



## The State Children's Mental Health in Oklahoma: Bridging Treatment and Community

Rising to the demand of a post-COVID era

*Already increasing before 2020, the number of children and youth struggling with poor mental health in Oklahoma surged during and after the pandemic. Stressors unique to COVID-19 – 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 consequently intensified the youth mental health crisis. This increased need has exposed gaps in Oklahoma's mental health continuum of care, as more children and youth are placed in restrictive settings such as emergency rooms, and inpatient and residential facilities.*

*This paper explores the mental health needs of the children and youth in three key child-serving systems: child welfare, juvenile justice, and primary care. It highlights the prevention and intervention strategies each system uses to meet these needs and discusses the benefits of connecting these systems to the broader system of care in Oklahoma. Enhanced coordination between child welfare, juvenile justice, primary care, and mental health would strengthen the continuum of behavioral health services and supports available to Oklahoma's children and youth and their families. Ultimately, improved cooperation between these systems will strengthen the broader ecosystem in which children and youth may receive care.*

*This is part five of Healthy Minds' research series exploring how Oklahoma can recover from a growing children's mental health crisis in the wake of the pandemic. For other installments in this series, visit [healthymindspolicy.org/children](https://healthymindspolicy.org/children).*

### Key Takeaways

- **Lasting outcomes require removing siloes.** Effectively connecting treatment with the broader array of community services available to children decreases school dropouts, juvenile arrests, and inappropriate inpatient hospitalizations — promising cost savings of up to 57%, according to recent research.
- **Children and families use multiple systems during a mental health struggle.** The mental health treatment system must coordinate with child welfare, juvenile justice, and pediatric behavioral health systems.
- **Oklahoma has a good record and a better opportunity.** Oklahoma is recognized for its work building cross-system collaboration. The state could see additional benefits by further developing a cross-system strategy to address the behavioral health needs of infants, children, youth, and families.

## Background: Breaking Siloes, Connecting Systems

No single child-serving system has sufficient capacity to meet the mental health needs of all children and youth who are at risk for or struggling with a mental health challenge, especially those with more complex needs.<sup>1</sup> Many of these children and youth are involved in more than one system, and efforts to meet their needs are often non-existent, insufficient, or uncoordinated. Children and youth involved in multiple systems would be better served by collaboration between individual systems such as child welfare, juvenile justice, primary health care and mental. Goals of a collaboration may include:

- Improve identification of the mental health needs of children served
- Ensure the child receives appropriate services at the appropriate provider
- Make care accessible and seamless for the child and family by blending or sharing staff, resources, data, and protocols

When child-serving systems collaborate, there is less duplication of services, treatment is more effective, funding and programmatic resources are maximized, responsibility for outcomes is shared, and the system can speak with a unified voice for the needs of children, youth, and families.<sup>2</sup> A well-connected, coordinated inter-agency collaboration provides children, youth, and families the services they need, when and where they need them. When these collaborations adhere to core values and guiding principles and are anchored in the needs of the communities they serve, they have been found to improve the lives of children and youth and their families.

An overview of desired outcomes is provided in the table below.<sup>3,4</sup>

### Collaboration Outcomes

#### Children and Youth

- Decrease behavioral and emotional problems, suicide rates, and substance use
- Improved stability in situations including fewer out-of-home placements and fewer placement changes
- Improved school attendance, increased grades, and decreased school failure
- Decreased emergency room visits and inpatient psychiatric stays
- Decreased residential treatment stays
- Decreased arrests and juvenile justice involvement

### **Families**

- Increased ability to handle their child’s challenging behaviors
- Improved family functioning and problem-solving skills
- Reduced caregiver strain
- Increased ability to work and fewer missed days of work
- Increased family and youth involvement in services

### **Services**

- Increased access to a broad array of home- and community-based services
- Improved care coordination
- Increased use of evidence-based and practice-informed services
- Increased family-driven, youth-guided services
- Increased cultural and linguistic competence
- Increased cross-system collaboration

In addition to positive outcomes, successful collaborations can decrease the per-child costs of delivering care. A national evaluation of the Children’s Mental Health Initiative found that such collaborations can decrease the average cost per child of inpatient care by 42%, the average cost per child of emergency room services by 57%, and the average cost per child for arrests by 39%. A comparison of the dropout rate of the children and youth enrolled in system of care (8.6%) to the national average (20%), shows an estimated cost savings of \$380 million dollars.<sup>5</sup>

### **The Oklahoma Landscape**

Oklahoma has achieved national recognition for its system of care inter-agency collaboration, most notably establishing statewide mobile crisis response.<sup>6,7</sup> Oklahoma officially established The Partnership for Infant’s, Children’s, Youth’s, and Young Adult’s Mental, Emotional, and Behavioral Health (The Partnership), a state-level cross-agency network in 2004. The Partnership’s purpose was “to establish a unified and integrated system of care for all of Oklahoma’s infants, children, youth, and young adults with, or at risk of, mental, emotional, and behavioral disorders.”<sup>8</sup> The directors of Oklahoma’s eight child-serving agencies, the Oklahoma Family Network, and the National Alliance on Mental Illness lead the state’s system of care. The State Advisory Team ensures the system of care values and principles are upheld and guides the development of a broad continuum of services.<sup>9</sup>

A review of the mental health, child welfare, juvenile justice, and primary care systems in Oklahoma reveals several strong, system-specific, and cross-system efforts to address the behavioral health needs of children, youth, and families in Oklahoma. If coordinated across child-serving systems, these efforts could strengthen Oklahoma's current system of care and continuum of mental health services and supports. An overview of select efforts and opportunities is outlined below.

- **Oklahoma Department of Mental Health and Substance Abuse Services' (ODMHSAS) cross-system collaboration**

ODMHSAS has developed and sustained a system of care infrastructure across all eight child-serving agencies at state and regional levels and has system of care service networks in all counties in Oklahoma. The formal cross-system partnership established and sustained by The Partnership provides the foundation needed by Oklahoma's child-serving agencies to reassess and strengthen the current system of care for infants, children, and youth at risk for or experiencing a mental health challenge and their families. System improvement should capitalize on opportunities presented by the Certified Community Behavioral Health Clinic (CCBHC) model, the Family First Prevention Services Act, and state financial investments.

- **Oklahoma Department of Human Services' (OKDHS) Title IV-E Family First Prevention Program Plan**

The Oklahoma Department of Human Services has a long history of partnering with ODMHSAS to provide mental health services and supports to children and youth in foster care. OKDHS' Title IV-E Prevention Program Plan requests Title IV-E funding to support and strengthen the system's capacity to provide intensive home- and community-based services to prevent child abuse and neglect. The state's Title IV-E plan identifies increased partnerships as a strategy to strength and align the workforce, increase community capacity, and attain better outcomes for children, youth, and families. The plan presents a cross-system coordination diagram and establishes an external steering committee to provide a mechanism for cross-system collaboration. The plan also includes a matrix of Oklahoma services.

- **Oklahoma Office of Juvenile Affairs' (OJA) Functional Family Therapy capacity-building initiative**

OJA is using \$2 million dollars allocated by the Oklahoma Medical Marijuana Authority to build local providers' capacity to deliver Functional Family Therapy to youth involved in the juvenile justice system and their families. These funds increase communities' capacity to provide intensive home and community-based services to youth with behavioral health challenges.

- **Integrated Pediatric Primary Care**

The Oklahoma Child and Adolescent Child Psychiatry Mental Health Access Network (OKCAPMAP) provides the state-level infrastructure to increase primary care providers' ability to treat children and youth at risk for or experiencing a mild to moderate mental illness. OKCAPMAP builds primary care capacity to deliver mental health services, increasing access to specialty behavioral health care for children and youth with more complex or severe needs.

## Mental Health and Child Welfare

A significant number of children and youth involved with the child welfare system have mental health needs, and many of these needs go unmet. National studies indicate that nearly half (48%) of the children and youth with a completed child welfare investigation, and as many as 80% of children and youth in foster care, have emotional and/or behavioral problems.<sup>10,11,12</sup> Further estimates on the number of children and youth who need services but are not receiving them mirror that of the general population (60-80%).<sup>13</sup> However, because the prevalence of mental health issues is 2.5 times greater in the child welfare population, the magnitude of the problem is far greater.<sup>14</sup>

### Oklahoma Department of Human Services






The purpose of OKDHS' Child Welfare Services (CWS) is to collaborate with families and the community to improve the safety, permanence, and well-being of the children and families in their care.

Child Protective Services (CPS) identifies, prevents, and treats child abuse and neglect.<sup>15</sup> CPS provides interventions through DHS or the community to keep children safe and to help families decrease factors that put them at risk for abuse and neglect. CPS is funded by state dollars and federal funds from Titles IV-B and IV-E of the Social Security Act, Medicaid, and Temporary Assistance to Needy Families (TANF).

#### DHS Child Welfare Services

- Adoption services
- Child protective services
- Criminal history background checks
- Family-centered services
- Fingerprinting
- Foster care
- Oklahoma children's services
- Oklahoma Successful Adulthood Program
- Permanency planning
- Respite application
- Social Security benefits for custody children

## Child Protective Services Fiscal Year 2021<sup>1</sup> Statistics<sup>16, 17</sup>

|   |  |   |  |
|---|--|---|--|
|  | <b>76,546</b> reports of abuse and/or neglect  |  | <b>35,456</b> investigations for 62,326 children resulted in an investigation <sup>1</sup> |
|  | <b>14,466</b> children had a substantiated case  |  | <b>8,099</b> children and youth were placed in an out-of-home placement                    |
|  | <b>1896</b> children were reunited with their families, <b>1,353</b> were adopted, and legal guardianship was established for <b>301</b> |   |  |

Family-Centered Services (FCSs) are designed to preserve and strengthen a parent's abilities to keep their child safe. Through access to assessment, referral, and community-based prevention and intervention services, FCSs allow a child who has been found to be unsafe or whose safety is threatened to remain safely with their family and in the community. Most families in FCS receive Oklahoma Children's Services (OCSs). OCSs are provided by CWS-contracted community-based providers and are tailored to meet the safety and wellbeing needs of the child, parent, or caregiver.

Four evidence-based or promising in-home parenting skills-based programs are being used: SafeCare, Intercept, Intensive Safety Services, and Family KINnections. Oklahoma's Family First Title IV-E Prevention Program seeks funding prevention funds for SafeCare and Intercept.<sup>18</sup>

- **SafeCare** is for families with children birth to age 12 who are struggling with multiple problems that put them at high risk for involvement with the child welfare system. SafeCare addresses home safety and cleanliness, child medical care, and parent interactions.
- **Intercept** is an intensive in-home parenting skills program for children and youth aged birth to 18 who have emotional and behavioral problems or who are at risk for abuse and neglect. Family intervention specialists work under the supervision of a licensed mental health provider to address issues affecting family stability. Services last from 4 to 6 months.
- **Intensive Safety Services (ISS)** serves families with children birth to age 12 with a high risk of removal. ISS is provided by licensed behavioral health professionals in the home three to five times a week for eight to 10 hours over four to six weeks. Once ISS is complete, home and community-based services are available for up to six months as stepdown services.
- **Family KINnections** provides home-based care coordination services to increase the stability and permanency of the kinship foster care placements, increase connections and

<sup>1</sup> Oklahoma's state fiscal year runs from July 1 through June 30.

access to community resources, and ensure caregivers are supported to provide a safe, nurturing home for their children.

Foster care provides 24-hour-a-day substitute care in a home environment for children from birth to 17 years old whose safety cannot be maintained in their own home and who are in the care and custody of CWS. Foster or resource parents under a contract with DHS or a child-placing agency provide care, supervision, guidance, and parenting to children and youth. CWS provides five levels of foster care:

- **Traditional foster care.** Care for a child provided in the home of a resource parent who does not have a kinship relationship to the child.
- **Kinship foster care.** Care for a child by a relative, stepparent, or other responsible adult who has a bond with the child or relationship with the family.
- **Enhanced foster care.** Traditional or kinship placement in which the family receives additional child-specific training to support a child who is transitioning from congregate care, acute care, residential treatment, or shelter care.
- **Therapeutic foster care.** Services provided in a specialized foster care setting for a child who has psychological, behavioral, social, and emotional needs and requires more intensive services than provided in traditional foster care.
- **Intensive treatment family care.** A program for children with special psychological, social, emotional needs or intellectual and developmental disabilities requiring more intensive treatment than traditional foster care and a therapeutic foster care setting.

As a department, OKDHS focuses on trauma awareness and on the importance of attachment. Interventions such as Parent Child Interaction Therapy and Trauma-Focused Cognitive Behavioral Therapy are offered to children and families. Substance abuse, parenting, and domestic violence intervention are some of the services offered to caregivers. The department contracts with Youth Villages for intensive community-based services for families going through reunification.

### **Child Welfare Cross-System Collaboration**

In 2015, Oklahoma was accepted by the National Center for Evidence-Based Practice in Child Welfare as a **Partnering for Success** implementation site. These sites bring together mental health and child welfare providers to deliver evidence-based practices and to enhance case coordination and communication in the Tulsa region. Partner for Success promotes collaboration between child welfare and mental health providers by building system capacity at multiple levels through interagency training, screening and linkage to mental health resources, implementation of evidence-based practices, data sharing, and communication.<sup>19</sup> Agencies involved in the partnership include CREOKS, Grand Mental Health, Family and Children's Services, and ODMHSAS.

**Therapeutic or Enhanced Foster Care** offers enhanced structure, patience, and understanding of individual needs in addition to arranged respite care, medical insurance for children, counseling, trauma-informed training, supportive resources, and 24/7 crisis response. Five agencies support the program, along with OKDHS.<sup>20</sup>

**The Oklahoma Pediatric Psychotropic Medication Resource Guide** was developed by Oklahoma State University Center for Health Sciences in collaboration with the University of Oklahoma Health Sciences Center, Oklahoma Health Care Authority, and Oklahoma Human Services. The guide is a resource for front-line clinicians to address the overmedication of children and youth in the child welfare population.

**Intensive Safety Services (ISS)**, an OKDHS waiver demonstration project, provides services for families with children from birth to age 12, when there is a higher removal risk. Services are provided by contracted master's-level licensed behavioral health professionals (or under supervision for licensure) in the home three to five times a week, eight to 10 hours per week for four to six weeks. Home- and community-based services are available for up to six months as step-down services after ISS services are completed. The project was implemented between July 2015 through January 2019 and resulted in 767 of 934 children being maintained with families.

<sup>21</sup>

The Center on Child Abuse and Neglect (CCAN) at the University of Oklahoma College of Medicine partnered with OKDHS to develop a **child behavioral health screener** for children in state custody. The screener assesses for trauma in children from birth to age 17. The assessment is designed for prevention, early intervention, and treatment of behavioral and mental health difficulties. OKDHS is using the screener with children in group homes and shelter care.<sup>22</sup>

The **OKDHS Title IV-E Prevention Program Plan** seeks federal approval for two evidence-based practices: SafeCare and Intercept ODMHSAS, System of Care (ODMHAS), SafeCare, and Intercept are included in the tertiary prevention component of the current Oklahoma Child Abuse Prevention Network. The state's prevention program plan indicates that OKDHS will continue to collaborate and coordinate with ODMHSAS and other state partners to transition the current service array to an integrated prevention continuum and child and family well-being network. The Oklahoma Service Array Matrix included in the prevention program plan lists an array of additional evidence-based services that fall within the Title IV-E Prevention Program and could be included in the proposed continuum.

### **The Benefits to Child Welfare**<sup>23, 24</sup>

The children and youth in the child welfare system and their families are faced with a complex array of challenges. The child welfare system alone is ill equipped to meet these needs without



collaborating in meaningful ways with other key child-serving systems to build an array of evidence-based and evidence-informed treatments that aim at improving the functioning of children and youth. The benefits to child welfare of a well-coordinated, collaborative system of care include:

- Reduced risk of out-of-home placements
- Decreased recurrence of child abuse and neglect
- Improved screening, assessment, and treatment planning for cross-system youth with complex mental health programs
- Decreased mental health crisis and placement disruptions leading to improvements in permanency

## Mental Health and Juvenile Justice

The majority of youth (70%) in the juvenile justice system have a mental health disorder, and slightly more than 60% of these youth struggle with a co-occurring substance use disorder.<sup>25</sup> Estimates suggest that at least one-quarter of all youth in the juvenile justice system require significant and immediate treatment for a severe mental illness.<sup>26</sup> For many of these youth, their mental health and substance use issues are further exacerbated by histories of trauma and victimization, suicidality, self-injury, and physical health problems associated with risky sexual activity.<sup>27</sup> In addition to emotional, behavioral, and physical health problems, youth in the juvenile justice system have substantially poorer cognitive functioning when compared with the general population.<sup>28</sup> The complex and co-occurring nature of these challenges has resulted in youth in juvenile justice interacting with multiple child-serving systems, including school-based, mental health, child welfare, substance use, and health services.

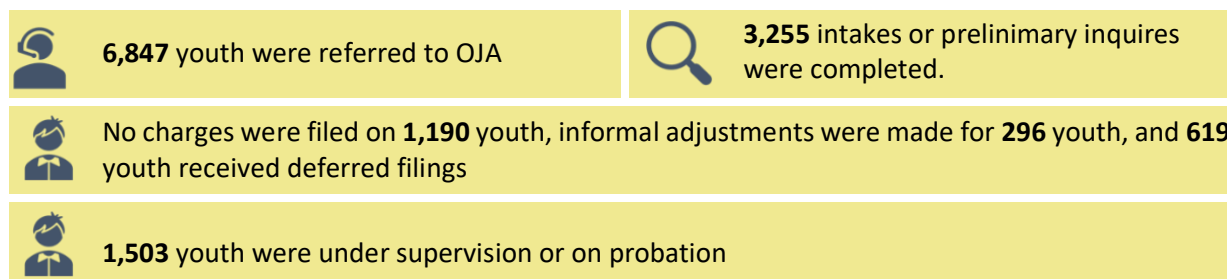
### **Oklahoma Office of Juvenile Affairs**<sup>29,30</sup>

The Oklahoma Office of Juvenile Affairs (OJA) provides intake and probation services for Oklahoma's 73 non-metro counties. Oklahoma, Tulsa, Comanche, and Canadian counties' Juvenile Bureaus provide intake and probation services for their respective counties. OJA provides custody and parole services for all of Oklahoma's 77 counties. OJA also sets standards for prevention and system improvement and monitors and supports quality community-based prevention, treatment, and reintegration services for youth.

The OJA's Juvenile Service Division, Juvenile Service Unit (JSU) and Field Operations provide intake, assessment, treatment planning, probation and parole, supervision, and reintegration services to youth in Oklahoma's 73 non-metropolitan areas. Juvenile Bureaus provide intake, assessment, and treatment planning services for the four largest counties in the state. The JSU

provides probation and parole, supervision, and reintegration services for the four Juvenile Bureaus. There are seven JSU districts in the state.<sup>31</sup>

### Juvenile Service Division, Juvenile Service Unit Intake and Probation Services Statistics (Calendar Year 2021)<sup>32, 33</sup>



Youth served by OJA often present with adverse childhood experiences, chronic stress, trauma, unmet mental health needs, and externalizing behaviors. Parental involvement is often limited or lacking. Access to the right services and evidence-based practices is not sufficient. There are limited providers of Multisystemic Therapy and Functional Family Therapy (FFT) in the state. Medication providers are also limited, and services in rural areas are especially lacking.

#### OJA/JSU custody and parole services

OJA contracts with county commissioners for 11 juvenile detention centers that serve youth across the state.<sup>34</sup> The secure detention centers serve males and females after they are arrested, during the court process, and while awaiting OJA placement. In 2021, 1,967 youth were held in detention, and 504 youth were in OJA custody. 192 youth were charged as youthful offenders. Almost 9 of 10 were male, and more than half identified as Black.

Oklahoma has two OJA residential rehabilitative treatment facilities with a total of 204 beds for youth who have been adjudicated as youthful offenders or delinquents.<sup>35, 36</sup> Central Oklahoma Juvenile Center (COJC) is a 144-bed secure care treatment facility in Tecumseh that provides care, guidance, discipline, education, rehabilitation, and reintegration for 14- to 19-year-old youth. The medium secure facility sits on 30 acres. Southwest Oklahoma Juvenile Center (SWOJC) is a 60-bed secure treatment facility in Manitou that provides services for males between the ages of 14 and 19.

OJA has 167 group home beds through 11 contracts and a highly specialized home for females with four beds.<sup>37, 38</sup> The highly structured environments provide therapeutic treatment, education, medical care, recreation, independent living, and social skills. Crisis intervention is available 24 hours a day. In 2021, 382 youth resided in a group home with an average length of stay of 156 days.

### Crisis intervention centers

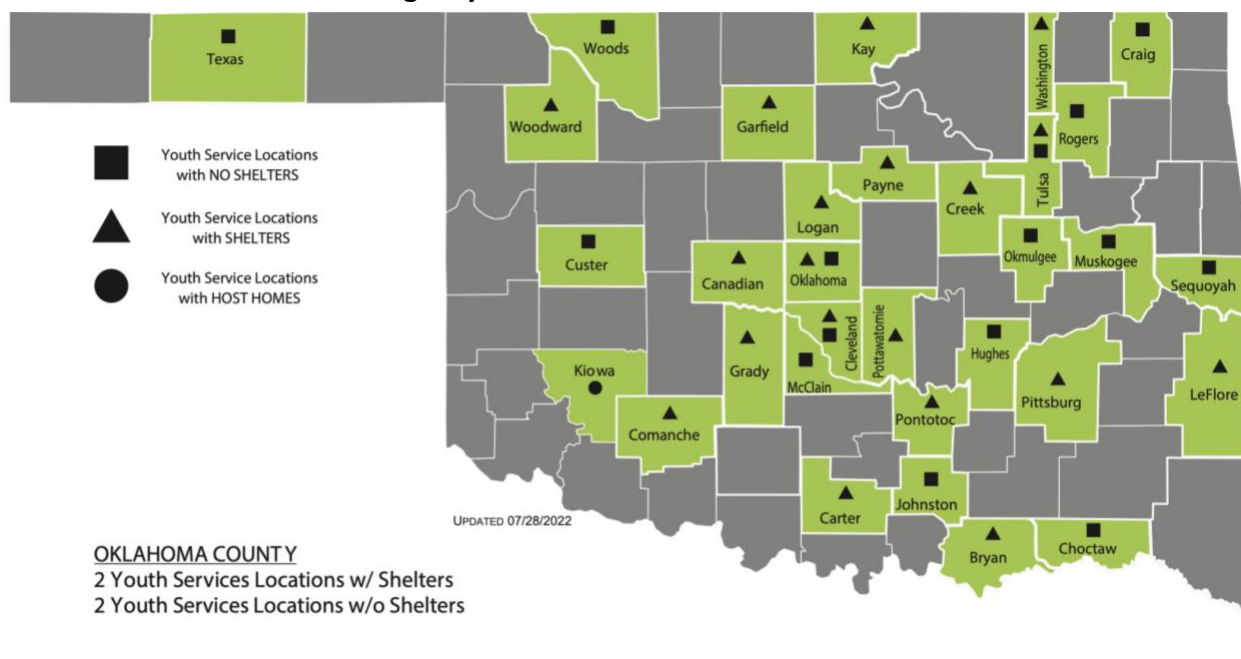
Oklahoma has five crisis intervention centers that are funded by municipalities that contract with but are not funded by OJA. They are located in Clinton, Enid, Muskogee, Oklahoma City, and Tulsa. These centers are open 24 hours a day, 7 days a week. They are short-term (24 hours maximum) secure holding facilities for youth in the custody of law enforcement for an alleged law violation when detention is not appropriate or unavailable.<sup>39</sup>

### Office of Standard for Prevention and System Improvement

OJA's Office of Standards for Prevention and System Improvement monitors and supports community-based youth services agencies (YSAs) with the goal of keeping youth in the community whenever possible. YSAs provide services at no or minimal cost to families. OJA contracts with 37 YSAs to provide five core services.<sup>40</sup>

In 2021, YSA delivered Botvin LifeSkills training to 46,535 youth,<sup>2</sup> a 14-hour first-time offender course to 1,327 at-risk children and youth and their parents, and evidence-based outpatient therapy services to 622 children. In addition to community-based services, 21 YSAs provided 39,722 nights of shelter care to children and youth from the community involved with OJA and in OKDHS custody. One YSA provided host home services. Although all YSAs have contracts to provide services to youth served by OJA, they do not provide services exclusively to OJA youth.

### Office of Juvenile Affairs Emergency Shelters<sup>41</sup>



<sup>2</sup> This count includes youth who may have received training more than once.

YSAs recognize a need for parenting and early parenting classes, substance use services, self-regulation training, and resources to help youth and parents reconnect. They also see complex trauma in the youth they serve that is challenging to address. The YSAs contend with limited placements and places for youth to go, especially youth who have had child welfare involvement. Youth often stay in temporary shelters longer than typical lengths of stay. YSAs also cite intensive outpatient programs that can keep youth in the community as a need.

### **Intensive home- and community-based services**

To address the significant gap in intensive community-based services for youth involved in the juvenile justice system and their families, OJA solicited proposals from community-based providers to build their capacity to implement Functional Family Therapy (FFT).<sup>42</sup> FFT is an evidence-based, intensive community-based service that targets youth aged 11 to 18 who are at risk or experiencing significant problems with conduct and substance use and their families.

#### **FFT Agencies and Counties Served**

##### **Springs Eternal**

Oklahoma County

##### **CREOKS Mental Health Services**

Creek, Maye, Rogers, Tulsa, and Wagoner counties

##### **The Jetty Counseling Center**

Garvin, Murray, Pontotoc, Stephens, McLain, Pottowatomie, Bryan, Coal, Johnson, Lincoln, and Garfield counties

Three community-based providers – Springs Eternal, The Jetty Counseling Center, and CREOKS Mental Health Services – were selected to provide FFT services to OJA-involved youth in 27 counties. Oklahoma Medical Marijuana Authority funding is being used to support initial training and program startup costs for these three agencies.<sup>43</sup>

### **Effective Practices for Positive Interactions with Oklahoma Youth Project**

OJA is collaborating with law enforcement to train officers across the state on the Connecticut Model: Effective Police Interactions with Youth. Training topics include why youth do what they do, the unique needs of diverse youth, understanding biases and how they affect decision-making, and practical strategies for effectively communicating with youth.<sup>44</sup>

### **The Benefits to Juvenile Justice**

Youth with mental health needs are disproportionately represented in the juvenile justice system.<sup>45</sup> Many of the youth in the juvenile justice system are there because they need coordinated mental health treatment, not because they have committed a serious crime.<sup>46</sup> Negative outcomes associated with youth involved in the juvenile justice system who are placed in an out-of-home placement because of a mental health challenge or a juvenile correctional facility include a disruption to their development, exacerbated mental health symptoms, an increased likelihood of rearrest or continued system involvement, an increased cost to the system, and a high likelihood they will be involved in the adult system.<sup>47</sup> When the juvenile justice system is fully integrated into the system of care, states and communities have the opportunity to create and sustain more community-based mental health treatment options and to implement

effective diversion strategies, ultimately reducing out-of-home placements, reducing recidivism, and improving the mental health and well-being of youth.<sup>48,49</sup>

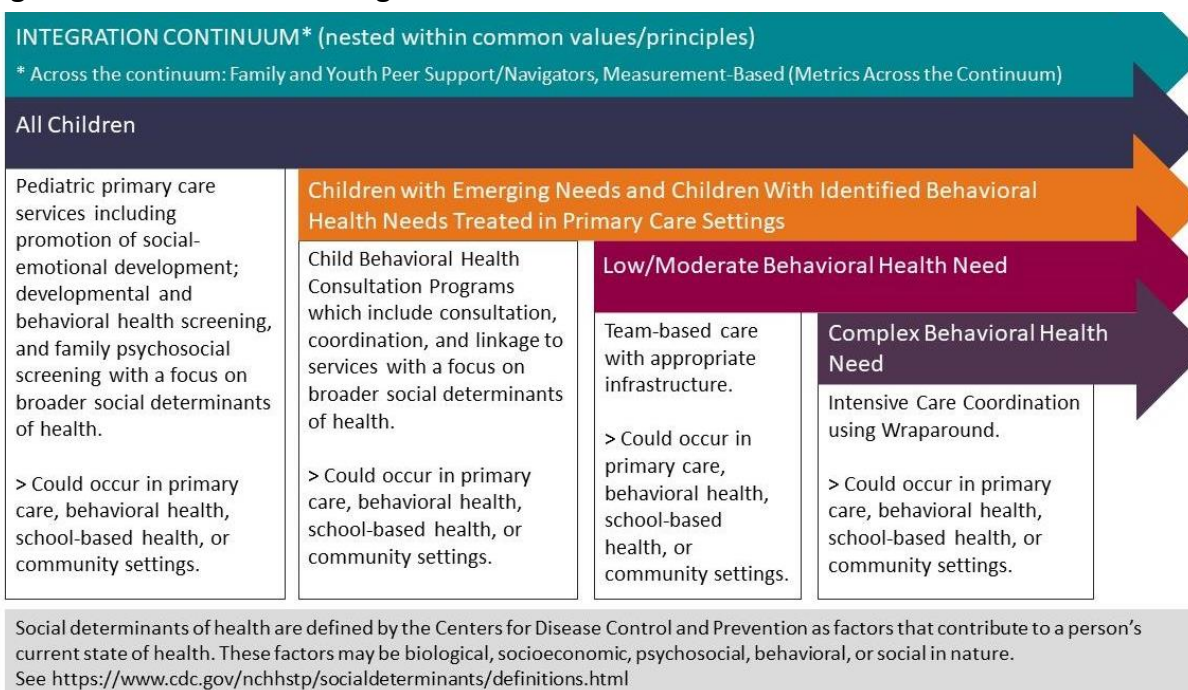
## Mental Health and Pediatric Primary Care

For many pediatricians, addressing the social, emotional, and mental health needs of infants, children, and youth has become a growing concern. More than 90% of children visited a primary care provider at least once in the last year.<sup>50</sup> National estimates suggest that approximately half of these visits involved behavioral, psychosocial, and/or educational concerns. Seventy-five percent of the children and youth seen in primary care have a diagnosed mental health condition, and pediatricians write 70-80% of the prescriptions for medications related to mental health conditions.<sup>51,52,53</sup> Pediatric primary care providers are well positioned to detect social and emotional problems early and can play a key role in promoting healthy social and emotional development, identifying emotional and behavioral problems, and coordinating or providing care. However, nearly two-thirds of pediatricians surveyed by the American Academy of Pediatrics indicated they lacked training in treating children with mental health disorders and 70% reported lack of time.<sup>54</sup>

The national Technical Assistance Network for Children's Behavioral Health convened a group of experts to delineate concepts and best-practices to inform a health and mental health care integration continuum that address the needs of children, youth, and young adults with behavioral health challenges.<sup>55</sup> The resulting model is designed from a public health/social determinants of health perspective and addresses the needs of children, youth, and young adults that spans from all children to those with the most complex mental health needs. The care integration continuum is rooted in the values and principles of system of care and includes the following components:

- Pediatric primary care, social and emotional development, screening
- Child behavioral health consultation programs and linkage to services
- Team-based care with appropriate infrastructure
- Intensive care coordination using wraparound

**Figure 1: SAMHSA’s Care Integration Continuum**



## Oklahoma’s Integrated Pediatric Primary Care

This section includes services and supports available to primary care providers in addressing the mild to moderate mental health needs of children and youth in Oklahoma. 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 Screening, Brief Intervention, and Referral to Treatment (SBIRT), ODMHSAS, in collaboration with the Oklahoma Primary Healthcare Improvement Cooperative, is enrolling primary care practices in the SBIRT OK Initiative. The initiative provides training, access to resources, materials, and coaching.<sup>56</sup> This initiative also promotes screening for anxiety and depression. SBIRT OK currently works with 20 practices that service adults and youth. ODMHSAS is also working with five practices to implement the “Do No Harm” opioid prescribing practices program and supporting 18 practices to provide overdose prevention services.<sup>57</sup> ODMHSAS should be supported to expand their SBIRT OK Initiative, including their work with the Oklahoma Primary Healthcare Improvement Cooperative — although most current sites are adult-facing primary care providers.

### Psychiatric consultation program<sup>58</sup>

The Oklahoma Health Care Authority provides primary care providers enrolled in SoonerCare with free, informal, telephonic consultations with psychiatrists regarding psychotropic medication management for children and youth under age 21. The service is also available to

judges and supervisors at OKDHS and OJA. The Oklahoma Healthy Care Authority notes that when providers have access to psychiatric consultation, there is a reduction in psychiatric hospitalizations, providers' knowledge and confidence in prescribing and managing psychiatric medication increases, medication compliance increases, and unappropriated use of psychiatric medications decreases.

### **Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP)<sup>59,60</sup>**

In June 2021, ODMHSAS, Healthy Minds Policy Initiative, and Oklahoma State University Psychiatry and Behavioral Health Services partnered to submit a five-year Health Resources & Services Administration (HRSA) grant to fund the development and implementation of a Child and Adolescent Psychiatric Access program in Oklahoma. ODMHSAS and OSU were notified in August 2021 that they were awarded five years of HRSA funding totaling \$2,724,632 with 21% financed by non-governmental sources. HRSA funding supports a year of planning prior to implementation. OKCAPMAP was officially launched in October 2022.

OKCAPMAP provides real-time pediatric psychiatry and mental health consultation, enhanced mental health education, and referral assistance to primary care providers in Oklahoma. The goal of OKCAPMAP is to maximize the number of primary care providers in Oklahoma who receive support to care for the mental health needs of infants, children, and youth in their care, link them to a network of mental health services and supports, and assist in minimizing barriers to accessing mental health care for pediatric patients.

Since its launch, OKCAPMAP has registered 129 providers from 99 pediatric primary care practices, and its licensed mental health professional and child and adolescent psychiatrist have provided 43 mental health and psychiatric consultation for 27 patients. OKCAPMAP has also developed and released several pediatric mental health education and training opportunities for registered providers. Providers can earn continuing medical education credits for participating.

### **Pediatric behavioral emotional health and infant mental Health ECHO (Extension for Community Healthcare Options)**

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 youth aged 0 to 18. The weekly pediatric behavioral emotional health 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. Weekly infant mental health sessions address topics such as the clinical importance of attachment, assessing infants and young children, development of infants and young children, and administration challenges of infant mental health.

### **Oklahoma Pediatric Psychotropic Medication Resource Guide<sup>61</sup>**

The guide is a collaboration between Oklahoma State University Center for Health Sciences, the University of Oklahoma Health Sciences Center, Oklahoma Health Care Authority, and Oklahoma Human Services. It provides pediatricians with up-to-date evidence-based interventions and information to support the accurate diagnosis and appropriate treatment of infants, children, and youth with mental health needs.

### **Comprehensive Primary Care Plus (CPC+)**

CPC+ is a Centers for Medicare and Medicaid Services primary care home model intended to strengthen primary care by transforming care delivery and payment structures.<sup>62</sup> The initiative ran between 2017 and 2021. The goal was to improve primary care quality, access, and efficiency. The model offered two practice tracks for providers with different delivery requirements and payment options. The public-private partnership provided additional financial resources to practices, giving them flexibility to make investments and improve patients' quality of care. Integris Health operates 15 Oklahoma-based clinics that serve children and adults through the CPC+ model. CPC+ functions include access and continuity, care management, comprehensiveness and coordination, patient and caregiver engagement, and planned care and population health.

### **Federally Qualified Health Centers**

Federally Qualified Health Centers (FQHCs) deliver comprehensive integrated primary health care to underserved communities.<sup>63</sup> These private, nonprofit providers may serve rural areas, people who are uninsured, low-income populations, and people with limited English proficiency. In 2020, Oklahoma had 21 FQHCs with 127 delivery sites.<sup>64</sup> In 2020, they served 80,817 children, and 134 full-time behavioral health specialists provided 263,940 behavioral health child and adult patient visits through FQHCs. 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.

### **Benefits of integrated pediatric primary care**

Integrated pediatric primary care recognizes the role pediatricians play in meeting social, emotional, and behavioral health needs. The goal of integrated care is to systematically coordinate primary care and behavioral health services to improve outcomes for infants, children, and youth at risk for or experiencing a social, emotional, or behavioral health challenge and their families. Integrated pediatric primary care has been demonstrated to have a positive impact.

A review of research on integrated care suggests that youth who are involved in integrated care are 66% more likely to have better outcomes than those who are provided primary pediatric care



as usual.<sup>65</sup> Evaluations of Project LAUNCH sites show that primary care and behavioral health integration can lead to better outcomes for infants and children, including increased screening for social, emotional, and mental health challenges; early referrals by pediatricians to specialty mental health providers; increased patient, family, and pediatrician satisfaction; and improved social-emotional functioning among children.<sup>66</sup> Additional benefits of integrating pediatric primary care into behavioral health and a well-coordinated system of mental health care include increased opportunities for children, youth, and families to build long-term relationships with primary care providers, increased access to specialty mental health providers, increased receptiveness of families to mental health treatment, and improved efficiency and outcomes for both physical and mental health.

### Opportunities Moving Forward

**Oklahoma could build a new statewide system of care strategic plan to address the behavioral health needs of infants, children, youth, and families based on a current needs assessment and an evolved resource landscape.** Oklahoma's nationally recognized system of care and the cross-agency model for collaboration and external steering community identified in Oklahoma's Title IV-E Prevention plan provide the infrastructure needed to develop and implement a cross-agency children's behavioral health strategic plan to strengthen and expand Oklahoma's continuum of behavioral health services and improves outcomes for infants, children, youth at risk for or experiencing a mental health challenge and their families. This foundation for collaboration and planning allows Oklahoma's child-serving agencies to capitalize on changes in the mental health, child welfare, juvenile justice and health system.

Current system-specific initiatives — if integrated cross-system — could help build and sustain state-level capacity to meet the needs of children and youth at risk for SED who are involved in multiple systems. These may also prevent children and youth from experiencing a serious mental health challenge or decrease the likelihood they would be involved in the juvenile justice or child welfare system. These initiatives include the following:

- **The Certified Community Behavioral Health Clinic (CCBHC)** model allows centers to use the perspective payment funding structure to develop and deliver intensive home and community-based services, including wraparound and mobile response and stabilization services.
- **Oklahoma's Family First Act Title IV-E plan** requests Title IV-E Prevention funding for home and community-based care, including the Intercept® model, which is an evidence-based intensive home and community-based service. The Title IV-E plan identifies Oklahoma's system of care as the foundation for their prevention and outlines a framework for cross-system collaboration.

- **The Oklahoma Department of Health Services and the Office of Juvenile Affairs (OJA)** are partnering to build the infrastructure needed to address substance abuse, delinquency, and family system challenges for youth involved in the juvenile justice system. OJA is using OKDHS medical marijuana funding to work with select community agencies to build and sustain their capacity to deliver Functional Family Therapy cross the state. OJA has selected three community-based providers to begin training and capacity building.
- **Oklahoma State University Psychiatry and Behavioral Health Services** is partnering with ODMHSAS to implement a Child and Adolescent Psychiatric Access Program in Oklahoma, **OKCAPMAP** (Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program). OKCAPMAP helps primary care providers care for children and youth with mild to moderate mental health challenges in their practices, freeing up mental health providers to address the needs of children and youth with more complex moderate to serious mental illness.

A statewide system of care strategic plan to address the behavioral health needs of infants, children, and youth in Oklahoma would identify strengths and gaps in the current children's behavioral health system, including gaps in behavioral health benefits; outline a coordinated approach to align resources, services, and funding across child-serving systems; and propose strategies to improve the delivery of behavioral health treatment. A cross-system, coordinated approach to meeting the behavioral health needs of infants, children, youth, and families could increase service capacity and access to care, improve the quality of the services delivered, and decrease competition for workforce. Alignment across Oklahoma's child-serving agencies is vital in ensuring that system-specific and limited cross-system initiatives do not compete in terms of workforce, quality and outcome measures, evidence-based practice adoption, and training and system infrastructure.

This approach to addressing the behavioral health needs of children and youth in Oklahoma aligns with the Legislative Office of Fiscal Transparency's recommendation to adopt a statewide coordinating council as a best practice for the delivery of behavioral health services. The recommendation identifies Texas' Statewide Behavioral Health Coordinating Council as an exemplar. The council comprises representatives from all state agencies that receive funds for behavioral health services. These council members collaborate to align resources and reduce duplication of services by developing and monitoring a five-year behavioral health strategic plan.<sup>67</sup> A five-year children's system of care strategic plan for Oklahoma will not address the needs of all individuals at risk for or struggling with a mental health challenge, but it would be a good interim step towards full system planning and integration.

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