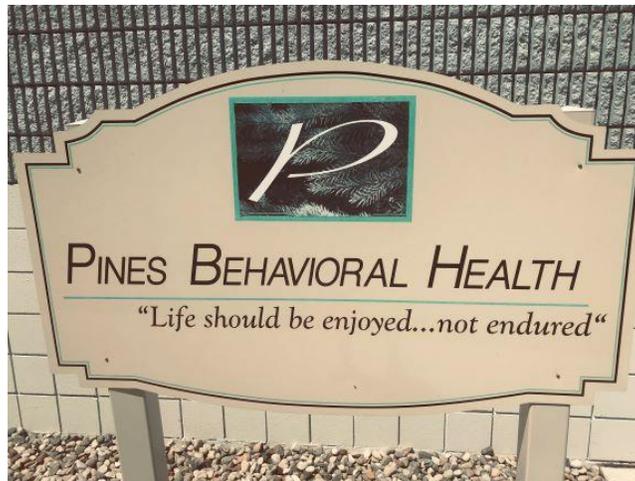


**BRANCH COUNTY COMMUNITY  
MENTAL HEALTH SERVICES AUTHORITY  
(dba) Pines Behavioral Health  
FISCAL YEAR 2018  
ANNUAL REPORT TO THE COMMUNITY**



# Executive Summary

The Branch County Community Mental Health Authority (dba Pines Behavioral Health) is proud to provide high quality and cost efficient services to the residents of Branch County. Since 1974, Pines has been providing services and supports to adults with a severe mental illness, children with serious emotional disturbances, individuals with an intellectual/developmental disability (including autism), and persons with a substance use disorder.

This annual report serves to provide the highlights of Pines Behavioral Health during fiscal year 2018. Highlights of this year, included: increasing our capacity to serve the growing number of children and adolescents needing services for autism; increasing the emphasis on trauma focused services across the agency and through education of caregivers on trauma; and securing a state-funded grant to train and law enforcement on serious mental health issues in an effort towards increased jail diversion. Our unwavering perseverance in striving to meet these challenges despite competing threats to the mental health system, is made possible through the support of our Board and Staff, the voices of those we serve, the partnerships with community agencies and leaders, and the many advocates in our county assuring that we provide the best care for those most in need.

Toward that end, in Fiscal Year 2018, Pines Behavioral Health:

- Increased the network of available providers willing to provide applied behavioral analysis for children with autism. Despite this increase, the demand outweighs the state resources available given the specialty staff and regulations involved in the provision of the services.
- Received team certification in Trauma-Focused – Cognitive Behavior Therapy in order to provide trauma specific therapy as well as caregiver education groups to parents and community members.
- Hired a specialist for jail diversion services with emphasis on training and certifying local law enforcement in CIT – Crisis Intervention Training – which is recognized nationally as best practice.
- Maintained a local approach to care, with an emphasis on *community* despite the political and financial pressures to do otherwise.

# Pines Programs & Services

## 2018 Operating Revenues

\$14,413,134

## 2018 Operating Expenses

\$14,305,023

Fiscal year 2018 earned revenues were \$14,413,134 compared to fiscal year 2017 earned revenues of \$13,603,714; a net increase in 2018 of \$809,420. In 2018, the primary changes the Authority experienced in revenue were an increase of \$525,758 in Medicaid funds (including Autism), and \$279,523 increase in Healthy Michigan Funds.

Fiscal year 2018 experienced expenses of \$14,305,023 compared to fiscal year 2017 expenses of \$13,544,909 resulting in an overall increase of \$760,114. Some of the notable changes in expenditures was an increase of \$283,844 increase in Outpatient Services (primarily Autism), \$280,399 increase in Inpatient services, \$130,037 increase in Facility/Operations overhead, \$65,834 increase in Contract Providers (Psychiatrist).

\*As a result of the Authority Status, Branch County contributes a required match which is frozen at \$180,000, less than 2% of total revenue

## Persons Served

	Adult Mental Health	Child Mental Health	Developmental Disability	Substance Use	Total
2018	1239	417	288	542	2486
2017	1390	497	310	682	2879
2016	1487	428	222	591	2728
2015	1367	408	253	562	2590
2014	1553	406	277	426	2662
2013	1607	406	270	528	2811

# Pines Programs & Services

**Services for persons with a serious mental illness:** Serious mental illness is characterized by functional limitations and medical symptoms for a duration of 6 months or longer, negatively affecting a person's life in at least three different areas. A wide variety of services are available including case management to help the person connect to resources that will assist them with obtain their basic needs, as well as social support including help with employment, housing, budgeting, and decision making. Peer services to instill hope that recovery is and will be possible, as well as therapy to help with improved coping, symptom management, and skill building. Psychiatric services are also available to treat the medical nature of the symptoms.

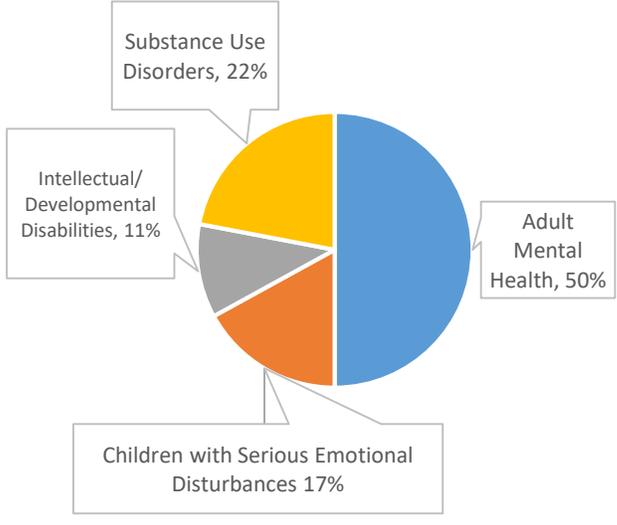
**Services for children with a serious emotional disturbance:** Serious emotional disturbances are characterized by behavioral, medical, or social concerns that affect a child or adolescent across multiple areas in life (home, school, and community), and persist for at least 6 months or longer. Case management services are available to children to assist the parents, as are traditional therapies such as individual or family counseling. Because symptoms in children are often displayed behaviorally, there are several intensive services available in the home including Home Based Services for children at risk of out of home placement, Wraparound to help coordinate multiple treatment providers, and Infant Mental Health when there is risk to the necessary bonding relationship between mother and child.

**Services for adults and children with Intellectual/Developmental Disabilities (I/DD):** A developmental disability is defined in Michigan as a physical and/or mental condition acquired before the age of 22 that is expected to last a lifetime. Persons with an intellectual or developmental disability often require specialty services such as health services, rehabilitation services, and assistance with their day to day living skills. The need for communication and social skills are also commonplace. Time outs for families and caregivers is also a much needed services. Case management services assist in connecting, acquiring, and monitoring the availability and provision of all of these specialty services.

**Services for adults and adolescents with Substance Use Disorders:** Pines provides an array of evidenced based substance use services, including prevention, intensive and traditional outpatient, case management and recovery support. Staff are dually certified to provide a combination of mental health and substance use treatment interventions at the same time, so that the person does not have to have two different therapists, but instead receives integrated treatment. Group and individual services are provided at intensity levels to match a person's severity of need, as well as their motivation for change. Additionally, support services are provided to assist with other life essentials affected by addiction such as housing, employment, school and social connections.

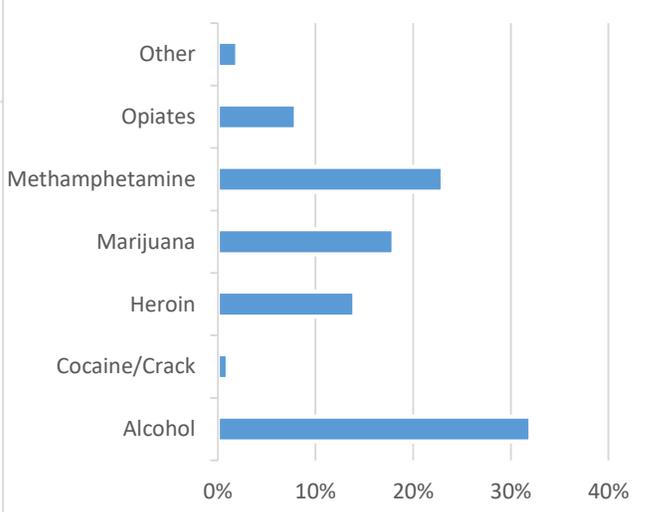
24 hour crisis  
 Access/Intake  
 Autism Services  
 ACT  
 Case Management  
 Community Living Supports  
 Co-Occurring Mental Health and Substance Use Services  
 Home Based Services

### Breakdown of Persons Served, 2018



Inpatient Screenings  
 Jail Diversion  
 Trauma Services  
 Outpatient Counseling  
 Peer Support  
 Prevention  
 Psychiatric Services  
 Recovery Coaching  
 Respite

### Primary Substance of Choice for Persons in Treatment, 2018

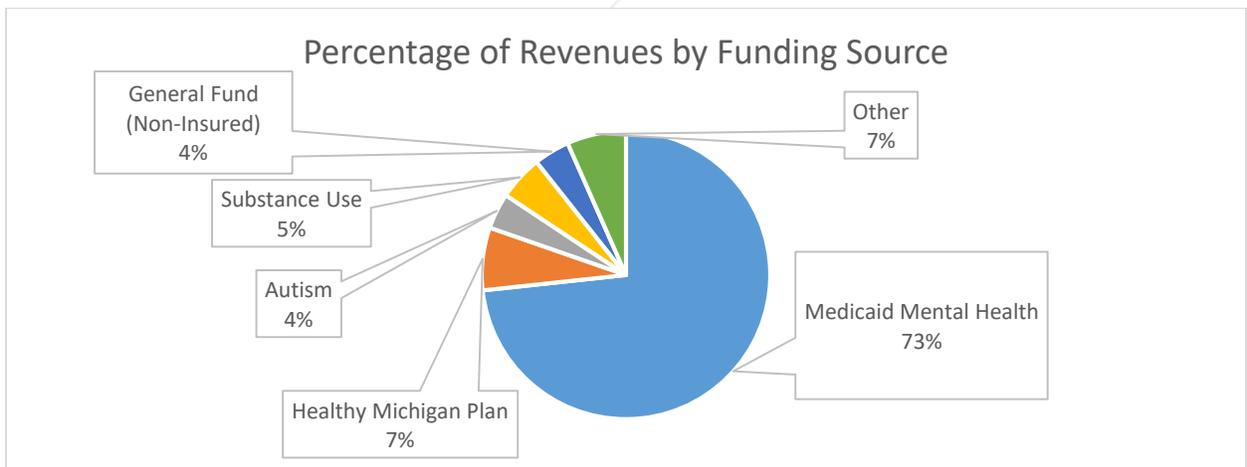
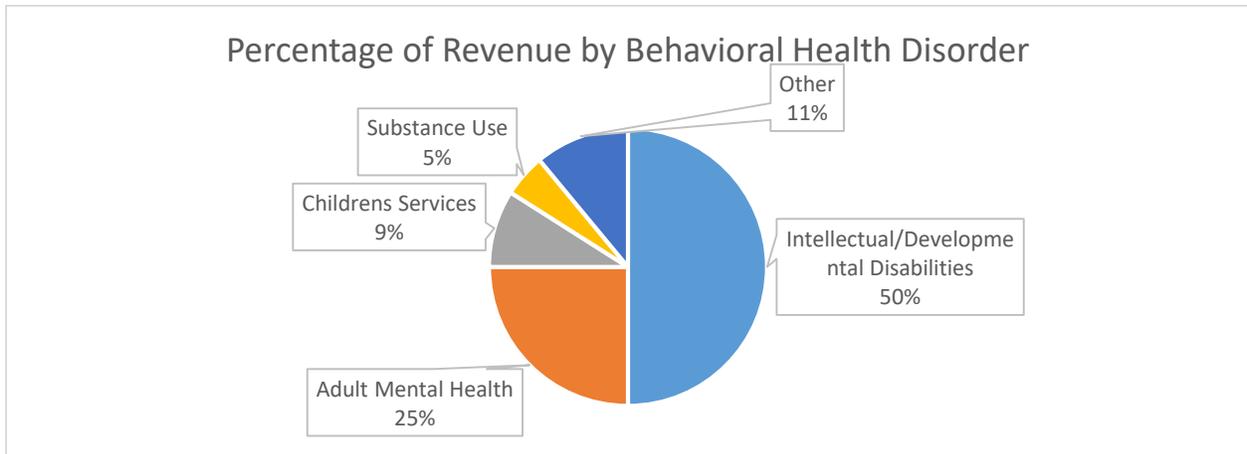


Housing Assistance  
 Substance Use Prevention  
 Substance Use Treatment  
 Occupational Therapy  
 Physical Therapy  
 Dietary Services  
 Health Services  
 Family Therapy  
 Suicide Prevention

Psychosocial Rehabilitation  
 Personal Care  
 Supported Employment  
 Family Support Subsidy  
 Wraparound Services for Children  
 Infant Mental Health  
 Women's Substance Use Care  
 Coordination

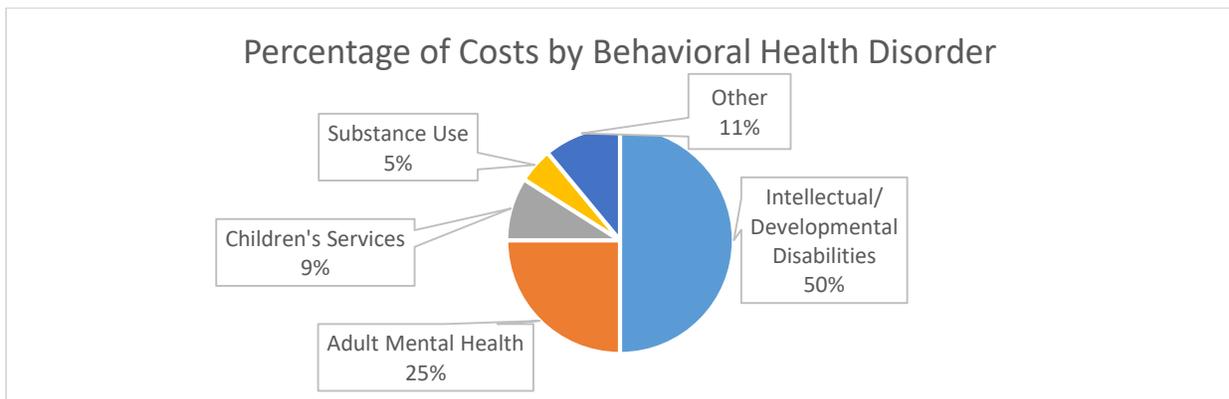
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# Revenue

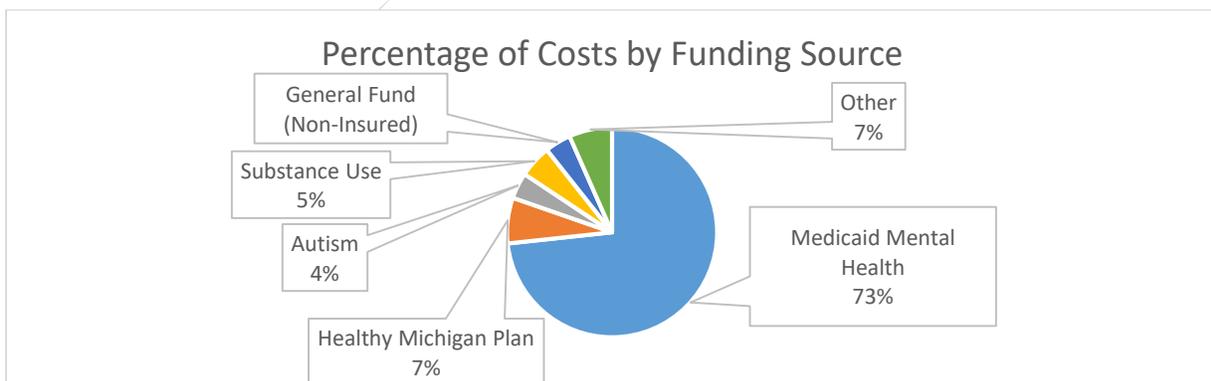


At least 84% of Pines revenue comes from Medicaid (combination of Medicaid, Healthy Michigan Plan, and Autism Funding). Only 4% comes from the state's general fund, which is intended to serve persons without insurance, or if funding allows, persons with inadequate mental health service coverage under their commercial insurance plan. It is important to note that despite growing substance use needs, the funding for such services remains only at 5% of the total revenue received by the State.

# Expenditures



Pines is required by the Michigan Mental Health Code to serve persons who are Seriously Mentally Ill, Children with Emotional Disturbances, Persons with Intellectual/Developmental Disability and Persons with Substance Use Disorders as priority populations. Services for persons with intellectual/development disabilities is more than half the budget given their complex conditions.

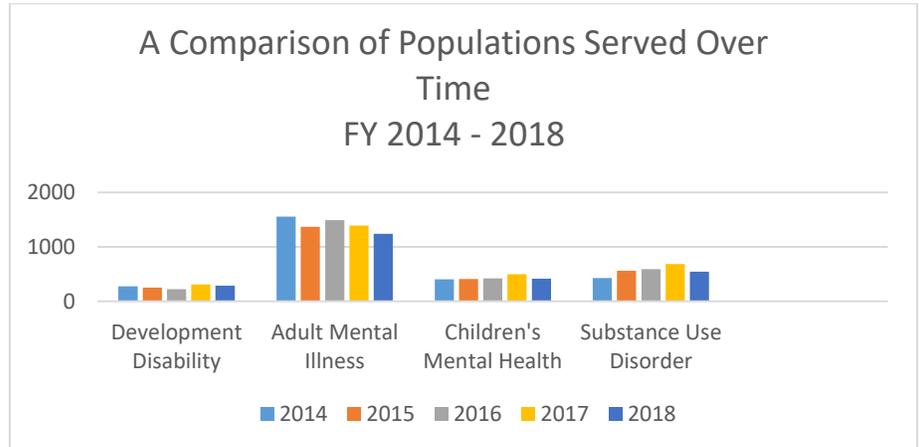


Medicaid (including Healthy Michigan Plan) is by far the largest funding source for public behavioral health services. Of note, is the increased cost of persons covered by Healthy Michigan Plan – the expanded Medicaid option for Michigan. Healthy Michigan Plan, which provides  $\frac{1}{4}$  of the revenue than

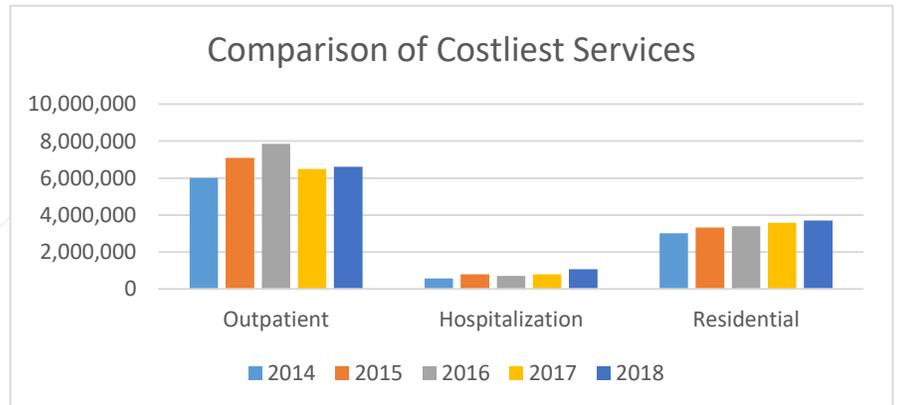
traditional Medicaid, has largely been used to cover persons receiving substance use services and first time hospitalization admissions.

# Comparison Data

From 2014 to present, there has been a relatively consistent demand for public mental health services. Pines is considered a specialty behavioral health provider, serving the most severe and the most at need first. Persons in "moderate/mild" severity of need are referred to other mental health providers in the community. Despite this, the level of severity in the county remains great, requiring a cadre of specialized services.

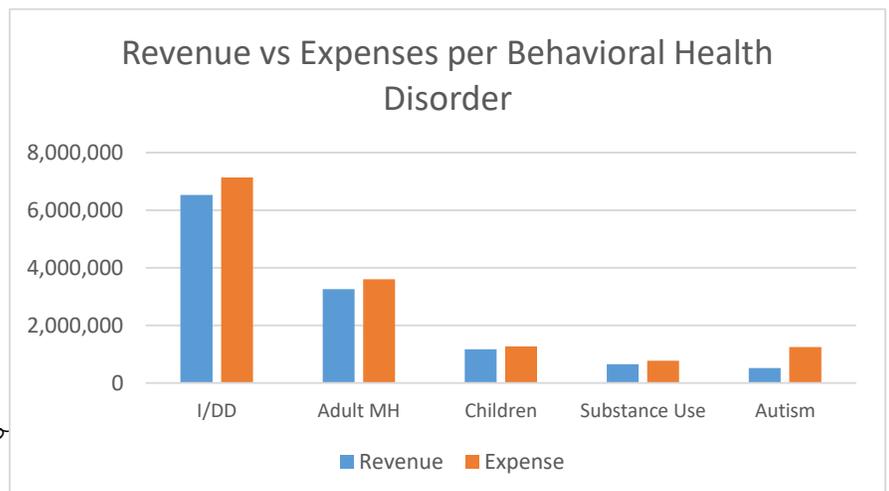


The amount of social support needs in addition to the acuity of symptoms have resulted in the need for high cost care such as intensive therapy, hospitalization, and 24 hr. supervision in a residential setting. The need for traditional outpatient services (office-based therapy) is being shifted to more community based supports to address acute symptoms.



Consistent with the vast majorities of community mental health agencies across Michigan, the needs and therefore costs have been steadily rising above the available funding. Hospitalizations have increased tying up emergency rooms as available beds are found, and the need for specialized living settings are paramount. Adding the increased recognition of autism and the opiate crisis has challenged the public mental health system.

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# Satisfaction / Outcome Results



*Life is to be Enjoyed . . . Not Endured.*

# Future Directions

Over the past several years, behavioral health has increasingly gained national attention in the importance to recognize early signs, provide timely access to care, and to build a set of services that are individualized to meet the diverse needs of citizens. At the same time, these goals are needing to be met in an era of cost containment and system overhaul. Within the State of Michigan, legislators continue to press the State to look at ways to improve the mental health system in order to better integrate both mental health and physical health needs, focus on “social determinants” such as housing and employment, and increase efficiency through the use of technology. While the “how” to accomplish these goals are often debated, Pines has made the following accomplishments relative to the outcomes desired:

- **Improved coordination with health plans** to jointly meet the needs of persons served in a holistic way.
- Added **Medication Assisted Treatment (MAT)** for persons with an opiate use disorder, in response to the opiate crisis, through telemedicine with a Board Certified Addictionist.
- Provided a cadre of psychiatric services through the use of **telemedicine** and increased physician staff to allow for choice of physician and to meet the psychiatric needs of a rural community.
- Secured a state-funded grant to enhance **jail diversion services** with an emphasis on pre-booking and law enforcement response.
- Provided **services within the jail setting** including group therapy, and linking a person to post-release services including employment and housing.
- Increased the **student internship program** to enhance the skills of future mental health providers.

The intended transformation of the public behavioral health system will undoubtedly include challenges, but Pines is not afraid to walk into the unknown if the end goal is to improve what we can offer to the community. As a result, Pines will move ahead on its own as we implement the following initiatives:

- Add a **County Jail Diversion Coordinator** to provide Crisis Intervention Training (CIT) to local police officers, and work with the legal and correctional system to divert persons with a serious mental illness from incarceration when appropriate.
- Expand **trauma specific services**, especially for children and caregivers, extending certification to all staff.
- Emphasize **community education** to improve the awareness, understanding and acceptance of mental illness, developmental disabilities and substance use disorders.

# Board of Directors & Leadership Team

## Board of Directors

Tom Schmelzer, Chair  
Audrey Strong, Vice-Chair  
Jon Houtz, Secretary  
Leonard Kolcz  
Ericka Kruszka  
Joe Scheid  
Tracy Richer  
Bing Johnson  
Wendy Salyer  
Carrie Stout  
Stan Bushouse  
Karl Duda

## Leadership Team

Sue Germann, Chief Executive Officer  
Sue Enos, Executive Assistant  
Robbin Wilber, Chief Financial Officer  
Dr. Ravinder Sharma, Medical Director  
Jean Weber, MH Outpatient Director  
Penny Lawrence, Substance Use Director  
Tammy Winchell, UM/Access Director  
Kim Molnar, Support Services Director  
Shelley Cizio, Network Mgr & Compliance  
Darren Moore, ProMedica Inpatient Director  
Doug Baker, Office Manager

This report is respectfully submitted by:

Sue Germann, MPA, LLP, CAADC, CCS-M, CPC  
Chief Executive Officer  
June 28, 2019