

New Citizenship Guidelines

FOR MEDICAID ELIGIBILITY

Supplemental Security Income (SSI) are exempt from the new requirement.

New applicants for Medicaid will not receive benefits until they can present the required evidence of citizenship and identity. For those individuals renewing Medicaid benefits there

may be an interruption in their Medicaid benefits if they do not provide the required documentation.

For most people, citizenship is established by providing an original or certified copy of their birth certificate which can be obtained through the County Clerk in the county where an individual was born. Identity is most commonly established by providing a US driver's license or state-issued ID card, school identification card with a photo, US military card or a Native American Tribal document. Children under the age of 16 are able to document their citizenship and identity through use of nursery school or daycare records as evidence of identity. Parents may also sign an affidavit as to the identity of their child. Primary documents that establish both citizenship and identity include a US passport, certificate of naturalization, or certificate of citizenship.

If you have any questions about these new requirements or need assistance in obtaining these documents, please contact your case manager at Lenawee Community Mental Health Authority, or LCMHA Member

Services at (517) 263 - 8905 for assistance. If you have access to the internet, you can go to www.firstgov.gov for information at [Replace Your Vital Documents](#) if you need assistance in locating documents. ■



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

The Centers for Medicare and Medicaid Services (CMS) issued guidelines for states to implement the new requirement that requires documentation of both citizenship and identity for all persons applying for or renewing Medicaid benefits, July 1, 2006. The new requirement is mandated by the Deficit Reduction Act of 2005 (DRA) and is intended to ensure that all Medicaid beneficiaries are citizens. Michigan began implementing the new requirement August 1, 2006 for those individuals applying for Medicaid and those who are renewing Medicaid benefits. The new documentation requirement does not change the eligibility criteria for Medicaid for any group of beneficiaries.

What does this mean to you our consumers, families, and providers?

Individuals who are senior citizens (age 65+) and those with disabilities who also receive Medicare or

GRAPPEVINE



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5th Annual Sharing Hope

This year's Sharing Hope Conference is scheduled and just waiting for you to register. The committee listened to all who attended last year and stated they wanted to attend more than one of the breakout sessions. We have scheduled them for both am and pm.

Great keynote speakers will talk about their struggles and triumphs of living with mental illness. In the afternoon, the Sharing Hope troupe will present an Anti Stigma skit!



Mark your calendars for Wednesday, October 25, 9:00 am to 3:00 pm at St. Luke's Lutheran Church in Ypsilanti. To register, call Doris Peoples at (734) 544-6812 or email her at peoplesd@washtenaw.org. You can also call Member Services at (517) 263-8905 or come to LCMHA and pick up a brochure.

Don't forget to check out the Sharing Hope Nomination Form on Page 7. ■

A Word With The Director

As summer begins to wind down and another season is quickly approaching, I am reminded that change, whether it be big or small, is constant and inevitable.

Lenawee Community Mental Health Authority experienced a big change this summer with the retirement of Gratia Karmes. After 27 years serving this organization, the consumers for whom we exist, and the greater human services community, Gratia decided to close this particular chapter of her life. She is looking forward to beginning a new adventure as a mental health consultant for Head Start in Hillsdale and Jackson counties.



She is also looking forward to the opportunity to spend more time doing what she loves most . . . in her words, "real social work" serving in areas of disaster, counseling victims and helping in whatever way she can . . . and, of course, spending more time with her family. Gratia has definitely left an indelible mark on this organization and we wish her the greatest success as she accepts new challenges and opportunities.

It seems that change begets change. As we bid farewell to Gratia, we welcome Kathryn Szewczuk to our Management Team to assume supervisory responsibility for our Community Services Outreach department. This will be a new adventure for Kathryn who has served our organization for the past 11 years, first as a Wraparound

Facilitator, and more recently as the coordinator of this community's Wraparound project. She brings much experience and knowledge to her new position and I am confident that the department will continue to flourish under her leadership.

I trust you will find this edition of the *Grapevine* interesting and informative. There is some exciting news concerning a restart of NAMI of Lenawee, the upcoming Sharing Hope conference, the Rally to Ride event . . . and, of course, many other announcements and articles of interest. As always, your thoughts and comments about this publication or questions regarding the information contained in it are appreciated. Please call us at (800) 664-5005 to voice your concerns. ■

Open Enrollment

ATTENTION: INDIVIDUALS WHO DO NOT HAVE INSURANCE COVERAGE

There will be open enrollment for the Adult Benefit Waiver Program beginning September 1, 2006 through October 31, 2006. You must apply for the program through the Department of Human Services located on the third floor of the Human Services building (1040 S. Winter Street, Adrian, MI.)

If you do not qualify for Medicaid coverage, you may be eligible for this program. The program has many

benefits such as prescription coverage, lab work, inpatient coverage, mental health services provided by LCMHA programs and other miscellaneous services. Some services involve a co-payment. Prescription co-payments are \$10.00 for a brand name and \$5.00 for generic. For a listing of covered services and co-payments, please contact the Department of Human Services at (517) 264-6300.

It is important that you check with your current medical

providers to see if they accept the Adult Benefit Waiver Program. Some local doctor offices are not accepting new patients with Medicaid or Adult Benefit Waiver. If your current provider does not accept the program, please check with the Department of Human Services for local or surrounding area providers. ■

If you do not wish to have future newsletters mailed to your home, please notify:

**Member Services
1-800-664-5005**

Jail Diversion

Jail Diversion is a program or system that works to benefit both the person with mental illness and the judicial system.

According to Steve Stocker, who is the LCMHA representative for the Lenawee program, Jail Diversion is affiliation-wide, encompassing Lenawee, Livingston, Monroe, and Washtenaw Counties. However, due to the differences in population in each of the counties, each program is different and unique.

The Jail Diversion program, mandated by the State of Michigan, consists of three parts. **Pre-booking** works when the police are called, or when police see someone they think might be having difficulty due to a mental illness or substance abuse. Through training, the police can assess the situation and make a determination as to whether this person needs to be taken to jail or could benefit from an evaluation to determine whether there are psychiatric issues

involved. If it is determined that the person needs psychiatric intervention, it will be done. The person agrees to follow all recommendations, with LCMHA and court system oversight, to make sure the intervention is a success.

Another part of this system is **Post-Booking**. In this case, the person has already been booked (gone through the process of being formally placed in jail). The court, jail personnel, LCMHA, or the person in jail can ask for an assessment. All parties involved must agree to the assessment, and if the person in jail meets the criteria for jail diversion, steps will be put in place to help the person get what he/she needs outside the jail setting. If the person does not meet the criteria for jail diversion, he/she stays in jail.

The third part of the jail diversion system allows a person to be assessed for psychiatric services after they have been sentenced to jail. These services are provided by

a LCMHA psychiatrist at the jail, and also by a therapist, Steve Decker. Other programs to benefit the person in jail are being looked into, including the MRT (Moral Reconation Therapy) groups. This type of program could one day be used to fulfill a person's jail commitment outside of incarceration.

Of note is that this system of care is not a "get out of jail free" card. It is done to make sure the appropriate service is given to the person. This system is a collaborative community effort through LCMHA, along with the hospital, police, fire, EMT, and corrections officers, who are being trained in this model. There will be much more information forthcoming in the future as this type of care progresses to become a system that Lenawee County can be proud of. If you have questions about this program, contact Steve Stocker at LCMHA (517) 263 - 8905. ■

Children

COMMUNITY BASED CARE IMPROVES OUTCOMES

As part of the first-ever National Children's Mental Health Awareness Day, SAMHSA (the Substance Abuse and Mental Health Services Administration) released data showing that children and youth with serious mental health needs make substantial improvements through community-based

services. The data show that children and youth in "systems of care" spend less time in inpatient mental health care, experience fewer arrests, make improvements in their overall mental health, and do better in school than before enrollment in the program.

A system of care is a coordinated network of community-based services. Families and youth work in

partnership with both public and private organizations so that services and supports are effective, build on an individual's strengths, and address each person's cultural and linguistic needs.

Taxpayer money is saved when compared to the traditional mental health service delivery systems by:

- Fewer days in inpatient care
- Decreased use of inpatient

New Booklet Available

The Lenawee County Health Department currently has 4,000 copies of the booklet "[Preparing for a Public Health Emergency: What you need to know](#)". Created by the Michigan Department of Community Health, these booklets describe what to do in a biologic emergency. Most importantly, they contain a section where medications and medical conditions can be listed for each family member.

This booklet will be invaluable in the case of a public health emergency when we need to distribute medication to thousands of residents in a very accelerated time frame. If you would like multiple copies for your office or organization, please contact Susie Dice, Emergency Preparedness Coordinator at the Lenawee County Health Department at (517) 264-5209 or healthed@tc3net.com. ■

facilities

- Reduced arrest results in per-child cost savings
- Mental health improvements sustained
- Suicide-related behaviors were significantly reduced
- School attendance improved
- School achievement improved
- Significant reductions in juvenile detention ■

- excerpt from SAMHSA NEWS,
Vol 14, No. 3.
www.systemsofcare.samhsa.gov

MI Volunteer Registry

The Michigan Department of Community Health, Office of Public Health Preparedness has launched the MI Volunteer Registry, an Internet-based system enabling health care personnel and citizens to pre-register to volunteer to provide assistance during an emergency.

To meet the immense demands of large-scale emergencies, hospitals and other health care providers depend on volunteers. The registry assembles volunteers based on the verification of their identity, credentials, and qualifications.

Those interested in volunteering can securely enter their contact information and preferred county for volunteering on the website. During an emergency, volunteer information will be gathered and appropriate volunteers contacted by e-mail or text-pager. The website also provides general information regarding specific events, exercises and drills, general knowledge, and training.

Doctors, nurses, behavioral health, emergency medical services personnel, ancillary support staff, and all other individuals interested in assisting are encouraged to register.

For more information and to register, please visit www.mivolunteerregistry.org. ■

MEMS

THE MODULAR EMERGENCY MEDICAL SYSTEM

The Lenawee County Health Department and Lenawee Health Alliance are active partners in preparing for disasters. The preparedness model that we have adopted is called MEMS - the Modular Emergency Medical System. Created by the Department of Defense in 1998, MEMS creates a framework for the rapid expansion of local health services. It is comprised of two major components - the Neighborhood Emergency Help Center and the Acute Care Center.

In a disaster, the Neighborhood Emergency Help Center will be every citizen's point of entry into the health care system. Coordinated by the health department, the Help Center will be able to provide information and prophylactic

medication to thousands of residents. It will ease the burden on local hospitals by diverting the worried well from their doors.

Those patients needing more than simple prophylaxis or reassurance will be directed to the Acute Care Center. Coordinated by Lenawee Health Alliance, the Acute Care Center will take care of the "walking wounded", e.g. lower acuity patients needing oxygen, IV's, splinting, etc. Those needing a higher level of care will be transferred to the Emergency Department. Both the hospital and the health department are working with local agencies to determine appropriate sites and work out Memorandums of Understanding. As soon as these are in place, the sites will be announced to the public.

On July 28, the health department and the hospital tested the MEMS concept with a countywide exercise. Approximately 75 people arrived at the Neighborhood Emergency Help Center. From there they were sent to either the Acute Care Center or the Emergency Department, or some stayed at the Help Center to receive prophylaxis. To better simulate a real communicable disease outbreak, the disease or bioterrorism agent was not known until a few days before the exercise.

If you would like to know more about the MEMS system, please contact Susie Dice, Emergency Preparedness Coordinator at the Lenawee County Health Department, (517) 264-5209. ■

Home Alone

IS YOUR CHILD READY?

Children gain much from the opportunity of being able to care for themselves - but only when they're mature enough to take this step. There is no set age, but experts usually suggest at least 11 or 12. Your child may be ready if he or she:

- Has already handled short test runs successfully.
- Gets ready for school and does chores and homework with little coaching.
- Uses the phone and takes messages properly. Teach them not to tell callers they're home alone.



Make sure your child also knows:

- His or her full name, address, and phone number.
 - Your contact numbers and those of backup adults.
 - Not to enter the house if a window or door is broken or open.
 - Where a flashlight is in case of power failure.
 - How to exit the house quickly in case of fire.
 - What to do when there is a knock at the door. ■
- Source: National Association of Childcare Resource and Referral Agencies.*

Lenawee Community Mental Health Authority

WORD SEARCH PUZZLE

I G P M P Q J U X D D Q Q R E U W E N O
 L A E J S Y B C N O T C N D V J X I W C
 R H I U D P C S C N J R E R O N I L D J
 C I A N R S G T B K D V V P E D E E I O
 G Q G L E T O W Y T E F A S B D G X S R
 B X S H P R C P C L P S S Y I G L E O H
 J H M U T E H O O G R S U C N F S R R W
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 Q I Y T M S M L O N S U B I B J R I E P
 V K V T U E L R L Z S O L A K J S S R A
 V O L M N N D L M D I E T T T A F E E G
 O F E T K E I I E Q O H L R B M V H C H
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 D I L L E U R G U M S M C G Y Q S Q D Y
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ABUSE
 ANTISTIGMA
 AWARENESS
 CONSUMERS
 COUNSELING
 DEPRESSION
 DEVELOPMENTAL
 DIET
 DISABILITY
 DISORDER
 DOCTOR
 EXERCISE
 GRIEF
 ILLNESS
 MEDICATION
 MENTAL
 NURSE
 PREVENTION
 PSYCHIATRIST
 RECOVERY
 RIGHTS
 SAFETY
 SCHIZOPHRENIA
 STRESS
 SUBSTANCE
 SUICIDE
 TREATMENT

Second Chance Act

PUBLIC POLICY UPDATE

The House Judiciary Committee recently passed H.R. 1704/S.1934, commonly referred to as the Second Chance Act. The bill is aimed at helping states and communities better address and meet the addiction treatment and mental health needs of people leaving prison.

During the markup session, Rep. Louie Gohmert (R-TX) proposed an amendment to bar discrimination against faith-

based groups, potentially opening the door to a debate about whether religious groups that receive federal funding via the Second Chance Act are engaging in discrimination or preferential hiring if they take into account religious beliefs in their hiring practices. The amendment did not pass.

The Second Chance Act reauthorizes the Adult and Juvenile Offender State and

Local Reentry Demonstration Program, under which states craft programs focusing on housing, jobs, addiction treatment, mental health treatment, and services for families and children of incarcerated parents in order to help prisoners transition into life in their communities upon release. Treatment for mental health and substance abuse disorders are a high priority of the Act, given the high rate of relapse when treatment is not available to those leaving prison.

The legislation has been up for consideration in each of the last three sessions but has never made it out of committee and onto the House or Senate floor for a vote.

The National Council for Community Behavioral Healthcare is part of a broad bipartisan coalition of groups lobbying for support of this important issue. More information may be obtained by going to nccbh.org. ■

Kids and Seat Belts

If your kids don't like to stay in their seat belts, try putting them in charge of "buckling up" their favorite stuffed animal. Then make sure they understand how safe the animal is when it's wearing the seat belt. Pretending to be race-car drivers or astronauts may also motivate them to stay buckled up.

For long car trips, make an activity bag for each child with stickers, paper, crayons, magnetic games, puzzles, and a bottle of water to help pass the time. ■

Source: American Society of Travel Agents

Childproof Bottles

Even if you don't have kids at home, childproof your medicine bottles and keep them out of reach.

Up to 23% of all prescription drugs swallowed by children under five belong to someone who doesn't live with them.



Common mishaps: Kids find medicine in guests' purses, or when visiting others they can grab containers on bathroom sinks. ■

Source: Understanding Health Care, by Richard Saul Wurman

News And Views

CONSUMER ADVISORY COMMITTEE

Hello from your Consumer Advisory Committee (CAC).

The CAC has been very busy this summer. The new year started with welcoming our newest board members elected to office in June. They are Todd Ackley, Terri Snyder, and Kevin Venable.

The committee met on August 11 for their Strategic Planning meeting. New goals were established as well as plans to

reach our goals. Watch for upcoming information in future issues of the Grapevine. Dates of Interest are:

■ **September 20** - NAMI presents Judge Noe from 3 - 5pm in the River Raisin Room.

■ **October 4** - Power Day This year's theme is Empowerment.

■ **October 25** - the 5th Annual Sharing Hope Conference. Keep this date

open as new and exciting things are happening at this conference.

The Consumer Advisory Committee meets the fourth Tuesday of every month. For more information about the committee, go to the LCMHA website, www.lcmha.org and look under [Services/Resources](#), click on [LCMHA Consumer Advisory Committee](#). ■

Consumer Survey May 2006

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY

	Disagree / Strongly Disagree	Strongly Agree / Agree
1. This agency is helping to achieve my outcomes.	4%	96%
2. Given other choices, I would still choose to get services from this agency.	5%	95%
3. I would recommend this agency to a friend or family member.	5%	95%
4. Agency staff respect my language, race, religion, ethnic background and culture when providing services.	2%	98%
5. This agency helps me feel safe.	3%	97%
6. Overall, the services that I am receiving from this provider are what I expected or are better than what I expected.	6%	94%

*Total sent: 1006 • Total responses: 186 • Return rate: 18%
56% of respondents were consumers*

Goal: 95% or greater respondents that either Strongly Agree or Agree

Sharing Hope Achievement Awards

NOMINATION FORM

The four affiliates of the Community Mental Health Partnership of Southeast Michigan would like to honor one individual from each County to receive an Achievement Award at the Sharing Hope Conference on October 25, 2006. The four winners will receive special recognition at the conference.

Who can be nominated? Anyone who has shared or offered hope through promoting awareness of mental health issues, offered support, helped reduce stigma, overcome struggles with mental illness or developmental disability, volunteerism, outreach, among others.

The winner from each County will be selected by the respective Management Team. Deadline for turning in your nomination is September 15, 2006. Winners will be notified prior to the Sharing Hope Conference, October 25, 2006.

Please complete the following questions and return the completed form **to Kay Ross, Member Services Rep., no later than September 15, 2006**. Please feel free to use additional pages, as needed.

1. **Who are you nominating for an Achievement Award?**

2. **Why are you nominating this person for the Sharing Hope Achievement Award?**
(please list all accomplishments, contributions, etc.)

3. **Please provide your name and how we may contact you for more information:**

Name / phone number / email address

News From NAMI



The local chapter of National Alliance on Mental Illness (NAMI) is sponsoring a special presentation by Judge Margaret Noe on Wednesday, September 20, from 3:00 - 4:30 pm in the River Raisin Room of the Human Services building. The topic is **Hope and Help for Youth and Adolescents**, which will link some changes in behavior to ending up in the court room or needing mental health services, and where and how to get those services. For more information about NAMI or regarding this event, contact Diane at (517) 263-3577. ■

A Tip

FROM THE OFFICE OF RECIPIENT RIGHTS

Did you know that the Mental Health Code requires staff to treat consumers with dignity and respect. This means treating a consumer with esteem, politeness, and honor.

Dignity and respect is further clarified by the consumer or family, and is considered in light of the specific incident, treatment goals, safety concerns, standards, and what a reasonable person would expect under similar circumstances.

Here are some easy things we can all do to show consumers

dignity and respect:

- Ask the person how they prefer to be addressed (i.e. first name, Mr./Mrs., etc.)
- Be on time for scheduled appointments
- Use a respectful voice and age appropriate, positive language
- Encourage the person to make choices, do things independently, and try new things

- Engage and include the person in conversations
- Be sensitive to literacy issues, spiritual/religious beliefs, cultural differences, etc.

As always, if you have any questions about this Tip or any other rights issue, please contact the Recipient Rights Officer.

Emily Rostash, J.D.
Office of Recipient Rights
(517) 263 - 8905, ext. 292

Volunteers Needed

InterConnections Drop In Center needs Board Members. If you are a consumer of mental health services, and would like to be involved in this consumer-run

venture, please contact Brenda or Kathy at (517) 265-9588, or stop by the Center at 110 W. Maumee Street, Adrian. ■



l e n a w e e

Community Mental Health

a u t h o r i t y

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