

*Oklahoma Substance Abuse and
Mental Health Services*

Comprehensive Plan

September 30, 2006



Notes to the Reader

Executive Summary

Comprehensive Plans

<i>Section I</i>	<i>1</i>
<i>Section II</i>	<i>10</i>
<i>Section III</i>	<i>20</i>
<i>Section IV</i>	<i>29</i>
<i>Section V</i>	<i>39</i>
<i>Section VI</i>	<i>49</i>
<i>Section VII</i>	<i>56</i>

References

List of Terms

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Oklahoma considers this an initial framework and plan that will be dynamic, ever-changing, and continuously responsive to the needs of people seeking and utilizing services.

Many Oklahomans across the state volunteered their time to participate in focus groups. Representatives from several state agencies also provided information and discussed concerns about mental health and substance abuse services. The Innovation Center is appreciative of the efforts of all who contributed to the Plan.

The Plan was prepared under the guidance of the Governor's Transformation Advisory Board with support from the Innovation Center. David Knudson, Ph.D., Transformation Organizational Consultant, served as lead writer with assistance from all Center staff. Word processing and all final document preparation was completed by Sean Couch, Administrative Assistant.

Public comment or inquiries related to the Plan can be submitted through www.Okinnovationcenter.org.

**Oklahoma's Comprehensive Plan
for
Substance Abuse and Mental Health Services**

September 2006

*Oklahoma's vision for transformation is that all our citizens will prosper
and achieve their personal goals in the community of their choice.*

Executive Summary

Oklahoma's Comprehensive Plan is a roadmap for full scale transformation of our state's mental health and substance abuse services. Oklahoma's transformation involves more than improving the traditional delivery of substance abuse and mental health services. Transformation means that the general public will understand that mental health and freedom from addiction are essential to overall health. Transformation means that Oklahomans will acknowledge that people with mental illness and addictive disorders can and do recover. It means that mental health and substance abuse services will be driven by consumer and family needs that focus on building resilience and facilitating recovery.

How will we know we are achieving our vision for transformation? This plan, to an extent, offers some answers to that question. The plan proposes actions that will yield continuous improvements in services and strategies to support our citizens living in the communities of their choice. Further, the Plan lays groundwork for services to be consumer and family driven. We will, in fact, be on the right road to transformation when those we serve are behind the wheel and leading us on the journey.

Work began several years ago to improve Oklahomans' access to quality substance abuse and mental health services. Recent years have seen increases in support and inter-agency partnerships around these issues. Regardless, much remains to be done. The recently completed Needs Assessment and Resource Inventory (<http://www.okinnovationcenter.org/>) reflects the significant resources and time devoted to the review of our state's public substance abuse and mental health system. It addresses unique problems within the system, such as the high number of people with untreated mental illnesses and addiction going to jail and prison systems. While this assessment provides an excellent mapping of needs, strengths and resources, the achievement of long-lasting improvements will require more than a simple "fix.". Be it expansion of an existing service or a change in a regulation or policy. Transformation will require new attitudes, behaviors and strategies to address long-standing deficiencies that make change difficult. Solving these problems requires time, and most importantly, requires active, committed, and sustained leadership.

To this end, Oklahoma has developed a comprehensive and effective plan for the transformation of its mental health and substances abuse services.

The Comprehensive Plan for Substance Abuse and Mental Health Services initiates strategic and actionable objectives designed to move Oklahoma's mental health and substance abuse systems toward the day when all adults and children with mental, emotional, or addictive disorders will recover, live, and participate fully in their communities. The document is organized in seven sections. Sections I through VI address specific goals highlighted in the New Freedom Commission Report on Mental Health released under the auspices of President George W. Bush in 2003. Background for each is included in terms of an overview, benchmark data, and important findings from the recent needs assessment activities. Specific information is also included to summarize examples of strategic initiatives well underway in the state. For example, the Partnership for Children's Behavioral Health coordinates activities among several agencies and communities to improve services to Oklahoma's children and their families. The Adult Recovery Collaborative is providing a framework for a unified approach – based on recovery principles – to reorganize services for adults, including a single payer and reporting system. The Integrated Services Initiative is increasing provider capacity to recognize and treat co-occurring substance abuse and mental health disorders. Collaboration on initiatives such as these has become a hallmark of Oklahoma's willingness to work together for significant and lasting change.

Much of the analysis of challenges and priorities in this plan was conducted by four workgroups organized to assist the Transformation Advisory Board appointed by Governor Brad Henry as it provided guidance to the development of this plan. Bill Anoatubby, Governor of the Chickasaw Nation, chairs this Board. Those work groups were: Children's Behavioral Health, Adult Services, Workforce Development, and Criminal Justice and Law Enforcement. Summaries of all workgroup recommendations are included in Sections I – VI.

Each section is framed as a general goal and then proposes specific priorities, objectives, and action plans to attain that goal. Highlights of Sections I – VI are included below along with a brief summary of current work.

Section I focuses on Oklahomans understanding that being free from addictions and having good mental health are essential to overall health. Stigma elimination and suicide prevention activities are highlighted. Stigma is a tremendous challenge to improving understanding of the importance of mental illness and its influence on physical health. People may not seek care because of the social stigma that is associated with

the label of "mental illness". Another theme includes suicide, a serious public health challenge that has not received the attention it deserves. Many Oklahomans are unaware of its toll and impact. It is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths.

Strategies in Section I include:

- *Developing a broad based public information strategy to reduce the stigma associated with mental health and substance abuse treatment and increasing public knowledge that recovery is possible,*
- *Strengthening the Oklahoma framework for suicide prevention, and*
- *Working with post-secondary training programs in a manner to reduce stigma, increase interest in working in the substance abuse and mental health fields, and expand the understanding of recovery and related best practices.*

Section II embraces recovery and resilience and proposes that care in Oklahoma will be consumer and family driven. The complexity of service systems can be overwhelming to many consumers and their family members. Substance abuse and mental health services are funded and provided through many separate state and local systems. Many of the services overlap and were not designed to serve people with multiple problems, or have a complex and contradictory set of rules. Therefore a consumer and their family's full participation in recovery may be limited. Furthermore, adults and parents of children in need of services typically have limited influence over the care they or their children receive. "Without choice and the availability of acceptable treatment options, people...are unlikely to engage in treatment or to participate in appropriate and timely interventions. Thus, giving consumers access to a range of effective, community – based treatment options is critical to achieving their full community participation." (*President's New Freedom Commission Report*)

Strategies in Section II include:

- *Assuring that care provided is individualized, recovery and resilience oriented, and clearly directed by those receiving services, even for those receiving services in multiple settings or from multiple systems,*
- *Ensuring settings, services, and systems are culturally competent, recovery focused, consumer driven, and trauma informed, and*
- *Increasing in consumer, family member, parent, and youth involvement in planning and coordination of services and systems.*

Section III addresses disparities in care. It is important for the services system to raise its standards in meeting the diverse needs of racial and ethnic minorities. These underserved populations have been historically neglected by a system that has failed to incorporate respect or understanding of their histories, traditions, beliefs, languages, and values into its way of providing care. While efforts to improve services for culturally diverse populations currently are underway, significant barriers still remain in access, quality, and outcomes of care for minorities.

Strategies in Section III include:

- *Improve the health of minorities and historically underserved individuals who receive mental health and substance abuse services and supports,*
- *Ensure that cultural competence is addressed and strengthened within the care-giving workforce, and*
- *Improve care in rural Oklahoma.*

Section IV highlights the importance of early screening, assessment and referral to substance abuse treatment and mental health services. Early detection, assessment, and referral to appropriate treatment and supports are critical to providing good healthcare. Early intervention can have a tremendous impact on the lives of those experiencing health conditions, especially a mental health or substance abuse disorder. Improved prevention and access to care will prevent problems from compounding and worsening. Early childhood intervention is an especially critical period. Children and adolescents without early intervention can accumulate problems that follow them into adulthood.

Strategies in Section IV include:

- *Develop systems that promote early access to treatment and supports for children and*
- *Develop a framework and capacity within adult and older adult service settings to screen and connect with needed services and supports.*

Section V focuses on quality of care and research to move promising practices to direct care settings. Effective, state-of-the-art treatments are vital for the delivery of quality care. Yet new effective practices are not being used at the earliest opportunity. In addition, there is a shortage of providers and many existing providers have not had the opportunity to be trained in evidence-based and other innovative practices. "This lack of education, training, or supervision leads to a workforce that is ill-equipped to use the latest breakthroughs in modern medicine." (*President's New Freedom Commission Report*)

Strategies in Section V include:

- *Connect science to mental health and substance abuse services by increasing the depth of science and service partnerships among stakeholders,*
- *Develop and sustain a culturally competent and trauma informed workforce, and*
- *Develop and implement a standardized statewide co-occurring assessment protocol that utilizes a menu of tools responsive to individual consumer needs.*

Section VI addresses the final set of recommendations from the New Freedom Commission Report. These challenge the state to use technology to access substance abuse treatment and mental health care and information. Through the application of technology Oklahoma can improve access to clinical health care services for people of all ages in rural areas, reduce isolation of rural practitioners, and foster the delivery of comprehensive, coordinated health care to rural residents.

Strategies in Section VI include:

- *Health technology and telehealth will be used to improve access and coordination of care for Oklahomans,*
- *Frameworks will be developed for integrated electronic health records and personal health information, and*
- *Data integration, analysis and reporting systems will be used to support stakeholder decision-making.*

Section VII addresses the infrastructure to be used by Oklahoma to govern and organize the implementation of the above proposed plan. This section describes the role of the Governor's Transformation Advisory Board, the strength and commitment of numerous partnerships, and the important interrelation between the Comprehensive Plan and work which will be continued through the federally-mandated Oklahoma Mental Health Planning and Advisory Council. Finally, this section describes the Innovation Center and how resources available through the Center will support transformation.



Section I:

Being free from addictions and having good mental health are essential to overall health.

New Freedom Commission
Related Recommendations

- 1.1 Advance and implement a campaign to reduce the stigma of seeking care and a strategy for suicide prevention.**
- 1.2 Address mental health and substance abuse with the same urgency as physical health**

Overview

In a transformed mental health and substance abuse services system, Oklahomans will seek care when they need it—with the same confidence that they seek treatment for other health problems. Unfortunately, at this time, several major obstacles remain in the path of reaching this goal.

Stigma impedes people from seeking the care they need

The first obstacle, stigma, is a pervasive barrier people face when seeking mental health and substance abuse services. National estimates indicate that only one out of two people with a serious form of mental illness seeks treatment for the disorder.

Lack of information about conditions and available services causes confusion, prompting many people to hide their symptoms and avoid treatment. Similarly, lack of information and effective processes in public and private workplaces often results in misdiagnosis or mismatch of services to those in need.

The results of stigma and untreated diagnoses are devastating. For example, the vast majority of people who die by suicide have an undiagnosed or untreated mental illness. According to the CDC, nationally in 2003 suicide was the third leading cause of death among youth age 10-14, third among those between 15 and 24, second among 25- to 34-year olds and fourth among those 35 to 44 years old (CDC, 2006b).



There is a strong connection between physical health, good mental health and being free from addictions.

A second obstacle emerges from the fragmented systems that deliver services. There is a strong relationship between physical health, substance use, and mental health. For example, depression was correlated with a shortened life expectancy. Also, good mental health improves the quality of life for those with serious physical illnesses. Mental health and substance abuse services are often treated separately from physical health services. National commissions have recommended that states examine how to incorporate mental health services into the planning and delivery of health care reform.

Fragmentation of services and funding across various programs provides one of the greatest challenges to delivery of coordinated services. Currently mental health services and treatment for addictions are offered across many federal agencies such as: Medicare, Social Security Income, Vocational Rehabilitation, Education, Temporary Assistance for Needy Families (TANF), Juvenile Justice and Criminal Justice, Child Welfare, and Federal block grants. To be effective, comprehensive and easily accessible, cross-agency strategies must be identified to address critical issues such as:

- Prescription drug coverage
- Access to services
- Affordability of services
- Coordination of benefits
- Evidence-based services and supports
- Supporting self-direction
- Choice of services
- Coordinated outcomes and accountability

Providing access to effective treatments and services that are easy to navigate and that provide coordinated funding for services is key to reducing barriers to having good mental health and living free from addictions.



Background Information

Suicide data

In 2003, the rate of death by suicide in Oklahoma was 13.6 per 100,000, a rate 26% higher than the national rate (CDC, 2006a). Oklahoma statistics show that in 2003, suicide was the second leading cause of death among youth age 10-14, comprising 16.4% of deaths for this age group within the state compared to 6 percent of deaths in this age group nationally. Suicide was also the second leading cause of death among those 15-24, comprising 13.3 percent of deaths for this age group within the state compared to 11.9 percent of deaths in the age group nationally (CDC, 2006b).

As previously mentioned, people who commit suicide often have undiagnosed or untreated mental illness and stigma often influences a person's willingness to seek treatment. The National Survey on Drug Use and Health estimates that 21.7 percent of people who felt a need for substance abuse treatment did not seek treatment due to stigma. The affect of stigma is even greater for people reporting needed mental health treatment, with 26.9 percent not seeking treatment because of stigma (NSDUH, 2004). By not seeking treatment, these individuals are neglecting their behavioral health, but more than this, may also be neglecting or damaging their physical health.

In a recent study of publicly funded behavioral health clients in Oklahoma and hospital discharges, it was found that the rate of hospital discharges among behavioral health clients who received both mental health and substance abuse treatment was 31%, compared to 18% among the general population. The average number of discharges among behavioral health clients was 7.4, compared to 2.0 among people who did not receive behavioral health services. This study also found a substantive difference in age at discharge when comparing behavioral health clients to the general population. The findings indicate that persons age 20-29 who receive mental health and/or substance abuse services are more than twice as likely to be hospitalized for a medical condition as



Suicide data (cont'd)

those who do not receive these services. This trend reverses at age 60. The study hypothesizes that this may be due to the fact that individuals who have a mental health or addictive disorder do not live as long as others and that older people are less likely to receive mental health and substance abuse services (Moore and Leeper, 2006).

In order for individuals with behavioral health problems to receive the treatment they need, Oklahoma must focus more attention on the education of behavioral healthcare providers. Since FY 2001, the number of new Licensed Professional Counselors (LPC) has decreased by 65 percent, with 142 new licenses in FY 2005. Very few behavioral health professionals seek licensure as Marital/Family Therapists (LMFT) or as Behavioral Practitioners (LBP), with only 17 new LMFT licenses in FY 2005 and six LBP licenses. In addition over the past six fiscal years, Oklahoma has a net loss of four psychiatrists with the non-renewal of licenses due to death, retirement, disciplinary action, or moving. One behavioral health field which has seen increased numbers over the past five years is Licensed Social Workers, with a 72 percent increase since FY 2001. (All licensure data supplied by personal correspondence. Please see the Oklahoma Needs Assessment and Resource Inventory Report, Chapter 14, for more information.)

Unmet Treatment Need

The Needs Assessment analyzed data to estimate the extent of Oklahomans' unmet treatment needs.

- An estimated 63.94% of youth (age 9-17) had a mental health or addictive disorder but did not receive publicly funded treatment.
- Approximately 44.58% of youth (age 9-17) with serious emotional disturbances did not receive publicly funded treatment.
- Adults with serious psychological distress had an estimated 79.96% unmet needs.
- Substance abuse treatment for illicit drug dependence or abuse did not address 81.46% of the need in 2005.



Strategic Developments

Oklahoma has a strong commitment to suicide prevention. Current efforts to combat suicide include a series of initiatives that provide the foundation for transformation in this area. The State is a current Grantee of Garrett Lee Smith Memorial Act (SAMHSA) funding. Prior to this initiative, Oklahoma developed a State Plan for Youth Suicide 60% Prevention (2001) that was implemented by the Youth Suicide in accordance with the Prevention Council. The Council was created by passage of HB 1241.

The Oklahoma State Plan for Youth Suicide Prevention was created by the Youth Suicide Prevention Task Force as a result of HJR 1018. Technical assistance in development and implementation of the plan was provided by the University of Washington, University of Calgary/Living Works Education, Health Resources and Services Administration, and Suicide Prevention Action Network.

Oklahoma implemented a public awareness campaign in 2006 to purchase public service announcements from several radio markets to target specific populations within the state's three major urban areas. The announcements were designed with an anti-stigma message and focused on Systems of Care and services for children. The campaign was successful and reached out to a variety of demographic groups, including Spanish speaking audiences.



**Work Group
Recommendations**

Children's Behavioral Health

- Develop a public engagement campaign that targets specific groups including children and youth through schools.
- Conduct Children's Mental Health Day events at the State Capitol.
- Update and enhance the Systems of Care website.
- Form a stakeholder group to develop and implement a public and legislative campaign for parity in funding.
- Enhance the ongoing efforts of JOIN and 2-1-1 to improve awareness of available resources.

Adult Services

- Recognize and improve the coordination of mental health services and primary health care.
- Underserved and vulnerable adults age 18 and older will have increased access to mental health and substance abuse services.
- Remove barriers to consumer eligibility and enhance access to evidence based and promising practices.
- Promote a standardized approach to screening for co-occurring disorders that can be used in multiple settings utilizing the "no wrong door" approach.
- Explore and implement available options for financing and the efficient use of human resources.

Criminal Justice

- Develop a public education and awareness campaign.
- Identify at-risk students.
- Develop programs focusing on prevention from entering the criminal justice system.

Workforce Development

- Utilize the Adverse Childhood Experience Study (ACES) to educate legislators, business, community members, service providers, and other stakeholders about the long-term impact of early childhood trauma.



Workforce Development
(cont'd)

- Collaborate with agencies to create a comprehensive public relations campaign to promote understanding of overall wellness and early signs of behavioral health issues.
- Partner with the Department of Education and the State Board of Regents to develop an integrated wellness curriculum for common and higher education that incorporates the importance of trauma-informed, culturally competent, consumer-led recovery, and how to access services.
- Involve consumers in developing competency-based continuing education unit (CEU) curriculum content.



Action Plan to ensure Oklahomans will understand that being free from addictions and having good mental health are essential to overall health.

Goal I.A: Develop a broad based public information strategy to reduce the stigma associated with mental health and substance abuse treatment and increase public knowledge that recovery is possible.

Strategies

1. *Develop an over-arching framework for public information activities.*

2. *Increase consumers', family members' and other citizens' knowledge of available resources and how those can be accessed.*

3. *Decrease disparity of insurance coverage for behavioral health benefits to assure access to needed services.*

4. *Increase capacity of systems to provide more substance abuse and mental health services and supports.*

Action Plans

- a. Seek advisors in the design and implementation of public information campaign.
- b. Develop a request for proposals. Request will delineate broad goals for campaign as well as identify additional groups to be targeted, such as traditionally under represented communities, rural citizens, tribal and Native American organizations, etc.
- c. Select firm to design major elements of the campaign
- d. Initiate actions in accordance with c. above.

- a. Utilize consumer and family advisory groups to review current resource information base available through 2-1-1 and JOIN (Joint Oklahoma Information Network).
- b. Identify additional resources or strategies needed to building upon current resources of 2-1-1 and JOIN, particularly to achieve state coverage of 2-1-1 access.
- c. Work with consumer and family advisory groups to identify and develop additional media formats to increase citizen knowledge of available resources for treatment and supports.

- a. Partner with the Oklahoma Commission on Children and Youth and other Governor's Transformation Advisory Board members to review needed public and legislative effort to strengthen current insurance parity requirements in Oklahoma.
- b. Coordinate efforts, public messages, planning and advocacy within context of overall transformation public information campaign(s).

- a. Convene group, representing Governor's Transformation Advisory Board partner agencies to analyze Needs Assessment and Resource Inventory Report and other documentation to identify priorities for increasing the types, amounts, and locations to improve system capacity.
- b. Propose plan for increased funding requests or financial restructuring to increase system capacity.
- c. Review findings with state agencies.



Goal I B: Strengthen the Oklahoma framework for suicide prevention.

Strategies

1. Utilize resources available through current youth suicide prevention activities and partnerships.
2. Expand suicide prevention activities to address the needs of the entire life span.

Action Plans

- a. Fund local communities, tribal organizations and higher education institutions to implement evidence-based prevention practices in accordance with the strategies developed by the Youth Suicide Prevention framework.
 - b. Provide community-level training and technical assistance to build local infrastructure for Youth Suicide Prevention programs.
 - c. Increase the number of trained gatekeepers and suicide prevention program instructors in the state.
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- a. Support annual suicide prevention conference.
 - b. Provide on-going assistance to State Team on the Prevention of Suicide (STOP).

Goal I C: Inform and re-inform post-secondary training programs in a manner that reduces stigma, increases interest in working in the substance abuse and mental health fields, and expands the understanding of recovery and related best practices.

Strategies

1. Develop systems by which consumers and family members can inform post-secondary education of the need for enhanced curriculum content about recovery.
2. Prioritize and implement recommendations of the Annapolis Coalition Report* that can focus on Oklahoma-based post-secondary education.

* <http://www.annapoliscoalition.org>

Action Plans

- a. Convene meeting with representatives of higher education, consumers, and family groups to identify broad vision and goals that impact post secondary curricula in the area of reducing stigma and increasing knowledge about recovery.
 - b. Propose content for modules on recovery applicable to a variety of degree programs.
 - c. Develop and support speakers' panels of consumers and families with lived experiences who can provide on-campus presentations throughout the state.
-
- a. Review effective practices and develop consensus for addiction and co-occurring core mental health performance competencies.
 - b. Describe core performance competencies for effective delivery of mental health and substance abuse services across partner agencies.
 - c. Identify, adapt, and adopt competency-based specialty curricula for specific behavioral health practice areas and make these materials available to incorporate in higher education programs.
 - d. Develop strategies to infuse these standards into competency models, pre-service and continuing education curricula, training accreditation and program accreditation standards, and certification and licensure requirements.



Section II

Care Is Consumer and Family Driven.

New Freedom Commission
Related Recommendations

- 2.1 Develop an individualized plan of care for every adult with a serious mental illness, child with a serious emotional disturbance and their families, and for persons with serious substance abuse or addiction disorders.**
- 2.2 Involve consumers and families fully in orienting care delivery systems toward recovery.**
- 2.3 Align relevant programs to improve access and accountability for mental health services.**
- 2.4 Create a Comprehensive State Plan.**
- 2.5 Protect and enhance the rights of people seeking services and utilizing care delivery systems.**

Overview

Consumer-centered services are made possible by "flexibility with accountability"

Effective planning creates options for consumers

In a transformed system, a diagnosis of serious mental illness or substance abuse or other addictive disorder will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. Consumers, along with service providers, will actively participate in designing and developing the systems of care in which they are involved. The transformed system will ensure that needed resources are available to consumers and their families.

The burden of coordinating care will rest on the system, not on the families or consumers who are already struggling because of the personal complexities of substance abuse or serious mental illnesses.

The shift to a consumer-centered system is made possible by "flexibility with accountability." In basic terms, this service design allows for providers to expand choices as well as the array of services and supports offered to achieve the desired outcomes.

The federal grant for transformation provides avenues for agencies to design innovative services, using this flexibility to align and combine Federal, State, and local resources in productive and more efficient ways and overcome bureaucratic boundaries between health care, employment supports, housing, and criminal justice systems.

The New Freedom Commission recommends that state plans for a



*In order to succeed,
consumers need effective support
services*

transformed approach to mental health and substance abuse services will result in innovative approaches to service delivery at all levels. Local agency plans can then be developed in clear and actionable results for consumers, such as:

- Consumers and families play a larger part in managing the funding for their resources, services, treatments and supports.
- By allowing funding to follow consumers, incentives will shift toward learning, self-monitoring, and accountability.
- Individualized and coordinated (cross-agency) plans of care will give consumers a valid opportunity to construct and maintain meaningful, productive, and healing relationships.
- Empowering consumers with the ability to participate fully in their communities will require a few essentials:
 - Access to health care
 - Gainful employment opportunities
 - Adequate and affordable housing, and
 - The assurance of not being unjustly incarcerated.
- A continuum of services will be offered with effective planning for updates across the stages of life and for transitions between types of services.

Background Information

ODMHSAS has several initiatives that promote a recovery-oriented system and improve service coordination, including psychosocial rehabilitation, Programs of Assertive Community Treatment (PACT), Recovery Support Specialist (RSS) positions, and System of Care Family Support Provider positions.

All Certified Community Mental Health Centers (CMHC) must provide either Clubhouse or a general psychosocial rehabilitation (PSR) program. There are currently 45 PSR programs located at community mental health center sites. Clubhouses must also be certified by the International Center for Clubhouse Development (ICCD). Two clubhouses – Crossroads Clubhouse and Thunderbird Clubhouse- are currently ICCD-certified. A major training and rules



**Background Information
(cont'd)**

revision initiative was completed in 2004 to strengthen the recovery services offered through the PSR services at CMHCs.

Using state appropriations and Medicaid, Oklahoma has established 14 Programs of Assertive Community Treatment (PACT) across the state serving 21 of the 77 counties. These multi-disciplinary teams provide treatment and support services to consumers with high levels of need. Three PACT teams are targeted to homeless individuals and three to consumers with co-occurring mental health and substance abuse disorders.

Reports to the State Legislature on PACT's effectiveness have documented decreases in hospital admissions and criminal justice involvement, as well as improved quality of life. In a one-year pre- and post-admission comparison, it was found that among the 96 PACT recipients who were admitted in FY 2005, and who did not discharge within one year of admission, there was a decrease in inpatient days of 63 percent, and a 70 percent decrease in jail days. These results demonstrate the need for more PACT teams and greater availability within all 77 counties.

The introduction in 2004 of Recovery Support Specialists (RSSs) into the service system's staff mix is a promising step toward transforming the adult behavioral system into one that is consumer-centered and recovery-oriented. RSSs are people in recovery trained to provide peer support and advocacy services for consumers in emergency, outpatient or inpatient settings. The RSSs perform a wide range of tasks to assist consumers in regaining control of their lives and recovery processes, and all CMHCs are required to have at least one FTE (Full Time Equivalent) RSS on staff.



**Background Information
(cont'd)**

A similar program is offered within the children and youth behavioral system through the System of Care initiative. This program provides wraparound coordination to help families find formal and natural supports with the assistance of family support providers and behavioral health aids. Family Support Provider positions allow experienced family members to support other families. Currently 30 counties in Oklahoma have SOC programs.

ODMHSAS and its contractor from the University of Oklahoma have evaluated outcomes of the SOC Wraparound project, finding positive results. Of the 397 clients enrolled for at least six months, there was a 31 percent reduction in out-of-home placements; 64 percent reduction in school detentions; 65 percent reduction in self-harm attempts; and 54 percent reduction in arrests. With only 39 percent of counties in Oklahoma covered by a SOC program, these results support the need for expansion.

Strategic Developments

- The Oklahoma Department of Human Services (OKDHS), the Oklahoma Health Care Authority (OHCA) and ODMHSAS have developed a plan and charted the Adult Recovery Collaborative (ARC) initiative. The initiative proposes to unify systems, policies, and approaches to services to minimize fragmentation for adults in need of substance abuse and mental health services. The guiding principles for this initiative have been based on recovery and consumer directed care.
- The Partnership for Children's Behavioral Health (PCBH) was established in 2002 and is lead by the directors of all child serving state agencies, five family members of children receiving services, and two legislators. Under the auspices of the PCBH the Children's Behavioral Health Development team coordinates work through a comprehensive Implementation plan. The plan is based on key principles of being family and youth directed. These principles direct all decisions and resources committed to the PCBH.



Strategic Developments (cont'd)

- The Systematic Training to Assist in the Recovery from Trauma (START) Model is now available in Oklahoma. START is a trauma-informed milieu approach for congregate care settings and focuses on educating and empowering all staff, but especially those involved in direct care provision of services, on the impact of adverse childhood experiences and trauma. Staff become the agents of true change as they begin to see the value and healing potential of their roles in consumers' lives. Agencies participating in the variety of projects include The Department of Human Services/Child Welfare Division, The Department of Corrections, The Office of Juvenile Affairs, and The Department of Mental Health and Substance Abuse Services.
- Another project is the multi-agency collaboration of seven sites actively creating The Sanctuary Leadership Development Institute for Oklahoma via the implementation of the Sanctuary Model at each of their facilities. Sanctuary represents a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context where healing from psychological and social traumatic experience can be addressed. It is a whole system approach designed to facilitate the development of structures, processes, and behaviors on the part of staff, consumers, and the community as a whole, that can counteract the biological, affective, cognitive, and social adversities suffered by so many.
- In recent years, Oklahoma introduced several initiatives designed to promote a recovery-oriented system. Most importantly, the Office of Consumer Affairs was established in 2003. That office now provides support to both and substance abuse services delivery systems. Offices of Consumer Affairs (OCAs) exist in almost 40 state authorities around the country. Their purpose is to improve state mental health systems by working to support and expand the consumer voice within mental health policymaking, planning, and practice. OCAs are headed by a self-identified

Strategic Developments (cont'd)



consumer/survivor who serves as part of the senior management team and is a system change agent. Areas of responsibility for the OCA include policy and regulation development; program planning; evaluation and monitoring; and training, developing and promoting recovery-oriented, consumer-driven services.

- ODMHSAS, in cooperation with the Oklahoma Health Care Authority (OHCA), prepared a successful CMS Real Choice Systems Change grant, to fund the roll-out of two SAMHSA-identified Evidence-Based Practices: Family Psychoeducation and Illness Management and Recovery. The Real Choice grant also funds a Recovery Support Specialist Coordinator within the OCA, who, along with a grant-funded employee within the OHCA, is actively proposing policy changes to establish Medicaid-reimbursable peer services in Oklahoma. The OCA also includes a staff member specializing in co-occurring mental health and substance abuse disorders, funded by Oklahoma's federal Co-Occurring State Incentive Grant (COSIG).

**Work Group
Recommendations**

Children's Behavioral Health

Establish a vision and culture that supports individualized family-centered services across agencies and providers.

Develop a plan for implementing participant-centered service planning, delivery, and direction of rights under the current Medicaid Options, and used as a model for children in the system of care.

Develop a "toolkit" of materials to support youth involvement and test with potential youth leaders.

Develop an implementation plan to support increased family membership on local agency boards and community stakeholder groups.

Review, analyze and present issues and best practices from other states related to rights, safeguards and eligibility.



Adult Services

Identify current technical capabilities for effective service delivery to consumers and providers in rural areas.

Facilitate a process to upgrade capacities such as :

- Web-based training
- Web-based treatment technologies
- Electronic record keeping and data collection
- Telemedicine to reach remote consumers

Identify resources and plan for ways to expand residential treatment capacity and reduce waiting lists.

Develop linkages between supportive housing programs and mental health and substance abuse services.

Implement evidence-based practices statewide.

Develop and implement a statewide consumer workforce providing peer services.

Develop statewide implementation of standardized assessment and screening tools for mental health and substance abuse services.

Develop and implement statewide streamlined intake and assessment functions that simplify access to services.

Develop and implement objective assessment and service navigation functions.

Develop uniform provider participation standards.

Criminal Justice

Develop and adopt a multi-disciplinary treatment model for mental health and substance abuse used in criminal justice settings.

Develop a process for Offender Individualized Comprehensive

Plans of Care that includes:

- Housing
- Obtaining a valid state photo identification card
- Transportation
- Employment / SSI
- Forensic PACT teams
- Wellness and Recovery Consumer Programs
- Children's Services
- Timely access to medication



Criminal Justice (cont'd)

Community mental health services
Faith-based community support
Review, identify and plan for more jail diversion programs
Special police-based response programs
Mental health courts
Day reporting
Conditional bonding
Mobile crisis teams
First-offender interventions
Facilitate a review and implementation of practices for Therapeutic Jurisprudence models of sentencing.

Workforce Development

Expand the role and capacity of communities to effectively identify their needs and to promote behavioral health and wellness.
Partner with faith-based institutions to reach families in need.
Assist schools in providing increased levels of community-based services and hasten access to assessment, referral and intervention.
Identify ways to significantly expand the role of individuals in recovery in families, with the ultimate goal of directing and accepting responsibility for their own care, providing care and supports for others, and in educating the workforce.



Action Plan to provide care in Oklahoma that is consumer and family driven

Goal II.A: Care provided will be individualized, recovery and resilience oriented, and clearly directed by those receiving services, including those receiving services in multiple settings or from multiple systems.

<u>Strategies</u>	<u>Action Plans</u>
<p>1. <i>Provide education for consumers and their families on recovery and prevention to empower them toward full participation in directing their own care or assisting family members, as desired, to assist with planning and directing care.</i></p>	<ul style="list-style-type: none"> a. Compile peer-reviewed, culturally and linguistically competent materials that can be offered as tools for persons to becoming directors of their own care. b. Complete a review of new employee training content from Governor's Transformation Advisory Board partner agencies to identify options for including the expertise of consumers in the organizations' new employee training. c. Establish a link on Innovation Center website as a resource to provide families and other caregivers/supports information about optimal ways to help and support loved ones in their personal recovery plans.
<p>2. Address challenges unique to the criminal justice, law enforcement, and judicial settings to incorporate, as feasible, consumer and family directed planning of services and supports.</p>	<ul style="list-style-type: none"> a. Convene potential partners and work toward securing commitments among partners to develop multi-year strategies in a Sequential Intercept Model, where concepts of individualized and person-directed care planning can be incorporated. b. Engage experts in the fields of forensics, recovery, and behavioral health to develop strategies leading to increased use of individualized and person-directed plans of care within criminal justice settings. c. Review statutes and other regulations that may present barriers to allowing for person-directed care within forensic settings.

Goal II.B: Settings, services, and systems will be culturally competent, recovery focused, consumer driven, and trauma informed.

<u>Strategies</u>	<u>Action Plans</u>
<p>1. <i>Continue supports for models currently implemented within the state that support the individual rights, dignity, and respect for persons served.</i></p>	<ul style="list-style-type: none"> a. Increase number of sites trained and actively implementing the Sanctuary Model b. Utilize Cross Training Initiative to train and implement additional sites using the START Model. c. Collaborate with the Robert Wood Johnson and ODMHSAS Substance Abuse Services Division to increase number of sites utilizing the NIATX model for performance improvement to enhance engagement in and completion of substance abuse treatment. d. Support Tulsa Public Schools and other school districts to expand use of the PBS model. e. Expand Circles of Care and Systems of Care communities utilizing the



<p>2. Create a structure for Oklahoma to self-sustain and expand implementation of milieu models listed above.</p>	<p>Wrap Around Services model to assure youth and family direction in service planning.</p> <p>f. Continue ODMHSAS training of Behavioral Health Case Managers (for OHCA and ODMHSAS providers) in the Strengths-Based and Person-Centered Model of case management.</p> <hr/> <p>a. Identify key representatives from each state-based model listed above to serve on Sustainability Panel</p> <p>b. Convene Sustainability Panel to identify resources, policies, and funding needed to sustain and expand models to all treatment settings for which they are designed.</p> <p>c. Identify other populations in need of similar milieu models which can guide service settings toward structures and approaches which support individual rights, dignity, and respect for persons served.</p>
<p>Goal II.C: Increase consumer, family member, parent, and youth involvement in planning and coordination of services and systems.</p>	
<p>1. <i>Expand and further develop training opportunities to equip consumers, families, and youth to participate on governing and advisory boards.</i></p> <p>2. <i>Develop infrastructure supports (transportation, child care, stipends, etc.) to facilitate participation on boards.</i></p>	<p>a. Solicit proposals from advocacy and/or training organizations to develop board participation and leadership skills.</p> <p>b. Review proposals and select lead organization to collaborate across advocacy organizations to implement training and provide ongoing coaching for consumers and family members.</p> <p>c. Designate Innovation Center staff to support the Oklahoma Systems of Care staff, a strategy to increase youth involvement in Systems of Care as well as in broader non-age specific advisory boards.</p> <hr/> <p>a. Hold summit with NAMI-OK, Oklahoma Mental Health Consumer Council, Oklahoma Federation of Families, Oklahoma Depression and Bipolar Support Alliance, the Mental Health Planning and Advisory Council to identify structures in place that can expand support for consumer members and families to more fully participate on boards, advisory groups, etc.</p> <p>b. Review and compile the summit recommendations to develop specific strategies for statewide implementation.</p> <p>c. Implement recommendations based on summit recommendations.</p>



Section III

Disparities in Services Are Eliminated.

New Freedom Commission
Related Recommendation

- 3.1 Improve access to quality care that is culturally competent.**
- 3.2 Improve access to quality care in rural and geographically remote areas**

Overview

*Disparities in Geographically
Remote Areas*

In a transformed system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location. Substance abuse and mental health care will be highly personal, respecting and responding to individual differences and backgrounds. The workforce will include members of ethnic, cultural, and linguistic minorities who are trained and employed as service providers. People who live in rural and remote geographic areas will have access to professionals and other needed resources. Advances in treatments will be available in rural and less populated areas. Racial and ethnic minority citizens comprise a substantial and vibrant segment of the U.S. population, enriching our society with many unique strengths, cultural traditions, and important contributions. Unfortunately, the mental health and addictions treatment system has not kept pace with the diverse needs of racial and ethnic minorities, often under serving or inappropriately serving them. Specifically, the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages, and value systems of culturally diverse groups. Misunderstanding and misinterpreting behaviors have led to tragic consequences, including inappropriately placing minorities in the criminal and juvenile justice systems. While the prevalence and incidence of serious problems related to mental health and substance abuse among adults and children are similar in rural and urban areas, the experience of individuals in those areas differs in important ways. In rural and other



Disparities in Geographically Remote Areas (cont'd)

geographically remote areas, many people with mental illnesses or addiction disorders have inadequate access to care, limited availability of skilled care providers, lower family incomes, and greater social stigma for seeking treatment than their urban counterparts. As a result, rural residents with treatment needs:

- Enter care later in the course of their disease than their urban peers,
- Enter care with more serious, persistent, and disabling symptoms, and
- Require more expensive and intensive treatment responses.

For rural racial and ethnic minorities, these problems are compounded by their minority status and the shortage of culturally competent or bilingual providers in these medically underserved areas. Rural areas also suffer from chronic shortages of treatment professionals. Virtually all of the rural counties in this country have a shortage of practicing psychiatrists, psychologists, and other mental health and substance abuse treatment professions. Of the 1,669 Federally designated mental health professional shortage areas, more than 85% are rural. These professional shortage problems are even worse for children and older adults.

The importance of Culturally Competent Staff

Addressing barriers caused by differences in culture, race and ethnicity can reduce disparities in services. Culturally competent services are “the delivery of services that are responsive to the cultural concerns of racial and ethnic minority groups, including their language, histories, traditions, beliefs, and values.” Cultural competence in substance abuse treatment and mental health treatment is a general approach to delivering services that recognizes, incorporates, practices, and values cultural diversity. Its basic objectives are to ensure quality services for culturally diverse populations, including culturally appropriate prevention, outreach, service location, engagement, assessment, and intervention.



Background Information

Care systems can respond to the needs of ethnic and racial minority populations by implementing services based on standards for person-centered practices, thus building trust, increasing cultural awareness, and responding to cultural and linguistic differences.

Oklahoma is home to a culturally diverse population. Caucasians make up approximately 75 percent of the Oklahoma population, followed by Native Americans (7.4%), African-Americans (7.1%) and Hispanics (6.6%). People from multiple racial groups comprise 5.7 percent of the population, other racial groups 2.7 percent, Asian, 1.6 percent, and Pacific Islander .10 percent. When compared to the U.S. population, Oklahoma has a higher percentage of Native Americans and people from multiple racial groups (U.S. Census Bureau, 2006).

This culturally diverse population creates cultural and linguistic needs within Oklahoma service systems. The 2005 American Community Survey found that 4 percent of Oklahomans speak English less than “very well,” with the majority of these individuals speaking Spanish in the home (U.S. Census Bureau, 2006). Similarly, ODMHSAS non-English speaking consumers overwhelmingly prefer Spanish over other languages. It should be noted that less than 1 percent of ODMHSAS clients are non-English speaking compared with 8 percent of the population (U.S. Census Bureau, 2006), which may indicate a perceived or actual lack of services for non-English speaking individuals, or racial/ethnic stigma.

Another cultural and linguistic need in Oklahoma is substance abuse and mental health services for clients who are hard of hearing. In a National Health Interview Survey in 2004, an estimated 7.7 percent of deaf people mentioned depression, anxiety or emotional problems that caused difficulty with activities



**Background Information
(cont'd)**

(NHIS, 2004). The number of people in Oklahoma who are hard of hearing is unknown, but statistics from ODMHSAS indicate that, among the 21,818 clients who received ODMHSAS-funded mental health services, 53 (0.24%) indicated they were hard of hearing. Among the 14,521 who received ODMHSAS-funded substance abuse treatment, 16 (.11%) indicated being hard of hearing or deaf. These numbers may also indicate a perceived or actual lack of services for hard of hearing clients.

According to the 2004 National Survey of Substance Abuse Treatment Services State Profile (N-SSATS), there were 59 facilities in Oklahoma capable of providing services in either sign language and/or a language other than English, including both public and private facilities. A total of 56 facilities offered services for the hearing impaired. Of those facilities with other language capabilities, 22 facilities had staff or on-call interpreters for Spanish speaking consumers, and 5 facilities had this coverage for Native American languages (SAMHSA, 2005).

A small percentage of direct care staff are bilingual. In FY 2005, two percent of ODMHSAS Administrative staff were bilingual, five percent of Psychological or Counseling Services staff, five percent of Case Management Services staff, and nine percent of Medical Services staff, with the majority of bilingual staff speaking Spanish. While these numbers have improved over the past five years, it should be noted that the location of Spanish speaking service providers does not necessarily coincide with the location of Spanish speaking clients. There also continues to be a need in Oklahoma for more Native American speaking and Sign Language capable staff.

Access to services based on geographic location was highlighted throughout the Oklahoma Needs Assessment and Resource Inventory Report (see Chapters 4, 5, and 6 for maps illustrating



Strategic Developments

service usage and availability). Overall this report indicated a need for services in rural and/or peripheral counties, with the Northwest region and Southeast region of Oklahoma most often the areas with fewest available services.

In 2005, ODMHSAS established a position for a Cultural Competence Coordinator to provide leadership around the provision of culturally competent care. The department also made more cultural competency training available. In 2006, a Cultural Competency Advisory Team was assembled, consisting of representatives of a range of cultural, racial and ethnic groups (not necessarily from the mental health or substance abuse fields), and including consumers and family members. The team was charged with addressing needs identified by the department, advising the department on promising practices for improving cultural competence, and educating their own communities about substance abuse and mental health issues.

There are several state-certified programs throughout Oklahoma with a cultural emphasis. The Chickasaw Nation Alcohol and Drug Program is a 21 to 28 day residential treatment program for adult Native Americans. The Muscogee (Creek) Nation Behavioral Health and Substance Abuse Services (BHSAS) is an outpatient substance abuse program that believes “respect for culture and involvement in our Indian communities is essential to the success of our program.” Seventy percent of staff at this facility are Native Americans with extensive educational backgrounds. The Latino Community Development Agency (LCDA) Adolescent Outpatient Substance Abuse Program provides individual and family counseling, group treatment, and crisis intervention and case management for individuals in the Latino community. Many other programs, both public and private, include a cultural emphasis. These programs include, but are not limited to: Citizen Pottawatomie Nation Health Complex, Community Adolescent Rehabilitation Effort (CARE) for Change,



**Work Group
Recommendations**

Children's Behavioral Health

COPE, Inc., Inter Tribal Substance Abuse Prevention and Treatment Center, and Quapaw Tribal Family Services.

Develop competency standards for staff training.

Create a study to determine discrepancies in access to behavioral health services.

Identify groups with limited access and include them in the public comment process.

Coordinate behavioral health efforts between Smart Start Oklahoma, the Intensive Care Coordinators (ICC) for Early Intervention, Tribal Women, Infant and Children (WIC) program, Tribal Head Start, and Better Baby Care.

Analyze current barriers and challenges to early and easy access.

Develop a plan for comprehensive early childhood health systems that coordinates screening, assessment and intervention systems for children ages 0—8.

Provide interdisciplinary training and set standards to improve competencies of staff for providing strengths-based services to young children.

Implement Systems of Care and Communities of Care in new communities.

Systems of Care staff will partner with the Oklahoma Commission on Children and Youth to expand the Systems of Care program through school-based social services.

Adult Services

Develop regional plans for ensuring adequate services in rural areas across the state.

Assess the technical capabilities for use of web-based services in underserved areas of the state.

Facilitate a process to upgrade technical infrastructures prior to the implementation of electronic information systems.

Develop and promote partnerships with Tribal and other culturally



Criminal Justice

diverse entities.

Develop a program to educate and enhance workforce cultural competencies for serving Oklahoma populations.

Identify funding and service plans for Mobile Crisis Teams in rural areas of Oklahoma.

Expand secure stabilization center services across the state.

Identify and develop strategies for partnering with culturally diverse faith-based services and consumer advocacy groups.

Workforce Development

Develop a planning partnership with higher education and the vocational system to address barriers and supporting factors for students entering behavioral health as a career (curriculum, marketing, career planning, etc.).

Develop regional plans to address specific types of workforce staffing needs by regions of the state.

Analyze pay structures related to workforce recruitment and retention in key service roles and geographic areas.

Identify staffing needs for professional and paraprofessional services by geographic areas.



Action Plan to eliminate disparities in services.

Goal III.A: Improve the health of minorities and historically under served individuals who receive mental health and substance abuse services and supports.

Strategies

1. *Establish strategic and on going process to increase services and collaboration to Native Americans in Oklahoma.*

2. *Increase the number of minorities and historically under served individuals who receive mental health and substance abuse treatment services and supports.*

Action Plans

- a. Request Oklahoma-based and national level technical assistance to develop framework for planning that is respectful and inclusive of Tribal Organizations, Indian Health Services, and individual Native Americans.
 - b. Convene meetings to move forward with planning process based on technical assistance recommendations per 2.a. above.
 - c. Prepare status report for Governor's Transformation Advisory Board.
-
- a. Conduct analyses to identify specific service areas, consumers, and types of service needs of minorities and historically underserved individuals.
 - b. Engage agency liaisons and consumers to adapt, develop or adopt standards, evidence-based outreach and service delivery strategies for of minorities and historically underserved individuals.
 - c. Present recommended innovations (item b) to the Governor's Transformation Advisory Board for adoption by the partner agencies.

Goal III. B: Ensure that cultural competence is addressed and strengthened within the care-giving workforce.

Strategies

1. *Coordinate cross-agency efforts to improve and ensure cultural competency.*

Action Plans

- a. Collect state agency specific cultural competency plans or strategies as available from state agencies that are represented on the Governor's Transformation Advisory Board.
- b. Utilize ODMHSAS Cultural Competency Coordinator and Task Force to review plans and analyze for strengths and needs, including issues related to racial and ethnic diversity as well as sexual orientation and language competencies.
- c. Host multiple agency meeting to share findings, identify common needs, and develop partnerships for moving forward with multiple agency projects.
- d. Request technical assistance as indicated.

Eliminating Disparities



2. Increase the number of trained and certified and licensed workforce members who are culturally competent.

- a. Partner with post-secondary institutions to develop and expand the cultural competence curriculum for professionals entering the mental health and substance abuse workforce.
- b. Engage the Oklahoma State Department of Health and other agencies to establish or enhance standards for licensing and certification for mental health and behavioral health professionals who are culturally competent.
- c. Partner with Governor's Transformation Advisory Board and other partner agencies to examine and develop recommendations for state agencies on behavioral health cultural competence training and development.

Goal III.C: Improve care in rural Oklahoma.

Strategies

1. Increase the number of persons in rural settings who receive mental health and substance abuse treatment services and supports.

Action Plans

- a. Collaborate with Turning Point, Community Action Agencies, Oklahoma Primary Care Associates, Office of Rural Health, Indian Health Services, and the Oklahoma Commission on Children and Youth to utilize existing data that will assist collaboration in understanding and developing strategies to reduce barriers and challenges to receiving services and supports in rural areas.
- b. Utilize existing programs, such as Turning Point, Community Action Agencies, OCCY, and established formal and informal community groups to identify and engage local points of contact in obtaining consumer input on needed behavioral health services and support in rural areas, as well as identifying avenues for information dissemination on the availability of services.
- c. Partner with media outlets and informal community groups to inform rural individuals about available services
- d. Identify medical community partners and other community partners to expand the local capacity to use technology and telemedicine.
- e. Investigate agreements with bordering states on accessing behavioral health services.

2. Eliminate disparities in the availability of mental health and substance abuse service and support options in rural areas.

- a. Engage Governor's Transformation Advisory Board partnership agencies to review current disparity data (needs assessment, databases, and reports, analytic maps) to identify service gaps in the continuum of care for rural areas.
- b. Identify primary care providers in rural areas to develop screening, referral, and collaborative relationships with substance abuse and mental health providers.
- c. Develop a strategic plan with the Primary Care Association and the Federally Qualified Health Centers to increase linkage and improve access to substance abuse and mental health services.



Section IV

Early Screening, Assessment, and Referral to Substance Abuse Treatment and Mental Health Services are Common Practice.

New Freedom Commission
Related Recommendations

- 4.1 Promote the health of young children.**
- 4.2 Improve and expand school mental health and substance abuse services programs.**
- 4.3 Screen for co-occurring mental health and substance use disorders and link with integrated treatment strategies.**
- 4.4 Screen for mental health and substance use/abuse disorders in primary health care, across life span, and connect to treatment and supports.**

Overview

In a transformed system, the early detection of mental health and substance use problems in children and adults — through routine and comprehensive testing and screening — will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. Quality screening and early intervention will occur in both readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health or substance use problems, such as criminal justice, juvenile justice, and child welfare systems. Both children and adults will be screened for mental health needs and substance abuse during their routine physical exams.

For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent problems from worsening. Service providers across settings will also routinely screen for co-occurring mental illnesses and substance use disorders. Early intervention and appropriate treatment will also improve outcomes and reduce pain and suffering for children and adults who have or who are at risk for co-occurring mental and addictive disorders. Early detection of disorders will result in substantially shorter and less disabling courses of impairment. Currently, no agency or system is singularly responsible or



Clear Access Points for Identification of Needs

accountable for young people with serious emotional disturbances. They are invariably involved with more than one specialized service system, including mental health and substance abuse services, special education, child welfare, juvenile justice, substance abuse, and health.

The mission of public schools is to educate all students. However, children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school, compared to 30% of all students with disabilities.

Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools are key partners in the mental health care of our children. Schools are in a key position to identify mental health problems early and to provide a link to appropriate services.

The No Child Left Behind Act of 2001 was designed to help all children, including those with serious emotional disturbances to reach their optimal potential and achievement. Strategies for greater integration of educational and other systems of care include:

- Work with parents, local providers, and local agencies to support screening, assessment, and early intervention;
- Ensuring that services are part of school health centers;
- Ensuring effective coordination of federally funded services including health, mental health, substance abuse services and promotional education programs;
- Implement empirically supported prevention and early intervention approaches at the school district, local classroom, and individual student levels;
- Creating a state-level structure for school based services to provide consistent state-level leadership and collaboration between education, general health, and mental health systems.



*The Costs of Not Treating
Co-occurring Disorders*

Co-occurring substance use and mental disorders can occur at any age. Research suggests that as many as half of the adults who have a diagnosable mental disorder will also have a substance use disorder at some point during their lifetime. A substantial number of children and adolescents also have co-occurring mental illnesses and substance use disorders. If one co-occurring disorder remains untreated, both usually get worse. Additional complications often arise, including the risk for other medical problems, unemployment, homelessness, incarceration, suicide, and separation from families and friends. Older adults are at risk of developing both depression and alcohol dependence for perhaps the first time in their lives. This phase of the life cycle has new risk factors for both of these disorders. National estimates expect the number of older adults with mental illnesses to double to 15 million in the next 30 years. Mental illnesses have a significant impact on the health and functioning of older people and are associated with increased health care use and higher costs. The current mental health service system is inadequate and unprepared to address the needs associated with the anticipated growth in the number of older people requiring treatment for late-life mental disorders.

*Greater Connection to Primary
Health Care Settings*

People with mental health and substance use or abuse disorders are routinely seen in primary care settings. Primary care providers actually prescribe the majority of psychotropic drugs for both children and adults. While primary care providers appear positioned to play a fundamental role in addressing mental illnesses or substance abuse disorders, there are persistent problems in the areas of identification, treatment, and referral. Despite their prevalence, these disorders often go undiagnosed, untreated, or under-treated in primary care. Primary care providers' rates of recognition of mental health and addictions problems are still low, although the number identified is



increasing. When these disorders are identified, they are not always adequately treated in the primary care setting, and referrals from primary care to specialty treatment are often never completed.

Studies indicate that a significant percentage of patients in primary care show signs of depression, yet up to half go undetected and untreated. This is especially problematic for women, people with a family history of depression, the unemployed, and those with chronic disease, all of whom are at increased risk for depression. Of all the children they see, primary care physicians identify about 19% with behavioral and emotional problems. While these providers frequently refer children for mental health treatment, significant barriers exist to referral, including lack of available specialists, insurance restrictions, appointment delays, and stigma. In one study, 59% of youth who were referred to specialty mental health care never made it to the specialist.

Background Information

The Oklahoma Department of Human Services (OKDHS) confirms an estimated thirteen thousand cases of child abuse and/or neglect each year. The rate of confirmations of child abuse and/or neglect is 14.8 per 1,000 children. In 2004, 51 children in Oklahoma died because abuse and/or neglect. Abused and neglected children often suffer developmental delay, physical impairments and emotional disturbance (OICA, 2005). In order to grow a healthy citizenry, Oklahoma must develop screening tools and early intervention programs for children age birth to age five who are at risk for, and who may have already developed, behavioral health problems.

The need for expanded school based substance abuse programs is reflected in the prevalence of substance use among Oklahoma students. During spring 2004, approximately 9 percent of Oklahoma students in grades 6, 8, 10, and 12 voluntarily



completed the Oklahoma Prevention Needs Assessment (PNA) survey (n=16,752 students; ODMHSAS, 2004). The results from the 2004 PNA survey revealed that 37.8 percent of students in grades 6, 8, 10 and 12 use some prohibited substance, including alcohol, tobacco, marijuana and other illicit drugs, either individually or in combination. Alcohol use presents the greatest problem among youth; 39.4 percent of surveyed 10th graders and 49.9 percent of surveyed 12th graders report using alcohol in the past 30 days, and 55.3 percent of students report using it at least once in their lifetime. This study also found that an estimated 10.7 percent of youth 11-19 (Grades 6-12) reported using alcohol and at least one other drug within the past 30 days. While this percentage may seem small, this translates to almost 55,000 adolescents. Thus the problem of alcohol and drug use among youth in Oklahoma is very significant.

School based mental health programs also need to be expanded. Indicators for depression, suicidal ideation, and suicide attempts for Oklahoma youth come from the 2005 Youth Risk Behavior Survey (YRBS; CDC, 2004), which indicates that 27.9 percent of Oklahoma students surveyed (grades 9 through 12) have stopped doing some usual activities within the past 12 months because of feelings of sadness or hopelessness that occurred almost every day for two weeks or more. Those students surveyed also indicated that during the past 12 months, 15.4 percent seriously considered attempting suicide, 12.4 percent made a plan to attempt suicide, and 7.9 percent actually attempted suicide.

Screening tools and better treatment services are also needed for adults with co-occurring disorders. Co-occurring disorders often go undetected or untreated. The Oklahoma Needs Assessment and Resource Inventory Report estimates that 82 percent of ODMHSAS dually diagnosed clients do not receive the integrated substance abuse and mental health services they need.



Strategic Developments

Moreover, the report estimates that almost 84,000 adults in Oklahoma have co-occurring disorders, however, based on the service data 77 percent of this group is not presenting for either mental health or substance abuse treatment.

Needs Assessment 2006: Information was collected from interviews, policy reviews, and secondary analysis of data to inform the development of this plan. The following items were identified as existing initiatives to support transformation.

- The state is implementing a 5 year federal Co-Occurring State Incentive Grant (COSIG) to improve service delivery for people with co-occurring mental health and substance abuse disorders by developing screening tool and integrated services.
- The NAMI "Hope for Tomorrow" prevention curriculum is available and used in schools.
- Many school districts have partnered with Systems of Care and other stakeholders to provide positive behavior supports (PBS), to create school environments that support childrens' behavioral and emotional health and provide early intervention services within schools.
- Uniform training for assessment adopted by CMHCs.
- OHCA is partnering with pediatrician and other groups to promote early screening for behavioral health problems.
- Some degree of consumer family involvement in some areas at statewide level and in some local agencies.
- Youth suicide prevention initiative.



**Work Group
Recommendations**

Children's Behavioral Health

- Develop competency standards for staff training.
- Create a study to determine discrepancies in access to behavioral health services.
- Identify groups with limited access and include them in the public comment process.
- Coordinate behavioral health efforts between Smart Start Oklahoma, the ICC for Early Intervention, Tribal WIC, Tribal Head Start, and Better Baby Care.
- Analyze barriers and challenges to early / easy access.
- Develop a plan for comprehensive early childhood health systems that coordinates screening, assessment and intervention systems for children ages 0—8.
- Provide interdisciplinary training and set standards to improve competencies of staff for providing strengths-based services to young children.
- Implement Systems of Care and Communities of Care in new communities.
- Systems of Care staff will partner with the Oklahoma Commission on Children and Youth to expand the Systems of Care program through school-based social services.

Adult Services

- Develop regional plans for ensuring adequate services in rural areas across the state.
- Assess the technical capabilities for use of web-based services in underserved areas of the state.
- Facilitate a process to upgrade technical infrastructure prior to the implementation of electronic information systems.
- Develop and promote partnerships with Tribal and other culturally diverse entities.
- Develop a program to educate and enhance workforce cultural competencies for serving Oklahoma populations.



Criminal Justice

Identify funding and service plans for Mobile Crisis Teams in rural areas of Oklahoma.
 Expand secure stabilization center services across the state.
 Identify and develop strategies for partnering with culturally diverse faith-based services and consumer advocacy groups.

Workforce Development

Develop a planning partnership with Higher Education and the Vocational system to address barriers and supporting factors for students entering behavioral health as a career (curriculum, marketing, career planning, etc.).
 Develop regional plans to address specific types of workforce staffing needs by regions of the state.
 Analyze pay structures related to workforce recruitment and retention in key service roles and geographic areas.
 Identify staffing needs for professional and paraprofessional services by geographic areas.

Action Plan to implement early screening, assessment, and referral to substance abuse treatment and mental health services.

Goal IV.A: Develop systems that promote early access for treatment and supports children.

Strategies

1. Further develop capacity to screen for behavioral health needs within early childhood programs and in other settings accessed by families with younger children.

2. Expand prevention, screening, services, and supports for behavioral health needs within

Action Plans

- a. Continue to support and expand day care consultation in settings supported by OKDHS, ODMHSAS, and OSDH.
 - b. Review curricula content/training materials utilized for working in settings providing care to younger children.
 - c. Propose enhancements to screen for possible mental and substance abuse disorders and link with integrated treatment strategies or referral.
 - d. Convene stakeholder group to develop strategic plans to assure statewide availability of basic continuum of services for younger children
-
- a. Propose a plan to include a basic continuum of behavioral health services for school aged children receiving primary care services, child welfare services, and services through juvenile

Early Screening and Access



schools, health care, child welfare, and juvenile justice systems.

justice.

- b. Expand the capacity of schools, and custodial facilities to meet the behavioral needs of their students, screen for mental and substance abuse disorders and link with integrated treatment strategies or referral.
- c. Support the goals of the “Children of Promise, Mentors of Hope” program for child visitation, support and mentoring of prisoners.
- d. Increase the number of trained gatekeepers in suicide intervention/prevention prevention strategies.

Goal IV.B: Develop framework and capacity within adult and older adult service settings to screen and connect with needed services and supports.

Strategies

1. Develop tools and supports to encourage screening and connecting to treatment and supports for mental disorders and addiction problems in primary health care, across the lifespan.

2. Provide a standardized statewide co-occurring (substance abuse and mental health) assessment protocol that utilizes a menu of tools responsive to individual consumer needs.

3. Support use of mental health and substance abuse screenings within criminal justice settings.

Action Plans

- a. Develop communication and training strategies to increase awareness and improve screening skills for professionals having ongoing interface with behavioral health customers and issues, such as ER physicians, primary care providers, and pharmacists.
- b. Provide best practices information and tools developed for substance abuse and mental health screening specific to various professional settings.
- c. Collaborate and expand current interfaces between behavioral health and primary health within the Federally Qualified Health Centers.
 - a. Implement screening and referral processes in conjunction with the Department of Health post-partum and depression screening initiative.

- a. Develop, implement and evaluate a standard protocol for screening and assessment, being modeled within the ODMHSAS service system.
- b. Complete current planning and development on standardized screening protocol and tools.
- c. Develop a plan to inform key stakeholders, people in recovery, agencies, tribes and advocacy organizations to review and test the standardized protocol.

- a. Convene a workgroup from stakeholders in Oklahoma Criminal Justice setting to identify key uses of screening tools.
- b. Review, identify and make recommendations for validated screening tools, such as the Jail Screening Assessment Tool (JSAT) and the Brief Jail Mental Health Screen (BJMHS) for use in criminal justice processes.



- c. Develop a plan for implementing new screening or assessment practices in the identified criminal justice settings.

Goal IV.C: Integrate Infant Mental Health into all child and family service systems.

Strategies

1. Enhance the relationships between infants, parents, caregivers, and service providers through supportive child and family services systems.

2. Expand the capacity to screen for behavioral health needs within early childhood programs and in other settings accessed by families with younger children.

3. Institute or expand use of co-occurring and trauma - informed screening in other state service systems.

Action Plans

- a. Utilize a workgroup from OKDHS, ODMHSAS, OSDH, OCCY, OHCA, Infant Mental Health Association, the medical community, and the legal community to review existing reports/data/policies regarding the current status of child care, Child Welfare, Health, and Mental Health.
- b. Make recommendations that would enhance services to children age zero to five.

- a. Review curricula content/training materials utilized for working in settings providing care to younger children to include information about the ACE study and the effects of trauma.
- b. Propose enhancements to screen for possible mental and substance abuse disorders and link with integrated treatment strategies or referral.
- c. Develop strategic plans to assure statewide availability of basic continuum of services for younger children.
- b. Collaborate with the OSDH to provide continued training in the Diagnostic Classification of Mental Health and Developmental Disorders of Infant and Early Childhood.
 - a. Offer tools based on ODMHSAS model.
 - b. Provide technical assistance and protocol development as requested by partners from non-mental health and non-substance abuse service settings, i.e. primary health, emergency room settings, criminal justice, public schools, etc.



Section V

Excellent care is delivered.

New Freedom Commission
Related Recommendations

- 5.1 Accelerate research to promote resilience and recovery.**
- 5.2 Advance evidence-based practices using dissemination and demonstration.**
- 5.3 Improve and expand the workforce, providing evidence-based services and support.**
- 5.4 Develop the knowledge base in four understudied areas: mental health and substance abuse treatment disparities, long-term effects of medications, trauma, and acute care.**

Overview

In a transformed system, consistent use of evidence-based, state-of-the-art medications and psychotherapies will be standard practice throughout the addictions and mental health treatment system. Science will inform the provision of services, and the experience of service providers will guide future research. Every time an American — whether a child or an adult, a member of a majority or a minority, from an urban or rural area — comes into contact with a service, he or she will receive excellent care that is consistent with our scientific understanding of what works. That care will be delivered according to the consumer’s individualized plan.

Research has yielded important advances in our knowledge of the brain and behavior, and helped develop effective treatments and service delivery strategies for many addictive and mental disorders. In a transformed system, research will be used to develop new evidence-based practices to prevent and treat illnesses. These discoveries will immediately be put into practice. People with mental illnesses and substance abuse disorders will fully benefit from the enormous increases in the scientific knowledge base and the development of many effective treatments.

*Emerging Evidence for
Best Practices*

Effective, state-of-the-art treatments vital for quality care and recovery are now available for most serious mental illnesses, serious emotional disorders, and substance abuse problems. Yet



Evidence-based practice (EBP)

is defined* as — the integration of best-researched evidence and clinical expertise with patient values.

Emerging best practice is defined as treatments and services that are promising but less thoroughly documented than evidence-based practices.

* The Institute of Medicine

these new effective practices are not being used to benefit countless people. The mental health field has developed evidence-based practices (EBPs) — a range of treatments and services whose effectiveness is well documented.

A partial list of nationally-recognized EBPs includes:

- Specific medications for specific conditions,
- Cognitive and interpersonal therapies for depression,
- Preventive interventions for children at risk for serious emotional disturbances,
- Therapeutic foster care,
- Multi-systemic therapy,
- Illness management
- Integrated Dual Disorder Treatment
- Supported employment
- Supported housing
- Parent-child interaction therapy,
- Medication algorithms,
- Family psycho-education,
- Assertive community treatment, and
- Collaborative treatment in primary care.

Along with EBPs, the mental health field has also developed promising but less thoroughly documented emerging best practices, such as:

- Consumer operated services,
- Jail diversion and community re-entry programs,
- School mental health services,
- Trauma-specific interventions,
- Multi-family group therapies, and
- Wraparound services for children with serious emotional disturbances and their families.

Despite this range of effective, state-of-the-art treatments and best practices, many interventions and supports do not reach the people who need them because of:



Reimbursement Policies and Practices

- Complex reimbursement policies (if payment for the treatments is even allowable),
- The growing crisis in workforce training,
- The shortage of qualified professionals, and
- The need for more research on putting new and proven methods into practice more rapidly.

The complexities and limitations in paying for many well-established, evidence-based practices for children and adults cause the quality of services to vary greatly. In particular, Medicaid, Medicare, and private payers must have effective strategies for keeping current with advances in evidence-based practices, continuously examining practice to inform reimbursement policies. As promising new findings are conveyed from the research community into the hands of front-line providers, policies and financing criteria at the federal, state, and local levels must provide incentives to support adopting and using these new findings.

The Key Role of Workforce Development

The New Freedom Commission highlighted a “workforce crisis” in health care. Today not only is there a shortage of providers, but those providers who are available are not trained in evidence-based and other innovative practices. This lack of education, training, or supervision leads to a workforce that is ill-equipped to use the latest breakthroughs in modern medicine.

Although the supply of well-trained mental health and substance abuse treatment professionals is inadequate in most areas of the country, rural areas are especially hard hit. In addition, particular shortages exist for providers who serve children, adolescents, and older Americans.

Another challenge in the system is the condition of some education programs. While some graduate programs have led the field in developing and disseminating evidence-based practices, many others have not kept pace with dramatic technological



Background Information

developments in delivering care. Continuing education programs routinely employ teaching methods that have been demonstrated, through research, to have little effect on provider behavior or impact on consumer outcomes. Also, substantive training in the evidence-based treatment of mental illnesses and addiction disorders tends not to be offered to critical segments of the workforce that have an enormous role in direct care, including bachelor-level staff, paraprofessionals, primary care providers, consumers, and families.

Despite the recognized importance of culturally relevant services, training curricula generally lack an adequate focus on developing cultural competence. Racial, ethnic, and linguistic minorities remain significantly under-represented in the current workforce. As concepts of recovery and resiliency become key principles in care, education and training programs must incorporate these concepts in their curricula, training materials, and experiences.

The prevalence of trauma in our society makes it necessary to provide treatment that is sensitive to the needs of trauma survivors. According to national estimates, 13 to 59 percent of women and 5 to 11 percent of men in the general population experience physical and sexual abuse during their lifetime (VAWnet, 2006). Since these traumatic events often cause mental health and/or substance abuse problems, the percent of behavioral health clients who are survivors of trauma is much higher.

A report by Ann Jennings (2004) on *The Damaging Consequences of Violence and Trauma* gives an overview of national statistics on the prevalence of trauma within the behavioral health population. According to this report, up to 75 percent of substance abuse treatment clients reported childhood trauma, as did 67 percent of clients in psychiatric hospitals. It was also reported that 90 percent of mental health clients have been exposed to some trauma during their lifetime. These staggering



statistics demonstrate a need for a trauma informed behavioral health workforce.

It is also necessary for Oklahoma's behavioral health workforce to be culturally competent. While the race/ethnicity of service providers does not guarantee cultural competency, it does provide some reference when considering the reluctance of some clients to be seen by providers of a different race/ethnicity. In 2005, 14 percent of ODMHSAS consumers were African-American compared to 12 percent of all direct care staff and 9 percent of psychological or counseling service staff. This disparity lends support to the focus group comments on African-American reluctance to seek treatment. Native American and Hispanic service providers are also slightly under represented when compared to client racial/ethnic composition.

In order for a culturally competent and trauma informed workforce to be most effective, services rendered should center on evidence-based practices (EBP). During FY 2005, 539 ODMHSAS adult mental health clients received EBP Assertive Community Treatment, which exceeded the targeted Mental Health Block Grant goal of 500 clients. Exceeding this goal demonstrates Oklahoma's desire to implement evidence-based practices in more service areas and to provide clients with the best care possible.

Strategic Developments

Needs Assessment 2006: Information was collected from interviews, policy reviews, and secondary analysis of data to inform the development of this plan. The following items were identified as existing initiatives that support transformation:

- Expansion of a Science to Service initiative
- Establishment of Office of Consumer Affairs
- Establishment of Recovery Support Specialist and Family



Support Specialist positions

- An array of outpatient mental health and substance abuse services for children and adults provided through network of 15 community mental health centers (CMHCs) with programs in 102 cities and towns, two adult hospitals, one children's hospital, and other contract agencies.
- Increased ability to identify children and youth in need of behavioral health services, expansion of some critical services, and creation of new community-based services.
- Systems of Care initiative: ODMHSAS and partner agencies have expanded wraparound care coordination, family support providers and behavioral aides.
- ODMHSAS has developed 14 PACT programs.
- Several private not-for-profit mental health providers received federal HUD grants to support housing for consumers.
- ODMHSAS contracts for independent evaluation of new, evidence-based program modes [Systems of Care; Integrated Systems Initiative].
- Increasing amount of in-service training and continuing education offered by ODMHSAS.
- OK state legislature has enacted licensure credentials for seven types of behavioral health professionals.
- Skills-based curriculum implemented for care coordinators, family support providers and supervisors.
- Training for juvenile justice staff on new assessment tools and on the Sanctuary model to provide a trauma-informed rehabilitative environment for children.
- ODMHSAS and DRS implementing Supported Employment evidence-based toolkit Fall '06.
- Creation of Partnership for Children's Behavioral Health in 2004; progress made toward creating an integrated system of care.
- More than 20 Systems of Care Community Teams and Community Partnership Boards collaborating on system



improvement for children.

- OHCA has established strong working relationships with DHS, ODMHSAS, and OJA. These agencies work collaboratively on the design of the state Medicaid program and on problem-solving. OHCA has added new programs and reimbursement rates.
- State agencies cooperate through the transfer of funds from one to another, i.e., ODMHSAS contracts for substance abuse services on behalf of TANF recipients from DHS, and for residential substance abuse services for DOC inmates.

**Work Group
Recommendations**

Children's Behavioral Health

Develop a workgroup to establish standards for evidence-based practice and growing practice based evidence for behavioral health services and appropriate cultural adaptations.

Develop a shared training calendar on a website.

Develop Core Competencies across all child-serving agencies.

Work with universities and colleges to incorporate core competencies into curricula.

Identify strategies to give incentives for working in children's behavioral health in Oklahoma.

Continue to disseminate evidence-based practices through training and coaching.

Develop and implement a curriculum for family support providers.

Develop strategies to adequately compensate providers for achieving credentials.

Adult Services

Develop and sustain a competent and healthy workforce to address cultural competency and the populations needing services.

Develop and implement a systematic co-occurring disorder training academy that is inclusive of mental health, substance abuse, prevention, and trauma-informed opportunities.



Partner with Higher Education for inclusion of a co-occurring disorder curriculum.

Promote licensure / credentialing processes in support of co-occurring disorder knowledge base.

Develop strategies for public entities to lead the way in hiring consumers, thereby setting an example for private businesses.

Establish standards of mandated training for all who provide services to Oklahomans impacted by mental health conditions, substance abuse, domestic violence or sexual assault issues.

Criminal Justice

Develop a curriculum of training for Judges, District Attorneys, Public Defenders, Law Enforcement, Correctional Staff, Probation and parole.

Increase the amount mental health and substance abuse training in CLEET programs.

Increase the use of web-based training and other types of technology.

Develop trauma focused training to be included in pre-service and in-service training programs.

Create a training institute that focuses on culturally competent, trauma-informed content and incorporates latest research, evidence-based practices and the use of data.

Workforce Development

Improve training between pediatricians, emergency room staff, family practitioners, health departments, daycare, pre-schools, Head Start, Kindergarten, (and others) on the importance of infant mental health, trauma and prevention.

Improve pay structures for all levels in the field to bolster recruitment and retention of professionals to provide much needed services.

Provide incentives for the existing workforce through methods such as: student loan forgiveness, more flexible policies, work hours, stipends and wages.



Action Plan to facilitate excellent care delivery and accelerate research.

Goal V.A: Oklahoma will connect science to mental health and substance abuse services by increasing the depth of science and service partnerships among stakeholders.

Strategies

1. *Develop a collaborative among researchers at state and private universities, stakeholders, and state agencies, and other stakeholders.*

2. *Encourage researchers and graduate students to conduct research projects that will inform services.*

Action Plans

- a. Hold quarterly Science to Service meetings, which will include presentations from state agencies about services, data and potential projects and from researchers about current relevant research projects.
 - b. Share contact information among all collaborators.
 - c. Develop an on-line forum for communication to include threads for specific areas of interest, e.g., criminal justice, aging, and housing.
-
- a. Identify funding sources to assist in developing research projects.
 - b. Fund initial projects to model a science to services approach.

Goal V.B: Develop and sustain a culturally competent and trauma informed workforce.

Strategies

1. *Enhance the infrastructure available to support and coordinate workforce development efforts.*

2. *Identify key gaps in workforce needs to increase availability of mental health and substance abuse services.*

Action Plans

- a. Establish a Professional Development Coordinating Council to facilitate cross-agency oversight and coordination of professional learning.
 - b. Develop a comprehensive, cross-agency framework for professional learning including: standards for training, technology-infused learning, experiential learning, distance learning, performance support systems, and peer coaching.
 - c. Identify “transformative” learning priorities (content) for increasing the effectiveness of practices and systems for Oklahoma mental health and substance abuse services.
 - d. Establish key methods of communication between agencies to enhance the implementation of training programs such as coordinated calendars, technology plans, shared staffing, and shared funding strategies for training development.
-
- a. Identify prioritized learning needs for key workforce categories [e.g. pediatricians, ER staff, educators, police officers, judges, etc.]
 - b. Identify workforce needs by area of the state, including urban, metro, and rural service delivery areas.
 - c. Review and synthesize effective approaches to solving



3. Better integrate the needs of communities for workforce preparations and the programs offered by the state universities and other institutes of higher learning.

workforce gap issues based on experiences in other sectors.

- a. Partner with area workforce development initiatives to improve collaboration among agencies, both behavioral health and non-behavioral health efforts.
- b. Identify post-secondary partners to participate in development of substance abuse degree curriculum in colleges and universities.
- c. Identify effective strategies for recruitment and retention of professionals in the area of mental health, substance abuse and domestic violence [e.g. scholarships, loan repayment options, etc.]
- d. Enhance the certification program for mental health peer support specialists to include substance abuse peer support specialists.

Goal V.C: Increase and utilize the highest possible level of trained and educated consumer and other professionals and paraprofessionals equipped with the knowledge and expertise to address these issues.

Strategies

Action Plans

1. Expand financial incentives, to increase recruitment and retention.

- a. Establish a workgroup to identify key issues in Oklahoma staffing, including: funding sources, priority areas, and target recipients of increased financial incentives.
- b. Identify available resources in state and federal programs
- c. Propose a strategy for state strategic financial support for implementing evidence-based practices and evaluate their effectiveness.
- d. Identify key policy revisions and make recommendations to appropriate governing bodies.

2. Provide wages and benefits commensurate with education, experience, and levels of responsibility.

- a. Develop partnerships with the state Department of Labor on employment, wage, and benefit issues.
- b. Use data generated through collaborations with Department of Labor to adjust wages and benefits.

3. Select, implement, and evaluate recruitment and retention strategies tailored to the unique needs of each behavioral health organization.

- a. Identify recruitment and retention needs of behavioral health organizations in Oklahoma.
- b. Implement and evaluate interventions designed to address those unique recruitment and retention needs of each organization.



Section VI

Technology Is Used to Access Care and Information.

New Freedom Commission
Related Recommendations

- 6.1 Use health technology and telehealth to improve access and coordination of care, especially for Americans in remote areas or in underserved populations.**
- 6.2 Develop and implement integrated electronic health records and personal health information systems.**

Overview

In a transformed system, advanced communication and information technology will empower consumers and families and be a tool for providers to deliver the best care. Consumers and families will be able to regularly communicate with the agencies and personnel who deliver treatment and support services and who are accountable for achieving the goals outlined in the individual plan of care.

Information about illnesses, effective treatments, and services in their community will be readily available to consumers and families. Access to information will foster continuous, caring relationships between consumers and providers by providing a medical history, allowing for self-management of care, and electronically linking multiple service systems. Providers will access expert systems that include the most recent breakthroughs and studies of optimal outcomes to facilitate the best care options. Having agreed to use the same health messaging standards, pharmaceutical codes, imaging standards, and laboratory test names, the Nation's health system will be much closer to speaking a common language and providing superior patient care. Informed consumers and providers will result in better outcomes and will more efficiently use resources.

Electronic health records can enhance quality and service outcomes by supporting desired practices utilization including:

- Clinical reminders;
- Clinical practice guidelines for prevention, treatment, and monitoring;



Overview
(continued)

*Improving Service Quality through
Innovative use of Technology*

- Tools for decision support;
- Direct computer entry of health care instructions and prescription dosages; and
- Patient safety alert systems.

The New Freedom Commission Report proposed this national health information infrastructure not as a centralized government database, but rather as a means to connect and exchange health information in the framework of a secure, decentralized network.

The system should include state-of-the-art clinical supports described above.

- The design initiative should involve Federal, State, and local governments; professional organizations; health care consumers; advocates; providers; payers; purchasers; and other relevant groups.
- The Individualized Plan of Care should be included in the electronic health record and be developed along with the proposed comprehensive state plan.

Access to care will be improved in many underserved rural and urban communities by using health technology, telemedicine care, and consultations. Health technology and telehealth will offer a powerful means to improve access to mental health care in underserved, rural, and remote areas. The privacy of personal health information, especially in the case of mental illnesses, will be strongly protected and controlled by consumers and families. With appropriate privacy protection, electronic records will enable essential medical and mental health information to be shared across the public and private sectors.

Reimbursements will become flexible enough to allow implementing evidence-based practices and coordinating both traditional clinical care and e-health visits. In both the public and private sectors, policies will change to support these innovative approaches.



Background Information

According to the 2000 Census, 35 percent of the Oklahoma population lives in rural areas (U.S. Census Bureau, 2006), and ODMHSAS estimates that 52 percent of children and 56 percent of adults receiving ODMHSAS services live in rural areas. It is important that this rural Oklahoma population receive the behavioral health services they need.

In order to fill part of this service need, the Joint Oklahoma Information Network (JOIN) is steadily working towards the implementation of a statewide referral and service availability information hotline for providers and consumers. JOIN has purchased information and referral software and has established agreements with the developing '2-1-1' social services information networks around the state. Resource information is shared and updated among the networks and JOIN, and JOIN's central database provides a back-up for the 2-1-1 systems. Oklahoma 2-1-1 currently services 57 of the 77 counties, with no service in the Northwestern region of the state (<http://www.211oklahoma.org/>). As previously mentioned, this region often lacks behavioral health services available in other more urban areas of the state.

Besides the technology that is needed to support rural and other underserved behavioral health clients, technology is also needed to support Oklahoma behavioral health research. ODMHSAS has reaped some benefits from cross-agency data linkage to assess needs for and outcomes of behavioral health care, but the potential to have a much larger impact exists if appropriate data sharing agreements can be established. ODMHSAS has used grant funding to support development of a sophisticated probabilistic matching algorithm that accepts a wide array of identifying variables and accounts for possible coding errors and aliases. This method is the basis for a Department of Corrections query project, and is used to match ODMHSAS data with data from several state agencies (Department of Corrections, Oklahoma State Health Department,



Strategic Developments

Oklahoma Healthcare Authority, Oklahoma Tax Commission, Oklahoma State Bureau of Investigation, and Oklahoma Department of Public Safety) to collect long-term outcome information about ODMHSAS-funded service recipients. Such collaboration and partnerships demonstrates Oklahoma's ability and desire to increase the use of technology with regards to behavioral health.

Needs Assessment 2006: Information was collected from interviews, policy reviews, and secondary analysis of data to inform the development of this plan. The following items were identified as existing initiatives to support transformation:

- Oklahoma has a history of a strong commitment to data system development; many state agencies have developed systems that meet or exceed national standards.
- All state agency partners have developed performance monitoring systems that provide process and outcome indicators for program management and most have them posted on their websites.
- Many local providers, particularly CMHCs, have data systems that meet HIPAA standards for electronic data collection and transmission, and some also include elements of an electronic health record (EHR).
- The state's vocational and technical school system has video conferencing capabilities and ODMHSAS has begun to use this capacity to provide training and to conduct meetings.
- The Joint Oklahoma Information Network (JOIN) is a multi-agency project designed to make referral and service availability information accessible to providers and consumers, to support the electronic transmission of referral information among agencies, and to support cross-agency policy analysis and program evaluation.
- The Adult Recovery Collaborative, a partnership among OHCA, OKDHS, and ODMHSAS with the goal of moving management of adult outpatient behavioral health services and funding to ODMHSAS, is moving toward integration of data across the three



Strategic Developments
(continued)

agencies.

- Northwest Center for Behavioral Health, in collaboration with criminal justice system partners, has established video court commitment capabilities.

In Cherokee County, a multi-agency group received a grant from the Federal Agency for Healthcare Research and Quality to develop a regional health information organization (RHIO).

- A web-based query system allows DOC staff to determine whether inmates have received ODMHSAS-funded mental health or substance abuse services.

**Work Group
Recommendations**

Children's Behavioral Health

Coordinate a process of key stakeholders to assess the need for telehealth services, assess current resources and develop recommendations for implementation.

Conduct a feasibility study that includes physical and behavioral health stakeholders.

Develop an agreement on a single eligibility, claims payment and data sharing systems.

Integrate data sharing through JOIN.

Develop integrated state agency treatment plans and progress notes formats.

Develop integrated screening and assessment formats.

Adult Services

Revise information systems to integrate eligibility, coordination and claims processing systems for agencies serving low-income mental health and substance abuse consumers.

Expand integrated information systems to include the Department of Corrections, Department of Rehabilitation Services and other health care providers and state agencies.

Expand ways in which outcome data are utilized for quality assurance, informed decision making and systems improvement, utilizing consumer input at all levels of data collection.

Develop uniform provider participation standards.



Criminal Justice

Identify expanded methods for utilizing technology to share information across professions.

Increase the use of teleconferencing and other forms of technology in training.

Implement telemedicine concepts including assessment, intake, and other functions, with help from peer recovery support specialists (RSS).

Workforce Development

Implement telemedicine concepts, including assessment, intake in collaboration with recovery support specialist.

Increase the use of teleconferencing, web technologies, and consultations for training.

Coordinate records and make them digitally accessible and make a system of record portability.

Action Plan for improving access to and coordination of care for Oklahomans through the use of telehealth and technology.

Goal VI.A Improve access to and coordination of care for Oklahomans through the use of telehealth and other technology.

Strategies

1. *Develop strategies and consensus to implement technology improvements in support of Oklahomans in rural areas.*

2. *Improve access to and coordination of care for underserved populations via technology enhancements.*

Action Plans

- a. Review and recommend revised state policies, procedures and reimbursement mechanisms to support e-health visits and teletherapy.
- b. Expand use of video conferencing for court hearings statewide.

- a. Propose a strategy to revise state policies, procedures and data collection, storage and transfer mechanisms to permit and encourage the use of electronic signature by consumers for consent to care.
- b. Develop interagency software and secure commitments for technology resources to support care delivery and coordination, within and across specific state agencies; e.g. DOC care delivery and coordination application.
- c. Develop a web-based waiting list to improve access to and efficient use of residential services.



Goal VI.B: Develop frameworks for integrated electronic health records and personal health information.

Strategies

1. Implement systems to electronically integrate health records across agency lines in accordance with consumer-driven preferences.

2. Develop options for consumers to utilize integrated personal health information systems as personal resources to support the selection, monitoring and planning for their own care.

Action Plans

- a. Convene stakeholder group of consumers, providers, and state agency partners to establish priorities for use of electronic health record technologies and systems among state agencies and state-funded providers.
 - b. Identify potential mechanisms for monitoring and managing prescription and pharmacy information.
-
- a. Identify current and emerging practices in other states and in other health delivery systems.
 - b. Conduct one day informational seminar targeted for consumers and family members. Conclude seminar with focus groups to determine preferences and priorities.
 - c. Develop action plan based on prioritized recommendations.

Goal VI.C: Utilize data integration, analysis and reporting systems to support stakeholder decision-making.

Strategies

1. Develop cross-agency indicators for mental health and substance abuse quality in Oklahoma.

2. Establish an integrated consumer report card system

Action Plans

- a. Review cross-agency data systems for common data sets, quality indicators, and documentation processes.
 - b. Establish a review process for gaining consensus for mental health and substance abuse quality indicators.
 - c. Identify and utilize technical assistance resources.
-
- a. Convene a workgroup of key stakeholders (including providers, consumers, and administrators) to provide input, identify needs, and propose uses for data.
 - b. Develop and implement an integrated data quality and performance management system.
 - c. Develop and deliver provider training, including toolkits and support in its use.



Section VII

Achieving Transformation through Collaborations and Partnerships

Governance and Organizational Structure

Oklahoma's vision for transformation is that all our citizens will prosper and achieve their personal goals in the community of their choice. Several factors in place in Oklahoma are building a strong foundation for transformation. These are described below.

- The Governor, the Commissioner of the Department Mental Health and Substance Abuse Services, and other partners across state government are leading the way to facilitate lasting transformation.
- The Governor has appointed a Transformation Advisory Board which is Oklahoma's federally required transformation working group.
- Several vital and dynamic collaboration initiatives that cross traditional agency boundaries are becoming more consumer and family focused. These offer hope for recovery and resilience for people of all ages.
- The Oklahoma Innovation Center, hosted by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), is in place to support transformation activities. It is serving as a clearing house to coordinate and synchronize current and future transformational efforts.
- A clear mechanism is established to ensure a meaningful role for the Oklahoma Mental Health Planning and Advisory Council.
- The availability of a well-respected and pre-eminent behavioral data system and viable data sharing partnerships across multiple state agencies and community level organizations are available to inform consumers and provide resources for transformation planning.

Governance



Essential Elements of Transformation Organization and Governance

The following identify key functions and relationships between elements and structures in place to support Oklahoma's transformation activities.

The Governor's Transformation Advisory Board

The Governor's Transformation Advisory Board, will serve as directed by the Governor and act as Oklahoma's Transformation Working Group. The Board's role will be advisory and provide overall guidance to the development of implementation of transformation activities. The Advisory Board represents a broad base of constituencies including consumers, families, youth, state agencies, tribal organizations, Indian Health Services, law enforcement, philanthropy, and the business community. The Secretary for Health serves on the Advisory Board and will provide direct linkage to the Office of the Governor to report and monitor on all transformation activities.

Consumers

Consumers will be the primary informers and advocates in the analysis of needs, development of the Comprehensive Plan, and advocates as the plan is implemented. Consumers will continue to be active on the Governor's Transformation Advisory Board, the

Oklahoma Mental Health Planning and Advisory Council

On the Oklahoma Mental Health Planning and Advisory Council, on the staff of the Innovation Center, and as participants in multiple state agency and community-level partnerships, The Oklahoma Mental Health Planning and Advisory Council (OMHPAC) will continue to operate as required by Public Law 102-321, Section 1914 of the Public Health Service Act. Individual OMHPAC members will continue to be designated by directors of state agencies or the Commissioner for Mental Health and Substance Abuse Services. One position on the Governor's Transformation Advisory Board is designated as representative of the Council. (Other Advisory Board members also serve concurrently on the OMHPAC). The OMHPAC representative on



The Innovation Center

the Advisory Board will provide regular updates to the Council. The Council will periodically review and comment on the Advisory Board activities and the Comprehensive Plan.

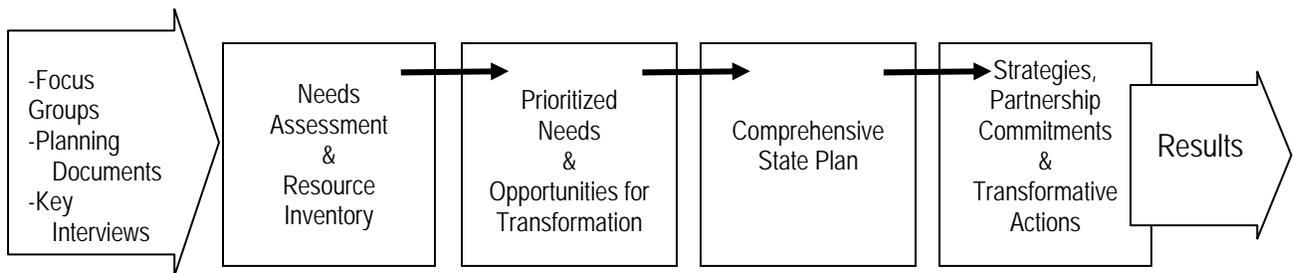
The Innovation Center will be available as an on-going resource to assist with transformation activities by providing technical assistance, inter-agency communication, and establishing frameworks where transformation collaboration will be organized, monitored, and supported. The Innovation Center Director will staff the Governor's Transformation Advisory Board and align Innovation Center resources to support transformation activities.

Evaluation Team

The Evaluation Team will operate under the direction of the Innovation Center Director. The Evaluation Team will propose a structure where the impact of the transformation activities within the Comprehensive Plan can be objectively monitored, measured, analyzed, and reported to the Governor's Transformation Advisory Board. The Evaluation Team products will also be utilized to report to SAMHSA, including but not limited to, satisfying the state's reporting requirements within the Government Performance and Reporting Act (GPRA).

Logic Model

The following illustrates a flow of information and other inputs to demonstrate how the elements and processes interact to lead to transformative results.

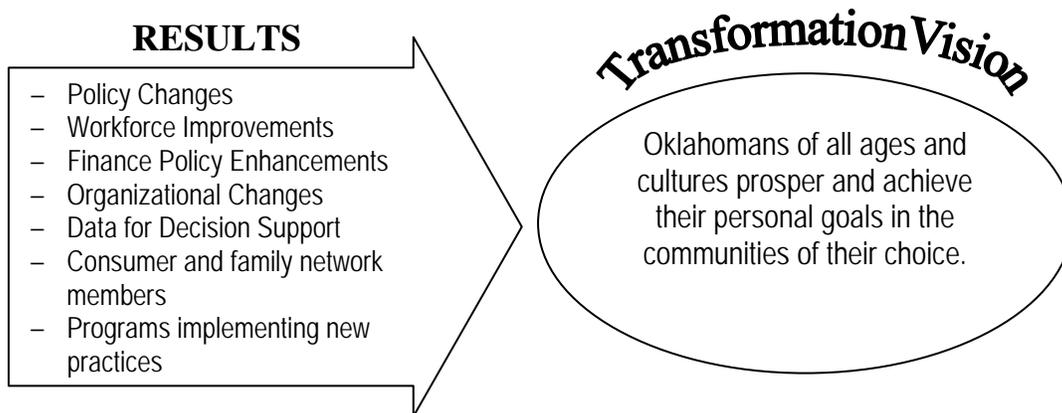




Organizing for Results

All partners in transformation are committed to strategies that will lead to lasting change to support transformation. The vision for governance is closely aligned with the state's vision for transformation. Structures, processes, and organizational responsibilities must be reviewed in order to improve access to services and support a consumer driven system. Partners are prepared to look at these elements to remove barriers that impede progress toward the vision. Consequently, Oklahoma expects that changes at multiple levels will occur on this journey to realize the transformation vision for the state.

Examples of results that will indicate change are listed below. These represent possible systemic adjustments and reformations which closely align with the federal GPRA (Government Performance and Results Act) measures for the Transformation State Incentive Grant program. These represent much more than grant-required accountability measures. They, in fact, reflect changes that provide foundations and build bridges for the state to achieve its transformation vision.





**Oklahoma Mental Health
Planning and Advisory Council
Role (OMHPAC) in
Transformation**

The OMHPAC remains separate from the Governor's Transformation Advisory Board and retains its functions as required in the federal Community Mental Health Services Block Grant (MHBG) legislation. For the past several years transformation has been an integral part of the Council's discussions and planning. The Council Chair was appointed to the Governor's Transformation Advisory Board. She clearly clarifies to other Advisory Board members that her role on the Board is to represent the Council in transformation initiatives. This Council representative (now the immediate past Chair of the Council) frequently reports to the Council on the transformation activities. The Council has committed to regularly review the Comprehensive Plan as submitted to SAMHSA. Two additional members of the Governor's Advisory Board are also Council members. That strengthens the OMHPAC's role in transformation and assures productive relationship between the two groups.

**The Interrelationship of the
Block Grant Plan and the
Comprehensive Plan**

The Innovation Center Director is the Transformation State Incentive Grant Project Director and is also Oklahoma's State Planner for the federal Mental Health Block Grant. He works closely with staff in the ODMHSAS Substance Abuse Division to assure good alignment of transformation activities with activities and obligations within the federal Substance Abuse Treatment Block Grant. It is important to note that since 2003, Oklahoma's Mental Health Block Grant applications have included targeted discussions around transformation and specifically the President's New Freedom Commission Report.

**The OMHPAC's Long Standing
Commitment to Transformation**

The following chart was developed by Council members to crosswalk their priorities with the New Freedom Commission Report.



		Strategic Goals					
Oklahoma New Freedom Commission Goals	Mental Health Planning Council Priorities		Prevention and Education	Treatment Competency	Program Capacity	Intersecting Service Needs	Performance Improvement
Oklahomans understand that having good mental health and being free from addictions is essential to overall health	<ul style="list-style-type: none"> • Suicide prevention strategies • Intersect with primary care • Continuity between levels of care 						
Care is consumer and family driven	<ul style="list-style-type: none"> • Recovery support specialist capacity • Consumers & families as trainers • Expand understanding and decrease stigma within other systems 						
Disparities in services are eliminated	<ul style="list-style-type: none"> • Employment for consumers from minority populations • One-stop access to services • Linkages with public schools 						
Early screening, assessment, and referral to services are common practice	<ul style="list-style-type: none"> • Holistic and integrated assessment tools and techniques • Transitions services for older youth 						
Excellent care is delivered and research is accelerated	<ul style="list-style-type: none"> • Evidence based practice training in educational institutions • Trauma training for emergency, law enforcement, and clergy • Science-based knowledge for prescribers of medication 						
Technology is used to access care and information	<ul style="list-style-type: none"> • Consumer access to technology • JOIN and Oklahoma 2-1-1 • Interagency agreements to better utilize technology & information sharing • Technology (telemedicine, teleconferencing, etc.) 						

The Innovation Center

In Oklahoma, longstanding calls for “transformation” in public and private mental health and substance abuse services have recently accelerated from ideas to action. The priority has been to bring about meaningful changes in services and systems. First, services and treatments must focus on *recovery* for those served instead of traditional efforts for coping and managing symptoms. Second, the



The role of the Innovation Center is to facilitate partnerships and activities, which support the vision for a healthy Oklahoma

The Innovation Center and Oklahoma's Comprehensive State Plan

Innovation Support Systems

new focus on recovery should be delivered through a new, improved *recovery oriented care systems and organizations.*

The state's approach to transformation is rooted in the strong Oklahoma value the Oklahomans place on collaboration. At the state level this is evident by the manner in which leaders of state agencies commit to cross-agency work. Similar evidence is clear at the local level through active community level partnerships and the preference for locally-directed planning and decision making.

The Innovation Center was established to further leverage this value and provide strategic resources to enhance and sustain transformation.

The Innovation Center is, in effect, a specialty technical assistance center. Primary clients for the Innovation Center are the staff of partnering agencies and communities committed to change in order to improve services for consumers.

Sections I – VI of this document proposes the state's Comprehensive State Plan, a map for transformation in Oklahoma. The Innovation Center is resourced to facilitate implementation of this plan through working with all partners to translate effective ideas, priorities, and action plans into innovative projects as the entire system moves toward transformation.

Haphazard or non-systematic approaches to transformation tend to show minimal outcomes. Organizations either have very few innovations survive the multi-year process or the new practices are adopted at extremely slow rates. In long-term studies (RAND Foundation), traditional forms of innovation hold little promise for organizations or the customers they serve.

The Innovation Center's activities will focus on more rapid and longer term change activities. Technical assistance provided by the



Innovation Center staff members will assist the participating organizations to increase the rate and number of transformative innovations implemented for mental health and substance abuse services in Oklahoma utilizing strategies which will support lasting change.

**Successful Support
Strategies which Lead to
Transformation**

1. Identification of practices matching local needs
2. Innovation-readiness feedback
3. Partnership and collaboration development
4. Data exploration and decision support
5. Leadership development
6. Validation of evidence-based practices
7. Technology infusion
8. Rapid prototype model development
9. Design of innovation strategy evaluation
10. Preparation for system-wide deployment



Examples of Levels of Project Support by the Innovation Center

Level 1: What Works?

At this level, partners focus on exploration of **key issues for service innovation**. The Center can propose activities to identify organizational readiness for change and assist in articulating a clear vision for the future state of service.

Key Questions: What are the main issues related to transforming the selected service? What are others doing? What are the evidence-based practices? What is the likelihood of the project to succeed at transformation?

Level 2: What's Working?

Having identified key innovation issues, at level two, partners can be guided to **develop a formal model** for innovative services. The Center can suggest activities for stakeholders: consumer focusing, evidence-based practices, subject matter expertise, strategic planning, technology support, and process redesign.

Key Question: What is the best model for service for specific consumers?

Level 3: It's Working!

Once a model is formalized, the partnership can focus on **implementation of innovations**. In the third stage, innovations must be carefully tracked to determine fidelity (science to service). Additionally, practices must be identified that build on local professional wisdom (service to science).

Key question: What are the systemic processes and consumer outcomes of innovation?

Level 4: Let's Work!

Innovations that provide significant benefits for Oklahomans should be identified and replicated. In the fourth stage, the Center can facilitate partnerships to identify strategies for implementing innovations through multi-site configurations or implementation for additional population groups.

Key Question: What is the process for **taking innovation to scale**?



Innovation Center Capabilities

The Innovation Center will remain staffed by team members, including consumers and family members, who are drawn from a variety of fields. Staff will serve as key subject matter experts in areas serving both adults and children. The team will draw on its experience in front-line service delivery, administration, consumer advocacy, technology infusion, policy development, performance system development, research and evaluation.

Center facilities will accommodate the full range of technical assistance needs. Representatives from all partner organizations will be invited to hold project meetings at the Innovation Center meeting room or in adjacent larger conference areas. Additionally, staff will also be trained and equipped to conduct activities at remote locations.

The Innovation Center and Oklahoma's Commitment to Deep Change

Deep change is possible only when partners create a clear and engaging vision for the future. The Innovation Center will serve as a partner that accelerates progress toward building that exciting future. The Center will assist in transformation projects in many roles, similar to a builder who uses a surveyor, an architect, an estimator, a designer, or a marketer. The project belongs to the partner—the Center will help build it well. Committed partners will help bring about deep change and sustain changes – large, medium, and small – to achieve Oklahoma's vision for transformation.

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Appendices

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List of Terms

ACES – Adverse Childhood Experience Study
ARC – Adult Recovery Collaborative
BHSAS – Behavioral Health and Substance Abuse Services
CARE – Community Adolescent Rehabilitation Effort
CEU – Continuing Education Unit
CDS – Consumer Driven Services
CLEET – Council on Law Enforcement Education and Training
CMHC – Community Mental Health Centers
CMS – Center for Medicaid and Medicare Services
COSIG – Co-Occurring State Incentive Grant
DOC – Department of Corrections
DRS – Department of Rehabilitation Services
EBP – Evidence Based Practices
GTAB – Governor’s Transformation Advisory Board
HIS – Indian Health Service
ICC – Intensive Care Coordinators
ISI – Integrated Services Initiative
JOIN – Joint Oklahoma Information Network
LCDA – Latino Community Development Agency
LRP – Leadership and Resiliency Program
MCH – Maternal and Child Health
MHBG – Mental Health Block Grant
NAMI-OK – National Alliance for the Mentally Ill
OCA – Offices of Consumer Affairs
OCCY – Oklahoma Commission on Children and Youth
ODMHSAS – Oklahoma Department of Mental Health and Substance Abuse Services
OHCA – Oklahoma Health Care Authority
OJA – Office of Juvenile Affairs
OKDHS – Oklahoma Department of Human Services
OSDE – Oklahoma State Department of Education
OSDH – Oklahoma Department of Health
PACT – Programs for Assertive Community Treatment
PBIS – Positive Behavioral Interventions and Supports
PCBH – Partnership for Children’s Behavioral Health
RSS – Recovery Support Specialists
RWJ/NATX – Robert Wood Johnson / Network for the Improvement of Addiction Treatment
SAMHSA – Substance Abuse and Mental Health Services Administration
SAS – Substance Abuse Services
START – Systematic Training to Assist in the Recovery from Trauma
STOP – State Team on the Prevention of Suicide
TANF – Temporary Assistance for Needy Families
TSIG – Transformation State Incentive Grant