

Darren Beland, Washtenaw County Community Mental Health

My story: Introduction to mental health

- In undergrad, horribly addicted to drugs , liquor , cocaine, LSD, mescaline.
- First job out of school, had a nervous breakdown.
- Started using Community Mental Health in 1990.
- Used pot till age 30. Worked 15 jobs from age 24-30.
- Got on psychotropic medications to help me maintain mental stability.
- In 1995, age 30, got off all drugs and alcohol and stabilized on medications. Now , 24 years clean and sober.
- As I got off drugs, I was able , with CMH to change my life around, and was hired at CMH where I was a client.

After help from CMH

- Now working for 20 years at CMH, I do Co-Occurring groups, help hundreds of people who struggle with addictions. My position is a Peer Support Specialist.
- Serve the severely mentally ill and substance abuse populations.
- I found the courage to go back to school, received tuition reimbursement, graduated in 5 years with a 3.85 GPA.
- Many people are turned away and don't get served and have a case opened that need services.

The Big Picture

- As a state , we are judged by how we support those who are most in need.
- Mass media, as the report on the horrific shootings in the last decades ago, say the killings are either done by terrorists or people with mental illness. People with mental illness are no more likely to be violent than those without a mental illness. Media also implores that we need more funding for the mentally ill , and not let folks slip through the cracks.

As my life was saved through the mental health system and now as a Peer Support Specialist, please consider funding more Medicaid funding dollars for the State, Washtenaw county and Community Mental health. Thank you chair, and the committee.

Dear Representatives

My name is Erin McMahon and I don't want you guys not allow the cuts for anything because I need my services to help me to accomplish my goals in my community and get what I want like getting a permit job and the employers won't hire me because am different and I am a real person.

Can you guys don't cut the special olympic?

Hello My Name is Angela and
I go to Community Mental Health.
I started at CMH roughly
30 years ago when I was going
through a rough time. They
found out that I have Bipolar,
Depression and PTSD. They gave
me a Dr. to give me medication
to help with the above and also
put me into a group called
Dialectical Behavior or (DBT)
I graduated from DBT went

To DBT Graduate Group which
I am in now. I see a
psychiatrist now I also have
a case worker who is wonderful,
Please don't take away funding
because I can't afford not
to have these people and
services in my life. Because
of CMH my life has been
saved. I know when there
is a crisis I have a place
to ~~call~~^{go} or to call. Please

find another way to fix
the roads and do not take
away the funding from
community mental health.
It really is a necessity
to me and so many other
people.

Sincerely
Angela Eo Gary
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April 11, 2019

Good afternoon,

My name is Kim Van Den Berg and I am a former client of Washtenaw County Community Mental Health and presently a Certified Peer Support Specialist with the Therapy Team within this organization.

Let me start by saying thank you for allowing me to share today. I began with WCCMH in 2013. I was homeless, an alcoholic, full of anger and rage, as well as completely hopeless that my life could change. I had tried to commit suicide a number of times. Each time I woke up, I was angry that I hadn't completed the task. I self-harmed to make the pain of my past and present emotional distress more bearable if only for a moment. The therapist I was working with would always ask me what my passion was. I will not use the exact words I told her, but I would sit in the woods every night with a fifth of whiskey in my hand wondering that same thing. I came from a family that worked hard and always provided the physical things. It was the emotional element that was missing. I had a couple good careers after college and I vividly remember sitting in the woods on a cold, wet night with that bottle in my hand wondering if this is what my life had really come down to.

I began doing a DBT (Dialectical Behavior Therapy) group and Individual Therapy at CMH regularly. I also worked with my case manager and medication prescriber. They held on to hope for me until I was ready to take it myself. They believed in me when I didn't. I had not received that kind of support from my family or friends ever before. It was hard to accept and took a long time to break down my walls. I was given the chance to volunteer with the therapy team, which gave me some temporary purpose.

I was always told and encouraged to become a Peer Support Specialist if a position ever opened up. In September of 2016, that became a reality. I interviewed and was offered that position. It became my passion to give back to others what had been offered to me. I would be able to share my experience, strength and hope with others and encourage them in their recovery.

There is much more to my personal story. However, I want to express that without DBT and the incredible team I had and still do have, I can guarantee that I would either be dead or in prison right now. WCCMH and all the services saved my life. In working now with individuals that are in a similar space that I was in for a long time, it just warms my heart that there are so many that want the help and are willing to do anything to get better. I could write a book about all the success stories that have happened and continue to, as this is a life- long process.

However, I have also seen a lot of my friends and former clients die, remain homeless, go in and out of jail, because services have either been cut, staffing has been reduced and those that remain have to take on a larger case load, and funding from Medicaid has been cut. Our goal at CMH is to attempt to help every individual that walks through our doors with whatever they need. If funding is cut, that is not going to be possible and there will be an increase in deaths and homelessness.

Please don't let innocent people die due to political practices of not funding programs that help people address their mental health issues. Physical things can be replaced over time. Someone's life can be lost in a second; and lives cannot be replaced.

Thank you for your time.



Kim Van Den Berg

· Certified Peer Support Specialist

Washtenaw County Community Mental Health

April 10, 2019

Hello Chair,

My name is Melissa Vaden and I am from Washtenaw County CMH and am a member. My overall message here is to show support for FUNDING of MEDICAID to help support services.

Right at the emotional age of 13 I was diagnosed with Bipolar Disorder. It finally made sense to why I had such outrageous emotions all the time, and why things were always up and down constantly. My mind was flying all across the place, or my favorite analogy, like a hamster on a wheel. That hamster was doing double time, running and spinning that wheel like crazy in my teenage and early twenties. During those years I couldn't keep any relationships because no one wanted to deal with the girl who was perceived to have had "attitude" problems. My family, teachers, other adults, constantly telling me to "control my emotions" but yet never thoroughly explaining how to do such an act. I struggled for so long with high flying mania and then ship sinking depression. My life was a perpetual struggle. I only ever had one friend in my life that had choose to stay with me since the 2nd grade, but even then we often took break with our friendship due my lack of relationship skills.

In November of 2017 I was referred by my therapist to join a DBT class through CMH. This was the best decision I have ever made for myself. This class saved me because it has shown me how to manage all types of relationships. It kept me thoughtful and focused on my demeanor and actions during interactions with others, which is highly challenging for a person like me. So many people learn by observation or life experience, which unfortunately I have to be sat down and literally taught step by step. My diagnosis has caused me to be a very literal person, and DBT and many other classes cater to this part of my disorder.

Since DBT, my relationship with my mother has blossomed, which before was one of the hardest ones I had in my life. I have finally been able to reconnect and mend fences with her. This has affected me by supporting me with finances, housing and emotional support. Once enrolled, DBT helped me deal with difficult phone calls and appointment scheduling for doctor's appointments. Since May of 2018, the number of physical and mental ailments I have endured, and still suffer from, has made daily life almost impossible. It was not always easy to deal with the 'making' and let alone the follow through of all the appointments. The past 11 months have been a true test of my DBT skills and DBT has faithfully helped these relationships survive all the diagnoses.

Dialectical Behavioral Therapy is more than just a one year class; it's a whole life style change. When you pair it up with the refresher course these skills can become even more valuable. If you take away these vital classes you take away a person's ability to learn how to be mindful of themselves and others, to be able to STOP themselves in high intense situations (then implement useful skills to help the situation), and the ability to cope with the inevitable. These things make life better for them and everyone around them. Do you, or your children, your grandchildren, your great grandchildren want to live in a world without positivity and the ability to make positive changes?

DBT literally SAVED MY LIFE!

Sincerely,

Melissa Vaden



NAMI Washtenaw County

Testimony to the

Appropriations Subcommittee

Mental Health Services

April 11, 2019

Mark Creekmore, Past Board President and Chair Advocacy Committee

Judy Gardner, Executive Director

Patricia Root, Board President and Chair Program Committee

Barb Higman, Office Manager

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April 11, 2019

TO: House Community Health/Human Services Subcommittee Meeting

FM: Mark Creekmore, Ph.D., Immediate Past President, NAMI Washtenaw County, Judy Gardner, Executive Director, NAMI Washtenaw

RE: Budget priorities for Community Mental Health

Good morning.

I am Mark Creekmore and I have a long history with NAMI. For eleven years I have served on the board of NAMI and for six of those I have been its president. In 2002 my first activity for NAMI was to organize and help implement training for 75 police officers in Washtenaw County to de-escalate crises with people with mental illness and avoid unnecessary arrest. Since then I have trained hundreds of NAMI supporters to tell their stories about recovery and the mental health services. For the last seven years I have also served on the CMH Board for Washtenaw County and on Washtenaw's Diversion Council.

I am Judy Gardner and for four years I have been the Executive Director of NAMI Washtenaw. Before I became ED, I taught NAMI's family education series which I continue to teach now. With our other peer program leaders, I help to administer our series of education and support programs. We also conduct single community education and outreach presentations for the entire community as well as for targeted groups, in schools and inpatient psychiatric facilities.

The people of Washtenaw county especially our parents are deeply concerned about mental health and public safety, especially teen suicides and opioid overdoses and deaths. This crisis is several years old.

Washtenaw could not wait for the state of Michigan and in November 2017 we passed a large millage (one mill) for both mental health and public safety. That millage was supported 2-to-1 by voters in every commission district. The residents of Washtenaw County regardless of geography and political party support public safety and mental health.

NAMI is strength based, and I believe this was a vote of confidence as well as desperation. It was driven by five factors:

1. It dealt with the issue honestly as a community issue. The millage recognized that the most important collaborator for community mental health is law enforcement. Some audiences are shocked when we have said the two most important county offices for mental health services are the County Sheriff and the CMH Director. But most families with a member with a serious mental illness know this. (A shout-out also needs to go to the specialty courts, like the mental health courts.) Besides these two service sectors (justice and mental health) there are four other key sectors: education, health, housing (and basic needs) and religion. Buried in these accolades to the six key service sectors is an important reality: mental health is not an insurance payment issue it is a community issue which crosses organizational boundaries.
2. Our Washtenaw Community Mental Health Agency and the County Sheriff's Office are perceived as responsive to expressed need, and they are very competent stewards of public funds and the public mission. In addition, the other sectors serving mental health share the confidence of voters, such as the public schools and the Community Health Department. The public sector has responded to our citizens and their frustration with the barriers to mental health services.

3. The millage was accompanied by a county ordinance which embedded specific methods to guarantee transparency.
4. The millage was proposed in a context which has some desperate aspects
 - a. Mental illness and substance use disorders are serious and pervasive in all communities, among youth and the middle aged, in urban and rural areas. Our communities have been shaken by violent deaths and suicides related to these issues.
 - b. Cuts in Michigan State mental health General Funds have been very harmful and hampered the capacity of the community to respond. In one of the stories we have submitted to you, Barb spent two long months hospitalized after medication errors caused by the GF cuts.
 - c. The demand for services across all strata of citizens has expanded. Schools and the criminal justice system are important partners, but they cannot serve as treatment agencies.
5. Mental health services for mild, moderate and serious mental illnesses and substance use disorders are perceived by voters as essential public goods. We are in the process of abandoning the dangerous logic of fail first.

So we have seen that change is possible within our current systems, but it needs funding. Currently the mental health system is near breaking. NAMI supports budget allocations which will accomplish these five goals.

1. Build funding for early mental health intervention which reduces self-harm and overuse of jails, emergency rooms and remote institutions.
2. Reset Medicaid rates which match demands and costs and which accept the complexity of providing complex care.
3. Reform the structure of managed care which allows adequate risk reserves.
4. Restore local discretionary funding which allows CMHSPs to resolve funding inequities until full funding reforms can be implemented. Local (general) funds are essential to allow local responses to local problems.
5. Integrate physical and mental health care by service providers at the case level which is then supported by public and private insurances.

We have attached two stories of NAMI members who speak to these points and show the effects through lived experience.

April 2019

My name is Pat Root, and I have been a resident of Washtenaw County for most of my adult life. I am here to support continued and full funding of mental health services through Community Mental Health — which understands all the supports which are needed to help people with mental illness become healthy and productive.

It will take just over 6 minutes to read my story. That's too long, I know, but I respectfully ask to be able to finish.

The bottom line is that I personally have received better treatment from CMH than I received from a series of private providers.

Having always worked full time and receiving my law degree, at age 40 I was struck down by a mental illness precipitated by a narrow escape from a car accident. I was on a connecting ramp between two freeways, and had to slam on the brakes to avoid hitting people who had just been in an accident. I lost control, first to the right and then to the left and ended up facing oncoming freeway traffic. It didn't seem at all serious at the time, but something about it threw me into a deep and totally debilitating depression. I never went back to my position with a legal consulting group in Detroit, where I worked with large law firms and corporations.

With clinical depression I felt overwhelmingly helpless and hopeless. I lost all sense of enjoyment in favorite activities and beloved relationships. That is what depression does to a person.

Soon I needed a place to live, and I moved to Stockbridge, Massachusetts — where there just happened to be a renowned psychiatric facility called the Austin Riggs Center. My aunt and uncle paid for me to receive intensive outpatient psychotherapy (4 sessions

per week) with a Riggs psychiatrist. Some good came from it — I learned why the near-accident traumatized me so much — but I remained mostly incapacitated by my depression. There were seemingly endless trials of antidepressant medications, none of which helped enough, although I became able to do very limited part-time volunteer work — but only in quiet un-stressful settings.

Ultimately I returned to Michigan and, still subsidized by my aunt and uncle, I engaged in much less intensive psychotherapy with a retired professor from the University of Michigan Clinical Psychology department, and I conjointly worked with a prestigious and very kind University of Michigan psychiatrist for medication management. I became able to be employed part-time but at a much lower level than my education and experience. At various times I was a substitute teacher, a telephone solicitor, a teaching assistant in a kindergarten class, and a receptionist in my close friend's travel agency. Although all part-time, these jobs exhausted me physically and emotionally, and I really had no quality of life outside of those work hours.

There were many dark days. I was sometimes suicidal, intending to overdose myself with the failed medications I had very purposely accumulated. I was hospitalized three times which included electro convulsive shock treatments because my depression was labelled "treatment resistant".

My life of isolation and what I call "incapacitation" — the total inability to do things which might help, like exercise, connecting with people, and engaging in meaningful activities — continued. The death of my uncle, resulting in the end of family financial support, eventually led to approval for Social Security Disability, Medicare, and Medicaid. Remaining desperate for emotional and medication support, I finally heard about CMH.

The move to CMH was the best thing that ever happened to me. They noticed that sometimes my mood and energy dramatically increased, and so I finally received a correct diagnosis (Bipolar Disorder II). That necessitated a change in the class of medications, and those actually began to improve and balance my mood, energy level, and behavior. After many trials, eventually we found a medication which had the effect of turning on the light switch in a completely dark room. It was amazing!!!

With few exceptions, at CMH I have received first-rate one-on-one therapy, support groups, and skill-building classes such as Dialectical Behavior Therapy. Although there is a frustrating turnover of staff, I have always received good case management and gifted facilitation of support groups.

So where does my story end? After over 20 years of incapacitation but finally "awake" to life, I found myself at retirement age!!! Through my involvement at CMH on a consumer advisory committee, I met a board member from the National Alliance on Mental Illness, and he encouraged me to "give back" or "pay it forward", in appreciation for the help I received. My NAMI activities have included facilitating support groups and educational programs and always attending the weekly sessions of our Mental Health Treatment Court.

When I started drafting this presentation, I was serving as chair of the Program Oversight Committee and as Vice President, but just two weeks ago I suddenly became President. This is quite an honor (and a challenge!), but I am dismayed at the inevitable need to curtail some of the activities I find so meaningful.

As you can see, my life now has purpose and I have a sense of accomplishment. My persistent challenge is to find a better balance between "doing" and "being", and I have to be very careful about stress. Although I remain in a good place in my recovery, I sometimes

experience dramatic highs and lows. They are not "pretty" and are sometimes embarrassing. When these obstacles come I benefit from the excellent ongoing assistance at CMH and on the kindness of my NAMI family.

In summary, please take my story as an example of how well the all-encompassing CMH person-centered system works. It may not be perfect but it worked, and continues to work, for me. CMH understands how the pieces fit together, and they provide all kinds of support (groups, therapy, skills-training, medication management — and many other services I have not needed.

I have virtually no confidence in the ability of profit-centered private providers to offer this level of service.

Thank you.

Supporting Flexible, Accessible and Public Funding for Community Mental Health

“My Name is Barb”

My name is Barb. I am a resident of the city of Ann Arbor in Washtenaw County. I work with the National Alliance on Mental Illness, NAMI Washtenaw County. I am a person who lives with a serious and persistent mental illness who has been directly affected by the cut to the general funds for mental health care. I am asking the State of Michigan to support adequate, flexible, accessible and public funding for community mental health which will make it possible for Community Mental Health to serve people like me in the future.

In 2015 I received a letter from WCCMH informing me that my case would be “terminated” due to cuts in mental health general funds. Because I was not on Medicaid, I was no longer eligible to receive services from CMH. However, as I was taking Clozaril, an antipsychotic medication that requires close monitoring including monthly blood draws, my case would be kept open until CMH found a provider in the community who would prescribe and monitor this life saving medication and take my insurance. Clozaril is a potent drug and is known to have caused agranulocytosis, a potentially fatal drop in one’s white blood cell count. Monthly blood draws are required to make sure an individual’s white blood cell count does not drop precipitously.

After I received the termination letter, I started looking for a psychiatrist in the community at large, a daunting prospect. It is only in retrospect that I realize how scared I was at the thought of losing the supports I had in place at CMH and possibly not having access to a medication which, although it has side effects including lethargy and fatigue, has vastly improved my ability to live and function effectively. After some time in limbo, I made a medication error confusing two very similar looking medications in essentially identical vials and taking too much of one medication and not enough of the other. I made it in to work at the NAMI office where my colleagues realized something was drastically wrong and took me to St. Joseph Mercy Chelsea Hospital where I was hospitalized for over a month in the Behavioral Health Unit at Chelsea. This is an unheard length of stay in this day and age and was due in part to my sister’s ability to advocate for me. She also made sure acceptable follow-up plans were in place before I was discharged... when pressed, the attending psychiatrist agreed to take my case. Although there would be a 3 month wait to see him and I would have to drive to Chelsea from Ann Arbor, this seemed better than nothing. I am happy to say I survived the ordeal and eventually found a psychiatrist in Ann Arbor who returned my phone call and arranged to see me. Even though I was somewhat inarticulate and slow to respond to social cues, she actually was able to talk with me and hear what I had to say. I returned to work and am now able to advocate for improving mental health care and services for people who need and deserve quality care.

It was about 60 years ago that I first experienced symptoms of a developing mental health condition. In those days early intervention was not considered a viable practice; people were often told to come back when they were really sick. I am reminded of the tendonitis in my knee

which I ignored until it got so bad I couldn't help but pay it attention. Had I intervened earlier, I could have saved myself weeks of agony. Although "wait and see" sometimes is a good strategy, symptoms of mental distress always should be given the attention, respect, understanding and care they deserve. Had I known what I now know, it is possible I could have avoided years of dysfunction and over-medication. Current research indicates we can prevent psychosis in the prodromal phase of schizophrenia, but it requires a robust quality system of care. It is imperative that we put dollars at the front end to save dollars in the long run. While medication is an essential part of mental health treatment for some people, other supports may be equally important. CMH not only provides medication management by a psychiatrist or psychiatric nurse practitioner, but also offers case management, wellness groups, dialectical behavioral therapy, exercise and nutrition classes and help to achieve personal goals. Peer Support Specialists are employed as invaluable members of an individual's treatment team. A doctor in private practice once told me that CMH clients were spoiled, but I know that appropriate treatment and support can help prevent costly hospitalizations and pave the way to recovery. Many people do not understand what CMH does and why the work it does is so important, seeing only the problems and not the big picture. Let's face it. Most private providers are not prepared to meet the needs of people with severe and persistent mental illness.

CMH helps people cope with the daily demands of life, like housing, eating, sleeping – fundamental needs that need to be met immediately. Treatment service for mental illness is not always immediate even at CMH, and it doesn't always take effect right away, but CMH helps people endure until it can help.

Most clinics and psychiatric service providers are not prepared for long term chronic care and many can't figure out the complex billing like mine with Medicare and private insurers. They have the luxury of changing their business model, leaving people behind. CMH provides care that they do not or cannot provide.

With help from CMH, NAMI and my friends and others, I am back from the brink. I received very good restorative respectful treatment in the hospital, and I eventually found a psychiatrist in Ann Arbor with whom I can work I also see a therapist at The Women's Center who worked at CMH and was recommended by my long-time therapist who recently retired. I also go to weekly group sessions facilitated by a therapist in a private practice.

I am lucky because I have NAMI, and I have learned to find help on my own. But it wasn't always that way for me. Trying to find care is like being a mental health refugee. You go where you are told to go and you get care where you can find it. Sometimes you don't realize that you need care. Sometimes, nothing in the world seems real. With the help of caring people you learn to build a network of people who care and communicate with each other. That is a lot of what CMH does.

Please become involved in decreasing stigma associated with depression, bipolar disorder, schizophrenia, PTSD and other biologically based brain disorders. I ask you to appropriate essential and sufficient funds for effective mental health services.

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4-11-2019

CMH has helped me when I had no one to reach out too. I have been homeless and now I am a home owner. Through difficult times I wanted to give up but the staff at CMH were always there for me. I am no longer a client at CMH because they have worked with me over the years and have supported me in so many ways. I have applied for so many jobs over the years and nobody would hire me after I graduated from the Ann Arbor School of Business as a Data Enter Keyer In 1995 I became a client at CMH and Nancy Heine the Chief Clerical supervisor hired me as a Clerical Assistant even though I didn't have clerical experience even though I didn't have office experience after 16 years of working as an office staff the offered me the position as a Peer Mentor to work with individuals that have Developmental Disabilities. I am the one and only Certified Peer Mentor in Washtenaw County I also work with individuals with Mental Illness now. I have worked for Washtenaw County CMH now for 24 years and I am so grateful to the staff here for helping me to develop the skills I have today.

The Peer Support Specialist work with individuals with Mental Illness there are several of them but only 1 Peer Mentor that is me.

I have been very proud to have worked for Washtenaw County CMH and I have observed staff reaching out and helping individuals to get help whenever they were in need. The staff here at CMH work endlessly to help each other and our consumers whether it be Transportation, food, clothing, housing, and so much more. Our consumers, and staff would be so grateful if you could please increase the funding for CMH.

Thank you,

Pam Rathbun
Washtenaw County CMH
Certified Peer Mentor, Independent Facilitator,
Self-Advocate & Chair for Regional Advisory Committee
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Hello Chair and Members of the Committee,

Thank you for this opportunity. My name is Karen Holman, and I'm a Peer Support Specialist at Washtenaw County Community Mental Health. The crisis team which I serve is on call 24/7 and available to anyone in the county. We have the responsibility and privilege of serving people on the worst day of their lives. To this end we strive to create a culture of gentleness and compassion. Anyone can find themselves or a loved one in psychiatric crisis.

According to the National Institute of Mental Health, psychiatric disorders are leading causes of disability in the U.S. and world, and the rates here have been increasing since 2013.¹ The good news is that with treatment and support, those, like myself, living with these conditions can move from disability into the workforce.

Mental illness can be terrifying for those it strikes their and loved ones. For me it was an isolating experience of torment. Almost 40 years ago I lost control of my mind and emotions in a nightmare that overtook me out of nowhere. Back then, my family had no idea how to help.

Normally, we rely on common sense to guide us out of difficult situations. But when your mind turns on you, it's like being in a burning building with no doors or windows. Suicide may seem like the only way out. Some people turn to substances for relief from overwhelming emotional pain. The substance abuse and suicide epidemics in this country are so severe they have lowered our life expectancy.

We must fund Medicaid to support services for community mental health, and raise new revenues to save lives and strengthen the fabric of our communities. Happily, there is political will to support these services. The passage by 2 to 1 of the Public Safety and Mental Health millage in Washtenaw County proves this.² We must make sure that no one is trapped in a burning building.

Recovery takes a community and individual creative, spiritual, and financial resources as well as an ongoing dedication to a life of well-being. For me, this also means a life of service. Most people I know in recovery have a deep reservoir of empathy and a desire to give back to others. These values and hard-won lessons are what our communities need most to heal and thrive.

I can envision a society where people practicing recovery from mental illness and substance use, who are no longer disabled, stigmatized and isolated, can help lead all of us into a culture of gentleness and compassion. I can imagine that in creating hope together, we will walk into a future of light.

Thank you, again,

Karen Holman
Peer Support Specialist
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1. NIMH website: <https://www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml>
2. Washtenaw County website: <https://www.washtenaw.org/2806/Public-Safety-and-Mental-Health-Millage>