2024 Ensuring A Consumer Focus In Community Mental Health

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Together we can.

Topics to be Covered Today

- Key Components of a Consumer-focused System
- Overview of CMHA-CEI Consumer Focused Programs



Examples of Consumer Focused Programs

Home and Community Based Services (HCBS)

Provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.

These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.



Home and Community Based Services

Federal Centers for Medicare and Medicaid Services (CMS) ruling (2016) mandates two things

- 1) Individuals receiving Medicaid based supports and services may not be discriminated against in any way via that provision of service.
- 2) Individuals whose services are paid for with Medicaid dollars must be fully integrated within their community and have access to the same conveniences, rights, and choices as everyone else.



Key Requirements of the HCBS Rules

All home and community based settings must meet certain qualifications

- Be integrated in and support full access to the greater community
- Be selected by the individual from among multiple setting options
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize autonomy and independence in making life choices
- Facilitate choice regarding services, as well as who provides those services
- Not limit choice via "house/program rules"



HCBS Rules Key Requirements (cont.)

Provider owned or controlled home and community based settings must meet certain qualifications

- Have a lease or other legally enforceable agreement providing similar protections to any other member of the community
- Have privacy in their unit, including lockable doors, choice of roommates, the freedom to furnish and decorate their space to their interests
- Have the right to control his/her own schedule, and own activities
- Have access to food at any time
- Have the ability to have visitors at any time
- Can move about through the environment with full accessibility



(Family Centered when consumer is a child/adolescent)

- The Mental Health Code is the compilation of Michigan laws governing the delivery of mental health services.
- The Michigan Mental Health Code establishes the right: "330.1712 (1) The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient."



Person-Centered Planning Includes

- Medical/clinical necessity concepts and the knowledge that providers bring to the table
- An approach in which the individual directs the planning process with a focus on what he/she wants and needs

"Person-centered planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities." MHC 330.1700(g)



Values and Principles Underlying the Person-Centered Planning

- Highly individualized process designed to respond to the expressed needs/desires of the individual.
- Each individual has strengths, and the ability to express preferences and to make choices.
- The individual's choices and preferences shall always be honored and considered, if not always granted.



Values and Principles Underlying the Person-Centered Planning (Cont.)

- PCP processes maximize independence, create community connections, and work towards achieving the individual's dreams, goals and desires.
- A person's cultural background shall be recognized and valued in the decision-making process
- Foster use of natural supports whenever possible



Availability and use of supports and services should be considered in this order

- The individual
- The family, guardian, friend, and significant others
- Resources in the community
- Public funded supports and services available to all citizens
- Public funded supports and services available under the auspices of the Department of Community Mental Health and Community Mental Health Service Programs

B. Self Determination Principles

FREEDOM

 The ability for individuals, with chosen family and/or friends, to plan a life with necessary supports

AUTHORITY

 The ability for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of a social network or circle of friends, if needed



Self Determination Principles

SUPPORT

 The arranging of resources and personnel -- both formal and informal -- to assist a person with a disability to live a life in the community, rich in community associations and contributions



Self Determination Principles

RESPONSIBILITY

- The acceptance of a valued role in the community through employment, affiliations, spiritual development, and general caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.
- Self Determination Principles are discussed at: <u>www.michigan.gov/mdch/0,1607,7-132-2941_4868_4897-14782--,00.html</u>



C. Recovery Orientation

- In February 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) unveiled a consensus statement outlining principles necessary to achieve mental health recovery
- In August 2011, SAMSHA developed the 10 Guiding Principals of Recovery
- Working Definition of Recovery



DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.



SAMSHA's Recovery Support Strategic Incentive

Through the Recovery Support Strategic Incentive, SAMSHA has delineated four major dimensions that support a life in recovery:

HEALTH

Overcoming or managing one's disease or symptoms (abstaining from use of substances). Making informed, healthy choices that support physical and emotional wellbeing

HOME

Having a stable and safe place to live

PURPOSE

Meaningful daily activities, (job, volunteerism, school, family, income and resources) and be able to participate in society

COMMUNITY

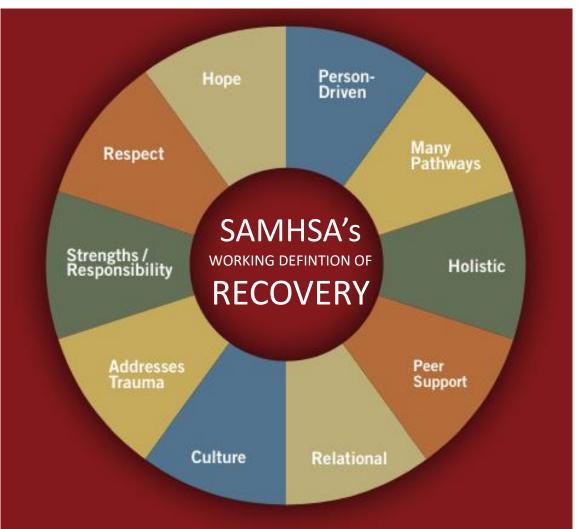
Relationships and social networks that provide support, friendship, love and hope





10 GUIDING PRINCIPALS OF RECOVERY







10 GUIDING PRINCIPLES OF RECOVERY

Hope

Relational

o Person-Driven

Culture

- Many Pathways
- Addresses Trauma

Holistic

Strengths/Responsibilities

Peer Support

Respect

- 1. Recovery emerges from **Hope**, providing motivating message of a better future. Hope is the catalyst of the recovery process.
- 2. Recovery is **Person-Driven** using self-determination and self-direction, to discover ones own life goals and their own unique path to recovery.
- 3. Recovery occurs via Many Pathways as individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds-including trauma.
- 4. Recovery is Holistic, encompasses an individual's whole life, including the mind, body, spirit and community. Incorporating an array of services and supports.



- 5. Recovery is supported by **Peer and Allies** providing mutual support while sharing ones own experience, knowledge and skills, as well as social learning.
- 6. Recovery is supported through Relationship and Social **Networks.** An important factor in having a presence and involvement of people who believe in the person's ability to recover.
- 7. Recovery is **Culturally-Based and Influenced** by values, traditions and beliefs-keys in determining a person's journey and unique pathway recovery.

- 8. Recovery is supported by **Addressing Trauma**. The experience of trauma (physical or sexual abuse, domestic violence, war, disaster, etc...), often associates with alcohol or drug use, mental health issues or other related issues.
- 9. Recovery involves individual, family, and community Strengths and Responsibility and resources that serve as a foundation for recovery to provide support.
- 10. Recovery is based on Respect, protecting rights and eliminating discrimination. Taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are important in the recovery process.



Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

Recovery is a gradual, deliberate adoption of a lifestyle that creates positive changes, fosters self awareness of one's self as a recovering person from mental illness and addiction and highlights the need for recovery to be considered a work that is constantly in progress.

SAMSHA's Recovery Support Strategic Incentive

For more information on SAMSHA and recovery go to: https://www.samhsa.gov/find-help/recovery



RECOVERY & RECOVERY SUPPORT

- In March 2022, President Biden announced his administration's strategy to address the nations' mental health crisis as outlined in the 2022 Presidential Unity Agenda.
- To meet this goal SAMSHA collaborated with federal, state, tribal, and local partners including peer support specialists to develop the National Model of standards for Peer Support Specialist.
- The National Model Standards closely align with the needs of the behavioral health peer workforce, and subsequently, the overarching goal of the national mental health strategy



BECKI'S RECOVERY STORY





An author uses a semicolon not to end a sentence, but to continue on.

The semicolon is a representation of the continuation of life; a decision to keep moving forward and not giving up.

A Semicolon is often to affirm and support someone who has struggled with mental illness, problems such as suicide, addiction, self-harm, and many others.

A person's life is a story and they are the author. A semicolon is a reminder that my story isn't over yet.

> The Semicolon Project Promotes Suicide Prevention & Mental Health Awareness

I am a Survivor...Warrior...



Certified Peer Support Specialists (CPSS) & Peer Recovery Coaches

- Peer support specialists are individuals with a strong personal knowledge of what it is like to have first-hand lived experience with a mental health condition that has caused a substantial life disruption.
- A substantial life disruption is defined as experiencing some or all of the following: homelessness, mental health crises, trauma, lack of employment, criminal justice involvement, discrimination, stigma/prejudice intensified by mental health challenges, receiving public benefits due to poverty.
- A Peer Recovery Coach is a person on a journey of recovery from substance use, co-occurring disorders, and/or nonsubstance addictive disorders

Certified Peer Support Specialists (CPSS) and **Peer Recovery Coaches Training**

The Michigan Department of Health and Human Services (MDHHS) has trained:

- 2,350 Certified Peer Support Specialists in Michigan
- 1,196 Certified Peer Recovery Coaches
- I was the 766th Peer Support Specialist to receive certification
- CPSS and Recovery Coaches must maintain 32 CEUs every 2 years





CMHA-CEI Certified Peer Support Specialists and Peer Recovery Coaches

- 17 Certified Peer Support Specialists
- 11 Peer Recovery Coaches
- 3 Dual Certified
- 22 Wellness Coaches



Departments:

- Integrated Treatment & Recovery Services (ITRS) formerly Substance Abuse Services
- Adult Mental Health Services-Case Management
- Older Adults Services
- Outreach Case Management
- Families Forward (FF)
- Quality, Customer Service, Recipient Rights/Prevention and Outreach
- Assertive Community Treatment (ACT)
- Court Liaison Team/Mental Health Court
- Jail Re-entry Program
- Crisis Services
- Bridges
- Charter House Clubhouse
- Veterans Navigation



Customer Service Representative (CSR) & Certified Peer Support Specialist (CPSS)

Milestones since August 2010

- November 2010-Certified Peer Support Specialist
- August/December 2012-Mental Health First Aid Trainer (MHFA) in Adult/Youth
- June 2013- Employee of the Month
- February 2017-Consumer Advisory Council
- 2018-Prevention and Outreach
- August 2020-10 Years of Service



Customer Service Representative (CSR) & Certified Peer Support Specialist (CPSS)

- Assist primary and secondary consumers and staff with customer service related tasks
- Staff Liaison for the Limited English Proficiency (LEP)
 - Coordinate with contract providers (7CLingo, Voices for Health, Deaf C.A.N.!) for any language translation requests and needs (via phone, video, in-person, written)
 - Assist with annual contract updates
 - Communication with staff
 - RELIAS trainings for staff
 - Assist with processing invoices
- Service Star Committee
- Special Projects Committee



Consumer Advisory Councils Staff Liaison

- CMHA-CEI Consumer Advisory Council (monthly)
 - Coordinate meeting agenda, and mail packet to members
 - Provide support to council members
 - VOICES Newsletter (quarterly)
- Mid-State Health Network (MSHN) Regional Consumer Advisory Council (bi-monthly)



Prevention and Outreach

- Mental Health First Aid (MHFA) for Adult
- Peer-to-Peer Instructor with the National Alliance on Mental Illness (NAMI) of Lansing
- Behavioral Health Council
- Culture of Health and Wellness Committee
- Statewide Traveling Art Show/CMHA-CEI Art Contest
- Community Outreach (health fairs, agency/community events)
- Annual CMHA-CEI Potter Park Zoo Event
- Annual CMHA-CEI Report to the Community
- Walk-a-Mile in My Shoes Rally at the Michigan State Capitol
- Unite to Face Addiction Michigan (UFAM)
- American Foundation of Suicide Prevention(AFSP) Walk



E. System of Care

- Basis of federal initiative (1984) to implement system-wide best practices in serving children and adolescents with serious emotional disturbance
- Best summary of core values are contained in the monograph by Hernandez and Hodges "Ideas into Action" (Center for Mental Health Services)
- Monograph can be found at <u>www.cfs.fmhi.usf.edu/TREAD/CMHseries/IdeasIntoAction.</u> <u>html</u>



System of Care

System of Care Core Values

- **Family-focused:** Services and supports should consider the needs and strengths of the entire family.
- Individualized: Services and supports should be tailored to the needs and strengths of each child and family.



System of Care

System of Care Core Values (Cont.)

- **Culturally competent:** Services and supports should be sensitive and responsive to the cultural characteristics of children and their families.
- Least restrictive: Service planning should balance a child and family's need to interact in school and community settings with the most appropriate services and supports.



System of Care

System of Care Core Values (Cont.)

- Community-based: Services and supports should be provided in the child and family's community.
- Accessible: Access to services and supports should not be limited by location, scheduling or cost.



System of Care

System of Care Core Values (Cont.)

- Interagency: Core agencies providing services and supports should include mental health, child welfare, juvenile justice and education.
- Coordination/collaboration: Partner agencies, providers and organizations should provide a seamless system of services and supports for children and families.



According to the National Center for Cultural Competence (NCCC) at Georgetown University, Cultural Competence is

- The willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population...
- ... this is a continually evolving process for the system and the individual and it is the promotion of quality services to underserved, racial / ethnic groups through valuing the differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods...



The NCCC makes a distinction between Cultural Competence and Linguistic Competence.

- Linguistic competence is an understanding of the way cultures differ in how they use language. Words and their use are a part of a culture.
- Combined with events and the social context of attitudes, beliefs and practices, language is a big part of the overall Cultural Competence picture."



Federal Mandate

 42 CFR, Balanced Budget Act of 1997: Section 438.206, Availability of Services, (c) Furnishing of Services, (2) Cultural Considerations.

"Each MCO, PIHP, and PAHP participates in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds."

 Code of Federal Regulations can be found at: www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200542



State Mandate

Prepaid Inpatient Health Plan (PIHP) - Section 3.4.2 Community Mental Health Service Program (CMHSP) (section 3.4.3)

"The supports and services provided by the PIHP/CMHSP (both directly and through contracted providers) shall demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area."



State Mandate (Cont.)

Prepaid Inpatient Health Plan (PIHP) - Section 3.4.2 Community Mental Health Service Program (CMHSP) (section 3.4.3)

"Such commitment includes acceptance and respect for the cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services."



It is expected that the PIHP have five components in place

- 1. A method of community assessment
- 2. Sufficient policy and procedure to reflect the PIHP's / CMHSP's value and practice expectations
- 3. A method of service assessment and monitoring
- 4. On-going training to assure that staff are aware of and able to effectively implement policy
- 5. The provision of supports and services within the cultural context of the recipient.

Mandate of Federally Required External Quality Review Organization

Health Services Advisory Group (HSAG)

MDCH – EQRO: Standard VI: Customer Service, Number 6: "Customer services is managed in a way that addresses the need for cultural sensitivity and reasonable accommodations for persons with physical disabilities, hearing and/or vision impairment, limited English proficiency, and alternative communication."



Examples of Mandates of Accrediting Bodies

Commission on Accreditation of Rehabilitation Facilities (CARF). Section 2: General Program Standards, A. Program Structure and Staffing, Numbers 13, 14(c), 14(d) and 15 (g)

13. The program provides services that are relevant to the diversity of the persons served.



Examples of Mandates of Accrediting Bodies (cont.)

"14 (c). Team members, in response to the needs of persons served

- Are culturally and linguistically competent relative to the needs of the persons served.
- Reflect the culture of the persons served."



Examples of Mandates of Accrediting Bodies (cont.)

- 14.d. An organization that has been unable to recruit team members reflecting the cultural composition of persons served would be expected to demonstrate its efforts to recruit such personnel and demonstrate the team's cultural or linguistic competency.
- 15. When applicable, ongoing supervision of direct service personnel address cultural competency issues.



Examples of Mandates of Accrediting Bodies (cont.)

Section 2: General Program Standards, C. Individual Plan, numbers 3.a.(3) and 3.b.(4).

The Individual Plan Includes the Following

- Goals that are appropriate to the person's culture.
- Specific service or treatment objectives that are reflective of the person's culture and ethnicity."



Certified Community Behavioral Health Clinics

- Protecting Access to Medicare Act of 2014
- Section 223 requires the establishment of CCBHC demonstration programs to improve community behavioral health services, to be funded as part of Medicaid.
- Senators Roy Blunt (R-Mo.) and Debbie Stabenow (D-Mich.), with Representatives Leonard Lance (R-N.J.) and Doris Matsui (D-Calif.), introduced the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931).
 - CCBHC Expansion Grants
 - CCBHC-State Demonstration Projects



6 CERTIFICATION STANDARDS















9 REQUIRED SERVICES MUST BE PROVIDED DIRECTLY BY CCBHC WITH SUPPORT OF DESIGNATED COLLABORATING ORGANIZATIONS (DCO) OVERALL 51% OF SERVICES RENDERED MUST BE PROVIDED DIRECTLY BY CCBHC



Crisis mental health services



Screening, assessment and diagnosis



Patient-centered treatment planning



Outpatient mental health and substance use disorder services



Primary care screening and monitoring



Targeted case management



Psychiatric rehabilitation services



Peer support services and family support services



Services for members of the armed services and veterans



THE IMPACT (BEFORE & AFTER)

Pre-CCBHC Funding



Veteran Systems Navigator Program



After-Hours Clinic



Mobile Crisis Services



Consumer Advisory Council



Ability to generate reports from E.H.R.



Care Coordination projects

During CCBHC Funding



Wellness Coachina



Same Day Access



RN Care Managers



Expanded reimbursement services



Outcome Data



Care Pathways



Increased PCP **Linkages**



Increased **Understanding of**



Continuity of Care Document



ACT received IDDT License



ITRS launched inhouse MAT program



Over 100 process maps

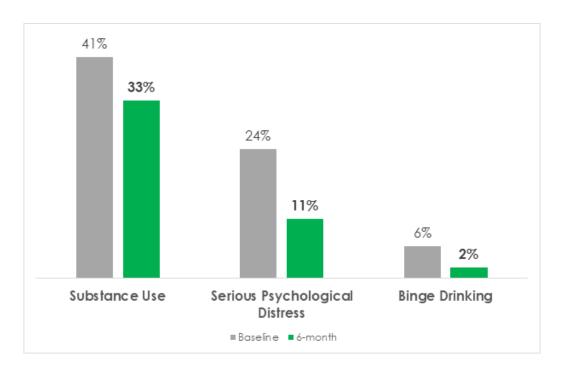


Zero Suicide



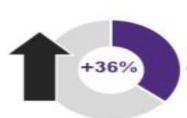
CCBHC'S IMPACT

Statistical Significance during Expansion Grant





INCREASING ACCESS SINCE BECOMING A CCBHC





Youth Served

CEI increased the number of youth served by 36% between FY18 and FY23.



+100%



Adults Served

CEI increased the number of adults served by 42% between FY18 and FY23.



Mild-to-Moderate

CEI increased the number of individuals served, with a mild-to-moderate diagnosis, by 100% between FY18 and FY23.





Medication-Assisted Treatment

CEI increased the number of adults served with Medication-Assisted Treatment by 342% between FY18 and FY23.

Ensuring a Consumer Focus!

Questions?

Thank you for your time!!!

