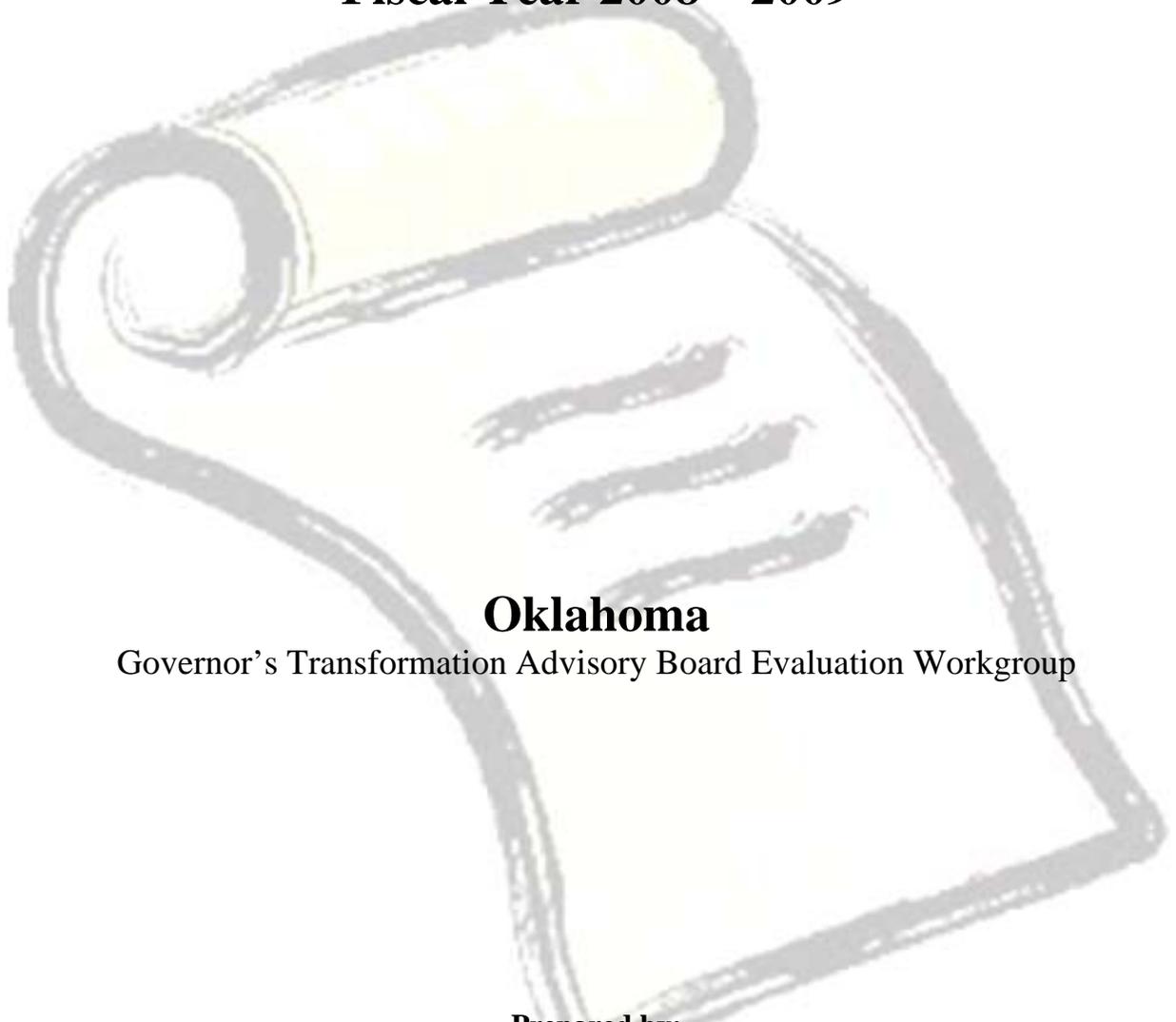


**Oklahoma Department of Mental Health  
and Substance Abuse Services  
Policy Change Evaluation for the  
Transformation State Incentive Grant  
Fiscal Year 2008 – 2009**



**Oklahoma**

Governor's Transformation Advisory Board Evaluation Workgroup

**Prepared by:**

John Hornik, Ph. D., Advocates for Human Potential

Jenifer Urff, J. D., Advocates for Human Potential

David Wright, Ph. D., Oklahoma Department of Mental Health and Substance Abuse Services

Karen Frensley, MBS, LMFT, Innovation Center

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**Policy Changes Affecting People with  
Mental Illness and Substance Use Disorders in Oklahoma:  
*State Fiscal Years 2008 and 2009***

October, 2010

**I. Introduction**

**A. Brief Overview**

This report provides a summary and analysis of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009. This is the second report developed as part of a policy change study being conducted for the evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant awarded by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS).

Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid.<sup>1</sup> The first policy change report, titled *Oklahoma’s Policy Change Evaluation: Findings and Cross-Cutting Themes and Priorities*, was presented to the Governor’s Transformation Advisory Board (GTAB) in June, 2008.

The main purpose for conducting the policy change study is to identify and document policy changes affecting people with mental illnesses and substance abuse, as requested by SAMHSA in connection with Oklahoma’s TSIG grant. However, several additional purposes are also addressed with this work. First, this study provides an opportunity to develop the capability for systematic reporting on policy changes and provides a recent history of policy changes for state agencies, which can be updated in future years. In addition, the policy change information provides a foundation for identifying additional opportunities for expansion of current efforts and for developing new possibilities for interagency collaborations. Finally, state leaders hope that the process of systematically examining policy changes for behavioral healthcare and developing the review into a multi-agency context will encourage greater collaboration among agencies in planning for the future.

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<sup>1</sup> The Federal data collection plan reflects CMHS and GPRA descriptions of state agencies that do not always reflect the organizational structure of Oklahoma’s state government. For example, mental health and substance abuse are defined as two agencies, although in Oklahoma they are combined in a single agency, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The Governor’s Transformation Advisory Board (GTAB) also is considered to be a separate agency. This report describes agencies consistent with Oklahoma’s organizational structure and, thus, may result in some inconsistencies with the agency matrices included in Appendix 2 of this report. The specific state agencies involved in this study are listed in Appendix 1 of this report.

## **B. Methodology**

For the purposes of this study, “policy” is defined broadly by CMHS<sup>2</sup> to include:

- A written document, whether legislative or administrative, directing an action or event at the State level. This includes change achieved through a broad range of mechanisms, such as statutes, regulations, administrative directives and guidance, provider contracts, clinical practice guidelines, strategic plans, and mission statements.
- A written document directing financing changes such as changes in appropriations, billing codes or reimbursement procedures, or the State’s Medicaid plan; or other financing changes such as innovative pooling or braiding of funding.
- An organizational change such as written interagency or intra-agency agreements, creation or elimination of positions, creation of a new reporting structure, and permanent changes in staff composition.

To gather information on policy changes, a team of external and internal evaluators met with leadership, senior staff, and mid-level managers from each of the state agencies participating in the policy change study. Evaluators used a semi-structured interview protocol designed for this purpose. Evaluators also reviewed compilations of statutes, administrative rules and available annual reports describing policy changes and priorities.

A content analysis was performed on the resulting information, which was categorized by type and consolidated in a concise matrix for each agency that matched each policy change to variables required within the various GPRA measures. Specifically, each state agency matrix includes a brief description of each policy change and its effective date; the mechanism of change (statute, agency rule, etc.); agencies involved; populations affected by the change; and the impact of the change and its relevance to SAMHSA, GPRA measures, and New Freedom Commission goals. Data from these matrices were analyzed and extracted to produce this report. This report and appendices will be updated at the end of the TSIG grant to identify trends, challenges, and accomplishments that occurred during the term of the grant.

## **C. Enhancements to the Policy Change Study**

This report includes several changes implemented during the study period to enhance the usefulness of the policy change study. First, agencies interviewed were asked questions to help assess (1) the role of consumers and families in policymaking; and (2) opportunities for future collaborations across agencies. Findings related to these issues are summarized in this report in Sections VII and VIII, below.

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<sup>2</sup> Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, *GPRA Definitions, Instructions and Forms for Mental Health Transformation State Incentive Grant (MHT SIG) Program*. Rockville, MD 2008.

Second, the agency policy change matrices that are included as Appendix 2 to this report reflect refinements intended to make it easier to analyze data and identify trends. These refinements include adding a fourth broad category of policy changes – training policy changes – in addition to general, finance, and organizational policy changes. The matrices also now use common descriptive titles and organize policy changes by these titles.

Finally, a *Summary & Highlights* of policy changes was developed for each agency to provide an overview of key data and policy changes within the context of five cross-cutting themes and priorities (discussed in more detail below). These *Summary & Highlights* documents are included in this report as Appendix 3.

## **II. Summary Overview of Data**

This section of the report briefly summarizes findings that emerged from policy changes enacted or implemented during the time period July, 2007 – June, 2009. Agencies participating in the study identified 119 separate policy changes affecting people with mental illnesses and substance use disorders that were enacted or implemented during the study period. This unduplicated total includes:

- 73 general policy changes (61%)
- 14 finance policy changes (12%)
- 17 training policy changes (14%)
- 15 organizational changes (13%)

Table 1 describes the number of policy changes identified by each agency during the study period and provides comparison data from the first study period. Please note this is a *duplicated* total, which was derived by aggregating the total number of policy changes identified by each agency, whether or not the policy change resulted from collaboration with other agencies. For example, a collaboration involving OJA, OCCY, and OSDH<sup>3</sup> would appear here as three separate policy changes. As a result, the total number of policy changes in this table (172) exceeds the unduplicated total of 119.

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<sup>3</sup> Please see Appendix 1 for a list of agency acronyms used in this report.

*Table 1*

Agency	General Policy Changes	Finance Policy Changes	Training Policy Changes	Organizational Changes	Total Number and Percentage of Total Policy Changes	
					<i>FY 2006 and 2007</i>	<i>FY 2008 and 2009</i>
<b>DOC</b>	8	0	5	5	16 8%	18 10%
<b>DRS</b>	3	1	0	3	8 4%	7 4%
<b>OCCY</b>	5	0	1	0	11 5%	6 3%
<b>ODMHSAS</b>	22	3	13	9	59 29%	47 27%
<b>OHCA</b>	28	6	1	0	49 24%	35 20%
<b>OJA</b>	13	1	4	1	19 9%	19 11%
<b>OKDHS</b>	24	5	4	1	26 13%	34 20%
<b>OSDH</b>	6	0	0	0	19 9%	6 3%
<b>Total (duplicated)</b>	110	16	28	18	207 100%	172 100%

As described in Table 1, most agencies reported implementing fewer policy changes affecting people with mental health and substance use disorders during Fiscal Years 2008 and 2009 than in the previous study period; only DOC and OKDHS reported more policy changes, and OJA reported the same number of policy changes.

It is important to note that policy changes vary significantly in terms of scope and impact. Some policy changes affected a small number of individuals or providers but may have had a significant, tangible impact, such as an initiative that decreased from 28 to 3 the number of out-of-state admissions for children in the child welfare and juvenile justice systems needing specialized care. Others affected a large number of individuals with a less easily measured impact, such as training programs for providers regarding trauma-informed care. Thus, while the information provided here is useful to understand the ways in which multiple service systems are modifying their programs and services, it does not support comparison among policy changes or across agencies.

Table 2 provides additional information about the specific focus of policy changes for each agency. Please note that this table also provides a *duplicated* summary, as a policy change is reported more than once if multiple agencies are involved.

**Table 2**

	Promote screening and early intervention	Promote evidence-based practice	Improve or expand general health care	Integrate mental health and primary care	Enhance quality and effectiveness	Reduce paperwork burden	Expand employment opportunities for consumers	Expand housing options for consumers	Coordinate funding across agencies	Enhance data capacity	Improve services for special populations	Expand or enhance peer-run and family delivered services	Decrease residential placements	Expand access to services	Create new position	Change organizational structure	Agency Total
<b>DOC</b>		1			1					2	10			1	1	2	18
<b>DRS</b>							5				1					1	29
<b>OCCY</b>		2			4												6
<b>ODMHSAS</b>	3	11			7	3	1	4	1	3	6		1	3		4	47
<b>OHCA</b>	2	3	8	4	4	2			1	4	2		1	4			35
<b>OJA</b>		6			2				1	2	6		1		1		19
<b>OKDHS</b>	1	6			12				1	3	6	1	1	3			34
<b>OSDH</b>	4	1			1												6

As described in Table 2, most State agency initiatives focused on promoting evidence-based practices, enhancing the quality and effectiveness of services, and improving services for special populations. In general, these special populations included people with mental health and substance use who are justice-involved, transition-age youth, or have certain disabilities. Only two initiatives focused specifically on ethnic minorities as special populations. Only OKDHS reported an initiative designed to expand or enhance peer- and family-delivery services.

**III. Cross-Cutting Themes and Priorities**

Data collected through the policy change study revealed several themes and priorities that cut across agencies and service systems, including the following:

1. Data and technology are used to improve quality and expand available resources.
2. Screening and early intervention remain important priorities and areas of collaboration.
3. Training has become an important tool for sustaining transformation.
4. Successful jail diversion, re-entry, and alternatives to incarceration are emphasized.
5. Children’s issues remain important areas of collaboration.

This section of the report briefly describes these cross-cutting themes and priorities and provides specific examples identified through the policy change study. Please note that these examples are not intended to be comprehensive, but they are representative of the kinds of policy changes identified during the study period and described in the state agency matrices attached at Appendix 2.

**1. Data and technology are used to improve quality and expand available resources.** Continuing a trend emerging during the first study period, state agencies continued to adopt policy changes designed to enhance data systems and improve the use of data and evaluation. Many of these changes were interagency collaborations and focused on sharing data to improve the quality of services and maximize available resources. Examples of these policy changes include the following:

- OJA and OKDHS collaborated to allow a limited set of OJA staff to access child welfare information for all OJA-involved youth in custody (approximately 1,000).
- ODMHSAS and OHCA agreed to share and review data to determine whether services charged by providers under ODMHSAS contracts would have been eligible for Medicaid reimbursement. Providers are able to view this information online and to bill Medicaid for these services. In FY 2009, \$5.5 million in claims that were eligible for Medicaid reimbursement were initially filed with ODMHSAS instead. This maximizes Federal support for services and allows State contract funds to be used only to pay for services of clients who are not Medicaid-eligible, thus expanding access for this group. This initiative received awards from Motivating the Masses at the OK Quality Team Day and the 2009 Data Infrastructure Grant meeting.
- ODMHSAS and OHCA collaborated to establish rules regarding telemedicine networks – what they are, how to apply to be a network, and how they can be reimbursed. In general, any licensed behavioral health provider can form a telemedicine network and be reimbursed for assessment and treatment if the patient being served is in an underserved area. An initial face-to-face meeting with the treatment provider is not required. Approximately 115 telemedicine sites were established statewide, with anticipated growth to 165 sites. Infrastructure is now in place to collect data, manage the network, and enhance provider capabilities.
- DRS collected and used data about service effectiveness to re-prioritize the allocation of resources to emphasize those services with the highest likelihood of leading to employment. At the same time, DRS implemented a new approach to budget projections that more closely mirrors actual expenditures, allowing the agency to efficiently expend available resources to significantly reduce client backlog.
- During the study period, OHCA and ODMHSAS engaged in planning to implement a consolidated claims system for all providers contracted with OHCA and ODMHSAS (implemented in 2010). Under this policy change, providers are able to check eligibility, file claims, request prior authorization, and send clinical and outcomes data to a single place. OHCA will pay all claims directly, and providers will be paid weekly instead of monthly.
- OHCA established a new website to allow consumers to access information about nursing homes that receive SoonerCare reimbursement. The website provides performance data and outcomes under the State’s Focus on Excellence program, a

voluntary data collection initiative through which nursing homes receive incentive payments to report standardized data. Based on performance and outcomes, each nursing home is assigned a “star rating” from 1 to 5. Ninety-three percent of eligible nursing homes (288 facilities) participated in Focus on Excellence, and 24 received a 5-star rating. The website received approximately 1,800 page views per week.

**2. Screening and early intervention remain important priorities and areas of collaboration.** During the first study period, nearly every agency serving children and adolescents reported a trend toward earlier intervention for children with emotional disorders or at risk for developing them. Although fewer agencies reported new early intervention initiatives during the second study period, this continued to be a priority for many agencies and a key area of interagency collaboration. Examples include the following:

- OHCA implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. Screening tools were selected collaboratively through the multi-agency behavioral health development team of the Partnership for Children’s Behavioral Health. TSIG funds were available to purchase the screening tools to be distributed to the primary care offices. Child guidance counselors from OSDH will deliver the tools and provide consultation to the physicians, and OHCA is responsible for outreach and marketing. More than 50 physicians billed to this reimbursement code during the study period.
- ODMHSAS and OHCA collaborated to implement a reimbursement code for Screening, Brief Intervention, and Referral to Treatment (SBIRT) behavioral health screenings for adults that are conducted in primary care physicians’ offices. The reimbursement code was adopted in January, 2007, and, to facilitate implementation, OHCA and ODMHSAS collaborated on the selection of screening tools eligible for reimbursement under this initiative.
- OSDH implemented autism screening for children ages 18-30 months. The screening process used the Modified Checklist for Autism in Toddlers (M-CHAT) for the initial evaluation and any other time there was a concern about Autism Spectrum Disorders (ASD). In addition, if a parent or staff person expressed a concern about possible ASD, children older than 30 months were screened using the Checklist for Autism in Toddlers with Denver Modifications (CHAT). Eighty-two children failed the M-CHAT, and 23 of those children were diagnosed with an Autism Spectrum Disorder.
- OSDH and OKDHS expanded a program begun in 2005 to provide consultation to child care centers. Under this program, OKDHS receives referrals for consultations with child care centers through the child care warmline supported by both agencies provides support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors. As a result of the program expansion, 51 active child care consultants are now available to respond to requests. In FY2008, OSDH provided 1,210 consultation hours in 23 counties. OSDH contracted with OKDHS to provide some of the consultation services.

### **3. Training has become an important tool for sustaining transformation.**

In light of the budget cuts facing State agencies, many agencies used provider and staff training as an important tool for sustaining transformation. Many of these training activities were continuations of initiatives begun prior to the reporting period. Although several training initiatives are discussed under other cross-cutting initiatives in this section of the report, other examples of trainings include the following:

- Nearly 600 people participated in a 2-day training on trauma-informed care that was sponsored collaboratively by OJA, OKDHS, and ODMHSAS. This is a continuation of an interagency initiative reported during the first study period that focused on reducing the use of seclusion and restraint. Staff from community mental health centers and the Tulsa County District Attorney's office also participated in the training. Innovation Center staff and other GTAB agency staff presented at the national "Dare to Transform" conference on this interagency approach to training.
- OKDHS, ODMHSAS, and the Innovation Center collaborated to train mental health professionals about the mental health needs of adoptive children and their families. The Innovation Center purchased the curriculum and OKDHS conducted the trainings for ODMHSAS providers.
- ODMHSAS sponsored the second integrated mental health, substance abuse, and prevention conference during this study period.
- DOC implemented a mental health workforce project that included student intern practicums, seminars, and workshops for faculty and staff at participating universities including Oklahoma State University in Tulsa and Stillwater, the University of Oklahoma, Oklahoma Christian University, and the University of Central Oklahoma. Designed to support workforce recruiting efforts, this project educated university faculty and students on the unique challenges and rewards of working as a correctional mental health professional. Other DOC training initiatives included development of a curriculum for correctional crisis response training (CCRT) for correctional staff in DOC facilities and probation and parole officers. The goal is to train 20 percent of all staff during the TSIG grant and to sustain this effort through continuation of the training within the DOC training academy post TSIG.

### **4. Successful jail diversion, re-entry, and alternatives to incarceration are emphasized.**

Several agencies reported new or ongoing policy initiatives designed to promote alternatives to incarceration, divert adolescents and adults from the justice system, and support successful re-entry from prisons, jails, and OJA facilities. Although these goals were not identified as cross-cutting priorities during the first study period, some of these agencies implemented similar programs during that period. As a result, the initiatives reported here reflect, in some cases, a continuation of efforts rather than a new approach to addressing these issues. Initiatives reported during the current study period include the following:

- DRS and DOC collaborated to improve employment opportunities for offenders who are being released from prison. DRS worked with offenders at the Joseph Harp Correctional Center and Mabel Bassett Correctional Center to begin the application

and vocational assessment process while the offender is still incarcerated, and to link the offender to DRS through an identified counselor and project coordinator prior to release.

- DOC and ODMHSAS continued and expanded its Mental Health Re-entry Program. The DOC Mental Health Coordinator of Social Work Services helped edit an evaluation tool to help assess State's criminal justice re-entry efforts. The Mental Health Re-entry Program will be cited as a promising practice in a Web-based document developed by the Council of State Governments' Justice Center to describe State efforts to obtain Federal benefits for soon-to-be-released offenders with serious mental illness.
- ODMHSAS expanded its participation in specialty courts to serve special populations. ODMHSAS received a new legislative appropriation and grant funding to establish two new family courts and one juvenile court. In addition, a new veterans' court is funded partly from adult drug court funding and partly from the Tulsa office of the Veterans' Affairs.
- OJA participated in a national Policy Academy in 2008 and subsequent state task force focusing on youth transitioning to adulthood. Key priorities for Oklahoma were to improve housing, employment, and education options for transition-age youth, including those leaving OJA facilities.
- OJA provided enhanced re-entry training to OJA staff and contract providers. The training focused on the importance of conducting individual assessments with the child and family to guide service delivery. Providers were encouraged to enroll children into systems of care under Medicaid and the Social Security IV-E program.

**5. Children's issues remain important areas of collaboration.** Consistent with findings from the first study period, State agencies continued to collaborate on issues related to children's services. Some of these initiatives are discussed under other cross-cutting priorities (such as training and data-sharing agreements), but other examples of collaboration related to children's services include the following:

- ODMHSAS, OKDHS, and OHCA collaborated with community providers and partners on a statewide care management project. Goals of the project are to increase community-based treatment services for youth; decrease inpatient treatment days; and decrease the amount of time between discharge from inpatient settings to the beginning of community-based services.
- ODMHSAS, OKDHS, OJA, OHCA, and OCCY continued to sponsor annual Professionalizing Youth Work conferences. More than 200 youth workers participated in this conference in 2008 and 2009.
- The State legislature provided OCCY with broader authority related to policy and oversight issues. OCCY is now charged with certifying two children's shelters owned and operated by OKDHS and is authorized to develop up to five reports on important system policy issues. These reports could potentially involve any or all State child-serving agencies.
- OJA and OHCA collaborated to support continued implementation of Multi-Systemic Therapy (MST) for OJA-connected youth. Approximately 95 children and youth received MST services in 2008.

#### IV. Agency Collaborations

During the study period, every agency included in the study described policy changes that resulted from collaborations with other state agencies. These collaborations ranged from collaborations involving two agencies to collaborations involving as many as seven state agencies plus the GTAB. **Of the 119 total policy changes reported, 50 (or 42 percent) were collaborations involving at least one other agency, and 16 (or 13 percent) involved two or more agencies.**

Table 3 describes the number of collaborations reported by each agency, as well as the percentage of each agency's total policy changes that involved collaboration. Please note that this is a *duplicated* total, as each policy change is counted for each agency that reported it.

*Table 3*

<b>Agency</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations with at Least One Additional Agency</b>	<b>Collaborations as a Percentage of Total Policy Changes</b>
DOC	7	5	12	67%
DRS	1	1	2	29%
OCCY	1	2	3	43%
ODMHSAS	18	12	30	64%
OHCA	13	8	21	60%
OJA	7	8	15	79%
OKDHS	8	9	17	50%
OSDH	1	2	3	50%

The pattern of collaborations described in Table 3 indicates that policy changes in behavioral healthcare are often not made by each agency separately. To the extent that State agencies may historically have operated in their own silos, that practice is no longer present. Agencies now seek out opportunities to work together in creating change.

#### V. Mechanisms of Change

Consistent with findings from the first study period, most agencies relied on internal policies and procedures to accomplish policy changes affecting people with mental health and substance use disorders. Contracts also were a common mechanism for policy change, followed by changes to administrative rules. Reflecting decreased budgets affecting most State agencies during the study period, agencies reported only six policy changes that were accomplished through appropriations increases. However, continuing a trend begun during the prior reporting period, appropriation increases remained the change mechanism most closely correlated with collaboration across agencies, while statutory changes remained the least likely to involve collaboration.

Table 4 provides a brief overview of the change mechanisms reported by State agencies and their use in policy changes resulting from interagency collaborations. In this table, policy changes are *unduplicated*; that is, each policy change is reported only once even if multiple agencies are involved. However, some policy changes may have been accomplished using more than one change mechanism. These change mechanisms are *duplicated*, meaning that each change mechanism is reported even if more than one applies to a single policy change.

**Table 4**

<b>Change Mechanism</b>	<b>Number of Policy Changes Accomplished Using This Change Mechanism</b>	<b>Number of Collaborations Using This Change Mechanism</b>	<b>Percentage of Policy Changes Using This Change Mechanism Achieved Through Collaboration</b>
Statutory Change	11	2	18%
Appropriations Increase	6	4	67%
Administrative Rule Change	19	7	37%
Contract Language	22	8	36%
Internal Policies and Procedures	67	24	36%

## **VI. Other Trends and Observations**

At least two agencies reported a significant decrease in the number of children in State custody and/or eligible to receive agency services. OKDHS reported that the number of children in foster care has dropped to 9,700 – the lowest number in more than five years. Agency officials attribute the decrease to policy and program changes that reflect a broader effort to address the needs of families and children at risk, including a new focus on family group conference, trauma-informed care, and other evidence-based practices. Agency officials also credited implementation of a new Federal law and State initiatives to encourage adoption. Oklahoma now ranks third highest among all States in placing foster care children in permanent homes.

OJA also reported a significant decrease in the number of children in custody, reporting that, for the first time in several years, there are no waiting lists for beds in State OJA facilities. OJA officials credited a statewide strengthening of service systems for children and their families, saying that more people are being served by other agencies before requiring OJA services. Officials noted, however, that this means that the remaining children and adolescents served by OJA have, on average, more significant histories of violence. They also suggested that the declining economy and budget shortfalls may have a negative impact, as families face increasing financial stress and State agencies must contend with reduced levels of resources for services.

## **VII. Role of Consumers and Families in Policymaking**

Agency officials reported varying levels of formality in the ways in which consumers and family members were involved in policy discussions and decisions. For example, Federal statute requires both ODMHSAS and DRS to establish advisory councils with specific statutory roles and required meeting schedules. The Mental Health Planning and Advisory Council is required by law to have representation from consumers and family members, while the DRS Rehabilitation Council must include at least 51 percent of people with disabilities. Other agencies also have formal advisory councils, including OCCY's Family Perspective Committee and several advisory councils established by OHCA that include representation from recipients of Medicaid and behavioral health services.

Some agencies reported including consumers and families as part of their governance structure, such as having a parent representative on OCCY's Commission on Children and Youth. In addition, the ODMHSAS governing board includes by statute three members "qualified by education and *experience*<sup>4</sup> in the area of substance abuse recovery" and "four members who shall be citizens of this state, at least one of whom shall be either a current or former consumer of mental health services." Other agencies have developed ad hoc advisory committees to support specific aspects of their work. For example, ODMHSAS established an ad hoc advisory committee of consumers and families to provide input into this policy change study.

Many agencies reported using satisfactions surveys to solicit input from consumers and other stakeholders. OKDHS surveys adoptive parents, for example, about their experiences with the adoption process and their needs as adoptive parents. Because response rates to surveys often are low, many agencies reported interviewing consumers and former clients. OKDHS conducts exit interviews with children leaving group homes, for example. OKDHS also conducts focus groups as part of its Continuous Quality Improvement (CQI) process, including foster families as well as birth parents, judges, and child welfare staff.

Several agencies hold periodic public hearings soliciting input from consumers, families, and other stakeholders. For example, DRS held 5 public hearings during FY 2009, notifying DRS clients in advance of the opportunity to participate. Consumers and family members also have a right to provide comments in administrative rulemaking proceedings, although consumers providing input into the policy change study noted that agencies do not generally have mechanisms for informing consumers about the proposed change and their rights to participate.

Many agencies noted that they receive informal feedback from staff, often reflecting comments or concerns provided by consumers and families. For example, OJA noted that its staff frequently receive calls from families that inform both program and policy decisions. At least two agencies – OJA and OKDHS – reported hiring graduates of their programs to work in their agencies.

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<sup>4</sup> Our emphasis.

One of the most effective ways to increase consumer and family involvement may be to strengthen their leadership capacity. OCCY developed an initiative to provide Intensive Technical Assistance to Community Partnership Boards, most of which include parents as members and leaders. Through this initiative, OCCY supports Community Partnership Boards in conducting needs assessments, developing strategic plans, and focusing their efforts on local policy needs and priorities.

### **VIII. Opportunities for Collaboration**

Agency officials identified several specific, concrete opportunities for collaboration across agencies to support transformation in the mental health and substance use service systems. For example, DRS expressed an interest in working with ODMHSAS to improve employment services for people who have both mental illness and a co-occurring physical disability (such as deafness). Discussions of these kinds of potential collaborations emphasize that many people receiving public services have multiple issues and may receive services from a range of service systems. Effective service delivery requires collaboration to improve outcomes and minimize duplication.

At least one agency also expressed an interest in collaborating with other agencies around issues related to transition-age youth. OJA noted that effective service delivery to this population often requires engaging multiple agencies, and that employment opportunities for this population is a critical need.

Several agencies emphasized that agencies should continue to collaborate around data-sharing, both for quality improvement and to help maximize payments from Medicaid and third-party health care payers. At least one agency advocated for increased collaboration related to evaluating service effectiveness.

OSDH noted that Oklahoma agencies have been successful in collaborating to obtain Federal grant funding – including the TSIG grant – and observed that these successes have provided the State with an infrastructure to successfully implement joint grant programs. Collaborating to seek additional grant funding should be a priority, especially in the current context of State budget cuts and shrinking resources.

### **IX. Conclusion**

Every state agency involved in the policy change study has adopted policies or new programs that reflect the belief that adults and children with mental health and substance use disorders are an important population to be served. This confirms a principal finding from the first study period and demonstrates progress toward a key goal of the TSIG program.

Interviews for this policy change study period were conducted during Fiscal Years 2009 and 2010. During this time, State agencies were struggling to address budget cuts resulting from significant State budget shortfalls. Although most of these cuts occurred

in FY 2010, many State agencies anticipated these fiscal challenges during FY 2009 and referred to them during the interview process. Most agency officials indicated that the budget outlook constrained new policy initiatives, but none reported that they had changed policy direction or dropped transformational initiatives because of a lack of funding.

At least three of the five cross-cutting themes and principles identified in this report – related to data, early intervention, and training – are continuations of themes identified during the first study period. In addition, the remaining cross-cutting themes – related to children’s issues and service improvement for people with mental health and substance use disorders who are justice-involved – are rooted in part in specific agency initiatives that were also begun during the first study period. Many of these involve collaboration across multiple agencies, with a particular focus on sharing information and leveraging each other’s resources.

## *Appendix 1*

### **Participating Agencies**

Oklahoma state agencies participating in the policy change study include:

- Department of Corrections (DOC)
- Department of Rehabilitation Services (DRS)
- Oklahoma Commission on Children and Youth (OCCY)
- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- Oklahoma Health Care Authority (OHCA)
- Oklahoma Office of Juvenile Affairs (OJA)
- Oklahoma Department of Human Services (OKDHS)
- Oklahoma State Department of Health (OSDH)

*Appendix 2*

**State Agency Matrices**

**DOC Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Enhance Quality And Effectiveness: Improved and expanded the Mental Health Reentry Program. The DOC Mental Health Coordinator of Social Work Services helped edit an evaluation tool to help assess States'	2/09	5	2, 12	The Mental Health Reentry Program will be cited as a promising practice in a web-based document developed by the Council of State Governments' Justice Center	1, 3	1	5.2	3	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
criminal justice reentry efforts.				to describe State efforts to obtain Federal benefits for soon-to-be-released offenders with SMI.								
Enhance Data Capacity: Implemented a joint data sharing agreement between DOC and ODMHSAS. As part of this agreement, DOC and ODMHSAS are implementing the DOC mental health clinician web-based interface into the ODMHSAS client data system to allow DOC mental health professionals to access summaries of any State-funded mental health or substance abuse services that offenders may have obtained prior to incarceration.	6/08	5	2, 3, 12	The initial data sharing agreement was fully implemented in January, 2009. In April, DOC and ODMHSAS managers presented "lessons learned" to assist the Kansas HIPAA Action Team.	1, 3	5	6.1, 6.2	3	3	1	Y	Y
Enhance Data Capacity: Began implementation of an electronic health records system. Pilot testing began at Mabel Bassett Correctional Center in September, 2009. New system will be introduced at all facilities over a 6-month period.	11/08	4	12	This initiative will permit excellent data collection and management as well as improved medical and mental health care. This change will affect every person in DOC custody (approximately 33,000 per year).	1, 3	5	6.1, 6.2	3	3	1	Y	Y
Improve Services For Special Populations: Developed initiative to begin the application and vocational assessment process while the offender	8/09	5	12, 15, 20	DRS currently is working with two DOC facilities to implement this initiative.	1, 2, 3	1	2.1	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
is still incarcerated. Individuals are linked to DRS through an identified counselor and project coordinator prior to release.												
Improve Services For Special Populations: In response to recommendations of a multi-disciplinary Process Action Team issued in December, 2008 to improve DOC suicide prevention efforts, a policy for scheduling, maintaining, inspecting, and replacing suicide smocks and blankets was implemented.	8/09	5	2, 12	This change will improve efficient and timely replacements and maintenance of equipment needed for safe conditions of suicide watch.	1, 3	1, 2	NA	3	3	1	N	Y
Improve Services For Special Populations: In response to recommendations of a multi-disciplinary Process Action Team issued in December, 2008 to improve DOC suicide prevention efforts, internal guidelines were revised to clarify the content, goals, and communication of results of the post-suicide review process and to make mandatory a psychological autopsy on every offender suicide.	8/09	5	12	This policy change will provide clearer guidelines and requirements for the post-suicide internal review process, which will in turn provide a better performance improvement management process.	1, 3	1, 7	NA	3	3	1	N	Y
Improve Services For Special Populations: In response to recommendations of a multi-disciplinary Process Action Team	8/09	5	12	This policy refinement will provide clearer guidelines for follow-up treatment for suicidal offenders.	1, 3	1, 7	2.1	3	3	1	N	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
issued in December, 2008 to improve DOC suicide prevention efforts, current policy was refined to require an individualized treatment plan containing, at a minimum, relapse prevention and risk management protocol (to include signs, symptoms, and the circumstances under which the risk of suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and action the patient or staff can take if suicidal thoughts do occur) for every offender with a history of suicidal ideation and/or action.												
Expand Access To Services: Completed 5-year SAMHSA-funded study to document challenges to re-entry for soon-to-be discharged offenders with a disabling mental illness, with a focus on access to federal benefits. This initiative included a webinar sponsored by the Council of State Governments (CSG).	4/09	5	2, 3, 11, 12	Identified needed interagency MOUs to be developed. Increased approval rate of Social Security Disability Insurance (SSDI) to 80 percent on first time application. More than 500 people participated in the CSG webinar.	1, 3	1, 3	2.3, 5.2	3	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
None.												
<b>TRAINING POLICY CHANGES</b>												
Promote Evidence-Based Practice: Provided intensive training and supervision on Cognitive-Behavioral	9/08	4	1, 2, 3, 4, 12, 13	Two individuals from each CMHC and designated staff from substance abuse	3	2	5.2, 5.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Therapy (CBT) for practicing therapists at Community Mental Health Centers, as well as designated staff from substance abuse providers, OKDHS, OJA, and DOC. The goal of this initiative is to create an infrastructure by which therapists being trained can in turn train and supervise therapists at their agencies. The training, provided by the Beck Institute for Cognitive Therapy and Research and paid for through the TSIG grant, included four separate 2-day on-site visits over a 6-month period, followed by telephone supervision for an additional six months.				providers, OKDHS, OJA, and DOC are participating in the training.								
Improve Services For Special Populations: In response to recommendations of a multi-disciplinary Process Action Team issued in December, 2008 to improve DOC suicide prevention efforts, a workgroup developed a standard training curriculum for all four levels of competency required for the new suicide prevention program.	9/09	5	12	The new curriculum will support pre-service, inservice, and specialized training to meet standard requirements for identified different competency levels.	1, 3	1, 7	5.3	3	3	1	Y	Y
Improve Services For Special Populations: Trained corrections staff in conflict resolution skills with crises	7/09	5	1, 12	Approximately 240 probation and parole officers and 240 correctional officers	3	1, 2, 7	5.3	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
involving offenders with mental illness. Funding for this initiative was provided by the TSIG.				will be trained in these 40-hour sessions. It is anticipated that these trainings will reduce the serious use of force and overall number of crises.								
Improve Services For Special Populations: Conducted a 2-day staff training on trauma-informed care. Training was provided by national trauma-informed trainers Joan Gillece and Tonier Cain.	6/09	5	2, 3, 12	More than 200 people from DOC and ODMHSAS participated in the training.	2, 3	2	5.2, 5.3, 5.4	3	3	1	Y	Y
Improve Services For Special Populations: Implemented a correctional mental health workforce development project, including student intern practicums, seminars, and workshops for faculty and staff at Oklahoma State University. The project will educate university faculty and students on the unique challenges and rewards of working as a correctional mental health professional.	5/09	4	12, 20	It is anticipated that this initiative will improve recruitment of future professionals.	2	2	5.3	3	3	1	Y	Y
<b>ORGANIZATIONAL POLICY CHANGES</b>												
Improve Services For Special Populations: Merged the GTAB Criminal Justice Workgroup with a new organization representing law enforcement and mental health issues	9/08	5	1, 2, 3, 12, 20	This organization will help to sustain the work of the GTAB Criminal Justice Workgroup.	3	4	5.2	3	3	1	Y	Y

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and adopted a strategic plan. The organization is called TOPICC (The Oklahoma Partnership in Creating Change) and includes DOC, ODMHSAS, the Sheriffs' Association, and the Chiefs of Police.												
Improve Services For Special Populations: Three new COD therapists funded by ODMHSAS were placed in prisons in July, 2006. These positions were continued through the study period.	7/07	5	2, 3, 12	Approximately 200 people were served in 2007; 200 in 2008, and 200 in 2009.	2, 3	1, 4, 7	4.3, 5.3	3	3	1	Y	Y
Create New Position: Created the new position of Deputy Director for Female Offender Operations and a new Division of Female Offender Operations.	12/08	5	12	This position will facilitate effective, gender-specific management, treatment, and program strategies.	3	4	5.3	3	2	1	Y	Y
Change Organizational Structure: Appointed a DOC liaison to the SAMHSA Access to Recovery (ATR) grant.	10/07	5	3, 12, 20	Access to substance abuse services for people in community corrections has improved because of this grant. ATR was initially underutilized, but is now overutilized as DOC parole officers refer many more clients. Grant will continue through August, 2010.	2, 3	4	2.2, 2.3, 5.3	3	3	1	Y	Y
Change Organizational Structure: Appointed a DOC liaison to the	11/08	5	12	This project will continue through August, 2010.	3	4		3	0	1	N	Y



**DRS Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Expand Employment Opportunities For Consumers: Invested in two mental health Clubhouse model programs to support their ability to provide transitional employment services. Each program will receive \$125,000	1/09	4	2, 15	Two programs currently are receiving funding. DRS hopes to expand the initiative to include 5 or 6 Clubhouse programs.	2, 3	1	2.3, 5.3	3	3	1	Y	Y

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<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

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each year for the next two years. After that time, DRS expects that both programs will be able to sustain their services through the established Ticket to Work milestone payment system.												
Expand Employment Opportunities For Consumers: Implemented initiative to emphasize on-the-job training as an effective, efficient method of facilitating client employment. Trained all staff and vendors in this approach and authorized expenditures of \$2.5 million to employers to provide on-the-job training.	5/09	5	15	This initiative was based, in part, on data suggesting that average costs of on-the-job training (\$5500) were much lower than average per-case costs (\$9000) and were more effective in leading to work.	1, 3	1, 2, 5, 7	5.3	3	3	1	Y	Y
Improve Services For Special Populations: Developed initiative to begin the application and vocational assessment process while the offender is still incarcerated. Individuals are linked to DRS through an identified counselor and project coordinator prior to release.	8/09	5	12, 15, 20	DRS currently is working with two DOC facilities to implement this initiative.	1, 2, 3	1	2.1	3	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
Expand Employment Opportunities For Consumers: Implemented a new approach to budget projection that more closely mirrors actual expenditures and allows DRS to spend more of its resources on client services	7/09	5	15	Increased availability of funds has helped reduce client backlog and provided additional data to re-focus agency priorities.	1	3, 5	5.3	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
and to prioritize those services with the highest likelihood of leading to client employment.												
<b>TRAINING POLICY CHANGES</b>												
None												
<b>ORGANIZATIONAL POLICY CHANGES</b>												
Expand Employment Opportunities For Consumers: Authorized master's-level counselors to authorize service expenditures up to \$7500 without the signature of a supervisor.	12/08	5	15	Helped to eliminate a 7-month backlog in seeing clients that had existed in 2008.	2, 3	4	5.3	3	3	1	Y	Y
Expand Employment Opportunities For Consumers: Used federal stimulus funding to establish a new Social Security Unit to generate new resources for DRS through Ticket to Work. DRS staff are specifically assigned and devoted to increasing Social Security Administration (SSA) reimbursement for successful closures.	5/09	5	15	Six DRS staff are specifically trained by SSA to work with clients to understand how working will affect their Social Security benefits. DRS staff have been specifically assigned to expand employment networks.	1, 2	4	2.1, 5.3	3	3	1	Y	Y
Change Organizational Structure: Created the new position of Innovations Director and moved two program field representatives into a new Innovations Team unit.	5/09	5	15	The Innovations Team implements innovative strategies to improve administration and service delivery.		1,7		3	3	1	N	N

**OCCY Policy Change Summary Table**  
*State Fiscal Years 2008 and 2009*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Promote Evidence-Based Practice: Provided small grants and intensive technical assistance (ITA) with exemplary Community Partnership Boards. Support provided to ITA sites includes assistance related to	1/08	5	19	Eight sites received grants to address their community's unique needs. For example, one grantee developed a master's level program with a state university in order to	2, 3	6, 7	2.2	1, 2, 3	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

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Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
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conducting a needs assessment, developing a strategic plan, and other support related to community development. Grants are for an 18-month period and are designed to support initiatives related to children, youth, and families.				keep people in their small community to study and stay to work as health professionals.								
Enhance Quality And Effectiveness: OCCY was charged with certifying two children's shelters owned and operated by OKDHS.	7/09	1	4, 19	No measurable impact yet, but there is a goal of reducing the combined census from 60 to 25.	1, 3	1	2.5, 4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Increased to two the number of unannounced visits that OCCY must conduct for each State-operated facility. Prior to this change, OCCY was required to conduct only one visit, and was able to conduct two at its discretion.	11/09	1	4, 13, 14, 19	Will improve oversight of State-operated facilities.	1	1	2.5, 4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Strengthened authority to interview children who are patients or residents of institutions, whether they are in State custody or private residential settings.	11/09	1	19	Will improve oversight of facilities serving children in Oklahoma.	1	1	2.5, 4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Authorizes OCCY to develop up to five reports on important system policy issues. Topics will be selected by the	11/09	1	19	Re-focuses resources to include addressing system-wide policy issues and challenges, rather than just	1, 2, 3	1	2.5, 4.1	1, 2	3	1	Y	Y



**ODMHSAS Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Promote Screening And Early Intervention: Implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. The screening tool is being	4/09	3	1, 2, 3, 11, 17	More than 50 physicians have billed to this reimbursement code since it was established.	3	1, 2, 3	1.2, 4.1, 4.3, 4.4	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

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identified collaboratively between OHCA and ODMHSAS. The Innovation Center will pay for the actual screening tools to be distributed. Child guidance counselors from OSDH will deliver the tools and provide consultation, while OHCA is responsible for outreach and marketing.												
Promote Screening And Early Intervention: Using reimbursement code established in January, 2007, implemented SBIRT (Screening, Brief Intervention, and Referral to Treatment) for adult behavioral health screenings conducted in primary care physicians' offices. SBIRT is reimbursed as part of OHCA's new Medical Home Model for the SoonerCare Choice program, as well as through other OHCA initiatives. OHCA and ODMHSAS are collaborating on this initiative, and the OU Health Sciences Center is collaborating on development and validation of a comprehensive behavioral health screening tool.	2/09	5	2, 3, 11, 20	More than 4,000 behavioral health screenings have been conducted under this initiative.	3	1, 2, 3	1.2, 4.3, 4.4, 5.2	3	3	1	Y	Y
Promote Evidence-Based Practice: Participated in 2008 National Policy	12/08	5	2, 13	OK has applied for a transitional youth grant to	2, 3	1	4.1, 5.3	1, 2	3	1	Y	Y

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Academy "Developing Systems of Care for Youth and Young Adults with Mental Health Needs Who are Transitioning to Adulthood, and their Families." Two staff members continue to serve on a State task for regarding this collaborative effort, which includes a focus on housing options for young adults.				help fund new programs to serve this population.								
Promote Evidence-Based Practice: Provided training in the Illness Management and Recovery (IMR) evidence-based practice model to participants in psychosocial rehabilitation (PSR) programs. The goal of the training is to help PSR program participants transition to real work and achieve other recovery outcomes. An initial round of training was provided to staff in the fall of 2007, followed by a second round of training for consumers in the fall of 2008. The trainings were provided by Tim Gearhart from Indiana.	9/07	4	2	Four CMHCs providing PSR volunteered to participate in training. 20 staff were trained in the initial round of training in 2007, and 125 consumers were trained in the second round of training in 2008.	3	1, 7	5.2	3	3	1	Y	Y
Enhance Quality And Effectiveness: Expanded program to review high-end utilizers of behavioral health services and ensure that they see an outpatient provider of services within 2 weeks of	3/08	5	1, 2, 3, 11	A TSIG-funded research study is now looking at whether State-level care coordination makes a difference. Among high-end	1, 3	1, 5	2.1, 5.3	5	3	1	Y	Y

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discharge from an inpatient or residential facility. Four FTEs (2 for children, 2 for adults and geriatric) now work with care coordinators to support this program.				utilizers, there was a 40 percent decrease in claims for residential treatment.								
Enhance Quality And Effectiveness: Implemented a new approach to how field services coordinators monitor drug, mental health, and other specialty courts. Previously, field services coordinators were assigned specific courts Statewide, conducted site visits, and wrote generalized reports. Under the new approach, field services coordinators are assigned to regions and given specific responsibilities, including protocols for conducting quarterly visits to drug and mental health courts. Reports now follow a standard form and are documented via a new computer system.	3/09	5	2, 3	The new approach facilitates more uniformity in how specialty courts are monitored and allows ODMHSAS to keep a running record on any specific court, including 41 adult drug, 13 mental health, 8 juvenile, 4 family, 2 DUI, and 1 veterans' court.	1, 3	1	5.2, 6.1	5	3	1	Y	Y
Enhance Quality And Effectiveness: Implemented a new approach to how ODMHSAS monitors substance abuse providers in order to develop relationships that support continuous quality improvement. Prior practice involved an annual site visit to each provider, followed by a report listing	7/08	5	3	Feedback from providers and field services coordinators has been very positive. All substance abuse providers (approximately 80) are affected by this change.	1, 3	1, 2, 4	5.3	5	3	1, 9	N	N

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deficiencies and requiring a plan of correction. The new approach assigns field services coordinators 2-10 agencies to work closely with throughout the year and to serve as a single point of contact for the agencies. The field services coordinators also work closely with providers and Decision Support Services staff to improve the quality of data submitted by providers.												
Enhance Quality And Effectiveness: Collaborated on plan to pilot test adoption wrap-around services for adoptive families that are not foster families or relatives of the child.	4/09	5	2, 4, 17	New services will be piloted in Oklahoma County. If successful, it is anticipated that the program can be easily replicated in Oklahoma's 47 System of Care counties.	3	1, 7	5.2	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Improved and expanded the Mental Health Reentry Program. The DOC Mental Health Coordinator of Social Work Services helped edit an evaluation tool to help assess States' criminal justice reentry efforts.	2/09	5	2, 12	The Mental Health Reentry Program will be cited as a promising practice in a web-based document developed by the Council of State Governments' Justice Center to describe State efforts to obtain Federal benefits for soon-to-be-released offenders with SMI.	1, 3	1	5.2	3	3	1	Y	Y
Reduce Paperwork Burden: Engaged in	7/08	5	2, 3,	When implemented, OHCA	1	1, 5	6.1	5	3	1	Y	Y

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planning to implement a consolidated claims form for all providers of OHCA and ODMHSAS services. When fully implemented, providers will be able to check eligibility, file claims, request prior authorization, and send clinical and outcomes data to a single place. OHCA will pay all claims directly, and providers will be paid weekly instead of monthly. This is a significant change for providers, and OHCA and ODMHSAS are conducting provider informational sessions and trainings.			11	and ODMHSAS will be able to move to more effective Quality Improvement and pay-for-performance systems. The initiative will result in cost savings because it will ensure that Medicaid is billed before State-only dollars are used.								
Reduce Paperwork Burden: Initiated development of a clinician's desk guide for billing, which includes an integrated rate sheet that crosswalks services with the types and levels of staff that can bill under that service. The new guide is scheduled to be published in FY 2010.	1/09	6	2, 3, 11	The guide should reduce billing errors and make the billing process more efficient (saving staff time).	1	1	NA	5	3	1	Y	N
Reduce Paperwork Burden: Created a consolidated schedule lot for all field services coordinators to reduce the demands on providers. Field services coordinators use this to schedule and sometimes consolidate site visits.	6/09	5	3	This is a recent initiative, so there is not yet a measureable impact.	4	1	NA	5	3	1	Y	N
Expand Employment Opportunities For Consumers: Invested in two mental	1/09	4	2, 15	Two programs currently are receiving funding. DRS	2, 3	1	2.3, 5.3	3	3	1	Y	Y

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health Clubhouse model programs to support their ability to provide transitional employment services. Each program will receive \$125,000 each year for the next two years. After that time, DRS expects that both programs will be able to sustain their services through the established Ticket to Work milestone payment system.				hopes to expand the initiative to include 5 or 6 Clubhouse programs.								
Expand Housing Options For Consumers: Contracted with 7 CMHCs to implement a new \$303,000 HUD HOME grant providing up to 24 months of rental assistance for mental health consumers. The grant funding this initiative was obtained through the Oklahoma Housing Finance Agency.	5/09	4	2, 7	The grant is expected to support 51 people with mental illness by providing rental assistance.	2, 3	1	2.3	3	3	1	Y	Y
Expand Housing Options For Consumers: Provided new funding and training opportunity for residential care facilities (RCFs) to encourage them to transition clients to permanent housing. As a condition of participation, the RCFs agreed to allow experts to review their recovery focus and infrastructure to help people transition out of residential care into less restrictive environments. Participating RCFs will receive training (open to	6/09	2	1, 2	Seven (out of 30) existing RCFs have applied to participate in this new program.	3	1, 2, 3, 7	2.3	3	3	1	Y	Y

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administrators, staff, and residents) on how to assist people in finding permanent housing and supporting them for a 90-day transition period. RCFs will receive payment for transition services (a new billable service reimbursed at \$10/day) and additional milestone payments system for retention in housing after 90 days, 6 months, 9 months, and 12 months. This new program is funded by the TSIG grant (training and milestone payments) and a new State appropriation (for transition services).												
Coordinate Funding Across Agencies: Multiple agencies signed a new Memorandum of Agreement for the Partnership for Children's Behavioral Health in order to confirm agency directors' commitments and apply for a Healthy Transitions grant. The Partnership proposed a consolidated budget for both FY2008 and FY2009, but it did not pass.	6/09	6	1, 2, 3, 4, 11, 13	The Partnership proposed a consolidated budget for FY2008 and FY2009, but it did not pass.	1, 2, 3	1	4.1	1, 2	3	1	Y	Y
Enhance Data Capacity: Implemented a joint data sharing agreement between DOC and ODMHSAS. As part of this agreement, DOC and ODMHSAS are implementing the DOC mental health	6/08	5	2, 3, 12	The initial data sharing agreement was fully implemented in January, 2009. In April, DOC and ODMHSAS managers	1, 3	5	6.1, 6.2	3	3	1	Y	Y

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clinician web-based interface into the ODMHSAS client data system to allow DOC mental health professionals to access summaries of any State-funded mental health or substance abuse services that offenders may have obtained prior to incarceration.				presented "lessons learned" to assist the Kansas HIPAA Action Team.								
Enhance Data Capacity: Established data sharing agreement between ODMHSAS and OKDHS to share data related to children who are in foster care or whose parents are involved with substance use.	3/08	6	2, 3, 4	More than 60 adults, children, and families have been served.	1, 3	5	4.1, 6.1	1, 2	3	1	Y	Y
Decrease Residential Placements: Established Statewide care management oversight project among various State agencies and partners. The goals of the project are to increase community-based treatment services for youth; decrease inpatient treatment days for youth needing services; and decrease the amount of time between discharge from inpatient treatment services to the beginning of community-based treatment services.	11/08	3	2, 3, 4, 11, 13, 19, 20	OKDHS, OJA, ODMHSAS, and Federation of Families participate with OHCA Care Management staff to ensure that community-based outpatient services and other support services are provided to children and families to decrease inpatient treatment days.	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y
Expand Access To Services: Completed 5-year SAMHSA-funded study to document challenges to re-entry for soon-to-be discharged	4/09	5	2, 3, 11, 12	Identified needed interagency MOUs to be developed. Increased approval rate of Social	1, 3	1, 3	2.3, 5.2	3	3	1	Y	Y

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offenders with a disabling mental illness, with a focus on access to federal benefits. This initiative included a webinar sponsored by the Council of State Governments (CSG).				Security Disability Insurance (SSDI) to 80 percent on first time application. More than 500 people participated in the CSG webinar.								
Expand Access To Services: Established rules regarding telemedicine networks - what they are, how to apply to be a network, and how to reimburse for services. In general, any licensed behavioral health agency can develop a telemedicine network and be reimbursed for assessment and treatment if the patient being served is in an underserved area. An initial face-to-face meeting with the treatment provider is not required. Infrastructure is in place to collect data, manage the network, and provide enhanced capabilities to external providers.	1/09	3	2, 3, 11	Changes have resulted in a Statewide telehealth network through Integris, ODMHSAS, OSU, OU, and others. The largest increases in access to behavioral health services are in psychiatric pharma management. ODMHSAS has 115 sites, expected to grow to 165.	2	1	3.2, 6.1	5	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
Enhance Quality And Effectiveness: Established Medicaid reimbursement code for services provided by family support providers.	7/08	3	2, 11	Approximately 150 Medicaid agencies are affected by this change.	2, 3	1, 3	2.2	5	3	1	Y	Y
Enhance Data Capacity: Finalized and published report regarding the amount of lost Medicaid revenues resulting from mental health and substance	1/09	5	2, 3, 11	In FY2009, \$5.5 million in claims that were eligible for Medicaid reimbursement were initially filed with	1, 2	3	6.1	5	3	1	N	N

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abuse providers failing to bill Medicaid for covered services and populations. Providers are able to view this information on the Web and begin billing Medicaid for these services. The purpose of the reports is to maximize the use of Medicaid to support eligible services.				ODMHSAS instead. This initiative received awards from Motivating the Masses at the OK Quality Team Day and the 2009 Data Infrastructure Grant meeting.								
Improve Services For Special Populations: Received legislative appropriation and some grant funding to expand courts serving special populations, including two family courts and one juvenile court. A new veterans' court is funded partly from adult drug court funding and partly from the Tulsa office of the Veterans' Administration.	7/08	2	2, 3, 20	More than 50 veterans, families, and juveniles have been served through these new courts.	3	1, 3	2.3, 5.2	5	3	1	Y	Y
<b>TRAINING POLICY CHANGES</b>												
Promote Evidence-Based Practice: Co-sponsored conferences regarding professionalizing youth work in Oklahoma, held in 2008 and 2009.	3/09	5	1, 2, 3, 4, 11, 13, 19	More than 200 individuals participated in each conference. This is a continuation of an annual event begun in 2006.	2, 3	2	4.1, 4.2, 5.3	1	3	1	Y	Y
Promote Evidence-Based Practice: Provided intensive training and supervision on Cognitive-Behavioral Therapy (CBT) for practicing therapists at Community Mental Health	9/08	4	1, 2, 3, 4, 12, 13	Two individuals from each CMHC and designated staff from substance abuse providers, OKDHS, OJA, and DOC are participating in	3	2	5.2, 5.3	5	3	1	Y	Y

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Centers, as well as designated staff from substance abuse providers, OKDHS, OJA, and DOC. The goal of this initiative is to create an infrastructure by which therapists being trained can in turn train and supervise therapists at their agencies. The training, provided by the Beck Institute for Cognitive Therapy and Research and paid for through the TSIG grant, included four separate 2-day on-site visits over a 6-month period, followed by telephone supervision for an additional six months.				the training.								
Promote Evidence-Based Practice: Provide training on co-occurring mental health and substance use disorders to System of Care providers.	6/09	5	2, 3	Trainings are scheduled at the request of the System of Care sites. To date, 55 staff have been trained at sites in Ardmore and Tahlequah.	2	2	4.3, 5.3	1, 2	3	1	Y	Y
Promote Evidence-Based Practice: Trained and provided technical assistance to four counties (Atoka, McCutain, Washita, and Beckham) on Creating Lasting Family Connections, Too Good for Drugs, and Project Alert models to support prevention of methamphetamine addiction.	7/08	5	2, 3	This rigorous training on selecting and implementing EBPs was provided in July of 2007, 2008, and 2009. More than 70 community members received the training. The 4 counties have been implementing their selected best-fit programs.	2	2	5.2, 5.3	1, 2	3	1	Y	Y
Promote Evidence-Based Practice:	3/09	5	2, 3	More than 465 community	2, 3	1, 2	5.3	2, 3	3	1	Y	N

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Trained Meth Action Team trainers to facilitate Crystal Darkness Phase 2 community forums. These forums are designed to help communities conduct needs assessments, build capacity, develop community action plans, and select best-fit evidence-based programs, policies, and practices.				leaders from 28 counties participated in the 1-day forums conducted during March-July, 2009. 27 counties have developed community action plans and selected best-fit EBPs to address their identified and prioritized risk factors.								
Promote Evidence-Based Practice: Conducted training and education of State and local law enforcement and government officials, prevention and education officials, members of community anti-drug coalitions, parents, and other key stakeholders on the signs of methamphetamine abuse and addiction and the options for prevention.	9/08	5	2, 3	389 individuals from diverse backgrounds participated in the trainings, which included Drug Endangered Children, Meth360, Best Practices for Prevention, Advanced Meth Discussion, and Effective Treatment Options.	2, 3	1, 2	5.3	2, 3	3	1	Y	N
Promote Evidence-Based Practice: Trained juvenile drug courts in Strengthening Families and the Matrix treatment models.	1/09	5	3	More than 50 juvenile drug court personnel have been trained.	2	2	5.2, 5.3	2	3	1	Y	Y
Promote Evidence-Based Practice: Trained providers of substance abuse services for adolescents on motivational interviewing.	7/08	5	3	About 30 substance abuse treatment providers for adolescents were trained.	2	2	5.2, 5.3	2	3	1	Y	Y
Promote Evidence-Based Practice: Conducted train-the-trainers training in	7/08	5	1, 2, 4, 13, 14	Nearly 600 people have been trained in trauma-informed	3	1, 2	2.5, 5.3	1, 2	3	1	Y	Y

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Trauma-Informed Care. The training was revised to include a full day of training on de-escalation techniques. In July, 2008, the GTAB supported a presentation at the National Trauma-Informed Care conference in Washington, DC. The team was composed of OJA, OKDHS, ODMHSAS, and staff from the National Resource Center for Youth Services.				care, including OJA and DHS group home staff, OJA institutional staff, CMHC staff, and Tulsa County District Attorney staff.								
Enhance Quality And Effectiveness: Provides technical assistance to substance abuse provider agencies that receive certification scores of 80 or lower.	7/08	5	3	In FY2009, TA was provided to 105 contracted agencies and 12 non-contracted (certified only) agencies.	1, 3	1, 2, 5	5.3	5	3	1	Y	Y
Improve Services For Special Populations: Conducted a 2-day staff training on trauma-informed care. Training was provided by national trauma-informed trainers Joan Gillice and Tonier Cain.	6/09	5	2, 3, 12	More than 200 people from DOC and ODMHSAS participated in the training.	2, 3	2	5.2, 5.3, 5.4	3	3	1	Y	Y
Improve Services For Special Populations: Developed plans for a 4-day training for mental health professionals on adoption and the mental health needs of adoptive children and families.	4/09	5	2, 4	11,000 children in Oklahoma receive adoption assistance. Currently, Oklahoma ranks third highest among States in placing foster care children in permanent homes.	3	1, 2, 7	4.1, 5.3	1, 2	3	1	Y	Y
Change Organizational Structure:	1/08	5	2, 3	More than 1,100 people (20-	3	1, 2,	4.3,	5	3	1	Y	Y

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Hosted first integrated State conference for mental health, substance use, and prevention staff in order to encourage cross-training. This event was repeated in February, 2009.				25 percent of all staff participated each year.		4, 7	5.3					
<b>ORGANIZATIONAL POLICY CHANGES</b>												
Promote Screening And Early Intervention: Created a new position to coordinate SBIRT (Screening, Brief Intervention, and Referral to Treatment) initiatives.	2/09	5	2	More than 2,000 screens and 300 interventions have been completed. Initial data shows a reduction in emergency room visits.	2, 3	1, 4	1.2, 4.4	3	3	1	Y	Y
Expand Housing Options For Consumers: Established three regional housing facilitator positions (based on Tennessee model) to help expand housing options for people with serious mental illness or co-occurring mental illness and substance use disorders.	1/09	5	2	Two positions have been filled and currently serve Tulsa and areas in the Northeast part of the State. The third position, in Oklahoma City, has not yet been filled. No additional housing units have yet been produced.	2	1, 4	2.3, 5.2	5	3	1	Y	Y
Expand Housing Options For Consumers: Established a new housing support position to develop an inventory of mental health-specific housing and to train case managers on how to provide housing support services (such as how to help clients access and maintain housing). Funding for this position was supported by the	1/09	5	1, 2	Training curriculum is being developed and ODMHSAS will offer training in 2010.	3	1, 2, 4	2.3	5	3	1	Y	Y

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								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
State's Olmstead and TSIG grants.												
Improve Services For Special Populations: Merged the GTAB Criminal Justice Workgroup with a new organization representing law enforcement and mental health issues and adopted a strategic plan. The organization is called TOPICC (The Oklahoma Partnership in Creating Change) and includes DOC, ODMHSAS, the Sheriffs' Association, and the Chiefs of Police.	9/08	5	1, 2, 3, 12, 20	This organization will help to sustain the work of the GTAB Criminal Justice Workgroup.	3	4	5.2	3	3	1	Y	Y
Improve Services For Special Populations: Three new COD therapists funded by ODMHSAS were placed in prisons in July, 2006. These positions were continued through the study period.	7/07	5	2, 3, 12	Approximately 200 people were served in 2007; 200 in 2008, and 200 in 2009.	2, 3	1, 4, 7	4.3, 5.3	3	3	1	Y	Y
Expand Access To Services: Re-organized the Suicide Prevention Council by expanding it to apply to all age groups across the lifespan, extending its expiration date, expanding membership, and authorizing a new State plan to be completed in December, 2009. Federal funding through the Garrett Lee Smith Youth Suicide Prevention grant was extended through 2011.	11/08	1	2, 3	With the expansion of suicide prevention across all ages through the State mandated council, all Oklahoma citizens will be served.	2	1, 7	1.1, 4.4	5	3	1	Y	Y

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Change Organizational Structure: Established a new position of Director of Advocacy and Wellness. This position replaces the previous position of Director of Consumer Affairs.	5/09	5	2, 3	Broadens the scope of consumer support to include advocacy and wellness initiatives and a public health approach.	3	1, 4	2.2, 2.5	5	3	1	N	N
Change Organizational Structure: Appointed a DOC liaison to the SAMHSA Access to Recovery (ATR) grant.	10/07	5	3, 12, 20	Access to substance abuse services for people in community corrections has improved because of this grant. ATR was initially underutilized, but is now overutilized as DOC parole officers refer many more clients. Grant will continue through August, 2010.	2, 3	4	2.2, 2.3, 5.3	3	3	1	Y	Y
Change Organizational Structure: Co-located substance abuse providers at three charter schools in Oklahoma City, with the goal of creating school-based communities to de-stigmatize substance use disorders.	3/09	4	3	Three charter schools (Santa Fe South, Marcus Garvey, and Aztec) have contracted to participate in this program.	4	1, 4, 7	1.1, 4.1, 4.3	1, 2	3	1	Y	Y

**OHCA Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
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<b>GENERAL POLICY CHANGES</b>												
Promote Screening And Early Intervention: Implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. The screening tool is being	4/09	3	1, 2, 3, 11, 17	More than 50 physicians have billed to this reimbursement code since it was established.	3	1, 2, 3	1.2, 4.1, 4.3, 4.4	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

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identified collaboratively between OHCA and ODMHSAS. The Innovation Center will pay for the actual screening tools to be distributed. Child guidance counselors from OSDH will deliver the tools and provide consultation, while OHCA is responsible for outreach and marketing.												
Promote Screening And Early Intervention: Using reimbursement code established in January, 2007, implemented SBIRT (Screening, Brief Intervention, and Referral to Treatment) for adult behavioral health screenings conducted in primary care physicians' offices. SBIRT is reimbursed as part of OHCA's new Medical Home Model for the SoonerCare Choice program, as well as through other OHCA initiatives. OHCA and ODMHSAS are collaborating on this initiative, and the OU Health Sciences Center is collaborating on development and validation of a comprehensive behavioral health screening tool.	2/09	5	2, 3, 11, 20	More than 4,000 behavioral health screenings have been conducted under this initiative.	3	1, 2, 3	1.2, 4.3, 4.4, 5.2	3	3	1	Y	Y
Promote Evidence-Based Practice: Established partnership between OJA	4/09	2	11, 13	Reimbursement is provided for children in OJA custody	2, 3	1	4.1, 5.2	1, 2	3	1	Y	Y

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and OHCA to support continued implementation of and Medicaid reimbursement for Multi-Systemic Therapy (MST) for OJA-connected youth.				who qualify for services at two MST programs in OK. Approximately 95 children and youth received MST services in 2008.								
Improve Or Expand General Health Care: Extended SoonerCare coverage for American Indian children living in Indian Health Services, Bureau of Indian Affairs, or Tribal-controlled peripheral dormitories and schools.	12/07	3	11, 20	Expanded eligibility to include an additional 300 children, with approximately 135 of those children enrolled as of the end of the 2008 school year.	2	1	1.1, 3.1	1	3	2	Y	Y
Improve Or Expand General Health Care: Expanded eligibility for small businesses participating in the Insure Oklahoma Employer-Sponsored Insurance (ESI) plan. Employers may now have up to 99 employees and still qualify to participate. As of June, 2009, eligibility for employees and individuals was 200 percent of the Federal poverty level.	3/09	1	11	As of June, 2009, 4,508 businesses and 14,217 individuals were enrolled in the Insure Oklahoma ESI program.	4	1	NA	5	3	1	Y	Y
Improve Or Expand General Health Care: Launched a media campaign to increase enrollment in Insure Oklahoma, which extends health care coverage to qualified individuals and groups including uninsured self-employed individuals, workers whose employers do not provide health plans	10/07	5	11	As of June 2008, enrollment increased 169 percent - from 4,349 enrolled before the media campaign to 11,684 afterward.	4	1	NA	5	3	1	Y	Y

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or who are not qualified to participate in their employer's health plan, sole proprietors not qualified for small group health plans, and the unemployed who are currently seeking work.												
Improve Or Expand General Health Care: Expanded services covered under SoonerCare for pregnant and portpartum women to include services provided by maternal and infant health social workers, lactation consultants, and genetic counselors. In addition, coverage was expanded to allow SoonerCare members with certain high-risk pregnancy conditions to receive additional services.	12/07	3	11	Studies show that these services help improve pregnancy outcomes and infant health.	3, 4	1	4.1	1, 3	3	1	Y	Y
Improve Or Expand General Health Care: Implemented Soon-to-Be Sooners, which provides limited benefits to pregnant women who would not otherwise have qualified for benefits due to citizenship status.	4/08	3	11	In SFY2009, claims were paid for 6,139 members.	4	1	4.1	1, 3	3	1	Y	Y
Improve Or Expand General Health Care: Received a \$6.1 million grant to create a Web-based SoonerCare application. The funding will be provided over a 2-year period to support the planning, design,	10/07	6	11	Will reduce the need for face-to-face interviewing and data entry to enroll potential members, reduce the margin of error, and streamline the enrollment process to make	4	1	6.1	5	3	1	N	N

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development, testing, implementation, and evaluation of the project.				it more efficient.								
Improve Or Expand General Health Care: Implemented a Web-based SoonerCare application to enroll newborns and assign a primary care provider before they leave the hospital. Enrolled newborns receive a SoonerCare identification number and can have claims processed for their services immediately.	4/08	5	11	Increased to 94 percent (from 69 percent) the percentage of newborns who are enrolled within 10 days of birth.	4	1	NA	1	3	1	N	N
Improve Or Expand General Health Care: Hosted SoonerCare Tribal Consultation to maximize partnerships with sovereign Tribal governments through discussions of SoonerCare issues affecting their service delivery.	6/08	5	11, 20	More than 150 Tribal leaders and State and federal government representatives attended events in June 2008 and June 2009.	2, 3	1	3.1, 3.2	5	3	1	Y	Y
Integrate Mental Health And Primary Care: Implemented the SoonerCare Health Management Program (HMP), which promotes health management for SoonerCare members with chronic illnesses. Identified members who receive care management from nurses who provide education and support, coordinate services, and help improve the member's self-management skills. Each member receives a behavioral health screening, in-depth	2/08	5	11	This program currently serves more than 2,000 SoonerCare members.	2, 3	1, 7	2.1	5	3	1	Y	Y

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pharmacological review, and other services. The HMP includes a built-in behavioral health referral process and community resource system.												
Integrate Mental Health And Primary Care: Provided for automatic approval of prior authorization requests for outpatient behavioral health care for 1 month of services when providers agree to begin treatment within 7 days of the member's discharge from a residential facility.	2008	5	11	Utilization is low but is expected to expand quickly with the implementation of the Consolidated Claims Payment System and Unified Prior Authorization system, which will enforce broader communication between the hospital, PCP, and OHCA.	3	1, 3	5.2	5	3	1	Y	Y
Integrate Mental Health And Primary Care: Supports primary care physicians (PCPs) serving children by: (1) notifying them if a child who is their patient is admitted to an inpatient behavioral health facility; and (2) providing free consultation by telephone with a child psychiatrist. These services are provided under contract with OHCA's prior authorization agent.	2008	4	11	Utilization is low and outcomes are not tracked. OHCA is working on development of an outreach program to those PCPs who are flagged as an outlier on prescriptive practices with children.	1, 2, 3	1, 2	1.2, 4.1	1, 2	3	1	Y	Y
Integrate Mental Health And Primary Care: Implemented SoonerPSYCH (Prescriptive Services for Your Cognitive Health), which monitors prescribing practices of physicians	8/	4	11, 20	Not known.	1, 3	1, 2, 5	1.2, 6.1	5	3	1	Y	Y

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providing mental health drugs and provides technical assistance to doctors.												
Enhance Quality And Effectiveness: Implemented programs to minimize out-of-State admissions for children and adolescents by providing very specialized care in-State.	5/08	6	4, 11, 13	Out-of-State placements decreased to 6 currently (from 50 per year) since 2006.	3	1	4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Expanded program to review high-end utilizers of behavioral health services and ensure that they see an outpatient provider of services within 2 weeks of discharge from an inpatient or residential facility. Four FTEs (2 for children, 2 for adults and geriatric) now work with care coordinators to support this program.	3/08	5	1, 2, 3, 11	A TSIG-funded research study is now looking at whether State-level care coordination makes a difference. Among high-end utilizers, there was a 40 percent decrease in claims for residential treatment.	1, 3	1, 5	2.1, 5.3	5	3	1	Y	Y
Reduce Paperwork Burden: Engaged in planning to implement a consolidated claims form for all providers of OHCA and ODMHSAS services. When fully implemented, providers will be able to check eligibility, file claims, request prior authorization, and send clinical and outcomes data to a single place. OHCA will pay all claims directly, and providers will be paid weekly instead of monthly. This is a significant	7/08	5	2, 3, 11	When implemented, OHCA and ODMHSAS will be able to move to more effective Quality Improvement and pay-for-performance systems. The initiative will result in cost savings because it will ensure that Medicaid is billed before State-only dollars are used.	1	1, 5	6.1	5	3	1	Y	Y

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change for providers, and OHCA and ODMHSAS are conducting provider informational sessions and trainings.												
Reduce Paperwork Burden: Initiated development of a clinician's desk guide for billing, which includes an integrated rate sheet that crosswalks services with the types and levels of staff that can bill under that service. The new guide is scheduled to be published in FY 2010.	1/09	6	2, 3, 11	The guide should reduce billing errors and make the billing process more efficient (saving staff time).	1	1	NA	5	3	1	Y	N
Coordinate Funding Across Agencies: Multiple agencies signed a new Memorandum of Agreement for the Partnership for Children's Behavioral Health in order to confirm agency directors' commitments and apply for a Healthy Transitions grant. The Partnership proposed a consolidated budget for both FY2008 and FY2009, but it did not pass.	6/09	6	1, 2, 3, 4, 11, 13	The Partnership proposed a consolidated budget for FY2008 and FY2009, but it did not pass.	1, 2, 3	1	4.1	1, 2	3	1	Y	Y
Enhance Data Capacity: Established a new Web site to allow consumers to access information about nursing homes that receive SoonerCare reimbursement. The Web site provides performance data and outcomes under the State's Focus on Excellence program, a voluntary data collection	7/07	1	11	288 facilities participate in Focus on Excellence (a 93 percent participation rate as of June 2009), and 24 of these have received a 5-star rating. The Web site receives approximately 1,866 page views per week, nearly	1	5	4.4, 6.1	3, 4	3	1	Y	Y

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initiative through which nursing homes receive incentive payments to report standardized data. Based on performance and outcomes, each nursing home is assigned a "star rating" from 1 to 5.				90 percent of which are new visits.								
Enhance Data Capacity: Implemented data sharing with the Child Support Enforcement Division (CSED), which provides OHCA with information when a medical support order is enforced and a SoonerCare member has private insurance.	2008	5	4, 11	The first file transfer resulted in more than 10,000 updated private insurance policies, and CSED sends OHCA approximately 200 new private insurance verifications weekly.	1	3, 5	6.1	5	3	1	N	N
Enhance Data Capacity: Developed data sharing partnership between OHCA and OJA to access all State-paid health care for OJA youth.	3/09	6	11, 13	OJA now has paid claims data for all youth in custody (about 1,000).	1, 3	1, 5	4.1, 5.2, 6.1	1, 2	3	1	Y	Y
Improve Services For Special Populations: Revised inpatient psychiatric hospital rules to allow for review of individual plans of care for children no fewer than every 9 calendar days in acute care situations and every 16 calendar days in longer term treatment programs or speciality psychiatric residential treatment facilities.	5/08	3	11	This rule change supported national accreditation requirements, improved quality oversight, and providers' desire for this policy.	3	1	2.1, 4.1	1, 2	3	1	Y	Y
Improve Services For Special Populations: Contracted with Southern	3/08	4	11, 13	At any given time, 40 juveniles with emotional	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y

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Plains Rehab Center to operate a 40-bed Residential Treatment Center (RTC) for juveniles in detention. Services provided at the RTC are billed to Medicaid.				disorders reside and receive services at the RTC, rather than in a detention facility.								
Decrease Residential Placements: Established Statewide care management oversight project among various State agencies and partners. The goals of the project are to increase community-based treatment services for youth; decrease inpatient treatment days for youth needing services; and decrease the amount of time between discharge from inpatient treatment services to the beginning of community-based treatment services.	11/08	3	2, 3, 4, 11, 13, 19, 20	OKDHS, OJA, ODMHSAS, and Federation of Families participate with OHCA Care Management staff to ensure that community-based outpatient services and other support services are provided to children and families to decrease inpatient treatment days.	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y
Expand Access To Services: Completed 5-year SAMHSA-funded study to document challenges to re-entry for soon-to-be discharged offenders with a disabling mental illness, with a focus on access to federal benefits. This initiative included a webinar sponsored by the Council of State Governments (CSG).	4/09	5	2, 3, 11, 12	Identified needed interagency MOUs to be developed. Increased approval rate of Social Security Disability Insurance (SSDI) to 80 percent on first time application. More than 500 people participated in the CSG webinar.	1, 3	1, 3	2.3, 5.2	3	3	1	Y	Y
Expand Access To Services: Established rules regarding telemedicine networks - what they are,	1/09	3	2, 3, 11	Changes have resulted in a Statewide telehealth network through Integrus,	2	1	3.2, 6.1	5	3	1	Y	Y

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how to apply to be a network, and how to reimburse for services. In general, any licensed behavioral health agency can develop a telemedicine network and be reimbursed for assessment and treatment if the patient being served is in an underserved area. An initial face-to-face meeting with the treatment provider is not required. Infrastructure is in place to collect data, manage the network, and provide enhanced capabilities to external providers.				ODMHSAS, OSU, OU, and others. The largest increases in access to behavioral health services are in psychiatric pharma management. ODMHSAS has 115 sites, expected to grow to 165.								
<b>FINANCE POLICY CHANGES</b>												
Promote Evidence-Based Practice: Unbundled reimbursement for Programs for Assertive Community Treatment (PACT), as required by CMS.	7/08	3	11	PACT programs that were implementing services with fidelity to the PACT EBP will not be significantly negatively affected, but others that were not providing all services required under the model may see a significant decrease in reimbursement.	1, 3	1, 3	5.2	3	3	1	N	N
Enhance Quality And Effectiveness: Transitioned from a Primary Care Case Management (PCCM), capitated payment model to a 3-tiered Patient-Centered Medical Home (PCMH) model that provides an incentivized	1/09	3	11	Approximately 3-4 providers Statewide now participate at the highest reimbursement tier, meaning that they have implemented Health Access Networks that include	1, 3	1, 3	1.2	5	3	1	Y	Y

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reimbursement structure to encourage PCPs to implement key components of a medical home.				electronic health records, co-located specialty services, behavioral health screenings, etc.								
Enhance Quality And Effectiveness: Established Medicaid reimbursement code for services provided by family support providers.	7/08	3	2, 11	Approximately 150 Medicaid agencies are affected by this change.	2, 3	1, 3	2.2	5	3	1	Y	Y
Enhance Data Capacity: Finalized and published report regarding the amount of lost Medicaid revenues resulting from mental health and substance abuse providers failing to bill Medicaid for covered services and populations. Providers are able to view this information on the Web and begin billing Medicaid for these services. The purpose of the reports is to maximize the use of Medicaid to support eligible services.	1/09	5	2, 3, 11	In FY2009, \$5.5 million in claims that were eligible for Medicaid reimbursement were initially filed with ODMHSAS instead. This initiative received awards from Motivating the Masses at the OK Quality Team Day and the 2009 Data Infrastructure Grant meeting.	1, 2	3	6.1	5	3	1	N	N
Expand Access To Services: Created 2 new levels of case managers (intensive case managers and WRAP case managers) who will have higher rates and lower case loads. This brings to 5 the number of levels of case managers, including the lowest level that has not yet received CMS approval.	4/09	3	11	Not known.	2	1, 3	3.2	5	3	1	Y	Y
Expand Access To Services:		6	4, 11	Not known.	1, 4	1, 3	4.1,	1, 2	3	1	Y	Y



**OJA Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Promote Evidence-Based Practice: Established partnership between OJA and OHCA to support continued implementation of and Medicaid reimbursement for Multi-Systemic Therapy (MST) for OJA-connected	4/09	2	11, 13	Reimbursement is provided for children in OJA custody who qualify for services at two MST programs in OK. Approximately 95 children and youth received MST	2, 3	1	4.1, 5.2	1, 2	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
youth.				services in 2008.								
Promote Evidence-Based Practice: Fully implemented Performance-based Standards (PbS) in all three OJA institutions. PbS is a set of standards establishing the highest quality practices and most effective research-based services for juvenile facilities. Each facility's performance is measured twice each year by outcome measures that report on the safety, security, order, and climate within facilities, as well as education, health and mental health, programming, and reintegration services. After each performance report, facilities use the PbS website technology to analyze the data and develop, implement, and monitor quality improvement plans. Data is compared to all Oklahoma facilities, as well as 185 juvenile facilities across the country.	2008	5	13	PbS has improved the existing timeline for assessment and treatment in OJA facilities. Now youth receive a MH and a medical screening within 1 hour, suicide screening within the first few hours. All OHCA medical records are transferred prior to admit.	1, 3	1, 5	5.2	1, 2	3	1	N	N
Promote Evidence-Based Practice: Participated in 2008 National Policy Academy "Developing Systems of Care for Youth and Young Adults with Mental Health Needs Who are Transitioning to Adulthood, and their Families." Two staff members	12/08	5	2, 13	OK has applied for a transitional youth grant to help fund new programs to serve this population.	2, 3	1	4.1, 5.3	1, 2	3	1	Y	Y

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								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
continue to serve on a State task for regarding this collaborative effort, which includes a focus on housing options for young adults.												
Enhance Quality And Effectiveness: Increased to two the number of unannounced visits that OCCY must conduct for each State-operated facility. Prior to this change, OCCY was required to conduct only one visit, and was able to conduct two at its discretion.	11/09	1	4, 13, 14, 19	Will improve oversight of State-operated facilities.	1	1	2.5, 4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Implemented programs to minimize out-of-State admissions for children and adolescents by providing very specialized care in-State.	5/08	6	4, 11, 13	Out-of-State placements decreased to 6 currently (from 50 per year) since 2006.	3	1	4.1	1, 2	3	1	Y	Y
Coordinate Funding Across Agencies: Multiple agencies signed a new Memorandum of Agreement for the Partnership for Children's Behavioral Health in order to confirm agency directors' commitments and apply for a Healthy Transitions grant. The Partnership proposed a consolidated budget for both FY2008 and FY2009, but it did not pass.	6/09	6	1, 2, 3, 4, 11, 13	The Partnership proposed a consolidated budget for FY2008 and FY2009, but it did not pass.	1, 2, 3	1	4.1	1, 2	3	1	Y	Y
Enhance Data Capacity: Developed interagency data sharing agreement to	6/08	6	4, 13		3	1, 5	4.1, 5.2,	1, 2	3	1	Y	Y

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allow a limited set of OJA staff to access child welfare information for all OJA involved youth.							6.1					
Enhance Data Capacity: Developed data sharing partnership between OHCA and OJA to access all State-paid health care for OJA youth.	3/09	6	11, 13	OJA now has paid claims data for all youth in custody (about 1,000).	1, 3	1, 5	4.1, 5.2, 6.1	1, 2	3	1	Y	Y
Improve Services For Special Populations: Contracted with Southern Plains Rehab Center to operate a 40-bed Residential Treatment Center (RTC) for juveniles in detention. Services provided at the RTC are billed to Medicaid.	3/08	4	11, 13	At any given time, 40 juveniles with emotional disorders reside and receive services at the RTC, rather than in a detention facility.	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y
Improve Services For Special Populations: Implemented a new Radio Frequency Identification Device (RFID) to track movement within a detention facility that is physically designed in a way that impedes oversight by staff. The purposes of this change are to reduce suicide risk, record movement to address allegations of assault, and monitor areas where people congregate.	9/09	5	13	146 juveniles residing in the detention facility are affected by this initiative.	1	1		1, 2	3	1	N	Y
Improve Services For Special Populations: Developed pilot programs in 4 communities to provide school-based probation services. In these	8/08	5	13, 20	Not available.	3	1, 7	4.2	1, 2	3	1	Y	Y

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communities, probation officers based at the school function much like school-based social workers in that they work closely with school staff to meet the needs of youth.												
Improve Services For Special Populations: Began implementation of initiative designed to support transition-age youth in higher levels of care to complete education and/or gain employment.	2008	6	4, 7, 9, 10, 13, 20	347 males and 41 females received transition-age services.	3	1, 7	2.1, 4.1	2	3	1	Y	Y
Decrease Residential Placements: Established Statewide care management oversight project among various State agencies and partners. The goals of the project are to increase community-based treatment services for youth; decrease inpatient treatment days for youth needing services; and decrease the amount of time between discharge from inpatient treatment services to the beginning of community-based treatment services.	11/08	3	2, 3, 4, 11, 13, 19, 20	OKDHS, OJA, ODMHSAS, and Federation of Families participate with OHCA Care Management staff to ensure that community-based outpatient services and other support services are provided to children and families to decrease inpatient treatment days.	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y
Promote Evidence-Based Practice: Established partnership between OJA and OHCA to support continued implementation of and Medicaid reimbursement for Multi-Systemic Therapy (MST) for OJA-connected	4/09	2	11, 13	Reimbursement is provided for children in OJA custody who qualify for services at two MST programs in OK. Approximately 95 children and youth received MST	2, 3	1	4.1, 5.2	1, 2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
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youth.				services in 2008.								
Promote Evidence-Based Practice: Fully implemented Performance-based Standards (PbS) in all three OJA institutions. PbS is a set of standards establishing the highest quality practices and most effective research-based services for juvenile facilities. Each facility's performance is measured twice each year by outcome measures that report on the safety, security, order, and climate within facilities, as well as education, health and mental health, programming, and reintegration services. After each performance report, facilities use the PbS website technology to analyze the data and develop, implement, and monitor quality improvement plans. Data is compared to all Oklahoma facilities, as well as 185 juvenile facilities across the country.	2008	missing	13	PbS has improved the existing timeline for assessment and treatment in OJA facilities. Now youth receive a MH and a medical screening within 1 hour, suicide screening within the first few hours. All OHCA medical records are transferred prior to admit.	1, 3	1, 5	5.2	1, 2	3	1	N	N
<b>FINANCE POLICY CHANGES</b>												
Improve Services For Special Populations: Received legislative appropriation of \$500,000 to create a 16-bed facility to provide re-entry specifically for Level E adolescents. The facility, which will be a kind of		2	13, 20	When operational in 2010, the facility will serve 16 residents.	2, 3	1, 3, 7	2.1, 4.1	2	0	1	Y	Y

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								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
step-down from OJA institutions, will provide job training and other transitional services.												
<b>TRAINING POLICY CHANGES</b>												
Promote Evidence-Based Practice: Co-sponsored conferences regarding professionalizing youth work in Oklahoma, held in 2008 and 2009.	3/09	5	1, 2, 3, 4, 11, 13, 19	More than 200 individuals participated in each conference. This is a continuation of an annual event begun in 2006.	2, 3	2	4.1, 4.2, 5.3	1	3	1	Y	Y
Promote Evidence-Based Practice: Conducted train-the-trainers training in Trauma-Informed Care. The training was revised to include a full day of training on de-escalation techniques. In July, 2008, the GTAB supported a presentation at the National Trauma-Informed Care conference in Washington, DC. The team was composed of OJA, OKDHS, ODMHSAS, and staff from the National Resource Center for Youth Services.	7/08	5	1, 2, 4, 13, 14	Nearly 600 people have been trained in trauma-informed care, including OJA and DHS group home staff, OJA institutional staff, CMHC staff, and Tulsa County District Attorney staff.	3	1, 2	2.5, 5.3	1, 2	3	1	Y	Y
Promote Evidence-Based Practice: Provided intensive training and supervision on Cognitive-Behavioral Therapy (CBT) for practicing therapists at Community Mental Health Centers, as well as designated staff from substance abuse providers,	9/08	4	1, 2, 3, 4, 12, 13	Two individuals from each CMHC and designated staff from substance abuse providers, OKDHS, OJA, and DOC are participating in the training.	3	2	5.2, 5.3	5	3	1	Y	Y

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OKDHS, OJA, and DOC. The goal of this initiative is to create an infrastructure by which therapists being trained can in turn train and supervise therapists at their agencies. The training, provided by the Beck Institute for Cognitive Therapy and Research and paid for through the TSIG grant, included four separate 2-day on-site visits over a 6-month period, followed by telephone supervision for an additional six months.												
Improve Services For Special Populations: Provided "Enhanced Juvenile Re-entry" training to OJA staff and contract providers. The training emphasized the importance of individual assessments with the child and his or her family prior to release and wrap-around services. Providers who bill Medicaid and IV-E were encouraged to get children into systems of care.	10/08	5	13	10 agencies were trained during October, 2008.	2, 3	1, 2	2.1, 2.3, 4.1, 5.2	1, 2	3	1	Y	Y
<b>ORGANIZATIONAL POLICY CHANGES</b>												
Create New Position: Hired 4 graduates of OJA facilities to work in the OJA Central Office.		5	13	At least one juvenile who worked in the OJA Central Office has moved on to permanent employment or school.	4	1, 4, 7	2.2	2	3	1	Y	Y

**OKDHS Policy Change Summary Table**  
**State Fiscal Years 2008 and 2009**

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
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<b>GENERAL POLICY CHANGES</b>												
Promote Screening And Early Intervention: Expanded program (begun in 2005) to provide consultation to child care centers to include 51 active child care consultants. Continued to receive referrals for	2008	4	4, 17	1 in 67 children are expelled from child care for behavioral reasons. In FY2008, OSDH provided 1,210 consultation hours in 23 counties. OSDH	2	1, 2	4.1	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

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consultations with child care centers through the child care warmline supported by OKDHS and OSDH, and provide support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors.				contracted with OKDHS to provide some of the consultation services.								
Promote Evidence-Based Practice: Developed a protocol for expediting assessment by the Child Study Center and services for children and adolescents who are adopted and have reactive attachment disorder.	1/09	5	4	Not known.	3	1	4.1	1, 2	3	1	Y	Y
Promote Evidence-Based Practice: Initiated pilot study to train therapists in Oklahoma County in cultural competency in the delivery of services.	Not known	4	4	The study will track outcomes to determine whether this training results in more effective services for children being served.	1, 3	1, 5, 7	3.1, 5.3	1, 2	3	2,3, 4,5	Y	Y
Promote Evidence-Based Practice: Requires group home contract providers to implement trauma-informed care.	7/09	4	4	This policy change affects twelve group home providers with 276 beds (Levels C, D+, and E) that are all trauma-related placements.	3	1	5.4	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Increased to two the number of unannounced visits that OCCY must conduct for each State-operated facility. Prior to this change, OCCY was required to conduct only one visit,	11/09	1	4, 13, 14, 19	Will improve oversight of State-operated facilities.	1	1	2.5, 4.1	1, 2	3	1	Y	Y

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and was able to conduct two at its discretion.												
Enhance Quality And Effectiveness: Provides supervision requirements for children in out-of-State foster care placements and clarifies that a purpose of the rule is to ensure that children placed out-of-State have the same protections and services provided in the home state.	6/09	3	4	Not known.	3	1	2.5, 4.1	1	3	1	N	Y
Enhance Quality And Effectiveness: OCCY was charged with certifying two children's shelters owned and operated by OKDHS.	7/09	1	4, 19	No measurable impact yet, but there is a goal of reducing the combined census from 60 to 25.	1, 3	1	2.5, 4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Implemented programs to minimize out-of-State admissions for children and adolescents by providing very specialized care in-State.	5/08	6	4, 11, 13	Out-of-State placements decreased to 6 currently (from 50 per year) since 2006.	3	1	4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Requires a court order in order to administer psychiatric drugs to children and adolescents in OKDHS custody in cases where parental approval cannot be obtained.	5/09	1	4	Not known.	1, 3, 4	1, 7	2.1, 2.5, 4.1	1, 2	3	1	Y	N
Enhance Quality And Effectiveness: Collaborated on plan to pilot test adoption wrap-around services for adoptive families that are not foster	4/09	5	2, 4, 17	New services will be piloted in Oklahoma County. If successful, it is anticipated that the program can be	3	1, 7	5.2	1, 2	3	1	Y	Y

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families or relatives of the child.				easily replicated in Oklahoma's 47 System of Care counties.								
Enhance Quality And Effectiveness: Implemented the Fostering Connections to Success and Increasing Adoptions Act of 2008 to better connect foster children with their relatives and promote permanent families through relative guardianship. For example, under this new Federal law, a person who does not live in the State but has an existing relationship with a child receiving IV-E services may be appointed guardian for that child.	2009	5	4	Oklahoma now ranks third highest among all States in placing foster care children in permanent homes.	3	1	4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Requires adoption statistics reported to the State legislature to include dissolution rates.	2009	1	4	Oklahoma now ranks third highest among all States in placing foster care children in permanent homes.	1	1, 5	4.1	1, 2	3	1	Y	Y
Enhance Quality And Effectiveness: Permits law enforcement to place a child in protective custody only if the child is at imminent risk or the decision is supported by OKDHS.	2009	1	4	Not known.	1, 3	1		1, 2	3	1	N	N
Enhance Quality And Effectiveness: Requires a district attorney who	2009	1	4	Not known.	1, 3	1		1, 2	3	1	N	N

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releases a child from protective custody prior to an emergency custody hearing to maintain records to show why that decision was made.												
Enhance Quality And Effectiveness: Implemented family group conferencing as a routine part of the process for making custody and placement decisions.	Not known	5	4	OKDHS staff cite this practice as a significant reason that OKDSH caseloads have declined. The number of children in out-of-home care is now 9,700 - the lowest level in 5 years.	3	1	2.1, 2.2, 4.1	1, 2	3	1	Y	Y
Coordinate Funding Across Agencies: Multiple agencies signed a new Memorandum of Agreement for the Partnership for Children's Behavioral Health in order to confirm agency directors' commitments and apply for a Healthy Transitions grant. The Partnership proposed a consolidated budget for both FY2008 and FY2009, but it did not pass.	6/09	6	1, 2, 3, 4, 11, 13	The Partnership proposed a consolidated budget for FY2008 and FY2009, but it did not pass.	1, 2, 3	1	4.1	1, 2	3	1	Y	Y
Enhance Data Capacity: Implemented data sharing with the Child Support Enforcement Division (CSED), which provides OHCA with information when a medical support order is enforced and a SoonerCare member has private insurance.	2008	5	4, 11	The first file transfer resulted in more than 10,000 updated private insurance policies, and CSED sends OHCA approximately 200 new private insurance verifications weekly.	1	3, 5	6.1	5	3	1	N	N
Enhance Data Capacity: Developed	6/08	6	4, 13	Not known.	3	1, 5	4.1,	1, 2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
interagency data sharing agreement to allow a limited set of OJA staff to access child welfare information for all OJA involved youth.							5.2, 6.1					
Enhance Data Capacity: Established data sharing agreement between ODMHSAS and OKDHS to share data related to children who are in foster care or whose parents are involved with substance use.	3/08	6	2, 3, 4	More than 60 adults, children, and families have been served.	1, 3	5	4.1, 6.1	1, 2	3	1	Y	Y
Improve Services For Special Populations: Prioritizes children with developmental disabilities who have been adopted for assessment for the emergency provision of services.	Not known	5	4, 14	Oklahoma now ranks third highest among all States in placing foster care children in permanent homes.	3	1	4.1	1, 2	3	1	Y	Y
Improve Services For Special Populations: Began implementation of initiative designed to support transition-age youth in higher levels of care to complete education and/or gain employment.	2008	6	4, 7, 9, 10, 13, 20	347 males and 41 females received transition-age services.	3	1, 7	2.1, 4.1	2	3	1	Y	Y
Decrease Residential Placements: Established Statewide care management oversight project among various State agencies and partners. The goals of the project are to increase community-based treatment services for youth; decrease inpatient treatment	11/08	3	2, 3, 4, 11, 13, 19, 20	OKDHS, OJA, ODMHSAS, and Federation of Families participate with OHCA Care Management staff to ensure that community-based outpatient services and other support services are provided	2, 3	1, 7	4.1, 5.2	1, 2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
days for youth needing services; and decrease the amount of time between discharge from inpatient treatment services to the beginning of community-based treatment services.				to children and families to decrease inpatient treatment days.								
Expand Access To Services: Makes Level E and D+ group homes available directly to Tribes to serve children and adolescents in Tribal custody.	2/09	3	4, 20	Protocol set in place for placement requests and referrals; Tribes have not yet signed agreements with OKDHS.	2	1	3.1, 4.1	1, 2	3	2	Y	Y
Expand Access To Services: Expanded access to therapeutic foster care (TFC) for children in Tribal custody.	7/08	4	4	Not known.	2, 3	1	3.1, 4.1, 5.2	1, 2	3	1, 2	Y	Y
<b>FINANCE POLICY CHANGES</b>												
Improve Services For Special Populations: Increased to \$91 per day (from \$46.41/day) the fixed rate of reimbursement for Level C residential services.	7/09	2	4	Increased the number of Level C residential providers from 1 to 2. Twenty beds are now available to serve Level C boys in these facilities.	2, 3	1, 3		1, 2	3	1	Y	N
Improve Services For Special Populations: Increased to \$60 per hour (from \$24/hr) the fixed rate paid to contractors for Sexual Abuse Treatment Services to provide intake assessments and group counseling. Increased group counseling rate to \$30 per person with a group limit of 9 persons.	Not known	4	4	Budget impact estimated to be an additional \$45,700 for the 3 contractors providing these services.	3	1, 3	5.2	2, 3	0	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Improve Services For Special Populations: Increased the fixed child care subsidy rates based on a current market survey. The proposed rate changes will establish a new enhanced county designation and a 3 percent global rate increase.	2007	3	4	Budget impact in FY08-09 estimated to be more than \$6.3 million.	2, 3	1, 3	4.1	1	3	1	N	N
Expand Or Enhance Peer-Run And Family Delivered Services: Increased to \$40 per hour (from \$24/hr) the fixed rate paid to contractors for Parent Education Services to provide intake assessments and group counseling. Removed the existing maximum rate for groups of 6 or more, and increased the group counseling rate to \$30 per person per session.	Not known	3	4	Budget impact anticipated to be an additional \$275,000 for the 10 contractors providing these services.	2, 3	1, 3	2.2	1, 2, 5	3	1	Y	N
Expand Access To Services: Unbundled the TFC rate for provider and allowed parents to pay room and board in order to gain access to therapeutic foster care (TFC) for their children.	Not known	6	4, 11	Not known.	1, 4	1, 3	4.1, 5.2	1, 2	3	1	Y	Y
<b>TRAINING POLICY CHANGES</b>												
Promote Evidence-Based Practice: Conducted train-the-trainers training in Trauma-Informed Care. The training was revised to include a full day of training on de-escalation techniques.	7/08	5	1, 2, 4, 13, 14	Nearly 600 people have been trained in trauma-informed care, including OJA and DHS group home staff, OJA institutional staff, CMHC	3	1, 2	2.5, 5.3	1, 2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
In July, 2008, the GTAB supported a presentation at the National Trauma-Informed Care conference in Washington, DC. The team was composed of OJA, OKDHS, ODMHSAS, and staff from the National Resource Center for Youth Services.				staff, and Tulsa County District Attorney staff.								
Promote Evidence-Based Practice: Co-sponsored conferences regarding professionalizing youth work in Oklahoma, held in 2008 and 2009.	3/09	5	1, 2, 3, 4, 11, 13, 19	More than 200 individuals participated in each conference. This is a continuation of an annual event begun in 2006.	2, 3	2	4.1, 4.2, 5.3	1	3	1	Y	Y
Promote Evidence-Based Practice: Provided intensive training and supervision on Cognitive-Behavioral Therapy (CBT) for practicing therapists at Community Mental Health Centers, as well as designated staff from substance abuse providers, OKDHS, OJA, and DOC. The goal of this initiative is to create an infrastructure by which therapists being trained can in turn train and supervise therapists at their agencies. The training, provided by the Beck Institute for Cognitive Therapy and Research and paid for through the TSIG grant, included four separate 2-day on-site	9/08	4	1, 2, 3, 4, 12, 13	Two individuals from each CMHC and designated staff from substance abuse providers, OKDHS, OJA, and DOC are participating in the training.	3	2	5.2, 5.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
visits over a 6-month period, followed by telephone supervision for an additional six months.												
Improve Services For Special Populations: Developed plans for a 4-day training for mental health professionals on adoption and the mental health needs of adoptive children and families.	4/09	5	2, 4	11,000 children in Oklahoma receive adoption assistance. Currently, Oklahoma ranks third highest among States in placing foster care children in permanent homes.	3	1, 2, 7	4.1, 5.3	1, 2	3	1	Y	Y
<b>ORGANIZATIONAL POLICY CHANGES</b>												
Enhance Quality And Effectiveness: Established a new CQI unit with a program manager and 3 trainers to support implementation of the Child Welfare Practice Standards.	Not known	5	4	Not known.	1, 3	1, 2	4.1	1, 2	3	1	Y	Y

**OSDH Policy Change Summary Table**  
*State Fiscal Years 2008 and 2009*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
Promote Screening And Early Intervention: Implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. The screening tool is being	4/09	3	1, 2, 3, 11, 17	More than 50 physicians have billed to this reimbursement code since it was established.	3	1, 2, 3	1.2, 4.1, 4.3, 4.4	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans’ affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children’s system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRC Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
identified collaboratively between OHCA and ODMHSAS. The Innovation Center will pay for the actual screening tools to be distributed. Child guidance counselors from OSDH will deliver the tools and provide consultation, while OHCA is responsible for outreach and marketing.												
Promote Screening And Early Intervention: Implemented autism screening for children ages 18-30 months. The screening process used the Modified Checklist for Autism in Toddlers (M-CHAT) for every child between 18 and 30 months of age during the initial evaluation for eligibility and any other time there was a concern about Autism Spectrum Disorders (ASD). In addition, if a parent or staff person expressed a concern about possible ASD, children over 30 months were screened using the Checklist for Autism in Toddlers with Denver Modifications (CHAT).	11/09	5	17	82 children failed the M-CHAT. 23 of those children received an ASD diagnosis.	3	1, 7	4.1, 4.3, 4.4	1	3	1	Y	Y
Promote Screening And Early Intervention: Expanded program (begun in 2005) to provide consultation to child care centers to include 51	2008	4	4, 17	1 in 67 children are expelled from child care for behavioral reasons. In FY2008, OSDH provided	2	1, 2	4.1	1	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
active child care consultants. Continued to receive referrals for consultations with child care centers through the child care warmline supported by OKDHS and OSDH, and provide support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors.				1,210 consultation hours in 23 counties. OSDH contracted with OKDHS to provide some of the consultation services.								
Promote Screening And Early Intervention: Implemented screening for post-partum depression among women with children ages 0-12 months, based on screening tool developed and piloted by the internal maternal depression work group convened in May, 2007.	2/08	5	17	Two programs currently conduct screening and OSDH is negotiating with 4 additional counties. OSDH collaborates with ODMHSAS on making referrals, and follows up on outcomes.	3	1, 2, 7	4.1, 4.3	1, 3	3	1	Y	Y
Promote Evidence-Based Practice: Implemented Web-based autism program to assist in program planning for autism interventions.	2/09	5	17	82 children in SoonerStart who failed the M-CHAT (Modified Checklist for Autism in Toddlers), their families, and their services providers were given access to AutismPro.	3	1, 7	2.1, 2.2, 4.1, 6.1	1	3	1	N	N
Enhance Quality And Effectiveness: Collaborated on plan to pilot test adoption wrap-around services for adoptive families that are not foster families or relatives of the child.	4/09	5	2, 4, 17	New services will be piloted in Oklahoma County. If successful, it is anticipated that the program can be easily replicated in	3	1, 7	5.2	1, 2	3	1	Y	Y



*Appendix 3*

***State Agency Summary & Highlights***

**DOC Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Department of Corrections (DOC). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 17 total policy changes were identified:

- 8 (or 47%) general policy changes
- 0 financing policy changes, including increases in appropriations/changes to provider reimbursement
- 4 (or 24%) training policy changes
- 5 (or 29%) organizational changes

As a point of comparison, in FY 2006 and FY 2007, 15 policy changes were identified:

- 4 (or 27%) general policy changes
- 6 (or 40%) financing policy changes, including increases in appropriations/changes to provider reimbursement
- 5 (or 33%) organizational changes

**Differences Between Years: In FY 2008 and FY 2009, DOC had no financing policy changes, as compared to FY 2006 and FY 2007, when 40 percent of the changes were financing changes (including new appropriations).**

**Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	6 (35%)	5 (29%)	11 (65%)
2006 and 2007	6 (40%)	2 (13%)	8 (53%)

**Differences Between Years: In FY 2008 and FY 2009, DOC collaborations with other agencies increased by 23 percent.**

## Mechanisms of Change

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	0
Appropriations Increase	0
Administrative Rule Change	0
Contract Language	2 (12%)
Internal Policies and Procedures	15 (88%)
Other	0

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Enhanced Use of Data and Technology**

- Implemented a joint data sharing agreement between DOC and ODMHSAS. As part of this agreement, DOC and ODMHSAS are implementing the DOC mental health clinician web-based interface into the ODMHSAS client data system to allow DOC mental health professionals to access summaries of any state-funded mental health or substance abuse services that offenders may have obtained prior to incarceration.
- Began implementation of an electronic health record system. Pilot testing began at Mabel Bassett Correctional Center in September, 2009 and has been introduced at all facilities.

### **Improve Services for Special Populations**

- Developed initiative to begin the application and vocational assessment process while an offender is still incarcerated. Individuals are linked to DRS through an identified counselor and project coordinator prior to release.
- Implemented multiple recommendations of a multi-disciplinary Process Action Team to improve DOC suicide prevention efforts, including the following:
  - Adopt a new policy for scheduling, maintaining, inspecting, and replacing suicide smocks and blankets.
  - Revised internal guidelines to clarify the content, goals, and communication of results of the post-suicide review process and to make mandatory a psychological autopsy on every offender suicide.
  - Refined current policy to require an individualized treatment plan containing, at a minimum, a relapse prevention and risk management protocol for every offender with a history of suicidal ideation and/or action.
- Completed a 5-year SAMHSA-funded study to document challenges to re-entry for soon-to-be discharged offenders with a disabling mental illness, with a focus on access to federal benefits. The study identified interagency MOUs to be developed and has helped to increase the approval rate of Social Security Disability Insurance (SSDI) first-time applications to 80 percent. The initiative was featured in a webinar sponsored by the Council on State Governments (CSG) and attended by more than 500 people.

### **Improve Services through Enhanced Training**

- Trained 240 probation and parole officers and 240 correctional officers in conflict resolution skills with crises involving offenders with mental illness. Funding for this initiative, which provided 40-hour trainings with the goals of reducing the use of force and overall number of crises, was provided by the TSIG.
- Conducted a 2-day staff training on trauma informed care for more than 200 people from DOC and ODMHSAS.
- In response to recommendations of a multi-disciplinary Process Action Team to improve DOC suicide prevention efforts, a workgroup developed a standard training curriculum for all four levels of competency required for the new suicide prevention program. The new curriculum will support pre-service, in-service, and specialized training to meet standards requirements for different competency levels.

### **Other Significant Policy Changes**

- Implemented a correctional mental health workforce development project, including student intern practicums, seminars, and workshops for faculty and staff at Oklahoma State University. The project will educate university faculty and students on the unique challenges and rewards of working as a correctional mental health professional.
- Improved and expanded the Mental Health Reentry Program. The DOC Mental Health Coordinator of Social Work Services helped edit an evaluation tool to help assess states' criminal justice reentry efforts.
- Improved services through organizational changes, including:
  - Created the new position of Deputy Director for Female Offender Operations and a new Division of Female Offender Operations.
  - Appointed a DOC liaison to the SAMHSA Access to Recovery (ATR) grant.
  - Appointed a DOC liaison to the federally-funded Methamphetamine Task Force.

**DRS Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Department of Rehabilitation Services (DRS). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 7 total policy changes were identified:

- 3 general policy changes
- 1 financing policy changes, includes increases in appropriations/changes to provider reimbursement
- 0 training policy changes
- 3 organizational changes

As a point of comparison, in FY 2006 and FY 2007, 8 total policy changes were identified:

- 8 general policy changes

**DRS Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	1	1	2 (29%)
2006 and 2007	3	3	6 (75%)

**Mechanisms of Change**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	0
Appropriations Increase	0
Administrative Rule Change	0
Contract Language	1 (14%)
Internal Policies and Procedures	6 (86%)
Other	0

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Expand Employment Opportunities for Consumers**

- Invested in two ODMHSAS-contracted Clubhouse model programs to support their ability to provide transitional employment services. Each program will receive \$125,000 each year for the next two years. After that time, DRS expects that both programs will be able to sustain their services through the established Ticket to Work milestone payment system.
- Implemented initiative to emphasize on-the-job training as an effective, efficient method of facilitating client employment. Trained all staff and vendors in this approach and authorized expenditures of \$2.5 million to employers to provide on-the-job training.
- Authorized master's-level counselors to authorize service expenditures up to \$7,500 without the signature of a supervisor.
- Used federal stimulus funding to establish a new Social Security Unit to generate new resources for DRS through Ticket to Work. DRS staff are specifically assigned and devoted to increasing Social Security Administration (SSA) reimbursement for successful closures.

### **Improve Services for Special Populations**

- Developed initiative to begin the application and vocational assessment process while an offender is still incarcerated. Individuals are linked to DRS through an identified counselor and project coordinator prior to release.

### **Enhanced Use of Data and Technology**

- Implemented a new approach to budget projection that more closely mirrors actual expenditures and allows DRS to spend more of its resources on client services and to prioritize those services with the highest likelihood of leading to client employment.

### **Change Organizational Structure**

- Created the new position of Innovations Director and moved two program field representatives into a new Innovations Team unit. The Innovations Team implements innovative strategies to improve administration and service delivery.

## **OCCY Policy Changes Affecting People with Behavioral Health Disorders: Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Commission on Children and Youth (OCCY). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 6 total policy changes were identified:

- 5 general policy changes
- 0 financing policy changes, includes increases in appropriations/changes to provider reimbursement
- 1 training policy changes
- 0 organizational changes

As a point of comparison, in FY 2006 and FY 2007, 11 total policy changes were identified:

- 9 general policy changes
- 2 financing policy changes

### **Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	1	2	3 (43%)
2006 and 2007	2	9	11 (100%)

### **Mechanisms of Change**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	4 (66%)
Appropriations Increase	0
Administrative Rule Change	1 (17%)
Contract Language	0
Internal Policies and Procedures	1 (17%)
Other	0

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Promote Evidence-Based Practice**

- Provide small grants and intensive technical assistance to exemplary Community Partnership Boards. Support provided includes assistance related to conducting a needs assessment, developing a strategic plan, and other support related to community development. Grants are for an 18-month period and are designed to support initiatives related to children, youth, and families.
- Co-sponsored conferences regarding professionalizing youth work, held in 2008 and 2009.

### **Enhance Quality and Effectiveness**

- Assumed new responsibilities for certifying two children's shelters owned and operated by OKDHS.
- Increased to two the number of unannounced visits that OCCY must conduct for each State-operated facility.
- Assumed strengthened authority to interview children who are patients or residents of institutions, whether they are in State custody or private residential settings.
- Received legislative authority to develop up to five reports on important system policy issues.

**ODMHSAS Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Department of Human Services (OKDHS). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 47 total policy changes were identified:

- 22 (or 47%) general policy changes
- 3 (or 6%) financing policy changes, includes increases in appropriations/changes to provider reimbursement
- 9 (or 19%) organizational changes reflecting new policy priorities within the agency
- 13 (or 28%) training policy changes

As a point of comparison, percentages for FY 2006 and 2007 were:

- 61% for general policy changes
- 27% for financing policy changes
- 12% for organizational changes reflecting new policy priorities within the agency

**Differences Between Years: 2008-09 had 76% fewer financing policy changes and 61% more organizational changes.**

**Agency Collaborations:**

Agency	Collaborations with One Additional Agency	Collaborations with Two or More Additional Agencies	Total Collaborations as a Percentage of Total Policy Changes
2008 and 2009	19 (40%)	11 (23%)	30 (64%)
2006 and 2007	29%	22%	51%

**Differences Between Years: 2008-09 had 26% more collaborations between ODMHSAS and other agencies.**

**Mechanisms of Change:**

Change Mechanism	Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism
Statutory Change	1 (2%)
Appropriations Increase	2 (4%)
Administrative Rule Change	4 (9%)
Contract Language	5 (11%)
Internal Policies and Procedures	32 (68%)
Other	3 (6%)
Total	47 (100%)

## **Cross-Cutting Themes and Priorities**

### **Promote Early Intervention**

- Using reimbursement code established in January, 2007, implemented SBIRT (Screening, Brief Intervention, and Referral to Treatment) for adult behavioral health screenings conducted in primary care physicians' offices.
- Coordinate Funding Across Agencies: Multiple agencies signed a new Memorandum of Agreement for the Partnership for Children's Behavioral Health in order to confirm agency directors' commitments and apply for and receive a Healthy Transitions grant. The Partnership proposed a consolidated budget for both FY2008 and FY2009, but it did not pass.

### **Expand Access to Services**

- Established rules regarding telemedicine networks - what they are, how to apply to be a network, and how to reimburse for services. In general, any licensed behavioral health agency can develop a telemedicine network and be reimbursed for assessment and treatment if the patient being served is in an underserved area. An initial face-to-face meeting with the treatment provider is not required. Infrastructure is in place to collect data, manage the network, and provide enhanced capabilities to external providers
- Completed 5-year SAMHSA-funded study to document challenges to re-entry for soon-to-be discharged offenders with a disabling mental illness, with a focus on access to federal benefits. This initiative included a webinar sponsored by the Council of State Governments (CSG).

### **Improve Services for Special Populations**

- Received legislative appropriation and grant funding to expand courts serving special populations, including two family courts, one juvenile court, and a veterans' court.
- Three new COD therapists funded by ODMHSAS were placed in prisons in 2006 and were continued through the study period.
- Invested in two mental health Clubhouse model programs to support their ability to provide transitional employment services. After two years of funding, DRS expects that both programs will be able to sustain their services through the established Ticket to Work milestone payment system.

### **Enhance Quality and Effectiveness of Services**

- Expanded program to review high-end utilizers of behavioral health services and ensure that they see an outpatient provider of services within 2 weeks of discharge from an inpatient or residential facility. Four FTEs (2 for children, 2 for adults and geriatric) now work with care coordinators to support this program.
- Established Medicaid reimbursement code for services provided by family support providers.
- Improved and expanded the Mental Health Reentry Program.

### **Promote Evidence-Based Practice**

- Trained Meth Action Team trainers to facilitate Crystal Darkness Phase 2 community forums, designed to help communities conduct needs assessments, build capacity, develop community action plans, and select best-fit evidence-based programs, policies, and practices.
- Conducted train-the-trainers training in Trauma-Informed Care. In July, 2008, the GTAB supported a presentation at the National Trauma-Informed Care conference in Washington, DC. The team was composed of OJA, OKDHS, ODMHSAS, and staff from the National Resource Center for Youth Services.

- Provided intensive training and supervision on Cognitive-Behavioral Therapy (CBT) from the Beck Institute for Cognitive Therapy and Research. Training was for practicing therapists at Community Mental Health Centers, as well as designated staff from substance abuse providers, OKDHS, OJA, and DOC.

### **Enhance Data Capacity**

- Implemented a joint data sharing agreement between DOC and ODMHSAS. As part of this agreement, DOC and ODMHSAS are implementing the DOC mental health clinician web-based interface into the ODMHSAS client data system to allow DOC mental health professionals to access summaries of any State-funded mental health or substance abuse services that offenders may have obtained prior to incarceration.
- Established data sharing agreement between ODMHSAS and OKDHS to share data related to children who are in foster care or whose parents are involved with substance use.
- Finalized and published report regarding the amount of lost Medicaid revenues resulting from mental health and substance abuse providers failing to bill Medicaid for covered services and populations. Providers are able to view this information on the Web and begin billing Medicaid.

### **Other Significant Policy Changes**

- Engaged in planning to implement a consolidated claims process for all providers of OHCA and ODMHSAS services. Once implemented, providers will be able to check eligibility, file claims, request prior authorization and send clinical/outcomes data to a single place. OHCA will pay all claims directly.
- Change Organizational Structure:
  - Hosted first integrated conference for mental health, substance use and prevention staff and providers.
  - Established a new position of Director of Advocacy and Wellness, replacing the previous position of Director of Consumer Affairs.

**OHCA Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Health Care Authority (OHCA). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 36 total policy changes were identified:

- 29 (or 80%) general policy changes
- 6 (or 17%) financing policy changes, including increases in appropriations/changes to provider reimbursement
- 1 (or 3%) training policy changes
- 0 (organizational changes)

As a point of comparison, in FY 2006 and FY 2007, 49 policy changes were identified:

- 39 (or 80%) general policy changes
- 9 (or 18%) financing policy changes
- 1 (or 2%) organizational changes

**Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	12 (33%)	10 (28%)	22 (61%)
2006 and 2007	9 (18%)	16 (33%)	25 (51%)

**Mechanisms of Change (note that more than one change mechanism may be used for each policy change)**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	2 (6%)
Appropriations Increase	1 (3%)
Administrative Rule Change	12 (33%)
Contract Language	6 (17%)
Internal Policies and Procedures	15 (42%)
Other	4 (11%)

**Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Promote Screening and Early Intervention**

- Implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. The screening tool is being developed collaboratively with OHCA and ODMHSAS, and the Innovation Center will pay for the actual screening tools to be distributed. Child guidance counselors from OSDH will deliver the tools and provide consultation, while OHCA is responsible for outreach and marketing.
- Using a reimbursement code established in January 2007, implemented SBIRT (Screening, Brief Intervention, and Referral to Treatment) for adult behavioral health screenings conducted in primary care physicians' offices. OHCA and ODMHSAS are collaborating on this initiative.

### **Enhanced Use of Data and Technology**

- Implemented a consolidated claims form for all providers of OHCA and ODMHSAS services. When fully implemented, providers will be able to check eligibility, file claims, request prior authorization, and send clinical and outcomes data to a single place. OHCA will pay all claims directly, and providers will be paid weekly instead of monthly.
- Established rules regarding telemedicine networks - what they are, how to apply to be a network, and how to reimburse. In general, any licensed behavioral health provider can form a telemedicine network and be reimbursed for assessment and treatment if the patient being served is in an underserved area. An initial face-to-face meeting with the treatment provider is not required.
- Implemented a Web-based SoonerCare application to enroll newborns and assign a primary care provider before they leave the hospital. Enrolled newborns receive a SoonerCare identification number and can have claims processed for their services immediately.
- Established a new Web site to allow consumers to access information about nursing homes that receive SoonerCare reimbursement. The Web site provides performance data and outcomes under the State's Focus on Excellence program, a voluntary data collection initiative through which nursing homes receive incentive payments to report standardized data. Based on performance and outcomes, each nursing home is assigned a "star rating" from 1 to 5.

### **Promote Evidence-Based Practices**

- Established Partnership between OHCA and OJA to support continued implementation of Multi-Systemic Therapy (MST) for OJA-connected youth.

### **Integrate Mental Health And Primary Care**

- Implemented the SoonerCare Health Management Program (HMP), which promotes health management for SoonerCare members with chronic illnesses. Identified members receive care management from nurses who provide education and support, coordinate services, and help improve the member's self-management skills. Each member receives a behavioral health screening, in-depth pharmacological review, and other services. The HMP includes a built-in behavioral health referral process and community resource system.
- Provided for automatic approval of prior authorization requests for outpatient behavioral health care for 1 month of services when providers agree to begin treatment within 7 days of the member's discharge from a residential facility.
- Supported primary care physicians (PCPs) serving children by: (1) notifying them if a child who is their patient is admitted to an inpatient behavioral health facility; and (2) providing free consultation by telephone with a child psychiatrist. These services are provided under contract with OHCA's prior authorization agent.

- Integrate Mental Health And Primary Care: Established work group to develop an electronic passport for children in OKDHS custody that would include records related to health, mental health, and education.

### **Expand Access to Services**

- Received a \$6.1 million grant to create a Web-based SoonerCare application. The funding will be provided over a 2-year period to support the planning, design, development, testing, implementation, and evaluation of the project.
- Created 2 new levels of case managers (intensive case managers and WRAP case managers) who will have higher rates and lower case loads. This brings to 5 the number of levels of case managers, including the lowest level that has not yet received CMS approval.
- Unbundled the TFC rate for providers, and allows parents to pay room and board in order to gain access to therapeutic foster care (TFC) for their children.

### **Other Significant Policy Changes and Priorities**

- Finalized and published a report regarding the amount of lost Medicaid revenues resulting from mental health and substance abuse providers failing to bill Medicaid for covered services and populations. Providers are able to view this information on the Web and begin billing Medicaid for these services. The purpose of the reports is to maximize the use of Medicaid to support eligible services. In FY2009, \$5.5 million in claims that were eligible for Medicaid reimbursement were initially filed with ODMHSAS instead.
- Transitioned from a Primary Care Case Management (PCCM), capitated payment model to a 3-tiered Patient-Centered Medical Home (PCMH) model that provides an incentivized reimbursement structure to encourage PCPs to implement key components of a medical home. Approximately 3-4 providers Statewide now participate at the highest reimbursement tier, meaning that they have implemented Health Access Networks that have fully electronic health records, co-located specialty services, behavioral health screenings, etc.

**OJA Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Office of Juvenile Affairs (OJA). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 18 total policy changes were identified:

- 13 (or 72%) general policy changes
- 1 (or 5%) financing policy changes, including increases in appropriations/changes to provider reimbursement
- 1 (or 5%) training policy changes
- 3 (or 17%) organizational changes

As a point of comparison, in FY 2006 and FY 2007, 19 policy changes were identified:

- 10 (or 53%) for general policy changes
- 5 (or 26%) for financing policy changes
- 4 (or 21%) for organizational changes
- 

**Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	7 (39%)	7 (39%)	14 (78%)
2006 and 2007	3 (16%)	8 (42%)	11 (58%)

**Differences Between Years: In 2008-09, OJA collaborations with other agencies increased by 34 percent.**

**Mechanisms of Change (note that some policy changes use more than one change mechanism)**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	1 (5%)
Appropriations Increase	2 (11%)
Administrative Rule Change	3 (17%)
Contract Language	2 (11%)
Internal Policies and Procedures	8 (44%)
Other	4 (22%)

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Enhanced Use of Data and Technology**

- Fully implemented Performance-based Standards (PbS) in all three OJA institutions. PbS is a set of standards establishing the highest quality practices and most effective research-based services for juvenile facilities. Each facility's performance is measured twice each year by outcome measures that report on the safety, security, order, and climate with facilities, as well as education, health and mental health, programming and reintegration services. After each performance report, facilitates use the PbS website technology to analyze the data and develop, implement, and monitor quality improvement plans. Data is compared to all Oklahoma facilitates, as well as 185 juvenile facilities across the country.
- Developed an interagency data sharing agreement to allow a limited set of OJA staff to access child welfare information for all OJA involved youth.
- Developed a data sharing partnership with OHCA to access certain information about all State-paid health care for OJA youth.

### **Promote Evidence-Based Practice**

- Established a partnership between OJA and OHCA to support continued implementation of Multi-Systemic Therapy (MST) for OJA-connected youth.
- Participated in 2008 National Policy Academy "Developing Systems of Care for Youth and Young Adults with Mental Health Needs Who are Transitioning to Adulthood, and their Families." Two OJA staff members continue to serve on a state task force regarding this collaborative effort, which includes a focus on housing options for young adults.

### **Improve Services for Special Populations**

- Received a legislative appropriation of \$500,000 to create a 16-bed facility to provide re-entry specifically for Level E adolescents. The facility, which will be a kind of step-down from OJA institutions, will provide job training and other transitional services.
- Contracted with Southern Plains Rehab Center to operate a 40-bed Residential Treatment Center (RTC) for juveniles in detention.
- Began implementation of an interagency initiative designed to support transition-age youth in higher levels of care to complete education and/or gain employment.

### **Improve Services through Enhanced Training**

- Conducted train-the-trainers training in Trauma-Informed Care. The training was revised to include a full day of training on de-escalation techniques.
- Provided "Enhanced Juvenile Re-entry" training to OJA staff and contract providers. The training emphasized the importance of individual assessments with the child and his or her family prior to release and wrap-around services. Providers who bill Medicaid and IV-E were encouraged to get children into systems of care.
- Co-sponsored conferences regarding professionalizing youth work held in 2008 and 2009.

### **Other Significant Policy Changes**

- Hired 4 graduates of OJA facilities to work in the OJA Central Office.

**OKDHS Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma Department of Human Services (OKDHS). The study of policy changes was completed as part of the overall evaluation of Oklahoma’s Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children’s advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor’s Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 34 total policy changes were identified:

- 24 (or 71%) general policy changes
- 5 (or 15%) financing policy changes, including increases in appropriations/changes to provider reimbursement
- 4 (or 12%) training policy changes
- 1 (or 3%) organizational changes

As a point of comparison, in FY 2006 and FY 2007, 26 policy changes were identified:

- 21 (or 81%) general policy changes
- 4 (or 15%) financing policy changes
- 1 (or 4%) organizational changes

**Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	8 (24%)	11 (32%)	19 (56%)
2006 and 2007	6 (23%)	11 (42%)	17 (65%)

**Mechanisms of Change**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	7 (21%)
Appropriations Increase	1 (3%)
Administrative Rule Change	6 (18%)
Contract Language	5 (15%)
Internal Policies and Procedures	11 (32%)
Other	4 (12%)

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Promote Screening and Early Intervention**

- Expanded program (begun in 2005) to provide consultation to child care centers to include 51 active child care consultants. Continued to receive referrals for consultations with child care centers through the child care warmline supported by OKDHS and OSDH, and provide support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors.

### **Promote Evidence-Based Practices**

- Initiated pilot study to train therapists in cultural competency in the delivery of services to American Indian children and adolescents.
- Requires group home contract providers to implement trauma-informed care.
- Conducted train-the-trainers training in Trauma Informed Care. The training was revised to include a full day of training on de-escalation techniques.

### **Enhance Quality And Effectiveness:**

- Implemented family group conferencing as a routine part of the process for making custody and placement decisions.
- Permits law enforcement to place a child in protective custody only if the child is at imminent risk or the decision is supported by OKDHS.
- Requires a district attorney who releases a child from protective custody prior to an emergency custody hearing to maintain records to show why that decision was made.
- Provides supervision requirements for children in out-of-State foster care placements and clarifies that a purpose of the rule is to ensure that children placed out-of-State have the same protections and services provided in the home state.
- Implemented programs to minimize out-of-State admissions for children and adolescents by providing very specialized care in-State.

### **Improve Services for Special Populations**

- Began implementation of initiative designed to support transition-age youth in higher levels of care to complete education and/or gain employment.
- Increased the rate of reimbursement for Level C residential services; for intake assessments and group counseling provided by contractors for Parent Education Services; and for intake assessments and group counseling provided by contractors for Sexual Abuse Treatment Services.
- Increased the fixed child care subsidy rates based on a current market survey. The proposed rate changes will establish a new enhanced county designation and a 3 percent global rate increase.

### **Expand Access to Services**

- Expanded access to therapeutic foster care (TFC) for children in Tribal custody.
- Makes Level E and D+ group homes available directly to Tribes to serve children and adolescents in Tribal custody.

### **Enhanced Use of Data and Technology**

- Implemented data sharing that provides OHCA with information when a medical support order is enforced and a SoonerCare member has private insurance.
- Developed interagency data sharing agreement to allow a limited set of OJA staff to access child welfare information for all OJA-involved youth.

- Established data sharing agreement between ODMHSAS and OKDHS to share data related to children who are in foster care or whose parents are involved with substance use.
- Established work group to develop an electronic passport for children in OKDHS custody that would include records related to health, mental health, and education.

### **Other Significant Policy Changes and Priorities**

- Requires a court order in order to administer psychiatric drugs to children and adolescents in OKDHS custody in cases where parental approval cannot be obtained.
- Established a new CQI unit with a program manager and 3 trainers to support implementation of the Child Welfare Practice Standards.
- Enhanced the accessibility and quality of services for children who are adopted, including the following:
  - Implemented the Fostering Connections to Success and Increasing Adoptions Act of 2008 to better connect foster children with their relatives and promote permanent families through relative guardianship. For example, under this new Federal law, a person who does not live in the State but has an existing relationship with a child receiving IV-E services may be appointed guardian for that child.
  - Requires adoption statistics reported to the State legislature to include dissolution rates.
  - Developed a protocol for expediting assessment by the Child Study Center and services for children and adolescents who are adopted and have reactive attachment disorder.
  - Collaborated on plan to pilot test adoption wrap-around services for adoptive families that are not foster families or relatives of the child.
  - Prioritizes children with developmental disabilities who have been adopted for assessment for the emergency provision of services.
  - Developed plans for a 4-day training for mental health professionals on adoption and the mental health needs of adoptive children and families. The Innovation Center will purchase the curriculum and OKDHS will conduct the training.

**OSDH Policy Changes Affecting People with Behavioral Health Disorders:  
Summary & Highlights (State Fiscal Years 2008 and 2009)**

This brief report provides a summary and highlights of policy changes affecting people with mental illnesses and substance use disorders that occurred during the time period July, 2007 – June, 2009 at the Oklahoma State Department of Health (OSDH). The study of policy changes was completed as part of the overall evaluation of Oklahoma's Mental Health Transformation State Incentive Grant (TSIG), a multi-year grant received by Oklahoma from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS). Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred within state agencies responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children's advocacy, public health, and Medicaid. The directors of these agencies are all part of the Governor's Transformation Advisory Board (GTAB).

In FY 2008 and FY 2009, 5 total policy changes were identified:

- 5 general policy changes
- 0 financing policy changes, including increases in appropriations/changes to provider reimbursement
- 0 organizational changes
- 0 training policy changes

As a point of comparison, in FY 2006 and FY 2007, 19 total policy changes were identified:

- 16 general policy changes
- 2 financing policy changes
- 1 organizational change

**Agency Collaborations**

<b>Fiscal Years</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations as a Percentage of Total Policy Changes</b>
2008 and 2009	1	1	2 (40%)
2006 and 2007	3	9	12 (63%)

**Mechanisms of Change**

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism in FY 2008 and FY 2009</b>
Statutory Change	0
Appropriations Increase	0
Administrative Rule Change	1 (20%)
Contract Language	1 (20%)
Internal Policies and Procedures	3 (60%)
Other	0

## **Selected Key Policy Changes and Priorities during FY 2008 and FY 2009**

### **Promote Screening and Early Intervention**

- Implemented a new reimbursement code for developmental screenings for infants and children conducted in primary care physician offices. The screening tool is being developed collaboratively with OHCA and ODMHSAS, and the Innovation Center will pay for the actual screening tools to be distributed. Child guidance counselors from OSDH will deliver the tools and provide consultation, while OHCA is responsible for outreach and marketing.
- Implemented autism screening for children ages 18-30 months. The screening process used the Modified Checklist for Autism in Toddlers (M-CHAT) for every child between 18 and 30 months of age during the initial evaluation for eligibility and any other time there was a concern about Autism Spectrum Disorders (ASD). In addition, if a parent or staff person expressed a concern about possible ASD, children over 30 months were screened using the Checklist for Autism in Toddlers with Denver Modifications (CHAT).
- Expanded program (begun in 2005) to provide consultation to child care centers to include 51 active child care consultants. Continued to receive referrals for consultations with child care centers through the child care warmline supported by OKDHS and OSDH, and to provide support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors.
- Implemented screening for post-partum depression among women with children ages 0-12 months, based on screening tool developed and piloted by the internal maternal depression work group convened in May, 2007.

### **Enhanced Use of Data and Technology**

- Implemented Web-based autism program to assist in program planning for autism interventions.