Transformation Subcommittee Report

GMHSPC April 10th

Presented by: Mike Hammond and Jane Adams

A. Transformation Subcommittee Goals:

1. Assure consumer and family leadership in the planning process so that they represent and report to a consumer/family constituency group

    a. Consumer Advisory Council developed and hosted a consumer orientation for consumers and families active involvement in subcommittee activities.

2. Develop format for relaying work and receiving work from the subcommittees

    a. Development of website for GMHSPC and Subcommittees work

3. Assess membership of each subcommittee of the GMHSPC to assure adequate representation of a wide and diverse group of individuals, including consumers and families

    a. Subcommittee chairs have been charged with accomplishing this goal

4. Identify qualities and characteristics indicative of transforming behavior among individuals, agencies, and systems.

    a. Work group has taken on this task and preliminary work has been done. Has defined 5 of 6 goals of transforming behaviors.

5. Pursue and/or coordinate funding initiatives to expand and support systems transformation in KS and to encourage mental health system partners to coordinate any grant seeking activity with the Transformation Subcommittee to ensure future efforts are consistent with Kansas Transformation values.

    a. Funding streams for states that do not have a transformation systems grant. Subcommittee is collaborating with SRS to track those funding streams available to non- TSIG states.

6. Develop indicators and identify baseline information upon which to build recommendations to effect change along with the respective charge to guide Subcommittee work in developing recommendations.

    a. Assigned to a work group

B. Report on the Transformation Grid

a. What Tasks have been Accomplished
b. What Tasks are In Progress
c. What Tasks are Yet to be addressed

C. What are the top priorities to focus on in the upcoming years?

1. Working with the PAHP to ensure that the opportunities for transformational activities are incorporated in implementation of the new Medicaid state plan for the delivery of quality Medicaid reimbursable services.

2. Tie work of transformation subcommittee to Hospital and Home project

3. Increase parent participation in subcommittees

4. Develop a KS network of information

Scope of Content Workgroup 1: Transforming Behaviors

Interim Report Revised 2Apr08

"Vision without action is just a dream; action without vision is just marking time; but action with vision can change the world."

- Workgroup Charge: Identify the qualities and characteristics indicative of transforming behavior among individuals, agencies and systems.
- Definitions:
  - Individuals referenced in the 2nd column below include children and their care givers, adult consumers, and family members of both
  - Agencies referenced in the 3rd column below include local or regional agencies which represents points of service within mental health service delivery systems
  - Systems referenced in the 4th column below include state and federal agencies and private entitites which are responsible for planning and providing resources for mental health services and for policy making relative to mental health services.
- The work group's assumption is that transformation is an ongoing process of improvement, not a defined outcome.
- The referenced goals are edited from the original goal statements in the President's New Freedom Commission report
- It is understood that another work group has the task of developing a concrete, operational work plan based on measurable objectives designed to move the system toward transformation on an ongoing basis. It is recommended that this work group consider financial incentives needed to achieve the stated transforming behaviors, especially for individual agencies.
- A number of agencies traditionally outside the mental health system are dealing with a majority of individuals with mental health needs. The transformational challenge is how to get their voices heard in our deliberations and to develop real partnerships with agencies such as education, aging, corrections, courts, law enforcement, child welfare and others. It is with this thought in mind that these agencies are included in the chart below.

ITEM THEME GOAL	INDIVIDUALS: CONSUMERS & FAMILY MEMBERS [CHILDREN AND THEIR CARE GIVERS, ADULTS & FAMILY MEMBERS]	AGENCIES: COMMUNITY MENTAL HEALTH CENTERS, NURSING FACILITIES FOR MENTAL HEALTH, STATE MENTAL HEALTH HOSPITALS, SCHOOLS, CHILD WELFARE PROVIDERS & COURTS	SYSTEMS: SRS, KANSAS HEALTH SOLUTIONS, DEPARTMENT ON AGING, KANSAS LEGISLATURE, CENTER FOR MENTAL HEALTH SERVICES, KANSAS HEALTH POLICY AUTHORITY, VETERANS ADMINISTRATION, KANSAS DEPARTMENT OF EDUCATION
GOAL 1: CONNECT MENTAL HEALTH, PHYSICAL HEALTH, AND SUBSTANCE ABUSE TREATMENT	•Learn about their own mental illness •Learn about treatment options •Realize that recovery is possible. •Participate in peer support activities as desired •Exercise choice in taking control of their lives •Learn skills to enhance recovery •Develop resilience •Develop and contribute to mental health education, suicide prevention, screening, and anti-stigma programs •Participate in the local, state and national health information infrastructure	•Develop and offer mental health education, suicide prevention, screening, and anti-stigma programs •Incorporate recovery philosophies and values into treatment plans •Learn, adopt and practice the recovery model. •Use and learn a shared language that is respectful. •Offer specialized treatment options •Offer individualized treatment •Coordinate education and treatment programs with community partners, including consumer-run organizations •Offer employees incentives for advanced training in mental health specialties •Participate in the local, state and national health information infrastructure and to include representation from peer-selected consumers and family members	•Require providers to incorporate recovery philosophies and values into treatment plans •Promote mental health as part of the continuum of public health •Form partnership among system level agencies and organizations •Ensure benefit parity for physical and mental illnesses and substance abuse treatment, within public and private systems of care, including private insurance, Medicaid, Medicare and Veterans health care. •Provide financial incentives for agencies to offer more intensive treatment as required for individual needs •Participate in the local, state and national health information infrastructure and provide support for consumers and family members to participate

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GOAL 2a: ADULT CONSUMERS DRIVE THE SYSTEM	•Take charge of one's own care, hope and recovery by accepting ownership and accountability for treatment and recovery and exercising the right to make choices. •Seek opportunities to learn and develop a voice for self-advocacy. •Communicate needs and utilize agency services to meet individual goals. •Know when and how to use rights, including filing complaints and appeals. •Consider opportunities to: (a) become involved at all organizational levels and in all functions (leadership, policy development, planning, service delivery, education and evaluation) in advisory, paid and volunteer positions (b) provide feedback to individual providers and to the system as a whole on the quality and efficacy of services provided without fear of repercussions. (c) share personal stories to challenge the perception of individuals in the mental health care system.	•Provide training and supervision for staff to support consumers as independent persons who can exercise the right to make choices and who develop their recovery plans. •Focus staff training on promoting autonomy for consumers while allowing flexibility during crises. •Listen to the consumer voice, respond constructively, and avoid punitive reactions. •Provide consumers with the opportunity to learn self-advocacy skills. •Provide services that mesh with stated needs of consumers including improving the time line for completing medical evaluations, getting medications started, and getting the right medications at the right time. •Educate consumers (at multiple times) regarding treatment plan options, the range of service options and the consequences of refusing treatment so that consumers can make an informed choice. •Expedite the intake process and access process so that consumers get to a mental health professional as quickly and efficiently as possible. •Focus the intake and access process in order to get to the presenting needs of the consumer as quickly as possible. •Provide assistance to the consumer's satisfaction in getting medications and maintaining an adequate supply to avoid gaps. •Develop quality improvement mechanisms to ensure that feedback from adult consumers is respected and incorporated into program changes. •Provide peer support opportunities for adult consumers.	•Ensures that the system funds models of consumer-directed care. •Mandate the inclusion of consumers and their input in licensing reviews. •Develop, fund, and enforce appropriate standards of practice which maximize the use of evidence based practices as well as practice based evidence. •Provides an external system for complaint resolution and data collection •Promotes and establish peer run services as a central strategy •Provides grants to peer run organizations. •Ensures consumer involvement at every level and stage of program planning, design, implementation and funding. •Promotes Medicaid reimbursement for peer services •Funds peer support centers for wellness and recovery •Establishes leadership academies for consumers •Listens and respond to feedback provided by consumers and family members about the quality and efficacy of services provided •Change Medicaid and other rules to provide greater flexibility in supplying medications to consumers on a timely basis. •Develop quality improvement mechanisms to ensure that feedback from adult consumers is respected and incorporated into program changes.

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GOAL 2b: FAMILY MEMBERS DRIVE THE SYSTEM	•Affirm that adult mental health consumers are independent persons who can exercise the right to make their own choices. •Be hopeful and embrace the possibility of recovery. •Seek opportunities to become educated about mental illness and appropriate roles for being a part of the consumer's program for recovery. •Develop a voice for advocacy and where to find support and resources for becoming involved. •Know when and how to recommend that the consumer use their rights, including filing complaints and appeals. •Consider opportunities to: (a) become involved at all organizational levels and in all functions (leadership, policy development, planning, service delivery, education and evaluation) in advisory, paid and volunteer positions, including service opportunities on local mental health boards and providing testimony to state legislators and other policy makers. (b) provide feedback to individual providers and to the system as a whole on the quality and efficacy of services provided without fear of repercussions. (c) share personal stories to challenge the perception of individuals in the mental health care system.	•Develop resource lists and provide appropriate referrals for family members to obtain needed peer support at the state and local levels. •Developing and maintain relationships with family members of mental health consumers with appropriate release of information. •Implement evidence based practices such as Family Psychoeducation which involve family members with consumers in the treatment program. •Provide informational resources to family members about services and treatment options.	•Include family members' input into licensing reviews. •Develop, fund, and enforce appropriate standards of practice which maximize the use of evidence based practices as well as practice based evidence. •Ensures family member involvement at every level and stage of program planning, design, implementation and funding.

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GOAL 2c: PARENTS/CARE GIVERS OF MINOR CHILDREN DRIVE THE SYSTEM	•Take charge of children's care and recovery by accepting ownership and accountability for hope, treatment and recovery. •Accept and affirm their right to make choices about and be involved in their children's treatment. •Seek opportunities to learn about mental illness and develop a voice for self-advocacy and where to find support and resources for becoming involved. •Communicate needs and utilize agency services to meet individual goals. •Know when and how to use rights, including filing complaints and appeals and where to get advocacy support to make their case. •Consider opportunities to: (a) become involved at all organizational levels and in all functions (leadership, policy development, planning, service delivery, education and evaluation) in advisory, paid and volunteer positions (b) provide feedback to individual providers and to the system as a whole on the quality and efficacy of services provided without fear of repercussions. (c) share personal stories to challenge the perception of individuals in the mental health care system.	•Provide peer support opportunities to parents of youth consumers and children. •Develop resource lists and provide appropriate referrals for parents and care givers to obtain needed peer support at the state and local levels. •Facilitate a friendly, informed and accessible process that allows parents to make a complaint without fear of repercussions. •Provide training and supervision for staff to support parents/care givers of minor children who can exercise the right to make choices to develop recovery plans. •Invite the voice of parents and care givers as well as youth, and respond constructively to improve services to children, and avoid punitive reactions. •Provide parents and care givers with the opportunity to learn self-advocacy skills. •Provide services that mesh with stated needs of minor children including improving the time line for completing medical evaluations, getting medications started, and getting the right medications at the right time. •Educate parents and care givers (at multiple times) regarding treatment plan options, the range of service options and the consequences of refusing treatment so that parents and care givers can make an informed choice. •Expedite the intake and access process so that children get to a mental health professional as quickly and efficiently as possible that the presenting needs of the child are addressed as quickly as possible. •Provide assistance to the parent's and care giver's satisfaction in getting medications and maintaining an adequate supply to avoid gaps.	•Ensures state wide funding for the Children's Initiative, including grants to peer run youth organizations. •Mandate the inclusion of parents and care givers and their input in licensing reviews. •Develop, fund, and enforce appropriate standards of practice which maximize the use of evidence based practices as well as practice based evidence. •Provides an external system for complaint resolution and data collection •Ensures parent and care giver involvement at every level and stage of program planning, design, implementation and funding. •Promotes Medicaid reimbursement for peer services •Involves youth consumers in established youth leadership opportunities •Listens and respond to feedback provided by youth, parents, and care givers about the quality and efficacy of services provided •Change Medicaid and other rules to provide greater flexibility in supplying medications to minor children on a timely basis. •Develop quality improvement mechanisms to ensure that feedback from parents and care givers is respected and incorporated into program changes.

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GOAL 2d: TRANSITIONAL YOUNG ADULTS (18-25) DRIVE THE SYSTEM	•Learn to take charge of one's own care and recovery by accepting ownership, hope and accountability for treatment and recovery. •To participate in focus group sessions at centers to provide input on program and service design. •Utilize family and other resources during the transition period to become educated about the rights and responsibilities as an adult in the treatment system.	•Develop customized programs and services that meet the needs of transitional young adults based on focus group input. •Develop educational programs regarding medication, treatment, and self-care options in partnership with existing consumer and advocacy organizations. •Provide employment opportunities for certified peer specialists from the young adult population. •Help prepare SED individuals and family members who have been in the system to develop an individual treatment plan as they transition to programs for adult consumers. •Prepare SED youth and family members by educating them about the rights and responsibilities of adults in the treatment system.	•Mandate local mental health agencies to have plans in place to provide specialized transitional services and staffing to facilitate outreach, access and treatment options for young adults. •Develop clear definitions for transitional adult consumers regarding SED youth transitioning into SPMI services, including making provisions for preventive services. •Provides options for a continuum of care that reduces the number of mentally ill persons in the criminal justice system
GOAL 2e ADOLESCENT CONSUMERS DRIVE THE SYSTEM			
GOAL 2f SENIORS DRIVE THE SYSTEM			

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GOAL 3: ELIMINATE DISPARITY BASED ON GEOGRAPHY AND ETHNICITY	•Get cultural leaders to commit to partnerships with mental health agencies, including connection via faith-based organizations and other cultural institutions •Access existing transportation resources •Include representatives of diverse populations when developing recommendations.	•Adopt culturally relevant practices: hiring interpreters, and achieve workforce representation from minority communities as needed. •Provide transportation making use of coordinated community services •Include representatives of diverse populations to the extent that they are part of the community when developing policies and programs. •Provide affirmative outreach to persons of color and individuals who are lesbian, gay, bisexual, transgender and intersexed.	•Includes minority representation in planning efforts: African-American, Latino, deaf, refugees, Native Americans, Asian, LGBT among others. •Provides additional financial resources to enable rural providers to achieve a comparable level of service that is being provided in more densely populated areas. *•Address geographic and demographic disparities by providing adequate funding to address gaps in local capacity.* •Provides affirmative outreach to persons of color and individuals who are lesbian, gay, bisexual, transgender and intersexed. •Develops policies and an action agenda for addressing the inequity and over-representation of minority children and adult consumers in foster care and the juvenile and adult criminal justice system •Provide planning and financial resources for the development of coordinated systems of transportation services on a local and regional basis. •Include representatives of diverse populations when developing recommendations.

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GOAL 4: PROVIDE TREATMENT, SUPPORT AND EDUCATION ACROSS THE LIFE SPAN AND LIFE SPACE	•Prepare for life passages through self-education and being proactive and aware of treatment and resource options, including information from state and national resource centers through established consumer and family organizations. •Advocate to ensure access across the lifespan. •Develop support systems as needed for children and the elderly. •Honor and respect degrees of need for support versus independence between family members and consumers. •Get involved and provide energy and support for the establishment and maintenance of consumer and family based organizations to further develop resources, information and voice.	•Identify goals for conducting and implementing outreach to ensure access across the life span. •Place adequate number of staff to meet the needs of consumers where they are located to cover the array of needed services. •Offer educational and informational programs to prepare consumers at all stages of life to self-identify and take charge of their treatment and recovery process. •Utilize consumer and family members as resources to provide educational progams. •Implement programs that identify, outreach and treat high risk populations, including seniors and early childhood, who are not currently getting services as SPMI or SED. •Develop new services to respond to expressed needs of consumers and family members without waiting for state mandates or funding. •Collaborate with and support consumer and family based organizations to expand service offerings for consumers across the life span.	•Fund programs to reach all age populations and to ensure a continuum of care for targeted and non-targeted populations that provides quality services including necessary financial support for consumer and family based support organizations for development and sustainability. •Improve linkages across systems of care -- child welfare, education, physical and mental health -- to ensure that appropriate referrals for treatment resources outside individuals agencies are made when individual agencies cannot provide needed services. •Help provider and consumer/family organizations to develop and utilize multiple funding sources to reach populations in need across the life span. **•Return to the definition of SPMI prior to 2000 which includes preventive treatment as a criterion as a means providing access to treatment for more consumers.**

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GOAL 5: EVIDENCE BASED PRACTICE & PRACTICE BASED EVIDENCE	•Consumers and family members are involved in fidelity reviews. •Consumers and family members are substantially involved in the development, implementation and evaluation of evidence based practices, including educational efforts around evidence based practices and practice based evidence. It is critical that such involvement leads to the adoption of recommendations coming from consumer and family members. •Consumer and family organizations develop local warm lines that are located in the communities being served.	•The input of consumers and family members in the development, implementation and evaluation of evidence based practices and practice based evidence is valued and respected and includes the adoption of recommendations coming from consumer and family members. •Ensure the competency of the workforce to implement EBPs. •Promote and establish services that include supported employment, leadership development, advocacy training, and opportunities to advance skills in the community. •Develop crisis lines that are located in the communities being served, are consumer friendly, provide responses utilizing local resources appropriate to the community from which the call originates, and provides necessary coordination with local consumer and family warm lines.	•The input of consumers and family members in the development, implementation and evaluation of evidence based practices and practice based evidence is valued and respected and includes the adoption of recommendations coming from consumer and family members. •Supports research on peer services and best practices and mandates the inclusion of significant representation of consumers and family members in EBP fidelity reviews. •Measures and reports outcomes and cost at least annually as part of ongoing fidelity reviews. •Conducts evaluation of mental health services with public disclosure of results. •Provides adequate funding to enable the implementation of EBPs in rural and frontier areas where the cost of implementation is higher. •Develops fidelity scales for evidence-based practices with appropriate adjustments for practice based evidence.

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GOAL 6: USE OF TECHNOLOGY TO FACILITATE RECOVERY	•Make choices about the use of technology options to participate in planning meetings (consumers and family members) and to facilitate recovery (consumers) •Access information and training for increasing computer literacy and access to technology through consumer and family organizations.	•Provide adequate equipment, trained staff and suitable environments. •Implement electronic record-keeping systems that are consumer friendly and which ensure confidentiality and effective delivery of services. •Electronic record-keeping systems must be accountable to ensure genuine opportunities for consumers to direct and approve treatment plan options and changes, to be able to document their involvement in the development of all treatment plans. •There is an effective way to capture signatures either electronically or with a paper record. •Create an "ethics committee" involving consumers that oversees the use of technology in the mental health system. •Make appropriate use of tele-psychiatry •Provide consumer-friendly technology options, and environments that ensures access to technology and confidentiality. •Educate consumers about the use of technology options •Develop data collection systems which emphasize recovery, involve consumers in completing or inputting information, and engage consumers in documenting case notes by tracking the individual's progress. •Providers conducting outreach services have cell phones to ensure their safety and to be able to report dangerous or urgent situations affecting the welfare of consumers.	•Fund technology upgrades so that technology systems are more accessible to individuals on a statewide basis. •Provides support and TA to enable implementation of electronic record-keeping •Establish a user-friendly and up-to-date on-line data base of mental health resources and information specific to the state of Kansas and local services. •Ensure that data collection is meaningful and focused on appropriate recovery-based outcomes measures. •Ensure Internet access for consumers and family members who are a part of policy committees which require an Internet connection as a means of facilitating access and saving travel costs. •Require consumer involvement regarding oversight of technology applications in the mental health system. •The Behavioral Sciences Regulatory Board will allow mental health professionals to obtain supervision hours in a specialty field (such as geriatric care) via telephone and tele-video.

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RECOVERY PRINCIPLES DRIVE STANDARDS OF PRACTICE			
COMMUNICA-TION			