

# Executive Summary

## A. Overview

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 the grants is to help transform state mental health service delivery systems from systems dictated by outmoded bureaucratic and financial incentives to systems driven by consumer and family needs, focusing on building resilience and facilitating recovery. 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. All transformation planning and activities are to be guided by the recommendations of the President's New Freedom Commission on Mental Health; its 2003 final report called for a fundamental transformation of the nation's approach to 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. 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.

The Commission's goals and associated recommendations are organized around one key principle: that public mental health and substance abuse systems must fundamentally change "to make recovery the expected outcome from a transformed system of care."

Prior to receiving the Transformation grant, 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. Oklahoma's 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 Mental Health Plan that will guide transformation activities in years 2-5 of the grant project. While the grant is directed at transformation of mental health systems, ODMHSAS is also responsible for providing substance abuse services; therefore, a decision was made that transformation activities will 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

- preparation of the Comprehensive Plan.

A primary use of Transformation Grant funds has been the establishment of an Innovation Center as the locus of transformation activities 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.

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.

## **B. Structure of the Needs Assessment/Resource Inventory Report**

The Needs Assessment/Resource Inventory is made up of 17 chapters. The first three chapters provide 1) an overview and background information about the grant (summarized above); 2) a description of populations in need; and 3) a summary of current research and literature about the concept of "recovery," along with strengths and needs in this area. The next 13 chapters are organized around critical issues selected by ODMHSAS and approved by the Governor's Transformation Advisory Board. Each of these chapters is organized into sections that focus on existing resources and strengths, followed by sections on needs and barriers. The final chapter summarizes the existing resources and strengths, as well as the identified needs and barriers, organized according to the six goals of the President's New Freedom Commission Report (as adapted by the state to include substance abuse).

### **Populations in Need**

An estimated 215,296 adults are in need of mental health and/or substance abuse services in one year. These adults represent 26.2% of all adults whose income is at less than 200 percent of the Federal Poverty Level. Of this number about one-third currently receive services that are provided or funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and/or the Oklahoma Health Care Authority (OHCA). Persons with substance abuse disorders are less likely to receive treatment (21% treated) than persons with mental disorders (45% treated). Only 15% of persons with alcohol abuse and dependence receive services, the lowest rate of treatment.

An estimated 37,021 children and adolescents in Oklahoma, age 9 to 17, are in need of mental health and/or substance abuse treatment services in one year. These children represent 20.9% of all children in families whose income is less than 185 percent of the Federal Poverty Level. Of this number 89% receive treatment from the group of public child serving agencies. Few children with substance abuse disorders are likely to receive treatment (only five percent treated).

For both adults and children, there are very large disparities from county to county in terms of access to mental health and substance abuse services. These differences are shown in detailed maps presented in chapters 4-6.

### **A Consumer-directed, Recovery-focused, Trauma-informed Service System**

Recovery in a mental health context is defined as “the idea that most people with psychiatric diagnoses can, in fact, ‘get better;’ that they are capable of moving beyond their illness labels, out of the socially de-valued role of ‘mental patient,’ and can build their own lives as self-directed members of their communities. Recovery in the context of addiction and substance abuse is defined as “the process through which severe alcohol and other drug problems...are resolved in tandem with the development of physical, emotional, ontological (spirituality, life meaning), relational and occupational health.” Oklahoma’s existing resources and strengths in this area include the establishment of an Office of Consumer Affairs and the creation of new line staff positions, Recovery Support Specialist and Family Support Specialist. Nonetheless, much greater attention must be paid to involving consumers and family members in systems planning and evaluation, as well as in their own individual treatment planning.

### **Children’s Behavioral Health Services**

ODMHSAS is the state authority for children’s mental health and substance abuse services, responsible for planning, coordinating, and partially funding services at the community level through its network of Community Mental Health Centers (CMHCs) and other contract agencies. However, ODMHSAS is not the sole provider or even the largest provider and funder of children’s mental health services. Seven other state agencies also fund, provide, or oversee behavioral health services for children and youth. These include OHCA (the largest funder), the Department of Human Services (DHS, serving the largest number of children with serious emotional disturbance), Office of Juvenile Affairs (OJA), Oklahoma State Department of Health (OSDH), the Oklahoma Commission on Children and Youth (OCCY), the Department of Rehabilitation Services (DRS), as well as the State Education Department and local school districts.

Among the strengths identified was the extensive work of an inter-agency collaboration, the Partnership for Children’s Behavioral Health, which has facilitated the coordination of behavioral health services and enhanced the system’s ability to approach services in a more integrated fashion. There has been an increased ability to identify children and youth in need of services, expansion of some critical services, and creation of new community-based services. Through the System of Care initiative, ODMHSAS now provides wraparound care coordination for 500 children and their families in more than 20 communities. Indian Health Care in Tulsa received a three-year Circles of Care federal planning grant with the goal of developing an Indian-friendly system of care for children and youth in Tulsa. Oklahoma has had significant involvement with the federally funded National Child Traumatic Stress Disorder Network (NCTSN), with the goal of improving the detection, assessment, and treatment of high-risk children with trauma-related behavioral health concerns.

Among the major needs identified is that state policies, rules, eligibility criteria, and insufficient funding still result in a lack of access to community-based services. Eligibility criteria favor children and youth in public custody, which has resulted in an increase in the number children in the custody of the Oklahoma Department of Human

Services (OKDHS) or the Office of Juvenile Affairs (OJA). While there has been increased funding for children's behavioral health services in the past three years, the number of children and youth eligible for behavioral health services has increased at a faster pace than has spending, creating a larger gap in unmet need. Limited access to a full continuum of community-based services has resulted in extensive, inappropriate use of out-of-community residential services. There are virtually no substance abuse treatment services. Among the greatest unmet needs is residential substance abuse treatment for adolescents.

### **Adult Substance Abuse Services**

ODMHSAS funds or provides a continuum of substance abuse treatment services within the State. The agency contracts with private, non-profit, certified agencies to provide detoxification, residential, halfway house, outpatient, intensive outpatient, and early intervention services. Seven ODMHSAS-operated agencies provide residential and outpatient treatment services.

Among the strengths and existing resources identified was the development of strengths-based, person-centered case management training. ODMHSAS has initiated a statewide drug court program, with a total of 50 drug courts in operation and others in development. Collaboration with the Department of Human Services (DHS) has resulted in the availability of certified treatment agencies to provide screening, assessment, and outpatient services to clients receiving or making application for Temporary Assistance to Needy Families (TANF) and clients who have Child Welfare involvement.

Identified needs and barriers included a heavy paperwork burden that reduces the amount of staff time spent with consumers. Participants from all groups stated that the biggest barrier to service is the serious lack of capacity at all levels of the system. From county to county, there are significant gaps in the continuum. An individual may be able to gain access to a service at one level of care, but then be unable to access follow-up services at the next level of care. It was also noted that there is no organized way to access services, and that this fragmentation and lack of coordination makes it difficult to access the public services that do exist. Employment, housing, and transportation remain significant problems for people leaving residential treatment services.

### **Adult Mental Health Services**

Oklahoma's adult mental health system is built around a network of 15 community mental health centers (CMHCs) with programs in 102 cities and towns, providing access to a comprehensive array of community-based services in all counties. ODMHSAS contracts with 13 organizations to provide additional community-based services, and with 30 other providers who operate residential care facilities. The Department operates two state hospitals for adults, as well as two specialized crisis centers.

Recently, ODMHSAS has introduced initiatives that promote a recovery-oriented system and improve service coordination, including the development of Recovery Support Specialist (RSS) positions, filled by people in recovery trained to provide peer support and advocacy services for consumers. Fourteen Programs of Assertive Community Treatment (PACT) have been started across the state; these multi-disciplinary teams provide treatment and supports to consumers with high levels of need.

Needs and barriers identified by focus group participants and personal interviews include a heavy paperwork burden that reduces the amount of staff time spent with consumers; systemic problems with quality medication management, lack of timely access to services, and a perception of poor quality services in some areas. Barriers to accessing government benefits, housing, employment, transportation and healthcare were also cited, as was the need for more consumer and family involvement at the state and local levels. Needs were also expressed for better-targeted, high-quality training and workforce development activities, enhanced financing, and reforms in audit and recoupment procedures. It was also noted that sufficient resources are not available to fully meet the needs of people who are dually diagnosed with developmental disabilities and mental health problems.

### **Co-occurring Disorders (Integrated Services Initiative)**

In 2004, ODMHSAS received a five-year Co-Occurring State Incentive Grant (COSIG) from SAMHSA, with the goal of developing an Integrated Services Initiative (ISI) to improve the delivery of state-funded services for people with co-occurring mental health and substance abuse disorders. The project will contribute two interventions to promote systemic infrastructure change: 1) a standard protocol for the screening and assessment of mental health and substance abuse problems will be developed, evaluated, and field tested, and 2) a model of integrated treatment will be developed that is accessible, culturally competent, and grounded in evidence-based practices. Progress has been made in the first two years on developing a common screening instrument, building consensus on an integrative treatment model, creation of a training curriculum, and establishment of pilot programs.

Needs and barriers identified included a need for more internal policy integration between ODMHSAS's Mental Health and Substance Abuse Divisions; issues related to differences in the two fields in licensure, certification and program accreditation; differences in program philosophy; a continuing fragmentation of services; and the need for an integrated funding stream.

### **Criminal Justice System Issues**

Adults come into contact with the criminal justice system first through the police, then with the jails, then with district attorneys and the courts, then, if found guilty and sentenced, with the prisons and jails, and finally, if court-ordered, with probation or parole. At each of these contacts, specific concerns related to the identification and treatment of mental illness and substance abuse exist.

Among the strengths and existing resources identified is Crisis Intervention Training (CIT). The training provides law enforcement officers with a context for understanding mental health issues, and practical strategies and techniques for intervening safely in a psychiatric emergency. Jail diversion programs, including mental health courts and drug courts, and local diversion programs such as day reporting, are also seen as strengths. ODMHSAS collaborates with the Oklahoma Department of Corrections (DOC) to provide several avenues of treatment for state prison inmates, and a number of community-based re-entry programs are available.

Needs and barriers identified included a lack of trained law enforcement officers, especially in rural areas. Participants from both the criminal justice and behavioral health

systems stressed the need to make it a priority to re-direct as many people with mental health and substance abuse problems as possible into treatment rather than incarceration. Participants called for policy changes to ensure that all inmates with mental illness or substance abuse problems have access to sufficient, high-quality behavioral health services while they are incarcerated. People with criminal histories face serious barriers to housing and employment, and participants cited a need for more access to re-entry programs to support people with mental health and/or substance abuse problems who are leaving jail or prison. A need was also identified for more and better training on behavioral health issues for corrections, probation and parole staff.

### **Access to Physical Health Care**

Among the strengths identified is the recent initiation of the O-EPIC Premium Assistance Program by the Oklahoma Health Care Authority, which pays part of the health plan premiums of people who cannot access private health coverage through their employer. Many people served by ODMHSAS will be eligible to participate in this program, which has the potential to alleviate the healthcare disparities described in the needs section of the chapter. A variety of local free or sliding-scale healthcare and dental services operated by charities or universities are available for uninsured individuals in many parts of the state.

Extensive unmet needs for access to health, dental and vision services were identified by focus group participants. A large percentage of ODMHSAS clients have no health coverage. Single adults without children are not eligible for Medicaid in Oklahoma, and federal policies bar people with substance abuse disorders from receiving Medicare unless they have an additional disability. For people with psychiatric disabilities, it often takes two years or more to receive Medicare after application. Many mental health and substance clients who are employed work at low-wage jobs that do not offer health insurance. Clients in these categories currently rely on an inadequate patchwork of hospital charity care, free clinics, Community Health Centers, university clinics, and local charities for their health care needs.

### **Housing**

Specialized housing options for mental health consumers are located in both urban and rural settings, and are funded through ODMHSAS, Housing and Urban Development (HUD), public housing authorities, and private sources. Housing models include transitional living programs, permanent housing (supervised, supported and independent), and several short-term subsidy programs that help people access and maintain permanent housing. In several communities, strong and effective housing development partnerships have been formed among local housing authorities, provider agencies, public health collaboratives, private developers, and other parties; these can serve as models for other communities.

Needs identified included an acute shortage of stable, affordable permanent housing for people with mental health diagnoses and a lack of sufficient sober living options for people recovering from substance abuse problems. All focus groups of people receiving mental health and/or substance abuse services, and most groups made up of service providers, named access to decent housing as one of the most critical needs of people in the system. There was broad agreement that people cannot make good use of

other services if they do not have stable housing, yet it was clear that many people receiving services are homeless, precariously housed, or in undesirable living situations.

## **Employment**

Existing employment resources for people with mental health diagnoses include pre-vocational activities within Psycho Social Rehabilitation (PSR) Programs, as well as Transitional Employment programs at the State's two certified clubhouse programs. Mental health consumers are eligible for services from the Department of Rehabilitation Services (DRS) and its contractors. DRS provides employment services that help individuals with disabilities find and keep employment in careers of their choice. A collaborative project between ODMHSAS and DRS to implement SAMHSA's Supported Employment evidence-based is in development, and model programs at seven CMHCs are projected to be implemented in October 2006.

Focus group participants identified a need for a comprehensive action plan to develop Supported Employment, Supported Education, and other opportunities for clients to succeed in the workplace. A need to develop additional types of employment approaches beyond those available through DRS was noted, including the suggestion to seek start-up funds from the private sector to encourage the growth of consumer-run businesses. Systemic barriers to employment were noted in focus groups from all parts of the state, including the fact that the structure of public benefits programs creates disincentives to employment. Clients and service providers agreed that there is a lack of focus on employment within most mental health and substance abuse programs, and that few staff have expertise on this issue. A lack of new funding to develop additional capacity for employment programs was identified, and there was a call to re-direct some existing ODMHSAS funds into employment and education services.

## **Prevention**

Existing prevention programs offer primary prevention activities to delay or avert the use of alcohol, tobacco, and other drugs among youth. ODMHSAS contracts with a network of 19 Area Prevention Resource Centers (APRCs), which use trained prevention staff to serve all 77 Oklahoma counties with information dissemination, education, community-based activities, and other prevention strategies. ODMHSAS has developed a number of collaborative prevention initiatives with other state agencies and with university programs. ODMHSAS is a leader within the Governor's Statewide Council on Substance Abuse Prevention Advisory Council (CAAC), funded by a federal CSAP grant. The Council has brought new focus on building a cross-agency strategic prevention framework using a public health approach.

Personal interviews and focus group participants expressed a desire for ODMHSAS to develop a clear definition of "prevention" that would apply to both the substance abuse and mental health service systems. Staff involved in prevention work called for a more integrated prevention effort made possible by development of an agency-wide strategic plan for prevention. Prevention providers said that low salaries, a requirement for enhanced credentials, and a lack of training opportunities combined to make it difficult to keep good staff. A barrier to the development of prevention activities on the mental health side is a lack of available funding; the federal Substance Abuse and

Mental Health Services Administration (SAMHSA) offers prevention funding only on the substance abuse side.

### **Cultural Competence**

Over the past two years, ODMHSAS has created a position of Cultural Competence Coordinator and has convened a Cultural Competency Advisory Team representing a range of cultural, racial, and ethnic groups, working for more community education and improving cultural competence within mental health and substance abuse services.

The State has been straightforward in recognizing that systemic barriers exist that continue to create disparities in access to health care, mental health, substance abuse, and other human services for different cultural, racial and ethnic minority groups. Among the root causes identified by participants are a lack of understanding that people from different backgrounds may not share majority views about the nature, causes and appropriate responses to emotional distress and substance use; prejudice against people from non-majority backgrounds; and a perception that cultural divides are so deep that they often make serious discussion of these issues difficult and frustrating for all parties. Focus group participants described a range of issues related to practices and services that interfere with providing culturally competent services to Latinos, African-Americans, Native Americans, and other ethnic and racial minorities, including language barriers and a lack of staff from diverse ethnic, racial and cultural backgrounds. It was noted that cultural competence issues also affect deaf people, as well as gay, lesbian, bisexual, and trans-gendered individuals seeking services. For many respondents, workforce development and training were seen as the primary mechanism for remedying many of the problems noted above. There was a consensus that cultural competence training should be required for all staff.

### **Workforce Development**

In order to improve the quality of behavioral health treatment in Oklahoma, the state legislature has enacted licensure credentials for seven types of behavioral health professionals. Most professionals must achieve at least a Master's degree in their field, complete one to three years of supervised professional experience, and pass a state examination prior to becoming licensed. ODMHSAS sponsors continuing education opportunities through an increasing number of conferences and training sessions each year.

The comments of focus group participants and personal interviews focused on five major areas of concern: barriers to recruitment and retention of highly qualified staff; the need for in-service training and continuing education that prepares staff to work in a person-centered, recovery-oriented service system; the need to bring a focus on recovery and person-centered services to graduate programs in the mental health and substance abuse fields; licensing and certification issues; and training on substance abuse and mental health issues for staff of other systems and agencies.

### **Finance**

There is a general belief among stakeholders that Oklahoma does not provide adequate funding to serve persons in need of mental health and substance abuse services,

whether through ODMHSAS or through other state agencies. Oklahoma ranked 46<sup>th</sup> among all states in *per capita* mental health spending, according to a report by the National Association of State Mental Health Program Directors Research Institute. Providers said that reimbursement rates do not cover costs, and that the paperwork burden required to document services for funding purposes is excessive and interferes with their ability to provide services.

While there have been increases to the ODHMSAS budget in recent years, they have largely been dedicated to new program development. Rate adjustments to keep pace with the increasing cost of delivering services have been infrequent. Low staff salaries make it difficult to hire and maintain staff, leading to disruptions in consumer care.

### **Technology and Information Systems**

Oklahoma has a history of strong commitment to data system development, and many state agencies have developed systems that meet or exceed national standards. All state agency transformation partners have developed performance monitoring systems that provide process and outcome indicators for program management, and most have them posted on their websites. Several projects have been developed that share data across and among agencies to improve services and reduce the data reporting burden for consumers and providers, thus making better use of limited financial and human resources.

The ODMHSAS Integrated Client Information System (ICIS) database has been developed with support from SAMHSA and is based on national mental health and substance abuse data standards. ODMHSAS has also developed specialized data collection systems for a number of treatment programs. In addition, several new data and technology projects are paving the way for expanded use of information resources to improve the delivery, management and effectiveness of behavioral health care.

There continue to be barriers to fully realizing the technology needs for system transformation in the areas of policies, technology practices, and consumer use of system information

### **Summary: President's New Freedom Commission Matrix**

The final chapter summarizes the existing resources and strengths, as well as the identified needs and barriers, in a matrix organized according to the six goals of the President's New Freedom Commission Report.