

**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)

---