

**Monroe Community Mental Health Authority**  
**Annual Report**

## To Our Community



Jane Terwilliger, LMSW  
Executive Director

### Mission

*“Provide quality behavioral health care in partnership with consumers and our community to enrich lives and promote wellness.”*

This edition of the Monroe Community Mental Health Annual Report for 2010 spotlights consumer success stories, organizational accomplishments, and future directions. There are many changes on the horizon including the impact of health care reform on the community mental health system, financial challenges arising from the state budget deficit, increase in demand for mental health services, and ongoing efforts to continuously improve services so that consumers achieve their goals. But, change is a good thing since it creates future opportunities.

Among our accomplishments are:

- Treatment Foster Care Program—we have 6 homes licensed and 6 children placed. We have had 2 successfully return home. One young man left foster care when he graduated from high school. He has moved to Ohio to be closer to his family.
- Integrated Healthcare—we are continuing to partner with the Family Medical Center (FMC). We have a psychiatrist spending time at the Carleton FMC site and FMC has a Physician Assistant seeing patients at our Raisinville Rd site. Ninety-five percent of our consumers now have a primary care physician. We received a grant for 2011 to expand our involvement with FMC. Since FMC is expanding its services in Lenawee County, Monroe CMHA, FMC, and Lenawee County CMHA are working together to support consumers from both counties in accessing treatment needed for health conditions.
- Although we experienced cuts in our funding, we have been able re-organize to become more efficient and reduce our costs. By economizing, so far, we have avoided creating waiting lists for services.
- Our transition toward providing a recovery based continuum of care for people with serious mental illness is proceeding. We have implemented Evidence Based Supported Employment to assist consumers in gaining and maintaining meaningful work. We have expanded our peer support program by creating new positions with funding from the grant we received for Integrated Health.
- In order to maintain a balanced budget and not reduce services we have been working with consumers, their families and allies, and our providers to develop innovative, cost effective ways to re-arrange services. For example, assisting consumers with similar interests for community activities to get acquainted and share support staff in place of one-on-one support for community activities.

Future challenges include:

- Unknown funding levels due to the budget crisis Michigan has been experiencing
- The impact of the Accountable Care Act, also known as healthcare reform
- Increasing demand for services as people struggle with unemployment, financial stress, and lose health insurance when COBRA benefits are exhausted

Sincerely,

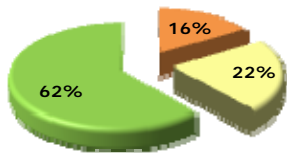
Jane Terwilliger  
Greg Lane



Greg Lane  
Board Chairperson

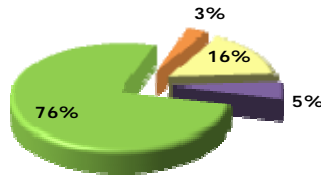
## Fiscal Year 2009-2010

**Total Population: 1892**



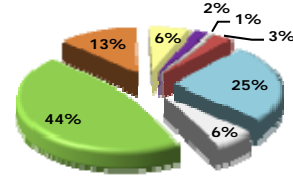
- Children with Mental Illness 308
- People with Developmental Disabilities 423
- Adults with Mental Illness 1161

**Total Revenue: \$27,718,877**



- State General Fund \$4,362,544
- Local \$1,286,601
- Medicaid \$21,187,365
- Other \$882,367

**Total Expenses: \$27,718,877**



- State Inpatient \$192,895
- Community Inpatient \$758,796
- Adult Services \$6,854,718
- Children Services \$1,599,411
- DD Services \$12,376,698
- Administrative Support \$3,514,295
- Other \$1,820,197
- Fund Balance/Due to State \$601,867

## Consumer Success Stories

### Ken

It was my good fortune to meet Ken Jackson roughly two years ago at Mercy Memorial Hospital for a transfer meeting with Ken, his mother, his case manager from the Adult Case Management program, and Linda Monroe from the Assertive Community Treatment (ACT) program, who had previously worked with Ken. Ken was moving from case management to the ACT program due to recurring psychiatric hospitalizations. The gentleman I met that day seemed somewhat wary of this change, as is common with many of our consumers, but he quickly settled in to the meeting and was relieved that he'd be working with Linda again.

Over the months to come, Ken would establish a quick and friendly rapport with each of our ACT team members. His kind manner and easy-going demeanor is legendary amongst the team, and Ken also put in a significant amount of work in discussing his past issues with mental illness, his desire to stay away from drinking and drugs, and wanting to further his own independence. Ken spoke openly and honestly about the various troubles that had plagued his life up to this point, and had a strong desire to obtain employment, maintain his own residence, improve his relationships with his family, and build a network of friends for

support. In short, Ken wanted what any of us would want, and just needed some extra guidance to get there.

Ken accompanied me to a Town Hall meeting given in Fall 2009, and there he met several community members with whom he spoke about his mental illness and on-going recovery, as well as met and received positive support from several other people who were succeeding in their recoveries. I believe that this was a pivotal moment for Ken to accept that, while he may have to deal with issues that many people do not, he was not alone in this journey, and that there was indeed 'light at the end of the tunnel' from mental illness.

Shortly thereafter, with support from one of our agency's Peer Support Specialists and his ACT case manager, Ken was successful in his final round of appeals for Social Security benefits, and worked with a representative payee in the community to manage his finances in order to obtain another goal of Ken's: a car. Following this, he began to apply for jobs in the community, and although those applications didn't result in employment, he never lost his motivation or let it deter him from moving forward with his goal of getting a job. During this time, Ken began to make friends around his

## Consumer Success Stories (Continued)

apartment community, worked out regularly at the local YMCA, and his family noted a significant improvement in his mood and stability.

Ken progressed quickly through the ACT program, moving from contacts three times per week with assistance with medications to contacts once weekly and independence with his medication regimen. This past fall, when positions for employment in the Peer Supports program, Ken applied with encouragement from the ACT team, and was recently hired and on August 4, 2011 graduated from a Statewide Training program to become a Certified Peer Support Specialist. It is with this step, and Ken's upcoming transfer back to the Adult MI Case Management program, that we are proud to no longer call Ken a consumer of our services but our colleague.

I believe that Ken's journey in recovery represents a strong message to all those who we serve, that goals may be difficult to reach but are indeed achievable. We are excited to witness the positive impact of Ken's skills and personality on the consumers of Monroe Community Mental Health, and welcome him to the MCMHA family.

*Joshua L. McCullough, M.S., LLP, CAAC, QMHP  
Program Supervisor  
Assertive Community Treatment (ACT)*

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### **Cal**

People are starting to call me "Cinema Cal" or "Hollywood! Among the several films I worked on last year, one is called, "Stone," starring Robert De Niro and Edward Norton. De Niro portrays a correctional officer who, in the course the film, is seduced by the spouse of Norton, who plays a convicted arsonist up for parole involved in a religious cult. Milla Jovovich plays the part of Norton's wife. It is a psychological thriller and for the most part was filmed at the Southern Michigan Correctional Facility in Jackson, Michigan, and the Ann Arbor area. In many scenes, I play the part of an incarcerated man who is also a trustee, as well as a civilian.

I was lucky enough to have coffee with Mr. De

Niro (both of us like ours black.) and others, he called me, "Bub," and I told him what a great actor I thought he was and that I was a big fan of his and he was very friendly, attentive, polite and kind. He, Mr. De Niro, was extremely open during the filming at a local church for a special scene that utilized much of the congregation there. He even took time out to allow some people to get an autograph and take his picture. Normally, protocol on a movie set, especially for extras, is that no one is allowed to ask for an autograph, record, take a picture (even with a cell phone) or to even bother or talk to a principal, unless they engage with you. Although he motioned and said, "Hello," at times, Mr. Norton was in deep character most of the time, as evidenced by the very complex parts he plays so successfully. In one scene, where I was visiting with a young teenage girl who portrayed my daughter, Ms. Jovovich stopped by and was very friendly and sweet with the both of us.

Fortunately, I got to keep some badges from the set and some accessories from my costume, and the food they fed us was excellent. It was things like baked salmon, cordon bleu, roast beef, noodles with gravy and beef tips and chicken, always with all the fixings; salads, soups and desserts! Not to mention, they gave us many snacks and always kept us hydrated and full of beverages. The sets were hot! Still, I ate a lot of food on the set that was prison food, but even that wasn't so bad. They said that I was really good at doing eating scenes. The assistant director asked me if I'd like to be shot behind background windows doing calisthenics and running around in the field exercising or be in the foreground with Mr. Norton eating breakfast. I told him, "What you think I would be best at?" He said, "How do you like your bacon and eggs?"

They say that Michigan is the new Hollywood, well, I've got some other projects in the works that could potentially pan out, I'm working on writing some screenplays, stage plays and musicals, and I'm staying busy singing in church choirs, on a cable show and last year sang the National Anthem with the Floral City Harmonizers Barber Shop Quartet at a Mud Hens game at Fifth-Third Field Ballpark. Also, I'm checking into doing voice-overs for commercials, announcements, etc. I don't have an agent at this time, but I'm looking for one and am also putting together a decent portfolio with pictures and

clippings and likewise, a cover letter and resume. I will update you on my career and adventures in future articles in newsletters. Thank you, see you at the movies!

*Act Naturally*  
By Calvin Brinkmeier

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### **Martha**

I would like to take this opportunity to share a story of accomplishment and success, in regards to one of my consumers, Martha.

This past August, Martha successfully transitioned from living within her family home with her mother to living in her own home where she has a roommate and a dog, and staff's assistance. Martha has been learning how to care for herself and her home chores independently. She is making her bed, loading and unloading the dishwasher, putting the dishes away and doing her laundry, along with many other household chores. She has also been taking on many new responsibilities, such as doing the grocery shopping with her staff. It was reported that while her mother was preparing to move out of their family home, Martha told her staff "Party now." After all of the love, care and attention that her mother had provided over the past 45 years, Martha was not fearful of the change. She was actually looking forward to living on her own. Martha's mother/guardian stated, "All of the responsibility has made her a different person. She's contributing. She has a purpose. What a concept!"

Martha has really been flourishing since the transition and has been making great progress towards her goals. She and her roommate have a great time living together with their Cocker Spaniel, Riley. They enjoy many activities within the community and are often very busy.

*Janine Borgert, LLBSW QMRP*  
*Supports Coordinator*  
*Developmental Disabilities Department*

## **Evidence Based Practice**

### **Supported Employment (EBP-SE)**

MCMHA has completed the second year of a two-year Federal Block Grant that provided the funding for the implementation of the evidence based practice model for supported employment

also known as EBP-SE. Seventy percent of individuals with a serious mental illness and/or co-occurring substance use disorder want to work competitively in their community.

Supported Employment helps people with mental illnesses find and keep meaningful jobs in the community and is an essential component of a recovery based system of care. When people feel good about having a job, they often see themselves in a more positive way. Work gives people structure and routines. Having an income gives them more choices about what to buy and where to live.

Research has shown that people experience improvement in their symptoms from mental illness and have improved self-esteem as a result of working.

There are seven core principles of Evidence Based Supported Employment:

- Eligibility is based on the individual's choice
- Services are integrated within comprehensive mental health treatment
- Competitive employment is the goal
- Personalized benefits counseling is important
- Job search starts soon after the person expresses interest in working
- Follow along supports are continuous
- Individual preferences are important

The first year of the grant was devoted to organizing and preparing to implement EBP-SE. This included training staff in the model and educating consumers, potential employers and community about EBP-SE.

An Advisory Council was established and its members were: Mike Smith - United Way, Jeff McBee - Michigan Works, Paula Whitman - Paula's House - Women Empowering Women, Diane Bezeau - Retiree of MCMHA, Adam McLaughlin - Local business man, Nancy Wain - Monroe Housing Commission, and Sandie Pierce - Community Citizen.

During the second year of the grant, consumers began receiving the service. Accomplishments for year two include:

## Program Development

- Over 60 referrals to EBP-SE
- Over 15 active participants in EBP-SE
- 12 individuals obtained contractual or seasonal work
- 3 individuals were hired in part time jobs
- The Monroe Evening News published an article and editorial about EBP-SE

MCMHA has two staff who work exclusively in EBP-SE, Lyn Losek and Sam Breitner. Anyone who would like to learn more about EBP-SE can contact Lyn or Sam. We are very excited about the opportunities this service provides for consumers.

*Jane Terwilliger*  
Executive Director

### New Directions Peer Recovery Center

There have been many exciting happenings with New Directions Peer Recovery Center! We are very pleased to announce that our New Direction Peer Recovery Center has reopened at our new site, 201 West Front Street in downtown Monroe as of February 1, 2011. Our open house was March 17<sup>th</sup> and we had a great opportunity to show our facility to community partners, consumers and staff. Thanks to all of you who attended. We had a great opportunity for a position to be created for a clinical staff to support peer specialist staff in this program and as well, in our Community Initiative Grant. We have a total of five part time staff to run all of the services at New Directions and all of the peers is certified. We are proud that Monroe Community Mental Health Authority peers have taken the intensive training and have successfully completed the exam. This shows their commitment to learning and desire to support others in their recovery.

We have had many changes over the past year that has driven us to make some positive changes for our program. We are designing and implementing structured groups that will be lead by a Certified Peer Support Specialist and co-

facilitated by our support clinician. We have started groups on depression, anxiety, hope for recovery, and health and exercise. Our peers have designed and are facilitating these groups.



***New Directions Peer Recovery Center***

New Directions Peer Recovery Center has room to grow and we are excited about the possibilities. One of our future goals is to be able to provide a meal to our guests on an ongoing basis. Please feel free to stop in and pay us a visit. Our hours of operation are Monday through Friday, 10am to 3pm.

### Personal Emergency Response System (PERS)

Persons with disabilities who want to live more independently have more options in the way they can receive any assistance they might need. In the past, if a person needed any amount of assistance, that meant having a staff person in their homes at all times, even while they slept. The Personal Emergency Response System (PERS) is to do most things making the dream of increased independence a reality.

Lavonda has lived in various apartments with roommates for most of her adult life. She is able to do most things for herself, but, until recently, always had a staff person in her home whenever she was home. Early this year, Lavonda moved into an apartment with a friend and began using the PERS system instead of having staff during the night. She continues to have staff that assist her with laundry, housekeeping, and dinner in the

evenings, but at 9p.m. the staff leave and the monitor takes over. Lavonda says, "I like it. I was a little nervous at first, but then I got used to it. Now I use it (the monitor) if there is a snow day so I can't go to the workshop". Lavonda says that, besides providing her with general monitoring for her safety, the monitors talk to her when she is home alone. "I tell them what I'm doing. I told them it would be my birthday this month." If she had an emergency, Lavonda understands that the monitors would call a staff person who could get to her apartment quickly, but, she says, she hasn't had any problems and hasn't needed to ask staff to come.

MCMHA currently has five consumers with developmental disabilities who have opted to use the PERS monitor instead of staff for part of the time they are home alone, and several other consumers have been looking into this option. For Lavonda, the monitor has meant more privacy and more independence. She encourages people to give it a try. "When I first heard about it, I didn't want it at all, but then I tried it and I got used to it. Now I like it."



*Personal Emergency Response System (PERS) Monitor*

## Integrated Health Initiative 2010

As part of our affiliation's strategic plan, we at Monroe Community Mental Health Authority are now in our third year of integrated health with the Family Medical Center (FMC) of Monroe County as our partner. Our program has two parts: 1) having a FMC prescriber at our Raisinville main building to see consumers who do not have a

primary care physician; and 2) having one of our psychiatrists at the FMC to see their patients with psychiatric needs.

Since July, 2009, Regina South, a Physician's Assistant (PA) from the FMC, has been coming to Raisinville twice a month to see our adult consumers who do not have a primary care physician, or who want to transfer from another primary care physician. In 2010 we increased the show rate for consumers coming to see Ms. South from 53% to 83%. We now want to increase the number of consumers seen so we will be adding consumers with a developmental disability.

In November, 2009 we began the second part of our program, with a MCMHA Psychologist going to FMC Carleton once a week to see their patients for their mental illness and substance abuse needs. FMC patients are referred to the psychologist by the FMC prescribers: the psychologist sees them in consultation, beginning medications and making treatment recommendations back to the treating FMC prescribers. Over the last year the psychologist has seen over 125 FMC patients.

In 2010 we were awarded a two year Block Grant for Integrated Health from the state of Michigan. With this grant we are expanding integrated health to serve more of our consumers and the patients at the FMC. Lynne Spencer, RN, LLP, is the Integrated Health Clinician working closely with the FMC medical staff to assist them in securing resources in the community and/or determining eligibility for our services at Monroe CMHA. The goal is to improve community outreach in a way that supports recovery, specifically for individuals who are not eligible for Medicaid or other insurances.



Monroe Community Mental Health Authority would like to give honorable mention to Angela Shroyer for letting us showcase her art on the cover of this year's Annual Report.

# Monroe Community Mental Health Authority

P.O. Box 726  
Monroe, MI 48161



**MONROE  
COMMUNITY  
MENTAL  
HEALTH  
AUTHORITY**

*Lighting the Way.*



## **Monroe Community Mental Health Authority**

1001 South Raisinville Road  
P.O. Box 726  
Monroe, MI 48161  
Main & 24 Hour Crisis Line (734) 243-7340

## **New Directions Peer Recovery Center**

201 West Front Street  
Monroe, MI 48161  
(734) 384-8424

## **Recipient Rights Office**

Shelley Koyl (734) 384-0018  
Elyse Geeting (734) 384-0158

## **Crossroads Clubhouse**

207 North Monroe Street  
Monroe, MI 48162  
(734) 243-6401

## **Customer Services**

Bridgitte Gates  
(800) 885-7340 (local)  
(877) 779-9707 (regional)

Services provided by Monroe Community Mental Health Authority are funded in part by the Michigan Department of Community Health, Lansing, MI 48909