

December 2013

# Performance Speaks

## 50th Anniversary Of The Law That Brought Milestone Into Being

On October 31, 1963, President John F. Kennedy signed the Community Mental Health Act of 1963. The law established federal funding for community mental health centers and research facilities for developing treatment of mental illness. It was the last bill he ever signed.

Three years later, Muskegon County Community Mental Health was established.

Before the Community Mental Health Act of 1963, life for individuals with mental illness was marred with inadequate treatment, locked institutional doors, and isolation from the community. JFK saw a future for people with mental health disorders and developmental disabili-

ties where, the “cold mercy of custodial care would be replaced by the open warmth of the community.”

This philosophy and this law shifted inpatient care of individuals with mental illness into community-based programs, paving the way for more humane treatments and an unprecedented climate of inclusion. Community-based mental health centers began breaking ground.

In the past 50 years, new medications, psychotherapies, peer support, and other treatment technologies have dramatically expanded the ability to treat a range of conditions. And today, more people with mental illnesses get treated than at any other time in history -

mostly in community settings.

Yet, while science and public policy have taken giant leaps since 1963, as JFK warned, “The problems are not all solved and the battles are not all won.”

We haven’t realized the full potential of community-based care. Financing arrangements, clinical training, and systems of accountability are often misaligned, and mental illnesses continue to be the largest source of morbidity, just as they were in 1963. In fact, between 1990 and 2010, the worldwide incidence of mental illness went up by 38%, according to a 2010 Global Burden of Disease Study.

Patrick Kennedy, who formed The Kennedy

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Forum to create a national conversation on mental health and addictions, said in a recent National Council for Behavioral Health blog article, “The intent and energy behind the Community Mental Health Act diminished in the years following JFK’s untimely death. The money didn’t follow patients from institutions to the community, as he envisioned. While we’ve provided community and family-based treatment for many, we haven’t been able to make it a reality for all who need it.”

Three bills in front of Congress would move mental health and addictions care into a new frontier where mental health treatment will have parity with all other health treatments.

- \* The Mental Health First Aid Act.

- \* The Excellence in Mental Health.

- \* The Behavioral Health IT Act.

**The Mental Health First Aid Act of 2013** authorizes \$20 million in grants to fund

Mental Health First Aid training programs around the country. Participants would be trained in:

- \* Recognizing the symptoms of common mental illnesses and addiction disorders.

- \* De-escalating crisis situations safely.

- \* Initiating timely referral to mental health and substance abuse resources available in the community.

Training programs under this demonstration project would be offered to emergency services personnel, police officers, teachers/school administrators, primary care professionals, students, and others with the goal of improving Americans’ mental health, reducing stigma around mental illness, and helping people who may be at risk of suicide or self-harm and referring them to appropriate treatment. Studies have shown that Mental Health First Aid successfully increases help provided to others, increase guidance to professional help, and improves concordance

with health professionals about treatment.

**The Excellence in Mental Health Act** would allow up to 1.5 million more Americans living with addiction and mental health needs, including 200,000 returning veterans from Iraq and Afghanistan, to get the care they require. This important piece of legislation is sponsored by Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO) and was introduced on Capitol Hill in the wake of the Newtown tragedy.

The Excellence Act would bolster our nation’s community mental health and addictions system, providing new support for integrated and simplified treatment to improve Americans’ health and lower costs for the federal and state governments by establishing federal status for qualifying provider organizations and granting them access to payment structures that support the cost of doing business.

In 2003, President George W. Bush's New Freedom Commission on Mental Health found that "the [mental healthcare] system is in shambles." Since that time, the situation has only gotten worse, as states have cut over \$4 billion from addictions and mental health care over the course of the recession. Community mental health and addictions treatment centers struggle to continue providing services that help people lead healthy and productive lives – but funding cuts have left them to treat growing caseloads with fewer dollars.

The Excellence Act would create a new, voluntary pathway for community mental health and addictions organizations to become Certified Community Behavioral Health Centers (CCBHCs). Organizations would deliver specified services and meet requirements for reporting, standards of care, and oversight. In return, CCBHC status would provide a foundation for a whole-person approach to health that recognizes community behavioral healthcare organiza-

tions' experience and potential in treating people with complex healthcare needs.

### **Behavioral Health IT: the Foundation of Coordinated Care**

The American Recovery and Reinvestment Act of 2009 (ARRA) appropriated over \$19 billion for incentive payments to certain providers and health facilities to support the adoption and "meaningful use" of health information technology.

Unfortunately, behavioral health facilities and many behavioral health providers are not eligible to receive these incentive payments.

The Behavioral Health Information Technology Act (S. 539/H.R. 6043 in the 112<sup>th</sup> Congress) would extend financial incentives for the meaningful use of electronic health records to specified mental health and addiction treatment providers and facilities.

Individuals with mental health and substance use conditions are in dire need of care

coordination. A recent study by the Substance Abuse and Mental Health Services Administration points to a strikingly high incidence of cancer, heart disease, diabetes, and asthma among the more than 6 million Americans served by the public mental health and addiction treatment system.

Health IT is the bedrock of any effort to coordinate and integrate care for this population across all modalities of care. Yet, mental health and addiction providers face significant financial challenges in trying to adopt comprehensive EHR systems, and fewer than 30% (LINK to our health IT survey) have been able to implement full or partial EHR systems.

If behavioral health providers cannot adopt health IT at a rate comparable with primary care facilities, hospitals, and physicians, it will soon become impossible to provide clinical care coordination.

The Office of the National Coordinator's Federal HIT Strategic



Plan includes support for HIT adoption in behavioral health settings among strategies to promote meaningful use of HIT, noting that, "the ability to integrate mental health data into the primary care and related safety net systems is essential for coordinating care."

- milestonecentersinc.org  
and National  
Council for Behavioral  
Health

## Community Mental Health Services of Muskegon County

### Provider Report Card For FY12/13

Report Date: August 7, 2013

**Survey Process:** 1316 Provider Satisfaction Surveys were mailed out to 1057 individuals receiving contracted services in June 2013. Individuals who receive contracted services through more than one Agency received a survey for each contracted agency they received a service from. Muskegon CMHSP internal Satisfaction Survey process is ongoing. Each individual has the opportunity at least annually to complete an Agency Satisfaction Survey.

Survey Results Based on the Following Rating Scale	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	5	4	3	2	1

**Rating Scores of 4.0 and above indicate Satisfaction with Services**

Provider Name	Question #1 While receiving services I was treated with respect	Question #2 My issues / concerns were responded to while receiving services	Question#3 I am satisfied with the amount of help I received	Question #4 Overall, in a general sense, I am satisfied with the services I received	#Surveys Sent Minus Any Returned as Undeliverable	#Surveys Completed & Returned	Survey Return Rate
Amanda Home	4.33	2.67	4.33	4.33	6	3	50.0%
ARC	4.10	4.10	4.10	4.10	23	10	43.5%
BCA - Stone Crest Center	3.00	4.00	5.00	5.00	3	1	33.3%
Beacon - Residential Services	3.25	2.50	2.50	2.50	15	4	26.7%
Bracey Home	5.00	5.00	5.00	5.00	1	1	100%
Daybreak Adult Services	3.47	3.40	3.27	3.53	26	15	57.7%
FA-HO-LO Family, Inc	4.50	4.50	4.50	4.50	8	4	50.0%
Forest View Hospital	4.00	4.00	4.00	4.00	21	4	19.0%
Goodwill - Skill Building	4.30	4.23	4.16	4.30	105	44	41.9%
Goodwill - Supported Employment	4.00	4.00	4.00	4.00	9	1	11.1%
Greenville Acres	4.00	4.00	4.00	4.00	1	1	100.0%
Hawthorn Center	5.00	5.00	5.00	5.00	5	1	20.0%
Healthsource of Saginaw	4.00	5.00	4.00	4.00	4	1	25.0%
Healthy Focus - Community Living Supports	4.60	4.60	4.40	4.40	6	5	83.3%
Heritage Homes	5.00	5.00	5.00	5.00	4	1	25.0%
<b>HGA</b>							
HGA - Community Living Supports	3.77	4.31	4.08	4.15	36	13	36.1%
HGA - Residential Services	4.50	4.38	4.50	4.56	29	16	55.2%
HGA - Supported Employment					1	0	0.0%
Holland Hospital					3	0	0.0%
Jane Dyer, MSW	4.00	4.00	4.00	4.00	1	1	100.0%
JBC Home	5.00	4.50	5.00	2.50	4	2	50%
Kalamazoo Psychiatric Hospital	3.00	3.50	4.50	4.00	15	2	13.3%
Kandu - Skill Building	4.50	4.23	4.23	4.27	59	22	37.3%
Kandu - Supported Employment	4.00	4.00	4.00	4.00	3	1	33.3%
Kelly's Kare AFC	5.00	5.00	5.00	5.00	6	3	50.0%
Lutheran Social Services - Residential Services	4.62	4.54	4.38	4.46	21	13	61.9%
Lydia's AFC					3	0	0.0%
Mercy Health Partners - Hackly Campus	4.13	4.00	4.00	3.79	172	24	14.0%
<b>MOKA</b>							
MOKA - Community Living Supports	4.69	4.56	4.56	4.63	39	16	41.0%
MOKA - Residential Services	4.27	4.13	4.20	4.27	46	15	32.6%
MOKA - Skill Building	4.58	4.50	4.48	4.56	116	48	41.4%

Muskeogn CMHSP							
Muskegon CMHSP Outpatient	4.52	4.31	4.21	4.38	856	451	52.7%
Muskegon CMHSP Residential (Brinks / IndianBa	4.47	4.25	4.21	4.23	224	147	65.6%
Muskegon CMHSP Support Coordination_DD	4.58	4.48	4.46	4.49	395	197	49.9%
Muskegon CMHSP Support Coordination_Ml	4.37	4.12	4.00	4.15	452	98	21.7%
Pine Rest Hospital	5.00	4.25	4.00	4.25	20	4	20.0%
Pioneer Resources							
Pioneer Resources - Community Living Supp					1	0	0.0%
Pioneer Resources - Residential Services	4.47	4.47	4.47	4.53	35	19	54.3%
Pioneer Resources - Supported Employment	5.00	5.00	5.00	5.00	6	1	17%
Pioneer Resources - Transportation Services	4.40	4.27	4.29	4.31	142	55	38.7%
Professional Med Team	5.00	4.50	4.50	4.50	14	2	14.3%
Rocking Horse AFC	4.50	4.50	4.50	4.50	6	2	33.3%
Saint Mary's Hospital	4.33	4.33	4.33	4.33	19	3	15.8%
Stuart T Wilson	4.37	4.22	4.28	4.37	187	46	24.6%
Turning Leaf Residentail	5.00	4.00	5.00	4.00	5	1	20.0%
Unified Health - Community Living Supports	3.86	4.00	3.43	3.57	20	7	35.0%
University of Michigan Hospital					1	0	0.0%
West Shore Medical - Health /Respite Services	5.00	5.00	5.00	5.00	2	1	50.0%

## Holiday Traditions From Across The World

**Alaska** - Christmas festivities in Alaska begin shortly after Thanksgiving is over with families celebrating out in the streets caroling, dancing, and enjoying the holiday spirit. Children carry traditional Christmas stars on poles in a procession through the streets as they go visiting from home to home. Once inside, the carolers are served Christmas goodies. Most popular are cookies, candy, maple-frosted doughnuts, smoked salmon, and a fish pie called piruk. Holiday celebrations continue in Alaska until the Feast of Epiphany on January 6.



**Argentina** - In Argentina, Christmas occurs during summertime and no Christmas celebration is complete without a barbeque and fireworks. The extended family gathers on Christmas Eve for a big party that lasts all night long. At midnight, gifts are exchanged. Children also anticipate the coming of the Three Kings on January 6. They leave their clogs out beside their beds to be filled with candies and small toys.



**Sweden** - In Sweden, it's not Saint Nick that kids are waiting for, but Saint Lucia, the patron saint of light. The celebration begins with St. Lucia's Day on December 13, when the eldest daughter wakes early, puts on a white gown, and serves her parents breakfast. In some places, there are also candlelight processions on Christmas Eve.



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**Ethiopia** - The Ethiopian celebration of Christmas, called Ganna and celebrated on January 7, is a solemn religious holiday with the primary activity being a long mass followed by a special feast. Gifts are not traditionally exchanged. During the church service, everyone receives a lighted candle that they carry around the church three times. Men and women stand apart and the services lasts up to three hours. Afterwards, the traditional Christmas meal is served with doro wat, a spicy stew, and injera, a sourdough pancake that is used in place of silverware in Ethiopian cuisine. The rest of the day is spent singing, playing games, and feasting with family and friends.



**Finland** - On Christmas Eve, the Finnish visit relatives in the afternoon, followed by a trip to the cemetery to remember the dead.



Candles are left burning on the gravestones of family members and ancestors. Finnish children can expect a personal visit from Santa on Christmas Eve, when a male relative or friend will dress up and bring gifts to the house. After Santa leaves, the Christmas feast is served with salted ham, potatoes, veggies, and lots of homemade biscuits and buns. And no Finnish Christmas is complete without an after-dinner visit to the sauna.

**Italy** - The tradition of the Nativity scene hails from Italy, where artisans hand-carve these beautiful sets which people display in their homes.

Churches also feature beautiful Nativity crèches throughout the holiday season, which people enjoy visiting especially on Christmas Eve. A strict fast is observed on the day before Christmas, and on Christmas Eve a traditional seven fish dinner is served.



Children hang up their stockings on January 6 for a visit from La Befana. The Italian version of Father Christmas, La Befana ravel the world on her broomstick leaving presents in the stockings of good children and coal for those who were naughty.

**Kwanzaa in the U.S.** - Kwanzaa is a weeklong celebration honoring African-American culture. It was first celebrated in 1966 and is one of the fastest growing holidays. A Kwanzaa celebration often includes singing, drumming, and a selection of readings such as the African pledge or parts of African history.



**Sviata Vechera in the Ukraine** - The Christmas Eve festivities in the Ukraine are known as Sviata Vechera, which means "Holy Supper". The celebration begins when the first evening star is sighted in the night sky. In farming communities, the household head brings in a sheaf of wheat which symbolizes the wheat crops of Ukraine. It is called "didukh" which translates to "grandfather spirit".



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