

**2011-2012
ANNUAL REPORT**

**HOPE TODAY
FOR TOMORROW'S FUTURE**



GREAT LAKES RECOVERY CENTERS, INC.
Addiction & Behavioral Health Services

MISSION

We empower people to improve their lives by offering comprehensive, personalized recovery services.



VISION

Our vision is to be the industry leader in providing behavioral health and community based services in the Great Lakes region as recognized by our consumers and partners.

HOPE AND HEALING BEGIN HERE



**GREAT LAKES RECOVERY CENTERS
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A Mission Approach to Services

Greg Toutant, CEO

In this past fiscal year 2011-2012, the mission and core values that define Great Lakes Recovery Centers remains vital and at the heart of the services that we provide across the Upper Peninsula. As the State of Michigan continues to see a decline in the number of providers of specialty addiction and behavioral health services, GLRC continued its commitment to mission by developing new services and partnerships within our region to meet the needs of the communities we serve. A great deal of our success comes from a relational and partnership model with our many stakeholders. Without such well-defined relationships, service access and capacity would be compromised. GLRC maintains strong partnerships with Coordinating Agencies, PIHP and CMH entities, law enforcement, court systems, Department of Corrections, Department of Human Services, Health Departments, Department of Veteran Affairs, and local hospital and healthcare structures (just to name a few).

In many of our communities, GLRC provides for a safety-net of services designed to promote recovery from addiction and chronic abuse of substances. Our holistic model of care promotes integration of care with other key life areas including the recovery and restoration of such areas as health, family, wellness, vocational, and environmental gains. The complexities surrounding addiction and mental health disorders are often compounded by poverty, homelessness, loss of relationships, and the deterioration of support structures in the lives of those needing help. Each day our dedicated staff members help our clients confront, explore, and work through the often painful emotional, physical, and spiritual impact that their addiction and/or behavioral health issues has caused. The process of change often begins while a client is in our care, but continues throughout the course of their life (and often many intervals of care). The investment of our staff in providing many forms of assistance helps move the client throughout the process of change, some of these consist of direct counseling, best practice curriculum implementation, coordination of care, case management, family intervention, modeling, and resource management. What GLRC has developed clinically over the past several years is a client-centered model looking at the overall needs of the client while wrapping around and linking the services necessary



for change, growth, and recovery. I can not say enough about the quality of our staff and the life altering work that they do !

As a regional provider of behavioral health services our goal of holistic care and helping consumers rebuild their lives continues to drive our strategic planning. This past year we embarked on developing a crisis response team providing mental health screenings that serve 2 hospitals within Marquette County. We continued to work on programming with the Department of Veteran Affairs targeting homeless veterans suffering from substance abuse and mental health issues, and working with our local federally qualified health center (FQHC) on integration of behavioral health services with primary care. We have continued to look at how we provide prevention services targeting at-risk children and adolescents throughout the Upper Peninsula, as well as exploring key items such as workforce development, and a partnership with several other providers in the State of Michigan regarding the formation an administrative services organization (ASO) helping to streamline resources for providers. In this coming year, we will continue to examine how we can provide for workforce develop opportunities for our clients, as well as expanding the implementation of our electronic training system for staff members. New partnerships we will continue to explore as a means of improving access, capacity, and providing the best quality care possible for our clients. While the state of Michigan in undergoing significant change regarding health care, essential health benefits, and the roles of many state and community structures, GLRC will navigate these changes as best as possible and will continue to keep our mission and core values at the heart of our service system for years to come.

Essential Learning—ELEVATE

In an effort to provide additional training to our staff across the Upper Peninsula, we have partnered with the Michigan Department of Community Health for the implementation and utilization of a web-based training system. The system selected was Essential Learning-Elevate. This tool is a nationally recognized training system with an emphasis in addiction and behavioral health core competencies. Essential Learning is endorsed by our national accreditation body-CARF, as well as being cost effective and efficient.

The pilot project grant from MDCH allows for GLRC to expand the scope of the training pilot program in efforts to reach as many staff members as possible, with also allowing for increased partnering with other providers and local coordinating agencies. The use of the web-enabled training platform helps to streamline training for staff members and break through the barriers of travel, geography, and time constraints. This robust assists with staff gaining specific training to apply toward their ongoing certification compliance as well as increasing the skill and knowledge base of staff members. We appreciate MDCH in taking a creative step to helping develop additional training capacities in the Upper Peninsula.

Number of trainings hours achieved for period of:
10/01/12 – 12/31/12

Total Training Credit Hours Achieved: 1,458.25 hours
102 total users

In all, the 1st quarter witnessed an increase in utilization of training hours and amount of trainings that were accessed. The scope and breath of trainings made available through Essential Learning has provided a comprehensive approach to educating the workforce in the Upper Peninsula. Grant funding for this project has helped significantly in increasing counselor utilization of the system while also setting the groundwork for incorporating Coordinating Agency and other provider participation.

Industry Leader in the U.P. Ray Amtmann, Board President

This has been another eventful year for Great Lakes Recovery Centers. (GLRC). We were successful in our CARF reaccreditation, which is a testament to the outstanding work and dedication of our staff. This accreditation is vital to our standing in the Behavioral Health and Substance Abuse Community. We also established the GLRC Foundation, which is a huge step forward in establishing new opportunities to encourage and receive support from the community at large. The Foundation will play an important role in visibly positioning GLRC as an Upper Peninsula (U.P.) wide community resource. Having GLRC recognized as a U.P. wide resource is critically important as the entire Healthcare System in the U.P. and Michigan is in transition. Only the strongest healthcare organizations will survive and prosper during this time of change. We are now positioned as a key player in Behavioral Health services in the U.P. and our collaboration with regional hospitals, Community Mental Health, and other providers will ensure our clientele receive the best possible services in an affordable manner.

As is painfully obvious at the time of this writing, our economy is still struggling. Therefore, it is absolutely imperative that we at GLRC ensure we can deliver quality care to our clients across the entire U.P. To do this it will take all of our outstanding staff looking for new innovative methods to provide the highest-level care to our clients in the most economically sound manner possible. I charge all of our staff to relook and rethink our service delivery methodology and see how we each can be agents of continuous quality improvement. We are very fortunate that GLRC has a well-earned reputation for providing the highest quality services to our clients. As we face the continued fiscal challenges of this economy we need to ensure we keep sight of our goals, maintain and improve our facilities, expand our client access, care for our staff, and ensure the sound financial footing for our organization. GLRC is an organization we can all be very proud to be a part of and my goal is that we can ensure that continues to be the case for many years to come.

Recovery... Life... Work...

2011-2012 FINANCIAL REPORT



Great Lakes Recovery Centers, Inc. fiscal year ended September 30, 2012 has been a year of financial rebound, though we've had to weather financial peaks and valleys along the way. We have had additional changes in our finance staff in the billing positions and front

desk but have maintained and further strengthened our grasp of the financial challenges of our operations by revising procedures in the administration office. We've continued to work on the installation of a client accounting system to better track our billing and accounts receivable processing while further refining the accounting system to better report our results of operations for the programs. Improved budgetary reporting systems have been included in this process for administration, program supervisors, and the Board's use in evaluating our progress toward sustainability.

Over the past few years GLRC has realized significant operating losses. In fiscal year 2012 we have turned the corner to profitability while managing our cash flows and catching up on past obligations. This will continue to be a challenge until we realize a significant improvement in our cash reserves; a process which will take some time as we work toward another year of financial success. Through working with staff, improving operations, and working with our funding agencies, we believe we can continue to improve and reach our financial goals. We've been successful in obtaining improved reimbursement rates from our funding agencies and have expanded services to the Blue Cross insured population filling a gap left when other programs closed. Working with our local hospitals, we've implemented the emergency room coverage program, providing a needed service to them and adding to our realm of services.

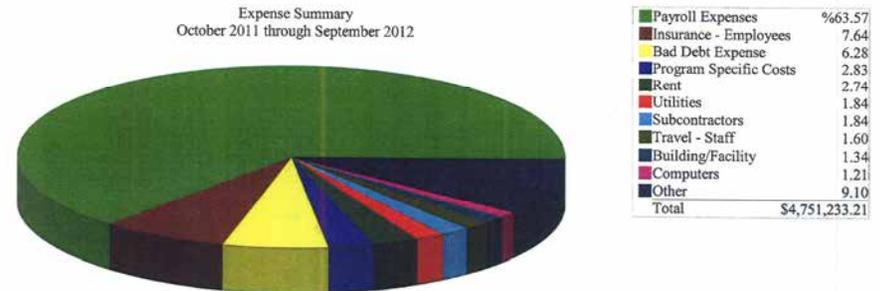
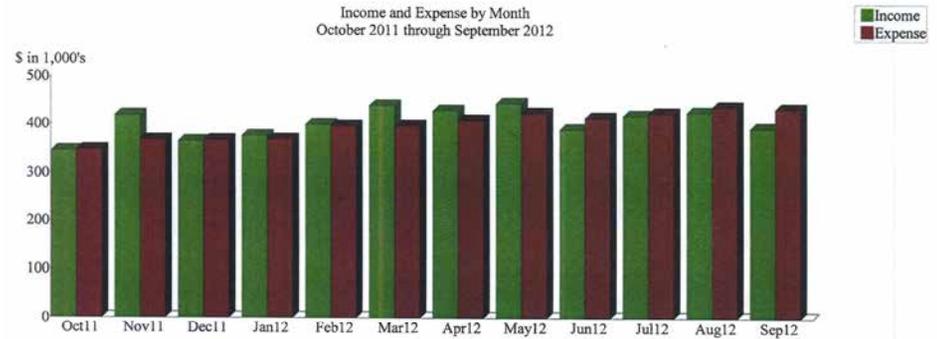
Over the past fiscal year, GLRC received approximately **30%** of our revenue through the Northcare Coordinating Agency. Similar coordinating agencies such as Northern Michigan Substance Abuse Services provided **13%** and the Western UP Substance

Abuse Services provided **4%** of our revenue. Our insurance related services have provided **11%** while continuing to work with the Tribal community has provided **6.5%** of revenue. Total corrections related services provided **16%** of total revenue.

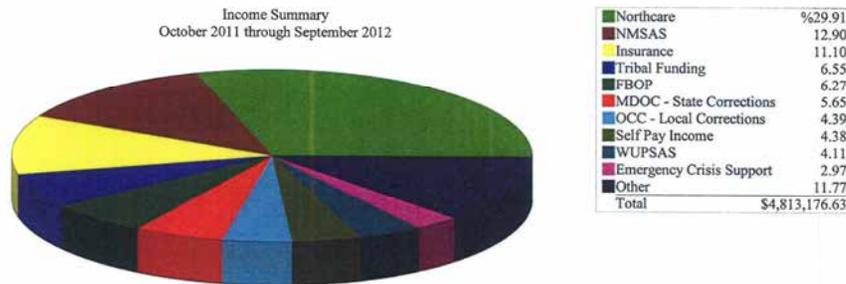
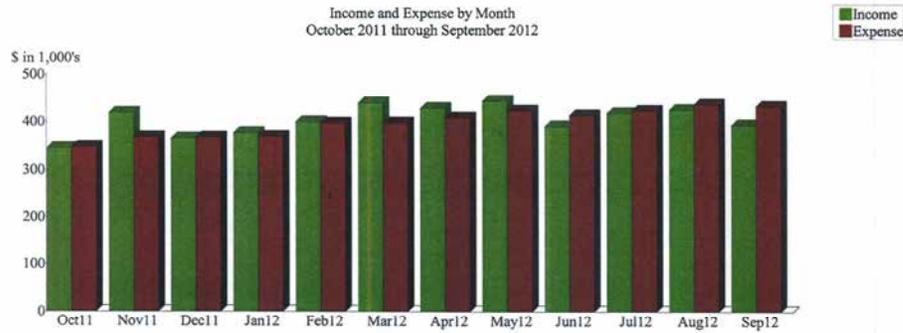
Payroll expense totals approximately 64% of our total cost and employee insurance costs comprise an additional 8% of expense. We are a service driven organization and including our staff and contracted service providers the total expense percentage is 73%. Administratively, our costs comprise approximately 16% of the total so most of our operating costs are programmatic and geared toward our client's direct care.



REVENUES / EXPENDITURES



FUNDING SOURCES



PROGRAM HIGHLIGHTS

New Hope House for Women, Sault Ste. Marie, MI

In an effort to increase client's recovery supports participation in the treatment program, we sent out 126 surveys to families and support individuals of which 98 surveys were returned. The following areas were addressed: housing, transportation, trust, legal problems, relationships, finances, mental health, physical health and substance abuse/relapse problems.

During the last fiscal year, our staff and clients participated in community outreach through the Community Cares Connection, where the clients ran the clothing store for the United Way and staff operated an informational booth. The Women's House joined forces with the Men's House and Drop-In Center to participate in community clean-up day where together we collected over 70 bags of trash from the stretch of I-75 between 3 Mile Road and Easterday Ave. A fund raiser for the Duck Lake Fire Efforts was held, raising \$350.00 to donate towards needed items for the fire fighters and residents of the area. In conjunction with the Downtown Development Authority, the women planted all the flowers and plants in the flower beds on the I-75 Business Spur and many of the flower boxes in the downtown area along Ashmun St. We had 145 out of 177 clients participate in community service with a total of 2104 community service hours worked in the Chippewa County area.

New Hope House for Men, Sault Ste Marie, MI

With the help of eager interns, we were able to increase the rate of return for our client satisfaction surveys during the 2011-2012 fiscal year. Additionally, we were able to grow additional support for our annual golf challenge from other GLRC offices.

Also, facility improvements were made more regularly and on schedule with the help of our newly hired maintenance person.

Youth Services, Marquette, MI

The Recreation Therapy program has been a significant and popular part of our youth services program. Designated recreational activities take place four times per week under the supervision of our Recreational Therapist. The activities provide variety to the client's program and teach important life lessons such as dressing appropriately for the activity and staying properly hydrated for the activities.

During the fiscal year, we have seen an increase of client referrals from outside of the Upper Peninsula for our Youth Services program. Downstate referrals increased from 26% last fiscal year to 49% this fiscal year. Wisconsin referrals increased from 2% last fiscal year to 6% this fiscal year. This can be attributed to increased communication to our referral sources regarding upcoming bed availability.

Adult Residential Services, Marquette, MI

We have continued our record of exceeding standards established by funding and governing entities. We received an exceptional rating for both the FBOP audit and CARF review.

Through the generous donation of others the adult residential facility received new treatment materials, linens, medical supplies and a Wii Fitness system for client use during their stay.

A contract has also been established with Blue Cross/Blue Shield and so far ARS has seen five additional clients because of this contract. We look forward to serving more clients through this contract.

Additionally, our OCC retention rate has increased from 80% to 90%

Central-West Outpatient Services, Ishpeming, Marquette, Escanaba, Menominee, Munising, Ironwood, Iron Mountain

During the past fiscal year, co-occurring services have been expanded to our Ishpeming office. More clients have joined gender specific therapy groups by offering co-occurring services. We are looking to expand co-occurring services to Ironwood and Iron Mountain in the upcoming year.

Outpatient services continue to offer a variety of programming which include Women and Family Services, Adolescent Services and Veterans Services to name a few.

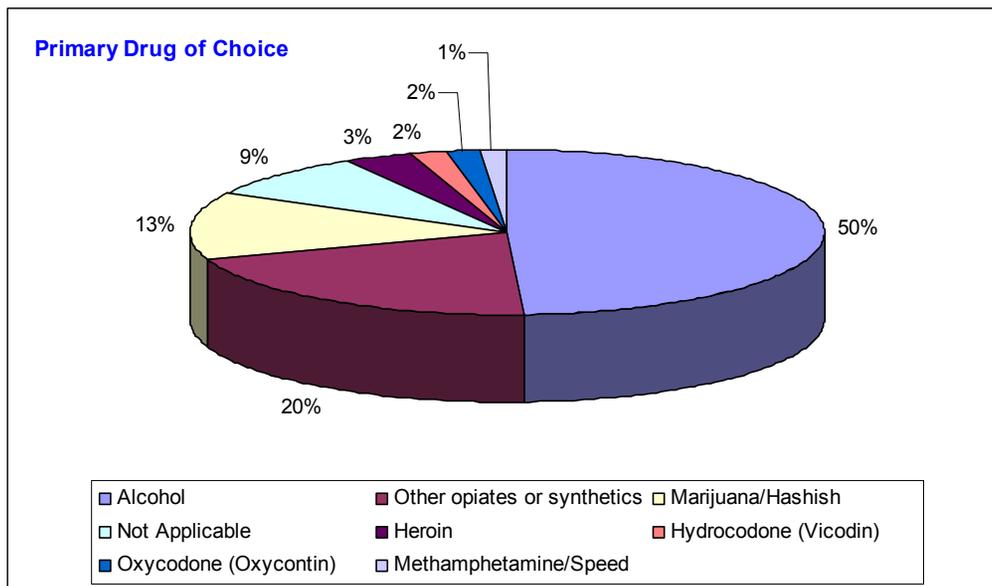
East End Outpatient Services, Sault Ste. Marie, Manistique, Newberry, St. Ignace.

During the past fiscal year, the Manistique outpatient office changed locations and the Newberry outpatient office underwent management and clinical staff changes.

Additionally, a peer support person was hired and trained to be able to offer peer support services in our Newberry office.



PRIMARY DRUG OF CHOICE



Race

White	83.30%
American Indian (other than Alaska Native)	10.50%
Two or More Races	1.00%
Black or African American	0.90%
Other Single Race	0.30%
Asian	0.20%
Native Hawaiian or Other Pacific Islander	0.10%

Gender

Female	40.50%
Male	59.50%

NUMBER OF CLIENTS SERVED—RESIDENTIAL SERVICES

Facility	Number of Clients	Average Length of Stay
Adult Residential Services-Marquette	308	34 days
Men’s New Hope House-Sault Ste. Marie	89	33 days
Women’s New Hope House-Sault Ste. Marie	158	35 days
Youth Services-Marquette	66	55 days

TOTAL RESIDENTIAL CLIENTS SERVED: 621

*My experience at
Great Lakes
Recovery Centers
was life changing!*

SUCCESSFUL COMPLETION STATISTICS

Adult Residential Services	190
Men’s New Hope House	47
Women’s New Hope House	62
Youth Residential	23
TOTAL	322

NUMBER OF CLIENTS SERVED—OUTPATIENT SERVICES:

Facility	Substance Abuse	Mental Health	Co-Occurring	Assessment Only	Total Served
Escanaba	56	3	9	16	84
Iron Mountain	82	0	80	40	202
Ironwood	62	3	42	29	136
Ishpeming	104	208	86	109	507
Manistique	38	4	72	15	129
Marquette	230	78	222	92	622
Menominee	55	0	6	24	85
Munising	21	0	26	11	58
Newberry	22	0	9	12	43
Sault Ste. Marie	107	1	90	86	283
St. Ignace	14	0	7	5	26
Intensive Maintenance Program-(Youth)	2	0	4	1	7

TOTAL OUTPATIENT CLIENTS SERVED: 2172

I liked how nice the people are here. Everyone was very friendly and helpful to me during a stressful time in my life.

MICHIGAN PRISONER RE-ENTRY INITIATIVE

Gary Matheny, Supervisor

Great Lakes Recovery Centers, Inc. has been involved with implementing the state wide Prisoner Reentry process in the Upper Peninsula since its inception in November of 2007, then known as Michigan Prisoner Reentry. Public Safety, Creating Safer Neighborhoods and Better Citizens by assuring that returning Prisoners receive the help and opportunities to become self-supporting, productive members of society.



In fiscal year 2012 (10/01/11 – 9/30/12), Great Lakes Recovery Centers In-Reach Specialist, Bob Swanson, and Resource Specialists, Gary Matheny, Darrell Dixon, and Jenny Sides provided vital services to 93 Prisoner Reentry Parolees across eight Upper Peninsula Counties, (Chippewa, Mackinac, Luce, Alger, Marquette, Schoolcraft, Delta and Menomonee. Of the 93 Prisoner Reentry Parolees served, 12 have completed their terms of parole and were discharged from supervision, while 2 were returned to prison for parole violations, or new crimes.

In Moving forward with Prisoner Reentry, MDOC continues to trim and fine tuned the reentry program in conjunction with MDOC prison system shifting some of the funding and programming to front end services within the prison allowing for training in job search, education, housing and other life's skills prior to the parolee being released, rather than after. This should better prepare the individual for reintegration back into society. Once released from prison, the parolee will work with Prisoner Reentry Resource Specialists who can offer assistive services under four categories:

Residential Stability: Assist with temporary housing, housing supplies and finding permanent affordable housing solutions.

Health/Behavioral Health: Assistance with emergency medical, mental health services referral, including assessment and counseling, limited medications, prescription and psychotropic, cognitive behavioral programming including groups and Batterers Intervention programming.

Social Support: Clothing assistance, food/hygiene, Identification, Public and private transportation, mentoring and family counseling.

Employment readiness: Temporary Work Experience, where they can gain work experience / history, basic job skills and employment reference.

Supportive Services: Special training for work related items, work related clothing, boots and limited tools.

The MDOC has been challenged to work with limited budgets and charged with stretching dollars as far as is safely possible, but have not lost sight of their main Goal of keeping our neighborhoods safe by addressing the needs of returning former prisoners with navigating public programs and Prisoner Reentry resources to aid in gaining the tools necessary to find employment and become self sufficient, contributing community members.

Great Lakes Recovery Centers, Inc. takes pride in continuing to be a major part of an ambitious, nationally recognized commitment to public safety that gives prisoners the tools they need to succeed in a process that begins when they enter prison and continues through parole and reintegration back into the community.

REENTRY ROUNDTABLE

www.michigan.gov/corrections

This article was submitted by David Murray, the Prisoner Reentry Community Coordinator in the Upper Peninsula

"It all started with my attempt to purchase a \$15 vacuum cleaner for a parolee," is how Darrell Dixon, a Prisoner Reentry resource specialist with Great Lakes Recovery Centers covering three counties in the Upper Peninsula described a unique partnership with St. Vincent de Paul in Escanaba. That first attempt to help a parolee with cleaning his apartment backfired; the vacuum cleaner was rejected as a disallowed cost.

But, it opened the door to another vacuum: how to provide furnishings and necessary household accessories without spending large amounts of taxpayer dollars and in a way that the reentry program wasn't buying items for parolees. Mr. Dixon, or locally known as "Double D," along with Mr. Terry Saunders, the warehouse manager at St. Vincent, found a way to fill the void.

"I worked with Terry to develop a system where we arranged for furniture I received to be stored and tracked at their warehouse, and then I developed a contract with the parolee that when he or she is either off parole, moved out or gone back to jail, I get the furniture back and we use it for the next guy," Mr. Dixon, a retired State Police Trooper, described.

To get furniture, Mr. Dixon went to service clubs like Kiwanis, Rotary and Chambers of Commerce and talked about what he was doing with prisoner reentry and what he needed for his "clients." He then visited landlords and made an offer.



"I asked them that when someone moves out or leaves in the middle of the night and they leave their furniture behind, if I can have first picks before the landlord either throws it away or sells it or sends it to St. Vincent's," Mr. Dixon said. Mr. Dixon then goes to the abandoned apartment, makes an assessment of what is usable (including beds, chairs, dishes, fans, lamps... and vacuum clean-



ers!) and what he needs for his clients, packs it into a trailer and hauls it to the St. Vincent warehouse for storage. Often Mr. Dixon is assisted by Reentry parolees in hauling the furniture either from an apartment to the store, or to their apartment. He works with six landlords in the Escanaba area to help provide the furnishings.

"Terry was great in helping with identifying and accounting for the furniture I brought so it wouldn't be sold in the thrift store," Double D said.

Mr. Dixon and Mr. Saunders also share a unique relationship—they are both retired Michigan State Police Troopers. Mr. Saunders retired from the State Police force in 2005.

"I came home from deer camp one day and read in the church paper that someone needed some help," said Mr. Saunders, who also known as 'Reverend Saunders' for his work as a deacon at St. Anne's Catholic Church. "I went to St. Vincent and asked if I could help." He now sees that this is a great way for faith and government to work together to help those in need. "When these people leave their cell they have nothing," Mr. Saunders said. "Our call at St. Vincent as part of God's church is to help those who are poor and to assist those who are prisoners. We provide a few items, such as a bed, a table and chair, some other items to those who need. I keep an informal record of the items that we provide. It's a means of recycling the furnishings and minimizing the costs."

Now landlords are calling Mr. Dixon regularly and Mr. Saunders has had to ask that Double D slow down with his acquisitions. "What I suggest is the," M. Dixon said of the process. "Establish a good working relationship with the persons you are doing business with, and show how this work can be done without making more work for them. Iron out the creases and trouble shoot for any potential problems ahead of time. It is all about relationships."

PRISON SERVICES REPORT

Submitted by Robert J. Swanson, LBSW, CADC. CCSM

As the 2012 fiscal year came to a close we have had a fair year providing Phase II Substance Abuse Services in all the MDOC Correctional Facilities across the Upper Peninsula. We were able to see our way through a slow down at the beginning of the fiscal year, but were given permission to double up on cohorts for the 2nd six months.

We have been awarded a new three year (10/1/2012 – 09/30/2015) contract to continue to provide prison-based treatment at Alger, Baraga, Chipewewa (East and West), Kinross (and K-Unit), Marquette, Newberry, and Ojibway Correctional Facilities.

At the end of each cohort, inmates are asked to complete an anonymous evaluation of the program and the staff. They are asked to evaluate the value of the material presented and the effectiveness of the staff that present it. Several hundred of these surveys were randomly selected and used to compile a client satisfaction report. This report indicates that the program and clinicians were rated in the 90th percentile.

I would like to acknowledge and congratulate the clinicians, Linda Sirtola, Heidi Gibbons, Roger Auble, and James Vilgos for their hard work and dedication to work with this difficult population in a difficult environment.

Prisoners Served FY 2011/2012

	Chip East									
	Alger	Pike	Chip West	Kinross	Newberry	Baraga	Chip E Urf	K-Unit	Mqt Branch	Ojibway
11-Oct	17	0	12	0	15	14	14	18	14	14
11-Nov	0	0	0	8	0	0	0	0	0	0
11-Dec	15	0	0	0	0	0	0	0	0	14
12-Jan	14	0	14	16	0	2	8	8	15	0
12-Feb	0	0	0	12	12	0	6	0	0	0
12-Mar	0	0	1	0	0	14	0	0	7	0
12-Apr	14	8	16	7	0	1	15	17	7	0
12-May	0	8	15	5	9	14	9	0	24	14
12-Jun	11	0	0	0	0	2	3	0	0	0
12-Jul	0	0	0	9	3	0	0	8	11	27
12-Aug	0	15	10	0	4	0	11	7	14	0
12-Sep	11	0	0	0	0	0	0	0	0	0
Total	82	31	68	57	43	47	66	58	92	69

Grand Total Served 613

IT SERVICES

Past, Present, and Future of IT:

Technology, love it or hate it, has become part of our daily lives. Client care is our number one priority, operationally as an agency, we have been, and will continue to be data driven. With that being said, we have been on the cutting edge in electronic record keeping for over 15 years. We are continuing to improve on how we work our clinical database and how we can make things more efficient for ourselves internally, and for our clients served.

We have begun an internal process of not only looking at our clinical record system, but from any system or process that hasn't improved in the last few years, that could benefit from a reexamining for efficiency, or more importantly, a more technology driven efficiency.

The next year looks bright for GLRC. Some of last years highlights would be: We have replaced approximately half of our computers with greener, space saving computers. A Virtual Private Network is in early implementation so all of our offices have better connectivity to centrally shared files and resources. Newer color copiers that have much better scanning capability are slowly being rolled out.

New Logo & Website
www.greatlakesrecovery.org



If you haven't noticed, while we did a small update a few years ago to our long standing logo, we have decided to completely redesign our logo. With a small group internally, it took many iterations and assistance from La Dolce Video and Design on this project.

We have also recently updated our public website. With backend design and support from IT, the Marketing Department is now taking the lead on continuing to provide up to date content on the website, embracing social media, and being the driving force on being more consistent on how we market ourselves.

BEST PRACTICE IN-SERVICE TRAININGS

During the past year GLRC worked with its management team and staff on several key training initiatives. We were able to have staff members attend sponsored trainings from MDCH and the Northcare Network surrounding such best practice initiatives including the Seeking Safety Model, Dialectical Behavioral Therapy, Trauma Informed Care, Integrated Care approaches, Motivational Interviewing and Stages of Change, and the Process of Change. These best practice approaches helps GLRC staff provide the best possible care for our clientele as well as helping staff members and managers better understand the human growth and change process. Below, GLRC staff members take part in sessions from BDD Training Consultants.



COMMUNITY AWARENESS & EVENTS

Great Lakes Recovery Centers continues to raise public awareness surrounding addiction and behavioral health issues by coordinating and/or participating in a variety of community activities throughout the year. Staff and clients have several opportunities to “give back” to the community by volunteering, fund raising, community service and service learning projects. Some highlights from this fiscal year include:

- Tree Planting at Adult Residential Services, Marquette
- 5th Annual Golf Challenge
- 5th Annual Great Lakes Race
- Annual Out of the Darkness Suicide Prevention Walk
- Adopt a Road—Men’s New Hope House, Sault Ste. Marie
- Car Wash & Flower Planting—Women’s New Hope House, Sault Ste. Marie



GLRC FOUNDATION

The Great Lakes Recovery Centers Foundation’s mission is to develop resources and create partnerships that will empower people to improve their lives through recovery. Established in 2011 as a component of Great Lakes Recovery Centers, Inc., the GLRC Foundation is responsible for marketing, raising funds and writing grants that support, enhance and expand GLRC mental health and substance abuse treatment and prevention services in Michigan’s Upper Peninsula. In May of 2012, Andrew Chosa, who started his career with GLRC as a volunteer, graduated from Northern Michigan University’s Master of Business Administration program and became the full-time GLRC Foundation Coordinator.



Jim Haveman donates to GLRC Foundation
Pictured: Andy Chosa, GLRC Foundation
Coordinator, Greg Toutant, GLRC CEO and
Jim Haveman

A big thanks goes out to our donors and supporters in the community, as well as the Foundation Committee which consists of three members of the GLRC Board of Directors as well as Danny Dawidowski, VP of Range Bank, Michael Barbieri, owner of the Villa Capri Restaurant in Marquette and Professor Henry Belfanz, Marketing Instructor at the Northern Michigan University College of Business.

As many GLRC clients identify as having Native American heritage, the Foundation made it a priority to establish relationships with the tribes in the UP. This effort has resulted in several thousand dollars in grants to GLRC programs in Marquette from the Keweenaw Bay Indian Community in Baraga, MI. Although the other tribes have not yet funded any of our proposals, we are confident that our persistence will pay off in the form of support for GLRC clients and programs in other UP communities.

Two other key groups were addressed by the GLRC Foundation in 2012. They are: Community Foundations and Community Groups. Although, out of over a dozen proposals, only a few were funded, we have learned a lot about the priorities of the communities in which GLRC operates and those communities have learned a lot about GLRC.

In the coming year, the Foundation will focus on continuing to raise the profile of GLRC in the communities in which we operate by giving talks to community groups, church groups and large employers and by taking part in community events such as the Holiday Parade in Marquette. 2012-2013 will see the development and implementation of online donation functionality on the website, an active social media presence and a toll-free number where potential clients will be able to reach a live operator during business hours to more easily enter the GLRC treatment system.

Treatment works. People recover. You can help.

We’re here for you. Treatment

Administrative Office
2012 Rublein Street, Ste. A
Marquette, MI 49855
Phone: (906) 228-9699
Fax: (906) 228-0505
www.greatlakesrecovery.org

Residential Locations:

- Marquette-Adolescents 12-17 (Co-Ed)
- Marquette-Adults (Co-Ed)
- Sault Ste. Marie-Adult Women & Infants
- Sault Ste. Marie-Adult Men

Outpatient Services:

- | | |
|------------------|----------------|
| Escanaba | (906) 789-3528 |
| Iron Mountain | (906) 774-2561 |
| Ironwood | (906) 932-3481 |
| Ishpeming | (906) 485-2347 |
| Manistique | (906) 341-2244 |
| Marquette | (906) 228-6545 |
| Menominee | (906) 863-4153 |
| Munising | (906) 387-3626 |
| Newberry | (906) 293-1622 |
| Sault Ste. Marie | (906) 632-9809 |
| St. Ignace | (906) 643-0944 |

