

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAM'S

RECOMMENDED STRATEGIES FOR TRANSFORMING MENTAL HEALTH CARE, ADDICTIONS CARE, AND DEVELOPMENTAL DISABILITY SERVICES IN OREGON

NOVEMBER 2004

Executive Summary

In January of 2004 the Association of Oregon Community Mental Health Programs (AOCMHP) started a comprehensive process to review the President's New Freedom Commission Report on Mental Health (July 2003). From this process we created an overarching strategic planning document with recommendations to the State of Oregon and for ourselves that would move us toward the Federal goal of transforming mental health care in America. If we are to truly transform mental health care in America then we must examine our plan for Oregon and ultimately our plan for local communities. During the creation of the mental health section of this document AOCMHP decided that the structure of the document, integration of Federal goals with strategies for Oregon and AOCMHP, worked well. Association membership agreed that it was essential that we create a similar section for addictions prevention, treatment and recovery, based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) report, Changing the Conversation (November 2000); and developmental disabilities, based on National Core Indicators, Phase V (2003) and The President's New Freedom Commission on Mental Health Report (July 2003). The Alcohol/Drug Abuse Programs Association of Oregon (ADAPAO) worked extensively on the addictions section with us. The Developmental Disabilities Coalition provided considerable review and recommendations on the developmental disabilities section. It is our hope that this document be used as an overarching guideline for the State of Oregon, local community mental health programs, other providers, partners, and advocacy organizations to create their own comprehensive strategic plans to create this dynamic transformation.

Our Vision

Mental Health: We envision a future when every Oregonian with a mental illness will recover and thrive in their community of choice, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports-essentials for living, working, learning, and participating fully in the community.

Addictions Prevention, Treatment, and Recovery: We envision an Oregon in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigmas, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision an Oregon in which substance abuse and dependence is recognized as a public health issue, and a treatable illness for which individuals deserve treatment. We envision an Oregon in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise. Furthermore, we believe that Oregon must create an atmosphere for serious prevention efforts.

Developmental Disabilities: We envision a future when every Oregonian with a developmental disability will thrive in their community of choice; a future when people recognize that persons with developmental disabilities have many skills, talents and abilities to contribute to their neighborhoods and communities; a future when everyone with a developmental disability any stage of life has access to effective supports-essentials for living, working, learning, and participating fully in the community.

Goals and Prioritized Strategies

We have adopted six goals addressing mental health (pages 4 to 14); Oregonians understand that mental health is essential to overall health, Mental health care is consumer and family driven, Disparities in mental health services are eliminated, Early mental health screening assessment, and referral to services are common practice, Excellent mental health care is delivered and research is accelerated, and Technology is used to access mental health care and information;

Five goals addressing addictions (pages 15-23); Invest for Results, “No wrong door” to treatment, Commitment to quality, Reduce stigma, and Build partnerships;

Four goals addressing developmental disabilities (pages 24 to 30); Developmental disabilities services are consumer and family driven, Increase coordinating of and access to services, Excellent services are delivered, and Technology is used in the delivery and support of services.

Under each of the goals we have identified strategies for Oregon and for AOCMHP. These strategies were prioritized by AOCMHP’s membership to guide the work of AOCMHP during the 2005 legislative session and beyond. Our top strategies, in priority order are:

- 1. Assist the legislature in adopting legislation that achieves full insurance parity between physical and mental health/addictions treatment.**
- 2. Work with a coalition of justice system partners to plan for a unified approach to improving mental health/addictions treatment and supports for people involved in the criminal justice system.**
- 3. Create local partnerships/blended funding initiatives with critical partners (community corrections, child welfare, self-sufficiency, detox, outpatient, residential, employment and housing, etc) to assure access and engagement of those in need of addictions treatment across a full continuum of services.**
- 4. Design a financial strategy for closing serious gaps in treatment capacity.**
- 5. Advocate for restructuring OARS, data requirements, and funding mechanisms that present barriers to consumers and family centered services for people with developmental disabilities.**

This is intended to be a fluid document. It will be updated periodically as technology improves, field knowledge advances, and systems change. We appreciate the breadth of people that had and continue having input into this document; state employees, county commissioners, legislators, consumers, families, providers, advocates and other partners.

Sincerely,

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ASSOCIATION OF OREGON COMMUNITY
MENTAL HEALTH PROGRAM'S (AOCMHP)
RECOMMENDED STRATEGIES FOR TRANSFORMING
MENTAL HEALTH CARE IN OREGON

*Based on The President's New Freedom Commission on Mental Health's Report,
Achieving the Promise: Transforming Mental Health Care in America (July 2003)*

VISION STATEMENT: We envision a future when every Oregonian with a mental illness will recover and thrive in their community of choice, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports-essentials for living, working, learning, and participating fully in the community.

AOCMHP supports the work that the President's New Freedom Commission on Mental Health has accomplished and we believe in a health & wellness framework in which the transformation of mental health care in Oregon is defined by mental health not mental illness.

Goals and Recommendations:

GOAL 1 Oregonians understand that mental health is essential to overall health.

Recommendation 1.1A Advance and implement statewide and local campaigns to reduce the stigma of seeking care.

Oregon Strategies

- 1.1A(a) Develop media campaign using SAMHSA materials.
- 1.1A(b) Adopt successful curriculums about mental health into K-12 education and work with higher education to include mental health/illness awareness curriculum into teacher training.

AOCMHP Strategies

- 1.1A(c) Adapt SAMHSA materials for distribution in local communities.
- 1.1A(d) Work with member agencies to create "speaker's bureau."

1.1A(e) Support successful anti-stigma campaigns such as “In Our Own Voice” programs to more Oregon communities.

1.1A(f) Partner with advocacy organizations to research and recommend mental health awareness curriculums for adoption by the Department of Education.

Recommendation 1.1B Support statewide and local strategies for suicide prevention.

Oregon Strategies

1.1B(a) Adapt and implement national strategies, goals and objectives to reduce suicide among target populations.

1.1B(b) Coordinate current teen suicide prevention efforts and ensure statewide implementation.

AOCMHP Strategies

1.1B(c) In partnership with schools, community agencies, and other support systems, provide mental health professionals to assist in the implementation of adopted suicide prevention strategies.

Recommendation 1.2 Address mental health with the same urgency as physical health.

Oregon Strategies

1.2a Adopt legislation that achieves full insurance parity between physical and mental health.

AOCMHP Strategies

1.2b Disseminate information about pilot projects integrating mental health and physical health in local communities.

1.2c Prepare and disseminate facts about mental health via local media outlets.

1.2d Work with local public and private health care providers to increase access to effective mental health care.

GOAL 2 Mental health care is consumer and family driven in Oregon.

Recommendation 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

Oregon Strategies

- 2.1a Ensure individualized plans of care with the needs and preferences of the individual, their family and other support persons guiding the services that are provided.
- 2.1b Ensure individualized plans of care reflect caring, holistic approaches that support the person in their recovery.
- 2.1c Ensure individualized plans of care address entire spectrum of needed services by linking agencies and programs and integrate the planning and delivery of services and supports.

AOCMHP Strategies

- 2.1d Provide forums for discussion with representatives of organizations such as OMHAS, universities, provider organizations, consumers, NAMI, etc., regarding service paradigm shifts that reflect consumer and family centered needs and preferences.
- 2.1e Coordinate statewide trainings with a goal of establishing consistency in implementation of individualized, consumer and child and family centered plans of care.
- 2.1f Adopt individualized plans of care that are driven by the needs and preferences of the individual and their support system, that support the individual in his/her recovery throughout various life spheres, and that integrate the planning and delivery of services and supports from various agencies and programs.

Recommendation 2.2 Involve consumers and families/support systems fully in orienting the mental health system toward recovery.

Oregon Strategies

- 2.2a Significantly improve consumer and family participation on all advisory, planning, evaluation, and policy boards.
- 2.2b Support the development of consumer operated and directed services.
- 2.2c Support development and stability of effective consumer and family run organizations that serve individuals or families affected by mental illness.
- 2.2d Incorporate consumers and families in regular trainings of stakeholders and providers.

AOCMHP Strategies

- 2.2e Support the development and stability of consumer and family run organizations that serve individuals or families affected by mental illness through collaboration and in-kind services.
- 2.2f Convene community discussion groups in order to receive input from consumers and families on what services and strategies would assist in orienting their local mental health system toward recovery.
- 2.2g Commit to significantly improving consumer and family participation in all policy, planning, evaluation, and advisory opportunities.
- 2.2h Incorporate consumers and families in trainings at all staff and management levels.

- Recommendation** 2.3 Align relevant state programs to improve access and accountability for mental health services.

Oregon Strategies

- 2.3a Align Oregon mental health financing regulations to be reflective of the identified needs of consumers and families.
- 2.3b Create standards for the use of alternative supports, e.g. wrap-around and peer supports.
- 2.3c Develop capacity for supported employment/education to be available to people with mental illness in every Oregon community.
- 2.3d Develop the means to directly address mental health treatment needs of individuals incarcerated or otherwise involved in Oregon's criminal justice system.
- 2.3e Develop capacity of the public education system to effectively integrate educational services and supports with the individual plan of care for an adult with a serious mental illness or a child with a serious emotional disturbance.
- 2.3f Align state child welfare system and mental health system to provide greater access, timeliness, and effectiveness of mental health/addiction services with particular goals of increasing stability of home and school placements.
- 2.3g Work with higher education to create a training program to certify peer counselors.

AOCMHP Strategies

- 2.3h Identify and advocate for restructuring OARS, data requirements, and funding mechanisms that present barriers to consumer and family centered services.
- 2.3i Work with a coalition of justice system partners to plan for a unified approach to improving mental health treatment and supports for people involved in the criminal justice system.

Recommendation 2.4 Create a comprehensive state mental health plan.

Oregon Strategies

- 2.4a Section 2 of HB 3024 passed by the 2001 Legislature requires a comprehensive statewide plan derived in part from plans submitted by Local Mental Health Authorities. This law provides sufficient direction for OMHAS/DHS to prepare a state plan.

AOCMHP Strategies

- 2.4b Assure adequacy of OMHAS guidelines for local plan development.
- 2.4c Review the state plan and comment to OMHAS/DHS.

Recommendation 2.5 Protect and enhance the rights of people with mental illnesses.

Oregon Strategies

- 2.5a Expand treatment court efforts, jail diversion, discharge planning and law enforcement training.
- 2.5b Eliminate barriers to fair housing.
- 2.5c Develop capacity for housing with supports to be widely available throughout Oregon.
- 2.5d Support mental health parity.
- 2.5e Ensure seclusion and restraint will be used only as safety interventions of last resort.
- 2.5f Ensure all state and community providers work from the principle that all people will be supported to thrive in their community of choice.

AOCMHP Strategies

- 2.5g Ensure Community Mental Health Program's (CMHP's) have recovery based philosophies and policies that protect and support the rights of people with mental illness.
- 2.5h Partner with local housing authorities, advocacy organizations and community partners to develop local supported housing capacity.
- 2.5i Ensure all contracts between CMHP's and other treatment providers address the use of seclusion and restraint only as safety interventions of last resort.
- 2.5j Ensure capacity of community mental health system to effectively support individuals in fully participating in their community of choice.

GOAL 3 Disparities in mental health services are eliminated in Oregon.

- Recommendation** 3.1 Improve access to quality care that is culturally competent.

Oregon Strategies

- 3.1a Support the Partners for Children and Families Cultural Competency and Gender Specific Services Committee.
- 3.1b Engage minorities in workforce development, training, and advocacy.

AOCMHP Strategies

- 3.1c Ensure each advisory council has ethnic minority representation that is population based.
- 3.1d Ensure each Community Mental Health Program has a current cultural competency policy and appropriately trained staff.

- Recommendation** 3.2 Improve access to quality care in **RURAL** and geographically remote areas.

Oregon Strategies

- 3.2a Increase availability of tele-health resources.
- 3.2b Address the need for community based housing for persons with serious and persistent mental disabilities, including emergency shelters, rehabilitation housing and respite beds.

3.2c Ensure regional psychiatric emergency treatment capacity.

AOCMHP Strategies

3.2d Develop capacity for tele-health.

3.2e Develop CMHP capacity for emergency shelters, rehabilitation housing and respite beds.

3.2f Ensure capacity of community based psychiatric emergency care.

GOAL 4 Early mental health screening, assessment, and referral to services are common practice across Oregon.

Recommendations 4.1 Promote the mental health of young children.

Oregon Strategies

4.1a Implement the principles of the Oregon Children's Plan and the Oregon Children's Charter.

4.1b Explore proactive intervention strategies for children who are exposed (directly or indirectly) to traumatizing events.

4.1c Explore the use of alternate assessment technology for very young children.

AOCMHP Strategies

4.1d Identify barriers and solutions to the implementation of the principles of the Oregon Children's Plan and the Oregon Children's Charter.

4.1e Support training in the use of alternative diagnostic assessment tools for 0-3 year olds.

4.1f Develop and maintain staff expertise in each county mental health setting for evidence-based treatment of the continuum of disorders in young children.

Recommendation 4.2 Improve and expand school mental health programs.

Oregon Strategies

4.2a Work with families, educators, and mental health/addictions professionals to identify common goals for establishing/enhancing school mental health/addiction services.

- 4.2b Increase protective factors such as mentoring programs to reduce substance abuse and school violence.

AOCMHP Strategies

- 4.2c Advocate for school mental health/addiction services.

- Recommendation** 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

Oregon Strategies

- 4.3a Update and complete the MHDDSD/OADAP *Task Force on Dual Diagnosis Implementation Plan (from 2001)*.
- 4.3b Complete the development of *Draft Guidelines: Chemical Dependency and Mental Health Services for Coexisting Mental and Substance Use Disorders (from 2001)*.

AOCMHP Strategies

- 4.3c Identify barriers and solutions for implementing co-occurring disorder programs.
- 4.3d Sponsor trainings and consultation for implementing successful models for co-occurring disorders.

- Recommendation** 4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

Oregon Strategies

- 4.4a Ensure that all publicly funded health services are able to demonstrate effective coordination of benefits for those receiving both primary care and behavioral health services.

AOCMHP Strategies

- 4.4b Ensure that all Community Mental Health Programs and Mental Health Organizations have a plan to provide consultation to primary care providers.

GOAL 5 Excellent mental health/addictions care is delivered in Oregon and research is accelerated.

- Recommendation** 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

Oregon Strategies

- 5.1a Develop a public awareness campaign based upon a research based definition of recovery and resilience.

AOCMHP Strategies

- 5.1b Ensure that all Community Mental Health Programs use a consistent definition of recovery and can demonstrate evidence of recovery as a basic foundation of treatment services.

- Recommendation** 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

Oregon Strategies

- 5.2a Ensure administrative rules are reflective of the principles of Evidence Based Practices that is flexible and acknowledges the ever changing body of scientific knowledge.
- 5.2b Explore the use of fidelity scales in assessing current program readiness to implement Evidence Based Practices.

AOCMHP Strategies

- 5.2c Be pro-active in continuing to implement Evidence Based Practices in clinical care.

- Recommendation** 5.3 Improve and expand the workforce providing evidence-based mental health services and supports.

Oregon Strategies

- 5.3a Provide technical assistance for Evidence Based Practice training for Community Mental Health Programs.
- 5.3b Provide support to help Community Mental Health Programs obtain Evidence Based Practices Toolkits and other relevant training tools.

AOCMHP Strategies

- 5.3c Support and encourage Community Mental Health Program's use of Evidence Based Practices Toolkits for in-service trainings.

- Recommendation** 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Oregon Strategies

- 5.4a Develop a sustainable plan to assess and report disparities in minority access and engagement in prevention and treatment activities.
- 5.4b Develop a sustainable plan for proactive intervention for Oregon residents and their families/support systems who are exposed to traumatic events.
- 5.4c Evaluate current acute care capacity with a plan for ensuring adequate capacity for the population now and in the future.
- 5.4d Evaluate the quality of acute care and ensure the use of evidenced based treatment using recovery strategies.
- 5.4e Sponsor statewide “state of the art” trainings on the use of psychotropic medications across the life span.

AOCMHP Strategies

- 5.4f Ensure that each Community Mental Health Program and Mental Health Organization conducts an annual internal assessment of minority participation in prevention and treatment.
- 5.4g Provide leadership and guidance in the development of a state plan for proactive intervention for trauma victims including first responders.
- 5.4h Ensure that each Community Mental Health Program or Mental Health Organization that contracts with acute care settings considers evidence based practices, recovery strategies, and individualized treatment plans that demonstrate consumer participation when contracting for services.
- 5.4i Ensure that each CMHP actively promotes the use of “state of the art” knowledge when prescribing psychotropic medications.

GOAL 6 Technology is used to access mental health/addictions care and information.

- Recommendations** 6.1 Use health technology and tele-health to improve access and coordination of mental health care, especially for Oregonians in remote areas or in underserved populations.

Oregon Strategies

- 6.1a Improve tele-health capacity statewide.
- 6.1b Explore the use of web-based services that could be provided by consumers, family members and mental health systems that support self determination and self-care strategies.

AOCMHP Strategies

- 6.1c Assess current Community Mental Health Program and Mental Health Organization web based capabilities and efforts.
- 6.1d Partner with consumer and family members to explore local options for implementing web based interventions.

- Recommendation** 6.2 Develop and implement integrated electronic health record and personal health information systems.

Oregon Strategies

- 6.2a Oregon will actively participate in a national dialogue about electronic health information systems and ensure that all current efforts to improve Oregon health data systems will be in concert with the larger national goal.

AOCMHP Strategies

- 6.2b AOCMHP will collect and analyze county by county efforts regarding electronic clinical records.

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS (AOCMHP) AND ALCOHOL AND DRUG ABUSE PROGRAMS ASSOCIATION OF OREGON (ADAPAO) RECOMMENDED STRATEGIES FOR TRANSFORMING ADDICTIONS CARE IN OREGON

Based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) document, Changing the Conversation (November 2000)

VISION STATEMENT: We envision an Oregon in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigmas, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision an Oregon in which substance abuse and dependence is recognized as a public health issue, and a treatable illness for which individuals deserve treatment. We envision an Oregon in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise.

AOCMHP and ADAPAO supports the work that SAMHSA has accomplished and we believe in a health & wellness framework in which people with addictions problems are supported in their recovery.

Furthermore, we believe that Oregon must create an atmosphere for serious prevention efforts.

Goals and Recommendations:

Goal 1: Invest for Results – The wise use of resources requires investment in treatment and services that in turn must produce the desired results.

Recommendation 1.1 Close serious gaps in treatment capacity to reduce associated health, economic, and social costs.

Oregon Strategies

1.1a Design financial strategy for closing serious gaps in treatment capacity.

1.1b Build local capacity in community outpatient alcohol/drug treatment.

AOCMHP/ADAPAO Strategies

1.1c Assist OMHAS in designing and marketing financial strategy.

- Recommendation** 1.2 Align financing and reimbursement mechanisms to ensure the most effective and efficient use of available resources.

Oregon Strategies

- 1.2a Ensure that financing policy decisions support a full continuum of services in order to facilitate service delivery in the most cost effective setting consistent with clinical need.
- 1.2b Restructure OARs, data requirements, and funding mechanisms that present barriers to consumer and family centered services.
- 1.2c Expand use of recovery mentors.

AOCMHP/ADAPAO Strategies

- 1.2d In conjunction with local LADPC's work together to ensure that community resources are distributed toward the creation of local systems of care that reflect the full continuum of necessary services.
- 1.2e Work together to assure that the movement between levels of care is timely and consistent with clinical need.

- Recommendation** 1.3 Establish standard insurance benefits for both public and private insurance that provide coverage for substance abuse and dependence equivalent to other medical conditions and that include a full array of appropriate treatment and continuing care.

Oregon Strategies

- 1.3a Adopt legislation that achieves full insurance parity between physical and behavioral health.

AOCMHP/ADAPAO Strategies

- 1.3b Facilitate the resolution of differences in the approach to parity legislation among stakeholder groups.
- 1.3c Provide readily available speakers bureau to have technical information available regarding insurance financing for addictions services.

- Recommendation** 1.4 Set reimbursement rates and funding levels to cover reasonable costs of providing care, including evidence-based practice improvements; capital improvements and reinvestment; workforce recruitment, retention, and development; and care for persons without public or private insurance.

Oregon Strategies

- 1.4a Assure all policy decisions reflect true cost of doing business.

AOCMHP/ADAPAO Strategies

- 1.4b Continue to provide timely data to OMHAS.

Goal 2: “No Wrong Door” To Treatment – Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

- Recommendation** 2.1 Require appropriate assessment, referral, and treatment in all systems serving people with substance abuse and dependence problems.

Oregon Strategies

- 2.1a Provide public mental health funds, including Oregon Health Plan, for the purpose of implementing local plans and encourage Local Mental Health Authority to enter into “blended funding” agreements with state and providers.

AOCMHP/ADAPAO Strategies

- 2.1b Create local partnerships/blended funding initiatives with critical partners (community corrections, child welfare, self sufficiency, detox, outpatient, residential, employment and housing, etc) to assure access and engagement of those in need of addictions treatment across a full continuum of services.
- 2.1c Work with local public and private health care providers to increase access to effective addictions treatment.

- Recommendation** 2.2 Ensure that in all systems individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuing services at the level needed.

Oregon Strategies

- 2.2a Ensure that all public systems provide services consistent with clinical need and that all public systems facilitate timely and clinically appropriate transitions to higher or lower levels of care as clinically necessary.

AOCMHP/ADAPAO Strategies

- 2.2b In conjunction with local LADPC's, work together to identify gaps in local systems of care to create a statewide picture of gaps that occur because of resource shortages and gaps that occur because of policies and procedures.
- 2.2c Work together to identify barriers in local communities that prevent the delivery of service in the most cost effective system consistent with clinical need.

Recommendation 2.3 Apply a commonly accepted, evidence-based model for the continuum of services and care for substance abuse and dependence across health, human services, and justice systems as well as in the substance abuse specialty sector.

Oregon Strategies

- 2.3a Develop and apply evidence-based practices protocol to contracts, site reviews and administrative rule.

AOCMHP/ADAPAO Strategies

- 2.3b Strengthen partnerships between the addictions treatment system and community based services and supports (i.e. drug-free housing, job training providers, vocational/educational providers).

Goal 3: Commit to Quality – Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care. (CC)

Recommendation 3.1 Establish a system that more effectively connects services and research with the goal of providing treatment based on the best scientific evidence. The system should promote consistent communication and collaboration and establish incentives and assistance for applying evidence based practices.

Oregon Strategies

- 3.1a Ensure administrative rules are reflective of the principles of Evidence Based Practices that is flexible and acknowledges the ever changing body of scientific knowledge.
- 3.1b Bring key statewide addictions and mental health treatment leadership together to form an Oregon Treatment Improvement Collaborative dedicated to an ongoing and coordinated improvement of the addiction treatment field.

- 3.1c Ensure individualized plans of care with the needs and preferences of the individual, their family and other support persons guiding the services that are provided.
- 3.1d Ensure individualized plans of care address entire spectrum of needed services by linking agencies and programs, and integrate the planning and delivery of services and supports.

AOCMHP/ADAPAO Strategies

- 3.1e Be pro-active in continuing to implement Evidence Based Practices in clinical care.
- 3.1f Support and encourage community addictions treatment program's use of evidence based practices toolkits for in-service trainings.
- 3.1g Ensure that high quality, culturally specific programs are available for minority members of the community.

- Recommendation** 3.2 Utilizing a system that connects services and research, develop commonly accepted standards and measurements for the treatment field that define evidence based practice standards for quality of care, education, training, credentialing, and best business practices.

Oregon Strategies

- 3.2a Increase technical assistance and provider feedback regarding development and enhancement of evidence based practices.
- 3.2b Continue development of data and outcome standardization to facilitate monitoring of program performance relative to collective system goals and outcomes.

AOCMHP/ADAPAO Strategies

- 3.2c Work together with statewide addictions leadership to identify a range of evidence based practices and fidelity scales for implementation.
- 3.2d Addictions treatment provider organizations will invest in monitoring program outcomes, performance and satisfaction and use this information to guide and improve program operations and service delivery as well as to inform payers, community, consumers, and staff about program performance, productivity, and efficiency.

- 3.2e Work with state partners to jointly plan and implement provider training regarding evidence-based practice, data collection and outcome monitoring.

- Recommendation** 3.3 Attract, support, and maintain a high quality, diverse workforce, responsive to the client population.

Oregon Strategies

- 3.3a Review reimbursement methodologies to identify those methods that will provide incentive for retaining a high quality workforce.

AOCMHP/ADAPAO Strategies

- 3.3b Ensure that each Community Mental Health Program and Mental Health Organization conducts an annual internal assessment of minority participation in prevention and treatment.
- 3.3c Ensure each advisory council has ethnic minority representation that is population based.
- 3.3d Ensure each Community Mental Health Program has a current cultural competency policy and appropriately trained staff.

Goal 4: Changing Attitudes – Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

- Recommendation** 4.1 Engage the recovery community in all levels of policy and implementation discussions concerning substance abuse and dependence.

Oregon Strategies

- 4.1a Involve the recovering community in the development and implementation of a social marketing plan to put a human face to addiction.

AOCMHP/ADAPAO Strategies

- 4.1b Adapt SAMHSA materials for distribution in local communities.
- 4.1c Work with member agencies to create a speaker's bureau.
- 4.1d Support successful anti-stigma campaigns.

- 4.1e Partner with advocacy organizations to research and recommend addictions awareness curriculums for adoption by the Department of Education.
- 4.1f Develop a public awareness campaign based upon a research based definition of recovery and resilience.

- Recommendation** 4.2 Conduct systematic research to better understand how people at risk for, suffering from, or in recovery from alcohol and/or drug abuse are affected by multiple and overlapping forms of stigma, and to understand and address more fully the views and attitudes of various population groups regarding substance abuse and treatment.

Oregon Strategies

- 4.2a Continue to strengthen addiction prevention activities in Oregon.
- 4.2b Establish a statewide message and media materials to facilitate counties, regional entities, and providers all delivering the same message regarding Oregon's support for addictions prevention and treatment.

AOCMHP/ADAPAO Strategies

- 4.2c Prepare and disseminate facts about addictions via local media outlets.
- 4.2d Create opportunities to share best practices across the state and provide technical assistance to replicate successful, science based interventions.

- Recommendation** 4.3 Conduct educational initiatives about alcohol and drug problems and effective treatments that promote the dignity of, and reduce stigma and discrimination against, people in recovery.

Oregon Strategies

- 4.3a Involve the recovering community in the development and implementation of a social marketing plan to put a human face to addiction.

AOCMHP/ADAPAO Strategies

- 4.3b Adapt SAMHSA materials for distribution in local communities.
- 4.3c Work with member agencies to create speakers bureau.

- 4.3d Support successful anti-stigma campaigns.
- 4.3e Partner with advocacy organizations to research and recommend addictions awareness curriculums for adoption by the Department of Education.

Goal 5: Build Partnerships – Effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with the many other people and groups throughout society who share a concern to improve substance abuse treatment will require specific encouragement and support.

Recommendation 5.1 Encourage formation of effective groups that will unite people with alcohol and/or drug problems, people in recovery, their families and friends.

Oregon Strategies

- 5.1a Support the building of organizational capacity of recovery movement groups.
- 5.1b Develop tools, toolboxes, message and educational materials and guidelines for recovery movement projects.
- 5.1c Disseminate information about pilot projects integrating behavioral health and physical health in local communities.

AOCMHP/ADAPAO Strategies

- 5.1d Provide forums for discussion with representatives of organizations such as OMHAS, universities, provider organizations, consumer, recovery groups, etc. regarding service paradigm shifts that reflect consumer and family centered needs and preferences.
- 5.1e Work with a coalition of justice system partners to plan for a unified approach to improving addictions treatment and supports for people involved in the criminal justice system.

Recommendation 5.2 Create forums where government agencies and private organizations can collaborate.

Oregon Strategies

- 5.2a Continue to collaborate and work closely with the public mental health/addictions system and the provider community.

- 5.2b Bring key statewide addictions and mental health treatment leadership together to form an Oregon Treatment Improvement Collaborative dedicated to an ongoing and coordinated improvement of the addiction treatment field.

AOCMHP/ADAPAO Strategies

- 5.2c Continue to collaborate and work toward mutual goals for the benefit of people in need.
- 5.2d Provide forums for discussion with representatives of organizations such as OMHAS, universities, provider organizations, consumer, recovery groups, etc. regarding service paradigm shifts that reflect consumer and family centered needs and preferences.

- Recommendation** 5.3 Establish a Partnership Support Program that provides financial and other support to collaborative projects and groups.

Oregon Strategies

- 5.3a Create Partnership Support Program within OMHAS.

AOCMHP/ADAPAO Strategies

- 5.3b Work with OMHAS to staff and collaborate on Partnership Support Program projects.

- Recommendation** 5.4 Establish “partnership-building” as a priority objective in all appropriate programmatic and funding activities.

Oregon Strategies

- 5.4a Promote consumer and family participation on all advisory, planning, evaluation, and policy boards.
- 5.4b Collaborate with local communities to provide technical assistance to support and maintain successful Local Alcohol and Drug Planning Council’s (LADPC’s).

AOCMHP/ADAPAO Strategies

- 5.4c Support the development and stability of consumer and family run organizations and recovery support programs that serve individuals or families affected by addictions.
- 5.4d Work together to ensure successful local LADPC’s.

**ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAM'S
(AOCMHP) RECOMMENDED STRATEGIES FOR TRANSFORMING
DEVELOPMENTAL DISABILITIES SERVICES IN OREGON**
**Considerable review and recommendations are included from the
Developmental Disabilities Coalition**

Based on National Core Indicators: Phase V (2003) and The President's New Freedom Commission on Mental Health's Report, Achieving the Promise: Transforming Mental Health Care in America (July 2003)

VISION STATEMENT: We envision a future when every Oregonian with a developmental disability will thrive in their community of choice; a future when people recognize that persons with developmental disabilities have many skills, talents and abilities to contribute to their neighborhoods and communities; a future when everyone with a developmental disability at any stage of life has access and opportunity to direct their essential supports for living, working, learning, and participating fully in the community.

Goals and Recommendations:

CHOICE

Goal 1 Developmental Disabilities Services are consumer and family driven in Oregon.

Recommendation 1.1 Develop an individualized plan of care for every person with a developmental disability.

Oregon Strategies

- 1.1a Ensure individualized support plans, with the needs and preferences of the individual, their family and other support persons guide the services that are provided.
- 1.1b Ensure that support plans reflect caring, holistic approaches that support the person.
- 1.1c Ensure that services and supports utilize the entire spectrum of natural supports, community resources, and all needed services by linking agencies and programs, and integrating the planning and delivery of services and supports.

AOCMHP Strategies

- 1.1d Participate in and help plan regularly scheduled forums for discussion with representatives of stakeholder organizations and consumers and their families regarding effectiveness of the service system in supporting consumers' family- centered needs and preferences.

- 1.1e Assist in the coordination and funding of statewide trainings with a goal of establishing consistency in implementation of individualized, consumer and child-and-family-centered support plans.
- 1.1f Promote the development of individualized support plans that are driven by the needs and preferences of the individual and their support system, that support the individual throughout various aspects of life and that integrate the planning and delivery of services and supports from various agencies and programs.

Recommendation 1.2 Involve consumers and families/support systems fully in the design and delivery of developmental disabilities services.

Oregon Strategies

- 1.2a Assure consumer and family participation on all advisory, planning, evaluation, and policy boards.
- 1.2b Support the development of consumer operated and directed services.
- 1.2c Support consumer and family participation in the development and operation of organizations that serve individuals or families affected by developmental disabilities.
- 1.2d Include consumers and families in the design and delivery of regular trainings of stakeholders and providers.

AOCMHP Strategies

- 1.2e Participate in community forums in order to receive input from consumers and families on what services and strategies would assist their county developmental disability system in delivering developmental disability services.
- 1.2f Support consumer and family participation in all policy, planning, evaluation, and advisory opportunities by funding needed supports and accommodations such as personal assistance, transportation, and child care.
- 1.2g Involve consumers and families in trainings at all staff and management levels.

Recommendation 1.3 Improve access and accountability for developmental disability services.

Oregon Strategies

- 1.3a Make state developmental disabilities funding and rules consistent with the identified needs of consumers and families.
- 1.3b Create incentives for the use of alternative supports, e.g. natural supports.

- 1.3c Increase the availability of community-integrated supports to people with developmental disabilities in every Oregon community.
- 1.3d Develop capacity of the support services brokerages and the county developmental disability programs to effectively coordinate developmental disability supports with public educational services.
- 1.3e Coordinate state child welfare system and developmental disabilities system to assure timeliness and effectiveness of services to children and families.
- 1.3f Increase stability of home and school placements by assuring access, timeliness, funding, and effectiveness of family support services.
- 1.3g Work with a coalition that includes representatives of the justice system, state agencies and other partners to plan for a unified approach to supports for people with developmental disabilities involved in the criminal justice system.

AOCMHP Strategies

- 1.3h Identify and advocate for restructuring state statutes and rules, data requirements, and funding mechanisms that present barriers to consumer and family centered services.

Recommendation 1.4 Protect and enhance the rights of people with developmental disabilities.

Oregon Strategies

- 1.4a Ensure all state and community providers embrace the principle that all people will be supported to thrive in their community of choice.

AOCMHP Strategies

- 1.4b Promote local initiatives to support self-advocacy.
- 1.4c Ensure protection of people with developmental disabilities through adequate training, staffing, and timely implementation of protective service actions.
- 1.4d Ensure Community Mental Health Programs (CMHP's) have philosophies and policies that protect and support the rights and choices of people with developmental disabilities.

ACCESS

GOAL 2 Increase coordinating of and access to developmental disability services in Oregon.

Recommendation 2.1 Improve access to quality care that is culturally competent.

Oregon Strategies

- 2.1a Engage people who are bicultural and/or bilingual in workforce development, training, and advocacy.
- 2.1b Implement the state's DHS cultural competency plan.

AOCMHP Strategies

- 2.1c Ensure that each advisory council has diverse representation that reflects local and state demographics.
- 2.1d Ensure each Community Developmental Disability Program has a current cultural competency policy and appropriately trained staff.

Recommendation 2.2 Improve access to quality services in rural and geographically remote areas.

Oregon Strategies

- 2.2a Increase housing options and appropriate supports for people with developmental disabilities throughout Oregon.
- 2.2b Increase availability of tele-health resources.
- 2.2c Increase availability of responsive crisis services.
- 2.2d Ensure availability of medical, dental and specialized (e.g., psychiatric and behavioral consultation) services for people of all ages with developmental disabilities.
- 2.2e Partner with local housing authorities, advocacy organizations and community partners to develop local supported housing capacity.
- 2.2f Ensure capacity of community mental health system to effectively support individuals with developmental disabilities and mental health needs to fully participate in their communities of choice.

AOCMHP Strategies

- 2.2g Develop capacity for tele-health.
- 2.2h Increase availability of responsive crisis services.
- 2.2i Ensure availability of medical, dental and specialized (e.g. psychiatric and behavioral consultation) services for people with developmental disabilities of all ages.

2.2j Expand transportation options for people with developmental disabilities.

Recommendation 2.3 Ensure the most effective and efficient use of available resources.

Oregon Strategies

2.3a Build flexibility for service provider funding that reflects reimbursement based on individual consumer needs.

2.3b Ensure community based Developmental Disabilities services, as specified in OAR 430, are planned and coordinated through CMHP's.

2.3c Increase access of people with developmental disabilities to generic services.

2.3d Provide access to services for all eligible adults and children.

AOCMHP Strategies

2.3e Work with State Office of Seniors and People with Disabilities (SPD) to build flexibility into the financing approach for service providers to reflect reimbursement based on individual consumer needs.

2.3f Work with SPD to ensure that community based Developmental Disabilities services, as specified in OAR 430, are planned and coordinated through CMHP's.

QUALITY

GOAL 3 Excellent Development Disabilities Services are delivered in Oregon.

Recommendation 3.1 Consumers and families receive the supports and services they need.

Oregon Strategies

3.1a Consumers/family members are able to direct the services and supports they need and determine from whom they receive the services.

3.1b Consumers/family members choose and hire the person(s) to provide their supports.

3.1c Consumers/family members have control over funds available for their support needs.

AOCMHP Strategies

3.1d Participate in state, regional and local forums, planning committees, work groups and advisory boards focusing on self-

directed supports.

- 3.1e Support the development and delivery of services that are consumer directed and managed.
- 3.1f Require that all comprehensive and support services are delivered by entities that ensure consumer choice.
- 3.1g Aggressively advocate for adequate funding from the state for DD services.

Recommendation 3.2 Direct support professionals and supervisory staff are adequately trained and compensated.

Oregon Strategies

- 3.2a Minimum standards established for employment and on-going, annual training of direct support professionals are followed.
- 3.2b Support an annual state wide conference held for direct support professionals and supervisory staff.
- 3.2c Increase pay and benefits for direct support professionals and supervisory staff sufficient to ensure the provision of quality services.

AOCMHP Strategies

- 3.2d Participate in the planning and delivery of statewide trainings for direct support professionals and supervisory staff.
- 3.2e Participate, with the state, in continuing review and development of minimum training standards for direct support professionals and supervisory staff.

Recommendation 3.3 County case management and supervisory staff have the knowledge and training to implement the values of self-determination, choice, community integration, while promoting employment and supports for individuals with developmental disabilities.

Oregon Strategies

- 3.3a Minimum qualifications for knowledge, skills, and abilities are established for developmental disabilities case managers and supervisory staff.
- 3.3b Training and orientation is provided to all newly hired county case managers and supervisory staff.
- 3.3c On-going trainings are offered, regionally, on emerging practices for case managers and supervisory staff.

AOCMHP Strategies

- 3.3d Employ only staff meeting the minimum state requirements.
- 3.3e Support and fund the on-going training and education of case management staff.

INNOVATION

GOAL 4 Technology is used in the delivery and support of services to individuals with developmental disabilities.

- Recommendation** 4.1 Use health technology and tele-health to improve access and coordination of health services, especially for Oregonians with developmental disabilities in remote areas or in underserved populations.

Oregon Strategies

- 4.1a Improve tele-health capacity statewide.
- 4.1b Ensure access to the use of web-based information and services for consumers, family members and developmental disability systems that support self determination and self-care strategies.

AOCMHP Strategies

- 4.1c Assess current Community Mental Health and Community Developmental Disabilities Programs' web-based capabilities and efforts.
- 4.1d Partner with community organizations, consumers, and family members to explore local options for accessing web-based information.

- Recommendation** 4.2 Promote the use of assistive technology to help people with developmental disabilities enhance their lives, increase their independence and productivity, and gain greater social inclusion.

Oregon Strategies

- 4.2a Develop a statewide plan to improve the availability, affordability, and accessibility of assistive and universally designed technologies in the school, home, and workplace for children and adults with developmental disabilities.
- 4.2b Ensure the provision of adequate training and skills development necessary to use new technologies.
- 4.2c Support and fund access to web-based state and local resource information such as Disability Compass.

AOCMHP Strategies

- 4.2d Support CMHP efforts to increase consumer access to assistive and universally designed technologies.
- 4.2e Partner with community organizations, consumers and family members to identify needs and implement local strategies for technology and training.