



# Connections

for communities that care



## Hal Madden – A Fire Still Blazing!

An Interview by Clint Galloway and Bob Lathers

It is certainly arguable that no one has done more to improve the lot of those with developmental disabilities, mental illness, or severe emotional disturbance in the State of Michigan than Hal Madden. It was sound reasoning that led

to the establishment of the *Hal Madden Outstanding Service Award* in 1992, naming Hal as the first recipient. Hal's passion and dedication to the fundamental principles that became the foundation of our community-based mental health services is legendary. His numerous accomplishments are testimony that he is a man who walks the talk. He has been showered with many awards, including the Snyder-Kok Award in 1987, which designated Hal Madden as a "public official in Michigan whose leadership and productivity on behalf of the mentally ill and mental health most nearly emulates the distinguished record and the spirit of bipartisanship of Senator Joseph Snyder and Representative Peter Kok in whose honor this award is given."

Hal celebrated his 87th birthday on March 28, and although he is still able to chair the West Michigan CMHSP, he laments that he is unable to attend the MACMHB meetings in Lansing. Therefore, I asked if he would be willing to be interviewed concerning his rich history of involvement in making us what we are today. He graciously obliged. (Yes, Hal can be gracious.)

One of the lesser-known attributes of Hal was tapping the shoulder of youth in his community who were at risk of squandering some of their blessings. His position as Assistant Superintendent of Ludington Schools gave him an advantaged position to spot latent talent that needed a little nudging. One of those people he tapped became our MACMHB Training Coordinator and subsequently our CMH Director here in Ionia, Bob Lathers. So we decided to make it a twosome in our trip to Ludington, much to the delight of Hal. It was a great morning! – *Clint Galloway*

**CONNECTIONS:** *Forty-five years ago this very month, Governor Romney signed into law Public Act 54, establishing the framework for Michigan's Community Mental Health Services Boards.*

**HAL:** You know, the Mental Health Society was the driving force

behind Public Act 54. That's why they gave me this [Snyder-Kok] award. There was a group of citizens who were very concerned about the conditions that existed in state institutions prior to Public Act 54. They formed the Mental Health Society which morphed into the Association of Mental Health Boards.

*What motivated you to get involved in this mental health movement?*

It began when I was a freshman in college. I was taking a civics course and there was a segment that talked about the history of mental health. I read about Clifford Beers, *The Mind that Found Itself* and the work of Dorothea Dix. And one of the activities in that course was a field trip to the Mount Pleasant Insane School and I saw the mess they were living in.

*What year was that?*

It was 1947. It was a mess! It was really inhumane. What shall I say, they were treated like animals. They were herded around like we would herd animals. They were treated as "pre-human" from the standpoint of what human behavior would be like.

Another story I can't confirm, was told to me by a 65 year-old man I took to the International Olympics. Incidentally—I'm not sure this is true—but I've been told that they pulled teeth to keep people from biting them; I'm serious. I've never confirmed this but I've been told this more than once. This man had been in Coldwater since he was five years old, and he never needed to be there at all, ever! It was really disturbing to me. And the only thing I regretted was that I promised him I would come to Coldwater and take him flying and I never did.

*So the driving force was to improve the conditions in which these people were living?*

**Yes! They were hellholes! Let me just roam around**

*(continued on page 6)*

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# Re-kindling the Flame

Clint Galloway

Welcome to the Spring Issue of *Connections*! The response to our first issue has been very gratifying, indicating that our efforts to strengthen the relationships throughout our system are valued investments. I want to thank not only those who have taken the time to submit articles, but also those who have responded personally. The network of voices in the production of *Connections* is growing.

As everyone knows, the measure of satisfaction one receives is often closely related to the measure of investment. That is particularly true in the production of this issue of *Connections*. As I was pondering the awards we have established at the Association to recognize individuals who have gone the second mile, Hal Madden popped into my mind. For those who have known Hal, it is pretty easy to imagine him "popping" into your consciousness. In fact, "pop" might be a bit of an understatement. Who exemplifies working passionately for the improvement of the public mental health system more than Hal! Indeed, he played a vital role in establishing our system! There has been a fire burning in Hal's belly for this cause since 1947! Thus I ended up in Ludington with Hal. What a treat!

As I reflected on those amazing moments with Hal, there emerged a realization that the first three decades— the 60's, 70's and 80's— were an incredible time within public mental health. It is best described as a "movement," and it was led by people with a passion who came together around a common cause. Now the haunting question: Where have all these people of passion gone? Have we lost our way? In many ways, *Connections* was born to address that very issue, to provide a means to bring us closer together. But it was clear that you can't do this unless you identify a cause that attracts people by capturing their hearts. It took courage to establish new community services in those decades; courage is centered in the heart. Are we floundering because our hearts have failed to coalesce around a new generation of purpose? What will that purpose look like and who will provide the leadership?

I've also finished reading Margaret Wheatley's *Leadership and the New Science*. Taken together, the interview with Hal, Wheatley's writings, and the threads being provided by the contributors to *Connections*, the clouds began to disperse. I firmly believe we are in the very midst of a re-organization of purpose that is being driven by some promising new leadership. That purpose is clearly stated in a memo that was received from the MDCH in February 2008: "Together, we are transforming the public mental health system to support recovery as the foundation of service delivery for persons with mental illness. The recovery concept means that we will not be satisfied by simply alleviating the symptoms of mental illness, but will measure our success when persons with mental illness have employment, relationships, education, independence and community memberships that they choose and desire."

And who are the new generation of passionate leaders? All of us who are captured by this new measure of success! You will hear their voices in this issue. The new generation of purpose is about becoming integrated fully into our communities. I believe it will take as much effort to move from community mental health "institutions" into full community membership as it did from the state institutions into our communities. We all want to be connected. ■

## e-connections



It's worth your time to check these sites...

[http://www.michigan.gov/mdch/0,1607,7-132-2941\\_4868\\_41749---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_41749---,00.html)

If you want to participate in and understand what is rapidly becoming the next generation of quality mental health care services you will find access to the policy statements on this site. Be sure to click on the MDCH communication links. These are a "must know" for every board member.

<http://www.margaretwheatley.com/articles/relationships.html>

"Hold on to the top of your head when you read this book," says the *Library Journal* review of Margaret Wheatley's *Leadership and the New Science*. You will find Wheatley's research provides an incredible affirmation of the kind of leadership we are attempting to establish with the policies outlined on the previous site.

<http://recovery2000.blogspot.com/> RECOVERY 2000 is designed to address things of interest to individuals recovering from mental illnesses, such as Depression, Bipolar illness, Attention Deficit Disorder, Anxiety, Schizophrenia and the effects of treatment within the mental health system along with wellness tools. This is an open community with no screening of posts.

<http://therecoveringlife.blogspot.com> In our Winter issue of *Connections*, a peer support specialist from Wayne County, Gerald Butler, wrote "Visions of Recovery" which was posted on a blog site dedicated to those recovering. Visit this site to find out what people in recovery are thinking. Click on the archives at the right and you will find some incredible reading!

[www.micounties.org](http://www.micounties.org) The Michigan Association of Counties is the official voice of county government in Michigan. On this informative web site you will find the scoop on important issues facing county government, including current legislative issues. There is also information on the organization's service corporation, political action committee and upcoming events. Click on "The Counties" and you can access the individual web sites of all 83 Michigan counties. We value the many contributions Michigan counties make to mental health and substance use disorder services. Visit this website to stay in touch with our friends in county government.

[www.thenationalcouncil.org](http://www.thenationalcouncil.org) The National Council for Community Behavioral Healthcare represents 1,400 organizations that provide mental health, developmental disabilities, and addictions treatment. All CMHSPs and MACMHB affiliate members are members of the National Council as well. This web site contains information about specific business and practice areas including behavioral health and primary care integration, addictions treatment, compliance and accreditation, electronic health record, quality improvement and staff recruitment and training. The site also contains the latest information about public policy issues including the NC's Capitol Hill Day set to take place on June 18.

You will also access information on a variety of education, training, and webinar events including the final program for the upcoming NC conference in Boston.

# Journeys to Recovery—Two Stories



## Something Miraculous Happened

Bob Dillaber, Vice-Chair  
Oakland County CMH Authority  
Board of Directors

**Twelve years ago**, I was totally isolated, lying in my basement, depressed beyond belief, and wishing only to die. I took no phone calls; let

knocks to my door go unanswered. I had absolutely no support system. No one cared whether I lived or died, except for my three adult children, but they were at a loss for what to do. Like so many family members who are exposed to mental illness for the first time, they had no understanding of what was happening to me. They weren't alone in this regard, either. I, too, had no understanding of what was happening to me—only that the psychic pain was intolerable.

The year before this total collapse, I had been diagnosed with bipolar disorder. Unfortunately, at that time, I was unemployed and had no medical or prescription insurance. I had had a relatively successful career for the previous thirty years. Then, out of the blue, my company was taken over and I lost my job. When I lost my job, and the structure it provided to my life, I collapsed and couldn't do anything. I was one month from being homeless because the bank began foreclosure proceedings on my home. I couldn't have cared less. I was incapable of looking after my basic activities of daily living—such as paying my bills.

Then something miraculous happened. I became aware of Oakland County Community Health Services. For the first time in my life, I had access to adequate mental health treatment: a psychiatrist, case manager, and appropriate medication for someone with a bipolar disorder. Prior to this, the only medication I was taking was lithium and Ritalin, because it was all I could afford. The Ritalin, combined with a substance abuse problem (so common to people with bipolar disorders), pushed me into a manic state. I found myself in serious trouble.

Receiving adequate medical treatment for the first time marked the beginning of my twelve year travel on the road to recovery. It hasn't been easy or without its ups and downs. During that period, I was hospitalized six times, the last being three years ago. Still, I was on the road to recovery because I was cared for by caring professionals who knew how to treat my illness.

Today, I spend all my time helping others who struggle with mental illness, as well as their family members. I began this journey by becoming active in a support group conducted by the Depression and Bipolar Support Alliance (DBSA). Later, I volunteered to facilitate a DBSA support group for young people—something that I have been doing twice a month for the past eight years.

In addition, as I became stronger, I took on more volunteer activities. I have just been appointed by the Oakland county Board of Commissioners to serve a third term as a consumer representative to the Oakland County Community Mental Health Authority Board of Directors, where I currently serve as vice-chair. I have also served as a co-facilitator for the Alliance for the Mentally Ill Metro Families in Action Program— an educational/support group for family members who have a loved one with a mental illness.

Had it not been for the community mental health program, I have no doubt that I would not be here today. I would have been homeless and died several years ago. I cannot begin to thank enough the many mental health professionals who, over the years, gave me a new lease on life.

## We Are The Evidence!

Margaret A. Stooksberry,  
Certified Peer Support Specialist  
Benzie County

**Spring is a season of renewal**, a time of awakening and beginning. As I drive along the beautiful roads of Northwest Michigan, I reflect upon what I have been through and what the future may hold. I am blessed to be working after fourteen long years of severe major depression. There were days when noticing a breeze on my face was a revelation. Now I celebrate the similar accomplishments of peer consumers. Their realization that recovery is possible. Understanding that hope is not a four-letter word. Building support in small steps.

Two years ago I met a consumer who was new in the navigation of experiencing a bi-polar illness and depression. She had no interests, hobbies, and “couldn't make anything.” Today she has launched a micro-business with faith, hope, pixie dust and peer support trust. She subsequently has found the courage to speak on a conference panel about the success of the consumer peer relationship and assisted with a workshop at the Person-Centered Planning conference about emotional support animals where she proudly shared and talked about her new kitten. The best paycheck is to stand aside and watch these achievements.

Instilling hope, a variety of personal skills and tools is the job of a peer support specialist. It encompasses teaching, leading, mentoring, and much more. It requires that we walk a mile in the consumers' shoes and have been on the receiving side of the service desk. The gift of having a mental illness makes us unique in a type of knowledge that can only be learned by living it.

In the near future peer support will likely become an evidence-based practice. Peer services have been noticed in my rural community, causing a ripple effect of positive change. The Michigan peer workforce is continually growing and will be a lasting element in the journey toward recovery.

Clint has indicated that he would like me to be a little less "dry" in my updates for Connections. Hmm, this involves a challenging new learning process for me, so please be patient

Great news! We honored our second group of graduates of the BoardWorks 2.0 curriculum at our Winter Conference.



Eight of the thirteen individuals receiving BoardWorks 2.0 certificates at the Winter Conference are shown above. Certificates were awarded to Bernadine Clark, Patti Casey, and Michael Welsch of AuSable Valley CMH; Kay Pray, CMH of C-E-I; Ronni Atkins, CMH of St. Joseph County; Mary Balfour and Jim Moore, Hiawatha Behavioral Health; Jill Schelke, Huron Behavioral Health; Dennis Risser and Janice McCraner, Manistee-Benzie CMH; Alan Fischer, Northeast Michigan CMH; Steve Taub, Oakland County CMH; and Katherine Gant, VanBuren County CMH.

Speaking of BoardWorks 2.0, we will be offering Management: Legal, Management: Systems, and Implementation: Best Practices at the Spring Conference in Dearborn. In addition, we will offer our first extra credit course, *Finance for Board Members* at the Spring Conference.

For learning opportunities outside of our conferences, our e-learning site will be ready to access in May. The complete BoardWorks 2.0 curriculum will be up and running in July. We will continue to add courses as they are developed. I will have a "how to access" guide available at Spring Conference along with demo opportunities. OK, so you don't, can't, won't use a computer – WE'VE GOT YOU COVERED! We will also be offering DVD sets of BoardWorks 2.0 workshops to CMHSPs for purchase. These will be available this summer also.

Finally, if your interest is in suicide prevention, we are in the process of developing a state-wide conference on suicide prevention to be held in Lansing this coming November.

We are working hard to develop training opportunities for board members that meet your needs, and that's where you come in. I need to hear from you on topics you would like us to address, so please e-mail me at [rchadwick@macmh.org](mailto:rchadwick@macmh.org) with your thoughts and ideas.

Thanks for all you do for consumers and your communities. ■

## Walk a Mile in My Shoes Rally

### Why I Think Board Members Should Attend

Malkia Maisha Newman,  
Oakland County Community  
Mental Health Authority

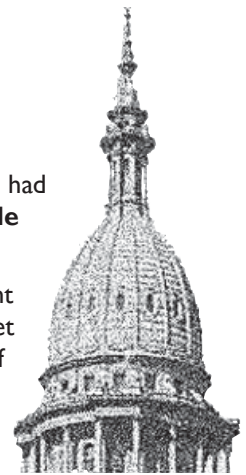
This year marks the third year that I have had the privilege of attending the **Walk a Mile in My Shoes Rally**.

The first time I attended the Walk, I went to be a part of the event itself and to meet with my Senator, Mike Bishop, and one of his aides. I had the opportunity to share with them my concerns about the issues most important to me in the area of mental health.

My second year, I attended as a participant, I helped to carry the Oakland County flag and was a part of the program held on the Capitol Stairs. I was there as a consumer, an employee of a core provider of mental health services in Oakland County, and as a newly-appointed board member to the Oakland County Community Mental Health Authority.

The different hats that I wear have given me many different points of view concerning this event. I have seen participation of consumers and their supporters grow more and more over these last three years. I have also seen a greater interest and respect for our cause shown to us by our elected officials at both the local and state level. The Oakland county legislators that I saw at the rally were very proud to be a part of the day's events and to show solidarity with us to help get parity legislation passed, and to fight against cuts to the budget that sustained much needed programs and supports.

As a board member I know how important it is for us to make our voices heard in Lansing. I have seen a greater response from Oakland County's elected officials when they have been contacted frequently to support our issues. I don't believe I can be an effective board member without being actively engaged in advocacy campaigns. I know that one of the best ways I can represent the concerns of the population that I was appointed to serve is to be an active and very vocal advocate on their behalf. I know in my case that I am called to be a voice for those who cannot speak for themselves. I take this charge very seriously. That is why I will be there May 14th to walk and speak to any and all who will hear "Walk a Mile in My Shoes."



### 2008 WALK A MILE IN MY SHOES RALLY

Wednesday, May 14, 2008  
Lansing, Michigan

visit: [www.macmh.org](http://www.macmh.org) for complete information

# WHICH HAT ARE YOU WEARING TONIGHT?

Ken Lautzenheiser, President  
Michigan Association of Counties

It's Wednesday evening and I'm off to my 134th monthly community mental health board meeting. As an appointed county commissioner to the LifeWay's Board, I'm confident with my inner self on the contributions my sixty years experience can bring to the table. Tonight we affirm the intricate discussions of our standing committees into an integral part of our action plan— our strategic plan— our corporate goal of putting “community” back into community mental health. It's one of seven boards on which I serve as a county commissioner, and I'm currently President of the Michigan Association of County Commissioners. Sometimes the hurried activity causes one to pause and respond to my wife's question: “Which hat are you wearing tonight?”

Perhaps it's not so much the “hat” as the perspective of serving in multiple capacities on very diverse boards. In the former case, as an *elected* official; the latter as an *appointed* one. I'm confident on the appointed side, though there may be times my colleagues fail to see the difference. We all are members. There are similarities and sometimes almost painful differences.

As commissioners, we recognize the fiduciary responsibility of county budgets. We are responsible for all departmental budgets. As a mental health trustee, the budget is our board's keel.

However, ancillary challenges of balancing state, federal, and local funding, pages of state guidelines and even more policies than I've ever encountered— let alone Recipient Rights, Standards & Quality, facilities management, and oversight of sixty-plus service providers— keeps the job keenly focused. Both boards work toward measurable outcomes within State laws and yet are quite dissimilar.

It is my opinion that younger and less experienced board members often seem to resent an historical perspective— experience and observation. Even at my age, I don't drive by looking into the rear view mirror, but occasionally looking back clarifies the future. At the end of both days, I ask myself if indeed, by my serving, did I make a difference? How have our decisions directly affected the residents in the Hillsdale County *district* from which I have been elected and coterminously, have my mental health decisions directly affected the residents of the two *counties* I represent?

Ideally, both boards should represent the constituency, and yet, divisional issues seem to be far more prevalent in mental health than in county government (some will argue this). When multiple counties are represented on a board, balance and assignment of responsibilities is a basic absolute on one hand, while delivery of services is paramount on the other. Experience has taught me the importance of diversification— I strongly believe the physical make-up of the board should mirror the counties represented. Decisions reached at board level should have considered the importance of thinking globally, while acting locally and simultaneously retaining autonomy.

This, particularly in mental health, is a fundamental challenge.

County Commissioners historically review the global picture. They are committed and involved often in recycling, economic development, county planning, energy conservation, public health, public safety, E-911, courts extension, fair boards, DHS, medical care facilities, mental health, department of aging; and could even be serving on a number of state committees to enhance public administration. When they attend a mental health board meeting, it's a snapshot of the previous month's activities, and altogether too often, if too many questions are raised at the meeting, one is considered unprepared, uncaring, indifferent, or too intrusive. Stated another way, you always should be prepared, however, ask questions of committee chairs prior to a board meeting, and “don't be prolonging the meeting” because you don't fully understand.

The difference is quite relevant: elected officials report their activities as a *commissioner* to their full Commission at a regularly held meeting. There often are questions, and as their representative to the agency board, that commissioner is expected to have most of the answers. Simply stated, if there are financial problems at a mental health board, the commissioner will be asking for an action plan to resolve the issue, not a report that there are economic shortfalls looming and uncertain resolution.

Appointed members to mental health boards have a responsibility and are interested, but it is the County Boards of Commissioners who are ultimately responsible for any shortfall. Yes indeed, there is a difference in perspective, and this difference is often misunderstood.

My life has been tremendously enriched through the opportunity to serve on the mental health board. The Association of Counties does not have a structured educational component at its convention, yet has multiple opportunities for educating its members through less formal training. MACMHB has a highly structured training component and recognizes its members who complete the course work— and their recognition is extremely important for the common good.

My life has been further enriched by meeting and listening to individuals who have received mental health services who stand before our conventions and share their life stories. These are outcomes we'd like to see with all recipients of mental health services! Our investment of time and energy is totally fulfilled when these fine individuals have an opportunity to bring their stories to the full convention floor.

To sum up, I've learned that life is like a mirror— if we frown at it, it frowns back at us; if we smile, it returns the greeting. Life makes some people bitter and some better. Life is also like a well, the deeper you go with your faith, the more living you will find. ■

**Even at my age, I don't drive by looking into the rear view mirror, but occasionally looking back clarifies the future.**

## Hal Madden (continued)

and tell you incidents of significance in those early years.

*Great*

Initially I was involved in creating a residential setting in Muskegon where we could send our severely retarded people. And the point I want to make is that we had a lot of folks who were interested in that being done and finding employees who were very different than those working at Mount Pleasant. It was like night and day. That home operated for about ten years. We also created a special education class for kids with disabilities and held it in the basement of the Community Church.

I want to share another interesting event. When we first created our [mental health] Board here in Mason County, other county [boards of commissioners] didn't want to create mental health boards. So an employee of the State Department—whose name I don't recall— he and I went around to Newaygo, Oceana, and Manistee Boards of Commissioners to convince them to create resolutions to establish a mental health board. Originally there were to be boards created that would serve a population of 100,000 and be headed by a psychiatrist. Well, it didn't take long to figure out that they [psychiatrists] wouldn't be worth a crap as administrators.

*How did you get that changed?*

It just changed [laughter]! It didn't take long to get the psychiatrist designation changed, and since we couldn't get the counties to agree to come together, we just went around and signed them up one at a time. The counties were concerned about not being able to handle their own people. Initially there were a few counties that agreed to come together, but as a rule they preferred to establish their own boards.

*Talk about those early years on the Mason County CMH board.*

Our first budget was \$54,000 and we hired a psychiatrist as our director. Later on, the director of the State department came to visit us and made a statement I'll never forget: "You guys haven't spent all your money for a long time. We'd like to spoil you with money." He made the statement based on all the things we were doing with the little amount of money we were spending. It was basically because of reliance on volunteers. One of the people we hired was the wife of a priest and she didn't receive much compensation at all. People were genuinely concerned and they wanted to be there and do something.

*Do you think we have become too professional and institutionalized?*

Maybe so. I think there's something to that. I really do. We've become like a State operation again. We're over organized. When I say that, I mean we have a plan for everything and we work "the plan."

*When you say, "too organized," are you referring to too much direction from the State Department of Community Health?*

Oh no, no! We, the local boards have become too organized. It has become "routineized."

*In 1969, the Michigan State Association of Community Mental Health Boards was organized and held its first meeting. Harold Brigham, from Kent County was its president. Talk about those early days.*

Harold Brigham, Art DeLong— who was a psychologist from Grand Valley State University— and I were a triumvirate. I used to fly down and pick them up for meetings in Lansing. Early on in the organization of the Association, we were meeting in Muskegon. Art DeLong and I were sitting together and the old gal who was president said something like, "What shall we do today?" and Art and I just hit the roof! "What are we doing here!" we thought.

And they said, "You want to do it? You do it." And we said, "You're damn right we'll do it!" [Some hearty laughs!] And we took over the Association, right on the spot. And about that time we hired [Dave] LaLumia as an "administrative secretary" because initially we didn't allow him to speak for the Association. If there was anything to be said, the Board was going to say it. [At that time, it was an association of board members.]

*So board members were the ones who were speaking for the Association?*

That's exactly right! That is the point we were making. We would speak for the Association!

*There were some reservations when the Directors' Association joined with the Association of Board Members.*

I didn't have any. In fact I advocated it. What I did have objections about was when they started meeting separately, and they still do. I tried to stop that! I said, "Look guys, you're still employees. You work for us. If you want to meet, meet with us." And I got voted down.

*So where are the voices of the Board Members now?*

That's right! What do they do? Where did they go? I served as president five times, each time for two years at different periods. I used to refer to the membership as a "brotherhood" because it felt like a brotherhood that came together to serve the people of Michigan. We had a unity of purpose that was so significant in my mind. Maybe I'm crediting everybody with a lot more than they deserved, but at least I felt that way about it. And one of the things that has bothered me in recent times is that I've felt that has deteriorated. They don't feel like a brotherhood like they used to back in the days of Act 54.

*Why do you think that has happened?*

Board Members have just sat back and let the administrators do the work and be satisfied. They don't press it. Another thing that I suppose has happened is that the initial causes have greatly improved when you compare them to what they were. We just recently evaluated ourselves here and basically no one had any problem with what we are doing. There were no sugges-



Clint Galloway (left) and Hal Madden

tions for significant changes. By comparison to the early years, we have improved our performance. Maybe that's the cause of what I've felt is the lethargy that has been creeping in.

*What else do you remember about the early days of the Association that you would like to share?*

Well, the first four or five years were all like one. You went there and went through the same damn thing over and over again like the first time. And what do you think the number one issue was in the Association for the first four or five years?

*State funding?*

No, that would be, ultimately. You'd never guess: per diems! It was "what is our per diem going to be at the local board!" They were going to create a law about what the local per diems should be! Here in Mason County we were volunteers! But they had to argue about that at every meeting for four years! It was so frustrating trying to educate them about our purpose of trying to eliminate the hellholes we were putting our people in. Another reason we had to go over the same ground at every meeting was the high turnover of board members.

*You talked earlier about the Board Members having a passion for a common purpose to improve the quality of life for people with disabilities and mental illness. This seems like a contradiction.*

Well, this self-serving concern for per diems was in the very early years of the Association. That sense of "brotherhood" took about ten years to develop. It came through a lot of education and they became mature and aware of what they were suppose to be doing and became genuinely concerned about their fellow man. It took a lot of learning.

I don't know how to say this, but there was a time when I was going to State Association meetings that I felt I was going there to meet with a special bunch of people who had a genuine concern for the welfare of the people in a disadvantaged element of society and in their communities. Maybe that wasn't true but I felt it was so, and I was willing to spend all my time with that bunch of people. In the end, I felt I couldn't perform to the extent of my feelings, and I got the feeling people were getting sick of Hal Madden. It was time to step down.

*When you look back and focus on that group of twelve local board members, did you feel that sense of brotherhood there?*

Oh Yes!

*Do you think it's still there?*

No.

*Hal, I think perhaps that's why you lost interest, it is not that you have aged or that people wanted to be rid of you, but that you grew tired of people who did not share your passion.*

I don't know if that's true but I do know I haven't lost my passion. I still have my concern. I received two free tickets to the summer games yesterday and I would go tomorrow if I thought I could. And when our people come here doing special things for people with disabilities I get real excited! You can see the positive results. I see our people who at one time would have been in Coldwater and Mount Pleasant. We've really made progress! The point is, you can look around, and the quality of

life is significantly better than it was.

I've had so many experiences with the retarded, you wouldn't believe it. For six years I was a member of the State Board for Special Olympics. And after that I officiated for as long as I could do it in the field house.

The most enjoyable thing that ever happened to me was when I took the Michigan delegation to the International Special Olympics in Minneapolis. I and another fella were the two coaches. We took seventeen people and stayed thirteen days. That was a great experience, and I continued to do that because the enjoyment those kids receive is outstanding.

*What needs to happen to become an Association of local boards that are driven by people of passion like you and to establish what you experienced in that sense of brotherhood?*

Find people of passion, people who have a concern for people! Now, I want to ask you a question and get your opinion. What has the re-organization into PIHPs done to you and your effectiveness?

*That was a question I had for you. What do you think?*

Well, I worry about it. If there is an amiable relationship between the hub and spokes then it doesn't make a lot of difference. We can still act independently. But we need to be able to address the issues in our own communities. Look at our performance indicators.

*What are the qualities of leadership we should be looking for in our administrators?*

First of all and most importantly, they should be genuinely concerned about the welfare of the people they are serving and constantly looking for ways to improve. They should be hiring and retaining people who are of like nature. The major function of the director is to find people who want to be there because of their concern, and not because they're making money.

*Given the wisdom of hindsight, what do you wish you'd done differently?*

[Pause] I just want to say this very humbly. I'm totally happy with my life. I've really tried to do the right thing, and I look back on that. Just take this character [nodding towards Bob Lathers] a normal, natural genuine part of me. So I have no regrets. The only regret I have is that I can't fly anymore, I can't play golf anymore, I can't attend Association meetings anymore.

The one thing that's really disturbing to me is that I'll dream about doing something. I'm thinking about it in my sleep and for me, at that moment, that's the plan! I'm going to do it. And then I wake up and I discover I can't do that! There's lot of things I want to do. That's the terrible thing about getting old. The body decays but the mind keeps going.

*When I asked the question I anticipated the answer because you're a very straightforward and honest person. When you listen to Hal Madden you see the real Hal Madden.*

You know that was the greatest compliment I ever received from the staff when I retired as Assistant Superintendent of Schools. They said you may not like what Hal Madden says and thinks, but you sure know **what** he's thinking. ■



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visit [www.macmhb.org](http://www.macmhb.org)  
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## "Obamacare" on the Board Blog

The current posting on the CMH Board Blog takes a look at what we might expect in the way of health care reform from the presidential candidates. It's called "Obamacare."

The CMH Board Blog is a place for board members to "read on" a little, get your own two cents in, and learn what some of your colleagues around the state are thinking. It is intended to be a venue in which we can get into a little more detail and perhaps even sound off from time to time. It's also going to be a safe haven for you to share your wisdom and views.

You access the CMH Board Blog from the MACMHB web site: [www.macmhb.org](http://www.macmhb.org). You will find instructions on how to post comments. Although I'm sure many of you read the first posting on the CMH Board Blog— Leadership: The Path to a Great 08— only one lonesome comment was posted.

Feel free to "weigh in" with any comments you might have. Thank you and I look forward to hearing from you.

—Dave LaLumia, Executive Director

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