We look forward to the spring and many upcoming events associated with Mental Health Awareness Month in May. We are also excited to be a part of the planning committee for the Addiction Summit, being held at Siena Heights University on March 24th.

It is very disturbing to hear about the rising numbers of people overdosing on drugs, especially Heroin, as well as the huge numbers who are addicted to prescription medications in our community. Local agencies, organizations, groups, schools, law enforcement and other health care providers are working together on the best strategies for all concerned. Strategic Planning for ROSC in May will focus on establishing an “Engagement Center” in town that will be a safe place for anyone under the influence to go after hours and be connected to services that will support recovery.

Feel free to attend the Addiction Summit, especially if you have a loved one being affected by addiction. Space is limited, so please RSVP on our website—www.lcmha.org.

There are also concerns that directly affect us coming directly from Governor Snyder’s office. In this issue of the Grapevine on pages 6 and 7 you will see a couple of written responses to the 298 Boilerplate language which has been added to the FY17 Health & Human Services Budget. Both letters capture all of our concerns. I urge you, if you feel as strongly about this issue as we do, to write to your local legislators to let them know what CMH means to you. Advocacy is critical at this time.

Rest assured that our consumers are our main priority, whichever direction the State decides to go. In the meantime, we are excited to be moving towards our goal of integrated health. We have access to more and more data that can help us work together with providers to help our consumers stay healthy, out of the hospital, and well on their way to recovery. We are in the process of moving away from Case Management, to Care Management of the whole person. Staff is becoming more and more educated and will be able to help consumers in all aspects of their well-being.

We are already seeing great success with integrated health at the Family Medical Center. In fact this is a model getting attention within the state, and in other areas of the country. Lenawee is leading the way, let’s keep the momentum going!

**New Board Member—Commissioner Lapham**

Commissioner John Lapham joined the CMH Board in January, following the resignation of Commissioner Smith.

Mr. Lapham is a financial advisor, and he lives in Onsted. He represents District 2 (Woodstock, Cambridge & Rome Twp). He also replaces Smith on the Regional Substance Use Oversight Policy Board. He will finish out the term which expires in 2017.
**Addiction Summit Planned—March 24th**

**Addiction Summit**

**Lenawee Coming Together to Learn More**

*March 24, 2016 8:30am – 4:00pm*

*Where*

Siena Heights University,
Benincasa Hall

Lunch will be provided

Our community continues to see an increase in drug abuse starting with prescription medications such as oxycodone, Vicodin, and other pain medications which can lead to more severe abuse, like heroin. It has become an epidemic in many communities across our nation. We learned a lot from the 2015 Addiction Summit. Now we need to MOVE FORWARD to work on stopping this epidemic by coming up with a strategy for our community to combat drug addiction. It takes a community to make a difference. We need you!

**Hosted By:**

Lenawee Community Mental Health

**AND**

**An Important No Cost Event for the Entire Lenawee Community**

**Agenda Includes:**

- Law Enforcement & Court
- Recovering heroin users
- AHS SADD Chapter
- Question & Answer Session

**Special Guests**

Dr. Paul Walker, Emergency Services Medical Director
ProMedica Bixby & Herrick DEA
Attorney General’s Office
State & Federal Representatives

**To Register Contact**

Kay Ross, Customer Services
Dept. LCMHA 517.263.8905
EMAIL: kross@lcma.org
FAX: 517.263.7616

**Sponsors**

Lenawee Community Mental Health, ProMedica, Lenawee Recovery Oriented System of Care; Lenawee Substance Abuse Prevention Coalition; McCullough Vargas; Catholic Charities; Celebrate Recovery; HALO, WNEN

**WE WOULD LOVE TO SEE AS MANY COMMUNITY MEMBERS THERE AS POSSIBLE**

IF YOU, A FAMILY MEMBER OR FRIEND IS STRUGGLING WITH ADDICTION—COME AND LEARN MORE

RSVP REQUIRED TO WWW.LCMHA.ORG

**Please Share**

**INTERCONNECTIONS DROP-IN CENTER**

Inter-Connections, Inc. is in another quarter of fitness fun. The walking challenge is in full swing. We have 10 members in the group and they have walked almost 1000 miles total in the first five weeks.

Another highlight is our 6-week yoga class. Once a week, members learn yoga from a licensed instructor. Sally Lyons teaches yoga in Clark Lake, MI and she has been coming to the drop-in to teach us yoga poses and skills for relaxing. Classes are well attended. We get lots of comments after each session about how members have enjoyed the class.

Inter-Connections, Inc. also works to help members advocate for themselves and others. We are currently focusing on legislation that may affect members. We are available to assist members in writing emails to senators and representatives. It is important to let our government know that people want to be heard.

For more information about our awesome health programs or to get involved in advocacy efforts, call 517-265-9588 or stop by the drop-in at 110 W. Maumee St. Adrian, MI 49221.
MI CASE MANAGER—RYAN BROWN

The newest member of the MI team is Ryan Brown. Ryan has a Bachelors in Social Work from Siena Heights University. Ryan is an Adrian native, graduating from Adrian High School. He briefly moved to Tampa, FL as a Sports and Program Director for East Pasco YMCA. However, due to the failing health of his parents he moved back to Adrian.

Ryan is definitely a family man. His girlfriend, Andrea, is a Respiratory Therapist at St. Joe’s, and they have a son, Ky, who is 15 months old.

When Ryan is not taking care of Ky, or hanging out with family he loves to visit Lake Michigan, and the Grand Rapids area where he loves all kinds of outdoor activities.

A sports fanatic, Ryan played football, basketball and ran track at AHS, and he ran track for Siena Heights. He still loves to work out—which he does daily. He also still plays football and basketball. Ryan also enjoys cooking.

NEW LCMHA STAFF—KAITLIN EMMONS

Kaitlin joined the Administrative team on December 15th. Previously she worked at Walgreens (Management Staff) for 10 years.

Kaitlin was born and raised in Tecumseh with her younger brother, and she lives there now with her husband, Carl and 6 month old daughter, Chloe. Carl is an intern with the City of Ann Arbor—he is a road inspector. There is an additional member to their family—Wolfie—a Brittany spaniel.

Kaitlin and Carl are Detroit Red Wings fans and love to go to games, in fact Carl plays in an over-30 hockey league at Adrian College, he also plays on a Police benefit team.

Kaitlin participates in Relay for Life every year, and has already organized several fundraisers in the office. When she is not working, or taking care of the baby, she loves to read or watch movies. She is a huge Elvis fan, and loves all things “tie-dye”. Camping is a favorite pastime in the summer.

Kaitlin is grateful that both of their families live close by to help with babysitting.

Welcome to the agency, Kaitlin!

NEW CASE MANAGER ASSISTANT—TRAVIS CHRISMAN

Travis is not new to CMH—in fact he has been working with the MI Adult team for a while in his position at Goodwill, as Employment Transition Coordinator. Travis reports that he loved helping consumers find jobs in the community. Now that he is a member of the MI Adult Case Management team, he says he can continue to help consumers in many more aspects of their lives.

Travis was born and raised in Adrian, his whole family is here in the area. He graduated from Sand Creek High School in 2003. For eight years he was the Manager of a video game store in the mall. In 2011 Travis joined Goodwill as a Job Coach and has never looked back. He is currently finishing up his degree in Business Administration at Jackson Community College.

Travis married Nicole in 2009 and they have a son, Lincoln, who just turned one year old. They live in Tecumseh and enjoy doing family activities together. Other hobbies include playing basketball, video games, attending U of M sporting events and going to concerts. Travis loves all kinds of music and collects vinyl albums. Two dogs make up the rest of the family—Baloo, a St. Bernard, and Barkley, a Labrador.

Travis has an older brother who is a Corrections Officer, who recently transferred from the Gus Harrison facility to Coldwater.

“It’s great to be a member of the CMH team, and to continue to help those in need”. It is a pleasure to have you join us—Travis Chrisman!
5k run/walk and Kids dash—all entrants receive a t-shirt

Help us make this year’s event better than the last

Let’s get the entire family physically active, as there is a direct relationship between mental health and being physically active

To Register:

https://runsignup.com/Race/MI/Adrian/ERaceStigma5K

Or contact Kay Ross, LCMHA—517.263.8905
WLEN—PSA CONTEST

LCMHA teamed up with local radio station WLEN, 103.9 to award schools and youth organizations county wide a $100 cash award for the best Public Service Announcement that talks about HOPE, Helping One Person Every day my way.

Teachers, school personnel and youth organizations were encouraged to take this up as a project. There are three categories, grades 5-7 (ages 10-12), grades 8-10 (ages 13-15) and grades 11-12 (ages 16-18).

Announcements were judged by station personnel, community leaders; both adults and youth. There were three winners in each category and winners have the opportunity to record the announcements at the station. The winning PSA’s will air on WLEN for the remainder of the year.

The first place class or organization in each category receives a $100 cash award and the school or organization with the most entries receives a live broadcast to talk about how they spread HOPE!

This program is part of a community service by 103.9 WLEN and LCMHA, encouraging HOPE as part of total mental health well-being.

RECOVERY COACH TRAINING

LCMHA is bringing CCAR training to Lenawee County.

This training is 4.5 days of intensive training that focuses on providing individuals with the skills needed to guide, mentor, and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.

This includes learning new and less stigmatizing language, the art of active listening, and understanding your role in the community.

Resources and tools will be provided that will give participants confidence in their ability to provide recovery support services. These resources will provide a base to help link people in recovery, to link people in recovery to needed supports within the community.

Interaction between participants will be a valuable part of the program. This training is free to anyone living or working in Lenawee County.

Contact Karen Rawlings, LCMHA for a registration form. krawlings@lcmha.org, or 517.264.0105.

NARCAN

You may have recently noticed some media coverage regarding CMH’s work with local police and Narcan.

Narcan (brand name) or Naloxone (generic name) is used for completely or partially reversing the effects of opioids and reviving someone from an overdose. Narcan is an opioid antagonist. It works by blocking opiate receptor sites, which reverses or prevents toxic effects of narcotic (opioid) analgesics. In the State of Michigan, Narcan can only be obtained by prescription.

Progressively and successfully, LCMHA has worked with our local police departments to gather interest around the idea of having each Lenawee County patrol vehicle equipped with Narcan. This would allow police who arrive at the scene of an incident to be prepared to administer Narcan as a lifesaving technique. LCMHA has worked to obtain prescription, funding, supplies and is in the process of distribution of the medication. Local police are excited and grateful for this provision. With the heroin epidemic that we are currently facing, local police are receiving several calls per week for overdoses. We also hope to equip many of our local treatment providers as a safety precaution.

If anyone is interested in learning more about the benefits of Narcan, or how to obtain it, contact LCMHA, 517.263.8905.
A LETTER BY MAC MILLER TO THE STATE

Dear Governor Snyder & Members of the Michigan House & Senate:

Section 298 of the FY17 Health & Human Services budget proposal seeks to carve in all Medicaid behavioral health services to the Medicaid Health Plans by September 30, 2017 removing them from the management of the local public CMH Boards and placing them under the management of the for-profit Medicaid Health Plans. The question must be asked: Who will benefit by this?

This idea has been floated by several previous administrations, but was never pursued for a number of excellent reasons. While the idea has a certain superficial appeal, a closer examination of the facts reveals a different story.

1. The measure claims to support integrated physical and behavioral health care service planning. That would be good for consumers of public mental health services, however, integrated service planning occurs locally between consumers, mental health professionals and primary care physicians and could be accomplished without shifting any money. There is nothing in the measure which actually requires integrated healthcare planning. This measure simply shifts the management of the money to the Health Plans. There is no apparent maintenance of effort requirement which would prevent funds currently dedicated to behavioral health from being gradually absorbed by escalating physical healthcare costs. OUTCOME: There is no benefit in a funding shift to consumers of mental health services or the communities in which they live. This potential loss of funding is a danger to those who need public behavioral health services!

2. It could appear that as large managed care organizations, the Health Plans might well bring some specialized care management technology to the table which would improve consumer care. In fact, the Health Plans have no experience or expertise with these services or populations, do not present deliver or manage any of the specialized mental health services and supports and have no existing capacity to do so. Further, the Health Plans have no special expertise in integrated care. Historically, the Health Plans have only served people with mild to moderate conditions whose care needs are simple. All those with severe conditions who need complex care have been served by the Community Mental Health system. For many of them, it has been a lifetime. OUTCOME: Again, no benefit to consumers or the communities in which they live. Indeed, organizational inexperience on the part of the Health Plans could lead to harmful disruption of care and tragic outcomes for consumers, their families and the communities in which they live.

3. It may be hoped that the shift will result in better care for consumers. There is no evidence for this. In fact, the public Community Mental Health system has been designed and built specifically for the benefit of the mentally ill and developmentally disabled citizens of Michigan and is nationally recognized for its excellence. The Michigan Mental Health Code includes important protections for consumers such as the Recipient Rights system and Person Centered Planning. The Community Mental Health system also helps people integrate into their communities, find housing, employment, and assists with jail diversion and treatment courts when appropriate. It is not clear whether the Health Plans as private for-profit entities will be required to offer these same protections and community benefits. In fact, it could be argued that the managed care prior authorization process is the antithesis of person centered planning and is a return to a model which assumes that professionals know what is best for consumers. Consumers say “no planning about me without me.” OUTCOME: Again, no benefit to consumers or their communities. This represents the serious threat of loss of protections and benefits for consumers reversing the results of decades of advocacy.

4. Perhaps the intent of the proposal is to save money for the State and its taxpayers although it does not say so and proposes roughly the same budget amount as last year. There is a buried cut to services for consumers however! Health Plans expect a 15-17% administrative rate. For administrative rate, read administrative costs and profit. The administrative rate of the current public system averages 6% and expects no profit. To balance, the Health Plans will have to reduce service costs by at least 9% creating approximately $300,000,000 in service reductions to those who are the most vulnerable and least well off among us! This would be the largest cut to behavioral health services in Michigan’s history and at a time when there are national calls for increased services and spending for safety net services to this population! Do we really believe that the mentally ill and developmentally disabled have it too good? Is this what we really want for our family members, friends and neighbors? Does the State really need to pay $500,000,000 to someone to subcontract for services on its behalf? Do we really want to cut services and increase administrative costs?

Further, the Medicaid Health Plans as for-profit entities have a financial incentive to reduce services in order
LETTER TO THE EDITOR, BY GREG ADAMS

In the unpacking of Governor Snyder’s new budget one story hasn’t been written about. Buried in the document is the privatization of the 2.4 billion dollar state mental health system which services 200,000+ people in Michigan. The idea that for profit Medicaid Health Plans (MHP) would save the state tax dollars, provide better services and care to the mentally impaired and developmentally disabled than the current state based model is hard to fathom.

As a Lenawee Community Mental Health Board Member and someone who is diagnosed bipolar and received treatment from CMH, I can speak authoritatively on the subject.

What the governor’s office doesn’t understand is the intense and multifaceted treatments that this segment of the population requires. It’s one thing for a MHP to provide a cookie cutter approach to healthcare for the general populace. It’s another to effectively treat a person with complex needs that requires customized care and monitoring on a continual basis. The state mental health system has been carefully constructed to provide comprehensive care for an at-risk population. The employees of the state mental health system have years of experience handling these unique cases as well as the specialized training required to successfully treat them.

After my hospitalization, CMH provided a bridge of safety on my path back to overall wellness. CMH assigned a psychiatrist to me who monitored the medications needed to treat my illness. I was also able to have weekly appointments with a CMH provided therapist who helped me learn to better manage my emotions. Patients with more complex issues are provided case managers to help them gain employment, empower them and learn to manage their finances. The end result is to do whatever it takes to get that person back on their feet and to provide them with the needed health care, life skills and coping mechanisms to avoid a relapse. I would hazard to guess what would have happened to me without the safety net provided me by CMH. It was truly a life or death situation.

Thanks to CMH, I am now able to successfully manage my condition without fear of a relapse, have maintained steady employment, and serve my community in a myriad of ways. From a financial perspective, maybe a MHP could have gotten me out of the hospital, but I sincerely doubt they would have invested fully in me as a person with the end result being potential relapses, further hospitalizations and healthcare costs, not to mention the cost to my own emotional stability and well being. So how is that saving tax payer dollars? CMH is closely connected to our community — whether it be offering crisis support, suicide prevention training, jail diversion programs, fighting the heroin epidemic... could you see an MHP being this invested?

I’m asking that the people in my community reach out to our state representatives and encourage them to keep MHP’s out of our state mental health system.

Mac Miller letter cont’d from p. 6

to increase profits. Is that the kind of system we want? The current public system is required to reinvest any excess in more services or return the money to the state. It is also worth pointing out that this experiment will burn bridges. The Community Mental Health system will cease to exist if it is not funded. There will be no going back if the experiment fails.

OUTCOME: This represents an enormous loss for consumers and a big financial win for the Health Plans who stand to gain $300,000,000 or more in the first year alone. Our state is also a loser under this plan since this also represents the erosion and potential loss of the public CMH safety net forever.

Why are we looking backwards toward a 30 year old Health Plan HMO managed care model for our solution when new and better models such as the one outlined in Senator Debbie Stabenow’s landmark mental health legislation are emerging? Michigan already has one of the best behavioral health systems in the United States. Why not use this as an opportunity to build a Michigan mental health system for the future while preserving the accomplishments of the past?

As a mental health professional who served in the public mental system for 40 years until my recent retirement serving both as a clinician and as an administrator, most recently as the Director of Livingston County Community Mental Health for 26 years, and as a person who cares deeply about the welfare of persons with mental illness or developmental disability, I urge you remove Section 298 from the FY17 budget and deliver on Michigan’s constitutional requirement to assure the health, safety and welfare of these our most vulnerable citizens.

Angus (Mac) Miller IV LMSW
USEFUL WEBSITES:

Assistance with Medication/Health Care costs
www.needymeds.org

www.goodrx.com—a good resource for comparing local medication costs
www.blinkhealth.com—good prices, however, credit card needed