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

Inclusive CILs: Reviewing Your Organization

Presenter:
Sarah Launderville
Review Your Organization

- Are your documents (policies, procedures, applications and other paperwork) inclusive toward a cross disability structure?
- Do your bylaws and other legal documents include cross disability language?
- Do your history trainings include people who have psychiatric disabilities or the Survivor Movement?
- Do you have board members, staff and volunteers who have psychiatric disabilities? Are they in leadership positions?
- Is your programming accessible to people who have psychiatric disabilities?
Systems Advocacy

- Are you aware of and working toward and including people who have psychiatric disabilities in planning and work in systems advocacy issues?
  - Involuntary commitment law
  - Involuntary medication law
  - Gun laws—taking away rights
  - Registries naming people who have psychiatric disabilities
  - Treatments—medications, ECT, therapy
Media

• Are you responding to media stories that further stigmatize people with psychiatric disabilities?
  • Stories that draw strong connections to violence and psychiatric disabilities
  • Stories that assume the medical model is correct
  • Stories that use inappropriate language and assumptions about mental health issues
Allies

• Are you making strong connections and collaborating with other groups/organizations working with people who have mental health issues and the survivor movement?
  • Survivor Organizations
  • Recovery Organizations
  • Domestic and Sexual Violence organizations
  • State Protection & Advocacy Organizations
  • Club houses
Resource

• See handout example, “Independent Living Center Mental Health Services Self-Assessment” contributed by Independent Living Resources in LaCrosse, Wisconsin.
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Discussion Groups
Beyond “Token” Inclusion

Facilitators:
Ruthie Poole
Justin Brown
Discussion: Beyond “Token” Inclusion

• What is the difference between a “token” presence of psychiatric survivors in your CIL and true inclusion of the psychiatric survivor movement?

• What first step could your CIL take to begin the process of inclusion in a way that honors the history and values of the psychiatric survivor movement?

• Who would be your allies in taking this first step, both within your CIL and also in your larger community?
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Overview of Funding

Presenter:
Sarah Launderville
Core CIL Funding

Use Core CIL Funding

• Make a commitment to serve all people who have disabilities and if you are underserving people who have psychiatric disabilities, make it a priority at your Center and in your State Plan for Independent Living (SPIL).

State Department of Mental Health

• Some states are paying for peer services, coalition building, prevention ideas, recovery centers, and training. Check with local department.
Funding, cont’d.

State Legislature
• Chances are general funds are going to medical model work in mental health. Work with your state legislature and demand equality in funding for peer and recovery services.

United Way
• Check out local United Way priorities. Many are moving to a “community impact model” and some are choosing “mental health services.”
Funding, cont’d. 2

Substance Abuse & Mental Health Services Admin (SAMHSA)

• Grants available

• Some grants look for the leadership of your organization to have 51% in recovery or mental health lived experience

• Great opportunity to partner with other organizations–They need Centers for Independent Living too!
Funding, cont’d.

National Institute on Mental Health
Research based grants
http://www.nimh.nih.gov

Ittleson Foundation
http://www.ittlesonfoundation.org/mental-health/

Hospitals are looking for ways to collaborate
  • ER Cadre
  • Peer Support Workers
Foundations

• Be careful who you apply to and like other grants make sure your mission and vision match

• See if they grant to other peer programs or fund medical model approaches
Foundations, cont’d.

Jacob & Valeria Langeloth Foundation
https://www.langeloth.org/

Bristol-Myers Squibb
http://www.bms.com/foundation/reducing_health_disparities/mental_illness/Pages/default.aspx

Mental Health Foundation
http://www.mentalhealthfoundation.net/grants/
Foundations, cont’d. 2

Baxter International Foundation
http://www.baxter.com/about_baxter/sustainability/international_foundation/apply_for_grants_program.html

Viola W. Bernard Foundation
http://violabernardfoundation.org/
Medicaid Reimbursement

• Some Centers have programs that seek reimbursement from Medicaid for services provided

Resource
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OneCare: A Demonstration Project

Presenters:
Ruthie Poole
Justin Brown
Risks and Benefits of Medicaid Billing

• Certified Peer Specialists in Massachusetts
  • Curriculum Developed by the Transformation Center
• Three Core Principles
  • Peer Support
  • Change Agent
  • “In” but not “Of” the system
• Certified Peer Specialists (CPSs) embedded in DMH-funded Residential and Community Outreach services
  • Day rate for “Rehabilitative” Services
  • CPS under Clinical supervision and “treatment” plan
Risk and Benefits of Medicaid Billing, contd.

- “OneCare” Demonstration Project
  - Dual Eligible: Medicaid and Medicare
  - Independent Living Centers participate
  - Recovery Learning Communities don’t participate
  - Lack of Options – Only one provider in Northeast Mass
  - Lack of Participation from healthcare providers
  - Long Term Support Services offer “peer counseling”

- One Care Billing
  - $9.00 for 15 minutes of peer counseling
  - No money for travel, overhead, supervision, etc.
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Medicaid Funding of Peer Support

Presenter:
Daniel Fisher, MD
Medicaid Funding of Peer Support

• Medicaid letter to states (2007) stated peers were an allowable service

• Training as Certified Peer Supporters (CPS)
  o Intentional Peer Support
  o National Association of Peer Support
  o VA: DBSA training in peer support
  o State specific training—Texas, Pennsylvania
Medicaid Funding of Peer Support, cont’d.

• Medical necessity, broader the better
  o Michigan includes Recovery, community integration

• Supervision
  o Letter states “Supervision must be provided by a competent mental health professional (as defined by the State).
  o Pennsylvania and Arizona peer can supervise
Funding Mechanisms

• States with waivers (1115 or 1915(i)) can fund under managed care: Michigan and Tennessee—15 minute units of service
• Other states use rehab option
• Money follows the person: difficult because of IMD exclusion
• Peers as personal care attendants under provision of providing instrumental ADLs (Oregon)
• In 38 states peers can be independently billed as a service provider
Ethical Conflict

- Medicaid funding conflicts with ethics and values of peer support.
Resources

For more guidance on developing and managing fees-for-service in Centers for Independent Living:

1. IL-NET on-demand training “Establishing and Managing Fees-for-Service in CILs”— http://www.ilru.org/training/establishing-and-managing-fees-for-service-cils

2. IL-NET CIL Survey Results “Fees-for-Service in CILs”— http://www.ilru.org/survey-results-and-analysis-fees-for-service-cils


5. NCO on-demand webinar “Fees-for-Service Accounting in CILs: Budgeting and Setting Rates” — http://www.ilru.org/training/fees-for-service-accounting-budgeting-setting-rates
Day 2 Wrap Up

• Summary and wrap up
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