

Michigan Department of Community Health

Recovery Council Meeting

Friday, September 17, 2010

LCC West Campus, Lansing

- I. Introductions
  - a. Irene thanks everyone for being here today. Invited individuals to greet people they have not met before.
  - b. Recovery Council Members present: Norman Delisle, Marty Raaymakers, Mary Beth Evans, Cheryl Flowers, Patti Cosens, Kathy Bennett, Rich Casteels, Tom Burden, Tim Grabowski, Ernie Reynolds, Colleen Jasper, Jean Dukarski, Pamela Werner, Pamela Stants, Amelia Johnson, John Fryer II, Greg Paffhouse, Gerald Butler, Irene Kazieczko, Tina Lauer, Marcia Probst, Regina Allen, Kristen Taylor, Marlene Lawrence and Cheryl Pace.
  - c. Recovery Council Partners present: Patty Degnan, Karen Cashen, Felicia Simpson, Darrell Cornwell, Kris Burgess, Laura Vredeveld, Kim Zimmerman, Su min Oh, Deborah Reynolds, Pam Lang, Kerry Walker, Shawn Bennett, Karl Kovacs, Anna Christenson and Stephanie Harris.
- II. Approval of Minutes from July 16, 2010 - motion to accept the minutes, minutes are approved.
  - a. Regina Allen omitted from the last meeting minutes.
- III. Recovery Council Work Group Report: Michigan Recovery Center of Excellence – Jean Dukarski
  - a. Started meeting in May: Marketing, Finance and Website committees.
  - b. Goal is to publicize best practices we are doing in Michigan. Re-focus on the original intent of the grant concentrating on the website. There is not a decrease or change in funding to the Recovery Center. The contract is for 6 months with funds focused on the website and content.
  - c. Website – Marty/Norm have been working with MRCE and website staff regarding changes needed. Recommendations that include rearrangement of front page with local at the top and professional info at the bottom of the page have been made.
  - d. We suggested using the pages on the website; currently there is more data than anyone can use with large bounce back rates, measure of people coming to page and not finding what they want and leaving is significant. Number of new visitors compared to total visitors is concerning. We need to rethink the website and create a prototype for it. Notice for the position of content writer has been published.
  - e. 65 to 85 pages need to be rewritten by the content writer. Description of links needs to describe the website better so that people aren't bouncing all around looking for what they need.

- f. Website committee member was challenged by the navigation of the website; found that the website was very clinical and technical.
- g. Survey will be developed to help with feedback on the website.
- h. Jean asked who has been to the website in the past month. Approximately 8 in the room raised their hands. Input is needed from the Recovery Council on helping improve the website for state and national audiences. [www.mirecovery.org](http://www.mirecovery.org)
- i. Content writer – Need someone who has the ability to generate a large amount of content in a short period of time. Draw traffic to the website, the right words in the right order. Combination of words so that when a search is done it brings them to the correct page.

IV. Director’s Comments – Mike Head

- a. Busy time – budget. Community Mental Health did not take the cuts that they originally thought. Budget will be available next week.
- b. Next year: more difficult. Edge of a big change in state government. Early retirement in November, December. For every 2 positions, only 1 position can be filled.
- c. Health care reform will move forward with Medicaid.
- d. \$10.5 million Medicaid funding was expended last fiscal year for peer support. Looking at compiling more data for a statewide snapshot of how many peers are in each agency and the ratio to persons served.

V. State of Michigan Recovery Council Policy – Greg Paffhouse

- a. Colleen – Mission – input from everyone regarding it. It still has to go out to the public for 30-day review after we are done. It needs to keep moving. We must be completely confident that the policy is what we want before it goes to the public.
- b. Irene – second draft of the guidelines. The department is transforming activities, background to set the tone for what people will be hearing through the guideline. Vision of the recovery council. Summarize the introduction.
- c. Pam - background history is important, because it really starts with what we are doing in the state.
- d. Greg – development recovery components – definition – identify 3 current definitions – Michigan Recovery Council –
  - i. Coming up with our own Michigan Definition over adopting one. Eight groups to identify key words that should be in the definition. Clear, simple definition. Content writers, willing to take the work of those eight groups and sit down during lunch to draft a definition to give back to the group after lunch.
  - ii. Committee members counted off in groups of eight and went to work on key words. Many groups came up with their own definitions. Content writers to review the key words and come up with a definition during lunch. After lunch one of the contents writers will present a draft of the definition.
    - 1. comment - how great it was that Mental Health was not put on the flip charts. Group loves that a lot of the key words are similar.

2. 2 levels on the definition. Measure what you mean by the definition.

Thank you in advance to the content writers. What are the tasks of the content writers? To come up with a draft for the recovery definition for the group to review and make changes. The hope is to come up with a definition that can be sent out for review and input.

*To recover is to continuously choose and reclaim a life full of meaning, purpose and one's sense of self. Recovery is a personal and unique journey of hope, growth and wellness. In that journey recovery builds relationships that support a person's use of their strengths, talents and passions.*

Comments – what comes across is “continuously,” as recovery is choosing and reclaiming.

*Recovery is choosing and reclaiming a life full of meaning, purpose and one's sense of self.*

Jean - For me recovery is a beginning, it is a starting point, not the final point. We are still able to recover.

Recovery is possible for everyone. This is hoping to see as the people around the state understand that it is a possibility for anyone. Realistic goal to reach recovery. No one should say that a person cannot recover or it is about setbacks or barriers.

Concerns were made on making a statement that it can be the fault of people. Leave negatives out, this is recovery, not struggles. Ups and downs are included in the choosing. Relapse, is a normal part of your recovery. Not that we didn't support you well enough. Having something positive in the definition, keeping it positive, instead of leading that we are doomed to fail.

Policy is going to talk about the responsibility of the system, not the definition.

Solution to the question – recovery is individualized. Address the idea that it is non linear. Keep the definition positive and work on the negatives in the policy. Sets the tone for the policy. Keep “possible” more positive by using the word “heart of recovery is that it is open to everyone”.

***Final recovery definition for review:***

*Recovery is choosing and reclaiming a life full of meaning, purpose and one's sense of self.*

*It is an ongoing personal and unique journey of hope, growth, resilience and wellness.*

*In that journey, recovery builds relationships supporting a person's use of their strengths, talents and passions. Recovery is within each and every individual.*

Committee agrees that the definition is a great start. Sherri – I love the word resilience

Colleen – Who gets to review?

Irene – policy will be used as a contract attachment. It gets reviewed by the world. All stake holders, people that receive services, work in the system.

VI. Recovery Curriculum - Activities Focusing on – John Fryer

Have had several conversations with [www.recoveryinnovations.com](http://www.recoveryinnovations.com). Mission of recovery is to create opportunities and environments that empower people to recover.

Based in Arizona. Have worked in North Carolina, California, Virginia, New Zealand Washington, Michigan etc. Currently working with the Appalachian Consulting Group in Texas. Curriculum for teaching communities and agencies about recovery has been tested in 3 other states. They have provided training at Recovery Institute and Peer Choices.

Lori Ashcraft began the recovery organization with her husband 20 years ago. In 1998, received a \$20,000.00 grant to train peers. In 2002, started seeing remarkable outcomes. Today they have 700 employees with 70% being peers. They will adapt a Michigan curriculum to what the Recovery Council believes is important and effective in education others about recovery. Ideas for the curriculum will be used across the state with a train the trainer model. Each area of the state would develop a cadre of trainers that would provide ongoing education on recovery.

#### Questions & Feedback

Colleen – what is the difference between wellness centers – and drop-ins?

Wellness Center - they are the host of the living room projects. A blended staff at these wellness centers in the living room.

Colleen – drop-in centers are all peer-run in Michigan.

Jean – curriculum – are we looking at providing training to peers, consumers and providers?

John – variety of people. Consumers, peers, community members, families, board members, DHS officers, providers, etc.

#### Pam Werner – Recovery Enhancing Environment Survey

All CMHSPs have been surveyed. AHP consultants will be here on September 27<sup>th</sup> and 28<sup>th</sup>. On September 27<sup>th</sup> they will present to the Recovery Council.

Sad note: Melody Franks – passed away 2 weeks ago at age 44. Big loss to all of us and the CPSS family. She was a lead surveyor in at least 50% of the CMHSPs/contract providers and the main person in Detroit.

John – observation – surveyors were asked to take notes, observations while deployed at each service provider agency. Summaries of that observation were provided as part of the report.

Marlene Lawrence- November 2<sup>nd</sup> – election – Rick Snyder and Virg Bernero . Please vote.

#### Public Comment:

Sean Bennett. Concerns on forced medication. Patients must have the right to refuse mental health medication. Let the choice be the person's. Patients need a voice over the doctors.

People have died from the use of drugs that doctors are prescribing.

Jean Dukarski. We all want people to have the right to choose.

Cheryl Flowers. I have the right to use the medications that I want to use. Final say involves whether the drugs are helpful or not. Several people agree.

Tom Burden. Requested that at the next meeting Rich Casteels be given the opportunity to speak about the changes and address why two people are no longer working at MRCE.

Gerald – Today is a great day and we are going to have fun. We are going to tell our secrets about the support someone has always given us. Irene has stood by peers since the very beginning. She came up to Higgins Lake and after being there for two hours she showed that she is just like one of us. She has supported peers and walked the walked, fighting right by and with us for a long time. She has changed

many lives of people here in the room. Thank you so much! At the last peer graduation ceremony, plaques were given to Janet Olszewski and Mike Head. Today we are giving Irene hers.

She is presented with a framed certificate and light blue Michigan peer shirt. Reading of the plaque and handed to Irene. Variety of peer specialists make comments. Irene thanks the group of peers for the kind words.

Meeting is adjourned. Irene and Marlene thanked everyone for their participation.