

NorthCare News

A Note from the New COO: Bill Slavin

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These are very busy and exciting times for Community Mental Health in Michigan. By way of introduction, I came to NorthCare as the Chief Operating Officer the last week in May. My former position was as the Chief Managed Care Officer at the Northwest CMH Affiliation (also a PIHP).

I have thoroughly enjoyed the transition to NorthCare and find the Upper Peninsula much to my liking and very similar to Northern lower Michigan. I am happy to have established a new home in the area.

The public mental health system in Michigan is facing many challenges. Along with budget crises; we are challenged and committed to System Transformation. We have a renewed focus on:

- Recovery
- Self Determination
- Consumer Choice and Empowerment
- Culture of Gentleness
- Evidence Based Practices
- Healthcare reform

We are moving ahead with major changes in a complicated system of service delivery, funding, and administrative management. The role of the Medicaid Prepaid Inpatient Health Plans (PIHPs) as administrators of the Medicaid Specialty Services and Supports contracts in

Michigan continues to evolve. We have engaged consumers and stakeholders in the design, delivery and

evaluation of our services. We continue to rely on community feedback for assistance to improve our services. Administrative requirements are complex and ever changing. In these times of shrinking resources we continue to look for administrative efficiencies and improved outcomes. Changes in our contract with the MDCH place more and more responsibilities on the PIHP to ensure providers comply with federal and state requirements and to monitor services to ensure effectiveness, availability and efficiency.

Through all this we have come to realize more than ever that the future of the public system is about true partnerships with the persons we serve, our providers, board members and community stakeholders. We take our responsibilities seriously at NorthCare and are proud to partner with you as we move forward.



Bill Slavin, COO

Be sure to check out
the NorthCare
website at:
www.northcare-up.org

4th Annual U.P. Conference: Recovery Garden Update

On May 4 2009 consumers with mental illnesses met at the Holiday Inn in Marquette to attend Recovery Garden, the 4th Annual Upper Peninsula Consumer Conference. On the night before the conference, about ¼ of the attendees gathered for a pre-conference social which featured our own karaoke hosts, Bob & Jeanne White. While we relaxed and caught up with old friends, the Superior Alliance for Independent Living (SAIL) hosted a benefit featuring David Granier.

David Granier, the keynote speaker for the conference is a stand-up comedian and a mental health consumer. David uses humor to help break down the walls of stigma. He also teaches stand-up comedy to consumers as a way to help them deal with their illnesses and the subsequent self-image issues. His speech put a smile on everyone’s face – always a great way to start the day!

Workshops on everything from Wellness Recovery Action Planning (WRAP) and Personal Attention Toward Health (PATH), to gentle exercise and nutrition to positive thinking and telling your own story were well attended to the point of overflowing their respective rooms. While the attendees enjoyed a nutritious box lunch, Deb Wunsch, CPSS from Manistique, enthralled us with the story of her own recovery. A huge raffle wrapped up the day’s activities and sent everyone on their way with smiles still in place.

Recovery Rainbow – Find Your Own Pot of Gold, our 5th Annual U.P. Consumer Conference, will be held on May 17th, 2011 at the Holiday Inn in Marquette. The keynote speakers in the morning are from the Community Network Services Stamp Out Stigma Program. Colleen Jokinen, a U.P. Native has been chosen as the noon speaker to share her empowering story of recovery. Many of the workshop topics are still being arranged. Be assured they will be of the same high-interest, high-quality as last year’s presentations.

In May, 2011, there will be an opportunity to renew old friendships and initiate new ones at get-together the night before the conference. Our 5th U.P. consumer conference is guaranteed to be bigger and better than ever and we look forward to seeing everyone there.

Self-Determination? What Is It?

Self-Determination allows for:

- Support
- Freedom
- Authority
- Responsibility

Self-Determination is defined as: “a set of concepts and values that individuals receiving support from the public health system have the right to define their lives and the public mental health system should support them to do so.” Self Determination includes:

- **Freedom** to choose how to live one’s life.
- **Authority** to control how one’s services are purchased.
- **Responsibility** and accountability for spending of public dollars.
- **Support** to use resources to realize one’s life dream.

Self-Determination can be confusing for many people and for good reason. There are many variations or levels at which individuals can participate.

Some individuals may help choose the workers they want to come into their homes but the workers are employed by the CMH. Others may choose their workers but the workers are hired by a contract agency. While these choices are perfect for some, there are other individuals who want even more choices so they choose to hire their own staff using what is called a fiscal intermediary.

Hiring staff can be beneficial but it does come with some responsibility and is not for everyone. If you think that you may be interested in Self-Determination, be sure to talk to your clinician. They will be able to help you decide what is best for your situation. Remember: Self Determination is available for all adults receiving Community Mental Health Services.

Remember: consumers choose the level of participation in Self-Determination that best fits their needs and comfort level.

News Bulletin—Sept 27, 2010 MDCH releases draft summary of the REE Survey

The vision of the Michigan Recovery Council is "To lead the transformation of the Public Mental Health System to one based on a Recovery foundation". One of the Council's first assignments was to benchmark recovery in our state. They chose to use a survey called the *Recovery Enhancing Environment* to ask consumers to measure our progress in creating "a system that promotes, expects and speaks recovery" (Irene Kazieczko).

The REE can provide mental health programs with information about important questions like:

- Where are people in their personal recovery journey?
- What factors are critical to address in a recovery oriented mental health system?
- What practices are already in place?
- What practices need to be more fully developed?
- What aspects of care need to change to better support people's natural capacities

What we learned from the REE study statewide:

- 6,146 individuals participated, representing all 46 CMHSPs
- CMHSPs met 57% of their planned study enrollment
- While data collection problems were encountered, this effort was successful in providing new information for use by the CMHSPs

Each Board has a report summarizing their results and they will be posted on their website or available in hard copy by calling the office. We have included the draft summary and key findings on our website with links to the CMHSP websites.

Specifically the MDCH expects that CMHSPs will:

- Outline an implementation plan to maintain the existing strengths of the recovery environment and to address areas for improvement;
- List individuals/organizations to be part of a stakeholder group charged with reviewing the data and working in partnership to develop a strategic planning process;
- Describe how data will be used locally and regionally;
- Describe the role of the regional Practices Improvement Leadership Team in the quality improvement process;
- and describe how the REE data will be used in coordination with other projects.

The expectations are the CMHSPs will:

- Circulate REE findings only within the explanatory context of the report:
- Not selectively report findings:
- Not create new tables or figures from the report data.

Expect to learn more in our next newsletter and from your local agency as we continue our transformation toward recovery based services.

Missing & Other	Not Actively Involved In Recovery	Actively Involved In Recovery	Response
Other	I do not believe I have any need to recover	I am actively involved in the process of recovery	Statewide % of all participants N=6,146
No response/missing	I have not had the time to really consider mental health recovery	I am committed to recovery & making plans to take action very soon	
	I was actively moving toward recovery but now I am not	I feel that I am fully recovered, I just have to maintain my gains	
	I have been thinking about it but have not decided to move on it yet	I have never heard of or thought about recovery	
	I have not had the time to really consider mental health recovery	I feel that I am fully recovered, I just have to maintain my gains	
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19% "No response/missing" is not recorded in the individual CMHSP reports. The category "other" is reported but it is not clear if the no response/missing data is rolled into the other category.			Copper N=68
			Gogebic N=48
			Hawatha N=65
			Northpointe N=29
			Pathways N=108

WRAP in the U.P.

By: Jeanne White

We have 16 certified WRAP facilitators here in the U.P.

About two years ago Wellness Recovery Action Plan (WRAP) programs were facilitated in seven (7) counties throughout the UP. A few months later a “WRAP tune-up” or a refresher course was facilitated in each of the counties. There was such a positive response to the WRAP programs, that NorthCare sponsored a WRAP facilitator training in October of 2009. Sixteen people graduated from this training held at Bay Cliff. We are very proud to say that we have 16 certified WRAP facilitators here in the UP.

Since the Facilitator training, we have been looking at ways to support the new Facilitators starting WRAP groups in their area.

Last March was the first monthly WRAP consultation phone conference. We have used this as a way to stay in touch and share ideas. We also brainstorm ideas to overcome barriers to getting WRAP going in the UP.

In August the first annual WRAP Facilitator Campout was held in the big town of Trout Creek. We really had a great time sharing stories, eating chili, making smores, sitting by the campfire relaxing and singing Karaoke till the coyotes were howling!!

WRAP talks a lot about Support. We believe it is important to support the new Facilitators not only in their personal recovery but as WRAP facilitators.



Brantley Drop-In 10 Years and Going Strong

The sun shone on October 5, 2010 as the Brantley Drop In Center celebrated ten years of providing a safe haven, friendship, hope and recovery for those who deal with mental illness. The occasion celebrated during National Awareness of Mental Illness week helped increase awareness in a positive, fun way. The press was impressive with coverage by the newspaper, local TV and radio applauding our event. Over sixty consumers, staff and the community were entertained with live music from Eddie, a board member and his daughter. Lucy Olson

from NorthCare and Tammy O'Brien, the Center's liaison empowered those in attendance to live their best life. Cake, punch and coffee were enjoyed by all.

Milt Demarest was honored and recognized for his 10 years of dedication, hard work and being a role model for all consumers using the center. Milt has been there since the Brantley Center opened and without his wisdom the center would not be what it is today: A family looking out for each other in care, concern and laughter; living successfully with an illness no one asked for but is made better despite it.

Your Rights to Know

The Federal government requires its Medicaid providers to guarantee you know what information you are entitled to as a Medicaid recipient AND how you are to be provided with that information. At NorthCare, we call it the "A to L" list. You have the right to receive this information annually.

- A. Providers that offer Non-English language services.
- B. List of service provider restrictions on freedom of choice. (None in the Upper Peninsula.)

C. Information on grievance, appeals & fair hearing procedures.

D. Explanation of benefits available through your service provider.

E. Procedures for obtaining benefits & authorization requirements.

F. How to obtain benefits from out-of-network providers.

G. Information on after-hours and emergency coverage.

H. You may request policies on referrals for specialty care and other benefits

not provided by your primary care provider.

- I. Cost sharing. (None in the Upper Peninsula.)
- J. Benefits that are available under the State plan but are not covered under contract.
- K. Written information on Advance Directives.
- L. Additional information on the structure and operation of NorthCare.

NorthCare also wants you to know that no physician incentive plans are in use by

NorthCare Network or their providers.

Most of the information on the "A to L list" is included in the NorthCare Customer Handbook. The handbook is given to members when they have an intake at their mental health or substance abuse agency. You can also call NorthCare at 1-888-333-8030 and we will mail you a copy, or you can find the NorthCare Customer Handbook on our website at www.northcare-up.org for this information and more.

Supported Employment

Supported Employment has been proven to be a key component in recovery. Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment. The overriding philosophy of Supported Employment is the belief that every person with a serious mental illness is capable of working competitively in the community if environment can be found. Competitive employment is defined as work in the community that anyone can apply for that pays at least minimum wage. Therefore competitive employment is considered integrated employment, not segregated.

Here in the Upper Peninsula there are staff members working at each

Community Mental Health agency to promote supported employment initiatives. Supportive Employment facilitates the recovery process by supporting consumers who are interested in working in their efforts to get on with life beyond their illnesses.

As consumers succeed in working in the community, their self-perceptions often change, and they view themselves as workers and contributors to society. Furthermore, as people in the community see consumers working, consumers are less stigmatized for their mental illness and become more socially accepted.

Excerpts taken from the Evidence-Based Practices: Knowledge Information Transformation developed by the U.S. Department of Health and Human Services substance Abuse and Mental Health Services Administration Center for Mental Health Services.



Eye-Care for Those Without Vision Insurance

For all of us without vision insurance, it is nice to know about a local, inexpensive resource.

Eye exam	\$49.00
Single vision glasses (frames & lenses)	\$38.00
Bifocals with lines (frames & lenses)	\$58.00
Bifocals no lines (frames & lenses)	\$88.00



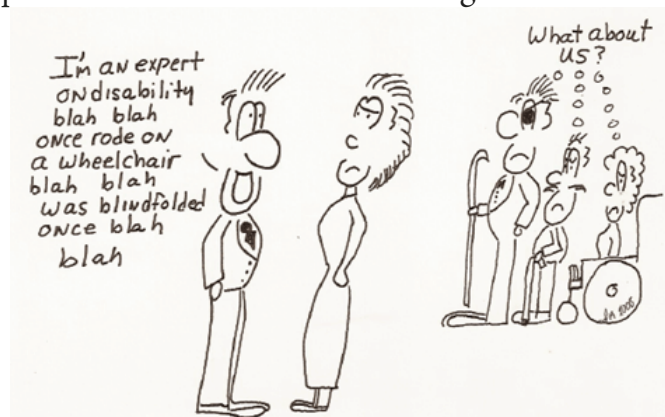
Applause: Grant Awarded for Independent Facilitation

Most people who receive mental health services and Community Mental Health staff have heard of Independent Facilitation. However, our understanding of the practice is probably limited to the brief paragraphs on a handout that is one of the numerous forms we see when developing a Individual Plan of Service. Staff and consumers share the commitment to developing a plan that helps people work toward, and achieve, their self-identified goals and desires. Unfortunately, this Independent Facilitation piece that could improve the person-centered-planning process for some consumers, families and guardians has eluded us.

The Baraga County RICC together with Copper Country Community Mental Health has received funding for *Facilitating Choice*, from the Michigan Developmental Disabilities Council. The project's goal is to train a group of independent

facilitators, customers, and staff about the advantages of choosing the option of Independent Facilitation. The dream is that increasing the use of Independent Facilitation will:

- Enhance inclusion
- Increase use of Self Determination
- Improve Person Centered Planning.



In Michigan, the state center for excellence is the Developmental Disabilities Institute located at Wayne State University. Staff from DDI/WSU will be coming to Baraga and Ontonagon Counties on November 22nd to conduct trainings on Independent Facilitation for customers, families and supports coordinators. Copper Country Community Mental Health has applied for social work CEUs for these trainings in an effort to encourage as many supports coordinators and case managers to attend as possible. People interested in the project should call the Baraga County Center @ (906) 524-5885.

For more information on many different topics such as: Mental Health First Aid; Resources; and links to the Upper Peninsula Community Mental Health Agencies, go to the NorthCare Network website at:

www.northcare-up.org

We always appreciate your feedback. Give us a call or send us an email if you have comments or suggestions on how we can improve our website!

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