



## Support Groups...

All support group meetings are free and open to the public. New participants are welcome.

**Mood Disorders Group for Women Only.** The group meets twice a month — the 2nd Tuesday at 6:30 p.m. and the fourth Tuesday at 11 a.m. at the ADAMhs Board office on State Route 66 south of Archbold, T-761 SR 66. Contact: Connie at 419/789-3646 or Jammie at 419/770-9488.

**Mental Health Support Group — Bryan.** For adults with any diagnosed or undiagnosed mental illness. Meets on the 3rd Thursday every month at 7 p.m. in the Horizon Apartment commons, 617 N. Walnut St., Bryan. Contact: Mark at 419/913-8576.

**NAMI Four County.** For family members and friends of persons with a mental illness. Meets the 1st Tuesday each month at 7 p.m. at the ADAMhs Board office. Contact: Dave at 419/966-3006.

**Bryan Support Group for Family Members, Friends.** This group is primarily for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the third Monday every month, 6:30 p.m. at the First Presbyterian Church, 506 Oxford Dr., Bryan. For more information, please contact Gail at 419/212-1911.

**Defiance Support Group for Family Members, Friends.** This group is for family members and friends of persons with a diagnosed or undiagnosed mental illness. Meets the second Tuesday each month at 7 p.m. at Zion's Lutheran Church, 1801 E. Second St., Defiance. For more information, please contact Wendy at 419/785-4072.

**Survivors After Suicide.** For anyone 15 or older who has lost a loved one to suicide. Meets the first Thursday of the month at 7 p.m. at the Four County ADAMhs Board, T-761 SR 66, Archbold. For more information, please call Nancy at 419/439-6907 and leave a message or Tonic at 419/267-3355, ext. 5.

## Future of health insurance is uncertain

# Medicaid expansion has provided healthcare to more than 2,500 area behavioral health clients

With the change of leadership in Washington, the future form of healthcare is uncertain for many Americans. However, some facts and possible risks are known — particularly for those with lower incomes who have received healthcare as a result of Medicaid expansion.

Last month, ADAMhs Board CEO Les McCaslin told NAMI members that Medicaid expansion provided health insurance for 2,578 adults who had received behavioral health services from ADAMhs Board providers during the past year. Further, he said that Medicaid paid about \$2.8 million for those services.



ADAMhs Board CEO Les McCaslin

If President Trump and Congress repeal Obamacare, which Medicaid expansion is part of, without replacing it, then the ADAMhs Board system would be responsible for providing those services without having a revenue source to pay for it, he said.

Expanded Medicaid has significant eligibility differences from traditional Medicaid, a federally funded health insurance program for persons with incomes at or below the federal poverty level, the disabled, and children from low income families.

**Under Obamacare,** expanded Medicaid allowed states that chose to accept it (Ohio was one of 31 states that did) to expand Medicaid to working adults without dependent children whose incomes were up to 138 percent of the federal poverty level. This year, for a single adult that would be \$16,400.

Before Medicaid expansion was approved in Ohio, adults with low paying jobs generally could not qualify for Medicaid health insurance unless they were disabled.

Across Ohio, some 692,532 adults have health insurance through expanded Medicaid. And, according to figures cited by the

Columbus Dispatch newspaper, about half of the expanded Medicaid population in Ohio receives mental health or addiction services that are funded by Medicaid.

Currently, the federal government pays 100 percent of the cost of services for the expanded Medicaid population. It drops to 90 percent federal and 10 percent state paid by 2020 and then stays at that level.

McCaslin said that Ohio Governor Kaisch's proposed two-year budget calls for a continuation of expanded Medicaid. However, Ohio legislators must approve that continuation, and a final state budget probably will not be approved until sometime in June.

"At this time, I cannot tell you much more than that," McCaslin said. "There is no proposed replacement (of the Affordable Care Act) in Washington, so we don't know if Medicaid expansion will continue. And the president is now saying there may not be a replacement until later this year or next.

"If the governor's (Medicaid) budget is approved and Washington continues Medicaid expansion, we're good for two more years."

But, he also added, "We should take nothing for granted."

He explained that the \$2.8 million in services that expanded Medicaid paid for last year would take about 80 percent of all the revenue generated by local property taxes that now support ADAMhs Board services. "Do you think voters would approve a tax increase of that size?" he asked.

**NAMI and NAMI Ohio's position** on Medicaid expansion is simple: *Keep what works. Don't change it.*

Specifically, NAMI's position statement on Medicaid expansion explains...

"Single adults living with mental illness—no matter how severe their symptoms or how low their income—are not eligible for traditional Medicaid programs unless they successfully navigate a lengthy federal disability determination process and meet medical and income criteria.

Please see *Medicaid expansion* on Page 4

## Studies report that legislation has improved access to mental healthcare for some

Studies published late last year reported that federal laws such as the mental health parity act and the Affordable Care Act have increased access to mental healthcare — particularly for patients with less severe mental illnesses. The reports were published in the December 15 online issue of *Psychiatric Services*.

The study that looked at the impact of the Affordable Care Act found that within one year of the law taking effect the number of persons with moderate mental illness who were able to find an affordable healthcare plan increased by more than 15 percent. However, there was no comparable increase in the number of persons with severe mental illnesses.

The author of the study noted that barriers to receiving affordable healthcare that were cited by this group included: the costs associated with transportation, taking time off work, and not knowing where to go. The author also noted that his research used data from the National Health Insurance Survey and did not distinguish data from the states that expanded Medicaid from those that did not. Therefore, data from states where Medicaid was not expanded to adults with income of up to 138 percent of the poverty level likely pulled the data down.

The other study used databases from Optum, a company that works with facilities and providers. It sought to determine if passage of the federal Mental Health Parity and Addiction Equity Act passed in 2008 had actually improved access and coverage.

This study looked at both the quantitative treatment limits of insurance plans before and after the law and whether behavioral health coverage was part of the medical coverage or whether it was carved out as a separate type of coverage.

Before the parity legislation was approved, 89% of the carve-out plans and 77% of the plans that included behavioral health with medical coverage limited outpatient visits. Inpatient days were limited by 66% of the carve-out and 73% of the other plans.

By 2011, virtually all of the plans had removed any type of limits. So, the parity legislation had achieved what it was designed to do.

## Cognitive decline in middle age women not predictive of dementia

A study published online January 3 in *PLOS ONE* reported that mental sharpness, particularly processing speed, in women begins to decline as early as age 50. However, it is not predictive of how likely the woman is to develop any type of dementia later on.

Some 2,125 women from the Study of Women's Health Across the Nation, a community based analysis of midlife women at seven U.S. sites, were part of the longitudinal study. The participants were followed annually and the visits included cognitive testing.

The lead author, Dr. Arun Karlamangia, wrote, "Cognitive problems experienced by middle-aged women are a normal part of the aging process." He added that a way to slow the process is to keep the brain active.

"Lots of studies have shown that the more cognitively active you are, the less decline you have in the domains in which you are active," he said. "Physical activity and controlling cardiovascular risk factors (blood pressure, cholesterol, etc.) are other important brain savers."

*research updates...*

## Exercise and children with autism

Even a modest physical exercise program at school (twice weekly for 20 minutes each) may improve communication as well as fitness for children with autism.

According to investigators at New York Medical College, a four month program carried out in the school led to significant improvements in scores for social responsiveness as well as physical endurance. The results were presented at the 2016 annual conference of the Academy of Pediatric Physical Therapy.

The children participated in an adaptive gym class.

The researchers explained that if the results can be replicated in more studies, then the results are significant because children with autism have an increased risk of developing obesity and diabetes as well as something called metabolic syndrome, which is associated with things such as decreased peer interaction, impaired balance, endurance and motor execution.

The lead researcher, Susan Ronan, said that it is not clear why a physical exercise program would improve communications.

## Brain markers of suicide risk in young bipolar patients

A neuroimaging study of teenagers and young adults with bipolar disorder showed differences in regions of the brain between those who have attempted suicide and those who have not.

Specifically, there was less gray matter volume and less structural and functioning brain circuitry in brain connections in the frontal cortex of those who had attempted suicide. The study was reported online January 31 in the *American Journal of Psychiatry*.

It was a small study involving 68 persons age 14 to 25 with bipolar disorder. Twenty-six had at least one suicide attempt and the rest had no attempt history.

Dr. Hilary Blumberg, the senior author of the study, said that deficiencies in the frontal cortex "can lead to more extreme emotional pain, difficulties in generating alternate solutions to suicide and greater likelihood of acting on suicidal impulses."

## Active kids less depressed later

A study published January 11 in *Pediatrics* says that youngsters who get more exercise at ages 6 and 8 may have fewer depressive symptoms than their peers who are less active by age 10.

The study said that all it takes is moderate to vigorous activity.

Some 795 children were part of the study at age 6. Two years later, 699 were part of a parent survey follow-up and at age 10 there were 702 participants.

The researchers point out that simply because the parents report symptoms of depression doesn't mean the child would have a clinical depression diagnosis. However, they noted that exercise does release several chemicals in the brain that can improve mood (endorphins, serotonin and dopamine) as well as lead to lower levels of cortisol, a stress hormone.

## Unique approach for severe, refractory depression

From the January issue of the *American Journal of Psychiatry*, a large proportion of patients with severe, refractory depression also have metabolic disorders that, if treated, appear to improve the

Please see **Refractory depression** on Page 3

## Refractory depression

Continued from Page 2

depressive symptoms over the long term. A metabolic disorder refers to a biochemical process that is involved with the body's normal functioning.

For the study, 33 teens and young adults with difficult to treat depression and 16 healthy controls were used. Twenty-one of the 33 had a metabolic abnormality that involved the central nervous system. After treatment for the metabolic disorder was given, nearly all had marginal to dramatic improvement on their Beck Depression Inventory scores.

Authors of the study noted that testing for metabolic abnormalities is not part of the current diagnostic standard for treating refractory depression and without the testing and treatment, the patients probably would not have gotten better.

Refractory depression was defined as depression that at least three courses of medication administered at the maximum dosage for an adequate length of time all failed.

## No new antidepressants likely for at least 10 years

According to a Reuters Health article reported by Medscape on January 11, the next new generation of antidepressant medications may be at least a decade away even though depression and anxiety rates are increasing.

Part of the blame is a "failure of science" to find new treatments, but it's mostly a result of the big pharmaceutical companies spending less money on research and development in neuroscience because the profit potential is uncertain. And, that is because the current SSRI (selective serotonin reuptake inhibitors) medications are now widely available as cheap generics. Without knowing that a newer class of antidepressants would be much better at controlling symptoms, the companies don't want to fund expensive research.

According to the World Health Organization, depression is one of the most common forms of mental illness — affecting more than 350 million people worldwide — and the leading cause of disability. Antidepressant prescriptions are on the rise. Between 2005 and 2015, the number of prescriptions in England increased from 31 to 61 million. In the United States between 1999 and 2012, there was almost a doubling of prescriptions.

## 70s era agent psilocybin may have a future in psychiatry today

Psilocybin was first created in 1958 and was used in psychiatric research until 1970 when its widespread use as a recreational psychedelic caused it to be reclassified as a Schedule 1 drug. It was the active ingredient in "magic mushrooms."

Recently, two studies that used psilocybin with late-stage cancer patients discovered that a single, high dose of the serotonergic hallucinogen produced rapid, clinically significant and lasting effects on mood and anxiety.

The findings were published online December 1 in the *Journal of Psychopharmacology*. The article in the December 1 issue of Medscape said that former presidents of the American Psychiatric Association and others have described the results as "remarkable," "very promising" and "a critical advancement."

Others have suggested that there needs to be more discussion of the unique legal, ethical and regulatory issues surrounding the use of psilocybin and related drugs.

research updates...

At any rate, additional studies are needed. A number of questions have not been answered. Those include knowing how psilocybin works — whether its ability to impact depression and anxiety is due to its serotonergic effects or

if it is a result of the altered state of consciousness that psilocybin causes.

According to the published research, psilocybin is not habit forming, does not cause dependence and has low toxicity.

## Not much known about impact of long term psychiatric drug use

A little more than 16 percent of American adults report taking a psychiatric medication with even higher rates for those who are 60 and older. In most cases (about 84 percent), the use has been long term even though there has been little research done about the effect of long term use.

A study, reported online December 12 in the *JAMA Internal Medicine*, reviewed the 2013 Medical Expenditure Panel Survey. It found that 9 percent of adults 18 to 39 reported use of a psychiatric drug while 25 percent those age 60 to 85 reported use. Women were twice as likely as men to use psychiatric drugs — 21.2% vs. 11.9%.

Additionally, it was noted that the increasing trend in long term antidepressant use was limited to those receiving care from general practitioners.

## ADHD research....

A study presented by Dr. Josephine Elia at the 63rd annual meeting of the American Academy of Child and Adolescent Psychiatry said that **gene mutations are the likely cause of ADHD, not parenting or some environmental cause**. The study involved 1,013 children and adolescents who had a history of ADHD or otherwise met the criteria for ADHD. Saliva samples were taken and analyzed with 22 percent carrying a gene mutation. Those children then began using a medication that targets that gene. When the gene was targeted, the results were better than current medications such as Ritalin that target the entire brain.

Another study reported last year in the *Journal of Consulting and Clinical Psychology* said that **giving stimulants to kids with ADHD may not help them complete their homework or get better grades**. It was a small study using 75 students in an 8-week summer school program. The medication had no difference on homework completion or accuracy compared to a placebo. However, when behavioral therapy was used, the children got 10 to 13 percent more homework problems finished with 8 percent better accuracy compared to those who did not get behavioral therapy.

## Antidepressants can cause sleep problems in the elderly

A study presented at last year's Institute of Psychiatric Services mental health conference warned that SSRIs can disrupt sleep in the elderly and contribute to problems that may lead to dementia. The study was a literature review of 10 studies that looked at persons age 50 or older being treated with antidepressants (mostly SSRIs) for depression.

However, for elderly patients with depression the SSRIs are still the best option as older classes of antidepressants either have too many side effects or pose an increased risk for falls.

# 10 bed adult crisis stabilization unit will open soon in Napoleon

# Expanded Medicaid has provided behavioral health coverage to 2,578 area adults

*Continued from Page 1*

“Medicaid expansion removes barriers for people with mental illness by allowing people to qualify based on income, rather than a disability determination. This helps people get mental health services while reducing growth in the federal disability system. Currently, more than one in four people who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) payments are on disability as a result of mental illness.

“Medicaid expansion creates a path to work and self-sufficiency because eligibility for mental health care is not tied to a life of disability.”

**President Trump** and some Republicans in Congress have suggested that Medicaid expansion may not be part of any replacement to Obamacare. Instead, they have suggested that the federal government should block grant funding for Medicaid to the states. Block grants cap funding at a particular level and allow the states to establish their own guidelines and priorities for how it is spent.

Both McCaslin and NAMI are skeptical of block granting.

**McCaslin explained** that traditionally mental health has not been a high priority when financial resources are limited. Therefore, there is no guarantee that the same level of Medicaid funding would be available or that the same array of treatment services would be funded.

NAMI policy explains, “Block-granting Medicaid would cap a state’s federal Medicaid financing, leaving states in the red if needs exceed the cap. Per capita caps would limit federal financing, too.

“Both block grants and per capita caps would leave state programs with significantly less funding in future years putting services for people with mental illness at risk.”

To read all of NAMI’s mental health policy positions for the 115<sup>th</sup> Congress, please visit NAMI Four County’s website ([www.namifourcounty.org](http://www.namifourcounty.org)) and click on the “Advocacy” tab on the left side of the home page.

Ten adult crisis stabilization beds for persons experiencing a behavioral health and substance abuse crisis will open soon at Comprehensive Crisis Care, located at 600 Freedom Drive in Napoleon.

The adult unit complements a 10-bed crisis stabilization unit (CSU) for youth that the agency also operates at the same location. Both units are open around the clock every day of the year and are staffed by nurses and other mental health professionals.

From the same location, Comprehensive Crisis Care (formerly known as First Call for Help) responds to calls for emergency assessments when a mental health crisis is suspected in Defiance, Fulton, Henry and Williams counties. The agency also operates the area’s 2-1-1 information referral system from the same location.

The adult CSU serves area residents who are 18 and older. The unit can provide the following services: crisis stabilization, ambulatory detox, behavioral health assessments and treatment planning, psychiatric services, and group and individual counseling.

Services provided in the CSUs are short-term until the client’s condition has been stabilized and they can be connected with on-going out-patient care.

Prior to re-opening a local adult CSU, the



**Michael Chadwick, unit manager** at Comprehensive Crisis Care, with two of his staff for the adult CSU: Tina Leach, R.N., and Lynda Ledkins, L.P.N.



**Ribbon-cutting of adult CSU** at Comprehensive Crisis Care in Napoleon.

nearest similar facility was 65 miles away.

The building addition that houses the adult CSU was funded by a grant from the Ohio Department of Mental Health and Addiction Services along with money from the Four County ADAMhs Board.

## NAMI holiday potluck; summer picnic next

NAMI members and friends celebrated the end of 2016 with their annual Christmas potluck and party at Ruibley Park in Archbold.

Lucy Ames, left, participated in the gift exchange while Mark Krieger, Lois Pifer, Lisa Holley, Dave Durham and Gary Smith enjoy the potluck meal.



NAMI’s next social event will be the summer picnic on Tuesday, August 1. It will be held at the ADAMhs Board office. Mark your calendars now!



*Family matters...*

# Where is God in all of this?

By Janet Hitchcock

**B**rain disease. Mental illness. Why our family? What have we done wrong? Where is God in all of this?

It's easy to get bogged down with those questions. A slippery slide into depression is a great temptation when dealing day after day after day with the challenges facing families of loved ones who struggle with these diseases.

When I feel that way, I turn to prayer. "God help us. Show us what to do. Just show up, God. Let me know You are with us in this. Please. **PLEASE!**"

And then I set out to solve the current issue on my own. I want to hear from God, but do I take time to listen? Hmm...

Trusting God to answer prayer is the issue, isn't it? Accepting God's timing, which might be much different than ours, is uncomfortable. Yet we need to get out of God's way and let Him work in and through us.

It may take some time to hook us up with the right people, the right program, the right

places to get the help we need.

Family to Family class was like that for us. To hook up with this help, we first had to change churches and meet up with Barb and Gary Arnos, have dinner and conversation, tell our stories, and discover they were training for Family to Family. An invite to join the class led us to new friends, a new understanding of mental illness as brain disease, better methods of managing the emotional upheaval of it all, and ongoing support.

It was a process that took a while to work out. God had a lot of arranging to do to get all this together. Fortunately, we stayed out of the way and let Him work on us.

Loving and caring for someone with a brain disease is a challenge to the hardest among us, but I have found only one way to do it. With grace.

Grace listens before it speaks. Grace pauses before it acts. People of grace do unto others as they would have others do to them. Grace takes a deep breath, counts to ten, and responds in a calm voice with love. Grace seeks to understand rather than judge. Grace forgives, over and over and over.

Grace is patient, kind, slow to anger, quick to hug.

Hard stuff, isn't it? But responding through grace allows us to step out of the way and give God room to work.

Responding through grace helps us – and our loved ones – to find the blessing in our situation.

And there are blessings. I know I have become far more compassionate, understanding, and accepting and a lot less judgmental because of our lives with mental illness.

I've learned to appreciate the small things, the little successes amidst the struggles. A day with no issues. A month with no phone calls in the middle of the night. Little stuff. Blessings.

New Family to Family classes start every few months and Barb and Gary have begun a daytime class for those who work evenings or need to be home before dark. If you know anyone who couldn't attend evening classes, let them know there is something for them now. You might be one step in God's arrangement for answering their prayers.



**2-1-1**  
**Need help? Don't know who to call? Get answers. Always toll-free, 24 hours a day, every day.**

If you need to contact *The Advantage*, please email Lou Levy, the editor, at ...  
 louandrene@artelco.net  
 or call — 419/393-2515.

**Fulcare Behavioral Health** at the Fulton County Health Center hosted the January NAMI dinner meeting to discuss services that NAMI members or their loved ones have received at the hospital as well as their expectations of mental health providers in general. The goal was to learn how Fulcare can improve its services. Pictured are NAMI members Ruth Thind and Ed Clinker with Fulcare inpatient manager Aaron Harmon.

# Promedica partial hospitalization program offers a mental health step-down option

*The partial hospitalization program* at Promedica Defiance Regional Hospital may be a good option for persons whose mental illness isn't serious enough for inpatient care, but need more intensive care than traditional outpatient services offer.

Valerie Liebert, MA, PCC-S, is the program manager for the partial hospitalization program that Harbor Behavioral Health Services manages for Promedica. She recently told NAMI members what the program is designed to do and when it can be the appropriate level of care for a loved one with a mental illness.

She said the partial hospitalization program is similar to a step-down unit for patients who need some intense rehab following surgery or for any other type of serious physical illness.

Partial hospitalization is a day program that operates from 9 a.m. to 3 p.m. weekdays with the patient returning home for the night. Liebert said the patient generally is in the program for 5 to 10 days; however, it depends on the patient's needs – noting that it can last longer.

She described the program as an intensive, structured, goal-oriented treatment that uses a variety of mental health interventions, including group therapy with a lot of psychoeducational emphasis to help the patient better understand their illness and its treatment. The therapists use dialectical behavior therapy (D.B.T.).

*Persons can be referred* to the program from any provider or be self-referred. Liebert emphasized that they do not need to be a Harbor or Promedica patient and once they complete the program, the staff will assist their transfer of care to any provider and make sure that they have an appointment with that provider before

they leave the partial program.

If accepted for Harbor's partial hospitalization program, the patient will be scheduled with the staff psychiatrist, Dr. Melchor Mercado, within 24 hours. And, they will meet with him on a weekly basis until they are discharged from the program.

The program is also staffed by two therapists.

"We have no problem finding people who can benefit from the program," Liebert said. "With the Medicaid expansion (a few years ago), there are more people who need the program (and who have the insurance to pay for it). Our only problem is finding enough staff to meet the need."

In terms of paying for the program, the program accepts Medicaid, Medicare and

many private insurance plans.

*For patients who qualify* for the program, Liebert said transportation can be provided within a 25 mile radius of the hospital.

Liebert explained Harbor Behavioral Health's relationship with Promedica. For the last two years, Harbor has been the mental health provider for all Promedica facilities in in northwest Ohio and southeast Michigan. She added that mental health services in Defiance are expected to expand once Promedica completes a building project in Defiance.

"Our goal with the partial hospitalization program is that once the patient completes the program, they won't need to come back," she said. "We make sure that they are connected with a provider who will continue their care on an out-patient basis. Our program simply fills a temporary need. It's not on-going care."

For more information about the program or to schedule an appointment, call Harbor at 419-783-6896 at the Defiance Regional Hospital.



**NAMI member Lisa Holley** (left) and Valeria Liebert, program manager for Harbor Behavioral Health's partial hospitalization program in Defiance. Lisa is one of two persons who will be teaching the 5-week NAMI Basics family education class for parents, grandparents and caregivers of children and teens. The class starts in April.

## Henry County mental health support group

The Henry County Senior Center offers a monthly mental health support group that is open to anyone regardless of age or whether they live in Henry County.

The group meets at 10:30 a.m. the third Friday of the month in a room separate from the dining area. A licensed social worker facilitates the group. The Center is located at 130 E. Clinton St. in Napoleon.

## Health Partners of Western Ohio is accepting new patients at its health centers in Bryan and Defiance.

Patients will have access to primary care providers, behavioral health counselors, and the pharmacy team.

A full service dental clinic is at the Bryan office.

Services are provided on a sliding fee basis and most insurances, including Medicare and Medicaid, are accepted.

**Call 567/239-4562 (Bryan) or 419/785-3827 (Defiance).**

## NAMI Four County meetings & programs

All NAMI meetings, which are open to the public, are on the first Tuesday of the month starting at 7 p.m. at the ADAMhs Board office unless otherwise noted. For the most up to date meeting information, please visit NAMI's website at [www.namifourcounty.org](http://www.namifourcounty.org).

### Tuesday, March 7

Tonie Long, the Local Outreach to Survivors of Suicide (LOSS) team coordinator, will address suicide awareness and prevention. Tonie will also explain what the LOSS team does immediately after a completed suicide and the Survivors of Suicide support group that meets monthly. The program will begin at 7 p.m. and be held at the Four County ADAMhs Board office, T-761 State Route 66 south of Archbold (across from Four County Career Center).

### Tuesday, April 4

Nancy Shannon, a therapist with FulCare Behavioral Health's outpatient program in Wauseon, will do a presentation on non-military causes of post-traumatic stress disorder and a therapeutic approach called Eye Movement Desensitization Reprocessing (EMDR) that can be used to treat post-traumatic stress disorder. Her presentation will begin at 7 p.m. at the Four County ADAMhs Board office, T-761 State Route 66 south of Archbold.

### Tuesday, May 2

Topic and presenter to be determined.

## Free NAMI workshop & training schedule

Please check the NAMI Four County website for the most current class schedule information.

### Saturday, April 1-29

**NAMI Basics.** A 5-week class for parents, grandparents or caregivers of youth with emotional, behavioral or mental health problems. 1 to 3:30 p.m. Class will be held in Defiance. Contact Lisa Holley 419/438-7384 for more information or to register.

### Saturday, April 22

3-hour workshop on "Practical management strategies to prevent challenging behavior and promote positive behavior." 8:30 to 11:30 a.m. Rm. 18, Defiance Hall, Defiance College campus. Call 419/399-0952 to register by Monday, April 17.

# NAMI will offer 3 free workshops in the spring that focus on youth

## 3 hour Saturday morning workshop for youth-serving volunteers will focus on youth with challenging behaviors

NAMI Four County will once again partner with the Defiance College Hench Autism Studies Program to offer a free, three hour workshop on Saturday morning, April 22 on the Defiance College campus.

Dr. Clarissa Barnes, the autism program director at the college, will present the class which focuses on the types of challenging behavior that children and adolescents with ADHD or an autism spectrum disorder typically exhibit. For volunteers or paid staff who work with young people in church youth groups, scouting, 4-H or daycare programs, these behaviors are usually difficult to manage and tend to disrupt the class or activity that the volunteer is leading.

Dr. Barnes' presentation emphasizes practical behavior management techniques that can effectively manage the difficult behavior and reward appropriate behavior.

Her presentation not only explains what to do, but demonstrates the techniques to do it. Participants will work in small groups to develop a workable plan that they can take back to their organization and use.

Many workshop participants attend as a group from their organization. For those groups who register early for the workshop, Dr. Barnes will talk with the group leader to better understand the behavior(s) and the activities when they occur so she can develop small group activities that are specific to each group's needs.

The workshop will be held from 8:30 to 11:30 a.m. on Saturday, April 22 in Room 18 in Defiance Hall on the Defiance College campus. Sign-in and a continental breakfast begin at 8 a.m.

Although the workshop is free, space is limited and pre-registration is required. To register, either call Lou Levy at 419/399-0952 or send an email to [louandrene@artelco.net](mailto:louandrene@artelco.net).

Registration information should include the name(s) of the attendee along with the organization they are with and a telephone number and email address where they can be reached. The deadline to register is Monday, April 17; however, Dr. Barnes may not be able to personalize the workshop for those who register less than 10 days before the workshop.

## NAMI Basics class for parents, grandparents, caregivers of youth with behavioral issues starts April 1 in Defiance

This five week class will be held from 1 to 3:30 p.m. for five consecutive Saturdays starting April 1 at Zion's Lutheran Church in Defiance. The veteran instructors, both of whom have children with behavioral issues, are Lisa Holley and Valarie Lashaway.

Each week, the class will cover different topics related to emotional, behavioral and mental health issues affecting children and teenagers. Participants will receive up-to-date hand-outs on every topic that is covered to fill the 3-ring binder that they will be given.

The class has three goals:

- ◆ To give the parent or caregiver the basic information necessary to provide the best care possible for their child, their family and themselves.
- ◆ To help the parent or caregiver cope with the impact that mental illness has on the child living with the illness and the entire family.
- ◆ To provide the tools for the parents or caregiver to use after completing the program to help them make the best decisions possible for the care of their child.

For more information or to register, call Lisa at 419/438-7384. Registration deadline is March 24.

## Youth Mental Health First Aid class will be offered in May

In mid-May, NAMI will offer a free all-day class called Youth Mental Health First Aid. The class is intended for people who work with youth in helping professions.

A specific date and location have not yet been set by the time this newsletter was printed. However, that information will be available on the NAMI website ([www.namifourcounty.org](http://www.namifourcounty.org)) by early March.

Participants will learn to recognize the risk factors and symptoms of a mental health crisis in youth as well as how to listen non-judgmentally and provide reassurance, and how to encourage the person and their family to seek appropriate professional help.

Participants will also receive a comprehensive manual that covers all aspects of mental health disorders affecting youth.

### Pay your 2017 NAMI dues now to avoid the July 1 increase

The National Alliance on Mental Illness has announced a dues increase that all affiliates must implement starting July 1, 2017.

Instead of two membership categories, on July 1 there will be three: a new family membership at \$60 a year, an individual membership at \$40, and a limited income membership at \$5.

NAMI Four County will continue to accept 2017 membership dues at the current rate of \$35 for individuals/families and \$3 limited income until mid-June.

Current and new NAMI members are encouraged to avoid the dues increase and pay their 2017 membership dues now by completing the form on this page and returning it to Barb Arnos, the treasurer. Checks should be payable to NAMI Four County.

## NAMI Four County 2017 Membership Form

Now is the time to join the nation's largest advocacy group for mental health.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (daytime): \_\_\_\_\_ (evening) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Membership Levels: \_\_\_ \$35 individual/family \_\_\_ \$3 individual/family on limited income

*Please mail your 2017 NAMI Four County dues to:*

NAMI Four County, Attn: Barb Arnos, treasurer, 01038 US 127, Bryan, Ohio 43506.

## Check out NAMI Four County's updated website.

[www.namifourcounty.org](http://www.namifourcounty.org)

Photos, Links to Service Providers Serving the Area, Free Class Schedules, Support Group Meeting Times & Places, Information on Mental Health, and Links to Other NAMI and Mental Health Websites

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