



Northcare News

Consumers Harvest the Benefits of New Treatments

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A key to recovery is knowing what treatments are effective and where to find them. Family PsychoEducation Groups; Integrated treatment for Co-occurring Disorders; using Peer Support Specialists to provide services; and Parent Management Training for families are new treatments available at many sites across the Upper Peninsula. For the past two and ½ years, NorthCare has been informing you about these new treatments. Grant funding from the Michigan Department of Community Mental Health and the federal Center for Medicare and Medicaid has been critical for training of staff and consumers. Regional teams continue to work to deliver the new

services across the region. In this newsletter, you will find articles listing sites and providers for Family Psycho Education Groups and Peer Support Specialists. Our next newsletter will focus on Parent Management Training and other evidence based treatments being offered in the Upper Peninsula.



U.P. Consumer Conference

On May 7, 2007 the First U.P. Consumer Conference was held at Bay College in Escanaba. With a turnout of over 160 people, it was a great success. The power of hope and sense of community

inspired most of us who attended.

NorthCare was encouraged by MDCH to write a grant to fund a 2nd U.P. Consumer Conference in September, 2008. We have just learned the grant has been approved. The

September conference will be held at Bay Cliff which is completely handicapped accessible.

If you are interested in helping to coordinate and plan the September conference, contact Sally at NorthCare: 1-888-333-8030.

Into the Future with Peer Support Specialists

The Center for Medicare and Medicaid Services (CMS) sent a letter to all states in August of 2007 supporting the use of Peer Support Specialists (PSS).

CMS stated: *Peer Support Providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services.*

There may be consumers who already work for Mental Health but who are not public about their history or current status as a consumer. Consumers do have the right to privacy and confidentiality about their treatment as an employee of Mental Health. A consumer employee IS NOT automatically a peer support specialist. A Peer Support Specialist may only provide services under that title if they have completed a challenging course of study and passed a test to become certified.

The CMS letter establishes the state's authority for creating minimum requirements for supervision, care coordination and training for Peer Support Specialists. Without continuing support, Peer Support Specialists will not be able to succeed as a part of the Mental Health treatment team.

NorthCare is partnering with Mental Health Boards in the Upper Peninsula and the Michigan Department of Community Health to establish a learning center. It will provide the basic certification course, ongoing training, and support for consumers interested in employment at Mental Health.

Right now there are a dozen certified Peer Support Specialists working at our Community Mental Health Boards. You can request their services as part of your individual treatment plan. If you are interested in having a local Peer Specialist work with you on your recovery — talk with your case manager at your next appointment.

Copper: **Teresa Bazin**

Gogebic: **Karl Korpela**

Hiawatha: **Bob White, Debbie Wunsch, Susan Mosca, Cheryl Flowers, Melissa Walker, Peggy Conley**

Northpointe: **Robert Doty and Donna Kroupa**

Pathways: **Michael Wood, Norma Flynn**

Identify your "wellness" on a scale of one to ten. What is your "wellness" at this moment? If you know how well you are at this moment, you will know if you need to make any changes.

From: Judy Orta

A Question from the Consumer Conference



Please explain how very important it is to have family members included as part of the treatment team for persons with severe mental illness. (Answer by: Joseph Cools, M.D.) I think it's most important. Sometimes it is difficult. Sometimes people who have a serious mental illness, because of their illness, have made it very difficult for their family members to stay involved. Their family members get "burned out". At other times, people with serious mental illness don't want their family members involved. We are moving in the Community Mental Health system to having family members more involved. Treatment teams are now recognizing the importance of having family members involved. NAMI is a good place to start. The new Family-Psycho-Education best practice that CMH's are practicing is also an area that has been very helpful. Remember, you, as a family member, are not bound by confidentiality. A family member can contact a case manager and give them information even if the case manager can't give the family member specific information (without a consent.)

Finding My Voice

My name is Carolyn Thomas. I've been a consumer at Northpointe Behavioral Health for a good twenty years. My distrust and pain go back to childhood and I think that is why it took so long to get to the surface. When you are young, you sense something is not quite right but you can't put your finger on it. I felt different from other kids. They seemed to be happy and I wasn't. I had a lot of abuse when I was a kid and this contributed to problems later in my relationships. Recovery was a matter of learning to trust people again. I had some good years and a good marriage and two wonderful kids. Then I was widowed at 32. My kids were 9 and 10. I ran into all kinds of legal complications. It triggered my own chemistry; all the frustration, depression and anxiety after the loss of my husband really set me in a spin. I couldn't concentrate. I really got bad and I was paranoid and everything. I just slipped. I isolated. I needed help; I was very suicidal and had deep depression. That is when I was definitely in need of Mental Health and I was put in a hospital, by my choice.

That is where I received my initial help. I was in the Fox Valley hospital for six weeks. It was run like a little college and we had classes all day long for 8 hours. Education about our illnesses, compassion, and empathy contributed to my getting well. After a while, a lot of things we could answer for ourselves. The hospital worked closely with Northpointe. The ACT team contributed to my well being. They nurtured me through the crisis and they got me out of the house. The ACT team gets you out of your isolation which is very good. I appreciated them for listening and knowing me as well as I know myself --if not better during the crisis. I appreciate these people and what they have done for me.

Family support was really critical—they took over. It is sort of like role reversal that the children were taking care of me. They went through a lot through the years and never gave up on me which I praise the Lord for and am very thankful. A lot of times families shun their families for what they are going through. Mine stayed with me. My son and the youth pastor got to talking and the youth pastor's mother was in the same condition as I was in and mentioned it to my son. My son and the youth pastor got me on SSI disability. I was probably about 38 years old.

I learned that I'm bi-polar, schizoaffective. I know I need to set boundaries in my activities. If I do too

much or get too carried away I know I have to back off or my illness will start cycling. I carry information in my wallet about my

meds. That is very helpful for the doctors. Knowledge from the past also helps contribute to keeping on top of things. I would have to say that learning to trust is a big, big issue now at this stage of my life. I learned that about ten years ago; that you have to trust the workers helping you and trust the organizations and agencies that are out there plugging for us. Trust them by being honest with what we are thinking and feeling. How are agencies supposed to help us if we aren't being honest with them? Trust and from there comes hope and progress.

I have a passion for the consumers that aren't doing so well. I have been a member of NAMI for the past 5 years although I have been attending meetings for years. Realizing I could be the voice piece for consumers who can't speak for themselves led me to become a speaker in the NAMI education program, In Our Own Voice. We will go and give mental illness a face and a voice to any organization who is interested in learning more about mental illness and stigma. We have to reach out more to the community. We need to educate the ER staff in hospitals. They don't understand mental illness and the specific kinds of problems that come up. I would like to see more outreach to the silent consumer, the one that keeps it inside and suffers silently. Education is the key. The public through the years have told me that the biggest problem that they have is that they don't understand what we are going through. They don't know what to do. I think community outreach is vital. We also need to educate families. I think what we all are looking for is family understanding.

Today I am active in a church. I am a member of the Recipient Rights Committee at Northpointe and a member of NorthCare Member Services Committee. We need to speak for the consumer who is silent and isolated. So I would say in closing –Reach out and touch someone!



Family PsychoEducation (FPE) Progress To Date

On September 30, 2007, NorthCare will close the books on a two year grant for implementing Family PsychoEducation groups in the Upper Peninsula. Two FPE groups have completed the full treatment cycle of two years. Currently there are ten (10) Family PsychoEducation groups at eight (8) different sites. Most of the groups have been participating in an ongoing study of the effectiveness of the treatment. Preliminary results indicate a high degree of satisfaction and improvement.

Funding from the grant allowed over 45 staff to be trained (each group is led by a team of two staff) as well as two staff obtaining advanced training to train more clinicians who are hired when grant funding ends. During the past two years, over 129 consumers have participated in the group problem solving sessions. Usually at least one or more family members also attend the groups.

Our journey with Family PsychoEducation has just begun. The five CMHSPs will continue offering the groups while maintaining fidelity to the treatment model. Fidelity indicates the treatment is being provided the way it was proven to be effective. NorthCare will support this effort by creating a learning center where new clinicians learn FPE and practice their skills through ongoing supervision for a least one year.

NorthCare's vision is that there will be an FPE group available at all sites where consumers express a need for such a program. Included in the newsletter is an insert with a description of the treatment and a list of the ongoing groups in the U.P. If you believe that you or your family would benefit from this treatment, call and speak with a clinician providing the treatment at the Community Mental Health Board where you are receiving treatment.



Customer Services Satisfaction Survey Results

The Michigan Department of Community Health (MDCH) has implemented a new state-wide satisfaction survey. In the summer of 2007, NorthCare helped conduct the state surveys. The programs surveyed were chosen by the state-wide Quality Improvement Council.

In this first year, the focus was on the ACT (Assertive Community Treatment) program for adults and the Home-Based program for children. Everyone receiving services from the two programs during the first two weeks in June 2007 were asked to complete a survey.

The ACT survey used was the Mental Health Statistics Improvement Program (MHSIP) a 28-item questionnaire. A total of 139 surveys were distributed

with 122 completed and returned. Data gathered from this survey indicates that 80% of those responding would recommend the Community Mental Health agency to a friend or family member.

The Home-Based survey was the Youth Services Survey for Families, a 26-item questionnaire. A total of 52 surveys were distributed with 42 completed and returned. Data gathered indicates that 93% of the respondents are satisfied with the services their child received.

The number and kinds of programs surveyed will vary from one year to the next. If you receive a survey, please fill it out and let MDCH know how we are doing.

Check out NorthCare's newest Customer Handbook. Either ask for it at your local Community Mental Health agency or go to:

www.northcare-up.org

Simplifying Access to Care

In April 2007 NorthCare began taking access calls for Pathways Community Mental Health. All calls from customers seeking services are screened by NorthCare Access. Starting October 1, 2007, all calls for Hiawatha Behavioral Health will be screened by NorthCare Access. This unit includes clinicians and support staff. The screening process usually takes about 20 minutes.

Customers participate in a telephone screening to determine the services that may help solve their problems.

Our goal is to empower people to make informed choices about service provision.

- We will help the caller find the right resources.
- We will be available and accessible to our customers; there will be a sufficient number of qualified staff to answer calls.

Initial feedback is positive. Customers appreciate the explanation of how the public mental health system works. With one phone call, they are assisted in finding the right

provider(s). If eligible for Community Mental Health services, appointments will be scheduled with the CMH or a referral appointment may be provided.

As this process develops across the Upper Peninsula, we would appreciate hearing from you about your experiences. Just call 1-888-333-8030 and ask for Access.



Introducing Gryphon Place for After Hours Crisis Services

Since October 2002, after hours crisis phone services have been provided by Dial HELP. Their current contract will expire on September 30, 2007. To ensure the most effective and efficient service, we issued a request for new bid proposals for the after hours contract. We had four (4) agencies express interest. After a careful selection process, we are pleased to introduce Gryphon Place who will be answering your calls as of October 1, 2007.

We asked William Pell, the Chief Executive Officer of Gryphon Place to introduce you to the agency. Mr. Pell explained: *Gryphon Place was established as a non-profit in 1970 and has been providing 24 hour crisis intervention and referral services ever since. We have been contracting with Kalamazoo Community Mental Health since 1974 for crisis and referral services and are currently serving as the after hours Access Center.*

Gryphon Place has been successful primarily due to its strong beliefs and skills in helping people find solutions. Our model for doing this is one of listening

and honoring that solutions usually come from within the person with a problem if they are given the opportunity to explore their emotions and thoughts. We give little advice but do provide referral information and encouragement to follow-through. We also encourage callers to call back if their situation does not resolve or improve, or if the referral does not work out. Over 98% of callers are satisfied with our services and over 95% report that their stress has been reduced as a result of the call.

NorthCare and the five Community Mental Health Boards are working with Gryphon Place so this transition will be essentially invisible to you, a consumer needing after hours assistance. We expect a few bumps. We ask for your help during this change. Please contact NorthCare at 1-888-333-8030 if you experience any difficulties or have any concerns about how your call was handled.