Michigan Association of Community Mental Health Boards

WINTER 2011

Connections
for communities that care

CHANGE IS JUST AROUND THE CORNER. *Are You Ready?*

James K. Haveman, President, Haveman Group; former director, Michigan Department of Community Health

When the votes were counted in November, the juice squeezed from the grapevine held a hint that the new wine being blended for the community health table would contain a hint of vintage Haveman. Having been acquainted with Jim's talents since he was CEO of Kent County CMH (network180) and an admirer of his transparency while director of DCH, we invited him to share his vision of the future for our public mental health system. His response was gracious and immediate. We found Haveman's knowledge of the healthcare environment –coupled with his penchant for succinctness and candor–as sharp as ever. He has identified some formidable challenges that engulf us and laid out some clear markers to help us navigate a positive course. We hope you find this piece as encouraging and helpful as we do. — Editor.

2011 is upon us and tough times lie ahead. The November elections seem distant and the process of redefining, reforming, reinventing and realigning Michigan has begun. It is clear Governor Snyder and his team are committed to the structural and budget changes necessary to bring Michigan's budget into balance in 2011-12. Don't be surprised to see budget reductions in Michigan yet this fiscal year as Governor Snyder's new team examines the current budget.

We all know that Michigan's budgets for the past years have carried forward a structural deficit, and the current estimate is that the deficit for 2011-12 exceeds 1.8 billion.

The DCH budget this fiscal year has over 650 Million in one time stimulus funding, which ends September 30, 2011. We all have to learn as much as we can about value-based purchasing since this methodology will be the cornerstone of Governor Snyder's budgeting process.

Politics will not be as usual, and we are at the dawn of a new day of reality in Michigan. The days of financial gimmickry and money shuffling are over, and to truly get Michigan's fiscal house in order will take cuts in state programs that will touch nearly everyone in our state. Retiring Senate Fiscal Agency Director Gary Olson said in November that "Governor-elect Snyder and the incoming legislature will have to make the massive, painful and necessary structural changes that are overdue for state government."

At the federal level, the Republicans controlling the House of Representatives will hold hearings on the Affordable Care Act and plan to vote on the "Repeal and Replace" of the Affordable Care Act within the next few days. They will attempt to starve the implementation of the Act by withholding funds and casting votes against the many changes in administrative rules that are being proposed by the Obama administration. The US Senate will not go along with a massive change in the Affordable Care Act, but you will see some revision of the current plan to accommodate the House of Representatives. The fact remains that as a country we can do better in providing basic health care to the uninsured and under insured.

In Michigan, we have over 1.2 million people lacking in basic health care. You will see much of the Affordable Care Act happen, and you must get ready and adjust accordingly. One of the outcomes of the debate currently in Congress might be more delegation to states to press forward with their own innovative programs. I believe Michigan will be poised to act aggressively if given the opportunity. What will complicate the discussion will be the politics at the federal level surrounding the presidential election, which is less than two years away.

Keep in mind all this debate and discussion takes place in an atmosphere where many voters are expecting less spending, less government and lower taxes from Congress and the Michigan Legislature. Despite its flaws, federal health care reform will bring many needed changes. The Healthcare Financial Management Association recently stated, "In many ways, the nation's current healthcare payment system blocks, rather than supports, the nation's health care goals; the system does not effectively reward wellness or high quality. The system does not encourage societal benefits such as access to health *(continued on page 2)*

care. And the system creates financial instability by adding cost and complexity to health administration by rewarding high-cost practices and by focusing on expensive sickness-focused interventions rather than wellness."

My biggest fear is that the good intentions of health reform will sink under the weight of rules and regulations. When HIPAA passed, it was 20 pages and subsequently, 1200 pages of rules/regulations were written to implement it. The Affordable Care Act is over 2000 pages; one can only imagine the tsunami of rules headed our way!

Health Care Reform is predicated on four basic assumptions: The cost curve of health care will bend favorably, states will be fiscally sound, young healthy people will buy into the program, and primary care providers will embrace Medicaid recipients. It is too early to tell if even the basic assumptions are correct. If any of these assumptions is incorrect, the financing plan for Health Care Reform fails.

The challenges are daunting and the impact for Community Mental Health and Substance Abuse Agencies will be significant. The current model/platform to deliver services is too outdated to serve as a base for the implementation of the Affordable Care Act.

The Affordable Care Act calls for adding 600,000 Michigan citizens to Medicaid (raising the cap to 133% of poverty) starting in 2014, with most of the funds paid for by the federal government. Currently Michigan has 750,000 more on Medicaid than it did in 2004–for a total of 1.8 million persons. The interesting fact is that it does it with $500 million less in the DCH budget in general funds.

Recently I read that due to the absence of the parity law in Michigan, it is estimated that 60% of chronic mental health conditions goes unreported. The Affordable Care Act affirms mental health and substance abuse as an essential service.

The current system for community mental health and public health in Michigan was designed decades ago, before computers and before the data and knowledge we have today. Knowledge is an agent for change. Mental health carve-outs will disappear, as will the mental health and substance abuse block grants to States. The current model of prepaid health plans has worked well, and maybe it's time to consolidate and modernize into 18 or less regional structures for Michigan. Also, it doesn't serve the public good to have independent coordinating agencies for substance abuse, and its time for their full consolidation into the prepaid health plans.

Under the Affordable Care Act, there will be purchasers and providers. The Community Health Boards of the future will be providers who define quality health care as that which is safe, effective, efficient, patient-centered, equitable and timely. It is time we move towards standardization of treatment protocols and contracts; to adopt fully the use of technology so that community mental health boards and public health agencies are part of regional data warehouses.

In many ways, we have failed in the integration of basic CMH services with a medical home. We have way too many consumers who are "health homeless." We must partner closer with HMOs and regional Accountable Care Organizations that are forming, and the federally qualified health centers to assure CMH a rightful place as part of the design and implementation of a coordinated system of care. Keep in mind that under Health Care Reform, such organizations are not required to establish formal relationships with existing behavioral health care providers. It will be a competitive choice of whom they decide to work with in the future. I believe that many CMH Boards are vulnerable and time is running out to get a first rate delivery system in place at the regional level.

All recipients of health services in Michigan must be part of a managed care network. We cannot continue some recipients on a fee for service model of reimbursement. For CMH boards to survive in the "new normal," it will take carving out a unique role those purchasers want to buy. Focusing on costs and outcomes is vital, but equally important is building upon engaging consumers and natural support networks. CMH understands better than most the importance of recovery, choice, and self-determination. CMH Boards will continue to be the providers of choice for persons with developmentally disabilities.

We are entering an exciting time of change. It's time to think differently about how your CMH Board functions. You must be less dependent on the state and think about how you are going to seize the opportunities that the Affordable Care Act offers. And think about how to face the future by charting out models, different from today, that embrace the entrepreneurial spirit. ■

James K. Haveman, Jr. grew up in Grand Rapids, Michigan and has a distinguished history of human service management and volunteer work.

From June, 2003 to May, 2004 he was the Senior Advisor to the Ministry of Health in Iraq. He has served as Director of the Michigan Department of Community Health, and Director of the Michigan Department of Mental Health as part of the Cabinet of Governor John Engler.

Haveman also served as Executive Director of Bethany Christian Services, the largest child welfare/adoption agency in the United States; Executive Director of the Kent County Community Mental Health Program; and the Executive Director of Project Rehab, a substance abuse program located in Grand Rapids.

Haveman currently serves on the Boards of Ferris State University and Youngsoft, Inc., and is President of the Haveman Group, a health and public affairs company.

Haveman graduated from Calvin College and has a Masters Degree from Michigan State University.

RECOVERY SYSTEM CHARACTERISTICS AND PRINCIPLES

Gregory Paffhouse, CEO, Northern Lakes CMH Authority
Ernie Reynolds, Certified Peer Support Specialist, Northern Lakes CMH Authority

Connections is extremely pleased that Ernie and Greg have provided us with a vision of a system that is framed by the characteristics and principles of recovery. These are consumer driven qualities. Acquiring this wisdom has been an arduous journey, fraught with untold suffering. Reading this in tandem with Jim Haveman's article–which looks at administrative structural challenges and changes we face–provides us with two complementary perspectives to guide us as we move ahead.

What should a community mental health system look like if it is based on recovery? This was a question posed by Mike Head to the Recovery Council. It is a critical question to be answered since while each person has the right and responsibility to direct his or her own recovery it can be helped, or limited, by what and how services and supports are provided.

So what are the characteristics of a recovery oriented system of care? How will we know if the Michigan community mental health system and our own organizations are recovery oriented?

We believe there is not a "one size fits all" model to accomplish this change. We believe all CMHSPs have made efforts to further their recovery orientation and believe the use of the Recovery Enhancing Environment assessment results, as a benchmark and guide, will be very helpful. We say this believing that becoming a recovery oriented system of care is an on-going process and any such social system transformation is difficult to achieve. We believe this continued growth and transformation is best accomplished by focused strategic systems planning.

At Northern Lakes CMH we built our Recovery Blueprint based on the William A. Anthony, M.D., Boston University, Fall 2000 article for the *Psychiatric Rehabilitation Journal*, "Characteristics of a Recovery Oriented System." Anthony identified twelve System Dimensions (Design, Evaluation, Leadership, Management, Service Integration, Comprehensiveness, Consumer and Family Involvement, Cultural Relevance, Advocacy, Training, Funding, and Access) and listed System Standards for each dimension. [http://www.northernlakescmh.org/latest-news/special-initiatives/recovery-system-transformation/recovery-blueprint/]

The public mental health challenge is to make the vision of recovery real in the work we do. It must be more than a concept, words on paper, or changing the sign on the door while doing the same old things inside.

Below we highlight the characteristics, principles, and values of a recovery oriented system.* These include choice, self-determination, flexibility, and community membership. You will see that both groups include the foundational importance of engaging, listening to and including persons with lived experience. The Connecticut Practice Guidelines refers to this as "Primacy of Participation". You will also see how consistent these are with the MDCH Concept Paper and the Application for Renewal and Recommitment.

Characteristics:

(Transforming Mental Health Care to Support Recovery: Briefing Document, National Governors Association Center For Best Practices)

- Most importantly, a recovery based system requires the sincere belief of consumers, their families, treatment providers and the larger community that people can and do recover.
- Systems must be built around consumers' perceived and expressed needs.
- Consumers, along with families and service providers, will actively participate in designing and developing the systems of care in which they are involved.
- A personalized plan leads to "best practice" treatments and community supports oriented toward recovery and resilience.
- Consumers must have real, meaningful choices and accept personal responsibility.
- A seamless array of services, treatments and supports are quickly available to those in mental distress.
- Dispelling myths and improving understanding of mental illnesses will lead to overcoming stigma and discrimination. The result is more openness to people seeking treatment when they need it.
- Systems and services focus on more than just managing symptoms. Instead, they focus on increasing successful coping with the daily challenges of life.
- Mental illness is viewed as only one aspect of a person who also has assets, strengths, interests, aspirations, spiritual and other belief systems and the desire and ability to continue to be in control of his or her own life.
- Attention is paid to areas that bring meaning to life, including work, education, recreation, relationships, personal spiritual belief systems, religious affiliations, and self-help and mutual supports, as well as effective treatment services.
- Community resources are identified and made available seamlessly to the consumer, and new community resources are developed based on what consumers say they need to support their recovery in the community.
- A combination of services and resources within the treatment system links to resources in the community that support and reinforce recovery.
- Positive community perceptions and responses to mental illness are strengthened and stigma is overcome.
- A priority is placed on the participation of people in recovery and their loved ones in all aspects and phases of the care delivery process.

(continued on page 4)

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Practice Principles:
(The Ohio Office of Consumer Services)

- The consumer directs the recovery process; therefore, consumer input is essential throughout the process.
- The mental health system must be aware of its tendency to enable and encourage consumer dependency.
- Consumers recover more quickly when hope is encouraged, work and meaningful activities are accessible, spirituality is considered, culture is understood, educational needs are identified and socialization needs are addressed.
- Individual differences are considered and valued across the life span.
- Recovery from mental illness is most effective when a holistic approach is considered.
- In order to reflect current "best practices," there is a need to merge all intervention models, including medical, psychological, social and recovery.
- The clinicians' initial emphasis on "hope" and the ability to develop trusting relationships influences the consumer's recovery.
- Clinicians operate from a strengths/assets model.
- Clinicians and consumers collaboratively develop a recovery management plan. This plan focuses on the interventions that will facilitate recovery and the resources that will support the recovery process.
- Family involvement may enhance the recovery process. The consumer defines his/her family unit.
- Mental health services are most effective when delivery is within the context of the consumer's community.
- Community involvement, as defined by the consumer, is important to the recovery process.

Are these characteristic of your organization's system of care? Where are your opportunities to improve?

* As space limits our presentation, we want to encourage readers to access the following documents. All three are excellent information sources to help in our organizational journeys to be systems promoting and sustaining recovery.

American Association of Community Psychiatrists (AACP) *Guidelines for Recovery Oriented Services* - www.communitypsychiatry.org/

Developing Systems and Services that Support People in Wellness and Recovery: A Primer for Holding Informed Discussion, California Association of Social Rehabilitation Agencies, April 2007 - www.casra.org/

Practice Guidelines for Recovery-Oriented Behavioral Health Care, Connecticut Department of Mental Health and Addiction Services, May 2006 - www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines ■

Recognizing Our Partners

Michael Vizena, Executive Director
Michigan Association of Community Mental Health Boards

With this edition of Connections, we are again expanding our readership. While originally intended for CMH board members, we expanded the distribution of Connections in 2009 and 2010 to include our provider organizations, state legislators, and administration offices within state government. We also began distributing an electronic version of the publication, encouraging our recipients to share it within their own organizations.

With this issue we are expanding distribution to include members of three other organizations, all of which serve many recipients of our supports and services.

- ***The Michigan Assisted Living Association (MALA)*** Michigan Assisted Living Association is a leader in advocacy, education, and resources for providers of assisted living, independent living, vocational, and other community-based services. MALA is a nonprofit organization representing 4,200 programs serving 40,000 individuals statewide.
- ***The Michigan Association of Rehabilitation Organizations (MARO).*** The MARO Employment and Training Association is a network of organizations that create opportunities for people with barriers to community access and employment.
- ***The Michigan Primary Care Association (MPCA).*** The Michigan Primary Care Association supports Community Health Centers by providing technical assistance, programmatic support, education and training opportunities, and consultative services so they have the tools necessary to serve as affordable, accessible, quality medical homes for residents of the communities in which they are located.

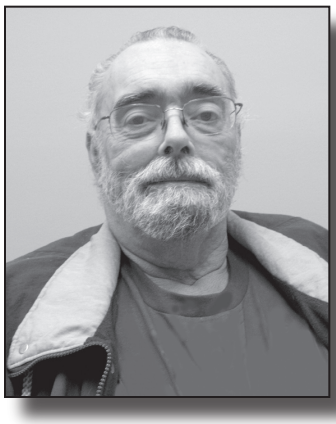
We believe this larger readership supports the mission of Connections.

It expands our awareness and understanding of the breadth and depth of Michigan's publicly funded community-based system of supports and services for persons with mental illness, serious emotional disturbances, developmental disabilities, and substance use disorders.

These partners will be an additional source for stories of the successes of persons struggling to live a life they choose in their communities, stories that are both an inspiration and a beacon that light our pathway into the future.

We invite this new readership to share Connections within their own organizations, and to contact us at the MACMHB offices if they have questions or would like to suggest stories for publication.

NEVER GIVE UP! Interview with Robert Wilson



This is the way Connections is designed to work. I received an email indicating that a long time board member, Robert (Bob) Wilson (Lenawee CMHA), who has a history of receiving services from the public mental health system, would like to share his story with the readers of Connections. *We arranged to meet at the MAC-MHB fall conference in Traverse City, and within a few moments I was stunned by the vivid recount of episodes of abuse and mental illness. (Please be forewarned, if you find reading details of violent abuse too disturbing, you may want to skip this story. However, I have chosen to include some of the details as they represent the suffering people endure, and in this case, how we can overcome these obstacles.) Although it is a very painful story, filled with incredible suffering, it is a story of hope and recovery with a message: Never Give Up!* – Clint Galloway, Editor

Connections: Let's begin at the beginning, Bob. Tell me about how you were introduced into this world.

Wilson: On the day that I was born, my dad was home from the service and they were in a car accident. My mother wasn't able to have any more children because of the accident and she wanted a girl. When my dad went back into the service, she started drinking.

C: And then what happened?

W: For the first 4 ½ years of my life, whatever my mother drank I drank and she was usually drunk. Later in life I asked my dad, "Why am I so scared of roaches?" We lived in the projects. He told me that one day my aunt and uncle came over and found me locked in the closet, covered with feces and roaches. One time my mother threw me across the room against the refrigerator and she placed me on a tricycle and hit me with a baseball bat on the head. When we were at the beach at Sand Lake, I spilled her beer and she was so angry she threw me into the water and my uncle had to dive in and save me as I went to the bottom and I've been scared of the water ever since.

C: Where was your Dad?

W: He was in the service where he suffered a heat stroke and was admitted to the VA Hospital. As soon as he was well enough, he came home and found out what was going on and filed for divorce. At that time the lawyers came to your home. My mother showed up so drunk she had to have a couple men hold her up. My Dad got full custody, which was very unusual in those days, and my mother was not allowed to see me until I was seventeen years of age.

C: Then what happened?

W: I went to live with my grandmother as my dad ended up with tuberculosis and was in Howell in the sanitarium.

C: How did that go?

W: I use to get in trouble a lot. My grandmother said I was going to be the death of her. One day she had to go to the store to get groceries. I was told to stay in the house. I went out on the porch and saw my mother and a man coming down the street and they were drunk and they came into the house and I was so scared of my mom that I ran into the kitchen and grabbed a butcher knife and shoved it into the man and ran half way around the table and out the back door. He ended up dying. Four months later my grandmother died, and I thought that I'd killed her. And that's when I went into the state hospital for the first time. I was 5 ½ years old. I stayed there for three years and got out in 1958. At first I went to live with my aunt and uncle. My dad got out of the TB sanitarium and got married in October of 1958 so I went to live with my dad and step mom.

C: So now you were eight years old. What was your life like then?

W: I had so much anger in me. Two years later a teacher hit me in the back of the head with a book at school because I was shooting paper wads. I came out of my chair, grabbed a chair and bashed his head in. I was ten years old and sent back to the state hospital and stayed there till I was sixteen.

C: What was your experience in the state hospital?

W: I was sexually abused there by the older people and one of the attendants. On one occasion, while going through the cafeteria line I got a bowl of chili that had a roach in it. I asked for a different bowl and the guy said, "Take it (the roach) out or eat it." And I threw it in his face and it took seven men to get me back to the ward and locked in seclusion where they stripped me down and I didn't talk for six months.

C: So you were released from the hospital in 1966, how did that go?

W: Four months later I got married. I had three children before I was twenty. That marriage was the worst mistake I ever made other than when I shot myself.

C: You shot yourself?

W: I had come to town and caught my wife in bed with another man. This had happened many times. I just couldn't take it anymore. My kids were grown up. And I went home and got the gun and put it in my mouth and went to pull the trigger and my daughter yelled and the dog knocked the gun out of my mouth and the bullet went through my shoulder. I picked the gun up and busted the dog aside the head with the gun and pointed the gun at my stomach and pulled the trigger again. They took me to the hospital but by then I knew what to tell the doctors. They let me out in six days and I went to the sheriff's department and got my gun, went home and took an overdose. They took me to intensive care and pumped my stomach out. As soon as I came to I pulled the tubes out, got up and walked out and I no more got home and the doctor was at my front door and she said you get yourself into a stress center or I will take it to court. So I put myself in and figured that I could talk my way out. I was in there almost two months, and while I was in there I got a call from my wife. She told me to get out of the hospital and finish what *(continued on page 6)*

*(**Wilson** from page 5)*

I started. A doctor heard this and said "I've never done this before but you're not getting out of here 'till you file for divorce." I was scared of being alone. I was more scared of that than I was of dying.

[Without probing or prompting, Bob goes on to calmly describe a number of other tragic experiences, some of which included hospitalizations. I listen in amazement thinking, in spite of all this suffering, Bob has become a productive member in our society. How did this come about?]

C: *When did your life start turning around, Bob?*

W: *[Without any hesitation]* When I met my second wife.

C: *How did that come about?*

W: Finally, I got out and was in a day treatment center where I met the wife I have today. She was a lot younger than I was. I knew her dad, I grew up with her uncles, and they said I was the best thing that ever happened to her because at the time she was in and out of the hospital every other month. And she's gone twenty years since we got married without going back into the hospital. The day treatment became a clubhouse and my wife and I have gone to the clubhouse for seventeen years. We now have a daughter, Bobbie, who is seventeen.

C: *How is your daughter doing?*

W: She has mental illness, the same as my wife. She can't be in a crowded room so she attends a special school and works on a computer. She would have graduated this year but is behind because of the illnesses. She suffers from bi-polar and anxiety disorders. *[Bob speaks in a very warm voice when talking about Bobbie.]*

C: *It sounds like your grandmother, your wife, and your youngest daughter have been key people in your recovery.*

W: Yes! *[Bob goes on to explain how one experience with Bobbie ten years ago has stopped him from doing harm to himself.]* The pain in the night was so that I slept with a wrench by my bed and I would awake in the night and use that wrench to beat my head and just turn over and go back to sleep. And if I got nerved up I would put myself in positions where I'd get injured. One day my daughter came home and I'd busted my face open with my fist, and I couldn't even open my eye; and my daughter looked at me and she started crying. Then I realized that I wasn't just hurting myself, that I was hurting her, and I stopped.

C: *After suffering so much, what do you believe is the root of happiness in our lives?*

W: *[There is a very noticeable change in Bob's voice as he whispered softly and reverently.]* Our children. *[pause...]* When people say they were abused to excuse their harming their own children, that is the biggest crock that I've ever heard because if you had it done to yourself, and you love your children, you not only wouldn't hurt them but you'd do anything to keep them from being hurt. I've had four children and three grandchildren and I've never laid a hand on any of them. [Bob goes on to describe the three children from his first marriage, the struggles they've encountered and how the relationship with all three has become positive.]

C: *Is there anything else that has helped improve the quality of your life?*

W: Four years ago I got a phone call that I was my mother's guardian and I hadn't seen my mother in over thirty-five years. So my uncle and I went to see her in the hospital in Saginaw and they recommended that I take her off her medicine because she wasn't going to live. And so I did what the doctor said and drove all the way back to Adrian and got a phone call that night and they said I needed to go back up there and find a nursing home to put her in. So I drove back, found a nursing home and put her in a nursing home and drove back and forth every weekend with my wife and daughter. I had a beard down to here (gesturing mid chest) and she asked me if I'd shave it off. So I said yes. The next week when I went up she didn't recognize me until I got real close to her. She didn't think I would do it for her.

So we got to know each other. I received a call six months later that she was back in the hospital with pneumonia. So I went up and said, "Mom, I want to put you in a nursing home in Adrain where I can see you every day."

And she said, "Bobby, I'm not going to make it out this time. I want you to know that I'm sorry for what I did to you. The alcohol and drugs took over my life and I didn't realize what I was doing. I'm sorry."

And I said, "I forgive you."

I waited 57 years to hear those words. I drove back to Adrian and the next night I got a phone call that she had passed away. I had her body brought back here to Adrian and I gave her a funeral. My uncles and aunts said they couldn't see how I could do it. And I replied, "She asked for my forgiveness and I gave it to her. I'm not the judge." This way I'm free.

I know that in this way I'm a good son. I had grown up hearing my aunts and uncles say, "He's the one his mother didn't want." On my dad's side I was always the black sheep of the family because my mom didn't want me and kept trying to kill me. And now I knew I was putting to rest a book of the past. I can still hear her voice. I've heard it since I was five years old telling me to hurt myself, that I'm no good. But I've learned to ignore it. The urn with her ashes is on my fireplace and I go up to it and tell her, "You can't talk to me now, you're in there, and you said you were sorry.

C: *Bob, what would you say to others who have suffered abuse and mental illness?*

W: *[Again, without hesitation]* Don't ever give up! It may look bad now but the future can change to be better. Seek help from your community mental health. And get involved and give back. They've given me the opportunity to be on the board, committees and the recipient rights committee. CMH has been there to help me so I want to give back. I've been to Washington D.C, Vancouver, B.C, Detroit, and Lansing to speak to people about recovery and received a standing ovation by people with tears in their eyes. And I try to give back to the community. I volunteer at the museum two days a week in their research department helping people trace their genealogies. I'm thankful that the only thing that has been injured is my nerves. I still have my mind.

C: *Any parting words?*

W: If you have a child, talk with them if they have problems, be able to recognize the signs and get them the help they need from the community services. They said we wouldn't be able to raise our daughter who has mental illness but we've been able to secure the help she needs and she is doing very well. ■

MY Person-Centered Plan

By Brian Grenier-Nord

It is with great pleasure that I introduce you to Brian Grenier-Nord whom I have known for five years. Brian has always displayed a high degree of integrity, responsibility, and ambition. He is definitely a leader rather than a follower. In addition to his scholastic accomplishments, he has proven his leadership ability by organizing and presenting training–providing staff and community members an opportunity to learn; breaking the stigma associated with people with disabilities.

Brian is an asset to this organization, and I am happy to have the chance to introduce him to you.

Philip Gardiepy-Hefner,
Training Coordinator
Northpointe *[CMHSP for Dickinson, Iron, and Menominee Counties]*

Person Centered Planning is a person's life that he/she picks for themselves and continues to pick and change as life progresses. When I first graduated from high school I wanted to go to college for web design, and get out of my parents' house. But now I want to be an author and occasionally mentor younger people like me, and eventually buy a house and pay my own staff.

I thought I did well in high school, not realizing that I had a lot of help. So I assumed college would be just as easy with a focus on your field of interest. I was forgetting that I needed a place and staff and have coarse food. So my parents helped me look for a college before finding housing and staff. That was the first mistake.

Well I got accepted to North Western Technical College in Green Bay, Wisconsin, about a two hour drive from home, so we knew that I would live in Green Bay. We kind of rushed on finding a place because classes started in August. So I ended up in a shaky house with a shaky worker from an agency that my parents picked. I don't think Northpointe liked their choices. But there I was, basically on my own with the flaky house owner.

Luckily she had a friend who needed a place, too. He had a son who needed some direction. So once again I was a big brother, but this time I was helping my house mate and main worker. The worker wasn't trained properly, so I taught him what I needed and wanted. I was barely nineteen, and I only taught him what I thought I needed and wanted. So I didn't do my exercises much and drank more than my share of pop. And I also did my homework like I did in high school. College is harder and needs more work.

So by the end of the first semester I was barely passing and I was in the worst shape of my life. However a better setup home was ready for me; when I moved to the better home just my physical health slightly improved. I was still embarrassed about my grades and doubting myself that I could do college. My saving grace literally was TV.

As I sat and moped I watched a lot of the sci-fi channel. My favorite show was "Who Wants to Be a Super Hero?" Marvel comics created it. I believe I watched two seasons before I got a solid hero in my mind. By this time I quit school, and Northpointe wanted to move me back. I started to write down my hero idea. In the mean time, my mom found a magazine ad for a writing school online. I started the course and within two months Northpointe moved me back and put me in the Pines Home. I continued to do the course and worked on my hero. The Pines also worked with me on my living skills and also created this training job, which I love! So around Halloween I was at Wal-Mart shopping and I saw this Gothic medallion. It gave me an idea for a background story for my hero. So I bought the medallion, and it also gave me a story line for a novel. I wrote a lot and worked on my living skills. Then a year and a half went by, and Northpointe said I would be a good candidate for this house. So here I am and I love it! ■

Brian may have some physical limitations but they haven't limited his dreams. Desiring to water ski in a local event, he recruited friends and not only participated, but wheeled away with a prize!

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Michigan Association of CMH Boards Annual Winter Conference

"Blazing the Trail in 2011"

February 16 & 17 • Lansing Center/Radisson Hotel, Lansing, Michigan

PRE-CONFERENCE INSTITUTES: February 15, 2011

Conference Highlights...

PLENARY SESSIONS

What is Trauma & Why Must We Address It? Creating Trauma-Informed Systems of Care for Human Services Settings
Dr. Joan Gillece, Ph.D., Technical Assistance Center, National Association of State Mental Health Program Directors

Inspiration and Facilitating Recovery by the Individual and the System
Dr. Daniel Fisher, M.D., Ph.D., Executive Director, National Empowerment Center

Drawing Strength: Using Creativity and Art as Coping Mechanisms
Scott Nychay, Award-Winning Editorial Cartoonist and Author

Update from Michigan Department of Community Health
Olga Dazzo, Director, Michigan Department of Community Health

26 DIFFERENT CONFERENCE WORKSHOPS

LEGISLATIVE BREAKFAST • Thursday, February 17

"GO TO BAT" AWARD PRESENTATION

visit www.macmhb.org for the latest conference information