What is Systems of Care

• Systems of Care is an organizational framework for providing supports for children, youth, and young adults with a serious emotional disturbance. Their families are also provided supports.

• The Systems of Care philosophy involves collaboration across agencies, families, children, youth, and young adults.

• Systems of Care improves access to and expands the array of coordinated supports for these families.
The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) collaborates with behavioral health providers across the state in providing services to children, youth, and young adults experiencing serious emotional disturbance. ODMHSAS supports, maintains, and grows local systems of care communities by providing leadership, vision, infrastructure, resources, accountability, training and technical assistance, and staff professional development. This structure requires the various service systems (e.g., mental health, juvenile justice, child welfare, schools) in each county to join together to provide coordinated care for families with children who have complex needs.
OKSOC Funding

ODMHSAS receives funding for Systems of Care through 4 sources:

• Federal Government
  • Grants
  • Medicaid
• State Legislature
• Contracts and Collaborations with Partnering Agencies
• Private Payment
How did we get here?
Oklahoma’s Goals

• Local Systems of Care statewide
• Wraparound statewide for all children and youth with complex mental health needs and their families
• Oklahoma Systems of Care as the catalyst for integration and change
• Improved outcomes for children, youth, young adults, and families
Oklahoma’s Heart

Core Values and Principles of Systems of Care

• Community Based
  • Services are offered in the family’s home community
  • Responsibility for decision-making is placed at the local community level

• Family Driven
  • Families have the priority decision-making role in the care of their children, as well as the policies and procedures governing care of all children in their community, state, tribe, and nation.

• Youth-and Young Adult-Guided
  • Youths and Young Adults are engaged as equal partners in creating systems change in policies and procedures at the individual, community, state, and national levels.

• Culturally and Linguistically Competent
  • Services and supports are tailored to the unique culture of the family.
When You’ve Seen One State…

Governor
- Less power than many states
- Presents an annual budget, negotiates with Legislature
- Appoints a Cabinet (also little power)
- Can veto legislation

State Agencies
- Governed by Boards
- Only informal relationship to Cabinet members

Counties
- Services in counties funded largely through state agencies
- Counties have little say in services available
**Milestones**

**Becoming Statewide**

- **1999**
  - OK Legislature almost passed a bill to place children needing mental health care in state custody so they could receive services.

- **1999**
  - First local System of Care was formed through blended state funding in Kay County, closely followed by another in Tulsa County.

- **2002**
  - SAMHSA grant received funding additional 5 counties.
  - State funding adds more counties.

- **2003**
  - Oklahoma ranked 48th in spending for children’s behavioral health services.

- **2003**
  - State evaluation developed by state leadership, provider staff, family members, youth, young adults, and E-TEAM evaluators.
Milestones

Becoming Statewide

2004
- Children’s Behavioral Health Partnership formed.
- State funding adds more counties.

2006
- ODMHSAS sponsored training on evidence based and promising practices.
- State funding adds more counties.

2006
- Youth Information System (YIS) launched, providing secure, web-based application for real-time access to evaluation and program monitoring data.

2007
- Mental Health and Substance Abuse Services joined forces for Children, Youth, and Families within ODMHSAS.

2008
- SAMHSA grant received funding more counties.
- 40 counties now have SOC.
Milestones

Becoming Statewide

2010
State funding adds more counties.
46 counties now have SOC.

2014
Health Homes implemented.
All 77 counties have SOC.

2016
Certified Community Behavioral Health Clinics (CCBHCs) implemented.

2016
ODMHSAS developed eLearning courses implemented to provide training online.

2018
Children’s Mobile Response and Stabilization established statewide.
Growing Sustainable Local Systems of Care

- State-level infrastructure and connection with communities
- Ongoing communication through local partner meetings
- Community readiness and development
- Family and youth/young adult as equal partners driving services
- Strong local service delivery
- Workforce Development
- Evidence of impact and accountability for outcomes
- Social Marketing
- Stable financing
Meeting Each Community Where It Is

- Community readiness for system change
- RFP (built to address unique community needs, infusing the values and principles of SOC)
- TA and support from family lead organization (family involvement - we are in this together)
- Key partners involvement with shared vision (DHS, OJA, Health Dept, schools, and other systems)
- State and local level (same vision, same values)
Family Organization Partners

• Evolution Foundation
  • Community strategic planning
  • Community coalition capacity building

• Oklahoma Family Network
  • Family support and education
  • Resource navigation

• Parents as Partners
  • Free online, research and clinically-based educational network for families

• NAMI-OK
  • Family support, education, and advocacy
Families at all levels of OKSOC

State Level Advocacy

Community Level Advocacy

Coalition of Advocates
Participation on Boards
Representation in Media

State Level TA and Consultation

Community Level TA and Consultation

Consultation with State Agencies
Partnership in Grants & Projects
Representing Family Voice

Family Leadership Academies
Advocacy for Families

Community Readiness
Strategic Planning
Trouble Shooting
Family Level
- Collaborative and integrative strategies and processes
- Statewide measures in place to capture system improvement
- Increase collaboration, funding, strategies, and sustainability

Community Level
- Collaborative and integrative strategies, activities and processes
- Increase community capacity and reducing disparities

Child/Youth/Young Adult & Family Level
- Services and supports
- Child/youth/young adult measures in place to capture improvements in behaviors and functioning
- Family measures in place to capture increased support systems and satisfaction

Training, technical assistance, evaluation, feedback, and communication at all levels
How are families involved at each level?

Family

Family determines options, makes choices, and prioritizes their needs.

Community

Families actively participate in their parent/family group and in local community team meetings, participating in decision-making at the community level.

State

Families hold voting/designee Family Member positions representing communities on the Oklahoma State Advisory Team, participating in decision-making at the state level.
Top Down

• Community service and access improvements
• Policy and rule influence
• Legislative impact
• Outcomes for all systems
• Family and youth outcomes
• Continuous feedback at all levels
• Communication
• Children and families served in their home and community
• Joint ventures to improve service system

Bottom Up
Building a Family Driven and Youth/Young Adult Guided Infrastructure

- Involve family and youth/young adults from the beginning with strategic planning and community development
- Hire family members into key positions
- Invest funding and resources to promote family driven and youth/young adult guided care at all levels
- Commit and value family members and youth/young adult participation in professional partnerships as well as leadership development
Indicators of a Successfully Implemented Statewide SOC

- Communities coming together to address systemic issues around children’s behavioral health
- Youth/young adults and families driving services and participating in systems reform
- Unique special projects designed to transform the child serving system and reduce disparities
- Local SOC process with centralized referral process
- State defined outcomes.
Strategies for Continuous Quality Improvement

- Regular monthly, quarterly, annual, and ad hoc reporting at individual county level, host agency level across counties, and state level on process and outcomes measures
- State-level Quality Assurance Team meets monthly and uses data to make continuous adjustments
- Child and Family Teams and local Community Teams also use data to adjust direction
- ODMHSAS and the State Advisory Team utilize outcomes reports to support funding requests for SOC in the Oklahoma legislature
Data-informed organizations have the use of assessment, revision, and learning built into the way they plan, manage, and operate. A data-informed organization has continuous improvement embedded in the way it functions.

- We understand that developing our positions on various issues requires more than opinions, assumptions or ideas.
- Indeed, the credibility of the family movement depends on our ability to bring forth accurate, reliable and valid information.
- The underlying premise is simple. The more informed by data, the better the decision.
OKSOC Evaluation—OKSOC Assessments

- Embedded Ohio Scales
  - Parent/Caregiver, Youth, and Worker reports (versions)
  - Problems and Functioning scores that can be interpreted as clinically significant
  - Levels of clinically significant impairment and improvement
- Days Out of Home Placement
- School (Tardies, Absences, Suspensions, Detentions)
- Self-Harm
- Contacts with Law Enforcement
- Administered at baseline and at 6-month intervals thereafter
OKSOC Evaluation—OKSOC Assessments

• OKSOC Family Assessment
  • Developed with family members, family partner organizations, OKSOC state staff, and E-TEAM evaluators
  • 10 items administered at baseline and every 6 months to caregivers and youth/young adults aged 9 and older.
  • Measures caregiver and youth/young adult perceptions of various family dynamics
  • Allows providers to engage families in talking about where the family has been and where they want to be.
  • Allows providers to support and validate families
The FA seems to predict how likely it is that the youth’s OS Problem Scale scores will improve and, to some degree, by how much. If the family scores itself in one of the 2 lower quartiles at baseline, then neither their scores on the FA or on OS Problems will improve by much. The families that rate themselves highest produce the most substantive improvements on the Problems scale.
OKSOC Fidelity

• Provide ongoing training, coaching, and credentialing
  • eLearning at https://learn.eteam.ou.edu/
  • OSKOC Statewide Coaching at https://soccoaches.odmhsas.ou.edu/
  • OKSOC Evaluation at https://systemsofcare.ou.edu/

• Monitor outcomes and processes
  • OU E-TEAM conducts evaluation site visits at least annually to provide training and technical assistance and to discuss each site’s outcomes
  • OU E-TEAM reports data collected via YIS
  • OKSOC Coaches conduct site visits periodically throughout the year
  • OKSOC Coaches conduct chart reviews periodically throughout the year
OKSOC Evaluation—Wraparound Fidelity Index Short Form (WFI-EZ)

• A reliable and valid measure of fidelity to wraparound principles
  • Basic information about wraparound process;
    • Is there a team; does it meet regularly; is there a plan of care?
  • A caregiver’s experiences in wraparound;
  • Team meetings
    • Caregivers indicate “how often things happen during team meetings,” such as celebrate success, review/discuss strengths, and discuss progress toward meeting needs.
  • Outcomes and satisfaction
    • Caregivers indicate satisfaction with wraparound, the child’s progress, and core outcomes such as school success and placement out of the community.
• Administered at 6 months to caregivers of children, youth, and young adults
Point Change in Ohio Scales by Fidelity Score

Function Scale

- 61-80 % (68 / 32)
- 81+ % (21 / 63)

Problems Scale

- 61-80 % (68 / 32)
- 81+ % (21 / 63)
Fidelity: Lessons and Implications

- Low fidelity is detrimental to outcomes.
- In a mature, well-coached wraparound program, variations in fidelity may be minor and the impacts on outcomes subtle.
- One major impact of higher fidelity in Oklahoma is on the site’s success in retaining families in wraparound through successful discharges.
- Measuring fidelity is most helpful in targeting coaching efforts and supporting quality improvement.
OKSOC Financial Sustainability

Accomplished Thus Far:

• Legislative Appropriations
  • Infrastructure
• Creation of Medicaid Billing Options
  • Systems of Care
  • Wraparound
• Blended/braided funding
  • Child Welfare
  • Juvenile Justice

Next Steps:

• Public/Private Partnerships
OKSOC Evaluation

- Evaluation is an integral part of Oklahoma Systems of Care provides evidence documenting service utilization, program effectiveness for children, youth, young adults, and families, and system costs.
- In support of its commitment to data-driven decision-making, OKSOC has contracted the E-TEAM at the University of Oklahoma since 2002 to design and implement a statewide evaluation plan.
- As the evaluator for OKSOC, E-TEAM designed and maintains a statewide evaluation data collection effort based on data collected through the Youth Information System (YIS) by the local OKSOC sites. The YIS is a secure, web-based application which provides real-time access to evaluation and program monitoring data.
OKSOC Return on Investment

• Study comparing outcomes for youth receiving OKSOC services with youth receiving standard behavioral health care services.
  • Study population included 1,943 projected high-resource utilization youth/young adults 6-17 years of age eligible for Medicaid.

**Treatment** group averaged $39,097 in average inpatient charges in the year before the study and $15,805 in the year during the study.

60% reduction in average inpatient charges for the **Treatment** group ($23,292).

**Comparison** group averaged $28,632 in average inpatient charges in the year before the study and $23,691 in the year during the study. (p=.02)

17% reduction in average inpatient charges for the **Comparison** group ($4,942).
OKSOC Return on Investment

• There was a significantly greater reduction in average total inpatient and outpatient behavioral health charges for the Treatment group over time (41% vs. 17%). (p=.05)

• Treatment group experienced savings of $779 per youth per month in behavioral health charges over the study’s entire 24 month time period.

• These savings were used to project savings for the entire study population of 1,943 moderate to high Medicaid utilization youth resulting in total estimated behavioral health savings over a one year period of between $8,334,938 and $18,162,398 if the study population had all received OKSOC services and supports.
Data Tells Stories
• Decreases in school tardies, office referrals for discipline, suspensions, and detentions,
• Decreases in contacts with law enforcement,
• Decreases in self-harm and suicide attempts,
• Increases in resiliency,
• Clinically significant decreases in internalizing and externalizing behaviors;
• Clinically significant improvement in functioning.

All OKSOC outcomes measures continue to show substantial positive program impacts.
ODMHSAS’ mission is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans.

ODMHSAS programs are helping people reunite with their families; increase employment prospects and monthly income; stay out of jail or reduce involvement with the criminal justice system; reduce homelessness; break the cycle of addiction; and achieve numerous other successful outcomes, such as obtaining higher education, increasing productivity on the job, stopping tobacco use, etc.

Oklahoma has become a national leader in several areas of community based services, including the implementation of programs for assertive community treatment, alternative criminal justice initiatives such as drug and mental health courts, and comprehensive services for children and families.

Experiencing mental health or substance use disorders can be as frightening and debilitating as any major physical health disorder. The good news is that treatment works. There is hope, and there is help.

For more information, please visit https://www.ok.gov/odmhsas/.

Carrie Slatton-Hodges
Interim Commissioner
E-TEAM at the University of Oklahoma has served as the Oklahoma Systems of Care evaluators since 2002. E-TEAM provides ongoing design and implementation of OKSOC’s statewide evaluation, including development of the Youth Information System (YIS)—a secure web-based application which provides real-time access to evaluation and program monitoring data. E-TEAM gathers and assesses evidence documenting service utilization; program effectiveness for children, youth, young adults, and their families; and system costs. E-TEAM also partners with OKSOC on eLearning and in-person trainings to facilitate continuing professional education for children’s behavioral health provider staff across the state. This partnership provides meaningful interactions for learners, promotes and fosters fidelity to OKSOC core values, and reduces travel costs and time away from work.