

**Oklahoma Department of Mental Health
And Substance Abuse Services**

**Quarterly Progress Report to the
Governor and the Joint Legislative
Oversight Committee**



Eastern State Hospital

April 1, 2001

**Oklahoma Department of Mental Health and Substance Abuse Services
Eastern State Hospital**

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Introduction

The following report is submitted pursuant to the Senate Bill149 related to the transition of Eastern State Hospital (ESH). The ESH Transition Oversight Panel (TOP) reviewed this report on April 27, 2001. Suggestions and guidance from the Panel were utilized to prepare the final form of this period's Progress Report. Primarily, data used in this report cover the time period from January 1 to March 31, 2001.

Prior Progress Reports have been submitted for the quarters ending September 30, 1999, March 31, 2000, June 30, 2000, September 30, 2000, and December 31, 2000. Copies of those reports are available from the Department of Mental Health and Substance Abuse Services (DMHSAS).

This Report will focus on specific performance indicators selected by the TOP and areas of improvement recommended by the TOP members.

1. Developments Since January 1, 2001 Report

- Funding Revisions

One-time funding adjustments were completed to the following CMHCs during this period to increase services for persons impacted by the ESH Transition.

Agency	Increase	Purpose	Source of Funds
Crossroads	\$50,000	Clubhouse Services	Mental Health Block Grant-Best Practices
ACT	\$49,582	Newer Generation Medications	\$12,582 Newer Generation Appropriation; \$37,000 CREOKS reallocation*
Bill Willis CMHC	\$45,000	Newer Generation Medications	CREOKS reallocation*
Edwin Fair CMHC	\$16,027	Newer Generation Medications	\$4,027 Newer Generation Appropriation; \$12,000 CREOKS reallocation*

*DMHSAS continues to monitor utilization of all CMHC contract funds. As of March 31, it was apparent CREOKS would not use all DMHSAS contracted funds for FY2001. Discussions continue with CREOKS to determine which services need further development to ensure adequate community based care in their area.

Immediate attention is being given to the development of a Community-Based Structured Crisis Center (CBSCC) in Okmulgee. The timing of its implementation will be considered in any final funding adjustment. DMHSAS will continue discussion with CREOKS and other ESH area CMHCs to ensure all funds are used to provide needed services to persons impacted by the Transition.

- Contract Flexibility

DMHSAS revised ACT's contract to facilitate purchase of inpatient services at additional hospitals and at rates reflective of the local markets. A similar offer is pending with Parkside.

- Parkside Audit and Follow-up Activity

DMHSAS continued weekly monitoring of Parkside during this reporting period to validate and review changes implemented as a result of the September 15, 2000, DMHSAS audit report. Parkside also files monthly updates to the DMHSAS Board. The following information was provided for the Panel to summarize recent activities at Parkside.

1. Parkside was cleared of all EMTALA violations.
2. JCAHO accepted Parkside's plan of correction. A site visit from JCAHO is expected this summer to further evaluate progress on some items.
3. New staff were added in a number of departments to lower outpatient caseloads and improve patient care. These additions included case managers for Outpatient Services and MOCS and physicians.
4. The Owasso office was relocated to permit more effective and efficient space for client care.
5. Day Treatment services were re-instituted at the Cincinnati office.
6. A new, streamlined intake process was implemented for Outpatient admissions.
7. A search firm was engaged to find a permanent CEO.

During this reporting period, Parkside was cleared of all IMTALA violations. Consequently, a HCFA recertification site visit can now occur. That is anticipated within a few weeks. The JCAHO also has accepted Parkside's Plan of Correction related to their current accreditation status.

- Changes in the Center for Extended Psychiatric Care (CEPC)

Physical modifications and adjustments in staffing are complete to accommodate more male clients on this unit. The total capacity of the CEPC remains the same. More detail on the changes and utilization of this unit are covered elsewhere in this report.

- Housing Expansion

Construction on the Hickory Ridge Apartments, a HUD 811 project in Sapulpa, co-sponsored by ACT and CREOKS was completed in this quarter. The newly constructed complex will house 17 individuals with mental illnesses and one resident manager. The first client will move in around May 1, 2001.

- Additional Planning

A coalition of representatives from several service and faith-based organizations began meetings during this quarter to identify additional needs for the Tulsa area related to the ESH Transition. Presentations have been made to the Joint Legislative Oversight Panel and at a town hall meeting in Tulsa. The group pinpointed additional case management and inpatient services as priorities. DMHSAS staff meets regularly with this planning and advocacy coalition.

2. Overview of Clients Served by Community Mental Health Centers (CMHCs)

The two tables below present information about clients served in the past year and a half in the ESH region, including counts of clients, the number and percent with a serious mental illness, and the number and percent ever served at Eastern State Hospital.

Adult Mental Health Clients Served in FY2000

CMHC	FY00 Admitted Adult Mental Health Clients	SMI	% SMI	Ever at ESH	% Ever at ESH	Discharged from ESH FY2000 (7/99 – 6/00)	
ACT	489	479	98.0	92	18.8	13	2.0%
BWCMHC	1694	1040	61.4	231	13.6	40	6.3%
CREOKS	701	630	89.9	212	30.2	40	7.7%
EFCMHC	1172	831	70.9	223	19.0	37	5.8%
GLMHC	1700	1503	88.4	688	40.5	207	32.5%
GCBHS	895	598	66.8	184	20.6	30	6.1%
PARKSIDE	4136	4020	97.2	986	23.8	252	39.6%
						619	Total

These data exclude clients served under a substance abuse contract source.

Adult Mental Health Clients Served 7/1/00-03/31/01 in FY2001

CMHC	YTD FY01 Admitted Adult Clients	SMI	% SMI	Ever at ESH	% Ever at ESH	Discharged from ESH 7/00 - 3/01	
ACT	478	463	96.9	74	15.5	0	0.0%
BWCMHC	1092	870	79.7	162	14.8	4	0.4%
CREOKS	725	633	87.3	165	22.7	4	0.5%
EFCMHC	998	837	83.9	188	18.8	2	0.2%
GLMHC	1575	1504	95.5	532	33.8	9	0.5%
GCBHS	840	788	93.8	159	18.9	4	0.5%
PARKSIDE	3379	3308	97.9	680	20.1	15	0.4%
						38	Total

These data exclude clients served under a substance abuse contract source.

3. Eastern Oklahoma Center for Extended Psychiatric Care (CEPC)

The CEPC was established, pursuant to SB149, to provide care for clients who need extended treatment in a secure facility unit. The unit is in Building 9 on the ESH campus. The capacity of the unit is 44. Physical modifications were completed to accommodate more males than possible with the previous design. The CEPC now has capacity for 28 male and 16 female residents. Prior to the change, there were beds for 22 males and 22 females. The change increased the male beds by 6 and decreased the female beds by 6. ESH staff and area CMHCs requested this change to better utilize the treatment capacity of the CEPC and to accommodate a greater demand for male beds than female beds for this level of care.

The change required additional staff. The new staff are in a new employee orientation at the time this report is being prepared. The CEPC will begin accepting additional male residents by May 1, 2001.

The following report tracks the utilization of the CEPC by each CMHC from July 1, 2000 through March 31, 2001.

CMHC	July – Dec. 2000 Average	Jan. 2001	Feb. 2001	March 2001	Jan- March 2001 Average	Allocation
ACT/Parkside	8.3	8	8	8	8	14
Bill Willis	2.5	3	2	2	2.3	4
CREOKS	1.0	1	1	1	1	4
Edwin Fair	3.5	3	3	3	2	4
Grand Lake	7.0	6	6	6	6	9
Green Country	3.3	5	5	5	5	4
Other	7.5	7	7	7	7	5
Total	33.2	33	32	32	31.3	44

Below is the utilization of the CEPC by gender.

Male or Female	July – Dec. 2000 Average		Jan. 2001		Feb. 2001		March 2001		Jan- March 2001 Average	
	M	F	M	F	M	F	M	F	M	F
Filled	20.3	12.8	21	12	20	12	20	12	20.3	12
Open	1.7	9.2	1	10	2	10	2	10	1.7	10
Total	22	22	22	22	22	22	22	22	22	22

4. Performance Indicators Selected by the TOP

The following performance indicators were chosen by the Eastern State Hospital Transition Oversight Panel on February 24, 2000, to monitor the impact of the planned transition from hospital-based to community-based services. Since the indicators are a subset of the DMHSAS Mental Health Report Card, they are presented here in the report card format with bars representing each agency's performance for the first nine months of fiscal year 2001 (July 1 through March 31, 2001) and the 12 months of fiscal year 2000. The statewide median or mean for each indicator is illustrated with a vertical solid line. This format allows comparisons between one agency and another, between an agency and the statewide norm, and between an agency and its previous year's performance.

For this report, the seven community mental health centers in the Eastern State Hospital (ESH) region are grouped together at the top of each graph and a dotted vertical line has been added to show the ESH region median or average. A detailed data sheet follows each of the indicator pages, which shows the actual number of clients by agency included in the calculation of the indicator.

For example, the first indicator reflects the percent of consumers moving to independent housing (see page 7). Statewide, of those clients that were not living in independent housing at admission, 30.8 percent had moved to independent housing in the first three quarters of fiscal year 2001 compared to a regional median of 13.9 percent for the CMHCs in the ESH region. Although two CMHCs in the ESH region performed very well in this area, going beyond the statewide norm (30.8%) and improving upon their

previous year's performance, the overall low regional performance would suggest more work is needed in this area. A concern, which has been discussed by the Panel, is the need for adequate housing for mental health consumers in this region. This is a case mix issue; most agencies who had few clients admitted in dependent housing (see p. 7) were able to move a higher percentage of them to independent housing.

When looking at inpatient readmissions within 30 days (see page 9), the ESH regional average was 2.5 days compared to 8.6 days statewide. This decrease may have resulted from several changes implemented in the ESH region: increasing funding for community-based services, improving oversight through the Minimal Service Threshold Plan, placing the CMHCs at risk for inpatient charges if clients return to a higher level of care, and locating community-based inpatient services geographically closer to service recipients and community providers.

The next three indicators determine whether clients requiring intensive levels of treatment are being linked to a lower level of care within an appropriate time frame. Page 11 shows the average number of days from inpatient discharge to community-based services is lower in the ESH region than the statewide average (4 days vs. 4.9 days). However, the number of days until a client is seen in the community seems to be decreasing statewide as 14 of the 19 CMHCs demonstrated a decrease in the number of days until a client is seen from their previous year's performance.

For the percent of clients seen within 14 days of discharge from structured emergency care, the four CMHCs in the ESH region providing this service had higher percentages of clients being seen in this time frame than the other two agencies in the state (page 13). Overall, five of the six CMHCs increased the percent of clients being seen within 14 days of discharge when compared to previous year's performance.

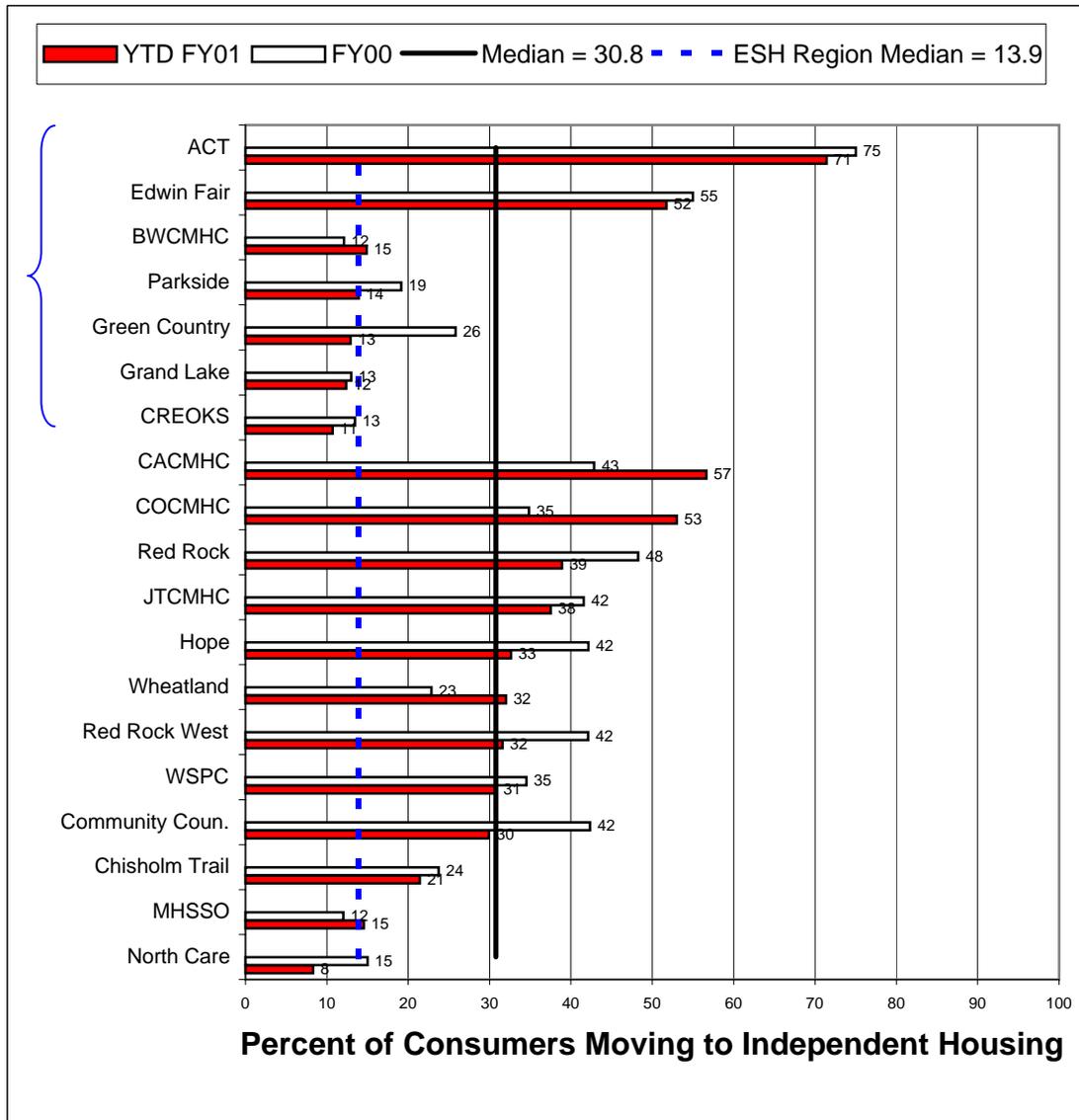
While the median percent of clients receiving a lower level of care within 14 days after structured emergency care was 58.6 and 59.7 percent (statewide and ESH region), the median percent of clients receiving hourly crisis services who are being seen within 14 days for the state was 72.7 percent and the ESH region was 79.5 percent (page 15). Further investigation may be needed to determine why clients receiving hourly crisis services are linked to less intensive treatment at a higher rate than those receiving structured emergency care.

Pages 17-44 illustrate service utilization in the ESH region and statewide by the average number of units of each service per client and the percent of clients receiving a particular service. For example, page 17 demonstrates that clients served in the ESH region have a slightly longer inpatient stay than the statewide median (8.5 days vs. 7.3 days), while page 19 shows the rate of ESH region clients receiving inpatient services is lower than the statewide median (6.0 percent vs. 8.9 percent). That is, fewer ESH region clients receive community-based inpatient, but those who do have a longer average length of stay.

Adult Consumers Moving to Independent Housing

Question: What percent of consumers move into independent housing while receiving treatment for the time period July 1, 2000, through March 31, 2001?

ESH Region

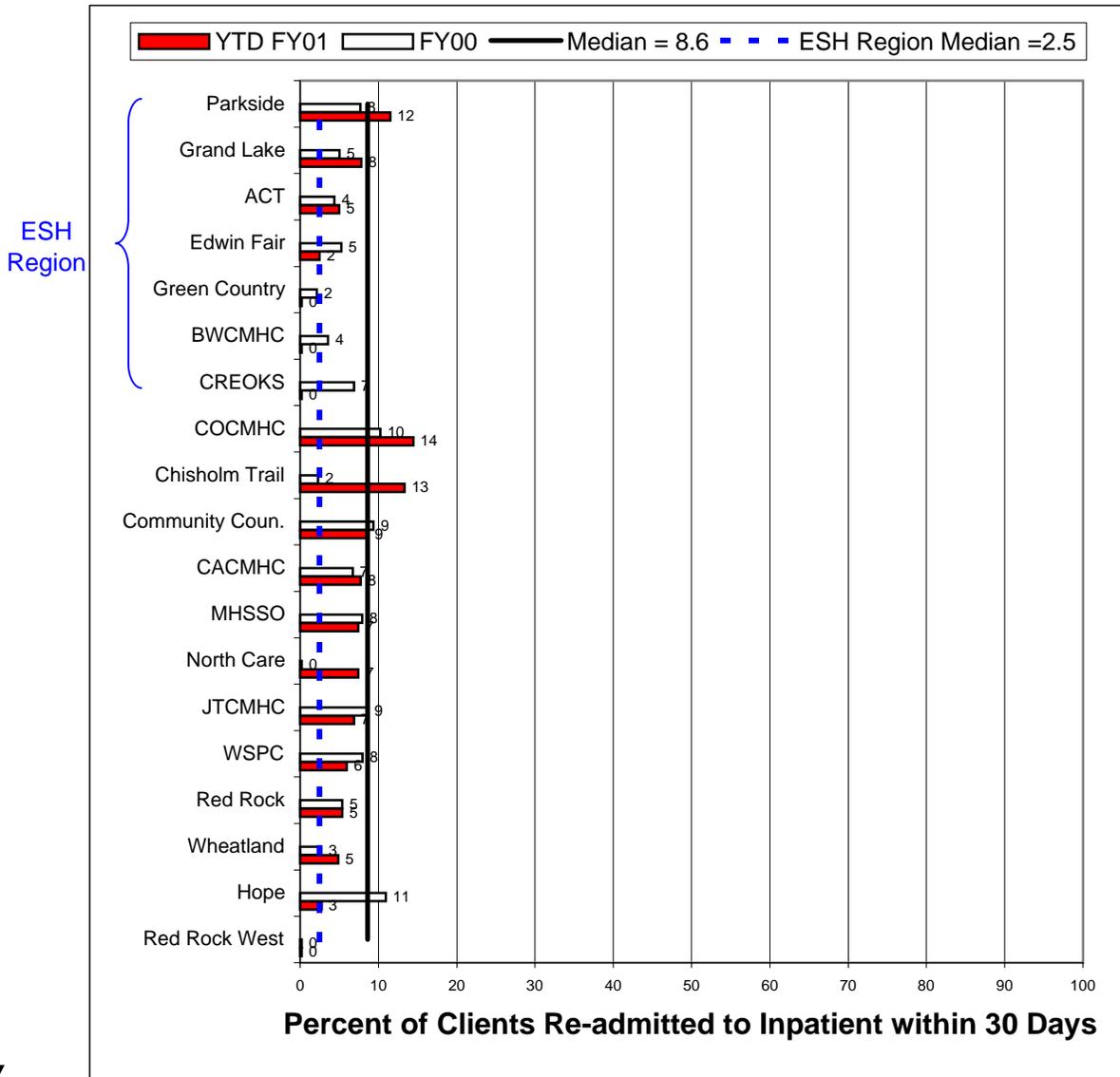


Answer: Of the clients (age 18 - 60) served in FY01 (YTD), 7.6% were not living in independent housing at admission. Of those, 30.8% moved to independent housing systemwide, varying from 8% to 71% among the 19 CMHCs. For the 6.5% of clients in the ESH region not living in independent housing at admission, 13.9% moved to independent housing, which varied from 11% to 71% among the seven CMHCs in the ESH Region.

Independent living includes private residence and supported living (see Definition pages). Only includes clients 18-60 years of age. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Inpatient Re-admissions within 30 Days

Question: What percent of consumers are discharged from an inpatient unit and re-admitted to inpatient treatment within 30 days of discharge for the time period July 1, 2000, through March 31, 2001?



Answer: The percent of consumers experiencing a re-admission within 30 days of discharge from inpatient treatment in FY01 (YTD) varied from 0% to 14% among the 19 CMHCs, with an overall state median of 8.6%. For the seven CMHCs in the ESH region, the percent of re-admissions varied from 0% to 12%, with a regional median of 2.5%.

Inpatient re-admissions includes both hospital and community-based inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Inpatient Re-admissions within 30 Days

Question: What percent of consumers are discharged from an inpatient unit and re-admitted to inpatient treatment within 30 days of discharge for the time period July 1, 2000, through March 31, 2001?

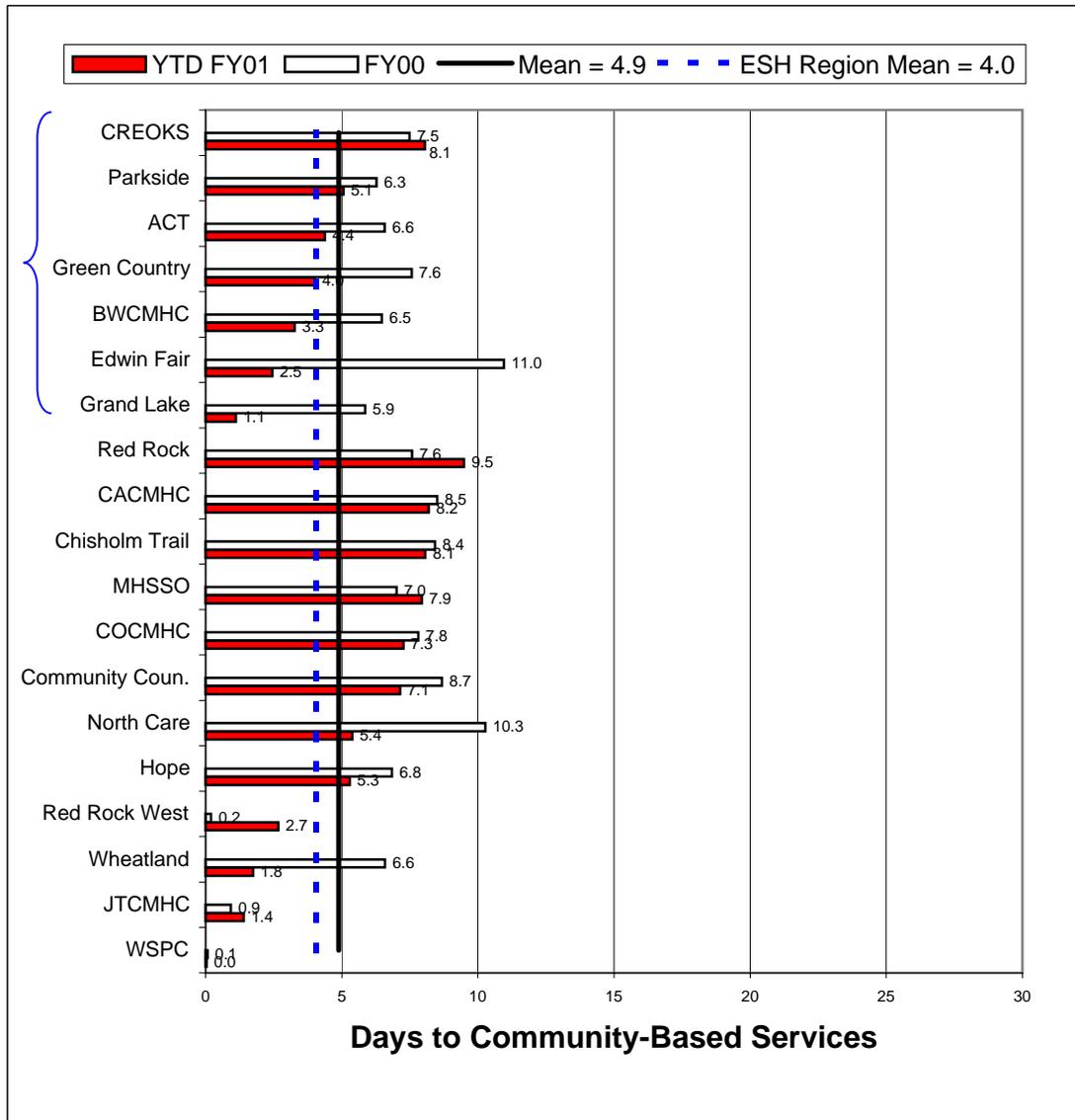
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Clients	Inpatient Discharges	Number re-admitted to Hospital or CMHC	Percent	Total Clients	Inpatient Discharges	Number re-admitted to Hospital or CMHC	Percent	Statewide Median	ESH Region Median
Parkside	4,236	455	35	7.7	3,705	451	52	11.5	8.6	2.5
Grand Lake	1,827	179	9	5.0	1,880	179	14	7.8		
ACT	616	23	1	4.3	559	20	1	5.0		
Edwin Fair	1,253	95	5	5.3	1,172	81	2	2.5		
Green Country	1,075	47	1	2.1	1,119	3	0	0.0		
BWCMHC	1,911	84	3	3.6	1,522	54	0	0.0		
CREOKS	731	102	7	6.9	816	28	0	0.0		
COCMHC	1,610	439	45	10.3	1,515	374	54	14.4		
Chisholm Trail	1,451	44	1	2.3	1,385	45	6	13.3		
Community Coun.	1,824	235	22	9.4	1,223	174	15	8.6		
CACMHC	2,271	476	32	6.7	2,269	375	29	7.7		
MHSSO	3,119	721	57	7.9	2,609	620	46	7.4		
North Care	1,222	88	0	0.0	997	81	6	7.4		
JTCMHC	2,922	245	21	8.6	2,602	218	15	6.9		
WSPC	2,099	188	15	8.0	1,881	151	9	6.0		
Red Rock	1,909	168	9	5.4	1,488	186	10	5.4		
Wheatland	786	74	2	2.7	805	144	7	4.9		
Hope	1,054	137	15	10.9	887	109	3	2.8		
Red Rock West	1,146	0	0	0.0	802	4	0	0.0		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Inpatient re-admissions includes both hospital and community-based inpatient services. Only non-forensic clients with a Planned Discharge are included.

Average Number of Days from Inpatient Discharge to Community-Based Services

Question: What is the average number of days from an inpatient discharge to community-based services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The average number of days from an inpatient discharge (hospital or community-based inpatient) to a community-based service in FY01 (YTD) varied from 0 to 9.5 days among the 19 CMHCs, with an overall state average of 4.9 days. For the seven CMHCs in the ESH region, the average number of days from discharge to a community-based service varied from 1.1 to 8.1, with a regional average of 4.0 days.

For this analysis, inpatient, detoxification, and crisis services are excluded from community-based services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Days from Inpatient Discharge to Community-Based Services

Question: What is the average number of days from an inpatient discharge to community-based services for the time period July 1, 2000, through March 31, 2001?

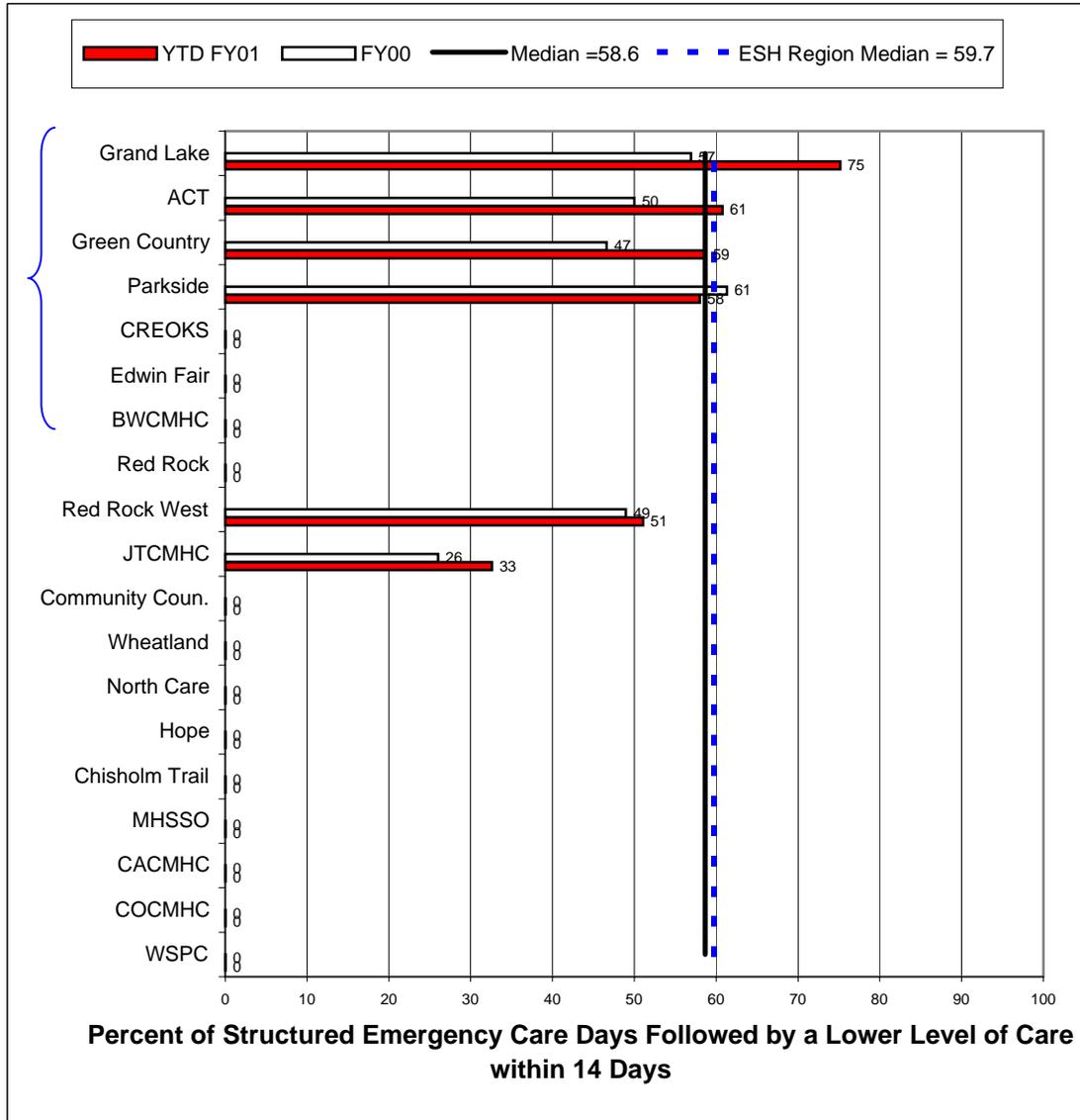
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from Inpatient Discharge to Follow-up	Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from Inpatient Discharge to Follow-up	Statewide Mean	ESH Region Mean
CREOKS	731	112	41	7.5	816	28	20	8.1	4.9	4.0
Parkside	4,236	494	336	6.3	3,705	451	361	5.1		
ACT	616	26	21	6.6	559	20	16	4.4		
Green Country	1,075	49	21	7.6	1,119	3	3	4.0		
BWCMHC	1,911	88	57	6.5	1,522	54	33	3.3		
Edwin Fair	1,253	103	48	11.0	1,172	81	55	2.5		
Grand Lake	1,827	198	112	5.9	1,880	179	175	1.1		
Red Rock	1,909	187	69	7.6	1,488	186	90	9.5		
CACMHC	2,271	492	398	8.5	2,269	375	294	8.2		
Chisholm Trail	1,451	47	19	8.4	1,385	45	27	8.1		
MHSSO	3,119	792	464	7.0	2,609	620	361	7.9		
COCMHC	1,610	489	286	7.8	1,515	374	233	7.3		
Community Coun.	1,824	258	95	8.7	1,223	174	71	7.1		
North Care	1,222	95	44	10.3	997	81	40	5.4		
Hope	1,054	151	73	6.8	887	109	56	5.3		
Red Rock West	1,146	0	0	0.2	802	4	3	2.7		
Wheatland	786	86	44	6.6	805	144	131	1.8		
JTCMHC	2,922	273	240	0.9	2,602	218	199	1.4		
WSPC	2,099	213	186	0.1	1,881	151	144	0.0		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included.

Structured Emergency Care Followed by a Lower Level of Care within 14 Days

Question: What percent of structured emergency care services are followed by a lower level of care within 14 days?

ESH Region



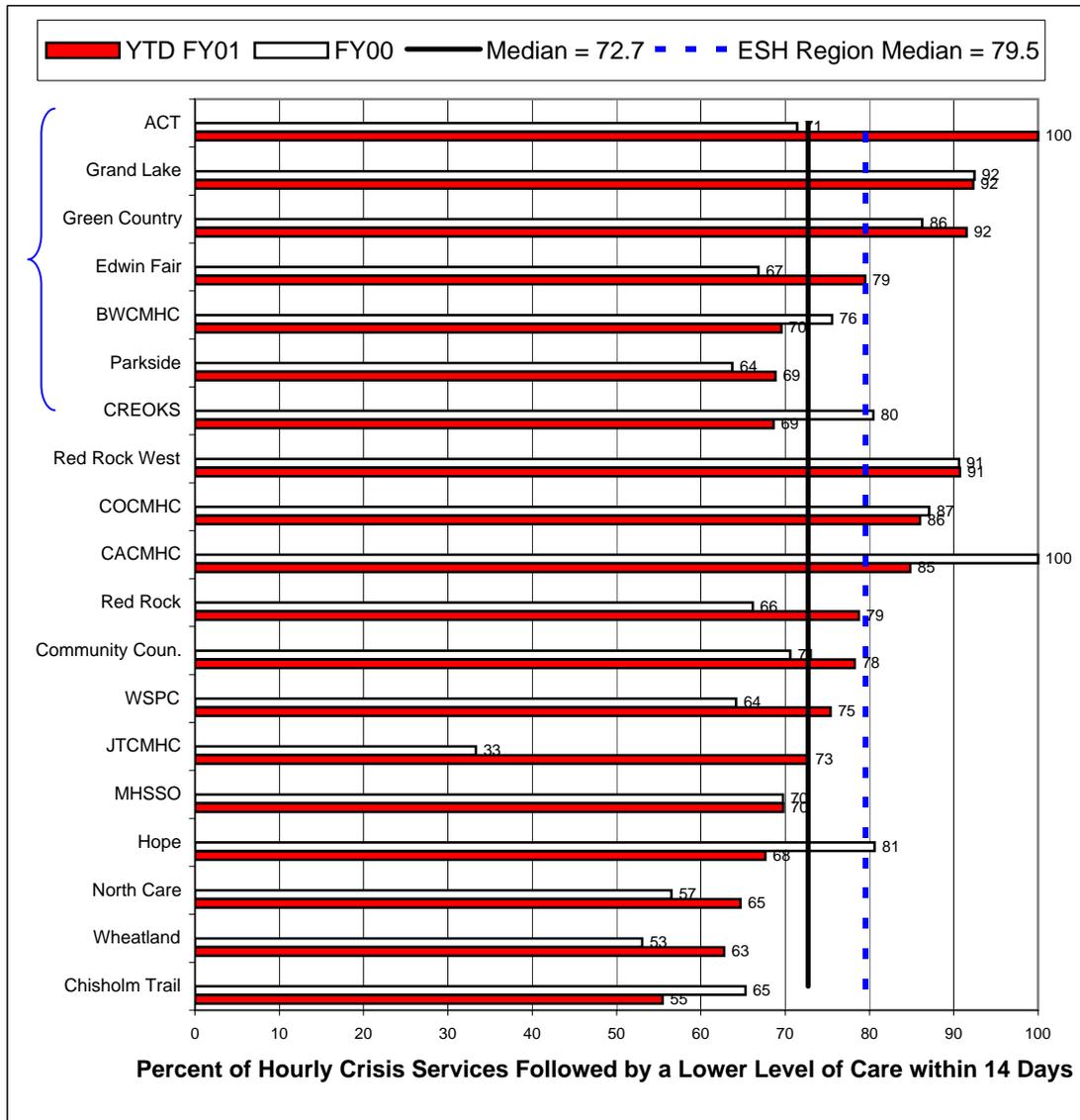
Answer: The percent of structured emergency care services followed by a lower level of care within 14 days varied from 33% to 75% among the six CMHCs which provided this service in FY01 (YTD), with an overall median of 58.6%. For the four CMHCs in the ESH region providing this service, the percent of structured emergency care services followed by a lower level of care within 14 days varied from 58% to 75%, with a regional median of 59.7%.

Refer to Definition pages for a description of structured emergency care services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Hourly Crisis Service Followed by a Lower Level of Care within 14 Days

Question: What percent of hourly crisis services are followed by a lower level of care within 14 days?

ESH Region



Answer: The percent of hourly crisis services followed by a lower level of care within 14 days varied from 55% to 100% among the 19 CMHCs in FY01 (YTD), with an overall median of 72.7%. For the seven CMHCs in the ESH region, the percent of hourly crisis services followed by a lower level of care within 14 days varied from 69% to 100% with a median of 79.5%.

Refer to Definition pages for a description of crisis services.
 For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Hourly Crisis Service Followed by a Lower Level of Care within 14 Days

Question: What percent of hourly crisis services are followed by a lower level of care within 14 days?

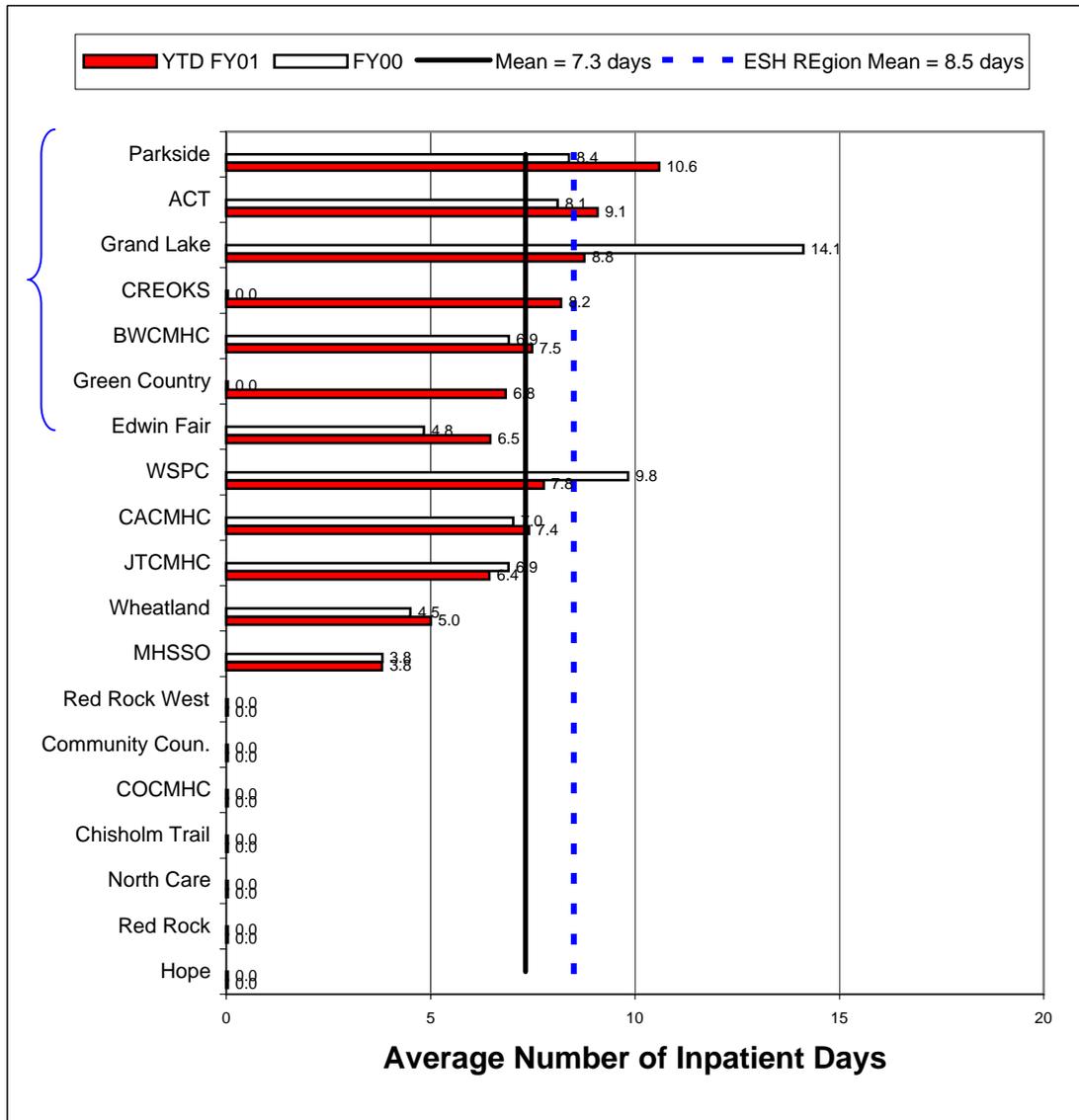
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Clients	Adults Receiving Hourly Crisis Services	Number with a lower level of care within 14 days	Percent	Total Clients	Adults Receiving Hourly Crisis Services	Number with a lower level of care within 14 days	Percent	Statewide Median	ESH Region Median
ACT	1,827	7	5	71.4	559	3	3	100.0	72.7	79.5
Grand Lake	1,075	676	625	92.5	1,880	494	456	92.3		
Green Country	1,253	182	157	86.3	1,119	130	119	91.5		
Edwin Fair	713	431	288	66.8	1,172	268	213	79.5		
BWCMHC	4,236	479	362	75.6	1,522	197	137	69.5		
Parkside	1,911	4,464	2,844	63.7	3,705	1,730	1,191	68.8		
CREOKS	616	128	103	80.5	816	102	70	68.6		
Red Rock West	1,146	597	541	90.6	802	313	284	90.7		
COCMHC	1,824	201	175	87.1	1,515	100	86	86.0		
CACMHC	1,610	1	1	100.0	2,269	33	28	84.8		
Red Rock	2,271	133	88	66.2	1,488	80	63	78.8		
Community Coun.	1,909	136	96	70.6	1,223	23	18	78.3		
WSPC	2,099	525	337	64.2	1,881	191	144	75.4		
JTCMHC	1,222	3	1	33.3	2,602	22	16	72.7		
MHSSO	2,922	777	542	69.8	2,609	407	284	69.8		
Hope	1,054	98	79	80.6	887	34	23	67.6		
North Care	786	23	13	56.5	997	17	11	64.7		
Wheatland	3,119	98	52	53.1	805	102	64	62.7		
Chisholm Trail	1,451	337	220	65.3	1,385	146	81	55.5		

Hourly Crisis Services included ICIS codes 120, 121, 123, 133, and 134. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Client must be active at a CMHC to be counted. Crisis Services for CACMHC incomplete for FY00.

Average Number of Community-Based Inpatient Days

Question: What is the average number of community-based inpatient days per month for clients receiving inpatient services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The average number of community-based inpatient days for clients receiving inpatient services in FY01 (YTD) is 6.7 days per month, varying from 3.8 to 10.6 days among 12 CMHCs, which provided or contracted for inpatient services. For the seven CMHCs in the ESH region, the average number of community-based inpatient days varied from 6.5 to 10.6, with a regional average of 8.5 days.

Agencies showing no inpatient days did not provide or contract for inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Community-Based Inpatient Days

Question: What is the average number of community-based inpatient days per month for clients receiving inpatient services for the time period July 1, 2000, through March 31, 2001?

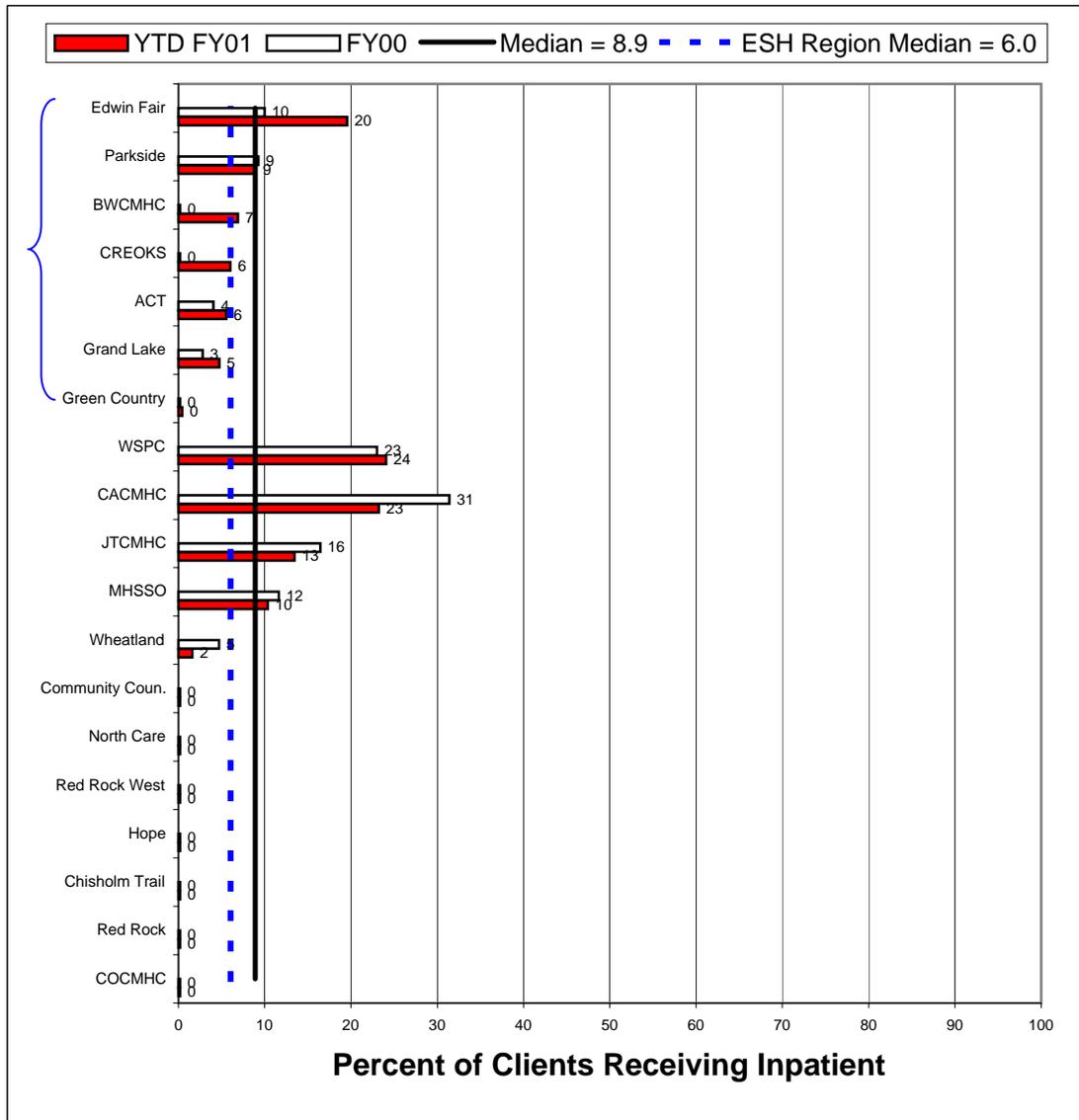
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Days Provided	Average Number of Clients Receiving service per month	Average Days provided per month	Average Number of Days Per Client	Total Days Provided	Average Number of Clients Receiving service per month	Average Days provided per month	Average Number of Days Per Client	Statewide Mean	ESH Region Mean
Parkside	5,011	49	418	8.4	6,201	59	620	10.6	7.3	8.5
ACT	322	6	54	8.1	438	5	49	9.1		
Grand Lake	710	11	142	14.1	1,157	14	129	8.8		
CREOKS	0	0	0	0.0	475	7	59	8.2		
BWCMHC	2,190	27	183	6.9	847	19	141	7.5		
Green Country	0	0	0	0.0	34	2	11	6.8		
Edwin Fair	710	13	59	4.8	2,280	33	228	6.5		
WSPC	7,566	65	629	9.8	5,056	73	562	7.8		
CACMHC	7,337	88	611	7.0	5,606	85	623	7.4		
JTCMHC	4,497	54	375	6.9	3,194	50	319	6.4		
Wheatland	185	5	21	4.5	95	3	16	5.0		
MHSSO	1,677	37	140	3.8	1,222	36	136	3.8		
Red Rock West	0	0	0	0.0	0	0	0	0.0		
Community Coun.	0	0	0	0.0	0	0	0	0.0		
COCMHC	0	0	0	0.0	0	0	0	0.0		
Chisholm Trail	0	0	0	0.0	0	0	0	0.0		
North Care	0	0	0	0.0	0	0	0	0.0		
Red Rock	0	0	0	0.0	0	0	0	0.0		
Hope	0	0	0	0.0	0	0	0	0.0		

Agencies showing no inpatient days did not provide or contract for inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Community-Based Inpatient Days

Question: What percent of clients are receiving community-based inpatient services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The percent of clients receiving community-based inpatient days in FY01 (YTD) varied from 0% to 24% among the 12 CMHCs, which provided or contracted for this service, with an overall median of 8.9%. For the seven CMHCs in the ESH region, the median percent of clients receiving community-based inpatient days varied from 0 to 20%, with a regional median of 6.0%.

Agencies showing no inpatient days did not provide or contract for inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Community-Based Inpatient Days

Question: What percent of clients are receiving community-based inpatient services for the time period July 1, 2000, through March 31, 2001?

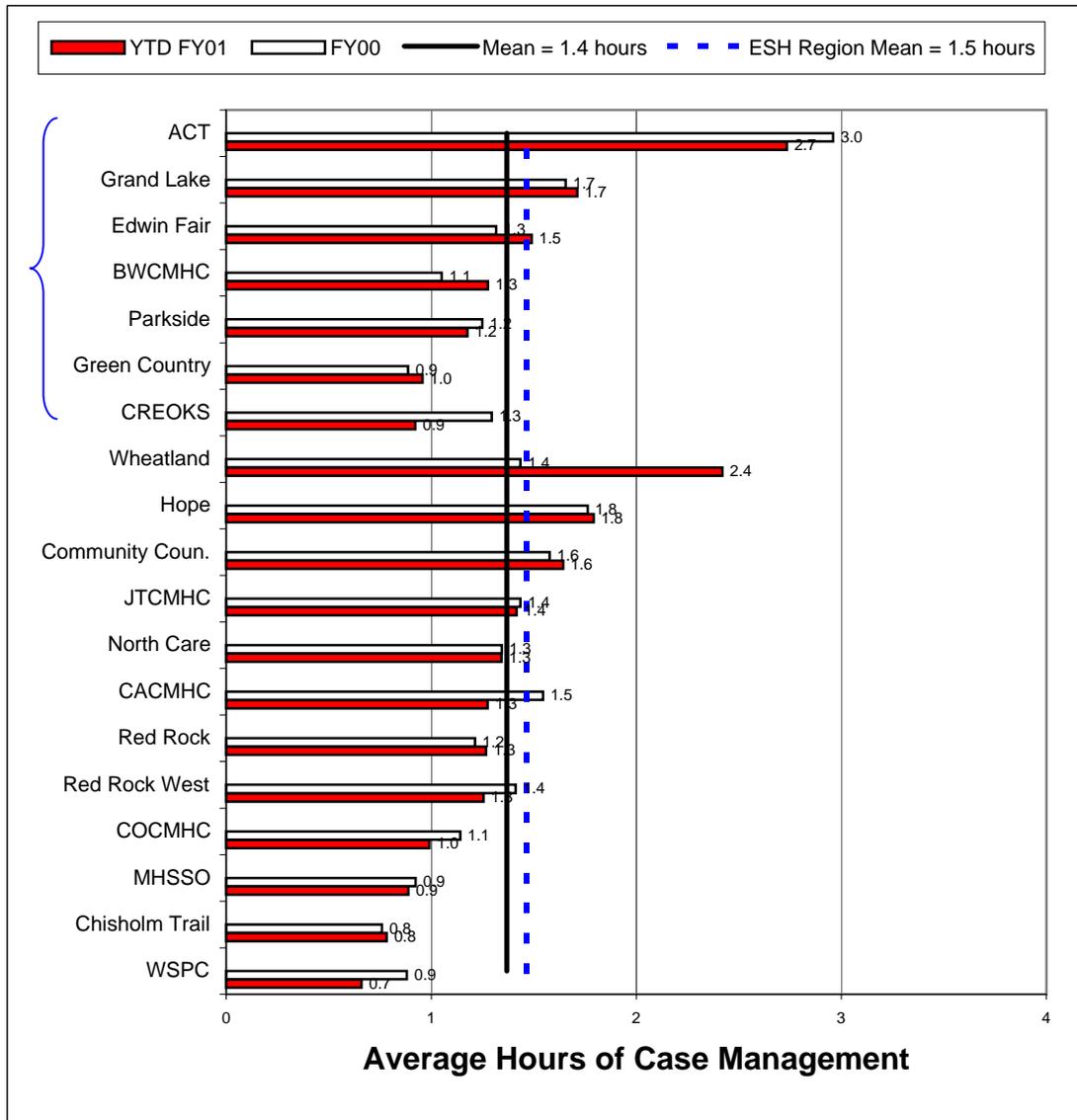
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
Edwin Fair	1,253	125	10.0	1,172	229	19.5	8.9	6.0
Parkside	4,236	393	9.3	3,705	330	8.9		
BWCMHC	1,911	0	0.2	1,522	105	6.9		
CREOKS	731	0	0.2	816	49	6.0		
ACT	616	25	4.1	559	31	5.5		
Grand Lake	1,827	51	0.0	1,880	89	4.7		
Green Country	1,075	0	0.0	1,119	5	0.4		
WSPC	2,099	483	23.0	1,881	453	24.1		
CACMHC	2,271	713	31.4	2,269	527	23.2		
JTGMHC	2,922	481	16.5	2,602	350	13.5		
MHSSO	3,119	363	11.6	2,609	270	10.3		
Wheatland	786	37	4.7	805	13	1.6		
Community Coun.	1,824	0	0.0	1,223	0	0.0		
North Care	1,222	0	0.0	997	0	0.0		
Red Rock West	1,146	0	0.0	802	0	0.0		
Hope	1,054	0	0.0	887	0	0.0		
Chisholm Trail	1,451	0	0.0	1,385	0	0.0		
Red Rock	1,909	0	0.0	1,488	0	0.0		
COCMHC	1,610	0	0.0	1,515	0	0.0		

Agencies showing no inpatient days did not provide or contract for inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Case Management Hours

Question: What is the average number of case management hours per month for clients receiving case management for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The average number of case management hours for clients receiving case management in FY01 (YTD) is 1.4 hours per month, and varied from .7 to 2.7 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of case management hours varied from .9 to 2.7 hours, with a regional average of 1.5 hours.

Case Management Hours include socialization, client education, client advocacy, resource skills development, case management, and intensive case management. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Case Management Hours

Question: What is the average number of case management hours per month for clients receiving case management for the time period July 1, 2000, through March 31, 2001?

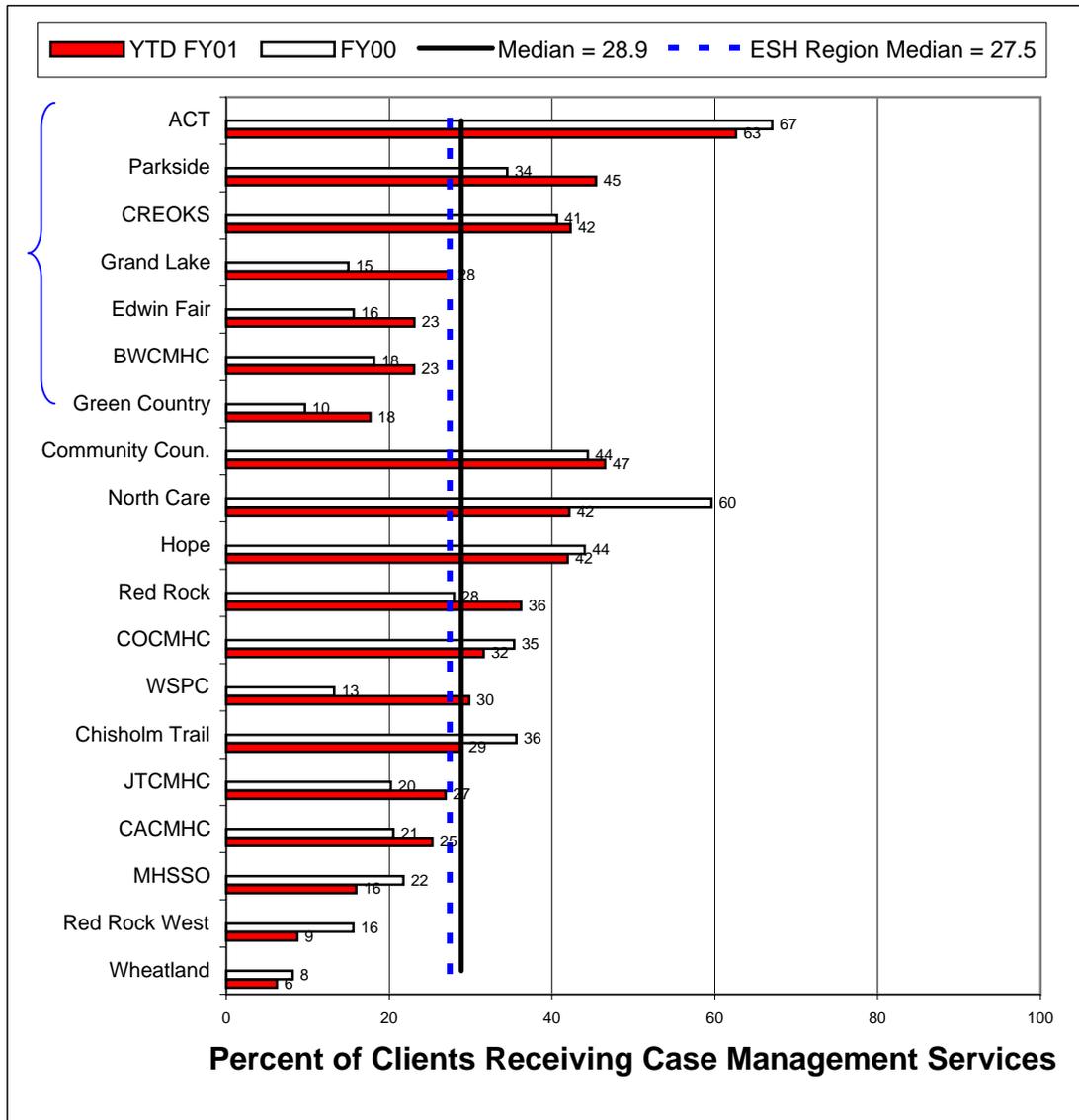
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Hours Provided	Average Number of Clients Receiving service per month	Average Number of Hours per Client	Total Hours Provided	Average Number of Clients Receiving service per month	Average Hours provided per month	Statewide Mean	ESH Region Mean
ACT	5,748	162	479	4,368	156	437	1.4	1.5
Grand Lake	824	46	82	2,521	146	252		
Edwin Fair	501	31	42	976	61	98		
BWCMHC	702	58	59	940	82	104		
Parkside	5,373	355	448	5,362	453	536		
Green Country	135	12	11	307	29	31		
CREOKS	1,272	81	106	821	88	82		
Wheatland	314	25	39	346	19	35		
Hope	2,554	122	213	1,766	96	177		
Community Coun.	4,649	249	387	3,116	186	312		
JTCMHC	3,474	200	289	3,078	214	308		
North Care	3,026	189	252	1,253	106	139		
CACMHC	1,802	105	150	1,619	140	180		
Red Rock	1,413	97	118	1,961	152	196		
Red Rock West	623	36	52	231	19	26		
COCMHC	1,662	119	139	1,055	117	117		
MHSSO	1,012	90	84	566	69	63		
Chisholm Trail	1,076	120	90	712	90	71		
WSPC	541	57	45	757	131	84		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Case Management Hours include socialization, client education, client advocacy, resource skills development, case management, and intensive case management.

Percent of Clients Receiving Case Management

Question: What percent of clients are receiving case management for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The percent of clients receiving case management in FY01 (YTD) varied from 6% to 63% among the 19 CMHCs, with an overall median of 28.9%. For the seven CMHCs in the ESH region, the percent of clients receiving case management varied from 18% to 63%, with a regional median of 27.5%.

Case Management Hours include socialization, client education, client advocacy, resource skills development, case management, and intensive case management. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Case Management

Question: What percent of clients are receiving case management for the time period July 1, 2000, through March 31, 2001?

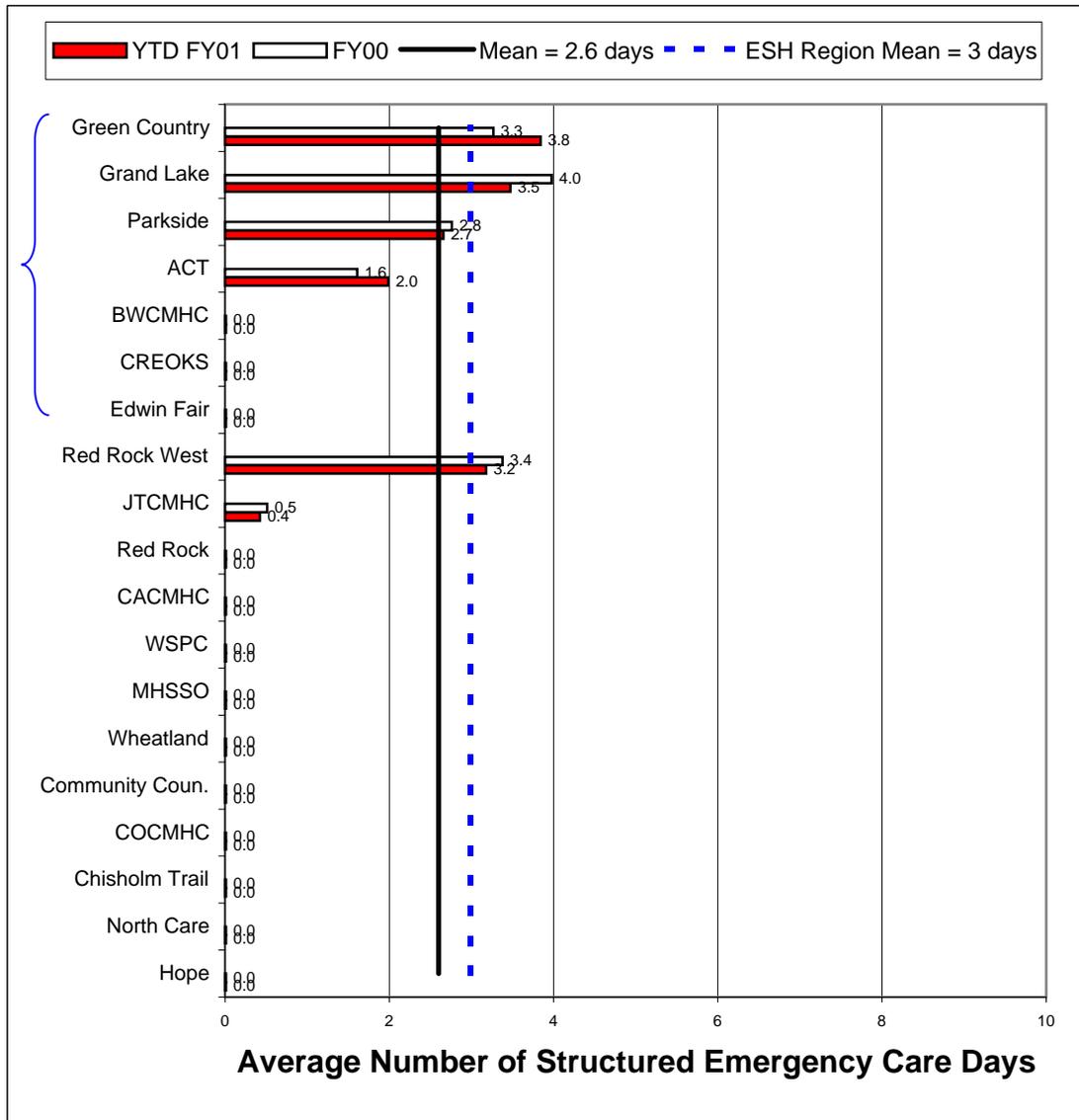
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
ACT	616	413	67.0	559	350	62.6	28.9	27.5
Parkside	4,236	1,461	34.5	3,705	1,682	45.4		
CREOKS	731	297	40.6	816	345	42.3		
Grand Lake	1,827	274	15.0	1,880	517	27.5		
Edwin Fair	1,253	196	15.6	1,172	271	23.1		
BWCMHC	1,911	347	18.2	1,522	351	23.1		
Green County	1,075	104	9.7	1,119	198	17.7		
Community Coun.	1,824	810	44.4	1,223	569	46.5		
North Care	1,222	728	59.6	997	420	42.1		
Hope	1,054	464	44.0	887	372	41.9		
Red Rock	1,909	534	28.0	1,488	539	36.2		
COCMHC	1,610	569	35.3	1,515	479	31.6		
WSPC	2,099	278	13.2	1,881	561	29.8		
Chisholm Trail	1,451	517	35.6	1,385	400	28.9		
JTCMHC	2,922	591	20.2	2,602	701	26.9		
CACMHC	2,271	466	20.5	2,269	574	25.3		
MHSSO	3,119	679	21.8	2,609	416	15.9		
Red Rock West	1,146	179	15.6	802	70	8.7		
Wheatland	786	64	8.1	805	50	6.2		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Case Management Hours include socialization, client education, client advocacy, resource skills development, case management, and intensive case management.

Average Number of Structured Emergency Care Days

Question: What is the average number of structured emergency care days per month for clients receiving this service for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: For the six CMHCs, which provided or contracted for structured emergency care day services in FY01 YTD), the average number of days for clients receiving this service is 2.6 days per month, varying from .4 to 3.8 days. For the four CMHCs in the ESH region, the average number of structured emergency care days varied from 2 to 3.8 days, with a regional average of 3 days.

Refer to the Definition pages for a description of structured emergency care services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Structured Emergency Care Days

Question: What is the average number of structured emergency care days per month for clients receiving this service for the time period July 1, 2000, through March 31, 2001?

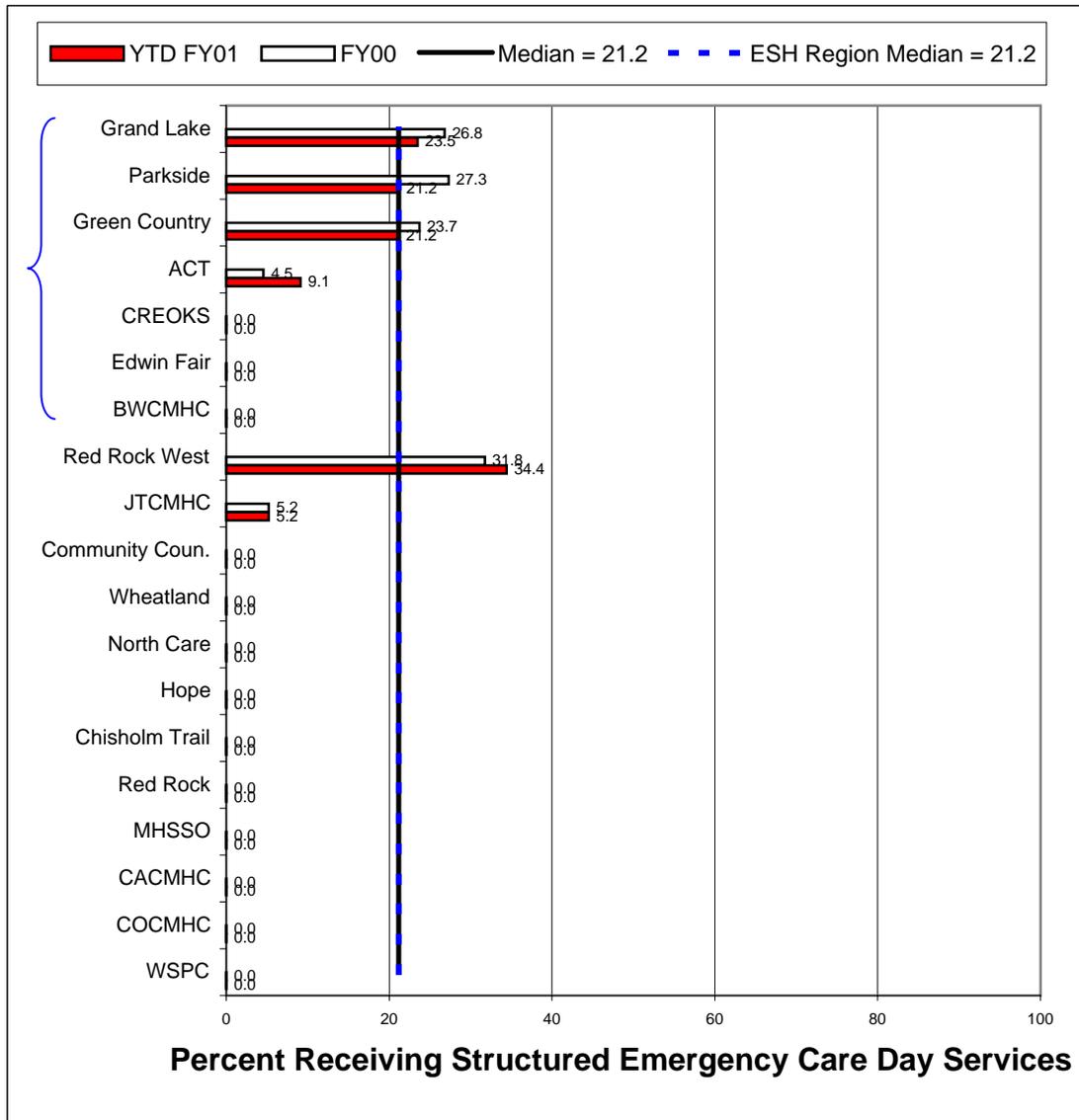
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Days Provided	Average Number of Clients Receiving service per month	Average Days provided per month	Average Number of Days Per Client	Total Days Provided	Average Number of Clients Receiving service per month	Average Days provided per month	Average Number of Days Per Client	Statewide Mean	ESH Region Mean
Green Country	1,060	27	88	3.3	1,216	31	122	3.8	2.6	3.0
Grand Lake	2,276	48	190	4.0	1,959	57	196	3.5		
Parkside	4,431	134	369	2.8	2,962	111	296	2.7		
ACT	57	5	10	1.6	127	8	16	2.0		
BWCMHC	0	0	0	0.0	0	0	0	0.0		
CREOKS	0	0	0	0.0	0	0	0	0.0		
Edwin Fair	0	0	0	0.0	0	0	0	0.0		
Red Rock West	1,718	42	143	3.4	1,257	44	140	3.2		
JTCMHC	86	14	7	0.5	57	14	6	0.4		
Red Rock	0	0	0	0.0	0	0	0	0.0		
CACMHC	0	0	0	0.0	0	0	0	0.0		
WSPC	0	0	0	0.0	0	0	0	0.0		
MHSSO	0	0	0	0.0	0	0	0	0.0		
Wheatland	0	0	0	0.0	0	0	0	0.0		
Community Coun.	0	0	0	0.0	0	0	0	0.0		
COCMHC	0	0	0	0.0	0	0	0	0.0		
Chisholm Trail	0	0	0	0.0	0	0	0	0.0		
North Care	0	0	0	0.0	0	0	0	0.0		
Hope	0	0	0	0.0	0	0	0	0.0		

Not all CMHCs are contracted to provide crisis days services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Crisis Day service includes ICIS code 002E - Structure Crisis Emergency Care.

Percent of Clients Receiving Structured Emergency Care Day Services

Question: What percent of clients are receiving structured emergency care day services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The percent of clients receiving structured emergency care day services in FY01 (YTD) varied from 5.2% to 34.4% among the six CMHCs, which provided or contracted for this service, with an overall median of 21.2%. For the four CMHCs in the ESH region, the percent of clients receiving structured emergency care day services varied from 9.1% to 23.5%, with a regional median of 21.2%.

Refer to the Definition pages for a description of structured emergency care services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Structured Emergency Care Day Services

Question: What percent of clients are receiving structured emergency care day services for the time period July 1, 2000, through March 31, 2001?

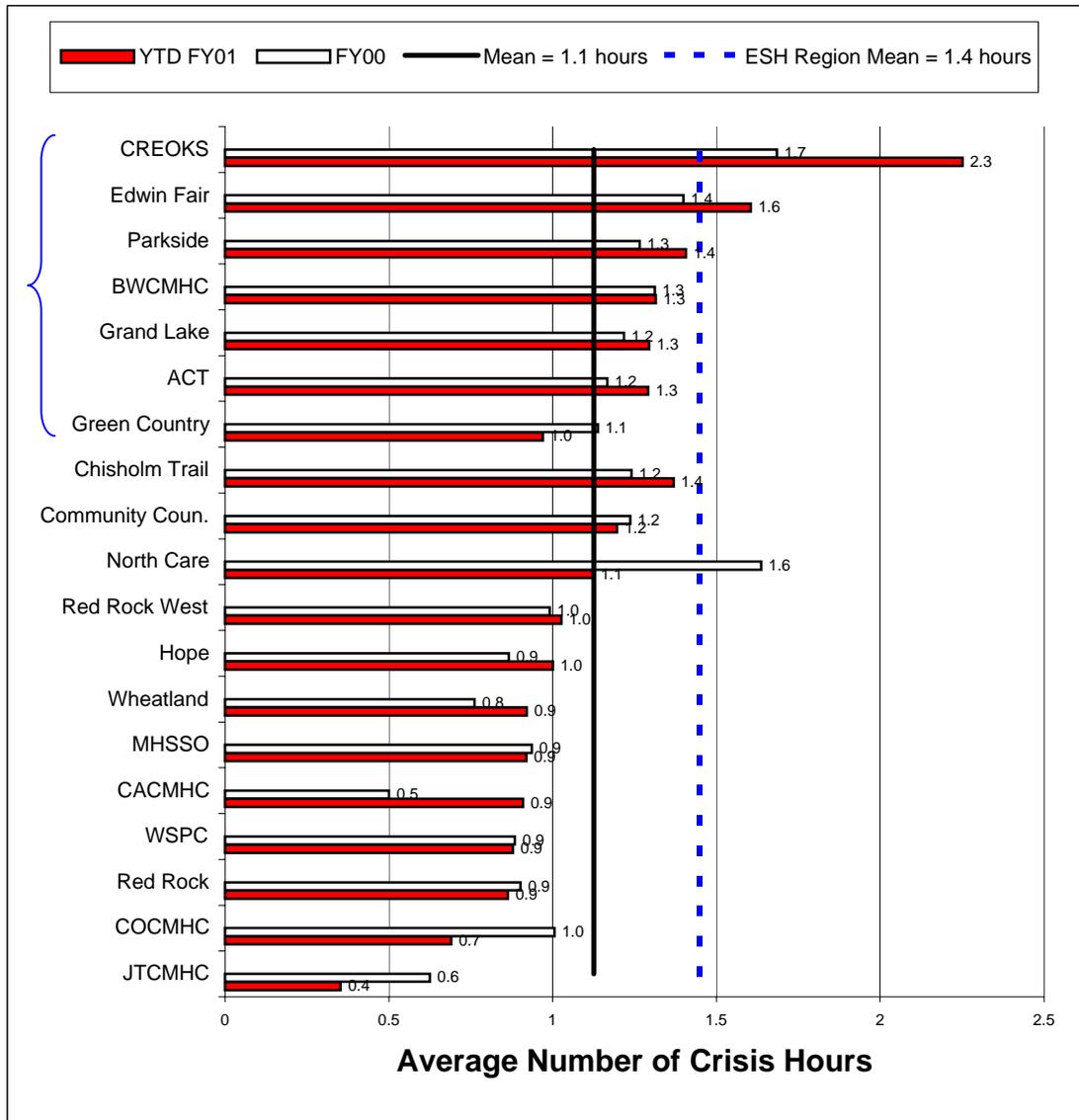
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
Grand Lake	1,827	490	26.8	1,880	442	23.5	21.2	21.2
Parkside	4,236	1,157	27.3	3,705	786	21.2		
Green Country	1,075	255	23.7	1,119	237	21.2		
ACT	616	28	4.5	559	51	9.1		
CREOKS	731	0	0.0	816	0	0.0		
Edwin Fair	1,253	0	0.0	1,172	0	0.0		
BWCMHC	1,911	0	0.0	1,522	0	0.0		
Red Rock West	1,146	364	31.8	802	276	34.4		
JTCMHC	2,922	152	5.2	2,602	136	5.2		
Community Coun.	1,824	0	0.0	1,223	0	0.0		
Wheatland	786	0	0.0	805	0	0.0		
North Care	1,222	0	0.0	997	0	0.0		
Hope	1,054	0	0.0	887	0	0.0		
Chisholm Trail	1,451	0	0.0	1,385	0	0.0		
Red Rock	1,909	0	0.0	1,488	0	0.0		
MHSSO	3,119	0	0.0	2,609	0	0.0		
CACMHC	2,271	0	0.0	2,269	0	0.0		
COCMHC	1,610	0	0.0	1,515	0	0.0		
WSPC	2,099	0	0.0	1,881	0	0.0		

Not all CMHCs are contracted to provide crisis days services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Crisis Day service includes ICS code 002E - Structure Crisis Emergency Care.

Average Number of Crisis Hours

Question: What is the average number of crisis hours per month for clients receiving hourly crisis services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The average number of crisis hours for clients receiving hourly crisis services in FY01 (YTD) is 1.1 hours per month, varying from .4 to 2.3 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of crisis hours varied from 1.0 to 2.3 hours, with a regional average of 1.4 hours.

Refer to the Definition pages for a description of crisis services.
 For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Crisis Hours

Question: What is the average number of crisis hours per month for clients receiving hourly crisis services for the time period July 1, 2000, through March 31, 2001?

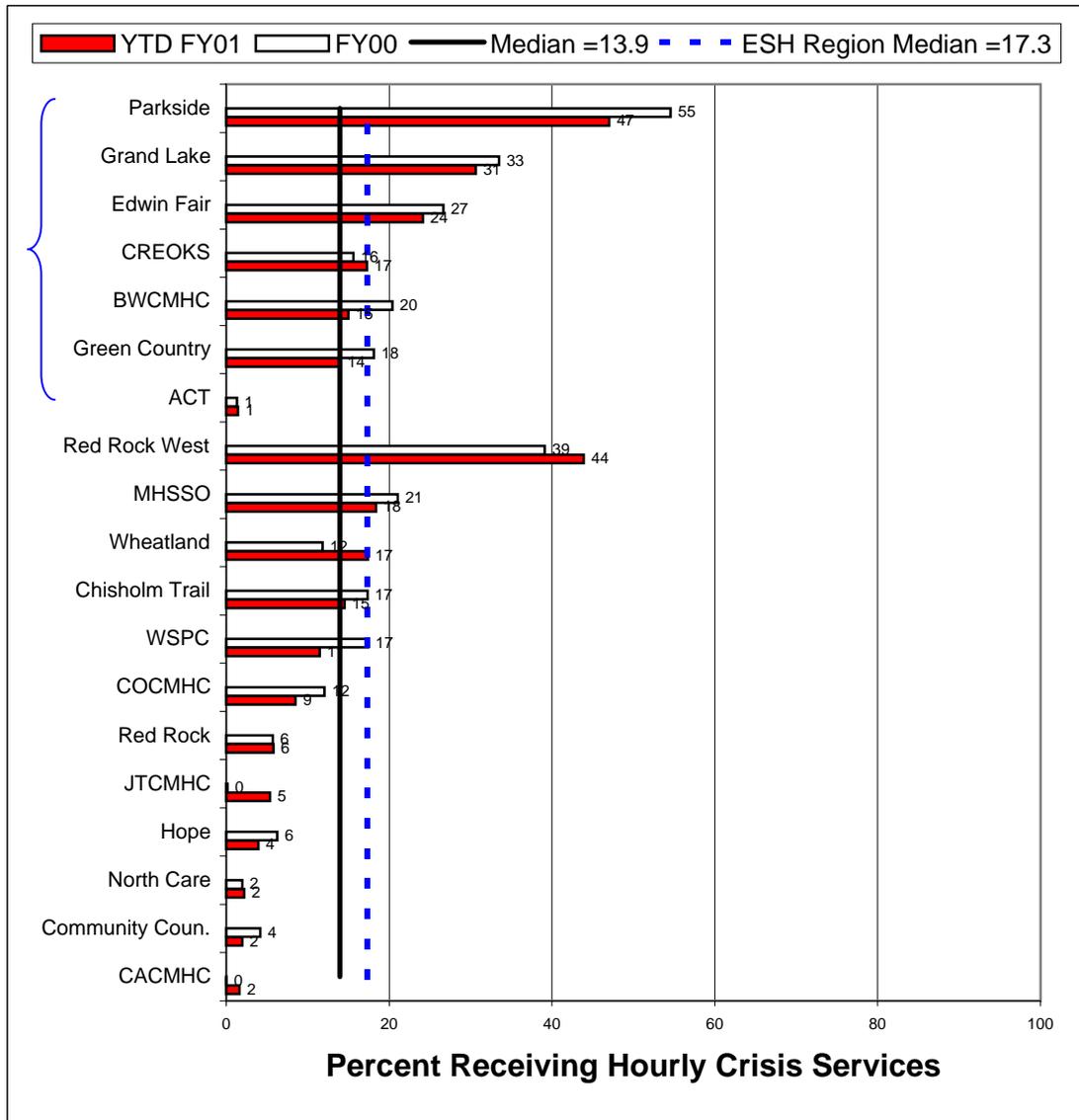
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Hours Provided	Average Number of Clients	Receiving Average Hours service per month	Average Number of Hours Per Client	Total Hours Provided	Average Number of Clients	Receiving Average Hours service per month	Average Number of Hours Per Client	Statewide Mean	ESH Region Mean
CREOKS	249	12	21	1.7	348	17	35	2.3	1.1	1.4
Edwin Fair	639	38	53	1.4	523	36	58	1.6		
Parkside	4,639	306	387	1.3	3,842	271	384	1.4		
BWCMHC	673	44	56	1.3	420	36	47	1.3		
Grand Lake	967	66	81	1.2	921	71	92	1.3		
ACT	12	2	2	1.2	10	1	2	1.3		
Green Country	256	19	21	1.1	183	19	18	1.0		
Chisholm Trail	423	29	35	1.2	365	27	36	1.4		
Community Coun.	126	9	11	1.2	36	3	4	1.2		
North Care	45	3	4	1.6	31	3	3	1.1		
Red Rock West	642	54	54	1.0	520	56	58	1.0		
Hope	66	6	5	0.9	41	4	5	1.0		
Wheatland	96	10	8	0.8	152	17	15	0.9		
MHSSO	802	71	67	0.9	553	67	61	0.9		
CACMHC	1	1	1	0.5	37	10	9	0.9		
WSPC	445	42	37	0.9	238	30	26	0.9		
Red Rock	116	11	10	0.9	97	11	10	0.9		
COCMHC	249	20	21	1.0	103	17	11	0.7		
JTCMHC	3	1	1	0.6	51	18	6	0.4		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Crisis Services included ICIS codes 120, 121, 123, 133, and 134. Crisis Services for CACMHC incomplete for FY00.

Percent of Clients Receiving Hourly Crisis Services

Question: What percent of clients are receiving hourly crisis services for the time period July 1, 2000, through March 31, 2001?

ESH Region



Answer: The percent of clients receiving hourly crisis services in FY01 (YTD) varied from 1% to 47% among the 19 CMHCs, with an overall median of 13.9%. For the seven CMHCs in the ESH region, the percent of clients receiving hourly crisis services varied from 1% to 47%, with a regional median of 17.3%.

Refer to the Definition pages for a description of crisis services.
 For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Hourly Crisis Services

Question: What percent of clients are receiving hourly crisis services for the time period July 1, 2000, through March 31, 2001?

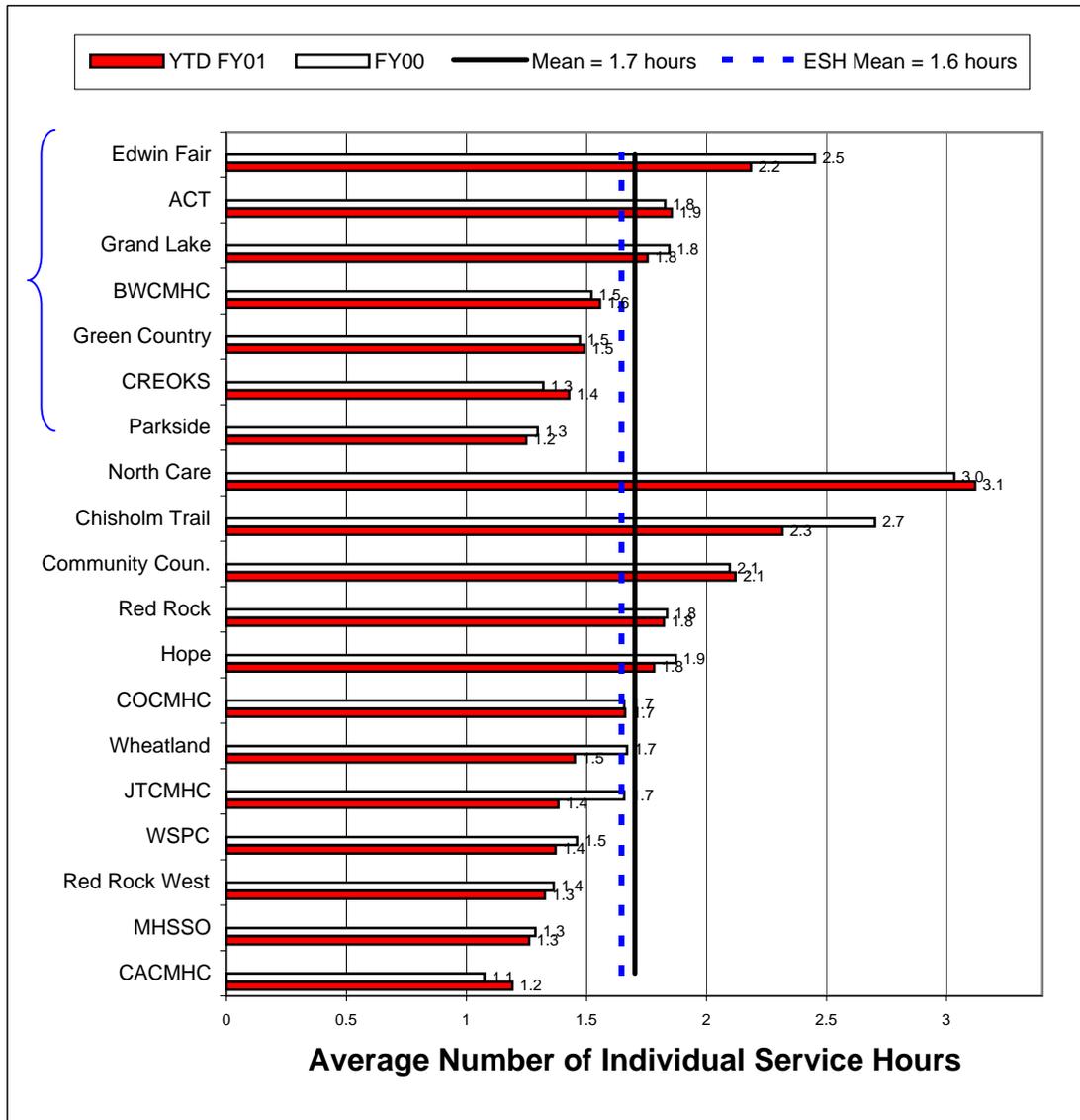
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
Parkside	4,236	2,311	54.6	3,705	1,742	47.0	13.9	17.3
Grand Lake	1,827	612	33.5	1,880	576	30.6		
Edwin Fair	1,253	334	26.7	1,172	283	24.1		
CREOKS	731	114	15.6	816	141	17.3		
BWCMHC	1,911	390	20.4	1,522	228	15.0		
Green Country	1,075	195	18.1	1,119	156	13.9		
ACT	616	8	1.3	559	8	1.4		
Red Rock West	1,146	448	39.1	802	352	43.9		
MHSSO	3,119	657	21.1	2,609	480	18.4		
Wheatland	786	93	11.8	805	140	17.4		
Chisholm Trail	1,451	252	17.4	1,385	201	14.5		
WSPC	2,099	366	17.4	1,881	216	11.5		
COCMHC	1,610	194	12.0	1,515	129	8.5		
Red Rock	1,909	109	5.7	1,488	86	5.8		
JTCMHC	2,922	4	0.1	2,602	140	5.4		
Hope	1,054	66	6.3	887	35	3.9		
North Care	1,222	24	2.0	997	22	2.2		
Community Coun.	1,824	76	4.2	1,223	24	2.0		
CACMHC	2,271	1	0.0	2,269	37	1.6		

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Crisis Services included ICIS codes 120, 121, 123, 133, and 134. Crisis Services for CACMHC incomplete for FY00.

Average Number of Individual Services

Question: What is the average number of individual service hours per month for clients receiving individual services?

ESH Region



Answer: The average number of individualized service hours for clients receiving individual services in FY01 (YTD) is 1.7 hours per month, varying from 1.2 to 3.1 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of individual service hours varied from 1.2 to 2.2 hours, with a regional average of 1.6 hours.

Individual services include individual counseling and individual rehabilitation. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Individual Services

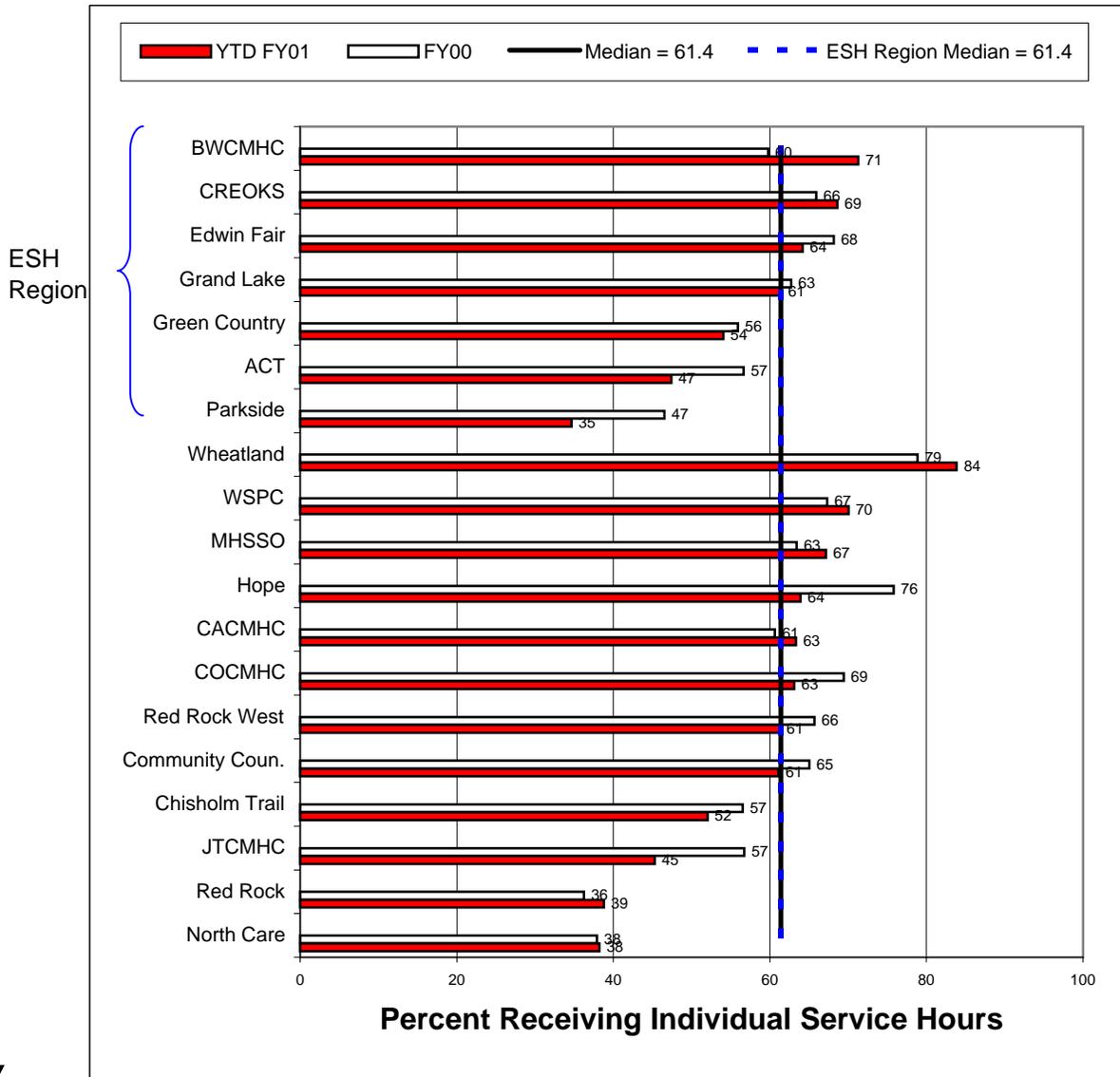
Question: What is the average number of individual service hours per month for clients receiving individual services?

Agency	FY00				First Three Quarters of FY01				FY01	
	Total Hours Provided	Average Number of Clients	Receiving service per month	Average Hours provided per month	Average Number of Clients	Receiving service per month	Average Hours provided per month	Average Number of Hours Per Client	Statewide Mean	ESH Region Mean
Edwin Fair	10,309	349	859	2.5	5,199	230	520	2.2	1.7	1.6
ACT	1,837	84	153	1.8	1,154	61	115	1.9		
Grand Lake	7,142	320	595	1.8	7,617	430	762	1.8		
BWCMHC	6,705	364	559	1.5	5,892	418	655	1.6		
Green Country	3,321	186	277	1.5	3,138	206	314	1.5		
CREOKS	2,167	136	181	1.3	2,540	176	254	1.4		
Parkside	7,866	505	655	1.3	4,823	383	482	1.2		
North Care	6,091	169	508	3.0	4,345	156	483	3.1		
Chisholm Trail	7,141	230	595	2.7	5,905	242	591	2.3		
Community Coun.	9,571	380	798	2.1	6,268	292	627	2.1		
Red Rock	4,129	189	344	1.8	2,819	154	282	1.8		
Hope	6,035	272	503	1.9	3,221	173	322	1.8		
COCMHC	7,127	357	594	1.7	5,816	388	646	1.7		
Wheatland	4,723	236	394	1.7	3,612	244	361	1.5		
JTCMHC	7,460	375	622	1.7	4,331	305	433	1.4		
WSPC	5,987	341	499	1.5	4,716	380	524	1.4		
Red Rock West	3,887	238	324	1.4	2,197	183	244	1.3		
MHSSO	8,481	548	707	1.3	6,557	574	729	1.3		
CACMHC	5,688	441	474	1.1	5,396	499	600	1.2		

Individualized services include individual counseling and individual rehabilitative treatment. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Individual Services

Question: What percent of clients receive individual services?



Answer: The percent of clients receiving individual services in FY01 (YTD) varied from 35% to 84% among the 19 CMHCs, with an overall median of 61.4%. For the seven CMHCs in the ESH region, the percent of clients receiving individual services varied from 35% to 71%, with a regional median of 61.4%.

Refer to the Definition pages for a description of individual services.
 For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Individual Services

Question: What percent of clients receive individual services?

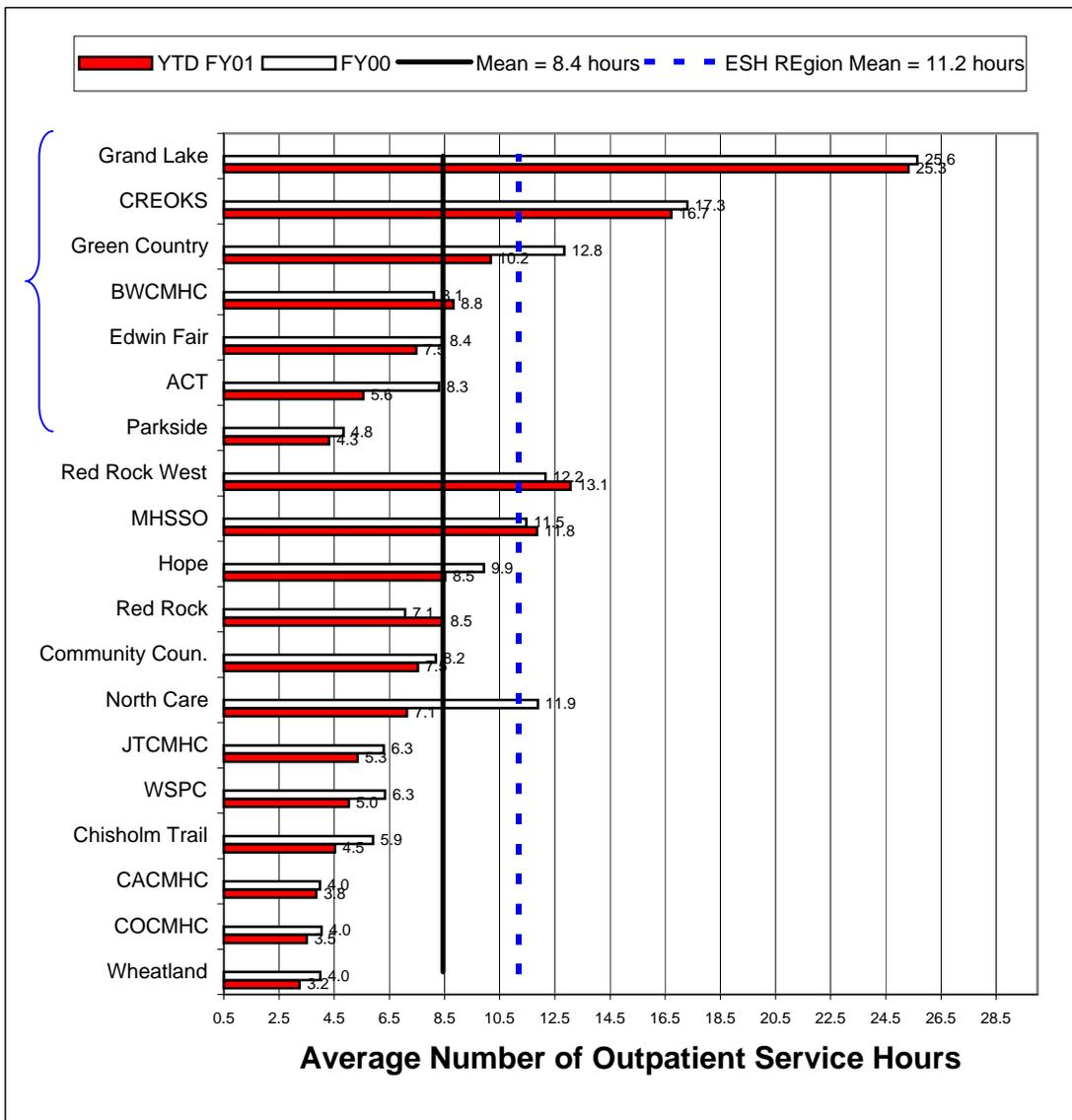
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
BWCMHC	1,911	1,142	59.8	1,522	1,085	71.3	61.4	61.4
CREOKS	731	482	65.9	816	560	68.6		
Edwin Fair	1,253	854	68.2	1,172	752	64.2		
Grand Lake	1,827	1,146	62.7	1,880	1,154	61.4		
Green Country	1,075	601	55.9	1,119	605	54.1		
ACT	616	349	56.7	559	265	47.4		
Parkside	4,236	1,971	46.5	3,705	1,284	34.7		
Wheatland	786	620	78.9	805	675	83.9		
WSPC	2,099	1,413	67.3	1,881	1,318	70.1		
MHSSO	3,119	1,978	63.4	2,609	1,752	67.2		
Hope	1,054	799	75.8	887	567	63.9		
CACMHC	2,271	1,377	60.6	2,269	1,437	63.3		
COCMHC	1,610	1,118	69.4	1,515	956	63.1		
Red Rock West	1,146	753	65.7	802	491	61.2		
Community Coun.	1,824	1,186	65.0	1,223	747	61.1		
Chisholm Trail	1,451	820	56.5	1,385	721	52.1		
JTCMHC	2,922	1,658	56.7	2,602	1,178	45.3		
Red Rock	1,909	692	36.2	1,488	577	38.8		
North Care	1,222	463	37.9	997	381	38.2		

Individual services include individual counseling and individual rehabilitative treatment. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Outpatient Hours

Question: What is the average number of outpatient hours per month for clients receiving outpatient services?

ESH Region



Answer: The average number of outpatient hours for all clients receiving services in FY01 (YTD) is 7.5 hours per month, and varied from 3.2 to 25.3 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of outpatient hours varied from 4.3 to 25.3, with a regional average of 11.2 hours.

Outpatient services exclude inpatient, residential, community living, crisis and outreach services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Outpatient Hours

Question: What is the average number of outpatient hours per month for clients receiving outpatient services?

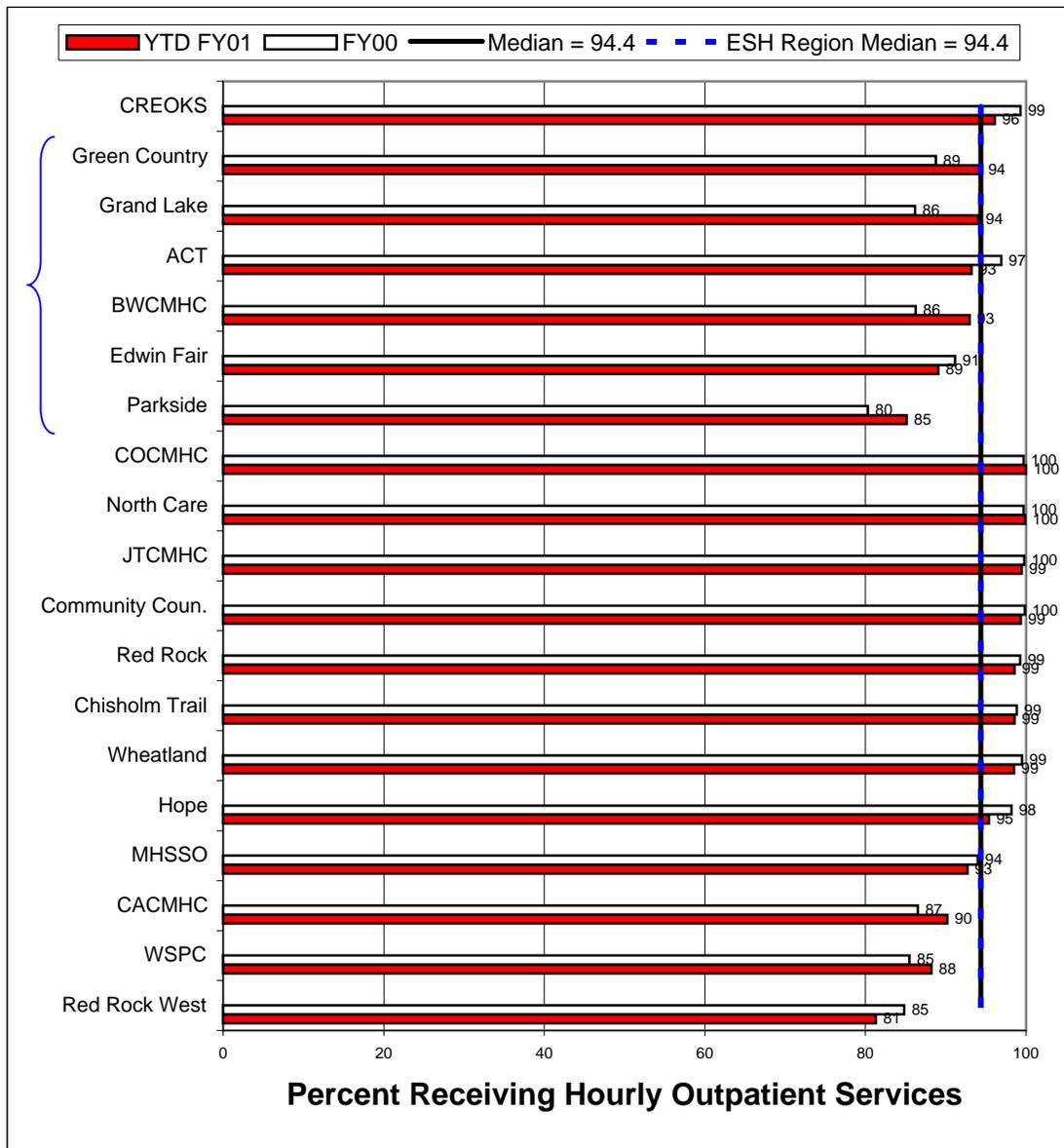
Agency	FY00				First Three Quarters of FY01				FY01	
	Total Hours Provided	Average Number of Clients	Receiving service per month	Average Hours provided per month	Average Number of Clients	Receiving service per month	Average Hours provided per month	Average Number of Hours Per Client	Statewide Mean	ESH Region Mean
Grand Lake	240,292	766	20,024	25.6	257,861	1,011	25,786	25.3	8.4	11.2
CREOKS	67,241	324	5,603	17.3	59,206	350	5,921	16.7		
Green Country	57,213	375	4,768	12.8	48,861	471	4,886	10.2		
BWCMHC	74,259	760	6,188	8.1	61,717	776	6,858	8.8		
Edwin Fair	51,080	506	4,257	8.4	28,736	368	2,874	7.5		
ACT	25,779	259	2,148	8.3	13,636	241	1,364	5.6		
Parkside	71,933	1,235	5,994	4.8	53,252	1,219	5,325	4.3		
Red Rock West	60,581	418	5,048	12.2	41,435	352	4,604	13.1		
MHSSO	152,125	1,102	12,677	11.5	112,421	1,034	12,491	11.8		
Hope	54,598	460	4,550	9.9	31,736	359	3,174	8.5		
Red Rock	60,041	714	5,003	7.1	54,983	644	5,498	8.5		
Community Coun.	79,853	805	6,654	8.2	46,865	618	4,687	7.5		
North Care	69,738	480	5,812	11.9	26,698	415	2,966	7.1		
JTCMHC	68,736	910	5,728	6.3	47,098	863	4,710	5.3		
WSPC	43,808	577	3,651	6.3	29,433	653	3,270	5.0		
Chisholm Trail	34,950	515	2,912	5.9	25,160	528	2,516	4.5		
CACMHC	56,334	1,178	4,695	4.0	44,919	1,285	4,991	3.8		
COCMHC	43,098	892	3,592	4.0	28,417	898	3,157	3.5		
Wheatland	16,090	331	1,341	4.0	11,513	346	1,151	3.2		

Outpatient services exclude inpatient, residential, community living, crisis and outreach services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Outpatient Hours

Question: What percent of clients are receiving outpatient services?

ESH Region



Answer: The percent of clients receiving outpatient hours in FY01 (YTD) varied from 81% to 100% among the 19 CMHCs, with an overall median of 94.4%. For the seven CMHCs in the ESH region, the percent of clients receiving outpatient hours varied from 85% to 96%, with a regional median of 94.4%.

Outpatient services exclude inpatient, residential, community living, crisis and outreach services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Outpatient Hours

Question: What percent of clients are receiving outpatient services?

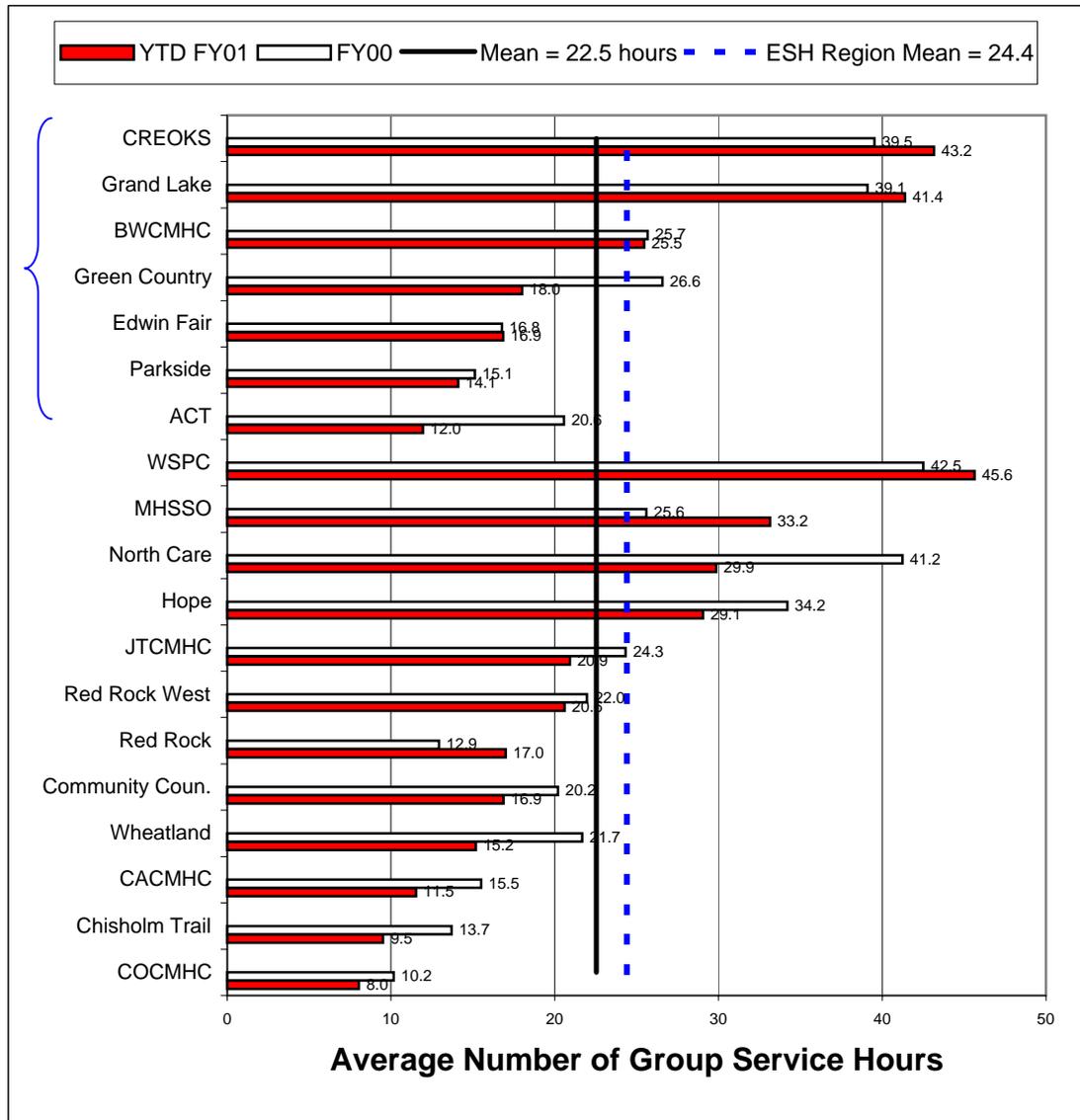
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
CREOKS	731	726	99.32	816	784	96.08	94.4	94.4
Green Country	1,075	954	88.74	1,119	1,056	94.37		
Grand Lake	1,827	1,574	86.15	1,880	1,768	94.04		
ACT	616	597	96.92	559	521	93.20		
BWCMHC	1,911	1,648	86.24	1,522	1,415	92.97		
Edwin Fair	1,253	1,142	91.14	1,172	1,044	89.08		
Parkside	4,236	3,401	80.29	3,705	3,154	85.13		
COCMHC	1,610	1,605	99.69	1,515	1,515	100.00		
North Care	1,222	1,218	99.67	997	996	99.90		
JTCMHC	2,922	2,915	99.76	2,602	2,588	99.46		
Community Coun.	1,824	1,821	99.84	1,223	1,215	99.35		
Red Rock	1,909	1,895	99.27	1,488	1,467	98.59		
Chisholm Trail	1,451	1,434	98.83	1,385	1,365	98.56		
Wheatland	786	782	99.49	805	793	98.51		
Hope	1,054	1,035	98.20	887	846	95.38		
MHSSO	3,119	2,931	93.97	2,609	2,418	92.68		
CACMHC	2,271	1,965	86.53	2,269	2,046	90.17		
WSPC	2,099	1,794	85.47	1,881	1,659	88.20		
Red Rock West	1,146	972	84.82	802	652	81.30		

Outpatient services exclude inpatient, residential, community living, crisis and outreach services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Group Services

Question: What is the average number of group service hours per month for clients receiving group services?

ESH Region



Answer: The average number of group service hours for clients receiving group services in FY01 (YTD) is 22.5 hours per month, varying from 8 to 45.6 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of group hours varied from 12 to 43.2 hours, with a regional average of 24.4 hours.

Group services include group counseling, group rehab, day treatment and psychosocial rehabilitation. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Average Number of Group Services

Question: What is the average number of group service hours per month for clients receiving group services?

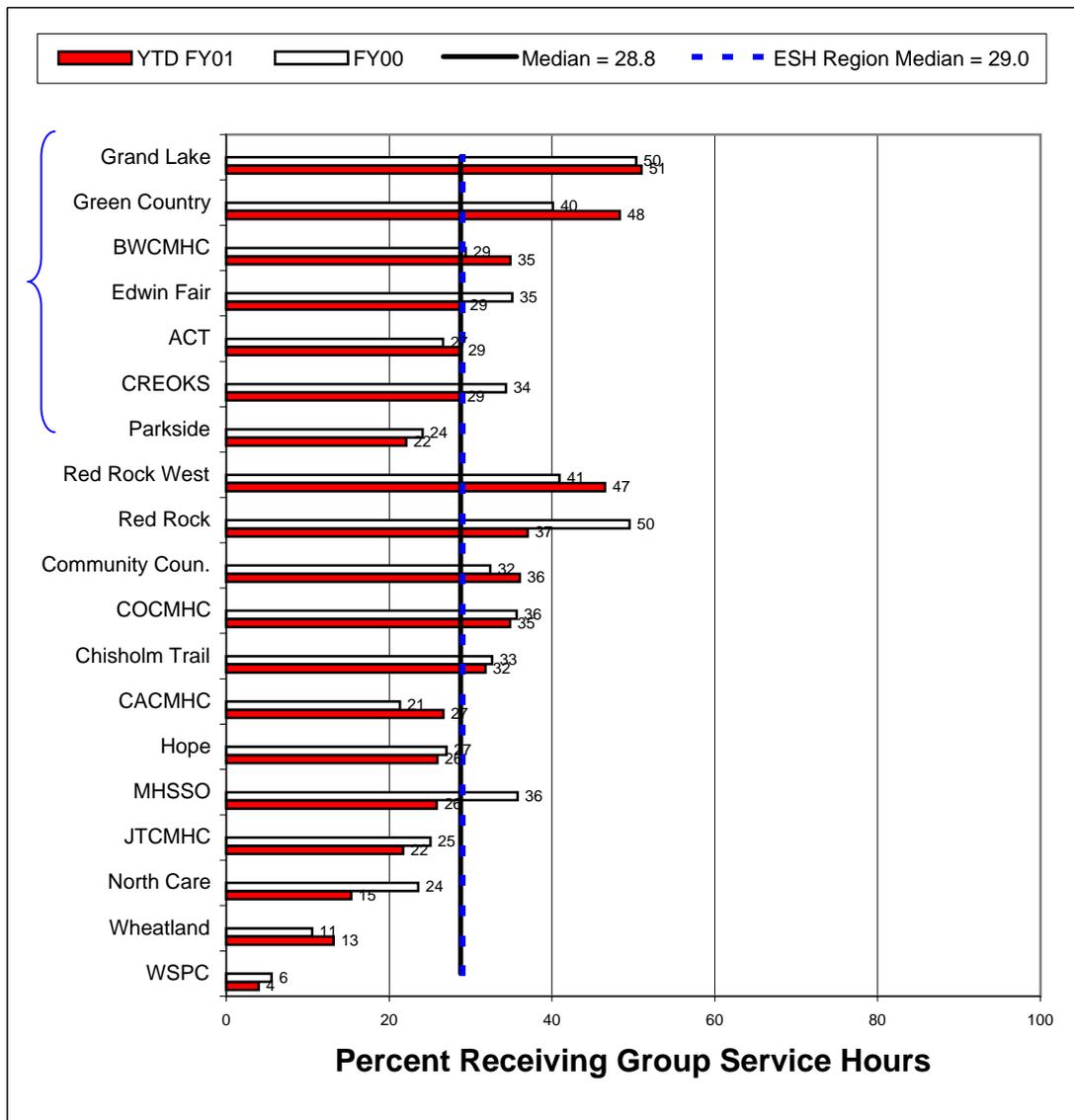
Agency	FY00			First Three Quarters of FY01			FY01	
	Total Hours Provided	Average Number of Clients Receiving service per month	Average Hours provided per month	Average Number of Clients Receiving service per month	Total Hours Provided	Average Hours provided per month	Average Number of Clients Receiving service per month	Statewide Mean
CREOKS	62,418	132	5,202	126	54,518	5,452	43.2	22.5
Grand Lake	230,699	482	19,225	592	246,348	24,635	41.4	24.4
BWCMHC	61,013	199	5,084	221	50,581	5,620	25.5	
Green Country	51,438	169	4,287	235	43,030	4,303	18.0	
Edwin Fair	37,578	187	3,132	118	20,847	2,085	16.9	
Parkside	50,664	278	4,222	256	36,477	3,648	14.1	
ACT	16,788	67	1,399	60	7,196	720	12.0	
WSPC	34,087	67	2,841	52	21,441	2,382	45.6	
MHSSO	139,000	454	11,583	335	102,712	11,412	33.2	
North Care	57,067	113	4,756	69	18,999	2,111	29.9	
Hope	42,775	105	3,565	82	24,813	2,481	29.1	
JTCMHC	53,322	183	4,443	172	36,556	3,656	20.9	
Red Rock West	51,961	203	4,330	198	36,647	4,072	20.6	
Red Rock	51,872	353	4,323	280	48,005	4,801	17.0	
Community Coun.	62,511	255	5,209	212	35,804	3,580	16.9	
Wheatland	9,501	36	792	42	6,496	650	15.2	
CACMHC	41,131	221	3,428	306	31,895	3,544	11.5	
Chisholm Trail	24,559	154	2,047	170	16,979	1,698	9.5	
COCMHC	30,548	252	2,546	259	18,895	2,099	8.0	

Group services include group counseling, group rehabilitative treatment, day treatment and psychosocial rehab services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Group Services

Question: What percent of clients receive group services?

ESH Region



Answer: The percent of clients receiving group services in FY01 (YTD) varied from 4% to 51% among the 19 CMHCs, with an overall median of 28.8%. For the seven CMHCs in the ESH region, the percent of clients receiving group services varied from 22% to 51%, with a regional median of 29.0%.

Refer to the Definition pages for a description of group services.
 For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

Percent of Clients Receiving Group Services

Question: What percent of clients receive group services?

Agency	FY00			First Three Quarters of FY01			FY01	
	Total Clients	Number of clients receiving service	Percent of clients receiving service	Total Clients	Number of clients receiving service	Percent of clients receiving service	Statewide Median	ESH Region Median
Grand Lake	1,827	920	50.4	1,880	959	51.0	28.8	29.0
Green Country	1,075	431	40.1	1,119	541	48.3		
BWCMHC	1,911	562	29.4	1,522	531	34.9		
Edwin Fair	1,253	440	35.1	1,172	340	29.0		
ACT	616	164	26.6	559	161	28.8		
CREOKS	731	251	34.3	816	234	28.7		
Parkside	4,236	1,021	24.1	3,705	819	22.1		
Red Rock West	1,146	469	40.9	802	373	46.5		
Red Rock	1,909	946	49.6	1,488	551	37.0		
Community Coun.	1,824	591	32.4	1,223	441	36.1		
COCMHC	1,610	574	35.7	1,515	528	34.9		
Chisholm Trail	1,451	474	32.7	1,385	441	31.8		
CACMHC	2,271	484	21.3	2,269	605	26.7		
Hope	1,054	285	27.0	887	230	25.9		
MHSSO	3,119	1,116	35.8	2,609	674	25.8		
JTCMHC	2,922	733	25.1	2,602	565	21.7		
North Care	1,222	288	23.6	997	153	15.3		
Wheatland	786	83	10.6	805	106	13.2		
WSPC	2,099	117	5.6	1,881	75	4.0		

Group services include group counseling, group rehabilitative treatment, day treatment and psycho-social hourly services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

**Summary of Restraint Events by Month
Among ESH Region CMHCs
October 2000 - March 2001**

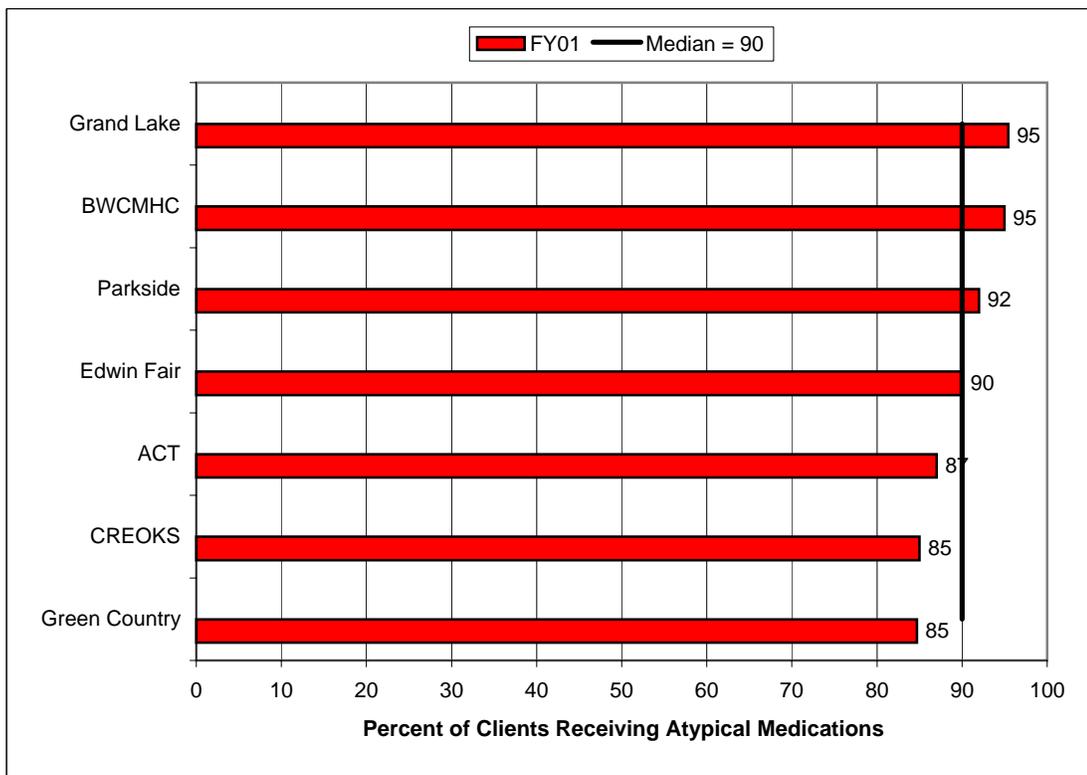
		Oct	Nov	Dec	Jan	Feb	Mar
Bill Willis CMHC (Wagoner Community Hospital)	% Hrs in Restraints	0.04%	0.07%	0.00%	0.06%	0.02%	0.00%
	% Clients Restrained	3.85%	5.36%	0.00%	3.70%	2.94%	0.00%
	# with multiple Restraints	1	0	0	0	0	0
	# of Clients Restrained	2	3	0	2	1	0
	# of Clients in Facility	52	56	40	54	34	43
	Avg. Hours of Restraints	2.46	2.5	0	3.00	2.00	0
CREOKS Mental Health Center (Wagoner Community Hospital)	% Hrs in Restraints	0.34%	0.00%	0.00%	0.06%	0.03%	0.00%
	% Clients Restrained	33.33%	0.00%	0.00%	6.25%	5.00%	0.00%
	# with multiple Restraints	2	0	0	0	0	0
	# of Clients Restrained	6	0	0	2	1	0
	# of Clients in Facility	18	17	7	32	20	22
	Avg. Hours of Restraints	2.51	0	0	1.88	1.75	0
Grand Lake Mental Health Center (Miami Hospital Unit)	% Hrs in Restraints	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Restrained	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	0	0	0	0	0	0
	# of Clients in Facility	26	22	26	38	29	31
	Avg. Hours of Restraints	0	0	0	0	0	0
Grand Lake Mental Health Center (Stabilization Center)	% Hrs in Restraints	0.00%	0.04%	0.00%	0.13%	0.02%	0.00%
	% Clients Restrained	0.00%	2.78%	0.00%	6.67%	2.27%	0.00%
	# with multiple Restraints	0	0	0	1	0	0
	# of Clients Restrained	0	1	0	5	1	0
	# of Clients in Facility	61	36	56	75	44	54
	Avg. Hours of Restraints	0	1.75	0	1.95	0.75	0
Green Country Behavioral Health Services (Crisis Stabilization Unit)	% Hrs in Restraints	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Restrained	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	0	0	0	0	0	0
	# of Clients in Facility	27	24	32	38	25	34
	Avg. Hours of Restraints	0	0	0	0	0	0
Green Country Behavioral Health Services (Wagoner Community Hospital)	% Hrs in Restraints	4.73%	0.34%	0.00%	0.00%	0.00%	0.00%
	% Clients Restrained	100.00%	33.33%	0.00%	0.00%	0.00%	0.00%
	# with multiple Restraints	1	0	0	0	0	0
	# of Clients Restrained	1	1	0	0	0	0
	# of Clients in Facility	1	3	0	1	4	1
	Avg. Hours of Restraints	5.67	2.5	0.00	0.00	0.00	0.00
Parkside (Crisis Unit)	% Hrs in Restraints	0.17%	0.01%	0.01%	0.08%	0.07%	0.10%
	% Clients Restrained	4.94%	1.43%	0.00%	2.88%	0.81%	2.59%
	# with multiple Restraints	1	0	0	0	0	0
	# of Clients Restrained	4	1	1	3	1	3
	# of Clients in Facility	81	70	70	104	124	116
	Avg. Hours of Restraints	1.94	0.42	1.00	1.22	3.17	1.67
Parkside (Detention Unit)	% Hrs in Restraints	0.02%	0.00%	0.00%	0.01%	0.00%	0.00%
	% Clients Restrained	0.98%	0.00%	0.00%	1.41%	0.00%	0.00%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	1	0	0	1	0	0
	# of Clients in Facility	102	88	88	71	77	71
	Avg. Hours of Restraints	1.00	0.00	0.00	1.00	0.00	0.00
Parkside (Inpatient Treatment)	% Hrs in Restraints	0.04%	0.00%	0.01%	0.02%	0.01%	0.01%
	% Clients Restrained	2.94%	1.14%	1.14%	3.85%	1.87%	0.89%
	# with multiple Restraints	1	0	1	0	0	0
	# of Clients Restrained	3	1	1	4	2	1
	# of Clients in Facility	102	88	88	104	107	112
	Avg. Hours of Restraints	3.63	0.50	1.80	1.50	1.42	2.00

**Summary of Seclusion Events by Month
Among ESH Region CMHCs
October 2000 - March 2001**

		Oct	Nov	Dec	Jan	Feb	Mar
Bill Willis CMHC (Wagoner Community Hospital)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	52	56	40	54	34	43
	Avg. Hours of Seclusion	0	0	0	0	0	0
CREOKS Mental Health Center (Wagoner Community Hospital)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	18	17	7	32	20	22
	Avg. Hours of Seclusion	0	0	0	0	0	0
Grand Lake Mental Health Center (Miami Hospital Unit)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	26	22	26	38	29	31
	Avg. Hours of Seclusion	0	0	0	0	0	0
Grand Lake Mental Health Center (Stabilization Center)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	61	36	56	75	44	54
	Avg. Hours of Seclusion	0	0	0	0	0	0
Green Country Behavioral Health Services (Crisis Stabilization Unit)	% Hrs in Seclusion	0.07%	0.00%	0.07%	0.00%	0.15%	0.02%
	% Clients Secluded	7.41%	0.00%	6.25%	0.00%	4.00%	5.88%
	# with multiple Seclusions	1	0	0	0	0	0
	# of Clients Secluded	2	0	2	0	1	2
	# of Clients in Facility	27	24	32	38	25	34
	Avg. Hours of Seclusion	0.75	0	1	0	3.15	0.58
Green Country Behavioral Health Services (Wagoner Community Hospital)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	1	3	0	1	4	1
	Avg. Hours of Seclusion	0	0	0	0	0	0
Parkside (Crisis Unit)	% Hrs in Seclusion	0.04%	0.01%	0.04%	0.00%	0.03%	0.06%
	% Clients Secluded	1.72%	1.41%	1.49%	0.00%	1.61%	1.72%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	3	2	2	0	2	2
	# of Clients in Facility	174	142	134	104	124	116
	Avg. Hours of Seclusion	0.63	0.42	1.50	0	0.71	1.59
Parkside (Detention Unit)	% Hrs in Seclusion	0.02%	0.00%	0.08%	0.00%	0.00%	0.00%
	% Clients Secluded	1.23%	0.00%	1.43%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	1	0	0	0
	# of Clients Secluded	1	0	1	0	0	0
	# of Clients in Facility	81	70	70	71	77	71
	Avg. Hours of Seclusion	1.50	0	6.00	0	0	0
Parkside (Inpatient Treatment)	% Hrs in Seclusion	0.04%	0.01%	0.00%	0.00%	0.01%	0.01%
	% Clients Secluded	2.94%	2.27%	1.14%	0.00%	1.87%	1.79%
	# with multiple Seclusions	1	0	0	0	0	0
	# of Clients Secluded	3	2	1	0	2	2
	# of Clients in Facility	102	88	88	104	107	112
	Avg. Hours of Seclusion	3.6	1.1	1.0	0	1.1	0.9

Access to Atypical Antipsychotic Medications

Question: What percent of clients are receiving atypical antipsychotic medications?



Answer: Based on the number of people who need new generation antipsychotic medications (based on their diagnoses) and the number of people facilities report are receiving the new medications, the average access rate for the ESH region is 90%.

The following medications listed by generic and brand names are eligible for purchase with DMHSAS newer generation funds.

Antidepressants

- Citalopram (Celexa)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Bupropion (Wellbutrin)
- Mirtazapine (Remeron)
- Nefazodone (Serzone)
- Venlafaxine (Effexor)

Antipsychotics

- Clozapine (Clozaril)
- Quetiapine (Seroquel)
- Olanzapine (Zyprexa)
- Risperidone (Risperdal)

Anticonvulsants *

- Gabapentin (Neurontin)
- Lamotrigine (Lamictal)
- Topiramate (Topamax)

*only for use of clinically indicated psychiatric disorders

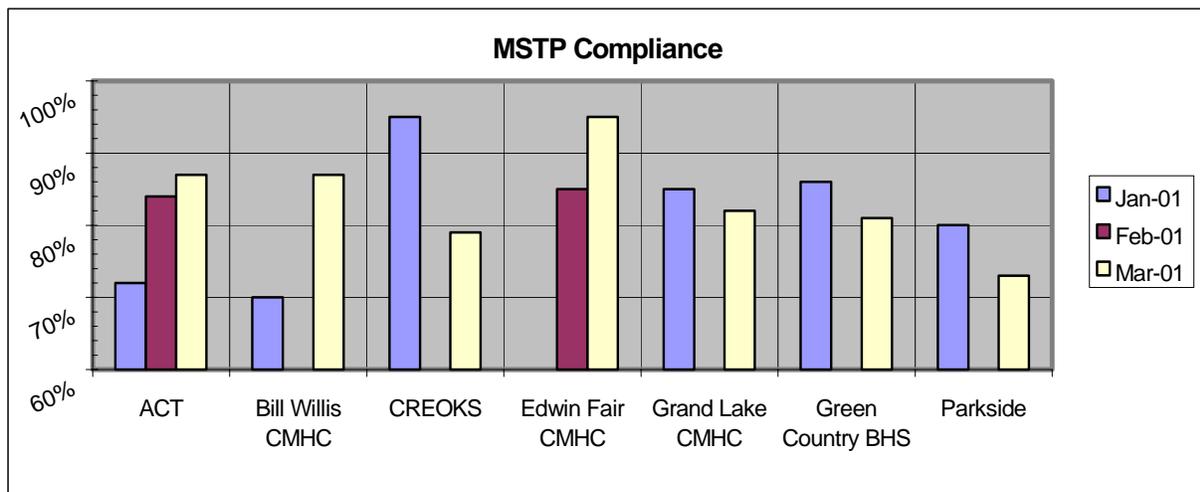
5. Minimal Service Threshold Monitoring

Each CMHC must provide timely, appropriate, and responsive care to persons who receive Community-Based Structured Crisis Care (CBSCC) and/or inpatient treatment. DMHSAS established the Minimal Service Threshold Plan (MSTP) which stipulates criteria for effective linkage and care planning. Copies of the MSTP requirements are included in Appendix C.

In December 2000, DMHSAS staff reorganized the system to more effectively monitor compliance with these requirements. A team of six DMHSAS staff now monitor MSTP compliance. Each staff member regularly reviews clinical records at a specific CMHC.

DMHSAS randomly selects, through the ICIS system, a list of records to be reviewed in depth. This requires several hours to complete. A CMHC case manager or clinical supervisor works alongside the DMHSAS staff as each case is reviewed. CMHCs report this process has been valuable in terms of the technical assistance and qualitative reviews of the clinical records.

The following graph indicates the findings by DMHSAS staff of charts reviewed to determine compliance with the MSTP during this quarterly reporting period.



An exit interview is conducted at the conclusion of each site visit during which the reviewer summarizes findings for administrative staff and clinical supervisors. At this time, specific areas of improvement are noted. The reviewer also offers recommendations on practices or policies that may need revision. A formal written report is also prepared and forwarded to the Director of Community-Based Services and the CMHC Director.

Areas identified for needed improvement during this quarterly period included:

- Assertive follow-up and home visits upon discharge from inpatient settings and for individuals who have not kept office-based appointments.

- Improved communication systems between clinical programs within the CMHCs and between different CMHC sites.
- Documentation of linkages, housing arrangements and how post-hospital medications are obtained.
- Frequent follow-up of clients who have history of repeated use of crisis and/or inpatient services.
- Updating treatment plans to reflect changes in client need based on inpatient services.
- Communication with inpatient hospital staff to ensure joint discharge planning which includes clear involvement of the client for post-hospital plans.
- In the Tulsa area, improvements are needed for more collaboration between Parkside and ACT. This responsibility will be jointly address with both CMHCs.

Recent monitoring visits indicate clear improvements have occurred. These are listed below and should be reflected in improved scores on reviews during the next quarterly period

- Increased home visits.
- Additional outpatient staff to focus on continuity and frequency of services.
- More active involvement of CMHC case managers with clients while in inpatient settings.
- Immediate and well-documented follow-up of clients immediately following inpatient care.
- Alternative methods to engage clients who are reluctant to continue care (rather than discharge clients for non-compliance with treatment plans).

CMHCs appear to adequately document services provided directly by CMHC case managers. Linkages between agencies and transfers of clients within agency settings must be more intentionally documented to validate continuous care for the clients.

Effective April 1, CMHCs will be required to document follow-up of clients within 24 hours of discharge from a CBSCC setting. Initial MSTP identified that clearer monitoring requirements were needed for follow-up from this level of care.

6. ESH Forensic Admissions

TOP members requested DMHSAS staff identify the number of persons admitted to the ESH forensic unit who had prior civil (non-forensic) admissions to ESH. Those data are displayed on the following page.

Calendar Year	Number of Clients discharged from Civil Units and Readmitted to Forensic Unit in Same Calendar Year	Total Non-Forensic Discharges	% of overall non-forensic discharges
1/1/98-12/31/98	8	1454	0.6%
1/1/99-12/31/99	9	1247	0.7%
1/1/00-12/31/00	7	265	2.6%
1/1/01-3/31/01	0	11	0%

During the third quarter of FY01, there were 11 non-forensic discharges from Eastern State Hospital; however, no non-forensic clients discharged in FY01 were readmitted to the forensic unit during this time period. The additional 11 clients discharged during the third quarter decreases the year-to-date percent of readmissions to the forensic unit to 2.5 percent.

7. Review of Concerns Identified in the January 1, 2001, Progress Report

The following items were identified in the January 1, 2001 Progress Report by TOP members for further discussions and continued review. A status report on each item is summarized.

- **Capacity of the Center for Extended Psychiatric Care (CEPC) at ESH**

An earlier section of this report provides an update on changes at the CEPC. Those changes increased the number of male beds at that unit by six.

- **Access to Residential Substance Abuse Treatment**

Funding limitations continue to be a barrier for expansion of this community-based service. DMHSAS substance abuse staff are currently exploring resources to increase capacity for community-based residential substance abuse treatment. These plans include the possibilities of a residential substance abuse program for women and their children, and an expansion of services in Vinita.

- **Information on Clients in ESH Area Served Through the Medicaid managed care programs**

In response to concerns identified by TOP members, DMHSAS requested data from OHCA to specifically analyze service utilization and other factors affecting clients impacted by the ESH transition for which Medicaid HMOs are responsible. That information is in the following analysis offered by OHCA.

OKLAHOMA HEALTH CARE AUTHORITY
April 27, 2001
Eastern State Hospital Patients Service Summary
Calendar Year 2000

Methodology:

- A database of all people discharged from ESH from January 1, 2000 through December 31, 2000 received from DMHSAS.
- Research completed to determine which individuals were enrolled in Medicaid at some time in calendar year 2000.
- A list of SoonerCare Plus members sent to each Plan to research all medical and behavioral health services requested, authorized, and provided.
- Data sent to OHCA Behavioral Health Services to compile the attached summary of services received after discharge from ESH for each SoonerCare Plus member.

Findings:

- 379 people were discharged from ESH during calendar year 2000.
- 136 of the 379 people were enrolled in the Medicaid program at some time during calendar year 2000.
- 109 of the 136 people received Medicaid under fee for service coverage at some time during the calendar year.
- 27 of the 136 people were SoonerCare Plus members at some time during calendar year 2000.
- Behavioral Health services were requested by a contracted provider and approved for 13 of the 27 people after discharge from ESH. Payment was made for all completed claims that met medical necessity criteria.
- No behavioral health services were requested for 14 of the 27 people since discharge from ESH.
- The Plans provided 47 contacts to 5 of the 14 people for whom no behavioral health services have been requested.
- 7 of the 27 people have had no medical or behavioral health services requested since discharge.
- Through Plan staff such as exceptional needs coordinators, member services, outreach, and case managers provided 149 total contacts to 11 of the 27 people discharged from ESH. These contacts were through mailings, telephone, home visits, and face-to-face contact with Plan members. The 11 members were identified based on Medicaid classification of Special Population Aged, Blind, and Disabled and from internal referrals among Plan staff who recognized the need for additional contact and coordination of services to the members.

Interpretive Summary:

- Less than 1% of the individuals discharged from ESH were SoonerCare Plus members and received managed care Medicaid.
- 35% of the individuals discharged from ESH were Medicaid eligible at some time during calendar year 2000.
- 28% of the individuals discharged from ESH were fee for service members due to being Medicare and Medicaid eligible.
- Contractual requirements are that the Plans provide a minimum of two contacts per month to members who are enrolled in Special Population Aged, Blind, and Disabled Medicaid. This requirement was met by all the Plans. Without notification from ESH staff of discharging patients, there is no mechanism to identify these Medicaid recipients as in need of follow up services. The result is that 7 of the 27 members have had no contact from the Plans beyond the initial Member Services mailing of an information packet. Each Plan has been requested to refer these 7 members to Outreach Services and initiate contact with the members.

Additional Inpatient Beds Needed for Tulsa County

ACT negotiated a contract during this reporting period with St. John Hospital for inpatient services. Parkside also negotiated an agreement with St. John as well as with Hillcrest Hospital. This increased the number of beds available for services funded by DMHSAS. The local planning group referenced earlier in this report will continue to advocate for additional funding to improve access to inpatient services in Tulsa.

8. Status Report on Items Discussed in Prior Progress Reports

- **Use of newer generation medications was lower than desired by TOP members.** See page 47 for a more detailed status report on this item.
- **Day services have decreased at Parkside.** Parkside reinstated day treatment services at one location, 3 days per week. This began February 1, 2001.
- **Some Centers may continue to be required to use most of new funding for inpatient services and not be able to develop proactive outpatient services.** DMHSAS continues to monitor utilization of all services and examine trends in these data. Specific analyses of changes and questionable patterns will be reviewed with the applicable CMHC.

9. Overall Analysis of Findings

- Continued analysis is needed to determine ways to increase the performance rate of clients moving into independent housing while receiving community-based services (see pp. 7-8).
- ESH Region CMHCs contracted with local hospitals and other CMHCs to provide inpatient care for their clients after ESH civil commitment beds were no longer available. As a result, the average number of community-based inpatient days increased in the ESH area (see pp. 17-18) since some clients continued to need inpatient care.
- Analysis of other indicators continues to yield evidence that consumers in the Transition area have received care in a more immediate and continuous manner. This has resulted in several positive outcomes. For example, a lower percent of clients in the ESH area require inpatient services than clients in other areas of the state (see pp. 19-20). Readmission rates for this area are also lower than the statewide average (see pp. 9-10). On the other hand, the same percent of clients in the ESH region and the rest of the state use Community Based Structured Crisis Care, but ESH are clients use a higher number of days on average (see pp. 25-26).
- The percent of clients receiving case management services is less than desired (see pp. 23-24).

- Data in this report indicate minimal use of seclusion and restraint in the Transition area inpatient and crisis stabilization settings (see pp. 45-46). This was a desired outcome identified by Panel members in the final planning and implementation phases of the Transition.
- Despite lower levels of compliance by some agencies in the most recent quarter (see p. 48), use and monitoring of the Minimum Service Thresholds (MSTP) compliance appears to have effectively increased the frequency and timeliness of community based services for persons discharged from inpatient settings (see pp. 11-16).
- Access to atypical antipsychotic medication appears to be reaching desired levels (see p. 47).
- Information on clients served by Medicaid HMOs is not sufficient to accurately understand how the Transition has affected these clients. Panel members would like additional data so DMHSAS can conduct analysis of that information similar to the analysis provided through the DMHSAS information system.

10. Recommended Areas for Performance Improvement

The panel listed the following recommendations for changes needed to continue improvements in community-based services in the Eastern State Hospital Transition area.

- DMHSAS should analyze case management data to determine reasons these services have not increased more as a result of the transition.
- A secure residential setting is needed in the eastern area of the state to treat people with mental illnesses and co-occurring substance abuse disorders.
- Additional non-hospital based facilities are also needed to provide residential treatment for clients who require a structured and protective environment.
- More PACT (Program for Assertive Community Treatment) Teams are needed in the ESH area, as well as statewide.
- DMHSAS should continue to solicit cooperation from Tulsa hospitals to share data and determine the numbers and needs of clients who have been served both by DMHSAS and Tulsa hospitals.
- Overall funding should increase to further develop all community-based services, in addition to the specific levels of care described above.

Conclusions

1. This report identified continued improvements in some areas of performance, which illustrate positive changes in the delivery system since implementation of the ESH

Transition Plan. These include lower community- based hospitalization rates, improved utilization of community-based inpatient care, more immediate and continuous follow-up with community-based services following inpatient care, lower use of seclusion and restraint, and more extensive use of newer generation antipsychotic medications.

2. Specialty services required by some consumers are not readily available. Secure treatment settings are needed for persons with co-occurring mental illnesses and substance abuse disorders as well as residential settings for clients who require a more structured and protective environment.
3. Compilation of Oklahoma Health Care Authority and DMHSAS data is needed to fully assess several factors related to the ESH Transition. Additional time will be required for this to occur.

Appendix A: Definitions

Average/Mean – The arithmetic mean, the sum of a set of values divided by the number of values in the set.

Case Management – For this report, case management includes socialization, client education, client advocacy, resource skills development, case management, and intensive case management services.

Community-Based Services – These services have four major categories: 1) inpatient services, 2) crisis services, 3) outpatient services, and 4) day services.

Crisis Hourly Services – Hourly services include crisis intervention (face-to-face and telephone), mobile crisis service, and crisis intervention counseling (face-to-face and telephone).

ESH – Eastern State Hospital

ESH Region – See map, Appendix B.

ESH Transition Period – January 1, 2000 through June 30, 2000.

Group Services – For this report, group services include group counseling, day treatment and psychosocial rehabilitation.

Independent Housing –“Current residence” as reported in the DMHSAS Integrated Client Information System (ICIS) is “private residence” or “supported housing,” rather than dependent housing (defined as “on the streets,” “residential care home,” “institutional setting,” “nursing home,” or “community shelter”). Improvement is measured as the number of people who lived in dependent housing at Time 1 who had moved to independent housing at Time 2.

Individual Services - For this report, individual services include individual counseling and individual rehabilitation.

Inpatient Re-admissions – Inpatient re-admissions include both community-based and state hospital inpatient re-admissions.

Inpatient Services – There are two levels of inpatient services: acute inpatient and intermediate inpatient. These services can be provided at a state hospital or in a community-based setting, i.e., a CMHC inpatient unit or local hospital contracting for care.

Integrated Client Information System (ICIS) – DMHSAS’s statewide centralized reporting system, which collects information on clients, services, and providers.

Median – This is the middle value in a set of numbers ordered by size. The median is used rather than the mean (or average) when there are outliers (extremely low or high values) that distort the mean and provide an unrealistic picture of the group being studied.

Private Residence – This includes private homes, duplexes, mobile trailer homes, apartments, school dormitories, fraternities/sororities, retirement living centers, hotels/motels, etc. (For this report Private Residence and Supported Living are considered independent housing.)

Serious Mental Illness (SMI) – The target population is comprised of individuals 18 years of age and older who meet the following criteria:

- A. Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of “V” codes, substance use disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness;

and

- B. Has at least (a) moderate impairment in at least four, (b) severe impairment in two or (c) extreme impairment in one of the following areas: 1) feeling, mood and affect; 2) thinking; 3) family; 4) interpersonal; 5) role performance; 6) socio-legal; 7) self care/basic needs.

or

- C. Has a duration of illness of at least one year and (a) at least moderate impairment in two, or (b) severe impairment in one of the following areas: 1) feeling, mood and affect; 2) thinking; 3) family; 4) interpersonal; 5) role performance; 6) socio-legal; 7) self care/basic needs.

Structured Emergency Care – Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes the ability to provide a protective environment, basic supportive care, chemotherapy, detoxification, medical assessment and treatment, and referral services to appropriate level and type of service.

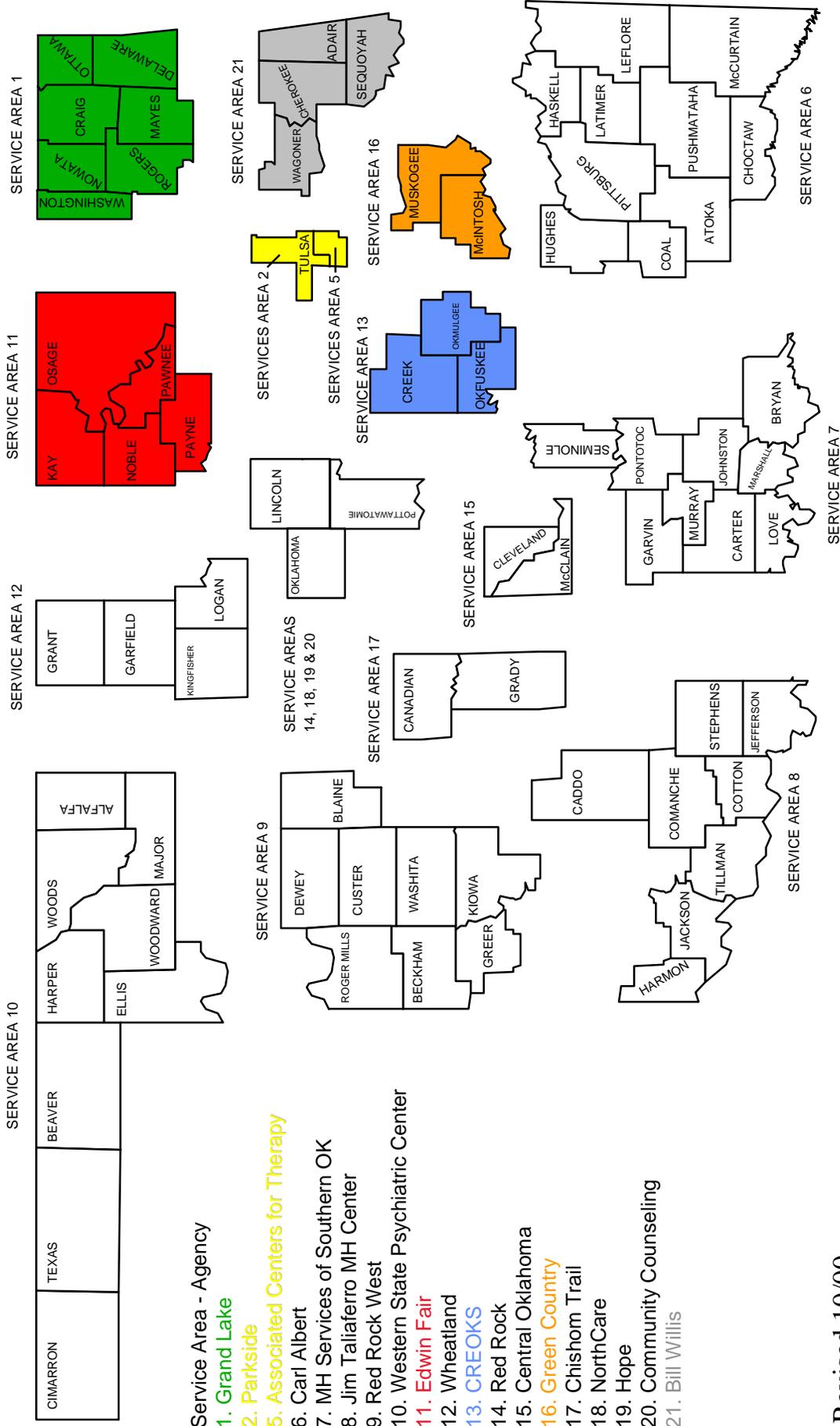
Supported Living – A residence based on the client’s status as a mental health, substance abuse, or domestic violence services recipient. There may or may not be on-site supervision but the housing is designed to assist the client with developing independent living skills. (For this report Private Residence and Supported Living are considered independent housing.)

Unique Clients – Clients counted only once within an agency, even though they may have been involved in multiple events or received multiple services. For example, clients may be re-admitted multiple times during a period, but are only counted once for the total.

Appendix B: Map of CMHC Service Area

OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

Community Mental Health Center Service Areas



Service Area - Agency

1. Grand Lake
2. Parkside
5. Associated Centers for Therapy
6. Carl Albert
7. MH Services of Southern OK
8. Jim Taliaterra MH Center
9. Red Rock West
10. Western State Psychiatric Center
11. Edwin Fair
12. Wheatland
13. CREOKS
14. Red Rock
15. Central Oklahoma
16. Green Country
17. Chishom Trail
18. NorthCare
19. Hope
20. Community Counseling
21. Bill Willis

Revised 10/00

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APPENDIX C

OKLAHOMA Department of Mental Health and Substance Abuse Services

MINIMAL SERVICE THRESHOLDS PLAN FOR CONTINUED CARE

The Client-level encounter data and clinical records will be utilized to verify compliance with the Plan.

During Community Based Structured Emergency Care (Stabilization Centers)	
Assessment of client functioning at admission and determination of expected level of care required at discharge. Arrangements for (1) case management and physician services following discharge; (2) housing and community placement needs; and, (3) notification to and involvement of family, when possible, of plans for care at conclusion of crisis stabilization service. Documentation should also indicate attempts to secure client permission to contact referral resources to assure completed community linkages.	Prior to discharge or transfer to lesser or greater level of care
During Hospital Admission (Acute or Intermediate)	
Treatment Plan or Treatment Plan Update	Within 24 hours of admission
Initial discharge planning that describes projected length of stay and expected level of services needed at discharge.	Within 24 hours of admission
Documentation of provisions for (1) follow up case management appointments, (2) physician services, (3) medication, and (4) community living arrangements. Participation of family in the discharge plan should be documented. If client refuses family involvement, that should be noted. Documentation should also include attempts to secure client permission to contact referral resources to assure completed community linkages.	Prior to discharge
Initial 14-day period Following Inpatient Care	
Case Management or Follow Up Contacts (see * below) May include contact of family/persons in support network	Within 24 hours following discharge
Follow up Linkage for Consumers Referred Out to Other Providers (see * below)	Within 72 hours after scheduled appointment
Physician Services (see * below)	Prior to medication supply being exhausted or within 14 days from discharge
Treatment Plan/Treatment Plan Update that establishes rehabilitation and support services needed based on CAR and related level of functioning scales. (continued)	Within 14 days of discharge

Initial 14-day period Following Inpatient Care (continued)	
Rehabilitation and Support Services as described in the Treatment Plan/Update. Follow Up must be documented if client misses scheduled appointment for Rehabilitation or Support services. (see * below)	As described in Treatment Plan/Update
<i>*Outreach, Home Visit , or Mobile Crisis Service (if appointment missed)</i>	Within 24 hours of missed appointment

Continuing for 90 days Following Inpatient Care	
Case Management (see * below) or other clinically appropriate services	1 contact per week
Physician Services and Medication Management (see * below)	1 per month
Rehabilitation and Support Services as described in the Treatment Plan/Update. Follow Up must be documented if client misses scheduled appointment for Rehabilitation or Support services. (see * below)	As described in Treatment Plan/Update
Other Outpatient Services (Counseling, etc.) Referral to Case Management for follow up if patient fails to show for scheduled services. (see * below)	As reflected in Treatment Plan
Housing Services	As reflected in Discharge and Treatment Plan
<i>*Outreach, Home Visit , or Mobile Crisis Service (if appointment missed)</i>	Within 24 hours of scheduled appointment

Continuing Care if No Crisis Stabilization or Hospital Readmissions During Previous 90 days	
Treatment Plan Update	Within 180 days of completion of original community based treatment plan
On-Going CMHC Services (see * below)	1 contact/month or as reflected in treatment plan
<i>*Outreach, Home Visit , or Mobile Crisis Service (if appointment missed)</i>	Within 48 hours of appointment
