

Oklahoma's CCBHC Needs Assessment Process. From February through September, 2016, 23 different events were held across the State to gather meaningful stakeholder input. These included listening sessions, surveys, and focus groups with participants comprised of youth and adult clients, family members, military groups, tribes and community and state organizations. The CCBHCs as well as ODMHSAS staff were able to hear this input loud and clear and take action to improve care. In addition, data analysis was conducted utilizing several sources for the needs assessments. County-level census data was heavily employed to compare the general population's demographics to persons currently served and also to the staff. Examples of demographic and cultural variables include race, ethnicity, language, disability, and military status. Multiple tables were produced to display data by agency locations so weaknesses at the site or agency level could be addressed. In addition, a staff survey was administered by the ODMHSAS to determine distribution of sexual orientation, disability, lived experience/family member, race, age, gender, languages spoken, length in the MH system and at agency, license/certificate/credential held, EBPs trained in, and primary age group of clients seen. Staff were also questioned about attitudes concerning training and development program, opportunities for advancement, salary, benefits program, working conditions and hours, co-workers, supervisors, overall satisfaction, and likelihood of leaving the field within five years. The results of these analyses were provided to CCBHCs to augment their own needs assessments and take appropriate actions to correct any gaps.

Prevalence of BH Needs and Gaps. OK has a high prevalence rate, with 22.4% experiencing mental illness (3rd highest among states), and 11.9% experiencing a SUD disorder (2nd highest among states). Between 700,000 to 950,000 Oklahomans are in need of MH or SUD treatment (Mental Health America, 2015). There are 189,454 youth, ages 0-18, estimated to have a mental illness. It is estimated that 144,510 Oklahomans have SMI (SAMHSA, 2012). Estimates of children suffering from serious emotional/behavioral problems vary significantly depending on the study cited. The ODMHSAS utilizes SAMHSA's prevalence rate for SED of 10%. This means that out of approximately 954,000 children in the State of Oklahoma, approximately 95,400 can be expected to have an SED (Census Bureau, 2015).

Half of all lifetime cases of mental illness begin by age 14; however, four out of ten children in OK with MH problems cannot get access to treatment, services or support. This is unacceptable, especially since if intervention occurs early, resilience can be built and life outcomes can drastically improve.

SUD Services. Traditionally in OK, the CMHCs have not been funded or trained to do comprehensive outpatient treatment of SUD, and there has been somewhat of a chasm separating a smooth transition to and from outpatient services to residential SUD treatment. This has been changing in recent years, especially with the advent of the BHH model which requires integration of all needed services. However, it is clear from the ODMHSAS data analysis and all the surveys and focus groups that more must be done to accomplish integration and fully co-occurring services. With the demonstration, the remaining pieces will be put into place to ensure

a fully comprehensive scope of outpatient services within the three CCBHCs, as well as a smooth coordination of services between these and OK's inpatient and residential services.

RR has implemented an internal credentialing process to build skills to provide SUD services for clinical staff. All new employees are required to complete Motivational Interviewing (MI), validated screening, assessment and placement tool training within the first six months of hire. In all subsequent years, clinical staff are asked to complete one-hour of SUD-related CEUs annually. The RR trainer will also provide SUD training for RR staff included in the 20 hours of free CEUs provided for clinical staff. RR has just opened a Medication Assisted Treatment (MAT) unit composed of a medical doctor, licensed drug and alcohol counselor, Case Manager and peer recovery support specialist.

GL has designated a Director of Addiction Services and will begin expanding the number of LADCs on staff. Its electronic bio-psychosocial already contains screens for ASAM compilation. In becoming a CCBHC, GL will be expanding its SUD services to include consumers diagnosed with a primary diagnosis of a SUD. It will be prepared to provide outpatient and intensive outpatient services utilizing EBP-based curriculum, as well as 24-hour crisis intervention services including ambulatory and medical detoxification.

NorthCare currently provides MAT for 25 consumers and is expanding that to 100 in this upcoming year. It has hired additional peer support staff in recovery from SUD in order to provide additional individual and group support. It continues to send therapists to Adolescent Community Reinforcement Approach training in order to reach the transition age youth and will provide family SUD education groups.

Military. A population that surfaced as underserved in the needs assessment is that of military personnel, veterans, and their families. To address this issue, the CCBHCs have reached out to and networked with referral sources for this population. GL has established a contract with the US Department of Veterans Affairs (VA) to provide services for their members if they live more than 40 miles away from the VA outpatient center in the GL service area or if they are on a waiting list for services with the VA. It has produced flyers and is doing public relations communications in all its communities. It has prominent posters in all outpatient clinics to advertise veteran services. Staff have visited American Legion Posts and Veterans of Foreign Wars posts, left flyers and/or are scheduled to come back to speak to the members.

RR is working to enhance its abilities to provide services to veterans. The OKC Veterans Administration (OKCVA) is currently working on obtaining approval from the VA Director to co-locate staff within RR offices.

The NC veteran liaison is the point of contact for any veteran seeking services in the community. He attends numerous collaborative meetings and provides group services in the Veteran's Diversion program. He educates staff on the needs of veterans and their families, and is an advocate within the agency to help better serve this population.

Transportation and Income. Since OK is a relatively large rural state, transportation has long been a challenge for lower socio-economic groups. Even in the four large metro areas, the public transportation system is not as well developed and widespread as urban cities in other states. The CCBHCs have had to be resourceful and innovative to meet the transportation needs of their clients. GL serves a very rural and large area and is utilizing many approaches to address transportation barriers. It has vans and cars to provide transportation for consumers. It also purchases vouchers for the only public transportation system in the area and utilizes flex funds to help purchase gasoline when necessary. Further, it provides services in the consumer's homes and schools. Part of the intake process is to determine the best place for services to be offered to the consumers. It also maximizes use of telemedicine services. In FY 2014-2015, GL submitted 25,813 claims that were delivered through telemedicine. More recently, GL has initiated a program to address transportation using health information technology. The agency has, or is in the process of, deploying 179 iPads to clients, staff, emergency workers and law enforcement officers. These devices are distributed to clients and families who have difficulty accessing services due to transportation difficulties, financial difficulties or inability to consistently receive services in a traditional office setting. The iPads are wiped of all applications except a HIPAA compliant connection which allows the consumer to connect with their service provider. Local sheriff and police departments, the Juvenile Detention Facility, residential care facilities, and ERs have also received iPads to utilize for consultation when dealing with an individual with MH and/or SUD issues. Licensed behavioral health professionals, case managers, and care coordinators have been given iPads to assist with engagement, therapy, assessing needs, quicker response times and crisis resolution.

RR's urban offices have transportation vouchers available to clients who need assistance to attend services. In its rural areas, RR vans provide transportation for clients to attend psychosocial rehabilitation programs. RR is modeling the success GL has had using iPads and is developing procedures for clients to access services through this technology in the near future. RR also plans to expand the use of telemedicine. Currently all offices are equipped to provide services and telemedicine services for medication management and are already being used on a regular basis. In FY 2014-2015, RR submitted 17,172 telemedicine claims.

Responsible for an area of town where many people with SMI live and there is a large number of homeless individuals, NC is preparing to move to a new building built with integration in mind. The new building is located next to a city bus stop for which it provides bus tokens to its clients needing transportation. Its van transportation runs five days a week on a route that includes City Rescue Mission, Salvation Army, Homeless Alliance and Lottie House, a peer-run drop-in center, to encourage socialization. Also, this new building is located next door to the Oklahoma City Crisis Intervention Center (OCCIC) and NC has an MOU for utilizing OCCIC for immediate access to crisis beds if needed. In addition, NC is preparing to implement the digital health solution called myStrength. With myStrength, NC clinicians will have the ability to augment direct intervention with 24/7 virtual care for their consumers and families. The

myStrength system offers a range of mood-improving resources for the mind, including step-by-step e-learning modules, interactive tools, weekly action plans and daily inspiration personalized to each consumer. This consumer-centric and highly confidential HIPAA-compliant platform reduces the stigma and provides inexpensive access to evidence-based resources. Using the digital tools available with myStrength, NC will expand service capabilities through the integration of self-care resources; use technology to reach more clients; provide relapse management post-intervention; offer interactive, evidence-based tools to assist clinicians in case management and treatment planning; and provide emotional wellness resources to staff to cultivate their own health and wellbeing.

Accessibility. There is clearly a need for the providers to be accessible to a people with disabilities. All have demonstrated plans for increasing accessibility. RR offices are equipped to provide services to persons with physical disabilities and have ramps for persons in wheel chairs as well as handicap bathroom facilities. RR is planning on making additional improvements such as automated doors for persons in wheel chairs. GL's site locations are handicap accessible and it utilizes iPads and telemedicine as well as home-based services to assist consumers who have limited mobility. It utilizes speech-to-text software to assist handicap consumers with completion of documentation and will further expand by looking at new software possibilities for access to services for speech and hearing impaired consumers.

The two urban centers recognize and were reminded through the needs assessment process that there are those who are still unserved individuals who speak languages other than English. RR is contracting with the Language Line, providing access to 240 professional linguists twenty-four hours, seven days a week. Language Line provides phone, video, and onsite interpreting, translating and localization. RR is revising the sliding scale to be more linguistically appropriate for clients with limited English proficiency. Clients are screened for services and based on income may be able to attend services for no or reduced charge. RR has always been available for those clients most in need and will continue to serve the communities with that philosophy.

NC's new building was designed to be accessible to those with disabilities. All services are on the first floor, the hallways are wider, and there are individual bathrooms and double doors leading into the clinical area. It is working to make access to all types of services needed by the population served more available. NC has staff embedded at the Health Department, located in the part of the city with the worst health outcomes and domestic violence liaisons at each location. Staff from the CARE Center who serve families impacted by physical and sexual abuse are co-located at NC. Others services co-located at NC include: GED classes, Legal Aid, adult art classes; Narcotics Anonymous groups; and Spanish speaking Seeking Safety groups. Forms and handouts have been translated into Spanish, and individual therapy, family therapy, case management also provided in Spanish. Its Intensive Transition Team makes rounds at all private and state funded psychiatric hospitals and crisis centers in its area to meet with consumers who are discharging and works to engage them in outpatient services. A pilot program to provide juvenile bureau involved youth and their families with comprehensive and integrated health care

and service coordination has been implemented. Also, NC co-locates clinicians and case managers with Child Welfare and Juvenile Court to provide assessment and care coordination for child welfare families. NC is currently working with a federally qualified health center (FQHC) on collaboration with St. Anthony hospital for those patients hospitalized due to chronic disease issues that also have MI and SUD.

Workforce. A large need that has long been recognized is staff shortages and an aging work force. OK is 48th in the nation for MH spending per capita. Services rates have rarely increased in the last 10 years. Publically funded behavioral health organizations have stretched their budgets and staff to keep their doors open but, as a result, it is difficult to hire and retain staff. Some of this has been alleviated through the use of telemedicine, which OK invested heavily in during the early 2000s through a SAMHSA state incentive grant. Another service extension has been through the use of Peer Recovery Support Specialists. However, staff shortages have led to clients getting what services can be provided by what staff are available rather than what they need. A large part of the CCBHC planning grant has been spent determining the workforce needed to provide care coordination and holistic care. RR plans to raise salaries for licensed therapists currently employed by \$5,000 across the board and intends to add 20 new therapists to expand the service array to meet CCBHC requirements. RR will offer a sign-on bonus for new therapists who agree to remain with the agency for two years and will continue to fully cover medical and other insurance premiums for employees, as well as encouraging continuing education through dedicated professional growth funds. RR supports staff continuing education by offering 20 hours of in-house trainings through RR's trainer at no cost to the staff and offers no-cost licensure supervision for staff pursuing licensure status. Healthy competitions to help staff focus on personal wellness such as walking challenges and a drawing for persons who complete their annual wellness check-up are just a couple of events sponsored throughout the year to encourage employee wellness.

GL, in order to meet the new standards of care set required to become a CCBHC and improve the quality of care and outcomes for its clients, has been in the process of actively expanding the number of clinicians serving in its seven-county area. Due to the fact that its clinics all reside in rural areas, this also required it to increase the salaries for qualified clinicians in order to attract new staff and retain current staff, particularly for its 24-hour unit requirements. It has already begun to see a difference in the scope and level of service it is able to provide. By actively recruiting additional staff and by paying more competitive rates to existing and future staff, it firmly believe that it will be able to provide a higher level of service, at ultimately a reduced overall cost per service by reducing employee turnover and by being able to accept only the best of candidates. To date, new hires include seven nurses and one nurse practitioner, 16 behavioral health professionals, 13 peer recovery support specialists, 11 family support specialists, 13 care coordinators, 11 rehab specialists, and administrative staff such as a medical records specialist and human resource administrator.

In an effort to hire and retain staff, NC is providing frequent training and consultation in EBPs, offering strong clinicians the opportunity to become trainers in EBPs, taking on the additional expense of recruiting and supervising larger number of practicum students, offering flexible schedules and increased autonomy, increasing salaries to be competitive in the market, and offering a new campus with diverse clinical experiences, modern amenities, and onsite café. They anticipate hiring a adult and a child psychiatrist, two psychiatric nurses, a SUD specialist, 12 case managers, one peer recovery support specialist, 14 licensed behavioral health professionals, a nurse practitioner, a medical assistant and three van drivers.