

# Assessing State Support for Communities Providing Comprehensive Care for Youth and Young Adults with Serious Mental Health Conditions:

Results of the *State Supports for Transition Inventory* for  
the State of Oklahoma

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# Assessing State Support for Communities Providing Comprehensive Care for Youth and Young Adults with Serious Mental Health Conditions:

## Results of the *State Supports for Transition Inventory* for the State of Oklahoma

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### Highlights of Findings

In the winter of 2011 the State of Oklahoma elected to use the **State Supports for Transition Inventory** (SSTI) to assess the extent to which the state is supporting local service systems to develop their capacity to collaborate in providing comprehensive care for youth and young adults with serious mental health conditions. State-level stakeholders responded to the SSTI assessment during January and February, 2011. Simultaneously, one or more communities within the state responded to the companion assessment, the Community Supports for Transition Inventory, which measures community capacity to provide comprehensive care. This report includes data from the state-level survey only: Findings from the community survey(s) are reported separately.

This report provides background information on the SSTI and findings from the assessment.

Highlights from the findings include the following:

- The final list of potential respondents from the State of Oklahoma included 94 people for the SSTI. Of these, 51 responded, and 43 either declined or did not respond. This represents an overall response rate of 54%.
- For the entire SSTI, the State of Oklahoma had an overall grand mean (or average) item score of 1.67. On the scale of the SSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). A grand mean score of 1.67 corresponds to an overall level of development that is between 1 (“some development”) and 2 (“midway”).
- Means for the themes on the SSTI also showed levels of development between “some development” and “midway” for each theme. The highest theme scores were in the

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themes of *collaborative action* and *partnership*, while the lowest scores were in *access to services and supports* and *accountability*.

- The state of Oklahoma had its highest item score on item 1B, *forum for collaborative work*. After this, the next highest-scoring items were 2B, *proactive planning* and 2C, *state mental health collaboration*.
- Least development was perceived by respondents for items in theme 5, *access to services and supports*. Low scoring items included 5D, *seamless mental health care*; 5F, *access to peer support*; and 5E, *services and supports continuity*.

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## Background on the SSTI

***Why is it important to measure how well a state is supporting its local communities to provide care for youth and young adults in the “transition” years?*** Youth and young adults with serious mental health conditions typically have complex needs that cannot be met within a single agency or organization. Instead, a comprehensive approach usually includes services and supports from a variety of sources, including agencies or organizations focused on mental health, education/vocation, housing, justice/corrections, developmental disabilities, and others. Other organizations and agencies—including provider agencies and community organizations—may also be involved. Furthermore, depending on the young person’s age, the services and supports received may be provided through child systems or adult systems.

Providing comprehensive, effective services and supports to this population requires that local agencies and organizations make some fundamental changes in their approach to serving this population. For example, these various agencies and organizations need to be able to collaborate and coordinate their efforts so that they can meet the particular needs of individual young people. Additionally, the agencies and organizations need to hire staff that has expertise in providing developmentally appropriate care for this population. Perhaps most obviously, child- and adult-serving systems need to be able to work together to overcome discontinuities and service gaps that often occur when young people pass certain milestones such as their 18<sup>th</sup> birthday.

State support and policies can play an important role in helping—or hindering—local efforts to make these fundamental changes. The SSTI is an assessment that is designed to give stakeholders reliable, objective feedback about the extent to which the state has developed the capacity to support local efforts.

***What is the format for the SSTI?*** The SSTI is a web-based survey. State-level administrators and policy makers—as well as others who have requisite knowledge—respond to the items on the SSTI. The SSTI includes 26 items grouped into six themes:

***Theme 1: Partnerships.*** *Collective awareness of and responsibility for the service needs of transition-aged youth with serious mental health conditions have been built across key state agencies.*

***Theme 2: Collaborative Action.*** *Stakeholders take steps to translate transition values and principles into concrete policies and practices.*

***Theme 3: Workforce.*** *The state actively plans for the development of a skilled workforce and supports employment practices that allow local staff to work in a manner that reflects transition values and principles.*

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**Theme 4: Fiscal Policies and Sustainability.** *The State has developed fiscal strategies to support and sustain transition services and methods to collect and use data on expenditures for services for transition aged youth and young adults.*

**Theme 5: Access to Needed Supports & Services.** *There is statewide capacity to provide the services and supports that promote successful transitions.*

**Theme 6: Accountability.** *The state has implemented mechanisms to monitor the quality and outcomes of services for young people with serious mental health conditions.*

**What information does the SSTI provide?** The SSTI provides an overall score—for all themes combined—as well as a score for each theme and each item. Scores are computed by averaging respondents’ ratings for the appropriate item(s) on the SSTI. Respondents are asked to provide ratings for each item on the assessment; however, if they do not have information to rate a particular item, they are encouraged to provide a “don’t know” response.

**What else should I know about the SSTI?**

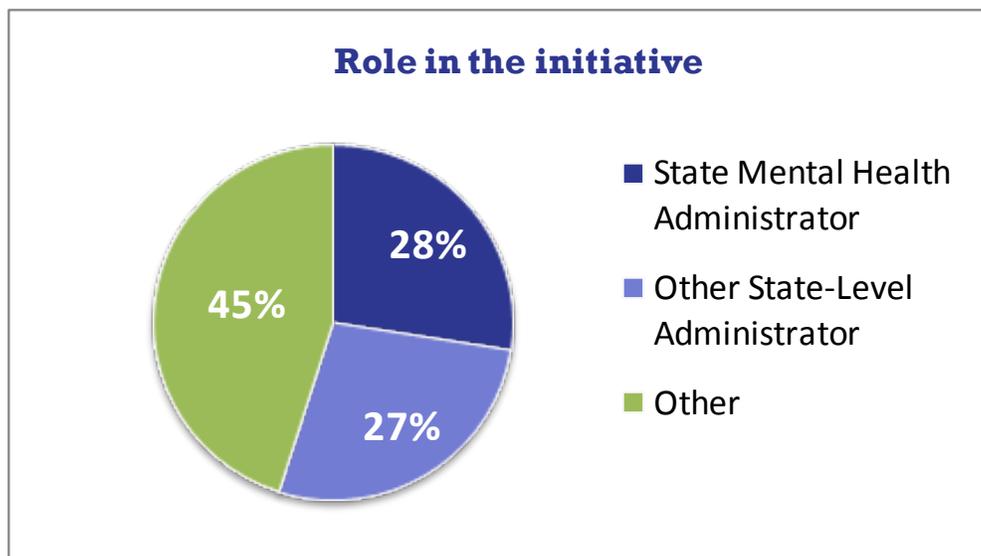
Further detail on how data for the SSTI is gathered and how the SSTI was developed is included in Appendix A of this report.

## State of Oklahoma

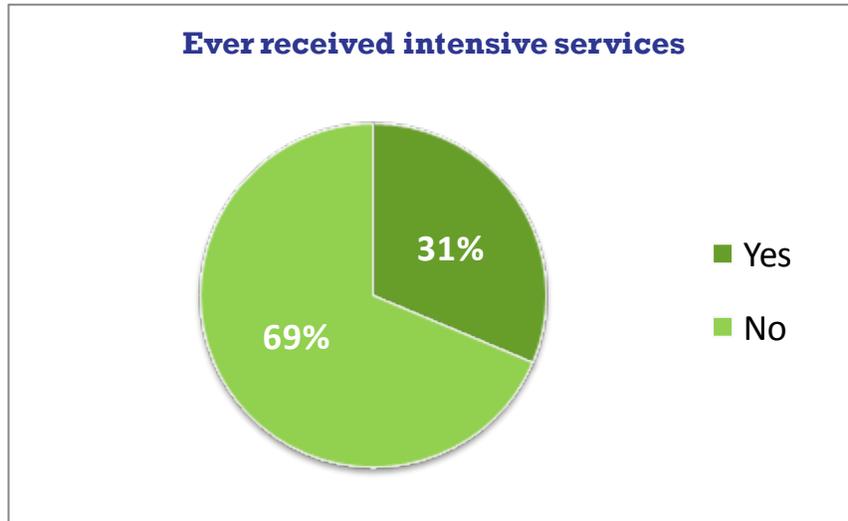
### Response Rate and Respondent Characteristics

**Response rate.** The final list of potential respondents from the State of Oklahoma included 94 people for the SSTI. Of these, 51 responded, and 43 either declined or did not respond. This represents an overall response rate of 54%.

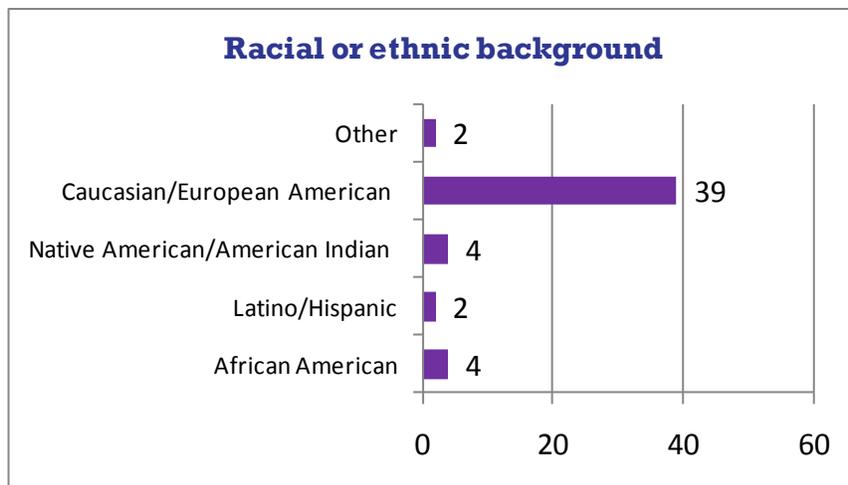
**Respondent characteristics.** Response rates are calculated from information provided by the local coordinator. Further information about the respondents is gathered during the survey. Respondents were asked to describe their primary role in state efforts to improve outcomes for youth and young adults with serious mental health conditions. 55% of the respondents identified themselves as state level administrators in mental health or some other division. 45% identified as “other” which included private agency executives, family members and advocates, and other community members. The graph below provides more details on respondents’ roles.



In response to the question “Have you or your child ever received intensive mental health or related services?” 31% (n=16) indicated that they had.



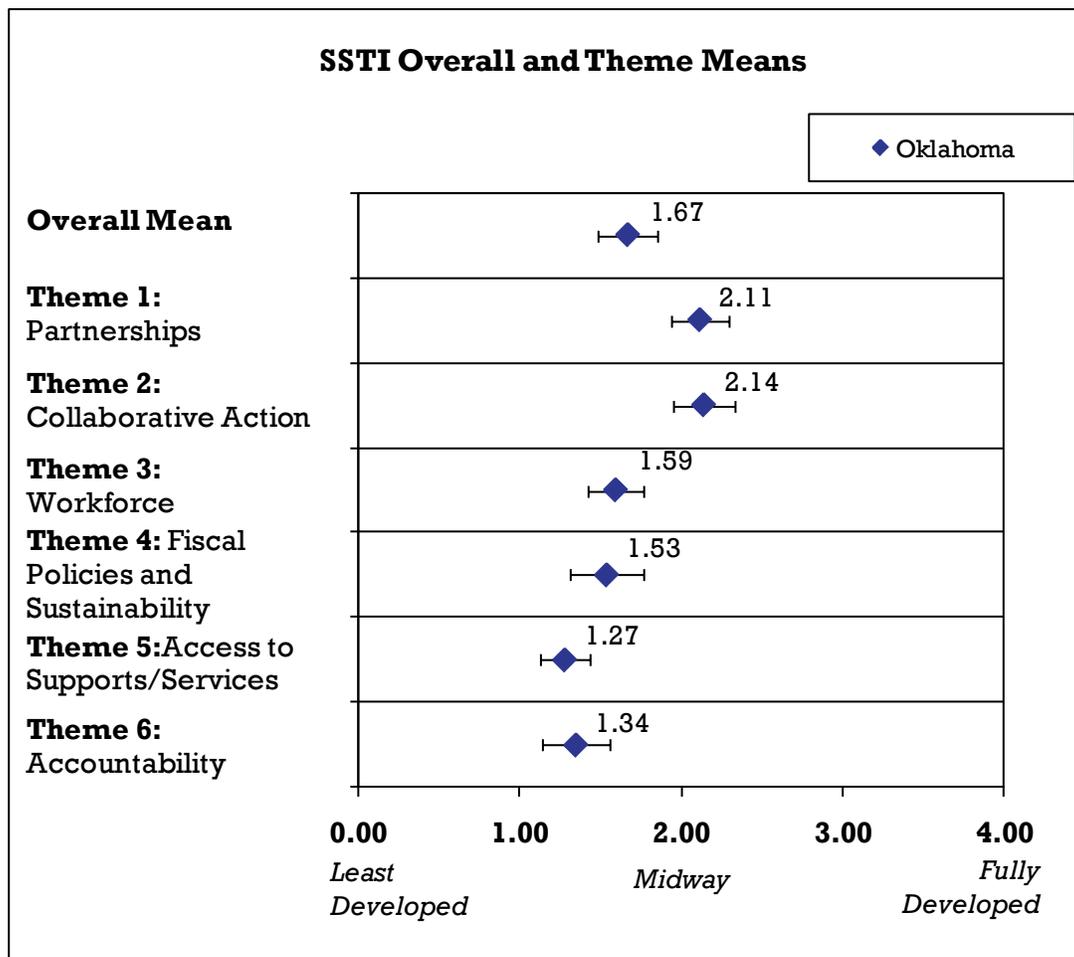
When asked about their racial or ethnic background, 39 of the 51 respondents (76%) identified themselves as Caucasian.



## Overall Score and Theme Scores

It is easiest to interpret SSTI scores when thought of as mean scores on items or groups of items. For the entire SSTI, the State of Oklahoma had an overall grand mean (or average) item score of 1.67. On the scale of the SSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). A grand mean score of 1.67 corresponds to an overall level of development that is a little more than half way between 1 (“some development”) and 2 (“midway”). (The horizontal bars to the left and right of the markers showing the score are a confidence interval for the score.)

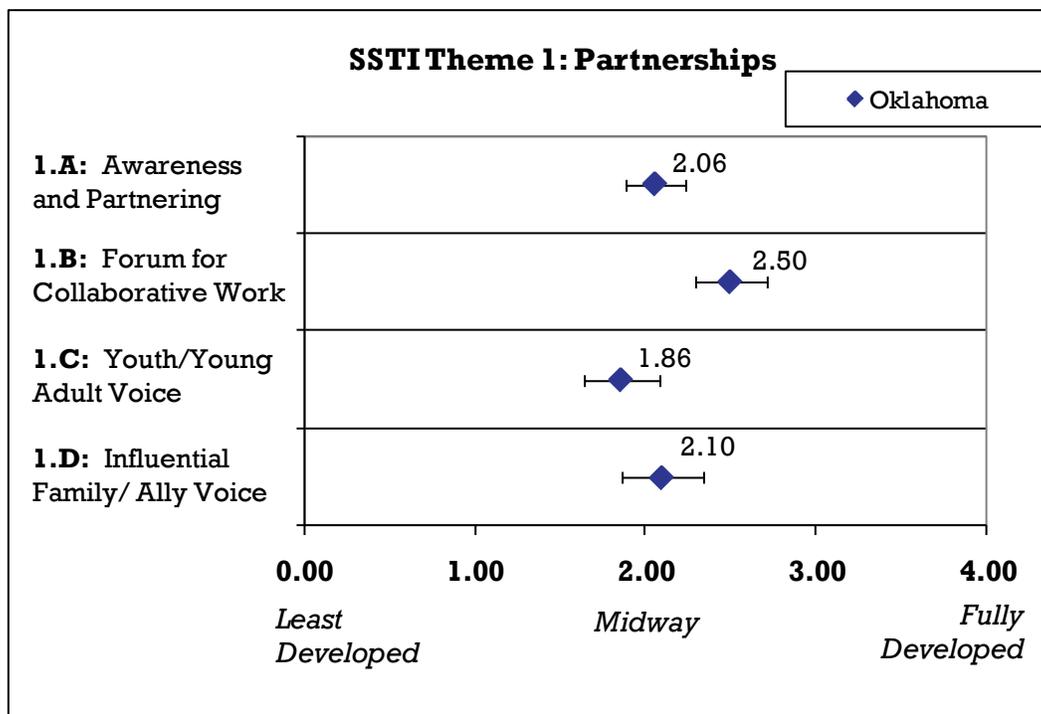
Means for the individual themes on the SSTI showed levels of development between “some development” and “midway” for each theme. The highest scoring themes were *partnerships* and *collaborative action*. The lowest scoring themes were *access to supports/services* and *accountability*. Each theme is discussed in more detail in the sections that follow.



## Theme 1: Partnerships

Collective awareness of and responsibility for the service needs of transition-aged youth with serious mental health conditions have been built across key state agencies.

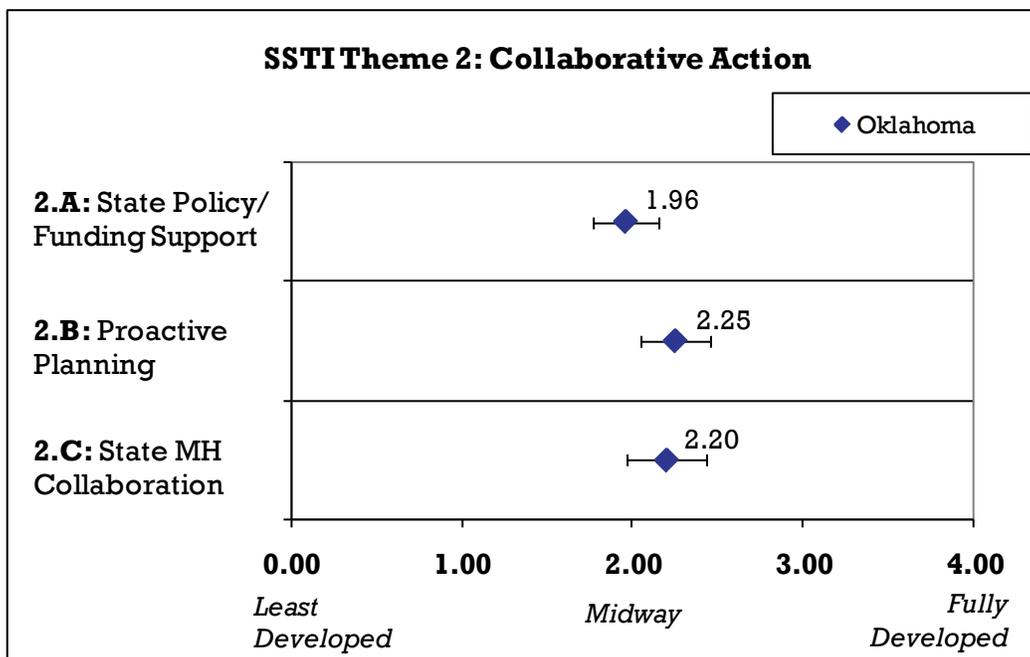
The overall mean for this theme (2.11) suggests that this theme is one of the emerging strengths for the state of Oklahoma. The figure below shows individual item means for theme 1. Within this theme, the State of Oklahoma appears to have made the most progress in developing a *forum for collaborative work* (1B), and needs to continue to work on *youth/young adult voice* (1C). The full wording for each item on the SSTI is shown in Appendix B.



## Theme 2: Collaborative Action

Stakeholders take steps to translate transition values and principles into concrete policies and practices.

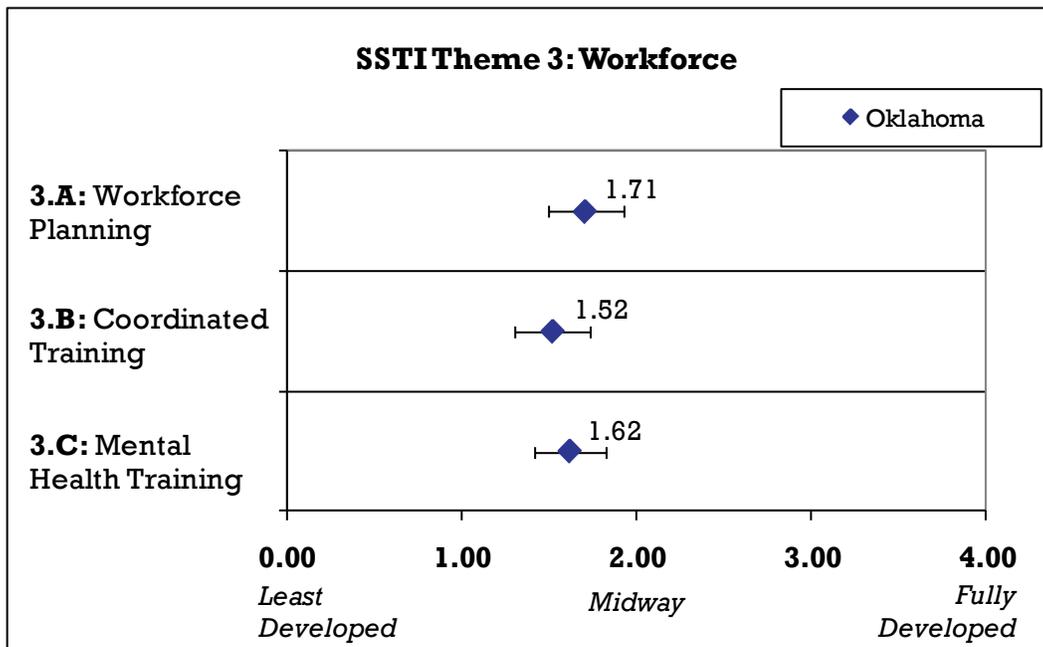
For this theme as a whole, the mean theme score (2.11) for the State of Oklahoma was somewhat higher than its overall mean for the entire SSTI (1.67), making *collaborative action* an area of relative strength overall. Within the theme, however, item 2B, which focuses on *proactive planning*, indicated an area of relative challenge.



### Theme 3: Workforce

The state actively plans for the development of a skilled workforce and supports employment practices that allow local staff to work in a manner that reflects transition values and principles.

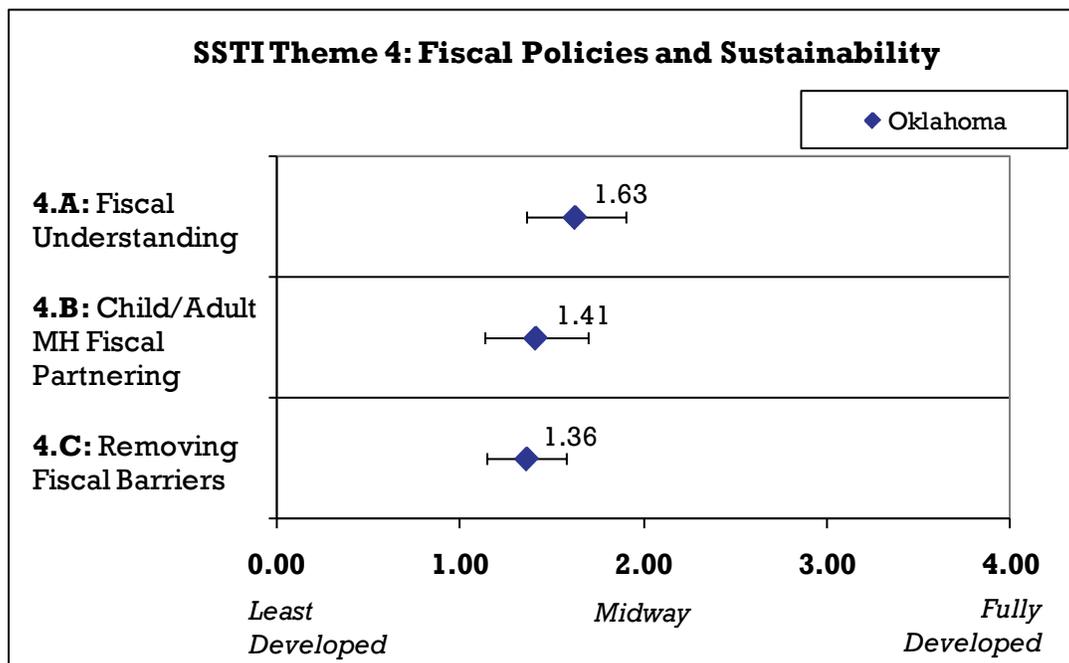
The overall theme mean for workforce (1.59) was very close to the grand mean on the SSTI (1.67). Each of the items on the theme was also quite close to the overall SSTI grand mean.



## Theme 4: Fiscal Policies and Sustainability

The State has developed fiscal strategies to support and sustain transition services and methods to collect and use data on expenditures for services for transition aged youth and young adults.

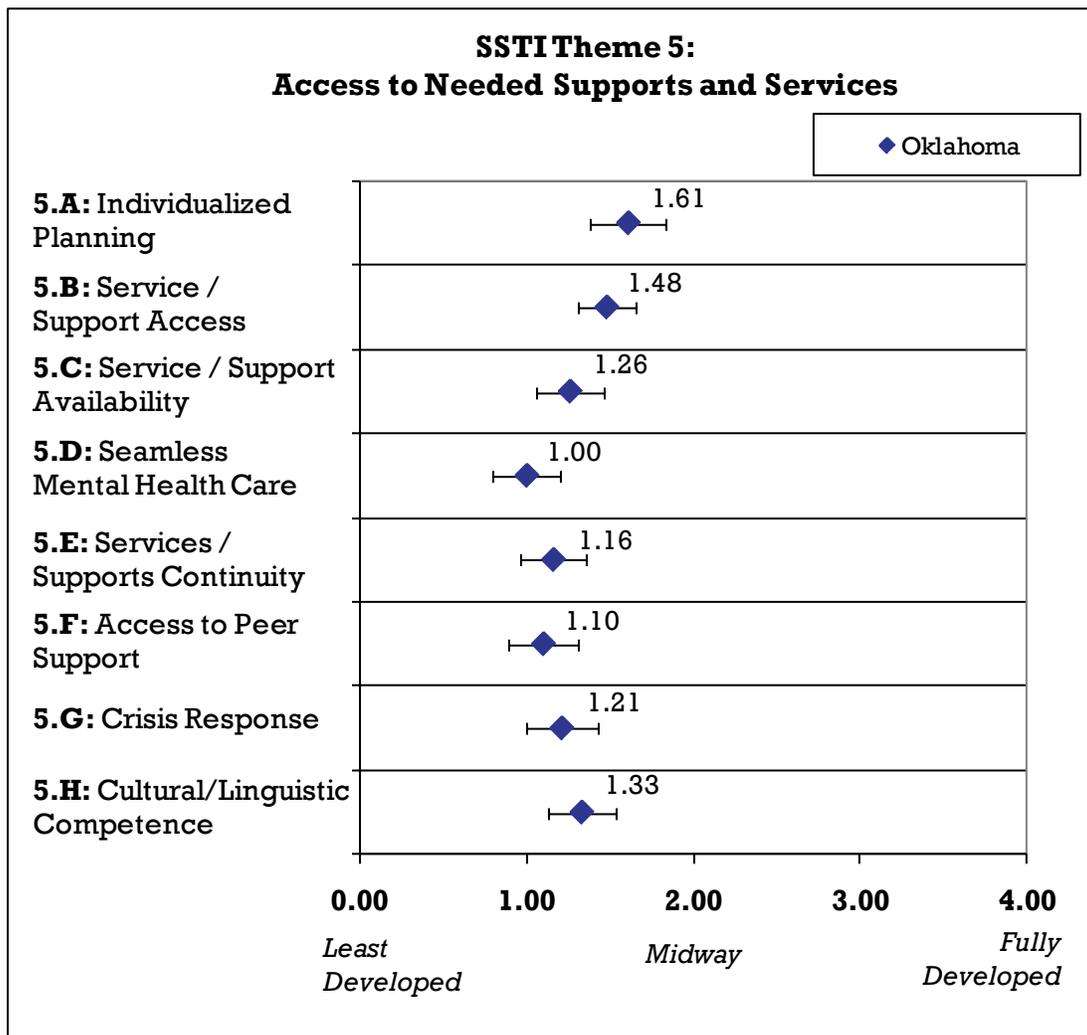
The State of Oklahoma's score on this theme (1.53) was below its mean score for the entire SSTI (1.67). The means for all three items were quite similar, with 4C, *removing fiscal barriers*, appearing to be a particular challenge. Eleven of the 52 individuals who answered the survey responded "don't know" to item 4B, *child/adult mental health fiscal partnering*, resulting in a slightly broader confidence interval. Item 4A also has a slightly widened confidence interval, which cannot be accounted for by the number of "don't knows" (n=4). In this case, about 20 respondents rated *fiscal understanding* as midway to fully developed. Another 16 respondents reported this area to be least developed. In this case, the wider confidence interval reflects differing opinions within the responses.



## Theme 5: Access to Needed Supports and Services

There is statewide capacity to provide the services and supports that promote successful transitions.

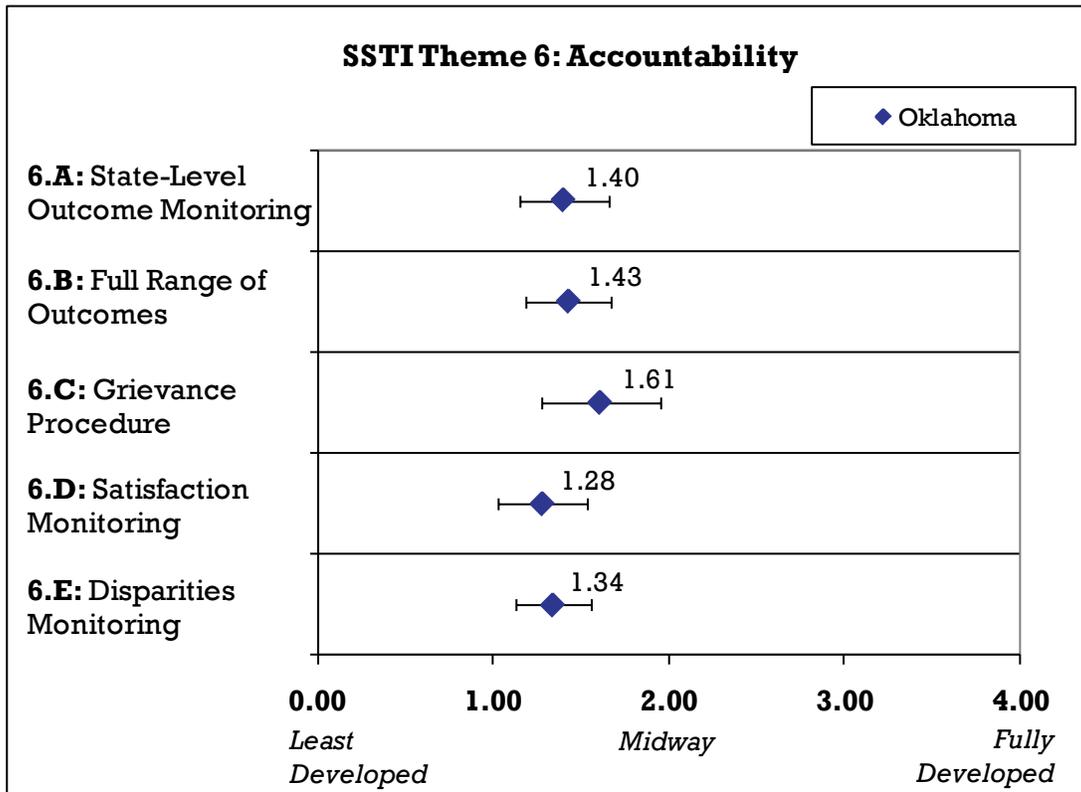
The items on this theme ask respondents to rate the extent to which certain types of services and supports are available statewide. The overall theme mean was lower (1.27) than the grand mean for the SSTI (1.69), indicating that this theme is an area of relative challenge. All items in this theme were scored below 1.5 except for 5A, *individualized planning*, which should be viewed as an area of relative strength. Providing seamless mental health care, access to peer supports, and service/support continuity appear to be significant challenges within this state. The number of respondents who answered “don’t know” for items in this theme was very low, between 0 and 4 for each item.



## Theme 6: Accountability

The state has implemented mechanisms to monitor the quality and outcomes of services for young people with serious mental health conditions.

The overall mean for this theme (1.34) is below the grand mean for the SSTI as a whole (1.67), pointing to accountability as an area of challenge. Within the theme, item 6C, *grievance procedure* has the highest item mean, pointing to this as a relative strength. However, 19 individuals answered “don’t know” to this item, resulting in broader confidence intervals. Item 6D had the lowest item mean in this theme and also exhibited a fairly high level of “don’t know” answers (n=11). 13 of the individuals who answered rated satisfaction monitoring as “least developed.”



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## Specific Areas of Strength and Challenge

The state of Oklahoma had its highest theme scores in the themes of *collaborative action* and *partnerships*, while the lowest scores were in *access to services and supports* and *accountability*.

The highest item score was on item 1B, *forum for collaborative work*. After this, the next highest-scoring items were 2B, *proactive planning*, and 2C, *state mental health collaboration*.

Least development was perceived by respondents for items in theme 5, *access to services and supports*. Low scoring items included 5D, *seamless mental health care*; 5F, *access to peer support*; and 5E, *services and supports continuity*.

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## Themes from Open-Ended Questions

The SSTI concludes with open-ended questions that ask about successes and challenges. The first question reads as follows: *Please describe one or two things (programs, activities, policy changes) that your state has done recently to improve services to young people with serious mental health disorders.*

It is difficult to identify common themes among the comments because they address a wide variety of issues. However, about half of the comments touched upon system of care initiative and wraparound initiatives being effective with young people of transition age. These initiatives are being expanded to cover more counties.

“Several SOC sites across the states have received state funding to provide wraparound services for transition age youth. Department of Mental Health and Department of Human Services are working together to identify youth coming out of foster care in order to assure a smooth transition.”

The second question focuses on challenges: *What are the most pressing challenges that your state is trying to solve for this population?*

State participants pointed to housing, transportation, employment and medical insurance as some of the challenges.

“I think being couch homeless is a great problem for transition youth and mainly those [coming] out of State custody. Also, youth with mental health needs finding stable employment that understands what a disability is.”

Indifference of the State legislature to the needs of youth in transition is a barrier to providing services.

“Legislative barriers—lawmakers who are unaware or not interested in taking a look at the services needed for these youth.”

The third question asks for additional comments. Involvement of schools, additional funding for transition age youth, faith based initiatives, and starting transition planning at an early age were some of the other suggestions for improving this program.

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## Appendix A: Further Background on the SSTI

**How was the SSTI developed?** The SSTI is an extension of the CSTI, the *Community Supports for Transition Inventory*, which assesses the extent to which community partners have come together at the local level to provide comprehensive, community-based support for youth and young adults with serious mental health conditions. More information on the development of the CSTI can be found in the community stakeholder report(s).

Development of the content for the SSTI began with the generation of items. The research team at Portland State University created an initial set of items to reflect what states could do to support local efforts to develop the capacities described by the items in the CSTI. This was followed by several rounds of review and further adaptation. Feedback was sought from stakeholders with high levels of experience and expertise, representing different roles including young people and families, providers and state-level administrators and policy makers.

**How is data for the SSTI gathered?** In the first step for the SSTI, a state selects a local coordinator to work with the research team from Portland State University. The local coordinator has two main responsibilities for the SSTI. First, he or she works with the research team to compile a list of potential respondents for the SSTI. Second, the local coordinator is responsible for working to ensure that respondents do indeed complete the SSTI. The goal is to ensure a good response rate, so that stakeholders can have confidence that the findings from the SSTI are indeed an accurate representation of perceptions. States responding to the CSWI have compiled lists of anywhere between about 15 and 60 respondents. Exactly how many respondents are nominated depends on the size of the state, the extent of collaboration to focus on the transition population, and to some extent on how much work in this area has already taken place.

The local coordinator provides the list of potential respondents to the research team, and the team then creates an online version of the SSTI. The research team then sends an email invitation to each potential respondent. Potential respondents are given about three weeks to complete the SSTI, and they are sent weekly email reminders. People can take the survey, or they can choose to “decline” the survey. People who decline the survey and people who complete the survey do not receive further reminders. Other people from the list are considered “nonresponders” and receive emails and, perhaps, follow-up calls asking them to respond or decline.

After three weeks, the research team and the local coordinator check the response rate. If the response rate is not high enough—75% is considered the minimum acceptable rate—the research team and the local coordinator work together to encourage further responses. Usually, this involves making reminder phone calls to nonresponders.

## Appendix B: Text of SSTI Items

### Theme 1: Partnerships

| Item  | State of Oklahoma |
|---|-------------------|
| <p><b>1.A Awareness and Partnering</b></p> <p>Leaders of state agencies that support services to youth and young adults are aware of the needs of transition-aged youth with serious mental health conditions and support transition values and principles.</p>   | 2.06              |
| <p><b>1.B Forum for Collaborative Work</b></p> <p>State-level representatives from relevant public agencies (e.g., child and adult mental health, substance abuse, child welfare, juvenile/criminal justice, secondary and post-secondary education providers, vocational rehabilitation, etc.) have a forum in which to meet for joint planning and problem solving regarding services for transition-aged young people.</p> | 2.50              |
| <p><b>1.C Influential Youth/Young Adult Voice</b></p> <p>Youth and young adults with significant experience in systems and/or services are influential members of the state-level forum and they take active roles in decisions and discussions.</p>  | 1.86              |
| <p><b>1. D Influential Family/Ally Voice</b></p> <p>Families and other adult “allies” of young people with significant experience in the mental health system, including people in recovery, are influential members of the state level forum and they participate actively in discussions and decisions.</p>   | 2.10              |

## Theme 2: Collaborative Action

| Item  | State of Oklahoma |
|---|-------------------|
| <b>2.A State Policy and Funding Support</b><br>Leaders of state agencies and their staff are active in helping to identify and initiate policy, practice and funding changes that support the delivery of transition services in local communities. | 1.96              |
| <b>2.B Local Partnering</b><br>State agencies maintain active and productive partnerships with local transition project(s) and are open to their recommendations.   | 2.25              |
| <b>2.C State Mental Health Collaboration</b><br>State-level staff responsible for child and adult mental health services work together to integrate their efforts to improve services and outcomes for young people.                                | 2.20              |

### Theme 3: Workforce

| Item  | State of Oklahoma |
|---|-------------------|
| <b>3.A Workforce Planning</b><br>State leaders are informed about workforce issues related to services for transition-aged youth and actively support the development of post-secondary and in-service training opportunities.  | 1.71              |
| <b>3.B Coordinated Training</b><br>There is a coordinated statewide effort to ensure that staff across all relevant agencies who work with transition-aged young people are trained so that they have specific skills to work with this population.                       | 1.52              |
| <b>3.C Mental Health Training</b><br>There is a coordinated statewide effort to ensure that staff from both adult and child mental health settings who work with transition-aged young people are trained so that they have specific skills to work with this population. | 1.62              |

## Theme 4: Fiscal Policies and Sustainability

| Item  | State of Oklahoma |
|---|-------------------|
| <p><b>4.A Fiscal Understanding</b></p> <p>State leaders and their staff have access to accurate information about the types and amounts of expenditures from all funding streams (e.g., mental health, juvenile justice/corrections, child welfare, developmental disabilities) for services and supports for transition-aged young people with serious mental health conditions.</p> | 1.63              |
| <p><b>4.B Child and Adult Mental Health Fiscal Partnering</b></p> <p>The state-level child and adult mental health systems integrate their funding to finance transition services and/ or have worked together to create policies that outline each system’s financial contributions to services for youth and young adults.</p>  | 1.41              |
| <p><b>4.C Removing Fiscal Barriers</b></p> <p>State leaders have a process for identifying and changing fiscal policies that impede delivery of services to transition-aged young people at the community level.</p>  | 1.36              |

## Theme 5: Access to Needed Supports and Services

| Item   | State of Oklahoma |
|--|-------------------|
| <p><b>5.A Capacity for Individualized Planning</b></p> <p>There is a statewide capacity to offer individualized transition planning to youth and young adults who need it in a manner that is consistent with transition values and principles.</p>  | 1.61              |
| <p><b>5.B Service/Support Access</b></p> <p>Across the state, services and supports needed by young people are available at the times and locations that are convenient for the young people. If the young people have constraints around times/locations, providers are flexible and work with young people to find alternatives.</p> | 1.48              |
| <p><b>5.C Service/Support Availability</b></p> <p>Across the state, young people can access transition-related services and supports (e.g., housing, employment supports, peer support) in a timely way.</p>   | 1.26              |
| <p><b>5.D Seamless Mental Health Care</b></p> <p>Across the state, young people’s mental health services are not disrupted or radically changed just because they reach a certain age (e.g. 18).</p>   | 1.00              |
| <p><b>5.E Transition Services/Supports Continuity</b></p> <p>Across the state, young people’s transition related services (e.g., housing, employment supports, peer support) are not disrupted or radically changed just because they reach a certain age (e.g. 18).</p>   | 1.16              |
| <p><b>5.F Access to Peer Support</b></p> <p>There is a statewide capacity to offer peer-delivered services and supports. Peer supporters have clearly defined roles, their activities are integrated with other transition services and they are paid appropriately.</p>   | 1.10              |
| <p><b>5.G Crisis Response</b></p> <p>Effective support for averting and managing crises is available statewide. Communities are required to provide crisis response in a way that is consistent with preferences expressed in the young person’s safety/crisis plan.</p>   | 1.21              |
| <p><b>5.H Building Cultural and Linguistic Competence</b></p> <p>The state devotes resources to developing or ensures access to services and supports that reflect the young person’s cultural and linguistic preferences, and that are respectful of his/her personal and sexual identity.</p>  | 1.33              |

## Theme 6: Accountability

| Item  | State of Oklahoma |
|---|-------------------|
| <p><b>6.A State-Level Outcome Monitoring</b></p> <p>There is a mechanism at the state level for reviewing data from all relevant agencies—including both child and adult services—about outcomes and service utilization by transition-aged youth and young adults. This information is used as the basis for strategic planning and quality improvement.</p> | 1.40              |
| <p><b>6.B Full Range of Outcomes</b></p> <p>The outcomes monitored at the state level reflect a full range of outcomes, including those consistent with young people’s goals and the transition values and principles (e.g., progress in education/training, housing stability, emotional well-being, social connectedness).</p>                              | 1.43              |
| <p><b>6.C Grievance Procedure</b></p> <p>There is a state-level policy that requires a grievance procedure at the community level. The grievance procedure is easily available to young people, grievances are resolved in a timely manner, and young people are not penalized for using the procedure.</p>   | 1.61              |
| <p><b>6.D Satisfaction Monitoring</b></p> <p>There is a systematic state-level process to monitor satisfaction with transition services among young people and their families. Concerns and barriers have been identified and addressed.</p>  | 1.28              |
| <p><b>6.E Disparities Monitoring</b></p> <p>There is a systematic statewide process for identifying and addressing barriers in access, quality and outcomes of youth based on racial, ethnic, sexual or other personal or cultural identities.</p>  | 1.34              |

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## Appendix C: Responses from the Open-Ended Questions

*Open-ended responses are shown exactly as they were entered on the survey. Information that might compromise confidentiality has been deleted.*

**Please describe one or two things (programs, activities, policy changes) that your state has done recently to improve services to young people with serious mental health disorders.**

- The Systems of Care initiative has brought about improvement in some service delivery. Housing and employment are not often addressed.
- Excellent, long-standing work group that meets monthly to address programs and problems and to review principles such as you list here.
- Several SOC sites across the states have received state funding to provide wraparound services for transition age youth. Department of Mental Health and Department of Human Services are working together to identify youth coming out of foster care in order to assure a smooth transition.
- Not at all. In fact, there is not a mobile crisis team that WILL go out and assist families regardless of the call after hours. There are more gang-related youths in the public school settings that most of them are pulled out to do group therapy to avoid havoc in the schools. Most of them are sent home with no homework when truancy or behaviors begin in the classroom setting.
- Implemented Systems of Care in numerous counties across the state, continuing the goal to have SOC in every county. Provided forums and work groups for major state agencies to address issues collaboratively
- In my community, little to nothing.
- Systems of Care program / Young Adults in Transition helpline
- State advisory team that brings together influential people from diverse backgrounds
- The expansion of systems across the state to cover more counties
- SoonerCare, Oklahoma's Medicaid program added licensed behavioral health professionals to their list of providers available to children and youth. The growth of Tulsa's Transitional Youth program! The Oklahoma Healthy Transitions Initiative collaborative's work. Oklahoma's Dept of Rehabilitative Services funding is strong currently and they can serve all that need to be served currently. Oklahoma's Insure Oklahoma program expanded to children in 2010 and to college age, which may cover those who do not qualify for SoonerCare Medicaid.
- expanding our sites
- Expansion of the Systems of Care Program throughout the state.
- Transitional youth programs for youth coming out of DHS custody.
- Department of Mental Health & Substance Abuse Services has added a Youth Transition Services Coordinator to staff; some transitional services delivered through Systems of Care Wraparound Services; Some transition age youth given stipends for making presentations, facilitating meetings.
- The state applied for and received transition funding to explore strategies for systems improvement
- Focused on System of Care Initiative that has voice and choice as core values.

- Excellent collaboration between ODMHSAS and OHCA (the state Medicaid agency). Well organized and collaborative group of advocates/stakeholders.
- Establish Systems of Care Teams in localities.
- It only has one YST program and it is at capacity and youth are on waiting lists.
- Transition age grant funding
- Access to Medicaid services
- Program Managers across several state agencies representing mental health, child welfare, rehabilitation services, and labor have met to identify or develop, if necessary, a common referral form between agencies that would reduce the amount of time youth spend providing duplicative information to difference agencies. Identifying a common assessment tool around life skills competencies is another goal of this group. These same agencies have discussed coordination of funding and manpower for case management.
- Continue to expand Systems of Care and wraparound services
- I think that wraparound has tremendously helped several youth with mental health, behavioral, and transition services.
- Moving Systems of Care statewide.
- Peer to Peer Support, State level Policy group

**What are the most pressing challenges that your state is trying to solve for this population?**

- legislative barriers--lawmakers who are unaware or not interested in taking a look at the services needed for these youth.
- Accessing services such as therapy and housing for people in transition. Once a juvenile turns 18, they no longer are able access services through the juvenile system. Homeless youth are unable to find housing if they are not in the custody of a state agency.
- Lack of involvement by Dept. of Education. Lack of fiscal and outcome sharing and oversight between depts.
- Right now our transition services are mostly in the pilot stage. There are not enough funds to take the services state-wide. Even for the pilot projects there are not enough funds for housing.
- There are no behavior modification training for mental health or public school counselors to address the increase measure of behavioral incidents. The schools violate Federal guidelines left and right. They can't deal with the problem so they send the minor home- and that is not an option. Most drop out or get kicked out. There is no alternative schools .
- Availability of adequate affordable housing, transportation, job coaches, and supervision after reaching 18.
- Very little state visibility in my community.
- Limited funding &/or lack of funding (i.e. budget cuts) / Limited providers / High demand for services
- group homes for non adjudicated youth-- ages 6- 12 nAD AGES 12=18
- How to maintain medical insurance coverage for youth turning 18 years of age.
- getting state legislature to get on board

- Access and availability of drug and alcohol treatment services, both inpatient and outpatient.
- Maintaining housing and jobs.
- Lack of adequate housing opportunities. / Lack of dependent-to-independent transitional services for mental health clients.
- Funding and the great disparities between urban and very rural areas.
- I would suspect attempting to facilitate the transition process to be seamless and supportive to youth transitioning into adulthood
- Getting leaders and communities to recognize the problem and express a willingness to do something about it including making resources available.
- State Dept of Ed has not been actively involved and at the table. Better linkage with this agency.
- At this time, when a youth turns 18, they are not continuing the process to receiving Medicaid benefits.
- FUNDING FOR SERVICES TO ALL AGE GROUPS
  - 1) fractured interagency services; 2) inconsistent collaboration; 3) very limited interagency data sharing for research or policy development; 3) lack of interagency communication resulting in ignorance about each other's programs; 4) ignorance by behavioral health providers of available WIA or DOL or HUD programs for youth; fiscal incoherence.
- Housing and transportation
- juvenile court related issues
- Employment, housing and transition from child to adult services
- Organising a statewide service delivery system and programming.
- Adequate funding is a constant challenge. Establishing transitional living opportunities in multiple communities is a pressing need. Funding for crisis stabilization facilities. Homelessness of young adults with mental health issues.
- Access to care
- I think being couch homeless is a great problem for transition youth and mainly those come out of State custody. Also, youth with mental health needs finding stable employment that understands what a disability is.
- No follow-up for those who have been incarcerated or in-patient mental health facility to make sure the individuals follow through on counseling, medication management with a physician, etc. HUGE NEED!!!
- Housing, Employment and Transportation
- Disparities in behavioral healthcare and overall wellbeing of transitional youth.
- Acquiring enough funding for programs
- Funding and creation of resources.
- / Critically serious under-funding in the adult mental health and substance abuse system

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**Additional feedback:**

- Excellent questions here!
- Oklahoma is the saddest system in mental health services. There is not a youth or adult case management component. Most case management is done by the nurse but only to schedule appointments and triage medication. There is not a BHRS Case Management component when a child is transitioned to youth or YST. They are in the YST for a few years and even with that there is a waiting list. More funding is needed to address issues with Youth and prevention is the key at an early age. There is also very few behavior specialists that are degree oriented.
- we need to get schools involved more
- My primary focus is on the early childhood population, therefore felt a limited amount of knowledge on many of these survey items.
- this is a problem that receives very little attention in my opinion. Attention is in pockets of the state with some leaders but there is not driving force that has this as a focus and has an advocate leader.
- I believe more funding is necessary to provide "seamless" services for the Transition Age Youth. Many of the urban areas throughout the state have a lot more resources available for this population but the rural areas simply don't have access to many of these services / resources - i.e. various levels of housing (supported, supervised, independent, etc.).
- The lead agency serves a very small population of youth out of the eligible population and has a limited infrastructure for providing comprehensive services. Other agencies such as Rehabilitation Services, Human Services, the State Education department, and Career Tech (VoTech) serve youth populations measured in the tens of thousands. However, the lead agency's conduct of so called collaborative partnerships for decades now can be best described as a 'first among equals' approach that has seriously weakened progress on this and many other issues.
- Yes, integrate faith based initiatives and provide funding for them
- thank you for asking for input
- This state must encourage legislative awareness and support for this population.
- I believe the transitional age for youth is too high. I feel that transition age should start at least 14, because when waiting until they are 16 it's honestly too late. One should begin preparing for college and a future before 16, so that youth realize there may actually be light at the end of their dark tunnel.