



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

GRAPEVINE

Educating the Community About Schizophrenia

- by Kay Ross

When I first met Earl he didn't want to talk in front of anyone. He wanted to be in the background. He didn't care if I gave a talk about him, he just didn't want to be the one doing the talking. Well, all that has changed.

Earl decided that he would take a Speechcraft class, and graduated on August 27. On September 18, he gave his first speech to the Adrian Rotary Club. He received a standing ovation and many business men and women came up to shake his hand and tell him how moving his speech was. Lori Sallows, who invited us to speak, said she was still getting emails a week later, telling her how much the program was appreciated.

This afternoon, Earl came to LCMHA to practice his next speech with several of the staff. What a moving story we heard! We heard how Earl's brother, Frank, was such an influence on his young life, even though they were separated much of the time. We could feel the care he felt for his grandparents when he dedicated this speech to them because they taught him how to be a "good grandparent" and how he calls his grandchildren in Florida and Michigan once a month, and even sends them an

allowance, all due to the influence of his own grandparents.

We learned that at the age of 12, Earl bought a ticket back to visit



his brother Frank, only to learn that Frank had left a month after Earl was taken to Michigan to live with his father.

We also learned more of Earl's struggles with schizophrenia.

Despite the turmoil Earl has faced throughout his life, he volunteers at the Adrian Public Library, and has done so for the past 9 years. He has tutored for Project LEAD, and presently tutors at New Focus Clubhouse, while also holding down a part-time job in his apartment complex.

What have I learned from Earl? Let me tell you a few things Earl has taught me. He has taught me that you can be a quiet person and still be effective in getting your message out. I've learned that however difficult a start in life you've had, you can pull yourself up, creating a good life for yourself. Most of all, I've learned that Earl is a gentle, caring man, who loves his family, enjoys his friends, and is willing to help us Stamp Out Stigma. ■

New Support Group

Lenawee Community Mental Health Authority invites you to join the new Schizophrenia Anonymous Support Group. Meetings will begin on Monday, January 12, 2004. The meetings will be held from 1:00 - 2:30 p.m. in the Demo Kitchen, 2nd Floor, Human Services Building, 1040 S. Winter Street, Adrian.

Anyone with a diagnosis of Schizophrenia / Schizo-Affective Disorder is welcome to attend. Co-Group leaders, Mike and Rex, can be reached at New Focus Clubhouse by calling 263 - 3577 if you have questions. This is a support group that gives you the opportunity to share with others who have Schizophrenia. ■

A Word With The Director

This issue of the Grapevine is being published as the fiscal year comes to a close. It has been quite a year - financial ups and downs, changes in the Medicaid system, a new Governor and DCH Director, many new developments in our Affiliation, and an increased emphasis on consumer choice and service direction. For the most part, these changes have been positive (we could do without the financial ups and downs!) and have resulted in a strengthening of our organization.

The strength is reflected in many ways. Our Anti-Stigma campaign has been a huge success. We have attacked the "stigma" through numerous events, speakers, and ceremonies. Perhaps the most powerful of these are the stories of our own consumers, trained through Speechcrafters / Toastmasters, and truly on a mission to personally demonstrate the capabilities of persons with mental, emotional, or developmental disabilities.

We have found what we hope is a good balance between "provider" and "manager" of services. We have strengthened our relationships with our Contract Providers, and with our Affiliation partners. We have been good stewards of the funds provided to us, with a year end balance "in the black."

Probably the most notable achievement, however, is the one that took place quite recently. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) was here for two long days in September. The surveyor lived up to her reputation of being "tough but good", thoroughly reviewing our policies, practices and case files, and many notebooks



Executive Director
Roger Myers

State Medical Program Revised

Michigan Department of Community Health has recently revised one of their Medicaid assistance programs. The State Medical Program is now called "Adults Benefits Waiver" program and services and coverages have changed.

For LCMHA consumers, mental health services are covered but must be provided through LCMHA programs. Although there is no co-pay for mental health services, consumers may be charged according to their "ability to pay". Medications on the Michigan Medicaid formulary are also covered but the co-pays have changed. Generics require a \$5 co-pay while brand-name and non-preferred drugs carry a \$10 co-pay. A prior authorization for doctor

filled with other records. She interviewed, at length, management team, supports coordinators, and many staff.

We approached the survey by not pretending we knew it all, nor as the experts in our field. We scored 97 out of 100! The average "first time" scores are usually much lower. As we go to press, we have just received word that we were awarded a 3-year JCAHO accreditation. I am proud to share this news with you. It reflects the hard work of many people, and demonstrates the quality of the staff at LCMHA. ■

visits and medications is no longer necessary to obtain services.

Recipients will receive a permanent plastic ID card called the **mihealth card** which must be shown to providers for service. The state also advises people not to throw away this card even if you lose coverage.

Other doctor office visits are covered and need a \$3 co-pay. Emergency room visits for emergency services carry a \$25 co-pay. Chiropractors, eyeglasses, hearing aids, and dental care are not covered by this program.

If you have any other questions about the new program, please contact your FIA worker. ■

Welcome

Patti Studnicka was recently rehired at Lenawee Community Mental Health Authority. She joins us now as Assistant Supports Coordinator. Welcome back, Patti! ■



Affiliate RRAC

- by Sandy Geyer

On Thursday, October 9, from 4 - 6 p.m., the first Affiliate Recipient Rights Advisory Committee gathering was held in Ann Arbor. It was an informal get-together for the recipient rights advisory committee members serving the Affiliation. Discussion focused on sharing what we do well, and ideas for possible future gatherings. The food was excellent (some of our members made desserts that disappeared very quickly!), and everyone had an opportunity to meet and chat with RRAC members from other counties. An added bonus was that all Lenawee County consumer members attended and contributed to this event. All counties represented expressed their pleasure at how easily everyone related and shared positive aspects of their committee's efforts. The group voted unanimously to meet again. ■

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President's Commission Recommends Transforming Mental Health System

The New Freedom Commission on Mental Health issued its final report, *Achieving the Promise: Transforming Mental Health Care in America*, as part of a week-long recognition in July of the anniversary of the Americans with Disabilities Act. The product of a year of study, the report finds that the Nation's mental health care system is beyond simple repair.

Building on research, expert testimony, and input from over 2,300 consumers of mental health services, family members, service providers, and others, the report concludes that "traditional reform measures are not enough . . ." Instead, it recommends a wholesale transformation that involves consumers and providers, policymakers at all levels of government, and both the public and the private sectors.

The Commission finds that the current system is unintentionally focused on managing the disabilities associated with mental illness rather than promoting recovery, and that this limited approach is due to fragmentation in the provision of services, gaps in care, and uneven quality of services.

The approach recommended by the Commission will move toward full community participation for children and

youth, adults, and older Americans with mental illnesses - instead of school failure, institutionalization, long-term disability, and homelessness.

The Commission finds that transforming mental health care demands a shift toward consumer- and family-driven services. Consumers' needs and preferences, not bureaucratic requirements, must drive the services they receive. Too often, mental illness is detected late not early. As a result, services frequently focus on living with disability, not the better outcomes associated with

effective early intervention.

Additional information about the Commission and both its interim report and final report are available online at www.MentalHealthCommission.gov. Print copies of the Commission's final report can be obtained by contacting SAMHSA's National Mental Health Information Center at P.O. Box 42490, Washington, DC 20015. Telephone: 1 (800) 789-2647 or 1 (866) 789-2647 (TTY). Or, visit www.mentalhealth.samhsa.gov ■

- excerpted from SAMHSA News, Vol. XI, No. 3, 2003, used by permission

Home Managers Support Group

In April of 2001, a group of home managers were honored at a luncheon held by the LCMHA nurses to recognize them for all the hard work they do. At that luncheon, some of the managers and nurses decided to form a work group to improve communication between the different providers, while providing them with learning experiences; thus the Specialized Support Group was born.

We have held in-services and meetings on Stress Reduction, Time Management, and Community Activities. Our mission statement is "Supporting those who support others."

In May of 2003, the group held its first all day conference which was very successful. Mary Poore and Ron Hadden from HOPE Community Center conducted a Disabilities Sensitivity Workshop, which gave the managers hands-on experience of what it feels like to live with disabilities. Bill Ross, a drug representative from Novartis, spoke on Management Styles, and Judy Leutz spoke on Personality Disorders.

The group is planning a business meeting for the winter and another conference for the spring. ■

Goals in a Transformed Mental Health System

- Goal 1** Americans understand that mental health is essential to overall health.
- Goal 2** Mental health care is consumer- and family-driven.
- Goal 3** Disparities in mental health services are eliminated.
- Goal 4** Early mental health screening, assessment, and referral to services are common practice.
- Goal 5** Excellent mental health care is delivered and research is accelerated.
- Goal 6** Technology is used to access mental health care information.

Source: Achieving the Promise: Transforming Mental Health Care in America. 2003.

Staff Survey 2003

In May of 2003, a Community Focus Group was conducted asking the following questions. In August, sixty surveys were passed out to staff with five people responding. The results of both the Focus Group and the Staff Survey have been compiled and were reviewed by the management team and Board members at the 2003 Strategic Planning Meeting.

1. What positives, related to mental health, have you seen in the community?

- Billboards
- Increased advertising re: mental health and stigma. Increased articles in the newspaper about mental health and reducing stigma
- Clients active in the workforce, LCMHA's participation in community events
- Consumers are more notably out and about in our community, i.e. New Focus food drive, cookies and garage sale at La Dominique's, speaker's bureau; Business/civic organizations interested in Anti Stigma, i.e. Walmart, Civitan, Kiwanis; Consumers joining Toastmasters; Consumers being contracted by LCMHA for specific jobs
- More involvement in the community with being productive and positive

2. What unmet mental health needs do you see in the community?

- Parent education, parent support groups
- Increasing numbers of individuals who do not meet our "must serve" criteria, yet who need services, both mental and physical health

(Continued on Page 5)

Consumer PCP Evaluation

PERSON-CENTERED PLANNING / COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN - YEARLY DATA REPORT: 10/1/02 - 09/30/03

Total Respondents: 298 • 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.	33%	30%	4%	1%	63%
2. I was given the opportunity to involve people who were not paid staff.	25%	26%	7%	3%	51%
3. I decided what we were going to talk about during the planning process.	29%	28%	77%	1%	57%
4a. I chose where and when the meeting would be held.*	22%	24%	8%	2%	46%
4b. I chose the meeting leader.*	22%	20%	10%	6%	42%
4c. I was given the opportunity to choose a leader who was not a CMH employee.*	18%	16%	13%	4%	34%
5. The meeting leader or my CMH worker helped resolve disagreements.**	21%	17%	4%	0	38%
6. I was asked about my hopes for the future.	63%	30%	1%	0	93%
7. We talked about my strengths.	59%	32%	2%	0	91%
8. My customs and personal beliefs were respected in making my plan.	58%	30%	2%	0	91%
9. I feel that my ideas were considered seriously.	61%	30%	2%	0	91%
10. I made decisions regarding my services and supports.	52%	34%	2%	0	86%
11. I feel that enough attention was given to my health and safety needs.	60%	33%	1%	0	93%
12. We talked about how people other than professional helpers might be able to help me achieve outcomes.	47%	38%	5%	0	85%
13. I know what to do if I disagree with my plan.	53%	34%	5%	0	87%
14. I feel we came up with a good plan.	56%	33%	2%	0	89%
15. I liked the person-centered planning process.	54%	36%	2%	0	90%

* 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.

Access/Intake/Initial Appointment Evaluation

LCMHA SERVICE INQUIRY CUSTOMER SATISFACTION SURVEY

Results from Completed Surveys for 10/01/02 through 09/30/03
 Surveys mailed - 202 Surveys returned - 30 Return rate - 15%

• LCMHA ACCESS PROCESS

1. How did you hear about LCMHA?	Family/friend - 6	Hospital - 1	Outpatient facility - 4
	Phone book - 2	Advertising - 1	Other - 13 N/A - 2
2. Was the process over the phone or in person?	Phone - 18	Person - 11	N/A - 2
		YES	NO N/A
3. If in person, were you assisted in a timely manner?		16	0 14
4. Was the Ability to Pay process clear and concise?		25	2 3
5. Were you offered a choice of provider for your service?		16	8 6
6. Was the person completing the Service Inquiry professional and polite?		28	0 2
7. Did you receive a packet of information re: LCMHA and provider network?		25	0 5

• INITIAL SERVICES

1. Did the receptionist greet you in a professional and polite manner?	29	0	1
2. Were you seen on time?	27	2	1
3. Was the clinician completing the assessment professional and polite?	29	0	1
4. Were you informed of your right to participate in planning?	25	3	2
5. Were you given a choice in the selection of services/supports you could receive?	21	6	3
6. Did you get/are you getting the services you need?	14	2	4
7. Were you/are you satisfied with the overall process?	26	1	3

STAFF SURVEY 2003

(Continued from Page 4)

• Appropriate and consistent disciplinary action for school children with a mental health diagnosis (actually any student); Many times it appears that schools are lenient when things happen when I feel the student should be held accountable for

their actions; Maybe this is improving because now some schools are calling the police more often for violent acts

- More inclusion of consumers in jobs
- Volunteer opportunities

3. How can we meet those needs?

- Maybe a group of people at LCMHA needs to work with the

volunteer organizations in our county

- Continue to promote Speaker's Bureau and recovery panels in the community. Continue staff/consumer involvement excluding business matters
- Work with schools to make sure aides, teachers and administration are trained properly and have the

knowledge to handle these situations; If everyone works together on this I feel it would be more consistent for the student. Lots of times when the school is questioned about how things are handled, it seems we get the same answer; Something like they have rights or laws to protect them

- Needs to be a collaborative community project to help provide both physical and mental health services to poor uninsured
- Provide them; Find someone to provide them

4. What topics would you like the LCMHA Speakers Bureau (or other speakers) to present?

- Volunteer opportunities in other areas
- Stigma, life stories
- I have enjoyed all speakers; I especially enjoy hearing people who have shared their life story and have overcome obstacles in their lives; If a consumer and their treatment team - SC, family, friends, PSR, etc. could present how they all work together to get their needs met

5. If you could voice one comment that you wanted the Board to hear, what would that be?

- The community is more aware of who we are
- I very much appreciate our Board letting staff know they are appreciated through appreciation lunch, bonus, Roger's memo to staff; It is very gratifying to know that you don't take us for granted
- Thank you for your commitment and for all you do for the staff and the community
- Trust the current staff and administration to continue providing good services and concentrate on developing a vision of where LCMHA should be going ■

2003 Customer Satisfaction Survey Results

657 Surveys mailed

34 Surveys returned as undeliverable

114 Completed surveys returned (Return rate: 18%)

Return Rates by Categories

Consumers	56	49%
Providers	5	4%
Family Members	20	17%
Guardians	10	9%
Others	24	21%
No Designation	8	
Not able to tally	2	

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

Total Responses	Yes	Sometimes	No	DNA
Consumers - 57	79%	2%	3%	16%
Providers - 5	60%	40%	0	0
Family - 20	80%	10%	0	10%
Guardians - 10	70%	30%	0	0
Other - 14	100%	0	0	0
No Designation - 7	86%	14%	0	0

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

Total Responses	Yes	Sometimes	No	DNA
Consumers - 55	69%	13%	11%	7%
Providers - 5	80%	20%	0	0
Family - 20	85%	15%	0	0
Guardians - 10	60%	40%	0	0
Other - 14	100%	0	0	0
No Designation - 7	100%	0	0	0

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

Total Responses	Yes	Sometimes	No	DNA
Consumers - 54	58%	17%	7%	18%
Providers - 5	60%	40%	0	0
Family - 19	63%	11%	0	26%
Guardians - 10	50%	50%	0	0
Other - 14	57%	43%	0	0
No Designation - 7	71%	29%	0	0

7. Were those helps included in your plan?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 55	69%	9%	11%	11%
Providers - 5	100%	0	0	0
Family - 20	70%	10%	20%	26%
Guardians - 9	67%	33%	0	0
Other - 14	100%	0	0	0
No Designation - 7	100%	0	0	0

2. Was your appointment scheduled at a convenient time?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 56	87%	7%	2%	4%
Providers - 5	60%	20%	0	20%
Family - 19	84%	5%	5%	10%
Guardians - 10	70%	30%	0	0
Other - 14	100%	0	0	0
No Designation - 7	86%	14%	0	0

8. Did the helps included in your plan occur?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 44	49%	26%	16%	9%
Providers - 5	80%	20%	0	0
Family - 21	62%	29%	9%	0
Guardians - 10	50%	40%	10%	0
Other - 14	100%	0	0	0
No Designation - 7	86%	14%	0	0

3. Were you seen on time for appointments?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 56	82%	7%	5.5%	5.5%
Providers - 5	60%	20%	0	20%
Family - 20	80%	5%	5%	10%
Guardians - 10	50%	50%	0	0
Other - 14	79%	21%	0	0
No Designation - 7	71%	14.5%	0	14.5%

9. Has your plan helped you?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 53	62%	21%	15%	2%
Providers - 5	80%	20%	0	0
Family - 18	67%	6%	16%	11%
Guardians - 10	70%	20%	10%	0
Other - 14	100%	0	0	0
No Designation - 7	100%	0	0	0

4. Was LCMHA staff polite and respectful to you?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 52	94%	2%	2%	2%
Providers - 5	60%	40%	0	0
Family - 19	95%	5%	0	0
Guardians - 10	70%	30%	0	0
Other - 14	100%	0	0	0
No Designation - 6	100%	0	0	0

10. Did LCMHA staff answer your questions or concerns?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 55	81%	17%	2%	0
Providers - 5	60%	40%	0	0
Family - 20	90%	0	0	10%
Guardians - 10	70%	30%	0	0
Other - 14	100%	0	0	0
No Designation - 7	86%	0	0	14%

11. If your plan was changed, did you help make the decision?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 55	67%	13%	9%	11%
Providers - 5	60%	40%	0	0
Family - 20	65%	0	20%	15%
Guardians - 9	67%	33%	0	0
Other - 14	100%	0	0	0
No Designation - 6	100%	0	0	0

12. Were your special needs met?

Total Responses	Yes	Sometimes	No	DNA
Consumers - 56	54%	2%	4%	40%
Providers - 5	40%	40%	0	10%
Family - 23	70%	0	4%	26%
Guardians - 9	67%	33%	0	0
Other - 14	100%	0	0	0
No Designation - 6	50%	0	0	50%

13. Please circle the LCMHA outreach efforts you have heard about:

Total Responses - 113	
Speaker's Bureau	6 (5%)
Disability Sensitivity Workshops	14 (12%)
Recovery Panel	11 (10%)
Support Groups	41 (36%)
NYPUM	5 (4%)

Tips From The Rights Office

- by Sandy Geyer

Did you know that our telephones can be a primary point of assuring confidentiality to consumers? What we say while talking on the phone has always been important in respecting a recipient's rights, and now, along with new technology comes new opportunity for assuring confidentiality.

For those of us at LCMHA who have the Caller ID display feature, unblocked incoming calls are kept in the memory, and can be retrieved by the push of a button. To remove the numbers following each call, do the following: 1. Push the up arrow key at the base of the display screen to view the phone number. 2. Press the delete button for approximately

one second, or until the number can no longer be seen in the display window, then release it.

If waiting to clear the memory until the end of the day, or all numbers at once, just press and release the up arrow key to display a phone number, then hold down the delete button so that the "delete all?" message appears (this takes up to three seconds on some of our phones), and then release it. Press and release the delete key again; the phone number(s) should disappear from the screen. It's a simple addition to the client-centered approach already in evidence at Lenawee Community Mental Health Authority. ■

Staff Spotlight

- by Gratia Karmes

In this issue, we are focusing on a person who is probably one of the most well-known of all the LCMHA staff - Kay Ross.



Kay recently celebrated her 15th Anniversary as an employee here. During that time she has worked as a clerk-typist, as a secretary in medical records, intake coordinator, and as managed care coordinator in the medical clinic or in the access department. For the past three years she has been our Customer Services Representative. In this position, Kay handles consumer "grievances and complaints", inquiries from the public, requests for information, and in general is usually the person you get if you ask for "Customer Service".

She also is very active in numerous prevention - orientation endeavors, such as Lenawee Safe Kids Coalition, the Lenawee Tobacco Reduction Coalition, and other community projects.

Kay handles many surveys to gather information on client, staff, and community satisfaction with our operations. She is serving as staff liaison to the Lenawee Consumer Advisory Council, and is also a member of our Quality Improvement Council, Customer Relations Committee (Chair), Safety Committee,

and Staff Development Training Committee.

At the regional level, Kay is on the "Events Planning Committee", which brings us such wonderful things such as the "Sharing Hope Conference."

One of the most exciting things she has been involved in lately is the "Anti-Stigma Project". Kay conducts Speechcraft classes for prospective members of our speaker's bureau. She has truly invested time and effort in this project and is now a very committed member of the "Lenawee Toastmasters", which is the umbrella organization for Speechcrafters classes.

Kay says of her job, "It's hard to take time off (and as her supervisor, I can say she's not kidding!) because I'd miss something important, something fun. I really do love what I'm doing." This enthusiasm and dedication are evident in all of Kay's work. Congratulations, Kay, on 15 years of service! ■

Thanks!

A big thank you goes out to Pizza Hut and The Spotted Cow. Both treated the NYPUM group to dinner and ice cream. It was a great way to celebrate!

When you frequent these businesses, please thank them for their support of our efforts! ■

Government Survey

A recent study shows that about 22 million people in the U.S. abused or were dependent on alcohol, drugs or both last year, but only a fraction received treatment. The 2002 National Survey on Drug Use and Health also said nearly 20 million people were current users of illegal drugs, with such use highest among young adults. More than one in five 18- to 25-year olds, or 20.2 percent of young adults, were current users, with marijuana being the substance of choice. The yearlong study is the largest of its kind by the government. Results are based on interviews with nearly 70,000 people 12 and over, from all 50 states. ■

*used by permission,
The Daily Telegram, 9/5/03*

Service Exit - Yearly Results

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

submitted by Kay Ross

Surveys mailed - 295 Surveys returned - 41 Return rate - 14%

1. *Service:* Outpatient Services - 36 Supports Coordination - 5
2. *Did the services you received help you to deal more effectively with your problems?*
No, they seemed to make matters worse - 3 No, they really didn't help - 5
Yes, they helped me somewhat - 15 Yes, they helped a great deal - 17
N/A - 1
3. *To what extent did the services meet your needs?*
None of my needs were met - 5 Only a few of my needs were met - 7
Almost all my needs were met - 10 Most of my needs were met - 17
N/A - 1
4. *How much do you feel staff involved you in planning your services?*
None of the time - 4 Some of the time - 6
Most of the time - 14 All of the time - 15
N/A - 1
5. *How satisfied are you with the services you received?*
Very dissatisfied - 4 Dissatisfied - 2
Satisfied - 16 Very satisfied - 18
N/A - 1
6. *Do you give permission for Community Mental Health Customer Services staff to contact you by telephone for further follow-up if necessary?*
Yes - 26 No - 13
N/A - 1



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a u t h o r i t y

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