

Michigan Department of Community Health

Recovery Council Working Session

January 15, 2009

LCC West Campus, Lansing

- I. Recovery Council Members Present: Patrick Baker, Stephen Batson, Kathy Bennett, Joel Berman, Tom Burden, Dan Burleigh, Rich Casteels, Risa Coleman, Norm DeLisle, Jean Dukarski, MaryBeth Evans, Cheryl Flowers, David Friday, John Fryer, Sarah Ina, Colleen Jasper, Irene Kazieczko, Tammy Lademer, Cheryl LaPointe, Tina Lauer, Marlene Lawrence, Deborah Odocha, Greg Paffhouse, Fawn Preston, Marty Raaymakers, Ernie Reynolds, Phil Royster, Sherri Rushman, Pamela Stants, Dona Tatum, Wally Tropp, Pam Werner
- II. Observers Present: Dwane Hight, Melinda Krude, Danielle Parpart
- III. Recovery Stories to share:
 - a. Sherri – Has been going to hospital day program and gets to present her Hope Giver program. Nursing students came to her Hope training.
 - b. Ernie – Has been asked to be on the ACT team and Supportive Housing. Had a great success with a couple of guys, and it was amazing to see the changes in people.
 - c. Pamela – Dianne Baker and Raymie Postema are going to pursue a grant for recovery to teach recovery principals in state facilities and to the psychiatrists there too.
- IV. Irene thanks everyone for being at the meeting today. This will be a hard day of work and we appreciate everyone's time and effort.
- V. Michael Head, Director, Mental Health and Substance Abuse Administration, Michigan Department of Community Health
 - a. He'd like the Council to evolve but doesn't want the strong relationship with the Department to end.
 - b. Substance Abuse Bureau – Working on recovery-oriented system of care. Setting up an advisory group. He would like to suggest that people from this Council be

a part of that group; he thinks that group could benefit from people here. There needs to be dialogue and discussion between the groups. Access to Recovery on Substance Abuse side. Wants all of these things to evolve while we are all talking.

VI. Group Discussion on Council Priorities

a. Brainstorming suggestions:

- i. Complete a statewide policy on recovery; include development of statewide policies and strategies that promote recovery; statewide recovery training.
- ii. Development of a steering committee to build an organizational structure to sustain the Council in 2010 and beyond.
- iii. Elimination of seclusion and restraint in the state of Michigan including state facilities.
- iv. Need for Council leadership on smaller workgroups and other committees. Focus on policy. Wants an organizational chart.
- v. Develop a plan for health and wellness which can incorporate integrated health care.
- vi. Examine policy concerning workplace environment for Certified Peer Support Specialists roles and utilization.
- vii. Rights of peers as employees or recipients, peer professional development.
- viii. Resistance to transformation.
- ix. Youth
- x. Anti-stigma
- xi. Housing
- xii. Trauma
- xiii. Co-occurring mental illness and developmental disability – Take into consideration when developing statewide policies.
- xiv. Specify relationship with Recovery Council and Department.

- b. Irene asks the Council - What do we want to accomplish in 2010? How do we ensure there is a strong and vibrant Council in the future? Also, doesn't want the Department to be dictating.
- c. Pat thinks Irene is doing an excellent job guiding not dictating us. Thinks we should blend the ideas on the Statement of Consensus and Vision for the Michigan Recovery Council and Summary of Member Survey and Group Discussion sheets.
- d. Much discussion on specific items people want to see on the list. Some people feel we are getting too specific. Other people feel we need to start with broad statements and work from there.
- e. Marty – The question is what do we want to focus on in the next year?
- f. Irene – Suggest that we break into small groups and identify the top three things the Council needs to accomplish the next year. Some people don't feel that is necessary and other people want to do it.
- g. Norm – There are some things that we should do as a Council because we are a Council. There is a difference between that and a priority. Priority is something that we are going to spend time and invest in and have an outcome at the end of the year.
- h. Marlene – Look at the mission of the Council and that is the "what." Today we need to develop the "how's" of the mission.
- i. Jean – we need to figure out what issues are the top three and work on those for this year.
- j. Someone said education should be a top priority.
- k. Greg motions to use the four objectives on the Statement of Consensus and Vision for the Michigan Recovery Council as our priorities. The four would be the broad strategic priorities and then action steps would fall under them. The four are:
 - i. Recommend systems, policies and practices that support recovery at the state and regional level.
 - ii. Promote consumer empowerment, self-determination, peer support and peer support specialists.

- iii. Create partnerships and networks of consumers and integrating others who will promote a recovery message throughout the system.
- iv. Provide leadership, education, training, and technical assistance on recovery for the 18 PIHPs.

I. Pat seconds the motion.

m. Discussion:

- i. Jean says the Statement of Consensus and Vision (above objectives) has already been developed and adopted by the Council. She thought we were here today to refine this document into more specific action steps.
- ii. Greg – Thinks we should use the four objectives above and then add in the items from the other sheets as action steps under the objectives (listed above).
- iii. Marlene – Thinks that just because we voted on them before doesn't mean we shouldn't use them now.
- iv. Norm – Issues don't constitute strategy. There are way too many issues. If the new Governor asks the CMH Executive Directors about the Recovery Council – what are they going to say about us? What have we done?
- v. Irene – The question is where do we want to be and what do we want to have accomplished in one year from now?
- vi. Risa – Thinks one of the top priorities should be development of a steering committee to build an organizational structure to sustain the Council in 2010 and beyond. Also, to specify the Council's relationship with the Department. While she appreciates the guidance and support that staff from the Department has given to the Council, she feels the Council needs to take more of an initiative to function on their own.
- vii. VOTE - the Council majority votes to approve Greg's motion.

VII. Survey

- a. Irene asks the Council to prioritize from the list of brainstorming suggestions, what they believe should be top priorities.

b. Jean says the list doesn't include all of the suggestions. Her suggestion would be to vote on these categories:

- i. Recovery Policy
- ii. Peers in the workforce
- iii. Consumers as leaders of their own recovery
- iv. What interrupts recovery
- v. Tools for assisting in recovery
- vi. Accessing services
- vii. Resistance of the system
- viii. Development of a steering committee to build an organizational structure to sustain the Council in 2010 and beyond

1. Part of this topic would include - review actions of Council

c. Survey results

- i. 20 votes - complete a statewide policy on recovery, include development of statewide policies that promote recovery; statewide recovery training.
- ii. 20 votes – development of a steering committee to build an organizational structure to sustain the Council in 2010 and beyond.
- iii. 13 votes - develop a plan for health and wellness which can incorporate integrated health care.
- iv. 10 votes - specify relationship with Recovery Council and Department.
- v. 9 votes - examine policy concerning workplace environment for Certified Peer Support Specialists roles and utilization.

VIII. Frequency of Recovery Council Meetings

- a. Mike wonders why we only meet every other month?
- b. Lots of discussion about the frequency of Recovery Council meetings. Is every other month not often enough? There is a suggestion to have the big group meet every other month and then workgroup committees will meet in the off months.

- c. Suggestion to have a meeting in February. The majority of the Council wants to meet in February. Volunteers to develop the agenda for February – Norm, Sherri, Jean, Marlene, Stephen, Ernie, Patrick, Pamela. This workgroup will develop a suggested strategy for February meeting and share this by e-mail with the Council.
- d. Pamela suggests utilizing a phone conference for the follow-up date.
- e. Pam will get possible dates for February meeting. **(Note: After the Council meeting, the date of Monday, February 8, at Lansing Community College west campus was finalized.)**
- f. Irene thanks everyone for their hard work and participation in today's meeting,