Context

Population:
- Children and adolescent ages 0 to 22 who live in Beckham, Canadian, Kay, Oklahoma, or Tulsa counties or the 17 southeastern counties and meet criteria for SED [1.26, 2.22]
- Population Ethnic representation: 16% Native Americans, 11% Black, 5% Hispanic, and 1% was Asian. [1.4]
- Strengthen the existing partnerships.
- Expand pilot sites in Oklahoma [1.7]
- Formulation of local teams and sub-committees [1.10]
- Reform Initiative [1.7]
- Work groups [1.19]
- Development of social marketing tools [1.24]
- Redesign behavioral health financing plan [2.14, 2.20]
- Development of ICIS [1.16]
- Strengthen state and tribal coordination and funding [2.14, 2.19, 2.20, 2.30, 2.33]
- Funding expansion [1.12, 2.20]
- Cross-agency quality and outcome measures [2.20]
- Identification of gaps, improving the infrastructure [1.14]
- Common screening/referral [2.11]
- Family Involvement [1.19, 2.19, 2.23]
- Youth Involvement [1.22, 2.27]
- Culturally appropriate screening, assessment, and diagnostic methods [2.14, 2.23, 2.25]

Strategies

System:
The SOC, State, Local Community Teams, and Tribal Nations
- Training and TA: SOC, wraparound, EPB, and cultural competence [1.14, 1.23, 1.30, 2.14]
- Develop a statewide family organization [1.20]
- Strengthen state and tribal coordination and funding [2.14, 2.19, 2.20, 2.30, 2.33]
- Funding expansion [1.12, 2.20]
- Cross-agency quality and outcome measures [2.20]
- Identification of gaps, improving the infrastructure [1.14]
- Common screening/referral [2.11]
- Mental Health and Support Services [1.16, 2.23-24]
- Individualized Service Plan [1.20, 2.23]
- Use of Non-Mental Health Services and non-traditional services [1.18, 2.25, 2.27-28]
- Wraparound [1.19]
- Care Coordination [1.1, 2.19, 2.23]
- Family Involvement [1.20, 2.27]
- Youth Involvement [1.22, 2.27]
- Culturally appropriate screening, assessment, and diagnostic methods [2.14, 2.23, 2.25]

Infrastructure:
- Systems Oversight [3.2]
- Integrated services
- Organization at state and local level
- Program Quality and Standards [3.2]
- Develop consensus for BH standards
- Streamline standards across agencies
- Early Access [3.2]
- Standard screening and referral methods
- Standard assessment methods
- Service Availability [3.2]
- Develop core set of services
- Develop a need for services assessment
- Ongoing evaluation to improve access
- Professional/Workforce Development [3.3]
- Establish core competencies
- Coordinate staff development efforts
- Cross-agency quality improvement effort
- Parent and Family Engagement [3.3]
- Provider/parent partnership at all stages
- Increase diverse family involvement
- Family representation in governance
- Parent supporting parents programs
- Public Engagement [3.3]
- Develop social marketing plan
- Develop communication plan
- Increase support policy/funding change
- Accountability [3.3]
- Set of defined child/family outcomes
- Reports on outcomes to influence policy
- Ongoing evaluation and planning
- Information Management [3.4]
- Single payer authorization/billing system
- Customize MIS for each agency
- Integrated data system
- Streamline paperwork/documentation
- Funding and Financing [3.4]
- Identify funding partners/resources
- Plan for developing needed funding
- Develop policy vision/recommendations

Goals/Outcomes

Mission:
To promote healthy communities and provide the highest quality of care to enhance the well being of all Oklahomans (1.7)

Values:
Oklahoma Systems of Care will be child-centered, family-driven, community-based, culturally competent and offered in the least restrictive environment. [1.1]