# OLDR – Older Oklahomans Learning to Direct Recovery

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# Who We Are

- The Oklahoma Department of Mental Health & Substance Abuse Services
  - is the state mental health authority
  - operates three inpatient psychiatric hospitals
  - develops and administers the mental health block grant through 20 community mental health centers
  - develops and administers the substance abuse prevention and treatment block grant through a network of area prevention resource centers.

# Who We Are

- Combines mental health treatment and recovery with substance abuse treatment and prevention
- deliver services through a combination of public and private providers

# OK's Mental Health Needs

*Mental Illness Prevalence and Risk Factors.* According to the Office of Applied Studies National Survey on Drug Use and Health (NSDUH), the prevalence of serious mental illness in Oklahoma is 11.4%, one of the highest rate in the nation (OAS, 2005).

In 2001, the suicide rate in Oklahoma was 38% higher than the US rate (14.8 and 10.7 per 100,000 population, respectively) (OSDH, 2004).

# SAMHSA TCE for Older Adult Mental Health

- 3rd round, 10 grantees each round
- A new stronger emphasis on sustainability
- Evidence based practices
- State mental health authority was never selected

- Mostly wrong, but a little bit right ☺

# What we wanted to do:

- Develop an Elders Wraparound program
  - Based on:
  - Elders Wraparound of Concord, NH
    - Carrie Hughes & Todd Ringelstein
  - Build on the DNA of OK Children's Wraparound & Systems of Care
    - Medicaid Billing Codes
    - Community Teams
    - Training Systems
    - CMHCs already involved

# Where we want to do it: Comanche County

- Comanche County population = 109,181.
  - 11% are 65 years or older.
  - 31% minority vs 22% state
  - 11% ESL vs 7% state
  - 19% African American vs. 8% state
  - 30% older adults live in poverty <u>and</u> are also a minority

# Target Population: Comanche County

- unique needs related to services for older adults
  - home to the Ft. Sill Military Base
  - high numbers of veterans
  - newly-constructed Veteran's Retirement Home, Reynolds Army Hospital, Army & Air Force Exchange Service (AAFES), Morale Welfare and Recreation (MWR) program, and other military-related services.

# Target Population: Comanche County

- Jim Taliaferro Community Mental Health Center
  - State-owned community mental health center + inpatient crisis stabilization unit.
  - Primary population being served are Oklahomans with serious mental illness and a history of multiple psychiatric hospitalizations
  - Also serve other mental health needs of the community
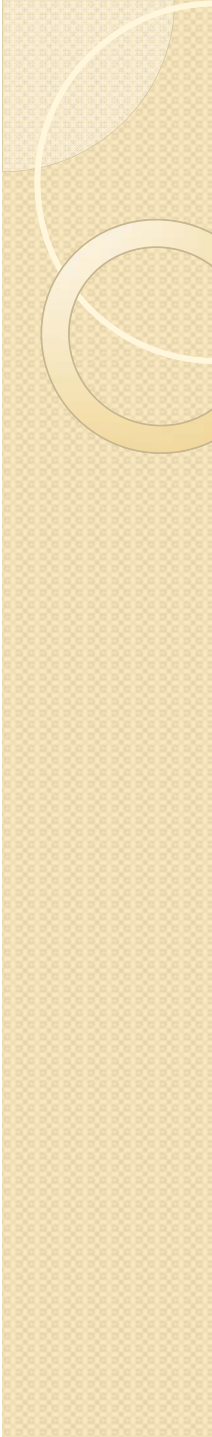  - Did not serve anyone over the age of 55

# Where we want to do it: Ottawa County

- Ottawa County population = 33,026
  - 16.5% 65+ years vs 13.2% state
  - 26% minority vs 22% state
  - 16.4% Native Americans vs 8% state
  - 76 % H.S. Diploma vs 81 % state
  - 26% of older adults in Ottawa County both live in poverty and are a minority

# Target Population:
# Ottawa County

- Ottawa County's unique needs
  - Eastern State Hospital (former)
  - Residential Care Facilities (4)
  - Several Tribal Headquarters
  - Casinos

# Target Population:
# Ottawa County

- Grand Lake Mental Health Center
  - Private non-profit CMHC with an ODMHSAS contract for services in 7 counties

# OLDR Wraparound Model

- At the individual level, a care coordinator and a family support provider work with older individuals with behavioral health needs and their families to set goals and coordinate wrapping services around those families.

# OLDR Wraparound Model

- At the Community Level, the care coordinator and family support provider work to form a community team with all providers of services to older adults and their families.

# OLDR Wraparound Model

- At the state level, the multi site coordinator and the project director work with policymakers and advocacy groups to be responsive to the needs of field staff.

- The State Implementation and Advisory Committee works to solve the systems issues that prevent field staff from solving problems efficiently and satisfactorily.

# State Implementation and Advisory Committee

- Oklahoma Indian Council on Aging
- Oklahoma Task Force on Minority Aging
- State Council on Aging
- Aging Services Division - Department of Human Services (State Unit on Aging)
- Oklahoma Association of Area Agencies on Aging (O4A)
- AARP
- Oklahoma Prime Timers
- Oklahoma Mental Health and Aging Coalition
- Long Term Care Authority
- Indian Health Services
- Oklahoma Health Care Authority (Medicaid)

# OLDR Goals

- 1. Mobilize Communities to increase access to and expand mental health and substance abuse service capacity for Older Adults.

- 2. Develop state-level infrastructure to support local communities and develop strategies to increase services statewide for older adults and their caregivers.

- 3. Implement wraparound as an evidence-based service to improve service capacity and effectiveness on behalf of older adults and their support system.

- 4. Remove Barriers (including stigma and ageism) and decrease fragmentation of services through collaboration and alignment of parallel funding, service, and supportive networks.

# Desired Outcomes

Expected *individual level impacts* will include:

- improvement in function,
- increased satisfaction with services expressed by older adults and their families,
- improvement in quality of life reported by older adults and their families,
- decrease in psychiatric inpatient admissions and lengths of stay, and
- increased community tenure in lieu of institutional care.

# Desired Outcomes

*Local organizations and communities* will benefit through:

- increased overall access to mental health services,
- implementation of evidence based services,
- expanded diversity of local partners involved in planning,
- coordinating and providing care,
- improved response time between referral and initiation of services,
- increased numbers of minorities served,
- more effective liaison on behalf of veterans needing care, and
- overall provider network cultural competency.

# Desired Outcomes

Results at the *state level* will reflect many of those impacts identified at the community level. Additionally the state will benefit from:

- the number of state level partners involved in the project implementation,

- an overall increase in the number of older adults served,

- the expansion of the evidence based service(s) to other sites,

- cross-system efficiencies and cost-offsets, (BLENDING & BRAIDING FUNDING STREAMS)

- improved planning, and

- more effective state-level policies to impact the mental health of older adults.

# How're We Doing?

Successes:

- 200+ unique consumers identified, NOMSd, and brought into full cmhc service array to date.

- delivering both mental health & non-mental health case management services to older adults in communities

- Partner agencies are referring & receiving referrals

# How're We Doing?

- Expansion to multi-county areas
- Support from Transformation grant
- New partnership with Money Follows the Person on the horizon
- Mental Health training made available for our H&CBS waiver case manager partners
- State Advisory Council continues to foster better communications

# How're We Doing?

Challenges:

- Slow start filling positions & getting contracts in place
- Two very different operating systems
- Less consumer involvement than planned
- Staff turnover and retraining
- Distance & Training Efforts

# How're We Doing?

Strategies:

- Carrie Hughes & Todd Ringelstein
- NASMHPD Technical Assistance Center
- Older Mental Health Consumer Leadership Development
- Partnering for Sustainability
- Healthy IDEAS training
- TCE Extension grant opportunity
- MOVI long distance communications

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# Oklahoma!

Plenty of Heart   and   Plenty of Hope

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