Oklahoma

UNIFORM APPLICATION
FY 2009

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Treatment
Division of State and Community Assistance

Introduction:

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Form 1

State: Oklahoma
DUNS Number: 933662934-

Uniform Application for FY 2008 Substance Abuse Prevention and Treatment Block Grant

I. State Agency to be the Grantee for the Block Grant:

Agency Name:	Oklahoma Department of Mental Health and Substance Abuse Services	
Organizational Unit:	Substance Abuse Services	
Mailing Address:	P. O. Box 53277	
City:	Oklahoma City, OK	Zip Code: 73152-3277

II. Contact Person for the Grantee of the Block Grant:

Name:	Terri White, MSW, Commissioner	
Agency Name:	Oklahoma Department of Mental Health and Substance Abuse Services	
Mailing Address:	P. O. Box 53277	
City:	Oklahoma City, OK	Zip Code: 73152-3277
Telephone:	(405) 522-3877	FAX: (405) 522-0637
Email Address:	tlwhite@odmhsas.org	

III. State Expenditure Period:

From:	7/1/2007	To: 6/30/2008

IV. Date Submitted:

Date:	9/30/2008	Original: (selected) Revision: ( )

V. Contact Person Responsible for Application Submission:

Name:	Mary Hagerty	Telephone:	(405) 522-3859
Email Address:	mhagerty@odmhsas.org	FAX:	(405) 522-3767

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FORM 3: UNIFORM APPLICATION FOR FY 2009 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

Funding Agreements/Certifications as required by Title XIX of the Public Health Service (PHS) Act

Title XIX of the PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.

SAMHSA will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.

I. Formula Grants to States, Section 1921

Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.

II. Certain Allocations, Section 1922

- **Allocations Regarding Primary Prevention Programs, Section 1922(a)**
- **Allocations Regarding Women, Section 1922(b)**

III. Intravenous Drug Abuse, Section 1923

- **Capacity of Treatment Programs, Section 1923(a)**
- **Outreach Regarding Intravenous Substance Abuse, Section 1923(b)**

IV. Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924

V. Group Homes for Recovering Substance Abusers, Section 1925
Optional beginning FY 2001 and subsequent fiscal years. Territories as described in Section 1925(c) are exempt.

The State "has established, and is providing for the ongoing operation of a revolving fund" in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.

VI. State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926

- **The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).**
- **The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).**
- **The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).**

VII. Treatment Services for Pregnant Women, Section 1927

The State "…will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant."

VIII. Additional Agreements, Section 1928

- **Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a)**
- **Continuing Education, Section 1928(b)**
- **Coordination of Various Activities and Services, Section 1928(c)**
- **Waiver of Requirement, Section 1928(d)**

FORM 3: UNIFORM APPLICATION FOR FY 2009 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT
Funding Agreements/Certifications

As required by Title XIX of the PHS Act (continued)

IX. Submission to Secretary of Statewide Assessment of Needs, Section 1929

X. Maintenance of Effort Regarding State Expenditures, Section 1930

With respect to the principal agency of a State, the State "will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant."

XI. Restrictions on Expenditure of Grant, Section 1931

XII. Application for Grant; Approval of State Plan, Section 1932

XIII. Opportunity for Public Comment on State Plans, Section 1941

The plan required under Section 1932 will be made "public in such a manner as to facilitate comment from any person (including any Federal person or any other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary."

XIV. Requirement of Reports and Audits by States, Section 1942

XV. Additional Requirements, Section 1943

XVI. Prohibitions Regarding Receipt of Funds, Section 1946

XVII. Nondiscrimination, Section 1947

XVIII. Services Provided By Nongovernmental Organizations, Section 1955

I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

State: Oklahoma

Name of Chief Executive Officer or Designee: Terri White, MSW

Signature of CEO or Designee:

Title: Commissioner **Date Signed:**

If signed by a designee, a copy of the designation must be attached

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about –
  (1) The dangers of drug abuse in the workplace;
  (2) The grantee's policy of maintaining a drug-free workplace;
  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will –
  (1) Abide by the terms of the statement; and
  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities, "in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result
in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Commissioner
APPLICANT ORGANIZATION Oklahoma Department of Mental Health and Substance Abuse Services	DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:

☐ a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action

☐ a. bid/offer/application
b. initial award
c. post-award

3. Report Type:

☐ a. initial filing
b. material change

For Material Change Only:

Year ________ Quarter ________
date of last report

4. Name and Address of Reporting Entity:

☐ Prime ☐ Subawardee
Tier ________, if known: ________

Congressional District, *if known:* ________

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known:* ________

6. Federal Department/Agency:

7. Federal Program Name/Description:

CFDA Number, *if applicable:* ________

8. Federal Action Number, if known:

9. Award Amount, if known:
$

10. a. Name and Address of Lobbying Entity
(if individual, last name, first name, MI):

b. Individuals Performing Services *(including address if different from No. 10a.) (last name, first name, MI):*

11. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: ________

Print Name: ________

Title: ________

Telephone No.: ________ **Date:** ________

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Standard Form - LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: **Page** **of**

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., ''RFP-DE-90-001.''

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Commissioner
APPLICANT ORGANIZATION Oklahoma Department of Mental Health and Substance Abuse Services	DATE SUBMITTED

State: Oklahoma

FY 2006 SAPT Block Grant

Your annual SAPT Block Grant Award for FY 2006 is reflected on line 8 of the Notice of Block Grant Award.

$17,649,089

Oklahoma

Goal #1: Continuum of Substance Abuse Treatment Services

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2006 (Compliance):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), also known as the Department, utilized the Substance Abuse Prevention and Treatment (SAPT) block grant funds, state appropriations, grants and contracts to maintain a continuum of substance abuse treatment services within the State.

ODMHSAS is the statutorily-authorized single state authority for substance abuse services. Laws empowering and regulating this agency are in Title 43A of the Oklahoma Statutes. ODMHSAS certifies all substance abuse treatment programs via the Oklahoma Administrative Code (OAC), primarily at Section 450, Chapter 18, Substance Abuse Services. Services are purchased, for the most part, with SAPT Block Grant funds and state appropriations.

Terri White, MSW, is the Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services and Caletta McPherson, MHR, LADC is the Deputy Commissioner of Substance Abuse Services.

Oklahoma spent $13,236,817 totaling 75% of the FY 2006 block grant award, on alcohol and other drug treatment services. ODMHSAS provided substance abuse services through public and contracted private, non-profit, certified agencies to provide detoxification, residential, halfway house, outpatient, intensive outpatient, and early intervention services with substance abuse block grant funds and state appropriations. These agencies included substance abuse treatment facilities, community mental health centers, youth and family services agencies, schools, and Native American programs. Five ODMHSAS-operated agencies provided residential treatment services while a university program provided screening, assessment, and treatment planning for children with Fetal Alcohol Spectrum (FAS). Treatment agencies provided services for 20,688 consumers.

ODMHSAS supported peer advocacy through a contract with the statewide organization Oklahoma Citizen Advocates for Recovery and Treatment Association (OCARTA). Among the services OCARTA provided were: follow-up survey with people who had participated in substance abuse treatment services, advocacy, a 24-hour helpline, statewide chapters to involve individuals throughout the state in policy and social change, and educational materials including information about self-help support groups.

Another advocacy agency, the Oklahoma Substance Abuse Services Alliance (OSASA), a treatment provider association, collaborated with the Department on a variety of issues including development of certification/licensure requirements for treatment programs and

staff, counselor education programs within the state, advocacy for consumers in the treatment system, and educating the state's leaders about treatment needs. In addition, OSASA received an ODMHSAS contract to facilitate peer reviews among block grant treatment programs within their association.

The Department contracted with five agencies to provide early intervention services to selected schools, serving 4,872 students. Services included working with school personnel and parents to develop drug-free strategies with high risk or substance-using students. These services were funded through state and federal block grant treatment funds.

Oklahoma substance abuse treatment providers were contractually required to provide priority status to pregnant women and injecting drug users per the SAMHSA requirement. The Addiction Severity Index (ASI) and the American Society of Addiction Medicine Patient Placement Criteria 2-Revised (ASAM PPC-2R) were required for providers to assess the consumer's need for treatment and the level of care that was needed. Family members and significant others were also provided services to support the primary consumer's recovery. Treatment services included evaluation and assessment, group, individual counseling, evidence-based treatment practices, individualized approaches to treatment, case management assessments and referrals, educational groups in sober living development, family dynamics, relapse prevention, as well as introduction to community self-help groups. Evidence-based practices were required in all aspects of the treatment program. All treatment facilities were required to be tobacco-free and provided consumers with a phone number for a hotline through the Oklahoma State Department of Health (OSDH) for accessing resources to discontinue the use of tobacco products if requested. Also, use of tobacco was treated as an addiction issue.

Per statute, all agencies providing substance abuse treatment for individuals in Oklahoma must be certified by ODMHSAS, per the standards located in the Oklahoma Administrative Code, primarily in Chapter 18. In addition to the agency certification, treatment staff were contractually required to be treatment professionals. The definition of a treatment professional, specified through the provider contracts, noted that individual counselors were required to have professional licensure or certification, or be working toward a certification/licensure (CADC/LADC) as a drug and alcohol counselor. Case managers were also required to be trained and certified as Certified Behavioral Health Case Managers.

Contract agencies and state facilities received site visits to monitor contract compliance annually. Site visits included a walkthrough and a thorough review of contract requirements. Staff and consumers were interviewed, charts, personnel files and policy reviews were conducted. At the end of the site visit, agencies were briefed on the site visit findings, including strengths and challenges facing the agency. A written report was provided and a plan of correction, if needed, was developed by the agency and approved by the Director of Treatment Services at the Department. The site reviews were also considered an opportunity for technical assistance (TA) in areas needing improvement.

Training workshops were held for providers through the annual substance abuse conference.

ODMHSAS collaborated with the Oklahoma Department of Human Services (OKDHS) to provide screening, assessments, and outpatient substance abuse services for Temporary Assistance to Needy Families (TANF) consumers and to individuals with Child Welfare (CW) involvement. Utilizing TANF federal funding, ODMHSAS subcontracted with certified agencies to provide the necessary services throughout the State. Each local County OKDHS office was responsible for certifying all OKDHS eligible participants and referring consumers to local providers. There were 3,766 TANF and child welfare participants screened through this program and 2,069 consumers who received treatment services.

Safe Haven is another program implemented with OKDHS. Safe Haven is a project in specified counties in which providers and OKDHS county offices work with adults who have Child Welfare involvement due to substance abuse issues. Key components of the Safe Haven project are early intervention for participants' substance use issues, monthly family conference meetings and juvenile court appearances with the participants, family members, friends of the family and other community providers to coordinate needed services. The goal is to enhance the participants' abilities to achieve and maintain sobriety in order to reunite children with their parents in a safe and stable home environment.

In response to the number of individuals going through the criminal justice system due to substance abuse problems, ODMHSAS funded a statewide drug court program utilizing state appropriations. A total of 48 drug courts covering 51 of the 77 counties were in operation with additional drug courts in various stages of development. The 48 drug courts were as follows: 35 adult drug courts, 10 juvenile drug courts, 2 family courts and 1 DUI court. Case management was included in the drug court program in order to assist consumers in meeting their educational or vocational needs, address family or financial issues, or any other concerns that might cause relapse. The drug court program served 5,438 consumers.

Oklahoma had a high number of people in the corrections system with substance abuse-related offenses. In order to reach this population, ODMHSAS collaborated with the Oklahoma Department of Corrections (ODOC) and utilizing state appropriations, established several avenues for serving those in need of treatment. The Department contracted with established substance abuse programs to provide screening and assessment at the state's prison intake facility and to provide treatment services at several of the state's prisons, setting up what essentially became therapeutic communities. There were 10 prison-based programs providing substance abuse services to offenders in prison. Two were in the female prison, one providing services to women in the maximum security unit and one in the minimum security facility. Twenty agencies provided probation/parole aftercare services to released offenders, and 10 agencies were available as needed for aftercare services to offenders upon their release. Through the prison-based

program, there were 1,036 individuals served by treatment providers and 1,521 served through probation/parole aftercare services.

Collaboration with the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, has made Medicaid funding available for substance abuse services. Behavioral health rules were added that were specific to substance abuse services. The rules were designed to be provider friendly and encouraged treatment agencies to participate in the Medicaid program. Medicaid rules for the documentation of treatment plans, assessments and progress documents were modified, making them the same as the rules for ODMHSAS.

An ODMHSAS staff member, who had previously worked at OHCA with Medicaid, served as the Department's Medicaid advisor and trainer for outpatient treatment programs. In addition, ODMHSAS treatment contracts required providers to become nationally accredited in order to become eligible for Medicaid certification. Treatment providers became more adept at working with Medicaid and services increased as a result. OHCA/Medicaid has provided ODMHSAS with a claims extract of in-depth data on the utilization of Medicaid. This data provides a way to assess Medicaid use for treatment services and help with future planning.

Prior to 2006, mental health services were funded by Medicaid but consumers with a primary diagnosis of a substance abuse disorder were not covered with one exception, that of medical detoxification. OHCA recognized the gap in the continuum of care. Discussions resulted in rule changes that allowed several substance abuse services to be funded, including outpatient, intensive outpatient, case management and skills development services. ODMHSAS continues to meet with OHCA regularly to evaluate the effects Medicaid's rules have on the optimum delivery of services. Each year Medicaid rules have been reviewed and improve services.

Three residential programs – a state treatment facility and two private, non-profit agencies - served adolescents in need of treatment. Mainly state appropriations and tobacco tax revenues were the sources of funding utilized, providing services for 285 adolescents. In addition, the state and tobacco tax monies provided funding for outpatient services for adolescents and their families.

With the assistance of the Robert Wood Johnson Foundation and the Network for the Improvement of Addiction Treatment, ODMHSAS built a foundation for a statewide improvement initiative among substance abuse treatment providers. The goal of this initiative was to systematically identify problems, implement changes and measure results.

In October 2004, Oklahoma was awarded a Co-Occurring State Incentive Grant (COSIG) of $3.3 million over a five-year period. The primary goal was to promote systemic infrastructure change through developing a standard screening and assessment protocol for mental health and substance abuse disorders and adopting a model of integrated treatment which would be accessible, culturally competent, and grounded in evidence-

based practices. The first year of the grant was a planning year and treatment programs began serving consumers during the second year. ODMHSAS operated or contracted for services with 15 model programs to provide integrated co-occurring treatment services. Baseline data were collected to compare with the co-occurring treatment data. A welcoming environment was defined and an integrated mental health, substance abuse and trauma screening instrument was developed for testing. A core curriculum for integrated care was developed and evaluated and offered to all of the model programs and to other agencies interested in improving care to individuals with co-occurring issues.

Oklahoma was awarded the Mental Health Transformation State Incentive Grant (TSIG) in FFY 2005. ODMHSAS was one of nine states to receive the award from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). Oklahoma's grant totals $15 million, which is approximately $2.73 million for each of the five years of grant funding.

The first year was devoted to development of a Comprehensive Needs Assessment and State Plan. The State Plan is organized into seven sections, highlighting the President’s New Freedom Commission Goals. Specific priorities, objectives and action plans to attain the goals were established to identify Oklahoma’s plan for action. This plan is the guide for transformation activities in years 2- 5 of the grant. While the grant is directed at transformation of mental health systems, ODMHSAS is also responsible for providing substance abuse services and since the management of mental health and substance abuse disorders share many common approaches, transformation activities include both the mental health and substance abuse service systems.

Agencies funded through block grant funding and ODMHSAS state appropriations are detailed on Form 6.

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2008 (Progress):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) continues to utilize block grant funding, state appropriations, grants and contracts to maintain a continuum of substance abuse treatment services within the State.

Oklahoma is utilizing 75% of the FFY 2008 SAPT block grant award on alcohol and drug treatment services. ODMHSAS continues to contract with private, non-profit, certified agencies to provide detoxification, residential, halfway house, outpatient, intensive outpatient, and early intervention services with substance abuse block grant funds and state appropriations. These agencies include substance abuse treatment facilities, community mental health centers, community action agencies, youth and family services agencies, an alternative school, and Native American programs. Services are offered in facilities which serve only men, only women, both genders, women with children, and adolescents. Five ODMHSAS-operated agencies provide residential treatment services. ODMHSAS also contracts with several public agencies including the University of Oklahoma Health Sciences Center which provides screening, assessment, and treatment planning for children with Fetal Alcohol Spectrum.

The Department continues to contract with 5 agencies to provide early intervention services with selected schools. Services include working with school personnel and parents to develop drug-free strategies with high risk or substance-using students. Support and educational groups, parent/teacher meetings, screening and assistance with therapeutic linkages are provided as needed. These programs are funded through block grant treatment monies and through state appropriations.

Integrated, strength-based, person-centered case management continues to play an important role in treatment programs. The integrated case management approach utilizes a generalist model which focuses on substance abuse and mental health treatment needs, co-occurring disorder issues, and cultural competency. In 2007, the certification process was restructured in an effort to be more cost-effective and accessible. ODMHSAS continues to provide monthly certification trainings, and due to these changes to the certification process, have been able to certify more case managers in the substance abuse field than in previous years. In addition, case management staff have built strong collaborative relationships with other internal programs as well as external state agencies in efforts to make service delivery more integrated. The Oklahoma Health Care Authority (OHCA), Oklahoma's Medicaid agency, and ODMHSAS collaborated to make the Medicaid rules the same as the ODMHSAS case management regulations in an effort to be standardized and consistent for treatment providers.

October 2008 will mark the second annual Case Management Institute. This institute was designed to equip case managers around the state with general information from various disciplines as well as provide practical resources they can utilize in day to day operations.

Contracts and/or the Oklahoma Administrative Code (OAC), primarily at Section 450, Chapter 18, Substance Abuse Services, continue to require standardized evaluation, an individualized approach, utilization of evidence-based practices, relapse prevention and connection with community self-help groups. Case managers are required to be trained and certified as Behavioral Health Case Managers. All treatment staff are required to have a professional licensure, be certified or licensed as drug and alcohol counselors (CADC/LADCs), or working toward that goal.

A new approach is being implemented for monitoring of programs. Each ODMHSAS substance abuse staff member will be monitoring a number of either state-operated or contract programs for contract compliance. This should encourage Department and provider staff to develop a closer partnership, foster additional technical assistance requests and improve the quality of care for consumers.

ODMHSAS continues to contract with the Oklahoma Department of Human Services (OKDHS) who provides Temporary Assistance to Needy Families (TANF) funding for screening, assessment, and outpatient substance abuse services for consumers receiving, or making application for TANF and consumers who have Child Welfare (CW) involvement. ODMHSAS subcontracts with 35 certified agencies to provide these services. The Department will continue this important collaborative effort with OKDHS.

Safe Haven is another ODMHSAS/OKDHS collaborative that continues. Safe Haven programs work with adults who have child welfare involvement due to substance abuse issues. Key components of the Safe Haven project include early intervention for participants' substance use issues, monthly family conference meetings and juvenile court appearances with the participants, family members, friends of the family and other community providers to coordinate needed services. The goal is to enhance the participants' ability to achieve and maintain sobriety in order to reunite children with their parents in a safe and stable home environment.

An Immediate Access Program has been implemented with OKDHS Child Welfare Services. Immediate Access is a project in Oklahoma county, providing a centralized point for assessing participants in the Oklahoma County Child Welfare System for substance abuse and needed case management services. The participants are referred by an OKDHS Child Welfare worker to a specific provider and location to receive their substance abuse assessment. If treatment is needed, the provider refers the participant to an ODMHSAS provider for treatment services per the recommendations of the assessment. The recommendations change as the participant progresses in their treatment or as changes in their needs occur. The program goal is to help families reunite as quickly as possible.

ODMHSAS has continued collaboration with the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, in an effort to make Medicaid funding available for substance abuse services. ODMHSAS has required all contract providers to have a national accreditation, to receive a Medicaid contract and to bill Medicaid for services provided to Medicaid-eligible consumers in an effort to utilize all available funding sources prior to utilization of SAPT block grant funding. ODMHSAS staff continues to work with outpatient providers to facilitate utilization of the Medicaid system. Treatment providers are becoming more adept at working with Medicaid and the Department expects more consumers to be treated as a result. Claims paid by Medicaid for substance abuse services increased from approximately 1 million in 2007 to 1.2 million in 2008.

OHCA/Medicaid is providing ODMHSAS with a claims extract which provides more in-depth data on the utilization of Medicaid. This data will provide a means to assess Medicaid use for treatment services and help with future planning. OHCA is able to fund outpatient, intensive outpatient, case management and skills development services. Unfortunately, Medicaid funding is still not available for residential services. ODMHSAS continues to meet with OHCA regularly to evaluate the effects Medicaid's rules have on the optimum delivery of services and to adjust the rules as needed to improve services.

Drug and drug-related offenses remain high in Oklahoma. The development of drug courts have helped to move people into treatment services rather than being incarcerated and outcomes for drug court graduates have been exceptional. Currently, a total of 51 drug courts are in operation, comprised of 40 adult drug courts, 8 juvenile drug courts, 2 family courts and 1 DUI court. In addition, 10 mental health courts have been implemented. The latest drug court outcomes are attached under Appendix A.

The corrections system has a high number of individuals with substance abuse-related offenses. ODMHSAS collaboration with the Oklahoma Department of Corrections (ODOC) established several avenues for providing services to those in need of treatment utilizing state appropriations. The Department contracts with established substance abuse programs to provide screening and assessment at the State's prison intake facility and to provide treatment services at specified prisons, developing what are essentially therapeutic communities. In addition, treatment services are provided at specific community corrections centers and to individuals who are in the probation and parole system. Currently there are 20 probation and parole substance abuse treatment providers as well as 10 prison-based treatment programs and 10 agencies throughout the state available to serve individuals who have completed their time and have been released.

State appropriations and tobacco tax revenues have helped Oklahoma serve the adolescent population. In SFY 2008, a fourth residential treatment program for adolescents was funded, adding 4 additional female beds. Two adolescent residential treatment programs, one serving males only and the other serving both males and females, received additional funding allowing them to double their capacities. The Department's adolescent substance abuse and mental health residential facilities have merged to better serve consumers with co-occurring disorders. The program serves both

male and female adolescents. In addition, adolescents and their families are being served in outpatient programs throughout the state.

With the assistance of the Robert Wood Johnson Foundation and the Network for the Improvement of Addiction Treatment (NIATx), ODMHSAS has built a foundation for a statewide process improvement initiative among treatment providers. The main goals for this initiative are: a) adopting the NIATx process improvement model among treatment providers statewide and b) establishing an ongoing performance management system through which outcomes are monitored and disseminated.

To enhance efforts toward more effective and efficient consumer access to treatment, the Robert Wood Johnson Foundation awarded ODMHSAS the State Treatment Access and Retention State Initiative (STAR-SI) Grant starting in FY2007. It is a three-year grant that will enable Oklahoma to expand the progress that has been made in identifying problems, implementing changes and measuring results to all treatment providers in the substance abuse system. The key role of ODMHSAS in the STAR-SI initiative is to provide training and support in process improvement techniques to a network of treatment providers during the grant period and ultimately to establish and maintain process improvement utilization across the population of agencies in the state. To achieve this goal, Oklahoma has hosted multiple learning sessions and monthly peer-to-peer meetings with participating providers. These monthly meetings are designed to promote internal sharing of innovative ideas, as well as to address performance measurement related issues.

Another key aspect of the STAR-SI initiative is for ODMHSAS to partner with treatment providers to promote state-level implementation of process improvement methods to remove barriers affecting treatment access and retention. Oklahoma's state change team examined several areas including: paperwork, licensure and accreditation, data performance feedback, contracting expectations, and reimbursement.

To help with consumer access, ODMHSAS collaborates with residential and halfway house substance abuse treatment providers to update the capacity reporting system through a daily report. An assigned staff person works closely with the agencies to keep the information current and to help with placement of consumers. The Capacity List details which agencies throughout the state have available residential or halfway house beds and distributes the report to all substance abuse treatment providers, prevention and mental health programs, drug court and juvenile court programs on a daily basis.

In September 2007, ODMHSAS received an Access to Recovery (ATR) grant from the Substance Abuse and Mental Health Services Administration for $11.9 million over a three year period. The ATR program is part of a presidential initiative to ensure consumer choice for substance abuse treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based options), and increase capacity for treatment and recovery support. The Oklahoma Access to Recovery (OATR) grant is targeting adults who are involved in the criminal justice system, including those with a history of

methamphetamine use, adults at risk of involvement with the criminal justice system and those involved with the Oklahoma Department of Human Services, Child Protective Services. At least 50% of funds are to be spent for recovery support services that are recognized as priorities for those involved with the criminal justice system including transportation, short-term emergency shelter, pre-vocational services, consumer advocacy, peer counseling, socialization and referral. Treatment services include outpatient, intensive outpatient and halfway house services and are being provided by established treatment providers.

In October 2004, Oklahoma submitted a proposal for a Co-Occurring State Incentive Grant (COSIG) and was awarded $3.3 million over a five-year period. The primary goal is to promote systemic infrastructure change through, first of all, developing a standard screening and assessment protocol for mental health and substance abuse disorders and, secondly, adopting a model of integrated treatment which is accessible, culturally competent, and grounded in evidence-based practices. Initially, ODMHSAS operated or contracted for services with 15 model sites to provide integrated co-occurring treatment services. That has since been expanded to a total of 28 model programs. In addition, there are more than 30 programs voluntarily participating in the project, developing integrated care at their facilities.

ODMHSAS has developed, evaluated and trained instructors in a core curriculum for integrated care, offering the training to all the model programs and to other agencies interested in improving care to individuals with co-occurring issues. An intermediate level curriculum has been developed, evaluated and offered to all interested programs. Adjustments have also been made to language in the Oklahoma Administrative Code, Section 450, Chapter 18, Substance Abuse Services and in contracts to require all providers to move toward becoming co-occurring disorder capable. To aid in this effort, a self-evaluation and monitoring tool was developed to help agencies move toward being co-occurring disorder capable. Technical assistance has also been provided to agencies as requested.

Oklahoma was awarded the Mental Health Transformation State Incentive Grant (TSIG) in FFY 2005. ODMHSAS was one of nine states to receive the award from SAMHSA, Center for Mental Health Services (CMHS). Oklahoma's grant is being used to develop, implement and evaluate a comprehensive mental health and substance abuse plan that will guide transformation activities. While the grant is directed at transformation of mental health systems, ODMHSAS is also responsible for providing substance abuse services and since the management of mental health and substance abuse disorders share many common approaches, transformation activities include both the mental health and substance abuse service systems. TSIG is collaborating with the major initiatives that the Department is involved in, including the Co-Occurring State Incentive Grant, Access to Recovery Grant, the initiative with the Oklahoma Health Care Authority to integrate billing practices for behavioral health services into a single payer system, and the Systems of Care program for families and youth which includes wraparound services.

Because people with mental health and substance abuse problems receive services from a number of state agencies and to ensure the participation of all other state agencies that may impact this population, in December 2005, Governor Brad Henry issued an Executive Order establishing the Governor's Transformation Advisory Board (GTAB) to guide transformation activities. The 28-member panel includes the heads of eleven state agencies, representatives from the State Senate and House of Representatives, the law enforcement community, the state's Indian Nations, the Indian Health Services, the chair of the Mental Health Planning and Advisory Council, eight representatives of consumer, youth and family advocacy organizations, and representatives from private industry and the philanthropic community. The GTAB Board continues to aid Oklahoma's transformation efforts.

Oklahoma's vision for a transformed system is one in which all citizens and their families prosper, contribute, and achieve their personal goals in the communities of their choice. As a result of the work funded by the Mental Health Transformation Initiative, the State will build the infrastructure needed to guarantee a life in the community for everyone, where personal choice is respected, where people can build on their assets, strengths and competencies, and where they have an identity apart from their diagnosis.

A primary use of the TSIG funds has been the establishment of the Innovation Center within ODMHSAS, to provide resources to all agencies and other groups involved in mental health and substance abuse services transformation. Staff of the Innovation Center is involved in planning efforts toward implementing changes on a variety of levels. Cultural competency training of the workforce, development of consumer involvement standards, and training a peer support network are some of the initiatives currently underway. The Innovation Center is also involved in efforts to enhance access to care through the use of technology through training, teleconferencing, and telemedicine.

In summary, ODMHSAS is continuing toward a more integrated system of care. Services must fit the needs of the consumer and be assessment-driven, individualized and evidence-based. Assessment must continue throughout the treatment episode to ensure that the appropriate level of care is utilized. Family involvement is offered. And, finally, case management and referrals must be provided to manage consumer needs such as employment, education, medication requirements, and legal issues, addressing needs that could cause relapse if not addressed.

GOAL # 1. The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2009 (Intended Use):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will utilize block grant funding, grants and contracts, and state appropriations to maintain a continuum of substance abuse treatment services within the State.

Oklahoma will spend approximately 75% of the FFY 2009 block grant award on alcohol and drug treatment services. ODMHSAS will continue to contract with private, non-profit, certified agencies to provide detoxification, residential, halfway house, outpatient, intensive outpatient, and early intervention services with substance abuse block grant funds and state appropriations. These agencies include substance abuse treatment facilities, community mental health centers, community action agencies, youth and family services agencies, and Native American programs. Services will be offered in facilities which serve only men, only women, both genders, women with children, and adolescents. Six ODMHSAS-operated agencies will continue to provide residential services. In addition, other public agencies will continue to provide contracted services including the University of Oklahoma Health Sciences Center which provides screening, assessment, and treatment planning for children with Fetal Alcohol Spectrum (FAS.)

The Department will continue to provide early intervention services through public schools. Services will include working with school personnel and parents to develop drug free strategies with high risk or substance using students, educational programs, screening and assistance with therapeutic linkages as needed. These programs will be funded through state or federal treatment monies.

Oklahoma is invested in expanding the practice of case management within the substance abuse field by providing continuous training and technical assistance. Integrated, strength-based, person-centered case management plays an important role in treatment programs by linking consumers to needed services such as employment, education, vocational skill development, child care, and health care. ODMHSAS case management staff will continue to explore ways to increase the knowledge base and skill level for certified behavioral health case managers through training opportunities.

Oklahoma will continue to require standardized consumer evaluations, an individualized approach to treating the consumer, family involvement if appropriate, case management, the use of evidence-based practices, relapse prevention and connecting the consumer to community self-help groups.

Monitoring of programs will continue. ODMHSAS staff will continue to monitor programs at provider agencies and provide written reports of the monitoring process.

Technical assistance will be offered and provided as requested or as needed. Workshops on identified technical assistance needs will also be available during providers' meetings, various other meetings/trainings and during the annual combined substance abuse and mental health conference.

Continued collaboration with the Oklahoma Department of Human Services (OKDHS) TANF program will benefit both agencies' consumers. OKDHS will provide TANF funding to ODMHSAS to subcontract with certified treatment agencies. Contracted agencies will provide screening, assessment, and outpatient substance abuse services to consumers receiving or making application for Temporary Assistance to Needy Families (TANF) and consumers who have Child Welfare (CW) involvement. ODMHSAS will provide training, technical assistance, and program monitoring. Safe Haven and other initiatives with TANF or Child Welfare consumers will continue to be pursued as a means of providing substance abuse services to individuals in need of treatment.

ODMHSAS will continue collaboration with the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, to generate Medicaid funding for substance abuse services. ODMHSAS staff will continue to work closely with OHCA and the Medicaid system, serving as the Medicaid liaison, advisor and trainer for treatment agencies. Training includes information about the Medicaid system, including how to check for consumer eligibility, what services are billable, how to utilize the claims system, and provides the agency with the Medicaid rules and regulations. OHCA/Medicaid will also continue to provide ODMHSAS with a claim's extract which will provide in-depth data on the utilization of Medicaid. This data provides a means to assess Medicaid use for treatment services and help with future planning. Assessment, case management, and outpatient services have been approved for Medicaid funding and are currently being billed by Medicaid approved providers.

Oklahoma Drug Courts will continue to help those in need of treatment who have come in contact with the criminal justice system to participate in treatment as an alternative to incarceration. As state revenues increase, ODMHSAS will continue to request additional state appropriations for drug courts. Currently, a total of 51 drug courts are in operation, comprised of 40 adult drug courts, 8 juvenile drug courts, 2 family courts and 1 DUI court. In addition, 10 mental health courts will continue to serve mental health consumers. Evaluation will continue to be utilized to determine treatment success and positive outcomes are expected to continue.

Specified state appropriations will continue to be earmarked for treatment services for offenders in the corrections system. Substance abuse screening and assessment for offenders entering the prison system, as well as the treatment services provided within appropriate prison settings will permit many offenders in need of treatment to receive that treatment. Treatment services will also be provided at various community corrections centers for those in the probation and parole system and at specified agencies for individuals who have completed their time and are leaving the corrections system.

State appropriations and tobacco tax revenue will continue to fund adolescent treatment services. Residential programs, as well with outpatient services, will continue to be expanded as new funding becomes available.

The Co-Occurring State Incentive Grant which helped Oklahoma promote systemic infrastructure change through a standard assessment protocol and through utilizing a model of integrated treatment that is accessible, culturally competent, and grounded in evidence-based practices is entering the evaluation phase of the grant. However, Oklahoma will continue to encourage providers to be concerned with all of the individual's needs, particularly co-occurring mental health issues.

The Robert Wood Johnson Foundation awarded ODMHSAS the State Treatment Access and Retention State Initiative (STAR-SI) Grant starting in FY2007. It is a three-year grant that will enable Oklahoma to expand the progress that has been made in identifying problems, implementing changes and measuring results to all the treatment providers in the substance abuse system. As it nears the last year of the grant, efforts will be in an area of diffusing and spreading the capacity to conduct process improvement in the state's treatment delivery system. Resources (e.g., staff, time, and money) have been invested to ensure that quality data goes into the performance management system to support process improvement. ODMHSAS leadership has embraced its position as the central stakeholder for sustaining all STAR-SI providers and has taken steps to ensure that mechanisms are in place to support a statewide peer network to improve access and retention beyond the grant.

The Oklahoma Access to Recovery Grant will continue to expand, serving consumers through a voucher system to ensure consumer choice for substance abuse treatment and recovery support services, expand access to an array of clinical treatment and recovery support options (including faith-based options), and increase capacity for treatment and recovery support. The Oklahoma Access to Recovery (OATR) grant targets adults who are involved in the criminal justice system, including those with a history of methamphetamine use, adults at risk of involvement with the criminal justice system and those involved with the Oklahoma Department of Human Services, Child Protective Services. At least 50% of funds will be spent for recovery support services that are recognized as priorities for those involved with the criminal justice system including transportation, short-term emergency shelter, pre-vocational services, consumer advocacy, peer counseling, socialization and referral. Treatment services include outpatient, intensive outpatient and halfway house services and are being provided by established treatment providers.

Oklahoma was awarded the Mental Health Transformation State Incentive Grant (TSIG) in FFY 2005. Oklahoma's TSIG funds will continue to be used to implement and evaluate the comprehensive mental health and substance abuse plan that is the guide to transformation activities. While the grant was directed at transformation of mental health systems, Oklahoma's Mental Health Transformation Initiative chose to involve both the mental health and substance abuse service systems. As such, TSIG will continue to be involved in the major initiatives of the Department, including the Co-Occurring State

Incentive Grant, Access to Recovery Grant, the initiative with the Oklahoma Health Care Authority to develop a single payer system, and the Systems of Care program for families and youth which includes wraparound services, as well as other transformation activities.

A primary use of Transformation Grant funds has been the establishment of the Innovation Center within ODMHSAS. The Innovation Center provides resources to all agencies and to other groups involved in mental health and substance abuse services transformation. The Governor's Transformation Advisory Board gave recommendations to ODMHSAS in March of 2008 related to transformation in Oklahoma. Some of the projects underway as a result of those recommendations include: further development of a statewide tele-health network; anti-stigma campaign; cultural competency training for the workforce; development of consumer involvement standards; development of peer-run and recovery-oriented services; and behavioral health screening in primary care settings. In year four and five of the grant, Oklahoma will focus on implementation of projects and policy revisions to sustain the work currently being done to transform Oklahoma.

Oklahoma's vision for a transformed system is one in which all citizens and their families prosper, contribute, and achieve their personal goals in the communities of their choice. As a result of the work funded by the Mental Health Transformation Initiative, the State will continue to build the infrastructure needed to guarantee a life in the community for everyone, where personal choice is respected; where people can build on their assets, strengths and competencies; and where they have an identity apart from their diagnosis.

ODMHSAS will continue to seek additional funding sources to expand treatment services for those in need of such services and to increase the quality of care through evidence-based programs and an individualized and integrated approach to consumer care.

Oklahoma
Goal #2: 20% for Primary Prevention

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies or by the Institute of Medicine Model of Universal, Selective, or Indicated as defined below: (See 42 U.S.C. 300x-22(a)(1) and 45 C.F.R. 96.124(b)(1)).

Institute of Medicine Classification: Universal Selective and Indicated:

• ***Universal:*** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

   o ***Universal Direct. Row 1***—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)

   o ***Universal Indirect. Row 2***—Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

• ***Selective:*** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

• ***Indicated:*** Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine Model of Prevention)

FY 2006 (Compliance):

FY 2008 (Progress):

FY 2009 (Intended Use):

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2006 (Compliance):

Oklahoma fulfilled its agreement to spend not less than 20 percent of the SAPT block grant funds on primary prevention programs for individuals who do not require treatment for substance abuse per this requirement. This prevention set-aside of $3,529,818 purchased services from 23 private, non-profit or public agencies, covering all 77 Oklahoma counties.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) contracted with 18 Area Prevention Resource Centers (APRCs) comprising a network of local prevention agencies with trained staff to provide services to youth and the general public throughout Oklahoma. Two APRCs were located in each of the major metropolitan areas of Oklahoma City and Tulsa to provide services to the larger populace of those areas. The other fifteen APRCs covered suburban areas or rural counties where the populations were considerably smaller. There were two changes in APRC providers from previous years. Both were rural APRCs that had lost most of their trained staff and were unable to continue to contract with the Department. An APRC with an adjoining service area was able to expand into one of the areas and a youth services agency filled the need in the second area. The refund that is noted on Form 6 is from one of the APRCs that were no longer able to provide services.

Three contractors provided specialty services, offering programs specific to the Native American, Latino and African-American populations. The University of Oklahoma Department of Pediatrics served Oklahoma City Public School children with *Enhancing Emotional Competency*, a school-based exemplary program. Another program helped Oklahoma develop and evaluate data from school surveys for the Oklahoma Prevention Needs Assessment while the Oklahoma Department of Public Safety, Highway Safety Office worked with ODMHSAS to provide leadership training for youth about alcohol issues and developing plans to improve social norms in local areas.

State monies in the amount of $616,042 funded additional prevention services. This included various community activities through the Area Prevention Resource Centers and a mentoring program for high-risk children referred by the juvenile justice system.

In September 2005, ODMHSAS was awarded the Cooperative Agreement for State-Sponsored Youth Suicide Prevention and Early Intervention Grant which was funded for $1.2 million over 3 years by SAMHSA, Center for Mental Health Services. This funding was authorized by the Garrett Lee Smith Memorial Act to develop and implement youth suicide prevention programs. Oklahoma is utilizing this grant to fund the youth suicide portions of the state prevention plan, including: implementation of evidence-based suicide prevention programs in local communities, tribal organizations, and institutions of

higher learning for youth ages 10-24; coordination of prevention efforts statewide; strengthening collaboration among key stakeholders; evaluation of effectiveness; and development of a sustainability plan.

In October 2005, Governor Brad Henry selected a team of seven individuals to attend a national meeting to address the serious problem associated with underage drinking. As a result of this meeting, Governor Brad Henry, by executive order dated December 19, 2005, created a 15 member Task Force on Prevention of Underage Drinking. For 12 months, the Governor's Task Force on Prevention of Underage Drinking worked on developing recommendations to reduce the tremendous impact of underage drinking in Oklahoma. Task Force members and contributors included representatives from health care, the legislature, education, law enforcement and other areas, with substantial input from statewide youth groups. The Task Force created 12 recommendations and compiled them into the Task Force Recommendations and Comprehensive Plan which was submitted to the office of Gov. Brad Henry in December 2006. Each recommendation was presented with a rationale as well as state level and community level recommendations for action on preventing underage drinking. ODMHSAS provided staffing for the Task Force and served as the chair. Future planning included reconvening the Task Force with the expectation of discussing and implementing recommendations.

ODMHSAS is overseeing the Governor's Discretionary Fund portion of Oklahoma's Safe and Drug Free Schools and Communities (SDFSC) Grant. The purpose of Oklahoma's SDFSC Program is to provide community-based prevention programs that include school-aged youth and parents, and focuses on the prevention of violence in and around the schools as well as illegal use of alcohol, tobacco and drugs within the targeted communities in the State.

The Governor's Safe Schools Summit is also funded with SDFSC funds and is a program held in Oklahoma City in which students, teachers, parents and community members from all around the state participate, attending workshops and plenary sessions about substance abuse and violence prevention. National and local celebrities are also invited to attend, contributing their unique personalities and humor, and drawing large audiences to the program. Their participation helps to promote an awareness of prevention efforts to a large number of Oklahoma citizens and opens up opportunities for their participation in community programs.

The Department received an award in March 2006 from SAMHSA, the Center for Substance Abuse Prevention (CSAP) for the State Epidemiological Outcome Workgroup (SEOW). The funding is $200,000 per year for up to three years and is a collaboration between SAMHSA, the Oklahoma State Department of Health (OSDH), ODMHSAS, the University of Oklahoma (OU) Health Sciences Center and School of Social Work, the Oklahoma State Bureau of Investigation (OSBI), the Oklahoma Department of Corrections (ODOC), the Epidemiological Center of Native American Health and Wellness, Office of Juvenile Affairs (OJA), Oklahoma Commission on Children and Youth (OCCY), the Oklahoma Health Care Authority (OHCA), the Oklahoma Sheriff's Association, the Oklahoma State University (OSU) Bureau of Social Research, and the

Oklahoma Department of Education. The goals of SEOW include collection, analysis, and reporting of substance use incidence, prevalence and National Outcomes Measures for the state. This data will be used for planning, monitoring and evaluation purposes.

In FY2006, Oklahoma was awarded the Prevention of Methamphetamine Use Grant from SAMHSA/CSAP. The Oklahoma Prevention of Methamphetamine Abuse Initiative is being used to assist communities in expanding prevention interventions that are effective and evidence-based and to increase capacity through infrastructure development. The goals of the project are to:

1. Reduce the incidence and prevalence of methamphetamine abuse and addiction through conducting community-based prevention using the Strategic Prevention Framework (SPF) planning model for programs, policies, practices, and strategies focused on those populations within communities in five targeted counties: Atoka, Beckham, McCurtain, Muskogee, Washita; and
2. Increase training and education of state and local law enforcement and government officials, prevention and education officials, members of the community anti-drug coalitions, other key stakeholders, and parents on the signs of methamphetamine abuse and addiction and the options for prevention.

ODMHSAS used the public health approach for prevention services, utilizing a theoretical framework of risk reduction and protection enhancement to guide the development of prevention services across the state. ODMHSAS prevention services focused on decreasing risk factors, such as the availability of alcohol, drugs, family conflict, and youth rebelliousness. Such risk factors could lead to problem behaviors by youth. By decreasing risk factors, it is possible to simultaneously promote the development of protective factors. Problem behaviors related to risk factors included substance abuse, delinquency, violence, teen pregnancy and school dropout. Protective factors included opportunities for positive social involvement, recognition for such involvement, and attachment to family and peers with healthy beliefs and clear standards.

All programs utilized primary prevention activities to prevent or delay the onset of alcohol, tobacco and other drug (ATOD) use among youth. Collaboration with community coalitions empowered “local people to solve local problems.” Youth and families were the primary targets of the services provided; however, community leaders, businesses, local agencies, and individuals were targeted to develop and support local coalitions to plan and provide healthy, substance-free activities. In general, programs promoted healthy communities and worked to change local norms from youth use/abuse of alcohol, tobacco and other drugs to social norms of no substance use and substance-free activities. Prevention activities were delivered through local events, community and coalition programs, and various other statewide efforts. The total number of service hours provided by prevention programs in 2006 was 89,810 hours serving 259,138 people.

Prevention activities and services provided, by strategy, include:

Information Dissemination: ODMHSAS continued to use block grant funds to support a statewide prevention resource center which served as a clearinghouse for print materials and also provided a lending library of audio-visual materials. Making extensive use of private and public national resources, the Oklahoma Prevention Resource Center provided print materials and video programs to all 18 APRCs, to other prevention and treatment programs in the state, public and private schools, faith organizations, public and private agencies, state and local governmental officials, and private citizens within the State. There were 6,098 requests for information with 715,979 pieces of literature being disseminated. Some of these materials were distributed one at a time, and some in quantity, but a large number of materials were forwarded to individuals and organizations for duplication in numbers needed for conferences, health fairs, and other community events. The APRCs also copied these materials and additional local information for dissemination in communities. Through the efforts of the APRCs and community organizations, many resources, in addition to the number above, were distributed to Oklahoma citizens. Typical events in which materials were disseminated included: school activities and meetings, community and coalition events, health fairs, the Oklahoma State Fair, conferences, and Red Ribbon activities.

The state prevention resource center and APRC providers also maintained libraries of video tapes for check out by individuals or organizations. The state prevention resource center alone had 135 requests for videos with 211 videos loaned out.

The Integrated Client Information System (ICIS) database, through which prevention providers reported services, recorded 17,330 hours of service provided in this strategy to 53,736 individuals. This included APRC clearinghouse activities, presentations within local communities, school health fairs, newspaper articles, newsletters to schools and communities, and many other activities.

Education: ODMHSAS, with logistical services provided through the ODMHSAS Human Resource Development (HRD) section, presented the 18th Annual Substance Abuse Conference on January 25-27, 2006. The conference was titled Partners for Recovery and Prevention: Creating Healthy Families and Communities. Prevention Services provided an all day Pre-Conference program on January 25, entitled Using the Strategic Prevention Framework to Build and Sustain an Effective Coalition presented by David Shavel to train prevention providers in the SAMHSA Strategic Prevention Framework, in strategies for building and working with local coalitions and in utilization of the logic model in the planning and development of a community action plan.

The two-day Substance Abuse Conference had an attendance of 933, which included treatment professionals, preventionists, educators, and community members. Prevention workshops included topics such as Emerging Drug Trends, Psycho-Educational Model of Drug and Alcohol Prevention for American Indian Adolescents, Enhancing Group Thinking Through Interactive Activities, Treatment and Prevention: Pregnant and Parenting Women Services, State Prevention Plan, Youth Suicide Prevention, SAMHSA/CSAP's Prevention Platform: Web-based Prevention Support in addition to other informative workshops.

APRCs provided community educational programs on topics such as: identifying signs and symptoms of substance abuse, parenting skills, leadership skill building, Girl Power Conferences, bullying prevention, HIV/AIDS prevention, various model programs, fetal alcohol spectrum, as well as many others. Programs were provided for parents, community and civic groups, teacher in-services, after-school programs, training volunteers or teachers in model programs, coalitions, and others. Contracted prevention agencies reported providing 5,709 hours of services in the education strategy, serving 33,256 individuals.

Community Based Services: ODMHSAS continued to focus the efforts of prevention programs to coalition development and mobilization. By spending time promoting and supporting coalitions, APRC staff increased the number of people in the community who promoted prevention ideas, norms, programs and activities. Staff educated local community coalitions in prevention concepts such as community planning, utilizing the strategic framework model, evidence-based practices, and community mobilization. Each APRC supported several community coalitions in their service areas, providing training, technical assistance and consultation.

APRCs were able to provide local survey data from the Oklahoma Prevention Needs Assessment Survey (measuring risk and protective factors) and social indicator data. This information and other local data allowed the coalitions to assess the prevention needs in their area and set priorities, as well as identify and implement programs to target those needs. Coalition development and community-based activities continued to be major components of Oklahoma's prevention efforts, comprising 63% of the APRC services. The ODMHSAS database reports 56,608 hours of community-based services involving 125,887 individuals.

Alternatives: Prevention programs provided 2,915 contract hours of alternative activities for 24,666 children, adolescents, and adults statewide. Activities included drug-free dances, after prom drug-free activities, drug-free community events, leadership programs, and others.

Teenline, a "warmline" for teens and young adults, provided an outlet for discussing problems and concerns of youth in the state. Topics discussed included relationship issues, problems with parents, sexuality concerns, substance use, loneliness and domestic violence. Volunteers, 43 high school and 80 college students, logged 5,342 hours on the phones. All the volunteers were trained in listening skills, problem-solving techniques, relationship and sexuality issues, substance abuse, and other teen issues. Open from 3:00 PM until midnight seven days a week, these high school and college volunteers interacted with 13,248 Teenline callers.

Environmental: Reward-reminder visits were made to retail outlets in an effort to reduce youth access to tobacco and mobilize community residents around prevention efforts. Youth and adults from local coalitions visited retail sales outlets to test whether the store would sell tobacco to an underage youth. If the store agreed to sell the requested tobacco,

the young person and adult would educate them as to the consequences of selling and of the health issues to young people. If the retailer did not sell tobacco to the underage youth, the clerk was congratulated and asked to educate other clerks about the law. This heightened awareness of tobacco enforcement and regulations as well as built relationships with the local retail business sector.

In addition, coalitions worked with community law enforcement and city management to pass local tobacco ordinances against selling tobacco to underage youth. Having a local tobacco ordinance allowed the city police to enforce the state youth access to tobacco laws within their community. With local police enforcing these laws, many outlets were checked that would not have been without the ordinance in place.

APRCs also conducted alcohol compliance checks within each service region to reduce youth access to alcohol and built collaborative partnerships with local law enforcement. Underage use of alcohol in Oklahoma has been considered a rite of passage with access to beer especially, either purchased directly from convenience-type stores, or through older siblings/friends/family purchasing the alcohol, the social norm. Most Oklahoma communities have lost young people from alcohol-related incidents and, in order to stop this trend, coalitions made changing this norm and targeting youth access to alcohol one of their priorities. APRC staff worked with community coalitions and local law enforcement to conduct the compliance checks. Trained underage decoys attempted to purchase alcohol, and non-compliant retailers were cited by law enforcement.

APRCs worked with local and state leaders to educate them about the dangers of youth access to alcohol, tobacco and other drugs. Working with coalitions and educating local people about the dangers of ATOD use was a first step in changing community norms. In addition, it encouraged individuals to be more active in their coalition's prevention activities. APRCs provided 7,175 hours of services in this strategy, serving 21,474 people.

Early Problem Recognition and Referral: APRC staff provided 70 hours in this prevention strategy serving 119 people. Printed information about resources in local service areas and throughout the State was provided to Oklahomans who asked about referrals for alcohol, tobacco, or drug addiction. ODMHSAS distributed copies of a booklet called the "Yellow Pages," which listed statewide prevention agencies, substance abuse treatment programs, and mental health programs that were at least partially supported by the Department. Prevention agencies provided no screening or intervention services.

Prevention programs were monitored by ODMHSAS staff. Reporting was required of APRCs and prevention programs to the Department's Integrated Client Information System (ICIS) and/or through quarterly reports and end of fiscal year expenditure and activity reports.

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2008 (Progress):

Oklahoma continues to fulfill its agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse per this requirement. The prevention set-aside is purchasing services from private, non-profit or public agencies, covering all 77 Oklahoma counties, providing primary prevention programs and materials.

A network of Area Prevention Resource Centers (APRCs) is the foundation of Oklahoma's prevention services and is largely funded through SAPT block grant funds. Over the last few years, population levels in various counties have changed but funding has remained static. To correct funding inequalities, each APRC region was evaluated and funding amounts were established based on population density, target population, and rurality. Competitive bids were requested and one APRC was funded in each of the 17 regions. Most APRCs serve several counties; however, there is one APRC in Oklahoma county and in Tulsa county due to their large populations. APRCs utilize trained and certified prevention staff to provide services in the six strategies and in the Institute of Medicine classifications. APRCs serve youth, families, communities, coalitions, and private citizens.

Two specialty centers provide services for specific populations throughout the state. They are the University of Oklahoma American Indian Institute and the Latino Community Development Agency. In addition, state monies fund additional activities through the APRCs and a mentoring program for high-risk children who are referred through the juvenile justice system.

In September 2005, ODMHSAS was awarded the Cooperative Agreement for State-Sponsored Youth Suicide Prevention and Early Intervention Grant which was funded for $1.2 million over 3 years by SAMHSA, Center for Mental Health Services. This funding was authorized by the Garrett Lee Smith Memorial Act to develop and implement youth suicide prevention programs. Oklahoma is utilizing this grant to fund the youth suicide portions of the state prevention plan, including: implementation of evidence-based suicide prevention programs in local communities, tribal organizations, and institutions of higher learning for youth ages 10-24; coordination of prevention efforts statewide; strengthening collaboration among key stakeholders; evaluation of effectiveness; and development of a sustainability plan.

In October 2005, Governor Brad Henry selected a team of seven individuals to attend a national meeting to address the serious problem associated with underage drinking. As a result of this meeting, Governor Brad Henry, by executive order dated December 19, 2005, created a 15 member Task Force on Prevention of Underage Drinking. For 12

months, the Governor's Task Force on Prevention of Underage Drinking worked on developing recommendations to reduce the tremendous impact of underage drinking in Oklahoma. Task Force members and contributors included representatives from health care, the legislature, education, law enforcement and other areas, with substantial input from statewide youth groups. The Task Force created 12 recommendations and compiled them into the Task Force Recommendations and Comprehensive Plan which was submitted to the office of Gov. Brad Henry in December 2006. Each recommendation is presented with a rationale as well as state level and community level recommendations for action on preventing underage drinking. ODMHSAS provided staffing for the Task Force and served as the chair for the Task Force. Recently, the Governor has reconvened the Task Force and the expectation is that the Task Force will be able to discuss and implement recommendations.

ODMHSAS is overseeing the Governor's Discretionary Fund portion of Oklahoma's Safe and Drug Free Schools and Communities (SDFSC) Grant. The purpose of Oklahoma's SDFSC Program is to provide community-based prevention programs that includes school-aged youth and parents, and focuses on the prevention of violence in and around the schools as well as illegal use of alcohol, tobacco and drugs within the targeted communities in the State. ODMHSAS will contract with 20 public school districts throughout the state to provide evidence-based substance abuse and violence prevention services.

The Governor's Safe Schools Summit will also continue to be funded with SDFSC funds under a new program design. In years past, the Summit has been a single, large scale event held in Oklahoma City in which students, teachers, parents and community members from all around the state participate, attending workshops and plenary sessions about substance abuse and violence prevention. National and local celebrities were invited to attend, contributing their unique personalities and humor, and drawing large audiences to the program. In the current state fiscal year, funds will be utilized to host a minimum of five regional summits throughout the state that will bring together local prevention providers, educators, youth, and other community leaders for training and strategic planning on evidence-based substance abuse and violence prevention.

The Department received an award in March 2006 from SAMHSA, the Center for Substance Abuse Prevention (CSAP) for the State Epidemiological Outcome Workgroup (SEOW). The funding is $200,000 per year for up to three years and is a collaboration between SAMHSA, the Oklahoma State Department of Health (OSDH), ODMHSAS, the University of Oklahoma (OU) Health Sciences Center and School of Social Work, the Oklahoma State Bureau of Investigation (OSBI), the Oklahoma Department of Corrections (ODOC), the Epidemiological Center of Native American Health and Wellness, Office of Juvenile Affairs (OJA), Oklahoma Commission on Children and Youth (OCCY), the Oklahoma Health Care Authority (OHCA), the Oklahoma Sheriff's Association, the Oklahoma State University (OSU) Bureau of Social Research, and the Oklahoma Department of Education. The goals of SEOW include collection, analysis, and reporting of substance use incidence, prevalence and National Outcomes Measures for the state. This data will be used for planning, monitoring and evaluation purposes.

In FY2006, Oklahoma was awarded the Prevention of Methamphetamine Use Grant from SAMHSA/CSAP. The Oklahoma Prevention of Methamphetamine Abuse Initiative is being used to assist communities in expanding prevention interventions that are effective and evidence-based and to increase capacity through infrastructure development. The goals of the project are to:

1. Reduce the incidence and prevalence of methamphetamine abuse and addiction through conducting community-based prevention using the Strategic Prevention Framework (SPF) planning model for programs, policies, practices, and strategies focused on those populations within communities in five targeted counties: Atoka, Beckham, McCurtain, Muskogee, Washita; and
2. Increase training and education of state and local law enforcement and government officials, prevention and education officials, members of the community anti-drug coalitions, other key stakeholders, and parents on the signs of methamphetamine abuse and addiction and the options for prevention.

ODMHSAS uses the public health approach for prevention services, utilizing a theoretical framework of risk reduction and protection enhancement to guide the development of prevention services across the state. All ODMHSAS prevention services are modeled around the Strategic Prevention Framework and focus on decreasing risk factors, such as the availability of alcohol and drugs, reducing family conflict, and youth rebelliousness and increasing protective factors. Risk factors may lead to problem behaviors within youth. By decreasing risk factors, it is possible to simultaneously promote the development of protective factors. Problem behaviors related to risk factors include substance abuse, delinquency, violence, teen pregnancy and school dropout. Protective factors include opportunities for pro-social involvement, recognition for pro-social involvement, and attachment to family and peers with healthy beliefs and clear standards.

Prevention programs utilize primary prevention activities to delay or avert the use of ATOD among youth. Area Prevention Resource Centers continue to work through local coalitions to empower “local people to solve local problems.” Both adults and youth are targeted. Environmental approaches and community based strategies are being emphasized. Prevention activities and services provided by strategy include:

<u>Information Dissemination:</u> Oklahoma is partnering with the University of Oklahoma on a media campaign at University of Oklahoma football games and men and women’s basketball games. The campaign includes broadcasting underage drinking prevention messages during games and the distribution of prevention resources through TV, radio and print.

ODMHSAS is continuing to use block grant funds to support a statewide resource center which is serving as a clearinghouse for print materials and also providing a lending library of audio-visual resources. This program, the Oklahoma Prevention Resource Center (OPRC) is housed in a former Oklahoma City shopping mall which has been renovated into an office park. It is easily accessible and has free parking, making it

convenient for patrons to utilize its services. In SFY 2008, the Oklahoma Prevention Resource Center launched an online material ordering and processing system to improve access to the public throughout the state and to increase the impact of the information.

The OPRC utilizes a variety of federal resources, national private non-profit and foundation resources, as well as ODMHSAS and other statewide information, to disseminate educational and informational materials and videos to APRCs and other Department providers, local education agencies, state and private agencies, and individuals throughout the State.

APRCs also operate regional prevention resource centers and both APRCs and specialty centers continue to provide information to schools and communities in their service areas and participate in many community and coalition events, supplying informational materials for many of the programs.

Education: APRC staff train teachers, counselors, and/or other individuals to deliver school-based model programs as requested in order to sustain or develop evidence-based prevention programs for youth. Prevention providers serve only as trainers for those who deliver school-based services. Utilizing staff time to develop community coalitions, working on readiness within communities, changes in social policies, and empowering others to contribute more within their communities has been found to be a better way to serve communities. However, APRCs will continue to provide youth leadership training, parenting programs, environmental programs, after school projects, and other evidence-based efforts.

Project Under 21 has been renamed 2 Much 2 Lose and continues to be a collaborative effort between ODMHSAS and the Oklahoma Highway Safety Office, a program within the Oklahoma Department of Public Safety and funded through the Enforcing Underage Drinking Laws program. Each year an annual 2 Much 2 Lose Leadership Camp brings together teams of high school students and adults from across Oklahoma to learn about underage drinking, impaired driving due to substance use, youth access to alcohol, and other alcohol-related problems experienced by underage drinking. Student teams spend a week together developing team action plans. These action plans are implemented in their communities when they return home with assistance from the APRCs and other supportive adult allies.

Community Based Services: Community based strategies continue to be an important prevention approach. APRCs are required to collaborate and provide support for coalitions in their service areas. Each APRC must develop at least 5 community action plans and, agencies in higher populated area are required to develop more with their various coalitions. Coalitions utilize the Strategic Prevention Framework to plan, prioritize, and develop action plans for the community.

Community Mobilization Training (CMT) continues for communities and APRC staff. Community mobilization includes training individuals in the community in the use of the logic model, about risk and protective factors, needs assessment data, resources that are

available in their areas, and how to prioritize and develop action plans to impact the needs within the community.

Alternatives: This strategy continues to be implemented through activities sponsored by local coalitions that are supported by APRCs. Activities include drug-free dances, after prom drug-free activities, team-building activities, leadership skill building, programs promoting youth community volunteerism, and others.

Teenline, the Department's "warmline" for teens and young adults, continues to train volunteers in listening skills, problem-solving techniques, relationship and sexuality concerns, substance abuse and other teen issues. Modeling problem-solving skills, the volunteers "listen" to callers who talk about their problems and concerns. In addition, ODMHSAS has been approved for receiving AmeriCorps volunteers who help with volunteer recruitment, provide community presentations, and staff the Teenline as needed. Teenline is available between the hours of 3:00 pm and 11:00 pm seven days a week.

Environmental: The environmental strategy continues to be important in Oklahoma. Social policy change, especially as it relates to youth access to tobacco and alcohol, continues to be an emphasis. Local coalitions, with guidance from the APRCs, are working with tobacco and alcohol outlets to educate them about youth access concerns and to promote adoption of responsible business policies that reduce risk. In addition to educational materials and discussions, local unconsummated buy operations will be utilized. ODMHSAS continues to provide training for APRC staff and local coalitions on "reward and reminder visits" for underage tobacco sales. These "visits" are a non-enforcement method of retailer education.

Statewide prevention efforts will continue to focus on reducing underage drinking using environmental approaches. All ODMHSAS prevention services are modeled around the Strategic Prevention Framework and focus on decreasing risk factors, such as the availability of alcohol, drugs, and firearms, family conflict, and youth rebelliousness and on increasing protective factors.

Department prevention staff, APRCs, local coalitions, and other agencies in the state continue to educate legislators and the Governor regarding use and abuse of alcohol, tobacco and other drugs. Prevention programs worked with the state legislators in the fall and spring about the dangers of youth abuse of cough medicines containing dextromethorphan (DXM). Sales restrictions were suggested as a preventive measure but no changes were made. ODMHSAS is collaborating with retailer representatives to develop a training on the responsible sale of cough medicines and other over the counter products.

All restaurants in Oklahoma must provide a smoke-free environment including franchise restaurants. This was a result of prevention programs and individuals throughout the state working with the legislature to educate them on the dangers of tobacco use and second hand smoke.

On July 1, 2006, the Oklahoma Prevention of Youth Access to Alcohol Law went into effect throughout the state. This law is designed to decrease the availability of alcohol to individuals under the age of 21. The Prevention of Youth Access to Alcohol Law created a local revolving fund for municipalities. Local municipalities can enact ordinances prescribing the maximum fines and $50 from each alcohol fine or deferral fee will go into a local municipality fund. The fund can be used to defray costs for enforcement of laws related to juvenile access to alcohol and other alcohol related offenses. In addition, the law includes provisions for a revolving fund for ODMHSAS to use for underage drinking prevention. This funding will pay for programs and campaigns to educate the public about the dangers and consequences of providing alcohol to minors, as well as information to law enforcement about implementing the law.

Working with leaders in local and state government will continue in order to help them realize the dangers of alcohol, tobacco, and other drugs use by minors.

<u>Early Problem Recognition and Referral:</u> APRCs continue to stay informed about resources in their service areas and provide printed information to those asking for referrals for alcohol, tobacco, or drug addiction. ODMHSAS also prints a booklet each year called the “Yellow Pages” which lists statewide substance abuse prevention and treatment providers, as well as mental health programs with which the Department provides all or partial funding. The Yellow Pages are distributed mainly by the local APRCs and the Oklahoma Prevention Resource Center. It is also available through the ODMHSAS website. APRCs continue to train parents, teachers, and community organizations about the signs and symptoms of substance abuse. Prevention agencies do not provide screening or intervention services. However, many APRCs are affiliated and/or located within local substance abuse treatment facilities and have built collaborative partnerships with these agencies.

GOAL # 2. An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2009 (Intended Use):

Oklahoma will continue to fulfill its agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse per this requirement.

ODMHSAS will continue to contract with a statewide network of Area Prevention Resource Centers (APRCs) which will continue to provide evidence-based prevention services to local communities in all 77 counties. Most APRCs serve several counties; however, there is one APRC for each of the large counties of Tulsa and Oklahoma due to their large populations. APRCs utilize trained and certified prevention staff to provide services in the six strategies and in the Institute of Medicine classifications. APRCs serve youth, families, communities, coalitions, and private citizens.

Five specialty centers are being proposed to provide services for specific populations throughout the state. These include the University of Oklahoma American Indian Institute, the Latino Community Development Agency, Red Rock Behavioral Health for Southwestern Oklahoma Indians, a proposed project for the Tulsa metropolitan area African-American population and the University of Oklahoma Health Sciences Center for youth in seven high impact public school districts. Additional APRC activities and a mentoring program for high risk youth who are referred by the juvenile justice system will be funded through state dollars.

ODMHSAS submitted a proposal for a Cooperative Agreement for State-Sponsored Youth Suicide Prevention and Early Intervention through SAMHSA, Center for Mental Health Services to continue youth suicide prevention services for three years at $500,000 per year. Oklahoma proposed to utilize this grant to fund the youth suicide portions of the state prevention plan which includes implementation of evidence-based suicide prevention programs in local communities, tribal organizations, and institutions of higher learning for youth ages 10-24, coordination of prevention efforts statewide, strengthening collaboration among key stakeholders, evaluation of effectiveness, and development of a sustainability plan.

In October 2005, Governor Brad Henry selected a team of seven individuals to attend a national meeting to address the serious problem associated with underage drinking. As a result of this meeting, Governor Brad Henry, by executive order dated December 19, 2005, created a 15 member Task Force on Prevention of Underage Drinking. For 12 months, the Governor's Task Force on Prevention of Underage Drinking worked on developing recommendations to reduce the tremendous impact of underage drinking in Oklahoma. Task Force members and contributors included representatives from the areas of health care, legislation, education, law enforcement and other areas, with substantial

input from statewide youth groups. The Task Force created 12 recommendations and compiled them into the Task Force Recommendations and Comprehensive Plan which was submitted to the office of Gov. Brad Henry in December 2006. Each recommendation is presented with a rationale as well as state level and community level recommendations for action on preventing underage drinking. ODMHSAS provided staffing and served as the chair for the Task Force. In March 2008, the Governor issued a new Executive Order for the Task Force to reconvene for the purpose of implementing the recommendations. The Task Force will reconvene in September 2008. ODMHSAS will continue to work with the Task Force through fiscal year 2009.

ODMHSAS will continue to manage the Governor's Discretionary Fund portion of Oklahoma's Safe and Drug Free Schools and Communities (SDFSC) Grant. The purpose of Oklahoma's Safe and Drug Free Schools and Communities Program is to provide a community-based prevention program that includes school-aged youth and parents, and focuses on the prevention of violence in and around the schools as well as illegal use of alcohol, tobacco and drugs within the targeted community in the State. ODMHSAS will contract with 20 public school districts throughout the state to provide evidence-based substance abuse and violence prevention services.

The Governor's Safe Schools Summit will also continue to be funded with SDFSC funds under a new program design. In years past, the Summit has been a single, large scale event held in Oklahoma City in which students, teachers, parents and community members from all around the state participate, attending workshops and plenary sessions about substance abuse and violence prevention. National and local celebrities were invited to attend, contributing their unique personalities and humor, and drawing large audiences to the program. In fiscal year 2009, funds will be utilized to host a minimum of five regional summits throughout the state that will bring together local prevention providers, educators, youth, and other community leaders for training and strategic planning on evidence-based substance abuse and violence prevention.

The Department received an award in March 2006 from SAMHSA, the Center for Substance Abuse Prevention (CSAP) for the State Epidemiological Outcome Workgroup (SEOW). The funding is $200,000 per year for up to three years and is a collaboration between SAMHSA, the Oklahoma State Department of Health (OSDH), ODMHSAS, the University of Oklahoma (OU) Health Sciences Center and School of Social Work, the Oklahoma State Bureau of Investigation (OSBI), the Oklahoma Department of Corrections (ODOC), the Epidemiological Center of Native American Health and Wellness, Office of Juvenile Affairs (OJA), Oklahoma Commission on Children and Youth (OCCY), the Oklahoma Health Care Authority (OHCA), the Oklahoma Sheriff's Association, the Oklahoma State University (OSU) Bureau of Social Research, and the Oklahoma Department of Education. The goals of SEOW include collection, analysis, and reporting of substance use incidence, prevalence and National Outcomes Measures for the state. This data will be used for planning, monitoring and evaluation purposes.

In FY2006, Oklahoma was awarded the Prevention of Methamphetamine Use Grant from SAMHSA/CSAP. The Oklahoma Prevention of Methamphetamine Abuse Initiative is

funded at $350,000 for up to 3 years and will continue to be used to assist communities in expanding prevention interventions that are effective and evidence-based and to increase capacity through infrastructure development. The goals of the project are to:

1. Reduce the incidence and prevalence of methamphetamine abuse and addiction through conducting community-based prevention using the Strategic Prevention Framework planning model for programs, policies, practices, and strategies focused on those populations within the communities in five targeted counties Atoka, Beckham, McCurtain, Muskogee, Washita; and
2. Increase training and education of state and local law enforcement and government officials, prevention and education officials, members of the community anti-drug coalitions, other key stakeholders, and parents on the signs of methamphetamine abuse and addiction and the options for prevention.

ODMHSAS will continue to use the public health approach for prevention services, utilizing a theoretical framework of risk reduction and protection enhancement to guide the development of prevention services across the state. All ODMHSAS prevention services are modeled around the Strategic Prevention Framework and focus on decreasing risk factors, such as the availability of alcohol, tobacco and drugs, reducing family conflict, and youth rebelliousness and on increasing protective factors. Such risk factors may lead to problem behaviors within youth. By decreasing risk factors, it is possible to simultaneously promote the development of protective factors. Problem behaviors related to risk factors include substance abuse, delinquency, violence, teen pregnancy and school dropout. Protective factors include opportunities for pro-social involvement, recognition for pro-social involvement, and attachment to family and peers with healthy beliefs and clear standards.

In addition, Oklahoma prevention programs will continue to utilize primary prevention activities to delay or avert the use of alcohol, tobacco, and other drugs among youth. Area Prevention Resource Centers will continue to work through local coalitions to empower “local people to solve local problems.” Adults, families and youth are targeted. Environmental approaches and community based strategies are being emphasized. Prevention activities and services provided by strategy include:

Information Dissemination: Oklahoma will continue to partner with the University of Oklahoma on a media campaign at the University of Oklahoma football games and men and women’s basketball games. The campaign includes broadcasting underage drinking prevention messages during games and the distribution of prevention resources through TV, radio and print.

ODMHSAS will use SAPT block grant funds to support the statewide resource center which serves as a clearinghouse for print materials and also provides a lending library of audio-visual resources. This program, the Oklahoma Prevention Resource Center (OPRC) is located at Shepherd Mall in Oklahoma City. This former shopping mall has been renovated into an office park, has free parking, and is in an accessible location for the general public. In addition, the Oklahoma Prevention Resource Center will continue

their online material ordering and processing system to improve access to the public throughout the state and to increase the impact of the information.

The OPRC utilizes national and federal resources, as well as ODMHSAS information, to provide ATOD educational and informational materials and videos to APRCs and other Department providers, local education agencies, state and private agencies, and individuals throughout the state.

APRCs and specialty centers will provide information to schools and communities in their service areas and participate in community and coalition events supplying informational materials at many of those events.

Education: Evidence-based prevention programs which are delivered in a classroom setting will be provided by teachers, counselors, or other individuals. APRC staff will continue to be instrumental in training school staff to implement these programs. Training school staff or volunteers to deliver these programs will free APRC staff to spend more time developing coalitions, working on readiness for change and social policies, and empowering others to contribute more within their communities. APRCs will continue to provide youth leadership training, after school activities, and programs outside the regular school classroom.

The collaborative effort with the Oklahoma Highway Safety Office to promote prevention of underage alcohol use and to deliver the 2 Much 2 Lose Leadership Camp will also continue. This is an opportunity to develop youth leadership in preventing youth access to alcohol and reducing underage alcohol use in local communities.

Community Based Services: The Community-based strategy continues to be the most utilized prevention strategy in Oklahoma. APRCs will continue to provide training and technical assistance for local coalitions. Coalition activities are driven by local needs and the skills of coalition participants. Moving toward empirical community-based prevention programs is an ongoing priority for coalitions. In addition, coalitions will be encouraged to review local policies and ordinances regarding use of alcohol, tobacco and other drugs and access to such products.

Community mobilization will continue by training coalitions in the use of the logic model, about risk and protective factors, needs assessment data, resources that are available in their areas, and how to prioritize and develop action plans to impact the needs within the community. The involvement of community leaders in coalitions is also an essential part of mobilizing the local communities.

Alternatives: This strategy will be utilized through activities sponsored by local coalitions that are supported by APRCs. Activities often include drug-free dances, after prom drug-free activities, team-building activities, leadership programs, youth community volunteerism, and others.

Teenline, the Department's "warmline" for teens and young adults, will continue to train volunteers in listening skills, problem-solving techniques, relationship and sexuality concerns, substance abuse and other teen issues. Modeling problem-solving skills, the volunteers "listen" to callers express their problems and concerns. Teenline's college and high-school age volunteers are on site from 3:00 pm until midnight seven days a week.

Environmental: The environmental strategy will continue to be utilized extensively. Social policy change, especially as related to youth access to tobacco and alcohol, is being emphasized. Local coalitions with guidance from the APRCs will be working with tobacco and alcohol outlets to educate them about youth access and to promote policy changes that reduce youth access to alcohol and tobacco. In addition to educational materials and discussions, local unconsummated buy operations, and reward/reminder visits will be utilized. The APRCs will also implement environmental prevention strategies related to alcohol outlet density, alcohol, tobacco and other drug-free community settings, alcohol and other drug promotion, and responsible alcohol sales and service practices.

Collaboration with law enforcement and leaders in local and state government will continue in order to impact alcohol, tobacco, and other drugs use by minors.

Early Problem Recognition and Referral: APRCs will continue to stay informed about resources in their service areas and provide printed information to those asking for referrals for alcohol, tobacco, drug use or addiction. ODMHSAS also prints a booklet each year called the "Yellow Pages" which lists statewide substance abuse prevention and treatment providers, as well as mental health programs with which the Department provides all or partial funding for services. These are distributed mainly through the local APRCs and the Oklahoma Prevention Resource Center. Prevention agencies do not provide screening or intervention services. However, many APRCs are affiliated and/or located within local substance abuse treatment facilities and have built collaborative partnerships with these agencies. APRCs continue to train parents, teachers, and community organizations about the signs and symptoms of substance abuse.

State: Oklahoma

Attachment A: Prevention

Answer the following questions about the current year status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 (http://www.healthypeople.gov/) objectives. References to these objectives are provided for each application question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

   (●) Yes ( ) No ( ) Unknown

2. Does your State conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

   (●) Yes ( ) No ( ) Unknown

3. Does your State Alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT Block Grant	Other State Funds	Drug Free Schools
( ) Yes	( ) Yes	( ) Yes
(●) No	(●) No	(●) No
( ) Unknown	( ) Unknown	( ) Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

   ( ) Yes (●) No ( ) Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education Bureau?	( ) Yes	( ) No	(●) Unknown
Dissemination of materials?	(●) Yes	( ) No	( ) Unknown
Media campaigns?	(●) Yes	( ) No	( ) Unknown
Product pricing strategies?	(●) Yes	( ) No	( ) Unknown
Policy to limit access?	(●) Yes	( ) No	( ) Unknown

6. Does your State now have laws that provide for administrative suspension or revocation of drivers' licenses for those determined to have been driving under the influence of intoxication? (HP 26-24)

   (●) Yes ( ) No ( ) Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as:

(HP 26-11c, 12, 23)

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers:	○ Yes ◉ No ○ Unknown
New product pricing:	○ Yes ◉ No ○ Unknown
New taxes on alcoholic beverages:	◉ Yes ○ No ○ Unknown
New laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors:	○ Yes ◉ No ○ Unknown
Parental responsibility laws for a child's possession and use of alcoholic beverages:	○ Yes ◉ No ○ Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

◉ Yes ○ No ○ Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4) (if available)

	Age 0 - 5	Age 6 - 11	Age 12 - 14	Age 15 - 18
Cigarettes	○	○	◉	○
Alcohol	○	○	◉	○
Marijuana	○	○	◉	○

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? 0.08

Motor vehicle drivers under age 21? 0

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug abuse prevention? (HP 26-3)

Communities: 103

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences? (HP 26-11 and 26-16)

○ Yes ◉ No ○ Unknown

Oklahoma
Goal #3: Pregnant Women Services

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2006 (Compliance):

Oklahoma continued to fulfill this requirement to make treatment services available for pregnant women and women with dependent children. Substance abuse expenditures for FFY 2006 were $6,480,241, which exceeds Oklahoma's maintenance of effort base of $2,763,748.

Prenatal care and childcare were contractually required of providers, along with priority status for pregnant women. Eleven contract agencies offered services specifically for pregnant women and women with dependent children. One of the 11 programs, the University of Oklahoma Health Sciences Center, provided screening, assessment, and treatment planning for children with Fetal Alcohol Spectrum (FAS).

Through a partnership with the Oklahoma City Housing Authority, low-cost housing in a small apartment complex was provided for women in recovery with their children. The Department expended funds to provide a case manager to help with continued recovery and other needs the women and/or their children might have. The women developed a sense of community with others in recovery, attended AA, continued to develop their recovery skills, worked on educational or employment needs, learned to manage a household, and worked toward future goals. This partnership allowed the program to operate as a Halfway House type program with the only cost to the Department being case management.

The other nine agencies were private, non-profit agencies which offered screening and assessment, gender-specific treatment services, as well as childcare, treatment for the child(ren) as needed, and/or activities for the children. Treatment services for this program included outpatient, intensive outpatient, residential, and halfway house programs. Eight hundred and sixty-one (861) pregnant women and women with dependent children were served.

Health services for women and/or their children were provided through private physicians or through local health departments. Pregnant women received prenatal care and were educated about the dangers of alcohol and other drugs to their unborn child. In addition, they received HIV or Hepatitis C information as needed, and other appropriate health care as requested. Children's health services included immunizations and well-child checkups in addition to any other health services that were required.

ODMHSAS program staff monitored contract compliance.

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2008 (Progress):

Oklahoma continues to meet this requirement to provide treatment services for pregnant women and women with dependent children. Substance abuse expenditures for FY 2008 are expected to be approximately $6.5 million, far above Oklahoma's maintenance of effort base of $2,763,748.

Prenatal care and childcare are contractually required of provider agencies, along with priority status for pregnant women. ODMHSAS continues to contract with public or private, non-profit agencies throughout the state to provide services specifically for pregnant women and women with dependent children. The University of Oklahoma Health Sciences Center provides screening, assessment, and treatment planning for children whose mothers may have used alcohol or other drugs during pregnancy, providing early detection for Fetal Alcohol Spectrum (FAS). The partnership with the Oklahoma City Housing Authority continues, providing low-cost housing and case management services for women and children re-entering the community. Treatment levels for pregnant women and women with dependent children include outpatient, intensive outpatient, residential, and halfway house services.

Oklahoma has basically had level funding for the last few years so expansion of services has been very difficult; however, funding programs for pregnant women and women with dependent children have been priorities and funding amounts have continued to rise as can be noted in Table IV.

Health services for this population are provided through private physicians or local health departments. Pregnant women receive prenatal care and information about the dangers of alcohol and other drugs to their unborn child. In addition, they receive HIV, TB and Hepatitis C information as needed, and any other appropriate health care requested. Children's health services include immunizations and well-child checkups in addition to other health services that may be required.

ODMHSAS staff monitor contract compliance. Substance abuse staff work closely with provider agencies, facilitating technical assistance as requested or needed, providing site reviews of agencies each year.

GOAL # 3. An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2009 (Intended Use):

ODMHSAS will continue to meet this requirement to provide treatment services for pregnant women and women with dependent children. Expenditure amounts will continue to exceed the maintenance of effort base.

Prenatal care, child care, and priority status for pregnant women will be required of provider agencies through their contractual agreements. While some clients will utilize private health care providers for prenatal and other health services, others benefit from the treatment agency's collaboration with local health department clinics. Women will be provided information about HIV, TB and Hepatitis C and about the dangers of alcohol and other drugs to their unborn child. Dependent children will receive immunizations and other health care as needed.

Providers funded through this set-aside will provide several levels of care including outpatient, intensive outpatient, residential, and halfway house services. Screening, assessments, and treatment planning will be provided for the children as needed. When appropriate and with the client's approval, families and/or significant others will be involved in the treatment process.

ODMHSAS will continue to expand the number of programs that serve this population as funding allows. Contract compliance will continue to be monitored by Department substance abuse staff.

Oklahoma
Attachment B: Programs for Women

Attachment B: Programs for Pregnant Women and Women with Dependent Children (See 42 U.S.C. 300x-22(b); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:

Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2006. In a narrative of **up to two pages**, describe these funded projects.

Attachment B: Programs for Pregnant Women and Women with Dependent Children (See 42 U.S.C. 300x-22(b); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:

Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2006. In a narrative of **up to two pages**, describe these funded projects.

Attachment B

The following programs (with I-SATS numbers) served pregnant women and women with dependent children with the indicated services:

Central Sub-state Planning Area

1. Gary E. Miller Canadian County Children's Center, Residential Services for Adolescents, I-SATS Number OK100408
2. Moore Alcohol and Drug Center; Outpatient; I-SATS Number OK901431
3. NAIC-Center for Alcohol & Drug Services; Outpatient; I-SATS Number OK750333
4. Norman Alcohol and Drug Treatment Center (ODMHSAS-operated Program); Residential, I-SATS Number OK301111
5. Oklahoma Families First, Outpatient, I-SATS Number OK100362
6. Southwest Youth & Family Center; Outpatient; I-SATS Number OK750788

East Central Sub-state Planning Area

1. Bill Willis Community Mental Health and Substance Abuse Services Center (ODMHSAS-operated Program); Outpatient; I-SATS Number OK301194
2. CREOKS Mental Health Center, Outpatient, Intensive Outpatient, I-SATS Number OK901886
3. Monarch; Outpatient, Residential, Halfway House. I-SATS Number OK901936
4. Muskogee County Council of Youth Services; Outpatient; I-SATS Number OK750929
5. Purvell Inc. dba Focus, Outpatient, I-SATS Number OK100444
6. Women in Safe Home, Intensive Outpatient Services within a Domestic Violence Shelter, I-SATS Number OK102782

Northeast Sub-state Planning Area

1. Alpha II, Outpatient, Intensive Outpatient, I-SATS Number OK751141
2. Bridgeway, Outpatient, Intensive Outpatient, I-SATS Number OK900904
3. Family Crisis and Counseling Center; Outpatient; I-SATS Number OK901217
4. House of Hope, Outpatient, Intensive Outpatient, I-SATS Number OK751034
5. Inter-Tribal Council, Outpatient, I-SATS Number OK751059
6. Northeast Oklahoma Council on Alcoholism; Outpatient; I-SATS Number OK750283

7. Payne County Counseling; Outpatient; I-SATS Number OK750606
8. Payne County Drug Court Services, Outpatient, I-SATS Number OK100470
9. Rogers County Drug and Alcohol Center; Outpatient; I-SATS Number OK100810
10. Starting Point II; Outpatient, Non-Medical Detoxification; I-SATS Number OK900912
11. United Community Action/Community Alcohol Services; Outpatient, I-SATS Number OK750846
12. Vinita Alcohol and Drug Treatment Program, Residential, I-SATS Number OK300204

Northwest Sub-state Planning Area

1. Eagle Ridge Institute; Residential; I-SATS Number OK100935
2. Logan County Youth and Family Services; Outpatient; I-SATS Number OK100307
3. Next Step Network; Outpatient, Residential; I-SATS Number OK900888
4. Northwest Center for Behavioral Health, Outpatient, I-SATS Number OK102543
5. Waynoka Mental Health Authority dba Northwest Substance Abuse Treatment Center; Residential; I-SATS Number OK102766
6. YWCA of Enid; Halfway House; I-SATS Number OK102832
7. Youth Services of North Central Oklahoma, Outpatient, I-SATS Number OK101362

Oklahoma County Sub-state Planning Area

1. Care for Change, Outpatient, I-SATS Number OK101198
2. Community Action Agency/Turning Point; Outpatient, Outreach, I-SATS Number OK901043
3. Cope, Outpatient, I-SATS Number OK101255
4. Drug Recovery; Outpatient, Residential; I-SATS Number OK901522
5. Edmond Family Services; Outpatient; I-SATS Number OK301467
6. Family Recovery Counseling Center, Outpatient, I-SATS Number OK100551
7. Jordan's Crossing, Residential, I-SATS Number OK100606
8. Latino Community Development Center, Outpatient, I-SATS Number OK102790
9. Maximus Counseling Services, Outpatient, I-SATS Number OK100528
10. Northcare Community Mental Health Center; Outpatient; I-SATS Number OK100323
11. Oklahoma City Housing Authority, low-cost housing providing a Halfway House type setting, case management is funded, I-SATS Number OK101016
12. Red Rock Community Mental Health Center; Outpatient, Residential; I-SATS Number OK750440
13. Referral Center; Outpatient, Medically Supervised Detoxification; I-SATS Number OK901548
14. Specialized Outpatient Services, Outpatient, I-SATS Number OK102857
15. Tri-City Youth and Family Services; Outpatient; I-SATS Number OK900532
16. Total Life Counseling, Outpatient, I-SATS Number OK101347
17. University of Oklahoma Department of Pediatrics, Screening and Assessment for Children – FAS program, I-SATS Number OK100476

Southeast Sub-state Planning Area

1. Ada Area Council; Outpatient; I-SATS Number OK900862
2. Counseling Center of SE Oklahoma, Outpatient, I-SATS Number OK100440
3. Family Crisis Center, Outpatient, I-SATS Number OK100407
4. Gateway to Prevention and Recovery; Outpatient; I-SATS Number OK100299
5. Hands of Hope dba Shekinah Counseling Services, Outpatient, No I-SATS Number
6. Kiamichi Council; Outpatient; I-SATS Number OK750903
7. McAlester Alcoholism Council/The Oaks; Outpatient, Non-Medical Detoxification, Halfway House, Residential; I-SATS Number OK750267
8. Mental Health and Substance Abuse Centers of Southern Oklahoma; Outpatient, Residential; I-SATS Number OK901167
9. Pushmataha Counseling Services, Outpatient, I-SATS Number OK100946
10. Tri-City Substance Abuse Services; Outpatient; I-SATS Number OK100406
11. Valliant House, Residential, I-SATS Number OK100527

Southwest Sub-state Planning Area

1. New Hope of Mangum; Outpatient, Intensive Outpatient; I-SATS Number OK100232
2. Opportunities, Inc.; Residential; I-SATS Number OK750705
3. Roadback, Outpatient, Residential, Halfway, Non-Medical Detoxification, I-SATS Number OK750218

Tulsa County Sub-state Planning Area

1. 12 & 12; Outpatient, Medically Supervised Detoxification, Residential; Halfway House, I-SATS Number OK100402
2. Ace DUI School and Counseling, Outpatient, I-SATS Number OK100545
3. Center for Therapeutic Interventions, Outpatient, I-SATS Number OK100647
4. Dayspring Services, Outpatient, I-SATS Number OK100550
5. Domestic Violence Intervention Services; Outpatient; I-SATS Number OK100315
6. Family and Children's Services, Outpatient, I-SATS Number OK100546.
7. Human Skills and Resources, Outpatient, I-SATS Number OK101420
8. Indian Health Care Resource Center; Outpatient; I-SATS Number OK101271
9. Palmer Continuum of Care (also operates Tulsa Women & Children's Center) Outpatient, Residential, I-SATS Number OK100216
10. Resonance, Outpatient, I-SATS Number OK100142

Description of Programs:

In the Central sub-state planning area, three agencies were substance abuse agencies which provided outpatient services. One was an ODMHSAS-operated treatment program providing residential services. Another agency was a youth and family service agency which also contracted to provide outpatient substance abuse counseling. The last provider is an adolescent residential facility that serves both male and female clients.

The East Central sub-state planning area had an agency which provided women's substance abuse residential treatment and a women with dependent children halfway

house program. Another agency was an ODMHSAS-operated facility serving women through outpatient services. Women in Safe Home (WISH) operated as a domestic violence shelter and contracted to provide substance abuse counseling for those with addiction issues and their children during their stay at the shelter. A youth and family services agency contracted to provide outpatient substance abuse services. CREOKS Mental Health was a community mental health center which contracted to provide outpatient services and the other agency was a substance abuse agency providing outpatient services.

The Northeast sub-state planning area included ten agencies that were outpatient substance abuse agencies. Another facility was a community action program which developed several different types of programs under the community action umbrella as the agency saw gaps in services and provided outpatient treatment. The last program was an ODMHSAS-operated residential treatment program for women.

The Northwest sub-state planning area included two women with children residential substance abuse agencies, two youth and family programs which contracted to provide outpatient counseling, one substance abuse agency and one ODMHSAS-operated community mental health center which provided outpatient and women's residential services, and a women with dependent children halfway house program.

The Oklahoma County sub-state planning area included a detoxification facility which also provided outpatient services. Two community mental health centers, a family mental health center, and a youth and family services program expanded to include substance abuse outpatient services. Seven substance abuse facilities provided outpatient services with one serving residential needs as well. The Latino Community Development Center provided outpatient counseling for the Hispanic population. The OU Department of Pediatrics provided screening, assessment, and treatment planning for children suspected of having FAS. A collaboration with the Oklahoma City Housing Authority provided low-cost housing in a sober living type apartment complex for women and their children while ODMHSAS funded a case manager to help the women continue their recovery progress while linking them to needed services and training/education. The community action agency functioned as an umbrella agency that developed new social programs as needed in their area, providing outpatient and street outreach services. A residential facility specifically for pregnant women and women with children began operating in FY2005.

The Southeast sub-state planning area provided outpatient services through nine substance abuse services agencies, one of which also provided non-medical detoxification, residential, and halfway house services. A tenth agency was a community mental health center that provided both outpatient and residential services while the last agency provided residential services to women.

The Southwest sub-state planning area included three substance abuse treatment centers: one offering outpatient services, another providing residential services and the third

agency served women through non-medical detoxification services, residential, and a halfway house.

The Tulsa County sub-state planning area included a substance abuse agency with multiple levels of treatment, a domestic violence shelter in which substance abuse outpatient services were provided, an outpatient program serving mainly Native American clients, six outpatient substance abuse agencies, and a provider that offers outpatient services in one location and serves women with dependent children in a residential program in a second location.

Oklahoma
Attachment B: Programs for Women (contd.)

Title XIX, Part B, Subpart II, ot the PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grants to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children. In the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

In up to four pages, answer the following questions:

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FY 2006 block grant and/or State funds?

3. What special methods did the State use to **monitor** the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?

4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

5. What did the State do with FY 2006 Block Grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

Title XIX, Part B, Subpart II, of the PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grants to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children. In the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

In up to four pages, answer the following questions:

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), level of care (refer to definitions in Section II.4), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(b)(1)(C) in spending FY 2006 block grant and/or State funds?

3. What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?

4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

5. What did the State do with FY 2006 Block Grant and/or State funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

<u>Pregnant Women and Women with Dependent Children Programs FFY 2006:</u>

1. Programs to meet the needs of pregnant women and women with dependent children were as follows:

   1) McAlester Alcoholism Council/The Oaks, McAlester, Southeast Sub-state Planning Area, I-SATS Number OK750267, non-medical detoxification, residential treatment, halfway house, outpatient. Capacity of 30 in halfway house and residential (women and their children in residential treatment reside in the halfway house component and participate in both the residential and halfway programs). Funding of $589,237.
   2) Monarch, Inc., Muskogee, East Central Sub-state Planning Area, I-SATS Number OK901936; outpatient, intensive outpatient, halfway house for pregnant women and women with dependent children up to age 10. Capacity: 50 beds Funding of $1,243,656.
   3) Women in Safe Home (WISH), Muskogee, East Central Sub-state Planning Area, I-SATS Number OK102782. outpatient, intensive outpatient services for women with their children in collaboration with a domestic violence shelter. Capacity of

12. Funding of $138,341.

4) YWCA of Enid, Northwest Sub-state Planning Area, I-SATS Number OK102832, long term halfway house services for women and their dependent children. Capacity of 8 beds. Funding of $317,142.
5) Eagle Ridge Family Treatment Center, Guthrie, Northwest Sub-state Planning Area, I-SATS Number OK100935, long term residential for women and their children up to age 12. Capacity of 27. Funding of $713,118.
6) Waynoka Mental Health Authority dba Northwest Substance Abuse Treatment Center, Waynoka, Northwest Sub-state Planning Area, I-SATS Number OK102766, long term residential for women and their children. Capacity of 30. Funding of $780,131.
7) University of Oklahoma Health Sciences Center, Department of Pediatrics, Oklahoma City. Provided Statewide services, I-SATS Number OK101016, outpatient services, assessments for children of substance abusing mothers in treatment, developed and provided assistance in the implementation of a treatment plan, and provided training and consultation to staff working with these children and their mothers. Capacity of 150 comprehensive assessments and related services. Funding of $145,412.
8) Oklahoma City Housing Authority, Oklahoma City, Oklahoma County Sub-state Planning Area, I-SATS Number OK101016, low-cost housing in a sober living type apartment complex creating what is essentially a halfway house for recovering women and their dependent children, funding pays for a substance abuse case manager. Capacity of 47 housing units. Funding of $54,167.
9) Palmer Continuum of Care dba Tulsa Women and Children's Center, Tulsa, Tulsa County Sub-state Planning Area, I-SATS Number OK100438, residential treatment for women and dependent children, Capacity of 52 beds, Funding of $532,820.
10) Valliant House, Valliant, Southeast Sub-state Planning Area, I-SATS Number OK100527, residential. Capacity of 21. Funding $510,412.
11) Jordan's Crossing, Oklahoma City, Oklahoma County Sub-state Planning Area, I-SATS Number OK100606, residential women with dependent children, Capacity of 55 beds, Funding of $1,455,805.

2. To ensure compliance with this block grant requirement, the ODMHSAS contracted an amount greater than the amount expended in FFY94 for services designed for pregnant women and women with dependent children. The FFY94 base was $2,763,748 while FFY2006 funding was $6,480,241.

3. To meet the special needs of pregnant women and women with dependent children, the federal block grant standards of care were included in the contract requirements. In addition, staff specializing in women's programs and case management monitored these programs. Monitoring included site visits, contract performance reviews, and technical assistance visits.

4. Programs were contractually required to report to substance abuse program staff to notify the state of their capacity through the Residential/Halfway House Capacity

Report. Percent of capacity was calculated from the numbers provided. Waiting list numbers were also reported. In addition, the Department's Integrated Client Information System (ICIS), the database of provider services, was used to verify client utilization at each program. Oklahoma also utilizes a fee-for-service method of funding programs which means only services provided and reported by the agency through the ICIS system are funded.

5. Oklahoma had level funding in FFY 2006 making it difficult to expand capacity or develop new programs for women with dependent children. However, through collaboration with the Oklahoma Health Care Authority (OHCA), Oklahoma's Medicaid authority, behavioral health services were expanded for Medicaid eligible women and their children. Agencies were contractually required to work toward national accreditation in order to meet OHCA requirements for contracting for Medicaid funding and as a result several agencies serving women and/or their dependent children increased their capacity through Medicaid funding.

Oklahoma

Goal #4: IVDU Services

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2006 (Compliance):

Oklahoma fulfilled its agreement to provide treatment to intravenous drug abusers regarding the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements per 42 U.S.C. 300x – 23 and 45 C.F.R. 96.126.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provided services through ODMHSAS-operated facilities and private, non-profit substance abuse treatment facilities. Treatment contracts specified service requirements and timeframes for treatment of intravenous drug users (IVDUs). Providers were required to submit daily census/waiting list reports to the ODMHSAS Substance Abuse Services Division. This census report was used to report available beds and to generate the percent of capacity of each treatment provider.

Treatment providers continued to treat clients at near maximum capacity and, as a result, waiting lists were kept at most agencies. However, individuals needing treatment were allowed to select any program within the state, so many times people seeking treatment were given referrals to several agencies and added to each waiting list. This helped to get the individual into treatment at the first opportunity. Interim service requirements and the 14-120 day standard were followed.

Interim services were specified in the ODMHSAS contract as follows:

Interim Services: All contractors shall develop policies, procedures and implement an interim services component to the treatment program. Interim services are those services that are provided until an individual is admitted to a substance abuse treatment program. At a minimum, interim services should include counseling and education about HIV/AIDS, Hepatitis C, and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV/AIDS, Hepatitis C, and TB transmission does not occur, as well as referral for HIV/AIDS, Hepatitis C, or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

Due to the health risks involved in using intravenous drugs, outreach services were conducted in Oklahoma City and in Tulsa, the two cities with the largest IVDU populations, utilizing the locally-refined NIDA Indigenous Leader Outreach Model.

Funded programs treated 3,716 clients for intravenous drug use. Compliance was monitored by ODMHSAS staff.

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2008 (Progress):

Oklahoma continues to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements per 42 U.S.C. 300x – 23 and 45 C.F.R. 96.126.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides services through ODMHSAS-operated facilities and contracted private, non-profit substance abuse treatment facilities. Treatment contracts specify service requirements and timeframes for treatment of intravenous drug users (IVDUs).

Oklahoma requires residential and halfway house treatment providers to report their capacity and waiting lists daily, fulfilling the 90% capacity reporting requirement. Daily reporting provides ODMHSAS with a more timely account of the percentage of capacity and which agencies have available beds. The list is emailed to all providers each day in order to facilitate client placement. If no other service provider has the space to admit the client, interim services are provided, per the 14-120 day standard. Interim services are specified in the ODMHSAS contract as required in the SAPT block grant regulations.

Outreach continues to be provided in the Oklahoma City and Tulsa areas utilizing the locally refined NIDA Indigenous Leader Outreach Model. ODMHSAS staff monitor both programs along with all IVDU requirements.

GOAL # 4. An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2009 (Intended Use):

Oklahoma will continue to provide treatment services to intravenous drug abusers, fulfilling the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

The 90 percent capacity reporting requirement will continue to be accomplished through the daily Residential/Halfway House Capacity Report. Providers report to a substance abuse services staff member who compiles a report of agency capacity and available beds. It is then emailed to all agencies for client placement as needed. The report is expected to become a web-based report before the next state fiscal year. At that time, the waiting list section of the report will list ID numbers for individuals waiting for treatment and interim services that are provided. This will provide additional data for monitoring services and an unduplicated waiting list count. It will continue to report the percentage of capacity for each of the agencies and where the available beds are within the state.

Agencies who are unable to place intravenous drug abusers will attempt to find alternate placement for the individual. If no other service provider has space available, the agency will be contractually required to offer interim services per the 14 – 120 day standard, per block grant requirements. The agency will provide referrals and linkages to health and educational services in the immediate area, as well as to outpatient services or other programs in their area. The individual will be placed on the waiting list as a priority per block grant requirements.

Outreach will continue to be provided in the Oklahoma City and Tulsa areas, the two metropolitan areas in Oklahoma. The locally refined NIDA Indigenous Leader Outreach Model will continue to be utilized.

Contracts signed by treatment providers will continue to specify services and timeframes related to intravenous drug users as providers are expected to continue at a capacity of 90 percent or higher.

ODMHSAS staff will continue to monitor service providers for contract compliance.

Oklahoma

Attachment C: Programs for IVDU

Attachment C: Programs for Intravenous Drug Users (IVDUs)
(See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))
For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:

1. How did the State define IVDUs in need of treatment services?

2. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2006 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).

3. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).

4. 42 U.S.C. 300x-23(b) requires any program receiving amounts from the grant to provide treatment for intravenous drug abuse to carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

Attachment C: Programs for Intravenous Drug Users (IVDUs)
(See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:

1. How did the State define IVDUs in need of treatment services?

2. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2006 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).

3. 42 U.S.C. 300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).

4. 42 U.S.C. 300x-23(b) requires any program receiving amounts from the grant to provide treatment for intravenous drug abuse to carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

Attachment C: Programs for Intravenous Drug Users (IVDUs)

1. Oklahoma defines Intravenous Drug Users (IVDUs) in need of treatment as any individual who admits to injection drug use and is in or seeking treatment.

2. In FFY 2006, ODMHSAS contractually required providers to notify the State when they reached 90% capacity. To ensure this reporting requirement was carried out, the Department developed the Residential/Halfway House Capacity Report in which providers reported daily to ODMHSAS substance abuse services staff detailing bed capacity and utilization. The number of individuals on their waiting list was also provided. Capacity percentages were calculated and all of Oklahoma's treatment programs maintained a high capacity rate. Substance abuse services program staff monitored compliance.

Programs that reached 90% capacity for IVDU treatment in FFY 2006:

I-SATS #	Contractor
OK751141	Alpha II
OK301194	Bill Willis Community Mental Health and Substance Abuse Services Center
OK900904	Bridgeway
OK101230	Broadway House

OK901522	Drug Recovery, Inc.
OK100935	Eagle Ridge
OK100408	Gary E. Miller Canadian County Children's Center
OK751034	House of Hope
OK100606	Jordan's Crossing
OK750267	McAlester Alcohol Center/The Oaks
OK901167	Mental Health and Substance Abuse Services of Southern Oklahoma
OK901936	Monarch
OK100232	New Hope of Mangum
OK900888	Next Step Network
OK301111	Norman Alcohol and Drug Treatment Center/ Norman Adolescent Center
OK750283	Northeastern Council on Alcoholism
OK102543	Northwest Center for Behavioral Health / The Lighthouse
OK750705	Opportunities, Inc.
OK901548	Referral Center for Alcohol and Drug Services
OK750218	Roadback
OK900912	Starting Point II
OK100438	Palmer Continuing Care dba Tulsa Women and Children's Center
OK100422	12 and 12
OK102766	Waynoka Mental Health Authority dba Northwest Substance Abuse Treatment Center
OK100527	Valliant House
OK300204	Vinita Alcohol and Drug Treatment Center
OK102832	YWCA Reflections

3. ODMHSAS contractually required treatment programs to admit or refer all intravenous drug users requesting treatment services, and who were in need of treatment, within the 14-120 day standard. A request for services is defined as a face-to-face screening. If space was not available, the individual was placed on a waiting list, and interim services arranged. This requirement was monitored by substance abuse services staff.

4. Oklahoma is a rural state and the prevalence of injecting drug users was low in rural Oklahoma substance abuse programs. Providing rural IVDU outreach would have been a time management problem with minimal outcomes; however, intravenous drug use is much higher in the metropolitan areas of Oklahoma City and Tulsa. ODMHSAS contracted with private, non-profit providers in Oklahoma City and Tulsa to provide outreach services. This was the first year for the Tulsa program to provide outreach. The staff at the Tulsa agency were trained in the Indigenous Leader Outreach Model by the Oklahoma City provider which had been actively serving the IVDU street population in Oklahoma City for years. With training, modeling and mentoring from the Oklahoma City outreach team, the Tulsa staff were

able to begin providing services within a short timeframe.

Specialized IVDU outreach workers reached out to the homeless and drug users in downtown Oklahoma City and Tulsa, at shelters and/or rundown areas of the metropolitan communities and encouraged individuals to participate in treatment. Records were kept of encounters between outreach workers and those in need of services, including the date of last contact. A locally modified version of the NIDA Indigenous Leader Outreach Model was used by both service providers. The outreach staff were cultural peer leaders with established rapport with the IVDU population. Outreach intervention strategies were designed to access injecting drug users and their partners and to:

1. Encourage entry into and make arrangement for treatment;
2. Provide information on the risk of needle sharing and the use of prophylactics to decrease the risk of acquiring or transmitting HIV and related diseases;
3. Provide screening for tuberculosis with referral for follow-up, if needed; and
4. Link clients with needed services.

ODMHSAS contracts prohibit possession or exchange of hypodermic needles as a treatment or prevention measure. As such, all treatment facilities were required to comply with this block grant requirement.

Programs were monitored by ODMHSAS staff.

Oklahoma
Attachment D: Program Compliance Monitoring

Attachment D: Program Compliance Monitoring
(See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of Title XIX, Part B, Subpart II of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FY 2007) to the fiscal year for which the State is applying for funds:

In **up to three pages** provide the following:

• A description of the strategies developed by the State for monitoring compliance with each of the sections identified below; and
• A description of the problems identified and corrective actions taken:

1. **Notification of Reaching Capacity** 42 U.S.C. 300x-23(a)
(See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
2. **Tuberculosis Services** 42 U.S.C. 300x-24(a)
(See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(vii)); and
3. **Treatment Services for Pregnant Women** 42 U.S.C. 300x-27(b)
(See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).

Attachment D: Program Compliance Monitoring
(See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a), 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FY 2007) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:
• A description of the strategies developed by the State for monitoring compliance with each of the sections identified below; and
• A description of the problems identified and corrective actions taken:

1. Notification of Reaching Capacity 42 U.S.C. 300x-23(a) (See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii)) ;
2. Tuberculosis Services 42 U.S.C. 300x-24(a) (See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and
3. Treatment Services for Pregnant Women 42 U.S.C. 300x-27(b) (See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).

Attachment D: Program Compliance Monitoring for FFY 2007

1. **Notification of Reaching Capacity:** Notification of 90% capacity and referral for interim services were required by contract. Capacity notification was made through the Residential/Halfway House Capacity Report. All residential and halfway house programs reported their available space to a staff person in the substance abuse services division each day. The Capacity Report provided a mechanism for continuously updating the state about program capacity while also providing information on where the available beds were within the state treatment system. The Capacity Report was forwarded to all mental health, substance abuse treatment and prevention providers as well as drug court coordinators and juvenile court judges for use as a referral guide for bed availability. If no agency had space available, those seeking treatment were referred to interim services and placed on the agency's waiting list according to their priority status.

2. **Tuberculosis Services:** Treatment provider contracts stipulated that the contractor would make available, without delay, services for counseling about, testing for, and treatment of tuberculosis. Education about tuberculosis, HIV/AIDS and Hepatitis C was provided by contractors and state-operated treatment programs. Although providers referred most clients to their local health departments for testing and/or treatment for tuberculosis, some clients elected to see private physicians or other health professionals.

3. **Treatment Services for Pregnant Women:** Treatment for pregnant women was given priority status and required as such in the provider contracts. Interim services

when there was a lack of capacity were also contractually required. As noted above, the Capacity Report provided ODMHSAS with information about contracted capacity, filled beds and where availability was in the state. The Capacity Report was forwarded via email to treatment providers along with other programs that might be contacted about treatment services.

In addition to capacity and where available services were within the state, the Capacity Report also provided the number of individuals on each program's waiting list. The number of pregnant women waiting for services was also listed so an ODMHSAS staff person would be able to assure pregnant women would be served as soon as a bed opened up. Facilities with open beds were also able to use the Capacity Report to contact agencies with waiting pregnant women for admittance to their site, if the pregnant woman was willing to undertake treatment at another location.

Pregnant women were served by agencies who provided women's services as well as by women with dependent children programs. Site visits by program staff included looking at the agency's publication of priority status for pregnant women, a random review of clinical files, staff and client interviews which included how long it took for the client to get into treatment, and whether they were satisfied with the treatment they were receiving.

Problems found by program staff during FY2007 were rooted in a lack of capacity and available resources. For example, when an agency did not have the capacity to admit a client, most residential programs preferred to refer the client to outpatient services until bed space became available. However, there were times the client was not in an area that offered outpatient services or transportation/access to the outpatient program could be an issue. Also, county health departments were available in most areas to provide the minimum health services required and providers encouraged the client to obtain those needed services through referrals and linking the clients with the clinics. However, continuing to reside in areas where the client had been using, and being around others who used, made it difficult for the client to stay abstinent while awaiting services. Case managers and other agency staff work with the clients to help resolve the barriers as much as possible while waiting to be admitted to a residential treatment program as well as other levels of care.

No other problems were identified in the above three areas.

Oklahoma

Goal #5: TB Services

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2006 (Compliance):

Oklahoma routinely made available tuberculosis services to individuals receiving substance abuse treatment per this block grant requirement. Treatment facilities were required through their ODMHSAS contract to make available services for counseling, screening, and treatment of tuberculosis. Tuberculosis services were provided either directly at the provider agencies, through local Oklahoma State Department of Health (OSDH) facilities, or through other health care facilities as preferred by the client.

Contract and ODMHSAS-operated facilities are required to implement infection control procedures established by the Center for Disease Control Guidelines, in cooperation with the Oklahoma State Department of Health. The State Tuberculosis Control Director at the Oklahoma State Department of Health and his staff collaborated with ODMHSAS to provide information and data as requested.

ODMHSAS and the OSDH have a close working relationship which is evident at the local level, as well, where local providers work closely with their community health departments. In addition to providing services onsite or facilitating access to tuberculosis services at local health facilities, treatment agencies provided information and education about tuberculosis to treatment clients. When capacity did not allow a client to be admitted immediately, interim tuberculosis services were provided to injecting drug users by the treatment facility or by referral to the local health department if needed.

Compliance was monitored by ODMHSAS staff.

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2008 (Progress):

ODMHSAS continues to routinely make available tuberculosis services to individuals receiving substance abuse treatment per this block grant requirement. Treatment facilities are required through their ODMHSAS contract to make available services for counseling, screening, and treatment of tuberculosis. Tuberculosis services are provided either directly at the provider sites, through local Oklahoma State Department of Health (OSDH) facilities, or through other health care facilities as preferred by the client.

Contract and ODMHSAS-operated facilities are required to implement infection control procedures established by the Center for Disease Control Guidelines, in cooperation with the Oklahoma State Department of Health. The State Tuberculosis Control Director at the Oklahoma State Department of Health and his staff continue to collaborate with ODMHSAS to provide information, workshops, and data as requested.

In addition to providing services onsite or facilitating access to tuberculosis services at local health facilities, treatment agencies provide information and education about tuberculosis to treatment clients. When capacity does not allow a client to be admitted immediately, interim tuberculosis services are provided for injecting drug users by the treatment facility or by referral to the local health department.

ODMHSAS staff monitor compliance by treatment facilities.

GOAL # 5. An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2009 (Intended Use):

Oklahoma will continue to fulfill the block grant requirement to routinely provide tuberculosis services to all substance abuse clients and monitor the delivery of these services. Collaboration with the Oklahoma State Department of Health (OSDH) will continue.

Treatment facilities will continue to be required through their ODMHSAS contract to make available services for counseling, screening, and treatment of tuberculosis. Tuberculosis services will be provided either directly at the provider sites, through local Oklahoma State Department of Health (OSDH) facilities, or through other health care facilities as preferred by the client.

Contract and ODMHSAS-operated facilities are required to implement infection control procedures established by the Center for Disease Control Guidelines, in cooperation with the Oklahoma State Department of Health. The State Tuberculosis Control Director at the Oklahoma State Department of Health and his staff will continue to collaborate with ODMHSAS to provide information, workshops, and data as requested.

In addition to providing services onsite or facilitating access to tuberculosis services at local health facilities, treatment agencies will provide information and education about tuberculosis to all treatment clients. When capacity does not allow a client to be admitted immediately, interim tuberculosis services are provided for injecting drug users by the treatment facility or by referral to the local health department.

ODMHSAS staff will continue to monitor compliance

Oklahoma

Goal #6: HIV Services

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2006 (Compliance):

Oklahoma is not a designated state.

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2008 (Progress):

Oklahoma is not a designated state.

GOAL # 6. An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2009 (Intended Use):

Oklahoma does not expect to become a designated state.

Oklahoma

Attachment E: TB and Early Intervention Svcs for HIV

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV (See 45 C.F.R. 96.122(f)(1)(x))
For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:
Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of procedures include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU) ;
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

Examples of **activities** include, but are not limited to:
- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse ;
- the number and geographic locations (include sub-State planning area) of projects delivering early intervention services for HIV ;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV (See 45 C.F.R. 96.122(f)(1)(x))

For the fiscal year three years prior (FY 2006) to the fiscal year for which the State is applying for funds:

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated state," provide funds expended (or obligated), for early intervention services for HIV.

Examples of procedures include, but are not limited to:

•development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU);
•the role of the single state authority (SSA) for substance abuse prevention and treatment; and
•the role of the single state authority for public health and communicable diseases.

Examples of **activities** include, but are not limited to:

•the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
•the number and geographic locations (include sub-state planning area) of projects delivering early intervention services for HIV;
•the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
•technical assistance.

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV,

Oklahoma provided, through treatment providers and through collaboration with the Oklahoma State Department of Health (OSDH), tuberculosis services to each individual receiving treatment for substance abuse per 45 C.F.R. 96.127. Treatment providers were contractually required to make available, without delay, services for counseling about, screening for, and treatment of, HIV/AIDS, Hepatitis C, and Tuberculosis. The contractor was required to implement infection control procedures established by the Center for Disease Control Guidelines, in cooperation with the Oklahoma Department of Health. Local OSDH clinics worked closely with providers in their local communities to provide education, screening and treatment as required.

The Oklahoma State Department of Health, as the single state authority for public health and communicable diseases in Oklahoma, reports that $122,708 in state funds were

utilized in SFY 2008 to provide tuberculosis services to individuals using/abusing substances. This amount is approximately 17.40% of the estimated total State funds ($705,218) expended for tuberculosis services.

As noted below, Oklahoma continues to exceed the maintenance of effort amount.

TB MOE EXPENDITURES					
Year	**State TB Expenditure**	**Percent Used by Substance Abuse Clients**	**Amount for Sub Abuse Clients**	**MOE Base**	**Difference**
SFY91	462,905	8.3	38,421	********	
SFY92	444,632	8.3	36,904	********	
SFY93	390,199	6.02	23,506	37,663	(14,157)
SFY94	416,235	11.43	47,570	37,663	9,907
SFY95	773,085	9.35	72,280	37,663	34,618
SFY96	672,152	6.70	45,025	37,663	7,362
SFY97	729,411	13.30	97,046	37,663	59,383
SFY98	782,180	13.76	107,601	37,663	69,939
SFY99	1,148,218*	12.92	148,365	37,663	110,702
SFY2000	543,570	18.32	99,565	37,663	61,902
SFY2001	731,965	20	146,393	37,663	108,730
SFY2002	673,423	19.4	130,644	37,663	92,981
SFY2003	822,417	10	82,272	37,663	44,609
SFY2004	708,563	18.3	129,667	37,663	92,004
SFY2005	908,533	18.6	168,987	37,663	131,324
SFY2006	1,236,221	25	309,055	37,663	271,392
SFY2007	745,288	18.6	138,624	37,663	100,961
SFY2008	705,218	17.40	122,708	37,663	85,045

*The reason this amount is so much larger than the other amounts is due to additional state funding expended for the purchase of TB medications. Of those purchased medications, approximately $398,440 were used in SFY2000.

Substance abuse treatment facilities provided interim services to injecting drug users either directly or by referral to the respective local OSDH clinic. ODMHSAS staff monitored program compliance.

Oklahoma is not an HIV designated state for FFY 2006.

Certification requirements in Oklahoma require all ODMHSAS certified programs to provide HIV and TB services to all clients. Also, through contract specifications, ODMHSAS service agencies are required to provide or make available:

1. HIV/AIDS prevention education, counseling about, screening for, and treatment of, HIV/AIDS, Hepatitis C and Tuberculosis.

2. Interim services to intravenous drug users when a treatment bed in not immediately available. Such interim services must, at a minimum, include counseling and education about HIV, about the risks of needle sharing, the risks of transmission to sexual partners, and infants, and steps that ensure that HIV transmission does not occur, as well as referral for HIV treatment services.

The availability and provision of HIV services is verified at each agency's certification site visit, which is at least every three years.

ODMHSAS funded two IVDU outreach programs in Oklahoma City and in Tulsa to identify and refer high risk individuals to substance abuse treatment programs. These programs used a locally-refined NIDA Indigenous Leader Outreach Model and staff were active in targeted inner city areas. Services were provided by certified treatment agencies and staff were cultural peer leaders with established rapport with the IVDU population.

Oklahoma

Goal #7: Development of Group Homes

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2006 (Compliance): (Reporting REQUIRED if State chose to participate)
FY 2008 (Progress): (Reporting REQUIRED if State chose to participate)
FY 2009 (Intended Use): (State participation is OPTIONAL)

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2006 (Compliance): (Reporting REQUIRED if State chose to participate)

Oklahoma continued to participate in the operation of a revolving loan fund and to encourage the development of group homes for individuals in recovery from addiction. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) managed the $100,000 revolving loan fund. Substance abuse block grant monies were used to establish the fund and continued to be used to maintain it. Management and monitoring of the group homes loan program was by substance abuse services and finance staff.

The original response to the loan program was minimal but it has gained momentum in the last few years. There were four new loans in FFY 2006. (See Attachment F for a list of the group homes which received loans. One of the four was received in September 2005 but was inadvertently left off the list in the last block grant application.)

ODMHSAS has had success with the growth of Oxford Houses in the state. As of August 2008, there are 47 Oxford Houses throughout the state, with more in the process of development. There are also Sober Living Houses in Oklahoma City and Tulsa that follow the general Oxford House model. Several of the Oxford Houses have accessed loans from ODMHSAS. All Oxford Houses with active loans are working well with paying back the loans. A few independent Sober Living Houses defaulted on their loans and ODMHSAS won judgments in court for repayment. That is noted in more detail in Attachment F. Loans are now being made only to those who operate as an Oxford House type program to better ensure loans are paid back.

The loan application is a one page document which establishes the loan amount and sets the amount of monthly payments. By signing the loan document, the applicants agree to repay the loan along with a 6% interest on the loan. Applicants must comply with the following requirements:

1. At least six people, all intending to be group home residents, must sign the loan contract;
2. The home must agree to operate as an Oxford House;
3. The home must be run on a democratic basis;
4. The home must be financially self-supporting and pay its bills on time; and,
5. The home must immediately expel any member who uses drugs or alcohol or fails to pay his or her fair share of expenses.

Individuals or groups interested in receiving a loan for starting an Oxford House were encouraged to call the ODMHSAS Substance Abuse Services Division. Loans and loan repayments were monitored by the substance abuse services and finance staff responsible for the program.

ODMHSAS has also contracted with the national office of Oxford House which is providing two staff to Oklahoma to encourage the development of and to help monitor Oxford Houses throughout the state. Any of the programs that have accessed loans and that default on paying back those loans are investigated and ODMHSAS staff make every effort to recover the loan amount.

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2008 (Progress): (Reporting REQUIRED if State chose to participate)

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is continuing to utilize the revolving loan program. The Department advises providers and other groups and individuals of the availability of monies from the revolving loan fund for the development of group homes for recovering substance abusers. ODMHSAS also contracts with the national Oxford House program to inform providers and individuals in treatment facilities in Oklahoma about the advantages of group homes for reintegration into the community, support from others in the home, and continuing to enhance one's recovery skills. The loan fund is being maintained at $100,000 and is funded through SAPT block grant funds.

ODMHSAS has had success with the growth of Oxford Houses in the state. As of August 2008, there are 47 Oxford Houses throughout the state, with more in the process of development. There are also a few Sober Living Houses in Oklahoma City and Tulsa that follow the general Oxford House model. Several of the Oxford Houses have accessed loans from ODMHSAS. There are currently 26 active loans with several that have been retired. All Oxford Houses with active loans are repaying those loans.

The application process will remain the same and is detailed under the FY2006 – Compliance section. ODMHSAS substance abuse services program staff and finance staff will continue to monitor this program. In addition, Oxford House Inc. provides two Outreach workers to develop new programs and work with current Oxford Houses.

GOAL # 7. An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2009 (Intended Use): (State participation is OPTIONAL)

Oklahoma plans to continue the loan program and to encourage and advise treatment providers, individuals, and others, of the availability of monies from the revolving loan fund for the development of group homes for recovering substance abusers. Recovering substance abuse clients in need of alternative housing will be offered information, encouragement, and technical assistance as needed.

ODMHSAS will continue to contract with Oxford House to aid in the development of group homes throughout Oklahoma and area chapters to support the group homes. Group homes allow those living in the homes to support and encourage each other as they transition back into the community while enhancing their recovery skills.

Oklahoma
Attachment F: Group Home Entities

Attachment F: Group Home Entities and Programs
(See 42 U.S.C. 300x-25)

If the State has chosen in Fiscal Year 2006 to participate and continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund then Attachment F must be completed.

Provide a list of all entities that have received loans from the revolving fund during FY 2006 to establish group homes for recovering substance abusers. In a narrative of **up to two pages**, describe the following:
- the number and amount of loans made available during the applicable fiscal years;
- the amount available in the fund throughout the fiscal year ;
- the source of funds used to establish and maintain the revolving fund ;
- the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered ;
- the private, nonprofit entity selected to manage the fund ;
- any written agreement that may exist between the State and the managing entity ;
- how the State monitors fund and loan operations ; and
- any changes from previous years' operations.

Attachment F: Group Home Entities and Programs
(See 42 U.S.C. 300x-25)

If the State has chosen in Fiscal Year 2006 to participate and continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund then Attachment F must be completed.

Provide a list of all entities that have received loans from the revolving fund during FY 2006 to establish group homes for recovering substance abusers. In a narrative of **up to two pages**, describe the following:

- the number and amount of loans made available during the applicable fiscal years;
- the amount available in the fund throughout the fiscal year;
- the source of funds used to establish and maintain the revolving fund;
- the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;
- the private, nonprofit entity selected to manage the fund;
- any written agreement that may exist between the State and the managing entity;
- how the State monitors fund and loan operations; and
- any changes from previous years' operations.

Attachment F: Group Home Entities and Programs, FFY 2006

Oklahoma continued to participate in the operation of a revolving loan fund and to encourage the development of group homes for recovering substance abusers. No changes were made in the way the loan program is administered. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) managed the $100,000 revolving loan fund. Substance abuse block grant monies were used to establish the fund and continued to be used to maintain it. ODMHSAS substance abuse services program staff and finance staff managed and monitored the loan program.

Response to the program had been limited in the past but gained momentum with the inception of Oxford Houses in Oklahoma. As of August 2008 there are 47 Oxford Houses located in the Oklahoma City, Tulsa, Ardmore, Norman, Moore, Midwest City, Stillwater, Cushing and Lawton areas. All Oxford Houses are actively repaying their loan amounts.

Four groups received loans during FFY 2006:

Oxford House Meadows 8015 S. 87th E. Ave Tulsa, Oklahoma 74133	Date: Loan:	September 6, 2005 $4,000
Oxford House Rockwood Hills 7217 S Columbia Tulsa OK 74136	Date: Loan Amt:	October 28, 2005 $4,000
Oxford House Shadow Mountain 6031 S 76th E Avenue Tulsa OK 74145	Date: Loan Amt:	October 28, 2005 $4,000
Oxford House Meridian 4432 NW 47th Street Oklahoma City OK 73112	Date: Loan Amt:	September 14, 2006 $4,000

The loan application is a one page document which establishes the loan amount and sets the amount of monthly payments. By signing, the applicants agree to repay the principal along with a 6% interest on the loan. Applicants must comply with the following requirements:

1. At least six people, all intending to be group home residents, must sign the loan contract;
2. The home must agree to operate as an Oxford House;
3. The home must be run on a democratic basis;
4. The home must be financially self-supporting and pay its bills on time; and,
5. The home must immediately expel any member who uses drugs or alcohol or fails to pay his or her fair share of expenses.

Individuals or groups interested in receiving a loan for starting an Oxford House are encouraged to call the ODMHSAS Substance Abuse Services Division.

In past years, monitoring found that one house for which grantees had signed a loan agreement had been vacated. Follow-up revealed the loan grantees could no longer be located, leaving no option for legal action or repayment of the loan. In addition, four other group homes were given loans of which only $1,000 was repaid. These homes were associated with an independent sober living type program in the state. When the group homes defaulted on their loans, legal action was taken and ODMHSAS won a judgment for repayment of the loan. To date no monies have been received but ODMHSAS will continue the effort to recover the funding. Any defaults on loans will be investigated and ODMHSAS staff will make every effort to recover the loan amount.

After the above defaults on loans, a decision was made to loan monies from the group homes fund only to Oxford House type programs as those homes either paid back the loan or held fundraisers to pay back the loan of another Oxford House in their chapter if needed.

The Department also began working with Oxford House Inc. to develop additional group homes throughout the state to help clients transition back into the community and to maintain their recovery. To continue this trend of developing group homes, the Department began contracting with the national office of Oxford House to promote and monitor Oxford House programs and to ensure contract requirements were being followed. ODMHSAS substance abuse services and finance staff continued to monitor the loan program and the group homes.

Oklahoma
Goal #8: Tobacco Products

GOAL # 8.

An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26, 45 C.F.R. 96.130 and 45 C.F.R. 96.122(d)).

• Is the State's FY 2009 Annual Synar Report included with the FY 2009 uniform application? (Yes/No)

• If No, please indicate when the State plans to submit the report: (mm/dd/2008)

Note: The statutory due date is December 31, 2008.

No, Oklahoma's FY 2009 Annual Synar Report is not included with the FY 2009 uniform application. Tobacco compliance checks continue until near the end of September, making the data unavailable until early October. The FY 2009 Annual Synar Report will be submitted before the statutory due date and we anticipate submitting it before Christmas. The date anticipated is 12/19/2008.

Oklahoma

Goal #9: Pregnant Women Preferences

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2006 (Compliance):

Oklahoma fulfilled the agreement to ensure that each pregnant woman would be given preference in admission to treatment facilities. Preferential treatment was specified contractually and ODMHSAS program staff monitored compliance.

In addition, SAPT block grant requirements for insufficient capacity were included in provider contracts. Most providers who were unable to admit a pregnant woman seeking treatment, due to insufficient capacity, referred the woman to other facilities, preferably in the same geographical region, to locate an opening at another treatment facility. However, if no other facility had capacity, the woman was placed on their waiting list for the next available opening.

If the pregnant woman was not placed within 48 hours, interim services were provided, including education about the effects of substances on the fetus and a referral for prenatal care or other health services, if needed, per this contractual requirement. Interim services also included referrals or services for outpatient treatment for the pregnant woman if outpatient services were available in her area.

In addition, providers reported their capacity each day to an ODMHSAS substance abuse services staffer. The information reported for the Residential/Halfway House Capacity Report included waiting list information with the number of pregnant women who were waiting for treatment at each facility as well as where the available beds were in the state. Each agency's information was pulled into an aggregate report and emailed to all substance abuse treatment providers, prevention and mental health agencies, drug court coordinators and juvenile court judges. This information was used by providers to locate available beds, if any, in the state for their priority clients, and pregnant women were at the top of the priority list.

ODMHSAS staff monitored treatment providers.

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2008 (Progress):

Per this block grant requirement, Oklahoma continues to contractually require treatment agencies to provide preferential treatment for pregnant women. Pregnant women are counseled about the need for prenatal care and referred to a health care provider if they do not have one. Education about the risk to the fetus of continued use of alcohol and drugs is also included in their treatment.

The daily Residential/Halfway House Capacity Report lists whether an agency has available space and their percentage of capacity. It also lists the number of pregnant women on the agencies' waiting lists. This report is emailed each day to treatment providers throughout the state. Several of the agencies, when space becomes available, have begun calling the agencies which list pregnant woman on their waiting list to offer the bed space to that individual. At times, the space is accepted. At other times, it is refused when the client prefers to stay in the area of the first treatment program. However, the Capacity Report has proven to be useful in facilitating client placement. ODMHSAS staff also work with providers to help place individuals, especially those in priority populations.

If no one is able to admit the pregnant woman, the facility places her on a waiting list until an opening is available or an appropriate treatment facility is located. If none is available within 48 hours, the woman is provided interim services and referred for prenatal care. Pregnant women are provided prenatal, as well as postnatal and other services, through local Oklahoma State Department of Health clinics, private physicians, or local Medicaid providers, for women who are Medicaid eligible.

Interim outpatient services are provided if that service is available in the area in which the woman resides. If not, providers try to connect the client with AA/NA or other programs, in addition to the healthcare referrals noted above, until admittance can be achieved. ODMHSAS program staff monitor contract requirements.

GOAL # 9. An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2009 (Intended Use):

ODMHSAS will continue to require contractors and state treatment facilities to provide preferential services to pregnant women, per this block grant requirement. If admittance for services cannot be accomplished within 48 hours, interim services, including education and prenatal care will be provided.

The daily Residential/Halfway House Capacity Report will continue to list whether an agency has available space and their percentage of capacity. It also lists the number of pregnant women on the agencies' waiting lists. This report will be available each day to treatment providers throughout the state. Several of the agencies, when space becomes available at their facility, call the agencies listing pregnant women on their waiting lists to offer their available bed space to that individual. Even though the space is sometimes refused in order for the client to stay in an area they prefer, the Capacity Report has proven to be useful in facilitating client placement. ODMHSAS staff will continue to work with providers to help place individuals, especially those in priority populations.

Pregnant women will continue to be provided prenatal, as well as postnatal and other services, through local Oklahoma State Department of Health clinics, private physicians, or through Medicaid providers, for women who are Medicaid eligible.

Interim outpatient services will be provided if that service is available in the area. If not, providers will try to connect the client with AA/NA or other programs, as well as to a healthcare provider as noted above, until admittance can be achieved. ODMHSAS program staff will continue to monitor contract requirements.

Collaboration between the Oklahoma State Department of Health and ODMHSAS will continue in order to facilitate the provision of healthcare for pregnant women and minor children. In addition, collaboration with the Oklahoma Department of Human Services (OKDHS) will remain a priority. TANF funding provided through OKDHS will supplement block grant and state funds by providing screening and outpatient services for TANF women, especially pregnant women, who are utilizing TANF services.

Oklahoma
Attachment G: Capacity Management

Attachment G: Capacity Management and Waiting List Systems
(See 45 C.F.R. 96.122(f)(3)(vi))
For the fiscal year two years prior (FY 2007) to the fiscal year for which the State is applying for funds:
In **up to five pages**, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of **procedures** may include, but not be limited to:

- development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system ;
- the role of the Single State Authority (SSA) for substance abuse prevention and treatment ;
- the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
- the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of **activities** may include, but not be limited to:

- how interim services are made available to individuals awaiting admission to treatment ;
- the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and
- technical assistance.

Attachment G: Capacity Management and Waiting List Systems
(See 45 C.F.R. 96.122(f)(3)(vi))

For the fiscal year two years prior (FY 2007) to the fiscal year for which the State is applying for funds:

In up to five pages, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of procedures may include, but not be limited to:

• development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;

• the role of the Single State Authority (SSA) for substance abuse prevention and treatment;

• the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and

• the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of activities may include, but not be limited to:

• how interim services are made available to individuals awaiting admission to treatment;

• the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment; and

• technical assistance.

Attachment G: Capacity Management and Waiting List Systems

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) required state-operated and contractual treatment agencies to report capacity and waiting list numbers to the state. This provision is required through provider contracts.

Providers fulfilled this requirement by reporting their capacity daily to a substance abuse services staff member. The Residential/Halfway House Capacity Report collected bed utilization and waiting list information. The information was put into an aggregate report

and emailed to all substance abuse treatment providers, prevention and mental health programs, drug court coordinators, juvenile court judges and others as requested. The information provided the percentage of capacity of each agency, where the available beds were in the state, how many individuals were on each agency's waiting list and how many pregnant women were waiting for treatment. Cost of provider and ODMHSAS staff time to support the Residential/Halfway House Capacity Report was approximately $50,000.

The reporting mechanism used by most agencies also listed interim services provided or for which the participant was referred. Agencies encouraged those waiting for treatment to participate in outpatient services in their areas until a residential bed could be provided. However, if outpatient services were not available in their area or if the participant refused to participate in those services, they were linked to AA/NA or other programs. Sometimes the outpatient services, although a lower level of care, served the needs of the client so that residential care was no longer needed.

If the agency was unable to locate a placement for a pregnant woman within 48 hours, interim services were provided until an appropriate facility was available. Interim services consisted of referrals for prenatal or postnatal care and education about the effects of substances on the fetus. For intravenous drug users, interim services included education about the problems of needle sharing and unclean needles, as well as HIV, TB, and Hepatitis C information and referrals as needed. Providers retained referral responsibilities and complied with the priority admission status of the clients. ODMHSAS staff monitored compliance.

Most of Oklahoma's treatment programs had individuals waiting for admittance throughout the year. Interim services, as required by the substance abuse block grant regulations, were required through the ODMHSAS contract. Interim services were not captured through the Department's fee-for-service billing system, the Integrated Client Information System (ICIS) database; therefore, the number of times interim services were utilized is not available. However, ODMHSAS ensures this requirement is met through a sampling of client records during site visits, along with client interviews.

Priority participants were added to a waiting list only after a face-to-face interview. Data is not available to reflect the outcome to those who were put on the waiting lists; however, agencies make every effort to maintain accurate contact numbers and addresses. Most agencies called the clients each week in an effort to keep them engaged and involved in interim services, others called the clients when a bed opened up, while some providers asked the client to call in each week until a space was available.

Technical assistance was provided on an informal basis through phone conversations with provider agencies about interim services and keeping the client engaged.

Oklahoma
Goal #10: Process for Referring

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2006 (Compliance):

Oklahoma improved the process in the State for referring individuals to the most appropriate treatment modality, per this block grant requirement.

The Addiction Severity Index (ASI) was utilized by all state-operated and contractual substance abuse programs. ODMHSAS contractually required use of the ASI and provided several workshops yearly so that staff administering the assessment would be skilled in utilizing the instrument.

The American Society of Addiction Medicine Patient Placement Criteria 2-Revised (ASAM PPC-2R.) was also required by contract to assure that clients were admitted to the most appropriate level of care. In addition, it was used to determine client progress and to provide specific outcome measures. Training in the ASAM, as with the ASI, was provided several times each year to ensure that staff administering the assessment were knowledgeable in its use.

ODMHSAS program staff monitored contract requirements.

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2008 (Progress):

Oklahoma is continuing to refer individuals to the most appropriate treatment modality. A standardized screening tool has been developed to screen individuals for substance abuse and mental health issues regardless of which door they enter. This tool triggers a more comprehensive assessment process which is able to address multiple issues to be inclusive of those who experience co-occurring issues.

The Department continues to require that the Addiction Severity Index (ASI) is used as the basic multidimensional assessment tool. Training is held several times each year in the administration and scoring of this assessment tool. The severity scores are used to determine need for treatment in each of the identified areas. If a severity score on any scale is 4 or higher, that triggers a referral for services.

The latest version of the American Society of Addiction Medicine Patient Placement Criteria is utilized to determine the most appropriate level of care for the individual. Staff administering these assessment tools are required to have the proper training and credentialing to provide effective assessment and to engage and motivate the individual seeking services to pursue such services. Workshops are offered regularly through the ODMHSAS Human Resource Development's ongoing training schedule. In addition, workshops on Motivational Interviewing and the Stages of Change are usually offered several times each year.

Contract compliance is monitored by ODMHSAS program staff.

GOAL # 10. An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2009 (Intended Use):

ODMHSAS remains committed to making accurate and appropriate referrals for all individuals into and outside of the substance abuse services arena. A standardized screening tool has been developed to screen individuals for substance abuse and mental health issues regardless of which door they enter. This tool will trigger a more comprehensive assessment process which will be able to address multiple issues to be inclusive of those who experience co-occurring issues. This screening will continue to be encouraged.

The ASI and the latest version of the ASAM instrument will remain the backbone of the substance abuse assessment. Integration and collaboration will continue to be the norm. Motivation and engagement of individuals in the assessment and treatment process is also a priority.

ODMHSAS staff will continue to monitor programs to ensure compliance with this requirement.

Oklahoma
Goal #11: Continuing Education

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45

FY 2006 (Compliance):

Oklahoma provided continuing education for employees of facilities that provide prevention activities and treatment services. State appropriations and substance abuse block grant funds were utilized to provide educational and training programs.

ODMHSAS presented its annual Substance Abuse Conference January 25-27, 2006. Titled Partners for Recovery & Prevention: Creating Healthy Families & Communities, the conference featured six tracts for conference participants: co-occurring, treatment, prevention, Alcohol/Drug Substance Abuse Courses (ADSAC), drug court, and education. (ADSAC refers to DUI assessment and/or classes, and working with clients whose driver's licenses were suspended due to drug charges.)

Pre-conference workshops included ADSAC Motivational Interviewing for Assessors and Motivational Enhancement Strategies for ADSAC Group Facilitators; Play Therapy for Children Exposed to Addiction, Double Trouble: Co-Occurring Mental Health and Substance Abuse Disorders; Implementation of a Comprehensive Continuous Integrated System of Care; Using Strategic Prevention Framework to Build and Sustain an Effective Coalition. Plenary speakers included Donna Cotter, SAMHSA; Patrick Carnes, Ph. D., A Gentle Path Program at Pine Grove; Ira Chasnoff, M.D., University of Illinois Children's Research Triangle; and Jerry Moe, M.A., Betty Ford Center. Conference topics included the Integrated Services Initiative; Interactive Journaling; Medicaid Myths; Emerging Drug Trends; the Joy of Drug Testing; Teens, Trauma and Addiction; Cultural Competency, Communication for Change, Psycho-Educational Model of Drug and Alcohol Prevention for American Indian Adolescents; Sanctions and Incentives: Why People Can't Just Change; Understanding Multiple Addictions; Conducting Effective Groups, State Prevention Plan; Youth Suicide Prevention; Drug/DUI Court and AA working together, and many others. More than 900 attended the Substance Abuse Conference and pre-conference institutes.

The Department provided training for substance abuse treatment and prevention and mental health staff through the Donahue Series, which included 10 workshops by nationally known speakers each year, and is named after a former Commissioner who developed the Department of Mental Health during its infancy. Workshops are open to ODMHSAS staff and contractors, state agencies, private agencies, and the general public. Donahue workshops are free to Department staff and offered at a small fee for other participants. In addition, many other trainings and workshops are offered by the Department for educating providers and ODMHSAS staff in specific techniques or treatment approaches and are offered without charge. Substance abuse prevention and treatment workshops offered during state fiscal year 2006 include the following (several

of the listed programs were offered multiple times but are only listed once in the following list):

- American Society of Addiction Medicine Patient Placement Criteria 2-Revised (ASAM PPC-2R) Training, 7/1/2005
- Gambling – Phase I, 7/6-7/2005
- T-ASI Training, 7/7/2005
- Addiction Severity Index Training (ASI), 7/7-8/2005
- Hope for Tomorrow, Training of Trainers, 7/25-26/2005
- ADSAC Assessor Training, 7/29/2005
- ADSAC Facilitator Training, 7/29/2005
- Assertive Community Treatment, 7/29/2005
- Challenges in Dual Recovery, 8/10-11/2005
- Case Management Training, 8/11-12/2005
- Substance Abuse Provider Training, 8/30-31/2005
- The Teen Years: Depression and Suicide, 9/13/2005
- Enforcing Under 21 Alcohol Laws, 9/13-15/2005
- Gambling-Phase II, 9/22-23/2005
- Double Trouble in Recovery Training, 9/23/2005
- Achieving Block Grant Requirements, (Data Performance Measures) 10/14/2005
- Gambling – Phase III, 10/19-20/2005
- Ethics, 10/28/05
- Integrated Services Initiative, Training of Trainers Core Level, 11/3/2005
- Promoting Healthy Behaviors: Whose Responsibility Is It?, 11/8/2005
- Inpatient Mental Health/Substance Abuse Treatment for Children, 11/29/2005
- Multidimensional Family Therapy Training, 12/14/2005
- Building Community Competence, 12/14/2005
- Suicide Prevention Conference, 12/14-16/2005
- Forensic Issues in Psychiatry, 1/6/06
- Strengths Based Supervision, 1/19-20/06
- 2006 Substance Abuse Conference, 1/25-27/06
- Treatment of Chemical Dependency in Oklahoma, 2/14/06
- 2006 Enforcing Under 21 Alcohol Laws, 2/14-16/06
- Functional Assessment/Crisis Planning, 3/6/06
- Clinical Documentation, Assessment and Treatment, 4/7/06
- The Impact of War, Terror and Trauma, 4/11/06
- Evidence Based Practice, 4/18-19/06
- Children’s Conference, 4/25-28/06
- Integrated Service Initiative, 4/26/06
- Gambling, Phase IV, 5/10-11/06
- Drug Free Workplace, 6/1/06
- Under 21 Camp, 6/5-9/06
- How to Make Integrated Services Really Work, 6/12-13/06
- Substance Abuse Provider Meeting, 6/29/06

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45

FY 2008 (Progress):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides continuing education for staff and employees of facilities that provide prevention activities and treatment services, per this block grant requirement.

ODMHSAS presented its 20th annual conference on January 23-25, 2008. This conference combined the substance abuse conference with the mental health conference and the best practices conference, creating one large program where providers could attend workshops about several types of services and programs. Titled Partnerships to Facilitate Prevention and Recovery: Transformation Where it Counts, the conference featured numerous workshops for conference participants who included educators, mental health professionals, substance abuse treatment providers, preventionists, DUI assessors and instructors, drug court administrators and corrections professionals.

Workshops included ADSAC (DUI programs) Working with the Professional Client; Medicaid Behavioral Health Updates; Disability Rights in Housing; QPR Suicide Prevention; Recovery Support Specialists: Recovery for the Future; Co-Occurring and Criminal Justice: Partnerships and Innovation; The Invisible Threat, Inhalants; Court Driven Adolescent Treatment; Who's Looking at My Data? The National Outcome Measures and You; The Use of Life Story Documentation and Social Constructionist Techniques when Working with American Indian Persons Struggling with Alcohol Abuse; Alcohol Marketing; Ethics; Creating Sustainable Housing; Person Centered Recovery Planning; Surviving Teamwork; Motivational Interviewing; Cultural Competence in the Treatment of Mental Health and Substance Abuse for a Multi-ethnic, Pluralistic and Linguistically Diverse Population; Criteria for Trauma Informed Care and many others. More than 1100 individuals attended the Combined Conference.

The Department provides training each year for substance abuse prevention, treatment and mental health providers through the Donahue Series, which are workshops named after the former Commissioner who built the Department of Mental Health during its infancy. Workshops are open to ODMHSAS staff and contractors, state agencies, private agencies, and the general public. Donahue workshops are free to Department staff and offered at a small fee for other participants.

Many additional workshops are specifically for educating providers and ODMHSAS staff in specific programs or techniques and are offered without charge. A sampling of the substance abuse prevention and treatment workshops offered during state fiscal year 2008 included the following:

- Integrated Services Initiative, Training of Trainers Core Level, 7/10/07

- ODMHSAS Children's Conference, 7/11-13/07
- Project U21 Leadership Camp, 7/16-20/07
- Gangs 101, 7/18/07
- Addiction Severity Index (ASI) Training, 7/19-20/07
- Foundations of Substance Use, 7/25-26/07
- American Society of Addiction Medicine Patient Placement Criteria 2-Revised (ASAM PPC-2R) Training, 8/02/07
- Fundamental Principles of Case Management, 8/14-15/07
- Cultural Competency, 8/23/07
- Festival of Hope, 8/24/07
- HIPPA, 8/27-29/2007
- New ADSAC (DUI program) Facilitator Training, Part I, 9/07-08/07
- T-ASI Training, 9/18/07
- Strengths Based Supervision, 9/20-21/07
- QPR Training, Suicide Prevention, 9/21/07
- Guide to Consumer Confidentiality, 10/03/07
- 2M2L – Environmental Strategies, 10/9-10/07
- Co-Occurring and Trauma Issues for Women, 11/01/07
- Confidentiality and Privacy Issues, 11/05/07
- Fourth Annual Suicide Prevention Conference, 11/5-7/07

GOAL # 11. An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

FY 2009 (Intended Use):

The Department of Mental Health and Substance Abuse Services (ODMHSAS) will continue to provide continuing education for the employees of facilities that provide prevention activities and treatment services. Substance abuse block grant funding and state appropriations will continue to be used for training staff and providers.

The Donahue Training Series will continue to provide national speakers who present up-to-date and evidence-based information on substance abuse prevention and treatment issues. The Annual Combined Conference will continue to offer a wide variety of prevention, treatment and mental health workshops. In addition, training will continue to be offered to enhance provider skills in case management, ASI, ASAM, Motivational Interviewing, Integrated Services, documentation and in many other topics.

Oklahoma

Goal #12: Coordinate Services

GOAL # 12. An agreement to coordinate ,prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 12. An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2006 (Compliance):

Oklahoma is in compliance with this block grant requirement to coordinate prevention activities and treatment services with the provision of other appropriate services. Numerous collaboration opportunities were undertaken.

The ODMHSAS substance abuse prevention and treatment staff collaborated with several state agencies and private, non-profit groups to coordinate services. Treatment staff partnered with the Oklahoma Department of Corrections (ODOC) to fund treatment services to inmates, individuals completing their sentences and persons on probation or parole. ODMHSAS and the Oklahoma Department of Human Services (OKDHS) collaborated to develop services for women who are utilizing Temporary Assistance for Needy Families (TANF). Those programs were funded through TANF Federal funds. Oklahoma is also one of the few states utilizing TANF funds to provide substance abuse treatment for individuals involved in child welfare proceedings. This partnership helps parents deal with their addiction so children can be returned to a stable family setting.

The Department worked with various agencies to develop and maintain adult and juvenile drug courts. These programs include the Department of Justice, state, county, and local courts, the Office of Juvenile Affairs, the District Attorney's Council and district attorneys throughout the state. Many non-violent drug offenders received needed treatment rather than jail time. In addition family, mental health, and Driving Under the Influence (DUI) courts have been developed or are in the process of development. Drug court programs are funded through state appropriations.

ODMHSAS substance abuse services staff and providers collaborate with Acute and Infectious Disease staff at the Oklahoma State Department of Health (OSDH) and with local health departments. Local health departments provided HIV/AIDS, tuberculosis, and infection control information/education, testing and treatment services for substance abuse clients throughout Oklahoma. Partnerships with OSDH and local clinics also resulted in clients receiving prenatal and other health services for women, as well as immunizations and health care for their children. A contractual agreement with the University of Oklahoma Child Study Center provides screening, assessment and service plans for children with fetal alcohol spectrum (FAS).

Through transformation efforts with the Mental Health Transformation State Incentive Grant, substance abuse services has partnered with multiple state agencies and providers to effect change in the state. Service agencies are realizing how much trauma affects adults and children and ODMHSAS has been working with OKDHS and the Oklahoma Juvenile Authority (OJA) to develop trauma informed programs that benefit all our clients.

Co-occurring treatment staff have partnered with the University of Oklahoma, mental health providers and treatment agencies to provide integrated services and to develop an integrated assessment instrument. Early intervention services, bridging the gap between prevention and treatment services, were provided. Collaboration between schools and treatment programs have helped make early intervention services possible. Partnering with the Oklahoma Health Care Authority (OHCA) resulted in Medicaid approval and funding for outpatient and case management services for clients who were Medicaid eligible. The addition of this funding increased the number of clients who received treatment.

Prevention staff developed collaborative relationships with American Indian tribal governments and agencies, state agencies, higher education, and other organizations, both public and private. Partnering with the Oklahoma State Department of Health (OSDH) and the Alcoholic Beverage Laws Enforcement (ABLE) Commission has helped to reduce the number of tobacco outlets that sell to underage youth, lowering Oklahoma's Synar tobacco non-compliance rate. ODMHSAS, OSDH, Oklahoma State Department of Education (OSDE), local OSDH Turning Point coalitions and Area Prevention Resource Center (APRC) prevention staff from throughout the state have worked together to reduce youth access to alcohol and tobacco and to strengthen local ordinances and enforcement of the tobacco laws. The Department continued to work closely with the Governor's Office, the Oklahoma Institute for Child Advocacy, the University of Oklahoma (OU) Southwest Center for the Application of Prevention Technologies (CAPT), OU School of Social Work, Oklahoma State University (OSU) and the Cherokee Nation, to name only a few. The local collaborative efforts of community coalitions made prevention planning for projects in rural and urban areas a reality. Populations that benefited from these prevention efforts included school children, preschool children, community groups, parents, schools, cultural groups, and others.

ODMHSAS and the Oklahoma Highway Safety Office (OHSO) joined forces on the Project Under 21 (the name was changed in 2007 to "2 Much 2 Lose") Leadership Camp. It was an opportunity for youth in the state to receive information about alcohol-related issues and develop an action plan for services in their communities. It was well received by local communities and the event helped to build a foundation of youth leaders taking an active and compelling role in addressing underage drinking, youth access to alcohol, and other alcohol-related issues and concerns.

GOAL # 12. An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2008 (Progress):

ODMHSAS is continuing to coordinate prevention activities and treatment services with the provision of other appropriate services, participating with state agencies and organizations, state and national associations and work groups, planning and community groups, along with many other organizations in collaborative efforts.

The Department has a strong relationship with the Oklahoma State Department of Health (OSDH). On the state level, both agencies are involved in overall wellness concerns: tobacco reduction efforts; decreasing youth access to tobacco; youth alcohol and drug abuse prevention; reduction of HIV/AIDS, Hepatitis C, and tuberculosis transmission; and many other health concerns. Both departments have worked together to encourage youth surveys in the state, to develop current information about substance use in the state. Community coalition building has been a strong priority for both agencies and both participate in the local OSDH Turning Point coalitions.

OSDH county health departments have been instrumental in providing consultation for treatment providers and healthcare for clients. These services include HIV/AIDS and tuberculosis information, training and testing, and infection control procedures for provider agencies. Local OSDH health departments also provide prenatal and health care for adults, children's immunizations, tuberculosis testing and HIV/AIDS counseling and referrals as needed.

Early intervention services, bridging the gap between prevention and treatment services, are continuing. Collaboration between schools and treatment programs have helped make early intervention services possible. The University of Oklahoma Child Study Center continues to provide assessments for substance affected babies and children, training on child/family assessment issues, and treatment planning and consultation.

Partnering with the Oklahoma Health Care Authority (OHCA) has resulted in Medicaid approval and funding for outpatient and case management services for clients who are Medicaid eligible. The addition of this funding has increased the number of clients who receive treatment. Collaboration with OHCA will continue and the number and quality of services for clients will continue to be enhanced.

Collaboration with the Oklahoma Department of Human Services (OKDHS) has resulted in the provision of treatment services for women receiving Temporary Assistance for Needy Families (TANF). Without the funding and collaboration between OKDHS and the Department, this would have been difficult to achieve. This partnership will continue.

Through state appropriations and partnering with the Oklahoma Department of Corrections (ODOC), ODMHSAS continues to fund substance abuse services for inmates, individuals completing their sentences and for those on probation and parole. Assessments are completed at the ODOC assessment and reception center, the point of entry into the corrections system for all Oklahoma inmates. Treatment is available at some prisons for individuals in need of treatment. People on probation and parole are assessed and treated through community treatment agencies. In addition, ODMHSAS staff are assisting ODOC in transforming their mental health and substance abuse delivery system into one that is co-occurring disorder capable.

Collaboration also continues with county and district courts, law enforcement, and district attorney's offices to plan and implement drug courts. ODMHSAS is continuing to provide training and technical assistance for judges, district attorneys, police, and treatment providers who are involved in these specialty courts.

The ODMHSAS prevention staff are continuing collaboration with the Oklahoma State Departments of Education and Health, the Governor's Office, the Oklahoma Commission on Children and Youth, and other agencies, task forces, work groups, planning and community groups throughout Oklahoma.

The "2 Much 2 Lose" Leadership Camp, formerly the Project Under 21 program, a collaboration with the Oklahoma Highway Safety Office (OHSO) continues to be an opportunity for youth in the state to receive information about alcohol-related issues and develop an action plan to reduce underage access to alcohol in their communities. The event is helping to build a foundation of youth leaders taking an active role in addressing underage drinking and other alcohol-related issues. The University of Oklahoma is also partnering with ODMHSAS through the presentation of prevention messages about underage use of alcohol during football and basketball games.

GOAL # 12. An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2009 (Intended Use):

Oklahoma will continue to coordinate prevention activities and treatment services with the provision of other appropriate services, participating with other state agencies and state groups, work groups and planning groups, in collaborative efforts, per this goal.

The Department will continue to have a strong relationship with the Oklahoma State Department of Health (OSDH). On the state level, both agencies are involved in overall wellness concerns: tobacco reduction efforts; decreasing youth access to tobacco; reducing youth alcohol and drug use, HIV/AIDS, Hepatitis C, and tuberculosis transmission, and many other health concerns. Both departments will continue to encourage youth surveys in the state to generate more state and community data and information about ATOD use. Community coalition building will continue to be a strong priority for both agencies and ODMHSAS will continue to participate with the local OSDH Turning Point coalitions.

On the community level, OSDH county health departments will continue providing consultation for treatment providers and health care for clients. These services include HIV/AIDS training, tuberculosis information, and infection control procedures for provider agencies. For clients, local OSDH health departments provide prenatal care, children’s immunizations, tuberculosis testing, HIV/AIDS education and referrals, and health examinations as needed.

Early intervention services, bridging the gap between prevention and treatment services, are continuing. Collaboration between schools and treatment programs have helped make early intervention services possible. The University of Oklahoma Child Study Center continues to provide assessments for substance affected babies and children, training on child/family assessment issues, and treatment planning and consultation.

Collaboration with the Oklahoma Department of Human Services (OKDHS) for treatment for women on TANF will continue in an effort to provide for those who are in need of treatment. The funding through OKDHS has made it possible for additional space to be available for treatment services. Parents with addictions who are facing child welfare issues are also benefiting from this added treatment availability.

Partnering with the Oklahoma Health Care Authority to develop Medicaid funding for behavioral health services will continue. This funding source will make it possible for many additional clients to receive services.

Through state appropriations and partnering with the Oklahoma Department of Corrections (ODOC), ODMHSAS will continue to fund substance abuse services for

inmates and individuals newly released or on probation and parole. Substance abuse assessments are completed at the ODOC assessment and reception center, which is the point of entry into the corrections system for all Oklahoma inmates. Treatment is provided for those in need of treatment through prison-based programs and individuals on probation and parole are assessed and treated through specific community treatment agencies.

Collaboration also continues with county and district courts, law enforcement, and district attorney's offices to plan and implement drug courts. Oklahoma drug courts have had excellent outcomes. With prison costs continuing to rise, drug courts have proven to be very cost-efficient, in addition to turning lives around, helping people with addictions become productive members of society once again. ODMHSAS is continuing to provide training and technical assistance for judges, district attorneys, police, and treatment providers to continue to increase these services.

The ODMHSAS prevention staff will continue to work with the Oklahoma State Departments of Education and Health, the Governor's Office, the Oklahoma Commission on Children and Youth, and other agencies, work groups, planning and community groups throughout Oklahoma. The "2 Much 2 Lose" Leadership Camp, a collaboration with the Oklahoma Highway Safety Office (OHSO) will continue. The camp is an opportunity for youth in the state to receive information about alcohol-related issues and develop an action plan to reduce underage access to alcohol in their communities. The event is helping to build a foundation of youth leaders taking an active and compelling role in addressing underage drinking and other alcohol-related issues. The partnership with the University of Oklahoma to display prevention of underage alcohol use messages during home football and basketball games will continue.

Working with other agencies to accomplish the objectives of both for the benefit of the client is a "working smart" approach that will continue to be expanded.

Oklahoma
Goal #13: Assessment of Need

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2006 (Compliance):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) complied with the agreement to submit an assessment of need for authorized activities for both treatment and prevention in Oklahoma, both by locality and by the State in general.

Beginning in FFY2005, ODMHSAS has been using the Office of Applied Studies National Survey on Drug Use and Health prevalence estimates for Oklahoma.

OKLAHOMA

Table 73. Selected Drug Use, Perceptions of Great Risk, Average Annual Marijuana Initiates, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, Serious Psychological Distress, and Having at Least One Major Depressive Episode in ***Oklahoma***, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2005-2006 NSDUHs

Measure	***Total 12 or Older***	***AGE GROUP***		
		12-17	***18-25***	***26 or Older***
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006.				
ILLICIT DRUGS				
Past Month Illicit Drug Use	*244*	*30*	*71*	*143*
Past Year Marijuana Use	*253*	*38*	*89*	*126*
Past Month Marijuana Use	*153*	*19*	*54*	*80*
Past Month Use of Illicit Drugs Other Than Marijuana1	*117*	*16*	*35*	*66*
Past Year Cocaine Use	*56*	*5*	*23*	*29*
Past Year Nonmedical Pain Reliever Use	*195*	*29*	*60*	*106*
Perception of Great Risk of Smoking Marijuana Once a Month	*1,184*	*103*	*114*	*967*
Average Annual Number of Marijuana Initiates	*28*	*14*	*11*	*2*
ALCOHOL				
Past Month Alcohol Use	*1,213*	*47*	*221*	*945*
Past Month Binge Alcohol Use3	*613*	*30*	*154*	*429*
Perception of Great Risk of Drinking Five or More Drinks Once or Twice a Week	*1,240*	*116*	*139*	*985*
Past Month Alcohol Use (Persons Aged 12 to 20)	*1114*	*--*	*--*	*--*
Past Month Binge Alcohol Use (Persons Aged 12 to 20)	*784*	*--*	*--*	*--*

Table 73. Selected Drug Use, Perceptions of Great Risk, Average Annual Marijuana Initiates, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, Serious Psychological Distress, and Having at Least One Major Depressive Episode in ***Oklahoma***, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2005-2006 NSDUHs

Measure	***Total 12 or Older***	***AGE GROUP***		
		12-17	***18-25***	***26 or Older***
TOBACCO PRODUCTS				
Past Month Tobacco Product Use	*1,068*	*48*	*207*	*813*
Past Month Cigarette Use	*908*	*38*	*177*	*692*
Perception of Great Risk of Smoking One or More Packs of Cigarettes Per Day	*1,994*	*194*	*273*	*1,528*
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT				
Illicit Drug Dependence1	*61*	*9*	*22*	*29*
Illicit Drug Dependence or Abuse1	*82*	*15*	*29*	*37*
Alcohol Dependence	*90*	*6*	*27*	*57*
Alcohol Dependence or Abuse	*214*	*15*	*69*	*131*
Alcohol or Illicit Drug Dependence or Abuse1	*256*	*24*	*83*	*149*
Needing But Not Receiving Treatment for Illicit Drug Use1,7	*77*	*14*	*27*	*36*
Needing But Not Receiving Treatment for Alcohol Use 8	*204*	*14*	*66*	*124*
SERIOUS PSYCHOLOGICAL DISTRESS9	***3469***	***--***	***80***	***266***
HAVING AT LEAST ONE MAJOR DEPRESSIVE EPISODE10	***21910***	***27***	***43***	***176***

The Oklahoma Prevention Needs Assessment (OPNA) Survey was provided to volunteering schools throughout Oklahoma in the spring of 2006. It is a risk and protective factor survey and was funded through substance abuse block grant funds. It was developed and offered to schools in Oklahoma to give them a snapshot of the communities in which they live. Approximately 45,000 sixth, eighth, tenth, and twelfth grade students throughout the state participated in the survey. Each school received an analysis of the data from their school's surveys and had the option of whether they would share that information. In addition, statewide and regional data were generated. This information is available to the Area Prevention Resource Centers (APRCs), community coalitions, and the general public. This local Oklahoma data is invaluable as schools, prevention programs, and local coalitions develop goals and objectives and plan prevention activities in their communities.

In addition, Prevention Services on a state level, as well as locally, continue to utilize several sources for needs assessment information.

- The Oklahoma Kid's Count Data Book – a survey funded by the Annie E. Casey Foundation, addressing risk factors for children and youth
- The Oklahoma Youth Tobacco Survey Report through the Oklahoma State Department of Health
- The Youth Risk Behavior Survey through the Oklahoma State Department of Health and the Centers for Disease Control and Prevention.
- Social Archival Indicator data
- Local school data, such as dropout rates, incident reports, etc.
- National Survey on Drug Use and Health
- Behavioral Risk Factor Surveillance System through the Oklahoma State Department of Health
- Oklahoma Medical Examiner Data System
- Oklahoma Violent Death Reporting System
- Oklahoma Bureau of Narcotics and Dangerous Drugs
- Fatality Analysis Reporting System

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2008 (Progress):

Oklahoma continues to comply with the agreement to submit an assessment of need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general.

The Office of Applied Studies, National Survey on Drug Use and Health (NSDUH) Oklahoma estimates were used to address prevalence and unmet treatment need for services planning within the Substance Abuse Prevention and Treatment Services Division as well as in the larger Transformation Initiative.

In the spring of 2008, the Oklahoma Prevention Needs Assessment (OPNA) Survey was administered at volunteering schools throughout Oklahoma, with approximately 100,000 students participating. Analysis of the data is not yet available. The prior Oklahoma Prevention Needs Assessment Survey was provided to volunteering schools in the spring of 2006. It, too, was a risk and protective factor survey and was funded through substance abuse block grant funds. It was developed and offered to schools in Oklahoma to give them a snapshot of the communities in which they live. Approximately 45,000 sixth, eighth, tenth, and twelfth grade students throughout the state participated in that survey. Each school received an analysis of the data from their school's surveys and had the option of whether they would share that information. In addition, statewide and regional data were generated. This information is available to the Area Prevention Resource Centers (APRCs), community coalitions, and the general public. This local Oklahoma data is invaluable as schools, prevention programs, and local coalitions develop goals and objectives and plan prevention activities in their communities.

In addition, Prevention Services on a state level, as well as locally, continue to utilize several sources for needs assessment information.

- The Oklahoma Kid's Count Data Book – a survey funded by the Annie E. Casey Foundation, addressing risk factors for children and youth
- The Oklahoma Youth Tobacco Survey Report through the Oklahoma State Department of Health
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- Behavioral Risk Factor Surveillance System through the Oklahoma State Department of Health
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- Fatality Analysis Reporting System

GOAL # 13. An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2009 (Intended Use):

ODMHSAS will continue to comply with this requirement by submitting an assessment of need for both treatment and prevention in the State for authorized activities, both by locality, and by the State in general.

The NSDUH estimates for Oklahoma will be utilized by the ODMHSAS Substance Abuse Services and Prevention Services Divisions for internal monitoring and planning. In addition, Oklahoma will be using the NSDUH estimates with the SAMHSA-funded Mental Health Transformation State Incentive Grant that expanded to include substance abuse.

In FY 2009, data will be available from the Oklahoma Prevention Needs Assessment (OPNA) Survey that was provided to a random selection of schools throughout Oklahoma in the spring of 2008. It is a risk and protective factor survey that was offered to volunteering schools in Oklahoma to give them a snapshot of the communities in which they live. Approximately 100,000 sixth, eighth, tenth, and twelfth grade students participated in the survey. Each school will receive an analysis of their school's data and has the option to share that information. In addition, statewide and regional data will be generated. This information will continue to be invaluable for the Area Prevention Resource Centers (APRCs), community coalitions, and the general public. Analysis of data from the survey is in the process of being developed. The OPNA Survey is administered every two years with the next one planned for 2010.

In addition, Prevention Services on a state level, as well as locally, will continue to utilize several sources for needs assessment information.

- The Oklahoma Kid's Count Data Book – a survey funded by the Annie E. Casey Foundation, addressing risk factors for children and youth
- The Oklahoma Youth Tobacco Survey Report through the Oklahoma State Department of Health
- The Youth Risk Behavior Survey through the Oklahoma State Department of Health and the Centers for Disease Control and Prevention.
- Social Archival Indicator data
- Local school data, such as dropout rates, incident reports, etc.
- National Survey on Drug Use and Health
- Behavioral Risk Factor Surveillance System through the Oklahoma State Department of Health
- Oklahoma Medical Examiner Data System
- Oklahoma Violent Death Reporting System
- Oklahoma Bureau of Narcotics and Dangerous Drugs
- Fatality Analysis Reporting System

Oklahoma

Goal #14: Hypodermic Needle Program

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2006 (Compliance):

Oklahoma agreed to ensure that no program funded through the block grant would use funds to provide individuals with hypodermic needles or syringes so that such individuals would use them for administering illegal drugs.

ODMHSAS contracts prohibit possession or exchange of hypodermic needles as a treatment or prevention measure.

ODMHSAS staff monitored providers for compliance.

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2008 (Progress):

Oklahoma continues to comply with this block grant requirement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) contractually requires all treatment facilities to comply with this substance abuse block grant requirement.

ODMHSAS staff continue to monitor providers for compliance.

GOAL # 14. An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2009 (Intended Use):

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will ensure that all Department and contracted substance abuse providers comply with the block grant requirement that no hypodermic needles or syringes will be provided to individuals for use with illegal drugs.

Compliance with this provision will continue to be a contractual requirement for all providers.

ODMHSAS staff will continue to monitor providers for compliance.

Oklahoma

Goal #15: Independent Peer Review

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2006 (Compliance):

Oklahoma agreed to promote independent peer review to assess and improve the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant.

Seven (7) providers participated in the peer review process. Oklahoma contracted with the Oklahoma Substance Abuse Services Alliance (OSASA), an organization of substance abuse prevention and treatment agencies throughout the state, to provide peer reviews of treatment agencies during the year. OSASA asked members to volunteer to provide and/or open their agencies to reviewers for the provision of peer reviews. Several agencies agreed to participate in the process and OSASA completed 7 reviews.

The purpose of contracting with OSASA was twofold, first to fulfill the block grant requirement, but secondly, to encourage and assist member agencies to participate in the peer review process. OSASA promoted peer reviews and supported the treatment agencies that participated in the reviews. OSASA provided an Oklahoma version of the New York State Peer Review form for the agencies to ensure that the appropriate services/information required by the substance abuse block grant regulations was evaluated.

After reviews were completed, OSASA forwards a certificate of completion to ODMHSAS. Agencies prefer that the reviews remain confidential and are kept on file by OSASA; however, they are reviewed each year by the state auditor and are available as needed for ODMHSAS or SAMHSA.

The block grant regulation on independent peer review requires that there is a separation of peer review personnel from funding decision-makers and that it is not conducted as part of the licensing/certification process. Oklahoma, therefore, accepts that at face value, peers reviewing agencies which provide the same types of services. The peer reviews assist in encouraging provider collaboration, learning additional skills from each other, communicating approaches to work out similar problems/concerns, and helping the reviewed organization meet client and record-keeping requirements.

As such, the peer review protocol and documents were reviewed by the Department prior to independent peer reviews being conducted to ensure inclusion of block grant requirements and notification when the reviews have taken place. This provided the Department with the needed information; however, the providers could feel free to communicate with each other and document the findings of the review without concern about any findings being passed on to the Department.

Oklahoma utilized other means to monitor client care and provider services. ODMHSAS monitored providers through site reviews. Technical assistance and other visits to agencies also occurred throughout the year. For example, the ODMHSAS Medicaid Program Manager met with agency staff to encourage and assist in filing for Medicaid contracts and claims for eligible clients. He also helped providers with ODMHSAS billing questions and was able to pass on any provider concerns, issues, or questions. In addition, other Department staff assigned to specific populations visited those provider agencies regularly and worked with them on any questions or technical assistance needs. Provider certification site visits also took place at least every 3 years and agencies were given a plan of correction for any requirements that were not being met. Provider Certification and substance abuse staff met regularly to discuss findings of monitoring at provider facilities.

ODMHSAS staff had regular meetings with specific populations of providers, such as providers of women with dependent children's services, adolescent services, co-occurring, drug court, etc. to address questions and concerns of the providers or to receive training on specified issues as needed. All of these visits with agencies provided information about troubling trends or issues that were of concern without utilizing the independent peer review. Since ODMHSAS does not utilize the peer review information, it ensures the separation of the review from being utilized by funding decision-makers.

The following table lists the numbers and percentage of peer reviews in Oklahoma:

PEER REVIEW			
State Fiscal Year	**Number of Reviews**	**Number of Agencies**	**%**
SFY1997	15	51	29%
SFY1998	22	59	37%
SFY1999	8	54	15%
SFY2000	9	43	21%
SFY2001	3	55	5%
SFY2002	10	60	17%
SFY2003	20	78	26%
SFY2004	11	57	19%
SFY2005	33	69	47%
SFY2006	9	48	19%
SFY2007	10	52	19%
SFY2008	7	47	15%

Oklahoma continued to meet the Block Grant requirement that at least 5% of treatment programs receiving block grant funding have an independent peer review.

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2008 (Progress):

Oklahoma continues to promote independent peer review for assessing and improving the quality and appropriateness of treatment services by providers that receive block grant funding. It is anticipated that Oklahoma will continue to meet or exceed the 5% peer review requirement.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Substance Abuse Services Alliance (OSASA) contract to promote and facilitate the independent peer review within the OSASA membership. OSASA is approximately a 50-member alliance comprised of substance abuse treatment and prevention agencies. The OSASA peer review program is modeled after the New York Office of Alcoholism and Substance Abuse Services independent peer review program. The format used by OSASA for peer reviews was designed to promote information sharing, as well as to meet SAPT block grant requirements.

Through collaboration with OSASA and provider agencies, Oklahoma will be able to continue to promote peer review and accomplish this block grant requirement.

GOAL # 15. An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2009 (Intended Use):

Oklahoma will continue to promote independent peer review for assessing and improving the quality and appropriateness of treatment services by providers that receive block grant funding. We anticipate that ODMHSAS will continue to meet or exceed the 5% peer review requirement.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will continue to contract with the Oklahoma Substance Abuse Services Alliance (OSASA) to facilitate the independent peer review process. OSASA is approximately a 50-member alliance comprised of substance abuse treatment and prevention agencies. The OSASA peer review program is modeled after the New York independent peer review program. The format used by OSASA for peer reviews was designed to promote information sharing, as well as to meet SAPT block grant requirements.

Through collaboration with OSASA and provider agencies, Oklahoma will be able to continue to promote peer review and accomplish this block grant requirement

Oklahoma

Attachment H: Independent Peer Review

Attachment H: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))
In **up to three pages** provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2007 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

Examples of **procedures** may include, but not be limited to:

• the role of the Single State Agency(SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review ;

• the role of the State Medical Director for Substance Abuse Services in the development of such procedures ;

• the role of the independent peer reviewers; and

• the role of the entity(ies) reviewed.

Examples of **activities** may include, but not be limited to:

• the number of entities reviewed during the applicable fiscal year ;

• technical assistance made available to the entity(ies) reviewed; and

• technical assistance made available to the reviewers, if applicable.

Attachment H: Independent Peer Review (See 45 C.F.R. 96.122(f)(3)(v))

In up to three pages provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2006 (See 42 U.S.C. 300x-53(a)(1) and 45 C.F.R. 96.136).

Examples of procedures may include, but not be limited to:

• the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;

• the role of the State Medical Director for Substance Abuse Services in the development of such procedures;

• the role of the independent peer reviewers; and

• the role of the entity(ies) reviewed.

Examples of activities may include, but not be limited to:

• the number of entities reviewed during the applicable fiscal year;

• technical assistance made available to the entity(ies) reviewed; and

• technical assistance made available to the reviewers, if applicable.

Attachment H: Independent Peer Review

Independent peer review is not a contractually required activity for treatment providers. Therefore in FFY 2006, ODMHSAS did not deliver technical assistance but continued to promote and encourage independent peer review through the Oklahoma Substance Abuse Services Alliance (OSASA). As such, Oklahoma was able to meet and exceed the 5% requirement. During SFY2006, 9 programs completed independent peer reviews out of 48 treatment programs receiving block grant funding, for a total of 19% of the programs. Reporting of peer reviews was obtained through a contractual agreement with OSASA.

Over the years, Oklahoma treatment staff encouraged providers to participate in peer review but it was difficult to motivate providers to review other programs as most of the staff were needed at their agencies to provide services to the clients. However, the Oklahoma Substance Abuse Services Alliance, an association made up primarily of substance abuse prevention and treatment agencies, became interested in promoting and encouraging providers to do peer reviews with fellow agencies. Rather than reinvent the wheel, OSASA invited a speaker from the New York Office of Alcoholism and Substance Abuse Services independent peer review program to their 2003 retreat. The speaker shared his agency's forms for peer review and explained their policies and

procedures. OSASA adopted the New York model for Oklahoma peer reviews. In state fiscal year 2005, ODMHSAS began contracting with OSASA to promote and facilitate independent peer reviews. OSASA agreed that their membership would participate in independent peer reviews within their organization and provide ODMHSAS with certificates of completion of the peer reviews, including date of review, agency reviewed, and agency reviewing the program. All agencies reviewing and being reviewed were volunteer agencies and felt there were benefits from the review.

No technical assistance was needed. OSASA presented the information about the New York program at an association retreat and New York provided the forms and policies. The forms used in the review were thorough and self-explanatory. ODMHSAS does not use the reviews to monitor needs of providers. Contract site reviews are completed by substance abuse services staff to review contract compliance and needs for technical assistance.

Oklahoma

Goal #16: Disclosure of Patient Records

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).
FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

FY 2006 (Compliance):

Oklahoma ensured that a system was in effect to protect patient records from inappropriate disclosure per 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. Part 2. Oklahoma statute, Title 43A, Mental Health Law, 1-109 provided requirements for substance abuse treatment facilities on confidentiality which included confidentiality and privilege, medical records and communications, personal access to records, transmission and release of information. The Oklahoma Administrative Code (OAC), Chapter 18 Standards and Criteria for Alcohol and Drug Treatment Programs, detailed state certification requirements for confidentiality for substance abuse treatment providers. Subchapter 7 of Chapter 18 specified rules for consumer records. Confidentiality requirements included rules for storage, consent forms, privilege, release of records, policies and procedures as well as many other requirements. Chapter 15, Consumer Rights, of the OAC, also provided requirements for confidentiality, including policies and procedures, communications, consent for disclosure, and notice of privileged and confidentiality information between the consumer and therapy staff.

ODMHSAS maintained written policies and procedures to protect patient confidentiality. Monitoring by ODMHSAS provider certification staff included a review of confidentiality policies and procedures and the training in effect at contracted agencies. To aid agencies and staff in disseminating information to employees, a booklet on confidentiality was made available through the ODMHSAS Resource Center.

An on-line training program trains ODMHSAS employees and volunteers on ODMHSAS confidentiality requirements. Employees and volunteers were assigned courses based on their job duties. The three courses include:

Course 1: Privacy Rule Fundamentals;
Course 2: Minimum Necessary Standard & Consumer Rights; and
Course 3: Protected Health Information - Access, Amendment & Disclosures.

ODMHSAS provider certification staff reviewed substance abuse treatment programs at least every three years, and substance abuse program staff monitored treatment agencies receiving block grant funding and state appropriations at least every two year for contract compliance of confidentiality requirements. Some providers were monitored yearly.

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

FY 2008 (Progress):

Oklahoma continues to ensure that a system is in effect to protect patient records from inappropriate disclosure per 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. Part 2. Oklahoma statute, Title 43A, Mental Health Law, 1-109 provides guidelines for substance abuse treatment facilities on confidentiality which includes confidentiality and privilege, medical records and communications, personal access to records, transmission and release of information. The Oklahoma Administrative Code (OAC), Chapter 18 Standards and Criteria for Alcohol and Drug Treatment Programs, details state certification requirements for confidentiality for treatment providers. Subchapter 7 of Chapter 18 specifies rules for consumer records. Confidentiality requirements includes rules for storage, consent forms, privilege, release of records, policies and procedures as well as many other requirements. Confidentiality is also a recurring theme throughout Chapter 18.

Oklahoma continues a system of providing training, information, and monitoring to ensure patient confidentiality and maintains a written policy and procedure on use and disclosure of patient health information.

The privacy officer conducts confidentiality training as a part of new employee orientation. In addition, on-line training is required for all staff and the training has been improved to include questions specifically directed at 42 CFR Part 2. On-line confidentiality training courses are assigned to employees and volunteers based on job duties. Training courses include:

Course 1: Privacy Rule Fundamentals
Course 2: Minimum Necessary Standard & Consumer Rights; and
Course 3: Protected Health Information – Access, Amendment & Disclosures

ODMHSAS published the "ODMHSAS Guide to Consumer Confidentiality and Privacy Issues" in June 2007 and the privacy officer has taken the Guide to all treatment facilities and provided training on Confidentiality at each of the facilities. In addition, the privacy officer meets monthly with provider Medical Record Supervisors in order to discuss confidentiality and legal issues, provide training, and answer any questions they might have.

SAMHSA provided a 2-day HIPAA Security training for ODMHSAS staff and supervisors, as well as state-operated facilities, in June 2007 in the Oklahoma City area. In August 2007, SAMHSA presented a 3-day HIPPA Security training for staff and facilities in the Tulsa area.

The privacy officer and staff from the legal and consumer advocate divisions provide confidentiality training to facilities that request additional training. These sessions provide scenarios to allow interactive participation by attendees. A question and answer session is also held. In addition, the privacy officer is working with the electronic medical records vendor for state-operated facilities to ensure confidentiality is maintained.

Patient confidentiality is specified in certification requirements in the Oklahoma Administrative Code and in provider contracts. These requirements are monitored by ODMHSAS provider certification and program staff.

GOAL # 16. An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

FY 2009 (Intended Use):

Oklahoma will continue to ensure that a system is in effect to protect patient records from inappropriate disclosure per 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. Part 2. Oklahoma statute, Title 43A, Mental Health Law, 1-109 and the Oklahoma Administrative Code (OAC), Chapter 18 Standards and Criteria for Alcohol and Drug Treatment Programs, will continue to specify rules on confidentiality for substance abuse treatment providers.

Oklahoma will also continue a system of providing training, information, and monitoring to ensure patient confidentiality and to protect patient records from inappropriate disclosure. The Oklahoma Department of Mental Health and Substance Abuse Services will continue to place a high priority on patient confidentiality.

The privacy officer will continue to train new employees in confidentiality during orientation. The on-line confidentiality training program that was developed to train ODMHSAS employees and volunteers will continue to be updated as needed. Confidentiality and HIPAA courses assigned to volunteers and staff will be based on their job duties. The three courses include:

Course 1: Privacy Rule Fundamentals;
Course 2: Minimum Necessary Standard & Consumer Rights; and
Course 3: Protected Health Information - Access, Amendment & Disclosures.

It is anticipated that the privacy officer will continue to meet as necessary with provider Medical Record Supervisors in order to discuss confidentiality and legal issues, provide training, and answer any questions they might have. In addition, ODMHSAS will continue to provide training and publications to answer confidentiality questions as requested by providers for their staff. The privacy officer remains very active in ensuring facilities understand confidentiality requirements.

Patient confidentiality requirements will continue to be specified in the Oklahoma Administrative Code and in provider contracts. Provider certification staff and substance abuse services program staff will continue to monitor confidentiality requirements.

Oklahoma

Goal #17: Charitable Choice

GOAL # 17. An agreement to ensure that the State has in effect a system to comply with services provided by non-governmental organizations (See 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(b) and 54.8(c)(4), Charitable Choice Provisions; Final Rule (68 FR 189, pp. 56430-56449, September 30, 2003).

FY 2006 (Compliance):
FY 2008 (Progress):
FY 2009 (Intended Use):

GOAL # 17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations).

FY 2006 (Compliance):

All treatment programs that receive Substance Abuse Prevention and Treatment Block Grant funding must be certified by the Oklahoma Department of Mental Health and Substance Abuse Services, meeting certification standards established under State Law. As such, only one faith-based program is a certified substance abuse treatment program. The agency is a small agency, located in a separate location from the church, and provides outpatient services along the southern border of Oklahoma. They are a faith-based mission of their church.

ODMHSAS forwarded a copy of the Charitable Choice Provisions: Final Rule to the agency for review of the regulations. Utilizing the "Model Notice" in the regulations, the agency developed a notice that they are providing to all clients regarding their right to alternative services if they have a religious objection to the services provided by the agency. The program is very accommodating and works with any client who feels other services would fulfill their treatment need more appropriately, whether due to religious objection or wanting alternative services for any other reason. If there are any objections to the agency due to religious reasons, the agency will notify a designated ODMHSAS staffer and both the agency and the state will help the client find alternative services. To date, no objections have been made.

One of Oklahoma's prevention programs, Gateway to Prevention and Recovery, worked closely with Faith Partners, a program through the Rush Center of the Johnson Institute. Gateway received federal block grant funding and through Faith Partners helped with training pastors and key church leaders about how to recognize drug or alcohol use, ways to openly discuss the subjects within the culture of their faith without being judgmental, how they could be instrumental in prevention and intervention needs and referrals, in encouraging parishioners to seek treatment, and how to help with the recovery efforts.

Oklahoma provided state funding for a training initiative through the United Methodist Chemical Dependency Ministries in Oklahoma. Each year they conduct a twelve-day comprehensive training for twenty clergy or lay members. The training teaches the participants how to recognize substance use and dependency, early intervention skills, and resources for treatment referrals. Written materials, food and lodging for the training were also provided.

GOAL # 17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations).

FY 2008 (Progress):

All treatment programs that receive Substance Abuse Prevention and Treatment Block Grant funding must be certified by the Oklahoma Department of Mental Health and Substance Abuse Services, meeting certification standards established under State Law. To date, only one faith-based program is a certified substance abuse treatment program. The agency is a small agency, located in a separate location from the church, and provides outpatient services along the southern border of Oklahoma. They are a faith-based mission of their church.

The system developed by ODMHSAS to comply with the Charitable Choice Provision and Regulation ensures that a notice is provided to each client of the faith-based program, alternative services are provided when requested and objections are recorded by the state. Utilizing the "Model Notice" in the regulations, the agency developed a notice that they are providing to all clients regarding their right to alternatives services if they have a religious objection to the services provided by the agency. The program is very accommodating and works with any client who feels other services would fulfill their treatment need more appropriately, whether due to religious objection or wanting alternate services for any other reason. If there are any objections to the agency due to religious reasons, the agency will notify a designated ODMHSAS staffer and both the agency and the state will help the client find alternative services. To date, no objections have been made.

One of Oklahoma's prevention programs, Gateway to Prevention and Recovery, works closely with Faith Partners, a program through the Rush Center of the Johnson Institute. Gateway receives both state appropriations and federal block grant funding and through Faith Partners helps train pastors and key church leaders about how to recognize drug or alcohol use, ways to openly discuss the subjects within the culture of their faith without being judgmental, how they could be instrumental in prevention and intervention needs and referrals, in encouraging parishioners to seek treatment, and how to help with the recovery efforts.

Oklahoma also provided state funding for a training initiative through the United Methodist Chemical Dependency Ministries in Oklahoma. Each year they conduct a twelve-day comprehensive training for twenty clergy or lay members. The training teaches the participants how to recognize substance use and dependency, early intervention skills, and resources for treatment referrals. Written materials, food and lodging for the training were also provided.

Oklahoma was awarded an Access to Recovery (ATR) grant in 2007. One religious ministry began the certification process to serve outpatient clients for the Oklahoma Access to Recovery (OATR) program in the Oklahoma City area in 2008 and has received temporary certification. At this time, it is not yet serving OATR clients and is not funded through the block grant monies.

GOAL # 17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations).

FY 2009 (Intended Use):

Oklahoma has a strong faith-based community. Oklahomans tend to see a need within their congregations or in local communities and move to meet that challenge. Several of the treatment programs began as a mission by compassionate, caring churches or individuals; however, their inception was prior to the Charitable Choice regulations. They met all the state certification requirements and their programs included only client treatment. Spiritual information, as discussed in Twelve Step Programs, was built into all the treatment programs but no inherently religious activities were provided or offered. In essence, all the treatment providers had become secular programs. However, Oklahoma now has one program that considers itself to be a faith-based program. It began as a ministry of the church, found a location, hired staff, applied for certification and is serving clients in a small town along the southern border of Oklahoma with Texas.

The system developed by ODMHSAS to comply with the Charitable Choice Provision and Regulation ensures that a notice is provided to each client of the faith-based program, alternative services are provided when requested and objections are recorded by the state. Utilizing the "Model Notice" in the regulations, the agency developed a notice that they are providing to all clients regarding their right to alternatives services if they have a religious objection to the services provided by the agency. The program is very accommodating and works with any client who feels other services would fulfill their treatment need more appropriately, whether due to religious objection or wanting alternate services for any other reason. If there are any objections to the agency due to religious reasons, the agency will notify a designated ODMHSAS staffer and both the agency and the state will help the client find alternative services. To date, no objections have been made.

ODMHSAS will continue to monitor the program for contract compliance and compliance with the Charitable Choice regulations.

State: Oklahoma

Attachment I: Charitable Choice

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

For the fiscal year prior (FY 2008) to the fiscal year for which the State is applying for funds check the appropriate box(es) that describe the State's procedures and activities undertaken to comply with the provisions.

Notice to Program Beneficiaries -Check all that Apply

- [x] Used model notice provided in final regulations
- [ ] Used notice developed by State (Please attach a copy in Appendix A)
- [x] State has disseminated notice to religious organizations that are providers
- [x] State requires these religious organizations to give notice to all potential beneficiaries

Referrals to Alternative Services -Check all that Apply

- [ ] State has developed specific referral system for this requirement
- [x] State has incorporated this requirement into existing referral system(s)
- [x] SAMHSA's Treatment Facility Locator is used to help identify providers
- [x] Other networks and information systems are used to help identify providers
- [x] State maintains record of referrals made by religious organizations that are providers
- [x] 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Training was provided by telephone and through email for the only faith-based agency that is providing treatment services for clients with block grant funding. A copy of the regulation was emailed to the provider. The provider utilized the Model Notice to develop a notice for all clients entering their facility for services. A system was developed and the information was communicated to the provider who is very cooperative and accommodating. The provider will notify the state, through a designated ODMHSAS staff member, of any objection to the faith-based program expressed by an individual seeking treatment, along with the referrals or linkages to alternative treatment programs that are provided for the client. The state will help with referrals if needed and will keep a record of all such objections, the referrals that were made, and which provider the client chose for services. This will be monitored by state treatment staff.

State: Oklahoma

Attachment J

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

☐ To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d)).

☐ Rural area early intervention services HIV requirements (See 42 U.S.C. 300x-24(b)(5)(B) and 45 C.F.R. 96.128 (d))

☐ Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))

☐ Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(c) and 45 C.F.R. 96.134(b))

☐ Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

- Foot Notes

Oklahoma has not requested any waivers.

Oklahoma
Attachment J: Waivers

Attachment J: Waivers
If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as an attachment to the application, if possible. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively. A formal waiver request must be submitted to SAMHSA at some point in time if not included as an attachment to the application.

No waivers are being requested.

Form 4

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State: Oklahoma

Dates of State Expenditure Period: From: 7/1/2007 To: 6/30/2008

	Source of Funds					
Activity	**A.SAPT Block Grant FY 2006 Award (Spent)**	**B.Medicaid (Federal, State and Local)**	**C.Other Federal Funds (e.g., Medicare, other public welfare)**	**D.State Funds**	**E.Local Funds (excluding local Medicaid)**	**F.Other**
Substance Abuse Prevention* and Treatment	$ 13,236,817	$ 586,633	$ 2,756,849	$ 39,913,360	$ 0	$ 0
Primary Prevention	$ 3,529,818		$ 394,552	$ 966,149	$ 0	$ 0
Tuberculosis Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
HIV Early Intervention Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Administration: Excluding Program/Provider	$ 882,454		$	$ 3,741,692	$ 0	$ 0
Column Total	**$17,649,089**	**$586,633**	**$3,151,401**	**$44,621,201**	**$0**	**$0**

***Prevention other than Primary Prevention**

Form 4ab

State: Oklahoma

Form 4a. Primary Prevention Expenditures Checklist

Activity	SAPT Block Grant FY 2006	Other Federal	State Funds	Local Funds	Other
Information Dissemination	$ 664,965	$ 74,964	$ 183,568	$	$
Education	$ 209,989	$ 23,673	$ 57,969	$	$
Alternatives	$ 104,994	$ 11,836	$ 28,984	$	$
Problem Identification & Referral	$ 2,100	$ 236	$ 580	$	$
Community Based Process	$ 2,237,785	$ 252,279	$ 617,756	$	$
Environmental	$ 279,985	$ 31,564	$ 77,292	$	$
Other	$	$	$	$	$
Section 1926 - Tobacco	$ 30,000	$	$	$	$
Column Total	**$3,529,818**	**$394,552**	**$966,149**	**$0**	**$0**

Form 4b. Primary Prevention Expenditures Checklist

Activity	SAPT Block Grant FY 2006	Other Federal	State Funds	Local Funds	Other
Universal Indirect	$	$	$	$	$
Universal Direct	$	$	$	$	$
Selective	$	$	$	$	$
Indicated	$	$	$	$	$
Column Total	**$0**	**$0**	**$0**	**$0**	**$0**

Form 4c

Resource Development Expenditure Checklist

State: Oklahoma

Did your State fund resource development activities from the FY 2006 SAPT Block Grant?

◉ **Yes** ○ **No**

Expenditures on Resource Development Activities are:

○ **Actual** ◉ **Estimated**

Activity	Column 1 Treatment	Column 2 Prevention	Column 3 Additional Combined	Total
Planning, Coordination and Needs Assessment	$ 140,225	$ 85,000	$ 0	$ 225,225
Quality Assurance	$ 145,000	$ 20,000	$ 0	$ 165,000
Training (post-employment)	$ 149,820	$ 77,180	$ 0	$ 227,000
Education (pre-employment)	$ 0	$ 0	$ 0	$ 0
Program Development	$ 0	$ 0	$ 0	$ 0
Research and Evaluation	$ 0	$ 0	$ 0	$ 0
Information Systems	$ 205,000	$ 105,000	$ 0	$ 310,000
Column Total	**$640,045**	**$287,180**	**$0**	**$927,225**

Form 6

SUBSTANCE ABUSE ENTITY INVENTORY

State: Oklahoma

				FISCAL YEAR 2006			
1. Entity Number	**2. I-SATS ID** [X] if no I-SATS ID	**3. Area Served**	**4. State Funds** (Spent during State expenditure period)	**5. SAPT Block Grant Funds for Substance Abuse Prevention and Treatment Services (other than primary prevention)**	**5a. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children**	**6. SAPT Block Grant Funds for Primary Prevention**	**7. SAPT Block Grant Funds for Early Intervention Services for HIV** (if applicable)
081	x	Southwest	$37,146	$0	$0	$0	$0
082	x	Southeast	$97,750	$0	$0	$0	$0
083	x	Southeast	$30,812	$0	$0	$0	$0
084	x	Northeast	$38,250	$0	$0	$0	$0
085	x	Central	$55,250	$0	$0	$0	$0
086	x	Northwest	$29,750	$0	$0	$0	$0
087	x	Southeast	$93,500	$0	$0	$0	$0
088	x	Northeast	$46,750	$0	$0	$0	$0
089	X	Southwest	$55,250	$0	$0	$0	$0
091	X	Northeast	$63,750	$0	$0	$0	$0
092	x	Statewide (optional)	$119,131	$32,000	$0	$0	$0
093	x	East Central	$25,000	$0	$0	$0	$0
094	x	East Central	$38,250	$0	$0	$0	$0
095	X	Southeast	$55,250	$0	$0	$0	$0
096	X	Northwest	$25,000	$0	$0	$0	$0
097	X	Central	$39,000	$0	$0	$0	$0
099	X	Northeast	$16,667	$0	$0	$0	$0
100	X	Statewide (optional)	$0	$140,000	$0	$0	$0
102	OK301111	Central	$5,580,497	($13,105)	$0	$0	$0
105	X	Tulsa County	$978,619	$0	$0	$0	$0
205	OK300204	Northeast	$2,056,414	$5,493	$0	$0	$0
301	OK102543	Northwest	$1,614,474	$0	$0	$91,837	$0
452	OK100439	Statewide (optional)	$1,278,421	$226,860	$0	$668,129	$0
458	OK100469	Tulsa County	$699,492	$0	$0	$0	$0
461	OK101420	Tulsa County	$551,997	$0	$0	$0	$0
462	OK100470	Northeast	$194,000	$0	$0	$0	$0
463	OK100444	East Central	$269,570	$0	$0	$0	$0
464	OK100285	Southeast	$76,579	$17,646	$0	$0	$0
465	OK101362	Northeast	$309,488	$0	$0	$0	$0
466	OK100311	Northeast	$12,218	$0	$0	$115,000	$0
467	OK100362	Central	$278,324				
469	OK100550	Tulsa County	$154,933	$0	$0	$0	$0

471	OK100440	Southeast	$162,321	$0	$0	$0	$0
473	OK100528	Oklahoma County	$83,080	$0	$0	$0	$0
480	OK100545	Tulsa County	$210,257	$0	$0	$0	$0
481	X	Tulsa County	$65,040	$0	$0	$0	$0
482	OK751059	Northeast	$52,575	$0	$0	$0	$0
488	OK100647	Tulsa County	$145,204				
50	OK100457	Southwest	$38,250	$0	$0	$0	$0
503	OK301194	East Central	$817,689	$133,739	$0	$126,110	$0
51	OK100461	Central	$138,007	$0	$0	$0	$0
52	OK100452	East Central	$213,208	$0	$0	$0	$0
53	OK100465	Northwest	$86,063	$0	$0	$0	$0
54	OK100456	Southeast	$46,750	$0	$0	$0	$0
541	OK100546	Tulsa County	$878,062	$0	$0	$0	$0
55	OK100460	Southeast	$131,750	$0	$0	$0	$0
551	OK900003	Northeast	$8,481	$0	$0	$0	$0
552	OK901167	Southeast	$844,867	$109,910	$0	$0	$0
553	OK750440	Oklahoma County	$329,885	$8,683	$0	$106,840	$0
554	X	Northeast	$516,005	$0	$0	$0	$0
557	OK301376	Oklahoma County	$44,180	$0	$0	$0	$0
559	OK901449	East Central	$171,015	$0	$0	$94,985	$0
56	OK100458	Northeast	$63,750	$0	$0	$0	$0
561	OK901886	East Central	$645,739	$0	$0	$0	$0
562	OK100323	Oklahoma County	$502,356	$0	$0	$0	$0
564	OK100257	Tulsa County	$12,234	$0	$0	$0	$0
57	OK100453	Central	$68,353	$0	$0	$0	$0
58	OK100462	East Central	$66,229	$0	$0	$0	$0
59	OK100464	Oklahoma County	$479,188	$0	$0	$0	$0
61	OK100468	Southeast	$206,327	$0	$0	$0	$0
63	OK100466	Southeast	$80,750	$0	$0	$0	$0
639	OK100406	Southeast	$448,591	$5,013	$0	$0	$0
64	OK100449	Southeast	$127,996	$0	$0	$0	$0
640	OK100422	Tulsa County	$1,315,653	$1,094,705	$0	$0	$0
642	OK750705	Southwest	$209,194	$208,544	$0	$0	$0
643	OK100232	Southwest	$707,809	$265,719	$0	$0	$0
644	OK901548	Oklahoma County	$369,316	$1,199,992	$0	$0	$0
650	OK750903	Southeast	$136,684	$158,587	$0	$0	$0
651	OK901936	East Central	$505,363	$1,513,920	$1,243,656	$0	$0
654	OK751141	Northeast	$291,468	$17,022	$0	$0	$0
655	OK750267	Southeast	$985,874	$732,712	$589,237	$102,729	$0
657	OK750218	Southwest	$371,568	$71,694	$0	$0	$0
66	OK100451	East Central	$61,979	$0	$0	$0	$0
660	OK751034	Northwest	$244,462	$95,000	$0	$0	$0
661	OK900888	Northwest	$130,331	$132,682	$0	$100,688	$0
663	OK900904	Northeast	$143,169	$5,090	$0	$0	$0
671	OK102832	Northwest	$0	$317,142	$317,142	$0	$0
675	OK100315	Tulsa County	$90,834	$0	$0	$0	$0
68	OK100459	East Central	$178,500	$0	$0	$0	$0
684	OK100407	Southeast	$0	$40,153	$0	$0	$0
686	OK100551	Oklahoma County	$175,925	$0	$0	$0	$0
69	OK100450	Southwest	$72,250	$0	$0	$0	$0

691	OK901217	Northeast	$248,556	$39,921	$0	($793)	$0
694	OK102782	East Central	$0	$138,341	$138,341	$0	$0
70	OK100454	Southeast	$76,500	$0	$0	$0	$0
71	x	Northeast	$72,250	$0	$0	$0	$0
72	x	Central	$50,646	$0	$0	$0	$0
73	X	East Central	$72,604	$0	$0	$0	$0
74	X	Northeast	$129,997	$0	$0	$0	$0
75	X	Southwest	$72,250	$0	$0	$0	$0
77	x	Statewide (optional)	$0	$143,663	$0	$0	$0
78	X	Statewide (optional)	$0	$0	$0	$21,000	$0
782	OK100606	Oklahoma County	$344,120	$1,455,805	$1,455,805	$0	$0
80	x	Southwest	$29,750	$0	$0	$0	$0
813	x	East Central	$0	$0	$0	$37,971	$0
820	OK100935	Oklahoma County	$880,594	$713,118	$713,118	$159,211	
821	OK101487	Tulsa County	$101,880			$195,416	
822	OK101081	Southwest	$79,877	$0	$0	$248,623	$0
825	OK101156	Statewide (optional)	$52,874	$0	$0	$512,393	$0
834	OK101495	Southeast	$6,677	$0	$0	$115,000	$0
835	OK101016	Oklahoma County	$0	$54,167	$54,167	$0	$0
844	OK101503	Northwest	$24,149	$0	$0	$175,000	$0
845	OK102790	Oklahoma County	$0	$32,729	$0	$69,064	$0
851	OK101255	Oklahoma County	$3,752				
901	OK901043	Oklahoma County	$288,335	$209,777	$0	$0	$0
903	OK100216	Tulsa County	$1,209,796	$612,815	$532,820	$0	$0
905	OK750929	East Central	$447,252	$0	$0	$0	$0
906	OK750333	Central	$458,239	$262,135	$0	$155,000	$0
907	OK100869	Northeast	$406,108	$86,265	$0	$0	$0
908	OK750606	Northeast	$0	$96,834	$0	$0	$0
909	OK750788	Central	$368,592	$114,277	$0	$0	$0
910	OK901522	Oklahoma County	$798,835	$475,422	$0	$0	$0
911	OK900532	Southeast	$224,347	$163,399	$0	$0	$0
913	OK900912	Northeast	$25,158	$119,995	$0	$0	$0
914	OK900862	Southeast	$378,676	$5,020	$0	$0	$0
915	OK750846	Northeast	$31,688	$136,835	$0	$0	$0
919	OK101230	Southeast	$188,624				
926	OK901480	Oklahoma County	$805	$0	$0	$175,268	$0
929	OK301467	Oklahoma County	$72,547	$4,978	$0	$0	$0
932	OK901761	Tulsa County	$90,180	$0	$0	$0	$0
934	OK100299	Southeast	$526,625	$175,392	$0	$115,000	$0
935	OK901431	Central	$172,827	$8,243	$0	$0	$0
938	OK101347	Oklahoma County	$108,871	$0	$0	$0	$0
941	OK100307	Northwest	$163,900	$5,006	$0	$0	$0
943	OK101271	Tulsa County	$270,835	$34,741	$0	$0	$0
949	OK100810	Northeast	$246,079	$0	$0	$0	$0
951	OK101198	Oklahoma County	$466,513				
953	OK102873	Northwest	$25,230	$780,131	$780,131		
958	OK102857	Oklahoma County	$243,447	$142,681	$0	$0	$0
960	OK100142	Tulsa County	$199,721	$0	$0	$0	$0
962	OK100527	Southeast	$460,299	$560,514	$510,412	$0	$0
963	x	Tulsa County	$635,685	$0	$0	$0	$0

964	OK100408	Central	$1,080,650	$0	$0	$0	$0
966	OK100946	Southeast	$71,068	$0	$0	$0	$0
967	OK101028	Oklahoma County	$152,130	$0	$0	$0	$0
968	OK101030	Southeast	$48,175	$0	$0	$0	$0
969	OK101086	Northwest	$108,135	$0	$0	$0	$0
986	OK100473	Statewide (optional)	$0	$0	$0	$85,347	$0
988	OK100472	Statewide (optional)	$21,792	$145,412	$145,412	$30,000	$0
991	X	Tulsa County	$45,756	$0	$0	$0	$0
993	x	Statewide (optional)	$0	$0	$0	$30,000	$0
Totals:			**$40,879,509**	**$13,236,817**	**$6,480,241**	**$3,529,818**	**$0**

PROVIDER ADDRESS TABLE

State: Oklahoma

Provider ID	Description	Provider Address
081	Caddo County Drug Court	PO Box 605 Chickasha, OK 73032 405-224-3737
082	Carter County Drug Court	20 B Street SW #304 Ardmore, OK 73401 580-223-3803
083	Johnston County Drug Court	PO Box 133 Tishomingo, OK 73460 580-371-3530
084	Kay County Drug Court	620 W Grand Ponca City, OK 74465 580-762-1462
085	Lincoln County Drug Court	109 W 9th St Chandler, OK 74834 405-258-5125
086	Logan County Drug Court	301 E Harrison Guthrie, OK 73044 405-282-6941
087	McCurtain County Drug Court	108 N Central Idabel, OK 74745 580-286-2221
088	Ottawa County Drug Court	PO Box 489 Jay, OK 74346 918-253-8298
089	Stephens County Drug Court	101 S. 11th Street Duncan, OK 73533 580-470-2020
091	Washington County Drug Court	420 S. Johnstone St. Bartlesville, OK 74003 918-337-2804
092	OSASA	3200 NW 48th Street, Suite 201 Oklahoma City, OK 73112 405-702-7215
093	McIntosh County Drug Court	115 E Carl Albert Parkway McAlester, OK 74501 918-423-6866
094	Okfuskee County Drug Court	PO Box 764 Okemah, OK 74859 918-716-0900
095	Pittsburg County Drug Court	118 E. Carl Albert McAlester, OK 74501 918-470-6874
096	Woodward County Drug Court	1600 Main Woodward, OK 73081 580-334-1540
097	Cherokee County Drug Court	307 E. Cherokee, #12 Wagoner, OK 74467 918-431-0418
099	Osage County Drug Court	600 Grandview Pawhuska, OK 74056 918-287-3301
100	Oxford House	1010 Wayne Avenue, Suite 400 Silver Spring, MD 20910 301-587-2916
105	Tulsa Center for Behav Health	2323 S Harvard Tulsa, OK 74114-3301 918-293-2140

481	Positive Behavioral Strategies	1629 S Peoria Tulsa, OK 74120 918-585-9888
554	Edwin Fair	1500 N. 6th Ponca City, OK 74601-2801 580-762-7561
71	Delaware County Drug Court	PO Box 528 Jay, OK 74346 918-253-4217
72	Grady County Drug Court	217 N 3rd Chickasha, OK 73018 405-224-0686
73	Okmulgee County Drug Court	314 W 7th St, Room 106A Okmulgee, OK 74447 918-758-1272
74	Rogers County Drug Court	219 S. Missouri St, B107 Claremore, OK 74017 918-342-0384
75	Washita County Drug Court	111 E. Main St Cordell, OK 73632 580-832-3226
77	OK Citizen Advocates for Recovery & Treatment Assoc. (OCARTA)	5131 N. Classen, Suite 200 Oklahoma City, OK 73118 405-848-7555
78	Oklahoma Department of Public Safety	3600 N Martin Luther King Avenue Oklahoma City, OK 73136-0415 405-425-2424
80	Comanche County Drug Court	315 SW 5th, Room 408 Lawton, OK 73501 580-581-4570
813	John Crow IV Memorial Foundation	PO Box 390430 Dustin, OK 74839 918-656-3905
963	Tulsa Boys Home	PO Box 1101 Tulsa, OK 74101-1101 918-245-0231
991	TULSA SPEECH & HEARING	8740 E 11th Street Tulsa, OK 74112 918-832-8742
993	Oklahoma Alcoholic Beverage Laws Enforcement Commission	4545 N Lincoln Blvd, Sute 270 Oklahoma City, OK 73105-3414 405-521-3484

Form 6a

State: Oklahoma

Prevention Strategy Report

Column A (Risks)	Column B(Strategies)	Column C (Providers)
Children of Substance Abusers [1]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Education programs for youth groups [14]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Pregnant Women/Teens [2]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19

	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Drop-Outs [3]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Violent and Delinquent Behavior [4]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Mental Health Problems [5]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19

	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Economically Disadvantaged [6]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Physically Disabled [7]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19

	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Abuse Victims [8]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Already Using Substances [9]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19

	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19
Homeless and/or Run away Youth [10]	Clearinghouse/information resources centers [1]	19
	Resources directories [2]	19
	Brochures [4]	19
	Speaking engagements [6]	19
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	19
	Information lines/Hot lines [8]	1
	Parenting and family management [11]	19
	Peer leader/helper programs [13]	19
	Drug free dances and parties [21]	19
	Youth/adult leadership activities [22]	19
	Treatment Resources Publication [34]	19
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	19
	Systematic planning [42]	19
	Multi-agency coordination and collaboration/coalition [43]	19
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	19
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	19

Form 7a

TREATMENT UTILIZATION MATRIX

State: Oklahoma

Dates of State Expenditure Period: From: 7/1/2007 To: 6/30/2008

	Number of Admissions ≥ Number of Persons		Costs per Person		
Level of Care	**A.Number of Admissions**	**B.Number of Persons**	**C.Mean Cost of Services per Person**	**D.Median Cost of Services per Person**	**E.Standard Deviation of Cost per Person**
Detoxification (24-Hour Care)					
Hospital Inpatient (Detox)	0	0	$ 0	$ 0	$ 0
Free-standing Residential	3094	2749	$ 586	$ 533	$ 329
Rehabilitation / Residential					
Hospital Inpatient (Rehabilitation)	0	0	$ 0	$ 0	$ 0
Short-term (up to 30 days)	3636	3384	$ 3567	$ 2215	$ 4421
Long-term (over 30 days)	817	782	$ 4751	$ 3680	$ 4546
Ambulatory (Outpatient)					
Outpatient	12390	11625	$ 440	$ 212	$ 590
Intensive Outpatient	36	34	$ 2755	$ 2490	$ 1430
Detoxification	0	0	$ 0	$ 0	$ 0
Opioid Replacement Therapy (ORT)					
Opioid Replacement Therapy	0	0	$ 0	$ 0	$ 0

Form 7b

Number of Persons Served (Unduplicated Count) for alcohol and other drug use in state-funded services by age, sex, and race/ethnicity

State: Oklahoma

Age	A. Total	B. White		C. Black or African American		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under	1874	765	504	165	60	6	3	8	3	128	93	69	59	6	5	819	531	106	44
2. 18-24	3170	1351	957	208	157	8	4	6	4	195	180	43	51	1	5	1779	1276	105	65
3. 25-44	7875	3225	2373	723	464	22	16	16	8	462	396	81	75	10	4	4193	3084	190	93
4. 45-64	2368	1172	505	298	143	11	2	2	1	129	59	27	17	2	0	1400	583	22	15
5. 65 and over	40	18	12	4	2	0	0	0	0	3	1	0	0	0	0	25	4	0	0
6. Total	15327	6531	4351	1398	826	47	25	32	16	917	729	220	202	19	14	8216	5478	423	217
7. Pregnant Women	408		251		60		2		1		73		19		2		397		11

Did the values reported by your State on Forms 7a and 7b come from a client-based system(s) with unique client identifiers? (•) Yes ( ) No

Numbers of Persons Served who were admitted in a period prior to the 12 month reporting period. 3543

Oklahoma
Description of Calculations

Description of Calculations
If revisions or changes are necessary to prior years' description of the following, please provide: a brief narrative describing the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by 42 U.S.C. 300x-22(b)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. 300x-24(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by 42 U.S.C. 300x-24(d) (See 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

Description of Calculations

In a brief narrative, provide a description of the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by 42 U.S.C. 300x-22(b)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. 300x-24(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by 42 U.S.C. 300x-24(d) (See 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

AMOUNTS AND METHODS USED TO CALCULATE THE FOLLOWING:

1. The base for services to pregnant women and women with dependent children was established by calculating the following:

   A. The total amount expended for programs designed to meet the needs of pregnant women and women with dependent children in FFY 1992 was $1,584,567. In FFY 1993, 5% of the block grant was added to that amount, $539,970. And in FFY 1994, another 5% of the block grant was added to increase services, in the amount of $639,211. The total amount required for Oklahoma's base expenditure is $2,763,748.

FFY 1992	$1,584,567
FFY 1993	539,970
FFY 1994	639,211
Base	$2,763,748

   B. For FFY 1995 and subsequent years, expenditures for services designed to meet the needs of pregnant women and women with dependent children are as follows:

FFY 1995	$3,498,038
FFY 1996	$2,957,435
FFY 1997	$3,044,372
FFY 1998	$2,846,774
FFY 1999	$2,950,091
FFY 2000	$2,780,327
FFY 2001	$2,763,999
FFY 2002	$2,763,999
FFY 2003	$2,763,999
FFY2004	$4,944,825
FFY2005	$4,108,283
FFY2006	$4,944,825
FFY2007	$4,920,518
FFY2008	$6,480,241

2. The base for tuberculosis services, as required by the block grant, was established by calculating the following:

   A. The amount of State tuberculosis expenditures utilized by substance abuse clients for SFY 1991 and SFY 1992 were added together and averaged. The result was $37,663.

SFY 1991	$38,421	
SFY 1992	36,904	
	$75,325	Average = $37,663

   B. In 2003, Oklahoma received technical assistance from CSAT. As a result the amounts prior to that year were revised. All those years, however, except 1993, were similar amounts to those listed in previous SAPT block grant applications, and continue to exceed the base maintenance of effort amount. For FY 1993 and subsequent years, tuberculosis expenditures are as follows:

SFY 1993	$ 23,506
SFY 1994	$ 47,570
SFY 1995	$ 72,280
SFY 1996	$ 45,025
SFY 1997	$ 97,046
SFY 1998	$107,601
SFY 1999	$148,365
SFY 2000	$ 99,565
SFY 2001	$146,393
SFY 2002	$130,644
SFY 2003	$ 82,272
SFY 2004	$100,122
SFY 2005	$168,987
SFY 2006	$271,915
SFY 2007	$138,624
SFY 2008	$122,708

3. Oklahoma is not a designated state.

SSA (MOE TABLE I)

State: Oklahoma

Total Single State Agency (SSA) Expenditures for Substance Abuse (Table I)

PERIOD (A)	EXPENDITURES (B)	B1(2006) + B2(2007) ------------------- 2 (C)
SFY 2006 (1)	**$27,231,212**	
SFY 2007 (2)	**$31,689,156**	**$29,460,184**
SFY 2008 (3)	$ 44,621,201	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

FY 2006 (•) Yes ( ) No

FY 2007 (•) Yes ( ) No

FY 2008 (•) Yes ( ) No

If estimated expenditures are provided, please indicate when "actual" expenditure data will be submitted to SAMHSA (mm/dd/yyyy):

The MOE for State fiscal year(SFY) 2008 is met if the amount in Box B3 is greater than or equal to the amount in Box C2 assuming the State complied with MOE Requirements in these previous years.

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

( ) Yes (•) No If yes, specify the amount and the State fiscal year: $, (SFY)

Did the State include these funds in previous year MOE calculations?

( ) Yes (•) No

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? (Date)

TB (MOE TABLE II)

State: Oklahoma

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment (Table II)

(BASE TABLE)

Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment A X B (C)	Average of Columns C1 and C2 C1 + C2 -------- 2 (D)
SFY 1991 (1)	$ 462,905	8.30 %	$ 38,421	$ 37,663
SFY 1992 (2)	$ 444,632	8.30 %	$ 36,904	

(MAINTENANCE TABLE)

Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment A X B (C)
SFY 2008 (3)	$ 705,218	17.40 %	$ 122,708

HIV (MOE TABLE III)

State: Oklahoma

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Table III)

(BASE TABLE)

Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 A1 + A2 -------- 2 (B)
SFY 1993 (1)	$ 0	$ 0
SFY 1994 (2)	$ 0	

(MAINTENANCE TABLE)

Period	Total of All State Funds Spent on Early Intervention Services for HIV* (A)
SFY 2008 (3)	$ 0

* Provided to substance abusers at the site at which they receive substance abuse treatment

- Foot Notes

Oklahoma is not a designated state.

Womens (MOE TABLE IV)

State: Oklahoma

Expenditures for Services to Pregnant Women and Women with Dependent Children (Table IV)

(MAINTENANCE TABLE)

Period	Total Women's Base (A)	Total Expenditures (B)
1994	**$2,763,748**	
2006		**$4,944,825**
2007		**$4,920,518**
2008		$ 6,480,241

Enter the amount the State plans to expend in FY 2009 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A {1994}): $ 6,480,241

Oklahoma
1. Planning

1. Planning
This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

- 42 U.S.C. 300x-29, 45 C.F.R. 96.133 and 45 C.F.R. 96.122(g)(13) require the State to submit a Statewide assessment of need for both treatment and prevention.

In a narrative of **up to three pages**, describe how your State carries out sub-State area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-State planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. If there is a State, regional, or local advisory council, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need. Those States that have a State Epidemiological Workgroup or a State Epidemiological Outcomes Workgroup, must describe its composition and its contribution to needs assessment, planning, and evaluation processes for primary prevention and treatment planning. States are encouraged to utilize the epidemiological analyses and profiles to establish substance abuse prevention and treatment goals at the State level.

- 42 U.S.C. 300x-51 and 45 C.F.R. 96.123(a)(13) require the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of **up to two pages**, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2009 application for SAPT Block Grant funds.

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• 42 U.S.C. 300x-51 and 45 C.F.R. 96.23(a)(13) require the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of **up to two pages**, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2009 application for SAPT Block Grant funds.

PLANNING

<u>Describe how your State carries out sub-state area planning and determines which areas have the highest incidence, prevalence and greatest need. Include a definition of your State's sub-state planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions:</u>

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) utilizes needs assessment data developed through the Department's Decision Support Services for state and sub-state planning. In addition, sub-state and statewide data from other agencies and federal sources are reviewed along with information from providers, consumers, and stakeholders.

The internal assessment of the need for treatment was previously supported by the Oklahoma Substance Abuse Needs Assessment Project (STNAP) contracts and grants with the federal Center for Substance Abuse Treatment (CSAT) in Rockville, Maryland. Management of the STNAP was provided by the Department's Director of Decision Support Services (DSS), Steve Davis, Ph.D. The Project Director of Phase 1 was Warren

Dickson, Ph.D., also with DSS. The Project Director of Phases 2 and 3 was Rebecca Moore, M.S., with DSS.

All phases of the needs assessment were completed with the third phase completed in FFY2004. The primary references for the studies are: Oklahoma State Treatment Needs Assessment Studies, Alcohol and Other Drugs, Contract 270-94-0027 with the Center for Substance Abuse Treatment. Document: Oklahoma Department of Mental Health and Substance Abuse Services, "Study #5, Integrated Report from the Family of Studies," ODMHSAS, Oklahoma City, OK, 1999; Oklahoma State Treatment Needs Assessment Studies, Alcohol and Other Drugs, Contract 270-98-7066 with the federal Center for Substance Abuse Treatment, Oklahoma Department of Mental Health and Substance Abuse Services, "Study #1, Survey of TANF Recipients," ODMHSAS, Oklahoma City, OK, 2001; Oklahoma Department of Mental Health and Substance Abuse Services, "Study #2, Surveys of Criminal Justice Populations," ODMHSAS, Oklahoma City, OK, 2001; "Study #3, Treatment Utilization by State Funded Clients," ODMHSAS, Oklahoma City, OK, 2001; and State Treatment Needs Assessment Program, Phase III, CSAT Grant No.1 UR1 TI13443-01, ODMHSAS, Oklahoma City, OK, 2005.

Since the estimates from the above referenced studies are dated, ODMHSAS began using the Office of Applied Studies National Survey on Drug Use and Health prevalence estimates for Oklahoma in FFY2005. The data collected is by sub-state planning regions and includes information on incidence, prevalence and need.

The Provider Performance Management Report (PPMR) for Substance Abuse Agencies utilizes information from the Integrated Client Information System (ICIS), a database of provider services, to develop a quarterly agency report of performance indicators. This provides facilities and Department program staff with up-to-date performance information. The provider information is also reviewed for planning and gaps in services in each sub-state area.

In late April 2006, the weekly census/waiting list report to the Department's Decision Support Services (DSS) to fulfill the 90% capacity reporting requirement was replaced with a daily reporting system to substance abuse services staff. Daily reporting by residential and halfway house programs provides ODMHSAS with a timely account of the percentage of capacity and which agencies have available beds. The number of individuals waiting for treatment is also reported through this Residential/Halfway House Capacity Report providing valuable information on the needs within the state.

The ODMHSAS website www.odmhsas.org includes the Health Information Integrated Query System which provides prevalence and needs data by sub-state regions.

The Oklahoma Prevention Needs Assessment Survey (OPNAS) was provided to volunteering schools throughout Oklahoma in the Spring of 2008. It is a risk and protective factor survey that was developed and offered to schools in Oklahoma to give them a snapshot of the communities in which they live. Participating schools throughout the state surveyed sixth, eighth, tenth, and twelfth grade students. Each school receives

an analysis of the data from their school's surveys and has the option of whether they will share that information. In addition, statewide and regional data are generated. This information is available to the Area Prevention Resource Centers (APRCs), community coalitions, and the general public. This local, Oklahoma data will be invaluable as schools, prevention programs, and local coalitions develop goals and objectives and plan prevention activities in their communities. The OPNAS is offered to schools every other year. The prior survey was completed in the spring of 2006 and the next survey will take place in 2010.

In addition, state and local prevention programs continue to utilize several sources for needs assessment information.

- The Oklahoma Kid's Count Data Book – a survey funded by the Annie E. Casey Foundation, addressing risk factors for children and youth
- The Oklahoma Youth Tobacco Survey Report through the Oklahoma State Department of Health
- The Youth Risk Behavior Survey through the Oklahoma State Department of Health and the Centers for Disease Control and Prevention.
- Social Archival Indicator data
- Local school data, such as dropout rates, incident reports, etc.
- National Survey on Drug Use and Health
- Behavioral Risk Factor Surveillance System through the Oklahoma State Department of Health
- Oklahoma Medical Examiner Data System
- Oklahoma Violent Death Reporting System
- Oklahoma Bureau of Narcotics and Dangerous Drugs
- Fatality Analysis Reporting System

The ODMHSAS regional planning system divides Oklahoma into eight sub-state planning regions. Those regions include:

1. Central – Canadian, Cleveland, Grady, and McClain counties.
2. East Central – Adair, Cherokee, Creek, Lincoln, McIntosh, Muskogee, Okfuskee, Okmulgee, Sequoyah, and Wagoner counties
3. Northeast – Craig, Delaware, Kay, Mayes, Noble, Nowata, Osage, Ottawa, Pawnee, Payne, Rogers, and Washington counties
4. Northwest - Alfalfa, Beaver, Cimarron, Ellis, Garfield, Grant, Harper, Kingfisher, Logan, Major, Texas, Woods, and Woodward, counties
5. Oklahoma County
6. Southeast – Atoka, Bryan, Carter, Choctaw, Coal, Garvin, Haskell, Hughes, Johnston, Latimer, LeFlore, Love, Marshall, McCurtain, Murray, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, and Seminole counties.
7. Southwest – Beckham, Blaine, Caddo, Comanche, Cotton, Custer, Dewey, Greer, Harmon, Jackson, Jefferson, Kiowa, Roger Mills, Stephens, Tillman, and Washita counties
8. Tulsa County

Of the eight sub-state areas, the Oklahoma County and Tulsa County regions are urban. The Central region is a suburban area close to Oklahoma City, housing the University of Oklahoma in Cleveland county. All other regions are rural.

Oklahoma utilizes these eight sub-state areas for all planning and needs assessment data and information, including the data collected through the Decision Support Services for TEDS and other needs assessment reporting.

If there is a State, regional, or local advisory council, describe their composition and their role in the planning process.

Oklahoma works closely with the Oklahoma State Department of Health (OSDH) in many areas including tobacco prevention, reduction of acute diseases including TB, HIV/AIDS, and Hepatitis C, and coalition development to promote wellness in local communities. Oklahoma does not have a substance abuse advisory council but most of the prevention programs and several treatment providers participate with the local OSDH coalitions. With this in mind, ODMHSAS has joined forces with the Oklahoma State Department of Health to participate with their Turning Point coalitions. Although there is no formal advisory capacity, many of the ODMHSAS partners, prevention and treatment programs, state and community agencies participate and suggestions or ideas are passed on to the ODMHSAS leadership as needed. In addition, ODMHSAS Prevention staff participate with the State Turning Point Advisory Council.

Turning Point coalitions develop needs assessments in their communities to identify resources and gaps in services. They prioritize the needs and develop plans on how best to fill those gaps. The Commissioner and Deputy Commissioners for Communication and Prevention and Substance Abuse Services keep the lines of communication open for the Turning Point coalitions as well as for any citizen to contact them about gaps in services or with ideas for making the mental health or substance abuse system a stronger, more user-friendly system.

The Department's governing board has three members who represent substance abuse issues specifically. The Department's executive staff work closely with board members. The ODMHSAS governing board is a strong partner in the planning process.

Additional organizations with which ODMHSAS maintains open communication and which work with the Department throughout the year, providing advice and counsel to the Department include:

- The Oklahoma Substance Abuse Services Alliance (OSASA), a statewide organization, composed primarily of public and non-profit prevention and treatment providers. This organization serves as an advocate for substance abuse clients, as well as prevention and treatment programs.

- The Oklahoma Citizen Advocates for Recovery and Treatment Association (OCARTA) is a statewide recovery organization dedicated to empowering

recovering people and their families, reducing the stigma associated with addiction, and advocating for the recovery community.

ODMHSAS is committed to developing and supporting statewide recovery advocacy group(s) comprised of recovering citizens dedicated to reducing the stigma of addiction, advocating for treatment services for those in need of such services and publicizing the fact that treatment works. It is the desire of the Department to be affiliated with recovery groups that will be able to contribute to the planning process through their recommendations as independent advocacy organizations.

Although Oklahoma does not have a specific advisory council, the Department encourages advice from many different sources, keeping an open door to all.

Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need.

The Integrated Client Information System (ICIS); the Data Book and the Provider Performance Management Report provide information on client services throughout the sub-state regional areas of Oklahoma. This data allows for the monitoring of services in order to assure that communities with the greatest need are the communities receiving services.

All clients receiving substance abuse services funded in full or part by ODMHSAS are entered into the ICIS database. Individual-level data include client demographics, presenting problems, benefits information, Addiction Severity Index scores, drugs of choice, frequencies of use, routes of administration, and ages of first use. Information is also gathered on all services provided to clients, the duration of those services, and identifying information of staff members providing the services. Using a unique client identifier, services can be linked to the client characteristics, and clients can be tracked across agencies and over time. An annual Data Book containing numerous reports of ICIS information is produced and is accessible through the ODMHSAS website at www.odmhsas.org.

The Provider Performance Management Report utilizes information from the Integrated Client Information System (ICIS) database to develop a quarterly agency report providing facilities and Department program staff with up-to-date performance information. This information is utilized throughout the year for planning and identification of gaps in services in each sub-state area.

All of the above information, in addition to Needs Assessment information, provider and client input, and various other sources, is utilized to provide quality services to areas in need of such services. As indicators show an area to have a higher prevalence of need and as funding becomes available, every effort is made to increase services in that area.

State Epidemiological Outcome Workgroup (SEOW) – Oklahoma received an award for the State Epidemiological Outcome Workgroup in March 2006 and is being funded for

$200,000 per year for up to three years. The Oklahoma SEOW is collaborating with SAMHSA, the Oklahoma State Department of Health State Epidemiologist, the ODMHSAS Decision Support Services Epidemiologist, the University of Oklahoma Health Sciences Center, the University of Oklahoma School of Social Work, Oklahoma State Bureau of Investigation, Oklahoma Department of Corrections, Epidemiological Center of Native American Health and Wellness, Office of Juvenile Affairs, Oklahoma Commission on Children and Youth, Oklahoma Health Care Authority, Oklahoma Sheriff's Association, the Oklahoma State University Bureau of Social Research, and the Oklahoma Department of Education.

Collection, analysis, and reporting of substance use incidence, prevalence and related data is a goal and will result in many benefits, including the compilation and reporting process for developing Oklahoma's National Outcomes Measures. SEOW has created an Epidemiological State Profile Plan and provides data to decision-making entities with the state and communities for planning and policy development. Prevention programs will benefit by being able to use the SEOW state profile report to make changes to meet the needs of its clients and to identify gaps in their service areas as well as determining clients that are not being reached.

Describe the process your State used to facilitate public comment in developing the State's plan and its FFY 2009 application for SAPT Block Grant funds.

The ODMHSAS website provides access to multiple types of information for the public. It has become an invaluable communication tool. After the SAPT Block Grant Application is drafted and has been through a first review, a copy is posted on the website www.odmhsas.org. A news release is issued and picked up by multiple newspapers throughout the state. The news release is also emailed to providers. For the 2009 SAPT Block Grant Application, providers and the general public have ten days to comment, ask questions, or suggest changes by contacting a designated ODMHSAS staff member. Comments are submitted to the substance abuse services management team and the Deputy Commissioner of Substance Abuse Services for review. Final revisions are made to the application and it is then submitted to SAMHSA by the October 1 deadline.

Planning Checklist

State: Oklahoma

Criteria for Allocating Funds

Use the following checklist to indicate the criteria your State will use how to allocate FY 2009 Block Grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

2 Population levels, Specify formula:

Underserved populations

2 Incidence and prevalence levels

Problem levels as estimated by alcohol/drug-related crime statistics

1 Problem levels as estimated by alcohol/drug-related health statistics

2 Problem levels as estimated by social indicator data

1 Problem levels as estimated by expert opinion

Resource levels as determined by (specify method)

1 Size of gaps between resources (as measured by)

State and federal resources

and needs (as estimated by)

Waiting lists

Other (specify method)

Form 8

State: Oklahoma

Treatment Needs Assessment Summary Matrix

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Central	422475	30714	1843	1267	76	15324	919	1740	1973	2387	3.40	2.43	2.67

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
East Central	386004	28062	1684	1158	69	14287	857	1970	2090	2694	8.03	0	4.40

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Northeast	470081	34175	2050	1410	85	17200	1032	2366	2287	3240	2.80	1.51	4.31

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000

Northwest	188757	13723	823	566	34	6868	412	843	1054	1143	1.59	0	3.17

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Oklahoma County	803117	58387	3503	2409	145	29890	1793	5380	3541	4810	4.29	10.72	3.91

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Southeast	433185	31493	1890	1300	78	15933	956	3125	3317	4246	4.62	1.39	5.54

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Southwest	328629	23891	1433	986	59	11860	712	1644	1961	2233	4.92	0	4.30

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
Tulsa County	585068	42534	2552	1755	105	21667	1300	3099	4262	4206	3.63	9.17	4.33

Calendar Year: 2007

1. Substate Planning Area	2. Total Population	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
		A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Drunkenness	A. Hepatitis B /100,000	B. AIDS/ 100,000	C. Tuberculosis /100,000
State Total	3617316	262979	15779	10852	651	133028	7982	20167	20485	0	0	0	0

Form 9

State: Oklahoma | **Substate Planning Area [95]:** State Total

Treatment Needs by Age, Sex, and Race/ Ethnicity

AGE GROUP	A. Total	B. White		C. Black or African American		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Unknown		I. Not Hispanic Or Latino		J. Hispanic Or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
17 Years Old and Under	28,942	10,735	10,160	1,484	1,430	17	17	219	212	1,532	1,491	846	799	0	0	14,832	14,110	1,449	1,376
18 - 24 Years Old	74,282	28,719	25,741	3,922	3,309	49	37	970	728	3,792	3,654	1,712	1,649	0	0	39,164	35,117	3,466	2,714
25 - 44 Years Old	65,348	25,789	24,947	2,796	2,764	51	39	807	777	2,570	2,607	1,086	1,115	0	0	33,099	32,249	3,338	2,579
45 - 64 Years Old	61,719	24,929	25,931	1,892	2,094	20	20	370	513	1,941	2,170	865	974	0	0	30,017	31,702	1,271	1,105
65 and Over	32,697	12,090	16,397	584	879	7	8	101	159	687	937	352	496	0	0	13,822	18,876	285	337
Total	262,988	102,262	103,176	10,678	10,476	144	121	2,467	2,389	10,522	10,859	4,861	5,033	0	0	130,934	132,054	9,809	8,111

Oklahoma

How your State determined the estimates for Form 8 and Form 9

How your State determined the estimates for Form 8 and Form 9

Under 42 U.S.C. 300x-29 and 45 C.F.R. 96.133, States are required to submit annually a needs assessment. This requirement is not contingent on the receipt of Federal needs assessment resources. States are required to use the best available data. Using **up to three pages**, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources and dates or timeframes for the data used in making these estimates reported in both Forms 8 and 9. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7, Form 8.

FORM 08 AND FORM 09 ESTIMATION METHODOLOGY

Estimates for treatment need among adults in Oklahoma have been derived using the National Survey on Drug Use and Health, 2005 and 2006 results for Oklahoma.

1. Data from the ODMHSAS Integrated Client Information System (ICIS) were used to estimate the number in need of treatment among persons 11 years of age or younger.
2. SAMHSA's State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health (NSDUH) report (http://www.oas.samhsa.gov/2k4State/Oklahoma.htm) was used as a data source to estimate the need of treatment among persons 12 years of age or older.
3. The number that would seek treatment was estimated to be six percent of those in need of treatment but not currently being served based on a news release from the U.S. DHHS, September 5, 2003 "22 Million in U.S. Suffer from Substance Dependence or Abuse", (http://www.samhsa.gov/news/newsreleases/030905nr_NSDUH.htm).
4. The number of injection drug users in need of treatment (0.3%) was estimated using SAMHSA's 2005-2006 National Surveys on Drug Use and Health (http://www.oas.samshsa.gov/NSDUH/2K6NSDUH).
5. Statistics from the Oklahoma State Bureau of Investigation's (OSBI) Uniform Crime Report (2007) were used to report substance-related criminal activity.
6. Statistics collected in 2007, at the Oklahoma State Department of Health (OSDH) Surveillance and Analysis Program HIV/STD Service and Acute Disease Service were used to report the incidence of communicable diseases.

FORM 08 – TREATMENT NEEDS ASSESSMENT SUMMARY MATRIX

TOTAL POPULATION IN NEED:

Needing Treatment Services: For youth age 11 and younger, no data were available from the NSDUH. Estimates for those youth were derived using 2007 treatment data in ICIS. All clients, 11 years old or younger, served under an ODMHSAS substance abuse funding source in 2005, who did not have a presenting problem as a dependent child of a substance abuse client or co-dependent of a substance abuser, were considered to be seeking treatment. It was assumed that the 3 youth who received publicly-funded substance abuse treatment in 2007 represented the six percent of those in need of treatment. Therefore, an estimated 0.008 percent of youth in Oklahoma, 11 years of age or younger were in need of treatment.

Estimates of past year alcohol or illicit drug dependence or abuse (NSDUH, 2005-2006) were used to calculate the number of persons 12 years of age or older in need of treatment in Oklahoma. The estimates specific to each age group were applied to the 2003 Oklahoma population estimates (12 to 17, 8.05%; 18 to 25, 19.98%; 26 or Older, 6.81%). Those estimates were allocated to sub-state regions, and sex, race and origin categories.

That Would Seek Treatment: It is estimated that over 94 percent of people with substance use disorders who did not receive treatment did not believe they needed treatment. (see source above). Therefore, it was estimated that six percent of people in need of treatment would seek treatment.

NUMBER OF IDUs IN NEED

Needing Treatment Services: A national estimate of injection drug users from the NSDUH, 2005, was used to estimate the number of IDUs in need of treatment. The estimate (0.3%) was allocated to each of the eight sub-state planning areas.

That Would Seek Treatment: Using the source previously described, it was estimated that six percent of intravenous drug users would seek treatment.

NUMBER OF WOMEN IN NEED

Needing Treatment Services: Estimates for the number of women in need of treatment were derived in the same manner as described above for the total population in need.

That Would Seek Treatment: Estimates for the number of women who would seek treatment were derived in the same manner as described about for the total population.

PREVALENCE OF SUBSTANCE-RELATED CRIMINAL ACTIVITY

Data for substance-related criminal activity were obtained from the Oklahoma State Bureau of Investigation's (OSBI) 2007 Uniform Crime Report.

Number of DWI Arrests: The number of arrests for "driving under the influence" in Oklahoma during 2007 is reported in lieu of "driving while intoxicated." "Driving under the influence" is defined as driving or operating any motor vehicle while drunk of under the influence of liquor or drugs.

Number of Drug-Related Arrests: The number of arrests in Oklahoma during 2007 for "possession, distribution, sale of manufacture of illegal drugs" is reported.

Other: Drunkenness: The OSBI normally classified “Alcohol-related Arrests” as arrests for driving under the influence, liquor law violations, and drunkenness (drunk and disorderly). Since DUI arrests are presented elsewhere and liquor law violations do not necessarily represent treatment-related issues, drunkenness has been included as a separate category in this report.

INCIDENCE OF COMMUNICABLE DISEASES

The rates per 100,000 population were generated for the state and each sub-state region from data provided by the Oklahoma State Department of Health. The number of new acute Hepatitis B, reported AIDS and new Tuberculosis cases during calendar year 2007 are included.

FORM 09 – TREATMENT NEEDS BY AGE, SEX, AND RACE/ETHNICITY

The methodology employed to complete this report is reported above for Form 08.

EVALUATION OF METHODOLOGY

The estimates of need and demand obtained through the methodology described have a number of potential failings. The NSDUH data are probably not representative of Oklahoma at the sub-state level for state specific data or for each sex, race and origin category reported on form 09. Consequently, estimates based on those data will be biased toward conformance with estimates at the state level. Estimates for IDUs were based on national estimates and are therefore not representative of state rates.

Estimates for persons under 12 years old suffer from a complete lack of data. Publicly-funded treatment delivery data are poor substitutes for measures of statewide treatment need.

Form 11

State: Oklahoma

INTENDED USE PLAN

(Include ONLY Funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form)

SOURCE OF FUNDS

	(24 Month Projections)					
Activity	**A.SAPT Block Grant FY 2009 Award**	**B.Medicaid (Federal, State and Local)**	**C.Other Federal Funds (e.g., Medicare, other public welfare)**	**D.State Funds**	**E.Local Funds (excluding local Medicaid)**	**F.Other**
Substance Abuse Prevention* and Treatment	$ 13,239,824	$ 1,173,266	$ 5,513,698	$ 79,826,720	$ 0	$ 0
Primary Prevention	$ 3,530,619		$ 789,104	$ 1,932,298	$ 0	$ 0
Tuberculosis Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
HIV Early Intervention Services	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Administration: (Excluding Program/Provider Lvl)	$ 882,655		$ 0	$ 7,483,384	$ 0	$ 0
Column Total	**$17,653,098**	**$1,173,266**	**$6,302,802**	**$89,242,402**	**$0**	**$0**

Form 11ab

State: Oklahoma

Form 11a. Primary Prevention Planned Expenditures Checklist

Activity	Block Grant FY 2009	Other Federal	State Funds	Local Funds	Other
Information Dissemination	$ 595,105	$ 134,147	$ 328,490	$ 0	$ 0
Education	$ 140,024	$ 31,564	$ 77,292	$ 0	$ 0
Alternatives	$ 70,012	$ 15,782	$ 38,646	$ 0	$ 0
Problem Identification & Referral	$ 7,351	$ 1,657	$ 4,058	$ 0	$ 0
Community Based Process	$ 2,303,059	$ 519,153	$ 1,271,259	$ 0	$ 0
Environmental	$ 385,068	$ 86,801	$ 212,553	$ 0	$ 0
Other	$ 0	$ 0	$ 0	$ 0	$ 0
Section 1926 - Tobacco	$ 30,000	$ 0	$ 0	$ 0	$ 0
Column Total	**$3,530,619**	**$789,104**	**$1,932,298**	**$0**	**$0**

Form 11b. Primary Prevention Planned Expenditures Checklist

Activity	Block Grant FY 2009	Other Federal	State Funds	Local Funds	Other
Universal Direct	$	$	$	$	$
Universal Indirect	$	$	$	$	$
Selective	$	$	$	$	$
Indicated	$	$	$	$	$
Column Total	**$0**	**$0**	**$0**	**$0**	**$0**

Form 11c

Resource Development Planned Expenditure Checklist

State: Oklahoma

Did your State plan to fund resource development activities with FY 2009 funds?

(•) **Yes** ( ) **No**

Activity	Treatment	Prevention	Additional Combined	Total
Planning, Coordination and Needs Assessment	$ 140,225	$ 85,000	$ 0	$ 225,225
Quality Assurance	$ 145,000	$ 20,000	$ 0	$ 165,000
Training (post-employment)	$ 149,820	$ 77,180	$ 0	$ 227,000
Education (pre-employment)	$ 0	$ 0	$ 0	$ 0
Program Development	$ 0	$ 0	$ 0	$ 0
Research and Evaluation	$ 0	$ 0	$ 0	$ 0
Information Systems	$ 205,000	$ 105,000	$ 0	$ 310,000
Column Total	**$640,045**	**$287,180**	**$0**	**$927,225**

Form 12

State: Oklahoma

TREATMENT CAPACITY MATRIX

This form contains data covering a 24- month projection for the period during which your principal agency of the State is permitted to spend the FY 2009 block grant award.

Level of Care	A.Number of Admissions	B.Number of Persons
Detoxification (24-Hour Care)		
Hospital Inpatient (Detox)	0	0
Free-standing Residential	6,114	5,432
Rehabilitation / Residential		
Hospital Inpatient (Rehabilitation)	0	0
Short-term (up to 30 days)	6,688	6,244
Long-term (over 30 days)	1,826	1,754
Ambulatory (Outpatient)		
Outpatient	22,586	20,980
Intensive Outpatient	72	68
Detoxification	0	0
Opioid Replacement Therapy (ORT)		
Opioid Replacement Therapy	0	0

State: Oklahoma

Purchasing Services

This item requires completing two checklists.

Methods for Purchasing

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2009 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism.

- [ ] Competitive grants — Percent of Expense: %
- [x] Competitive contracts — Percent of Expense: 20 %
- [ ] Non-competitive grants — Percent of Expense: %
- [x] Non-competitive contracts — Percent of Expense: 80 %
- [ ] Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services — Percent of Expense: %
- [ ] Other — Percent of Expense: %

(The total for the above categories should equal 100 percent.)

- [ ] According to county or regional priorities — Percent of Expense: %

Methods for Determining Prices

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. I n addressing a State's allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

- [ ] Line item program budget

Percent of Clients Served: %
Percent of Expenditures: %

- [ ] Price per slot

Percent of Clients Served: %
Percent of Expenditures: %

Rate	Type of slot
Rate: $	Type of slot:
Rate: $	Type of slot:
Rate: $	Type of slot:

- [x] Price per unit of service

Percent of Clients Served: %
Percent of Expenditures: 80 %

Unit	Rate
Unit: OP/group couns/30 min	Rate: $ 16
Unit: Res/adult/per day	Rate: $ 74

Unit: Res/WWC/per day | Rate: $ 95

☐ Per capita allocation (Formula:)

Percent of Clients Served: %
Percent of Expenditures: %

☐ Price per episode of care

Percent of Clients Served: %
Percent of Expenditures: %

Rate	Diagnostic Group
Rate: $	Diagnostic Group:
Rate: $	Diagnostic Group:
Rate: $	Diagnostic Group:

Program Performance Monitoring

- [x] On-site inspections

  Frequency for treatment: ANNUALLY

  Frequency for prevention: ANNUALLY

- [ ] Activity Reports

  Frequency for treatment: MONTHLY

  Frequency for prevention: MONTHLY

- [x] Management Information System

- [ ] Patient/participant data reporting system

  Frequency for treatment: MONTHLY

  Frequency for prevention: MONTHLY

- [ ] Performance Contracts

- [ ] Cost reports

- [x] Independent Peer Review

- [x] Licensure standards - programs and facilities

  Frequency for treatment: OTHER At least every three years

  Frequency for prevention: OTHER No facility standards

- [x] Licensure standards - personnel

  Frequency for treatment: OTHER ongoing

  Frequency for prevention: OTHER ongoing

Other:

- [ ] Specify:

Form T1

State: Oklahoma

Form T1 was pre-populated with the following Data Source: Discharges in CY 2007

EMPLOYMENT/EDUCATION STATUS (From Admission to Discharge)

Short-term Residential(SR)		
Employment/Education - Clients employed (full-time and part-time) or student at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients employed (full-time and part-time) or student [numerator]	**657**	**741**
Total number of clients with non-missing values on employment status [denominator]	**4,165**	**4,165**
Percent of clients employed (full-time and part-time) or student	**15.8%**	**17.8%**
Percent of clients employed (full-time and part-time) or student at discharge minus percent of clients employed or student at admission.	Absolute Change [$\%T_2 - \%T_1$] **2.0%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**4,275**
Number of CY 2007 discharges submitted:	**4,195**
Number of CY 2007 discharges linked to an admission:	**4,187**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**4,165**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**4,165**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Long-term Residential(LR)		
Employment/Education - Clients employed (full-time and part-time) or student at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients employed (full-time and part-time) or student [numerator]	**150**	**335**
Total number of clients with non-missing values on employment status [denominator]	**727**	**727**
Percent of clients employed (full-time and part-time) or student	**20.6%**	**46.1%**
Percent of clients employed (full-time and part-time) or student at discharge minus percent of clients employed or student at admission.	Absolute Change [$\%T_2 - \%T_1$] **25.5%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**789**
Number of CY 2007 discharges submitted:	**745**
Number of CY 2007 discharges linked to an admission:	**745**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**727**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**727**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Intensive Outpatient (IO)		
Employment/Education - Clients employed (full-time and part-time) or student at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients employed (full-time and part-time) or student [numerator]	**26**	**27**
Total number of clients with non-missing values on employment status [denominator]	**35**	**35**
Percent of clients employed (full-time and part-time) or student	**74.3%**	**77.1%**
Percent of clients employed (full-time and part-time) or student at discharge minus percent of clients employed or student at admission.	Absolute Change [$\%T_2 - \%T_1$] **2.8%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**45**
Number of CY 2007 discharges submitted:	**35**
Number of CY 2007 discharges linked to an admission:	**35**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**35**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**35**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Outpatient (OP)		
Employment/Education - Clients employed (full-time and part-time) or student at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients employed (full-time and part-time) or student [numerator]	**3,643**	**4,031**

Total number of clients with non-missing values on employment status [denominator]	**8,513**	**8,513**
Percent of clients employed (full-time and part-time) or student	**42.8%**	**47.4%**
Percent of clients employed (full-time and part-time) or student at discharge minus percent of clients employed or student at admission.	Absolute Change [$\%T_2 - \%T_1$] **4.6%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**9,895**
Number of CY 2007 discharges submitted:	**8,937**
Number of CY 2007 discharges linked to an admission:	**8,875**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**8,513**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**8,513**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Form T2

State: Oklahoma

Form T2 was pre-populated with the following Data Source: Discharges in CY 2007

STABLE HOUSING SITUATION (From Admission to Discharge)

Short-term Residential(SR)		
Clients with stable housing (independent or dependent living/not homeless) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with stable housing [numerator]	**3,645**	**3,859**
Total number of clients with non-missing values on living arrangements [denominator]	**4,165**	**4,165**
Percent of clients with stable housing	**87.5%**	**92.7%**
Percent of clients with stable housing at discharge minus percent of clients with stable housing at admission.	Absolute Change [$\%T_2 - \%T_1$] **5.2%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**4,275**
Number of CY 2007 discharges submitted:	**4,195**
Number of CY 2007 discharges linked to an admission:	**4,187**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**4,165**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**4,165**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Long-term Residential(LR)		
Clients with stable housing (independent or dependent living/not homeless) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with stable housing [numerator]	**627**	**664**
Total number of clients with non-missing values on living arrangements [denominator]	**727**	**727**
Percent of clients with stable housing	**86.2%**	**91.3%**
Percent of clients with stable housing at discharge minus percent of clients with stable housing at admission.	Absolute Change [$\%T_2 - \%T_1$] **5.1%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**789**
Number of CY 2007 discharges submitted:	**745**
Number of CY 2007 discharges linked to an admission:	**745**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**727**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**727**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Intensive Outpatient (IO)		
Clients with stable housing (independent or dependent living/not homeless) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with stable housing [numerator]	**35**	**35**
Total number of clients with non-missing values on living arrangements [denominator]	**35**	**35**
Percent of clients with stable housing	**100.0%**	**100.0%**
Percent of clients with stable housing at discharge minus percent of clients with stable housing at admission.	Absolute Change [$\%T_2 - \%T_1$] **0.0%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**45**
Number of CY 2007 discharges submitted:	**35**
Number of CY 2007 discharges linked to an admission:	**35**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**35**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**35**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Outpatient (OP)		
Clients with stable housing (independent or dependent living/not homeless) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**

Number of clients with stable housing [numerator]	**8,173**	**8,156**
Total number of clients with non-missing values on living arrangements [denominator]	**8,513**	**8,513**
Percent of clients with stable housing	**96.0%**	**95.8%**
Percent of clients with stable housing at discharge minus percent of clients with stable housing at admission.	Absolute Change [$\%T_2 - \%T_1$] **-0.2%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**9,895**
Number of CY 2007 discharges submitted:	**8,937**
Number of CY 2007 discharges linked to an admission:	**8,875**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**8,513**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**8,513**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Form T3

State: Oklahoma

Form T3 was pre-populated with the following Data Source: Discharges in CY 2007

CRIMINAL JUSTICE INVOLVEMENT - NO ARRESTS (From Admission to Discharge)

Short-term Residential(SR)		
Criminal Justice Involvement – Clients with no arrests (any charge) (prior 30 days) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with no arrests [numerator]	**3,691**	**3,935**
Total number of clients with non-missing values on arrests [denominator]	**4,170**	**4,170**
Percent of clients with no arrests	**88.5%**	**94.4%**
Percent of clients with no arrests at discharge minus percent of clients with no arrests at admission.	Absolute Change [$\%T_2 - \%T_1$] **5.9%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**4,275**
Number of CY 2007 discharges submitted:	**4,195**
Number of CY 2007 discharges linked to an admission:	**4,187**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**4,187**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**4,170**
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Long-term Residential(LR)		
Criminal Justice Involvement – Clients with no arrests (any charge) (prior 30 days) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with no arrests [numerator]	**680**	**704**
Total number of clients with non-missing values on arrests [denominator]	**744**	**744**
Percent of clients with no arrests	**91.4%**	**94.6%**
Percent of clients with no arrests at discharge minus percent of clients with no arrests at admission.	Absolute Change [$\%T_2 - \%T_1$] **3.2%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**789**
Number of CY 2007 discharges submitted:	**745**
Number of CY 2007 discharges linked to an admission:	**745**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**745**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**744**
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Intensive Outpatient (IO)		
Criminal Justice Involvement – Clients with no arrests (any charge) (prior 30 days) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients with no arrests [numerator]	**33**	**33**
Total number of clients with non-missing values on arrests [denominator]	**33**	**33**
Percent of clients with no arrests	**100.0%**	**100.0%**
Percent of clients with no arrests at discharge minus percent of clients with no arrests at admission.	Absolute Change [$\%T_2 - \%T_1$] **0.0%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**45**
Number of CY 2007 discharges submitted:	**35**
Number of CY 2007 discharges linked to an admission:	**35**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**35**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**33**
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Outpatient (OP)		
Criminal Justice Involvement – Clients with no arrests (any charge) (prior 30 days) at admission vs. discharge	**At Admission (T_1)**	**At Discharge (T_2)**

Number of clients with no arrests [numerator]	**7,817**	**7,833**
Total number of clients with non-missing values on arrests [denominator]	**8,279**	**8,279**
Percent of clients with no arrests	**94.4%**	**94.6%**
Percent of clients with no arrests at discharge minus percent of clients with no arrests at admission.	Absolute Change [$\%T_2 - \%T_1$] **0.2%**	

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**9,895**
Number of CY 2007 discharges submitted:	**8,937**
Number of CY 2007 discharges linked to an admission:	**8,875**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**8,857**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**8,279**
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Form T4

State: Oklahoma

Form T4 was pre-populated with the following Data Source: Discharges in CY 2007

ALCOHOL ABSTINENCE

Short-term Residential(SR)		
A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)		
Denominator = All clients		
Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol [numerator]	**2,024**	**2,748**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**3,772**	**3,772**
Percent of clients abstinent from alcohol	**53.7%**	**72.9%**
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission.	Absolute Change [$\%T_2 - \%T_1$] **19.2%**	
B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION		
Denominator = Clients using at admission		
Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		**746**
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**1,748**	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		**42.7%**
C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION		
Denominator = Clients abstinent at admission		
Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		**2,002**
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**2,024**	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		**98.9%**

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**4,275**
Number of CY 2007 discharges submitted:	**4,195**
Number of CY 2007 discharges linked to an admission:	**4,187**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**4,187**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**3,772**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Long-term Residential(LR)		
A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)		
Denominator = All clients		
Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol [numerator]	**454**	**486**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**565**	**565**
Percent of clients abstinent from alcohol	**80.4%**	**86.0%**
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission.	Absolute Change [$\%T_2 - \%T_1$] **5.6%**	
B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION		
Denominator = Clients using at admission		
Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		**55**
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**111**	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		**49.5%**
C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION		
Denominator = Clients abstinent at admission		
Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**

Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		**431**
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**454**	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		**94.9%**

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**789**
Number of CY 2007 discharges submitted:	**745**
Number of CY 2007 discharges linked to an admission:	**745**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**745**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**565**
Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Denominator = All clients

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol [numerator]	**27**	**27**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**35**	**35**
Percent of clients abstinent from alcohol	**77.1%**	**77.1%**
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission.	Absolute Change [$\%T_2 - \%T_1$] **0.0%**	

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Denominator = Clients using at admission

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		**1**
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**8**	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at		

admission [#T2 / #T1 x 100]		12.5%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Denominator = Clients abstinent at admission

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		26
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	27	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.3%

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	45
Number of CY 2007 discharges submitted:	35
Number of CY 2007 discharges linked to an admission:	35
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	35
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	35

Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Denominator = All clients

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from alcohol [numerator]	5,955	6,480
All clients with non-missing values on at least one substance/frequency of use [denominator]	8,608	8,608
Percent of clients abstinent from alcohol	69.2%	75.3%
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission.	Absolute Change [$\%T_2 - \%T_1$] 6.1%	

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Denominator = Clients using at admission

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		**690**
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**2,653**	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		**26.0%**

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Denominator = Clients abstinent at admission

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		**5,790**
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**5,955**	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		**97.2%**

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**9,895**
Number of CY 2007 discharges submitted:	**8,937**
Number of CY 2007 discharges linked to an admission:	**8,875**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**8,857**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**8,608**

Source: SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]

Form T5

State: Oklahoma

Form T5 was pre-populated with the following Data Source: Discharges in CY 2013

DRUG ABSTINENCE

Short-term Residential(SR)		
A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)		
Denominator = All clients		
Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) at admission vs. discharge.	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from drugs [numerator]	**1,072**	**2,207**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**3,772**	**3,772**
Percent of clients abstinent from drugs	**28.4%**	**58.5%**
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission.	Absolute Change [$\%T_2 - \%T_1$] **30.1%**	
B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION		
Denominator = Clients using at admission		
Clients abstinent from drugs at discharge among clients using drugs at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		**1,163**
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**2,700**	
Percent of clients abstinent from drugs at discharge among clients using drugs at admission [#T2 / #T1 x 100]		**43.1%**
C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION		
Denominator = Clients abstinent at admission		
Clients abstinent from drugs at discharge among clients abstinent from drugs at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		**1,044**
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**1,072**	
Percent of clients abstinent from drugs at discharge among clients abstinent from drugs at		

admission [#T2 / #T1 x 100]		97.4%

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**4,275**
Number of CY 2007 discharges submitted:	**4,195**
Number of CY 2007 discharges linked to an admission:	**4,187**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**4,187**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**3,772**
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Long-term Residential(LR)		
A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)		
Denominator = All clients		
Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) at admission vs. discharge.	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from drugs [numerator]	**346**	**415**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**565**	**565**
Percent of clients abstinent from drugs	**61.2%**	**73.5%**
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission.	Absolute Change [$\%T_2 - \%T_1$] **12.3%**	
B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION		
Denominator = Clients using at admission		
Clients abstinent from drugs at discharge among clients using drugs at admission (regardless of primary problem)	**At Admission (T_1)**	**At Discharge (T_2)**
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		**97**
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**219**	
Percent of clients abstinent from drugs at discharge among clients using drugs at admission [#T2 / #T1 x 100]		**44.3%**
C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION		
Denominator = Clients abstinent at admission		

Clients abstinent from drugs at discharge among clients abstinent from drugs at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		318
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	346	
Percent of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [#T2 / #T1 x 100]		91.9%

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	789
Number of CY 2007 discharges submitted:	745
Number of CY 2007 discharges linked to an admission:	745
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	745
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	565
Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]	

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Denominator = All clients

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) at admission vs. discharge.	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs [numerator]	5	5
All clients with non-missing values on at least one substance/frequency of use [denominator]	35	35
Percent of clients abstinent from drugs	14.3%	14.3%
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission.	Absolute Change [$\%T_2 - \%T_1$] 0.0%	

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Denominator = Clients using at admission

Clients abstinent from drugs at discharge among clients using drugs at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0

Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**30**	
Percent of clients abstinent from drugs at discharge among clients using drugs at admission [#T2 / #T1 x 100]		**0.0%**

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Denominator = Clients abstinent at admission

Clients abstinent from drugs at discharge among clients abstinent from drugs at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		**5**
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	**5**	
Percent of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [#T2 / #T1 x 100]		**100.0%**

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	**45**
Number of CY 2007 discharges submitted:	**35**
Number of CY 2007 discharges linked to an admission:	**35**
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	**35**
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	**35**

Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 5/27/2008]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Denominator = All clients

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) at admission vs. discharge.	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs [numerator]	**4,895**	**5,642**
All clients with non-missing values on at least one substance/frequency of use [denominator]	**8,608**	**8,608**
Percent of clients abstinent from drugs	**56.9%**	**65.5%**
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission.	Absolute Change [$\%T_2 - \%T_1$] **8.6%**	

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Denominator = Clients using at admission

Clients abstinent from drugs at discharge among clients using drugs at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		954
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,713	
Percent of clients abstinent from drugs at discharge among clients using drugs at admission [#T2 / #T1 x 100]		25.7%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Denominator = Clients abstinent at admission

Clients abstinent from drugs at discharge among clients abstinent from drugs at admission (regardless of primary problem)	At Admission (T_1)	At Discharge (T_2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,688
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,895	
Percent of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [#T2 / #T1 x 100]		95.8%

Notes (for this level of care):	
Number of CY 2007 admissions submitted:	9,895
Number of CY 2007 discharges submitted:	8,937
Number of CY 2007 discharges linked to an admission:	8,875
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	8,857
Number of CY 2007 linked discharges eligible for this calculation (non-missing values):	8,608

Source:SAMHSA/OAS TEDS CY 2007 admissions file and CY 2007 linked discharge file [Records received through 6/2/2008]

Form T6

State: Oklahoma

Performance Measure Data Collection
Interim Standard – Percentage Point Change in Social Support of Recovery

GOAL — To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE — The change in *all clients receiving treatment* who reported participation in one or more social and or recovery support activity at discharge.

DEFINITIONS — Change in *all clients receiving treatment* who reported participation in one or more social and recovery support activities at discharge equals clients reporting participation at admission subtracted from clients reporting participation at discharge.

Most recent year for which data are available	From: 7/1/2008	To: 9/1/2008

Social Support of Recovery – Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	Admission Clients (T_1)	Discharge Clients (T_2)
Number of clients with one or more such activities (AA NA meetings attended, etc.) [numerator]	55	150
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator]	204	204
Percent of clients participating in social support activities	26.96%	73.53%
Percent of clients participating in social support of recovery activities in prior 30 days at discharge minus percent of clients participating in social support of recovery activities in prior 30 days at admission. (Positive percent change values indicate increased participation in social support of recovery activities.)	Absolute Change [$\%T_2$-$\%T_1$] 46.57% / 172.73%	

State Description of Social Support of Recovery Data Collection (Form T6)

STATE CONFORMANCE TO INTERIM STANDARD	**States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described** Oklahoma began collecting data for social support of recovery July 1, 2008. The above data reflects two months (July and August of 2008) of data available at this point. A full year of data will be available by this time next year for the FFY 2010 block grant application, at which time we will be fully up-to-speed on this requirement.
DATA SOURCE	**What is the source of data for table T6? (Select all that apply)** ☑ Client Self Report

	Client self-report confirmed by another source: ☐ Collateral source ☐ Administrative data source ☐ Other: Specify
EPISODE OF CARE	**How is the admission/discharge basis defined for table T6? (Select one)** ○ Admission is on the first date of service, prior to which no service has bee received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days ◉ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit ○ Other, Specify:
DISCHARGE DATA COLLECTION	**How was discharge data collected for table T6? (Select all that apply)** ☐ Not applicable, data reported on form is collected at time period other than discharge Specify: ○ In-Treatment data ___ days post admission ○ Follow-up data ___ months post admission ○ Other, Specify: ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment ☐ Discharge data is collected for a sample of all clients who were admitted to treatment ☑ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment ☐ Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	**Was the admission and discharge data linked for table T6? (Select all that apply)** ☑ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID: ○ Master Client Index or Master Patient Index, centrally assigned ○ Social Security Number (SSN) ◉ Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) ○ Some other Statewide unique ID ○ Provider-entity-specific unique ID ☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data ☐ No, admission and discharge records were matched using probabilistic record matching

IF DATA IS UNAVAILABLE	**If data is not reported, why is State unable to report? (Select all that apply)** ☐ Information is not collected at admission ☐ Information is not collected at discharge ☐ Information is not collected by the categories requested ☐ State collects information on the indicator area but utilizes a different measure.

DATA PLANS IF DATA IS NOT AVAILABLE	**State must provide time-framed plans for capturing social support of recovery data data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.**

Form T7

State: Oklahoma

Form T7 was pre-populated with the following Data Source: Discharges in CY 2007

Length of Stay (in Days) of All Discharges

Level of Care	Length of Stay (in Days)			
	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
Detoxification (24-Hour Care)				
1. Hospital Inpatient				
2. Free-standing Residential	5	3	4	6
Rehabilitation / Residential				
3. Hospital Inpatient	9	2	4	7
4. Short-term (up to 30 days)	46	15	29	48
5. Long-term (over 30 days)	79	25	65	118
Ambulatory (Outpatient)				
6. Outpatient	161	42	107	203
7. Intensive Outpatient	161	88	153	258
8. Detoxification				
Opioid Replacement Therapy (ORT)				
9. Opioid Replacement therapy				
10. ORT Outpatient				

Notes:

Level of Care	2006 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
Total count, all levels of care	16,707	16,635
1. Hospital Inpatient-Detoxification (24-Hour Care)	0	0
2. Free-standing Residential-Detoxification (24-Hour Care)	2,353	2,353
3. Hospital Inpatient-Rehabilitation / Residential	442	440
4. Short-term (up to 30 days)-Rehabilitation / Residential	4,195	4,187
5. Long-term (over 30 days)-Rehabilitation /		

Residential	745	745
6. Outpatient-Ambulatory (Outpatient)	35	35
7. Intensive Outpatient-Ambulatory (Outpatient)	8,937	8,875
8. Detoxification-Ambulatory (Outpatient)	0	0
9. Opioid Replacement therapy-Opioid Replacement Therapy (ORT)		0
10. ORT Outpatient-Opioid Replacement Therapy (ORT)		0
Source: **SAMHSA/OAS TEDS CY 2007 linked discharge file** [Records received through **05/27/2008**]		

Oklahoma
INSERT OVERALL NARRATIVE:

INSERT OVERALL NARRATIVE:

The State should address as many of these questions as possible and may provide other relevant information if so desired. Responses to questions that are already provided in other sections of the application (e.g., planning, needs assessment) should be referenced whenever possible.

State Performance Management and Leadership

Describe the Single State Agency's capacity and capability to make data driven decisions based on performance measures. Describe any potential barriers and necessary changes that would enhance the SSA's leadership role in this capacity.
Describe the types of regular and ad hoc reports generated by the State and identify to whom they are distributed and how.
If the State sets benchmarks, performance targets or quantified objectives, what methods are used by the State in setting these values?
What actions does the State take as a result of analyzing performance management data?
Has the State developed evidence-based practices (EBPs) or programs and, if so, does the State require that providers use these EBPs?

Provider Involvement

What actions does the State expect the provider or intermediary to take as a result of analyzing performance management data?
If the SSA has a regular training program for State and provider staff that collect and report client information, describe the training program, its participants and frequency. Do workforce development plans address NOMs implementation and performance-based management practices? Does the State require providers to supply information about the intensity or number of services received?

State Performance Management and Leadership

Describe the Single State Authority capacity and capability to make data driven decisions based on performance measures. Describe any potential barriers and necessary changes that would enhance the SSA's leadership role in this capacity.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the SSA in Oklahoma, utilizes the Integrated Client Information System (ICIS) database. ICIS is a web-based, statewide Management Information System for client demographic, outcome and service data, providing a wealth of information to draw upon for data driven decisions. Client data are entered into the system by contractors and state facilities who serve Oklahoma's clients. ODMHSAS staff provide training and support for agencies entering information into ICIS and provide security and maintenance for the ICIS database.

The Decision Support Services (DSS) section of the Oklahoma Department of Mental Health and Substance Abuse Services, led by Steve Davis, Ph. D, currently has 21 staff. Many of the staff analyze Department and other data, and develop performance, monitoring, outcome and data quality reports for the Department, providers and the public.

The Department Executive staff, the Substance Abuse Services Management Team (ODMHSAS Directors and Coordinators of each type of treatment program, such as drug court, co-occurring, women's programs, general treatment services, etc.), and the Treatment Team (Primary clinical staff) review performance reports developed by DSS. Additional inquiries are also easily accessed through the ODMHSAS webpage Health Information Integrated Query System. The reports and data are utilized to review providers' performance, identify what types of additional services are needed and where, what types of training are needed by providers, how well agencies are providing outcome data, and many other decisions that data help to answer.

Providers and ODMHSAS staff accessing the ICIS system are also provided numerous reports to check completeness of data, data summaries, lists of specific types of service data, etc., in addition to performance reports. This gives agencies the capability to make data-based decisions in addition to those made by the SSA.

One barrier that we find is the quality of the data. Service data is usually up-to-date as ICIS is used to generate fee-for-service payment invoices. However, discharge information does not always get updated as completely as needed. In order to overcome this barrier, DSS staff have held multiple trainings with providers and ODMHSAS field staff, explaining how these data affect outcome measures as well as other data-driven information, what updates are needed, etc. DSS staff are also going on-site to agency locations and working directly with agency staff.

A secondary barrier is helping providers understand the need for outcome data and how to utilize the data in their clinical decision-making process. This is also being addressed

in provider meetings and through meeting individually with agencies and their staff at provider locations.

Describe the types of regular and ad hoc reports generated by the State and identify to whom they are distributed and how.

Numerous regular reports are generated for providers and are accessible via a secure website in order to maintain client confidentiality. The reports are produced from client and service data that have been entered into the ICIS database by the providers. Most of the reports can be selected for specified timeframes. For example, a particular report can be selected for the last two months, or for the last state fiscal year, whatever timeframe the provider designates.

Examples of regular reports include the following:

1. Increased Level of Functioning Improvement (1 Point Change)
2. Increased Level of Functioning Improvement (5 Points Change)
3. Reduction of Homelessness
4. Reduction of Number of Arrests
5. Reduction in Substance Use
6. Reduction in Unemployment
7. Outpatient Initiation
8. Outpatient Engagement
9. Planned Discharges
10. Readmissions within 30 Days
11. Readmissions within 90 Days
12. 14-day follow up
13. 14-day follow up (referred to ODMHSAS agency)
14. Discharges Due to No Service in 180 Days (data quality measure)
15. Summary Report (summarizes ALL the above measures)

There are another 80+ reports which are available for providers to use. These include multiple reports in the categories of Outcome Monitoring, Statewide Agency Comparison, Social Demographics, Active and Inactive Client Data, Admission Reports, Discharge Reports, Service Reports, and Special Reports.

Several reports are generated and accessible to the public through the ODMHSAS website. The “Simple Reports” are adobe acrobat (.pdf) files which allow the public to select a count of admitted clients and/or units of service by agency, county, region, or statewide for each state fiscal year from 2001 through 2006.

In addition, the website has an ad hoc query system, the Health Information Integrated Query (HI IQ) System, through which internet users can create a personalized query to produce specific ODMHSAS data. These reports, too, are simple to use. They are generated through the ‘Basic Query’ and the ‘Advanced Query’ and provide demographic

and count data for admitted clients for the last six years. The query system accesses over 1,500,000 records to produce results.

DSS staff also provide individualized reports for the Department, providers and the public as requested.

If the State sets benchmarks, performance targets or quantified objectives, what methods are used by the State in setting these values?

The current ODMHSAS focus is on performance improvement by each provider, using the NIATx rapid cycle change model, and the benchmark used by the Department for measures of these interventions is any positive provider-specific change. The Department is also participating in the CSAT funded effort to define and test versions of the Washington Circle process measures for publicly funded service systems. Averages across the participating states on each measure provide one set of benchmarks against which providers can evaluate their performance. Oklahoma is also investigating whether the Washington Circle indicators are sensitive to changes produced by NIATx performance improvement efforts, which would thus provide standardized measures that reflect individual provider efforts to improve access and retention.

What actions does the State take as a result of analyzing performance management data?

DSS staff are working with providers and training them on the need for outcome data and how outcome data could help with their agency's decision-making. This is in addition to the data-driven decision-making noted above.

Along with site reviews, Department staff utilize performance management data in monitoring contracts to ensure services are being delivered as desired. Actions resulting from these reviews range from staff discussions with providers to technical assistance visits. Data are reviewed each year as part of the Department's consideration of applications for continued funding. Actions taken may include training or technical assistance for the agency or changing/maintaining funding levels.

Has the State developed evidence-based practices (EBPs) or programs and, if so, does the State require that providers use these EBPs?

ODMHSAS has not developed any evidence-based practices but has utilized information from several EBPs as the basis for Oklahoma's Co-occurring trainings. The Core Co-occurring training was developed from Ken Minkoff's *Eight Principles of the CCISC Model (Tip 42 from SAMHSA)* and from *Strengths-Based Person-Centered Approach by Saleebey, D. (1997) The Strengths Perspective in Social Work Practice (4th ed.) Pearson: Allyn & Bacon: Boston* and from several other Strengths-based texts.

The Intermediate Level Co-occurring training is based on several trauma-informed and trauma specific models including:

START (Systemic Training to Assist in the Recovery from Trauma) by Benamati, Joseph A., LMSW, Ed. D., Center Director, Parsons Child Trauma Study Center;

The Sanctuary Model by Bloom, Sandra L., M.D., Community Works, Sanctuary Model. www.sanctuaryweb.com;

Adverse Childhood Experiences by Felitti, et. al., (2002) Adverse Childhood Experiences Study. www.acestudy.org.

The Intermediate Level training is based on the *American Society of Medicine Criteria by David MeeLee, M.D.*

The Advanced Level Co-occurring training was developed from *Enhancing Motivational Strategies (TIP 35) by SAMHSA.*

Evidence-based practices that are used by women with dependent children agencies include:

ATRIUM by Dusty Miller

A Healing Journey for Women by Stephanie Covington

TREM by Maxine Harris

Seeking Safety by Lisa Najavits

Other authors that have contributed to gender-specific practices for women include Brenda Schaffer, Rokell Lerner, and Claudia Black. Additional authors of note are Norma Finkelstein and Dr. Vivian Brown.

Providers are encouraged to select the EBPs that are utilized with their clients. Several of the providers, including an adolescent facility, a women's program, and two women with dependent children programs, have been trained in and have chosen the Sanctuary model noted above.

Providers are contractually required to utilize evidence-based practices in their treatment programs. The EBPs the agencies have selected are provided to the Department in the yearly Application to Contract that each agency completes. The Department evaluates the information in the Application to Contract and determines whether the treatment approaches are appropriate for client care.

Treatment approaches, including whether evidence-based practices are being utilized are monitored by ODMHSAS program staff.

Provider Involvement

What actions does the State expect the provider or intermediary to take as a result of analyzing performance management data?

The Department expects the provider to utilize performance data to enhance the effectiveness of their services. The data is a good information source for the provider to determine whether their treatment program is as effective as it could be. The data report provides an opportunity for management and clinical staff to discuss what approaches might best serve their clients' needs, whether they are utilizing individualized methods, if there are additional evidence-based practices that would be more effective with their clients or any other quality improvement that might strengthen their treatment program and raise the performance data levels. If the data results indicate that information is not getting updated in the ICIS system, the provider would work with clinical and data entry staff to ensure that updates are entered into the database.

If the SSA has a regular training program for State and provider staff that collect and report client information, describe the training program, its participants and frequency.

The ODMHSAS Information Systems (IS) staff provide two training sessions on the ICIS data entry web application on the second Thursday of each month. Both agency staff and state staff are invited to attend. Training is held in a computer lab with 12 computers. IS staff review how to access the webpage, security information, data maintenance, discuss identification codes for staff entering data, and how to apply for a staff ID required for data entry. Staff navigate through the data entry screens and discuss the meaning of each entry, what the codes mean, and how to access the manual that lists the coding for the different data entry items. Services are discussed, along with codes for each service, length of time of service, etc.

Various reports are also available through the ICIS home page. These reports include listings of services or clients sorted by services, agency, clinical staff, admissions, discharges, diagnoses, etc. Each agency's data can be exported to excel files for their utilization. Fee for service reports can also be generated, as well as historical reports. The various reports and how these reports may be utilized by their agency for keeping records up-to-date, for checking outcomes, and for informational purposes are included in the training.

Do workforce development plans address NOMs implementation and performance-based management practices?

DSS is providing training for agency staff at their locations, working with the agencies individually, as well as providing training at conferences and meetings. These trainings discuss the need for timely reporting, discharge reporting, and updating client information. Oklahoma has not implemented performance-based management practices

at this time but are educating providers about the importance of the National Outcome Measures in regard to future federal funding.

Does the State require providers to supply information about the intensity or number of services received?

Providers report all services provided for each client so the intensity and numbers of services are included in the ICIS database.

Oklahoma
Treatment Corrective Action Plan (submit upon request)

1. Describe the corrective action plan, including critical steps and actions the State and its providers will employ to collect and report the National Outcome Measures data.

2. Discuss the timeframes for the State's corrective action plan detailing the planned milestones and other measures of progress the State has incorporated into its corrective action plan.

3. Describe the State's corrective action plan implementation monitoring activities including interventions or adjustments the State will employ when timeframes or milestones are not achieved.

Form P1

State: Oklahoma

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use
Measure: 30-Day Use

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.	Ages 12–17 - FFY 2006	23.50	
		Ages 18+ - FFY 2006	43.90	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?" [Response option: Write in a number between 0 and 30.]	Ages 12–17 - FFY 2006	13.30	
		Ages 18+ - FFY 2006	35.60	
3. 30-day Use of Other Tobacco Product	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products] † ?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days,	Ages 12–17 - FFY 2006	7.40	
		Ages 18+ - FFY 2006	11.60	
4. 30-day Use of Marijuana	**Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?" [Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.	Ages 12–17 - FFY 2006	6.60	
		Ages 18+ - FFY 2006	5.20	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item:** NSDUH Questionnaire: "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ‡ ?" **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).	Ages 12–17 - FFY 2006	6	
		Ages 18+ - FFY 2006	4.40	

((s)) Suppressed due to insufficient or non-comparable data

† NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
‡ NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Form P2

State: Oklahoma

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use
Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
1. Perception of Risk From Cigarette	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?" [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.	Ages 12–17 - FFY 2006	90.90	
		Ages 18+ - FFY 2006	94.80	
1. Perception of Risk From Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.	Ages 12–17 - FFY 2006	72.70	
		Ages 18+ - FFY 2006	80.70	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?" [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.	Ages 12–17 - FFY 2006	82.90	
		Ages 18+ - FFY 2006	75.50	

((s)) Suppressed due to insufficient or non-comparable data

Form P3

State: Oklahoma

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use
Measure: Age of First Use

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink." [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.	Ages 12–17 - FFY 2006	12.70	
		Ages 18+ - FFY 2006	16.90	
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.	Ages 12–17 - FFY 2006	11.90	
		Ages 18+ - FFY 2006	15.60	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] † ?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.	Ages 12–17 - FFY 2006	12.30	
		Ages 18+ - FFY 2006	17.30	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.	Ages 12–17 - FFY 2006	13.60	
		Ages 18+ - FFY 2006	18	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ‡ ?" [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of other illegal drugs.	Ages 12–17 - FFY 2006	12.90	
		Ages 18+ - FFY 2006	21	

((s)) Suppressed due to insufficient or non-comparable data

† The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
‡ The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Form P4

State: Oklahoma

NOMs Domain: Reduced Morbidity—Abstinence from Drug Use/Alcohol Use
Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.	Ages 12–17 - FFY 2006	84.30	
2. Perception of Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.	Ages 12–17 - FFY 2006	84.90	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.	Ages 12–17 - FFY 2006	79.90	
4. Disapproval of Using Marijuana Regularly	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.	Ages 12–17 - FFY 2006	80.70	
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?" [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.	Ages 12–17 - FFY 2006	82.60	

((s)) Suppressed due to insufficient or non-comparable data

Form P5

State: Oklahoma

NOMs Domain: Employment/Education
Measure: Perception of Workplace Policy

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?" [Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.	Ages 15–17 - FFY 2006	23.70	
		Ages 18+ - FFY 2006	48.80	

((s)) Suppressed due to insufficient or non-comparable data

Form P7

State: Oklahoma

NOMs Domain: Employment/Education
Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: The National Public Education Finance Survey available for download at http://nces.ed.gov/ccd/stfis.asp **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.	FFY 2006	93.30	

((s)) Suppressed due to insufficient or non-comparable data

Form P8

State: Oklahoma

NOMs Domain: Crime and Criminal Justice
Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.	FFY 2006	34.40	

((s)) Suppressed due to insufficient or non-comparable data

Form P9

State: Oklahoma

NOMs Domain: Crime and Criminal Justice
Measure: Alcohol- and Drug-Related Arrests

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.	FFY 2006	84.80	

((s)) Suppressed due to insufficient or non-comparable data

Form P10

State: Oklahoma

NOMs Domain: Social Connectedness
Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Parents of children aged 12–17)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from **[DATEFILL]** through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.	Ages 12–17 - FFY 2006	50.20	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12–17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" † [Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.	Ages 18+ - FFY 2006	96.60	

((s)) Suppressed due to insufficient or non-comparable data

† NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Form P11

State: Oklahoma

NOMs Domain: Retention
Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response		C. Pre-Populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] † ?" **Outcome Reported:** Percent reporting having been exposed to prevention message.	Ages 12–17 - FFY 2006	88.30	

((s)) Suppressed due to insufficient or non-comparable data

† This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context.

Form P12A

State: Oklahoma

Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Providers enter data directly into the Department's database, the Integrated Client Information System (ICIS), a database developed and utilized for both treatment and prevention service data. It also serves as a fee-for-service billing system for providers.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race. Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Only one racial category was selected, or the other category was selected if the person perferred, for individuals who were of more than one race.

Category	Description	Total Served
A. Age	1. 0-4	4061
	2. 5-11	20122
	3. 12-14	21608
	4. 15-17	21671
	5. 18-20	5865
	6. 21-24	8479
	7.25-44	76272
	9. 65 And Over	2498
	10. Age Not Known	0
B. Gender	Male	63792
	Female	96784
	Gender Unknown	0
	White	95630

C. Race	Black or African American	25895
	Native Hawaiian/Other Pacific Islander	0
	Asian	2552
	American indian/Alaska Native	14574
	Race Not Known or Other (not OMB required)	1356
D. Ethnicity	Hispanic or Latino	20569
	Not Hispanic or Latino	140007

- Foot Notes

In Oklahoma's 2006 data, the ages between 25 and 64 were recorded together. That has been corrected in the database and later data will show the ages of 25-44 and 45-64 as noted in the NOMS.

Form P12B

State: Oklahoma

Population-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Description	Total Served
A. Age	1. 0-4	3296
	2. 5-11	9508
	3. 12-14	13798
	4. 15-17	11471
	5. 18-20	5706
	6. 21-24	8419
	7.25-44	65258
	8. 45-64	
	9. 65 And Over	2571
	10. Age Not Known	0
B. Gender	Male	50104
	Female	69923
	Gender Unknown	0
C. Race	White	69531
	Black or African American	17226
	Native Hawaiian/Other Pacific Islander	0
	Asian	3170
	American indian/Alaska Native	11832

	More Than One Race (not OMB required)	
	Race Not Known or Other (not OMB required)	1918
D. Ethnicity	Hispanic or Latino	16350
	Not Hispanic or Latino	103677

- Foot Notes

In FFY 2006 Oklahoma did not have the ages 25-64 for prevention divided into 25-44 and 45-64. Therefore, the number in the 25-44 age group includes both categories. This has now been corrected in the data collection form.

Form P13

State: Oklahoma

Number of Persons Served by Type of Intervention

Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	160579	N/A
2. Universal Indirect	N/A	120027
3. Selective	2581	N/A
4. Indicated	247	N/A
5. Total	163407	120027

Form P14

State: Oklahoma

Evidence-Based Programs and Strategies by Type of Intervention

NOMs Domain: Retention
NOMs Domain: Evidence-Based Programs and Strategies
Measure: Number of Evidence-Based Programs and Strategies

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1: The intervention is based on a solid theory or theoretical perspective that has validated research, and
  - Guideline 2: The intervention is supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness, and
  - Guideline 3: The intervention is judged by informed experts to be effective (i.e., reflects and documents consensus among informed experts based on their knowledge that combines theory, research, and practice experience). "Informed experts" may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.
Evidence based programs are captured through Oklahoma's database. Other programs were summarized from required programs and strategies noted in provider's Application to Contract and direct services recorded in the service database.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?
Oklahoma's Integrated Client Information System (ICIS) database collects data on services and programs provided by contracted and state prevention facilities. The data is entered directly by provider staff utilizing a web-based data entry screen.

Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selected	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	22	7	29	1	5	6
2. Total number of Programs and Strategies Funded	64	10	74	5	5	10
3. Percent of Evidence-Based Programs and Strategies	34.38%	70.00%	39.19%	20.00%	100.00%	60.00%

Form P15

State: Oklahoma

Services Provided Within Cost Bands

Type of Intervention	A. Number of Programs and Strategies	B. Number of Programs and Strategies Falling Within Cost Bands	C. Percent of Programs and Strategies Falling Within Cost Bands
1. Universal Direct Programs and Strategies	64	0	0 %
2. Universal Indirect Programs and Strategies	10	0	0 %
3. Subtotal Universal Programs	74	0	0.00%
4. Selective Programs and Strategies	5	0	0 %
5. Indicated Programs and Strategies	5	0	0 %
6. Total All Programs	84	0	0.00%

Oklahoma
Prevention Corrective Action Plan (submit upon request)

1. Describe the corrective action plan, including critical steps and actions the State and its providers will employ to collect and report the National Outcome Measures data.

2. Discuss the timeframes for the State's corrective action plan detailing the planned milestones and other measures of progress the State has incorporated into its corrective action plan.

3. Describe the State's corrective action plan implementation monitoring activities including interventions or adjustments the State will employ when timeframes or milestones are not achieved.

Prevention Attachments A, B, and C (optional)

State:
Oklahoma

Approved Substitute Data Submission Form

Substitute data has not been submitted for prevention forms.

State: Oklahoma

Prevention Attachment D:
2005 Block Grant Subrecipient Cost Band Worksheet

Subrecipient Name:______________________________

Date Form Completed:______________

Name of Contact Person:______________________________

Phone:______________ **E-mail Address:**______________

Table 1: Progam Detail

1	2	3	4	5	6
Program Name	**Number of Participants**	**Number of Program Hours Received**	**Total Cost of the Program**	**Average Cost Per Participant (Col 4/Col 2)**	**Average Cost Per Participant Falls Within 2005 Cost Bands (Yes=1 No=0)**
Universal Direct Programs					**Universal Direct: $58.01–$693.98**
1.					
2.					
3.					
4.					
Universal Indirect Programs					**Universal Indirect $1.05–$82.26**
1.					
2.					
3.					
4.					
Selective Programs					**Selective $151.88–$6,409.29**
1.					
2.					
3.					
4.					
Indicated Programs					**Indicated $510.47–$4,888.44**
1.					
2.					
3.					
4.					

Table 2: Subrecipient Cost Band Summary

	1	2
Program Type	**Number of Programs**	**Number of Programs Falling Within Cost Bands**
Universal Direct		
Universal Indirect		
Selective		
Indicated		
Total		

Instructions for Completing the 2005 Block Grant Subrecipient Cost Band Worksheet

The 2005 Block Grant Subrecipient Cost Band Worksheet is an optional tool that States may use for their providers to record the number of program participants, the number of hours received, the cost of each program, the average cost per program participant, and the number of programs whose average participant costs fall within the 2005 cost bands. Data should be based on total cost of program not only the funding from CSAP. States may use an alternative approach to obtain data used to report the aggregate cost band data in Form P15 of the SAPT Block Grant Application. These worksheets are not required as part of that submission.

1. Subrecipient Information

Grant Information. At the top of the page, enter the name of the subrecipient, the contact information for the person completing this form, and the date on which the form was completed.

2. Table 1: Program Detail

Column 1: Program Name. In column 1, list the names of all programs that were funded in whole or in part with Block Grant funds during Federal fiscal year (FY) 2005. Add additional rows if necessary.

A program is defined as an activity, a strategy, or an approach intended to prevent an outcome or to alter the course of an existing condition. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance use or substance abuse-related risk factors.

Separate table sections are provided for programs that are defined as Universal Direct, Universal Indirect, Selective, and indicated. Universal indirect services are defined as services that support prevention activities, such as population-based activities, and the provision of information and technical assistance. Universal direct, selective, and indicated services are defined as prevention program interventions that directly serve participants.

- ***Universal.*** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

- ***Universal Direct.*** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

- ***Universal Indirect***. Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

- ***Selective.*** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

- ***Indicated.*** Activities targeted to individuals identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

Column 2: Number of Participants. In this column, specify the number of participants who took part in the preventive program during FY 2005. If this intervention was delivered to multiple groups, combine all groups and report the total. If it is an indirect program, use the estimated number of people reached during the reporting year.

Column 3: Number of Program Hours Received. In this column, report the number of hours that program participants received over the course of the program.

Column 4: Total Cost of This Program. In this column, report the total of all costs expended on the program during the reporting year. This should include all costs associated with the program, such as staff training, staff time, and materials, during the year.

Column 5: Average Cost Per Participant. Report the average cost per participant. Calculate the average cost by dividing the Block Grant dollars expended on each program (column 4) by the number of participant s served (column 2).

Column 6: Average Cost Per Participant Falls Within Cost Bands. Compare the average cost per participant (column 5) with the 2005 cost bands for each program type. If the average cost per participant falls within the specified interval, record a "1" in column 5. If the average cost is either higher or lower than the cost band interval, enter a zero in column 5.

3. Table 2: Subrecipient Cost Band Summary

Table 2 summarizes information recorded in Table 1.

Column 1: Number of Programs. In column 1, enter the total number of programs on which you reported in Table 1, by program types (Universal Direct, Universal Indirect, Selective, and Indicated). Total the number of programs in the last row.

Column 2: Number of Programs Falling Within Cost Bands. For each program type, enter the total number of programs that fell within the cost bands for that program type (i.e., programs that were coded "1" in Table 1, column 5).

6/20/2007 5:03:39 PM

Oklahoma
Description of Supplemental Data

States may also wish to provide additional data related to the NOMs. An approved substitution is not required to provide this supplemental data. The data can be included in the Block Grant appendix. When describing the supplemental data, States should provide any relevant Web addresses (URLs) that provide links to specific State data sources. Provide a brief summary of the supplemental data included in the appendix:

Oklahoma

Appendix A - Additional Supporting Documents (Optional)

Appendix A - Additional Supporting Documents (Optional)

No additional documentation is required to complete your application, besides those referenced in other sections. This area is strictly optional. However, if you wish to add extra documents to support your application, please attach it (them) here. If you have multiple documents, please 'zip' them together and attach here.

Oklahoma Department of Mental Health and Substance Abuse Services

Our Mission is:

To Promote Healthy Communities and Provide the Highest Quality Care to Enhance the Well-being of all Oklahomans.

Drug Courts in Oklahoma

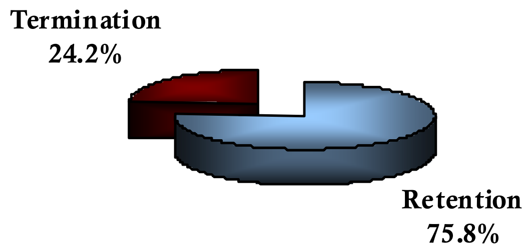
Cost Effectiveness

Annual Estimated Cost of DOC Incarceration: $19,000

Annual Estimated Cost of Drug Court: $5,000

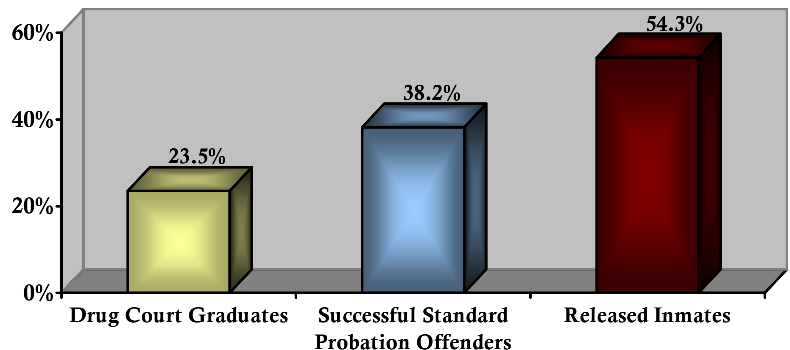
Long-Term Outcomes

High Retention Rate



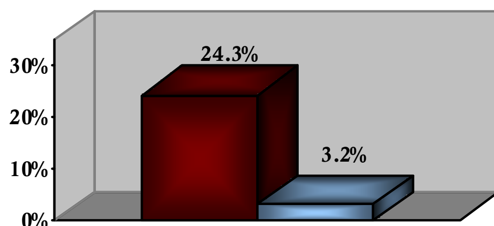
Participants stay in treatment.

Low Re-Arrest Rate

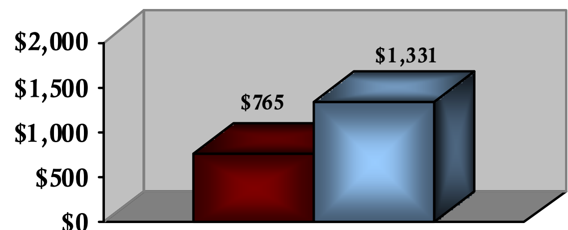


Fewer offenders being recycled into the criminal justice system.

Outcome Comparisons For Drug Court Graduates Between Entry and Graduation

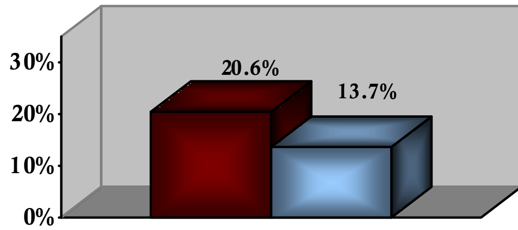


Unemployment ↓ 86.8%

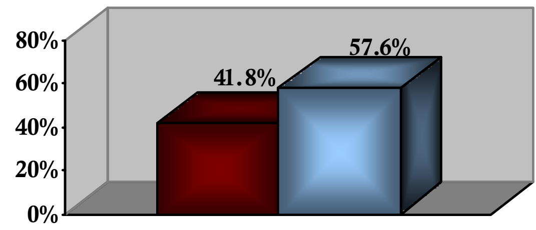


Monthly Income ↑ 74.0%

Outcome Comparisons For Drug Court Graduates Between Entry and Graduation

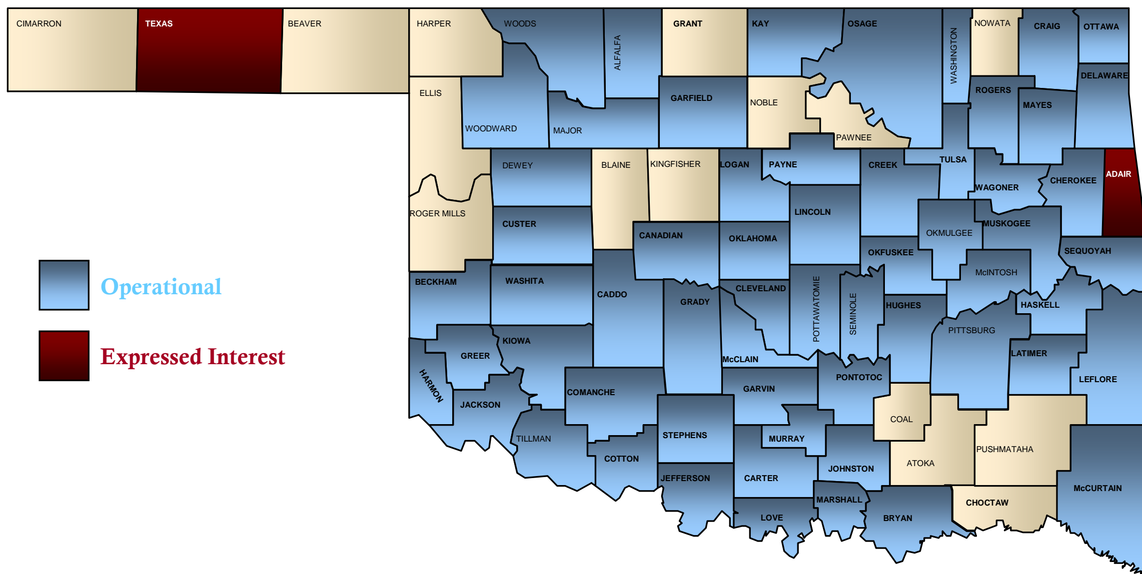


Lacking High School Education ⇩ **33.5%**



Children Living with Parents ⇧ **37.8%**

Current Program Information



Operational Drug Courts	52
Adult	40
Juvenile	8
Family	2
DUI	2
Number of Counties	60

Expressed Interest	2
Adult	2
Juvenile	0
Family	0
DUI	0
Number of Counties	2

4,225 Active Participants as of January 2008