

National Coalition of Mental Health Consumer/Survivor Organizations

1300 L Street NW, Suite 1000, Washington, DC 20005

www.ncmhcsso.org

Notes from the February 21, 2008 National Coalition Member Teleconference

Participating: AL-Ronald Hunt, AZ-Ann Rider, CA-Sally Zinman, DBSA-Peter Ashenden, MA-Chris Busby, NJ-Elena Kravitz, VA-Ann Benner, NEC-Dan Fisher, Staff: Lauren Spiro and Judene Shelley.

The next teleconference meeting of the National Coalition will be Thursday, April 17, 2008 at 1 p.m. EST.

Agenda

1. Medicaid Waiver: Sharing information on peers supervising peer specialists.

Ann Rider spoke about the Medicaid waiver in Arizona. For several years Arizona has not required that peer workers have a clinician sign off on their work which has allowed AZ to create many programs that are peer run. Arizona has a 1117 waiver; it is the way the plan was put together. It appears that Arizona is the only state that doesn't require a licensed clinician to sign off. Ann will put together a packet of information and make it available to everyone. Dan will check with Shawn Terrell about the Medicaid information that is put together.

Dan asked about whether medical necessity is required in AZ as it is in many states. Ann said that if the program is on someone's service plan, then it is considered medical necessity. The services demonstrate that they are steps towards someone's goal.

Sally said that county and state funding is used for many peer-run programs in California.

2. Ohio – Presidential candidate Forum

Lauren and Doug DeVoe spoke about the possible Presidential Candidate Forum on Disabilities in Ohio similar to the one held in New Hampshire. It is in the planning stages and may be held in July 26, 2008 on the 18th anniversary of the ADA.

3. Developing policy papers on our top 5 policy priorities 2008-** These would inform state and national campaigns.

**** Top 5 National Coalition Policy Priorities:**

#1 Adequate funding and organizing of peer run networks and services in every state through Block grant and other federal funding to go directly to consumer-run statewide organizations/coalitions to ensure sustainability.

#2 Peer-run alternatives to hospitalization such as crisis respite, warmlines, and in-home supports.

#3 Universal psychosocial Coverage - Parity with choice covering a variety of alternatives in the community, including rural areas, delivered by peers.

#4 Create model legislation (e.g., Mental Health Reform Act of 2010) to carry out the recommendations here

#5 Ensure that peoples' Rights are protected (S/R, ECT, informed consent, confidentiality of records, due process in hearing).

We would like to develop policy papers on these priorities. Dan was asked to help with drawing up what a new mental health policy would look like for the Obama Campaign. They want this information as soon as possible. They are very excited that we have a national coalition and that there can be much open dialogue in formulating the policies. Dan asked if people would like to volunteer for committees to create a briefing paper for each of these areas. Several people volunteered- Doug, Sally, Elena, Lauren, Judene and Ann. More information will be forthcoming very soon. This could mean a major effect on policy. It is not just for any one campaign; it is needed for the coalition on the state and national level. Lauren said and Peter agreed that we should reach out to impact other presidential campaigns also.

Mental Health First Aide (developed in Australia) is being evaluated by On Our Own of Maryland, SAMHSA & NEC.

Peter suggested Chris Busby said that peer-run and alternatives are fiscally responsible and would save money, thus possibly being attractive to fiscally conservative candidates also.

4. Fundraising- update

The two years of funding from the Public Welfare Foundation will be ending. The fundraising committee, identified foundations that look promising. Suggestions of other foundations are welcome. If you know anyone who serves on the boards of these foundation – let Dan or Lauren know. Dan and Bob Bernstein of Bazelon Center for Mental Health Law are going to meet with some foundations in NYC. We need more people on the fundraising committee.

5. Announcement - Developing policy recommendations for police.

Lauren is working with Linda Corey of Vermont Psychiatric Survivors to develop some initial policy recommendations for law enforcement to inform the International Police Chief Summit this summer in Washington DC. Peter said that Thresholds in Illinois has been working with the Chicago Police Department and they were showcased at USRA last year. Peter e-introduced Lauren to Lisa Razzano (of Thresholds), who agreed to serve on a committee Lauren is putting together to formulate policy recommendations.

The focus of the two-day police summit is policy recommendations.

6. Engaging members - Rotate facilitation of NC meetings

We are looking to get involved with civic participation. Getting all of us involved as a disenfranchised group.

Lauren had the idea of doing an environmental scan across the country to get a view of what kinds of activities are going on in each state. Peter said that Bob Glover may be interested in this also. We would like to find out if they are involved in legislative development.

Paolo del Vecchio may also have information about what there is throughout the country. Dan said there is a great variety from state to state. Peter said he experienced the difference in moving from NY to Illinois.

Lauren asked about how we can energize members and make it worthwhile to be on the call. Lauren suggested that we could rotate facilitation of the meeting and that the facilitator would be actively involved in developing the agenda.

Peter offered to have the membership committee reach out and ask how people could be better involved. Keeping the calls to one hour was one suggestion.

Dan suggested that more education content. Judene said it is important for each person to have a voice in each call and make a difference in what happens by being present.

The group decided to have a brief roundtable of what is happening in each state.

Chris said that for the first time in ten years Massachusetts DMH is opening the opportunity for a new provider to be the company providing MH services. The consumer/peer community is trying to have a voice, get it more recovery oriented and to have a say. Massachusetts has set up Recovery Communities based on getting people more involved in the community and people bringing back their own strengths to others. The first three funded Recovery Learning Community centers were peer driven and the next three could be run by providers.

Ohio has experienced a million dollar mental health budget cut. They are closing two state hospitals and there are cuts in other services as well. We see this as an opportunity to promote peer-run respite beds around the state.

Dan said he has a March appointment with a staff person in Harkin's office regarding the federal budget.

Lauren said there are three other projects the National Coalition is working on. The exhibit project and the DC Speak out are underway.

a) The SAMHSA Exhibit project. An Advisory Board has selected items for this exhibit and we are in the process of collecting them.

b) There will be a day long Speak Out in Washington DC in September 2008.

c) The Older Adults project – is planning to do 2 teleconference calls for the purpose of formulating recommendations of for next steps for this small group. Doug said OAMH has been doing some work in Ohio for older adults.

Lauren is also going to the Santa Fe Summit in March representing the Coalition. She has obtained some contacts to work with people in New Mexico on getting a statewide consumer organization developed.

Dan reported that Oregon had a meeting to kick-start their statewide organization that was well attended. Tennessee and Kansas are close to applying for membership in the National Coalition also.

Elena in NJ, COMHCO just had their annual meeting with over 300 people attending. A lot of people from state institutions also get to attend. She is glad they know people are there and advocating for them. The COMHCO meetings are held in the state hospitals every 3rd month.

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