

## Exhibit 1 Requirements

### **1. Mandatory Requirements**

- 1.1. The Bidder shall comply with all requirements in this bid and provide a written response to each Mandatory Requirement. The bidder's compliance with the requirements in this bid shall be determined according to the sole unrestricted discretion of ODMHSAS.**

GRAND's written response to each Mandatory Requirement in this bid response represents its compliance with all requirements in this bid.

- 1.2. Eligible provider organization (Bidder) must be a Certified Community Behavioral Health Clinic (CCBHC) by ODMHSAS standards.**

GRAND is a Certified Community Behavioral Health Clinic (CCBHC) by ODMHSAS standards. GRAND is an eligible provider under this Mandatory Requirement.

- 1.3. The Contractor shall at all times carry and maintain Commercial General liability insurance of no less than one million dollars (\$1,000,000) for any aggregate claim per incident. Professional services Contractor must also provide Professional Liability insurance to adequately compensate persons for an act of professional negligence by the Contractor, its agents, employees, or the like. A copy of Commercial General Liability insurance and Professional Liability insurance is to be submitted with the bid response.**

GRAND at all times carries and maintains Commercial General liability insurance of no less than one million dollars (\$1,000,000) for any aggregate claim per incident and Professional Liability insurance to adequately compensate persons for an act of professional negligence by the Contractor, its agents, employees, or the like. See attachments in 7.3 Section Three: Required Forms, Certifications, and Disclosures for copies of the required insurances.

- 1.4. Contractors are expected to comply with all applicable statutes and rules including but not limited to Title 43A; Title 450, Chapter 15, Chapter 17, Chapter 23, and Chapter 55.**

GRAND is and will continue to comply with all applicable statutes and rules including, but not limited to, Title 43A; Title 450, Chapter 15, Chapter 17, Chapter 23, and Chapter 55.

- 1.5. Contractors must respond to all adult and child mobile response requests dispatched by the ODMHSAS 988 call center 24 hours a day, 7 days per week.**

GRAND is and will continue to respond to all adult and child mobile response requests dispatched by the ODMHSAS 988 call center 24 hours a day, 7 days a week.

- 1.6. Contractors are expected to comply with all applicable manuals, to include the CCBHC Manuals and ODMHSAS Service Manual (<http://www.odmhsas.org/arc.htm>, Documents), and the Eligibility and Target Population Matrix (<http://www.odmhsas.org/arc.htm>, Documents, Statements of Work, choose current fiscal year).**

GRAND is and will continue to comply with all applicable manuals, to include the CCBHC Manuals and ODMHSAS Service Manual (<http://www.odmhsas.org/arc.htm>, Documents), and the Eligibility and Target Population Matrix (<http://www.odmhsas.org/arc.htm>, Documents, Statements of Work, choose current fiscal year).

**1.7. Contractors shall provide the 9 required CCBHC Services directly or through formal partnership which include: 1) Crisis Services, 2) Outpatient Mental Health and Substance Use Services, 3) Person-and-Family-Centered Treatment Planning, 4) Community-Based Mental Health Care for Veterans, 5) Peer and Family/Caregiver Support and Counselor Services, 6) Targeted Case Management, 7) Outpatient Primary Care Screening and Monitoring, 8) Psychiatric Rehabilitation, 9) Screening, Diagnosis, and Risk Assessment.**

Grand Mental Health (GRAND) has been a national pioneer in operating as a highly effective, financially efficient, and sustainable mental health provider since the inception of the federal Certified Community Behavioral Health Clinic (CCBHC) demonstration program in 2017. We were selected as one of three entities in Oklahoma to participate in the national Medicaid demonstration, being named one of the country's first CCBHCs in 2018.

Our dedication to directly providing the 9 required services, meeting and exceeding all standards and criteria, has been evident from our initial implementation of the model, throughout our expansion of CCBHC services beginning in 2019 under the Oklahoma State Plan Amendment, and in our current provision of CCBHC services across 13 Oklahoma counties, including Tulsa. GRAND has the experience, expertise, and proven credibility to continue providing immediate access to high-quality CCBHC services in the least restrictive environment for the Southwest catchment area of Tulsa County. In fact, as demonstrated throughout our responses below, our services have already proven beneficial, both clinically and financially, for the Tulsa community by increasing access for those in need of, but not receiving services, and by easing the strain on hospitals, law enforcement agencies, and education systems who regularly encounter individuals and families in crisis. Our commitment and capacity to serve the Tulsa community is demonstrated further by the fulfillment of the promises made in our 2023 bid response. In just 1.5 years, we implemented and began providing 100% of the required CCBHC services promised in the previous RFP response by or before our submitted timeline. Our 2023 RFP response included a future promise to implement a Family Treatment Center in Tulsa (described in detail in Section 1.7.1 below), which exceeds CCBHC requirements, and we are still on track to fulfill this promise.

The narrative sections below are evidence of GRAND's understanding of the 9 required CCBHC Services and detail how we provide them throughout the Southwest catchment area. If awarded, we will provide services in any of the four catchment areas, but our preference, if considered, is to be awarded to serve the Northeast catchment area as our existing facilities are located within this catchment. If our exception request is not granted to continue providing mental health services and substance use treatment at our Skelly Campus under an award for any of the four catchment areas, we will pursue a new location within the catchment area and attain certification to provide Outpatient Mental Health services.

#### **1.7.1. Crisis Services**

GRAND Mental Health understands the severity of the mental health and substance use crisis, not only in Tulsa County, but across our state. We know the risks of overdose and death for individuals experiencing a mental health or substance use crisis. We know the fear and hopelessness experienced by

the family and friends of those experiencing a mental health or substance use crisis when they do not know where to go for help. And we know the strain on our community's systems when first responders and hospitals are overwhelmed with calls and patients in crisis.

As a leading provider of mental health and substance use treatment services, working in partnership with communities and organizations across Northeast and North Central Oklahoma, GRAND had a unique perspective to observe and identify a problematic trend in 2015: inpatient hospitalizations and the demands on local hospitals and law enforcement agencies were steadily increasing year over year. Our clients and community partners were overwhelmed by the resources, personnel time, cost, and emotional demands that arose every time an individual was in crisis. We knew there had to be a better way to address behavioral health crises and we knew we had the expertise, experience, and capacity to provide it. In 2016, we radically transformed our approach to meeting the needs of individuals in crisis and to relieving the strain on community systems when we implemented the GRAND Model.

### *The GRAND Model and its Success*

The GRAND Response Access Network on Demand (GRAND) Model decreases the number of clients being admitted to inpatient hospitalization programs during a mental health or addiction crisis when a less restrictive level of care may be more appropriate to meet their needs.

The GRAND Model has two key elements: 1) provide clients and community agencies (first responders, hospitals, and schools) with iPads enabling 24/7 instant access to our crisis line and 2) provide an alternative to arrest or hospitalization for individuals in crisis at Urgent Recovery Centers (URC – described in detail below) offering 24/7 crisis intervention and stabilization services.

The National Association of State Mental Health Program Directors Research Institute (NRI) studied our GRAND Model and released their report in June 2022. They found that between 2016 and 2021, our GRAND Model resulted in a 93.1% drop in inpatient admissions while clients still received the mental health and addiction treatment they needed through lower-level care options. Hospitals saved more than \$62 million from reduced inpatient hospitalizations and law enforcement in seven counties saved over \$718,000 from reductions in time and distance spent transporting clients.

Having served as a CCBHC provider in Tulsa County since 2023, we have implemented our GRAND Model and proven the success and impact of our crisis services as described herein.

### ***Emergency Crisis Intervention Services***

#### *24/7 Crisis Line at 1-800-722-3611*

One of the fundamental principles of GRAND's crisis response is that no crisis call goes unanswered.

We have a network of 410 highly trained crisis team managers, providers, licensed mental health professionals, nurses and peer staff to answer calls and ensure the highest quality of services are provided 24/7 throughout all our service areas. Not only do we support individual callers experiencing a mental health or substance use crisis, but our crisis network is ready to support local community partners encountering individuals in a behavioral crisis anytime and anywhere, utilizing a call rolling system that ensures that no call ever goes unanswered. Our crisis team members listen, de-escalate, and

connect those in crisis to the level of services they need, deploying a Crisis Transport team to get them there if needed. GRAND crisis services have answered over 3,300 crisis calls in the last 30 days alone.

#### *24/7 Crisis Access via iPads/Mobile Devices*

Many times, it is not the individual experiencing a mental health or substance use crisis who makes the call; it is the first responder, hospital worker, or school leader responding to the crisis. Part of our GRAND Model innovation is the use iPads equipped with our unique application that enables 24/7 access to our crisis line at the touch of a button. We distribute these iPads to our first responder, hospital, and school partners (see Table in Section A(I) above), allowing them instant connection to our crisis staff and licensed mental health professionals who are available round-the-clock to help them respond to and de-escalate the crisis, and ensure the person in crisis gets to the stabilization services they need. GRAND also provides all outpatient and substance use treatment clients with iPads as "mental health devices" that not only assist them in working their treatment plan but provide them with one-button instant connection to help if they find themselves or their family members in a crisis outside of business hours. We receive and answer an average of 3,200 calls per month via our iPads. Additionally, we are in the development and testing phase of a new application that can be downloaded on any mobile device, reducing the cost of deploying and maintaining iPads while increasing our reach to provide 24/7 access to crisis intervention services.

Whether it is an adult or a child reaching out for help, GRAND is dedicated to ensuring that every call made through the 800 number, an iPad, or an app is promptly answered, providing reassurance and immediate access to qualified professionals.

#### ***24/7 Mobile Crisis Teams***

##### *988 Mobile Crisis Response*

GRAND is honored to partner with 988 Lifeline, providing direct crisis response to 988 callers needing in-person support. We have two 988 Mobile Crisis Response teams serving Northeast and North Central Oklahoma. 988 operators who deem a caller warrants in-person attention dispatch our team to the caller's location. Our skilled crisis professionals will take it from there, ensuring they are connected to the level of care they need. The 988 Lifeline utilizes the Solari portal to assign, dispatch, and track responses, ensuring callers receive timely access to care. GRAND's average response time per Solari is less than one hour.

##### *24/7 Crisis Transport*

Whether the call comes through our 800 number crisis line or through an iPad/mobile app, when the individual in crisis is in need of in-person intervention, de-escalation, and/or transportation to crisis stabilization services, we have teams we deploy 24/7.

Additionally, our 24/7 Crisis Transport offers time- and cost-saving support to law enforcement and hospitals when our teams respond immediately to provide 24/7 transport service for clients in need of stabilization, getting them to our Urgent Recovery Centers (described in detail below) without using local police or taking up space in hospitals. In the past, when a person in crisis was taken into custody by law enforcement or to an emergency room, they typically had to wait hours for evaluation and transport to a crisis unit because of the overwhelming workload already faced by police and hospitals. Our teams fill

that gap, allowing law enforcement to get back on the job and hospitals to open up space for other patients. For the individual in crisis, they are quickly and discretely transported into crisis stabilization care instead of being restrained by law enforcement or waiting in an emergency room for hours. In FY24, we completed 1,854 crisis transports throughout our service areas. Currently being provided in Tulsa County by other agencies under contract with the State of Oklahoma, GRAND ensures 24/7 Crisis Transport in our other services areas and is willing and capable to provide it in Tulsa County when needed.

### *Children's Mobile Crisis*

When youth/adolescents (ages 24 and younger) are in crisis, the best environment for them may be the familiarity and security of their own home. Our Children's Mobile Crisis teams, serving all our counties, including Tulsa, are deployed to their home to offer the same de-escalation and emergency therapeutic intervention services available in our crisis centers. Once stabilized, our team works to keep the child safe and engaged in the most appropriate level of care to meet their ongoing needs. These crisis services are similar to mobile services for adults, but utilize staff trained to use age- and developmentally appropriate evidence-based practices to meet the unique needs of our young clients.

Through the use of our iPad application used by client families and the availability of in-person response when needed, GRAND is able to lead the way in reducing out of home placement. We have successfully deescalated nearly 90% of children's crisis situations across all of our counties through our mobile response teams by working with the child and family to process the crisis and to create a safety plan. Follow-up services include connecting with the schools and other supports in the child's life to ensure they have the tools necessary to work through crisis with the safety plan should another crisis arise.

In cases where the child's and/or family's crisis is not able to be resolved through mobile crisis response and it is determined that a higher level of care may be necessary, we provide transportation to our Family Assessment Centers (FAC) or Family Treatment Centers (FTC) as a crucial entry point into the crisis system to provide crisis stabilization. FACs and FTCs are described in detail below. Current FAC locations include Bartlesville, Jay, and Pryor. Our FTC is located in Claremore, with plans for a future location in Tulsa in 2027.

### *24/7 Street Outreach*

GRAND exceeds CCBHC crisis requirements by being Tulsa's only provider of 24/7 Street Outreach. In 2024, we averaged 3,337 engagements each month throughout Tulsa County.

Our outreach team members provide person-centered prevention and trauma-informed practices, many serving as peers who live in recovery from their own experiences of mental illness, addiction, and homelessness. Made up of Certified Peer Recovery Support Specialists or Case Managers, our 2-person outreach teams work in shifts to encounter individuals experiencing homelessness and/or a mental health/substance use crisis in two ways: 1) searching the streets via daily routes throughout the community and 2) assisting first responders when responding to calls involving individuals in crisis. We have always included outreach routes across Tulsa, but with the generous support of a local funder who helped us purchase an additional outreach vehicle in 2024, we have added dedicated, daily routes to the underserved areas of North and East Tulsa.

While searching the streets, convenience store parking lots, and encampments, the outreach teams work on building relationships and establishing trust with typically trust-averse and vulnerable members of our community, giving them the time they need to allow the outreach team to help them navigate complex social service systems to meet their physical needs and connect them to treatment services to meet their mental health and substance abuse needs. In the meantime, we collaborate with organizations such as the Tulsa Day Center and Iron Gate to help them access shelter, housing, and meals. We distribute and teach them how to use Narcan (Naloxone) to treat opioid overdose as well as other harm reduction supplies, including Fentanyl testing kits and HIV/Hepatitis C prevention supplies. Our teams also work alongside outreach teams from Housing Solutions, Family and Children's Services, and Mental Health Association Oklahoma.

Whether encountered during outreach routes or while supporting law enforcement when responding to a mental health/substance use crisis, offering an alternative to arrest, our outreach teams provide individuals ready for help with connection and even transportation to the services necessary to meet their complex needs. This may include admission to the Tulsa Urgent Recovery Center (URC) where they will receive crisis stabilization services. GRAND knows that outreach is where services begin, particularly for hard-to-reach populations who are often hesitant to participate in treatment services. We also know that our 24/7 outreach services are proactive and financially beneficial for our community. By searching the streets and building relationships in this highly vulnerable population, we can engage and intervene before a high-cost mental health or substance use crisis occurs.

#### *Partnerships with First Responders*

GRAND has understood the value of working with law enforcement partners since our founding in 1979, knowing that the first responders to individuals experiencing a mental health or substance use crisis are typically law enforcement. This often results in arrest and/or incarceration when appropriate mental health crisis interventions will result in improved outcomes, both for the person and community. After the implementation of our GRAND Model (24/7 crisis access via iPads and Urgent Recovery Centers) demonstrated such success, resulting in significant benefits for our clients and partners, we recognized that effective communication between mental health staff and police officer was often a barrier, with both feeling that the other had good intentions, but something was being lost in translation. To overcome this barrier, we created a Law Enforcement Engagement Director (LEED) position in 2020, requiring veteran law enforcement officer experience paired with an interest in working in the mental health field. Now supervising an engagement team, the LEED and his First Responder Engagement team meet with or has communication with all law enforcement partners in our catchment areas at least monthly. This team serves as the lead contact when any concerns involving law enforcement arise and hosts regular training that provides officers with mental health CLEET hours. Our goal with this team is to deepen and expand our relationships with law enforcement, leading to overall decreases in negative interactions between law enforcement and individuals in a mental health or substance use crisis.

We have been replicating our long-standing working relationships with law enforcement in Tulsa County, building relationships with Tulsa Police Department, Tulsa County Sheriff's Office, Tulsa Fire Department, Broken Arrow Police Department, Collinsville Police Department, Skiatook Police Department, and Owasso Police Department. In partnership with the City of Tulsa, we operate the Tulsa Sobering Center which serves as an alternative to jail for those arrested for an intoxication offense. Under its previous model, individuals facing arrest were given the option to choose a 10-hour detention (not to exceed 12 hours) in lieu of arrest and jail. Upon release, they could be voluntarily connected to treatment services. In December 2023, we improved upon this model and partnership when we opened the Tulsa Urgent

Recovery Center (described in detail below) which expanded access to all law enforcement agencies in Tulsa County (who want to contract with us for utilization), and allows individuals arriving in crisis to be assessed and screened and to begin treatment immediately rather than waiting for the detention period to end. An average of 38 clients per month are admitted through the Tulsa Sobering Center, with 20% electing to continue treatment at our Addiction Recovery Center (described in detail in Section 1.7.2 below).

In our partnership with the Bartlesville and Broken Arrow Police Departments, we have formed Crisis Intervention Response Teams (CIRT) comprised of GRAND Case Managers paired with police officers who co-respond to mental health calls, provides resources, and follow up with individuals to ensure connection to services. In April alone, we received 12 new client referrals for high-need individuals, with whom we will continue to engage and ensure connection to services. As this program has already shown promising results in reducing calls and increasing referrals to appropriate treatment, we will continue to pursue the possibility of forming CIRT teams with other Tulsa County agencies.

The Tulsa Fire Department is also an incredibly valuable first responder partner. Together, we are creating the Tulsa Fire Department Overdose Response Team which will go live later this year. When responding to a substance use crisis, particularly when there is a risk of overdose, the Overdose Response Team will start administering suboxone before transporting them to treatment or coordinating with our teams to transport the individual to the appropriate level of treatment care.

Additionally, GRAND continues to foster partnerships with Tribal Law Enforcement agencies across our counties, such as the Osage and Cherokee Nations, distributing iPads for 24/7 crisis access and coordinating crisis transportation to our Urgent Recovery Centers.

#### *Partnerships with Hospital Systems*

Hospital systems and emergency rooms (ER) are also often the first to encounter individuals in mental health and/or substance use crises. These individuals spend hours in the waiting rooms, having no privacy, while their crisis is on display for the public. As part of our GRAND Model, we have been developing partnerships with hospital systems throughout Tulsa County to provide their hospital and ER staff with iPads that give them 24/7 instant access to our crisis intervention team and offer mental health transport to our Urgent Recovery Center. We are currently partnered with Hillcrest Healthcare System (Downtown and South) and Bailey Medical Center in Owasso. In FY24, we received and answered 961 calls from Hillcrest, 865 from their Downtown location and 96 from their South location. We are in an Accountable Care Organization (ACO) with Ascension St. John and are working toward implementing iPads in their ER. We are also communicating with Saint Francis Health System to establish our partnership. These partnerships help us ensure those in need have immediate access to the quality care they need in the least restrictive environment. Additionally, our hospital partners tell us they are saving time, money, personnel, and bed space so they can better serve individuals needing medical care.

#### ***Crisis Receiving and Stabilization Services***

##### *Urgent Recovery Center*

The second key element of our GRAND Model is the creation of our Urgent Recovery Centers (URC). URCs provide adults experiencing a substance abuse and/or mental health crisis with 24/7 access to crisis stabilization services and observation until they are mentally/medically stabilized and have a safe

place that meets their specific needs, to which they can be discharged. Not only do our URCs provide the immediate crisis/mental health services most needed by the client, but they serve as alternatives to arrest/jail and emergency rooms, saving our communities and community partners time and money.

GRAND has 9 years of experience operating 24/7 URCs in Vinita, Bartlesville, Pryor, and Stillwater. We opened our Tulsa URC in Dec 2023, helping to increase access for the 81.48% of Tulsa County adults who need mental health services, but do not receive them and the 88.12% of Tulsa County adults who need substance use treatment, but do not receive it (according to ODMHSAS Mental Health and Substance Abuse Prevalence data). We ensured our services were available 24/7 based on the needs assessment conducted by the Healthy Minds Policy Initiative that reported a lack of availability outside of business hours. We advertise the availability of our 24/7 crisis access via social media, billboards, our website, and the doors of our buildings on our Skelly Campus.

In just one year (2024), we completed 7,435 URC admissions in Tulsa alone, with 58.55% of URC clients choosing to voluntarily admit to our Addiction Recovery Center (ARC), showing just how vital and needed this service is in the Tulsa community.

There are 3 ways clients come to the Urgent Recovery Center:

- 1) Our 24/7 Street Outreach team connects with individuals experiencing homelessness and substance use/mental health issues and offers to transport them to our URC to begin treatment.
- 2) First responder agencies encounter individuals in a substance use/mental health crisis and bring them to our URC or contact us for mental health transport, in lieu of arrest.
- 3) Individuals self-admit or admit with the help of family/friends.

Part of our admission process for every client at the Tulsa URC is utilization of a body scanner we purchased and installed in 2024. This body scanner identifies contraband and illicit substances a new client might have on their person, ensuring they do not bring them in to either the URC or ARC. Specifically, this body scanner can identify substances such as fentanyl, which even in microscopic doses can cause an overdose. Use of the body scanner helps us increase our capacity to mitigate risks of relapse and overdose for clients in our care.

While in one of our 50 URC beds, clients are assessed using the screening, diagnosis, and risk assessment process described in detail in Section 1.7.9 below. They receive crisis stabilization, de-escalation, 24/7 observation, brief counseling, safety planning, educational information, treatment planning (described in detail in Section 1.7.3 below), medication management, and referrals for additional services and support. Our team is equipped to provide prevention and intervention for those experiencing suicidal ideation and following nonfatal overdoses. For family members and friends bringing in their loved ones, we provide education and resources from the National Alliance on Mental Illness (NAMI), Narcan kits and education on how to use them, and information about how to download and use the CHESS Health Companion app that offers a moderated digital community (guidance, shared experiences, and resources) for those supporting individuals experiencing substance use issues.

A typical client stay is around 24 hours with clients remaining under observation and care until they are mentally/medically stabilized and can be safely discharged and connected to the most appropriate level of ongoing care (Transitions Strategies described in detail in Section 1.7.2 below).

We have expanded the services offered by the Tulsa Sobering Center by opening URC access to all law enforcement agencies across Tulsa County who want to contract with us (previously limited to Tulsa Police Department) and by providing immediate access to assessment, screening, and treatment for clients rather than waiting for the 10-hour detention period to expire. This allows us to provide individuals with the help they need, when they need it, and to allow police and first responders to return more quickly to the important work they do to keep our communities safe.

As URC services are provided 24/7, our 115-member team works in shifts. Each shift is staffed by a Crisis Team Manager (licensed or under supervision therapist), nursing staff, an Advanced Practice Provider (under the supervision of a board-certified psychiatrist, on call 24/7), Certified Peer Recovery Support Specialists (CPRSS – described in detail in Section 1.7.5 below), a Discharge Planner (described in detail in Section 1.7.2 below), and a Housing Specialist (described in detail in Section 1.7.2 below).

URC clients remain in our care until they are mentally/medically stabilized and have a safe place, which meets their specific needs, to which they can be discharged. Being located on the same campus as our Addiction Recovery Center (ARC) and outpatient clinic (both described in detail in Section 1.7.2 below), many URC clients are discharged/admitted directly into GRAND's medically supervised detox, residential substance use treatment, partial-hospitalization, or outpatient services. As clients achieve their treatment plan goals, which are developed in collaboration with their treatment team (described in detail in Section 1.7.2 below), and step-down into lower levels of care, their treatment team ensures clients are connected with housing navigators, employment specialists, and other resources to help them achieve stable housing and income, an important component of sustaining long-term recovery. Our goal is to overcome all barriers of time, access, and ability to pay for individuals who are finally ready to ask for help to recover and transform their tomorrows. By providing a continuum of care that exceeds CCBHC requirements, we provide our clients and our community with a cost-efficient, no wrong door approach to ensure people get the help they need sooner.

#### *Structured Crisis Center*

GRAND's Structured Crisis Center (SCC) is housed within the Tulsa Urgent Recovery Center (URC), offering 9 beds that provide the same 24/7 access and services as our URC to those in crisis and unable to voluntarily seek help. SCC services provide a higher level of care than the URC for clients experiencing higher acuity mental health or substance use issues. We offer a secure environment for crisis intervention, de-escalation, and stabilization for individuals in crisis who are under emergency detention and typically in the beginning stages of the court's certification process. The SCC serves as a preferred alternative to incarceration or hospital admission with dedicated access to protect the privacy of the individual in crisis. Law enforcement and first responders admitting clients remain separate from the main URC areas to maintain client safety and stability as many individuals experiencing mental health and substance use crises fear or mistrust law enforcement. In our first year of operation, we admitted 25 individuals. In the first four months of 2025, we have already served 19 individuals in crisis.

#### *Family Treatment Center/Family Urgent Recovery Center*

While our Urgent Recovery Centers provide 24/7 crisis services for adults, we knew the need was equally great for similar services specifically for children and families. We opened a facility in Claremore, providing a full spectrum of crisis services to families in need and helping them to safely keep their child in the home rather than being admitted to inpatient care. Services include a 24/7 Walk-in Family Urgent Recovery Center designed for immediate stabilization, offering a full continuum of children's crisis care as

well as a Family Structured Crisis Center. Services are provided to youth clients in crisis in conjunction with at least one parent or guardian. The FTC serves as a centralized location where families and individuals can receive immediate assessment and support. It provides a safe and therapeutic environment for comprehensive evaluations, crisis intervention, and short-term stabilization services while our team works with the family to determine the level of care that best meets their child's needs. Children and families discharging or stepping down from all levels of the crisis continuum are provided with an iPad equipped with our application offering 24/7 access to our crisis professionals, mitigating risk in future crises.

GRAND's Family Treatment Center (FTC) model has demonstrated that including other family members in the crisis treatment reduces readmissions to crisis services and facilitates better parent/child interactions in crisis situations. Since implementation, GRAND has assessed 648 youth and has been able to divert 73% from going to an emergency room or higher level of care, thus proving to reduce time and workforce burdens on hospitals and law enforcement by allowing placement to be secured while the family is at the FTC, freeing our first responder and hospital partners to provide care to others in the community.

Tulsa's children and families have experienced a critical rise in mental health crises. During the pandemic, psychiatric inpatient admissions for Tulsa youth increased by 117%. Compounding this need, Tulsa County only has 12% of the state's children's mental health beds, while being home to 25% of Oklahoma's youth. This has led to children being sent out of state for care, long delays in accessing care, and high rates of readmission to care. Based on our demonstrated success in Claremore and the need in Tulsa, plans are underway for GRAND to establish a Family Treatment Center in Tulsa in 2027 to ensure children and families have the help they need to de-escalate crises and avoid admission to inpatient care whenever possible. In the meantime, youth crisis responses in Tulsa are provided by our Children's Mobile Crisis teams.

#### *Strategies to Serve the MIN {Most In Need} Populations*

GRAND adheres to the belief that all clients should be treated in the least restrictive environment. This belief has guided the creation of our comprehensive plan to address the needs of our client populations, especially those individuals that meet the CCBHC most in need (MIN) criteria and who are at heightened risk for experiencing behavioral health crises. Our intensive team-based care model (described in detail in Section 1.7.2 below), robust data systems (Electronic Medical Records and Outcome-Based Treatment Planning described in detail in Section 1.7.3 below), and engagement team ensures that consistent care is delivered using an ongoing clinical quality improvement process for all clients, including those qualifying as MIN. This proactive and cost-effective approach is designed to minimize readmittances and recurring crisis events, ensure clients are appropriately engaged in quality care in the least restrictive environment, and improve outcomes for our MIN clients.

Our engagement team, led by an Engagement Coordinator, focuses on high need populations from an individual and systems view. They ensure our MIN clients receive more frequent care and services than the standard population. The Engagement Coordinator is responsible for coordination with other providers across the state. When a MIN client is admitted to a higher level of care at another organization, the engagement team coordinates care between the client's treatment team and the other agency. The engagement team is also responsible for contacting MIN individuals not currently in care.

The engagement team uses various strategies to contact these individuals, including phone calls, letters, and postcards, making sure to attempt contact with our 25 highest MIN individuals at least twice per

week. The engagement team works closely with our 988 Mobile Crisis, 24/7 Crisis Transport, Children's Mobile Crisis, and 24/7 Street Outreach teams to locate and contact the clients or identify their last known address so we can deploy an iPad with our application to encourage and maintain engagement with the MIN individual and help them admit to services should they consent. We

Case management (described in detail in Section 1.7.6 below) is often a major contributing factor to success with the MIN client population as they often face barriers such as lack of housing, employment, and transportation which prevent them from accessing services and pursuing their recovery. Our case managers work with MIN clients to overcome these barriers by assessing their needs and identifying programs, funds, and resources to meet them.

GRAND receives the MIN report from the state and uploads it directly into our electronic medical record (EMR) system. Our Engagement Coordinator pulls the MIN list from the EMR weekly and disseminates the information to crisis coordinators, operational directors, and treatment teams to inform needed outreach efforts. Clients meeting the MIN criteria are identified in the EMR by a green bar which lets the treatment team and other service providers know this client will need additional services and support.

Staff are able to pull a report identifying all clients that are within the MIN population to review the last services provided, chart status, and any recent crisis stays. Our staff work to track emergency room, Urgent Recovery Center (URC), and crisis unit admission for all clients in the GRAND system to ensure the most appropriate level of services is being provided. The MIN population often needs more time with their treatment team and a higher number of services each month than the standard population.

GRAND believes that setting, tracking, and achieving outcomes is essential to ensuring best practices for treatment are in place and effective with specific populations. By ensuring timely data is reviewed and evaluated regularly, making adjustments as needed, we are succeeding with the MIN population as demonstrated by our client satisfaction surveys and client advisory groups. Individuals from our MIN population report a sense of cultural responsiveness and satisfaction with their care.

### **1.7.2. Outpatient Mental Health and Substance Use Services**

GRAND directly provides immediate access to high-quality outpatient mental health and substance use services through a multidisciplinary team of professionals, including psychiatrists, psychologists, medical doctors, ITMs (Integrated Team Managers), licensed or under supervision counselors/therapists, care coordinators, Certified Behavioral Health Case Managers, Certified Peer Recovery Support Specialists (CPRSS), Family Support Providers (now Family Peers or FPRSSs), and behavioral health coaches (BHC). In Tulsa County, we provide a continuum of care through our full array of substance use treatment, outpatient mental health, and supportive services for adults, children, and families. In addition to providing comprehensive outpatient mental health and substance use treatment services that meet all required CCBHC criteria, we also offer substance use services that exceed the required CCBHC core services (e.g., medically supervised detoxification, inpatient/residential treatment, partial hospitalization program) as we believe this full complement of services is essential to the seamless continuum of care we provide to meet all of the substance use treatment and mental health care needs of our clients - all available in one place on our Tulsa campus at East Skelly Drive.

When we received our CCBHC certification for Tulsa County in December 2023, we immediately began providing services that met, and in fact, exceeded CCBHC requirements. We will continue to do so for the Southwest catchment area upon the new award.

The following narrative will outline the foundational elements for all of our services (Outcome-Based Treatment Planning, Treatment Team Model, and Evidence-Based Practices), including Tulsa, before describing our Substance Use and Outpatient Mental Health Services, progressing from the highest level of care we provide to the lowest.

### ***Foundational Elements of All Services***

#### *Outcome-Based Treatment Planning (OBTP)*

Described in detail in Section 1.7.3 below, our Outcome-Based Treatment Planning exceeds the requirements for Person-and-Family Centered Treatment Planning.

Our individualized treatment plans, collaboratively developed with the client, are updated during every treatment or service and provide real-time, visually pleasing, and useful feedback to both the treatment/service provider and the client. This allows continuous assessment of progress toward treatment goals/milestones and whether an intervention of service is effective with the client. Rather than updates at 3- to 6-month intervals, our treatment teams and clients are able to make informed, real-time feedback and adjustments to best meet the client's needs, ensuring more consistent progress and attainment of goals. This encourages effective utilization of the treatment plan as well as providing immediate positive feedback for the treatment team and client, increasing the likelihood that the client will stay engaged.

#### *Treatment Team Model*

GRAND began using a treatment team model of care in 2020 to provide services throughout our inpatient/residential and outpatient programs. Each client is assigned a treatment team comprised of a therapist/counselor (licensed or under supervision), care coordinator/Certified Behavioral Health Case Manager (Bachelor's level), a Certified Peer Recovery Support Specialist (CPRSS) for adult teams, and a Behavioral Health Coach (BHC) or Family Support Provider (FSP) for child and family teams. Since September 2024, the Family Support Provider has come under peer certification, making that role a Family Peer (FPRSS).

The therapist works directly with the client providing an array of therapeutic services through individual, group, or family therapy based on the needs and goals in the client's collaboratively developed Outcome-Based Treatment Plan. The other team members (care coordinator/case manager and peer staff) work in collaboration with the therapist to assist and support their client in meeting treatment plan goals and milestones. Care coordinators provide individual psychiatric rehabilitation (described in detail in Section 1.7.8 below) as well as case management services (described in detail in Section 1.7.6 below), helping them to identify and overcome barriers and access community services and resources to meet their needs. The peer staff (described in detail in Section 1.7.5 below) advocate for their clients and teach them how to advocate for themselves with systems such as hospitals/primary care, schools, employers, and landlords. Living in recovery from the experiences they share with their clients, they are also able to provide unique insight and encouragement when their client is struggling and offer hope that they too can have a better tomorrow. Each client's treatment team is selected to meet their specific needs including culture and language needs. We are continually recruiting highly qualified bilingual staff across all areas, but especially in our crisis and treatment teams to meet the language needs of our clients. When bilingual team members are not available, we utilize Propio translation and interpreting

services. In order to ensure we meet the cultural needs of our clients, we have been working to increase the diversity of our staff, making them more representative of the clients they serve. Currently, 7.25% of our Tulsa County staff identify as Hispanic/Latino, 13.5% as Black or African American, 11.29% as American Indian, 5.8% as two or more races, 1.93% as Native Hawaiian/Pacific Islander, and 53.38% as White/Caucasian. Additionally, all new hires receive cultural competency training during onboarding and all client facing team members receive specific and ongoing cultural competency training provided by our Learning and Development team.

Our team-based approach ensures comprehensive and coordinated services for every client. The engagement and support it provides reduces client admissions to higher, more costly levels of care and increases long-term positive outcomes for each client. We know this because our continuous quality improvement protocols enable us to constantly evaluate and assess the effectiveness of our processes and services for our teams and our clients. After implementing the treatment team model, our quality improvement protocol began highlighting the need to evolve our Integrated Team Manager (ITM) role. Originally, the therapist on each treatment team served as the ITM, providing care for their clients as well as supervising the care coordinator and peer staff. However, our quality improvement protocols highlighted an ongoing need that our therapist ITMs were seeking more time to provide therapeutic care for their clients while needing to balance that with the administrative responsibilities of supervision. In 2024, we repurposed the role of the ITM to be a licensed or under supervision therapist/counselor who oversees, reviews, and monitors the outcomes and milestones of 5-10 treatment teams. This model update allows dedicated clinical staff (ITMs) to oversee the operations and clinical services of our teams, while enabling all members of the treatment teams to be fully client centered. It gives the treatment teams up to 36 therapy hours back per month per team. Our treatment teams are now working even more closely together and have been given back the time they need for client care and support, leading to more effective treatment/services and better attainment of client outcomes and milestones. Early responses from staff surveys and interviews suggest this model has been successful and we will continue to use our Continuous Quality Improvement (CQI) protocols to monitor and assess the process shift.

### *Evidence-Based Practices*

GRAND provides services that are strength- and recovery-based as well as empirically supported. Selected for use based on the needs of the individual client according to their collaboratively developed Outcome-Based Treatment Plan, we offer the following evidence-based practices (EBPs) for clients across our services. Outside of the required EBPs, the list of modalities and approaches changes frequently based on staff growth and training.

*All EBPs required by ODMHSAS are provided, including: Motivational Interviewing, Cognitive Behavioral Therapy (CBT), CBT for Suicide Prevention, Trauma Focused CBT (TF-CBT), Collaborative Assessment and Management of Suicidality (CAMS), CAMS-Teens, Medication Assisted Treatment\*, Wraparound\*, Seeking Safety, Peer Recovery Support\*, Individual Placement and Supports\*, Housing First\*, and Enhanced Illness Management and Recovery\*.*

*\*See below in this section for more detail on the noted EBPs. See Section 1.7.5 for more detail on Peer Recovery Support. See Section 1.7.8 for more detail on Enhanced Illness Management and Recovery.*

*Recommended EBPs: Matrix Model, Dialectical Behavioral Therapy (DBT), Strengthening Families, Celebrating Families, Circle of Security, Child-Parent Psychotherapy (CPP), Parent-Child Interaction\* Parent-Child Interaction Therapy (PCIT), and Program of Assertive Community Treatment.*

*Other EBPs offered by GRAND that exceed requirements:* Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy – Problematic Sexual Behavior (CBT-PSB), Addiction Severity Index (ASI/ASAM), Moral Reconciliation Therapy (MRT), Prolonged Exposure, Community Reinforcement Approach (CRA), Adolescent Community Reinforcement Approach (A-CRA), Written Exposure Therapy, Cognitive Enhancement Therapy (CET), Cognitive Processing Therapy (CPT), Child Centered Play Therapy, Trust Based Relational Intervention (TBRI), ABC Model (Antecedent, Behavior, Consequence), Child-Parent Relationship Therapy (CPRT), Contingency Management (CM), Team Solutions for Wellness, and SAMHSA's Eight Dimensions of Wellness.

As they are central to our provision of services organization-wide, the following are more detailed explanations of our Housing and Individual Placement and Supports (IPS) services.

*Housing Services:* GRAND has a team of housing specialists and navigators who assist our clients with attaining and sustaining safe and stable housing, especially when they are transitioning or stepping down from inpatient/residential treatment. We know that housing is a key support that increases the likelihood of long-term recovery, so we identify the housing status of every client at intake and integrate housing services into the comprehensive suite of all mental health and substance use treatment services we provide, including crisis services. We also know that our role in providing housing services as a behavioral health provider is critical in addressing the ever-increasing instances of homelessness across Tulsa County.

Our housing team is led by our Housing Coordinator, who supervises nine (9) outpatient housing specialists, five (5) crisis housing specialists, and one (1) housing navigator at the Addiction Recovery Center. Three (3) of these individuals are dedicated to serving Tulsa County. The team receives and provides timely services to internal and external referrals, supplementing as needed with funding from grants and contracts to assist clients with rent/utilities deposits and payments until employment or benefits are secured. The housing team works closely with the client's treatment team to ensure care coordination and integration of services. GRAND uses our robust data system to track, monitor, and report program activity and outcomes such as current clients living unhoused and the number of clients successfully housed. The housing team meets weekly to staff difficult cases and monitor activity and outcome reports.

GRAND works to ensure fidelity and best practices, including adherence to the "Housing First" model, are consistently utilized throughout our housing program. In our most recent fidelity review conducted by ODMHSAS, the reviewer commented that our team "has done a great job in putting housing first principles in to [sic] practice. GRAND is setting the standard for what a housing team should look like at a CCBHC."

In Tulsa County, we partner and collaborate with community agencies including Salvation Army, Tulsa Day Center, OKARR certified sober living houses, Housing Solutions, and Mental Health Association of Oklahoma in providing housing services for our clients. In 2024, our team was able to help 176 Tulsa County clients secure safe and stable housing.

*Individual Placement and Support (IPS):* Another barrier our clients often face is lack of employment or income, which has a domino effect of adding other barriers such as lack of housing and transportation. This makes recovery and independent living more difficult. In addition to many clients not having the

skills or identification documents needed to seek and secure employment, employers can be hesitant to hire those in recovery due to the stigma of mental health issues or substance use disorders.

Knowing that employment and a stable income is critical to improving function and financial independence, as well as fostering an individual's pride and self-esteem that leads to a higher likelihood of long-term recovery, GRAND integrates Individual Placement and Support (IPS) into its full array of services. Our IPS team is led by two IPS Supervisors, who manage 17 employment specialists, four of whom are dedicated to serving Tulsa County clients. Client need for IPS services is identified during their intake assessment and the assigned employment specialists work alongside the client's treatment team to ensure effective care coordination. While helping clients acquire identification documents, gain education/certifications, create resumes, and learn interviewing skills, our IPS team also builds relationships with hiring managers and employers across industries to create opportunities for our clients that might not otherwise have existed. Our primary goal in IPS is to assist the client in obtaining competitive employment and/or education opportunities.

Our IPS team has earned two awards from ODMHSAS: Employment Specialist of the Year in 2019 and Outstanding IPS Team of the Year in 2021. Also in 2021, we were one of three agencies chosen to take part in a national research study conducted by Mathematica that focused on IPS in the substance use disorder environment. Over the course of the study, GRAND served 400 clients and maintained an employment rate of approximately 54%. The study data indicated IPS clients showed a 53% increase in cognitive awareness and a 51% decrease in SUD symptoms. In 2024, our IPS team served 724 clients across all 13 counties, maintaining an overall employment rate of 61%, as compared to 26% for all other clients.

### ***Substance Use Services***

GRAND's Tulsa campus on East Skelly Drive offers a full continuum of care and specialized programs for addiction treatment. GRAND Addiction Recovery Center (ARC) is Oklahoma's most comprehensive addiction recovery center, focused on improving lives. We serve adults (18+) experiencing substance use disorders in need of treatment and mental health services. We accept clients regardless of insurance status or ability to pay. 90% of clients accessing our ARC services are economically disadvantaged. 40% are homeless at admission. 40% of clients are seeking treatment for an addiction to methamphetamines.

ARC provides differentiated levels of care based on client need and is uniquely positioned within Tulsa County to attend to the full spectrum of an individual's recovery needs at whatever level of care they require. This includes Medically Supervised Detoxification, Intensive Residential/Residential Treatment, and Medication Assisted Treatment.

We know transitions from higher levels of care require collaborative planning with the client and ongoing supports, so GRAND uses its Outcome Based Treatment Plan (described above) throughout its substance use programming. This process helps us plan with, evaluate, and support the client as they step-down into lower levels of care, such as GRAND's Recovery Residence at Bryce House, an OKARR Level 3 certified Sober Living Home (described in detail below).

Our model of providing immediate access to quality care in the least restrictive environment means we understand that the best treatment for adults experiencing substance use and addiction disorders is not always inpatient, so we also provide Partial Hospitalization, Intensive Outpatient, and Outpatient programming, all on our Skelly campus. Many individuals seeking care for substance use disorders

(including tobacco use disorders) also have co-occurring mental health challenges and may be justice involved, so we provide integrated psychiatric services and therapeutic interventions at all levels of addiction treatment as well as services through diversionary court and jail-based programs (described in detail below). Knowing family support is critical to successful, long-term recovery, we encourage their participation through education and supportive services, throughout their loved one's treatment. Finally, our substance use treatment programs, as well as all Outpatient services, are also supported by our on-site Lab and Pharmacy.

Individuals who are ready for treatment, can begin the admission process at any time, on any day, at our 24/7 Urgent Recovery Center (described above in Section 1.7.1 above) where clients are stabilized, assessed, and admitted to the level of care best suited for their needs.

#### *Medically Supervised Detoxification*

GRAND ARC has 35 medically supervised detox beds offering the highest level of care for adults at the highest assessed risk for medical complications during addiction withdrawal. The program follows strict medical monitoring protocols, staffed by registered nurses under the oversight of an addiction certified physician.

#### *Intensive Residential/Residential Treatment*

GRAND ARC offers 215 beds for adults needing Intensive Residential/Residential treatment for substance use disorders. The ARC has reached a growing number of clients year over year, with 1,913 clients served in 2022, 2,875 served in 2023, and 3,601 served in 2024 (an 88% increase in growth over two years).

52.24% of 2024 clients completed the program. In the first 4 months of 2025, we have already served over 1,253 clients.

Intensive Residential/Residential treatment is a 30-45 day program (depending on client need). Treatment services include 37 weekly hours of integrated care, individual and group therapy (led by a licensed or under supervision therapist/counselor), psychosocial rehabilitation groups, wellness groups, and education counseling services. While in treatment, clients work on underlying issues of their addiction such as anger management, grief/loss, gender-specific issues, and self-esteem enhancement as well as learning skills to support their recovery including healthy coping, stress management, interpersonal relationship-building, and relapse prevention.

In addition to client treatment teams, the following staff provide the services at our ARC: Medical teams (psychiatrists, physicians, nurse practitioners (NP), registered nurses (RN), and licensed practical nurses (LPN)), Chemical Dependency Technicians (CDT), and Pharmacy and Laboratory Staff. Supervision and oversight are provided by clinical supervisors, medical directors, and program managers who oversee quality assurance, staff training, regulatory compliance, and fidelity to evidence-based practices.

The ARC offers specialized treatment for meth addiction and prevention of meth overdose (40% of clients report admission for meth use). We are the provider of this treatment for the Tulsa Methamphetamine Treatment Continuum, a research-based collaboration of Tulsa nonprofits, state and community leaders, law enforcement agencies, and substance use experts responding to the County's urgent methamphetamine crisis. We serve 47-57 individuals each month with this treatment model.

*Contingency Management (CM):* Since June 2023, we have been using CM, an evidence-based program to treat stimulant addiction through the use of incentives provided to clients achieving positive behavior goals, such as drug screenings negative for stimulants and adherence to treatment plan activities/objectives. For inpatient clients, CM provides immediate positive reinforcement, which is crucial in early stages of recovery, creating positive feedback loops in their neural reward system. Using prize-based drawings and gift cards, participating clients are rewarded for compliance with their treatment plans and negative urinalysis results. Starting with a 2023 pilot for 23 participating clients, our program grew to serve 250 clients who received an initial CM reward in 2024. Of these individuals, 56 of our inpatient clients were able to progress and move into Partial Hospitalization (PHP – described below). 50% of them have successfully completed treatment or maintain active engagement. Based on the success we have seen with clients in residential treatment, we have expanded the CM program to include clients in our Intensive Outpatient Program (described below) to help reinforce clients' positive changes. One Operational Director and four other staff members have completed the implementation trainings offered by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) needed to manage this program.

*Harm Reduction:* GRAND teaches harm reduction throughout the curriculum in both our inpatient and outpatient substance use treatment settings. Discussions about harm reduction begin with clients at the point of initial connection, be it Street Outreach or admission through the Urgent Recovery Center, and continues throughout our continuum of care. We provide both our clients and their family/friends with extensive training on the use of Naloxone to help as many people as possible understand its lifesaving potential. We provide all inpatient clients with Naloxone kits at discharge.

*24/7 Access to Crisis and Curriculum:* Every ARC client receives an iPad upon admission for treatment. This iPad is equipped with an application that provides them 24/7 immediate access to GRAND's crisis services if they find themselves struggling against relapse in the middle of the night and need to talk to someone. They can also use the app to access and work through relapse and other program curriculum. Use of the app during inpatient/residential treatment gives them time to learn and become familiar with the technology they will continue to use after discharge as they step down into lower levels of outpatient care, increasing their likelihood of maintaining connection to their treatment team and attending ongoing services which is essential for their long-term recovery.

*Mitigating Risk to Client Sobriety and Recovery:* GRAND has taken multiple measures to protect ARC client sobriety and recovery by preventing contraband and illicit substances from making their way on campus to vulnerable participants. Relocating all outpatient and transitional living programs (that allow clients to come and go) to off-campus facilities in 2022 has reduced the risk of anyone returning with contraband. At the same time, we implemented a "Cash Free Campus" policy meaning clients are not permitted to have any cash on campus. While intended for use by clients to pay for services such as laundry, the cash was often used to acquire prohibited substances/paraphernalia, increasing the risk of relapse. GRAND now provides on-site services free of charge to residential clients making it possible for the campus to operate "Cash Free." Most recently, in 2024, GRAND purchased and installed a body scanner (described in detail in Section 1.7.1 above) at the Tulsa Urgent Recovery Center (URC), where all ARC clients complete their intake/admission processes. This scanner helps us ensure new clients do not have any illicit substances on their person, increasing our capacity to mitigate these risks for our clients while they are in our care.

### *Medication Assisted Treatment (MAT)*

GRAND Addiction Recovery Center (ARC) offers specialty Medication Assisted Treatment (MAT) services for individuals receiving inpatient and outpatient treatment. We also offer Methamphetamine Dependency (MDT) services for individuals receiving residential levels of care whose individualized recovery needs warrant such programs. Participation in these specialty services is determined as part of an initial admissions screening process. As part of MAT (as with all our treatment services), we also offer supportive services such as family education to help loved ones understand the recovery process, clinical assessment, and referral for ongoing care, as well as crisis intervention and outreach services tailored to the needs of the client.

### *Sober Living Recovery Residence*

GRAND's Recovery Residence at Bryce House (an apartment complex on South Baltimore Avenue) supports adult males participating in substance abuse recovery treatment who need a structured living environment to sustain recovery. Partially funded by the Tulsa Area United Way, we currently serve 80 residents annually with 31 beds. We are working to expand our capacity to 50 beds (to serve 100 residents annually) with support from foundation grants.

Eligible residents include adult males completing residential treatment and/or entering Partial Hospitalization (PHP) who need structured/supportive living, with veterans receiving preference. As part of the treatment planning and discharge process, Housing Navigators at the Addiction Recovery Center (ARC) assist eligible clients to apply to Bryce House and coordinate with other recovery residences to place female ARC clients in need of housing as well as other male ARC clients when beds are not available at Bryce House.

Under certification from the Oklahoma Alliance for Recovery Resources (OKARR), GRAND transformed our Transitional Living program to a Level 3 Recovery Residence at Bryce House in June 2024. With our approved customization, this pioneering model, aligned with best practices for client outcomes and financial sustainability, provides residents with the following services:

- Eligibility for up to 6 months residency supporting longer recovery time before discharge.
- On-site case management and housing navigation assistance.
- On-site peer support including a resident leader (House Manager).
- Enrollment in/transportation to Partial Hospitalization Program (PHP) services (described below). Rent is waived during this initial 30-60 days, giving residents more time to secure a job.
- Pro-rated rent after partial hospitalization encouraging employment before discharge.
- Enrollment in/transportation to the full array of GRAND outpatient services led by a licensed treatment team (individual/group counseling, medication management, employment assistance, etc.).
- Transportation to partner provided physical health services.

Our new Recovery Residence model allows us to provide more services and differentiated levels of care for an extended period of support, resulting in better outcomes, lowered readmission rates, and better rates of connection to ongoing treatment and follow up care.

### *Partial Hospitalization Program (PHP)*

The Partial Hospitalization Program (PHP) offers a Monday-Friday program (up to 90 days) for adults experiencing addiction in need of ASAM (American Society of Addiction Medicine) level of care 2.5 or higher but not requiring inpatient residential treatment. PHP participants engage in daily group therapy programming and weekly meetings with their treatment team. They are assessed by a registered nurse, with oversight from a medical provider.

This is a beneficial option for individuals who need the maximum level of supportive services and a significant amount of accountability but have life circumstances that prevent them entering residential treatment. PHP services offered at various times give clients the flexibility needed to receive a high level of care while still working or going to school. In order to further remove barriers, GRAND provides transportation to PHP services for individuals who need it, including residents at Bryce House.

### *Intensive Outpatient Program (IOP) and Outpatient*

The Intensive Outpatient Program (IOP) provides up to 12 weeks of structured substance use treatment services for adults needing a higher level of care but not rising to the level of inpatient or partial hospitalization. Participating clients receive group and individual therapy combined with rehabilitation services.

Both the Intensive Outpatient and Outpatient treatment programs, provided by licensed or under supervision therapists, are designed for clients stepping down from any level of care and/or not requiring residential treatment but still needing ongoing outpatient clinical engagement. Day and evening sessions are available to accommodate work and childcare needs.

### *Outpatient Group Therapy*

Outpatient (OP) Group Therapy offers a supportive environment where people can interact with others working on similar concerns. Licensed or under supervision therapists facilitate small groups focused on substance use/addiction that encourages participating clients to share their experiences, work through struggles, and support each other as they grow in their own recovery journey.

### *Lab and Pharmacy Services*

GRAND's effective and efficient approach includes contracting with an external provider for the seamless integration of on-site laboratory and pharmacy services. Opened in May 2024, this enables us to provide holistic wraparound recovery-oriented services tailored to meet the distinctive needs and preferences of our clients, while enhancing clinical decision-making, improving client care, and ensuring prompt access to medications and lab results.

We provide in-house CLIA-waived laboratory testing across all substance use and outpatient services, allowing for rapid screening of cardio-metabolic indicators, urine drug screening, and other point-of-care tests. Reflex and confirmation testing is available through contracted laboratory partners, ensuring continuity and accuracy when confirmatory diagnostics are needed. Our external partner operating our on-site lab specializes in toxicology and hematology. This allows for timely verification of medication adherence and real-time insights that support individualized behavioral health and substance use

treatment planning. Results are integrated into the client's Electronic Medical Record (EMR), ensuring visibility by medical and clinical staff and seamless coordination across treatment teams.

Our on-site pharmacy ensures our clients receive focused attention and short turnaround times on medications ordered for their treatment through coordinated ordering and fulfillment services. Injectable medications and medications used in Medication Assisted Treatment (MAT) are available to the client on-site where medical services are provided. Stock medications dictated by protocol in the URC and ARC are maintained and administered as needed to support immediate stabilization and continuity of care. Additional medications are available outside of this stock supply. This model ensures medication access during acute episodes, while preserving continuity through outpatient pharmacy coordination.

Our on-site lab and pharmacy promote efficiency by reducing turnaround time, increasing cost savings, enhancing the quality of care we can provide to clients, and improving overall client satisfaction.

#### *Adolescent Substance Use Services*

We provide substance use treatment for adolescents through our outpatient services described in detail below. Our structured substance use treatment programming for adolescents includes individual and family counseling, care coordination, and evidence-based practices (EBPs) such as Motivational Interviewing (MI) and the Adolescent Community Reinforcement Approach (A-CRA). These services are delivered by clinicians and peer staff trained in youth engagement with experience working with and understanding the needs of adolescents and their families.

#### ***Outpatient Mental Health***

##### *Outpatient Treatment for Adults*

*Individual Therapy:* Led by the therapist/counselor (licensed or under supervision) on their treatment team, adult clients receive individual outpatient treatment in our Outpatient Clinic located on our Skelly Campus. This supportive, confidential space allows the client to explore thoughts, feelings, struggles, and behaviors. Through shared dialogue, our therapists/counselors use clinical therapeutic interventions and evidence-based practices, selected to meet the unique needs of the clients and to help them achieve the goals and milestones in their collaboratively developed treatment plan. In individual therapy, clients find a safe and supportive environment to alleviate distress, improve coping skills, and promote personal growth and well-being. In 2024, we provided services for 3,112 adult outpatient clients in Tulsa County.

*Group Therapy:* GRAND offers a variety of group therapy options, bringing multiple clients together who are dealing with similar issues. Facilitated by a licensed or under supervision therapist/counselor, clients identified as someone who would benefit from group therapy receive additional support from both the clinician leading the group and the other group members. Sharing their stories and hearing from other peers that they are not alone helps broaden their understanding of their mental health concerns while finding hope.

##### *Other Supports or Community-Based Services for Adults*

*Virtual Services:* Every GRAND client receives a "mental health device" in the form of an iPad equipped with our unique application. Our anytime, anywhere approach to treatment means clients lacking

transportation or who experience conditions preventing them from coming to our Outpatient Clinic can engage in routine therapeutic services from the comfort and safety of their own homes via their iPad. Additionally, our virtual services include a one-touch button on this device providing 24/7, instant connection to our crisis team when they are struggling and tempted to relapse or experiencing a crisis outside of business hours.

*Infusion Center:* The GRAND Infusion Center offers ketamine treatment for those experiencing Treatment-Resistant Depression (TRD). This treatment has also been shown effective for individuals struggling with Post Traumatic Stress Disorder (PTSD) and suicidal ideation. Our state-of-the-art approach has shown significant reductions in depressive symptoms and suicidal thoughts for our clients. Among individuals treated for suicidal ideation, 50% reported complete resolution of these symptoms and no longer require inpatient or short-term intensive mental health care. Clients who experienced decreases in depressive symptoms also reported improvements in social interactions, coping abilities, and work-related achievements.

The Infusion Center operates under the leadership of a psychiatrist and our team has over 25 years of experience in the medical field, with specialized experience in the area of Treatment Resistant Major Depressive Disorder, including Ketamine treatment. This GRAND Infusion Center team played a vital role in the state of Oklahoma's Spravato launch, after FDA approval in March 2019.

*Diversionary/Court Programs:* GRAND understands how frequently mental health and substance use disorders are contributing factors to why individuals find themselves involved with the justice system. We also know that until these underlying issues are addressed, the likelihood of justice involved individuals stabilizing and building a better tomorrow is low. We serve in a variety of diversion programs such as Mental Health Court, Drug Court, Community Sentencing, Pretrial Release Program, Early Diversion Program, and Federal Probation and Parole across all of our counties. In Tulsa County, we provide services in the Alternative Court, Mental Health Court, Community Sentencing, and Municipal Court programs. We also connect justice involved clients to JusticeLink to streamline behavioral referrals, enhance care coordination, and reduce system involvement.

We offer a free screening program for felony-level offenders to determine their mental health/substance use needs and risk factors that can directly impact their criminal case. We help clients identify alternatives to incarceration and/or treatment services that may be an option at the time of sentencing. We also provide individual and group therapy services by assigning treatment teams with experience serving justice involved clients.

*Jail-Based Treatment:* Similar to justice involved individuals who are navigating the court system, those who are incarcerated often have underlying mental health issues or substance use disorders that contribute to the ongoing cycle of justice involvement. In order to reach these individuals with needed treatment and services, GRAND has established highly effective behavioral health programs within the Payne, Rogers, and Washington County jails through partnerships with local correctional facilities. We embed our care coordinators and Certified Peer Recovery Support Specialists (CPRSS) in the jails to engage individuals early, allowing us to address immediate behavioral health needs and build trusted relationships prior to their release. We are also contracted to provide medication and therapy services. These services and early engagement ensure a seamless transition to our outpatient services upon release and significantly reduce risks of medication lapses or disruptions in services. Each of our jail-based programs are uniquely adapted to the needs of the particular facility, allowing us to be flexible and responsive to their population.

Since January 2024, we have served 824 unique individuals in these three counties, with 269 clients currently incarcerated. We have seen a 55% success rate in participants continuing their outpatient services post-release which is a critical metric for their long-term recovery. Our in-jail engagement has also contributed to a measurable decrease in crisis episodes and a reduction in behavior-based disciplinary charges during custody.

Given our proven success and experience in these other counties, we are well-positioned to replicate and scale these models and services in Tulsa County and will pursue conversations with local leaders to collaborate on customized program development to meet Tulsa's specific needs and challenges. This would be in addition to the jail diversion services we already provide for Tulsa County law enforcement agencies at our Structured Crisis Center (described in detail in Section 1.7.1 above).

#### *Outpatient Treatment for Children/Adolescents and Families*

*Individual Therapy:* GRAND provides individual therapy for children, ages six and up at the Outpatient Clinic on our Skelly Campus. Children younger than six may be seen individually when clinically appropriate, based on developmental and cognitive abilities. Therapists/counselors (licensed or under supervision) with training and experience in providing age and developmentally appropriate services use clinical therapeutic interventions and evidence-based practices designed for children in alignment with their individualized treatment plan, collaboratively developed between the child, treatment team, and caregivers, as appropriate. This includes structured substance use treatment programming for adolescents. In 2024, we provided services for 674 child/adolescent outpatient clients and their families in Tulsa County.

*Infant Mental Health:* Children, ages 0 to 5, who are not developmentally ready for individual therapy receive relational and caregiver-focused services focused on the emotional well-being and development of infants and their caregivers. The primary goal of infant therapy is to promote healthy attachment between the infant and parent/primary caregiver. Healthy early attachment lays the foundation for strong relationships and better overall health outcomes throughout life. In 2024, we provided services for 36 infant mental health clients and their families in Tulsa County.

*Family Therapy:* Children in need of mental health and/or substance use treatment services live in families or homes impacted by or experiencing the same issues. Family therapy provides a collaborative approach where family members engage with a licensed or under supervision therapist/counselor who can address issues impacting the family as a whole. Family therapy offers a supportive and collaborative environment where families work together to overcome challenges, strengthen relationships, and promote individual and collective well-being. The focus is on improving communication and resolving conflicts within family relationships so everyone can work toward hope for a better tomorrow.

*Group Therapy:* GRAND offers developmentally appropriate group therapy for children/adolescents who would benefit from peer interaction in a supportive, structured environment. Led by licensed or under supervision therapists, groups focus on a range of clinical topics such as emotional identification, anxiety management, social skills development, trauma recovery, and behavior regulation. Children are encouraged to share their experiences, practice communication skills, and support one another while working toward their individual treatment goals. Group therapy helps children/adolescents realize they are not alone in their struggles and can foster a sense of belonging and mutual growth.

### *Other Supports or Community-Based Services for Children/Adolescents and Families*

*Wrap Around Services:* GRAND knows that sometimes families need extra support. Our wrap around services assist child/adolescent clients and their families by "wrapping" them with needed supports and services as well as helping families discover and learn ways to access these supports on their own. Participating families choose "family teams" made up of both formal supports (i.e., school personnel, Department of Human Services, Office of Juvenile Affairs) and informal supports such as friends, extended family, neighbors, and church members within the community. These "teams" help families learn how to resolve crisis situations and improve overall functionality.

*Individual/Group Wellness:* GRAND's wellness services are grounded in SAMHSA's Eight Dimensions of Wellness. These services focus on supporting the child/adolescent as a whole while promoting healthy routines, self-care, habits, and building personal strengths. Wellness groups and activities may include mindfulness, movement, creative arts, team-building exercises, and age-appropriate life skills development. These groups are facilitated by individuals with Wellness Coach certification and are typically offered after school and during summer programming.

*School Based Services:* GRAND has a long history of partnering with school districts throughout our 13-county catchment area across Northeastern and North Central Oklahoma to provide our Behavioral Interventions in School Settings (BISS) program. BISS offers high quality mental health and substance use services for students that reduce suspensions/expulsions, out-of-home/out-of-school placements, and improve the overall functioning of children and their families. We are currently providing services in 318 schools across 101 school districts in our 13 counties. We have 148 Behavioral Health Coaches (BHC) embedded in 157 of these schools, along with 181 licensed or under supervision therapists, 172 care coordinators, and 72 Family Peers who are providing services to 8,377 children and their families in this school year. As part of the BISS program, each participating school and client family is provided with an iPad equipped with our mental health application, giving them 24/7 instant access to our crisis services.

In just two years, we have already replicated and scaled our BISS program to embed Behavioral Health Coaches (BHCs) in 46 individual schools throughout Tulsa, Broken Arrow, Collinsville, Glenpool, and Owasso Public Schools (see Table in Attachment A for schools served in the Southwest catchment area). GRAND has 89 dedicated staff members, including therapists, care coordinators, and BHCs, providing school-based services to over 1,100 students and their families in Tulsa County this school year. In Tulsa Public Schools, our BISS services have resulted in a 7% improvement in reducing suspensions.

In addition to the school-based personnel, we also connect students and families to services at our Tulsa Outpatient Clinic if that is their preference. In our 2023 RFP response, we promised to expand our BISS services in Tulsa County, prioritizing schools without mental health services and we are proud to have demonstrated our strong progress in delivering on that promise.

Successful BISS implementation requires "buy in" from the school and dedicated personnel to serve on the school's multi-disciplinary team. This team includes the GRAND BHC and therapist as well as school personnel such as the school counselor, principal, and others as identified by the school. The multi-disciplinary team works together to identify youth in need of services and additional supports and, with parental/guardian consent, make a referral for treatment services. GRAND begins providing school-based treatment services for the child and their family almost immediately. The site-based BHC works one-on-one with students, helping teach and reinforce skills. Additionally, they help teachers learn to identify behavioral issues within the classroom setting and provide training and education to school personnel in

how to work with behaviorally challenged youth. This is a unique and very beneficial role, and our districts are enthusiastic about having BHCs working in their schools.

Based on needs identified by our schools, GRAND has developed the Atlas Program to offer alternative classroom settings for elementary school students identified as being at risk of expulsion. Our goal is to reduce the overall number of children being expelled and improve the long-term outcomes for individual students. First launched in Bartlesville in 2019, we partnered with Collinsville Public Schools to implement Atlas in their schools at the start of the 2023-24 school year and are serving 18 students this school year. Atlas provides a small classroom setting where identified students participate in school for half the day and receive therapy and skills education the other half of the day. Students can participate in Atlas through fifth grade, but the goal is for students to be enabled to lower their need for intensive services and return to the traditional classroom. Educators in Bartlesville and Collinsville share that they have noted improvements in their participating students' behavior and engagement. We are well-positioned to replicate and scale the Atlas Program to other schools in Tulsa County and will pursue conversations with school leaders to gauge their need and interest.

We know that mental health is an ever-increasing concern for schools and families. Great progress has been made by GRAND and other community providers, but there are many Tulsa County school districts and schools who still do not have adequate mental health and substance use services. GRAND will continue to build meaningful partnerships with schools to meet their unique needs and provide individualized services for their students and families.

*Brief Stay Therapeutic Home:* GRAND's Brief Stay Therapeutic Home (BSTH) services are for children and families in crisis. Our innovative, first-of-its-kind program offers a structured and supportive environment where families can receive short-term (6 full days), intensive interventions to address crisis-related challenges in a domestic context led by a specialized Treatment Team that includes a therapist (licensed or under supervision), Care Coordinator, and Family Peer (FPRSS). Enabled by technology to observe and provide feedback about family interactions, the team focuses on promoting stabilization, skill-building, and connecting children and families to appropriate community resources for continued care. Our teams are assigned by role to tasks and goals that are staggered throughout the day and week to ensure observation and feedback during times of potential conflict such as before and after school and during homework, dinner, and bedtime. By providing this level of support, we strive to ensure a seamless transition from crisis services to ongoing treatment and recovery that will help families safely keep their children in the home rather than requiring out-of-home placement.

Originally implemented as an actual home in Washington County in which the family resides during their week, we have modified, scaled, and replicated the program to provide mobile BSTH services in Kay and Rogers Counties.

Mobile services allow the BSTH team to provide the same short-term, intensive interventions in the family's own home, increasing our capacity to serve more clients and provide access in more communities beyond the walls of our facilities. The mobile set-up includes a rolling case with all of the technological components needed for observing behaviors and providing real-time feedback on live and past observations in the client's home. This innovation allows us to view family interactions in their personal environment and increases our ability to see the true communication skills of the family during day-to-day life.

In Washington County, we have now served 100 families, reaching over 350 individuals. Using our Continuous Quality Improvement (CQI) protocols to monitor progress and evaluate effectiveness, we have seen impressive success. 80% of Washington County families report increased hope after discharge, 63% of children report the same. 74% of children report increased hope 90-days post discharge, demonstrating the lasting effects of our program. 98% of families have not had any readmissions to crisis or inpatient services. 99% of families have retained in-home placement for their child(ren).

In Rogers County, we have served 35 families and 126 individuals. Reporting rates even higher than Washington County, 73% of Rogers County children reported increased hope at discharge. 100% of families have increased hope after 6 months. 97% of families have not had any readmissions to crisis or inpatient services. 100% of families have retained in-home placement for their child(ren).

Recognizing these powerful outcomes, GRAND is already referring Tulsa clients to our mobile Rogers County team for services, and we are well into the planning phase of replicating this model in Tulsa County. Our local services will begin by the end of calendar year 2025.

### ***Transitions Strategies from Higher levels of Care***

GRAND understands that clients in transition, stepping down from higher levels of care, are at increased risk for relapse, crisis, and disengagement from treatment. And we know it is critical to mitigate these risks and remove any and all barriers we can for our clients.

One of the most important ways we do this is by providing all levels of behavioral health and substance use care in one location on our Skelly Campus. From crisis stabilization at our Urgent Recovery Center (URC) all the way to outpatient treatment, our clients never have to worry about finding or getting used to a new facility. Having been brave enough to step onto our campus to ask for help, we will continue to walk alongside them, in the same place, for as long as they need us.

Our discharge planners and care coordinators provide support and help ensure seamless transitions and immediate connection to outpatient care and supportive services whether a client is discharging from a psychiatric hospital, medical detox, residential treatment, an emergency room/hospital, or jail.

For our youth clients, our goal is to prevent escalation to higher levels of care whenever possible. Our crisis (Children's Mobile Crisis, Family Assessment Center, and Family Treatment Center – described in detail in Section 1.7.1 above) and treatment teams work closely with families to stabilize them at home during crisis and transitions to avoid hospitalization or residential placement. Transition support out of hospitalization or residential placement includes our Brief Stay Therapeutic Home services (described above) and referrals to respite services. For justice involved youth, who are typically under supervision but still in the custody of their family, we emphasize family engagement and community-based interventions. We work with juvenile justice agencies and family caregivers to ensure preventative services, treatment, and care planning happen collaboratively and consistently.

Our treatment teams and iPads equipped with 24/7 instant access to crisis services for every client provide continuity of care and ensure every client has multiple connection points. There is always someone they can reach out to, and they never have to feel alone.

GRAND Tulsa is not just a provider of services. We are a coordinated system of care built to meet individuals where they are and walk with them through every step of recovery. Our focus on strong

transitions from higher levels of care helps our clients stay connected, supported, and moving forward into a better tomorrow.

### **1.7.3. Person-and-Family-Centered Treatment Planning**

GRAND meets all requirements for Person-and-Family Centered Treatment Planning by ensuring our individualized treatment plans are:

- Collaboratively developed with the client using a shared decision-making model, requiring their written consent (including family/caregivers/legal guardians for youth and children, and including family to the extent adult persons receiving services wish). Every treatment plan completed for youth clients under 18 requires the presence and attestation of a parent/guardian. Adult clients have the ability to identify a treatment advocate to participate in treatment planning and decisions;
- Recovery-oriented;
- Respectful of the needs, preferences, and values of the person receiving services by incorporating them into the selection of their treatment team and services provided;
- Family-centered, youth-guided, and developmentally appropriate for youth clients;
- Responsive to the race, ethnicity, sexual orientation, and gender identity of the person receiving services by employing a diverse staff that represent our clients, ensuring our staff participate in cultural competency trainings, and respecting client preferences of treatment providers and services;
- Inclusive of care which recognizes the particular cultural and other needs of the client (including, but not limited to, services for people who are American Indian or Alaska Native or other cultural/ethnic groups, enabling access to traditional approaches/medicines and providing services directly or by arrangement with tribal organizations) by ensuring our staff participate in cultural competency trainings and that client preferences of treatment providers and services are respected;
- Inclusive of risk assessment and crisis planning by incorporating all assessment and other client information from intake and beyond as the foundation of the treatment plan;
- Inclusive of person receiving services involvement and self-direction;
- Based on information obtained through the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the person receiving services (explained in detail in Sections 1.7.7 and 1.7.9 below);
- Inclusive of the needs, strengths, abilities, preferences, and goals expressed in a manner capturing the words or ideas of the person receiving services (or the family/caregiver as appropriate);
- Comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress toward goals;
- Seeking consultation as needed (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence, and human trafficking), documenting the need identified, as well as tracking referrals and connection in the client's Electronic Medical Record (EMR);
- Documenting any advanced directives related to treatment and crisis planning or notes that a client does not wish to share these preferences.

Moreover, GRAND exceeds the requirements for Person-and-Family Centered Treatment Planning in our Outcome-Based Treatment Plan (OBTP).

It is commonplace for mental health and substance use treatment providers to collaboratively develop an individualized treatment plan with a client (and their family as appropriate or with consent) at the beginning of treatment, updating it at either three (3) or six (6) month intervals. During treatment, objectives or goals are addressed but progress toward attaining treatment goals is difficult to monitor and assess, typically remaining unknown until the plan is updated at the appointed interval. The intervening time could have been used more effectively if the treatment team and client had been able to assess in “real-time” if the interventions and services were effective, resulting in progress toward the desired outcomes and benefits.

Recognizing this barrier to ensuring high-quality, effective, and efficient care, GRAND worked with our Electronic Medical Record (EMR) provider beginning in mid-2021 to develop an innovative solution to overcome the barrier by enabling continuous assessment and real-time updates for treatment plans. In 2022, we beta-tested our Outcome-Based Treatment Plan (OBTP) with small groups of treatment teams and clients. Staff and clients both provided positive feedback, with staff reporting that treatment planning took under half the time to complete. We went live with clients across our organization in January 2023 and continue to track our outcomes. At our most recent CCBHC site review, we received an 88% on Consumer Voice demonstrating that clients feel heard and represented through the treatment planning and updating process.

Critical to the design of the OBTP is the ability to provide real-time, visually pleasing, and useful feedback to both the treatment/service provider and the client, encouraging effective utilization. We designed it to track progress throughout treatment, particularly during sessions, using formal assessments (i.e., PHQ-9, PCL-5, CATS, etc.) as well as client self-reports, immediately feeding that information back into the treatment plan. Additionally, we correlated objectives for each issue to Evidence-Based Practices (EBP) and treatment models to help guide focus during treatment sessions and services. Therapists/counselors can add, change, or modify objectives, as necessary. Milestones and objectives can be selected based on the client's current stage of change, as well as their needs and preferences, knowing that interventions and objectives are vastly different for clients in the precontemplation state of change vs. clients in the action state of change. The OBTP also incorporates the client's documented need for prevention, medical, and other supports beyond mental health and substance use treatments.

Core features of the OBTP include:

- Auto generates a framework based on initial intake assessments and client self-reports prior to the treatment plan appointment,
- Is guided by a client's readiness for change in each identified area of need,
- Uses ongoing assessments and client self-reports to provide real time updates,
- Displays on a face sheet/client dashboard for quick assessment of client progress,
- Allows early assessment of when an intervention is or is not working, enabling rapid adjustment to an Evidence-Based Practice (EBP) or treatment model better suited to the client's needs, and
- Allows documentation of progress toward/attainment, as well as adding, changing, or modifying goals/objectives at any time.

Evidence of the effectiveness of our OBTP in improving quality of care and client outcomes is that client PHQ-9 scores prior to implementation (July-December 2022) showed an average overall decrease of 2.43 points. Post implementation (January-May 2023), the average overall client PHQ-9 scores decreased by 4.93 points.

Advantages of the OBTP for treatment teams, including the therapists/counselors, are that it saves significant time by removing subjectivity, inconsistency, and waiting from the assessment, treatment, and evaluation process. Real-time determination whether an intervention is working or not enables informed conversations with the client and rapid adjustments, resulting in more efficient and effective treatment and services.

Clients experience advantages in that they can see their real-time progress toward achieving their recovery and treatment goals, motivating them to keep moving forward. They feel empowered to give input and make informed decisions about their own treatment. They also rate their clinical team quality with an average of 4.4 out of 5 in their client satisfaction surveys.

GRAND, as an organization, benefits from the significant time- and cost-savings. On average, using the OBTP saves 47 minutes per treatment plan, allowing clinicians to spend less time documenting and more time providing treatment for their clients. Clients and clinicians alike get real-time positive feedback when they see their progress and the results of all their work.

In addition to individualized treatment plans for clients, we utilize Family Care Plans (FCPs) when working with pregnant/parenting individuals who struggle with mental illness and/or substance use. These individuals are often parenting infants exposed to or affected by substance use, may be involved in the child welfare or justice systems, and may have experience with homelessness or domestic violence. FCPs are personalized guides that provide families/caregivers with information about their infants, child(ren), and other family members, preparations made for their family, and how to support and provide care for their family while in recovery. FCPs enable all team members engaged with the family to efficiently and effectively communicate and collaborate in meeting the family's needs, facilitating coordination across all services including medical care, child welfare, and mental health/substance use treatment providers. Working their Family Care Plan strengthens families, helps women have a healthy pregnancy, empowers parents to advocate for themselves, and keeps children safely at home with their families. Developed and personalized in collaboration with the treatment team, client, family, and county assigned Family Care Plan specialists, FCPs are reviewed, monitored, and updated continuously to address the changing needs of the family. They ensure needs are met and barriers are addressed promptly, as well as providing an organized review of the family's progress.

Our treatment planning process is further supported and monitored by our integrated data and Electronic Medical Record (EMR) systems which collect, securely maintain, and report on all required Oklahoma/CCBHC quality measures as well as additional outcomes. Our reporting dashboards provide treatment teams, Integrated Team Managers (ITMs), operational directors, and executive team members with daily visuals on all measures, allowing drill downs to caseloads and individual clients. Daily dashboard review of compliance with CCBHC quality measures provide automated alerts when indicated services have not been provided to a client and enable our staff and leadership to instantly identify outliers at the clinic, staff, and individual level to take corrective action to improve. All of this helps ensure our clients are receiving the treatments and services they need to follow their plan and achieve their treatment goals.

#### **1.7.4. Community-Based Mental Health Care for Veterans**

GRAND understands and has the expertise and experience to address the unique mental health challenges and risks for substance use disorders faced by veterans. GRAND works alongside veteran organizations (discussed further below), participates in veteran service networks, and is contracted to provide therapeutic and mental health services for veterans through TriWest Healthcare Alliance, a third-party administrator for the U.S. Department of Veterans Affairs (VA). We offer our full array of therapeutic and support services to veteran clients (described more fully in Sections 1.7.1 Crisis Care and 1.7.2 Outpatient Mental Health and Substance Use Services above), ensuring that services for Veterans are recovery-oriented and align with the Veterans Health Administration's 10 guiding principles.

GRAND provides training for our mental health professionals in Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing (EMDR) therapy, two of the VA approved modalities suggested for veterans suffering from Post-Traumatic Stress Disorder (PTSD). Additionally, to ensure cultural competency in care to veterans, staff members assigned to work with veteran clients (including our outreach teams), who are not themselves veterans, are required to complete courses in military and veteran culture through our professional learning program.

GRAND directly provides behavioral health services for veterans that meet and exceed all clinical mental health guidelines promulgated by the Veterans Health Administration (VHA). All of our mental health and substance use treatment services are recovery oriented, provided with cultural competence, follow a collaboratively developed and routinely updated treatment plan (described in detail in Section 1.7.3 above), are documented/monitored in the client's Electronic Medical Record (EMR), are attentive to the client's values and preferences, and utilize Evidence-Based Practices.

Veterans are identified through self-report during the intake process. Once identified, they are assigned to a treatment team, led by a licensed or under supervision counselor who is a veteran and/or is familiar with veteran culture and best practices for caring for veterans. This counselor acts as their Principal Behavioral Health Provider. If the veteran client consents, we request and obtain a release of their information from the VA to better coordinate their services. Veteran client consent is required if family members are present during development/discussion of their treatment plan. Veteran client consent to the treatment plan is required in writing on the treatment plan's consent page (exceeding the verbal standard).

##### *Additional Supports for Veterans*

*24/7 Street Outreach:* According to the 2024 Point-in-Time count for Tulsa County, 7.8% of individuals experiencing homelessness self-identify as veterans. Our outreach teams search the streets for these individuals, working to build trust and providing them with emergency assistance and harm reduction so they might allow us to connect them to treatment, supportive services, and housing.

*Battle Buddies:* This program pairs a veteran client in crisis with a GRAND team member who is a veteran themselves (preferred) or has significant training in veteran culture to walk alongside them during the crisis. After their assessment, veteran clients are asked if they would like to be paired with a Battle Buddy.

*Infusion Clinic:* GRAND's Infusion Clinic (described in detail in Section 1.7.2 above) offers ketamine treatment for those experiencing treatment resistant depression. This treatment has also been shown to be effective in the treatment of PTSD in the veteran population.

*Recovery Residence at Bryce House:* Male veterans receive priority/preference when applying for services at our OKARR Level 3 Recovery Residence (described in detail in Section 1.7.2 above).

*Partnerships with Veteran Community Groups:* We have an informal partnership with Oklahoma Veterans United (OVU) to help build awareness and increase utilization of mental health care among veterans and their families. To date, veteran utilization of GRAND services has been limited, due primarily to the veteran community's general resistance to treatment, but we continue to focus on improving it. Survey feedback we receive from veteran clients indicates their experiences with GRAND are positive, so we are working with OVU to encourage them to pursue mental health care. One example of potential collaboration could be in-service or informational sessions for their staff, veterans, and families.

Additionally, the OVU representative testified before Congress in April 2025 to support legislation that would require the VA to cover the cost of mental health services through external providers if the VA cannot provide care within 72 hours of a qualifying event. He invited GRAND to submit a written statement to emphasize the importance of rapid access to mental health treatment for veterans and describe how partnerships can ensure continuity of care when VA services are delayed. This written statement was included in his Congressional testimony.

#### **1.7.5. Peer and Family/Caregiver Support and Counselor Services**

GRAND understands the unique power of hearing from someone who has been in your shoes and who has experienced and struggled with what you have experienced and struggled with; a person who can share that there is hope - hope for recovery and hope for a better tomorrow. For our clients experiencing mental health issues and/or substance use disorders, either themselves or within their family/close friends, we know and have seen first-hand what research has shown, that it is essential to have the support and counsel of a peer who has been where they have been and is living in recovery. We believe this so strongly that we encourage all of our staff to become a Certified Peer Recovery Support Specialist (CPRSS) and support them throughout their certification process. Currently 23% of GRAND staff organization-wide have their CPRSS certification, including our Chief Executive Officer and Chief Clinical Officer of Crisis Services.

Peer Support is provided directly and embedded in all GRAND's services across Tulsa County. Specific examples include:

*24/7 Street Outreach:* Our Street Outreach Team, the only team providing 24/7 outreach services in Tulsa, is so passionate about its work because they all share lived experiences with the individuals for whom they search the streets. Nearly 100% of our outreach team (18 of 19 members) are certified as a CPRSS, helping them to build relationships with this typically trust averse population until they can encourage them to accept help and seek treatment.

*Urgent Recovery Center (URC):* Our URC team members are often the first ones who interact with individuals in crisis who might finally be ready for treatment. It is critical that these team members know what our newest clients, who may be taking their first steps toward treatment and recovery, are experiencing and can help them overcome their fears and encourage them to choose treatment. 60% of our URC staff across all counties (184 of 308 staff members) are certified as a CPRSS.

*Addiction Recovery Center (ARC):* Having peer supports in medically supervised detox and inpatient/residential substance use treatment is helpful every day to encourage clients to persevere and give them hope that they are making progress. They are particularly helpful when a client is tempted to relapse or discontinue treatment against clinical or medical advice. Being able to talk to someone who can share their own experiences of persisting in treatment and recovery, even when it is really hard, is often the key to getting the client through that moment so they can keep progressing in recovery. Nearly one in four of our total ARC team members (51 of 225) are certified as a CPRSS. We are incredibly proud to note that 100% of our Chemical Dependency Technicians (CDT) in the ARC and URC are CPRSSs living in recovery. This is important for two reasons: 1) they understand how it feels to be triggered and not want to stay in treatment, so they can speak with experience as they encourage the clients to keep going  
2) they know the fears that come with nearing program completion and can lend support as clients work toward transitioning to lower levels of care, and 3) they are living examples of options for employment and growth after treatment. Having this certification qualifies them for other positions they can grow into, giving clients still in treatment hope for a future.

*Recovery Residence at Bryce House:* Peer support is enhanced in the recovery residence program, being provided by both staff and fellow residents. Two of our four Bryce House staff are certified as a CPRSS. Additionally, peer support is provided by one of their fellow residents who serves as House Manager while living and receiving services at Bryce House. The House Manager is selected based on their demonstrated leadership and how well they model recovery.

*Outpatient:* As with inpatient/residential treatment, having the support and counsel of a peer during outpatient treatment decreases the likelihood that a client will quit their services. Not being a licensed counselor/therapist or medical provider, the peer is seen as a "real person" with whom the client can have real conversations about their struggles, fears, or even barriers to continuing. A CPRSS is assigned to every client's multi-disciplinary treatment team (both inpatient and outpatient), communicating and coordinating services with their licensed or under supervision therapist/counselor and Case Manager. Moreover, we station CPRSS staff members throughout outpatient lobbies to be an encouraging and relatable first contact for new clients who may be hesitant to get started.

*Family Peers:* Historically known as Family Support Providers (FSP), they serve as peer support on treatment teams for children and families. Having lived experience raising children with substance use and behavioral health issues, they work with families to develop safety plans as well as advocate for and teach families how to advocate for their child(ren) with teachers, school leaders, and medical/mental health providers. Beginning September 1, 2024, the FSP program was integrated into the Peer Recovery Support Specialist program, now known as Family Peers (FPRSS). This new certification has enabled us to expand our supports to children and families, whether they are participating in wraparound services or not. Able to serve families with children ages 0-25, Family Peers ensure engagement and active participation of the family throughout the treatment process, assisting the family in developing the knowledge and skills needed to promote their family member's recovery. Our Family Peers reduce parental stress, insecurity, internalized blame, and feelings of helplessness by empowering them, ensuring they are supported, and improving their levels of motivation, patience, and tolerance. We work hard to make sure our client families do not feel alone, know how to take care of themselves as they care for their loved ones, and have the capacity to independently take action for their families.

*Young Adult Peers:* While many of our peer services focus on adult clients or family members of child/adolescent clients, we know that transition-age youth and young adults have unique needs and

face particular challenges as they navigate their mental health and substance use care. In order to meet their needs, we intentionally hire and deploy CPRSSs who are themselves young adults throughout many of our outpatient clinics, including our Tulsa County clinic. These younger CPRSSs offer a relatable and trusted perspective to youth and young adults receiving services.

*Support Groups:* Led by a licensed or under supervision therapist counselor and offered through outpatient services, support groups give clients, as well as families of clients, the opportunity to build relationships with and give/receive peer support among the other participants in the group.

With peer support being a part of everything we do, GRAND meets and exceeds all requirements for Peer and Family/Caregiver Support and Counselor Services.

#### **1.7.6. Targeted Case Management**

Direct provision of Targeted Case Management and Care Coordination services is foundational to the success of GRAND's services, being essential to high-quality care that results in improvement in health outcomes for all clients. We ensure a holistic approach to care that addresses both mental and social determinants of health. Our experienced Certified Behavioral Health Case Managers/care coordinators serve as members of *every* client's treatment team and are part of all Tulsa services including, but not limited to, 24/7 Street Outreach, 24/7 Urgent Recovery Center (URC), Addiction Recovery Center (ARC), outpatient (adult, child, and family), and Recovery Residence at Bryce House. They build relationships with clients, work to understand their needs, advocate for and teach them how to advocate for themselves, and assist them in connecting to and accessing the services and community resources to meet those needs. These needs often include medical, legal, and/or social services, as well as educational/employment placement, housing, identification documents, and governmental benefits.

We know the urgency and severity of these needs vary based on client risk and change over time. So, in addition to being trained in all the principles of care coordination as well as collaborative documentation, client-centered goal setting/planning, and Motivational Interviewing (MI), our case managers/care coordinators are trained to work with their treatment team members, and receive oversight from the therapist/counselor, to continuously assess and recognize risk/need, paying particular attention to times of high risk and transition. Targeted and intensive case management services, such as crisis planning, proactive referral coordination, and continuous monitoring are provided to these clients who are at high risk for suicide or overdose, as well as clients who are at risk while preparing for, in the process of, or have recently transitioned to or from a higher level of care, especially inpatient/residential. We do not offer Assertive Community Treatment services (not required under CCBHC) in Tulsa, but our Treatment Team Model (described in detail in Section 1.7.2 above) and iPads equipped with our app, offer 24/7 access to crisis care and comprehensive services provided by a multi-disciplinary team, with a case load that enables higher frequency access to a team member when needed or in crisis.

GRAND has implemented systems and processes to provide role-based clarity and integration within the multi-disciplinary treatment teams to ensure case management and care coordination are embedded and not siloed. Teams use the Case Management Needs Assessment tool at intake to proactively identify client needs/services gaps that require appropriate referrals. These are entered into the client's Electronic Medical Record (EMR) through our care coordination care pathway to ensure a centralized tracking system for needs, case management activities, and community referrals. This also enables automated outcome monitoring through the EMR. Defined caseload standards ensure case managers/care coordinators can provide high-touch, responsive services without overwhelming team capacity. Regular case staffing with the multi-disciplinary treatment team allows case managers/care

coordinators to actively collaborate with therapists/counselors, peer staff, and medical providers to assess and identify needed adjustments in treatment plans in real time. Finally, we employ a quality improvement loop where client satisfaction surveys, follow-up outcomes, and services/resources accessed are reviewed in monthly clinical meetings to inform overall program evaluation and effectiveness and ensure we meet the needs of each client.

#### **1.7.7. Outpatient Primary Care Screening and Monitoring**

GRAND directly provides outpatient primary care screening and monitoring for all individuals seeking services in Tulsa County. At intake and annually thereafter for adult clients, a Registered Nurse (RN) uses standardized Health Risk Assessments to identify key health indicators (Body Mass Index (BMI) and blood pressure) and risk factors, including common cardio-metabolic disease indicators, and inform referrals, treatment plans, and coordination with the client's primary care providers and treatment team. HIV and hepatitis screenings are conducted for clients with risk factors or who are receiving Medication Assisted Treatment services. BMI and blood pressure are measured at all RN and prescriber visits. Lab screenings, such as complete blood counts, hemoglobin A1c, and lipid panels, are run for all clients at least every six months. Child clients receive regular age and developmentally appropriate screenings, monitoring, and preventative care. Though GRAND does not offer general pediatric services or geriatric-specific preventives screenings, we provide age-appropriate monitoring for metabolic conditions and medication management. Labs are available to minor clients upon family/guardian request. For children and adolescents prescribed antipsychotics or ADHD medication, we coordinate with families, guardians, and external providers to ensure appropriate client-centered care. GRAND screens all adults for tobacco use at intake and offers free smoking cessation supplies and counseling services as needed. We coordinate with external primary care providers when screenings are performed elsewhere and ensure documentation of results in the client's record.

Our medical director has established screening and monitoring protocols aligned with the state-required CCBHC quality metrics including:

- Tobacco screening and cessation counseling
- Suicide risk assessment using the Columbia-Suicide Severity Rating Scale (C-SSRS)
- Weight monitoring and nutritional counseling
- Hypertension management protocols
- Metabolic monitoring for clients prescribed antipsychotics
- Monitoring HbA1c and glucose levels for clients, especially those with or at risk for diabetes
- Follow-up after hospitalization or emergency department visits for mental health and substance use needs
- Engagement metrics for ADHD, antidepressant, and OUD treatment

Labs are collected via in-house phlebotomy and processed through our on-site lab and pharmacy partner. Lab results are uploaded into the client's chart in the Electronic Medical Record (EMR), allowing easy access and visibility to treating providers, and are used to make referrals or treatment recommendations. If desired, lab results may be shared between Primary Care Provider (PCP) and GRAND providers, enhancing care coordination and communication among the client's preferred treatment team.

Our on-site lab and pharmacy provider monitors for potential adverse effects of prescribed medications, using a reporting system that combines pharmacy pickup history with client lab results to determine medication adherence. The resulting data provides us with powerful diagnostic tools that allow our

prescribing clinicians to detect potential diversion while taking into account individualized absorption rates for prescribed medications, ensuring identification of the most minimally efficacious dosage. This reduces unintentional adverse effects and enables us to monitor for known side effects, such as unintentional weight gain or abnormally increased HbA1c or glucose levels. We ensure screening and monitoring of key physical health indicators and health risks are done consistently and in real-time.

While we do not provide full-spectrum primary care services, such as pediatric well-child exams or immunization schedules, we do collaborate with client Primary Care Providers (PCP) to enhance wellness. Our team of healthcare professionals includes physicians, psychiatrists, nurse practitioners, physician's assistants, and nurses. We provide integrated physical health services and ensure that all new clients receive an appointment with a healthcare provider. Our goal is same day appointments. We offer nutrition/dietician, healthy living, and occupational therapy services to help address the comprehensive healthcare and overall wellness needs of individuals. We partner with Morton Comprehensive Health Services to provide primary care services for our clients at the Addiction Recovery Center and Recovery Residence at Bryce House. Most clients utilize their mobile clinic services on campus, and as needed, clients will receive services at Morton's facility. We coordinate dental care needs assessment and treatment with dental providers. We also have a memorandum of understanding (MOU) with The University of Oklahoma – Tulsa (OU Health) to provide obstetric/gynecological (OBGYN) care for clients as needed. Our medical staff ensure all appointments and records are tracked in the client's EMR. Our integrated approach supports better overall health outcomes, not just mental health, and promotes the wellbeing of all clients.

### **1.7.8 Psychiatric Rehabilitation**

Many of our clients with mental illness and/or substance use disorders need additional supports to develop and practice the functional skills necessary to facilitate community living, so GRAND provides high-quality, long-term psychiatric rehabilitation as part of our full array of services in Tulsa County. We directly provide these services on-site at our Tulsa campus as well as in community-based settings across the county. Participating clients receive both individual and group psychiatric rehabilitation that focuses on equipping them with skills for illness management, coping, and independent living.

Psychiatric rehabilitation staff are trained in evidence-based models including Enhanced Illness Management and Recovery (IMR), Team Solutions for Wellness, Cognitive Behavioral Therapy (CBT), and trauma-informed care, as well as utilizing SAMHSA's (Substance Abuse and Mental Health Services Administration) Eight Dimensions of Wellness framework. For participating clients, identified as needing these supports during their intake assessment, our psychiatric rehabilitation staff are embedded in the client's multi-disciplinary treatment team (described in detail in Section 1.7.2 above) to ensure care coordination and communication between service providers, including medical providers. GRAND is actively working to increase our existing Tulsa psychiatric rehabilitation workforce including additional rehabilitation specialists, therapists/counselors, and peers to meet the needs in this community.

The purpose of our psychiatric rehabilitation services is to provide positive social/emotional/educational development, facilitate community inclusion and integration, and support our clients as they work to achieve their collaboratively developed treatment/recovery goals. Group rehabilitation services offer social support/interaction opportunities with peers while individual therapeutic sessions offer personalized support from trained mental health professionals. Many of our services, group and individual, include wellness activities based on the Eight Dimensions of Wellness (physical, emotional,

spiritual, intellectual, occupational, environmental, social, and financial) such as wellness groups and goal setting.

Rehabilitation groups for children are intentionally provided outside of outpatient clinic settings to increase accessibility, reduce stigma, and promote engagement in environments where children/youth feel most comfortable. Therefore, we provide group services and skill-building activities at YMCA of Greater Tulsa locations, schools, community centers, and recreational facilities. By embedding services in community-based settings, we support youth in developing social, emotional, and coping skills that can be immediately reinforced and applied with peers in real-world environments, while fostering positive community connections.

Holistic recovery that supports client success across all clinical and life domains means this program coordinates with Vocational Support Integration and Housing First support services to help clients attain and maintain employment/income as well as stable housing. Vocational training and support in Tulsa County include job-readiness activities, resume development, and participation in Individual Placement and Support (IPS) services (described in detail in Section 1.7.2 above) with an IPS employment specialist. Housing services (described in detail in Section 1.7.2 above) include support from a housing navigator who works with the client to ensure they have and can maintain safe and stable housing that meets their needs throughout and after treatment.

#### **1.7.9 Screening, Diagnosis, and Risk Assessment**

GRAND provides same-day screening and diagnosis, completing risk assessments and safety plans for all clients in Tulsa County during business hours via walk-in/admission processes at our Tulsa Outpatient Clinic. Individuals experiencing a mental health or substance use crisis can receive screening, diagnosis, and risk assessment 24/7 at our Tulsa Urgent Recovery Center. Using a client-centered, collaborative approach, our comprehensive assessment process identifies the medical, behavioral, social, residential, educational, vocational, strengths, and needs of individuals, as well as assessing their trauma and reactions to trauma. Risk assessments identify if the client is engaging in unsafe behaviors, and if they are, further assessments are completed to determine what level of intervention or care is appropriate beyond a required safety plan.

Our Continuous Quality Improvement (CQI) protocols verify and ensure collection and documentation of each of the required elements for intake and initial evaluation. Licensed or under supervision counselors are trained in appropriate evidence-based practices and conduct immediate screenings, risk assessments, and safety planning for individuals presenting for care, evaluating their needs, and connecting them to the level of service best suited to meet them. Certified Peer Recovery Support Specialists (CPRSS) assist clients in completing necessary paperwork throughout the intake process. For clients who are non- or limited-English speakers needing language assistance, we have bilingual team members on staff qualified to assist them in their language. When a bilingual team member is not available, we utilize Propio to provide high-quality interpreting and translation services in over 300 languages, including American Sign Language. We also offer Spanish language paperwork, including assessment, screening, and intake forms, as well as information about our services.

The integrated screening and assessment process gathers standardized and narrative information to identify the individual's needs, while screening for trauma and trauma-related symptoms. A preliminary diagnosis and treatment goal is established during screening and is refined throughout the assessment process. In addition to validated screening and diagnostic tools, the initial assessment collects

information from the client such as the source of referral, their reason for seeking care, demographics, veteran status, cultural or language needs and preferences, and, for children, if they have child welfare or juvenile justice system involvement.

GRAND employs a wide range of validated and age-appropriate tools to support screening and diagnostic accuracy, including, but not limited to: TCUDS and AUDIT for substance use, PHQ-9 for depression and suicide risk, C-SSRS for suicide risk assessment, PCL-5 and CATS for trauma-related symptoms, GAD-7 for anxiety, Clinician-Rated Severity Scale for Psychosis, ASRS or Vanderbilt for ADHD, and Nicotine Use Screening. We ensure our counselors are trained in both the Columbia-Suicide Severity Rating Scale (C-SSRS), Collaborative Assessment and Management of Suicidality (CAMS), and CAMS-Teens, equipping them to screen, assess, and safety-plan with individuals at elevated suicide risk. GRAND's Behavioral Health Assessment (BHA) ensures a thorough understanding of each client's needs at admission. Additional data is gathered through structured tools such as the Past, Family, and Social History (PFSH), Health Risk Assessment (HRA), and screenings related to pregnancy, parental status, and medical conditions which may also be updated during medical provider visits. Case management needs are identified at intake through a specialized needs assessment or the OHIO tool, which supports individualized planning and coordination of services.

The results of a client's screening, diagnosis, and risk assessment are input into their Electronic Medical Record (EMR) and automatically populate the initial framework of their Outcome-Based Treatment Plan (OBTP – described in detail in Section 1.7.2 above) that they will refine in collaboration with their treatment team.

**Deliverables and Timeline**

<i>Deliverable</i>	<i>Timeline</i>
<b>Required CCBHC Services</b>	
Crisis Services	GRAND has fully implemented services in Tulsa County, meeting or exceeding all CCBHC criteria and requirements.
Outpatient Mental Health and Substance Use Services	
Person- and Family-Centered Treatment Planning	
Community-Based Mental Health Care for Veterans	
Peer and Family/Caregiver Support and Counselor Services	
Targeted Case Management	
Outpatient Primary Care Screening and Monitoring	
Psychiatric Rehabilitation	
Screening, Diagnosis, and Risk Assessment	
If exception for use of Skelly Campus is not granted: Acquire and attain certification for new facilities to provide Outpatient Mental Health services.	If exception for use of Skelly Campus is not granted, GRAND will acquire and attain certification for new facilities in the catchment area to provide Outpatient Mental Health services within 2 months of the date of the award.
<b>Additional Deliverables Exceeding CCBHC Requirements</b>	
Deploy 24/7 Mobile Application for Use on Any Device	GRAND will complete testing and deploy its mobile application providing 24/7 access to crisis services in July 2025 for use on any device by partners and clients.
Tulsa Fire Department Overdose Response Team	GRAND is partnering with the Tulsa Fire Department to deploy its Overdose Response Team by the end of calendar year 2025.
Deploy Mobile Brief Stay Therapeutic Home Program	GRAND plans to add mobile Brief Stay Therapeutic Home services in Tulsa by the end of calendar year 2025.
Open Family Treatment Center to include Children's URC and Family URC	GRAND plans to add a children's crisis and family crisis center to the continuum of care in Tulsa in 2027.

**2. Access to Services**

**2.1. In determining a consumer’s initial and ongoing eligibility for any service, Contractor may not exclude an individual of any age based on the following factors: Also see the Eligibility and Target Population Matrix on the ARC website for detailed information (<http://www.odmhsas.org/arc.htm>, Documents, Statements of Work, choose current fiscal year).**

GRAND does not and will not exclude an individual of any age based on the following factors:

- 2.1.1. *The consumer's past or present mental health or substance use issues;*
- 2.1.2. *The presumption of the consumer's inability to benefit from treatment;*
- 2.1.3. *The specific substance used by the consumer;*
- 2.1.4. *The consumer's continued substance use;*
- 2.1.5. *The consumer's level of success in prior treatment episodes;*
- 2.1.6. *The consumer's designation as a sex offender; or*
- 2.1.7. *The consumer's past history of violence or incarceration.*

### **3. Yearly Surveys by ODMHSAS**

**3.1 The ODMHSAS will rate the following criteria throughout duration of this contract on a yearly basis. The ODMHSAS does the satisfaction surveys for all the CMHCs through mail-outs and the enhanced tier payment system results in its Decision Support Services.**

#### **3.1.1. Survey Criteria:**

GRAND has a long history of participating in consumer satisfaction surveys furnished/provided by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and understands this is a routine part of the annual contract renewal process. GRAND also participates in the Enhanced Tier Payment System (ETPS), actively works to engage individuals on the Most in Needs (MIN) list, has demonstrated a significant reduction in inpatient bed days for adult and youth consumers, and works with local law enforcement agencies to reduce jail days. GRAND understands its performance will be rated on the following:

- 3.1.1.1. *History of Enhanced Tier Payment System Results.*
- 3.1.1.2. *Client Consumer Satisfaction Survey Results.*
- 3.1.1.3. *Number of persons served on the most in need (MIN) list.*
- 3.1.1.4. *Reduction in inpatient bed days.*
- 3.1.1.5. *Reduction in jail days.*

### **4. Conditions**

GRAND understands, agrees to, and will comply with the following conditions:

- 4.1 Contractors' staff must attend trainings and meetings required by the ODMHSAS.
- 4.2 Contractors must agree to submit data and participate in the established ODMHSAS evaluation process.
- 4.3 Any changes in program operations must be submitted to the ODMHSAS.
- 4.4 If the program is found to be in non-adherence on the evaluation criteria at any time, a notice of non-compliance will be issued to the Contractor and a period of remediation of 30 days will begin from the date of the receipt of the notice. Notice may be issued in person at a site audit, via certified registered U.S. mail or other certified carrier of the notice of non-compliance. If compliance is not returned within the 30-day period, immediate cancellation of the contract may be executed and no moneys due from date of non-compliance will be paid. A 30-day notification must be submitted to the ODMHSAS before the cancellation of a contract.

**5. *Intentionally Omitted.***

**6. *Core Service Functions***

**6.1 Certain contract requirements related to the core service functions are set forth in Oklahoma rules, Title 450, Chapter 17, Part 25 (450:17-5-170 through 450:17-5-192).**

GRAND understands there are certain contract requirements related to the core service functions are set forth in Oklahoma rules, Title 450, Chapter 17, Part 25 (450:17-5-170 through 450:17-5-192).

**7. *Tulsa County CCBHC Areas: Northeast, Northwest, Southeast, Southwest***

GRAND is prepared to immediately provide CCBHC services in the Southwest catchment area of Tulsa County upon award. We are prepared to provide services in any of the four catchment areas, but our preference, if considered, is to be awarded to serve the Northeast catchment area as our existing facilities are located within this catchment.

## Past Performance

NOTE: ODMHSAS will analyze past performance through data evaluation. ODMHSAS will complete the table below.

**Note: ODMHSAS will analyze past data submitted through the Medicaid Management Infrastructure System (MMIS) to analyze engagement and services provided to the most in need. Bidders that do not currently submit services into MMIS may submit data demonstrating their ability to meet the requirements of this contract.**

<b>Data Element</b>	<b>Results (ODMHSAS will analyze existing data)</b>	
1.	Percent of SMI (200% poverty or below) persons served in catchment	
2.	Percent of SED (200% poverty or below) persons served in catchment	
3.	Percent of adults in region who engage in treatment for services within 45 days after inpatient/crisis/URC	
4.	Percent of SMI persons served in the home/community	
5.	Percent of weekend outpatient services provided	
6.	Percent of outpatient persons receiving peer services	
7.	Percent SA issues assessed and treated	
8.	Of the top persons/most in need in your region, percent of individuals you engaged with since your agency was first made aware of the assigned list	
9.	Percent of the time agency met or exceeded ETPS measures (calendar year 2024)	
10.	Client count trends in ETPS (% change 1/1/2022 through 9/30/2022)	
11.	Reduction in Inpatient admission trends (% change)	
12.	Client access to URC services within service area (miles between access points within region)	
13.	Mobile Crisis Response Team response rate and time from contact to arrival	

## **Attachment E-2**

### **Pricing**

In lieu of the pricing proposed in the bid, the parties agree as follows:

The parties acknowledge and agree that rates are established pursuant to the Oklahoma Medicaid State Plan, as approved by the Centers for Medicare & Medicaid Services and maintained by the Oklahoma Health Care Authority. The State Plan is currently available at:

<https://oklahoma.gov/ohca/policies-and-rules/plans-and-waivers.html>

Supplier shall be reimbursed solely in accordance with the rates and methodologies set forth in the Oklahoma Medicaid State Plan, which are paid to the Supplier solely by the Oklahoma Health Care Authority. ODMHSAS's reimbursement obligations are addressed in their underlying contract with the Oklahoma Health Care Authority, and no payment shall be made from ODMHSAS to the Supplier under this Contract.

## Attachment E-3

### Value Add

#### 2. Value-added products and/or services within scope of the Acquisition may be included in the Bid.

NOTE: Value Added can be more than 5 items. Below is a sample format.

**Value Added Options or Differentials (what will you do that others do not):** Bidders should identify any value-added options or differentials that they are proposing and include a short description of how it adds value to the contract. Identify if the items will increase or decrease cost (\$), time, service, quality, or client satisfaction. You may add/delete the number of value items below as necessary.

**Item 1:** *Technological solutions supporting how GRAND meets and exceeds the core components*

**Impact:** GRAND's comprehensive approach to CCBHC services is based on a combination of experienced innovators, its history of agile problem solving, dedicated professionals, and relational collaboration with community partners. GRAND leverages technology to ensure individuals and community stakeholders have immediate access to high-quality services in the least restrictive environment, reducing barriers to seeking and accessing help. GRAND's cutting-edge technology, including its use and distribution of iPads equipped with our mental health application, provides clients, families, schools, and first responders with 24/7 instant access to crisis services. Clients are able to attend appointments when transportation would otherwise be a barrier. They are also able to see upcoming appointments, set reminders, complete assignments from their treatment team, journal, and complete assessments on the device (PHQ-9, PCL-5, etc.), as well as sign documents electronically.

Our technology allows clients to access real-time feedback to their Outcome-Based Treatment Plan (OBTP), enabling them to review their progress on treatment objectives and milestones, complete objectives, have new objectives added during treatment rather than waiting for a treatment plan update, and have more of a voice in their own treatment. Our custom client data systems enhance the quality of care and ensure continuous support through real-time reports, dashboards, and alerts for their clients, providing daily visuals for all measures, both for caseloads and individual clients. These technological capabilities help us ensure clients consistently receive the services they need and allow for timely interventions and support, reducing the risk of relapse and promoting sustained recovery.

Additionally, we are in the development and testing phase of a new mobile application designed to run on any smartphone or tablet, significantly reducing the cost and complexity of deploying and maintaining organization-owned devices such as iPads. This mobile-first approach expands our reach, enabling more clients to access critical services through their personal devices. Most importantly, the app provides 24/7 access to crisis intervention, empowering individuals to seek immediate support when they need it most. By improving accessibility, streamlining technology requirements, and supporting real-time engagement, the app strengthens our ability to deliver timely, client-centered care. Key features include 24/7 access to crisis intervention services, secure two-way messaging with care teams, appointment reminders, a digital medication list, and tools for emotion tracking and journaling. Clients can also access personalized resources such as safety plans, session worksheets, and community referrals. This new application, scheduled to launch in July, will help us increase access for our clients and partners, while decreasing our costs to provide it.

## Attachment E-3 Value Add

GRAND also uses innovative technology to advance our medication pass processes, implementing personalized packaging with barcode scanning capabilities to ensure medications are administered accurately, risks for medication errors are minimized, and patient safety is improved. Streamlining medication administration optimizes the efficiency of GRAND's healthcare delivery, allowing more time for personalized care and support.

GRAND's experience, expertise, and innovative spirit demonstrates its capacity to continue serving the Tulsa community with high quality, comprehensive services of the CCBHC mode. We are committed to understanding and meeting the diverse needs of the Tulsa community through collaborative partnerships with local organizations, leveraging relationships and technology to ensure a seamless continuum of care, and immediate access to services that support holistic well-being.

### **Item 2: Eleos AI**

**Impact:** Impact on Clinicians: Eleos transforms the documentation experience for clinicians by leveraging AI to passively capture conversations during sessions and generate structured, clinically relevant notes. This significantly reduces the time spent on documentation after sessions, easing the cognitive and emotional toll of administrative work. Clinicians can redirect that saved time and energy toward care planning, client engagement, or their own well-being. Eleos also reinforces clinical best practices by integrating compliance tools such as progress monitoring, intervention mapping, and golden thread alignment between diagnosis, goals, and services. These features help ensure that notes reflect actual service delivery and client progress while aligning with audit and payer requirements. For clinicians, this not only increases documentation accuracy, but also provides a sense of professional security and consistency, particularly in high-volume or value-based care environments.

For example, Eleos Audio Documentation has generated 90,400 notes, saving around 18,000 hours of documentation time. Approximately 91.43% of our progress note content was derived from Eleos suggestions and clinician confirmation, taking an average of 2.6 minutes to complete each note. We have 1,030 active users and our staff report an impressive 90.86% satisfaction rate with the product. Based on this successful implementation, we will adopt the use of their mobile application (for services provided in community-based settings) in Quarter 2 of 2025 and their web-based application in Quarter 3.

**Impact on Clients:** Clients benefit from Eleos through enhanced therapeutic presence and continuity of care. When clinicians are not burdened by typing or note-taking during a session, they are able to remain more attuned and responsive, creating a stronger therapeutic alliance. Eleos also supports care quality by ensuring that treatment plans, interventions, and progress markers are consistently tracked and updated, leading to more intentional, goal-driven services. Compliance mechanisms embedded in Eleos help surface incomplete or inconsistent documentation, which can otherwise delay care coordination, insurance approvals, or follow-up services. Further, the structured insights generated by Eleos allow for more informed decision-making, whether by a treatment team or in supervision, ensuring clients receive care that is timely, relevant, and evidence based.

Implementation of Eleos has resulted in improved trust in the system and, ultimately, better clinical outcomes. For example, Eleo has enabled us to audit 100% of our outpatient therapy notes, while our previous manual audits were limited to 10%. By the end of 2025, we will expand the use of this tool to audit notes from other services and treatment types that will better ensure overall accuracy and

## Attachment E-3 Value Add

compliance. Furthermore, by eliminating much of the after-hours documentation workload, often cited as a top driver of burnout, Eleos will help reduce clinician fatigue and improve job satisfaction, over time, contributing to lower turnover rates, increased retention, and a more stable clinical workforce.

### **Item 3: Complete Continuum of Care on Skelly Campus in Tulsa**

**Impact:** GRAND provides immediate access to our full array of high-quality crisis, substance use treatment, and outpatient mental health services at our Tulsa Campus of East Skelly Drive. On our campus we provide all required CCBHC services, as well as many that exceed the required CCBHC core services (i.e., Medically Supervised Detoxification, Intensive Residential/Residential Treatment, Partial Hospitalization, Recovery Residence) because they are essential to the seamless continuum of care we provide to meet all of the substance use treatment and mental health care needs of our clients - all available in one place.

This design not only removes barriers such as transportation, referral delays, and client disengagement, but it also improves health outcomes by strengthening relationships between clients and providers. Offering all required CCBHC services, as well as others that exceed requirements, in a single, trauma-informed, recovery-oriented location allows us to maximize continuity of care, increase safety and trust, and minimize risks of relapse or crisis recurrence. Our partners can also depend on our single location to help them meet a wide range of behavioral health and substance use needs. From the first day a client is brave enough to ask for help and for as long as they need us, our clients remain in the same system of care and are supported by the same team, every step of the way.

### **Item 4: 24/7 Street Outreach**

**Impact:** GRAND is Tulsa's only provider of 24/7 Street Outreach services across Tulsa County. We work in two-person teams, with routes that search the streets, encampments, convenience store parking lots, and other locations for individuals experiencing homelessness who may also be experiencing mental health and/or substance use issues. We know that homelessness is not limited to business hours, so our 24/7 outreach services are critical to filling gaps and meeting needs, both for the individuals experiencing homelessness and the community members in the same area. We respond to community reports, law enforcement requests, and referrals from community partners such as Tulsa Parks when they are interacting with individuals experiencing homelessness and/or mental health/substance use crises. This not only improves safety for the individuals we serve but also alleviates the burden on emergency rooms and first responders.

The relationships and trust we build through repeated street-level contact help typically trust averse individuals allow us to connect them with systems of care. Over time, we help them voluntarily engage in treatment, re-enter services, and access safe shelter or housing. Our 24/7 services are more than just outreach. We are a mobile entry point to comprehensive care.

### **Item 5: Urgent Recovery Center (URC)**

**Impact:** Serving over 7,000 individuals in our first year of operation, the Urgent Recovery Center (URC) offers 24/7 immediate access to 50 beds providing intervention, stabilization, and observation for individuals experiencing a mental health and/or substance crisis who would typically experience this crisis on the streets or in public places, with nowhere to go other than calling first responders or going to an emergency room. It is a triage facility that ensures efficiency in determining the most appropriate care pathway to maximize opportunities for successful recovery. It also alleviates the

## Attachment E-3 Value Add

strain on first responders and hospital systems leads to community cost and time savings, while increasing access and service quality that saves lives. Client satisfaction resulting from the seamless transition between the least restrictive levels of care that best meet their individual needs also increases.

### **Item 6:** *Law Enforcement partnerships to use the Urgent Recovery Center*

**Impact:** GRAND is the only agency in Tulsa with a contract with the City of Tulsa, providing law enforcement access to the Tulsa Urgent Recovery Center (URC). Now with expanded access to all law enforcement agencies in Tulsa County who want to contract with us for utilization, we offer 9 beds providing the same 24/7 access and services as our URC to those in crisis and unable to voluntarily seek help. Our URC provides a secure environment for crisis intervention, de-escalation, and stabilization for individuals in crisis, admitted by law enforcement. The URC serves as a preferred alternative to incarceration or hospital admission with dedicated access to protect the privacy of the individual in crisis. Law enforcement and first responders admitting clients remain separate from the main URC areas to maintain client safety and stability as many individuals experiencing mental health and substance use crises fear or mistrust law enforcement. The URC allows us to provide individuals in crisis with the help they need when they need it, and to return police and first responders more quickly to the important work they do to keep our communities safe.

### **Item 7:** *GRAND is committed to contracting with ODMHSAS to provide therapeutic transport for those in crisis who need a higher level of care.*

**Impact:** Therapeutic transport for those in crisis will decrease the response time for those in crisis and increase the efficacy of crisis intervention services by allowing people to begin receiving treatment by a recovery support specialist or by a Licensed Behavioral Health Professional via iPad during transport. This real-time engagement helps reduce fear, increase cooperation, and stabilizes the individual before they arrive at our Urgent Recovery Center (URC) or other treatment facility, improving safety and clinical outcomes.

Transport also increases continuity of care, supports a recovery-oriented system, preserves client dignity, and minimizes re-traumatization. Our teams connected 952 individuals to trusted support from the first point of contact.

### **Item 8:** *Tulsa Fire Department Overdose Response Team*

**Impact:** According to data from the Centers for Disease Control and Prevention, Oklahoma experienced a 22% increase in overdose related deaths in 2022 (2<sup>nd</sup> largest increase nationwide), with Tulsa County experiencing the highest number of those deaths. Often being the first response team to encounter individuals in crisis and potentially overdosing, the Tulsa Fire Department (TFD) has asked GRAND to partner with them in expanding their Mobile Integrated Response Teams, by creating an Overdose Response Team and providing outreach and education for overdose prevention and recovery services. This partnership, that will go live by the end of 2025, incorporates five key strategies: (1) Provide overdose reversal education or make referral to opioid reversal medication sources; (2) Provide short term Medication Assisted Recovery to patients who meet a defined, medically supervised, criteria; (3) Provide referral sources for U.S. Food and Drug Administration approved medications used to treat opioid use disorder and link participants to ongoing care sources; (4) Provide Peer Recovery Support Services (PRSS); and (5) Provide community pre-hospital health care provided follow up and support.

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When TFD arrives on scene, if the individual is ready to go to treatment, TFD will either bring the individual directly to our Urgent Recovery Center (URC) or contact us for transport. If they are not ready for treatment, TFD and our 24/7 Street Outreach teams will work to establish a relationship of trust, with the goal of encouraging them to admit to treatment at GRAND. We have already placed harm reduction distribution boxes at four TFD stations across Tulsa and are working to place them at more stations, prioritizing North and East Tulsa as these communities experience a disproportionate number of overdoses. The harm reduction distribution boxes, accessible to the public, contain Narcan, fentanyl testing strips, and harm reduction education and resource information including a QR code with access to resource information, a Narcan training video, and a way to contact someone for treatment if needed.

### **Item 9:** *Family Treatment Center (FTC)*

**Impact:** Based on the demonstrated success of our initial FTC implementation showing we were able to divert 73% of children served from admission to a higher level of care, as well as the over 7,000 adults who utilized our 24/7 Tulsa Urgent Recovery Center (URC) in just its first year, we know the need for a 24/7 Tulsa Family Treatment Center (FTC) in Tulsa is great. Plans are underway to establish an FTC in Tulsa in 2027.

This first-of-its-kind facility provides a full spectrum of crisis services to families in need, allowing them to stay together during the crisis and helping them to safely keep their child in the home rather than being admitted to inpatient care. Services include a 24/7 Walk-in Family Urgent Recovery Center designed for immediate stabilization, offering a full continuum of children's crisis care as well as a Family Structured Crisis Center. Services are provided to youth clients in crisis in conjunction with at least one parent or guardian. The FTC serves as a centralized location where families and individuals can receive immediate assessment and support. It provides a safe and therapeutic environment for comprehensive evaluations, crisis intervention, and short-term stabilization services while our team works with the family to determine the level of care that best meets their child's needs. Children and families discharging or stepping down from all levels of the crisis continuum are provided with an iPad equipped with our application offering 24/7 access to our crisis professionals, mitigating risk in future crises. In situations where an inpatient level of care is necessary, GRAND FTC staff works closely with the family/caregiver(s) to assist in providing placement. We provide transportation if needed to overcome barriers to needed treatment.

### **Item 10:** *Addiction Recovery Center (ARC)*

**Impact:** GRAND's Addiction Recovery Center (ARC) offers 36 beds for Medically Supervised Detoxification and 215 beds for inpatient/residential substance use treatment. We are Oklahoma's largest provider of substance use treatment for indigent clients, serving any individual in need of substance use treatment, regardless of their ability to pay. The ARC's proximity to both our crisis and outpatient services on our Tulsa campus, fosters a collaborative and comprehensive approach to addiction recovery promoting cost reduction, time savings, service quality, and client satisfaction. Although not required under the CCBHC model, the ARC dramatically expands our capacity to meet the needs of individuals with co-occurring mental health and substance use disorders, while eliminating gaps in service delivery, reducing strain on ERs and first responders, and ensuring long-term recovery support for the individuals who need it most.

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### **Item 11:** *Cost savings to the City and County*

**Impact:** Utilizing the Tulsa Urgent Recovery Center (URC) as an option for Medicaid-covered individuals experiencing a mental health crisis presents a significant cost-saving opportunity for the Oklahoma Health Care Authority (OHCA). On average, diverting a single crisis episode from a hospital emergency room (ER) to the URC can save OHCA an estimated \$5,000–\$10,000 per incident (based on typical ER charges for psychiatric evaluations, observation, medication, and hospitalization). For individuals already engaged in services with GRAND, episodes managed at our URC are not billed separately. Instead, these services are bundled under the Certified Community Behavioral Health Clinic (CCBHC) model's per member per month (PMPM) rate. This approach ensures predictable budgeting for OHCA and minimizes administrative burden, while also promoting continuity of care and improved outcomes for clients.

Beyond the financial impact, diverting clients to the URC alleviates pressure on emergency departments and first responder agencies. It allows first responders and hospital staff to prioritize individuals with acute medical needs or those whose only viable option is ER-based care. This diversion enhances system efficiency while ensuring that mental health crises are addressed in an environment specifically designed for stabilization and support, improving client experiences and outcomes.

### **Item 12:** *GRAND's use of a Treatment Team Model to provide consistent, scalable care to those we serve.*

**Impact:** The treatment team model is a core component of our approach to integrated, person-centered care. It decreases costs by increasing efficiency and clearly delineating/delegating clinical duties. It likewise increases overall client satisfaction and service quality, giving them access to more individuals who can support them. Team member satisfaction increases in that no single staff member carries the full burden of care, with each professional being able to operate at the top of their credentialing and capacity.

### **Item 13:** *Partial Hospitalization Program (PHP)*

**Impact:** GRAND's Partial Hospitalization Program (PHP) at our Tulsa Skelly campus significantly enhances the accessibility, flexibility, and continuum of care available under the CCBHC model. Although PHP is not a required CCBHC service, it is a critical value-add that allows GRAND to serve individuals experiencing acute behavioral health symptoms in a structured, therapeutic setting without the need for inpatient hospitalization. PHP strengthens our ability to deliver services in the least restrictive environment, a core tenet of the CCBHC model as well as our mission and vision. By offering this intensive level of outpatient treatment, clients who are not able to admit to inpatient care can still receive stabilization, therapeutic intervention, and recovery support while remaining integrated in their home and community. In addition to continuity of care, PHP enhances client engagement, reduces the trauma, and limits disruption often associated with inpatient stays. It also increases client access to appropriate levels of care, improves quality outcomes through early intervention, and decreases the utilization of more restrictive, higher-cost treatment settings.

### **Item 14:** *Infusion Clinic*

**Impact:** GRAND led the way in bringing ketamine treatment to Oklahoma, after it was approved by the FDA for use with clients experiencing Treatment Resistant Depression. Now expanded for use in the treatment of individuals suffering from Post Traumatic Stress Disorder (PTSD) and suicidal ideation, our Infusion Clinic in Tulsa is a pioneer of providing this innovative and effective treatment.

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Many of our clients report significant reductions in depressive symptoms and suicidal thoughts. 50% of those treated for suicidal ideation reported complete resolution of these symptoms, no longer requiring inpatient or short-term intensive mental health care. Clients who experienced decreases in depressive symptoms also reported improvements in social interactions, coping abilities, and work-related achievements. As an example, one female participant receiving treatment during her stay at the Urgent Recovery Center (URC) for depressive symptoms and suicidal ideations, has not experienced any readmissions to the URC. She also reports managed depressive symptoms and complete resolution of her suicidal thoughts allowing her to secure employment and maintaining her new, positive outlook on life.

### **Item 15:** *Mobile Brief Stay Therapeutic Home (BSTH)*

**Impact:** GRAND will replicate its groundbreaking and innovative mobile Brief Stay Therapeutic Home (BSTH) program and build more teams in Tulsa County in 2025. Serving children and families in crisis, we offer both site-based and mobile services that provide a structured and supportive environment where families can receive short-term, intensive interventions to address crisis-related challenges. We focus on promoting stabilization, skill-building, and connecting children and families to appropriate community resources for continued care. By providing this level of mobile support in the client family's own home, we strive to ensure a seamless transition from crisis services to ongoing treatment and recovery that will help families safely keep their children in the home rather than requiring out-of-home placement.

In Washington County, we have seen impressive success with 80% of Washington County families reporting increased hope after discharge, 63% of children reporting the same. 74% of children report increased hope 90-days post discharge, demonstrating the lasting effects of our program. 98% of families have not had any readmissions to crisis or inpatient services. 99% of families have retained in-home placement for their child(ren).

In Rogers County, reporting rates are even higher, with 73% of Rogers County children reporting increased hope at discharge. 100% of families have increased hope after 6 months. 97% of families have not had any readmissions to crisis or inpatient services. 100% of families have retained in-home placement for their child(ren).

Our mobile BSTH units will provide Tulsa families with hope that they can overcome their crisis and help them keep their family intact in a healthier and more stable environment.

### **Item 16:** *GRAND's Chief Executive Officer (CEO) serves as a consultant for the National Council for Mental Wellbeing through SAMHSA's (Substance Abuse and Mental Health Services Administration) CCBHC-Expansion Training and Technical Assistance (TTA) Center.*

**Impact:** Increases service quality through staying up to date on national trends related to CCBHC (Certified Community Behavioral Health Clinic) implementation and standards. Also allows for meaningful advocacy opportunities to promote the CCBHC model, specifically the Oklahoma Model. This role places GRAND at the forefront of national CCBHC implementation efforts, allowing our leadership to engage directly with federal policymakers, national experts, and peer organizations across the country. It enhances our ability to adapt, lead, and optimize service delivery within the Oklahoma model. It amplifies our voice in policy and funding conversation, creating opportunities for meaningful advocacy that benefits the broader behavioral health system in Oklahoma. Finally, it

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reinforces our reputation as a thought leader and trusted partner who directly contributes to higher service quality, operational alignment with emerging standards, and sustained CCBHC success.

**Item 17:** *GRAND is a part of AETNAs PLE (Provider-Led Entity) as a governing body member of their Managed Care Organization and Chair of their mental Health Committee.*

**Impact:** Participation on the PLE will increase GRANDs ability to promote the Oklahoma CCBHC service model with not only Aetna but also with other Managed Care Organizations to ensure that the integrity of the model is maintained leading to decreased costs and increased access to care. Our membership puts us in a unique position to help shape policies, reimbursement structures, and service expectations within Oklahoma evolving MCO landscape. Through direct collaboration, we are able to advocate for the integrity and sustainability of the CCBHC model. Our involvement also ensures that the voices of providers and needs of clients remain central to decision-making processes that directly impact service delivery and access to care. By promoting the value of integrated, community-based behavioral health services and aligning payment models to support them, our leadership within the PLE contributes to reduced system fragmentation, improved care coordination, and more cost-effective outcomes. Further, our participation strengthens our operational readiness for MCOs as well as ensures that we remain a key player in voicing how behavioral health is funded and delivered across Oklahoma.

**Item 18:** *GRAND's CEO sits on the board of Oklahoma Department of Mental Health and Substance Abuse Services Oklahoma State Planning and Advisory Council.*

**Impact:** Membership on the Planning and Advisory Council allows GRAND to guide decisions and practices to obtain population level health outcomes related to substance use on a state scale; have a voice in state-level decisions that shape the future of behavioral health and substance use services across Oklahoma; advocate for policy changes, funding strategies, and service innovations that support integrated care, health equity and the sustainability of the CCBHC mode; ensure the voices of providers, but most importantly, that the needs of high-risk and underserved populations, are represented in state planning efforts; and gives us the ability to align our internal strategies with state and federal objectives while contributing to system-wide improvements that benefit clients beyond our own catchment areas.

**Item 19:** *Community Trainings for Local Organizations*

**Impact:** GRAND is committed to promoting mental health awareness and education through community learning initiatives provided by our Learning and Development team across a wide range of sectors:

We partnered with Langston University, Oklahoma's only Historically Black College and University (HBCU), to lead a series of National Counselor Examination preparation courses for Langston students who are candidates for employment at GRAND. Nationally, Black students have an exam pass rate of 45% compared to 83.9% of White students. Langston participants in this series had an 83% pass rate. Plans are being developed to offer a similar licensing prep course for social work students.

We collaborated with Rogers State University to deliver workshops for faculty, staff, and students focused on mental health education and reducing stigma. In Claremore Public Schools, we provided trainings on addressing challenging behaviors in the classroom, understanding the impact of trauma, and recognizing signs of substance use among students. In Washinton County, we offered ethics trainings that support the licensing and credentialing requirements for mental health professionals.

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We teamed with the Tulsa Fire Department and the Emergency Medical Services Authority (EMSA) to provide specialized trainings on co-occurring disorders and crisis de-escalation techniques. We provided in-service trainings to the Osher Lifelong Learning Institute to enhance mental health education for individuals 50 and over. We trained over 600 construction workers at MidAmerica Industrial Park (the largest industrial park in Oklahoma) on mental health awareness, suicide prevention, and self-care.

Our community trainings not only steward our relationships with partners, potential partners, and other community providers, but we help foster resilient, informed, and compassionate communities across Oklahoma.