



# **Macomb County Community Mental Health (MCCMH)**

## **LEGISLATIVE BREAKFAST VIRTUAL EVENT**

**FRIDAY, OCTOBER 1, 2021, AT 9 A.M.**

**Via Zoom at:**

<https://mccmh-net.zoom.us/j/86080550723?pwd=NUxSelJjQWQ3Y0Fia0lQNWQ0L0x3UT09&from=addon>

If you have any difficulty joining the call, please call 586-961-9030.

**The MCCMH Board of Directors and Leadership  
cordially invites our State Senators and  
State Representatives to join us  
for our presentation.**

**An overview of the planned discussion,  
and supporting documentation,  
are included in this packet.**



*Healthcare has dominated the headlines world-wide for the past year and a half. The COVID 19 pandemic had people of all walks of life facing uncertainty and fear, giving many a first-time glimpse of the anxiety & stress that some individuals live with on a regular basis.*

*While maintaining physical health has been a primary concern, mental health has moved to the forefront. With people facing unique challenges from isolation and distancing, the need for mental healthcare has increased exponentially, while the avenues to traditional care have been blocked, or re-routed due to exposure concerns.*

*Yet innovation in the form of tele-health and on-line screenings helped countless people, especially in Macomb County, as many realized for the first time the impact mental health has on a person's physical well-being.*

*As life settles in to the new normal, Integrated Care---a healthcare approach that blends mental and physical care---becomes even more important. Despite the unique challenges of the past 18+ months, MCCMH has developed and implemented programs that employ Integrated Care that are already reaping benefits for members of our community.*

*In the following pages, we provide a brief overview of recent successes, and discuss our issues and concerns regarding the proposed legislation that could curtail these programs. We also offer insight and perspective from the clinicians and peers who proudly provide healthcare services and supports to the People We Serve in Macomb County.*

***While the written word cannot substitute for the spoken one, we are offering this packet to supplement the October 1<sup>st</sup> presentations.***



## ACRONYM GUIDE

**ASSERT** -Alcohol & Substance Abuse Services, Education & Referral to Treatment

**BHP** – Behavioral Health Provider

**CCBHC** – Certified Community Behavior Health Clinic

**CMH** – Community Mental Health

**CMHSP** – Community Mental Health Service Program

**MCCMH** – Macomb County Community Mental Health

**HIPAA** - Health Insurance Portability and Accountability Act

**MHP** – Medicaid Health Plan

**NOMs** – National Outcomes Measures

**PCP** – Primary Care Physician/Primary Care Provider

**PIHP** – Prepaid Inpatient Health Plan

**PRC** – Peer Recovery Coach

**PSS** – Peer Support Specialist



***Integrating Physical and Mental Health is not a simple task.** Primary care providers (PCPs) and Behavioral Health Providers (BHPs) often view the same person through different lenses, due in part to the nature of their training and how they are charged with running their practices.*

*These two different disciplines **can work cohesively and successfully** if they build the right collaborative care model for their operations. Successful integrated care involves medical and clinical practitioners working closely and regularly together, assessing people, and adapting care models as needed. Developing protocols and standard practices that allow information and data to be shared without violating the Health Insurance Portability and Accountability Act (HIPAA) rules and other privacy concerns takes time and effort.*

*Several years of study, months of preparation and discussion, and the development and implementation of a comprehensive approach that **"treats the whole person"** has enabled MCCMH to implement several successful integrated care initiatives, with more in development.*

*Recent legislative efforts have struggled to combine funding streams to achieve this end. **But to be successful, integration must start at the level of the people served.***



## Moving Forward with Mental Healthcare

While much of the world came to a grinding halt during the early days of the pandemic, MCCMH not only kept going, but we also added new supports and services to help Macomb residents in traditional ways along with innovative new methods and programs.

- **MCCMH increased our marketing and community outreach efforts while simultaneously:**
  - Supporting our staff through expanded remote work and **telehealth options**; and,
  - Supporting our providers through increased information sharing and through **provider stability payments** to decrease the impact of the pandemic.
- **Updated our website** to be more easily accessible and user-friendly on all platforms
- Improved our **Customer Service call response times** even in the face of increased calls for help
- MCCMH as a Certified Community Behavioral Health Clinic (CCBHC), partners with MyCare (a Federally Qualified Health Clinic) and provides **primary care screening, monitoring and referrals, coordinating services** for the individual to address all their healthcare needs.
- Last October, MCCMH launched the **Opioid Health Home** effort, combining substance use disorder help, mental health, and physical health all in one program. In addition, this program helps individuals obtain employment, secure housing, and address other factors that enable them to move forward with their lives.
- MCCMH debuted its first **Mobile Health Outreach Unit** in August 2021. The easily recognizable van is currently used for community resource events but can also provide on-site care wherever we are needed.



- MCCMH sponsors **Project ASSERT (Alcohol & Substance Abuse Services, Education & Referral to Treatment)** which trains Peer Recovery Coaches (PRC) and deploys them in Macomb County emergency departments to assist people with substance use issues. These peers help individuals access needed treatment and services.
- MCCMH also launched the **Healthy Heart program**, which helps pregnant women with an **opioid use disorder**. Healthy Heart educates them about pre-natal care, and the birthing process, while also educating hospital staff. This program engenders better understanding of, and empathy for the mom-to-be. As a result, mothers are delivering drug-free babies, preventing the need for costly NICU care, enabling new mothers and their babies to stay together.
- When Covid-19 concerns closed clinics MCCMH developed **Vital Sign Collection Kits** to ensure that this critical information was obtained and assessed. Our Nursing Administrator trained Care Coordinators and a Peer on how to safely take these measurements, enabling them to make home visits, gather these vital signs, and provide support and education to the people we serve despite the shutdowns.

The MCCMH Integrated Care approach to whole health addresses multiple needs quickly and efficiently. As a result, the people we serve are more inclined to comply with their programs, complete them, and follow up on recommended care. People are getting better, meeting their behavioral health needs, managing, and improving their medical conditions, and in some cases decreasing their need for services.

With thousands of new individuals now served under CCBHC, MCCMH Integrated Care is making a positive change in Macomb County. The first Semi-Annual National Outcomes Measures Survey (NOMS) indicates the people we serve report a greater satisfaction in life overall; they are smoking less, drinking less, and have improved mental health symptoms.

With innovations, streamlined access and increased outreach, MCCMH will be able to help even more individuals in need.



## Healthcare Reform Proposals Hurt Needy Michiganders

Several bills are currently being debated in the Michigan's House of Representatives and Senate regarding the design of the public mental health system. Although well-intended, these efforts will only damage an already over-challenged system, rather than strengthening and supporting it.

Macomb County Community Mental Health has been working hard to bring innovative, integrated health care approaches to the members of our community. While much work still needs to be done, we have made great strides in improving care and increasing access. As a combined Prepaid Inpatient Healthcare Plan (PIHP) and a Community Mental Health Service Program (CMHSP), MCCMH works with **ANY** Macomb County resident to help them secure medical care, regardless of their ability to pay. **We provide the safety net** that ensures everyone in our community can access the health care they need.

Based on our knowledge and experience, we believe that the current proposals, although well-intentioned, have major concerns in their logic, and approach.

These proposals, rather than improving Michigan healthcare:

1. Stress a System Currently Experiencing a Staffing Crisis
2. Remove Millions of Dollars from Care
3. Destroy Integrated Health Efforts
4. Remove Accountability and Safeguards
5. Do Not Address Growing Mental Health Needs
6. Don't Save Money



## 1. STRESS A SYSTEM CURRENTLY EXPERIENCING A STAFFING CRISIS

**Caring dedicated professionals are abandoning their positions within our system at a faster rate than the positions can be filled - The middle of pandemic is NOT the time to redesign the system.**

The number of skilled workers in the mental health and addiction workforce has decreased at alarming levels in recent months. Increasing staff wages, training programs and retention incentives are needed, and are where cost savings should be directed, rather than to increase insurance companies' profits. In addition, the simple act of discussing system change is causing people to exit their jobs sooner than planned, to intentionally look for jobs outside of community mental health, or to not accept vital positions.

## 2. REMOVE MILLIONS OF DOLLARS FROM CARE

These new proposals cite the administrative costs of PIHPs as costs that can be reduced; but PIHPs spend on average only 6% on administration/overhead.

Meanwhile, Michigan Medicaid Health Plans spend only 79 cents of every dollar on actual care, the second worst record in the country. Their administration/overhead rate is 21% (which includes a 3% profit margin).

- ***The Senate bills put forth by Senator Shirkey would result in \$450 million less funding for services (21% - 6% = 15% difference);***

Source: [https://www.milliman.com/-/media/milliman/pdfs/2021-articles/7-7-21-medicare\\_managed\\_care\\_financial\\_results.ashx](https://www.milliman.com/-/media/milliman/pdfs/2021-articles/7-7-21-medicare_managed_care_financial_results.ashx) (page 26)





### **3. DESTROY INNOVATIVE INTEGRATED CARE EFFORTS**

MCCMH and other Michigan PIHPs offer Integrated Care, providing access and care for **ALL types of healthcare services** ---emotional, mental, substance use disorder, and physical health. But the only integration offered by the proposed Senate bills is a financial one, as it “integrates” managed care functions, and funding, into health insurance plans. These health plans do **NOT** provide services – they simply authorize care and pay the bills, providing little if any support or direction to people needing care. MCCMH’s Integrated Care efforts are person-centered, and help people with, **AND WITHOUT**, insurance.

**Integrated Care at the persons’ level works!** MCCMH has many examples of the direct and indirect cost savings our integrated programs have already obtained. And we have only just begun. But these bills will **severely hinder the positive momentum of these efforts.**

States that have privatized care have shown increases in costs, without the corresponding increases in care.

Source: <https://geiselmed.dartmouth.edu/news/2020/new-dartmouth-study-shows-that-greater-financial-integration-generally-not-association-with-better-healthcare-quality/>

### **4. REMOVE ACCOUNTABILITY AND SAFEGUARDS**

Health plans are not accountable to external stakeholders (such as local mental health boards, county commissioners, or any elected public official), do not hold open meetings and are not subject to Freedom of Information Act requests (FOIA). These health plans only report to their private governance boards and management, who are guided by the financial bottom line, not the number of people served.



#### **4. REMOVE ACCOUNTABILITY AND SAFEGUARDS (continued)**

These bills would also have an adverse impact on the numerous (and ever-growing) community partnerships and collaborations between public institutions (law enforcement, schools, courts), advocacy groups, and healthcare providers. And MCCMH would only be in a provider role, rather than serving as an advocate and aide to the uninsured, impaired and others without support, eliminating the vital safety net that they require.

**Community Mental Health efforts aid the uninsured; unchecked, health plans will continue to put profits over people.**

Source: <https://www.craigslist.com/health-care/michigan-health-plans-post-rosy-profits-first-half-2020-blues-cross-income-lower-2019>

#### **5. DO NOT ADDRESS GROWING MENTAL HEALTH NEEDS**

One of the things the last year has taught us is that mild mental health challenges can grow quickly and exponentially if untreated. **And Medicaid health plans have a poor track record of managing mental health benefits.** Although there are health plans for Medicaid beneficiaries with mild/moderate behavioral health conditions, few currently receive that benefit, or get much out of it. According to MDHHS, the average number of mental health visits authorized for qualifying MHP enrollees in 2014 was only four. In 2015, only 10% of Medicaid recipients seeking behavioral health services were seen by a behavioral health professional.

In 2016, The National Academy of Medicine identified the primary access barriers for behavioral health services in the U.S. as:

- fragmented systems of care,
- undersized/under-prepared behavioral health workforce, and
- disjointed payment models.



## **5. DO NOT ADDRESS GROWING MENTAL HEALTH NEEDS (continued)**

The authors offer three recommendations: implement payment models that support service integration; train a skilled workforce to manage mental health and substance use in the context of integrated care; and create new approaches for access to care.

While privately managed Medicaid plans pay lip service to the first recommendation, MCCMH and other PIHPs have made great progress in all three areas noted.

In 2019, The Michigan Health Endowment Fund commissioned a report on access to behavioral health care in Michigan: [Altarum\\_Behavioral-Health-Access\\_Final-Report.pdf](#)

## **6. DON'T SAVE MONEY**

States that have moved Medicaid management to private insurers “save” money, or seem to, at first. But citing increasing costs, these insurers can and have reduced programs and services, along with quality. And before the contract ink is dry, private insurers lobby for rate increases. In Iowa, [Medicaid cost increases nearly triple under managed care \(desmoinesregister.com\)](#).



*In conclusion*, the missteps and misfortunes of other states that have moved Medicaid from PIHPs to private, for-profit insurers should serve as a sobering reminder that trashing an operable system and rebuilding from scratch has its perils and pitfalls.

**Macomb County Community Mental Health has strengthened its existing programs, started new ones, and addressed the unique challenges of Covid-19 without decreasing services. Our number one priority continues to be supporting and helping the People We Serve.**

As a governmental entity, we coordinate and provide vital services to those most in need regardless of their insurance status, the people most likely to “fall between the cracks” if our operations are disrupted.

Many individuals and families are unable to negotiate the complexities and challenges of healthcare and its insurers (and their myriad of paperwork and requirements) without help and guidance.

Our history is rich; Community Mental Health (CMH) groups were created by Michigan State legislation in the 1960s to address the mental health needs of residents with programs that make institutionalization unnecessary. In the subsequent decades CMHs have developed and deployed sound practices and strategies to mental healthcare.

And with the implementation of Integrated Care, our best is yet to come. Although the challenges are great, we are ready for the task.

**We ask that our legislators work with us to build on our achievements rather than trying to redesign the public mental health system during a crisis.**



***Macomb County Community Mental Health is fortunate to have an incredible, dedicated team working hard to assist everyone who needs our help.***

***Our leadership and staff draw from their education, knowledge, and personal experience to help the People We Serve.***

***In the following pages, we offer a few reflections and insights from several of our talented clinicians and peers; these professionals will also share their insights during the Virtual Event.***



- *The Value of the Integrated Care Model from the Viewpoint of a Clinician AND Caregiver*
- *Perspective from the Mental Healthcare Trenches --- The New Campaign to Fight Substance Use Disorder*
- *From Person Served to Person Serving – Lori Doyle of MCCMH*
- *From Person Served to Person Serving ---Andrew Brown of Care, Southeastern Michigan [video]*
- *MCCMH CCBHC Success Stories*



### *The Value of the Integrated Care Model from the Viewpoint of a Clinician and Caregiver*

**Agnes Dmochowski Ward** emigrated from Poland with her family when she was eight years old. "I had to learn English from scratch and learn the culture. In Poland you had to stand up when you answer a teacher. I did that here, and my teacher loved it, and she made the other students do it, which they did not like." Although the challenges were immense, that little girl persevered, and went from a struggling student to a peer mediator, offering a glimpse of her future path. After earning a bachelor's degree in communications, young Agnes faced a life-defining decision. "I was sitting on my bed with two acceptance letters; one to the communications master's program at WSU, and one to the psychology master's program." She decided to use her communications skills into psychology. "I love talking to people and helping people, and I really loved my undergrad psychology professor, so it was an easy decision."

Her early years in the field included serious personal challenges. "While I was still in school, my dad was diagnosed with Multiple Sclerosis, and we thought he would pass first. Then my mother died suddenly of an aneurysm while I was at church. My father was overcome with the grief, and my brother moved out a few months later. I became my father's caretaker, and it was tough, watching him lose his fine motor skills. He was dealing with losing his health, along with his wife; and then his benefits ran out." While working full-time and attending school, Agnes had to help her father negotiate not only his physical, emotional, and mental challenges, but also a siloed healthcare system that offered little to no guidance and assistance. "Health care was not integrated, and it would have benefited him," she recently reflected.

After years of advanced study and practice, **Ward now serves as the Chief Clinical Officer for Macomb County Community Mental Health (MCCMH)**. As a PhD psychologist, Certified Alcohol and Addictions Counselor, and Board-Certified Behavior Analyst, Ward can provide different views and treatment perspectives to providers. She is proud of the gains her team has made in providing integrated care, especially to those with mental health issues who desperately need an advocate.

**"Mental health impacts not only emotional health, but physical health & well-being, which is why informed healthcare programs have moved to an integrated care model," she remarked.**

"Our team knows benefits AND mental healthcare; we are knowledgeable about our providers, about our variety of services, clinics, and evidence-based practices," she explained. "We can direct people on the right path from the first phone call."



Ward continued, "Why is this important? Because an integrated care approach can more readily address the needs of all individuals---including those with complex medical and social needs--- and incorporates services such as care management, physical & behavioral health integration, and trauma-informed care to address and aid the whole individual, not a singular ailment."

Recognizing the value of this approach, MCCMH has adopted a service delivery model that addresses the multifaceted healthcare needs of the people they serve. As a Certified Community Behavioral Health Clinic (also known as a CCBHC), MCCMH knows that this approach produces the best results. Partnering with MyCare, a Federally Qualified Health Clinic, MCCMH provides primary care screening, monitoring and referrals. Working together, MCCMH clinicians coordinate services to serve the entire individual and their needs.

In addition, under Ward and other members of MCCMH leadership, mental health and substance use services have been expanded, providing specialized training to MCCMH team members, using evidenced practices and models with proven outcomes. They also believe that Integrated Care is helpful in addressing health disparities. The team is working hard to develop new mechanisms and programs that improve access to care for minority populations in Macomb County. MCCMH also employs a Veterans Navigator who supports vets with a sensitive approach to military culture.

In addition, MCCMH provides 24-hour crisis services, including risk assessment and crisis planning. All clinicians are trained in trauma informed care, assuring that the physical and emotional safety of our individuals is assessed first and foremost.

"These services have been successful, and we want to build on that success by strengthening and expanding those programs, and provide even more layers of support to our community," Ward said.

*"Our approach to whole health is showing positive outcomes for Macomb residents with all types of health challenges. By addressing multiple needs quickly and efficiently, the people we serve are more inclined to comply, and complete programs and recommended follow up care."*

The need for the programs and services offered by Macomb County Community Mental Health is real, because this non-profit governmental group serves all Macomb residents, not just those with medical insurance. As Ward noted, "The people we serve are getting better. They are not only meeting their behavioral health needs, but they are also managing and improving their medical conditions, in some cases decreasing their need for services. Integrated care is not only beneficial socially, but economically."





## Perspective From the Mental Healthcare Trenches---The New Campaign to Fight Substance Use Disorders

Applying the Integrated Care model to treating addiction is already reaping benefits for the people served by Macomb County Community Mental Health. "Our integrated health initiative includes our Opioid Health Home effort, where we combine substance use disorder help, mental health and physical health all in one program," Helen Klingert, MCCMH Director of Substance Use Disorders explained. "We started Opioid Health Home services last October (2020) and already have successes, including mothers delivering drug-free babies, preventing the need for costly NICU care, saving thousands of dollars with each baby, and keeping mothers and babies together, individuals obtaining employment, and people receiving help for physical health care needs."

MCCMH has been working to treat opioid use disorders for many years and has some wonderful provider partners. The addition of physical well-being, and medical care, is the new component. And the people MCCMH serves are responding with enthusiasm. "Through the program, people have been able to take care of their needs and get back on track," Klingert explained. "We are seeing great results already, this early in the project."

Having a dedicated team guide individuals with an opioid use disorder is making the difference. "Most people don't do what they need to do to take care of themselves when they are using." But working with peers and other trained personnel, those suffering from addiction learn to battle their disease by addressing their health in its entirety.

*"A man who had never addressed his physical issues began working with a peer who helped him arrange to see a doctor. By taking the steps to address his physical health issues, he discovered he had cancer. Thanks to the early detection it was treatable."*

Klingert notes that the new program has aided other efforts of substance use recovery. "We also have people who struggled with anxiety and depression. By taking medication, working with peers and a nurse care manager, these individuals were able to address their challenges, and overcome them." These victories include the ability to resume normal activities.



Thanks to the program, we have enabled people to get healthy and strong, obtain employment and renew their driver's license, which opens up so many other possibilities for them."

Integrated Care programs like those used by MCCMH address and correct strong misconceptions that have often hindered recovery from substance use. Klingert reflected, "Society and even some clinical professionals in the field viewed substance use disorder as a character weakness for a long time, regarding substance use disorders as a problem that people brought upon themselves. But over time substance use disorder has been recognized as a genuine, treatable disease, rather than someone making a bad choice."

Klingert notes that although it can be challenging, there is reason for optimism when it comes to Substance Abuse Disorder treatment. "Unlike many other diseases, substance use disorder is a treatable disorder that people can and do recovery from". Klingert notes that having support through treatment, family and the recovery community is key. "Individuals with this disease are people that others care about".

The path to recovery is not easy; for some, it takes several starts, stops, and restarts before achieving success. "We served an individual who had been through over a dozen treatment programs, and when he was finally achieved ongoing recovery, people said 'You finally found the program that worked'. And he replied, 'they all worked, they each lead me to the next program and eventually success.' He never gave up, which led to his success." MCCMH is here to continue to offer individuals assistance while they continue their path to recovery.

Klingert believes that integrated care is a welcome addition to the healthcare tool chest. Other MCCMH partnership efforts include the Hopeful Heart program which works with pregnant moms who have an opioid use disorder, and educates them about pre-natal care, and even the birthing process. The program also educates the hospital staff, so there is more sympathy and understanding for the mom, which helps with treatment. Project ASSERT is another integrated care effort MCCMH funds with has Peer Recovery Coaches (trained individuals who are in recovery from substance use disorders) in all the Macomb County emergency departments, assisting people with a substance use program access needed treatment services.

Integrated Health Care efforts at MCCMH are helping the people we serve recover from substance use disorder and regain control of their health, and their lives in general.



## From Person Served to Person Serving – Lori Doyle of MCCMH

**Peer Support Specialists** serve a unique role in helping people deal with trauma. These professionals draw from their own painful experiences to help others, providing empathy and understanding. MCCMH team member Lori Doyle has put her first-hand knowledge of addiction and mental illness to work helping others.

"I had two sons, Michael and Ryan, and a successful IT career; but I traveled a lot, and I wasn't home." Despite her absences, a mother knows her children; and Lori realized that something was going on with Ryan. "I thought it had something to do with drugs, which he repeatedly denied. But eventually he did come to me and said he wanted help. He was addicted to prescription opioids and knew he could not live that way anymore."

Lori acted quickly. "We got him in to detox, then he went into intensive outpatient treatment." Unfortunately, his recovery took a bad turn. "He started using again, although he denied it," Lori recalled. "Then one morning, I went to check on him at 6 a.m., as I always did, and discovered he had passed away. And in that moment, I knew that my life had changed forever."

Devastated, she was unable to function. "I hit rock bottom, I did not work; I did not care if I lived or died." She lost her job, and eventually her home. But nothing mattered. "I would go to bed at night and pray that I would die. The guilt was overwhelming; as a parent, it's your job to protect your children and I had failed him. I wallowed in self-pity for months."

This devastated parent had loving parents of her own, and they came to the aid of their grieving daughter. "They said, 'come and stay with us,' and I did. That helped, being around people again, as I was definitely isolating. My family encouraged me to get treatment." So, Lori began with the first step on her path to recovery. "I called the Macomb County Crisis Center, and they put me in touch with the MCCMH Access Center, who got me into treatment at CMH, where I saw a therapist and psychiatrist."

Healing and recovery took time; "I was in therapy for three years, and it really helped that I had a therapist who understood addiction. I learned that it was not my son who made those decisions, it was the drugs. It helped me understand so much."



Learning to deal with her grief and pain not only enabled Lori to move on, but it also provided her with a new path. "After I recovered, I realized that I wanted to change careers, to help others. And CMH helped me find a way; I met Jack Betts, a team member at Michigan Rehabilitative Services, and he gave me a flyer about the peer support program and suggested that I attend their informational meeting."

Intrigued, she did, and was soon in peer support training. "In the program, you learn to share your story, with the intention of helping other, and offering them support." Soon after she was certified by the state, and she began working for MCCMH.

Lori's unique experiences enable her to build quick bonds with those needing help. "You see the light go on within them when they realize that I get it. I understand their pain because I have been there." And helping others heal is a fitting remembrance to Ryan. "The work is so rewarding; when I share my story, my son lives on. His story can help someone else."

After years supporting and supervising the peer program, Lori now serves as an Integrated Care Specialist for MCCMH. "I work with area medical clinics, helping people needing behavioral health services get the help they need, through us or through someone else. And if they come through MCCMH and need medical care, I help them find a doctor."

Although not every person served by MCCMH will join the care team, our staff complements their training with a deeper understanding and empathy for others. Some staff gain that knowledge through years of service, others through personal experience, and some like Lori draw upon both. But all share a common goal, helping others by providing care that integrates mental, emotional, and physical well-being, and is not defined by a single healthcare plan and its limitations.

Lori looks for ways to provide care for others, helping them navigate the complexities of insurance plans, government programs and other options too few people know about. She enjoys helping others find their path, as others once helped her.

***"MCCMH helped me when I had no job, no money, and no insurance. I don't know if a private insurance company would have done that. I am so blessed and so grateful."***



## From Person Served to Person Serving – Andrew Brown of CARE of Southeastern Michigan

Coping with depression or a loss can lead one down a dark path. For Andrew Brown, learning that his mother had been diagnosed with a terminal form of cancer triggered his downward spiral. "When I found out, my marijuana use intensified," Andrew said. "By tenth or eleventh grade, I experimented with Vicodin for the first time. It continued progressively using more pills and I got to Oxycontin. Once I started used that, things really changed. My desperation got worse, and eventually led to using heroin."

Recognizing that his substance use had to stop, Andrew sought help.

Accessing treatment through the MCCMH Access Center, Andrew's journey to overcoming substance use led him to share his story with others who were struggling with that challenge. His current role as a peer recovery coach allows him to work closely with those suffering.

"It's really an honor to work here at CARE of Southeastern Michigan with so many programs that are funded through MCCMH. We have an opportunity to serve those in the community and our most vulnerable that are out there struggling with substance use disorder. We're really person centered. Our job is really to become adaptable to their situation and helping them find resources on their own recovery journey," he explained.

This position allows him to walk side by side with individuals seeking recovery from substance use disorders. He helps create their recovery plans, and other supports customized to build on each individual's strengths, needs, and recovery goals. The peers benefit by speaking with someone who has a similar story to them, which empowered them with that first-hand knowledge that recovery is possible, enabling them to open up and not feel judged.

One of Andrew's peers, Joseph, said, "All the peer recovery coaches are in recovery, so when I think that I'm the only one that has this problem or I feel different, he tells me, 'you know I went through the same things.' Knowing that someone is there for you, and they support you helps a lot."

Andrew now lives a happy and healthy life with his wife and young child. He is thankful for the happy end of his once troubled path. "It's [amazing the miracles that recovery has given us,](#)" Brown reflected.



## MCCMH CCBHC SUCCESS STORIES

While MCCMH is proud of the incredible successes of Lori and Andrew, we realize that the definition for success varies by the individual. As a Certified Community Behavioral Health Clinic, our team's efforts enable the People We Serve to address and overcome challenges, whether they are in their day-to-day life, or in addressing their needs. Here are a few examples:

- *A community member required several services; however, she had not had primary care, dental, or vision care in several years. A CCBHC Care Coordinator and Peer Support Specialist were able to facilitate getting her primary care, dental, and vision appointment all at the same location. She expressed to be extremely pleased and motivated to continue services as "somebody does care".*
- *A CCBHC Care Coordinator and Peer team did a home visit with a community member. The person had several bottles of medication, and they were not sure which they were to take. The medications were from three different providers-- a primary care, MCCMH, and a pain management doctor. The CCBHC team helped the person with organizing her medications, assuring that they would not take medications outside of treatment orders.*
- *For several months, a person needed a Venous Duplex Scan. She had called multiple providers to get the scan completed with no one accepting her or her insurance. MCCMH was able to set her up with an appointment and she has since completed that scan and is able to move onto the next stage in treatment.*
- *A community member needed to see her primary care provider but did not have transportation. With complications from COVID-19, she had been off medications and her insurance lapsed. This affected her mental health because she is transgender male to female and has been without hormone replacement therapy (HRT) for 8 months. MCCMH got her to her appointment, where she was able to get her prescriptions and begin feeling like herself again.*



- *A community member had an outstanding bill at a Durable Medical Equipment (DME) company and was unable to get a CPAP machine. Due to barriers with transportation, she was unable to attend checkup appointments with her providers that would provide medical necessity documentation for continued use of the CPAP. Because of this, she was also unable to return the CPAP machine until a few months after she stopped using the device. The DME company charged her out of pocket for the months she kept the machine. We were able to speak with the DME billing department and explain the barriers she was experiencing, the DME company waived the fees, and she was able to obtain a new machine.*
- *A woman who was diagnosed with cancer did not have transportation or necessary supports to assist her in attending chemotherapy or radiation appointments. She was also having many complications with her insurance and does not have a transportation benefit through her insurance company. We have been able to successfully provide her transportation throughout her 10 weeks of chemotherapy appointments through MCCMH North. With the help of our transporter staff who went above and beyond, she can get the care she desperately needs.*
- *We have been working with a community member since the beginning of the CCBHC program implementation. This person has numerous needs including uncontrolled type II diabetes, concerns surrounding memory, wound care, irritability, and other mental health concerns. His care coordinator, Case Manager, MCCMH Nurse, and other MCCMH supportive staff, have been able to coordinate care with his PCP office to get him the care he needs. His team at MCCMH has made numerous home visits for diabetes education, assistance with how to use his blood glucose monitor, medication management. While we are still working with him to get on the right track with his physical health and have made great strides in managing his care. He currently has a MCCMH nurse coming out weekly to assist with his medications, we've set him up with homecare for diabetes management and are communicating frequently and effectively with his PCP and other supports.*





### **MCCMH Board of Directors**

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Dave Pankotai, CEO  
Agnes Ward, Chief Clinical Officer  
Helen Klingert, Director of Substance Abuse Disorder

*Questions? Please feel free to contact MCCMH Board  
and Staff by calling our offices.  
Thank you for your time.*

## **Macomb County Community Mental Health**

**19800 Hall Road Clinton Township, MI 48038**

**(586) 469-5275**

**[www.mccmh.net](http://www.mccmh.net)**



Under the direction of the Macomb County Executive, the Macomb County Board of Commissioners and the Macomb County Community Mental Health Board, MCCMH provides a wide variety of mental health treatment and support services to adults and children with mental illness, developmental disabilities, and substance use treatment needs