

WSAA Board of Director's Meeting
Wednesday, April 18th, 2007
St. Patrick Hospital, Missoula

Board Members: (10) Tom Bartlett, Chairman; Paul Meyer, Treasurer; Marty Onishuk; Royalee Bishop; Mike McMeekin; Brenda Desmond; Charles Baker; Jennifer Robohm; Thomas Camel; Alyce Anderson

Ex-Officios: (3) Alexandra Volkerts; Dan Ladd; Mary Jane Fox

Guests: (9) Patrick Wayne; Melinda Mason; Brian Becker; David Reeves; Paul Leslie; Stacy Wheeler; Janet VanDyke; Barbra Mueske; Dale Gross

Total Present: (22)

Opening Comments and Public Comment: There was no public comment. Introductions were completed.

Approval of Minutes of March 21st: Alyce Anderson moved and it was seconded by Tom Camel to accept minutes as corrected. Board members voted also to accept. It will be corrected and posted on the WSAA web site.

Treasurer's Report: Paul Meyer, Treasurer

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| March's expenses were | \$2,902.84 |
| Current Balance | \$4,881.69 |

Brenda Desmond moved and Tom Camel seconded to accept the Treasurer's Report. Motion passed unanimously.

Additional comments related to finances: The WSAA is expecting additional payments at the end of June and then again the first part of July from the Addictive and Mental Disorders Division of DPHHS. Web Master Services are now current through March. There was a \$72.00 expense was for renewal for our web domain name. March expenses include the SAA Summit costs hosted by the WSAA in Bozeman March 16th.

The Legislature has approved funding by AMDD at \$30,000 a year for the WSAA for the next biennium which will ease payment constraints and concerns. Dan Ladd advised that accounting expectations are going up with the increase and suggested possibly hiring an outside source to provide services. Brenda Desmond brought up discussion regarding accountability

and felt it should stay as it is with Western Montana Mental Health Center providing this service through their accounting department. Paul Meyer advised that these funds are audited on a yearly basis. Alexis brought up that as a non-profit organized and an Instrumentality of the State we need to show accountability for the funds received from the State of Montana. Sheriff Mike McMeekin advised checking the Administrative Rules before we make changes. The original ARMs were very liberal and Dan Ladd advises with the increase of funding the rules and requirements would be changing effective July 1st, 2007.

Paul Meyer recommended the WSAA increase mileage reimbursement to the \$0.485/mile, which is the approved State rate, take effect starting today. Charles Baker moved to increase mileage to \$0.485 effective today; Alyce Anderson seconded motion. The motion was passed unanimously by Board of Directors.

Alexis Volkerts reviewed the amounts spent to date for mileage reimbursements and felt it would not be that significant of an increase to our expenses.

Alyce Anderson advised that Libby LAC has not received the \$80.00 advance payment for consumer travel to the WSAA meetings as was discussed in February. In addition, she also stated their balance is low due to expenses of the educational conference. Tracy Velazquez, Cindy Earler, Mary Jane Fox and Bob Rose were presenters at their recent Libby LAC meeting and Alyce felt it was a successful endeavor.

Marty Onishuk brought up the subject regarding attendees being paid at the WSAA meetings as opposed to submitting claims for later payment. According to Paul Meyer the vouchers are paid every week on Wednesday. Charles Baker expressed that for many consumers coming from Hamilton it would be much better for them if they could be reimbursed at the meeting instead of having to wait a week or so to get paid. Tom Camel also expressed this concern.

Alexis Volkerts suggested perhaps establishing a petty cash account.

Charles also suggested that the 50 mile travel minimum for reimbursement is too restrictive for some consumers and we should change this limitation to encourage clients to attend. Tom Bartlett suggested that this can easily be

handled on a case by case basis, however up to this point there has not been anyone coming to the meetings traveling outside of Missoula that did not qualify. Alexis advised that originally expenses were limited but if the increased funding comes though it should not create a financial hardship and could potentially increase attendance.

Brenda Desmond suggested this be revisited at next meeting when exact amounts budgeted would be known.

Marty Onishuk advised the local Missoula LAC gives out bus vouchers in order to assist members to be able to attend the local meeting.

Paul Meyer plans on investigating protocols to resolve above issues.

Other Business: James Steele, Tribal Chairman by way of Carol Lankford had sent a letter requesting that Tom Camel be elected officially as a representative for the Salish Kootenai Tribe. Tom is already board member who had been representing Indians and African-Americans. Charles Baker mentioned that Tom has resigned from his previous position.

Alternate suggestions were made. Tom will check with tribe to see if they want an alternate(s) although only one member could vote.

Marti Onishuk moved that Tom be accepted as official representative of the Salish Kootenai Tribe. Alyce Anderson seconded this motion. There was unanimous vote accepting Tom as tribal representative. Tom advised the tribal council will vote on the issues they feel are most needed on the reservation. Dan Ladd advised we talk with Mary Jane Fox as she is working with the tribal council regarding activities.

Chairman of New Committees: Last month two committees were set up. A Long Range Action Committee to work in conjunction with the other two SAAs. Charles Baker, Alexandra Volkerts, Kay Jennings, Marty Onishuk, Jennifer Robohm, Patrick Wayne, Mary Jane Fox, Dennis Cox, and Dan Ladd are all members of the long range action committee. Charles Baker was noted as point person on the Long Range Action Committee.

Nominating Committee Members: Alyce Anderson; Brooke Jaqueth, Summit ILC, Missoula LAC; Patrick Wayne and Mary Jane Fox AMDD are the members. Tom Bartlett noted someone will need to be chairman of this

committee and be available to cover some of the meetings. Patrick Wayne has agreed to chair the June meeting as Tom Bartlett, Chairman will be unavailable. Alexis also advised that Michelle Lewis is the Vice-Chair and as such could do this if available. Alyce Anderson will be the chairman of the nominating committee.

The Montana Mental Health Conference will be in Helena on May 18-19th. Additionally the Central SAA will be having leadership training after the meeting on the 19th and 20th. Tom Bartlett suggested that Patrick Wayne and consumers interested in attending apply for scholarship funding from Montana Mental Health Association. Charles advised that MMHA has a capacity training grant which might be covering \$150.00 for each of 30-50 consumers and said he would like to attend. Tom Camel advised that he is interested in attending. Tom Bartlett is going and will pick up Tom Camel, Charles and Patrick on the way to Helena.

Alexis moved that we agree to pay for the cost of the conference that is not covered by the \$150.00 scholarship. This was seconded by Charles Baker and the vote by membership is in agreement.

Alyce Anderson is interested in going but stated she can not leave her family without car for the five days of meetings and travel. She wants permission to rent a car as suggested by Tracy Velaquez. She is of the understanding MMHA would pay for her car rental as well as lodging for the mental health conference. It is thought this might be a cheaper route than paying mileage.

Marty Onishuk advised that she is aware of some of the NAMI members who might be interested in applying for and in attending the conference.

Mental Health Oversight and Advisory Council: Boyd Roth will be resigning in June as the representative from WSAA for MHOAC. Boyd was the consumer representative on the MHOAC Board. MHOAC's goal is have a high percentage of consumers. Patrick Wayne has volunteered as well as Marty Onishuk to be the WSAA representative. This council is by appointment from the governor's office. The WSAA needs to vote today on a replacement representative and the governor will probably accept this recommendation.

Marty Onishuk brought forward her involvement of 20 years in mental health advocacy. She feels that someone needs to be involved with as many

agencies as possible and feels she has a good idea of how the system works. She has an intensive background as a secondary consumer (a son with mental illness) and as a lobbyist.

Patrick Wayne, a primary consumer, stated he is looking to become involved in the mental health area and feels this is the appropriate time. “If I can’t make something good out of his own mental illness then what would be the point”. He also feels he would be a good consumer voice.

The MHOAC Board is a statewide appointment that has oversight over mental health programs-adults and childrens’ programs and has direct voice to the governor’s office. One of the functions is to be involved in approval of state applications for block grants and consumer input is needed.

Marty Onishuk was voted by the board members to serve on MHOAC as representative of the WSAA. In addition, it was advised there are other positions that may be available. Dan Ladd advised the primary consumers are always in high demand and that Patrick should also submit his application. The WSAA will notify AMDD regarding WSAA Board decision.

Anti-Stigma Campaign: Dan Ladd.

Check in regarding contacts with TV and radio station. KPAX is running ads. With ABC, public service is looped and they have not received loop yet. This also includes Fox; they have not refused but have not made decision yet. For stations that have not received ads they can access website. Charles suggested that members could obtain the ads to present to the stations.

Per Charles Baker; reducing stigma will evolve into more people acknowledging they too have a mental illness and this could cause some growth in the mental health program.

Dan feels there are now enough funds at this point to transform the system. The most important factor is to change the way people think about mental illness. The Legislature, governor, and AMDD are on board and providers jumping in.

National Consensus Statement on Mental Health Recovery: Mental health recovery is a journey of healing and transformation enabling a person with a

mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery:

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined lifestyle. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

If new money is not based on recovery and transformation it will not be allowed. AMDD has an interim committee to do oversight for the next two years on the mental health program. They will be looking at treatment plans to make sure they are consumer driven. For example; with most people their goals in life are not to take meds every morning. That is a strategy not a goal. Individualized and person centered and the person has the choice.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in doing so. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Programs need to be client centered and evidence based i.e. WRAP; Peer to Peer etc. In addition, many consumers are dying from other diseases other than their mental illness and the HIFA waiver may cover some or this.

Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

There is a difference between recovery and cure. We need to make sure emergency rooms and state hospital admissions are not seen as a failure but only as a process. A state hospital admission can be traumatizing to clients. Part of the issue is over crowding, understaffing which is insufficient to meet needs.

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect: Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits its individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefit of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and

healthier Nation.

How you treat someone goes a long ways in determining their level of success. If you treat people with respect and hope, things will get better. We need to change how people think. A different way of looking at people creates a different way of treating them.

Resources: www.samhsa.gov

Alyce Anderson now feels she is receiving the treatment that she needs through day treatment, the mental health center, LAC and WSAA - although this was not always the case. She believes the above 10 things have made a remarkable difference. These have given her the respect and support in her recovery and her involvement has made the difference. She feels she has been treated with respect in all these avenues.

Alexis Volkerts stated when you are balanced on the precipice; it only takes one bad apple person to push you over. She hopes the anti-stigma campaign will percolate to everyone.

Dale Gross states when he first came into mental health he was advised not to do anything, but he feels that he has always been treated well by the mental health system. He requests WSAA members take home some of the brochures he has brought from the National Institute on Mental Health and share with everyone.

The Montana State Conference on Mental Illness is being advertised.

Community Directories: Last month there was discussion in reference to putting together community directories. Also available is a state wide directory; the example received from Bobbi Becker, Vice president of the Eastern SAA. As they have put together a state wide directory; each county should make sure their information is included. It is available online. Call 377-4062 for additional information.

White Bison: Power point presentation by Mary Jane Fox.

Legislative Update: Dan Ladd

Respectfully submitted:
Royalee Bishop