



City Complex

Edmond Community Behavioral Health Assessment

FINAL REPORT & ACTION PLAN | AUGUST 2022



hm. HEALTHY MINDS
POLICY INITIATIVE

Contents

Acknowledgements	2
Executive summary	4
The ideal system framework	7
Children and youth system.....	9
Community characteristics	12
Behavioral health needs in Edmond.....	14
Edmond’s strengths.....	17
Key findings	18
Adults	18
Children and youth	24
Other considerations.....	28
Opportunities	29
Adults	29
Children and youth	30
From opportunity to action	33
Educate the broader community about the Edmond Strategic Plan for Mental Health and engage them in supporting its implementation	34
Build capacity to serve adults with significant mental health disorders in Edmond using the Certified Community Behavioral Health Clinic (CCBHC) model and supporting other local mental health providers	35
Community crisis coordination.....	37
Expand the capacity of local providers for prevention, early intervention, and behavioral health treatment for children, youth, and families	39
Increase student access to school-based and school-linked mental health services	42

Acknowledgements

Healthy Minds Policy Initiative would like to thank the Edmond Community Mental Health Work Group for their effort and collaboration with this project.

Kyle Allen ² – Secondary MTSS Instructional Specialist, Edmond Public Schools
 Traci Bartley ^{1,2} – Director of Ambulatory Social Work, OU Physicians
 Desiree Bell – Care Specialist, Family Treatment Services, NorthCare
 Lauren Bowlan – Director of Clinic Operations, Mercy Clinic Primary Care
 Kevin Calvey – Oklahoma County Commissioner, District 3
 Andy Conyers – Assistant City Manager for Administration, City of Edmond
 Darrell Davis ¹ – Mayor, City of Edmond
 Zack Dawson – Vice President, Operations & Post Acute Services
 Allie Friesen ^{1,2} – Director of Clinical Programs (Behavioral Health), INTEGRIS Health
 Chief Chris Goodwin ² – Edmond Fire Department
 Dr. Angela Grunewald – Superintendent, Edmond Public Schools
 Debby Hampton – President & CEO, United Way of Central Oklahoma
 Sargent Matt Harden ² - Police Mental Health Liaison, Edmond Police Department
 Jessica Hawkins ¹ – Chief Operations Officer, United Way of Central Oklahoma
 Erica Harris² - Student Supports & Counseling Facilitator, Edmond Public Schools
 Captain Acey Hopper ¹ – Edmond Police Department
 Sherry Jordan – President & CEO, Edmond Chamber of Commerce
 Christopher Lynch – Vice President for Enrollment & Student Success, University of Central Oklahoma
 Eileen Morefield ¹ – President, NAMI Edmond/North OKC
 Ken Morefield ¹ – Volunteer, NAMI Edmond/North OKC
 Christin Mugg ¹ – Edmond City Councilor, Ward 3
 Dan O’Neil ² – Former Mayor, City of Edmond
 Curt Rawls – Director of Behavioral Health Services, OU Medicine
 Julia Reed ^{1,2} – Vice President of Clinical Operations for Child and Family Services, NorthCare
 Scot Rigby – City Manager, City of Edmond
 Connie Schlittler ^{1,2} – Vice President of Growth, NorthCare
 Larry Stevens ¹ – City Manager (retired), City of Edmond
 Sheila Stinnett ² – Executive Director, Edmond Family Counseling
 Ashely Tohlen ² – Mental Health Counselor, NorthCare
 Terri White – CEO, Mental Health Association of Oklahoma
 Tania Woods ¹ – Law Enforcement Liaison, OK Dept. of Mental Health and Substance Abuse Services
 Chief JD Younger ² – Edmond Police Department
 Janet Yowell – Executive Director, Edmond Economic Development Authority

¹ Subcommittee for Adult Opportunities

² Subcommittee for Child/Youth Opportunities

In addition to the input from the work group, the following individuals provided valuable information about the Edmond community and the services and supports currently available.

Gary Bartley – Member, City of Edmond Parks & Recreation Advisory Board

Jeff Beardsley – Member, NAMI Edmond/North OKC

Debbie Bendick – Associate Superintendent of Second Education, Edmond Public Schools

Annie Benefield – Behavioral Health Consultant, INTEGRIS Health Primary Care

Joni Bruce – Executive Director, Oklahoma Family Network

Craig Dishman – Director, Edmond Parks & Recreation Department

Jeff Dismukes – Director of Communications, OK Dept. of Mental Health & Substance Abuse Services

Jack Elliot – Member, NAMI Edmond/North OKC

Jill Enevoldsen – Behavioral Health Consultant, OU Physicians

Elizabeth Ging – Early Childhood Instructional Facilitator, Edmond Public Schools

Hannah Haikin – Health & Wellness Program Coordinator, Deer Creek Public Schools

Kim Hastings – Elementary RTI Instructional Specialist, Edmond Public Schools

Christie Jaggi – Communications & Operations Manager, Edmond Public Safety Communications

Cara Jernigan – Executive Director of Elementary Education, Edmond Public Schools

Frances Kersey – Vice President, NAMI Edmond/North OKC

Nadeen Lewis – Peer Coordinator, NAMI Edmond/North OKC

Kristen Mahathey - Member, NAMI Edmond/North OKC

Eileen Mager – Member, NAMI Edmond/North OKC

Jeff Mager – Member, NAMI Edmond/North OKC

Kirk Morrison – President, Parents Helping Parents

Julia Reed – Senior Director, Center for Counseling and Well-Being, University of Central Oklahoma

Rev. Dr. Chris Shorrow – Senior Minister, First Christian Church of Edmond

Emily Steele – Executive Director of Educational Services, Edmond Public Schools

Andrea Wheeler – Educational Service Coordinator, Edmond Public Schools

Shelly Whiting – School Behavioral Health Liaison, Mercy Health

About Healthy Minds Policy Initiative

Established in 2019 by The Anne and Henry Zarrow Foundation, Healthy Minds Policy Initiative works to end untreated mental illness and addiction in Oklahoma through policy and practice transformation. The organization's policy analysis and recommendations have been the foundation for significant bills signed into Oklahoma law, including the formalization of partnerships between schools and community mental health providers, permanent expansion of telehealth parity, and administration of harm reduction programs by approved medical and social service providers. Since its inception, Healthy Minds has helped secure more than \$24 million in new public funding for mental health care and substance use services in Oklahoma and has published nearly 50 pieces of original research and analysis.

Executive summary

In August 2021, the City of Edmond engaged Healthy Minds Policy Initiative (HMPI) to conduct a mental health system assessment of the Edmond community. Edmond has an existing Community Mental Health Work Group comprised of community leaders, first responders, providers, and advocacy organizations. With guidance from the work group, HMPI collected both quantitative and qualitative information about the prevalence of mental health conditions, available services, and the experiences of stakeholders. Our goal was to identify the strengths and gaps of the current mental health system in and around Edmond and offer recommendations for improved experiences and outcomes.

The goals of this initiative were to conduct a collaborative, data-driven community needs assessment focused on understanding the mental health needs, resources, and gaps in the community, including a focus on the local crisis system, and to develop a plan for actions to improve mental health outcomes for Edmond residents. The project relied on feedback and contributions from dozens of Edmond leaders representing businesses, schools, higher education, city government, law enforcement, persons with lived experience, faith and other community organizations. In addition, HMPI gathered quantitative data from local providers and organizations, administrative data bases, and state and national data sources.

The project revealed ample strengths in Edmond from which to build. First and foremost, Edmond is well-recognized as a city with a high quality of life and engaged residents. City government leaders, including the Edmond City Council and Edmond Police Department, reflect these realities and consistently demonstrate effective and visible leadership on this issue. Edmond Public Schools and Deer Creek Public Schools are resoundingly seen as community assets driving quality of life and positive outcomes for children. Furthermore, Edmond benefits from an innovative and responsive behavioral health provider community.

To identify opportunities to strengthen services, HMPI and the work group used an evidence-based “ideal system framework” for adults, children, and youth as a foundation for comparison. The team set out to determine:

- Estimates of how many adults and children in Edmond need mental health services;
- How accessible are mental health providers;
- How many adults and children receive services and from where;
- What is the current capacity in Edmond to provide services, and;
- What are the opportunities to further develop each component of the ideal system in Edmond.

The conclusions of this collaborative, data-driven process are summarized on the next page.

Key findings

- 1. Access to behavioral health services in Edmond has multiple barriers, including lack of availability of local service providers, cost for receiving services, and transportation to Oklahoma City for more intensive services.**
 - a. The location of the services makes coordination and navigation difficult. This is especially true for the crisis care center's location, which makes accessing follow-up care challenging.
 - b. Behavioral health services are expensive, for the uninsured and for those with insurance.
 - c. Transportation poses a barrier to accessing behavioral health services.

- 2. Children and youth with behavioral health conditions are especially vulnerable to these barriers to access.**
 - a. The number of children, youth, and their families in Edmond with behavioral health needs, especially those with more complex needs, exceeds local provider capacity.
 - b. The Edmond community has two local providers committed to responding to children and youth in crisis; however, their capacity is limited and has resulted in local emergency departments being the default crisis provider for many children, youth, and families in Edmond.
 - c. Edmond Public Schools has adopted a multi-tiered system of supports framework for student mental and behavioral needs. The district has implemented prevention services (tier 1) in elementary and some middle schools. However, the district has limited capacity to meet the needs of students at-risk for mental health challenges (tier 2) and those struggling with mental health issues (tier 3).

- 3. Stigma is an impediment to recognizing and seeking care for behavioral health conditions.**
 - a. Stigma around mental health conditions and their care is a common problem in most communities. These negative self-perceptions of experiencing a mental health disorder create a barrier to acknowledging the condition and seeking care. Nearly everyone interviewed mentioned that there are still negative feelings around mental illness in the community more broadly, and many who think it is not a significant problem in Edmond.
 - b. Useful information about how to access mental health services is difficult to come by for many in the Edmond community. Although there is a resources list maintained on a City of Edmond website, this information is not easily accessible to families who need crisis services, nor does it provide sufficient information on how to decide which entities are best matched to address the current need.
 - c. Programming between Edmond Family Counseling and the schools provides students with opportunities to learn and explore emotion and behavior. This early, preventative programming decreases stigma.

The opportunities: A path forward

After studying the initial findings and opportunities for improvement, the work group prioritized the opportunities it found to be the most logical starting point for the community. As a general strategy, the group agreed that accessing available funding should be considered foundational to all the opportunities for action, and that seeking out federal funding sources (such as grants and relief funding) will be an action step to capitalizing on all opportunities.

The work group opted to initially capitalize on two opportunities to improve services and supports for adults in the community. Improving **community crisis coordination** will result in better protocols for placement of adults experiencing a mental health crisis through collaboration with Edmond Policy, higher education, hospitals, and local providers. The work group also chose to prioritize **building capacity to service adults with significant mental health disorders** by supporting local providers and increasing local access to the Certified Community Behavioral Health Clinic (CCBHC) model.

To improve service and supports for children and youth in Edmond, the work group also prioritized two opportunities. **Expanding the capacity of local providers for prevention, early intervention, and treatment for children and youth** aims to increase access to home and community-based services, evidence-based practices, and early intervention and treatment for youth at risk for or experiencing mental health challenges. **Increasing access to school-based and school-linked mental health services** will also be a key part of improving outcomes for children and youth in Edmond.

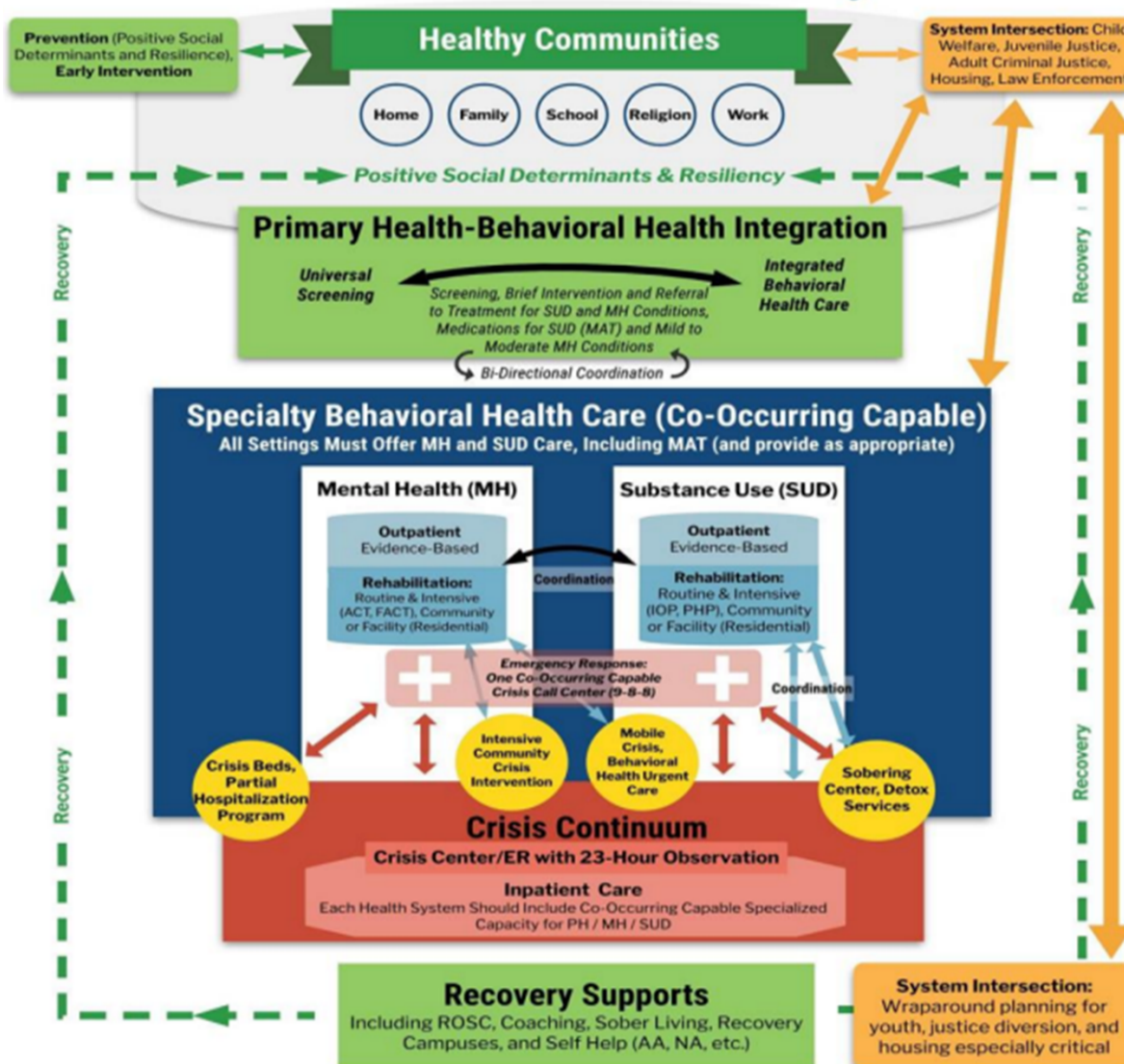
Using this prioritization, HMPI and group members set out to create action plans on how to move this work forward toward improving mental health services in Edmond. **Full action plans can be found beginning on page 34.**

The ideal system framework

An ideal system framework promotes good health and wellness to prevent mental health disorders and provides early detection and treatment of mental health conditions when they do occur using effective evidence-based prevention and treatment services. Such a system has five main components:

- Life in the **community** includes all the settings where community members of all ages live, learn, work, and socialize. All health conditions – including behavioral health conditions – occur within this context: home, family, school, work, and faith communities. The types of health care services provided in this setting are ideally focused on prevention, early detection, and early intervention, and are embedded in institutions or settings where people spend their time (such as homes, workplaces, schools, and churches).
- **Integrated behavioral health in primary care settings** serves those with mild or moderate needs related to behavior, anxiety, and depression, and substance use. This is the easiest way for many individuals to access behavioral health care, and primary care physicians can treat most noncomplex conditions within the primary care practice with training and support through an integrated care model.
- **Specialty behavioral health care** for those with moderate to severe needs such as complex depression, bipolar disorder, posttraumatic stress, schizophrenia, and other disorders that require specialized intervention beyond the capacity of integrated primary care.
- **Rehabilitation services** for individuals with mental health needs so severe that they impair functioning across multiple life domains and require evidence-based rehabilitation in addition to specialized treatment of the underlying mental health disorder. The services should include intensive home and community-based services.
- A **crisis care continuum** able to respond to the full range of episodic, intense needs that often occur over the course of a behavioral health condition, including connection to a crisis call center, urgent behavioral health care, mobile teams able to respond to urgent needs outside of the normal delivery of care settings, as well as a continuum of placement options ranging from crisis centers, crisis respite, residential care, and acute inpatient hospitalization. Each of these crisis service components work together as a system of interconnected resources, sharing data and information to provide the best care in the least restrictive settings.
- **Recovery supports** that include peer support services, recovery coaching, school-based recovery services, sober living environments, and organized recovery-oriented systems of care.

The Ideal Behavioral Health System



This ideal system is aspirational and serves as a model for communities and organizations to strive to attain. In many communities, care is delivered in primary care settings without the benefit of behavioral health specialists integrated in the workflow of those practices. When integrated treatment is not available in primary care settings, referrals are made to behavioral health specialty care settings. Edmond does have excellent examples of primary care practices in the INTEGRIS and OU Health systems that integrate behavioral health specialists to assess and refer people in need of behavioral health care to specialty services; however, these practices are not at a scale to serve a majority of the needs in the community. Behavioral health care is still difficult to access for many individuals in the community due to cost and lack of available service providers. As a result, many individuals (especially adolescents) do not have their emerging behavioral health conditions detected and treated until they first experience behavioral health care during a crisis visit to a hospital emergency department.

To help Edmond align more closely with this ideal system, this report will discuss the ideal, identify strengths and gaps in the current systems of care for children, youth, and adults, and describe the key findings and recommendations to better meet the needs of the community.

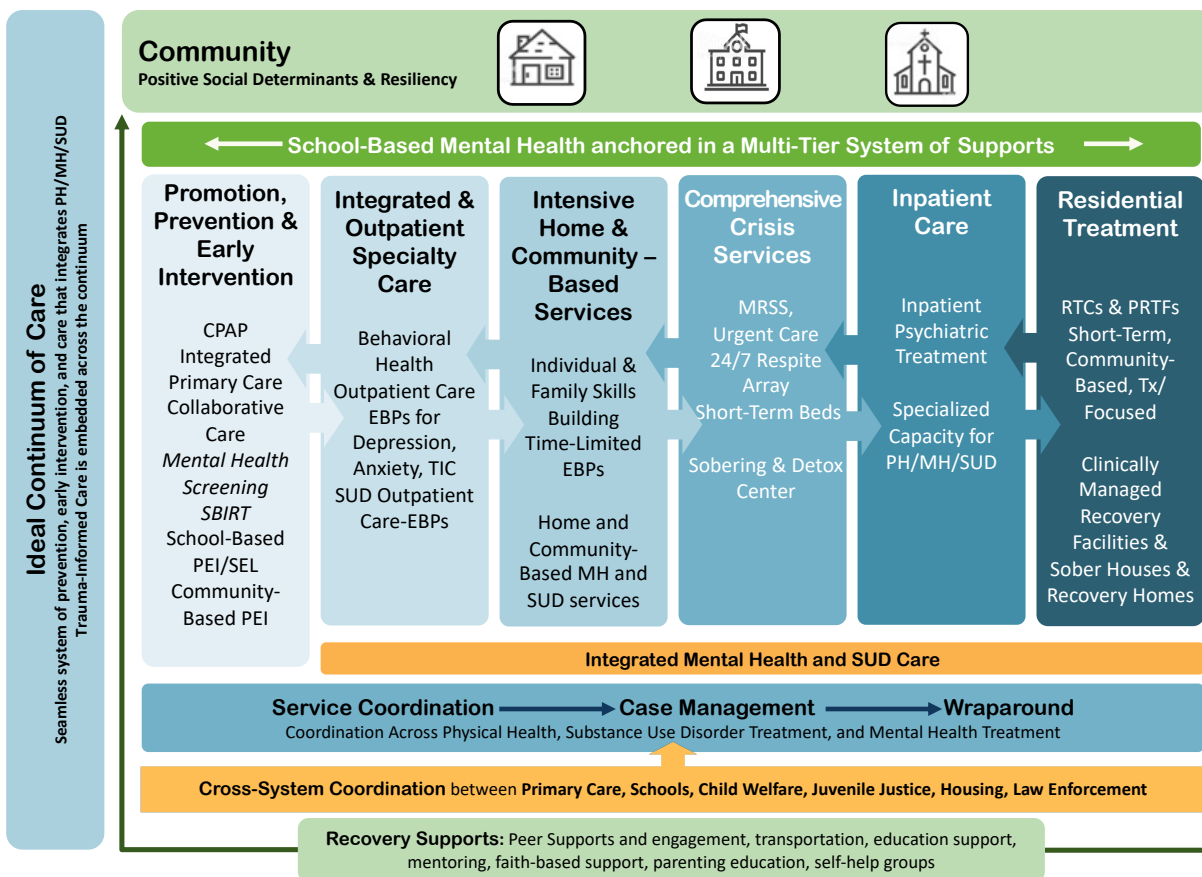
Children and youth system

For the prevention and treatment of mental health disorders for children and youth, an ever-growing body of research has shown that the system of supports and services are most effective when uniquely tailored to their developmental needs and provided in supportive environments, such as their families, schools, and service settings.

An ideal children's behavioral health system of care is a seamless, comprehensive array of services and supports for all children, youth, and young adults who are who are at risk for, or struggling with, a broad range of behavioral health needs. The ideal children's system of care links promotion and prevention services with physical health, mental health, and substance use disorder treatment to provide children, youth, young adults, and their families with the most effective possible treatment options when and where they are needed most.

The ideal system of care recognizes that children, youth, and young adults need different services at different times in their lives and emphasizes the right level of care at the right time. The continuum recognizes that a mix of services from the various components may be necessary to meet complex needs and that different levels or tiers of care coordination (from **service coordination** to **wraparound**) may be needed to help children, youth, and their families navigate services across the continuum. Additionally, children may be served by multiple agencies, including child welfare, juvenile justice, and/or education, depending on the complexity of their needs and current circumstances. Children and youth are members of their unique communities and may find their needs identified and supported in settings such as schools, homes, places of worship, and health care systems. Community also plays a role in the ideal children's system of care, where recovery supports like outreach, mentoring, and self-help groups serve children, youth, and families with behavioral health needs.

The ideal children's system of care consists of six components, ranging from promotion and prevention services to the most intensive interventions.



The services in the **prevention and early intervention** component form the foundation of the ideal children’s system of care. Included in this component are **integrated pediatric primary care, behavioral health, and integrated outpatient mental health and substance use services**. **Screening** and assessment for mental health and substance use and risk factors, **school-based universal** practices, and community-based prevention and early intervention programs are included in the prevention and early intervention component.

The **specialty care** component of the continuum focuses on outpatient behavioral health care and recommends the use of evidence-based and trauma-focused treatment approaches for anxiety, depression, substance use, and trauma.

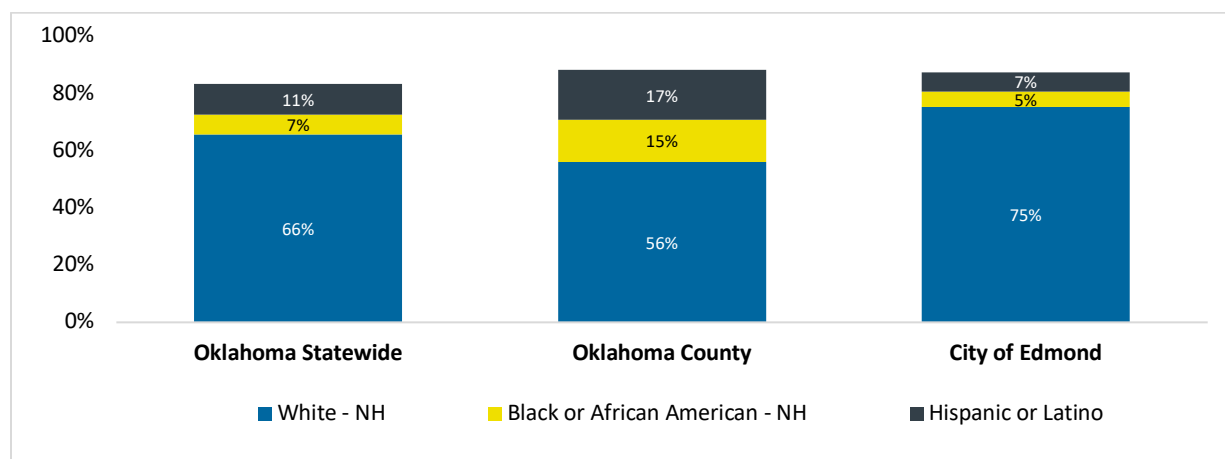
Intensive home and community-based (IHCB) services are provided to children and youth with more intensive needs who are at risk for out-of-home placement or are returning from placement. IHCB services, such as functional family therapy (FFT), multisystemic therapy (MST), and high-fidelity wraparound (HFW), focus on the whole family and teach youth skills that help them be successful at home, school, and in the community. Coordinated specialty care is included in IHCB. It provides rehabilitation and intensive services to youth and young adults experiencing a first episode of psychosis.

The final group of practices in the continuum is the most intensive and comprises **comprehensive crisis services, inpatient care, and residential treatment**. Crisis care delivery involves several best practices including mobile crisis response and multiple crisis placements (in-home crisis respite, crisis stabilization, and acute inpatient care), which serve youth and families alongside a robust array of outpatient and intensive community-based services. More importantly, the crisis continuum is an adjunct, not a substitute, for a robust array of outpatient and intensive community-based services. It also includes time-limited follow-up care, coordination with emergency medical services, and short-term residential treatment care as the last option.

Community characteristics

Located in Oklahoma County and the metropolitan area of Oklahoma City, the City of Edmond is the fifth most populous city in the State of Oklahoma with approximately 95,000 residents in 2020.¹ The population of Edmond is similar to that of Oklahoma County across age groups (about one-sixth of all residents are school-age) and gender (one-half are female). However, the City of Edmond differs across racial and Hispanic identity groups. In Edmond, 5% of the population identifies as Black or African American compared to 15% in Oklahoma County, and the Hispanic population is 7% in Edmond and 17% in Oklahoma County. Edmond is more predominantly white, non-Hispanic (93%) than Oklahoma County (83%).

Chart 1. Most Common Racial and Hispanic Identity Groups

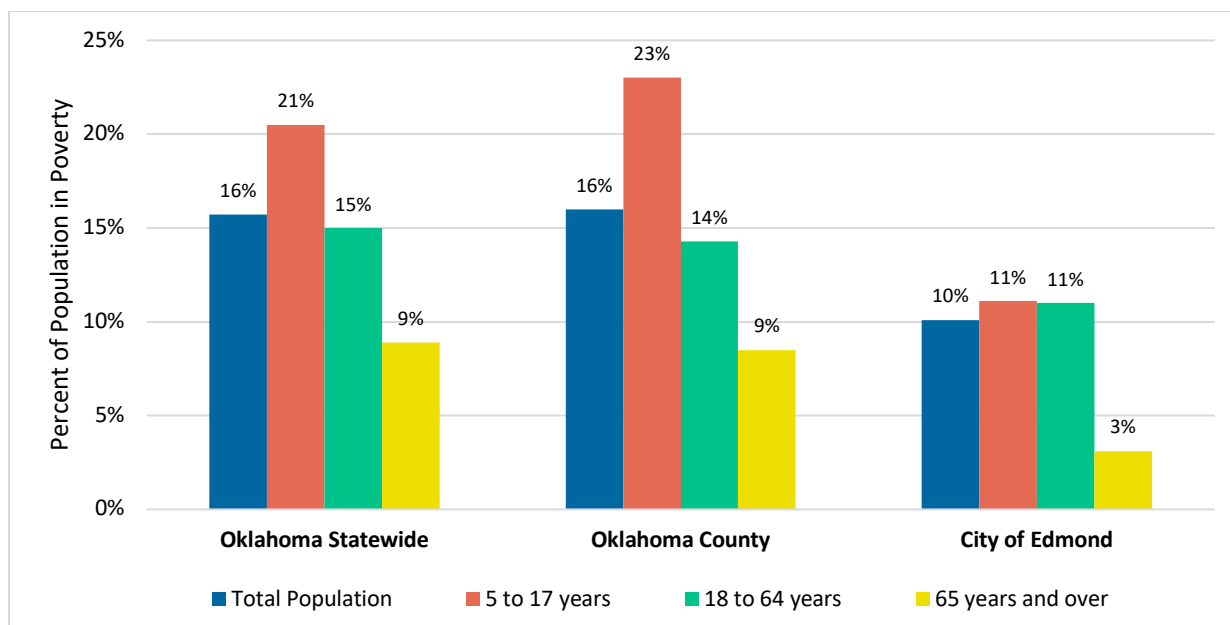


Overall, residents of Edmond have, on average, higher socio-economic status compared to Oklahoma County as a whole and Oklahoma statewide. For instance, the percentage of residents without health insurance in Edmond (8.3%) is half the percentage of residents in Oklahoma County (16.5%) and Oklahoma statewide (16.8%).² Among adults 25 years and older, more than 50% of residents have a bachelor's degree or higher, compared to Oklahoma County (32%) and Oklahoma statewide (26%).³

Poverty is closely associated with behavioral health needs in a community. Overall, Edmond has a statistically lower percentage of people in poverty (10%) than Oklahoma County and Oklahoma statewide (16%, respectively); the same is true for all age groups.⁴ However, in Oklahoma County and Oklahoma statewide, the highest poverty rates are among children and youth, unlike in Edmond, where the percentage in poverty among this age group is the same as adults (age 18 to 64).

While poverty rates are lower in Edmond than Oklahoma County as a whole, 10% of the Edmond population lives on less than 100% of the Federal Poverty Level (100% FPL). For a family of four, the FPL is \$26,500.⁵

Chart 2. Population in Poverty by Age Group



Behavioral health needs in Edmond

Using prevalence data from the National Survey of Drug Use and Health (NSDUH) sub-state estimates, the following section estimates the population of Edmond with mental health and substance use disorders. In the absence of psychiatric epidemiological studies conducted in Edmond, the county-level rates for behavioral health needs have been applied to the Edmond census population. Due to the close association between behavioral health needs and poverty and Edmond having lower poverty rates than Oklahoma County, the estimates reported in this report may be slightly overestimated. Nevertheless, many people in Edmond have specialty behavioral health needs. The following sections describe the estimated number of Edmond residents living with behavioral health needs among adults and children, respectively.

Table 1 below summarizes the estimated 12-month prevalence of mental health and substance use disorders among adults in Edmond. More than 10,000 adults in Edmond are living with a serious mental illness and/or a substance use disorder.⁶ About one in five adults (15,614, or 22%) reported any mental illness in the past year. Among them, 3,501 have serious mental illness and 10,024 reported a major depressive episode. About 10.5% of adults (7,489) had a substance use disorder in the past year. The alcohol use disorders are the most prevalent substance use disorder, affecting nearly 6,200 people, compared to illicit drug use disorder (2,130). Additionally, about 6,700 adults need but are not receiving any or sufficient substance use treatment.

Table 1. Adult Behavioral Health Needs in the City of Edmond^{7,8}

Behavioral Health Conditions	Population	% of Total Population
Any Mental Illness	15,614	22.0%
Serious Mental Illness	3,501	4.9%
Major Depressive Episode	6,130	8.6%
Substance Use Disorders	7,489	10.5%
Needing but Not Receiving Any or Sufficient Substance Use Treatment	6,696	9.4%
Alcohol Use Disorder	6,193	8.7%
Needing but Not Receiving Any or Sufficient Alcohol Use Treatment	5,252	7.4%
Illicit Drug Use Disorder	2,130	3.0%
Needing but Not Receiving Any or Sufficient Illicit Drug Use Treatment	1,825	2.6%
Serious Mental Illness and/or Substance Use Disorder	10,024	14.1%

Table 2 summarizes the estimated 12-month prevalence of children and youth with behavioral health needs in Edmond. Overall, about 1,500 children and youth ages 6-17 have had a serious emotional disturbance (SED), and nearly 1,100 youth ages 12-17 have had a major depressive episode in the past 12 months. Estimates of substance use disorders are less common. Nearly

340 youth (ages 12-17) are estimated to have a substance use disorder, and 330 have not received any or sufficient treatment.

Table 2. Child and Youth Behavioral Health Needs in the City of Edmond⁹

Conditions	Population	% of the Total Population
Serious Emotional Disturbance (Ages 6-17) ¹⁰	1,539	10.1%
Major Depressive Episode (Ages 12-17)	1,072	15.4%
Substance Use Disorder (Ages 12-17)	339	4.9%
Needing but Not Receiving Any or Sufficient Substance Use Treatment	330	4.7%
Alcohol Use Disorder (Ages 12-17)	148	2.1%
Needing but Not Receiving Any or Sufficient Alcohol Use Treatment	151 ¹¹	2.2%
Illicit Drug Use Disorder (Ages 12-17)	219	3.1%
Needing but Not Receiving Substance Any or Sufficient Illicit Drug Use Treatment	218	3.1%

Table 3 summarizes the number and percentage of Edmond students receiving special education services in 2018. Nearly 12% of Edmond students received special education services. Among the students receiving these services, 3% (77) received services for emotional disturbance.

Table 3. Edmond School District Special Education Enrollments (2018)

Type Special Education Need (Total Number of Edmond Students: 25,619)	Number of Students	Percentage of Students
Number of Students Receiving Special Education	2,951	100%
Emotional Disturbance	77	3%
Intellectual Disabilities	182	6%
Multiple Disabilities	69	2%
Other Disabilities	2,623	89%

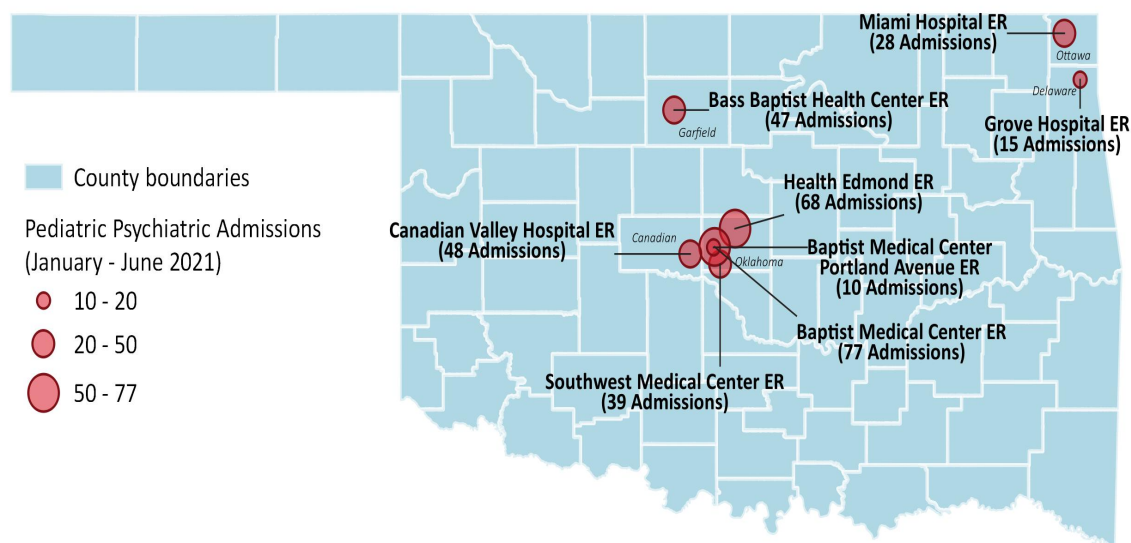
Violence may indicate emerging or untreated emotional or behavioral health needs, particularly among the younger children and youth in elementary and middle schools. In 2018, Edmond Public Schools reported two suicide attempts among very young children (kindergarten-5th grade age group) in their student population.

Violence was the most common type of incident in Edmond schools during the 2017-2018 school year (540 violent incidents) and occurred most often among younger age groups, with 41% occurring among elementary students (219). Conversely, substance use-related incidents were the second most common cause of school incidents (349) and occurred most often among older students.

Table 4. Edmond School District Incidents (2017-2018)

Edmond School District Incidents	K-5 th Grade	6 th -8 th Grade	9 th -12 th Grade	Total Incidents
Total Enrollment	12,680	5,733	7,206	25,619
Total Incidents – Non-Firearm	241	334	396	971
Substance Related Incidents	N/A	86	263	349
Alcohol	N/A	12	44	56
Illicit Drugs	N/A	17	70	87
Tobacco	N/A	57	149	206
Suicide Attempts	2	0	0	2
Violent Incidents (Excluding Firearm)	219	205	116	540
Weapon Incidents (Excluding Firearm)	15	14	5	34
Other Incidents ¹²	5	29	12	46
Total Firearm Incidents	1	1	1	3

Emergency room (ER) visits for suicidal thoughts are also indicative of unmet mental health needs among children. The following map displays the number of pediatric ER visits associated with suicidal thoughts and behaviors at INTEGRIS operated or affiliated facilities across Oklahoma from January to June. During that period, Baptist Medical Center ER in Oklahoma City and Health Edmond ER in Edmond recorded the highest total number of pediatric admissions for suicidal thoughts and behaviors statewide with 77 and 68, respectively, accounting for more than 10 visits per month.

Map 1. ER Visits for Pediatric Suicidal Thoughts and Behaviors (January-June 2021)¹³

Edmond's strengths

Interviewed stakeholders expressed their praise for Edmond's many strengths. Those interviewed highlighted the strength of city leadership, a great school system, and an innovative and responsive behavioral health provider community. Specifically highlighted were the high number of crisis intervention team (CIT)-trained officers, the willingness of important community partners to meet monthly to prioritize mental health, and a close-knit community beginning to recognize issues challenging the city.

Service providers working in Edmond are doing great work, but there is a lack of capacity to meet the needs that exist. Providers like Edmond Family Counseling have been proudly serving the community for decades, but they cannot meet the needs of everyone in Edmond. Providers are using innovative approaches to solve problems that have been exacerbated as a result of the COVID-19 pandemic.

Utilizing, connecting, and assessing the capacity of additional resources makes the city more capable of meeting the identified needs. Edmond has a strong non-profit presence, an involved faith community, and other groups, like the city's Parks and Recreation Department, who are ready and willing to pitch in and solve identified issues together.

This report highlights these strengths and gaps in the existing mental health system, but also recognizes the community's dedication to finding solutions and solving problems together.

Key findings

Adults

1. **Access to behavioral health services in Edmond has multiple barriers, including lack of availability of local service providers, cost for receiving services, and transportation to Oklahoma City for more intensive services.**
 - a. **The location of the services makes coordination and navigation difficult. This is especially true for the crisis care center's location, which makes accessing follow-up care challenging.**

Access can mean many different things. There are often long wait lists for outpatient providers, more intensive services are difficult to find in Edmond, and there is no crisis care or urgent care center in the city. Consumers and family members find it difficult to locate services and determine what services they need.

When comparing availability of services to the ideal system of care for adults, gaps become more apparent. The ideal system provides a way to measure progress on how well needs are being met in the community

For example, **prevention, early detection, and intervention** services occur in a variety of settings that community members routinely access. For primary care integration, the most integrated primary care efforts in Edmond happen in the pediatric practices. The number of primary care providers (PCP) comfortable prescribing mental health medications is generally limited, however. The Certified Community Behavioral Health Center (CCBHC) model, newly implemented by NorthCare, expands their ability to treat conditions commonly seen in primary care settings.

An array of specialty mental health services exists in Oklahoma City, but programming is not as accessible in Edmond. There are psychiatrists and practitioners in Edmond, but capacity is limited to serve the number of people in need in the community. Even services available in Edmond could be limited by insurance coverage, wait times, or provider identification. NorthCare served the most residents among three Community Mental Health Centers (CMHC), including 433 adults and 152 children. Compared to the estimated 10,000 adult Edmond residents who live with serious mental illness or substance use disorders, CMHCs serve only about 8% of the expected need for adult specialty behavioral health care. Comparatively, 28% of adults in need of specialty behavioral health services are served with Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)-funded services statewide. The gap between the number served and the estimated need for treatment is more apparent among children and youth. Approximately 260 Edmond children and youth were served by CMHCs, compared to the estimated 1,500 living with serious emotional disturbance, representing a penetration of 17% of Edmond's expected need for services compared to 88% of children and youth with social/emotional disorders receiving any ODMHSAS-funded service statewide. Although Edmond children and youth may be accessing care in other ways, as the system that serves Oklahoma's

most complex needs, it would be anticipated that the CMHC's would be serving more Edmond area children and youth.

Table 5. Number of Edmond Adults, Children and Youth Served by Local CMHCs FY 21¹⁴

CMHC	Children/Youth	Adults	Total
NorthCare	152	433	585
Red Rock	100	315	415
Hope	5	92	97
Total	257	840	1,097

Tables 6 and 7 summarize the number and percentage of people that received NorthCare services across their service array. Among adults, the most common services received were through the medication clinic (51% of client population), case management (33%), and peer support services (30%). Dual-disorder and assertive community treatment (PACT) services may be underutilized, with < 1% and 2%, respectively, receiving these services.

Table 6. NorthCare CMHC Adult Treatment Services During FY 21

Services	# of People Served	% of People Served Receiving Service
Total Number Served Overall	433	100%
Medication Clinic	219	51%
Case Management	142	33%
Peer Support	132	30%
Medication Training and Support Services	80	18%
Individual Counseling/Therapy	52	12%
Dual Diagnosis Education/Support Groups	17	4%
Mental Health and Drug Court	17	4%
Mobile Crisis	12	3%
PACT	9	2%
Family Treatment/Counseling	7	2%
Group Counseling/Therapy	7	2%
Medication-Assisted Treatment (MAT)	4	1%
Day Reporting (Pretrial Diversion)	3	1%
HERS Female Offender Program	3	1%
Dual Diagnosis Treatment Groups	2	0%
Residential Services	2	0%
ReMerge	2	0%
Prison Re-Entry Program	1	0%

Among Edmond children and youth served at NorthCare, the most common services were foster and adoption care, including SWIFT Child Profiles (39% of children/youth), comprehensive home-based services (27%) and Family KINnections (23%). Ideally, more children and youth would receive ongoing mental health services such as medication clinic and individual counseling and therapy.

Table 7. NorthCare CMHC Child and Youth Treatment Services During FY21

Services	# of People Served	% of People Served Receiving Service
Total Number Served Overall	152	100%
Swift Child Profiles	60	39%
Comprehensive Home-Based Services (CBHS)	41	27%
Family KINnections	35	23%
Family Treatment/Counseling	28	18%
Case Management	27	18%
Individual Counseling/Therapy	25	16%
Medication Clinic	14	9%
Mobile Crisis	13	9%
Safe Families	6	4%
Medication Training and Support Services	5	3%
Intensive Safety Services (ISS)	5	3%
Parent Partners	2	1%
Group Counseling/Therapy	1	1%

Rehabilitation services include in-home and intensive community-based services and family support. These services exist in Oklahoma City, but they do not exist in Edmond. Additionally, the same capacity concerns exist. Immediate access to higher levels of care is incredibly difficult, even if one can find coverage and an opening for services. There are substance use treatment beds in Edmond, but there are no to limited inpatient mental health beds. These services again require travel to Oklahoma City.

For the **crisis continuum of care**, there is no crisis care center or urgent recovery located in Edmond. These resources exist in Oklahoma City but are difficult to access. Even if someone in Edmond does access crisis care or mental health urgent care services in Oklahoma City, follow-up or step-down care also requires traveling to Oklahoma City. These barriers make it difficult for people with a high level of need to maintain their health. For those who visit emergency departments instead of accessing crisis care or urgent care centers, treatment can vary. Emergency departments are not fully equipped to handle mental health emergencies and often act as a stopgap until one can access a higher level of mental health care. Emergency admissions also often mean occupying a bed that could be needed by someone experiencing a medical emergency best suited to be treated at a hospital emergency department.

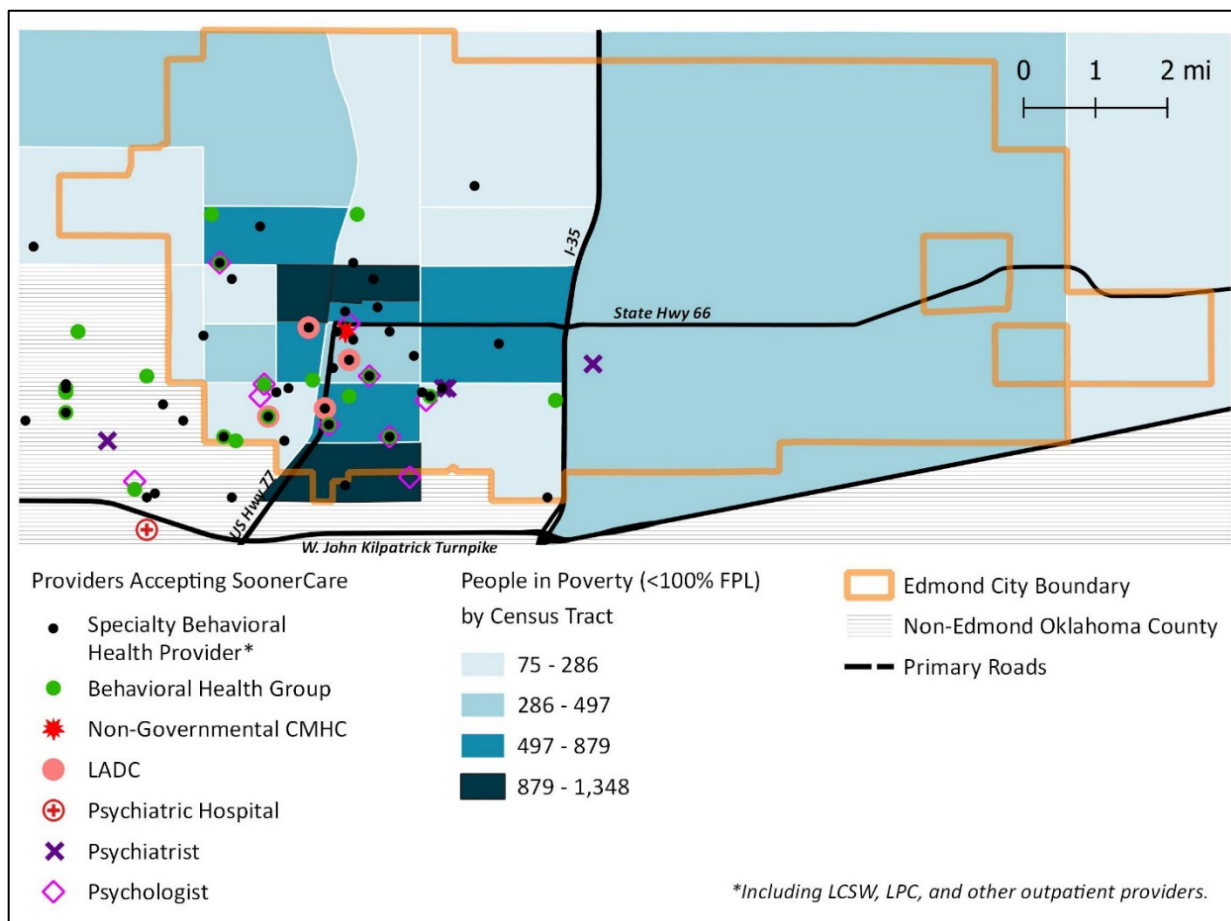
b. Behavioral health services are expensive, for the uninsured and for those with insurance.

Those accessing services generally fall into four different categories: 1.) those with commercial insurance, 2.) those with Medicaid or SoonerCare, 3.) those who are indigent and not enrolled in SoonerCare or Medicaid, and 4.) those who are uninsured. Those with commercial insurance may find themselves underinsured, with high co-pays and deductibles that make accessing services difficult. Those on Medicaid or SoonerCare may find practices who serve this population, but space is often limited and wait times are long. For those who are uninsured, private pay options are extremely expensive. For those who are indigent, ODMHSAS provides treatment services through a system of Community Mental Health Centers (CMHC) and Certified Community Behavioral Health Centers (CCBHC). NorthCare, a CMHC and CCBHC, serves the Edmond area.

Coverage for those with commercial insurance is insufficient and often carries high co-pays and deductibles. For the uninsured, finding a provider with affordable self-pay rates is challenging. When affordable care can be found, it is difficult to access. There are often long wait lists for outpatient providers, more intensive services are difficult to find in Edmond, and there is no crisis care or urgent care center in the city. In addition, accessing emergency care at a local emergency department or accessing substance use treatment can lead to costly medical bills. Even at the outpatient level, co-pays are high and needed services may not be covered.

Map 2 shows the location of SoonerCare (Medicaid)-enrolled providers in contrast to the locations in Edmond where people in poverty reside. In the map, darker census tracts represent more people in poverty residing in that tract. In Edmond, it appears that there are pockets of poverty in the southwestern region of Edmond, along U.S. Highway 77. There are many SoonerCare-enrolled providers located near these census tracts, but the providers may not see very many people, or those with the most complex needs. The Oklahoma Crisis Center, Community Mental Health Centers, and the nearest Variety Care Clinic (a Federally Qualified Health Center) are all located outside of Edmond, approximately 20 to 30 minutes by private vehicle. For those needing public transportation it can be difficult to reach these providers, and the key informants stated in interviews that the location of the crisis center makes it difficult to establish and follow through with discharge plans.

Map 2. SoonerCare Providers in Edmond



While there are a substantial number of SoonerCare providers in Edmond, there is still a lack of capacity. Although a practice may provide services to those on Medicaid, it is likely not the payor source for the majority of their clients. Additionally, these providers may not serve those with the most complex needs. The more complex the needs, the more expensive and less available services are. Commercial insurance does not cover multi-disciplinary teams or wraparound services.

Oklahoma is moving toward mental health parity, but there are still discrepancies in coverage between mental and physical health care. These issues often make behavioral health care even more expensive and complicated to access.

c. Transportation to services is difficult for those trying access behavioral health services. In crisis, the Edmond Police department is often responsible for transportation.

There are gaps across the continuum of care for both children/youth and adults seeking mental health treatment. While Edmond has accessible ERs at local hospitals, almost all intensive services exist in Oklahoma City, which poses a barrier for those in Edmond attempting to seek treatment for complex needs. For example, the location of the nearest crisis care center is 30

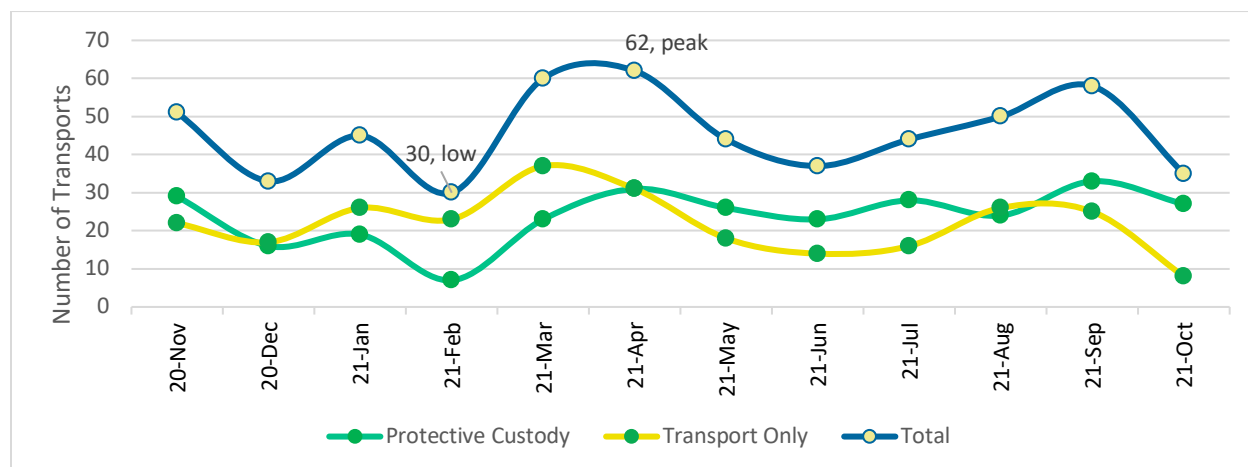
minutes away in Oklahoma City, which makes accessing local treatment providers and follow-up care challenging and increases the chance that individuals will not follow their discharge plan.

While there is a public transit line between Edmond and downtown Oklahoma City, this does not account for providers that are not located in the downtown Oklahoma City area. Barriers to seeking treatment, like transportation, only make it more difficult for someone to engage in services.

Even for those who have personal vehicles, travel times to facilities that serve mental health needs can be more than 20 minutes. This poses challenges for families with limited disposable income, working parents, and those trying to reach services for children who attend school during normal school hours. There are not many services provided outside of the hours of 8 a.m. to 5 p.m., and this means those highly sought-after appointment times, before and after schools, become even more valuable and scarce.

Some individuals in crisis are transported by Edmond Police Department (EPD). If the transport is less than 30 miles from the EPD headquarters, they are required to transport the person in crisis. If the destination is more than 30 miles away, ODMHSAS reimburses the police department for transportation rendered. This new law has been in effect since November 1, 2021, and parties are acclimating to changes as time goes on. Even if transportation is provided to crisis care services, there is not transportation available for follow-up appointments.

From November 2020 through October 2021, EPD provided 1,130 mental health transports, which were associated with 2,135 officer hours.¹⁵ On average, there were more than 50 mental health transports per month and 100 police officer hours per month for mental health transports. Mental health transports are classified into two categories, those involving protective custody and those not involving protective custody (aka “transport only”). The time series chart below summarizes the monthly mental health transports the Edmond police department reported to ODMHSAS over the past year. Month-to-month the number of transports can vary greatly, indicated by the doubling of total transports between February (30) to March (60) and the near 40% decrease between September (58) and October (35).

Chart 3. Edmond Police Department Mental Health Transports

The most common points of origin for transportations were private residences (38%), INTEGRIS Health Edmond Hospital (33%), and OU Health Medical Center in Edmond (16%). These transports most commonly resulted in drop-offs at The Crisis Center (21%), Oakwood Springs (12%), INTEGRIS Health Edmond Hospital (9%), and Spencer (11%).

Children and youth

2. **Children and youth with behavioral health conditions are especially vulnerable to these barriers to access.**
 - a. **The behavioral health needs of children, youth, and their families residing in Edmond, especially those with more complex needs, exceeds local provider capacity.**

A review of SoonerCare providers in Edmond indicates that there are more than ten specialty behavioral health clinics and numerous individual behavioral health providers that offer individual, group, and family therapy services as well as parenting classes and school-based skills training to children, youth, and families. These agencies report providing an array of evidence-based interventions including art therapy, cognitive behavioral therapy (CBT), trauma-informed CBT (TF-CBT), theraplay, parent child intervention therapy (PCIT), trust-based relational intervention (TBRI), Love and Logic, Botvin LifeSkills Training, and first offenders programming.¹⁶ However, both demand for services and acuity of need have increased. Consequently, although mapping and the provider directory show a significant number of mental health providers who accept SoonerCare, key informants report limited capacity and long wait lists. This forces families seeking services to travel to Oklahoma City. Key informants also note that for many Edmond families, cost is an additional barrier to accessing care. Edmond Family Counseling has served Edmond's mental health needs since 1976 and provide a wide variety of services to children and youth as young as 7, including outpatient services, crisis intervention services, and drug and alcohol assessments. The community relies heavily on the services provided by Edmond Family Counseling, but they need additional support from the community to maximize their capacity.

Some pediatrician and family medicine offices practice integrated care. Integrated care is a collaborative model where a mental health provider is connected to a medical practice so that doctors have quick access to a mental health professional. In Edmond, collaborative care is implemented at the primary locations of Mercy Clinics. On-site mental health professionals support physicians in the identification and treatment of mental health conditions in the primary care and pediatric settings. The mental health professionals are often embedded in medical offices for quick access when a mental health need is identified by a physician. This requires a pre-existing relationship with a pediatrician who practices in a clinic utilizing integrated care. Building capacity through integrated care helps expand capacity by maximizing resources and reduces stigma by treating mental health concerns similarly to physical health concerns.

For children and youth with complex mental health needs and their families, access to intensive home and community-based services and supports is extremely limited. Positive Changes, Inc. is the only locally based organization that provides intensive day treatment services for children and youth whose complex mental health and behavioral challenges makes it difficult for them to succeed in school. NorthCare, the CMHC for Edmond and the surrounding region, provides wraparound and system of care services, but FY 2021 service data does not reflect a presence of these services in the Edmond community. However, Redrock Behavioral Health's service utilization data from June 2019 through June 2021 indicates that they have provided 176 children and youth from Edmond with targeted wraparound services, behavioral health case management, and certified alcohol and drug counselor system of care services, as well as an additional 16 children, youth, and their families with intensive in-home support. Consequently, for children and youth with more complex needs, services are found in Oklahoma City. For those on SoonerCare, or even with private insurance, the cost of travel can be difficult. Some multi-disciplinary services or substance abuse services are not covered by private insurance, and for those with SoonerCare, these services are covered but individuals encounter incredibly long wait lists.

- b. The Edmond community has two local providers committed to responding to children and youth in crisis; however, their capacity is limited and has resulted in the emergency department being the default crisis provider for children, youth, and families in Edmond.**

Although the COVID-19 pandemic did not cause the youth mental health crisis, it did accelerate it. Oklahoma Youth Crisis Mobile Response, NorthCare, Mercy Health (CallsAM), and Edmond Family Counseling all provide crisis services to children, youth, and families in Edmond. Edmond Family Counseling provides 24/7 crisis services via phone and office-based walk-in services during business hours. Mercy Health's CallsAM hotline provides 24/7 crisis support via telephone and coordinates with one licensed mental health professional to provide school-based crisis response and care coordination services to students enrolled in several Edmond public schools and post-secondary educational institutions. Neither Edmond Counseling Services or CallsAM have the capacity or are funded to provide crisis response services that align with national best practices. The Youth Crisis Line answered by Heartline provides a 24/7 crisis hotline for the majority of

Oklahoma including the Edmond area. The Youth Crisis Line connects callers with a mobile crisis team for mobile crisis response and stabilization services (MRSS). NorthCare is contracted by ODMHSAS to provide MRSS services, an evidence-based practice, to Edmond and the surrounding region.

Edmond Public Schools and Deer Creek Public Schools rely on CallsAM to respond to most of their behavioral health crisis. This is reflected in the fact that in FY 2021, NorthCare provided mobile crisis care to 12 children and youth in Edmond. The limited capacity of the local crisis care providers and the underutilization of NorthCare's MRSS services appear to have resulted in the overutilization of emergency room services and urgent crisis care. Between June of 2019 and June 2021, Redrock Behavioral Health provided crisis intervention services to 131 children and youth in Edmond. This is the number one service provided by Redrock Behavioral Health to Edmond children, youth, and families.

When the behavioral health crisis needs of children, youth, and parents are not met by community providers, they rely on the emergency departments in Edmond and Oklahoma City hospitals to provide care. From January to June of 2021, INTEGRIS saw 68 admissions for suicidal thoughts or behaviors at the Edmond location and 77 admissions at the Baptist Medical Center ER. It is important to note that these numbers reflect those who were admitted to the hospital, not each child or youth who presented with suicidal thoughts or behaviors during this time. This data accounts for more than 10 admissions per month relating to suicidal ideation.

Hospital emergency departments are not equipped to handle most mental health crises, and this is especially true for children and youth. Emergency departments often lack standards for assessing and treating mental health conditions, and many physicians lack mental health training. When a child presents at a hospital emergency department, they can assess for risk and keep a child safe, but they are then tasked with either stabilizing and discharging a patient or finding them an inpatient placement. While all of this happens, children with complex physical emergencies could be waiting for the same bed occupied by a child waiting to be transferred for more comprehensive mental health services. ERs also lack access and connections to available community-based mental health services, which can result in increased symptoms, further traumatization, or the use of restraints to ensure the safety of others in the facility. This can leave a child or youth sitting in the emergency department for an extended period and requires transport to a facility in Oklahoma City or elsewhere, depending on inpatient bed availability.

- c. Edmond Public Schools has adopted a multi-tiered system of supports framework for student mental and behavioral needs. The district has implemented prevention services (tier 1) in elementary and some middle schools, but has limited capacity to meet the needs of students at-risk for mental health challenges (tier 2) and those struggling with mental health issues (tier 3).**

Edmond Public Schools (EPS) has incredible academic supports at each tier of multi-tiered system of supports (MTSS), a framework that helps teachers provide academic, behavioral, and mental health supports based on different levels of need. EPS's implementation of academic MTSS helps to sustain student retention and progress even during the height of COVID-19. Children and youth are now back in schools and presenting with higher levels of behavioral and mental health needs than before the pandemic.

Prior to the pandemic, EPS implemented programming that works to address the general behavioral wellness needs of all elementary and some middle school students (tier 1). This programming includes practices like conscious discipline and SEAL (social and emotional aspects of learning). Even more recently, students in K-5 participate in a behavioral screening to identify elevated levels of need, which may include behavioral plans and functional behavior assessments. At the middle school level, there is a similar tiered support framework which includes some behavior intervention (Branching Minds). Schools are also piloting suicide prevention with Signs of Suicide and Lifeline curriculum. Programming at the high school is more limited, but EPS continues to use Success Highways to promote resiliency and academic success. The school does work closely with Edmond Family Counseling to provide some programming and referrals.

There are limited supports for students who are struggling with mental health needs. EPS does not currently have relationships with an array of community-based providers that offer school-based or school-linked behavioral health (tier 3) services to students with more intensive needs. This constrains the ability of students and their families to seek support in the limited time before school ends and providers close. Alternatively, this could also result in students missing additional class time while a parent transports a student to get the services they need. For students who need more resources, options are limited. Although EPS recently added nine new school counselors, these counselors are largely tied to academic learning.

For students who experience mental health crisis, EPS connects students and families with CallsAM, a mission of Mercy Hospital. This program refers students and families to outside mental health services. CallsAM also works with other schools in the Oklahoma City metro area. CallsAM will respond to calls in-person when necessary to formally assess a student, but once stabilized, that student will be referred to other resources. Because other services, especially intensive services, already exceed community capacity, this leaves parents trying to navigate behavioral health services when their child has a high level of emergent need.

EPS participates in the Oklahoma Prevention Needs Assessment (OPNA). The OPNA measures student involvement in problem behaviors and asks questions about risk and protective factors. More than 4,700 EPS students in 6th, 8th, 10th, and 12th grade participated in the 2019-20 survey. The OPNA compares district-level data with state level data. EPS's OPNA data provides a good snapshot of the behavioral health needs of students in the district. The 2019-20 survey indicated that more than 50% of students were experiencing a moderate to high level of psychological distress, more than 75% were experiencing moderate to high levels of depression, and more than 17% seriously considered attempting suicide.

It is important to note that the most recent rounds of OPNA results are pre-pandemic, and the district did not participate in the 2015-16 and 2017-18 OPNA surveys. After receiving the most recent OPNA results, the district diligently presented findings to school sites and planned to address some of the identified student need.

Other considerations

3. Stigma is an impediment to recognizing and seeking care for behavioral health conditions.

This is not unique to Edmond. Stigma around mental health conditions and their care is a common problem in most communities. These negative perceptions of experiencing a mental health disorder create a barrier to acknowledging the condition and seeking care. As a community, Edmond has already taken its first steps to talking about mental health in a productive manner. Nearly everyone interviewed mentioned that there are still negative feelings around mental illness in the community more broadly.

People interviewed expressed that individuals had a hard time recognizing when issues were related to mental health. As a result of stigma, useful information is difficult to come by. Although there is a resource list maintained on a City of Edmond website, this information isn't easily accessible to families who need crisis services, nor does it provide sufficient information on how to decide which entities are best matched to the address the current need. This lack of curated information makes it difficult to identify providers and next steps for families who may need support.

Schools and churches are leading efforts to reduce stigma, even tangentially. Coordinated programming between Edmond Family Counseling and the schools provides students with opportunities to learn and explore emotion and behavior. This early, preventative programming decreases stigma.

Opportunities

In the next phase of the project, the work group identified opportunities to address the identified gaps. For adults, the opportunities included addressing gaps in community mental services and crisis care and the lack of access to affordable, local services.

Adults

To address gaps, the work group identified the following opportunities:

1. **Build capacity to serve adults with significant mental health disorders in Edmond using the Certified Community Behavioral Health Clinic (CCBHC) model and supporting other local mental health providers.** CCBHC treatment centers that do not have the designated responsibility to serve the Edmond geographic area are providing half the current state-funded services, which indicates that Edmond residents are seeking care, or being taken, outside of Edmond to receive services. The CCBHC model requires increased access to a full array of evidence-based services, including a comprehensive crisis array and intensive outpatient services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is currently issuing competitive funding opportunities to CMHCs to build capacity through the CCBHC model, and Oklahoma is one of 10 states leading the nation in supporting this innovative program. Continue supporting and partnering with existing mental health providers in Edmond, like Edmond Family Counseling.
2. **Build crisis capacity using the National Guidelines for Behavioral Health Crisis Care promulgated by SAMHSA.** In the anticipation of 988 going live in July 2022, engage with ODMHSAS and CMHCs to create access to the three foundational components of a crisis system: a fully functional call center, mobile crisis teams and a crisis center.
3. **Community crisis coordination.** Develop protocols for rapid, local and appropriate placement of crisis patients transported by Edmond Police Department; this will involve collaboration among higher education, hospitals and experienced CMHC providers.
4. **Access available federal funding.** Work with higher education and experienced CMHC providers to identify existing federal, state, county and city funding to enhance needed levels of treatment identified in this report and future work.
5. **Co-located and integrated mental health services.** Engage mental health provider partners to encourage and incentivize colocation options, such as those planned at the University of Central Oklahoma.

The work group identified the following opportunities to address the lack of access to affordable, local services:

1. **Expand the CCBHC model.** This opportunity, discussed previously, could meet a significant portion of Medicaid demand.
2. **Convene providers around Medicaid.** Work with Edmond’s SoonerCare providers and key non-SoonerCare providers to ensure appropriate capacity to treat the Medicaid population. Additionally, explore eligibility of Arcadia Trails (INTEGRIS Health) to bill Medicaid under the Institutions for Mental Disease waiver.
3. **Enroll newly eligible Medicaid residents.** Work with providers and higher education to enroll eligible residents for Medicaid and support those applying for these services.
4. **Empower employers to advocate with private insurance.** Work with local chambers of commerce to educate employers on mental health parity and mental health coverage in employer-sponsored insurance plans.
5. **State and federal parity advocacy.** Use the City of Edmond’s voice to support mental health parity legislation that ensures equal access to mental health care via insurance, including via the Oklahoma Municipal League.
6. **Continue telehealth services.** Providers should continue to offer telehealth services for those who prefer them.
7. **Catalogue local services.** Convene a public-private provider group to catalogue the availability of services in Edmond and how to access them. Include schools, higher education, chambers of commerce and the National Alliance on Mental Illness to disseminate this information.

Children and youth

The work group similarly identified opportunities that were specific to children and youth. The work group found that mental health need exceeds capacity, limited crisis response has resulted in the overutilization of hospital emergency rooms and inpatient care, and student access to school-linked to school-based mental health services is limited.

The work group found that opportunities to address limited capacity to meet the needs of children and youth included:

1. **Use the CCBHC model to increase access to care.** Partner with state-certified CMHCs to use the CCBHC model to increase capacity and improve access to home and community-based services—including skills training, wraparound and system of care services—for Edmond’s children and youth who have more complex needs.

2. **Expand the capacity of local providers for prevention, early intervention and behavioral health treatment.** Identify federal, state and local funding opportunities (American Rescue Plan Act of 2021, philanthropy) in order to increase the capacity of local community-based mental health providers and youth-serving organizations to provide home and community-based services; evidence-based practices; and prevention, early intervention/education and treatment programs to children, youth and families at risk for or experiencing a mental health crisis.
3. **Build pediatric primary care capacity.** Build the capacity of local pediatric primary care providers to screen for and treat mild to moderate mental health conditions in children and youth. Available resources include Project ECHO; the ODMHSAS Screening, Brief Intervention and Treatment (SBIRT) project; and the SoonerCare consultation line.

The work group found that opportunities to address limited crisis response included:

1. **Educate the Edmond community, including EPS, on Oklahoma’s Youth Crisis Mobile Response.** Work with state-contracted youth crisis mobile response providers to educate the community on the availability of the youth crisis hotline and Mobile Crisis Response and Stabilization Services and how to access these services for children, youth and families in crisis.
2. **Coordinate crisis care across local community crisis providers and state-contracted providers.** Work with community partners to establish a coordinated continuum of crisis care services that includes a hotline; mobile crisis response; urgent crisis care; time-limited, intensive home and community-based crisis stabilization services; crisis respite care/crisis shelter services and inpatient crisis care.
3. **Increase access to time-limited home and community-based crisis stabilization services.** Partner with state-certified CMHCs, local mental health providers, youth-serving organizations and philanthropic organizations to increase capacity and improve access to time-limited, intensive home and community-based services for Edmond children, youth and families who have experienced a mental health crisis.
4. **Draw down available federal funding:** Drive city- and coalition-led proposals with state, county and local entities to pull down new/additional resources for crisis care (988 and mobile crisis team funding, American Rescue Plan Act of 2021).

Finally, the work group found the opportunities to increase engagement with school-aged children and youth included:

1. **Increase EPS educators' ability to recognize and respond to students with mental health needs.** Train district staff and educators on how to recognize a student that is at risk for or struggling with a mental health challenge and how to connect them with services and supports. ODMHSAS provides training in Youth Mental Health First Aid.
2. **Use the Oklahoma Prevention Needs Assessment (OPNA) data to increase student access to evidence-based mental health prevention, early intervention and treatment practices.** The existing OPNA data can help to identify EPS schools with the greatest mental health needs and to support the district and community mental health providers to adopt evidence-based practices that best meet these needs.
3. **Increase student access to school-based and school-linked mental health services.** Expand school-provider partnerships between EPS and state-funded and local mental health providers to coordinate resources in order to support prevention, screening, early intervention and treatment in school-linked and school-based settings. Adopt policies and practices that support referrals and care coordination between partners so that students have access to the right services at the right time.
4. **Support EPS to fully implement a multi-tiered system of supports.** Building on Edmond schools' successful tier 1 interventions, work with school sites, state-certified mental health centers, local mental health providers, community-based youth-serving organizations and other interested providers to:
 - use student data to identify student need,
 - select and implement evidence-based practices to meet these needs and
 - develop a process for identification and referral.

From opportunity to action

The work group deliberated on the opportunities and prioritized the ones to focus on in the immediate future by identifying four areas, two for adults and two for children and youth. Through a series of meetings by subcommittees of the work group, action plans for each opportunity area were developed. Below are the action plans which include tactics, action steps, responsible parties, and expected outcomes.

These action plans give the City of Edmond a head start on moving opportunities to improve mental health outcomes forward. The clear next step is to define who is responsible for each action. Each stakeholder in the community has a role to play in improving the mental health and wellness of Edmond residents.

Educate the broader community about the Edmond Strategic Plan for Mental Health and engage them in supporting its implementation

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<i>The work group will need to assign a responsible individual or organization for each action.</i>		
1. Develop and implement a public education and engagement plan to generate buy in and support from the broader Edmond community	<ul style="list-style-type: none"> a) Conduct meetings with the chamber and Edmond Economic Development Authority, school leadership and boards of education, communities of faith, and local service providers to share the plan and request their support and participation. b) Expand the steering committee to include a broader array of community leadership (including identifying faith leaders who need to attend). c) Maintain adult/children sub-groups, meeting regularly and reporting back to the steering committee. d) Establish a method of routinely communicating about the plan and its progress to the broader community. 	The Edmond community is aware of and engaged in supporting the Edmond Strategic Plan for Mental Health.

Build capacity to serve adults with significant mental health disorders in Edmond using the Certified Community Behavioral Health Clinic (CCBHC) model and supporting other local mental health providers

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<i>The work group will need to assign a responsible individual or organization for each action.</i>		
1. Support NorthCare in grant applications (like upcoming CCBHC grant from SAMHSA)	<ul style="list-style-type: none"> a) Communicate to local providers and community what available funds can be used for and seek out areas of collaboration. b) Generate awareness of needs for a successful application (data, needs analysis, letters of support/commitment, etc.) c) Explore and make note of potential sources of matching funds/in kind contributions that may be required on some grants. 	NorthCare will be a strongly competitive applicant for grants due to a high level of community support.
2. Develop a plan to ready the community for a new CCBHC facility	<ul style="list-style-type: none"> a) Work with first responders and community to ensure diversion from ER for BH crisis. b) Assess the level/type of stigma around BH conditions and care in the community – what are people most concerned about? what are common misunderstandings? c) Develop a public education plan to address concerns and correct misunderstanding. – include storytelling from those with lived experience. Effective strategies could include a series of symposiums for target audiences. A marketing plan should also be considered. d) Work with CCBHC staff, local providers, and public institutions to education the community about how/when to come to the CCBHC for care. 	The Edmond community will be mental health aware and prepared to effectively utilize all available resources to promote good community health.
3. Support development of a financially sound service plan for the new CCBHC services (including the URC)	<ul style="list-style-type: none"> a) Establish regular communication between NorthCare and city officials b) Clearly communicate funding needs and funding opportunities to one another. c) Regularly check in with first responders and local providers on status of need fulfillment in the community. Look for gaps. d) Establish a work group that meets regularly 	CCBHC services in Edmond will be sustainable and not overly dependent on one-time funding sources.

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
4. Explore opportunities to build the behavioral workforce (including peer and family supports) through local educational institutions.	<ul style="list-style-type: none"> a) Engage in outreach with local higher ed institution (including vocational/trade schools) to understand program offerings. b) Compile a listing of local placement opportunities (internships, practicums, etc.) that could present an opportunity. c) Explore funding opportunities (especially HRSA grants) to establish or expand residencies and other placements in Edmond. d) Work with consumer groups to identify existing peer/family support networks and individuals who would be interested in training further in these areas. e) Explore funding opportunities to build/expand peer support programs and staff. f) Consider reaching down to high school level – mentorship or volunteer program for students interested in going into BH 	Edmond community will be able to capitalize on all potential streams of workforce growth, both short-term and long-term.
5. Seek out federal/ state funds to support NorthCare and other providers in the community.	<ul style="list-style-type: none"> a) Explore opportunities to utilize city/county ARPA funds to support development of the BH workforce and continuum of care in Edmond. b) Designate a point of contact with the city on tracking funding streams and communicating with providers regularly regarding needs. 	CCBHC and other services will have funded opportunities for expansion and innovation in service provision and infrastructure.
6. Continue mapping referral patterns to local providers for services for adults with significant mental health disorders.	<ul style="list-style-type: none"> a) Confirm/ update list of local providers in the Edmond community. b) Confirm services available from local providers (including hours of operation, eligibility, and payment sources). c) Establish person of contact and referral procedure. 	CCBHC facilities/staff will be able to efficiently refer clients with significant mental health disorders to local services that meet their needs when the CCBHC is not/no longer the optimum treatment provider for that client.

Community crisis coordination

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<i>The work group will need to assign a responsible individual or organization for each action.</i>		
1. Educate the local community about 988	a) Coordinate with SAMHSA/ODMHSAS to tap into any educational campaigns they have developed and ready to share. b) Create a plan for a public information campaign in Edmond – including when to call 988 and who will respond to those calls. c) Seek out opportunities to tap into stigma reduction work in the community	Edmond community will be well-prepared to effectively utilize 988 to improve responses to BH crises in the community and ensure better outcomes for those experiencing crisis.
2. Establish procedures for local implementation of 988	a) Clarify the relationship and transfer protocol between 911 and 988 b) Ensure training for first responders and community on the response protocol for 988 calls (who goes under what circumstances). c) Understand state procedures and protocol around 988 – procurement and requirements	First responders will be able to operate effectively to provide appropriate and safe care for individuals in crisis.
3. Support development of a financially sound service plan for the new CCBHC URC services	a) Establish a data sharing arrangement between URC and crisis responders to ensure understanding of need and service provision for budgeting and forecasting.	URC will be a valuable and reliable resource for individuals in crisis in the community.
4. Identify transport options for those who need services in OKC (who transports and how?)	a) Determine which transports will be handled by Edmond PD b) Identify alternative transportation for non-Edmond PD transports c) Identify (or develop) transport services for non-crisis cases	Clients will be able to access appropriate care, even in non-crisis situations.
5. Bolster supports and aftercare for ongoing services after crisis (not just NorthCare) – referrals back and forth, need to include referral patterns for all income levels and payer sources	a) Confirm/ update list of local providers in the Edmond community b) Confirm services available from local providers (including hours of operation, eligibility, and payment sources). c) Establish person of contact and referral procedure	Fewer clients will experience recurring crisis because they will be discharged with a follow-up plan and connections or appointments for aftercare.

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
6. Coordinate with Edmond Police Department, clarifying protocols for law enforcement (i.e., voluntary vs. involuntary, evaluation for detention) – NorthCare already working with Edmond PD – need to coordinate with state plan	<ul style="list-style-type: none"> a) Establish relationship between Edmond PD, NorthCare, and point-of-contact at ODMHSAS for 988 services b) Ensure EPD is prepared to identify MH crisis situations and offer immediate de-escalation support. c) Establish communication and dispatch policies to clarify when LEO will be dispatched and how mobile crisis teams can call for LEO when needed. 	Dispatch and hand-off between Edmond PD, 911, and 988 will be seamless and effective. The right resources will be dispatched.
7. Communicate with primary care providers (INTEGRIS and Mercy), be sure they are informed of new protocols	<ul style="list-style-type: none"> a) Create informational materials for primary care offices and distribute b) Develop training program for primary care providers (including office staff) that details how and when to use 988, and well as the protocols for a 988 response. 	Primary care providers will be able to utilize and speak with patients about the 988 service and answer questions about how to use the service and what to expect when a call is made.
8. Meet with insurance purchasers and commercial health plans, including TRICARE, to discuss the mental health needs of Edmond, the planned development of crisis services in anticipation of 988, and how to ensure network adequacy and quality of services in Edmond	<ul style="list-style-type: none"> a) Identify health plans providing coverage to significant portions of Edmond residents. b) Engage major employers who purchase insurance for employees to participate in a forum to discuss the Edmond mental health needs assessment, development of crisis services and the issue of access to quality care. c) Work with employers and other purchasers or payors for health care to engage health plans in assessing adequacy of access and quality of care. 	Edmond residents will be able to access high quality behavioral health care in close to home.

Expand the capacity of local providers for prevention, early intervention, and behavioral health treatment for children, youth, and families

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<i>The work group will need to assign a responsible individual or organization for each action.</i>		
1. Develop a cross system children’s advocacy group to address gaps in mental health service delivery and crisis care.	a) Determine if there are any existing child or youth community collaboratives to support this tactic or identify an agency to support and facilitate the group.	Edmond Family Counseling (EFC), Edmond Public School (EPS), hospitals, other key child-serving agencies and community partners will have a forum to connect, network, communicate and coordinate around behavioral health care to meet the needs of child and youth in Edmond.
	b) Determine what additional child and youth serving organization/agencies should participate in the advisory committee, establish the purpose of the group, and establish a regular meeting schedule.	
2. Work with NorthCare on timeline for expansion of services, rollout/ advertising of resources	a) Partner with NorthCare to inform service expansion and timelines for implementation and communicate this information to key community providers.	Key community providers will know what children and youth services are being developed by NorthCare and when they will begin implementation.
	b) Work with NorthCare to strengthen their continuum of crisis services for children, youth, and families in Edmond	Edmond community will be prepared to effectively utilize 988 to improve responses to BH crises for children, youth, and families and ensure better outcomes.
	c) Work with law enforcement, EPS, NorthCare, and local providers to integrate and build on current crisis services to improve access to the appropriate level of crisis care for children, youth, and families in need.	

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
3. Raise awareness of the mental health needs of the children and youth in Edmond and available services and supports	<ul style="list-style-type: none"> a) Develop, adopt, and disseminate a consistent statement (communication materials) that highlights the mental health and service needs of children and youth in Edmond (using the Edmond assessment and other relevant provider data). b) Confirm services and supports available from local providers (including hours of operation, eligibility, and payment sources). c) Establish agency contacts and referral processes for all local child-serving agencies. d) Identify and address cross-agency policies, procedures, and communication patterns that act as barriers to accessing care. e) Coordinate with SAMHSA/ODMHSAS to tap into any educational campaigns they have developed and ready to share. f) Seek out opportunities to tap into stigma reduction work in the community g) Create a plan for a public information campaign in Edmond. 	<p>The community will have a central resource hub that raises the awareness of needs and available services, improves mental health awareness, and increases access to mental health care.</p> <p>Key child-serving agencies will oversee the development and implementation of a public information campaign and stigma reduction efforts.</p>
4. Expand integrated behavioral health services to all pediatric offices	<ul style="list-style-type: none"> a) Create informational materials for primary care offices on community-based mental health resources and integrated behavioral health service models. b) Promote participation in the Oklahoma Child and Adolescent Psychiatric Mental Health Access Program (OKCAPMAP) and Pediatric and Behavioral & Emotional Health ECHO. c) Engage ODMHSAS to support the implementation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) model in pediatric primary care in Edmond. 	Pediatric primary care providers in Edmond will be supported to treat child and youth with mild to moderate behavioral health needs and refer those with more intensive or complex needs.

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
5. Expand school-based prevention programming	<p>a) EPS and key prevention providers will map existing school-based prevention programs.</p> <p>b) EPS and key community-prevention providers will review school and community data to determine if existing programs are meeting student need.</p> <p>c) Develop or expand current community and school-based prevention programming to meet unaddressed or under addressed student need.</p>	All students in EPS will participate in mental health prevention programming in school and in the community. Evidence-based prevention programs will be selected to address identified student need.
6. Work with higher education programs, (especially UCO and OK Christian) to increase number of professionals entering the industry, collaborating around availability of internships/post-grad opportunities	<p>a) Support a partnership between higher education, EPS, and other community service providers to provide internships and post graduate opportunities for students in the mental health field and nursing students where appropriate.</p> <p>b) Identify, select, and implement EBPs that address gaps in care, meet student need, but do not require licensed staff to implement.</p>	Increase the system's service capacity by utilizing unlicensed mental health providers (under the supervision of a licensed provider) to implement skills training, behavioral management intervention, parenting groups, and intensive home and community supports, as well as psychotherapy when appropriate.
7. Work on licensure reform, reimbursement for those pending licensure and credentialing	a) Use cross-agency partnerships (Child and Youth Advocacy group mentioned above) and resources to lobby for reimbursement for those pending licensure.	Addressing licensing reform and increasing payment streams for those seeking licensure will help to increase the mental health workforce in the community.

Increase student access to school-based and school-linked mental health services

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<i>The work group will need to assign a responsible individual or organization for each action.</i>		
1. Build relationships with school leadership to develop trust and bridge gaps.	a) Provide school leadership and educators with reliable information on to how to connect to resources across the city.	Parents, educators, and school personnel will know what mental health resources are available for students in need and how to access them.
	b) Establish a resource hub for mental health services for children, youth, and families in Edmond (see opportunity 1).	
	c) Utilize the child and youth advisory committee proposed in Opportunity 1 to vet and update resources.	
	d) Utilize non-traditional communication pathways to distribute information on available resources and address stigma (city services spaces or library cards).	
	e) Track and analyze funding dedicated toward mental health initiatives, including CARES Act funding and city funding.	
2. Develop strong partnerships between schools and community mental health providers to develop, implement, and support access to mental health services across all tiers of a multi-tiered system of supports.	a) Use community (mental health prevalence estimates, suicides, hospital admissions) and student data (OPNA, school climate, attendance, exclusionary discipline) to strengthen the schools and community's capacity to implement prevention and intervention programming based on identified student needs and service gaps.	Community providers and schools will partner to meet mental health needs of students and their families. Students will have access to continuum of services that span the tiers from prevention to intensive services and crisis intervention.
	b) Advertise resources at parent teacher conferences or other school wide events.	
	c) Provide education and training to teachers/paras/school staff to better understand mental health (Mental Health First Aid, Kognito – Suicide Prevention).	
	d) Cross train child-serving system partners (MH, education, child welfare, juvenile justice) on system specific language and expected outcomes.	
	e) Implement PRePARE programming/training to address crisis.	
	f) Increase implementation of the Signs of Suicide (SOS) by training school support staff.	

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
<p>3. Develop strong partnerships between school leadership and community mental health providers to develop, implement, and support access to mental health services across all tiers of a multi-tiered system of supports.</p>	<p>a) Use community (mental health prevalence estimates, suicides, hospital admissions) and student data (OPNA, school climate, attendance, exclusionary discipline) to strengthen the schools and community’s capacity to implement prevention and intervention programming based on identified student needs and service gaps.</p> <p>b) Provide information and training to school board members on mental health challenges and opportunities for addressing these challenges in schools.</p> <p>c) Review, revise, and disseminate district crisis protocols around student suicide</p> <p>d) Raise awareness of the role of school counselors versus school mental health providers and how language differs between professionals.</p> <p>e) Expand school website to explain mental health treatment pathways.</p>	<p>Community providers and schools will partner to meet mental health needs of students and their families.</p> <p>Students will have access to continuum of services that span the tiers from prevention to intensive services and crisis intervention.</p>
<p>4. Reduce barriers that make acting upon a referral more difficult.</p>	<p>a) Analyze what barriers exist by tracking outcomes based on referral source.</p>	<p>Empowers parents to seek treatment for their child and helps providers better understand breakdowns service delivery.</p>

Tactic	Action(s)	Outcome
What is the thing you need to discover, produce, and do?	What steps will you take to accomplish carry out the tactic?	What is the expected outcome? What will be completed or achieved?
5. Emphasize building workforce capacity to meet the needs of children and youth in Edmond.	<p>a) Licensure reform-allowing new grads to move through certification more swiftly</p> <p>b) Develop community providers capacity to implement evidence-based home and community-based skills training (psychosocial rehabilitation/behavioral interventions) and parenting intervention that do not require licensed professionals to implement.</p> <p>c) Educate the community (parents, educators, community providers) on the value of evidence-based psychosocial rehabilitation and behavioral interventions for address the needs of children, youth, and families independent of and combined with therapeutic approaches.</p> <p>d) Advocate for expansion of Medicaid eligible services with OHCA-health and behavior codes, for integration (child/adult)</p>	Increase the system's service capacity by utilizing qualified mental health professionals or peer and family support specialists (under the supervision of a licensed provider) to implement skills training, behavioral management intervention, parenting groups, and intensive home and community supports, as well as psychotherapy when appropriate.

Moving forward

Affecting community change is always a difficult and challenging undertaking, and efforts can easily stall without regular signs of success and continuous leadership. The existing work group has made wonderful progress in laying out a path forward and planning for future action, and it will be critical to continue this momentum after the research and initial strategic planning are complete. The work group should continue to hold regular meetings, and its members will need to take on the responsibility of moving the action plans forward.

Once action leaders are identified, routine check-in calls, on-site meetings, and regular communication will be important to move the work forward and to maintain momentum. Continued goal-setting and action planning as new opportunities emerge will ensure that success continues after initial efforts have paid off.

To achieve change at the community level, it will be essential to engage the broader Edmond community in the work. The whole community should feel this work is important and worth pursuing if they are to be motivated to participate in the work. Groups and organizations that are already involved in outreach to disadvantaged residents and social services would make excellent partners. The business community also has an important role to play in reducing stigma and building awareness of existing services. The action plans contained in this document establish a clear role for public schools, and other child-serving organizations will be important in supporting that work. A broad coalition of community partners, working in focused groups toward specific goals, with consistent and effective leadership will maximize the success of this effort.

Notes

- ¹ U.S. Census Bureau. (2020). City and Town Population Totals, Vintage 2020. And U.S. Census Bureau. (2020). 2015-2019 American Community Survey 5-Year Estimates. Table S0101.
- ² US Census. (2020). QuickFacts: Oklahoma, Oklahoma County and Edmond City, Oklahoma. Population Estimates, July 1, 2019. <https://www.census.gov/quickfacts/fact/table/OK,oklahomacountyoklahoma,edmondcityoklahoma/PST045219>
- ³ US Census. (2020). QuickFacts: Oklahoma, Oklahoma County and Edmond City, Oklahoma. Population Estimates, July 1, 2019. <https://www.census.gov/quickfacts/fact/table/OK,oklahomacountyoklahoma,edmondcityoklahoma/PST045219>
- ⁴ U.S. Census Bureau. (2020). City and Town Population Totals, Vintage 2020. And U.S. Census Bureau. (2020). 2015-2019 American Community Survey 5-Year Estimates. Table S0101.
- ⁵ Office of the Assistant Secretary for Planning and Evaluation. (2021). Poverty Guidelines. From <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- ⁶ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018.
- ⁷ Estimates derived from the results of SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018.
- ⁸ Prevalence rates are drawn from NSDUH survey responses among all Oklahoma county residents and may not match the exact need in Edmond.
- ⁹ Estimates derived from the results of SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018.
- ¹⁰ Williams, N.J., Scott, L. & Aarons. (2018). Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. *Psychiatric Services*, 69: 32-40.
- ¹¹ The National Survey of Drug Use and Health permits respondents to indicate whether they needed substance use treatment, independently from whether the survey estimated that they had a clinical diagnosis for a substance use disorder. Therefore, there are instances when more people indicated they would benefit from any or additional treatment than were estimated to have a clinical condition.
- ¹² Other incidents include truancy and property-related incidents.
- ¹³ INTEGRIS Health pediatric behavioral health inpatient admission data from January through June 2021 was provided by Allie Friesen, Director, Clinical Programs, Behavioral Health on July 16, 2021.
- ¹⁴ CMHC data was independently shared with Healthy Minds by each provider.
- ¹⁵ Edmond PD data provided by Sergeant Harden on November 10, 2021.
- ¹⁶ Search of Oklahoma Health Care Authority's provider directory for Sooner Care Outpatient Mental Health Clinics in Edmond, Oklahoma on 12.14.2021. <https://apps.okhca.org:456/OHCAProviderDirectory/>