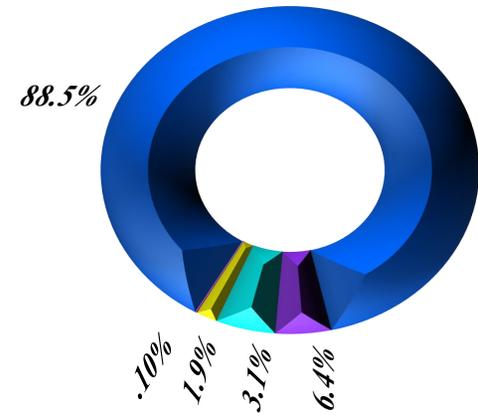
Quality: For Tuscola Behavioral Health Systems, excellence can be measured in the extent to which we help people achieve the quality of life they deserve. We empower our staff to develop and implement innovative approaches to their work and are committed to ongoing performance improvement.

The greatest glory in living lies not in never falling, but in rising every time we fall. Nelson Mandela

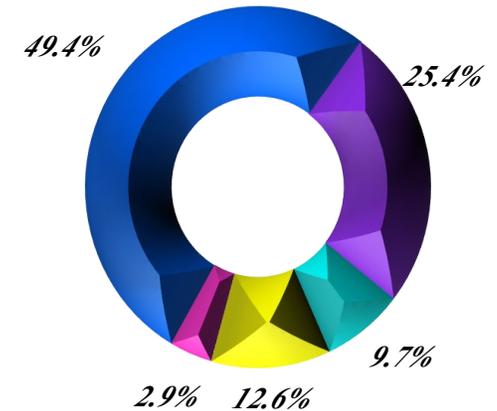
EMPOWERMENT

TBHS FINANCIALS

- ◆ **Charges for Services:** *Medicaid, Earned Contracts, Consumer and Third-Party Pay* \$ 15,359,928.00 (88.5%)
 - ◆ **Other Revenue:** \$1,114,248.00 (6.4%)
 - ◆ **State Grants:** *MDHHS Contract, Adult Benefit Waiver* \$535,415.00 (3.1%)
 - ◆ **Local Units and Interest** \$ 319,125.00 (1.9%)
 - ◆ **Federal Grants** \$ 20,435.00 (.10%)
- Total Revenue** \$17,349,151.00



- ◆ **Services for individuals with Developmental Disabilities:** \$8,823,179.00 (49.4%)
- ◆ **Services for Adults with a Mental Illness:** \$4,532,349.00 (25.4%)
- ◆ **Services for Children with a Mental Illness:** \$2,245,809.00 (12.6%)
- ◆ **Board Administration:** *(Compliance, Human Resources, Recipient Rights, Public Information, Finance Department, Program Administration Costs)* \$1,719,383.00 (9.7%)
- ◆ **Cass Valley Enterprises (CVE)** \$527,909.00 (2.9%)



Total Expenses: \$17,848,629.00

Excess Expenses Over Revenue : (\$499,478.00)

**** Note:** \$448,414.00 of expense due to GASB 68 Accounting and Financial Reporting for Pensions is included above in Excess Expenses Over Revenue

Empowerment is the belief that one has power and control in their life, including their illness. Empowerment also involves taking responsibility for self and advocating for self and others. As consumers grow in their recovery journeys, they gain a greater sense of empowerment in their lives.

RESILIENCY



Anyone, anywhere can be the one to make a difference in the life of someone with a mental health or substance abuse challenge – if they know what to do and what to say.

Mental Health First Aid is an eight-hour in-person training designed for anyone to learn about mental illness and addiction, including risk factors and warning signs. Participants learn a five-step action plan to help people who are living with a mental health challenge or experiencing a crisis.



TBHS has been awarded a three-year accreditations from the Commission on Accreditation of Rehabilitation Facilities (CARF) for its following programs:

- ~ Assertive Community Treatment: Mental Health-Adults;*
- ~ Case Management/Services Coordination Mental Health-Adults, Children and Adolescents;*
- ~ Community Services: Community Integration and Community Services Coordination;*
- ~ Crisis Intervention-Mental Health-Adults;*
- ~ Employment Services: Community Employment Services: Job Development, Job Supports, Job Site Training and Employment Services Coordination;*
- ~ Intensive Family-Based Services-Family Services-Children and Adolescents;*
- ~ Outpatient Treatment Mental Health-Adults, Children and Adolescents*

Echols Building

*TBHS Administration and Finance
323 N. State Street, Caro, MI 48723
989.673.6191 or 8.00.462.6814
www.tbhsonline.com*

Personal Independence Center

*Location of TBHS Clinical Programs
1332 Prospect Avenue, Caro, MI 48723
989.673.6191 or 8.00.462.6814
www.tbhsonline.com*

Kan Do Creations & TBHS Training Center

*129 E. Burnside Street, Caro, MI 48723
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