

Service Design Site Visit Report

Oklahoma Department of Mental Health
and Substance Abuse Services
Oklahoma City, Oklahoma



Dates of Site Visit: November 19–21, 2013

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS2832007000031/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



Table of Contents

Oklahoma Department of Mental Health and Substance Abuse Services	ii
Executive Summary	iv
Awardee Overview, Environmental Context.....	1
1. Site Visit Overview.....	1
2. Awardee Leadership.....	2
3. Interagency Collaboration	3
4. Financing and Financial Mapping.....	3
5. Workforce Development.....	4
6. Implementation of Evidence-Based Practices.....	5
7. Family/Youth Involvement	5
8. Evaluation	7
Summary	7
Strengths and Considerations for Action	9
Abbreviations and Acronyms	17

Oklahoma Department of Mental Health and Substance Abuse Services

Awardee Name	Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Address	1200 NE 13th Street, Oklahoma City, OK 73117
Site Visit Dates	November 19–21, 2013
Program Name	Oklahoma Adolescent Recovery Collaborative
Grant TI Number	TI024262-01
Awardee Contact Person	Tiffani Harrison, M.A., LPC, 405-522-3842, Tharrison@odmhsas.org
Government Project Officer	Melissa V. Rael, M.P.A., R.N., B.S.N., Captain, U.S. Public Health Service
Site Visit Team Members	Pam Baston, M.P.A., CAP, CPP, JBS International, Inc. Doreen Cavanaugh, Ph.D., Georgetown University Peter Panzarella, M.A., M.S., LADC, LPC, Coach Consultant

Awardee Project Team Members	
Teresa Croom, M.Ed.	State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Principal Investigator and State Project Director, Systems of Care
Tiffani Harrison, M.A., LPC	SAT-ED Project Director and Program Manager, Children's Substance Abuse Services
David Wright, Ph.D.	SAT-ED Evaluator and Evaluation Programs Director
Katherine Davis	SAT-ED Data Analyst



Left to right: Tiffani Harrison, David Wright, Katherine Davis, Teresa Croom

Awardee Project Sites Visited	
ODMHSAS	1200 NE 13th Street, Oklahoma City, OK 73117
Specialized Outpatient Services, Oklahoma City	Met with staff at ODMHSAS office
Latino Community Development Agency, Oklahoma City	Met with staff at ODMHSAS office

Executive Summary

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is among 12 States and a territory awarded a Substance Abuse and Mental Health Services Administration State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. The October 2012 award provides funding to improve treatment for adolescents with substance use disorders (SUDs) or co-occurring substance use and mental disorders through the development of a learning laboratory with collaborating local community-based treatment provider sites.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. Awardees are expected to:

- ▶ Address needed changes to policies and procedures
- ▶ Develop financing structures that support the current service delivery environment
- ▶ Develop and implement a statewide workforce development dissemination plan
- ▶ Create a blueprint to increase the use of EBPs

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED awardees are required to:

- ▶ Improve interagency collaboration
- ▶ Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment
- ▶ Expand the qualified workforce to meet increasing service delivery needs
- ▶ Disseminate EBPs
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes

During the November 19–21, 2013, site visit to Oklahoma, the team reviewed its many accomplishments as a SAT-ED awardee and considered areas where technical assistance might enhance performance and services. The ODMHSAS' organizational structure, which includes responsibility for both SUD and mental disorder treatment systems and responsibility for managing behavioral health Medicaid funding, positions it well for successful SAT-ED implementation. Although decades of underfunding and lack of parity for substance abuse services has contributed to meeting an estimated one-third or less of the public-sector adolescent substance abuse treatment needs, ODMHSAS has an opportunity to leverage system

improvements shaped by prior and current behavioral health Federal awards to enhance its SAT-ED initiative.

ODMHSAS has developed a SAT-ED steering committee that meets monthly and consists of middle- and high-level managers of child-serving agencies. Despite Oklahoma's history of cross-system collaboration, many external and internal silos still exist. ODMHSAS can use its SAT-ED initiative to reduce these silos.

ODMHSAS behavioral health Medicaid program reimburses on a fee-for-service single-payer model and uses a waterfall payment mechanism to determine the appropriate payers based on eligibility and Federal funding maximization. ODMHSAS may benefit from unbundling its adolescent residential reimbursement rate to require providers to bill Medicaid and other third parties for the clinical treatment portion so that these State funds can be reallocated for other purposes.

ODMHSAS' SAT-ED initiative, Oklahoma Adolescent Recovery Collaborative, has supported a number of relevant training events for providers and other child-serving staff such as the neuroscience of adolescent drug use and training for youth on leadership and peer recovery support. ODMHSAS will need to develop a workforce dissemination plan by January 6, 2014, to address both the specialty sector and other child-serving agencies.

Staff at both provider pilot sites are certified in the Global Appraisal for Individual Needs I, and some providers from these sites have their basic Assertive Community Reinforcement Approach (ACRA) certification and are now working toward their full ACRA certification. The Oklahoma SAT-ED initiative has had to modify implementation of Assertive Continuing Care to meet Oklahoma's needs. Oklahoma has a developing parent support organization, Parents Helping Parents, for families of youth with a primary SUD and a developing youth recovery organization, Oklahoma's Citizen Advocates for Recovery and Treatment Association. Both provider agencies could benefit from increasing their use of engagement strategies and implementing outreach strategies to expand access to broader community populations in addition to youth in the juvenile justice system. Oklahoma's SAT-ED component has a rudimentary site-level evaluation plan that may be informed by the cross-agency data-sharing agreement currently in review. The SAT-ED initiative has not begun evaluating the required infrastructure measures. ODMHSAS will need to erect a firewall to ensure separation of implementation activities and the evaluation of these activities.

Overall, ODMHSAS has demonstrated a strong start to its SAT-ED implementation. ODMHSAS can build on this momentum to:

- ▶ Augment SAT-ED staff
- ▶ Continue the development of interagency collaboration
- ▶ Assemble a financial mapping workgroup
- ▶ Prepare a workforce dissemination plan
- ▶ Increase treatment access for youth with primary SUDs and their families

Awardee Overview, Environmental Context

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is responsible for Oklahoma's substance use disorder (SUD) and mental disorder treatment systems and for management of Oklahoma's behavioral health Medicaid funding and policy development. ODMHSAS has a robust system of care (SOC) for children's mental health and is

ODMHSAS is located in Oklahoma City and is one of eight child-serving agencies that report to the Governor.

committed to integrating its State Adolescent Treatment Enhancement and Dissemination (SAT-ED) initiative into these efforts. ODMHSAS has a number of SOC grants in various stages of implementation as well as other Federal grants for juvenile drug courts and indepth technical assistance (TA) for child welfare and SUDs. ODMHSAS is working to implement a health home service delivery model to facilitate cost-effective access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for children and adults with chronic conditions. At the time of the site visit, adolescents and adults with primary SUDs were being excluded from this behavioral health home model.

Oklahoma was also awarded a new Federal grant to enhance trauma-informed care in its child welfare system. ODMHSAS will be joining a State child welfare trauma workgroup to improve trauma screening and treatment for children in foster care and group homes. These federally funded initiatives are designed to improve quality and integrate and increase collaboration among State agencies serving children and families. ODMHSAS is integrating its SAT-ED initiative into these projects and has created a logic model depicting this integration. All ODMHSAS contracts require providers to be trauma informed and capable of addressing co-occurring disorders. ODMHSAS is developing comprehensive community addiction and recovery centers for SUDs.

ODMHSAS is part of multi-State agency data-sharing agreement that is in the process of being legally vetted and implemented. A cross-system coordinator will be hired to work with participating agencies on data requests. SAT-ED financial mapping requirements are included in this data-sharing agreement. ODMHSAS is successfully implementing its SAT-ED initiative while it collaborates with many other projects and system reforms. This effort is especially remarkable because ODMHSAS has been adversely affected by several tornados that hit Oklahoma, including a significant one that displaced some of its staff members.

1. Site Visit Overview

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit in Oklahoma on November 19–21, 2013. Melissa V. Rael, Oklahoma's SAT-ED Government Project Officer, participated in sessions via telephone. The site visit team reviewed the awardee's accomplishments and identified areas for growth and TA opportunities to enhance performance and services.

On the first day, the site visit team met with the ODMHSAS leadership and Oklahoma SAT-ED staff and key stakeholders to review the State's organizational structure, its SAT-ED progress, and its coordination with other State efforts. A meeting of the Interagency Collaboration Council followed. Participating Council members included a parent advocate and representatives from juvenile justice and child welfare agencies, Oklahoma City Public Education, Oklahoma City SAT-ED provider agencies, and SOC. The Council discussed workforce development, financial mapping, and collaboration.

A financing and policy discussion followed the Council meeting and included some Interagency Council members. The SAT-ED team provided an overview of Oklahoma's financing for its youth substance abuse and mental health service system. The remainder of the day included meetings with parents and youth. The second day began with a SAT-ED leadership team meeting on financing of the two SAT-ED provider sites. The site visit team then met with staffs from the two SAT-ED provider sites, Specialized Outpatient Services (SOS) and Latino Community Development Agency, to review their implementation of the Global Appraisal for Individual Needs I (GAIN I) assessment and the Assertive Community Reinforcement Approach with Assertive Continuing Care (ACRA-ACC). The provider meeting was followed by discussions about workforce development requirements and financing and expansion of ACRA-ACC as requested by Oklahoma's SAT-ED leadership team. The second day ended with a meeting with the evaluator and his assistant. The third day of the visit focused on financial mapping with technical and program staff, and the day ended with an exit interview with the Oklahoma SAT-ED leadership team.

2. Awardee Leadership

ODMHSAS is responsible for both the SUD and mental disorder treatment systems and is well positioned for planning and delivering co-occurring treatment. Its new responsibility for managing behavioral health Medicaid funding and policy enhances its ability to meet its SAT-ED goals. The SAT-ED leadership team appears very knowledgeable about adolescents with SUDs and SUDs with co-occurring mental disorders and has internal content expertise. The leadership is experienced in administering and managing previous federally funded behavioral health discretionary awards. The ODMHSAS leadership is aware of limited access to adolescent substance abuse treatment services in Oklahoma and appears committed to making changes. Oklahoma uses its SAT-ED infrastructure funds to support a full-time SAT-ED coordinator and a part-time (20 percent) internal evaluation staff. The shift from site implementation to infrastructure tasks has increased the need for SAT-ED staff support. To accomplish the multiple simultaneous SAT-ED tasks, ODMHSAS will need to augment its current staffing pattern. Multiple severe tornadoes hit Oklahoma during 2013. ODMHSAS staff were needed to assist with the emergency response for triage and clinical crises management, which unavoidably affected the timeliness of some SAT-ED implementation tasks.

3. Interagency Collaboration

Oklahoma's SAT-ED team created a steering committee to implement its SAT-ED award. The members consist of middle- to high-level managers from the Office of Juvenile Affairs (OJA), Department of Human Services (DHS), a Native American clinic, and parents from the Parents Helping Parents organization. Neither a representative from the Department of Public Health nor a youth is currently on the SAT-ED steering committee; both will need to be added. This group meets monthly and coordinates its work with the Children State Advisory Workgroup comprising managers serving the needs of children. Oklahoma has a high-level policy group called the Partnership for Children's Behavioral Health. In 2009, its eight members signed a memorandum of understanding (MOU). ODMHSAS staff are trying to add the SAT-ED requirements to the MOU. These groups have a number of common interests and are interested in identifying a uniform screening and assessment tool. Even with the many collaborative workgroups and committees, silos continue to be apparent across and within agencies on many levels. ODMHSAS is aware of these challenges and understands the need to work with these agencies to eliminate silos. ODMHSAS' SAT-ED can benefit from strengthening the connections between its initial steering committee and the Children's State Advisory Workgroup, ensuring that SAT-ED is a standing agenda item, and formalizing the SAT-ED-specific responsibilities in the MOUs.

4. Financing and Financial Mapping

Oklahoma SAT-ED staff have collected a significant amount of internal fiscal year 2012 financial data for financial mapping. The SAT-ED team needs financial data from OJA, DHS, and other agencies. The site visit provided financial mapping TA to managers, technical staff, and other stakeholders from various agencies. ODMHSAS uses some Substance Abuse Prevention and Treatment (SAPT) Block Grant and State funds to support adolescent SUD treatment. Oklahoma's behavioral health Medicaid program reimburses on a fee-for-service single-payer model. ODMHSAS uses a waterfall payment mechanism to determine the appropriate payer. ODMHSAS has various data-sharing agreements associated with its many Federal grants but has recently developed an overarching data-sharing agreement for its SAT-ED initiative and for broader use. ODMHSAS legal staff is reviewing the new data-sharing agreement; it is expected to be ready for implementation soon.

ODMHSAS is requesting a change to use the Recovery Support Specialist (RSS) code for reimbursement for services for clients who are ages 16 and 17. The current eligibility is set at age 18. Oklahoma Medicaid does not reimburse for residential treatment for primary SUDs. Although the SUD reimbursement rates are the same as those for mental health diagnoses, licensing regulations appear to create barriers for providers to capture the secondary diagnosis of SUD within the children's mental health system. While providers are capable of providing services, there is no additional compensation or financial incentives for these higher skill set designations. ODMHSAS is working to implement a health home service delivery model to facilitate cost-

effective access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for children and adults with chronic conditions. At the time of the site visit, adolescents and adults with primary SUDs were being excluded from this behavioral health home model.

ODMHSAS should ensure the financial mapping task is a high priority with policy decisionmakers and obtain the commitment of the necessary staff resources to complete the tasks on time. ODMHSAS can accomplish this priority by establishing a data workgroup with a chairperson who has significant cross-system data experience. Oklahoma should consider capturing Federal Medicaid reimbursement for the clinical services components of residential adolescent SUD treatment to free up some State funds for other purposes such as expansion and dissemination of its GAIN I assessment. ODMHSAS should consider including adolescent SUD treatment in its health home initiative.

5. Workforce Development

Oklahoma's SAT-ED has conducted a number of training events with providers and other child-serving staff. The topics included the neuroscience of adolescent drug use and the training of youth and peer recovery leadership. A 2011 study by ODMHSAS on its behavioral health workforce provides some information that will inform its SAT-ED initiative. However, the representation of the adolescent SUD and co-occurring workforce in this study is limited. ODMHSAS plans to develop a SAT-ED-specific survey. Currently, there is no comprehensive workforce development dissemination plan that includes all required SAT-ED elements. Thus, ODMHSAS will need to develop a workforce dissemination plan by January 6, 2014, to address both the specialty sector and other child-serving agencies. A template used by New York State for workforce development was sent to Oklahoma's SAT-ED coach to provide ideas on how the SAT-ED workforce can track the required elements. ODMHSAS will need to begin to capture the Government Performance and Results Act (GPRA) data on training events supported by the SAT-ED award. The evaluator will participate in GPRA TA as needed.

Providers funded by OJA are increasingly seeking ODMHSAS certification to deliver SUD treatment. This is considered part of the effort to increase juvenile justice providers' ability to bill Medicaid for treating youth with SUDs. ODMHSAS licensing management staff are aware of this and the potential to increase collaboration with the juvenile justice system.

6. Implementation of Evidence-Based Practices

SOS and the Latino Community Development Agency are Oklahoma's two SAT-ED sites. Both are in Oklahoma City. The staffs at both agencies are trained and certified in the GAIN I assessment instrument, and both sites are working on full ACRA certification. The providers have served 50 youth to date and collected GPRA followup data on 10 youth.

Although the providers report some benefits from using the GAIN I instrument and collaborate with one another on learning how to use the tool, staffs described the GAIN I as long and arduous and contributing to client frustration and adverse effects on client engagement. Provider staff currently break GAIN I implementation into two or three sessions; however, they are reimbursed for only one assessment session per client. The providers also report retention challenges with youth involved in the juvenile justice system who have a 3-month probation period because these youth can discontinue treatment when their probation ends. The provider that serves voluntary clients reported that treatment retention is not a significant issue with clients who volunteer to participate in the program.

Oklahoma has a limited number of licensed SUD clinicians who work with adolescents. These clinicians provide the office-based clinical service delivery of the ACRA intervention. Oklahoma does not have enough licensed SUD clinicians in its workforce to deliver ACC recovery support services in the community; instead, it uses recovery support staff for this purpose. An additional complication is that Oklahoma's Medicaid office will only reimburse aftercare services delivered by a staff member with a minimum of a bachelor's degree. Most of Oklahoma's recovery support staff do not hold this degree, so the ACC intervention is delivered by a team that includes someone who holds a bachelor's degree. Moreover, the current ACRA-ACC model requires the ACC interventionist to be certified in ACRA, which is cost prohibitive for Oklahoma. ODMHSAS will follow up with the ACRA-ACC model developers to explore adaptations to address Oklahoma's unique staffing issues. The providers also discussed the need to explore additional ways to engage parents and youth while maintaining fidelity to the ACRA-ACC model.

7. Family/Youth Involvement

New organizations exist for parents of youth with SUDs and youth in recovery. The site visit team interviewed a diverse group of youth and families including parents from Parents Helping Parents. This grassroots nonprofit group has three Oklahoma chapters and is growing through word-of-mouth and social media. The team interviewed other parents who were not part of the Parents Helping Parents organization but who had direct experience with children in Oklahoma's SUD and mental health treatment system. Two of the parents spoke Spanish, and the Latino Community Development Agency provided a translator. The parents reported difficulties in accessing treatment and expressed concerns about the lack of supports for youth transitioning from inpatient treatment to outpatient community settings. Parents expressed concern about a

lack of access to treatment for those who are uninsured or underinsured. One parent reported that she had to sell her home to pay for treatment. Most parents reported the need to go out of the State for residential treatment. Some parents found support from Parents Helping Parents to access treatment. Others reported that the lack of access to adolescent SUD treatment resulted in the eventual involvement of their children in the juvenile justice system, which did not facilitate treatment access even when parents specifically requested assistance.

The parents from the Latino Community Development Agency receive outpatient care using the ACRA model and reported a positive treatment experience for themselves and their children. The parents reported that their children's behavior at home and school performance have improved since treatment but expressed concerns about the need for continued supports to prevent relapse.

Families of youth with a primary SUD have the same need for treatment as families with youth with a primary mental disorder. Oklahoma families affected by SUDs need the same opportunities to grow and develop that the Oklahoma families affected by mental disorders have. Strengthening existing structures to support families of youth with SUDs should be initiated before including parents who are focused on mental disorders. Half of the students in the Oklahoma City public schools are Latino. The SAT-ED initiative should consider creating a Latino chapter of Parents Helping Parents.

The site visit team interviewed youth from the Recovery High School, Oklahoma's Citizen Advocates for Recovery and Treatment Association (OCARTA), and the Latino Community Development Agency. OCARTA has started a drop-in center for youth and young adults. The Recovery High School is a private school; there are no public recovery schools. All of the youth reported that schools provide access to substances and have a peer social environment that supports drug use. Youth report schools take a primary law enforcement approach such as drug-sniffing dogs and scanning devices yet did not provide meaningful prevention, intervention, and access to treatment. Parents described a similar situation with schools. Current school policy typically dictates lengthy suspensions or expulsions to deal with substance abuse. All youth report limited opportunities to participate in prosocial activities and healthful alternatives to substance use. Oklahoma's SAT-ED team should consider harnessing the energy of the youth in recovery who participated in the site visit. These youth could be used to participate in panel discussions for different constituency groups (e.g., agency staff, legislators, policymakers). Oklahoma may want to develop a strategic plan to help its education system better address its substance abuse issues; it can include various effective school-based interventions for youth substance abuse (e.g., school-based health clinics, student assistance).

8. Evaluation

Oklahoma's SAT-ED evaluation component has a rudimentary site-level evaluation plan that may be informed by the cross-agency data-sharing agreement currently in review. The evaluator described a plan at the site level that includes satisfaction measures on the process of entering treatment and treatment quality. The ODMHSAS initiative has not begun evaluating the required infrastructure measures. It is in the process of accessing all GAIN I data variables for its site-level evaluation. SAT-ED providers appear to be entering their own GPRA data, and the GPRA quality control process is not clear. Oklahoma's SAT-ED staff should check with the Federal Project Officer on GPRA data entry. Oklahoma's SAT-ED initiative will be adapting its ACC model and may encounter challenges in evaluating the effect of these changes on fidelity measures and outcomes.

Oklahoma's SAT-ED initiative will need to shift its focus from the site-level evaluation to the infrastructure process evaluation. Oklahoma's SAT-ED has agreed to pilot the infrastructure measures and may benefit from formalizing this process in an operational plan. Oklahoma would benefit from peer-to-peer learning with other SAT-ED evaluators evaluating the GAIN I and ACRA-ACC models. Oklahoma's planned changes to the ACC intervention provide opportunities for exploring the role of fidelity on outcomes. Oklahoma's SAT-ED evaluator will need to identify and document the changes Oklahoma is making in its ACC model and ensure that these changes are implemented uniformly. Because the current lead evaluator expressed a preference for implementation, ODMHSAS may want to redesign the evaluation team.

Summary

ODMHSAS leadership is well experienced in SOC, co-occurring treatment, and service integration and is well positioned in State government to meet SAT-ED goals. ODMHSAS has received multiple Federal discretionary funding grants to improve access to and quality of mental health and SUD services in Oklahoma. The Oklahoma adolescent SUD treatment system is in need of attention, expansion, and enhancements that fit with the goals of the SAT-ED award. Oklahoma's SAT-ED staffing will need to be augmented to meet SAT-ED award goals, and SAT-ED will need to redesign its evaluation team.

ODMHSAS is requesting coordination of TA for its many Federal initiatives, including SAT-ED. ODMHSAS is implementing ACRA-ACC and GAIN I with the SOS and Latino Community Development Agency in Oklahoma City. The Latino Community Development Agency can provide the GAIN I and ACRA-ACC in Spanish. Both sites are certified in the GAIN I and are in the process of full certification in ACRA. Oklahoma's SAT-ED is adapting the ACC intervention because of reimbursement and workforce issues. These changes in ACC staff training and certification will need to be tracked closely by the SAT-ED evaluation team.

The Oklahoma Adolescent Recovery Collaborative staff have started to work on financial mapping internally and need to make this a policy priority with partner State agencies. There is a collaborative environment on the interagency workgroup that is addressing workforce development, financial mapping, and other SAT-ED goals. Oklahoma's SAT-ED staff have developed relationships with parents and youth with SUDs. The input of youth with SUDs and their parents needs to be developed and integrated at the policy and community levels. Overall, ODMHSAS has demonstrated a strong start to its SAT-ED implementation. ODMHSAS can build on this momentum to:

- ▶ Augment SAT-ED staff
- ▶ Continue the development of interagency collaboration
- ▶ Assemble a financial mapping workgroup
- ▶ Prepare a workforce dissemination plan
- ▶ Increase treatment access for youth with primary SUDs and their families

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- Having responsibility for both substance use and mental disorder treatment systems positions ODMHSAS well for planning and delivering SUD treatment and SUD and co-occurring mental disorder services for adolescents.
- ODMHSAS' responsibility for management of behavioral health Medicaid funding and policy development positions it well for the SAT-ED award.
- Oklahoma uses its SAT-ED infrastructure funds to support a full-time SAT-ED coordinator and a part-time (20 percent) internal evaluation staff member.
- Oklahoma's SAT-ED team appears very knowledgeable about adolescents with SUD.
- Work on other previous and current behavioral health awards supports Oklahoma's implementation of its SAT-ED award.

CHALLENGES

- Adolescent behavioral health services in Oklahoma are limited. Decades of underfunding and lack of parity for substance use and mental disorder services have contributed to Oklahoma's limited capacity to serve only approximately one-third of youth in need of SUD treatment.
- Multiple severe tornadoes affected SAT-ED implementation as ODMHSAS leadership was temporarily reassigned.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	To accomplish the multiple simultaneous SAT-ED tasks, Oklahoma's SAT-ED initiative can benefit from augmenting its current staffing pattern.	X		

Interagency Collaboration

STRENGTHS

- ODMHSAS pulled together an initial SAT-ED steering committee as it was developing its SAT-ED grant application. The members of this committee consist of representatives from OJA, DHS, Parents Helping Parents, and a Native American clinic. The committee meets monthly.
- The initial SAT-ED steering committee reports to the Children's State Advisory Workgroup comprising child-serving agency managers. Oklahoma also has a high-level leadership group called Partnership for Children's Behavioral Health. In 2009, all eight leaders developed an MOU. ODMHSAS staff are trying to add the SAT-ED requirements to the MOU.
- The SAT-ED steering committee members expressed an interest in identifying a uniform screening and assessment tool.

CHALLENGES

- ODMHSAS' SAT-ED interagency steering committee does not include a public health representative or a youth member; both are required by the SAT-ED award.
- External (across agency) and internal (intraagency) silos exist at many levels in Oklahoma.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	ODMHSAS' SAT-ED can benefit from strengthening connections between its initial steering committee and the Children's State Advisory Workgroup and formalizing the SAT-ED-specific responsibilities in the MOUs.	X		

Financing and Financial Mapping

STRENGTHS

- ODMHSAS has collected a significant amount of financial data for fiscal year 2012.
- ODMHSAS has various data-sharing agreements associated with its many Federal grants and recently developed an overarching data-sharing agreement for the SAT-ED initiative and for broader use. ODMHSAS legal staff are reviewing this new data-sharing agreement, which is expected to be ready for implementation soon.
- ODMHSAS is trying to expand its RSS codes that currently permit reimbursement of RSS services only for youth ages 18 and older.
- ODMHSAS uses some of its SAPT Block Grant and State funds to support adolescent SUD treatment.
- Oklahoma's behavioral health Medicaid program reimburses on a fee-for-service single-payer model. ODMHSAS uses a waterfall payment mechanism to determine the appropriate payer.

CHALLENGES

- ODMHSAS should consider reducing the minimum age requirement for RSS to ages 16 and older.
- Oklahoma's SAT-ED initiative still needs financial information from OJA, DHS, and other child-serving agencies.
- Oklahoma Medicaid does not reimburse residential treatment for youth with SUDs.
- Mental health practitioners may not capture a secondary SUD diagnosis. Providers are discouraged from identifying SUDs if they are not licensed to treat SUDs.
- Oklahoma does not have a Medicaid code for reimbursement of RSS to adolescent SUD clients. Oklahoma's data set identifies co-occurring treatment, but its providers have no financial incentives to provide this higher cost care.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	ODMHSAS should ensure financial mapping is a high priority in policy discussions and ensure the dedication of appropriate staff resources. ODMHSAS should establish a data workgroup and chairperson with significant cross-systems information technology and data experience.	X		
2	ODMHSAS may benefit from unbundling its adolescent residential reimbursement rate to require providers to bill Medicaid and other third parties for the clinical service component. This would allow funds to be reallocated for other purposes, such as to disseminate GAIN and ACRA.	X		
3	ODMHSAS should consider including youth with a primary SUD diagnosis in its health home initiative.	X		

Workforce Development

STRENGTHS

- ODMHSAS conducted a 2011 workforce behavioral health study that provides information that may inform a SAT-ED-specific workforce development survey.
- ODMHSAS' SAT-ED initiative has supported a number of training events for providers and other child-serving staff on the neuroscience of adolescent drug use and training for youth on leadership and peer recovery support.

CHALLENGES

- ODMHSAS does not have a SAT-ED workforce development plan.
- ODMHSAS' SAT-ED initiative needs to capture GPRA data on training events supported in part or whole by SAT-ED funds.
- OJA providers are increasingly pursuing certification/licenses in SUD treatment, which may create duplicative parallel SUD treatment systems.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	By January 6, 2014, ODMHSAS will need to develop a workforce dissemination plan to address the specialty sector and other child-serving agencies.	X		

Implementation of Evidence-Based Practices

STRENGTHS

- SAT-ED staffs at both provider agencies are GAIN I certified.
- Both SAT-ED provider sites are working toward their full ACRA certification.
- SAT-ED providers have served 50 youth to date and have collected GPRA followup data on 10 youth.
- Both providers reported some benefits from using the GAIN I assessment and the ACRA model.

CHALLENGES

- Oklahoma's sites describe the GAIN I as long and arduous and contributing to client frustration and adverse effects on client engagement. Provider staff currently break the GAIN I implementation into two or three sessions but are reimbursed for only one assessment session.
- Both providers discussed continuing care retention challenges because most youth are referred by OJA for a limited 3-month probation period and the youth are not interested in continuing care after their probation ends.
- Oklahoma may experience difficulties because of conflicting requirements. Although the ACRA model requires that users have a bachelor's degree, Oklahoma requires that users have a master's degree.
- Oklahoma does not have enough licensed clinicians in its workforce to deliver ACC recovery support services in the community. SAT-ED providers must use recovery support staff who are not clinicians to deliver ACC.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Both provider agencies may benefit from exploring family and youth engagement strategies that are compatible with the ACRA-ACC model.	X		

Family/Youth Involvement

STRENGTHS

- Oklahoma is developing a parent support organization, Parents Helping Parents, for families of youth with a primary SUD.
- Oklahoma's adolescent Recovery High School has a specific Alcoholics Anonymous group that is open to community youth with SUDs.
- Oklahoma's SAT-ED initiative has a close working relationship with OCARTA, a new advocacy contract with a substance abuse treatment provider to run the drop-in center for youth, and attempts have been made to start a youth advisory council.
- The SAT-ED team did a great job of convening a panel of diverse youth and families to share their experiences accessing adolescent SUD treatment.

CHALLENGES

- Staff training is needed to support youth who are transitioning from inpatient treatment to outpatient community settings.
- Most Oklahoma parents interviewed by the site visit team reported that substance abuse treatment was not available to individuals who lacked insurance. One parent reported she had to sell her home to pay for her child's treatment. Most parents also reported having to go out of State to obtain adolescent SUD treatment.
- Several parents reported being unable to obtain assistance or support when accessing treatment for their children until they connected with one of Oklahoma's three chapters of Parents Helping Parents. Oklahoma may want to explore how to use this organization as a mechanism for obtaining input from parents in its SAT-ED initiative. Oklahoma may also want to promote the development of a Latino chapter of Parents Helping Parents.
- Youth reported that schools were the source of their access to substances and provided the social opportunities that supported their substance abuse. Youth also reported that, although their schools had drug-sniffing dogs and scanning devices to deter drug use, the schools offer few or no drug prevention or early intervention opportunities. This challenge was similarly described by parents who reported that, when their children were identified as using drugs, the schools focused solely on lengthy suspensions and expulsions and did not help them access SUD treatment resources.
- Parents reported that the lack of access to adolescent SUD treatment resulted in the eventual involvement of their children in the juvenile justice system, which similarly did not facilitate access to treatment, even when parents specifically requested assistance.
- Families of youth with a primary SUD have the same need for treatment as families with youth who have a primary mental disorder.
- Youth reported few opportunities to participate in prosocial activities, hobbies, and other activities that provide healthful alternatives to substance use.
- Oklahoma's families affected by SUDs need the opportunities to grow and develop in the same way as families with mental disorders.

Family/Youth Involvement				
Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The State may benefit from strengthening existing structures to support families of youth with SUDs before expanding to include parents and youth who are focused on mental health efforts.	X		
2	The State may benefit from engaging the articulate youth with whom the site visit team met and using them on a panel for different constituency groups (e.g., agency staff, legislators).	X		

Evaluation

STRENGTHS

- ODMHSAS' SAT-ED evaluation component has a rudimentary site-level evaluation plan that may be informed by the cross-agency data-sharing agreement currently in review.
- The SAT-ED evaluator described a plan at the site level that would include satisfaction measures on the process of entering treatment and treatment quality.

CHALLENGES

- ODMHSAS' SAT-ED initiative has not begun evaluating the required infrastructure measures.
- ODMHSAS' SAT-ED is in the process of accessing all of the GAIN I data.
- ODMHSAS' SAT-ED providers appear to be entering their own GPRA data, and the GPRA quality control process is not clear.
- Oklahoma's SAT-ED initiative will be adapting its ACC model and may encounter associated challenges.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Oklahoma's SAT-ED initiative will need to increase its evaluation focus on the required SAT-ED activities and may benefit from formalizing this process in an operational plan.	X		
2	Oklahoma's SAT-ED evaluator may benefit from working with evaluators from other SAT-ED States that are implementing the ACRA-ACC model with fidelity to explore the importance of fidelity to achieving intended outcomes.	X		
3	ODMHSAS' SAT-ED evaluator will need to identify and document the changes Oklahoma is making in its ACC model and ensure that these changes are implemented uniformly.	X		
4	ODMHSAS' SAT-ED needs to erect a firewall to ensure separation of implementation and evaluation. Because the current lead evaluator expressed a preference for implementation, ODMHSAS may want to redesign the evaluation team.	X		

Abbreviations and Acronyms

ACC	Assertive Continuing Care
ARC	Adolescent Recovery Collaborative
ACRA	Assertive Community Reinforcement Approach
CSAT	Center for Substance Abuse Treatment
DHS	Department of Human Services
EBP	evidence-based practice
GAIN	Global Appraisal for Individual Needs
GPRA	Government Performance and Results Act
MOU	memorandum of understanding
OCARTA	Oklahoma's Citizen Advocates for Recovery and Treatment Association
ODMHAS	Oklahoma Department of Mental Health and Substance Abuse Services
OJA	Office of Juvenile Affairs
RSS	Recovery Support Specialist
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment (Block Grant)
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SOC	system of care
SOS	Specialized Outpatient Services
SUD	substance use disorder
TA	technical assistance