

RECOVERY  
&  
THE MICHIGAN  
MENTAL HEALTH  
SYSTEM:  
*A Little Perspective*

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## What We Have Been Doing

- Setting a tone for priorities in the public mental health system
- Putting together a plan to help people living in Mt. Pleasant get into the community
- Making sure that the budget for the next fiscal year was a good one
- Meeting with the Dept. of Corrections and advocates to plan for improved mental health treatment
- Negotiating next year's contract with the CMH Boards
- Developing a concept paper that will provide guidance for stakeholders for future work
- Producing direction for self-determination that will ensure more equal opportunity

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## MDCH PERSPECTIVE

- Michigan's mental health system is intended to be a statewide opportunity, not an simply an insurance plan
- Assuring quality and effectiveness is a state responsibility
- Responsibility is delegated to CMHSPs; for Medicaid, through PIHPs
- Local CMHSPs must have flexibility to address needs in local ways
  - Improving the community benefit must be an expectation
  - There must be equal sufficiency for priority populations
- Consumers & families must be incorporated, more and more, into local dialogue and as agents in design, operation and evaluation
- State can never relinquish its ultimate responsibility to assure the quality and sufficiency of services to the most severely impaired

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## Some Priorities

- Mental Health Commission Follow-Up
- Assure equality and fairness in access to services across CMH
- Assure quality in state facilities
- Expand consumer & advocate participation in system development
- Assure consumer-controlled support options through self-determination
- Expand employment support
- Assure access to health care for individuals with chronic and ongoing mental health support needs

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## MH Commission Follow-up

- Mental Health Court Pilots
  - Develop study group to examine what is, what structural and outcome elements should be; RFP model
  - Implement pilots; evaluate; improve
- Examine state facility services
  - Current capacity; population make-up; infrastructure need
  - Develop models for projecting future need and investment demands
- Develop and institute a visible & ongoing campaign to address stigma

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## MH Commission Follow-up

- Assure early and continued response for individuals with severe and persistent mental illness
  - Access to services
  - Crisis responsiveness
  - Maintenance of involvement; ongoing support
- Monitor and improve quality and system-wide consistency of diversion from criminal justice system
  - Jail diversion
  - Jail mental health services
  - Law enforcement training
  - Prisoner re-entry
- Assure monitoring of and coordination for access to health care
  - Care coordination standards
  - Screening and follow-up for chronic conditions
  - Improve direct access to mental health care within community health care clinics

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## CMH SYSTEM PLANNING FOR RENEWAL

- July 08: Policy Concepts Paper
- July – Sept 08: PPG data submission
- Oct – Dec 08: Application for Recommitment & Renewal
- Jan – March 09: Review and response
- June 09: 1915(b) Waiver renewal
- Oct 09: FY 10 contracts
- Re-procurement of PIHP arrangements? Not likely
- Enhancement of consumer & family involvement is expected

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## RECOMMITMENT & RENEWAL

- PIHP-level program & management performance
- Revisit Application For Participation priorities; status & evolution beyond 2002
- Add current elements:
  - Integration with local primary health care systems
  - Integrated treatment for co-occurring disorders
  - Jail treatment and diversion
  - Children’s System of Care evolution
  - Recovery
- More fully engage local consumers & advocates
- Develop more prescriptive local performance targets; incentives for special achievements

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## EMPLOYMENT

- Employment is critical to self-esteem and one's role in the world
  - Being productive & gaining equality
  - Making some money is better than poverty
  - Establishing relationships in the real world
  - Promoting personal power, recovery, self-worth
- Employment must be re-emphasized as a priority outcome
- EBP for supported employment for persons with MI
- Supported employment: renew local efforts
- Supported self-employment

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## EMPLOYMENT

- Goal: promote opportunity for real work and the generation of income through:
  - Expanded CMH system dialogue & establishing employment performance benchmarks
  - Aiming for jobs that provide a living wage, not just a minimum wage
  - Broad application of Supported Employment Evidence-Based Practice
  - Expanding support for self-employment including incubator programs
  - Enhance opportunity for using peer support services for employment
  - Development of arrangements supportive of self-determination so that employment supports can be personally controlled and directed
  - Access to benefits counseling for those working and needing to assure maintenance of their benefits, including familiarity with the Michigan Freedom to Work Medicaid option

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## ZERO TOLERANCE

- Individuals presenting challenges cannot be ignored or written off as human beings
  - Culture of neglect disguised as “choice”
  - Tolerance of non-engagement for those who are difficult to engage
  - Leaving people to be aimless
  - Perpetrating violence in the name of control and safety
  - Allowing those with serious MI to drop through the cracks
- For those most vulnerable
  - We cannot tolerate rotten residential care
  - We cannot tolerate insufficient crisis response
  - We cannot allow cost to divert us from pursuing excellence
- We must develop a zero-tolerance attitude to poor care, to responses to other human beings that do not recognize their personal dignity and right to self-determination, as well as respond to their needs

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## RECOVERY & SYSTEM TRANSFORMATION

- To support wide instillation of a culture of recovery that can substitute for the more traditional system, over time
- To expand peer supports as central to a culture of recovery
- To assure that traditional, necessary supports continue to be available to individuals with mental illness needs
- To promote increased opportunity for individuals who are charting their own pathway to recovery to find needed support, by modifying use of the resources of the public mental health system
- To see if, over time, a recovery culture can incorporate ‘traditional’ services such that they are “born again” in the culture of recovery and individualized support
- To reduce stigma and increase ownership, authority and support individual dignity and personal responsibility

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## THE RECOVERY COUNCIL: WHITHER WAY?

- Council: A product of the CMS Real Choice System Transformation Grant
- A “toe-hold” for promoting recovery as a culture change
- Long ways to go!
- Council future?
  - What is the vision of the members and their sense of the Council’s role in that?
  - How can the Council be autonomous yet still connected?

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