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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

Medicaid Coverage of Peer Support for People with Mental Illness: Available Research and State Examples (2008)

http://www.wicps.org/uploads/1/8/1/4/1814011/peersupport_reuters.pdf

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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)
 - Intentional Peer Support
 - National Association of Peer Support
 - VA: DBSA training in peer support
 - State specific training—Texas, Pennsylvania

Medicaid Funding of Peer Support, cont'd.

- Medical necessity, broader the better
 - Michigan includes Recovery, community integration
- Supervision
 - Letter states "Supervision must be provided by a competent mental health professional (as defined by the State).
 - 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>

Resources, cont'd.

3. New Community Opportunities Center at ILRU (NCO) on-demand webinar “Planning for Fees-for-Service in CILs: Part 1” — <http://www.ilru.org/training/planning-for-fees-for-service-cils-part-1-two-part-series>
4. NCO on-demand webinar “Implementing Fees-for-Service in CILs: Part 2” — <http://www.ilru.org/training/implementing-fees-for-service-cils-part-2-two-part-series>
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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