

The Three Legs of the Stool: A Framework for Person-Centered Community Mental Health Services That Do No Harm

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NCAPPS



Welcome to Today's Webinar



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Thank you for joining us to explore the framework for community mental health services developed by the Ashland County, Ohio Mental Health and Recovery Board.

Today's webinar is sponsored by the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

NCAPPS is funded by the Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS).

NCAPPS webinars are free and open to the public.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.





Webinar Logistics

- Participants will be muted during this webinar. You can use the chat feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to respond to questions that have been entered into chat.
- The webinar will be live captioned in English and live interpreted in Spanish.
 - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
 - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
 - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback about the webinar to NCAPPS@hsri.org.

(Please note that this email address is not monitored during the webinar.)

- The recorded webinar, along with a PDF version of the slides and a plain language summary, will be available within a few weeks at NCAPPS.acl.gov. We will also include questions and responses in the materials that are posted following the webinar.

Who's Here?

“In what role(s) do you self-identify? Select all that apply.”

1. Person with a disability/person who uses long-term services and supports
2. Family member/loved one of a person who uses long-term services and supports
3. Self-advocate/advocate
4. Peer specialist/peer mentor
5. Social worker, counselor, or care manager
6. Researcher/analyst
7. Community or faith-based service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

Introduction to Today's Webinar

SHAWN TERRELL



The Three Legs of the Stool: A Framework for Person-Centered Community Mental Health Services

Steve Stone



Steve Stone

Steve Stone is Executive Director Emeritus of the Mental Health & Recovery Board of Ashland County Ohio, retiring in 2020 after serving as the executive director for 18 years. He was the primary author of “Our Human Community” and served as a counselor, administrator, and advocate in the community behavioral health system for over forty years. He holds a Master of Arts in pastoral counseling and psychology from Ashland Theological Seminary. He received his clinical training at the Cleveland Psychiatric Institute and Case Western Reserve University.

Ohio County Board System

- Plan, prioritize, fund, and monitor
- Responsible to protect rights, establish a culture of care
- Boards contract with local non-profit BH agencies
- Governed by 14/18 volunteer-appointed board members
- Paid Executive Director and staff (1+3)
- Revenue: Federal, State, and Private (grants, endowment)

Trends in Ohio

- Medical Model dominant
- Increased use of mental health courts, non-consensual treatment
- Funding more fragmented
- Increased administrative burden
- More mandates
- Less local control

Trauma-Informed Care

- 1992 ODMH prioritized trauma-informed care (SAMHSA 2012)
- Brought psychosocial elements back to the table
- Did not mitigate or restrict the growing interest in AOT
- Offered an alternative framework for programs
- Medication Optimization (2011)
- SAMHSA Recovery (2012)

Medical Model	Trauma/Recovery Model
Assumes mental health problems are a result of chemical imbalances or otherwise biologically based	Assumes that mental health problems are complex and not fully understood; environmental, cultural, social, developmental and other factors are major contributors
What's wrong with you?	What happened to you?
Focus is on illness, deficits	Focus is on wellness, strengths
Emphasis is on the brain	Emphasis is on the person
Psychiatric diagnosis is essential	Psychiatric diagnoses are unreliable, unscientific, potentially hurtful and unnecessary
Recovery means symptom reduction	Recovery means a full life
Behaviors viewed as deviant	Behaviors are viewed as coping attempts
Medications are central	Medication is not seen as more important than psychosocial and other supports (People, Places, Purpose)
Medications correct a chemical imbalance	Medications create a chemical imbalance
People are encouraged to comply with treatment interventions	People are empowered to take charge of their own recovery
The helper is the expert and the client is dependent on the helpers expertise	The client is the expert and the helper is a coach

On the medical model....

“I don’t believe in ‘mental illness.’ My thoughts, moods, feelings, and emotions are not a disease, disorder, or an illness. They are me. They are the essence of my being and what makes me a unique human being.”

Patrick Risser

Mental Health Advocate from Ashland County, Ohio



Principles of Trauma-Informed Care	Principles of Recovery	Principles of Medication Optimization
<ul style="list-style-type: none"> • Safety • Trustworthiness and Transparency • Peer Support • Collaboration and Mutuality • Empowerment, Voice and Choice • Cultural, Historical, and Gender Issues 	<ul style="list-style-type: none"> • Self-Direction • Individualized/Person-Centered • Empowerment • Holistic • Non-Linear • Strengths-Based • Peer Support • Respect • Responsibility • Hope 	<ul style="list-style-type: none"> • Shared decision making, informed consent • Try other things first • Start with low dose • Minimize drug combinations • Minimal duration • Close monitoring

The framework helps the board to

- Develop a culture of care and services that are unified
- Direct funds strategically to build the system and continuum of care
- Promote what helps and avoid what hinders (see report)
- Avoid programs and services that put people at risk of harm
 - (e.g., children's residential, AOT Courts, etc.)

See *Mental Health Recovery: What Helps, What Hinders*

National Association of State Mental Health Program Directors, 2002

Benefits of Carve-outs

- More flexibility in services
- No diagnosis needed
- Less administrative burden
- Easier access
- Improved outcomes
- Can subsidize FFS services to fill gaps

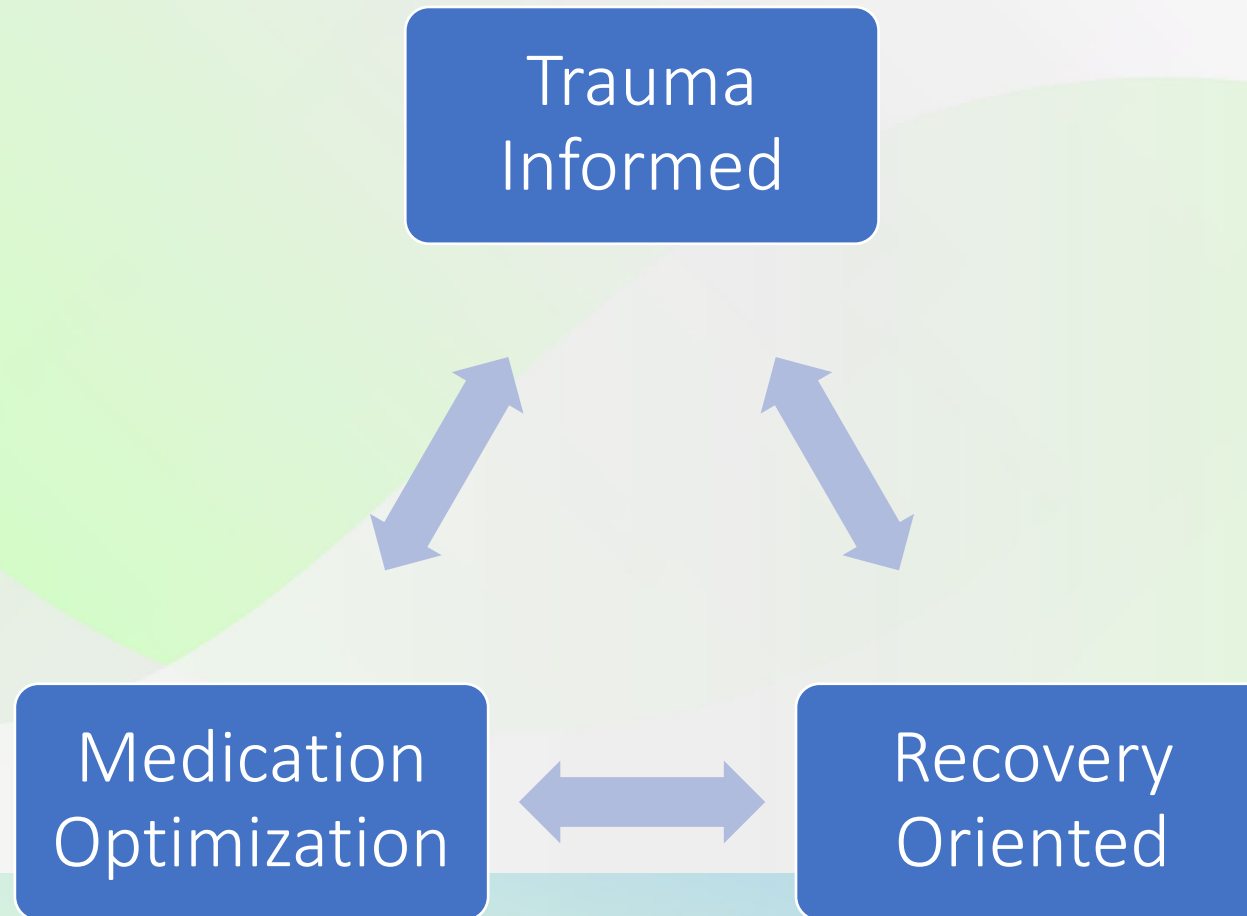
Jerry Strausbaugh



Jerry Strausbaugh

Jerry Strausbaugh has over 30 Years of Mental Health experience working in a variety of settings including inpatient, partial hospitalization, outpatient, and Employee Assistance Program settings. For the past 18 years, he has been the Executive Director at Appleseed Community Mental Health Center in Ashland Ohio. Jerry holds a bachelor's degree in special education from Ohio University, a master's degree in counseling from Ashland Theological Seminary and a Doctorate in Leadership studies from Ashland University.

Integrating the Three Legs Model in a Community Behavioral Health Organization



Starts With The Agency Theoretical Frame

- Trauma Competent
- Family Systems
- Holistic
- Person Centered

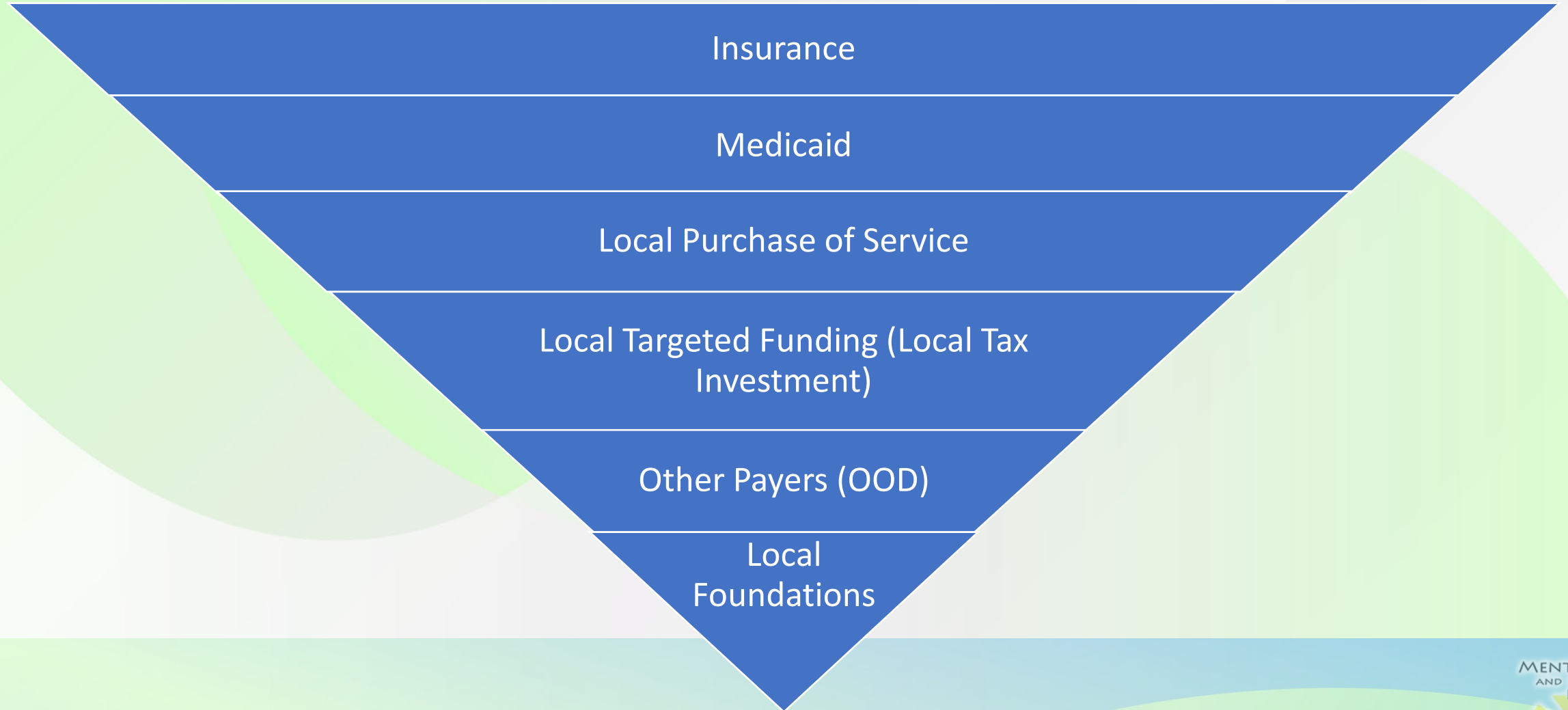
Build into Your Processes and Procedures



Putting Into Practice

- Assessment
- Diagnosis
- Programming
 - Therapists trained in innovative techniques

Funding The Three Legs



Carve-Out Funding Examples

- School-Community Liaison Program
 - MHRB Funding; Local Partner Funding; Local Foundations
- Hearing Voices Group
 - MHRB Funding
- IFAST (youth out-of-home-placement diversion)
 - Ohio Medicaid; MHRB; Local (United Way)
- Supported Employment
 - Medicaid; MHRB; Other (OOD); State Grant.

Stacey Roberts



Stacey Roberts

Stacey Roberts lives in Ashland, Ohio where she was born and raised. She has a love for her community and supports those who live near her by facilitating two local Support Groups; Celebrate Your Mind and Part of Me. She is a licensed social worker and has been practicing in the field of Social Work for 29 years. Recently, she received her certification recognized by the state of Ohio as a Peer Supporter. Stacey has lived experience in mental health and recovery. She enjoys sharing her experiences and promoting advocacy.

Stacey Roberts

- Peer Support and Crisis/Hospital Diversion
- Hearing Voices Group

James Mooney



James Mooney

James Mooney, MD, is a trauma-informed medical provider of Internal Medicine with a particular interest in the impact of emotional health on chronic medical problems. His 30 years of practice in hospitals, outpatient clinics, nursing homes, hospice, administration, and community outreach have developed his perspective on care. He believes the Adverse Childhood Experiences Study could serve as the foundation for understanding chronic disease.

Trish Risser



Trish Risser

Trish Risser has been involved with Peer Support for more than 20 years, and it is her passion. She is a Certified Peer Recovery Supporter and is actively involved at Pathways Peer Support. Trish has completed several leadership training programs over the years and seeks diligently to elicit the leader in others. She is a strong advocate for the voice and choice of those who often are marginalized. She values being a team player but does not shy away from letting her voice be heard when she is standing up for the rights and values of others.

Patient Voice and Choice

Helping Others Help Themselves

Introductions

- Trish Risser
 - Certified Peer Support Volunteer
- Jim Mooney, MD
 - Trauma Informed Physician-Internal Medicine

Why We Are Here

Patrick "Pat" Risser

1952 - 2016

Advocate and Activist
for Human Rights
and Social Justice



How We Got Here

- I met Pat Risser in Columbus at a conference
- I was discussing the impact of emotional trauma on physical health
 - I was introducing the audience to the **ACE Study**
 - Pat **invited** me to meet him and Trish at the Mental Health and Recovery Board in Ashland

Overview

- Introduction to Trauma Informed Care
- How we help others find their voice
- Tools and resources for advocacy
- How finding one's voice creates personal choice

Context For Our Discussion

- “I don’t believe in ‘mental illness.’ My thoughts, moods, feelings, and emotions are not a disease, disorder, or an illness. They are me. They are the essence of my being and what makes me a unique human being.”
 - ~ Patrick Risser

Principles Of Trauma Informed Care

- Emphasize Safety
 - Exercise Empathy
 - Support Personal Choice
 - Use Language Carefully
 - Always Ask Kind Questions
- **This takes time**





Obstacles To Finding Your Voice

- Fear of retribution or being bullied
- Fear of public humiliation
- Lack of self-esteem: does what I say even matter?
- Fear of abandonment by family and friends
- Fear of not being believed or even being called a “liar.”
- Would I be misunderstood or judged?

Helping Others Find Their Voice

- Trish's story about her transplantation
 - Trish's perspective about pursuing the transplant (doubts, fears)
 - My support with active listening, emotional support, and connecting to resources
 - Providers need to find their voice as well
 - Problems with stressful systems
 - Inherent issues with vicarious trauma

Change Only Occurs When There Is “Pressure”

- I borrowed this idea from a blog on NCAPPS (National Center on Advancing Person-Centered Practices and Systems) by Michael Smull
- “Pressure” is an underlying requirement for change
 - Compliance Pressure: there was a deadline for the implementation of a necessary change
 - Positive Pressure: there was agreement that a change in practice was desirable, and those impacted endorsed the change

Tools And Resources To Find One's Voice

- Mental Health and Recovery Board website (www.ashlandmhrb.org)
 - Three legs of the stool (TIC, Recovery, Medication Optimization)
 - ACE Study (www.acestoohigh.org): creates a common language
 - Healthy Ashland App
- **Person-Centered** Planning: Choice, Direction, Control (Shawn Terrell)
 - Administration for Community Living (acl.gov): live with dignity
 - CMS has Person-Centered Care as one of its core components of Value-Based Purchasing
 - “Providers need to be trained” (team-based approach for awareness)

How Voice Creates Choice

- When being heard (patient/client) and being listened to (provider) are in harmony
 - True definition of Person-Centered Care (it goes both ways)
- Makes collaboration between emotional and physical health possible
 - Radically changes the management of chronic medical problems
- Empowerment assists with patient/client ownership of one's health

Contact Information

- Trish Risser
 - Contact her at Pathways: [\(419\) 496-0140](tel:(419)496-0140)
- Jim Mooney, MD
 - [419-908-5840](tel:419-908-5840)
 - jmooney5@me.com

David C Ross



David Ross

David Ross is the Executive Director of the Mental Health and Recovery Board of Ashland County. He has been with the Board since March 2004 and as Executive Director since April 2021. In addition, David works closely with the Board's contract agencies and community partners around the ongoing mental health and drug/alcohol needs of Ashland County residents. David received his Bachelor of Arts in Psychology and Master of Education in Community Counseling from the University of Akron. He is an independently licensed clinical counselor in the State of Ohio.

One County Board's Experience

- Levy Funding allows for “out of the box” programs
- An investment in “carve-out” programs, over time, reduced the funding need for traditional fee-for-service (Medicaid) services, including hospitalization.
- A constant need to “make the case” for alternative approaches
- Sufficient buy-in
- Focus on Prevention
- Mobilizing Local Community & Natural Supports (Connectedness Correlates with Wellness)

One County Board's Experience (cont.)

- Examples of effectiveness & value
 - Very low use of State/Private Hospitalizations
 - Extremely low use of any force (Involuntary Outpatient, Forced Med Orders & Guardianships)
- Challenges/pressures posed by the public system and policy
 - 12 years of stagnant/reduced funding in an environment of increasing costs
 - Boards are no longer seen, even by our statutory partners, as the best entity to plan, develop, fund, and oversee local behavioral health services.
 - Funding is being diverted to other entities to do the same work (Medicaid, OhioRise, Primary Health, and Direct Contracting with agencies)
 - Going against what people think we “know” about any “causes” of “mental illnesses.”

Questions?

6/30/2023

Mental Health & Recovery Board of Ashland County, Ohio



Future Opportunity

- If you would be interested in further connecting with the panel on how you could implement this framework in your own state, fill out the following form to be notified of a future opportunity to do so:

<https://forms.microsoft.com/r/uAehxBWcv6>

Real-Time Evaluation Questions

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality NCAPPS webinars.
- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at NCAPPS@hsri.org

Real-Time Evaluation Questions (cont.)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
- 6. How could future webinars be improved?**

Resources

- Our Human Community: Promoting Practices that Do No Harm: <https://www.ashlandmhrb.org/our-philosophy/>
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach:
https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- SAMHSA's Working Definition of Recovery:
<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

Resources (2)

- Medication Optimization in the Service of Recovery, (Daniel Fisher, Will Hall, Judith Pentz, Pat Risser, et. al., (Foundation for Excellence in Mental Health, 2011):
<https://drive.google.com/file/d/19GemLmuU9Tz48w7Efc3rdsEI0DgxU8qr/view?usp=sharing>
- Medication Optimization, Choice, and Alternatives: A Statement from Peers in the Consumer/Survivor Recovery Movement (Laura VanTosh, Will Hall, et. al., Foundation for Excellence in Mental Health, 2011):
<https://drive.google.com/file/d/1tifF2nTmEd14b2cWiTSNIp18EDk8clop/view?usp=sharing>
- Moving Forward: Medication Optimization in the Service of Recovery-Policy Recommendations (K. Thomson, S. Terrell, S. Stone et. al., Foundation for Excellence in Mental Health, 2011):
<https://drive.google.com/file/d/1UZPIUmYF4IzTBW9SUxQEUhHFZRiLAmgG/view?usp=sharing>
- Peer Support Resources, Information & Empowerment Toolkit (Kristina Kapp, with Trish Risser and Stacey Roberts, 2023): https://drive.google.com/file/d/1Ao_xEb023nBCFr5rlu3BxL-F9k9NfN0t/view?usp=sharing

Related Resources

- School-Community Liaison Program Ashland County, Ohio Program Evaluation, (Center for Community Research & Evaluation Services (CCRES) Ashland University, Allyson Drinkard, Ph.D. Michael Vimont, Ph.D, LISW-S, July 2020): https://www.ashlandmhrb.org/wp-content/uploads/2022/12/executive_summary_with_logic_model.pdf
- Five Competency Domains for Person-Centered Planning (National Center on Advancing Person-Centered Practices and Systems, 2023): [https://ncapps.acl.gov/docs/Resources/V2%20NCAPPS%20Five%20Competency%20Domains%20for%20Person-Centered%20Planning%20\(508\).pdf](https://ncapps.acl.gov/docs/Resources/V2%20NCAPPS%20Five%20Competency%20Domains%20for%20Person-Centered%20Planning%20(508).pdf)

Related Resources (2)

- Person-Centered Planning and Practice, FINAL REPORT, July 31, 2020, (National Quality Forum):
https://www.qualityforum.org/Publications/2020/07/Person_Centered_Planning_and_Practice_Final_Report.aspx
- Mental Health Recovery: What Helps, What Hinders (National Association of State Mental Health Program Directors, 2002):
<https://www.nasmhpd.org/content/mental-health-recovery-what-helps-and-what-hinders-national-research-project-development>
- World Health Organization, Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches (World Health Organization, 2021): <https://www.who.int/publications/i/item/9789240025707>

Thank You.

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ncapps.acl.gov

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