

Great Lakes Recovery Centers

BEHAVIORAL HEALTH SERVICES

Celebrating Many Paths to Recovery

Annual Report 2013-2014



ABOUT US



*Our mission is to **empower** recovery through **hope and change**.*

Great Lakes Recovery Centers Inc. (GLRC) is a non-profit agency that provides services for both mental health and substance abuse. GLRC has been in existence since 1983, and currently provides services to twelve communities across Michigan's Upper Peninsula. We provide both residential and outpatient services, and are one of the few providers that offer residential treatment specific to adolescents.

No two paths to recovery are the same; we hope to assist our clients find their unique path.

WE VALUE...

Caring, respect and **empathy** for all persons.

A commitment to our client's **recovery**.

A **strength** based environment for ourselves and our clients.

The process of **growth** for our clients and ourselves.

Dependable **trust**-based relationships.

Service to our communities.

The quality of life through **relationships**.

A strong and dependable **work ethic**.

Our mission to **empower** recovery through hope and change.

BOARD OF DIRECTORS

Officers

Ray Amtmann, President
Rob Jamros, Vice President
Pete Meyer, Treasurer
Richard Graybill, Secretary

Trustees

Frank Bailey
Melody Beres
Andy Griffin
Jacki Lykins
Mylynn Trulock

Danny Dawidowski
Jenny Sides
Hank Steede
Jim Divine
Larry Ziomkowski

CELEBRATING MANY PATHS TO RECOVERY

Greg Toutant, Chief Executive Officer



*Our ability to provide **multiple pathways to recovery** is a platform that can help guide our service model and agency to **reach as many people in need of help as possible.***

I think the hallmark of our agency continues to be the diversification of our treatment system, as it has not only led to our survival, but our continued transformation for the past two decades. It is with that spirit of ongoing transformation that we look at how our services offer many pathways to recovery. A pathway to recovery might be through one of our more traditional clinics or residential centers, other pathways might be through prevention, crisis screenings or legal referral. Additionally, other pathways to recovery might be through prison re-entry, primary health care, workforce development, or one of our many experiential types of therapy (art, recreation, or trauma resolution). Our ability to provide multiple pathways to recovery is a platform that can help guide our service model and agency to reach as many people in need of help as possible.

The 2014 year was a time of significant change and ongoing transformation for GLRC. As our origins of our agency trace back to the early 1970's, we have not seen a more significant year of change on many levels.

- We undertook our largest facility and physical plant changes; we used USDA funding to purchase two facilities from Bell Hospital, while making significant infrastructure enhancements to our existing residential programs in Marquette and Sault Ste. Marie.
- We relocated our Administrative office and Youth Residential program to new locations to better the quality of our services and working conditions.
- We acquired the former Bell Hospital property through a major donation to the agency.
- Year two of the development of the GLRC Foundation was a successful one, culminating in our partnership with the Superior Health Foundation with funds set aside for the development of a Social detox program development in Marquette.
- Expanded Medicaid came into development in the state, providing increased funding for

many people who normally would not have access to healthcare.

- The Coordinating Agency system in the state dissolved via legislative order after nearly 40 years of providing the core funding for substance abuse treatment services.
- New insurance exchanges came into effect in Michigan offering access to care and benefits for many.

No matter the change that we embark upon, what continues to bind us together is our mission. We chose this year to take some of the largest steps we have ever taken as an agency. Our mission was the guiding principle. In order to make a difference in the lives of our clients for many years to come, we chose to invest in our mission and services. An investment in our staff, facilities, curriculum, and services. All of this designed to provide as many pathways to recovery as possible for our clients and communities we serve.

BOARD PRESIDENT LETTER

Ray Amtmann, Board President



*...this has been an **extraordinary year.***

In the 18 or so years I have been on the GLRC Board, I have been looking for a description of normal year. For certain, 2014 was not a normal year. It was an extraordinary year. It is hard to imagine how many positive factors have converged on GLRC in this last year. It is a great credit to our entire GLRC workforce. Here are some things I think we should all be extremely proud of and reflect on as we move into 2015.

We brought online our new Youth Residential Center. I believe we now operate the premier youth residential program in the state of Michigan. We combine top-notch personnel with a superb facility; it does not get any better than that. As the New Year dawned, we were approved for our newest social detox facility on Wright Street in the former youth residential spaces. We have also made some significant improvement in our Sault Ste. Marie facilities. While these new opportunities need to be recognized, it is critical to realize that our other programs continue to function at an extremely high level and serve our clients in a superior manner. We continue to create and look at ways to increase those abilities.

The GLRC Foundation has been very successful this last year in finding grants and other funding streams to provide new funding opportunities to develop facilities and programs throughout the GLRC organization. GLRC stretches from Ironwood to the Sault, and as we each work in our own office or clinic it is sometimes hard to realize how much is happening in our organization throughout the entire Upper Peninsula. The name recognition and financial reward we gained through our partnership with the Superior Health Foundation in their Annual Gala were a great reflection of our Foundation's efforts. For many years, substance abuse agencies seemed to operate in the shadows quietly serving

their clients. Now, as the world of healthcare is continuing to change, the GLRC has developed into a true behavioral health and substance abuse organization. We have now become a truly integral part of the larger healthcare arena with recognition of the important role we play every day in the lives of our communities. That is something we all should be very proud of.

As I said at the beginning of this letter, this has been an extraordinary year, and it takes extraordinary people to have an extraordinary year. So I congratulate you all; and at the same time challenge you to have another extraordinary year to continue supporting our clients in the clearly superior way you have demonstrated.



Woodland Youth Residential Center

FINANCIAL REPORT

Greg Perttula, Chief Financial Officer



*Our thanks goes out to our staff and their **commitment to quality and caring service** and our various funding agencies who work with us daily to assist in meeting our mission.*

GLRC ended fiscal year ending September 30, 2014 with an operating deficit of approximately \$26,000. It was a transitional year, due to changes with the Affordable Care Act, expanded Medicaid, and the State's anticipated elimination of the coordinating agencies leading to the implementation of the State PIHPs tasked with allocating and managing State Block Funding. Overall revenue declined approximately 10% from the prior year. Coordinating Agency funding decreased 14%, Federal funding for prisons dropped 45% while Veterans funding increased 11%. Michigan Corrections revenue decreased 9%, DHS revenue decreased 60%, while local court revenue declined 38%. GLRC's expansion into the insurance business was a bright spot with an increase over the prior year of 62%. The vast majority of this increase was realized in our residential treatment programs with an increase in gross revenue of \$323,000.

Over the past fiscal year, GLRC received approximately 35% of our revenue through the Northcare Coordinating Agency. Similar coordinating agencies, such as Northern Michigan Substance Abuse Services provided 6% and the

Western UP Substance Abuse Services provided 5% of our revenue. Our insurance funded clients have provided 20% of total revenue, up from 11% in our previous year, while continuing to work with the tribal community has provided 7% of revenue. Total corrections related services provided 15% of the total. The GLRC Foundation continues to improve providing 2.6% of revenue through various large and small grant requests.

Payroll and related expense is approximately 72% of our total cost and employee insurance costs comprise an additional 6.6% of expense. We remain a service driven organization and including our staff and contracted service providers the total expense percentage is 80%.

Administratively, our costs comprise approximately 18% of total, though some of these relate to program operations. Most of our operating costs are programmatic and geared toward our clients' direct care.

Our facility expansion and improvement projects were substantially completed during the fiscal year. Using the USDA Rural Development financing, we made improvements at our Administration and Ishpeming Outpatient Offices at the Tobin Building in Ishpeming, the Youth building in Negaunee, Adult Residential Services in Marquette, and Residential Services in Sault Ste.

Marie. Equipment purchases and phone and information technology improvements were made Agency wide, and we currently are working to improve the former Youth building in Marquette to expand our service capabilities for our clients and community. Total dollars spent for these projects was approximately \$714,000.

Our budgetary reporting systems have been designed to provide management and program supervisors the information needed to monitor revenue and costs to evaluate where focus is needed to improve operations through the use of budget metrics on revenue, staffing, and operational costs. We are working to improve our billing and client accounting system which is driven through our existing client records system provider. The goal is to eliminate manual charge tracking and capture lost charges, further improving our operations. We are also evaluating other systems to see if they meet the needs of our counselors and finance operations.

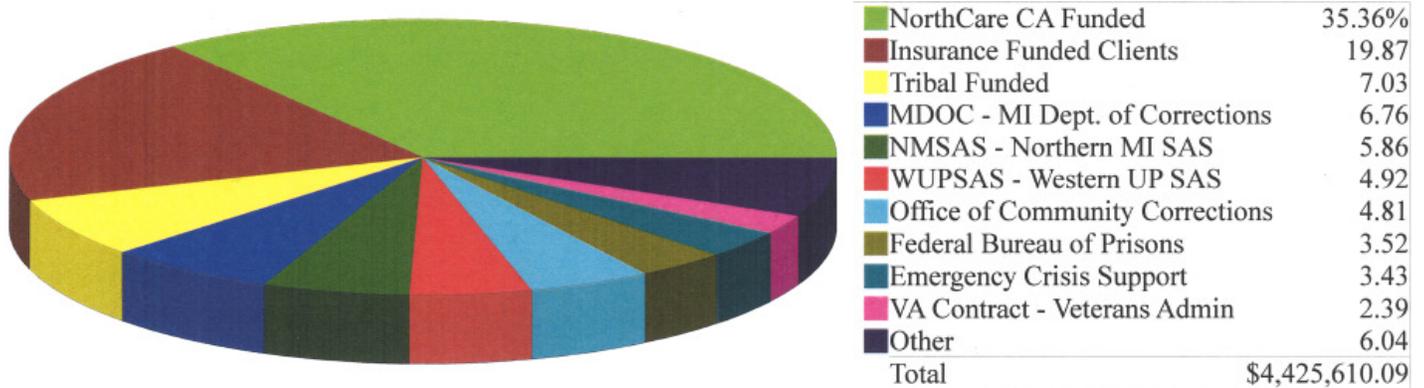
As future challenges continue throughout the industry, GLRC will adjust as necessary our operations to maintain a high level of client performance. Our thanks goes out to our staff and their commitment to quality and caring service and our various funding agencies who work with us daily to assist in meeting our mission.

REVENUES

The \$332,414 decrease in overall services revenue can be attributed to the 23% decrease in outpatient services provided. NorthCare remains our largest single source of revenue.

Services by Source			
Funding Source	FY 2014	FY 2013	Change
Northcare	35 %	36 %	(1)
Insurance	20	11	8
Tribal	7	6	1
MI Department of Corrections	7	7	(1)
Northern MI SAS	6	10	(4)
Western UP SAS	5	4	1
Office of Community Corrections	5	5	
Federal Bureau of Prisons	4	6	(3)
Emergency Crisis Support	3	3	
Veterans Admin Contract	2	2	
Other	6	8	(2)
	<u>100 %</u>	<u>100 %</u>	
Total Services	4,425,610	4,758,024	(332,414)

Sales Summary
October 2013 through September 2014

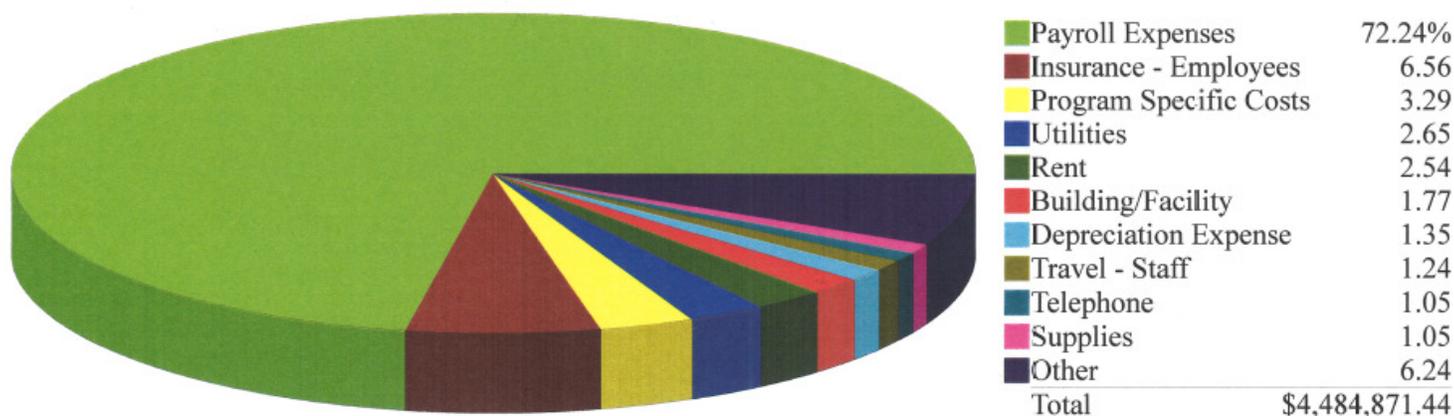


EXPENDITURES

Fiscal year 2014 saw a \$179,916 decrease in expenditures. Employee salaries and benefits remain our largest expense at 79%.

Expenses by Category			
Funding Source	FY 2014	FY 2013	Change
Payroll	72 %	70 %	2
Employee Insurance	7	8	(1)
Program Specific Costs	3	3	
Utilities	3	2	1
Rent	3	3	
Building/Facility	2	1	
Depreciation Expense	2	1	1
Staff Travel	1	1	
Computers		1	(1)
Subcontractors		1	(1)
Telephone	1		1
Supplies	1		1
Other	6	8	(2)
	<u>100 %</u>	<u>100 %</u>	
Total Expenses	4,484,871	4,664,787	(179,916)

Expense Summary
October 2013 through September 2014



CLIENTS

Residential Services

*I truly appreciate the staff and how patient they were working with me. I honestly couldn't have expected a better experience and definitely would **recommend this program to others.***

During fiscal year 2014, we saw a 2% increase in the number of residential clients served. There was an overall slight decrease in their length of stay, and in their completion of treatment. Unsuccessful treatment completions can be due to a lack of funding, clients who left against professional advice, and clients who were discharged for program violations.

Facility	Residential Clients Served					
	FY 2014			FY 2013		
	Number of Clients	Length of Stay	Treatment Completion %	Number of Clients	Length of Stay	Treatment Completion %
Adult Residential Services - Marquette	294	31 days	67	261	30 days	69
Men's New Hope House - Sault Ste. Marie	105	32 days	61	121	35 days	61
Women's New Hope House - Sault Ste. Marie	150	37 days	55	153	36 days	60
Adolescent Services Center	61	55 days	43	63	58 days	40
Total Residential Clients Served	610			598		

Despite the slightly lower treatment completion, client satisfaction remained extremely high.

	Residential Client Satisfaction	
	FY 2014	FY 2013
After receiving treatment services, clients reported that		
they liked the services they received.	99	99
the location of the services was convenient.	97	98
they had no alcohol or drug usage in the last 30 days of contact.	83	82

The demographics of our clients in treatment remained steady. 60% were men; 86% were white, while Native Americans accounted for about 11%.

	Residential Client Demographics			
	FY 2014	FY 2013	FY 2014	FY 2013
Race by %			Gender by %	
White	86	87	Men	60
Native American	11	10	Women	40
Two + races	1	1		
African American	1	1		
Other	1	1		
	<u>100</u>	<u>100</u>		<u>100</u>

CLIENTS

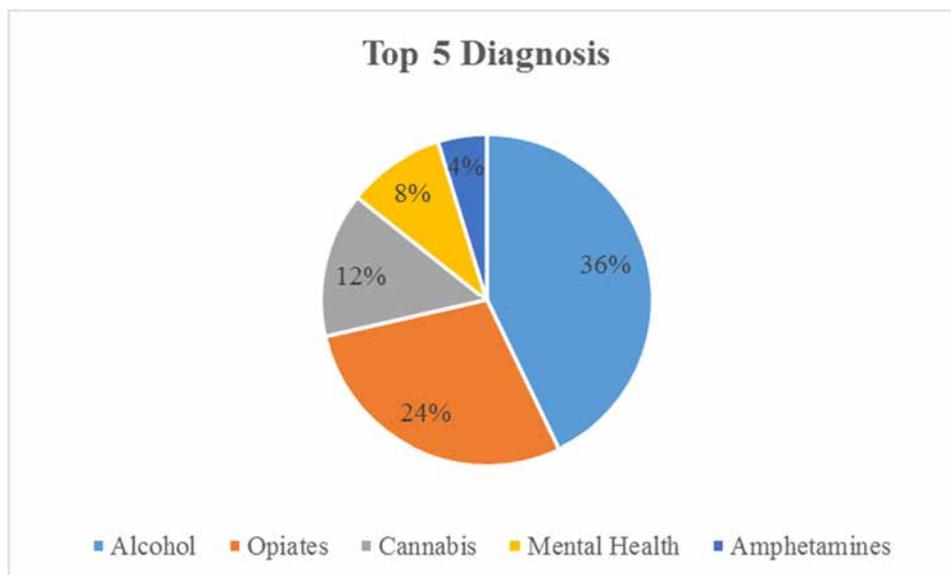
Outpatient Services

I liked how this program and staff were here to help me in any situation at any time and how they've helped me grow and develop my life positively and made me happy with my life today.

During fiscal year 2014, we saw a 23% decrease in the number of outpatient services we provided for both mental health and substance abuse.

Facility	FY 2014		FY 2013		Change	
	Substance Abuse	Mental Health	Substance Abuse	Mental Health	Substance Abuse	Mental Health
Marquette	269	51	357	94	-88	-43
Ishpeming	175	95	113	251	62	-156
Escanaba	86		77		9	
Iron Mountain	216		252		-36	
Munising	35		46		-11	
Menominee	62		76		-14	
Manistique	76	6	85	7	-9	-1
Newberry	32		33		-1	
Sault Ste. Marie	133	1	173	8	-40	-7
St. Ignace	18		38		-20	
Negaunee Youth	15		10		5	
Ironwood	24		76		-52	
Total	1141	153	1336	360	-195	-207

8% of our clients are seen for mental health reasons. The remainder of our clients are seen for an identified issue with substance abuse. The majority of our clients, 36%, report a dependence on alcohol. 24% report a dependence on opiates, which includes Codeine, Vicodin and Oxycontin. 12% report a dependence on cannabis. Only 4% report a dependence on amphetamines, which includes Meth, Adderall and Ecstasy.



CLINICAL NEWS

Bob Mellin, Deputy Director of Clinical Operations



Over the past year, there have been many new clinical developments at GLRC. Much work has been accomplished in continuing to improve our clinical services. Our aim is to offer a valuable product to our clients that help them to create positive outcomes in their lives. Our focus is on helping each individual to find the right pathway to recovery that works for them.

GLRC's clinical staff have continued to improve the treatment planning process by utilizing an individualized, client-centered approach. Clients are encouraged to actively develop personal goals and objectives that they want to address. This clearly helps with treatment commitment and motivation for the client which increases the likelihood of positive outcomes. Implementing this change has been a multi-year process but good progress was made during this calendar year.

In December of 2014, a new substance use disorder summary form was implemented in our electronic medical record. This new summary form was developed to assist clinicians in managing documentation demands as well as to be in a more user-friendly format for referral sources. This summary form was a team effort involving

*Our focus is on helping each individual to find the **right pathway to recovery that works for them.***

administrators, clinicians and IT staff. Thus far, feedback on the form has been very positive.

As a result of a grant, outpatient clinics received interactive journals from the Change Companies to use with clients. Twelve different interactive journals on various substance abuse topics were provided to clinic staff at all 11 locations. The journals are high quality and evidence-based. They will give clinicians another option for helping clients who are struggling in specific areas. The clinicians are excited about using this option.

The Marquette Outpatient Clinic implemented a new clinical model this year. The Marquette clinician team made the decision to implement a best practices model in which clients begin substance abuse treatment in a treatment readiness group. This group helps clients to develop skills to use in the remainder of their treatment while also enhancing their internal motivation and with learning basic substance abuse treatment concepts. After completing the treatment readiness group, clients move on into other specific groups depending on their needs and choices. This model is still too new in its implementation process to determine its success at this point. Future evaluations are planned.

A new clinical committee was formed this year. It is called the Clinical Improvement Committee

known as CIC. The committee is based on a total quality management theory. The idea is to have a committee in which clinical staff can make suggestions to improve our services. Clinicians from a variety of programs sit on the committee and act as representatives to bring forward opportunities for improvement and to take back information to their teams. The CIC focuses on creating efficiencies that improve our client's experiences with our services.

The committee worked on improving the client transfer process between programs with some success. The committee also worked on improving the treatment planning process from the client's perspective. Progress was also made on creating efficiencies in our electronic medical record. Representatives from different programs shared tips with each other which proved to be helpful. Many more projects are planned for the upcoming year.

The Empowerment and Restoration Team is working on clarifying Great Lakes Recovery Center's clinical product. This leadership team is focused on describing how Great Lakes Recovery Center's services are unique. The team is still actively working on this process. It has defined the direction the agency will follow. The clinical product is focused on helping clients to find the right pathway to recovery that works for them. More progress will be made in 2015.

EMPOWERMENT AND RESTORATION TEAM

Bob Mellin

A new employee team, the EAR Team, was developed this year with the intent to accomplish several organizational goals at one time. The goals for this team were to foster new leadership, create positive agents of change, assist in the creation of an environment to support employees in the work they do with clients and to create agency values while developing a more specific clinical product. The team will exemplify the importance of a healing, strength-based environment. All GLRC employees are eligible to participate. Staff members are invited to attend meetings based on the current project being addressed by the team. Staff members can decline an invitation to participate at any time as membership is sought through attraction and commitment. As a result of this structure, the team is very flexible so it can adapt to the

...we will support our clients in finding the right path of recovery for each one as an individual.

situation required. Generally, meetings are held on a quarterly basis.

The team made good progress on its goals since its inception. The team started by focusing on developing leadership skills in its members. Speakers were brought in to teach leadership skills and concepts. The focus also included training on being a positive change agent with the intent that employees would use these skills to improve the programs in which they work. The team was able to rewrite the GLRC vision and mission statements. Agency values were identified,

thoroughly discussed and documented. The final task completed by the team this year was to identify the direction the GLRC clinical product would go. The team decided to promote the concept that we will support our clients in finding the right path of recovery for each one as an individual. There is still work to accomplish in this area, but the direction has been chosen. The team will continue to promote leadership, employee empowerment and restoration as well as to continue working on better defining the GLRC clinical product in 2015.

PRISONER SERVICES

Bob Mellin

GLRC prison-based services went through some major changes this year. A new, cutting-edge program, known as Advanced Substance Abuse Treatment (ASAT) was added to several of the prison sites this year. The ASAT program is receiving many positive comments from inmates on completion surveys and by GLRC staff who strongly believe in the program. We hope to continue this service and to increase the number of sites where it is available in the future. The Reintegration Module known as Phase II is still being offered at most of the prison sites. This year was the second of a three year contract with the Michigan Department of Corrections.

Number of Active Cohorts* by Facility

Facility	Number of Phase II Cohorts	Number of ASAT Cohorts
Alger Correctional Facility	1	0
Baraga Correctional Facility	5	1
Chippewa Correctional Facility East	6	1
Chippewa Correctional Facility West	4	0
Chippewa Correctional Facility Pike	4	0
Kinross Correctional Facility	3	0
K-Unit (KCF Level 1)	3	1
Marquette Branch Prison	5	1
Newberry Correctional Facility	3	0
Ojibway Correctional Facility	0	0
Total	34	4

*A cohort consists of 10-15 prisoners

PRISONER REENTRY SERVICES

Gary Matheny, Supervisor



[GLRC] 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.

GLRC has been involved with implementing the statewide Prisoner Reentry (PR) since its inception in November of 2007. The program assures that returning parolees have direction and access to the means necessary for successful re-integration in their communities.

This year has had many challenges and changes for Michigan Department of Corrections (MDOC), MI Works, and GLRC. In December of 2013, MI Works stepped down from PR fiduciary and GLRC took on this role, along with continuing to provide uninterrupted services for our eight Upper Peninsula Counties.

During this year, **137** parolees were enrolled, eligible, or receiving PR services in GLRC's Prisoner Reentry Services Areas across eight Upper Peninsula Counties:

<u>County</u>	<u># of Parolees</u>
Alger	0
Chippewa	37
Delta	32
Luce	0
Mackinac	5
Marquette	50
Menominee	7
Schoolcraft	6
	<hr/>
	137

Prisoner Reentry Resource Specialist provided services for parolees in the following four domains:

Residential Stability: Base Housing/Rental assistance (short term), and housing supplies.

Health/Behavioral Health: Cognitive Behavioral Programming, Group Counseling, Batterers Intervention, Mental Health Assessment and Counseling, Sex Offender Assessment and Counseling, Psychotropic Medication.

Social Support: Clothing Assistance, Food/Hygiene, Private Transportation (Gas Cards & Bicycles), Public Transportation (Bus Passes), Identification and Telephone Assistance.

Employment Readiness: Temporary Work Assistance, where they can gain work experience and history, basic job skills, references and temporary employment. Supportive Services, where there is the possibility of special training, work related clothing and limited tools and listings of employers that are known to hire paroles, along with encouragement to be motivated in the job searching process and training material related to parolee interaction with employers including interviewing skills.

Of the **137** PR parolees enrolled, **45**

successfully completed and were released from their parole. **26** were discharged from GLRC's AWARDS system, which could be due to long term time (up to a year) in county jail, returns to prison for parole violations, new crimes, referrals to long term motivation enhancement or substance abuse programming. **3** were transferred to a county outside of GLRC's service areas.

MDOC continues to face economic challenges, which trickles down to all programs under its umbrella. Budget reductions and program changes seem to be the norm, but through it all GLRC continues to seek out ways to do more with less and without losing sight of PR's main Goal of **Keeping Our Neighborhoods Safe** by addressing the needs of returning parolees with navigating public programs and available PR resources to aid in gaining the tools necessary to find employment and become self-sufficient, contributing community members.

GLRC continues to take pride in having been 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.

GLRC FOUNDATION

Andy Chosa, Foundation Coordinator



The Foundation hopes to continue our efforts in helping our neighbors, friends, and family at achieving a lifelong recovery.

The GLRC Foundation is responsible for marketing, raising funds to support services and writing grants that expand and enhance services.

Marketing

With the Administration moving to the Tobin building and Youth Residential Services becoming the Adolescent Services Center in Negaunee, we had a LOT of press releases and interviews. The establishment of a Call Center meant that we have just one number for confidential information and to schedule appointments at ANY of our outpatient services offices. The experience of new clients entering our system has vastly improved this year and it's MUCH easier to get the word out about GLRC.

We worked with the Marketing Department, a consulting firm with years of non-profit experience in the U.P., to help increase traffic to our website, fine tune our messaging and help us reach clients across the entire U.S. The professional photos are amazing! We also have a promotional video that will be ready for mass distribution soon.

Grants

We received our largest grant EVER from the Cliffs-Eagle Community

Foundation in the amount of \$50,000 to assist with the renovations at the Adolescent Services Center.

Other grantors include: the Ishpeming – Negaunee Rotary Club, the Marquette West Rotary Club, the Marquette Area Zonta Club, the Superior Health Foundation, the Western Marquette County Health Foundation, the Plum Creek Foundation, the Dickinson County Community Foundation, the Marquette Community Foundation, the Keweenaw Bay Indian Community, the Marquette and Alger Child Abuse and Neglect Council, the Menominee and Marinette Community Foundation, the Dead River Derby, the UPS Foundation and Pioneer Kiwanis.

Also, we officially became member agencies of every United Way region that we are eligible for when we gained the support of the Gogebic Range United Way for our Ironwood Outpatient Services office and the Dickinson County United Way for our Iron Mountain Outpatient Services office.

Strategic Partnerships

This year, the Foundation worked closely with the Superior Health Foundation, the Marquette/Alger Child Abuse and Neglect Council and was instrumental in the establishment of the Marquette County Suicide Prevention Alliance.

We were lucky to be selected to

partner with the Superior Health Foundation for their annual Gala. Throughout the year we worked with them to organize and acquire sponsorships. The event took place in early October 2014 and our portion of the proceeds amounted to over \$25,000!

The Marquette Alger Child Abuse and Neglect Council was able to provide some support for our Women and Families program, while the Foundation took an active role in helping them to accomplish their goals in 2014.

Finally, the Marquette County Health Department, UP Health Systems Marquette, Pathways, the Michigan Department of Human Services local schools, universities and others all came together to form the Marquette County Suicide Prevention Alliance. Together, we created a website and the new entity raised over \$7,500 in conjunction with the American Foundation for Suicide Prevention with the Out of the Darkness walk. With community support in the amount of \$8,600, the Marquette-SPA will become a stand-alone entity, providing resources via a website and free suicide prevention trainings around the region.

The Foundation hopes to continue our efforts in helping our neighbors, friends, and family at achieving a lifelong recovery.

IT SERVICES

David Kroll, I.T. Manager

There have been many changes over the past year. Using USDA Rural Development financing, we were able to improve our technology infrastructure across the Agency.

Voice over IP phones were installed in almost all of our facilities. This has allowed us to transfer calls across our Agency, and implement a Call Center for client screenings, intakes, and general information.

Libre Office and Office 2003 have been phased out and replaced with Office 2013 across the entire Agency.

We have also continued the rollout of our central fileserver. It has

*We hope to continue improvements that allow the Agency to **focus on our recovery mission.***

allowed us to scan between locations, instead of faxing, which is slower and lower quality. The fileserver is also a better file storage system.

Additionally, we made our portal to be fully internal. All programs access the portal via our VPN, which is unavailable outside our offices.

GLRC acquired two new building this year, which needed conduit and wiring. IT ran nearly 3 miles of cable.

We have also begun trying the AWARDS billing, which will tie progress notes to billable sessions; our goal is to have a true client accounting system for this fiscal year.

We hope to continue improvements that allow the Agency to focus on our recovery mission.

CALL CENTER

Julie Salo, Call Center Supervisor



One of the newest additions to GLRC has been the Call Center. The intent was to streamline the process for people seeking services at GLRC, making it a one stop system where you could call, be screened, and scheduled for all outpatient programs. We opened our doors on

*[the Call Center will] streamline the process for people seeking services at Great Lakes, making it a one stop system...**serving the needs of all our clients***

May 19th 2014, and began scheduling substance abuse, mental health, lethality and sex offender assessments for our outpatient programs across the Upper Peninsula. We also collect the insurance information for clients looking to get into our residential facilities for Peg Strickle's verification of benefits.

We started scheduling on May 19th in Ishpeming, Iron Mountain and Ironwood; we set appointments for 36 people. In June, we added Munising, Escanaba, and Menominee. At the end

of June, we added Marquette, with our third navigator coming on board part time on June 19th. A total of 124 people were scheduled. In July, we scheduled 211 people; in August, we scheduled 194 people. In September, we moved our third navigator to full time and scheduled 230 people. The total by the end of the fiscal year was 795 people. At this time, we are staffed with a supervisor and two full time navigators, serving the needs of all of our clients.

THANK YOU

We would like to take this opportunity to thank our donors.

*On behalf of the Great Lakes Recovery Center
and our clients: **thank you.***

Special Thank You: John Jilbert

John Jilbert provided us with a very generous donation.



2014 Annual Gala

Thank you to the **Superior Health Foundation**, who supported the annual gala to raise money for social detox beds at our Adult Residential facility in Marquette.

We would also like to thank the gala champions: the **Ojibwa casinos, TruNorth, and RTI Surgical.**



Great Lakes Run for Recovery Sponsors

River Valley Bank
VAST
Casa Calabria
Woodview Village Apartments
West Ishpeming Dental Center
Northstar EAP
Marquette Downtown Development Authority
Lake Effect Entertainment
Range Bank
Macasu, Inc.
Farmer Q's Market
Tadych's Econofoods
Border Grill
Casualties
Culvers
Main St. Pizza
Superior Vitality
GFS Marketplace
Valle's Village Market
Jack's IGA
Marquette Food Co-Op
Yooper Shirts



Out of the Darkness Walk Sponsors

Bjork & Zhulkie Funeral Home
Wautier Wellness Chiropractic
Marquette General Hospital
Clark Properties
Peninsula Glass Co.
Woodview Village Apartments
Northern Veterinary Associates
UP North Lodge
West Ishpeming Dental

Great Lakes Recovery Centers

BEHAVIORAL HEALTH SERVICES



Call Center 1-855-906-GLRC (4572)

Administrative Office

97 South Fourth Street, Suite C, Ishpeming, MI 49849

Phone: (906) 228-9699 Fax: (906) 228-0505

Residential Locations

Negaunee-Adolescents	(906) 228-4692
Marquette-Adults (Co-Ed)	(906) 228-7611
Sault Ste. Marie-Women & Infants	(906) 632-2522
Sault Ste. Marie-Adult Men	(906) 635-5542

Outpatient Locations

Escanaba	(906) 789-3528
Iron Mountain	(906) 774-2561
Ironwood	(906) 364-7506
Ishpeming	(906) 485-2347
Manistique	(906) 341-2244
Marquette	(906) 228-6545
Menominee	(906) 863-4153
Munising	(906) 553-6027
Negaunee	(906) 228-4692
Newberry	(906) 293-1622
Sault Ste. Marie	(906) 632-9809
St. Ignace	(906) 643-0944