

Michigan Department of Community Health

Recovery Council Meeting  
Thursday, January 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 Members present: Norm DeLisle, Pat Baker, Tim Grabowski, Leslie Sladek, Mary Beth Evans, Gerald Butler, Wally Tropp, Patti Cosens, Colleen Jasper, Greg Paffhouse, Andria Jackson, Steve Batson, Kathleen Tynes, Sherry Rushman, Marlene Lawrence, Risa Coleman, Fawn Preston, Amelia Johnson, Pam Werner, Irene Kazieczko, Phil Royster, Joel Berman, Richard Casteels, Sheila Kennedy Jean Dukarski, Rue Morad, Brenda Nyhof-Dunn, Sherri Solomon, Sally Steiner, Pam Landry and Cheryl Flowers.
- b. Recovery Partners present: Margaret Stooksberry, Ann Marie Funsch, Patti Freese, Diane Baker, Patti Degnan, Karen Cashen, Su Min Oh Candace Shields, Fred Reynolds, Shelia King, Esther Benson, Holly Eichner, Carleen Heck, Ron Heck, Mark Highsmith, Michael Jennings, Raymie Postema, Alyson Rush, Tison Thomas, Candyce Shields, Charles Mersnick, Patti Thayer, Kristen Duda, Deborah Reynolds, Joyce Fraker, Kimishe Norton, Lamont Christian, Leslie Gallant, Pam Estigoy, Andrew Field, Debbie Freed, Kim Zimmerman, Michael Jennings, Felicia Simpson, Sally Steiner, Deborah Hollis, Sue Eby, Kendra Binkley, Marci Cameron, Jay Cohen and Candace Loughrige.

II. Announcements

- a. Gerald Butler - Recovery Band will be playing at the Rooster Tail on the 27<sup>th</sup> for the Barack Obama inauguration party.
- b. Mary Beth Evans - Northern Lakes went through the PATH (Personal Action Toward Health) training for people with long term health concerns which helps people learn to manage their health and live life to its fullest.
- c. Jean Dukarski - Save the Date for the Peer Support Specialist Conference on June 22-24, 2009. There is going to be a call for proposals for workshops.
- d. Detroit VA and NAMI are holding a joint Family to Family training to train facilitators.
- e. Mike Head will not be able to attend today. He regrets that he can't make it but he had scheduling conflicts.

- f. Irene Kazieczko – The ARR (Application for Renewal and Recommitment) will be coming out in the very near future, and the PPG’s (Program Policy Guidelines) will be issued at the same time. Looking at the State’s budget for this year and next year, as we all know the economy is not improving so that will probably have an impact. So far, the protection of direct care services and supports has been and continues to be a high priority.

III. Motion to approve the November 2008 minutes.

- a. Motion to approve by Kathleen, Mary Beth seconds, all in favor for approving the minutes.

IV. Committee Update: Future Direction of the Michigan Recovery Council - Pat Baker

- a. Thanks to all the members that took part in committee.
- b. Items that were discussed:
  - i. Organizational Structure - Discussed whether to maintain organizational structure under the current DCH system or become our own organization not under DCH.
  - ii. How can we increase recovery awareness? How can we better educate all provider staff and recovery concepts including peer support specialists? Not everyone in the system, especially line staff, case managers and consumers, are aware of recovery concepts.
    - 1. Utilize the current Recovery Center of Excellence.
    - 2. Develop a process to educate provider and board staff, create video presentations and technology to make consumers and public aware of recovery.
  - iii. Go back and visit the mission and vision statements.
    - 1. Kathleen points out that the mission and vision statements on the DCH website are not up to date.
  - iv. Sustainability of the Recovery Council beyond the life of the grant. What is the future commitment of DCH? We want to be a constant.
- c. Recommendations from the committee:
  - i. The Recovery Council should keep current organizational structure and remain within the DCH.
  - ii. Broad communication efforts across the State should be implemented to educate and increase awareness.
  - iii. Recovery Council should challenge DCH to develop a consensus statement that supports the Recovery Council.
  - iv. Ask DCH to develop policy that establishes funding and support for the Recovery Council.
  - v. Recovery Council should have an opportunity to review the PPG’s and ARR.
- d. Comments

- i. Gerald – the whole idea of the Recovery Council to consumers is very encouraging. Would like to see information sent out through public service announcements.
- ii. Phil - when does the grant run out for the Recovery Council and what are we doing to address that?
  - 1. Irene – the grant that began the funding for the Recovery Council ends in April. But DCH is committed to continuing to support the activities of the Council through the mental health block grant dollars.
  - 2. Norm – One of the recommendations was for a consensus statement. He suggests the committee develop a draft statement to submit to DCH.
  - 3. Joel motions to accept the committee’s recommendations with Norm’s addition of developing a draft consensus statement. Mary Beth seconds the motion; there is a vote, and everyone approves.

V. Update on Statewide Trauma Initiatives - Colleen Jasper

- a. Colleen reports that there will be a total of 6 regional trainings statewide.
- b. Research shows that individuals with serious mental illness have a high percentage of trauma in their lives. We realize that there is stigma in society and stigma in our system of care. What is the relationship between stigma and trauma? Stigma within the system of care contributes to re-traumatizing people.
- c. The UP will be doing trainings in 2009 on Recovery by Steve Onken and he says that you have to do recovery and trauma training together.
- d. Discussed several trauma initiatives that were funded by the Federal Adult Mental Health Block grant.
- e. Kathleen – Please send her the information and she will send it out to all of the peers.
- f. Ann Marie – What kind of resistance are you getting from the psychiatric community where they are so focused on what is happening to you today? Colleen says it depends on the clinician that you are seeing. Are they trained in childhood trauma? Or trained in cognitive? We need to work with Universities and train people on trauma.
- g. Cheryl – Has been working with alternative education, and some of these kids spend the day in school and the night in jail. As you talk to them, you learn that trauma after trauma has happened to them. When can we start with these kids? Do they have to wait till they are 18? It starts in middle school. The labels start and then kids take attitude of well I’m ADHD so I can act this way. Don’t neglect the children. If we can help them at a younger age, they won’t have to go through everything we have to go through.
  - i. Irene says we can provide information to the Recovery Council on the Children’s Task Force and how mental health issues are being addressed.

- h. Irene - Thank you Colleen. If anyone has an idea on how to help create a trauma-informed system of care, please send those ideas to Colleen at [jasper@michigan.gov](mailto:jasper@michigan.gov).

VI. Mental Health Services Administration: Recovery Definitions and Partnerships for Substance Abuse (SA) and Mental Health (MH) – Deborah Hollis, Jeff Wieferich and Irene Kazieczko.

- a. There may be different ways that the SA system talks about recovery than the MH administration does. We wanted to talk today about initiatives that are going on. The Recovery Council is well aware of Duchy's goals of recovery in the system.
- b. Deborah Hollis – Thank you for allowing us to be a part of this meeting. We are impressed with the size of this group and the work you are doing. We are here to listen and learn from all of you. We have not been successful on the SA side of getting people to come to the table.
- c. Irene what do you mean by the SA system? Deb - Office of Drug Control Policy contracts with coordinating agencies like mental health does. We have prevention and treatment but recovery component is important and we don't have that in place right now. Deb asks members of the Recovery Council - What keeps you coming back to these meeting?
  - i. Rue Mora – Dual Resource Group and Dual Recovery Anonymous groups are what work for people.
  - ii. Cheryl – We have recovery groups for adults but not for children. This is important. In some areas in the State, all the kids do is drink. The school system is an important place for attention to these issues.
  - iii. Margaret – What keeps me coming back to these meetings is that I feel like we are all on the same page and have the same goals, and I feel I know I have a voice that is heard. I also see the accomplishments we have made.
  - iv. Norm – Some of my observations may be out of date but this Recovery Council works because of the very large number of people here who have a history of serious mental illness and recovery and we all have benefited so much from that - that is what keeps us coming back.
  - v. Norm - The rights system in SA was, in the old days, designed to make sure that no one got away with anything. There were unsafe and unsavory situations where people had to make decisions about staying out of trouble and hiding things. Provider system itself had a tendency to foster that manipulation. The fact that so many people were under court order hinders people's willingness to share. In order to foster recovery, there has to be some arena where people feel safe to share and be very open. It can't be a group with a clinician sitting there taking notes.
  - vi. Marlene – This is the meeting where I see the greatest honesty that I have ever been involved with. The leaders here listen to us and

- we make a difference and are heard. Take seriously the stigma of Substance Abuse. She is so happy to see you here today.
- vii. Pat – Been involved with MH system for a long time. This is the most effective group I've ever worked with. You have to get consumers and people working in the field but mostly consumers involved. What is the perception of the providers in relationship to your consumers? Also look at how prevention dollars are being spent and couldn't some of that money be spent on a Recovery Council of your own.
  - viii. Patti – Providing hope is so important. Pathways to Recovery are a great tool. People should be able to pick what they want to work on and it might not be their SA issue at that time. It might be finding new friends or finding a new apartment or finding a job – all of these are very important.
  - ix. Joel – Has been involved with Dual Recovery Anonymous and has learned by facilitating these groups that there is a stigma towards mental illness. Substance Abuse providers need to be open to Dual groups, and he thinks Alcoholics Anonymous shouldn't be so stringent.
  - x. Gerald – He started drinking to keep the monster out of his head. When he has worked with people in jail, there is no incentive for them to get better but they just want to get out of trouble. He thinks the peer support model is so important in this aspect. Because of what you have been through, you are very valuable. People aren't going to talk to people they don't trust or can't relate to on their level. It is vital that the very first person that people meet is someone like a peer supporter, someone they can relate to.
  - xi. Andria – Have you guys started a Council at all? Have you identified any providers or programs that you feel can be non-judgmental? Like WRAP or AA that they can go to when they aren't dry? Deb – no, that is one of the reasons we are here. We want to learn what you are about, why you came to the table and why you stay engaged.
  - xii. Andria says what keeps us coming back is a common bond. She says to respect what comes across during your meetings and gives them as much support as possible. Think about what helps and what hinders people.
  - xiii. Norm – You may want to look at consumer-run programs out there for individuals to help with planning. Years ago, funding was pulled from a lot of places. Back in the 70s there was no distinction between communities of people with mental illness or substance abuse, and there were some real advantages in that.
  - xiv. Rue – When she went to AA, it just served to separate her from people because they didn't want to hear about her mental illness. Also, more than one of her sponsors told her they were going to get her off her mental illness medication. That's why 12-step

programs don't work. The Dual groups work because they are very open and can talk about anything. When she comes to the Recovery Council, she feels the love and support and everyone has been there and done that. It is very important to have people like peers who have been there and done that. Peers get a lot more respect.

- xv. Kathleen – LGBT awareness and quality of services. In the community of alcohol and drugs, you have to have gay-friendly therapists and doctors, and you have to have someone who can stand up and say they are gay and have been through it. You are losing too many people to suicide for fear of being ridiculed.
- xvi. Cheryl – Native American population. On the reservation, there are programs that help people. When people leave a reservation, the reservation won't help them. Issues with Native Americans include drinking, drugs and gambling. They get their money from the casinos, and they spend it on drinking, drugs and gambling.
- xvii. Jean – Reinforce the message we have heard a lot this morning - for people to be successful in recovery, they have to see people that look like them. We started a Dual Recovery Group that allows people to deal with both issues. People discover that they are misfits in substance abuse groups. Recovery groups and supports and role models all have to be people that look like me.
- xviii. Leslie – Start with guidelines and protocols within DCH that require consumers to be involved. Bring a diverse crowd to the table.
- xix. Jean – Instead of just having an advisory committee, ask people what they want to do.
- xx. Colleen – Must remember the trauma aspect in substance abuse.
- xxi. Ann Marie – This group works because of respect. We have a wide diversity of education and experience, and we all come together and respect what we have in common. You have to go into it with the thought that the client's thoughts and information is just as important if not more than the clinician sitting there.
- xxii. Brenda – It's about building relationships. Each person has to ask what stage of change am I in? You should be endorsing the good stuff that is going on in agencies and copying that.
- xxiii. Kathleen – When you do the surveys, you need to pay attention to what people are saying and act on it.
- xxiv. Steve – Eventually I was forced into administration and want you to remember that people are more important than policy. People's needs should drive policy.
- xxv. Irene thanks the ODCP representatives and the Council too. Please feel free to come to any or all of our meetings.

## VII. Recovery Partnerships: Transformation Initiatives within the Veterans Health Administration (VHA)

- a. Overview of Transformation – Jay Cohen and John Dingell VAMC
  - i. Jay Cohen – 8 VA’s in the State.
  - ii. Achieving the promise: Transforming mental health care in VA – internal document in 2003. President’s New Freedom Commission on Mental Health.
  - iii. Veteran’s Health Administration mental health strategic plan in 2005 came out of the President’s New freedom Commission and internal documents.
  - iv. Highlight consumer and family driven.
  - v. VHA Handbook revised edition of the strategic plan 2008 – all care and all services must be recovery-oriented.
  - vi. Overview
    - 1. Recovery and rehabilitation-oriented programs must be available for all SMI patients.
    - 2. Each program must have an LRC.
    - 3. Strongly recommend to have a consumer council.
    - 4. Psychosocial Rehab and Recovery Center (PRRC).
    - 5. Peer Support/counseling.
    - 6. Family Involvement.
  - vii. Guiding set of Best Practices
    - 1. System transformation.
    - 2. Education.
    - 3. Outreach/Advocacy.
    - 4. Recovery oriented services.
    - 5. Development of consumer councils.
  - viii. Questions so far
    - 1. Diane – is your recovery initiative implemented in hospitals? Jay says primarily now it is outpatient. We are trying to introduce recovery concepts into the inpatient setting.
    - 2. Chuck – in regards to inpatient, we are working towards recovery. It’s not going to happen over night but we do have a plan in place. We are working on building awareness. It is a work in progress, and it’ll take time.
    - 3. Steve – inpatient is a difficult setting to implement it. Strongly suggest that physicians are taught to realize that recovery is learned.
  
- b. Development of a Consumer Council – Ron Heck, John Dingell VAMC
  - i. Ron Heck chair of Detroit VA Development of a Consumer Council.
  - ii. Got started by going around to mental health providers and asking people if they would be interested in participating. Strong liaison support.
  - iii. Development of a charter.

- iv. Develop some core activities, stay focused and remain open to new opportunities.
  - v. MH Awareness Week.
  - vi. Created a MH Resource Guide.
  - vii. MH Fair.
- c. What is a PRRC and Why is it Critical to Recovery – Chuck Mersnick
- i. Psychosocial Rehab and Recovery Center (PRRC)
  - ii. The typical day at the PRRC – we run a number of groups there. We have a nurse, peer support and a technician there all day.
- d. Recovery Implementation Team as a Model of Partnership – VA Ann Arbor Healthcare System - Lamont Christian and Joyce Fraker
- i. Ann Arbor VA started Recovery Initiative in 2007.
  - ii. Started with recovery toolbox – goals short and long term.
  - iii. WRAP.
  - iv. Veterans Council.
  - v. Current objective is to grow the Council and get the word out.
  - vi. Lamont – thank you so much for inviting us. They are now beginning to understand about what recovery is, and that it’s not just one person’s job. We are trying to include everyone in the hospital. The Council is really taking off.
  - vii. CWT Program – work therapy program. Value of having a JOB.
  - viii. 3 components: incentive therapy, compensative work therapy (help with resumes and job searches) and supportive employment.
  - ix. Created DVD Dealing with Depression.
  - x. Comments
    - 1. Cheryl – had a friend that was a veteran and he fell through the cracks and a lot of it was because of a lack of communication between his care providers. Communication is vital to helping people.
    - 2. Diane – in Michigan, isn’t there an office in every county for Veterans to go to for counseling? Joyce – some of those are funded by Counties and if the person needs more help they are supposed to refer them to the VA.
    - 3. Joel – truly appreciates VA people coming here today; it’s great to hear about recovery initiatives.
  - xi. Award – An award was presented to Pam Werner MDCH, by the Battle Creek VA in honor and appreciation of support for the Vet to Vet program and facilitating peer support amongst veterans.

## VIII. Recovery Enhancing Environment (REE) Implementation Plans

- a. Northern Lakes CMH – Greg Paffhouse (Handout)
  - i. Discussed the implementation plan at Northern Lakes CMH.
    - 1. Who will administer.
    - 2. Training.

3. Sample sizes.
  - ii. Two consumer-run drop-in centers being utilized are New Beginnings Drop-In Center and Kandu Island.
  - iii. They will utilize 17 group homes across their service area.
- b. Oakland County CMH Authority - Leslie Gallant (Handout)
  - i. Discussed the implementation plan for Oakland County.
    1. Who will administer.
    2. Training.
    3. Sample sizes.
  - ii. Have four contracted agencies that will be participating in the REE.
    1. Arab-American Chilean Council.
    2. Community Network Services, Inc.
    3. Easter Seals of MI.
    4. Training and Treatment Innovations, Inc.
- c. Questions
  - i. Who is paying for this? Irene – DCH will allocate Mental Health Block Grant funds to pay for the hosting of the survey group. The CMH is responsible for some costs.

#### IX. Public Comment

- a. Sherrie Solomon – The NAMI Michigan State Conference is May 3 and 4 at Valley Plaza Resort in Midland. Hope everyone can make it.
- b. Irene thanks everyone for their time and participation in the meeting today.