

Healing Moments

Pine Rest 2009 Annual Report



Healing Moments



All of our work must be focused on one thing – making possible, protecting and strengthening the Healing Moments that are at the heart of our work. The moments might be a turning point during an outpatient visit, where a person realizes for the first time that it is within his power to make choices that will lead him out of the despair of depression.

Perhaps the Healing Moment comes when a patient wakes up on Mulder West, with the internal voices quiet for the first time in many months as a result of the new medication. Or the Healing Moment happens during a group session in a residential program where a resident hears, for the first time in her life, some difficult feedback from her peers that convinces her that now is the time to chart a new course for her life.

As simple as these Healing Moments might be at the time they occur, they are the result of enormous labor to set the stage. They involve years of training and certification for the clinicians involved, a safe and comfortable environment that is free from distractions, complex systems to process reimbursement to keep the lights on, people getting the word out about the services, a team of individuals to prepare for accreditation – the list goes on and on.

The truth is everyone is needed to make the Healing Moments possible. All “parts of the body” are essential to extend and sustain our mission. I continue to believe that there is enormous potential for the advancement and enhancement of our work if we find new ways to solve problems together.

These Healing Moments require people from within and outside of our organization. There are intricate partnerships and support systems that help us provide our services. As we anticipate our next century of care, we are eager to continue providing Healing Moments, and appreciate your support and guidance in doing so.

A handwritten signature in black ink, appearing to read 'Mark'.

Mark C. Eastburg, Ph.D.

President & CEO



Compassion

"Giving patients options has made dramatic improvements."

Peace

"I'm learning about why I react the way I do and how to handle my anger."



Hospital Based Services

Establishing Best Practice Models Produces Many Benefits

Best practice models are being implemented and getting good results. To make changes to tried and true practice models is difficult. But change is exactly what administrators in Pine Rest's inpatient Child & Adolescent Unit decided to pursue. It's been a 3-year journey, but the results have been very positive, and fuel motivation to continue.

In 2006, the Child & Adolescent Unit staff made a decision to reduce seclusion and restraint with patients. The unit sees children from three years to 18 years of age, and in the past year treated 1,396 patients. By the end of the 2008-09 fiscal year, this initiative resulted in a 96 percent decrease in the use of seclusion and a 94 percent decrease in the use of restraint.

Seclusion and restraint was used as a last resort. When patients' tension and anger escalated to a point where nothing else worked, patients were put in seclusion and as a last resort restraint.

Many staff didn't believe it possible to provide patient care without restraint and seclusion as an option. A multi-disciplinary team from the unit – director, manager, psychiatrist, case manager, lead nurse, direct care providers and a staff educator – led and implemented the process. This team knew that to be successful, the initiative needed to include culture change, enhancements to the program and additional training for staff.

Staff received training in enhanced verbal techniques in fall 2006. The training taught staff how to improve the use of verbal de-escalation with patients. It was one of the most significant strategies in achieving the reduction of seclusion and restraint.

Another strategy was to review behavior plans with each patient more frequently so they could have a voice in their therapy. This resulted in a more patient-centered approach.

A benefit to developing this new best practice model brought more interdisciplinary teamwork. When a patient starts to escalate in negative behaviors, a team brainstorms immediate options which are then offered to the patient. "Using a person's five senses helps de-escalate a patient," says Carolyn King, M.D., Child & Adolescent Psychiatrist. "Making the person more comfortable is important; do they need to go to a different place, one that is quieter with fewer stimuli? Or is a diversion, such as offering food, enough to help them settle down? Giving patients options has made dramatic improvements."

Increasing physical activity and adding classes also proved to be an important addition to our patients' day. Decreasing quiet time patients spent in their room and increasing time outside in the courtyard or common area has been very helpful.

Patients have learned new ways to cope with turbulent emotions. They increasingly claim responsibility for their own behaviors. They learn to identify triggers and intervene before emotions become overwhelming. Meanwhile our staff has strengthened their teamwork skills and negotiating abilities.

"We all had to embrace this change," says King. "It's intuitive to resist change, so we had to challenge ourselves and conceptualize how this would improve care to our patients. We are pleased and proud of the improvements this brought to our daily patient care."

This new best practice has resulted in many healing moments on the Child & Adolescent Unit and will continue as plans for a sensory room – the first in the state – is put into place.



Staff members are able to attend a monthly session called the Schwartz Rounds where caregivers share their experiences in a safe environment.

Healing Moment Facts

1

4,873 people received care in one of our hospital units

2

A Pine Rest Foundation grant has provided funds to search out, research and implement best practices in Hospital Based Services

3

The pilot resulted in a 96% decrease in the use of seclusion and a 94% decrease in the use of restraint



Recovery

"My wife and I decided I needed serious help. I checked into the Detox unit. The doctor there specializes in addiction medicine and I was medically-monitored. Those seven days gave me the help I needed to turn the corner."

Friendship

For residents who live in our Pine Rest Christian Homes, this is their home. It's a mutual feeling for our staff. Resident Care Provider Claire has called Pine Rest her second home for 34 years.

Community & Residential Services

InterActions Opened To Provide Intensive Residential Treatment & Meet A Need

For many persons who experience mental illness, local Community Mental Health (CMH) agencies provide the resources necessary for recovery. However, there are some individuals who require additional intensive treatment that isn't available in their community. In July 2008, Pine Rest opened the InterActions Residential Treatment Center to meet that treatment challenge.

The 14,000 square foot treatment center is a 16-bed residential facility for adults with chronic and persistent mental illness including those with a co-occurring mild developmental disability and mental illness. The program utilizes an active recovery-based treatment model with a focus on understanding the illness, medication management, and community management skills.

The length of stay will depend on the needs of the individual resident. It is the expectation that all residents will learn recovery skills and reintegrate into the community.

“Our main goal is to help with the treatment process and provide the skills to reintegrate each person back into their home community,” said Corporate Director of Community and Residential Services, Al Jansen. “Our treatment plans are long-term and are based on very complex behavioral and psychiatric needs. They remain flexible enough to help each individual reach a level of recovery that allows them to return to their local communities.”

Professionals involved in the treatment process include psychiatrists, psychologists, nurses, therapists, activity therapists, social/case workers, chaplains, and residential direct care staff. Staff is onsite 24-hours-a-day, 7-days-a-week. Clients are referred to Pine Rest from CMH offices around the state.

Pine Rest partners with Developmental Enhancement in the treatment program. David Laman, Ph.D., and other Development Enhancement clinicians partner with the Pine Rest clinician treatment team to provide a “whole person approach” that provides intensive, 24-hour per day treatment.

“Our treatment model benefits both the patient, individually, and communities throughout Michigan,” says Jansen. “We offer greater treatment options and community support for adults with mental illness.”



Pine Rest offers several residential settings for adults with developmental disabilities through Pine Rest Christian Homes: adult foster care homes, supported independent living apartments, and an on-site day activity center.

Healing Moment Facts

1

Community and Residential Services received a 3-year accreditation by the Commission on Accreditation of Rehabilitation Facilities

2

Pine Rest provided 85,000 days of residential care this fiscal year

3

Pine Rest provides several unique residential services



Advocate

"I see what I do as an opportunity to walk with people who may come to see me and are struggling. As a clinician, I can, in a safe environment, offer nurturance, compassion, guidance, support, and a helpful perspective that others often can't provide."



Patience

"Where do I begin? I am a whole new person. I have learned to accept things as they are, more often than not. I have learned to ask for help, and that it's okay to ask."

Professional Practice Group

Making Good Choices

For most of us, the way we solve our problems today has a lot to do with “what worked” at another time in life. As our situations and responsibilities change, we find that what once worked isn’t really helpful anymore. For some in the community, that loss of consistency can be critical, even deadly.

The solution? Dialectical Behavioral Therapy (DBT), an intensive outpatient treatment program offered by the Pine Rest outpatient Professional Practice Group.

DBT helps clients master the skills necessary to handle the business of life effectively. It is a “problem-solving” focused treatment, designed to teach and support new ways of responding to the issues of life, ways that are more helpful, ways that may actually solve the problems.

Pine Rest Christian Mental Health Services, a leading provider of behavioral health services in Michigan, launched a private-sector-based Dialectical Behavior Therapy program in 2003. The primary goal was to provide evidence-based outpatient services to reduce rates of psychiatric hospital re-admissions.

The significance of DBT appears to be in that it is a demonstrated, evidence based treatment that targets a significant, high cost, high risk, portion of the mental health population. It focuses on the success of both clients and treatment providers and has been successful in helping clients with histories of chronic suicidal ideation and attempts, and patterns of self-harming behaviors and urges.

DBT has a solid research base with published evidence of its effectiveness; Pine Rest recently completed and published the results of its own 5-year research study.

The Pine Rest study showed that clients completing the full year of intensive, active treatment, followed by at least one year of maintenance individual therapy, were successful in maintaining treatment gains and all but eliminating use of psychiatric hospitalization as a coping and safety strategy.

DBT, in the model described in this study, is shown to have a significantly positive result in reducing recurrent psychiatric hospitalization for study participants. The rate of full program completion has increased on a consistent basis as the program has matured.

When clients maintain treatment gains over time, the costs to the health care system are dramatically decreased. One year of DBT intensive outpatient treatment is comparable in cost to one 7-day psychiatric hospital admission. After the intensive treatment year, gains can generally be maintained with individual therapy alone on an outpatient basis.

Additionally, when clients receive intensive treatment on an outpatient, rather than an inpatient basis, they are more able to maintain employment and work toward educational and family goals, which benefits the individual and the community.

DBT assumes that all behaviors are choices and these choices have the function of solving problems in our lives. For one client, the powerful healing moment came with realization that “I feel more in control of my life instead of life just happening to me.”



A Pine Rest Foundation grant supports an outcome evaluation tool called Total Outcomes Package (TOP) which assesses the impact of care provided to the patient.

Healing Moment Facts

1

The Pine Rest Professional Practice Group (PPG) delivers services through 21 locations in greater Grand Rapids, Muskegon, Grand Haven, Holland, Zeeland, Kalamazoo, Traverse City and Iowa

2

Annual clinic visits to PPG are 210,647

3

Participants in Dialectical Behavior Therapy had a dramatic decline in suicide attempts



Despair

"I was a mess. My business had failed and I was being sued. I was at the end of my rope. I needed help with my addiction and found it through my Christian therapist."

Joy

"I was amazed at all the services Pine Rest has. I was admitted to the hospital, then went through the partial hospitalization program. After that I returned to my regular therapist at the Northwest Clinic."

Pine Rest Foundation

Grant Monies Create Healing Moments In Big & Small Ways

The Pine Rest Foundation uses an annual grant process to distribute the funds raised to Pine Rest programs and services. In the 2009 fiscal year, \$983,431 was distributed.

“The Foundation Board Grant Committee recently shifted its philosophy to helping programs that are new and need seed monies to get the program started,” says Randall Johnson, Executive Director, Pine Rest Foundation. “By providing significant start-up funds, we are able to support important initiatives for Pine Rest.”

One example of that is financial support to research; \$132,000 was distributed through three separate grants. One grant is researching models of care within Hospital Based Services, one grant involves three studies regarding schizophrenia, and the last is a study about pharmacogenetics.

Pharmacogenetics (PGx) utilizes genetic testing to guide medication selection and dosing for each individual patient taking into consideration their own, unique genetic make-up. This is a first step in the development of “personalized” medicine. Genetic tests can detect gene variants linked to drug tolerability and effectiveness.

A clinical trial will determine if genetic testing information can be used to prescribe safer or more effective medications for the treatment of depression. Our genes may provide important information about why some medications can be effective and well-tolerated in some people, yet fail or cause intolerable side effects in others.

“Only 28 percent of patients with depression achieve remission of their depressive symptoms with the first drug prescribed,” says Kevin Furmaga, PharmD, BCPP, clinical psychopharmacology specialist and trial principal. “Oftentimes patients need to try multiple medications to find the right one. In the meantime, the person continues to suffer with their depressive symptoms.”

“Our assumption is that genetic testing and the interpretive report for each patient will improve the likelihood that the first medication prescribed is the right medication with regard to effectiveness and tolerability.”

Besides funding from the Pine Rest Foundation, the research is receiving financial support through a laboratory partnership with Assure Rx, in Cincinnati, Ohio, which specializes in genetic testing, along with Priority Health funding. The trial will enroll 200 patients in the current fiscal year. The co-investigators are: Eric Achtyes, MD, and Louis Nykamp, MD.

Pine Rest Foundation Total Grants and Gifts for 2008 – 09

PROFESSIONAL PRACTICE GROUP	
Best Practices Training	\$40,000
Critical Incident Response Team	10,000
School Consultation/Services	30,000
Des Moines and Pella Pastors' Support Groups	2,200
Grand Rapids Pastors' Support Group	1,750
HOSPITAL BASED SERVICES	
Initiate National Models of Care for Inpatient Services	\$75,000
COMMUNITY & RESIDENTIAL SERVICES	
Spiritual Care Coordinator	\$30,000
Center for Psychiatric Residential Services Program Enhancements	49,000
RESEARCH & OTHER SERVICES	
Clinical Psychiatric Pharmacogenetics Research	\$32,081
Schizophrenia Research	25,000
Family Institute	30,000
Psychiatric Residency Program Development	50,000
Grant Acquisition and Management Team	89,000
Professional Lecture Series	10,000
PATIENT ASSISTANCE FUND	
General	\$203,400
Pine Rest Christian Homes	302,000
Iowa Clinics	4,000
TOTAL	\$983,431



The Patient Assistance Fund makes financial aid available to those who need mental health care, but do not have the ability to pay for services. Gifts from generous donors, businesses and churches help fill the gap.

Healing Moment Facts

1 The Pine Rest Foundation grants provide important support to start-up programs

2 Your support is extended to 37,825 people in West Michigan and Iowa who experienced healing through your gift

3 Gifts can be uniquely designated to a program based on a donor's wishes or to the general fund to be distributed as needed

Behavioral Health Solutions

Pine Rest Creates New Service Division

When Mercy Health Partners' (MHP) Hackley Campus was looking to contract for a behavioral health partner, the century-long reputation of Pine Rest made the decision an easy one. The September 2008 agreement led to the creation of Behavioral Health Solutions, Pine Rest's newest division.

Behavioral Health Solutions offers behavioral health expertise to organizations looking to improve clinical outcomes and financial performance of their behavioral health services or improve the outcomes of their health care services through behavioral health assistance and expertise.

"Over the years, a number of organizations have approached us for our experience, and our ability to find creative solutions to problems associated with mental health issues," said Behavioral Health Solutions Vice President Scott Wagner. "It became quite clear to us there was a tremendous opportunity to formally repackage and market our expertise on a local, statewide and even national basis."

The MHP team agrees. "We didn't have the internal expertise to manage our behavioral health in-patient unit to its fullest," said MHP Chief Nursing Officer Kim Maguire. "Pine Rest wants to be involved. With a national company, you don't always get that."

In Pine Rest's first foray into contract management, initial results have been encouraging:

- Significant financial improvement for MHP in the first year
- Recruitment of a new Medical Director and growing psychiatry coverage
- Improved access to care and referral source relationships

"We are working on identifying new models of inpatient behavioral health staff utilization and assistance to MHP medical patients with psychiatric issues that we hope can also be replicated in other settings," says Wagner.

Cooperation has been a key component in the effort. "In the past year for Community Mental Health and MHP Hackley, there has been an increased commitment to the mental health needs of the community and its partners," said Pamela Beane, LMSW, Muskegon CMH Admissions and Utilization Manager. "Our mutual consumers have benefitted from the enhanced coordination and the priority in improving care."

In addition to the new venture in Muskegon, Behavioral Health Solutions has assisted organizations in other areas of business development, including:

- Partnerships with primary and specialty medical groups to improve health outcomes
- Help inpatient medical facilities assess and respond to behavioral health needs
- Exploration of service development in postpartum depression and dementia care

Looking toward the future, Behavioral Health Solutions is planning to add new consultation and contract management contracts in FY 2009-10. More information is available at pinerest.org/bhs.



Balance

"It's taken real work, but with the help of my family and Pine Rest, I have found a good balance in my life."

Revenue and Expense Summary 2009

Revenues	June 30, 2009	June 30, 2008
Net Patient Service Revenue	\$48,550,534	\$45,656,138
Contract Services Income	17,633,206	16,577,051
Change in Foundation	(4,236,157)	(668,478)
Investment Related Income	(4,869,181)	(1,705,408)
Unrestricted Contributions	1,207,581	1,138,605
Other Revenues and Gains	3,285,491	5,316,256
Total Revenue	\$61,571,474	\$66,314,164
Expenses		
Salaries	\$43,566,434	\$40,938,067
Employee Benefits	11,052,448	8,850,043
Supplies and Other	11,564,618	12,088,355
Depreciation	2,674,557	2,314,080
Interest	552,678	621,777
Self Insurance and Malpractice	569,156	584,719
Contracted Services	1,324,804	1,201,667
Total Expense	\$71,304,695	\$66,598,708

Excess Revenue Over Expense

To Be Used for Debt Retirement and Capital Expenditures	(\$9,733,221)	(\$284,544)
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A copy of the audited financial statement is available upon request.

As you review these numbers, please note the following:

- Income from our core clinical services grew by 6.3%. This speaks to the reality that the demand and need for our services continues to grow even in this challenging economy;
- The contracted services income figure relates to those amounts reimbursed to Pine Rest for expenses incurred in relation to our joint operating agreement with Saint Mary's Health Care;
- The change in Foundation number reflects the change in value of the Pine Rest Foundation over the past year due to declines in investment holdings;
- Investment related income reflects the declines in Pine Rest's investment portfolio over the past year;
- Other revenues and gains include other non patient related revenue and donations made with restrictions where the purpose has been achieved and the restriction is now released;
- Overall expenses grew by 7% which is slightly higher than the growth of our clinical services;
- Sizable losses in FY 2009 are mostly explained by the investment losses incurred in the Foundation and Pine Rest Board Designated Fund. Operating performance has been fairly stable;
- The Excess Revenue Over Expense number refers to the reality that there are less funds available for debt retirement and capital expenditures in future years;
- Our task remains to be responsible stewards by maintaining our overall financial position as we better meet the mental health needs of the communities we serve.

GIVING BACK – A Community Benefit

Pine Rest Christian Mental Health Services is committed to providing compassionate care to the whole community. Sometimes that means providing a service simply because someone needs assistance. And services are offered to the recipient at no cost or below the market rate. As a non-profit organization, Pine Rest has a number of unique ways by which to do this. It is Pine Rest's gift to the community.

Community Benefit Category	June 30, 2009	June 30, 2008
Pine Rest Foundation & Rustic Market Grants	\$505,400	\$474,408
Patient Assistance	1,118,139	1,169,431
Caring Communities	172,093	133,220
Services Produced at a Loss		
Clinic Network (Outpatient Services)	559,040	1,108,145
Developmentally Disabled Residential Services	288,894	286,648
Other Residential Services	261,915	268,243
Addiction Residential Services	748,386	485,026
Prevention & Various Community Projects	86,176	
Bad Debts (Consumers' inability to pay)	367,961	786,140
TOTAL	\$4,108,004	\$4,711,261

Note: These numbers relate to our audited numbers

As you review these numbers, please note the following:

- Through the generosity of Pine Rest donors, \$505,400 in grant monies supported many activities that otherwise would not have been possible. These activities include a school consultation program, a professional lecture series, day programming for residents, and more;
- Many in our community struggle with anxiety, depression, dementia, or an addiction and these problems are often compounded by an inability to pay for services that could help. The Patient Assistance Fund, funded through the generosity of donors, was able to provide \$1,118,139 to qualified individuals;
- Caring Communities is an outreach ministry of Pine Rest; \$172,093 was designated to provide behavioral health services to people in urban areas unable to access services through traditional methods. This was accomplished through partnerships with more than 15 agencies;
- Five business areas provided services where revenues collected did not cover the full costs of the services. Pine Rest believes these services are critical to a healthy community and should be provided despite inadequate revenues;
- Pine Rest wrote off \$367,961 from consumers who were unable to pay for services rendered.

Healing Moments – Lives Touched

The staff personally interacted with 37,825 individuals seeking our services.

	June 30, 2009	June 30, 2008
Inpatient Admissions	4,873	4,777
Inpatient Patient Days	49,267	49,674
Partial Hospitalization Admissions	930	1,083
Partial Hospitalization Program Days	3,591	4,136
Average Length of Stay		
Inpatient	10.1 days	10.4 days
Partial Hospitalization	3.9 days	3.8 days
Residential Days of Care	86,673	88,322
Home Health Care Visits	8,407	7,688
Outpatient Visits	210,647	207,303

Grants Received To Increase Healing Moments

In the 2009 fiscal year, Pine Rest's Grant Management Team helped acquire funds totaling \$715,000. Here are some highlights:

Electronic Clinical Record

Funding was received from the federal government to purchase software for an electronic clinical record for Pine Rest outpatient and community and residential services. This system will enhance coordination of care for patients across our continuum of services.

Pharmacogenomic Research Study

Pine Rest acquired funds from AssureRx to conduct a research study. Genetic testing is used to prescribe safer or more effective medications for the treatment of depression. The Grant Team helped Principle Investigator, Kevin Furmaga, PharmD, BCPP, with the study start-up.

Relationship Skills for High School Youth

The Richard and Helen DeVos Foundation provided funds to Pine Rest to support relationship education classes to youth in every Grand Rapids Public Schools high school. These classes have proven effective in changing the knowledge, beliefs and behavior of high school youth.

Family Workshops in Bellamy Creek Correctional Facility

Pine Rest was awarded a contract to provide family and relationship workshops to prisoners at the Ionia facility who will soon be returning to the community. This helps prepare these individuals for communicating and relating to their families when they re-enter the community.

**The Pine Rest Foundation funding to the Grants Acquisition and Management team totals \$89,000. These dollars provide the base support for the department so the staff can focus on grant acquisition.*

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Pine Rest Mission

Pine Rest Christian Mental Health Services is called to express the healing ministry of Jesus Christ by providing behavioral health services with professional excellence, Christian integrity, and compassion.

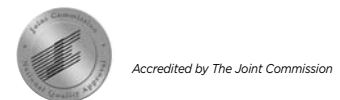
Pine Rest Vision

Guided by Mission, we promise a compassionate care experience that changes lives. We support this promise of healing through measurable outcomes and value.

Pine Rest Foundation Mission

The Pine Rest Foundation exists to provide Pine Rest Christian Mental Health Services with financial resources and community support so its ministry of love and healing in Christ's name can flourish and be enhanced.

Healing Moments



The Annual Report for Pine Rest Christian Mental Health Services is published by the Pine Rest Marketing & Communications Department.

If you would like more information about Pine Rest Christian Mental Health Services, please call us at 616/455-6500.

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