

Focus On Services For Children

- by Sandra Keener, ACSW
LCMHA Clinical Director



l e n a w e e
**Community
Mental Health**
a u t h o r i t y

Winter & Post-Holiday Up-Beats!

Join LCMHA's newest Wellness Group, starting January 10 through January 31, 2005. Meetings will be held at LCMHA from 1:00 - 2:00 p.m.



Topics to be covered:

- Setting your personal goals
- How to make January UpBeat for you!
- Healthy food planning
- Keeping active in a nonactive world
- Wrapping it all up!

A light lunch will be provided! Call Kathy Tripp at (517) 263 - 8905 to sign up. ■

If you do not wish to have future newsletters mailed to your home, please notify:
Customer Service
1-800-664-5005

The Governor's Mental Health Commission has recently highlighted the barriers that people in Michigan have encountered in accessing services for children. Those barriers include such problems as transportation, cost, eligibility issues, and stigma. At Lenawee Community Mental Health Authority, it is our goal that in Lenawee County at least, we will make great strides in the coming year to overcome these barriers.

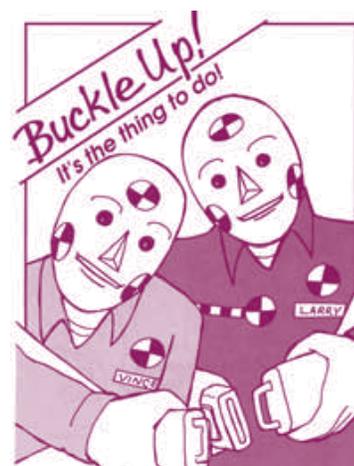
Currently, we are seeking to expand existing services to children and families, and to further publicize those which already exist. To that end, we are hiring new staff "in house" who have special expertise in serving those who are under 18 years of age. We are also continuing to contract with community partners who specialize in that age group. This will maximize the choices our consumers have regarding their service provider.

The previous issue of The Grapevine featured Beth Deo, who was recently hired as our "Intensive Child Therapist". Two longtime employees, Beth Binegar and Dawn Ehret, provide Supports Coordination services to children with Severe Emotional Disturbances. Many more children are served by our psychiatrists and nursing staff in our "Meds Only" program. We also provide Wraparound and Respite services.

Presently, we are interviewing other professionals to expand our treatment services for children.

Besides hiring staff specifically for this purpose, we are strengthening our partnerships with collaborative efforts such as Early On (which serves families with children below age 6), the Lenawee Coalition of Youth Serving Agencies, Head Start, the Child Care Expulsion Project, and other community ventures.

We are making considerable effort to overcome barriers, to personalize our approach to problem solving, and to make children's well-being a high priority for our agency. If you have ideas or suggestions on how we might do this more effectively, please call our Customer Service Department (517) 263 - 8905. ■



*Lenawee Community Mental Health Authority participates in the **Safe Kids Coalition**, promoting car safety for children.*

GRAPEVINE

Save One Date!

COMING UP WITH A PLAN THAT WORKS!

Merging the Guiding Principles of Mental Health and Substance Abuse Treatment for People Experiencing Co-Occurring Disorders

Training Dates (choose one):

- January 18, 2005 (Tuesday) 9 a.m. - 12 p.m., OR
- January 27, 2005 (Thursday) 1 p.m. - 4 p.m.

Research and experience shows that keeping mental health and substance abuse treatment separate for people with co-occurring disorders doesn't work well. This training will focus on how Person Centered Planning (PCP) can bring the two systems together to create one comprehensive plan. Topics include:

- Principles of PCP
- Pre-Planning/Mobilizing the Supports of the Individual
- Facilitating PCP Meetings
- What the Research shows on using PCP with individuals with Co-Occurring Disorders
- Crisis Planning
- Improving Outcomes Using PCP
- How PCP relates to your practice

Presenters include LCMHA Clinical Director, Sandy Keener, and Self Determination Coordinator, Dawn Rarick. There will also be a panel presentation by consumers with co-occurring disorders who have successfully used the PCP Process. To register, contact Bertha Lopez at (517) 263-8905.

A Word With The Director

The Michigan League for Human Services recently issued the 2004 "Kids Count Data Book", which provides county profiles of child and family well-being. While there were many areas identified in which Michigan's youngest citizens had made "steady progress", unfortunately, mental health was not among them. In fact, it was reported that "mental health services to meet the needs of children and families are lacking in the majority of Michigan counties."



*Executive Director
Roger Myers*

This same problem was pointed out by you, our consumers, community partners, and staff, in the various surveys we have conducted over the past year. While there may be many logical reasons that children are "falling through the cracks", none are acceptable as excuses.

As this is written, we are about to develop our own annual Strategic Plan. As we do so, I am committed to re-energizing our services to children and their families, and have taken several steps already to accomplish this task.

This issue of the Grapevine is devoted to two areas: publication of the results of the satisfaction surveys we have done, so that you may help us review our strengths and weaknesses, and as a result

better serve the community; and secondly, we are spotlighting services to children which are currently available at LCMHA to raise community awareness of both the need and the resources we already have.

I would like to call your attention once again, to the Governor's Mental Health Commission Report (which is now available in its final form - please go to www.michigan.gov or call our Customer Services representative for more information). This commission has dramatically called our attention also, to the lack of available, comprehensive, accessible, and effective mental health services for children. We invite you to partner with us as we seek to make changes in our own services and in the community, to help ensure the social and emotional well-being of the next generation. ■

Community Outreach / Education Project

LCMHA FETAL ALCOHOL SYNDROME PROGRESS REPORT, MAY - SEPTEMBER 2004

- by Jackie Johnson

The Lenawee FAS/FAE Advisory Committee continues to work diligently to promote awareness and prevention of Fetal Alcohol Syndrome / Fetal Alcohol Effects.

- During these six months, 21 presentations have been given to the general public through presence at the local county fair. Many people stopped to gather information and ask questions. Parents stopped and shared their experiences and learned of local resources



including the Parent Support Group. Teachers and other educators took information back to their schools to supplement health curriculums.

- Two trainings were provided to the Foster and Adoptive Parent Organization and Child Care Network.
- Three new referrals to University of Michigan Hospital Pediatric Neurological Clinic have been completed as a result of a local prescreen or informational contacts. Many parents and grandparents raising grandchildren have asked questions concerning their

child while attempting to discern if a prescreen and referral is needed.

- An additional thirty "The Best I Can Be" books have been provided to parents of children with FAS or ARND diagnosis. Over 2000 prevention brochures or fliers have been handed out throughout the county. Articles specific to Lenawee's FAS/FAE Advisory Committee have appeared in 2 local newsletters and 30 second radio spots have been aired 5 times per day for 7 days on 3 local radio stations.
- Twenty "Seeds of Success" Parent Advocacy Workbooks

(Continued on Page 4)

Migrant Outreach Services

Vidas Sanas 2004

- by Lucila Nerenberg, M.D.

More than a year ago, during the summer of 2003, a local interagency collaboration visited the migrant farmworker camps of Lenawee County. Representatives included Maria Arellano from Prevention First of the Lenawee Intermediate School District, Bertha López and Lucila Nerenberg from Migrant Outreach Services of LCMHA, and Justin Frost from the Lenawee County Sheriff's Department. The purpose of this collaboration was to target at-risk migrant farmworkers in preventing drinking and driving. The project "Vidas Sanas" (Healthy Lives) also continued LCMHA's efforts to educate and provide on-site treatment for mental illness, as well as co-occurring substance abuse disorders. The turnout and interest was much better than previous years, as the farmworkers were intrigued to meet a police officer and ask questions about many topics for the first time.

In the summer of 2004, we were fortunate to have Community Action Agency join in, with Ana Rivero providing on-site assistance and administrators of CAA (Burt Fenby) and LCMHA (Sandy Keener) joining us in our team meetings. Bertha López continued to be involved as our mental health consultant. The new outreach team included María Arellano, Ana Rivero, myself, and a rotating police officer. A senior medical student from the University of Michigan Medical

School participated also. We visited most licensed farms in Lenawee County, providing "pláticas" or informal chats on drinking and driving, and on co-occurring disorders.

Eighty surveys were completed, assessing depression and high risk alcohol use. Preliminary depression results showed 5% of all farmworkers interviewed met full criteria for Major Depressive Disorder (MDD) in the last two weeks. Another 13% said they were depressed, but did not fulfill all the criteria for MDD.

Preliminary alcohol results showed only 53% of male farmworkers drank alcohol at all, which is comparable with other studies showing high abstinence rates among this population (drinker rates among non Hispanic white males is much higher at 91%). However, 26% of those male farmworkers who did drink, tended to drink in a high risk binge pattern.

We did not assess alcohol dependence this year, due to the length of the survey. However, a University of Michigan study in SE Michigan from 2001 interviewed 132 migrant farmworkers of Mexican origin (the majority of migrant farmworkers interviewed were of Mexican origin). The study showed very high rates of alcohol dependence with 54% of all male farmworker

drinkers of Mexican origin fulfilling the diagnostic criteria. Of note is that the only other study of migrant farmworkers did not find higher rates of alcohol dependence. Also, most studies found low rates of psychiatric disorders among migrant farmworkers and Mexicans in Mexico, as well as Mexican Americans who identify strongly with traditional Mexican values, speaking to strengths related to identification with Mexican culture.

During the "pláticas", it was clear that many were not familiar with drinking and driving laws. The farmworkers seemed impressed with the risks of incarceration and of having an over-legal alcohol blood level, with fewer drinks than they

had guessed. We were hopeful that some accidents may have been prevented by this educational program, as the literature suggests that the high rate of drinking and driving convictions among Mexican Americans may be due, in part, and among recent immigrants, to lack of knowledge about the local laws as compared to Mexico.

We are hopeful to continue to improve this exciting collaborative prevention program next summer. ■

Dr. Nerenberg is an Adjunct Clinical Instructor in the Department of Psychiatry at the University of Michigan Medical School. She serves as a consultant to LCMHA. Questions or comments may be forwarded to nerenber@umich.edu.

St. Vincent de Paul Food Pantry

St. Joseph Church

415 Ormsby Street, Adrian, MI 49221

December 3, 2004

Dear LCMHA Staff:

We are most grateful for the wonderful assortment of food, personal items, and money collected for the needy of our community and delivered to the St. Vincent de Paul Food Pantry at St. Joseph Church. Our sincere thanks to everyone who participated in this worthy cause. What a wonderful project to show your care and concern for the less fortunate!

The winter months are particularly hard on people who are struggling to make ends meet on a limited budget. Each month brings additional requests for assistance. Your donations will help greatly in meeting their needs.

We wish you all a very Merry Christmas!

Sincerely,

Jeanne Shewchuk
President

Tips

FOR PROMOTING SOCIAL AND EMOTIONAL HEALTH FROM INFANCY ON . . .

Adults are very special people in the lives of infants, toddlers and young children. Positive and supportive interactions with children significantly influence their social and emotional development. Within the context of nurturing relationships with adults, children learn to trust because they feel safe, valued, and cared about. This foundation of trust is crucial to supporting babies, toddlers and young children in developing healthy relationships with others. Listed below are some strategies that providers and parents can use to help them form supportive relationships with children in their care.

1. Gently hold and cuddle children often. In addition to being important for bonding and attachment, physical touch can generate connections that support all areas of development.

2. Enrich children's daily routines such as meals, bath and nap times, by sharing looks, smiles, conversations, and stories. These day-to-day interactions are a way for you and the children in your care to continue building strong ties to each other, the foundation for later relationships.

3. Attentively respond to children's attempts to communicate with you through facial expressions, gestures, cooing, babbling, and words. Gently mirror their sounds and expressions. Your

encouraging responses help children learn to value themselves and others. Their successful communications encourage the development of leadership skills.

4. Take time to follow a child's lead. Join them in floor-time play and talk with them about their activities whenever possible. Allowing uninterrupted time to get down on the floor and play with children gives them a sense of safety and encourages self-initiative and exploration.

5. Gently guide children through social situations. Babies love to look at other babies. Toddlers and preschoolers learn to socialize through practice and experiences that are supported by caring adults. By providing support to children in social situations, they learn how to make friends and get along with others. As you acknowledge the range of feelings they experience during peer interactions, they learn to recognize and successfully use those feelings, an important first step in the development of conflict resolution skills.

6. Be a positive role model: Offer children opportunities to observe you being a kind and caring person. Your actions send key messages to children about what is important within your care setting.

7. Help children learn a variety of words to fully

express their feelings. When children share their feelings and are heard, understood and assisted, they can practice moving from frustration and anger to satisfaction and pleasure.

8. Comment on the positive things that children do. Focusing on behavior that you want to see more of increases the likelihood that it will happen again. Focusing on strengths helps children - and you - to be more aware of how uniquely special they are and

how important you are to them, now and forever.

9. Be sure to take care of your own social and emotional health! Recognizing and taking care of our own emotions and spending time with caring friends, enables us to restock our supply of mental health - with more emotional energy for our children! ■

- excerpts from the Child Care Expulsion Prevention Initiative, MDCH 11/30/04, and written by Judy Ann Darling MSW, Mary Mackrain M.Ed., and Kathleen Baltman, M.A.

NOTE: Jackie Johnson ACSW represents LCMHA on the Lenawee Child Care Expulsion Prevention Project.

LCMHA Mission Statement

WORD SEARCH PUZZLE

P	H	C	I	E	H	L	B	Y	X	I	V	R	C	L
E	R	G	H	P	K	W	L	T	R	Z	D	Z	A	F
A	J	O	U	O	X	T	Y	I	S	U	M	T	Z	D
H	C	Y	M	O	D	X	P	L	U	Q	N	Q	C	K
W	F	V	Z	O	R	W	C	A	R	E	C	X	C	R
O	H	V	B	X	T	H	H	U	M	Z	F	V	O	O
H	G	D	M	A	O	I	T	Q	U	C	V	R	U	E
Y	M	L	U	L	G	P	N	N	Y	L	G	T	T	W
X	E	I	G	X	I	O	U	G	K	Y	C	R	L	N
N	K	A	M	T	R	S	O	F	O	O	J	O	L	T
M	G	H	S	P	L	I	L	A	M	J	H	Q	O	S
L	X	V	W	K	T	T	G	E	Y	H	Z	E	O	P
H	E	A	L	T	H	I	S	D	U	S	J	C	H	G
R	V	R	A	C	L	V	S	E	C	I	V	R	E	S
C	U	U	T	I	A	E	N	N	R	H	Z	N	S	O

HEALTH
POSITIVE
SERVICES

MENTAL
PROMOTING
THROUGH

OUTCOMES
QUALITY

The first 10 people who bring a completed puzzle to Customer Services get a free T-shirt!

2004 Customer Satisfaction Survey Results

640 Surveys mailed
 76 Surveys returned as undeliverable
 174 Completed surveys returned (Return rate: 27%)
 2 Surveys completed in Spanish

Return Rates by Categories

Consumers	103	59%
Providers	18	10%
Family Members	31	18%
Guardians	10	7%
Others	12	6% (1 Disabled, 1 Foster Parent, 3 Self, 2 Consumer Advocates)

1. Were your calls (non urgent) to LCMHA returned within 24 hours?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 67	84%	9%	8%	19
Providers - 14	100%	0	0	4
Family Members - 26	93%	7%	0	3
Guardians - 8	80%	20%	0	0
Other - 8	80%	0	20%	1

2. Was your appointment scheduled at a convenient time?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 93	94%	4%	2%	2
Providers - 14	100%	0	0	4
Family Members - 29	97%	3%	0	0
Guardians - 9	100%	0	0	1
Other - 10	91%	0	9%	1

3. Were you seen on time for appointments at LCMHA?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 86	87%	8%	5%	2
Providers - 14	100%	0	0	1
Family Members - 30	97%	0	3%	0
Guardians - 9	100%	0	0	1
Other - 11	92%	8%	0	0

4. Was LCMHA staff polite and respectful to you?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 93	93%	3%	4%	0
Providers - 17	94%	6%	0	0
Family Members - 30	100%	0	0	0
Guardians - 10	100%	0	0	0
Other - 12	100%	0	0	0

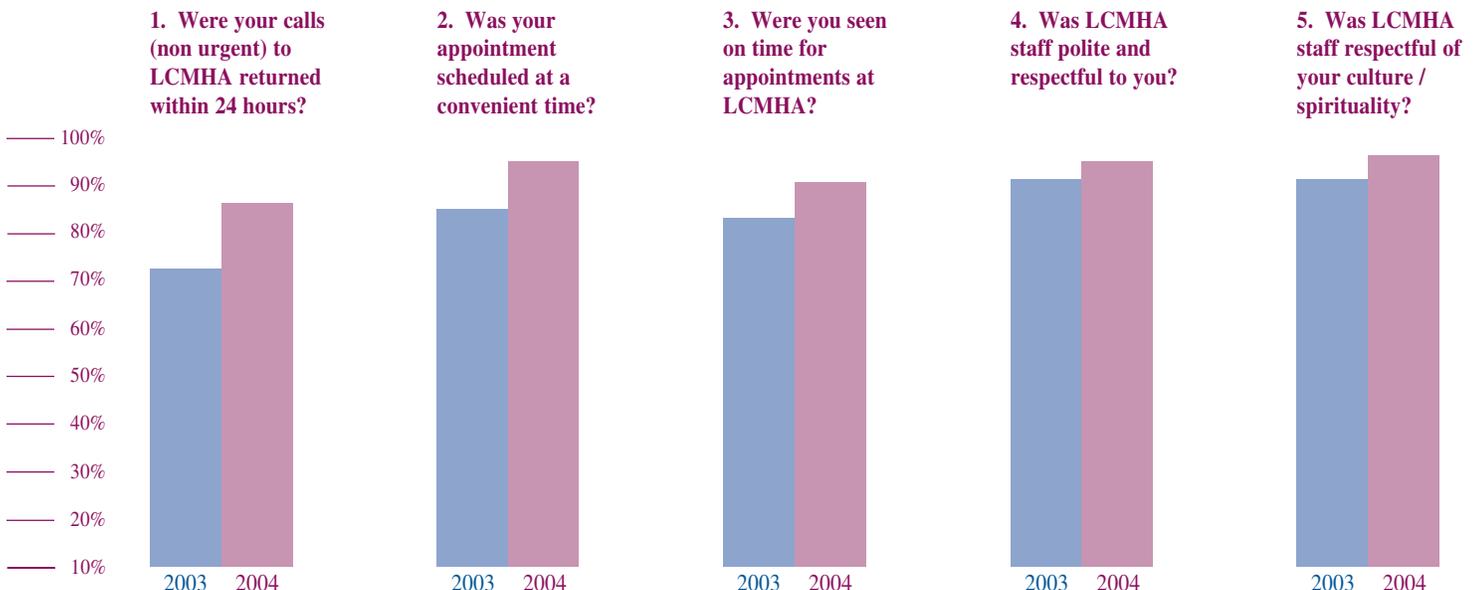
5. Was LCMHA staff respectful of your culture and/or spirituality?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 88	94%	2%	4%	9
Providers - 17	100%	0	0	1
Family Members - 29	100%	0	0	2
Guardians - 9	100%	0	0	1
Other - 12	100%	0	0	0

6. Were you asked what would help you in reaching your goals?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 73	73%	17%	10%	4
Providers - 15	100%	0	0	3
Family Members - 27	84%	10%	6%	0
Guardians - 10	100%	0	0	0
Other - 9	82%	0	18%	1

What A Difference One Year Makes



7. Were those helps included in your plan?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 75	78%	13%	9%	6
Providers - 16	100%	0	0	2
Family Members - 26	87%	6.5%	6.5%	0
Guardians - 9	90%	0	10%	0
Other - 9	90%	0	10%	2

8. Has your plan helped you?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 72	75%	29%	5%	4
Providers - 14	100%	0	0	4
Family Members - 25	86%	14%	0	0
Guardians - 9	90%	0	10%	0
Other - 7	78%	11%	11%	2

9. If your plan has changed, did you help make the decision?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 59	74%	11%	15%	24
Providers - 12	92%	0	8%	5
Family Members - 20	91%	4.5%	4.5%	8
Guardians - 6	86%	0	14%	2
Other - 8	89%	0	11%	3

10. Were your special needs met?

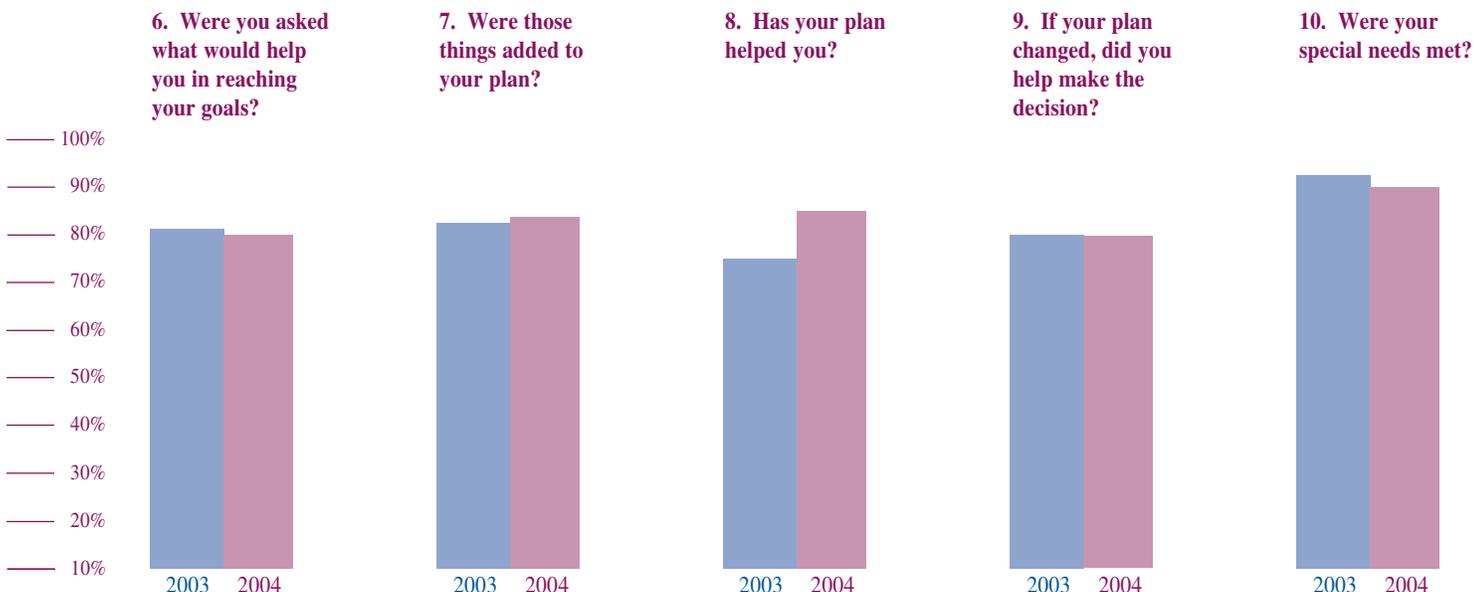
Total Responses	Yes	Sometimes	No	DNA
Consumers - 53	85%	0	15%	33
Providers - 17	100%	0	0	1
Family Members - 17	94%	6%	0	2
Guardians - 8	89%	0	11%	1
Other - 9	90%	0	10%	10

Grievance and Appeal

SUMMARY / FISCAL YEAR 2003 - 2004

Type of Grievance / Appeal	Total Number	Number Pending	Number Resolved
• Second Opinion Request - Denial of Services	4	0	4
• Second Opinion Request - Denial of Hospitalization	0	0	0
• LDRC Review Request - CMH Services	1	0	1
• DCH Administrative Hearing Request - CMH Services	1	0	1
• DCH Alternative Dispute Resolution Process - CMH Services	1	0	1
• Family Support Subsidy Appeal	0	0	0
• Second Opinion Request - Denial of SA Services	N/A	N/A	N/A
• LDRC Review Request - SA Services	N/A	N/A	N/A
• DCH Administrative Hearing Request - SA Services	N/A	N/A	N/A
• DCH Alternative Dispute Resolution Process - SA Services	N/A	N/A	N/A
• Total Number Persons Assessed But Denied CMHSP Service or Referred Elsewhere	36	30	36
TOTAL	41	0	41

Last year LCMHA Consumers identified some areas for improvement and we listened. We are happy to share our progress with you. We still have room for improvement, but your feedback tells us we are going in the right direction.



NYPUM Rodeo

- by Jackie Johnson

Six kids and two adults attended the Midwest NYPUM Rodeo in August 2004. Over the course

of three days, the kids displayed their skills on



Julian Orozco rounds the curve of the obstacle course.

Honda mini bikes in a relay, an obstacle course, a clover race around barrels, a slow race, and a skills test on a wooded path.

Other activities included a mountain climbing tower, a zip line into the water, swimming, and "the blob".



Jake Clark placed in all 6 events taking first in 3 of the skills tests.

Several kids really enjoyed being bounced high into the air before landing in the water when a larger person jumped from a tower onto a huge air mattress in the water called "the blob".

Thanks to LCMHA and the YMCA for making it possible for us to attend the rodeo. We had a blast, brought back 22 ribbons, and took the most first places of any of the groups there! ■

Outcomes Survey

NATIONAL YOUTH PROJECT USING MINIBIKES - NYPUM 2004

Parents were asked if involvement in NYPUM affected their child. Parents of 20 participants were contacted by phone. Sixteen responded giving an 80% response rate.

Results are tallied and reported below:

	NO	YES	NOT APPLICABLE
• Increased self respect	38%	62%	
• Improved school attendance	45%	54%	*2
• Improved grades	33%	67%	*1
• Increased respect for self	38%	62%	
• Increased self assurance	18%	82%	
• Improved study skills	31%	69%	
• Improved family relationships	21%	79%	
• Improved teacher relationships	40%	60%	
• Decreased number of curfew violations	-	100%	*7
• Decreased incidents with the law	-	100%	*9
• Decreased incidents with drugs	50%	50%	*9
• Decreased incidents with alcohol	50%	50%	*10
• Development of mentor skills	40%	60%	*6
• Increased acceptance for racial differences	-	100%	*8

*Several parents indicated that this had not been a problem for their child and did not respond to this item. (This number was not included in the overall tally.)

Lenawee NYPUM appears to be having the most positive effect in the areas of decreased curfew violations, decreased incidents with the law, increased self assurance, and improved family relationships.



Front row: Tommy Powelke, Jake Clark, JJ Orozco, Reyna Orozco; Back row: Julian Orozco, Shevawn Smith, Jackie Johnson, David Orozco.



Shevawn Smith and Jake Clark take a break before the next event.



TAKE ACTION

Show Kids You Care



"My friends and I help each other to make good choices."

David, age 13



How Youth can Model Positive, Responsible Behavior:

- Act responsibly in your school, home, and neighborhood
- Mentor a younger child who needs a caring person
- Be a positive role model for your peers.



Action for Children & Teens (ACT)
c/o Lenawee Community Foundation
(517) 423-1729
email: shammersmith@ubat.com

Responses Summarized

ISSUES RAISED IN FAIR SURVEY, STAFF FOCUS GROUP, AND COMMUNITY FORUMS, 2004

- by Gratia Karmes, ACSW

During the week of August 15, 2004, over 200 surveys were given to people who visited the LCMHA booth at the Lenawee County Fair. On September 30, a "Town Meeting" was held to invite input from providers, consumers, and community partners with over 50 attendees. On October 11, a Staff Focus group was held to provide the same opportunity to LCMHA employees, with eleven people attending. The following is an attempt to summarize the varied responses to the questions posed in these forums.

Many positives were noted, especially commitment to individualized, "person centered" treatment, hard working staff, emphasis on consumer involvement, good collaboration with other agencies, the accessibility of our building, and that it is generally speaking, a very good place to work. Many people especially noted the positive benefits of the "Anti-Stigma Project" and the wonderful work consumers and others are doing in spreading the word about recovery.

However, there were several weaknesses noted, and some were consistently mentioned by all three groups. Most criticisms had to do with difficulty getting "in our door" rather than bad experiences by actual consumers. In other words, eligibility issues were seen as making our services inaccessible to many.

LCMHA is responding to this criticism by acknowledging that it is true, and by a continued examination with our affiliation partners, of eligibility requirements for Medicaid recipients and others. Most of those who mentioned this issue also seemed to understand that it is related to funding limits and the requirement that recipients demonstrate "medical necessity" for services.

Discussion is ongoing regarding how to increase funding for certain projects. However, it is not seen as likely that a government-funded agency will be highly successful in raising donated dollars for services which are seen as already supported by taxes. Possible solutions include increased availability of support groups, increased outreach and education, and increased services to children.

"Services to children" was mentioned many times as an area where we are lacking. To that end, we have hired a new therapist who specializes in services to people under the age of 18. We have also begun to look very carefully at eligibility requirements for children, knowing that early intervention can help prevent serious "medical necessity" at a later age. Thirdly, we are trying to improve our community collaborations with Head Start, Early On, the Lenawee Intermediate School District, and other entities

which serve young children. The "Child Care Expulsion Prevention Project" which seeks to help children keep from being expelled from day care settings, is now underway. It was also suggested that a standard question for anyone receiving services from us be "Do you have young children, and if so, how are they affected by the problems which brought you here?"

We are continually seeking to improve our outreach and education efforts, with workshops in schools, community groups, and other settings. We are now sending the LCMHA newsletter (The Grapevine) to over 1,600 people, and are always looking for new ways to convey the message of the anti-stigma project to new audiences.

Many people at the Lenawee County Fair were completely unaware of our existence, which was somewhat concerning! To correct that problem we are currently developing a new "Community Benefit Plan" which will include ideas for promotion, public relations, and outreach. We are putting our newsletter and a great deal of other information on the Web. Please check out our web site at www.lcmha.org.

For staff next year, we plan to provide an opportunity to respond to a written questionnaire as well as a focus group, which may increase participation. Two issues which did come up consistently were lack of office space, and heating/cooling

problems. We are in the process of negotiations to move several staff into the area recently vacated by Community Connections, which should, at least for a while, help with the overcrowding issues. County Maintenance personnel have already been contracted regarding the seeming unsolvable problem of keeping every area warm and/or cool enough.

Efforts to continue to include consumers, staff, and partners in the decision-making process will pay off to the extent that when applicable and where feasible we actually do implement their suggestions. This article is an attempt to make sure, and to demonstrate, we are doing that. ■

A Tip

FROM THE OFFICE OF RECIPIENT RIGHTS

Do you know the agency policies . . . or at least where to find them ??? With the many audits our agency undergoes each year, it is important that staff be able to answer any questions asked by an auditor. More importantly, staff should know where to locate and reference the policy and/or procedure related to the question asked.

Recipient Rights and all other agency Policies are located in the administration conference room behind Roger Myer's office. I also have copies in my office. If you have questions regarding this tip or any rights related matter, please contact Sandy Geyer at (517) 263 - 8905 or www.lcmha.org. ■

Did You Know?

The Safe Delivery Act protects women who want to give up newborn infants.

Enacted on January 1, 2001, Safe Delivery allows for the anonymous surrender of a newborn infant (within 72 hours of birth) to an Emergency Service Provider (ESP) without the expressed intent to return for the newborn. ESP's are defined as staff inside the premises of a hospital, fire department or police station.

The intent of this law was to allow for an anonymous safe surrender of a newborn without fear of prosecution and to make the child available for adoption. Private agencies assume responsibility for the child as soon as medical authorities determine that the child has not been neglected or abused, and that the child is no more than 72 hours old.

Reasons for non-surrenders:

- Parents reconsidered and returned for the child
- Judge rules that parents were not given appropriate information required by statute.
- Child surrendered to EMS personnel outside a designated ESP facility
- Mother and father petitioned for the child to be returned
- Infant tested positive for cocaine
- Judge rescinded the petition to surrender

Please help us publicize this law to help prevent needless deaths of newborns. ■

Consumer PCP Evaluation

**PERSON-CENTERED PLANNING / LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY
- YEARLY DATA REPORT: 10/1/03 - 09/30/04**

Total Respondents: 320 • Lenawee County
(Answer 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree)

Question	4	3	2	1	3&4
1. I decided which people would be involved in my PCP process.	44%	46.5%	7%	2%	91%
2. I was given the opportunity to involve people who were not paid staff.	37%	49%	11%	3%	86%
3. I decided what we were going to talk about during the planning process.	37%	51%	11%	1%	87.5%
4a. I chose where and when the meeting would be held.*	30%	41%	25%	5%	71%
4b. I chose the meeting leader.*	31%	39%	24%	6%	70%
4c. I was given the opportunity to choose a leader who was not a CMH employee.*	28%	39%	27%	5.8%	67%
5. The meeting leader or my CMH worker helped resolve disagreements.*	52%	39%	7%	2%	91%
6. I was asked about my hopes for the future.	60.5%	39%	0%	0%	100%
7. We talked about my strengths.	61%	38%	2%	0%	98%
8. My customs and personal beliefs were respected in making my plan.	57%	42%	0%	0%	99%
9. I feel that my ideas were considered seriously.	55%	43%	2%	0%	98%
10. I made decisions regarding my services and supports.	51%	46.5%	2%	0%	97%
11. I feel that enough attention was given to my health and safety needs.	60%	39%	2%	0%	98%
12. We talked about how people other than professional helpers might be able to help me achieve outcomes.	50%	44%	5%	0%	95%
13. I know what to do if I disagree with my plan.	49%	46%	4%	0%	95%
14. I feel we came up with a good plan.	51.5%	47%	1%	0%	99%
15. I liked the person-centered planning process.	52%	46%	2%	0%	98%

*These questions are answered only if a person-centered planning meeting(s) was desired and schedules (as opposed to a 1:1 session(s) with the primary clinician/supports coordinator).

**This question is answered only if there were disagreements during the planning process.

Staff Spotlight

- by Gratia Karmes

Kathryn Szewczuk came to work at LCMHA in January of 1995 . . . almost ten years ago! As I was the person who hired her, let me say I am very glad she decided to join us and that she is still with us after all this time . . . she is a wonderful asset to our agency.

Kathryn's first role with us was as a facilitator for the



Wraparound unit. She coordinated child and family teams (as many as 26 at a time . . . !) and although her previous employment had been in a residential facility, she

quickly became an ardent advocate for the concepts of Wraparound - strengths based approach, individualized services, flexible funding, and parents and families as leaders. For more information on Wraparound, please see the September-October 2004 issue (Vol.V, Issue 5) of the Grapevine (available on our web site at www.lcmha.org.)

After five years as a facilitator, Kathryn was promoted to supervisor (of Ronda Bildner and Jennifer Clark) and she also serves as consultant to many community agencies to ensure that Wraparound principles are followed in the community-wide Wraparound projects. These consulting

responsibilities include working with the Family Support Task Force (Community Team) which oversees Wraparound's collaborative venture with Family Independence Agency, Lenawee Intermediate School District, Lenawee Probate Court, and LCMHA.

Kathryn is an active volunteer at her church (St. Andrew's in Saline) where she is a Eucharistic Minister. She truly enjoys taking the Communion Service to people in hospitals and nursing homes. She is also a "Lunch Buddy" at Michener School, and is terrifically enthusiastic about this program . . . it is clear she has just as much fun as the little girl she visits each week for lunch.

Kathryn and her husband, Steve, have been married for seven years. They are the proud owners of two dogs (Samson and Maggie) and she usually has adorable pictures with her and will show them to you if you ask.

We at LCMHA are very proud of Kathryn and her many accomplishments. She has spoken to audiences as far away as California, Washington D.C., Minnesota, and even Israel, as her expertise in making Wraparound a successful venture has become widely sought after. She was selected as Michigan's 2004 "Wrapper of the Year", an honor she well deserves for her dedication to the children of Lenawee and beyond. ■

Conversation With A Consumer

Hi! My name is Vicki. I have been a consumer of LCMHA for about 14 years now. I have been involved in Touchstone New Focus Clubhouse for five years, and have served on the Anti-Stigma Committee for about three years. I am writing to explain the importance of the Anti-Stigma Committee.

Stigma is harmful and is usually caused by ignorance or by lack of knowledge of the subject matter. I want to say that I enjoy being on the Anti-Stigma Committee because I feel that I am a part of something helpful, working toward a good cause. I like helping others become more aware of brain disorders

so they can be less fearful and apprehensive toward someone who has mental illness.

I help out with events during Mental Health Month, and have given speeches locally at Siena Heights University and Adrian College. I have written articles and I help "spread the word" by word of mouth.

I also like being on this committee because I have been hurt by stigma in the past. I was turned away from a job because my medical doctor told them I was mentally ill. When they changed their mind about hiring me, I cried for two days until I realized it wasn't my fault and there was

nothing I could do about it.

The Anti-Stigma Committee gives me a chance to stick up for myself and for others, but our group is small. We need more consumer representation in our meetings, and so I am asking that you become involved and help fight stigma against those with mental disorders. If you are interested you can always contact me for the dates, times, and locations of the meetings, or you can contact Jackie or Kay at LCMHA (517) 263 - 8905. Thank you for your time.

Sincerely,
Vicki Horn

Too often, kids get the worst of their parents' bad day at work in the form of verbal abuse at home.



If that's happening to you, you've got to work to change things.

Words can hurt a child as hard as a fist.

And leave scars you can't see.

Think about what you're saying.

Stop using words that hurt.

Start using words that help.

CAN Council of Lenawee County
517-264-2744
cancouncil@yahoo.com

Kevin's Law

After 3 years, the state Legislature approved, and Gov. Granholm has said she will sign, a new mental health law. Under the new law:

- Judges will have the power to order people who are severely and chronically mentally ill to undergo treatment.
- People who are mentally ill may only be subject to such court orders if they have been hospitalized or imprisoned in the previous three years, or if they have acted violently toward themselves or others in the previous four years.
- In New York State, a study showed that among people ordered to receive treatment, there was an 83% reduction in arrests, an 86% reduction in homelessness and a 67% reduction in poor medication compliance. ■

Sources: Michigan Legislature, New York State Office of Mental Health, the Treatment Advocacy Center

Service Exit - Yearly Results

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

submitted by Kay Ross

Surveys mailed - 324 Surveys returned - 58 Return rate - 18%

1. *Service:* Supports Coordination - 7 Other (includes "Meds. Only") - 51
2. *Did the services you received help you to deal more effectively with your problems?*
No, they seemed to make matters worse - 2 No, they didn't really help - 9
Yes, they helped me somewhat - 18 Yes, they helped a great deal - 23
3. *To what extent did the services meet your needs?*
None of my needs were met - 4 Only a few of my needs were met - 15
Almost all my needs were met - 12 Most of my needs were met - 21
4. *How much do you feel staff involved you in planning your services?*
None of the time - 5 Some of the time - 10
Most of the time - 15 All of the time - 20
5. *How satisfied are you with the services you received?*
Very dissatisfied - 2 Dissatisfied - 7
Satisfied - 22 Very satisfied - 22
6. *Do you give permission for Community Mental Health Customer Services staff to contact you by telephone for further follow-up if necessary?*
Yes - 42 No - 9



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