Once again, the Lenawee Community Mental Health Authority summer outreach program to the migrant population of Lenawee County has been a success. Thanks to the migrants’ willingness to receive the LCMHA team, the program has been permitted to continue within the camps. Bilingual professionals Dr. Lucy Nerenberg, Bertha Lopez, and Melanie Lozer worked to create an awareness of mental health, mental illness and alcohol abuse with particular attention to co-occurring disorders, such as depression and alcoholism.

A new and exciting development this year for the "Vidas Sanas" program, was our collaboration with the Lenawee Intermediate School District and the Lenawee County Sheriff’s Department. Those involved were: L.I.S.D. substance abuse and prevention coordinator, Maria Arellano; community outreach police officer, Justin Frost; and Lenawee County Sheriff, Larry Richardson. They contributed to the program by discussing the consequences of drinking and driving, along with addressing any questions the migrants might have about the law and law enforcement.

The "Vidas Sanas" program takes place at the migrant camps on Thursday evenings between 7:00 and 9:00 p.m., during the months of June and July. For more information, you may contact Customer Services at (517) 263 - 8905.

This survey is being supported by a grant from the Center for Mental Health Services, SAMHSA; the National Institute on Disability and Rehabilitation Research; and the U.S. Department of Education.

Watch for our results in the next Grapevine!
It is hard to believe that fall is just around the corner and the end of the fiscal year is rapidly approaching. This certainly has been a year of fiscal “ups and downs.” Early on we were implementing budget and service reductions, anticipating another round of serious cuts. As the fiscal picture became clearer in the second half of the year, and the anticipated reductions did not occur, we found ourselves in the position of actually restoring some previously reduced services and re-thinking our plans for further reductions.

While we are always delighted when things do not turn out as bad as predicted, and it is wonderful when we can actually restore things that we have had to take away, I am concerned about the effect of such abrupt changes in direction on our consumers, staff, and the public. It is a difficult balancing act that the board has to perform, responding to rumor and reality, as it makes important fiscal and administrative policy decisions throughout the year. It has been my experience (30 years, as a matter of fact!) that our board considers the interest of consumers and the public that it serves first, as difficult decisions are made and plans implemented.

The theme for this newsletter is “Quality Improvement.” In this publication you will learn about the importance Lenawee Community Mental Health Authority places on quality improvement, how our process is organized and how it functions. I would also like to highlight a couple of opportunities for the public to participate in commenting on and improving the quality of Michigan’s public mental health system.

Governor Granholm has announced that she will be appointing a Mental Health Commission. Anyone interested in being appointed should contact Rhonda Mitchell at (517) 335 - 7812 or by e-mail at Mitchellrl@michigan.gov. Copies of the questionnaires and instructions can also be obtained by calling our Customer Services office.

The second opportunity for comment will be at a series of public hearings scheduled to begin the week of September 15. Senators Beverly Hammerstrom and Tony Stamas will hold joint hearings to “examine troubling shortcomings in Michigan’s mental health system and recommend solutions to improve the quality of patient care and increase accountability among providers.” The exact date and location of the first hearing has not been announced. We will pass on information about this opportunity as we learn more.

In closing, I would like to express my appreciation to Sharon Robb (the person who tries to keep me on task every day) for the “surprise” party recognizing my 30 years at Lenawee Community Mental Health Authority. It was my intent to let that anniversary come and go very quietly . . . I had absolutely no inkling of the plan! Nonetheless, my sincere thanks to the board, staff, and those who sent notes or dropped by to share the moment.

In Loving Memory of Nicki Fulton

- by Mary Ann Lysaght

CMHA lost a treasured friend on July 13, 2003.

Nicolette "Nicki" Fulton was a registered occupational therapist who worked with our developmentally disabled consumers for the past thirteen years. She had previously worked in the same capacity for the Lenawee Intermediate School District, and as a preschool teacher at Sacred Heart School in Hudson, Michigan.

Nicki’s work included evaluating consumers to determine what skills they possessed to help with activities of daily living, and then what skills were needed in order to help them be as independent as possible. She would write goals, monitor progress, and train parents, nurses and/or staff who work with the consumers on a daily basis in order to help them reach their maximum potential.

Co-workers considered Nicki to be a team player, always positive and optimistic in her outlook, articulate and thorough, warm, caring, with a sense of humor, compassionate, empathetic, ethical, and possessing a strong Christian faith. She enjoyed stamping, crafts, gardening, being outdoors, family and friends.

Nicki was a supporter of Relay for Life and used her creative talents as a cook, an artist, and a "stamper" to make decorative cans, paper bags, flower pots and greeting cards to be sold in our money-raising efforts for the LCMHA team.

She leaves behind her husband of 30 years and two sons, as well as many, many friends. We will miss Nicki.
Behavior Management Review Committee

The purpose of the Behavior Management Review Committee is to review and approve clinical interventions for difficult, unusual or high risk behaviors. This year the BMRC commissioned a Quality Improvement Team (QIT) to develop a strategy for reduction in the use of physical management in group homes and day programs. The QIT included representatives from LCMHA staff, group home staff, day program staff, and recipient rights.

Representatives met for several months, developing interventions and educational strategies that were disseminated to program sites. The use of physical management was monitored through incident reports and BMRC reports. The Quality Improvement Team was successful in reducing the use of physical management throughout the system, to well below the targets set at the initiation of the intervention.

Congratulations to all those who participated in this important project!

Contract Management Committee

Newly formed within the past year, members of the Contract Management Committee include Shar Dunbar and Sandy Keener.

The purpose of the committee is to compile data on performance indicators reported by our provider network. Some of the performance indicators are consumer satisfaction, timely access to services, and meeting individual objectives / PCP (person-centered planning) goals.

Consumer Advisory Committee

An ad hoc committee of the LCMHA Board, the LCMHA Consumer Advisory Committee has as its mission to fully integrate consumers and their families into decision-making processes throughout Lenawee Community Mental Health Authority.

Currently we are developing a uniform process or format for providers to use to insure that all providers are submitting data in the same manner.

The mission of Lenawee Community Mental Health Authority is to promote positive outcomes through quality mental health services.

The LCMHA Consumer Advisory Committee meets monthly. Call Customer Services at (517) 263 - 8905 for more information.

Strategy For Process Improvement

The Lenawee Community Mental Health Authority Quality Improvement (Process Improvement) Council utilizes the FOCUS and "Plan-Do-Check-Act" models to prioritize issues, organize teams, and measure progress.

Find process improvement opportunity

Organize team that knows the process

Clarify current knowledge of the process

Uncover root causes or process variation

Start improvement cycle
Residential Outcomes Committee

The Residential Outcomes Committee has been meeting now for almost a year, starting with monthly meetings, and now quarterly, due to the progress shown. Our committee has representatives from each of the providers, the staff from the residential homes, as well as staff from LCMHA.

We began by looking at the objectives being measured in each of the settings, and whether or not they were representative of what needs to be monitored and reported.

After review, the team decided that changes were necessary, and set about as a group to make those changes in what is being monitored and reported, and in what fashion. The Residential Outcomes Committee has accomplished the task thus far of setting measurable goals and objectives to determine the safety, satisfaction and ongoing improvements needed in the residential settings to assure that the consumers in these homes are happy, healthy, and striving to achieve.

![Image]

Staff Development and Training Committee

The Staff Development and Training Committee has the duty of identifying training needs of the staff of LCMHA and looking for resources that match those needs. The committee then sends suggestions to the administration for final approval of topics, scheduling, and budget approval.

During the past year, we were able to hold buffet luncheons for the four seasons: a German luncheon in the fall, an Asian buffet luncheon in the winter, a Cinco de Mayo luncheon in the spring, and we plan to have an "end of summer" buffet luncheon in September. Several individual staff celebratory luncheons were also very well attended.

The committee was pleased at the near perfect turnout to attend the cultural competence workshop presented by Mr. Julio Rios from Holland, Michigan on May 7, 2003 which focused on how to work with families of the Hispanic culture who have a member with mental illness. His speech was filled with helpful hints regarding the roles of different family members when working with service providers. Feedback from attendees was positive regarding the presentation information being pertinent and useful.

In August, LCMHA was involved with an affiliation staff training for Access and Case Managers. Dr. Kenneth Minkoff, medical director of Arbour-Choate Health Management, a division of Universal Health Services, is an internationally known presenter. His model entitled "Changing the World: a Comprehensive, Continuous, Integrated System of Care Model for Organizing Services for Individuals with Co-occurring Psychiatric and Substance Abuse Disorders, (ICOPSD) is designed to improve treatment capacity for these individuals in systems of any size and complexity.

Customer Relations

Members of the Customer Relations Committee include Jason Allen, Beth Binegar, Jackie Johnson, Gratia Karmes, Robyn McKenzie, Bea Miller, and Kay Ross. Our committee reviews the Customer Satisfaction Survey, as well as other surveys done by LCMHA.

One of the goals of our committee is to plan an activity that allows consumers and staff time together outside of work parameters. This year, we organized Field Day 2003. Staff and New Focus Clubhouse members and friends got together for a picnic and volleyball. Staff donated door prizes and everyone received a t-shirt.

In another project, we appointed a subcommittee to develop a comprehensive list of area agencies that could be used by staff as a resource guide. We enlisted the help of Mark Roman who developed a link between our agency website, www.lcmha.org and the United Way website. It is now possible for our staff or anyone with a computer to access the Lenawee Resource list. We are very grateful to Mark for his tremendous help.

Do you have ideas for our committee? See one of us. Would you like to join this fun committee? See Kay in Customer Services.
The U.S. House of Representatives is considering legislation to vastly expand multi-employer Association Health Plans (AHPs) and undermine existing state laws that require health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses - commonly referred to as parity. This proposal (HR 660) would significantly expand the scope of a federal law (known as ERISA), that exempts self-insured employer health plans from state regulation. By expanding ERISA, HR 660 would encourage employers that currently offer health plans for their workers (and their families) to switch away from coverage that meets a parity standard, i.e. plans that cover mental illnesses the same as all other illnesses.

The AHPs envisioned by HR 660 would be exempt from all state insurance laws, including: state parity laws, minimum coverage standards for mental illness treatment and other consumer protections. The supporters of AHPs assert that HR 660 would help make employer coverage more affordable and ease the growth among the uninsured.

However, several recent studies have found that AHPs are not effective in reaching uninsured workers and their families and are more likely to fail as a result of insolvency.

NAMI advocates are strongly encouraged to contact their House representative to urge them to oppose HR 660, reminding them that this well-intentioned legislation would have enormous negative consequences for workers and their families. In NAMI’s view, HR 660 would:

- severely undermine the effectiveness of the 34 state mental illness insurance parity laws,
- fail to address the problem of the uninsured - studies demonstrate that most employers that would switch to AHP coverage already provide coverage on their own, and
- place workers and their families at risk of losing coverage - studies show that AHPs have a long history of plan failures and insolvency (AHPs would not have to meet current solvency and reserve standards enforced by state insurance commissioners.)

All House members can be reached by calling the Capitol Switchboard toll free at 1-800-839-5276 or at (202) 224 - 3121, or online at www.congress.org.

The Health and Safety Team first met in November of 1992 as a result of agency wide training in quality improvement systems. The mission statement of the team at that point was to "develop an agency security system that will guarantee a 24 hour safe working environment for LCMHA employees."

The team has continued to evolve and build on that original premise amidst changes in staff, regulations, workspace, and worldwide events. Currently our mission statement reads: "Working as a team, we will insure a safe working environment for all employees and consumers by identifying safety problem areas, developing strategies for correction, implementing corrections, and evaluating by providing ongoing safety monitoring."

At present, the team is comprised of: Keith Guel, Barb Howard, Kathy Illenden, Faye Lynn Reaume, Jeff Riggs, Kay Ross, Steve Stocker, and Kathy Tripp. One of the fun things we do is schedule emergency procedure drills! Employees never know when that alarm button will go off or when they may be evacuated from the building. Each drill teaches us something new about what happens during a drill, which means that procedures are constantly being looked at and evaluated.

We are concerned with personal safety and fire safety, along with monitoring health concerns, especially those related to blood borne pathogens, infectious diseases, and ergonomic issues. We work closely with the Management team as well as the county and other building directors in coordinating safety procedures for LCMHA, as we share occupancy of the Lenawee County Human Services Building.

We meet monthly to review health and safety issues and events and we welcome feedback from staff and consumers! We know that health and safety is an ever-changing area, and that our work will never be done! ■

Presentation

The Regional affiliation, including LCMHA, will be presenting Mr. Charles Curie, Director of the Substance Abuse and Mental Health Services Administration, Thursday, October 2 at the Kellogg Eye Center Auditorium in Ann Arbor. For information, call Bob Patello at (734) 544 - 2913.
Data Management Committee

A relatively new committee, the Data Management Committee has been in existence for the past year. Members include Eric Kurtz, Mary McMillen, Sharon Smith, Michelle Gubbe, Todd Wright, and Sally Dickson.

During the past year we have converted to the Adia software for all of our data and claims payment functions. We have worked with programmers to develop a program that is specific to our unique data and form needs. Our staff now has easy access to a client’s electronic medical record, streamlining their paperwork and allowing them to serve our clients more efficiently.

We have successfully submitted our performance indicator data and are certified through Adia to submit “837” transactions to the WCHO (Washtenaw Community Health Organization) and the State. Our committee monitors LCMHA’s performance indicators that track our response time for clients receiving assessments, ongoing services, or inpatient services. Our data is compared to acceptable standards in our affiliation and the State.

HIPAA Security Workgroup

The HIPAA Security Workgroup was organized in December of 2002 to develop and implement LCMHA’s privacy notice and HIPAA practices. HIPAA stands for Health Insurance Portability and Accountability Act, which was passed by the federal government in 1996. The purpose of the act is to protect consumers and specifically the use of consumers’ health information. The workgroup consists of Marsha DiCenzo, Brian Pearson, Peggy Ryder, Sandy Geyer, Eric Kurtz and Melinda Perez.

LCMHA’s privacy practice notice went into effect on April 14, 2003, with all new consumers receiving the notice at initial sign-in and current consumers receiving a copy at their PCP or face-to-face appointment with their supports coordinator. The privacy notice explains how and when LCMHA will use consumers’ protected health information, and how consumers may obtain information from their record.

The workgroup recently completed a new Confidentiality and Access to Consumer Records policy and procedure and is completing work on procedures for the electronic transmission of consumer information, such as e-mail, fax, etc. In addition, workgroup members have completed “security walk-throughs” of the agency to identify any potential problems with security of consumer information. Please contact one of the group members if you have any questions.

Utilization Management

The group which handles Utilization Management predates LCMHA’s Quality Improvement Program from the days when agency staff were responsible for reviewing records of those consumers who had Blue Cross insurance. Since that time, the committee’s duties have increased and only one original committee member remains. Our committee is comprised of Michelle Gubbe, Deb Beagle, John Berridge, Mary Poore, Susan Arena-Elardo, Kathryn Szewczuk, and Melinda Perez.

Committee members review one randomly selected consumer file monthly and review the record to make sure that documentation is appropriate, that all documents are signed with the staff’s credentials and dated, that PCP is completed, that there is evidence that natural supports were discussed and recruited as needed, and that all required documentation is in the record.

In addition, the group also reviews utilization management trends for the agency, such as hospital days used, hospital re-admission rates, hospital stays of longer than 10 days, denial of services, second opinion requests, results of

Grassroots Call To Action

The President’s Mental Health Commission’s Final Report presents a tremendous opportunity as we mark the 40th anniversary of the CMHC Act and strive to remain faithful to the history and goals of the Community Movement.

The time is now to mobilize grassroots efforts to implement the recommendations of the Administrative Tribunals, and several other indicators that reflect current utilization of LCMHA services, specifically changes in utilization. This review helps to provide information to the LCMHA Administrative staff and Board, which is then used in making decisions regarding allocation of services. Please contact one of the group members if you have any questions.

Final Report. Conduct discussions locally and state wide on strategies to keep public officials diligent and on track. Then as an organization we will plan out national tactics.

If you have not yet designated an advocate for your organization, we urge you to do so immediately. To view the final copy of this report, go to nccbh@ncbh.org.
Self-Determination / Independent Facilitation

- by Dawn Rarick, LCMHA Supports Coordinator

Each Community Mental Health Authority is required to assist all consumers of their services with the development of a plan (person-centered plan) which addresses how natural supports (family, friends, community resources) and their participation in services can help them achieve their goals. Under the Michigan mental health code, this planning is to be done at least annually. A consumer can request assistance to make changes in their plan as often as they see a need to do so.

A good person-centered planning facilitator is able to assist a consumer to find the supports they need to work through these changes and to reach their goals. They also help the consumer get people working together to come up with a plan that will show how and when this will take place.

The Self-Determination / Independent Facilitation Block Grant Committee has been working hard to educate consumers on their Person-Centered Planning (PCP) options, as well as on how to actually do the facilitation themselves. Currently, a consumer can facilitate their own meetings, or they can have a family member or friend do it. Many people use their LCMHA Supports Coordinator or another person they know through the services they receive.

Local training on how to effectively facilitate the PCP process has not been available until this year. Since April, we have offered six training sessions, and have trained over 70 people including consumers, family members, Supports Coordinators, other LCMHA staff, community members, and LCMHA providers. Some will qualify and will choose to go on to become what we are calling “Independent Facilitators.” Independent Facilitators are not employed by LCMHA, but rather receive payment through a contract with the regional affiliation.

Training sessions are not just for those wishing to become Independent Facilitators. They are also for any individual who wishes to become more effective at facilitating their own or another’s PCP process. Look for notebooks that contain the biographies and pictures of training graduates at LCMHA and at provider sites. The notebooks contain information on how to select a person to facilitate your next PCP, about facilitation itself, and about how this coordinates with Self-Determination (our next project.)

Upcoming training sessions are posted in the LCMHA lobby. They are free and lunch is provided. Please contact Dawn Rarick at LCMHA (517) 264 - 0172 or Carol Wotring at New Focus (517) 263 - 3577 if you have questions, want to know more about your options, want to join our committee, or are interested in attending a training or becoming an independent or more effective facilitator.

Planning for life’s changes is a difficult process for everyone. We are here to help!

The best way to cheer yourself is to try to cheer somebody else up.

- Mark Twain

Public Notice

The Joint Commission on Accreditation of Healthcare Organizations will conduct an accreditation survey of Lenawee Community Mental Health Authority on September 16 and 17, 2003. The purpose of the survey will be to evaluate the organization’s compliance with nationally established Joint Commission standards. The survey results will be used to determine whether, and the conditions under which, accreditation should be awarded the organization.

Joint Commission standards deal with organization quality of care issues and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a Public Information Interview with the Joint Commission’s field representatives at the time of the survey. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for a Public Information Interview must be made in writing and should be sent to the Joint Commission no later than five working days before the survey begins. The request must also indicate the nature of the information to be provided at the interview. Such requests should be addressed to:

Division of Accreditation Operations Office of Quality Monitoring Joint Commission on Accreditation of Healthcare Organizations One Renaissance Boulevard Oakbrook Terrace, IL 60181 or faxed to (630) 792 - 5636 or emailed to complaint@jcaho.org

The Joint Commission’s Office of Quality Monitoring will acknowledge in writing or by telephone, requests received ten days before the survey begins. An Account Representative will contact the individual served requesting the public information interview prior to survey, indicating the location, date, and time of the interview and the name of the surveyor who will conduct the interview.
Wanted

The LCMHA Consumer Advisory Committee is looking for consumers who may be interested in serving on various regional committees. Consumers of either public or private mental health services may apply.

The LCMHA Consumer Advisory Committee meets monthly. If you would be interested in attending one of the meetings or request further information, please contact Jim Thompson at (517) 263 - 8905, extension 283.

Staff Spotlight

- by Jackie Johnson

Work is interfering with Virginia McKown's dancing, sooo . . . after almost 15 years with LCMHA, she is retiring in October of this year.

Actually, more went into Virginia's decision to retire, but dancing certainly played a big role. I get tired just hearing about her "on the go" lifestyle. Virginia can be found dancing 5 nights a week. She often travels great distances (Louisville, KY; Holland, MI) to attend National Square Dance Conventions.

Dancing isn't all Virginia does in her spare time. She enjoys having slumber parties for her 7 grandkids, traveling with her sisters, horseback riding, roller skating, swimming, and any kind of outdoor activity.

Virginia has worked in virtually every department at LCMHA. She has been secretary for MI Case Management, worked for Access, worked for Assertive Community Treatment, and Specialized Residential, and even worked for Bill Rawlings (the old-timers here know that goes back a few years!). The past four years, she has worked for medical records. Virginia is someone who does not demand a lot of attention, who works quietly in the background and just gets the job done.

Virginia plans to retire and work just two days a week. We're glad we don't have to give her up completely. We would miss those square dancing stories! Congratulations and Best Wishes Virginia!!

- by Jackie Johnson

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Customer Service
1-800-664-5005