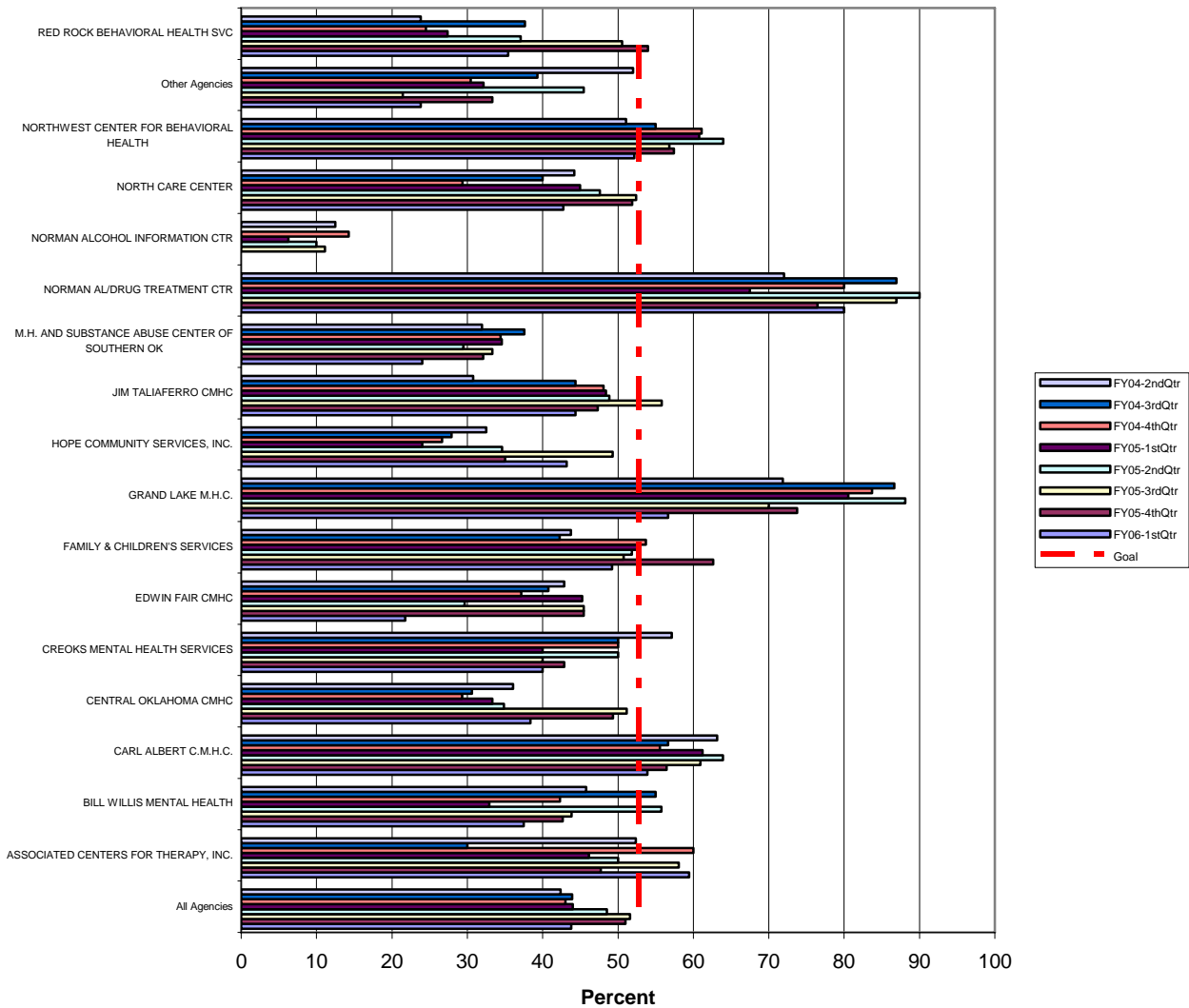


SECTION I – FOCUS INDICATORS

Mental Health

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within 7 Days after Discharge (for adults referred within the DMHSAS system or transferred within a single agency)

Figure 1: Percent of Adults Discharged from Inpatient Care in the Quarter with Follow-up Outpatient Care within 7 Days (referred/transferred)



Note: For agencies with more than 10 referrals during a quarter.

Rationale for measurement: Persons leaving inpatient care who get involved in community-based services in a timely manner are more likely to have the resources to maintain their community tenure.

Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 53%.

Current Status: Statewide average: 44%. Met Goal of 53%: ACT, CACMHC, Grand Lake, and NCBH (more than one half of the standard deviation above the state average).

Trends: The state average rate of follow-up fell from 51% in the 4th Quarter of FY05 to 44% in the 1st Quarter of FY06. Thirteen of the agencies saw a decrease in the rate of follow-up from the previous quarter.

Context: ODMHSAS contracts with community mental health centers require the following:

- Continuity of care, with appropriate releases from the consumer, to collaborate with inpatient or other external providers on medication therapy decisions and on appropriateness of outpatient referral options. Persons being discharged from crisis stabilization or inpatient treatment must have a two-week supply of any needed psychotropic medications (or assurance of no gap in the provision of medication) as well as appointments scheduled for any needed aftercare.
- Carefully facilitated aftercare engagement within 24 hours whenever possible, but no later than 72 hours from discharge, for persons who have required inpatient treatment and meet criteria for the target population to be served.
- When clinically indicated, a demonstrated attempt to contact a client within 24 hours of a missed appointment, including home visits when appropriate.

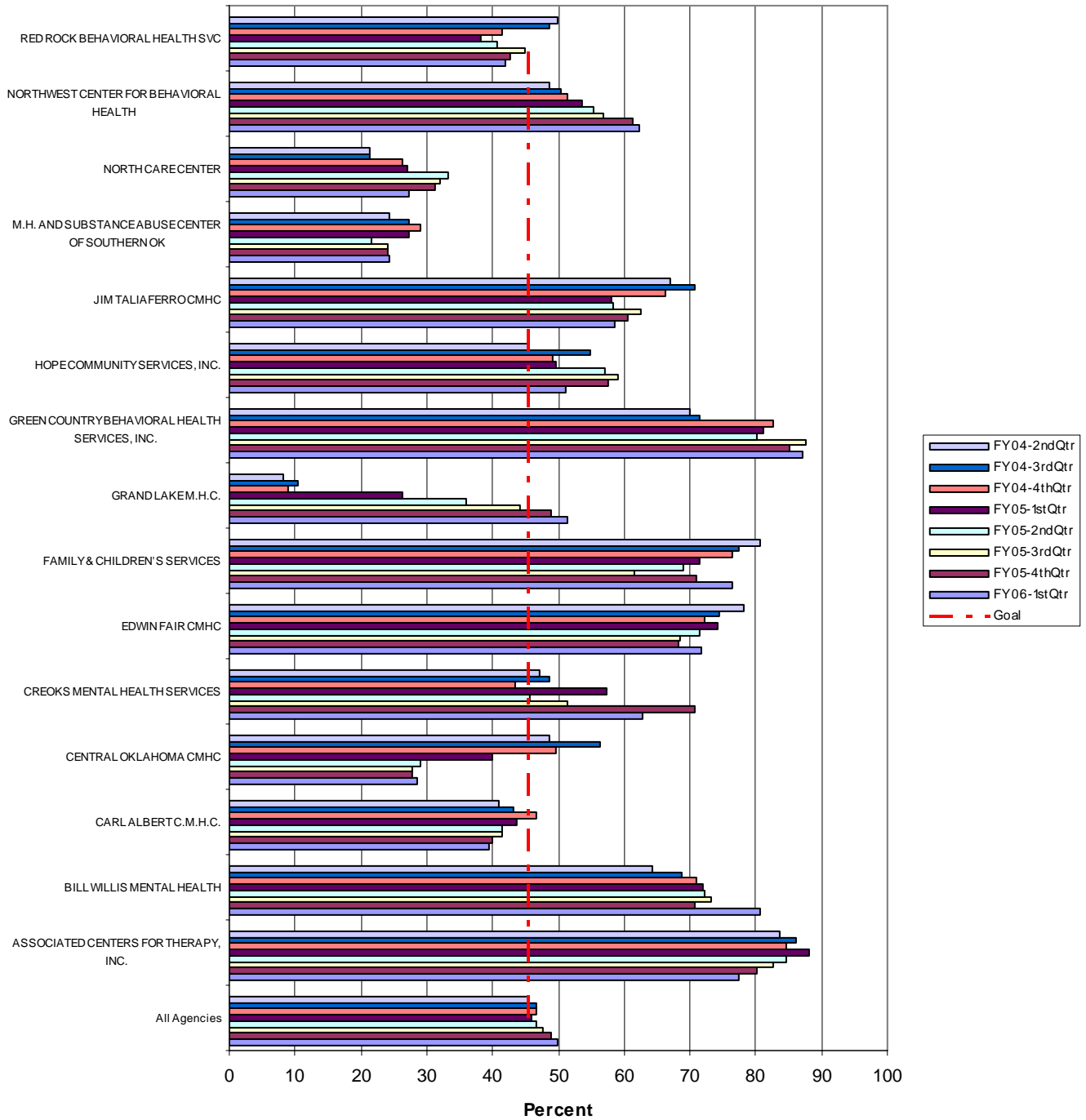
While providers have contractual commitments to facilitate continuity of care for clients meeting criteria for the Target Population to be served by a community mental health center (CMHC), effective linkage with follow-up outpatient care is also dependent on clients' willingness to accept further service from an ODMHSAS provider, permit advance arrangements, and keep any appointments made on their behalf.

Responding Providers: (to be added following providers' review and responses this quarter)

Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports):

Measure MH11: Adults with MMI Receiving Case Management or Individual Rehabilitative Services (active at the facility during the quarter studied)

Figure 2: Adults with MMI Receiving Case Management of Individual Rehabilitation Services



Rationale for measurement: Persons with MMI will maintain longer community tenure and better quality of life if they receive supportive services such as case management or individual rehabilitative services.

Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 45.5%.

Current Status: Statewide rate: 50%. Met Goal: ACT, BWCMHC, CREOKS, EFCMHC, FCS, Grand Lake, Green Country, Hope, Jim Taliaferro, Northwest Center for Behavioral Health, and Red Rock (more than on half of a standard deviation above the state average).

Trends: The state average has risen slightly in the past two years, with the highest rate found in the 1st Quarter of FY06. Eight of the agencies saw an increase from the previous quarter.

Context: In a recovery-oriented system, historical models of treatment must be revisited. Persons with a serious mental illness and in recovery are expected to reach a point when individual case management and rehabilitative services as currently provided may need to be replaced with other services or supports to continue their recovery. The service system and provider expectations will need to ensure that individual clients determine, with their treatment team, the services that are most appropriate to their current needs.

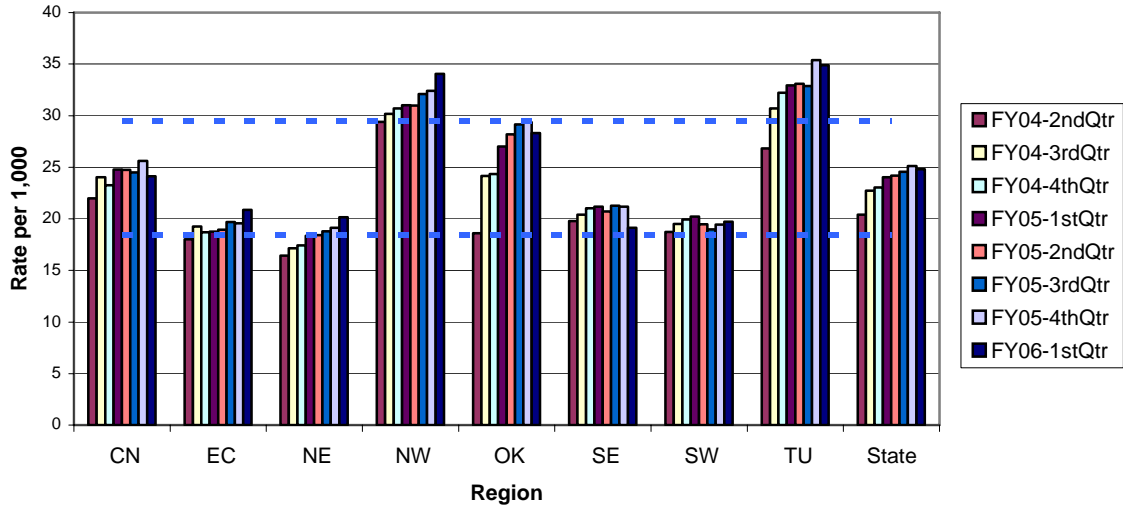
Responding Providers: (to be added following providers' review and responses this quarter)

Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports):

SECTION II: ADDITIONAL INDICATORS

Measure MH1: Adults Receiving Any DMHSAS-funded Mental Health Service

Figure 7: Adults Receiving Any ODMHSAS-Funded Mental Health Service in the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



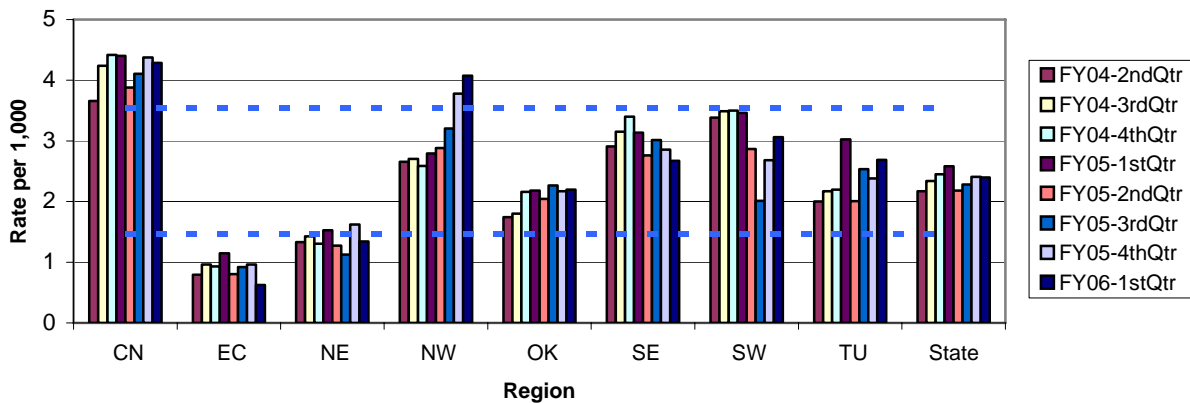
As shown in Figure 7, statewide, 24.8 of every 1,000 adults in poverty received a DMHSAS-funded mental health service in the 1st Quarter of FY06. This is the second highest rate for the eight quarters studied. The range of adults per 1,000 in poverty that received a service in the prior seven quarters is 20.4 to 25.1.

The NW and TU regions served 34 and 35 adults per 1,000 in poverty, respectively, and were more than one standard deviation above the state average. The NW region has been at or above one standard deviation above the average for all eight quarters studied. The TU region has been one standard deviation above the average for the last seven quarters. The NE region utilization rate has risen from one standard deviation below the state average to 20.2 adults in the 1st Quarter of FY06.

Measure MH2: Adult Mental Health Core Outpatient Services – Indicator Discontinued

Measure MH3: Adult Inpatient Services

**Figure 8: Persons Receiving An Inpatient Mental Health Service in the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level**



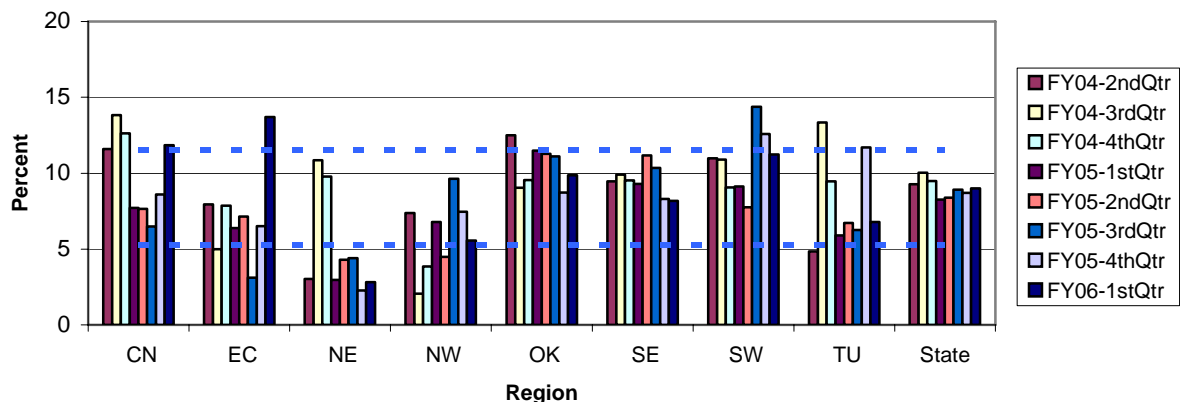
Statewide, 2.4 of every 1,000 adults (24 of every 10,000) in poverty received an inpatient mental health service (in a state hospital or community-based inpatient unit) in the 1st Quarter of FY06 (Figure 8). The range for the prior seven quarters was between 2.2 and 2.6 per 1,000.

The CN and NW regions were both more than one standard deviation above the state average at 4.3 and 4.1, respectively, for the 1st Quarter of FY06. The CN region has had high utilization of inpatient services for the past two years. The EC and NE regions trended towards a low rate of utilization at 0.6 and 1.3, respectively, per 1,000 adults in poverty. All eight quarters in the EC region were one standard deviation or more below the statewide average.

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within 7 Days after Discharge – See Section I: Focus Indicators

Measure MH5: Adult Inpatient Re-admissions within 30 Days After Discharge

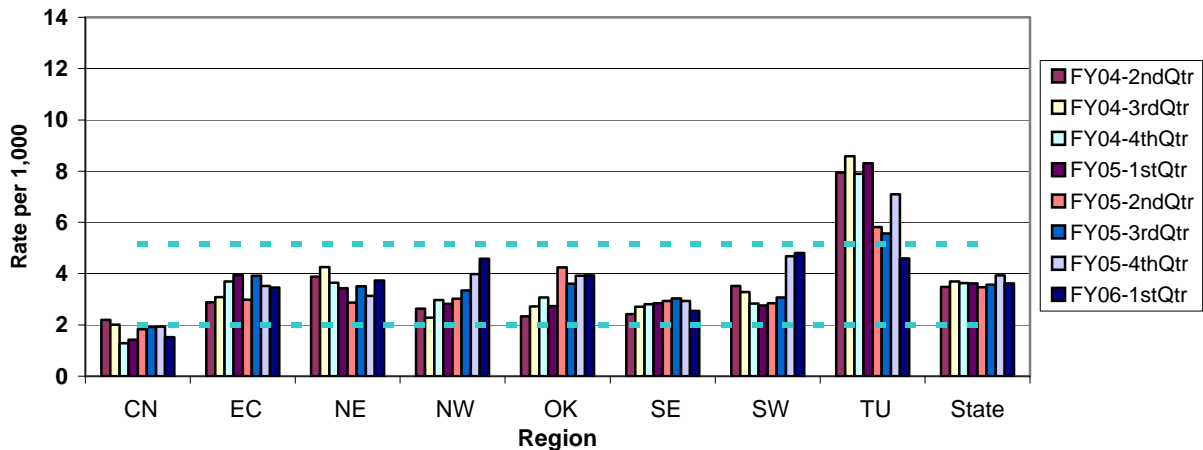
**Figure 9: Adults Discharged from Inpatient Care in the Quarter
Percent Readmitted within 30 Days**



The adult inpatient re-admissions indicator measures the percentage of adults discharged from inpatient care in the quarter who were re-admitted within 30 days following their discharge. Statewide re-admissions ranged between 8.3% and 10% of discharged inpatient adults for the eight quarters studied, with the lowest re-admission rate (9%) in the 1st Quarter of FY06 (Figure 9). The CN and EC regions were more than one standard deviation above the state average in the 1st Quarter FY06 at 11.8% and 13.7%, respectively. The NE region was more than one standard deviation below the statewide average at 2.8%.

Measure MH6: Adult Mental Health Face-to-Face Crisis

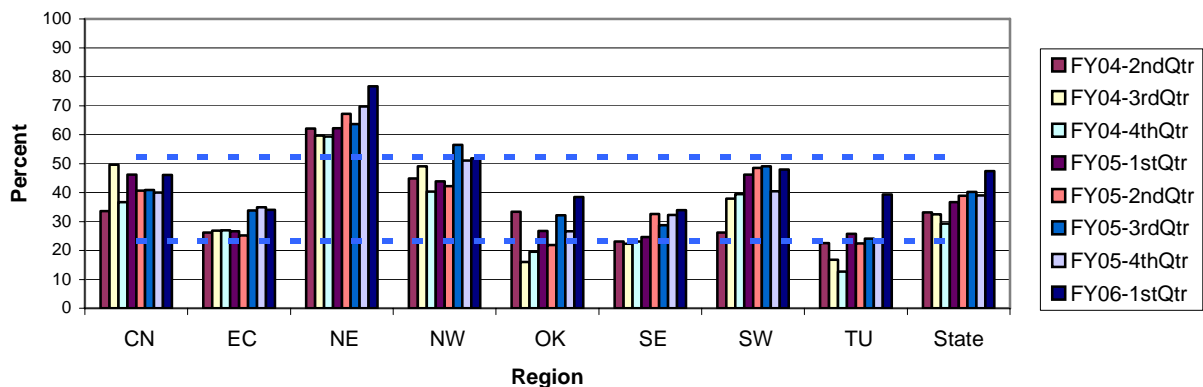
Figure 10: Adult Face-to-Face Crisis Events during the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



The Adult Mental Health Face-to-Face Crisis indicator measures the rate per 1,000 adults in poverty in each region who received a crisis service in the quarter. The number of adults with face-to-face mental health crisis services during the 1st Quarter of FY06 for the state remained stable at 3.6 per 1,000 of the adult population below 200% of the poverty level (Figure 10). The rate falls within the two-year range of 3.5 to 3.9 per 1,000 of the adult population below 200% of the poverty level. The CN region continued to be more than one standard deviation below the state average for the adult population below 200% of the poverty level with a rate of 1.5 per 1,000 of the adult population.

Measure MH7: Adult Crisis Follow-up in Outpatient Care within 7 Days

Figure MH11: Adult Mental Health Face-to-Face Crisis Events during the Quarter
Percent Receiving Outpatient Follow-up within Seven Days



For the 1st quarter of FY06, 47.4% of all adults with a face-to-face mental health crisis service in the state were seen for a non-crisis outpatient service within the following seven days (Figure 11). This is the highest rate of crisis follow-up for the eight quarters studied.

The NE region had a rate one standard deviation above the state average at 76.78%. The NE region has demonstrated a high rate of adult mental health follow-up (one standard deviation or more above the state average) for all eight quarters measured.

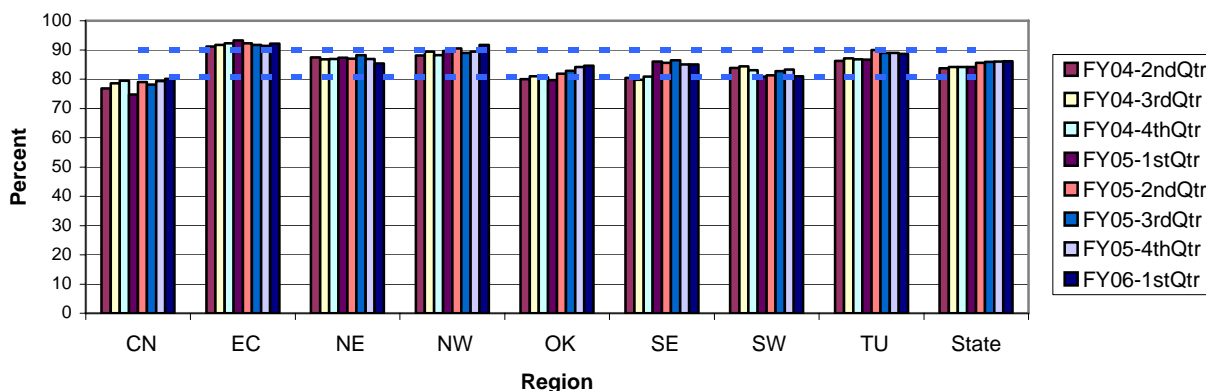
ADULTS WITH MAJOR MENTAL ILLNESS (MMI)

Background: One goal of the RPM is to present indicators for all publicly-funded behavioral health services but integrating data from the Oklahoma Health Care Authority and the Department of Mental Health and Substance Abuse Services. To more clearly define a category of service recipients with more serious disorders that could be identified in data also collected by the Oklahoma Health Care Authority (OHCA), criteria for Major Mental Illness (MMI) were selected. This population is similar to the group of adults designated by providers as having a Serious Mental Illness (SMI), without considering level of functioning (which is not collected by OHCA). A complete listing of MMI diagnoses is given in Appendix 4, Glossary of Terms, under Major Mental Illness. To be included in the measure, a client had to have received a service in the reported quarter.

Measure MH8: Adults with MMI Receiving Any DMHSAS-Funded Mental Health Service - Indicator Discontinued

Measure MH9: Adults with MMI Core Outpatient Mental Health Services

Figure 12: Adults with a Major Mental Illness
Percent Who Received a Core Mental Health Service in the Quarter

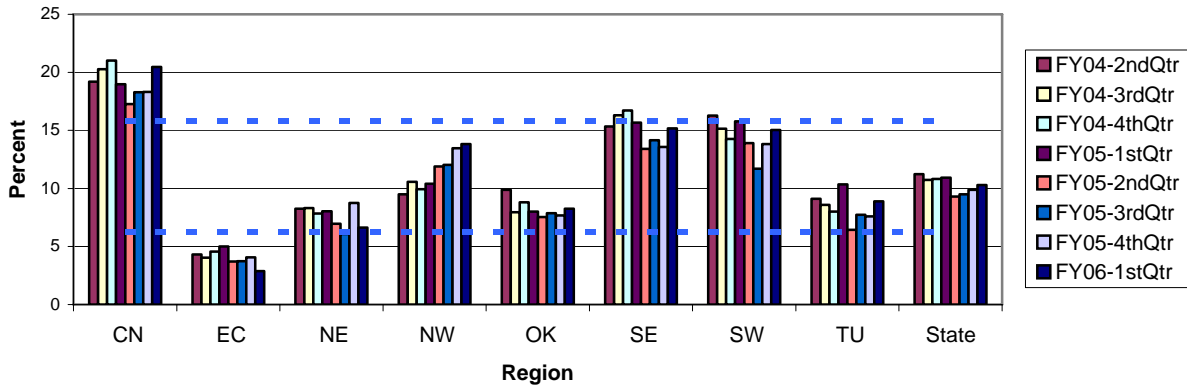


About 84% of adults with MMI received a core mental health outpatient service (face-to-face mental health, non-crisis, treatment service) in the 1st Quarter of FY06 (Figure 12), increasing slightly from the seven prior quarters.

The CN region demonstrated a low percentage of adults with MMI receiving core outpatient services at 80% in the 1st Quarter of FY06, which is one standard deviation below the state average. The EC and NW regions were one standard deviation above the state average at 92%. The EC region has been one standard deviation or more above the state average for the eight quarters studied. The NW region has consistently shown a high percent of adults with MMI receiving core outpatient services.

Measure MH10: Adults with MMI Inpatient Services

Figure 13: Adults with a Major Mental Illness
Percent Who Received an Inpatient Mental Health Service in the Quarter



About 10% of all adults with MMI, statewide, were hospitalized in the 1st Quarter of FY06 (Figure 13). The CN region was more than one standard deviation above the state average at 20.4% in the 1st Quarter of FY06. The CN region has consistently been one standard deviation about the state average for the eight quarters studied. The EC region was more than one standard deviation below the state average at 2.9% and has been more than one standard deviation below the state average for each of the eight quarters studied.

Measure MH11: Adults with MMI Receiving Case Management or Individual Rehab Services - See Section I: Focus Indicators

Measure MH12: Adults with MMI Receiving Independent Housing – Indicator Discontinued

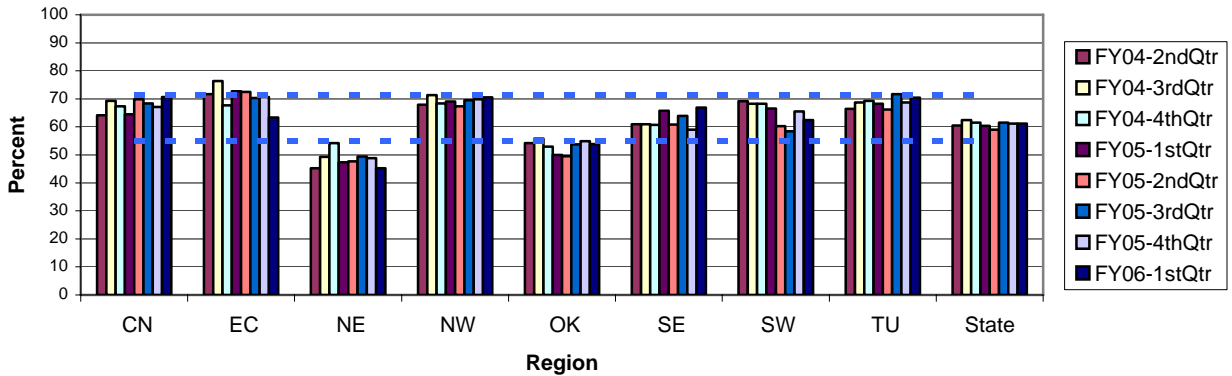
ADULT SELECT PRIORITY GROUP (SPG)

Adult clients with severe mental illness comprise the Select Priority Group (SPG), which was defined to evaluate access to medication services. For a complete list of diagnoses included in the SPG, refer to Appendix 4, Glossary of Terms, Select Priority Group.

Measure MH13: Adult Select Priority Group (SPG) Medication Visits

The measure is based on the assumption that the majority of clients with these diagnoses could benefit from a medication visit each quarter. This measure represents the percentage of adults in the SPG that were active in the quarter and received a medication visit in a quarter.

**Figure 14: Adults with a Select Priority Group (SPG) Diagnosis
Percent Who Received a Medication Visit in the Quarter**



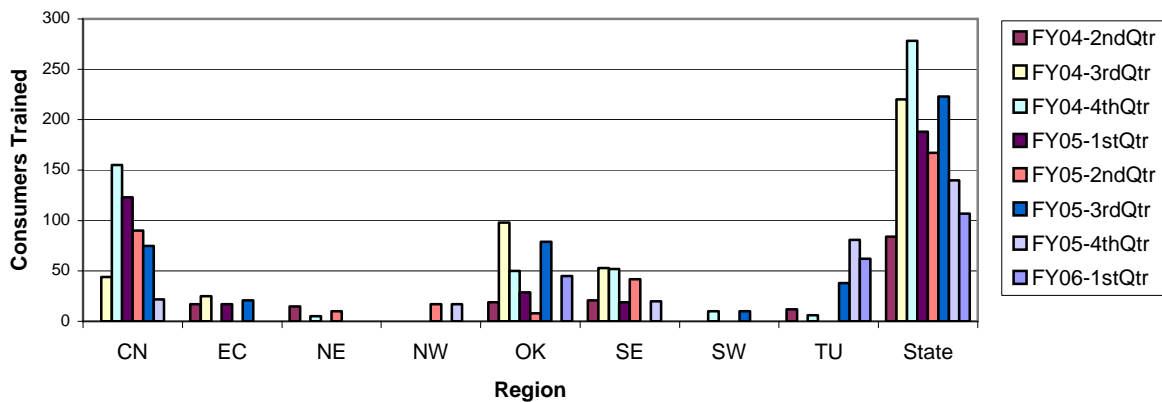
Statewide, 61% of all adults in the SPG received a medication visit in the 1st Quarter of FY06 (Figure 14). The rate has remained consistent with a range of 59% to 62% in the prior seven quarters. The NE and OK regions had rates of 45% and 54%, respectively and both regions have been more than one standard deviation below the state average for most of the eight quarters studied.

EVIDENCE-BASED PRACTICES

Measure MH14: Illness Self-Management

The illness self-management indicator measures the number of unique individuals that participated in a Wellness and Recovery Action Plan (WRAP) illness self-management education program each quarter for each region and the state. The WRAP training is an evidence-based practice implemented by the Oklahoma Mental Health Consumer Council under a contract with DMHSAS. WRAP training is curriculum-based and specifically equips consumers with tools to understand their mental illness and develop strategies to be advocates for themselves as they continue their recovery. The DMHSAS goal is for WRAP to be available in all regions in each quarter. Data reported to DMHSAS for WRAP training does not include participant or client identifiers.

**Figure 15: Clients Receiving Illness Self-Management Training
Unduplicated Count by Quarter**



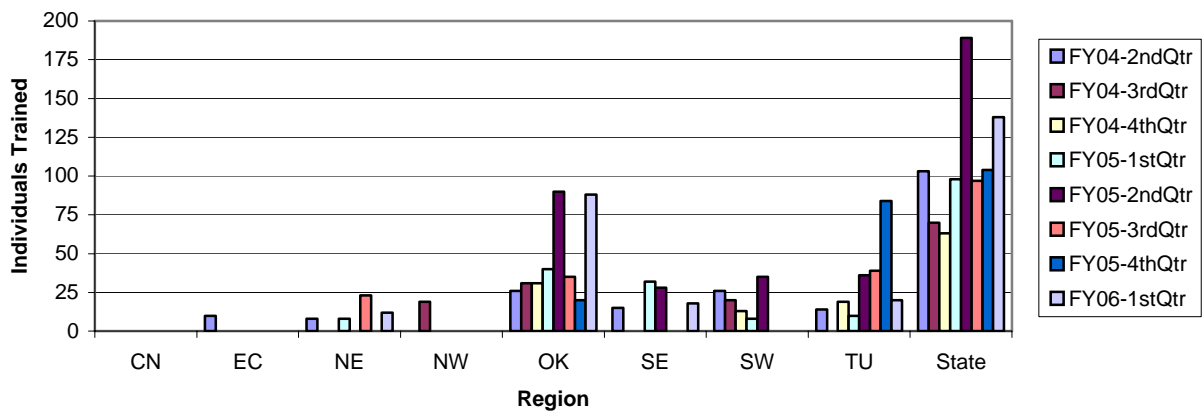
Illness self-management education services were provided to 107 individuals during the 1st Quarter of FY06 (Figure 15). To date, 1,737 individuals have participated in the WRAP training. Training was

offered in the OK and TU regions for the most recent quarter. These counts do not reflect services provided to staff or other trainers

Measure MH15: Family-To-Family Training

The Family-to-Family indicator measures the number of unique family members that participated in a psycho-educational training program presented by Oklahoma Chapter of the National Alliance for the Mentally Ill (NAMI-OK) under contract with DMHSAS. Family-to-Family is a curriculum-based training in which, over the course of several sessions, family members learn about mental illnesses, effective treatment, and ways to support their relatives in treatment and recovery. Data reported to DMHSAS for Family-to-Family training do not include participant or client identifiers.

**Figure 16: Family Members Receiving Family-to-Family Training
Unduplicated Count by Quarter**

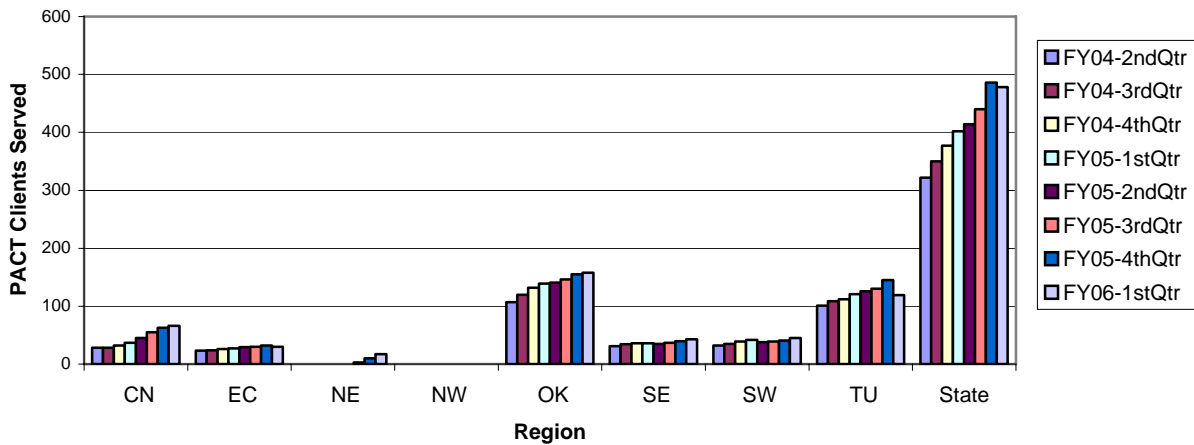


A total of 138 individuals received Family-to-Family training in the 1st Quarter of FY06 (Figure 16). Training sessions were held in the NE, OK, SE and TU regions during the 1st Quarter of FY06. To date, training has been provided to 1,160 individuals.

Measure MH16: Program of Assertive Community Treatment (PACT)

PACT is a service-delivery model for providing comprehensive community-based treatment to persons with serious mental illness. The multi-disciplinary staff provides intensive treatment, rehabilitation and support services to clients in their homes, on the job and in social settings to enable clients to successfully reside in the community. To ensure this evidence-based practice is enrolling clients at the rate prescribed by the model, the number of clients served each quarter is monitored. Five sites, located in the OK, TU and CN regions, are staffed to serve 100 - 120 PACT participants, while the other six sites are staffed to serve 50 participants each. Three new PACT sites are being implemented and are expected to begin serving clients later in the year.

Figure 17: Number of Persons Served in PACT by Quarter



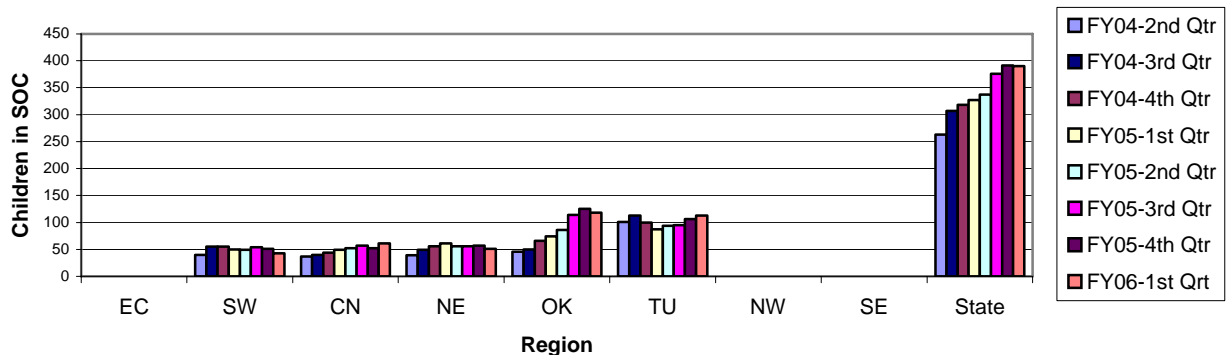
As shown in Figure 17, 478 persons were served through the eight PACT sites in the 1st Quarter of FY06. The OK and TU regions provided services to 158 and 119 persons, respectively. These regions include four sites, the two original sites and two sites that have recently been implemented. The remaining sites served a total of 201 persons in the 1st quarter of FY06 (CN region = 66, EC region = 30, NE = 17, SE region = 43 and SW region = 45).

CHILDREN’S SERVICES

Measure MH17: Children’s Systems of Care

Systems of Care (SOC) is a promising practice which assists communities in building fully inclusive organized systems of care for families of children who are experiencing a serious emotional disturbance. Currently, there are eight sites located in five regions. Like PACT, it is important that the project sites grow in capacity to ensure access to children and their families. Thus, the number of children served quarterly is monitored. While there are other SOC programs operating in the state, these data represent only those programs funded through DMHSAS. These programs cover Beckham, Custer, Canadian, Cleveland, Kay, McClain, Oklahoma, Pottawatomie, Roger Mills, Tulsa and Washita Counties.

Figure 18: Number of Children Served in SOC by Quarter



In 1st Quarter of FY06, 390 children were served in the SOC sites, the largest number to date (Figure 18). The OK region served 118 children, with sites in Oklahoma and Pottawatomie Counties. This was

followed by the TU region, which hosts the single largest site, which served 113 children, followed by 61 children served in the CN region (with sites in Canadian and Cleveland Counties), 51 children served in the NE region (with sites in Kay and Washington Counties), and 43 children served in the SW region (serving Beckham, Custer, Roger Mills and Washita Counties).

Measure MH18: Children with Any DMHSAS-Funded Mental Health Service – Indicator Discontinued