

# Call for Change Workgroup Recommendations

January 15, 2020

## I. GENERAL RECOMMENDATIONS:

- A. Reference current work and future publication as: **“Advancing the Call for Change: Evidencing Progress in a Resiliency and Recovery-Oriented Mental Health System”** (*This title reflects the scope and purpose while maintaining a connection to its origin.*)

### Action Items:

1. The new publication should be strength-based in its presentation and celebrate accomplishments over the past 15 years.
  2. Include Children/Youth and Transition Aged Individuals in the scope and future planning.
  3. Identify content within the Call for Change to be carried forward.
  4. Review and identify content within the Call for Change that is in alignment with Children/Youth System philosophy and priorities. Then, determine the elements of a Resiliency-Oriented system which are not addressed, and plan for their inclusion as part of the framework from which to work going forward.
  5. Review current Planning Council priorities and include agreed upon Call for Change Activities into Priority Tracking Sheets.
  6. Add to the new/updated publication a description for how collaboration between the Planning Council and OMHSAS will occur to track progress toward the system of care we envision.
  7. Build into the publication the plan for using data to drive change and evidence progress.
  8. The new publication should recognize and address the Social Determinants of Health framework that has emerged since the original Call for Change, including transformative elements such as:
    - a. Eliminating the labeling and pathologizing of people’s distress and experiences
    - b. Trauma and Adversity
    - c. Holistic and alternative / non-traditional ways to support people’s healing
- B. Establish a Steering Committee comprised of OMHSAS leadership and Planning Council Co-Chairs for ongoing planning related to the Call for Change.
- C. Request Counties/BH-MCOs develop plans based on their service area needs for **Advancing the Call for Change: Evidencing Progress in a Resiliency and Recovery-Oriented Mental Health System.**

- D. The Office of Mental Health and Substance Abuse Services should complete and provide to the Mental Health Planning Council a comprehensive report of progress based upon the activities outlined in this document every three years.
- E. An annual update on progress should occur with the Mental Health Planning Council. *This could be done in the form of a verbal report during a Joint Committee meeting.*

## II. RECOMMENDATIONS ALIGNED WITH PRIORITIES IN THE TECHNICAL ASSISTANCE COLLABORATIVE REPORT

### A. Elevate Focus and Attention on Resiliency/Recovery

#### Action Items:

1. Determine where requirements and standards exist for the inclusion of Individuals and Families to be “at the table.” This should include state/regional/local levels (County/BH-MCOs/Providers).  
Examples: County Planning, MA Funded Peer Support Services, other?
  - a. Based on the above, develop a plan for how it can be expanded.
  - b. Establish monitoring/reporting mechanism(s) to track progress.
2. Determine what training requirements exist for providers (direct care and supervisors/managers), as well as County, BH-MCO and OMHSAS employees for the following and develop plan(s) for establishing minimum standards. The plan should address available resources and adequate funding.  
*The following are listed for consideration:*
  - a. Resiliency/Recovery
  - b. Shared Decision Making for Adults and Families/Children
  - c. Trauma Informed Care
  - d. Trauma Informed Treatment
  - e. Cultural Competency
  - f. Co-occurring Mental Health and Substance Use
  - g. Social Determinants of Health and Other Impacts on Emotional Wellbeing
3. Technical support should be provided to integrate philosophy into practice, including written policies and procedures, with input from the MHPC.
4. Promote the I’m the Evidence/Mental Health Campaign which celebrates people who are the living Evidence of mental health recovery (resiliency) and the individuals and communities that support them.
5. Promote Community Support Programs (CSP). *(The Community Support Program is a coalition of mental health consumers, family members and*

*professionals working together to help adults with serious mental illnesses and co-occurring disorders live successfully in the community.)*

6. *Expand Peer Support in the workforce, including the specialty of Family Peer Support.*
7. *Promote treatment which emphasizes:*
  - a. *Recovery as part of the foundation for any interventions offered;*
  - b. *All staff to be trauma-informed to maximize positive, constructive support and regard for individuals/families and avoid the harm of re-traumatization.*

#### **B. Funding**

1. OMHSAS/BH-MCOs/Counties and other stakeholders should weigh in on the development of recommendations, including funding to develop and implement alternative / non-traditional ways to support people's healing.
2. Include funding priorities in the Priority Tracking Sheets used by the Planning Council Committees. The following priorities have been identified by RCPA and should be included.
  - c. Workforce recruitment and retention
  - d. Provider Financial Sustainability

#### **C. Maintain the HealthChoices Behavioral Health Program as it funds services and best practices that support Resiliency and Recovery**

#### **D. Regulatory Reform**

1. Follow up with Sherry Lerch to clarify the regulatory reform recommendations.
2. Once this is done, it can then be determined what specific items should be added to the Priority Tracking Sheet for the Planning Council Committees.

#### **E. Inter-agency Collaborations focused on Solutions**

1. Establish and enhance interagency collaborations that further the provision of wholistic approaches and coordination of care.
2. These efforts should be added to the Priority Tracking Sheet for the Planning Council Committees.

#### **F. Use Data to Drive the System**

1. Enhance quality improvement initiatives focused on Resiliency/Recovery-oriented practices.
  - a. Engage the OMHSAS Bureau of Quality Management and Data Review (or other quality improvement/data experts) to assist in the development of a plan for monitoring progress over time.
  - b. Identify specific indicators and measures of a Recovery/Resiliency-Oriented system.
    - Stakeholder input should be ensured through the formation of workgroups or other meaningful methods of soliciting input and feedback.

- Identify existing collection and reporting mechanisms for the purpose of determining what exists and can be utilized vs. what needs to be developed (i.e. CFST Survey Results, Value-based Purchasing, PAYS report, etc.)
- c. Determine how Social Determinants of Health and Trauma should be included in data collection and reporting efforts.
- d. Establish a process of data collection and reporting to track progress over time.