

Oklahoma

UNIFORM APPLICATION FY 2007

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS 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.

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Oklahoma

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FACE SHEET

FISCAL YEAR/S COVERED BY THE PLAN

 FY2007 **FY 2006-2007** X **FY 2005-2007**

STATE NAME: Oklahoma

DUNS #: 93-366-2934

I. AGENCY TO RECEIVE GRANT

AGENCY: OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ORGANIZATIONAL UNIT:

STREET ADDRESS: 1200 NE 13TH STREET, P.O.BOX 53277

CITY: OKLAHOMA CITY

STATE: OK

ZIP: 73152

TELEPHONE: (405)522-3908

FAX: (405)522-3650

II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT

NAME: TERRY CLINE, PH.D. TITLE: COMMISSIONER

AGENCY: OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ORGANIZATIONAL UNIT:

STREET ADDRESS: 1200 NE 13TH STREET, P.O.BOX 53277

CITY: OKLAHOMA CITY

STATE: OK

ZIP CODE: 73152

TELEPHONE: (405)522-3878

FAX: (405)522-3650

III. STATE FISCAL YEAR

FROM: 07/01/2006

TO: 07/01/2007

IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

NAME: JOHN HUDGENS TITLE: Innovation Center Director

AGENCY: OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ORGANIZATIONAL UNIT: COMMUNITY BASED SERVICES

STREET ADDRESS: 1200 NE 13TH STREET, P.O.BOX 53277

CITY: OKLAHOMA CITY

STATE: OK

ZIP: 73152

TELEPHONE: (405)522-3992

FAX: (405)522-3650

EMAIL: JHudgens@odmhsas.org

Executive Summary - FFY2007 Update

The State of Oklahoma's Mental Health Block Grant FFY2005-2007 plan was approved for three years in October 2004 under the voluntary format utilizing five criteria and seventeen related performance indicators. An updated plan was submitted and approved by the Center for Mental Health Services in October 2005. Modifications to the original plan and (and 2006 Update) were submitted in November 2004, April 2005, November 2005, and June 2006.

This packet includes the application for Federal Fiscal Year (FFY) 2007 and contains all required documents in Section I. Further, as requested, only revisions and updates for 2007 are included for Sections II and III. Those updates are submitted to address changes experienced by the State since the original FFY2005-2007 Plan and the above referenced Modifications or updates were submitted. Information contained herein should be reviewed along side the original three-year plan as well as the FFY2006 Update to best understand the context in which the enclosed update was prepared.

Oklahoma's Plan continues to closely match priorities included in the Department of Mental Health and Substance Abuse Services Strategic Plan adopted in October 2001, the President's New Freedom Commission Report, and specific needs identified by the Mental Health Planning and Advisory Council. The agency's governing Board receives periodic updates on the Strategic Plan. Major funding and policy initiatives are rooted in the foundations of that Strategic Plan.

Oklahoma was awarded a Mental Health State Transformation Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2005. The views the Mental Health Block Grant Update and transformation work underway as parallel and complementary. The Mental Health Planning and Advisory Council has closely monitored the work related to the Transformation Grant and has a direct link with the Governor's Transformation Advisory Board that provides guidance to the Transformation Grant activities.

Other state-specific accomplishments and developments are discussed in this update. For 2007 those include a substantial increase in state appropriations, continued expansion of service initiatives, and assuring the overall system is one that embraces recovery, hope, and a transformative attitude. The State continues to benefit from viable and effective partnerships with a variety of constituencies, including persons receiving services, advocacy organizations, the Mental Health Planning and Advisory Council, providers, and other state agencies. Related activities are described in this 2007 update.

The Mental Health Planning and Advisory Council actively assisted with the completion of this update. The Council has also challenged itself to be even more active in 2007 related to other monitoring and advocating responsibilities.

Readers are encouraged to review this plan with these factors in mind. It is the state's intent that this update provides an accurate view of activities in Oklahoma and succinctly describes a vision for system transformation.

Attachment A

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING AGREEMENTS

FISCAL YEAR 2007

I hereby certify that Oklahoma agrees to comply with the following sections of Title V of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

Section 1911:

Subject to Section 1916, the State¹ will expend the grant only for the purpose of:

- i. Carrying out the plan under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved;
- ii. Evaluating programs and services carried out under the plan; and
- iii. Planning, administration, and educational activities related to providing services under the plan.

Section 1912

(c)(1)& (2) [As a funding agreement for a grant under Section 1911 of this title] The Secretary establishes and disseminates definitions for the terms “adults with a serious mental illness” and “children with a severe emotional disturbance” and the States will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children].

Section 1913:

(a)(1)(C) In the case for a grant for fiscal year 2006, the State will expend for such system [of integrated services described in section 1912(b)(3)] not less than an amount equal to the amount expended by the State for the fiscal year 1994.

[A system of integrated social services, educational services, juvenile services and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The State will provide services under the plan only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

21. The term State shall hereafter be understood to include Territories.

(C)(1) With respect to mental health services, the centers provide services as follows:

(A) Services principally to individuals residing in a defined geographic area (referred to as a "service area")

(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.

(C) 24-hour-a-day emergency care services.

(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.

(E) Screening for patients being considered for admissions to State mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1914:

The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

(b) The duties of the Council are:

(1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;

(2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and

(3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:

(A) the principle State agencies with respect to:

(i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(C) adults with serious mental illnesses who are receiving (or have received) mental health services; and

(D) the families of such adults or families of children with emotional disturbance.

- (2) A condition under subsection (a) for a Council is that:
- (A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and
 - (B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

Section 1915:

(a)(1) State will make available to the State mental health planning council for its review under section 1914 the State plan submitted under section 1912(a) with respect to the grant and the report of the State under section 1942(a) concerning the preceding fiscal year.

(2) The State will submit to the Secretary any recommendations received by the State from the Council for modifications to the State plan submitted under section 1912(a) (without regard to whether the State has made the recommended modifications) and comments on the State plan implementation report on the preceding fiscal year under section 1942(a).

(b)(1) The State will maintain State expenditures for community mental health services 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.

Section 1916:

(a) The State agrees that it will not expend the grant:

- (1) to provide inpatient services;
- (2) to make cash payments to intended recipients of health services;
- (3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) to satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds; or
- (5) to provide financial assistance to any entity other than a public or nonprofit entity.

(b) The State agrees to expend not more than 5 percent of the grant for administrative expenses with respect to the grant.

Section 1941:

The State will make the plan required in section 1912 as well as the State plan implementation report for the preceding fiscal year required under Section 1942(a) public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

Section 1942:

(a) The State agrees that it will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States) to be necessary for securing a record and description of:

- (1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and
 - (2) the recipients of amounts provided in the grant.
- (b) The State will, with respect to the grant, comply with Chapter 75 of Title 31, United Stated Code. [Audit Provision]
- (c) The State will:
- (1) make copies of the reports and audits described in this section available for public inspection within the State; and
 - (2) provide copies of the report under subsection (a), upon request, to any interested person (including any public agency).

Section 1943:

- (a) The State will:
- (1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and
 - (B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);
 - (2) permit and cooperate with Federal investigations undertaken in accordance with section 1945 [Failure to Comply with Agreements]; and
 - (3) provide to the Secretary any data required by the Secretary pursuant to section 505 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section
- (b) The State has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity, which is receiving amounts from the grant.

Notice: Should the President's FY 2007 Budget be enacted, the following statement applies only to States that received the Mental Health Transformation State Infrastructure Grants:

This Agreement certifies that States that received the Mental Health Transformation State Infrastructure Grants shall not use FY 2007 Mental Health Block Grant transformation funding to supplant activities funded by the Mental Health Transformation Infrastructure Grants.

~~XXXXXX~~ _____ Date
 Terry Cline, Ph. D., ODMHSAS Commissioner/Secretary of Health

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, Ineligibility, 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 work-place 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:

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

<p>5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>The Public Health Services 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.</p>	
<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p>	<p>TITLE</p> <p>Commissioner</p>	
<p>APPLICANT ORGANIZATION</p> <p>Oklahoma Department of Mental Health and Substance Abuse Services</p>		<p>DATE SUBMITTED</p>

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: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> 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 <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i>	
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: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Reporting Entity:

Page

of

Authorized for Local Reproduction
Standard Form – LLL -A

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.

Approval Expires: 08/31/2007

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 Coastal 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

Approval Expires: 08/31/2007

II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances (SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY X

Federal FY _____

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2005	Estimate/Actual FY 2006
<u>\$3261133</u>	<u>\$8353000</u>	\$

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services 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.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY X

Federal FY _____

State Expenditures for Mental Health Services

Actual FY 2004	Actual FY 2005	Actual/Estimate FY 2006
<u>\$63,417,275</u>	<u>\$69,719,275</u>	\$_

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall. These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

TABLE 1.**List of Planning Council Members**

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(Optional)
Allen, Jess	Consumers/Survivors/Ex-patients(C/S/X)		1821 N. Classen Blvd Suite 223 Oklahoma City,OK 73106 PH:405-799-5965 FAX:	
Barry, Sara	Family Members of adults with SMI		5437 N Military Oklahoma City,OK 73118 PH:405-520-6494 FAX:	
Bell, Tom	State Employees	Oklahoma Department of Education	2500 N. Lincoln Oklahoma City,OK 73105 PH:405-521-4858 FAX:405-521-2971	
Boehrer, Susan	Family Members of Children with SED		,OK PH: FAX:	
Bower, Kayla	Others(not state employees or providers)	Oklahoma Disability Law Center	2915 N. Classen Blvd Suite 300 Oklahoma City,OK 73106 PH:405-525-7755 FAX:405-525-7759	
Caruso, Michael	Consumers/Survivors/Ex-patients(C/S/X)		P.O. Box 213 Wilburton,OK 74578 PH:918-465-0437 FAX:	
Cowan, Geoff	Providers	Edwin Fair Community Mental Health Center	1500 N 6th St. Ponca City,OK 74601 PH:580-762-7561 FAX:580-762-2576	
Crawford, Todd	State Employees	Oklahoma Department of Mental Health and Substance Abuse Services*	1200 NE 13th P.O. Box 53277 Oklahoma City,OK 73152 PH:405-522-0218 FAX:405-522-3650	
Damron, Pat	State Employees	Oklahoma Department of Health	100 NE 10th St. Oklahoma City,OK 73117 PH:405-271-4477 x56710 FAX:405-271-1011	
Elzo, Phil	State Employees	Oklahoma Housing Finance	P.O. Box 26720 Oklahoma City,OK 73126-0720	

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(Optional)
		Authority	PH:405-419-8275 FAX:	
Freeman, Jennifer	Providers	Family and Children's Services	3604 N. Cincinnati Tulsa,OK 74106 PH:918-425-4200 FAX:918-425-4202	
Grissom, Steve	State Employees	Office of Juvenile Affairs	13323 W. Highway 51 Sand Springs,OK 74063 PH:918-639-3543 FAX:	
Hatcher, Stacey	Family Members of Children with SED		1820 Gebron Dr. Edmond,OK 73003 PH:405-974-2868 FAX:	
Hayes, Marcia	Consumers/Survivors/Ex-patients(C/S/X)		,OK PH: FAX:	
Howell, Mary	State Employees	Oklahoma Department of Rehabilitation Services	2401 NW 23rd St. Suite 47 Oklahoma City,OK 73107 PH:405-522-7961 FAX:405-522-7980	
Hunter, Deborah	Family Members of adults with SMI		,OK PH: FAX:	
Land, Lyn	Family Members of Children with SED		2311 Apache NW Piedmont,OK 73078 PH:405-271-9444 x56720 FAX:	
Lee, Kevin	Consumers/Survivors/Ex-patients(C/S/X)		1611 S. Utica Avenue Tulsa,OK OK PH:74104 FAX:	
Long, Nancy	State Employees	Department of Human Services	2400 N. Lincoln Blvd Oklahoma City,OK 73105 PH:405-521-3963 FAX:	
Powitzky, Robert	State Employees	Oklahoma Department of Corrections	2901 N. Classen Suite 100 Oklahoma City,OK 73106 PH:405-962-6138 FAX:405-962-6150	
Ray, Billy	Providers	Cedar Ridge	6501 N.E. 50th Oklahoma City,OK 73141 PH: 405 605-6111 FAX: 405 424-0457	billy.ray@uhsinc.com
		Jim		

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(Optional)
Regan, Jim	Providers	Taliaferro Community Mental Health Center	602 SW 38th Lawton,OK 73505 PH:580-248-5780 FAX:580-248-3610	
Rote, Kaye	Consumers/Survivors/Ex-patients(C/S/X)	Oklahoma Mental Health Consumer Council	3200 NW 48th Suite 102 Oklahoma City,OK 73112 PH:405-604-6975 FAX:405-605-8175	
Rowe, Cindy	Consumers/Survivors/Ex-patients(C/S/X)		,OK PH: FAX:	
Rowell, Vicki	Family Members of Children with SED		913 S. Anderson Rd. Choctaw,OK 73020 PH:405-769-9590 FAX:	
Spaeth, Debbie	State Employees	Oklahoma Health Care Authority	4545 N. Lincoln Blvd. Suite 124 Oklahoma City,OK 73105 PH:405-522-7080 FAX:405-530-3242	
Tallent, Jeff	Family Members of adults with SMI	Oklahoma Federation of Families	1620 Ridgecrest Road #A Edmond,OK 73013 PH:405-330-0642 FAX:	
Thomas, Williams D.	Consumers/Survivors/Ex-patients(C/S/X)		Oklahoma City,OK PH: FAX:	

TABLE 2. Planning Council Composition by Type of Member

Type of Membership	Number	Percentage of Total Membership
TOTAL MEMBERSHIP	28	
Consumers/Survivors/Ex-patients(C/S/X)	7	
Family Members of Children with SED	4	
Family Members of adults with SMI	3	
Vacancies(C/S/X and Family Members)	0	
Others(not state employees or providers)	1	
TOTAL C/S/X, Family Members and Others	15	53.57%
State Employees	9	
Providers	4	
Vacancies	0	
TOTAL State Employees and Providers	13	46.43%

Note: 1) The ratio of parents of children with SED to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council, 2) State Employee and Provider members shall not exceed 50% of the total members of the Planning Council, and 3) Other representatives may include public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. 4) Totals and Percentages do not include vacancies.

In 2005-2006 the Oklahoma Mental Health Planning and Advisory Council continued to address all required responsibilities as well as was active in various other activities. The MHPC By Laws were amended 2006, changing the name "and Advisory" to emphasize the Council's role as a conduit of information and a communicator of essential information to stakeholders.

A listserve is moderated by a former Council member and provides on-going information to Council members as well as many other stakeholders who have requested to receive updates in this manner.

The Chair of the Council was appointed to the Governor's Transformation Advisory Board which serves as the CMHS-mandated "transformation working group" pursuant to requirements of the Transformation State Incentive Grant. The Chair provides the Council updates on this Advisory Board's activities and frequently speaks during Advisory Board deliberations on behalf of the council.

The Council Chair, along with other advocacy leaders, participated in a leadership training institute co-sponsored by NASMHPD and NAMHPAC in Seattle, Washington. Council officers participated in the annual Mental Health Block Grant and Planning Conference in June, 2006.

During the Legislative Session, the Council solicited and received continuous updates on developments related to mental health and substance abuse services.

Council members, at the conclusion of each meeting, request specific reports and presentations to be included on subsequent agendas. These frequently reflect issues that are brought before the Council during discusses on other agenda items. The Council views this process as fulfilling both monitoring and advocacy functions.

Domestic Violence and Sexual Assault Services. (see page 26 of 2005-2007; page 1 of 2006-2007 update) - ODMHSAS continued collaboration with the Attorney General's staff to ensure appropriate access for mental health and substance abuse treatment services for those people served within the domestic violence service system following a transfer of certification and funding responsibilities for domestic violence and sexual assault services in 2005 to the Office of the Attorney General. ODMHSAS Mental Health Division has added an additional staff as Coordinator of Trauma and Prevention Services. This position assists system wide to assure that services are provided in trauma-informed settings. The Coordinator is also working on a variety of mental health prevention projects.

Strategic Planning Process. (see 1 of 2006-2006 application; page 1 of 2006-2007 update) Strategic planning within ODMHSAS has continued simultaneously with the State's Transformation Incentive Grant (TSIG) activities. The Advocates for Human Potential, Inc. and ODMHSAS have jointly staffed over 100 focus groups to collect data and compile citizen input as Oklahoma prepares to submit its State Comprehensive Plan to SAMHSA by October 1, 2006. To date, approximately 1200 individuals have participated in the TSIG focus groups.

ODMHSAS also contracted with Health Systems Research, Inc. in March 2006, to conduct a limited number of stakeholder meetings to collect specific suggestions on how the ODMHSAS Strategic Plan should be updated to be more culturally responsive and better address the needs of underserved populations. Data from these stakeholder meetings will be used to inform the State's Comprehensive Plan as well as update the ODMHSAS Strategic Plan.

**AREAS IDENTIFIED AS NEEDING ATTENTION IN THE FY2002-2004 PLAN
FY2007 Updates**

Program of Assertive Community Treatment (PACT) (see page 1 of 2006-2007 plan; page 1 of 2006-2007 update). As of January 1, 2006, fourteen full fidelity pact teams were in operation in Oklahoma. This included three teams brought on line mid-year to use additional funds appropriated for PACT in 2006. FY2007 appropriations annualized this new funding so all team are fully funded. All teams are eligible for both ODMHSAS funding and PACT-specific Medicaid reimbursement.

Jail Diversion and Related Initiatives (see page 1 of 2006-2007 update; page 1 of 2006-2007 update). NorthCare, a CMHC in Oklahoma City, began a day reporting service in January 2005. ODMHSAS provided partial funding for this. A community based advisory committee is assisting with the implementation and monitoring of outcomes. Family and Children Services (F&CS) also operates a Tulsa-based jail diversion program. That program has been funded by a SAMHSA grant which will end in FY2006. Additional appropriations have been approved by the Oklahoma Legislature to continue funding that program when Federal funding expires.

Mental Health Courts (page 2 of 2006-2007). The Oklahoma Legislature appropriated \$1,200,000 for FY2007 to support expansion of mental health courts and related jail diversion activities. Three courts are currently underway in Oklahoma, Seminole, and McCurtain counties. It is anticipated that as many as ten additional jurisdictions will initiate planning and court implementation activities during FY2007.

Drug Courts (see page 1 of 2006-2007 update). In addition to the \$8,000,000 provided by the Legislature in FY06 for additional drug court administrative and treatment costs, another \$8,000,000 increase was approved for FY07 to expand treatment services for drug court participants. This is now an annualized to \$16,000,000 in state funds for drug courts and will result in approximately 4,000 treatment slots to be developed by June 30, 2007.

Recovery Support Specialists (see page 2 of 2006-2007 update). Training for Recovery Support Specialists (Peer Specialists), piloted in FY2005, is now an established and viable program which assists the community-based system to be more consumer directed as well as increasing the workforce of people in recovery. Per ODMHSAS requirements, each CMHC must employ at least one full time equivalent (FTE) Recovery Support Specialist. The FTE can be shared by two or more individuals, if that is preferred. Trainings have also included individuals who are hired to work in hospitals and crisis centers. A credentialing process has been created. 48 Recovery Support Specialists have been tested and credentialed.

Approximately 30 individuals have been trained as the result of the rollout of two additional Evidence Based Practices identified by SAMHSA: Family Psychoeducation and Illness Management and Recovery. The Real Choice Grant funds a position in the ODMHSAS Office of Consumer Affairs as the Recovery Support Specialist Coordinator. This person, along with an employee in a position also funded by the grant in the Medicaid agency, will propose policy changes to establish Medicaid reimbursable peer services in Oklahoma.

In 2006, an additional position was added to the Office of Consumer Affairs to coordinate work through a network of Double Trouble and Recovery Groups (DTR).

Oklahoma Federation of Families for Youth and Children's Mental Health (see page 30 of 2005-2007 plan; see page 2 of 2006-2007 update). In 2006, the Oklahoma Federation of Families for Youth and Children's Mental Health now has effective relationships with professionals, families around the state, and local System of Care Communities. They are assisting local communities' family groups and piloted a curriculum for a family leadership academy. This is available to communities who will use their own local experts to teach the institute. The Federation is also contracted to provide technical assistance to 25 plus local System of Care communities.

Supported Employment (see page 31 of 2005-2007 plan; see page 2 of 2006-2007 update).

ODMHSAS, in collaboration with the Department of Rehabilitation Services (DRS) and peer agencies in five other states, planned and facilitated a regional conference on Supported Employment for people with mental illness held in Albuquerque in October, 2005. Block grant funds were used to send twelve people from Oklahoma to the Conference, including staff from ten Community Mental Health Centers. The ODMHSAS/DRS Interdepartmental Task Force expanded to include vocational rehabilitation counselors and community mental health center representatives and is also now the Supported Employment Steering Committee for implementation of SAMHSA Supported Employment Evidence Based Practice. Several Steering Committee members attended of the regional conference in Albuquerque. The Steering Committee began meeting regularly following the Conference to move forward with the implementation of the EBP. The Committee estimates that model sites at seven CMHCs will be underway October 1, 2006. It is anticipated that Mental Health Block Grant funds will continue to support technical assistance and to assist with implementation of this EBP.

Transition Aged Youth Employment Program (see page 2 of 2006-2007 update).

ODMHSAS worked with the Department of Rehabilitation Services and NorthCare Center to develop a Systems of Care (SOC) Employment Services Project for youth ages 15-22 who have complex behavioral health needs. An employment specialist works closely with the SOC wraparound team. Youth are assisted with job search skills, job retention skills, and job termination skills. Parental involvement is encouraged to support success. Also, the Oklahoma Legislature appropriated funds for FY2007 for up to five pilot programs to serve transition aged youth with wraparound, employment/education consulting, and housing subsidies. Sites will be selected through a competitive bidding process, as required by state purchasing regulations.

Exemplary Treatment for Children (see page 31 of 2005-2007 plan; see pages 2-3 of 2006-2007 update).

ODMHSAS has continued its partnership with the University of Oklahoma Health Sciences Center (OUHSC) to provide training and consultation for providers in trauma-focused cognitive behavioral therapy (TFCBT) and in parent-child interaction therapy (PCIT). These projects are currently in the second year. A Train the Trainer component is in place. Ongoing training and consultation in Brief Strategic Family Therapy (BSFT) is also underway in Oklahoma County as part of a Treatment Effectiveness Study in partnership with ORC Macro and the Center for Family Studies, University of Miami. Both the OUHSC and the ORC Macro projects are progressing well.

The program has expanded to include a CMHC-based therapist as a potential trainer of BSFT.

New Developments and Issues - FY2007 Updates

Transformation State Incentive Grant (TSIG). (New for 2007 update). Effective October 1, 2005, Oklahoma was awarded a Transformation State Incentive Grant. Major accomplishments during this initial year of TSIG activities are as follows:

- Development of the Innovation Center. This is hosted by ODMHSAS. The function is to identify, design, and implement transformation projects with a variety of agencies, organizations, and communities. The staff includes eight Transformation Agents, one Transformation Organization Consultant, two Data Analysts, one Trainer, one Video Conferencing Technician, and three administrative staff including the Director, the Assistant Director, and an Administrative Assistant.
- Formation of the Governor's Transformation Advisory Board. These include 28 members, ten of whom are state agency directors designated by the Governor. The remaining 18 members are appointed by the Governor and represent consumers, youth, families, advocacy organizations, higher education, private industry, philanthropy, law enforcement, the Chair of the Oklahoma Mental Health Planning and Advisory Council, an Indian Health representative, the Governor of the Chickasaw Nation, and two legislators.
- Completion of the Needs Assessment Inventory. This included conducting of over 100 focus groups involving in excess of 1200 participants to identify strengths, needs, and visions for a transformed system to provide mental health and substance abuse services. In addition to the focus group input, existing data sources, organizational strategic plans, and previously developed needs assessment documents were utilized.
- Completion of the State's Comprehensive Plan. The plan is based on the Needs Assessment findings and is formulated to address key recommendations included in the President's New Freedom Commission Report.

Subsequent years of the five-year grant program will focus on transformation strategies articulated in the Comprehensive Plan.

Medicaid Changes (see page 32 of 2005-2007 plan; page 3 of 2006-2007 update). The Oklahoma Health Care Authority (OHCA) and partner state agencies worked closely in 2006 to expand reimbursable services through the Medicaid program. Recent developments include adding the following to the Medicaid reimbursement program: Program for Assertive Community Treatment (PACT), Outpatient Substance Abuse and Integrated Services, and Behavioral Health Aides for Children with Serious Emotional Disturbance (SED)

In 2007, the state will work with the Centers for Medicaid and Medicare Services (CMS) to gain approval for coverage of Mental Health Clubhouse, Family Support and Training, and Community Recovery Support. Also in 2007, OHCA and ODMHSAS will develop statewide training on two SAMHSA-identified Evidence-Based Practices (EBPs). These are Illness, Management and Recovery and Family Psycho-education. There is also active inter-agency work to streamline documentation requirements, decrease certification training costs via development of web-based training for providers, and including residential treatment for substance abuse/integrated services in the Medicaid program. OHCA is working closely with several partner agencies to pursue an SED

demonstration grant or waiver application through the Medicaid program. (This is also discussed in the Partnership for Children's Behavioral Health 2007 update.)

Partnership for Children's Behavioral Health (see page 32 of 2005-2007 plan; pages 3-4 of 2006-2007 update). Recent actions taken by the Partnership in accordance with its adopted Plan include the following:

- Most members of the Partnership were additionally appointed to the Governor's Transformation Advisory Board in January, 2006. (See updates on the Transformation State Incentive Grant above.) Partnership members have been active on this new Advisory Board and can meet as a separate children's focus group as the need arises. Lessons learned from the creation of the Partnership greatly influenced the formation and structure of the Governor's Transformation Advisory Board.
- The curriculum developed for Family Support Partners (providers) has been implemented. Thirty seven family members have been trained year to date in this curriculum.
- Very active collaboration has continued between the Department of Human Services (OKDHS), Office of Juvenile Affairs (OJA), and OHCA to expand and improve group home services to incorporate more individualized services and improved staffing to stabilize children at the community level. ODMHSAS provided expertise and linkage to technical assistance, utilizing the Sanctuary Model, to move all services toward being more trauma-informed.
- The Oklahoma Systems of Care State staff in partnership with the Oklahoma Federation of Families implemented a toolkit for local community development.
- There are now 25 local SOC communities with several more under development.
- The Partnership is preparing to potentially apply for a CMS Demonstration Grant or 1915C Waiver which will support the development of a new care management system in Oklahoma. An interagency team will likely manage the waiver under the sponsorship of the Partnership.

Legislative Initiatives and Changes - FY2007 Updates

Appropriation Increases FY2007 (see page 33 of 2005-2007 plan; see page 4 of 2006-2007 update). The major increases are summarized below and have been referenced elsewhere within this Application and Plan update. These are increases above the FY2006 baseline appropriations and represent a state funding increase in excess of 13%.

- Annualize drug court expansion \$8,000,000
- Systems of Care 935,062
- Annualize PACT team funding 700,000
- Rate adjustment for contracted providers 2,250,000
- Mental health courts and jail diversion 1,200,000
- Newer generation medications 277,163
- Residential care and Recovery Homes 300,000
- Adolescent crisis response 1,593,750
- Services for transitional youth 622,500
- Core services for children 408,750
- Residential adolescent substance abuse treatment 1,500,000
- Assessment and crisis stabilization center 1,500,000
- State employee pay adjustment 3,305,928
- Other community mental health/prevention services 300,000

Total Additional Appropriation (above FY2006 level)

\$22,893,153

Other 2006 Legislative Activity. The following bills were also signed into law as a result of the most recent Legislative Session.

- HB 2517 requires state occupational oversight entities to establish a procedure for an individual to apply for reinstatement of their occupational license if their felony or misdemeanor was a result of mental illness or substance abuse. This was specifically designed to support people in recovery.
- HB 2662 permits a drug court judge to enter an order to stay the revocation, suspension cancellation or denial of the driver's license of a participant if the judge determines the participant has no other means of transportation. This change will enable participants to more easily participate in treatment and satisfy mandatory court appearance requirements.
- HB 2842 enacts the Medicaid Reform Act which provides for personal health savings accounts; counseling for Medicaid beneficiaries to choose from coverage options; and, creates a pilot project for coverage to be provided by private insurance companies. Advocates were successful as this bill was being heard and were able to eliminate any language that would have been contradictory to the Oklahoma's current mental health parity conditions.
- HB 3056 creates a comprehensive approach to the prevention of youth access to alcohol, specifically, 3.2 beer. The Prevention of Youth Access to Alcohol Act provides penalties to those involved when a minor gains access to 3.2 beer. The following are examples of penalties.
 - o Parents, Older Sibling, Friend Over Age 21, etc.- increase in fines and/or incarceration sentences;
 - o Minors - suspension of driving privileges as well as increase fines and community service hours;
 - o Direct sales associate - increase in fines and/or incarceration sentences ; and,
 - o Retail establishment owners - mandatory suspension of permit to sell 3.2

beer.

ODMHSAS Board Membership. (see page 4 of 2006-2007 update). The Governor appointed a new member to the ODMHSAS governing board in 2006 to comply with statutory language approved in 2005 which required that at least one Board member is a consumer who has received mental health services. This is significant within Mental Health Block Grant planning activities because this change occurred, in part, due to advocacy work initiated by the Mental Health Planning Council in 2004.

Oklahoma

Adult - Description of Regional Resources

Adult - A brief description of regional/sub- State programs, community mental health centers, and resources of counties and cities, as applicable, to the provision of mental health services within the State.

Oklahoma

Adult - Description of State Agency's Leadership

Adult - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

Service Capacity/Waiting Lists (see page 76 of 2005-2007 plan; see page 17 of 2006-2007). Recent increases in state funding to ODMHSAS were driven, in part, by the need to increase the numbers of people receiving services. In 2006, each CMHC submitted a plan to ODMHSAS by which the increased funding was to be used to serve more people. As a result, CMHCs served an increase in 15% more people.

Availability of Evidence-Based Practices (see page 76 of 2005-2007 plan). ODMHSAS continues to identify resources, provide consultation and training, and develop policies to support the expansion of evidence-based practices. The state will use funding from the CMS Real Choice Systems Change Grant to develop Oklahoma's capacity to provide Illness Management and Recovery (IMR) and Family Psychoeducation (FPE) during FY2006. Also, staff will be hired and an implementation plan approved to re-introduce Supported Employment as a collaborative initiative between the Department of Rehabilitation Services and ODMHSAS. PACT continues to expand in the state. By January 2006, fourteen full-fidelity teams will be in operation in the state. Integrated Treatment for Dual Disorders (IDDT) is provided at selected sites as a component of the Co-SIG.

Evidenced-based services for children are also expanding. As referenced in the Areas Needing Attention section of this Application and Update, the following services are being initiated in the state in collaboration with academic and research partners: Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Brief Strategic Family Therapy.

In the original FY2005-2007 Application, which was approved as a 3-year plan, ODMHSAS charted accomplishments within the context of cumulative themes for the past few years. Updates related to each theme are included below. (See pages 78-79 of the 2005-2007 plan).

Theme 1. Promotion of Evidenced Based Practices (page 14 of 2006-2007 update). See the explanation in the prior section.

Theme 2. Uniform Standards to Support Early Identification of Mental Illness and Access to Care. (page 14 of 2006-2007 update).

Theme 3. Recovery-Focused Services. (page 14 of 2006-2007 update). The Community Based Services Division is now the Mental Health Recovery Division. ODMHSAS will take additional concrete steps in 2007, building on the SAMHSA National Consensus Statement and the Principles for Recovery.

Theme 4. Expanded Service System Capacity. (page 15 of 2006-2007 update). Additional funding and increased efficiencies in terms of service utilization resulted in a greater service system capacity for adults. Targeted appropriations for children's services and increased coordination among all child-serving agencies have also had a positive impact on the systems that serve children in need of mental health services and their families. Community Mental Health Centers served 15% more people in 2006 compared to 2005.

Theme 5. Cultural Competencies. (page 15 of 2006-2007 update). An ODMHSAS Cultural Competency Task Force was recently initiated. A Strategic Plan for Cultural Competency has recently been completed through the efforts of a Cultural Competency Advisory Team. National level consultation has and will continue to be accessed through the Systems of Care and the Transformation State Incentive Grant.

Theme 6. Service Quality (new for 2007 update). Building on prior year's themes, ODMHSAS will focus on quality initiatives within the community based service system for 2007. Activities are underway as described below.

- A new Director of Performance Improvement was recently selected. This position now reports directly to the ODMHSAS Commissioner to enhance an organization-wide focus on quality.
- The Mental Health Recovery Division staff has developed a more enhanced monitoring and technical assistance approach in partnership with ODMHSAS-funded providers.
- Focused discussions and decision making has begun with providers around the national Outcomes Measures (NOMS) and other system specific performance indicators. This will lead to additional provider and consumer input, analysis and problem solving.
- The state also anticipated specific activities with advocacy organizations and individual consumers for assistance to identify and track outcomes that are meaningful to service recipients and clearly tied to recovery.

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- The state also anticipated specific activities with advocacy organizations and individual consumers for assistance to identify and track outcomes that are meaningful to service recipients and clearly tied to recovery.

Available System of Treatment (see page 35 of 2005-2007 plan; see page 4 of 2006-2007 update). Community mental health centers served 38,233 clients - 91 percent of the total clients served with Department funding during state FY2006. Children under 18 accounted for 14 percent of mental health center clients, while 2 percent were older than 65. More than 10 percent of community mental health center clients were diagnosed with both a psychiatric disorder and an addiction to alcohol or other drugs.

Case Management (see page 37 of 2005-2007 plan; see page 4 of 2006-2007 update). In FY2006, 527 additional people completed the statutory requirement to become Certified Behavioral Health Case Managers.

Integrated Treatment for Person with Co-Occurring Disorders (see page 38 of 2005-2007 plan; see page 4 of 2006-2007 update). Implementation activities continue subsequent to the 2004 SAMHSA-awarded Oklahoma a State Incentive Grant for Treatment of People with Co-occurring Substance-related Disorders (Co-SIG). Oklahoma's implementation approach was developed at a December 2004 Policy Academy and is organized as the Integrated Services Initiative. Recent emphasis has been on training, developing co-occurring capable and co-occurring enhanced sites, and coordination of policy and contracting language within ODMHSAS to assure systems and treatment support integrated and welcoming approaches to care. Approximately 30 organizations have signed a Consensus Document to participate in the initiative. 15 programs in seven communities have been identified as model sites for the Initiative. It is anticipated that an additional ten programs will become model sites by October 1, 2006.

Cross Training Initiative (CTI) (see page 38 of 2005-2007 plan; see page 5 of 2006-2007 update). Oklahoma continues to utilize SAMHSA funds awarded through the CTI to reinforce training for providers in becoming a trauma-informed system. Oklahoma has received notification this funding will be extended to June 20, 2007.

Residential Care Homes - Recovery Homes (new for 2006-2007 application; see page 5 of 2006-2007 update). With \$125,000 additional Legislature appropriated funding, ODMHSAS was able to partially fund 13 residential care homes to participate in the recovery home initiative. These homes met additional quality standards which emphasize consumer choice, community integration and recovery principles in order to receive an enhanced funding structure. Of the additional \$300,000 the Legislature appropriated for Residential Care in 2007, at least \$75,000 will be available to be used to fund current recovery homes fully as well as fund additional homes that meet the recovery home criteria.

Intensive Care Coordination Teams (new for 2007 update). Intensive Care Coordination Teams were initiated in 2006 to bridge the gap for people needing ongoing mental health or substance abuse treatment as they transition from hospitals to community living. Each team consists of a Case Manager and a Recovery Support Specialist who build a relationship with a person prior to discharge and provide intense case management services in the community until that person becomes engaged in on-going community based services. Candidates for services are individuals who have a history of limited engagement community-based services and, as a result, become re-hospitalized. Currently teams are in place at North Care Center, Red Rock Behavioral Services, HOPE Community Services and Mental Health and Substance Abuse Centers of Southern Oklahoma. These sites were selected due to patterns of high re-utilization of state hospital services. Outcomes have been positive and the model will be used to develop a similar re-entry program with the Oklahoma Department of Corrections in 2007.

Estimates. (see page 42 of 2005-2007 plan; see pages 5-7 of the 2006-2007 update). Oklahoma's estimate of prevalence of adults with a serious mental illness is based on federal guidelines from the Center for Mental Health Services (CMHS). Most recent CMHS information for 2003 was used to form to calculate prevalence rates included in this Plan. CMHS Uniform Reporting System (URS) data estimate at lower, mid-point, and upper ranges. Oklahoma will utilize the upper range of 7.1% for the Mental Health Block Grant Plan. In summary, the estimated prevalence at the 7.1 % of 2,633,289 adults in Oklahoma with a serious mental illness is 186,964, based on the 2003 U.S. Census data.

HOMELESS SERVICES FY2007 Updates (see page 45 of 2005-2007 plan; see page 7 of 2006-2007 update). Oklahoma anticipates an award of \$368,000 in FY2007 for the Projects for Assistance in Transition from Homelessness (PATH) grant. The following organizations will be the primary providers of PATH-funded services: North Care Center (Oklahoma City), Family and Children's Services (Tulsa) and Bill Willis Community Mental Health Center (Tahlequah). ODMHSAS will also receive \$105,000 from the Oklahoma Department of Human Services Homeless Flex Funds CMHC providers in 2007.

In 2006, ODMHSAS utilized \$150,000 of state appropriations to create a bridge subsidy program to assist individuals (age 18 and older) with mental illness or co-occurring mental illness and substance use disorders who are discharging from psychiatric inpatient care, Department of Corrections, or aging out of the foster care system. Individuals must be either homeless or at risk of becoming homeless if rental assistance is not received.

RURAL MENTAL HEALTH SERVICES FY2007 Updates (see page 47 of 2005-2007 plan; see page 7 of 2006-2007 update). The following infrastructure developments continue to enhance the availability of services in rural areas of the state.

- 2-1-1 Collaborative. As of January 1, 2006, both Oklahoma City and Tulsa had operational 2-1-1 calling centers. Rural counties included covered in these areas include Kingfisher, Logan, Lincoln, Canadian, Grady, McClain, Pottawatomie, Pawnee, Osage, Creek, Rogers, Wagoner and Okmulgee Counties.

The Southeastern Oklahoma 2-1-1 call center became operational February 1, 2006. This center covers the following rural counties: Stephens, Garvin, Carter, Love, Pontotoc, Seminole, Hughes, Coal Pittsburg, Haskell, Latimer, LeFlore, Pushmataha, Bryan, Choctaw and McCurtain. Expansion is expected to continue in spite of a decrease in Legislative appropriations for Oklahoma 2-1-1 for 2007.

- Improved Access to Primary Care. (new for 2007 update). ODMHSAS and the Oklahoma Primary Health Association co-sponsored a conference to increase the awareness within the community mental health and the Federally Qualified Health Center networks of services provided by each type entity. Over time, it is expected this will result in improved referral networks for primary health from rural based mental health providers as well as increased access to mental health and substance abuse services for people served in rural health clinics.

CRITERION 5. MANAGEMENT SYSTEMS

FINANCIAL RESOURCES - FY2007 Updates

(see page 52 of 2005-2007 plan; see page 8 of 2006-2007 update)

General Revenue Appropriation History – FY2006- 2007 Updates

Fiscal Year	DMHSAS Appropriations	Total State Appropriations	ODMHSAS Percentage of Total
1987	77,417,846	2,380,187,493	3.25%
1988	82,496,338	2,441,686,481	3.38%
1989	94,076,676	2,750,957,675	3.42%
1990	100,014,792	2,896,863,134	3.45%
1991	105,142,248	3,214,966,045	3.27%
1992	110,979,545	3,457,309,926	3.21%
1993	113,064,154	3,649,629,635	3.10%
1994	109,781,931	3,619,602,016	3.03%
1995	114,053,722	3,731,697,857	3.06%
1996	112,359,946	3,780,527,569	2.97%
1997	119,225,738	4,092,096,312	2.91%
1998	122,491,410	4,519,349,595	2.71%
1999	127,593,452	4,877,234,307	2.62%
2000	127,852,286	4,937,170,096	2.59%
2001	137,561,733	5,350,656,390	2.57%
2002	149,835,211	5,538,456,390	2.71%
2003	150,924,452*	5,532,095,223	2.73%
2004	145,018,006	5,106,597,024	2.84%
2005	155,447,428	5,358,951,676	2.90%
2006	171,810,647	6,056,578,816	2.84%*
2007	194,703,800	6,554,328,552	2.97%

* Domestic Violence and Sexual Assault Services were transferred from the ODMSHAS budget. Without the transfer, the Percent of Total State Budget would have been 2.91%

SFY07 Budget. Community based mental health services are budgeted at \$133,909,238 in SFY2007 which is 48% of the Department's overall budget. State psychiatric hospital budgets total 18.3% of the Department's budget. Remaining areas of the DMHSAS budget support substance abuse treatment and prevention activities. In SFY2006, the community-based services budget was \$122,270,324 or 48% of the total agency budget. State Hospital budgets in 2006 totaled 20.3% of the agency total.

USE OF FEDERAL BLOCK GRANT - FY2007 Updates

(see page 53 of 2005-2007 plan; modifications submitted 11/22/04; modification submitted 4/12/05; modification submitted July, 2006; anticipated reduction based on preliminary 0.1% notification)

Proposed Use of MHBG Funds FFY 2006 and FFY 2007				
Category	September 2005 Updated Plans - FY2006 & FY 2007	July 2006 Proposed Modification (CMHS imposed 1.6% decrease)	August 2006 Reduction (CMHS imposed 0.1% decrease)	September 2006 Updated Plans Anticipated FY2007 Funding Level
Adult Basic and Case Management Services	1,667,798	(71,599)	(3,226)	1,592,973
Adult Community Living and Supported Housing	586,200			586,200
Adult Best Practice Projects	265,000			265,000
Public Education	40,000			40,000
Recovery Support Specialists, WRAP, Consumer Leadership Development	81,000			81,000
Adult, Child, Youth, and Family Surveys	80,000			80,000
Supported Employment Initiative	120,000			120,000
Skills Training and Scholarships	70,000			70,000
Statewide Advocacy and Support	420,000			420,000
Subtotal Adults	3,329,998	(71,599)		3,258,399
Subtotal Children (included in Child Plan Update and Application)	1,175,500			1,175,500
MHBG Administration	217,056	(3,768)		213,288
Totals - Initial and Modified Use of Funds - FY2007 Award	\$4,722,554	(75,367)	(3,226)	4,643,961

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.1.1 30-Day Admission Rate

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.43	.10	.12	.12
Numerator	11,509	797	--	--
Denominator	26,602	7,609	--	--

Table Descriptors:

Goal:	Reduced Utilization of Psychiatric Inpatient Beds (see page 86 of 2005-2007 plan)
Target:	Reduce the number of persons discharged from inpatient facilities who are readmitted for inpatient services within 30 days.
Population:	Adults with a serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons readmitted within 30 days (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of adults with SMI who were readmitted to an ODMHSAS-funded inpatient services within 30 days of being discharged from any ODMHSAS-funded inpatient facility. Denominator. Number of adults with SMI who were discharged from any ODMHSAS-funded inpatient facility within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Continuity of care and immediately available community-based services are essential to support recovery and successful community reintegration for persons served.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following discharge • Monitoring of follow-up activities as ODMHSAS contractual requirement • Continued open access to pre-hospital screening • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations • Educational activities for persons served and families (WRAP and Family to Family)

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.1.2 180-Day Admission Rates

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.23	.20	.23	.20
Numerator	1,812	1,503	--	--
Denominator	7,731	7,609	--	--

Table Descriptors:

Goal:	Reduced Utilization of Psychiatric Inpatient Beds (see page 87 of 2005-2007 plan)
Target:	Reduce the number of persons discharged from inpatient facilities who are readmitted for inpatient services within 180 days.
Population:	Adults with a serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons readmitted within 180 days (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of adults with SMI who were readmitted to an ODMHSAS funded inpatient services within 180 days of being discharged from any ODMHSAS funded inpatient facility. Denominator. Number of adults with SMI who were discharged from any ODMHSAS funded inpatient facility within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Continuity of care and immediately available community-based services are essential to support recovery and successful community reintegration for persons served.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following discharge • Monitoring of follow-up activities as ODMHSAS contractual requirement • Continued open access to pre-hospital screening • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations • Educational activities for persons served and families (WRAP and Family to Family)

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.2.1 Inpatient follow-up within 7 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.41	.48	.49	.50
Numerator	2,065	2,352	--	--
Denominator	4,998	4,871	--	--

Table Descriptors:

Goal:	Improved Continuity of Care to Support Recovery and Community Reintegration (see page 88 of 2005-2007 plan)
Target:	Improve early and timely engagement in community-based services following discharge from inpatient services.
Population:	Adults with a serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of adults who receive community-based services within 7 days of discharge from an inpatient facility.
Measure:	Numerator. Number of adults who receive community-based mental health services within 7 days following discharge from an ODMHSAS-funded inpatient facility. Denominator. Number of adults with SMI who were discharged from any ODMHSAS-funded inpatient facility within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Continuity of care is essential to successful community reintegration. Immediate and assertive engagement is a preferred practice to support persons transitioning from inpatient facilities to community settings.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following discharge • Monitoring of follow-up activities as ODMHSAS contractual requirement • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations • On-going linkage meetings between inpatient staff and community based providers

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.2.2 Crisis follow-up within 7 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.37	.41	.38	.40
Numerator	3,237	3,385	--	--
Denominator	8,655	8,273	--	--

Table Descriptors:

Goal:	Improved Continuity of Care to Support Recovery and Community Reintegration (see page 89 of 2005-2007 plan)
Target:	Improve immediate implementation of community-based services following crisis services within the ODMHSAS system.
Population:	Adults who utilize crisis services
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons who receive non-crisis community-based services within 7 days of receiving a crisis service within the ODMHSAS system.
Measure:	Numerator. Number of adults who receive community-based mental health services within 7 days following receipt of a documented crisis service within the ODMHSAS system. Denominator. All adults who receive a documented crisis service within the ODMHSAS system within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Immediate and planned non-crisis services are essential to provide support and stability for persons following a psychiatric crisis. Assertive outreach and engagement will minimize the likelihood of repeated crisis, including reducing the risk of self-harming behaviors.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following crisis services • Monitoring of follow-up activities as ODMHSAS contractual requirement • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations and use of flexible funds to assure housing, food, and other basic needs are met • Training and coordination with law enforcement (CIT) and other first responders • Linkage meetings between emergency services staff and community-based providers

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.2.3 Perception of Care (Adults)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.82	.80	.76	.75
Numerator	1,639		--	--
Denominator	1,980		--	--

Table Descriptors:

- Goal:** Improved Continuity of Care to Support Recovery and Community Reintegration (see page 90 of 2005-2007 plan)
- Target:** Maintain an acceptable level of the percentage of adults receiving services who report positive outcomes of care.
- Population:** Adults with a serious mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Percentage of persons receiving services that report positive outcomes of care. (CMHS Required Core Performance Indicator)
- Measure:** Numerator. Number of adults receiving services that assign ratings the outcome domain of the ODMHSAS Consumer Survey that average above three on a scale of zero-to five (five is best)
- Denominator. Number of adult consumers that rate care outcomes on the ODMHSAS Consumer Survey
- Sources of Information:** Consumer Perception Survey
- Special Issues:**
- Significance:** Continuity of care is essential to successful community reintegration. Immediate and assertive engagement is a preferred practice to support persons transitioning from inpatient facilities to community settings.
- Action Plan:**
- Continued use of present survey techniques
 - Monitoring and reporting on outcomes of survey
 - Use of specific survey findings for consideration as performance improvement activities
 - Follow-up with specific providers if ratings of outcomes indicate the need for additional analysis, training, or technical support

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.3.1 EBPs Available

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	1	2	3	4
Numerator			--	--
Denominator			--	--

Table Descriptors:

- Goal:** Expanded Use of Evidenced-Based Practices (see page 91 of 2005-2007 plan)
- Target:** Increase the number of Evidence-Based Practices (EBPs) available for persons served in the ODMHSAS system.
- Population:** Adults with serious mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Number of EBPs provided by the state which adheres to SAMHSA-identified fidelity scales for each particular EBP. (CMHS Required Core Performance Indicator)
- Measure:**
- Sources of Information:** Annual review of CMHC service arrays and applicable Fidelity Scales.
- Special Issues:**
- Significance:** EBPs provided with fidelity to established guidelines greatly enhance positive outcomes for consumers served.
- Action Plan:**
- Continued monitoring and reporting of fidelity and outcomes related to EBPs
 - Secure funding for additional PACT teams
 - Hire additional Central Office PACT specialist for provider training and technical assistance
 - Secure funding and implement programs which adhere to fidelity for Integrated Dual Disorder Treatment (IDDT) programs
 - Hire additional Central Office IDDT specialist for provider training and technical assistance
 - Fund and develop strategy to train at least one CMHC staff in Supported Employment (SE) as an EPB.
 - Continued liaison with Department of Rehabilitation Services around SE
 - Develop strategy to implement Illness Self Management and Family Psychoeducation in conjunction with training Recovery Support Specialist

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.3.2 Numbers receiving EBPs

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	400	536	800	700
Numerator			--	--
Denominator			--	--

Table Descriptors:

- Goal:** Expanded Use of Evidenced-Based Practices (see page 92 of 2005-2007 plan)
- Target:** Increase the number of persons receiving one or more Evidenced-Based Practices within the State.
- Population:** Adults with serious mental illness
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Number Persons receiving EBPs in full accordance with SAMHSA-adopted fidelity scales. (CMHS Required Core Performance Indicator)
- Measure:**
- Sources of Information:** Review of CMHC service arrays, findings from Fidelity Scale monitoring, and Integrated Client Information System
- Special Issues:**
- Significance:** EBPs provided with fidelity to established guidelines greatly enhance positive outcomes for consumers served.
- Action Plan:**
- Continued monitoring and reporting of fidelity and outcomes related to EBPs
 - Secure funding for additional PACT teams
 - Hire additional Central Office PACT specialist for provider training and technical assistance
 - Secure funding and implement programs which adhere to fidelity for Integrated Dual Disorder Treatment (IDDT) programs
 - Hire additional Central Office IDDT specialist for provider training and technical assistance
 - Fund and develop strategy to train at least one CMHC staff in Supported Employment (SE) as an EPB.
 - Continued liaison with Department of Rehabilitation Services around SE
 - Develop strategy to implement Illness Self-Management and Family Psychoeducation in conjunction with training Recovery Support Specialist

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.4.1 Recover Support Specialists Trained

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	0	25	48	75
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Recovery Culture within Service Settings (see page 93 of 2005-2007 plan)
Target:	Increase numbers of persons in recovery who are trained to provide planned support and other services, as employees in various treatment settings.
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Number Recovery Support Specialists employed in ODMHSAS system
Measure:	
Sources of Information:	Database maintained by ODMHSAS Office of Consumer Affairs and ODMHSAS Human Resource Development Division
Special Issues:	
Significance:	Persons in recovery offer unique and essential value as employees to positively impact the cultures within service settings to assure services are provided in a holistic and a self-directed framework. This Recovery Support Specialist capacity is expected to develop as a best practice within the ODMHSAS system.
Action Plan:	<ul style="list-style-type: none"> • Develop job specifications models for Recovery Support Specialist • Design training curriculum leading to credentialing of Recovery Support Specialist • Implement CMHC contractual requirements which stipulate hiring of Recovery Support Specialists system wide • Develop reimbursement strategies in conjunction with Medicaid (OHCA) • Develop program monitoring tools for evaluation and performance improvement related to Recovery Support Specialist

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 1.5.1 Criminal Justice Data Sharing Agreements

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	1	2	3	3
Numerator			--	--
Denominator			--	--

Table Descriptors:

- Goal:** Improved Services for Individuals with Mental Illness involved in Criminal Justice Systems (see page 94 of 2005-2007 plan)
- Target:** Increase data sharing agreements between ODMHSAS and criminal justice entities to assure continuous and early access to mental health treatment for incarcerated persons with mental illness.
- Population:** Adults incarcerated in the state prison and selected municipal jail settings
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:** Number of data sharing agreements in force between ODMHSAS and incarceration facilities.
- Measure:**
- Sources of Information:** ODMHSAS Decision Support Staff and ODMHSAS Privacy Officer
- Special Issues:**
- Significance:** Persons who are incarcerated and have histories of treatment for mental illnesses should receive continuous and best practices oriented care. Such care can minimize the length of incarceration and prepare for successful re-entry into the community.
- Action Plan:**
- Monitoring of existent agreement to improve the process and utilization of the agreement
 - Tracking of the number or individuals who agree to release treatment records to the incarceration entities
 - Identify contacts and establish discussions/requests with major metropolitan facilities (Oklahoma City/County Jail, Tulsa Jail Authority, etc.) to facilitate additional agreements

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 2.1.1 Number of Adults Served

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	30,224	31,819	36,970	32,000
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal: Increase Access to Services (see page 95 of 2005-2007 plan)

Target: Increase number of adults served in the ODMHSAS system.

Population: Adults served in ODMHSAS public system

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults served in ODMHSAS system (CMHS Required Core Performance Indicator)

Measure:

Sources of Information: Integrated Client Information System

Special Issues:

Significance: Setting quantitative goals to be achieved from the numbers of adults served is a key Mental Health Block Grant requirement and is also required information for the Uniform Reporting System tables.

Action Plan:

- Monitoring of CMHC screening and admission process to assure access to services
- Public information and anti-stigma campaigns in conjunction with advocacy organizations (NAMI-OK and Oklahoma Mental Health Consumer Council)
- Use of Regional Performance Management (RPM) system to track increased utilization of CMHC services and to track trends which may require additional follow-up or technical assistance with specific providers
- Seek additional public funding to expand system service capacity

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 2.1.2 Adult Penetration Rate

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.13	.15	.15	.15
Numerator	25,023	27,294	--	--
Denominator	186,964	186,964	--	--

Table Descriptors:

Goal:	Increase Access to Services (see page 96 of 2005-2007 plan)
Target:	Increase the percentage of adults with SMI who receive service compared to those estimated to be in need of services.
Population:	Adults with serious mental illness
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Penetration rate (percent) of persons with SMI served (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of adults with a serious mental illness who received community-based services during the year funded by ODMHSAS. Denominator. Estimated prevalence rate.
Sources of Information:	Numerator: Integrated Client Information System Denominator: estimated prevalence of adults with serious mental illness in Oklahoma.
Special Issues:	
Significance:	Setting quantitative goals to be achieved from the numbers of adults served is a key Mental Health Block Grant requirement and is also required information for the Uniform Reporting System tables.
Action Plan:	<ul style="list-style-type: none"> • Monitoring of CMHC screening and admission processes to assure access to services • Public information and anti-stigma campaigns in conjunction with advocacy organizations (NAMI-OK and Oklahoma Mental Health Consumer Council) • Use of Regional Performance Management (RPM) system to track increased utilization of CMHC services and to track trends which may require additional follow up or technical assistance with specific providers • Seek additional public funding to expand system service capacity

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 2.1.3 Alternative Service Locations

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	N/A	100	75	18
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Increase Access to Services (see page 97 of 2005-2007 plan)
Target:	Increase access to CMHC services through outreach and provision of services in alternative locations.
Population:	
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Number CMHC staff working in non-CMHC settings providing services to adults, including primary care, senior services settings, etc.
Measure:	
Sources of Information:	Annual survey of CMHCs
Special Issues:	
Significance:	Stigma and other barriers frequently impede persons in need from receiving essential services. Offering services in alternative locations increases early access to care and offers opportunities to integrate mental health treatment into overall health promotions within the community.
Action Plan:	<ul style="list-style-type: none"> • Identify CMHCs utilizing this practice and develop suggestions or “lessons learned” materials for consideration by other CMHCs • Public information and anti-stigma campaigns in conjunction with advocacy organizations (NAMI-OK and Oklahoma Mental Health Consumer Council) • Offer assistance as needed to address HIPAA and other potential privacy or business agreement issues • Seek additional public funding to expand system service capacity

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 4.1.1 Homeless Adults Served

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	1,982	2,177	2,203	2,200
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Services for Homeless Persons (see page 98 of 2005-2007 plan)
Target:	Increase number of homeless individuals with SMI who receive mental health services.
Population:	Adults with serious mental illness who are also homeless
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of homeless with SMI served through community-based services during the state fiscal year.
Measure:	
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Identifying and serving homeless persons is a key requirement of the Mental Health Block Grant and the Projects for Assistance in Transition from Homelessness (PATH) programs.
Action Plan:	<ul style="list-style-type: none"> • Continued interagency involvement with various organizations that target improved services for homeless • Continued use and monitoring of ODMHSAS Flexible Funds and OKDHS Homeless Flex Funds • Continued support and training for Tenant-Based Rental Assistance providers to assure access to services for homeless • Develop additional strategies as partner pursuant to Governor's Interagency Council on Homelessness and Policy Academies • Adhere to requirements as PATH grantee and oversee activities of sub-grantees

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 4.2.1 Rural Adult Services

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	15,953	16,428	18,960	17,500
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal: Improved Access to Services and Supports in Rural Communities (see page 99 of 2005-2007 plan)

Target: Assure continuous and increased access to services in rural communities.

Population: Adults residing in rural communities

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Number adults served in rural CMHC settings

Measure:

Sources of Information: Integrated Client Information System

Special Issues:

Significance: Identifying and serving persons in rural settings is a key requirement of the Mental Health Block Grant.

Action Plan:

- Seek additional funding to expand CMHC service capacity
- Partner in state-level development of 2-1-1 and JOIN capacity
- Acquaint and support rural providers to participate in 2-1-1- and JOIN
- Develop strategies for expanded use of video conferencing and telemedicine technologies
- Provide regional based training opportunities for rural based CMHC staff
- Support advocacy organizations (NAMI-OK and OMHCC) in development of local affiliates and chapters

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 4.2.2 2-1-1 Capacity

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	N/A	6	29	40
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Access to Services and Supports in Rural Communities (see page 100 of 2005-2007 plan)
Target:	Increase availability of resources and related information through technology in rural settings.
Population:	
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of counties with 2-1-1 capacity.
Measure:	
Sources of Information:	Oklahoma 2-1-1 Collaborative Administrative records.
Special Issues:	
Significance:	Citizens who reside in counties with 2-1-1 capacity can overcome some previously existent barriers to services by receiving essential information about health care resources and options in a consistent and timely manner thus better equipping them for self-directed care and other forms of advocacy.
Action Plan:	<ul style="list-style-type: none"> • Continued partner in state level development of 2-1-1 • Acquaint and support rural providers to participate in 2-1-1

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 5.1.1 Students Completing Mental Health Placements

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	N/A	40	40	35
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Workforce Development (see page 101 of 2005-2007 plan)
Target:	Increase numbers of students who participate in community-based mental health service setting placements.
Population:	Students in formal academic health occupation training programs
Criterion:	5:Management Systems
Indicator:	Number of students who complete university-sponsored placements in DMHSAS funded service settings for adult
Measure:	
Sources of Information:	Annual survey of CMHCs.
Special Issues:	
Significance:	Staff recruitment and retention continue to challenge the public mental health system. Further, identifying students with adequate pre-service training in Evidence-based and preferred practices and securing those students as employees will strengthen the quality and effectiveness of care provided in the public setting.
Action Plan:	<ul style="list-style-type: none"> • Conduct annual survey of CMHCs to report and track number of placements in CMHC settings • Identify partners among university programs for expanded placement opportunities within ODMHSAS system • Provide training to university programs to acquaint students with emerging and EBPs • Consider development of targeted information packets which acquaint students with placement and career opportunities

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 5.2.1 CIT Officers Trained

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	105	80	80	80
Numerator			--	--
Denominator			--	--

Table Descriptors:

- Goal:** Improve Skills of First Responders and Other Community Service Entities (see page 102 of 2005-2007 plan)
- Target:** Increase numbers of law enforcement personnel who complete the best practice Memphis-model Crisis Intervention Team (CIT) training.
- Population:**
- Criterion:** 5:Management Systems
- Indicator:** Number of CIT officers trained in the state
- Measure:**
- Sources of Information:** Certified Law Enforcement Education and Training (CLEET) data base.
- Special Issues:**
- Significance:** Law enforcement personnel effectively trained to understand the needs and characteristics of persons with mental illnesses can respond in a more effective and less traumatizing manner to meet those people’s needs as well as support public safety. This is viewed as a best practice and will support jail diversion and mental health court initiatives underway in Oklahoma.
- Action Plan:**
- Continue to provide ODMHSAS Criminal Justice Liaison as trainer for CIT
 - Expanded community development and planning activities with additional law enforcement entities to market CIT
 - Provide continued follow up and technical assistance for CIT officers trained
 - Develop formal affiliation agreement, as needed, with the statewide law enforcement organizations, including Oklahoma Association of Chiefs of Police, Oklahoma Sheriffs’ Association, and CLEET.

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Adult Goal 5.3.1 Computers Accessible to Persons Served

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	50	70	60	60
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Technology Infrastructure to Support Recovery (see page 103 of 2005-2007 plan)
Target:	Improve access for persons served to computers and other related technology.
Population:	Adults with serious mental illness
Criterion:	5:Management Systems
Indicator:	Number of computer terminals dedicated exclusively for use by persons receiving services at DMHSAS-funded sites
Measure:	
Sources of Information:	Annual survey of CMHCs.
Special Issues:	
Significance:	Access to technology for persons served will strengthen self-directed care and recovery activities. Provider organizations which assure this access validate recovery principles and are perceived has more fully honoring the preferences and needs of persons served.
Action Plan:	<ul style="list-style-type: none"> • Conduct annual survey of CMHCs to report and track number of terminals available for use by persons served • Identify training and technology support needs • Collaborate with ODMSHAS Information Services staff to offer training and support through the Office of Consumer Affairs • Advocate for expanded utilization of computers within the Psychosocial Rehabilitation (PSR) and/or Clubhouse programs

Mental Health Services for Children Affected by Trauma (see page 10 of 2006-2007 update.) ODMHSAS received additional funding in 2005 to provide treatment for children affected by trauma. Ten sites were selected for this treatment. Training and technical assistance were initiated in 2005 to support this initiative. That level of support continued in 2006. For 2007, funding will remain the same but the project will expand as partnerships between select community mental health centers and local school districts

Systems of Care Expansion. Please see updated information included under Criterion 3 of this 2006-2007 application.

Crisis Stabilization Center (see page 10 of 2006-2007 update). In April, 2005, Red Rock Behavioral Health Services opened a crisis stabilization program designed for children. Outcomes have been excellent. Only 20% of those entering the Center went on to inpatient care or other out of home placements. Based on the positive outcomes and the need in other areas of the state, the Legislature authorized funding for two more regional crisis centers to open in FY2007.

Estimates. (see page 60 of 2005-2007 plan) Oklahoma's estimate of the number of children with a serious emotional disturbance (SED) is based on guidelines from the Center for Mental Health Services. Most recent CMHS information for 2003 was used for the estimates included in this Plan. CMHS Uniform Reporting System (URS) data estimate prevalence rates at four levels. Oklahoma will utilize the upper range of 13% for the Mental Health Block Grant Plan. The upper range estimate seems more appropriate given Oklahoma's poverty level and other factors which can also impact the rate children with SED among the general population, ages 9-17. At the rate of 13%, the prevalence of children in Oklahoma with SED children is estimated to be 110,275 based on U.S. 2003 Census data. There are 848,243 children in Oklahoma, ages 9-17.

Oklahoma Partnership for Children's Behavioral Health - FY2006-2007 (see page 67 of 2005-2007 plan; see page 12 of 2006-2007 update.) Recent activities for the Partnership are described in the New Developments and Issues section of this 2007 update.

The Oklahoma Systems of Care - FY2006-2007 (see page 67 of 2005-2007 plan; see page 12 of the 2006-2007 update). Oklahoma's goal is for statewide implementation of the children's Systems of Care. In the past year, the Oklahoma Systems of Care expanded to 25 communities, impacting 35 counties. There is a strategic plan for expansion statewide. Communities are receiving individualized coaching in wraparound fidelity and strengths-based supervision. A Family Support Partner Curriculum has been designed and 37 active Family Support Partners have received training.

Oklahoma Disability Law Center Training. (New for 2007 update). In 2006, this Center supported training and projects for positive behavioral interventions and supports to enable children with serious emotional disorders to remain in school. The Center staff also completed training with a national expert. Staff and families from several Systems of Care sites participated. In 2007, the Center proposes to partner with a school district and its local System of Care to increase the supports available to children with serious emotional disorders to allow them to remain in school and avoid hospitalization or other institutionalization.

The Center will also evaluate a plan to implement training throughout the state designed to reduce seclusion and restraint utilized in the public schools.

Advocacy for Homeless Children (see page 12 of 2006-2007 update). Oklahoma Disability Law Center, Inc. continued to focus advocacy on behalf of homeless students as described in the 2006-2007 update. This includes negotiation and mediation and undertaking administrative remedies to enforce the provisions of several federal statutes, including McKinney-Vento, IDEA, Section 504 of the Rehabilitation Act and the ADA's integration mandate. The law center also distributes publications prepared by the National Law Center on Homelessness and Poverty in order to educate families and school districts concerning the rights of students in homeless situations.

To strengthen this effort, the Center also incorporated training and advocacy for children who are homeless into the Partners in Education Advocacy training project. The purpose of this training is to increase the number of education advocates available, particularly in rural areas.

CRITERION 5. MANAGEMENT SYSTEMS

USE OF FEDERAL BLOCK GRANT – FY2007 Updates

(see page 74 2005-2007 plan; modifications submitted 11/22/04; modification submitted 4/12/05; modification submitted July, 2006; anticipated reduction based on preliminary 0.1% notification)

Category	September 2005 Updated Plans - FY2006 & FY 2007	July 2006 Proposed Modification (CMHS imposed 1.6% decrease)	August 2006 Reduction (CMHS imposed 0.1% decrease)	September 2006 Updated Plans Anticipated FY2007 Funding Level
Subtotal Adults	3,329,998	(71,599)		3,258,399
Child, Youth, and Family Surveys	55,000			55,000
Children's Basic Services	590,500			590,500
Children's Systems of Care	487,000			487,000
Statewide Advocacy and Support	43,000			43,000
Subtotal Children	1,175,500			1,175,500
MHBG Administration	217,056	(3,768)		213,288
Totals - Initial and Modified Use of Funds - FY2007 Award	\$4,722,554	(75,367)	(3,226)	4,643,961

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.1.1 30-Day Admission Rate

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.04	.03	.04	.03
Numerator	12	15	--	--
Denominator	14	474	--	--

Table Descriptors:

Goal:	Reduced Utilization of Psychiatric Inpatient Beds (see page 104 of 2005-2007 plan)
Target:	Reduce the number of persons discharged from inpatient facilities who are readmitted for inpatient services within 30 days.
Population:	Children with serious emotional disturbance
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons readmitted within 30 days. (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of children with SED who were readmitted to an ODMHSAS-funded inpatient services within 30 days of being discharged from any ODMHSAS-funded inpatient facility. Denominator. Number of children with SED who were discharged from any ODMHSAS-funded inpatient facility within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Continuity of care and immediately available community-based services are essential to support recovery and successful community reintegration for persons served.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following discharge • Collaboration with Medicaid (OHCA) to expand children’s case management for children receiving inpatient services • Monitoring of follow-up activities as ODMHSAS contractual requirement • Continued open access to pre-hospital screening • Cross-training to identify potential co-occurring disorder factors in children • Strengths-based case management and wrap-around training to minimize crisis situations

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.1.2 180-Day Admission Rates

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.07	.07	.07	.06
Numerator	19	33	--	--
Denominator	276	474	--	--

Table Descriptors:

Goal:	Reduced Utilization of Psychiatric Inpatient Beds (see page 106 of 2005-2007 plan)
Target:	Reduced the number of persons discharged from inpatient facilities who are readmitted for inpatient services within 180 days.
Population:	Children with serious emotional disturbance
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons readmitted within 180 days (CMHS Required Core Performance Indicator)
Measure:	<p>Numerator. Number of children with SED who were readmitted to an ODMHSAS funded inpatient services within 180 days of being discharged from any ODMHSAS funded inpatient facility.</p> <p>Denominator. Number of children with SED who were discharged from any ODMHSAS-funded inpatient facility within the state fiscal year.</p>
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Continuity of care and immediately available community-based services are essential to support recovery and successful community reintegration for persons served.
Action Plan:	<ul style="list-style-type: none"> • Develop performance improvement strategies between Oklahoma Youth Center and CMHCs to improve linkage and follow-up • Immediate engagement in community-based services following discharge • Collaboration with Medicaid (OHCA) to expand children's case management for children receiving inpatient services • Monitoring of follow-up activities as ODMHSAS contractual requirement • Continued open access to pre-hospital screening • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.2.1 Inpatient Follow-up Within 7 Days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.17	.27	.27	.30
Numerator	11	27	--	--
Denominator	64	100	--	--

Table Descriptors:

Goal:	Improved Continuity of Care to Support Recovery and Community Reintegration
Target:	Improve early implementation of community-based services following discharge from inpatient services.
Population:	Children with serious emotional disturbance
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons who receive community-based services within 7 days of discharge from an inpatient facility.
Measure:	Numerator. Number of children who receive community-based mental health services within 7 days following discharge from an ODMHSAS-funded inpatient facility. Denominator. All children discharged from an ODMHSAS-funded inpatient facility within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	Update for 2007 Application. Target reduced from .50 to .30 to adjust for data collection factors.
Significance:	Continuity of care is essential for successful community reintegration. Immediate and assertive engagement is a preferred practice to support persons transitioning from inpatient facilities to community settings.
Action Plan:	<ul style="list-style-type: none"> • Develop performance improvement strategies between Oklahoma Youth Center and CMHCs to improve linkage and follow-up • Immediate engagement in community-based services following discharge • Collaboration with Medicaid (OHCA) to expand children's case management for children receiving inpatient services • Monitoring of follow-up activities as ODMHSAS contractual requirement • Continued open access to pre-hospital screening • Cross-training to identify potential co-occurring disorder factors • Case management to minimize crisis situations

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.2.2 Crisis Follow-up Within 7 Days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.14	.19	.30	.30
Numerator	51	85	--	--
Denominator	361	444	--	--

Table Descriptors:

Goal:	Improved Continuity of Care to Support Recovery and Community Reintegration (see page 107 of 2005-2007 plan)
Target:	Improve immediate implementation of community-based services following crisis services within the ODMHSAS system.
Population:	Children utilize crisis services
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of persons who receive non-crisis community-based services within 7 days of receiving a crisis service within the ODMHSAS system.
Measure:	Numerator. Number of children who receive community-based mental health services within 7 days following receipt of a documented crisis service within the ODMHSAS system. Denominator. All children who receive a documented crisis service within the ODMHSAS system within the state fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	Update for 2007 Application. Target reduced from .50 to .30 to adjust for data collection factors.
Significance:	Immediate and planned non-crisis services are essential to provide support and stability for persons following a psychiatric crisis. Assertive outreach and engagement will minimize the likelihood of repeated crisis, including reducing the risk of self-harming behaviors.
Action Plan:	<ul style="list-style-type: none"> • Immediate engagement in community-based services following crisis services • Monitoring of follow-up activities as ODMHSAS contractual requirement • Strengthen case management to minimize crisis situations and use of flexible funds to assure housing, food, and other basic needs are met • Implement one crisis stabilization center for children and youth, consider replication as resources are available • Training and coordination with law enforcement (CIT) & other first responders

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.2.3 (Modification submitted 11/22/04) Perception of Care family

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.79	.79	.94	.79
Numerator	261		--	--
Denominator	330		--	--

Table Descriptors:

Goal:	Improved Continuity of Care to Support Recovery and Community Reintegration
Target:	Maintain an acceptable level of the percentage of parents/guardians of children and youth receiving services who report positive outcomes of care.
Population:	Families of children served by CMHC's
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percentage of parents/guardians of children and youth receiving services that report positive outcomes of care. (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of parents/guardians of children/youth that assign ratings in the outcome domain of the ODMHSAS Caregiver Survey that average above 1.60 on a scale of zero to 4.00. (4.00 is best)
	Denominator. Number of parents/guardians of children/youth that rate care outcomes on the ODMHSAS Caregiver Survey
Sources of Information:	Consumer Perception Survey
Special Issues:	
Significance:	Satisfaction with services is essential to successful engagement with and on behalf of children with serious emotional disturbance and their families. Information on perception of care also helps services be culturally responsive and person-centered.
Action Plan:	<ul style="list-style-type: none"> • Continued use of present survey techniques • Monitor and report outcomes of survey • Use of specific survey findings for consideration as performance improvement activities • Follow up with specific providers if ratings of outcomes indicate the need for additional analysis, training, or technical support

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 1.3.1 (Modification submitted 11/22/04) EBPs Available

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	0	1	2	3
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Expanded Use of Evidenced Based Practices
Target:	Increase the number of Evidence-Based Practices (EBPs) available for persons served in the ODMHSAS system.
Population:	Children with serious emotional disturbance
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Number of EBP provided by the state which adheres to identified fidelity scales for each particular EBP. (CMHS Required Core Performance Indicator)
Measure:	
Sources of Information:	Annual review of CMHC service arrays and applicable Fidelity Scales.
Special Issues:	
Significance:	EBPs provided with fidelity to established guidelines greatly enhances positive outcomes for consumer served.
Action Plan:	<ul style="list-style-type: none"> • Strategically select specific EBP's for child to be implemented in state in accordance with information determined from needs assessments and gaps analyses. • Develop training and implementation work plan in cooperation with partners from provider organizations, families, and the Partnership for Children's Behavioral Health • Provide initial trainings at ODMHSAS-sponsored events, such as Children's Conference and Donohue series. • Develop monitoring and technical assistance resources to support implementation and sustain adherence to models. • Identify lead staff on ODMHSAS Children's Team to support and monitor implementation of each practice.

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 2.1.1 Number of Children Served

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	3,837	4,649	4,967	5,000
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Increase Access to Services
Target:	Increase number of persons served in the ODMHSAS system.
Population:	Children served in ODMHSAS public system
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Number of children served in ODMHSAS system (CMHS Required Core Performance Indicator)
Measure:	
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Setting quantitative goals to be achieved from the numbers of children served is a key Mental Health Block Grant requirement and is also required information for the Uniform Reporting System tables.
Action Plan:	<ul style="list-style-type: none"> • Monitoring of CMHC screening and admission process to assure access to services • Public information and anti-stigma campaigns in conjunction with Systems of Care Initiative and the Oklahoma Partnership for Children's Behavioral Health • Develop Regional Performance Management (RPM) indicators to track increased utilization of CMHC services and to track trends which may require additional follow up or technical assistance with specific providers

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 2.1.2 Child Penetration Rate

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.03	.03	.03	.07
Numerator	1,746	2,037	--	--
Denominator	58,392	58,392	--	--

Table Descriptors:

Goal:	Increase Access to Services (see page 109 of 2005-2007 plan)
Target:	Increase the percentage of children with SED who receive service compared to those estimated to be in need of services.
Population:	Children with serious emotional disturbance
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Penetration rate (percent) of children with SED served (CMHS Required Core Performance Indicator)
Measure:	Numerator. Number of children with SED (ages 9-17) who received community-based services during the year funded by ODMHSAS. Denominator. Estimated prevalence rate.
Sources of Information:	Numerator: Integrated Client Information System Denominator: estimated prevalence of children with SED in Oklahoma.
Special Issues:	
Significance:	Setting quantitative goals to be achieved from the numbers of children served is a key Mental Health Block Grant requirement and is also required information for the Uniform Reporting System tables.
Action Plan:	<ul style="list-style-type: none"> • Monitoring of CMHC screening and admission processes to assure access to services • Public information and anti-stigma campaigns in conjunction with Systems of Care Initiative and the Oklahoma Partnership for Children's Behavioral Health • Develop Regional Performance Management (RPM) indicators to track increased utilization of CMHC services and to track trends which may require additional follow up or technical assistance with specific providers

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 2.1.3 Transition Youth Served

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	.11	.10	.12	.15
Numerator	50	43	--	--
Denominator	441	420	--	--

Table Descriptors:

Goal:	Increase Access to Services (see page 110 of 2005-2007 plan)
Target:	Increase in number youth with serious emotional disturbance ages 17-22 who remain in continuous service as they transition to the adult system of services.
Population:	Youth ages 17-22 previously identified as having a serious emotional disturbance
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Percent of transition aged youth who continue to be served in the DMHSAS system.
Measure:	Numerator. Number of youth with serious emotional disturbance who were in service at age 17 and continued to receive services through age 19. Denominator. Total number of youth with serious emotional disturbance age 17 served two years prior to the current fiscal year.
Sources of Information:	Integrated Client Information System
Special Issues:	Update for 2007 Application. Target reduced from .20 to .15 to adjust for data collection factors.
Significance:	Children with serious emotional disturbance and their families may experience difficulty in continuing services as they age out of the child system. They frequently discontinue services and may reappear with even greater needs in later years within the adult system. Continuous supports and wrap around services for children and their families as they transition to the adult system is essential to support recovery and successful community integration as adults.
Action Plan:	<ul style="list-style-type: none"> • Monitoring of new CMHC stipulations which permit and encourage continuous services for youth in transition to adult services • Develop strategies within the Oklahoma Partnership for Children's Behavioral Health to target transitional age services • Monitor and possibly expand pilot employment program for transition aged youth in conjunction with the Department of Rehabilitation Services

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 3.1.1 Hope for Tomorrow Training

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	N/A	100	150	200
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Provide Early Intervention and Access to Children in Need or At Risk (see page 111 of 2005-2007 plan)
Target:	Increase number of children who receive specific training about mental illness, through the NAMI Hope for Tomorrow program.
Population:	School age youth
Criterion:	3:Children's Services
Indicator:	Number of individuals who complete Hope for Tomorrow Training
Measure:	
Sources of Information:	NAMI-OK database
Special Issues:	
Significance:	Parent, educational, and health care organizations continue to be concerned about under identified and therefore under treated emotional disorders among Oklahoma youth. Hope for Tomorrow training is a curriculum-based training program offered within a school-based setting. The program provides youth and school personnel with skills to combat stigma and identifies persons in need of services.
Action Plan:	<ul style="list-style-type: none"> • Fund NAMI-OK to implement Hope for Tomorrow (HFT) training • Develop marketing strategy with NAMI-OK to increase awareness of HFT training • Monitor program use and develop strategies to address underserved areas of the state

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 3.1.2 Suicide Prevention Toolkit Training

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	375	525	500	500
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Provide Early Intervention and Access to Children in Need or At Risk (see page 112 of 2005-2007 plan)
Target:	Increase number of students who receive training to utilize the ODMHSAS Suicide Prevention Toolkit.
Population:	Adolescent age youth
Criterion:	3:Children's Services
Indicator:	Number of individuals who complete Suicide Prevention Toolkit Training
Measure:	
Sources of Information:	ODMHSAS Human Resources Division data base.
Special Issues:	
Significance:	Parent, educational, and health care organizations continue to be concerned about suicide rates among Oklahoma youth. The ODMHSAS Suicide Prevention Toolkit provides youth and adult supports with information to identify at-risk behaviors and resources available to assist youth in need of services.
Action Plan:	<ul style="list-style-type: none"> • Continued collaboration between Children's Services and the Oklahoma Prevention Clearinghouse Resource Center in marketing and training activities • Monitor and analyze attendance at trainings • Develop follow-up strategy with specific school systems to determine use and impact of toolkit • Consider developing Toolkit as a best practice for SAMHSA consideration

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 3.1.3 Child Care Facility Consultations

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	15	40	40	20
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Provide Early Intervention and Access to Children in Need or At Risk (see page 113 of 2005-2007 plan)
Target:	Increase number of OKDHS-Licensed Child Care facilities which receive Mental Health Consultation services from community mental health center staff.
Population:	OKDHS-Licensed Child Care facilities and at-risk children
Criterion:	3:Children's Services
Indicator:	Number of Licensed Child Care Facilities receiving targeted mental health consultations
Measure:	
Sources of Information:	Integrated Client Information System and OKDHS data base
Special Issues:	
Significance:	Many OKDHS-Licensed Child Care facilities are designated as high impact centers, indicating a high prevalence of families receiving child care subsidies. Closely related to the designation of high-impact are the numbers of children who display behaviors indicating potential behavioral health treatment needs. The OKDHS/ODMHSAS consultation program provides child care workers and family members with resources and guidance in dealing with challenging behaviors.
Action Plan:	<ul style="list-style-type: none"> • Continued monitoring of services provided through the ODMHSAS-OKDHS initiative • Provide quarterly training for identified CMHC consultants • Analyze annual user's survey data submitted to OKDHS • Identify underserved areas of the state and recruit additional providers • Advocate for additional funding as indicated

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 3.2.1 Referrals to Systems of Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	88	100	N/A	120
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improve Coordination with Public Schools (see page 114 of 2005-2007 plan)
Target:	Increase number of children referred by public school personnel to Systems of Care programs throughout the state
Population:	
Criterion:	3:Children's Services
Indicator:	Number of children referred by public schools to Systems of Care
Measure:	
Sources of Information:	Integrated Client Information System and Oklahoma Systems of Care Evaluation Data
Special Issues:	
Significance:	Stigma and other barriers frequently impede persons in need from receiving essential services. Public schools can greatly impact stigma and other barriers experienced by families, thus increasing their access to and acceptance of potentially beneficial services.
Action Plan:	<ul style="list-style-type: none"> • Tracking of referral information within the Systems of Care evaluation and outcomes data activities • Solicit feedback on perception of Systems of Care programs from public schools referral sources • Develop social marketing strategies within the Systems of Care Initiative to increase referrals from public school settings

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 3.2.2 Alternative Service Locations

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	50	100	100	55
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improve Coordination with Public Schools (see page 114 of 2005-2007 plan)
Target:	Increase number of Community Mental Health Center staff who provide direct services in public school settings
Population:	
Criterion:	3:Children's Services
Indicator:	Number of CMHC staff out-stationed 4 or more hours per week to provide clinical services in public school settings.
Measure:	
Sources of Information:	Annual survey of CMHCs.
Special Issues:	
Significance:	Stigma and other barriers frequently impede persons in need from receiving essential services. Offering services in alternative locations increases early access to care and offers opportunities to integrate mental health treatment into overall health promotions within the community.
Action Plan:	<ul style="list-style-type: none"> • Identify CMHCs utilizing this practice and develop suggestions or “lessons learned” materials for consideration by other CMHCs • Public information and anti-stigma campaigns in conjunction with Oklahoma Partnership for Children’s Behavioral Health • Offer assistance as needed to address HIPAA and other potential privacy or business agreement issues. Address specific issues in collaboration with the Oklahoma Department of Education. • Seek additional public funding to expand system service capacity

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 4.1.1 Children Flexible Fund Supports

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	131	200	200	200
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Services for Homeless Persons (see page 116 of 2005-2007 plan)
Target:	Increase number of homeless families with children who receive flexible funds and related supports.
Population:	Homeless families with children
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of homeless families with children who receive flex funding supports from CMHCs
Measure:	
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Identifying and serving homeless persons is a key requirement of the Mental Health Block Grant and the Projects for Assistance in Transition from Homelessness (PATH) programs.
Action Plan:	<ul style="list-style-type: none"> • Continued interagency involvement with various organizations that target improved services for homeless • Continued use and monitoring of ODMHSAS Flexible Funds and OKDHS Homeless Flex Funds • Continued support and training for Tenant-Based Rental Assistance providers to assure access to services for homeless • Develop additional strategies as partner pursuant to Governor's Interagency Council on Homelessness and Policy Academies with particularly focus on children and family issues • Work with Oklahoma Partnership for Children's Behavioral Health to identify any specific needs or strategies related to homeless children and homeless families with children • Adhere to requirements as PATH grantee and oversee activities of sub-grantees

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 4.2.1 Rural Children Services

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	2,224	2,425	2,441	3,000
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Access to Services and Supports in Rural Communities (see page 117 of 2005-2007 plan)
Target:	Assure continuous and increased access to services in rural communities.
Population:	Children residing in rural communities
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of children served in rural CMHC settings
Measure:	
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Identifying and serving persons in rural settings is a key requirement of the Mental Health Block Grant.
Action Plan:	<ul style="list-style-type: none"> • Seek additional funding to expand CMHC service capacity • Partner in state level development of 2-1-1 and JOIN capacity • Acquaint and support rural providers to participate in 2-1-1- and JOIN • Develop strategies for expanded use of video conferencing and telemedicine technologies • Provide regional-based training opportunities for rural-based CMHC staff • Support advocacy organizations (Parents as Partners) in development of local affiliates and chapters

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 5.1.1 Students Completing Mental Health Placements

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	15	20	20	20
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improved Workforce Development (see page 118 of 2005-2007 plan)
Target:	Increase numbers of students who participate in community-based mental health service setting placements providing services to children
Population:	Students in formal academic health occupation training programs
Criterion:	5:Management Systems
Indicator:	Number of students who complete university-sponsored placements in DMHSAS funded service settings for children.
Measure:	
Sources of Information:	Annual survey of CMHCs.
Special Issues:	
Significance:	Staff recruitment and retention continue to challenge the public mental health system. Further, identifying students with adequate pre-service training in Evidence-based and preferred practices and securing those students as employees will strengthen the quality and effectiveness of care provided in the public setting.
Action Plan:	<ul style="list-style-type: none"> • Conduct annual survey of CMHCs to report and track number of placements in CMHC settings • Identify partners among university programs for expanded placement opportunities within ODMHSAS system • Provide training to university programs to acquaint students with emerging and EBPs • Consider development of targeted information packets which acquaint students with placement and career opportunities

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child Goal 5.2.2 Training to First Responders and Other Community Service Providers

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	100	150	200	200
Numerator			--	--
Denominator			--	--

Table Descriptors:

Goal:	Improve Skills of First Responders and Other Community Service Entities (see page 119 of 2005-2007 plan)
Target:	Increase number of first responders and other community service providers (non-mental health) who receive training from ODMHSAS on topics related to children's mental health services.
Population:	Participants in ODMHSAS-sponsored training events
Criterion:	5:Management Systems
Indicator:	Number of persons from non-mental health disciplines at ODMHSAS-sponsored training on topics specific to children's services
Measure:	
Sources of Information:	ODMHSAS Human Resource Development data base.
Special Issues:	
Significance:	The skills and knowledge base with which first responders approach situations in which children are impacted can decrease the likelihood of re-traumatizing as well as increase the likelihood that the immediate needs of children are being addressed. Addressing the training needs for first responders is a Mental Health Block Grant requirement.
Action Plan:	<ul style="list-style-type: none"> • Monitor registration and attendance records at ODMHSAS Human Resource Division (HRD) training events which target children's services • Work with HRD to develop strategies to increase attendance from under represented areas • Analyze participant evaluations to determine additional interests and needs for training

No Indicator Form Data available

No Indicator Form Data available

Oklahoma

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.