

EXAMPLES FROM



# FRAMEWORK AND STRATEGIES

FOR SUPPORTING CHILDREN AND YOUTH LIVING  
WITH BEHAVIORAL HEALTH NEEDS



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# FRAMEWORK

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Develop an organizational framework for providing coordinated supports for children, youth, and young adults with a serious emotional disturbance and their families.

- Collaborations and partnerships across agencies, communities, families, children, youth, and young adults.
- Behavioral Health Workforce Development
- Training and Technical Assistance
- Resources
- Evaluation, Continuous Quality Improvement, and accountability.



# STRATEGIES

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# ESTABLISH A CLEAR VISION AND PLAN

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- Engage leadership across child-serving agencies at the state and local level.
- Engage youth and supportive families in the policymaking process.
- Leverage data on service utilization, payment rates, workforce, and other key issues.
- Include a robust implementation, monitoring, and oversight strategy.



# OKSOC PARTNERSHIPS

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- State Advisory Team (SAT)-**State and Local Leadership**
- Children's State Advisory Workgroup (CSAW)-**ALL State Child Serving Agencies**
- Children's Behavioral Health Network (CBHN)-**Youth and Family Orgs**
- E-TEAM, University of Oklahoma-**External Evaluators**
- ODMHSAS Children's Division-**State's Childrens Mental Health Infrastructure**



# CHILDREN'S BEHAVIORAL HEALTH NETWORK

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- **Evolution Foundation**
- **NAMI**
- **Oklahoma Family Network**
- **Parents Helping Parents**
- **Oklahoma Bio Family Support Alliance**
- **Depression Bipolar Alliance**





# OKSOC POPULATIONS SERVED

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Infants and Toddlers and their Families

School-Aged Children and Youth and their Families

Transition-Aged Young Adults

Children, Youth, and Young Adults who have Intellectual and Developmental Disabilities

Children, Youth, and Young Adults who have Co-Occurring Behavioral Health and Substance Use Disorders

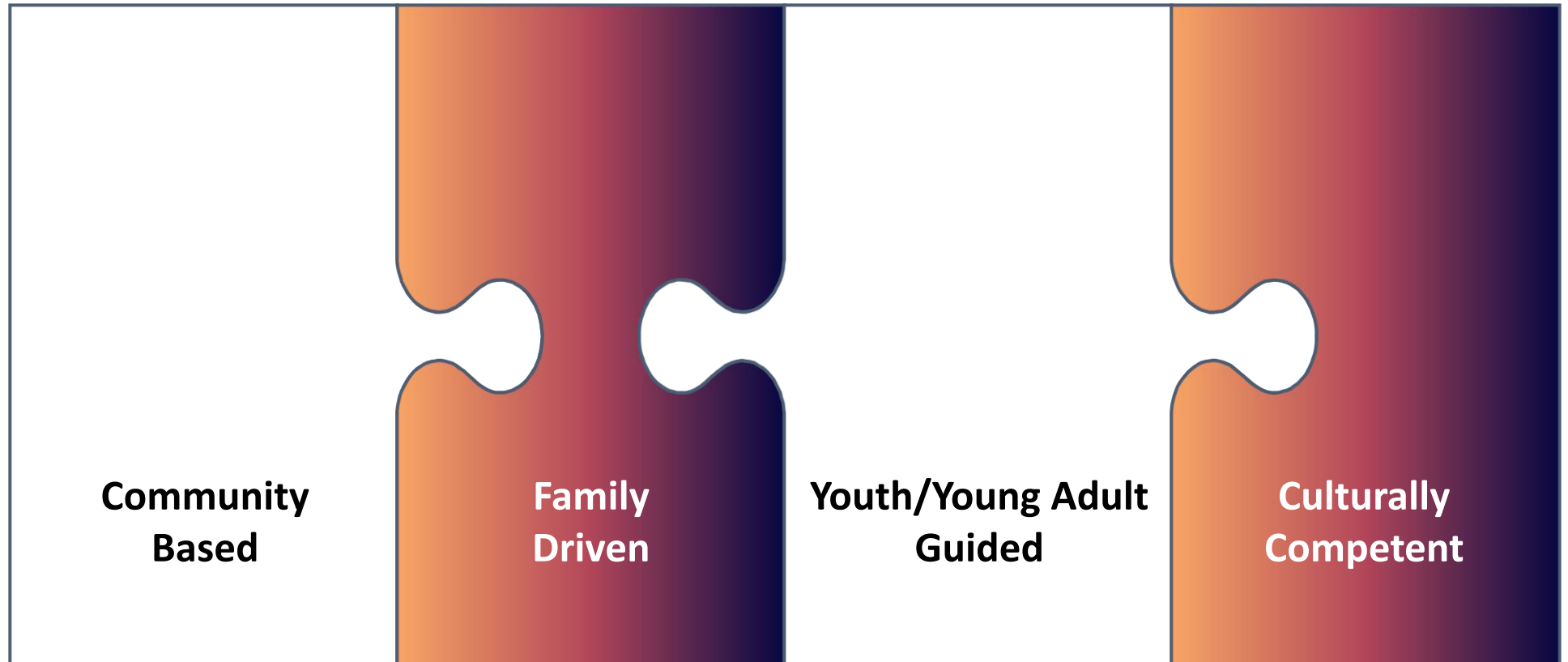
Children and Youth in State Custody



# PARTNER WITH LOCAL COMMUNITIES

Oklahoma Systems of Care and local communities are partners in providing **community-based, family-driven, youth/young adult-guided, and culturally competent** behavioral health services to Oklahoma children, youth, young adults, and families.

OKSOC's infrastructure and foundation are in place and serve its goals and objectives.



# OKSOC Community Team Survey

*188 responses representing  
all 77 Oklahoma counties.*

*73% agreed their team works  
together to reduce the impact  
of stigma around mental  
health & substance use issues.*

73% 

*68% agreed their team works  
together to achieve shared,  
community-wide outcomes.*

68% 

*64% agreed their team  
members understand their  
role, purpose and  
responsibilities.*

64% 

# OKSOC COMMUNITY TEAMS

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Integral component of Oklahoma Systems of Care

Bring together diverse members from:

- child serving agencies,
- business community,
- faith-based organizations,
- tribes,
- community partners, and
- Youth and families

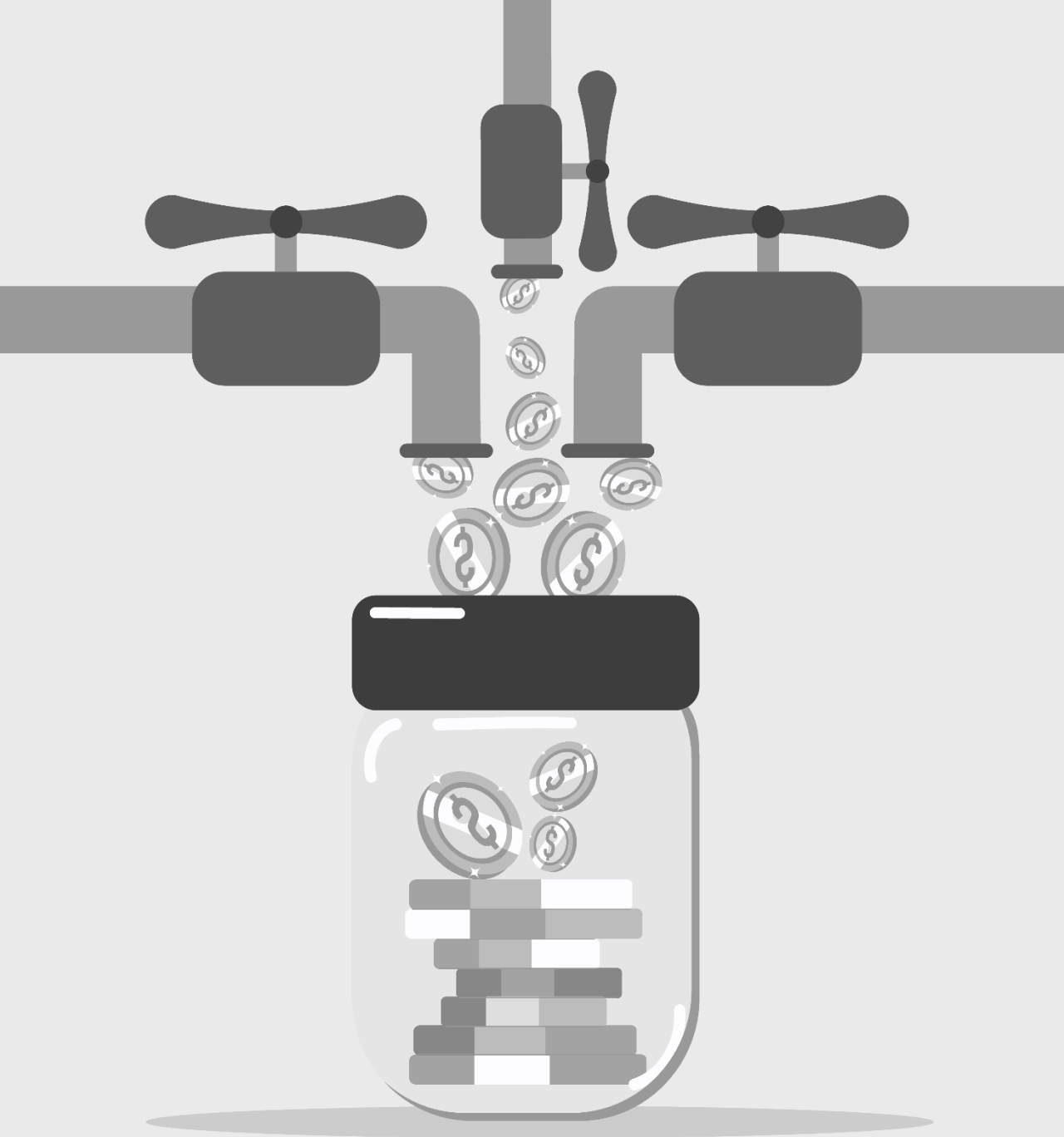
to design their community's efforts around supporting families.



# EXPAND AND STABILIZE MEDICAID ELIGIBILITY AND BENEFITS FOR CHILDREN AND YOUTH LIVING WITH COMPLEX BEHAVIORAL HEALTH NEEDS

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- Expand continuous eligibility for young people with complex behavioral health needs beyond minimum federal requirements.
- Strengthen coverage for former foster youth.
- Leverage Medicaid to reduce pressure on families to relinquish custody.
- Expand eligibility and coverage for youth involved in the juvenile justice system.
- Provide behavioral health services consistent with EPSDT to children in separate CHIP programs.



# OKSOC FINANCIAL SUSTAINABILITY

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- Leveraging Funding
  - Medicaid
  - ETPS
  - Chip
  - Wavers
- Legislative Appropriations
  - Infrastructure
- Blended/braided funding
  - Child Welfare
  - Juvenile Justice

[Leveraging Medicaid to Support Children and Youth Living With Complex Behavioral Health Needs - Manatt, Phelps & Phillips, LLP](#)



# ENHANCED TIER PAYMENT SYSTEM (ETPS)

The Enhanced Tier Payment System (ETPS) is an innovative payment structure developed to enhance the recovery outcomes of customers in the mental health and substance abuse system.

## MEASURES

1. Outpatient Crisis Service Follow-up within 8 Days
2. Inpatient/Crisis Unit Follow-up within 7 Days
3. Reduction in Drug Use
4. Engagement: Four Services within 45 Days of Admission
5. Medication Visit within 14 Days of Admission
6. Access to Treatment – Adults
7. Improvement in CAR (Client Assessment Record) Score: Interpersonal Domain
8. Improvement in CAR Score: Medical/Physical Domain
9. Improvement in CAR Score: Self Care/Basic Needs Domain
10. Inpatient/Crisis Unit Community Tenure of 180 Days
11. Peer Support: % of Clients Who Receive a Peer Support Service
12. Access to Treatment - Children



## ENHANCED TIER PAYMENT SYSTEM (ETPS)

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ODMHSAS developed 6 measures that guide positive outcomes for consumer recovery. In addition, ETPS was approved by the Center for Medicare and Medicaid Services (CMS) which then allowed Oklahoma to receive federally-matched funds for the project. For every state dollar contributed to the outcomes measures, the federal government contributes \$1.93, a match rate of 65.9%. With federal matched funds, Oklahoma turns roughly \$2,000,000 into \$6,000,000 and return that to communities to provide data-driven, research-based recovery outcomes to improve the lives of Oklahomans.



# STRENGTHEN PREVENTION AND EARLY INTERVENTION IN TREATMENT

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- Increase take-up of behavioral health screenings.
- Allow children and youth to receive behavioral health services under Early and Periodic Screening Diagnostic and Treatment (EPSDT) without a diagnosis.
- Cover coordinated specialty care for young adults experiencing first-episode psychosis.
- Promote integrated primary care.
- Strengthen the use of school-based services.
- Screeners
- Early Infant Mental Health
- First Episode Psychosis
- Integrated Care

# ESTABLISH A COMPREHENSIVE AND YOUTH-SPECIFIC CONTINUUM OF CARE FOR BEHAVIORAL HEALTH CONDITIONS

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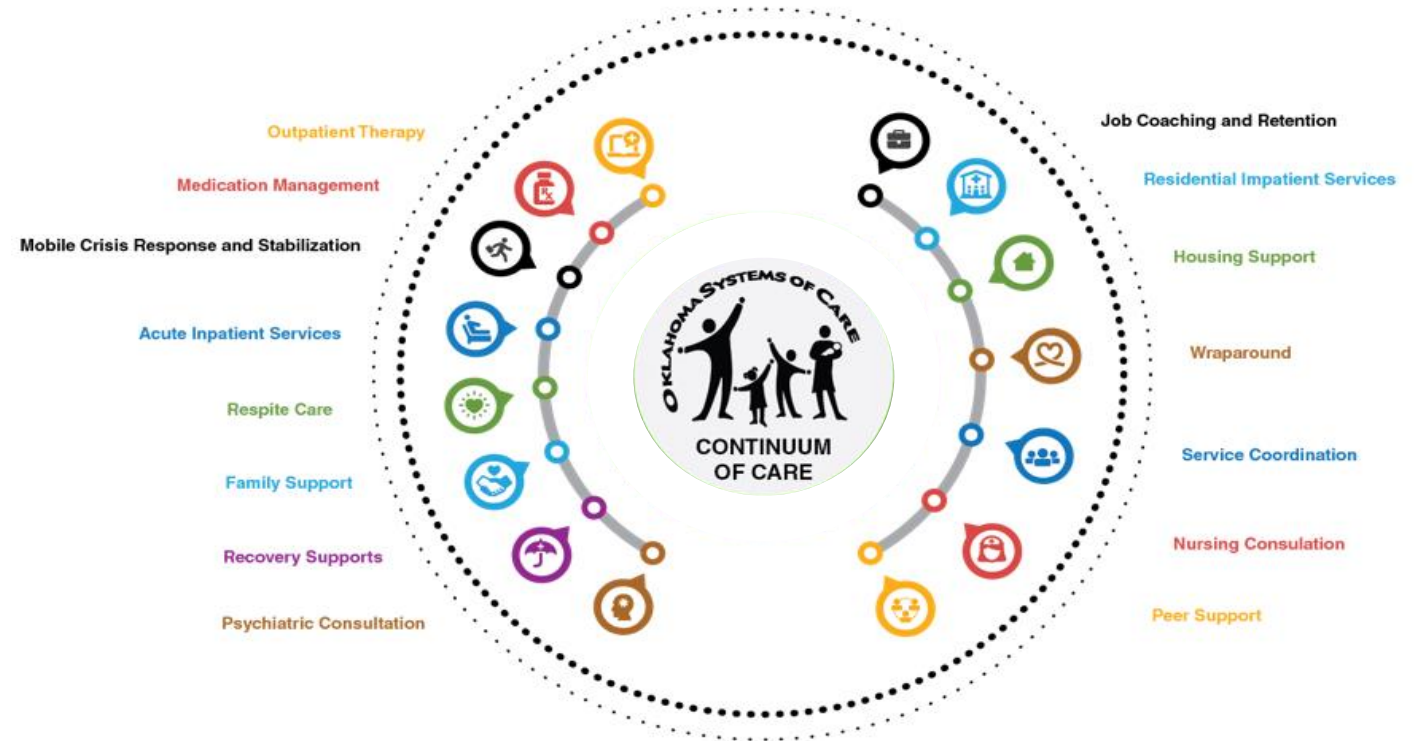
- Ensure crisis services address unique needs of young people.
- Provide intensive home-based services.
- Provide intensive care coordination to children and youth with multisystem involvement and/or co-occurring conditions.
- Offer respite services to families seeking to help their children remain in the community.
- Provide peer support services for youth and their families.
- Address young people's health-related social needs.
- Strengthen the quality of care in residential treatment settings.

# CONTINUUM OF CARE

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.

Services include:

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



Serving All Children and Families



Wraparound & Intensive Service  
Coordination

Early Infant Mental Health & Transition  
Age Youth

Co-Occurring Mental Health &  
Substance Use

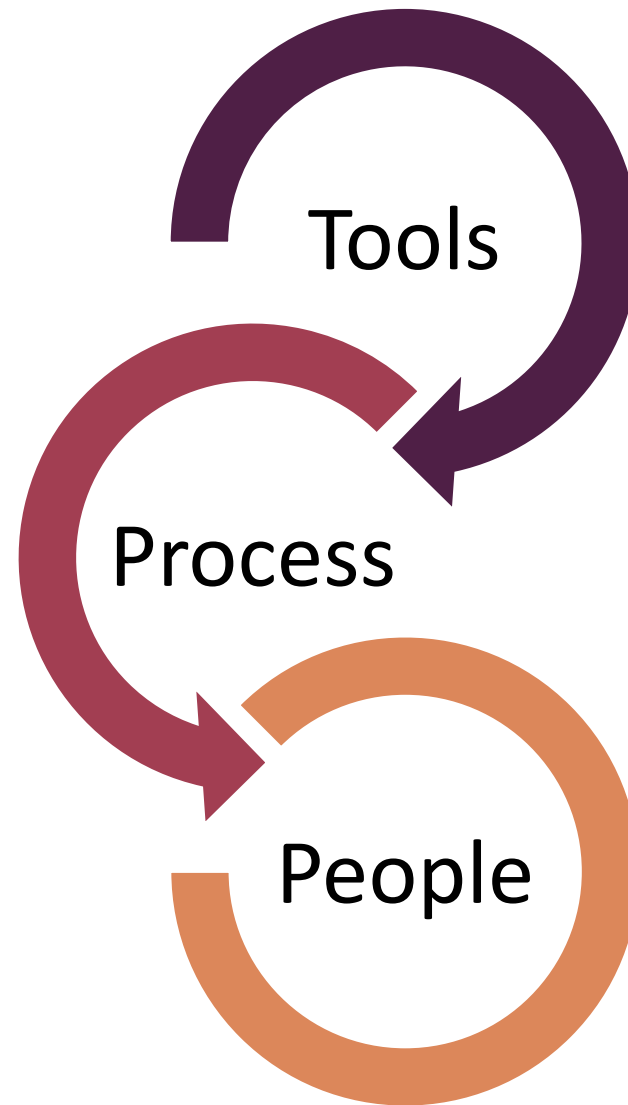
Youth Crisis Mobile Response & Family  
Urgent Care

Juvenile Justice Diversion

Child Welfare Enhanced Foster Care &  
Mental Health Consultation

School Based Initiatives: BISSS &  
Project AWARE

Family Support



Children's Behavioral  
Health Network

Training &  
Technical Assistance

Evaluation &  
Continuous Quality  
Improvement

# OKSOC RESPITE

- OKSOC manages process and approvals and monitors outcomes.
- Respite must be incorporated into treatment plan.
- Respite plan must detail respite purpose, expected outcomes, and how it supports the family's Long-Range Vision.
- Respite provider must be a member of the team.
- Follow-up is conducted for all approved Respite plans.



-CUSTOMIZATION-  
ENSURE USE OF  
EVIDENCE-BASED,  
COMMUNITY-DEFINED,  
AND CULTURALLY  
RESPONSIVE  
ASSESSMENTS AND  
PRACTICES

Utilize standardized tools to help determine the appropriate services for young people.

Invest in a culturally diverse behavioral health workforce.

Provide training and support to providers.

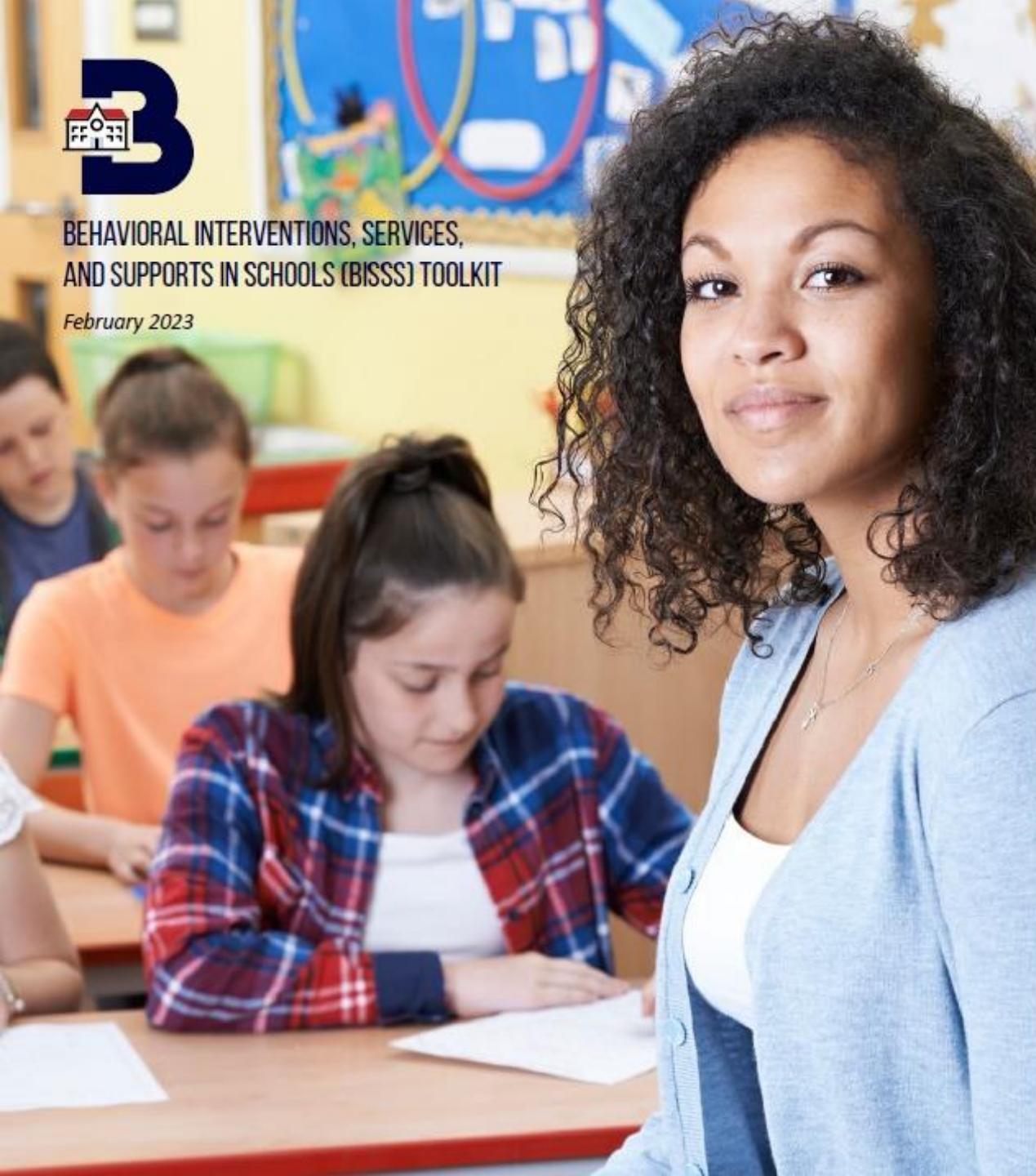
Use Medicaid reimbursement strategies to increase access to linguistically and culturally appropriate care.





BEHAVIORAL INTERVENTIONS, SERVICES,  
AND SUPPORTS IN SCHOOLS (BISSS) TOOLKIT

February 2023



# BEHAVIORAL INTERVENTIONS SERVICES AND SUPPORTS FOR SCHOOLS

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BISSS is a systematic approach to a school-wide implementation of a tiered intervention model to support teachers and students in dealing with students' behavioral health challenges in the classroom and improve social and education outcomes.

BISSS uses school and mental health partnerships, capacity building professional learning, community resources, and data and evaluation to accomplish these goals.

BISSS uses a Systems of Care approach to bring together schools, families, and communities to address non-academic barriers to student achievement, including social and emotional well-being.

# TOOLS AND RESOURCES

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- Training, Technical Assistance, Coaching
- Workforce Development
- Technology
- Cultural Relevance



# In Oklahoma, the MyCare Platform provides immediate access to...

## An Evaluation of the Grand Response Access Network on Demand Model (GRAND Model): Evidence of Effective Outcomes

MARCH 2022

FOR:

*Grand Lake Mental Health Center,  
Certified Community Behavioral Health Clinic (CCBHC),  
Oklahoma*

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Falls Church, VA





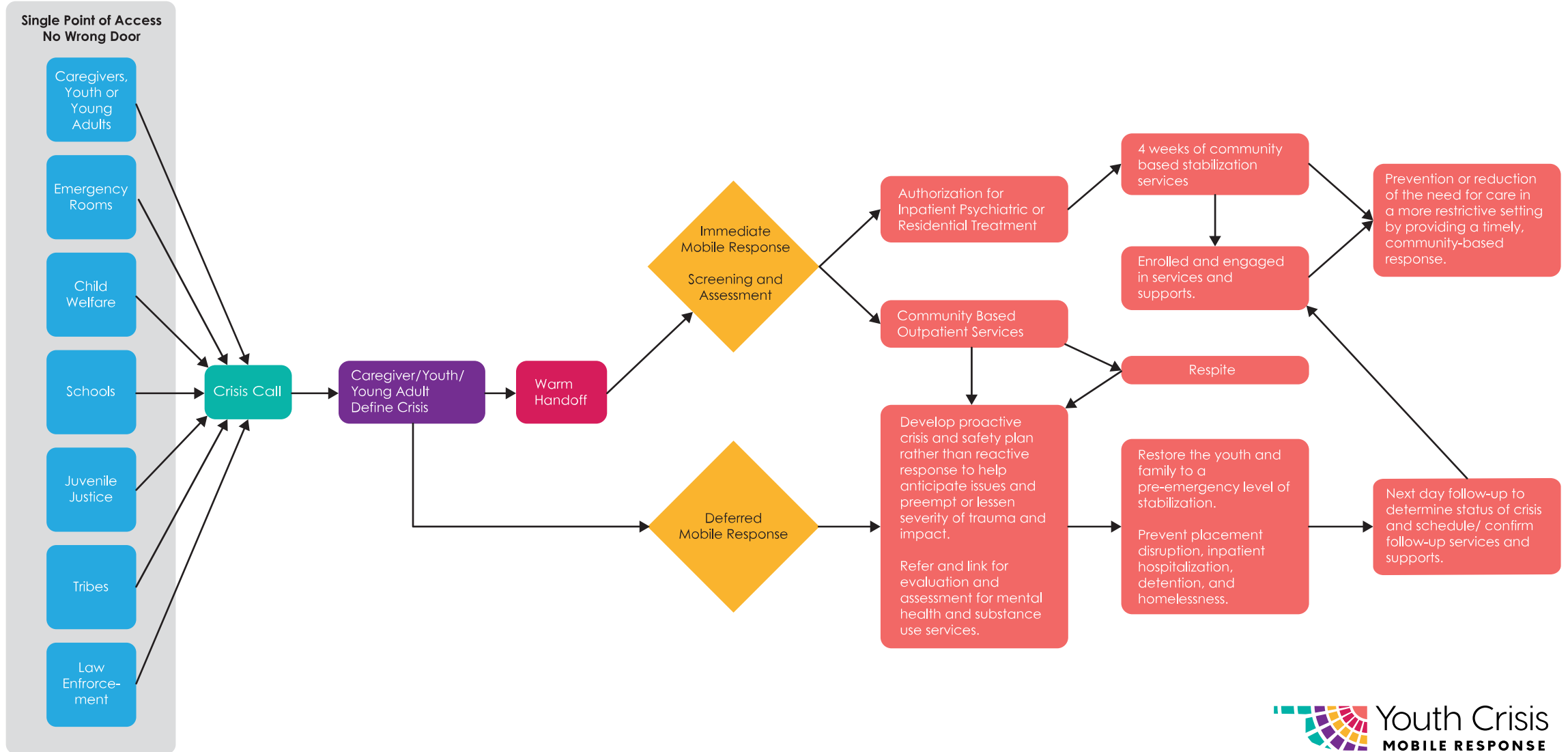
# ADDRESS THE EMERGENCY DEPARTMENT BOARDING CRISIS

- Gather and analyze data on youth boarding in emergency departments.
- Prioritize diversion through crisis services and family education.
- Permit community-based admission to inpatient facilities.
- Encourage active treatment during stays in the emergency department.
- Establish bed-tracking tools and systems to identify open treatment spots.

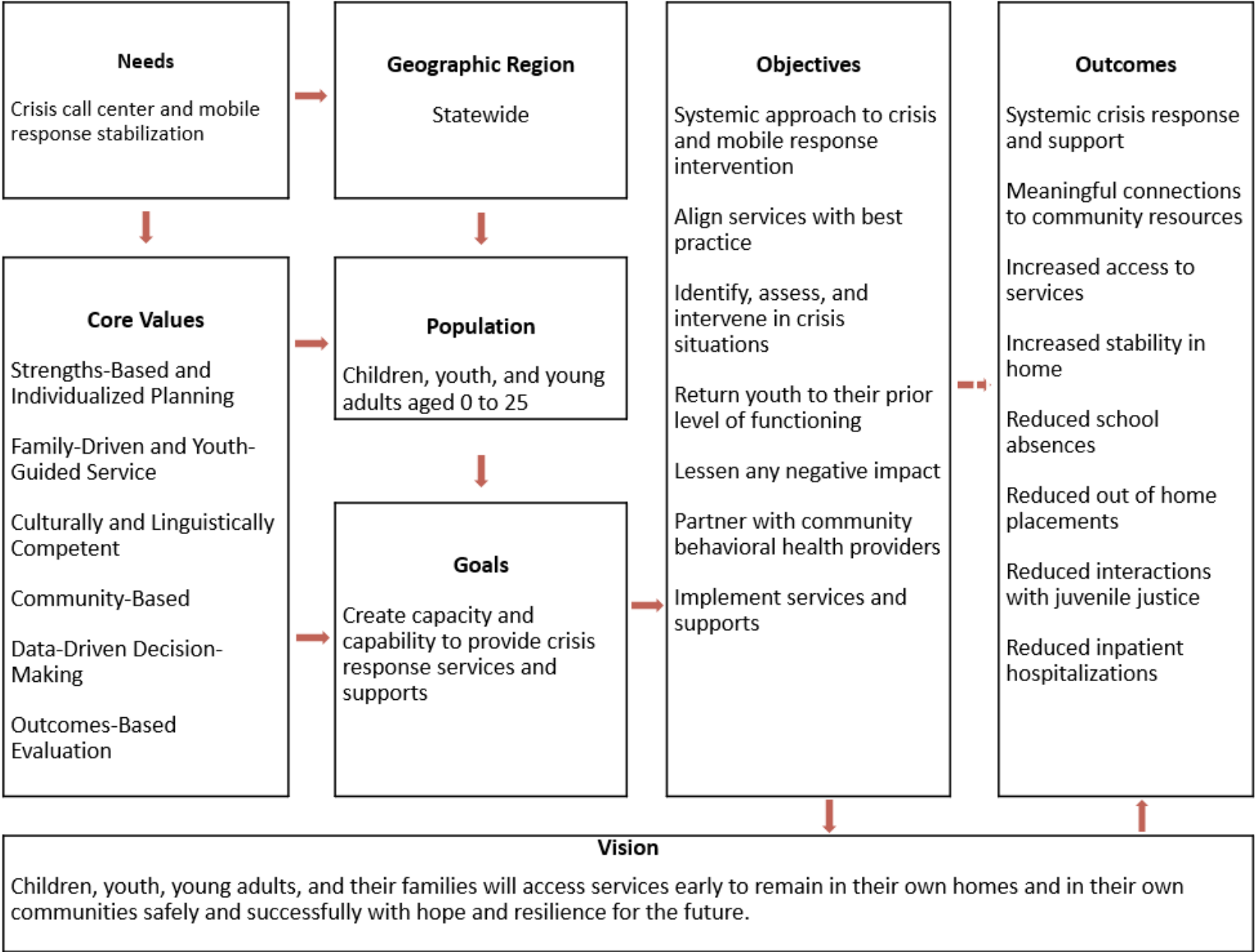


# OKSOC CRISIS MOBILE RESPONSE AND STABILIZATION PATHWAY TO SERVICES AND SUPPORTS

Program Evaluation and Continuous Quality Improvement with Process and Outcomes Measures at All Points  
Data driven decision making for interventions, outcomes, and sustainability.



**LOGIC MODEL**





Youth Crisis  
MOBILE RESPONSE

FY 2023

6,017 Crisis Calls

83%

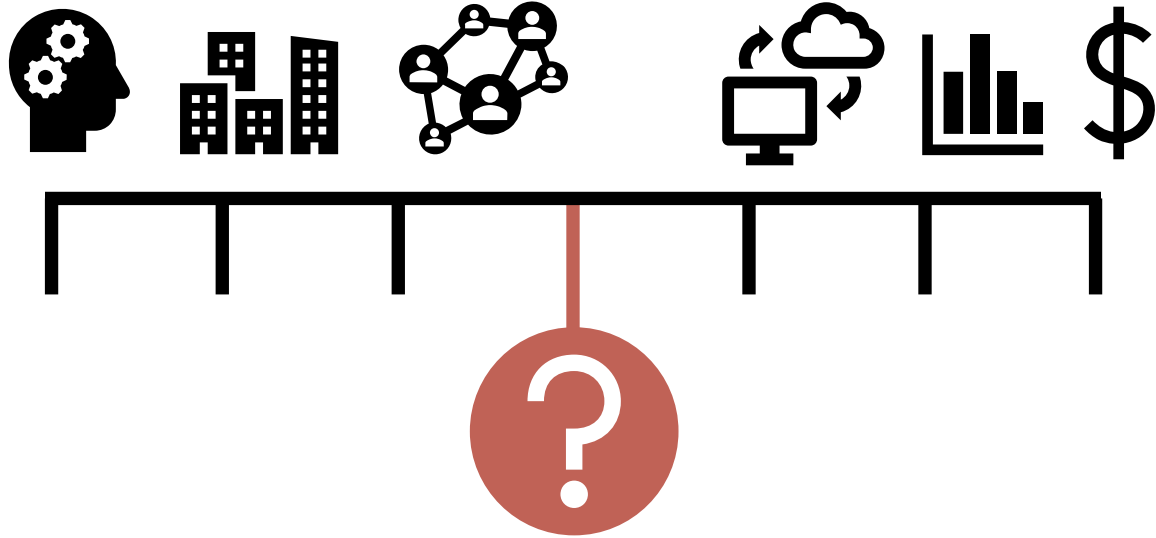
of children, youth, and young adults were diverted from a change in placement/living environment.

81%

of students at risk of school disruption returned to class.



Practice Infrastructure People Technology Data Funding



Decisions, Decisions, Decisions

## DATA-INFORMED DECISION-MAKING

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.

Developing positions on various issues requires more than opinions, assumptions or ideas.

The more informed by data, the better the decision.

# 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 OKSOC evaluation portal—EON—by the local OKSOC sites. EON is a secure, web-based application which provides real-time access to evaluation and program monitoring data.

# 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

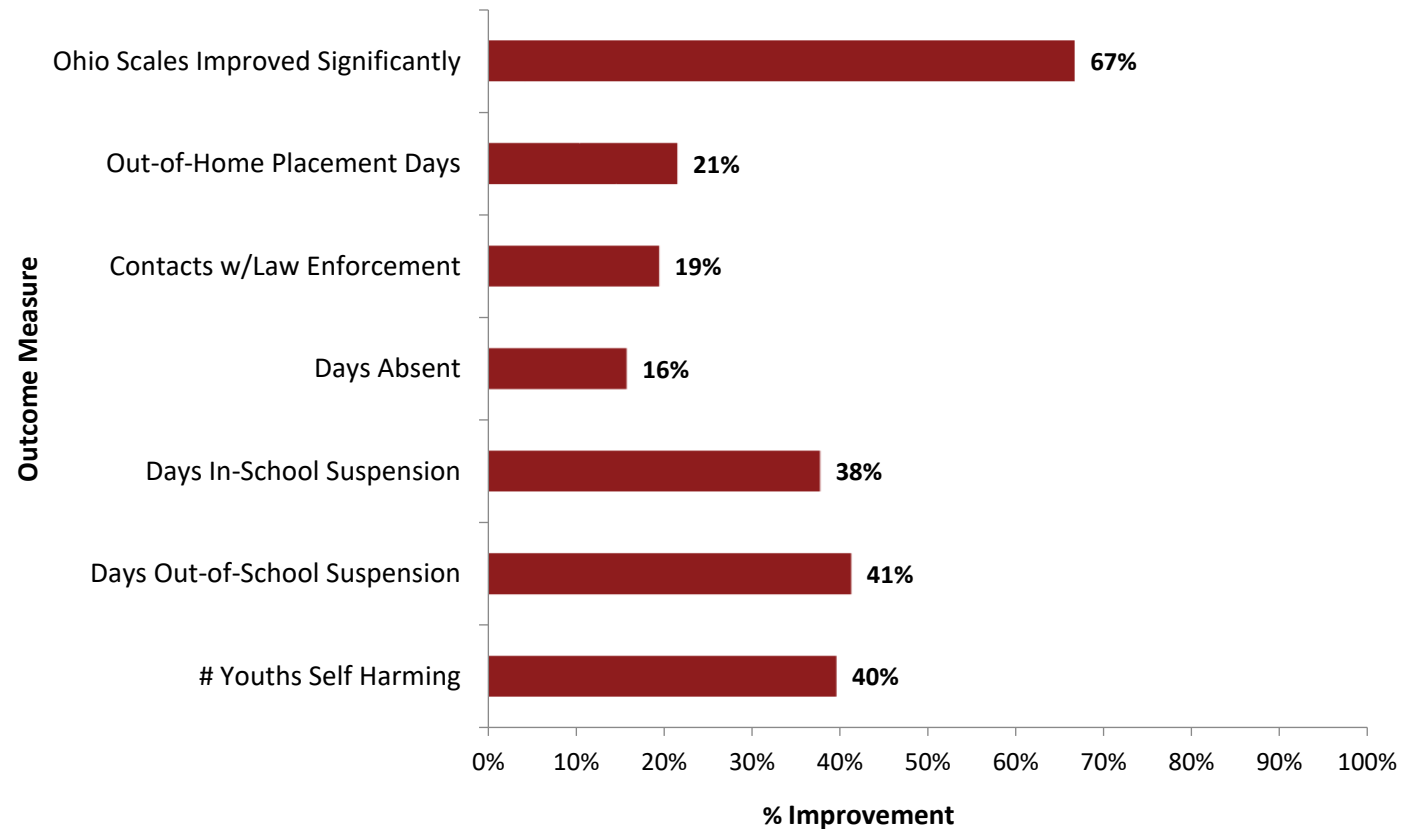


# OKSOC EVALUATION

OUTCOMES FOR CHILDREN, YOUTH, AND YOUNG ADULTS SERVED FISCAL YEARS 2021-2023

## Baseline to 6-month Improvement in Outcome Measures

(Data for 17642 Youths)

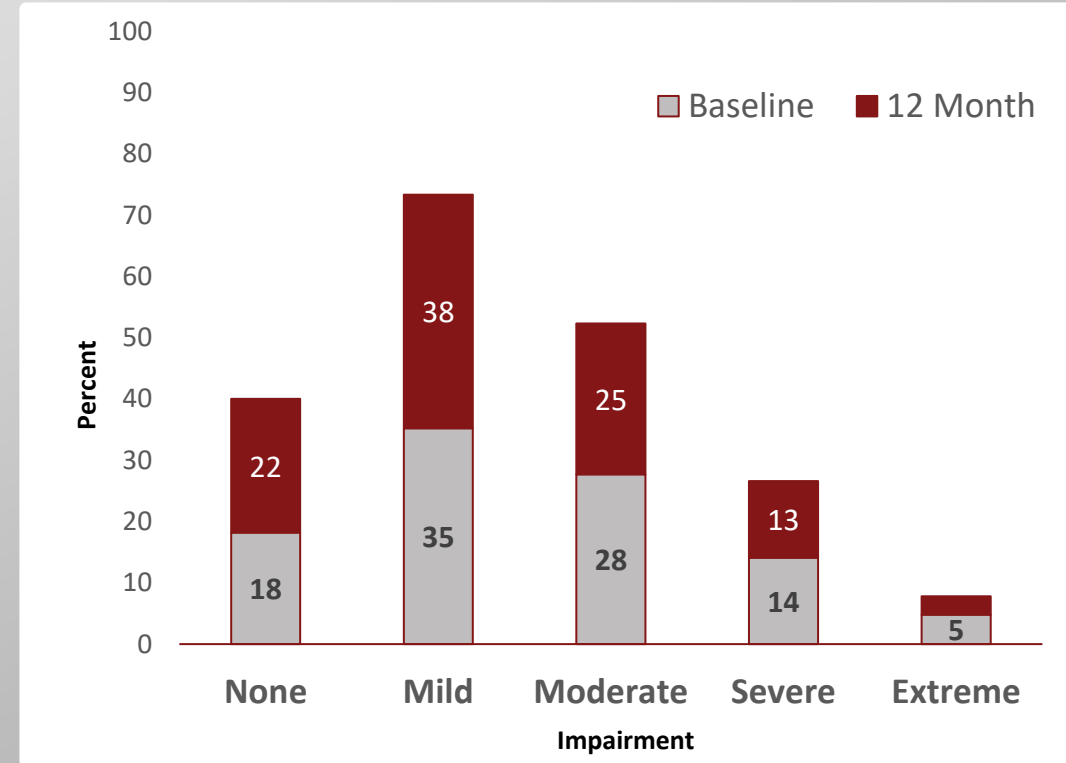


# OKSOC EVALUATION

- 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.

# OKSOC EVALUATION

- Caregiver Ratings of Family Dynamics
  - Most caregivers rated the impairment of their family functioning at the mild level.
  - Caregivers rated their family functioning as improving during their OKSOC enrollment.
    - 18.2% of caregivers scored their family dynamics at no impairment at baseline, while 21.8% did so at 12-month follow-up.
    - 4.8% of caregivers scored their family dynamics at extreme impairment at baseline, while 3% did so at 12-month follow-up.



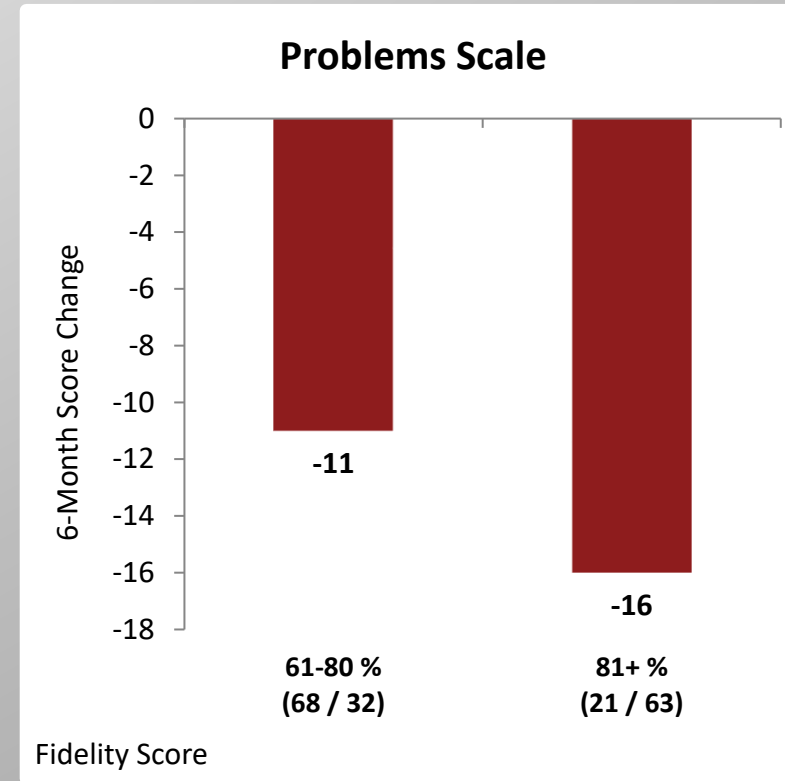
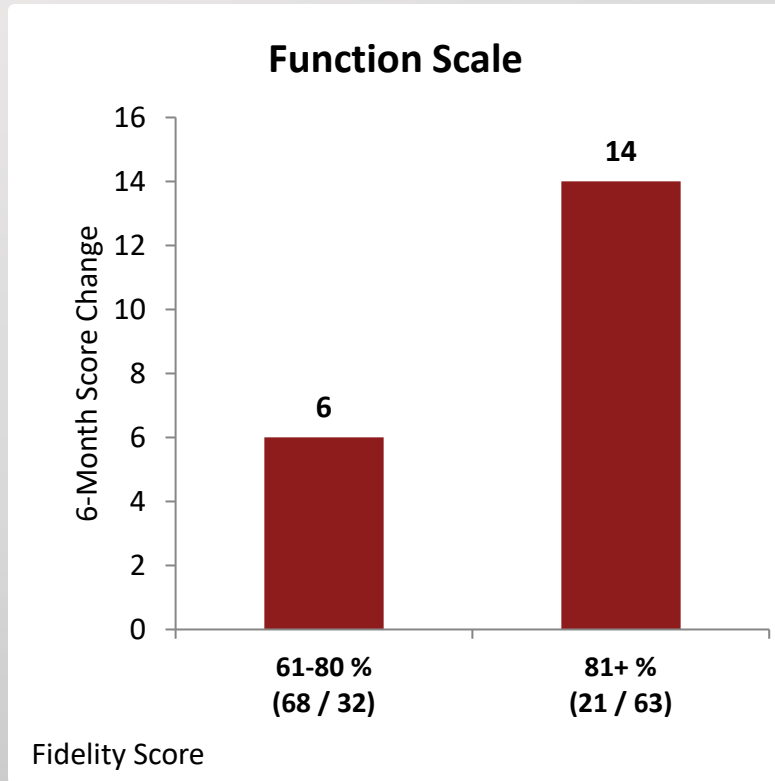
# OKSOC EVALUATION

- Wraparound Fidelity Index Short Form (WFI-EZ)
  - A reliable and valid measure of fidelity to wraparound principles.
  - Basic information about wraparound process;
  - A caregiver's experiences in wraparound;
    - 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



# OKSOC EVALUATION

## POINT CHANGE IN OHIO SCALES BY FIDELITY SCORE



# OKSOC EVALUATION

## 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.

### Comparison (non-OKSOC) 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).

### Treatment (OKSOC) 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 (-\$23,292).

# OKSOC EVALUATION

## 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).
- The *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.





**All OKSOC  
outcomes measures  
continue to show  
substantial positive  
program impacts.**



- 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.





&



E-TEAM has served as the OKSOC evaluators since 2002.

E-TEAM provides ongoing design and implementation of OKSOC's statewide evaluation, including development of EON—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.



# REFERENCES AND RESOURCES

[ETPS \(ODMHSAS\)](#)

[Leveraging Medicaid to Support Children and Youth Living With Complex Behavioral Health Needs - Manatt, Phelps & Phillips, LLP](#)

[Mobile Response & Stabilization Services | Innovations Institute \(uconn.edu\)](#)

[States Respond to Behavioral Health Crisis Children and Youth | Commonwealth Fund](#)

[Systems of Care \(oklahoma.gov\)](#)

[EON \(ou.edu\)](#)

[odmhsas.org/arc.htm](#)

[Grants | SAMHSA](#)

[Child Health \(EPSDT\) \(oklahoma.gov\)](#)

[Oklahoma Rules](#)

[Plans and Waivers \(oklahoma.gov\)](#)



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