



Outpatient Specialty Care: The State of Children's Mental Health System

Needs and treatment capabilities in the COVID-19 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 have 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 outpatient and specialty mental health services.

Key Findings

- Oklahoma's children rely heavily on traditional therapy but **often don't receive other forms of outpatient and intensive services** that can be necessary for long-term stability.
- Access to appropriate services is hampered by **workforce shortages, insurance barriers, and limited availability of intensive services.**
- Both the **public and private systems need coordination and collaboration** to meet the needs of all children and youth in Oklahoma.

COVID-19's Impact on Oklahoma Children and Youth

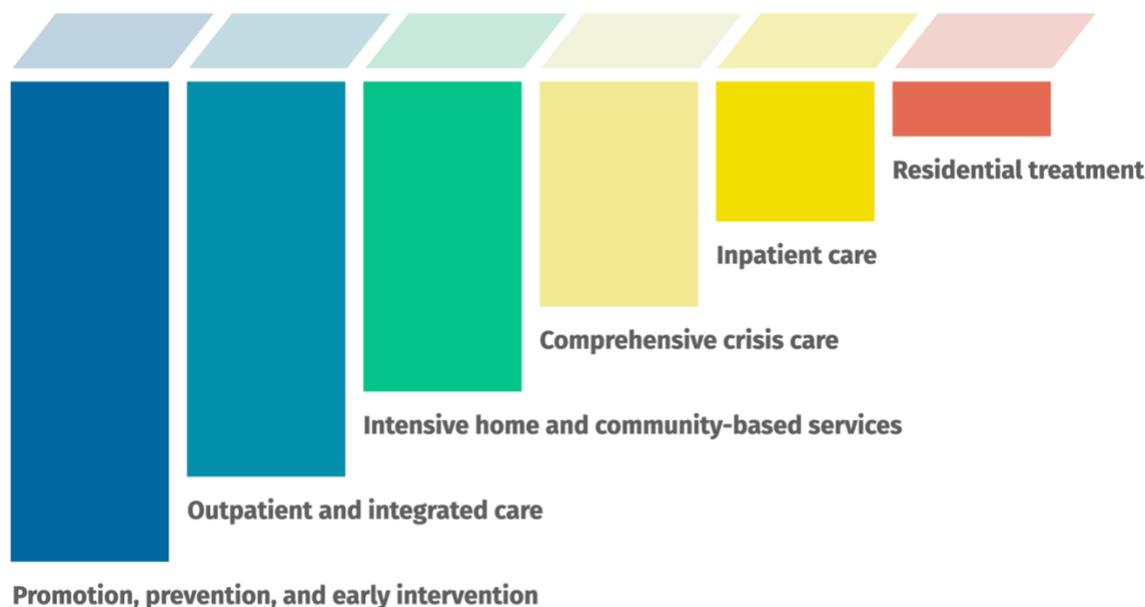
A Healthy Minds' [fall 2021 update on the impact of COVID-19 on children's mental health](#) in Oklahoma provides a broad overview of the increases in suicidality, mental health crises, and emergency room utilization in 2020 and 2021. According to the latest data, Oklahoma's mental health prevalence 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 (see Table 1).

Table 1

Oklahoma County, Tulsa County, and Statewide Mental Health Prevalence Data			
Conditions	Children and Youth (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) ³	9,826	7,952	54,609
Bipolar ⁴	1,468	1,214	7,384
PTSD ⁵	1,915	1,583	9,631
Co-Occurring MDE and SUD ⁶	1,147	929	6,376
First Episode Psychosis (16-17) ⁷	9	8	49
Serious Emotional Disturbance (Ages 6-17) ⁸	10,578	8,606	51,473
Attempted Suicide ⁹	4,864	4,030	24,833

Data collected in schools early in the pandemic point to increasingly severe levels of crisis. Oklahoma Prevention Needs Assessment (OPNA) survey results for the 2019-20 school year indicate that almost 60% of the students who responded to the survey struggled with high (approximately 30%) or moderate (28%) psychological distress.¹⁰ Almost 78% of students indicated they experienced high (8%) to moderate (approximately 70%) depressive symptoms. In addition, 17% indicated 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 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 2017-18 school year.¹¹

Children’s Behavioral Health Continuum of Care



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 perspective¹² 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 **outpatient specialty care** component of Oklahoma’s continuum of care addresses the needs of children and youth with an emerging or identified behavioral health need. It focuses on outpatient behavioral health care, integrated health and mental health care, medication management, tiered school-based health and mental health services, psychiatric consultation, and routine care coordination. Outpatient specialty care recommends the use of evidence-based and trauma-focused treatment approaches for anxiety, depression, substance use, and trauma.

Examples of evidence-based practices (EBPs) in specialty care include:

- Parent Child Interaction Therapy
- Applied Behavior Analysis (ABA)
- Child Parent Relational Therapy (CPRT)
- Brief Strategic Family Therapy (BSFT)
- Cognitive Behavioral Therapy (CBT)

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical Behavioral Therapy (DBT)

The Current Landscape

Outpatient services are provided in Oklahoma through an array of private providers via private insurance and Medicaid, as well as providers operating under the Oklahoma Department of Mental Health and Substance Abuse Services' (ODMHSAS) system. In their role as Oklahoma's statutory authority, ODMHSAS is responsible for providing outpatient community-based mental health and substance use treatment services to children, youth, young adults, and their families, in addition to inpatient and residential treatment services. Specifically, services are provided to children, youth, and young adults who struggle with a serious emotional disorder (SED) or serious mental illness (SMI) and those who are in crisis. ODMHSAS does this by certifying and supporting a network of community mental health centers (CMHCs).

ODMHSAS' five-year strategic plan addresses childhood obesity, suicide prevention and enhancements to the crisis care continuum. Under suicide prevention, the plan establishes a moderate goal to increase the number of schools using a multi-tiered system of supports (MTSS) to address mental, emotional, and behavioral health needs of students by 25. The plan does not identify additional goals or objectives, nor does it address gaps in children's mental health outpatient specialty care services, such as coordinating care across child-serving agencies, providing access to psychiatric services and supports, or expanding the capacity of integrated behavioral health care. ODMHSAS is also responsible for managing Oklahoma's behavioral health Medicaid services.¹³

Certified Community Mental Health Centers and Certified Community Behavioral Health Clinics

Oklahoma has 14 CMHCs, which are certified by the Board of Mental Health and Substance Abuse Services or by the ODMHSAS commissioner to provide an array of mental health and substance use disorder services to children, youth, and adults.¹⁴ CMHCs are required to provide screening, assessment, and referral services; emergency services; outpatient therapy; case management services; psychiatric rehabilitation services; medication clinic services, peer support services; and wellness activities and supports.¹⁵

Table 2*Oklahoma CMHC coverage areas*

CMHC	County
Carl Albert	Atoka, Choctaw, Coal, Haskell, Hughes, Latimer, Leflore, McCurtain, Pittsburg, Pushmataha
Central Oklahoma CMHC	Cleveland, McClain
Counseling and Recovery Services	Osage (part), Tulsa (part)
CREOKS*	Adair, Cherokee, Creek, Okfuskee, Okmulgee, Sequoyah, Wagoner
Edwin Fair	Key, Noble, Osage, Pawnee, Payne
Family and Children's Services	Osage (part), Tulsa (Part)
Grand Lake Mental Health Center*	Craig, Delaware, Kay, Mayes, Noble, Nowata, Osage (part) Ottawa, Pawnee, Payne, Rogers, Washington
Green County*	McIntosh, Muskogee
Hope	Oklahoma (part)
Jim Taliaferro MH Center	Caddo (part), Comanche, Cotton, Harmony, Jackson, Jefferson, Stephens, Tillman
The Lighthouse*	Bryan, Carter, Garvin, Johnston, Love, Marshall, Murray, Pontotoc, Seminole
NorthCare*	Logan, Oklahoma (part)
Northwest Center for Behavioral Health	Alfalfa, Beaver, Cimarron, Dewey, Ellis, Garfield, Grant, Harper, Major, Woods, Woodward, Texas
Red Rock Behavioral Health Services *	Beckham, Blaine, Caddo (part), Canadian, Custer, Kiowa, Grady, Greer, Roger Mills, Washita, Kingfisher, Lincoln, Oklahoma (part), Pottawatomie

**Certified Community Behavioral Health Clinics*

Oklahoma's CMHCs are currently in the process of transitioning to the Certified Community Behavioral Health Clinic (CCBHC) model or have already transitioned. The purpose of CCBHCs is to improve the behavioral health care system by using an interdisciplinary, team-based approach to provide a full array of services and supports that integrate physical health, mental health and substance use disorder services and coordinate care across a person's lifespan. To support this integrated approach and improve access to high-quality care for vulnerable individuals with complex needs, CCBHCs receive an enhanced Medicaid reimbursement rate that is based on the cost of expanding services.

Unlike CMHCs, CCBHCs must meet national standards for the delivery of specific services and must also provide integrated care and services to children. All six CCBHCs provide an array of mental health services to children, youth, and young adults in Oklahoma including outpatient

therapy services. CCBHCs and the opportunities they present to strengthen Oklahoma's continuum of mental health services for children, youth, and their families will be further discussed in a forthcoming paper addressing intensive home- and community-based services.

In FY 2021, more than 70,950 children and youth ages 6-17 received mental health services through ODMHSAS, and approximately 19,700 of those were identified as having a serious emotional disturbance. A comparison of ODMHSAS services to prevalence estimates suggest that during FY 2021, Oklahoma served 38% of the estimated 51,473 children and youth with SED. Oklahoma's network of CMHCs and CCBHCs provide a comprehensive array of evidence-based outpatient services and supports to meet the needs of the children, youth, and families accessing mental health services in Oklahoma. As required by statute, all CMHCs provide outpatient specialty care and psychiatric services. The EBPs utilized by providers vary. However, there is a core set of EBPs available to varying degrees across the state that includes many of those outlined in the ideal continuum of care. EBPs provided in Oklahoma include but are not limited to:

- Cognitive Behavioral Therapy (CBT)
- Trauma-informed Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Parent-Child Psychotherapy (PCP)
- Cognitive Processing Therapy (CPT)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)

PCIT is also available through ODMHSAS' Systems of Care continuum. We did not assess how these EBPs were implemented or to what level of fidelity. Depending on the provider, these services are delivered in the clinic, in schools, or via telehealth.

In addition to supporting the provision of clinic and school-based outpatient specialty care services, ODMHSAS is implementing a federal Substance Abuse and Mental Health Services Administration (SAMHSA)-funded disaster grant with 15 schools focused on creating a referral network and increasing the use of telehealth. The grant also focuses on building a school-based continuum of care and ensures that data are collected. ODMHSAS is working with the Oklahoma State Department of Education on MTSS as the model of this school-based implementation. A community provider is available to meet the needs identified, including the needs of teachers.

In addition to outpatient therapy services, CMHCs are required to provide psychiatric outpatient or medication management services. Despite providing a strong array of outpatient therapy and psychiatric services, Oklahoma's behavioral health workforce capacity places limits on the number of children and youth served. Oklahoma's behavioral health workforce is limited by shortages of psychiatrists and psychosocial behavioral health providers. The shortage of psychiatric providers is most severe in the state's non-metro areas. It is worse for children and

youth. Only six counties in Oklahoma have child and adolescent psychiatrists. More information on Oklahoma's behavioral health workforce shortage can be found [here](#).

Below is an overview of the services and supports provided by the CMHCs interviewed for this report.

Family & Children's Services¹⁶

Family & Children's Services was founded in 1921 and provides behavioral health services for children, families and adults to over 120,000 people in Tulsa. Family & Children's Services is the largest CMHC in Oklahoma and is a CCBHC. For children and youth with SED, the CCBHC approach provides wraparound services and mental health treatment that addresses behavioral, medical, social, and caregiver or family needs. Services include crisis services, SUD and mental health treatment, recovery-oriented medication adherence programs, services to bridge care from inpatient to outpatient services, intensive case management, and primary care coordination.

Family & Children's Services offers EBPs to address child abuse and trauma, and comprehensive home-based services for parents at risk of child abuse and neglect. Counseling services are offered to address a wide range of needs and in a variety of settings. Social and coping skills are offered to children and youth, and tools are offered to parents and caregivers to promote positive parenting. Psychiatric assessment, evaluation, and medication management are provided. Crisis services to stabilize a psychiatric crisis are available through Community Outreach Psychiatric Emergency Services (COPEs for Kids), which provides telephonic and mobile crisis services. Systems of Care offer wraparound services to youth and families. The NAVIGATE treatment program provides early intervention psychosis treatment for 16- to 30-year-olds who have had symptoms for less than two years.

Family & Children's Services offers classes to help community members learn strategies, skills, and techniques to improve parenting and relationships. Emotional support groups are available virtually to accommodate COVID-19 restrictions. Core services for children and youth with SED include comprehensive care management, care coordination, health promotion, comprehensive traditional care services, family support services, and referrals to social support services. Moderate and high Health Home service models provide different levels of support and number of interventions based on client needs. Treatment planning is completed through a wraparound approach.

Grand Lake Mental Health Center

Grand Lake provides mental services to approximately 4,500 children and youth in a 12-county area in Oklahoma. Grand Lake provides services in every district and school in their service region. Grand Lake provides an array of school and home- and community-based services including outpatient specialty care and school-based behavioral health services. All Grand Lake therapists

are trained in TF-CBT and PCIT. They also have therapists trained in Child-Parent Psychotherapy (CPP) and Applied Behavior Analysis (ABA). Grand Lake describes themselves as very community oriented. They have community teams and participate in school monthly multidisciplinary teams. Grand Lake has approximately 75 behavioral health coaches embedded in the schools to work with students and teachers on structure and routine. The behavioral health coach services are funded through their CCBHC model. They also partner with the Oklahoma State Department of Education and seven school districts to implement two SAMHSA-funded Project AWARE (Advancing Wellness and Resiliency in Education) grants. In addition to outpatient specialty care and behavioral health services, Grand Lake provides mobile crisis and stabilization services to children and youth through ODMHSAS and the Oklahoma Department of Human Services (OKDHS) child welfare, and they provide integrated pediatric and mental health care as a CCBHC.¹⁷

NorthCare

NorthCare provides integrated behavioral health services to Oklahomans of all ages in Oklahoma and Logan counties. For children and youth with mental health challenges and their families, they provide parenting classes, family therapy, wraparound services, and Systems of Care supports, home- and community-based services, child psychiatric services, and mobile crisis supports. For older youth and young adults, NorthCare provides transition-age youth services and integrated physical and mental health care management. The outpatient specialty care EBPs provided by NorthCare include Dialectical Behavior Therapy, Trauma Recovery Models, Parent-Child Interactional Therapy, and Attachment Therapies. NorthCare reported that its biggest barrier to implementing services is the lack of psychiatrists.¹⁸ NorthCare also works with OKDHS child welfare to provide comprehensive home-based services and intensive safety services, as well as other prevention and treatment interventions to support families involved in the child welfare system.¹⁹

Red Rock Behavioral Health Services²⁰

Red Rock Behavioral Health Services began providing services in 1974 as the Parent Child Development Center founded by the Oklahoma Mental Health Council with a \$50,000 budget. It was the first comprehensive Community Mental Health Center (CMHC) in Oklahoma and is a CCBHC. Red Rock Behavioral Health Services provides a virtual outpatient (VOP) clinic which offers mental health, substance use, and co-occurring disorder treatment including individual, group and family counseling, case management, screening and referral services, rehabilitation services, peer support services, and emergency services.

They offer child outpatient services at their Red Rock Planet Rock program in Oklahoma City where they provide coping skills and trauma services in a trauma-informed environment. All of their outpatient offices offer services for children and adults. Systems of Care and wraparound services are provided at all locations. Red Rock Behavioral Health Services offers an early

intervention and treatment of first episode psychosis NAVIGATE program for youth and young adults ages 16 to 30.

Virtual and mobile services are available to address crises 24 hours a day, seven days a week. The service is meant to stabilize and deescalate persons experiencing crises and maintain them in the community. Licensed mental health professionals (LMHPs) are available to assess individuals and determine if short-term crisis stabilization is needed. A Children's Crisis Stabilization Unit serves children and youth ages 10 to 17.

Other Outpatient Providers

Child Guidance Program

The Child Guidance Program is a public health program that operates through county health departments. In addition to the early childhood consultation and warmline services described in an [earlier report](#), the program provides behavioral health services to address the mental health needs of children up to the age of 13. The program provides early identification of psychological, social and emotional, or behavioral issues in children; psychoeducational and prevention services; education and consultation to parents and professionals on ways to promote psychosocial development; psychosocial screenings and evaluations; counseling services or referrals for long-term counseling needs; and collaboration with community agencies to provide them training and support in addressing families' parenting needs. Services are covered under Sooner Care or through a sliding fee scale based on income and number of family members.

Oklahoma Association of Youth Serving Agencies

Agency members of the Oklahoma Association of Youth Services (OAYS) are committed to improving the overall health and well-being of Oklahoma children and families. OAYS' 39 youth-serving agencies provide an array of outpatient services at little or no cost to children and youth and their families in need of mental health services and supports who are un- or under-insured. OAYS agencies also provide 24-hour emergency support services, substance use services, first-time offender program services, shelter services, emergency foster care, parenting classes, and home visiting programs. While they have contracts to provide services to youth served by the Oklahoma Office of Juvenile Affairs (OJA), they do not provide services exclusively to youth served by OJA.²¹

Private Providers

Oklahoma's private mental health providers also play a critical role in serving children. Private providers serve children enrolled in SoonerCare as well as those enrolled in commercial insurance plans through their caregivers. SoonerCare utilization data suggests that the evidence-based practices delivered in private outpatient settings are like those delivered by the CMHCs and CCBHCs. A well-trained provider implementing a set of effective evidence-based practices can meet the mental health needs of many children and youth. However, for some children and youth

with complex or severe mental health needs, outpatient specialty care delivered by a private provider is not enough. Private providers face additional struggles, like maintaining individual relationships with SoonerCare and commercial insurance, securing reimbursement for the services they provide, and needing increased reimbursement rates to continue serving this population. The services provided to children on commercial insurance plans are more difficult to track because data is not stored in a single repository. These providers work in a variety of settings across Oklahoma.

Considerations and Opportunities

Evidence-based outpatient specialty care and psychiatric services are available through CMHCs, CCBHCs, school-based mental health providers, private providers, and other community-based physical and mental health organizations in Oklahoma. These individuals and organizations provide an array of evidence-based therapeutic services that meet the varying needs of children, youth, and young adults, as well as their families. Outpatient specialty care in Oklahoma is provided in clinics, schools, and via telehealth. Oklahoma's strong array of outpatient therapy services increases the likelihood that a child or youth in need of mental health care will have access to outpatient specialty care. Unfortunately, the strength of this component does offset the consequences resulting from a lack of intensive home- and community-based services and a fragmented crisis continuum of care.

Considerations

- **Workforce shortages** – Oklahoma's capacity to provide specialty care services, specifically psychiatric outpatient services, is limited by a shortage of mental health professionals. This shortage is most pronounced for child and adolescent psychiatrists.
- **Mental health parity** – Mental health parity is the requirement that mental health services are provided in the same manner as physical health or surgical services. Lack of mental health parity impacts children, youth, and families' access to outpatient specialty care when and where they need it, including an inadequate network of private providers who should serve children across the state. This network inadequacy results in longer wait times for appointments or even a lack of accessible appointments for those with transportation challenges.
- **Access to intensive home- and community-based care** - Although Oklahoma is lucky to have robust outpatient services, these services do not meet the mental health needs of all of Oklahoma's children and youth. A robust array of services and supports is necessary to meet the varying needs of all children and youth, not just those with low to moderate levels of need. Simply increasing the number of available outpatient service providers will not meet the needs of children and youth with the highest needs. Additional investment in other areas of the continuum are necessary to adequately serve the entire population. Outpatient services create pathways to refer children and youth to other levels of care.

These pathways should be clear and accessible for providers in the public and private systems. These smooth transitions help families navigate an otherwise complicated system.

Opportunities

- **Home- and community-based services capacity** - The statewide adoption of the CCBHC model in Oklahoma’s CMHCs allows them to revamp children’s mental health service delivery, including increasing their capacity to deliver an array of home- and community-based services and supports. The availability of outpatient therapy services and the absence of intensive home and community services and crisis stabilization suggests that children and youth receive a sufficient amount of mental health outpatient therapy, but have little access to evidence-based practices that target skills building or address more complex mental health needs. These supports include case management, skills training, and intensive home- and community-based supports. Many of these services and supports can be delivered by bachelor’s- and master’s-level care provider under the supervision of a licensed mental health professional. There is a great deal of need for workers at this level, but licensed professional counselors, though plentiful, are unlikely to take these jobs, as the wages will be much lower than they would be for master’s-level clinician jobs.
- **Multi-tiered system of supports** – Broaden the use of multi-tiered system of supports (MTSS) and the Interconnected Systems Framework (ISF) in Oklahoma’s school districts, better linking schools and community mental health providers together within a mutually accountable system that can ensure positive outcomes and the effective use of resources. MTSS offers a framework for integrating students, schools, families, and community mental health providers to meet student needs in the right time, in the right place, and delivered by the right person. Within the MTSS framework, offer school-based telehealth services to students in need of mental health services and supports to increase access, especially in rural areas and areas with limited numbers of providers.

³ Substance Abuse and Mental Health Services Administration. (n.d.) *Substate estimates of substance use and mental illness from the 2016–2018 NSDUH: Results and detailed tables*. <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

⁴ Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, 21(3), 169–184. <https://doi.org/10.1002/mpr.1359>

⁵ Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012).

⁶ Center for Behavioral Health Statistics and Quality. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55)*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/>

⁷ Kirkbride, J. B., Hameed, Y., Ankireddypalli, G., Ioannidis, K., Crane, C. M., Nasir, M., Kabacs, N., Metastasio, A., Jenkins, O., Espandian, A., Spyridi, S., Ralevic, D., Siddabattuni, S., Walden, B., Adeoye, A., Perez, J., & Jones, P. B. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the social epidemiology of psychoses in East Anglia study. *American Journal of Psychiatry*, 174(2), 143–153. <https://doi.org/10.1176/appi.ajp.2016.16010103>

⁸ Kessler, R. C., Avenevoli, S., Costello, E. J., Georgiades, K., Green, J. G., Gruber, M. J., He, J.-P., Koretz, D., McLaughlin, K. A., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Merikangas, K. R. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 372–380. <https://doi.org/10.1001/archgenpsychiatry.2011.160>; Kessler, R. C., Avenevoli, S., Costello, J., Green, J. G., Gruber, M. J., McLaughlin, K. A., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Merikangas, K. R. (2012). Severity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 381–389. <https://doi.org/10.1001/archgenpsychiatry.2011.1603>; and Holzer, C., Nguyen, H., & Holzer, J. (2016). *Texas county-level estimates of the prevalence of severe mental health need in 2016*. Meadows Mental Health Policy Institute.

⁹ Centers for Disease Control and Prevention. (2021, August 29). *High school YRBS: Oklahoma 2019 results*. <https://nccd.cdc.gov/youthonline/app/Results.aspx?TT=C&OUT=0&SID=HS&QID=H28&LID=OK&YID=2019&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=2&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC>

¹⁰ 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.

¹¹ Oklahoma Department of Mental Health and Substance Abuse Services. (n.d.) *Oklahoma Prevention Needs Assessment Survey 2019-2020: Results for the State of Oklahoma*.

¹² Kindig, D., & Stoddart, G. (2003, March). Models for population health. *American Journal of Public Health* 93, 3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/pdf/0930380.pdf>

¹³ Oklahoma Department of Mental Health and Substance Abuse (2020). *Agency Overview*. <https://oklahoma.gov/odmhas/treatment/children-youth-and-family-services/systems-of-care/wraparound-and-coordinated-services.html>

¹⁴ Oklahoma Department of Mental Health and Substance Abuse (2020, October). *Community mental health centers (CMHC)*.

¹⁵ Oklahoma Department of Mental Health and Substance Abuse Services (2021, September 15). *Title 450, Chapter 17. Standards and criteria for community mental health centers*. <https://oklahoma.gov/content/dam/ok/en/odmhas/documents/policy/provider-certification/administrative-rules/2021/Chapter%2017%20Final%20effective%209-15-21.pdf>

¹⁶ Family & Children’s Services. <https://www.fcsok.org>

¹⁷ Information provided during a key informant interview with Kim Hall, Clinical Director and Jeff Harlin, Chief Clinical Officer, Grand Lake on January 7, 2021.

¹⁸ Information provided during a key Informant interview with Dr. Peter Kowalski, Chief Medical Officer, NorthCare on April 2, 2021.

¹⁹ NorthCare (2020). *Child, youth, and families*. <https://www.northcare.com/index.php/child/#1605216246-1-83>

²⁰ Red Rock Behavioral Health Services. <https://www.red-rock.com>

²¹ Oklahoma Association of Youth Services (n.d.). <https://www.oays.org>