

County Treatment Plan Coalition

Beginning Work at the County Level: Setting Up Your In-County Stakeholder Meeting Process

Welcome to the County Treatment Plan Coalition! We are a coalition of 29 California counties representing a wide diversity of populations and geographic locations. **We formed the Coalition because we determined we could address common challenges in treatment plan documentation more effectively together than separately. We would all like to improve the quality and consistency of our documentation to reflect wellness and recovery and cultural competence orientations and also meet MediCal and Drug MediCal requirements.**

The Coalition plans to achieve these goals by developing a common core treatment plan content that can be embedded as optional pick lists in all Coalition members' emerging electronic health records (EHRs). The content will include common categories and common sample lists within those categories that address mental health and substance use related concerns. Consumers and the staff who work with them to develop their treatment plans may choose content from these lists when it seems applicable, and may also formulate content in the consumers' own words.

The Coalition's first meeting took place December 7-8, 2009, with representatives attending from 24 of the 29 member counties. They made decisions about how to proceed, including **next steps to be carried out by the identified contact persons for each county and whomever they delegate. These next steps include organize and convene in-county stakeholder groups, orient the stakeholders to the coalition, review the recommended five categories for the treatment plan structure, and provide feedback on the categories to the Coalition.**

Importance of In-County Stakeholder Groups

In addition to county staff, stakeholders for this project include providers, consumers, and family members. The Coalition decided the most effective way to obtain their input is at the grassroots level—within each county. The input of the stakeholder groups will be conveyed through their county representative to the appropriate person, task force, and/or committee at the statewide Coalition level. To launch this process:

1. **Web-post county contact persons:** Each of the 29 member counties identified a contact person, whose name is now posted on the Coalition website at www.cimh.org/ctpc
2. **Inform and invite statewide associations:** The Coalition will contact the major statewide associations of stakeholders to inform them of the Coalition work, invite them to notify their members, and invite their members who would like to provide input to do so by contacting their designated county contact person. These associations will include those for providers, consumers and family members.
3. **Form in-county stakeholder groups:** Each county contact person (or someone else they designate) will help outreach to and select participants for their in-county stakeholder group, and then organize and facilitate their in-county stakeholder group meetings and related input processes. They should make certain that providers, consumers and family members are represented. At least some of the group members should have expertise in treatment plan documentation. The organizer of the group should try to ensure representation of the perspectives of both mental health and substance abuse concerns, and be able to address how they might vary for the four major age groups (children, TAY, adults and older adults).
4. **Initial meeting agendas for in-county stakeholder groups:** The county contact person will arrange for the initial one or two meetings of the stakeholder group to focus on orientation to

the Coalition, and then to review, discuss and provide feedback regarding the proposed treatment plan structure (see next page).

Informational Support for the County Contact Persons

We have previously provided the following background materials for the county contact persons: County Treatment Plan Coalition Project Plan, County Treatment Plan Coalition Startup Meeting Summary, and this document which includes on the next page the proposed Treatment Plan Structure. In addition, we will offer:

- **two webinars** to be scheduled towards the end of January for the county contact persons. The webinar will provide a brief presentation of the Coalition, advice about forming the In-County Stakeholder Groups, and a time for questions and discussion.
- **availability of the Coalition Lead Consultant, Mike Gorodezky**, to receive and respond to your questions by email or phone.

Coalition Project Plan:

Representatives at the meeting decided upon a project plan for the Coalition, including several milestones and the next steps to accomplishing them. The plan includes:

- 1) **Form in-county stakeholder groups (winter 2010):** Counties form and convene their own in-county stakeholder groups to orient them to the Coalition tasks.
- 2) **Draft treatment plan structure (winter 2010):** In-county stakeholder groups review recommended treatment plan categories and provide feedback to the coalition Steering Committee. The Committee reviews the feedback and recommends a treatment plan structure that is then reviewed by DMH and ADP officials and by the Coalition's consulting content experts in wellness and recovery and cultural competence. The Steering Committee then finalizes a recommended treatment plan structure.
- 3) **Select treatment plan toolkit to customize (spring-summer 2010):** Using the recommended treatment plan structure and basic guidelines developed at the December 7-8 meeting, the Coalition Toolkit Selection Task Force develops an RFI, conducts a nationwide search, and recommends one or more Treatment Plan Toolkit finalists. The Steering Committee makes the final selection and negotiates a contract.
- 4) **Customize treatment plan toolkit (summer-fall 2010):** In-county stakeholder groups review the Toolkit and recommend customization of content with particular attention to sample lists for four age-specific groups (children, TAY, adults and older adults). These recommendations are conveyed to four Coalition-wide task forces, one for each age-specific content area, who review the feedback and make recommendations. DMH and ADP officials and the Coalition's consulting experts in wellness and recovery and cultural competence review the Toolkit and make recommendations.
- 5) **Finalize toolkit (winter 2011):** The Steering Committee facilitates several exchanges between the in-county stakeholder groups, Coalition task forces, wellness and recovery and cultural competence expert consultants, and DMH and ADP officials, resulting in several modifications of the Toolkit. The Steering Committee then finalizes a draft for the member counties to approve.

Thank you to all of the county contact persons for agreeing to help contribute significantly to this important project. The grassroots participation of the member counties with their stakeholders is vital to the success of our project.

Recommended Structure for County Treatment Plans

The Coalition at its first meeting focused upon and made recommendations for the following elements of a basic treatment plan structure:

1. Generated several names for the treatment plan
2. Defined the major categories/constructs
3. Generated several names for each category
4. Recommended for each category whether there should be:
 - a. a free text option for the consumer's own wording
 - b. a pick list of preworded samples from which the consumer and caregiver can choose

Following are what the Coalition representatives recommended. :

1. Alternative names of the overall treatment plan: Treatment Plan; Life Plan; Client Recovery Plan; Individual Graduation Plan; My Plan.com; Partnership Agreement; Recovery Contract; Family Recovery Map; Road Map; Care Plan. [Client Name] Plan
2. **Major categories/constructs**
 - A. **Goals**
 - 1) Alternate names: Vision/Hopes/Dreams for My Life; Desired Outcomes; Destination of My Journey; Recovery Goals; Client goals;
 - 2) Format: Free text boxes, and no drop-down pick lists.
 - B. **Strengths**
 - 1) Alternate names: Strengths/Resources to Achieving the Goals; Coping Skills; Protective Factors; Objective-Focused Strengths; Personal Resources; Social Supports/Networks; Desired Strengths; Strengths seen by Me and by Others; Recovery Inventory; Strengths That Support Wellness
 - 2) Format: Both free text boxes and drop-down pick lists
 - C. **Barriers**
 - 1) Alternative names: Barriers to Achieving the Goals; Functional Impairments; Problems to Address; Internal and External Challenges; Needs; Obstacles; Things that Can Interfere with My Plan;
 - 2) Format: Both free text boxes and drop-down pick lists
 - D. **Objectives**
 - 1) Alternative names: Short-Term Goals that are Observable/Measurable; Steps; Steps I Will Do; Milestones; Incremental Steps; Sub-Goals
 - 2) Format: Both free text boxes and drop-down pick lists
 - E. **Interventions**
 - 1) Alternative names: Interventions that the Consumer/Client Will Make, and Interventions that the Provider Will Make to Help the Consumer/Client Achieve Their Objectives; Who Is Going to Do What? A Listing of Services; What the Provider Will Do and What the Client Will Do
 - 2) Format: Both free text boxes and drop-down pick lists

The Stakeholder Groups should:

- focus their input primarily on the category constructs (2A-2E), deciding whether these suffice or any others are essential.
- decide whether they agree with the Format recommendation for each category
- not focus unduly on the various Alternative Names, since each county will be able to use whatever name it prefers for each category when it is ready to work on installation of the final product with its EHR software vendor.