



Connections

— for communities that care

IMPROVING OUR CONNECTIONS

Clint Galloway



This issue marks the second anniversary of sharing information with you! We want to thank all the contributors who have taken the time to open their hearts and share stories that reveal how our work-

ing together through the public mental health system can make a big difference. We have seen how individual lives, service agencies and communities can be transformed by building and supporting relationships on the principles of mutual respect, social justice, the quest for truth through scientific research and most of all, compassion. Recently, in a conversation with a friend who, like so many of our acquaintances who are not familiar with services of the public sector, asked, "Aren't you running out of ideas and stories?" "On the contrary," I replied, "as you venture into the world of human need and suffering, if anything, you are overwhelmed by the stories that beg to be recognized and addressed." In addition to the stories, we have provided information on training opportunities and electronic links to pursue more information and knowledge to help us address these unmet needs. Your response has been very gratifying, which invigorates us to not only continue but improve. With that in mind, I'm very pleased to announce two very significant changes in *Connections* that I believe will do just that!

ESTABLISHING AN EDITORIAL NETWORK

When *Connections* was launched, I indicated the need for other voices at the editorial table in order to provide both diversity of perspective and a broader knowledge of the system to help identify those gems that need to be recognized and shared. It is difficult to get commitments to a dream hidden within someone else's heart. But after two years of working with Cindy Chadwick in the publishing of *Connections*, I was amazed by the responses I received when I renewed the pursuit of establishing an editorial network! "Not only will I accept, but it would be an honor," was the response I received.

I prefer to identify this group of people as an editorial "network" rather than an editorial board. "Board" emphasizes the

aspect of authority while "network" refers to the primary function, purpose and value inherent in our work. Together, we will be able to reach out through our relationships and identify many more stories that need to be shared, thus forming a network that penetrates further into our communities. All of the people joining this network have contributed articles for *Connections* in which the value of building relationships has been expressed. Most importantly, we have included a peer support specialist to assure the voice of the consumer is present. These are not individuals who are hungry for power and authority; they are people who recognize and live the principles of establishing and supporting the primary connections that are essential to a quality of life. They understand that this is true whether you are a board member, administrator, support or direct care provider, or recipient of services. They are dedicated to the mission of establishing a culture that builds relationships that will enhance the quality of our lives. They know that we can never be successful in enabling those that need our support and services in their recovery unless we recognize and practice those principles within our systems of care.

The individuals composing this editorial network are: Clinton Galloway, Managing Editor, and Ionia CMH Board member; Michael Vizena, CEO Michigan Association of Community Mental Health Boards; Cynthia Chadwick, Design Editor and MACMHB consultant; Robert McLuckie, Provider Alliance representative and CEO Alternative Services, Inc.; Marlene Lawrence, Certified Peer Support Specialist and CEO Share Center, Battle Creek, Michigan; Robert Lathers CEO Ionia CMHSP; and Michael Brashears, CEO CMH Ottawa County.

The room exploded dur-

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Fall Conference 2009

LOOK CLOSER: Let's Shape Our Future Together

Grand Traverse Resort • October 19-20

PLENARY SESSIONS

- "From the Director's Desk" – Janet Olszewski, Director, Michigan Department of Community Health
- "Mental Health and Substance Use Disorders Directions for 2009/2010" – Michael Head, Director, Mental Health & Substance Abuse Administration, MDCH
- "Trauma and Recovery: My Story" – Tonier Cain, National Center for Trauma Informed Care
- "How Harley-Davidson Saved Me from the Asylum" – Pete Feigal, national speaker, artist and actor

CONFERENCE WORKSHOPS

- Empowering Consumer Advisory Groups
- Promoting a Recovery-Friendly Environment Inside & Outside of CMH
- Narrowing the Divide: Consumers as Experts Leading Systems Change
- Community Building: Creating Better Outcomes using Peer Specialist Outreach
- Measuring the Impact of Anti-Stigma Campaigns: Cheap Science for Hard Times
- Addressing Stigma at the Federal, State and Local Levels in Systems of Care
- Let's Kick it up a Notch: Using a Multi-Media Approach to Combating Stigma
- The Person Beyond the Pathology, The Doctor Beyond the Degree
- Boardworks 2.0: Foundations: Ensuring a Consumer Focus
- Boardworks 2.0 Foundations: Intended Beneficiary Command
- Boardworks 2.0 Foundations: Public Policy
- Boardworks Elective: Communicating Effectively with Your Legislators
- Boardworks Elective: FY10 CMH/SUD Appropriations and Legislative Update
- Boardworks Elective: Ambassador Community Relations
- Boardworks Elective: How to Protect your CMHSP from Co-Employment Issues
- The Mental Health Needs of Children in Foster Care: A Collaborative Assessment Project
- Early Childhood Mental Health in a System of Care
- How to Support Family Driven and Youth Guided Practices
- Using Motivational Interviewing with Clients in Poverty
- Using Family Psycho-Education to Empower Families in the Community
- Increasing Employment Possibilities
- Buddy to Buddy: A Program of Peer Support and Outreach for Michigan Veterans
- Social Security Work Incentive Program
- Transitioning to Trauma-Informed Services
- Maximizing Clubhouse Potential: Clubs as a Vehicle for Meeting ARR Directives
- Considerations in the Provision of CMH Care Services for Hispanic Mental Health Consumers
- Best Practices for Reducing Initial No-Shows: A Process Benchmarking Exercise
- Managing Demand for Services in Tough Economic Times – TSG Waiting List Workgroup
- Skills for Success in a Shared Governance Environment
- PIHP Affiliation Leaders (PALs): Making the PIHP Network More Effective
- Audio Monitoring: Using Technology as Support
- A Curriculum for Persons with Developmental Disabilities and Loved Ones: The How-To's of Peer Supports
- Maximizing EBP, Quality of Care, and Consumer Empowerment Through the Use of Electronic-Portable Health Records for Consumers with Developmental Disabilities
- The Information Technology Governance and the Potential for ARRA Incentives

OTHER CONFERENCE EVENTS

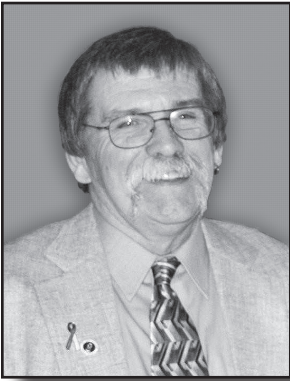
- Boardworks Certification Recognition
- Hal Madden Outstanding Service Award

Continuing Education Credits Available

CEUs for Licensed Social Workers: The Michigan Association of Community Mental Health Boards, provider #1140, is approved as a provider for social work continuing education by the Association of Social Work Boards [www.aswb.org] through the Approved Continuing Education program. MACMHB maintains responsibility for the program. Exact credit hours pending. If you have questions, call MACMHB at 517-374-6848.

FAMILY VALUES ARE GOOD BUSINESS

MARK WEEKS, CHAIR OF THE MACMHB PROVIDER ALLIANCE AND DIRECTOR OF OPERATIONS, FWOGC INC.



If you are lucky, once in your lifetime an event will occur that will have a positive and lasting effect on everything that you do and how you will live the balance of your life. For my family that event occurred in 1965. One of the foster children that my parents were taking care of touched our family and forever changed who

we were and how we lived our lives. The agency that had placed my brother with us told us that he had development issues and that it was quite possible that he was mentally retarded. No one in the family really understood what this meant. We did, however, very clearly understand the love we shared with our brother. He was an essential part of our family.

Despite objections from the foster care placement agency, the adoption went forward. In the fall of 1967, our brother became a full "legal" member of our family. Since that time our entire family has experienced a series of events that has strengthened our resolve to continue to help people with disabilities.

My parents, Harry and Beverly Weeks, embarked on a life-long mission to help my brother obtain every opportunity that any child should have. Whether it was volunteering at the school, working with Special Olympics, helping to start a Boy Scout Troop, or the founding and operating of Freedom Work Opportunities, the commitment was to help individuals and their families achieve their dreams and goals.

In 1983, my sister and brother-in-law, Dan and Diana Souheaver, along with my parents, started Freedom Work Opportunities of Genesee County (FWOGC Inc.). It was a small beginning with a big goal: to offer a chance for a productive adult life to people like my brother; people with value, energy, and much to contribute, whom society might seek to hold on the sidelines. The program would provide community-based work experiences. Our first sponsoring contract agency was the Macomb-Oakland Regional Center (MORC).

The lessons that my parents learned while raising my brother became the cornerstone for the way they nurtured and grew the new service organization. Family values were instilled with the job coaches and staff employed there. We were trained to listen deeply to the individuals we worked with and to try to match our resources to their needs. When new or dif-

ferent methods were offered, we had the opportunity to learn and implement those strategies that would help improve the lives of the people that we served. In 1987 my wife Gina, along with a group from MORC, spent a week in Nebraska with Dan Hobbs and John McGee learning about Gentle Teaching. The philosophy struck a chord and became a guiding principle of our work. The individuals enrolled in Freedom Work Opportunities responded and many found success in jobs, in relationships, and as contributing members of their communities.

I cherish the lessons I have learned over the many years of watching my parents engaged in their labor of love and tireless dedication. The company grew and my wife Gina and I eventually transplanted to our current positions at FWOGC Inc. Since 1994 the core commitment to family values and to the individuals that we serve continues as the cornerstone of our organization. Whether it is expanding services, exploring new methods, or building relationships with groups like The Provider Alliance, the Michigan Chapter of APSE, or with Wayne State University Developmental Disabilities Institute, our goal is to constantly improve who we are and what we do.

The values that I have learned from my family have carried over into our commitment to work and support other organizations. My current position as the chairperson for The Provider Alliance affords me the opportunity to reach across a broad spectrum of service providers, not only to help, but to learn about the vast array of services that are representative of the Provider Alliance and how we are all an integral part of the mental health service system in Michigan. It is my hope that The Provider Alliance can also continue to use those values to work directly with the members of the Michigan Association of Community Mental Health Boards and the community at large to help achieve an effective and efficient community partnership that will benefit all.

I have always been and will always be very proud of the commitment and the contributions that my family has made over the years. My sister and brother-in-law continue to provide residential services in Oakland County. Sadly my father, Harry passed away in 2007. My mother Beverly is still active in the day-to-day operations of Freedom Work Opportunities. My sister Robin is the current Executive Director of the original program location, and my brother just recently celebrated his 44th birthday and continues to work at Freedom Work Opportunities on the lawn crew.

I still find it hard to believe that many years ago one small child changed the priorities and future for so many people. ■

Who and Why – A Brief History of the Provider Alliance

Membership

The Provider Alliance membership includes one hundred and five (105) direct service agencies. Members provide a full range of services to persons with intellectual disabilities, mental health diagnoses, and substance use disorders all across Michigan's upper and lower peninsulas.

Values

From the onset, members of the Provider Alliance have sought to ensure that resources are focused on the needs of the person seeking services. Although this may seem an obvious goal, direct service providers know that the service system too easily drifts away from a central concern for the person.

Our *White Paper* says it best: "CMH agencies, in an effort to comply with state and federal regulations, are entangled in an increasingly complex bureaucracy. Valuable resources are wasted. Funds are diverted away from service delivery to administrative processes. This bureaucracy continues to grow. In attempting to improve efficiency and accountability, agencies create more paperwork, more oversight committees and more regulatory requirements."

The *White Paper* goes on to outline "five practical cost-effective ways" to support and strengthen Michigan's mental health system. These five approaches do not propose new clinical approaches, new standards, or new best practices. Rather, the main point is that we must reduce waste. We

can improve direct services by embracing simplicity and uniformity in administrative process. Reduce redundant and complex bureaucracy, and more of our resources are directed to supporting the person we serve. In this manner administrative efficiency brings direct benefit to the consumer.

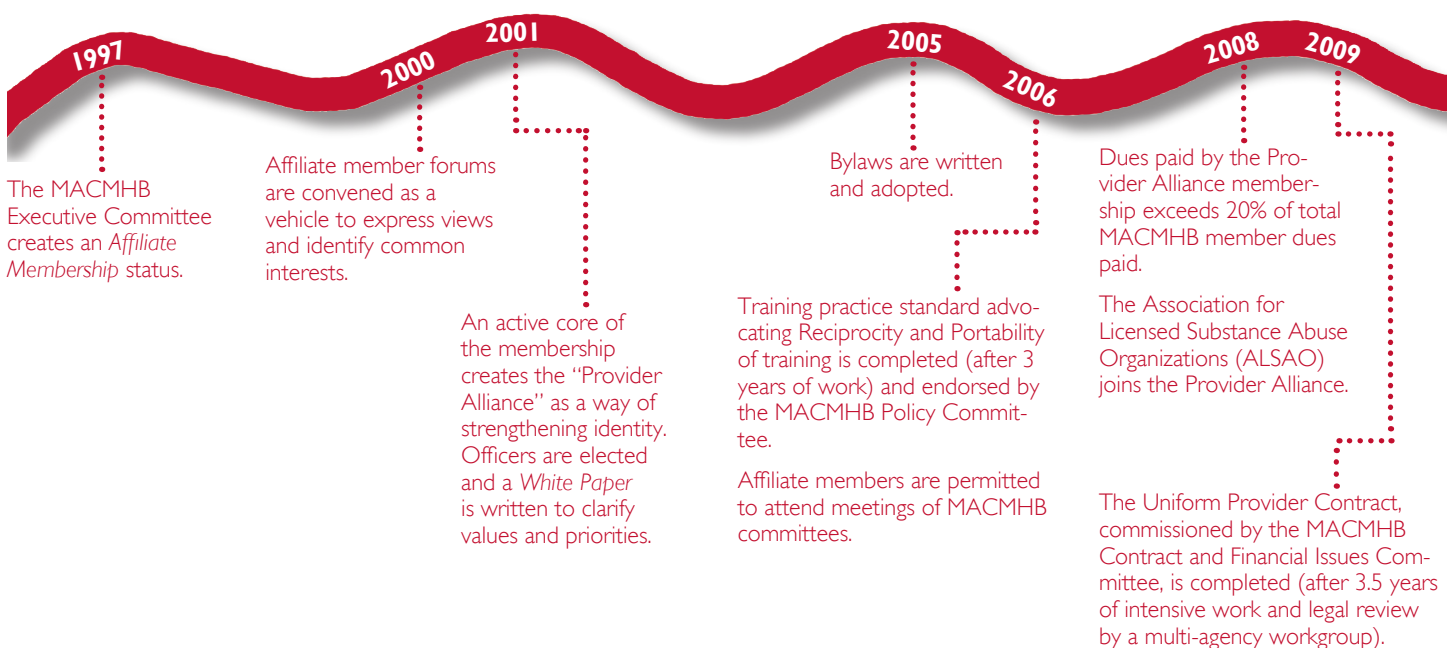
The core values of the Provider Alliance emphasize supporting the direct consumer of services and the direct service workforce. It is the interaction between the person in need and the helper-supporter that is our constant focus.

Why We Need the Voice of the Service Provider

The primary consumer knows his or her challenges better than anyone. Next come family and friends. They share the very personal journey of pain, hope, discovery, and recovery.

Then comes the helper; the person who puts his or her hands and heart to the task of assisting. Helping—providing direct services—happens from within the circle of intimacy, and very close to the core of the self.

True sensitivity to the path of those we serve comes from seeing, touching, and walking beside the one who struggles. The voice of the direct service provider comes from this place. We need that voice to help us stay centered in the fundamental truth: It's not about us... It's about the person we serve. ■



Teresa's Story

From Institution to Independent Living

Never Underestimate the Possibilities

Teresa Smith, Consumer & Customer Services Representative with Stephanie Oles, Interviewer & ASI Program Coordinator

The role of the service provider is not simply to give support, training, and guidance. Sometimes our most important duty is to celebrate and honor persons who have overcome great obstacles, with a little help from us, and with a great deal of perseverance, wisdom, and personal strength. This article provides a brief glimpse of the journey of one such person.

Teresa is living in her own home. She owns it. It's in her name. It's a two bedroom house with a large back deck located in a serene neighborhood. Teresa has lived in this home for almost ten years. She has a cat named Baby who she considers to be her roommate. She receives 8 hours a week of staff help to support her in the community. She works part time as a Customer Services Representative and Administrative Assistant for Alternative Services, Inc. (ASI) and serves on the ASI Board of Directors. She runs a successful greeting card business out of her home and this keeps her very busy.

In her early childhood, Teresa lived in two state institutions in Michigan. She returned to her family when institutional living failed her. In her early twenties, she moved from her family's home to a group home that housed sixteen people. Later she lived in a couple of apartments that she shared with roommates. Most of her adult life she had to share a bedroom. That changed when she was able to move into independent living.

Memories of the Past – Teresa speaks in a solemn tone. There's a far away look in her eyes. "The institutions were very hard to live in. We were in locked halls. It was a mess. One of the institutions was run by a religious group and they physically abused me. [Teresa pauses to collect her memories.] The group home was also a hard place to live, but I only lived there for a year. I had to share a bathroom with three people, and I had to share a room. We had to go to bed at 9 PM even if I was not tired. Lights always went out at nine, no matter what. I was forced to go out in the community to other peoples' appointments. The hardest thing was having a roommate, and when the roommate was having problems she would throw things and almost hit me. I never had privacy."

Transition – In addition to an intellectual disability, Teresa lived with epilepsy. Seizures were uncontrolled and frequent. She describes many terrible experiences when she'd awoken from a seizure to find herself in an embarrassing state with people standing about her and staring down at her. Teresa believed her epilepsy would keep her from a happy life. In her young adult years, Teresa's family learned of an experimental surgery. Her physician said the surgery could eliminate the seizures or it might cause serious brain injury or even death.

Teresa says: "My mother was very frightened and did not want the surgery. My dad helped me through." He said "It's your life, Teresa. It's your decision. We'll stand by whatever you choose." Teresa chose surgery. Recovery was a long, difficult process, but the surgery was effective. Today she is completely free of seizures.



Her Life Now – Teresa leans forward and smiles. "I feel like a butterfly. I have my own home. I can come and go and do what I need to do. I don't have to answer to a roommate. I don't have to answer to anyone but myself. I can blare music when I want to and not worry about people getting upset. I can choose what I want for dinner; same with breakfast and lunch. I like to put up decorations in my home— my embroidery, family pictures, and other crafts that I make. I garden and think gardening is better than therapy. When something is bothering me I can go out and dig in the dirt and I feel better. I have flower beds, vegetable beds, and a memorial flower bed for my mom and dad. I really do love the life I am living, even though there are challenges."

A Full Life Means Giving Back – Teresa's life is full. She's appreciative of each new day. She seeks out opportunities to help others. Teresa is a member of several boards of directors, including ASI, The Wayne ARC, and the Liberty Hill Housing Corporation. She is an active member of the VFW auxiliary and has served on many advisory committees, including a Governor's committee. Teresa knows that "Success is not just about me. Having a good life means helping others too."

(continued on page 6)

The 4 R's of Advocacy

Barbara Vander Veen

Advocacy has always been an important tool for change to those of us involved in mental health issues, but in these economic times, knowing how to effectively make our point with elected officials is essential. We cannot bring change or secure adequate funding without powerfully persuading policy makers and fiscal decision makers with the important facts about mental health issues.

My past experience as a State Representative allowed me first hand knowledge of many kinds of advocacy efforts, not all of which were effective. For example, receiving 300 carbon copy postcards that only needed a signature, was not effective! It is my hope that THE FOUR "R's" of ADVOCACY, will be a simple way to help you confidentially and effectively succeed in your advocacy efforts.

THE FOUR "R's": *Relevancy, Research, Relationship, & Repetition*, make up a blueprint for you to follow. As you establish RELEVANCY using RESEARCH, you will influence RELATIONSHIPS. This, reinforced by REPETITION, will bring success. Let's look at each of these "R's" individually to put the blueprint together.

RELEVANCY Ask yourself, "If I were the elected official, why would this matter to me?" It is vital to make your case based on how it affects their constituents back home. When the people who voted them into office care about an issue, THEY care about it. How many will be affected, and how? Give them real life examples from back home. Invite them to visit and see first hand when they are back in the district.

RESEARCH Increasingly, government policy makers and funders are requiring solid research and valid outcomes which support your issue. Have your research ready in a short handout you can leave with the office after your visit. Show them, for example, the economic return on investment of mental health parity. Whatever your concern, show them in black and white why it makes sense morally, fiscally, and legislatively.

You have now established RELEVANCY, or why it matters, and provided RESEARCH which backs up your issue. RELATIONSHIP comes next in the building of our advocacy case.

Teresa (continued from page 5)

A Great Customer Services Representative

We asked Bob McLuckie, ASI Executive Director, to tell us about Teresa's role on the ASI staff. "Teresa Smith has served as ASI's first and only Customer Services Representative for many years. She's never sought recognition or reward. Instead, she quietly works in the ASI main office providing reliable administrative support and remaining at the ready to provide support to our customers. As she carries out her duties she's ever alert for the person who seems distressed, the consumer who appears sad or lost in thought, or who simply needs a smile and cheerful

RELATIONSHIP Relationship affects all the others, and in my opinion is THE most important! You will have a much better opportunity to really be HEARD if you have established a trusting relationship before you need to advocate about an issue. They should already know who you are, who you represent, and if you are from an organization, what that is. This is accomplished by going to their office or scheduling a time to meet with them during their district hours. Make scheduling a "meet and greet" session a priority if you do not have an ongoing relationship with your Senator and Representative. Always respect their time, be brief and respectful. Address them as Representative or Senator even if you know them. If you don't know who they are, you can find out at www.michigan.gov. In real estate they say, "location, location, location." In advocacy, I say, "relationship, relationship, relationship!"

Repetition completes our construction of a solid advocacy effort.

REPETITION You must tell your story; make your point— over and over and over. Meeting with your official often maintains not only the important relationship, but allows you to keep your issue fresh in his/her mind. For your visits, always prepare a "leave behind" fact sheet containing your relevancy and research, along with a repeat of what you are asking them to do. Follow up your visits with a thank you note that again repeats the purpose of your visit. You can e-mail or call the office to check on progress of an issue as new developments occur. Remember it takes seven repetitions for an issue to "stick".

Advocacy can be a little intimidating, but I believe that if you follow the blueprint of THE FOUR R's: Relevancy, Research, Relationship, and Repetition, you will find it rewarding and successful. Individuals with mental illness, developmental disabilities, or substance use disorders deserve more success in the legislative arena!

Barbara Vander Veen is a three term legislator from the Michigan House of Representatives. During her tenure she worked closely with her local community mental health board championing their issues, both at the local and State level. After being termed out in 2006, Barbara was asked to join the local Ottawa County Community Mental Health Board, where she currently serves as Vice Chair. She serves on the MACMHB Legislative Committee. These experiences combined with her RN nursing background, give her a unique perspective on advocacy. ■

'hello'. She responds to questions from consumers and she calls to check up on people whom she knows are having difficulties or who live alone. She greets everyone and always has time to chat. Teresa is interested in what people say and always has words of encouragement and good cheer. She regularly offers kind, attentive conversation and counsel to me very early as the workday begins and the offices are still quiet and have not yet filled with activity.

"Teresa Smiths' kind comforting attentive presence is a great gift. Teresa is a wonderful example to us all and a very important affirmation of the spirit and soul of our work." ■

Let Us Toll The Bell of Hope

Marlene Lawrence



The inscription on the Mental Health Bell reads:

"Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness."

During the early days of mental health treatment, asylums often restrained people who had mental illnesses with iron chains and shackles around their ankles and wrists. As we gained a better understanding of the nature and causes of mental illness, more humane and effective treatments began to replace these cruel practices. In the early 1950s, Mental Health America, a society rooted in the work of Clifford Beers who founded the Connecticut Society for Mental Hygiene in 1908, issued a call to asylums across the country for their discarded chains and shackles. On April 13, 1956, at the McShane Bell Foundry in Baltimore, Md., Mental Health America melted down these inhumane bindings and recast them into a sign of hope: the Mental Health Bell.

Now the 300 pound Bell has become the symbol of Mental Health America and serves as a powerful reminder that the invisible chains of misunderstanding and discrimination continue to bind people with mental illnesses. Today, the Mental Health Bell rings out hope for the continual improvement of our understanding of mental health and what is needed to assist individuals in their recovery. Over the years, national mental health leaders and other prominent individuals have rung the Bell to mark the continued progress in the fight for victory over mental illnesses. We need to do our part. Let us all toll the bell of freedom!

Improving Connections (continued from page 1)

ing our first meeting with the excitement of anticipation as we shared our thoughts of what makes *Connections* important and successful. All agreed we are one place where people can go to hear WHY we are doing what we are doing. Stories were identified for future issues. It was decided that *Connections* should be delivered to all members of the legislature. County commissioners and members of the Department of Community Health were also identified as people who need to receive *Connections*. The decision was made to eliminate the inclusion of *Connections* in our conference packets so that more copies would be available for these new audiences without significantly increasing the publishing costs. Many who attend our conferences have already received a copy by mail. Copies will be available at the conferences for those who wish to acquire one. The possibility of increasing the size was also discussed. And the integration of the *Provider Alliance Newsletter* was enthusiastically embraced. Together, we hope to improve our Connections! If you have a story to share or a comment on Connections, please feel free to contact any of the above.

INTEGRATING THE PROVIDER ALLIANCE NEWSLETTER

I trust it has become evident in the stories you have read in *Connections* that the primary relationship that is established between the person receiving services and the person providing support is the one that makes the difference. The quality of our personal transactions is what makes or breaks our day. It matters not what values we establish at the board level until those values are implicit within the culture of the entire organization, from the board room to the front door. It can be argued that the greater the distance between those two, the more difficult it is to establish and maintain the culture stated in our principles. One of the most significant events of our board meetings at Lonia CMHSP are the frequent presentations of our programs by the staff who provide the services. It gives us an opportunity to ask questions and make comments whereby we gain a mutual understanding of how our values and objectives are being addressed. This is not micro managing! We are not telling them what or how to do their job. We are acquiring information that guides us in establishing outcomes that will get us to where we want to go. We are seeing what works. These relationships have been invaluable in establishing meaningful policies.

Recognizing the critical importance of the first person encounters between the provider and the recipient, I am extremely pleased to announce the integration of the *Provider Alliance Newsletter* with *Connections*. We are now an instrument of communication between board members, CEOs and direct care providers. This issue of *Connections* features information on the Provider Alliance. We welcome and thank them for becoming more closely connected! Our family is becoming more communicative. There are, however, more to include. We hope that will follow soon.



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JAMIE WEISS: An Everyday Hero from Saginaw

In the foreword to **Everyday Heroes**, Sandra Lindsey, CEO of Saginaw County CMH Authority, wrote, "For seven years now, we have taken an evening in May to honor extraordinary people in our community. These are people who teach us that we are all people, that we are all capable, that we are all worthy...and no matter what hand you're dealt, you can win if you play your cards right. These are people who lead us to develop new and better ways to help those with mental illness and to work tirelessly with those who need that help...These are people who inspire us by showing us how mental illness and disabilities can be overcome." This excellent publication recognizes the inspiring stories of twelve consumers, one of whom is Jaime Weiss.

Everyday Heroes also recognizes outstanding work by staff and individuals in the community. The publication is funded by local businesses. If you produce a similar publication or are interested in doing so, you need to spend some time reviewing this excellent product at www.sccmha.org/Everyday%20Heroes.htm

Whether it's shooting hoops with his friends, playing with Mickey, his family dog, or going to Spirit hockey games, Jaime Weiss likes to keep busy. This outgoing young man does not let his disability slow him down.

Jaime attends the Saginaw Valley Rehabilitation Center "My Choice" program and works on the production floor. He attended the Transition Center prior to SVRC and completed his training there in June 2007. Jaime was very proud of himself for reaching this goal and thoroughly enjoyed his time at the Transi-

tion Center where he was well liked by his peers because of his positive attitude and friendly demeanor. When Jaime started at SVRC he immediately began earning a paycheck, which again was another proud moment for Jaime, who felt he really started to live the American dream. His graduation from the Transition Center and his work at SVRC are other life milestones for Jaime. He excels on the production floor, while strengthening his vocational skills and continuing to expand his social network.

Jaime is one of those special individuals who treasures his friends and enjoys being with others. He keeps picture albums of his friends and also is very close with his family. In addition to his love of sports, Jaime loves music and going to concerts. He especially loves country music, but also enjoys listening to the Beach Boys and Elvis, again indicative of his fun-loving, easy-going personality.

Jaime has indicated he would like to explore career opportunities in music, sports or bowling. There is little doubt that Jaime will continue to reach his goals because he is determined to succeed. With his strong work ethic and engaging personality, he is headed in the right direction. Jaime is a clear choice as an *Everyday Hero*.

