

April 1 – June 30, 2001

**Quarterly Report on the Eastern State Hospital Transition to
Community-Based Services**

Executive Summary

From the Office of Commissioner Terry L. Cline, Ph.D.
Oklahoma Department of Mental Health and Substance Abuse Services

Background

The attached report is the seventh Quarterly Report mandated by SB149 related to the Transition of Eastern State Hospital (ESH) to Community-Based Services. This and prior reports have been submitted to the Office of the Governor, the President Pro Tempore of the Senate, and the Speaker of the Oklahoma House of Representatives. This report was developed in cooperation with the ESH Transition Oversight Panel (TOP) and discussed in detail at a regularly scheduled public meeting on August 2, 2001. DMHSAS staff submitted performance and outcome data for review and discussion by Panel members. Panel members provided analysis, discussed concerns, and recommended actions for performance improvement.

Summary of Developments Since Prior Report

This report covers the period from April 1 to June 30, 2001. Developments during this period include the following.

- DMHSAS met with each ESH CMHC in May to review proposed plans for services in FY2001. Performance on various Report Card Indicators was also discussed.
- DMHSAS also conducted on-site program reviews at CREOKS and Bill Willis CMHCs. Reports were provided to the Centers based on DMHSAS's findings. Plans of action, based on the findings, will be submitted to DMHSAS.
- Associated Centers for Therapy was awarded accreditation by the Council on Accreditation Rehabilitation Facilities (CARF) and the International Center for Clubhouse Development (ICCD). CREOKS received accreditation from CARF.
- The Program of Assertive Community Treatment (PACT) initiated services in Tulsa. Red Rock Behavioral Health Services operates this program in Tulsa.

- A coalition of social service and faith-based organizations continued to meet and advocate for appropriate community based services in Tulsa.
- The Oklahoma Legislature approved additional appropriations to further support community-based services the ESH area. These included funding for PACT, additional funding to expand other services, and additional support for Residential Care Services.
- Parkside management continued to provide regular updates to the DMHSAS Board related to changes implemented by that organization. (An Addendum is prepared for this report that summarizes other developments related to Parkside.)

CMHC Performance Indicators Selected by the TOP

Data for the time period of July 1, 2000 through June 30, 2001 on performance indicators selected by the TOP are presented in this Report. The specific Performance Indicators are listed below.

- ▶ ☐ Consumers Moving to Independent Housing
- ▶ ☐ Consumers Discharged from Inpatient Care and Re-admitted within 30 Days
- ▶ ☐ Average Days from Inpatient Discharge to Community-Based Services
- ▶ ☐ Structured Emergency Care Followed by Lower Level Care within 14 Days
- ▶ ☐ Hourly Crisis Services Followed by Lower Level Care within 14 Days
- ▶ ☐ Average Number of Community-Based Inpatient Days
- ▶ ☐ Clients Receiving Community-Based Inpatient Days
- ▶ ☐ Average Number of Case Management Hours
- ▶ ☐ Clients Receiving Case Management
- ▶ ☐ Average Number of Structured Emergency Care Days
- ▶ ☐ Clients Receiving Structured Emergency Care Days
- ▶ ☐ Average Number of Crisis Service Hours
- ▶ ☐ Clients Receiving Hourly Crisis Services
- ▶ ☐ Average Number of Individual Services
- ▶ ☐ Percent of Clients Receiving Individual Services
- ▶ ☐ Average Number of Outpatient Services
- ▶ ☐ Percent of Clients Receiving Outpatient Services
- ▶ ☐ Average Number of Group Services
- ▶ ☐ Percent of Clients Receiving Group Service
- ▶ ☐ Monthly Restraint Events
- ▶ ☐ Monthly Seclusion Events
- ▶ ☐ Access to Atypical Antipsychotic Medications

Minimal Service Threshold Monitoring

Additional monitoring of Minimal Service Thresholds (MSTP) continued. This report summarizes findings related to the MSTP activities.

Status of Items from Previous Reports

This Report summarizes the status of several items of concern listed by the TOP in the April 1, 2001 Report. Those are detailed on page 48 of the July 1, 2001 Report.

Transition Oversight Panel Recommendations Based on Data Presented in this Report

- Some data elements should be trended over time and displayed in various forms to illustrate changes for continued analysis.
- Monitoring of system changes in the Eastern State Hospital area should continue and include a role for an on-going advisory group.
- DMHSAS should continue to expand the use of best practices such as at the Program for Assertive Community Treatment (PACT). In addition, providers should look at specific practices employed within the PACT programs and incorporate those approaches within their model of service delivery, even if they do not operate a formal PACT program.
- Funding should increase to expand PACT statewide.
- Data should be included in future monitoring activities to track fiscal operations, capacities, and organizational management of providers.

Conclusions

1. This report represents the final formal report mandated by SB149.
2. DMHSAS, at the final TOP meeting, concurred with the TOP that advisory groups in various forms should monitor the future developments and performance of the community based system of care in the Eastern region.
3. This report describes evidence that developments mandated by SB149 resulted in both desired outcomes as well as situations that need closer analysis and monitoring.
4. An Addendum to this report is provided to chronically noteworthy developments in the Tulsa area delivery system subsequent to the time frame for which this report was prepared.

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

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



Eastern State Hospital

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

TRANSITION OVERSIGHT PANEL MEMBERS

Charles Danley, Executive Director
Grand Lake CMHC, Inc.
114 West Delaware
Nowata, OK 74048

Jimmie Davis, Director
New Beginnings
828 South Wheeling, #313
Tulsa, OK 74104

Jane Glen
2605 North Robinson Ave.
Oklahoma City, OK 73103

Rodney Harris, Executive Director
Bill Willis CMHC
P.O. Box 558
Tahlequah, OK 74465

Larry Marks, Executive Director
ACT, Inc.
7010 S. Yale, Suite 215
Tulsa, OK 74136

Anna McBride
2813 Parklawn
Midwest City, OK 73110

Mary Taddiken
2003 West Ute Street
Tulsa, OK 74127

Mike Thompson
P.O. Box 451177
Grove, OK 74345

Terry L. Cline, Ph.D. (Ex Officio)
Commissioner, DMHSAS
1200 N.E. 13th
Oklahoma City, OK 73152

DMHSAS Staff

John T. Hudgens, Director of Community Based Services

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Introduction

The following report is submitted pursuant to Senate Bill 149 related to the transition of Eastern State Hospital. The ESH Transition Oversight Panel (TOP) reviewed this report on August 2, 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 April 1 to June 30, 2001.

Prior Progress Reports have been submitted for the quarters ending September 30, 1999, December 31, 1999, March 31, 2000, June 30, 2000, September 30, 2000, December 31, 2000, March 31, 2001. 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 April 1, 2001 Report

- FY 2002 Contract Applications and Reviews by DMHSAS
DMHSAS meet with each CMHC in May and reviewed proposed plans for community-based services in FY 2001 as well as Report Card Indicators for each CMHC. Centers were urged to continue to emphasize case management and assertive outreach services.
- Additional On-Site Reviews
During this quarter, DMHSAS Community-Based Services staff initiated on-site program reviews at CMHCs throughout the state. A separate center is reviewed each month. A summary report is prepared following each review. The report highlights the center's strengths as well as lists key areas for performance improvement. Two ESH-area CMHCs were reviewed during this quarter. CREOKS was reviewed in April and Bill Willis CMHC was reviewed in May. Those centers are reviewing reports provided by DMHSAS and developing plans for action as a result of the review findings.
- Accreditation Reviews
Associated Centers for Therapy was awarded accreditation by the Commission for Accreditation of Rehabilitation Facilities (CARF) and the International Center for Clubhouse Development (ICCD). CREOKS also received accreditation from CARF. All CMHCs in Oklahoma are now accredited by either CARF or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

- PACT Services Initiated

The Tulsa-based Program of Assertive Community Treatment (PACT) was initiated in May. The Tulsa PACT Team is administered by Red Rock Behavioral Health Services. Approximately five new consumers will be admitted to the program each month.

- Additional Planning and Advocacy by Tulsa-Based Organizations

A coalition of representatives from several service and faith-based organizations continued to meet during this quarter to analyze needs for the Tulsa area related to the ESH Transition.

- FY2002 Appropriations Approved

Additional appropriations were approved by the 2001 Oklahoma Legislature. These further support community-based services in the ESH area.

- Full funding for the Tulsa PACT team was increased to an on going baseline of \$1 million per year.
- \$3 million in additional funding was provided for DMHSAS to expand community-based services in the ESH area.
- Support for Residential Care services under DMHSAS sponsorship was increased by \$592,560. The majority of Residential Care and Enhanced Residential Care services are provided in the ESH region

- Parkside Audit and Follow-up Activity

Parkside management continued to provide the DMHSAS Board monthly updates on operational changes within that organization. Developments included removal of substantially all pending deficiencies and restoration of Parkside's Medicare certification by HCFA. (See Addendum.)

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

The two tables below present information about clients served in the past two fiscal years 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 Clients Served in FY2000 (7/1/99-6/30/00)

CMHC	FY00 Admitted Adult 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	2.1%
BWCMHC	1694	1040	61.4	231	13.6	40	6.5%
CREOKS	701	630	89.9	212	30.2	40	6.5%
EFCMHC	1172	831	70.9	223	19.0	37	6.0%
GLMHC	1700	1503	88.4	688	40.5	207	33.4%
GCBHS	895	598	66.8	184	20.6	30	4.8%
PARKSIDE	4136	4020	97.2	986	23.8	252	40.7%
						619	Total

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

Adult Clients Served in FY2001 (7/1/00-6/30/01)

CMHC	FY01 Admitted Adult Clients	SMI	% SMI	Ever at ESH	% Ever at ESH	Discharged from ESH 7/00 - 6/01	
ACT	542	522	96.3	82	15.1	0	0.0%
BWCMHC	1446	1067	73.8	187	12.9	4	8.2%
CREOKS	892	781	87.6	192	21.5	4	8.2%
EFCMHC	1257	1068	85.0	214	17.0	4	8.2%
GLMHC	2024	1853	91.6	597	29.5	13	26.5%
GCBHS	1030	971	94.3	175	17.0	4	8.2%
PARKSIDE	4423	4278	96.7	790	17.9	20	40.8%
						49	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 longer-term care for clients who needed an extended stay in a secure facility. The unit is in Building 9 on the ESH campus. The capacity of the unit is 44 -- 28 male and 16 female residents. Additional staff were added to the CEPC during this quarter to support the recent modification in the male/female bed configuration.

The following report tracks the utilization of the CEPC by each CMHC from January 1, 2001 through June 30, 2001. An additional chart displays the gender distribution of the census during this period.

CMHC (and Allocation)	Average Daily Census			April- June, 2001 Average	Jan- March 2001 Average	Change
	April 2001	May 2001	June 2001			
ACT/Parkside (14)	9	9	9	9	8	1
Bill Willis (4)	2	2	3	2.3	2.3	0
CREOKS (4)	1	1	1	1	1	0
Edwin Fair (4)	2	2	2	2	2	0
Grand Lake (9)	6	6	6	6	6	0
Green Country (4)	5	5	5	5	5	0
Other (5)	7	8	8	7.7	7	.7
Total (44)	32	33	34	33	31.3	1.7

CMHC (and Allocation)	April 2001		May 2001		June 2001		April-June, 2001 Average	
	M	F	M	F	M	F	M	F
ACT/Parkside (14)	5	4	5	4	4	5	4.7	4.3
Bill Willis (4)	1	1	1	1	2	1	1.4	1
CREOKS (4)	0	1	0	1	0	1	0	1
Edwin Fair (4)	2	0	2	0	2	0	2	0
Grand Lake (9)	3	3	3	3	3	3	3	3
Green Country (4)	4	1	4	1	4	1	4	1
Other (5)	5	2	6	2	6	2	5.7	2
Total (44)	20	12	21	12	21	13	20.7	12.3

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. The selected indicators are a subset of the DMHSAS Mental Health Report Card. They are presented here in the report card format with horizontal bars representing each agency's performance for fiscal year 2001 and 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. Since the April 2001 report, the Performance Improvement Expert Panel, which includes consumers, advocates, and providers, suggested several changes in the way the indicators were measured. These changes had a limited effect on the numbers and percents reported for each of the indicators. Some of the changes include the removal of residential care clients from some measures, exclusion of clients who were discharged because they failed to begin treatment, and exclusion of clients who were discharged because they had completed their court commitment.

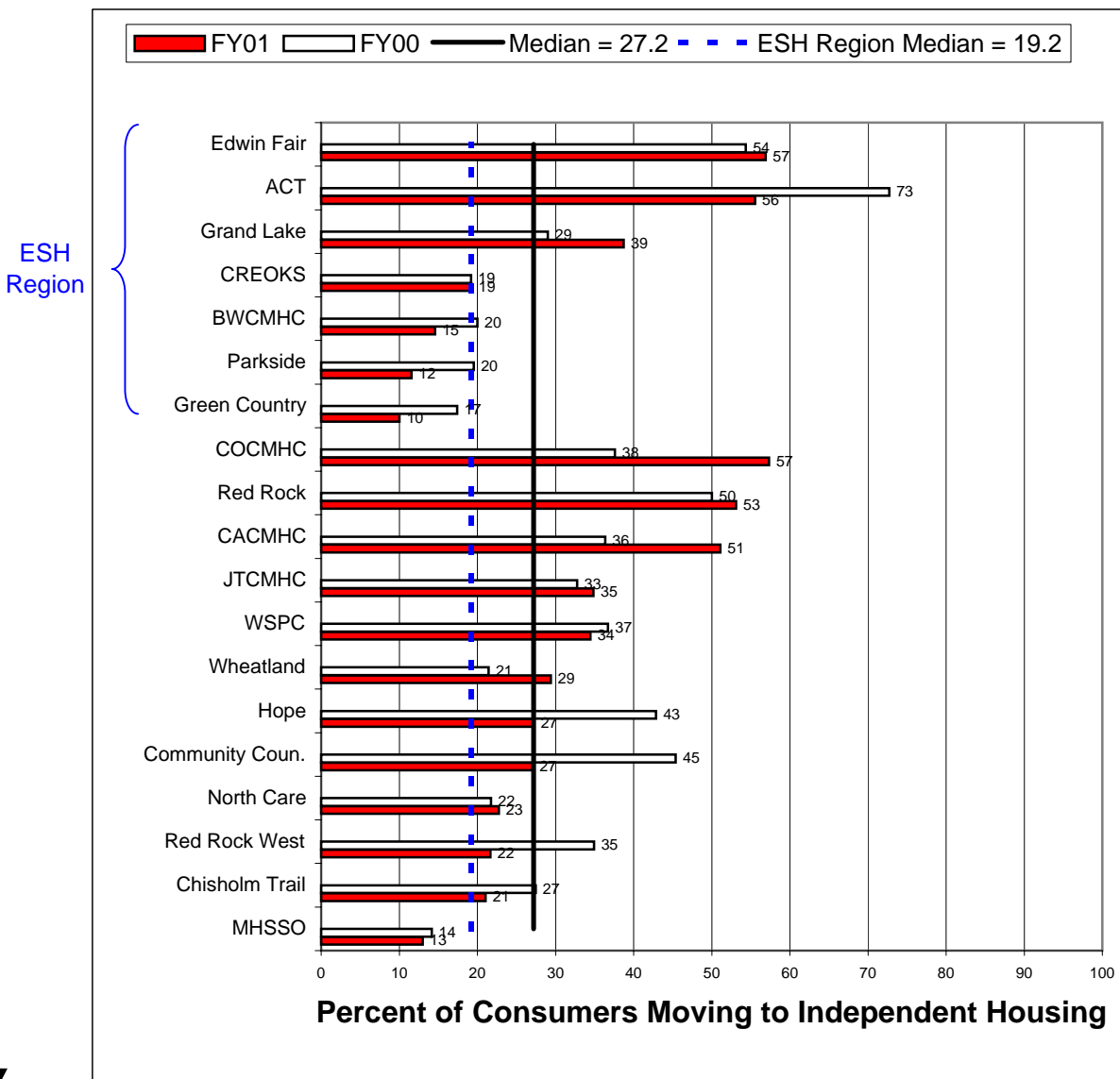
For this report, the seven community mental health centers in the Eastern State Hospital (ESH) region are grouped together at the top of each graph and a dotted vertical line has been added to show the ESH region median or average. The first indicator reflects the percent of consumers moving to independent housing (see page 6). Statewide, 27.2 percent of clients had moved to independent housing in fiscal year 2001 compared to a regional median of 19.2 percent for the CMHCs in the ESH region. Next, the number of clients who were re-admitted to inpatient within 30 days of discharge was 6.7 percent statewide, compared to 4.2 percent for the ESH region (see page 8).

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. When looking at the average number of days from inpatient discharge to community-based services (see page 10), the ESH regional average was 4.9 days compared to 6.7 days statewide. However, the number of days until a client is seen in the community seems to be decreasing statewide as 12 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 CMHCs in the ESH region had slightly higher percentages of clients being seen in this time frame than the statewide median (76.5% vs. 75.1%, see page 12). Overall, eleven of the CMHCs increased the percent of clients being seen within 14 days of discharge when compared to previous year's performance. The median percent of clients receiving hourly crisis services who are being seen within 14 days for the state was 67.9 percent and 73.5 percent in the ESH region, with 14 CMHCs increasing the percent of clients seen within 14 days from their previous year's performance (page 14).

Pages 16-43 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 16 demonstrates that clients served in the ESH region have a longer inpatient stay than the statewide median (8.8 days vs. 7.6 days), while page 18 shows the rate of ESH region clients receiving inpatient services is lower than the statewide median (10.2 percent vs. 15.4 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 June 30, 2001?



Answer: Of the clients (age 18 - 60) served in FY01, 6.9% were not living in independent housing at admission. Of those, 27.2% moved to independent housing systemwide, varying from 10% to 57% among the 19 CMHCs. For the 8.8% of clients in the ESH region not living in independent housing at admission, 19.2% moved to independent housing, which varied from 10% to 57% among the seven CMCHs 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.

Adult Consumers Moving to Independent Housing

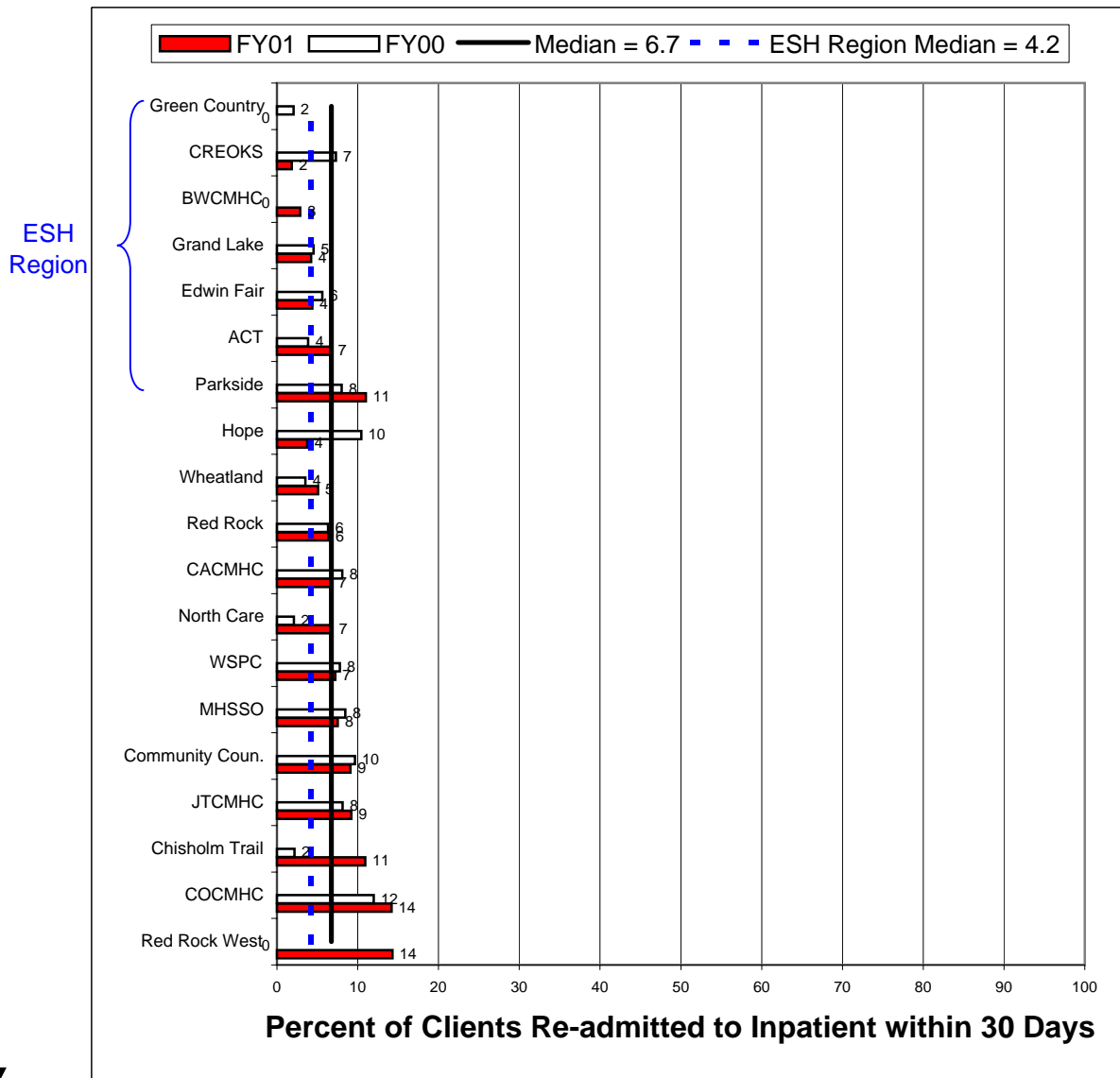
Question: What percent of consumers move into independent housing while receiving treatment for the time period July 1, 2000 through June 30, 2001?

Agency	FY00				FY01				FY01	
	Total Adults between 18 and 60 years old	Adults not living in Independent Housing at Admission	Adults that housing changed to Independent	Percent	Total Adults between 18 and 60 years old	Adults not living in Independent Housing at Admission	Adults that housing changed to Independent	Percent	Statewide ESH Region Median	FY01 Median
Edwin Fair	967	46	25	54.3	1,095	65	37	56.9	27.2	19.2
ACT	450	11	8	72.7	514	9	5	55.6		
Grand Lake	1,019	93	27	29.0	1,383	111	43	38.7		
CREOKS	563	73	14	19.2	747	52	10	19.2		
BWCMHC	1,210	60	12	20.0	1,255	48	7	14.6		
Parkside	3,512	430	84	19.5	4,103	492	57	11.6		
Green Country	620	69	12	17.4	923	100	10	10.0		
COCMHC	1,186	133	50	37.6	1,235	75	43	57.3		
Red Rock	922	16	8	50.0	977	32	17	53.1		
CACMHC	1,974	33	12	36.4	2,052	45	23	51.1		
JTCMHC	1,774	58	19	32.8	1,941	66	23	34.8		
WSPC	1,351	79	29	36.7	1,555	87	30	34.5		
Wheatland	674	28	6	21.4	797	34	10	29.4		
Hope	879	98	42	42.9	874	125	34	27.2		
Community Coun.	1,293	152	69	45.4	967	222	60	27.0		
North Care	933	23	5	21.7	1,002	22	5	22.7		
Red Rock West	899	63	22	34.9	752	60	13	21.7		
Chisholm Trail	1,188	51	14	27.5	1,259	38	8	21.1		
MHSSO	2,311	205	29	14.1	2,373	123	16	13.0		

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.
Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, and Failed to Begin Treatment are excluded.

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 June 30, 2001?



Answer: The percent of consumers experiencing a re-admission within 30 days of discharge from inpatient treatment in FY01 varied from 0% to 14% among the 19 CMHCs, with an overall state median of 6.7%. For the seven CMHCs in the ESH region, the percent of re-admissions varied from 0% to 11%, with a regional median of 4.2%.

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

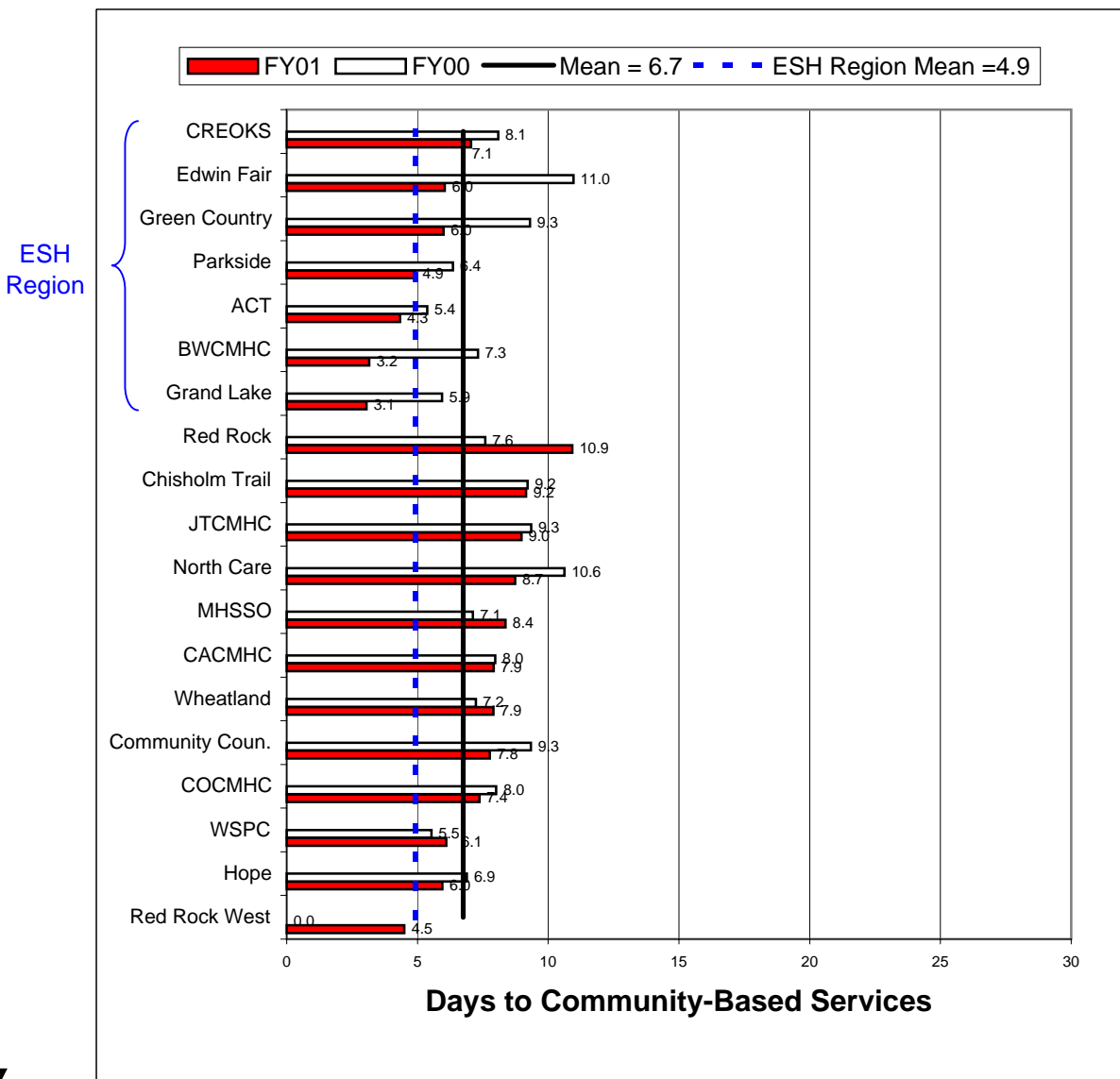
Question: What percent of consumers are discharged from an inpatient unit and re-admitted to inpatient treatment within 30 days of discharge for the time period July 1, 2000 through June 30, 2001?

Agency	FY00				FY01				FY01	
	Total Clients		Inpatient Discharges		Total Clients		Inpatient Discharges		Number re-admitted to Hospital or CMHC	Percent
Green Country	713	49	1	2.0	1,028	4	0	0.0		
CREOKS	675	123	9	7.3	872	54	1	1.9		
BWCMHC	1,313	36	0	0.0	1,396	173	5	2.9		
Grand Lake	1,463	198	9	4.5	1,829	118	5	4.2		
Edwin Fair	1,073	107	6	5.6	1,204	114	5	4.4		
ACT	482	26	1	3.8	540	30	2	6.7		
Parkside	3,720	399	32	8.0	4,338	463	51	11.0		
Hope	946	153	16	10.5	931	161	6	3.7		
Wheatland	707	85	3	3.5	839	197	10	5.1		
Red Rock	1,168	190	12	6.3	1,183	252	16	6.3		
CACMHC	2,233	507	41	8.1	2,308	476	32	6.7		
North Care	1,044	96	2	2.1	1,099	103	7	6.8		
WSPC	1,461	218	17	7.8	1,651	221	16	7.2		
MHSSO	2,568	663	56	8.4	2,572	810	61	7.5		
Community Coun.	1,666	259	25	9.7	1,255	231	21	9.1		
JTCMHC	1,949	259	21	8.1	2,106	261	24	9.2		
Chisholm Trail	1,332	46	1	2.2	1,408	64	7	10.9		
COCMHC	1,369	493	59	12.0	1,389	508	72	14.2		
Red Rock West	973	1	0	0.0	812	7	1	14.3		
									Statewide ESH Region	
									Median	6.7
									Median	4.2

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 June 30, 2001?



Answer: The average number of days from an inpatient discharge (hospital or community-based inpatient) to a community-based service in FY01 varied from 3.1 to 10.9 days among the 19 CMHCs, with an overall state average of 6.7 days. For the seven CMHCs in the ESH region, the average number of days from discharge to a community-based service varied from 3.1 to 6, with a regional average of 4.9 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. 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 June 30, 2001?

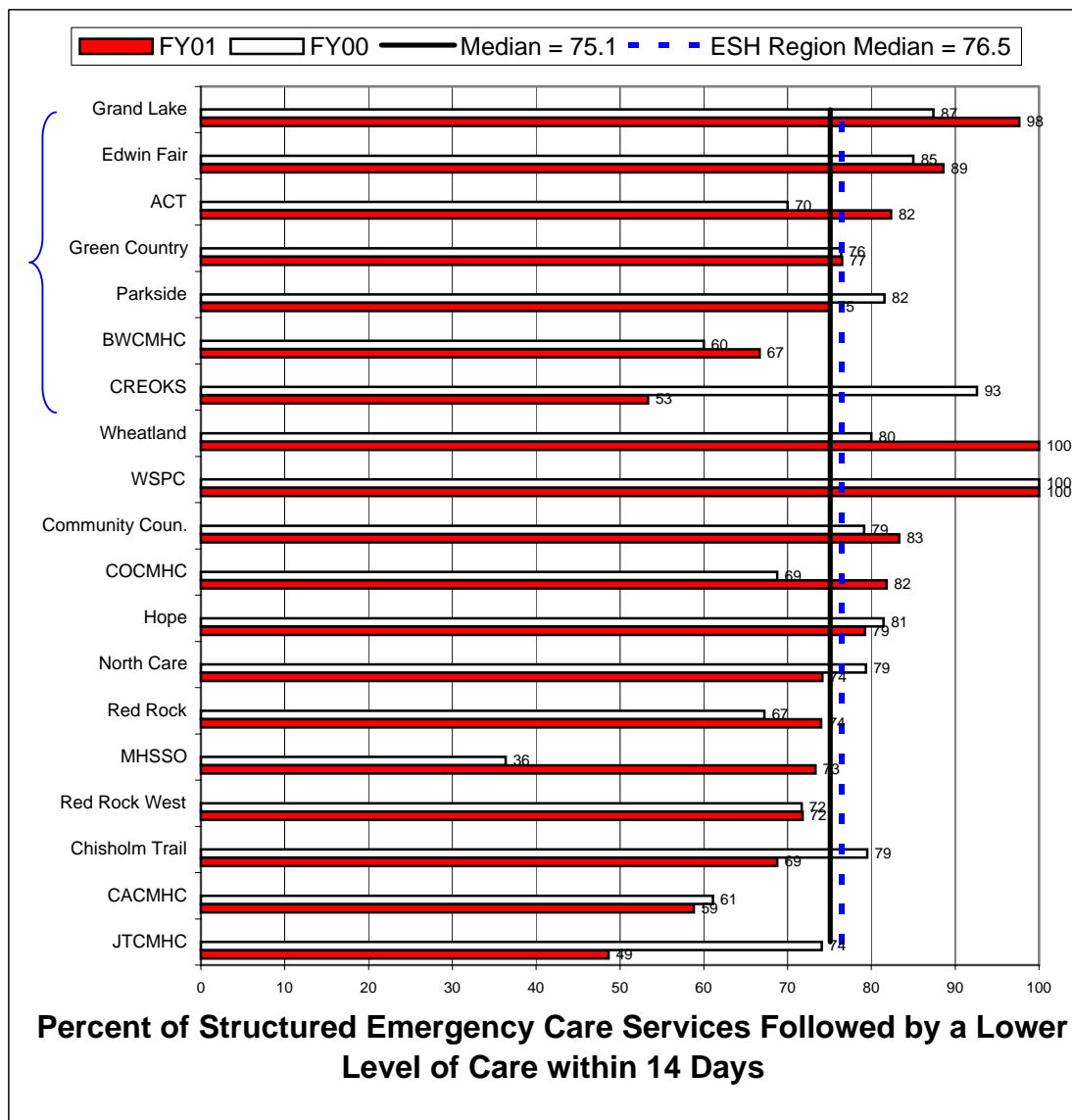
Agency	FY00					FY01					FY01	
	Average number of days from Inpatient Discharge to Follow-up				Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from Inpatient Discharge to Follow-up	Statewide ESH Region			
	Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from Inpatient Discharge to Follow-up					Mean	Mean		
CREOKS	675	123	56	8.1	872	54	39	7.1	6.7	4.9		
Edwin Fair	1,073	107	54	11.0	1,204	114	75	6.0				
Green Country	713	49	23	9.3	1,028	4	3	6.0				
Parkside	3,720	399	308	6.4	4,338	463	377	4.9				
ACT	482	26	24	5.4	540	30	24	4.3				
BWCMHC	1,313	36	16	7.3	1,396	173	88	3.2				
Grand Lake	1,463	198	129	5.9	1,829	118	111	3.1				
Red Rock	1,168	190	80	7.6	1,183	252	106	10.9				
Chisholm Trail	1,332	46	19	9.2	1,408	64	40	9.2				
JTCMHC	1,949	259	216	9.3	2,106	261	201	9.0				
North Care	1,044	96	47	10.6	1,099	103	49	8.7				
MHSSO	2,568	663	437	7.1	2,572	810	484	8.4				
CACMHC	2,233	507	421	8.0	2,308	476	400	7.9				
Wheatland	707	85	48	7.2	839	197	113	7.9				
Community Coun.	1,666	259	104	9.3	1,255	231	103	7.8				
COCMHC	1,369	493	329	8.0	1,389	508	333	7.4				
WSPC	1,461	218	174	5.5	1,651	221	181	6.1				
Hope	946	153	81	6.9	931	161	87	6.0				
Red Rock West	973	1	0	0.0	812	7	2	4.5				

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 49% to 100% in FY01, with an overall median of 75.1%. In the ESH region, the percent of structured emergency care services followed by a lower level of care within 14 days varied from 53% to 98%, with a regional median of 76.5%.

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

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?

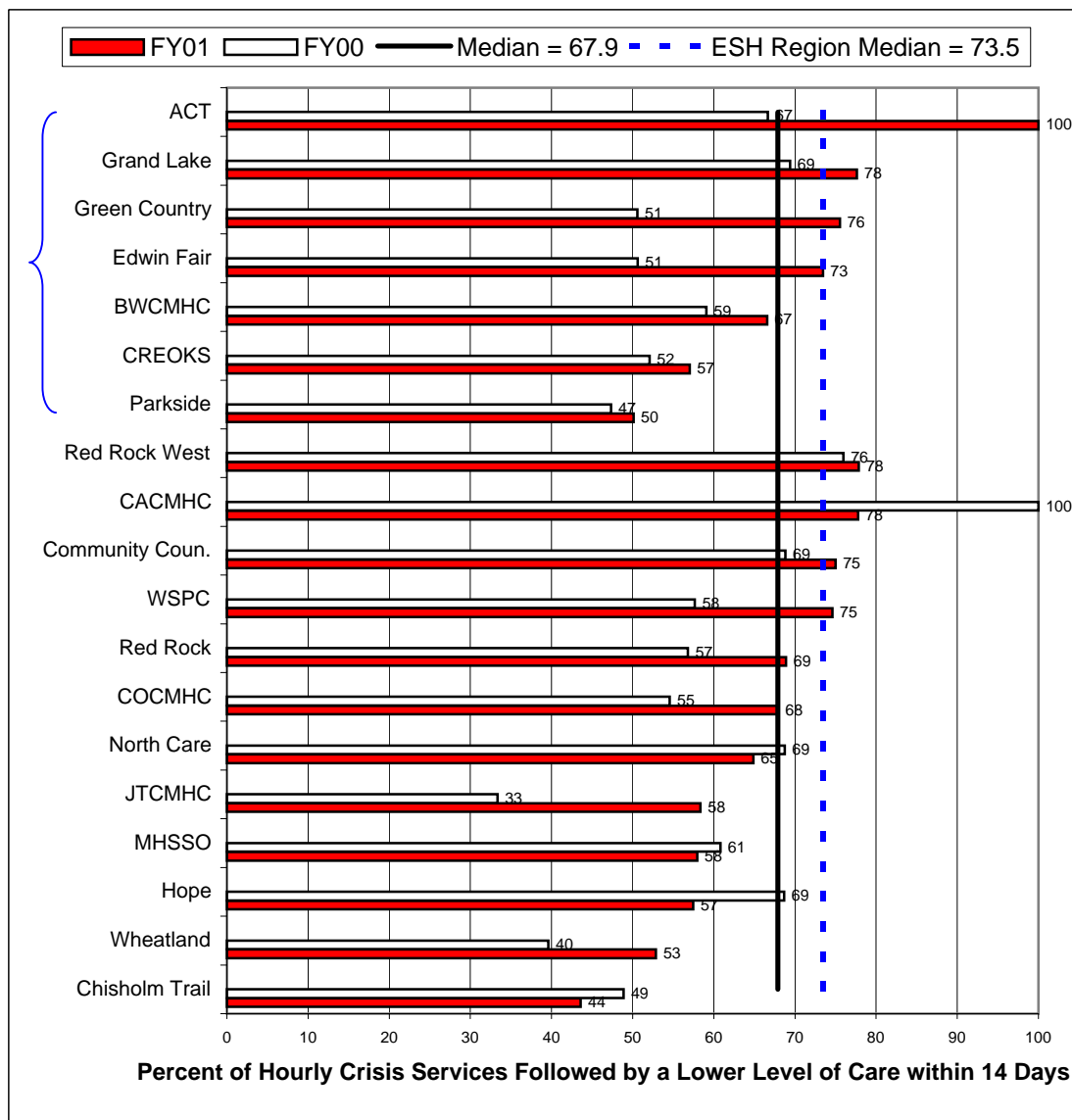
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Refer to Definition pages for a description of structured emergency care services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported. Client must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

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 44% to 100% among the 19 CMHCs in FY01, with an overall median of 67.9%. 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 50% to 100%, with a regional median of 73.5%.

Refer to Definition pages for a description of crisis services. Client must be active at a CMHC to be counted. 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

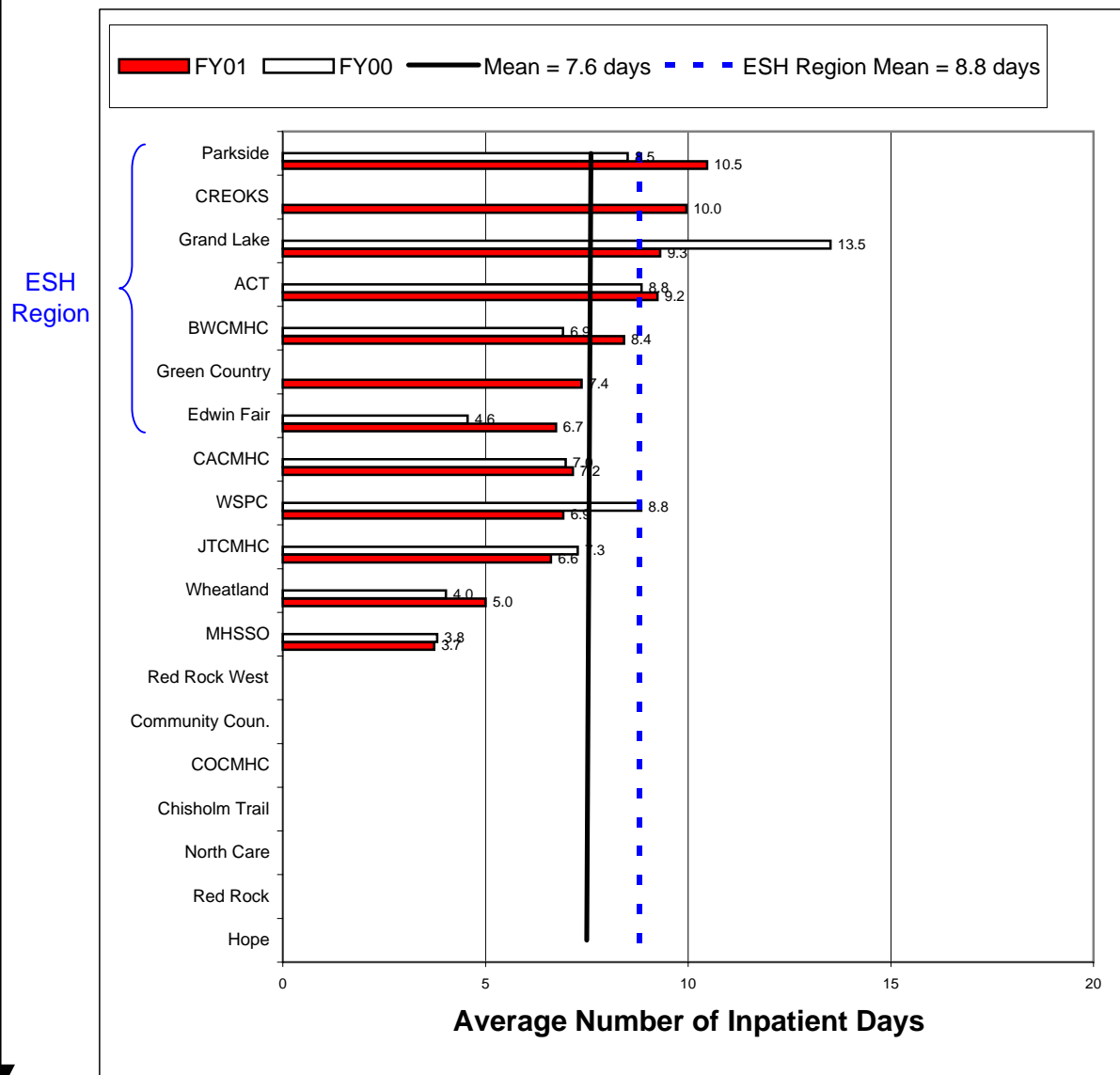
Question: What percent of hourly crisis services are followed by a lower level of care within 14 days?

Agency	FY00				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	6	4	66.7	1,532	7	7	100.0	67.9	73.5
Grand Lake	1,075	392	272	69.4	804	568	441	77.6		
Green Country	1,253	85	43	50.6	877	139	105	75.5		
Edwin Fair	713	409	207	50.6	618	520	382	73.5		
BWCMHC	4,236	457	270	59.1	2,973	446	297	66.6		
CREOKS	1,911	119	62	52.1	1,152	156	89	57.1		
Parkside	616	3,866	1,830	47.3	471	5,470	2,741	50.1		
Red Rock West	1,146	366	278	76.0	862	461	359	77.9		
CACMHC	1,824	1	1	100.0	1,031	45	35	77.8		
Community Coun.	1,610	125	86	68.8	1,192	36	27	75.0		
WSPC	2,271	581	335	57.7	1,852	311	232	74.6		
Red Rock	1,909	88	50	56.8	1,116	119	82	68.9		
COCMHC	2,099	220	120	54.5	1,367	271	184	67.9		
North Care	1,222	16	11	68.8	600	37	24	64.9		
JTCMHC	2,922	3	1	33.3	1,912	24	14	58.3		
MHSSO	1,054	789	480	60.8	717	661	383	57.9		
Hope	786	83	57	68.7	603	47	27	57.4		
Wheatland	3,119	101	40	39.6	1,962	176	93	52.8		
Chisholm Trail	1,451	352	172	48.9	1,137	344	150	43.6		

Refer to Definition pages for a description of crisis services. Client must be active at a CMHC to be counted.
 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 FY01.

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 June 30, 2001?



Answer: The average number of community-based inpatient days for clients receiving inpatient services in FY01 is 7.6 days per month, varying from 3.7 to 10.5 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 6.7 to 10.5, with a regional average of 8.8 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 June 30, 2001?

Agency	FY00				FY01				FY01	
	Average Number of Clients				Average Number of Clients				Statewide Mean	ESH Region Mean
	Total Days Provided	Receiving service per month	Average Days provided per month	Average Number of Days Per Client	Total Days Provided	Receiving service per month	Average Days provided per month	Average Number of Days Per Client		
Parkside	4,749	47	396	8.5	8,332	66	694	10.5	7.6	8.8
CREOKS	0	0	0	0.0	1,254	11	105	10.0		
Grand Lake	689	10	138	13.5	1,815	16	151	9.3		
ACT	292	7	58	8.8	536	5	45	9.2		
BWCMHC	2,190	27	183	6.9	2,055	20	171	8.4		
Green Country	0	0	0	0.0	59	1	10	7.4		
Edwin Fair	707	13	59	4.6	2,691	33	224	6.7		
CACMHC	7,298	87	608	7.0	6,577	77	548	7.2		
WSPC	4,826	46	402	8.8	4,394	53	366	6.9		
JTCMHC	3,996	46	333	7.3	3,693	47	308	6.6		
Wheatland	161	4	18	4.0	100	2	11	5.0		
MHSSO	1,596	35	133	3.8	1,629	36	136	3.7		
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.

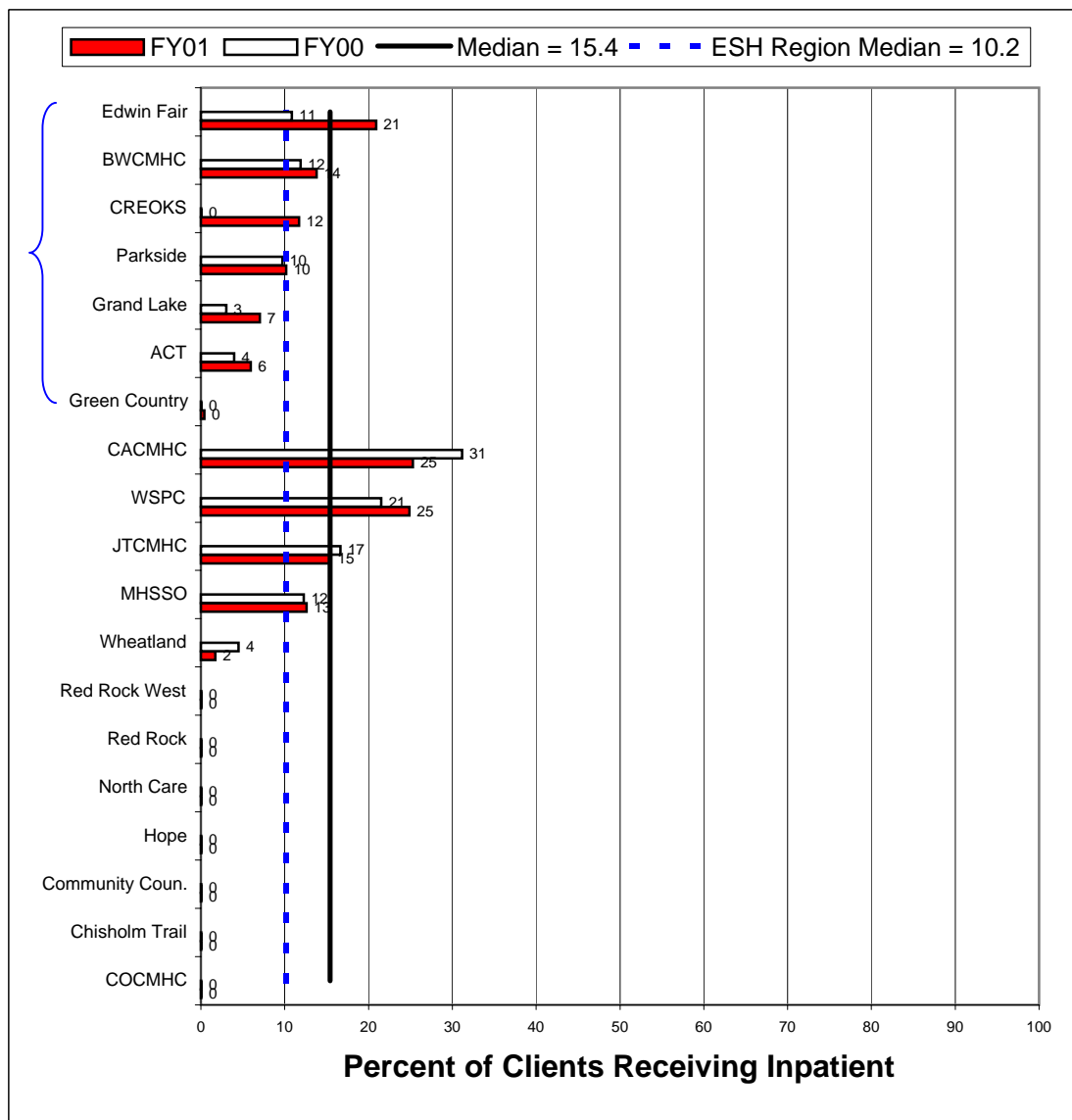
For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

*BWCMHC has not reported inpatient services for FY01.

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 June 30, 2001?

ESH
Region



Answer: The percent of clients receiving community-based inpatient days in FY01 varied from 0% to 25% among the 12 CMHCs, which provided or contracted for this service, with an overall median of 15.4%. For the seven CMHCs in the ESH region, the median percent of clients receiving community-based inpatient days varied from 0% to 21%, with a regional median of 10.2%.

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 June 30, 2001?

Agency	FY00			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	1,154	125	10.8	1,268	265	20.9	15.4	10.2
BWCMHC	1,515	180	11.9	1,585	219	13.8		
CREOKS	704	0	0.0	940	110	11.7		
Parkside	3,815	371	9.7	4,455	453	10.2		
Grand Lake	1,584	48	3.0	1,974	139	7.0		
ACT	604	24	4.0	622	37	5.9		
Green Country	893	0	0.0	1,268	5	0.4		
CACMHC	2,286	712	31.1	2,463	623	25.3		
WSPC	1,684	362	21.5	1,862	463	24.9		
JTCMHC	2,386	397	16.6	2,537	391	15.4		
MHSSO	2,828	347	12.3	2,808	354	12.6		
Wheatland	760	34	4.5	933	16	1.7		
Red Rock West	1,084	0	0.0	888	0	0.0		
Red Rock	1,541	0	0.0	1,599	0	0.0		
North Care	1,223	0	0.0	1,351	0	0.0		
Hope	1,037	0	0.0	998	0	0.0		
Community Coun.	1,801	0	0.0	1,336	0	0.0		
Chisholm Trail	1,444	0	0.0	1,646	0	0.0		
COCMHC	1,590	0	0.0	1,622	0	0.0		

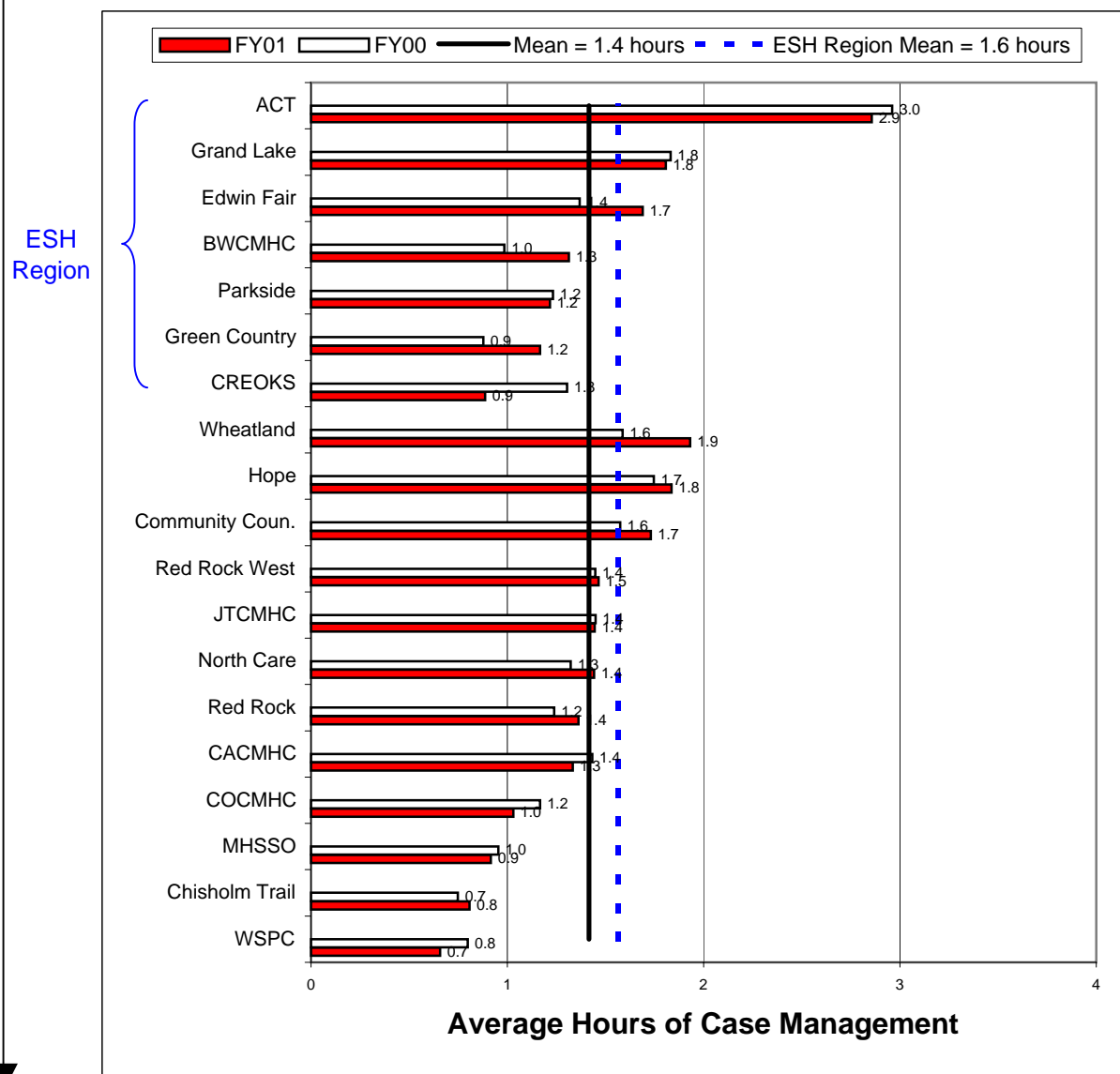
Agencies showing no inpatient days did not provide or contract for inpatient services.

For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

*BWCMHC has not reported inpatient services for FY01.

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 June 30, 2001?



Answer: The average number of case management hours for clients receiving case management in FY01 is 1.4 hours per month, and varied from .7 to 2.9 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of case management hours varied from .9 to 2.9 hours, with a regional average of 1.6 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 June 30, 2001?

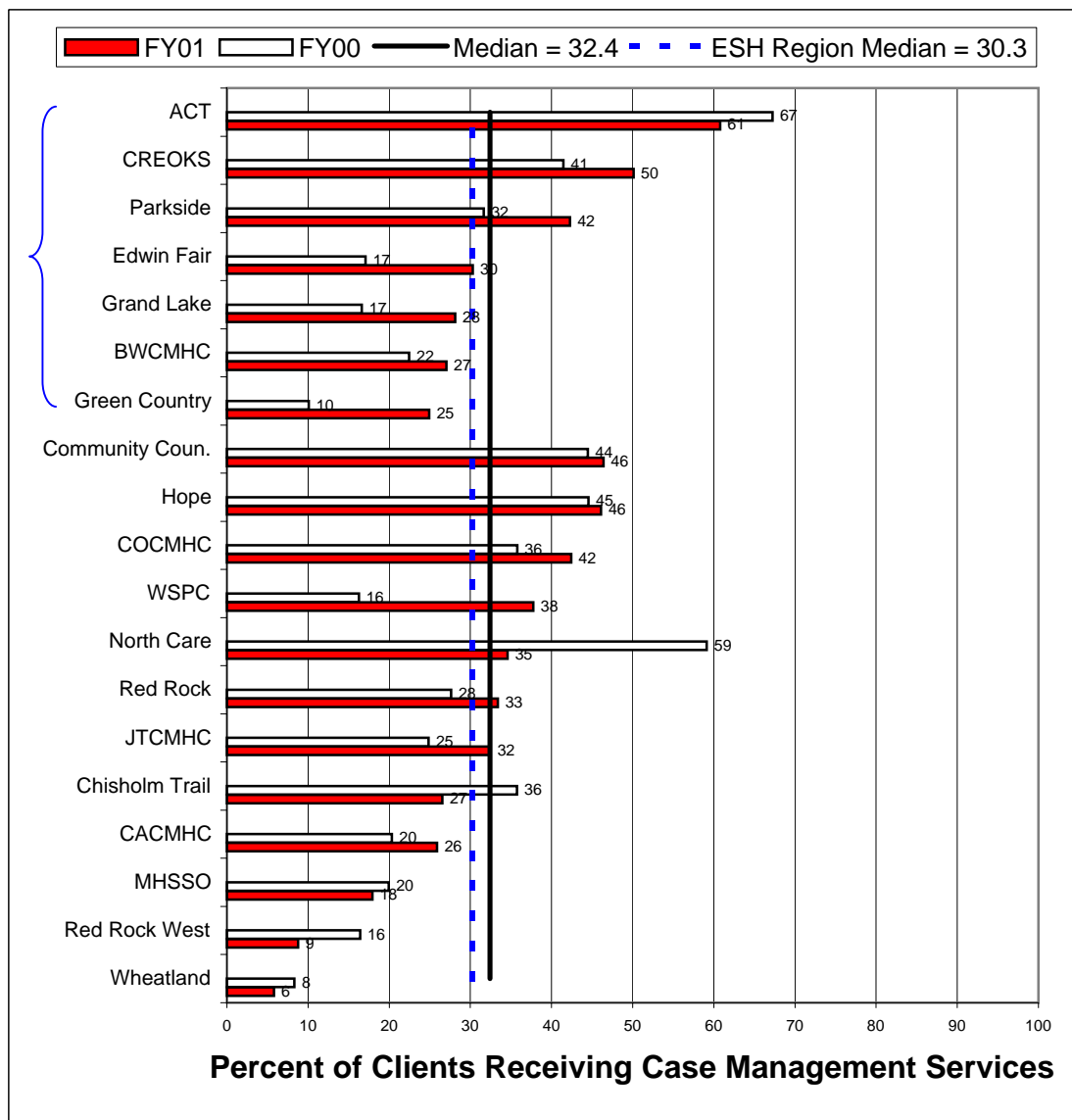
Agency	FY00				FY01				FY01	
	Average Number of Clients		Average		Average Number of Clients		Average		Statewide Mean	ESH Region Mean
	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client		
ACT	5,728	161	477	3.0	5,671	165	473	2.9	1.4	1.6
Grand Lake	810	44	81	1.8	3,122	144	260	1.8		
Edwin Fair	503	31	42	1.4	1,851	91	154	1.7		
BWCMHC	680	58	57	1.0	1,385	88	115	1.3		
Parkside	4,261	288	355	1.2	6,778	464	565	1.2		
Green Country	114	11	10	0.9	586	42	49	1.2		
CREOKS	1,267	81	106	1.3	1,136	107	95	0.9		
Wheatland	319	25	40	1.6	493	21	41	1.9		
Hope	2,550	122	213	1.7	2,641	120	220	1.8		
Community Coun.	4,593	243	383	1.6	3,860	186	322	1.7		
Red Rock West	621	36	52	1.4	275	16	23	1.5		
JTCMHC	3,470	199	289	1.4	4,223	244	352	1.4		
North Care	2,994	189	250	1.3	1,724	100	144	1.4		
Red Rock	1,192	80	99	1.2	2,362	145	197	1.4		
CACMHC	1,801	105	150	1.4	2,146	134	179	1.3		
COCMHC	1,660	119	138	1.2	1,850	150	154	1.0		
MHSSO	868	76	72	1.0	760	69	63	0.9		
Chisholm Trail	1,074	120	89	0.7	855	88	71	0.8		
WSPC	538	56	45	0.8	1,174	149	98	0.7		

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 June 30, 2001?

ESH
Region



Answer: The percent of clients receiving case management in FY01 varied from 6% to 61% among the 19 CMHCs, with an overall median of 32.4%. For the seven CMHCs in the ESH region, the percent of clients receiving case management varied from 25% to 61%, with a regional median of 30.3%.

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

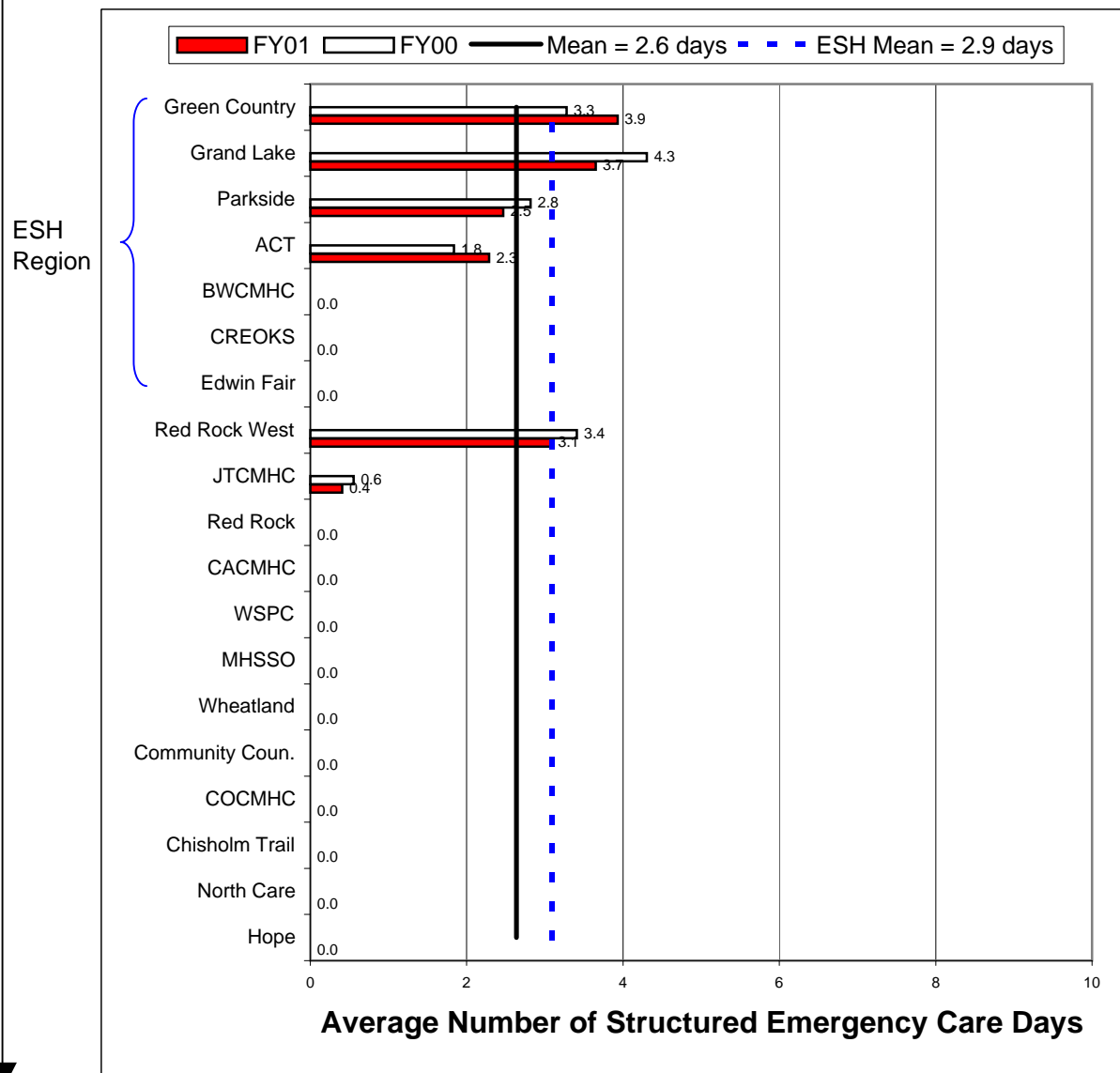
Question: What percent of clients are receiving case management for the time period July 1, 2000 through June 30, 2001?

Agency	FY00			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	604	406	67.2	622	378	60.8	32.4	30.3
CREOKS	704	292	41.5	940	471	50.1		
Parkside	3,815	1,207	31.6	4,455	1,883	42.3		
Edwin Fair	1,154	197	17.1	1,268	384	30.3		
Grand Lake	1,584	263	16.6	1,974	555	28.1		
BWCMHC	1,515	340	22.4	1,585	429	27.1		
Green Country	893	90	10.1	1,268	316	24.9		
Community Coun.	1,801	801	44.5	1,336	620	46.4		
Hope	1,037	462	44.6	998	460	46.1		
COCMHC	1,590	569	35.8	1,622	688	42.4		
WSPC	1,684	274	16.3	1,862	703	37.8		
North Care	1,223	723	59.1	1,351	467	34.6		
Red Rock	1,541	426	27.6	1,599	534	33.4		
JTCMHC	2,386	593	24.9	2,537	822	32.4		
Chisholm Trail	1,444	516	35.7	1,646	437	26.5		
CACMHC	2,286	465	20.3	2,463	638	25.9		
MHSSO	2,828	564	19.9	2,808	503	17.9		
Red Rock West	1,084	178	16.4	888	78	8.8		
Wheatland	760	63	8.3	933	54	5.8		

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 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 June 30, 2001?



Answer: For the six CMHCs, which provided or contracted for structured emergency care day services in FY01, the average number of days for clients receiving this service is 2.6 days per month, varying from .4 to 3.9 days. For the four CMHCs in the ESH region, the average number of structured emergency care days varied from 2.3 to 3.9 days, with a regional average of 3.1 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 June 30, 2001?

Agency	FY00				FY01				FY01	
	Average Number of Clients		Average Days provided per month		Average Number of Clients		Average Days provided per month		Statewide Mean	ESH Region Mean
	Total Days Provided	Receiving service per month	Average Days provided per month	Number of Days Per Client	Total Days Provided	Receiving service per month	Average Days provided per month	Number of Days Per Client		
Green Country	990	25	82	3.3	1,562	33	130	3.9		
Grand Lake	1,361	26	113	4.3	2,023	46	169	3.7		
Parkside	2,176	64	181	2.8	3,247	110	271	2.5		
ACT	57	5	10	1.8	192	7	16	2.3		
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	1,656	41	138	3.4	1,605	43	134	3.1		
JTCMHC	74	11	6	0.6	68	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		
									2.6	3.1

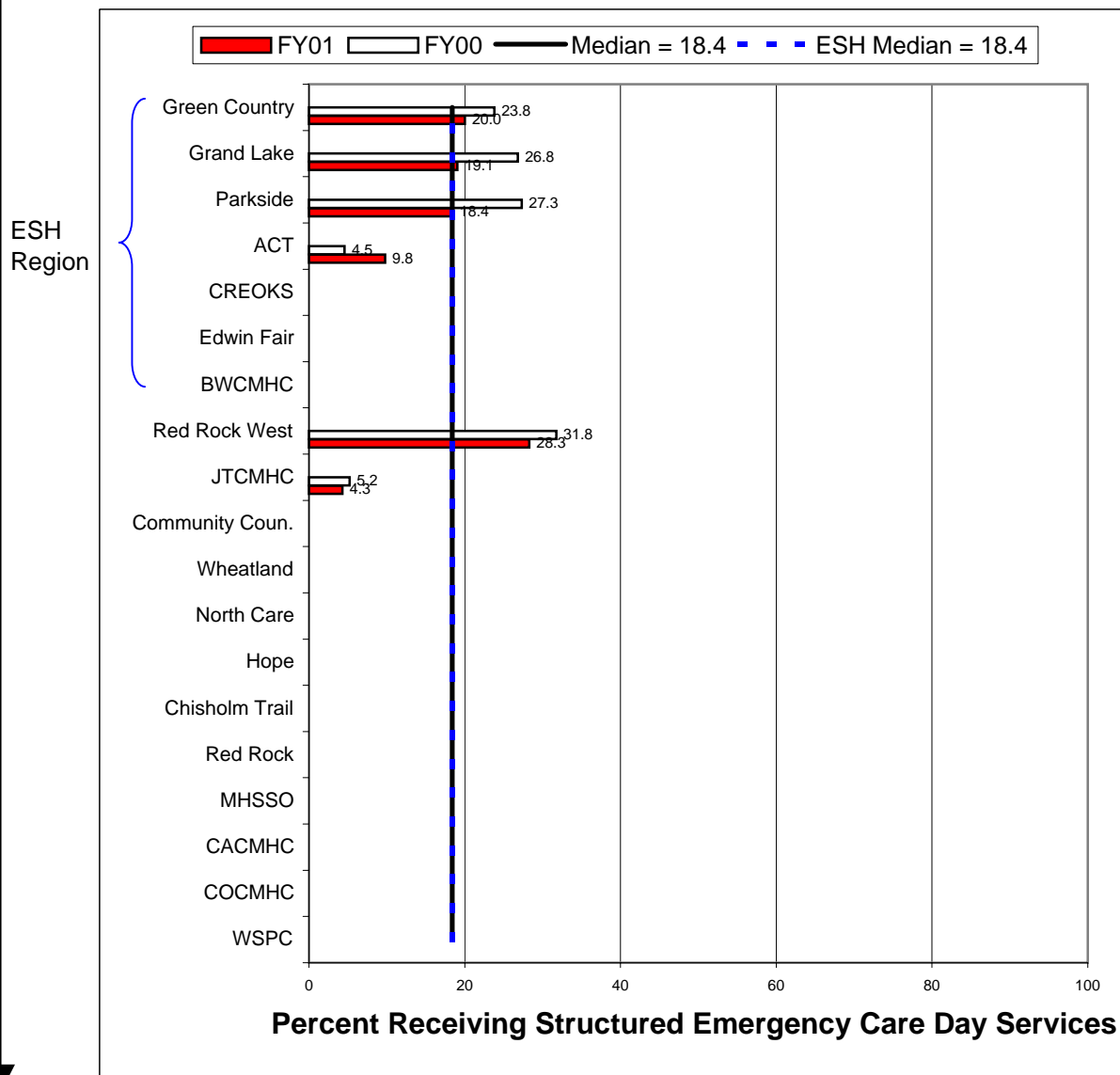
Not all CMHCs are contracted to provide crisis days services.

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.

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 June 30, 2001?



Answer: The percent of clients receiving structured emergency care day services in FY01 varied from 4.3% to 28.3% among the six CMHCs, which provided or contracted for this service, with an overall median of 18.4%. For the four CMHCs in the ESH region, the percent of clients receiving structured emergency care day services varied from 9.8% to 20%, with a regional median of 18.4%.

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 June 30, 2001?

Agency	FY00			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
Green Country	1,075	256	23.8	804	161	20.0	18.4	18.4
Grand Lake	1,827	490	26.8	1,532	292	19.1		
Parkside	4,236	1,158	27.3	2,973	548	18.4		
ACT	616	28	4.5	471	46	9.8		
CREOKS	731	0	0.0	618	0	0.0		
Edwin Fair	1,253	0	0.0	877	0	0.0		
BWCMHC	1,911	0	0.0	1,152	0	0.0		
Red Rock West	1,146	364	31.8	682	193	28.3		
JTCMHC	2,922	152	5.2	1,912	82	4.3		
Community Coun.	1,824	0	0.0	1,031	0	0.0		
Wheatland	786	0	0.0	603	0	0.0		
North Care	1,222	0	0.0	600	0	0.0		
Hope	1,054	0	0.0	717	0	0.0		
Chisholm Trail	1,451	0	0.0	1,137	0	0.0		
Red Rock	1,909	0	0.0	1,116	0	0.0		
MHSSO	3,119	0	0.0	1,962	0	0.0		
CACMHC	2,271	0	0.0	1,852	0	0.0		
COCMHC	1,610	0	0.0	1,192	0	0.0		
WSPC	2,099	0	0.0	1,367	0	0.0		

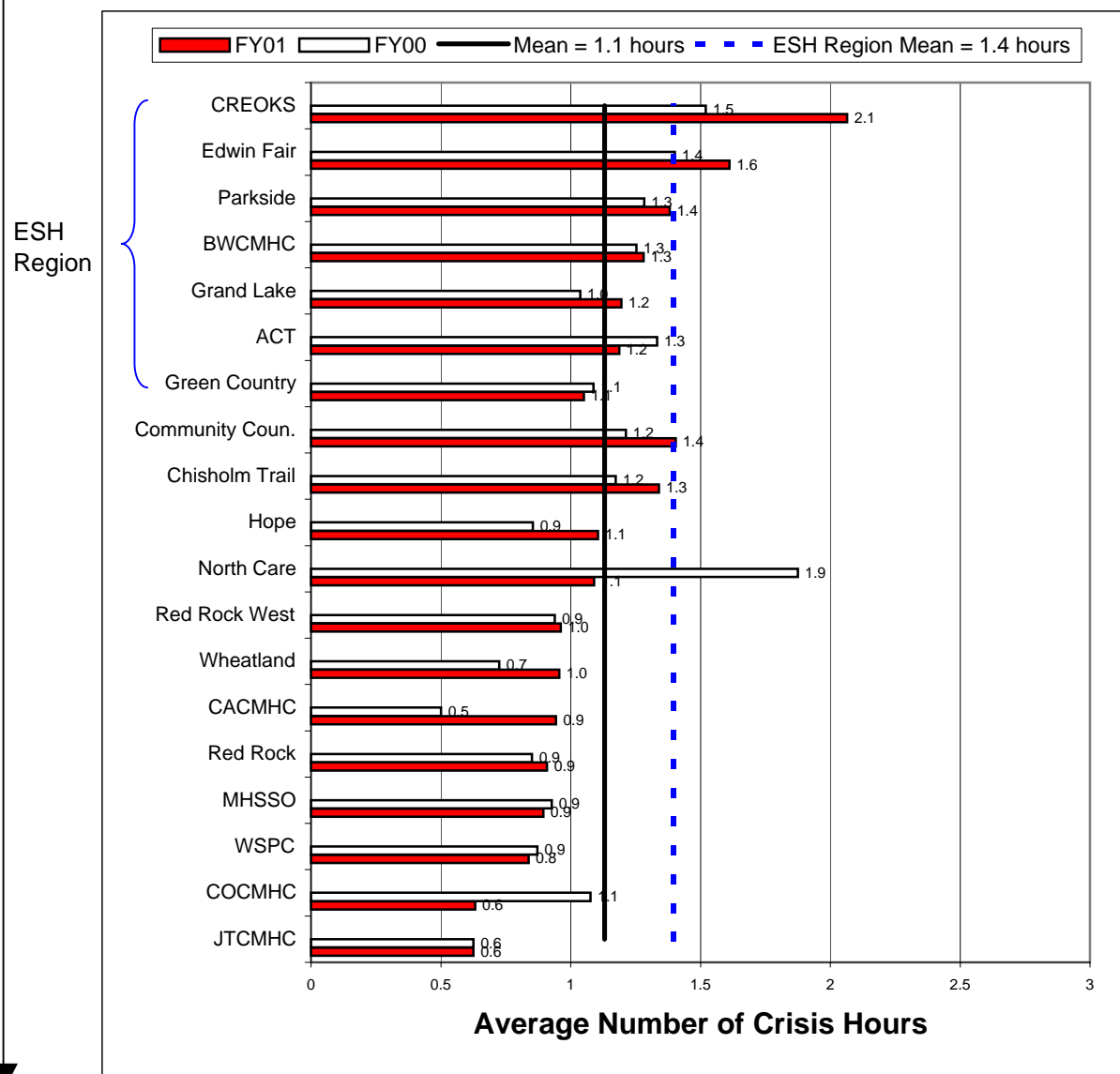
Not all CMHCs are contracted to provide crisis days services.

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 June 30, 2001?



Answer: The average number of crisis hours for clients receiving hourly crisis services in FY01 is 1.1 hours per month, varying from .6 to 2.1 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of crisis hours varied from 1.1 to 2.1 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 June 30, 2001?

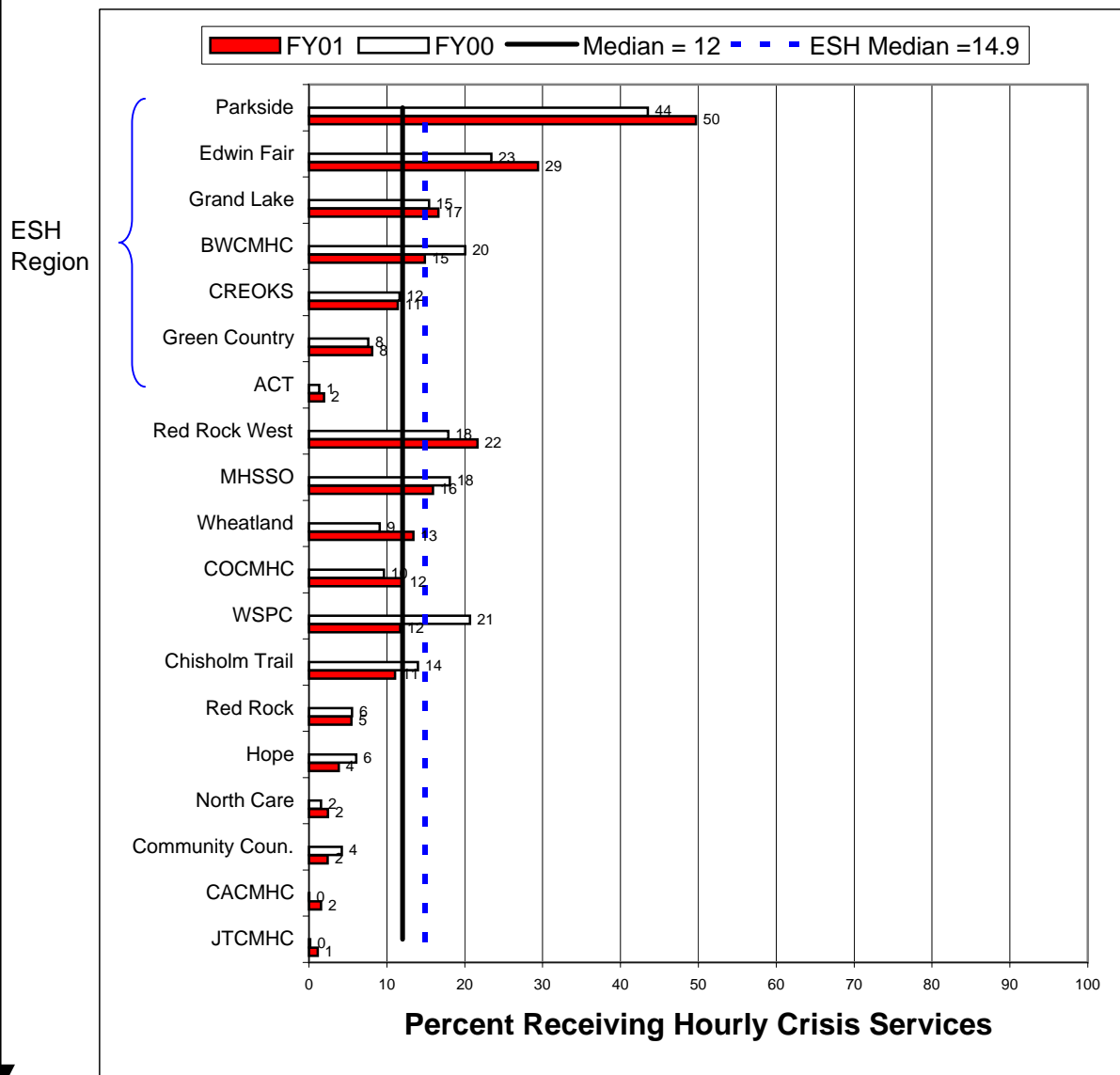
Agency	FY00				FY01				FY01	
	Average Number of Clients		Average		Average Number of Clients		Average		Statewide Mean	ESH Region Mean
	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client		
CREOKS	167	9	14	1.5	287	12	24	2.1	1.1	1.4
Edwin Fair	507	30	42	1.4	745	39	62	1.6		
Parkside	3,218	209	268	1.3	4,751	287	396	1.4		
BWCMHC	509	34	42	1.3	462	30	39	1.3		
Grand Lake	351	28	29	1.0	569	40	47	1.2		
ACT	12	2	2	1.3	14	2	2	1.2		
Green Country	87	7	7	1.1	136	11	11	1.1		
Community Coun.	126	9	11	1.2	48	3	4	1.4		
Chisholm Trail	336	24	28	1.2	360	22	30	1.3		
Hope	62	6	5	0.9	45	3	4	1.1		
North Care	38	3	5	1.9	39	3	4	1.1		
Red Rock West	283	25	24	0.9	336	29	28	1.0		
Wheatland	64	7	5	0.7	152	13	13	1.0		
CACMHC	1	1	1	0.5	38	6	5	0.9		
Red Rock	83	8	7	0.9	111	10	9	0.9		
MHSSO	628	56	52	0.9	539	50	45	0.9		
WSPC	425	41	35	0.9	240	24	20	0.8		
COCMHC	210	16	17	1.1	158	21	13	0.6		
JTCMHC	3	1	1	0.6	18	3	2	0.6		

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 June 30, 2001?



Answer: The percent of clients receiving hourly crisis services in FY01 varied from 1% to 50% among the 19 CMHCs, with an overall median of 12%. For the seven CMHCs in the ESH region, the percent of clients receiving hourly crisis services varied from 2% to 50%, with a regional median of 14.9%.

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 June 30, 2001?

Agency	FY00			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	3,815	1,660	43.5	4,455	2,214	49.7	12.0	14.9
Edwin Fair	1,154	270	23.4	1,268	373	29.4		
Grand Lake	1,584	244	15.4	1,974	328	16.6		
BWCMHC	1,515	304	20.1	1,585	236	14.9		
CREOKS	704	82	11.6	940	107	11.4		
Green Country	893	68	7.6	1,268	103	8.1		
ACT	604	8	1.3	622	12	1.9		
Red Rock West	1,084	194	17.9	888	192	21.6		
MHSSO	2,828	511	18.1	2,808	447	15.9		
Wheatland	760	69	9.1	933	125	13.4		
COCMHC	1,590	153	9.6	1,622	195	12.0		
WSPC	1,684	348	20.7	1,862	218	11.7		
Chisholm Trail	1,444	202	14.0	1,646	182	11.1		
Red Rock	1,541	85	5.5	1,599	87	5.4		
Hope	1,037	63	6.1	998	38	3.8		
North Care	1,223	19	1.6	1,351	33	2.4		
Community Coun.	1,801	76	4.2	1,336	32	2.4		
CACMHC	2,286	1	0.0	2,463	38	1.5		
JTCMHC	2,386	4	0.2	2,537	28	1.1		

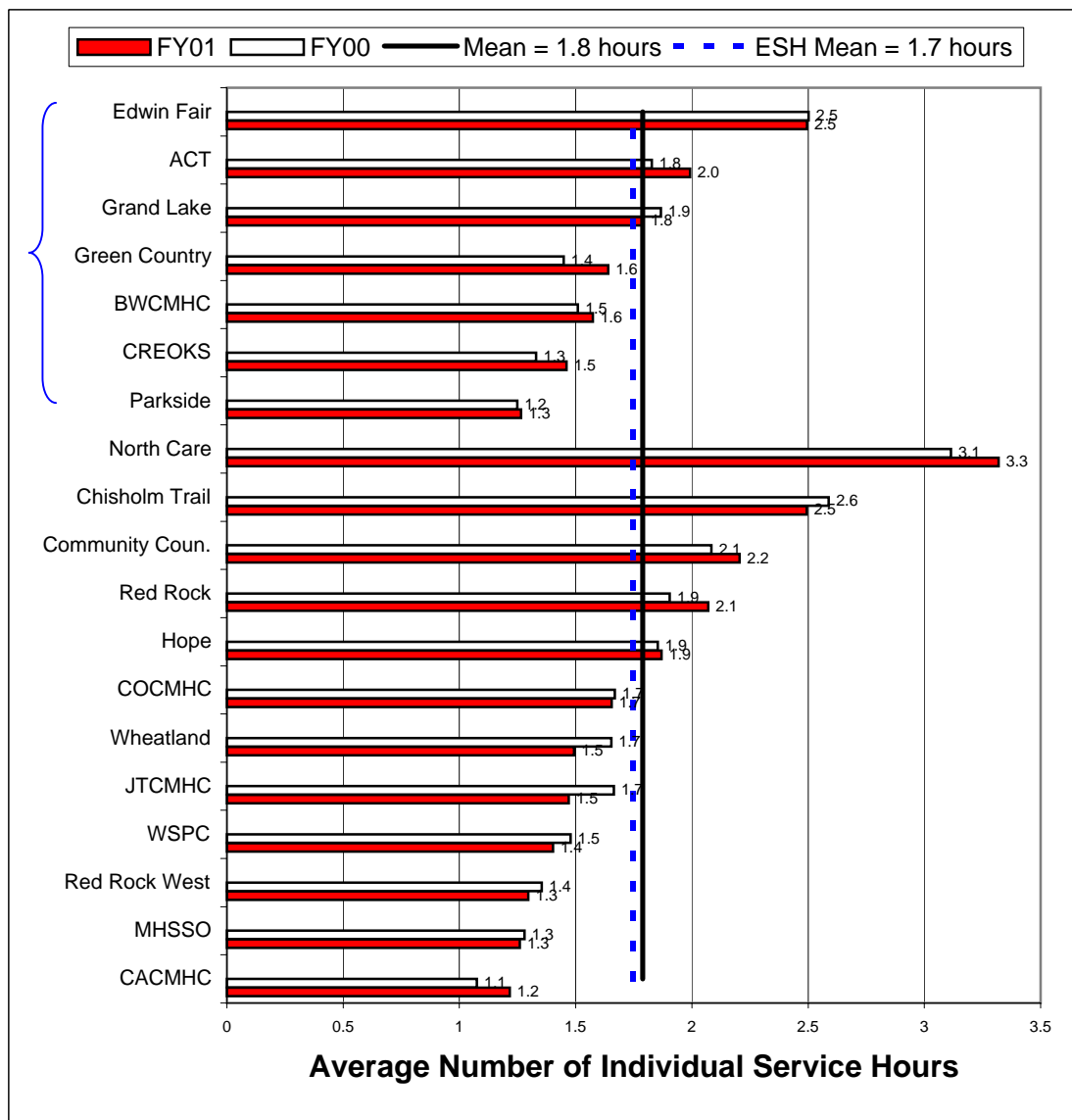
Refer to the Definition pages for a description of crisis services.

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 Individual Services

Question: What is the average number of individual service (counseling and rehab) 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 is 1.8 hours per month, varying from 1.2 to 3.3 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of individual service hours varied from 1.3 to 2.5 hours, with a regional average of 1.7 hours.

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 Individual Services

Question: What is the average number of individual service (counseling and rehab) hours per month for clients receiving individual services?

Agency	FY00				FY01				FY01	
	Average Number of Clients				Average Number of Clients				Statewide Mean	ESH Region Mean
	Total Hours Provided	Receiving service per month	Average Hours provided per month	Average Number of Hours Per Client	Total Hours Provided	Receiving service per month	Average Hours provided per month	Average Number of Hours Per Client		
Edwin Fair	10,150	338	846	2.5	12,218	408	1,018	2.5	1.8	1.7
ACT	1,828	83	152	1.8	1,578	66	131	2.0		
Grand Lake	7,102	317	592	1.9	9,668	450	806	1.8		
Green Country	2,804	161	234	1.4	4,222	214	352	1.6		
BWCMHC	6,320	349	527	1.5	7,602	403	633	1.6		
CREOKS	2,166	136	181	1.3	3,134	179	261	1.5		
Parkside	5,802	387	484	1.2	5,455	359	455	1.3		
North Care	5,279	141	440	3.1	6,554	165	546	3.3		
Chisholm Trail	7,165	231	597	2.6	7,628	255	636	2.5		
Community Coun.	9,316	373	776	2.1	7,611	288	634	2.2		
Red Rock	3,296	144	275	1.9	4,245	171	354	2.1		
Hope	6,025	271	502	1.9	4,559	203	380	1.9		
COCMHC	7,138	357	595	1.7	7,885	397	657	1.7		
Wheatland	4,565	230	380	1.7	4,785	267	399	1.5		
JTCMHC	7,133	357	594	1.7	5,549	315	462	1.5		
WSPC	5,614	317	468	1.5	5,978	355	498	1.4		
Red Rock West	3,779	233	315	1.4	2,778	179	232	1.3		
MHSSO	8,122	529	677	1.3	8,304	550	692	1.3		
CACMHC	5,684	441	474	1.1	7,422	508	619	1.2		

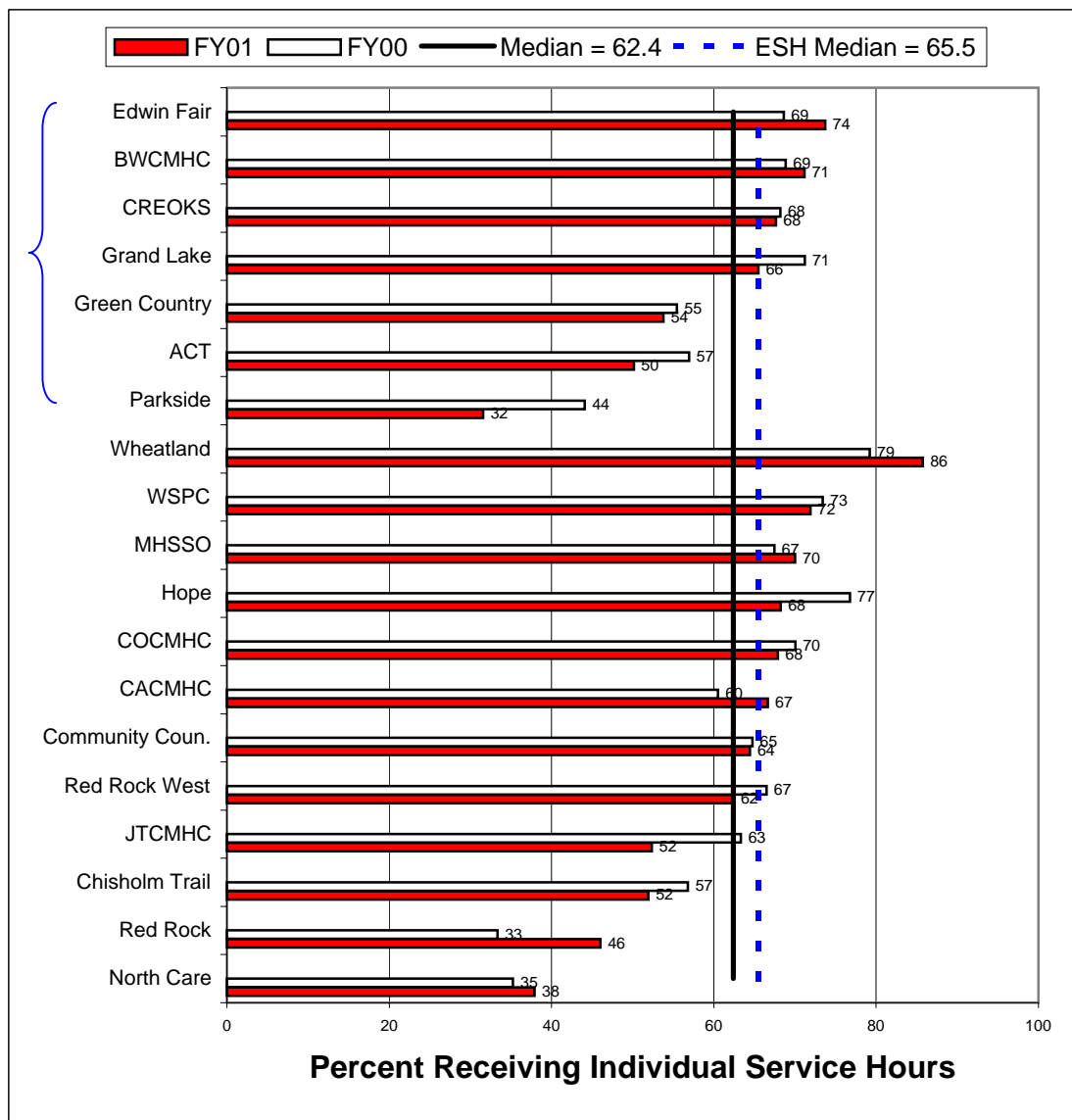
Individualized services include individual counseling and individual rehabilitative treatment.

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 (counseling and rehab)?

ESH
Region



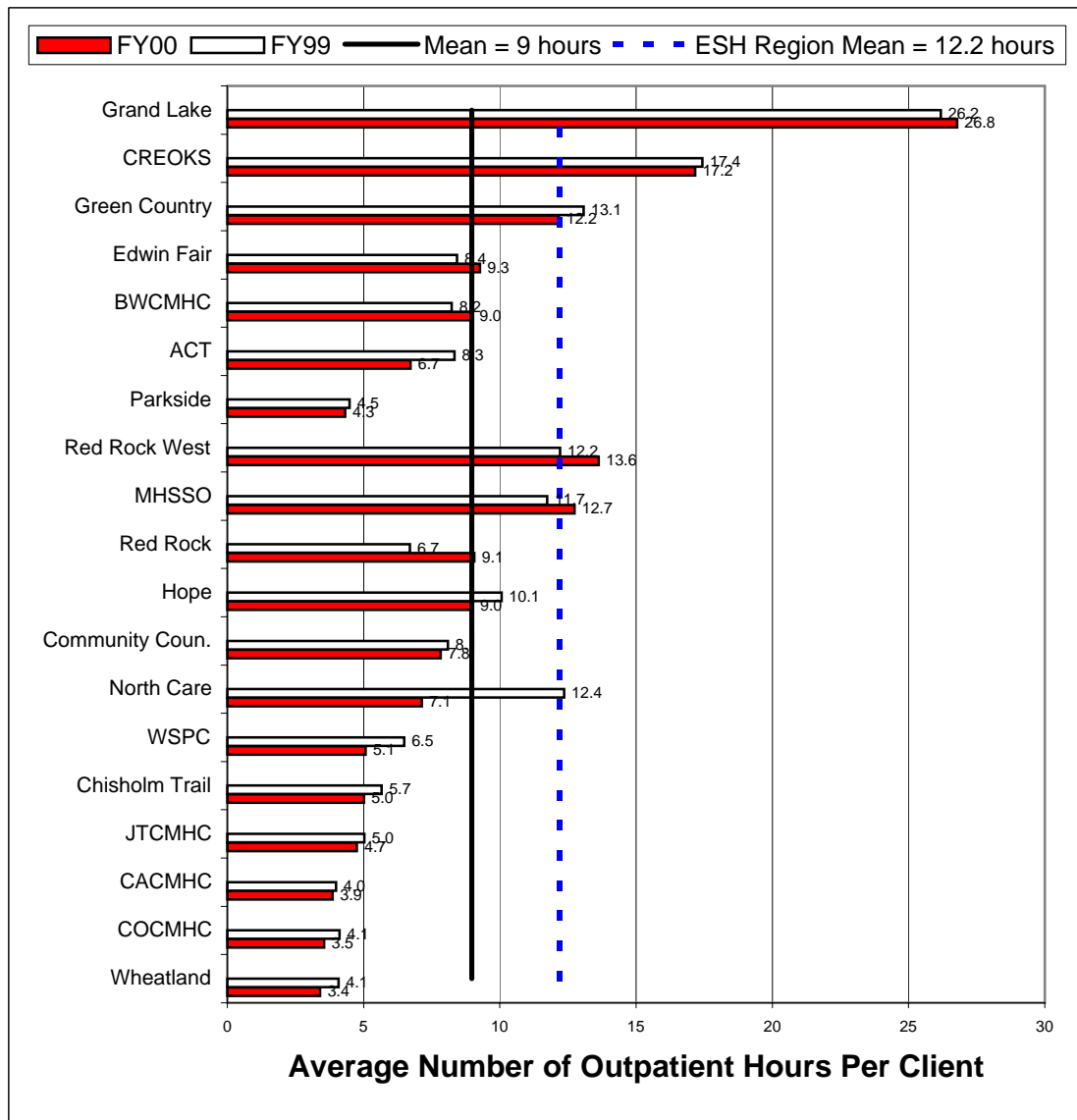
Answer: The percent of clients receiving individual services in FY01 varied from 32% to 86% among the 19 CMHCs, with an overall median of 62.4%. For the seven CMHCs in the ESH region, the percent of clients receiving individual services varied from 32% to 74%, with a regional median of 65.5%.

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?



Answer: The average number of outpatient hours for all clients receiving services in FY01 is 9 hours per month. The average number of outpatient hours in FY01 varied from 3.4 to 26.8 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of outpatient hours varied from 4.3 to 26.8 hours, with a regional average of 12.2 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

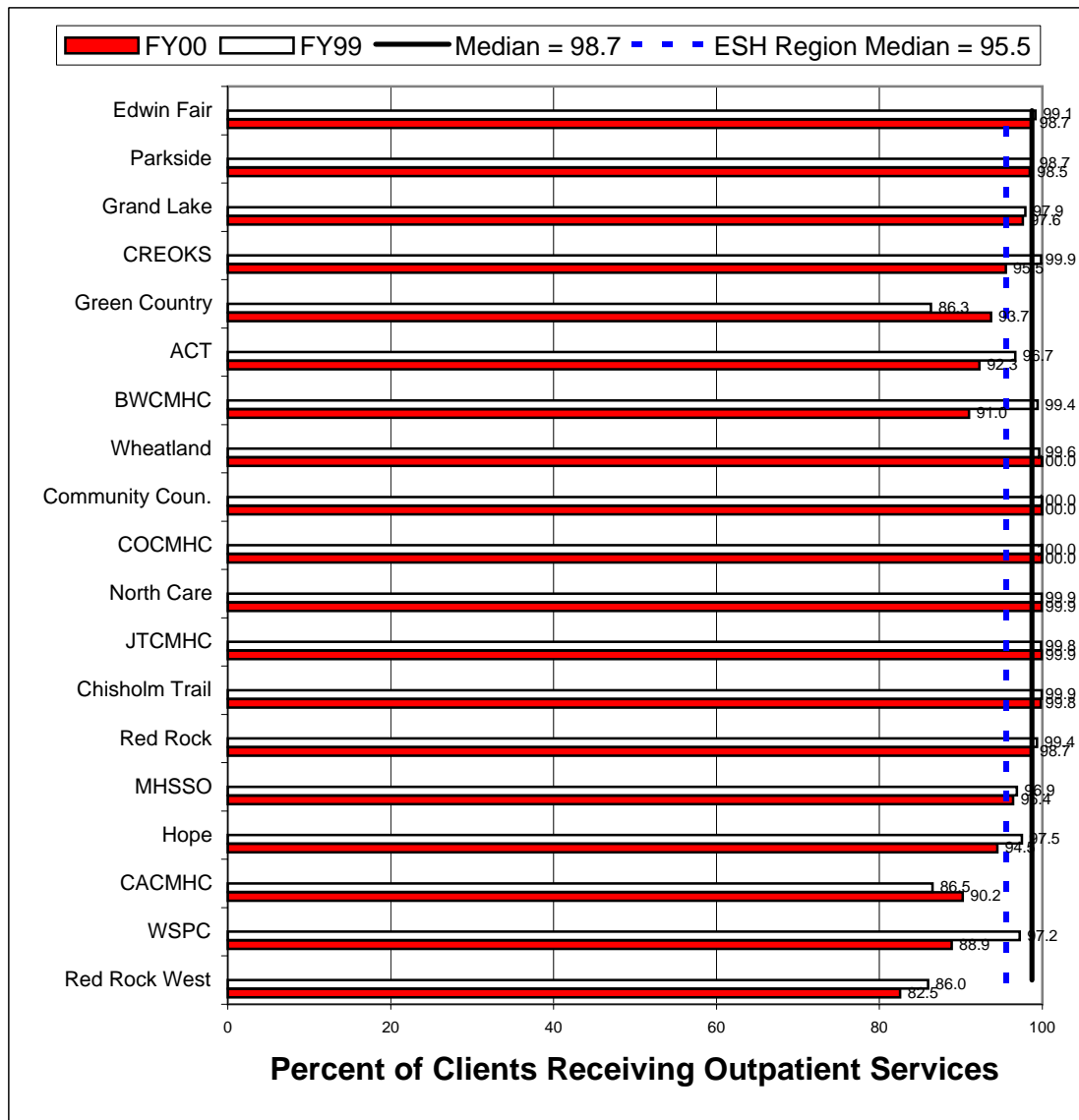
Question: What is the average number of outpatient hours per month for clients receiving outpatient services?

Agency	FY00				FY01				FY01	
	Average Number of Clients		Average		Average Number of Clients		Average		Statewide Mean	ESH Region Mean
	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client		
Grand Lake	240,259	765	20,022	26.2	332,547	1,035	27,712	26.8	9.0	12.2
CREOKS	67,405	322	5,617	17.4	74,247	361	6,187	17.2		
Green Country	48,293	308	4,024	13.1	67,028	459	5,586	12.2		
Edwin Fair	50,981	504	4,248	8.4	63,923	575	5,327	9.3		
BWCMHC	72,198	731	6,017	8.2	77,905	723	6,492	9.0		
ACT	25,740	257	2,145	8.3	20,158	250	1,680	6.7		
Parkside	65,817	1,224	5,485	4.5	72,210	1,390	6,017	4.3		
Red Rock West	60,475	413	5,040	12.2	56,406	345	4,701	13.6		
MHSSO	151,498	1,075	12,625	11.7	156,329	1,023	13,027	12.7		
Red Rock	47,237	588	3,936	6.7	69,035	635	5,753	9.1		
Hope	54,409	450	4,534	10.1	42,553	394	3,546	9.0		
Community Coun.	77,257	795	6,438	8.1	57,962	617	4,830	7.8		
North Care	68,762	464	5,730	12.4	38,604	451	3,217	7.1		
WSPC	43,638	560	3,637	6.5	38,469	632	3,206	5.1		
Chisholm Trail	35,165	517	2,930	5.7	34,092	566	2,841	5.0		
JTCMHC	49,561	822	4,130	5.0	47,279	830	3,940	4.7		
CACMHC	56,346	1,177	4,695	4.0	59,748	1,288	4,979	3.9		
COCMHC	43,046	873	3,587	4.1	38,236	899	3,186	3.5		
Wheatland	15,728	321	1,311	4.1	15,075	370	1,256	3.4		

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?



Answer: The percent of clients receiving outpatient hours in FY01 varied from 82.5% to 100% among the 19 CMHCs, with an overall median of 98.7%. For the seven CMHCs in the ESH region, the percent of clients outpatient services varied from 91% to 98.7%, with a regional average of 95.5%.

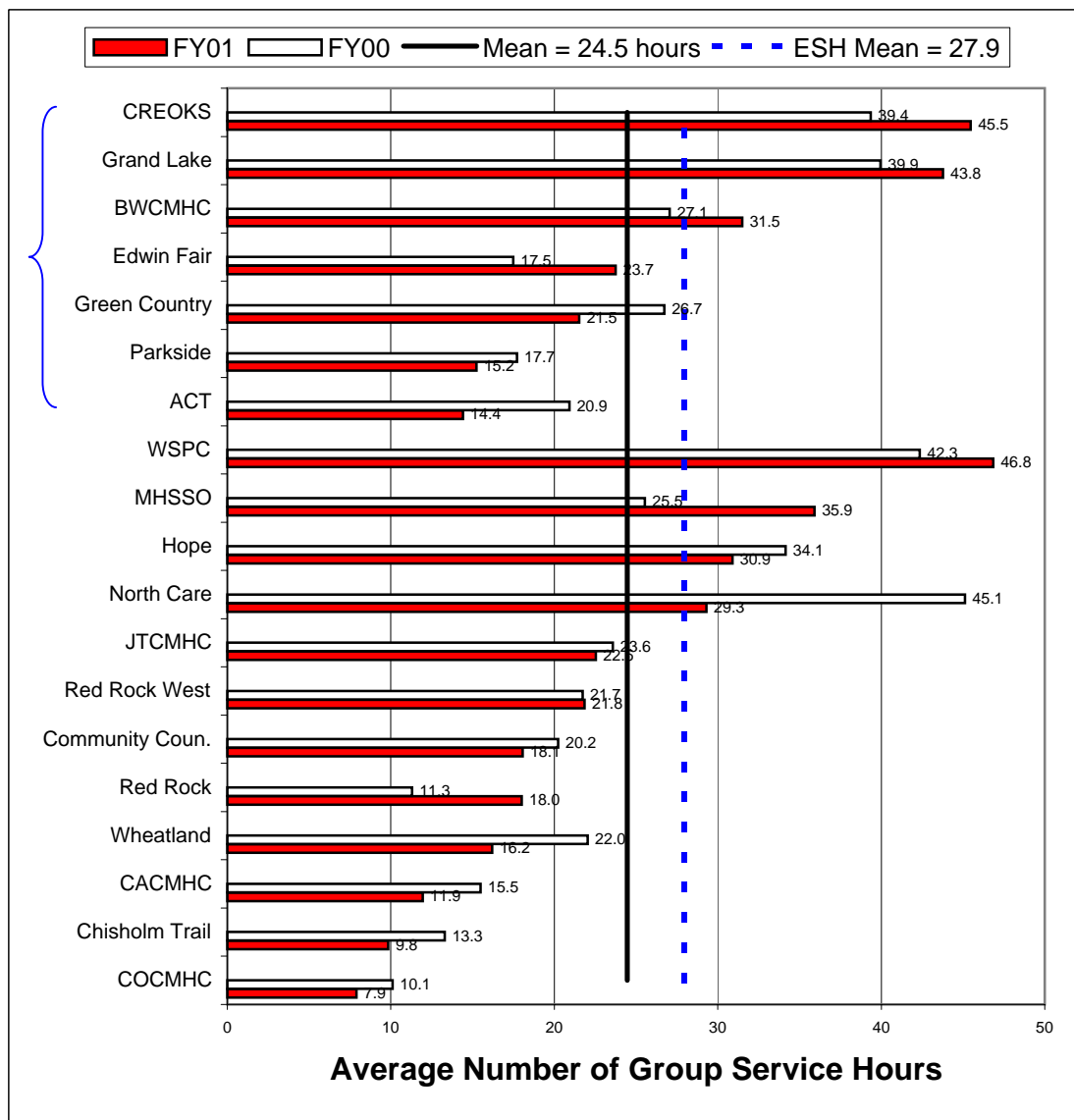
Outpatient services exclude inpatient, residential, community living, crisis and outreach services.

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 is 24.5 hours per month, varying from 7.9 to 46.8 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of group hours varied from 14.4 to 45.5 hours, with a regional average of 27.9 hours.

Group services include group counseling, group rehabilitation, 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?

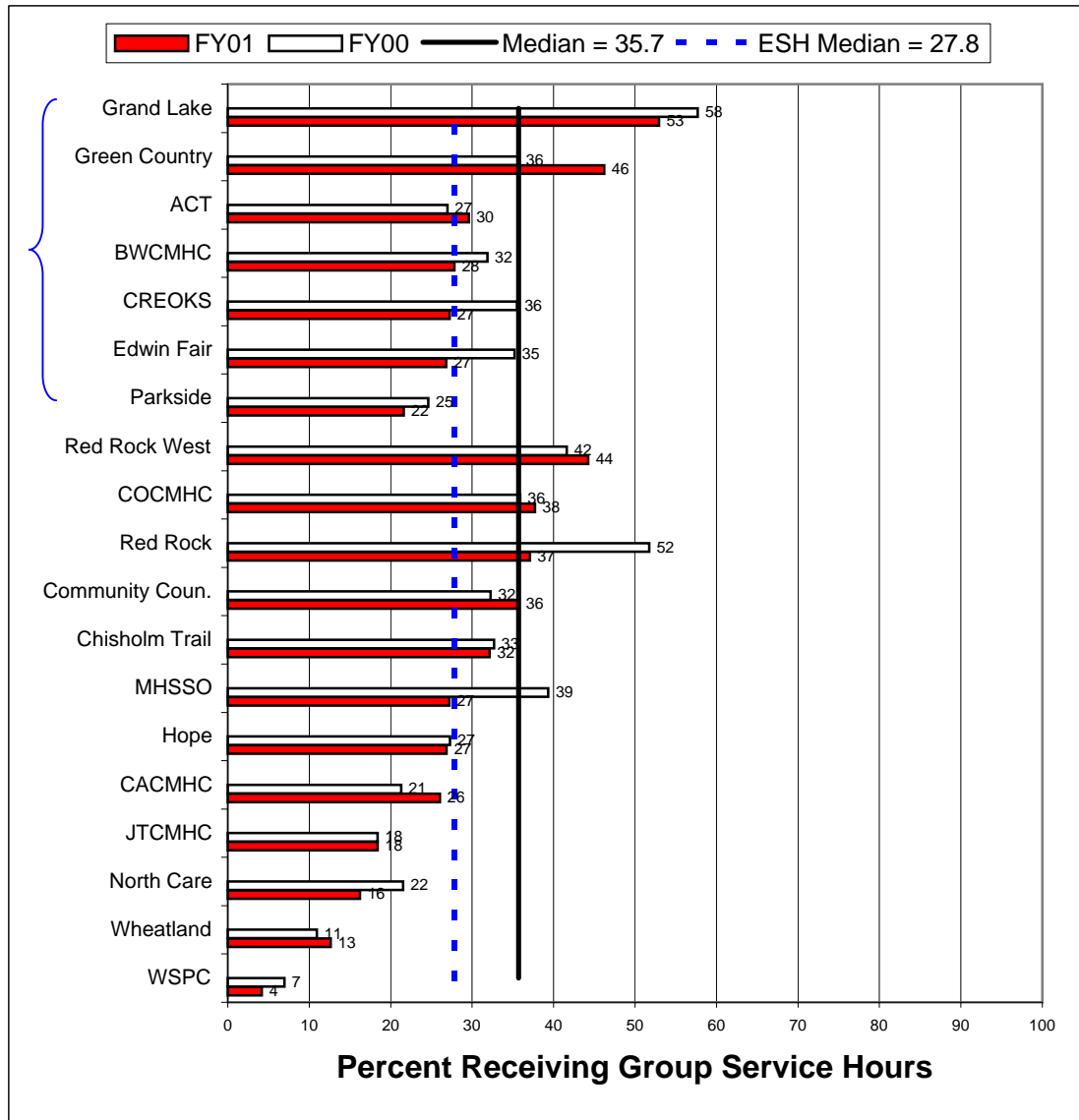
Agency	FY00				FY01				FY01 Statewide ESH Region Mean
	Average Number of Clients		Average Number of Hours Per Client		Average Number of Clients		Average Number of Hours Per Client		
	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client	Total Hours Provided	Receiving service per month	Average Hours provided per month	Number of Hours Per Client	
CREOKS	62,508	132	5,209	39.4	68,115	125	5,676	45.5	24.5
Grand Lake	230,417	481	19,201	39.9	317,417	604	26,451	43.8	
BWCMHC	59,328	183	4,944	27.1	63,236	167	5,270	31.5	27.9
Edwin Fair	37,244	178	3,104	17.5	46,122	162	3,843	23.7	
Green Country	43,663	136	3,639	26.7	58,973	228	4,914	21.5	24.5
Parkside	46,438	218	3,870	17.7	46,790	256	3,899	15.2	
ACT	16,778	67	1,398	20.9	11,667	68	972	14.4	24.5
WSPC	34,087	67	2,841	42.3	27,782	49	2,315	46.8	
MHSSO	138,712	453	11,559	25.5	143,515	333	11,960	35.9	24.5
Hope	42,706	104	3,559	34.1	32,938	89	2,745	30.9	
North Care	56,979	105	4,748	45.1	26,864	76	2,239	29.3	24.5
JTCMHC	34,883	123	2,907	23.6	33,481	124	2,790	22.5	
Red Rock West	51,815	199	4,318	21.7	49,822	190	4,152	21.8	24.5
Community Coun.	60,138	248	5,011	20.2	44,238	204	3,686	18.1	
Red Rock	40,607	300	3,384	11.3	59,716	276	4,976	18.0	24.5
Wheatland	9,501	36	792	22.0	8,507	44	709	16.2	
CACMHC	41,159	221	3,430	15.5	42,071	294	3,506	11.9	24.5
Chisholm Trail	24,510	154	2,043	13.3	21,906	186	1,825	9.8	
COCMHC	30,534	252	2,544	10.1	24,849	263	2,071	7.9	

Group services include group counseling, group rehabilitation, 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.

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 varied from 4% to 53% among the 19 CMHCs, with an overall median of 35.7%. For the seven CMHCs in the ESH region, the percent of clients receiving group services varied from 22% to 53%, with a regional median of 27.8%.

Group services include group counseling, group rehabilitation, 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.

Percent of Clients Receiving Group Services

Question: What percent of clients receive group services?

Agency	FY00			FY01			FY01	
	Total Clients			Number of clients receiving service			Percent of clients receiving service	
Grand Lake	1,584	914	57.7	1,974	1,045	52.9	Statewide ESH Region	Median
Green Country	893	319	35.7	1,268	586	46.2		
ACT	604	163	27.0	622	184	29.6		
BWCMHC	1,515	483	31.9	1,585	441	27.8		
CREOKS	704	250	35.5	940	256	27.2		
Edwin Fair	1,154	406	35.2	1,268	340	26.8		
Parkside	3,815	939	24.6	4,455	962	21.6		
Red Rock West	1,084	451	41.6	888	393	44.3		
COCMHC	1,590	571	35.9	1,622	612	37.7		
Red Rock	1,541	797	51.7	1,599	593	37.1		
Community Coun.	1,801	581	32.3	1,336	477	35.7		
Chisholm Trail	1,444	472	32.7	1,646	529	32.1		
MHSSO	2,828	1,112	39.3	2,808	764	27.2		
Hope	1,037	283	27.3	998	268	26.9		
CACMHC	2,286	487	21.3	2,463	641	26.0		
JTCMHC	2,386	439	18.4	2,537	467	18.4		
North Care	1,223	263	21.5	1,351	219	16.2		
Wheatland	760	83	10.9	933	118	12.6		
WSPC	1,684	117	6.9	1,862	78	4.2		
							35.7	27.8

Group services include group counseling, group rehabilitation, 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.

**Summary of Restraint Events by Month
Among ESH Region CMHCs
January 2001 - June 2001**

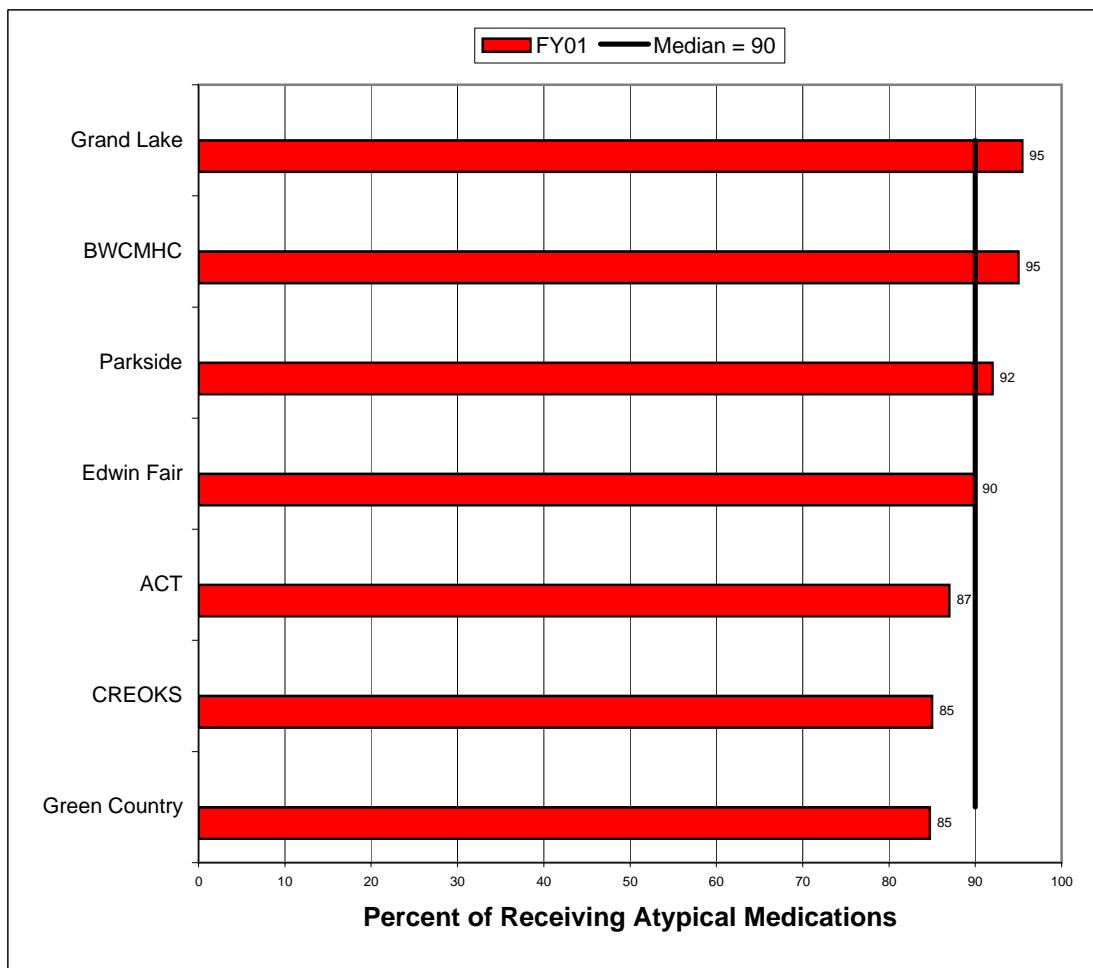
		Jan	Feb	Mar	Apr	May	Jun
Bill Willis CMHC (Wagoner Community Hospital)	% Hrs in Restraints	0.06%	0.02%	0.00%	0.05%	0.00%	0.00%
	% Clients Restrained	3.70%	2.94%	0.00%	4.35%	0.00%	0.00%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	2	1	0	2	0	0
	# of Clients in Facility	54	34	43	46	45	42
	Avg. Hours of Restraints	3.00	2.00	0.00	2.50	0.00	0.00
CREOKS Mental Health Center (Wagoner Community Hospital)	% Hrs in Restraints	0.06%	0.03%	0.00%	0.00%	0.10%	0.00%
	% Clients Restrained	6.25%	5.00%	0.00%	0.00%	11.54%	0.00%
	# with multiple Restraints	0	0	0	0	1	0
	# of Clients Restrained	2	1	0	0	3	0
	# of Clients in Facility	32	20	22	22	26	25
	Avg. Hours of Restraints	1.88	1.75	0.00	0.00	2.67	0.00
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	38	29	31	38	27	33
	Avg. Hours of Restraints	0.00	0.00	0.00	0.00	0.00	0.00
Grand Lake Mental Health Center (Stabilization Center)	% Hrs in Restraints	0.13%	0.02%	0.00%	0.01%	0.00%	0.02%
	% Clients Restrained	6.67%	2.27%	0.00%	1.41%	0.00%	1.45%
	# with multiple Restraints	1	0	0	0	0	0
	# of Clients Restrained	5	1	0	1	0	1
	# of Clients in Facility	75	44	54	71	67	69
	Avg. Hours of Restraints	1.95	0.75	0.00	0.50	0.00	1.00
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	38	25	34	26	38	30
	Avg. Hours of Restraints	0.00	0.00	0.00	0.00	0.00	0.00
Green Country Behavioral Health Services (Wagoner Community Hospital)	% Hrs in Restraints	0.00%	0.00%	0.00%	0.00%	1.14%	0.00%
	% Clients Restrained	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%
	# with multiple Restraints	0	0	0	0	1	0
	# of Clients Restrained	0	0	0	0	1	0
	# of Clients in Facility	1	4	1	2	2	2
	Avg. Hours of Restraints	0.00	0.00	0.00	0.00	3.83	0.00
Parkside (Crisis Unit)	% Hrs in Restraints	0.08%	0.07%	0.10%	0.10%	0.25%	0.18%
	% Clients Restrained	2.88%	0.81%	2.59%	1.89%	5.38%	7.14%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	3	1	3	2	5	7
	# of Clients in Facility	104	124	116	106	93	98
	Avg. Hours of Restraints	1.22	3.17	1.67	2.42	2.27	1.14
Parkside (Detention Unit)	% Hrs in Restraints	0.01%	0.00%	0.00%	0.04%	0.02%	0.32%
	% Clients Restrained	1.41%	0.00%	0.00%	1.11%	1.02%	2.06%
	# with multiple Restraints	0	0	0	1	0	1
	# of Clients Restrained	1	0	0	1	1	2
	# of Clients in Facility	71	77	71	90	98	97
	Avg. Hours of Restraints	1.00	0.00	0.00	3.00	1.67	14.46
Parkside (Inpatient Treatment)	% Hrs in Restraints	0.02%	0.01%	0.01%	0.00%	0.00%	0.01%
	% Clients Restrained	3.85%	1.87%	0.89%	0.88%	0.77%	1.89%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	4	2	1	1	1	2
	# of Clients in Facility	104	107	112	113	130	106
	Avg. Hours of Restraints	1.50	1.42	2.00	0.25	1.25	1.75

**Summary of Seclusion Events by Month
Among ESH Region CMHCs
January 2001 - June 2001**

		Jan	Feb	Mar	Apr	May	Jun
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	54	34	43	46	45	42
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.00	0.00
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	32	20	22	22	26	25
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.00	0.00
Grand Lake Mental Health Center (Miami Hospital Unit)	% Hrs in Seclusion	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%
	% Clients Secluded	0.00%	0.00%	0.00%	0.00%	3.70%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	1	0
	# of Clients in Facility	38	29	31	38	27	33
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.42	0.00
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	75	44	54	71	67	69
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.00	0.00
Green Country Behavioral Health Services (Crisis Stabilization Unit)	% Hrs in Seclusion	0.00%	0.15%	0.02%	0.16%	0.05%	0.13%
	% Clients Secluded	0.00%	4.00%	5.88%	3.85%	2.63%	3.33%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	1	2	1	1	1
	# of Clients in Facility	38	25	34	26	38	30
	Avg. Hours of Seclusion	0.00	3.15	0.58	4.33	1.75	4.00
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	4	1	2	2	2
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.00	0.00
Parkside (Crisis Unit)	% Hrs in Seclusion	0.00%	0.03%	0.06%	0.05%	0.00%	0.06%
	% Clients Secluded	0.00%	1.61%	1.72%	1.89%	0.00%	2.04%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	2	2	2	0	2
	# of Clients in Facility	104	124	116	106	93	98
	Avg. Hours of Seclusion	0.00	0.71	1.59	1.13	0.00	1.33
Parkside (Detention 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	71	77	71	90	98	97
	Avg. Hours of Seclusion	0.00	0.00	0.00	0.00	0.00	0.00
Parkside (Inpatient Treatment)	% Hrs in Seclusion	0.00%	0.01%	0.01%	0.00%	0.02%	0.00%
	% Clients Secluded	0.00%	1.87%	1.79%	0.88%	2.31%	0.94%
	# with multiple Seclusions	0	0	0	0	1	0
	# of Clients Secluded	0	2	2	1	3	1
	# of Clients in Facility	104	107	112	113	130	106
	Avg. Hours of Seclusion	0.00	1.13	0.92	0.83	1.61	1.00

Access to Atypical Antipsychotic

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



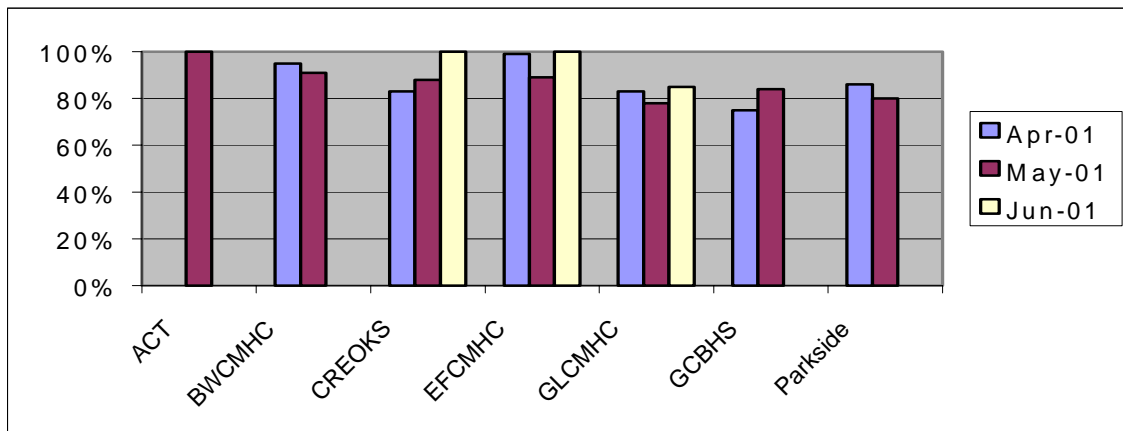
Answer: Based on the number of people who need new generation antipsychotic medications (based on their diagnoses) and the number of people facilities report are receiving the new medications, the average access rate for the ESH region is 90%.

5. Minimal Service Threshold Monitoring

Each CMHC must provide timely, appropriate, and responsive care to persons who have received Community-Based Structured Crisis Care and/or treatment in an inpatient setting. The Minimal Service Threshold Plan (MSTP) stipulates criteria each CMHC must meet to ensure effective linkage and care planning. A team of six DMHSAS staff has been assigned monitoring responsibilities for the MSTP. Each staff member regularly reviews clinical records at a specific CMHC.

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

DMHSAS staff report an apparent benefit of the MSTP monitoring process is the on-site technical assistance and qualitative reviews of the clinical records.



Each center receives a score to display percent of compliance with the MSTP standards. However, the qualitative aspects of the chart reviews continue to be very beneficial. Open-ended discussions at the time of the chart reviews cover care plans, continuity of services, and treatment approaches. CMHC and DMHSAS staff report this to have been helpful and resulted in more timely and continuous services for many of the consumers.

6. ESH Discharge Tracking Report

Of the 259 discharges from Eastern State Hospital from January 1 through June 30, 2000, there were 249 unique clients (that is, 9 clients were discharged twice and 1 client was discharged three times from ESH during this period).

- Of the 249 clients, 135 received services prior to 10/1/00.

- 104 clients received services after 10/1/00.
- 60 clients have received services in the last 90 days.
- 19 clients who were originally referred to external providers have since been seen at DMHSAS facilities

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

The following items were identified in the April 1, 2001 Progress Report by TOP members for further discussions and recommended areas for performance improvement. A status report on each item is summarized.

- **Case Management Services increased less than expected.**
This trend was reviewed with each CMHC. Centers report that Case Managers may provide a wide variety of services and many of these are reported as clinical activities other than case management, such as individual rehabilitation services. DMHSAS will continue to emphasize the importance of case management services for persons affected by the ESH transition.
- **Appropriate residential services are not available for persons who need specialized treatment for mental illness and co-occurring substance abuse disorders.**
This continues to be an unmet (and inadequately funded) need in the ESH area.
- **Additional enhanced residential care facilities are needed for persons who require structured and protective environments.**
This gap in services is also affected by insufficient funding. DMHSAS will continue to analyze how this service could be more adequately resourced.
- **Additional PACT teams are needed for the ESH area.**
Advocates and DMHSAS are analyzing data to quantify the numbers and locations of potential future PACT teams.
- **Data from all Tulsa hospitals are needed to determine the numbers and needs of clients served by DMHSAS and the Tulsa hospitals.**
To date, DMHSAS has had no indications that the local hospitals are prepared to assist with this data sharing initiative.

In addition to hospital-based data, DMHSAS is negotiating with Tulsa County to get data from the David L. Moss Criminal Justice Center to determine numbers of mental health clients seen at this facility. DMHSAS is also funding via the Center for Substance Abuse Treatment (CSAT), an Arrest Drug Abuse Monitoring (ADAM) pilot project at this facility. 3-year funding for this initiative has been requested from the Center for Substance Abuse Treatment (CSAT). If

approved for the 3-year project, mental health and domestic violence questions will be asked of arrestees as well as substance abuse questions and urinalysis.

- **Overall funding increases are needed to further develop all community-based services.**

DMHSAS will continue to identify additional funding needs and prioritize these for future appropriation requests.

8. Overall Analysis of Findings and Recommended Areas for Performance Improvement

- For continued analysis, some data elements should be trended over time and displayed in various forms to illustrate changes.
- Monitoring of system changes in the Eastern State Hospital area, should continue and include a role for an on-going advisory group.
- DMHSAS should continue to expand the use of best practices such as at the Program for Assertive Community Treatment (PACT). In addition, providers should look at specific practices employed within the PACT programs and incorporate those approaches within their model of service delivery, even if they do not operate a formal PACT program.
- Funding should increase to expand PACT statewide.
- Data should be included in future monitoring activities to track fiscal operations, capacities, and organizational management of providers.

Conclusions

This report represents the final formal report mandated by SB 149. It is likely that DMHSAS and advisory groups will continue to monitor the development and performance of the community based system of care in the area formerly served by Eastern State Hospital. As with other recent Transitional Oversight Panel Reports, this report described evidence that developments mandated by SB149 resulted in both desired outcomes as well as situations that need closer analysis and monitoring. It should be noted that an Addendum to this report will be provided to chronicle noteworthy developments in the Tulsa area delivery system subsequent to the time frame for which this report was prepared.

Appendix A: Definitions

Definitions

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

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

- ❖ **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.
- ❖ **Crisis Services** – Hourly services include crisis intervention (face-to-face and telephone), mobile crisis service, crisis intervention counseling (face-to-face and telephone). Community-based structured crisis care includes stabilization services provided in a protected environment (reported in days rather than hours in this report because of different units, 12 hour vs. 3 hour, reported over different parts of the study period). Structured crisis care must be provided in a protected environment.
- ❖ **Outpatient Services** – Services provided in a less-than-24-hour care setting include evaluation and assessment, referral, individual and group counseling, client education, client advocacy, resource skills development, case management, treatment planning and review, medication management, day treatment, and rehabilitative treatment.
- ❖ **Community Living Program Services** - Services provided in a 24-hour care setting include residential treatment, independent living training programs, and supervised housing.
- ❖ **Medication Visit Event**– Services are measured in events rather than specific time periods and include med clinic visit, laboratory, med service (physician provided), pharmacological management, med review (non-physician).

Consumer Survey - The purpose of the DMHSAS Consumer Survey is to measure the extent to which the mission of the Department is being carried out from the viewpoint of the people being served. Four domains are measured: satisfaction, outcome, appropriateness of care, and access.

Satisfaction Items

- I liked the services I received
- Given a choice, I would return
- I would refer a friend or family member

Outcome Items

- I am better able to handle my daily problems
- I am better able to handle my life
- I am better able to handle crises
- I get along better with my family
- I do better in social settings
- I do better in school/work
- My symptoms are less bothersome

Quality of Care Items

- Confidentiality was respected
- Staff seemed to respect me as a person
- Staff seemed to believe I could grow, change and recover
- Staff helped me get the information I needed to take charge
- Staff told me about side effects of treatment
- I was actively involved in decisions about my treatment
- I felt free to complain if there was a problem

Access Items

- The location was convenient for me
- I was seen as often as I felt was needed
- My calls were returned within 24 hours
- Services were available at times that were good for me
- I got all the services I thought I needed

Crisis Event – Certain services may be reported separately, but are provided within a continuing event that has occurred over a succession of days or hours. These are grouped into a single event for some analyses. For example, community-based structured crisis care is reported in day units, with individual days being reported separately, but consecutive services may be combined into one crisis event for analysis.

Dual Diagnosis - Services reimbursable on the dual diagnosis contract source are only those services delivered to individuals with one of the following Axis I primary, secondary, or tertiary diagnosis (295.10-295.90 - schizophrenia, 297.1 - delusional disorder, 298.8 - brief psychotic disorder, and 296.00–296.90 - depressive/bipolar disorder) **and** one of the following alcohol and other substance abuse diagnoses (291.0 - 305.90.)

ESH – Eastern State Hospital

ESH Region – See map, Attachment 1.

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

GAF – Global Assessment of Functioning Scale (Axis V, in the APA Diagnostic and Statistic Manual IV) rates psychological, social and occupational functioning on a scale from 0 to 100.

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

Independent Housing – “Current residence” as reported in DMHSAS Integrated Client Information System (ICIS) is “private residence” or “supported housing,” rather than in 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 live in dependent housing at Time 1 who have moved to independent housing at Time 2.

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

Level of Functioning – Level of functioning is determined using the Global Assessment of Functioning (GAF) described above.

Meaningful Employment – Persons reported to ICIS as engaged in competitive, supportive or volunteer employment. Improvement is measured by counting the number of clients who are not employed at Time 1 but are employed at Time 2.

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.

Serious Mental Illness (SMI) – The target population is comprised of individuals to 18 years of age 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.

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.

Addendum to July 1, 2001 Transition Oversight Panel Report

The July 1, 2001 Quarterly Progress Report on the Eastern State Hospital transition covered events and data, which developed between April 1 and June 30, 2001. Subsequent to that period, substantial changes occurred in the delivery system with Tulsa county area. This Addendum briefly chronicles those events and is offered to provide context in which the July 1, 2001 report is reviews.

- Parkside and DMHSAS were unable to negotiate a mutually agreeable contract for services for FY02.
- Parkside notified DMHSAS that
- DMHSAS Leadership convened area providers and developed a contingency plan to assure continuation of essential services in Tulsa without Parkside as a provider.
- The initial emphasis was to assure access to emergency and inpatient services.

DMHSAS staffed an interim crisis assessment center housed at the Tulsa Day Center for the Homeless. Grand Lake CMHC increased capacity at the Claremore Crisis Stabilization Center to provide a location for the majority of clients from Tulsa in need of Detention Services. Alternate "over flow" agreements were developed to meet additional needs Detention beds.

Hillcrest HealthCare Systems provided space in the vacant Doctors Hospital building for inpatient care. Subsequently the crisis assessment center was relocated to this site.

- DMSHAS contracted with organizations to collaborate on the redesign of a community-based system of care for Tulsa County. The organizations were Associated Centers for Therapy, Family and Childrens Services, and Grand Lake Mental Health Center. Initial services offered by this group focused on outreach and timely transition to outpatient services clients who would not longer be served by Parkside. Each new mental health provider established temporary locations for services and worked closely with Parkside clinical staff and DMHSAS to assure appropriate clinical transfer of all care.

- An important component of the planning for the new system in Tulsa was the inclusion of key representatives from the Tulsa Alliance for the Mentally Ill and the New Beginnings consumer organizations.
- DMHSAS, advocates, and providers then initiated plans for longer-term solutions to the new challenges in Tulsa after initial arrangements for emergency, inpatient, and basic outpatient services were in place.
- As of the writing of this Addendum, plans continue to develop and providers continue to expand the range of services available in Tulsa.