

Standards for Consumer Involvement in Transformation

Individual Rights at the Provider Level Consumer Involvement Standards

1) **Planning Recovery** – The individual consumer is the most important participant in the development of his/her individual recovery.

Practices:

- a) Agencies submit a list of tools, assessments; tests to a Consumer Review Board (a board comprised of consumers in recovery and representative of state consumers) required of all state run and contracted facilities reviewed through certification process.
- b) Credentialed Peer Recovery Support Specialist (CPRSS) available at each Community Mental Health Center and or Substance/Addiction Centers and satellites for assistance in planning recovery.
- c) Individuals are given all information on tests, assessments, and diagnosis
 - (1) Contract requirement – Community Mental Health/Substance Abuse Centers will have a form signed by the consumer to indicate they have received assessment and diagnosis (Check box on client data core (CDC)).
 - (2) The information received is presented in a strengths based clear and understandable manner (user-friendly considering global assessment of functioning (GAF) scores to incorporate/develop the delivery of information to the individual)
- d) Individuals are given the opportunity to complete a participant review or survey to contribute their feedback on their recovery plan development process for future program development.

2) **Support** – Individual consumers have the information to choose/select their support systems and or treatment options.

Practices:

- a) Individuals are given all information about availability of treatment options, resources, and or recovery tools:
 - (1) Advocacy agencies contact information and contact person
 - (2) Treatment advocate
 - (3) Credentialed Recovery Support Persons for assistance and support
 - (4) Cognitive Behavioral Therapy (evidenced based practice - EBP)
 - (5) Wellness Recovery Action Plan (WRAP), Evidenced Based Treatment (EBT)
 - (6) Medications and medication management
 - (7) Available groups and internet resources
 - (8) Applicable trainings for all employment including community and employment assistance programs (EAP) Ex: Advocacy issues, laws, understanding legislature and leadership opportunities, managing work and health issues of any nature.

- 3) Have a RESOURCE room Open 8:00 a.m. to 8:00 p.m.
 - i) Operated by consumers, family, Credentialed Peer Recovery Support Specialist et al
 - ii) Stock/inventory is available through State Resource centers Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), League of Blind, Department of Vocational Rehabilitation (DRS) , Advocacy agencies)
 - iii) STATEWIDE Recovery Website: Governor appoints hosting agency yearly to achieve sustainability (state separate funding.)
 - iv) Collaborative project with individuals receiving all statewide services – has interactive map to pinpoint services available.
 - v) Blog for public comments
 - vi) Bulletin board for updates throughout the state on recovery
 - vii) HOW TO section on applying for services/benefits etc.
 - viii) In your community – updates on rural information (cultural diversity) Website – designed and run by consumers.

- 4) **Consumer Concerns** – Individuals know who to contact about concerns and complaints and how to resolve these issues.

Practices:

 - a) Public service announcements – design input given by individuals who have received those services.
 - b) The intake process will include accounting for receiving information relating to advocacy, legal, contact information.
 - c) All American's with Disabilities Act and/or all other applicable laws followed
 - d) Confidential (survey monkey) survey question
 - e) Must sign receipt of information (unless incapacitated, then treatment advocate signs)
 - f) Must sign and make a selection for treatment advocate or sign that they decline same.

- 5) **Access** – Consumers are admitted at a single site for mental health, substance abuse and/or other addictive disorders (no wrong door).

Practices:

 - a) When needing a resource or referral assistance in appointment setting and or contacting resource process is provided by Credentialed Peer Recovery Support Specialist
 - b) Staff completing an online confidential survey to evaluate ability to meet the needs of the individual (why or why not additional resources made)
 - c) Agency to report to funding sources results of staff/participants surveys
 - d) Agency keeps track of (%) percentage of Credentialed Peer Recovery Support Specialist staff (paid and volunteer) at agencies that would be available to assist in locating conducting groups with clients/families or selecting resources such as: client selecting resources such as:
 - (1) Substance Abuse
 - (2) Mental Health
 - (3) Gambling
 - (4) Other addictive disorders (eating, sexual, internet porn,)
 - (5) Multicultural issues in seeking services

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- (6) Trauma, sexual abuse, veterans, Post Traumatic Stress Disorder
 - (7) Peer to peer for professionals living with (all of the above)
 - (8) Self mutilation, Kleptomania, Compulsions,
 - (9) Co-morbidity, Mental Health, Substance Abuse other addictions and disabilities
 - (10) Whether participant/inquirer received a follow up phone call/appointment
- 6) **Advocacy** – Individual consumers know what advocacy organizations will represent them to address their needs, concerns and or complaints and how to contact those agencies to resolve their issues:
- Practices:**
- a) ALL state funded or state contracted providers in Oklahoma will publicly display as a service to the community brochures, flyers, fact sheets, from ALL advocacy agencies civil, military, drug court, mental health - substance abuse court, liaison and defense in clear accessible areas.
 - b) Resources will be located again in the individual’s personal intake materials folder/packet
 - c) Reviewed evidence of receipts during certification site visits
 - d) Consumer satisfaction surveys will ask and determine effectiveness of site’s advocacy accessibility

Community Level Consumer Involvement Standards

For the purposes of this document, a community is a self defined and identified group (such as groups defined geographically, socially, demographically, or culturally)

- 1) **Community Boards** – Boards (relating to mental health, substance abuse and/or other addictive disorder services) adopt ongoing strategies that ensure consumer involvement.
- Practices:**
- a) Communities will inform the CIAG of their coalition by enrolling in the outreach information exchange network. Participation from communities may be drawn from:
 - i. Advisory Boards (4 Community Mental Health Center, Advocacy)
 - ii. Substance abuse/de-toxification treatment centers
 - iii. Drug Court
 - iv. Mental Health court/transitional housing (residential)
 - v. Sober Houses/assisted living/long term residential (Long Term Care)
 - vi. Faith based housing
 - vii. Grievance committee
 - viii. Policy and program development
 - ix. Leadership boards
 - b) Communities will work with the CIAG to access training for the development of community level support groups (for example):
 - i. peer support groups
 - ii. Depression Bipolar Support Alliance trainers
 - iii. Wellness Recovery Action Planning trainers
 - iv. Question Persuade and Refer – Suicide Prevention Program

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- 2) **Support Groups** – Consumer support group strategies and service delivery are based on continuous, on-going consumer involvement.

Practices:

- a) Communities will ensure wellness programs and support groups are accessible (e.g., Suicide Brief Intervention Referral or Treatment, Question Persuade and Refer, Wellness Recovery Action Plan, et al).
- b) Communities designed outreach activities with the involvement of consumers.

- 3) **Health Services** – Communities will work with local healthcare providers to promote cross training of in Credentialed Peer Recovery Support Specialist’s primary health care.

Practices:

- a) Hospitals, Urgent Care, Home Health, Nursing Homes

- 4) **Community Based Behavioral Health Service Providers** – The community will facilitate connections between consumers and local community based service providers to co-design service delivery plans, how they are carried out and evaluated by using the input and needs of local consumers.

Practices:

- a) Communities will submit to the CIAG annual reviews of services/programs to be evaluated by the CIAG for reporting on a statewide web-system.

State Level Consumer Involvement Standards

For the purposes of this document, behavioral health includes consumers of mental health, substance abuse, and other addiction disorder and trauma services.

- 1) **Development of a Consumer Involvement Advisory Group (CIAG)** – An independently funded CIAG will be developed with assistance of state agencies and will be provided with advisory and support staff as requested.

Practices:

- a) A formalized statewide Consumer Involvement Advisory Group (CIAG) is established with input from Consumer Advocacy Organizations, this group will include:
 - i) The CIAG is comprised of behavioral health consumers
 - ii) At least one representative to speak for each region of the state
 - iii) At least one representative to speak for rural and urban populations
 - iv) At least one representative to speak for culturally/ethnically diverse populations
 - v) At least one representative to speak for incarcerated populations
 - vi) At least one representative to speak for all age groups
 - vii) At least one representative to speak for all other historically under-served populations (example: veterans, deaf and hard of hearing, gay, lesbian and transgender, etc.)
 - viii) The CIAG has a minimum of 20 voting members and a membership at large to assist when voting members are unavailable
 - ix) CIAG officers will rotate yearly
 - x) The CIAG meets at a minimum of quarterly and on an “as needed basis”

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- xi) Electronic Communication utilized for full participation
 - (i) Telecom/videoconferencing
 - (ii) Website
 - 1. CIAG members have access to the following tools and are provided information on how to access and use them:
 - a. Internet capabilities
 - b. Teleconference equipment
 - c. Computers
- 2) **Funding and Allocations** – CIAG/Advocacy Organizations are directly involved in behavioral health strategic planning to include grant application submissions, funding and distribution processes.
- Practices:**
- a) The CIAG will be provided copies of all grant applications at the time of submission.
 - b) For behavioral health grant applications, State agencies have consumer involvement strategies identified, planned, and documented for each stage/level of state behavioral health grant funded program development using input from the CIAG.
 - c) CIAG is notified of results of grant application submissions in a timely manner.
- 3) **Policy Development and Program Implementation** – To ensure effective program development and implementation consumers are involved, through the CIAG, in the development of state agency behavioral health policies, legislative initiatives, and strategies.
- Practices:**
- a) State agencies, with input from the CIAG, have consumer involvement strategies identified, planned, and documented for each stage/level of state behavioral health program development.
 - b) Consumer involvement strategies are planned and documented to address issues identified through the evaluation process.
 - c) The CIAG is consulted early and through-out the process of establishing and revising behavioral health policies and/or programs.
 - d) The CIAG is consulted early and through-out the process of the establishment of state agency behavioral health legislative initiatives.
- 4) **Needs Assessment and Evaluation** – Consumers are involved, through the CIAG, in the development of state-level behavioral health needs assessment.
- Practices:**
- a) National Studies:
 - i) When evaluations are conducted using national data sets, study results are provided to the CIAG and posted on a publically accessible web-site.
 - b) State Agency and Advocacy Organization Studies:
 - i) Evaluation instruments are developed and updated using input from the CIAG.
 - ii) The CIAG will review existing assessment instruments on an annual basis.
 - iii) State Agencies/Advocacy Organizations will present results of all needs assessments and evaluation studies to the CIAG.

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iv) Results of current studies will be posted on a publically accessible web-site.

5) **Outreach** – Outreach activities and public educational campaigns related to behavioral health are developed with involvement from consumers, through the CIAG.

Practices:

i) Media Work Group Outreach

(1) A formalized statewide Media Work Group (MWG) is established as a sub-workgroup of the CIAG and has a minimum of 5 voting members but not more than 10 voting members.

ii) The MWG is responsible for the establishment of a statewide theme operating with a unified consumer voice including grassroots, consumer-run messages. The MWG will utilize public service announcements and locally produced radio/TV programs and news media to promote the statewide theme.

iii) The CIAG will identify and work with new and existing community resources to ensure consumer involvement in adopting community specific strategies relating to behavioral health.

(1) The CIAG will develop and maintain an Outreach Information Exchange Network (OIEN).

iv) Community Campaigns – State or federally funded education/media campaigns will be co-designed with the CIAG.

Practices:

(1) Community campaign workgroups are lead by CIAG regional representatives to ensure rural/urban specific community coverage and messages are user friendly and easily understood. (jargon monitoring and community education).

(2) Samples of campaigns that affect consumers: Transportation, Housing, Adult Protective Services, Child Support Enforcement, Crisis Services, Department of Human Services, Faith Based Services., Aging Services, tribal providers and the providers in all 77 counties/communities.

6) **Ethics and Civil Rights** – A comprehensive process for the legal protection of individual rights and grievance procedures is developed and maintained with involvement from the CIAG.

Practices:

a) The CIAG will collaborate with the Oklahoma Law Disability Center for education/support.

b) All state-operated/contracted provider facilities must have a grievance procedure prominently posted.

c) All state-operated/contracted provider facilities must have a minimum of 2 consumers on their facility grievance team.

- 7) **Early Intervention/Prevention** – Consumers, through the CIAG, are involved in the development and implementation of intervention and prevention strategies for behavioral health disorder programs.

Practices:

- a) Behavioral health service providers when developing Consumer Run Wellness Centers will seek collaboration and register with the CIAG.
- b) Behavioral health service providers will have Credentialed Peer Recovery Support Specialist or have training for wellness coordinators.
- c) Behavioral health service providers, in collaboration with the CIAG, will develop and implement strategies for behavioral health education, awareness, support group trainings, and networking for primary care providers in the provider service areas.
- d) Behavioral health service providers will make behavioral health education and support groups available for primary care providers offering opportunities for education and networking.
- e) The CIAG will collaborate with Council on Law Enforcement Education and Training (CLEET) to develop a behavioral health law enforcement training standard.
- f) The CIAG will collaborate with the Oklahoma State Department of Education to develop behavioral health education strategies.

- 8) **Consumer Satisfaction and Rating Services** – Behavioral Programs in collaboration with the CIAG will develop tools and processes to obtain annual feedback from consumers to measure the effectiveness of agency programs, which will be used to improve program performance.

Practices:

- a) Behavioral health service providers, with collaboration from the CIAG, will develop a consumer satisfaction survey.
- b) Behavioral health service providers will conduct annual surveys to determine consumer satisfaction relating to the services provided during the year.
- c) Survey results will be provided to the CIAG for review within 120 days of the annual survey period.
- d) The CIAG will provide a suggested enhancement, remediation, or correction plan based on the results of the annual survey within 120 days.

- 9) **Consumer Employment** – With the assistance of the CIAG, state agencies that provide behavioral health services will develop and implement strategies for all levels of the workforce to remove stigma and discrimination practices related to behavioral health. State agencies that support/provide behavioral health services:

Practices:

a) Recruitment, Training, and Retention

- i) The CIAG will develop, with assistance from Behavioral Health State Agencies and Behavioral Health Service Providers, an Optimal Utilization Ratio (OUR) of Credentialed Peer Recovery Support Specialist staff to consumers. The Optimal

- Utilization Ratio will be incorporated into contracts in order to encourage agencies to strive to meet the Optimal Utilization Ratio standard established.
- ii) State agencies shall incorporate a requirement to report Credentialed Peer Recovery Support Specialist staff to consumer ratio, agencies falling 50% below the Optimal Utilization Ratio standard are required to establish and implement a plan to improve the Optimal Utilization Ratio ratio.
 - iii) The Credentialed Peer Recovery Support Specialist credentialing agency shall develop a public website, with input from the CIAG, to include at a minimum information on:
 - (1) The benefits of becoming a Credentialed Peer Recovery Support Specialist
 - (2) Education on the benefits of hiring Credentialed Peer Recovery Support Specialist staff
 - (3) Credentialed Peer Recovery Support Specialist training and CEU opportunities
 - (4) Employment Opportunities
 - (5) Credentialed Peer Recovery Support Specialist Employer Training
 - iv) The State shall develop programs to incentivize consumers to become Credentialed Peer Recovery Support Specialist's in Oklahoma.
 - v) The State shall develop programs to incentivize Credentialed Peer Recovery Support Specialist's to seek further education in the behavioral health field.
 - vi) State agencies will maintain the Credentialed Peer Recovery Support Specialist's Optimal Utilization Ratio by developing retention strategies.
- b) **Employee Assistance Programs (EAP):** All State Agencies EAP's will integrate behavioral health, recovery services and best practices into its overall benefits.
- 1. Employee Assistance Programs (EAP) includes Credentialed Peer Recovery Support Specialist's in some non-clinical or advisory capacity.
 - ii) Employee wellness information workshops and support groups will be available and conducted by individuals with lived experience equally with clinical or professional speakers.
 - iii) Recovery Relapse Support Programs are available