

# **Children's Partnership for Behavioral Health Goals and Action Plan for the Oklahoma System of Care**

## **Executive Summary**

For the past several years there has been growing concern that children in Oklahoma are not receiving the behavioral health (e.g., mental health and substance abuse) services they need to become independent and productive adults. Oklahoma began to respond to these needs by implementing local Systems of Care in 1999. Currently there are ten state funded sites covering 13 counties and several other communities that are in the formative stages of System of Care development. Initial work on the system of care focused on providing services for children and youth with severe emotional challenges using the wraparound service process. Wraparound is the process used to implement system of care values for children, youth and families with complex needs. The system of care is how the community comes together for all children, youth and families.

In December 2003 key stakeholders from all child serving agencies, the governor's office, the health care authority, and family representatives met in the Policy Academy in Annapolis, Maryland and developed a plan to form the Oklahoma Partnership for Children's Behavioral Health. The shared vision of all state agency executives and family members at the Academy was to create in Oklahoma a seamless System of Care for children, youth and families. The Oklahoma Partnership for Children's Behavioral Health Board was formed in April 2004. The Secretary of Health, Commissioner of ODMHSAS, Commissioner of OSDH, Director of DHS, Director of OJA, Director of OCCY, CEO of the OHCA, State Superintendent of Education, Director of DRS, a representative of the Oklahoma Senate, a representative of the Oklahoma House, a representative of NAMI – Oklahoma, a representative of Oklahoma Federation of Families, and three additional family members appointed by the governor comprise the board.

The Board has taken “full responsibility and authority for Systems of Care design, implementation, and management.” The Board recognizes that “by its very nature, the Initiative will necessitate a cross-divisional, coordinated approach, requiring ongoing reform of policy and reorganization of resources.” To manage the sweeping reforms that are to take place an ad hoc work group of the Partnership Board was formed. The group is the “Behavioral Health Development Team.” This team is to coordinate their efforts with the State Systems of Care Team and is charged with the responsibility for “developing the plans to carry out the vision and policies of the Partnership Board.”

The next steps in the process were to develop a concept paper to describe the overall development of the system of care, solicit public feedback on the concept paper and then to revise the concept paper based on this feedback. The Behavioral Health Development Team has now developed a draft implementation plan that describes ten goals and specific objectives and action items for each goal that define the next steps in developing the Oklahoma System of Care.

**Mission:** To create a unified and integrated behavioral health services system for all children, youth and their families. This accountable and efficient behavioral health system will provide individualized services based on the strengths, needs and culture of the child and family.

**Goal One: Systems Oversight.** The Oklahoma System of Care has formally established governance and administrative structures at the state and local levels that result in integrated services between families, agencies, schools, and primary care providers.

Objective 1A: Develop a state level organizational structure to support the system of care.

Objective 1B: Develop local organizational structures to support the system of care.

**Goal Two: Program Quality and Standards.** Services and supports provided in the Oklahoma System of Care are high quality, evidence-based, standards-driven, and developmentally appropriate to meet the individualized needs of children, youth and families. The system of standards and quality management will be streamlined and focused on utilization.

Objective 2A: Develop consensus on a set of integrated behavioral health standards across agencies.

Objective 2B: Develop and implement a plan to integrate and streamline behavioral health standards across agencies.

**Goal Three: Early Access.** A coordinated system of behavioral health screening and early identification is in place that identifies and provides referrals for needed assessments and services for children before problems become severe.

Objective 3A: Develop consensus on the tools and process for a coordinated system of behavioral health screening.

Objective 3B: Develop consensus on standards for behavioral health assessment.

Objective 3C: In partnership with the state, local communities will develop a process and resources for needed assessments and referrals.

Objective 3D: Implementation plan for the coordinated system of behavioral health assessment will be developed.

**Goal Four: Service Availability.** The Oklahoma System of Care has the capacity to provide needed and accessible behavioral health services and supports in the least restrictive environment and for all children and their families.

Objective 4A: Develop consensus on a core set of behavioral health services across agencies.

Objective 4B: Develop a process for local and statewide need for services assessment.

Objective 4C: In partnership with the state, local communities will implement an ongoing planning and evaluation process to improve service availability and access.

**Goal Five: Professional and Workforce Development.** To develop and sustain a competent workforce in Oklahoma that is dedicated to providing effective, accessible behavioral health services for individuals, birth through twenty-one, and their families. To produce the best outcomes for children and families, the Oklahoma System of Care provides integrated and formalized ongoing professional and workforce development to ensure the highest quality workforce and recruit staff across the state.

Objective 5A: Establish core competencies for all providers in the system of care.

Objective 5B: Coordinate and integrate staff development efforts across agencies.

Objective 5C: Support continual cross agency quality improvement for staff.

**Goal Six: Parent and Family Engagement.** Parents and families are partners in the Oklahoma System of Care.

Objective 6A: Providers partner with families in the assessment, planning and implementation of the ir children’s services and care.

Objective 6B: Special efforts are made to ensure that families of diverse cultures are engaged.

Objective 6C: Families are involved in governance and system level activities.

Objective 6D: Parents provide services and supports for other parents.

**Goal Seven: Public Engagement.** The public understands the importance of and places a high priority on the behavioral health of children, youth and families.

Objective 7A: Develop an identity for the system of care.

Objective 7B: Develop a social marketing plan.

Objective 7C: Develop a communication plan to support ongoing engagement of system of care stakeholders.

Objective 7D: Develop a plan to build support for the changes in policy and funding necessary to develop and sustain the system of care.

**Goal Eight: Accountability.** The Oklahoma System of Care is focused on outcomes such that policy and funding is driven by results.

Objective 8A: Develop a set of defined and prioritized child and family outcomes across all service areas.

Objective 8B: Define ways to report on and use this outcome information to be useful for policy and funding decision making.

Objective 8C: Develop ongoing system of assessment, evaluation and strategic planning.

**Goal Nine: Information Management.** Information, billing, and authorization systems will be streamlined and integrated to provide a more effective and efficient use of information and to decrease duplication and the administrative cost of providing services.

Objective 9A: Develop a single payer authorization and billing system that simplifies for providers and standardizes for purchasers.

Objective 9B: Customize the management information system to meet the unique requirements of individual agencies.

Objective 9C: Develop an integrated data system for quality assurance and utilization review.

Objective 9D: Streamline paperwork and documentation requirements for providers.

**Goal Ten Funding and Financing.** The Oklahoma System of Care has adequate, sustainable and flexible funding and resources from a broad array of public and private partners. The Oklahoma System of Care maximizes funding to provide the most impact for dollars and resources spent, and invests savings in community based and early intervention services that prevent future use of restrictive and more costly services.

Objective 10A: Identify funding partners and resources (public and private).

Objective 10B: Identify funding mechanisms and cost models for a high quality system of care.

Objective 10C: Identify financial champions and a plan for developing needed funding.

Objective 10D: Develop policy vision/recommendations related to funding and financing.

**Goal One: Systems Oversight.** The Oklahoma System of Care has formally established governance and administrative structures at the state and local levels that result in integrated services between families, agencies, schools, and primary care providers.

**Rationale:** The Oklahoma System of Care is a collaboration of agencies, families, and stakeholders. The System of Care coordinates and streamlines systems to improve access and outcomes for children, youth and families. To accomplish this, there are organizational structures at the state and local level to coordinate planning, service delivery, and administration. Any organizational structure must contain mechanisms necessary to turn a system vision into reality. Consequently, an organizational structure must be created that can effectively envision, create, and implement core functions critical to achieving that reality. The core functions of the state level organizational structure will be developed to coordinate state level planning and decision making functions. These functions will include: centralized billing oversight, utilization management, management information, systems development, standardized monitoring, communication and technical assistance. A local organizational structure will be developed to conduct local system level functions.

**Objective 1A: Develop a state level organizational structure to support the system of care.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
1A1	Formed the Partnership for Children’s Behavioral Health		Complete
1A2	Formed the Behavioral Health Development Team and define their role		Complete
1A3	Developed consensus principles and goals that define the Oklahoma System of Care		Complete
1A4	Developed a Concept Paper that describes the intent for the Oklahoma System of Care		Complete
1A5	Defined and agreed upon the core functions for the state level organizational structure		Complete
1A6	Develop a cross walk of these functions and those of the current Partnership Board and State Systems of Care Team	Admin WG	3-22-05
1A7	Research potential models for a state organizational structure	Admin WG	3-22-05
1A8	Compare the potential models on the strengths, needs and culture of Oklahoma	Admin WG	4-12-05
1A9	Engage key stakeholders in a review of the models to obtain feedback	Admin WG	4-12-05
1A10	Prepare a summary of the potential models, strengths and weakness of each and feedback from stakeholders	Admin WG	4-26-05
1A11	Present to Partnership for discussion and selection of the model for Oklahoma	Admin WG	5-10-05
1A12	Develop an implementation plan to move toward the selected organizational structure	Admin WG	9-03-05

**Objective 1B: Develop local organizational structures to support the system of care .**

<b>Action Step</b>		<b>Responsibility</b>	<b>Due Date</b>
1B1	Formed local community teams for current system of care communities		Complete
1B2	Developed core standards for local community teams		Complete
1B3	Developed draft local organizational functions for local communities		Complete
1B4	Developed protocol for pilot sites to support the work of defining the local organizational structure.		Complete
1B5	Selected pilot sites to partner and pilot the functions and assessment for local organizational structures		Complete
1B6	Develop the local assessment of organizational structure	Admin WG	3-22-05
1B7	Develop cross walk of current initiatives in Oklahoma	Admin WG	3-29-05
1B8	Work with local pilot communities to review the proposed functions	Admin WG	4-19-05
1B9	Define and agree upon the core functions for local level organizational structure	Admin WG	5-10-05
1B10	Develop a developmental assessment for communities to assess current strengths and needs in relation to proposed organizational functions	Admin WG	7-03-05

**Goal Two: Program Quality and Standards.** Services and supports provided in the Oklahoma System of Care are high quality, evidence-based, standards-driven, and developmentally appropriate to meet the individualized needs of children, youth and families . The system of standards and quality management will be streamlined and focused on utilization

**Rationale:** The Program Quality and Standards goal focuses on assuring that the Oklahoma System of Care provides children, youth and families with access to high quality services. To be successful, the Oklahoma System of Care must have quality programs, community supervision, program management, and state support. Programs with federal funding often have federal program standards that must be met, but in developing the Oklahoma System of Care, efforts will be made to streamline state rules and regulations. To do this, an integrated system of quality measures will be developed that focuses on best practices established through national standards. The intent is to build on and streamline current quality measurement and management efforts to be easy to use and non-duplicative for providers.

**Objective 2A: Develop consensus on a set of integrated behavioral health standards across agencies.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
2A1	The State Team developed a set of core standards for local systems of care		Complete
2A2	The pilot communities are using these core standards to guide development of the local systems of care		Complete
2A3	Identify other groups doing similar or related work	BHDT	3-22-05
2A4	A work group of diverse stakeholders will be developed to review current standards and make recommendations for a more streamlined and effective system.	BHDT	5-15-05
2A5	A matrix of all current quality reviews/contracts monitoring will be developed	BHDT	5-15-05
2A6	A matrix of all current standards for behavioral health service will be developed to compare requirements.	Standards WG	7-15-05
2A7	Research national standards for quality in behavioral health care	Standards WG	7-15-05
2A8	Compare the current Oklahoma standards to the national standards	Standards WG	8-15-05
2A9	Develop a proposed set of prioritized and integrated behavioral health standards	Standards WG	10-15-05

**Objective 2B: Develop and implement a plan to integrate and streamline behavioral health standards across agencies.**

**Goal Three: Early Access.** A coordinated system of behavioral health screening and early identification is in place that identifies and provides referrals for needed assessments and services for children before problems become severe.

**Rationale:** Emotional and behavioral disorders can be minimized and sometimes prevented through behavioral health promotion and targeted early intervention. The system of care strives to provide support for children, youth and families before problems become severe. To do this the system will include behavioral health screening and referral at the points that all children come in contact with the system (e.g., primary care providers, daycare, school, etc.) and quality assessments to determine need based on the child and family’s strengths, needs and culture across life domains and development.

**Objective 3A: Develop consensus on the tools and process for a coordinated system of behavioral health screening.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
3A1	A diverse group of stakeholders was engaged in the process of identifying the need for process and potential tools for screening and early identification		Complete
3A2	The workgroup reviewed available tools and processes and made recommendations		Complete
3A3	The work group developed a protocol for testing the recommended tools and processes		Complete
3A4	Pilot communities were recruited and selected to test the tools and processes		Complete
3A5	The work group met with the pilot communities to define the pilot process		Complete
3A6	The tools and processes will be piloted in rural and urban communities	Screening WG	5-15-05
3A7	The impact and cost of the screening process will be evaluated	Screening WG	9-15-05
3A8	A proposal for next steps will be presented to the Partnership Board	BHDT	10-15-05

**Objective 3B: Develop consensus on standards for behavioral health assessment.**

**Objective 3C: In partnership with the state, local communities will develop a process and resources for needed assessments and referrals.**

**Objective 3D: An implementation plan for the coordinated system of behavioral health assessment will be developed.**

**Goal Four: Service Availability.** The Oklahoma System of Care has the capacity to provide needed and accessible behavioral health services and supports in the least restrictive environment and for all children and their families.

**Rationale:** A central feature of the system of care is that children, youth and families will have easy access to needed services and supports. There needs to be a continuum of services to address common needs, the capacity to meet these needs, the flexibility to individualize services based on family needs and culture, and coordination to help families navigate across the system. This inventory will contain a core set of services available statewide while offering local communities the flexibility to add or modify services in a manner responsive to needs of the community.

**Objective 4A: Develop consensus on a core set of behavioral health services across agencies.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
4A1	A desired service menu was developed by staff and stakeholders		Complete
4A2	Developed a protocol for reviewing behavioral health services across agencies		Complete
4A3	Develop a matrix summary of current services across agencies	Services WG	3-31-05
4A4	Develop core services from this list with common definitions, requirements, and rates	Services WG	5-15-05
4A5	Develop process for supplemental services to meet agency requirements	Services WG	5-15-05
4A6	Develop plan to change current rules to support implementation of core services	Services WG	7-15-05
4A7	A proposal for next steps will be presented to the Partnership Board	BHDT	8-25-05

**Objective 4B: Develop a process for local and statewide need for services assessment .**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
4B1	Focus groups with families and other key stakeholders have identified gaps		Complete
4B2	Regional Focus Groups have identified access barriers		Complete
4B3	Local Community Teams are planning to meet needs		Complete
4B4	Pilot communities were recruited and selected to test needs assessment process		Complete
4B5	Develop draft toolkit for doing local needs assessment	Services WG	6-15-05
4B6	Pilot communities will implement and evaluate needs assessment process	Services WG	8-15-05

**Objective 4C: In partnership with the state, local communities will implement an ongoing planning and evaluation process to improve service availability and access.**

**Goal Five: Professional and Workforce Development.** To develop and sustain a competent workforce in Oklahoma that is dedicated to providing effective, accessible behavioral health services for individuals, birth through twenty-one, and their families. To produce the best outcomes for children and families, the Oklahoma System of Care provides integrated and formalized ongoing professional and workforce development to ensure the highest quality workforce and recruit staff across the state.

**Rationale:** It is important that the staff providing the services are knowledgeable in effective and evidence-based interventions, social and emotional development, and the impact that they can have on positive outcomes for the development of children. To do this, workforce development must be a system and agency priority. A key component of this goal is recruiting, training, and sustaining enough staff to meet the different workforce needs across the state. One part of the goal is to create a lattice of job opportunities that allow individuals to move laterally across disciplines as well as up in their own discipline as a way to develop a cross trained and integrated work force and to offer more opportunities.

**Objective 5A: Establish core competencies for all providers in the system of care.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
5A1	Through focus groups and services assessment initiate needs for and challenges to work force development were identified		Complete
5A2	Consensus building on the identification and use of evidence based practices is ongoing		Complete
5A3	A diverse group of stakeholders was recruited to develop and implement workforce development plan		Complete
5A4	Developed strategic plan for workforce development		Complete

**Objective 5B: Coordinate and integrate staff development efforts across agencies and with higher education**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
5B1	Submit request to PCBH to create an interagency training council		Complete
5B2	A master calendar of all training related to behavioral health will be developed	WFD Task Force	6-30-05

**Objective 5C: Support continual cross agency quality improvement for staff.**

**Goal Six Parent and Family Engagement.** Parents and families are partners in the Oklahoma System of Care.

**Rationale:** An integrated system of care supports families as primary determinants of how well children thrive. This includes creating community and school environments that support parents and children, providing parental education and support to meet family needs, and partnering with families in the services for their own children and in the development of the system. Families should be significant partners in creating a comprehensive and integrated system of care. The development of a system of care is greatly enhanced through authentic involvement of consumers in all phases of needs assessment, planning, implementation and evaluation. Experience has shown that this is best accomplished when families are supported to be partners in these processes. Families can be strong and effective advocates for funding and legislation to support the system and can help identify needed system change that will eliminate barriers to accessing programs and services.

**Objective 6A: Providers partner with families in the assessment, planning and implementation of their children’s services and care.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
6A1	System of Care Principles and Values have been adopted by the Partnership, State Team, and Local Community Teams to support family partnership in services.		Complete
6A2	The wraparound service process has been adopted in local communities to support family partnership in services		Ongoing
6A3	Efforts to develop wraparound fidelity are addressing improvements in family partnership		Ongoing
6A4	Local quality efforts include measures of and improvements for family partnership		Ongoing

**Objective 6B: Special efforts are made to ensure that families of diverse cultures are engaged.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
6B1	System of Care Principles and Values have been adopted by the Partnership, State Team, and Local Community Teams to support cultural competency and diversity		Complete
6B2	Efforts at wraparound fidelity are addressing improvements in cultural competency		Ongoing
6B3	Family representatives of diverse cultures were recruited for the Partnership Board		Complete
6B4	By-laws of the State Team were revised to better ensure cultural diversity of membership		Complete

**Objective 6C: Families are involved in governance and system level activities.**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
6C1	Family representatives have been recruited for the Partnership Board, State Team, and Local Community Teams		Complete
6C2	A statewide family organization has been contracted with to support family leadership and involvement in system level activities		Complete
6C3	Develop and add at least three active family representatives to the BHDT	BHDT	4-01-05
6C4	Create formal feedback processes from consumers for policy and rule-making process	BHDT	4-15-05
6C5	Develop process to bring family leaders along as advocates and Board members	Family Org	6-15-05

**Objective 6D: Parents provide services and supports for other parents**

	<b>Action Step</b>	<b>Responsibility</b>	<b>Due Date</b>
6D1	Family Support Specialists have been hired in all local system of care sites		Complete
6D2	Request Medicaid approval for a family support service	Family Spec WG	7-01-05
6D3	Standards for family support specialist staff will be developed	Family Spec WG	4-15-05
6D4	A standard training curriculum for family support specialists will be developed and provided for current and future staff	Family Spec WG	6-15-05
6D5	A certification process for family support specialists will be developed and implemented	Family Spec WG	7-15-05

**Goal Seven: Public Engagement.** The public understands the importance of and places a high priority on the behavioral health of children, youth and families.

**Rationale:** Systems of Care are about people coming together to support all children, youth and families within the community. To develop an effective system of care requires changing the stigma generally attached to mental illness and mental health services. This goal addresses the need for public engagement to ensure that all constituencies participating in the systems of care work understand and articulate the work in the same way. Public engagement establishes a brand and key messages to define the system of care, action plans to mobilize key stakeholders, communication plans to share information, and advocacy to build and sustain the system of care.

**Objective 7A: Develop an identity for the system of care.**

	Action Step	Responsibility	Due Date
7A1	A diverse group of stakeholders was brought together to create a vision (Children’s MH Summit)		Complete
7A2	Developed a brand and logo for the Oklahoma System of Care		Complete
7A3	Developed a concept paper to describe the Oklahoma System of Care		Complete
7A4	Obtained stakeholder feedback through a series of focus groups		Complete
7A5	Revise Concept Paper based on feedback to include implementation plan	Vroon VDB	4-01-05

**Objective 7B: Develop a social marketing plan.**

	Action Step	Responsibility	Due Date
7B1	Developed a flyer for use at the fall forum		Complete
7B2	An initial social marketing plan was developed by ODMHSAS system of care staff		Complete
7B3	Attend Social Marketing workshop by Health Department in May	Social Market WG	5-15-05
7B4	Review and make recommendations on current social marketing plan	Family Spec WG	6-15-05

**Objective 7C: Develop a communication plan to support ongoing engagement of system of care stakeholders.**

	Action Step	Responsibility	Due Date
7C1	Developed a website to provide information on the Oklahoma System of Care		Complete
7C2	Developed an e-list and send periodic updates on BHDT activities		Ongoing

**Objective 7D: Develop a plan to build support for the changes in policy and funding necessary to develop and sustain the system of care.**

**Goal Eight: Accountability.** The Oklahoma System of Care is focused on outcomes such that policy and funding is driven by results.

**Rationale:** The Accountability goal focuses on the ability of the System of Care to provide positive child and family outcomes. To be successful, a System of Care must monitor the outcomes and cost benefit of services and use this information to guide decision-making on the continuous development of the system. These standards should be based on national standards and researched best practices. The goal should be to gather enough information to be able to determine the impact of the programs and services without providing too much burden for providers and families. It is also important that the system build on current measures, be streamlined, and not duplicate current measures.

**Objective 8A: Develop a set of defined and prioritized child and family outcomes across all service areas**

Action Step		Responsibility	Due Date
8A1	Developed priority outcomes for the System of Care	Partnership Board	Complete
8A2	The MOU between agencies was based on the identified outcomes	Partnership Board	Complete
8A3	Develop a diverse workgroup to review current outcomes measured and make recommendations	BHDT	3-29-05
8A4	Develop a matrix of current outcomes requirements compared to priority outcomes	Accountability Work Group	5-1-05
8A5	Compare the current requirement to national best practice recommendations	Accountability Work Group	6-1-05
8A6	Develop a report to Partnership Board on recommendations to improve and streamline outcome accountability systems	Accountability Work Group	7-15-05

**Objective 8B: Define ways to report on and use this outcome information to be useful for policy and funding decision making.**

**Objective 8C: Develop ongoing system of assessment, evaluation and strategic planning.**

**Goal Nine: Information Management.** Information, billing, and authorization systems will be streamlined and integrated to provide a more effective and efficient use of information and to decrease duplication and the administrative cost of providing services.

**Rationale:** Effective systems of care require coordinated and streamlined information and documentation systems to be more effective and efficient. This should better ensure that billing captures available resources and that coordinated billing, documentation, and standards systems minimize administrative requirements for providers and managers alike.

**Objective 9A: Develop a single payer authorization and billing system that simplifies for providers and standardizes for purchasers.**

Action Step	Responsibility	Due Date
9A1 Focus groups with agency staff and providers have identified inefficiencies and challenges with current systems		Complete
9A2 Concept paper has identified areas and general concepts for improvement		Complete
9A3 Coordinate activities under this goal with the adult recovery collaborative	BHDT	3-15-05
9A4 Develop common menu of services and rates	Services WG	5-15-05
9A5 Research available mechanisms to handle service billing through a single payer	Info Mgt WG	8-15-05
9A6 Compare the potential mechanisms on the strengths, needs and culture of Oklahoma	Info Mgt WG	9-15-05
9A7 Engage key stakeholders in a review of the mechanisms to obtain feedback	Info Mgt WG	9-15-05
9A8 Prepare a summary of the potential mechanisms, strengths and weakness of each and feedback from stakeholders	Info Mgt WG	10-25-05
9A9 Present to Partnership for discussion and selection of the mechanism for Oklahoma	Info Mgt WG	11-08-05

**Objective 9B: Customize the management information system to meet the unique requirements of individual agencies.**

**Objective 9C: Develop an integrated data system for quality assurance and utilization review.**

**Objective 9D: Streamline paperwork and documentation requirements for providers.**

**Goal Ten: Funding and Financing.** The Oklahoma System of Care has adequate, sustainable and flexible funding and resources from a broad array of public and private partners. The Oklahoma System of Care maximizes funding to provide the most impact for dollars and resources spent, and invests savings in community based and early intervention services that prevent future use of restrictive and more costly services.

**Rationale:** The system of care requires consistent and sustainable financing and resources to ensure consistent access and growth. This includes identifying the various sources of financing and resources, identifying potential funding mechanisms, identifying cost models, and engaging key financial champions in the process. In doing this it is important to keep an eye on federal policy that will limit or permit funding.

**Objective 10A: Identify funding partners and resources (public and private)**

Action Step	Responsibility	Due Date
10A1 A diverse workgroup representing families and state agencies was engaged in the process of identifying current behavioral health spending	Financing WG	Complete
10A2 A draft financial assessment was completed and presented to the Partnership Board	Financing WG	Complete
10A3 Based on additional questions the financial assessment is revised to further clarify 10A4 current spending across agencies	Financing WG	Complete
10A5 Present findings with discussion questions for the Partnership Board	Financing WG	Complete
10A6 Meet with OHCA leadership regarding inclusion in TEFRA option plans	BHDT	3-22-05
10A7 Develop summary of financial assessment	Vroon VDB	4-01-05
10A8 Revise financial assessment to include 2004 data	Financing WG	5-1-05

**Objective 10B: Identify funding mechanisms and cost models for a high quality system of care.**

**Objective 10C: Identify financial champions and a plan for developing needed funding.**

**Objective 10D: Develop policy vision/recommendations related to funding and financing.**