

Affiliation: Northwest CMH Affiliation
Section 4: Maximum Consumer Choice and Control

Challenges and Areas for Improvement

For affiliations composed of the partnership between relatively strong-performing, legacy public policy Community Mental Health authorities, demonstrating incremental continuous improvement is almost second nature. However, for complex systems to honestly embrace, implement and exemplify the spirit of *maximum* consumer choice and control such as those articulated by the principles of self-determination, requires sweeping change in collective perceptions, attitudes, actions and commitments, in addition to numerous core business practices. This type of change does not occur quickly or in many ways easily; the urgency for such substantial change is often not perceived as imminent or even necessary by critical stakeholders and rarely at the same time. These combine to appear to compose the primary challenges for the Northwest CMH Affiliation in this regard.

Certainly member CMHSPs and their respective provider networks have taken definitive steps to incorporate some elements of increasing choice and consumer control and that progress must be acknowledged. Yet as a PIHP we cannot be satisfied that maximum choice and control is being pursued because people are informed of their right to self-determination arrangements (but are often not actively supported to assert that right); that people are told about independent facilitation (but do not choose to avail themselves of the advantages of more varied plan facilitation); that people are comfortable with their current level of choice and control (but remain largely unaware of their actual purchasing power in pursuit of their goals).

Methods For Making Improvements

In order to effectively lead the type of transformation suggested by maximum consumer choice and control the Northwest CMH Affiliation must first ensure there is core consensus to implement the spirit and technical requirements of self-determination system-wide and within our structure that begins and ends with the Joint Executive Team. Next the Joint Leadership Team must be aligned with the vision and provided clear parameters for performing their oversight functions. Similarly affiliation committees must design and fully implement work plans in support of maximum choice and consumer control while simultaneously addressing the myriad of other critical statutory and regulatory functions within their realms of responsibility.

This ARR response specifies the Quality Oversight Committee proposing an affiliation-wide self-determination monitoring plan by October 1, 2009 (section 3) and that will be an important method for making improvements. However, without the Joint Executive Team and Joint Leadership Team weighing the perceived financial, compliance, demand and infrastructure risks as well as the perceptible and attitudinal constraints across stakeholders and committing to a definitive shared direction a monitoring plan in and of itself will likely be insufficient to effect the change necessary to ensure maximum choice and consumer control as described in the ARR.

Methods to Measure Success

During the remainder of fiscal year 09 the Quality Oversight Committee will propose an affiliation-wide self-determination monitoring plan to be reviewed with input by the Joint Leadership Team, enacted by the Joint Executive Team, and initiated affiliation-wide by October 1, 2009.