



Prevention and Early Intervention: The State of Children's Mental Health System

Needs and treatment capabilities in the COVID era

Already increasing before the pandemic, the number of children and youth struggling with poor mental health in Oklahoma has surged during the pandemic. Stressors unique to the COVID-19 era — including deaths in the family, financial hardship, and social isolation because of the disease, and virtual schooling — have weighed heavily on children and youth and intensified youth mental health crises. This increased need has exposed gaps in Oklahoma's mental health continuum of care, leading to higher emergency room utilization for children with suicidal thoughts and other mental health crises.

To stem the rise in mental health challenges and mitigate the impact of the COVID-19 pandemic on the health and well-being of children and youth in Oklahoma, the state needs a full and robust continuum of mental health services. In this report, we examine the current state of Oklahoma's array of promotion, prevention, and early intervention services. We also discuss the supports and interventions needed to reduce risk, build protective factors, increase supports, and provide treatment to prevent or lessen the impact of mental illness on Oklahoma's children.

Key Findings

- **A strong foundation, but better integration is needed.** Oklahoma has a strong foundation of preventative and early intervention mental health services, but these supports don't always integrate with the systems used most by children and families, such as education and general health care.
- **Pediatric primary care must be part of the solution.** [Oklahoma's shortage of psychiatrists is especially severe for children and adolescents](#), as only six of Oklahoma's 77 counties have child and adolescent psychiatrists.¹ But when pediatric primary care providers have access to mental health training, coaching, and consultation, they can identify and treat mild to moderate mental health challenges, decreasing demand on child and adolescent psychiatrists. The state has several specific opportunities to expand integrated care practices in pediatric primary care settings.
- **A pressing opportunity for psychiatric teleconsultation.** The forthcoming [Oklahoma's Pediatric Mental Health Care Access Program's](#) sustainability relies on engaging existing providers, securing a committed funding stream, and gaining legislative support.
- **A need for schools to act on data.** [HB 1103 in 2021 expanded the use of the Oklahoma Prevention and Needs Assessment \(OPNA\) in Oklahoma schools](#). Data from the OPNA

conducted during the 2019–20 school year can be used to identify students’ mental health and wellness needs and to select interventions to address those needs.

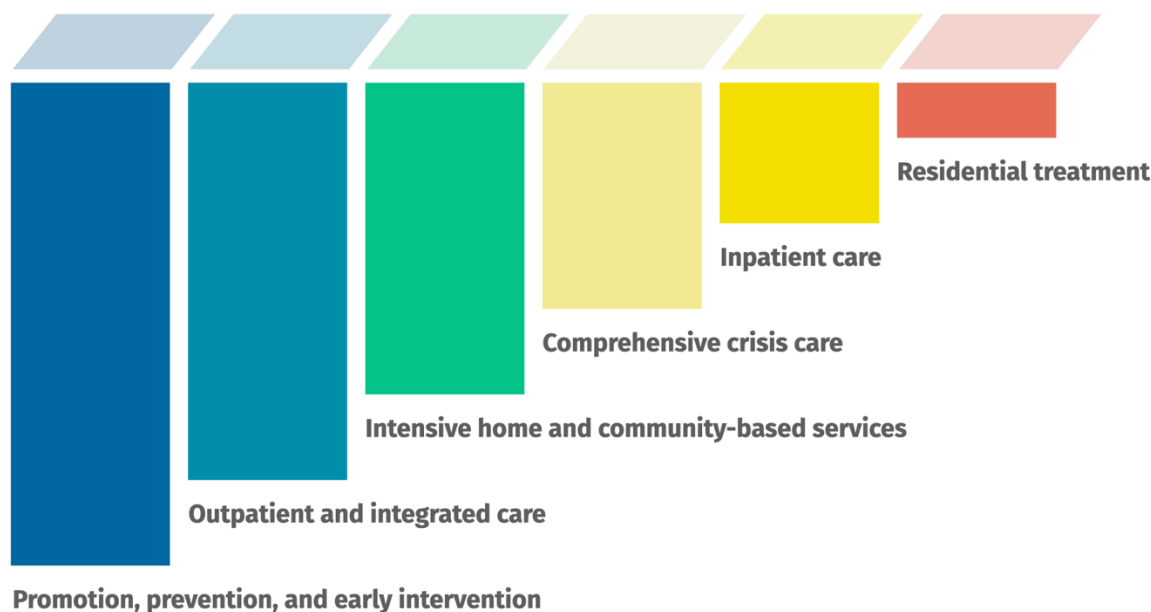
Background

Healthy Minds’ fall 2021 update on [the impact of COVID-19 on children’s mental health](#) in Oklahoma provides a broad overview of the increases in suicidality, mental health crises, and emergency room utilization in 2020 and 2021. According to the latest data, Oklahoma’s mental health prevalence estimates indicate that in any given year more than 54,600 children and youth between the ages of 6 and 17 will experience a major depressive episode. Almost 51,500 will struggle with a serious emotional disturbance, and more than 24,800 will attempt suicide.

Data collected in schools early in the pandemic point to increasingly severe levels of crisis. Oklahoma Prevention Needs Assessment (OPNA) survey results for the 2019-2020 school year indicate that almost 60% of the students who responded to the survey were struggling with high (approximately 30%) or moderate (28%) psychological distress.² Almost 78% of students indicated that they experienced high (8%) to moderate (approximately 70%) depressive symptoms. In addition, 17% indicated that they had seriously considered attempting suicide in the past 12 months, almost 15% said that they had planned to attempt suicide, and almost 10% reported having “actually” made at least one suicide attempt. The number of students who were identified as experiencing psychological distress, as well as the number who reported experiencing depressive symptoms and thoughts of suicide, increased compared to responses from the 2017–2018 school year.³

Table 1: Oklahoma County, Tulsa County, and Statewide Mental Health Prevalence Data			
Conditions	Children and Youth (ages 6-17) Estimates		
	OK County	Tulsa County	Oklahoma
Total Population (6–17)	132,223	107,577	643,415
Ages 6–11	68,397	54,815	322,382
Ages 12–17	63,826	52,762	321,033
Mental Health Conditions			
Major Depressive Episode (MDE) ⁴	9,826	7,952	54,609
Bipolar ⁵	1,468	1,214	7,384
PTSD ⁶	1,915	1,583	9,631
Co-Occurring MDE and SUD ⁷	1,147	929	6,376
First Episode Psychosis (16–17) ⁸	9	8	49
Serious Emotional Disturbance (Ages 6–17) ⁹	10,578	8,606	51,473
Attempted Suicide ¹⁰	4,864	4,030	24,833

The ideal children’s behavioral health continuum of care lays out a seamless, comprehensive array of services and supports that link promotion and prevention services with physical health, mental health, and substance use disorder treatment. This continuum of care takes a population-based perspective¹¹ to support all children, including those with emerging, low to moderate, and complex behavioral health needs. The continuum includes six components that range from promotion and prevention services to the most intensive interventions. It provides an overview of recommended practices for each component.



The **promotion, prevention, and early intervention** component is key to an ideal continuum of care. It promotes foundational, resilient development in all children. This component includes mental health promotion activities, integrated pediatric primary care, behavioral health screening and assessment, school-based universal practices, and community-based prevention and early intervention programs. The following are examples of evidence-based practices (EBPs) in community-based and school-based promotion, prevention, and early intervention:

- **Mental health consultation** in primary care and early education – Extension for Community Healthcare Outcomes (ECHO), Child Psychiatry Access Program, childcare warmlines, and infant and early childhood mental health consultation
- **Mental health and substance use screening** – Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- **Home visiting programs** – Nurse-Family Partnership, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters
- **Comprehensive family and parent skills training programs** – Healthy Families America, Incredible Years, and Strengthening Families Program

- **School-based tiered frameworks** for implementing mental health screening, services, and supports – Positive Behavioral Interventions and Supports, Multi-Tiered Systems of Support, Restorative Practices, and the Interconnected Systems Framework
- **School-based wellness interventions** – Botvin LifeSkills Training, PAX Good Behavior Game, Lifelines Prevention, Mental Health First Aid, Talk Saves Lives, and Penn Resiliency Program

The Current Landscape

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is Oklahoma’s statutory authority for prevention, treatment, and recovery from mental illness.¹² ODMHSAS values promotion, prevention, and early intervention and asserts that prevention happens in clinical settings as well as in the “everyday lives of people.”¹³ Their 2021 five-year strategic plan includes a prevention framework and identifies the following strategic priorities: alcohol and tobacco use, substance use, depression and psychological distress, and suicide.¹⁴ ODMHSAS’s plan aims to integrate prevention into the following six key sectors of everyday life to achieve its goals.

- **Business/employer** – Promote employee wellness by protecting them from the harms of substance use or mental health problems and decrease youth alcohol and tobacco use by implementing compliance and prevention efforts in gatekeeper businesses.
- **Communities at large** – Support individual community members and improve community wellness by partnering with neighborhood prevention coalitions to promote and provide community-based prevention services.
- **Education** – Proactively identify student need and support educators in adopting and integrating proactive interventions by supporting OPNA implementation and training on mental health prevention and early intervention supports.
- **Family** – Increase family-based protective factors by increasing access to parent education and support programs (such as the Strengthening Families Program) and reducing the risks to children with a parent struggling with substance abuse.
- **Faith** – Promote wellness by supporting faith leaders to provide prevention services to their congregations and link members to community resources.
- **Healthcare** – Build primary care, specialty care, and emergency departments’ capacity to identify alcohol use, drug use, depression, and suicidality early and to provide intervention.

Numerous state and local agencies support promotion, prevention, and early intervention services in Oklahoma, both independent of and in partnership with ODMHSAS. These include the

Oklahoma State Department of Education (OSDE), the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (OKDHS), the Oklahoma Health Care Authority (OHCA), and various other regional and local child-serving agencies and organizations. Some of these efforts are highlighted below.

Infant and Early Childhood Services

ODMHSAS and OSDH partner to address infant and early childhood mental health (IECMH) by developing, supporting, and sustaining a coordinated network of IECMH consultants, services, and supports. This work started with Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Project LAUNCH federal grant funds were used to pilot mental health consultation in pre-K settings. Child Care and Development funds were braided with state and federal grant funds to offer IECMH consultation in almost half of Oklahoma's counties.¹⁵ In addition to mental health consultation, ODMHSAS and OSDH provide IECMH training to all levels of staff; ODMHSAS offers IECMH services for zero- to five-year-old children as part of its System of Care service array; and Oklahoma providers have built Parent-Child Interaction Therapy (PCIT) rooms, specifically to serve younger children. All IECMH services are provided in tandem with childcare warmlines. The partnership between ODMHSAS and OSDH has resulted in a shared state plan and coordination around related activities within state and federally funded projects.¹⁶

Infant Mental Health Extension for Community Healthcare Outcomes (ECHO)

The Infant Mental Health ECHO, through the Oklahoma State University Center for Health Sciences, aims to expand knowledge of infant mental health in clinicians, supervisors, and administrators. The program provides knowledge of evidence-based practices in infant mental health, collaboration and learning with specialists and clinicians, a focus on infant mental health clinical issues, and review of cases submitted by participants.

Child Guidance Program

The OSDH operates the Child Guidance Program and the Oklahoma Department of Human Services' (OKDHS) Child Care Warmline, which provide services to children up to age 13 and their caregivers in each of the state health department regions. Early mental health and early childhood mental health consultation are provided as part of the warmline. Behavioral health, child development, and speech pathology are also provided.

Community Hope Centers

Community Hope Centers were launched in August 2020 and are a collaboration between OKDHS and community partners. Coronavirus Aid, Relief, and Economic Security (CARES) Act funding enables partners to provide supports and resources to children and their families to address the adverse childhood experiences related to COVID-19. Services include trauma-informed mental and emotional health services, activities to address wellness, help with connecting to virtual

learning platforms, and access to an embedded OKDHS employee responsible for connecting families to community resources.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Model

SBIRT helps to identify youth at risk of or struggling with substance use disorders and link them to treatment. SBIRT is an integrative, comprehensive, public health approach to delivering early intervention and treatment to adolescents and transition age youth who are at risk for substance use disorders (SUD) or are struggling with SUD.¹⁷ It can be provided by primary care providers, emergency rooms, and community centers. Screening is used to assess substance use severity and to determine the level of treatment or intervention needed. Brief intervention is conducted that involves increasing the youth's insight and awareness about substance use to increase motivation for behavioral change. Youth are referred to treatment when they are identified as needing more services.

In Oklahoma City, SBIRT is available through Community Health Centers of Oklahoma (CHCO) at John Marshall Middle and High School and is in its second year of implementation. It includes screening through the CRAFFT¹⁸ tool, Patient Health Questionnaire 9 modified for Adolescents (PHQ-A), and a Social Determinants of Health tool. CHCO also offer SBIRT at Putnam Heights as part of all students' intake packet and at a rural school in coordination with the school counselor. ODMHSAS is also starting to pilot adolescent SBIRT as part of their work with schools and the Office of Juvenile Affairs.

Integrated Pediatric Primary Care

Some services and supports are currently available to Oklahoma's pediatric primary care providers to help them address the mild to moderate mental health needs of children and youth in the state. Integrated primary care models that offer behavioral health services to children and youth are also included.

- **Integrated primary care and SBIRT** – Recognizing the importance of SBIRT, ODMHSAS, in collaboration with the Oklahoma Primary Healthcare Improvement Cooperative (OPHIC), is enrolling primary care practices in the SBIRT OK Initiative, which provides training, access to resources, materials, and coaching.¹⁹ This initiative also promotes screening for anxiety and depression. SBIRT OK is slated to begin a pilot with six pediatric primary care providers.
- **Behavioral health referral helpline** – The Oklahoma Health Care Authority (OHCA) provides a behavioral health referral help line and provider help desk, as well as links to state databases for behavioral health resources.
- **Psychiatric Consultation Program** – The OHCA and APS Healthcare, Inc. provide informal telephonic consultations between psychiatrists and SoonerCare primary care providers

(PCP) regarding psychotropic medication management for children and adolescents under age 21. The hotline specialist schedules a call with the APS psychiatrist and the PCP.

- **Pediatric behavioral emotional health ECHO** – The Oklahoma State University Center for Health Sciences also offers a virtual learning network to expand the expertise of primary care and school providers to address the needs of children and adolescents ages 0 to 18. The weekly sessions provide information on evidence-based practices in pediatric and behavioral health with a focus on prevention, diagnosis, and treatment and allows for a review of cases submitted by participants.
- **Oklahoma Pediatric Psychotropic Medication Resource Guide** – The guide is a collaboration between The University of Oklahoma, Oklahoma State University, OHCA, and OKHSD. It provides pediatricians with up-to-date evidence-based interventions and information to support the accurate diagnosis and appropriate treatment of infants, children, and adolescents with mental health needs.
- **Comprehensive Primary Care Plus (CPC+)** – CPC+ is a Center for Medicare and Medicaid Services primary care home model intended to strengthen primary care by transforming care delivery and payment structures.²⁰ The initiative began in 2017 and ran through December 2021. The goal was to improve primary care quality, access, and efficiency. Two practice tracks are available for providers with different delivery requirements and payment options. The public-private partnership provides additional financial resources to practices, giving them flexibility to make investments and improve patients' quality of care. CPC+ Functions includes access and continuity, care management, comprehensive-ness and coordination, patient and caregiver engagement, and planned care and population health. INTEGRIS Health operates 15 clinics in Oklahoma through the CPC+ model that serve children and adults.
- **Federally Qualified Health Centers (FQHCs)** FQHCs deliver comprehensive integrated primary healthcare to underserved communities.²¹ These private, nonprofit providers may serve rural areas, people who are uninsured, low-income populations, and people with limited English proficiency. In 2019, there were 21 FQHCs with 115 delivery sites throughout Oklahoma that served 83,314 children. There were 125 full-time behavioral health specialists who provided 221,543 behavioral health child and adult patient visits through FQHCs.²² Most FQHCs provide behavioral health services in-house, including screening, assessment, individual, group and family therapy, and medication management. Some provide SBIRT, trauma-focused services, parenting skills support, and parent-child therapies.

Coordination with Schools

ODMHSAS is partnering with the OSDE on **Multi-Tiered Services and Supports (MTSS)** dissemination, working on a framework to help schools develop MTSS plans and implementation where possible. ODMHSAS will provide training to schools that are interested in evidence-based practices such as the Good Behavior Game and Botvin LifeSkills Training. ODMHSAS also provides Zero Suicide, substance use prevention, and Mental Health First Aid and have implemented the Oklahoma Prevention Needs Assessment (OPNA). More information on services provided in schools and on MTSS can be found in the Healthy Minds' report on [connecting mental health and Oklahoma schools](#).

Considerations and Opportunities

Oklahoma's commitment to prevention is evident in its strong array of promotion, prevention, and early intervention services and supports. Oklahoma has been successful in developing, implementing, and sustaining a network of infant and early childhood mental health (IECMH) services and supports, including IECMH consultation services, training, and consultation through Infant Mental Health Project ECHO and consultation for childcare providers through the Child Guidance childcare warmline. Child abuse prevention and early intervention services and parenting supports are provided through the Child Guidance Center. In addition to promotion and prevention services targeting young children, Oklahoma used CARES Act funds to establish a network of community centers that provide out-of-school supports to meet the needs of children and youth at risk of experiencing social, emotional, and mental health challenges. Almost half of Oklahoma schools and districts administer the OPNA survey, and a portion of these schools and districts use the data collected to select and implement targeted prevention and early intervention strategies. Despite these efforts, there are limited examples of integrated pediatric primary care in Oklahoma. Many schools and districts struggle to implement universal prevention and early intervention strategies.

Fortunately, Oklahoma is well positioned to build on strengths and capitalize on opportunities to bolster its prevention and early intervention capacity. Oklahoma recently passed legislation expanding the use of the OPNA in all Oklahoma school districts. The OHCA's Behavioral Health Referral Helpline and Psychiatric Consultation Program, as well as the Pediatric Behavioral Emotional Health ECHO and the *Oklahoma Pediatric Psychotropic Medication Resource Guide*, provide a strong foundation for building the infrastructure to support a network of integrated pediatric primary care providers, including implementing and sustaining a Psychiatric Mental Health Care Program.

Opportunity: Implement and provide sustainable funding for the Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP)

OKCAPMAP, funded in 2021 with a federal grant to ODMHSAS, is being developed to use telehealth to provide timely detection, assessment, treatment, and referral of children and adolescents with behavioral health conditions, using evidence-based practices and web-based education and training sessions.²³ When established in Oklahoma, the OKCAPMAP can (a) use telehealth to increase primary care provider (PCP) access to a mental health team, including a psychiatrist, case coordinator, and licensed mental health professional; (b) provide PCPs with training and technical assistance to enable early diagnosis and treatment of children with behavioral health conditions; (c) provide information and access to pediatric behavioral health clinicians; and (d) improve children's and adolescents' access to behavioral health services, especially in rural communities.²⁴ Dedicated funding through Medicaid, ODMHSAS and private insurers will ensure the sustainability of this work.

OKCAPMAP will expand the array of consultation, education, technical assistance, and referral supports available to Oklahoma pediatricians. It will add limited telehealth clinical services, care management, and a written follow-up to all consultation. OKCAPMAP can provide the framework Oklahoma needs to seamlessly connect and strengthen its current array of services and supports available to help pediatric primary care providers serve children and adolescents with mild to moderate mental health conditions. Additional information on pediatric mental healthcare access in Oklahoma and OKCAPMAP is available in Healthy Minds' brief on [expanding access to child psychiatry](#).

Opportunity: Build on the success of the Adult SBIRT pilots to expand SBIRT to pediatric primary care

Institute universal Screening, Brief Intervention, and Referral to Treatment (SBIRT) for children and youth ages 12 and older in all pediatric primary care settings, FQHCs, urgent care centers and school-based clinics. The National Institute of Alcohol Abuse and Alcoholism recommends that screening for alcohol use should begin at age 9 or as soon as children can be interviewed alone.²⁵ SAMHSA describes SBIRT as "a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders."²⁶ The research evidence found that SBIRT offers a prevention message to youth before they try substances and identifies high-risk youth who misuse substances early, thereby reducing the impact of substances on physical health and reducing overall costs of health care.²⁷

To diminish concerns about singling out youth as substance users, SBIRT screening can occur when a pediatric provider checks for vital signs and other health conditions as a normal part of the exam. If a youth reports any substance use, brief interventions take about five to 10 minutes

to help the youth understand the health consequences of substance misuse. If the youth reports misuse of substances, then follow-up takes place through brief treatments.²⁸ If the youth reports serious misuse, they should be referred to a behavioral health specialist. SAMHSA's toolkit and other resources from the National Council for Behavioral Health provide implementation guidance and assistance with workflows. Pediatric PCPs can seek reimbursement for SBIRT through commercial insurance using Current Procedural Terminology, Medicare G codes, and Medicaid Healthcare Common Procedure Coding System.²⁹

Recognizing the importance of SBIRT, ODMHSAS, in collaboration with the Oklahoma Primary Healthcare Improvement Cooperative, is enrolling primary care practices in the SBIRT OK Initiative, which provides training, access to resources, materials, and coaching.³⁰ This initiative also promotes screening for anxiety and depression. Implementing universal screening for substance use, anxiety, and depression is a critical strategy to address the needs of youth recovering from the stresses of the COVID-19 pandemic. ODMHSAS should be supported to expand their SBIRT OK Initiative, including their work with the Oklahoma Primary Healthcare Improvement Cooperative.

Opportunity: Expand Collaborative Care and other integrated care models for treatment of depression and anxiety in pediatric primary care settings

The improved outcomes achieved nationally through integration of physical and behavioral health care have resulted from various models that integrate behavioral health professionals and care managers into primary care practices. As noted by the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington, integration of behavioral health is convenient for patients, reduces stigma, and can build on existing physician relationships. Collaborative Care, first developed by the University of Washington, is an evidence-based integration model for adults that embeds behavioral health professionals with PCPs to function as a team for the treatment of mild to moderate behavioral health conditions such as anxiety and depression.³¹ This model requires adaptation for children, youth, and their families. A child psychiatrist (or other licensed child prescriber, or a general psychiatrist if a child prescriber is not available) and a behavioral health care manager with training in social work, nursing, or psychology should join the pediatric PCP and operate as a team. Together, they can determine a treatment plan and provide evidence-based medication, psychosocial treatments, and regular psychiatric case consultation. Treatment planning should include the child/youth and family as part of the treatment team.

The American Psychiatric Association identified these adaptations, other criteria, and specific resources that adapt Collaborative Care for children, youth, and their families. For example, two other adaptations include enhancement of clinical screening for pediatric behavioral health conditions and guidelines for the type of conditions the clinic will serve through Collaborative Care.³²

Typically, the Collaborative Care team refers children and youth who require intensive home and family-based services, or have multisystem involvement, to more intensive service models.

Because of the success of the Collaborative Care model, the American Psychiatric Association has developed reimbursement codes for Medicare, commercial insurance, and Medicaid. Information on the service components and billing is available through the Centers for Medicare & Medicaid Services' Medical Learning Network.³³ Other models of primary care/behavioral health integration are operational in Oklahoma and may also be eligible for insurance reimbursement. For additional information, see Healthy Minds' research on [the state of Oklahoma's integrated care practices](#).

Opportunity: The Oklahoma Prevention Needs Assessment (OPNA)

The OPNA is an evidence-based voluntary and anonymous survey administered in schools to evaluate a school's environment for risks and protective factors related to students' mental health needs and substance use. **Public schools in Oklahoma should prioritize using OPNA data to identify schools that are at greater risk for the impacts of the COVID-19 pandemic based on the number of their students who have significant risk factors and limited protective factors.** HB 1103 from 2021 expands the use of the OPNA to all Oklahoma schools, although the survey remains voluntary for students and families. Previously, about half of Oklahoma schools implemented the survey, which collects information from 6th-, 8th-, 10th- and 12th-grade students on issues such as alcohol, tobacco, and other drug use; mental health; and violence. Administered every two years, the survey can provide information to schools and districts to plan for prevention and intervention strategies. Data from the OPNA conducted during the 2019-20 school year should be used to help develop Multi-Tiered Services and Supports for mental health and wellness in schools and districts.

¹ Healthy Minds Policy Initiative (2021, January). *Oklahoma's Behavioral Health Workforce: Action Areas*

² Psychological distress was calculated using the K6 scale that was developed with support of the National Center for Health Statistics for use in the National Health Interview Survey. The tool screens for psychological distress by asking students how often they have felt nervous, hopeless, restless, depressed, worthless, or like everything was an effort in the previous 30 days.

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