

Chapter 17: Summary Matrix

This final chapter summarizes the existing resources and strengths, as well as the identified needs and barriers, from Chapters 3-16, organized according to the six goals and recommendations of the President’s New Freedom Commission Report. The following tables show the resources and needs arranged under the six goals, and further organized according to a list of elements provided by the federal Substance Abuse and Mental Health Administration (SAMHSA), as described in Chapter 1.

Goal 1: Oklahomans understand that having mental health and being free from addictions is essential to overall health.

- 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 with the same urgency as physical health.

	Inventory of Resources	Needs/ Existing Barriers
1. Policies	ODMHSAS Commissioner named as Cabinet Secretary for Health, increasing statewide awareness of mental health and substance abuse issues (9)	Only about one-third of adults needing behavioral health services currently receive services provided or funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) or the Oklahoma Health Care Authority (OHCA). (2) Only about 36% of children in need of behavioral health services currently receive services provided or funded by the group of child serving agencies (2). The incidence of children identified as needing behavioral health services outpaces the number who are discharged from care (4). There is a lack of insurance parity between physical healthcare and behavioral health care. (4)
2. Practices/Services	NAMI "Hope for Tomorrow" education and prevention curriculum presented in some middle and high schools (11)	Many children and families, as well as adult consumers, experience prejudice and discrimination in housing, employment, and daily living in their communities (4) (5)(6)
3. Workforce/Training	n/a	n/a
4. Organization/Collaboration	n/a	n/a
5. Data	n/a	n/a
6. Financing	State legislature has provided increased funds for community-based services in recent years (15)	Resources for existing and new program development are quite limited. Oklahoma ranks 46 th among all states in per capital mental health expenditures (15).
7. Consumer/family involvement	Some degree of consumer & family involvement in some areas at statewide level and	Need to broaden, deepen consumer & family involvement at statewide and local levels (5) (6)

	in some local agencies(5) (6)	
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Goal 2 - Care Is Consumer and Family Driven

- 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 (State) programs to improve access and accountability for mental health and substance abuse services.
- 2.4 Create a Comprehensive State Plan.

	Inventory of Resources	Needs/ Existing Barriers
1. Policies	Establishment of Office of Consumer Affairs(3) (6) Establishment of Recovery Support Specialist and Family Support Specialist positions(3) (4) (6) Funding for consumer & family support organizations (3) (4) (5) (6)	Due to authorization processes, funding stream requirements, and other policy issues, children and families and adult consumers often receive “cookie-cutter” services rather than individualized service plans (4) (6) Financing and funding priorities limit the abilities of children and their families and adult consumers to have a genuine choice of providers and services (4) (6) Assessment and intake forms are deficit-based, invasive of consumers’ privacy, and not client-centered.(6)
2. Practices/Services	Consumers involved in treatment plan development to some extent at some agencies (5) OKDHS increasingly focuses adoption efforts on kinship adoptions (4) Consumers may name treatment advocates	To get access to residential mental healthcare for their children, parents often have to give up custody to OKDHS (4). Agency and program-specific funding streams mean that children and adult consumers often get services based not on their own needs, but on the needs of the program. (4) (6) Consumers express a need for sufficient time to talk with their prescribers about medication issues, concerns about side-effects, and information about their medications(6)
3. Workforce/Training	n/a	Need for workforce training on how to meaningfully involve consumers in treatment planning and in governance. (4) (5) (6) Need for better understanding of recovery, trauma, person-centered approach among all stakeholders (3) (4) (5) (6) Workforce training on recovery-oriented

		skills (3) (4) (5) (6) Add recovery, trauma, person-centered concepts to academic professional training (3) (6)
4. Organization/Collaboration	n/a	Need to establish & fund peer-run programs(3) (6)
5. Data	ODMHSAS contracts with advocacy groups to gather satisfaction data (6)	n/a
6. Financing	OHCA holds quarterly meetings to which consumers and families are invited to review pending changes in Medicaid financing and to receive comments (15).	More funding for consumer & family advocacy groups (6) Consumers not eligible for public benefits need a mechanism to pay for meds(6)
7. Consumer/family involvement	Consumer and family representation on the Governors Transformation Advisory Board (1). Some degree consumer & family involvement in some areas at statewide level and in some local agencies (5) (6)	Lack of understanding/consensus on what a "consumer-driven" system would look like (3) (5) (6) Need to broaden/deepen consumer & family involvement at statewide and local levels (5) (6) Rights for children, youth and adult consumers are not clearly identified, are not consistent across agencies and organizations, and are not made a priority. (4) (5) (6)

Goal 3: Disparities in Mental Health and Substance Abuse Services Are Eliminated

3.1 Improve access to quality care that is culturally competent.

3.2 Improve access to quality care in rural and geographically remote areas.

	Inventory of Resources	Needs/ Existing Barriers
<p>1. Policies</p>	<p>Oklahoma Board of Corrections issued a resolution recognizing the needs of people with mental illness who “come into conflict with the law as a direct result of the challenge created by their mental illness;” committed DOC to work collaboratively with other agencies to address issues. (8) Creation of ODMHSAS Cultural Competence Coordinator position and Cultural Competency Advisory Team (13)</p>	<p>Need for policies making it a priority to re-direct as many people with mental health and substance abuse problems as possible into treatment rather than incarceration (8) Need for more mental health court capacity and less restrictive criteria for participation (8)</p>
<p>2. Practices/Services</p>	<p>New approaches to housing and the prevention of homelessness available in some parts of state. (10) Crisis Intervention Training (CIT) for local law enforcement agencies and Tulsa’s Mental Health Response Officer (MHRO) program provide officers around the state with practical strategies and techniques for intervening safely in a psychiatric emergency (8) Mental health courts, drug courts, and other community jail diversion programs help steer clients into treatment instead of jail and prison (8) Tulsa’s COPES (Community Outreach Psychiatric Emergency Services) team, works with police and Jail Diversion program to avoid unnecessary arrests (8) Project Protect ,innovative inter-disciplinary team of health and human services professionals, provides re-entry services for high risk/high needs prison inmates returning to Oklahoma County. (8) The Department of Corrections (DOC) provides several avenues of treatment for state prison inmates, including specialty mental health units at three state prisons, Joseph Harp and Oklahoma State Penitentiary for men, and Mabel Bassett for women. (8) The revised plan adopted by CMHCs</p>	<p>There is a very wide range in the availability of and access to mental health and substance abuse services across all counties in Oklahoma (see particularly maps in chapters 4, 5, and 6). Timely access to services was an issue for all constituency groups in all parts of the state (4) (5) (6) Lack of transportation to services major barrier to access In rural areas, service rates do not cover transportation. (4) (5) (6) Eligibility criteria and interpretation of medical necessity result in services for children being limited to only those with the most severe symptoms. (4) No access to mental health services for nursing home residents.(6) Consumers in many programs are dissatisfied with the range of service choices (4) (6) Children, youth and adult consumers with tribal status face additional barriers in accessing services . (4) (6) For clients with dual diagnoses, services are still fragmented (7) Acute lack of culturally competent services and staff who can deliver services in languages other than English. (4) (5) (6) (13) Many adults receiving services in the mental health and substance abuse systems have little or no access to physical healthcare or to vision, dental and hearing services. (9) System- wide need for better integration of physical health care and fitness with</p>

		<p>mental health services (9)</p> <p>Acute shortage of stable, affordable permanent housing and a lack of sufficient sober living options. (10)</p> <p>Need for better balance between Supported Housing and congregate care (10)</p> <p>Systemic barriers to employment: public benefit structure, lack of transportation, prejudice (11)</p> <p>Punitive public attitudes a barrier to improving services for clients with criminal justice involvement . (8)</p> <p>Lack of jail/prison mental health treatment can be calamitous for people already in treatment/on meds before they enter (8)</p> <p>People with mental health and substance abuse histories face a complex array of re-entry problems when they are released from jail or prison. (8)</p>
3. Workforce/Training	<p>Training on cultural competence offered by ODMHSAS (13)</p>	<p>Need for cutting-edge, comprehensive training on cultural competency (13)</p> <p>Need for more bi-lingual professional staff (13)</p> <p>Acute staffing problems in rural areas -is hard to attract professionals. (4) (5) (6) (14)</p> <p>Serious shortage of psychiatrists, especially child psychiatrists, and especially in rural areas (14)</p> <p>Staff from DRS need training on mental health issues (11)</p> <p>Need for expanded training on mental health and substance abuse issues for local law enforcement officers and correctional staff who interact with people with mental health and /or substance abuse problems (8)</p>
4. Organization/Collaboration	<p>In some areas of the state, organizations and collaborations have developed innovative approaches to housing that can serve as models for other communities. (10)</p> <p>ODMHSAS chairs Governor's Inter-Agency Council on Homelessness. (10)</p> <p>DOH promotes regional planning of health and behavioral health needs through its support of community-based Turning Point collaboratives (12).</p>	n/a
5. Data	n/a	<p>No current estimates of number of homeless adults with mental health or substance abuse problems. (10)</p> <p>Multiple funding streams, redundant</p>

		<p>paperwork make it difficult to collect accurate data on homelessness and housing. (10)</p> <p>Need for a common database to share information about the psychiatric histories of arrestees and inmates (8)</p> <p>DOC does not collect data on mental health/substance abuse needs or treatment (8)</p>
6. Financing	<p>State appropriations for mental health and substance abuse services in budgets of six state agencies, increases in recent years (16)</p> <p>Oklahoma received an estimated \$36,336,685 in federal funds in FY 2005 and 2006, including \$14 million in discretionary grants (16)</p>	<p>System is seriously under-funded - this interferes with the ability to provide quality services (4) (5) (6)</p> <p>Reimbursement rates are insufficient to cover costs (5) (6)</p> <p>Lack of blended funding stream for co-occurring services (7)</p> <p>Lack of adequate funding to meet the needs of people with mental health/substance abuse problems in all sectors of the criminal justice system. (8)</p>
7. Consumer/family involvement	<p>Some degree of consumer & family involvement in some areas at statewide level and in some local agencies (5) (6)</p>	<p>Need to broaden/deepen consumer & family involvement at statewide and local levels (5) (6)</p>

Goal 4: Early Mental Health and Substance Abuse Screening, Assessment, and Referral to Services Are Common Practice

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health and substance abuse 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.

	Inventory of Resources	Needs/ Existing Barriers
1. Policies	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 (7)	More internal collaboration between Mental Health and Substance Abuse Divisions needed within ODMHSAS (7)
2. Practices/Services	NAMI "Hope for Tomorrow" prevention curriculum in schools (12) Many school districts have partnered with System of Care and other stakeholders to provide positive behavior supports (PBS), to create school environments that support children's behavioral and emotional health and provide early intervention services within schools. (4) Uniform training for assessment adopted by CMHCs (4)	For clients with dual diagnoses, services are still fragmented (7) Lack of early access options results in children having developing more serious needs and placing demands on higher levels of care (4) Systems of Care are beginning to provide better integrated services for children and families, but have limited capacity in present communities and are not available in all communities. (4) There is a lack of consensus among providers about what services are appropriate for children age 0-5. (4) Daycare and early education are not equipped to handle children with significant behavioral concerns, and these children may be kicked out without a plan for follow-up services (4) There are a shortage of school-based services for children and youth. (4). Screening for developmental or behavioral disorders in young children are not routinely done in primary care settings. (4)
3. Workforce/Training	OHCA is partnering with pediatrician and other groups to promote early screening for behavioral health problems (4).	There are significant unmet needs for early screening and assessment of children; few professionals are trained to assess and serve children from 0-5 years of age. (4) There are significant unmet needs for screening of persons with mental health disorders in substance abuse services and persons with substance abuse disorders in mental health services (7).
4. Organization/Collaboration	Existing collaborative activities: Governor's and Attorney General's	n/a

	Blue Ribbon Task Force; Partnership for Children's Behavioral Health; Integrated Services Initiative (co-occurring disorders); Adult Recovery Collaborative (1)	
5. Data	n/a	n/a
6. Financing	n/a	OHCA procedures for prior and continuing authorization of school-based intensive outpatient services resulted in the closing of needed programs.(4) There is a lack of clarity and standards for compensation for serving the 0-5 population (4)
7. Consumer/family involvement	Some degree of consumer & family involvement in some areas at statewide level and in some local agencies (5) (6)	Need to broaden/deepen consumer & family involvement at statewide and local levels (5) (6)

Goal 5: Excellent Care Is Delivered and Research Is Accelerated

- 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 services and supports.
- 5.4 Develop the knowledge base in four understudied areas: mental health and substance abuse disparities, long-term effects of medications, trauma, and acute care.

	Inventory of Resources	Needs/ Existing Barriers
1. Policies	<p>Establishment of Office of Consumer Affairs(3) (6)</p> <p>Establishment of Recovery Support Specialist and Family Support Specialist positions(3) (6)</p>	<p>Excessive paperwork burden reduces amount and quality of available services (4) (5) (6)</p> <p>Eligibility criteria favor children and youth in public custody, causing lack of community-based services. (4)</p> <p>There is no clear guidance for the use of evidence-based practices or practice-based evidence in Oklahoma. (4)</p>
2. Practices/Services	<p>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 contract agencies (4) (5) (6)</p> <p>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. (4)</p> <p>System of Care initiative: ODMHSAS and partner agencies have expanded wraparound care coordination, family support providers and behavioral aides. (4)</p> <p>ODMHSAS has developed 14 PACT programs (6).</p> <p>Several private not-for-profit mental health providers received federal HUD grants to support housing for consumers (10) (16)</p> <p>ODMHSAS contracts for independent evaluation of new, evidence-based program modes [System of Care (4); Integrated Systems Initiative (7)]</p>	<p>People in some housing types required to use specific mental health services as condition of residence(6)</p> <p>Concerns that consumers are over-medicated in inpatient and outpatient services(6)</p> <p>Consumers do not have sufficient time to talk with their prescribers about medication issues, doctors do not take their concerns about side-effects seriously, and they are given little information about their medications(6)</p> <p>Focus on children and youth with the most severe challenges creates over dependence on non-evidenced based, out-of-home and out-of-community residential services. (4)</p> <p>Prior authorization processes set criteria for specific amounts of traditional services, resulting in cookie cutter services for children that are not individualized. (4)</p> <p>There is a need for expanded respite care and therapeutic foster care for children (4).</p> <p>There is a need for expanded services for children and adults who have been victims of domestic violence. (4) (6)</p> <p>Program-specific funding stream rules often result in services that are based on the needs of the program, not the consumer (4) (5) (6)</p> <p>Times between discharge from inpatient and first outpatient appointment need to be drastically reduced (4) (5) (6)</p>

<p>3. Workforce/Training</p>	<p>Increasing amount of in-service training and continuing education offered by ODMHSAS (14) OK state legislature has enacted licensure credentials for seven types of behavioral health professionals (14) Skills-based implemented for care coordinators, family support providers and supervisors. (4) Training for juvenile justice staff on new assessment tools and on the Sanctuary model to provide a trauma-informed rehabilitative environment for children. (4)</p>	<p>Need for in-service training and continuing education targeted to recovery skills and values (6) (14) Widespread lack of satisfaction with training available through ODMHSAS (4) (5) (6) (14) Hard to recruit and keep talented staff because of the paperwork burden and low salaries (4) (5) (6) (14) Need for training on substance abuse and mental health issues for staff of other systems and agencies that interact with ODMHSAS clients. (14) Need for more bi-lingual and culturally competent professional staff (13) (14) Serious shortage of psychiatrists, especially child psychiatrists (14) Need for recovery-oriented curricula in graduate training programs (3) (5) (14) Need to develop staff's knowledge about mental health disparities, long-term effects of medications, trauma, and acute care. (4). Professional training programs need to develop competencies of students in trauma, recovery-oriented services, and other needed areas for transformation. (4) (6)</p>
<p>4. Organization/Collaboration</p>	<p>ODMHSAS and DRS to implement Supported Employment evidence-based toolkit Fall '06 (11) Governor created of Partnership for Children's Behavioral Health in 2004; progress made toward creating an integrated system of care. (4) More than 20 System of Care Community Teams and Community Partnership Boards collaborating on system improvement for children (4) OHCA has established strong working relationships with OKDHS, ODMHSAS, OSDP, 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 (15) 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 OKDHS, and for residential substance abuse services for DOC inmates (11).</p>	<p>Need for training on substance abuse and mental health issues for staff of other systems and agencies that interact with ODMHSAS clients. (14) There is a need for better cross-agency collaboration and specialty services to keep children with the most complex needs from being placed out of state. (4) Most staff are funded through fee-for-service mechanisms that prioritize billable services and do not pay for collaboration (4)</p>

<p>5. Data</p>	<p>OJA has implemented a new information system that supports integrated assessment and planning for children (4) Ongoing discussions to develop an integrated preauthorization and payment system for children's services across agencies and funding resources (4) ODMHSAS maintains a public, web-based system of reports on the performance of both State-operated and State-contracted programs (15).</p>	<p>Some local data systems are incompatible with ODMHSAS Central Office data systems (6)</p>
<p>6. Financing</p>	<p>State appropriations for mental health and substance abuse services in budgets of six state agencies, increases in recent years (15) Oklahoma received an estimated \$36,336,685 in federal funds in FY 2005 and 2006, including \$14 million in discretionary grants (15) OHCA has established strong working relationships with OKDHS, ODMHSAS, OSDP, 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. (15) 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 OKDHS, and for residential substance abuse services for DOC inmates (11).</p>	<p>Increase in percent of funding spent on children in custody has reduced access to community services for children and families. (4) Funding is increasingly being spent on out-of-home and out-of-community services for children and youth (4) System is seriously under-funded - this interferes with the ability to provide quality services (4) (5) (6) Reimbursement rates are insufficient to cover costs (5) (6) Audit, utilization review and recoupment procedures are punitive and risk undermining the financial stability of their programs (4) (6)</p>
<p>7. Consumer/family involvement</p>	<p>Some degree of consumer & family involvement in some areas at statewide level and in some local agencies (5) (6)</p>	<p>Insufficient consumer involvement in policy-making at state level (5) (6) At the local level, insufficient involvement of consumers and family members in governance, program development, and quality assurance (5) (6)</p>

Goal 6: Technology Is Used to Access Care and Information

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 record and personal health information systems.

	Inventory of Resources	Needs/ Existing Barriers
1. Policies	Oklahoma has a history of strong commitment to data system development; many state agencies have developed systems that meet or exceed national standards. (16)	Excessive paperwork burden reduces amount and quality of available services; using integrated electronic health records could reduce this burden(4) (5) (6) (16)
2. Practices/Services	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. (16) 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 2. health record (EHR). (16)	A central aim of transformation is to give consumers more access to, and more choice about, services and the release of their records. Mechanisms like a personal identification card and personal health record (PHR) need to be pursued as options for improving consumers' access to services and information about their services. (16) ODMHSAS has developed a protocol that has proved acceptable to privacy monitors in at least one instance. More testing of the acceptability of this protocol with other datasets needs to be pursued. (16) Technological solutions to maintain the security of information on portable devices is needed to ensure that consumers' trust in the system is justified. (16) Better health technology and more tele-health is needed in rural areas (4)
3. Workforce/Training	n/a	Continual staff training regarding data security procedures is needed (16) Despite having a data system built on national standards, and offering training and support for its use, the quality of some of the system's information is low. There is a need for a different kind of training that focuses on how to use data for performance improvement and program management, rather than just defining data to be entered. (16) State agency staff need more training in the effective use of technology and information for planning, monitoring implementation of changes, and evaluating the impact of system changes. (16)

<p>4. Organization/Collaboration</p>	<p>The state's vocational and technical school system has video conferencing capabilities; ODMHSAS has begun to use this capacity to provide training and to conduct meetings. (16)</p> <p>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 (16)</p> <p>The Adult Recovery Collaborative, a partnership among OHCA, 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 agencies. (16)</p> <p>Northwest Center for Behavioral Health, in collaboration with criminal justice system partners, has established a 'video court commitment program.' (16)</p> <p>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). (16)</p> <p>A web-based query system allows DOC staff to determine whether inmates have received ODMHSAS -funded mental health or substance abuse services. (16)</p>	<p>Health information is still fragmented and not transportable among the multiple systems that serve children and their families (4) (16)</p> <p>Confidentiality requirements have not been developed that allow for easy sharing of information, which impedes cross-agency collaboration. (4)</p>
<p>5. Data</p>	<p>n/a</p>	<p>n/a</p>
<p>6. Financing</p>	<p>n/a</p>	<p>n/a</p>
<p>7. Consumer/family involvement</p>	<p>n/a</p>	<p>n/a</p>