



Section IV

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

New Freedom Commission
Related Recommendations

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

Overview

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

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



Clear Access Points for Identification of Needs

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

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

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

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

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



*The Costs of Not Treating
Co-occurring Disorders*

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

*Greater Connection to Primary
Health Care Settings*

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



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

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

Background Information

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

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



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

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

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



Strategic Developments

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

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

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



**Work Group
Recommendations**

Children's Behavioral Health

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

Adult Services

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



Criminal Justice

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

Workforce Development

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

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

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

Strategies

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

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

Action Plans

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

Early Screening and Access



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

justice.

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

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

Strategies

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

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

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

Action Plans

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

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

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



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

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

Strategies

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

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

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

Action Plans

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

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