

System of care governance

The Department of Mental Health and Substance Abuse Services has child- and family-focused staff spread throughout the state to ensure that children and families have a voice in all discussions and across all divisions. A dedicated [children, youth and family services team](#) leads Oklahoma's SOC network by collaborating across state agencies to ensure continuity of care, family choice, and adequate resource allocation.

A [state advisory team](#) meets every other month and includes representatives from all eight child-serving state agencies,² as well as family members, advocates, mental health workers, community SOC teams, certified community behavioral health clinics, and others. [The responsibilities of this team](#) include guiding the development of policies and processes across the state. Members share resources and updates on best practices, successes, and implementation challenges, review outcome data on effectiveness to support continuous quality improvement, ensure accountability to core values and principles, and discuss future plans related to implementation. Kelly Perry, senior director of child and adolescent systems and crisis services at the Department of Mental Health and Substance Abuse Services, said it is critical to have consistent communication, collaboration, engagement, and understanding at all levels — state and local leadership and staff.

Oklahoma leveraged SAMHSA funding to roll out local SOC teams across the state that bring together community providers, children, families, representatives from the local school districts, tribes, law enforcement entities, and representatives from both the child welfare and juvenile justice systems. These teams each have their own governance boards and are informed by advisory groups.

Key facts

- Child population (under 18): 966,607*
- Child welfare administration by state or county: State (with strong county structure and discretion)
- System of care lead agency: Department of Mental Health and Substance Abuse Services
- Year system of care was implemented statewide: 2014

*Source: [The Annie E. Casey Foundation, Kids Count Data Center](#)

Strategies to support families involved with child welfare

Since the SOC approach began in Oklahoma, the Department of Mental Health and Substance Abuse Services and the Department of Human Services have worked together to ensure continuity of services for children and families involved with child welfare. “Our child welfare and juvenile justice partners have been part of the conversation from the very beginning,” Perry said. “Through the years, our relationships have developed, which makes it easier to accomplish things. This doesn’t mean that everything has been easy, but we don’t give up. We keep working to find common ground.” For example, those relationships and shared values have allowed partners to identify when programs are not working well for children in specific settings, which in turn allows for program reevaluation so that all children in Oklahoma can have access to the services they need.

One example that illuminates the partnership between the two agencies is the implementation of an Enhanced Foster Care program to meet the needs of children living in foster or kinship homes who have complex behavioral health needs. Child welfare providers use the Child and Adolescent Needs and Strengths (CANS) to facilitate a child- and family-driven [assessment](#) and identify appropriate services. An array of services — including high fidelity wraparound, transition-aged youth services, infant and early childhood services, and school-based services — is available to all eligible children and their families in Oklahoma through local providers, including certified community behavioral health clinics.

System of care impact and sustainability

Oklahoma has seen significant improvement in outcomes for children and families receiving services, including reductions in out-of-home placement days, interaction with law enforcement, days missed from school, and self-harm.³ Cost analyses have shown that children who received behavioral health services through Oklahoma's system of care had a 41% reduction in average total inpatient and outpatient behavioral health charges compared to a 17% reduction among those receiving standard behavioral health services. Using cost savings for the entire study population of 1,943 children with moderate-to-high Medicaid utilization, the state estimated Oklahoma would have saved between \$8.33 million and \$18.16 million over one year if all within the study population had received system of care services.⁴

While local implementation of the SOC approach allows for flexibility and customization to each community's needs, shared values and state-level infrastructure have been key to sustaining Oklahoma's efforts. For example, a community that receives a federal SAMHSA SOC grant also can supplement its SOC with other sources, including Medicaid, other federal grants, appropriations through the state legislature, contracts and collaborations with partnering agencies, and private payments.

¹ The content of this brief was informed by an interview with Kelly Perry, Senior Director of Child and Adolescent Systems and Crisis Services, Oklahoma Department of Mental Health and Substance Abuse Services, August 28, 2024.

² The eight child-serving agencies that are part of the state advisory team include: Department of Mental Health and Substance Abuse Services; Department of Human Services; Department of Rehabilitation Services; Office of Juvenile Affairs; Commission on Children and Youth; Department of Education; Health Care Authority; and Department of Health.

³ Oklahoma Department of Mental Health and Substance Abuse Services: Oklahoma Systems of Care. [Becoming a Statewide State](#) (PowerPoint).

⁴ Oklahoma Department of Mental Health and Substance Abuse Services: Oklahoma Systems of Care.

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