

## Transforming the Children's Behavioral Health System

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### Oklahoma Partnership for Children's Behavioral Health State Strategic Action Plan

The Implementation Plan for transforming the children's behavioral health system in Oklahoma is based on ten goals that describe what the system will be like when closer to our vision. For each goal, major accomplishments since the previously published plan are listed as well as objectives that have been developed defining the next steps in moving toward each goal. The action steps cover the next 6 to 12 months. This is not a comprehensive plan but a plan that focuses on getting some things done in the next few months and an ongoing process to re-evaluate progress and set new priorities to best move toward the ten goals and vision.

NOTE: Current objectives specifically related to **Transition-Aged Youth** are highlighted in yellow.

NOTE: **Current objectives** are noted in green font.

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<b>Goal One: Parent and Family Engagement.</b> Behavioral health services for children are provided within the context of their family, and parents are partners in the care of their own children and in the development and implementation of the Oklahoma System of Care.				
<b>Objectives</b>	<b>Accomplishment or Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
Create a clear mission for Community Coalition development in Oklahoma.	<ol style="list-style-type: none"> <li>1. Research via a needs assessment of the target population(s).</li> <li>2. Determine strengths, SWOT, different developmental pieces, training components, timeline, evaluation methods.</li> <li>3. Research funding sources (write grants and look for experts, local sponsorship, in-kind donations, and state funding)</li> <li>4. Example Tulsa's approach to not allow any family to walk away without services</li> </ol>			
<b>Major Accomplishments – Parent and Family Engagement</b>				
A Family Leadership Academy will be developed and prepare 100 family members across the state to partner in system level work.	Complete – 26 local Federation of Family chapters have been established through the state of Oklahoma.	Oklahoma Federation of Families (OFF)		Done
A curriculum for family support providers will be developed and implemented	Complete – OFF developed curriculum and has been recognized nationally for this initiative.	OFF		Done
Establish funding source for family support provider position	Complete – The Family Support Provider role is now Medicaid-compensable.	State Policy		Done
1. The plan for participant-centered service planning and delivery and participant –direction of rights under the 1915-C waiver will be developed	<ol style="list-style-type: none"> <li>1. Research and present processes and formats for participant-centered planning from other states and DDS</li> <li>2. Develop consensus on concepts for this area</li> <li>3. Develop draft waiver section for BHDT review</li> <li>4. The revised draft will receive public comment and how this differs from current practice</li> <li>5. The public feedback will be summarized for the state system of care team and the BHDT</li> <li>6. The revised version will be submitted to the PCBH for approval</li> </ol>	Rast  BHDT Wavier WG  BHDT  Wavier WG  BHDT	3-07-06  3-07-06 3-21-06  5-19-06  5-26-06  6-16-06	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
2. The plan for participant rights and safeguard under the 1915-C waiver will be developed	<ol style="list-style-type: none"> <li>1. Research and present rights and safeguards from other states and in terms of larger eligibility</li> <li>2. Develop consensus on concepts</li> <li>3. Develop draft waiver section for BHDT review</li> <li>4. The revised draft will receive public comment and how this differs from current practice</li> <li>5. The public feedback will be summarized for the state system of care team and the BHDT</li> </ol>	Rast  BHDT Wavier WG  BHDT  Wavier WG BHDT	3-07-06  3-07-06 3-21-06  5-19-06  5-26-06 6-16-06	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

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	6. The revised version will be submitted to the PCBH for approval			
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<p><b>Goal Two: Early and Easy Access.</b> When children have initial signs and symptoms of behavioral illness and face adverse childhood events, families can easily access an integrated system of behavioral health services and supports through any public system before problems become severe.</p>				
Objectives	Action Steps	Responsible	Due Date	Done
Expand Early Childhood Mental Health Consultation services	<ol style="list-style-type: none"> <li>1. Re-engage the Birth to Five Workgroup</li> <li>2. Implement post pardon depression screening</li> <li>3. Establish a collaborative between OHCA, DHS, ODMHSAS to engage Smart Start, Pre-K, and Early Headstart</li> <li>4. Educate private businesses on the need for early child development/support</li> <li>5. Develop better, ongoing TA for consultants &amp; providers</li> <li>6. Establish how to build SAMHSA &amp; Georgetown tools into our current work processes</li> </ol>	1 Amy Chlouber		
<b>Major Accomplishments – Early and Easy Access</b>				
Develop plan for screening tools and implementation to identify behavioral health needs	<p>Complete – SoonerCare Medical Home includes Behavioral Health screening, brief intervention, and referral services.</p> <p>Complete – Provided technical assistance &amp; consultation to child care providers.</p>	OHCA		Done
Efforts for early intervention services will be integrated and expanded	<p>Complete – Implemented a “Maternal and Infant Health Social Work” benefit within SoonerCare.</p> <p>Complete – Implemented “Strengthening Families”.</p>	OHCA BHDT		Done
Criteria and preauthorization for care coordination and case management within the integrated system will be defined.	Complete – Care Coordination is available at the state level	BHDT		Done

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<p>1. Implement suicide prevention screening within detention centers</p>	<ol style="list-style-type: none"> <li>1. OCCY collaborated with OJA and OJDA (Oklahoma Juvenile Detention Association) to pilot a screening tool that would identify possible need for mental health services for youth in detention</li> <li>2. Three demonstration sites were selected: Bryan, Canadian and Garfield County Detention Centers.</li> <li>3. The MAYSI screening tool was selected. MAYSI is a nationally recognized and normed screening assessment.</li> <li>4. The three sites screened each new admit into the program.</li> <li>5. Data was collected for three months to establish need for emergency treatment and projected costs.</li> <li>6. All 17 centers agreed to implement the MAYSI 2 Screening</li> <li>7. OJA agreed to purchase the software and computers for implementation.</li> <li>8. OJA agreed to provide emergency services through a collaboration with the OJA Chief Clinical Psychologist and Carl Albert interns for OJA custody adolescents</li> </ol>	?	<p>3-01-05</p> <p>5-01-05</p> <p>6-01-05</p> <p>7-01-05</p> <p>10-01-05</p> <p>02-09-06</p> <p>02-09-06</p> <p>02-09-06</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>
<p>2. Develop comprehensive plan for suicide prevention screening</p>	<ol style="list-style-type: none"> <li>1. ODMHSAS and OSDH facilitate the Youth Suicide Prevention Council which has developed a State Plan for Suicide Prevention</li> <li>2. ODMHSAS received a SAMHSA grant for suicide prevention which will be guided by the Suicide Prevention Council</li> <li>3. Mental Health Associations of Tulsa and Oklahoma City are both implementing Columbia TeenScreen in area schools.</li> </ol>	?	?	?
<p>3. The plan for participant-access and eligibility for the 1915-C waiver will be developed</p>	<ol style="list-style-type: none"> <li>1. Research and present eligibility criteria and processes from other states and in terms of larger eligibility system</li> <li>2. Develop consensus on concepts for this area</li> <li>3. Develop draft waiver section for BHDT review</li> <li>4. The revised draft will receive public comment and how this differs from current practice</li> <li>5. The public feedback will be summarized for the state system of care team and the BHDT</li> <li>6. The revised version will be submitted to the PCBH for approval</li> </ol>	<p>Rast</p> <p>BHDT Wavier WG</p> <p>BHDT</p> <p>Wavier WG</p> <p>BHDT</p>	<p>2-21-06</p> <p>3-07-06</p> <p>3-21-06</p> <p>5-19-06</p> <p>5-26-06</p> <p>6-16-06</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>4. A plan to reduce barriers to early and easy access to services will be developed.</p>	<ol style="list-style-type: none"> <li>1. Anti-Stigma Subcommittee will be formed</li> <li>2. School Partnership Subcommittee will be formed</li> <li>3. An analysis of current barriers and challenges to early and easy access will be completed.</li> </ol>	<p>Barrier Busting WG</p>	<p>4-07-06</p>	<p>X</p> <p>X</p>

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<b>Goal Three: Service Availability.</b> The Oklahoma System of Care has the capacity to provide needed and accessible behavioral health services and supports in the least restrictive environment and for all children and their families				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
Identify existing co-occurring services for youth and determine the gaps in current versus required services.	<ol style="list-style-type: none"> <li>1. Develop community-based outpatient substance abuse programs.</li> <li>2. Provide training and resources to local System of Care communities to support co-occurring situations.</li> <li>3. Look for alternative funding streams and community resources</li> <li>4. Develop services for transition-aged youth who require support from their local community coalition.</li> <li>5. Schedule a standing quarterly meeting with appropriate resources to keep focus on youth-related co-occurring services.</li> </ol>	1 Jessica Hawkins		
Reduce disparities in levels of service to all citizens in Oklahoma.	<ol style="list-style-type: none"> <li>1. Utilize the funding from a \$9M, 6-year SAMHSA grant to expand Systems of Care support to all counties in Oklahoma. Expansion workgroup has been established and will meet monthly til expansion is complete.</li> </ol>	ODMHSAS		
Strengthen the Tribal/State relationship, specifically as it relates to children's behavioral health services.	<ol style="list-style-type: none"> <li>1. Identify what services are available by jurisdiction and determine where resources may be shared.</li> <li>2. Identify key "younger" generation tribal members who may positively impact change (i.e. Cortney Yarholar)</li> <li>3. ODMHSAS State Staff participate in Tribal State Workgroup as a resource link to state-level services.</li> </ol>			
Continue gathering baseline data to develop and support transitional youth initiatives.	<ol style="list-style-type: none"> <li>1. Task force activities have great momentum in gathering baseline data. Report due 11/30/09. Policy Academy Group (Sean Black, Anne Robers, Jackie Shipp) will be merged into OJA Task Force immediately.</li> <li>2. OJA Task Force trip to tour Lighthouse in Cincinnati (8 people including 1 transition-aged youth).</li> <li>3. Submit the Healthy Transitions Initiatives SAMHSA grant application for expansion of services in key Oklahoma areas.</li> <li>4. Investigate the gap in services that occurs when a youth turns 18 yet cannot receive services through Social Security until application process is complete.</li> </ol>	<ol style="list-style-type: none"> <li>1 OJA</li> <li>2 OJA</li> <li>3 Jackie Shipp</li> </ol>	<ol style="list-style-type: none"> <li>1 11/30/09</li> <li>2 04/20/09</li> <li>3 05/20/09</li> </ol>	
Provide decent, safe, affordable housing for transitional-age youth through a collaborative partnership.	<ol style="list-style-type: none"> <li>1. Create a state housing trust fund with the goal of being proactive to support transition-aged youth.</li> <li>2. Utilize a knowledgeable consultant to better understand how federal stimulus money may be used for this objective. Invite Mark Hayes (Department of Commerce) to join the Transitional Workgroup starting in May 2009.</li> </ol>			
<b>Major Accomplishments – Service Availability</b>				
The role and function of the Guidance Centers will be redefined and expanded	Complete – OSDH mission has been revised to serve children from birth to age 13.	OSDH		Done

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There will be expanded capacity of group homes	Complete – A group home has been developed for MR/DD OJA youth. A new juvenile drug court has been established in Wagoner County. A 12-person residential SA treatment unit has been implemented at the Tulsa Boys Home.	OJA		Done
The service of 1) behavioral health aides, 2) family support providers, and 3) respite care will be developed and made available for children and families.	Complete – 40 SOC-supported communities have been established. Crisis stabilization is getting 75% of kids back home to their community with only 25% going on to inpatient.	ODMHSAS OHCA		Done
The expansion of Mobile Crisis intervention programs	Complete – Services have been expanded in the following areas: 1) Regional Crisis Centers, 2) Mobile Crisis Teams, 3) School-based services, and 4) Transition services.	ODMHSAS OHCA		Done
1. An integrated menu of services and services requirements will be developed for the integrated behavioral health system	<ol style="list-style-type: none"> <li>1. Gather menus with rates from 5-7 other states</li> <li>2. Obtain salary study for master's level providers</li> <li>3. Obtain salary study for bachelor's level providers</li> <li>4. Develop consensus around definitions of services</li> <li>5. Develop consensus around rate recommendations</li> <li>6. Develop consensus around provider qualifications</li> <li>7. Develop consensus around clinical necessity requirements</li> <li>8. Develop consensus around target outcomes</li> <li>9. Confer with Adult Collaborative and Integrated Services Init.</li> <li>10. Take the Recommendations for Public Review-Focus Groups</li> <li>11. Present services document to PCBH for Approval</li> <li>12. Develop agency budget requests for increased rates</li> <li>13. Develop necessary rule and rate change requests</li> </ol>	Services Work Group	<p style="text-align: center;">July 5 July 15 July 25 July 31 August July 5 July/Aug August August August</p>	<p style="text-align: center;">X X  □ □ □ □ □ □ □</p>
2. The services to be added through the 1915-C waiver will be defined and Appendix D completed	<ol style="list-style-type: none"> <li>1. Research and present services from other states</li> <li>2. Select services to include in draft</li> <li>3. Develop draft waiver section for BHDT review</li> <li>4. The revised draft will receive public comment which will also ask how this differs from current practice</li> <li>5. The public feedback will be summarized for the state system of care team and the BHDT</li> <li>6. The revised version will be submitted to the PCBH for approval</li> </ol>	<p>Rast BHDT Waiver WG BHDT</p> <p>Waiver WG BHDT</p>	<p>2-21-06 2-21-06 3-07-06 5-19-06</p> <p>5-26-06 6-16-06</p>	<p>□ □ □ □</p> <p>□ □</p>
3. Specialized job coaching for youth with behavioral health challenges will be developed to support transition	<ol style="list-style-type: none"> <li>1. Research training from other states (to be incorporated with new MH job coach training)</li> <li>2. Select items for training, training provider, and develop curriculum</li> </ol>	<p>DRS/DM HSAS TF</p> <p>DRS/DMH</p>	<p>5/1/06</p> <p>8/30/06</p>	<p>□</p>

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<b>Goal Four: Professional and Workforce Development.</b> Oklahoma has a competent and steady workforce dedicated to providing effective behavioral health services for children and their families				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
Utilize the Best Practices established in Early Childhood to improve services in other age groups	1. Determine how best practices may be changed to meet the needs of the older groups of children (i.e. integrated training program on Infant Mental Health)			
Strengthen Oklahoma workforce recruitment & retention processes	Create a task force to answer these questions: 1. How do we inspire employees to “want to come to work” in this environment? 2. How do we motivate employees to see the “career track” possibilities in children’s behavioral health services? 3. How do we develop a competency-based training so all employees know how to handle various situations.			
<b>Major Accomplishments – Professional and Workforce Development</b>				
Care coordination supports for children and their families through evidenced based wraparound will be expanded to serve 500 kids and their families	Complete / Continuing – Oklahoma has implemented Systems of Care in 40 communities. All 77 counties will have Systems of Care services by 2014.	ODMHSAS		Done
Existing and newly developed Systems of Care Sites will have sufficient information and staff support to develop and maintain their Systems of Care project.	Complete / Continuing – Oklahoma has implemented Systems of Care in 40 communities. All 77 counties will have Systems of Care services by 2014.	ODMHSAS		Done
Key gaps in workforce needs will be identified and a plan to increase availability to these services will be developed	Complete / In Progress – Oklahoma has provided an “endorsement” for childcare workers, educators, and mental health professionals by receiving special training and supervision with infants. Paraprofessional and behavioral health aides are now Medicaid compensable.			Done

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<p>Staff will receive training in evidence based practices</p>	<p>Complete:</p> <ul style="list-style-type: none"> <li>• The Annual Children’s Behavioral Health Conference has been hosted for the past 16 years by ODMHSAS and provides a myriad of workshops focused on evidence-based practices.</li> <li>• The Office of Juvenile Affairs has implemented Multi-Systemic Therapy (MST) in two pilot locations. These services will soon be Medicaid compensable.</li> <li>• Ongoing Parent-Child Interaction &amp; Trauma-Focused Cognitive Behavioral therapies have been implemented throughout various providers.</li> <li>• Based on evidence-based practices, Oklahoma has reduced seclusion/restraint usage, has implemented trauma-enforced care in a range of service settings, and has created specialized “medical homes”.</li> <li>• Oklahoma has developed networks of “bridge families”.</li> </ul>	<p>State Agencies</p>		<p>Done</p>
<p>1. Care coordination and oversight for the waiver will be defined and a specific implementation plan developed</p>	<ol style="list-style-type: none"> <li>1. Research and present processes and pros and cons of structures to support these functions</li> <li>2. Develop consensus on concepts for this area</li> <li>3. Develop draft waiver section for BHDT review</li> <li>4. The revised draft will receive public comment and how this differs from current practice</li> <li>5. The public feedback will be summarized for the state system of care team and the BHDT</li> <li>6. The revised version will be submitted to the PCBH for approval</li> </ol>	<p>Rast BHDT Wavier WG  BHDT Wavier WG BHDT</p>	<p>2-21-06 3-07-06 3-21-06  5-19-06 5-26-06 6-16-06</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. 0 – 3 case management training will be conducted for providers</p>	<ol style="list-style-type: none"> <li>1. Training on early childhood development and crisis planning will be presented to project directors.</li> <li>2. Additional training will be developed with crisis response teams and early childhood experts and advocates.</li> <li>3. Conduct all-day training for SOC communities</li> <li>4. Mobile crisis services will be instituted in SOC communities</li> <li>5. Endorsement Process developed in Michigan will be adapted by Oklahoma</li> </ol>	<p>Pirtle Fritz  Pirtle Fritz</p>	<p>02-06  03-06</p>	<p>X  X</p>



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<b>Goal Five: Quality and Standards.</b> Services and supports provided in the Oklahoma System of Care are high quality, evidence-based, standards-driven, and developmentally appropriate to meet the individualized needs of children, youth and families.				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
<b>Major Accomplishments – Quality and Standards</b>				
An integrated set of standards and quality expectations for behavioral health services for children will be implemented across systems.	Complete – Oklahoma was one of six states invited to participate in the 2008 National Policy Academy based on the accomplishments in this field.	State Agencies		Done
Care coordination supports for children and their families will meet national fidelity standards	Complete – Oklahoma has completed the first phase of Wraparound training in 40 counties. The second phase pilot test using the Wraparound approach is underway with the goal of implementation in 100% of Oklahoma counties within six years.	ODMHSAS		Done
A set of core standards and expectations will be developed for all the current Systems of sites.	Complete – An Oklahoma Systems of Care Host Agency “State of Work” has been established with performance measurements & requirements in order to meet contracted obligations. This document is validated and re-established annually.	ODMHSAS		Done
Existing Systems of care site will be monitored yearly using a specified monitoring protocol resulting in a local plan of correction	Complete – OSOC sites are reviewed on an annual basis. The Youth Information System (YIS) monitors monthly case management activities. Reports are available to SOC State Staff and Project Directors and utilization in maintaining level of service throughout all sites.	ODMHSAS		Done
1. An integrated system of quality management will streamline and consolidate auditing and quality management reviews for behavioral health	<ol style="list-style-type: none"> <li>1. Establish a Contract &amp; Policy Compliance workgroup.</li> <li>2. Establish an interagency audit matrix.</li> <li>3. Develop more consistent auditing formats.</li> <li>4. Develop audit collaboration between agencies for scheduling.</li> </ol>	D. Spaeth  D. Spaeth D. Spaeth D. Spaeth	6/2006 10/2006 2007 ??	2005
2. Community Project Directors will have a set of skills that support successful community system of care development	<ol style="list-style-type: none"> <li>1. Current project directions will be interviewed and surveyed</li> <li>2. National system of care literature and previous OK SOC materials will be developed into a matrix</li> <li>3. A project directors' retreat will develop a draft set of skills.</li> </ol>	Liaisons Rast/Scott  Rast/Pirtle	3-17-06 3-17-06  3-31-06	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>

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<b>Goal Six: Systems Integration and Oversight.</b> The Oklahoma System of Care has formally established governance and administrative structures at the state and local levels that result in integrated services between families, agencies, schools, and primary care providers.				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
<b>Major Accomplishments – Quality and Standards</b>				
An integrated vision of the changing system will be specified in a detailed implementation plan	Complete: <ul style="list-style-type: none"> <li>The Partnership for Children’s Behavioral Health (PCBH) consists of Directors and Commissioners from 8 child-service state agencies, youth, families, and advocacy organizations.</li> <li>The State Advisory Team, which has met monthly since 2000, has the mission of integrating Systems of Care/continuum of care for infants, children, youth and families.</li> </ul>	State Agencies		Done
Systems of Care will be expanded throughout Oklahoma including wraparound activities and Systems of Care Community teams.	Complete – Oklahoma has completed the first phase of Wraparound training in 40 counties. The second phase pilot test using the Wraparound approach is underway with the goal of implementation in 100% of Oklahoma counties within six years.	ODMHSAS		Done
1. The roles, functions and responsibilities for the state level care management team will be specified in an implementation plan	<ol style="list-style-type: none"> <li>Research and present processes and pros and cons of structures to support these functions</li> <li>Develop consensus on concepts for this area</li> <li>Develop draft waiver section for BHDT review</li> <li>The revised draft will receive public comment and how this differs from current practice</li> <li>The public feedback will be summarized for the state system of care team and the BHDT</li> <li>The revised version will be submitted to the PCBH for approval</li> </ol>	Rast  BHDT Wavier WG  BHDT  Wavier WG  BHDT	2-21-06  3-07-06 3-21-06  5-19-06  5-26-06  6-16-06	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

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<b>Goal Seven: Public Engagement.</b> The public understands the importance of and places a high priority on the behavioral health of children, youth and families.				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
Define & implement a campaign for public awareness to reduce mental health stigma.	<ol style="list-style-type: none"> <li>Utilize region-specific campaigns throughout the entire state (i.e. "Your touch means so much" campaign in Tulsa, "Dads' rock" in Tulsa)</li> <li>Establish a partnership with Kay Floyd, OHCA, &amp; ODMHSAS</li> <li>Create social norms change(s) based on medical research.</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> <li>Grief Resource Centers</li> </ol>		
Continue the movement toward a Public Health Approach in Oklahoma.	<ol style="list-style-type: none"> <li>Develop a linkage between Systems of Care and Turning Point</li> <li>ODMHSAS to host a Public Health Approach workshop for directors &amp; commissions of state agencies where the definition and mission may be created and to document actions steps for moving this initiative forward.</li> </ol>			
Utilize local coalitions to educate school personnel and communities on funding sources for behavioral health services within the public education system.	<ol style="list-style-type: none"> <li>Evaluate the effectiveness of the Child Abuse Network partnership with a high-risk Tulsa school for possible replication throughout other high-risk school districts.</li> <li>Monitor the progress of three pilot charter schools in OKC.</li> <li>Monitor the progress of OJA workers in schools (i.e. 2 in Bartlesville, 1 in Pryor, 1 in South Moore HS).</li> </ol>	<ol style="list-style-type: none"> <li>Carla Tanner</li> <li>Doris Wolfe-Klingler</li> <li>Dennis Gober</li> </ol>		
Major Accomplishments – Public Engagement				
Launch Anti-Stigma Campaign Through Print and Radio	<p>Complete / In-Progress:</p> <ul style="list-style-type: none"> <li>One-minute public service announcements were created for radio and were featured during OU football games.</li> <li>A Social Marketing/Events Coordinator position has been added to the ODMHSAS state staff with the focus of creating and maintain an on-going anti-stigma campaign with the purpose of educating the public on children's mental health and substance abuse issues.</li> </ul>	ODMHSAS		Done
Conduct Children's Mental Health Day Events	Complete – The annual Children's Mental Health Day at the Capitol is held every March in Oklahoma, which allows direct contact with legislators. State agencies, families, youth, and various partners advocate on behalf of children's behavioral health by speaking and presenting information through displays.	Hosted by ODMHSAS		Done
Presentation to key groups will describe goals, actions, outcomes and next steps in system of care development	Complete – A 2-day Summit on Children's Behavioral Health was hosted by ODMHSAS in February 2009. Over 200 participants from various agencies and partnering organizations discussed ten key topics related to Oklahoma Strategic Plan goals and objectives. The recommendations from the Summit workshops have established the action plans for the next 6-12 months.	State Agencies		Done
A System of Care website will be developed and updated	Complete – A Systems of Care website is available to the public at <a href="http://www.osoci.org">www.osoci.org</a> . Within the next 2 months, a new website will be replacing the current resource.	ODMHSAS		Done

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Provide Youth an opportunity for their voice to be heard.	Complete – Two statewide “Youth Listening Conferences” have been hosted by ODMHSAS with an attendance of over 8.000 listeners on the web.	Statewide Youth Leaders		Done
<b>Goal Eight: Accountability.</b> The Oklahoma System of Care is focused on outcomes such that policy and funding is driven by results.				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
<b>Major Accomplishments – Accountability</b>				
An integrated system of outcome measurement and reporting will be implemented and used to evaluate progress in system of care development	<p>Complete:</p> <ul style="list-style-type: none"> <li>• The Data Integrity Review Team (DIRT) has been established.</li> <li>• Additional system-wide outcome measurements for children, youth and families were developed for 2009.</li> <li>• Wraparound is continually evaluated by OU’s “E-Team”.</li> <li>• A Quality Assurance Committee has been established, including various agencies, to ensure outcome measurements are met on a consistent basis.</li> </ul>	State Agencies		Done
The quality management plan for the waiver will be developed.	Complete – OHCA, OFF, OKDHS, OJA, OCCY, and ODMHSAS have partnered on a care management team pilot at the state level.	State Agencies		Done
The utilization review and cost containment mechanisms and processes for the waiver will be developed	Complete – Oklahoma has developed a “pay for performance” model.	State Agencies		Done
Information on spending, services and needs will be used to guide budget development for SFY 2008	Complete - The partnership between Oklahoma state agencies, Systems of Care (SOC), and Federation of Families has enabled the development of an unprecedented Coordinated Budget Request for Children’s Behavioral Health for SFY2009. All agencies have agreed to continue the submission of a combined budget request for upcoming years.	State Agencies		Done

## Transforming the Children's Behavioral Health System

<b>Goal Nine: Information Management.</b> Information, billing, and authorization systems are streamlined and integrated to provide a more effective and efficient use of information and decreased duplication and administrative cost of providing services.				
<b>Objectives</b>	<b>Action Steps</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Done</b>
Expand the utilization of Telemedicine technology.	<ol style="list-style-type: none"> <li>Educate community coalitions, PCP's, mental health service providers, and consumers through advocacy efforts as to the importance of telemedicine and how it can help reduce disparities in service.</li> <li>Seek policy approval for billing of telemedication.</li> </ol>			
<b>Major Accomplishments – Information Management</b>				
Documentation for integrated planning for children and families will be streamlined and focused to support better outcomes for children	Complete: <ul style="list-style-type: none"> <li>Wraparound treatment plan developed in partnership with OHCA and SOC staff that reflects a strengths-based treatment plan and meets OHCA requirements.</li> <li>State-level Care Management activities are tracked in Atlantes (unified Care Management system).</li> </ul>	OHCA ODMHSAS		Done
An integrated web-enabled system of eligibility, authorization, and payment will be implemented across funding sources	Complete – The “Single Payer System” (SPS) will go live October 1, 2009.	OHCA ODMHSAS		Done
1. OHCA in partnership with system partners will streamline systems for pre-authorization of services	1. OHCA to put QIO contract out for bid with more specified requirements for Care Coordination.	D. Spaeth	1/2006	□
	1. OHCA and QIO to develop an advisory council made up of stakeholders to review the PA process.	D. Spaeth	5/2006	□

## Transforming the Children's Behavioral Health System

**Goal Ten: Funding and Financing.** The Oklahoma System of Care has adequate, sustainable and flexible funding and resources from a broad array of public and private partners. The Oklahoma System of Care maximizes funding to provide the most impact for dollars and resources spent, and invest savings in community based and early intervention services that prevent future use of restrictive and more costly services.

Objectives	Action Steps	Responsible	Due Date	Done
Continue advocating for the use of funding for the purpose of reducing disparities in service.	<ol style="list-style-type: none"> <li>1. Continue advocating for the Coordinated budget.</li> <li>2. Utilize the new SOC grant to expand services to children/youth currently not in a service area and are in the custody of Child Welfare or OJA.</li> <li>3. Assist youth who are transitioning into adulthood and have mental health issues.</li> <li>4. Ensure that all groups of consumers (i.e. tribes, rural, grand-families, and socioeconomic disadvantaged) have access to mental health services.</li> </ol>			
<b>Major Accomplishments – Funding and Financing</b>				
A regular system of monitoring the costs and implications of behavioral health services for children will be implemented	Complete – ODMHSAS created the Office of Children, Youth and families to include mental health and substance abuse services.	ODMHSAS		Done
Plans will be developed to ensure maximum federal participation for behavioral health services	Complete – A second federal SAMHSA grant was awarded to Oklahoma in October 2008. This \$9M, 6-year expansion grant will extend Systems of Care services to all 77 counties in the state of Oklahoma.	ODMHSAS		Done
1. The financial accountability section for the waiver will be developed	<ol style="list-style-type: none"> <li>1. Strategies used by other state will be researched, compared to current processes and presented</li> <li>2. Consensus on approach to be used will be reached</li> <li>3. Draft plan for this waiver section will be developed</li> <li>4. Feedback for state staff and state system of care team will be obtained</li> <li>5. Revised version will be submitted to PCBH</li> </ol>	Rast  BHDT Waiver WG BHDT  BHDT	4-04-06  4-04-06 4-18-06 5-05-06  6-16-06	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
2. The cost neutrality analysis and plan for the waiver will be developed	<ol style="list-style-type: none"> <li>1. Strategies used by other state will be researched, compared to current processes and presented</li> <li>2. Consensus on approach to be used will be reached</li> <li>3. Draft plan for this waiver section will be developed</li> <li>4. Feedback for state staff and state system of care team will be obtained</li> <li>5. Revised version will be submitted to PCBH</li> </ol>	Rast  BHDT Waiver WG BHDT  BHDT	4-04-06  4-04-06 4-18-06 5-05-06  6-16-06	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
3. A modified pay for performance plan will be implemented to pay for supportive employment for youth with significant behavioral health challenges	<ol style="list-style-type: none"> <li>1. Convene interagency task force</li> <li>2. Revamp employment contract</li> <li>3. Select milestone payment amounts</li> <li>4. Present to DRS Commissioners for rate approval</li> <li>5. Initiate contracts</li> </ol>	DRS/DMH   DRS DRS/DMH	10-19-05 4/30/06 6-30-06 8-30-06 1-01-07	X   <input type="checkbox"/>

# Transforming the Children's Behavioral Health System

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