Ensuring a Consumer Focus

A segment of Boardworks 2.0
Michigan Association of Community Mental Health Boards

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Topics to be covered today:

- Overview of concepts to be covered and relevance to CMH Board members
- Take note of themes that are woven throughout these components
- Key components of a consumer-focused system
  – Person-centered planning and support
  – Self-determination
  – Recovery orientation
  – Customer Service and Peer Support Specialists
  – System of Care
  – Cultural competence

A. Person Centered Planning
(Family Centered when consumer is a child/adolescent)

- **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."

- **Code can be found at:**
  http://www.michigan.gov/mdch/0,1607,7-132-2941_4868-23755--,00.html

Person-centered planning blends:

- medical/clinical necessity concepts and the knowledge that providers bring to the table with

- an approach in which the individual directs the planning process with a focus on what he/she wants and needs

Values and Principles Underlying 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 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

The 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 Cont'd:

- **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 Cont'd:

- **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: http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_4897-14782--,00.html

C. Recovery Orientation

- The Substance Abuse and Mental Health Services Administration unveiled, in February 2006, a consensus statement outlining principles necessary to achieve mental health recovery

- This Consensus Statement is available at SAMHSA's National Mental Health Information Center at www.mentalhealth.samhsa.gov or 1-800-789-2647.

The 10 Fundamental Components of Recovery

1. **Self-Direction**:

- 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.

2. 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

3. 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 so doing

- They have the ability to join with other consumers to collectively and effectively speak for themselves

4. 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 (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person

5. 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

6. Strengths-Based:

• Recovery focuses on valuing and building on the multiple capacities, resiliencies, 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, employee)

• The process of recovery moves forward through interaction with others in supportive, trust-based relationships

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7. Peer Support:

- Mutual support - including the sharing of experiential knowledge and skills - plays an invaluable role in recovery

- Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging and community

8. 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

9. Responsibility:

- Consumers have a personal responsibility for their own self-care and journeys of recovery

- Taking steps towards their goals may require great courage

10. 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.

D. Peer Support Specialist

- **Peers and You**

  - •Recovery Story

Workshops:

- Mental Health First Aid – Adult, Youth and Military

- WHAM (Whole Health Action Management)

- Creative Recovery – Writer's workshop

- WRAP (Wellness Recovery Action Plan)

- PATH (Personal Action Towards Health)

Education and training of peers:

- Peer training – one week of intensive training offered by MDCH
- Certification
- On-going education
- Future CEUs
- Jobs in Mental Health

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E. System of Care

- Basis of federal initiative, since 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 http://cfs.fmhi.usf.edu/TREAD/CMHseries/IdeasIntoAction.html

- **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

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- **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

- **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

F. Cultural competence

"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"

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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:
- http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200542

State Mandate (In both the PIHP (section 3.4.2) and CMHSP (section 3.4.3)contracts with MDCH):

Cultural Competence

"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.
"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."

"To effectively demonstrate such a commitment, it is expected that the PIHP has 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. ongoing 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."

Mandates of Accrediting Bodies:

▪ An example: 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."

"14. 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"

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- 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."

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

"3.a.(3) The individual plan includes the following components:

- .Goals that are:
  - Appropriate to the person's culture.

.Specific service or treatment objectives that are:
  3.b.(4)   Reflective of the person's culture and ethnicity."