

# OKLAHOMA

## MENTAL HEALTH BLOCK GRANT

### PLAN & APPLICATION



### Public Comment on 2009-2011 Mental Health Block Grant Plan

This current application will be submitted in a format required by the Center for Mental Health Services on September 1, 2010. Public comments are requested in response to this proposed plan as described below.

1. Throughout the year, the Oklahoma Mental Health Planning and Advisory Council (MHPAC) meets in accordance with Oklahoma's Open Meetings Act. Each meeting includes time for public comment on the Mental Health Block Grant Plan for Oklahoma. Comments are summarized in Council minutes and utilized by the MHPAC and the state throughout the year.
2. A draft of this enclosed application will be reviewed in detail at an open meeting of the MHPAC on August 12, 2010, 10:00 am to noon in the ODMHSAS Central Office in Oklahoma City. All present at the meeting – including members of the public who do not serve on the MHPAC – will be provided time to offer comments to the state and the MHPAC related to the proposed application.
3. Oklahoma is currently operating under an approved 3-year Mental Health Block Grant plan for FFY2009-2011. FY2011 Updates to that plan are included in this document and are noted in the following pages as "**FFY2011 Application Updates**". *To offer written comments on the proposed application update or for additional information please contact John Hudgens, P.O. Box 53277, Oklahoma City, OK 73152, [jhudgens@odmhsas.org](mailto:jhudgens@odmhsas.org) or (405) 522-3800.*

Formal public input will be accepted, for consideration within this application cycle, through August 23, 2010.

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## MENTAL HEALTH BLOCK GRANT PLAN & APPLICATION



2009 – 2011

**SUBMITTED SEPTEMBER 2008**

**UPDATES SUBMITTED SEPTEMBER 2009 AND SEPTEMBER 2010**

DRAFT for Public Comment – August 4, 2010

**TABLE OF CONTENTS**

<b>INTRODUCTION</b>	<b>4</b>
<b>OKLAHOMA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL OVERVIEW</b>	<b>4</b>
<b>SUMMARY OF RECENT ACTIVITIES</b>	<b>5</b>
<b>DESCRIPTION OF STATE SERVICE SYSTEM</b>	<b>7</b>
<b>FIGURE 1.</b>	<b>7</b>
<b>OTHER NEW DEVELOPMENTS – SERVICES ACROSS THE LIFESPAN</b>	<b>10</b>
<b>SYSTEM STRENGTHS, NEEDS, AND PRIORITIES</b>	<b>15</b>
<b>PEER AND FAMILY ADVOCACY</b>	<b>17</b>
<b>SYSTEM STRENGTHS, NEEDS, AND PRIORITIES - CONTINUED</b>	<b>22</b>
<b>CHILDREN</b>	<b>22</b>
<b>EXEMPLARY TREATMENT FOR CHILDREN</b>	<b>24</b>
<b>STATE MENTAL HEALTH PLAN</b>	<b>27</b>
<b>ADULT PLAN – DESCRIPTION OF SERVICES</b>	<b>27</b>
<b>CRITERION 1 (ADULT PLAN): COMPREHENSIVE COMMUNITY-BASED SYSTEM OF CARE FOR ADULTS</b>	<b>27</b>
<b>CRITERION 2 (ADULT PLAN): MENTAL HEALTH EPIDEMIOLOGY DATA</b>	<b>31</b>
<b>CRITERION 3. (NOT APPLICABLE TO ADULT PLAN)</b>	<b>32</b>
<b>CRITERION 4 (ADULT PLAN): TARGET POPULATIONS</b>	<b>32</b>
<b>OTHER HOMELESS SERVICES</b>	<b>32</b>
<b>CRITERION 5 (ADULT PLAN): MANAGEMENT SYSTEMS</b>	<b>34</b>
<b>PERFORMANCE GOALS, TARGETS, AND ACTION PLANS – ADULT PLAN</b>	<b>38</b>
<b>TRANSFORMATION ACTIVITIES - ADULT PLAN</b>	<b>41</b>
<b>SUMMARY OF SELECTED TRANSFORMATION ACTIVITIES – ADULT PLAN</b>	<b>43</b>
<b>STATE MENTAL HEALTH PLAN</b>	<b>45</b>
<b>CHILD PLAN – DESCRIPTION OF SERVICES</b>	<b>45</b>
<b>CRITERION 1 (CHILD PLAN): COMPREHENSIVE COMMUNITY-BASED SYSTEM OF CARE FOR CHILDREN.</b>	<b>45</b>
<b>CRITERION 2 (CHILD PLAN): MENTAL HEALTH EPIDEMIOLOGY DATA</b>	<b>47</b>
<b>CRITERION 5 (CHILD PLAN): MANAGEMENT SYSTEMS</b>	<b>52</b>
<b>PERFORMANCE GOALS, TARGETS, AND ACTION PLANS – CHILD PLAN</b>	<b>55</b>
<b>TRANSFORMATION ACTIVITIES – CHILD PLAN</b>	<b>57</b>
<b>SUMMARY OF SELECTED TRANSFORMATION ACTIVITIES – CHILD PLAN</b>	<b>57</b>

## Oklahoma Mental Health Block Grant Application and Plan FFY2009-2011

### Introduction

This Mental Health Block Grant Application and Plan has been prepared on behalf of the State of Oklahoma in accordance with Part B of Title XIX of the Public Health Service Act. The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the grant program through the Center for Mental Health Services. This specific block grant program supports existing public services and encourages the development of creative and cost-effective systems of community-based care for people with serious mental disorders. This application has been prepared in a format for public review and comment. Instructions appear at the end of the document to guide readers in submitting comments upon their review of the document. This particular document is organized as a 3-year plan and must be submitted to SAMHSA by September 2, 2008.

The plan includes introductory information on the role of the Oklahoma Mental Health Planning and Advisory Council. The actual plan is organized around key topics describing the state's service system, including strengths, needs, and priorities; actions proposed to continue with service improvement – including transformation activities underway; and, targeted measures to document the state's achievement of the goals proposed in this plan. Content specific to adults and to children and their families is identified throughout the document.

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

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

**FFY2010 Application Updates:** The original plan submitted on September 1, 2008 received a 3-year approval by CMHS without modification. This September 2009 document includes the narrative upon which that 3-year approval was granted as well as updates to accompany Oklahoma's application for FFY2010 funding.

**FFY2011 Application Updates:** This September 2010 document includes the narrative upon which that 3-year approval was granted as well as updates to accompany Oklahoma's application for FFY2011 funding.

### Oklahoma Mental Health Planning and Advisory Council Overview

**Council Duties.** The Oklahoma Mental Health Planning and Advisory Council's purpose is to (1) Review plans, including the Federal Mental Health Services Block Grant Plan provided to the Council, and to submit to the state any recommendations of the Council for modifications to the plans; (2) serve as an advocate in promoting an enhanced quality of life for all adults with serious mental illness, children with an emotional disturbance and their families, and other individuals with mental illness or emotional problems; (3) monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state; and, (4) exchange information and develop, evaluate, and communicate ideas about mental health planning and services.

**Council Membership.** The Council consists of no more than 35 members and is comprised of Oklahoma residents that includes representatives of (1) principal state agencies involved in mental health and related support services; (2) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support activities; (3) adults with serious mental illnesses who are

receiving, or have received mental health services; (4) the families of such adults; and, (5) families of children with emotional disturbances.

Directors of the following state agencies appoint one member each to the Council: Oklahoma Health Care Authority; Oklahoma Department of Rehabilitation Services; Oklahoma State Department of Education; Oklahoma Department of Corrections; Oklahoma Office of Juvenile Affairs; Oklahoma State Department of Health; Oklahoma Housing Finance Agency; and Oklahoma Department of Human Services.

The ODMHSAS Commissioner appoints two staff representatives, one representing mental health and one representing substance abuse services. Boards of Directors of the following statewide advocacy organizations also appoint one person each to serve as a Council member: National Alliance on Mental Illness – Oklahoma; Oklahoma Mental Health Consumer Council; Oklahoma Federation of Families; and Depression and Bipolar Support Alliance of Oklahoma.

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

**Membership Terms.** State agencies have permanent membership. Appointments are at the discretion of each agency Director. Statewide advocacy organizations designated in Council Bylaws also have permanent membership, with designees serving at the discretion of their Boards of Directors, to be verified to the Council secretary by January 1 of each year. All other members, including consumers, family members of consumers, and family members of children with serious emotional disorders (SED), consumer advocates, and providers are appointed for one three-year term, with the option of a second three-year term. They can be eligible for membership on the Council again after a 1-year break following the second three-year term.

**Council Meetings.** Regular meetings of the Council are held no less than quarterly. The Council typically conducts six meetings each year. The Executive Committee may call special meetings at the request of a majority of the members of the Council. All meetings of the Council are open to the public. Time is set aside at all meetings of the Council for members of the public to address the Council. All meetings are announced and posted in accordance with state open meetings law.

### **Summary of Recent Activities**

- The Council continued to focus membership diversity in 2008. The Membership Committee, under the direction of the Council, solicited recommendations and successfully recruited new members to increase racial, ethnic, age, and cultural diversity as well as expanded the geographic representation on the Council. In 2008, the Council also increased representation of parents and advocates who speak on behalf of children with serious emotional disturbance and their families.
- The Center for Mental Health Services (CMHS) completed a site visit in June 2008, to monitor the state's compliance with Mental Health Block Grant requirements. During that visit, considerable time was spent with the Council to review the Council's functions, identify priorities of the Council, and determine additional avenues by which the Council can impact the policy and direction of mental health and substance abuse services in the state.
- The Council continues to have a specific representative appointed to the Governor's Transformation Advisory Board (GTAB) which is Oklahoma's Transformation Working Group (TWG) as required by the CMHS Transformation State Incentive Grant (TSIG). Other members of the GTAB are also Council members.
- Two Council members participated in the 2008 National Joint Conference for the Mental Health Block Grant and Statistics.
- Advocacy issues are identified by Council members and included for open discussion and fact finding on Council agendas. Frequently, the Council will request additional information and propose actions to proactively address the issues of concern. At the Council's request the following items were included as agenda presentations throughout the year. These provided opportunities for Council

members to offer suggestions, advocate for specific issues, and recommend actions to the presenters. Advocacy issues included:

- Department of Public Safety policy regarding driver's licenses applications (related to persons who received treatment for a mental disorder)
  - Disaster response planning
  - Interagency planning and implementations related to children's services
  - Department of Corrections/adult mental health services
  - Transformation updates related to the State Incentive Grant
  - Peer Recovery Support Services
- The Council utilized technical assistance provided in 2007 by the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) to determine how Council priorities could be more actively addressed through the formation of workgroups. For 2008, the following workgroups are in place: Adult Services, Children's Services, Older Adults Services, and Veterans Issues. In addition the Council utilizes its Executive Committee and a Legislative Committee to assist the Council to perform its advocacy and planning responsibilities.
  - Monitoring responsibilities of the Council are frequently performed by the entire Council. The Council identifies specific mental health and substance abuse program activities for monitoring. Specific or representative program administrators and providers are scheduled for presentations to the Council at regular meetings. These reports and related advocacy or other follow up activities are noted in the Council minutes. It is anticipated, however, the above referenced workgroups will provide an additional infrastructure through which the Council can perform monitoring. The CMHS site visit monitors consulted with the Council in June 2008 and provided additional suggestions to the Council in terms of the monitoring activities.

**FFY2010 Application Updates:** During FY2009, the Council remained active addressing its mandated responsibilities, including additional emphasis on monitoring. The Council worked with the Deputy Commissioner for Mental Health Services to schedule regular presentations by programs receiving MHBG funds. Typically, a specific program was featured at each Council meeting. New members were appointed to the Council and those new members assisted the Council in its ongoing goal to expand geographic, cultural, and age representation on the Council, including a new youth member. The incoming Council Chair and one other member of the Executive Committee attended the Annual CMHS MHBG/Data Conference, June 2009 in Washington, DC.

**FFY2011 Application Updates:** The Council continued to fulfill all responsibilities in FY2010 related to advocacy, planning, and monitoring. Key ODMHSAS staff participated regularly in Council meetings and provided information and requests for guidance from the Council. Regular participants included the Deputy Commissioner for Mental Health Services, the Director of Community Based Services (responsible for both the child and adult systems of care), and the Director of Advocacy and Wellness. Additionally, ODMHSAS Commissioner and Cabinet Secretary for Health, Terri White, addressed the Council, provided regular updates to the Council through other ODMHSAS staff, and reported Council activities to the ODMHSAS Governing Board.

The MHPAC also participated with the Coalition of Advocates on legislative, policy, and funding issues. The Council maintained active representation on the Governor's Transformation Advisory Board that works with the Innovation Center in the implementation of the SAMSHA Transformation State Incentive Grant.

As in recent years, new members appointed to the Council further expanded representation, including additional members from Tribal nations and youth representatives.

Specific to monitoring, the Council scheduled agenda items at each of its meetings during which representatives of programs receiving MHBG funds provided updates to the members and on other initiatives underway that enhance the broader system of care for children and adults.

The Council Chair and one other Council member attended the Annual CMHS MHBG/Data Conference, June 2010 in Washington, DC



health delivery system. The Director of Community Based Services (CBS) and the Director of the Office of Children, Youth, and Families report to the Deputy Commissioner and coordinate approximately 40 central office-based employees who provide statewide support and management of the delivery system. Within the CBS and Children's teams are specialists in areas such as older adults, housing, employment, transition services, case management, PACT, Wraparound Program, Peer Recovery Support, and Family Support Services.

It is noteworthy that, during the past year, children's services within the ODMHSAS were reorganized into the Office of Children, Youth, and Families as referenced above. The Director of this office co-reports to the Deputy Commissioners for both Mental Health and Substance Abuse Services. The office represents the ODMHSAS in many partnership activities with other child-serving agencies.

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

**FFY2010 Application Updates:** The Office of Consumer Affairs has been reorganized as the Office of Recovery and Wellness. A director for this office joined the ODMHSAS staff in 2009 and is responsible for expanding state level infrastructure for peer recovery support services, linkages with advocacy organizations, and developing strategies to address overall health and wellness issues of consumers who receive services throughout the ODMHSAS system. Integration of primary and behavioral health will be a specific focus of this office.

**FFY2011 Application Updates:** In FY2010 the Office of Wellness and Advocacy developed seven regional consumer groups throughout Oklahoma. Each group meets monthly and representatives then also met with other groups to discuss needs, educate communities and provide feedback to the ODMHSAS. Quarterly meetings with representatives from all regional groups were then conducted via video conference. The ODMHSAS Office of Wellness and Advocacy also coordinated with the Oklahoma Mental Health Consumer Council (OMHCC) to provide Key Leadership Training. OMHCC activities for this project were funded through a SAMHSA grant to consumer organizations. In collaboration with the Department of Health, a pilot project was initiated to provide primary health and dental care to people with a Serious Mental Illness without health coverage. This project involves a Federally Qualified Health Center and a Community Mental Health Center. Two other sites have been selected to further pilot this initiative.

**Management Information Systems.** The Information and Decision Support Services Division (IDSS) is responsible for the management information system of the ODMHSAS. This group was recently realigned under the lead of the Chief Information Officer (CIO). IDSS includes approximately 40 staff to organize a robust information system that is closely integrated with service delivery, performance improvement, systems transformation, legislative and public policy analysis and planning at local, state, and national levels. Strategic planning specific to several of these functions is being organized through the Information Technology Steering Committee appointed by the Commissioner and chaired by the CIO.

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

IDSS analysts extract data from ICIS and other sources, compile responses to service recipient surveys, respond to internal and external requests for information, and 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. IDSS develop, implement, and assist Department evaluations of pilot programs, federal grant initiatives, performance indicators, and other data

based analysis. IDSS is responsible for the Data Infrastructure Grant (DIG) and the Uniform Reporting System (URS). These functions are closely coordinated with all Mental Health Block Grant activities. IDSS staff is always present at Mental Health Planning and Advisory Council meetings to assist with inquiries about data, trends, and performance improvement.

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

**Support, Advocacy, and Collaboration.** Oklahoma continues to enjoy the benefits of collaboration and active partnerships among multiple constituencies and peer state agencies. The partnerships have created exciting opportunities for support, advocacy, and systemic improvement on behalf of Oklahomans across the life span. Some of these are described in detail in the Adult Plan. Items specific to the needs of children and their families are addressed in more detail throughout the remaining sections of the Children's Plan.

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

**Legislative Initiatives and Changes.** Most Oklahoma state agencies were faced with the impact of a reduced or no-growth revenue scenario for 2008. This continues to impact planning and presents immediate and long-term challenges to the state. With only limited increases, the following highlights selected legislative actions completed during the 2008 Session.

- Basically, the ODMHSAS received funding at the near identical level to that appropriated in 2007. Although this will allow the state to continue all existing and previously funded mental health and substance abuse services, the actual impact of level funding is yet to be seen. Service providers will be challenged to maintain the same level of services as in previous years while balancing increased costs in delivering those services.
- An additional \$2 million was appropriated specifically for a coordinated plan in Tulsa to address homelessness and housing needs for people with mental illness.
- Revisions were made to state law to permit broader use of telemedicine for the delivery of psychiatric services. Amendments allow for use of this technology for initial assessments and to redefine telemedicine as the equivalent of physical contact for purposes of psychiatric medical services.
- The scope of the state's suicide prevention council was amended to include suicide throughout the lifespan as opposed to focusing only on youth.
- Several initiatives were passed that improve the operations of the ODMHSAS, including revisions to the Commissioner's duties (removing antiquated language), establishing an external review board to conduct annual reviews for individuals found not guilty by reason of insanity, and adding physicians assistants to the list of licensed mental health professionals.
- A bill passed directing the ODMHSAS to establish a Mental Health First Aid offering once available resources are identified to support the program.

In addition, specific interim studies will be conducted to gather information and consider legislation for the 2009 session. This includes a specific study on the impacts of incarceration on women. Oklahoma has the highest rate of female incarceration in the United States. The Mental Health Planning and Advisory Council proposed to facilitate regional discussions to solicit input on the potential need to revise sections of Title 43A, the state mental health statute, in order to provide clarification regarding options and protections that need to be in place when adults are being considered for emergency orders of detention and for involuntary Civil Commitment for treatment.

**FFY2010 Application Updates: Legislative Initiatives and Changes (2009).** Oklahoma experienced significant revenue declines in FY09, prompting the legislature to cut agency appropriations for FY2010. For ODMHSAS, the agency received a 2% cut compared to the FY09 appropriations base. As most legislative attention was budget related, little activity occurred related to services for people living with mental illness. The budget environment continues to impact planning and presents immediate and long-term challenges to the state mental health treatment system. The following list highlights related legislative changes passed in the 2009 legislative session.

ODMHSAS was appropriated 2% less for services for FY10 than was appropriated for FY09. Adding to this revenue challenge are unfunded mandates related to employee benefits increases amounting to an additional 1% purchasing erosion for treatment services. The ODMHSAS approved an FY10 budget that maintained comparable access to services for Oklahoma consumers but at the expense of access expansions and consumer convenience. With a state revenue failure likely for FY10, the state has no margin of error should there be additional revenue loss meaning access to services could be cut if there is no improvement in the fiscal environment.

Statutes were revised to allow emergency detentions to occur in appropriate facilities in other state jurisdictions if geographical criteria are met and the receiving facility voluntarily accepts the consumer.

A law was passed to allow individuals previously convicted of a felony and were under licensure (including mental health professionals) to have better due process in the reinstatement process. This is important as many Oklahomans who run into legal trouble due to untreated mental illness and have returned to recovery while incarcerated or post-incarceration will have better opportunity to re-enter their chosen profession.

A bill passed clarifying medical stabilization and transportation for those in need of treatment for psychiatric distress and experiencing a co-occurring health condition requiring general medical care.

The title of state law related to the Children's Code was rewritten, resulting in several positive changes for children in need of mental health services and in state custody. The rewrite did contain one item related to dispensing psychotropic meds to children without judicial consent which will require amendment next legislative session due to the prohibitive nature of the section in legislation related to this topic. In the interim, the parties involved have identified a temporary solution to meet the needs of affected children until the next legislative session convenes.

**FFY2011 Application Updates: Legislative Initiatives and Changes (FY2010).** Most Oklahoma state agencies were faced with significant cuts for FY11. These cuts came on the heels of a very painful FY10 that saw ODMHSAS's infrastructure decimated by \$20 million in cuts (7.5%). These cuts continue to impact planning and present immediate and long-term challenges to the state. The budget and a few selected legislative measures dominated legislative session in 2010.

Considering the 0.5% cut to ODMHSAS mandated by the 2010 legislative session, ODMHSAS state appropriated funding reversed to FY06 levels. In this retreat, mental health providers experienced a reduction in contract and service amounts. Important supportive services have been shuttered or restructured.

The ODMHSAS was authorized to issue bonds to build a new inpatient facility in Tulsa through a 50/50 private public partnership. Construction on the 26 bed facility (estimated to cost \$12 million) can begin when \$6 million in private donations are secured.

Revisions were made to state law to extend the period of emergency detention from 72 to 120 hours. This will provide many consumers extended time to achieve competency in a structured crisis center and likely avoid a lengthy civil commitment to a state hospital.

Statutes related to the ODMHSAS Advocate General's office were revised to clarify roles. The Advocate General's office will now focus on access to services and consumer rights while the ODMHSAS Investigator General will handle any investigations that are warranted.

Several initiatives were passed to improve the ODMHSAS operations, including revisions to the Commissioner's duties (removing antiquated language) and establishing a statutorily required certification process for Recovery Support Specialists.

Legislation passed to provide ODMHSAS greater flexibility in meeting difficult budgetary periods by removing mandates to operate specific facilities.

A diversionary program, in partnership with the Oklahoma Department of Corrections, was passed with a specific emphasis on meeting the needs of incarcerated women.

### **Other New Developments – Services Across the Lifespan**

**Transformation State Incentive Grant.** Oklahoma is one of nine states funded through the SAMHSA Transformation State Incentive Grant (TSIG) program. The availability of these resources and the TSIG-structure itself continued to spawn new developments in the past year. These are highlighted throughout this plan. Transformation activities are guided under the direction of the Governor's Transformation Advisory Board (GTAB) comprised of 18 members at large and the directors of ten state agencies. The at-large members include consumers, family members, youth, legislators, advocates, higher education, law enforcement, business, and philanthropy.

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

Transformation activities are supported by the Innovation Center and are organized to provide coordination, technical assistance, and change tools to help multiple state and local partners achieve the vision for transformation (see [www.OkInnovationCenter.org](http://www.OkInnovationCenter.org)). The state's intent is for MHBG and transformation activities to continue to have close alignment and synergy.

**FFY2011 Application Updates: Transformation State Incentive Grant (TSIG).** In 2010 TSIG funds supported continuation of recovery support training for consumers. Trainings were held within communities statewide and in four prisons to help individuals gain skills to advocate for themselves and others while incarcerated.

Cultural competency training for agency staff and Culture Vision were implemented in 2010. Culture Vision is a web based tool for clinicians, accessible in real time to provide accurate information and evidence based guidance related to ethnicity, religion, and culture. It is accessible on desktop computers to all ODMHSAS funded providers throughout Oklahoma.

The TSIG tribal state relations workgroup developed an educational series on Cross Cultural Awareness. This in 2010 and continue during FY11 to educate providers on the effects of historical trauma and on tribal cultures and customs of their specific region of the state. This collaborative is a partnership between the ODMHSAS agency staff and five of the tribal governments headquartered in Oklahoma.

Behavioral health screening within primary care as a TSIG funded initiative and partnership between the Oklahoma State Department of Health and the University of Oklahoma, and the ODMHSAS was initiated. Screening for developmental, social emotional and behavioral health issues occurred is now available in primary care and hospital settings. Technical assistance and consultation by state agency staff supported practitioners to become involved in the initiative.

Pending continued availability of TSIG funds, the Innovation Center will work with a professional agency to develop and implement a statewide public awareness campaign to increase understanding of mental health and substance abuse resources and the concept of recovery.

**Telemedicine.** TSIG funds have supported the development of video conferencing technology. Initial units were purchased in 2008 and deployed throughout the state as the first phase of Oklahoma's Telehealth Network. These initial units were placed in community mental health centers and their satellite locations serving rural settings. The initiative is describe in more detail under Criterion 4. The ODMHSAS expects additional people will be served as well as increased service delivery efficiencies will results.

**FFY2011 Application Updates: Telemedicine.** The Oklahoma Telehealth Network (OTN) increased to over 130 endpoints at 78 locations throughout the state in FY2010. This network has eliminated many geographic, financial, and workforce barriers that existed within Oklahoma's previous service delivery model. The infrastructure created by the OTN has enabled other state agencies to increase access to care. For example, the Oklahoma Department of Human Services now uses the OTN infrastructure to link children in higher levels of care to their home town social workers and families. The OTN works with the Veterans Administration to provide veteran-specific training and education to veterans and their families statewide. The ODMHSAS and Indian Health Services collaborate and use the OTN to provide remote wound management and behavioral health consultations, which is a priority in Indian Country. To better coordinate primary and behavioral health care, fifteen primary care doctors, each with their own subspecialty, have agreed to provide consultative services, via telehealth, to the CMHCs. CMHCs can now access consultants, other providers, and conduct meetings and trainings via this technology. This significantly decreased the cost of doing business significantly. The ODMHSAS estimates the OTN saved the state over \$350,000 every quarter of FY2010. A consumer and provider survey was developed to solicit input on satisfaction within the system. Surveys received thus far have been informally analyzed and reflect positive consumer and provider satisfaction with the delivery of telemedicine services.

**Integrated Payment and Information Systems.** The ODMHSAS and the Oklahoma Health Care Authority (OHCA), the Medicaid Authority, continue to redesign a seamless system of care for adults so that services are recovery-informed, consumer-driven, and organized as a virtual single delivery system. Much of this work has occurred within the Adult Recovery Collaborate (ARC) and has set the stage to integrate the ODMHSAS and OHCA payment and data systems to benefit both children and adults receiving publicly funded behavioral health services. The ARC Interagency Steering Committee, which also includes the Department of Human Services, continues to work toward systems transformations by which all public supported behavioral health services (Medicaid and ODMHSAS funded) can be jointly managed between the two agencies under the leadership of the ODMHSAS. Major objectives are an integrated information and payment systems to improve access and accountability, alignment (when appropriate) of benefits between Medicaid and the ODMHSAS, and increased consumer and family choices in services. Policy changes, Medicaid State Plan amendments, and joint staffing of numerous initiatives are outgrowths of the Adult Recovery Collaborative. For the coming year, it is anticipated that claims for both the ODMHSAS and the OHCA billable activities will be processed through a single system. That is a fundamental objective of this initiative. Data sharing agreements and other blended funding activities are underway to improve access, choices, and effectiveness on behalf of both children and adults receiving publicly funded behavioral health services in Oklahoma.

**FFY2011 Application Updates:** This initiative is now referred to as the Consolidated Claims Processing (CCP) system and went live July 1, 2010. During FY2010 extensive testing and finalization of procedures occurred. The ODMHSAS expects, as a result of the new system, to utilize much broader bases of data to better monitor and plan public mental health and substance abuse services. The system can more efficiently identify additional sources of payment for services and thereby further leverage state and federal funds for services. Finally, the new system will be provider friendly in that enrollment, utilization, and payment are all managed through a single point information system. It is anticipated that data reported for the FY2011 MHBG purposes will be enhanced as a result. The CCP system includes services to both adults and children.

**Medicaid Changes.** In addition to the integrated systems work described above, the Oklahoma Health Care Authority (OHCA) and partner state agencies worked closely in 2008 to expand reimbursable services through the Medicaid program. Recent developments include seeking final approval from the Centers for Medicare and Medicaid Services (CMS) to add Family Support and Training and Community Recovery Support to the Medicaid reimbursement program. Medicaid (OHCA) and the ODMHSAS continue to collaborate with providers to revise outpatient behavioral health procedures to increase consistency between the two state agencies, synchronize documentation requirements, and economize

on certification and accreditation costs. The legislature did not approve a budget request submitted for residential treatment for substance abuse/integrated services in the Medicaid program. Efforts to include this in the Medicaid program will continue in the upcoming legislative session. The Center for Medicaid and Medicare Services (CMS) recently approved a revision to the State Plan to reimburse the ODMSHAS-credentialed Recovery Support Specialists. Similar approval for Family Support Providers is pending. CMS has required Oklahoma to “unbundle” Program of Assertive Community Treatment (PACT) rates to a more traditional fee-for-separate-services approach. This necessitated close collaboration between the OHCA and the ODMHSAS to minimize fiscal impact and assure continued compliance with PACT model fidelity.

**FFY2011 Application Updates. Medicaid.** Primary work related to Medicaid for FY2010 and carrying forward to FY2011 will be connected to the Consolidated Claims Payment System that is described elsewhere in this application update.

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

The Oklahoma Governor's Interagency Council on Homelessness (GICH) continues to work on implementation of the state action plan on homelessness. One goal of this plan is to increase access to safe, affordable, and permanent housing for homeless individuals and families and individuals and families who are at risk of becoming homeless. The current focus of the GICH breakout committee working on increasing access to safe and affordable housing is to develop a Statewide Housing Trust Fund with a constant source of revenue, and assistance with developing or enhancing community/local level planning for housing development. Over the course of the last year, this breakout committee has been working on a Housing Trust Fund Campaign and has garnered new support for this initiative through partnerships with local foundations.

Through Olmstead funding and Transformation State Incentive grant funds, the ODMHSAS continues to fund a Housing Support Specialist position that was added last year. The focus of this position is to assist with development, promotion, and support of housing initiatives. This Specialist has been instrumental in the movement of the Housing Trust Fund initiative and is currently developing a training curriculum on housing support services. Training will be targeted to direct service providers such as case managers, and will focus on giving them the knowledge and skills needed to help people successfully access and maintain safe and affordable housing.

The GICH and the ODMHSAS continue to sponsor, along with other stakeholders, a Statewide Homeless Conference every two years. The next conference is scheduled for fall 2008 and the focus will be "Creating Lasting Solutions." Transformation State Incentive Grant funds are utilized to assist the GICH with development and ongoing maintenance for a GICH website. The website will serve as a statewide website for homelessness and for people at risk of becoming homeless. An initial BETA version has been developed and is currently in the process of being revised and finalized. It is projected that the website will go live by January 1, 2009.

Transformation State Incentive Grant funds are approved to fund three Regional Housing Facilitators for the ODMHSAS. Under the direction of the Director of Treatment and Recovery, the Facilitators will work to develop, expand, and maintain the number of safe, affordable, and quality permanent housing options for people with mental illness or co-occurring mental illness and substance abuse disorders within their assigned regions. The ODMHSAS plans to have these positions filled by December 2008.

**FFY2010 Application Updates:** Updates related to the above topics as well as other developments expected to impact service systems in FY2010 are included in both the Adult and Child plans under the topics of “System Strengths, Needs, and Priorities.”

**FFY2011 Application Updates: Housing Policy Developments.** The GICH helped develop the Housing Trust Fund Alliance, a group of volunteer stakeholders. This group and others continued the efforts to create a Statewide Housing Trust Fund. This was the third year the groups advocated for needed legislative language and funding to facilitate this. The proposed bill remains dormant due to lack of action. The current focus is to identify Legislative Champions for the coming year, and garner grassroots level support to campaign for passage of the bill. One ODMHSAS Housing Support Specialist is the as lead support staff for

the Housing Trust Fund Alliance. In FFY2010 she began training providers and other community stakeholders to more effectively assist consumers with accessing and maintaining housing. At least ten trainings were provided in FY2010.

The GICH website went live earlier in 2010. It is maintained by GICH members and the Oklahoma City based City Rescue Mission.

ODMHSAS Regional Housing Facilitators were active FY2010 and had successes with the creation of new units and in facilitating community partnership. These activities improved access to housing and services for people with mental illness and their families.

## System Strengths, Needs, and Priorities

### Adults

**Adult Service System's Strengths and Challenges.** The following items are summarized from the *Needs Assessment and Resources Inventory Report* completed in connection with the transformation activities. Emphasis on these areas will continue through the FFY 2009-2011 Mental Health Block Grant Application cycle. This also coincides with the timeframe for the Transformation State Incentive Grant.

#### Strengths (*Adult System*)

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

#### Challenges (*Adult System*)

- The transitional nature of the current adult service system.
- The expanding unmet needs of serving older adults which is impacted by a limited interface between the traditional ODMHSAS service system and the other aging services delivery systems.
- The system's lack of capacity, infrastructure, and expertise to implement the full range of evidence-based practices for adults.
- Individual consumers continue to have limited choices in the range of services, providers, and access to non-traditional services.
- Workforce limitations in terms of the current workforce, recruiting, and retaining new workers to the adult services system.
- Limited cultural diversity within the provider pool.
- Policies promulgated at the federal level through the Center for Medicare and Medicaid Services (CMS) that reinforce older philosophies of a medical model versus recovery approaches are impacting the state. Specifically, the CMS decision to require Oklahoma to "unbundle" its funding structure for the Program of Assertive Community Treatment (PACT) is difficult to implement and maintain program fidelity.

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

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

**Plans to address Unmet Needs.** (*Adult System*) As referenced earlier, the *Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services* developed in 2006 as transformation activities established a framework to address unmet needs. The plan was recently updated to reflect selected priorities. Initiatives that will address the needs of adults are listed below.

- Develop an anti-stigma campaign targeted for staff of state agencies.
- Train staff in Cultural Competency.
- Develop telehealth network to improve access to care for rural Oklahomans.
- Fund Consumer, Family and Youth Leadership Academies.
- Develop peer-run wellness centers.
- Fund designated FTEs to develop improved access to housing for persons with behavioral health issues.
- Develop partnerships with Latino agencies to improve access to care for Spanish speaking individuals with behavioral health needs.
- Provide incentives for behavioral health screenings in primary care settings.
- Develop funding for university students and researchers to conduct evaluations relevant to the behavioral health field.

**Recent Significant Achievements.** (*Adult System*) The state's adult-serving system continues to be dynamic and focused on infrastructure improvements and cross-agency collaborations. Examples of improvements noted during the past year are described below.

**Veteran's Policy Academy.** Oklahoma was awarded funding to participate in a SAMHSA-sponsored Veteran's Policy Academy. The Academy team consists of twelve representatives of various constituencies related to mental health, substance abuse, and veterans' issues.

**Strengths Based Case Management.** The ODMHSAS and the Oklahoma Health Care Authority (Medicaid) were able to develop a strategy to expand workforce in the area of case management services with the development of a career ladder approach that will provide entry into this field by providers with a wider range of educational and experiential backgrounds.

**Executive Leadership Academy.** Over 30 employees graduated from the first ODMSHAS Executive Leadership Academy class in 2008. Many of those employees have already transitioned into new management and leadership positions within the agency. Each participant was required to present a capstone project. Project topics included, for example, veterans' issues, "dashboard" data systems, and linguistic and cultural competencies. The ODMHSAS Leadership Academy received the Governor's Award; the top honor granted as part of the Oklahoma Quality Initiative.

**Program of Assertive Community Treatment (PACT).** Oklahoma's PACT program continued to provide effective services throughout 2008. As of June 30, approximately 800 consumers were receiving PACT services through one of the state's 14 PACT teams in operation in 2008. One team will transition from the full fidelity model to an intensive case management model in the coming months in order to better balance resources and needs within the rural southern Oklahoma area. PACT is also discussed in the plan relative to challenges facing the state as a result of CMS requiring Oklahoma to "unbundle" Medicaid reimbursement rates.

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

- A highly successful jail diversion program (Tulsa) and day reporting program (Oklahoma City) continue to operate and provide flexible community-based services to wrap services around persons at risk of entering or returning to these metropolitan jails.
- Over 260 law enforcement personnel in approximately 23 counties have been trained in the Memphis Model/Crisis Intervention Training or a similar law enforcement-based diversion program.
- Twelve mental health courts are in place. Two are in the major metropolitan areas and all others are in rural communities.
- Drug courts for both adults and/or juvenile offenders are in place in 59 of 77 counties. Funding for drug courts include resources for substance abuse as well as for co-occurring mental health treatment.

- Funding continued in 2008 to support four Reentry Intensive Care Coordination Teams (RICCT). The teams are comprised of a specifically trained Intensive Case Manager and a Recovery (Peer) Support Specialist to provide success oriented and strengths based reentry support following incarceration.
- The ODMHSAS has provided three Discharge Planners to work within targeted prisons within the Oklahoma system. Discharge Planners are located with prison treatment staff to identify inmates preparing for reentry who will have ongoing mental health and substance abuse treatment needs. Discharge Planners and the RICCT's work closely together, along with corrections staff, and under the direction of the ODMHSAS Director of Community Based Services.
- Three co-occurring treatment specialists, employed by the ODMHSAS, work in two state prisons and three community correction facilities to provide co-occurring treatment to inmates identified as in greatest need of integrated treatment for mental illness and addictions issues.
- Oklahoma is also the target site for a Medicaid reinstatement pilot project for reentering offenders. This is funded by CMHS and coordinated through Mathematica Policy Research, Inc. This project has engaged staff from multiple state and federal entities to analyze and design effective approaches to assuring immediate access to Medicaid and Social Security benefits upon community reentry from prisons and state hospitals.
- Family members, advocates and consumers of mental health and substance abuse services are reporting one impact of many of these initiatives is a shift within the Department of Corrections facilities to focus more on rehabilitation, recovery, and person-center plans that will support a more normalized return to their home communities.

#### **Peer and Family Advocacy**

- **WRAP and Consumer Training.** The ODMHSAS contracts with the Oklahoma Mental Health Consumer Council (OMHCC) to continue the Wellness Recovery and Action Plan (WRAP) training. In state FY08, over 400 consumers completed a WRAP course. OMHCC conducts an annual consumer conference that provides intensive training for consumers and expanded opportunities for networking with peers across the state. OMHCC has been effectively providing WRAP in diverse settings, including jails and state prisons.
- **Family-to-Family and Other NAMI-based Support Programs.** The ODMHSAS contracts with NAMI-OK to provide a variety of educational services, including Family-to-Family, Visions for Tomorrow (VFT), Hope for Tomorrow, and Peer to Peer. In 2008 over 500 people participated in these programs.
- **Consumer Involvement Standards.** Oklahoma's TSIG evaluation will include measures, under development, to determine the extent to which consumers are impacting individual and local organizations as well as state-level decisions regarding mental health and substance abuse services. A workgroup of consumers drafted and field-tested standards in 2008 to be used in this evaluation project. Results of field-testing will be used to finalize and implement the standards as a tool to measure and increase consumer involvement at all levels of the service system. This model is being supported and closely followed by SAMHSA as a potential template for other states.
- **Recovery Support Specialists.** The ODMHSAS continues to train and credential Recovery (Peer) Support Specialists. At the time of this application, approximately 175 have been trained through the ODMHSAS Office of Consumer Affairs, more than doubling the number from 2007. A broader group of stakeholders has been engaged and revised the training and credentialing process to expand the numbers, settings, and diversity of persons in recovery who are qualified to provide peer recovery services. Collaboration has included constituencies from mental health, addictions, corrections, faith-based organizations and the state Medicaid authority. Medicaid reimbursement has been approved for this service.

## Implementation of Evidence-Based Services

- **Illness Management and Recovery.** During state FY08, four CMHC-based Psychosocial Rehabilitation Programs implemented Illness Management and Recovery (IMR) as the SAMHSA evidence-based practice. This initiative will interface with a transformation-based evaluation project to determine the impact of IMR on consumers' perceptions of care and outcomes.
- **Supported Employment.** The ODMHSAS and the Department of Rehabilitation Services (DRS) have continued with improvements to expand supported employment as an evidence-based practice. The DRS Milestone (provider reimbursement) mechanism for related services was jointly evaluated by the ODMHSAS and DRS to determine its effectiveness in serving people with mental illness. As a result, a new Milestone configuration was proposed and approved by DRS's Board to be utilized for specialized mental health supported employment best practices contracts.

### ***FFY2010 Application Updates:***

**Transformation State Incentive Grant.** Substantial progress in transformation activities was made in FFY09 to help the Oklahoma workforce gain skills needed to provide effective treatment and develop supports within the system. Training for licensed and unlicensed staff in evidence base practice, collaboration with universities to prepare students for work within the Department of Corrections system, training probation and parole officers and institutional staff in recovery principles, continued expansion of peer recovery support training, development of consumer, family and youth leadership academies, and cultural competency training of trainers through the National Multicultural Institute to prepare staff to work with culturally diverse consumers in Oklahoma.

In addition to staff training, some of the other initiatives underway in FFY09 include, partnering with the Oklahoma State Department of Health, Child Guidance Division to offer training and consultation to physicians primarily treating young children to screen for social emotional and developmental delays. TSIG offered incentives by providing the physicians with selected tools for screening and child guidance staff at the local level trained and offered consultation to physicians. Screening efforts within hospital emergency rooms is also underway through a private-public partnership with several hospital systems in Oklahoma to screen for alcohol and drug abuse. Transformation activities are supported by the Innovation Center and are organized to provide coordination, technical assistance, and change tools to help multiple state and local partners achieve the vision of transformation. The current implementation plan for the state may be viewed at [www.okinnovationcenter.org](http://www.okinnovationcenter.org).

**Telemedicine.** Statewide infrastructure has improved to support video conferencing, telehealth, and telecourts. ODMHSAS hired a Coordinator for Telehealth. That individual provides support and strategic development to approximately 80 teleconferencing sites funded through the ODMHSAS. The sites provide telehealth, telecourt, and administrative meeting support through this statewide network.

**Integrated Payment and Information Systems.** December 1, 2009 is the targeted launch date for the integrated payment system .

**Medicaid.** The Center for Medicaid and Medicare Services (CMS) recently approved a revision to the State Plan to reimburse the ODMHSAS-credentialed Peer Recovery Support Specialists and Family Support Providers.

**Housing Policy Developments.** Oklahoma will submit an application to extent Olmstead funding two additional years. If approved, funds will be used to continue initiatives begun under the original Olmstead grant. The grant partially funds the salaries of the Director of Treatment and Recovery and one state-level Housing Support Specialist – both who work within the Community Based Services Division of the ODMHSAS.

Although the Legislature has not yet approved appropriations for a Statewide Housing Trust Fund, the Governor's Interagency Council on Homelessness (GICH) and others are developing strategies to establish statewide grass roots support for new state resources to support housing development.

The Governors Transformation Advisory Board (GTAB) approved use of Transformation State Incentive Grant (TSIG) funds for three Regional Housing Facilitators. Two of those positions are now filled – one for the north eastern section of the state and one for the Tulsa metropolitan area. Recruitment continues for the third Facilitator who will be based in the Oklahoma City metro area.

The Mental Health Association in Tulsa (MHAT) continued with development of a new project that will make housing available for former residents of the Safe Haven currently located in downtown Tulsa YMCA. That building will be eliminated as a result of developments and building in Tulsa. The new Tulsa project employs an integrated housing approach where by the former Safe Haven residents will reside within a larger apartment complex. Development of that complex received significant public attention during 2008 and 2009 – much of which required proactive anti-discrimination strategies on the part of the MHAT and other leaders in the Tulsa area.

The City Rescue Mission in Oklahoma City continues to work closely with the GICH to launch a website to support activities of the GICH. The launch is expected by January, 2010.

A Residential Care transition project was initiated for SFY 2010. This project provides the opportunity for operators of ODMSHAS contracted residential care homes to apply for funding incentives to support residents to transition from the ResCare settings to permanent supporting housing in the community. TSIG and state appropriations will be used to support this. Eligible ResCares will receive additional funding as specific milestones are achieved on behalf of specific residents who will or have transitioned to permanent supported housing. Milestones are based on completion of intensive training of ResCare staff and residents, on-site reviews, and housing retention – including a final payment after one year of successful housing retention for each consumer served.

**Justice and Related Initiatives.** Crisis Intervention Training (CIT) continues to involve collaboration between numerous law enforcement entities and the ODMHSAS. To date, over 500 law enforcement personnel have been trained statewide. The ODMHSAS contracts with the Oklahoma Association of Chiefs of Police for limited support of the CIT project, including publicizing trainings and tracking numbers of trainees who complete the program.

In 2009, the ODMHSAS and Department of Corrections modified CIT and developed Corrections Crisis Resolution Training (CCRT) for probation, parole, and correctional officers. Piloted trainings have been completed and schedules are now in place to train at least 250 participants in 2010. This project is partially supported with TSIG funds.

Mental health courts continue to expand and demonstrate efficacy. Federal stimulus funding sub granted through the Attorney General's Council Justice Assistance Grant Board, will allow the ODMHSAS to add additional courts in 2010. By January 2010, fifteen courts are expected to be in operation. Mental health court operations and expansion are closely coordinated with the statewide initiative for drug courts. Some courts particularly focus on participants with co-occurring mental health and addiction disorders. Over 50 drug courts are also in operation throughout the state. Outcome data systems closely track the performance of each court and the impact on persons served.

**Peer and Family Advocacy.** The ODMHSAS Office of Consumer Affairs was reorganized under new leadership in FY2009 and staffed by the Director of Advocacy and Wellness. The Director of that office coordinate much of the peer and family advocacy work that occurs in cooperation with the ODMHSAS. ODMHSAS has contracted with NAMI to work with the Department of Corrections to develop WRAP training and Peer Recovery Support Specialists in the prisons and Community Corrections facilities.

The Consumer and Advocacy groups have united to present a joint conference in the spring. The groups include Oklahoma Mental Health Consumer Council (OMHCC), the National Alliance on Mental Illness (NAMI-OK), the Depression and Bipolar Support Alliance (DBSA), Oklahoma Citizen Advocates for Recovery and Treatment Association (OCRTA) and the State Mental Health Coalition for Aging. The theme of the conference will focus on wellness.

**Implementation of Evidenced Based Services.** TSIG funded research continues to compare the recovery outcomes for persons who participate in the Psychosocial Rehabilitation Programs (PSRs). Within the PSR program two groups are being followed – those that receive the SAMHSA-approved Illness Management and Recovery (IMR) and those who do not. A consumer evaluator was hired by ODMSHAS to work fulltime on

this project. Over 100 interviews of PSR participants have been completed, including the four sites where IMR is incorporated in PSR programs.

Supported employment developments have not moved at the pace originally envisioned by the ODMHSAS. Budget reductions for the Department of Rehabilitation Services (DRS) have impacted this. However, it the new DRS Director and the ODMHSAS Commissioner have committed to utilizing the cross-agency advisory committee to further support supported employment strategies.

**Older Adults.** In FY2009, Oklahoma was awarded a SAMHSA Targeted Capacity Expansion grant for Older Adult Mental Health. The Oklahomans Learning to Direct Recovery (OLDR) program is targeting senior citizens in two Oklahoma counties, Comanche & Ottawa, with Wraparound case management and a Systems of Care approach to community team building. Program consultation is ongoing from Three Rivers Community Mental Health Center in New Hampshire and from the National Association for State Mental Health Program Directors' Technical Assistance Center.

Transformation State Incentive Grant funds are being used to support the Oklahoma Mental Health and Aging Coalition. Oklahoma was the first state in the nation to develop a coalition to bring together the mental health network, the aging network, and older adult consumers to work together for the benefit of older Oklahomans in need of mental health and substance abuse services. The TSIG funds are used to support a full time Mental Health and Aging Coalition developer for logistical and planning support to the Coalition and to help grow local coalitions throughout the state. The developer will also work to closely, on behalf of Oklahoma, with the National Mental Health and Aging Coalition.

#### ***FFY2011 Application Updates:***

**Transformation.** Updates on the Transformation State Incentive Grant (TSIG), telemedicine, the Integrated Payment System (now the Consolidated Claims Processing system), Medicaid, Housing Policy Developments, and Peer and Family Advocacy have been summarized in other sections of this application.

**Implementation of Evidenced Based Services.** In FFY2010, the ODMHSAS continued a research project to evaluate recovery outcomes for consumers that received Illness Management and Recovery (IMR) within selected psychiatric rehabilitation projects. The current focus is on 12- month follow-up surveys.

Both the ODMHSAS and the Oklahoma Department of Rehabilitation Services (DRS) continue to have an interest in further expanding Supportive Employment (SE). However, efforts were further delayed in 2010 due to the economy and State agency budget reductions.

**Older Adults.** ODMHSAS continues to fund one full-time position at HOPE Community Services Inc. for an older adult program and outreach coordinator. This position works to reach older adults in the community with mental health needs and offer them behavioral health services tailored to their specific needs. This position also works to develop support groups addressing the special needs of grandparents raising grandchildren and community-identified needs.

FFY2010 is the final year for the SAMHSA Targeted Expansion grant for Older Adult Mental Health. The project is on task to solidify local systems of care for older adults in the Comanche and Ottawa counties. There is a possibility grant funding will be allowed to extend into FY2011 for completion of the project.

Transformation State Incentive Grant (TSIG) funding for the Oklahoma Mental Health and Aging Coalition (OMHAC) will expire during SFY2011. With the TSIG funding and dedicated staff efforts, the OMHAC developed its first local affiliate in Tulsa. Two other communities are in final preparations to formalize their affiliates. , OMHAC is part of Aging Services Division State Plan to develop a pilot program with 4 of the 11 aging agencies in the state to provide education and advocacy and provide the tools to replicate events such as [geriatric depression screenings](#).

**State's Vision for the Future of the Adult System.** Oklahoma's vision for a transformed mental health and substance abuse delivery system is that all citizens will prosper and achieve their personal goals in the

community of their choice. Current Commissioner Terri White frequently emphasizes to all audiences that “Recovery is a reality in Oklahoma!” To achieve this vision, the state developed a comprehensive plan as a roadmap for full scale transformation. Oklahoma’s transformation involves more than improving the traditional delivery of substance abuse and mental health services. Transformation means that the general public will understand that mental health and freedom from addiction are essential to overall health. It means Oklahomans will acknowledge that people with mental illness and addictive disorders can and do recover and that recovery is not age-limited. It means that mental health and substance abuse services will be driven by consumer and family needs that focus on prevention, building resilience and facilitating recovery. Transformation will require new attitudes, behaviors, and strategies to address long-standing deficiencies that make change difficult. Solving these problems requires time and, most importantly, requires active, committed, and sustained leadership.

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**System Strengths, Needs, and Priorities - continued**

Children

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

**Strengths (*Child System*)**

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

**Challenges (*Child System*)**

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

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

**Plans to Address Unmet Needs. (*Child System*)** As referenced earlier, the *Oklahoma Comprehensive Plan for Substance Abuse and Mental Health Services*, developed in 2006 as transformation activities established a framework to address unmet needs. The plan was recently updated to reflect selected priorities. Initiatives that will address the needs of children, youth, and families are listed below.

- Develop an anti-stigma campaign targeted for staff of state agencies.
- Develop a care coordination initiative to increase community tenure for youth with high propensity for out-of-home placement.
- Train staff in cultural competency.
- Develop partnerships with universities for child psychiatric fellowships.
- Develop telehealth network to improve access to care for rural Oklahomans.
- Fund Consumer, Family, and Youth Leadership Academies.

- Develop partnerships with Latino agencies to improve access to care for Spanish speaking individuals with behavioral health needs.
- Provide incentives for behavioral health screenings in primary care settings.
- Fund designated staff to build the Infant and Early Childhood infrastructure.
- Develop funding for university students and researchers to conduct evaluations relevant to the behavioral health field.

**Recent Significant Achievements.** (*Child System*) Oklahoma's well established foundation of partnerships and shared vision among major stakeholders continues to shape and improve the overall service delivery system for children and their families. Some are highlighted in this section.

**Partnership for Children's Behavioral Health (PCBH).** This partnership continued as a proactive force on behalf of children in 2008. The PCBH is comprised of the directors of the eight children serving state agencies, five parents of children with serious emotional disturbance (SED), advocacy representatives, and two state legislators continued to be active. All members were appointed by Governor Brad Henry in response to a Memorandum of Agreement developed as part of a Children's Behavioral Health Policy Academy in 2003. Most members of the Partnership continue to also serve on the Governor's Transformation Advisory Board. Partnership members meet as a separate body as needed to address issues specific to children, youth, and their families. Recent actions taken by the Partnership are described below.

The PCBH approved plans for a coordinated children's budget request for the 2008 Legislative Session. The request was not funded due to limited state revenues. However, the Legislature and other constituencies considered the multi-agency initiative as noteworthy and encouraged the partners to continue similar activities and requests in the future.

Partnership members submitted a proposal to the Center for Medicare and Medicaid (CMS) to support the development of an outpatient care coordination system for children eligible for residential care (Alternatives to Inpatient Treatment). The proposed model was patterned after a 1915C waiver. Although this proposal was not accepted, a care coordination project is going forward using TSIG funding. Personnel located in OHCA, the ODMHSAS and the Oklahoma Federation of Families/Evolution Foundation (OFF/EF) will work together to ensure the children, youth, and families accepted into the project receive seamless services across the continuum of care, with a target of no more than a two week gap in services after hospital discharge to the first community based service. There will be a formal evaluation of this project conducted by the University of Oklahoma Educational Training, Evaluation, Assessment and Measurement (E-TEAM) staff.

Collaboration continued among the Oklahoma Department of Human Services (OKDHS), Office of Juvenile Affairs (OJA), Oklahoma Health Care Authority (OHCA), Oklahoma Commission on Children and Youth (OCCY), National Resource Center for Youth Services (NRC), the ODMHSAS, private group home contractors, and private hospital based providers to improve the skill set of direct care staff by providing trauma informed training in Systematic Training to assist in the Recovery from Trauma (START). The goal is to reduce the incidence of seclusion and restraint, provide more individualized services to children in care, and provide group home staff with technical assistance, training, and support through consultation services provided by the ODMHSAS and the National Resource Center for Youth Services.

The PCBH supported the implementation of training using the curriculum developed for Family Support Partners (providers). Fifty-five family members have been trained to date in this curriculum. Partnership activities all assisted the Oklahoma Systems of Care state staff and the Oklahoma Federation of Families to implement a toolkit for local community development. An update to the toolkit is planned for fall 2008.

Expansion of the statewide Systems of Care continued to closely align with PCBH activities. There are local Systems of Care in operation and additional communities are under development.

The OKDHS and the ODMHSAS provided leadership within the PCBH to better support transition of youth with serious emotional disturbance from the child serving system to the adult mental health serving

system. The ODMHSAS funded six pilot sites statewide to provide vocational, care management, and housing referral support to youth ages 17 – 24. Oklahoma's application for the 2008 National Policy Academy on Youth and Young Adults in Transition was recently selected for funding. The state intends for this Academy to launch a more concerted effort on behalf of youth and young adults.

**Federation of Families for Children's Mental Health.** The ODMHSAS continued to contract with the Oklahoma Federation of Families/Evolution Foundation (OFF/EF), the State's Federation affiliate, to provide statewide advocacy and education in support of children with SED and their families. There are currently 26 active local family groups that provide support and education as peer families. They also advocate for specific families when needed and actively advocate for a family driven system. They have been instrumental in the development of numerous Systems of Care communities throughout the state. In addition, the ODMHSAS contracts with OFF/EF to provide technical assistance to the thirty- six operational Systems of Care sites in Oklahoma, including strategic planning, community readiness, and new site development.

**Prevention and Early Intervention Activities.** Suicide prevention, early childhood assessments, and targeted activities related to infant mental health have increased. Also, Governor Brad Henry formed a task force that subsequently formulated recommendations for more proactive approaches to address the needs of youth and young adults in the state's higher education community. Related to this, the University of Central Oklahoma recently announced its commitment with the new academic year to be Oklahoma's first prevention-oriented campus. This proactive approach more closely and effectively aligns behavioral health and security needs in the higher education setting.

#### **Exemplary Treatment for Children**

- The ODMHSAS Director of the Office of Children Youth and Families provides visible and broad based representation from the ODMHSAS in numerous settings where children's services are discussed. This individual also serves as Principal Investigator for Oklahoma Systems of Care. Partnerships emerging from these activities have greatly enhanced the state's Systems of Care activities. There are currently 36 local Systems of Care statewide. Additional communities are in a strategic readiness/development phase, however, due to a flat budget year for Oklahoma, there was no new funding for communities this year.
- The ODMHSAS supported training of children's mental health workers through the Department's regular Donahue Series and the Annual Children's Conference. The Children's Conference typically attracts 800 to 1,000 participants each year. There is a robust Oklahoma Systems of Care annual training program coordinated through the Office of Children, Youth, and Families (attached). Wraparound training is augmented through a statewide coaching system. This system is headed by two full-time trainers/coaches. There is a new certification program for wraparound facilitation. Additionally, there is a specialized curriculum for family support providers and for behavioral health aides. Through contracts with the University of Oklahoma, ongoing training is available to clinicians in trauma-focused cognitive behavioral therapy and Parent Child Interaction Therapy at no charge to the clinicians.
- Since 2005, the ODMHSAS has received an annual state appropriation of \$500,000 to provide Counseling services for children and youth who have been trauma-exposed. Contracts have been issued to eight domestic violence shelters, three CMHCs, and to the Latino Community Development Agency. Two of these contracts are specifically targeted for Spanish-speaking families. Trauma-focused cognitive behavioral therapy will be the central evidence-based intervention for these services. The Women In Safe Home, Inc. (WISH) project also partners with a CMHC, Green Country Behavioral Health to utilize Dr. Bruce Perry's training and approach in a therapeutic head start program.
- The legislature targeted additional funds beginning in state FY07 to increase services to children and youth in partnership with schools and/or child care centers. Eight agencies were selected to plan and deliver increased services to children and youth through this program. The centers are in Ponca City, Muskogee, Oklahoma City, Tulsa, Woodward, Lawton, and the area including Beckham, Custer, Roger Mills, and Washita Counties. National experts held one-day trainings for program staff in Positive Behavioral Interventions and Supports (PBIS), a best practice model for partnerships with schools.

**Transition Services.** The legislature appropriated over \$600,000 in state FY07 to fund an array of services for transitional age youth, including wraparound, housing subsidy, and employment/education assistance. Funding continues as part of the ODMHSAS base budget. Six sites were selected to initiate programs for this age group which now includes youth ages 17 – 24. OKDHS has assigned a representative in each region to work specifically with the youth in these programs. All programs are receiving training in best practice, Transition to Independence Programs (TIPS) and in the wraparound model. Training began with Dr. Rusty Clark and Dr. Nicole Deuschenes from the University of South Florida. Housing subsidies are brokered through one CMHC but available in all transition pilot sites.

**Crisis Centers.** In state FY07, the legislature appropriated in excess of \$1.5 million for additional regional crisis stabilization facilities (24 hour behavioral health crisis response for children and youth, ages 10 to 18). Two CMHCs were selected to develop the programs: Associated Centers for Therapy in Tulsa and Green Country Behavioral Health Services in Muskogee. Unfortunately, one of the centers, Green Country, has closed due to never building a census that would support the cost of operation.

**Mobile Crisis Response (MCR) Services.** The state FY07 appropriation increase also included \$850,000 for mobile crisis teams for mental health and substance abuse emergency services for children and youth. Nine mobile crisis teams were active in state FY08, six of which were located in rural areas. A training package has been designed to train in best practices for crisis response. The ODMHSAS also hired an Access Specialist to monitor program start up and fidelity on an ongoing basis. Teams provide outreach, assessments, evaluation, crisis intervention and stabilization, referral, crisis planning, 24-48 hour follow-up appointments, short term therapy, and/or monitoring for individuals experiencing a mental health or substance abuse emergency. MCR teams respond to crises in the community, at schools, hospitals, shelters, places of employment, and other community settings to stabilize the situation in the youth's natural environment. MCR services are designed to de-escalate the crisis situation, prevent possible inpatient hospitalization, detention, homelessness, and restore youth to a pre-crisis level of stabilization. Services are tailored to youth and their families and focus on family strengths, needs, and preferences. While all MCR teams have the same goals and objectives, each community has their own specifications to best meet the needs of the consumers in their communities.

**FFY2010 Application Updates:** Updates related to the **Transformation State Incentive Grant, Telemedicine, Integrated Payment and Information Systems, and Medicaid** are included in the Adult plan but all of these will continue to positively impact services for children and their families. Additional transformation activities are described in the following updates.

**Medicaid.** The Center for Medicaid and Medicare Services (CMS) recently approved a revision to the State Plan to reimburse the ODMHSAS-credentialed Peer Recovery Support Specialists and Family Support Providers.

**Partnership for Children's Behavioral Health (PCBH) and Systems of Care.** The PCBH continues to work within the Governor's Transformation Advisory Board (GTAB) and is functions as a separate group as needed to specifically focus transformation activities on the needs of children, youth, and families. The Systems of Care continue to grow in Oklahoma. Oklahoma completed year six of a Systems of Care grant funded by the CMHS Comprehensive Community Mental Health Services Program for Children and Their Families initiative. In 2009, Oklahoma was awarded an additional six-year grant to further expand systems of care statewide and also focus on specifically underserved populations. Currently 40 counties are served by local Systems of Care. A new project has begun with the Indian Health Care Resource Center in Tulsa in FY09. In 2010, six additional communities will come on line. The state is on track for all 77 counties to be served by local Systems of Care teams by 2013.

The PCBH has been the foundation and coordination stimulus for significant interagency initiatives to enhance services to children with serious emotional disturbances and their families. Following are examples of recent activities that will continue in 2010.

OKDHS, ODMHSAS, OSDH, and OCCY collaborated with Oklahoma Association for Infant Mental Health to develop a program to "endorse" child care workers, educators, and mental health professionals receiving specific training in infant mental health. Endorsement is available at four levels, beginning with child care providers.

DMHSAS, OSDH, and OKDHS also collaborated to provide TA and consultation to child care providers who contact the state's child care warm-line to facilitate early intervention among children ages birth to 5 years old with challenging behaviors.

OHCA and OKDHS are collaborating with the OU Health Sciences Center to create specialized "medical homes" for children in foster care and adoption.

Seven agencies participated to develop a coordinated budget request for children's behavioral health which was a five year plan that encompassed the spectrum from prevention, early intervention, community-based services, all the way to inpatient and residential treatment.

The ODMHSAS utilized the SAMHSA TSIG dollars to fund a pilot project at the Neonatal Intensive Care Unit at the University of Oklahoma Health Sciences Center to screen new mothers, provide brief intervention and refer to further treatment when needed.

Additional initiatives within the ODMHSAS will support the agency's intent for a broader approach to serving children, youth and families. These included SBIRT screening in hospital emergency rooms, Mental Health First Aid training, and improved contract language to encourage CMHCs to broaden their treatment programs to include a more holistic approach toward wellness and recovery.

**Prevention and Early Intervention Activities.** Much of the work of the PCBH continues to focus on early intervention activities to more effectively identify needs and provide services for younger children. The TSIG also funds a position at the State Department of Health (SDOH) dedicated to infant mental health. The ODMSHAS Prevention Division received additional grants this year to focus on elimination of underage drinking, methamphetamine prevention, and early screening and suicide prevention activities.

***FFY2011 Application Updates:***

**Partnership for Children's Behavioral Health (PCBH) and Systems of Care.** As referenced earlier, state revenues were drastically diminished in 2010. This will also impact budgets for FY2011. Consequently, the state has not been able to move forward with an expanded coordinated budget request across multiple agencies. However, the ODMHSAS avoided what could have been devastating reductions in specific funding for children's behavioral health services. Stakeholders, including the Oklahoma Federation of Families, and local communities systems of care advocated effectively with the legislature to minimize the impact of budget reductions for mental health and other services.

**Transformation Initiatives.** A pilot was conducted in 2010 to determine if intensive care coordination by phone from the Oklahoma Health Care Authority (OHCA) – the state Medicaid agency-- would improve outcomes for children. The pilot was designed to improve coordination of care for children between inpatient and outpatient service settings and to monitor that care coordination on behalf of the children and their families. Data demonstrated more than adequate cost savings. Efforts are underway to sustain funding for this beyond the pilot phase. Some of this work was initially funded through SAMHSA State Transformation Incentive Grant (TSIG). TSIG also coordinated with the Oklahoma State Department of Health (OSDH) to coordinate evidence based early childhood prevention and early intervention activities in 2010. .

**Other Developments.** Additional SAMHSA grant funds were awarded to Oklahoma in FY2010 for initiatives included in the Partnership for Children's Behavioral Health (PCBH)/TSIG strategic plan. The Oklahoma Healthy Transition Initiative (OHTI) is described in a FY2011 Application Update under Criterion 3. The Statewide System of Care Expansion grant is described in a FY2011 Application Update under Criterion 4. Both projects are multi-year and have provided significant resources so Oklahoma can continue to improve the range and effectiveness of services available for all children, youth, and their families. The state applied for numerous additional Federal grants that, if awarded, will continue to support Oklahoma in 2011 and beyond to improve services and outcomes for children needing treatment and supports.

**State's Vision for the Future of the Child System.** The vision for Oklahoma's comprehensive system to address the needs of children with mental health and substance abuse disorders and their families is the same as that summarized in the Adult Plan - *all citizens will prosper and achieve their personal goals in the communities of their choice.* The state's comprehensive plan addresses the entire life span, prevention, and integration with overall health. Specific strategies to impact the needs of children and their families are identified in that comprehensive plan. [See http://www.okinnovationcenter.org](http://www.okinnovationcenter.org).

## State Mental Health Plan

### Adult Plan – Description of Services

#### **Criterion 1 (Adult Plan): Comprehensive Community-Based System of Care for Adults**

Fifteen publicly funded community mental health centers (CMHCs) serve the state with programs established in approximately 70 cities and towns. Department employees operate five of the publicly funded centers in Lawton, McAlester, Norman, Tahlequah, and Woodward. The others are private, nonprofit organizations contracting with the Department. In addition, the Department operates the Oklahoma County Crisis Intervention Center (OCCIC) and the Tulsa Center for Behavioral Health (TCBH). OCCIC and TCBH provide intervention, stabilization, and referral for residents who experience mental health or substance abuse emergencies in the Oklahoma City and Tulsa metropolitan areas. The TCBH also initiated an Integrated Dual Diagnosis Treatment residential unit in 2004. The adult system has also expanded to proactively support diversion from the criminal justice system. Initiatives within this realm include twelve mental health courts, a day reporting center in Oklahoma City, jail-based screenings in both Tulsa and Oklahoma City, statewide training in the Memphis Model CIT program, prison-based dual treatment for co-occurring mental health and substance abuse disorders, prison-based discharge planners, and community-based Re-entry Intensive Care Coordination Teams.

Community mental health centers served 39,545 adult clients – 63.9 % of the total clients served with Department funding during fiscal year 2008. Children under 18 accounted for 12.7 % of mental health center clients, while 1.5 % were older than age 65. Nearly 4,100 of community mental health center clients were diagnosed with both a psychiatric disorder and an addiction to alcohol or other drugs.

**FFY2010 Application Updates:** Community mental health centers served 39,545 adult clients – 63.9 % of the total clients served with Department funding during fiscal year 2009. Children under 18 accounted for 12.7% of mental health center clients, while 1.5% were older than age 65. Nearly 4,100 of community mental health center clients were diagnosed with both a psychiatric disorder and an addiction to alcohol or other drugs.

**FFY2011 Application Updates:** Community mental health centers served 45,816 adult clients – 85% of the total mental health clients served with Department funding during fiscal year 2010. Children under 18 (6201) accounted for 12% of mental health center clients, while (909) 1.7 % were older than age 65. Nearly 3,300 community mental health center clients were diagnosed with both a psychiatric disorder and an addiction to alcohol or other drugs.

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

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

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

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

DRS utilizes a performance-based funding system paying providers for each completed step, termed "milestones." The largest payments are provided for job placement and ninety-day job retention. CMHCs historically found the milestone system a challenge given limited resources to initiate programs without start-

up funds, and the way the milestone payments were weighted. The ODMHSAS and DRS evaluated the existing milestone system and its effectiveness in serving people with mental illness. As a result, a new milestone configuration was proposed and approved by the DRS Board to be utilized for specialized mental health supported employment best practices contracts.

The Interagency Coordination Committee composed of consumers, family members, direct line staff, and CMHCs was established in 1998 to provide oversight to the interagency agreement between the ODMHSAS and DRS. The Interagency Committee, in partnership with other community stakeholders, is currently facilitating and monitoring implementation of the SAMHSA Evidenced Based Practice (EBP) toolkit for Supported Employment. DRS has awarded two CMHCs start up funds as model sites for implementation of the Supported Employment EBP, and the CMHCs should receive those funds within the next couple of months.

**Housing Services.** Assuring satisfactory access to comfortable and preferred housing for adults with mental illness continues to be a challenge to the state. This continues to be an unmet need for many adults with mental illness and the state is challenged to identify additional resources and options for housing. Although the needs are great and unmet, a variety of options are in place. Specialized housing for people with mental illness are located in both urban and rural settings and are funded through the ODMHSAS, Housing and Urban Development (HUD), public housing authorities, and private sources. Housing models include transitional housing and permanent supported housing (both congregate and scattered site). Although some specialized housing specifically for persons with mental illness continues to be developed (i.e. HUD funded Section 811 and HUD SHP projects), the ODMHSAS has placed an emphasis on creating opportunities for more integrated housing and specifically on permanent scattered site housing with available housing support services. Some stakeholders continue to encourage the development of transitional housing services to meet the needs of consumers whose current level of recovery would make it difficult to have success in a supported housing model.

The ODMHSAS continues to subcontract with designated CMHCs to implement HOME Program Tenant Based Rental Assistance (TBRA) projects to very low income persons with mental illness (including those with zero income) in rural Oklahoma. This rental assistance serves as a bridge subsidy and is transitional in nature; a maximum of 24 months. The goal of the project is to assist participants' access and maintain permanent housing while they are waiting to acquire long term subsidy like Section 8, and/or are working to increase their income either with SSI/SSDI or employment. Program services include both rental assistance and supportive services. The ODMHSAS has written for another HOME Program TBRA grant through the Oklahoma Housing Finance Agency with hopes of continuing this assistance in the coming years.

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

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

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

**Other Housing Services.** Residential care facilities (ResCares) are a major source of housing for persons with mental illness. In FY08, 1,413 ODMHSAS clients resided in 29 ResCares, about 4.2 % of the total population with Serious Mental Illness (SMI) served by the ODMHSAS. The ODMHSAS ResCare funding includes an incentive structure by which homes can receive a higher rate for services if they successfully meet criteria for designation as a Recovery Home. The criteria focus on providing residents increased opportunities for independence, self-direction, and community integration.

As a new initiative, the ODMHSAS will issue a Request for Proposal (RFP) in state FY09 for ResCares to provide transition services to assist residents of ResCares with moving into permanent housing in the community and successfully linking with community supports. Transformation Incentive Grant Funds will be utilized to provide needed training and infrastructure building within the ResCares selected for this initiative, and state appropriations will be used to fund the actual transition services.

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

**Substance Abuse Services.** Ninety-one ODMHSAS-affiliated programs served 20,688 clients in state FY08 at over 197 sites throughout the state. Approximately 10% of these clients served were under age 18. Programs offer a range of services including assessment and referral, detoxification, outpatient counseling, residential treatment, transitional living, and aftercare. All community mental health centers are certified as substance abuse service providers and received both mental health and substance abuse funding to serve persons with serious mental illness and co-occurring substance abuse disorders. Specialty substance abuse treatment providers also collaborate with local community mental health centers for mental health assessment and other CMHC-based services as needed by consumers. Individualized, gender and culturally-specific substance abuse treatment was required of all providers. Consumer employment, education, housing and other needs are assessed by substance abuse providers and case management is provided as needed to address related issues that might otherwise lead to relapse.

**Medical, Vision, and Dental Services.** Case management services continue to be the link to medical, vision, and dental services for many adult consumers. Access is more likely for Medicaid beneficiaries. Other resources are available for the non-Medicaid population. The University of Oklahoma Health Sciences Center (OUHSC) in Oklahoma City and the University of Oklahoma Tulsa-College of Medicine provide indigent medical care. Increased collaboration has also developed in some areas of the state with Federally Qualified Health Centers. Many communities rely on local resources for health care such as the Indian Health 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 the ODMHSAS flexible funds to purchase individual medical, vision and dental services for consumers.

**Support Services and Psychiatric Rehabilitation.** All ODMHSAS-certified CMHCs must provide either Clubhouse or a general psychiatric rehabilitation program. Clubhouse programs must also be certified by the International Center for Clubhouse Development (ICCD). Two clubhouses (Crossroads Clubhouse and Thunderbird Club) are currently ICCD-certified. There are currently 44 general psychiatric rehabilitation programs across Oklahoma operated within the service regions for 15 Community Mental Health Facilities. During state FY08, four programs became model sites and implemented the Illness Management and Recovery (IMR) evidence based practice. In FY09 these four sites as well and other programs will participate in a research project to compare the IMR's effectiveness at assisting people with recovery. The project will evaluate the impact of IMR on recovery as reported by consumers. This will be funded, as part of the TSIG evaluation activities. The IMR Implementation Steering Committee, along with other stakeholders, will serve as the Research Committee.

**Case Management.** Oklahoma views behavioral health case management as a service that is essential to the recovery process for adults with serious mental illness. Behavioral health case manager's help participants develop networks of natural and formal supports/resources necessary to live in the communities. During state FY08, behavioral health case management services totaled approximately 102,000 hours for adults.

Case management is funded both by the ODMHSAS and the Medicaid program. The definitions differ slightly between the two funding sources, but the basic values and purposes are identical. The ODMHSAS continues to use the strengths based model of case management. The OHCA (Medicaid) has recently incorporated strengths based terminology and expectations in its regulations. All case managers must

complete a specified curriculum and examination to be eligible for reimbursement from the ODMHSAS and the state Medicaid agency. In state FY03, statutory authority, as an official Certification, formalized this training. By July 1, 2008, approximately 1,400 individuals had satisfied basic requirements to be Certified Behavioral Health Case Managers. A dedicated website is available to provide access to the ODMHSAS certification information for case managers. (See <http://www.odmhsas.org/CaseMgmt>.)

To increase the workforce of case managers, the ODMHSAS and the OHCA collaborated to provide multiple entry points to becoming certified. The ODMHSAS also reorganized the training and provides options for on-line training of specific elements as well as the ability to test at numerous locations statewide to qualify for provisional status as reimbursable case managers. In order to increase the workforce of Certified Behavioral Health Case Managers, the ODMHSAS has recognized the value of potential workforce members who have case management life experience and opened up certification to people who have completed 60 college credit hours or a high school diploma with 36 total months of experience working with persons who have a mental illness.

Case management activities may take place in the individual's home, community, or a 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. 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.

The ODMHSAS, the Governor's Interagency Council on Homelessness, the Oklahoma Social Security Administration, and the Oklahoma DRS Disability Determination Division continue to sponsor statewide Social Security (SSI/SSDI) Outreach, Access and Recovery (SOAR) training. SOAR is specialized training utilizing Stepping Stones to Recovery: A Case Manager's Training Curriculum for Assisting Adults Who are Homeless, with Social Security Disability and Supplemental Security Income applications developed by the U.S. Department of Health and Human Services. Nearly 500 people have received the training to date. The ODMHSAS and Oklahoma DRS Disability Determination Division staffs serve as SOAR trainers. This training initiative, along with other inter-agency collaborative efforts, have resulted in an increase of benefits approval on initial application from 31% to 55% and a decrease in processing time from 132 days to 62 days.

**Services for Persons with Co-Occurring Disorders/Integrated Services Initiative.** The ODMHSAS has utilized funding through the SAMHSA Cross Training Initiative, a Co-Occurring Policy Academy, and the Co-Occurring State Incentive Grant (COSIG) to build a more robust network of treatment providers to more effectively provide services to persons with both mental illness and substance use disorders. Funding for that initiative will soon expire. Regardless, the products developed through this initiative will continue to impact the service infrastructure changes to provide more effective integrated treatment services. Examples of the results of the initiative are included below.

- An integrated assessment process that includes mental health, substance abuse, and trauma.
- Core and intermediate co-occurring disorders trainings.
- Administrative code and contract changes to specifically require and support an integrated treatment approach.
- A revised contract format for CMHCs to more clearly support integrated treatment and braided funding to service adults and children with co-occurring disorders.
- Twelve-step oriented peer support for person with co-occurring disorders (Double Trouble in Recovery) on a statewide basis.

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

behalf of persons who interface with the criminal justice system will also prevent the use of hospitalization as well as incarceration.

**FFY2010 Application Updates: Enhanced Payment System.** The ODMHSAS utilized a limited funding pool in FY2009 to develop the Enhanced Tier Payment System (ETPS) for CMHCs. Centers that met established targets earned additional money based on their performance outcomes. For every state dollar contributed to the ETPS, the federal government contributed approximately two additional dollars through the Medicaid matching agreement. With federally matched funds, ODMHSAS was returned in excess of \$6,000,000 to the CMHCs for additional services. The following measures, some of which are closely aligned with the National Outcome Measures (NOMs), were the focus of the ETPS:

*Outpatient Crisis Service Follow-up within 8 Days* - the number, per month, of outpatient crisis service events that were followed-up by an outpatient non-crisis service within eight days.

*Inpatient/Crisis Unit Follow-up within 7 Days* - the number of inpatient/crisis service events that were followed-up by either outpatient or housing services within seven days of referral.

*Reduction in Drug Use* - the number of individuals who reported a reduction in drug use/abuse use over a seven month period.

*Engagement: Four Services within 45 Days of Admission* - the number of times a client received at least four services within 45 days of the start date of an outpatient episode.

*Medication Visit within 14 Days of Admission* - the number of times a medication visit occurred within 14 days of each admission.

*Access to Treatment* - the interval between initial contact and receipt of treatment services.

Hospitalization decreased and utilization of community based services increased as a result of this initiative.

**FFY2011 Application Updates: Enhanced Tiered Payment System.** In coordination with the statewide CMHC network, additional measures were designed and implemented in FY2010. Reporting and monitoring continued. The amount of funds available for payments was decreased due to state budget shortfalls. The additional measures are listed below.

- Improvement in CAR Domain Interpersonal
- Improvement in CAR Domain Medical/Physical
- Improvement in CAR Domain Self Care/ Basic Needs
- Inpatient/Crisis Unit Readmission within 180 Days
- Outpatient Peer Recovery Support
- Access to Treatment for Children

## **Criterion 2 (Adult Plan): Mental Health Epidemiology Data**

**Estimation Methodology.** Oklahoma's estimate of prevalence of adults with a serious mental illness (SMI) is based on federal guidelines from the Center for Mental Health Services, published March 28, 1997 (using 1990 census data). Data from two major national studies, the National Comorbidity Survey (NCS) and the Epidemiologic Catchment Area (ECA) Study, were used to estimate the prevalence of adults with serious mental illness. The estimated prevalence for adults with SMI is 183,366. In state FY08, the ODMHSAS served over 31,000 adults with serious mental illness or 16.5% of the estimated SMI population.

**FFY2010 Application Updates:** In State FY09, the ODMHSAS served 37,393 adults with serious mental illness or approximately 16.5% of the estimated population with SMI.

**FFY2011 Application Updates:** In state FY10, the ODMHSAS served 41,408 adults with serious mental illness or 21.2% of the estimated SMI population.

**Quantitative Targets for Adult Service System.** Quantitative targets in terms of numbers of persons projected to be served are detailed in the goals sections of the plan. Briefly, the state proposes to increase the number of persons served by 6%, pending significant changes in resources, in the years encompassed by this Plan.

**Criterion 3. (not applicable to Adult Plan)**

**Criterion 4 (Adult Plan): Target Populations**

**Outreach to Adults Who are Homeless.**

The table below reflects the geographic distribution of homeless individuals in Oklahoma. This information is based on the 2006 point-in-time surveys done by each of the state’s Continuums of Care (statewide 2008 point-in-time survey data are not yet available). The estimation of homeless people with serious mental illness is based on the number of homeless individuals who identified themselves as someone with a mental illness during the point-in-time surveys. The numbers in the table below reflect an estimated 27% of the total homeless population. Individuals in imminent risk of becoming homeless are not included in these data.

<b>Geographic Regions</b>	<b>In Shelters</b>	<b>Not in Shelters</b>	<b>Homeless Population</b>	<b>Estimate of Homeless Individuals with a Serious Mental Illness</b>
Oklahoma County*	1117	400	1517	410
Tulsa County*	568	46	614	166
Cleveland County	104	141	245	66
South West	48	**	48	13
North West	78	145	223	60
North Central	142	36	178	48
North East *	119	238	357	96
South East	62	21	83	22
<b>TOTALS</b>	<b>2238</b>	<b>1027</b>	<b>3265</b>	<b>881</b>
* PATH provider locations.                      ** No street outreach was conducted for this region				

Several initiatives are in place to identify and serve homeless individuals. Oklahoma has been awarded PATH funds in the amount of \$360,000 for state FY09. The state’s PATH programs are located in the areas of Oklahoma with the highest numbers of people who are homeless: the two largest metropolitan areas, Oklahoma City and Tulsa, and in the rural community of Tahlequah which is located in northeast Oklahoma. The services provided within the PATH programs for state FY09 and the subsequent years included in this plan will focus on intensive outreach and engagement (street, shelter, and hospital) and case management services, including related transportation and travel. Other services will include screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health services, including psychiatric evaluation, treatment planning and review, counseling, crisis intervention, trauma focused treatment, pharmacological treatment, substance use treatment services, including treatment for co-occurring mental health and substance use disorders, referral and linkages to needed health, mental health, vocational, educational, housing services including assistance with housing security deposits, one time rental payments, and costs associated with matching eligible homeless individuals with appropriate housing situations.

**Other Homeless Services**

The Tulsa Day Center for the Homeless. This urban program provides linkages 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. In addition, over the last year, the Day Center has begun to focus more on supporting people who leave the shelter and become housed to help ensure transition success and reduce recidivism.

Homeless Flex Funds. OKDHS provides approximately \$110,000 to the ODMHSAS to assist homeless individuals with a variety of one-time or short term expenses. These include shelter, rent, utilities, rent and utility deposits, some repairs/maintenance and renters insurance if required by the landlord. All CMHCs have access to the Homeless Flex Fund program.

HUD Continuum of Care Projects. These sites are operated by two state operated CMHCs. Carl Albert Community Mental Health Center and Central Oklahoma Community Mental Health Center each facilitate a HUD Shelter Plus Care project that provides rental assistance to homeless persons with mental illness or co-occurring mental illness and substance use disorders. Other Community Mental Health Centers participate in local Continuums of Care, including Red Rock Behavioral Health Services that is the lead agency for the Northwest Continuum of Care.

Discharge Planning Bridge Subsidy Program. The ODMHSAS will provide \$150,000 ODMHSAS funding in state FY09 to continue assistance for very low-income individuals (age 18 and older) with mental illness or co-occurring mental illness and substance use disorders that are discharging from psychiatric inpatient care, Department of Corrections, or aging out of the foster care system, with accessing and maintaining decent, safe, sanitary, and affordable housing. Program funds will be used to assist eligible applicants with housing costs such as rent, utility costs, rent deposits, and utility deposits. Individuals must be either homeless or at risk of becoming homeless if rental assistance is not received. This assistance can be accessed statewide.

Safe Havens. The safe haven model emphasizes a housing first approach and allows one to remain in that housing even if he or she does not want to seek treatment. Oklahoma will continue to utilize Mental Health Block Grant funding for ongoing support of safe haven housing in state FY09. The programs are located in Tulsa and are operated by the Mental Health Association of Tulsa.

Substance Abuse Outreach. The ODMHSAS will also provide support to two urban-based substance abuse treatment programs specifically for outreach activities. Staffs go to locations frequented by the homeless, many of whom are impacted by both mental illness and addiction problems. The outreach workers gain their trust, educate them about HIV/AIDS, Hepatitis-C, and the harm caused by IV drug use, provide tests for HIV if requested, and assist with linkages to treatment programs.

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

Eleven community mental health centers serve the rural areas of the state. All offer the required mental health services. The number of individuals served by rural centers is increasing. In FY08, 21,604 adults received ODMHSAS services in the rural areas of the state. That is an increase of 1,897 or 9% more people served compared to state FY07.

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

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

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

Housing programs are limited in rural areas. Nine CMHCs that serve rural areas offer either transitional living or supported housing programs. Many of these are rental subsidy programs, which are sometimes difficult to utilize due to the lack of safe and affordable housing stock in rural communities. It is also difficult to develop scattered site housing in rural communities due to the attraction of cost effectiveness of congregate housing. The ODMHSAS, the Governor's Interagency Council on Homelessness, and other

housing stakeholders are working on partnerships with community builders to facilitate increased options for integrated housing in both rural and urban communities.

Additional vocational programs are needed in rural community mental health centers. Green Country Behavioral Health Services in rural Muskogee County received start-up funding from the Department of Rehabilitation Services (DRS) to implement supported employment as evidence based practice. DRS also can contract directly with individual employment service practitioners to provide services in rural areas.

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

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

The state has utilized TSIG funds deploy 46 video conferencing units throughout the state as the first phase of Oklahoma's Telehealth Network. These initial units were placed in community mental health centers and their satellite locations serving rural settings. Currently these units are being used to increase access to services and information including medication clinics conducted by psychiatrists, therapy sessions, court commitment hearings, and administrative meetings. The impact in terms of increased services is already evident. As an example Mental Health Services of Southern Oklahoma has served over 180 additional clients through the use of this technology. The next phase of the project, expected to be implemented in this coming year will result in a total of over 70 locations, linkable through a centralized management system as a Telehealth Network for the entire state.

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

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

**Services for Older Adults.** The ODMHSAS served over 1,800 consumers age 60 and older in state FY08 – a slight (2%) increase over 2007. All CMHCs provide community based services to older adults but typically within the generic array of adult services. Some programs are in place but not on a statewide basis. These include a specialized older adult outreach and support program in place at HOPE Community Services, Inc. in Oklahoma City. Gatekeeper programs have emerged in some settings but are struggling for resources of staff time, across all organizations, to consistently follow the model. Additional support within the ODMHSAS system through the CMHCs is needed. The Oklahoma Mental Health and Aging Coalition provides a forum through which a variety of stakeholders can advocate for increased services to older adults. The ODMHSAS Coordinator of Aging Services provides a variety of technical assistance and training on mental health and aging issues statewide. In the coming months, the ODMHSAS will formalize a relationship with the Oklahoma Mental Health and Aging Coalition in order to partner with them in advocacy efforts and assist in coalition building and organizational support.

#### **Criterion 5 (Adult Plan): Management Systems**

**State FY09 Budget:** Community based mental health services are budgeted at \$148,061,293 for state FY09. This is 47% of the Department's overall budget. State psychiatric hospital budgets total 19.2% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY08, the community-based services budget was \$145,718,534 or 48%

of the total Agency budget. State hospital budgets in 2008 totaled 19.1% of the Agency total. This budget summary does not reflect specific allocations by populations, including adults, older adults, or children.

**FFY2010 Application Updates: State FY10 Budget.** Community based mental health services are budgeted at \$150,008,423 for state FY10. This is 48.2% of the Department's overall budget. State psychiatric hospital budgets total 19.3% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY09, the community-based services budget was \$153,432,720 or 47% of the total Agency budget. State hospital budgets in 2009 totaled 19.1% of the Agency total. These figures are inclusive of children, adults, and older adults.

**FFY2011 Application Updates: State FY11 Budget.** Community based mental health services are budgeted at \$150,352,055 for state FY11. This is 51.7% of the Department's overall budget. State psychiatric hospital budgets total 18.1% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY10, the community-based services budget was \$150,008,423 or 48.2% of the total Agency budget. State hospital budgets in 2009 totaled 19.3% of the Agency total. These figures are inclusive of children, adults, and older adults.

**Staffing.** On a daily basis, approximately 1,400 mental health staff provide outpatient and other community based services to children, youth, and adult consumers statewide. The majority of these are employed as case managers, counselors, social workers, psychologists, nurses, and psychiatrists at the CMHCs. However, other providers are represented in this work force including Recovery Support Specialists, Family Support Providers, and residential support staff. The ODMHSAS provides ongoing training and performance improvement opportunity to support all providers throughout the system. In state FY08, the ODMHSAS Human Resources Development training programs recorded combined audiences of over 14,000 participants from all areas of the state.

**Emergency Service Provider Training.** The ODMHSAS provides numerous training opportunities for staff development throughout the year. The Department's Donahue Series offers clinical training seminars at the University of Oklahoma in Norman and at other locations. The training series is named for Hayden Donahue, Oklahoma's first Commissioner of Mental Health and noted reformer of the state psychiatric hospitals. Topics encompass mental health, children's issues, substance abuse, and trauma. The current mailing announcements go to 6,500 persons statewide, including emergency health workers. During state FY08, over 14,000 participants attended workshops. Many participants work in first response settings, including emergency rooms, ambulance services, and law enforcement. Law enforcement jurisdictions also collaborate with the ODMHSAS to train staff in diversionary and proactive responses with people who may be experiencing mental illnesses or addictions symptoms. The Memphis Model Crisis Intervention Training (CIT) is widely utilized. The ODMHSAS staff also provides training in various suicide intervention and crisis techniques to emergency room and other health personnel. The state expects to expand training offerings of Practical Front Line Assistance and Support for Healing (PFLASH), Question, Persuade, and Refer (QPR) and other early intervention response techniques to non-mental health professionals, including first responders.

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

**Proposed Use of MHBG Funds FFY 2009, 2010, and 2011**  
**Adult Services**

*Note: State cannot commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle.*

<b>Category</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Adult Basic and Case Management Services	1,965,049	1,965,049	1,965,049
Adult Community Living and Supported Housing	576,204	576,204	576,204
Adult Best Practice Projects	195,000	195,000	195,000
Public Education	51,800	51,800	51,800
Consumer Development (WRAP, Scholarships)	70,000	70,000	70,000
Adult, Child, Youth, and Family Surveys	80,000	80,000	80,000
Supported Employment Initiative	20,000	20,000	20,000
Statewide Advocacy and Support	402,000	402,000	402,000
Subtotal Adults	3,360,053	3,360,053	3,360,053
Subtotal Children (included in Child Plan )	958,000	958,000	958,000
MHBG Administration	180,000	180,000	180,000
<b>Totals</b>	4,498,053	4,498,053	4,498,053
<b>Based on Anticipated Annual Awards</b>			

**FFY2010 Application Updates.** See updated funding proposed for FFY2010 and FFY2011g50. *State cannot commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle.*

**FFY2011 Application Updates.** See the updated funding FFY2011 included below. This FY2011 application proposes use of MHBG funds for the remaining year of the state's 3-year approved MHBG plan.

<b>Category</b>	<b>2009</b>	<b>Update for FFY 2010</b>	<b>Update for FFY 2011</b>
Adult Basic and Case Management Services	1,965,049	2,017,867	2,033,124
Adult Community Living and Supported Housing	576,204	576,204	576,204
Adult Best Practice Projects	195,000	115,000	115,000
Public Education	51,800	21,800	21,800
Consumer Development (WRAP, Scholarships)	70,000	0	0
Adult, Child, Youth, and Family Surveys	80,000	100,000	100,000
Supported Employment Initiative	20,000	20,000	20,000
Skills, Training, and Scholarships	0	15,000	15,000
Statewide Advocacy and Support	402,000	259,000	259,000
Subtotal Adults	3,360,053	3,124,864	3,140,128
Subtotal Children (included in Child Plan )	958,000	1,113,798	1,113,798
MHBG Administration	180,000	136,589	136,589
<b>Totals</b>	<b>4,498,053</b>	<b>4,375,258</b>	<b>4,390,515</b>
Based on Anticipated Annual Awards			

**Performance Goals, Targets, and Action Plans – Adult Plan**

*[note: 2010 data reflect estimates and will be finalized prior to September 1, 2010 submission date]*

<b>Adults served in ODMHSAS system (NOM #1)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
38,390	40,425	43,762	47,637	42,000

  

<b>Percent of persons readmitted to hospitals within <u>30</u> days (NOM #2)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
12%	13%	12%	7%	11%

  

<b>Percent of persons readmitted to hospitals within <u>180</u> days (NOM #2)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
22%	24%	22%	12%	21%

  

<b>Number of Evidence Based Practices provided by ODMHSAS (NOM# 3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
3	4	4	4	4

  

<b>Adults with SMI Receiving Supported Housing (Percentage) (NOM #3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	<0.5%	<0.4%	<0.4%

  

<b>Adults with SMI Receiving Supported Employment (Percentage) (NOM #3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	<0.1%	<0.1%	<0.1%

  

<b>Adults with SMI Receiving Assertive Community Treatment (Percentage) (NOM #3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	2%	1.8%	1.7%

  

<b>Adults with SMI Receiving Treatment of Co-Occurring Disorders (Percentage) (NOM #3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	5%	6%	7%

<b>Adults with SMI Receiving Illness Self-Management (Percentage) (NOM #3)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	<0.1%	0.3%	<0.1%

<b>Adults Receiving Services that Report Positive Outcomes of Care (Percentage) (NOM #4)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
73%	83%	81%	80%	80%

<b>Adults Reporting Increase/Retained Employment (Percentage) (NOM #5)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	24%	25%	27%

<b>Adults Reporting Decreased Criminal Justice Involvement (Percentage) (NOM #6)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	57%	55%	60%

<b>Adult Reporting Increased Stability in Housing (Percentage) (NOM #7)</b> <i>[note: reflect % of adults with SMI who report they are homeless]</i>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2 010 Projected</b>	<b>2011 Target</b>
N/A	N/A	<1%	<1%	<1%

<b>Adults Reporting Increased Social Supports/Social Connectedness (Percentage) (NOM #8)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	95%	80%	80%

<b>Adults Reporting Improved Level of Functioning (Percentage) (NOM #9)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	94%	90%	90%

<b>Percent of Adults who Receive Non-Crisis Services within 7 days of Receiving a Crisis Service</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
38%	35%	37%	40%	42%

<b>Percent of Adults who Receive Community-Based Services within 7 days of Receiving Inpatient Services</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
52%	55%	64%	80%	65%

<b>Number of Homeless Adults with Mental Illness Served</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
2,235	2,128	2,294	2,455	2,300

<b>Number of CIT Officers Trained</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
260	460	508	600	650

<b>Penetration Rate - Percent Adults with SMI Served Compared to Estimated in Number in Need</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
14%	18%	20%	21%	20%

<b>Number Adults Age 60 and Older Served in ODMHSAS Community-Based Settings</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
1770	1995	2182	2524	2500

<b>Recovery Support Specialists Trained</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
78	175	268	300	350

<b>Number Adults Served in Rural CMHC Settings</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
20,679	21,668	24,400	26,402	25,000

<b>Number of Adults who Receive Services from ODMHSAS Discharge Managers Based in the Oklahoma Department of Corrections (DOC) Prisons.</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	116	156	155	175

**Transformation Activities - Adult Plan**

**Table C. MHBG Funding for Transformation Activities**

NOTE: FUNDS REFLECT EXPENDITURES FOR <b><u>BOTH CHILDREN AND ADULTS</u></b>	Column 1	Column 2
	Is MHBG funding used to support this goal? If yes, please check.	If yes, please provide the <i>actual or estimated</i> amount of MHBG funding that will be used to support this transformation goal in FY09.
<b>Oklahoma’s Transformation Goals</b>		<b>(Projected)</b>
<b>GOAL 1:</b> Oklahomans will understand that being free from addictions and having good mental health are essential to overall health.	✓	51,800
<b>GOAL 2:</b> Care will be consumer and family driven.	✓	134,000
<b>GOAL 3:</b> Disparities in services will be eliminated.	✓	402,000
<b>GOAL 4:</b> Early screening, assessment, and referral to substance abuse and mental health services will be common practice.		
<b>GOAL 5:</b> Excellent care will be delivered and evaluated.*	✓	598,500
<b>GOAL 6:</b> Technology will be used to access care and information.		
<b>Total MHBG Funds</b>		1,186,300

\*Goal 5 of the Final Report of the President’s New Freedom Commission on Mental Health states: *Excellent Mental Health Care is Delivered and Research is Accelerated*. CMHS is authorized to conduct evaluations of programs and not research.

**FFY2010 Application Updates:** The following table reflects and update for proposed use of mental health block grant funds for FFY2010 and FFY 2011 specific to transformation activities.

**FFY2011 Application Updates:** An updated table is not required for FY2011.

**Table C. MHBG Funding for Transformation Activities**

NOTE: FUNDS REFLECT EXPENDITURES FOR <b><u>BOTH CHILDREN AND ADULTS</u></b>	Column 1	FFY 2010-2011 Update Column 2
Oklahoma's Transformation Goals	Is MHBG funding used to support this goal? If yes, please check.	If yes, please provide the <i>actual or estimated</i> amount of MHBG funding that will be used to support this transformation goal in FY09. <b>(Projected)</b>
<b>GOAL 1:</b> Oklahomans will understand that being free from addictions and having good mental health are essential to overall health.	✓	51,800
<b>GOAL 2:</b> Care will be consumer and family driven.	✓	134,000
<b>GOAL 3:</b> Disparities in services will be eliminated.	✓	402,000
<b>GOAL 4:</b> Early screening, assessment, and referral to substance abuse and mental health services will be common practice.	✓	598,500
<b>GOAL 6:</b> Technology will be used to access care and information.		
<b>Total MHBG Funds</b>		1,186,300

## **Summary of Selected Transformation Activities – Adult Plan**

A wide range of activities are included in Oklahoma's overall transformation agenda. These have resulted from innovative collaborations across agencies, advocacy organizations, and other constituencies. Although Oklahoma receives SAMHSA funding through the TSIG program, many of these were well underway prior to the inclusion in that SAMHSA discretionary grant program. Similarly, the state has historically utilized MHBG funding to stimulate innovation and encourage best practice implementation. The above cited transformation activities are supported in part by MHBG funds below, in a limited fashion, within the framework of the New Freedom Commission Report on Mental Health. Additional information regarding Oklahoma transformation initiatives is available at [www.okinnovationcenter.org](http://www.okinnovationcenter.org).

**GOAL 1:** Oklahomans will understand that being free from addictions and having good mental health are essential to overall health.

- MHBG funds will be utilized to improve the quality and utility of the ODMHSAS web page to increase access to information and provide additional supports to the general public.
- MHBG funds will be used to support NAMI-OK to implement an annual anti-stigma/public information campaign.

**GOAL 2:** Care will be consumer and family driven.

- MHBG funds will be used to support the Oklahoma Mental Health Consumer Council (OMHCC) to provide consumer training in the Wellness Recovery Action Plan (WRAP) model.
- MHBG funds will be used to support the National Alliance on Mental Illness-Oklahoma chapter (NAMI-OK) to provide family training in the Visions for Tomorrow model.
- MHBG funds will be used to provide training scholarships for consumers, youth, and family members. Scholarship funds will be accessed through the OMHCC and NAMI-OK.

**GOAL 3:** Disparities in services will be eliminated.

- MHBG funds will be used to support advocacy, information, and statewide affiliate development of the Depression Bipolar Support Alliance (DBSA), the OMHCC, and NAMI-OK. These programs have a significant impact on children, youth, adult, and family consumers statewide.

**GOAL 4:** Early screening, assessment, and referral to substance abuse and mental health services will be common practice.

Although there are significant transformation activities underway in Oklahoma to support Goal 4, no specific MHBG funds are allocated for these activities. Many activities related to improve assessment and early access to behavioral health care have been supported by the SAMHSA Transformation State Incentive Grant (TSIG).

**GOAL 5:** Excellent care will be delivered and evaluated.

- MHBG funds will be used to support OMHCC and NAMI-OK to complete youth, family, and adult consumer perception of care surveys. These support the work of the Data Infrastructure Grant and are based on the Mental Health Statistics Improvement Program (MHSIP) guidance.
- MHBG funds will be used to support the delivery of best practice models at sites related to services for older adults (HOPE CMHC) and services for persons who have been incarcerated in an urban jail setting (NorthCare CMHC).
- MHBG funds will be used to support the Mental Health Association Tulsa's Consumer-To-Consumer project.

- MHBG funds will be used to partially fund one supported employment project at HOPE CMHC.
- MHBG funds will be used to partially support the best practice activities associated with Children's Systems of Care sites at the following CMHCs: CREOKS, Edwin Fair, Grand Lake, Green Country, Red Rock, and NorthCare.

**GOAL 6:** Technology will be used to access care and information.

Although there are significant transformation activities underway in Oklahoma to support Goal 6, no specific MHBG funds are allocated for these activities. Activities specifically related to telemedicine implementation have been supported by the SAMHSA Transformation State Incentive Grant (TSIG).

**State Mental Health Plan**

Child Plan – Description of Services

**Criterion 1 (Child Plan): Comprehensive Community-Based System of Care for Children.**

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

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

- Crisis intervention
- Medication and psychiatric services
- Case management services

Additional support services available to children and families include:

- Home-based services
- Systems of Care
- Family counseling
- Therapeutic nursery
- Diagnosis-related education
- Client advocacy
- Outreach
- Family self sufficiency (housing)
- Socialization
- School-based services
- Respite care
- Wraparound/flexible funds

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

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

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

**Employment and Vocational Services.** Vocational services are also frequently neglected within an overall system of care for children with a serious emotional disturbance. Case managers assist children, 14 years old and up, in job finding and placement skills, social and interpersonal skills needed for job retention, and specific referrals to vocational-technical schools. The Department of Rehabilitation Services (DRS) offers transitional services within school districts. The Transition School-to-Work program, managed by DRS, assists students with disabilities in making a smoother transition from high school to work through counseling, work adjustment training, on-the-job training, and direct job placement. Services are provided through a cooperative arrangement between the Oklahoma Department of Rehabilitation Services, the Oklahoma State Department of Education and local school districts. Newly released Ticket-to-Work regulations will encourage the state to involve consumers as young as 18 to utilize this resource.

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

**Housing Services.** As with adults, children and their families often struggle to obtain and maintain adequate housing. In addition to the challenges of dealing with mental health issues, the factors of poverty and the rural nature of Oklahoma compound this problem. Housing services and homeless outreach services for families with children are provided in the manner described in the Adult Plan. In addition to accessing the array of supportive and subsidized housing options, providers are able to utilize the ODMHSAS-provided flexible funds to address immediate and short terms needs to stabilize family housing situations.

**Special Education.** Under the provision of the Individuals with Disabilities Education Act, children who are placed in a special education program because of a serious emotional disturbance must have an Individual Education Plan (IEP). Many CMHC staff and programs particularly affiliated with local Systems of Care are actively involved in supporting families and children for whom an IEP is needed.

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

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

**Case Management.** Oklahoma has greatly impacted case management services through a strengths-based and wraparound coordination model. Children and youth with serious emotional disorders who want to access the full continuum of public behavioral services are assigned a case manager (care coordinator) to work closely with the youth and family to develop an integrated treatment plan. Members of the wraparound team design a family and youth directed plan to address key needs on behalf of the children receiving services. Focus areas are listed below.

- Stabilization of immediate behavioral crisis situations.
- Involvement of family-to-family support in treatment planning.
- Strengths, needs, and culture discoveries.

- Assessments based on a common protocol as indicated by initial screening.
- Work with the child and family to identify a child and family team (CFT).
- Work with the CFT to update and fine-tune the plan on a continual basis.
- Assist in problem solving as identified by the CFT.
- Support youth and family through transition points and out of services.

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

**Substance Abuse Services.** Ninety-one ODMHSAS-affiliated programs served 20,688 clients in state FY08 at over 197 sites throughout the state. Approximately 10% of these clients served were under age 18. Programs offer a range of services including assessment and referral, detoxification, outpatient counseling, residential treatment, transitional living, and aftercare. All community mental health centers are certified as substance abuse service providers and received both mental health and substance abuse funding to serve persons with serious mental illness and co-occurring substance abuse disorders. Specialty substance abuse treatment providers also collaborate with local community mental health centers for mental health assessments and other CMHC-based services as needed by consumers. Individualized, gender, and culturally-specific substance abuse treatment is required of all providers. The Office of Children and Family Services has assigned two fulltime staff member to further develop substance abuse treatment for children.

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

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

### **Criterion 2 (Child Plan): Mental Health Epidemiology Data**

**Estimation Methodology.** Oklahoma’s estimate of the number of children with a serious emotional disturbance is based on methodologies developed by CMHS (see Mental Health, United States: 1996 and MHUS 1998 for additional details). Oklahoma’s estimate for children, ages 9-17, with Serious Emotional Disturbance (SED) is calculated utilizing these tables with weighted factors of poverty and Level of Functioning (LOF) rating of 60 or below. Based on this, Oklahoma estimates there are 57,541 children with SED, ages 9-17, who could utilize services in the state.

In state FY08, the ODMHSAS served approximately 2,000 children, ages 9-17, with SED or 3.5% of the estimated population in CMHCs and related mental health programs.

**FFY2010 Application Updates:** In state FY09, the ODMHSAS served approximately 2,000 children, ages 9-17, with SED or 3.5% of the estimated population in CMHCs and related mental health programs.

**FFY2011 Application Updates** In state FY10, the ODMHSAS served 2802 children, ages 9-17, with SED or 4.8% of the estimated population in CMHCs and related mental health programs.

**Quantitative Targets for Child Service System.** Quantitative targets in terms of numbers of children and youth projected to be served are detailed in the goals sections of the plan. Briefly, the state proposes to increase the number of children and youth served by 3%, pending significant changes in resources, in the years encompassed by this Plan.

### **Criterion 3 (Child Plan): System of Integrated Services and Systems of Care for Children and Their Families**

A rich array of state and local partners collaborate to assure a system exists to integrate services appropriate for the multiple needs of children. The Systems of Care is the centerpiece of service integration on behalf of children with serious emotional disturbance and their families. Oklahoma began to implement local Systems of Care in 2000. Mental Health Block Grant funding provided a portion of the initial resources to support the first two Systems of Care sites. Currently, there are 36 System of Care communities covering 40 counties with several other communities that are in the formative stages of System of Care development. In 2002, Oklahoma received a federal six-year contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support this System of Care development. Oklahoma has a state-level System of Care team to oversee the overall operations of the Systems of Care communities. In addition, each local community has a team comprised of agency staff, community members, parent advocates and family members.

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

**The Oklahoma Department of Mental Health and Substance Abuse Services.** The ODMHSAS is the designated mental health and substance abuse services authority for children. The ODMHSAS provides continuous support for an interagency workgroup for the Partnership for Children's Behavioral Health. The Partnership continues to unify planning and policy initiatives and has endorsed a coordinated budget request for state FY09 to more significantly impact children's behavioral health. The role and contributions of the partners is described below and evidences the extent to which children's services are integrated among multiple systems.

**Department of Human Services (Child Welfare and Social Services).** The Oklahoma Department of Human Services (OKDHS) manages many programs such as child welfare services, Temporary Assistance to Needy Families (TANF), employment services, child care licensing, school nutrition and in-home support services for individuals with developmental disabilities. The Division of Children and Family Services administers programs to families, children, and youth at the home, community and residential levels. The Division operates two juvenile shelter programs. The Children with Special Health Care Needs (CSHCN) program is part of the Title V Block Grant. These programs fund a variety of services to children who meet the definition of special health care but not SED. CSHCN funds local efforts, which are targeted to provide community-based client-centered services. Family support provides a case subsidy to families raising a child with developmental disabilities in the natural home.

**Department of Education.** The Department of Education receives funding and is responsible for many educational services to children. Oklahoma has 547 school districts. Each district is responsible for special education services under Individuals with Disabilities Education Act, Part B (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 outlined in a child's Individual Education Plan (IEP). The ODMHSAS providers participate in development and implementation of IEPs. The Department of Education serves as the lead agency for early childhood intervention services for infants and toddlers (0-3 years of age) with disabilities and their families (Sooner Start). Other agencies collaborating to provide services through Sooner Start include the Department of Health, Department of Mental Health and Substance Abuse Services, Department of Human Services, Oklahoma Commission on Children and Youth and the Oklahoma Health Care Authority. As discussed earlier, school based health services are possible through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT). In addition, many school districts manage Safe Schools grants and local CMHCs partner in these activities.

**Office of Juvenile Affairs.** The Office of Juvenile Affairs (OJA) is responsible for children and adolescents who are in the juvenile justice system. Services include community based youth services through contract with youth services agencies for the maintenance of community-based temporary youth shelters, delinquency prevention, and diversionary youth services programs. Institutional services provide secure residential placement for serious and violent juvenile offenders. These programs provide basic academic education, individual and group treatment, and structured living. Juvenile field services provide intake, probation and parole, and custody services to youth up to age twenty one. The Juvenile Justice and

Delinquency Prevention Program (JJDP) is a program funded by federal grant monies in the form of JJDP Formula, Title V, and Challenge grants.

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

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

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

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

**Oklahoma Health Care Authority (Medicaid).** The Oklahoma Health Care Authority (OHCA) is designated to administer the Children's Health Initiative Program (CHIP). The eligibility and impact of this program is described under Criterion 1 in the Child Plan. Subsequently, the Federal Budget Act of 1997 made numerous Medicaid changes and also created the State Children's Health Insurance Program (S-CHIP). This optional program is designed to help states cover additional uninsured low-income children with higher federal match assistance. As of June 2008, there were 436,609 children (61% of all enrollees) enrolled in Medicaid.

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

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

- **Department of Education.** The Department of Education has a Transition Advisory Council. This particular Council was set up to deal with the new federal guidelines concerning transition. Schools now have to provide transition services to children on Individual Education Plans (IEP's) beginning at age 14. The ODMHSAS serves on this Council.
- **Department of Rehabilitation Services (DRS).** DRS provides transition services to youth with disabilities. The Rehabilitation Act and the Individuals with Disabilities Education Act provide assurances that no break in required rehabilitation services will occur for eligible students exiting the public schools. Transition services coordinate activities for a student that promotes movement from the public schools to post-school activities. The transition process is outcome based, leading to post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and/or community participation consistent with the informed choice of the individual. The goal of the Transition from School to Work Program is to help eligible individuals with disabilities make the transition from school to work in order to function as a productive member of society. The Transition from School to Work Program is

implemented through a cooperative agreement between DRS and each participating local secondary school, with approval from the State Department of Education. DRS currently funds over 200 programs throughout the state. These programs provide employment services to youth with disabilities, including SED students in high schools and alternative schools, assisting them in making the transition from school to employment and inclusion in their communities.

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

#### **FFY2011 Application Updates.**

**Transition Services.** The Oklahoma Healthy Transitions Initiative (OHTI) grant was funded by SAMHSA in FY2010 for five years at \$480,000 per year. The grant focuses on integrated services and supports for youth and young adults 16-25 with serious mental health conditions, and their families. OHTI's developmentally-appropriate and effective youth-guided local systems of care are designed to improve outcomes in education, employment, housing, mental health and co-occurring disorders and decrease contact with the juvenile and criminal justice systems. Grant activities are based in two well established local systems of care communities.—Tulsa County and Cleveland County (Norman). OHTI evaluation activities better inform the state and SAMHSA on lessons learned related to urban, suburban, and rural implementation of the project model selected. Services and supports needed by youth and young adults are in place in both communities as are strong partnerships on which the project will build. OHTI project objectives are listed below.

- Establish local and state mechanisms supported by all partner agencies for input from youth and young adults.
- Identify special service and support needs (health, education, mental health, education, substance abuse services, etc.) for youth and young adults.
- Identify exemplary programs for youth and young adults for statewide implementation.
- Identify new funding streams that could potentially support services for youth and young adults.
- Report findings and recommendations to the State Advisory Team.
- Establish training across agencies in the Transition to Independence Process model (TIP) facilitated by the ODMHSAS.
- Explore policy changes to remove barriers for youth and young adults in accessing needed services and supports.
- Develop an action plan and timeline to provide a framework for healthy transitions to adulthood.
- Continue the planning and work in progress through the Transition Work Group (TWG). Add new members as needed, including providers and partners from the private sector. Provide regular updates to the State Advisory Team (SAT) and the Partnership for Children's Behavioral Health.

#### **Criterion 4 (Child Plan): Target Populations**

**Outreach to Homeless.** Homeless outreach and engagement continues to be provided by three PATH programs located in Oklahoma City, Tulsa and Tahlequah. In Fiscal Year 2007 outreach and engagement services were provided to approximately 665 homeless individuals through these PATH Programs. These programs target homeless individuals who are age 18 or older, which includes transition age youth. ODMHSAS also serves homeless adults, youth and children at community mental health centers and outpatient substance abuse agencies. Case management, bridge subsidy programs, and flexible funds are used to prevent homelessness. Children whose families are homeless are the benefactors of these services.

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

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

#### ***FFY2011 Application Updates***

**Homeless Services.** The Oklahoma Health Transitions Initiative (OHTI) described in the Criterion 3 FY2011 Application Update has also articulated a policy action plan to address homelessness and housing issues for young adults in transition. It will be one focus of the OHTI throughout the life of that grant.

The OHTI also implemented young adults in transition warm line that improves access and provides immediate support to youth, including those who are homeless.

**Rural Area Services.** All rural community mental health centers provide case management services to children. Most of the treatment is provided in the child's home or a community-based location. Transportation continues to be a problem in rural areas of the state. In state FY08, services were provided to 3,116 children in rural settings. This is a modest increase of 5% or 155 over 2007.

Thirty-two of the state's 36 Systems of Care sites are located within rural settings. These sites have engaged a broad stakeholder base to coordinate care, leverage resources, and improve services to children and their families in rural settings.

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

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

#### ***FFY2011 Application Updates***

**Rural Services.** In spite of challenging reductions in state revenues, Oklahoma continued modest increases of services to children and their families in rural areas in FY2010. Rural services to children and their families have also been enhanced by additional SAMHSA resources through a grant to expand the Oklahoma Systems of Care Initiative (OSOCI).

The OSOCI six-year grant will continue through FFY2014 and targets children and youth 0-21 with serious emotional disturbance and their families in rural and frontier communities. The grant features a special partnership with the Tulsa Indian Health Care Resource Center (IHCRRC), to develop a local Systems of Care and Wraparound process focused on Native American youth and families with mental health needs.

The vision is that all families in every county in Oklahoma will have access to a system of care in the community of their choice. At least 2,800 additional children will be served through the expansion. Five communities were awarded funds for FY2010 to initiate the Wraparound process and a local system of care to increase access and reduce disparities for children in Oklahoma's most rural counties -- Mayes, Nowata, Osage, Grady, and Seminole. Each site has also developed special projects to address access and service barriers for youth and families unique to their communities. Projects include use of telehealth for treatment services, hiring of youth coordinators to increase youth voice in all systems of care activities, added focus on youth with co-occurring mental health and addiction treatment needs, closer coordination with local public schools and other community partners, mentoring and AmeriCorps projects, and use of elders in Native American communities to address specific cultural needs of the youth and their families.

The OHTI will expand funding to nine additional counties in 2011. At that point, 51 of Oklahoma's 77 counties will have access to local systems of care and Wraparound services. The state is well on track to meet the goal of access to local systems of care in each county.

#### **Criterion 5 (Child Plan): Management Systems**

**State FY09 Budget.** Community based mental health services are budgeted at \$148,061,293 for state FY09. This is 47% of the Department's overall budget. State psychiatric hospital budgets total 19.2% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY08, the community-based services budget was \$145,718,534 or 48% of the total Agency budget. State hospital budgets in 2008 totaled 19.1% of the Agency total. This budget summary does not reflect specific allocations by populations, including adults, older adults, or children.

**FFY2010 Application Updates: State FY10 Budget.** Community based mental health services are budgeted at \$150,008,423 for state FY10. This is 48.2% of the Department's overall budget. State psychiatric hospital budgets total 19.3% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY09, the community-based services budget was \$153,432,720 or 47% of the total Agency budget. State hospital budgets in 2009 totaled 19.1% of the Agency total. These figures are inclusive of children, adults, and older adults.

**FFY2011 Application Updates: State FY11 Budget.** Community based mental health services are budgeted at \$150,352,055 for state FY11. This is 51.7% of the Department's overall budget. State psychiatric hospital budgets total 18.1% of the Department's overall budget. Remaining areas of the ODMHSAS budget support prevention and substance abuse treatment activities. In state FY10, the community-based services budget was \$150,008,423 or 48.2% of the total Agency budget. State hospital budgets in 2009 totaled 19.3% of the Agency total. These figures are inclusive of children, adults, and older adults.

**Staffing.** On a daily basis, approximately 1,400 mental health staff provide outpatient and other community based services to children, youth, and adult consumers statewide. The majority of these are employed as case managers, counselors, social workers, psychologists, nurses, and psychiatrists at the CMHCs. However, other providers are represented in this work force including Recovery Support Specialists, Family Support Providers, and residential support staff. The ODMHSAS provides ongoing training and performance improvement opportunity to support all providers throughout the system. In state FY08, the ODMHSAS Human Resources Development training programs recorded combined audiences of over 14,000 providers from all areas of the state.

**Emergency Service Provider Training.** The ODMHSAS provides numerous training opportunities for staff development throughout the year. These are also described in the Adult section of the plan. The Annual Children's Behavioral Health Conference brings together approximately 800 to 1,000 participants. Many participants work in first response settings, including emergency rooms, ambulance services, and law enforcement. Systems of Care partners statewide also engage law enforcement and other first responders in various trainings, planning, and wraparound work on behalf of children and families. The ODMHSAS prevention staff also provides training in various suicide intervention and crisis techniques to emergency

room, health personnel, law enforcement staff, and school districts. These are also discussed in the Adult sections of this plan.

In addition to traditional first responders, emergency service training specific to children’s needs is provided to the state’s Children’s Mobile Crisis Response (MCR) Teams. At the local level, these teams function interdependently with local first responders as a 24-hour, 7 days per week service to provide assistance for mental health and substance abuse crises. The goal of training is to prepare crisis staff to respond appropriately to crisis situations that impact children and their families. Core competencies include: crisis intervention and resolution; trauma informed care; referral and linkage; scene and personal safety; co-occurring diagnosis and treatment; stress management skills; cultural diversity and family perspectives; and legal issues. Training is conducted regionally and also includes a Training of Trainers component.

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

<b>Proposed Use of MHBG Funds FFY 2009, 2010, and 2011 Children’s Services</b>			
<i>Note: State cannot commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle</i>			
<b>Category</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Children’s Basic Services	590,500	590,500	590,500
Child, Youth, and Family Surveys	46,500	46,500	46,500
Children’s Systems of Care	257,000	257,000	257,000
Consumer/Family Development	64,000	64,000	64,000
Subtotal Children	958,000	958,000	958,000
MHBG Administration	180,000	180,000	180,000
Subtotal Adults	3,360,053	3,360,053	3,360,053
<b>Totals Based on Anticipated Annual Awards</b>	4,498,053	4,498,053	4,498,053

**FFY2010 Application Updates:** See updated funding proposed for FFY2010 and FFY2011. *State cannot commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle.*

**FFY2011 Application Updates.** See the updated funding FFY2011 included below. This FY2011 application proposes use of MHBG funds for the remaining year of the state’s 3-year approved MHBG plan.

**Proposed Use of MHBG Funds FFY 2009, 2010, and 2011**  
**Children’s Services**

*Note: State cannot commit funds beyond the current fiscal year. Subsequent annual updates/applications will provide the most current proposal for each remaining year in the 3-year application cycle*

<b>Category</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Children’s Basic Services	590,500	527,798	532,298
Child, Youth, and Family Surveys	46,500	30,500	30,500
Children’s Systems of Care	257,000	487,000	487,000
Consumer/Family Development	64,000	64,000	64,000
Subtotal Children	958,000	1,109,798	1,113,798
MHBG Administration	180,000	136,589	136,589
Subtotal Adults	3,360,053	3,124,864	3,140,128
<b>Totals Based on Anticipated Annual Awards</b>	<b>4,498,053</b>	<b>4,375,251</b>	<b>4,390,515</b>

**Performance Goals, Targets, and Action Plans – Child Plan**

*[note: 2010 data reflect estimates and will be finalized prior to September 1, 2010 submission date]*

**Children Served in ODMHSAS System (NOM #1)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
5,670	6,187	7,384	6,300	7,300

**Percent of children readmitted to hospitals within 30 days (NOM #2)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
3%	8%	3%	4%	4%

**Percent of children readmitted to hospitals within 180 days (NOM #2)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
6%	14%	8%	10%	10%

**Youth or Parents/Guardians that Report Positive Outcomes of Care (Percentage) (NOM #4)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
N/A	89%	77%	75%	75%

**Youth or Parents/Guardians that Report Improved School Attendance (Percentage) (NOM #5)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
N/A	26%	24%	40%	40%

**Youth or Parents/Guardians that were Not Re-arrested in last year. (Percentage) (NOM #6)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
N/A	64%	60%	50%	50%

**Increased Stability in Housing for Children and their Families (Percentage) (NOM #7)**

*[note: reflect % of families served who report they are homeless]*

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
N/A	N/A	< 1%	1%	1%

**Youth or Parents/Guardians Reporting Increased Social Supports/Social Connectedness (Percentage) (NOM #8)**

2007 Actual	2008 Actual	2009 Actual	2010 Projected	2011 Target
N/A	N/A	100%	80%	80%

<b>Youth or Parents/Guardians Reporting Improved Level of Functioning (Percentage) (NOM #9)</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	85%	80%	

<b>Percent of Children who Receive Non-crisis Services within 7 days of Receiving a Crisis Service</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
41%	42%	17%	30%	50%

<b>Percent of Children who Receive Community-Based Services within 7 days of Receiving Inpatient Services</b> [Note: Inpatient services no longer directly provided by state. Data for 2010 and 2011 not applicable.]				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
19%	41%	26%	N/A	N/A %

<b>Number of Licensed Child Care Facilities Receiving Targeted Mental Health Consultations</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
168	150	146	150	150

<b>Number of children Referred by Public Schools to Systems of Care Programs Throughout the State</b> Note: Target to be discontinued for 2011]				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
234	213	214	300	N/A

<b>Percent Children with SED Served Compared to Estimated in Number in Need</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
3%	4%	7%	5%	5%

<b>Number Children Served in Rural CMHC Settings</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
2,961	3,151	4,159	3,400	3,500

<b>Number of CMHC Staff Out-Stationed 4 or More Hours per Week to Provide Services in Public Schools</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
107	277	156	150	150

<b>Number of Young Adults (ages 18 to 19) Served at CMHCs During the Year who were also Served as Youth During Either of the Two Previous Years</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	17%	18%	18%	20%

<b>Number of Staff Trained in Children's Evidence-Based Practices</b>				
<b>2007 Actual</b>	<b>2008 Actual</b>	<b>2009 Actual</b>	<b>2010 Projected</b>	<b>2011 Target</b>
N/A	N/A	190	250	300

**Transformation Activities – Child Plan**

**Table C. MHBG Funding for Transformation Activities**

Note: Projected MHBG Expenditures Related to Transformation are Listed in Table C of the Adult Plan.

**Summary of Selected Transformation Activities – Child Plan**

A wide range of activities are included in Oklahoma’s overall transformation agenda. These have resulted from innovative collaborations across agencies, advocacy organizations, and other constituencies. The Partnership for Children’s Behavioral Health and the robust network of Systems of Care communities throughout the state are examples of this. Although Oklahoma receives SAMHSA funding through the TSIG program, many of these were well underway prior to inclusion in the SAMHSA discretionary grant program. The Partnership for Children’s Behavioral Health and the robust network of Systems of Care communities throughout the state are examples of this. Similarly, the state has historically utilized MHBG funding to stimulate innovation and encourage best practices implementation. The above cited transformation activities supported in part by MHBG funds are below, in a limited fashion, within the framework of the New Freedom Commission Report on Mental Health. Additional information regarding Oklahoma transformation initiatives is available at [www.okinnovationcenter.org](http://www.okinnovationcenter.org).

The children’s and adult services information is combined in the section that addresses transformation in the adult plan.

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