

# Northern Lakes CMH Action Meeting Notes 4-11-12

## INTRODUCTIONS

Houghton Lake - Robert, Jean, Martha, Beverly, Kim  
Cadillac – Ronnie, Lynda, Michelle, Deanna, Rosemary  
TC – Brandalyn, Leslie, Deb, Pat, Susan, Richard, Marji

## STANDING AGENDA ITEMS

Pat Munsell is covering for MaryBeth today. She expressed thanks to Martha and Rosemary for help in setting up conference rooms.

Video-conferencing reminders – Please turn off cell phones. Kim reminded that texting should be off too. All agreed that this is the way to show respect to the group. Richard noted if someone is waiting for an important call (i.e. Doctor's office), we should allow phones on, and if the call comes in, then the person can leave the room to talk. All agreed this would be appropriate.

Please remember to sign-in.

Review March meeting minutes – some changes made:

- #7 – It was clarified that the person at each office who is accepting and holding onto door prize contributions for the Recovery Celebration will wrap the gifts. This will keep it from being a big project at the time of the Celebration itself. CMH will provide wrapping paper.
- #10 - Kim offered to do Mindfulness at next HL mini-conferences.

LEADERSHIP ACTIVITY – We will not do today.

## MDCH BLOCK GRANT

Deb acknowledged that Mary Beth has done a great job in providing structure to the Action Group – proof is that the meetings continue to run even when she is gone. It is also a testament to the group's good work in having created a clear charge that creating the agenda for today's meeting was able to be done.

Deb reviewed the Michigan Department Community Health (MDCH) Spring Block grant for Fiscal Year 12-13. There is a requirement that Northern Lakes (NLCMH) request and use consumer input and support for the grant application. Deb acknowledged receiving and using Kim's support for last year's grant (as well as others not in attendance today). There is a new look/process to the grant this year. It is a non-competitive grant, which means we are not competing with other CMHs for the grant funding; it is based on the merit of the grant application alone. The grants are for \$130,000 and for every Drop-in in

an area there's an additional \$5000 (i.e. Kandu and New Beginnings). Turnaround time on submitting this grant application is very fast.

The Focus is on integrated health. Deb explained this started at the presidential level with health reform, and is the way of the future. Integrated health is combining physical and mental health; looking at a person as a whole – both their physical and mental health wellness. The Idea is to treat person as a whole person, treating all their needs at once. Some areas to consider: How can we work with primary care doctors? Or have co-locating staff, having Physician's staff at our office or Behavioral Health staff at theirs. Governor Snyder is making this a strategic priority. It is referred to as a "4X4 Wellness Plan". This refers to four healthy behaviors: 1) healthy diet, 2) exercise, 3) annual physical exam, 4) avoiding tobacco. These healthy behaviors can be monitored through four measures: 1) Body mass index (BMI), 2) blood pressure, 3) cholesterol level, 4) blood sugar level. The goal is to change the 25-year mortality statistic (i.e. dying 25 years earlier than the average population) that plagues those with mental illnesses.

Bob expressed that "PCPs (Primary Care Physicians) and MDs (Medical Doctors) are not getting it". Soon as they hear we are taking psychotropic meds, they are not interested in working with us. "Want nothing to do with those crazy people." Deb noted that's a good point and will share that with others in NLCMH.

What should we do? What is the priority? NLCMH needs to submit a preliminary application to MDCH by May 3. On May 21, there is a mandatory meeting in Dearborn where MDCH will provide additional information about the grant. After that, NLCMH fills out the real grant application and turns in by June 8. We need a list of people who are willing to be the "bouncer-offers", "brain-stormers", "think tank", "reviewers of ideas".

What is an example of a grant use? For Drop-in centers it could be enhancements not already covered by budget, such as: healthy cooking classes, computer software on nutrition, smoking cessation classes, gardening, emotional eating groups.

Deb read some examples for CMH acknowledging this language is not clear, even to her : 1) organizational governance and infrastructure; 2) funding and sustainability; 3) management of health information and data; 4) consumer access to primary and behavioral health services; 5) clinical services coordination; 6) use of evidence- based practices for integrated care delivery.

Participants were asked to indicate on the attendance sheet or raise their hands if they were interested in volunteering to be part of the grant application workgroup. Bob noted gardening would be very important. Martha wondered about coordinating with pharmaceutical companies (such as Pfizer), as there is a need for more coordination to improve free medication programs. Bob noted access to doctors to come to CMH to learn more about CMH, would be great as they "seem to drag their feet about wanting to work with us". Brandalyn noted the stigma doctors have about working with CMH consumers. Michelle noted that she realizes that she doesn't want to trust her Primary Care Physician with her psych meds. Psychiatrists are trained to deal with psych meds and mental illness; other medical doctors have little or no training with psych meds. She feels more comfortable working with specialists

in this area. Ronnie suggested CMH needs to meet with PCPs to share information and help them with their understanding of mental health. Leslie noted that when people leave or graduate from CMH it's usually because they are stable in their meds. Leslie said transition needs to be easy between PCP and CMH as the doctors can help maintain after the correct medicines are in place. Persons shouldn't be turned down because you are on depressants and anti-psychotics. Bob agreed they shouldn't, but they do and there is no recourse.

Deb noted that some other examples are things as simple as: have more blood pressure cuffs to use at CMH to monitor blood pressure, same with blood sugar tests. Michelle suggested weight watchers. Kim, Bev and Martha volunteered to sign up for the grant workgroup. Bev said her PCP had no problem working with her psych meds. Have to be open and honest with your doctor and inform them that there may be a time when he will have to do her psych meds. Bob noted that rural doctors have a tendency to leave after two years, not stable as in other areas (i.e., high turnover). Rosemary asked if an RN would be part of the workgroup, as they are already limited by time and should provide input to any new assignments they may be expected to add to their workload. Deb noted that grants could also be used for project staffing as long as it covers new duties for new or existing staff. Lynda noted that Club Cadillac is already on board with integrated health care goals; they have a garden, nutrition and cooking class, yoga, and a walking group. Hopefully Drop-in could also be helped toward similar projects and can consult with Club about their model. Lynda and Rosemary also agreed to be part of this group. Jean asked about fund-raising opportunities and if this grant could be used toward this means. Deb explained that's something NLCMH could be looking at doing separately in the future but that funding in this grant was designed more to make sure proper billing procedures and codes were in place for long-term sustainability (versus fundraising events that might pay for extras that the agency cannot provide).

### SHARING

Cadillac – Dee reviewed that the Cadillac group spoke about: 1) Whether Tom Harrison would be appropriate for the Recovery Celebration and it was thought he would as even adults are bullies and bullied and there should be a wide audience for his message. A theme for the Celebration was suggested: "60's Peace Love and Happiness". Celebration meal - be aware of those with dentures or no teeth and the difficulties that even salads present. Volunteer opportunities – The Food donation truck needs help with unloading and distributing twice a month. Cadillac member David had reported on a successful community activity encounter with the Writing group that meets at Cadillac Horizon Books twice a month.

TC – Leslie reported that discussion evolved around the YMCA and drafting a letter written to request a meeting to discuss passes for people without funds.

Dee asked if anyone else has spoken about the conference or the theme. No one had, but it was agreed that it would be put on June's agenda (no meeting in May) as September is not far away. The Conference will be on Thursday 9/27/12 at Timber Wolf Lodge in Missaukee County (near Lake City).

HL - Martha returned to Richard's earlier remark made during the Celebration announcements. Richard had noted that after asking for a long time to have some kind of problem-solving group available for

consumers, that he has discovered that the Peer-run groups (Journey) perform that function in TC. He was very pleased and proud of the accomplishments of this group. Martha pointed out that the Peer-run groups in HL and Grayling serve the same function; that consumers are able to process their concerns and help each other problem solve.

### LOOKING FOWARD

Pat noted the various activities that are coming for HL, TC and Grayling:

- Mini conferences coming up in Traverse City on April 19. Cadillac will be on May 17 and Houghton Lake will on June 19.
- Walk-A-Mile is on May 9 (registration ends April 20).
- Photobiography classes are taking place in TC and Cadillac. Houghton Lake starts April 12 and Grayling on April 25,
- Art Classes are taking place as usual.
- WRAP (Wellness Recovery Action Plan) classes coming up soon.
- Recovery Blueprint committee on May 31 at NLCMH TC office - 10-3pm. This meeting will be open to all as we work on the next edition of our Blueprint to guide more changes at NLCMH to make an even more recovery-oriented system in the next few years.
- Dual Disorders conference on April 26 at Hagerty Center in TC – geared toward the professional; topic covers anxiety and addictions. There is a \$50 fee. Call Cindy to sign up at 231-935-3099.
- Action group next meets on June 13, from 10am – noon. No meeting in May.

### REQUEST AND INPUT

Leslie reviewed the **Tool Box** activity list. She altered this list from one she originally received at the “Listen to the Heartbeat” conference we co-sponsored with the Grand Traverse Band of Ottawa and Chippewa Indians and the Inter-Tribal Council of Michigan last year in TC. This list was reviewed by the Action Group last fall and is close to being finalized. This list is a way to check in with yourself (and your worker) as to how you’re doing personally. It is designed to be used with your worker, versus being a stand-alone handout in a tower with no explanation. Without explanation it could be interpreted as a checklist of a whole lot of items, many of which a person may not be doing, which can make people feel bad. Instead it is intended to help people recognize that they are doing many things. How many of these activities are we doing? How many times do we feel that we have done nothing? This list will remind you of the activities that you have done or to use as suggestions for what you can do. Everyone agreed it was a great idea and list to use. It was suggested that other recovery activities also be included art, mini-conference. Leslie preferred be as generic as possible. Just have recovery groups and people could just check that one time. Deb suggested that volunteering should be included under Personal Growth. Dee agreed. Deb suggested that we move the list forward and get it implemented. Leslie agreed to do so.

The two **NLCMH consumer Newsletters** (*New Directions* and *Expect Recovery Newsletter*) were reviewed. There are currently two newsletters that overlap. It was suggested that these two be made into one. The *New Directions* is 4 pages every other month (24 pages per year now) and is for all populations of people served by Northern Lakes, including adults with mental illness, children with severe emotional disturbance and their families, and individuals with developmental disabilities. The *Expect Recovery* newsletter is 4 pages quarterly (16 pages per year now). So we are publishing now a total of 40 pages per year. How frequent should a combined newsletter be? The frequency depends on what kind of information people want. Should it include events that are coming up? Then the frequency should be often, perhaps monthly. Should they report success stories or events that have already occurred? Then the frequency would not need to be often. Susan agreed they should be published often enough to know what's coming up. Kim agreed that we should include inspiring stories to share. Michelle wondered how many of the issues are actually be taken by consumers and wondered if therapists are being asked to distribute them. Leslie noted she sends *New Directions* to staff via email and a lot of work has been done over the years to tweak the quantity printed so we don't have waste. Right now they are available in the Recovery towers. Cindy also distributes them at Health Fairs. Lynda noted that at one point Cadillac had a stand right by the reception window that carried timely information. Deb noted that the Recovery Towers in each of the office lobbies were created to focus everyone's attention to one spot for information.

Discussion occurred on how to combine the two and how many pages would be in the paper. Deb asked if we would rather have one page a month or a couple of pages every other month. Someone suggested an insert in the paper for the calendar. Martha noted that at the Grayling reception window, there is a calendar available and people seem to take this information. Discussion occurred about what size the paper would be. The differences in the two papers were reviewed. Susan suggested that one page should be devoted to information about the events/activities coming up. Pages should be included for events coming up, as well as Recovery oriented information (including definition); Celebrations, etc. The newsletter is for all populations being served by NLCMH (those with Mental Illness, Serious Emotional Disorder, Developmentally Disabled, and Substance Abuse and for both adults and children). More discussion is needed but it was a good start!

#### VOLUNTEER OPPORTUNITIES

Deb is looking for a person to lead the mindfulness practice for TC mini-conference. Marji agreed to do it. Leslie will be back up. As noted earlier, Kim volunteered to do for HL. Rosemary volunteered Michelle for Cadillac. (Michelle had to leave the meeting early. Rosemary will confirm she is available and interested). Cindy will bring the mindfulness bell to each office mini-conference.

Deb spoke about **lobbying** and "Hill Day" in Washington DC that promotes the continued funding of mental health services. There is a group (National Council) that would like to provide letters to the legislators about real life stories. It's also very positive feedback for mental health workers to see stories of how our work helped change people's lives for the better. Letters need to be in by June 1 to give to Deb. Forms can be anonymous. Deb will do cover sheet to attach to letter in order to put in Recovery Towers for others to participate.

## ANTI-STIGMA

Leslie went to an “eliminate **self-stigma**” class. Training was set up as a 12-step program but with 9 different steps (each address how people stigmatize themselves). Leslie read a poem written by one of the trainers. It was a very upbeat, uplifting class. Leslie will share this information with Pat and CMH peers and decide if there will be a separate class or make it part of existing groups.

Northwestern Michigan College (NMC) students created drafts of their proposed anti-stigma posters. Deb is due to meet with them today. They should be available for May - Mental Health month. Deb spoke about the Anti-stigma campaign geared toward NLCMH staff. The Communications and Public Relations (CPR) group have identified supervisors who will be given a monthly information sheet about stigma that supervisors will be encouraged to use at their monthly staff meetings.

Kim reported that Ernie’s health is getting worse but he is receiving support from his family downstate. She did not have a mailing address for him.

Pat closed the meeting by reading the Recovery definition.

Next Action Group meeting is June 13, 10am - noon. No meeting in May due to Walk-A-Mile on May 9.

Submitted by Rosemary Rokita