

**OKLAHOMA'S COMPREHENSIVE PLAN:  
IMPLEMENTATION SUMMARY**



March 2009

**Goal I: Oklahomans understand that being free from addictions and having good mental health are essential to overall health.**

**Strategy IA**

**The staff members of state's largest employer (publicly funded state agencies) will have increased knowledge about substance abuse and mental health treatment and recovery.**

- An anti-discrimination campaign is underway that targets state employees to educate them about substance abuse and mental health treatment and recovery. Several state agencies have participated and preliminary results indicate a positive shift in participants' attitudes toward mental health and substance abuse, following campaign implementation.
- Test marketing is being developed for statewide implementation of an anti-stigma media campaign to promote the idea of recovery as a reality.
- Mental Health First Aid training for trainers will be provided in the summer of 2009 to develop Oklahoma trainers who will provide agency and community trainings to enable the general public to respond to a mental health emergency and to educate the general public about recovery.

**Strategy IB**

**Oklahoma's Youth Suicide Prevention Initiative and other suicide prevention activities will be expanded to address the needs of the entire lifespan.**

- Expansion of the youth suicide prevention task force now includes suicide prevention planning for the lifespan. The expansion is supported by legislation that went into effect November 1, 2008 to create the Oklahoma Suicide Prevention Council. All state level suicide prevention, screening and related activities will be coordinated through the Council, as named in the enabling legislation.
- To support the coordinated activities, the number of suicide prevention trainings has increased at public schools, emergency rooms, tribal centers, and other primary care and community settings.
- The number of trained suicide prevention gatekeepers continues to increase.

**Goal II: Care Is Consumer and Family Driven.**

**Strategy IIA**

**Programs and service settings will be culturally competent, recovery focused, consumer driven & trauma informed.**

- The capacity of existing programs will be enhanced through staff training. Caregivers and administrators have an opportunity to participate in Systematic Training to Assist in Recovery from Trauma (START) trainings; utilize the Network for the Improvement of Addiction Treatment (NIATx) model; the Positive Behavioral Intervention Strategies (PBIS) model; Peer Recovery Support Specialist training; Wellness Recovery Action Plan (WRAP),

and the Systems of Care (SOC) program model, all with the intent of enhancing the skills of direct care staff in the areas of providing culturally competent, recovery focused, consumer driven, and trauma informed systems of care.

- All currently funded programs- START, NIATx, PBIS, SOC, PRSS, WRAP and the number of case managers trained in strengths-based, trauma-informed care, have increased. The numbers of training sessions and the number of people trained in recovery focused care models will continue to promote consumer driven care in Oklahoma.
- A Request For Proposals (RFP) was awarded in December of 2008 to National Alliance for Mental Illness (NAMI) Oklahoma for the development and delivery of Peer Recovery Support Specialist (PRSS) Training to broaden the workforce in Oklahoma. Initial training sessions began in March of 2009 and to date over 200 credentialed Peer Recovery Support Specialists are trained to work as peer mentors to persons receiving mental health and substance abuse services.
- Peer Recovery Support Training will be provided to inmates to develop skills necessary to successfully transition back into the community and manage their care to remain in the community upon discharge.

### **Strategy II B**

**Consumers, families and youth will receive training and supports to participate on governing and advisory boards.**

- The development of consumer leadership academies will prepare consumers, family members and youth to be active participants in their own recovery, and foster transformation of the service system. Academies are designed and implemented by consumer advocacy agencies and other community partners. The academies have access to state level standards for consumer involvement as a guide, which were developed and disseminated by Oklahoma consumers to gain input about meaningful levels of consumer involvement in treatment and related service delivery systems.
- Following an RFP in the fall of 2008, three advocacy agencies were awarded funding in December 2008 to develop and offer consumer leadership training in fifteen Oklahoma counties. The three agencies, as a collaborative, are the Evolution Foundation/Federation for Families, NAMI, and People, Inc. They provided the first Consumer and Family Leadership Academy training sessions in February of 2009.

### **Strategy II C**

**Care provided will be individualized, recovery and resilience oriented, and clearly directed by those receiving services, including those receiving services in multiple settings or from multiple systems.**

- The Development of Peer-Run/Wellness Centers is designed to provide peer support services for consumers on a drop-in basis. Peer-Run Wellness Centers differ from psychosocial rehabilitation programs as they are run by peers, and may also offer services that are non-clinical in nature. The array of services may be classes and activities with recreation and/or leisure themes that are developed for and by consumers as a part of developing a peer culture.

- Standards for consumer involvement will be defined, developed and disseminated by consumers to track data about levels and quality of consumer involvement in treatment and the service delivery system.
- Drafts of the standards and an accompanying measurement tool have been developed and are currently being circulated to gain feedback from various constituencies.

### **Strategy II D**

#### **Services at residential care facilities may be expanded to include transitional supported housing with a recovery focus.**

- An application process will be developed to pilot residential transition training and incentives for existing residential care facilities. The goal is to promote and increase community tenure for consumers in independent supportive settings and minimize the use of congregate care.
- Meetings conducted with residential care providers indicated some of the unique challenges for persons transitioning from residential care to independent settings. Accomplishing such transformation will require additional training and supports for successful community transition.

### **Goal III: Disparities in mental health services are eliminated.**

#### **Strategy III A**

#### **Access to mental health and substance abuse services and support for minorities and historically under-served individuals will be improved.**

- A baseline of data regarding access to care associated with minorities and other historically underserved groups who seek publicly funded mental health and substance abuse services will be collected over three specific time periods: 1) the period of time before award of the transformation grant; 2) the midpoint of the transformation grant; and 3) at the conclusion of the grant cycle. This set of data regarding how various minority groups' access services will be gathered and analyzed to determine the impact of transformation activities and projects on the service delivery system and access patterns of the targeted groups.
- Improved access to care will be available through a pilot project designed to identify changes within provider agencies to increase service availability for Latino/as and people who speak Spanish as a first language.
- A pilot agency was selected with the goal to increase access to Spanish speaking consumers. Agency staff members have developed a plan to make their agency more welcoming and more culturally competent. Activities underway include, translation of signage for the building exterior and entry areas, introductory Spanish classes for reception and first-line staff, and translation of frequently used in-house materials.
- Staff has been designated to create, identify and recommend policy changes that impact barriers to full access to housing and that restrict targeted populations from accessing affordable housing.

- Regional Housing Facilitators (RHF) will serve three areas of the state: far northeast, the Tulsa metropolitan area, and the Oklahoma City metropolitan area. The facilitators are tasked with developing funding for additional housing units, along with processes and policies to address barriers to affordable housing and housing options for people with substance abuse and mental health issues. Work has begun with local groups, such as the continuum of care, and other community coalitions, that have a housing focus.
- Increased collaboration and partnering between state agencies and tribal agencies will increase access to care for tribal members seeking mental health and substance abuse services.
- Tribal consultation policy will outline protocol for work relationships with tribal sovereign governments.
- Members of the Tribal/State relations workgroup are currently examining processes that impact state funded services that impact tribal groups. The subgroup is formulating recommendations to address the following challenges:

Developing contracts with tribal groups that have sovereign status;  
 Developing processes that address reimbursement for traditional healing practices;  
 and;  
 Meeting the need for developing a variety of processes and protocols for working with tribes representing all Native Americans in Oklahoma.

### **Strategy IIIB**

#### **The behavioral health workforce's cultural competencies will improve.**

- Participating state level agencies and other Governor's Transformation Advisory Board Member (GTAB) agencies will have the opportunity to participate in cultural competency training sessions. The training will have the endorsement and include the principles of the National Multicultural Institute (NMCI) and Substance Abuse and Mental Health Services Administration (SAMHSA)'s standards for Cultural and Linguistically Appropriate Services (CLAS).
- Thirty six persons from multiple agencies represented by the GTAB attended the Level I Trainer of Trainer sessions during fiscal year 2009. GTAB representatives and other partners developed a Cultural Competency Learning collaborative. The Cultural Competency Learning Collaborative will provide a learning community for the state to promote best practice in providing culturally competent and consumer driven care for all Oklahomans.

#### **Goal IV: Early screening, assessment, and referral to substance abuse treatment and mental health services are common practice.**

### **Strategy IVA**

#### **Behavioral health screenings for children in non-behavioral health settings will increase.**

- Each setting's capacity will be expanded through training and consultation to improve and increase behavioral health screenings in schools, day care centers, health care settings, and settings that host custody populations.
- Screening initiatives are underway to enhance the capacity of primary care settings to accomplish developmental and social/emotional screenings for children as a routine part of their physical health service delivery. Screenings are available for children at sites such as day care centers, for youth entering Office of Juvenile Affairs (OJA) custody, at schools, and within primary care offices.

### **Strategy IVB**

#### **Behavioral health screenings for adults in non- behavioral health settings will increase.**

- Each setting's capacity will be expanded through training for health practitioners to improve and increase behavioral health screenings in Federally Qualified Health Centers, (FQHC) City/County health departments, and primary care settings.
- Numerous screening initiatives are designed to enhance the capacity of primary care settings to provide behavioral health screenings and brief intervention as a routine part of their service delivery. Screenings are available through emergency rooms settings, FQHC settings, Oklahoma State Health Department (OSDH) child guidance sites, and for mothers of infants receiving care at University Hospital's neonate intensive care unit (NICU).
- An ODMHSAS prevention division staff member is now overseeing screening initiatives and developing additional primary care sites with physicians and other healthcare providers. Appropriate screening tools, training and staff support will be provided as incentives for the participation of various primary care professionals.

### **Goal V: Excellent care is delivered and research is accelerated.**

#### **Strategy VA**

#### **A framework for science and service partnerships relating to mental health and substance abuse services will be established.**

- Funding has been awarded to experienced university researchers to examine practices which have implications for improvement of early intervention and prevention services. Research outcomes will be presented at the end of the appropriate academic term as experienced researchers and graduate students conclude studies designed to inform the behavioral health service system.
- An interagency care coordination team features staff members from several state level and advocacy agencies who monitor and provide resource information to families, children and consumers with a high propensity for utilizing mental health and substances services at the most costly and complex level of the treatment continuum. The goal of the care coordination team members is to identify and intervene to decrease the need for high level care and increase each consumer's tenure in the community.

- A state level Infant and Early Childhood Coordinator (I & ECC) located at the State Health Department, now coordinates social emotional and developmental services for infants through early childhood. Service delivery demonstrating evidence based practices and early screening for developmental and social/emotional problems will be enhanced.
- The Infant and Early Childhood Coordinator began coordinating a multidisciplinary team of infant and early childhood treatment professionals for systems collaboration and improvement in February of 2009.
- Evaluation projects have been developed to collect and analyze service delivery data as they impact the areas of Workforce Development, Criminal Justice, and Consumer Involvement. The Consumer Involvement Study Group informs the standards as referenced in Plan Goal IIC.
- Interim reports of the various studies will be available in the late spring of 2009.
- Training for the Behavioral Health workforce within multiple systems will be conducted to enhance the skills of the current workforce.
- The Beck Institute for Cognitive Therapy and Research will provide cognitive behavioral therapy and techniques training and equip a cadre of Oklahoma trainers to sustain this evidence-based practice beyond the life of the grant.
- Training for the Department of Corrections (DOC) workforce will include developing recovery focused, peer support services within probation and parole and institutions.

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

### **Strategy VI**

#### **Access and coordination of care will improve through the use of telehealth and technology.**

- Technology and supporting policy changes have been implemented throughout the state's mental health services system to provide telehealth services including, but not limited to, individual therapy sessions, medication clinic services, and other supports to treatment.
- Telehealth system connections are currently available at seventy-four (74) sites across the state of Oklahoma, increasing access to professional services for 3000 consumers of mental health and substance abuse services who would not have access otherwise.
- Telehealth capability is being expanded to additional rural sites to support emergency detention hearings and improve the capacity for mental health intervention in remote areas of the state.