

Michigan Department of Community Health

Recovery Council Meeting

Friday, November 19, 2010

LCC West Campus, Lansing

- I. Introductions
  - a. Recovery Council Members present were Wally Tropp, MaryBeth Evans, Rich Casteel, Risa Coleman, Tom Burden, Brenda Dunn from Goodwill Industries, Timothy Grabowski, Ernie Reynolds, Colleen Jasper, Patti Cosens Peer Supports Specialist, Daniel Burleigh Oakland County Community Mental Health, Marlene Lawrence, Regina Allen, Pamela Werner, Sherri Rushman, Cheryl Flowers, Cheryl Pace, Eric DiCenso, Danielle Parpart, Dave Friday, John Fryer II, Marcia Probst, Pat Baker, Norman DeLisle, Regina Allen, Stephen Batson, Joel Berman, Gerald Butler, Jean Dukarski, Irene Kazieczko, Fawn Preston and Kathy Bennett. Recovery Council Partners present were Phil Cave, Kris Burgess, Felicia Simpson, Margaret Stooksberry, Patty Freese, Karen Cashen, Debbie Freed, Lorraine Freedlund, Megan Freedlund, John Reed, Anna Christianson, Pamela Estigoy and Karl Kovacs.
  - b. Irene thanks everyone for coming.
- II. Approval of Minutes from September 17, 2010 Meeting
  - a. Sherri Rushman and Pat Baker need to be added as present
- III. Director's Comments – Irene Kazieczko
  - a. Brief update: We have a new governor and are transitioning with new leadership. The governor is assembling his priorities and MDCH is strongly involved.
  - b. As we address health integration we will have a standing agenda item at every meeting so we can learn and improve our overall health. Colleen Jasper will be sharing positivity with us today at the first *Living Longer Fast Facts* presentation.
- IV. Living Longer Fast Facts
  - a. Colleen, I'd like to talk today about the subject of positivity. In the past we have thought this to be positive thinking. Positive thinking is emotional states in which we feel from our heart and our overall wellness.  
A professor has written the book on Positivity. She is from the University of Michigan. She discusses what your state of being could be like to optimize wellness. We have a correlation of research between positivity and hope. Hope is the mechanism that gives you the strength to move from an emotional state to positivity. There is a reason why hope is a major part of recovery. How do you move from a negative to positive viewpoint? You need to savor your positive aspects in your life and think about something positive *more often and longer.*
    1. Meditation
    2. Awareness of how you are feeling (a learning process)
    3. Positivity Test (copy provided)
  - b. It is simply smarter to be positive. You will see more solutions and live longer.
  - c. Broadening and building theory: building on the basics. Negativity screams loudly to us. Underneath positivity, in the long run, hangs in there a lot longer and a lot tougher.
  - d. From a 3 to 1 positivity ratio you flourish. Makes you more successful, more giving, more caring and helps with resilience. Those who are resilient recover faster.
    1. Resiliency means you bounce back faster. Getting back to the positive world as we deal with our own issues and struggles. Real resiliency is about responding faster. When you have a 3 to 1 ratio it is likely for the resiliency to happen. You see more options and solutions. Less stress hormones, more dopamine, less pain, lower blood pressure, less strokes.
  - e. The author is a scientist who is also a mathematician.

You can get this book at the library as an audio book, the author now teaches at North Carolina University. Resource is: Barbara Fredrickson, Ph.D., Three Rivers Press.

f. Questions and comments.

1. Positivity is an awakening and helps you learn and grow and focus on solution. It is awareness building.
2. The state or character of being positive. A positivity that accepts the world as it is. You don't have to feel all of the states of positive but you can focus on one. How is my attitude on how I see the world. Positive thinking has been around for a long time."
3. Daniel mentions gratefulness. That it is very important to take you from negative to positive. "Life is Good"

Eric Dicenso volunteered to provide a short presentation for the January 28<sup>th</sup> meeting for Living Longer Fast Facts

V. Overview of September 18 REE Discussion with CMHSPs

Recovery Council members and partners participated in a dialog with Advocates for Human Potential on September 27<sup>th</sup>, CMHSP's attended the presentation on September 28<sup>th</sup> with some Council members and partners attending.

a. Areas for Improvement?

1. Need a much stronger commitment to aid the agency in the process.
- b. Pat states that he was involved in coordinating behavior health. It was quite a bit of anticipation for the results. Thought it was significant that after the meeting there was a lot of positive feedback. He hopes that the department continues to endorse the REE. Thinks now that the CMHSP's are on board is it an excellent tool for recovery.
- c. How do the results apply in the local agencies? Pat responds that we looked at the results at our agency that showed areas we need improvement in. We are looking at those areas regarding how many people responded. People begin to look at this with more credibility.
- d. John states that at CEI they formed a committee to make some progress with results in the community.
- e. Results will only be shared within the agency. They were sent out to the PIHP and CMHSP Directors to share with the agency, stakeholders including consumers and provider networks.

VI. Michigan Recovery Center of Excellence Update

VII. Recovery Council Direction re: [www.mirecovery.org](http://www.mirecovery.org) website

- a. Today we are going to facilitate small work groups to look at the outcomes and receive direction from the Council regarding opportunities on moving forward. The funding contract for MRCE is in place and was not reduced.
- b. Irene - a couple of people have wondered if the funding was cut. Irene clarifies to the Council that the funding was not reduced.
- c. Rich Casteels provides an overview with Jean Dukarski. In March Council members were asked to volunteer to be on a steering committee. Jean is the chair of the Steering Committee. It was recommended to refocus priorities towards the website. We received valuable feedback from Council members and partners on what was or was not on the website. The consensus was that the focus must shift to the website as this is the most effective tool on educating people regarding recovery across the state. In order to do that some changes like technical expertise, content writing and design was prioritized. We have hired web content writers who have experience in increasing traffic to the website. We accepted 44 applications and they were screened specifically looking for experience in Mental Health Recovery; a short list of 6 candidates were narrowed down. Three individuals have been hired. They could not make it to the meeting today. The individuals hired are Kelly Chapman, Marty Raaymakers and Dawn Wolfe. There are

writing samples in the packet that each have provided. In addition, they all were asked to rewrite the peer support page of the website. This helped get a feel for their writing style. A redesigned webpage and was brought today so that we can get feedback. We think you will be pleased with the look. We need your ideas, support and feedback.

d. To give you an idea we put together a blue packet including plans for the coming year. There is something called "Google Analytics". They can tell how many people visit your site, what speed, what internet provider and how many repeat people have visited.

1. The four most important ones: we are averaging a little less than 1000 visits a month. Last year there were 11,006. Handout B shows how many different people went to the website 5,299 "unique" visitors. Another number we'd like to see increase. Handout C is the average time people spend on the website with the average time of 5 minutes and 8 seconds. Handout D explains how people in Michigan are using the site. There were 7074 visits; average time on sites 4 minutes 42 seconds. 43% came to the site and looked at one thing and then left. Our whole goal was to look at these statistics and make improvements. We're not very good about advertising what we are doing in Michigan and sharing information for networking.

2. What is the unique visitors?: The unduplicated unique visitors. They can tell by the IP address showing how many different computers access the website. Example: Troy had 192 visits.

e. Found that the statistics were interesting to see what they are looking at on the website and how many people are visiting it.

The Council members and partners divide into 8 groups and have 5 questions to answer regarding content and recommendations for what the webpage could look like. (*Since the meeting a separate document was completed on the group results and included as an attachment to the minutes*).

Irene states that some of you or all of you may remember the town hall meeting that we did on recovery. We would like to propose another meeting focusing on peer support. The purpose would be to present and facilitate a discussion on the success, current status, and workforce issues that need to be addressed.

## FEEDBACK

Excellent idea. (*Since November meeting a date of March, 14<sup>th</sup>, 2011 was selected for the town hall event*).

Dialogue: Where we are at and where we are going. Have a dialogue on what is happening across the state.

Cheryl Flowers says we are getting more and more peers that are qualified. One of the things we need to look at is that not all of us need to be in a specific mental health agency. Part of recovery is about becoming who I was before I was in recovery. I could go back to my old life if I wanted to but it doesn't mean I have to be programmed in some kind of statistic where everyone is doing the same thing. As we become more recovered and healed we can choose what direction we want to take that to by showing who we are. This could inspire others.

Editorial Board, handout K – Did a great job at providing input. Steering Committee is recommending an editorial board for MRCE and content/ideas on website. Group would consist of 7 people. What do you think about this idea of having an editorial board in working with the website? Several yes answers.

Will they be providing guidance to the content writers? Yes, Partners and members will be working together.

Kathy Bennett – does it include all of the people that have taped their recovery stories and have yet to be put on there? That is something that the steering committee is working on. Highlight certain points such as employment and not just the videos.

We need to take a vote on this; you will be voting to developing this board.

Eric motions to establish an editorial board. Kathy seconds it.

Do we have support? I. Oppose, silence. If you are interested please talk to Irene and Marlene about it.

If you have ideas please submit them directly to Rich. In your packet there is information on how to submit your request to be part of the committee and assist with recommending content of the website.

Marlene thanks member of the steering committee.

#### VIII. Statewide Recovery Curriculum

Cheryl, John, Sarah, Marlene are all on the committee. There are looking at national resources. Presentation and recommendations will be provided at the January meeting.

#### IX. Implementation and Evidence Section of Recovery Policy

We're going to review what our recovery statement says. Then we will run through what needs to be measured and then Tim Grabowski will take the lead on sharing with us on how the department looks at how these items are implemented.

a. Recovery Definition. Salmon Document entitled Evidence to Show that the Recovery Policy is Implemented. Questions 1-8. We want to be able to go to the PIHP and see that the Recovery definition is implemented. Read through bolded questions on this document out loud.

b. Tim is one of the individuals who is part of the site review process. The team travels a lot and is maybe in the office one week out of the month. The travels have been exciting. Tim tells the group a story about traveling.

c. The history of consumer involvement. Right from the beginning there were about four of us currently have two. Site reviews are conducted to monitor quality and compliance with various standards.

- Federal Balanced Budget ACT
- Medicaid Provider Manual
- Contract with MDCH
- Mental Health Code and Administrative Rules

d. We look at psychosocial rehabilitation – “clubhouse”. On site visits can include visits to PIHP Administrative Offices; Service Sites and Programs; Drop-in centers (56 statewide); group homes; crisis residential.

e. We don't promote the fact that we have more drop in centers then other states. The next highest state may be Kansas (maybe we could put this on the website).

Question - Do we have any clubhouses that are peer run? Yes all but a few across the state are 100% consumer run.

- f. Site reviews also include a consumer panel meeting where we bring consumers into the room and they can discuss issues concerning them (i.e. transportation, stigma) and consumer interviews where we sit down with individuals. We ask how they feel about the services (i.e. did you get a copy of your plan within 15 days, satisfaction with medication/psychiatrists). I try to start off the conversation by letting them know that I am a consumer too; this helps break down the wall.
- g. Clinical records are looked through. They are not the only source used to determine the score. (i.e. policy and procedures, documentation, interviews, discussion with staff, personnel training, credentialing).
- h. Administration Review – Consumer involvement, peer delivered, clubhouse, jail diversion, substance abuse, self determination, health and safety, person centered planning and quality improvement. We talk about recovery happening. Strange idea – recovery planning. You may be able to set goals. How many jobs have we created with Peer Supports? Not sure. But we have done great.
- i. Consumer Involvement – Consumer involvement includes primary and secondary consumers.
- j. Access Standards – The organizations Access system is available to all Michigan residents
- Marlene – I think I've been told to get services you have to live in a certain county? Access standards should not be restricted around the state.
- k. Peer-run drop in centers and other peer delivered services (i.e. support groups) provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. This area of the review evaluates whether the PIHP is meeting requirements to have peer delivered services and operated services available.
- l. Assertive Community Treatment – a required service that provides a set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary team. This area of the site review assesses compliance with relevant operating and documentations requirements. Homelessness is a concern.
- m. Club House Psycho-Social Rehabilitation Program;
- n. Jail Diversion

- Each Community Mental Health Service Program is required to provide services designed to divert persons with serious mental illness, serious emotional disturbance or developmental disability from possible pre- or post jail incarceration when appropriate.
- Wayne County Jail includes many people with mental illness. Cheryl Flowers says that illegal immigrants are being housed in the jail. They are putting all kinds of people that don't belong in jail.
- There have got to be more places we can create jobs than in jails. But you have to keep so many people in per staff.
- Wayne County has a very effective jail diversion programs, they have mental health services. There is a lot more to do.
- One barrier to jail diversion is related to jobs. People leaving jail don't have jobs and so they may be going back to jails.

## COMMENTS:

Cheryl found when she worked in different counties. It is not black and white, there is a lot of gray. The community values may say "this is really bad" while in another county they may say "that is really no big deal". It was really hard to get people to agree on things if there is nothing in the court systems stating that everyone gets treated the same.

### o. Exit Conference :

- Review the findings
- Show graphs on person centered planning review dimensions.
- Show initial scores for each section
- Describe panel meeting feedback
- Describe consumer interview feedback
- Timeliness
- Site review questionnaires

COMMENTS: Seclusion rooms are inhumane. They still have these rooms in some schools. There is a policy against this? No, there is a guideline. It may correct behavior, but it really hurts the spirits. Half of recovery is recovering that spirit we had. Psychiatric hospitals should be a place we want to go when we need help.

Tim presents a graph of State Dimensions for PCP State PIHPs Comparison. Pat suggests that we need not to focus on these statistics but focus more on the recovery outcomes. Since the averages have gone up; maybe its time to start looking at the outcomes. On our PCP's a person can sign off on one day but we also have to have them sign off when they got it. At some point hopefully some of the ideas on the salmon sheet can be pulled into that.

### p. Written Reports –

- 2-4 weeks
- Site review report
- Consumer Report

## Plan of Correction –

The PIHP has to submit a plan of correction within 30 days of when they receive the MDCH reports.

QUESTIONS: Rosalyn Carter was at Gerald R. Ford Museum and she mentioned Peer-Supports over and over. Amazing how inspiring. She announced her new book "Within Reach - Ending the Mental Health Crisis"

## X. Public Comment

Joel – Four years of a lot of hard work on a sub-committee in Wayne County. Have found a television station from CBS-TV that are going to do some public health service commercials. Everyone has their own ideas of what they would like to see on commercials. It's a good thing we all have open dialogues. They are planning on starting to air these commercials in January.

Irene and Marlene thank everyone for their participation and look forward to seeing people at the January 28th meeting.

## XI. 2011 Meeting Dates (9:30 am to 2:30 pm at LCC West in Lansing)

- Friday, January 28 (changed from 1/21/11 – schedule conflict)

- Friday, March 18
- Friday, May 20
- Friday, July 15
- Friday, September 16
- Friday, November 18

XII. Adjournment