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

Overview of Mental Health Systems

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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
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
Public Mental Health System, cont’d.

• 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
In addition to funding through the Community Mental Health Block Grant, most states provide funding for its public system through state and local funds.
"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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A Promising Practice: Keya House Peer-Run Respite

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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 (1st 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, 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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