



Network News

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***Congratulations
to All on Your
Successes!***



2008 Walk A Mile In My Shoes Rally

by Sally Amos O'Neal, Customer Services

Why we walk...The Walk A Mile in my Shoes Rally is a symbolic walk for mental health and developmental disability advocates around Michigan at our state Capitol to educate the public and lawmakers about mental health.

We need to work together to end the stigma associated with mental illness and developmental disabilities. Centuries-old and based in fear, stigma is what keeps many people from getting the help and support they need. The general lack of knowledge and understanding about mental illness can limit opportunities, stand in the way of a job, increase feelings of isolation, and generally keep people from fully participating in society.

Yet stigma can be overcome by practicing these easy steps:

- ☺ **Use respectful, person first language**
- ☺ **Emphasize abilities, not limitations**
- ☺ **Tell someone if they express a stigmatizing attitude**
- ☺ **Provide opportunities for participation and inclusion**

Look closer and experience what it is like to Walk A Mile in My Shoes!



Kenny Person, Jason Zurawski and Donald Bauer served as representatives for Washtenaw County at the Walk A Mile Rally In Lansing.

Celebration of Success 2008

by Donna Orrin, Customer Services

Sixty individuals were honored at the WCHO/CSTS Celebration of Success event on May 12. A large crowd gathered at the festive occasion to see individuals receive their certificates in a most warm, friendly and enthusiastic manner. Awards were given out for achievements such as:

- Maintaining sobriety, employment, health
- Living Independently
- Receiving scholastic achievements
- Learning new skills
- Creating artwork
- Overcoming the challenges of several psychiatric hospitalizations
- Reestablishing contact with one's children
- Improving one's ability to walk without use of a wheelchair
- Providing healthcare coordination and advocacy
- Becoming involved socially
- Reducing the frequency and severity of psychiatric hospitalizations
- Training the police when they are responding to crises.
- Listening to family and individuals
- Sharing one's own recovery process
- Maintaining health and keeping weight down
- Being a successful entrepreneur
- Creating greeting cards
- Expressing one's needs and wants
- Helping needy children
- Working as a volunteer

The **Peer Support Specialists** were also honored at the gala event as well as important policy makers:

**WCHO Consumer Advisory Council, WCHO Consumer Advisory Panel
Affiliation Quality Improvement Committee**

Comments from award winners included:

"We have forced staff to change their minds on some things."

"The Chelsea Program has been a godsend for my daughter. She has the opportunity to do something good. She's made more progress and is going through another growth spurt in her 40s."

"I'm working among the best. I've come a long, long way."

"I would not be here today if someone didn't believe in me."

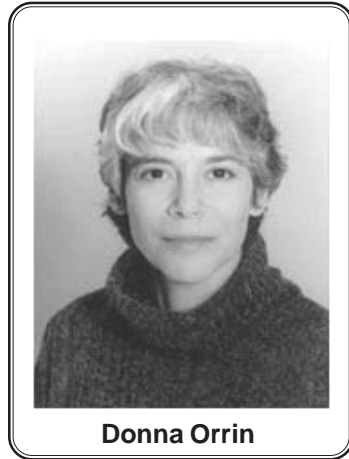
"I want to thank my family for not giving up on me."

The **Common Chords Hand Chime Choir** started off the program that mesmerized us and added to the joy of the evening. **Kathy Reynolds** and **Donna Sabourin** gave out the awards. **Saul Cooper**, a former Community Mental Health Director was honored for his lifetime of community service.



Hope Happens!

Donna's Corner of Hope & Recovery Number Seven



Donna Orrin

There have been times that relationships with loved ones in my life have been overcome with negativity. Times people have angrily judged and condemned me, labeling me as morally or personally weak, with no investment in working to control my symptoms. "Pull yourself up by your bootstraps." "You're just being lazy." "Snap out of it!" "Get a life!" Endless comments from others that were endlessly ruminated over by me.

Sure, I had some choice words to shoot back at them, and we would get caught in constant fights. There were two different times that one of my sisters and I did not speak to one another for an entire year, despite the fact that we lived in the same city. Feelings were at a high pitched fever. People just couldn't see how hard I was trying not just to overcome my symptoms but also to just survive them. They confused behavior with symptoms; thinking I was actively choosing to respond in a specific way when it could be just a symptom behind the action or words or situation. It was when so little was known about mental illness

However, as I have been more successful with my recovery process (it's a process) and as we all have learned more about recovery, we have since worked hard to cultivate better relationships with one another. In fact, we have developed even

There's a common saying that has been around for several years now. "The worst thing about mental illness is how few people understand it." While it's been several years since that saying caught on, I'm afraid it is still true. Sometimes the ways we are treated are worse than the symptoms themselves.

-- Rosalyn Carter

better bonds than before and have been a strong support for one another. It didn't come easily and it didn't come soon.

These significant changes were in part, the result of an attitude of forgiveness by all involved. Personally speaking, the forgiveness helped me heal in a major way; not just benefiting relationships with loved ones. Reunited bonds have become win-win relationships.



It Just Makes Good Sense...

By John Shoves, LMSW, AMSW,
CSTS Program Administrator

Premature death robs the recovering individual of the fruits of a long, hard effort - a meaningful life in the community. Most persons with serious mental illness don't reach recovery until their mid-40's. Now that people with serious mental illness are dying 25 years sooner than the general population, they are left with many fewer years of life to enjoy their recovery.

-- Morbidity and Mortality in People with Mental Illness Report 2006

Physical wellness and access to health care are critical parts of a person's mental health recovery. Some individuals with mental illness are at much higher risk of certain health conditions and may not access health care services because our care system has separated body and mind. The result can often be having to go to several different offices, to work with several different professionals, on several different days, for several different conditions. This fragmented delivery of care can be a real burden on the person trying to use it and there is a real risk of communication breakdowns or complete lack of communication between health providers.

What if you could go to one office and have a single team of staff members treat both your body and mind? What if you went to your CMH office and

they worked with you to communicate with your primary care doctor about your diabetes or your hypertension? Would you like to go to your primary care doctor's office and get both your mental health and primary care health needs met? These are the questions that Washtenaw County Community Support and Treatment Services [CSTS] are responding to. We are responding because we believe that a person's mental health recovery is linked to their physical wellness.

So what are we doing? Here are a few examples of how we are bringing body and mind together to help people with their recovery.

- √ CSTS nurses work with every consumer to communicate with their primary care provider and help keep open and active communication between the two systems.
- √ CSTS case managers and nurses help consumers who do not have a primary care provider to get one.
- √ CSTS has a nurse practitioner available to help people get a primary care provider and to help with assessment and treatment of physical health needs.
- √ CSTS has partnered with 6 primary care offices in Washtenaw County by placing mental health staff in their offices to help providers improve their treatment of mental health needs at the primary care office.
- √ CSTS provides daily substance abuse recovery groups at each program site to help people with their dual recovery issues related to having both a mental illness and a substance recovery need.
- √ CSTS offers an array of wellness groups, nutrition groups and walking groups.

The mental health care system is changing around the country as we learn more about the importance of treating both the mind and body together. This type of treatment is known as health care integration. Washtenaw County is one of the leaders in developing models of health care integration. We are proud to lead both within the State of Michigan and around the country. After all, as we see it - It just makes good sense.

Prevention is the key...

by Brandie Hagaman, CSTS Integrated
Health Supervisor

Every life has value and every person has promise. The reality is that for too long we provided lesser care to people with disabilities. Today, we must redouble our efforts so that people with disabilities achieve full access to disease prevention and health promotion services.”

-- Former U.S. Surgeon General Richard Carmona

Due to the health status and increased risk for certain health conditions of the unique population that CSTS serves, it is key that prevention of chronic illnesses are adequately addressed in programming. The road to recovery includes wellness and wellness can involve health prevention activities and learning sessions in order to make healthier decisions and increase activity. It can become overwhelming to deal with many health conditions, and to address all these needs, health promotion and disease prevention activities need to be at the forefront of care.

Over the past few years programs have been offered at CSTS in order to provide consumers the resources and tools they need to effectively manage these conditions. Many chronic conditions can be managed and controlled with a healthy lifestyle that includes healthy food choices, adequate physical activity, medication management, quitting smoking

and coordination of care with a physician. The following programs are being offered to consumers to help address these issues and to provide education on how to lead a healthy lifestyle and better the quality of life for everyone.

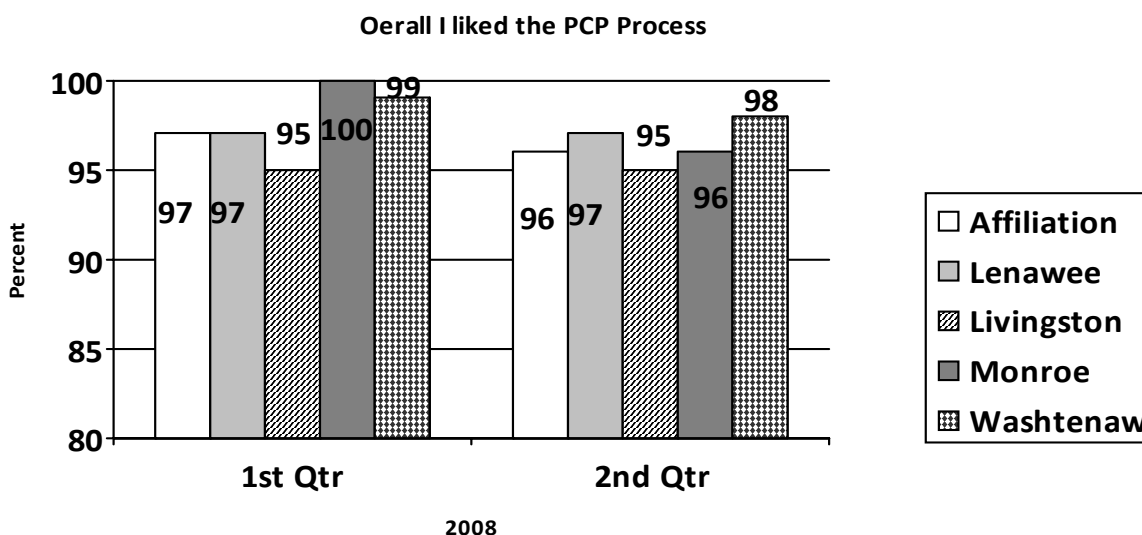
- Nutrition Classes in partnership with EMU and MSU Extension that address topics like the Food Guide Pyramid, serving sizes and seasonal fruit and vegetables.
- Smoking Cessation in partnership with Washtenaw County Public Health to help provide resources for staff and consumers on the negative health effects of smoking and to help to quit smoking.
- Health Promotion series that addresses healthy eating, physical activity and the self management of diabetes. This is a five part series that is taught in partnership with MSU Extension.
- Diabetes Disease management program that focuses on the treatment and management of diabetes in partnership with the CSTS mental health team. This program coordinates care with outside physicians and offers nutrition and diabetes education.
- Sex Education classes in partnership with Planned Parenthood that addresses issues of safe sex, STD's and HIV.
- CSTS has partnered with the Meri Lou Murray Recreation Center to offer opportunities for physical activity.

The mental health care system, in partnership with other local agencies, hopes to provide a wide array of health promotion and disease prevention activities in order to meet a variety of health care needs for all consumers that we serve. After all, as we see it- Prevention is the key.

Quality Improvement: Person Centered Planning Satisfaction

By Shauna Reitmeier, Regional QI Administrator

Every year when a person has their Person Centered Planning meeting (PCP) we, the Community Mental Health System, ask for feedback from consumers and or guardians on how the PCP session went. A survey is given to the consumer and or guardian at the end of the PCP meeting. The survey can be completed and dropped off at the CMH building or mailed back to the office in the provided self addressed stamped envelope. The goal behind the survey is for the CMH to identify what is going well with the PCP process and what needs to be improved upon. Below are the results from the survey question, “Overall, I like the PCP Process”. The **Target is 90%** satisfaction and the response rate for surveys returned was 23% for the first quarter and 31% for the 2nd quarter.



Livingston Receives A Perfect Score

By Denice Virgo, Director; Office of Recipient Rights

During the week of March 4th, the Livingston CMH Rights Office underwent their MDCH ORR Systems Assessment. The Mental Health Code requires that every three years, MDCH review CMH rights systems in order to ensure a uniformly high standard in all areas of rights protection. Staffed by Rights Officers **Elizabeth Mooney** and **Kristen Ora**, they earned a **perfect score of 292! Congratulations on a job well done!**

I would further like to recognize the entire Rights team who was directly involved in supporting this success. Everyone’s hard work, expertise, and commitment to a culture with a shared vision of excellence in rights protection, has been truly remarkable. The lead Rights Analyst/assessor stated that as a result of the peer reviewing, peer monitoring, supervisory support and systems learning from all of our affiliate assessments, the speed of learning and quality of the rights reports were impressive.

Please join me in acknowledging **Kristen and Elizabeth**, along with **Nicole, Matt, Shelley, Elke, Liz, Fran, and Shane** for all they bring to our affiliation and our Rights Department!

The M3P Program Reaches It's One Year Anniversary

by Elizabeth Spring, RN, BSN, MS
Deputy Director for Early Intervention & Detection

The M3P Program received a \$2 million grant from the Robert Wood Johnson Foundation (RWJF) in April, 2007. M3P was 1 of the 5 sites in the US chosen by the RWJF to participate in a research and treatment study that attempts to prevent the progression of psychotic illness. The M3P Program has a mission to reduce the incidence of mental illness (such as schizophrenia and bipolar disorder) in Washtenaw County through early detection in those aged 12-25 years. M3P's accomplishments for this year were focused in three areas: 1) staff recruitment and start-up; 2) community outreach; and 3) implementation of clinical services to the targeted population.

Under the leadership of Dr. Karen Milner, Principal Investigator; Elizabeth Spring, MS, RN, Deputy Director; and the National Program Office (NPO), the M3P staff began in April 2007 to "get the word out" by educating the community about the benefits of EARLY IDENTIFICATION and the need to reduce the stigma related to mental illness. This concept is not new in medical settings; however, the mental health community needs to be educated as to the importance of detecting the early symptoms. During the past 12 months, the M3P staff has conducted educational presentations to more than 1,800 people in a variety of settings that range from universities and schools, to government and human service agencies.

including 16 clients and a supporting cast of friends and family. We have received numerous referrals and have performed many screening assessments, allowing us to identify those persons who meet the criteria for acceptance into the program. M3P is off to a roaring start, thanks to the dedication and diligence of its many screening assessments, allowing us to identify those persons who meet the criteria for hard working staff, and the unwavering support of our community partner.

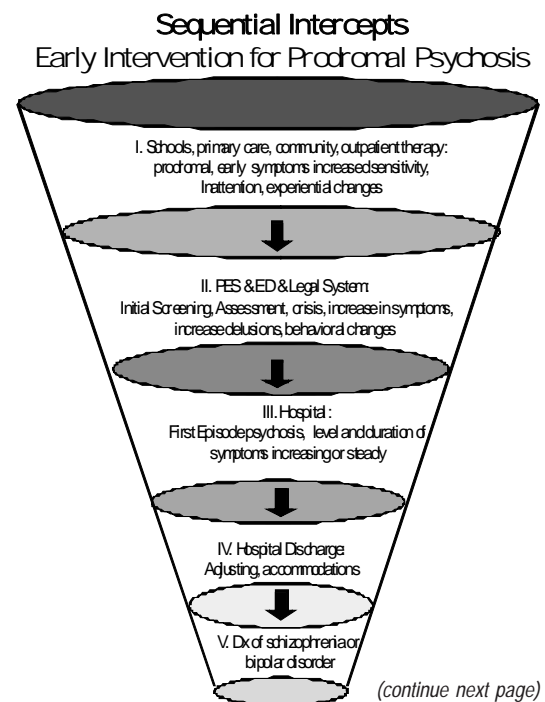
Early Detection Is Crucial

All of the Sites in the Early Detection study are attempting to reach clients in the prodromal phase. It is in this phase that symptom and disability formation has already begun, but not yet evolved to active psychosis levels. At M3P, our goal is to treat ongoing symptoms and prevent further progression. Our mission is to educate anyone who has contact with persons between ages 12-25, to familiarize them with the cluster of symptoms that are associated with developing psychosis.

As you can see in the figure below, referrals from schools, primary care physicians, or outpatient therapists in the community foster early identification. As you move down the funnel, those who have reached the hospital setting are more progressed in their illness and, most likely, have already received a diagnosis of schizophrenia, bipolar disorder, or the like. Currently M3P clients have come to us from each of these categories, as well as those who have had



M3P services include comprehensive assessments, case management, psychoeducation, occupational therapy, psychiatry, multifamily groups, supported employment and supported education. Our 1st anniversary finds us with 39 program participants:



(continue next page)



**washtenaw community
health organization**

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**Washtenaw County &
The University of Michigan
Working Together**

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a “first break” with reality. Remember, early detection is CRUCIAL to the mental health of those you care about.

It is not unusual for persons to experience any of the above described symptoms in isolation. However, if you or a loved one experiences a cluster of any of these symptoms, you may want to call M3P at (734) 434-2630.

People move through a prodromal state in predictable ways

You can examine the course and identify psychosocial and pharmacological ways to intervene

This will assure:

- Early identification
- Opportunities for engagement in treatment
- Prompt access to treatment
- Prevent the progression of the illness

Preservation of cognitive functioning and social supports

Core interventions throughout intercepts:

- Engagement
- Joining
- Family psychoeducation
- Advocacy
- Community education on appropriate accommodations
- Referral to more intensive treatment

***Mental Health
problems do not
affect three or four
out of every five
persons but
one out of one.***

-- Dr. William Menniger (1899 - 1966)
Co-founder of the Menniger Foundation of
Topeka, KS with his father and brother.
An internationally known center for
treatment of behavioral disorders