The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) collaborates with behavioral health providers, child-serving agencies, and family organization partners across the state in providing services to children, youth, and young adults experiencing serious emotional disturbance.

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.

ODMHSAS supports, maintains, and grows local systems of care communities by providing leadership, vision, infrastructure, resources, accountability, training and technical assistance, and workforce 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.
Oklahoma Systems of Care (OKSOC) provides community-based, child-centered, family-focused, and culturally competent behavioral health services to Oklahoma children, youth, young adults, and families.

Care is delivered using an integrated team and a trauma-informed approach that comprehensively addresses physical, behavioral health, and substance use disorder treatment needs to ensure access to appropriate services, improve outcomes, reduce preventable hospitalizations and emergency room visits, and avoid unnecessary care.

OKSOC helps children, youth, and young adults from birth to age 25 who have a serious emotional disturbance, or SED. Oklahoma defines SED as a diagnosable mental health disorder that impairs the ability to function in one or more major areas of life. Children, youth, and young adults with SEDs and their families may experience:

- disruptions in living arrangements, including placements in foster care, brief residential care stays, hospital admissions, or detention placements;
- difficulty with school and/or work performance;
- difficulty with social interactions;
- high stress levels; and
- behavioral challenges.
CONTINUUM OF CARE

Outpatient Therapy
Medication Management
Mobile Crisis Response and Stabilization
Acute Inpatient Services
Respite Care
Family Support
Recovery Supports
Psychiatric Consultation

Job Coaching and Retention
Residential Inpatient Services
Housing Support
Wraparound
Service Coordination
Nursing Consultation
Peer Support
OKSOC’s Continuum of Care is an integrated system of care that provides a range of comprehensive services and supports to children, youth, young adults, and families. In addition to these services and supports, a continuum of care includes integrating mechanisms that increase communication and coordination.

Services include:
- Wraparound
- Service Coordination
- Community-Based Stabilization
- Psychiatric Consultation for Assessment and/or Treatment Planning
- Inpatient Admission
- Medication Management
- Outpatient Therapy
- Family Support

Integrating mechanisms include:
- planning and management
- care coordination
- Financing
- collaborative information systems
Evaluation is an integral part of Oklahoma Systems of Care, and we commit to data-driven decision-making.

The E-TEAM at the University of Oklahoma has served as the OKSOC evaluator since 2002 and designed and implements a statewide evaluation plan.

The evaluation provides evidence documenting service utilization, program effectiveness for children, youth, young adults, and families, and system costs.

The evaluation is used to inform program design, to improve service delivery, and, ultimately, to contribute to better outcomes in the lives of Oklahomans.
Data-Driven Decision-Making

• Data-driven organizations have the use of assessment, revision, and learning built into the way they plan, manage, and operate. A data-driven 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

• 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.
• Point your browser to https://systemsofcare.ou.edu/
OKSOC Youth Information System (YIS)

- Demographic and outcome data are collected at enrollment and at 6-month intervals thereafter during a youth’s involvement with the program.
- In addition to demographic and outcome measures, the YIS also captures information about:
  - site staffing
  - caseload assignments
  - wraparound process and progress
  - family team meetings and composition
  - flex fund expenditures
OKSOC Evaluation Team

• Composed of:
  • state leadership and staff
  • provider leadership and staff
  • family members
  • youth and young adults
  • E-TEAM evaluators

• Adopted the *Ohio Scales* as the primary measure of:
  • psychological impairment and social functioning
The Ohio Scales

• The Ohio Scales offers several benefits, including self-administration; no credentialing requirement; nominal cost; brevity; simple language and item content; easily understood scoring and interpretation of results; and a good and growing research base.

• Results from the Ohio Scales have been incorporated into OKSOC evaluation protocols to assess the overall effectiveness of our system of care. The Ohio Scales has 2 measures—Problems and Functioning. The Problems scale has 3 subscales—Externalizing, Delinquency, and Internalizing. The Functioning scale has 1 subscale—Resiliency.
### Ohio Scales Problems Subscale

**Youth Problem Scale** (Copyright © January 2000, Benjamin M. Ogles & Southern Consortium for Children)

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Not at All</th>
<th>Once or Twice</th>
<th>Several Times</th>
<th>Often</th>
<th>Most of the Time</th>
<th>All of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arguing with others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Getting into fights</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Yelling, swearing, or screaming at others</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Fits of anger</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Refusing to do things teachers or parents ask</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Causing trouble for no reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Using drugs or alcohol</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Breaking rules or breaking the law (out past curfew, stealing)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Skipping school or classes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Lying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Can’t seem to sit still, having too much energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Hurting self (cutting or scratching self, taking pills)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Talking or thinking about death</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Feeling worthless or useless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Feeling lonely and having no friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Feeling anxious or fearful</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Worrying that something bad is going to happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. Feeling sad or depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. Nightmares</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Eating problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Externalizing Subscale**

**Delinquency Subscale**

**Internalizing Subscale**

No Impairment Score: 0 - 16
Borderline Impairment Score: 17 - 24
Critical Impairment Score: 25 and above

Clinically Significant Improvement = Decrease of 11 or more points

Produces a score of 0 - 100.
Ohio Scales Functioning Subscale

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Extreme Troubles</th>
<th>Few Troubles</th>
<th>Some Troubles</th>
<th>OK</th>
<th>Doing very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Getting along with friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Getting along with family</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Dating or developing relationships with boyfriends or girlfriends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Getting along with adults outside the family (teachers, principal)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Keeping neat and clean, looking good</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Controlling emotions and staying out of trouble</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Being motivated and finishing projects</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Participating in hobbies (baseball cards, coins, stamps, art)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Participating in recreational activities (sports, swimming, bike riding)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Completing household chores (cleaning room, other chores)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Attending school and getting passing grades in school</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Learning skills that will be useful for future jobs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Feeling good about self</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Thinking clearly and making good decisions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Concentrating, paying attention, and completing tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Earning money and learning how to use money wisely</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Doing things without supervision or restrictions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Accepting responsibility for actions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Ability to express feelings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Resiliency Subscale**

**Clinically Significant Improvement** = Increase of 8 or more points

Produces a score of 0 - 80.
OKSOC Assessments
for Children, Youth, and Young Adults

- 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
A reliable and valid measure of fidelity to wraparound principles

- Basic information about wraparound process, including is there a team; does it meet regularly; is there a plan of care?
- A caregiver’s experiences in wraparound;
- Information on team meetings where caregivers indicate “how often things happen during team meetings,” such as celebrate success, review/discuss strengths, and discuss progress toward meeting needs.
- Outcomes and caregiver’s satisfaction with wraparound, the child’s progress, and core outcomes such as school success and placement out of the community.

Administered one time to caregivers of children, youth, and young adults who have been enrolled in Wraparound for 6-months.
Reporting in the YIS

Some examples of reports available to OKSOC and provider staff and leadership:

- Outcomes Reports
  - Statewide Reports
  - Provider Reports at the agency level
  - Provider Reports at the county level
  - Special Project Outcomes Reports

- Process Reports
  - Active Staff
  - Active Youths
  - Caseload Reports
  - Assessments Due and Overdue Reports
  - Discharges
OKSOC Outcomes Measures

OKSOC outcomes measures continue to show substantial positive impacts:

- decreases in school suspensions and detentions
- decreases in contacts with law enforcement
- decreases in self-harm and suicide attempts
- decreases in problem behaviors
- Increases in resiliency
- clinically significant improvement in functioning

These measures are presented to the Oklahoma State Legislature every year and have been instrumental in the sustainability and continued growth of OKSOC services.
OKSOC Sustainability

From the beginning of systems of care services in Oklahoma in 1999 across 2 Oklahoma counties, stakeholders and partners strategically planned for local, community-based systems of care statewide. Growing sustainable Systems of Care in each community requires:

- 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
- Social Marketing
- Stable financing
- Evidence of impact and accountability for outcomes
OKSOC Return on Investment (ROI)

• Study comparing outcomes for those receiving OKSOC services with those receiving traditional behavioral health services.
  • Study population included 1,943 projected high-resource utilization youth 6-17 years of age eligible for Medicaid.
  • No statistically significant differences between treatment and comparison group on baseline measures.

• Treatment group experienced a savings of $779 per youth per month in behavioral health charges.

• If youth from both the OKSOC Group and the Control Group had received OKSOC services and supports, cost savings are estimated to be between $8,334,938 and $18,162,398 over a one year period.
OKSOC
Stakeholder and Key Informant Data

Interviews and focus groups with leadership and staff from ODMHSAS, OKSOC providers, partnering agencies, community members, and participating family members and children, youth, and young adults.

Insights used to tell the story and to highlight the implementation process and outcomes.
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 budget requests for SOC in the Oklahoma legislature
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.
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.