



**Oklahoma's Policy Change Study:
Preliminary Findings and Cross-
Cutting Themes and Priorities**
July, 2007 – June, 2009

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Why Study Changes in Policy?

- ❑ Respond to SAMHSA request in connection with Oklahoma's TSIG grant
- ❑ Provide recent history of policy changes for state agencies
- ❑ Develop the capability of systematic reporting on policy changes
- ❑ Reflect on accomplishments and policy directions
- ❑ Provide a foundation to identify additional opportunities for expansion of current efforts
- ❑ Encourage greater collaboration among agencies in the future



Status of Policy Change Study

- ❑ Findings of first Policy Change Study (FY 2006 and 2007) presented to GTAB in June, 2008
- ❑ Current study period is FY 2008 and 2009
- ❑ Final report in FY2010 will identify trends and issues across 5-year period of TSIG grant
- ❑ Additional changes to matrix are requested by January 29
- ❑ Final matrices and draft report will be shared in February

Methodology

Policy is defined broadly by SAMHSA to include:

- A document directing an action or event at the state level (includes changes achieved through a broad range of mechanisms, such as statutes, regulations, directives, contracts, clinical practice guidelines, strategic plans, and mission statements)
- A document directing financing changes, which may include:
 - Changes in appropriations
 - Billing codes and reimbursement procedures
 - Changes in the State's Medicaid plan
 - Other changes including pooling/braiding of funding
- Organizational changes, which may include:
 - Creation/elimination of positions
 - Creation of a new reporting structure
 - Permanent changes in staff composition

Methodology Continued

- ❑ A team of evaluators met with leadership, senior staff, and mid-level managers from participating agencies.
- ❑ Evaluators used a semi-structured interview protocol and reviewed compilations of statutes, administrative rules, and available annual reports describing policy changes/priorities.
- ❑ Evaluators performed content analysis on gathered information, which was categorized by type and consolidated into a matrix for each agency that matched each policy change to variables required within the various Government Performance and Results Act (GPRA) measures.
- ❑ Each state agency matrix includes:
 - Brief description of each policy change
 - Effective date
 - Mechanism of change (statute, agency rule, etc.)
 - Agencies involved
 - Populations affected by the change
 - Impact of the change
 - Relevance of change to SAMHSA, GPRA measures, and New Freedom Commission goals



Methodology Continued

Changes this year include:

- New section on consumer involvement in policymaking
- New section on potential areas of collaboration

Preliminary Findings

- Over the study period, evaluated agencies enacted and/or implemented 121 policy changes affecting people with mental illnesses and substance use disorders.

Of these:

- 14 (or 12%) are financing policy changes, which includes increases in appropriations and changes to provider reimbursement
- 16 (or 13%) are training policy changes which include new and expanded training initiatives
- 15 (or 12%) are organizational changes reflecting new policy priorities within the agency
- 76 (or 63%) are general policy changes

Preliminary Findings Overview

Agency	General Policy Changes	Finance Policy Changes	Training Policy Changes	Organizational Changes	Agency Total
DOC	8	0	4	5	17
DRS	3	1	0	3	7
OCCY	6	0	1	0	7
ODMHSAS	27	3	12	9	51
OHCA	30	6	1	1	38
OJA	13	1	3	1	18
OKDHS	26	5	3	2	36
OSDH	5	0	0	0	5
Total	118	16	24	21	179

Overview of Agency Collaborations

Agency	Collaborations with One Additional Agency	Collaborations with Two or More Additional Agencies	Total Collaborations with at Least One Additional Agency	Total Collaborations as a Percentage of Total Policy Changes
DOC	7	4	11	65%
DRS	1	2	3	43%
OCCY	1	3	4	57%
ODMHSAS	20	13	33	65%
OHCA	14	10	24	63%
OJA	7	7	14	78%
OKDHS	8	11	19	53%
OSDH	1	1	2	40%
Total	59	51	110	61%



Cross-Cutting Themes and Priorities

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



Data and technology are used to improve quality, increase efficiencies, and expand available resources.

- ❑ Implementation of Performance-based Standards (PbS) in all OJA institutions
- ❑ Interagency agreement to allow limited set of OJA staff to access child welfare information for all OJA-involved youth
- ❑ New Web site to allow consumers to access information about nursing homes receiving SoonerCare reimbursement
- ❑ Joint data sharing agreements
- ❑ Consolidated claims form for all providers of Health Care Authority and/or ODMHSAS services
- ❑ New DRS approach to data collection and budget projections that more closely mirror actual expenditures
- ❑ Web-based autism program to assist in program planning for autism interventions



Screening and early intervention remain important priorities and areas of collaboration.

- ❑ Expanded program to provide consultation to child care centers for children from birth – 5 years
- ❑ New developmental screenings for autism
- ❑ New reimbursement code for developmental screenings for infants and children that are conducted in primary care settings
- ❑ New reimbursement code for SBIRT for adult behavioral health screenings conducted in primary care settings
- ❑ Screenings for post-partum depression



Training has become an important tool for sustaining transformation.

- ❑ Interagency training on Evidence-Based Practices in trauma-informed care
- ❑ Training for mental health professionals on adoption and the mental health needs of adoptive children and families
- ❑ Integrated state conference for mental health, substance abuse, and prevention staff
- ❑ Correctional mental health workforce projects



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

- ❑ Enhanced juvenile re-entry training
- ❑ Participation in 2008 Policy Academy on youth transitioning to adulthood
- ❑ Mental Health Re-Entry Initiative
- ❑ Vocational services to offenders
- ❑ Expansion of specialty courts



Children's issues remain important areas of collaboration.

- ❑ New role for OCCY with broader authority related to policy and oversight issues
- ❑ Statewide care management oversight project
- ❑ Continuation of Professionalizing Youth Work conferences
- ❑ Partnership for Children's Behavioral Health

Additional Observations

- Some child-serving agencies report having fewer children in state custody.
 - At OKDHS, the number of children in foster care has dropped to 9,700 – the lowest number in more than five years.
 - At OJA, significant decline in the number of children in custody, meaning no waiting lists for beds.
- Only one initiative to expand or enhance peer-run and family-delivered services”.
- Change mechanism data is preliminary, but indicates fewer appropriations increases, fewer administrative rule changes



Consumer and Family Involvement

- ❑ Broad input provided through formal and ad hoc advisory committees
- ❑ Feedback regarding satisfaction with surveys obtained through surveys, interviews
- ❑ Informal input from staff in the field, telephone calls from family members
- ❑ Public hearings
- ❑ Focus groups
- ❑ Consumers and families involved in agency oversight
- ❑ Consumers in staff positions
- ❑ Encourage community leadership



Opportunities for Collaboration

- ❑ Implementing a Medicaid buy-in as vehicle to facilitate employment
- ❑ Responding to joint grant opportunities
- ❑ Conducting evaluation of effectiveness of various services and approaches
- ❑ Continued sharing of information and data to maximize Medicaid and third-party health care payors
- ❑ Implementing new and expanded initiatives to promote and support employment
- ❑ Implementing transition-age youth initiatives
- ❑ Additional opportunities?



GTAB Highlights

- ❑ Anti-stigma campaign
- ❑ Mental Health First Aid training
- ❑ Consumer and family leadership training
- ❑ Peer recovery support services training
- ❑ Consumer involvement standards development
- ❑ Expand peer services and self-directed care models
- ❑ Cultural competence training
- ❑ Tribal-State relations workgroup development
- ❑ Pilot screening in primary care settings
- ❑ Seed funding for FTEs within other agencies
- ❑ Cognitive Behavioral Therapy and techniques training
- ❑ Correctional crisis response training
- ❑ Department of Corrections workforce training task force
- ❑ Veterans infrastructure development
- ❑ Tele-health network

Conclusions

- ❑ Every state agency involved in the policy change study has adopted policies or new programs that reflect the idea that adults and children with behavioral health disorders are an important population to be served.
- ❑ Many changes involved collaborations across multiple agencies, with a particular focus on sharing information and leveraging each other's resources.
- ❑ At least three of the policy themes – related to data, early intervention, and training – are continuations (and expansions) of themes identified during the first study period.
- ❑ Very few agencies reported changing policy direction or dropping transformational initiatives because of a lack of funding.



Reflection Questions

1. What more can be done to bring consumers and family members into the policy-making process?
2. How can policy be used to sustain positive outcomes and momentum for mental health transformation despite budget cuts?
3. How can the policy change study be used as a tool for planning and advocacy?