

# Chapter 1: Introduction

Oklahoma is one of seven states to receive a five-year Mental Health Transformation State Incentive Grant (TSIG) from the federal Center for Mental Health Services (CMHS), a center within the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of these grants is to help transform state mental health service delivery systems from “broken and fragmented” systems dictated by outmoded bureaucratic and financial incentives to systems driven by consumer and family needs that focus on building resilience and facilitating recovery (President’s New Freedom Commission on Mental Health, 2003). The grants require state mental health authorities to work in collaboration with other systems that serve people diagnosed with mental illness, and to involve consumers and family members as active partners in all transformation planning and activities.

Although the Mental Health TSIG focuses on mental health issues, Oklahoma believes that the management of mental health and substance abuse disorders share many common approaches and has made a commitment for both substance abuse and mental health to be included in its system transformation. Consequently, substance abuse services have been included in the statewide needs assessment and parts of this document address needs related to substance abuse.

Transformation activities are guided by the recommendations of the President’s New Freedom Commission on Mental Health. In its landmark final report, “Achieving the Promise,” (PNFC, 2003), the President’s New Freedom Commission called for a fundamental transformation of the nation’s approach to substance abuse and mental health care. Noting that “[t]he time has long passed for yet another piecemeal approach to mental health reform,” the Commission identified six principal goals of a reformed system of care and made specific recommendations to facilitate the implementation of these goals.

As mentioned earlier, Oklahoma’s transformation approaches reflect the state’s commitment to be inclusive of substance abuse services as well as being a culturally competent and trauma-informed system. Consequently, the goals related to the New Freedom Commission report throughout this document have been restated as listed below:

- (1) Oklahomans understand that having mental health and being free from addictions is essential to overall health.
- (2) Care is consumer and family driven.
- (3) Disparities in substance abuse and mental health services are eliminated.
- (4) Early screening, assessment, and referral to services are common practice.
- (5) Excellent care is delivered and research is accelerated.
- (6) Technology is used to access care and information.

All of the Commission’s goals and the recommendations associated with them are organized around one key principle: that mental health and substance abuse systems should be fundamentally transformed “to make recovery from mental illness the expected outcome from a transformed system of care.”

## **Oklahoma's Foundation for Transformation Activities**

Even before receiving the Transformation grant, the Oklahoma had built a strong foundation for systems change, through recent or ongoing collaborations with stakeholders and other state agencies to improve mental health, substance abuse and related services in the state. These initiatives include:

- The Governor's and Attorney General's Blue Ribbon Task Force
- The Partnership for Children's Behavioral Health (including Systems of Care)
- The Integrated Services Initiative (for co-occurring substance abuse and mental health services)
- The Adult Recovery Collaborative

The Governor's and Attorney General's Blue Ribbon Task Force was convened in 2004 to study the impact of untreated or under-treated mental illness and/or substance abuse, and unserved domestic violence victims in the state. In its 2005 final report, the Blue Ribbon Task Force found that "Oklahoma is facing an escalating health and public policy crisis which, if not dealt with soon, will deepen in both intensity and gravity. It will continue to adversely and directly impact the state's economy and, most importantly, the lives of thousands of Oklahomans." The Blue Ribbon Task Force went on to make five over-arching recommendations for systems change, calling for:

- The availability of prevention, early intervention, treatment and recovery support services for all in need;
- The diversion of non-violent offenders with mental health or substance abuse problems from the correctional system to the service system;
- Mandated training standards for staff and establishment of a body responsible for oversight, coordination and evaluation;
- An increase in the number of professional and paraprofessional staff with the expertise to address current needs; and,
- Further study to evaluate the needs of people with mental health and/or substance abuse problems who are in criminal justice facilities or other custodial institutions.

The Blue Ribbon Task Force reported that "Despite the efforts of many dedicated people...we found that the present system is overwhelmed, less than fully efficient and not optimally organized to address growing demands. Without more focused and effective support from the Executive and Legislative branches of our state government, this crisis will progressively worsen. The results of failure to act are unacceptable."

The three ongoing initiatives, the Partnership for Children's Behavioral Health, the Integrated Services Initiative, and the Adult Recovery Collaborative, are cross-systems initiatives that reflect the model of change called for by the Transformation grants. These efforts have already made substantial progress in their respective areas.

The Partnership for Children's Behavioral Health grew out of the Children's Behavioral Health Policy Academy attended by key partners in December 2003. In early 2004, Governor Brad Henry created the Partnership for Children's Behavioral Health and charged the group with creating an integrated system of care. A Memorandum of Understanding solidifies the commitment from the major partners, which include the Office of the Governor (in the person of the Cabinet Secretary for Health), ODMHSAS,

the Department of Health (OSDH), the Department of Human Services (OKDHS), the Office of Juvenile Affairs (OJA), the Oklahoma Health Care Authority (OHCA), the State Department of Education (SED), the Oklahoma Commission for Children and Youth (OCCY), the Department of Rehabilitation Services (DRS), representatives from the State Senate and House of Representatives, and family member representatives appointed by the Governor. The Partnership created and has begun to implement an Action Plan, and has made substantial developments toward the coordination of behavioral health services provided by the various state agencies. This has enhanced the system's ability to approach services to children and their families in a more integrated fashion. The Partnership's work is examined in more detail in Chapter 4.

The Integrated Services Initiative (ISI) grew out of Oklahoma's participation in a December 2004 SAMHSA Policy Academy for Co-Occurring Disorders, enhanced by SAMHSA funding through a Co-Occurring State Incentive Grant (COSIG) and a Cross-Training Initiative Grant. ODMHSAS has used this grant funding and its participation in the Policy Academy to plan and initiate pilot programs at model sites designed to improve the delivery of state-funded services for people in Oklahoma with or at risk for co-occurring substance abuse and mental health disorders. The primary partners in this initiative are ODMHSAS, the Oklahoma Health Care Authority (Medicaid), provider agencies, and service recipients. A Consensus Document was developed for use among local providers at each model site; it spells the responsibility of each agency to the other agencies, describes a consensus plan of action that is consumer-driven and recovery-focused, and articulates the commitment of co-signers to specific activities and objectives. The work of the ISI is examined in more detail in Chapter 7.

The Adult Recovery Collaborative (ARC) is an initiative of ODMHSAS, OHCA, and OKDHS. This effort is considered both a program re-design and a Medicaid payment reform initiative. The associated workgroups are charged with the responsibility of developing a mental health and substance abuse treatment system for adults that incorporates the philosophies of a recovery model, uses evidence-based practices, and optimizes the use of state and federal resources. Additional partners focusing on vocational rehabilitation, housing, and other supports are expected to be engaged in the future.

### **Initial Transformation Grant Activities**

Oklahoma's MH-TSIG grant - totaling \$2.73 million for the first year and up to \$3 million for each of the remaining four years – is being used to develop, implement and evaluate a Comprehensive Plan that will guide transformation activities in years 2-5 of the grant project. While the grant funding is directed at transformation of mental health systems, ODMHSAS is also responsible for serving people with substance abuse problems; therefore, a decision was made that Oklahoma's transformation activities would include both the mental health and substance abuse service systems. The first year grant activities focused on:

- appointing and convening a Governor's Transformation Advisory Board,
- development of a Needs Assessment and Resource Inventory (this document), and
- the preparation of the Comprehensive Plan.

Oklahoma's vision for a transformed system is one in which all citizens and their families prosper, contribute, and achieve their personal goals in the communities of their choice. As a result of the work funded by this grant, the State will build the infrastructure needed to guarantee a life in the community for everyone, where personal choice is respected; where people can build on their assets, strengths and competencies; and where they have an identity apart from their diagnoses.

A primary use of Transformation Grant funds has been the establishment of the Innovations Center hosted by ODMHSAS, to provide resources to all agencies and other groups involved in mental health and substance abuse services transformation. Staff of the center will be available to plan and implement changes on a variety of levels. The Innovations Center will also be involved in efforts to enhance the current data infrastructure of all partners, as well as Oklahoma's capacity to utilize technology through training, electronic health records, teleconferencing, and telemedicine.

### **Inter-Agency Collaboration: The Governor's Transformation Advisory Board**

Because people with substance abuse and mental health problems receive services from a number of state agencies, SAMHSA required applicant states to ensure the participation of all other state agencies that may impact upon this population. In December 2005, Governor Brad Henry issued an Executive Order establishing the Governor's Transformation Advisory Board (GTAB) to guide transformation activities; the Executive Order appears as Appendix A. The 28-member panel includes the heads of eleven state agencies; representatives from the State Senate and House of Representatives, the law enforcement community, the state's Indian Nations, the Indian Health Services; the chair of the Mental Health Planning and Advisory Council; eight representatives of consumer, youth and family advocacy organizations; and representatives from private industry and the philanthropic community. The complete list of GTAB membership appears as Appendix B. The state agencies represented on the Governor's Advisory Board are:

- The Oklahoma Department of Mental Health and Substance Abuse Services: the Department's Innovations Center is the locus for transformation activities;
- The State Department of Health
- The Department of Human Services
- The State Education Department
- The Oklahoma Health Care Authority
- The Commission on Children and Youth
- The Office of Juvenile Affairs
- The Oklahoma Housing Finance Agency
- The State Department of Corrections
- The Department of Rehabilitation Services
- The Oklahoma State Regents for Higher Education

### **Needs Assessment/Resource Inventory**

The preparation of a Needs Assessment/Resource Inventory is a required activity under the Transformation Grant. Its purpose and goals are:

- To provide a justification of the need for change, in language that is accessible to all audiences;

- To present the findings in a way that emphasizes the overarching goals and values of the President’s New Freedom Commission Report and the ODMHSAS Strategic Plan;
- To inform the direction of change;
- To recognize the strengths of current programs; and,
- To lay the foundation for the evaluation of change.

Process and Methodology

ODMHSAS contracted with Advocates for Human Potential, Inc. (AHP), to conduct the Needs Assessment /Resource Inventory, in partnership with ODMHSAS’s Division of Decision Support Services (DSS). AHP is a small research and consulting firm specializing in mental health and substance abuse issues. In years two through five, AHP and DSS will collaborate on the evaluation of transformation activities as set out in the Comprehensive Plan.

The preparation of the Needs Assessment/Resource Inventory included collection and analysis of qualitative data, as well as analysis of existing quantitative data. The process included the following steps:

1. Orientation meetings were held with ODMHSAS staff familiar with each of the issues selected for study, in order to clarify the scope of the topic, identify relevant existing documents, and identify key questions for which secondary analysis of existing data was needed to determine baseline needs.
2. Staff reviewed existing cross-agency data sources to determine the capacity to meet the information needs described above.
3. In order to assess stakeholder groups’ perceptions of need in the selected topic areas, over 100 focus groups and personal interviews were conducted with consumers, family members, providers, advocates, local officials, community organizations and other constituency groups at 15 locations across the state. Over one thousand people participated. The complete list of communities, organizations and institutions visited appears as Appendix C. A standardized list of focus questions and prompts was used to structure the focus groups and personal interviews; this document appears as Appendix D.
4. Meetings were held with leadership and relevant staff from the state agencies represented on the GTAB, in order to gather information on their agencies’ work related to the topic areas, and to identify additional information sources.
5. Content analyses were performed on the qualitative data collected in steps 2 and 3, to be used in preparation of the narrative sections of the Needs Assessment/Resource Inventory. The content analysis process was as follows:
  - a) Notes were reviewed, and thematic passages were coded according to the topics represented by Chapters 3-16.
  - b) The passages were further coded by the category of participant (i.e., mental health or substance abuse staff, mental health or substance abuse program managers, ODMHSAS staff, staff of other agencies, mental health consumers, substance abuse services clients, family members, and community group members).
  - c) Within each chapter topic area, passages were further categorized into thematic subgroups

d) Where available, direct quotes from participants that reflected the remarks of several (or many) participants were identified for inclusion in the chapter text.

6. Decision Support Services staff conducted secondary data analyses as identified in steps 1 and 2, above, with collaboration from other state agencies as needed.

7. Using materials derived from steps 1-6, a draft Needs Assessment/Resource Inventory report was prepared for internal ODMHSAS review and review by the GTAB members.

## **What Follows**

The Needs Assessment/Resource Inventory is organized into chapters on topical issues selected by ODMHSAS and approved by the Governor's Transformation Advisory Board. For each topic area, the chapter is organized into sections that focus on existing resources and strengths, which use data and narrative to present a picture of the current system. This is followed by a section on needs and barriers, which is further organized around some or all of the following list of elements provided by SAMHSA, as appropriate to the topic:

- Policies
- Practices and Services
- Workforce Development and Training
- Organization and Collaboration
- Data
- Financing
- Consumer and Family Involvement
- Cultural Competence

The final chapter summarizes the existing resources and strengths, as well as the identified needs and barriers, using the list of elements above, organized according to the six goals and related recommendations of the President's New Freedom Commission Report:

### **Goal 1: Oklahoman's understand that having mental health and being free from addictions is essential to overall health**

#### **Recommendations**

1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.

1.2 Address mental health and substance abuse with the same urgency as physical health.

### **Goal 2: Care is consumer and family driven**

#### **Recommendations**

2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

2.2 Involve consumers and families fully in orienting the mental health and substance abuse system toward recovery.

- 2.3 Align relevant Federal programs to improve access and accountability for mental health and substance abuse services.
- 2.4 Create a Comprehensive State Plan.
- 2.5 Protect and enhance the rights of people with mental illnesses.

**Goal 3: Disparities in substance abuse and mental health services are eliminated.**

**Recommendations**

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

**Goal 4: Early screening, assessment, and referral to services are common practice.**

**Recommendations**

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

**Goal 5: Excellent care is delivered and research is accelerated.**

**Recommendations**

- 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.
- 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
- 5.3 Improve and expand the workforce providing evidence-based mental health and substance abuse services and supports.
- 5.4 Develop the knowledge base in four understudied areas: mental health and substance abuse disparities, long-term effect of medications, trauma, and acute care.

**Goal 6: Technology is used to access care and information.**

**Recommendations**

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

**Development of a Comprehensive Plan**

The final step in the first year of transformation activities is the development of a comprehensive plan. The Plan will help guide development of a strong, sustainable infrastructure to promote lasting changes across all relevant state agencies, enabling people with mental health needs and/or substance abuse problems to access the individualized services and supports necessary to achieve and sustain recovery. The

Governor's Transformation Advisory Board has appointed four committees to assist in this process:

- Child Mental Health and Substance Abuse Services
- Adult Mental Health and Substance Abuse Services
- Criminal Justice, Mental Health and Substance Abuse
- Workforce Development

These committees are meeting to develop plans that are responsive to the needs assessment findings, and many of the participants were also informants in the needs assessment. The final comprehensive plan will be submitted to the GTAB for review and approval.