Oklahoma

UNIFORM APPLICATION
FY 2008 - STATE PLAN

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 08/20/2007 - Expires 08/31/2008

(generated on 9-4-2007 5.36.45 PM)

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 0930-0168.

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FACE SHEET
FISCAL YEAR/S COVERED BY THE PLAN
___FY2008   ___FY 2008-2009   _X_ FY 2008-2010

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: Terri White, MSW   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: 07/01/2007   TO: 06/30/2008

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: Mental Health Recovery Division

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

CITY: OKLAHOMA CITY   STATE: OK   ZIP: 73152

TELEPHONE: (405)522-1427   FAX: (405)522-1440   EMAIL: JHudgens@odmhsas.org

Oklahoma

Executive Summary

Please respond by writing an Executive Summary of your current year's application.

This FFY2008-2010 Mental Health Block Grant (MHBG) Plan and Application is submitted on behalf of the State of Oklahoma in accordance with guidance published by the Center for Mental Health Services. Oklahoma's Plan was developed and evaluated by consumers of services, family members, advocates, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), representatives of other state agencies, and direct service providers.   A public comment period was also utilized to solicit additional input into the overall development of the Application.

The document includes introductory information on the role of the Oklahoma Mental Health Planning and Advisory Council (OMHPAC). The actual Plan is organized around key topics describing the state's service systems including strengths, needs and priorities; transformation activities underway in Oklahoma; actions proposed to continue with service improvement and change; and, targeted measures to document the state's achievement of the goals proposed in this Plan. Each section of the Plan includes information and the required elements for adult service systems and then systems for children and their families. The process by which this Plan was developed was particularly useful in that the OMHPAC utilized a two-day retreat to receive technical assistance from the National Association of Mental Health Planning and Advisory Councils (NAMPAC) around OMHPAC members' roles and responsibilities. NAMHPAC also guided the Council through in a planning process to identify priorities and themes for consideration in this specific Application.   Those priorities appear throughout this Plan. Recommendations were formatted within the framework of the Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services which is the foundation document for Oklahoma's work funded by the State Transformation Incentive Grant (TSIG).

Readers are encouraged to review this Plan with the understanding that the intent of the Mental Health Block Grant program is to support statewide improvement, innovation, and inclusion on behalf of adults and children in need of mental health, substance abuse, and prevention services. This MHBG Plan provides a basis for future changes and is organized in a manner to accommodate annual updates and revisions.   As referenced above, Oklahoma is also a recipient of a Transformation State Incentive Grant (TSIG).   (See www.OkInnovationCenter.org). The state views the MHBG and TSIG initiatives as complementary and has proposed this MHBG Plan and Application to maximize the value both programs bring to Oklahoma.

Oklahoma's vision for transformation is that all our citizens will prosper and achieve their personal goals in the community of their choice.   This document has been developed with that vision clearly in mind.

Attachment A

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING AGREEMENTS

FISCAL YEAR 2008

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 State[1] 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 2008, 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).

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

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(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.

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(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:

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(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.

_____   _____
Govervovx   Date
Terri White, MSW, ODMHSAS Commissioner

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CERTIFICATIONS

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 workplace in accordance with 45 CFR Part 76 by:

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

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

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

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

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

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

(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, subgrants, 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.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

The Public Health 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 an mental health of the American people.

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

DISCLOSURE OF LOBBYING ACTIVITIES

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

1. **Type of Federal Action:**	2. **Status of Federal Action**	3. **Report Type:**
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** Year _____ Quarter _____ date of last report _____

4. **Name and Address of Reporting Entity:** Prime Subawardee Tier _____ , *if known:* **Congressional District**, *if known:*	5. **If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:** **Congressional District**, *if known:*
6. **Federal Department/Agency:**	7. **Federal Program Name/Description:** **CFDA Number**, *if applicable:* _____
8. **Federal Action Number,** *if known:*	9. **Award Amount,** *if known:* **$**
10. a. **Name and Address of Lobbying Entity** *(if individual, last name, first name, MI):*	b. **Individuals Performing Services** *(including address if different from No. 10a.)* *(last name, first name, MI):*
11. **Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.**	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

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.

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 Acqui- sition 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.

Standard Form 424B (Rev.7-97)
Prescribed by OMB Circular A-102

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

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

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

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

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

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

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in con-struction 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, re- gulations 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

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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 2006	Estimate/Actual FY 2007
$3,261,133	$12,055,674	$15,404,023

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 2005	Actual FY 2006	Actual/Estimate FY 2007
$69,719,275	$79,259,531	$91,732,349

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(If available)
Allen, Jess	Consumers/Survivors/Ex-patients(C/S/X)		1821 N. Classen Blvd Suite 223 Oklahoma City,OK 73106 PH:405-799-5965 FAX:	jessallen1@juno.com
Barry, Sara	Family Members of adults with SMI		5437 N Military Oklahoma City,OK 73118 PH:405-520-6494 FAX:	Sara.Barry@Integris-Health.com
Bell, Tom	State Employees	Education	2500 N. Lincoln Oklahoma City,OK 73105 PH:405-521-4858 FAX:405-521-2971	tom_bell@sde.state.ok.us
Boehrer, Susan	Family Members of Children with SED	Oklahoma Federation of Families	1692 E. Redbud Rd. Washington, OK,OK 73093 PH: FAX:	hallpark@msn.com
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	kayla@okdlc.org
Caruso, Michael	Consumers/Survivors/Ex-patients(C/S/X)		P.O. Box 213 Wilburton,OK 74578 PH:918-465-0437 FAX:	strangcaruso@hotmail.com

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
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	efc_execdir@sbcglobal.net
Crawford, Todd	State Employees	Mental Health	1200 NE 13th P.O. Box 53277 Oklahoma City,OK 73152 PH:405-522-0218 FAX:405-522-3650	tcrawford@odmhsas.org
Dahlgren, Jackie	Family Members of adults with SMI		503 Ridgewood Road Stillwater, , OK,OK 74072 PH:405-372-0634 FAX:	jacdahl@brightok.net
Damron, Pat	State Employees	Criminal Justice	100 NE 10th St. Oklahoma City,OK 73117 PH:405-271-4477 x56710 FAX:405-271-1011	patriciad@health.ok.gov
Elzo, Phil	State Employees	Housing	P.O. Box 26720 Oklahoma City,OK 73126-0720 PH:405-419-8275 FAX:	phil.elzo@ohfa.org
Freeman, Jennifer	Providers	Family and Children's Services	3604 N. Cincinnati Tulsa,OK 74106 PH:918-425-4200 FAX:918-425-4202	jfreeman@fcsok.org

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Fulton, Annette	State Employees	Vocational Rehabilitation	2401 NW 23rd St. Suite 47 Oklahoma City,OK 73107 PH:405-522-7961 FAX:405-522-7980	atfulton@drs.state.ok.us
Grissom, Steve	State Employees	Criminal Justice	13323 W. Highway 51 Sand Springs,OK 74063 PH:918-639-3543 FAX:	stegri@oja.state.ok.us
Hayes, Marcia	Consumers/Survivors/Ex-patients(C/S/X)	Depression and BiPolar Support Alliance - Oklahoma	4501 N Classen Suite 108 Oklahoma City, OK,OK 73118 PH: FAX:	
Hunter, Deborah	Family Members of adults with SMI		6209 E 75th St. Tulsa, OK,OK 74136 PH: FAX:	wolfhawk50@sbcglobal.net
Land, Lyn	Family Members of Children with SED		2311 Apache NW Piedmont,OK 73078 PH:405-271-9444 x56720 FAX:	lynt@health.ok.us
Largent, LuAnn	Others(not state employees or providers)		RR 1 Sayre, OK,OK 73662-9745 PH:(580) 928-5350 FAX:	largentfarms@itlnet.net

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Leader, Brigita	Others(not state employees or providers)		4913 W. RENO AVE OKLAHOMA CITY,OK 73127 PH:405-948-4900 FAX:	liveintwoworlds@hotmail.com
Lewis, Derek	Consumers/Survivors/Ex-patients(C/S/X)	Oklahoma Employment Security Commission	7401 NE 23rd St Oklahoma City,OK 73141 PH:405-713-1890 FAX:	derek.lewis@oesc.state.ok.us
Long, Nancy	State Employees	Social Services	2400 N. Lincoln Blvd Oklahoma City,OK 73105 PH:405-521-3963 FAX:	nancy.long@okdhs.org
Powitzky, Robert	State Employees	Criminal Justice	2901 N. Classen Suite 100 Oklahoma City,OK 73106 PH:405-962-6138 FAX:405-962-6150	robert.powitzky@doc.state.ok.us
Pruitt, Sandy	Consumers/Survivors/Ex-patients(C/S/X)	105 SE 45th Street	Oklahoma City,OK 73129 PH:405-634-4400 FAX:	sjpruitt@hopecsi.org
Pulido, Ed	Consumers/Survivors/Ex-patients(C/S/X)	Unitied Way of Central Oklahoma	1315 N. Broadway Place. Oklahoma City,OK PH:(405)236-8441 FAX:	epulido@unitedwayokc.org

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
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
Regan, Jim	Providers	Jim Taliaferro Community Mental Health Center	602 SW 38th Lawton,OK 73505 PH:580-248-5780 FAX:580-248-3610	jregan@odmhsas.org
Rogers, Wanda Jo	Others(not state employees or providers)	National Alliance on Mental Illness-Oklahoma Chapter	,OK PH: FAX:	wandajorogers@cox.net
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	jkrote@msn.com
Rowe, Cindy	Consumers/Survivors/Ex-patients(C/S/X)		2106 Greenbriar Circle Claremore, OK 74017,OK 74017 PH: FAX:	cindyr@glmhc.net
Rowell, Vicki	Family Members of Children with SED		913 S. Anderson Rd. Choctaw,OK 73020 PH:405-769-9590 FAX:	

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Smith, Ginger	Consumers/Survivors/Ex-patients(C/S/X)	Red Rock BH	70-100 North 31st Clinton,OK 73601 PH:580-323-6021 FAX:	gingers@red-rock.com
Spaeth, Debbie	State Employees	Medicaid	4545 N. Lincoln Blvd. Suite 124 Oklahoma City,OK 73105 PH:405-522-7080 FAX:405-530-3242	spaethd@ohca.state.ok.us
Tallent, Jeff	Family Members of adults with SMI		1620 Ridgecrest Road #A Edmond,OK 73013 PH:405-330-0642 FAX:	jefftallentz@aol.com
Taylor, Kelly	Consumers/Survivors/Ex-patients(C/S/X)		1222 10th St Ste 211 Woodward,OK 73801-3156 PH:580-766-2311 FAX:	kltaylor@odmhsas.org
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	35	███████
Consumers/Survivors/Ex-patients(C/S/X)	11	███████
Family Members of Children with SED	3	███████
Family Members of adults with SMI	4	███████
Vacancies(C/S/X and Family Members)	0	███████
Others(not state employees or providers)	4	███████
TOTAL C/S/X, Family Members and Others	22	62.86%
State Employees	9	███████
Providers	4	███████
Vacancies	0	███████
TOTAL State Employees and Providers	13	37.14%

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.

Oklahoma

Planning Council Charge, Role and Activities

State Mental Health Planning Councils are required to perform certain duties.   If available, a charter or a narrative summarizing the duties of the Planning Council should be included. This section should also specify the policies and procedures for the selection of council members, their terms, the conduct of meetings, and a report of the Planning Council's efforts and related duties as mandated by law:

reviewing plans and submitting to the State any recommendations for modification
serving as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems,
monitoring, reviewing, and evaluating, not less than once each year, the allocation and adequacy of mental health services within the State.
the role of the Planning Council in improving mental health services within the State.
<STRONG>In addition to the duties mandated by law, States should include a brief description of the role of the Planning Council in the State's transformation activities that are described in Part C, Section II and Section III. </STRONG>

Oklahoma MHPAC Purpose:

(1) Review plans, including the Federal Mental Health Services Block Grant Plan, provided to the Council and to submit to the State any recommendations of the Council for modifications to the plans; (2) Serve as an advocate in promoting quality of life for all adults with serious mental illness, children with a severe emotional disturbance and their families, and other individuals with mental illness or emotional problems; (3) Monitor, review and evaluate not less than once each year, the allocation and adequacy of mental health services within the State; and, (4) To exchange information and develop, evaluate and communicate ideas about mental health planning and services.

Membership on the Council is determined as follows:

The Council will consist of 35 members. The Council shall be made up of residents of the State of Oklahoma and include representatives of 1) the principal State agencies involved in mental health and related support services; 2) public and private entities concerned with the need, planning, operation, funding and use of mental health services and related support activities; 3) adults with serious mental illnesses who are receiving (or have received) mental health services; 4) the families of such adults; and, 5) families of children with emotional disturbances.

Directors of the following state agencies shall appoint one member each to the Council.

    The Oklahoma Health Care Authority (Medicaid);
    The Oklahoma Department of Rehabilitation Services;
    The Oklahoma State Department of Education;
    The Oklahoma Department of Corrections;
    The Oklahoma Office of Juvenile Affairs;
    The Oklahoma State Department of Health;
    The Oklahoma Housing Finance Agency; and,
    The Oklahoma Department of Human Services.

The Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services shall appoint two staff representatives, one representing mental health and one representing substance abuse services.

Boards of Directors of the following statewide advocacy organizations shall appoint one person each to service as a Council member: the National Alliance for the Mentally Ill – Oklahoma; The Oklahoma Mental Health Consumer Council; the Oklahoma Federation of Families; and, the Depression and Bipolar Support Alliance of Oklahoma.

The Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services, with recommendation from the Council, shall appoint all remaining members of the Council including consumers of services, family members of adults with serious mental illnesses receiving services, family members of children with serious emotional disturbances, providers, advocates, and other individuals interested in the quality and effectiveness of mental health and prevention services.

Conduct of Meetings: Regular meetings of the Council shall be held no less than quarterly. The Executive Committee shall call a special meeting at the request of a majority of the members of the Council. Written notice shall be transmitted to each member of the Council at least ten (10) days prior to the date of any regular or special meeting and will be posted in accordance with state law. All meetings of the Council shall be open to the public. A reasonable period shall be set aside at all meetings of the Council for members

of the public to address the Council. Emergency meetings will be announced and posted in accordance with state law.

Report on Council Activities pursuant to it's purpose: [to be completed]

The Role of the Oklahoma MHPAC in Transformation: [to be completed]

Oklahoma

Public Comments on State Plan

Section 1941 of the Block Grant legislation stipulates that as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State Plan. States will make the mental health plan public in such a manner to facilitate comment from any person (including Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

States should describe their efforts and procedures to obtain public comment on the plan on the plan in this section.

Three primary means are used to solicit public comment on Oklahoma's Mental Health Block Grant Plan and Application.

1. Every Oklahoma Mental Health Planning and Advisory Council (OMHPAC) meeting includes an agenda item during which members of the public present may comment on the MHBG and related activities.   This practice has continued for the past few years.   Comments offered during this time are recorded in the OMHPAC minutes and utilized throughout the year by the Council and the Oklahoma Department of Mental Health and Substance Abuse Services.

2. The ODMHSAS website includes a constant link to the current MHBG application along with instructions by which readers are encouraged to forward comments and suggestions related to the Plan to ODMHSAS. The State Planner reviews comments and utilizes those in the final preparations of the Plan to be submitted. Oklahoma's FFY2008-2010 draft Plan was posted in early August on this website.   The public input period for the new Plan will remain open but readers were advised that suggestions must have been received by August 29 for consideration in the current Plan submitted on Sept. 4, 2007.   The FFY2005-2007 Plan also remains on that site as a basis of comparison.

3. A public hearing dedicated to the FFY2008-2010 Plan and Application was conducted August 27, 2007. Participants were provided opportunities to speak and/or provide written comment during the hearing. Electronic and printed copies of the draft Plan were available. Information solicited during this process is recorded and provided to ODMHSAS for further consideration.

Overall, comments regarding the 2008-2010 draft Plan have been positive and supportive of the ways by which ODMHSAS proposed to address the challenges and significant needs in the state. However, a theme emerged during this process. That theme is for the State to specifically continue to move forward with current activities and expand other efforts more substantially address the needs of returning Veterans and their families.

Oklahoma

Adult - Overview of State's Mental Health System

Adult - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

Adult System Overview. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) was established through the Mental Health Law of 1953. The Law provides that all residents in the state are entitled for care and treatment for mental illness and addictions problems in accordance with appropriate standards of care. An eleven-member board appointed by the Governor oversees agency operations. The Commissioner is appointed by the governing board and serves as chief executive officer. The Central Office of ODMHSAS is in Oklahoma City and provides the administrative, coordinating, and planning functions of the statewide system. ODMHSAS is the designated state authority for mental health and substance abuse services. The mission of ODMHSAS is to promote healthy communities and provide the highest quality of care to enhance the well being of all Oklahomans. The ODMHSAS vision is that services will promote productive lifestyles and set the national standard for prevention, treatment, and recovery for those affected by mental illness and substance abuse disorders.

Delivery System. The core of the system is a network of 15 community mental health centers (CMHCs). Five are state-operated and the remaining ten are nonprofit agencies with which ODMHSAS contracts. The State is geographically divided into 17 service areas; each served by a community mental health center (see Figure 1.) Each CMHC is responsible to assure access to a comprehensive array of services within a designated service area. However, individuals seeking services, in general, may choose to seek services out of the service area in which they reside. 1 center serves three areas. CMHCs operate approximately 70 offices geographically dispersed throughout the state.

ODMHSAS operates two state hospitals for adults and one children's psychiatric hospital --- the Oklahoma Forensic Center, Griffin Memorial Hospital, and the Oklahoma Youth Center. Residential care for adults with mental illness is provided by 32 providers. The Department operates substance abuse treatment programs within eight state operated facilitates, including some CMHCS, and contracts for services with approximately 80 additional substance abuse treatment providers and as many as 30 separate prevention programs. As evidence of transformation, the ODMHSAS delivery continues to operate in an increasingly more integrated manner with collaboration and merging of functions across the realms of mental health, substance abuse, and prevention services.

Community Mental Health Center Service Areas
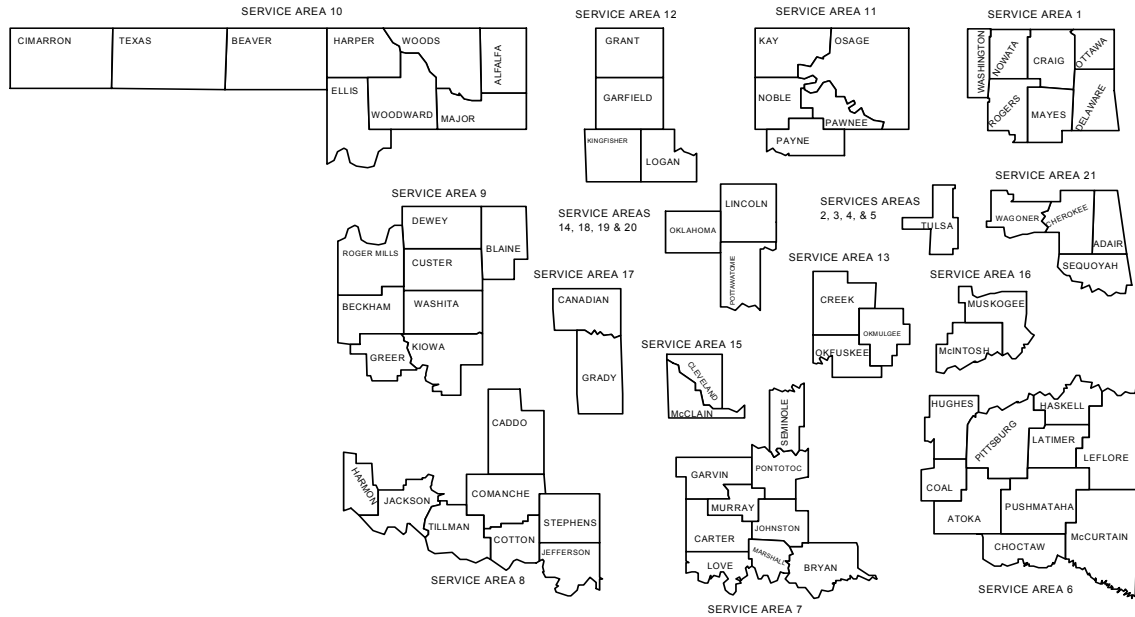
Figure 1.

Consumer/Family Support & Advocacy. The ODMHSAS Office of Consumer Affairs plays a vital role within the delivery system by assisting with access on behalf of those requesting services as well as bringing viable consumer voices to planning and policy discussions within the state mental health and substance abuse authority. ODMHSAS also continues to support the activities of the Oklahoma Mental Health Consumer Council (OMHCC), the National Alliance on Mental Illness – Oklahoma (NAMI-Oklahoma), the Depression and Bipolar Support Alliance (DBSA), the Oklahoma Federation of Families, and Oklahoma Citizen Advocates for Recovery and Treatment Association (OCARTA). Consumer, family, and youth organizations are key partners in planning, monitoring, and evaluating community-based services in Oklahoma. The ODMHSAS Advocacy Division, established in 1990, is charged with the responsibility to safeguard the rights of people receiving services throughout the ODMHSAS system. The Advocate General reports directly to the ODMHSAS Governing Board and the Office of the Commissioner.

Management Information Systems. The Information and Decision Support Services Division (IDSS) is responsible for the management information system of the ODMHSAS. This group was recently realigned under the lead of the Chief Information Officer (CIO). IDDS includes approximately 40 staff to organize a robust information management system that is closely integrated with service delivery, performance improvement, systems transformation, legislative and public policy analysis and planning at local, state, and national levels. Strategic planning

specific to several of these functions is being organized through the Information Technology Steering Committee appointed by the Chief Operating Officer and chaired by the CIO.

A key source of information is the Integrated Client Information System (ICIS) which captures demographic and encounter data at the unique client level.   All services funded in part or entirely by ODMHSAS are entered into this system.   ICIS data are used to generate payment information to providers through the Fee4Service (automated service invoicing) systems.

IDDS analysts extract data from ICIS and other sources; compile responses to service recipient surveys, to respond to internal and external requests for information, and to support block grant and accreditation compliance. They maintain state and national web sites and create reports and fields to support grants, performance and outcomes assessments and other projects. They develop, implement and/or assist Department evaluations of pilot programs, federal grant initiatives, performance indicators, and other data based analysis. IDDS is responsible for the Data Infrastructure Grant (DIG) and the Uniform Reporting System (URS).   These functions are closely coordinated with all Mental Health Block Grant activities. IDDS staff is always present at MHPAC meetings to assist with inquiries about data, trends, and performance improvement.

Human Resources Development and **Performance Improvement** are also key elements of the ODMHSAS and provide essential functions to transformation and a recovery-informed system. These are discussed in more detail as resource management features under Criterion 5 of this Plan.

Oklahoma

Adult - Summary of Areas Previously Identified by State as Needing Attention

Adult - A brief summary of areas identified by the State in the previous State plan as needing particular attention, including the significant achievements in its previous fiscal year.

Areas Identified Needing Attention from Previous Adult Plan

Strengths Based Case Management. The State continues to focus on case management as an essential tool to support consumers in community based settings. The strengths based philosophy of case management is reinforced in all trainings and targeted technical assistance activities. Certification for case managers is statutorily mandated. ODMHSAS is responsible for the certification process and recently incorporated web-based training and testing to expand the workforce available to provide this essential service.

Program of Assertive Community Treatment (PACT). The Oklahoma PACT initiative began in 2001 and expanded sites and services since that time. Currently, fourteen full fidelity teams are in place. ODMHSAS provides technical assistance and fidelity monitoring to assure strength based service outcomes for these programs. Oklahoma statute requires that only PACT programs certified by ODMHSAS may operate in the state. In addition, ODMHSAS PACT specialists have provided consultation and training to ten other states.

Justice and Related Initiatives. Oklahoma has implemented multiple strategies to more effectively address the needs of persons with mental illness and addiction disorders who are also impacted by juvenile and adult corrections systems. Major emphasis has been placed on coordination with corrections, law enforcement and courts. Programs are in place to provide early identification, diversion, incarceration-based treatment, and successful community re-entry. Descriptions of these programs follow.

- A highly successful jail diversion program (Tulsa) and day reporting program (Oklahoma City) continue to operate and provide flexible community-based services to wrap services around persons at risk of entering or returning to these metropolitan jails.
- Over 260 law enforcement personnel in approximately 23 counties have now been trained in the Memphis Model/Crisis Intervention Training or a similar law enforcement-based diversion program.
- By the end of 2007, 12 mental health courts will be operational in Oklahoma. Two are in the major metropolitan areas and all others are in rural communities.
- Drug Courts for both adults and juvenile offenders are in place in 59 counties. Funding for drug courts include resources for substance abuse as well as co-occurring mental health abuse treatment.
- Funding was provided to implement four Reentry Intensive Care Coordination Teams in 2007. The teams are comprised of a specifically trained Intensive Case Manager and a Recovery (Peer) Support Specialist to provide success oriented and strengths based reentry support following incarceration.
- ODMHSAS has provided three Discharge Planners to work within targeted prisons within the Oklahoma system. Discharge Planners are located with prison treatment staff to identify inmates preparing for reentry who will have on-going mental health and substance abuse treatment needs. Discharge Planners and the ICCT's work closely together, along with corrections staff, and under the direction of the ODMHSAS Director of Assertive Community Treatment and Care Coordination.
- Three co-occurring treatment specialists, employed by ODMHSAS, work within state prisons to provide co-occurring treatment to inmates identified as in greatest need of integrated treatment for mental illness and addictions issues.
- Oklahoma is also the target site for a Medicaid reinstatement pilot project reentering offenders. This is funded by CMHS and coordinated through Mathmatica Policy

Research, Inc. This project has engaged staff from multiple state and federal entities to analyze and design effective approaches to assuring immediate access to Medicaid and Social Security benefits upon reentry from prison.

Peer and Family Advocacy

- **WRAP and Consumer Training**.   ODMHSAS contracts with the Oklahoma Mental Health Consumer Council (OMHCC) to continue the Wellness Recovery and Action Plan (WRAP) training. In FY07, over 425 consumers completed a WRAP course. OMHCC conducts an annual consumer conference, which provides intensive training for consumers and expanded opportunities for networking with peers across the state.   OMHCC has been effectively providing WRAP in diverse settings, including within jails and state prisons.

- **Family to Family & Other NAMI-based Support Programs.** ODMHSAS contracts with NAMI-OK to provide a variety of educational services, including Family to Family, Visions for Tomorrow (VFT), Hope for Tomorrow, and Peer to Peer. In 2007 approximately 200 individuals participated in these programs.

- **Skills Building Initiatives.**   ODMHSAS utilized Block Grant Funds in 2007 to further develop advocacy skills for consumers and family members. These funds support individuals to attend conferences and seminars. Skills Building funds were included in contracts with NAMI-OK and the Oklahoma Mental Health Consumer Council, and in the ODMHSAS Central Office Budget.

- **Recovery Support Specialists.**   ODMHSAS continues to train and credential Recovery (Peer) Support Specialists.   At the time of this application, approximately 80 have been trained through the ODMHSAS Office of Consumer Affairs.   The vision and opportunities for peer providers within the state developed additional energy in 2007.   A broader group of stakeholders has been engaged and will propose a revised training and credentialing process to expand the numbers, settings, and diversity of persons in recovery who are qualified to provide peer recovery services.   Collaboration has included constituencies from mental health, addictions, corrections, faith-based organizations and the state Medicaid authority. It is anticipated that a new curriculum and reimbursement system will be in place by early 2008.

Supported Employment. An Interagency Task Force is co-sponsored by ODMHSAS and the Oklahoma Department of Rehabilitation Services (DRS).   This group implements and monitors Federal and state initiatives that offer potential for expanded work opportunities for adults with SMI.   This group's purpose, in partnership with other community stakeholders, is to facilitate and monitor implementation of the SAMHSA Evidenced Based Practice toolkit for Supported Employment. An Implementation Steering Committee has also been formed, funding for model sites has been negotiated, and plans for training and technical assistance have been identified. An Invitation to Bid (ITB) for DRS funding for these initial model sites is currently posted.

Oklahoma

Adult - New Developments and Issues

Adult - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

New Developments

Transformation State Incentive Grant. Oklahoma is one of nine states now funded through the SAMHSA Transformation State Incentive Grant program. Grant-funded activities are expected to continue, at a minimum, through Federal Fiscal Year 2010. Transformation activities are guided under the direction of the Governor's Transformation Advisory Board (GTAB) comprised if 18 members at large and the directors of ten state agencies. The at-large members include consumers, family members, youth, legislators, advocates, higher education, law enforcement, business, and philanthropy.

TSIG activities are organized within the framework of the *Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services*. The Plan was submitted to SAMHSA in October 2006 and based on findings documented in an extensive *Needs Assessment and Resources Inventory Report* also completed in 2006. The Plan is dynamic and ever-changing but highlights in excess of forty strategies to guide the state to achieve its vision for transformation – *All Oklahomans will prosper and achieve their personal goals in the community of their choice*.

Transformation activities are supported by the Innovation Center organized to provide coordination, technical assistance, and change tools to help multiple state and local partners achieve the vision for transformation. (See www.OkInnovationCenter.org) The Innovation Center Director also serves in a dual role as the State's Mental Health Block Grant Planner. The intent is for this dual role to ensure that MHBG and transformation activities continue close alignment and synergy.

Medicaid Changes. The Oklahoma Health Care Authority (OHCA), the Medicaid Authority, and partner state agencies worked closely in 2007 to expand reimbursable services through the Medicaid program. Recent developments include seeking final approval from the Centers for Medicare and Medicaid Services (CMS) to add Family Support and Training and Community Recovery Support to the Medicaid reimbursement program. Also in 2007, OHCA and ODMHSAS revised outpatient behavioral health procedures to increase consistency between the two state agencies, decrease documentation requirements by 40-60%, and decrease certification training costs through the development of web-based training for providers. The legislature did not fund a budget request submitted for residential treatment for substance abuse/integrated services to be added to the Medicaid program. Efforts to include this in the Medicaid program will continue in the upcoming legislative session.

Adult Recovery Collaborative (ARC) Project Planning. ODMHSAS and OHCA, the Medicaid Authority, continue to redesign a seamless system of care for adults so that services are recovery-oriented, consumer driven, and virtually organized as a single delivery system. The ARC Project Manager works with an interagency Steering Committee, which also includes the Department of Human Services, the entity that manages the Medicaid eligibility process, to move forward with a system transformation for all public supported behavioral health services (Medicaid and ODMHSAS funded). This will be jointly managed between the two agencies under the leadership of ODMHSAS. Major objectives are an integrated information and payment systems to improve access and accountability, elimination of differences in benefits between Medicaid and ODMHSAS, and increased consumer and family choice in services. Policy changes, Medicaid State Plan amendments, and joint staffing of numerous initiatives have been outgrowths of the Adult Recovery Collaborative.

Housing Policy Developments. Statewide and community stakeholder groups continue to meet to address housing and related issues.

- The Governor's Interagency Council on Homelessness (GICH) continues to work on implementation of the State action plan to increase access to affordable, permanent housing for homeless individuals and families including those with very low income and at risk of becoming homeless. One priority is to develop a Statewide Housing Trust Fund with a constant source of revenue, and assistance with developing or enhancing community/local level planning for housing development.

- Mayor's Task Forces have been formed in Tulsa and Oklahoma City to address homelessness and housing development. Tulsa received a new state appropriation for housing development to address the needs of people returning or being diverted from incarceration.

- Oklahoma's Olmstead Strategic Plan was completed in August 2006 and included recommendations for housing development. A bill was passed in 2007 to continue the Strategic Planning Committee until July 2010 with the purpose of the committee to monitor the implementation of the Plan. As a part of Olmstead and housing related needs, ODMHSAS created a Housing Support Specialist position to move forward with these initiatives.

- In 2007, the Oklahoma Health Care Authority was awarded the Money Follows the Person Grant by the Center for Medicare and Medicaid Services (CMS). Plans are now being developed to assist Oklahomans with transitioning from nursing homes to a home in the community. Housing access and development will receive priority attention.

- The GICH and ODMHSAS continue to sponsor, along with other stakeholders, a Statewide Homeless Conference every two years.

- Through GICH and ODMHSAS planning, two new housing subsidy programs have been created and continue to operate. In FY 2006, a Discharge Planning Housing Subsidy program was funded to assist very low-income individuals (age 18 and older) with mental illness or co-occurring mental illness and substance abuse disorders who are discharging from psychiatric inpatient care, Department of Corrections, or aging out of the foster care system, with accessing and maintaining decent, safe, sanitary, and affordable housing.   In FY2007 a Transition Youth Housing Subsidy program to assist very low-income individuals (ages 17 - 24) with mental illness or co-occurring mental illness and substance abuse disorders who are participating in and referred from the Transitions [employment] Project was funded. The goal of this program is to assist youth transitioning from the child mental health service system to the adult service system with accessing and maintaining decent, safe, sanitary, and affordable housing.

New ODMHSAS Commissioner Appointed. Terri White, MSW was appointed ODMHSAS Commissioner effective May 2007.   Her appointment followed the resignation of Terry Cline, Ph.D. to accept appointment as the Administrator of SAMHSA. Following her appointment, and subsequent to other resignations due to retirements at the leadership level, Commissioner White formed a new leadership team including a Chief Operating Officer, and

Deputy Commissioners for Substance Abuse, Mental Health, and Communications and Prevention.   Carrie Slatton Hodges, Deputy Commissioner for Mental Health, will regularly meet with the Mental Health Planning and Advisory Council and work closely with the Mental Health Block Grant program. Throughout the transition process as a result of Dr. Cline's resignation, the ODMHSAS Board affirmed its intention to continue in the strategic and transformational direction charted under the leadership of Dr. Cline.

Oklahoma

Adult - Legislative Initiatives and Changes

Adult - Legislative initiatives and changes, if any.

Legislative Initiatives and Changes. The following highlights selected legislative actions completed during the 2007 Session.

• Funding was approved to continue all existing and previously funded mental health and substance services provided through the Oklahoma Department of Mental Health and Substance Abuse Services.

• An additional $3 million was appropriated to support a "smart on crime" initiative to expand drug court services and housing services, including $2 million specifically for a coordinated plan in Tulsa to address homelessness and housing needs to divert people from incarceration.

• The "All Kids" act was passed to provide medical coverage assistance to children, eighteen (18) years of age or younger, whose family incomes are between one hundred eighty-five percent (185%) and three hundred percent (300%) of the federal poverty level.

• The Oklahoma Health Care Authority (Medicaid) was given authority to extend a premium assistance program targeted at smaller business to assist families whose income does not exceed two hundred fifty percent (250%) of the federal poverty level to obtain health care insurance coverage.

• Provisions under the Tort Claims Act were clarified or extended to cover ODMHSAS psychiatry residents, drug court judges, and licensed mental health professions at CMHCs when performing initial evaluations performed related to emergency detentions.

• The Oklahoma Taxpayer and Citizen Protection Act of 2007 was signed into law. This stipulates conditions under which public entities may not provide services to individuals with undocumented immigration status.

• A Reentry Policy Council, Transformational Justice Interagency Task Force, and specific revolving funds were approved to address recidivism and support use of voluntary organizations to support successful reentry from prison.

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.

Statewide and Regional Resources for Adult Services. Adult Services are primarily available through Oklahoma's network of Community Mental Health Centers. Information on the role and function of CMHCs is included under the Delivery System description in the Overview provided earlier in this Section. Additional details are outlined under Criterion 1 in the Adult Plan.

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.

ODMHSAS Relationship within State Government. ODMHSAS is a distinct agency within state government. As the State Authority for mental health and substance abuse services, ODMHSAS participates in numerous strategic relationships with other state agencies. ODMHSAS is assigned within the Executive Branch of state government under the Governor's Cabinet Secretary for Health.   ODMHSAS, as directed by Governor Brad Henry, is also the lead agency for the Transformation State Incentive Grant, through which Oklahoma addresses substance abuse and mental health as aspects of overall health for the state.

Oklahoma

Child - Overview of State's Mental Health System

Child - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

Overview of Children's Delivery System. The service system for children is organized and governed by ODMHSAS – the designated state authority for mental health and substance abuse services – within the same delivery system framework as that for adults. The overall structure for this is described in detail in the Adult Plan. Additional elements, more specifically designed to meet the needs of children and their families are highlighted in subsequent sections of the Child Plan.

Support, Advocacy, and Management Systems for Children's Services. These are essential elements to support accessible, family-centered, and community based systems of care for children and their families.   These infrastructure elements are in place throughout the public system in Oklahoma and are available to consumers and their families across the life span. These are described in detail in the Adult Plan. Items specific to the needs of children and their families are addressed in more detail throughout the remaining sections of the Child Plan.

Oklahoma

Child - Summary of Areas Previously Identified by State as Needing Attention

Child - A brief summary of areas identified by the State in the previous State plan as needing particular attention, including the significant achievements in its previous fiscal year.

Areas Identified Needing Attention from Previous Child Plan

Federation of Families for Children's Mental Health. ODMHSAS contracts with the Oklahoma Federation of Families/Evolution Foundation (OFF/EF) - the State's Federation affiliate - to provide statewide advocacy and education in support of children with SED and their families. Local Federation affiliates were active in 2007 as advocates who collaborated in the development of numerous Systems of Care communities throughout the state. In addition, ODMHSAS contracts with OFF/EF to provide technical assistance to the thirty operational Systems of Care sites in Oklahoma, including strategic planning, community readiness, and new site development.

Exemplary Treatment for Children

- The ODMHSAS Director of Children's and Family Services provides visible and broad based representation from ODMHSAS in numerous settings where children's services are discussed. This individual also serves as Principle Investigator for the Oklahoma Systems of Care Initiatives. Partnerships emerging from these activities have greatly enhanced the state's Systems of Care activities. Systems of Care now support 30 sites in 36 counties statewide. Three additional communities located in three separate counties are in a strategic readiness/development phase.

- ODMHSAS supported training of children's mental health workers through the Department's regular Donahue Series and the Annual Children's Conference. The Children's Conference typically attracts 800-1000 participants each year.

- Since FY05, ODMHSAS has received an annual state appropriation of $500,000 to provide Counseling Services for Children and Youth Who Have Been Trauma-Exposed. Contracts have been issued to eight domestic violence shelters, three CMHCs, and to the Latino Community Development Agency. Two of these contracts are specifically targeted for Spanish-speaking families. Trauma-focused Cognitive Behavioral Therapy will be the central evidence-based intervention for these services. The Women in Safe Home, Inc. (WISH) project also partners with Green Country Behavioral Health to utilize Dr. Bruce Perry's training and approach in a therapeutic head start program.

- The legislature targeted additional funds beginning in FY07 to increased services to children and youth in partnership with schools and/or child care centers. Eight agencies were selected to plan and deliver increased services to children and youth through this program. The centers are in Ponca City, Muskogee, Oklahoma City, Tulsa, Woodward, Lawton and the area including Beckham, Custer, Roger Mills, and Washita Counties. National experts held a 1-day training for program staff, in Positive Behavioral Interventions and Supports (PBIS), a best practice model for partnership with schools.

Transition Services. The legislature appropriated over $600,000 in FY07 to fund an array of services for transitional age youth, including wraparound, housing subsidy, and employment/education assistance. Six sites were selected to initiate programs for this age group which now includes youth ages 17 – 24. DHS has assigned a representative in each region to work specifically with the youth in these programs. All programs are receiving training in best practice -- Transition to Independence Programs (TIPS) -- has begun with

Dr. Rusty Clark and Dr. Nicole Deuschenes from the University of South Florida. Housing subsidies are brokered through one CMHC but available in all transition pilot sites.

Crisis Centers. The legislature appropriated in excess of $1.5 million in FY07 for two additional regional crisis stabilization facilities (24 hour behavioral health crisis response for children and youth, ages 10 to 18). Two CMHCs were selected to develop the programs – Associated Centers for Therapy in Tulsa and Green Country Behavioral Health Services in Muskogee.

Mobile Crisis Services. Approximately $850,000 was appropriated in FY07 to fund 15 projects for mental health and substance abuse emergency services on a 24-hour basis, seven days a week, for children and youth. A training package has been designed to train in best practices for crisis response. ODMHSAS also hired an Access Specialist to monitor program start up and fidelity on an on-going basis.

Oklahoma

Child - New Developments and Issues

Child - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

New Developments and Issues for Children's Services

Partnership for Children's Behavioral Health (PCBH). The PCBH is comprised of the Directors of the eight children serving state agencies, five parents of children with Serious Emotional Disturbance, advocacy representatives and two state legislators. All members were appointed by Governor Brad Henry in response to a Memorandum of Agreement developed as part of a Children's Behavioral Health Policy Academy in 2003. Most members of the Partnership continue to also serve on the Governor's Transformation Advisory Board. (See updates on the TSIG above.) Partnership members have been active on this Advisory Board and are committed to meet as a separate body when the need arises. Lessons learned from the creation of the Partnership greatly influenced the formation and structure of the Governor's Transformation Advisory Board. Recent actions taken by the Partnership in accordance with its adopted Plan include the following:

- Approved plans for coordinated children's budget request.
- Submitted a proposal to the Center for Medicare and Medicaid (CMS) to support the development of an outpatient care coordination system for children eligible for residential care (Alternatives to Inpatient Treatment). The proposed model was patterned after a 1915C waiver.
- Continued with collaboration between the Oklahoma Department of Human Services (OKDHS), Office of Juvenile Affairs (OJA), Oklahoma Health Care Authority, Oklahoma Commission on Children and Youth (OCCY), National Resource Center for Youth Services (NRC), ODMHSAS, and private group home contractors to improve the skill set of direct care staff by providing trauma informed training in Systematic Training to Assist in the Recovery from Trauma (START). The goal is to reduce the incidence of seclusion and restraint, provide more individualized services to children in care, provide group home staff with technical assistance, training, and support through consultation services provided by the ODMHSAS and the National Resource Center for Youth Services.
- Implemented training using the curriculum developed for Family Support Partners (providers). Thirty-seven family members have been trained year to date in this curriculum.
- Supported the Oklahoma Systems of Care State staff and the Oklahoma Federation of Families to implement a toolkit for local community development.
- Continued to support the development of Systems of Care expansion in Oklahoma. There are 30 sites in operation and additional communities under development.
- Coordinated efforts between OKDHS and ODMHSAS to better support transition of youth with serious emotional disturbance from the child serving system to the adult mental health serving system. ODMHSAS funded six pilot sites statewide to provide vocational, case management and housing referral support to youth ages 17 – 24.

Oklahoma

Child - Legislative Initiatives and Changes

Child - Legislative initiatives and changes, if any.

Legislative Initiatives and Changes. These are addressed in the Adult Plan. Those listed in that section equally impact children and their families. Further, all children's programs targeted for start up in FY07 were funded for continued operation in FY08.

Oklahoma

Child - Description of Regional Resources

Child - 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.

Statewide and Regional Resources for Children's Services. Information on the role and function of Community Mental Health Centers is included under the Delivery System description in the Adult Section of the Plan. Services for children and families in fact often span the scope of several state agencies and community organizations. Consequently, resources are leveraged and organized through a variety of statewide and local collaboratives. Additional details specific to children's services are outlined under Criterion 1 in this Plan.

Oklahoma

Child - Description of State Agency's Leadership

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

Description of State Agency's Leadership Related to Children's Services. As with the adult system, ODMHSAS is viewed as the authority in advocating, planning, organizing, funding, and monitoring the quality and extent of services provided to children and their families in the state. ODMHSAS's role as a leader in these regards is evidenced through the Partnership for Children's Behavioral Health, the State Systems of Care initiative, the Governor's Transformation Advisory Board, and other related initiatives.

Oklahoma

Adult - Service System's Strengths and Weaknesses

Adult - A discussion of the strengths and weaknesses of the service system.

Adult Service System's Strengths and Challenges. The following items are summarized from the *Needs Assessment and Resources Inventory Report* completed in connection with the transformation activities.

Strengths (Adult Plan)
- Evidence of a strengths based and recovery-oriented framework.
- ODMHSAS state-level staff empowers providers, consumers, families, and youth by providing technical assistance to all components of the system.
- ODMHSAS leadership's value on the purveyance of emerging and evidence-based practices.
- Infrastructure for the state's Psychosocial Rehabilitation Model which emphasizes choice and recovery in lieu of older and traditional day service programs.
- Information and data-informed performance reporting on system changes and to support improvement.
- The expansion and sustainability of the ODMHSAS Office of Consumer Affairs.
- On-going work by statewide and local consumer and family organizations, including the Oklahoma Mental Health Consumer Council and the National Alliance for Mental Illness-Oklahoma.
- Success of the Integrated Services Initiative sponsored by the SAMHSA Co-Occurring State Infrastructure Grant (COSIG).
- Consumer/recipient feedback processes through perception of care surveys and strategic stakeholder meetings.
- The Oklahoma Health Care Authority Behavioral Health Advisory Council that brings to the table an extensive constituency base for policy advice and systemic improvement.
- An active Coalition of Advocates to prioritize, coordinate, and unify information and propose improvements through the legislative process.

Challenges
- The transitional nature of the current adult service system.
- The system's lack of capacity, infrastructure, and expertise to implement the full range of evidence-based practices for every adult.
- Individual consumers continue to have limited choices in the range of services, providers, and access to non-traditional services.
- Workforce limitations in terms of the current workforce, recruiting, and retaining new workers to the adult's services system.
- Limited cultural diversity within the provider pool.

Additional challenges identified by advocates include difficulty with accessing services in all areas of the state and many remaining unmet needs related to housing, transportation, and employment.

Oklahoma

Adult - Unmet Service Needs

Adult - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

Unmet Service Needs. The previous section on Service Systems Strengths and Weakness highlights these.   The source of the data is the Needs Assessment and Resources Inventory Report completed in 2006 as part of the state's transformation initiative.

Oklahoma

Adult - Plans to Address Unmet Needs

Adult - A statement of the State's priorities and plans to address unmet needs.

Plans to address Unmet Needs. As referenced earlier, the Oklahoma
Comprehensive Plan for Substance Abuse and Mental Health Services developed in
2006 as transformation activities established a framework to address unmet
needs.   The Plan includes over 40 strategies to improve access, capacity, and
effectiveness through a transformed system that is consumer-driven and
recovery-focused.

Oklahoma

Adult - Recent Significant Achievements

Adult - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Recent Significant Achievements. Several improvements related to the justice systems are highlighted in previous sections on Areas Identified as Needing Attention and New Developments and Issues.

Oklahoma

Adult - State's Vision for the Future

Adult - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

State's Vision for the Future of the Adult System. Oklahoma's vision for a transformed mental health and substance abuse delivery system is that all citizens will prosper and achieve their personal goals in the community of their choice. To achieve that vision the state has developed a Comprehensive Plan as a roadmap for full scale transformation.   Oklahoma's transformation involves more than improving the traditional delivery of substance abuse and mental health services. Transformation means that the general public will understand that mental health and freedom from addiction are essential to overall health. Transformation means that Oklahomans will acknowledge that people with mental illness and addictive disorders can and do recover. It means that mental health and substance abuse services will be driven by consumer and family needs that focus on building resilience and facilitating recovery. Transformation will require new attitudes, behaviors and strategies to address long-standing deficiencies that make change difficult. Solving these problems requires time and, most importantly, requires active, committed, and sustained leadership.

Oklahoma

Child - Service System's Strengths and Weaknesses

Child - A discussion of the strengths and weaknesses of the service system.

Children's Service System's Strengths and Challenges. The following items are summarized from the _Needs Assessment and Resources Inventory Report_ completed in connection with the transformation activities.

Strengths (Child Plan)
- Substantial cross-agency collaboration and policy developments.
- Specific to the cross-agency collaboration are the resources contributed by multiple state agencies in the form of upper level management staff to meet regularly to address, plan, and implement systemic changes.
- Continued growth of Systems of Care sites have carried with them values that infuse energy and focus in all child-serving systems. The wrap around service model has been a framework to exemplify and sustain these values.
- Oklahoma's significant involvement with the national Child Traumatic Stress Disorder Network.
- Growing collaboration to strengthen services to younger children and address early identification and intervention.
- A strategic funding plan to expand a continuum of services and coordinate resources across all child-serving agencies.
- Growing collaboration to address the needs of transitional age youth.
- A vibrant youth-led leadership development program for youth impacted by serious emotional disturbance.
- Initiatives beyond ODMHSAS through the OKDHS and OJA to implement evidence-based and trauma-informed programs within those child-serving systems.
- Expansions supported by the state Medicaid authority to assure health care, including behavioral health services, to an increased number of children and their families.

Challenges
- Significant gaps exist between the estimated prevalence of children in need of mental health services and the capacity of the state to respond to those, in spite of exemplary systemic collaboration and improvements. The number of children eligible for services is expanding at a faster pace than the availability of public resources.
- The lack of accessible community-based services.
- The lack of early access options for intervention and prevention for families and their children.
- The growth of non-English speaking families is disparate with the availability of linguistically matched workforce.
- Transportation to access services preferred by families which are not available in all communities.
- Transition issues for youth as they "age out" of the child system without systemic interface with the adult system.

Oklahoma

Child - Unmet Service Needs

Child - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

Unmet Service Needs. The previous section on Children's Service Systems Strengths and Weakness highlights these.   The source of the data is the Needs Assessment and Resources Inventory Report completed in 2006 as part of the state's transformation initiative.

Oklahoma

Child - Plans to Address Unmet Needs

Child - A statement of the State's priorities and plans to address unmet needs.

Plans to address Unmet Needs. As referenced earlier, the Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services developed in 2006 as transformation activities established a framework to address unmet needs.   The Plan includes over 40 strategies to improve access, capacity, and effectiveness through a transformed system that is consumer-driven and recovery-focused. one item, the proposed coordinated budget request for children's behavioral health services, if funded, will provide additional limited resources needed to implement some of the proposed strategies.

Oklahoma

Child - Recent Significant Achievements

Child - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Recent Significant Achievements. Several improvements are highlighted in previous sections on Areas Identified As Needing Attention and New Developments and Issues.

Oklahoma

Child - State's Vision for the Future

Child - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

State's Vision for the Future. The vision for Oklahoma's comprehensive system to address the needs of children with mental health and substance abuse disorders and their families is the same as that summarized in the Adult Plan – all citizens will prosper and achieve their personal goals in the community of their choice. The state's Comprehensive Plan addresses the entire life span. Specific strategies to impact the needs of children and their families are identified in that Comprehensive Plan.   See http://www.okinnovationcenter.org.

Oklahoma

Adult - Establishment of System of Care

Adult - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.

Comprehensive Community-Based System of Care for Adults. Fifteen publicly funded community mental health centers serve the state with programs established in approximately 70 cities and towns. Department employees operate five of the publicly funded centers in Lawton, McAlester, Norman, Tahlequah, and Woodward. The others are private, nonprofit organizations contracting with the Department. In addition, the Department operates the Oklahoma County Crisis Intervention Center and the Tulsa Center for Behavioral Health (TCBH). The latter two facilities provide intervention, stabilization, and referral for residents who experience mental health or substance abuse emergencies in the Oklahoma City and Tulsa metropolitan areas. The TCBH also initiated an Integrated Dual Diagnosis Treatment residential unit in 2004.

The state-operated and contracted community mental health centers served 38,559 clients – 46.1 percent of the total clients served with Department funding during fiscal 2007. Children under 18 accounted for 11.5 percent of mental health center clients, while 4.3 percent were older than 65. More than 4,100 of community mental health center clients were diagnosed with both a psychiatric disorder and an addiction to alcohol or other drugs.

Oklahoma

Adult - Available Services

Adult - Describes available services and resources in a comprehensive system of care, including services
for individuals with both mental illness and substance abuse. The description of the services
in the comprehensive system of care to be provided with Federal, State, and other public and
private resources to enable such individuals to function outside of inpatient or residential
institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing
services;
Educational services;
Substance
abuse services;
Medical and dental services;
Support services;
Services provided by local school
systems under the Individuals with Disabilities Education Act;
Case management services;
Services
for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities
leading to reduction of hospitalization.

Services Available for Adults. The following sections describe the array of services available in Oklahoma for adults. This includes a description of case management services, psychosocial rehabilitation, resources available for housing, education and employment, access to medical, vision, dental, peer advocacy, and family support. The state's efforts to reduce the utilization of hospitalization are discussed.

Mental Health and Rehabilitation Services. The following basic services are provided by each CMHC.

- Crisis intervention
- Medication and psychiatric services
- Case management services
- Evaluation and treatment planning
- Counseling services
- Psychosocial Rehabilitation Services

Employment Services. Employment and employment assistance continues to be in high demand among consumers and advocates. Vocational services for persons with a serious mental illness are provided at three locations. Supported Employment services are currently provided at one CMHC, Crossroads Clubhouse and Thunderbird Clubhouse. The Department of Rehabilitation Services (DRS) and ODMHSAS jointly fund these programs. DRS provides funding for supported employment, transitional employment, and job placement. ODMHSAS funds job retention services and basic community mental health services.

DRS utilizes a performance-based funding system paying providers for each completed step, termed "milestones." The largest payments are provided for job placement and ninety-day job retention. CMHCs historically found the milestone system a challenge given limited resources to initiate programs without start-up funds. ODMHSAS and DRS evaluated the existing milestone system and its effectiveness in serving people with mental illness. As a result, a new milestone configuration has been proposed and is being developed by DRS.

In FY98, an Interagency Coordination Committee was established composed of consumers, family members, direct line staff, and CMHCs to provide oversight to the interagency agreement between ODMHSAS and DRS. This Interagency Committee, in partnership with other community stakeholders, is currently facilitating and monitoring implementation of the SAMHSA Evidenced Based Practice toolkit for Supported Employment.

Housing Services. Specialized housing for people with mental illness are located in both urban and rural settings and are funded through ODMHSAS, Housing and Urban Development (HUD), public housing authorities, and private sources. Housing models include transitional housing and permanent supported housing (both congregate and scattered site). Although some specialized housing specifically for persons with mental illness continues to be developed (i.e. HUD funded Section 811 and HUD SHP projects), ODMHSAS has placed an emphasis on creating opportunities for more integrated housing and specifically on permanent scattered site housing with available housing support services.

ODMHSAS subcontracts with designated CMHCs to implement HOME Program Tenant Based Rental Assistance projects to very low income persons with mental illness (including those with zero income) in rural Oklahoma. This rental assistance serves as a bridge subsidy and is transitional in nature -- a maximum of 24 months. The goal of the project is to assist participants' access and maintain permanent housing while they are waiting to acquire long term subsidy like Section 8, and/or are working to increase their income either with SSI/SSDI or employment. Program services include both rental assistance and supportive services.

All CMHCs receive flexible funds from ODMSHAS. These funds may be used to secure independent housing for clients by paying first month rent, utilities and other initial move-in expenses, and to prevent homelessness through short term payment of rent and utilities to help avert eviction.

ODMHSAS also funds a Discharge Planning Housing Subsidy program to assist very low-income individuals (age 18 and older) with mental illness or co-occurring mental illness and substance abuse disorders who are discharging from psychiatric inpatient care, Department of Corrections, or aging out of the foster care system, with accessing and maintaining decent and affordable housing. Participants must be homeless or at risk of becoming homeless without rental assistance. Funds assist with rent, utility costs, and deposits. The amount and type of assistance is based on individual income and identified need. This subsidy is tenant based.

In FY2007, ODMHSAS began Transition Youth Housing Subsidy program to assist very low-income individuals (ages 17 - 24) with mental illness or co-occurring mental illness and substance abuse disorders who participate in the Transitions [employment] Project. Funds are used for rent, utility costs, and deposits. The amount and type of assistance is determined based on individual income and need. This program is also tenant based – provided for housing selected by the program participant.

In FY2008, ODMHSAS will fund the Mental Health Association in Tulsa to provide a range of supported housing to divert people from entering the criminal justice system. New state appropriations were approved for this project in support of the state's "smart on crime" initiative which emphasizes treatment alternatives for non-violent offenders.

In recognition of the increased cross system efforts of the Oklahoma Governor's Interagency Council on Homelessness, the Oklahoma Olmstead Strategic Planning Committee and other statewide efforts related to housing, the Mental Health Housing Team began meeting within the format of the other committees. This approach replaced a previously organized Mental Health Housing Team.

Other Housing Services. Residential care facilities (ResCares) are a major source of housing for persons with mental illness. In FY07, 1,355 ODMHSAS clients resided in 32 ResCares; about five percent of the total population with SMI served by ODMHSAS. ODMHSAS ResCare funding includes an incentive structure by which homes can receive a higher rate for services if they successfully meet criteria for designation as a Recovery Home. The criteria focus on providing residents increased opportunities for independence, self-direction, and community integration.

In FY2008 ODMHSAS will contract with designated ResCares to support people with mental illness or co-occurring disorders who request assistance to transition into community based permanent housing. Participants will hold their own lease and ResCares are restricted from being the landlord. Supportive services include locating housing, transportation, socialization, housing related deposits, and assistance with independent living skills. In addition, 24 hour access must be available with at least one individual contact provided per week. Linkage to community supports will be required to ensure long term housing success. This service can be provided a maximum of 90 days per person. Up to ten days can be billed while the participant remains in a ResCare. Recipients can not be charged for this service.

ODMHSAS is an active partner in Oklahoma's Money Follows the Person grant through CMS. A demonstration project is under development to provide mental health and addiction support services deemed necessary for successful community integration but not currently funded through Medicaid. The focus will be to assist people with transitioning from a nursing home into the community. Anticipated implementation is late FY2008 to early FY2009.

Education. Some education services for adults are provided through the Department of Rehabilitation Services's supported education program. DRS funds support case management activities for individuals with disabilities attending school. Adult basic education is also facilitated through clubhouse and general psychosocial rehabilitation programs at the CMHCs. CMHCs and other providers advocate on behalf of service recipients/students to secure grants, loans, and other supportive services to access educational opportunities.

Substance Abuse Services. Eighty-six ODMHSAS-affiliated programs served 17,907 clients in Fiscal Year 2007 at over 170 sites throughout the state. Approximately 10 percent of these clients served were under 18. Programs offer a range of services including assessment and referral, detoxification, outpatient counseling, residential treatment, transitional living, and aftercare. All community mental health centers are certified as substance abuse service providers. Six mental health centers have substance abuse contracts with the Department. Persons with serious mental illness and a co-occurring disorder are served by both substance abuse providers and community mental health centers.

Medical, Vision, and Dental Services. Case management services continue to be the link to medical, vision, and dental services for many adult consumers. Access is more likely for Medicaid beneficiaries. Other resources are available for the non-Medicaid population. The OU Health Sciences Center in Oklahoma City and the OU Tulsa-College of Medicine provide indigent medical care. Increased collaboration has also developed in some areas of the state with Federally Qualified Health Centers. Many communities rely on local resources for health care such as the Indian Health Services, clinics, homeless clinics, county health departments, and pro bono health care providers. Dental services are also provided in local communities through free dental clinics and pro bono providers. Dental services are also available in the state hospitals. Community mental health centers are encouraged to use ODMHSAS flexible funds to purchase individual medical, vision and dental services for consumers.

Support Services and Psychosocial Rehabilitation. All ODMHSAS-Certified CMHCs must provide either Clubhouse or a general psychiatric rehabilitation (PSR) program. Clubhouses must also be certified by the International Center for Clubhouse Development (ICCD). Two clubhouses (Crossroads Clubhouse and Thunderbird Club) are currently ICCD-certified. A major training and rules revision initiative was completed in 2004 to strengthen the recovery services offered through the psychiatric rehabilitation services at CMHCs. Some related initiatives include: (1) Arranging for providers to sit for an exam in Oklahoma to become a Certified Psychiatric Rehabilitation Practitioner through the United States Psychiatric Rehabilitation Association; (2) Design of a general PSR model program to serve as a training site for other programs across the state; (3) Formal PSR program site visit process to provide more targeted technical assistance, training and coaching; and, (4) An Implementation Steering Committee to implement SAMHSA's EBP Illness Management and Recovery within PSR programs.

Case Management. Oklahoma views behavioral health case management as a service that is essential to the recovery process for adults with serious mental illness. Behavioral health case managers help participants develop a network of natural and formal supports/resources necessary to live in the community. During FY2007, behavioral health case management services totaled 102,316 hours for adults.

Case management is funded both by ODMHSAS and the Medicaid program. The definitions differ slightly between the two funding sources, but the basic values and purposes are identical. ODMHSAS continues to use the Strengths Based Model of case management. The OHCA (Medicaid) has recently incorporated strengths based terminology and expectations in its regulations. All case managers must complete a specified curriculum and examination to be eligible for reimbursement from ODMHSAS and the state Medicaid agency. In FY03, statutory authority, as an official Certification, formalized this training. By July 1, 2007 approximately 1300 individuals had satisfied basic requirements to be Certified Behavioral Health Case Managers.

In an effort to increase the workforce of Case Managers, ODMHSAS and Medicaid collaborated to provide multiple entry points to becoming certified. ODMHSAS also reorganized the training and provides options for on-line training of specific elements as well as the ability to test at numerous locations statewide to qualify for provisional status as reimbursable case manager.

Case management activities may take place in the individual's home, in the community, or in a facility. A Certified Behavioral Health Case Manager must provide the services. Billable activities include linkage with appropriate components of the service system; support to maintain community living skills; and contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.

In December 2005, the ODMHSAS Community Support Specialist received training to become a SSI/SSDI Outreach, Access and Recovery (SOAR) trainer. SOAR is specialized training utilizing Stepping Stones to Recovery: A Case Manager's Training Curriculum for Assisting Adults Who are Homeless, with Social Security Disability and Supplemental Security Income Applications developed by the U.S. Department of Health and Human Services. ODMHSAS, the Governor's Interagency Council on Homelessness, the Oklahoma Social Security Administration, and the Oklahoma DRS Disability Determination Division sponsor statewide SOAR training. At least 350 people have received the training to date.

Services for Persons with Co-Occurring Disorders/Integrated Services Initiative. ODMHSAS has utilized funding through the SAMHSA Cross Training Initiative, a Co-Occurring Policy Academy, and the Co-occurring State Incentive Grant (COSIG) to build a more robust network of treatment providers to more effectively provide services to persons with both mental illness and substance use disorders. As ODMHSAS has developed products and supported infrastructure changes to provide more effective integrated treatment services, additional partners have begun exploration as an ODMHSAS partner to build their own infrastructure for integrated services.   Specific products that are in place within the ODMHSAS service system include:

- An integrated screening process that includes MH, SA and Trauma.
- An integrated assessment process.
- Core and Intermediate Co-occurring Disorders trainings.
- Administrative Code and contract changes to specifically require and support an integrated treatment approach.
- A revised contract format for CMHCs to more clearly support integrated treatment and braided funding to service adults and children with co-occurring disorders.
- Twelve-step oriented peer support for person with co-occurring disorders (Double Trouble in Recovery) on a state-wide basis.

Other Activities Leading to Reduction of Hospitalization.   The ODMHSAS culture embraces a strengths based and consumer centered approach which expects service providers, consumers, and their supports systems to clearly identify resources and factors needed for community success and thereby reduce the use of hospital or other institutional-based resources.   CMHCs are monitored to assure that services include cooperative discharge planning with inpatient programs and crisis units, early response and crisis intervention programs, and community partnerships with law enforcement.   A network of crisis intervention centers is in place to provide short term stays and stabilization in lieu of placement in inpatient facilities. The proven models, such as Crisis Intervention Training, PACT, and newly developed

Intensive Care Coordination Teams are designed to provide intervention, coordinated care, and successful community integration.

Oklahoma

Adult - Transformation Efforts and Activities in the State in Criteria 1

Adult - Describes mental health transformation efforts and activities in the State in Criteria 1, providing reference to specific goals of the NFC Report to which they relate.

Criterion 1: Transformation Efforts and Activities – Adult Services. The following are examples of transformational activities to support a comprehensive community-based mental health service system for Oklahoma. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

• The Integrated Services Initiative will continue to provide a framework for infrastructure change to better address the needs of persons with co-occurring mental illness and substance use disorders. (Goals 1, 3, and 4)
• The Adult Recovery Collaborative will focus on system re-design to synchronize benefits, payment systems, treatment philosophies, and resource utilization between ODMHSAS and the Oklahoma Health Care Authority (Medicaid). (Goals 1, 3, and 4)
• ODMHSAS will fund a position for a housing specialist utilizing TSIG and Olmstead resources. The specialist will assist community partners develop housing options for successful community integration. (Goal 2)
• Several activities will continue to increase the extent to which the entire adult treatment system is trauma-informed and capable. (Goals 4 and 5)
• The Recovery (Peer) Support Specialist initiative will engage a broad group of consumer and provider stakeholders to develop approaches and opportunities for increased use of credentialed peer providers in a variety of treatment and support settings. (Goal 2 and 5).

A more extensive listing is available by viewing the Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services at www.OkInnovationCenter.org. These are also organized around the framework of the New Freedom Commission Report.

Oklahoma

Adult - Estimate of Prevalence

Adult - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Estimation Methodology. Oklahoma's estimate of prevalence of adults with a serious mental illness is based on federal guidelines from the Center for Mental Health Services published March 28, 1997 (using 1990 census data). Data from two major national studies, the National Comorbidity Survey (NCS) and the Epidemiologic Catchment Area (ECA) Study, were used to estimate the prevalence of adults with serious mental illness. The estimated prevalence for adults with SMI is 183,366. In FY07, ODMHSAS served 30,190 adults with serious mental illness or 16.5% of the estimated SMI population.

Oklahoma

Adult - Quantitative Targets

Adult - Quantitative targets to be achieved in the implementation of the system of care described under Criterion 1

Quantitative Targets for Adult Service System. Quantitative targets in terms
of numbers of persons projected to be served are detailed in the Goals sections
of the plan. Briefly, the state proposes to increase the number of persons
served by 10 to 12% each of the years encompassed by this Plan.

Oklahoma

Adult - Transformation Efforts and Activities in the State in Criteria 2

Adult - Describes mental health transformation efforts and activities in the State in Criteria 2, providing reference to specific goals of the NFC Report to which they relate.

Criterion 2. Transformation Efforts and Activities – Adult Services. The following are examples of transformational activities to support a comprehensive community-based mental health service system for Okalahoma. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

• Public information initiatives will be designed to increase consumers', families', and other citizens' knowledge of available resources and how those can be accessed. (Goal 2)
• Analyses and plans will be organized through the Innovation Center to increase the number of minorities and historically underserved individuals who receive mental health and substance abuse treatment services and supports. (Goal 3)
• A standardized statewide co-occurring (substance abuse and mental health) assessment protocol will utilize a menu of tools responsive to individual consumer needs. (Goal 4)
• Technology enhancements will be employed to improve access to and coordination of care for under-served populations. (Goal 6)

A more extensive listing is available by viewing the Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services at www.OkInnovationCenter.org. These likewise are organized around the framework of the New Freedom Commission Report.

Oklahoma

Adult - Outreach to Homeless

Adult - Describe State's outreach to and services for individuals who are homeless

Services for Adults in Rural Areas. The 2006 Census estimates shows 44% of Oklahoma's population is located in rural areas in the northwest, west/west-central, and southeastern areas of the state, making up 11 service areas. Oklahoma defines rural as those service areas with population less than 225,000 or population density less than 100 individuals per square mile.

Eleven community mental health centers serve the rural areas of the state. All offer the required mental health services. The number of individuals served by rural centers is increasing. In FY07, 19,707 adults received ODMHSAS services in the rural areas of the State.

Ten rural CMHCs offer or purchase either local acute inpatient treatment or crisis center services to stabilize individuals on emergency orders of detention. These services are seen as critical to reducing inappropriate utilization of the state psychiatric hospitals. Increased collaboration is needed with local law enforcement and courts to divert individuals to local crisis units or community based interventions.

Case management services and flexible funds for case managers in rural areas provide in-home support for isolated individuals and assistance in purchasing needed goods and services not otherwise available.

Most ODMHSAS certified residential care facilities are located in rural counties -- in the far northeast corner of the state. CMHCs target additional services to these facilities including general psychosocial rehabilitation day programs, recreation and social skills training, case management, and medication clinics.

Housing programs are limited in rural areas. Seven rural CMHCs offer either transitional living or supported housing programs. Many of these are rental subsidy programs, which are sometimes difficult to utilize due to the lack of safe and affordable housing in rural communities. It is also difficult to develop scattered site housing in rural communities due to the attraction of cost effectiveness of congregate housing. ODMHSAS, the Governor's Interagency Council on Homelessness and other housing stakeholders are working on partnerships with community builders to facilitate increased options for integrated housing in both rural and urban communities.

Additional vocational programs are needed in rural community mental health centers. The current Supported Employment initiative will attempt to solicit interested providers from the rural area. The Department of Rehabilitation Services (DRS) recently developed a mechanism by which individual employment service practitioners can contract directly with DRS to provide services in rural areas.

ODMHSAS' Reach-Out Hotline provides an invaluable service to rural communities as a special 24-hour toll free hotline to provide crisis intervention, counseling and information/referral on drug and alcohol abuse and mental illness. Reach-Out counselors are knowledgeable about treatment agencies across the state and can refer a caller to the most appropriate and conveniently located program for his/her needs. Reach-Out counselors are also prepared to provide appropriate information about or referrals to consumer-oriented advocacy groups, support, and self help groups.

Retention and recruitment of clinical staff continues to be one of the most pressing problems for rural centers. Some staff commute long distances to rural communities from metropolitan areas. This makes retention of clinical staff difficult, especially psychiatrists. As a result, some rural CMHCs utilize general practitioners to monitor medication.

Transportation continues to be a problem in rural areas. Most rural service areas are large. Operating satellite offices is expensive. Home visits and transporting clients to appointments can be cost prohibitive, especially in geographically isolated areas. ODMHSAS actively participates in the United We Ride transportation initiative (a statewide transportation initiative focused on both rural and urban areas) and in other community transportation initiatives.

ODMHSAS staff provides technical assistance for increased development of housing and vocational services. The Department uses existing resources to assist rural personnel to be trained and qualified as certified case managers and mental health professionals.

Oklahoma

Adult - Rural Area Services

Adult - Describes how community-based services will be provided to individuals in rural areas

Services for Adults in Rural Areas. The 2006 Census estimates shows 44% of Oklahoma's population is located in rural areas in the northwest, west/west-central, and southeastern areas of the state, making up 11 service areas. Oklahoma defines rural as those service areas with population less than 225,000 or population density less than 100 individuals per square mile.

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ODMHSAS staff provides technical assistance for increased development of housing and vocational services.   The Department uses existing resources to assist rural personnel to be trained and qualified as certified case managers and mental health professionals.

Oklahoma

Adult - Older Adults

Adult - Describes how community-based services are provided to older adults

Services for Older Adults. ODMHSAS served approximately 2000 adults age 60 and older in FY2007.   All CMHCs provide community based services to older adults but typically within the generic array of adult services.   Some programs are in place but not on a statewide basis.   These include a specialized older adult outreach and support program in place at HOPE Community Center in Oklahoma City. Gatekeeper programs are emerging and there have been initial developments between CMHC providers and local partners to support this approach.   The Oklahoma Mental Health and Aging Coalition provides a forum through which a variety of stakeholders can advocate for increased services to older adults.   The ODMHSAS Coordinator of Aging Services   provides a variety of technical assistance and training on mental health and aging issues statewide.

Oklahoma

Adult - Transformation Efforts and Activities in the State in Criteria 4

Adult - Describes mental health transformation efforts and activities in the State in Criteria 4, providing reference to specific goals of the NFC Report to which they relate.

Criterion 4. Transformation Efforts and Activities - Adult - Describes mental health transformation efforts and activities in the State in Criteria 4, providing reference to specific goals of the NFC Report to which they relate.

•   Various transformation initiatives potentially involving Turning Point, primary care providers, and rural based clinics, will be supported to eliminate disparities in the availability of mental health and substance abuse service and support options in rural areas. (Goal 3)
•   TSIG and Olmstead funding will support a housing specialist to supplement current ODMHSAS activities around homelessness and housing development.   (Goal 2)
•   Suicides prevention activities will address the needs of the entire lifespan. This will include assisting with screening and referral in settings where older adults frequently access services.   (Goal 1)

Oklahoma

Adult - Resources for Providers

Adult - Describes financial resources, staffing and training for mental health services providers necessary for the plan;

SFY08 Budget. Community based mental health services are budgeted at
$145,718,534 for SFY2008. This is 48% of the Department's overall budget.
State psychiatric hospital budgets total 19.1% of the Department's budget.
Remaining areas of the DMHSAS budget support substance abuse treatment and
prevention activities. In SFY2007, the community-based services budget was
$133,909,238 or 48% of the total agency budget. State hospital budgets in 2007
totaled 18.3% of the agency total.   This budget summary does not reflect
specific allocations by populations, including adults, older adults, or
children.

Oklahoma

Adult - Emergency Service Provider Training

Adult - Provides for training of providers of emergency health services regarding mental health;

Emergency Service Provider Training. ODMHSAS provides numerous training opportunities for staff development throughout the year. The Department's Donahue Series offers clinical training seminars at the University of Oklahoma in Norman and at other locations. The training series is named for Hayden Donahue, Oklahoma's first Commissioner of Mental Health and noted reformer of the state psychiatric hospitals. Topics encompass mental health, children's issues, substance abuse, and trauma. The current mailing announcements go to 6,500 persons statewide, including emergency health workers. During FY2007 over 11,000 participants attended workshops. Many participants work in first response settings, including emergency rooms, ambulance services, and law enforcement. Law enforcement jurisdictions also collaborate with ODMHSAS to train staffs in diversionary and proactive responses with people who may be experiencing mental illnesses or addictions symptoms.   The Memphis Model Crisis Intervention Training (CIT) is widely utilized. ODMHSAS prevention staff also provides training in various suicide intervention and crisis techniques to emergency room and other health personnel.

Oklahoma

Adult - Grant Expenditure Manner

Adult - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

Grant Expenditure Manner. The following table describes the manner in which the State intends to expend the grant on behalf of adult services under Section 1911 for the fiscal years covered in this application.

Proposed Use of MHBG Funds FFY 2008, 2009, and 2010* Adult Services Note: State can not commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle			
Category	**2008**	**2009**	**2010**
Adult Basic and Case Management Services	1,830,246	1,830,246	1,830,246
Adult Community Living and Supported Housing	576,204	576,204	576,204
Adult Best Practice Projects	195,000	195,000	195,000
Public Education	21,800	21,800	21,800
Recovery Support Specialists, WRAP, Consumer Leadership Development	46,000	46,000	46,000
Adult, Child, Youth, and Family Surveys	80,000	80,000	80,000
Supported Employment Initiative	20,000	20,000	20,000
Skills Training and Scholarships	24,000	24,000	24,000
Statewide Advocacy and Support	494,000	494,000	494,000
Subtotal Adults	3,287,250	3,287,250	3,287,250
Subtotal Children (included in Child Plan Update ad Application)	1,185,500	1,185,500	1,185,500
MHBG Administration	148,867	148,867	148,867
Totals Based on Anticipated Annual Awards	**4,621,617**	**4,621,617**	**4,621,617**

Table 4
FY 2008 – FY 2010 MHBG Transformation Expenditures Reporting Form
State: Oklahoma

Number	State Transformation Activity	FY 2008 MHBG Planned Expenditure Amount	FY 2008 Other State Funding Source Amount
1	Improving coordination of care among multiple systems		3,853,643
2	Support for culturally competent services		
3	Involving consumers and families fully in orienting the MH system toward recovery	126,500	2,963,143
4	Support for consumer- and family-operated programs, including Statewide consumer networks	652,000	493,698
5	Services for co-occurring mental and substance use disorders		
6	Eliminating disparities in access to and quality of care	167,000	630,000
7	Support for integrated electronic health record and personal health information systems		307,677
8	Improving consumer access to employment and affordable housing	586,204	1,003,734
9	Provision of Evidence Based Practices		5,300,000
10	Aligning financing for mental health services for maximum benefit		
11	Supporting individualized plans of care for consumers		77,655
12	Supporting use of peer specialist		229,500
13	Linking mental health care with primary care		
14	Supporting school mental health programs		426,667
15	Supporting early mental health screening, assessment, and referral to services		3,148,955
16	Suicide prevention		
17	Supporting reduction of the stigma associated with mental illness	21,800	
18	Use of health technology and telehealth to improve access and coordination of mental health care		248,648
19	Supporting workforce development activities		24,000
20	Other (specify)		

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	31,819	36,831	38,390	38,000	39,000	40,000
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	1.1 Increase Access to Services (NOM #1)
Target:	Increase number of adults served in the ODMHSAS system
Population:	Adults served in ODMHSAS public system
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	1.1 Adults served in ODMHSAS system (NOM #1)
Measure:	Number with documented services within ODMHSAS system
Sources of Information:	Integrated Client Information System
Special Issues:	
Significance:	Setting quantitative goals to be achieved for the numbers of adults served is a key NOM. 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
	• Use of 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

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	10.47	12.04	12	10	10	10
Numerator	797	752	--	--	--	--
Denominator	7,609	6,248	--	--	--	--

Table Descriptors:

Goal:	1.2 Reduced Utilization of Psychiatric Inpatient Beds (NOM #2)
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 3:Children's Services
Indicator:	1.2 Percent of persons readmitted within 30 days (NOM #2)
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:	• 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 and or trauma factors • Case management to minimize crisis situations • Educational activities for persons served and families (WRAP, Family to Family, IMR)

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	19.75	22.78	22	20	20	20
Numerator	1,503	1,423	--	--	--	--
Denominator	7,609	6,248	--	--	--	--

Table Descriptors:

Goal: 1.3 Reduced Utilization of Psychiatric Inpatient Beds (NOM #2)

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
3:Children's Services

Indicator: 1.3 Percent of persons readmitted within 180 days (NOM #2)

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: • 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, Family to Family, IMR)

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	2	3	3	3	4	4
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.4 Expanded Use of Evidenced-Based Practices (NOM #3)

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
3:Children's Services

Indicator: 1.4 Number of EBPs provided by the state that follow SAMHSA-identified fidelity scales for each particular EBP. (NOM #3)

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
• Secure funding and implement programs which adhere to fidelity for Integrated Dual Disorder Treatment (IDDT) programs
• 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
• Implement Illness Self Management in conjunction with training Recovery Support Specialist and psychosocial Rehabilitation Programs.
• Designate ODMHSAS as liaison for each EBP to support start up, technical assistance, and on-going monitoring.
• Utilize ICIS data to track outcomes and support performance improvement.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Supported Housing (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:
Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Supported Employment (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	0	0	0	40	60	100
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	1.5 Expand use of Evidence Based Practices (NOM #3)
Target:	Increase number of adults receiving Supported Employment services as an Evidence Based Practice
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	1.5 Number of adults receiving Supported Employment in accordance with SAMHSA-adopted fidelity scales (NOM #3)
Measure:	Number of adults receiving Supported Employment in accordance with SAMHSA-adopted fidelity scales
Sources of Information:	Supported Employment data sets; Findings from SE Fidelity Scale montorig provided by ODMHSAS and DRS staff; and ODMHSAS Integrated Client Information System.
Special Issues:	Extensive coordination between ODMHSAS, DRS, and SE Implementation team will be essential to success and expansion of numbers receiving SE.
Significance:	EBPs provided with fidelity result in outcomes desired by consumers. Employment is area of significance to support consumer recovery and choice.
Action Plan:	• Continued state level planning and implementation supported coordinated between ODMHSAS and DRS. • Monitoring of reporting of fidelity and outcomes related to SE • Designation of lead ODMHSAS staff to support implementation start up, monitoring and technical assistance • Continued liaison with DRS

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	536	755	846	900	950	1,000
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	1.6 Expanded Use of Evidenced-Based Practices (NOM #3)
Target:	1.6 Increase the number of persons receiving one or more Evidenced-Based Practices within the State. (NOM #3)
Population:	Adults with serious mental illness
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number Persons receiving EBPs in full accordance with SAMHSA- adopted fidelity scales. (NOM 3)
Measure:	
Sources of Information:	PACT data sets, 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 • Utilize Central Office PACT specialist for provider training and technical assistance • Annual PACT outcome report distribution to stakeholders.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Psychoeducation (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
                        3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	0	0	30	50	70	100
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.7 Expand use of Evidence Based Practices (NOM #3)

Target: Increase number of adults receiving IDDT services as an Evidence Based Practice

Population: Adults with co-occurring serious mental illness and substance abuse disorders.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: 1.7 Number of adults receiving Integrated Dual Diagnosis Treatment in accordance with SAMHSA-adopted fidelity scales (NOM #3)

Measure: Number of adults receiving Integrated Dual Diagnosis Treatment in accordance with SAMHSA-adopted fidelity scales

Sources of Information: Integrated Dual Diagnosis Treatment (IDDT) data sets; Findings from IDDT Fidelity Scale montoring provided by ODMHSAS staff; and ODMHSAS Integrated Client Information System.

Special Issues:

Significance:

Action Plan:
• Continued state level planning and implementation supported coordinated between ODMHSAS and selected Integrated Service Initiaitve (ISI) sites committed to provide services withint the IDDT framework
• Leverage resources available through the Co-Occurring State Infrastructure Grant (Co-SIG)
• Monitoring of reporting of fidelity and outcomes related to IDDT
• Utilization of ODMHSAS ISI staff to support implementation start up, monitoring and technical assistance

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	0	0	0	100	150	200
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.8 Expand use of Evidence Based Practices (NOM #3)

Target: Increase number of adults receiving Illness Management and Recovery as Evidence Based Practice

Population: Adults with serious mental illness served in Psychosocial Rehabiliation programs provided by CMHCs

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: 1.8 Number of adults receiving Illness Management and Recovery services in accordance with SAMHSA-adopted fidelity scales (NOM #3)

Measure: Number of adults receiving Illness Management and Recovery services in accordance with SAMHSA-adopted fidelity scales

Sources of Information: Illness Management and Recovery (IRM) data sets; Findings from IMR Fidelity Scale montorig provided by ODMHSAS staff; and ODMHSAS Integrated Client Information System.

Special Issues: Continued collaboration with providers and the state Medicaid authority will be essential to secure provider buy-in.

Coordination with advocacy-based programs, such as Wellness Recovery Action Planning (WRAP), will also be essential to strengthen the impact of IMR and WRAP.

Significance: EBPs provided with fidelity result in outcomes desired by consumers. IMR provides tools to consumers to be more effective in directing their own care as well as a framework for providers to support consumer choice and partnerships in treatment settings.

Action Plan: • Secure national-level technical assistance to develop implementation scheme
• Selection of model sites for initial start up.
• Training of model sites and ODMHSAS staff in IMR.
• Use Training of Trainer approach to provide ODMHSAS staff technical assistance skills to support implementation
• Designation of lead ODMHSAS staff to support implementation start up, monitoring and technical assistance
• Monitoring of reporting of fidelity and outcomes related to IMR

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑
Name of Performance Indicator: Evidence Based - Number of Persons Receiving Medication Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
                        3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	79.98	74.52	75	75	80	80
Numerator	1,778	1,629	--	--	--	--
Denominator	2,223	2,186	--	--	--	--

Table Descriptors:

Goal: 1.9 Improved Continuity of Care to Support Recovery and Community Success (NOM #4)

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
3:Children's Services

Indicator: 1.9 Percentage of persons receiving services that report positive outcomes of care. (NOM #4)

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: Objective and methodically analyzed information regarding consumers' perception of care and satisfaction with services is essential for systems to improve performance, understand significant issues from the perspective of those receiving services, and identifying challenges for a system to be recovery oriented and consumer directed.

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

Transformation Activities: ☐

Name of Performance Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	18	18.87	20	20	22	25
Numerator	5,440	6,438	--	--	--	--
Denominator	30,219	34,122	--	--	--	--

Table Descriptors:

Goal:	1.10 Increased employment for adults receiving services (NOM #5)
Target:	Increase percent of adults who obtain and/or retain employment
Population:	Adults served in community mental health services
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	1.10 Number of adults wo attain and/or retrain employment during the year.(NOM #5)
Measure:	Numerator: Number of adults who report being competitively employed (full or part time - including Supported Employment) during the year.
	Denominator: Number of adults services in community mental health programs.
Sources of Information:	ODMHSAS Integrated Client Information System
Special Issues:	Structural and workforce supports are needed, in a recovery oriented system facilitate and honor individuals employment interest and choices. This will include improved reporting on information related to employment.
Significance:	Employment is an area of significance to support consumer recovery and choice.
Action Plan:	•Continued state level planning and support around vocational services coordinated between ODMHSAS and DRS.
	•Data training to ensure more consistent and accurate reporting of employment related information.
	•Designation of lead ODMHSAS staff to support monitoring and technical assistance
	•Continued liaison with DRS

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	55.56	54	50	45	45
Numerator	N/A	55	--	--	--	--
Denominator	N/A	99	--	--	--	--

Table Descriptors:

Goal: 1.11 Decreased criminal justice involvement. (NOM #6)

Target: Decrease in percent of adults who have been re-arrested following earlier prior invovlement with criminal justice systems.

Population: Adults with serious mental illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: 1.11 Percent of adults receiving community based services who were not rearrested in the past year. (NOM #6)

Measure: Numerator: Number of people who were arrested in year one who were not rearrested in year two.

Sources of Information: Client data core on Integrated Client Information System.

Special Issues: Data currency and accuracy.
Continuity of mental health and substance abuse services for persons with histories of criminal justice involvement.

Significance: Assertive outreach, welcoming enviroments, and cross-system collaboration are needed to support recovery for adults with crminal justice system involvement.

Action Plan: •Continued state level planning and service coordination between ODMHSAS, the Department of Corrections, and local law enforcement and judicial systems.
•Monitoring and expansion of local jail diversion and re-entry programs.
•Outcomes reporting and progress summaries to advocate for increased funding for jail diversion, mental health/drug courts, and re-entry supports.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	7.13	6.84	6	6	6	6
Numerator	2,363	2,520	--	--	--	--
Denominator	33,149	36,831	--	--	--	--

Table Descriptors:

Goal: 1.12 Increased Stability in Housing (NOM #7)

Target: Reduce the percent of adults served who lack stable and permenant housing.

Population: Adults served in community mental health programs.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: 1.12 Percent of consumers who are homeless and/or in shelters (NOM #7)

Measure: Numerator: Number of persons homeless

Denominator: All persons with living situations excluding persons for home data indicate "Living Situation Not Available"

Sources of Information: Integrated Client Information System

Special Issues:

Significance: Stable living situations and consistent access to basic services are essential to support recovery and consumer choice.

Action Plan: • Continue to monitor CMHC's adherence to ODMHSAS screening and open access requirements
• Provide technical assistance to improve local access
• Collaborate with local and state level housing and homelessness partnerships
• Utilize PATH funds to support outreach and access to housing options

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: N/A Increased Social Supports/Social Connectedness (NOM #8)

Target: N/A

Population: N/A

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: N/A (NOM #8) - Developmental

Measure: N/A (NOM #8) - Developmental

Sources of Information: State is awaiting directions from CMHS to determine how to calculate this NOM.

Special Issues: State is awaiting directions from CMHS to determine how to calculate this NOM.

Significance: State is awaiting directions from CMHS to determine how to calculate this NOM.

Action Plan: State is awaiting directions from CMHS to determine how to calculate this NOM.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	N/A Improved level of Functioning (NOM #9)
Target:	N/A
Population:	N/A
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services 4:Targeted Services to Rural and Homeless Populations
Indicator:	N/A (NOM #9) - Developmental
Measure:	N/A (NOM #9) - Developmental
Sources of Information:	State is awating directions from CMHS to determine how to calculate this NOM.
Special Issues:	State is awating directions from CMHS to determine how to calculate this NOM.
Significance:	State is awating directions from CMHS to determine how to calculate this NOM.
Action Plan:	State is awating directions from CMHS to determine how to calculate this NOM.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 1.15 Inpatient follow-up within 7 days

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	48.28	50	52	55	60	65
Numerator	2,352	2,388	--	--	--	--
Denominator	4,871	4,773	--	--	--	--

Table Descriptors:

Goal: 1.15 Improved Continuity of Care to Support Recovery and Community Success

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: 1.15 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:
• 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 and/ or trauma factors
• Case management to minimize crisis situations
• On-going linkage meetings between inpatient staff and community based providers

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 1.16 Crisis follow-up within 7 days

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	40.91	37.32	38	40	45	45
Numerator	3,385	3,408	--	--	--	--
Denominator	8,273	9,132	--	--	--	--

Table Descriptors:

Goal: 1.16 Improved Continuity of Care to Support Recovery and Community Success

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: 1.16 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:
• 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 and/ or trauma 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

Transformation Activities: ☑☐

Name of Performance Indicator: Adult Goal 1.17 Recover Support Specialists Trained

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	25	50	50	100	150	200
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.17 Improved Recovery Culture within Service Settings

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: 1.17 Number Recovery Support Specialists employed in state wide service systems

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.

Action Plan: • Revise training curriculum for credentialing of Recovery Support Specialist
• Monitor 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
• Utilize broader base of constituance from other systems to expand recovery support services.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 2.1 Adult Penetration Rate

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	14.60	14.31	16	16	18	20
Numerator	27,294	26,747	--	--	--	--
Denominator	186,964	186,964	--	--	--	--

Table Descriptors:

Goal: 2.1 Increase Access to Services

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: 2.1 Penetration rate (percent) of persons with SMI served

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: • Monitoring of CMHC screening and admission processes to assure access to services
• Public information and anti-stigma campaigns in conjunction with advocacy organizations
• Use of Performance Management Reports 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

Transformation Activities: ☑☐

Name of Performance Indicator: Adult Goal 2.2 Alternative Service Locations

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	100	75	75	90	100	100
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 2.2 Increase Access to Services

Target: Increase access to CMHC services through outreach and provision of services in alternative locations.

Population:

Criterion: 2:Mental Health System Data Epidemiology

Indicator: 2.2 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: • 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
• 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

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 4.1 Homeless Adults Served

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	2,177	2,253	2,247	2,300	2,400	2,500
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 4.1 Improved Services for Homeless Persons

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: 4.1 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:
• 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

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 4.2 Rural Adult Services

(1) Fiscal Year	(2) FY 2005 Actual	(3) FY 2006 Actual	(4) FY 2007 Projected	(5) FY 2008 Target	(6) FY 2009 Target	(7) FY 2010 Target
Performance Indicator	16,428	18,839	19,707	20,000	20,500	21,000
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 4.2 Improved Access to Services and Supports in Rural Communities

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: 4.2 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

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 4.3 Older Adults Served

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	2,000	2,500	3,000	3,500
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 4.3 Improved Access to Services and Supports for Older Adults

Target: Assure that older adults have continuous and increased access to services thoughout the ODMHSAS system

Population: Adults age 60 and older in need of ODMHSAS services

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: 4.3 Number adults age 60 and older served in ODMHSAS community-based treatment and support settings

Measure: Number served

Sources of Information: Integrated Client Information System

Special Issues: Historically, older adults have not been consitently identified as a target population within MHBG plans. Similarly, it is believed this population is under identify and underserved in most mental health and substance abuse service settings. Approaches to identify, engage, and serve this population's specific needs will require additional strategies and resources.

Significance: Documentation and planning for services for older adults is now a new requirement of the Mental Health Block Grant.

Action Plan: •Identify best practices to increase awareness of older adults needs
•Strengthen liaison with advocacy, service, and planning organizations which prioritize the needs of older adults
•Offer training and technical assistance to CMHCs to better address the needs of older adults
•Consider targeted funding to expand services

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Adult Goal 5.1 CIT Officers Trained

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	80	150	260	300	325	350
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 5.1 Improve Skills of First Responders and Other Community Service Entities

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: 5.1 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.

Oklahoma

Child - Establishment of System of Care

Child - Provides for the establishment and implementation of
an organized community-based system of care for individuals with mental illness.

Criterion 1: Comprehensive Community-Based System of Care for Children. As with the adult system, fifteen publicly funded community mental health centers serve the state with programs established in approximately 70 cities and towns. Department employees operate five of the publicly funded centers in Lawton, McAlester, Norman, Tahlequah, and Woodward. The others are private, nonprofit organizations contracting with the Department. Children's crisis stabilization centers address emergent needs of children and their families are in place in Oklahoma City, Muskogee, and Tulsa. ODMHSAS also operates the Oklahoma Youth Center and the Norman Adolescent Center to provide inpatient and residential services for children up to the age of 18.

Oklahoma

Child - Available Services

Child - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing
services;
Educational services;
Substance
abuse services;
Medical and dental services;
Support services;
Services provided by local school
systems under the Individuals with Disabilities Education Act;
Case management services;
Services
for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities
leading to reduction of hospitalization.

Mental Health and Rehabilitation Services. The following sections describe the array of services available in Oklahoma for children through the public funded system. This includes a description of health, mental health and rehabilitation, employment, housing supports, access to medical, vision and dental and peer advocacy and family support. Involvement in planning related to the Individuals with Disability Education Act (IDEA), case management services, co-occurring services, and the state's efforts to reduce the utilization of hospitalization are discussed.

The following basic children's services are provided by each CMHC to eligible clients:

- Crisis intervention
- Medication and psychiatric services
- Case management services
- Evaluation and treatment planning

Additional support services available to children and families include:

- Home-based services
- Systems of Care
- Family counseling
- Therapeutic nursery
- Diagnosis related Education
- Client Advocacy

- Outreach
- Family Self Sufficiency (housing)
- Socialization
- School-based services
- Respite care
- Wraparound/flexible funds
- Advocacy and peer/family support

Health Services. Children with serious emotional disturbances and other children involved in specialized public services may have more health problems and medical needs than the general population. Case managers assist parents and children access treatment for health conditions ranging from vision and hearing problems to chronic illness.

The Oklahoma Health Care Authority (OHCA) is designated to administer the Children's Health Initiative Program (CHIP). Recognizing the growing concern for the health and welfare of Oklahoma's children, the state legislature approved an expansion of the Title XIX expansion program for Oklahoma in 1997. This raised the eligibility level to 185% of the federal poverty level for children. This expansion included children under eighteen and pregnant women regardless of age. The Title XIX expansion also included individuals even if they had other types of insurance coverage.

School based health services is another initiative by the Oklahoma Health Care Authority through Early Periodic Screening, Diagnosis, and Treatment (EPSDT). This provides for services beyond the basic Medicaid program such as comprehensive screenings, immunizations, and dental services. Many schools hire nurses to implement targeted health programs related to EPSDT. The main goal of the program is help parents receive early and preventative care for their children rather than relying on emergency care. The program is statewide in most of Oklahoma's 77 counties.

Employment and Vocational Services. Vocational services are also frequently neglected within an overall system of care for children with a serious emotional disturbance. Case managers assist children, 14 years old and up, in job finding and placement skills, social and interpersonal skills needed for job retention; and, specific referrals to vocational-technical schools. The Department of Rehabilitation Services (DRS) offers transitional services within school districts. The Transition School-to-Work program, managed by DRS, assists students with disabilities in making a smoother transition from high school to work through counseling, work adjustment training, on-the-job training and direct job placement. Services are provided through a cooperative arrangement between the Oklahoma Department of Rehabilitation Services, the Oklahoma State Department of Education and local school districts.

Respite Care. Respite care offers temporary relief to family caregivers through Oklahoma's statewide respite care network. Families can select their own respite care providers and establish a rate of payment. The Department of Human Services administers the funds to reimburse respite providers.

Housing Services. Housing services and homeless outreach services for families with children are provided in the manner described in the Adult Plan. In addition to accessing the array of supportive and subsidized housing options, providers are able to utilize ODMHSAS-provided flexible funds to address immediate and short terms needs to stabilize family housing situation.

Special Education. Under the provision of the Individuals with Disabilities Education Act, children who are placed in a special education program because of a serious emotional disturbance must have an Individual Education Plan (IEP).

Substance Abuse Services. As described in the Adult Plan, all CMHCs provide substance abuse treatment services. Over 80 additional substance abuse programs through contracts with ODMHSAS provide substance abuse treatment services. A limited number of slots are available for adolescents in need to residential treatment.

Medical, Vision, and Dental Services. Case management services assure linkages to medical, vision, and dental services on behalf of children and their families. Access is more likely for Medicaid beneficiaries. Other resources are available for the non-Medicaid population. The OU Health Sciences Center in Oklahoma City and the OU Tulsa-College of Medicine provide indigent medical care. Increased collaboration has also developed in some areas of the state to access services through Federally Qualified Health Centers. Many communities rely on local resources for health care such as the Indian Health Services, clinics, homeless clinics, county health departments, and mental health centers are encouraged to use flexible funds from ODMHSAS to purchase minimal services or use pro bono health care providers. Dental services are also provided in local communities through free dental clinics and pro bono providers. Dental services are also available in the Oklahoma Youth Center.

Support and Family Involvement. ODMHSAS currently contracts with the statewide Evolution Foundation/Oklahoma Federation of Families to provide support to families statewide and to assist with the development of local Federation chapters. The Federation of Families has developed a Leadership Academy Curriculum for local communities throughout Oklahoma to train family members as full partners at all levels of the children's mental health system. This Curriculum was selected the as the top winner by ECCO (Excellence in Community Communication and Outreach) Awards at the 2007 National Systems of Care Meeting. Currently, family members serve on the State Team for Oklahoma Systems of Care, the Partnership for Children's Behavioral Health, and The Governor's Transformation Advisory Board. The Annual Children's Behavioral Health Conference offers scholarships to family members, and the Federation of Families plans a family-friendly track for the conference, and sponsors travel. The Federation of Families also sponsors family travel to national conferences.

Case Management. Oklahoma has greatly impacted case management services through a strengths based and wraparound coordination model. Children and youth with serious emotional disorders and who want to access the full continuum of public behavioral services are assigned a case manager (care coordinator) to work closely with the youth and family to develop an integrated treatment plan. Members of the wrap around team design a family- and youth-directed plan to address key needs on behalf of the children receiving services. Focus areas are listed below:
  • Stabilization of immediate behavioral crisis situations;
  • Involvement of family-to-family support in treatment planning;
  • Strengths, needs and culture discoveries;
  • Assessments based on a common protocol as indicated by initial screening;
  • Work with the child and family to identify a child and family team (CFT);
  • Work with the CFT to update and fine-tune the plan on a continual basis;
  • Assist in problem solving as identified by the CFT; and,
  • Transition the youth and family through transition points and out of services.

Oklahoma collaborated with national trainers to develop in-state experts and coaches to saturate the state in wraparound training and insure fidelity to the wrap around model. Some Oklahoma trainers now provide support and coaching in other states, as well.

Substance Abuse Services. Substance abuse treatment programs served 17,907 clients in Fiscal Year 2007. About 10 percent of those served were under the age of 18. Over eighty ODMHSAS affiliated substance abuse programs provided services at more than 170 sites during FY2007. Most of these providers were contractors, although the Department's own staff operated residential treatment programs in Norman, Tulsa, Tahlequah, Vinita, and Woodward. Treatment programs give Oklahomans access to a range of services including assessment and

referral, detoxification, outpatient counseling, residential treatment, transitional living, and aftercare.

All community mental health centers are certified as substance abuse service providers. Six mental health centers have substance abuse contracts with the Department. Persons with serious mental illness and a co-occurring disorder are served by both substance abuse providers and community mental health centers.

Services for Children with Co-Occurring Disorders/Integrated Services Initiative. This initiative is described in detail in the Adult Plan. ODMHSAS has utilized funding through the SAMHSA Cross Training Initiative, a Co-Occurring Policy Academy, and the Co-occurring State Incentive Grant (COSIG) to build a robust network of treatment providers to more effectively provide services to persons with both mental illness and substance use disorder. Service providers for children and adolescent services participate in the trainings and have benefited from the enhanced infrastructure for more effective integrated treatment services. The processes designed by these initiatives were designed to address treatment needs across the life span.

Other Activities Leading to Reduction of Hospitalization. CMHC's and other community based providers provide screening and early intervention services to diminish the need for out of home placements, including inpatient treatment. The collaboration also facilitates more integrated discharge planning as children and the families prepare for transition from out-of-home placements. This has resulted in lower hospitalization rates and shorter lengths of stay – particularly in Systems of Care communities. Children's Crisis Stabilization Centers are in place in Oklahoma City, Tulsa, and Muskogee. Additionally, targeted CMHCs are funded to enhance their mobile crisis response to children and families. These services offer alternatives to hospitalization and promote a more family-centered and strengths based approach to services.

Oklahoma

Child - Transformation Efforts and Activities in the State in Criteria 1

Child - Describes mental health transformation efforts and activities in the State in Criteria 1, providing reference to specific goals of the NFC Report to which they relate.

Criterion 1. Transformation Efforts and Activities – Children's Services. The following are examples of transformational activities to support a comprehensive community-based mental health service system for Okalahoma. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

• Resources provided through a variety of funding sources will expand youth suicide prevention activities and related community partnerships. (Goal 1)
• Programs will be implemented to further develop capacity to screen for behavioral health needs within early childhood programs and in other settings accessed by families with younger children. (Goal 4)
• Partnerships between child-serving state agencies will continue to increase the systems' capacities to provide more substance abuse and mental health services and supports. (Goal 1)

Oklahoma

Child - Estimate of Prevalence

Child - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Estimation Methodology. Oklahoma's estimate of the number of children with a serious emotional disturbance is based on the Center for Mental Health Services published estimate, July 17, 1998. States were sorted by poverty rates in ascending order. At or below a level functioning of 50 (LOF=50) the number of children and adolescents with serious emotional disturbance (SED) is calculated to be between 5-7 percent of the number of youth between 9-17 years for group A. For Group B, the estimate is between 6-8 percent of the number of youth 9-17 years. The estimated SED population for Group C is calculated to be between 7-9 percent of the number of youth 9-17 years old. Oklahoma was in grouping C. The number of SED children in Oklahoma is estimated at 68,347.

In FY2007, ODMHSAS served approximately 2,000 children in CMHCs or related mental health programs, ages 9-17, with SED or 3% of the estimated SED population for the state. At this time, data for children with SED receiving mental health and supportive services from other state systems are not incorporated into this calculation. It is anticipated that, during this 3-year Mental Health Block Grant cycle, the state's method for calculating prevalence and service utilization will be revised as a result of expanding data sharing capability between multiple child serving agencies.

Oklahoma

Child - Quantitative Targets

Child - Quantitative targets to be achieved in the implementation of the system of care described under Criterion 1

Quantitative Targets for Children's Service System. Quantitative targets in terms of numbers of persons projected to be served are detailed in the Goals sections of the plan. Briefly, the state proposes to increase the overall number of children served by 20-30% in each of the years encompassed by this Plan. Again, the quantitative targets will be reviewed as additional data arrangements between child serving agencies are in place.

Oklahoma

Child - Transformation Efforts and Activities in the State in Criteria 2

Child - Describes mental health transformation efforts and activities in the State in Criteria 2, providing reference to specific goals of the NFC Report to which they relate.

Criterion 2. Transformation Efforts and Activities – Adult Services. The following are examples of transformational activities to support a comprehensive community-based mental health service system for Okalahoma. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

• Public information initiatives will be designed to increase consumers', families' members, and other citizens' knowledge of available resources and how those can be accessed. (Goal 2)
• Analyses and plans will be organized through the Innovation Center to increase the number of minorities and historically underserved individuals who receive mental health and substance abuse treatment services and supports. (Goal 3)
• Strategies are being designed to provide a standardized statewide co-occurring (substance abuse and mental health) assessment protocol that utilizes a menu of tools responsive to individual consumer needs. (Goal 4)
• Technology enhancements will be employed to improve access to and coordination of care for under-served populations. (Goal 6)

Oklahoma

Child - System of Integrated Services

Child - Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:

Social services;
Educational services, including services provided under the Individuals with Disabilities Education Act;
Juvenile justice services;
Substance abuse services; and

Health and mental health services.

Criterion 3: Children's Services

System of Integrated Services and Systems of Care for Children and Their Families. A rich array of state and local partners collaborate to assure a system of integrated services appropriate for the multiple needs of children. The Systems of Care is the centerpiece of service integration on behalf of children with serious emotional disturbance and their families. Oklahoma began to implement local Systems of Care in 2000. Mental Health Block Grant funding provided a portion of the initial resources to support the first two Systems of Care sites. Currently there are 30 System of Care Communities covering 36 counties with several other communities that are in the formative stages of System of Care Development. In 2002 Oklahoma received a federal six-year contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support this System of Care Development. Oklahoma has a state-level System of Care team to oversee the overall operations of the Systems of Care Communities. In addition, each local community has a team comprised of agency staff, community members, parent advocates and family members.

Integrated services include partnerships to support social services, educational services -- including services provided under the Individuals with Disabilities Education Act (IDEA), juvenile justice services, substance abuse services, health, and mental health services.

The Oklahoma Department of Mental Health and Substance Abuse Services. The ODMHSAS is the designated mental health and substance abuse services authority for children. ODMHSAS provides continuous support for an interagency workgroup for the Partnership for Children's Behavioral Health. The Partnership continues to unify planning and policy initiatives and has endorsed a coordinated budget request for FY2009 to more significantly impact children's behavioral health. The role and contributions of the partners is described below and evidences the extent to which children's services are integrated among multiple systems.

Department of Human Services. (Child Welfare and Social Services). The Department of Human Services manages many programs such as Child Care Services, TANF, Employment Services – Sheltered Workshop, Child Care Licensing, School Nutrition and In-home Support Services for individuals with developmental disabilities. The Division of Children and Family Services administers programs to families, children and youth at the home, community and residential level. The Division operates two juvenile shelter programs. The Children with Special Health Care Needs (CSHCN) program is part of the Title V Block Grant. These programs fund a variety of services to children who meet the definition of special health care but not SED. CSHCN funds local efforts, which are targeted to provide community, based, client centered services. Family Support provides a case subsidy to families raising a child with developmental disabilities in the natural home

Department of Education. The Department of Education receives funding and is responsible for many educational services to children. Oklahoma has 547 school districts. Each district is responsible for Special Education Services under IDEA-B. The Department of Education is responsible for monitoring IDEA-B services to ensure children are receiving a free and appropriate education and the services outline in a child's Individual Education Plan (IEP). ODMHSAS providers participate in development and implementation of IEP's.

The Department of Education serves as the lead agency for Early Childhood Intervention services for infants and toddlers (0-3 years of age) with disabilities and their families (Sooner Start). Other agencies collaborating to provide services through Sooner Start include the

Department of Health, Department of Mental Health and Substance Abuse Services, Department of Human Services, Oklahoma Commission on Children and Youth and the Oklahoma Health Care Authority.

As discussed earlier, school based health services are possible through the through Early Periodic Screening, Diagnosis, and Treatment (EPSDT).

Many school districts manage Safe Schools grants. Local community mental health centers are partnering in these activities.

Office of Juvenile Affairs. The Office of Juvenile Affairs (OJA) is responsible for children and adolescents who are in the juvenile justice system. Their services include community based youth services through contract with youth services agencies for the maintenance of community-based temporary youth shelters, delinquency prevention and diversionary youth services programs. Institutional services provide secure residential placement for serious and violent juvenile offenders. These programs provide basic academic education, individual and group treatment and structured living. Juvenile field services provides intake, probation and parole and custody services to youth up to age 18. A Juvenile Justice and Delinquency Prevention Program is a program funded by federal grant monies in the form of JJDP Formula, Title V and Challenge grants.

Substance Abuse Services. ODMHSAS is the single state authority for both substance abuse and mental health services. Substance abuse services are provided and monitored through the ODMHSAS statewide network of providers. Services are offered within CMHC settings as well as with specialty settings which focus on specific levels of substance abuse treatment.

Department of Health. The Department of Health is funded for Child Abuse Prevention and Child and Adolescent Health. The Children's First Program is a nurse visitation service to families expecting to deliver their first child. Services are provided during pregnancy and continue through the first two years of the child's life. An Early Intervention program (Sooner Start) was described under the Department of Education. The Violence Prevention/Youth Alternatives program is designed to reduce the incidence of violence and other high-risk behaviors such as that which threatens the health and safety of minority and disadvantaged youth. The Child Guidance Centers provide preventive, diagnostic and treatment services for developmental, psychological, speech, language and hearing problems.

Oklahoma Commission on Children and Youth. The Oklahoma Commission on Children and Youth (OCCY) is the agency responsible for the planning and coordination of services to children. OCCY does not provide direct services for children and adolescents. OCCY's regional planning boards throughout the state identify needs in local communities. These boards provide feedback through the Oklahoma Planning and Coordination Council.

The other responsibility of OCCY is the Office of Juvenile Oversight. Juvenile Oversight is required to conduct unannounced inspections of all state-operated juvenile facilities and periodic inspections of the detention centers and more than 100 privately operated facilities. The Office of Juvenile Oversight also investigates for merit any complaint it receives regarding improper practices by personnel working in the children and youth service system.

Oklahoma Health Care Authority (Medicaid). The Oklahoma Health Care Authority (OHCA) is designated to administer the Children's Health Initiative Program (CHIP). The eligibility and impact of this program is described under Criterion one in the Child Plan. Subsequently, the Federal Budget Act of 1997 made numerous Medicaid changes and also created the State Children's Health Insurance Program (SCHIP). The optional program, referred to as SCHIP or Title XXI, is designed to help states cover addition uninsured low-income children with a higher federal match assistance percentage. Federal poverty guidelines for Oklahoma children were raised from 150% to 185%. As of June 2007, there were 419,787 (69% of all enrollees) children enrolled in Medicaid.

Recently, the OHCA received legislative approval to expand the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC). This expansion will allow coverage of children up to 300% FPL, and adults up to 250% of FPL in businesses of less than 250 employees. OHCA is currently seeking CMS approval on these expansions. (See www.oepic.us)

Transition Services. Services for youth preparing to move into the adult service system are a focus of collaboration sponsored by multiple agencies. These are described below as well in the earlier sections of this plan related to Exemplary Treatment for Children and New Developments.

- **Department of Education.** The Department of Education has a Transition Advisory Council. This particular Council was set up to deal with the new federal guidelines concerning transition. Schools now have to provide transition services to children on Individual Education Plans (IEP's) beginning at age 14. ODMHSAS serves on this Council.

- **Department of Rehabilitation Services (DRS).** DRS serves youth with disabilities of working age. Youth must have a physical or mental disability that constitutes a vocational handicap to be eligible for these programs. Services available include transportation, interpreter services for the deaf, reader services for the blind, counseling and guidance, vocational evaluation, physical restoration services, occupational licenses, tools, equipment, post-employment services, and other goods and services that would benefit the individual in terms of employability. DRS funds several programs in the state to serve children with SED in alternative schools and high schools making the transition to employment.

- **Oklahoma Department of Career & Technology Education**. The Oklahoma Department of Career & Technology Education funds programs located in the high population density areas of the state. Programs provide services to high school dropouts to get them back into a training program that leads to a diploma, GED, or Certificate of Training. The Technology Education program is an instructional program that provides young men and women (grades 6-10) with daily, hands-on experiences to (1) focus on becoming technologically literate; (2) explore career opportunities; and, (3) identify the educational avenues to pursue their interest. The area technology centers offer training in areas such as business and office, marketing, health, child care, food

service and trade and industrial programs. These training opportunities are available to high school students wishing to pursue technical training.

Oklahoma

Child - Geographic Area Definition

Child - Establishes defined geographic area for the provision of the services of such system.

Oklahoma

Child - Transformation Efforts and Activities in the State in Criteria 3

Child - Describes mental health transformation efforts and activities in the State in Criteria 3, providing reference to specific goals of the NFC Report to which they relate.

Criterion 3. Transformation Efforts and Activities – Children's Services. The following are examples of transformational activities to support an integrated system of care on behalf of children and their families. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

•	Partnerships will be supported to address challenges unique to juvenile justice, law enforcement, and judicial settings to incorporate, as feasible, consumer and family direct planning of services and supports. (Goal 2)
•	Transformation workgroups will continue to provide a framework within which cross-agency efforts to improve and sure cultural competency can be coordinated. (Goal 3)
•	Capacities will be developed to screen for behavioral health needs within early childhood programs and in other settings accessed by families with younger children. (Goal 4)

A more extensive listing is available by viewing the Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services at www.OkInnovationCenter.org. These likewise are organized around the framework of the New Freedom Commission Report.

Oklahoma

Child - Outreach to Homeless

Child - Describe State's outreach to and services for individuals who are homeless

Outreach to Homeless. The number of children and families who are homeless continues to increase. Outreach initiatives have occurred in Norman, Oklahoma City and Tulsa to identify and assist homeless children. ODMHSAS serves children who are homeless at community mental health centers, outpatient substance abuse agencies and domestic violence shelters. Case management, home based services and flexible funds are used to prevent homeless.

The Family Self Sufficiency program supports assisted homeless families with a child with SED. HOPE Community Services initiated the project in south Oklahoma City. Families receive wraparound services such as housing, flexible funding, utility assistance, and non-traditional mental health services. Rent is paid through HUD's Shelter Plus Care program. Families are able to retain their housing once they have secured additional sources of income and residential stability.

NorthCare Center (Oklahoma City) and Family and Children Services (Tulsa) also have programs which focus on families with children who are homeless.   The Tulsa program works closely with the Salvation Army and the Tulsa Day Center for the Homeless

Oklahoma

Child - Rural Area Services

Child - Describes how community-based services will be provided to individuals in rural areas

Rural area services.   All rural community mental health centers provide case management services to children. Most of the treatment is provided in the child's home or a community-based location. Transportation continues to be a problem in rural areas of the state.

Twenty-six of the state's 30 Systems of Care sites are located within rural settings. These sites have engaged a broad stakeholder base to coordinate care, leverage resources, and improve services to children and their families in rural settings.

In addition, ODMHSAS offers "TEENLINE" a toll-free hotline. The service is open afternoons, evenings, and weekends. Volunteers from high schools and universities staff the hotline. The 'TEENLINE' system provides assistance to teens in crisis and refers adolescents to the nearest treatment provider. Needed mental health and substance abuse information for adolescents and their families is provided by phone.

The Oklahoma Prevention Resource Center provides information and referral and distributes brochures/videos about substance abuse, mental health, parenting, and other prevention issues.

Oklahoma

Child - Transformation Efforts and Activities in the State in Criteria 4

Child - Describes mental health transformation efforts and activities in the State in Criteria 4, providing reference to specific goals of the NFC Report to which they relate.

Criterion 4. Transformation Efforts and Activities – Children's Services. The following are examples of transformational activities to support services to children and their families who are homeless or in rural settings. (Oklahoma's Comprehensive Plan and New Freedom Commission Goals are included in parentheses.)

- Co-occurring and trauma-informed screening will be expanded to other state services systems with a particular focus on identifying needs of families with children who are homeless. (Goal 4)
- The Comprehensive Plan will be updated within the context of recently developed Olmstead Strategic Plan to highlight areas for needed coordination on behalf of families and children who are homeless are at risk of homelessness. (Goal 3)
- Collaborative planning and training between the ODMHSAS service system and the 2-1-1 Collaborative will increase knowledge and understanding around resources and the needs of families with children seeking services within rural settings. (Goal 1).

Oklahoma

Child - Resources for Providers

Child - Describes financial resources, staffing and training for mental health services providers necessary for the plan;

SFY08 Budget. Community based mental health services are budgeted at $145,718,534 in SFY2008 which is 48% of the Department's overall budget. State adult and children's psychiatric hospital budgets total 19.1% of the Department's budget. Remaining areas of the DMHSAS budget support substance abuse treatment and prevention activities. In SFY2007, the community-based services budget was $133,909,238 or 48% of the total agency budget. Hospital budgets in 2007 totaled 18.3% of the agency total. These totals do not reflect specific allocations by populations, including adults, older adults, or children.

Oklahoma

Child - Emergency Service Provider Training

Child - Provides for training of providers of emergency health services regarding mental health;

Emergency Service Provider Training. ODMHSAS provides numerous training opportunities for staff development throughout the year.   These are also described in the Adult section of the plan. The Annual Children's Behavioral Health Conference brings together approximately 700 participants. Many participants work in first response settings, including emergency rooms, ambulance services, and law enforcement.   Systems of Care partners statewide also engage law enforcement and other first responders in various training, planning, and wrap around work on behalf of children and families. The ODMHSAS prevention staff also provide training in various suicide intervention and crisis techniques to emergency room, health personnel, law enforcement staff, and school districts.

Oklahoma

Child - Grant Expenditure Manner

Child - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

Grant Expenditure Manner. The following table describes the manner in which the State intends to expend the grant on behalf of children's services under Section 1911 for the fiscal years covered in this application.

Category	2008	2009	2010
Proposed Use of MHBG Funds FFY 2008, 2009, and 2010* **Children's Services** *Note: State can not commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle*			
Child, Youth, and Family Surveys	46,500	46,500	46,500
Children's Basic Services	590,500	590,500	590,500
Children's Systems of Care	487,000	487,000	487,000
Statewide Advocacy and Support	32,000	32,000	32,000
To be determined	29,500	29,500	29,500
Subtotal Children	1,185,500	1,185,500	1,185,500
MHBG Administration	148,867	148,867	148,867
Subtotal Adults	3,287,250	3,287,250	3,287,250
Totals Initial and Modified Use of Funds for FFY2006 and FFY2007 Awards	**4,621,617**	**4,621,617**	**4,621,617**

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	4,649	5,654	5,613	6,000	6,200	6,500
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.1 Increase Access to Services (NOM #1)

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

Population: Children served in ODMHSAS public system

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: 1.1 Number of children served in ODMHSAS system (NOM #1)

Measure: Number of children with documented mental heatlh services in ODMHSAS data system

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: • 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
• Analyze Management Reports 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

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	3.16	3.18	3	3	3	3
Numerator	15	15	--	--	--	--
Denominator	474	471	--	--	--	--

Table Descriptors:

Goal: 1.2 Reduced Utilization of Psychiatric Inpatient Beds (NOM #2)

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
3:Children's Services

Indicator: 1.2 Percent of persons readmitted within 30 days.(NOM #2)

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: • 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

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	6.96	7.64	6.40	6	6	6
Numerator	33	36	--	--	--	--
Denominator	474	471	--	--	--	--

Table Descriptors:

Goal: 1.3 Reduced Utilization of Psychiatric Inpatient Beds (NOM #2)

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
3:Children's Services

Indicator: 1.3 Percent cent of persons readmitted within 180 days (NOM #2)

Measure: 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. 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: • 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

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1) Fiscal Year	(2) FY 2005 Actual	(3) FY 2006 Actual	(4) FY 2007 Projected	(5) FY 2008 Target	(6) FY 2009 Target	(7) FY 2010 Target
Performance Indicator	0	0	0	0	0	0
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.4 N/A Expanded Use of Evidenced Based Practices (NOM #3)

Target: N/A

Population: N/A

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Measure: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Sources of Information: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Special Issues: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Significance: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Action Plan: N/A - NOM #3 - MST, FFT, TFC not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

State has data for other EBPs that are implemented utilizing accepted fidelity measures.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 1.5 N/A Expanded Use of Evidenced Based Practices (NOM #3)

Target: N/A

Population: N/A

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Measure: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Sources of Information: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Special Issues: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Significance: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Action Plan: N/A - NOM #3 -TFC is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

State has data for other EBPs that are implemented utilizing accepted fidelity measures.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	1.6 N/A Expanded Use of Evidenced Based Practices (NOM #3)
Target:	N/A
Population:	N/A
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	N/A - NOM #3 - MST not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.
Measure:	N/A - NOM #3 - MST not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.
Sources of Information:	N/A - NOM #3 - MST not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.
Special Issues:	N/A - NOM #3 - MST not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.
Significance:	N/A - NOM #3 - MST not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.
Action Plan:	N/A - NOM #3 - MST is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

State has data for other EBPs that are implemented utilizing accepted fidelity measures.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:

Target: N/A

Population: N/A Expanded Use of Evidenced Based Practices (NOM #3)

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: N/A - NOM #3 - FFT is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Measure: N/A - NOM #3 - FFT is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Sources of Information: N/A - NOM #3 - FFT is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Special Issues: N/A - NOM #3 - FFT is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Significance: N/A - NOM #3 - FFT is not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

Action Plan: N/A - NOM #3 - FFT not offered within the ODMHSAS funded system. Other EBPs are utlized but are not to be counted per URS instructions.

State has data for other EBPs that are implemented utilizing accepted fidelity measures.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	81.96	89.93	80	80	80	80
Numerator	268	268	--	--	--	--
Denominator	327	298	--	--	--	--

Table Descriptors:

Goal: 1.8 Improved Client Perception of Care (NOM #4)

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
3:Children's Services

Indicator: 1.8 Percentage of parents/guardians of children and youth receiving services that report positive outcomes of care. (NOM #4)

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:
• 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

Transformation Activities: ☐

Name of Performance Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	25	30	30	40	40
Numerator	N/A	7	--	--	--	--
Denominator	N/A	28	--	--	--	--

Table Descriptors:

Goal:	1.9 Return to/Stay in School (NOM #5)
Target:	Increase Percent of Children who reported an improvement in their School Attendance
Population:	Children receiving community mental health services.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	1.9 Percent of children who report an improvement in school attendance over the prior year. (NOM # 5)
Measure:	Numerator: The number reporting improvement (both new and continuing clients) Demonominator: Of all children served, those who indicate a response on the survey for question regarding school attendance.
Sources of Information:	Perception of Care Surveys.
Special Issues:	NOTE: data not available for 2005 based on current NOMS guidance.
Significance:	
Action Plan:	• Continue to utilize Perception of Care Surveys to collect information from families and from youth receiving services. • Analyze reports and identify trends are areas needed for improvement. • Develop action plans, including targeted technical assistance, with guidance from Director of ODMHSAS Children and Family Services.

CHILD - GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	0	50	50	40	40
Numerator	N/A	0	--	--	--	--
Denominator	N/A	1	--	--	--	--

Table Descriptors:

Goal: 1.10 Decreased Criminal Justice Involvement (NOM #6)

Target: Decrease in percent of children or youth who have been re-arrested following earlier prior invovlement with juvenile justice systems.

Population: Children and youth served in ODMHSAS community based system and for whom information are provided on prior year arrest data.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: 1.10 Percent of children and youth who were not re-arrested in last year. (NOM #6)

Measure: Numerator: Number of children or youth who were arrested in time period one (year one) 1 who were not rearrested in time period two (year two)

Denominator: The number of people arrested in time period one (year one)

Sources of Information: Perception of Care surveys.

Special Issues: Data currency and accuracy.
Continuity of mental health and substance abuse services for children and yout with histories of juvenile justice involvement.

Significance: Assertive outreach, welcoming enviroments, and cross-system collaboration are needed to support recovery for children, youth, ad their families with prior justice systems involvement.

Action Plan: •Cross agency collaboration and planing between ODMHSAS, the Office of Juvenile Affiars, and local law enforcement and judicial systems.
•Monitoring and expansion of wrap around services for children involved with juvenile justice systems.
•Outcomes reporting and progress summaries to advocate for increased funding for jail diversion, mental health/drug courts, and re-entry supports.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: N/A Increased Social Supports/Social Connectedness (NOM #8)

Target: N/A

Population: N/A

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: N/A (NOM #8) - Developmental

Measure: N/A (NOM #8) - Developmental

Sources of Information: State is awating directions from CMHS to determine how to calculate this NOM.

Special Issues: State is awating directions from CMHS to determine how to calculate this NOM.

Significance: State is awating directions from CMHS to determine how to calculate this NOM.

Action Plan: State is awating directions from CMHS to determine how to calculate this NOM.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: N/A Improved Level of Functioning (NOM #9)

Target: N/A

Population: N/A

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: N/A (NOM #9) - Developmental

Measure: N/A (NOM #9) - Developmental

Sources of Information: State is awating directions from CMHS to determine how to calculate this NOM.

Special Issues: State is awating directions from CMHS to determine how to calculate this NOM.

Significance: State is awating directions from CMHS to determine how to calculate this NOM.
Action Plan: State is awating directions from CMHS to determine how to calculate this NOM.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Child Goal 1.14 Inpatient Follow-up Within 7 Days

(1) Fiscal Year	(2) FY 2005 Actual	(3) FY 2006 Actual	(4) FY 2007 Projected	(5) FY 2008 Target	(6) FY 2009 Target	(7) FY 2010 Target
Performance Indicator	27	28.92	.17	.20	.25	.25
Numerator	27	24	--	--	--	--
Denominator	100	83	--	--	--	--

Table Descriptors:

Goal: 1.14 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: 1.14 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: .

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: • 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 1.15 Crisis Follow-up Within 7 Days

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	19.14	32.61	41	50	50	50
Numerator	85	226	--	--	--	--
Denominator	444	693	--	--	--	--

Table Descriptors:

Goal:	1.15 Improved Continuity of Care to Support Recovery and Community Reintegration
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:	1.15 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:	
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:	• 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

Transformation Activities: ☐

Name of Performance Indicator: Child Goal 2.1 Child Penetration Rate

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	3.49	2.95	3	4	4	5
Numerator	2,037	1,721	--	--	--	--
Denominator	58,392	58,392	--	--	--	--

Table Descriptors:

Goal: 2.1 Increase Access to Services

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: 2.1 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 fro 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: • 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
• Analyze Management Reports 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

Transformation Activities: ☑☐

Name of Performance Indicator: Child Goal 2.2 Alternative Service Locations

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	100	100	100	120	130	140
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 2.2 Increased Access to Services

Target: Increase number of Community Mental Health Center staff who provide direct services in public school settings

Population:

Criterion: 3:Children's Services

Indicator: 2.2 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:
• 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

Transformation Activities: ☑ ☐

Name of Performance Indicator: Child Goal 2.3 Transition Youth Served

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	10.23	12.08	16	20	20	20
Numerator	43	43	--	--	--	--
Denominator	420	356	--	--	--	--

Table Descriptors:

Goal: 2.3 Increase Access to Services

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: 2.3 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:

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: • 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

Transformation Activities: ☑☐

Name of Performance Indicator: Child Goal 3.1 Child Care Facility Consultations

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	40	61	70	70	75	80
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 3.1 Provide Early Intervention and Access to Children in Need or At Risk (

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: 3.1 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:
- 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

Transformation Activities:☐

Name of Performance Indicator: Child Goal 3.2 Referrals to Systems of Care

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	100	197	234	250	300	300
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	3.2 Improve Coordination with Public Schools
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:	3.2 Number of children referred by public schools to Systems of Care
Measure:	Number of children referred to Systems of Care for whom public schools is indicated as referral source
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:	• 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

Transformation Activities: ☐

Name of Performance Indicator: Child Goal 4.1 Rural Children Services

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	2,425	2,771	2,698	3,000	3,200	3,400
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal:	4.1 Improved Access to Services and Supports in Rural Communities
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:	4.1 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:	• 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 (Federation of Families) in development of local affiliates and chapters

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Child Goal 5.1 Training to First Responders and Other Community Service Providers

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2008 Target	FY 2009 Target	FY 2010 Target
Performance Indicator	N/A	N/A	40	50	100	100
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: 5.1 Improved Skills for Responders who Encounter Children and Their Families in Times of Crisis

Target: Increase number first responders (law enforcement, ER personnel, etc.) who recieve training from ODMHSAS to improve skills to support families and their children affected by crises

Population: Participants in ODMHSAS Psychological First Aid and similar classes

Criterion: 5:Management Systems

Indicator: 5.1 Number of Participants

Measure: Number of non-mental health professionals/providers participants who complete Psychlogical First Aid training as recorded by ODMHSAS Human Resources Management enrollment records.

Sources of Information: HRM Enrollment Records

Special Issues: First responders in fact are likely the first community level personnel with whom families interact during crises or disasters.

Significance: The skills and knowledge base with which responders approach and support children can decrease the likelihood of re-traumatizing as well in increase the likelihood that immediate needs are better met. Addressing the training of first responders is a MHBG requirement.

Action Plan:
• Review enrollment forms and other templates for records used by ODMHSAS training personnel
• Revise forms to capture data related to non-mental health providers who participate in training
• Facilitate collaboration between ODMHSAS HRM staff and Children's Services staff to market availability of Psychological First Aid Class
• Targeted marketing through mobile crisis teams and children's crisis center to specfically engage community level first responders (law enforcement, OKDHS, OJA, EMS and emergency room staff) in psychogical first aid.

Oklahoma

Planning Council Letter for the Plan

Upload Planning Council Letter for the Plan

Mental Health Planning and Advisory Council

Oklahoma Department of Mental Health and Substance Abuse Services

Billy Ray   Cindy Row
Chair   Vice Chair

August 29, 2007

As Chair of the Oklahoma Mental Health Planning and Advisory Council (OMHPAC), and on behalf of the members, I welcome this opportunity to comment on the OMHPAC's review of the three year Mental Health Block Grant (MHBG) application, FY2008-2010. The Council reviewed the application on August 9th and approved the following comments to be made on its behalf.

Throughout the year, the OMHPC has been involved in and has been provided with ongoing opportunities for input into the ODMHSAS plans for implementing services to Oklahomans in need of mental health services. The OMHPAC held a two day retreat that was facilitated by NAMPAC. This was a wonderful opportunity for new members to develop an understanding of OMHPAC's purpose. It also provided an opportunity for the Council to identify priorities for the upcoming year. The retreat provided the Council with many ideas that were carried forward by the planning committee of the OMHPAC and incorporated into the MHBG.

The OMHPAC continues to support the role ODMHSAS is taking in transforming our mental health and substance abuse services delivery system. The OMHPAC has continued to work with ODMHSAS in support of initiatives they have implemented through the grants the department has been awarded. The Innovation Center that was created through the TSIG grant has been effective in identifying and prioritizing the mental health and substance abuse needs of the state. Working committees based on the identified, prioritized needs were created with representation from the public and private sectors and from a variety of organizations. The priorities are aligned with the findings from the President's Freedom Commission report.

ODMHSAS and the OHMPAC continue to make significant strides in transforming services for the state of Oklahoma. Some of these highlights are listed below:

- Work continues to adopt and implement evidenced-based practices with children, adults and families.
- The Council has achieved greater diversity in membership with addition of members representing Native American tribes and more members representing rural areas and the aging population.
- A Council representative participates in the Governor's Transformation Advisory Board.
- The ODMHSAS continues to expand the number of Recovery Support Specialists in the workforce.
- Collaboration continues between ODMHSAS and the state Medicaid authority resulted in a Medicaid waiver to reimburse peer support services and family support specialists.
- The training of recovery support specialists has become more refined to ensure their success after they enter the workforce.

Billy Ray   Cindy Row
Chair   Vice Chair
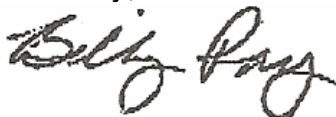
- The continued expansion of PACT teams and Systems of Care projects throughout the state particularly in rural areas.
- Council members represented the OMHPAC at the multi-state meeting on Individual Development Accounts and at the "Making the Mental Health System Meet the Needs of Older Adults with Mental Illness."
- Three Council members participated in the 2007 National Joint Conference for the Mental Health Grant and Statistics.
- Continued collaboration between ODMHSAS and the Department of Corrections to serve the mental needs of inmates while incarcerated and after their release from correctional facilities.

The OMHPAC was disappointed that there was not an increase in funding form the state legislature for core services, because unmet needs continue to exist. One of the Council's priorities is to work more closely with ODMHSAS in providing the legislature with information that demonstrates the need for increased funding. Other areas of concern and focus for the upcoming year include access to affordable housing, improved residential care facilities, addressing the mental health needs of veterans returning from Iraq and Afghanistan, transition services for youth aging into the adult system and the impact of legislation as it effects services for immigrants with mental health needs. The Council continues to recruit youth members to provide a voice on the Council. The Council has also expressed the desire to be more active in the monitoring and review of mental health services within the state.

In summary, the Council values it's relationship with the ODMHSAS and the responsiveness of ODMHSAS to the issues/concerns raised by the Council. The Council collectively supports the work being done by ODMHSAS to improve access to quality for Oklahomans. We appreciate the opportunity to have had input in the development of the MHBG.

Should you have any questions regarding this letter, I can be reached at (405) 605-6112 or our Vice-Chair, Cindy Rowe at (918) 273-1841. On behalf of the Council, we appreciate the opportunity to comment on our MHBG application.

Sincerely,

Billy Ray, Chair
Oklahoma Mental Health Planning and Advisory Council

CC: Terri White, ODMHSAS Commissioner
      Carrie Slatton-Hodges, Deputy Commissioner for Mental Health
      Steven Buck, Deputy Commissioner for Prevention and Communication
      Caletta McPherson, Deputy Commissioner for Substance Abuse Services

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Oklahoma

Appendix A (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.