



# **PREVENTING** Mental, Emotional & Behavioral Disorders

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OKLAHOMA STRATEGIC PLAN

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**OKLAHOMA**  
Mental Health &  
Substance Abuse



# PREVENTING Mental, Emotional & Behavioral Disorders

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## Our Vision

The Strategic Plan provides a vision for Oklahoma in which everyone is provided the opportunity to achieve a state of health and well-being free from problems related to mental, emotional, and behavioral disorders.

## Our Mission

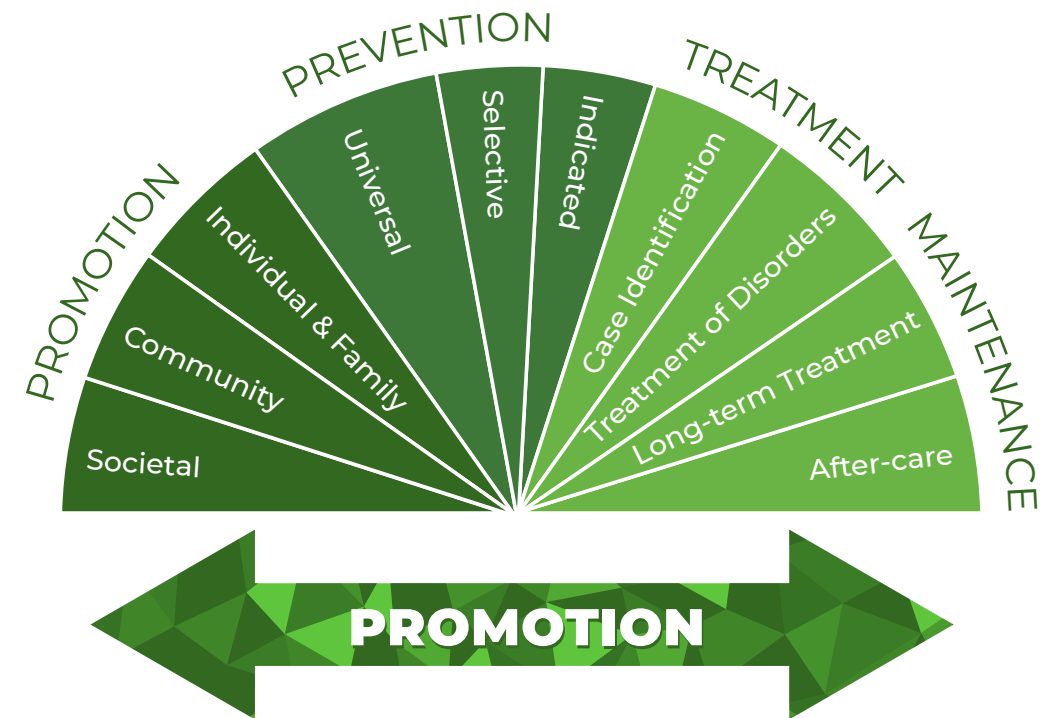
The mission of this Strategic Plan is to:

- Implement effective prevention strategies that are evidence-based and accountable to the people of Oklahoma.
- Leverage the power of community leadership.
- Enhance the capacity of communities, schools, healthcare providers, workplaces, and families to forever practice prevention.



## Overview of Prevention & Promotion

Prevention takes many forms, but can be defined as, “Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.” Mental health promotion is defined as, “Interventions that aim to enhance the ability to achieve developmentally appropriate tasks (developmental competencies) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity.” (Institute of Medicine, Preventing Mental, Emotional and Behavioral Disorders Among Young People)



Visually depicted, prevention is an array of interventions necessary to support and promote healthy mental, emotional, and behavioral development. Often referred to as “the continuum”, the figure above is meant to convey the interconnectedness between prevention and treatment interventions as well as to distinguish each stage in the spectrum. Updated in 2019, the National Academy of Sciences modified the continuum to highlight the need for active promotion of healthy development across the entire population, significantly increasing the scope of promotion and prevention to reflect their importance.



## Prevention Service Standards

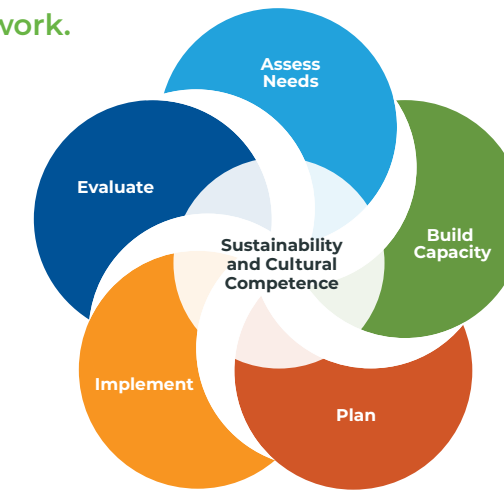


The ODMHSAS Prevention Services Division develops, funds, and oversees a portfolio of services to prevent the onset and progression of mental, emotional, and behavioral problems. To maintain the highest quality and most effective prevention system, it is essential that Oklahoma's prevention workforce deliver services aligned with the following standards.

### Guiding Principle #1: Our services are rooted in prevention science.

1. Mental, emotional, and behavioral problems are preventable. Prevention exists on a continuum that includes primary, secondary, and tertiary as well as interventions that promote overall wellbeing.
2. Mental, emotional, and behavioral problems are developmental, and opportunities for preventive intervention exist beginning at pre-conception and throughout the lifespan, with a particular focus on children, youth, and young adults.
3. How people develop is a function of complex interactions of biopsychosocial processes. Individuals exist within complex systems such as neighborhoods, families and schools that are, in turn, nested within a larger community and culture. Prevention strategies are required at the individual and population levels.
4. Prevention science has identified risk factors at the biological, psychological, family, community, and cultural levels that precede the development of problem outcomes. Conversely, protective factors can reduce or buffer against risk for future problems. Research continues to build upon this framework, including the integration of Adverse Childhood Experiences (ACEs) and trauma, to further understanding of how substance use and mental health problems develop. Prevention practices aim to identify and decrease risk and increase protection.
5. Risk for the development of many common mental, emotional, and behavioral problems is strongly associated with underlying conditions known as social determinants of health. These include poverty, education, healthcare, and discrimination. The accumulation of advantage and disadvantage leads to social and economic inequities and consequently to inequitable mental and physical health outcomes.

### Guiding Principle #2: We use a comprehensive planning & implementation framework.



Prevention planners are pressed to put in place solutions to urgent problems facing communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their environmental contexts; only then can communities establish and implement effective plans.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer preventionists a comprehensive approach to understand and address behavioral health problems facing their communities. Similarly, schools undertaking comprehensive planning for the prevention and treatment of mental, emotional, behavioral problems utilize frameworks such as Multi-Tiered Systems of Support (MTSS) and Interconnected Systems Framework (ISF), which can be successfully guided by the SPF.

#### The SPF includes these five sequential steps:

1. Assessment: Identify prevention needs based on data (e.g., What is the problem?)
2. Capacity: Build resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. Planning: Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. Implementation: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. Evaluation: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

#### The SPF is also guided by two essential cross-cutting principles that should be integrated into each of the steps:

1. Cultural competence. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
2. Sustainability. The process of building an adaptive and effective system that achieves and maintains desired long-term results.





**Guiding Principle #3: We utilize evidence-informed interventions.**

To ensure publicly-funded prevention services are effective, the ODMHSAS supports programs and practices that meet the following criteria established by the SAMHSA and further refined by the Oklahoma Evidence Based Practices Workgroup:

- Tier 1) Documented on a national registry of evidence based practices as identified by the ODMHSAS;
- Tier 2) Documented in a peer-reviewed publication that demonstrates positive effects based on the evaluation of the targeted causal or contributing factor(s); or
- Tier 3) Documentation that illustrates the strategy has been effectively implemented in the past, multiple times, with results that show a consistent pattern of positive effects.

Prevention approaches not meeting these standards are carefully examined prior to selection and monitored. All evidence-informed prevention interventions are also assessed for fit (matches population of focus, prioritized problems/issue), feasibility (matches resources, timeline) and potential negative effects or risks.

**Guiding Principle #4: Our services are inclusive, culturally informed, and seek to maximize health for all.**

The ODMHSAS recognizes that health disparities and health equity are essential in the planning and delivery of prevention services. Health disparity arises from social, economic, or environmental disadvantage resulting in someone's relative position socially—an order in which individuals or groups can be separated by their economic resources, as well as by race, ethnicity, religion, gender, sexual orientation, and disability. Use of the Culturally and Linguistically Appropriate Services (CLAS) standards includes effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, and health literacy.

**Guiding Principle #4 continued**

**CLAS Standard: Governance, Leadership and Workforce**  
The ODMHSAS prevention staff advances and sustains organizational governance and leadership that promotes health equity through policy, practices and allocating resources to populations experiencing behavioral health disparities.

**CLAS Standard: Communication and Language Assistance**  
The low population density, high poverty rates, and multi-linguistic characteristic of Oklahoma reflect geographical and cultural barriers that can affect the implementation of services. Project materials, products, and strategies, including evidence-based practices, are produced and reviewed with the culture, languages, health literacy, and values of the focus populations in mind.

**CLAS Standard: Engagement, Continuous Improvement, and Accountability.**  
Demographic data is collected on a regular basis to monitor the impact of the strategies on sub-populations. The prevention system works with diverse populations to help ensure activities conducted by the state prevention system are culturally appropriate.





**Guiding Principle #5: We are a hopeful, capable, and accountable prevention workforce.**

The practice of prevention is both an art and a science. Therefore successful professionals in this field seek to develop a breadth and depth of experience in both. Due to our belief in the change process, change theory, and our role as change leaders, our goal is to hone our practice toward the ends of solving social problems and pursuing increased wellness and benefit. The public entrusts us with these duties as well as resources to carry them out, therefore we maintain a high sense of accountability to those we serve.

The science of prevention relates to continually educating oneself and engaging in the process of on-going evaluation and research towards our goals. We constantly seek knowledge in our field as well as related fields. We thoughtfully and strategically document and learn from our own work. We are committed to continual improvement of process and outcomes. Our problem-solving and decision-making is informed by the best evidence.

The art of prevention concerns developing our personal strengths and talents as well as the strength and talents of our colleagues and the systems in which we work towards a more prevention-oriented way of being and operating. We adapt and apply the research to the specific needs and cultures of those we serve. We learn to put the science into practice in a way that fits into the lives, capacity, and readiness of those we serve. We operate from a sense of ethics, integrity, and transparency. We acknowledge the rights of those we serve and develop plans and strategies in partnership with those we serve. We are adaptive, strategic, holistic thinkers. We are leaders in helping our communities envision a more prevention-oriented world.



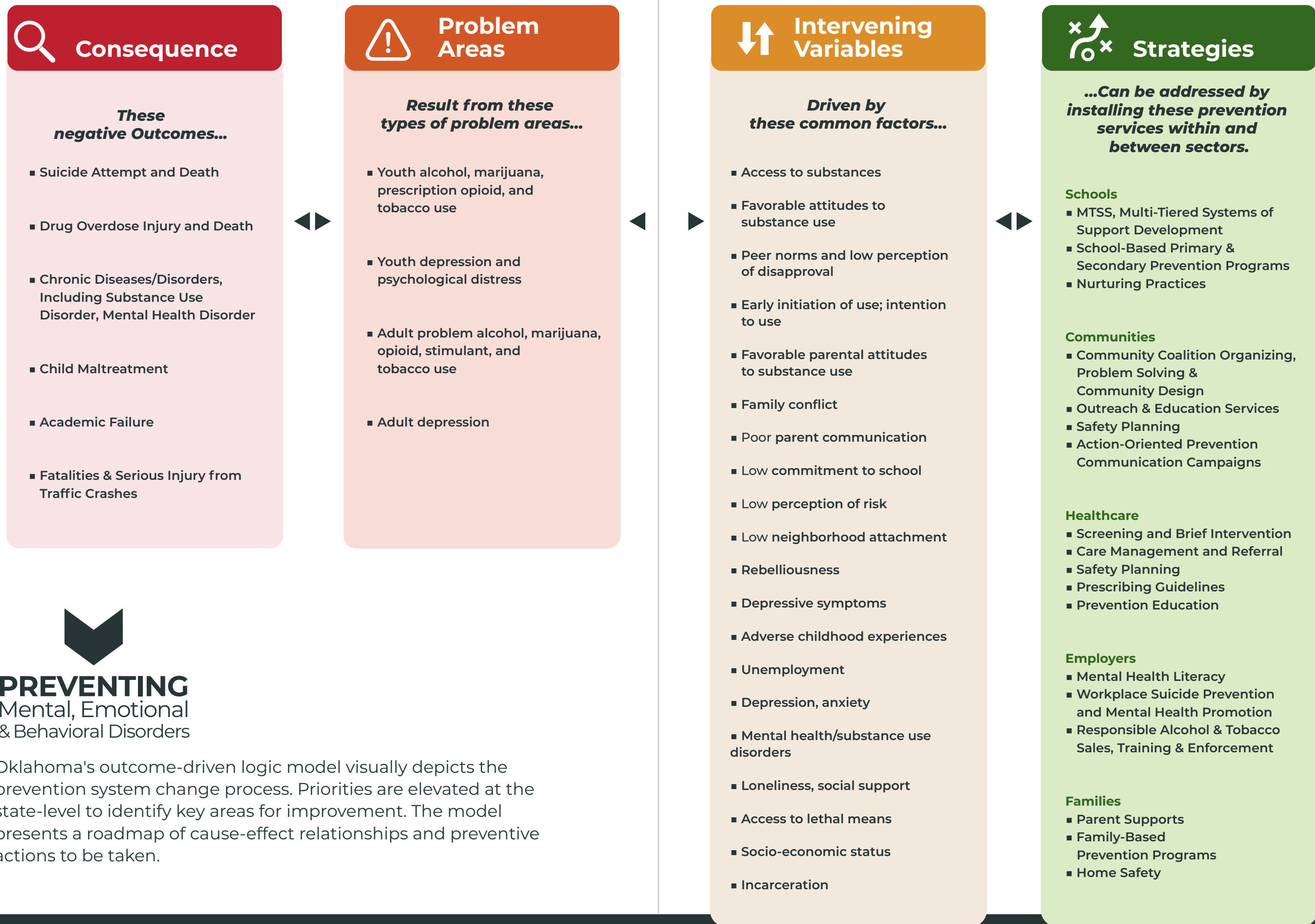
**Strategic Priorities** 

Epidemiological data identify problems, help determine what areas and who are affected by problems—knowledge that is essential for effective intervention—and measure the success of interventions aimed at preventing or reducing these problems. Engagement in a careful assessment of needs, resources, capacity, readiness, and contextual conditions—prior to selecting strategies—is essential to successful prevention efforts.

This data focus—collection, analysis, and use—is entrenched in each step of the SPF and continually informs the prevention process. The formal assessment of contextual conditions, needs, resources, readiness, and capacity is used to identify priorities in Step 1. In Step 2, data are shared to generate awareness, spur mobilization, and leverage resources. In Step 3, assessment data are used to drive the development of a strategic plan and guide the selection of evidence-based strategies. Data are used in Step 4 to inform (and, if necessary, revise) the implementation plan. And finally, data are collected to monitor progress toward outcomes, and findings are used to make adjustments and develop sustainable prevention efforts.

The ODMHSAS Prevention Services reviewed epidemiological data to identify strategic directions over the next five years. The assessment identified the following prevention priority areas (listed in alphabetical order):

- Alcohol Use
- Depression & Psychological Distress
- Marijuana Use
- Opioid Use
- Stimulant Use
- Suicide
- Tobacco Use



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Oklahoma's outcome-driven logic model visually depicts the prevention system change process. Priorities are elevated at the state-level to identify key areas for improvement. The model presents a roadmap of cause-effect relationships and preventive actions to be taken.



## Prevention System Infrastructure



An effective state prevention system requires a strong infrastructure that supports high-quality service delivery. The ODMHSAS Prevention Services will strive to advance the following infrastructure priorities:



### Partnerships

- Build upon the success and aid in the future development of existing state-level prevention organizing bodies through continued ODMHSAS leadership or support such as the Oklahoma Rx Workgroup, Oklahoma Suicide Prevention Council, and the SBIRT-OK Collaborative.
- Support the State Epidemiological Outcomes Workgroup and Evidence-Based Practices Workgroup to provide the ODMHSAS prevention system with critical, guiding expert consultation for data and best practice implementation.
- Maximize interagency state partnerships, including focused prevention endeavors with the Oklahoma State Department of Education, Oklahoma Department of Veterans Affairs, Oklahoma Regents for Higher Education, Oklahoma State Department of Health, Oklahoma Juvenile Affairs, and Oklahoma Department of Human Services.
- Develop an ODMHSAS prevention 'Collaboratory' comprised of contracted service providers, consumer groups, and other key prevention stakeholders to regularly convene for cross-sector learning, peer sharing, and state system planning.
- Understand and help elevate policy or other systemic solutions that can improve prevention outcomes in the state; maintain connection to prevention-related policy committees.



### Workforce

- Continue to support the development of certified prevention specialists while cultivating a diverse workforce of laypersons and professionals in other fields who can serve as preventionists.
- Provide high-quality prevention training opportunities, including a regular Prevention Academy and Prevention Grand Rounds.
- Provide high-quality consultation and technical assistance to the prevention workforce through capable, customer-service oriented staff who serve assigned providers, constituents, and communities.
- Utilize practice dissemination models – structured processes of teaching and installing research-based practices - to widely disseminate and sustain evidence-based prevention.

## Prevention System Infrastructure continued

### Data

- Develop the ODMHSAS capacity to support prevention data collection, analysis, and utilization under the leadership of dedicated epidemiologists and data specialists.
- Provide high utility data products to the Oklahoma prevention system, including web-based dashboards and query systems as well as custom products for communities, population groups, and issue-based reports.
- Develop a centralized, uniform reporting system for improved ODMHSAS prevention performance monitoring.
- Actively seek solutions to address identified data gaps that create barriers to understanding and measuring prevention needs.



### Resources

- Allocate resources to the sectors best positioned to influence and install prevention; diversify prevention funding allocations to include schools, communities, faith, families, healthcare, and business/workplaces.
- Actively seek funding for Oklahoma to support the advancement of this plan's strategic priorities.
- Actively support local and state-level organizations in successfully applying for available prevention funds.
- Maintain Oklahoma's role in the national and regional prevention agenda through active roles with the PTTC, National Prevention Network, SAMHSA, and other key organizations.



## Sector Based Prevention System



A sector-based prevention system aims to integrate prevention services within the domains of Oklahomans' everyday living and experiences. This approach recognizes that Oklahoma cultural norms, influences, and experiences are shaped by several key sectors of living: the family, the educational system, workplaces, neighborhoods and communities at large, the healthcare delivery system, faith communities, and media. Each of these sectors presents opportunities for:

- The delivery of direct prevention services and programs;
- Communication and reinforcement of healthy behaviors and resources;
- Sector leader influence and modeling of healthy behaviors; and
- Policies and practices that shape norms – expectations, attitudes, behaviors.

Investments in a prevention system with specific aims in each of these sectors of everyday living will improve Oklahoman's wellbeing, reduce risk, and shape new norms related to positive mental, emotional, and behavioral health. This approach relies on a prevention workforce made up of: (1) certified prevention professionals, (2) sector leaders such as physicians, school principals, or business owners who take on prevention responsibilities, and (3) laypersons who adopt, reinforce, and lead prevention-oriented beliefs and practices.

Prevention science helps organize factors that predict (or protect from) the development of mental, emotional, and behavioral problems. These factors, known as risk and protective factors (or intervening variables) can be more easily understood when grouped into domains - typically individual, peer, school, family, and community. The ODMHSAS will organize the state's prevention service delivery system in the following Oklahoma sectors:



## Sector Based Prevention System continued



### Education

Common and higher education settings are powerfully formative and important venues for the delivery of direct and indirect prevention services to young people. As employers, education systems also impact the lives and wellbeing of Oklahoma adults. The ODMHSAS will continue to provide leadership in planning and implementing best practice prevention services in schools and college campuses. State-level tools to help education adopt MTSS frameworks will be provided, and prevention programs such as the Pax Good Behavior Game and Botvin LifeSkills will be disseminated.



### Families

Family experiences, circumstances, and relationships are powerful. Family-based risk factors are highly predictive of future mental, emotional, and behavioral problems; in turn, families can offer high levels of protection from problems. The ODMHSAS will offer effective family sector prevention services such as Strengthening Families Program, parent education, and support.



### Communities

Communities are an effective organizing force for bringing evidence-based policies and programs to scale. With the understanding that local issues need local solutions and local leadership, the ODMHSAS will support community and neighborhood-level prevention coalitions across the state to provide community-based prevention services with local partners such as county/municipal governments, school districts, faith communities, and businesses.



### Healthcare

The encounters between healthcare providers and patients are critically important in shaping health behaviors. Screening, education, and planning between healthcare staff and their patients can effectively prevent mental health and substance use problems. The ODMHSAS will support statewide efforts to disseminate best practices in primary care, specialty care, and emergency department settings. Key partnerships with providers, practices, associations/boards, and payors will help embed these approaches in Oklahoman's routine experience at their doctors' offices.





**Business/Employer**

Oklahoma businesses have the high potential to boost employee wellness to protect from the harms of substance use or mental health problems. As gatekeepers in the community, certain Oklahoma businesses such as alcohol retailers, can help guard against harmful consequences by practicing prevention while at work. The ODMHSAS will build upon its prevention investment in the business/employer sector with increased efforts to educate employees, connect them to needed services, and adopt preventive business practices.



**Faith:**

The ODMHSAS will support faith-based communities across the state to provide prevention services to their congregations and communities. Faith-based sector providers will deliver direct prevention services, link faith-based organizations with community resources, and build relationships between groups at risk in the community.

These sectors will work with the ODMHSAS to uptake prevention within their spheres of influence. The ODMHSAS will seek ways to stimulant collaboration across the sectors in direct and indirect ways. Certain sectors will work directly together to deliver prevention services, other sectors will focus within their own community or organization. Underlying the sector-based prevention work will be a communications plan to broadcast prevention education messages and resources to Oklahomans.



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