

Michigan Department of Community Health

Recovery Council Meeting
Friday, July 17, 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: Nancy Auger, Patrick Baker, Stephen Batson, Kathy Bennett, Joel Berman, Gerald Butler, Patti Cosens, Norman DeLisle, MaryBeth Evans, Cheryl Flowers, Andria Jackson, Colleen Jasper, Amelia Johnson, Tammy Lademer, Marlene Lawrence, Rue Morad, Fran New, Brenda Nyhof-Dunn, Greg Paffhouse, Marty Raaymakers, Ernest Reynolds, Ellen Rothfuss, Phil Royster, Sherri Rushman, Leslie Sladek, Wally Tropp, Kathleen Tynes, Pamela Werner
- b. Recover Partners present: Nikki Adkins, Darren Beland, Karen Cashen, Sue Eby, Joan Fagan, Debbie Freed, Patti Freese, Ann Marie Funsch, Stephanie Harris, Michael Head, Melissa Kruse, Robert Pollard, Su Min Oh, Deborah Reynolds, Alyson Rush, Felix Sharp, Tamika Sikes, Felicia Simpson, Margaret Stooksberry, Patricia Thayer, Tison Thomas

II. Announcements

- a. July 21st Kellogg Center at 6pm Michigan Pharmaceutical Committee one hour hearing about reducing state psychotropic drugs.
- b. Sept. 18 Consumer conference in Escanaba.
- c. Joel talked about his newsletter that he's very proud of. He said it will be emailed. Copies were on the table.
- d. August 25 Self-help support group here at LCC West from 9-3:30. Interested people should call Jim Howell.
- e. Gerald Butler said they are working with the Rackham Symphony orchestra. Symphony is concert in the park for homeless next March 25th. Rackham will train a consumer and make their dream come true to perform with the symphony at the homeless conference.
- f. Recovery stories were shared by some Council members and partners.
- g. Ernie said that he is going to sit back and listen to stories at meetings.
- h. Pam announced Kendra Binkley had a baby girl whose name is Layla.

III. Approval of minutes

- a. Minutes were approved.

- IV. Director Update: Michael J. Head - Trying to stay for lunch because he is concerned where the council is going. He wants this to be a place where more than announcements are made.
- a. Difficulties with budget – Senate has taken action. Budget was passed in House but Senate assumed there would be no new money. Estimates dropped because revenues dropped. \$10 million cut occurred from Community Mental Health non-Medicaid funding. Democrats want to change tax structure. Governor is proposing \$40 million reduction for next year. Senate wants a \$62 million reduction, which is 20%.
 - i. A lot of anxiety on how the cuts would be distributed
 - 1. Discussion on inequity
 - 2. Methodology used to make cuts next year
 - 3. Not sure how reductions will be implemented
 - 4. State has no authority to make two counties combine their mental health services
 - 5. Discussed alternatives but said they weren't definitive answers
 - 6. This magnitude has not been seen before
 - ii. Senators didn't do this to be mean-spirited
 - 1. They left mental health benefits and disability waivers alone
 - 2. They went after the money because it was there – over \$300 million and it wouldn't affect federal funds
 - iii. No one expected things to be this bad this year
 - 1. It's going to be more difficult for the next couple of years
 - 2. There will need to be elimination of support for those who don't appear to be in heavy crisis
 - iv. Behavioral health drugs \$18million cuts from the budget
 - 1. Important people understand that they're trying to make the budget balance
 - 2. Does not mean that you won't get medication, but just that the doctors have to make a call before they can prescribe
 - 3. People are concerned that they won't be able to get the medication after they've made the step to go to the doctor
 - 4. Supplemental rebates are what occur between states and Pharmaceutical companies. It allows a rebate for the state for certain kind of atypical medications. Approach is to have the Medicaid agency together with the political process communicate to the pharmacy companies that they need to give supplemental rebates.
 - 5. Senate wants to take the cost of medications and put the money in the mental health care plan and that community medical health will monitor medications
 - a. MDCH questioned this idea and met with the senate leaders.

- v. Difficult issue, but important for advocates to stay informed of what is going on
 - 1. Marty discussed that once people get out of the hospital and they start to feel better and they're still on the same level of medication.
 - a. Wants to see community advocates participating in the decision process. There will be opportunities to change prescribing practices
 - 2. Sherri said it's not a ten-minute thing to get medicine and if you have to wait days for medication, there's a problem
 - a. There are no prior authorizations right now for Medicaid for behavioral health drugs and it's not ok for people to wait an hour, let alone a few days.
 - 3. Greg asked about looking at integration programs when considering cost savings.
 - a. Important to note that we're at the front end of looking at cost savings.
 - b. In medication arena, there is not a routine method of tracking medication.
 - 4. Recovery council partner asked if we got really good at self-determination, would that help in the long run
 - a. Michael Head said it's not easy to get from here to there. Believes there are opportunities for better value. It is not about spending less, it is about people getting better value.

V. Coalition to Eliminate the Use of Restraint and Seclusion in Public Schools:
Norm DeLisle

- a. Looking for stories from individuals who experienced restraints during their public school life
 - i. Wants the group to share their stories. Current focus is on special education students and parents
 - ii. Email Norm with the information and any other ideas on how to approach this issue.

VI. Anti Stigma Steering Committee: Michael J. Head, Colleen Jasper & Irene Kazieczko

- a. Colleen introduced herself and said that consumers need to advocate with medications.
- b. Anti stigma committee
 - 1. Research has shown that within the mental health community, stigma is an important consideration
 - 2. Feedback from Recovery Council is important
 - a. Six members of council are on steering committee.

- b. Fifteen additional members. Application was on website to self select committee members. 45 responses. 20 members were selected.
 - i. Looked at youth, gender, age, activities to have a well-rounded committee
 - c. At initial meeting, talked about mission, objectives
 - d. Next meeting will talk about how people view stigma
 - i. Attitudes, programs, and other aspects
 - ii. What concrete examples there are
 - iii. May look at creating objectives and goals on how we want to move. True vision of what it is like to have a stigma-free environment
 - iv. Looking at creating emotionally safe environments where there is a fundamental equality
 - e. Stigma is serious in that it can trigger re-traumatization
 - i. Critical agenda to be taken seriously
 - ii. Concrete outcomes of the committee that impacts change
- 3. Phil said that more has to be done to educate the community
 - a. Community groups and churches should be invited to future events in order to provide a look into mental illness and show them there is no fear
- 4. Recovery Council member said it's important to teach children and start in the school system
 - a. Shared stories about stigma with children who repeat things they hear at home
- 5. Recovery Council partner said his daughter who has a M.A. in psychology never heard about stigma and recovery. Said educators need to be taught more about stigma and recovery
- 6. Recovery Council member said that when you introduce yourself with a diagnosis, you open yourself up to stigma from others and from yourself
- 7. Question was with language with case managers why do you get "managed" with a mental illness and with other things "support" is used
- 8. Recovery Council partner agreed with previous comment and gave a story about her son dealing with stigma. She felt that stigma increased the longer she worked at her job
 - a. Recovery Council member said better part of the community is supportive, but not all are like that. Said they've started going into schools to educate

- ii. Committee will look into stigma that is happening to us and how we possibly stigmatize ourselves.
 - 1. We do have abilities to change and seek out people to help
 - 2. What stigma is out there and what would an ideal stigma-free environment look like?
 - 3. Pamela Stants said she has gone into churches to teach people that their members with mental illnesses are just like other members.
 - 4. Leslie talked about how her mental illness was never hidden. She talked about her involvement and how she confronted the community, the backlash, and the benefit.
 - 5. Community inclusion and community involvement is important. People need to be in the mainstream with the other people and interact with people and talk about interests so others can see that they're not that much different than other people in the community.

VII. Integrated Treatment for Individuals with Co-occurring Mental Health and Substance Use Disorders: Robin Gydesen (CPSS from Summit Pointe), Darren Beland (CPSS from Washtenaw), Irene Kazieczko & Tison Thomas from MDCH

- a. Recovery from two issues – usually provided in two buildings, but at what cost?
 - i. Mental Health
 - ii. Substance Abuse
- b. Integrated treatment committee – includes people from mental health, substance abuse, and Medicaid.
 - i. What can we do to help people with co-occurring disorders
- c. Tison talked about the strategic plan.
 - i. Committee started in 2008 with representation from variety of areas. Took several days to develop the strategic plan.
 - ii. Goals, objectives, and strategies were listed.
- d. Recovery Council member questioned the number of consumers who are on the committee and percentage in relation to professionals.
- e. Darren started asking questions on how to make services better and people answered the questions.
 - i. Brainstormed on barriers, necessary changes and communication ideas to overcome barriers.
- f. Tison concluded by saying that they want to work as a team to move this effort forward.

VIII. Mental Health America Conference: Marlene Lawrence

- a. 100 year anniversary for Mental Health Conference
 - i. Marlene went through the history of Mental Health America
- b. She became part of a film crew for the conference
 - i. Marlene found herself as the executive producer of the production
- c. One of the most extraordinary events you could imagine

- i. Rosalyn Carter was there. Tipper Gore was there.
- d. Took the project very seriously
 - i. 25 hours of raw footage of all the struggles and victories over the last 100 years.
- e. Talked about the work between VA and Mental Health
 - i. Partnering with VA and going to have a stand down. Goal is to get supports in the area of housing.
- f. Website is www.nmha.org

IX. National Consumer Survivor Memorial: Marty Raaymakers

- a. NMHA has taken the lead on the memorial.
- b. Kathryn Power was there talking about the different groups they're supporting
- c. Reviewed the seven national organizations invited to D.C. for the commemoration
- d. Showed videos from the internet
 - i. National Consumer Memorial video from youtube
 - ii. Clip from Today Show
- e. Now the supporting organizations are collecting donations and sharing resources to help build the memorial.
 - i. Want to have a marker for each state that will list the number buried and at which institutions
- f. Went into history of St. Elizabeth's and Michigan's First Three Asylums (Kalamazoo, Pontiac, Lapper, Northville and Traverse City)
- g. Marty discussed that she was unable to spend time checking on the information of gravesites in Michigan. Council members requested information from MDCH on possible grave sites at State Hospitals.

X. Recovery Council Vision, Mission and Values: Colleen Jasper & Kathleen Tynes

- a. Colleen said they worked on document with council and ready to re-activate the mission statement, which is a living document.
 - i. Listed off the committee members
- b. Kathleen went back to 2005
 - i. At this time, there are three or maybe four at different web sites that are not on the same page
 - ii. Accept this so things will be at the same place on the same pages
 - 1. This can be changed
 - iii. Motion was made to approve mission and value statement by Pat Baker and second by Ernie Reynolds.
- c. Accepted by an unanimous vote, and accepted

XI. REE Implementation Update: Pam Werner & Jean Dukarski

- a. Delay on implementing REE
 - i. Switch of agencies for consumers as independent contractors. MDRC has agreed to assist with hiring and employment.
 - ii. Phone interviews are happening

- iii. Extending survey into November
 - iv. Reviewing applications for surveyors within geographical area
 - b. Question came up of how many surveyors in the pool?
 - 1. Varies by area or geographical distances
 - 2. In Oakland County they had three surveyors that worked the whole week and then added two others due to demand
 - c. Question of what is the best transportation that has worked to get people there?
 - i. Pam answered is that the agency is responsible to support people. Cabs, bus tokens, themselves, friends and family
 - d. Margaret asked if the foster care home placement a time when the peer service support can work with that
 - i. Kathleen answered that wouldn't happen because peer would be taken out of the jobs they already have
 - ii. Can't interview in groups less than five because their voices could be tracked back
 - e. Pamela Stants asked about people coming in from ACT
 - i. Pam Werner said agencies are completing follow up phone calls. One agency had "doctor day." This would have helped with an adequate sample size to administer the survey when many individuals were present at one location.

XII. 2009 Recovery Council Dates: September 18; November 20
Location: Lansing Community College West Campus Facility

XIII. Public Comment

- a. Kathleen missed hearing about what's going on with peers in the state. She wants to know what peers are actually working and where they want to go as peers.
 - i. Pam said that they put out training brochures across the state. Every area of the state is different on peer roles and responsibilities. Peers have organized at the local and regional level. MDCH has a database with peer information to share trainings provided to both peers and agencies. Each PIHP, CMHSP and most agencies have liaisons that coordinate peer training and information. Peer liaison meetings occur every two months.
 - 1. Leslie suggested doing an exit interview to find out what happens to peers when they leave their positions.
 - ii. Amelia asked how long the scholarship funds were in place to help with peers attending trainings.
 - 1. Pam said scholarships are provided for people who no longer work as a Certified Peer Support Specialist.
 - iii. Stephen Batson said that peer conference was a huge success.

1. Wants everyone to know who they are and where to get a hold of them. He handed out mouse pads from the Michigan Recovery Center of Excellence.

XIV. Adjournment