

Transformation Workgroup # 2  
Mental Health Care is Consumer and Family Driven

Minutes  
April 12, 2006  
1:30-4:00 PM

Convener: A. Bidorini

MH Transformation Staff: B. Bugella, C. Stockford

The first part of the meeting, from 1:30 to 2:45, the Work Group split into four sub goal committees to discuss needs and recommendations relevant to each sub goal area including:

- Sub Goal 2.1 – Consumer & Family Empowerment
- Sub Goal 2.2 – Consumer & Families Involved in Planning, Evaluation & Services
- Sub Goal 2.3 – Improve Access and Accountability
- Sub Goal 2.5 – Protect and Enhance Rights of People with Mental Illness

At 2:45 the Work Group reconvened to hear from the four sub groups and discuss their findings.

**Major Topics/Discussion Points:**

- Out of the committees' recommendations the full work group will draw up a plan during the last meeting before a final report is due.
- Finalizing and prioritizing of the committee recommendations will be sometime during the first week in June.
- For the next 3 meetings we will keep the format of today's meeting starting the meeting with breakout groups and then coming together as the full work group to present and discuss each committee's findings.
- Al Bidorini asked that each sub group committee assign one person to be the recorder.
- Barbara Bugella announced that representatives from Substance Abuse and Mental Health Services Administration's Center for Mental Health Services will be coming to our meeting on May 10th.

**Sub Goal Committee Reports:**

Report on the initial findings of the committee on sub goal 2.1; Consumer & Family Empowerment:

- The goal for this group was to create a system in which everyone has an individualized plan.
- Everyone needs to be educated that they have the ability to give input into the system.
- People in the system have a certain expertise about the system.
- The assessment process needs to be consumer and family driven.
- Dollars must be flexible to pay for whatever the plan of care calls.
- Must be consumer leadership in the vision of being family and consumer centered.
- There must be constant reassessment of the system of care.

Report on the initial findings of the committee on sub goal 2.22; Consumers and Families Involved in Planning, Evaluation and Services:

- Issue standards and guidelines for family & consumer involvement
- Give agencies control over figuring out how they will meet the standards
- Regulation - tie financing to agencies ability to meet standards and guidelines
- Acknowledge statutory mandates in place, e.g., Regional mental Health Boards - rework statutes already in place
- Question raised about whether or not paying consumers and families for their work turns them into professionals and removes them from the consumer and family realm
- Question also came up about how to provide consumer and family with necessary skills needed to assist in the planning, evaluation, and delivery of services

Report on the initial findings of the committee on sub goal 2.3; Improve Access and Accountability:

- **Housing** – must be affordable, safe, and provide a continuum of choices
- The available choice of housing must be of standard not substandard housing
- Streamline the definition of homelessness - people must be eligible sooner.
- Form coalitions with Habitat for Humanity and other housing providers
- DSS and DCF must work together
- Advocates for the elderly and for the disabled must be allies not adversaries as each population suffers from an inadequate supply of housing. They must work together to increase housing opportunities for the underprivileged.
- Those in the youth system should be able to go right into supervised apartments when they hit 18.
- **Work** - vocational rehabilitation should not be based on severity of mental illness or a lack of symptoms.
- Once a person is employed research shows that symptoms tend to decrease
- System has to be strengths based not deficit-based
- Unemployment and its effects on home ownership need to be addressed.
- There should be business mentors and more employment opportunities.
- No more limiting career opportunities to food, filing, and filth.
- No more being bound to the first thing you try working at
- Just like everyone else in the workforce, consumers must have the right to make their own decisions about what is and is not a fulfilling career for them
- We need to have warm lines 24/7 so that simple matters can be address in reasonable ways, instead of being labeled as crisis for bureaucratic reasons
- We must develop a roadmap to services.
- Information about the different service options must all be available in one place
- Flexible dollars and team approaches - providers working with a consumer and the person's family should all be talking together at the same time in order to coordinate services

Report on the initial findings of the committee on sub goal 2.1; Consumer & Family Empowerment:

- We need to have a true mental health advocate who is trained and knowledgeable in children/elderly rights, housing rights, and other concerns to those in recovery (i.e. Ombudsman).
- 51% of a provider's board must be consumers - not limited to consumers and family members but open to advocates and others.
- There must be a structure to help with complaints.
- There must be broad education about Mental Health to include: consumers, community action groups, police, etc.
- Work must be done to end stigma.
- Introduce the person as separate from his or her illness.
- No infantilizing people who suffer from SPMI.
- Assist consumers with acquiring jobs
- Educate people with mental illness about their rights and responsibilities; keep them informed
- Commitment, seclusion, and restraint should be avoided
- There should be treatment teams for the consumer's treatment plan that include representatives from different departments

### **Barriers/Problems Identified:**

- No central place to turn for direction to different services available in the state
- Disparities continue to exist in services available to youth and elderly
- Availability of standard housing is inadequate to meet present needs
- Is mental illness something from which one recovers?
- Many professionals still do not have an awareness that people recover and that recovery may not be complete across all life domains.
- Should we be looking at services from the point of view of treating a chronic illness?

### **Ideas/Recommendations:**

- These came out of the sub goal committees and are reported above.

### **Transformation Activities in Connecticut Discussed in the Meeting:**

- We revisited activities discussed in previous meetings.

### **To Do Tasks:**

- The current format of meeting in committee on sub goals from 1:30-2:30 will continue for the next three meetings.
- In the first week in June we will meet to discuss final recommendations.
- Prepare questions to ask SAMHSA/CMHS representatives who will be at our May 10th meeting about what is happening nationally and in different states regarding transformation of the mental health system into a recovery oriented system.
- Members were encouraged to involve additional stakeholders in subcommittee work.

### **Next Meetings:**

- April 26th, May 10th and 22nd from 1:30-4:00 PM at Middlesex Community College, Chapman Hall, Multipurpose Room 2nd floor.