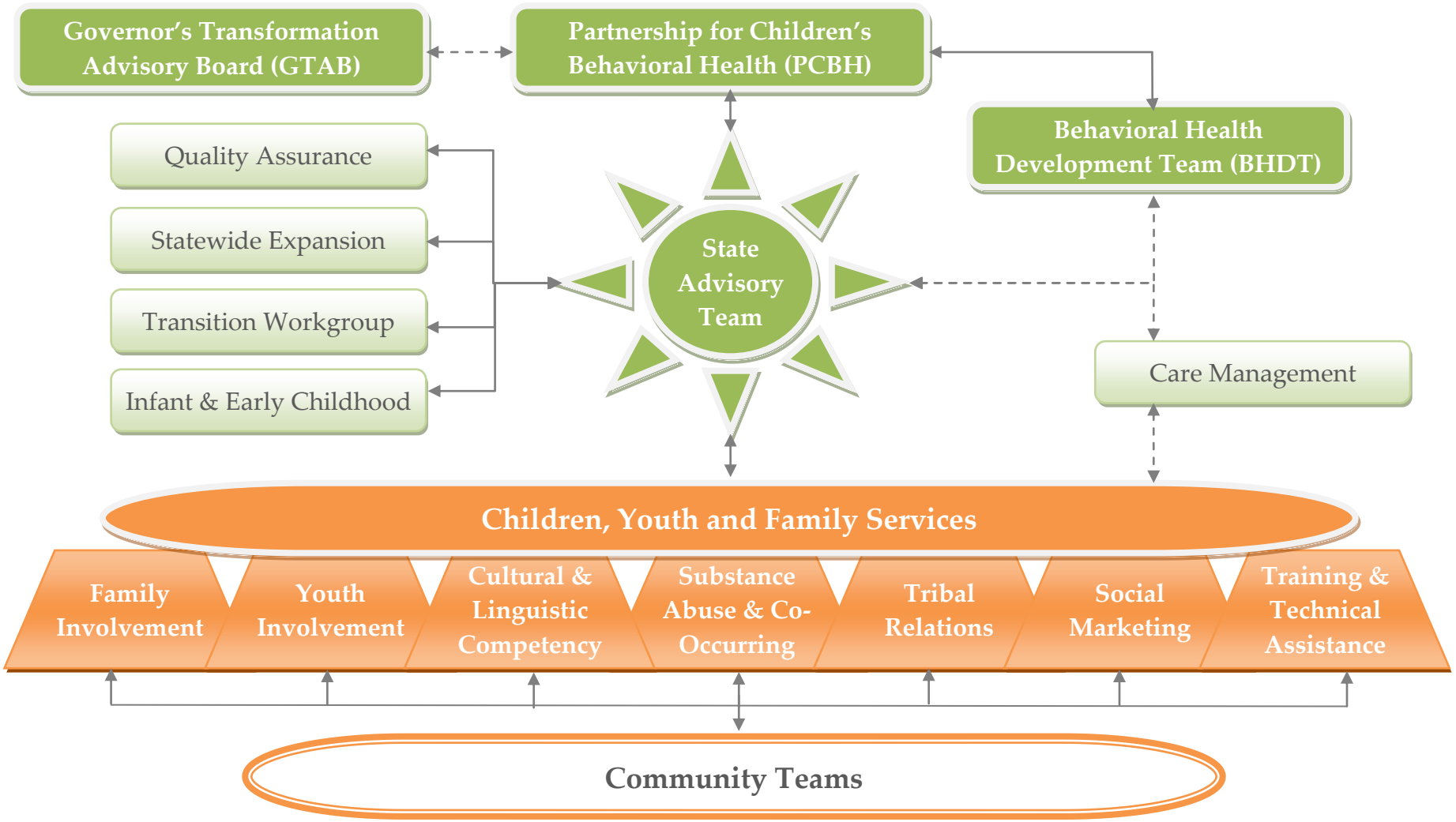
State of Oklahoma's System of Care (SOC)

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mission: The Partnership for Children's Behavioral Health (PCBH) will create a unified and integrated behavioral health services system for all children, youth and their families. This accountable and efficient behavioral health system will provide individualized services based on the strengths, needs and culture of the child and family.

Vision: All Oklahoma's children and youth with emotional disturbance will have early and easy access to services and supports necessary to remain in their own homes, in their own community, safely and successfully, with hope for the future.



"...the future is open to possibilities..."

Children, Youth and Family Services

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mission: ODMHSAS Children, Youth and Family Services will ensure all families have access to mental health and substance abuse service options that strengthen the child, youth and family capacity to support each other through an individualized, flexible, comprehensive, culturally and linguistically competent, coordinated system of services and supports that exist and are accessible within their community and are based on evidence and current best practices.

Vision: All Oklahoma's children and youth will have early and easy access to services and supports necessary to remain safely and successfully in their own homes and communities with hope for the future.

Goals

1. Establish governance and administrative structures that result in integrated services.
2. Services and supports are high-quality, evidence-based, standards-driven, and developmentally appropriate to meet individualized needs of children, youth and families.
3. A coordinated system of behavioral health screening and early identification is in place.
4. A full continuum of services and supports are accessible in the least restrictive environment for all children youth and their families.
5. A competent workforce is developed and sustained
6. Parents and families are partners.
7. The public understands the importance of and places a high priority on the behavioral health of children, youth and families.
8. The Oklahoma services system is focused on outcomes such that policy and funding is driven by results.
9. Information, billing and authorization systems are streamlined and integrated.
10. The services system has adequate, sustainable and flexible funding and resources from a broad array of public and private partners.

Strategies

Infrastructure

- Strengthen existing partnerships
- Expand local SOC communities in Oklahoma
- Incorporate SA/Co-Occurring into SOC model
- Develop Social Marketing tools
- Develop Cultural & Linguistic Competency tools
- Implement system-wide outcome measures
- Establish Family Drug Courts in 1-3 Communities

Service Delivery

- Provide training, technical assistance and workforce development
- Train and coach others to embrace the Wraparound philosophy principles and values into daily practice
- Develop new and strengthen existing services and supports, and integrate policies and procedures that are outcome-driven
- Work with communities and providers to increase availability of services in rural areas

Community

- Work with community groups to increase knowledge and involvement of children, youth and families
- Strengthen state and tribal coordination and funding
- Advocate for local and statewide funding and organizational support
- Promote cultural competency plan and system reform through the development of community relationships
- Use social marketing and education to inform the public

Outcomes

Infrastructure

- System-wide sustainability
- Fully developed local SOC infrastructure
- Increased community SOC and mental health knowledge
- Decreased MH & SA stigma
- CQI loop utilizing system-wide outcomes
- Increase provision of paraprofessional services (i.e. BHA's, FSP's, Respite Care)

Service Delivery

- Reduced length of stay and number of placements in out-of-home care
- Efficient use of resources
- Least restrictive / most appropriate placements
- Increase capacity of Wraparound to serve more children and families

Community

- Increased stability within the community
- Increased school attendance and performance
- Increased natural and community supports
- Increased effectiveness of Community Team referral process
- Increased Wraparound graduation rates
- Increased participation of youth and family in development of local SOC communities

Values

Stability & Permanence • Safety • Needs are Met • Family Driven • Youth Guided
Culturally & Linguistically Competent • Strengths-Based • Early Intervention • Most Appropriate & Least Restrictive Environment
Formal & Informal Supports • Collaborative & Integrated Community • Equal Partners

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CONTEXT FOR
CHILDREN, YOUTH AND FAMILY SERVICES

Levels of Focus / Population:

The target population will be all children and youth up to age 22 in need of mental health and/or substance abuse services, and their families.

- Number of children under age 18 in Oklahoma: 910,660 (27% of Oklahoma's population)
- About 10% of Oklahoma youth have a mental health disorder.
- About 10% of Oklahoma youth have a substance abuse disorder.
- In 2008, 58,412 youth received at least one behavioral health service (60-62% of the cost was for males)
- Oklahoma experiences a substantial drop in Medicaid-compensated services at age 18.

Infrastructure:

Oklahoma's System of Care (SOC) is a comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbance, substance abuse or co-occurring issues, and their families. The purpose is to improve the lives of children and families while upholding the values and principles of SOC and to guide the development of the SOC process throughout the state of Oklahoma. This involves the cooperation of everyone who has a role serving a child with an emotional/behavioral disorder and/or substance abuse, including family members, advocates, educators, mental health workers, service delivery partners, social services, health services, the juvenile justice system, and community and recreational agencies.

Oklahoma has established Systems of Care communities in forty (40) counties with expansion efforts in place to expand SOC to all seventy-seven (77) counties within Oklahoma in the next six (6) years.

Partnerships:

Partnerships are the life-line for support to Oklahoma children and families. The following partners are vital to Oklahoma's success in serving children:

Child-Service State Agencies

OK Dept of MH & SA (ODMHSAS)
OK Dept of Human Services (DHS)
OK Department of Health (OSDH)
Office of Juvenile Affairs (OJA)
OK Dept of Education (OSDE)
OK Healthcare Authority (OHCA)
OK Dept of Rehabilitation Services (DRS)
OK Commission on Children & Youth (OCCY)
OK Institute for Child Advocacy (OICA)
OK Association for Infant Mental Health

Various Other Partners & Coalitions

37 Federally Recognized Tribal Nations
All Host Agencies
Area Prevention
APRC sites / Youth Groups
Chambers of Commerce
Community Coalitions
Community Mental Health Centers (CMHC)
Community Service Council – Tulsa
Continuum of Care (CoC)
Department of Corrections (DOC)
Family Advocacy Groups
Families and Youth
Foundations
Indian Healthcare Resource Center
Juvenile & Family Drug Court Teams/Judges
Mental Health Association of Tulsa (MHAT)
OK Federation of Families (OFF)
OK House of Representatives & Senate
Social Marketing Entities
Transitional Programs
Treatment Providers
Turning Point
Youth & Family Services

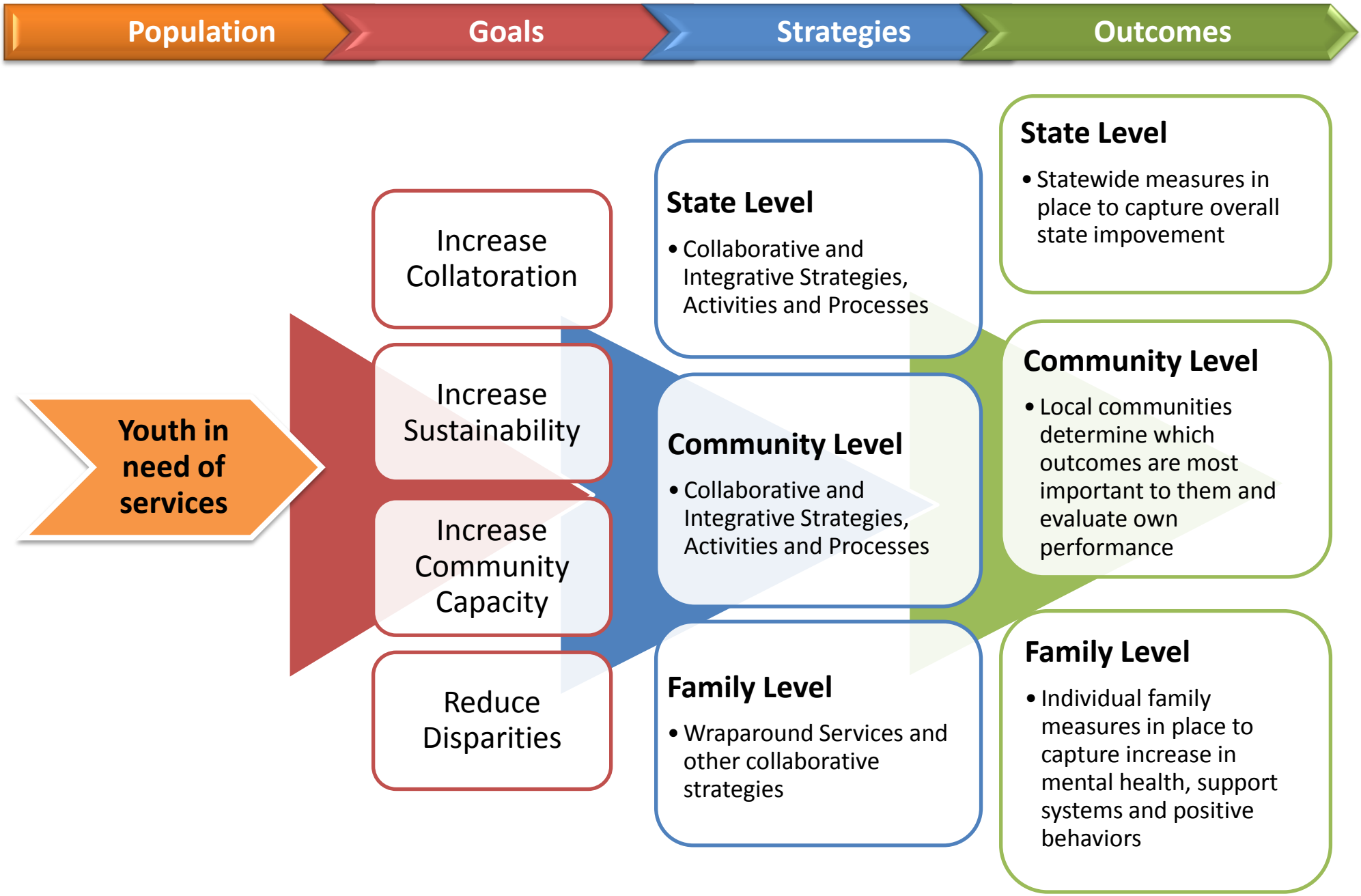
Values for the Oklahoma System of Care

One	Oklahoma makes a persistent commitment to help every * ICYF achieve and maintain stability, and permanence in a safe environment.
Two	Services and supports are developed to best ensure the safety of the ICYF and community.
Three	Services and supports are provided in the best interest of the infant, child or youth to ensure that all of the infant, child or youth's needs are being met.
Four	The infant, child or youth is viewed as a part of the whole family. ICYF participate in discussions related to their plans, an opportunity to voice their preferences, and ultimately to feel they own and drive the plan.
Five	Plans for ICYF are individualized to the unique culture, beliefs and values, strengths, and needs of each child and family.
Six	Services and supports build on the identified strengths of the ICYF and community.
Seven	Services and supports are available early to facilitate wellness for the family.
Eight	Services are provided in the most appropriate and least restrictive environment in the home and community of the infant, child or youth. The system of care is community oriented with management and decision-making at the family and community level.
Nine	ICYF are supported by friends and community social networks and resources (e.g., service and faith based organizations).
Ten	Collaboration between agencies, schools, community resources, children, youth and families is the basis for building and financing a local comprehensive and integrated system of care.
Eleven	ICYF are equal partners with all providers and community participants in identifying, creating, and evaluating the comprehensive and integrated system.
Twelve	Services and supports are outcome based with clear accountability, transparency and cost responsibility. This includes accountability for the use of public and private funds and the ability to use savings for early intervention.

* ICYF= Infant, Child, Youth and Family

Submitted by the Behavioral Health Development Team, Friday, June 6, 2008

"Access for All Statewide Expansion"



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2009 Access for All Statewide Expansion

Owner: Sheamekah Williams

Population

16-24 Transitional • Custody (OJA/DHS) • Co-Occurring • Minority (Tribal, African American, etc.) • LGBSTQE2S
Trauma Exposed • Intergenerational trauma

GOALS

Increase Collaboration
- Build joint ventures to improve the child's service system
- Providers and family members identify and work towards shared goals
- Sustain SOC statewide

Increase Funding, strategies and sustainability
- Viability to sustain SOC
- Build in fiscal incentives
- Diversify funding sources

Increase Community Capacity
- Increase # youth served
- Increase community capacity to serve youth population
- Increase availability of services & supports
- Increase use and access of services
- Broaden and deepen family and youth voice
- Expand areas of evaluation to improve the quality of SOC
- SOC communities in every Oklahoma County
- Increase social marketing efforts

Reducing Disparities
- Improve cultural and linguistic awareness
- Increase availability of respite care
- Increase diversity of family voice
- Implement a plan to correct disparities among youth and families
- Early access for children ages 0-5
- Educate on the need for Substance Abuse and Co-Occurring services
- Decrease the stigma associated with mental illness and promote mental health

INPUTS/ACTIVITIES

Macro-State Level-Governance
- GTAB
- PCBH
- State Advisory Team
- Access for All Expansion Team
- Tribal State Work Group
- State Staff
- Family and Youth Involvement
- Social Marketing
- Initiatives
- Technology Infrastructure
- Accountability
- Evaluation & Feedback

Mezzo-Community
- Community Team
  - Strategic Planning
  - Social Marketing Strategies
  - Initiatives
  - Accountability
  - Training
  - Technical Assistance & Support
- Referral Team
  - 3 levels of care
  - Training
  - Evaluation & Feedback
- Family and Youth voice
- Use of Technology (TeleHealth)

Micro-Wraparound
- Family Team
- Wrap Staff
- Services and Support
- Training
- Technical Assistance & Support
- Evaluation & Feedback

OUTCOMES

Partnerships that understand required efforts, shared values and expectations

Permanent systems change understood and accepted

Increase the number of referrals to service providers

Efficient use of resources

Increase Medicaid billing

Social Marketing implemented

Increased linkage and referrals to services and support providers

New partnership development

Increase diversity on community and referral teams

Improve early childhood access to services and support

Increase services for youth with co-occurring issues by ensuring screening & treatment

Services provided to a diverse culture of youth and families

Increase school attendance

Reduce self-harm attempts

Reduce involvement with justice system, including arrest

Decreased length of stay in out of home placement and out of school suspensions

SOCIAL MARKETING LOGIC MODEL

FY 2010

GOALS

1. Create, implement and evaluate a social marketing plan that fits into the ODMHSAS overall plan and includes collaboration with multiple child-serving agencies and organizations
2. Create, implement and evaluate a "legislator-focused" education campaign (Target: policymakers)
3. Assist SOC communities with advertising the local SOC services throughout the community, especially to those underserved by the community (Target: local SOC staff)
4. Increase the likelihood that children and youth with SED and their families are appropriately served and treated. (Target: children, youth, families, educators)

ACTIONS

- Develop an anti-stigma campaign for children's mental health and substance abuse. Reference: Social Marketing logic model
- Educate legislators on the need for a more comprehensive approach to children's wellness throughout the State of Oklahoma. *(County booklets for legislators from expansion areas and other targeted SOC sites; '10 Day at the Capitol)*
- Educate legislators on the disparities that exist in the public education system. *(School booklets for legislators in expansion areas and other targeted SOC sites; 2010 Day at the Capitol)*
- Teach families how to effectively advocate at the Legislative level. *(Family speakers bureau,'10 Day at Capitol and Advocacy toolkit)*
- Assist SOC sites in developing community-based educational materials that promote children/family wellness *(county booklets, local SOC brochures)*
- Create and distribute one page document explaining Wraparound's impact on families
- Consult SOC sites in developing a statewide brand
- Create and distribute family/youth friendly publications that can be distributed at the local as well as state levels. *Local social marketing consultation; parent booklet (similar to school booklet); SOC brochures and "How to" for families*
- Create and implement an elementary MH education program. (Feelings & Friendships)
- Inform schools/educators on prevention, disparities, and resources within their local community. *(Speakers Bureau)*
- Create youth guided anti-stigma program to be distributed at the local level by youth for youth and found online *(Friendships Count)*
- Create opportunities for community staff to get recognition amongst peers *(awards)*
- Generate monthly SOC staff e-newsletter by utilizing state and community-based staff input
- Provide web-based tools for community based staff (*TA request forms, social marketing tracking, etc)*

OUTCOMES

1. Reduce stigma associated with mental illness and promote mental health.
2. Demonstrate to policymakers that the mental health needs of children & youth with SED are best met through the utilization of SOC
3. Increase awareness of mental health needs and services for children and youth among SOC communities
4. Use social marketing strategies to help build SOC staff capacity

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