Appendix 1: Selection of Indicators

A draft set of indicators was defined based on the experience of the technical consultant, the data sources available to the Department, performance and outcomes measurement work the Department had already done under grants from the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS), and DMHSAS administrative needs for information for decision support (see a list of draft indicators and their operational definitions in Appendix 2). For example, indicators were calculated based on specific target populations and for innovative or evidence-based treatment programs.

The Department has produced an annual 'report card' for the past few years based on a set of indicators developed through input from the Mental Health Statistics Improvement Program, the National Association of State Mental Health Program Directors, the National Association of State Alcohol and Drug Abuse Directors, CSAT, CMHS and state stakeholders. However, the annual reporting cycle of those indicators, while providing useful information for some decision-making, did not help providers address identified performance problems in a timely manner. The quarterly RPM reports will permit faster identification of, and response to, performance that is outside a prescribed or desired range.

Another difference between the report card the Department has been producing and the RPM report indicators is the level of aggregation of the data. While the report card provides information on every provider of services being evaluated for a given indicator, the RPM report indicators focus on each of the eight DMHSAS planning regions of the State (see map in Appendix 3 for more detail).

By compiling data at the regional level, regional variances in the availability of services and the level of performance of those services can be evaluated. At the same time, the Department is preparing to produce quarterly RPM report data summaries for each provider. Using that information, performance improvement coordinators, administrators and clinicians can make decisions about whether and what changes need to be made within an individual agency, then monitor the impact of those changes before the next quarterly report is published. This kind of timely data access should make the performance improvement process more efficient and effective.

Performance Measure Reporting. Many of the RPM report indicators are expressed in terms of utilization of a service or set of services (e.g., outpatient services) by members of a selected group (e.g., persons with a substance abuse diagnosis). A region has high service utilization if services in the region are provided to clients at a rate *more than* one standard deviation*[1] above the state's average (mean*) for the prior two years (the eight quarters covered by each quarterly report), and low service utilization* if services are provided to clients in the region at a rate *more than* one standard deviation below the mean for the prior two years. The standard deviation is

[1] Population groups, statistics and terms used in the RPM report rates and analyses are noted with an asterisk (*) in the text and their definitions are provided in a glossary in Appendix 4.

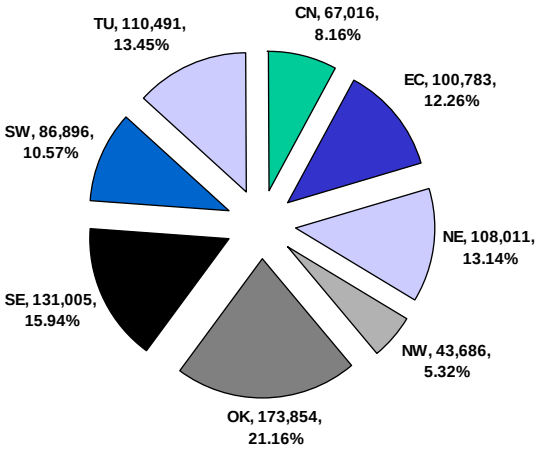
calculated for each measure based on the results from the eight regions in the eight quarters studied and is indicated by the dashed lines on the graphs. The upper dashed line represents one standard deviation above the mean and the lower dashed line represents one standard deviation below the mean. A region *trends toward* a high rate of utilization if it has high service utilization for two or more of the most recent quarters. A region *trends toward* a low rate of utilization if it has low service utilization for two or more of the most recent quarters. Service utilization in the most recent quarter can sometimes appear low because some services are reported after the cut-off date for preparing the report.

Future Development. System stakeholders were involved in previous indicator development processes, and as stakeholders express their perspectives regarding the utility of the selected RPM report indicators, or as system improvements make monitoring an indicator less important, it is likely other indicators will emerge to include in the RPM report.

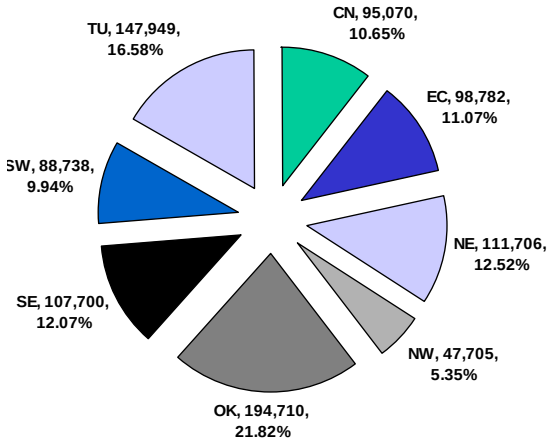
Appendix 2: RPM Report Indicator Definitions

Background: A household income below the 200% of poverty threshold* has been established as an eligibility requirement for receipt of most DMHSAS services to adults (hereinafter referred to as 'in poverty'). Some adult measures were population-adjusted for each region, based upon U.S. Census estimates of Oklahoma's adult population up to 200% of poverty, to ensure differences in population distributions among regions do not affect region-to-region comparisons. The charts below present U.S. Census estimates of the regional distributions of adults and children eligible for DMHSAS services that were used for indicator calculations in this report.

Persons Eligible for ODMHSAS Services in the General Population



Adults below 200% poverty level
Total: 821,742



Children (all income levels) 0 – 17
Total: 892,360

There were an estimated 821,742 adults residing in Oklahoma with incomes up to 200% of poverty in 2000. Children are eligible to receive DMHSAS-funded services without regard to family income; their estimated number is 892,360. The measures in this report are a monitor of services received by members of these groups.

Mental Health Measures:
For all Mental Health measures, persons had to be admitted to a DMHSAS-funded agency and be six years of age or older. Further, treatment services had to be paid from a mental health funding source or received at a DMHSAS hospital or community mental health center. (ICIS contract source = 00, 01, 25, 39, 42, 43, 36, 50, 51 or 52.)

Measure MH1: Adults receiving Any DMHSAS-funded Mental Health Service – The rate of people, 18 years or older, who received any mental health service from a DMHSAS-funded agency per one thousand adults living at or below 200 percent of the poverty level in the state.

Numerator: Adults who received a service during the quarter being examined X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH2: Adult Mental Health Core Outpatient Services – The rate of persons, 18 years or older, who received a mental health core outpatient service per one thousand adults living at or below 200 percent of the poverty level in the state. "Mental Health Core Outpatient Services" consists of one of the following services: individual counseling, group counseling, family/marital counseling, individual rehabilitation, group rehabilitation, case management, pharmacological management, medical review, home-based services, assertive community treatment, intensive case management, or psychosocial rehab program (ICIS service codes: 135, 136, 137, 216, 217, 225, 305, 305, 207, 214, 226 or 431).

Numerator: Adults who received a core outpatient service during the quarter X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

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Measure MH3: Adult Inpatient Services – The rate of persons, 18 years or older, who received either an acute or intermediate inpatient service per 1,000 adults in poverty. The inpatient services could be provided at either a hospital or a community-based inpatient unit (ICIS service codes = 001D or 001A).

Numerator: Adults who received an inpatient service during the quarter X 100.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within Seven Days after Discharge – The percent of persons, 18 years or older, who received an outpatient service (any service other than inpatient or crisis – i.e., not service codes 001A, 001D, 002E, 133, or 134) within seven days of being discharged from inpatient.

Numerator: Adults who received an outpatient service within seven days of being discharged from inpatient services during the quarter X 100.

Denominator: Adult clients discharged from inpatient services during the quarter who are referred within the DMHSAS system or transferred within a single agency.

Measure MH5: Adult Inpatient Re-admissions within 30 Days – The percent of persons, 18 years or older, who were discharged from inpatient care within the quarter

and were re-hospitalized within 30 days of discharge. The re-admission may occur at the same facility or at a different from the original inpatient admission site. The accounting period for this indicator is shifted 30 days so the follow-up period is the last 30 days of the most recent quarter studied.

Numerator: Adults re-admitted to an inpatient unit within 30 days of a discharge from an inpatient unit during the quarter X 100.

Denominator: Adults discharged from an inpatient unit during the quarter.

Measure MH6: Face-to-Face Mental Health Crisis Service - The rate of persons, 18 years or older, who received a face-to-face mental health crisis per 1,000 adults in poverty.

Numerator: Adults who received a face-to-face mental health crisis service in the quarter X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH7: Mental Health Crisis Follow-up – The percent of persons, 18 years or older, who received an hourly, face-to-face crisis service and received another service, other than a crisis service, within seven days. To allow a seven-day follow-up period, only crisis events that occurred seven days before the end of the quarter were included.

Numerator: Adults receiving a non-crisis outpatient service within 7 days of receiving an hourly face-to-face crisis service X 100.

Denominator: Adults who received a face-to-face mental health crisis service in the quarter.

Adults with Major Mental illness (MMI):

Persons, 18 years or older, with a diagnosis of schizophrenia (except schizophreniform disorder), schizoaffective disorder, major depression/bipolar disorder - severe, mood disorder not otherwise specified (NOS), unspecified bi-polar disorders, psychotic disorder, post traumatic stress disorder, obsessive/compulsive disorder, borderline personality disorder, depression NOS, or bipolar NOS. This set of clients was identified as a group with serious mental illnesses that could also be identified from data collected by OHCA for Medicaid clients to permit combined and cross-agency comparisons. The diagnosis Schizophreniform was omitted because, by definition, persons with this disorder have symptoms from one to six months and are not chronically ill. The Adults with MMI measure is intended to reflect persons with mental illnesses that are chronic and persist for longer terms.

Measure MH8: Any DMHSAS-Funded Mental Health Service for Adults with MMI – The rate of persons with MMI, 18 years or older, who received any mental health service from a DMHSAS-funded agency per 1,000 adults living at or below 200 percent of the poverty level in the state.

Numerator: Persons with MMI who received a service during the quarter X 1000.

Denominator: All persons identified as having MMI in the past year.

Measure MH9: Core Outpatient Mental Health Service for Adults with MMI -- The rate of persons, 18 years or older, who received a mental health core outpatient service per 1,000 adults living at or below 200 percent of the poverty level in the state. "Mental Health Core Outpatient Services" consists of one of the following services: individual counseling, group counseling, family/marital counseling, individual rehabilitation, group rehabilitation, case management, pharmacological management, medical review, home-based services, assertive community treatment, intensive case management, or psychosocial rehab program (ICIS service codes: 135, 136, 137, 216, 217, 225, 305, 305, 207, 214, 226 or 431).

Numerator: Persons with MMI who received a core outpatient service during the quarter X 1000.

Denominator: All persons identified as having MMI in the past year.

Measure MH10: Inpatient Services for Adults with MMI – The percent of persons with MMI who had an inpatient service during in the quarter.

Numerator: Persons with MMI who received an inpatient service during the quarter X100.

Denominator: All persons identified as having MMI in the past year.

Measure MH11: Case Management and Individual Rehabilitation Services for Adults with MMI – persons with MMI who received a case management or individual rehab service (ICIS service codes = 205, 225, 226, or 216) in the quarter.

Numerator: Persons with MMI receiving a case management or individual rehab service during the quarter X 100.

Denominator: All persons identified as having MMI and are receiving services in the quarter studied.

Measure MH12: Independent Housing for Adults with MMI (Monitored but not currently reported) – The percent of persons with MMI who lived in independent housing during the quarter. Independent housing is defined as a private residence or a supported living residence (ICIS current residence code = 1 or 7).

Numerator: Persons with MMI who live in independent housing X 100.

Denominator: All persons identified as having MMI in the past year.

Adult Select Priority Group (SPG):

Persons, 18 years or older, with a diagnosis of schizophrenia (except schizophreniform disorder), schizoaffective disorder, major depression/bipolar disorder - severe, or psychotic disorder. These people were identified as the group to most likely need regular treatment with newer generation anti-psychotic medications.

Measure MH13: SPG Medication Visits – The percent of SPG members who received a medication visit (ICIS service codes = 301, 305, 305, or 308).

Numerator: SPG members who received a medication visit during the quarter X 100.

Denominator: All SPG members receiving any service during the quarter.

Measure MH14: Illness Self-Management Training – The count of persons who received the WRAP training by region by quarter as reported by the Oklahoma Mental Health Consumer Council.

Measure MH15: Family-to-Family Training - The count of persons who received the Family-to-Family training by region by quarter as reported by NAMI-OK.

Measure MH16: Program of Assertive Community Treatment (PACT) – The count of persons served in PACT programs by region by quarter.

Measure MH17: Systems of Care (SOC) - The count of children served in SOC programs by region by quarter.

Children's Services:
For all Mental Health measures of children's services, persons had to be admitted to a DMHSAS-funded agency and be six to 17 years of age. Further, treatment services had to be paid from a mental health funding source or received at an DMHSAS hospital or community mental health center (ICIS contract source = 00, 01, 25, 39, 42, 43, 36, 50, 51 or 52). Household income is not a constraint on providing mental health services to children. The majority of publicly-funded children's services are funded through the Medicaid agency and are not currently represented in the RPM report measures.

Measure MH18: Children with Any DMHSAS-Funded Mental Health Service -- The rate of children who received any mental health service from a DMHSAS-funded agency per 1,000 children in the general population, by region and quarter.

Numerator: Children who received any mental health service in the quarter X 1000.

Denominator: US Census count of children ages 6-17 in the general population.

Substance Abuse Clients:
For all substance abuse measures, persons had to be admitted to a DMHSAS-funded agency and be 18 years of age. Further, treatment services had to be paid from a substance abuse funding source other than inmate services and the presenting problem could not be co-dependence (ICIS contract source = 02, 17, 18, 19, 20, 21, 23, 27, 29, 37, 44 and presenting problem not equal 745, 746, 747, 748, 749, 750).

Measure SA1: Identification – The rate of persons, 18 years or older, who received any substance abuse service during the quarter per 1,000 people in the general

population, 18 years or older, at or below 200 percent of the poverty level, who are estimated to be in need of treatment (as determined by the Substance Abuse Needs Assessment Study).

Numerator: Adults who received any substance abuse services during the quarter X 1000.

Denominator: Adults in the general population, at or below 200 percent of the poverty level, who are in need of treatment.

Measure SA2b: Initiation (Outpatient) – The percent of persons, 18 years or older, who were admitted to an outpatient level of care with no other service in the previous 60 days and received a second substance abuse service (other than detox or crisis) within 14 days after a first service that identified the person as a substance abuse client (refer to diagram below).

Numerator: Adults admitted to outpatient care during the quarter who had received no other substance abuse service in the previous 60 days and received a second service within 14 days after a first service that identified the person as a substance abuse client.

Denominator: Adults admitted to outpatient care during the quarter who had received no other substance abuse service in the previous 60 days.

Measure SA2c: Initiation (Detox) – The percent of persons, 18 years or older, who were admitted to a detoxification level of care with no other service in the previous 60 days and received another substance abuse service (other than detox, crisis, or inpatient) within 14 days of discharge from detox.

Numerator: Adults admitted to detox during the quarter who had not received any other substance abuse service in the previous 60 days and did receive another service within 14 days of discharge from detox.

Denominator: Adults admitted to detox during the quarter who had not received any other substance abuse service in the previous 60 days.

Measure SA3b: Engagement (Outpatient) – Of the persons, 18 years or older, who had a 1st service within 14 days after an initial outpatient service, the percent of those clients who had two more services (other than detox, crisis, community living, residential or inpatient) within 30 days following the 1st service.

Numerator: Adults who received two or more services within 30 days of service initiation during the quarter.

Denominator: Adults who met the service initiation criteria during the quarter.

Measure SA3c: Engagement (Detox) – Of the persons, 18 years or older, discharged from detox who initiated service within 14 days of discharge, the percent who had two more services (other than detox, crisis, or inpatient) within 30 days.

Numerator: Adults who initiated service after discharge from detox service during the quarter who received two more services within 30 days of service initiation.

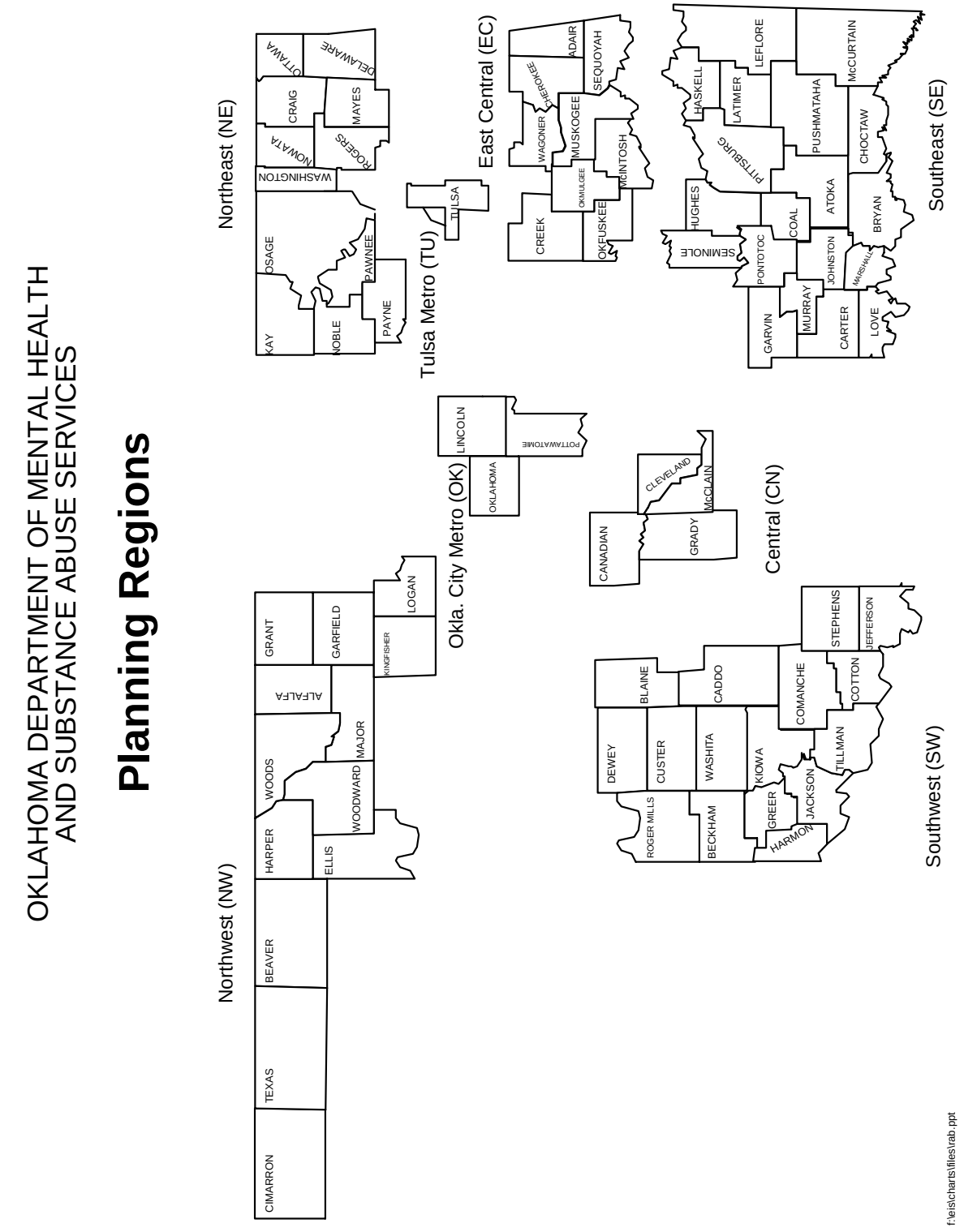
Denominator: Adults who initiated service following discharge from detox service during the quarter.

Measure SA3d: Engagement (Residential) – Of the persons, 18 years or older, who had a 1st service within 14 days of their 1st service in residential treatment, the percent of those clients who had two more services (other than detox, crisis, residential or inpatient) within 30 days of *discharge*.

Numerator: Adults who initiated treatment following residential treatment discharge during the quarter who received two more services within 30 days of initiating treatment.

Denominator: Adults who initiated treatment following residential treatment discharge during the quarter.

Appendix 3: Map of DMHSAS Planning Regions



Appendix 4: Glossary of Terms

Core Service Plan – The Department requires that each CMHC must provide specific services to priority individuals within specified time frames, as clinically indicated. Required services include crisis intervention, emergency examinations, face-to-face clinical assessment for newly referred individuals, timely access to medications, involvement of family members (as permitted by the consumer) in service planning, strengths-based case management, group psychiatric rehabilitation, continuity of care planning with inpatient and stabilization facilities, and assertive outreach for persons discharged from inpatient or stabilization settings. The target population subject to the Core Service Plan are adults with serious mental illnesses who: (1) Are a danger to self or others as a result of mental illness; (2) Require long-term treatment for serious mental illness; (3) Have psychotic or major mood disorders; or (4) Are completing stabilization or inpatient treatment for mental illness. The Core Service Plan was initiated January 1, 2003.

Court Commitment – A court order under the Mental Health Code requires the individual to receive services involuntarily from the agency (Mental Health Law Title 43A).

Perpetrator - Perpetrators are determined by the primary presenting problem code reported to DMHSAS. For domestic violence perpetrator, the presenting problem code "Domestic Abuse Perpetrator" (621) is used.

Emergency Detention – Patient arrival at a detention facility from a point of emergency examination with three (3) required forms: a) Petition; b) Licensed Mental Health Professional's statement; c) Peace Officer's Affidavit (Mental Health Law Title 43A).

High rate of service utilization – This occurs when the percent of clients receiving services in the region is at a rate more than one standard deviation *above* the state's average (or mean) for the prior two years (eight quarters).

Low service utilization - This occurs when the percent of clients receiving services in the region is at a rate more than one standard deviation *below* the state's average (or mean) for the prior two years.

Major mental illness - Adults with Major Mental Illness are persons 18 years of age or older who were diagnosed with one of the following disorders:

- schizophrenia, disorganized (295.10)
- schizophrenia, catatonic type (295.20)
- schizophrenia, paranoid type (295.30)
- schizophrenia, residual type (295.60)
- schizophrenia, undifferentiated (295.90)
- schizoaffective disorder (295.70)
- bipolar NOS (296.80)
- bipolar, depressed, unspecified (296.50)
- bipolar, manic, unspecified (296.40)
- bipolar, mixed, unspecified (296.60)
- bipolar, most recent episode unspecified (296.7)
- bipolar I, single, manic, unspecified (296.00)
- bipolar, manic, with psychotic features (296.44)

- bipolar, mixed, with psychotic features (296.64)
- bipolar, depressed, with psychotic features (296.54)
- bipolar, depressed, with no psychotic features (296.53)
- bipolar I, single, manic, with psychotic features (296.05)
- bipolar I, single, manic, with no psychotic features (296.03)
- bipolar, manic, severe, with no psychotic features (296.43)
- bipolar, mixed, severe, with no psychotic features (296.63)
- depressive mood disorder NOS (311)
- mood disorder NOS (296.90)
- major depression, reoccurring, severe, with psychotic features (296.34)
- major depression, reoccurring, severe, with no psychotic features (296.33)
- major depression, single, with no psychotic features (296.23)
- major depression, with psychotic features (296.24)
- psychotic disorder NOS (298.9)
- post traumatic stress disorder (309.81)
- dissociative identity disorder (300.14)
- borderline personality (301.83)
- paranoid personality (301.0).

Mean - the average of a set of numbers, i.e., the sum of a set of numbers divided by the number in the set; used to represent the 'central tendency' of a set of numbers.

Order of Detention – Court orders an individual to be detained in a detention facility for no longer than 72 hours, excluding weekends and holidays, pending court hearing (Mental Health Law Title 43A).

Population adjusted - a statistical transformation of one set of population data in relation to another, to take into account differences in the distributions of population characteristics in the two datasets, e.g., age, race and sex distributions, so rates calculated on one dataset can be more accurately compared to rates in the other dataset. For example, a population with younger members would be age adjusted before comparing death rates with a population that included many more older members.

Poverty threshold (or poverty level) - poverty level is based upon federal Department of Health and Human Services estimates, and is a function of number of people in the household and total household income. DMHSAS uses 200% of this poverty level as a criterion for eligibility for all but emergency and children's services. In this report, 'in poverty' refers to persons at or below the 200% of poverty set by DMHSAS as the threshold for service eligibility.

Select Priority Group - The Select Priority Group (SPG) includes persons 18 years of age or older who were diagnosed with one of the following diagnoses:

- schizophrenia, disorganized (295.10)
- schizophrenia, paranoid type (295.30)
- schizophrenia, residual type (295.60)
- schizophrenia, undifferentiated (295.90)
- schizoaffective disorder (295.70)
- major depression, reoccurring, severe, with psychotic features (296.34)
- major depression, reoccurring, severe, without psychotic features (296.33)
- major depression, single episode, severe without psychotic features (296.23)
- major depression, single episode, severe with psychotic features (296.24)
- bipolar, depressed, unspecified (296.50)
- bipolar, manic, unspecified (296.40)
- bipolar, mixed, unspecified (296.60)

- bipolar, most recent episode unspecified (296.7)
- bipolar I, single, manic, unspecified (296.00)
- bipolar, manic, with psychotic features (296.44)
- bipolar, mixed, with psychotic features (296.64)
- bipolar, depressed, with psychotic features (296.54)
- bipolar, depressed, with no psychotic features (296.53)
- bipolar I, single, manic, with psychotic features (296.05)
- bipolar I, single, manic, with no psychotic features (296.03)
- bipolar, manic, severe, with no psychotic features (296.43)
- bipolar, mixed, severe, with no psychotic features (296.63)
- psychotic disorder NOS (298.9)

Standard deviation - a statistic that represents how far a number is from the average (or mean) of a set of numbers. Approximately, sixty-eight percent of a set of numbers lies within one standard deviation above and below the average of a set of numbers. A number from the set that is more than one standard deviation above or below the mean is, thus, a relatively rare occurrence. Therefore, closer inspection may be needed for those regions falling one standard deviation above or below the mean.

Trends toward a high rate of utilization - This denotes high service utilization (one standard deviation above the mean) for two or more of the most recent quarters.

Trends toward a low rate of utilization - This denotes low service utilization (one standard deviation below the mean) for two or more of the most recent quarters.

Appendix 5: List of Acronyms Used

CMHS – Center for Mental Health Services
CN – Central Oklahoma Region
CSAT – Center for Substance Abuse Treatment
EC – East Central Region
FY – fiscal year
ICIS – Integrated Client Information System
MMI – Major Mental Illness
NE - Northeast Region
NW - Northwest Region
DMHSAS – Oklahoma Department of Mental Health and Substance Abuse Services
OHCA – Oklahoma Health Care Authority
OK – Oklahoma Metro Region
PACT – Program of Assertive Community Treatment
RAB – regional advisory board
RPM Report– Regional Performance Management Report
SAMHSA – Substance Abuse and Mental Health Services Administration
SE - Southeast Region
SOC – Children Systems of Care
SPG – Select Priority Group
SW – Southeast Region
TU - Tulsa Region
WRAP – Wellness and Recovery Action Plan

Appendix 6: Adult Clients Served by Provider by Region for 1st Quarter FY06

Mental Health Agencies

Associated Centers for Therapy		8	7			1		1,137		1,153
Bill Willis CMHC		859	11			3	2	10	1	886
Carl Albert CMHC	2	23			2	1,325			5	1,357
Center for Children & Families	29				14					43
Central OK CMHC	816			1	112	4				933
CREOKS Mental Health Services		604			11	8	1	4		628
Crossroads, Inc.			1		1			53		55
Divorce Visitation Arbitration			19	2	1			1		23
Eastern State Hospital	14	18	33	11	51	31	23	40		221
Edwin Fair CMHC		1	793	5	4				1	804
Family & Children's Services		4	6			1	3	2,116		2,130
Family Shelter									1	1
Grand Lake		5	1,258			4		11	10	1,288
Green Country		559	1		1			1		562
Griffin Memorial Hospital	252	15	19	12	324	172	6	19	23	842
Hope	1				759					760
Jim Taliaferro CMHC	39	1	1		7	6	1,076	1	10	1,141
Mental Health Services of Southern OK	1	6		2	4	986	4			1,003
North Care	19	2	18	1	2,405	2				2,447
NW Center for Behavioral Health	10	1	34	1,442	39	15	89	4	7	1,641
Oklahoma Co. Crisis Intervention Center	3	1	3	6	76			1		90
Red Rock	474	2	1	12	1,288	9	537	99	4	2,426
Safe Haven		1						58		59
Thunderbird Clubhouse	70				1					71
Transition House	12						1			13
Tulsa Center for Behavioral Health		5	9		1	1		422	3	441
Tulsa Metropolitan Ministry		2						183		185
YWCA Crisis Center				2						2

Substance Abuse Agencies

12 & 12, INC.	9	36	60	4	15	19	6	323		472
ADA AREA CHEMICAL DEP. CTR		1			1	42				44
ALPHA II, INC.	5	3	17	3	3	4	1	4		40
BILL WILLIS MENTAL HEALTH		165	3			2		3		173
BRIDGEWAY			19							19
BROADWAY HOUSE, INC.	1	1		1	2	17	4	1		27
CAA TURNING POINT	42		1		153		3			199
CARE FOR CHANGE INC.					99		1			100
CARL ALBERT C.M.H.C.						41				41
COMMUNITY ALCOHOLISM SERVICES			20					1		21
COPE, INC.					76		1			77
COUNSELING CENTER OF S.E. OKLAHOMA						94				94
CREOKS MENTAL HEALTH SERVICES		36					1			37
DAYSPRINGS							28			28
DOMESTIC VIOLENCE INTERVENTION SERVICES, INC.		2						37		39
DRUG RECOVERY, INC.	11	3	5	7	128	13	15	1		183
EAGLE RIDGE INSTITUTE		73	5		10	5	5	7		105
EDMOND FAMILY SERVICES, INC.					17					17
EDWIN FAIR CMHC			30							30
F.O.C.U.S.		45								45
FAMILY & CHILDREN'S SERVICES								11		11
FAMILY CRISIS & COUNSELING CTR			53						3	56
FAMILY CRISIS CTR, INC.						59				59
FAMILY RECOVERY COUNSELING CENTER	1			1	36	1				39
GATEWAY TO PREVENTION/RECOVERY	1	8	1		177	24	2			213
HOMINY HEALTH SRVCS CTR INC.			19							19
HOUSE OF HOPE INC		3	12	1	4	1		9		30
HUMAN SKILLS & RESOURCES		49	60					130		239
INDIAN HEALTH CARE RESRCE CENTER		1	2					104		107
JIM TALIAFERRO CMHC							61			61
KIAMICHI COUNCIL ON ALCOHOLISM						205	1		2	208
LATINO COMMUNITY DEV. AGENCY					3					3
LOGAN COUNTY YOUTH & FAMILY SERVICES, INC.			1	38	1					40
M.H. AND SUBSTANCE ABUSE CENTER OF SOUTHERN OK	2	5			3	47	17		1	75
METRO TULSA SUBSTANCE ABUSE SERVICE	1	15	12	1		3		106	3	141
MONARCH, INC.	8	33	6	1	8	17	10	8	1	92
MOORE ALC/DRUG CENTER	4				3					7
MUSKOGEE COUNTY COUNCIL OF YOUTH SERVICES		119						1		120
N.E. OK COUNCIL ON ALCOHOLISM		2	159			4		2		167
NATIVE AMERICAN CENTER OF RECOVERY		1			15	1				17
NEW HOPE OF MANGUM	2		1		4	7	205			219
NORMAN AL/DRUG TREATMENT CTR	33	11	11	4	67	19	6	7	1	159
NORMAN ALCOHOL INFORMATION CTR	309				18	10				337
NORTH CARE CENTER					155					155
NORTHWEST CENTER FOR BEHAVIORAL HEALTH	4		7	19	20	7	36			93
NW SUBSTANCE TREATMENT CNTR		1	2	2	1	4	7			17
OKLAHOMA FAMILIES FIRST, INC.						26				26

OPPORTUNITIES, INC., CDTC	6	1	10	9	16	7	23	9		81
PALMER DRUG ABUSE PROGRAM INC.								9		9
PAYNE CO COUNSELING SVC,INC.			24							24
PAYNE COUNTY DRUG COURT, INC.	1	1	23		1	1		1		28
PEOPLE INCORPORATED		71	25			1				97
RED ROCK BEHAVIORAL HEALTH SVC	11	1		19	42	1	56			130
RESONANCE, INC.								51		51
ROADBACK, INC.	3	1	1	3	5	8	76		1	98
ROGERS COUNTY DRUG ABUSE			62					1		63
S.W. YOUTH & FAMILY SERVICES	56					2	9		1	68
SHADOW MOUNTAIN BEHAVIORAL HEALTH SYSTEM								20		20
SHEKINAH COUNSELING SERVICES						75				75
SPECIALIZED OUTPATIENT SERVICES, INC.	2			2	91	3	4			102
STARTING POINT II, INC.	4	5	67	14	11	2	2	1	2	108
STREET SCHOOL INC								1		1
SUBSTANCE ABUSE SERVICES								11		11
THE NEXT STEP NETWORK, INC.		1	1	9	2	2	6	1	2	24
THE OAKS REHAB. SERVICES CTR		45	6	2	10	170	1	4	2	240
THE REFERRAL CENTER	66	6	14	23	401	55	34	3	7	609
TOTAL LIFE COUNSELING					244					244
TRI-CITY SUBSTANCE ABUSE CTR						153				153
TRI-CITY YOUTH & FAMILY CENTER	4				139	2	1		5	151
TULSA WOMEN AND CHILDREN'S CENTER	2	2	8	1	5	1	2	20		41
VINITA AL/DG TREATMENT CTR	1	4	7		1	5	1	5		24
WOMEN IN SAFE HOMES, INC.		20				2				22
YOUTH AND FAMILY SERVICES OF N. CENTRAL OKLAHOMA, INC.				11						11
YWCA CRISIS CENTER		1	2		1	3				7

Appendix 7: Background and Intent of the Regional Performance Management Report

Background. The Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) Regional Performance Management (RPM) Report is supported, in part, by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funding from SAMHSA supports technical assistance from Howard Dichter, MD, a consultant in monitoring of state health programs and Carol Forhan, Kay Miller and Dan Whalen, staff with Medstat. Medstat is a healthcare information company that provides services for managing the cost and quality of healthcare and Linda Graver manages the SAMHSA project that funds the technical assistance.

This report reviews activities for the Second Quarter of FY 2005, i.e., July through September 2003. Based on changes in eligibility criteria for services instituted because of budget reductions, specifications of some of the RPM indicators are being changed to more clearly match the populations providers have contracted to serve. Other indicators may be dropped from reporting (not necessarily from tracking) because of their long-term stability, and others may be added to match new Department efforts to more closely monitor Strategic Plan implementation. As a result, a new indicator numbering system has also been initiated. Discussion of proposed and implemented changes will be included in the text of this and future reports. Additional information about the selection and definition of indicators is provided in Appendix 1 and 2.

Performance Improvement Cycle. As noted in the introduction to previous reports, the primary aim of the RPM report is to provide up-to-date information to guide system performance improvement efforts. Production of the report itself follows the Plan-Do-Check-Act (PDCA) cycle promoted as a model for performance improvement activities. The indicators for the report were "planned" with federally-funded technical assistance. To "do" the report, staff members of DMHSAS Decision Support Services compile data for the quarterly report, from which the narrative is produced with input from Jennifer Glover, Substance Abuse Services, John Hudgens, Mental Health Services and the Performance Improvement Coordinator for the Department, Jan Savage. Following compilation of the draft report, it is circulated among DMHSAS Central Office staff members to get their 'first take' comments. Any changes they recommend are incorporated into the draft, which is then distributed to all substance abuse and mental health providers for their input. This "checking" step of the process has begun to stimulate an informative exchange of ideas to explain regional differences. Finally, the process has also spurred follow-up "actions": DSS staff have performed additional analyses to evaluate proposed explanations of findings (see the 'Steps Taken' and 'Conclusions' paragraphs for several indicators). In addition, some providers have begun to use report results as the basis for initiating system improvement activities.

A map of regions for which data are summarized is provided in Appendix 3 and a glossary of terms and list of acronyms are presented in Appendices 4 and 5. If you have questions about the project or this report, please contact John Hudgens, Director of Community Based Services (405-522-3849, jhudgens@odmhsas.org); Jennifer Glover, Abuse Clinical Treatment Services Coordinator, (405-522-2347, jglover@odmhsas.org); or Jan Savage, Performance Improvement Coordinator, (405-522-5379, jlsavage@odmhsas.org).