

**Oklahoma Department of Corrections
Mental Health Services
Facility Mental Health Needs Assessment and Strategic Plan Format**

Facility Name: _____

Facility Description:

- Security Level(s)
- History of facility name
- Construction history (Date and purpose of original construction, history of changes, etc.)
- Other relevant historical information (e.g., major disturbances, riots, incidents, community interaction, etc.)
- Organizational Chart
- Population:
 - Mental Health Levels
 - Bed capacity
 - Average daily count
 - Demographics: gender, ethnicity, age, educational level, socio-economic levels, etc.)
 - Offense profile
 - Average sentence
 - Average time remaining
 - Turnover rate
- Other

Mental Health Services:

- Mission statement
- Mental Health Authority (Name, title, biographical information, etc.)
- Each staff person (Name, title, biographical information, etc.)
- Lines of authority
- Caseload assignment/distribution
- Descriptions of services and programs
 - Priorities
 - Types of groups/programs/modalities
 - Services needed but not currently provided
 - Plans, if any for different services
- Performance Outcome Measures

Stakeholder Input:

- Position title (Facility Head, Assistant Facility Head, Chief of Security, Unit Managers, CHSA, etc.)
- What is the purpose of facility's mental health services?
- What are the strengths of current facility's mental health services?
- What are the weaknesses of current facility's mental health services?
- Suggestions for changes in staffing, services, priorities, etc.

Strategic Management Plan:

- Goals
- Action steps
- Target dates

Submitted by (Signature and date):

Approved by (Signature and date)
