

Michigan Department of Community Health

Recovery Council Meeting
Friday, May 22, 2009
9:30 am – 2:30 pm
LCC West Campus Facility
5708 Cornerstone Drive, Lansing
(517) 483-9300

Meeting Minutes

I. Introductions

- a. Recovery Council members present: Pat Baker, Kathy Bennett, Gerald Butler, Rich Casteels, Risa Coleman, Patti Cosens, Norm DeLisle, Jean Dukarski, Cheryl Flowers, Annette Grenier, Colleen Jasper, Irene Kazieczko, Sheila Kennedy, Ron Kidder, Tammy Lademer, Fran New, Marty Raaymakers, Ellen Rothfuss, Phil Royster, Sherri Rushman, Leslie Sladek, Sherri Solomon, Sally Steiner, Wally Tropp, Kathleen Tynes, Pam Werner.
- b. Recovery Partners present: Kendra Binkley, Karen Cashen, Lamer Christian, Patty Degnan, Kristin Dunn, Joan Fagan, Deb Freed, Patti Freese, Eleanor Flashpoint, Ann Marie Funsch, Michael Jennings, Mark Jones, Carmela Kudyba, Marquitta Massey, Felicia Simpson, Margaret Stooksberry, Tison Thomas, Laura Vredevelde, Peggy Conley, Kim Zimmerman, Heather Bridgewater, Stacy Paruch, Joyce Fraker, Winnetha Bena-Burton, Kimisha Norton, Terry Kemp, Leslie Gallant, Julie McCulloch.

II. Announcements

- a. Marty – National project, The Cemetery Project. She and Larry Fricks will be on the Today Show on June 10th to talk about the cemetery project.
- b. Pam Werner - Peer Support Specialist Conference planning is going very well. 30 micro enterprise groups will be there. It's in June at Hyatt Regency in Dearborn.
- c. PATH – personal action towards health going on all across the State. 30 Peer Support Specialists are trained now as master trainers. Michigan is the only State using peers in this way.
- d. Colleen Jasper – Reminder for the July 23 Consumer Conference. There are scholarships available, please contact Michael Jennings at 517-335-0126.

III. Approval of Minutes from March 20, 2009

- a. Leslie Sladek moves to approve the minutes, Kathy Bennett seconds the motion. The minutes are approved.

IV. Director Update – Mike Head

- a. Irene Kaziecko - Mike is in Washington D.C. for a meeting so he is unable to attend today.
- b. Putting together an Anti-Stigma steering committee. Received 45 applications for the steering committee.
- c. Colleen – selection process emphasized diversity. People from across the state and differences in culture. The committee is comprised of 51% consumers. We do have a youth representation. First meeting is June 11. Role of Committee – look at stigma as it exists in the community but also at the system. Culture of gentleness.
- d. Irene - Culture of gentleness is a major initiative that the Department has been focusing on over the last few months. With the closure of Mt. Pleasant Center (MPC), we looked closely at the care of those individuals. We need to be able to care for people with very significant needs in order for them to live in the community, and we need to train the people that work with them so that we don't use physical restraints. Helping to improve the skills of staff to use techniques other than restraints. Not just for people with a developmental disability but everyone who is served in our system. We need to support the staff as well that provide the care. We have had several trainings that were targeted at CEOs so that they know where the Department is going with the culture of gentleness. We will have staff and provider trainings as well.
 - i. Marty – are you going to parlay this over to hospitals? Irene – yes this is a system-wide issue not only in hospitals but also in the community as well.
 - ii. Kathy Bennett – MP&A was very concerned about the people at MPC – are they aware of this? Irene – yes they have been represented at meetings and the Department has been working with them in addition to other key stakeholders.
 - iii. Phil – any literature on culture of gentleness? Irene says we can send information out to the group.
- e. Irene - Budget issues – Economic situation is precarious and will continue to be a challenge to us. The Department had to put together a \$10 million reduction for the remainder of the fiscal year. Reductions happened in general fund and special line items (\$1 million that supported respite for children, \$1.2 million for mental health initiatives for older adults). Can't predict what will happen next year. There is no cut to the Medicaid (MA) program in the Mental Health system at this time (this is money that goes to PIHPs). The 4% reduction in MA did not apply to mental health (it applied to fee for service and for physical health plans).
 - i. Jean – would that be true for next year? Irene – I can't even begin to speculate what will happen. State revenues are going down and unless they find a way to increase revenues, cuts will have to be made. These are real challenging times. Even more important for us to focus on recovery. Now more than ever we need to support initiatives that drive a recovery-based system of care.

- f. Pat Baker – Commented about the need for us to continue doing the work of the Recovery Council. We need to finish what we start. Last time we talked about mission and vision of the RC. Mike brought up some questions and challenged us to do some thinking. Pat has put some thought into this and thinks our consensus statement is sufficient with the mission statement in answer to Mike’s questions. The March meeting had the most recent mission and vision statement. These two items answer Mike’s challenge to us to think about what we are and what we are trying to accomplish. As well as a consensus statement. Pat reads the consensus statement that subcommittee worked on and presented to RC at the March meeting. Motion is to approve the consensus statement. Leslie supports it. It is now open to discussion.
- i. Pam – questions that everything under the statement is included in the consensus statement? Isn’t the last paragraph really the consensus statement?
 - ii. Kathleen – technical issue of referring to peer support specialists and certified peer support specialists.
 - iii. All in favor – say aye. No one opposes it. Motion is approved.
 - iv. Kathleen – reads the vision and mission statements. Motion is to approve the mission and vision statements. Second. It is open for discussion.
 - v. Kathy – rather than use the terminology peer support, have it say something like the ‘philosophy of peer support.’
 - vi. Sally – thinks we should read it and review it. She would like to table the motion.
 - vii. Jean says if we do table this, than we need to schedule it so it doesn’t get lost or forgotten.
 - viii. Pat – I believe what Kathleen read is just what she gathered from past meetings that we already agreed on.
 - ix. New motion is to agree that the mission and vision statements that Kathleen just read are our working document and at the next meeting we will review, edit and finalize them. Lots of support and no one is against it. Thanks Kathleen for your hard work. Pam – would be helpful for a committee to meet before the July meeting. Colleen is willing to work with a committee – let Kendra know – Colleen, Pat.
 - x. Email Colleen any suggestions you have regarding this.
- g. Leslie – Asking Irene – Is there any information from the State meeting that you had on the renewal of MA wavier?
- i. Irene- We asked for feedback from stakeholders on the Wavier. The summary is that there is overall satisfaction with direction of consumer driven and peer support specialists, community living supports, supportive employment are all good and we need to continue these. Concern about access to care and making sure there is a consistent way CMHs were determining access to care.

- h. Marty – Now that we have been able to read/review the consensus statement - sorry but she can't agree with "peer support specialists." The notion of peer support is just as important. She can't support the consensus statement as it reads right now. She believes we need to have peer support and peer support specialists.
- i. Sally motions for Pat to accept a reconsideration of his motion. Pat agrees to reconsider it. New motion on the table is for it to say "peer support" and "peer support specialists." All approve? Aye. No one opposes it. The motion is approved.

V. Center of Healing Arts, Recovery , Growth, and Empowerment (CHARGE):

Gerald Butler and Tanika Sikes

- a. Gerald Butler – CHARGE (handout)
 - i. Consumer Band came in 3rd in a national competition!
 - ii. Mission – Our mission is to inspire active participation whereby individuals will be empowered to take charge of their own recovery by providing them with a safe environment and the tools necessary to facilitate a lifetime journey in recovery.
 - iii. Gerald talked about the philosophy, objectives and goals of CHARGE.
 - iv. He spoke about the "Art of Recovery"
 - 1. through the performing arts
 - 2. taking charge and getting involved
 - 3. community education and outreach
- b. Tanika Sikes – She will be working with health and wellness. She has struggled with a bad food addiction.
 - i. Uprise Health and Wellness Program (handout)
 - 1. Change lives – mind, body and spirit.
 - 2. Mission – Our goal is for individuals to take the revolutionary step of integrating mind, body and spirit in their battle against overweight and obesity while providing a platform to reach optimum health.
 - 3. Uprise Health programs
 - a. Weight Management
 - b. Nutrition Classes
 - c. Body Image Classes
 - d. Personal/Professional Development
 - e. Sacred Pampering Principals
 - f. Cooking for Health and Wealth
 - g. Overcoming Food Addiction
 - 4. The Uprise Solution
 - a. Educate
 - b. Integrate
 - c. Celebrate
 - ii. Sherri Solomon – thanks for not leaving out families. That's so important.

- iii. Marty – what exactly is a recovery-enhanced technique? Gerald says it is more of an environment. Technique would be in the people that he has chosen to be a part of it.
- iv. Jean - How are you funded? Gerald - Adult Well Being is fiduciary and they are funded through Detroit Wayne County CMH. Jean – does funding cover staffing or art supplies? Gerald – that is being decided right now. For example, we wanted an art therapist, Adult Well Being has an art therapist that we can utilize so we can take that money and use it for something else.
- v. Marty – are people that you are using as staff peer support specialists? Gerald says we have some yes. Marty says you need them all the way throughout. She is tired of us just letting “other” people slide in and not use peers as much. Gerald says he is trying to pick the best for this program and so far that has been peers. He said he wouldn’t rule anyone out though at this point.
- vi. Risa – what started your recovery Tanika? What motivated you? Tanika – awareness, she didn’t understand what was driving her eating. She said she dug deep and learned about food addiction. She asked what is driving me to do this. She knew the food was bad for her.
- vii. Irene thanks Gerald and Tanika.

VI. Michigan Recovery Center of Excellence (MRCE) Website Update.

www.mirecovery.org

- a. Rich Casteels – please let us know of any events, conferences or trainings that you would like for us to post on the site.
- b. There is a section for job postings for peers on the home page - there is a box that says “Employment Opportunities for Peer Support Specialists.” There is also a section about Peer Support and information pertaining to that.
- c. Expecting to do an online newsletter. We have a tentative draft available to read online of what it will include and would like your feedback on it and suggestions on what is happening across the State.
- d. Kathleen – please send the draft documents via e-mail to all RC members and partners. Rich said we would.
- e. Kristin – student with MRCE – Recovery Resources section.
 - i. Option to search by type of material or search by topic or search by scope of reference or resource or by group or language. If anyone would like to contribute to this part of the website, please let us know.
 - ii. Google Analytics – helps them see who has come to their site. Since the site has launched, people have come to the site from 20 different countries, all 50 united states and 141 Michigan cities.

VII. Child Welfare Task Force: Sheri Falvay, MDCH

- a. Is here today to provide information on the Child Welfare Task Force and the trauma-focused cognitive behavioral therapy initiative. Sherri will e-mail RC list of recommendations that she talked about.
- b. Sheri - the Child Welfare Task Force was established and charged with giving a recommendation to the Department of Human Services' (DHS) Director. Several things have prompted this. Federal child and family services review - Michigan had some issues of concern in this review as well as the State of Michigan was sued by a group of people and entered into a settlement. Claim - children were not getting adequate mental health services.
- c. Over-arching change priorities: to create a seamless array of services that meet the full needs of families in a respectful way; planning and provision of service should be guided by a timely assessment; standardized and validated screening tool that will pick up on mental health issues that may be going on. They are working with DHS for age-appropriate screening tools, trying to get to kids earlier; secure greater funding and use it more flexibly; agencies need to put better funding streams together and put resources together to maximize funding and Medicaid dollars.
- d. Errin Skinner (handout)
 - i. What is trauma?
 - ii. How children respond to trauma.
 - iii. Prevalence of trauma.
 - iv. Building a trauma-informed system
 - 1. Treating trauma in a trauma-informed mental health system.
 - 2. Trauma-focused cognitive behavioral therapy (TF-CBT)—an evidence-based trauma treatment proven to decrease symptoms of PTSD, anxiety, depression, and other child behavior problems.
 - 3. Values
 - 4. TF-CBT Initiative components
 - a. Trauma-informed assessment.
 - b. TF-CBT learning collaborative.
 - c. Resource parent training of trainers.
 - 5. Contact Information
 - a. Mary Ludtke – (517) 241-5769 or ludtkem@michigan.gov
 - b. Errin Skinner – (517) 346-8004 or skinnere@ceicmh.org.
- e. Questions/Comments for Sheri or Errin
 - i. Colleen - Are schools referring kids to CMHs? Is there a connection between schools and CMH education? Erin – says yes there are a lot of referrals.
 - ii. Cheryl says that in a school that she works in, there is a secluded room where they put kids and leave them there until they calm

- down. And that when kids misbehave, they kick them out of the high school but then no one does much with them.
- iii. Sheri – the Michigan Department of Education did revise its rules on seclusions and restraints a few years ago, and Congress is looking at rules and regulations on that.
 - iv. Kathleen – says that when she listens to parents in customer service surveys there is a lot of dissatisfaction and re traumatization issues that they have to encounter. Shuffle from one counselor to another.
 - v. Cheryl – was involved with foster care for a number of years and was so concerned about what she saw. It wasn't about the kids at all but about making sure you cross the t's. Sheri says yes there are a lot of system problems. She believes the recommendations that have come out of the task force address many of these while embracing family-driven values and principles. There is a lot of work to do and a lot of change that needs to happen, but she feels good about the direction we are moving.
 - vi. Marty – it concerns me when we talk about demand for screening. Has concerns about how fast people are put on medications and then months later the government realizes that there are problems with the medication. Sherri – that is a concern we are aware of and have talked about. The idea is to make appropriate and effective mental health services available to kids across the State.
 - vii. Irene – are there individuals that want to be involved with tracking the implementation of the recommendations from the task force? This group would keep track of the implementation steps of the task force.
 - viii. Sheri will follow-up and send something out to the RC. The report is on DHS' website, and we will send a link to RC members and partners.
 - ix. Pat – would hope that kids do get effective and appropriate services and aren't just left in the system. He has an issue with private contractors and the quality of services.
 - x. Irene thanks Sheri and Errin.

VIII. Understanding Trauma: Overcoming Trauma/National Trauma Conference:
Colleen Jasper and Kathleen Tynes

- a. Kathleen - Went to conference in Baltimore. Truly realizing what trauma is and the impact it has in your life. It's what happened to you. She says it was awesome to be there with all those people and there were many peer support people there too. There were six states that were at the conference. Awesome to connect with lots of other peers. CEOs and case managers – their idea of peers was always that peers can volunteer and only work 10 hours a week. Kathleen asked them, "How do you expect us to pay our mortgage, car payment and food on a minimum wage?"

- b. Colleen Jasper – If anyone feels uncomfortable with the word trauma or the conversation, please feel free to step out.
 - i. Princeton University Study - 97% of people who present themselves to CMH have a history with trauma. Remember that trauma can be very overt or it can be more silent type like that of neglect. Where there is Substance Abuse, there is trauma. Talked about Erin’s presentation and how cognitive therapy wasn’t available for us when we were kids. Trauma is not a cause of mental illness. If you are exposed to an environment of trauma, it will activate the inherent genetic trait for mental illness. Understanding the abuse or trauma that happened to you is important for us in our recovery. Letting go of the idea that it was somehow our fault. As adults it is our responsibility to work through the trauma. Trauma challenges the medical model. It isn’t “what is wrong with you?” The question should be, “what has happened to you?”
 - ii. We cannot continue with restraints, physical and chemical. It’s just re traumatizing people. We need the culture of gentleness.

IX. Recovery Enhancing Environment (REE) Initiative – Oakland County
Experience: Marquitta Massey and Gallant

- a. Pam – everyone has submitted a plan and worked very hard on writing up the implementation of the REE. We are in the process of going through them. We have a lot of work to do. We will be working on hiring consumer surveyors and individuals to do the data entry. We really appreciate Oakland for being our second pilot.
- b. Marquitta – Thank you for allowing us to be a pilot (handout).
 - i. Worked very closely with DCH on developing a plan.
 - ii. Key lessons:
 - 1. Informing the community.
 - 2. Selecting a random sample.
 - 3. Contacting the random sample.
 - 4. Creating a schedule.
 - 5. Administering the survey.
 - 6. Findings
 - a. Found it was very important to have a staff person at the program site that can talk about the REE and is acting as point person.
 - b. See handout for detailed list of additional important findings.
- c. Questions
 - i. Sherri – were people paid or given a stipend?
 - 1. No – people were not paid or given a stipend.
 - ii. Did you ask people that took the survey what they thought of it?
 - 1. Yes, most people thought it was good, some thought it was a little long.

- iii. Risa – did people have trouble reading or understanding the content of the survey?
 - 1. No, we did not run into that very often.
- iv. How long did it take your CMH to do the survey?
 - 1. They completed the survey process in a week. We learned that group homes need a little more time - people tended to need more help and more time.
- d. Irene thanks Oakland again for the presentation and for agreeing to be a pilot site.
- e. Irene thanks the Council members and partners for attending and participating in the meeting today.