

REVISED END STATEMENT AND CORE VALUES

Sec. 298 Behavioral Health Work Group

April 11, 2016

The project end statement and core values have been revised to reflect the discussion at the March 30, 2016 meeting of the work group and a small number of comments emailed to Lynda Zeller after the meeting. We have made every attempt to capture the many comments that work group members offered, but we have combined similar ideas when possible in the interest of conciseness, consistency, and clarity. *This document will be discussed and finalized at the April 11, 2016 meeting of the work group.*

End Statement

To have a coordinated system of supports and services for persons (adults, children, youth, and their families) at risk for or with intellectual/developmental disabilities, substance use disorders, mental health* needs, and physical health* needs. Further, the end state is consistent with stated core values, is seamless, maximizes percent of invested resources reaching direct services, and provides the highest quality of care and positive outcomes for the person and the community.

**The World Health Organization defines “health” as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.*

Values

- Person centered
 - Focus on highest level of functioning (maximum potential)
 - Recovery and resiliency based (including peer supports, clubhouses, drop-in centers)
 - Focus on habilitative supports and services
 - Independent facilitation of the person-centered plan to assure a truly individualized plan that will identify all necessary services and supports
 - Focus on early identification services
 - Trauma-informed
- Family-driven and youth-guided
 - Youth-guided refers to youth having a say in the decisions and goals in their treatment plans. The older youth are, the more they should be involved in their treatment plans.
- Promoting independence and embracing self-determination, freedom, and choice
 - People should be able to control who is in their lives. The behavioral health system currently determines too often who and what are in a person’s life.
- Full community inclusion, engagement, and participation reflecting individuals’ desires

- Meaningful participation and engagement defined by the person (including education and employment), ensuring that each individual reaches her/his fullest potential
 - People should be supported to gain and maintain meaningful integrated employment at competitive wages.
 - Integrated educational opportunities with needed supports

- Positive outcomes for the person
 - When children are in services, the outcomes are often family-based.

- Individuals' satisfaction with care

- Community-based
 - All services and support are local, with strong collaboration among organizations and people delivering supports and services.
 - Community is defined as including tribal nations
 - Providers should be community-based, with behavioral health and provider leadership coming from local communities.
 - People have choice of home and community-based services that are consistent with state and federal rules.
 - Community is defined as inclusive of where people choose to live, work, go to school, play, and worship. It encompasses the elements of daily life that an individual chooses to participate in and should embrace race, ethnicity, faith, gender, and all other subcategories of our population.
 - Community-based should reflect the unique ability of Michigan communities to define and build supports and services that address community- and person-defined needs and expand a community's capacity to nurture and support its members.

- Linguistic and cultural competence and relevance (rural, urban, race, ethnicity, gender, faith, and all other categories of the population) to assure that all community members are well served.
 - All cultures are of equal value and merit equal respect
 - The system need to recognize, work with, and respect tribal nations

- Optimal availability and access to a full array of effective care driven by people's needs and desires
 - Individuals' need for the level and frequency of services must be considered (sufficiency).
 - There must be a community safety net for vulnerable persons

- Coordinated, seamless system of supports and services that integrates all care for the whole person
 - Coordination has to focus on the whole person, which is more than physical health and behavioral health services: social determinants of health, social supports and services—anything a person needs to be successful. For example, people may need help with finding housing, getting a driver's license, or applying for insurance, among other services.
 - Persons who receive supports and services should have the support necessary to have healthy relationships

- The integration of whole person care can be best achieved when the model of care supports linkages among physical, behavioral, and social elements and promotes optimal health.
- Real- and full-time coordination of care
- Outcomes driven and based on evidence or best practices
 - A data-driven system supports these values.
- Highest quality of care, supports, and services delivered by a robust, trained, and experienced workforce
 - The workforce should be well trained, well compensated, and honored for their work.
- Invest in peer supports and recognize their value
 - Peer supports are a growing and important group of professional providers. People are often willing to share information with their peer supports that they would not share with their clinicians.
 - This value should include the use of recovery coaches, peer support specialists, and parent support partners.
- Focus on prevention
 - Prevention services can help avoid the need for intense behavioral health services.
 - Promotion of community health and wellness
- Public oversight and accountability to ensure the public interest
 - Transparency (access to information, open meetings)
 - Array of services and supports accountable to the public and the persons and families receiving services
 - People with disabilities should not be segregated in communities
 - There should be community engagement through representation of persons in the behavioral health system on the board/governance of any managing entity
- Maximize percent of invested resources reaching direct services
 - Efficient and effective delivery of services and supports from providers and administrators should produce gains that remain in the system and go to providing services and supports to people.
- Readily available information/outreach about care, services, and supports
 - People cannot find information about the behavioral health system when they need it.
- Equity of care, services, and supports across the state
 - The array of services and supports available should be consistent across counties
 - Policies and procedures related to authorization of supports and services should be consistent across counties
 - Where you live should not determine which Medicaid-funded or Mental Health Code required services and supports you receive