



***OKLAHOMA DEPARTMENT OF
MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES***

**MENTAL HEALTH BLOCK GRANT
FY 2005-2007 APPLICATION**

September 1, 2004

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EXECUTIVE SUMMARY

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) submit this FY2005-2007 Mental Health Block Grant Application on behalf of the State of Oklahoma following guidelines published by the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services. The Plan was developed and evaluated by persons served, family members, advocates, ODMHSAS staff, representatives from various state agencies, and direct service providers.

The process by which this plan was developed was particularly useful to ODMHSAS. Specifically, the Mental Health Planning Council undertook a 6-month study to analyze the six goals articulated in the President's New Freedom Commission on Mental Health Report, Achieving the Promise: Transforming Mental Health Care in America. This study culminated in a 2-day retreat at the conclusion of which the Council listed recommendations and priorities for ODMHSAS's consideration in the development of a new State Plan. This Application reflects those priorities.

This Plan also identifies multi-year themes which are continuing to play out in Oklahoma's public mental health system. Those themes are providing a foundation to enhance recovery, implement evidence-based practices, and support consumer directives. These themes are evident in developments related to both the adult and the child systems.

Goals within this Plan are based on the Council's recommendations and the themes identified by ODMHSAS. The goals emphasize improved access, continuity of care, persons served as providers, linkages with public schools, suicide prevention, expanded use of technology, and evidence-based practices to assure good outcomes for adults and children served. State Specific Indicators as well as all required Core Performance Indicators are included.

The FY2005-2007 Plan is a product of meaningful and continuing partnerships between persons served, families and advocates, the Mental Health Planning Council, other state agencies, providers and the ODMHSAS. Further, ODMHSAS and its partners are committed to the flexibility and creativity needed to implement this Plan and to achieve transformation desired by the state. Readers are encouraged to review this Plan with these factors in mind.



Brad Henry
Governor

February 28, 2003

Dr. Terry Cline, Commissioner
Department of Mental Health and Substance Abuse Services
1200 N.E. 13th
Oklahoma City, Oklahoma 73152

Dear Dr. Cline:

This is to affirm the Department of Mental Health and Substance Abuse Services is, by state statute, the authority for mental health, substance abuse, domestic violence, and sexual assault services. I hereby designate you, as Commissioner of the Department of Mental Health and Substance Abuse Services, to serve as the Approving Authority on grant applications developed and submitted for consideration on behalf of your department.

I certify the responsibility for management of the grants will be vested in the Department of Mental Health and Substance Abuse Services, and the Department will be responsible to the federal government, the Legislature of the State of Oklahoma, and to me for carrying out the provisions of the grant related to these expenditures.

Sincerely,


Brad Henry

Attachment A

**COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING
AGREEMENTS**

FISCAL YEAR 2005

I hereby certify that STATE OF 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 State²¹ 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 2005, 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).

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

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

- (A) Services principally to individuals residing in a defined geographic area (referred to as a "service area")
- (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- (C) 24-hour-a-day emergency care services.
- (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
- (E) Screening for patients being considered for admissions to State mental health facilities to determine the appropriateness of such admission.

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

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

Section 1914:

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

(b) The duties of the Council are:

- (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

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

- (A) the principle State agencies with respect to:
 - (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
 - (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;
- (B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
- (C) adults with serious mental illnesses who are receiving (or have received) mental health services; and
- (D) the families of such adults or families of children with emotional disturbance.

(2) A condition under subsection (a) for a Council is that:

- (A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

Section 1915:

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

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

(b)(1) The State will maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

Section 1916:

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

(1) to provide inpatient services;

(2) to make cash payments to intended recipients of health services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit entity.

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

Section 1941:

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

Section 1942:

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

(1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and

(2) the recipients of amounts provided in the grant.

(b) The State will, with respect to the grant, comply with Chapter 75 of Title 31, United States Code. [Audit Provision]

(c) The State will:

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 and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Terry Chin, Ph.D.</i>	TITLE <i>Commissioner</i>
APPLICANT ORGANIZATION Oklahoma Department of Mental Health and Substance Abuse Services	DATE SUBMITTED <i>8-27-04</i>

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Terry Cline, Ph.D.</i>	TITLE Commissioner
APPLICANT ORGANIZATION Oklahoma Department of Mental Health and Substance Abuse Services	DATE SUBMITTED 8-27-04

**Maintenance of Effort Expenditures
Oklahoma Department of Mental Health and Substance Abuse Services**

Community Mental Health

	Calculated (Base Year) SFY-94	Actual Expenditures SFY-02	Actual Expenditures SFY-03	Actual Expenditures SFY-04
Appropriation / Expenditure	\$21,168,122	\$67,323,031	\$59,341,983	\$63,417,275
Children's Expenditures	\$3,261,133	\$4,384,734	\$4,928,977	\$6,318,436
Block Grant Children's Set- Aside	--	\$615,475	\$615,475	\$615,475

State Mental Health Planning Council Requirements

Membership Requirements and Membership Lists. The Oklahoma Mental Health Planning Council (OMHPC) conforms to membership requirements as stipulated by Section 1914 (c) of the Public Health Service Act. The attached forms verify membership the required representations.

Planning Council Charge, Roles, and Activities. Copies of the OMHPC By Laws are included in this Application. Article I. Section 2. of the Bylaws states, the Council is to:

- Review plans provided to the Council and submit to the State any recommendations of the Council for modifications to the plans;
- Serve as an advocate including the promotion of the quality of life for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and,
- Monitor, review, and evaluate not less than once each year, the allocation and adequacy of mental health services within the State.

The attached letter from the Council Chair outlines how the OMHPC has fulfilled these responsibilities.

Council Comments and Recommendations. The attached letter describes the Council's activities related to the preparation, review, and recommendations on the FY2005-2007 plan.

Opportunities for Public Comment. All Council meetings are conducted in accordance with Oklahoma's Open Meetings Act. Accordingly, meeting schedules and agenda are published and widely circulated. Each meeting includes a specific time for public comment directly related to the Mental Health Block Grant Plan. Comments are recorded and evaluated by the State for further consideration.

BYLAWS

STATE MENTAL HEALTH PLANNING COUNCIL FOR THE OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ARTICLE I AUTHORIZATION AND PURPOSE

Section 1. Authorization

The State Mental Health Planning Council for the Oklahoma Department of Mental Health and Substance Abuse Services is established in accordance with the provisions of PL 102-321.

Section 2. Purpose

The purpose of the State Mental Health Planning Council is to:

- a. review plans provided to the Council and to submit to the State any recommendations of the Council for modifications to the plans;
- b. serve as an advocate in promoting quality of life for all adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- c. monitor, review and evaluate not less than once each year, the allocation and adequacy of mental health services within the State.

ARTICLE II COUNCIL COMPOSITION

Section 1. Membership

The Mental Health Planning Council will consist of 35 members. The Planning Council shall be made up of residents of the State of Oklahoma appointed by the DMHSAS Commissioner, and include representatives of 1) the principal State agencies involved in mental health, the Medicaid agency, education, vocational rehabilitation, criminal justice, housing, and social services including but not limited to the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Health Care Authority, Oklahoma Department of Education, Oklahoma Department of Rehabilitation Services, Department of Corrections, Office of Juvenile Affairs, Oklahoma Finance Agency, and the Oklahoma Department of Human Services; 2) public and private entities concerned with the need, planning, operation, funding and use of mental health services and related support activities including but not limited to the Oklahoma Mental Health Consumer Council and NAMI-Oklahoma; 3) adults with serious mental illnesses who are receiving (or have received) mental health services; and, 4) the families of such adults and 5) families of children with emotional disturbances.

The ratio of parents of children with a serious emotional disturbance to other members of the Council will be sufficient to provide adequate representation of such children in the deliberations of the Council.

ARTICLE III VACANCIES

Section 1. Absences

Three (3) consecutive absences from regularly scheduled meetings without sufficient or overriding reason may constitute grounds for removal from membership.

Section 2. Removal from Membership

Removal shall be accomplished by a simple majority vote of the Council membership present in accordance with quorum guidelines.

Section 3. Replacement of Members

The Council and DMHSAS staff shall review vacancies on the Council.

Recommendations for appointment shall be approved by a majority vote of the Council and conveyed to the Commissioner from the Council for action.

Section 4. Terms

State agencies shall have permanent membership. The appointments will be at the discretion of the Agency Director. All other members, which include consumers, family members of consumers, family members of SED children, consumer advocates and providers shall be appointed for one three year term, with the option of a second three year term. The member must sit out one year. They will then be eligible for membership on the Council again. The Council shall vote on the optional term. At the end of two terms, they shall sit out at least one year until reappointment.

ARTICLE IV OFFICERS OF THE COUNCIL

Section 1. Officers

The members of the Council shall select a Chairperson, and Vice-Chairperson and Parliamentarian. These persons shall constitute the Executive Committee.

Any Council member may be selected for an elected office

Section 2. Terms of Office

Terms of office shall be one (1) year. Each officer shall serve until the election of a successor. If a member is serving in office during the end of their term as a member, they will finish their term of office.

Section 3. Vacancies in Office

Any vacancies in office during an unexpired term shall be filled by an election of the Council and the elected person shall hold office for the remainder of the unexpired term of office.

Section 4. Duties of the Chairperson

The Chairperson shall:

- a. Preside at all meetings of the Council, and
- b. In consultation with the DMHSAS Liaison, determine the Agenda.
- c. Participate as ex-officio member of all committees
- d. Be responsible for any official letters required for the Council
- e. Represent the Planning Council at State and Federal meetings.

Section 5. Duties of the Vice-Chairperson

The Vice-Chairperson shall preside at Council meetings in the absence of the Chairperson.

Section 6. Duties of Parliamentarian

The Parliamentarian shall be responsible for maintaining orderly meetings and assisting with compliance Robert's Rules of Order, Newly Revised.

Section 7. Secretary

The DMHSAS staff Liaison shall act as Secretary to the Council and be responsible for Open Meetings and Open Records Act compliance.

ARTICLE V MEETING OF MEMBERS

Section 1. Annual Meeting

The annual meeting of the Council shall be the January meeting, at which time the election of officers shall be held.

Section 2. Other Meetings

The Executive Committee may call other meetings and workshops at any time. The Executive Committee shall call a special meeting at the request of a majority of the members of the Council.

Section 3. Notice of Meetings

A written notice shall be mailed to each member of the Council at least ten (10) days prior to the date of any regular or special meeting.

**ARTICLE VI
QUORUM**

Section 1. Quorum

A quorum will consist of one-third (1/3) of the members of the Council.

**ARTICLE VII
VOTING**

Section 1. Quorum Present

Votes shall be accomplished only when a quorum is present. A vote of a majority of those present is required to carry a motion.

Members will abstain from voting on issues which relate to a possible conflict of interest, i.e., funding to a program in which they are a salaried employee or a member of the governing or advisory board. A record of abstentions shall be part of the minutes.

**ARTICLE VIII
AMENDMENTS**

Section 1. Amendment or Repeal

These Bylaws may be amended or repealed at any regular meeting of the Oklahoma Mental Health Planning Council by a two-thirds vote provided that the amendment has been submitted in writing at the previous regular Planning Council meeting.

Proposed amendments shall be received by the DMHSAS Liaison and circulated to the members of the Council.

**ARTICLE IX
PARLIAMENTARY AUTHORITY**

The rules contained in the current edition of Robert's Rules of Order, Newly Revised, shall govern the Oklahoma Mental Health Planning Council in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Planning Council may adopt.

Dated: 8-22-2000


Chairperson

Oklahoma Department of Mental Health and Substance Abuse Services

Mental Health Planning Council - Membership Roster

NAME	Type of Membership	Agency or Organization Represented
Mary Howell	State Agency (Vocational Rehabilitation)	Oklahoma Department of Rehabilitation Services
Teresa Capps	State Agency (Youth Center)	Oklahoma Department of Mental Health and Substance Abuse Services
Suzanne Rogers	Family Member/Child and Adolescent	
Robert Powitzky	State Agency (Corrections)	Oklahoma Department of Corrections
Tom Bell	State Agency (Education)	Oklahoma Department of Education
Debbie Spaeth	State Agency (Medicaid Agency)	Oklahoma Health Care Authority
Kaye Rote	Consumer	Consumer Council
Sandy Pruitt	Consumer	
Leslie Gilkeson	State Agency (Substance Abuse Services)	Oklahoma Department of Mental Health and Substance Abuse Services
Jess Allen	Consumer	
Kayla Bower	Advocate	Oklahoma Disability Law Center
Brenda Smith	Provider	Forever Homes Attachment Center
Nancy Long	State Agency (Human Services)	Department of Human Services
Phil Elzo	State Agency (Housing Finance)	Oklahoma Housing Finance Authority
Michael Caruso	Consumer	
Jane Glen	Advocate	
Rose Anne Howlett	Family Member/Adult	
Jeff Tallent	Advocate	NAMI
Steve Grissom	State Agency (Children's Services)	Office of Juvenile Affairs
Sara Barry	Advocate	
Jan Garvin	Family Member/Child and Adolescent	
Melody Andrews	Family Member/Child and Adolescent	
William D. Thomas	Consumer	Depression and Bipolar Support Alliance
Debra Andersen	State Agency (Child Guidance)	Oklahoma Department of Health
Stacey Hatcher	Family Member/Child and Adolescent	

Table 2. Planning Council Composition by Type of Member

Type of Council Members	Number	Percentage of Total Membership
TOTAL MEMBERSHIP	25	
Consumers/Survivors/Ex-patients (C/S/X)	5	
Family Members of Children with SED	4	
Family Members of Adults with SMI	1	
Vacancies		
Others (not state employees or providers)	4	
TOTAL C/S/X, Family Members & Others	14	56%
State Employees	10	
Providers	1	
Vacancies		
TOTAL State Employees & Providers	11	44%

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 related support services.

Mental Health Planning Council

Oklahoma Department of Mental Health and Substance Abuse Services

Sara Barry
Chair

Sandy Pruitt
Vice Chair

August 19, 2004

Kathryn Power, Director
Center for Mental Health Services
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Dear Ms. Power:

As Chair of the Oklahoma Mental Health Planning Council (OMHPC), and on behalf of the members, I welcome this opportunity to comment on the OMHPC's review and input into the planning of the Mental Health Block Grant (MHBG) Application request for the year 2005.

Throughout the year, the OMHPC has been involved in and has been provided with ongoing opportunities for input into the Mental Health Department's plans for implementing services to Oklahomans in need of mental health services. The OMHPC continues to have an investment in and commitment to the planning of services, which are provided with MHBG funds, as well as services provided throughout the state's mental health system.

With the release of The President's New Freedom Commission Report, this year the OMHPC took a novel approach and attempted to ensure that the goals and recommendations of The Report were incorporated into Oklahoma's Application for MHBG funds and our state transformation. This was a strategic and collaborative process that began with the OMHPC reviewing, in depth, each of the six goals, including specific recommendations, of The Report. With the help of our Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) staff, the OMHPC committed the first hour of each of our monthly meetings for the first five months of this calendar year to reviewing The Report (one goal was reviewed in each meeting with the exception of Goal 5 and Goal 6 being reviewed together in our May meeting). After a detailed presentation of each goal by ODMHSAS staff, each goal was reviewed in a "talking points" forum - the input and commentary that was generated during these discussions was documented. We then received technical assistance from the National Association of Mental Health and Advisory Planning Councils (NAMHPAC) at a retreat of the OMHPC on June 29th. They assisted us in synthesizing and prioritizing the ideas that were generated in our monthly meetings. This assistance and support was invaluable and we were extremely pleased with the results of this process. Finally, a Planning Workgroup was appointed to work with ODMHSAS staff to incorporate our recommendations in to the MHBG Application.

On August 19, 2004, the entire OMHPC completed a review of the Application to provide recommendations and commentary concerning the final Application document. Following is a list of these comments and recommendations:

Phone: (405) 522-5366 P.O. Box 53277 Oklahoma City, OK 73152-3277 FAX: (405) 522-3650

Strengths and Achievements

- This year we have seen an increase in participation in our meetings, especially in the area of state agency representatives as a result of the efforts of our ODMHSAS Commissioner at the request of our OMHPC.
- Also, we have seen much improvement in the area of OMHPC members working collaboratively in the interest of the whole system rather than promoting self-interest items.
- We have been fortunate to see an improvement in our state's financial situation over the terrible budget crisis we experienced the past 2 years.
- We are seeing a continued increase in the amount of interagency collaboration.
- There has been an increase in the utilization of peer support services.

Ongoing Challenges and Identified Needs

- Only two mental health courts have just been funded in Oklahoma. On the other hand, drug courts are funded in a greater number of counties throughout the state. The Council is hopeful for additional funds to be designated to establish more mental health courts.
- Legislative term limits will be going into effect and it is anticipated that this will have a significant impact.
- We continue to experience inadequate treatment access for co-occurring disorders, especially in rural areas.
- We continue to have inadequate funding for incubation programs for homeless individuals that do not meet the criteria for standard housing programs, such as individuals with criminal records.
- We have a need to expand peer/recovery support services to families of children and adolescents transitioning from the children to the adults system.
- We reportedly continue to exhibit a lack of cultural competence in specific programs targeting children and adolescents.
- Oklahoma's estimated prevalence rate for persons with mental illness is estimated to be the highest in the nation in accordance with a recent SAMHSA household survey.

The OMHPC intends to continue working closely with ODMHSAS to determine strategies and resources by which current and future challenges can be addressed. The OMHPC is committed to making improvements in our state's mental health system and we appreciate the opportunities provided through the MHBG process and invited by ODMHSAS so that Oklahoma can forward with the system transformation called for in The Report.

If you have any questions regarding this letter or OMHPCs involvement in this process, please feel free to contact me at (405) 520-6494 or our Vice Chair, Sandy Pruitt, at (405) 632-1900.

Sincerely,



Sara Barry, Chair
Oklahoma Mental Health Planning Council

PART C. State Plan

Introduction - Overview of State Demography and Economics

The population of Oklahoma is 3,489,800 based on the 2002 estimated U.S. Census. Of this population, 892,360 individuals (24%) are under the age of eighteen; 2,558,294 individuals (74%) are 18 years of age or older. Approximately 539,188 (15%) of the population is over age 62. The median age is 35 years old.

Oklahoma has a land area of 69,919 square miles and ranks 18th in the nation in size. Five counties of the 77 counties in the state are considered urban. The remaining 72 counties are rural. Fifty-nine percent of Oklahoma's population is concentrated in three urban areas (Lawton, Oklahoma City, and Tulsa). The rural population is spread across the northwest, west central, and southeast regions of the state. This urban/rural pattern has a significant impact on the delivery of services in Oklahoma.

Oklahoma is ethnically diverse. The history of African Americans in Oklahoma is a story unlike any to be found in the United States. African Americans came to this region as cowboys, settlers, gunfighters, and farmers. By statehood in 1907, they outnumbered both Indians and first- and second-generation Europeans. They created more all-black towns in Oklahoma than in the rest of the country put together. Eventually 27 black towns grew to encompass ten percent of Indian Territory's population.

Oklahoma has the largest American Indian population of any state. The name "Oklahoma" comes from the Choctaw words: "okla" meaning people and "humma" meaning red, so the state's name literally means "red people." Many of the 273,230 American Indians living in Oklahoma today are descendents from the original 67 tribes inhabiting Indian Territory including the Cherokee, Choctaw, Chickasaw, Creek, Seminole, Osage, Cheyenne, Sac and Fox, Delaware, Apache, and Pawnee. Thirty-nine tribes have administrative headquarters in the state. There are Indian owned lands but no reservations.

Recent census data indicates that 74% of the State's population is white, 8% Native American, 8% African American, 1% Asian, .1% Asian Pacific Islander, and 5% of Hispanic origin. The greatest growth in the past ten years has been among persons of Hispanic origin.

Despite a positive economic outlook, Oklahoma continues to be a poor state. Per capita personal income during 2002 was \$20,900, tenth lowest in the nation. Counties in southern and eastern Oklahoma have the lowest per capita income in the state, about one-half the national average. A recent Columbia University study estimated that one-third of Oklahoma's children live in poverty. The state ranked ninth in poverty rates for children.

The number of Oklahomans without health insurance hit an 11-year high in 2003, according to figures recently released by the U.S. Census Bureau. An estimated 701,000 state residents – roughly one in five – were not covered by health insurance. The estimated rate of uninsured in the state increased from 17.3 percent in 2002 to 20.4 in 2003. Voters will have the opportunity to vote for an increased tobacco tax in November 2004. Revenue from the tax will be used to increase health access for under- and uninsured Oklahomans.

SECTION ONE: Description of State Service System

ODMHSAS History and Role. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) was established through the Mental Health Law of 1953 to ensure entitlement of all Oklahoma residents who are mentally ill to care and treatment in accordance with the highest standards of medical practice. An eleven-member board appointed by the Governor governs ODMHSAS. 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 single state authority for mental health, substance abuse, and domestic violence/sexual assault services.

Mission. The mission of ODMHSAS is to promote healthy communities and provide the highest quality of care to enhance the well-being of all Oklahomans.

Vision Statement. Services available through the Oklahoma Department of Mental Health and Substance Abuse Services will promote productive lifestyles and set the national standard for prevention, treatment, and recovery for those affected by mental illness, substance abuse disorders, and domestic and sexual violence.

Values and Behaviors. The Board, Commissioner, and all constituencies envision active partnerships among those receiving services, their families, provider organizations, and community leaders dedicated to promoting quality of life, safety, and well-being for the citizens of Oklahoma. Consumer choice, hope, family involvement and the belief in human potential are valued. ODMHSAS resources support each consumer's right to choose services that build on individual strengths, exist in a natural environment, and actively promote the consumer's human value and dignity. Every consumer and family member deserves and receives timely appropriate services.

The Department identified five goals through a strategic planning process to achieve its mission and vision statement.

- **Prevention/Education.** Decrease the incidence of domestic violence/sexual assault, substance abuse/chemical dependency and mental illness through increased awareness and understanding of the issues and the provision of prevention and early intervention services.
- **Treatment/Services.** People in Oklahoma will receive best-practice interventions and services delivered in a timely, culturally competent manner, which promotes recovery and an increased quality of life.
- **Capacity.** Program capacity throughout the state will be sufficient to address the size, composition, and distribution of the state's population.
- **Intersecting Services Needs.** Services provided through ODMHSAS will recognize and address the comprehensive and holistic needs of the people served.
- **Performance Improvement.** Continuous service and workplace improvements occur through the use of indicators and evaluation tools in decision making and implementation of services.

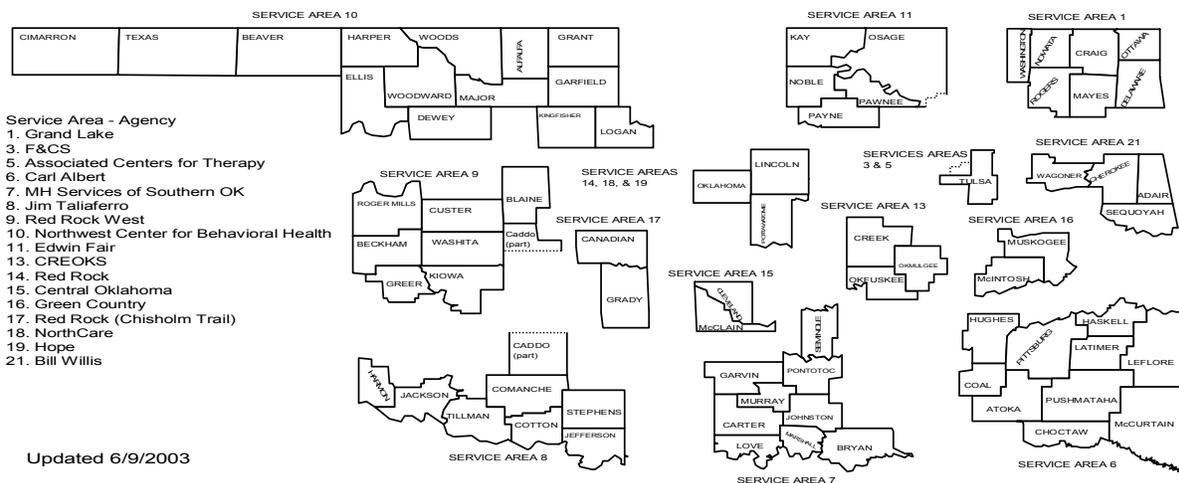
These continue to provide the foundation upon which primary planning, policy development, and funding proposals are based. The goals are also illustrated in a matrix which appears later in this application. That matrix cross-references the goals to the Achieving the Promise: The President's New Freedom Commission Report on Mental Health, and the Mental Health Planning Council priorities.

Administrative Structure. ODMHSAS has a centralized administrative structure. The Central Office of the Department allocates funds for mental health, substance abuse and domestic violence services to local providers. Local or county governments are not required to contribute funding for the provision of mental health services. Approximately 75 percent of all services funded by ODMHSAS are purchased from contracted nonprofit community operated organizations.

Delivery System. The core of the system is the 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 1.1). One center serves three service areas. The CMHCs are viewed as a network to assure access to a comprehensive array of community-based services in all counties throughout the State with 13 other organizations providing separate Community Based Services. 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 persons with mental illness is provided through 30 providers. The Department contracts for services with 82 nonprofit drug and alcohol programs and 27 domestic violence programs.

Figure 1.1

Community Mental Health Center Service Areas



Family and Consumer Support. ODMHSAS continues to support the activities of Oklahoma's National Alliance for the Mentally Ill (NAMI-Oklahoma and NAMI-Tulsa) the Oklahoma Mental Health Consumer Council, the Depression and Bipolar Support Alliance of Oklahoma (DBSA), the Oklahoma Federation of Families (dba Parents as Partners) and New Beginnings.

Consumer and family organizations were key partners in planning, monitoring, and evaluating community-based services in Oklahoma.

These organizations were helpful in the development of the ODMHSAS Office of Consumer Affairs. The Mental Health Planning Council was also effective in defining and advocating for this office as a key position on the Mental Health Division leadership team.

Advocacy. ODMHSAS is dedicated to protecting the rights of individuals who receive treatment in its hospitals, community mental health centers, and substance abuse programs. The department also safeguards the rights of residents in domestic violence shelters, residential care homes, and other facilities, which provide services to clients through contracts with the Department. To advocate for clients is to defend their rights and promote their interests. In order to carry out this legal and moral responsibility, the Department in 1990 established the Advocacy Division.

Providing information to clients and their families, investigating complaints, monitoring treatment facilities, training mental health system staff, and working with clients' rights organizations are some of the ways the Advocacy Division protects and promotes clients' rights. A representative from the Advocacy Division is assigned to each state-operated, contracted, and certified facility in the ODMHSAS system. The Advocacy Division is directly responsible to the Oklahoma Board of Mental Health and Substance Abuse Services.

Management Information Systems. Two divisions are responsible for the management information system of the Department: Information Services Division and Decision Support Services. Each has two sections. Information Services includes Application Development Unit, which is responsible for analysis, development, deployment, and maintenance for the Department's information systems. ICIS Field Support is responsible for the support, design coordination, training, and documentation for the Department's ICIS (Integrated Client Information System) and Fee4Service (automated service invoicing) systems.

The Decision Support Division works to address telecommunications, networking, program evaluation, and data analysis needs of state and private facilities and central administration. The two sections within DSS are Network and Telecommunications Support (NTS) and Evaluation and Data Analysis (EDA). NTS is responsible for maintaining the computer hardware and software necessary to operate ICIS, Oracle financial databases and other data system functions.

EDA staff extracts data from ICIS and other sources and compiles 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.

DSS staff works closely with other ODMHSAS divisions and work groups, and with representatives of other state and local agencies to contribute to data-based decision making. In addition to these activities, DSS staff participates in a number of national work groups supported by federal agencies, such as the Center for Substance Abuse Treatment, Center for Mental Health Services, and National Center for Health Statistics, that support the development of behavioral health data standards and best practice program evaluation.

Integrated Client Information Systems (ICIS). The Oklahoma Mental Health Information System (OMHIS) was developed in the late 1970s and underwent several revisions in the '80s and '90s to ensure responsiveness to state data needs and compliance with federal mental health and substance abuse data standards. In 1999, OMHIS was converted to a state-of-the-art network and web-based data collection system and renamed ICIS to reflect the integration of data across domestic violence, sexual assault, substance abuse, and mental health services. It is a relational database with unique keys (record identifiers) that link the provider, staff, client, and service event data elements. Client data includes information about demographic characteristics, living arrangements, employment, income, legal and marital status, language proficiency, education, disabilities, diagnoses, drugs of choice, and client assessment results. Client information is collected as an admission, update, correction, or discharge. Each client encounter is reported.

Human Resources Development and Performance Improvement are also key elements of the ODMHSAS central office functions. These are discussed in more detail as resource management issues under Criterion 5 of this Plan.

ODMHSAS Relationship with State Government. ODMHSAS is a distinct agency separate from other state agencies. As the single agency for mental health, substance abuse, and domestic violence/sexual assault services, ODMHSAS participates in numerous formal and informal but strategic relationships with other state agencies. ODMHSAS is assigned to the Executive Branch of the Governor's Cabinet for Health. ODMHSAS Commissioner Dr. Terry Cline was appointed by Governor Brad Henry in May 2004 as Cabinet Secretary for Health. Dr. Cline, as many other agency directors serves in a dual capacity as ODMHSAS Commissioner and Cabinet Secretary.

AREAS IDENTIFIED AS NEEDING ATTENTION IN THE FY2002-2004 PLAN

Strengths Based Case Management. The State continued to focus on case management as an essential tool to support consumers in community based settings. The strengths-based case management approach is reinforced in all trainings and targeted technical assistance activities. ODMHSAS provided consultation to the Medicaid agency as it reviewed its case management rules and monitoring protocols. As a result, the Medicaid program recently adopted strengths-based language in its regulations.

Program of Assertive Community Treatment (PACT). The Oklahoma PACT initiative continued to expand sites and services in FY04. By the conclusion of FY2004, eight teams were in operation with a caseload of 401 individuals served. Annual reports on the PACT's effectiveness are submitted to the Legislature. Data in these reports continue to quantify the value of PACT to Oklahoma in terms of reduced hospital and criminal justice utilization, in addition to improved quality of life for recipients of PACT services. The 2004 Legislature approved funding for additional sites, including rural teams. These will be implemented in FY2005. In FY2004, the Oklahoma Health Care Authority approved rules to include PACT as a specific Medicaid service. By state statute, only programs that are PACT-certified by ODMHSAS may operate in Oklahoma.

Jail Diversion and Related Initiatives. The state continued to promote and assist with local initiatives designed to limit the numbers of adults with mental illnesses who enter and/or remain

in the criminal justice system. The ODMHSAS Criminal Justice Liaison coordinated activities and provided technical assistance to a variety of communities in 2004. This work included Mental Health Court development, Crisis Intervention Team (CIT) training for law enforcement, Jail Based Case Management, and a second statewide conference on criminal justice and persons with mental illness.

The Department of Corrections (DOC) and the Department of Mental Health and Substance Abuse Services conducted meetings to cross-train correctional mental health staff and provide referral information to assist with re-entry planning for persons leaving the custody of DOC. An information sharing agreement is now operational so inmates entering the state prison system can self-identify as having previously received mental health services. They are offered the opportunity to sign consent to release forms to obtain treatment records from ODMHSAS. This facilitates better treatment planning during incarceration as well as assist with continuity of care and re-entry planning. NAMI-OK and OMHCC initiated support and educate programs in DOC facilities in FY 04.

Access to Services. The Core Services Plan for adults, initiated in 2003, continued to be refined and utilized in 2004. This assures consistent service access across the system with highest priorities for service given to adults in crisis and adults with serious mental illness.

Peer and Family Advocacy

WRAP and Consumer Training. ODMHSAS contracted with the Oklahoma Mental Health Consumer Council (OMHCC) to continue the Wellness Recovery and Action Plan (WRAP) training. OMHCC conducts an annual consumer conference, which provides intensive training for consumers and expanded opportunities for networking with peers across the state. The ODMHSAS Director of the Office of Consumer Affairs worked closely with consumer groups in FY2004 to plan for a longer term vision in the use of WRAP and other consumer training initiatives.

Federation of Families for Children's Mental Health. ODMHSAS contracted with Parents as Partners – 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 FY2004 as advocates who collaborated in the development of numerous Systems of Care communities throughout the state.

Family to Family & Visions for Tomorrow. ODMHSAS contracted with NAMI-OK to provide a variety of educational services, including Visions for Tomorrow (VFT) and Family to Family.

Skills Building Initiatives. ODMHSAS utilized Block Grant Funds in FY2004 to further develop advocacy skills for consumers and family members. Primarily, these funds are accessed to support expenses for 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.

Housing. Constituency groups continue to meet, under ODMHSAS sponsorship, to address housing and related issues.

The State Housing Team has continued to meet during FY2004 to report on policy and funding initiatives related to housing. The primary focus during FY05 will continue to be on collaborative efforts for increasing housing opportunities both in the Oklahoma City metropolitan area and statewide. The team worked with providers and other state organizations in the endeavor. Effective September 2004 that Team will discontinue as an entity and members will transition to activate participation on the Governor's Interagency Council on Homelessness (GICH). The development of GICH is a direct result of Housing Team activities and the ODMHSAS staff involvement in recent policy academies.

The policy academy team developed a State action plan on homelessness that addresses both the issues of chronic homelessness and homeless families and children. The action plan include goals for promoting collaborations among stakeholders, increasing access to affordable permanent housing, improving access to services, and improving access to mainstream resources. Those areas will be the focus of efforts in FY2005.

A Tenant Based Rental Assistance Program (TBRA) began in FY2004 and will continue into FY2005. The TBRA, a collaboration between ODMHSAS and the Oklahoma Housing Finance Agency, provides rental subsidies to clients with mental illness who live in rural communities. This is also discussed under Criterion 4 of this plan.

Employment

An Interagency Task Force is co-sponsored with the Oklahoma Department of Rehabilitation Services. Similar to the Housing Team, this group monitors Federal and state initiatives that offer potential for expanded work opportunities for adults with SMI. Ticket to Work and related Social Security Administration projects were regularly reviewed. Information provided as a result of these quarterly meetings is in turn distributed to the CMHCs throughout the state.

Exemplary Treatment for Children.

The ODMHSAS Director of Children's Services provides visible and broad based representation from ODMHSAS in numerous settings where children's services are discussed. This individual also serves as Principal Investigator for the Oklahoma Systems of Care Initiative. Partnerships emerging from these activities have greatly enhanced the state's Systems of Care activities.

Systems of Care sites operated in nine communities in FY2004 with several other communities in various stages of development. This growth has been stimulated by a SAMHSA Comprehensive Children's Mental Health grant.

ODMHSAS supported training of children's mental health workers through the Department's regular Donahue Series. Three additional Children's conferences occurred in FY2004 – a major Children's Mental Health Summit, a conference on diversity in mental health services for children, and the annual ODMHSAS Children's Conference. The Annual Children's Conference provided training to over 546 in evidence based and emerging practices for children. All these activities emphasize best practices and family centered/family selected treatment approaches.

New Developments and Issues

Blue Ribbon Panel. Oklahoma Governor Brad Henry, recognizing that untreated and under-treated mental illness, substance abuse and domestic violence have become a significant impediment to the productivity of Oklahoma business and have placed heavy fiscal pressures upon many Oklahoma government agencies as well as causing major health concerns that impact virtually every element of our lives, created, by Executive Order 2004-2, the Governor's and Attorney General's Task Force on Mental Health, Substance Abuse and Domestic Violence. The Task Force is charged to identify the costs of treating these issues and, possibly more importantly, the cost to the State of Oklahoma when these issues go untreated. The Task Force, upon completing its research, shall also make recommendations to the Governor, the Speaker of the Oklahoma House of Representatives and the President Pro Tempore of the Oklahoma State Senate, as to what Oklahoma should do in order to more cost-effectively address these issues. Initial reports are anticipated in the fall of 2004.

Medicaid Changes. Prior to January 1, 2004, most Medicaid funded service recipients in the three metropolitan areas of Oklahoma (Oklahoma City, Tulsa, and Lawton) received services through a Medicaid HMO style plan. Beginning in January individuals were transitioned to a traditional fee for service Medicaid plan and then subsequently transitioned to a PCPCM model that is administered by the State Medicaid agency. Mental Health and Substance Abuse services are provided on a FFS basis while Medicaid needs are provided through the PCPCM. The OHCA worked closely with a variety of stakeholder groups to assure a smooth transition to this system. The OHCA provided regular updates on the transition to the Mental Health Planning Council.

Partnership for Children's Behavioral Health. This partnership was formed in 2004 under the direction of Governor Brad Henry and now retains full responsibility for the Systems of Care implementation management. More information is included under criterion 3 in the Child Plan.

Adult Recovery Collaborative Project Planning. Leadership from ODMHSAS and OHCA (Medicaid) assigned staffs from the two organizations to a Steering Committee to plan a potential collaborative through which all publicly supported outpatient behavioral health services (Medicaid and ODMHSAS funded) would be jointly managed. In 2004, a variety of workgroups formed to propose potential designs for a new system. Stakeholder groups have been convened to critique and inform the process.

Changes in Planning and Advisory Boards. In 2004, plans were initiated to transition the work of the eight Regional Advisory Boards to the local community health planning initiative, Turning Point, sponsored by the Oklahoma State Department of Health. This transition will be finalized in 2005.

Cabinet Secretary Appointed. In May 2004, ODMHSAS Commissioner Dr. Terry Cline was appointed as Cabinet Secretary for Health. He will serve in a dual capacity as ODMHSAS chief executive and Cabinet Secretary. This appointment will potentially provide more exposure and access on statewide issues related to mental health, substance abuse, and domestic violence/sexual assault services.

Recovery Initiatives and Psychosocial Rehabilitation Models. In FY2004 ODMHSAS finalized a system-wide model for Psychosocial Rehabilitation (PSR) Services. This replaced

day treatment programs. Effective July 2004, regulations and contract requirements were revised to require that CMHCs offer either the PSR model certified by ODMHSAS or provide for a Clubhouse program certified by the International Center for Clubhouse Development (ICCD). Initial work was also completed to develop statewide capacity to train and employ Recovery Support Specialists. The new PSR and the deployment of Recovery Support Specialists are viewed as essential elements for a system of services based on consumer choice, natural supports, and successful community reintegration.

Legislative Initiatives and Changes.

2004 Changes. The 2004 Oklahoma Legislative Session saw the enactment of a couple of key statutory changes that will further support ODMHSAS and more importantly people receiving services from ODMHSAS.

Previously, courts were placed in the position that necessitated they commit persons with mental retardation/developmental disabilities and no symptoms of mental illness to a psychiatric facilities. 2004 legislation changed that so needed and appropriate options are now available to the courts with the hopes that in the future only persons in need of psychiatric hospital care will be court-ordered to receive it.

Oklahoma relies more heavily than most states on the generosity of the pharmaceutical companies' donated/free medication programs for the indigent. Legislation was enacted that will allow unused prescriptions from nursing home and assisted living facilities to be donated to a designated pharmacy within the community that can then fill prescriptions for indigent clients. Interestingly, one of the findings of the pilot study for this legislative initiative was that more psychotropic medications were donated than any other type of medication. With so many Oklahomans in need of psychiatric medications but no means to pay for those, this change will directly benefit many people served by ODMHSAS.

2005 Funding. The Oklahoma state legislature provided increased funding for community mental health initiatives. These included:

- \$2.5 million for core outpatient mental health services to expand the number of persons (adults and children) who can be served.
- \$750,000 for the expansion of PACT.
- \$1,000,000 for the expansion of the Systems of Care for children.
- \$500,000 for a new community-based mental health initiative to serve children that are victims of trauma.
- Initial funding to support the construction of a new 150-bed Forensic Center to replace the current 70+ year old state hospital serving this population.

Term Limits for Legislators. The membership of the current State Legislature is expected to under go significant changes in the coming year. There are 28 current State Representatives and 14 State Senators that cannot run again due to constitutionally-mandated term limits.

Community Mental Health Centers' Role in Broader System

Information on the role and function of Community Mental Health Centers is included under the Delivery System description in the Overview provided earlier in this Section. Additional details are outlined under Criterion One in Sections Two and Three.

ODMHSAS Leadership Role within the Broader System

ODMHSAS seriously embraces its mission and mandated public responsibility to set the standard for quality mental health care in Oklahoma. The Strategic Plan (summarized earlier in this Section) establishes the foundation by which all levels of the organization are visible and highly invested in community and state-level activities. ODMHSAS leadership support and expect all staff to engage in advocacy, collaborative partnerships, and resources allocation to coordinate and promote ethical and science-based care through out the broader health and social services systems.

SECTION TWO: Service System's Strengths, Needs, and Priorities

Adult Plan

CRITERION 1. COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEM
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Criterion Description: *A comprehensive, community-based system of mental health care for adults who have a serious mental illness and children and youth who have a serious emotional disturbance, including case management, treatment, rehabilitation, employment, housing, educational, medical, dental, and other support services which enable individuals to function in the community and reduces rates of hospitalization.*

AVAILABLE SYSTEM OF TREATMENT

Community-Based Care. Fifteen publicly funded community mental health centers serve the state with programs established in 102 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). These 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.

Community mental health centers served 25,202 adults with serious mental illness with Department funding during FY2004, 3 percent were older than 65.

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

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

Table 2.1 on the following page lists community mental health centers, counties served and designated service areas.

Community Mental Health Centers: Table 2.1

Community Mental Health Center	Counties	Area
Associated Centers for Therapy	Tulsa	5
Bill Willis Community Mental Health Center	Wagoner, Cherokee, Adair, Sequoyah	21
Carl Albert Community Mental Health Center	Hughes, Pittsburg, Haskell, LeFlore, Latimer, Pushmataha, McCurtain, Choctaw, Atoka, Coal	6
Central Oklahoma Community Mental Health Center	Cleveland, McClain	15
Creeks Community Mental Health Center	Creek, Okfuskee, Okmulgee	13
Edwin Fair Community Mental Health Center	Kay, Osage, Noble, Pawnee, Payne	11
Family and Children's Services Mental Health Care	Tulsa	3
Grand Lake Mental Health Center, Inc.	Washington, Nowata, Craig, Ottawa, Mayes, Delaware, Rogers	1
Green Country Behavioral Health Services, Inc.	Muskogee, McIntosh	16
Hope Community Services, Inc.	Oklahoma	19
Jim Taliaferro Community Mental Health Center	Comanche, Harmon, Tillman, Jackson, Caddo, Stephens, Jefferson	8
Mental Health Services of Southern Oklahoma	Garvin, Seminole, Pontoon, Johnston, Marshall, Bryan, Love, Carter, Murray	7
North Care Mental Health Center	Oklahoma	19
Northwest Center for Behavioral Health	Cimarron, Texas, Beaver, Harper, Ellis, Woods, Woodward, Major, Alfalfa, Grant, Garfield	10
Red Rock Behavioral Health Services	Oklahoma, Lincoln, Pottawatomie	14
Red Rock Behavioral Health Services	Dewey, Custer, Blaine, Washita, Greer, Beckham, Roger Mills, Caddo	9

Community mental health centers and other contractors provide specialized support services funded by ODMHSAS for adults. These include:

- Supported housing
- Transitional housing
- Permanent supported housing
- Safe Haven for homeless
- Vocational services
- Pre-vocational services
- Employment training
- Job Retention support
- Residential care facilities
- Residential Treatment
- Outreach
- Rehabilitative Treatment
- Psychosocial Clubhouse
- Community-based Structured Crisis Care
- Drop-in center
- Advocacy and peer support
- Assertive Community Treatment (PACT)
- Mobile Crisis Teams
- Clinical testing

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 and dental and peer advocacy and family support. The state's efforts to reduce the utilization of hospitalization are discussed.

CASE MANAGEMENT

Oklahoma views behavioral health case management as a service that is essential to the recovery process for adults with serious mental illness and children with serious emotional disturbance. Behavioral health case management is designed to assist individuals and families in accessing and developing the network of natural and formal supports/resources necessary to live in an interdependent manner in the community. During FY2004, behavioral health case management services totaled 32,680 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 similar. ODMHSAS continues to use the Strengths Based Model of case management. The OHCA (Medicaid) has recently incorporated strengths-based terminology and expectations in its documentation regulations. All case managers must complete a weeklong training curriculum and a competency-based written project, prior to being eligible for reimbursement from ODMHSAS and the state Medicaid agency. In FY03, the Legislature designated ODMHSAS as the statutory Certification authority for Behavioral Health Case Management. By July 1, 2004, over 800 individuals met the requirements to be grandfathered and have been initially Certified Behavioral Health Case Managers.

Case management activities may take place in the individual's home, in the community, or in the facility. A Certified Behavioral Health Case Manager, in accordance with a treatment plan developed and approved by the service recipient and qualified staff, must provide the services. The plan must demonstrate the individual's need for specific services provided. 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.

SUBSTANCE ABUSE SERVICES

Overview. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) operates four substance abuse treatment facilities which provide residential treatment for adult men and women with substance abuse disorders and for persons with co-occurring substance abuse and mental illness and one adolescent substance abuse treatment facility. In addition to the state-operated programs, ODMHSAS contracts with approximately 74 private facilities, which provide one or more levels of care. System-wide, these agencies currently offer services in 16 adult residential treatment units, 5 residential units for women with children, 3 residential units for people with co-occurring disorders, 7 adult community living units, 3 parents-with-children community living units, 54 outpatient units, 22 intensive outpatient units and 10 detoxification units. Substance Abuse Treatment programs served 17,851 clients in Fiscal Year 2003. About 88 percent were adults, the rest were under 18. In FY 2003, substance abuse providers served 3,243 individuals with serious mental illness.

Integrated Treatment for Persons with Co-Occurring Disorders. The development of a state-wide continuum of care for individuals with co-occurring conditions has become an initiative of high importance to ODMHSAS. The Substance Abuse and Mental Health Service's Administration (SAMHSA) has made providing integrated co-occurring services to our consumers a high priority. A recent technical assistance report from the Center of Substance Abuse Treatment has provided some clear understanding of where Oklahoma is in terms of adequate services and the direction that Oklahoma should take in providing a solid continuum of care for persons with co-occurring conditions.

At this time, ODMHSAS operates or contracts services with 9 programs that are developing and providing integrated co-occurring treatment services. Of those 9 agencies, 4 provide residential treatment and 5 provide levels of outpatient care. The following is a list of providers and the levels of care they provide:

- Norman Alcohol and Drug Treatment Center in Norman – Residential Treatment
- Vinita Alcohol and Drug Treatment Center in Vinita – Residential Treatment
- 12 & 12, Inc. in Tulsa – Residential Treatment
- Tulsa Center for Behavioral Health in Tulsa – Residential Treatment
- Associated Centers for Therapy in Tulsa – Outpatient and Intensive Outpatient
- Central Oklahoma Community Mental Health Center in Norman – Outpatient and Intensive Outpatient
- Red Rock Behavioral Health Services in Oklahoma City, Clinton and Chandler – Outpatient and Intensive Outpatient
- Jim Taliaferro Community Mental Health Center in Lawton – Outpatient and Intensive Outpatient
- North Care Center in Oklahoma City – Outpatient and Intensive Outpatient

ODMHSAS is awaiting the official release of the SAMHSA Toolkit for Integrated Dual Diagnosis Treatment (IDDT). Drafts of the fidelity scale and other related documents have been utilized to prepare programs for the implementation of IDDT as an evidence-based practice. ODMHSAS will require programs co-occurring services meet the requirement set forth in the toolkit to include fidelity of the program, appropriate professional support, collaboration and integration of professionals, theory and practice, and use of evidenced-based practices. ODMHSAS provides the support, technical assistance and monitoring of programs through dedicated staff with expertise in co-occurring disorders treatment.

Cross-Training Initiative. ODMHSAS will receive funding from the SAMHSA Cross Training Initiative to prepare administrators, local treatment agency directors and front-line clinicians for a 'No Wrong Door' service system for persons with co-occurring disorders. Preparation for a statewide co-occurring disorder treatment infrastructure will be initiated at regional training, problem identification and planning meetings in six sites around the state. Representatives from each ODMHSAS program divisions (Mental Health, Substance Abuse, and Domestic Violence and Sexual Assault) collaborated with the ODMHSAS Human Resource Development division to plan the training, which will be presented by a nationally-recognized clinician and trainer. ODMHSAS Leadership Team will receive the initial orientation and training to ensure system-wide buy-in and support for the process. Other ODMHSAS Central Office administrators will then be trained, followed by provider agency administrators. Finally front-line staff will receive training. Feedback from trainees and a follow-up session at a state conference will be used to inform agency performance improvement activities; to help guide ODMHSAS collaboration with the OHCA; and to plan future initiatives for people with co-occurring disorders.

AVAILABLE SYSTEM OF REHABILITATION AND SUPPORT FOR ADULTS

Psychosocial Rehabilitation. All ODMHSAS-Certified CMHCs must provide either Clubhouse or general psychosocial rehabilitation program. Clubhouses must also be certified by the International Center for Clubhouse Development (ICCD). Two clubhouses (Crossroads Clubhouse and Thunderbird Clubhouse) are currently ICCD-certified. A major training and rules revision initiative was completed in 2004 to strengthen the recovery services offered through the psychosocial rehabilitation services at CMHCs. This initiative was described in Section One under New Developments.

Employment. 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 Thunderbird Clubhouse, Green Country Behavioral Health Services, North Care Mental Health Center, and Red Rock Mental Health Center, both OKC and Shawnee locations. 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. This funding structure is being revisited to most efficiently bill services, access appropriate Medicaid categories and establish and utilize a specific ODMHSAS billing code for Supported Employment services, making required federal monitoring easier to accomplish.

During the past five years, DRS established a performance-based funding system. Providers are paid for each completed step, termed "milestones." The largest payments are provided for job placement and sixty-day job retention. The Milestone program has gained national prestige and is currently being proposed for several other national job placement systems and by the Social Security Administration.

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. Future collaboration is proposed on employment services for children with SED (see the Child Plan), supported education, and the vocational voucher project funded through SSA.

The state's initial Ticket to Work rollout was completed in July 2002 with 100,000 tickets being mailed. An additional 2000 tickets are mailed each month as new beneficiaries and redeterminations are completed. This is expected to be the ongoing distribution rate for the duration of the Ticket program. Of the 123,000 Tickets issued thus far, less than 1% has been assigned to an employment network (EN), with DRS having the vast majority of the Tickets that are assigned. Most EN's in the state stopped taking Ticket Assignments.

Through 2004 DRS continued to conduct Ticket Orientation meetings in the two Metropolitan areas, Oklahoma City and Tulsa at the One-Stop Workforce Centers. DRS also contracted with NAMI-OK and the Mental Health Association in Tulsa to conduct outreach meetings and training sessions for mental health consumers, families, and CMHC providers under a State Partnership Agreement Grant with Social Security, which ended in FY2004. These activities are expected to expand the use of Tickets by mental health consumers.

Ticket to Work activities were enhanced in Oklahoma through the KEYS Project initiated by DRS. Goals of the Project were to provide additional support by KEYS peer staff to DRS counselors and employment service providers, assisting in information gathering, assisting the client in meeting attendance, understanding the possible effects of going to work on federal

and/or state benefits plus assistance with any possible SSA Work Incentives, support in establishing or improving money management methods and mandated income reporting, etc., while lending ego support for all the changes inherent in going to work.

DRS designed the KEYS Project to provide better services individuals with a severe mental health diagnosis. The provided a great deal of flexibility in the assignment of counseling staff to support the KEYS program. While most counselors had a general caseload, two counselors, one in Tulsa and one in Oklahoma City, were given an additional assignment to work with the KEYS meetings. The program includes a DRS Program Field Representative who attended all KEYS meetings to take information for the application, and then coordinate with the counselor who would be assigned the case. This improved the counselors' case time management abilities and made them more amenable to working with KEYS participants.

Due to budgetary constraints, DRS was forced to shut down any new applications for six months, and for the past six months has limited services to Priority Group 1. This interruption of services had an impact on the KEYS program as well, although every effort was made to recontact clients who for some reason had applied for services, but were no longer participating with their counselors or who had not followed up with their employment service provider. Regardless, KEYS staff found that frequent peer to peer staff meetings, whether in person or by conference call, assisted that staff to keep focus and resolve problems more quickly. Peer to peer staff reported that extra support and information from KEYS staff made their jobs less stressful since the agencies that housed them were not always able to provide peer staff with immediate answers to KEYS program problems. A formal evaluation of the now-completed KEYS Project is being finalized.

Housing. Currently, specialized housing for persons 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 living, permanent supervised housing, and supported scattered site housing. ODMHSAS and the State's Housing Team have placed an emphasis on supported housing services, particularly permanent housing.

In FY2004 ODMHSAS subcontracted with designated CMHCs to implemented HOME Program Tenant Based Rental Assistance projects to very low income persons with mental illness in rural Oklahoma. This rental assistance will be transitional in nature. The goal of the project is to provide supportive services and assist participants in accessing other community resources (i.e. Section 8, SSI, employment, etc.) to maintaining housing past the 12-month project term.

All CMHCs receive flexible funds from ODMHSAS. These funds are used to secure independent housing for clients by paying first month rent, utilities and other initial "move in" expenses.

Residential care facilities (RCF) are a major source of housing for persons with mental illness. In FY04, 1,254 ODMHSAS clients resided in 30 RCFs; ODMHSAS funds social and recreational services for these consumers.

Medical, Vision, and Dental Services. As of July 2004, there were 110,997 disabled adults enrolled in the Medicaid program who are eligible to receive needed services. Per the Kaiser Family Foundation's 2000-2001 report on Oklahoma's state data, 19% of the overall state's adult population is uninsured. In the Fall of 2004, Oklahoma voters will have the chance to vote for a tobacco tax increase, 26% of the income from this tax will go to providing insurance for the uninsured. Case management services continue to be the link to medical, vision, and dental

services. The Medicaid prescription and inpatient hospitalization benefits were increased in 2004. This improved access to additional primary health services for service recipients covered by Medicaid. 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. Many communities rely on local resources for health care such as the Indian Health Service, 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 flexible funds from ODMHSAS to purchase individual medical, vision and dental services for consumers.

Education. Education services for adults are provided through the Department of Rehabilitation Services. Access to adult basic education is facilitated through clubhouse and general psychosocial rehabilitation programs at the CMHCs. Some education services can be supported by the Department of Rehabilitation Services. CMHCs and other providers must advocate on behalf of service recipients/students to secure grants, loans, and other supportive services.

Peer Support and Family Advocacy. The key advocacy organizations listed in Section One advocate, educate, and support family members and mental health consumers. The statewide organizations publish newsletters, coordinate speakers' bureaus, and offer technical assistance, train mental health personnel, facilitate annual conferences, develop local affiliates, house resource libraries, and work closely with treatment and residential care facilities. They also receive and follow up on consumer and family complaints and address access issues.

Jail Diversion. An increasing awareness of individuals with mental health disorders being served by the criminal justice system resulted in numerous local and state led initiatives. The Oklahoma Department of Corrections (DOC) has initiated a mental health screening for individuals entering their system. Individuals with mental illness are now treated with new generation medications while incarcerated.

The state's first mental health court was established in Oklahoma County in 2002. A second court is under development in McCurtain County and will initiate services in FY2005.

Family and Children Services and the Tulsa County Detention Center provide jail based case management to persons with serious mental illness. The project was funded through a Department of Justice grant. Jail Diversion activities at the Oklahoma County Detention Center include local community mental health centers, NAMI and the Oklahoma Mental Health Consumer Council. North Care provides jail based targeted case management with Mental Health Block Grant funds.

CRITERION 2. MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY

Criterion Description: *Quantitative population targets to be achieved through the implementation of the mental health system, including estimates of the estimated numbers of individuals with SMI and SED in the state (or prevalence rates) and the numbers of such individuals served.*

ESTIMATION METHODOLOGY

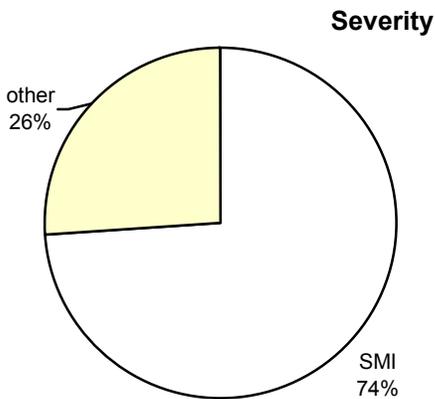
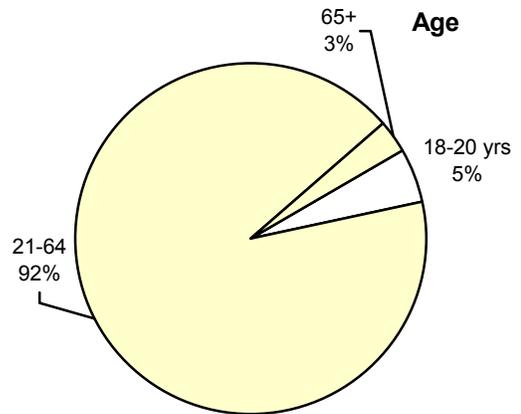
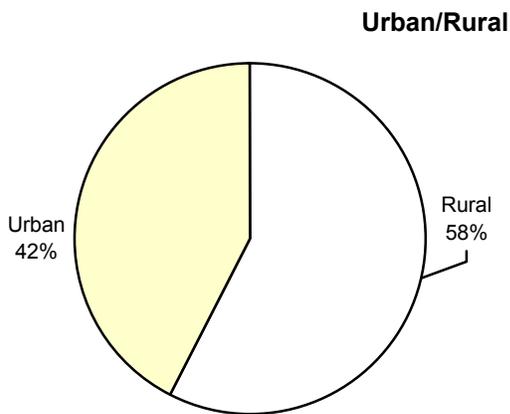
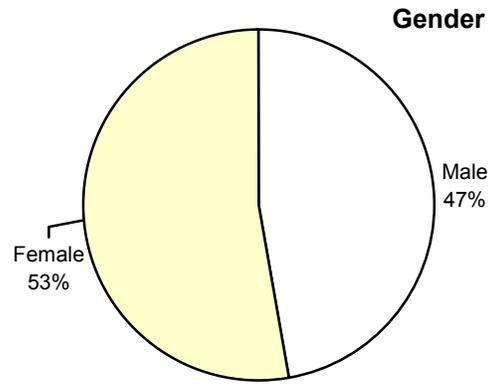
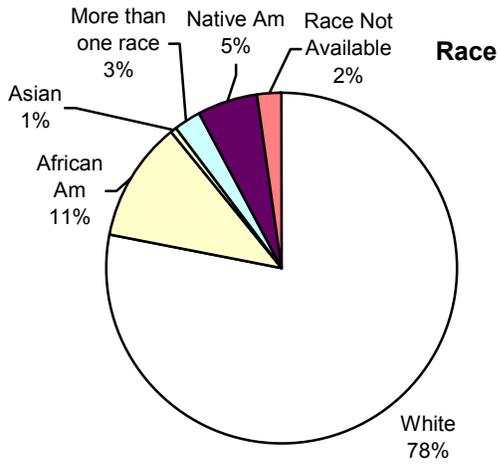
Oklahoma's estimate of prevalence of adults with a serious mental illness is based on federal guidelines from the Center for Mental Health Services (CMHS). Most recent CMHS information for 2003 was used to form to calculate prevalence rates included in this Plan. CMHS Uniform Reporting System (URS) data estimate at lower, mid-point, and upper ranges. Oklahoma will utilize the upper range of 7.1% for the Mental Health Block Grant Plan. This is more in line with projections of other estimate-methodologies. For example, the National Survey on Drug Use and Health 2002 estimates of 11.4% adults 18 and over in adult are likely have a serious mental illness.

In summary, the estimated prevalence at the 7.1 % of 2,633,289 adults in Oklahoma with a serious mental illness is 186,964, based on the 2003 U.S. Census data. In FY04, Oklahoma served 25,202 persons with serious mental illness or 13.5% of the estimated adult population with a serious mental illness.

DESCRIPTION OF INDIVIDUALS RECEIVING SERVICES

The following table profiles service recipients in Oklahoma's Community Mental Health system. The numbers refer to unduplicated, admitted clients served by a community mental health center or other mental health service provider. The adult population is shown in Figure 3.1. Populations are described in terms of urban or rural, gender, cultural identity, age, and severity of illness (SMI).

Figure 3.1 PROFILE OF ADULT SERVICE RECIPIENTS



SMI DEFINITION

The target population for DMHSAS is 18 years and older and meets the following criteria:

- A. Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance use disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness;

and

- B. Has at least (a) moderate impairment in at least four, (b) severe impairment in two or (c) extreme impairment in one of the following areas:

or

- C. Has a duration of illness of at least one year and (a) at least moderate impairment in two, or (b) severe impairment in one of the following areas:

1. **Feeling, Mood and Affect:** Uncontrolled emotion is clearly disruptive in its effects on other aspects of a person's life. Marked change in mood. Depression and/or anxiety incapacitates person. Emotional responses are inappropriate to the situation.
2. **Thinking:** Severe impairment in concentration, persistence and pace. Frequent or consistent interference with daily life due to impaired thinking. Presence of delusions and/or hallucinations. Frequent substitution of fantasy for reality.
3. **Family:** Disruption of family relationships. Family does not function as a unit but with frequent turbulence. Relationships that exist are psychologically devastating.
4. **Interpersonal:** Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated.
5. **Role Performance:** Frequent disruption of role performance and individual is unable to meet usual expectations. Unable to obtain or maintain employment and/or conduct daily living chores such as care of immediate living environment.
6. **Socio-legal:** Inability to maintain conduct within the limits prescribed by law, rules and strong mores. Disregard for safety of others. Destructive to property. Involvement with law enforcement.
7. **Self Care/Basic Needs:** Disruption in the ability to provide for his/her own needs such as food, clothing, shelter and transportation. Assistance required in obtaining housing, food and/or clothing. Unable to maintain hygiene, diet, clothing and prepare food.

NOTE: Individuals with a primary diagnosis of substance abuse or developmental disorder are excluded from this definition. Individuals may show less impairment if they are on medications or receiving other treatment services that reduce the symptoms of the illness, and moderate and/or severe impairment in functioning would result with discontinuation of the medications.

CRITERION 4. TARGETED SERVICES TO HOMELESS POPULATIONS TARGETED SERVICES TO RURAL POPULATIONS

HOMELESS SERVICES

Several initiatives are in place to identify and serve homeless individuals. Oklahoma anticipates its FY2005 PATH grant to be \$334,000. The state's PATH programs are based in the two largest metropolitan areas – Oklahoma City and Tulsa - as well as Tahlequah, a smaller community with a demonstrated need to more actively serve the homeless. Below is a description of PATH services projected for FY2005-2007.

NorthCare Center. The focus of North Care's PATH activities is the inner part of Oklahoma City – the area with the largest population of homeless individuals in the state. The NorthCare Center's program is based on an assertive case management model with limited caseloads and intensive community based services.

Family & Children's Service. This Center continues to embrace the challenges of serving the homeless population in the central section of Tulsa. The Center's homeless services are based at the Salvation Army. This is also near several other homeless-serving agencies. The Center's outreach activities closely coordinate with the Mental Health Association in Tulsa (Safe Haven), the Day Center for the Homeless, and city-county jail complex.

Bill Willis Community Mental Health Center. This State-Operated Center in Tahlequah will be a new PATH provider in FY05. This Center is located in the North East region of Oklahoma, which has one of the highest numbers of homeless individuals in a rural area. The Center plans to provide a continuum of supportive services, which will include intensive outreach.

Other Homeless Services

Tulsa Day Center for the Homeless. The Day Center provides case management with needed mental health and community services on behalf of adults and children who present at their site. The Day Center also provides emergency nighttime shelter for homeless persons with SMI.

Homeless Flex Funds. The Department of Human Services will provide approximately \$103,000 in FY2005 to ODMHSAS to assist homeless individuals with a variety of one-time expenses. These include shelter, rent, utilities, rent and utility deposits, and some repairs/maintenance and renters insurance if required by landlord. All CMHCs have access to the Homeless Flex Fund program.

HUD Continuum of Care Projects. ODMHSAS will to utilize HUD grant funds to provide rental assistance to homeless persons with mental illness through Shelter Plus Care projects. These projects are facilitated by three state operated community mental health centers: Carl Albert Community Mental Health Center, Jim Taliaferro Community Mental Health Center, and Central Oklahoma Community Mental Health Center. HUD grant funds are also used to provide housing and supportive services through a Supported Housing Project operated by Jim Taliaferro Community Mental Health Center.

Safe Havens. ODMHSAS will continue funding to one Safe Haven program in FY2005. The program is located in Tulsa and is operated by the Mental Health Association of Tulsa.

Housing Specialist. ODMHSAS Director of Consumer Support Services provides on-going technical assistance to CMHCs in the urban as well as rural areas to both access funding sources and to improve effectiveness of care to better serve homeless individuals. This person also works closely with the ODMHSAS Housing Team, and the State homeless policy academy team, to develop longer-term housing services plans for the state.

RURAL MENTAL HEALTH SERVICES

The 2000 census shows 60% of Oklahoma's population is located in rural areas in the northwest, west/west-central, and southeastern areas of the state. Eleven community mental health centers serve the rural areas of the state. All offer the required mental health services. In FY04, 15,953 adults received ODMHSAS services from rural.

Ten rural CMHCs offer or purchase either local acute inpatient treatment or crisis center services to stabilize individuals detained on an emergency order of detention. These services are seen as critical to reducing inappropriate utilization of the state psychiatric hospitals.

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

Twenty-nine of the 32 ODMHSAS certified residential care facilities are located in rural counties. Rural CMHCs serve approximately 790 residential care consumers annually. Most are located 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.

ODMHSAS and the Oklahoma Housing Finance Authority initiated a Tenant Based Rental Assistance program in FY2004 to provide direct rental subsidies to persons with mental illness who live in rural communities. This was the first project in Oklahoma funded to address the unique needs of ODMHSAS clients who live in rural communities. Eight Community Mental Health Centers will participate in this program in FY2005.

Additional vocational programs are needed in rural community mental health centers. ODMHSAS' Reach-Out Hotline provides an invaluable service to rural communities. Reach-Out Hotline (1-800-522-9054) began with the establishment of a special 24-hour toll free hotline to provide crisis intervention, counseling and information/referral on drug and alcohol abuse and mental illness. The Reach-Out Hotline is a link between Oklahoma citizens and the treatment programs, which provide care for those with chemical dependency or mental illness. Reach-Out counselors are knowledgeable about a wide variety of 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. Additional developments have recently occurred which will improve access to services in rural settings.

- The 2003 Legislature empowered the Corporation Commission and the 2-1-1 Collaborative to develop the state-wide capacity to offer essential health and social services information through this toll-free telephone system option. The initial 2-1-1 calling areas are expected to

be implemented during FY2005. This should positively impact access to services in rural areas.

- JOIN (Joint Oklahoma Information Network) is a unique partnership between eleven Oklahoma state agencies. As a tool for agency staff, the JOIN system allows sharing of data across agency boundaries in a secure environment. This facilitates better service delivery and reduces the duplication of service. For the public, JOIN provides self-service tools that allow citizens to identify programs for which they may be eligible and to locate providers of those services. Private citizens and state agencies alike will have access to JOIN through web-based internet technology. The initial JOIN products, including a confidential eligibility wizard will be implemented during 2004 and 2005.
- In FY2005 ODMHSAS and the University of Oklahoma Health Science Center will pilot the use of video conferencing for training and clinical consultation to at least five separate CMHCs. Expansion of this project is expected the following year.
- The Northwest Center for Behavioral Health (NCBH) also now has teleconferencing for commitment hearings under specific circumstances. This will expand in FY2005 to reduce the burden of travel on persons served as well as on law enforcement and judicial entities.

Retention and recruitment of clinical staff continues to be one of the most pressing problems for rural centers. Staff, even at this basic level, are difficult to recruit in rural communities. Some staff commute long distances to rural communities from metropolitan centers. This makes retention of clinical staff difficult. Licensed Social Workers, Licensed Mental Health Professionals and especially psychiatrists are difficult to recruit and retain in rural communities. Some CMHCs utilize general practitioners to monitor medication.

Transportation continues to be a problem in rural areas. Service areas are large and operating satellite offices is expensive. Home visits and transporting clients to appointments can be cost prohibitive, especially in geographically isolated areas. Coordination with the Oklahoma Department of Transportation and local transportation services is being examined. ODMHSAS has joined in supporting the Oklahoma People for Transportation, a state-wide group whose mission is to enhance and expand transportation service for all people in Oklahoma. Currently there are more than 100 members, including the Department of Human Services, Health Care Authority, the State Department of Health and the Oklahoma Department of Rehabilitation Services; representatives of disability groups; advocacy groups; and transit providers.

ODMHSAS also anticipates being invited to consider support for the "United We Ride", a federal Presidential mandate requiring all human service organizations who provide transportation money for clients to work together to streamline services, collaborate by sharing transportation funds, and identify and reduce duplicate transportation services.

ODMHSAS staff provide 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.

CRITERION 5. MANAGEMENT SYSTEMS

Criterion Description: *Financial and staffing resources including human resource development of community mental health providers which will be available to implement the plan will be described. The plan must also describe the manner in which the state intends to expend the mental health block grant for FY2004.*

PERSONNEL RESOURCES

Administrative Structure. Oklahoma's mental health service system has a centralized administrative structure. All funding for mental health, substance abuse, and domestic violence services (federal or state dollars) is contracted to local service providers by the Central Office of the Department. Administration, including Data Processing, finance, legal, and personnel represents 4.3% of the Department's FY05 budget. The Deputy Commissioner for Mental Health reports directly to the Chief Operating Officer who reports to the Commissioner. There are twenty four positions allocated to the Central office mental health division. These positions are coordinated through the Director of Community Based Services who reports directly to the Deputy Commissioner for Mental Health. The majority of the effort of the Central Office Mental Health Division staff is focused on technical assistance, contract monitoring, and interagency collaborations.

Additional program staff are assigned to the substance abuse and domestic violence and sexual assault services divisions. The remaining staff are classified as administration and include: executive, advocacy, planning, provider certification, decision support services, information services, legal, finance, personnel, human resource development, and other administrative divisions.

Staffing Levels and Trends. Recruiting and retaining qualified personnel is a challenge within the community system for a variety of reasons. This is particularly true in rural areas. Salaries are not competitive in several job classes including psychiatrists, nurses, licensed clinical social workers, psychologists, and other licensed mental health professionals. Qualified nursing and psychiatric staff are in high demand at CMHCs operating inpatient crisis intervention units. Rural centers report difficulty recruiting and retaining other licensed mental health professionals. The demand for credentialed staff is greater with mental health centers seeking alternative sources of funds such as Medicare, CHAMPUS, and other private insurance.

Efforts to address these needs include the psychiatric residency program at Griffin Memorial Hospital. State mental health centers utilize psychiatric residents from state hospitals.

HUMAN RESOURCE DEVELOPMENT

ODMHSAS provides numerous training opportunities for staff development throughout the year. The Department's Donahue Series offers monthly seminars at the University of Central Oklahoma 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 domestic violence. The current mailing announcements go to 6,500 persons statewide, including emergency health workers. During FY2004, over 12,000 participants attended workshops. Emergency health workers such as fire fighters, emergency medical technicians, police and emergency room personnel have also been trained through the Donahue Seminars.

The Human Resource Development Division (HRD) also provides ongoing training on cultural diversity, customer service, services to deaf and hard of hearing individuals, behavior management, substance abuse assessment, and new employee orientation. CAPE (Creating a Positive Environment) training is available to all direct services providers in the Department's system.

Direct care providers employed by the state are encouraged to further their education with the Wilkinson Educational Assistance Program. Priority is given to applicants providing direct client care to pursue academic degrees in critical staff shortage areas. These funds can also be used for training consumers.

Case management, funded by ODMHSAS and the Oklahoma Health Care Authority, can only be provided by Certified Case Managers in accordance with an established training and certification process. Training for this workforce is described in Criterion One.

In addition to the certification training, ODMHSAS sponsors the annual Best Practices Conference. Themes of the conference included best practices in case management, cultural diversity, and consumer directed services. ODMHSAS utilizes this conference, attended by 400 to 500 providers each year, as a major forum in which to provide training and encourage the further development of best, emerging, and evidenced based practices. Mental Health Planning Council members are encouraged to participate in the conference.

The Department is a partner in sponsoring the National Alliance for the Mentally Ill-Oklahoma Chapter and the Oklahoma Mental Health Consumer Council's annual conferences. Both conferences provide training for mental health providers and policy makers in addition to the constituency groups of both organizations.

PERFORMANCE IMPROVEMENT INITIATIVES

Mental Health Report Card. Oklahoma continues to prepare an annual mental health report card “that is based on indicators developed under grants funded by the federal Center for Mental Health Services. The Report Card combines information from consumer surveys and administrative data reported by all ODMHSAS-funded providers to address three domains of interest to stakeholders: access to care, appropriateness of care, and outcomes.

Information is captured each time a client contact, admission, program change, update, correction, or discharge occurs. All client transactions since July 1, 1987 are maintained in current databases. Staff information is updated at least once a year and more often for additions and deletions. Mental Health Report Cards are currently available for public review on the Department’s website for FY2001, FY2002 and FY2003.

Performance Management Reports. With technical assistance funded by SAMHSA, the Department has developed a Regional Performance Management Report (RPM) that summarizes data quarterly on regional trends of selected indicators. The report is compiled by Decision Support Services and reviewed by a workgroup with representation from Mental Health Services, the Department’s Performance Improvement Coordinator, as well as the Substance Abuse Services and Domestic Violence and Sexual Assault Services divisions of the Department. It is then reviewed by other administrative staff and sent to providers for their comments and action. After provider feedback is added to the report it is distributed to family and consumer groups and published on the Department’s website. It is also summarized and presented to the Performance Improvement committee of the ODMHSAS Board. It is providing the basis for identifying needs for better discharge planning and linkage, and is a tool for measuring the impact of changes implemented to improve identified deficiencies. ODMHSAS and the Oklahoma Health Care Authority (OHCA, the state Medicaid agency) are collaborating to improve delivery of adult outpatient services and the next phase of the RPM project will be to produce standardized performance measures across merged data from the two agencies. Toward this goal, OHCA is contributing Medicaid administrative funding to support a full-time data analyst in the DSS division.

Interagency Projects. The Department’s Decision Support Services continues to work with other state agencies to match data that can be used to measure treatment outcomes. DSS staff and others are also working with representatives from several other state agencies to implement the Joint Oklahoma Information Network (JOIN), a web-based data warehouse and information and referral system that will allow citizens and treatment agency staff to evaluate individuals’ eligibility for services from participating state agencies (ODMHSAS, Health, Human Services, Employment Security, Rehabilitation Services, Education, Health Care Authority) and identify local sites to which referrals can be made. After several years of agencies’ providing volunteer support, the State Legislature has funded hardware, software and support staff for JOIN.

Consumer Perception Surveys. Since FY2000, the Department has contracted with adult consumers (OMHCC) to collect adult survey data during onsite visits to all the state-operated and contracted community mental health centers, statewide, in outpatient, day treatment and conference settings. Since the second half of FY2001, the Department has also contracted with NAMI-Oklahoma’s Child and Adolescent Network for family members to collect the parent and adolescent survey data at selected mental health centers. All sites have been surveyed since FY2002 and survey data are used to address block grant indicators in the areas of access, appropriateness and quality of care, satisfaction and self-evaluation of treatment

outcomes. Through the CMHS Data Infrastructure Grant (DIG), the Department was one of 10 states that worked with the Recovery Measures Workgroup, a CMHS-sponsored group of consumer-researchers, to hold focus groups to identify system characteristics that facilitate or hinder recovery. The Department used DIG funds to support the Recovery Workgroup's analysis of the data and development of a recovery measurement instrument. Plans are being made to test the instrument in Oklahoma in the coming year with support from the next CMHS Data Infrastructure Grant.

Certification. Oklahoma Statutes vest the ODMHSAS Board with the responsibility and authority to “certify, review, and evaluate local programs for community mental health services and the performance of administrative and professional personnel.” The purpose of ODMHSAS certification is to assure statewide conformance with standards of care, operations, qualifications of personnel, and quality of professional services. A protocol, based on ODMHSAS Standards and Criteria, is completed during site visits to each provider organization. Centers may receive certification or certification with commendation. Centers unable to satisfy ODMHSAS requirements are subject to denial of certification or provided a conditional certification status. The ODMHSAS Board reviews and approves all certification actions.

Critical Incident Reporting. All critical incidents in contracted facilities are to be reported within 24 hours of occurrence. Critical incidents include deaths, injuries, alleged abuse or neglect, medication errors, and adverse drug reactions. Reporting unusual or urgent events which happen to clients or staff serves two vital purposes. It calls attention to individual situations that need to be investigated and establishes a database for reading trends. Reports are reviewed and analyzed by members of the staff, including the Risk Manager, Provider Certification, Patient Advocate, ODMHSAS legal counsel, program staff, and a statistical analyst. Reports are summarized and sent to the governing boards of nonprofit agencies or heads of state-operated facilities for use in their Quality Improvement programs. Significant trends are investigated further and a plan of action is developed. All incidents are reported to the State Mental Health and Substance Abuse Services Board.

FINANCIAL RESOURCES

General Revenue Appropriation History 1987-2005

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

SFY05 Budget. Community based mental health services are budgeted at \$102,563,796 in SFY05 which is 46% of the Department's overall budget. State psychiatric hospital budgets total 21% of the Department's budget. Remaining areas of the DMHSAS budget support substance abuse treatment and prevention activities as well as services for victims of domestic violence and sexual assault.

USE OF FEDERAL BLOCK GRANT

Mental Health Block Grant funding for FY2005 will provide services to adults with serious mental illnesses, children with serious emotional disturbance and their families, as well as support advocacy and state wide infrastructure development. A detailed listing follows.

ORGANIZATION	FY2005 PROPOSED USE OF MHBG FUNDS	AMOUNT
Associated Centers for Therapy	Adult Basic Services	194,140
	Children's Basic Services	81,500
	Children's Systems of Care	280,000
Edwin Fair CMHC	Children's Systems of Care	27,000
Hope Community Services	Adult Community Living	194,200
	Geriatric Best Practice Project	45,000
	Adult Vocational Services	20,000
North Care Center	Adult Basic Services	295,000
	Adult Jail Diversion Best Practice Project	43,000
	Deaf and Hard of Hearing Services Best Practice	64,000
	Children's Basic Services	220,000
	Children's Systems of Care	130,000
Red Rock Behavioral Health Services	Adult Basic Services	591,814
	Crisis Diversion - Best Practice Project	43,000
	Children's Basic Services	289,000
	Children's Systems of Care	50,000
NAMI OKLAHOMA	Statewide Advocacy, Support, & Anti-stigma Project	238,000
	Skills Training and Scholarships	15,000
	Child, Youth, and Family Surveys	55,000
	Depression Bi-Polar Support Alliance	55,000
Oklahoma Mental Health Consumer Council	Statewide Advocacy and Support	127,000
	Skills Training and Scholarships	15,000
	Adult Surveys	80,000
	Recovery Support & Peer Leadership Projects	35,000
	WRAP Training and Development	46,000
Transition House	Adult Community Living	132,000
Mental Health Association of Tulsa	Peer To Peer Outreach Best Practice Project	70,000
	Adult Community Living	260,000
Tulsa Day Center for the Homeless	Adult and Family Case Management	45,000
Parents As Partners (Oklahoma Federation of Families)	Statewide Advocacy and Support	43,000
Additional Services to Be Contracted	Adult and/or Child Services	592,000
DMHSAS	Supported Employment Initiative	100,000
	Skills Training	40,000
	Public Education	40,000
	Administration	220,003
	TOTAL	\$ 4,775,657

CHILD PLAN

CRITERION 1. COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEM

Criterion Description: *A comprehensive, community-based system of mental health care for adults who have a serious mental illness and children and youth who have a serious emotional disturbance, including case management, treatment, rehabilitation, employment, housing, educational, medical, dental, and other support services which enable individuals to function in the community and reduces rates of hospitalization.*

NOTE: *Some of the information required for this Section duplicates material in the Adult Plan. Readers will be directed to the related item in the Adult Plan when that is the case. Additional children-specific information will be included where differences and enhancements exist in relationship to children's services.*

Both ODMHSAS Adult and Children's Services, and the related Mental Health Block Grant plans, are coordinated and implemented within the Community Based Services Division. This affords good integration, continuity, and efficiencies. However, staff of the Division are clearly assigned to and accountable for either the Children's Services or Adult Services.

Also, readers will want to note that additional information is included under Criterion 3, which more elaborately describes Oklahoma's system of integrated social, education, juvenile, substance abuse and mental health services for children.

AVAILABLE SYSTEM OF REHABILITATION AND SUPPORT FOR CHILDREN

Community-Based Care. The system of fifteen publicly funded community mental health centers described in the Adult plan also must provide services to children and their families. Children under 18 accounted for 11.9 percent of mental health center clients in FY2004.

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

- Crisis intervention
- Medication and psychiatric services
- Case management services
- Evaluation and treatment planning
- Counseling Services*
- Day [treatment]Services

**must utilize evidence-based techniques*

ODMHSAS contractual language has been modified for CMHCs to permit use of children's funding to cover the cost of youth in transition to the adult system. Specifically, services for transitioning youth, up to age 22 can be funded with ODMHSAS children's funding for those youth with a serious emotional disturbance who entered ODMHSAS services prior to their

eighteenth birthday and continue in services as they transition into the adult system. Transition services are discussed later in this section.

Additional support services available to children and their families can include:

- Systems of Care, including Wrap Around Services
- Home-based Services
- Family Counseling
- Diagnoses Related Education
- Client Advocacy
- Outreach
- Prevention
- Socialization
- School-based Services
- Respite Care
- Flexible Funds
- Advocacy & Peer/Family Support
- Consultation to Licensed Child Care Facilities

Table 2.1 in the Adult Plan lists community mental health centers, counties served and designated service areas.

The following section describes the array of services available for Oklahoma children and their families. Most services are provided by community mental health centers. However, with the development of Systems of Care in the state, a broader base of providers is engaged in the coordinated provision of services and supports for children and their families. Included below is specific information on services available through the Systems of Care as well as case management services, psychosocial rehabilitation, resources available for housing, education and employment, access to medical, vision and dental and peer advocacy and family support. The state's efforts to reduce the utilization of hospitalization are also discussed.

System of Care for Children.

Oklahoma began to implement local Systems of Care in 2000. Currently there are nine System of Care Communities covering 13 counties, with several other communities 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. Even with budget shortfalls, the legislature has increased funds for this program.

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 made up of agency staff, community members, parent advocates and family members.

Outcome data are carefully tracked. All local SOC communities receiving federal funding will participate in the National Evaluation conducted by ORC Macro. All other sites will participate in a state-planned evaluation process. Functional assessment scales and parent and youth satisfaction surveys are part of both evaluation processes.

Oklahoma is utilizing national trainers to saturate the state in wraparound training, as well as to coach staff to insure fidelity to the model. Training of Trainers is occurring to develop Oklahoma's own capacity to continually train and maintain strict fidelity to the model.

Case Management and Wrap Around Services.

In Oklahoma, case management services are essential to the recovery process for children with serious emotional disturbance. Behavioral health case management assists children and their families to access and develop the network of natural and formal supports/resources necessary to live in an interdependent manner in the community.

Children's case management is funded by both 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 documentation regulations. Further, OHCA has recently received approval to implement revisions to the case management services for children. These changes provide more flexibility for families and case managers to build more effective discharge and community re-integration plans, following inpatient care of children and youth.

All case managers serving children must be certified by ODMHSAS as a Behavioral Health Care Manager – Child, Adolescent and Family or Dually Certified to work with both adults and children as a case manager. Details on the Certification requirements and statutory authority are included in the Adult section of this plan.

Case management services for children and their families are evolving to incorporate a wraparound coordination model to provide this service. This is a strategic movement to better integrate the values of Strengths-Based Case Management with the unique needs of children and their families – particularly those served in Systems of Care communities. Children and youth with serious emotional disorders and who want to access the full continuum of public behavioral services are offered a case manager who can serve as a care coordinator to work closely with the youth and family to develop an integrated treatment plan. In addition to the Certified Case Management Training, ODMHSAS offers additional competency based training, including on-site coaching, in the wrap around model.

The case manager/care coordinator duties include:

- Work with the youth and family to stabilize any immediate behavioral crises;
- Coordinate involvement of family-to-family support in treatment planning;
- Complete strengths, needs and culture discoveries;
- Coordinate 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);
- Assist in problem solving as identified by the CFT;
- Facilitate a process in which the CFT will design services and supports based on assessment needs, culture and strengths;
- Ensure that services and supports are implemented as described in the plan;
- Manage information and monitor service progress;
- Work with the CFT to update and fine-tune the plan on a continual basis; and,
- Transition the youth and family through transition points and out of services.

Employment. 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.

ODMHSAS and DRS are currently collaborating on a school project for youth with serious emotional disturbance, intended to use employment as stabilization and to prepare these students for entering the world of work. The student will move from the regular school system to a Mental Health Center, and as part of a System of Care participate in a job club with focus on employment skills, such as job sampling, work habits, resume' building and interview preparation. Having acquired these skills, the students will then participate in short term jobs paid by DRS as Work Site Learning and then be transitioned into a full time job through DRS Supported Employment. The initial start-up phase will be funded by ODMHSAS. Various pieces of this pilot system have been tested; but, this is the first attempt to work out the continuum of services involving, the education system, ODMHSAS and DRS. The intent is to produce a program with seamless movement of the SED student from the school to a therapeutic setting through to adult services, establish policy and procedures and a funding stream workable for the Mental Health Center.

Education. Under the provision of the Individuals with Disabilities Education Act (IDEA-B), children who are placed in a special education program because of a serious emotional disturbance must have an Individual Education Plan (IEP). The State Department of Education reports there were 93,045 children enrolled in special education in School Year 2003-2004; this is 14.5% of total school enrollment statewide. There were 17,000 children in alternative education settings during the same time period.

Medical and Dental 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 obtain access to treatment of health impairments 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 (CHIPS). Recognizing the growing concern for the health and welfare of Oklahoma's children, the state legislature took action in 1997 by passing the Title XIX expansion. This legislation raised the eligibility level to 185% of the federal poverty level for children. This expansion included children under nineteen and pregnant women regardless of age. The Title XIX expansion also included individuals even if they had other types of insurance coverage.

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%.

School based health services is another initiative by the Oklahoma Health Care Authority titled EPSDT or Early Periodic Screening, Diagnosis, and Treatment. This program provides a broad array of services beyond the basic Medicaid program such as comprehensive screenings, immunizations, and dental services. Many schools are hiring nurses and implementing health programs. The main goal of the program is help parents receive preventative care for their children rather than relying on emergency care. This program allows families to identify

potential problems early; 294 out of a total of 544 school districts are participating. The program is statewide; districts in 65 of Oklahoma's 77 counties are providing EPSDT.

Substance Abuse Services

Overview. ODMHSAS operates one adolescent substance abuse treatment facility in addition to the facilities described in the Adult Plan. The agency also contracts with private not-for-profit organizations for other levels of care. In addition to the state-operated agencies, ODMHSAS contracts with approximately 74 private facilities, which provide one or more levels of care. Included in this group are 5 residential units for women with children and 3 parents-with-children community living units. Many of the outpatient facilities, including CMHCs, provide substance abuse services to both children/adolescents and adults.

Cross Training Initiative. Children with SED served in substance abuse treatment settings may not be correctly identified in those settings. The Cross Training Initiative described in the Adult Plan will develop added provider expertise to screen for more comprehensive needs of children and youth who present for services throughout the system. This will include children with co-occurring mental illnesses and substance abuse disorder.

Co-occurring Treatment Services. The Adult Plan describes the priority Oklahoma has placed on more effectively serving individuals with co-occurring conditions. A recent technical assistance report from the Center of Substance Abuse Treatment has provided some clear understanding of where Oklahoma is in terms of adequate services and the direction that Oklahoma should take in providing a solid continuum of care for persons with co-occurring conditions, including the treatment needs of children and adults.

Co-occurring treatment services for children and adolescents are available, primarily from outpatient treatment providers throughout the system. ODMHSAS and these agencies are currently planning for specific enhancements to more comprehensively address this need. The SAMHSA Toolkit and targeted technical assistance from the Center for Substance Abuse Services will augment this effort.

Support Services. In addition to the supports provided within the contexts of services described above, a variety of formal and informal options are available to more comprehensively meet needs of children and their families.

- **Family Involvement.** As the System of Care philosophy expands within the state, the role for families is enhanced in all services for children. Family participation promotes four changes in the way children are served: increased focus on families; provision of services in natural settings; greater cultural sensitivity; and a community-based system of care. Family participation improves the process of delivering services and their outcomes. For children with serious mental health problems, the more the family participates in planning services, the better family members feel their children's needs are being met; participation in service planning also helps service coordination. Family involvement in services was a determinant of the level of parental empowerment, that is, how much control parents felt they had over their children's treatment.

- **Family Support.** Family support is defined here as the assistance given to families to cope with the extra stresses that accompany caring for a child with emotional disabilities. In addition to the stress of raising a child with an emotional disability, families often face other difficulties such as poverty, joblessness, substance abuse, and victimization. Family support often helps keep families together by assisting them with the practicalities of living and by attending to the needs of all family members. The main goal of family support services is to strengthen adults in their roles as parents, nurturers, and providers. Natural support systems are often diminished for families of children with serious emotional, behavioral, or physical disorders or handicaps because of the stigma of, or embarrassment about, their child's problems, or because caregivers have insufficient energy to reach out to others. Parents frequently report that limited social support decreases their quality of life and that they feel less competent, more depressed, worried, and tired and have more problems with spouses and other family relationships than other parents although a few families do feel enriched by caring for these children.

Expanding parental support is a key goal of the state. The Department is supporting the Visions for Tomorrow program offered by NAMI-Child and Adolescent Network, sponsoring the Federation of Families state affiliate, purchasing respite, enabling all centers to provide flexible funding for families, creating innovative services (such as the Family Self Sufficiency program) and providing training to local providers on support services.

Activities Leading to the Reduction of Hospitalization

CMHC screening functions for local inpatient care as well as provides discharge planning and wrap around services for the families. This has resulted in lower hospitalization rates and shorter lengths of stay – particularly those served in Systems of Care communities .

Red Rock BHS will establish the state's first Children's Crisis Stabilization Center in Oklahoma City in FY2005. OHCA and ODMHSAS collaborated to review rules and reimbursement policies to support this new specialty service. It will offer new alternatives to hospitalization for children and allow more immediate resolution of crisis issues.

CRITERION 2. ESTIMATES OF PREVALENCE AND TREATED PREVALENCE AND MENTAL HEALTH SYSTEMS DATA

Criterion Description: *Quantitative population targets to be achieved through the implementation of the mental health system, including estimates of the estimated numbers of individuals with SMI and SED in the state (or prevalence rates) and the numbers of such individuals.*

ESTIMATION METHODOLOGY

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

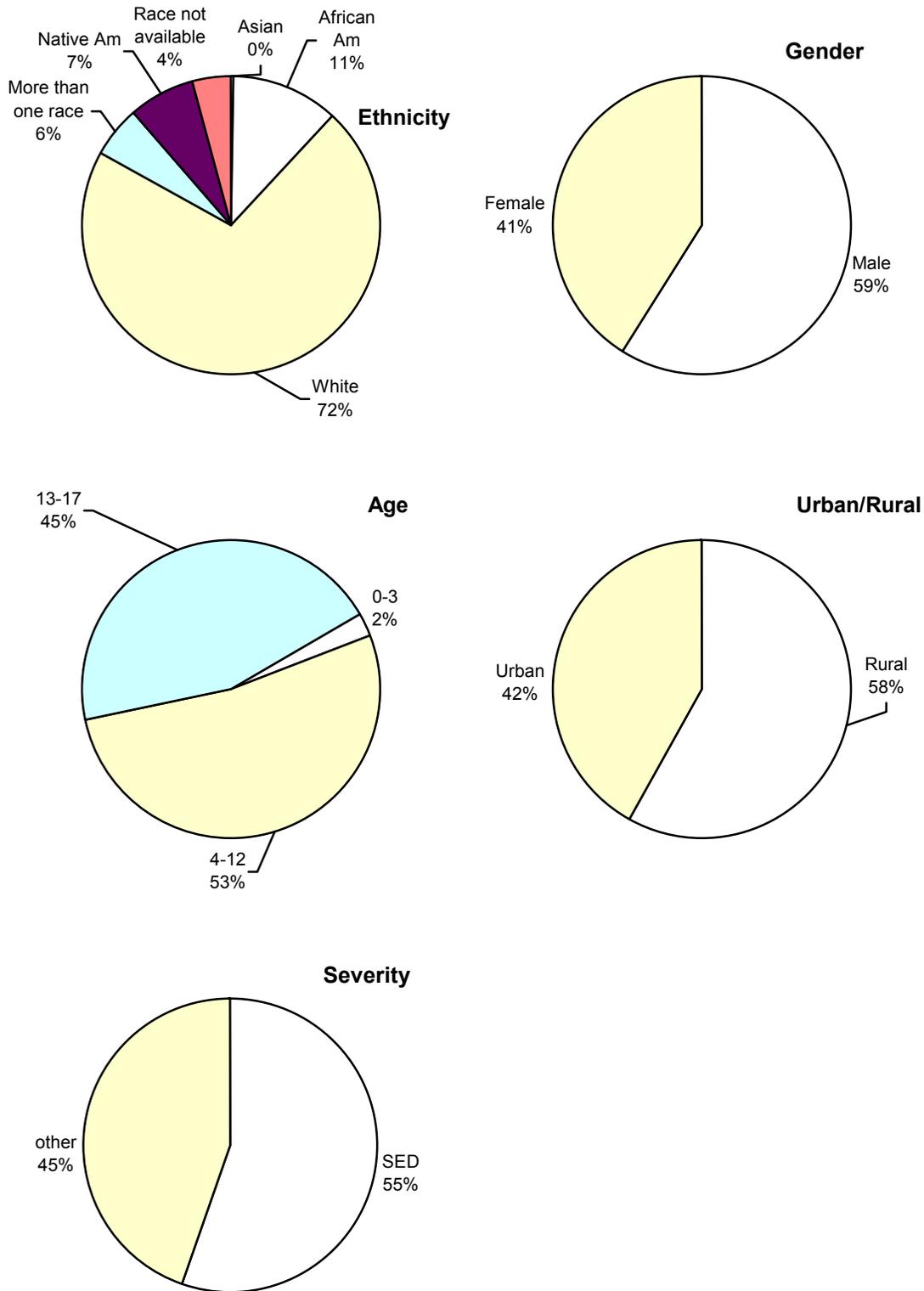
At the rate of 13%, the prevalence of children in Oklahoma with SED children is estimated to be 110,275 based on U.S. 2003 Census data. There are 848,243 children in Oklahoma, ages 9-17.

DESCRIPTION OF CHILDREN RECEIVING SERVICES

The following pages show profiles of service recipients in Oklahoma's Community Mental Health system. The numbers refer to unduplicated, admitted clients served by a community mental health center or other mental health service provider. The child is shown in Figure 4.1. Populations are described in terms of urban or rural, gender, cultural identity, age, and severity of illness (SED).

Figure 4.1 - PROFILE OF CHILDREN AND YOUTH SERVED

(as reported in the ODMHSAS Service Data)



Figure

SED DEFINITION

Target population is comprised of individuals up to eighteen years of age who meet the following criteria:

- A. A child who possesses a diagnosable, serious disorder under DSM-IV such as pervasive developmental disorder, childhood schizophrenia, schizophrenia of adult-type manifesting in adolescence, conduct disorder, affective disorder, other disruptive behaviors, or other disorders with serious medical implications such as eating disorders, or persistent involvement with alcohol or drugs;

and

- B. Who has a functioning level which includes: (a) a moderate impairment in at least four, (b) serious impairment in two or (c) extreme impairment in one of the following areas:

or

- C. Who has a duration of illness for at least one year and has (a) functioning level of moderate impairment in at least two, or (b) severe impairment in one of the following areas:

1. **Feeling, Mood and Affect:** Uncontrolled emotion is clearly disruptive in its effects on other aspects of a child's life. Frustration, anger, loneliness and boredom persist beyond the precipitating situation. Symptoms of distress are pervasive and do not respond to encouragement or reassurance.
2. **Thinking:** Disruption of daily life due to impaired thoughts and thinking process. Inability to distinguish between fantasy and reality. Unusual thoughts or attachments to objects.
3. **Substance Use:** Frequent difficulties due to substance use. Repeated use of substances causing difficulty at home or in school.
4. **Family:** Disruption of family relationships. Family does not function as a unit but with frequent turbulence. Relationships that exist are psychologically devastating. Lacks family support. Abused or neglected.
5. **Interpersonal:** Severe inability to establish or maintain a personal social support system. Lacks close friends or group affiliations. Socially isolated. Lacks age appropriate social skills.
6. **Role Performance:** Frequent disruption of role performance; individual is unable to meet usual expectations. Persistent behavior problems. Failure, suspension or being expelled from school.
7. **Socio-legal:** Inability to maintain conduct within the limits prescribed by law, rules and strong mores. Shows little concern for consequences of actions. Delinquent acts and/or frequent contact with law enforcement.
8. **Self Care/Basic Needs:** The ability to care for self is considerably below expectation.
9. **Caregiver Resources:** Caregiver has difficulties in providing for the child's basic needs or developmental needs such that there is a negative impact on the child's level of functioning.

NOTE: Children with a primary diagnosis of developmental disorders are excluded from this definition.

CRITERION 3. CHILDREN'S SERVICES

Criterion Description: *The system of integrated social, education, juvenile, substance abuse and mental health services for children that together with health and mental health services are to be provided for such children to receive care for their multiple needs (including services provided under the Individuals with Disabilities Act).*

Overview of Integration Activities. Substantial developments have occurred in recent years in Oklahoma in children's mental health. These have greatly enhanced the system's ability to approach services to children and their families in a more integrated fashion. ODMHSAS and its partners, which include parent advocates, youth, providers, and colleagues from all major child-serving agencies, are now experiencing many of the benefits, which have resulted from this somewhat historic level of collaboration and integration. The following provides an overview of the needs of Oklahoma's children and describes initiatives on multiple levels that are now under the interfacing rubric of the Oklahoma Partnership for Children's Behavioral Health and the Oklahoma Systems of Care Initiative.

Unmet Needs. This excerpt gives a moving picture of Oklahoma's children:

. . . If Oklahoma had only 100 children, eleven would be American Indian, ten would be African American, one would be Asian. Most of the rest would be White. Regardless of their race, eight would be Hispanic or Latino . . . twenty would live in families so poor they could not provide that child with an adequate diet. Six of those poor children would be under the age of five . . . at least six would live with a significant disability. Four of those children would be mentally disabled, probably mentally retarded. If Oklahoma had only 100 children, we would have to take care of each one. We would have none to spare. Oklahoma has only 892,360 children. We have to take care of each one. We have none to spare . . . each day in Oklahoma, 165 incidents of child abuse or neglect are investigated and 43 are confirmed. 26 teens drop out of high school, and 78 children are arrested for a crime . . . (Oklahoma Kids Count Factbook 2003)

Because of conditions as those illustrated above and multiple other factors, there is a growing concern that children in Oklahoma are not receiving the behavioral health (e.g., mental health and substance abuse) services they need to become independent and productive adults. Reports suggest that a small but growing number of parents are relinquishing custody of their children, as a means to obtain needed behavioral health services for them. National research finds that 15 to 21% of all children have emotional and behavioral disorders of an intensity that would benefit from behavioral health services at some point during their childhood and that 5 to 9% have severe emotional disorders that require intensive interventions to avoid long-term residential treatment. Recent studies in Oklahoma show that the proportion of children and youth in the Oklahoma Juvenile Authority (OJA) and the Department of Human Services (DHS) systems who have behavioral health needs are much higher than the national estimates for the general population. A conservative estimate is that over 75% of all children in both systems have emotional and behavioral disorders of an intensity that would benefit from behavioral health services.

Preferred Approach. The state also recognizes that when these children and their families get the right kind of services and supports they can overcome these obstacles and succeed. Supports and services tailored to the special needs of children with serious emotional disturbance are particularly essential to these children and their families. Much of the planning and visioning, on behalf of these children in Oklahoma has been based on the research and findings in the first US Surgeon General's report on Children's Mental Health. Specifically, that multiple problems associated with serious emotional disturbance in children and adolescents are best addressed with a systems approach in which multiple service sectors work in an organized, collaborative way. Research on effectiveness shows positive results for systems and functional outcomes for children from such an approach. (David Satcher, MD 1999)

Role of ODMHSAS. Funding, regulation, and advocacy related to children's behavioral health has historically been fragmented in Oklahoma. This is contrary to the ideal summarized in the Surgeon General's report. For example, ODMHSAS remains as the authority for children's mental health but is one of the lowest funded state agencies for mental health services. The following illustrates the irony of this based on expenditures for children's outpatient and inpatient behavioral health in Oklahoma (FY 2003):

Oklahoma Health Care Authority	\$ 91,489,771
Department of Human Services	59,247,176
Department of Education	33,715,648
Mental Health & Substance Abuse	17,294,663
Department of Health	2,561,073
Office of Juvenile Affairs	19,226,002

Regardless, ODMHSAS is responsible for planning, coordinating, and partially funding services at the community level through its network of CMHCs. ODMHSAS also operates the Oklahoma Youth Center a free standing 40 bed inpatient psychiatric hospital for children. A summary follows to define the role of each the major child-serving agencies in the state.

Oklahoma Commission on Children and Youth. The Oklahoma Commission on Children and Youth is the agency responsible for the planning and coordination of services to children. OCCY does not provide direct services for children and adolescents. This agency receives funding which is passed through to other programs or boards such as Court Appointed Special Advocates, Child Death Review Board, Juvenile Personnel Training Program, and Post Adjudication Review Boards. The Oklahoma Commission on Children and Youth has regional planning boards throughout the state that 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.

Through a sub-committee of OCCY, there has been a group of agency staff meeting to develop a Children's Coordinated Data Base. This data sharing committee was able to purchase technical assistance to develop a Joint Application Design, which will be used to share both aggregate data and specific data on children. An appropriation request was made the past two years to request funding to complete this project. This project was fully funded this legislative

year. Equipment has been ordered and OCCY has begun the process of hiring staff for this program.

Oklahoma Health Care Authority. Medicaid is a federal and state entitlement program that provides medical benefits to low-income individuals who have no or inadequate health insurance coverage. Medicaid guarantees coverage for basic health and long-term care services based upon income and/or resources. Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers of Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS).

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

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 additional uninsured low-income children with a higher federal match assistance percentage. Federal poverty guidelines for Oklahoma children were raised from 150% to 185%.

Oklahoma experienced a significant increase in the number of children covered by Medicaid (overall increase of seventy percent between November 1997 and June 2000). Took out this sentence here too. Added in this sentence. As of July 2004, there were 358,350 children enrolled in Medicaid. Of those, 9,100 were new Medicaid recipients and 46,304 were enrolled due to the expanded eligibility of the SCHIP program. Per the Kaiser Family Foundation's 2000-2001 report on Oklahoma's state data, 25% of the overall state's child population is uninsured. In the Fall of 2004, Oklahoma voters will have the chance to vote for a tobacco tax increase, 26% of the income from this tax will go to providing insurance for the uninsured.

Department of Education. The Department of Education receives funding and is responsible for many educational services to children. The programs listed here are ones in which mental health services are available. Oklahoma has 540 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.

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

School based health services has been another initiative by the Oklahoma Health Care Authority through the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT). This program provides a broad array of services beyond the basic Medicaid program such as comprehensive screenings, immunizations, and dental services. Many schools hire nurses and implement health programs. The main goal of the program is help parents receive preventative

care for their children rather than relying on emergency care. This program allows families to identify potential problems early. 294 school districts are participating in the program statewide. Districts in 65 of 77 Oklahoma's counties are providing EPSDT.

Department of Health. Oklahoma State Department of Health (OSDH) Family Health Services is one of the four major service areas of the OSDH. The mission is to protect and promote the health of Oklahoma's women, children and families by assessing health status, establishing evidence-based priorities and providing leadership to assure the availability of individual, family and population-based services. Programs include the Office of Child Abuse Prevention, Children First, Child Guidance, Dental Health, Maternal and Child Health, Screening, Special Services and SoonerStart, and WIC. Some of the services provided through these and other OSDH programs include: nursing home visitation, parenting education, developmental screening/assessment, early identification and intervention of mental health/behavioral/developmental concerns, well child checkups, school health, Youth Risk Behavior Survey (YRBS), violence prevention and suicide prevention.

Department of Human Services. The Oklahoma Department of Human Services (OKDHS) 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 Children and Family Services Division administers programs to families, children and youth at the home, community and residential level. The Division administers two Juvenile Shelter programs. The Children with Special Health Care Needs 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. CSHCSN 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.

Office of Juvenile Affairs. The Office of Juvenile Affairs is a state agency entrusted by the people of Oklahoma to provide professional prevention, education and treatment services as well as secure facilities for juveniles in order to promote public safety and reduce juvenile delinquency. That mission is accomplished through utilization of community based resources, residential settings, institutional facilities and field intake, probation and parole services. Field services process approximately 11,000 intakes each year. In addition to these programs, funding is provided to 41 Youth Service agencies, located throughout Oklahoma, for the maintenance of community-based temporary youth shelters, delinquency prevention and diversionary youth services programs.

Policy Academy. In December 2003 key stakeholders from all child servicing agencies, the Governor's office, the Oklahoma Legislature, OHCA (Medicaid agency), and family representatives attended a week-long Policy Academy in Annapolis, Maryland. At this meeting these stakeholders developed a plan to form the Oklahoma Partnership for Children's Behavioral Health and to create a seamless System of Care for children and families in Oklahoma. To determine how State Administration can best use these opportunities to make productive changes and better support children and families statewide, the Office of Juvenile Affairs (OJA), the Department of Human Services (DHS), the Department of Health (OSDH), the Department of Education (SDE) the Commission on Children and Youth (OCCY), the Department of Mental Health and Substance Abuse Services (ODMHSAS), the Department of Rehabilitation Services (DRS), National Alliance for the Mentally Ill (NAMI), Federation for Families – Parents as Partners, and the Oklahoma Health Care Authority (OHCA) are working together to develop a plan for an integrated system of behavioral health care.

The Oklahoma Partnership for Children’s Behavioral Health. In early 2004 this partnership was formalized as a Board, which will retain full responsibility and authority for Systems of Care design, implementation, and management. By its very nature, this will necessitate a cross-agency, coordinated approach, requiring ongoing reform of policy and reorganization of resources. The membership of the Oklahoma Partnership for Children’s Behavioral Health Board includes:

- Secretary of Health
- Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services
- Commissioner, Oklahoma State Department of Health
- Director, Oklahoma Department of Human Services
- Director, Oklahoma Juvenile Justice Authority
- CEO, Oklahoma Health Care Authority (Medicaid)
- Superintendent, Oklahoma State Department of Education
- Director, Oklahoma Commission for Children and Youth
- Director, Department of Rehabilitation Services
- Oklahoma Senate
- Oklahoma House
- NAMI – Oklahoma
- Oklahoma Federation of Families
- Three culturally diverse family member representatives appointed by the Governor

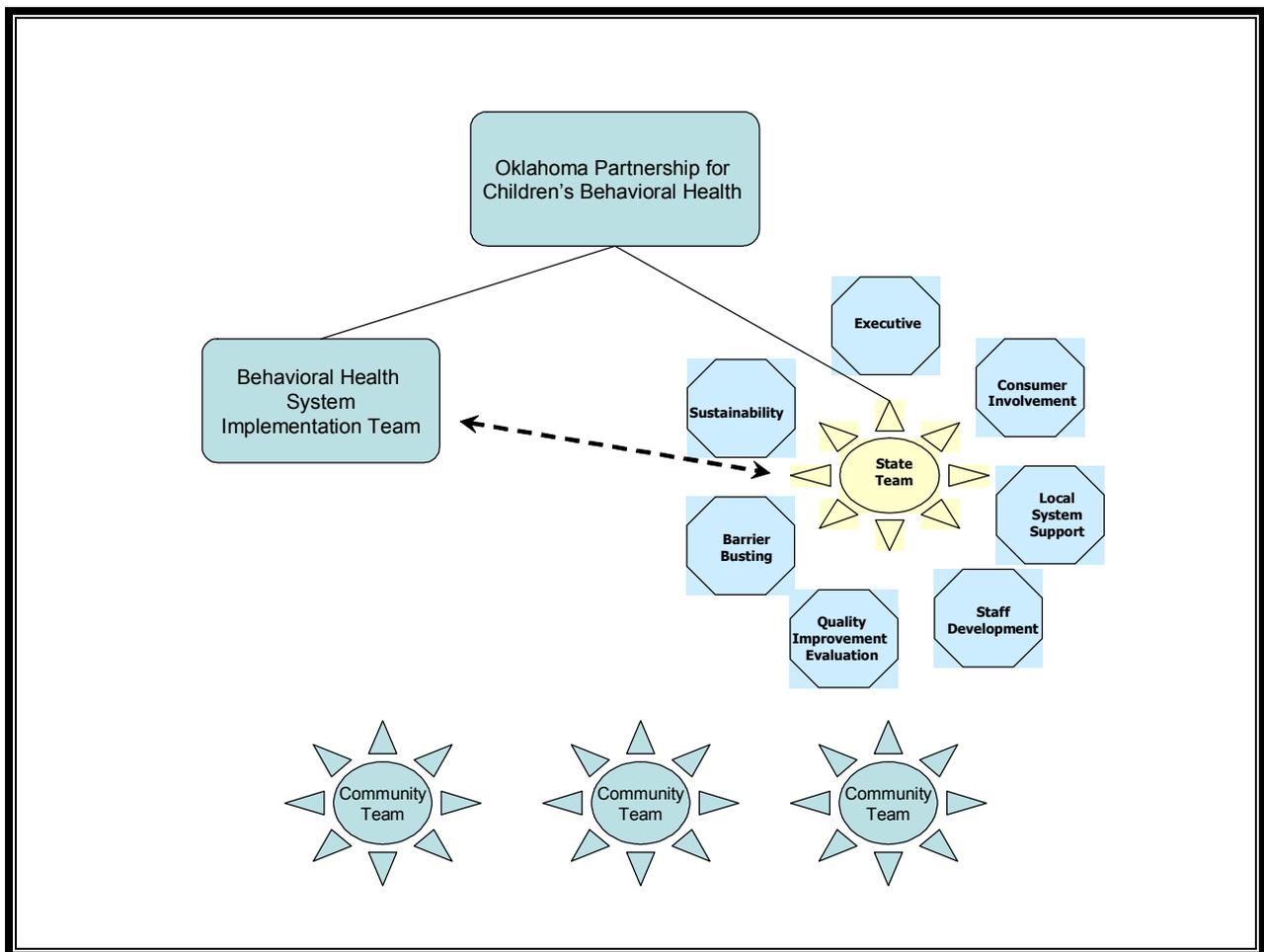
The Oklahoma Systems of Care Initiative. The Systems of Care Initiative began in 2000 with two community based programs - The Tulsa County Systems of Care and the Kay County Systems of Care. The initiative has continued to build momentum – greatly enhanced by the award of a six-year SAMHSAS grant The Cooperative Agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program in 2002.

There are currently nine SOC communities in operation in 13 counties. Initial outcome data from the projects are impressive. Pre/post data 2003 demonstrate reductions in:

- Hospitalization – 65%
- School Suspensions – 71%
- Law Enforcement Contacts – 49%

Several additional Oklahoma communities are working to develop local Systems of Care. Currently seven ODMHSAS Central Office staff are dedicated primarily to the Systems of Care Initiative. These positions are funded through the Federal grant and state appropriations and provide technical assistance and on-site support to established and developing Systems of Care Communities. Beyond funding from the Federal grant, ODMHSAS assists new communities with funds for community development and flexible funding to a limited number of children and their families through an approach the state has labeled as “Miniwraps.” The Miniwrap model has effectively incubated new Systems of Care sites as well as strengthened other pre-existing community collaborations.

Figure 5.1 illustrates the relationship between the Partnership and the Systems of Care Initiatives. This arrangement has been effective to support progress on several key goals identified by the Partnership and the Systems of Care stakeholders.



Additional details on the Systems of Care Initiative are included in Criterion 1.

Other services have emerged or expanded a direct result of the Systems of Care activities. These include:

- **Positive Behavioral Intervention & Supports (PBIS).** ODMHSAS partnered with Hugo Safe Schools Healthy Students and the State Department of Education to bring a national expert in PBIS, Lucille Ebert, to the state to address a group of principals, teachers, and counselors. Hugo Safe Schools Healthy Students has decided to adopt this model and ODMHSAS is helping to promote its adoption by other school districts. PBIS incorporates a value-based focus on quality of life with the science of applied behavior analysis.
- **Behavioral Health Aides.** OHCA and ODMHSAS developed regulations for this service which is pending federal Medicaid (CMS) approval. ODMHSAS will train and credential qualified providers for this service. Behavioral Health Aides will provide behavior management, redirection, behavioral and life skills remedial training. They will also provide monitoring and observation of the child's emotional/behavioral status and responses, providing interventions, support and redirection when needed.
- **Children's Psychiatric Crisis Stabilization Center.** Red Rock BHS will open this short-term stabilization center in Oklahoma City in FY2005. It is described under

Criterion 1 of this section. The focus will be on stabilizing the crisis for the child and family and linking to the community based resources to prevent the need for a higher level of care. Medicaid and ODMHSAS will jointly fund the service.

Interagency Collaboration Initiatives. Dynamics are now in place, which capitalize on overlapping goals, resources, and partners between the Partnership and the Systems of Care Initiatives. As a result, other interagency collaborations have been strengthened or have been initiated.

- Suicide Prevention Board – this Board was created legislatively to create a state plan to suicide prevention.
- Mental Health Consultation to Licensed Child Care Centers – ODMHSAS and the Department of Human Services (Child Care Licensing Division) initiated a pilot in FY2003 whereby selected ODMHSAS-trained clinicians provided consultation activities targeted at “high impact” child care centers – those centers with the greatest percentage of state subsidized children in child care. Outcomes from that pilot were successful. DHS has provided continued funding to expand the number of mental health professionals and the number child care centers involved in the program.
- Targeted Mental Health Services for Children Affected by Trauma – This is a cooperatively funded and monitored program between two Divisions at ODMHSAS - the Domestic Violence and Sexual Assault Services and the Mental Health Services Division. At the funded sites, children who have been exposed to trauma are provided mental health services.
- Child Death Review – This committee reviews every unattended death of a child in Oklahoma. There is a report published yearly.
- Child Care Licensing Board – This committee develops licensing standards for all types of child care.
- Oklahoma Commission on Children and Youth – OCCY is legislatively mandated to plan and coordinate all children’s services. They are also mandated to do juvenile oversight of both the public and private child serving agencies.
- Child Abuse Prevention Task Force – This task force is responsible for developing programs for child abuse prevention.
- Interagency Coordinating Council for Early Intervention – This is an OCCY Council that oversees the operation of Sooner Start (for children 0-3 years old).
- Planning and Coordinating Council – OCCY Council responsible for the overall planning and coordinating of children’s services. There are regional boards throughout the state that assist in the development of the OCCY State Plan for Children.
- IDEA-B Advisory Council – This Council, through the Department of Education, Special Education Division, is to advise the state educational agency of unmet needs within the state in the education of children with disabilities.

It is noted that this Criterion speaks directly to the system integration of services to benefit children with multiple needs. The Partnership and the Systems of Care Initiative are greatly enhancing children’s services infrastructure and policies to assure greater collaboration. The following summarizes additional methods by which children’s needs are met through the integration of services.

The network of CMHCs and the specific geographic boundaries within which they provide services assure collaboration and integration both statewide and at the local level. The network of CMHCs is described under Criterion 1 and in the Overview section of this Plan.

TRANSITION SERVICES

In FY2005 ODMHSAS will increase its attention to the needs of youth with SED transitioning to the adult system of care. Contracts now stipulate services for youth with SED can be reimbursed by ODMHSAS children's funds until the age of 22.

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 IEP's beginning at age 14. ODMHSAS serves on this Council.

Department of Rehabilitation Services. DRS is a program for persons with disabilities of working age. A person has to have a physical or mental disability that constitutes a vocational handicap for the individual in order 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 seven 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, which enable them 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 occupational 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 adults and high school students wishing to pursue technical training.

CRITERION 4. TARGETED SERVICES TO HOMELESS POPULATIONS TARGETED SERVICES TO RURAL POPULATIONS

HOMELESS CHILDREN

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 serve homeless children. ODMHSAS serves children who are homeless at community mental health centers, outpatient substance abuse agencies and domestic violence shelters. Case management, homebased services and flexible funds are used to prevent homeless.

A program titled "Family Self Sufficiency" is available to assist homeless families with a child with SED. This services is offered by NorthCare and is located in central Oklahoma. 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. The program has assisted individuals with serious mental illness who have a child diagnosed with SED.

RURAL MENTAL HEALTH SERVICES FOR CHILDREN

Children's Services. In FY00, 2,224 children were served in rural community mental health centers. 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.

Services for children in rural areas of Oklahoma have expanded in communities, which host Systems of Care. Of the states nine present Systems of Care sites, seven are in rural settings serving eleven counties. Additional Systems of Care sites in rural communities will initiate services in FY2005.

In addition, ODMHSAS offers "TEENLINE" a toll-free hotline for teens. 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 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, domestic violence, parenting, and other prevention issues. There are 591 separate brochures available and 441 video tapes. Materials are distributed at conferences, meetings, health fairs, through Area Prevention Resource Centers, schools, churches, nonprofit organizations, and by individual request.

CRITERION 5. MANAGEMENT SYSTEMS

Criterion Description: *Financial and staffing resources including human resource development of community mental health providers which will be available to implement the plan will be described. The plan must also describe the manner in which the state intends to expend the mental health block grant.*

NOTE: *Many required items under this criterion are discussed in detail in the Adult Section of the plan. Oklahoma's adult and child mental health services are integrated within the Community Based Services Division and share many administrative and infrastructure resources. Readers will be referred to the applicable item in the Adult Plan unless additional information is required to accurately describe resources devoted to children services.*

Administrative Structure. As referenced above, ODMHSAS child mental health services are administered as a key function within the Community Based Services Division. Additional information on Division resources is included in the Adult Plan. Nine fulltime positions and 2 part time staff work are assigned to Children's Services. Those are listed below.

- Director of Children's Services
- Administrative Assistant
- Director of the State Systems of Care Initiative
- Youth Coordinator
- Family Advocate
- Training and Social Marketing Coordinator
- Wrap Around Trainers (2)
- Clinical Specialist
- Cultural Competency Coordinator
- Early Childhood Consultant

The ODMHSAS Director of Children Services reports to the Director of Community Based Services. The Director also works closely with staffs in the ODMHSAS Substance Abuse Services and Domestic Violence/Sexual Assault Services Divisions.

Staffing Levels and Trends. As described in the Adult Plan, recruitment and retention of qualified mental health staff challenges the state. The most notable shortage of specialists to work with children include child psychiatrists and licensed mental health professions with evidence-based practice competencies.

HUMAN RESOURCE DEVELOPMENT. The Adult Plan details the extent of training opportunities supported by ODMHSAS. Many of these trainings target children. The Oklahoma Systems of Care Initiative provides additional resources to reach out to diverse training audiences. These include many community partners other than that traditional mental health workforce. Specifically, these resources are used to train emergency health workers such as fire fighters, emergency medical technicians, police and emergency room personnel as well as representatives of faith based organizations.

The Case Management training and certification activities are described in the Adult Plan. Case management providers for children's services in both the ODMHSAS and the Medicaid payment systems must be ODMHSAS-certified as a Behavioral Health Case Manager with a specific endorsement in Child, Youth, and Family Case Management. The Systems of Care Wrap Around Training described earlier in this application closely aligns with the Case Management Training.

PERFORMANCE IMPROVEMENT INITIATIVES

All performance improvement initiatives detailed in the Adult Plan also apply to Children's Services. Additional activities targeted to children's services are underway. These include quality assurance work through the Oklahoma Systems of Care Initiative, fidelity scale development and monitoring for Wrap Around Services, and outcomes evaluation activities to support the Oklahoma Partnership for Children's Behavioral Health.

FINANCIAL RESOURCES

Financial resources and revenue history are included in the Adult Plan. During the past two legislative sessions, additional appropriations have been approved for ODMHSAS specific to children's services.

FY2004 increased appropriations included:

- \$700,000 - additional Systems of Care services
- \$625,000 - partial placement of reductions to CMHCs
- \$100,000 - Children's Trauma Services

FY2005 increased appropriations included:

- \$2,500,000 - core outpatient mental health services to expand the number of persons (adults and children) who can be served
- \$1,000,000 - expansion of the Systems of Care for children
- \$500,000 - a new community-based mental health initiative to serve children that are victims of trauma

The following partner state agencies also provide funding directly to ODMHSAS to support the Oklahoma Systems of Care Initiative and other children's mental health activities. Anticipated FY2005 funding levels are indicated.

- Office of Juvenile Affairs 61,00
- Oklahoma Department of Human Services 161,000
- Oklahoma Commission for Children and Youth 75,000

Additional in-kind and cooperative efforts including the above agencies as well as the Department of Education, the Oklahoma Health Care Authority, and the Department of Rehabilitation services contribute significant resources for children's mental health.

SFY05 Budget. Community based mental health services are budgeted at \$102,563,796 in SFY05 which is 46% of the Department's overall budget. State psychiatric hospital budgets total 21% of the Department's budget. Remaining areas of the DMHSAS budget support substance abuse treatment and prevention activities as well as services for victims of domestic violence and sexual assault.

USE OF FEDERAL BLOCK GRANT

A complete listing of all anticipated recipients of the FFY2005 Mental Health Block Grant is included in the Adult Plan. Of those recipients and activities, the following target Children's Services.

ORGANIZATION	FY2005 PROPOSED USE OF MHBG FUNDS	AMOUNT
Associated Centers for Therapy	Children's Basic Services	81,500
	Children's Systems of Care	280,000
Edwin Fair CMHC	Children's Systems of Care	27,000
NorthCare Center	Children's Basic Services	220,000
Red Rock Behavioral Health Services	Children's Basic Services	289,000
NAMI OKLAHOMA	Child, Youth, and Family Surveys	55,00
Parents As Partners (Oklahoma Federation of Families)	Statewide Advocacy and Support	43,000
	TOTAL	\$1,120,500

Summary of Adult and Child Systems – Strengths, Needs, and Priorities

Strengths. Several elements discussed in this Section are evidence of a strengths-based and recovery oriented framework for the adult service system. These are briefly summarized below.

- The statewide system of community mental health systems continues to assure access to basic services and provides the state a stable service environment within which transformation and increased capacity to services are possible. Leadership within these agencies work closely with these organizations to support them in community-level collaboration, workforce development, and public education and advocacy.
- ODMHSAS state-level staff have been organized and empowered to provide on-going technical assistance to all components of the system. ODMHSAS leadership places a high value on staff as effective purveyors of emerging and evidence based practices.
- Evidence of this has been the recent emphasis and infrastructure development around the state's Psychosocial Rehabilitation Model (PSR) to emphasize choice and recovery for persons served in CMHC-based day service programs.
- The Oklahoma Regional Performance Management (RPM) system provides timely and solution focused data to stakeholders. These data are essential to monitor system change and support performance improvement.
- The Office of Consumer Affairs has become a valued and respected component of the ODMHSAS system. The voices of persons served are now "at the table" consistently and provide essential perspectives to administrators and providers.
- On-going work various consumer organizations continue to strengthen the adult system. The anticipated roll out of the Recovery Support Specialist credentialing and recruitment initiative is one concrete result of that.
- An effective partnership with family based organizations, such as NAMI and Parents as Partners, greatly expands the influence and effectiveness of ODMHSAS.
- Infrastructure development is in process to address the integrated treatment needs for persons with co-occurring mental illnesses and substance abuse disorders. The cross-training initiative will further enhance the capacity of the adult system.
- The Recovery Collaborative Project with the Medicaid agency holds great promise and is providing a useful venue for the redesign and transformation of the majority of publicly funded behavioral health services provided for adults in Oklahoma.
- The Oklahoma Systems of Care Initiative has placed children's mental health in a visible position, both in terms of services and public policy. The resources available to the state through the CMHS Systems of Care grant are highly valued by the state.
- The Oklahoma Partnership for Children's Behavior Health, resulting from the Children's Policy Academy Activities, have key decision makers and supporters of children's services "at the table". The Partnership has begun to provide essential leadership and direction in the broader arenas of all child serving systems.
- An effective cadre of state office staff to support children's services is now in place. In particular, the presence a fulltime employed Family Advocate and a Youth Work add unique and helpful perspectives to implementing effective services for children and their families.

Challenges. The adult and child systems continue to be in transition, as they should likely always be. Changes require continual analysis to utilize the State's resources and expertise to address weaknesses and unmet needs within the adult system. Following are some of those opportunities for improvement.

- The system lacks capacity, infrastructure, and expertise to implement the full range of evidence-based practices for adults and children.

- Persons served have limited choices in range of services, including access to non-traditional services, and in limited choices of providers.
- Workforce development issues also continue to challenge the system. This is both in terms of providing the current workforce with evidence-based skills as well as recruiting and retaining providers at all levels.
- Limited cultural diversity within the provider pool and cultural competency throughout the system are areas for performance improvement.
- There are also limited opportunities for persons served to move into leadership and/or significant advisory capacities.

Critical Gaps and Priorities to Address Unmet Needs

- **Waiting lists.** CMHCs maintain and regularly report information on persons requesting services but can not serve. ODMHSAS will continue to compile and analyze the waiting list reports. As in the past, these data will be used for consideration and parleyed into any change in requirements or flexibility related to priorities for use of ODMHSAS funds.
- **Unavailability of Evidence-Based Practices (EBP).** Using reporting parameters developed for the URS tables, Oklahoma currently only offers the assertive community treatment (PACT) as an EBP. ODMHSAS will continue to provide stakeholders information on educational and funding opportunities to implement EBPs. The EBP for IDDT is being implemented and will be reported for FY2005. ODMHSAS will participate with the Department of Rehabilitation Services to design training mental health and rehabilitation staff to reenergize provider's participation in Supported Employment. ODMHSAS staff will propose a timeline by which other selected EBPs will come on line in the state.
- **Services for Persons with Co-Occurring Disorders.** ODMHSAS candidly believes the numbers of persons with co-occurring mental illnesses and substance abuse disorders are underreported. Selected providers will continue to provide Integrated Dual Diagnosis Treatment services. ODMHSAS will utilize the Cross Training Initiative and other anticipated funding opportunities to expand the infrastructure for services to adults with co-occurring disorders.
- **Employment Services, including the EBP of Supported Employment.** ODMHSAS will conclude joint planning with the Department of Rehabilitation Services to identify infrastructure and policy revisions required to better facilitate adoption of the EBP for Supported Employment.
- **Housing Services.** ODMHSAS will continue to provide support to the Governor's Interagency Council on Homelessness, the Housing Policy Academy Team(s), and the Oklahoma Housing Finance Agency. Initiatives resulting from these groups' work are expected to help address critical housing shortages for persons served by ODMHSAS.
- **Continuity of Care.** Decision Support Services and the Mental Health Division will continue use of the Regional Performance Management (RPM) system to track indicators related to continuity of care, especially for persons transitioning from inpatient treatment and stabilization services to lesser intensive levels of care. Analysis of the information from the RPM will be used to target performance improvement and technical assistance with selected providers.

In cooperation with the Mental Health Planning Council, providers, advocacy organizations, and other stakeholders, ODMHSAS will continue to review emerging needs and analyze its priorities. The following chart demonstrates several intersects between Transformation Goals articulated in the President's New Freedom Commission Report, the Mental Health Planning Council Priorities, and the Strategic Plan Goals of ODMHSAS.

Achieving the Promise Oklahoma Priorities for Transforming Mental Health Care						
President's New Freedom Commission Goals	Mental Health Planning Council Priorities	ODMHSAS Goals				
		Prevention and Education	Treatment Competency	Program Capacity	Intersecting Service Needs	Performance Improvement
Americans Understand that Mental Health is Essential to Overall Health	<ul style="list-style-type: none"> • Suicide prevention strategies • Intersect with primary care • Continuity between levels of care 					
Mental Health Care is Consumer and Family Driven	<ul style="list-style-type: none"> • Recovery support specialist capacity • Consumers & families as trainers • Expand understanding and decrease stigma within other systems 					
Disparities in Mental Health Services are Eliminated	<ul style="list-style-type: none"> • Employment for consumers from minority populations • One-stop access to services • Linkages with public schools 					
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	<ul style="list-style-type: none"> • Holistic and integrated assessment tools and techniques • Transitions services for older youth 					
Excellent Mental Health Care is Delivered and Research is Accelerated	<ul style="list-style-type: none"> • Evidence based practice training in educational institutions • Trauma training for emergency, law enforcement, and clergy • Science-based knowledge for prescribes of medication 					
Technology is Used to Access Mental Health Care and Information	<ul style="list-style-type: none"> • Consumer access to technology • JOIN and Oklahoma 2-1-1 • Interagency agreements to better utilize technology & information sharing • Technology (telemed, teleconferencing, etc.) 					

Plans to address priorities will be proposed and discussed in Section III. Recent activities and accomplishments in Oklahoma are summarized below to set the context for proposed activities described in Section III.

Recent Achievements.

Many of the activities described in earlier sections of this report reflect multi-year efforts as themes to transform Oklahoma's adult services system. These themes are the bases from which the state implemented numerous activities that have enhanced the comprehensive community-based system of care. These illustrate the State's priorities and, from the State's perspective, are clearly aligned with national efforts around transformation. These reflect progress towards the development of a comprehensive community-based mental health system of care.

Theme 1. Promotion of Evidence-based practices (EBP). This theme emerged in **FY2002** with the funding and establishment of Oklahoma's initial PACT teams. This development was significant in that it provided the state a quality experience in initiating and monitoring an EPB implementation in accordance with a nationally-recognized fidelity standard. An effective alliance of stakeholders formed. This included persons served, family members, providers, Legislative staff, and ODMHSAS personnel. The stakeholders were key in advocating for the EBP implementation, monitoring developments, and analyzing outcomes on behalf of the consumers served. Because a distinct model was adhered to, outcomes were evaluated, and yielded very positive results, the value of implementing additional EBPs became clear. This theme has continued since 2002. Although Oklahoma is not a "toolkit" state, ODMHSAS leadership has firmly supported and developed strategies to implement additional EBPs. Integrated Dual Diagnosis Treatment (IDDT) has been implemented, following the fidelity model, in selected sites. Supported Employment has been implemented in a limited number of settings under the co-auspices of the Oklahoma Department of Rehabilitation Services and the ODMHSAS.

Theme 2. Uniform Standards to Support Early Identification of Mental Illness and Access to Care. The Deputy Commissioner for Mental Health convened a workgroup composed of representatives of all CMHCs, ODMHSAS staff, and representative consumers and family members in **FY2003** to determine how access to services could improve by use of a uniform eligibility and service planning model. The workgroup quickly formed a consensus and supported development of the Core Services Plan. This continues in operation today, and has provided consistency across the state to insure more uniformity in screening and clinical decision-making. The model assures that all persons requesting services receive a face-to-face screening and assessment. Following the assessment, continued services are offered to individuals who are in service groups determined to be highest priority and in greatest need by the model. The model recently proved useful to determine how to allocate additional funding appropriated in that the model was altered to expand the priority groups of person's eligibility for ODMHSAS-funded services. This model of articulating and monitoring uniform standards has also built a foundation for current work under development to refine screening tools, improve clinical documentation, and articulate standards to improve the quality of care.

Theme 3. Recovery-Focused Services. Building on the prior two themes, and a system wide assessment of the traditional day treatment program services, ODMHSAS developed system-wide models for Psychosocial Rehabilitation (PSR) Services in **FY2004** to replace the traditional day treatment programs. Regulations and contract requirements were revised to reflect this theme. Initial work was also completed to develop statewide capacity to train and employ Recovery Support Specialists. The new PSR and the deployment of Recovery Support Specialists are essential infrastructure elements for a system of services based on consumer choice, natural supports, and successful community reintegration. As with the previous themes

outlined, these initiatives are being carried forward to enhance the comprehensive service system in the state.

Theme 4. Expanded Service System Capacity. Based on additional appropriations provided by the Legislature for **FY2005**, Oklahoma will build on the multi-year initiatives outlined above, to expand services in the form of additional PACT teams, expanded IDDT services, development of a more robust system for Supported Employment, and increased capacity to serve additional persons in need. As described earlier, the Core Services Plan will guide decision making to assure access to a greater number of adults requesting services.

Theme 5. Cultural Competencies. The State has been straightforward in recognizing workforce development challenges and systemic barriers that create disparities in access to services for different cultural and racial/ethnic populations. In **FY2005** the state will emphasize training in the areas of cultural competencies, challenge providers to develop more diverse workforces, and address holistic approaches to persons served, including addressing specific needs of persons of all sexual orientations.

Conceptualizing initiatives in the thematic format has enabled ODMHSAS to articulate past and proposed transformation activities. More importantly, the thematic approach assures that ODMHSAS resources and values will consistently focus on a system that is evolving and responding comprehensively to the needs and preferences of persons served.

Oklahoma Vision for a Comprehensive System. Oklahoma envisions a dynamic system of services which promote productive lifestyles and set high standards for prevention, treatment, and recovery for those affected by mental illness, substance abuse disorders, and domestic and sexual violence. Integral to this system are partnerships among those receiving services, their families, provider organizations, and community leaders dedicated to promoting quality of life, safety, and well-being for the citizens of Oklahoma. Consumer choice, hope, family involvement and the belief in human potential are valued. Resources will be utilized to assure all services are based on individual strengths, exist in natural environments, and actively promote human value and dignity. These values are incorporated into all strategic plans, policy decisions, and funding priorities.

To summarize, ODMHSAS will continue to work with an ever expanding array of partners, including other systems which provide or interact with health care and social services. The envisioned system will result in successful community integration for the persons served that will be:

- Recovery focused;
- Consumer driven;
- Committed to providing evidence-based and the highest quality of care;
- Integrated in terms of policies, procedures, systems;
- Organized to assure better outcomes for persons served;
- Accessible with a no-wrong-door-approach; and,
- Efficient to maximize the use of limited resources.

The goals, actions, and indicators articulated in Section III will support Oklahoma's transformations in these directions.

SECTION THREE: Goals and Action Plans to Improve the Service System

Adult Plan – Current Activities and Targets

CRITERION 1. COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SERVICES
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Current activities related to the comprehensive system of care for adults are detailed in Section Two of this Application. Those activities include basic mental health treatment services, case management services, and substance abuse services. In particular Oklahoma has begun an emphasis to improve integrated dual diagnosis services for persons with co-occurring mental illnesses and substance abuse disorders.

In addition to the basic array of services, the state assures the availability of a wide range of rehabilitation and support services. These include psychosocial rehabilitation services, employment services, housing supports, assistance with accessing medical and dental services, educational supports, and peer supports. New efforts are underway to strengthen jail diversion activities, mental health courts, and re-entry services for persons transitioning from incarceration back to the community. The state has successfully launched several PACT teams and has utilized lessons learned from these experiences to set a framework for future implementation of other EBPs utilizing fidelity scales adopted by SAMHSA.

Targets have been established in the Adult Plan for Criterion 1 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- *Reduced number of persons discharged from inpatient facilities who are readmitted for inpatient services within 30 days**
- *Reduced number of persons discharged from inpatient facilities who are readmitted for inpatient services within 180 days**
- Improved early and timely engagement in community based services following discharge from inpatient services
- Improved immediate implementation of community based services following crisis services within the ODMHSAS system
- *Increased number of Evidence-Based Practices (EBPs) available for persons served in the ODMHSAS system**
- *Increased number of persons receiving one or more EBPs within the State**
- Increased number of persons in recovery who are trained to provide planned support and other services, as employees in various treatment settings.
- Increased data sharing agreements between ODMHSAS and criminal justice entities to assure continuous and early access to mental health treatment for incarcerated persons with mental illness incarcerated
- *Maintain an acceptable level of the percentage of adults receiving services who report positive outcomes of care. **

**Required Core Performance Indicator*

CRITERION 2. MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY

Current activities related to numbers of persons served and improving access to services are discussed throughout this plan. The state carefully tracks data on persons served and articulates policies to assure that adults most in need of services are given priority through screening and eligibility processes.

Targets have been established in the Adult Plan for Criterion 2 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- *Increased number of adults served in the ODMHSAS system**
- Increased percentage of adults with SMI who receive service compared to number of adults with SMI estimated to be in need of services
- Increased access to CMHC services through outreach and provision of services in alternative locations

**Required Core Performance Indicator*

CRITERION 4. TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS

Targeted services for homeless individuals are supported the state by a variety of resources, including the federally-funded PATH program. These are described under Criterion 4 in the Section 2. State appropriations as well as targeted funds provided by the Oklahoma Department of Human Services (OKDHS) are used for flexible funding to cover a variety of one-time expenses for homeless individuals. Further, the state has implemented a new Tenant Based Rental Assistance program through the state housing agency.

Rural mental health services are also described under Criterion 4 in Section 2 of this plan. Targeted activities to enhance services in rural communities include community based inpatient and crisis stabilization centers, case management and flexible funding services, limited vocational and housing programs, and development of new technologies through the 2-1-1 and JOIN projects, as well as development of video conferencing capabilities.

Targets have been established in the Adult Plan for Criterion 4 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- Increased number of homeless individuals with SMI who receive mental health services
- Assure continuous and increased access to services in rural communities
- Increased availability of resources and related health information through technology in rural settings

CRITERION 5. MANAGEMENT SYSTEMS

Section two of this plan details a variety of financial and human resources available to implement the services described throughout this plan. That section also outlines how Block Grant funds will be utilized to support the planned activities. Specific activities related to this criterion include personnel several performance improvement projects.

Targets have been established in the Adult Plan for Criterion 5 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- Increased number of students who participate in community-based mental health service setting placements
- Increased numbers of law enforcement personnel who complete the best practice Memphis-model Crisis Intervention Team (CIT) training
- Improved access for persons served to computers and other related technology

Child Plan – Current Activities and Targets

CRITERION 1. COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SERVICES

Current activities related to the comprehensive system of care for children and their families are detailed in Section Two of the of this Application. Those activities include basic mental health treatment related services. In particular, activities related to the Oklahoma System of Care Initiative as well as wrap around and case management services are targeted activities within the state. Many of the activities described under Criterion 3 also support the comprehensive system of services for children. Family involvement and collaboration with a variety of community partners are key to the state's efforts.

Targets have been established in the Child Plan for Criterion 1 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- *Reduced number of persons discharged from inpatient facilities who are readmitted for inpatient services within 30 days**
- *Reduced number of persons discharged from inpatient facilities who are readmitted for inpatient services within 180 days**
- Improved early implementation of community based services following discharge from inpatient services
- Improved immediate implementation of community based services following crisis services within the ODMHSAS system
- *Maintain an acceptable level of the percentage of parents/guardians of children and youth receiving services who report positive outcomes of care. **

**Required Core Performance Indicator*

CRITERION 2. MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY

Current activities related to numbers of children served and improving access to services are discussed throughout this plan. The state carefully tracks data on persons served and articulates policies to assure that children most in need of services are given priority through screening and eligibility processes. The Oklahoma Systems of Care Initiative as well as the Partnership for Children's Behavioral Health will also generate and support systems changes which increase access to and capacity of the service system. The state has also committed to carefully tracking youth in need of services as they transition into the adult system of care.

Targets have been established in the Children Plan for Criterion 2 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- *Increased number of children served in the ODMHSAS system**

- Increased percentage of children with SED who receive service compared to number of children with SED estimated to be in need of services
- Increased number of youth with SED ages 17-22 who remain in continuous service as they transition to the adult system of services

**Required Core Performance Indicator*

CRITERION 3. CHILDREN’S SERVICES

Criterion 1 and 3 in Section 2 document numerous activities in place to support an expanding and integrated system of services for children and their families. The focal point and incubator of these activities is the Oklahoma Partnership for Children’s Behavioral Health. All state child serving agencies and the Governor’s office are active participants in this. In addition the state’s partnership with SAMHSA through the Comprehensive Community Mental Health Services for Children and Their Families Program has assured even additional resources and technical assistance to expand children’s services. In addition to clinical services, the state will continue activities to combat stigma and strength suicide prevention activities.

Targets have been established in the Child Plan for Criterion 3 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- Increased number of children who receive specific training about mental illness, including suicide prevention and awareness through the NAMI Hope for Tomorrow program
- Increased number of students who receive training to utilize the ODMHSAS Suicide Prevention Toolkit
- Increased number of OKDHS-Licensed Child Care facilities which receive mental health consultation services from community mental health centers
- Increased number of children referred by public school personnel to Systems of Care programs throughout the state
- Increased number of community mental health center staff who provide direct services in public school settings

CRITERION 4. TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS

Targeted services for homeless children and their families are supported the state by a variety of resources, including the federally-funded PATH program. Many of the targeted services described in the Adult Plan also benefit children. The state will continue to support activities which emphasize case management and wrap around services for children who are impacted by homeless.

Rural mental health services are also described under Criterion 4 in Section 2 of this plan. Six of the nine current Systems of Care programs are located in rural communities. These programs have and will continue to expand the availability of services for children. A culture of collaboration is particularly evident in rural communities in the state and this strengthens activities designed to target services for children in these settings. The development of new technologies through the 2-1-1 and JOIN projects, as well as development of video conferencing capabilities will also assist in implementing this plan.

Targets have been established in the Child Plan for Criterion 4 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- Increased number of homeless families with children who receive Homeless Flex funds assistance
- Assure continuous and increased access to services for children in rural communities

CRITERION 5. MANAGEMENT SYSTEMS

Section 2 of this plan details a variety of financial and human resources available to implement the services described throughout this plan. That section also outlines how Block Grant funds will be utilized to support the planned activities. Specific activities related to this criterion include personnel several performance improvement projects. State level staff will be available to support local providers and communities to implement activities described in this plan.

Targets have been established in the Child Plan for Criterion 5 as listed below. Multi-year indicators for these targets are proposed at the conclusion of this Section in the required format.

- Increased number of students who participate in community-based mental health service setting placements providing services to children
- Increased number of first responders and other community service providers (non-mental health) who receive training from ODMHSAS on topics related to children's mental health services

GOALS, TARGETS, AND ACTION PLANS

Each target described in the Adult and Child sections above is presented in the required format in the following section to articulate multi-year performance indicator targets and related action plans. A combination of Core Required Indicators and State Specific Indicators are listed. Indicators include a variety of performance measurements as administrative targets.

Adult Plan: Goals, Targets and Action Plans

ADULT GOAL 1.1.1 - Reduced Utilization of Psychiatric Inpatient Beds

Target. Reduced 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 services

Brief Name. 30-Day Admission Rate

Indicator. Percent of persons readmitted within 30 days. *(CMHS Required Core Performance Indicator)*

Measure. Numerator. Number of adults with SMI who were readmitted to an ODMHSAS funded inpatient services within 30 days of being discharged from any ODMHSAS funded inpatient facility.

Denominator. Number of adults with SMI who were discharged from any ODMHSAS funded inpatient facility within the state fiscal year.

Source(s) of Information. Integrated Client Information System

Significance. Continuity of care and immediately available community based services are essential to support recovery and successful community reintegration for persons served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	13%	14%	13%	12%	12%
Numerator	995	1081			
Denominator	7669	7731			

Action Plans and Projected Activities to Achieve Targets

- Immediate engagement in community based services following discharge
- Monitoring of follow-up activities as ODMHSAS contractual requirement
- Continued open access to pre-hospital screening
- Cross-training to identify potential co-occurring disorder factors
- Case management to minimize crisis situations
- Educational activities for persons served and families (WRAP and Family to Family)

ADULT GOAL 1.1.2. - Reduced Utilization of Psychiatric Inpatient Beds

Target. Reduced 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 services

Brief Name. 180-Day Admission Rates

Indicator. Percent of persons readmitted within 180 days (CMHS Required Core Performance Indicator)

Measure. Numerator. Number of adults with SMI who were readmitted to an ODMHSAS funded inpatient services within 180 days of being discharged from any ODMHSAS funded inpatient facility.

Denominator. Number of adults with SMI who were discharged from any ODMHSAS funded inpatient facility within the state fiscal year.

Source(s) of Information. Integrated Client Information System

Significance. Continuity of care and immediately available community based services are essential to support recovery and successful community reintegration for persons served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	22%	23%	22%	21%	20%
Numerator	1706	1812			
Denominator	7669	7731			

Action Plans and Projected Activities to Achieve Targets

- Immediate engagement in community based services following discharge
- Monitoring of follow-up activities as ODMHSAS contractual requirement
- Continued open access to pre-hospital screening
- Cross-training to identify potential co-occurring disorder factors
- Case management to minimize crisis situations
- Educational activities for persons served and families (WRAP and Family to Family)

ADULT GOAL 1.2.1 – Improved Continuity of Care to Support Recovery and Community Reintegration

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 services

Brief Name. Inpatient follow-up within 7 days.

Indicator. Percent of adults who receive community based services within 7 days of discharge from an inpatient facility.

Measure. Numerator. Number of adults who receive community based mental health services within 7 days following discharge from an ODMHSAS-funded inpatient facility.

Denominator. Number of adults with SMI who were discharged from any ODMHSAS funded inpatient facility within the state fiscal year and referred to a CMHC for aftercare.

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	45%	41%	45%	47%	50%
Numerator	2230	2065			
Denominator	4923	4998			

Action Plans and Projected Activities to Achieve Targets

- Immediate engagement in community based services following discharge
- Monitoring of follow-up activities as ODMHSAS contractual requirement
- Cross-training to identify potential co-occurring disorder factors
- Case management to minimize crisis situations
- On-going linkage meetings between inpatient staff and community based providers

ADULT GOAL 1.2.2. - 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. Adults who utilize crisis services.

Criterion 1. Comprehensive community-based mental health services

Brief Name. Crisis follow-up within 7 days.

Indicator. Percent of persons who receive non-crisis community based services within 7 days of receiving a crisis service within the ODMHSAS system.

Measure. Numerator. Number of adults who receive community based mental health services within 7 days following receipt of a documented crisis service within the ODMHSAS system.

Denominator. All adults who receive a documented crisis service within the ODMHSAS system within the state fiscal year.

Source(s) of Information. Integrated Client Information System.

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	34%	37%	38%	40%	40%
Numerator	3060	3237			
Denominator	8913	8655			

Action Plans and Projected Activities to Achieve Targets

- Immediate engagement in community based services following crisis services
- Monitoring of follow-up activities as ODMHSAS contractual requirement
- Cross-training to identify potential co-occurring disorder factors
- Case management to minimize crisis situations and use of flexible funds to assure housing, food, and other basic needs are met
- Training and coordination with law enforcement (CIT) & other first responders
- Linkage meetings between emergency services staff and community based providers

ADULT GOAL 1.2.3 – Improved Continuity of Care to Support Recovery and Community Reintegration

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 services

Brief Name. Perception of Care (Adults)

Indicator. Percentage of persons receiving services that report positive outcomes of care. *(CMHS Required Core Performance Indicator)*

Measure. Numerator. Number of adults receiving services that assign ratings the outcome domain of the ODMHSAS Consumer Survey that average above three on a scale of zero-to five (five is best)

Denominator. Number of adult consumers that rate care outcomes on the ODMHSAS Consumer Survey

Source(s) of Information. Consumer Perception Survey

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	92%	92%	92%	92%	92%
Numerator	2029	2024			
Denominator	2195	2200			

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 1.3.1. - Expanded Use of Evidenced Based Practices

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 services

Brief Name. EBPs Available

Indicator. Number of EBP provided by the state which adheres to SAMHSA-identified fidelity scales for each particular EBP. (CMHS Required Core Performance Indicator)

Source(s) of Information. Annual review of CMHC service arrays and applicable Fidelity Scales.

Significance. EBPs provided in with fidelity to established guidelines greatly enhances positive outcomes for consumer served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	1	1	2	3	4

Action Plans and Projected Activities to Achieve Targets

- Continued monitoring and reporting of fidelity and outcomes related to EBPs
- Secure funding for additional PACT teams
- Hire additional Central Office PACT specialist for provider training and technical assistance
- Secure funding and implement programs which adhere to fidelity for Integrated Dual Disorder Treatment (IDDT) programs
- Hire additional Central Office IDDT specialist for provider training and technical assistance
- Fund and develop strategy to train at least one CMHC staff in Supported Employment (SE) as an EPB.
- Continued liaison with Department of Rehabilitation Services around SE
- Develop strategy to implement Illness Self Management and Family Psychoeducation in conjunction with training Recovery Support Specialist

ADULT GOAL 1.3.2. - Expanded Use of Evidenced Based Practices

Target. Increase the number of persons receiving one or more Evidenced Based Practices within the State.

Population. Adults with serious mental illness

Criterion 1. Comprehensive community-based mental health services

Brief Name. Numbers receiving EBPs.

Indicator. Number Persons receiving EBPs in full accordance with SAMHSA-adopted fidelity scales. (CMHS Required Core Performance Indicator)

Source(s) of Information. Review of CMHC service arrays, findings from Fidelity Scale monitoring, and Integrated Client Information System

Significance. EBPs provided with fidelity to established guidelines greatly enhance positive outcomes for consumer served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	314	400	500	600	700

Action Plans and Projected Activities to Achieve Targets

- Continued monitoring and reporting of fidelity and outcomes related to EBPs
- Secure funding for additional PACT teams
- Hire additional Central Office PACT specialist for provider training and technical assistance
- Secure funding and implement programs which adhere to fidelity for Integrated Dual Disorder Treatment (IDDT) programs
- Hire additional Central Office IDDT specialist for provider training and technical assistance
- Fund and develop strategy to train at least one CMHC staff in Supported Employment (SE) as an EPB.
- Continued liaison with Department of Rehabilitation Services around SE
- Develop strategy to implement Illness Self Management and Family Psychoeducation in conjunction with training Recovery Support Specialist

ADULT GOAL 1.4.1. - 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 services

Brief Name. Recovery Support Specialist Trained.

Indicator. Number Recovery Support Specialist employed in ODMHSAS system

Source(s) of Information. Data base maintained by ODMHSAS Office of Consumer Affairs and ODMHSAS Human Resource Development Division

Significance. Persons in recovery offer unique and essential value as employees to positively impact the cultures within service settings to assure services are provided in a holistic and a self-directed framework. This Recovery Support Specialist capacity is expected to develop as a best practice within the ODMHSAS system.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	0	0	25	50	75

Action Plans and Projected Activities to Achieve Targets

- Develop job specifications models for Recovery Support Specialist
- Design training curriculum leading to credentialing of Recovery Support Specialist
- Implement CMHC contractual requirements which stipulate hiring of Recovery Support Specialists system wide
- Develop reimbursement strategies in conjunction with Medicaid (OHCA)
- Develop program monitoring tools for evaluation and performance improvement related to Recovery Support Specialist

ADULT GOAL 1.5.1. - Improved Services for Individuals with Mental Illness involved in Criminal Justice Systems

Target. Increase data sharing agreements between ODMHSAS and criminal justice entities to assure continuous and early access to mental health treatment for incarcerated persons with mental illness.

Population. Adults incarcerated in the state prison and selected municipal jail settings.

Criterion 1. Comprehensive community-based mental health services

Brief Name. Criminal Justice Data Sharing Agreements.

Indicator. Number of data sharing agreements in force between ODMHSAS and incarceration facilities.

Source(s) of Information. ODMHSAS Decision Support Staff and ODMHSAS Privacy Officer

Significance. Persons who are incarcerated and have histories of treatment for mental illnesses should receive continuous and best practices oriented care. Such care can minimize the length of incarceration and prepare for successful re-entry into the community,

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	0	1	2	3	3

Action Plans and Projected Activities to Achieve Targets

- Monitoring of existent agreement to improve the process and utilization of the agreement
- Tracking of the number of individuals who agree to release treatment records to the incarceration entities
- Identify contacts and establish discussions/requests with major metropolitan facilities (Oklahoma City/County Jail, Tulsa Jail Authority, etc.) to facilitate additional agreements

ADULT GOAL 2.1.1. - Increase Access to Services

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

Population. Adults served in ODMHSAS public system.

Criterion 2. Mental health system data epidemiology

Brief Name. Number of Adults Served.

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

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	29808	30224	31000	32000	32000

Action Plans and Projected Activities to Achieve Targets

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

ADULT GOAL 2.1.2. - 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

Brief Name. Adult Penetration Rate.

Indicator. Penetration rate (percent) of persons with SMI served (CMHS Required Core Performance Indicator)

Measure. Numerator. Number of adults with a serious mental illness who received community-based services during the year funded by ODMHSAS.

Denominator. Estimated prevalence rate.

Source(s) of Information. Numerator: Integrated Client Information System
Denominator: estimated prevalence of adults with serious mental illness in Oklahoma.

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	12.9%	13.4%	14%	15%	15%
Numerator	24301	25023			
Denominator	186964	186964			

Action Plans and Projected Activities to Achieve Targets

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

***ADULT GOAL 2.1.3. - Increase Access to Services**

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

Criterion 2. Mental health system data epidemiology

Brief Name. Alternative Service Locations

Indicator. Number CMHC staff working in non-CMHC settings providing services to adults, including primary care, senior services settings, etc.

Source(s) of Information. Annual survey of CMHCs.

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.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	15	18	18	18

Action Plans and Projected Activities to Achieve Targets

- Identify CMHCs utilizing this practice and develop suggestions or “lessons learned” materials for consideration by other CMHCs
- Public information and anti-stigma campaigns in conjunction with advocacy organizations (NAMI-OK and Oklahoma Mental Health Consumer Council)
- Offer assistance as needed to address HIPAA and other potential privacy or business agreement issues
- Seek additional public funding to expand system service capacity

ADULT GOAL 4.1.1. - 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

Brief Name. Homeless Adults Served

Indicator. Number homeless with SMI served through community based services during the state fiscal year.

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	1951	1982	2000	2100	2200

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 4.2.1. - 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

Brief Name. Rural Adult Services

Indicator. Number adults served in rural CMHC settings

Source(s) of Information. Integrated Client Information System

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

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	16710	15953	16500	17000	17500

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 4.2.2. - Improved Access to Services and Supports in Rural Communities

Target. Increase availability of resources and related information through technology in rural settings.

Criterion 4. Targeted services to rural and homeless populations

Brief Name. 2-1-1 Capacity.

Indicator. Number of counties with 2-1-1 capacity.

Source(s) of Information. Oklahoma 2-1-1 Collaborative Administrative records.

Significance. Citizens who reside in counties with 2-1-1 capacity can overcome some previously existent barriers to services by receiving essential information about health care resources and options in a consistent and timely manner thus better equipping them for self-directed care and other forms of advocacy.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	0	0	6	20	40

Action Plans and Projected Activities to Achieve Targets

- Continued partner in state level development of 2-1-1
- Acquaint and support rural providers to participate in 2-1-1

ADULT GOAL 5.1.1. - Improved Workforce Development

Target. Increase numbers of students who participate in community-based mental health service setting placements.

Population. Students in formal academic health occupation training programs

Criterion 5. Management systems

Brief Name. Students Completing Mental Health Placements

Indicator. Number students who complete university-sponsored placements in DMHSAS funded service settings for adult

Source(s) of Information. Annual survey of CMHCs.

Significance. Staff recruitment and retention continue to challenge the public mental health system. Further, identifying students with adequate pre-service training in Evidence-based and preferred practices and securing those students as employees will strengthen the quality and effectiveness of care provided in the public setting.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	25	30	30	35

Action Plans and Projected Activities to Achieve Targets

- Conduct annual survey of CMHCs to report and track number of placements in CMHC settings
- Identify partners among university programs for expanded placement opportunities within ODMHSAS system
- Provide training to university programs to acquaint students with emerging and EBPs
- Consider development of targeted information packets which acquaint students with placement and career opportunities

ADULT GOAL 5.2.1. - 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.

Criterion 5. Management systems

Brief Name. CIT officers trained

Indicator. Number of CIT officers trained in the state

Sources of Information. Certified Law Enforcement Education and Training (CLEET) data base.

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	75	105	80	80	80

Action Plans and Projected Activities to Achieve Targets

- Continue to provide ODMHSAS Criminal Justice Liaison as trainer for CIT
- Expanded community development and planning activities with additional law enforcement entities to market CIT
- Provide continued follow up and technical assistance for CIT officers trained
- Develop formal affiliation agreement, as needed, with the statewide law enforcement organizations, including Oklahoma Association of Chiefs of Police, Oklahoma Sheriffs’ Association, and CLEET.

ADULT GOAL 5.3.1. - Improved Technology Infrastructure to Support Recovery

Target. Improve access for persons served to computers and other related technology.

Population. Adults with serious mental illness

Criterion 5. Management systems

Brief Name. Computers Accessible to Persons Served

Indicator. Number of computer terminals dedicated exclusively for use by persons receiving services at DMHSAS-funded sites

Source(s) of Information. Annual survey of CMHCs.

Significance. Access to technology for persons served will strengthen self-directed care and recovery activities. Provider organizations which assure this access validate recovery principles and are perceived has more fully honoring the preferences and needs of persons served.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	50	60	60	60

Action Plans and Projected Activities to Achieve Targets

- Conduct annual survey of CMHCs to report and track number of terminals available for use by persons served
- Identify training and technology support needs
- Collaborate with ODMSHAS Information Services staff to offer training and support through the Office of Consumer Affairs
- Advocate for expanded utilization of computers within the Psychosocial Rehabilitation (PSR) and/or Clubhouse programs

Child Plan: Goals, Targets and Action Plans

CHILD GOAL 1.1.1. - Reduced Utilization of Psychiatric Inpatient Beds.

Target. Reduced 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 services

Brief Name. 30-Day Admission Rate

Indicator. Percent of persons readmitted within 30 days. (CMHS Required Core Performance Indicator)

Measure. Numerator. Number of children with SED who were readmitted to an ODMHSAS funded inpatient services within 30 days of being discharged from any ODMHSAS funded inpatient facility.

Denominator. Number of children with SED who were discharged from any ODMHSAS funded inpatient facility within the state fiscal year.

Source(s) of Information. Integrated Client Information System

Significance. Continuity of care and immediately available community based services are essential to support recovery and successful community reintegration for persons served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	2.7%	4.4%	4%	3%	3%
Numerator	10	12			
Denominator	371	276			

Action Plans and Projected Activities to Achieve Targets

- 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 base case management and wrap around training to minimize crisis situations

CHILD GOAL 1.1.2. - Reduced Utilization of Psychiatric Inpatient Beds.

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 services

Brief Name. 180-Day Admission Rates

Indicator. Percent of persons readmitted within 180 days (CMHS Required Core Performance Indicator)

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.

Source(s) of Information. Integrated Client Information System

Significance. Continuity of care and immediately available community based services are essential to support recovery and successful community reintegration for persons served.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	7%	6.9%	7%	6%	6%
Numerator	26	19			
Denominator	371	276			

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 1.2.1. - 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 services.

Brief Name. Inpatient follow-up within 7 days.

Indicator. Percent of persons who receive community based services within 7 days of discharge from an inpatient facility.

Measure. Numerator. Number of children who receive community based mental health services within 7 days following discharge from an ODMHSAS-funded inpatient facility.

Denominator. All children discharged from an ODMHSAS-funded inpatient facility within the state fiscal year and referred to a CMHC for aftercare.

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	28%	17%	30%	40%	50%
Numerator	12	11			
Denominator	43	64			

Action Plans and Projected Activities to Achieve Targets

- Develop performance improvement strategies between Oklahoma Youth Center and CMHCs to improve linkage and follow up to assure immediate engagement in community based services following discharge
- Monitoring of follow-up activities as ODMHSAS contractual requirement
- Cross-training to identify potential co-occurring disorder factors
- Target training in case management curriculum which focuses on skills to insure more immediate engagement in community services.

CHILD GOAL 1.2.2. - 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 services

Brief Name. Crisis follow-up within 7 days.

Indicator. Percent of persons who receive non-crisis community based services within 7 days of receiving a crisis service within the ODMHSAS system.

Measure.

Numerator. Number of children who receive community based mental health services within 7 days following receipt of a documented crisis service within the ODMHSAS system.

Denominator. All children who receive a documented crisis service within the ODMHSAS system within the state fiscal year.

Source(s) of Information. Integrated Client Information System.

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.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	15%	14%	20%	30%	40%
Numerator	44	51			
Denominator	291	361			

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 1.2.3 – Improved Continuity of Care to Support Recovery and Community Reintegration

Target. Maintain an acceptable level of the percentage of parents/guardians of children and youth receiving services who report positive outcomes of care.

Population. Families of children served by CMHCs

Criterion 1. Comprehensive community-based mental health services

Brief Name. Perception of Care family

Indicator. Percentage of parents/guardians of children and youth receiving services that report positive outcomes of care. (*CMHS Required Core Performance Indicator*)

Measure. Numerator. Number of parents/guardians of children/youth that assign ratings in the outcome domain of the ODMHSAS Consumer Survey that average above three on a scale of zero-to five (five is best)

Denominator. Number of parents/guardians of children/youth that rate care outcomes on the ODMHSAS Consumer Survey

Source(s) of Information. Consumer Perception Survey

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.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	79%	79%	79%	79%	79%
Numerator	259	261			
Denominator	329	330			

Action Plans and Projected Activities to Achieve Targets

- 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

CHILD GOAL 2.1.1. - Increase Access to Services

Target. Increase number of persons served in the ODMHSAS system.

Population. Children served in ODMHSAS public system

Criterion 2. Mental health system data epidemiology

Brief Name. Number of Children Served.

Indicator. Number of children served in ODMHSAS system (CMHS Required Core Performance Indicator)

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	3730	3837	4500	5000	5000

Action Plans and Projected Activities to Achieve Targets

- Monitoring of CMHC screening and admission process to assure access to services
- Public information and anti-stigma campaigns in conjunction with Systems of Care Initiative and the Oklahoma Partnership for Children’s Behavioral Health
- Develop Regional Performance Management (RPM) indicators to track increased utilization of CMHC services and to track trends which may require additional follow up or technical assistance with specific providers

CHILD GOAL 2.1.2. - 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

Brief Name. Child Penetration Rate.

Indicator. Penetration rate (percent) of children with SED served (CMHS Required Core Performance Indicator)

Measure. Numerator. Number of children with SED (ages 9-17) who received community-based services during the year funded by ODMHSAS.

Denominator. Estimated prevalence rate.

Source(s) of Information. Numerator: Integrated Client Information System

Denominator: estimated prevalence of children with SED in Oklahoma.

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	3%	3%	5%	6%	7%
Numerator	1775	1746			
Denominator	58,392	58,392			

Action Plans and Projected Activities to Achieve Targets

- Monitoring of CMHC screening and admission processes to assure access to services
- Public information and anti-stigma campaigns in conjunction with Systems of Care Initiative and the Oklahoma Partnership for Children’s Behavioral Health
- Develop Regional Performance Management (RPM) indicators to track increased utilization of CMHC services and to track trends which may require additional follow up or technical assistance with specific providers

CHILD GOAL 2.1.3. - 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

Brief Name. Transition Youth Served.

Indicator. Percent of transition aged youth who continue to be served in the DMHSAS system.

Measure. Numerator. Number of youth with serious emotional disturbance who were in service at age 17 and continued to receive services through age 19.

Denominator. Total number of youth with serious emotional disturbance age 17 served two years prior to the current fiscal year.

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	13%	11%	15%	20%	20%
Numerator	57	50			
Denominator	432	441			

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 3.1.1. - Provide Early Intervention and Access to Children in Need or At Risk

Target. Increase number of children who receive specific training about mental illness, through the NAMI Hope for Tomorrow program.

Population. School age youth

Criterion 3. Children's Services

Brief Name. Hope for Tomorrow Training

Indicator. Number of individuals who complete Hope for Tomorrow Training

Source(s) of Information. NAMI-OK data base.

Significance. Parent, educational, and health care organizations continue to be concerned about under identified and therefore under treated emotional disorders among Oklahoma youth. Hope for Tomorrow training is a curriculum based training program offered within a school based setting. The program provides youth and school personnel with skills combat stigma and identifies persons in need of services.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	0	0	100	200	200

Action Plans and Projected Activities to Achieve Targets

- Fund NAMI-OK to implement Hope for Tomorrow (HFT) training
- Develop marketing strategy with NAMI-OK to increase awareness of HFT training
- Monitor program use and develop strategies to address underserved areas of the state

CHILD GOAL 3.1.2. - Provide Early Intervention and Access to Children in Need or At Risk

Target. Increase number of students who receive training to utilize the ODMHSAS Suicide Prevention Toolkit.

Population. Adolescent age youth.

Criterion 3. Children’s Services

Brief Name. Suicide Prevention Toolkit Training.

Indicator. Number of individuals who complete Suicide Prevention Toolkit Training

Source(s) of Information. ODMHSAS Human Resources Division data base.

Significance. Parent, educational, and health care organizations continue to be concerned about suicide rates among Oklahoma youth. The ODMHSAS Suicide Prevention Toolkit provides youth and adult supports with information to identify at risk behaviors and resources available to assist youth in need of services.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	262	375	500	500	500

Action Plans and Projected Activities to Achieve Targets

- Continued collaboration between Children’s Services and the Oklahoma Prevention Clearinghouse Resource Center in marketing and training activities
- Monitor and analyze attendance at trainings
- Develop follow up strategy with specific school systems to determine use and impact of toolkit
- Consider developing Toolkit as a best practice for SAMHSA consideration

CHILD GOAL 3.1.3. - 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

Brief Name. Child Care Facility Consultations

Indicator. Number of Licensed Child Care Facilities receiving targeted mental health consultations

Source(s) of Information. Integrated Client Information System and OKDHS data base

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.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	15	20	20	20

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 3.2.1. - Improve Coordination with Public Schools

Target. Increase number of children referred by public school personnel to Systems of Care programs throughout the state

Criterion 3. Children's Services

Brief Name. Referrals to Systems of Care.

Indicator. Number of children referred by public schools to Systems of Care

Source(s) of Information. Integrated Client Information System and Oklahoma Systems of Care Evaluation Data

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	49	88	100	120	120

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 3.2.2. - Improve Coordination with Public Schools

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

Criterion 3. Children’s Services

Brief Name. Alternative Service Locations

Indicator. Number CMHC staff out-stationed 4 or more hours per week to provide clinical services in public school settings.

Source(s) of Information. Annual survey of CMHCs.

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.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	50	55	55	55

Action Plans and Projected Activities to Achieve Targets

- 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 GOAL 4.1.1. - Improved Services for Homeless Persons

Target. Increase number of homeless families with children who receive flexible funds and related supports.

Population. Homeless families with children.

Criterion 4. Targeted services to rural and homeless populations

Brief Name. Children Flexible Fund Supports

Indicator. Number of homeless families with children who receive flex funding supports from CMHCs

Source(s) of Information. Integrated Client Information System

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.

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	131	200	200	200

Action Plans and Projected Activities to Achieve Targets

- Continued interagency involvement with various organizations that target improved services for homeless
- Continued use and monitoring of ODMHSAS Flexible Funds and OKDHS Homeless Flex Funds
- Continued support and training for Tenant Based Rental Assistance providers to assure access to services for homeless
- Develop additional strategies as partner pursuant to Governor’s Interagency Council on Homelessness and Policy Academies with particularly focus on children and family issues
- Work with Oklahoma Partnership for Children’s Behavioral Health to identify any specific needs or strategies related to homeless children and homeless families with children
- Adhere to requirements as PATH grantee and oversee activities of sub-grantees

CHILD GOAL 4.2.1. - 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

Brief Name. Rural Children Services

Indicator. Number children served in rural CMHC settings

Source(s) of Information. Integrated Client Information System

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

Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	2351	2224	2500	3000	3000

Action Plans and Projected Activities to Achieve Targets

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

CHILD GOAL 5.1.1. - Improved Workforce Development

Target. Increase numbers of students who participate in community-based mental health service setting placements providing services to children

Population. Students in formal academic health occupation training programs

Criterion 5. Management systems

Brief Name. Students Completing Mental Health Placements

Indicator. Number students who complete university-sponsored placements in DMHSAS funded service settings for children.

Source(s) of Information. Annual survey of CMHCs.

Significance. Staff recruitment and retention continue to challenge the public mental health system. Further, identifying students with adequate pre-service training in Evidence-based and preferred practices and securing those students as employees will strengthen the quality and effectiveness of care provided in the public setting.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	15	20	20	20

Action Plans and Projected Activities to Achieve Targets

- Conduct annual survey of CMHCs to report and track number of placements in CMHC settings
- Identify partners among university programs for expanded placement opportunities within ODMHSAS system
- Provide training to university programs to acquaint students with emerging and EBPs
- Consider development of targeted information packets which acquaint students with placement and career opportunities

CHILD GOAL 5.2.2. - Improve Skills of First Responders and Other Community Service Entities

Target. Increase number of first responders and other community service providers (non-mental health) who receive training from ODMHSAS on topics related to children’s mental health services.

Population. Participants in ODMHSAS-sponsored training events.

Criterion 5. Management systems

Brief Name. Training to First Responders and Other Community Service Providers.

Indicator. Number persons from non-mental health disciplines at ODMHSAS-sponsored training on topics specific to children’s services

Source(s) of Information. ODMHSAS Human Resource Development data base.

Significance. The skills and knowledge base with which first responders approach situations in which children are impacted can decrease the likelihood of re-traumatizing as well as increase the likelihood that that the immediate needs of children are being addressed. Addressing the training needs for first responders is a Mental Health Block Grant requirement.

Fiscal Year	FY2003 Actual	FY2004 Projected	FY2005 Target	FY2006 Target	FY2007 Target
Performance Indicator	n/a	100	150	200	200

Action Plans and Projected Activities to Achieve Targets

- Monitor registration and attendance records at ODMHSAS Human Resource Division (HRD) training events which target children’s services
- Work with HRD to develop strategies to increase attendance from under represented areas
- Analyze participant evaluations to determine additional interests and needs for training