



# Connections

for communities that care

## Stay Connected

Clint Galloway

Recently I officiated at the funeral of a dear lady who was the quintessential caregiver. The litany of activities she engaged in throughout her life all bore the earmark of being motivated by compassion for others. Her greatest torment was the feeling she wasn't doing enough for there was the inevitable suffering she could not assuage. I'm sure this is the malady that afflicts many of those who are providing the services on the front line of our agencies. In spite of the constant effort to find more effective means to enhance the quality of life of all those we strive to support and serve, there are times when we fall short of the mark and become vulnerable to the pangs of grief.



**...we persist because of the immeasurable way this "work" enhances the quality of our lives.**

However, if this was the dominant theme, it would not explain why we persist. Like this lady, we persist because of the immeasurable way this "work" enhances the quality of our lives. Caring for one another benefits everyone involved. If you observe those who are really good at providing care, you will note that they operate in such a way that people are brought together in an environment of mutual benefit. They create an atmosphere of trust and respect. Relationships are established that are cherished long after face-to-face encounters cease. We remember them with fondness. A little space in our lives aches from the vacuum created by their absence. We persevere and excel as communities that care because of the way we are enhanced by these relationships.

The epilogue to this lady's life is the way in which she died. Six months ago her close companion of six years passed away from cancer. Just days ago her best friend who lived in the apartment next to her likewise succumbed to death. Without these deep connections that provided profound meaning and purpose in her life, it was as though she realized it was time to take the course provided by our Native American tradition: "It looks like a good day to die." She passed away peacefully.

The principals that are operative in individual relationships are also present in organizations. It is simply a matter of scale. Granted, there is an added level of complexity of coordination and communication to facilitate navigation. But as we sit around the table in the boardroom, and wrestle with how we can achieve our mission, we inevitably find it essential to make connections and build relationships. And if we fail to build those relationships we go out of business, we perish.

CONNECTIONS is designed to help you build and enhance the relationships you need to be successful in achieving your goals. Our purpose is to be a multi-directional avenue for the exchange of information that includes our dreams, stories, concerns, and successes. It belongs to us, the individuals who sit around the board room table, our customers, our administrators, our partners in the communities in which we live, and the care givers who are working every day to realize our dreams for a higher quality of life of everyone in our communities.

The contents will be driven by those of us who are seeking the information we need to achieve our goals. Our success depends upon our level of participation. We need your stories so they can be shared with others. We need to stay connected. ■

*Clinton Galloway is a longtime board member from Ionia County CMH. He is an ordained minister, builder, master wood craftsman, father, and volunteer. Clint has been active in the Board Association for a number of years and is currently chairman of the Goal 4 Committee. We are grateful for his passion and drive that have helped make this publication a reality.*

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# Welcome to the inaugural issue of *Connections for Communities that Care*

Douglas Ward, President, MACMHB

This Communication piece is intended for CMH board members and is being launched after months of thoughtful consideration of the results of a survey of CMH boards conducted in the spring of 2007. The survey was intended to solicit your ideas for improving the ways in which the Association supports and represents you. Thank you for the many excellent observations and ideas you submitted.

Perhaps the strongest theme emerging from the survey was an interest in improved communication. While conference attendance is increasing and some of you participate in MACMHB committees, many board members have little contact with the Association, are not able to attend conferences and are not aware of the issues discussed or decisions made. We hope that **Connections**—created by board members for board members—will assist you in being a better-informed and more effective CMH board member.

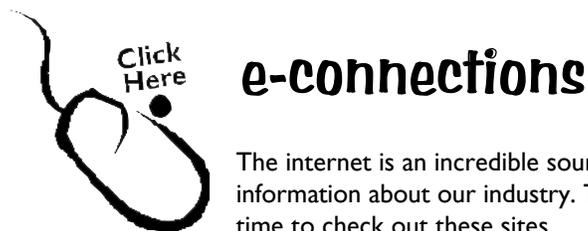
In addition to launching *Connections*, we have revamped our BoardWorks 2.0 training curriculum. It will soon be available on line. We are making our MACMHB committee meetings available to those who would like to patch in via video conference. We understand that traveling to Lansing to participate in committee meetings or taking 2+ days off to attend a conference is not feasible for everyone. We are considering more regional information and training sessions to address obstacles related to time and travel.

For those of you comfortable with electronic communication, we already offer our weekly publication—**Fridayfacts**—via email. If you would like to receive Fridayfacts and other information updates electronically, please contact our office at [cward@macmhb.org](mailto:cward@macmhb.org), and we will add your email address to the list. Have you visited the MACMHB web site? We continue to add information which makes this resource a valuable one. Check it out at [www.macmhb.org](http://www.macmhb.org).

If you prefer more traditional means of communication, we're going to make *Connections* available to all board member throughout Michigan via regular mail and evaluate after the first few issues. The challenges of being a CMH board member today are complex and demanding. Access to information and opportunities for networking with colleagues has become essential.

While we are confident you will find *Connections* informative, making it interactive will be more challenging. We urge you to seriously consider submitting material for inclusion and to react to what you read. I encourage you to respond regularly and make this newsletter a practical and useful vehicle for sharing ideas and networking with your colleagues.

Thank you for taking the time to read the first issue of *Connections* and on behalf of the MACMHB Executive Board and staff, best wishes for a peaceful and productive 2008. ■



The internet is an incredible source of information about our industry. Take time to check out these sites.

**[www.samhsa.gov](http://www.samhsa.gov)** —Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA is an agency of the U.S. Department of Health and Human Services. On the home page, you will find information on the SAMHSA anti-stigma campaign: “What a Difference a Friend Makes.” Click on Mental Health System Transformation (left hand column) and you can access information on the national consensus statement on mental health recovery as well as on the federal mental health action agenda.

**[www.michigan.gov/mdch](http://www.michigan.gov/mdch)** —Michigan Department of Community Health. Check out the Department of Community Health web site. Click on Mental Health and Substance Abuse, then Mental Health & Developmental Disability, and then Mental Health Statistics & Reports. There you will find a interesting document called the “Fingertip Report” which provides summary statistics for Michigan’s CMH system.

## Visit the CMH BOARD BLOG

Now there’s a place for board members to “read on” a little, get your own two cents in, and learn what some of your colleagues around the state are thinking. Posted on the CMH “Board Blog” you will find more detailed articles written about issues raised in *Connections*, *Fridayfacts* or other sources. You might also find the ideas, random thoughts, or musings of Dave LaLumia, Amy Zaagman, CMH board members, directors, staff or others. I’m frequently frustrated at having to collapse a lot of information to fit into a *Fridayfacts* format or at having to summarize a complex issue in three sentences. The CMH “Board Blog” is going to be a venue in which we can get into a little more detail and perhaps even sound off from time to time. It’s also going to be a safe haven for you to share your wisdom and views.

To get the ball rolling, I’ve written and posted a blog which I’ve called “Leadership: The Path to a Great 08.” You can access the CMH Board Blog from the MACMHB web site [www.macmhb.org](http://www.macmhb.org). You will find instructions on how to post your own entry. Thank you and I’m looking forward to hearing from you.

—Dave LaLumia, Executive Director

# Michigan's Peer Support Specialist Initiative: *Two Perspectives*

## Michigan Peer Support Specialist Initiative

Pam Werner, Michigan Department of Community Health

The Michigan Department of Community Health (MDCH) has received state and national recognition in developing a strong and qualified peer trained work force. Currently, Michigan has 266 individuals working as Certified Peer Support Specialists. To be selected to attend the training, individuals complete an application process with a variety of requirements. One of the requirements is that the person must have been diagnosed with a mental illness for at least one year and are willing to share their journey of recovery with individuals they serve. In addition, peers need to be currently working with a Community Mental Health Services Program or provider agency at least 10 hours per week. After approval to attend the training, 40 peer specialists across the state work together receiving a week of intensive training. The training is conducted in partnership with the Appalachian Group of Georgia, Michigan trainers who are certified Peer Support Specialists, and staff from MDCH. Following the training, an additional day of Michigan specific training modules are led by Michigan trainers. Once training requirements are completed individuals are able to attend the 4-hour exam.

In contrast to other states, outcomes provided by Peer Support Specialists are a Medicaid covered service in the 1915 b (3) waiver. Peer Specialists are required as a choice in developing the Individual Plan of Service completed through a person-centered planning process.

Currently MDCH staff has developed a strong partnership with Lansing Community College (LCC) to offer 3 elective credits for peers who attend the training. This will occur sometime in 2008. In addition, LCC will be providing the certificates for peers who complete all requirements and successfully pass the exam. Michigan will be a leader in supporting peers who choose to develop goals to work towards higher education. However, some of the individuals who have attended training and successfully completed certification have additional education including associate degrees, bachelor's degrees and masters degrees frequently in the areas of education and human services.

Some areas that MDCH is working to strengthen in the employment options for peers include the number jobs that are full time, provide medical benefits, and pay a living wage. Many positions across the state offer part time status at the current minimum wage. Peers have asked for assistance in this area and board members of agencies could play an integral role in reviewing the presence of a mix of part and full time positions, pay levels and agency policies and procedures that may be barriers when employing peers. For local information, each CMHSP and PIHP has an individual who is the liaison for peer support. ■

For further information from MDCH on peer support you can contact Pam Werner at [wernerp@michigan.gov](mailto:wernerp@michigan.gov).

## Visions of Recovery

Gerald Butler, Peer Support Specialist, Wayne County

The first Peer Support Specialist training to be held in Wayne County was completed Friday the ninth of November, 2007, at St. Paul's Retreat, and hopefully there will be many more to come. Veda Sharp (Detroit-Wayne County Mental Health) and Michelle Vasconcellos (Customer Services Director) presented certificates on Thursday just after dinner. The entire movement towards "Recovery with Dignity" has taken a giant step into the future. Through Peer Support we are now able to turn our poisonous past experiences into medicine to help heal others who are where we used to be. The only downer was that the person who was most instrumental in bringing Peer Support to Michigan, Irene Kazieczko, was unable to attend. That's okay because at least we know she was there in spirit.

Friday, the 16th was the Recovery Council meeting at which it was announced that Detroit-Wayne County CMH and the Guidance Center have been awarded the *Virtual Center of Excellence Grant*. I spoke with Kari Walker (Director of Programs) and David Cherry (Program Development) of the Guidance Center, both of whom promised to put consumers first, so this was exciting news. The afternoon was filled with Yale University's Dr. Pricilla Ridgeway's Pathways to Recovery presentation titled "Implementation of Recovery Enhancing Environments" and it was super. Dr. Ridgeway has developed a method of enhancing the recovery process that everyone (from the consumer to the Physician) can utilize, raising the odds of a successful recovery journey. Even her satisfaction survey is unique in that it forces us to consider how much we are contributing to our own recovery.

Someone suggested it might not be a wise idea for consumers to have confidence in such lofty ideas as successful recovery. The Michigan Department of Community Health gave us Person Centered Planning and today Michigan is a national model of that program. Michigan's WRAP program, also championed by MDCH, is providing consumers across the State with vital tools needed in the recovery process and it too is showing promise of becoming a national model. Larry Fricks and Ike Powell, the designers of Peer Support, have offered their highest praise and excitement for our efforts here in the State. Every member of the Recovery Council is more than capable of telling the difference between beneficial and non-beneficial methods. Taking all these things into consideration, I feel every consumer in the State can and should have faith and trust in Dr. Ridgeway's Pathways to Recovery. After all, when it comes to making our dreams a reality, MDCH has not let us down so far and I don't feel they are about to start.

The consumer band 'Recovery' gig for Corrections to Work at the Charles H. Wright Museum was not only a hit, but we demonstrated that consumers are capable of giving back to the community. It has been my experience that it takes years for any band to play

[see *Visions*, page 8]

# MACMHB WINTER CONFERENCE

Lansing Center/Radisson Hotel

**Pre-Conference Institutes: February 25**

**Conference: February 26–27**

## *Offerings Designed for Board Members—*

- Pre-Conference Institute: How to Teach an Old Dog New Tricks
- Pre-Conference Institute: BoardWorks 2.0: Board Member Orientation & Update
- How to Teach an Old Dog New Tricks
- Developing Micro-Businesses for People with Developmental Disabilities
- Systems-level Successes in Transition-Planning Between CMHSPs and School Districts
- Internal Communications: The Most Important Audience that You're Probably Forgetting
- Lobbying...Demystified
- BoardWorks 2.0 Workshops: Fundamentals, Character, & Budget
- Contract & Financial Issues Roundtable
- *CONNECTIONS*: Crackerbarrel for Board Members
- Moving Toward Culturally Competent Service Delivery
- Mental Health Court
- Medical Portfolio – A Way to Empower Yourself
- Diabetes and Mental Illness: Recognizing the Risk for Diabetes in the CMH Care Setting
- Recovery Center of Excellence: Systems Transformation Outcomes for Adults with Mental Illness
- An International Conference on Many Dimensions of Self-Determination Across all Disabilities
- Integration of Public Substance Abuse Disorder and Mental Health Service Administration
- The UN-presentation: Crackerbarrel Discussion on Issues and Answers in Implementing the Tools of Self-Determination

## *Other Conference Highlights*

Regional Meetings • Legislative Breakfast • “Go To Bat Award” Presentation • Movie Night: **Canvas**

Don't miss this once-a-year opportunity! Visit [www.macmhb.org](http://www.macmhb.org) for the latest conference information.



## **Leadership and Governance Training for CMH Board Members**

Robert E. Chadwick, II – Member Services and Training Coordinator

BoardWorks 2.0, the new and improved MACMHB sponsored leadership and governance training program for CMH Board Members began its second year at our Fall Conference in October 2007. BoardWorks 2.0 is a certificate program consisting of eleven workshops in its core curriculum. While completion of BoardWorks 2.0 is not a requirement of CMH Board Members, we hope that you will want to complete this program and become a more informed board member.

We recognize that not all board members can attend all three of our state-wide conferences, but want to have access to the BoardWorks 2.0 workshops presented at these conferences. In an effort to reach as many board members as possible we have established an e-learning program that will house our Board

Works 2.0 workshops. Through a partnership between the Michigan Association of Community Mental Health Boards and Essential Learning, you will soon be able to access our BoardWorks 2.0 workshops on-line via our MACMHB web site ([www.macmhb.org](http://www.macmhb.org)). Please note: access to our workshops does not require membership in Essential Learning services or any e-learning provider.

Our new BoardWorks 2.0 catalog will be available at our Winter Conference. In addition, we are working on the development of additional BoardWorks 2.0 workshops to provide you with additional learning opportunities. We hope that each of you will participate in BoardWorks 2.0. ■

Contact Bob by email at: [rchadwick@macmhb.org](mailto:rchadwick@macmhb.org)

# reaching for my gun –Bob Lathers, CEO, Ionia County CMH

**Jay Vandenbrink walked up to the back door of the jail for what seemed like the thousandth time. He touched the worn, black button next to the door and looked up into the video camera.**

Sergeant Ferris working at the control desk recognized Jay like an old friend. The door lock sounded its little “click,” Jay grabbed the handle, stepped inside, and cruised softly down the hallway to the message center. Deb Thalison, Ionia County Jail Administrator saw Jay looking at the kites in the mental health tray and scurried over.

“Hey, Jay?” Deb said expectantly.

“What’s up Deb?” Jay responded.

“It’s the kid in 3-B. He’s in for his third DUI, and he won’t stop crying. Won’t talk to anyone either. He’s been in here a couple of weeks. It seems to be getting worse. We are keeping a real close eye on him if you know what I mean,” Deb said with a familiar wink of the eye.

Jay said, “I’ll check on him right now if you want to bring him up to the green room.”

“I’ll go get him,” Deb said over her shoulder as she moved toward the cell block.

Jay knew that correction officers at the jail can get a little hardened to the constant emotions of the inmates, and generally manage the “drama queens” pretty well. But this was different. Deb seemed unusually worried. The kid “won’t stop crying,” he repeated to himself quietly.

## the green room

Jeremy stepped into the room with his green jail-issued fatigues hanging loosely on him. His face was red and a little swollen. Jay looked at him. Something told him that this young man just didn’t seem like the type of kid that gets put in jail. Jeremy was looking down at the floor.

“You okay?” Jay asked.

“Sure” said Jeremy, “Who are you?”

“I’m Jay Vandenbrink,” he said reaching his hand out to shake Jeremy’s, “from Community Mental Health.” Strong kid thought Jay as Jeremy grasped his hand and then quickly let it go.

“I didn’t put in a kite to talk to you,” Jeremy muttered.

“The Sergeant did,” Jay responded.

“He did?” Jeremy asked softly.

“Worried about you I guess,” Jay shrugged his shoulders.

Jeremy looked down at the floor again, a sign to Jay that a lot of sad feelings were in the room.

“Jeremy, why are you in jail?” Jay asked point blank.

“Drinking. It’s the drinking,” Jeremy said, looking up as his eyes filled with tears. “This is my third DUI. And now I am going to go to prison! And I’m only 23! I am only 23!”

“Why do you drink?” Jay said comfortingly.

“Because, because if I don’t drink then I wake up reaching for my gun.”

“Your gun? You have a gun?” Jay asked disappointingly.

“No. I had a gun. Don’t have one now,” Jeremy clarified. “But, I still reach for it when I wake up scared, or if I hear loud noises or if I think someone is coming up behind me.”

“What kind of noises?” Jay asked. “Like voices?”

“Not voices,” Jeremy responded in nearly a whisper, “like IEDs.”

“IEDs?” Jay startled, sat straight up. “Are you a veteran?”

“Yes,” said Jeremy. “United States Marine Corp. I’ve been to Iraq.”

Then abruptly Jeremy blurted out, “Man, I am so sorry I am crying. Crying is not right. I just need to suck this up. Be a man. Good to go. You know?”

“Jeremy, there is no shame in crying when you’re in jail,” Jay tried to assure him. “Jail is a real sad place. And,” Jay continued, “there is definitely no shame in crying when you’ve been to war. No sir. No shame in that at all.”

“We’re gonna try to get you out of here, Jeremy. You need to be in the VA,” Jay said while shaking Jeremy’s hand again and thinking to himself, “the sooner the better!”

## everything we possibly can

Jay and Stacey, his jail diversion co-worker, went immediately to the prosecutor’s office to talk to Laurie Kirkhoff, one of Ionia County’s assistant prosecutors. Being daily and welcomed guests in the prosecutor’s office, Jay and Stacey were able to see Laurie immediately. There was little doubt in any of their minds that Jeremy’s case had to be expedited. Then they discovered that another county had a pick-up order posted for Jeremy. This meant that when he was discharged from the Ionia jail he was to be detained and picked up by a neighboring County Sheriff Department and transported to that jail to face a probation violation for DUI.

Jay said, “This kid just needs to catch a break. He needs to be in the VA in Battle Creek.”

Everyone agreed. But would Judge Voet, Ionia County’s District Court Judge, agree? And if he did, would the neighboring county agree to waive the charges on Jeremy so he could go to the VA? Could he even get into the VA? Jeremy might not be

[continued on page 6]

suffering from a Severe and Persistent Mental Illness, but he was suffering.

"This is no way to treat a young veteran in trouble. No way at all," Jay and Stacey and Laurie concurred. They were going to do everything they could to help Jeremy get what he needed, including an expedited court hearing. Just as if he was one of the more than the hundred or so people with a serious and persistent mental illness they work together on to divert from jail, or prevent the return to jail, each year.

"Just like all the rest of them," Jay thought, "but this one is extra special."

## Ionia County Courtroom: two days later

"This is the case of State of Michigan vs. Jeremy T. Are you Jeremy T.?" Judge Voet asked.

"Yes, Your Honor."

Judge Voet continued, "You're accused of violating your probation, and if true, based upon your underlying charge you could get 93 days in jail. Understand the charge and the possible penalties?"

"Yes, Your Honor."

"How do you plead?" asked Judge Voet.

"Guilty, Your Honor."

"How did you violate your probation Jeremy?" Voet said, looking out over the top of his glasses.

"Drinking, Your Honor."

"All right, I'll accept the plea." Voet decided.

"Mr. Sawyer is there anything you want to say on Jeremy's behalf?" Voet asked, glancing towards Jeremy's attorney.

"Briefly, Your Honor," Mr. Sawyer responded with a thankful nod towards the judge. "I do think it is important to say on Jeremy's behalf that he had an excellent record of conduct in the United States Marine Corp, where he served from December of 2001 to December of 2005. He has an honorable discharge and citations in conduct. He has a good conduct medal, a combat action ribbon, a global award on terrorism service medal, a global war on terrorism expeditionary medal, a national defense ribbon, a Presidential unit citation, and a rifle expert badge.

"Jeremy served three years and six months as a field radio operator and came back from Iraq and had a violation of drinking and driving in December of 2005. He was doing very well until January, 2007 and then another DUI, and now a third DUI. Jeremy needs help with his PTSD and his drinking. I would just also mention that the neighboring county circuit court judge has indicated that they would move up Jeremy's sentencing in order to facilitate entry into the VA."

"Jeremy, is there anything you want to say?" Voet looked at Jeremy, hoping for a response.

"I'm sorry and I did learn my lesson. This is not the way I want to live, Your Honor." Jeremy responded respectfully.

## a purple heart

Judge Voet put down his pen, took off his glasses and looked directly at Jeremy. In a fatherly, compassionate tone he said, "Jeremy, thank you for your service to your country. I'd not known until this afternoon, not only that you served your country, but the depth and scope of the service you have given," he continued. "You have seen real combat and put your life on the line. Thank you very much on behalf of your community for doing that."

"I appreciate it."

Judge Voet paused a moment then continued, "Now you're in a situation where it would appear, from what I've been told you've been through by Ionia County Community Mental Health and your attorney, that you're suffering some consequences as a result of that.

"It could be argued that it's just as much an injury as any sort of physical injury that you could've had. And frankly, as far as I'm concerned, you ought to get a purple heart, because you now are suffering the wound of that experience," Voet articulated to a now hushed courtroom.

"I want you to heal. I hope you heal, for your own good and for your community's good, too. Because it would be a real shame to waste that service you gave us by ending up in the gutter, as an alcoholic.

"I am going to give you credit for 26 days in jail; your probation will be continued, however it will be cancelled upon your sentence in the neighboring county. I would like to look at whatever we can do to support you until you can get into the VA, be that AA or Community Mental Health or some other sort of substance abuse outpatient counseling. Is there anything else you can think of?"

Mr. Sawyer quickly stated, "No, thank you, Your Honor, and then I gather he will be released today?"

"Yes," affirmed Judge Voet.

"Jeremy, good luck to you, sir," Voet said, as he stood up to leave the Bench.

"Thank you, Your Honor," Jeremy responded as his family moved forward to embrace him.

## epilogue

Jeremy spent several months in the Battle Creek VA hospital and subsequently wore a tether until his probation was completed. His employer held his job for him through the entire episode above and Jeremy has now returned to work full time. He is attending regular therapy sessions but not with Ionia County CMH. He has had no other encounters with law enforcement. This story was written with Jeremy's permission. His name was changed for the story to protect his confidentiality. All other person's names are authentic. This story is true but descriptions of some events and the court transcript have been shortened for purpose of publication. Ionia County CMH now screens all persons referred for jail diversion regarding their status as a veteran. ■

# Role of Board Members Key to Operation of Affiliations

Robert Sheehan, Executive Director

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

In 2002, in sixty-nine of the state's eighty-three counties, affiliations were formed, to manage the Medicaid benefit to persons with mental illness or developmental disabilities. These affiliations, made up of a group of CMHs (spokes) centered around a single CMH (hub) which serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the region, provide efficiencies, an enriched brain trust, and an enlarged risk management capability beyond what any of the affiliated CMHs would possess on its own.

A clear understanding of their unique roles and the active involvement of the Board members of each of the affiliate CMHs—whether of the hub or of a spoke CMH—are key to the success of these affiliations.

The spoke CMH Board members must be aware of their obligation, when spending Medicaid dollars, to work within the framework established by the PIHP/hub, while ensuring that the local needs, unique to their community, are met. They must integrate the need to be relevant and responsive to local needs, partnerships, and approaches while working, in partnership with other affiliation members, to develop and apply regional solutions where such solutions work best.



The PIHP/hub Board members must be aware of their dual role, serving as the governing body of the local CMH and of the regional PIHP/hub. These roles and the decisions made by the Board differ when the interests are local (CMH) versus regional (PIHP); they differ when the laws and regulations being applied are state generated (CMH) versus the application of federal law and regulation (PIHP). Additionally, and most importantly, they must be aware that the spoke CMHs are autonomous, locally-driven organizations with locally-relevant needs and goals that are set by the local CMH Board of Directors and not by the PIHP/hub Board.

Both sets of Boards – those of CMH spokes and PIHP hubs – must be willing to work together to understand the roles that each play, the roles played by the staff of their organizations and their affiliate partners, and the roles that consumers and local and regional stakeholders/partners play in guiding the organization. Only through the use of a strongly collaborative, civil, and forthright approach to partnering, integrated with a clear delineation of the role of the hub and spoke, can the Medicaid affiliations thrive and demonstrate the best of local and regional approaches in these rapidly changing times. ■

## Regional Meeting Agenda

Tuesday, February 26, 2008 • 7:30am – 8:30am  
Lansing Center, Lansing • Full Breakfast Buffet will be Served

### Regional Issues

- Talking Points for Legislative Breakfast
- Report from Regional Representatives to Standing Committees
- Begin Nominations for 2008 Neubacher Media Award
- Begin Nominations for the 2008 Partners in Excellence Award
- Begin Nominations for the 2008 Nick Filonow Partners Award of Excellence
- ACTION: Fill Regional Appointment Vacancies\*

### Other

#### \* Regional Vacancies

Central Region Vacancies:

Regional Rep to Executive Board – Board Member – Term Expiring 05/08

Northern Region Vacancies:

Director on Contract & Financial Issues Committee – Term Ending 05/08

Board Member on Contract & Financial Issues Committee – Term Ending 05/08

Board Member on Policy Committee – Term Ending 05/08

UP Region Vacancies:

Board Member on Legislation Committee – Term Ending 05/08

Board Member on Policy Committee – Term Ending 05/08

Western Region Vacancies:

Director on Member Services Committee – Term Ending 05/08

Director on Policy Committee – Term Ending 05/08

## Awards Nomination Deadlines Draw Near

*Everyone has a star, model, or mentor who they admire and respect...*

The Board Association has a rich history of individuals who have become our mentors. One of our goals in upcoming issues of Connections is to challenge you to become more familiar with the awards conferred by the Association so you will look around your community for individuals whose work you have grown to admire and respect, people who have paved the way for improving the quality of life for our customers.

The **Neubacher Media Award** and **Nick Filonow Award of Excellence** need your immediate attention as these nominations must be received by the Association office on or before March 1, 2008. The **Partners in Excellence Award** nomination deadline is April 1, 2008.

We have one regional meeting scheduled (Winter Conference: February 26, 2008) where nominations can be discussed prior to these deadlines. So there is still time to learn more. Go to [www.macmhb.org](http://www.macmhb.org) and click on "Awards" in the left-hand column. You will find descriptions of the awards. By clicking on the specific award, you will access a nomination form with both the criteria that will be considered when reviewing your nomination as well as a deadline and submittal information. Be sure to complete nomination forms with as much detail as possible to assist the selection process. Visit the web site now for descriptions and nomination forms and participate in the February 26th Regional Meeting.

*Express your appreciation.*

## Visions (continued from page 3)

such a venue, yet we have been together a mere eight months. By applying peer support to everything we do, our rehearsals become more productive, we demonstrate to other consumers and society that we can and do recover; because we know each other's story, we develop an appreciation and respect for each other uncommon in most other bands. We like to consider ourselves as Peer Support in the flesh.

Yes, the Freedom Train has left the station and more and more folks, consumers and professionals alike, are climbing on board daily. HOPE, is what we live for, it is why we arise in the mornings. Consumers in Michigan have every reason to have hope and trust in the future. ■

**click back.talk back.**

**OK. You've made it to the last page. Now tell us what you think about YOUR newsletter.**

Email feedback, questions, submission ideas to:  
[macmhbconnections@gmail.com](mailto:macmhbconnections@gmail.com)

and

Join us for face-to-face dialog at the  
**Connections Crackerbarrel**  
Wednesday, February 27 • 10:30 AM  
Winter Conference

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