

# IL-NET

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## Empowering Persons with Psychiatric Disabilities: The Role of the Peer Model of CILs

### *Overview of Mental Health Systems*

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Baltimore, MD

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# Mental Health System—Providers

Mental Health Providers are regulated by each state

- Commonly, providers include:
  - Psychiatrists – Licensed physicians (usually a residency in psychiatry is required although sometimes neurology is acceptable)
  - Psychologists – Usually a PhD in Psychology and state license required (some situations have lower standards, esp. prisons, VA)
  - "Counselors" or "Therapists" – Usually Masters in Social Work or similar field and state license required
  - Psychiatric Nurses – Nurses with specialized training and/or experience are common

# Mental Health System—Providers, cont'd.

- Other Mental Health Providers may include:
  - "Certified Peer Specialist" – Many states have a process to certify people to provide peer support in health care situations
  - Psychiatric Assistants – Many mental health care facilities have miscellaneous staff assisting
  - Other providers can be found, including peer-run crisis centers, intentional peer support, Wellness Recovery Action Plan (WRAP) planners

# Mental Health System—Services

- Mental Health Services (vary somewhat from place-to-place, provider-to-provider)
  - Psychiatric services are often limited in rural and urban areas
- Most common services
  - Medicine – pros & cons, truly informed consent is often tricky due to side effects and lack of data on safety and efficacy when used over a long-term
  - Some providers still offer other medical "therapies," e.g. ECT & variations
  - Psychotherapy – CBT, variations, other significant models
  - Peer support is increasingly considered a valid service

# Mental Health System—Funding

- Services can be funded as health care through Medicare, Medicaid, VA, insurance companies, HMOs, etc.
- MH Parity
  - Federal law requires parity between mental health services and other health care when a plan provides mental health services
  - All plans on Health Insurance Exchanges under ACA
  - Some states have parity laws for broader protection
- Usually Medicaid and insurance companies require a prescription and/or "supervision" by a psychiatrist or psychologist to pay for service

# Mental Health System

- States also have public MH System  
May include "state hospitals," other public "hospitals,"  
community mental health centers, etc.

# Public Mental Health System

- Federal agencies involved with MH include:
  - Substance Abuse and Mental Health Services Administration (SAMHSA) and its subsidiary, the Center for Mental Health Services (CMHS)
  - National Institute for Mental Health (NIMH)
  - Centers for Medicare & Medicaid Services (CMS)
- Each state responsible for its own system
  - Generally, public mental health system includes facilities for people seeking treatment who can't afford it in the health care system and facilities where the state provides involuntary treatment

- Significant differences in formal MH system from state to state
  - In most states, the state mental health agency controls the system. Often services are provided through Community MH Centers or Community Behavioral Health Centers
  - In states like Wisconsin with a Strong County System, counties control much of the system
- The federal government subsidizes community mental health through the Community Mental Health Block Grant (MHBG)
- Each state designates a "Commissioner" (might be different title from state to state) for MHBG



## Public Mental Health System, cont'd. 2

- Mental Health Block Grant also requires
  - A 1-3 year Plan for Community Mental Health Services
  - The plan includes indicators to assess the state's progress – some are federally required
  - An annual report on how the funds were used and how the state did with respect to indicators identified in the plan
  - A mental health planning and advisory council to advise the state with respect to the plan and advocate for people with “significant mental illness” within the state

## Public Mental Health System, cont'd. 3

- In addition to funding through the Community Mental Health Block Grant, most states provide funding for its public system through state and local funds

# Public Mental Health System, cont'd. 4

- "Doors" to public MH system governed by state law and court decisions
  - Voluntary – person goes to provider for service
  - Involuntary – police pick up person perceived "dangerous;" take to facility
    - Under involuntary, a facility may hold a person for a short term (48-72 hours) without a hearing for evaluation
    - A "hold" patient must be released if no grounds for commitment
    - If facility decides to commit, it must file documents so that a court may determine grounds independently

## Public Mental Health System, cont'd. 5

- Most states allow involuntary treatment if a court finds the patient
  - "incompetent" or
  - "mentally ill" and "dangerous"
  - Some states also allow if "gravely disabled"
- "Voluntary Involuntary" – sometimes competent person brought in involuntarily has proceedings dropped under stipulation
- A voluntary patient can also become involuntary if s/he decides to leave and treatment personnel believe there are grounds to commit

# Mental Health System

- Peer-run services
  - peer aspect, also clubhouses, RLCs, respites

# Mental Health System–Trends

- Greater emphasis on self-determination, recovery, community inclusion and peer support today.
  - Self-determination and self-directed care
  - Recovery
  - Community inclusion
  - Peer Support
  - Psychiatric Advance Directives
  - Integrating mental health with primary care

# Mental Health System, cont'd.

- Promising Practices

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## Empowering Persons with Psychiatric Disabilities: The Role of the Peer Model in CILs

### *A Promising Practice: Keya House Peer-Run Respite*

Presenter:  
Daniel Fisher, M.D.



# Mental Health Association of Nebraska

## Diversion Services



# Keya House

Opened in December, 2009

As of 12/31/2011:

- Total Guests: 170 different people came to the house for 354 visits
- Total guest days : 1,484 days

# LPD Referral Program (1<sup>st</sup> 4 months)

Total Referrals: 61

Total Officers: 41

Attempts to Contact: 69

Total Successful Contacts: 40 (66%)

Total Referrals to Services: 38

# Hospital Psych Emergency Department

- Peers providing support services within the BryanLGH psychiatric emergency department and on the adult acute and effective wards.
- 4 peers, 7 days a week, 10 hours each day
- Support services from triage through discharge

# Keya House



# Keya House, cont'd.



## Selling the idea . . .

Be prepared, know what you want, anticipate the questions you WILL be asked.

Be open and honest, this is a GOOD program that will benefit the entire community.

IT CAN STAND THE LIGHT OF DAY !

# The journey to Keya . . .

Sold the idea to funders

- Numerous presentations to stakeholders
- Took reps to the NYAPRS conference, then Steve Miccio took them to the Rose House.
- Developed an advisory committee of consumers, folks from UNL, providers and law enforcement



## The journey to Keya . . . cont'd. 2

Sold it to the neighborhood

- Went door to door with information
- Held public meetings to answer questions
- Invited them to join the advisory committee
- Kept them informed throughout the process
- Held an open house before grand opening

## The journey to Keya . . . cont'd. 3

### Sold it to the City of Lincoln

- Planning Department recommendation
- No problem here – they liked the idea
- City Council for zoning and use permits
- 1<sup>st</sup> attempt held up by a “new” neighbor with concerns
- 2<sup>nd</sup> attempt successful (the “new” neighbor was the first to testify in favor of approval)

## Where we are now . . .

- We are members of the neighborhood association (even on the Board!)
- Participate in neighborhood activities (garage sales, celebrations, etc.)
- Neighbors plant flowers in the spring, decorate the house for the holidays
- Expansion of services in Lincoln (and hopefully Omaha in the near future!)

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