

Michigan Department of Community Health

Recovery Council Meeting

Monday, March 22, 2010

LCC West Campus, Lansing

- I. Recovery Council Members Present: Regina Allen, Patrick Baker, Stephen Batson, Joel Berman, Tom Burden, Daniel Burleigh, Gerald Butler, Rich Casteels, Norman DeLisle, Jean Dukarski, MaryBeth Evans, Cheryl Flowers, David Friday, John Fryer II, Sarah Inda, Colleen Jasper, Irene Kazieczko, Cheryl LaPointe, Marlene Lawrence, Ruth Morad, Deborah Odocha, Danielle Parpart, Fawn Preston, Phil Royster, Pamela Stants, Sally Steiner, Wally Tropp, and Pamela Werner.
- II. Recovery Council Partners Present: Kendra Binkley, Marci Cameron, Karen Cashen, Patricia Degnan, Sue Eby, Pam Estigoy, Deb Freed, Patti Freese, Michael Jennings, Su Min Oh, Deborah Reynolds, Alyson Rush, Felicia Simpson, Margaret Stooksberry, Tison Thomas, Kim Zimmerman, Darryl Cornwell, Sean Bennett, Clint Galloway, Karl Kovacs, Gail Chapman, Cheryl Anderson, Phil Cave, Rosie Colman and Eva Buckmaster.
- III. Approval of Minutes – Norm motions to approve, Daniel seconds the motion. All in favor – the minutes are approved.
- IV. Review of Recovery Council meeting guideline
 - a. Council members are the meeting facilitators for today.
 - b. Participants need to give the meeting their full energy and commitment.
 - c. Input raised will be captured for future use.
 - d. Participants will be open, candid, and honest, supporting others to do the same.
 - e. Participants will center on listening and gaining understanding.
 - f. Assume good faith and trust that we are participating together to improve recovery principles and practices statewide.
- V. Recovery event or story to share –
 - a. Joel Berman –Was able to settle up an old debt which was important to him in his journey of recovery.
 - b. Gerald – working with choir and orchestra – exciting things coming this summer from CHARGE.

- VI. Director of the Mental Health & Substance Abuse Administration – Michael J. Head
- a. Good news - Health care legislation passed last night, and this will help people with mental illness. Our state will try to be one of the “early adopters” to get services implemented as soon as possible.
 - b. State GF – another 20% was cut out of the budget. The House subcommittee is beginning to listen to testimony. He encourages everyone to talk to their legislators. They are moving forward on getting the budget passed quickly.
 - c. MDCH is looking at administrative costs of small boards – encouraging them to share these costs so services won’t be affected.
 - d. The stimulus money was extended for another 2 quarters, so Michigan will pick up some revenue that wasn’t expected.
 - e. MDCH continues to meet with the PIHP Directors supporting efforts at providing an integrated system within affiliations. MDCH is considering adding language to the PIHP contracts that strengthens the PIHP’s role in managing their system within their affiliations.
- VII. Mental Health Block Grant Request for Proposals: Recovery Services and Supports – Irene Kazieczko
- a. Application is going out and will focus on recovery and maintaining systems transformation for people that are non-Medicaid. Make innovative options available. Deadline May 11.
 - b. All 46 CMHSPs are eligible to apply.
 - c. Population served – adults with serious mental illness, including those with co-occurring.
 - d. Purpose – to help transform the system. Focus on recovery.
 - e. Expectations – expect each CMHSP to identify gaps and improve system to help people in their journey of recovery.
 - i. Question about local match – Irene says that is different this year because we are not going to require local match. We are looking at what in your system is sustainable – what changes can you make that will still be there when the grant funding is no longer available.
 - ii. Question – if CMHSP is in a multi-year grant right now – can they still apply? Irene- yes, every CMHSP can apply and we expect them to apply and do something that makes a lasting impact. In the past we had competitive grants with local match – we have found that not all CMHSPs were involved with this so starting this year, and as we move forward, we want every CMHSP to be involved with system transformation.
 - iii. Irene – we want volunteers from Recovery Council to be involved with the review panels of the federal grants. You will be asked to read the applications and help score. Volunteers are: Deb Freed, Daniele Parpart,

Pamela Stants, Jean Dukarski, Sara Inda, David Friday, Rue Morad, Cheryl Lapointe, Wally Tropp, and Cheryl Flowers.

- iv. Irene – MDCH expects that if there is a consumer-run program in the area, they should be involved with reviewing.
- v. Patty – everyone can apply and it's not competitive – they can pick more than one to apply for.
- vi. Sue Eby – the policy that a person cannot review proposals from their own PIHP has become irrelevant because this is no longer a competitive RFA. And, the role of the peer review has expanded to include monitoring the project throughout its life. Since this monitoring could include onsite reviews, it now makes more sense to sign up for a review team that is reviewing the proposal from your own PIHP.
- vii. Mike Head- are there any extra points for CMHSPs utilizing consumers in the process? Irene – yes, we will be making sure that consumer involvement is there, and CMHSPs are not eligible for funding if they do not demonstrate consumer involvement. If this is the case, DCH will work with the CMHSP.
- viii. Gerald – We are talking about people and their journeys of recovery - people should be allowed to take charge of their consumer-run programs. But there are archaic roadblocks out there that interfere with this and hold us back. Need to address consumer-run and consumer-directed so that they are truly about consumers and being consumer-run. Irene – yes, we have to work on consumer-run, and we know we have a ways to go.
- ix. Joel – can Detroit Central City apply for one of the grants on their own? Irene – No, the application has to come from Detroit-Wayne County CMH, but Patty Degan can follow up with you and we can work with Detroit-Wayne on addressing this.
- x. Danielle – requiring CMHSPs to involve consumers will help knock down some of those roadblocks that Gerald is talking about.

VIII. Brief Background of Recovery Council - Marlene Lawrence (member of the Steering Committee)

- a. Michigan is the only state to use CMS funding to establish a Recovery Council
- b. First Council meeting was in December 2005, work began in 2006
- c. Accomplishments
 - i. Recovery Enhancing Environments - has been implemented at every CMH
 - ii. Michigan Recovery Center of Excellence
 - iii. Focus on health and wellness
- d. Sharing what works

- i. e.g., Recovery Band, Hope Givers and Receivers, Youth Eliminating Stigma, Suitcase Project
- e. Geographic Representation
- f. Mike Head asked us - What should a community mental health system look like if it is based on recovery?
- g. Updates and Accomplishments –
 - i. Member survey
 - ii. Meeting facilitator for strategic planning
 - iii. Create action plans
 - iv. Prioritize issues
 - v. Develop steering committee
- h. Group work – broke into 5 groups, each group selected 2 people to serve on the steering committee.

IX. Presentations of Status and Accomplishments of Recovery Council Committees

a. Group 1 - Review state and national guidelines on recovery policies – Colleen and Stephen

- i. Group consists of Colleen Jasper, Stephen Batson, Pat Baker, Danielle Parpart, and Patty Cosens.
- ii. Looked at material from counties, states, national, and international – handed out hard copies of all research material.
- iii. Sent out survey to all CMHSPs to gather their local policies on recovery, and all of them replied.
- iv. Recovery is defined in many ways but basically includes – hope, peer support, self-determination, personal ownership of the recovery process and individualization.
- v. Policy was needed to put recovery at the top of an organization, but peers were seen as the true implementers of recovery.
- vi. Importance of recovery in policy and guidelines because it creates an accountable and strong impact to concretely move the system to one of recovery.
- vii. Learned as a group –
 - 1. People in the system of care know of recovery implementation, some very strong in recovery implementation, some in the middle, and some need more work.
 - 2. The foundation of recovery is easily embraced by the individuals - it literally creates miracles in people’s lives.
- viii. Policy is when a guideline is attached to the contract and is required to be followed. A guideline is advisory and isn’t required to be followed.

- ix. Pat Baker – thought he could go online and find one recovery policy and we could build from that. But there is a great deal of information and many policies out there.
 - 1. Person-centered planning or center-based seemed to be the most common feature woven throughout all the policies.
 - 2. Research supporting client-directed care - Recovery Concepts and Models in mental health Care Overview and Applications by Janice E. Cohen, M.D. (handout)
 - a. Findings 1, 2 and 3 – all about consumers’ perceptions that their needs are being met are the best predictors of positive mental health outcomes. Mental health outcomes were not related to the amounts or types of services that consumers received.
 - b. He started looking at the person-centered planning (PCP) model that we have and he found a book that is excellent. Recovery management planning. He thinks we need to get the provider side up to speed about the importance of PCP – we need to look at how competent our workforce is in recovery management planning and PCP. We need a state initiative that educates the workforce in recovery management planning. He is not promoting this particular book but just the idea that providers need to be educated in this area.
 - 3. Comments
 - a. Sean Bennett– medication issues and having mental health professionals well equipped to help people in many ways – rather than having one size fits all and making people take drugs or telling people they have to take drugs or that drugs are the only option. These drugs can oftentimes do more harm than good. He would like to see this reflected in policies in this State.
 - b. Cheryl Flowers – trauma – gap in between what needs to be addressed in recovery and trauma.
 - i. Colleen – disconnect with trauma and recovery in the literature.
- b. **Group 2 – Involve consumers in gathering data regarding recovery locally using a standard set of questions – Jean Dukarski**
 - i. Brainstorming
 - 1. Gather samples from Ike.
 - 2. Ask “what does recovery mean to you”?

3. Bring a list of questions back to the Council.
- ii. Progress –
 1. Gather sample list of questions from Ike
 - a. Reviewed the questions and determined that they were not the type of questions that we needed.
 - b. The survey that was provided was similar to the REE.
 - c. Sample Survey questions
 - i. Staff welcomes me and helps me feel comfortable in this program.
 - ii. Staff believes that I can recover.
 - iii. Staff encourages me to take risks and try new things.
 - d. Ways to roll the questions out
 - i. The group had concerns about the technicalities of questioning recipients of services.
 - ii. Questionnaires could be mailed to
 1. Administrators, front line workers and peer specialists.
 - e. Action Plan
 - i. Continue to gather questions/ideas (we would like to maintain a small number of questions).
 - ii. Develop a draft questionnaire for Council to review.
 - iii. Determine source list for distribution.
 2. Questions/Comments
 - a. What is the difference between this and the REE?
 - i. Jean – we want to know from all levels of the system what is important in recovery policy.
 - b. Rich - Are you considering using a survey monkey website?
 - i. Jean – we haven't but definitely would consider that. Rich says they can help with that.
 - c. Pam – recommends getting Greg Paffhouse's input on this or having him to join your group.
- c. **Group 3 – Involve Council in reviewing ARR Data - David Friday and Tim Grabowski**
 - i. Overview of the ARR for the Recovery Council – handout.
 - ii. People we have talked to don't know what person-centered planning is. They don't realize they are supposed to make decisions in their own care.
 - iii. Importance of working or volunteering and the impact that has on people's recovery. Getting involved in the community.

- iv. David - peers should be working with people as they discharge from hospital and help them follow through with their doctor appointments.
- v. Questions
 - 1. Pamela – State Recipient Rights Advisory Council – had a grant to train peer support specialists with Kalamazoo Psychiatric Hospital (KPH) – peers trained to help people discharging from KPH.
 - 2. Cheryl LaPointe – what is independent facilitation?
 - 3. Tim – independent facilitation is an option for you to choose who runs your PCP meeting. Instead of having the case manager run the meeting.
 - a. Marlene – Importance of advance directives, WRAP and informed consent.
 - 4. Comment - Independent facilitation is a great avenue for PCP – would highly recommend it. It worked great for me.

d. Group 4 – State laws and regulations that can affect recovery – Norm DeLisle

- i. Asked an attorney to look through laws – she sent back 16 pages.
- ii. In order to get feedback from the Council, Norm developed a WIKI site. This is only for the Recovery Council - not the general public.
 - 1. Recovery and Michigan Law - WIKI – Michigan Recovery Council www.copower.org/milawswg/. All changes are saved on this website.
 - 2. If you aren't comfortable with this word processing approach, there are separate comment boxes on the bottom too if you would rather use these, and they will remain there and won't go away. Also, he can e-mail the document to you if you'd rather not use WIKI.
 - 3. Please go to the site and play around with it/become familiar with it.
- iii. Their intent is to look through the applicable Mental Health Code sections to identify what sections need to be changed.

e. Group 5 – Begin work on recovery curriculum/activities focused on anti-stigma, trauma, integrated whole health and recovery – Cheryl LaPointe, Sara Inda and John Fryer

- i. Broke into three groups – Entire group will focus on recovery. Each member selected additional area of interest in one of the following:
 - 1. Stigma
 - 2. Trauma

- 3. Health and Wellness
- ii. Levels of meaningful involvement
- iii. If you want to provide us with input, please don't hesitate to contact any of us
- iv. Goals
 - 1. Gain an understanding of existing efforts in each area
 - 2. Generate positive messages and information about recovery
 - 3. Increase frequency and types of available training opportunities
- v. Ideas/Brainstorming
 - 1. Create and launch an awareness campaign to increase understanding of recovery
 - a. Similar to marketing done by pharmaceutical companies. Recovery representative would deliver pens, pads, etc.
 - 2. Efforts toward prevention and early intervention
 - 3. Gain an understanding of existing continuing education credits for all disciplines
- vi. Progress and work completed
 - a. Identified types of trainings and curriculums currently being implemented
 - b. Networking
 - i. Health and wellness
 - ii. Anti-stigma
 - iii. MPSU
 - c. Creation of action plan/timeline
- vii. Outcomes to Date
 - 1. Integrated Whole Health
 - i. PATH
 - ii. Smoking Cessation
 - b. Anti-stigma
 - i. Richard Casteels to serve as liaison to statewide anti-stigma steering committee
 - c. Recovery and Trauma
 - i. Gathering information
 - ii. Working to identify potential trainings
- 2. Action Plan/timelines
- 3. Questions/comments
 - a. Colleen – there are consumers putting on trainings on trauma throughout the state
 - b. Stephen – the state has scheduled a couple of trainings on DBT

- X. Michigan Recovery Center of Excellence (MRCE) Report – Rich Casteels
 - a. MRCE Purpose
 - i. Strengthen, promote and advance systems transformation efforts to a recovery-based system of care for persons with mental illness
 - b. Created in 2006
 - c. Implementation Strategies
 - d. FY 2008/2009 Activities Outreach
 - e. FY 2008/2009 Activities Website Development
 - f. FY 2008/2009 Activities Technology/Video Production
 - g. FY 2008/2009 Activities Best Practices Literature Review
 - h. FY 2008/2009 Activities Newsletter
 - i. We need your guidance - Request for Recovery Council to organize steering committee to guide and prioritize the work of the MRCE
 - j. Comments/Questions
 - i. Sarah – where can we access the newsletter?
 - 1. Pam – it isn’t available until the committee meets to provide feedback on content.
 - ii. Cheryl – people can’t find resources, and the upper part of Michigan isn’t even represented.
 - iii. Gerald – terminology on the site that people don’t understand.
 - iv. People interested in being on the steering committee - Marty Raaymakers, Cheryl Flowers, Norm DeLisle, Gerald Butler, Marlene Lawrence and Jean Dukarski
- XI. Public Comment
 - a. Deb Freed – Recovery movie is done. Based on anti-stigma campaign, “Look Closer See Me for Who I am.” Mary Beth and Ernie are in the film. You can watch it on Northern Lakes’ You Tube channel.
 - b. Joel – cuts to services – he thrives on being able to see a therapist, and the frequency in which he can see his therapist has been reduced. The therapist didn’t call him and no one else called him – this would have affected some people in a very negative way.
 - c. Dan from Oakland County – lots of exciting things going on in Oakland County. ‘Steps to a more quality life’ training that they have developed and are going to get groups going centered on this.
 - d. Deborah Odocha – DRA groups in Detroit.
 - e. Pamela Estigoy – requests Council look into derogatory comments made about consumers in a training on Bioethics she went to.
 - f. Pat Baker – comment for Joel – in the face of cuts, we have had to make some drastic changes, and we went through a very thorough process of making these

decisions. We have involved consumers and won't make any changes until we have met face to face with the person. And, we gave people advanced and adequate notice – you should be getting this too.

- g. Oakland County – LOCUS scores are being used to determine who is going to be served. LOCUS stands for “Level of Care Utilization of Services.”
 - h. Joel – concerned about the cuts – and some of them will mean life and death to some people. Joel feels he is doing OK so the reductions won't affect him as greatly but concerned about other people.
 - i. Jean – in regards to the funding cuts – we are putting together recovery policy and we need to make sure that CMHSPs are still putting recovery first, and if we help, people eventually will not need the system because of recovery then we end up saving the system money.
 - j. Rosie Colman – Detroit – stabilization and recovery programs for the uninsured.
 - k. Irene – groups will continue to meet. MDCH will provide block grant funding to support some of the work the groups are doing. Next meeting is May 21. Workgroups are expected to complete a lot of work between now and then.
- Thanks to everyone for participating today.