



Section II

Care Is Consumer and Family Driven.

New Freedom Commission Related Recommendations

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness, child with a serious emotional disturbance and their families, and for persons with serious substance abuse or addiction disorders.**
- 2.2 Involve consumers and families fully in orienting care delivery systems toward recovery.**
- 2.3 Align relevant programs to improve access and accountability for mental health services.**
- 2.4 Create a Comprehensive State Plan.**
- 2.5 Protect and enhance the rights of people seeking services and utilizing care delivery systems.**

Overview

Consumer-centered services are made possible by "flexibility with accountability"

Effective planning creates options for consumers

In a transformed system, a diagnosis of serious mental illness or substance abuse or other addictive disorder will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. Consumers, along with service providers, will actively participate in designing and developing the systems of care in which they are involved. The transformed system will ensure that needed resources are available to consumers and their families.

The burden of coordinating care will rest on the system, not on the families or consumers who are already struggling because of the personal complexities of substance abuse or serious mental illnesses.

The shift to a consumer-centered system is made possible by "flexibility with accountability." In basic terms, this service design allows for providers to expand choices as well as the array of services and supports offered to achieve the desired outcomes.

The federal grant for transformation provides avenues for agencies to design innovative services, using this flexibility to align and combine Federal, State, and local resources in productive and more efficient ways and overcome bureaucratic boundaries between health care, employment supports, housing, and criminal justice systems.

The New Freedom Commission recommends that state plans for a



*In order to succeed,
consumers need effective support
services*

transformed approach to mental health and substance abuse services will result in innovative approaches to service delivery at all levels. Local agency plans can then be developed in clear and actionable results for consumers, such as:

- Consumers and families play a larger part in managing the funding for their resources, services, treatments and supports.
- By allowing funding to follow consumers, incentives will shift toward learning, self-monitoring, and accountability.
- Individualized and coordinated (cross-agency) plans of care will give consumers a valid opportunity to construct and maintain meaningful, productive, and healing relationships.
- Empowering consumers with the ability to participate fully in their communities will require a few essentials:
 - Access to health care
 - Gainful employment opportunities
 - Adequate and affordable housing, and
 - The assurance of not being unjustly incarcerated.
- A continuum of services will be offered with effective planning for updates across the stages of life and for transitions between types of services.

Background Information

ODMHSAS has several initiatives that promote a recovery-oriented system and improve service coordination, including psychosocial rehabilitation, Programs of Assertive Community Treatment (PACT), Recovery Support Specialist (RSS) positions, and System of Care Family Support Provider positions.

All Certified Community Mental Health Centers (CMHC) must provide either Clubhouse or a general psychosocial rehabilitation (PSR) program. There are currently 45 PSR programs located at community mental health center sites. Clubhouses must also be certified by the International Center for Clubhouse Development (ICCD). Two clubhouses – Crossroads Clubhouse and Thunderbird Clubhouse- are currently ICCD-certified. A major training and rules



**Background Information
(cont'd)**

revision initiative was completed in 2004 to strengthen the recovery services offered through the PSR services at CMHCs.

Using state appropriations and Medicaid, Oklahoma has established 14 Programs of Assertive Community Treatment (PACT) across the state serving 21 of the 77 counties. These multi-disciplinary teams provide treatment and support services to consumers with high levels of need. Three PACT teams are targeted to homeless individuals and three to consumers with co-occurring mental health and substance abuse disorders.

Reports to the State Legislature on PACT's effectiveness have documented decreases in hospital admissions and criminal justice involvement, as well as improved quality of life. In a one-year pre- and post-admission comparison, it was found that among the 96 PACT recipients who were admitted in FY 2005, and who did not discharge within one year of admission, there was a decrease in inpatient days of 63 percent, and a 70 percent decrease in jail days. These results demonstrate the need for more PACT teams and greater availability within all 77 counties.

The introduction in 2004 of Recovery Support Specialists (RSSs) into the service system's staff mix is a promising step toward transforming the adult behavioral system into one that is consumer-centered and recovery-oriented. RSSs are people in recovery trained to provide peer support and advocacy services for consumers in emergency, outpatient or inpatient settings. The RSSs perform a wide range of tasks to assist consumers in regaining control of their lives and recovery processes, and all CMHCs are required to have at least one FTE (Full Time Equivalent) RSS on staff.



**Background Information
(cont'd)**

A similar program is offered within the children and youth behavioral system through the System of Care initiative. This program provides wraparound coordination to help families find formal and natural supports with the assistance of family support providers and behavioral health aids. Family Support Provider positions allow experienced family members to support other families. Currently 30 counties in Oklahoma have SOC programs.

ODMHSAS and its contractor from the University of Oklahoma have evaluated outcomes of the SOC Wraparound project, finding positive results. Of the 397 clients enrolled for at least six months, there was a 31 percent reduction in out-of-home placements; 64 percent reduction in school detentions; 65 percent reduction in self-harm attempts; and 54 percent reduction in arrests. With only 39 percent of counties in Oklahoma covered by a SOC program, these results support the need for expansion.

Strategic Developments

- The Oklahoma Department of Human Services (OKDHS), the Oklahoma Health Care Authority (OHCA) and ODMHSAS have developed a plan and charted the Adult Recovery Collaborative (ARC) initiative. The initiative proposes to unify systems, policies, and approaches to services to minimize fragmentation for adults in need of substance abuse and mental health services. The guiding principles for this initiative have been based on recovery and consumer directed care.
- The Partnership for Children's Behavioral Health (PCBH) was established in 2002 and is lead by the directors of all child serving state agencies, five family members of children receiving services, and two legislators. Under the auspices of the PCBH the Children's Behavioral Health Development team coordinates work through a comprehensive Implementation plan. The plan is based on key principles of being family and youth directed. These principles direct all decisions and resources committed to the PCBH.



Strategic Developments (cont'd)

- The Systematic Training to Assist in the Recovery from Trauma (START) Model is now available in Oklahoma. START is a trauma-informed milieu approach for congregate care settings and focuses on educating and empowering all staff, but especially those involved in direct care provision of services, on the impact of adverse childhood experiences and trauma. Staff become the agents of true change as they begin to see the value and healing potential of their roles in consumers' lives. Agencies participating in the variety of projects include The Department of Human Services/Child Welfare Division, The Department of Corrections, The Office of Juvenile Affairs, and The Department of Mental Health and Substance Abuse Services.
- Another project is the multi-agency collaboration of seven sites actively creating The Sanctuary Leadership Development Institute for Oklahoma via the implementation of the Sanctuary Model at each of their facilities. Sanctuary represents a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context where healing from psychological and social traumatic experience can be addressed. It is a whole system approach designed to facilitate the development of structures, processes, and behaviors on the part of staff, consumers, and the community as a whole, that can counteract the biological, affective, cognitive, and social adversities suffered by so many.
- In recent years, Oklahoma introduced several initiatives designed to promote a recovery-oriented system. Most importantly, the Office of Consumer Affairs was established in 2003. That office now provides support to both and substance abuse services delivery systems. Offices of Consumer Affairs (OCAs) exist in almost 40 state authorities around the country. Their purpose is to improve state mental health systems by working to support and expand the consumer voice within mental health policymaking, planning, and practice. OCAs are headed by a self-identified

Strategic Developments (cont'd)



consumer/survivor who serves as part of the senior management team and is a system change agent. Areas of responsibility for the OCA include policy and regulation development; program planning; evaluation and monitoring; and training, developing and promoting recovery-oriented, consumer-driven services.

- ODMHSAS, in cooperation with the Oklahoma Health Care Authority (OHCA), prepared a successful CMS Real Choice Systems Change grant, to fund the roll-out of two SAMHSA-identified Evidence-Based Practices: Family Psychoeducation and Illness Management and Recovery. The Real Choice grant also funds a Recovery Support Specialist Coordinator within the OCA, who, along with a grant-funded employee within the OHCA, is actively proposing policy changes to establish Medicaid-reimbursable peer services in Oklahoma. The OCA also includes a staff member specializing in co-occurring mental health and substance abuse disorders, funded by Oklahoma's federal Co-Occurring State Incentive Grant (COSIG).

**Work Group
Recommendations**

Children's Behavioral Health

Establish a vision and culture that supports individualized family-centered services across agencies and providers.

Develop a plan for implementing participant-centered service planning, delivery, and direction of rights under the current Medicaid Options, and used as a model for children in the system of care.

Develop a "toolkit" of materials to support youth involvement and test with potential youth leaders.

Develop an implementation plan to support increased family membership on local agency boards and community stakeholder groups.

Review, analyze and present issues and best practices from other states related to rights, safeguards and eligibility.



Adult Services

Identify current technical capabilities for effective service delivery to consumers and providers in rural areas.

Facilitate a process to upgrade capacities such as :

- Web-based training
- Web-based treatment technologies
- Electronic record keeping and data collection
- Telemedicine to reach remote consumers

Identify resources and plan for ways to expand residential treatment capacity and reduce waiting lists.

Develop linkages between supportive housing programs and mental health and substance abuse services.

Implement evidence-based practices statewide.

Develop and implement a statewide consumer workforce providing peer services.

Develop statewide implementation of standardized assessment and screening tools for mental health and substance abuse services.

Develop and implement statewide streamlined intake and assessment functions that simplify access to services.

Develop and implement objective assessment and service navigation functions.

Develop uniform provider participation standards.

Criminal Justice

Develop and adopt a multi-disciplinary treatment model for mental health and substance abuse used in criminal justice settings.

Develop a process for Offender Individualized Comprehensive

Plans of Care that includes:

- Housing
- Obtaining a valid state photo identification card
- Transportation
- Employment / SSI
- Forensic PACT teams
- Wellness and Recovery Consumer Programs
- Children's Services
- Timely access to medication



Criminal Justice (cont'd)

Community mental health services
Faith-based community support
Review, identify and plan for more jail diversion programs
Special police-based response programs
Mental health courts
Day reporting
Conditional bonding
Mobile crisis teams
First-offender interventions
Facilitate a review and implementation of practices for Therapeutic Jurisprudence models of sentencing.

Workforce Development

Expand the role and capacity of communities to effectively identify their needs and to promote behavioral health and wellness.
Partner with faith-based institutions to reach families in need.
Assist schools in providing increased levels of community-based services and hasten access to assessment, referral and intervention.
Identify ways to significantly expand the role of individuals in recovery in families, with the ultimate goal of directing and accepting responsibility for their own care, providing care and supports for others, and in educating the workforce.



Action Plan to provide care in Oklahoma that is consumer and family driven

Goal II.A: Care provided will be individualized, recovery and resilience oriented, and clearly directed by those receiving services, including those receiving services in multiple settings or from multiple systems.

<u>Strategies</u>	<u>Action Plans</u>
<p>1. <i>Provide education for consumers and their families on recovery and prevention to empower them toward full participation in directing their own care or assisting family members, as desired, to assist with planning and directing care.</i></p>	<ul style="list-style-type: none"> a. Compile peer-reviewed, culturally and linguistically competent materials that can be offered as tools for persons to becoming directors of their own care. b. Complete a review of new employee training content from Governor's Transformation Advisory Board partner agencies to identify options for including the expertise of consumers in the organizations' new employee training. c. Establish a link on Innovation Center website as a resource to provide families and other caregivers/supports information about optimal ways to help and support loved ones in their personal recovery plans.
<p>2. Address challenges unique to the criminal justice, law enforcement, and judicial settings to incorporate, as feasible, consumer and family directed planning of services and supports.</p>	<ul style="list-style-type: none"> a. Convene potential partners and work toward securing commitments among partners to develop multi-year strategies in a Sequential Intercept Model, where concepts of individualized and person-directed care planning can be incorporated. b. Engage experts in the fields of forensics, recovery, and behavioral health to develop strategies leading to increased use of individualized and person-directed plans of care within criminal justice settings. c. Review statutes and other regulations that may present barriers to allowing for person-directed care within forensic settings.

Goal II.B: Settings, services, and systems will be culturally competent, recovery focused, consumer driven, and trauma informed.

<u>Strategies</u>	<u>Action Plans</u>
<p>1. <i>Continue supports for models currently implemented within the state that support the individual rights, dignity, and respect for persons served.</i></p>	<ul style="list-style-type: none"> a. Increase number of sites trained and actively implementing the Sanctuary Model b. Utilize Cross Training Initiative to train and implement additional sites using the START Model. c. Collaborate with the Robert Wood Johnson and ODMHSAS Substance Abuse Services Division to increase number of sites utilizing the NIATX model for performance improvement to enhance engagement in and completion of substance abuse treatment. d. Support Tulsa Public Schools and other school districts to expand use of the PBS model. e. Expand Circles of Care and Systems of Care communities utilizing the



<p>2. Create a structure for Oklahoma to self-sustain and expand implementation of milieu models listed above.</p>	<p>Wrap Around Services model to assure youth and family direction in service planning.</p> <p>f. Continue ODMHSAS training of Behavioral Health Case Managers (for OHCA and ODMHSAS providers) in the Strengths-Based and Person-Centered Model of case management.</p> <hr/> <p>a. Identify key representatives from each state-based model listed above to serve on Sustainability Panel</p> <p>b. Convene Sustainability Panel to identify resources, policies, and funding needed to sustain and expand models to all treatment settings for which they are designed.</p> <p>c. Identify other populations in need of similar milieu models which can guide service settings toward structures and approaches which support individual rights, dignity, and respect for persons served.</p>
<p>Goal II.C: Increase consumer, family member, parent, and youth involvement in planning and coordination of services and systems.</p>	
<p>1. <i>Expand and further develop training opportunities to equip consumers, families, and youth to participate on governing and advisory boards.</i></p> <p>2. <i>Develop infrastructure supports (transportation, child care, stipends, etc.) to facilitate participation on boards.</i></p>	<p>a. Solicit proposals from advocacy and/or training organizations to develop board participation and leadership skills.</p> <p>b. Review proposals and select lead organization to collaborate across advocacy organizations to implement training and provide ongoing coaching for consumers and family members.</p> <p>c. Designate Innovation Center staff to support the Oklahoma Systems of Care staff, a strategy to increase youth involvement in Systems of Care as well as in broader non-age specific advisory boards.</p> <hr/> <p>a. Hold summit with NAMI-OK, Oklahoma Mental Health Consumer Council, Oklahoma Federation of Families, Oklahoma Depression and Bipolar Support Alliance, the Mental Health Planning and Advisory Council to identify structures in place that can expand support for consumer members and families to more fully participate on boards, advisory groups, etc.</p> <p>b. Review and compile the summit recommendations to develop specific strategies for statewide implementation.</p> <p>c. Implement recommendations based on summit recommendations.</p>