

County Mental Health Administrators' Toolkit for Promoting Community Inclusion

Designed to support the work of County Mental Health Administrators and their Staff



Temple University
Collaborative

On Community Inclusion of Individuals with Psychiatric Disabilities

Who We Are

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Requests for training, technical assistance, or other inquiries related to this toolkit should be directed to the [Temple University Collaborative on community inclusion for Individuals with Psychiatric Disabilities](#) (TU Collaborative) at tucollab@temple.edu.

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Section 1

Overview

“Community inclusion is what recovery is for...”

What is Community Inclusion?

Community inclusion is a concept that is becoming more familiar in the behavioral health world. It includes the notion that people with mental illnesses ought to be participating, like everyone else, in the life of their community – living, working, socializing, recreating, etc. – in ways that enrich their lives.

Unfortunately, many people with the most serious mental illnesses are very isolated, even when living in community settings, and need support and assistance in connecting to community life in ways they find satisfying. Participation is often a challenge: clinicians seem too often to focus on safety and security; communities are wary of participation; individuals and their families are worried that things won't work out; and funding patterns favor segregated systems of care in the community.

A focus on **community inclusion** requires that County Mental Health Administrators develop processes that both promote strong work in this area and attention to outcome evaluations that assure movement towards this goal. County Mental Health Administrators have provided commitment and leadership on many issues in the past, as they did in the downsizing and closing of large mental hospitals. This work focused on movement to “a place” in the community and treatment that emphasized reduction of symptoms, decreases in hospitalizations, access to medication, crisis management, and specialized programs - all in an effort to keep both individuals and communities safe and secure. Despite these good efforts, it has been shown that living *in* the community did not always translate to an individual life of meaning. In fact, individuals often remained segregated from the mainstream in many aspects - domains – of everyday life, such as housing, employment, education, socialization, civic engagement, religion/spirituality, etc. It is time for County Mental Health Administrators to take the lead again in developing community mental health programs that emphasize community inclusion.

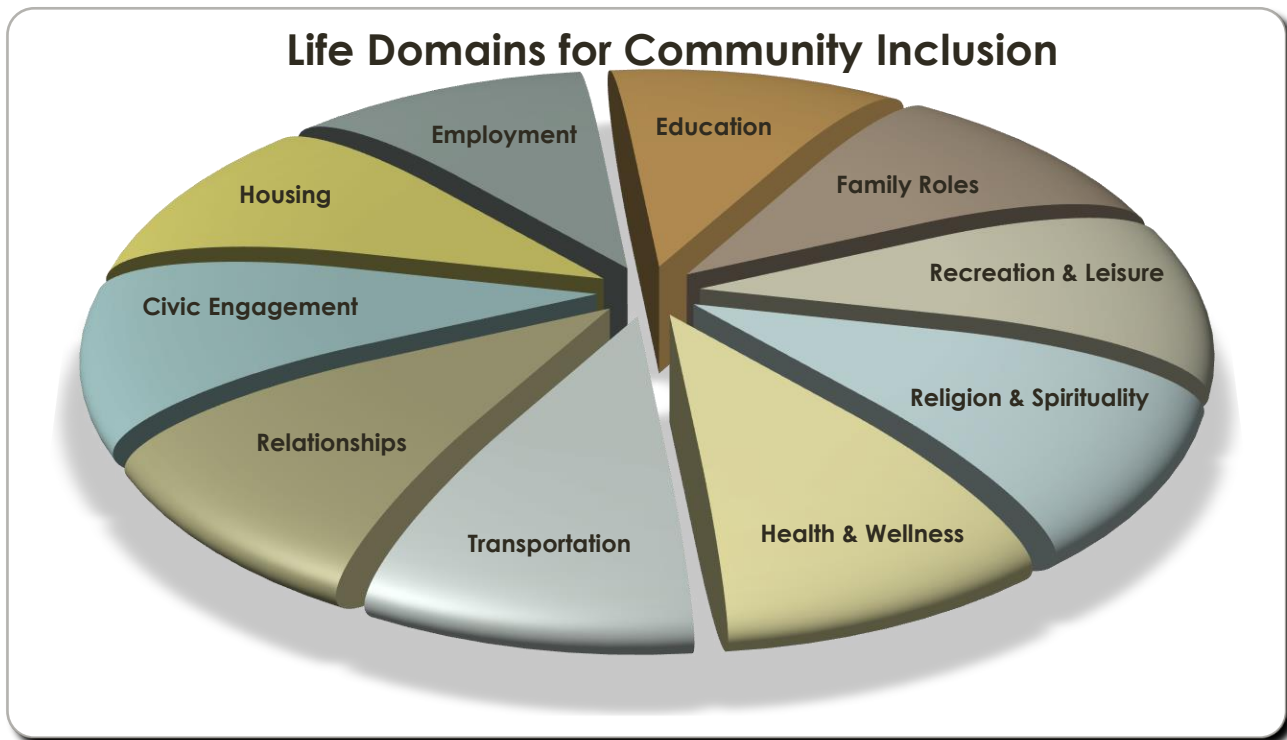
Over more recent years, persons with lived experience have helped to re-frame how mental illnesses are understood and treated, giving birth to the recovery movement. The concept of “recovery” has helped to reform public attitudes, fiscal policies, and clinical and rehabilitation approaches, as well as promote a focus on support for individuals that foster hope, personal meaning, and connectedness with self and others. Recovery also calls for the development of a system of care that responds to individual needs, that instills hope rather than anticipates chronicity, and that ensures that individuals with mental health issues have the power to make their own decisions. A focus on community inclusion advances the field and leads to a new generation of interventions, focusing on community participation and engagement associated with living a full and meaningful life.

The Role of the County Mental Health Administrator

County Mental Health Administrators have the responsibility for the overall management of the public mental health system in their communities. This is a far-reaching responsibility that requires a strong strategic and comprehensive leadership approach. The foundation for the development of an integrated, community-based system of care is built over many years. At the center of this process is the understanding by the Mental Health Administrator that a variety of strategies are needed to achieve full implementation.

The Focus of Community Inclusion:

The strengths of a successful system, as noted above, provide a foundation that will support the County Mental Health Administrator in his/her efforts to focus on community inclusion. Community inclusion is not necessarily about adding new services or spending more money. While it may or may not save money, it's about rethinking services and supports and spending dollars differently to help assure that people with psychiatric disabilities have lives as fully participating citizens.



Strengths of a Successful System include:

- **Commitment to the development of services that place the need and satisfaction of the individual receiving service at the center of planning and decision making;**
- **Energetic and committed consumer and family involvement at all levels of the system;**
- **Strong values-based approach to service that supports recovery and community inclusion;**
- **Willingness to seek out new opportunities that support systems development;**
- **Willingness to reorganize systems and services to meet the changing needs of people served;**
- **Willingness to model community inclusion as a key administrative strategy;**
- **The ability to design a system that has a clearly designated authority for overall management;**
- **A vision of recovery and community inclusion that is promoted through the development of standards and expectations;**
- **Adequate and flexible funding with an organized planning process that allows for change over time; and**
- **A structure that facilitates learning and evaluates progress throughout the process so that positive change is supported and maintained.**

A focus on community inclusion requires that the County Mental Health Administrator lead a broad-based conversation that asks key questions about the current delivery of services nominally designed to support individuals in living satisfactory lives within – and as part of – their communities:

- Where does participation take place? – are individuals spending much of their time at home or in mental health facilities, rather than engaged in community settings?
- Who chooses and directs the participation? – do agency staff play the major role in choosing which community activities in which individuals can participate?

- How much does the activity maximize opportunities to participate with others who do not experience disabilities? – do bus trips to ball games or special holiday parties serve to keep those with mental illnesses together rather than to support their individual engagement in community life as individuals?

The overarching goal of this conversation is to guide individuals, families, providers and the community in a collective effort to support individuals with disabilities to participate in activities 'like everyone else'.

When it comes to activities in the community, have you considered?

1. Where the participation takes place?
 - In the agency vs. in the community
2. Who chooses and directs the participation?
 - The individual vs. staff; individual vs. group
3. How much the activity maximizes opportunities to participate with others who do not experience disabilities?
 - Activity generated by MH system vs. Community activity—i.e. YMCA, Civic, etc.

Source: [Well-Together](#)

Organization and Development of the Toolkit

This toolkit is designed to provide a blueprint that aids in the development of a comprehensive system of care that supports individual recovery, community inclusion, and opportunities for a full and meaningful life. It will help to establish guidelines for the framework of community inclusion, which incorporate best and promising practices. Activities within the framework include: **promoting, planning, implementing, learning, ongoing evaluation, and overcoming external or systematic barriers.**

This toolkit is built around the primary functions of a County Mental Health Office. In Section 2, each Action Step has an introductory paragraph that gives a brief summary of the administrative functions, followed by a set of assessments and actions, with links to resources that give more detailed information. Key questions are used to assess both a county's current status and plans for moving forward. The suggested actions are intentionally short and succinct for ease of use. They are intended to stimulate ideas, discussions and activity. Because County Mental Health offices vary greatly in size, resources and geographic make-up, the suggested actions listed are flexible so that the actual work can be adapted to meet the local needs.

Preparation for this toolkit included the development of a survey for County Mental Health Administrators in Pennsylvania, meetings with State/County Mental Health Administrators from the Pennsylvania Association of County Administrators ([PACA](#)), and phone interviews. The focus of this preparatory work was to generate a broad perspective, with particular

attention paid to the current understanding of community inclusion, the work currently being done, and what would be helpful to expand and implement this vision.

Why Create a Toolkit for Promoting Community Inclusion?

Section 1 has outlined the complex and dynamic work that County Mental Health Administrators face. Day-to-day pressures that are often focused on immediate problems—putting out fires—have an impact on the activities of long-term planning that help to assure progress over time. Caught between seemingly never-ending immediate demands and the long-term expectations of Federal, State and local policy-makers that influence funding and direction—the work needed to take the steps that highlights and integrates community inclusion into the planning, implementation, learning and evaluation processes—often seems not timely or relevant in the midst of the latest crisis.

In short, why take this on?

The “why” seems simple and clear—individuals with serious mental illnesses demand efforts that help them to lead meaningful lives—the “how” is the challenge. The bad news is: there is no one-size fits-all recipe to follow. The good news is: there are simple non-linear steps to follow and you can start with one effort at a time. The benefit to each person whose life feels the impact of this journey is incalculable. Getting started is often the hardest step. This Toolkit provides ideas and suggestions to stimulate thinking, planning and connection to resources so that action can begin.

Have fun!

Section 2: Community Inclusion Action Items for County Mental Health Administrators

“County Mental Health Administrators are in a unique position to set the stage for promoting community inclusion...”

Action Item 1: Promoting Community Inclusion

County Mental Health Administrators are in a unique position to set the stage for promoting community inclusion. Your day-to-day work involves planning, fiscal management and community connections with key cross-systems stakeholders and government and agency officials. You participate in meetings and task forces where there is ongoing opportunities to promote the role of persons with serious mental illnesses as full citizens of the community. You often speak at events and with community groups that touch all areas of life domains—education, employment, healthcare, housing, recreation, etc. This aspect of your work can be enhanced through assessment and action.

ASSESSMENTS YOU CAN MAKE:

- ❑ Determine how you, as the County Mental Health Administrator (or your staff), fit into the Community at large. For example, do you meet with, provide education to, include in planning, or become active members in any of the following:
 - Civic organizations—Rotary Clubs, Kiwanis, VFW, Business Associations, RSVP, Foundations, PAL, etc.
 - Health organizations—Community Hospitals, Local Clinics, American Medical Association, Pediatric Associations, Group clinical practices
 - Faith-based organizations—Churches, Synagogues, Mosques, Headquarters of Religious organizations
 - Business leaders—Chamber of Commerce, Industrial Parks, Malls, Professional Associations, Foundations
 - Parks and Recreational community—Community Centers, YMCA's, Professional Teams, Sports Clubs, Walking/Biking Trails, Community Gardens
 - Housing Entities—Housing Authorities, Local Housing Option Team membership, County Housing Department, Realtor associations
 - Educational Organizations—Community Colleges, Public and Private Colleges and Universities, Adult Learning Centers, Parent-Teacher Organizations
 - Arts and Entertainment—Local Theatres, Open Mics, Improv Groups, Historic Housing
- ❑ If you do provide education to, include in planning, or become active members of any of the groups above—how are you using this work to promote community inclusion? What steps can you take to expand your outreach? With whom will you do the outreach? And when will you start?
- ❑ If you are not involved in these groups? How can you get started?
- ❑ Utilize existing Community Participation measures or checklists to track progress and see where gaps may be.

Some points to consider:

- In talking with community groups, you may already be sponsoring mental health education and mental health first aide programs, but to promote genuine community inclusion you may need to strengthen awareness about the need for individuals with mental illnesses to become more active participants in community life – to work, to attend school, to volunteer, etc.
- You may want to emphasize to groups in the community that there are people who have a history of psychiatric disabilities who want to participate again in community life – who want to work, or join a congregation, or participate in civic activities, or just join local clubs.
- The role of the Administrator is not only to educate, but also to give suggestions or strategies to be a more welcoming place.
- Identify someone in each community setting who is willing to be that welcoming person.
- Promoting community inclusion means as well that you may need to be open to hearing and responding to the community's fears around mental illnesses.

ACTIONS YOU CAN TAKE:

- ❑ Add Community Inclusion as an **agenda topic** at each Staff meeting.
 - For example: [Agenda for staff meetings on community inclusion](#)
- ❑ Identify **County staff** that already have a connection to community organizations and develop **talking points** for them to use with those organizations. These talking points will help staff share their knowledge of community inclusion as part of informal conversations with their friends and peers of those organizations.
- ❑ Create opportunities for **formal speaking engagements** to promote mental health, decrease stigma and increase opportunities for community inclusion.
 - For example: Community Organizations Outreach Checklist
- ❑ Develop **Speaker's Bureau of peers** to continue to share the message of recovery and community inclusion.
- ❑ Volunteer for **panel discussions**, workshop leadership roles and attend conferences to be a voice for community inclusion.
- ❑ Develop **brochures** to share with various community groups.
- ❑ Develop **Starter Kits** to distribute to interested groups wanting to connect with people with mental illnesses within their organizations.
- ❑ Take advantage of **already existing connections** with other County departments (Aging, Health, Veterans, Child & Family, Criminal Justice, Workforce Development, etc.) to promote knowledge of community inclusion for people with serious mental illnesses.
- ❑ Utilize all **Social Media** outlets for the promotion of community inclusion, myth busting FAQs, resources sharing, stigma reducing activities, etc.

Action Item 2: Planning Community Inclusion

Strategic planning is one of the primary responsibilities of the County Mental Health Administrator. It is a continuous process that requires ongoing attention and a connection to the organization's mission statement, policies, and day-to-day operations. Strategic planning helps to set priorities, focus energy and resources, ensure the variety of stakeholders are working towards common goals, and establish intended outcomes and a process for assessment.

ASSESSMENTS YOU CAN MAKE:

- ❑ Has community inclusion been incorporated into the annual planning process?
- ❑ Do you have a mission statement that includes community inclusion?
 - How does this statement fit with your County Office?
 - How does the statement fit with your overall County structure?
- ❑ What stakeholder group(s) can you work with to plan for and implement policy around community inclusion:
 - Consumer, family and provider feedback
 - **Community Support Program (CSP)**, Mental Health Plan review, Board, etc.
 - Block grant committee, Human Services Cabinet, Managed Care Organization
 - Community organizations – churches, recreational centers, community colleges, etc.
- ❑ Do you have documents that describe community inclusion?
- ❑ Do your policies and procedures include statements on community inclusion?
- ❑ How does your fiscal process align with the overall strategy to promote community inclusion?
- ❑ Have you developed **population based planning strategies** to understand the community inclusion issues of this population?
 - How do you partner with your own **county planning department** on these issues of inclusion?
 - How have you incorporated strategies to identify needs and understand your own community?

ACTIONS YOU CAN TAKE:

- ❑ Develop a structure for including various **stakeholders** (i.e. individuals, families, providers, community members, etc.) in the community inclusion planning process— i.e. meeting monthly, focused agendas, speakers, etc.
 - For example: a Community Inclusion Advisory Panel
- ❑ Revise/develop **mission statement** to incorporate community inclusion
 - Determine how the statement fits with your County Office
 - Consider how it fits with the overall County structure
 - Block Grant, Human Services, with the MCO or separate
 - For Example: Mission Statements

- Connecticut Department of Behavioral Health
- Los Angeles Office of Behavioral Health
- New Hampshire Department of Health and Human Services
- Delaware County PA Office of Behavioral Health
- Washington County, VT OBH
- Review and revise **policies** with attention to community inclusion efforts.
 - For Example:
 - Hours of operation— is your program accessible when they are most needed?
 - **Community Participation measure**—All providers must complete with each new intake.
- Develop **fiscal processes** to include the review of annual budget to see how the management and distribution of funds aligns with the overall strategy to promote community inclusion.
- Host ongoing **discussions** with providers about how to fund and deliver activities that promote inclusion.
- Set aside **resources** for community inclusion training and activities.
- Identify/dedicate **County staff** to work on community inclusion activities: create 'community inclusion specialist' job titles.
- Integrate **behavioral health managed care organization** dollars into community inclusion funding strategies.
- Develop Population Based Planning strategies
 - Become familiar with **Hot Spotting**; use **Census Mapping** and **American Fact Finder** to help map/produce reports.
 - Use key community leaders and organizations to learn about the culture of the area and places where people congregate.

Action Item 3: Implementing Community Inclusion

County Mental Health Administrators have responsibility to oversee the implementation of all aspects of the public mental health system. At times, this can be a very daunting task, which out of necessity requires collaborative work involving consumer and family stakeholders and providers. To view *community inclusion* as only another stand-alone initiative limits the potential for success. The key to implementation lies in the ability to incorporate a focus on inclusion into all aspects of each person's everyday work, so that it becomes second nature to what is being implemented throughout the system of care.

ASSESSMENTS YOU CAN MAKE:

- How have you worked with the managed care organization and community mental health providers to focus on community inclusion as an outcome of service provision?
- What have you done to promote community connections with regard to different 'domains' of life (e.g., living, learning, working, loving, socializing, recreating, etc.)?
 - How do you help people to live independently?
 - How do you help people get competitive jobs?
 - Where are you in connecting people to the community's recreational resources?

- How do you move forward with connecting people to local congregations of their choice, etc.?
- ❑ What is the County capacity for utilizing social media as a way to promote community inclusion?
- ❑ Do you have Foundations or other funding entities that can work with you?

ACTIONS YOU CAN TAKE:

- ❑ Advocate with managed care organizations (MCOs) and the Center for Medicaid/Medicare Services (CMS) to define *community inclusion* as **medically necessary**.
 - Community inclusion activities by staff may all be Medicaid billable (and thus reimbursed to the provider) if related staff activities to support individuals in pursuing community inclusion goals are defined as ‘medical necessities.’ In this way the work and/or activities required of case managers, psychiatric rehabilitation workers, peer specialists, therapists, etc. to support an individual’s connection to community life can be supported as they support individual achievements in forging strong community connections.
- ❑ For all **RFP’s** issued (for new, revised or expanded services), include a section on community inclusion practices the provider must utilize.
- ❑ Host **ongoing discussions** with providers about how to fund and deliver activities that promote inclusion.
- ❑ For all **contracts, business agreements, MOU’s**, etc., include a statement about community inclusion.
- ❑ Incorporate into your **fiscal process** a review of the provider’s **annual budget** to see how the management and distribution of funds align with the overall strategy to promote community inclusion.
- ❑ Work with **local foundations** to explore the availability of seed **grant funds** to develop practical approaches for community inclusion – e.g., funding peer specialist / peer specialist positions; providing the financial support often needed to fully participate in community life, to staff a position to work with community organizations training leaders and volunteers to reach out to individuals with mental illnesses.
- ❑ Sponsor **brown bag lunches** to promote discussion and share ideas/activities related to community inclusion.
- ❑ Develop **worksheet questions** to distribute in public forums, discussion groups, and other meeting venues, etc.
- ❑ Highlight examples and **stories** that represent community living and promote their **publications in newsletters, website articles**, newspaper articles, annual meetings, celebrations etc.
- ❑ Provide **incentives** to providers who apply for **best practice grants** in this area through a letter of support and if possible matching funds.
- ❑ Include **information** about community inclusion on the **county website** and all other **social media outlets**.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

Having strong social ties in community settings has been shown to:

- **Dramatically lower rates of disease and premature death.** Those who lacked supportive relationships had a **fourfold increased risk of dying** six months after open-heart surgery.
- **Improve our long-term happiness.** People's happiness **correlates to the happiness of others** with whom they are connected – and people who are surrounded by happy people are more likely to be happy in the future.
- **Decrease stress during major life transitions.** Higher levels of **happiness and optimism** were associated with lower levels of stress and greater increases in perceived social support during life transitions.
- **Support recovery.** One **study** showed that higher scores on the **Recovery Assessment Scale** were related to both social support as well as engagement in activities.

And, the quality of our social networks **has a lifetime impact** on well-being as we age.

Source: Integration.SAMHSA.gov

Action Item 4: Learning Community Inclusion

Education of the mental health community is viewed as the foundation for systems transformation. True change cannot occur if County Offices do not support the growth of knowledge and a change of culture not only within contracted providers but also within its own offices. County Mental Health Administrators, in collaboration with their stakeholder groups, can develop a structure for ongoing training and development focusing on community inclusion principles and practices. This structure can define required courses, learning models, certification requirements, specialized workshops and conferences, use of technology and remote site learning. Staff development does not just apply to each person who provides support to a given individual but also applies to how County Offices oversee change and how providers do business. In addition to staff training, a focus on supervision, coaching, mentoring and timely feedback related to the desired outcome is essential for promoting change among direct service staff.

ASSESSMENTS YOU CAN MAKE:

- ❑ What is the current structure for identifying training needs and ways for meeting those needs?
- ❑ How do you prioritize areas of focus?
- ❑ How do you partner with other entities to incorporate best practice models and subject matter experts (SME) on community inclusion?

ACTIONS YOU CAN TAKE:

- ❑ Download and utilize sources from [Temple University Collaborative on Community Inclusion](#).
- ❑ Develop/revise **training plan** for a **Foundation Series** for new employees, as well as those who wish to learn the most up-to-date information, that weaves community inclusion into the fabric of the series. Topics for a Foundation Series could include: Crisis Intervention, Trauma-Informed care, Motivational Interviewing and Stages of Change, Housing strategies, Understanding Families and Children, Co-Occurring, etc.
- ❑ Require staff from the managed care organization and providers to take the same trainings.
- ❑ Offer **SME experts** to provide training on community inclusion and use of [Evidence Based Practices](#). Explore and use various models for learning.
- ❑ Develop **Tips for Creating and Sustaining a Learning Culture** that specifically focuses on the knowledge base and practice skills needed to operationalize the community inclusion approach.
- ❑ Consider using a [Learning Collaborative model](#)
 - Use various approaches: change teams, champions, executive sponsors, quarterly sharing sessions
- ❑ Model ongoing learning and **professional development** by:
 - Keeping current with regard to developments in community inclusion
 - For example: [Temple Collaborative Community Inclusion resources](#)
 - For example: online courses through the [College of Recovery and Community Inclusion](#).
 - Developing ways to learn about the challenges of achieving community inclusion from the people you serve.
 - Hosting regular focus groups that address “how are we doing?” and focuses specifically on community inclusion.
 - Using quarterly group surveys to ask, “what can we do differently/better to promote community inclusion?” and then plan for ways to incorporate learning that is needed.
 - Increasing the use of technology and online resources

Action Item 5: Evaluating Community Inclusion

Evaluation of success is a complex issue. Historically, the mental health system has measured its success by collecting data on the decreased use of hospital-based care, decreased use of crisis services, increased use of community treatment, consumer compliance with medications, and community placements outside of institutions, to name a few. Moving people from an institutional setting to a community setting, as a measure of success, was more easily measured by the fact that the placement occurred. You could say, “we moved a person to the community, therefore they are now included.” Today, we know it is a far bigger challenge to measure *the actual everyday life* of a person who lives in the community and the degree to which they are

– or feel - included. What needs to be evaluated is whether the efforts to promote and implement community inclusion across the system are working? What is the quantifiable data that helps us to know we are making progress?

Measuring community participation can be facilitated by using the approaches and measures outlined in the Temple University Collaborative publication – **The Peer Facilitated Community Inclusion Toolkit** – which outlines ways in which both traditional staff and peer specialists can work with service recipients to identify their current community activities and their preferences for more participation. These approaches can also be used, by aggregating the data from individual forms to assess an agency's status and progress with regard to community inclusion.

ASSESSMENTS YOU CAN MAKE:

- ❑ Do you use *quantifiable* data to measure outcomes? If yes, what are they? Who is collecting this? How are you using the information?
- ❑ What is your capacity for the collection of quantitative data? Who does this work at the County Office? What data do they collect?
- ❑ What data does the Managed Care Organization collect? How is that data brought back to the County Office and integrated into ongoing evaluation and planning?
- ❑ How have you worked with the MCO and Providers to focus on community inclusion as an outcome measure?
- ❑ What *qualitative* data do you use to measure outcomes: do you interview individual clients, use focus groups or observational information?

ACTIONS YOU CAN TAKE:

- ❑ Utilize The **Temple Community Participation Measure**, which can provide not only individual level data to facilitate individualized community inclusion planning and measurement, but also agency wide assessment of needs and outcomes to evaluate system-level responses to client needs.
- ❑ Build **community inclusion outcomes** into the evaluation of provider contracts.
 - Do intake assessments and clinical assessments that ask questions about connections to community, what are they?
- ❑ **Process Improvement activities** centered on the increase in community activities.
 - Setting targets, collecting data, adopt-adapt-abandon
 - Keeping focused on the doing and not getting stuck on just one type of activity...if it doesn't work, stop and try something new.
 - For example: **NIATx**
 - For example: **Shifting Perspectives on Quality Measures**

- ❑ Utilize the **Community Inclusion Advisory Panel** (or another similar group) to assess current practices, keep the conversation moving forward, ask how it's going, and develop future goals.

Action Item 6: Overcoming Barriers Community Inclusion

County Mental Health Administrators must identify and address environmental barriers to implementing community inclusion. Addressing areas of individual stigma and disempowerment, as well as the problems associated with poverty, inadequate housing, limited employment opportunities, and poor transportation will not only move the entire mental health system forward but also increase opportunities for successful community inclusion programming. County Mental Health Administrators have both the authority and the influence to address these barriers, particularly inasmuch as they are often interrelated. Actions taken to address one will often have an impact on the other. Understanding the interrelatedness of these barriers is an important part of taking action. The tasks of promoting, planning, implementing, learning and evaluating provide opportunities, in both the mental health system and the community at large, to eliminate barriers.

SOME FACTS TO CONSIDER:

Stigma. People with psychiatric disabilities live with the limitations of widespread negative stereotypes and prejudice about them. The perception of their dangerousness and instability, in spite of the facts to the contrary, make it harder to fulfill everyday roles such as neighbor, friend, co-worker, classmate, etc. The reluctance of individuals with mental illnesses to seek help; the lack of understanding they face; the decreased opportunities for work, school and secure housing; bullying; inadequate health insurance; and the internalized belief that one cannot and should not be part of community life may all be the result of ongoing stigma experienced by the individual.

Poverty. The effects of poverty can be felt at every level—from the individual with psychiatric disabilities to the County Mental Health Administrator who is attempting to provide solutions to this issue. Poverty is the single most common deterrent to stable housing, and touches about every other aspect of life. Coupled with the cost of other basic needs such as food, clothing, transportation, etc., lack of income also contributes to the isolation of people with serious mental illnesses ([The Borgen Project](#)).

Limited Employment/Education. The unemployment rate for people with psychiatric disabilities has been steady at 80-85% for many decades despite the fact that many individuals report that they want to work. Fewer than 2% of those receiving services in the public mental health system receive supported employment services, the one approach to helping those with mental illnesses return successfully to the workforce that has a strong research justification. In addition, when people with psychiatric disabilities do work, they too often work in part-time and low paying position.

Inadequate Housing. SAMSHA has noted that stable housing is the foundation upon which people build their lives. The HUD [2013 Homeless Assessment](#) report indicated that about 250,000 of the 578,000 who were homeless on an assigned night also have serious mental illnesses, while others often live in segregated housing in poorer communities, making community participation a still more difficult challenge.

Poor Transportation. People with psychiatric disabilities often have limited car ownership and the unavailability of car-owning friends: many areas have limited public transportation, which further limits the ability to get to places of their choice.

ACTIONS YOU CAN TAKE:

Understanding the barriers relevant to your county is an important step toward taking action. While these barriers are consistent across the country, the particular details of any given County may vary. The first step in planning action is to collect data and information about your county. As a County Mental Health Administrator, you can leverage your connections to other departments within the county, including: Planning, Economic Development, Housing, Health, Veterans Affairs, Criminal Justice, etc., to develop a fuller picture of the local barriers.

▣ Stigma

- Contact local newspaper(s) editors to develop a plan for introducing the concept of community inclusion and to discuss the newspaper's role in promoting participation for individuals with mental illnesses living in the community.
- Work with your local [NAMI](#) and/or CSP to develop strategies for community education related to [stigma](#).
- Read and share [journal articles](#) on stigma.
- Support the empowerment of the Individual through policies that include:
 - [Shared Decision Making](#)
 - [Self-Directed Care](#)
 - Peer Support
 - [Peer Facilitated Community Inclusion Toolkit](#)



▣ Poverty

- Develop [Supported Employment](#) and [Education](#) programs
- Work with local groups to develop philanthropic support for individuals who cannot afford community activities.

▣ Limited Employment/Education

- Partner with your local Community College to develop a supported education opportunity.
 - For example: [POWER program](#)
- Make connections with your local Economic and Workforce Development office.

- Determine the number of individuals served who are currently employed/unemployed.
 - Utilize evidenced-based practices for **Supported Employment**.
- ▣ Inadequate Housing
- Determine the amount of County dollars being spent on supported housing models vs. facility-based programs and promote more supported housing opportunities.
 - Fund **evidenced based practices** around **permanent supported housing, housing first models** and **shelter plus care programs**.
 - Fund mobile supports that will allow individuals to remain in the community in their independent homes.
 - Work with your local Housing Authority and local Housing Coalitions to support the needs of people with psychiatric disabilities in mainstream housing.
 - Become familiar with mainstream housing development opportunities in your county.
 - For example: **Housing Choice Voucher** programs, **Section 811**, **Tax credits**, **PHFA**, and other opportunities to expand access to housing.
 - Create housing preference strategies with the Housing Authority to meet the needs of the community.
 - Review and utilize strategies identified in the **SAMSHA toolkits** for housing and homelessness
- ▣ Poor Transportation
- Know your County transportation network.
 - Develop relationships with local car dealerships to create opportunities for low-cost car loans and maintenance programs.
 - Work with your local planning and/or transportation department to explore the feasibility of car-share and bike-share programs in your area.
 - Encourage peer membership of the local Medicaid's Para-transit board.
 - Connect to local resources for driver education training programs.
 - Create a spot for volunteers to post driving and car-sharing opportunities.

A FINAL NOTE...

Leading the way is not new to County Mental Health Administrators. County mental health administrators all over the country have partnered with persons with psychiatric disabilities, family members and providers to downsize and close state hospitals, to expand community based services, to implement managed care and other integrated funding models, and to support the recovery movement to transform people's lives. These changes have brought new hope and energy to our work and have challenged us to think of a broader concept of community—the opportunity to live life like everyone else. This forms the basis for the integration of community inclusion into our everyday work and provides focus to continue to change people's lives.

Such a focus will not happen without effort or criticism. County mental health administrators are likely to hear, even if it isn't so—

- we already do this;
- the people we serve are happy with the care we provide;
- there is no funding to pursue this; and
- there is no evidence that community inclusion strategies work.

How does one respond to this? As a leader, the County Mental Health Administrator can say, that while striving to focus on community inclusion is not easy—

- it is the best result of recovery transformation;
- this is where we will put our money;
- we have already started;
- we will continue forward; and
- we will do this together.

It is our hope that this toolkit provides both inspiration and practical ideas to focus on Community Inclusion as part of your everyday work.

Section 3:

Appendices and Endnotes

Appendix A:

Staff Meeting Agenda Checklist

Staff Meeting Agenda Checklist:

Promoting Community Inclusion

Purpose: The purpose of this learning experience for county office mental health staff is to develop an ongoing conversation about community inclusion that becomes part of the everyday conversation in recovery transformation work.

1. Develop a meeting schedule for the year
2. Create a reading syllabus for staff
 - Start with definitions of **Community Inclusion**
 - Next, list all of the community inclusion domains
3. Make Reading assignments for staff presentations.
4. Put topic on the Agenda for 15 minutes at the beginning of one staff meeting per month
5. Review/discuss definitions at the first meeting and a domain at each subsequent meetings
6. Ask yourself and your staff to:
 - Define the domain
 - Identify how this fits into your work at the mental health office
 - Identify what service providers are doing to promote inclusion in the domain being reviewed
 - Outline areas to explore further

At the end of this overall learning experience discuss how to start or to continue the conversation both within the office and within the community at large so that it becomes part of your everyday work of Recovery Transformation.

Appendix B:

Community Organization Outreach Checklist

Community Organizations Connections Checklist

Community Organizations:	Member of:	Provide Education to:	Include in Planning:
Civic organizations—Rotary Clubs, Kiwanis, VFW, Business Associations, RSVP, Foundations, PAL, etc.			
Health organizations—Community Hospitals, Local Clinics, American Medical Association, Pediatric Associations, Group practices			
Faith-based organizations—Churches, Synagogues, Mosques, Headquarters of Religious organizations			
Business community—Chamber of Commerce, Industrial Parks, Malls, Professional Associations, Foundations			
Parks and Recreational community—Community Centers, YMCA's, Professional Teams, Sports Clubs, Walking/Biking trails, Community Gardens			
Housing entities—Housing Authorities, Local Housing Option Team membership, County Housing Department			
Educational organizations—Community Colleges, Public and Private Colleges and Universities, Adult Learning Centers, Parent-Teacher Organizations			
Arts and Entertainment—Local Theatres, Open Mics, Improv Groups, Historic Housing			

Appendix C: List of Interview Questions

Conversation with County MH Administrators and Deputies

1. Intro/Background
 - a. Who we represent
 - b. What we are doing
 - c. Long term goal to develop toolkit for Counties to use; will be available on website...possible trainings in the future, etc.
2. As you have been working on Recovery Transformation over the last few years, how have you incorporated **community inclusion** as an aspect of that work?
 - a. What does community inclusion look like in your County/Region?
 - b. (Or what do you want it to look like?)
 - c. Have County Staff and MCO's defined community inclusion for Individuals, Families, Providers and other Stakeholders? Communicated ways to get there...moving beyond the warm embrace?
3. Is your County Office organized in a way to create and promote community inclusion? For example,
 - a. Having a vision statement that includes community inclusion?
 - b. Having dedicated staff to focus on this aspect of the work?
 - c. Having a set of policies that promotes community inclusion?
 - d. Having a process to partner with the MCO?
 - e. Coordinating with other Health and Human Services Departments within the County so as not to duplicate services already existing in the community.
4. How do County MH Administrators/Deputies fit into the Community at large?
 - a. Meeting w Chamber of Commerce; sitting on any Boards; participating in Rotary club activities; joining national organizations; connecting with education/training, arts and theatre, sports & rec clubs, faith communities, etc.
 - b. Within the County—Planning Commission, Parks and Recreation, Economic and Workforce Development, Housing, and other Departments **outside** of Mental Health
5. What have you done to promote community connections with regard to different domains of life (living, learning, working, loving, socializing, recreating, etc.)?
 - a. How do you help people to live independently?
 - b. How do you help people get competitive jobs?
 - c. Where are you in connecting people to the community's recreational resources?
 - d. How do you move forward with connecting people to local congregations of their choice, etc.?

6. Have you considered defining community inclusion as medically necessary?
 - a. For example, partnering with the MCO to define medically necessary criteria for authorization of services. Of which, **the lack of community inclusion** would be one criteria meeting medical necessity. Meaning, without inclusion into the community, an individual is not fully healthy, therefore may need support to get to the next step.
 - b. By defining this criteria, work and/or activities around connecting folks *meaningfully* to the community, for example by a case manager, certified peer specialist, psych rehab worker, therapist, etc. could all be billable work.

7. What steps have you taken (or plan to take) to work on this?
 - a. Policies
 - i. Reviewing policies to re-evaluate priorities of increasing community inclusion
 - ii. Requiring Providers to do self-evaluations and to incorporate measures for evaluating community inclusion activities.
 - b. Programmatically
 - i. Requiring Providers to incorporate specific community inclusion strategies as part of service provision.
 - ii.
 - c. Fiscally
 - i. When evaluating budgets, do the programs you are funding incorporate community inclusion?
 - ii. Do you provide incentives for special projects around community inclusion? Or for meeting outcome measures, etc.?
 - d. Expectations for performance
 - i. Clearly defining what the County wants?
 - ii. Setting targets
 - iii. Communicating overall structure for evaluation of Programs?
 - iv. Does this include looking at data collected about community inclusion?
 - e. Ongoing education and Technical Assistance
 - i. Identifying areas needed for education and training
 - ii. Providing training opportunities around changing beliefs and attitudes, how to connect to resources or opportunities for connecting to community

8. From your perspective, what are obstacles/barriers for:
 - a. Promoting community inclusion
 - b. Planning community inclusion
 - c. Implementing community inclusion
 - d. Evaluating community inclusion
 - e. Sustaining community inclusion

Appendix D: List of Key Interviews

Urban-West

- Mary Jo Dickson/Don Clark (Allegheny County)

Urban/Rural-Center

- Dan Eisenhower (Dauphin)

Urban/Suburban –South East

- Jonna DiStefano (Delaware County)
- Donna Carlson-HS Director or Caroline Smith (Chester)

Rural-NorthEast

- Jeremy Yale (Lackawanna)

Rural-SouthEast

- Lawrence George (Lancaster)

County Joinders

- Steve Warren (York/Adams)*
- Richard Beech (Columbia, Montour, Snyder, Union)
- Syliva Herman (Cumberland, Perry)
- Sheila Theodorou (Carbon, Monroe, Pike)
- Steven Jasper (Jefferson/Clearfield Joinder w Board)

Pennsylvania Association of County Administrators (PACA)

Endnotes

- Temple Institute on community inclusion website
- Temple's Checklist for Community Participation
- Well Together: A blueprint for community inclusion
- Behavioral Health Managed Care Entity Community Inclusion Toolkit
- Montgomery County Recovery Best Practices
- Montgomery County MH Plan
- Cumberland Perry Community Activity Guide
- Self-directed Care Model (Allegheny County and maybe Delaware Co)
- Self-Directed Care Model Temple
- Behavioral Health Inclusion project (Allegheny)
- Stand Together (Allegheny)
- Mental Health First Aid (several)
- The Positive Deviance program (Allegheny)
- NAMI
- National Council of Behavioral Health
- The National Council--Social Connectivity