

**Oklahoma Department of Mental Health  
and Substance Abuse Services  
Policy Change Evaluation for the  
Transformation State Incentive Grant  
Fiscal Year 2006 – 2007**

**Oklahoma**

Governor's Transformation Advisory Board Evaluation Workgroup

**Prepared by:**

John Hornik, Ph. D., Advocates for Human Potential

Jenifer Urff, J. D., Advocates for Human Potential

David Wright, Ph. D., Oklahoma Department of Mental Health and Substance Abuse Services

Karen Frensley, MBS, LMFT, Innovation Center

This report was supported by a grant from the Substance Abuse and Mental Health Services Administration (SM-05-009) Cooperative Agreements for Mental Health Transformation Grants.

## **Oklahoma's Policy Change Evaluation: Findings and Cross-Cutting Themes and Priorities**

### **Overview**

In calling for a fundamental transformation of the way mental health services in the United States are delivered, the 2003 President's New Freedom Commission on Mental Health observed that a transformed mental health system would integrate programs that are fragmented across levels of government and among many agencies. The Commission's Final Report provided a comprehensive review of the problems in the current mental health system and specific recommendations for change, including several recommendations for policy changes related to improving access, effectiveness, and accountability.<sup>1</sup>

Although the Commission's Final Report did not provide a specific blueprint for implementing its recommendations, the Federal Action Plan released in 2005 emphasized the important role of policy in achieving the Commission's goals. The Action Plan noted: "Transformation is a powerful word with implications for policy, funding, and practice, as well as for attitudes and beliefs."<sup>2</sup>

In implementing and monitoring the Mental Health Transformation State Incentive Grant (TSIG) program, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) has guided States in evaluating the effectiveness of their programs. As part of this overall evaluation, CMHS asked States to evaluate mental health policy changes.

Within the framework provided by CMHS and the Government Performance and Results Act (GPRA), Oklahoma documented and analyzed policy changes that have occurred since the state received its TSIG award in 2005. State agencies surveyed are responsible for corrections, juvenile justice, rehabilitation services, human services (including TANF, child welfare and day care licensing), children's advocacy, public health, and Medicaid.<sup>3</sup> The directors of these agencies are all part of the Governor's Transformation Advisory Board, which is the Oklahoma transformation working group required of all TSIG grantees.

---

<sup>1</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

<sup>2</sup> Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, *Transforming Mental Health Care in America. Federal Action Agenda: First Steps*. DHHS Pub. No. SMA-05-4060. Rockville, MD: 2005.

<sup>3</sup> The data collection matrix uses CMHS and GPRA descriptions of state agencies that do not always reflect the organizational structure of Oklahoma's state government. For example, mental health and substance abuse are defined as two agencies, although in Oklahoma they are combined in a single agency, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). The Governor's Transformation Advisory Board (GTAB) also is considered to be a separate agency. This report describes agencies consistent with Oklahoma's organizational structure and, thus, may result in some inconsistencies with the agency matrices included in Appendix 2 of this report. The specific state agencies involved in this study are listed in Appendix 1 of this report.

The main purpose for conducting this policy change study is to identify and document policy changes affecting people with mental illnesses and substance abuse, as requested by SAMHSA in connection with Oklahoma's TSIG grant. However, several additional purposes also support this work. First, this study provides an opportunity to develop the capability for systematic reporting on policy changes and provides a recent history of policy changes for state agencies, which can be updated in future years. In addition, the policy change information provides a foundation for identifying additional opportunities for expansion of current efforts and for developing new possibilities for interagency collaborations. And finally, state leaders hope that the process of systematically examining policy changes for behavioral healthcare in a multi-agency context will encourage greater collaboration among agencies in planning for the future.

### **Methodology**

For the purposes of this study, "policy" is defined broadly by CMHS<sup>4</sup> to include:

- A written document, whether legislative or administrative, directing an action or event at the State level. This includes change achieved through a broad range of mechanisms, such as statutes, regulations, administrative directives and guidance, provider contracts, clinical practice guidelines, strategic plans, and mission statements.
- A written document directing financing changes such as changes in appropriations, billing codes or reimbursement procedures, or the State's Medicaid plan; or other financing changes such as innovative pooling or braiding of funding.
- An organizational change such as written interagency or intra-agency agreements, creation or elimination of positions, creation of a new reporting structure, and permanent changes in staff composition.

To gather information on policy changes, a team of external and internal evaluators met with leadership, senior staff, and mid-level managers from each of the state agencies participating in the policy change study. Evaluators used a semi-structured interview protocol designed for this purpose. Evaluators also reviewed compilations of statutes, administrative rules and available annual reports describing policy changes and priorities.

A content analysis was performed on the resulting information, which was categorized by type and consolidated in a concise matrix for each agency that matched each policy change to variables required within the various GPRA measures. Specifically, each state agency matrix includes a brief description of each policy change and its effective date; the mechanism of change (statute, agency rule, etc.); agencies involved; populations affected by the change; and the impact of the change and its relevance to SAMHSA,

---

<sup>4</sup> Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, *GPRA Definitions, Instructions and Forms for Mental Health Transformation State Incentive Grant (MHT SIG) Program*. Rockville, MD 2008.

GPRA measures, New Freedom Commission goals, and the State’s own Needs Assessment Resource Inventory (NARI) and Comprehensive Mental Health Plan (CMHP). These matrices are attached as an appendix to this report. This report and appendices will be updated annually throughout the term of the TSIG grant.

**Findings**

This section of the report briefly summarizes findings that emerged from policy changes enacted or implemented during the time period September, 2005 – August, 2007.

Although not all policy changes described in this report can be directly attributed to the receipt of the TSIG grant, this report and appendices will be used to establish a baseline for future policy evaluations.

Agencies participating in the study identified 207 policy changes affecting people with mental illnesses and substance use disorders that were enacted or implemented during the study period. Please note this is a *duplicated* total, which was derived by aggregating the total number of policy changes identified by each agency, whether or not the policy change resulted from a collaboration with other agencies. For example, a collaboration involving OJA, OCCY, and OSDH would appear here as three separate policy changes.

Of the policy changes identified,

- 144 (or 70%) are general policy changes.
- 44 (or 21%) are financing policy changes, which includes increases in appropriations and changes to provider reimbursement.
- 19 (or 9%) are organizational changes reflecting new policy priorities within the agency.

<b>Agency</b>	<b>General Policy Changes</b>	<b>Finance Policy Changes</b>	<b>Organizational Changes</b>	<b>Total Number and Percentage of Policy Changes</b>
DOC	5	6	5	16 7.7%
DRS	8	0	0	8 3.9%
OCCY	9	2	0	11 5.3%
ODMHSAS	36	16	7	59 28.5%
OHCA	39	9	1	49 23.7%
OJA	10	5	4	19 9.2%
OKDHS	21	4	1	26 12.6%
OSDH	16	2	1	19 9.2%
<b>Total</b>	<b>144</b>	<b>44</b>	<b>19</b>	<b>207 100%</b>

Most of the policy changes included in the study were specifically targeted to address service needs or concerns related to people with mental illness and substance use disorders. However, some changes were more far-reaching, involving a broader population, but nevertheless have a significant impact on people with mental illnesses and substance use disorders. For example, the All Kids Act passed in 2007 is designed to

permit children in families with incomes up to 300 percent of the poverty level to access SoonerCare through the Insure Oklahoma program. If this waiver is approved by the Federal Centers for Medicare and Medicaid Services (CMS), approximately 35,000 additional children will have access to health insurance.

The total number of separate policy changes among all the agencies is 129. This is an unduplicated count that includes a policy change only once, even if multiple agencies collaborated to achieve or implement the change. Of these 129 policy changes,

- 84 (or 65%) are general policy changes.
- 27 (or 21%) are financing policy changes.
- 18 (or 14%) are organizational changes.

### *Agency Collaborations*

During the study period, every agency included in the study described policy changes that resulted from collaborations with other state agencies. These collaborations ranged from collaborations involving two agencies to collaborations involving as many as seven state agencies, plus the GTAB. Many of the broadest collaborative efforts focused on the mental health and substance abuse treatment needs of children and adolescents. For example, seven agencies participating in the study collaborated to develop a coordinated budget request for children’s behavioral health totaling \$15 million in requests. The Partnership for Children’s Behavioral Health also adopted a 5-year strategic plan for future coordinated budget requests. Several additional collaborations described in other sections of this report also focused on children and adolescents.

An overview of agency collaborations is provided below:<sup>5</sup>

<b>Agency</b>	<b>Collaborations with One Additional Agency</b>	<b>Collaborations with Two or More Additional Agencies</b>	<b>Total Collaborations with at Least One Additional Agency</b>	<b>Total Collaborations as a Percentage of Total Policy Changes*</b>
DOC	7	2	9	56.3%
DRS	3	3	6	75.0%
OCCY	2	9	11	100.0%
ODMHSAS	17	13	30	50.8%
OHCA	10	14	24	49.0%
OJA	3	8	11	57.9%
OKDHS	6	11	17	65.4%
OSDH	2	9	11	57.9%
<b>Total</b>	<b>50</b>	<b>69</b>	<b>119</b>	<b>57.5%</b>

\*Denominator to calculate this result is in the preceding table.

<sup>5</sup> Please see Appendix 1 for a list of agency acronyms used.

All agencies engaged in frequent collaborations to implement policy changes affecting people with mental illnesses. With the exceptions of OCCY and DRS, which collaborated more frequently than other agencies on these policy changes, total collaborations as a percentage of an agency’s total policy changes ranged from 49 – 65.4 percent.

*Mechanisms of Change*

Although advocacy related to mental health and substance use disorders often focuses on legislative proposals, only 12 of the policy changes were achieved through statutory change (not including appropriations legislation). Of statutory changes identified during the study period, only 2 (or 17%) involved collaborations of two or more agencies. By contrast, the largest number of policy changes (93) were enacted or implemented through changes to internal policies or procedures that did not require public comment or review. The largest number of collaborations (55 or 59%) used this less formal approach to adopting policy change. Although only 23 policy changes were achieved through an appropriations increase, nearly 75 percent of these changes involved collaborations.

Change mechanisms and their use in policy changes resulting from inter-agency collaborations are summarized below. *Please note that some policy changes may have been achieved through multiple change mechanisms; all change mechanisms identified by the agency are included here.*

<b>Change Mechanism</b>	<b>Number (and Percentage) of Policy Changes Accomplished Using This Change Mechanism</b>	<b>Number of Collaborations Using This Change Mechanism</b>	<b>Percentage of Policy Changes Using This Change Mechanism Achieved Through Collaboration</b>
Statutory Change	12 5.2%	2	16.7%
Appropriations Increase	23 9.9%	17	73.9%
Administrative Rule Change	64 27.5%	31	48.4%
Contract Language	41 17.6%	25	61.0%
Internal Policies and Procedures	93 39.9%	55	59.1%
Total	233 100%	130	55.8%

Many of the policy changes identified during the study period focused specifically on children, adolescents, or adults. Only a few focused on other special populations, such as older adults, men or women, or specific racial or ethnic populations. One policy change – a special \$2 million appropriation that was received to support a housing initiative in Tulsa for people with mental illnesses who are homeless – focused on people who are homeless as a special population.

The policy change matrix for each state agency describes, to the extent possible, the impact of each specific policy change on people with mental illnesses and substance use disorders. This information is useful to understand the ways in which multiple service systems are modifying their programs and services, but it is important to note that it does not provide useful comparative data related to mental health transformation. For example, one policy change may affect a large number of people with an expansion of existing services, while another may affect only a small number of people through an innovative and collaborative pilot program that facilitates recovery for people who meet specific characteristics. Both kinds of policy change are essential to system transformation, and neither can be “evaluated” on the basis of the amount of funding provided, the number of people affected by the change, or other estimates of impact.

### **Cross-Cutting Themes and Priorities**

Data collected through the policy change study reveal several themes and priorities that cut across agencies and service systems, including the following:

- Promote Early Intervention
- Improve the Quality of the Workforce by Increasing Provider Training
- Improve Access to Services by Expanding the Provider Pool
- Improve the Quality and Effectiveness of Services
- Improve Efficiency
- Expand the Use of Data and Evaluation
- Increase Available Resources for Specific Purposes

This section of the report briefly describes these cross-cutting themes and priorities and provides specific examples identified through the policy change study. Please note that these examples are not intended to be comprehensive, but they are illustrative of the kinds of policy changes identified during the study period and described in the state agency matrices attached at Appendix 2.

**Promote Early Intervention.** Nearly every agency serving children and adolescents reported a trend toward earlier intervention for children with emotional disorders or at risk for developing them. In some cases, this involved a significant shift in resources to prioritize the needs of younger children and their families. For example:

- OKDHS, OHCA, OSDH, and OCCY collaborated to develop a program to “endorse” child care workers, educators, and mental health professionals who receive specific training in infant mental health.
- OSDH revised its mission to serve children from birth to 13 years old, rather than 16 years old, allowing it to serve an additional 1,500 in the target population.
- OSDH trained child guidance staff in specific interventions targeted at young children and their parents, such as Parent-Child Interaction Training (funded by ODMHSAS and provided by the Oklahoma University Child Study Center) and the Incredible Years.

- ODMHSAS, OSDH, and OKDHS collaborated to provide technical assistance and consultation to child care providers who contact the state's child care warm line and, thus, facilitate early intervention among children ages birth to 5 years old with challenging behaviors.
- OSDH and OKDHS collaborated to implement Strengthening Families, an intervention designed to prevent child abuse and neglect by building protective factors around children and their families.
- OHCA, OSDH, and ODMHSAS collaborated with the Oklahoma University Child Study Center to facilitate behavioral health screenings for children ages 0-5 in five primary care pilot sites in Canadian County.
- ODMHSAS, OHCA, OKDHS, and OSDH collaborated to implement a Maternal and Infant Health Social Work benefit for pregnant and postpartum women enrolled in SoonerCare, with the goal of increasing identification and follow up care for women with high psychosocial risks.

**Improve the Quality of the Workforce by Increasing Provider Training.** Several agency initiatives focused on workforce development, with an emphasis on providing training and resources to support mental health and substance abuse treatment professionals and others who work with adults and children with mental and substance use disorders. This was an important category of cross-agency collaboration, especially with respect to children's services. For example:

- As discussed briefly above, ODMHSAS, OKDHS, OJA, and OCCY collaborated on efforts to reduce the use of seclusion and restraint and implement trauma-informed care in a range of service settings.
- ODMHSAS, OKDHS, OJA, OCCY, and OHCA sponsored two annual conferences on professionalizing youth work. These conferences included mental health and substance use disorder professionals as well as educators, child care workers, and others who work with young people. In 2007, more than 200 people attended this conference.

Other important policy changes related to improving the quality of the workforce included several initiatives within ODMHSAS and DOC to enhance the capacity of mental health and substance use providers to provide effective services to people with co-occurring disorders. In addition, several efforts to train providers regarding earlier interventions are described in that section of this report.

**Improve Access to Services by Expanding the Provider Pool.** Several agencies implemented policy changes designed to expand the number of providers who can provide needed services. In some instances, this involved changing provider requirements to expand the provider pool. In other instances, policy changes permitted providers to provide a new type or category of service. For example:

- DRS implemented new rural employment assistance contracts that allow contracting with an individual provider, rather than a provider agency, to provide services.

- OHCA and ODMHSAS collaborated to revise their case management rules to replace a required 4-6 day training with a Web-based training and add a lower level (associates degree or equivalent) case manager to provide case management services for children and adolescents under 21 in rural areas. Although the lower level case manager is still awaiting approval from CMS, these policy changes helped to increase from 1,200 to 1,700 the number of case managers statewide.
- ODMHSAS and OKDHS collaborated to permit providers to offer 30-180 day voluntary substance abuse treatment for children and adolescents in OKDHS residential facilities (to be paid for by ODMHSAS).

**Improve the Quality and Effectiveness of Services.** Nearly all policy changes are intended, ultimately, to improve the quality and effectiveness of services that people with mental illnesses and substance use disorders receive. However, some focus specifically on that goal, often providing additional or enhanced services or technical assistance designed to improve the effectiveness of particular interventions or programs. For example:

- DRS and ODMHSAS collaborated to implement a specialized mental health Supported Employment contract to provide comprehensive employment services to people with serious mental illnesses, improve assistance to people who lose initial and later job placements, and provide follow-along services when an individual's 90-day period of DRS support ends.
- OHCA, DRS, and OKDHS collaborated to allow continuation of Medicaid coverage when people are placed in jobs.
- OKDHS developed networks of "bridge families" – foster care families who can work directly as mentors with biological families to promote a quicker return to permanency.
- OHCA and OKDHS collaborated with the Oklahoma University Health Sciences Center Department of Pediatrics to create specialized "medical homes" for children in foster care and adoption.

Other policy changes focus specifically on implementation of evidence-based practices (EBPs) that are known to be effective in treating adults and children with mental health and substance use disorders or supporting their recovery. For example:

- OJA implemented Multi-Systemic Therapy (MST) for adolescents in Tulsa and Oklahoma City.
- DRS collaborated with the Oklahoma State Department of Education and state Community Mental Health Centers to implement two new Supported Employment programs.
- ODMHSAS and OJA collaborated to host a joint EBP summit.

Still other policy changes focus on implementing quality improvement processes. For example, ODMHSAS established a requirement that providers of substance use services complete staff "walk-throughs" of the admissions process, as recommended by the

Network for the Improvement of Addiction Treatment, to ensure that people receive prompt, appropriate attention that encourages their participation in treatment.

**Improve Efficiency.** Several agencies implemented policy initiatives designed to improve efficiency in service systems affecting people with mental illnesses. One of the most innovative is an OHCA initiative to expand its Emergency Room (ER) utilization process to identify high utilizers of ER services; develop Primary Care Provider (PCP) profiles related to ER utilization; notify PCPs of high utilization by their patients; and follow high utilizers with enhanced services, including behavioral health services provided through collaboration with ODMHSAS. This initiative contributed to an aggregate decrease of 19,260 ER visits for members identified with four or more ER visits in the previous quarter, resulting in savings of \$5.8 million.

Other efforts to improve efficiency are designed to support providers with clearer regulations and less unnecessary paperwork. For example:

- OHCA, ODMHSAS, and OKDHS collaborated on a Behavioral Health Collaborative Documentation Work Group to streamline documentation requirements, improve consistency between state agency policies, develop new EBPs, and review professional credentials and training.
- ODMHSAS and OHCA collaborated to revise outpatient behavioral health services rules to streamline documentation, broaden accessibility to providers, and develop consistency among state agencies, resulting in providers reporting a 40-60 percent decrease in documentation time.

**Expand the Use of Data and Evaluation.** Several initiatives designed to enhance data systems and improve the use of data and evaluation were implemented during the study period. For example:

- ODMHSAS and OSDH collaborated to develop a State Epidemiological Outcomes Workgroup to facilitate data sharing among all agencies with substance abuse prevention and/or treatment programs, and the State's first epidemiological profile report on substance abuse was approved by participating agencies.
- ODMHSAS established a new Data Integrity Review Team (DIRT) and implemented new outcome reporting requirements aimed at improving data collection among all 105 mental health and substance abuse treatment providers contracted with or operated by ODMHSAS. Outcomes addressed through these new requirements include changes in employment, housing and criminal justice status.
- OHCA initiated Focus on Excellence to implement an incentive-based rate plan for nursing facilities that measure improvements in five areas related to the quality of life, care, and services.

**Increase Available Resources for Specific Purposes.** Although state agency budgets were tight and the state legislature faced many funding priorities during the study period,

the legislature did provide new resources for several specific programs affecting adults and children with mental and substance use disorders. These initiatives included increased funding to OJA to provide mental health services in juvenile detention centers and increased funding to support children's systems of care, which now operate in 39 counties in the state.

In addition, an effective partnership emerged between ODMHSAS and DOC, which resulted in significant new funding to improve the delivery of mental health services to people with mental illness and/or substance use disorders who are involved with the criminal justice system. All of these changes involved new appropriations provided in 2006. These changes include:

- Hiring three new therapists to serve people with co-occurring mental illness and substance use disorders in prisons.
- Hiring three new discharge planners with mental health experience to ensure that each person in a correctional mental health unit has a specialized discharge plan.
- Creating eight new positions to develop four Re-entry Intensive Care Coordination Teams (RICCT) located at community mental health centers in Oklahoma City and Tulsa to facilitate community re-integration for offenders with mental illnesses.
- Increasing funding for Drug Courts from \$4 million to \$20 million, increasing from 1,500 to 4,000 the number of people who can be served through these courts.
- Obtaining \$1.25 million in new appropriations to fund 10 new mental health courts, increasing from 75 to 325 the number of people who can be served.

Some agencies modified reimbursement policies to ensure that providers received adequate funding to provide needed services. For example:

- ODMHSAS enhanced its rates for fee-for-service contracts with mental health service providers to equalize Medicaid and fee-for-service rates.
- OHCA modified Medicaid rules to permit easier reimbursement for substance abuse services.

## **Conclusion**

Since Oklahoma received its TSIG grant in 2005, until August, 2007, many state agencies were involved in developing and implementing 129 separate policy changes (unduplicated) that improve the delivery of services to people with mental illnesses and substance use disorders. Many of these changes involved collaborations across multiple agencies, facilitating the coordination of services and the sharing of resources. When each agency's policy changes are totaled without regard to collaborations that involved multiple agencies, 207 policy changes affecting people with mental illnesses were identified during the study period.

Some of these changes were accomplished through statute (5.2 percent), but most relied on less formal mechanisms such as changes to internal policies and procedures (39.9 percent). Changes achieved through increases in appropriations were the most likely to involve collaborations across agencies (73.9 percent), while changes achieved through statutory language were the least likely to involve collaboration (16.7 percent).

In documenting and reviewing these changes for all agencies, several cross-cutting themes and policy priorities emerged. These include the following: (1) promoting early intervention; (2) improving the quality of the workforce by increasing provider training; (3) improving access to services by expanding the provider pool; (4) improving the quality and effectiveness of services; (5) improving efficiency; (6) expanding the use of data and evaluation; and (7) increasing available resources for specific purposes.

These findings and themes will provide a baseline for future policy change reviews. In particular, evaluators will study whether agencies continue or expand their collaborative approaches to policy change and whether they continue to utilize the same mechanisms to achieve policy change. In addition, evaluators will study whether the same policy themes and priorities continue to be reflected in policy changes, or whether agency priorities evolve and take new directions in the delivery of services to people with mental illnesses and substance use disorders.

## *Appendix 1*

### **Participating Agencies**

Oklahoma state agencies participating in the policy change study from September, 2005 – August, 2007 include:

- Department of Corrections (DOC)
- Department of Rehabilitation Services (DRS)
- Oklahoma Commission on Children and Youth (OCCY)
- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- Oklahoma Health Care Authority (OHCA)
- Oklahoma Office of Juvenile Affairs (OJA)
- Oklahoma Department of Human Services (OKDHS)
- Oklahoma State Department of Health (OSDH)

*Appendix 2*

**State Agency Matrices**

**DOC Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Clarified Mission:</u> Board of Corrections adopted a resolution articulating the importance of addressing mental health issues and encouraging government officials to develop and promote policies that support the development of adequate, effective, accessible, and affordable community-based mental health services such as PACT; support the continued development of mental health courts and	11/05	5	12	Led to culture change within DOC and increased collaboration with ODMHSAS regarding prison health, prisoner re-entry, and other issues of mutual concerns	1,3	1	5.2 5.3	3	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, *e.g.*, 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5)

Aging services (OKDHS), 6) Veterans’ affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children’s services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
diversion programs for people with mental disorders who have committed nonviolent offenses; and encourage collaboration among stakeholders in the criminal justice and mental health systems to improve release planning and provide effective support for the individuals with mental health disorders upon re-entry into the community.												
<u>Improve COD Services:</u> Through ODMHSAS, implemented requirement that substance abuse providers must be dual diagnosis-capable and accredited by CARF. DOC contracts with ODMHSAS, which then subcontracts with specific providers and ensures compliance with these requirements (which are the same standards required of all ODMHSAS-approved substance abuse providers).	2007	4	2,3,12	In FY2007, 947 offenders participated in and completed dual-diagnosis capable substance abuse treatment programs. This number is estimated at 1,100 for FY2008.	1,3	1,2,3	2.3	3	3	1	Y	Y
<u>Divert Offenders Into Specialized Program:</u> Implemented statute allowing DUI offenders to be placed on community status with electronic monitoring if they successful complete ODMHSAS course	11/07	1	3,12	Created a new 50-bed facility offering 4-month treatment program for DUI offenders. To date the program has served 60 offenders, 20 have completed and 40 are	2	1,7	2.1 2.3	3	3	1	Y	N

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				currently in the program.								
<u>Ensure Appropriate Services:</u> Implemented policy permitting clinical coordinators on mental health units to defer a misconduct charge or override an officer's judgment on class of offense	3/06	5	12	Implemented statewide	3	1	5.2 5.3	3	2,3	1	Y	N
<b>FINANCE POLICY CHANGES</b>												
<u>New Funding for Co-Occurring Disorder (COD) Services:</u> Increased appropriation to implement an integrated approach to co-occurring mental health and substance use disorders by placing therapists trained to provide COD services in correctional mental health units and additional prison pilot sites.	7/06	2, 5	2,12	3 new COD therapists were placed in prisons, serving approximately 100 people in 2007 and 200 in 2008.	2,3	1,3,4,7	5.3	3	3	1	Y	Y
<u>Enhance Re-Entry Programs:</u> New appropriation to establish Re-entry Intensive Care Coordination Teams (RICCT) teams at CMHCs in Oklahoma City and Tulsa to facilitate community integration for offenders with mental illness	7/06- appropriations. 3/07-1st participants	2, 5	2,12	8 new positions were created to support 4 new re-entry programs, serving approximately 75 people in 2007 with higher numbers estimated in 2008	1,2,3	1,3,7	2.1	3	3	1	Y	Y
<u>Enhance Re-Entry Programs:</u> New appropriation to provide individuals in correctional mental health units with specialized discharge plans developed by mental health professionals	7/06	2, 5	2,12	3 new discharge planners were placed in 3 prisons, serving approximately 125 people in 2007 with higher numbers estimated in 2008	1,2,3	1,3,4,7	2.1, 5.3	3	3	1	Y	Y
<u>Expand Drug Courts:</u> Increased appropriation for Drug Courts to provide	7/06	2	3,12	Increased from 1,500 to 4,000 the number of people	2,3	1,3,4,7	2.1	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
diversion from prison.				who can be served through Drug Courts								
<u>Expand Mental Health Courts</u> : Increased appropriation to support ten new mental health courts to provide diversion from prison/jail.	7/06	2	2,12	Increased from 75 to 325 the number of people who can be served through Mental Health Courts	2,3	1,3,4,7	2.1	3	3	1	Y	Y
<u>Expand Health Care Coverage</u> : Adopted emergency rule to provide Medicaid coverage in specific situations to people in the custody of OJA or DOC who are admitted as inpatients in a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility	9/05	3	11,12,13	This rule change has resulted in a savings of \$3.5 million in state dollars for individuals in the custody of DOC requiring medical services. No savings have been achieved regarding psychiatric inpatient services, as no Medicaid inpatient provider has agreed to admit DOC inmates because of safety and liability concerns. OJA has used this rule in only four cases to date.	1,2	1,7	2.1 2.3	5	3	1	N	N
<b>ORGANIZATIONAL CHANGES</b>												
<u>Create New Division</u> : Combined prison mental health and prison substance abuse services in a single new division, the Division of Treatment and Rehabilitation Services, with a goal of providing integrated treatment	1/06	5	12	N/A	1,3	4	-	3	3	1	Y	Y
<u>Create New Position</u> : Hired a Deputy	9/07	5	12	Position created to	1,3	4	-	3	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Chief for Mental Health Services, who is responsible for implementation of new policies and plans				emphasize a policy shift that emphasizes integrating mental health services into the corrections system								
<u>Assign New Responsibilities:</u> Made Clinical Coordinators responsible for quality assurance in prison mental health programs	10/07	5	12	Provided new authority and responsibility to emphasize quality improvement system-wide. Approximately 11,000 people are served through the State's prison mental health programs.	1,3	4	-	3	3	1	Y	Y
<u>Create New Position:</u> Hired a Clinical Service Coordinator with responsibility for quality assurance and the clinical portion of evaluations in prison substance abuse treatment programs	2006	5	12	In FY2007 a total of 1,270 offenders participated in prison substance abuse programs, resulting in a 82.5% completion rate.	1,3	4	-	3	3	1	Y	Y
<u>Create New Positions:</u> Hired inmate peer support specialists who are assigned to mental health units at Joseph Harp, Mabel Bassett. and the Oklahoma State Penitentiary	2006	5	12	3 new specialists will serve as liaisons between mental health staff and inmates	3	2,4,6	2.2	3	3	1	Y	Y

**DRS Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Increase Opportunities for Employment:</u> Implemented Supported Employment pilot program for adolescents with SED	4/05	4,5	9,15, 20 - CMHC	Collaborative development of program; 6 persons served; to be restarted	3	7	2.2, 2.3	2	3	1	Y	Y
<u>Increase Opportunities for Employment:</u> Changed contracting requirements for Supported Employment programs to provide improved assistance to people who lose initial and later job placements	7/05	4	2,15	33 provider agencies affected by contract change	3	1	2.2, 2.3	3	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, *e.g.*, 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5)

Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's Services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Increase Opportunities for Employment:</u> Developed specialized mental health Supported Employment contract as an interagency collaboration to provide comprehensive services to people with severe mental illness	3/07	3,4,5	2,15	2 new employment programs using SAMHSA's Fidelity Scale were developed	3	1,7	2.2, 2.3	3	3	1	Y	Y
<u>Increase Opportunities for Employment:</u> Implemented interagency agreement to provide follow-along services when an individual's 90-day period of DRS support ends	FY 06/07	6 - MOU	2,15	Established mechanism for funding ODMHSAS extended services; 100 persons have been referred for these services	3	1	2.2, 2.3	3	3	1	Y	Y
<u>Increase Opportunities for Employment:</u> Implemented new rural employment assistance contracts that allow contracting with an individual provider, rather than a provider agency, to provide services	6/07	4	15	Established availability and procedures; currently recruiting new individual providers	2	1	2.2, 3.2	3	3	1	Y	Y
<u>Eliminate Disincentives to Work:</u> Worked with OKDHS to achieve a re-interpretation of SSA policy that had led to adults losing Medicaid coverage when they were placed in jobs	6/07	5	11,15, 16	Clarified OKDHS procedures and policy interpretation to allow continuance of health coverage	3	1	2.3	3	3	1	Y	Y
<u>Expand Transportation Services:</u> Expanded access to transportation for	1/07	4,5,6 - provide	15	Developed model program and provided	3	7	3.2	5	3	2	Y	N

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7)

Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.



**OCCY Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Improve Provider Training</u> : Supported the development of a program to “endorse” providers (child care providers, educators and mental health professionals) who have specific training knowledge and experience in the area of infant mental health.	6/06	4	4,11,17, 19	Training will result in a higher level of skill and knowledge regarding infant and early childhood mental health	1,3	1,2,7	4.1 5.3	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans’ affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children’s system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Improve Provider Training</u> : Co-sponsored two conferences re: professionalizing youth work in Oklahoma	3/06 and 3/07	5	1,2,3,4, 11,13,19	Conference is now planned as an annual event. In 2007, about 200 individuals participated in the conference.	2,3	2	5.3	1,2,3	3	1	Y	Y
<u>Enhance Quality</u> : Helped fund part-time case manager to network and link families with Medicaid providers. The case manager performs functions such as securing appointments and arranging transportation.	7/06	4	11,19	Pilot project in Canadian County, serving 180-200 clients	3	1	2.1, 3.2	1,2,3	3	1	Y	N
<u>Enhance Quality</u> : Revised Residential Behavioral Management Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RBMS services; (2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children’s Behavioral Health Collaborative.	6/07	3	2,3,4, 11,13, 17,19	600 LADCs are now potential providers of RBMS services for co-occurring populations.	2,3	2,7	4.3, 5.3, 5.4	5	3	1	Y	Y
<u>Improve Services</u> : Collaborated with OJA to provide youth mental health screenings (using the Massachusetts	2006	5	13,19	This policy change affects children and adolescents in 17 detention centers from 6-	3	1,2	4.4	1,2	3	1	Y	Y

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Youth Screening Instrument, or MAYSI-2) at all detention facilities statewide. OJA provided computers and OCCY provided software for this collaboration. OJA hired three psychologists to conduct the screenings.				80 beds each (250-300 beds total), serving approximately 3,600 children statewide per year								
<u>Improve Health Care for Children in Foster Care:</u> Improved continuity of health care. for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was often available to Child Welfare staff as a child was being taken into custody due to abuse or neglect.	FY 2007	5,6-inter-agency data sharing	2,3,4, 11,13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering custody and care is improved	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y
<u>Reduce Use of Restraints and Seclusion:</u> Participated in multi-agency, multi-disciplinary effort to reduce the use of restraints and seclusion at child-serving facilities statewide. This initiative, which was supported in part by funding from private non-profit organizations, engaged 2 trainers from the Child Welfare League of America to conduct several 1-day trainings for residential, foster care, and day care providers.	6/06	4,5	2,4, 13,19	126 individuals were trained in seclusion and restraint reduction	3	1,2	5.2 , 5.3	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
The initiative has evolved into a broader effort to facilitate trauma-informed care.												
<u>Facilitate Early Intervention:</u> Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to facilitate billing for infant mental health care.	FY 2007	5	2, 3, 4,11, 13,17, 19	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this population.	2,3	1,3	4.1	1	3	1	Y	Y
<u>Coordinate Services:</u> Began using coordinated database (JOIN) maintained by OCCY, which includes a statewide resource directory and eligibility questionnaire, to support a statewide partnership to implement a 211 system. This partnership is implemented though an MOU between JOIN and each 211 agency.	3/06	6 – MOU	2,3,4,8,9, 11,12,15, 17,19	193,217 calls were received by the 211 system in 2007.	3	1	6.1	1,2	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Cross-Agency Approach to Funding Children’s Services:</u> Proposed historic coordinated budget request for children’s behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, OJA, and OSDH for SFY 2008. The coordinated budget was adopted by the Oklahoma Institute for Child Advocacy as its top	5/07	5	1,2,3,4, 11,13,17, 19	NA	1,3	1,3	2.3	1,2	3	1	Y	Y



**ODMHSAS Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<b>GENERAL POLICY CHANGES</b>												
Increase Opportunities for Employment:	7/05	4	2,15	33 provider agencies affected	3	1	2.2,	3	3	3	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, *e.g.*, 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5)

Aging services (OKDHS), 6) Veterans’ affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children’s services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Changed contracting requirements for Supported Employment programs to provide improved assistance to people who lose initial and later job placements.				by contract change			2.3					
<u>Increase Opportunities for Employment:</u> Developed specialized mental health Supported Employment contract as an interagency collaboration to provide comprehensive services to people with severe mental illness.	3/07	3,4,5	2,15	2 new employment programs using SAMHSA’s Fidelity Scale were developed	3	1,7	2.2, 2.3	3	3	1	Y	Y
<u>Increase Opportunities for Employment:</u> Implemented interagency agreement to provide follow-along services when an individual’s 90-day period of DRS support ends.	FY 06/07	6 - MOU	2,15	Established mechanism for funding ODMHSAS extended services; 100 persons have been referred for these services	3	1	2.2, 2.3	3	3	5	Y	Y
<u>Divert Offenders Into Specialized Program:</u> Implemented statute allowing DUI offenders to be placed on community status with electronic monitoring if they successfully complete ODMHSAS course.	11/07	1	3,12	Created a new 50-bed facility offering 4-month treatment program for DUI offenders only. To date the program has served 60 offenders, 20 have completed and 40 are currently in the program.	2	1,7	2.1 2.3	3	3	1	Y	N
<u>Increase Collaboration and Efficiency:</u>	FY	5	2,3,4,	These workgroups have	1,3	1,7	2.4	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Established the Behavioral Health Collaborative Documentation Work Group and Policy Work Group to streamline documentation requirements, improve consistency between state agency policies, develop new EBPs, and review professional credentials and training	2007		11	morphed into other workgroups looking at other areas to improve the system: accreditation, contracting, and adding service types.								
<u>Emphasize Early Intervention:</u> Implemented a Maternal and Infant Health Social Work benefit for pregnant and postpartum women on SoonerCare with the purpose of increasing identification and follow up care of pregnant/postpartum women with mental health, substance use/abuse , domestic violence and other serious psychosocial concerns that impact maternal/infant health. Services are provided by specially trained LCSWs.	7/07	3	2,4, 11, 17	Pregnant women and new mothers and infants with high psychosocial risks will be identified and given early support and intervention by skilled professionals.	2,3	1,7	4.1 4.3 4.4 5.1	1,3	2,3	1	Y	Y
<u>Promote Continuity of Care:</u> Participated in SAMHSA-funded study and implemented rule changes to facilitate receipt of Medicaid and other	1/06	3,4	2,11, 12	Increases the probability that people being discharged from prison or an IMD can obtain SSDI and Medicaid coverage.	2	1,3,7	2.5 5.2	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
benefits for people transitioning from jails, prisons, and IMDs.				Transition Care Coordinators were placed at facilities that oversee the application processes, planning, and follow up to ensure access to needed resources.								
<u>Improve Coordination and Efficiency:</u> Expanded ER utilization process that develops PCP profiles, notifies PCPs of high utilization by their patients, and follows population of high utilizers of ER services with enhanced services, including behavioral health services.	2006		2,3, 11	During SFY 2007, \$5.8 million in ER costs were avoided through the structured interventions of the Frequent ER Utilization program, which resulted in an aggregate decrease of 19,260 ER visits for members identified with 4 or more ER visits in the previous quarter.	2,3	1,7	6.1	5	3	1	Y	Y
<u>Simplify Provider Requirements:</u> A collaborative process to revise outpatient behavioral health services rules to streamline documentation, broaden accessibility to providers, and develop consistency among state agencies that deal with mental health services. CMS did not approve the	4/07	3	2,11		1,3	1,4	2.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
addition of MH Clubhouse services.												
<u>Improve COD Services:</u> Through ODMHSAS, implemented requirement that substance abuse providers must be dual diagnosis-capable and accredited by CARF. DOC contracts with ODMHSAS, which then subcontracts with specific providers and ensures compliance with these requirements (which are the same standards required of all ODMHSAS-approved substance abuse providers).	2007	4	2,3, 12	In FY2007, 947 offenders participated in and completed dual-diagnosis capable substance abuse treatment programs. This number is estimated at 1,100 for FY2008.	1,3	1,2,3	2.3	3	3	1	Y	Y
<u>Expand Use of EBPs:</u> Interagency collaboration to host a joint summit on evidence-based services	8/07	5	2,13	Approximately 150 individuals participated.	3	1,2	5.2 5.3	3	3	1	Y	Y
<u>Integrate Mental Health into Primary Care Settings:</u> Collaboration with OU Child Study Center (CSC) to facilitate behavioral health screenings for children ages 0-5 in primary care pilot sites. CSC partnered with the Oklahoma Physicians Resource/Research Network, which uses practice enhancement assistants to	7/06	5	2,11, 17	5 pilot sites established in Canadian County	2,3	1,2,7	1.2, 4.1, 4.4, 5.2	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
support physician offices in implementing a new procedure.												
<u>Expand EBPs</u> : Child guidance staff were trained in Parent-Child Interaction Training (PCIT) through OU Child Study Center and funded by ODMHSAS	2007	5	2,17	5 OSDH staff were trained in 2007	3	2,7	2.2, 4.1, 5.3	1	3	1	Y	Y
<u>Promote Early Intervention</u> : Receive referrals for consultations with child care centers through the child care hotline supported by OKDHS and OSDH, and provide support and technical assistance to facilitate early intervention for children from birth to 5 years with challenging behaviors.	9/05	4	2,4, 17	1 in 67 children in child care are expelled for behavioral reasons. Through this initiative, more than 1,000 hours of child care consultation were provided in 25 counties to address this challenge.	2,3	2,7	4.1, 4.4	1	3	1	Y	Y
<u>Improve Provider Training</u> : Co-sponsored two conferences re: professionalizing youth work in Oklahoma	3/06 and 3/07	5	1,2, 3,4, 11, 13, 19	Conference is now planned as an annual event. In 2007, about 200 individuals participated in the conference.	2,3	2	5.3	1,2, 3	3	1	Y	Y
<u>Facilitate Early Intervention</u> : Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to	FY 2007	5	2, 3, 4,11, 13, 17,	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this	2,3	1,3	4.1	1	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
facilitate billing for infant mental health care.			19	population.								
<u>Enhance Quality</u> : Revised Residential Behavioral Management Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RMBS services; (2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children’s Behavioral Health Collaborative.	6/07	3	2,3,4, 11, 13, 17,19	600 LADCs are now potential providers of RBMS services for co-occurring populations.	2,3	2,7	4.3 5.3 5.4	5	3	1	Y	Y
<u>Improve Health Care for Children in Foster Care</u> : Improved continuity of health care for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was often available to Child Welfare staff as a child was being taken into custody due to abuse or neglect.	FY 2007	5,6- interagency data sharing	2,3,4, 11, 13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering custody and care is improved	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>Reduce Use of Restraints and Seclusion</u> : Participated in multi-agency, multi-disciplinary effort to reduce the use of restraints and seclusion at child-serving facilities statewide. This initiative, which was supported in part by funding from private non-profit organizations, engaged 2 trainers from the Child Welfare League of America to conduct several 1-day trainings for residential, foster care, and day care providers. The initiative has evolved into a broader effort to facilitate trauma-informed care.	6/06	4,5	2,4, 13,19	126 individuals were trained in seclusion and restraint reduction	3	1,2	5.2, 5.3	1,2	3	1	Y	Y
<u>Increased Consumer/Family Role in Governance: Local Level</u> : Required each CMHS governing board to include a consumer and family member of a consumer child	7/07	3	2	N/A	1,3	1,4	2.2	5	3	1	Y	Y
<u>Increased Consumer/Family Role in Governance</u> : Established periodic consumer and family advisory meetings with the commissioner and senior staff in different locales.	2006	5	2,3	N/A	1	1,4	2.2	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>Implemented Paperwork Reduction for Providers:</u> Required alignment and streamlining of treatment planning and reporting requirements for ODMHSAS and OHCA provider.	7/07	3	2,3, 11	Reduced paperwork for 105 MH and SA providers licensed or operated by ODMHSAS. Providers have reported a decrease of between 40-60% in documentation time, dependent upon type of program.	1,3	1,4	2.3	5	3	1	Y	Y
<u>Enhanced Prevention Activities:</u> Enacted Prevention of Youth Access to Alcohol Act, which increases fines and jail terms for adults who provide alcohol to minors; authorizes suspension of beer-sales permits for up to 30 days for retailers who sell to underage youth; and authorizes revocation of drivers' licenses and fines of up to \$300 for minors who are found drinking or in possession of alcohol for a first offense.	7/06	1	2,3	N/A	4-Enhance prevention	1	-	1,2,5	3	1	Y	Y
<u>Enhanced Use of Data:</u> Established State Epidemiological Outcomes Workgroup including data sharing	3/06	5	3,17	N/A	1,3	5	6.1	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
among all agencies with substance abuse prevention and/or treatment programs and development of the State's first epidemiological profile report on substance abuse.												
<u>Prevention Quality Improvement:</u> Established formal process of site visits and technical assistance for both prevention and early intervention service providers.	SFY 05	4	2,3	Improves the quality of services provided at 19 area prevention resource centers	1,3	1,2	4.4, 5.3	5	3	1	Y	Y
<u>Created New Program:</u> Established definitions and standards for eating disorder programs.	7/07	3	2	N/A	2,3	1,7	5.3	5	3	1	N	N
<u>Created New Program:</u> Established definitions and standards for gambling addiction programs, and established state-funded 24-hour helpline.	7/07	3	2,3	12 programs have been certified, 9 of which are state-funded. 135 counselors have received 60-hour training.	2,3	1,7	5.3	3	3	1	N	N
<u>Expanded Case Manager Qualifications:</u> Revised case manager requirements to include high school diploma and experience (includes experience working for advocacy organization, experience as a recipient of services)	7/07	3	2	N/A	3	1,7	2.2	5	3	1	Y	Y
<u>Enhanced Co-occurring Disorder</u>	7/06	3,4,5	2,3	New rules and/or contract	1,2,3	1,2,4,	4.3,	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>(COD) Capability:</u> Established expectation in contracts that certified agencies would move toward COD capability; including a performance improvement process and staff training.				language for 105 MH and SA providers licensed or operated by ODMHSAS		7	5.3					
<u>Created COD-Capability Definition:</u> Established definition of COD-capable program (including integrated screening for MH, SA and trauma; follow-up assessment); defined training requirements	7/07	3,4,5	2,3	New rules and/or contract language for 105 MH and SA providers licensed or operated by ODMHSAS	1,3	1,2,4,7	4.3,5.3	5	3	1	Y	Y
<u>Created COD-Enhanced Definition:</u> Established definition for enhanced co-occurring capable programs	7/07	3,4	2,3	8-10 COD-enhanced programs have been established to date	1,3	1,4	4.3,5.3	5	3	1	Y	Y
<u>Enhanced COD Residential Services:</u> Adopted new rules requiring staff of Residential Care Facilities to receive training in co-occurring disorders.	2006	3	2,3	Enhanced co-occurring capacity in up to 21 residential care facilities contracting with ODMHSAS	1,2,4	1,2,4,7	4.3,5.3	3	3	1	Y	Y
<u>Improved Collection of Outcome Data:</u> Established new outcome reporting requirements for programs, including changes in employment, housing, and criminal justice status; required to update data at least every six months.	7/07	3,4	2,3	New requirements for 105 MH and SA providers licensed or operated by ODMHSAS	1	1,5,7	6.1	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>Improved SA Admission Process:</u> Established requirement that SA providers do walkthroughs of admission process to simplify and assure it is welcoming.	7/06	4	2,3	New requirement for 2 State-operated providers plus 70 SA provider agencies contracting with ODMHSAS	1,3	1,2,7	4.3	5	3	1	Y	Y
<u>Improved Ability to Implement Pilot Programs:</u> Established rule allowing the commissioner to set aside certain rules in order to remove barriers to pilot programs to improve service delivery.	7/06	3	2,3	N/A	1,2,3	1,2,4	-	5	3	1	N	Y
<u>Created New Provider Type:</u> Licensing Board established Licensed Alcohol and Drug Counselor (LADC) positions, which were recognized by ODMHSAS.	7/06	5	3	N/A	1,3	1,2,4	5.3	5	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Increase Funding:</u> Helped to increase legislative appropriations for systems of care.	7/06 and 7/07	2	2,4, 13,19	Systems of care continues to expand and is now implemented in 39 counties.	3	1,3	2.1, 2.2	1,2	3	1	Y	Y
<u>Increased Funding for Children's Programs:</u> \$3.5 million in increased funding for children's programs includes 2 new Regional Crisis Centers, 7 new Mobile Crisis Teams, 8 new School Services Partnerships, and 5	7/06	2	2	N/A	2	1,2,3, 7	4.1, 4.2	1, 2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Transition Services Pilots												
<u>Increased Funding for COD Services:</u> Placed COD therapists in prisons	7/06	2	2,12	3 new COD therapists were placed in prisons	2,3	1,3,4,7	5.3	3	3	1	Y	Y
<u>Increased Funding for Criminal Justice Activities:</u> Funding to ensure that individuals in correctional mental health units must have a specialized discharge plan developed by a person with MH experience	7/06	2	2,12	3 new discharge planners were placed in prisons	1,2,3	1,3,4,7	2.1, 5.3	3	3	1	Y	Y
<u>Increased Funding for Criminal Justice Activities:</u> Funding for four Re-entry Intensive Care Coordination Teams (RICCT) teams located at CMHCs in Oklahoma City and Tulsa to facilitate community integration for offenders with mental illness	7/06	2	2,12	8 new positions created to support four new reentry programs	1,2,3	1,3,7	2.1	3	3	1	Y	Y
<u>Increased Funding for Criminal Justice Activities:</u> Funding for Drug Courts increased from \$4 to \$20 million	7/06	2	3,12	Increased from 1,500 to 4,000 the number of people who can be served through Drug Courts	2,3	1,3,4,7	2.1	3	3	1	Y	Y
<u>Increased Funding for Criminal Justice Activities:</u> Funding for ten new mental health courts to provide diversion from prison/jail.	7/06	2	2,12	Increased from 75 to 325 the number of people who can be served through Mental Health Courts	2,3	1,3,4,7	2.1	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>Enhanced Rates for Fee-for-Service Contracts with MH and SA Providers:</u> Intent is to equalize fee-for-service and Medicaid rates for the same services	7/06	2	2	New rates will affect 105 MH and SA providers licensed or operated by ODMHSAS	2,3	1,3	2.3	5	3	1	Y	Y
<u>Established Contract Rates:</u> Established contract rates for Rehabilitation Support Services and Family Care Coordinators	7/05	4	2	N/A	2,3	1,3,4,7	2.2	5	3	1	Y	Y
<u>Funding for New Homeless Initiative:</u> Special \$2 million appropriation for Tulsa initiative for people diagnosed with MI who are homeless	7/07	2	2	Funding to support plan to develop 500-600 housing units for target population	2,3	1,3,4,7	-	3	3	1, 10	Y	Y
<u>Integrated Provider Contract for MH and SA Services:</u> Eliminates discrepancies in certain expectations for mental health and substance abuse programs	7/07	4	2,3	New, integrated contract for 23 MH agencies and 70 SA agencies contracting with ODMHSAS	1,3	1,3,4	2.3, 4.3	5	3	1	N	Y
<u>Cross-Agency Approach to Funding Children's Services:</u> Historic coordinated budget request for children's behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, and OJA for SFY 2008-09. The coordinated budget	5/07	5	1,2,3,4,11,13	N/A	1,3	1,3	2.3	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
was adopted by the Oklahoma Institute for Child Advocacy as its top legislative priority. In addition, the Partnership for Children’s Behavioral Health adopted a 5-year strategic plan for future coordinated budget requests.												
<u>Reimbursement Rules Modified:</u> OHCA modified rules to allow easier reimbursement for SA services under Medicaid	7/06	3	3,11	Improved reimbursement rules will affect 2 State-operated SA agencies, 70 SA agencies contracting with ODMHSAS, and unknown number of additional agencies receiving Medicaid reimbursement through OHCA	1	1,3	2.3	5	3	1	Y	Y
<u>Prevention Contracts Converted to Cost Reimbursement:</u> Replaced (loosely) fee-for-service funding; established competitive application process	7/06	4	2,3	This policy change affects 19 area prevention resource centers	1	1,3	-	5	3	1	N	N
<u>New Program Requirements:</u> <u>Prevention Providers:</u> Prevention service providers must not accept funding from tobacco or alcohol industries	7/07	4	2,3	This policy change affects 19 area prevention resource centers	1	1,3	-	5	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>New Program Requirements: Prevention Providers:</u> Prevention service providers are required to only use evidence based programs, practices, policies and strategies.	SFY 05	4	2,3	This policy change affects 19 area prevention resource centers	3	2,7	5.2, 5.3	5	3	1	Y	Y
<b>ORGANIZATIONAL POLICY CHANGES</b>												
<u>Increased Consumer Role in Governance: State Level:</u> Appointment of consumer to ODMHSAS Governing Board	11/06	1,5	2,3	N/A	1,3	1,4	2.2	5	3	1	Y	Y
<u>New Divisions/Senior Management Position Created:</u> New Deputy Commissioner appointed to oversee both prevention and communications	1/07	3	2,3	N/A	1	1,4	-	5	3	1	N	Y
<u>New Senior Position Created:</u> Established Chief Information Officer position	3/07	5	2,3	N/A	1	1,4	-	5	3	1	N	Y
<u>New Senior Position Created:</u> Inspector General	1/07	5	2,3	N/A	1	1,4	-	5	3	1	N	N
<u>New Senior Position Created:</u> Established Director of Children’s MH and SA Services reporting directly to MH and SA Deputies	1/06	5	2,3	N/A	1	1,4	4.1	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>New Position Created</u> : Established Performance Improvement Coordinator, reporting to Commissioner	10/06	5	2,3	N/A	1,3	1,4,7	-	5	3	1	Y	Y
<u>New Position Created</u> : Established lead position for State-operated inpatient and crisis programs	4/07	5	2	N/A	1	1,4	-	5	3	1	N	N
<u>New Position Created</u> : Established lead position for State-operated CMHC programs	3/07	5	2	N/A	1	1,4	-	5	3	1	N	N
<u>Data Integrity Review Team (DIRT) Established</u> : Goal is improvement of programs' use data, data quality, completeness	7/07	5	2,3	Improved use of data for 105 MH and SA providers licensed or operated by ODMHSAS	1	1,2,4	-	5	3	1	Y	Y
<u>Services Integration Implemented</u> : A State-operated MH residential treatment program was integrated with a State-operated SA residential treatment program	3/07	5	2,3	Two State-operated programs serving adolescents were affected by this integration	3	1,4		2	3	1	N	N
<u>Systems Integration Implemented</u> : Consumer affairs office to include MH, SA, and COD	3/07	5	2,3	N/A	1,3	1,4	2.2	3	3	1	Y	Y
<u>Strategic Planning Enhanced</u> : Established Information Technology Steering Committee to do strategic	5/07	5	2,3	N/A	1,3	1,4	6.1	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
planning; all divisions and major functions within divisions represented, plus MH & SA providers												
<u>Cross-agency Data Sharing Enhanced:</u> Established multi-agency Health Information Exchange to develop policies regarding sharing of health data (associated with national AHRQ-RTI Health Information and Privacy Initiative)	1/06	5	2,3, 11, 17,18	N/A	1	1,5	6.1, 6.2	5	3	1	Y	Y

**OHCA Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Expand Health Care Coverage:</u> Conducted phased-in implementation of Insure Oklahoma, also called the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC). Insure Oklahoma uses tobacco tax revenues to assist small businesses to purchase private health insurance for income eligible employees and to allow qualified Oklahomans to purchase health insurance directly through the	11/05	1	11	This initiative will increase the number of Oklahomans eligible to receive health insurance.	1,2	1,7	2.3 2.4	5	3	1	Y	N

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
state. This measure initially raised the income qualification to 200% of FPL. Once the waiver amendment is approved, the number of employees an employer may have to qualify will be raised from 50 or fewer to 250 or fewer; however, the FPL will remain at 200%.												
<u>Eliminate Disincentives to Work:</u> Collaborated to achieve a re-interpretation of SSA policy that had led to adults losing Medicaid coverage when they were placed in jobs	6/07	5	11,15,16	Clarified OKDHS procedures and policy interpretation to allow continuance of health coverage	1,3	1		2,3	3	1	Y	N
<u>Enhance Quality:</u> Helped fund part-time case manager to network and link families with Medicaid providers. The case manager performs functions such as securing appointments and arranging transportation.	7/06	4	11,19	Pilot project in Canadian County, serving 180-200 clients	3	1	2.1, 3.2	1,2,3	3	1	Y	N
<u>Cross-agency Data Sharing Enhanced:</u> Established multi-agency Health Information Exchange to develop policies regarding sharing of health data (associated with national AHRQ-RTI Health Information and Privacy Initiative)	1/06	5	2,3, 11, 17,18	N/A	1	1,5	1,6.	5	3	1	Y	Y

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Reimbursement Rules Modified:</u> OHCA modified rules to allow easier reimbursement for SA services under Medicaid	7/06	3	3, 11	Improved reimbursement rules will affect 2 State-operated SA agencies, 70 SA agencies contracting with ODMHSAS, and unknown number of additional agencies receiving Medicaid reimbursement through OHCA	1	1,3	2.3	5	3	1	Y	Y
<u>Implemented Paperwork Reduction for Providers:</u> Required alignment and streamlining of treatment planning and reporting requirements for ODMHSAS and OHCA provider.	7/07	3	2,3,11	Reduced paperwork for 105 MH and SA providers licensed or operated by ODMHSAS. Providers have reported a decrease of between 40-60% in documentation time, dependent upon type of program.	1,3	1,4	2.3	5	3	1	Y	Y
<u>Expand Health Care Coverage:</u> Passed All Kids Act to permit children up to 300 percent of poverty (federal max) to access SoonerCare through the Insure Oklahoma program.	Signed 6/07	1	11	Pending waiver approval, approximately 35,000 additional children with FPL at 186% to 250% will be covered.	1,2	1,4,7	4.1	1,2	3	1	Y	N
<u>Expand Health Care Coverage:</u> Begin	10/05	3	11	The TEFRA Program	1,2	3,7	4.1	1,2	3	1	Y	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
enrollment under TEFRA to expand access to SoonerCare benefits for disabled children by considering only the child's (not the parents') income in determining eligibility				enabled 200+ seriously disabled children to utilize Sooner Care benefits.								
<u>Expand Health Care Coverage:</u> Adopted emergency rule to expand access to SoonerCare for 2-parent households	9/05	3	11,16	This rule modified TANF eligibility requirements for a minor dependent child by deleting the language "deprivation of parental support due to absence, death, incapacity or unemployment."	1,2	1,7	4.1	1,2	3	1	Y	N
<u>Expand Health Care Coverage:</u> Adopted emergency rule to provide Medicaid coverage in specific situations to people in the custody of OJA or DOC who are admitted as inpatients in a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility	9/05	3	11,12, 13	This rule change has resulted in a savings of \$3.5 million in state dollars for individuals in the custody of DOC requiring medical services. No savings have been achieved regarding psychiatric inpatient services, as no Medicaid inpatient provider has agreed to admit DOC inmates because of safety and liability concerns.	1,2	1,7	2.1 2.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				OJA has used this rule in only four cases to date.								
<u>Expand Health Care Coverage:</u> Adopted rules to extend behavioral health aid services to children in OJA and OKDHS custody who reside in a residential services facility	6/06	3	11	These rules have been utilized in a few cases to date. Plan to distribute this information to DHS and OJA field reps in hopes of expanding these services to more children.	1,2	1,7	4.1	1,2	3	1	Y	Y
<u>Improve Services for Transition-Age Youth:</u> OHCA adopted the Chaffee option and passed rules to provide SoonerCare coverage to children up to age 21 who leave foster care custody on their 18 <sup>th</sup> birthday;	9/05	3	11	Youth in this high risk group will have coverage for health and behavioral health services and will therefore have improved quality of life.	1,2	1,7	4.1	2,3	3	1	Y	N
<u>Clarify Nursing Home MH Screening Requirements:</u> Adopted rules to remove inconsistencies in PASRR program. The rules included a requirement for submission of PASRR screens within 10 days of admission and improved interagency communication with DHS to audit for compliance. These changes in rules	6/06	3	11	N/A	1,3	4	5.3	3,4	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
were followed by mass mailings and provider trainings to clarify requirements;												
<u>Clarify Provider Requirements:</u> Revised Case Management rules to replace required 4-6 day training with a Web-based training, and added a lower level (associates degree or equivalent) case manager with the goal of broadening the pool of providers eligible to provide case management services for children and adolescents under 21 in rural areas. This was based on feedback from stakeholders. OHCA is still awaiting CMS approval to adopt lower-level case manager requirements. OHCA currently is developing a statewide scatter map to allow ODMHSAS to focus on areas of need in order to recruit more case manager candidates.	6/06	3	2,11	Increased the number of case managers statewide from 1200 to 1700.	2,3	4,7	5.3	5	3	1	Y	Y
<u>Clarify Provider Requirements:</u> Adopted rule to broaden the array of services that psychologists can provide from basic psychotherapy to the full CPT psychiatric array. OHCA currently has a budget request in to add Health and Behavior codes.	6/06	3	11	This will increase the availability of mental health services, especially in underserved areas in the state.	1,2	4,7	3.2	5	3	1	Y	Y
<u>Clarify Provider Requirements:</u> Revised rules to permit reimbursement	7/06	3	11	When approved, this change will allow FSPs	2	3,6 ,7	2.2 4.1	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
for peer recovery and family support services within a system of care program for children with SED. This change is pending final CMS approval, but billing may be retroactive to 7/07.				and RSSs to bill for their services, which will be the foundation for the expansion of these services statewide.								
<u>Expand Consumer Self-Direction:</u> Adopted rules to allow 18- 20-year-old inpatients in psychiatric hospitals to make decisions regarding their treatment	6/06	3	11	18-20 year old members no longer need a parent or guardian sign for their inpatient psychiatric care.	1,3	4,6,7	2.1 2.2	2,3	3	1	Y	Y
<u>Enhance Children's Services:</u> Revised benefits for young children to add certified child development specialists as providers for young children and their families who have concerns regarding behavioral/developmental issues.	6/06	3	11	Services of Child Development Specialists will be more available to families in need of child guidance and educational counseling around issues of development and behavior.	2	6,7	2.2 4.1	1,2	3	1	Y	Y
<u>Improve Provider Training:</u> Co-sponsored two conferences re: professionalizing youth work in Oklahoma	3/06 and 3/07	5	2,3,4, 11, 13,19	Conference is now planned as an annual event. In 2007, about 200 individuals participated in the conference.	2,3	2	5.3	1,2, 3	3	1	Y	Y
<u>Reduce Out-of-State Placements for</u>	1/07	3	4,11	In FY 2007: 17 percent	1,3	1,7	4.1	1,2	3	1	Y	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Children</u> : Interagency group collaborated with providers to define expectations and quality criteria for priority programs and enhance rates for these high-end services. Contracts were developed with three in-state providers for treatment services usually available only out-of-state for autism, Asperger syndrome, conduct disorder, oppositional defiance, and MR/MI.				decrease in out-of-state placements; 21 percent decrease in number of days placed out of state; and 28 percent decrease in cost for out-of-state placements								
<u>Encourage Community-Based Care</u> : Implemented CMS 5-year, \$50 million Money Follows the Person grant to increase the use of home- and community-based, rather than institutional services; increase choice through the Self-Directed Service Delivery System; and coordinate long-term supports with accessible housing	1/07	3,5	4,11, 17	At this time, the grant is not targeted to serve people with mental illnesses. However, it will support transitioning people with a PASRR Level II designation in nursing homes into community settings	2	1,6, 7	2.1 2.2	5	3	1	Y	Y
<u>Implement Federal Citizenship Requirements</u> : Implemented rules to establish a centralized verification unit to help people obtain and provide federally-required documentation regarding citizenship and identity verification. The CVU was implemented and staffed with temporary employees. Since the allotted time for these temporary staff	6/07	3,5	4,11	N/A	1,7	1	2.3	5	3	1	Y	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
is running out, this unit is being phased out.												
<u>Enhance Quality</u> : Adopted rules to establish guidelines for on-site inspection of care for behavioral management services in therapeutic foster care settings.	6/06	3	11	This standardization of oversight inspections improved contract compliance and quality of care. 100% of therapeutic foster care contracted agencies are audited.	1,3	1,4	4.1	1,2	3	1	Y	Y
<u>Enhance Quality</u> : Implemented Focus on Excellence to provide an incentive-based rate plan for nursing facilities that measure improvements in 5 areas related to the quality of life, care, and services. Effective 1/08, participating providers received a 1 percent bonus for each of the 5 areas in which they participated. Effective 3/08, information regarding 10 measurement areas for participating providers is posted on a Web site accessible by the public	7/07	1,3	11	269 facilities representing 85 percent of the state's nursing facilities voluntarily participate	1,3	1,4,5	2.3 5.1	3,4	3	1	Y	Y
<u>Enhance Quality</u> : Revised Residential Behavioral Management Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RMBS services;	6/07	3	2,3,4,11,13,17,19	600 LADCs are now potential providers of RBMS services for co-occurring populations.	2,3	2,7	4.3 5.3 5.4	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
(2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children's Behavioral Health Collaborative.												
<u>Enhance Quality and Integrate Behavioral Health and Primary Care:</u> Collaborated with Oklahoma University Health Sciences Center's Department of Pediatrics to support implementation and expansion of a model of primary care that creates a specialized "medical home" for children in foster care and adoption. This model includes a child psychologist as a primary team member and other innovations that insure quality primary health care to this population. In this model, behavioral health needs in this model are addressed in coordination with other needs..It is expanding to other sites across the state.	FY 2007	6-collaborative effort between multiple agencies	4,11	Children in Foster Care and Adoption (a very high risk group) will have primary health care that provides attention to the special needs and concerns of this group and their caretakers. Behavioral Health needs in this model are addressed in coordination with other needs.	2,3	4,7	4.1	1,2	3	1	Y	Y
<u>Improve Health Care for Children in Foster Care:</u> Improved continuity of health care. for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was	FY 2007	5,6-interagency data sharing	2,3,4, 11,13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
often available to Child Welfare staff as a child was being taken into custody due to abuse or neglect.				custody and care is improved								
<u>Enhance Quality and Integrate Behavioral and Primary Care:</u> The Child Health Advisory Task Force identified mental health care as one of the greatest challenges for children's primary health care practitioners and made recommendation to improve care, including notification of PCPs when a child is admitted to or discharged from an acute or residential psychiatric treatment program.	FY 2007	5,6-collaborative effort between OHCA and psych hospitals	11	PCPs now receive notification when their patient is admitted and discharged from a psychiatric facility. They also receive a copy of the psychiatric hospitals' treatment plan, medication regimen, and discharge plan or recommendations, which aid in continuity of care.	1,3	1,7	1.2 4.1	1	3	1	Y	Y
<u>Conduct Outreach:</u> Disabled children enrolled under TEFRA and their parents are contacted to explain SoonerCare benefits, coordinate services, and assist in the selection of a primary care provider	FY 2006	3	11	106 children and their families were contacted and received service coordination benefits	2,3	1,6 ,7	2.1 4.1 5.3	1,2	3	1	Y	Y
<u>Increase Collaboration and Efficiency:</u> Established the Behavioral Health Collaborative Documentation Work Group and Policy Work Group to streamline documentation requirements, improve consistency	FY 2007	5	2,3,4,1 1	These workgroups have morphed into other workgroups looking at other areas to improve the system: accreditation,	1,3	1,7	2.4	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
between state agency policies, develop new EBPs, and review professional credentials and training				contracting, and adding service types.								
<u>Establish New Provider Types:</u> Revised inpatient psychiatric hospital rules to establish criteria for newly defined levels of psychiatric residential treatment facilities	7/07	3	11	62 new specialty treatment program beds opened that previously would have required sending the child out of state for appropriate treatment or resulted in children receiving inappropriate treatment	2,3	1,4	4.1	5	3	1	Y	N
<u>Improve Coordination and Efficiency:</u> Established guidelines for the use of electronic medical records and signatures. These guidelines allow providers to electronically sign medical records when specific controls are in place. The electronic medical records topic has elevated to become part of the Health Information Exchange project.	6/06	5	11	The guidelines will affect all providers with an electronic signature agreement in place.	1,3	1,4	6.2	5	3	1	Y	Y
<u>Improve Coordination and Efficiency:</u> Implemented initiative to identify 50 people under age 21 who are high-end users of SoonerCare behavioral health services and coordinate their care.	FY 2007	5	11	In FY 2007, this initiative resulted in a 40 percent decrease in inpatient days for savings of more than \$1 million. In addition, follow up care within two weeks	2,3	1,5	4.1 4.4	1, 2,3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				of discharge increased from 50% to 62%.								
<u>Improve Coordination and Efficiency:</u> Expanded ER utilization process that develops PCP profiles, notifies PCPs of high utilization by their patients, and follows population of high utilizers of ER services with enhanced services, including behavioral health services.	2006	5	2,3, 11	During SFY 2007, \$5.8 million in ER costs were avoided through the structured interventions of the Frequent ER Utilization program, which resulted in an aggregate decrease of 19,260 ER visits for members identified with 4 or more ER visits in the previous quarter.	2,3	1,7	6.1	5	3	1	Y	Y
<u>Improve Provider Training:</u> Supported the development of a program to “endorse” providers who have specific training knowledge and experience in the area of infant mental health.	FY 2007	4	4,11, 17,19	Training will result in a higher level of skill and knowledge regarding infant and early childhood mental health	1,3	1,2, 7	4.1 5.3	1	3	1	Y	Y
<u>Integrate Behavioral Health and Primary Care:</u> Under the Medicaid Reform Task Force bill, OHCA implemented a statewide initiative that uses a predictive model administered by the Iowa Foundation for Medical	FY 2007	4	11	This program ultimately will serve 5000 SoonerCare Choice Members.	2,3	1,7	4.3 6.1	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Care and based on utilization patterns to anticipate future needs of a client and promote health management. Each person in the program will receive a depression and broader MH/SA/domestic violence screening, with a behavioral health coordinator to provide follow-up and coordination of services. Each participant will be stratified into one of two groups (Tier 1 and Tier 2) based on highest risk, cost, and utilization. So far, 38 nurses have been hired to provide these coordination services.												
<u>Integrate Behavioral Health and Primary Care:</u> OHCA began paying for Developmental/Behavioral screenings as a separate service (in addition to any other services/treatments performed during that visit). This step was taken to incentivize primary care physicians to provide developmental/social-emotional/behavioral health screenings for children ages 0-5 as suggested by AAP standards.	2007	5	11,17	There will be an increase in surveillance, screening, and referral performed by PCPs for developmental and mental health care.	2,3	1,2,7	1.2 4.1 4.4 5.2	1,2	3	1	Y	Y
<u>Emphasize Early Intervention:</u> Implemented a Maternal and Infant Health Social Work benefit for pregnant and postpartum women on SoonerCare with the purpose of	7/07	3	2,4,11,17	Pregnant women and new mothers and infants with high psychosocial risks will be identified and given	2,3	1,7	4.1 4.3 4.4 5.1	1,3	2,3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
increasing identification and follow up care of pregnant/postpartum women with mental health, substance use/abuse, domestic violence and other serious psychosocial concerns that impact maternal/infant health. Services are provided by specially trained LCSWs.				early support and intervention by skilled professionals.								
<u>Promote Continuity of Care:</u> Participated in SAMHSA-funded study and implemented rule changes to facilitate receipt of Social Security Disability, Medicaid eligibility, and other benefits for people transitioning from jails, prisons, and IMDs.	FY 2006	3,4	2,11, 12	Increases the probability that people being discharged from prison or an IMD can obtain SSDI and Medicaid coverage. Transition Care Coordinators were placed at facilities that oversee the application processes, planning, and follow up to ensure access to needed resources.	2	1,3, 7	2.5 5.2	3	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Expand Access to Drug Coverage:</u> Successfully transitioned 85,000 people dually eligible for Medicare and Medicaid to prescription drug coverage under Medicare Part D	2006	3	4,11, 16	The impact of this change has reshaped pharmacy spending. While these dual members represented only about 15% of the members, they	3	3,7	2.3	5	3	1	Y	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				represented almost 50% of pharmacy spending.								
<u>Expand Access to Drug Coverage:</u> Implemented the RX for Oklahoma program to help low-income residents access prescription assistance provided by pharmaceutical companies	12/05	3	11	More than 18,000 people have received assistance from RX for Oklahoma. This program is directed by the Dept of Commerce.	2	3,7	2.3	5	3	1	N	N
<u>Expand Access to Drug Coverage:</u> Provides an OklahomaRx Discount card for people to receive drug discounts from an established network of pharmacies. The annual membership fee is paid by the state for some qualifying individuals.	2/07	3	11	More than 570 pharmacies, including most major retailers, participate	2	3,7	2.3	5	3	1	N	N
<u>Clarify Billing Processes:</u> Revised rules to reflect that transportation needed by a consumer's family member to participate in family counseling is the responsibility of the psychiatric residential treatment facility (PRTFs).	2/07	3	11	Per CMS, rules were changed to provide all-inclusive rates to PRTFs, which ended OHCA's ability to help family's with transportation. These new rules impacted 3,400 member families in how they could access help with transportation needs, which now must be	1,2,3	1,3,6	2.2	5	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				provided by the provider.								
<u>Clarify Billing Processes:</u> Adopted emergency rules to exclude people in IMDs from receiving non-emergency transportation services and from participation in SoonerCare Choice.	7/06	3	11	These rule changes, required by CMS, affected 3,400 member families.	1,3	3,7	?	5	3	1	N	N
<u>Increase Provider Reimbursement:</u> Implemented FY 2005 appropriations increase for SoonerCare hospital payments, including payments for freestanding inpatient behavioral health facilities. Per diem rates increased based on cost reports and a peer grouping was developed to correlate per diem with differing levels of structure and medical supervision for residential treatment centers.	FY 2006	2,3,4	11	N/A	1,3	3	2.3	5	3	1	N	N
<u>Facilitate Early Intervention:</u> Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to facilitate billing for infant mental health care.	FY 2007	5	2, 3, 4,11, 13,17, 19	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this population.	2,3	1,3	4.1	1	3	1	Y	Y
<u>Improve Provider Training:</u> Revised rules to allow nursing facility reimbursement for nurse aide training as an administrative claim rather than being included in a facility's per diem	2/07	3	11	N/A	1	2,3	5.3	5	3	1	Y	Y
<u>Cross-Agency Approach to Funding</u>	5/07	5	1,2,3,4,	N/A	1,3	1,3	2.3	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Children's Services</u> : Proposed historic coordinated budget request for children's behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, OJA, OSDH and OCCY for SFY 2008-09. The coordinated budget was adopted by the Oklahoma Institute for Child Advocacy as its top legislative priority. In addition, the Partnership for Children's Behavioral Health adopted a 5-year strategic plan for future coordinated budget requests.			11, 13, 17,19					3				
<b>ORGANIZATIONAL CHANGES</b>												
<u>Improve Coordination and Efficiency</u> : Consolidated responsibility for long-term care and PASRR implementation into a new OHCA division called Opportunities for Living Life	2006	3	2,11	This change allowed for decreased administration time and closer coordination by these departments.	1,3	7	2.3	5	3	1	Y	Y

**OJA Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population				
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>	NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
<b>GENERAL POLICY CHANGES</b>												
<u>Create New Program</u> : Created new mental health stabilization unit at a secure institution. The unit provides 2-4 weeks of services with the goal of trying to parole children with mental health needs into RTCs or community settings.	2005	5	13	The new unit provides 6 beds serving approximately 100 children each year. Some children stay longer if there is not a longer-term alternative available for their placement.	2	1,7	4.1	1,2	3	1	Y	Y
<u>Improve Services</u> : Implemented program to provide youth mental health screenings using the Massachusetts	2006	5	13,19	This policy changes affects children and adolescents in 17 detention centers from 6-80	3	1,2	4.4	1,2	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5)

Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Youth Screening Instrument, or MAYSI-2) at all detention facilities statewide. OJA provided computers and OCCY provided software for this collaboration. OJA hired three psychologists to conduct the screenings.				beds each (250-300 beds total), serving approximately 3,600 children statewide per year								
<u>Enhance Quality</u> : Revised Residential Behavioral Management Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RMBS services; (2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children’s Behavioral Health Collaborative.	6/07	3	2,3,4, 11,13, 17,19	600 LADCs are now potential providers of RBMS services for co-occurring populations.	2,3	2,7	4.3 5.3 5.4	5	3	1	Y	Y
<u>Improve Health Care for Children in Foster Care</u> : Improved continuity of health care for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was often available to Child Welfare staff as a child	FY 2007	5,6- interagency data sharing	2,3,4, 11,13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering custody and care is improved	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
was being taken into custody due to abuse or neglect.												
<u>Reduce Use of Restraints and Seclusion:</u> Participated in multi-agency, multi-disciplinary effort to reduce the use of restraints and seclusion at child-serving facilities statewide. This initiative, which was supported in part by funding from private non-profit organizations, engaged 2 trainers from the Child Welfare League of America to conduct several 1-day trainings for residential, foster care, and day care providers. The initiative has evolved into a broader effort to facilitate trauma-informed care.	6/06	4,5	2,4, 13,19	126 individuals were trained in seclusion and restraint reduction	3	1,2	5.2, 5.3	1,2	3	1	Y	N
<u>Facilitate Early Intervention:</u> Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to facilitate billing for infant mental health care.	FY 2007	5	2, 3, 4,11, 13,17, 19	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this population.	2,3	1,3	4.1	1	3	1	Y	Y
<u>Expand Use of EBPs:</u> Implemented Multi-Systemic Therapy (MST) as an alternative to incarceration and established full MST teams in Tulsa and Oklahoma City. An evaluation comparing outcomes of MST to placement in an OJA facility is underway.	1/07	1	13	Each team has a case load of 15 children, who may be located in other counties, and provides services for 3-6 months.	3	1,3,5	4.1 5.2	1	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Expand Use of EBPs</u> : Interagency collaboration to host a joint summit on evidence-based services	8/07	5	2,13	N/A	3	1,2	5.2 5.3	3	3	1	Y	Y
<u>Improve Provider Training</u> : Co-sponsored two conferences re: professionalizing youth work in Oklahoma	3/06 and 3/07	5	1,2, 3,4, 11, 13,19	Conference is now planned as an annual event. In 2007, 200 individuals participated in the conference.	2,3	2	5.3	1,2 ,3	3	1	Y	Y
<u>Improve Staff Training</u> : Implemented a revised handbook and core curriculum at all OJA institutions. The handbook identifies specific tasks and competencies expected of OJA staff and requires that all service plans be defined depending on individual assessments using research-based assessment instruments. The handbook was implemented in 2005 and revised in 2007.	2007	5	13	587 staff were trained and 380 youth served using the handbook	3	2,7	4.1 5.3	1,2	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Increase Funding</u> : Helped to increase legislative appropriations for systems of care	7/06 and 7/07	2	2,4, 13,19	Systems of care continues to expand and is now implemented in 39 counties.	3	1,3	2.1, 2.2	1,2	3	1	Y	Y
<u>Cross-Agency Approach to Funding Children's Services</u> : Historic coordinated budget request for children's behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, and OJA for SFY 2008-09. The coordinated budget was adopted by the Oklahoma Institute for Child	5/07	5	1,2,3,4, 11,13	N/A	1,3	1,3	2.3	3	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Advocacy as its top legislative priority. In addition, the Partnership for Children’s Behavioral Health adopted a 5-year strategic plan for future coordinated budget requests.												
<u>Increase Funding</u> : Increased appropriations to provide mental health services in detention centers. OJA used funding to contract with youth service agencies to provide counseling services to OJA-involved youth, and sent directives to OJA staff to make these referrals.	7/06	2	13	N/A	1	3,7	4.1	1,2	3	1	Y	Y
<u>Improve Services</u> : Collaborated with the Developmental Disabilities Services Division to establish three 4-bed cottages (on one property) to serve children and adolescents with developmental disabilities in the custody of OJA	2/07	2	13,14	Most of the 12 beds are occupied by children and adolescents who also have a co-occurring mental health disorder	2	1,7	4.1	1,2	3	1	Y	Y
<u>Expand Health Care Coverage</u> : Adopted emergency rule to provide Medicaid coverage in specific situations to people in the custody of OJA or DOC who are admitted as inpatients in a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility	9/05	3	11,12, 13	This rule change has resulted in a savings of \$3.5 million in state dollars for individuals in the custody of DOC requiring medical services. No savings have been achieved regarding psychiatric inpatient services, as no Medicaid inpatient provider has agreed to admit DOC inmates because of safety and liability concerns. OJA has	1,2	1,7	2.1 2.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
				used this rule in only four cases to date.								
<b>ORGANIZATIONAL CHANGES</b>												
<u>Create New Position:</u> Hired new program manager to serve as coordinator of trauma-informed care	3/06	5	13	N/A	1,3	4	5.3 5.4	1,2 ,3	3	1	N	N
<u>Create New Division:</u> Restructured OJA by eliminating the position of Deputy Director and creating the Divisions of Institutional Services, Community-Based Services, Juvenile Services, and Residential and Treatment programs.	6/06	1	13	N/A	1,3	4	5.3	1,2 ,3	3	1	N	N
<u>Consider Recommendations:</u> Requires OJA to give “full consideration” to recommendations made by the Oklahoma Association of Youth Services (OAYS) regarding community-based facilities, programs, or services.	6/06	1	13	N/A	1	4,7	4.1	1,2	3	1	N	N
<u>Require Plan for Youth Services:</u> Requires OJA to adopt a statewide plan for Youth Services Agencies.	6/06	1	13	N/A	1	4,7	2.4 4.1	1,2	3	1	N	N

**OKDHS Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Promote Early Intervention:</u> Receive referrals for consultations from child care centers through the child care warmline supported by OKDHS, OSDH. Mental health consultations are provided by consultants from community mental health centers or child guidance clinics. Health-related consultations are provided through county health clinics or Child Care Resource and Referral.	9/05	4	4,17	Consultations designed to prevent expulsions from child care settings. Currently, 1 in 67 children in child care are expelled for behavioral reasons.	2,3	2,7	4.1 , 4.4	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, *e.g.*, 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5) Aging services (OKDHS), 6) Veterans' affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children's system coordination/oversight (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Enhance Children’s Services:</u> Requires that therapeutic foster care contractors requesting child care provide verification of the child care provider’s child care licensing status or TFC approval as a respite provider when the child care provider is an individual	6/07	3	4	N/A	1,3	1,7	4.1	1	3	1	N	N
<u>Enhance Children’s Services:</u> Permits independent living (IL) incentive payments to be provided as compensation for youth participating in life skills assessments	5/06	3	4	2,045 youth have received IL incentive payments.	1,3	1,3	2.3	1,2	3	1	Y	Y
<u>Improve Services for Transition-Age Youth:</u> Changes from 17 to 16 the minimum age at which children in OKDHS or tribal custody and out-of-home placement may participate in independent living (IL) specialized community homes	5/06	3	4	16 youth who are 16 years old are living in 1 of 6 IL specialized community homes	2	1,7	2.1	1,2	3	1	Y	Y
<u>Establish Pilot Program:</u> Implemented Strengthening Families, which is designed to prevent child abuse and neglect by working through early care and education programs to build protective factors around children and their families. Implementation was	8/07	4,5	4,17	Implemented in 6 of the State’s 16 Smart Start communities	2,3	2,7	2.2 , 4.1 , 5.2	1	3	1	Y	Y

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7)

Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRa category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
supported in part by funding from private foundations.												
<u>Reduce Out-of-State Placements for Children</u> : Interagency group collaborated with providers to define expectations and quality criteria for priority programs and enhance rates for these high-end services. Contracts were developed with three in-state providers for treatment services usually available only out-of-state for autism, Asperger syndrome, conduct disorder, oppositional defiance, and MR/MI.	1/07	3	4,11	In FY 2007: 17 percent decrease in out-of-state placements; 21 percent decrease in number of days placed out of state; and 28 percent decrease in cost for out-of-state placements	1,3	1,7	4.1	1,2	3	1	Y	N
<u>Enhance Quality and Efficiency</u> : Developed networks of “bridge families” – foster care families who can work directly as mentors with biological families to promote a quicker return to permanency	7/07	5	4	225 people were trained in July, 2007 to serve as resource parents under this initiative	1	1,6	2.2 3.1	1,3	3	1	Y	Y
<u>Enhance Quality</u> : Revised Residential Behavioral Management Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RMBS services; (2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children’s Behavioral Health Collaborative.	6/07	3	2,3,4, 11, 13, 17,19	600 LADCs are now potential providers of RBMS services for co-occurring populations.	2,3	2,7	4.3 5.3 5.4	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Emphasize Early Intervention:</u> Implemented a Maternal and Infant Health Social Work benefit for pregnant and postpartum women on SoonerCare with the purpose of increasing identification and follow up care of pregnant/postpartum women with mental health, substance use/abuse, domestic violence and other serious psychosocial concerns that impact maternal/infant health. Services are provided by specially trained LCSWs.	2/06	3	2,3,4, 11,17	Pregnant women and new mothers and infants with high psychosocial risks will be identified and given early support and intervention by skilled professionals.	2,3	1,7	4.1 4.3 4.4 5.1	1,3	2,3	1	Y	Y
<u>Facilitate Early Intervention:</u> Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to facilitate billing for infant mental health care.	FY 2007	5	2, 3, 4,11, 13,17, 19	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this population.	2,3	1,3	4.1	1	3	1	Y	Y
<u>Enhance Quality:</u> Adopted Child Welfare Practice Standards to mirror the systems of care values	1/07	5	14	N/A	3	1,7	2.4	1,2	3	1	Y	Y
<u>Improve Health Care for Children in Foster Care:</u> Improved continuity of health care for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was often available to Child Welfare staff as a child was being taken into custody due to abuse or neglect.	FY 2007	5,6- intera genc y data shari ng	2,3,4, 11,13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering custody and care is improved	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y
<u>Reduce Use of Restraints and Seclusion:</u>	2006	4,5	2,4,	50 individuals were trained in	3	1,2	5.2	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRa category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Participated in multi-agency, multi-disciplinary effort to reduce the use of restraints and seclusion at child-serving facilities statewide. This initiative, which was supported in part by funding from private non-profit organizations, engaged 2 trainers from the Child Welfare League of America to conduct several 1-day trainings for residential, foster care, and day care providers. The initiative has evolved into a broader effort to facilitate trauma-informed care.			13,19	seclusion and restraint reduction. Trauma-informed care has been implemented in D+ and E Level OKDHS group homes, which have seen a decrease in the number of restraints.			5.3					
<u>Enhance Quality and Integrate Behavioral Health and Primary Care:</u> Collaborated with Oklahoma University Health Sciences Center’s Department of Pediatrics to support implementation and expansion of a model of primary care that creates a specialized “medical home” for children in foster care and adoption. This model includes a child psychologist as a primary team member and other innovations that insure quality primary health care to this population. In this model, behavioral health needs in this model are addressed in coordination with other needs. It is expanding to other sites across the state.	FY 2007	2,4	4,11	Children in Foster Care and Adoption (a very high risk group) will have primary health care that provides attention to the special needs and concerns of this group and their caretakers. Behavioral health needs in this model are addressed in coordination with other needs.	2,3	4,7	4.1	1,2	3	1	Y	Y
<u>Improve Provider Training:</u> Supported the development of a program to “endorse” providers who have specific	6/06	4	4,11, 17,19	Training will result in a higher level of skill and knowledge regarding infant and early	1,3	1,2, 7	4.1 5.3	1	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
training knowledge and experience in the area of infant mental health.				childhood mental health								
<u>Improve Provider Training:</u> Co-sponsored two conferences re: professionalizing youth work in Oklahoma	3/06 and 3/07	5	1,2, 3,4, 11, 13,19	Conference is now planned as an annual event. In 2007, 200 individuals participated in the conference.	2,3	2	5.3	1,2, 3	3	1	Y	Y
<u>Improve Workforce Skills:</u> Amended professional development programs approved by the OK Commission for Teacher Preparation to include, at least once a year, a program offering a component of teacher training on recognizing and reporting child abuse and neglect	5/06 (signed)	1	4	N/A	1,3	1,2	4.1 4.2 5.3	1,2, 3	3		Y	Y
<u>Improve Coordination of Services:</u> Engaged two new consultants from the Oklahoma Health Sciences Center Department of Pediatrics to provide behavioral health expertise to OKDHS providers of child and family services, including group homes	1/06	4	4	Four group homes have received consultation regarding behavioral health services	1,3	1,2	4.1	1,2, 3	3	1	Y	Y
<u>Increase Collaboration and Efficiency:</u> Established the Behavioral Health Collaborative Documentation Work Group and Policy Work Group to streamline documentation requirements, improve consistency between state agency policies, develop new EBPs, and review professional credentials and training	FY 2007	5	2,3,4, 11	These workgroups have morphed into other workgroups looking at other areas to improve the system: accreditation, contracting, and adding service types.	1,3	1,7	2.4	5	3	1	Y	Y
<u>Implement Federal Citizenship</u>	6/07	3,5	4,11	N/A	1,7	1	2.3	5	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Requirements:</u> Implemented rules to establish a centralized verification unit to help people obtain and provide federally-required documentation regarding citizenship and identity verification. The CVU was implemented and staffed with temporary employees. Since the allotted time for these temporary staff is running out, this unit is being phased out.												
<u>Coordinate Services:</u> Began using coordinated database (JOIN) maintained by OCCY, which includes a statewide resource directory and eligibility questionnaire, to support a statewide partnership to implement a 211 system. This partnership is implemented though an MOU between JOIN and each 211 agency.	3/06	6 – MOU	2,3,4, 8,9, 11,12, 15,17, 19	193,217 calls were received by the 211 system in 2007.	3	1	6.1	1,2	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Increase Funding:</u> Helped to increase legislative appropriations for systems of care	7/06 and 7/07	2	2,4, 13,19	Systems of care continues to expand and is now implemented in 39 counties.	3	1,3	2.1, 2.2	1,2	3	1	Y	Y
<u>Increase Funding:</u> Increased appropriation to increase per diem rates for group home beds at Level C (residents who live in a family-like setting and attend school off-campus), Level D+ (residents who require 24/7 supervision and initially attend school on campus), and Level E beds (residents who require the same services as Level	10/07 and 11/07	2	4	Per diem rates were increased at two Level C group homes with 30 beds (13 beds are filled); five Level D+ group homes with 160 beds; and seven Level E group homes with 135 beds.	2	1,3	2.3	1,2 ,3	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan – Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
D+ and present as more aggressive).												
<u>Cross-Agency Approach to Funding Children’s Services</u> : Proposed historic coordinated budget request for children’s behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, OJA, OSDH and OCCY for SFY 2008-09. The coordinated budget was adopted by the Oklahoma Institute for Child Advocacy as its top legislative priority. In addition, the Partnership for Children’s Behavioral Health adopted a 5-year strategic plan for future coordinated budget requests.	5/07	5	1,2,3, 4,11, 13, 17,19	N/A	1,3	1,3	2.3	1,2	3	1	Y	Y
<u>Improve Services</u> : Collaborated with the Developmental Disabilities Services Division to establish three 4-bed cottages (on one property) to serve children and adolescents with developmental disabilities in the custody of OJA.	2/07	2	13,14	Most of the 12 beds are occupied by children and adolescents who also have a co-occurring mental health disorder	2	1,7	4.1	1,2	3	1	Y	Y
<b>ORGANIZATIONAL CHANGES</b>												
<u>Clarify Agency Mission</u> : Articulated OKDHS’ Child Welfare mission, purpose, and scope, including fundamental rights and responsibilities of parents and children receiving services.	5/06	3	4	N/A	1	1,6	2.5 4.1	1,2 ,3	3	1	Y	Y

**OSDH Policy Change Summary Table**  
*State Fiscal Years 2006 and 2007*

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>GENERAL POLICY CHANGES</b>												
<u>Prioritize Services:</u> Establish new target population (birth to 13 years) in order to focus on earlier interventions	5/06	1	17	Increased ability to serve an additional 1,500 children in target population	3	1	4.1	1	3	1	Y	Y
<u>Promote Early Intervention:</u> Receive referrals for consultations with child care centers through the child care warmline supported by OKDHS and OSDH, and provide support and technical assistance to facilitate early intervention for children from birth	9/05	4	2,4,17	1 in 67 children in child care are expelled for behavioral reasons. Through this initiative, more than 1,000 hours of child care consultation were provided in 25 counties to address this	2,3	2,7	4.1, 4.4	1	3	1	Y	Y

<sup>1</sup> Effective Date: Date change became effective (month/year, e.g., 7/07)

<sup>2</sup> 1) Statutory change, 2) Appropriation, 3) Administrative rule, 4) Contract language, 5) Internal policies and procedures, 6) Other (specify)

<sup>3</sup> Agencies involved: 1) GTAB, 2) Mental health (ODMHSAS), 3) Alcohol and substance abuse (ODMHSAS), 4) Child welfare (OKDHS), 5)

Aging services (OKDHS), 6) Veterans’ affairs (ODVA), 7) Housing (OHFA), 8) Education- early childhood (OSDE), 9) Education- k-12 (OSDE), 10) Education- post secondary (OSRHE), 11) Medicaid administration (OHCA), 12) Adult criminal justice (DOC), 13) Juvenile justice (OJA), 14) Developmental disability services (OKDHS), 15) Vocational rehabilitation (DRS), 16) TANF administration (OKDHS), 17) Health (OSDH), 18) Insurance (OID), 19) Children’s services (OCCY), 20) Other (specify)

<sup>4</sup> Estimate the size of impact using most appropriate metric: person affected, dollars affected, capacity increases, programs using practices consistent with Comprehensive Mental Health Plan.

<sup>5</sup> 1) Improved accountability, 2) Increased service capacity, 3) Increased service effectiveness, 4) Other – add note

<sup>6</sup> 1) General policy, 2) Workforce training, 3) Financing policy, 4) Organizational change, 5) Increased use of data, 6) Increases in consumer/family networks 7) Program change

<sup>7</sup> NFC Goals: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 6.1, 6.2

<sup>8</sup> Age groups: 1) Children, 2) Adolescents, 3) Adults, 4) Older persons, 5) Across the lifespan

<sup>9</sup> Gender: 1) Male, 2) Female, 3) Both

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
to 5 years with challenging behaviors.				challenge.								
<u>Facilitate Early Intervention:</u> Developed a crosswalk from the Diagnostic Classification DC:0-3R to ICD-9 CM and DSM-IV-TR to facilitate billing for infant mental health care.	FY 2007	5	2, 3, 4,11, 13,17, 19	This crosswalk allows providers of services to children ages 0-3 to more accurately diagnose this population.	2,3	1,3	4.1	1	3	1	Y	Y
<u>Expand EBPs:</u> Child guidance staff were trained in Parent-Child Interaction Training (PCIT) through OU Child Study Center and funded by ODMHSAS	2007	5	2,17	5 OSDH staff were trained in 2007	3	2,7	2.2, 4.1, 5.3	1	3	1	Y	Y
<u>Expand EBPs:</u> Trained OSDH child guidance staff in the use of the Incredible Years	5/06	5	17	25 OSDH staff were trained in 2007	3	2,7	4.1, 5.3	1	3	1	Y	Y
<u>Establish Pilot Program:</u> Implemented Strengthening Families, which is designed to prevent child abuse and neglect by working through early care and education programs to build protective factors around children and their families. Implementation was supported in part by funding	8/07	4,5	4,17	Implemented in 6 of the State's 16 Smart Start communities	2,3	2,7	2.2, 4.1, 5.2	1	3	1	Y	Y

<sup>10</sup> Race/Culture: 1) All, 2) American Indian, 3) Asian, 4) Black or African American, 5) Latino/Hispanic (regardless of ethnicity), 6) White, 7) Gay/Lesbian/Transgender, 8) Rural, 9) Urban, 10) Homeless, 11) Refugee/Immigrant, 12) Student

<sup>11</sup> In Oklahoma, the Needs Assessment Resource Inventory includes both mental health and substance abuse services.

<sup>12</sup> In Oklahoma, the Comprehensive Mental Health Plan includes both mental health and substance abuse services.

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
from private foundations.												
<u>Improve Health Care for Children in Foster Care:</u> Improved continuity of health care. for children in foster care through information sharing between OHCA and DHS. Prior to this change, only limited health information was often available to Child Welfare staff as a child was being taken into custody due to abuse or neglect.	FY 2007	5,6- intera genc y data shari ng	2,3,4, 11,13, 17,19	DHS child welfare workers now have basic healthcare information on approximately 90% of children entering custody and care is improved	1,3	1,7	4.1 5.3	1,2	3	1	Y	Y
<u>Improve Provider Training:</u> Supported the development of a program to “endorse” providers who have specific training knowledge and experience in the area of infant mental health.	5/07	4	4,11, 17,19	Training will result in a higher level of skill and knowledge regarding infant and early childhood mental health	1,3	1,2,7	4.1 5.3	1	3	1	Y	Y
<u>Integrate Mental Health into Primary Care Settings:</u> Child guidance received 2-year, \$85,000 MCH grant to better integrate early intervention developmental and behavioral health best practices for children ages 5-19 in primary care settings	9/07	5	17	Facilitates earlier identification and treatment for the estimated 5 - 6% of children in this age range with definite or severe emotional or behavioral difficulties	2,3	1,2	1.2, 4.1, 4.4	1,3	3	1	Y	Y
<u>Integrate Mental Health into Primary Care Settings:</u> Collaboration with OU Child Study Center (CSC) to facilitate behavioral health screenings for children ages 0-5 in	7/06	5	2,11,17	5 pilot sites established in Canadian County	2,3	1,2,7	1.2, 4.1, 4.4, 5.2	1,2	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
primary care pilot sites. CSC partnered with the Oklahoma Physicians Resource/Research Network, which uses practice enhancement assistants to support physician offices in implementing a new procedure.												
<u>Promote Early Intervention:</u> Established internal maternal depression work group focusing on postpartum depression among women with children ages 0-12 months, piloted screening tool developed by the work group	5/07	5	17	When the initiative is fully implemented, all new mothers will receive postpartum depression screening services – (data not currently available on numbers of new mothers served)	2,3	1,2,7	1.2, 4.1, 4.4	1	3	1	Y	Y
<u>Emphasize Early Intervention:</u> Implemented a Maternal and Infant Health Social Work benefit for pregnant and postpartum women on SoonerCare with the purpose of increasing identification and follow up care of pregnant/postpartum women with mental health, substance use/abuse, domestic violence and other serious psychosocial concerns that impact maternal/infant health. Services are provided by specially trained LCSWs.	2/06	3	2,3,4, 11,17	Pregnant women and new mothers and infants with high psychosocial risks will be identified and given early support and intervention by skilled professionals.	2,3	1,7	4.1 4.3 4.4 5.1	1,3	2,3	1	Y	Y
<u>Enhance Quality:</u> Revised Residential Behavioral Management	6/07	3	2,3,4, 11,13,	600 LADCs are now potential providers of RBMS services	2,3	2,7	4.3 5.3	5	3	1	Y	Y

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
Services (RBMS) in group settings, non-secure Diagnostic and Evaluation Centers, and foster care settings to (1) allow licensed alcohol and drug counselors (LADCs) to provide RMBS services; (2) add trauma-informed care as an option to staff training requirements; and (3) update terminology as recommended by the Children's Behavioral Health Collaborative.			17,19	for co-occurring populations.			5.4					
<u>Enhance Disaster Preparedness:</u> Trained all behavioral health/child guidance staff in crisis intervention for disaster preparedness and participate in interagency disaster planning	5/06	5	17	In 2006, 50-55 OSDH staff trained in crisis intervention. In 2007, up to 500 people were trained in psychological first aid.	2,3	1,2,7	4.4, 5.4	5	3	1	N	N
<u>Promote Breastfeeding:</u> The OSDH WIC service has trained and certified breastfeeding Peer Counselors to support breastfeeding as the preferred method of feeding infants within the WIC population.	9/06	5	17	1600 women received peer counseling in breastfeeding	3	1		3	3	1	N	N

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<u>Coordinate Services</u> : Began using coordinated database (JOIN) maintained by OCCY, which includes a statewide resource directory and eligibility questionnaire, to support a statewide partnership to implement a 211 system. This partnership is implemented through an MOU between JOIN and each 211 agency.	3/06	6 – MO U	2,3,4,8, 9,11, 12,15, 17,19	193,217 calls were received by the 211 system in 2007.	3	1	6.1	1,2	3	1	Y	Y
<b>FINANCE POLICY CHANGES</b>												
<u>Simplify Reimbursement</u> : Adoption of new Board of Health rules to align private pay and Medicaid fees for child guidance services	5/06	3	17	Promotes consistency in fee schedules without requiring specific action by the Board of Health	3	3	2.3	1,2	3	1	N	N
<u>Cross-Agency Approach to Funding Children’s Services</u> : Proposed historic coordinated budget request for children’s behavioral health totaling \$15 million in requests by OHCA, ODMHSAS, OKDHS, OJA, OSDH and OCCY for SFY 2008-09. The coordinated budget was adopted by the Oklahoma Institute for Child Advocacy as its top legislative priority. In addition, the Partnership for Children’s Behavioral Health adopted a 5-year strategic plan for future coordinated budget requests.	5/07	5	2,3,4, 11,13, 17,19	N/A	1,3	1,3	2.3	1,2	3	1	Y	Y
<b>ORGANIZATIONAL POLICY</b>												

Policy change (brief title & description)	Effective Date <sup>1</sup>	Change Mechanism/s <sup>2</sup>	GTAB & State agencies <sup>3</sup>	Impact <sup>4</sup>	SAMHSA Impact <sup>5</sup>	GPRA Category <sup>6</sup>	NFC Goal <sup>7</sup>	Population			NARI - Y/N <sup>11</sup>	Comprehensive Plan - Y/N <sup>12</sup>
								Age <sup>8</sup>	Gender <sup>9</sup>	Race/Culture <sup>10</sup>		
<b>CHANGES</b>												
<u>Created New Position:</u> Hired an evaluator for child guidance programs	10/06	5	17	Improves program evaluation of services and helps to justify services and funding	1,3	4,5	5.3	5	3	1	N	N