



Help in Your Community

Guided by the values, strengths, and informed choices of the people we serve, Macomb County Community Mental Health provides an array of quality services which promote community participation, self-sufficiency, and independence.

Mission Statement of the MCCMH Board

**MCCMH
Board of
Directors
FY 2006**

Macomb County Community Mental Health Report to the Community for Fiscal Year 2006

Dear Friends of MCCMH:

As always, it is our pleasure to provide this "Report to the Community" featuring some of the programmatic highlights of MCCMH for fiscal year 2006.

Systemically, our enhancements for 2006 include implementation of an electronic medical records system; expanded customer satisfaction survey strategies; development of enhanced public websites for both MCCMH and MCOSA (Visit us at www.mccmh.net and www.mcosa.net); and an expanded staff training unit. These improvements help us to remain cost efficient, community accessible, and responsive to the consumers we serve.

Also in 2006, the public mental health system in the State of Michigan was recognized by the National Association of Community Behavioral Healthcare for its exceptional progress in delivering person-focused services. The award acknowledges the State's progress in person-centered planning, self determination, and recovery.

Despite the economic challenges facing our community and our organization (thus this year's simplified Annual Report), MCCMH remains committed to providing the widest possible scope of effective services for residents with serious mental illness, developmental disabilities, and substance addictions. We hope you enjoy reviewing this Annual Report, and invite you to contact us whenever we may be of service.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis J. Burdi, Jr." with a stylized flourish at the end.

Louis J. Burdi
Chair
Macomb County CMH Board

A handwritten signature in black ink, appearing to read "Donald I. Habkirik, Jr." with a large, sweeping flourish at the end.

Donald I. Habkirik, Jr.
Executive Director
Macomb County CMH

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Serving Others, Building Hope

Helping others is cornerstone of the recovery model for mental illness. Networks of support validate the experiences of those who live with the illness, and create a trusted safety net when symptoms are active.

- In 2006, in conjunction with the Michigan Department of Community Health, MCCMH began training **Peer Support Specialists** to serve in our community. Peer Support Specialists have agreed to share their journey of service use, community involvement, and recovery in order to facilitate recovery in others. **Peer Support Specialists** provide one to one support, along with help

to access services, use community resources, and find additional supports. Activities of a **Peer Support Specialist** are directed toward helping other consumers achieve their own goals related to independence and community participation.

- Also in 2006, Crossroads Clubhouse, one of two MCCMH peer-driven Clubhouses offering vocational and social supports, began offering a "warm line" to members. The warm line provides a telephone support network, so that members have a way to reach one another when Crossroads is closed. Crossroads also opened a food pantry for its members in 2006.

Networks & Relationships

The **Shared Parenting Program**, a joint project of MCCMH and the ARC of Macomb, continues to provide a direct, person-to-person respite alternative to adults with developmental disabilities and their families. In the model, an adult "co-parent," known to and chosen by the person with DD and the family, provides periodic overnight respite away from the family home when needed. The "co-parent" is trained and supported by the ARC and MCCMH. He or she becomes a regular, active member of the support circle of the family, engaging in other activities with them whenever possible. The Project expands the social network of the person with DD, provides relief to the families, and allows other respite resources to be made available to those who need more traditional environments. The Shared Parenting Program won recognition from the **National Association of Counties** as an "**Outstanding Public/Private Partnership**" in 2006.

Prevention & Support

The MCCMH **Crisis Center** offers a number of support activities for those facing traumatic events. In 2006, the **Survivors of Suicide Program** hosted its first annual Survivors Conference, held at the MISD in March. Eight presenters and 70 participants explored the issues that face family members when a loved one dies by suicide.

The Crisis Center's **Sexual Assault Prevention** program was expanded to include trainings on Healthy Relationships and Internet Safety, and the **Macomb Emergency Response Group** celebrated 15 years of serving the community, providing on-site crisis response. Over 5,000 people received crisis debriefing from MERG in 2006.

MCCMH's **Early Childhood** programs continue to reach out to at-risk families and to child care providers, offering services aimed at keeping families together and keeping children in early learning.



Treating the Needs of the Whole Person

Family members, treatment professionals, and even many consumers recognize that it is not uncommon for persons with mental illness to “self-medicate” by using alcohol or drugs. Historically, however, treatment systems have focused on the two conditions as if they occur separately, often requiring people to remain “substance free” in order to receive mental health treatment, or to be actively engaged in mental health treatment in order to access substance abuse services. By contrast, in **Integrated Dual Diagnosis Treatment (IDDT)** services for both needs are provided simultaneously by one treatment team, in one location. Consumers cannot be denied treatment because either a mental health need or substance abuse is present.

In 2006, MCCMH began introducing the **Integrated Dual Diagnosis Treatment** model to our clinical network. In its initial phase, cross-training and education has been provided to treatment professionals across the system, including outpatient, ACT, and substance abuse treatment providers. As staff from both systems become familiar with the benefits of the approach, including better treatment compliance and reduced relapse, it is expected IDDT will become the “treatment of choice” for persons with dual diagnosis.

The project also works with related community partners, such as the Homeless Coalition and Department of Corrections, to reach out to those who may benefit from IDDT intervention.

MCCMH Citizens Advisory Council FY 2006

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Patricia Bill
MCCMH Board
Representative
Donald I. Habkirk,
Jr.
Executive Director

Persons Served

Fiscal Year 2006



**Prevention
Services = 22,933**



**Adults
w/ MI = 6,648**



**Children
w/ ED = 1,374**



**Persons
w/ DD = 2,415**



Funding and Expenditures by Persons Served Fiscal Year 2006

Source of Funds	Prevention Services	Adults w/ MI	Children w/ ED	Persons w/ DD	MI and DD Inpatient/Residential	Board Admin.	Funding/Expenditure Total
State (Incl. State Share of Medicaid)	911,568	25,141,837	2,870,524	39,317,742	4,967,201	5,890,665	79,099,537
State & Federal Grants	71,970	196,857	66,160	0	0	0	334,987
Federal (Federal Share of Medicaid)	107,199	20,215,761	1,740,283	41,460,484	0	4,260,867	67,784,594
County Match	95,883	1,679,444	528,493	1,598,407	453,254	443,171	4,798,652
Other (Fees, Title XX, and Nursing Home Screening)	21,658	1,183,769	166,009	52,127	0	74,803	1,498,366
Total Funding/Expenditures	1,208,278	48,417,668	5,371,469	82,428,760	5,420,455	10,669,506	153,516,136

Sources: 2006 MCCMH Final Revenue and Expense Report, as submitted to DCH; and FY 2006 Sub-element Report. Figures rounded to the nearest dollar.

Expanding Supports to Sustain Treatment

Long term recovery from substance abuse depends not only on effective treatments, but on practical supports that address the daily life situations that surround substance abuse. Recognizing this, the Macomb County Office of Substance Abuse, a division of MCCMH, worked with community partners to develop two new, specialized Case Management programs in 2006:

- As many as 75% of DHS-placed children came from homes where substance abuse is an issue. Developed in collaboration with the Macomb County Department of Human Services, the Parental Support Services program offers intensive, community based case management services to substance

abusing parents whose children have been removed from the home. The Parental Support Program coordinates care so that the parent, treating professionals and DHS work together to access community resources and sustain substance abuse treatment, with the goal to reunite children and parents in a substance-free environment.

- Working with CARE, Macomb County's contracted substance abuse treatment referral agency, MCOSA has also developed a Methadone Case Management Program. The Case Management Program can help persons using methadone management to follow through with coping strategies for high-risk behaviors, to identify and remove barriers that affect compliance with treatment plans, and to strengthen relapse prevention.

Substance Abuse Advisory Council FY 2006

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Patti Steele
Janet Teltow

Janice Wilson
Marilyn Brown
MCCMH Board
Representatives

Persons Served

Fiscal Year 2006

PSA= Primary Substance of Abuse



Adults, PSA Alcohol = 2,850



Children, PSA alcohol = 100



Adults, PSA other than alcohol = 4,460

Children, PSA other than alcohol = 302



Adults, Significant Others = 186



Children, no PSA = 227

MCOSA Funding and Expenditures by Service Type Fiscal Year 2006

	Alcohol Treatment	Drug Treatment	Prevention	Administration	Funding/Expenditure Total
Federal and State Block Grant. SDA, SIG	883,220	1,642,143	1,008,078	630,651	4,164,092
Federal and State Medicaid	406,766	1,226,705	0	274,451	1,907,922
County	341,695	551,627	0	98,601	991,923
Adult Benefits Waiver	23,473	80,202	0	0	103,675
MIChild	2,298	3,712	0	0	6,010
Other Local	0	0	85,785	1,400	87,185
Fees	60,178	113,515	71,440	0	245,133
Total Funding/Expenditures	1,717,630	3,617,904	1,165,303	1,005,103	7,505,940

Source: Final 2006 Legislative Report of MCOSA Actuals and MCOSA TEDS admission data. Figures rounded to the nearest dollar.