

Tuscola Behavioral Health Systems

Annual Report to the Community Fiscal Year October 1, 2008 - September 30, 2009

Making A Difference Every Day



Photograph by Taylor Photography

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Chief Executive Officer's Annual Message To The Community



Making a Difference Every Day seemed like an appropriate theme for the FY 2008-2009 annual report for a number of reasons. Tuscola Behavioral Health Systems (TBHS) does make a difference in the lives of individuals on a daily basis. This report includes recovery stories of three individuals. These three individuals share with you how their lives have been impacted by their mental illness and the journey that they have taken to recovery. These are just three stories of many that could be told. TBHS partners with individuals living with mental illness, substance use disorders and developmental disabilities to bring about positive change and help them achieve the life they desire.

FY 2008-2009 brought unprecedented challenges to everyone living in Michigan. The economy, unemployment and home foreclosures, were all realities that those of us living in Michigan heard about or dealt with on a daily basis. The community mental health (CMH) system was not immune to the financial situation of the state and community mental health boards were faced with cuts to general fund allocations. These reductions were absorbed by the system at a time when CMHs were experiencing unprecedented increases in requests for services.

TBHS provided services to more people in FY 09 than we have ever served in a fiscal year. It is due to the dedication of the TBHS staff that we were able to not only maintain our services after a reduction in our general fund allocation, but we were able to provide services to almost 150 more people than in FY 08. Staff at TBHS embraced the challenge of increased referrals and increased case load sizes while also implementing Evidence Based practices, meeting reporting and compliance requirements and maintaining high quality standards.

It is not only the staff at Tuscola Behavioral Health Systems that make a difference in the lives of individuals on a daily basis, it is also the dedicated staff at the other community organizations and human services agencies. These agencies work cooperatively with TBHS staff during these challenging times to improve the lives of individuals within Tuscola County. Thank you to all TBHS staff and the staff of the other human services organizations within the county. During these tough economic times, it is important that we all work together to ensure that the individuals that we serve come first and that we truly do MAKE A DIFFERENCE EVERY DAY.

Sharon Beals
Chief Executive Officer

TBHS Board Members

Paula Cavanaugh, Chairman
Donald Dost
Gary Haas
Donald McLane

Rachel Koepf, Vice-Chair
Floyd Echols
Marianne Harrington
Mark Putnam

Walter Szostak, Secretary
Daniel Grimshaw
Joann Helmbold
Karen Snider

Tuscola Behavioral Health Systems (TBHS) staff have been successfully involved in a number of initiatives and Evidence-Based Practices over the course of the year. TBHS staff truly Make A Difference Everyday in the lives of individuals and family members receiving services.

Dialectical Behavioral Therapy (DBT) works with consumers who have been diagnosed with Borderline Personality Disorder or who exhibit Borderline Personality traits. It consists of a one-hour individual therapy session each week, as well as, a two and a half hour of Skills Class each week. Phone coaching is available 24/7 for all participants. DBT consists of clinicians from both the ACT Team and Case Management. DBT works with consumers to decrease self-injurious behaviors and behaviors that interfere with quality of life, while at the same time increasing behaviors such as distress tolerance, interpersonal skills, mindfulness, and emotion regulation.

Family Psycho Education (FPE) is an evidence-based practice that gives consumers and families information about mental illnesses, helps them build social supports and enhances problem-solving, communication and coping skills. Consumers who participate in FPE experience fewer relapses and less time in the hospital. Family members report greater knowledge of serious mental illnesses and less stress, confusion and isolation.

Integrated Dual Disorder Treatment (IDDT) model is an evidence based practice that improves the quality of life for people with co-occurring Mental Health and Substance Use Disorders. It utilizes the Stages of Change and Stages of Recovery to assist consumers into recovery from both illnesses since both must be addressed in order for recovery to be successful. The premise is that change takes place incrementally over time through five stages; Pre-Contemplative, Contemplation, Preparation, Action, and Maintenance.

Parent Management Training-Oregon Model (PMTO) is an evidence-based structured intervention program to help parents and caregivers manage the behavior of the children they are responsible for. It is designed to promote social skills and cooperation, in addition to preventing, reducing, and reversing the development of moderate to severe conduct problems in children ages 5 – 12. The core components of PMTO: Empowerment of Parents/Caregivers, Encouragement of Positive Behaviors, Setting Limits and Discipline, Monitoring and Supervision, Problem-Solving and Parental Involvement.

Anti-Stigma Initiatives - Tuscola Behavioral Health Systems was awarded a year-long Block Grant from the Michigan Department of Community Health to focus on anti-stigma activities to help educate residents in Tuscola County in regard to various mental health diagnosis and the effective treatment of mental health services.



Peer Support Specialists Initiatives - TBHS was awarded a year-long Block Grant from the Michigan Department of Community Health for Peer Specialist Staff Development. The specialists were trained and certified through the Michigan Department of Community Health to provide services according to the Medicaid State Plan. The Peer Support Specialists assist others to become more involved in the mental health system and their community. Peer Support Specialists are mentors who promote recovery.

*Self Determination Initiative - TBHS incorporates a set of concepts and values that underscore a core belief that people who require support through public mental health systems must have the freedom to define the life they seek, and obtain assistance to achieve that life. Consumers need to have access to meaningful choices, and to be assured of control over the course of their lives. The purpose of self determination is to provide policy direction that defines and guides the practice of self determination for the public mental health system in order to assure that it makes self determination available as a means for **achieving consumers' plans of service and support.***

- ◆ One in five people worldwide have a mental or neurological disorder at some point in their lives.
- ◆ 450 million people currently suffer from such conditions; placing mental illness among the leading causes of ill-health and disability worldwide. Source: National Alliance on Mental Illness (NAMI)

Unchosen Path by: Laura V. - Peer Support

The year was 1977 and I was 16 years old, a time of innocence and enjoying being a young girl with little worries or responsibilities. My world turned upside down that summer when I was raped by a neighbor. The term used today would be sexually assaulted. For months I was in a **catatonic state, my parents knew I needed help but didn't quite know where to turn. I did not** tell my parents what happened until a month later when I discovered I was pregnant. After much thought and prayer, my parents believed the best thing to do for me was to terminate the pregnancy, even though it went against our religious beliefs. I remember my dad taking me to Bay City to talk to someone, and in front of my father the person who was there to help me **looked at me and stated "this is something you wanted to happen". I looked at my dad and** said we are leaving now. To this day those hurtful, unwarranted words stick in my mind. That statement is why I have not been able to relate to a male therapist since 1977.

That fall, I continued high school, withdrawn from my friends, not speaking of the incident again. Back then things were swept under the rug and never talked about again. High school graduation finally came in 1979, I immediately got married and by winter of 1979 my daughter was born. I felt as though I needed to replace my first child that was lost. In 1981 I divorced **my abusive alcoholic husband. I soon remarried in 1983 and had twin sons. Again, I didn't** make the best choice in men as my second husband was another abusive alcoholic. My two husbands never once touched my children, I was the one that took the abuse. My second marriage ended in 1989. I found myself a single working mom, three children and enjoying life a little. I started working part-time at Baker College while attending classes for criminal justice. During that time I met a man who I truly loved, we had been seeing each other for four years and were engaged. Our children were a combined family, no distinction between yours and mine. I thought my life was complete until he passed away unexpectedly in 1994. My life started spiraling out of control. Shortly after his death I packed up my family, sold the home **and moved to Florida. I soon discovered Florida wasn't my answer and moved the family again** to Pittsburg, PA. We lived with my brother for a few months until a disagreement on how to raise my children occurred. We left without a plan—we were homeless for a week. My boss, at the time, helped me find appropriate housing. At this point, I was having a hard time keeping a job, financial issues were building, concentrating on simple tasks was difficult and caring for my children was becoming difficult since the kids were starting to get into trouble. A friend at **the time recognized that I wasn't well and that something was wrong - I wasn't eating, couldn't get out of bed, wasn't taking care of my children, they were taking care of me. With my friends'** encouragement, I was hospitalized in a psychiatric unit for five days, at which time I was diagnosed with severe depression. My parents traveled to Pittsburgh and moved us all back to Michigan. Before I left the hospital I had appointments scheduled at TBHS. With sheer determination, the help of my parents, and the love of my children, a few months after my hospitalization I returned to Baker as a dispatcher with the Public Safety Department. I realized I had to continue taking my medication and seeing my therapist if I wanted to be the person I knew I could be. I know my children were raised in an unconventional way for some, but I did my best. Their fathers did not assist with any financial matters. I realize my children had adult conversations and situations to deal with when they were younger, but I am so proud of my daughter and two sons. My daughter is a certified massage therapist and my sons will both be attending medical school in the fall of 2010.

I have been a Peer Support Specialist with Tuscola Behavioral Health Systems since January 2009. As a Peer, I assist others in becoming more involved in the mental health system and their community, and to become more independent and productive. If I can help one person based on my experiences it has been worth the *Unchosen Path* my life has taken. A special thank you to Susan Holder for helping me tell my story.

Lessons in Life by: A.M.

If it wasn't for my children being involved in services at Tuscola Behavioral Health Systems through the Children's programs I may not be the person I am today. My journey started years ago and I didn't realize it until now. When I was 4 years old, I was taken away from my biological parents and placed in foster care for three years. When I was 7 years old, I was adopted by my foster mother. Growing up I lived throughout Michigan in Coloma, Oxford, Fairgrove and Hadley. Never really having a sense of home. I had my first child, a daughter, when I was 19 years old. I married at 22 years of age and delivered my second child, a son, later that same year. As a family, we moved constantly either looking for work or for housing, never living in one place longer than two years. During that time frame, my adoptive mother gained legal guardianship over my children, mainly for financial reasons.

In the fall of 2006, my husband and I were able to regain custody of our children, and we moved back to Caro in 2006. My number one priority was working on our family unit and having the children with us at all times. At that time, we decided we needed mental health counseling for our children. The children had issues with the grandparents and us as parents; who they should listen to; where they should live. They started acting out, getting into trouble at school, and going through a terrible adjustment period. At the same time, I noticed that I was losing my temper, screaming and yelling at my children, and throwing items in a fit of anger. In 2008, I entered into services with TBHS seeing one of the Outpatient Therapists. I was soon diagnosed with Bipolar Disorder and Obsessive Compulsive Disorder. It was like a light had been turned on for me; finally an explanation. Another family member had been diagnosed with Bipolar, but I never associated the two together, until I was diagnosed.

I joined the Dialectical Behavioral Therapy (DBT) Group. DBT is designed for individuals to learn new skills to change emotional and behavioral patterns associated with misery and distress. DBT is a form of therapy that includes mindfulness, validation, and acceptance of strategies to help make change possible. After I was diagnosed, I had this moment of clarity and knew what I needed to do to become the mother and person I knew I could be - working on safe zones, medication, and feeling confident with myself, both as a mom and as a **person. At first, I didn't care for being on medication, but at the same time knew I needed them. If I didn't** take it, I noticed that I was reverting back to the person I no longer wanted to be.

I have since reunited with both my biological parents and am keeping in contact with them, as well as my extended family members. The journey from where I was as a young girl to now is still continuing. My future is promising and I am working on being the person, wife, and mother that I know I can be. Everyday I see a positive change in myself. The best thing is my husband and children see a positive difference in me. TBHS services have been the best thing that has happened to me, my children, and our family. I would recommend it to anyone who thinks they may need it. Please do not let the stigma of what others may think from discouraging you from making the call for help.

Bipolar Disorder, or manic depression, is a medical illness that causes extreme shifts in mood, energy, and functioning. These changes may be subtle or dramatic and typically vary greatly **over the course of a person's life, as well as among individuals. Over 10 million people in** America have Bipolar Disorder, and the illness affects men and women equally. Bipolar Disorder is a chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months that often begin in adolescence or early adulthood, and occasionally even in children. Most people generally require some sort of lifelong treatment. While medication is one key element in successful treatment of Bipolar Disorder, psychotherapy, support, and education about the illness are also essential components of the treatment process.

- National Alliance on Mental Illness (NAMI)

Twists and Turns of Life by: M.M.

My journey started in elementary school in the third grade where I felt like a loner, and had **no real friends. I didn't get invited to sleepovers, birthday parties, or to hang out like little girls do. Looking back I was depressed and didn't know what to do. By the time high school rolled around, I began cutting myself. I would cut into my skin in places that people couldn't see or I would hide the area with clothing.** My high school years also brought thoughts of suicide. I started writing a journal for my English class, and the teacher took notice of my dark and truthful writings and referred me to the high school counselor. It seemed to help, **but didn't ease the pain of despair and loneliness. I soon started working at my first job, I** was busy and finally making friends, but still cutting myself; the pressure of friends, family and work was still there. In high school I did see a private therapist for a short period until I aged out of insurance. I graduated high school in 2002 and in the spring of 2003 enrolled at Baker College, but soon after withdrew. I moved to Bay City and started seeing a therapist **there. While I was living away from my family I wasn't cutting myself, nor was I taking my** medication on a regular basis. My relationship with my family was strained and I soon moved back with my aunt. With the help of my grandmother, I had my first visit with TBHS at the age of 20. I remember at one of the sessions the therapist confiscated the blades in my purse and I was hospitalized for the first time for approximately five days. After being discharged, I enrolled at Delta and interviewed for an internship with Disney World. Five weeks into the program my roommate made horrible accusations against me, that I was sleeping on the couch with a knife. I was told that I was incompetent to work and that I had to leave the program and the apartment complex. The accusations were untrue, but they **wouldn't give me a chance to explain. I flew home as soon as my family could send me** money. I soon after became involved in a relationship and moved to Flint, where I started writing bad checks totaling near or over \$10,000.00.

Between 2005 and 2008 my life was out of control. I discovered my parents had been divorced for years verses being just separated. I snuck back to Florida, started hanging out with people who I thought were my friends, but they were selling drugs, and renting my room out. I managed to make it back to Michigan. After four hospitalizations, I vowed to do what was needed to become mentally healthy, but ultimately I never followed through with therapy or taking my medication regularly. Finally in 2008, after the last hospital stay, I was diagnosed as being Bipolar. I started services again at TBHS, working with Michael, Paul and Michelle on the ACT Team. I joined the DBT Group and started taking my medication on a regular basis, and keeping my counseling appointments. I have had no relapses or hospitalizations since 2008. I have enrolled in a two year program at Michigan Career & Technical Institute (MCTI) for Culinary studies. MCTI operates under the Michigan Department of Labor & Economic Growth, Michigan Rehabilitation Services - Pine Lake in southwestern Barry County.

My future goals are to complete the MCTI Culinary studies program, find a job that I enjoy, get my own place, purchase a car, continue taking my medication, improve my decision making skills, and work on my relationship with my family members.

Revenues

Charges for Services: Medicaid, Earned Contracts, Consumer and Third-Party Pay
\$ 11,430,325.00 (78%)

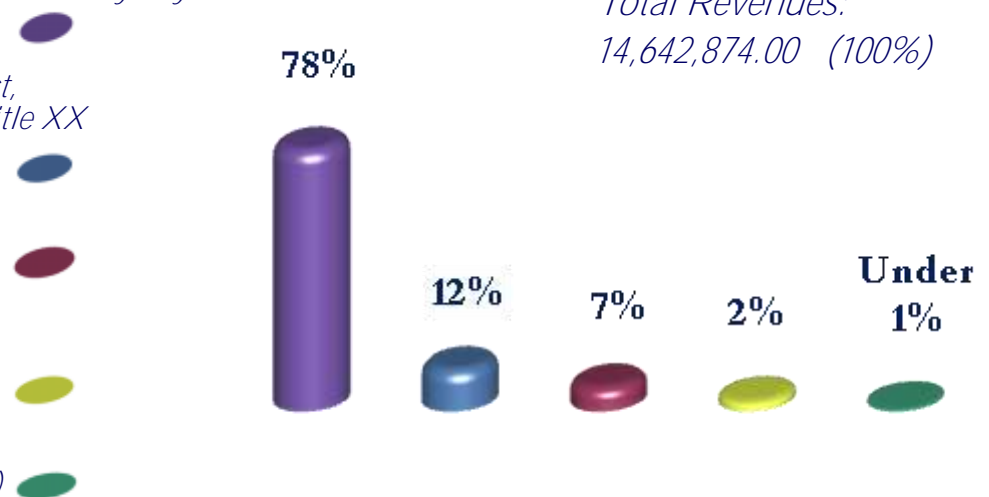
State Grants: DCH Contract, Adult Benefit Waiver and Title XX
\$ 1,793,880.00 (12%)

Other Revenue:
\$ 1,030,099.00 (7%)

Contributions: Local Units and Interest
\$ 305,655.00 (2%)

Federal Grants
\$ 82,915.00 (under 1%)

Total Revenues:
14,642,874.00 (100%)



Expenditures

Services For Individuals With Developmental Disabilities
\$ 7,518,385.00 (51%)

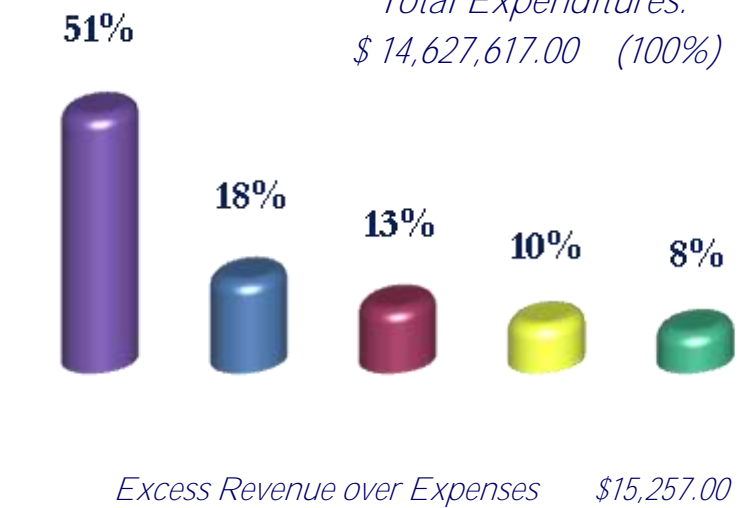
Services For Adults With a Mental Illness
\$ 2,683,758.00 (18%)

Board Administration
(Compliance, Human Resources, Recipient Rights, Public Information, Finance Department, Program Administration Costs)
\$ 1,878,567.00 (13%)

Cass Valley Enterprises (CVE)
\$ 1,386,824.00 (10%)

Services to Children With Serious Emotional Disturbances:
\$ 1,160,083.00 (8%)

Total Expenditures:
\$ 14,627,617.00 (100%)



Excess Revenue over Expenses \$15,257.00

Consumers Served October 1, 2008-September 30, 2009

Total unduplicated number 1512

Children with
Mental Illness... 340
(Children's Home-Based,
Children's Case Management,
Outpatient Service for Children)

Adults and Children
with Developmental
Disabilities... 204
(Including Respite)

Adults with
Mental Illness... 968
(Case Management Services,
Assertive Community Treatment,
Psychiatric Services, Outpatient Services,
Aging Services and OBRA Outreach)

Tuscola Behavioral Health Systems would like to thank the numerous individuals, churches, schools, businesses, and organizations that have donated money, contributed to the TBHS food pantry or to the TBHS Endowment Fund through the Tuscola Community Foundation.



TUSCOLA
Behavioral Health Systems
A Michigan Community Mental Health Authority



TBHS Programs are accredited by CARF



Tuscola Behavioral Health Systems is a partner in the Access Alliance of Michigan, joining Bay-Arenac Behavioral Health, Huron Behavioral Health, Montcalm Center for Behavioral Health and Shiawassee County Community Mental Health Authority.

Tuscola Behavioral Health Systems is a public authority with jurisdiction to provide behavioral health services to the residents of Tuscola County.

Funded, in part, by the Michigan Department of Community Health