Good Morning Philadelphia!

I’m with the Community Support Program of Bucks County and I’m just going to tell you now - I’m a CSP NERD. I’ve been involved with CSP since 1992 when the first CSP meeting happened in Bucks County. And I’ve never looked back.

By the way, CSP is what we call the Community Support Program so you’re going to be hearing those three letters – CSP - from me a lot this morning.

So I’m here to talk to you about the Community Support Program and I’m super excited about that because CSP is pretty much my favorite thing to talk about.

And when I was thinking about what I was going to talk about today - the theme that kept rolling around in my head was . . . .

“We’ve Come a Loooong Way Baby –
But Don’t Get Comfortable Cause We Ain’t Done Yet”

So the “We’ve Come A Long Way Baby” is about our history . . . . where CSP came from . . . .

We’re talking about the mid 1940’s to the mid 1970’s. Lots of things started bubbling … it began with WWII conscientious objectors – who were given “alternate work assignments” filling in places that had manpower shortages. A good number of whom (upwards of 4,000) were assigned to work at large under staffed state mental institutions. Many of those conscientious objectors began speaking up and in 1946, following the war a national expose on the abysmal conditions in those institutions was published in Life magazine. The timing is significant as it hit the American public at a time when they were already reeling from the pictures of concentration camps from WWII. Those conscientious objectors involved in the Life Magazine expose went on to form the National Mental Health Foundation which continued to raise awareness and was able to successfully advocate for states to better fund mental hospitals. Also at this time coming out of WWII was information about the number of men rejected for service due to mental health issues and the number who did serve who had mental illness – this spurred the passing of the National Mental Health Act of 1946 which created the National Institute of Mental Health (NIMH) – which funded research for the developing mental health field. This was really significant remember the NIMH for later in the story.
Then in the mid 1950’s we saw the first use of medications to try to treat mental illness – Thorazine and Lithium are examples. With the advent of the use of medications to treat symptoms rather than just over sedating people the beginnings of the deinstitutionalization movement were are seen, it was slow but it began. Then in the 1960’s we have President Kennedy’s influence which saw the passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act in 1963 which provided funding for community facilities that provided services to people with mental disabilities. In 1965 there was legislation that created Medicare and Medicaid which provided more ways of funding community treatment - combined those 2 pieces of legislation served to accelerate deinstitutionalization. Then add in the patient rights movements of the late 60s through the 70’s that took on the philosophy and methods of civil rights movement and our cauldron of change bubblish over with the idea of community based treatment being firmly entrenched as the right direction to move.

But treatment in the community wasn’t the panacea one might imagine . . . .

Imagine a mental health system without case management services, without community treatment teams, without community residential rehab programs . . . .

Imagine a treatment system without certified peer specialist or certified recovery specialists.

Imagine, if you can, a mental health system without the philosophy of recovery.

That’s the world people struggling with mental illness found themselves in after the wave of deinstitutionalization of the 1960’s and 70’s.

That’s where the National Institute of Mental Health (NIMH) and CSP come in. Somewhere in 1975 amidst all this upheaval NIMH said - well if we are going to treat people in the community what is it that we really need to do in order to do a good job of it. So a committee was formed whose job it was to come up with answer to “What does Community Support look like in order to have people live meaningful lives in the community.” So this task force took 2 years to investigate this issue, they traveled across the US to find the small pockets of innovative programs – these nascent psycho-social rehabilitation programs like the Fairweather Lodge in California and Fountain House Club House in New York etc. And in this investigative process they did something no one had done before - they asked the individuals in recovery and the family members what works – what supports a quality of life. They took all the information that people said was helpful and organized it and developed the 8 CSP principles and the concept of the community support system – which was envisioned as a wheel. So in 1977 the concept of CSP was born – at NIMH
The CSP Principles are:

- Person centered – Person empowering
- Use natural supports
- Flexible
- Culturally Competent
- Coordinated
- Meets special needs
- Strengths based
- Accountable to the users of the service

If these sound familiar – that’s awesome - you should recognize them as the recovery principles – because the recovery movement principles grew out of those same innovative rehab programs that NIMH investigated.

The CSP Wheel

Individual in recovery is at the center of the Wheel – the HUB

All the things they need to obtain and maintain health and live a meaningful life is on the outside of the wheel.

It’s not rocket science – what the wheel showed was that what people with mental illness need to live a meaningful life is what everybody needs.

We are all more alike than we are different

CSP Spreads

NIMH gave out grants to all 50 states to in order to spread this idea of using the CSP principles and the concept of the Community Support System throughout all of the United States.

So in 1987 CSP finally came to PA – our State office of Mental Health adopted the CSP Principles – accepted the grant from NIMH and what PA did from there was unique – most states took that grant and started a type of service program but here in PA our state office of Mental Health decided to go with the idea of having CSP committees in each county as a formal way to get everybody at the table working together....
And 30 years later OMHSAS is still supporting CSP – still supporting the idea that every community should have a CSP committee as the advocacy/watch dog entity whose job it is to be watchful of the use of the Principles, to be evaluating their community services . . . . are we providing the full range of a community support system that promotes recovery and the ability of people to maintain or regain meaningful lives in the community

So that’s our history – we have come a long way baby . . . . we have a place at the table

But don’t get comfortable .... cause “We ain’t done yet”

Does anybody in here know the slogan/tag line for the Washington Post . . . .

Nike has . . . . JUST DO IT . . . .

Dunkin Donuts has . . . . America runs on Dunkin or

And M&Ms have . . . . melts in your mouth not in your hands

So back to the Washington Post . . . . their slogan is DEMOCRACY DIES IN DARKNESS

I get all choked up when I think about how true that slogan is – because democracy will die in darkness.

What this slogan does is remind us that we must be vigilant, we must be paying attention cause when we are not looking then all kinds of things happen and we start down a slippery slope.

You know what else dies in darkness – RECOVERY!

That darkness used to be the large dank filthy overcrowded and unstaffed institutions that made up that Life Magazine expose

And while we have come a long baby from those days . . . . but . . . .
Don’t get comfortable . . . . We ain’t done yet . . . . because today we still have dark corners

PARITY

I asked you earlier to imagine a treatment system without case management, without psychiatric rehab services, without transitional housing, without Certified Peer Specialist or certified recovery specialist and I know all of us in this room cringed a little –

But those services that we take for granted as common place are not so common, really . . . .

Today, in 2019, we have a whole group of people for whom that world still exists . . . .

We have brothers and sisters who have private/commercial insurances that don’t pay for those kind of recovery oriented services . . . . these insurances still operate on strict medical model basis

So the full array of evidenced based – recovery oriented services that so many have fought to create is not available to all who find themselves with a mental illness and in need of services.

We have a federal law that says mental health and substance use disorder services have to be covered equally to / in parity with physical health services . . . .

But it’s not happening yet . . . .

Just look at the example I gave all of those services I mentioned they are evidenced based – there is research – that says they work and they work well

Yet private insurances are not using them – that’s our best evidence that parity is lacking

That would not be acceptable in the health arena . . . . you wouldn’t have insurances just leaving out swaths of treatments for heart disease or cancer that have proven track records

We can’t accept this situation – we’ve got to speak out

We need our state attorney general Josh Shapiro to take up this fight with us to get insurance companies in PA to really implement parity.

Because . .. Recovery isn’t really recovery if it’s only available to some people
Don’t get comfortable . . . . . cause   “We ain’t done yet”

JAILS

Today we have our jails and prisons as the number #1 institutional setting for individuals with mental illness and substance use disorders

We can’t police our way to recovery

Our jails and prisons are NOT providing the mental health and addiction care that is needed – there is no parity of services for our brothers and sisters who are behind bars

And there is no sane society that should be jailing individuals who need treatment – and just warehousing them

And we have a probation and parole system that is punitive rather than

We need to fight mass incarceration because people get smothered by the criminal justice system and they are never done paying for a their mistake –
we then deny them work and housing en masse,
throw in whole lotta stigma and then wonder why people can’t break the cycle –
It’s not them ............. it’s the crazy system

Don’t get comfortable . . . . . cause   “We ain’t done yet”

TRAUMA

Let us move on from trauma informed care to actually doing trauma treatment
We are not doing a great job with this

We need to have most of our treatment professionals trained in trauma treatment – not just a few

And we need to implement prevention services

We can't stop all traumatic events from happening but what we can do is prevent people from suffering alone with the after effects and we can give them support and information to minimize the impact of life's traumas and we can make sure there is adequate access to trauma counseling and supports when someone does develop trauma related symptoms and illnesses.

Recovery dies in darkness - - are you going to help us shine a light into these dark corners?

Today we rest on the shoulders of pioneering individuals with lived experience in who 30 years ago stood up, spoke out and fought hard to eradicate institutionalized care, deplorable conditions, demeaning service structures and stigma.

Here in Philly we have some of our own icons we can look to . . . . Joe Rogers, Susan Rogers and John Farmer . . . . The Mental Health Association of Southeastern PA which is now known as Mental Health Partnerships.

The system that we have today – one that is more recovery oriented and responsive and inclusive is a system we can celebrate

But what will the landscape of caring for mental health and addiction be like 20 or 30 years from now . . . .

Well that depends on YOU … all of you in this room today

Are we going to pay attention . . . . cause our work ain't done

Are we going to let recovery die in darkness?
OMHSAS gave us a way – a formal structured way to keep shining a light into the dark corners and it’s called CSP.

That’s how we pay attention to recovery . . .
We use the principles – and ask ourselves and the system “Are we really living them out as best we can?”

Find your local CSP . . . .

go to your local CSP meetings . . .

contribute to the CSP meeting

Be a committee co-chair, do the minutes, stand up speak out continue paying attention

WE CAN DO BETTER WE HAVE TO DO BETTER

Stand up . . . . speak out . . . . make change happen!!