Happy New Year!! Our year started off with subzero temperatures and too much snow and ice. We will remember the week of January 6, 2014 for its dangerously low temperatures and icy road conditions. These conditions gave us an opportunity to test our disaster planning as we contacted staff and consumers to arrange critical service coverage. I am happy to report that we managed the crisis well due to the professionalism and commitment of our staff. We are deeply appreciative of their efforts and the support of the community as we worked together to ensure the safety of our consumers.

I am happy to announce that Mary O’Hare has been selected to be the Managing Director of Region #6, the Community Mental Health Partnership of Southeast Michigan (see p.5). As you may remember, Region #6 includes the Community Mental Health Service Programs of Lenawee, Livingston, Monroe and Washtenaw. It also functions as the Coordinating Agency for Substance Abuse Services in the Region. Mary has a long history of work within our affiliation. She has the knowledge, skills and energy to help us create a Region that will respond to the needs of our consumers and our communities as we meet future challenges.

One of those challenges will be the implementation of the Healthy Michigan Medicaid Expansion. New information on the benefit is coming out weekly. We are working diligently to identify consumers who will be eligible to enroll in Healthy Michigan. We are also working to become more knowledgeable about the benefits and the impact of the new program on our system. The date for the implementation is April 1, 2014. We will be keeping you up to date on the plan as details become available. Please don’t hesitate to contact Customer Services at 263.8905 if you have any questions.

We are looking forward to many positive changes for our consumers and our agency in the coming year. In addition to planning for Healthy Michigan, we are looking forward to the opening of the new Family Medical Clinic in the autumn of 2014. We are also planning to continue our work in the community with training on Motivational Interviewing, Trauma Informed Systems, Suicide Prevention and Youth Mental Health First Aid.

And, again, Happy New Year!

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LCMHA website: www.lcmha.org

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SANTA VISITS CMH

CMH celebrated the holiday season on December 17th with a visit from Santa for children, and grandchildren of staff.

Pictured left—Lucas and Ava Snyder (children of Aimee Snyder—MI Case Manager) and right—Jordan and Tyler (Grandchildren of Kathy Illenden—DD Case Manager).
Children’s Staff Present at Trauma Informed Workshop in Lansing

The Lenawee County Community Trauma training team (including DHS-Renee Gonzales, Maurice Spear Campus-Shari Cryder, New Beginnings Director-Tammy Ratz; and LCMHA staff-Sarah Douglas, Michelle Hutchison and Cary Zavala) were invited to present at a statewide MDCH training November 21, 2013. Approximately 70 participants listened as our team shared information on how to build a community team and collaborating with other agencies. The team also provided information regarding the impact of trauma on the brain. Information shared included:

1) A child’s brain grows from the bottom up, starting with the most basic functions needed for survival and then getting more and more complex as the child accumulates experiences;

2) Even though a baby is born with 100 billion brain cells, the connections between these cells form over time; these connections, called neural pathways, are like the wiring in a house or highways that connect one part of the brain to the other; and,

3) Experience—especially interactions with parents or other caregivers—determines the growth and pattern of brain development, including connections that form the basis for thoughts, feelings, and behaviors. It is through relationships with caring adults that children develop the brain connections that make it possible for them to trust, regulate their own emotions, and love other people. The more an experience is repeated, the stronger the resulting brain connections become. For example, when you repeat words and phrases to a baby, you are strengthening the language connections in the brain that enable the child to understand speech.

The good news is that children and youth whose development has been derailed by trauma can learn new ways of thinking, relating, and responding emotionally. In fact, the cortex, the highest part of the brain—the part that makes us human and that is associated with reason and analysis—continues to develop throughout adolescence and adulthood.

By providing new, positive experiences and examples, we can help traumatized children and adolescents build new brain pathways.

The process of unlearning and rebuilding will take time—and patience—but we should always remember that there is hope and the potential for change.

Congratulations on an exceptional and informative presentation—Sarah, Michelle and Cary!

Beth Deo
Children’s Dept. Supervisor

Goodwill Honors Employees

Congratulations to Goodwill employees—Lesley Kellk and Denise Stutzman who received the January Recognition of Excellence Award for their commitment and independence (among many other valuable traits). These ladies consistently show kindness and helpfulness toward their coworkers.
Compliance Corner

2014 Behavioral Health Care National Patient Safety Goals—the purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them:

⇒ Identify individuals served correctly. Use at least two ways to identify individuals served. For example, use the individual’s name and date of birth. This is done to make sure that each individual served gets the correct medicine and treatment.

⇒ Use medicines safely. Record and pass along correct information about an individual’s medicines. Find out what medicines the individual served is taking. Compare those medicines to new medicines given to the individual served. Make sure individual served knows which medicines to take when they are at home. Tell the individual served it is important to bring their up-to-date list of medicines every time they visit a doctor.

⇒ Prevent Infection. Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

⇒ Identify individuals served safety risks. Find out which individuals served are most likely to try to complete suicide.

The training schedule for Rights Training is published on the CMH website—www lcmha.org. It is always on the last Monday of the month in the River Raisin Room at the Human Services Building—at 1pm, however there is one morning and one evening class scheduled during the year. This class is mainly for staff who work directly with CMH consumers, and attendance is required within 90 days of hire with a refresher training every two years.

Those who are not required to attend the three hour training can schedule a smaller training/question and answer session with the Recipient Rights Officer, Katie Snay. She is available for any consumer or family group trainings and individual consultations.

Katie Snay can be reached at 517.263.8905 Ext.292.

Remember, if you are a witness to any kind of mistreatment or disrespect of a CMH consumer it is your duty to report it immediately.
A new effort to help Lenawee County Jail inmates overcome drug and alcohol problems is to begin this month.

Funding is being directed into a treatment program at the jail by the Lenawee Community Mental Health Authority. Inmates interested in taking advantage of the service are to be enrolled and begin attending weekly counseling sessions before the end of the month, said jail commander Capt. Dennis Steenrod.

Separate male and female groups will meet in the jail’s multipurpose room for treatment sessions, he said.

Programs for jail inmates historically begin slow, with participation picking up as those involved tell others about the experience, said Steenrod.

Drug and alcohol problems routinely come in pre-sentence investigation reports for people being sentenced for crimes that are not drug offenses. Many property crimes are committed by people looking for money to pay for drugs, he said.

Craig said he contacted Lenawee Community Mental Health Authority last fall. Officials at the agency said they were preparing to approach the jail administration with a proposal to bring a treatment program to inmates with funding now available through the agency.

“I was surprised at how easy it was,” Craig said.

Contracted service providers are to go through the jail to explain the program to inmates and enroll volunteers.

Craig said six to eight inmates are expected to sign up for both a male and a female group. If more inmates sign up, he said, additional groups could be funded by LCMHA.

Dennis Pelham, Daily Telegram Staff Writer

New Nurse at CMH

Melissa Larson joined the Meds Clinic staff in November. Melissa gained her RN degree from Jackson Community College in December 04.

Melissa’s journey to CMH has been interesting and varied. Graduating from Sand Creek High School, she went to Ferris State University and obtained a Horticulture Degree. She worked at Madison Fire Dept. until 2001 and for a landscaping company doing design and maintenance work before going back to school to become a nurse.

Melissa worked as a Tech. in Bixby ER for 5 years before working on the Med/Surgery floor at Toledo Hospital, she then transferred to OB and Med/Surgery at Bixby. From 2007—October 2013 Melissa worked at Dr. Adenuga’s Pediatric Office in Adrian.

Melissa’s busy life includes looking after her two young children. Her daughter Kodi is two years old, and her son Tobin is 14 months. She says that she gets help with daycare from her parents. And most of her after work activities and weekends include doing things with the kids. She loves to be outside with them whenever she can. She likes to go four-wheeling; having bonfires and hanging out with friends.

“Working at CMH so far has been great”, she said. Her pediatric background has already served her well. She likes that it is so varied, and she is utilizing all of her nursing skills. The stability and flexibility at Lenawee CMH is definitely a benefit!
The Community Mental Health Partnership of Southeast Michigan has named Mary O’Hare as the Managing Director of Region 6. Ms. O’Hare is well acquainted with the region having worked in the Affiliation for the past five years. She was most recently the PIHP Quality/Compliance and Network Management Administrator for the Washtenaw Community Health Organization where, in addition to having oversight for these program areas, she worked closely with the PIHP Board and the Executive Directors of each of the county CMHSPs. Ms. O’Hare is bringing nearly 25 years of experience working in local government and with governmental and nonprofit boards. Her experience includes consulting on strategic and business planning, executive management and board development. Ms. O’Hare received her education from the University of Michigan, Ann Arbor and has been a resident of Washtenaw County for thirty years.

We look forward to her leadership and guidance.

NEW MANAGING DIRECTOR—REGION 6

Suicide Prevention—what can I do?

According to the Center for Disease Control (CDC), suicide is the 10th leading cause of death in the United States. In 2010, there were 38,364 suicide deaths which equates to one death every 13.7 minutes. Suicides in the 45-54 age group have been increasing. This age group now has the highest rate of any age group. Suicide continues to be the 3rd leading cause of death for 15-24 year olds and the 2nd leading cause of death for 25-43 year olds.

Suicide is a tragic loss, one that is preventable! More than 90% of the people who die by suicide had depression or another diagnosable and treatable behavioral health disorder. Because there is stigma attached to mental illness, substance abuse and suicide, people often are afraid to ask for help. In prevention, it is important to educate others to recognize the warning signs of someone who is contemplating suicide and equip them with the tools to intervene.

In 2006, a group of community leaders and residents made a commitment to reduce the number of attempted and completed suicides. They identified values that still describe our community today including:

♦ As a community we value all life and feel responsible not only to protect but to instill a sense of hope in our most vulnerable citizens.
♦ This community feels a responsibility to assist individuals in discovering their value and contribution to society.

Every suicide negatively affects the well-being of our community due to the loss of valuable members.

To be successful in preventing suicide it will take a community wide effort.

We often hear “What can I do? I’m not a mental health worker...”. In addition to offering several different trainings to provide information to community members about what they can do to prevent suicide, we will feature a series in this and future Grapevines identifying the roles we all play in suicide prevention. Regardless of the role you play, everyone should become aware of the risk factors and warning signs associated with suicide.

Risk factors include:

* Prior suicide attempt(s)
* Alcohol and drug abuse
* Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
* Access to lethal means
* Significant loss, i.e., relationship, financial
* Isolating, loss of interest in regular activities

The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If you or someone you know exhibits any of these signs, get help as soon as possible by calling:

LCMHA: 1.517.263.8905 or 1.800.664.5005

National Lifeline: 1.800.273.TALK (8255)

Keep a copy of the Risk Factors and Warning signs. These will be referenced in future Grapevine articles. For more information about training tailored to your group or organizations call LCMHA Customer Services at 517.263.8905.
Iron Man

An Ironman (IM) consists of a 2.4 mile swim followed by a 112 mile bike, then a full marathon (26.2 miles). I finished the total distance in 14 hours and 8 minutes. People ask, “Wow, what was it like?” I usually just smile, and say, “it was a long day.” I struggle summing up the event. How do you describe a 14 hour race? Tack on I truly can’t comprehend what I did, and honestly, the harder part was training for the distance.

Add to the mix I’m bipolar. It’s not something I focus on or let limit me, but it does loom over me, and my training. I absolutely NEED to work-out. I consider it part of my prescription drug program, and the cheapest form of “therapy” I can find.

I get work-outs weekly from a coach, and every day I do what is “prescribed.” Doing a swim, bike or run daily (or often a double work-out) gives me several benefits: a sense of accomplishment as I build toward a goal, a “mental high,” confidence and swagger, fit body, and outlet for my anxiety, paranoia, i.e. my “mental health issues.”

Truthfully, my fitness and working out is the bedrock of my mental health. I embrace living in the “now” and not looking ahead - you aren’t doing an Ironman TODAY. You are doing a work-out that will help you to DO an Ironman. If you follow the plan, you WILL get there (much like life). Why worry about something you can’t control and that isn’t a worry for the current moment. Each work-out you do is a step up the ladder AND will build you up to be stronger overall - physically and mentally.

That is not to say I haven’t failed. If I miss a work-out, that can easily multiply, and with it, my mental state takes a toll. I begin to question myself, I become withdrawn. I gain weight. I lose fitness. I become depressed. My life falls apart. o, actually, part of why I do work-out is because I fear what would happen if I didn’t. So I get outside whether the temperature is 0 F or 100 F degrees because I need to get a workout in, and because it keeps my mental state in check. I absolutely need a routine and exercising helps provide an anchor for each day, otherwise I might drift. It’s who I am.

I’ve done 6 marathons, two dozen half marathons and triathlons, century bike rides (100 miles). However doing an IM is well beyond any of those events - I knew doing it would require hyper focus and more dedication than I ever put forth before.

I had to accept training of an Ironman as a part time job. During my peak weeks I trained well over 20 hrs. That does not include driving to the lake or driving to biking locations. My weekends were training focused. I got up early and would start swimming or biking at sunrise, doing a workout that would exceed 5 hrs. I’d then get up Sunday and do a long a double digit run. So essentially, I put in the work to do an IM. Think of the training plan for an IM as the recipe for a cake. The preparation and mixing was my training. Doing the event was the celebration!

Oh, and what a party it was! I’m blessed with amazing support system. My sister and father were my support crew for the race. Because of dangerous waves off Cedar Point, the swim was moved to the calmness of the bayside (were the water smelled like gasoline). I come from a swimming background, so I swam well. The swim took 1 hour, and I placed in the top 4% percentile for swim.

I then hopped on the bike. The sun was now rising. It was windy. It rained for over an hour. It was WINDY. I was on the bike for over 7 hours — pedal, pedal, pedaling. I got off the bike feeling “good.” I had done four 100 mile rides in my training and several over 80. think my sister was surprised by how happy I was as I came for the run!

I did a 9 min run, then 1 min walk for the marathon. Things were going well. At the half way point I was still smiling. Having done so many long combo work-outs had toughened me mentally. Then around mile 20, my stomach stopped processing fluids and food, and I could not put anything down. So for the last 90 minutes I took nothing in … after having been on the course for over 12 hrs. The IM finished in the parking lot of Cedar Point, and to make the turn onto the causeway and see the lights of the rides in the distance - and the finish - wow. I had started the odyssey at 7am, prior to sunrise; it was now approaching 11 pm.

My finishing time was right where we expected it to be. I had followed the plan and achieved success!

An article written
By Greg Adams
Who describes a dream and how he worked toward accomplishing it even though he has a mental illness. He gives hope to others with mental illnesses that with persistence anyone can realize their hopes and dreams.
Alcohol Screening & Counseling

Most adults have not talked with a doctor, nurse, or other health professional about how much they drink.

- Drinking too much is dangerous and can lead to heart disease, breast cancer, sexually transmitted diseases, unintended pregnancy, fetal alcohol spectrum disorders, sudden infant death syndrome, motor-vehicle crashes, and violence.

- Public health experts recommend alcohol screening and counseling should happen more often than it does. Yet, people report that a health professional has rarely talked with them about alcohol, the important first step for addressing problems with drinking too much:

  - At least 38 million people in the US drink too much.
  - Only 1 in 6 have discussed their drinking with a health professional.
  - Alcohol screening and brief counseling can reduce the amount consumed on an occasion by 25% in those who drink too much.

Doctors and other health professionals can help those who are drinking too much to drink less. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

Key points on alcohol consumption from the 2010 US Dietary Guidelines for Americans:

- Don’t start drinking or drink more often because of potential health benefits.
- If you choose to drink, do so in moderation. This is defined as up to 1 drink a day for women or 2 for men.
- Don’t drink at all if you are under age 21, pregnant or may be pregnant, or have health problems that could be made worse by drinking.


If you are concerned about your alcohol consumption, call CMH and ask for a screening: 517.263.8905.

Flu Shots

Additional flu shot clinics have been scheduled at the Lenawee County Health Department, due to the rise in the number and severity of illnesses in the past month.

Appointments can be made by calling 264.5226 and selecting option 2. The $30 cost is covered by Medicaid health plans. The vaccines for Children Program also covers the cost for some children, depending on insurance programs.

Hours have been added to normal Wednesday vaccination clinics and Thursday clinics are scheduled until further notice. Information and flu vaccines at local pharmacies is available by zip code at the website: flushot.healthmap.org.

The Michigan Department of Community Health reported that influenza activity is rising in all regions of Michigan, as well as nationwide. There was also an increase in patients being admitted to hospitals with serious influenza symptoms. More young and middle aged adults were among those hospitalized than in most flu seasons. At least six deaths have been reported in Michigan.
MISSION STATEMENT:
TO PROMOTE POSITIVE OUTCOMES BY CREATING A PATH TO RESILIENCE, RECOVERY, WELLNESS AND SELF-DETERMINATION

LENAWE COMMUNITY MENTAL HEALTH AUTHORITY IS A MEMBER OF THE CMHSP OF SE MICHIGAN

USEFUL WEBSITES:
www.RethinkAbility.org—HOPE Center
flushot.healthmap.org—Vaccine and pharmacy information by zip code.
http://www.cdc.gov/vitalsigns/alcohol-screening-counseling/index.html—Alcohol Screening
www.samhsa.gov—Substance Abuse & Mental Health Services Administration
www.sprc.org—Suicide Prevention Resource Center
www.spansa.org—Suicide Prevention

Lenawee Community Mental Health is accredited by The Joint Commission on Accreditation of Healthcare Organizations

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