

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

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



Eastern State Hospital

January 1, 2001

Table of Contents

Introduction	1
1. Developments Since October 1, 2000 Report	1
2. Overview of Clients Served by Community Mental Health Centers (CMHCs)	2
3. Eastern Oklahoma Center for Extended Psychiatric Care (CEPC)	3
4. Performance Indicators Selected by the TOP	3
Adult Consumer Moving in Independent Housing	5
Inpatient Re-admission within 30 Days	6
Average Number of Days from Inpatient Discharge to Community-Based Services	7
Structured Emergency Care Followed by a Lower Level of Care within 14 Days	8
Hourly Crisis Services Followed by Lower Level of Care within 14 Days	9
Average Number of Community-Based Inpatient Days	10
Percent of Clients Receiving Community-Based Inpatient Days	11
Average Number of Case Management Hours	12
Percent of Clients Receiving Case Management	13
Average Number of Structured Emergency Care Days	14
Percent of Clients Receiving Structured Emergency Care Day Services	15
Average Number of Crisis Hours	16
Percent of Clients Receiving Hourly Crisis Services	17
Average Number of Individual Services	18
Percent of Clients Receiving Individual Services	19
Average Number of Group Services	20
Percent of Clients Receiving Group Services	21
Summary of Restraint Events by Month	22
Summary of Seclusion Events by Month	23
Access to Atypical Antipsychotics	24
5. Minimal Service Threshold Monitoring	25
6. ESH Forensic Admissions	25
7. Review of Concerns Identified in the October 1 Progress Report	25
8. Overall Analysis of Findings	27
9. Recommended Areas for Performance Improvement	28
Conclusions	29
Appendix A: Definitions	
Appendix B: Map of CMHC Service Areas	
Appendix C: Detailed Data Sheets	

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 February 1, 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 July 1 to December 31, 2000.

Prior Progress Reports have been submitted for the quarters ending September 30, 1999, March 31, 2000, June 30, 2000, and September 30, 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 October 1, 2000 Report

- Allocation of Additional Funding for Newer Generation Medications

The 2000 Oklahoma Legislature allocated an additional \$4.4 million to DMHSAS for newer generation psychotropic medications. The total amount within the DMHSAS/CMHC budget for these medications is \$5.2 million. Of this total, \$1.8 million has been allocated to the seven CMHCs in the ESH area. Utilization of and access to these medications will be included with the ESH TOP review activities.

- Parkside Audit and Follow-up Activity

On September 15, DMHSAS released a report on an audit of services at Parkside Community Psychiatric Hospital and Services. Parkside has implemented numerous actions based on requirements and recommendations DMHSAS stipulated in the report. Several of the actions modify how consumers access services, as well as expand the array and quantity of services available. These activities are expected to have a positive impact on consumers and families affected by the ESH transition. The TOP and DMHSAS will continue to monitor the impact of those changes and offer additional recommendations as indicated.

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. The few changes in "% Ever at ESH" from FY00 to FY01, including two increases, indicate ESH region CMHCs are continuing to provide care for former ESH service recipients.

Adult Clients Served in FY2000

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
BWCMHC	1694	1040	61.4	231	13.6	40
CREOKS	701	630	89.9	212	30.2	49
EFCMHC	1172	831	70.9	223	19.0	37
GLMHC	1700	1503	88.4	688	40.5	207
GCBHS	895	598	66.8	184	20.6	39
PARKSIDE	4136	4020	97.2	986	23.8	252

Adult Clients Served 7/1/00-12/31/00 in FY2001

CMHC	YTD FY01 Admitted Adult Clients	SMI	% SMI	Ever at ESH	% Ever at ESH	Discharged from ESH 7/00 - 12/00
ACT	403	391	97.0	67	16.6	0
BWCMHC	1050	751	71.5	147	14.0	1
CREOKS	581	521	89.7	145	25.0	3
EFCMHC	847	679	80.2	178	21.0	2
GLMHC	1455	1360	93.5	525	36.1	8
GCBHS	715	547	76.5	141	19.7	3
PARKSIDE	2908	2848	97.9	621	21.4	12

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

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

CMHC	July	Aug	Sept	Oct	Nov	Dec	Average	Allocation
ACT/Parkside	5	5	5	11	14	10	8.33	14
Bill Willis	2	2	2	3	3	3	2.5	4
CREOKS	1	1	1	1	1	1	1	4
Edwin Fair	4	4	4	3	3	3	3.5	4
Grand Lake	7	7	7	7	7	7	7	9
Green Country	3	3	2	4	4	4	3.3	4
Other	8	8	8	7	7	7	7.5	5
Total	30	30	29	36	39	35	33.2	44

Each CMHC is allocated a number of beds in the CEPC. DMHSAS and the ESH area CMHC Clinical Directors established the allocations based primarily on the numbers of persons with SMI who historically required care at ESH. Centers are permitted to negotiate among each other to arrange for use of any unutilized bed.

The northeastern CMHC Clinical Directors continue to report a need to increase the capacity to accept additional male residents at this facility. This will require funding for staffing and physical modifications. These decisions are under consideration by DMSHAS and ESH executive staff.

Clients served on this unit are court committed for care. The unit is secure (locked) to provide the protection and structure required in this milieu.

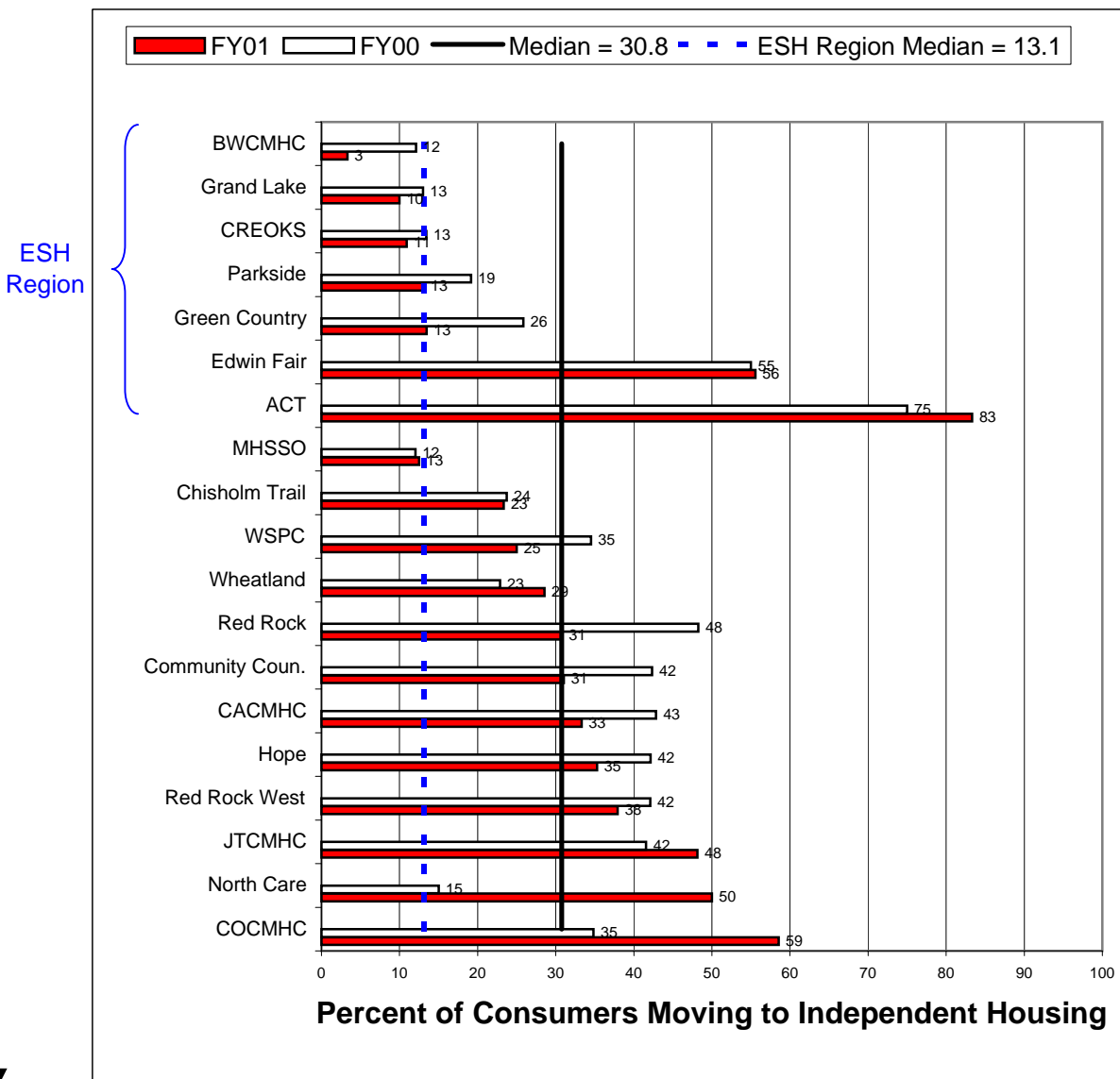
4. Performance Indicators Selected by the TOP

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 six months of fiscal year 2001 (July 1 through December 31, 2000) 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. For example, the first indicator reflects the percent of consumers moving to independent housing (see page 5). Statewide, 31 percent of clients had moved to independent housing in the first half of fiscal year 2001 compared to a regional median of 13 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 (31%) and improving upon their previous year's performance, the overall low regional performance would suggest more work is needed in this area. When looking at the average number of days from inpatient discharge to community-based services (see page 7), the ESH regional average was 3.1 days compared to 5.2 days statewide. This decrease may have resulted from several changes implemented in the ESH region, such as a higher funding level for community-based services, greater 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 the location of community-based services geographically closer to the inpatient treatment.

Adult Consumers Moving to Independent Housing

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



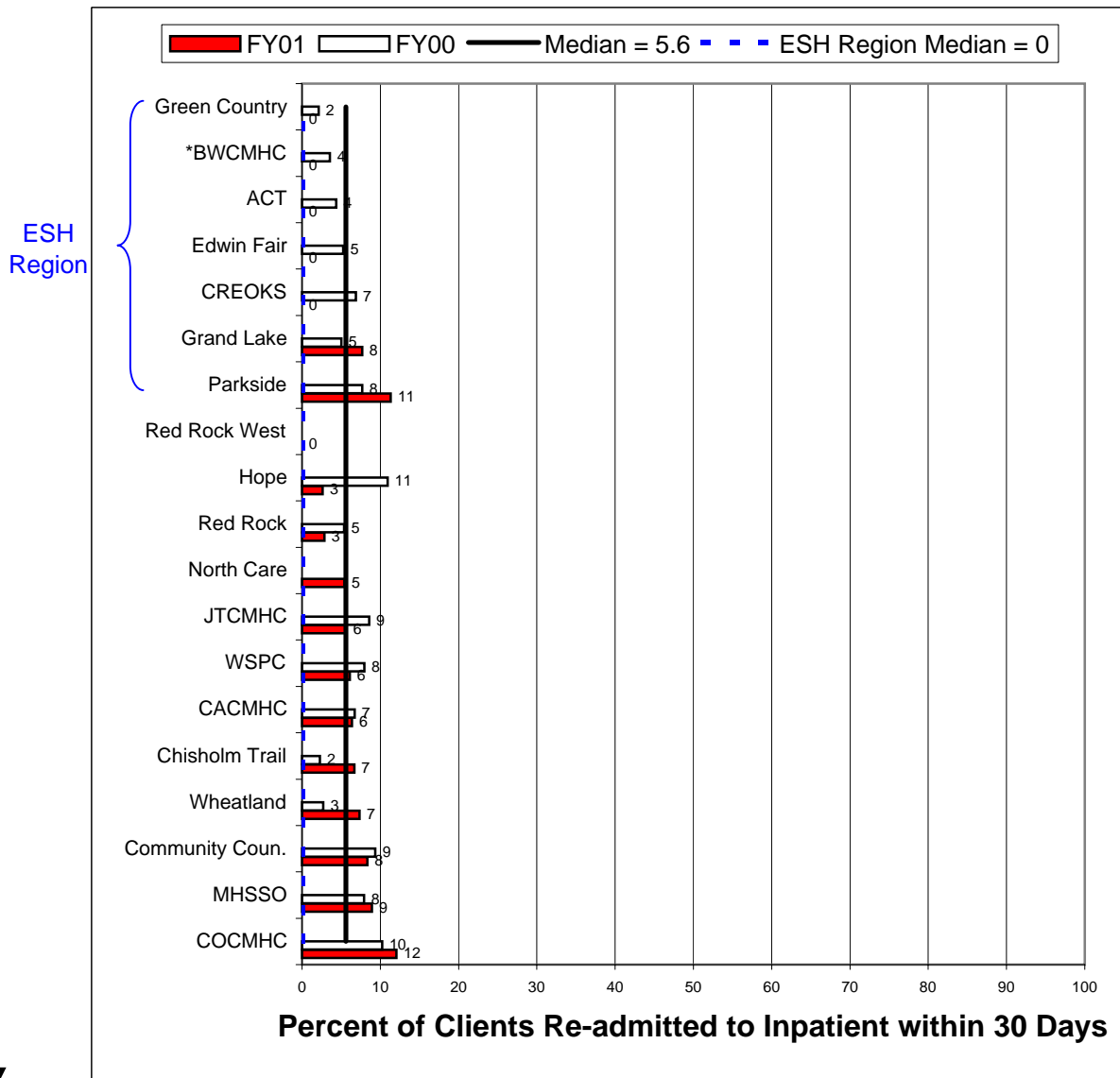
Answer: Of the clients (age 18 - 60) served in FY01, 6.5% were not living in independent housing at admission. Of those, 30.8% moved to independent housing systemwide, varying from 3% to 83% among the 19 CMHCs. For the 10% of clients in the ESH region not living in independent housing at admission, 13.1% moved to independent housing, which varied from 3% to 83% among the seven CMCHs in the ESH Region.

Refer to Definition pages for a description of independent housing. 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 through December 31, 2000?



Answer: The percent of consumers experiencing a re-admission within 30 days of discharge from inpatient treatment in FY01 varied from 0% to 12% among the 19 CMHCs, with an overall state median of 5.6%. For the seven CMHCs in the ESH region, the percent of re-admissions varied from 0% to 11%, with a regional median of 0%.

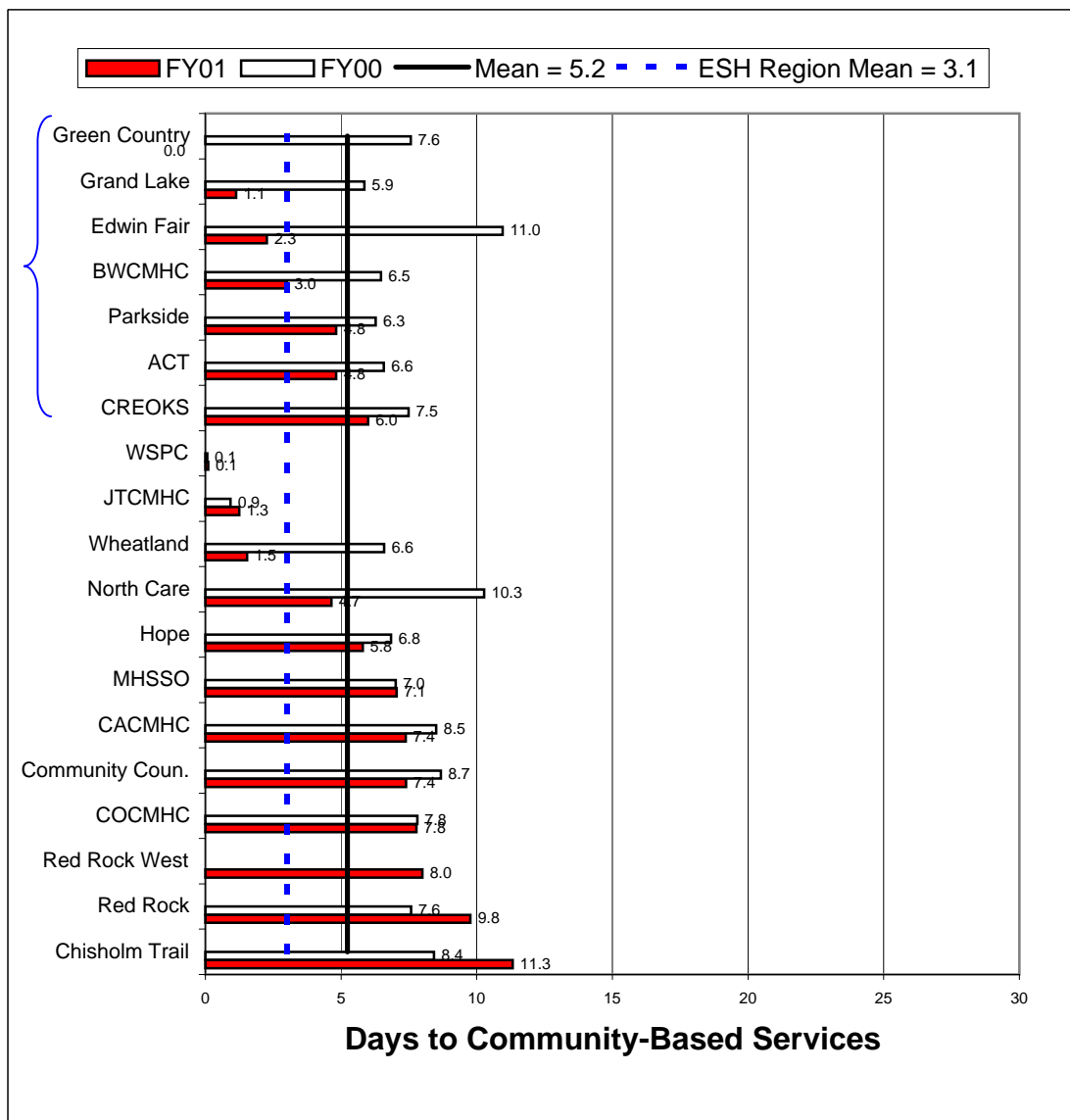
Inpatient re-admissions includes both hospital and community-based inpatient services. For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

*BWCMHC has not reported inpatient services for FY01

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 through December 31, 2000?

ESH
Region



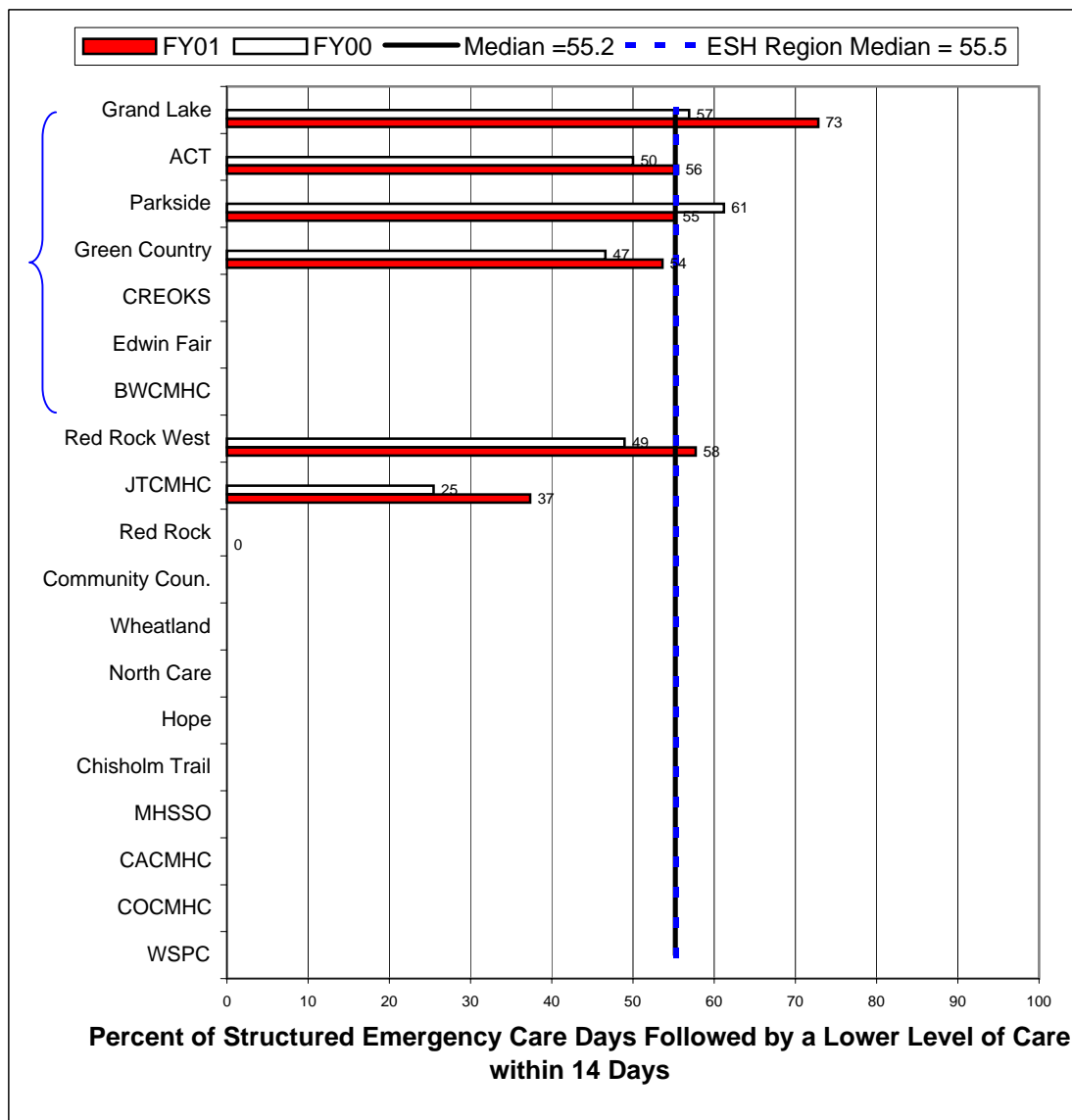
Answer: The average number of days from an inpatient discharge (hospital or community-based inpatient) to a community-based service in FY01 varied from 0 to 11.3 days among the 19 CMHCs, with an overall state average of 5.2 days. For the seven CMHCs in the ESH region, the average number of days from discharge to a community-based service varied from 0 to 6, with a regional average of 3.1 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.

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 37% to 73% among the six CMHCs which provided this service in FY01, with an overall median of 55.2%. 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 54% to 73%, with a regional median of 55.5%.

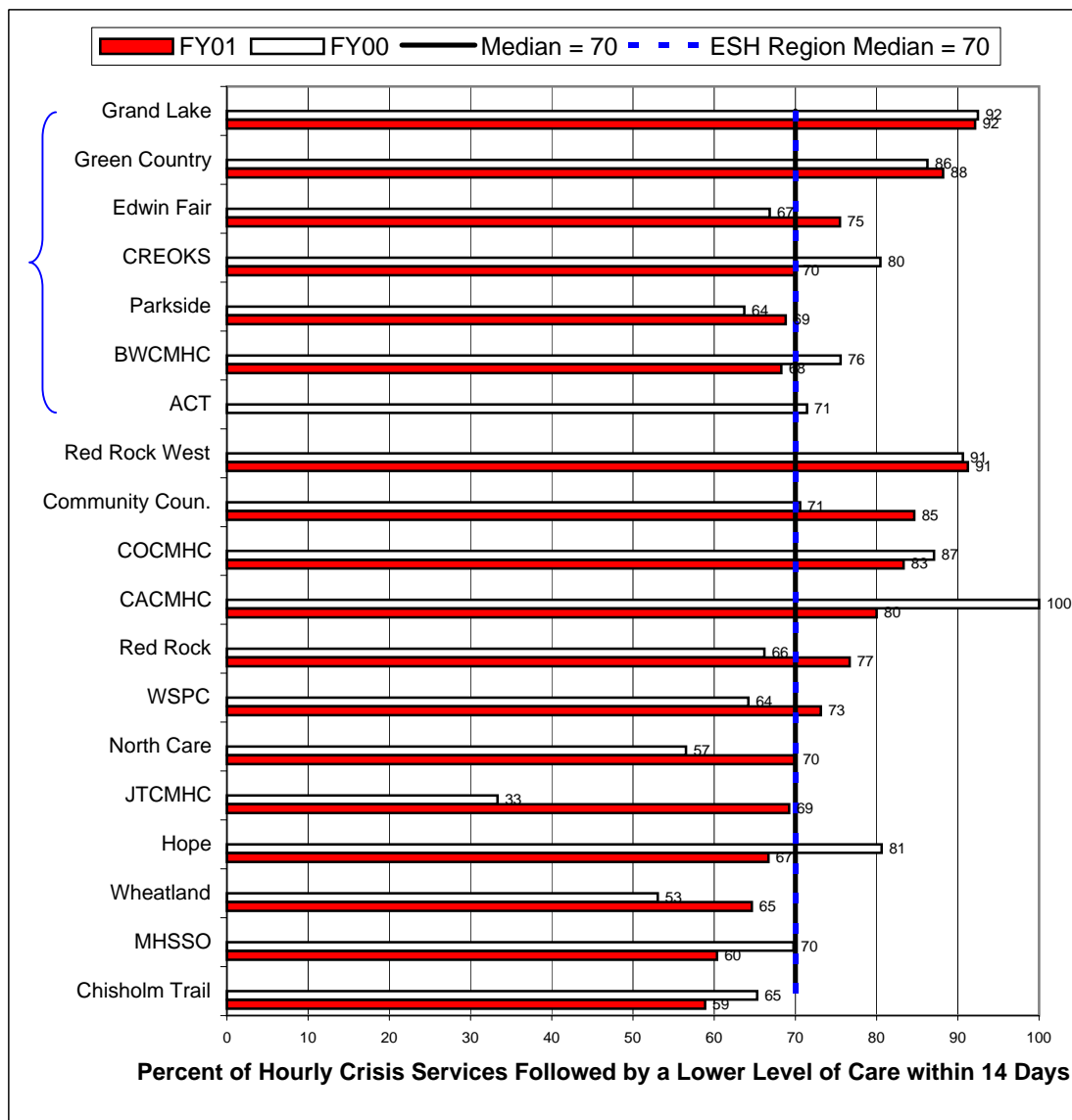
Refer to Definition pages for a description of structured emergency care services.

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



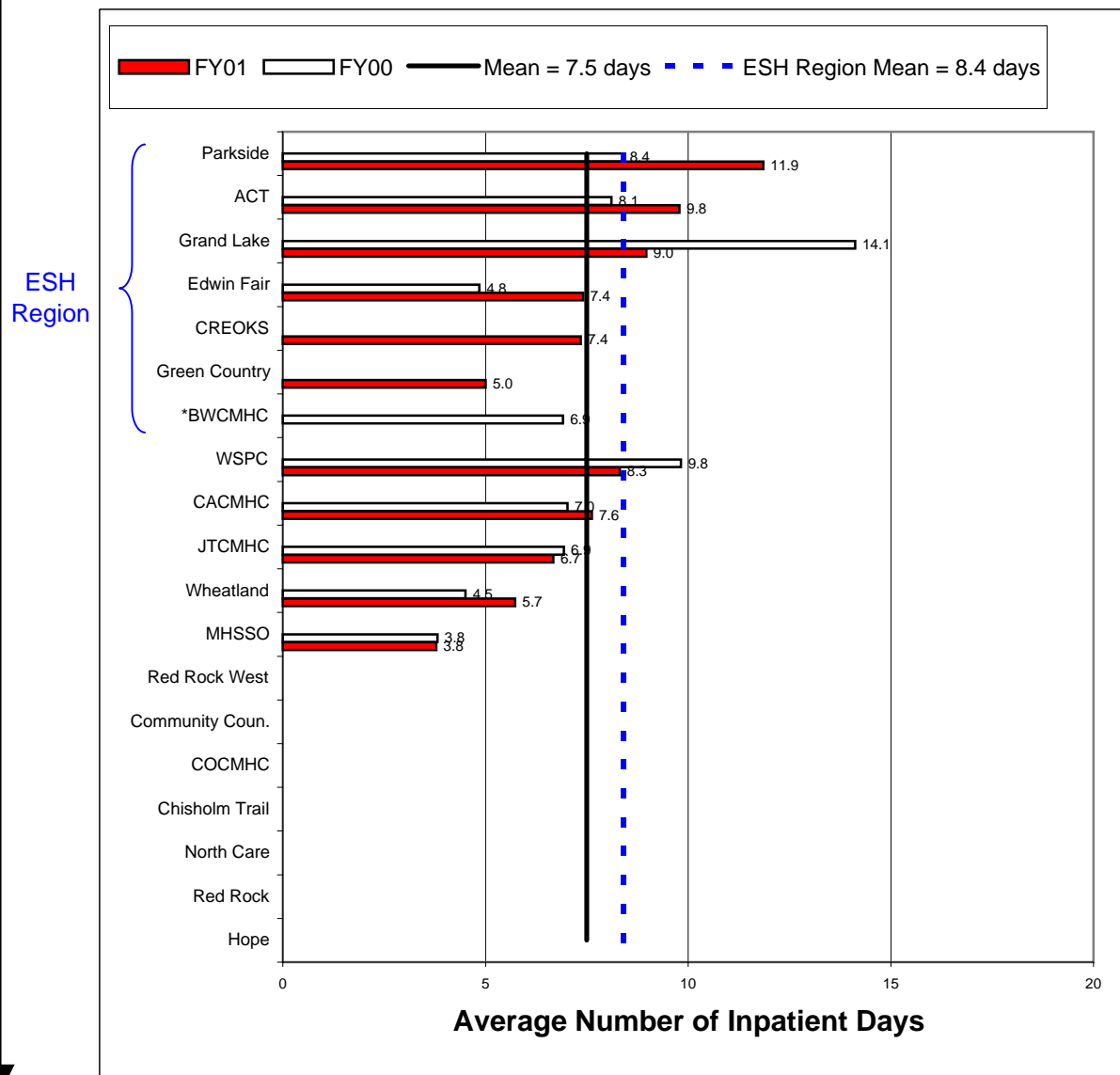
Answer: The percent of hourly crisis services followed by a lower level of care within 14 days varied from 59% to 92% among the 19 CMHCs in FY01, with an overall median of 70%. For the seven CMHCs in the ESH region, the percent of hourly crisis services followed by a lower level of care within 14 days varied from 0% to 92%, with a regional median of 70%.

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.

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 through December 31, 2000?



Answer: The average number of community-based inpatient days for clients receiving inpatient services in FY01 is 7.5 days per month, varying from 3.8 to 11.9 days among 10 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 5 to 11.9, with a regional average of 8.4 days.

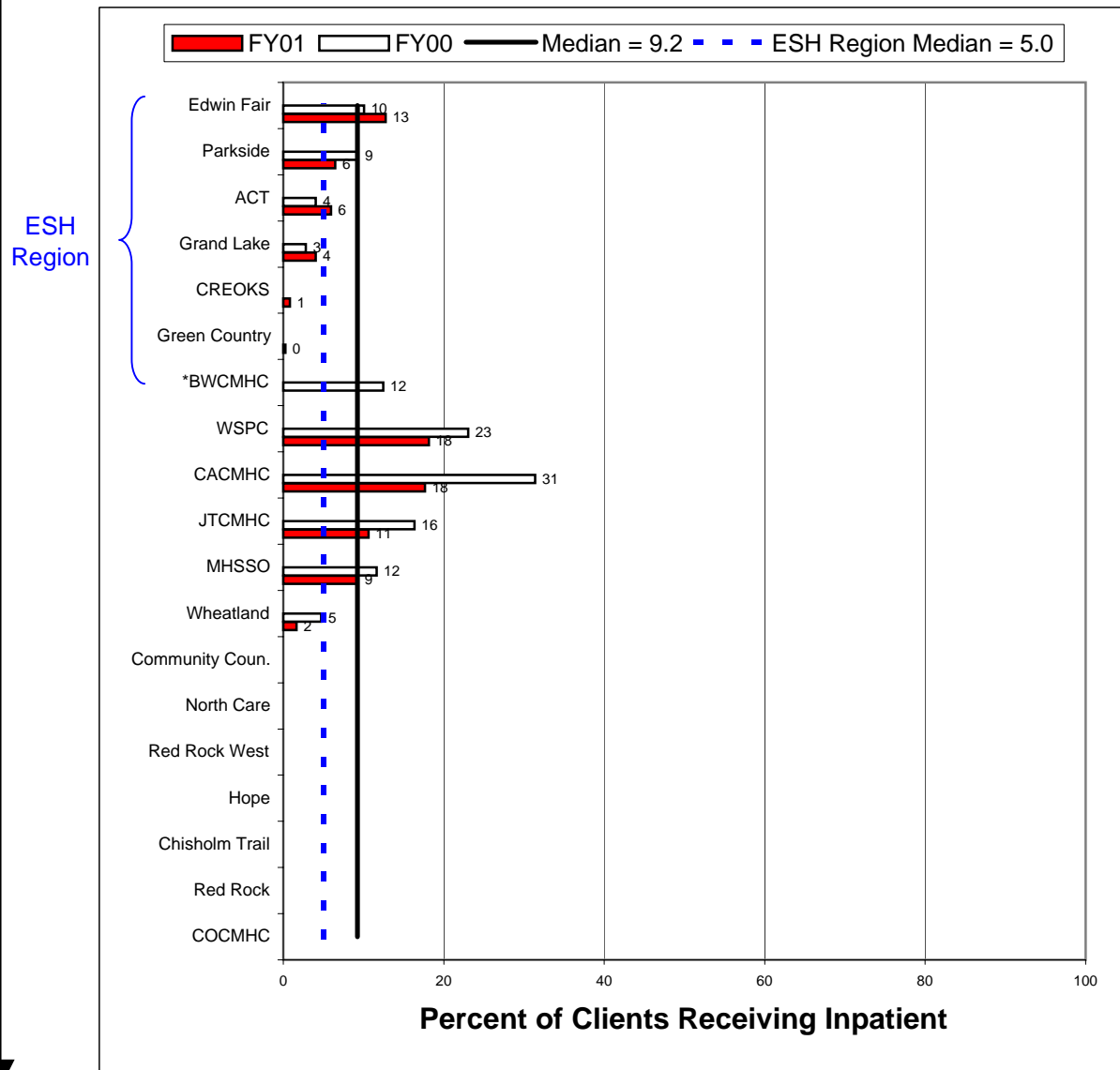
Agencies showing no inpatient days did not provide or contract for inpatient services.

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

*BWC MHC 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 through December 31, 2000?



Answer: The percent of clients receiving community-based inpatient days in FY01 varied from 0% to 18% among the 10 CMHCs, which provided or contracted for this service, with an overall median of 9.2%. For the seven CMHCs in the ESH region, the median percent of clients receiving community-based inpatient days varied from 0 to 13%, with a regional median of 5%.

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

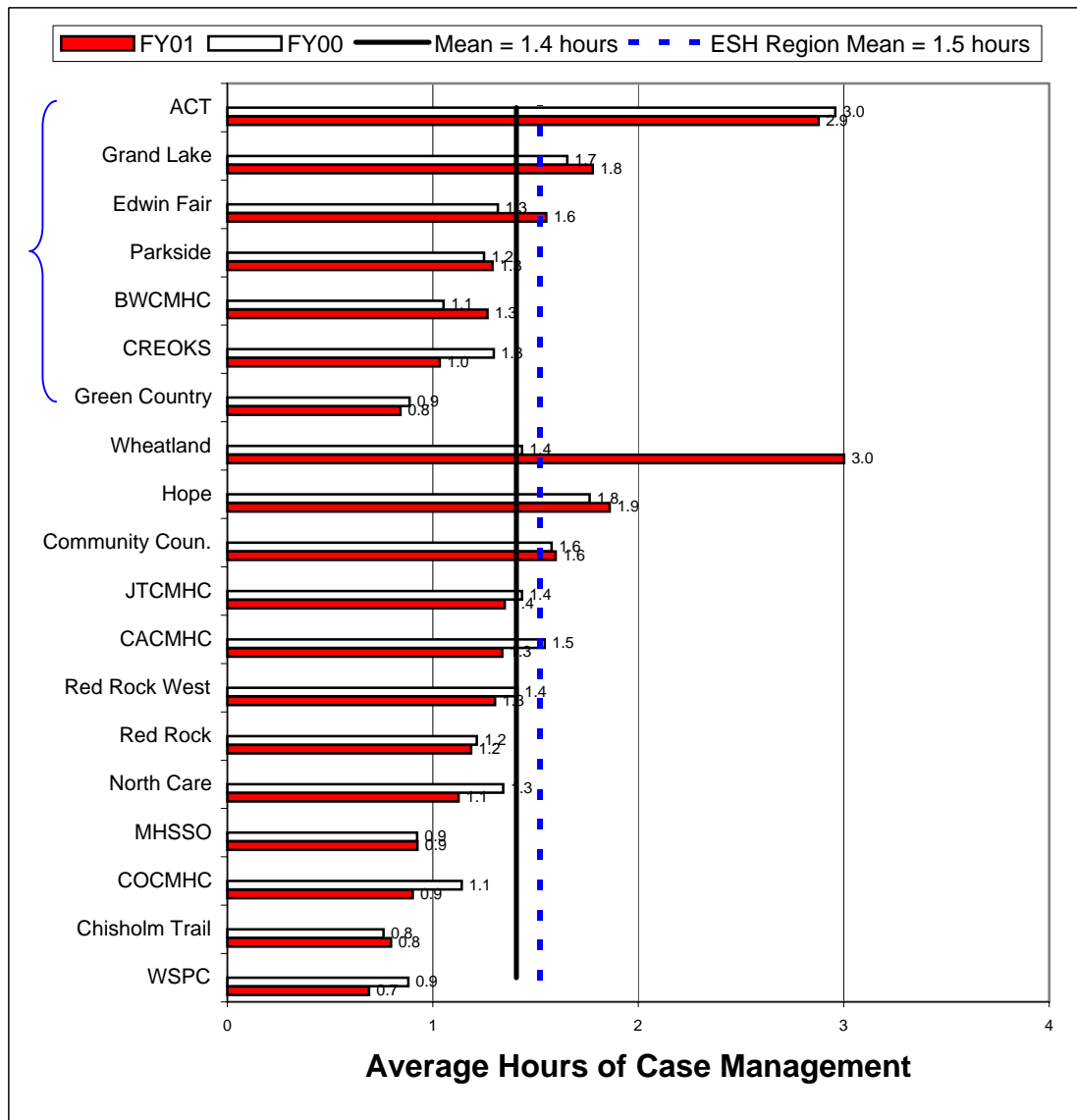
For state-operated facilities, all services are reported regardless of pay source. For private facilities, only services paid for by DMHSAS are reported.

*BWC MHC 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 through December 31, 2000?

ESH
Region



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 3 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of case management hours varied from .8 to 2.9 hours, with a regional average of 1.5 hours.

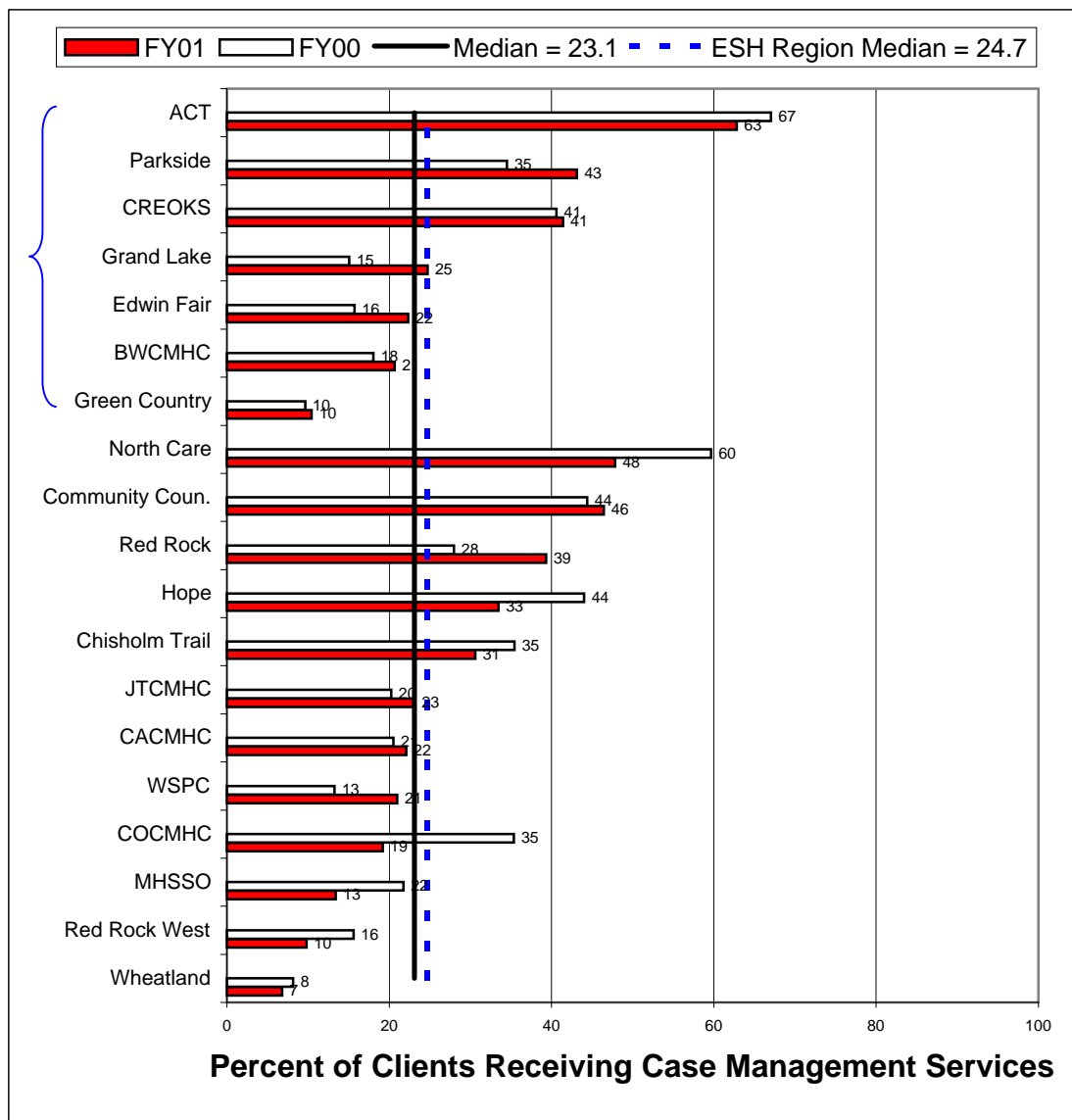
Refer to the Definition pages for a description of case management services.

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 Case Management

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

ESH
Region



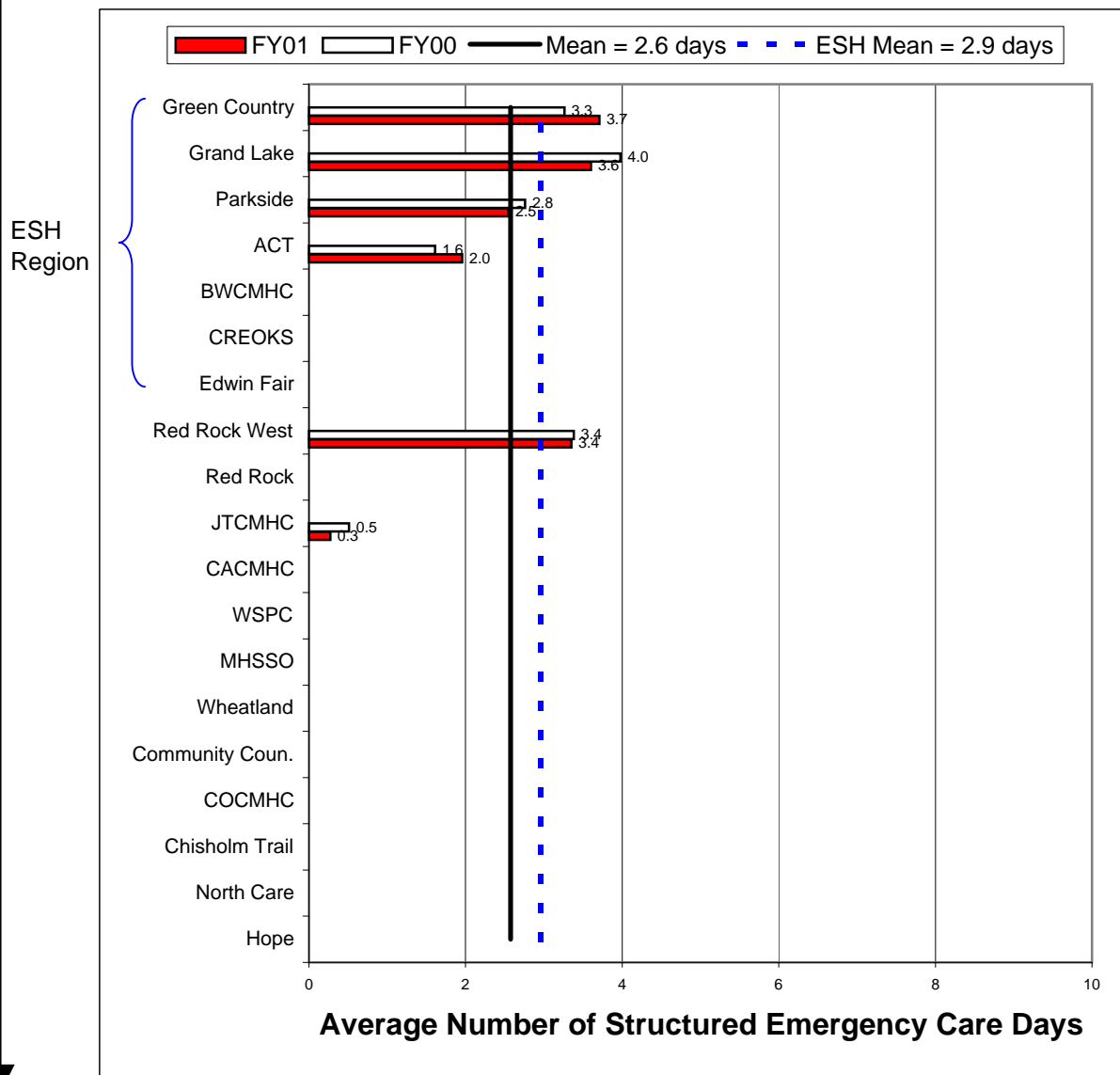
Answer: The percent of clients receiving case management in FY01 varied from 7% to 63% among the 19 CMHCs, with an overall median of 23.1%. For the seven CMHCs in the ESH region, the percent of clients receiving case management varied from 10% to 63%, with a regional median of 24.7%.

Refer to the Definition pages for a description of case management 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 through December 31, 2000?



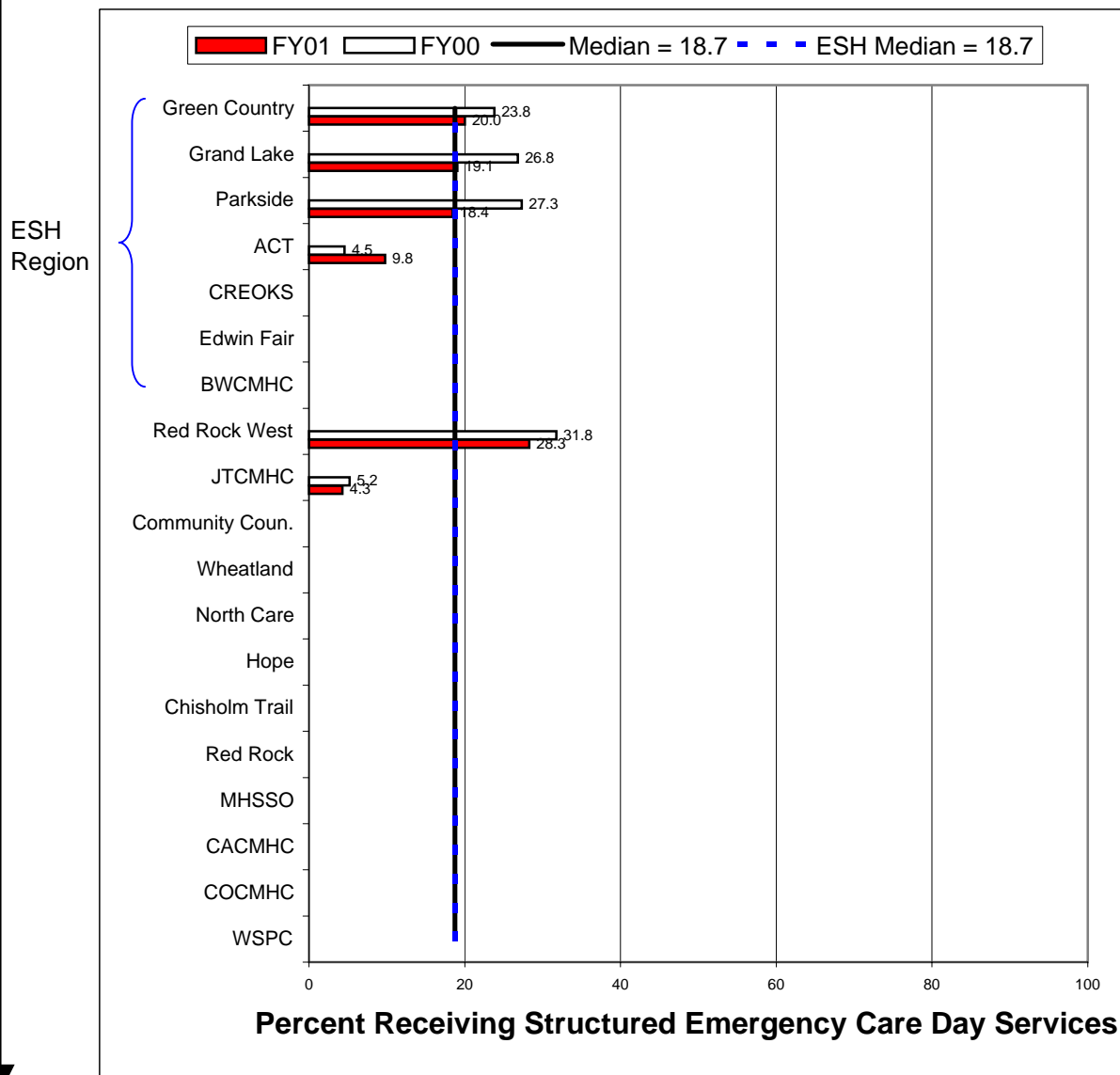
Answer: For the six CMHCs, which provided or contracted for structured emergency care day services in FY01, the average number of days for clients receiving this service is 2.6 days per month, varying from .3 to 3.7 days. For the four CMHCs in the ESH region, the average number of structured emergency care days varied from 2 to 3.7 days, with a regional average of 2.9 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.

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 through December 31, 2000?



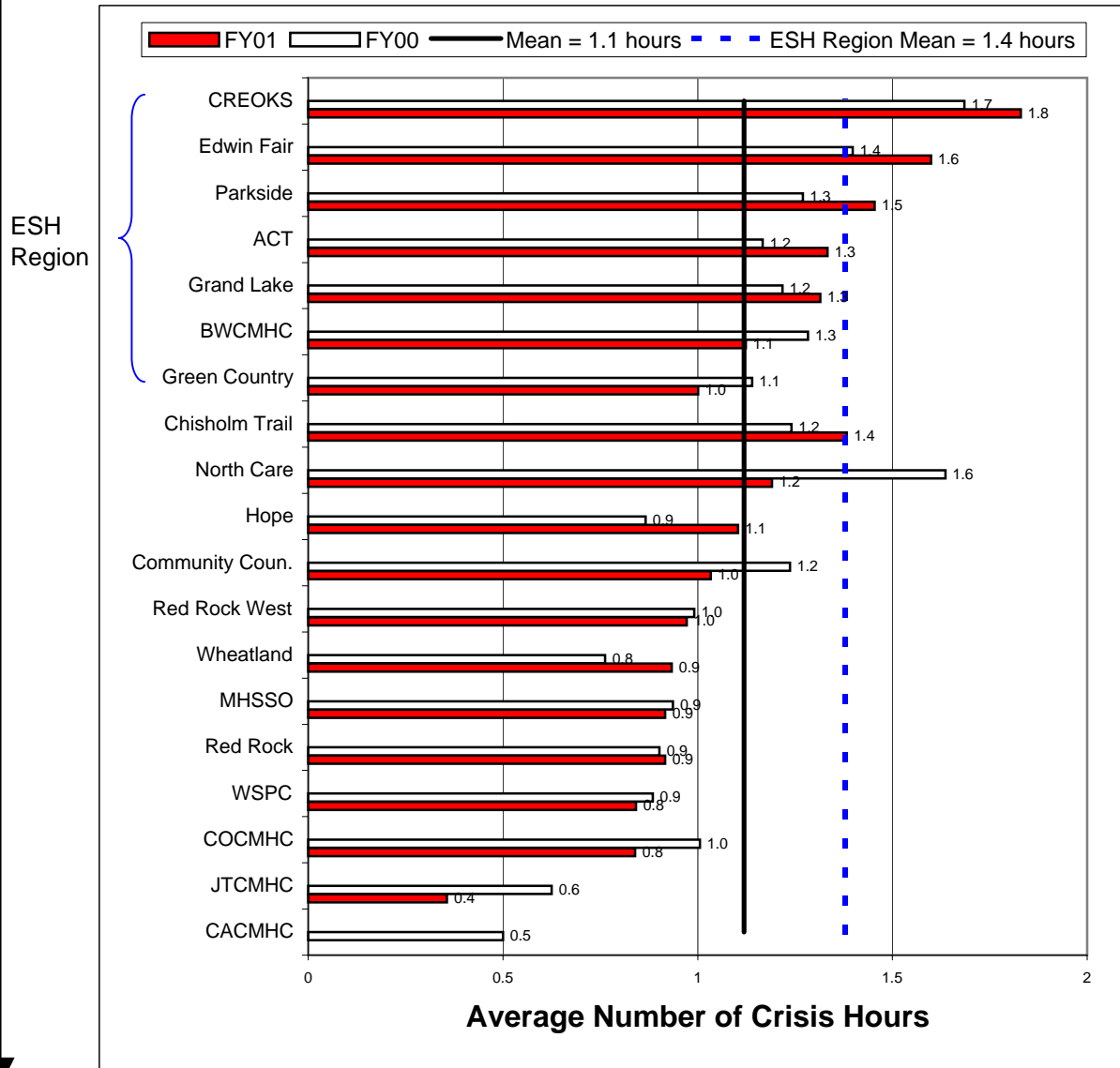
Answer: The percent of clients receiving structured emergency care day services in FY01 varied from 4.3% to 28.3% among the six CMHCs, which provided or contracted for this service, with an overall median of 18.7%. For the four CMHCs in the ESH region, the percent of clients receiving structured emergency care day services varied from 9.8% to 20%, with a regional median of 18.7%.

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 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 through December 31, 2000 ?



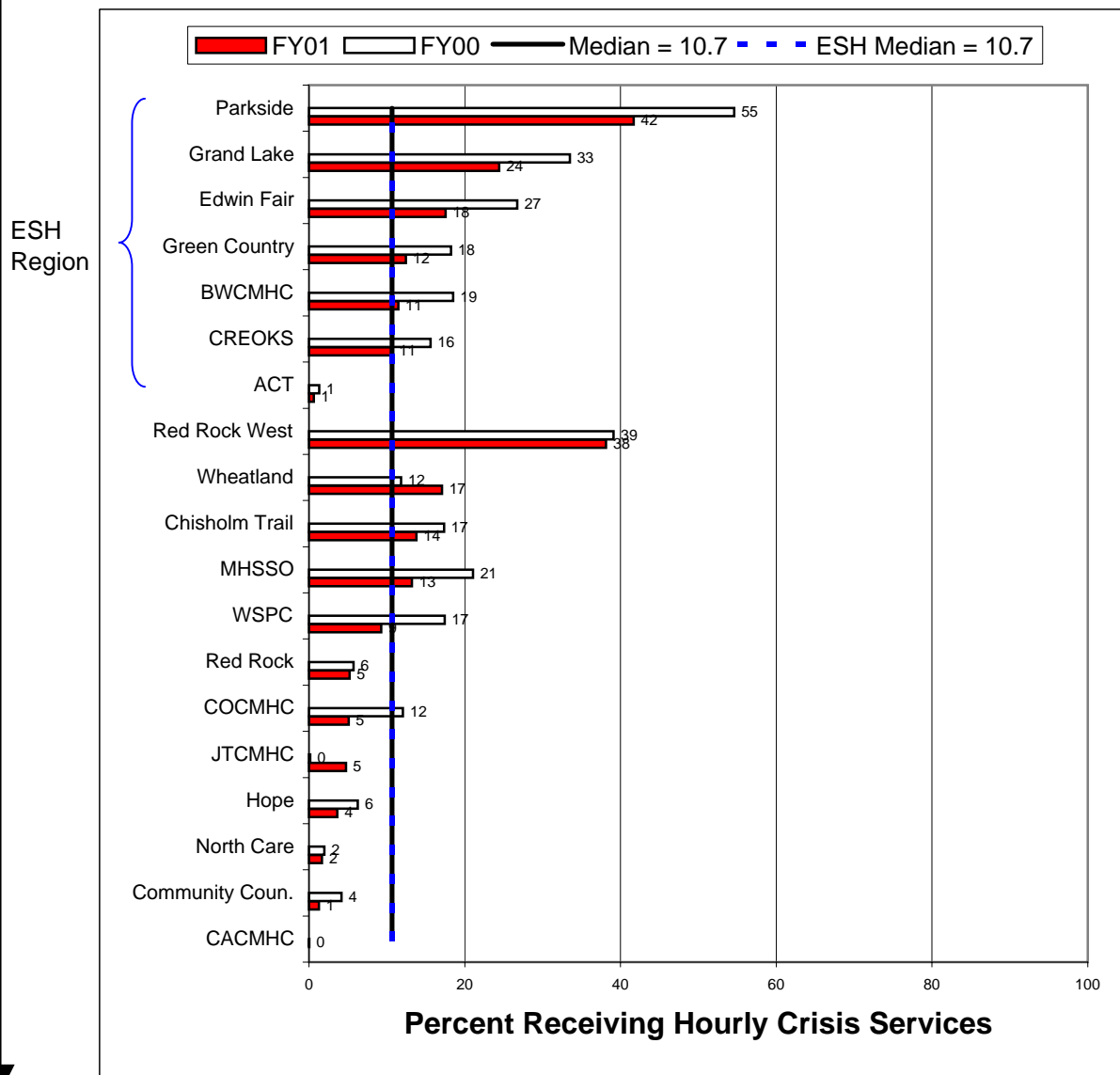
Answer: The average number of crisis hours for clients receiving hourly crisis services in FY01 is 1.1 hours per month, varying from 0 to 1.8 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of crisis hours varied from 1.0 to 1.8 hours, with a regional average of 1.4 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.

Percent of Clients Receiving Hourly Crisis Services

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



Answer: The percent of clients receiving hourly crisis services in FY01 varied from 0% to 42% among the 19 CMHCs, with an overall median of 10.7%. For the seven CMHCs in the ESH region, the percent of clients receiving hourly crisis services varied from 1% to 42%, with a regional median of 10.7%.

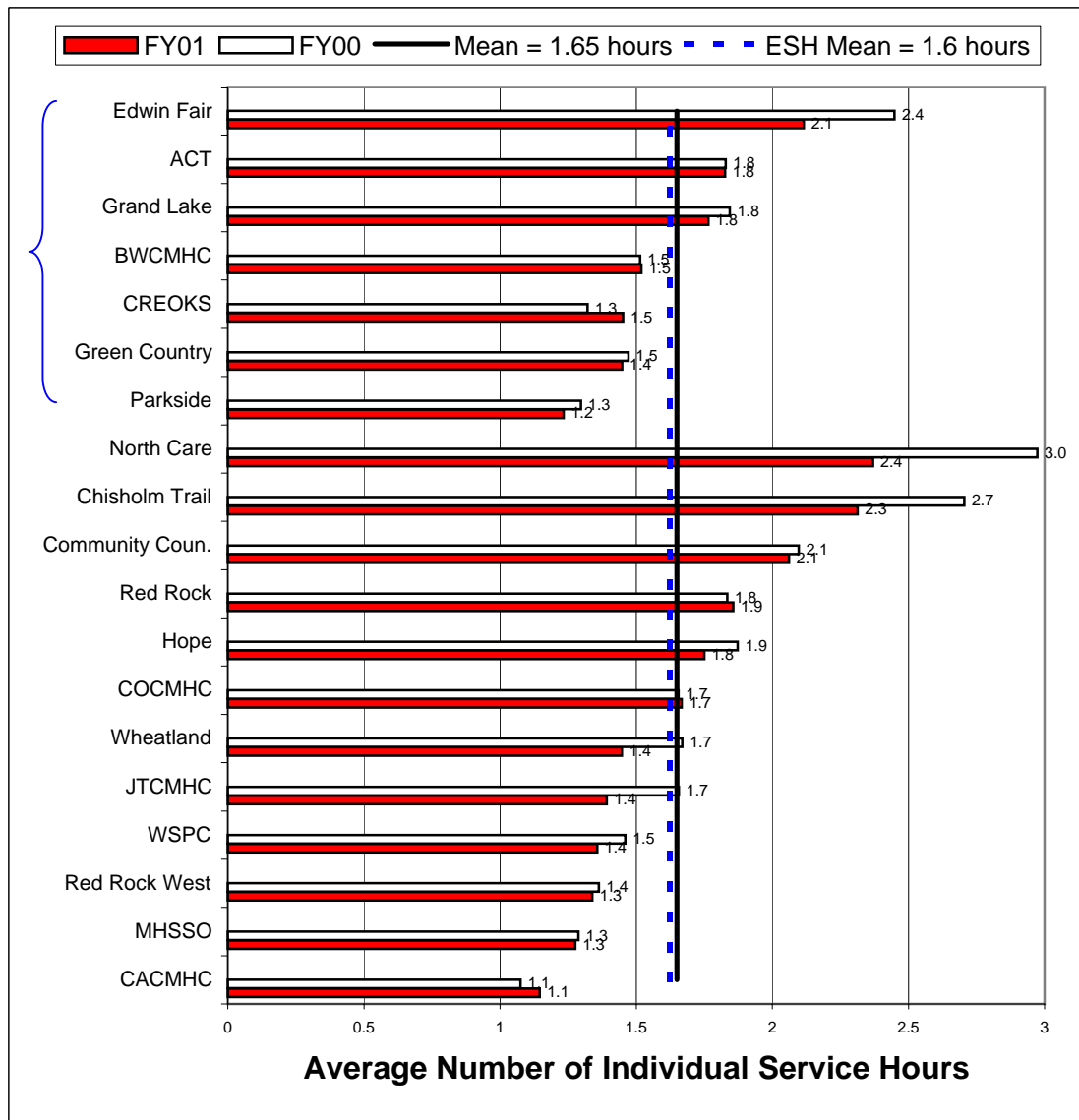
Refer to the Definition pages for a description of crisis services.

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 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 1.65 hours per month, varying from 1.1 to 2.4 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 2.1 hours, with a regional average of 1.6 hours.

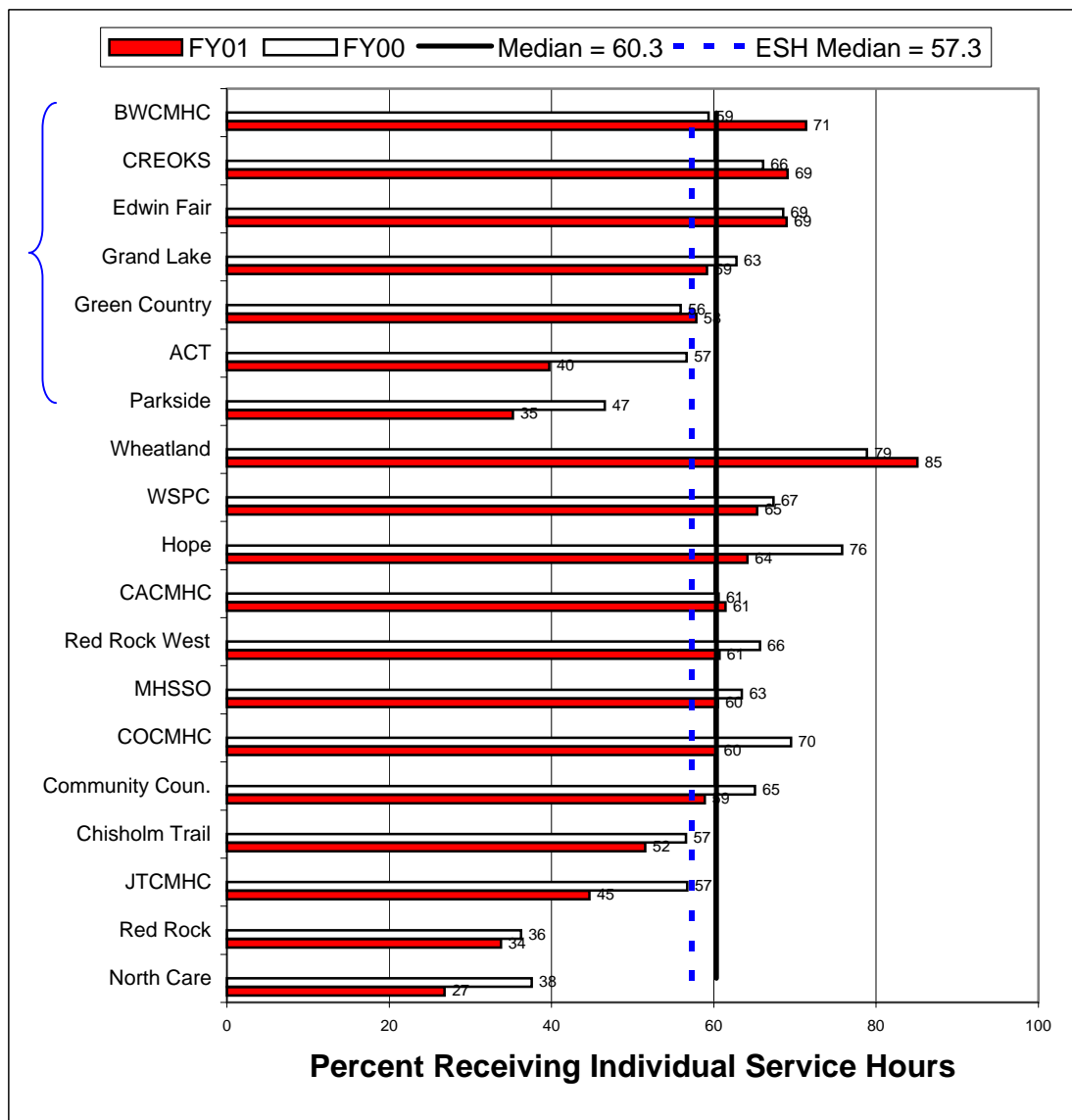
Refer to the Definition pages for a description of individual services.

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?

ESH
Region



Answer: The percent of clients receiving individual services in FY01 varied from 27% to 85% among the 19 CMHCs, with an overall median of 60.3%. 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 57.3%.

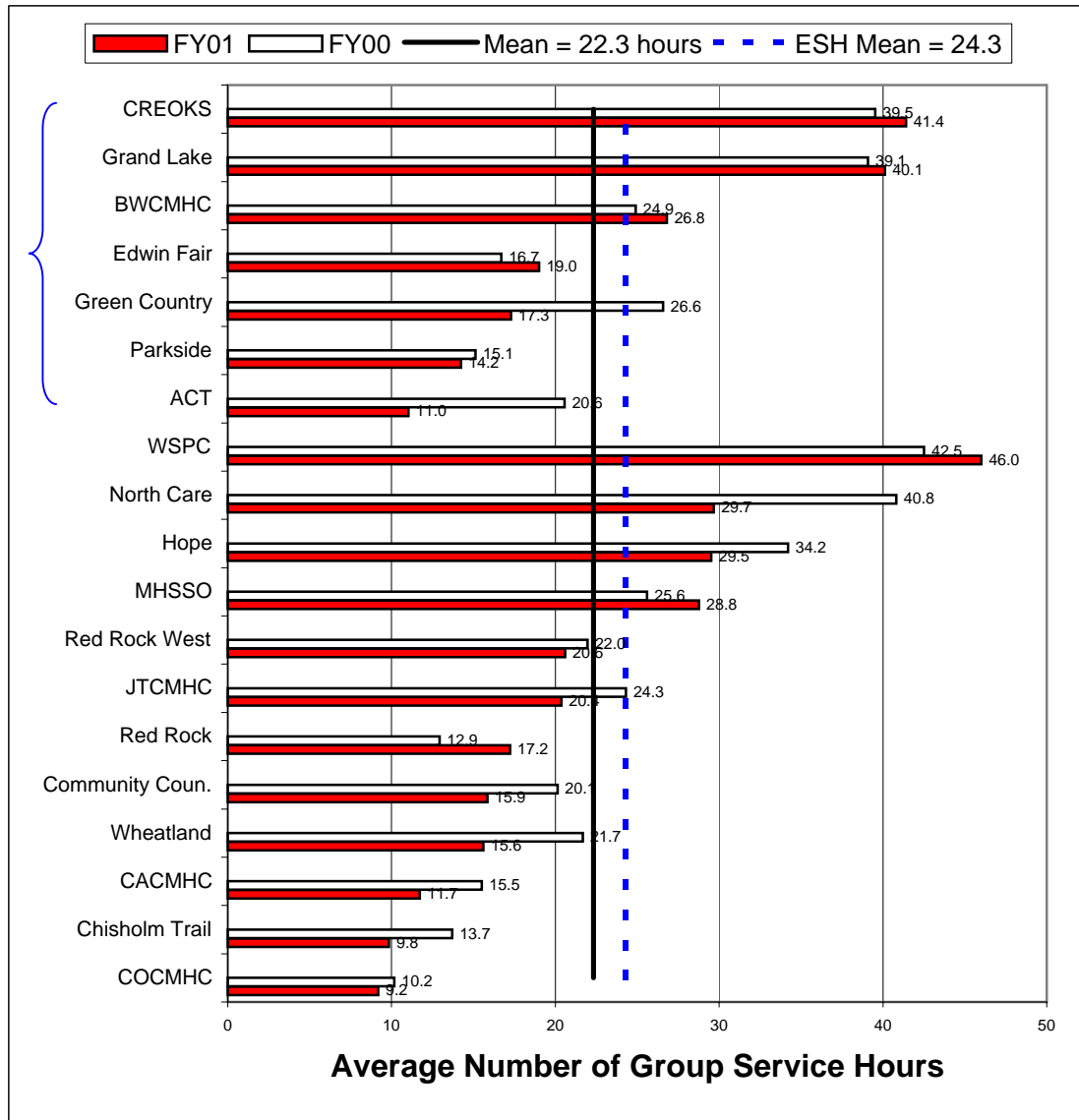
Refer to the Definition pages for a description of individual services.

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

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 22.3 hours per month, varying from 9.2 to 46 hours among the 19 CMHCs. For the seven CMHCs in the ESH region, the average number of group hours varied from 11 to 41.4 hours, with a regional average of 24.3 hours.

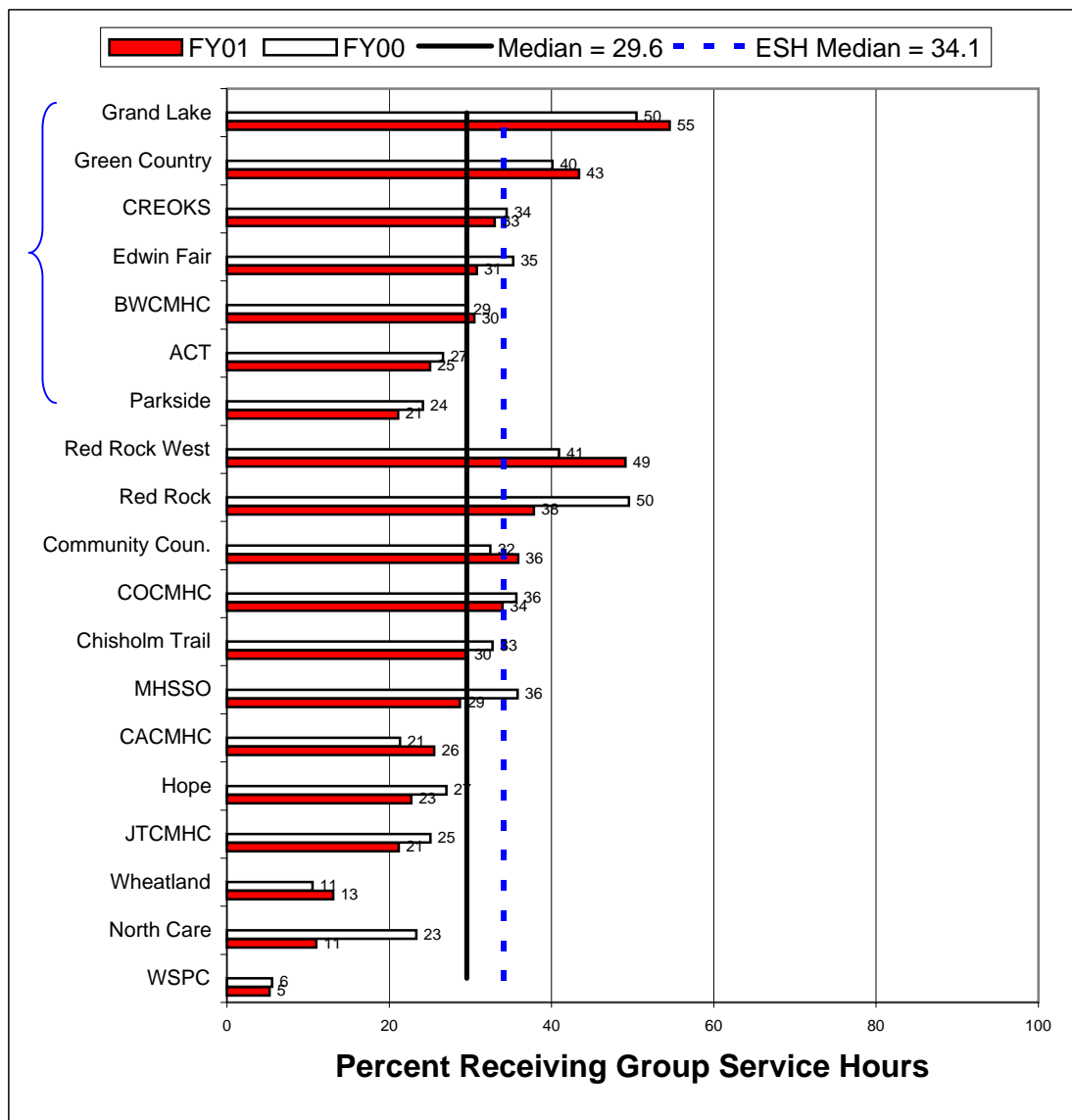
Refer to the Definition pages for a description of group services.

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?

ESH
Region



Answer: The percent of clients receiving group services in FY01 varied from 5% to 55% among the 19 CMHCs, with an overall median of 29.6%. For the seven CMHCs in the ESH region, the percent of clients receiving group services varied from 21% to 55%, with a regional median of 34.1%.

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.

**Summary of Restraint Events by Month
Among ESH Region CMHCs
July - December 2000**

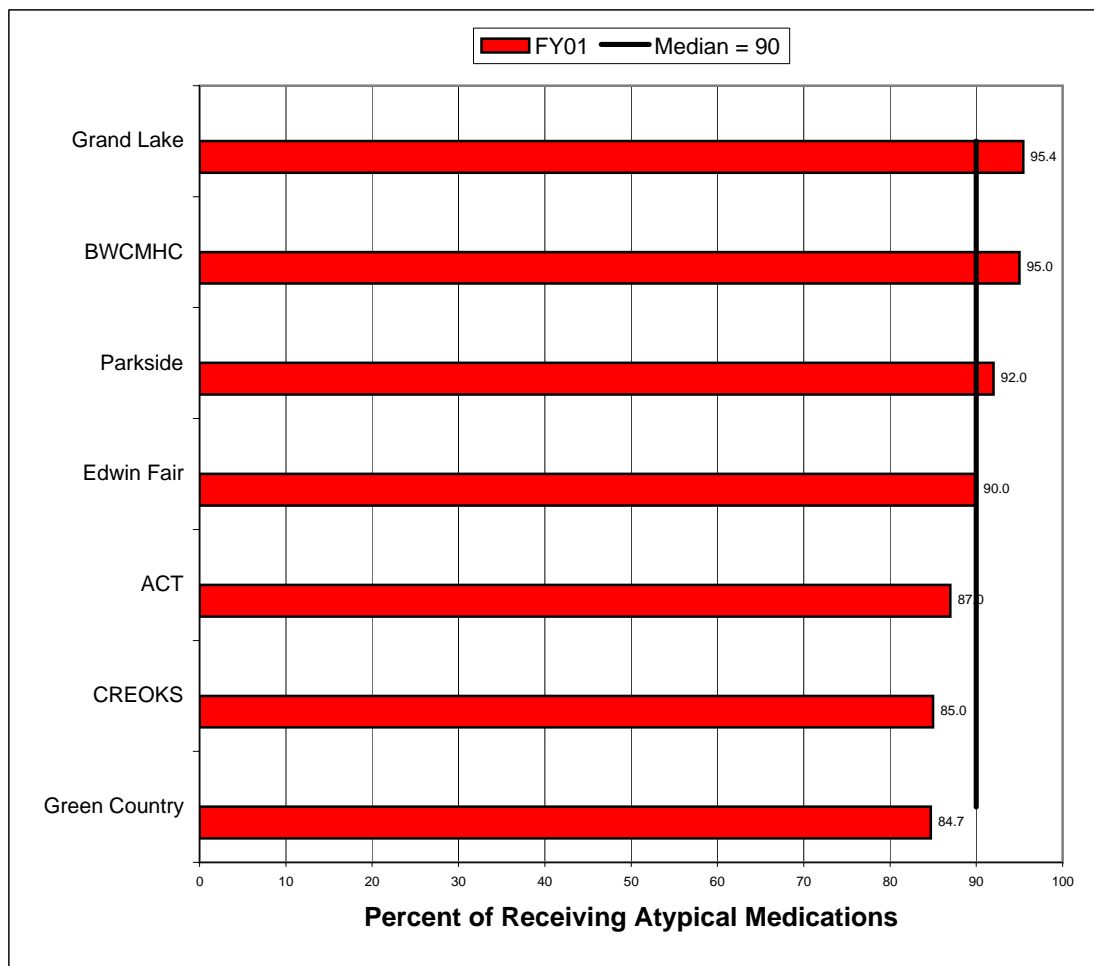
		Jul	Aug	Sep	Oct	Nov	Dec
Bill Willis CMHC (Wagoner Community Hospital)	% Hrs in Restraints	0.00%	0.01%	0.00%	0.04%	0.07%	0.00%
	% Clients Restrained	4.00%	3.85%	0.00%	3.85%	5.36%	0.00%
	# with multiple Restraints	0	0	0	1	0	0
	# of Clients Restrained	2	2	0	2	3	0
	# of Clients in Facility	50	52	40	52	56	40
	Avg. Hours of Restraints	1.38	3.28	0	2.46	2.50	0
CREOKS Mental Health Center (Wagoner Community Hospital)	% Hrs in Restraints	0	0.01%	0.00%	0.34%	0.00%	0.00%
	% Clients Restrained	0	11.11%	0.00%	33.33%	0.00%	0.00%
	# with multiple Restraints	0	0	0	2	0	0
	# of Clients Restrained	0	2	0	6	0	0
	# of Clients in Facility	1	18	10	18	17	7
	Avg. Hours of Restraints	0	2.75	0	2.51	0	0
Grand Lake Mental Health Center (Miami Hospital Unit)	% Hrs in Restraints	0	0	0.00%	0.00%	0.00%	0.00%
	% Clients Restrained	0	0	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	20	25	27	26	22	26
	Avg. Hours of Restraints	0	0	0	0	0	0
Grand Lake Mental Health Center (Stabilization Center)	% Hrs in Restraints	0.04%	0.00%	0.00%	0.00%	0.04%	0.00%
	% Clients Restrained	1.82%	0.00%	0.00%	0.00%	2.78%	0.00%
	# with multiple Restraints	0	0	0	0	0	0
	# of Clients Restrained	1	0	0	0	1	0
	# of Clients in Facility	55	59	56	61	36	56
	Avg. Hours of Restraints	2.25	0	0	0	1.75	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	29	43	29	27	24	32
	Avg. Hours of Restraints	0	0	0	0	0	0
Green Country Behavioral Health Services (Wagoner Community Hospital)	% Hrs in Restraints	0.00%	0.00%	0%	5%	0%	0.00%
	% Clients Restrained	0.00%	0.00%	25%	100%	33%	0.00%
	# with multiple Restraints	0	0	0	1	0	0
	# of Clients Restrained	0	0	1	1	1	0
	# of Clients in Facility	3	2	4	1	3	0
	Avg. Hours of Restraints	0	0	4.00	5.67	2.50	0
Parkside (CrisisUnit)	% Hrs in Restraints	0.00%	0.00%	0.12%	0.17%	0.01%	0.01%
	% Clients Restrained	2.16%	0.70%	3%	5%	1%	0.00%
	# with multiple Restraints	1	1	0	1	0	0
	# of Clients Restrained	4	1	2	4	1	1
	# of Clients in Facility	185	143	80	81	70	70
	Avg. Hours of Restraints	0.00	0.00	2.80	1.94	0.42	1.00
Parkside (Detention Unit)	% Hrs in Restraints	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%
	% Clients Restrained	1.16%	0.00%	0.00%	0.98%	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	86	77	104	102	88	88
	Avg. Hours of Restraints	0.00	0.00	0.00	1.00	0.00	0.00
Parkside (Inpatient Treatment)	% Hrs in Restraints	0.00%	0.00%	0.00%	0.04%	0.00%	0.01%
	% Clients Restrained	0.00%	1.12%	0.00%	2.94%	1.14%	1.14%
	# with multiple Restraints	0	0	0	1	0	1
	# of Clients Restrained	0	1	0	3	1	1
	# of Clients in Facility	100	89	104	102	88	88
	Avg. Hours of Restraints	0	0.50	0.00	3.63	0.50	1.80

**Summary of Seclusion Events by Month
Among ESH Region CMHCs
July - December 2000**

		Jul	Aug	Sep	Oct	Nov	Dec
Bill Willis CMHC (Wagoner Community Hospital)	% Hrs in Seclusion	0%	0%	0%	0%	0%	0%
	% Clients Secluded	0%	0%	0%	0%	0%	0%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	0	0	0	0	0	0
	# of Clients in Facility	50	52	40	52	56	40
	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	1	18	10	18	17	7
	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	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	1	0	0	0	0	0
	# of Clients in Facility	20	25	27	26	22	26
	Avg. Hours of Seclusion	2.75	0	0	0	0	0
Grand Lake Mental Health Center (Stabilization Center)	% Hrs in Seclusion	0.00%	0%	0%	0%	0%	0.00%
	% Clients Secluded	1.82%	0%	0%	0%	0%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	1	0	0	0	0	0
	# of Clients in Facility	55	59	56	61	36	56
	Avg. Hours of Seclusion	1.00	0	0	0	0	0
Green Country Behavioral Health Services (Crisis Stabilization Unit)	% Hrs in Seclusion	0	0.00%	0.00%	0.07%	0.00%	0.07%
	% Clients Secluded	0	4.65%	0.00%	7.41%	0.00%	6.25%
	# with multiple Seclusions	0	0	0	1	0	0
	# of Clients Secluded	0	2	0	2	0	2
	# of Clients in Facility	29	43	29	27	24	32
	Avg. Hours of Seclusion	0	0.375	0	0.75	0	1.00
Green Country Behavioral Health Services (Wagoner Community Hospital)	% Hrs in Seclusion	0.17%	0.13%	0%	0%	0%	0.00%
	% Clients Secluded	33.33%	50.00%	0%	0%	0%	0.00%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	1	1	0	0	0	0
	# of Clients in Facility	3	2	4	1	3	0
	Avg. Hours of Seclusion	0.75	1.00	0	0	0	0
Parkside (Crisis Unit)	% Hrs in Seclusion	0.11%	0.12%	0.11%	0.04%	0.01%	0.04%
	% Clients Secluded	0.54%	2.80%	1.28%	1.72%	1.41%	1.49%
	# with multiple Seclusions	0	0	0	0	0	0
	# of Clients Secluded	1	4	2	3	2	2
	# of Clients in Facility	185	143	156	174	142	134
	Avg. Hours of Seclusion	4.20	1.00	2.55	0.63	0.42	1.50
Parkside (Detention Unit)	% Hrs in Seclusion	0.04%	0.14%	0.11%	0.02%	0.00%	0.08%
	% Clients Secluded	2.33%	5.19%	2.50%	1.23%	0.00%	1.43%
	# with multiple Seclusions	0	0	2	0	0	1
	# of Clients Secluded	2	4	2	1	0	1
	# of Clients in Facility	86	77	80	81	70	70
	Avg. Hours of Seclusion	1.80	2.25	4.58	1.50	0.00	6.00
Parkside (Inpatient Treatment)	% Hrs in Seclusion	0.02%	0.01%	0.04%	0.04%	0.01%	0.00%
	% Clients Secluded	4.00%	2.25%	1.92%	2.94%	2.27%	1.14%
	# with multiple Seclusions	0	1	1	1	0	0
	# of Clients Secluded	4	2	2	3	2	1
	# of Clients in Facility	100	89	104	102	88	88
	Avg. Hours of Seclusion	1.4	2.2	5.1	3.6	1.1	1.0

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%.

Counts of clients receiving clozapine, quetiapine, olanzapine or risperidone (A) were reported by each CMHC. Counts of clients eligible to receive these new generation antipsychotic medications at each CMHC (B) were estimated by counting clients with primary diagnoses of schizophrenia or schizoaffective disorder, as reported to ICIS. The new generation medication rate for each CMHC was calculated using the formula: $A/B \times 100$. DMHSAS will

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.

In December 2000, DMHSAS staff reorganized the system by which this monitoring will occur. A team of seven DMHSAS staff have been assigned monitoring responsibilities for the MSTP. Each staff member regularly reviews clinical records at a specific CMHC. This change was initiated January 1. Subsequent Progress Reports will track the impact of the MSTP monitoring. It is anecdotally apparent this approach to clinical records review has established specific practice standards that have resulted in uniform and proactive follow-up of persons who move from higher to lower levels of community-based 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 below.

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%

There was no increase in the number of persons who were readmitted to a forensic unit during the initial 12-month period of the ESH transition. However, the percentage of discharges increased as the number of civil discharges decreased significantly. Further analysis of these cases may be warranted to determine factors that contributed to the subsequent forensic admissions.

7. Review of Concerns Identified in the October 1 Progress Report

The following items were identified in the October 1, 2000 Progress Report by TOP members for further discussions and continued review. A status report on each item is summarized.

- **Use of newer generation medications was lower than desired by TOP members.** Since the October 1 report, the majority of the additional funding for newer generation medications has been allocated to the CMHCs. Subsequent reports should reflect increased access to these medications.
- **Former ESH clients may have returned to ESH as forensic clients.** Page 25 of this report summarizes by numbers and percentages, those that left ESH on a civil status and subsequently were returned to ESH for forensic services.
- **The ESH cohort may receive inordinate amounts of care.** CMHC Directors assured Panel members that ESH cohort members are not selected for increased levels of services. DMHSAS has required more specific monitoring and thresholds of care for clients upon immediate release from inpatient care and structured community-based crisis care. Some of these clients are also members of the specific ESH cohort.
- **Day services have decreased at Parkside.** Parkside reports it will reinstate day treatment services at one location, 3 days per week, beginning February 1, 2001.
- **It is difficult to gauge improvements at Parkside subsequent to the recent DMHSAS audit.** On January 12, Parkside submitted a status report to the DMHSAS Board. The report indicated 92% of the recommended or required actions had been completed.
- **Funding is still inadequate to meet the needs of the persons affected by the ESH transition.** A future report to the TOP will analyze the use of funding provided to CMHCs in relationship to the funding model incorporated in the ESH Plan.
- **Housing services are inadequate in all service areas.** DMHSAS has proposed a housing policy and plan for statewide expansion of housing services. This proposal has been reviewed at two separate public hearings. Comments from those hearings will be incorporated in a final report to the DMHSAS Commissioner.
- **Some Centers may continue to be required to use most of new funding for inpatient services and not be able to develop the proactive outpatient services.** DMHSAS will present an analysis of the use of DMHSAS ESH transition funding for a future TOP review.
- **Standing capacity at CMHCs is not funded and funding may not cover Centers' increased liability.** DMHSAS and DCS are reviewing contracting and purchasing options for CMHCs' safety net services.

- **Services for difficult-to-place clients are inadequate, e.g., those needing Enhanced Residential Care and those with co-occurring disorders.** This relates, in part, to issues around housing resources. Also, DMHSAS program staff are identifying strategies needed to better meet the needs of persons with co-occurring disorders statewide.
- **Services may be difficult to access at ESH or GMH for those requiring that level of care.** DMHSAS administrative staff have requested CMHCs document specific access problems related to ESH and GMH. DMHSAS will review these matters with the Superintendents to identify any revisions needed.
- **It is difficult to understand data without clear benchmarks.** Future DMHSAS Performance Indicator reports include prior year data and system-wide averages which will be useful benchmarks for comparisons.

8. Overall Analysis of Findings

- Access to newer generation medications appears to be approaching a desired level at each Community Mental Health Center.
- More analysis and work are needed to improve the ESH area CMHC performance rates related to clients moving into independent housing while receiving community-based services.
- Inpatient readmission rates for ESH area CMHCs are much lower than the remainder of the state. Increased community-based services prior to and following hospital care have had a positive impact on this indicator.
- The ESH area CMHCs also appear to be performing better than the statewide average at providing community-based services within 3 days of discharge from inpatient psychiatric treatment. The statewide average is 5.2 days.
- The overall percentage of clients in the ESH area who required inpatient treatment during the period reviewed is lower than the remainder of the state. Again, it is assumed that increased outpatient services and proactive outreach directly impact the need for inpatient care. However, DMHSAS should determine that decreased access to appropriate inpatient care is not a factor.
- ESH area CMHCs' performance is similar to the statewide average on several indicators selected for monitoring by the Transition Oversight Panel (see below). The Panel should determine whether this performance is acceptable to meet the goals of the ESH Transition Plan.
 - ✓ Percent of consumers who received lower level of care within 14 days after receiving crisis care at a CMHC.

- ✓ Average number of community-based inpatient days per month for clients who receive inpatient psychiatric treatment through a CMHC.
 - ✓ The percent of CMHC clients who receive community-based inpatient services.
 - ✓ The average number of case management hours provided to CMHC clients per month.
 - ✓ The percent of CMHC clients who receive case management services.
 - ✓ The average numbers of days of community based structured crisis care (CBSCC) for clients who receive this care from a CMHC.
 - ✓ The percent of clients who receive CBSCC in CMHCs where this service is available.
 - ✓ The average hours of crisis services (other than CBSCC) provided to CMHC clients.
 - ✓ The percent of clients who receive crisis services (other than CBSCC).
- Panel members also reviewed data on seclusion and restraint episodes for clients receiving inpatient or community-based structured crisis care. No conclusions or specific areas for further analysis were identified. The Panel will continue to receive and review these data.

9. Recommended Areas for Performance Improvement

The Panel identified the following factors that appear to be impacting the success of the ESH transition. These will continue as items of discussion for problem-solving and status updates at future TOP meetings.

- Capacity of the Center for Extended Psychiatric Care at ESH is inadequate to meet the needs of the ESH service area. Additional resources are needed to develop and support enhanced residential care and extended treatment services in structured or secure settings.
- There is a need to improve availability of and access to substance treatment for persons who present at CMHCs. This includes people who need integrated treatment for co-occurring disorders as well as people for whom substance abuse treatment is the primary focus of care.
- Data on clients care that is provided through the Medicaid managed care organizations (HMOs) are not available for review by DMHSAS or the TOP.

The Panel requested DMHSAS to forward this concern to the Oklahoma Health Care Authority.

- The Panel asserts Tulsa County needs additional inpatient beds. Parkside's inpatient capacity is inadequate for the Tulsa County area.

Conclusions

1. Increased outreach and proactive outpatient services following inpatient treatment appear to be having positive affects on inpatient readmission rates and lengths of stay.
2. The following areas are highlighted in this Progress Report for closer monitoring and performance improvement.
 - Clients moving into independent housing while receiving community-based services.
 - Expanded capacity to serve clients who need secure or enhanced residential care or extended treatment.
 - Better access to substance abuse treatment in community-based settings.
3. Additionally, DMHSAS will pursue avenues through which additional data on clients served through the Medicaid managed care (HMO) system can be studied. This information was requested by the Panel to more thoroughly assess the impact of the ESH transition.

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.

Community Living Program Services - Services provided in a 24-hour care setting include residential treatment, independent living programs, supervised housing, and sponsored residential care.

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

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, Appendix B.

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

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

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

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

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.

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 rehab.

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 had not been employed at Time 1 but were 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.

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).

Outpatient Services – Services provided in a 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.

Serious Emotional Disturbance (SED) - The target population is comprised of individuals to 18 years of age who meet the following criteria:

- A. A child who possesses a diagnosable, serious disorder under DSM-IV such as pervasive developmental disorder, childhood schizophrenia of adult-type manifesting in adolescence, conduct disorder, affective disorder, other disruptive behaviors, or other disorders with serious medical implications such as eating disorders, or persistent involvement with alcohol or drugs;

and

- B. Who has a functioning level which includes: (a) 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) substance use; 4) family; 5) interpersonal; 6) role performance; 7) socio-legal; 8) self care/basic needs; 9) caregiver resources.

or

- C. Has a duration of illness for at least one year and (a) functioning level of moderate impairment in at least two, or (b) severe impairment in one of the following areas: 1) feeling, mood and affect; 2) thinking; 3) substance use; 4) family; 5) interpersonal; 6) role performance; 7) socio-legal; 8) self care/basic needs; 9) caregiver resources.

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

- D. 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

- E. 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

- F. 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.

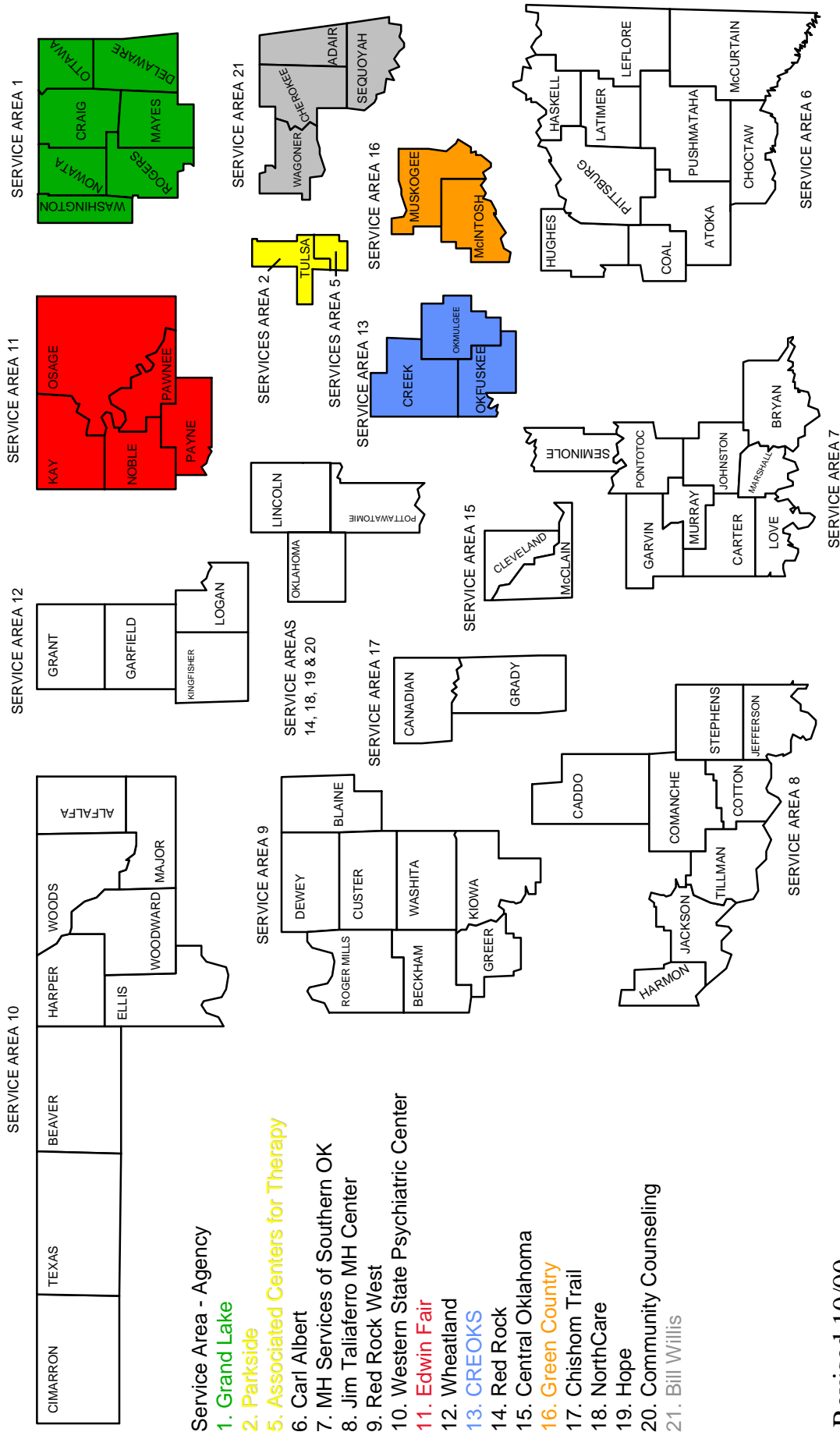
Structured Emergency Care - Community-based structured emergency care includes stabilization services provided in a protected environment (reported in days).

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 Areas

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Community Mental Health Center Service Areas



Revised 10/00

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Appendix C: Detailed Data Sheets

Adult Consumers Moving to Independent Housing

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

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 Median	ESH Region Median
BWCMHC	1,651	66	8	12.1	1,023	30	1	3.3	30.8	13.1
Grand Lake	1,616	369	48	13.0	1,399	321	32	10.0		
CREOKS	676	119	16	13.4	568	55	6	10.9		
Parkside	4,032	308	59	19.2	2,830	214	28	13.1		
Green Country	878	147	38	25.9	704	104	14	13.5		
Edwin Fair	1,100	40	22	55.0	806	36	20	55.6		
ACT	475	8	6	75.0	393	6	5	83.3		
MHSSO	2,723	233	28	12.0	1,782	80	10	12.5		
Chisholm Trail	1,239	59	14	23.7	961	30	7	23.3		
WSPC	1,775	84	29	34.5	1,141	44	11	25.0		
Wheatland	714	35	8	22.9	549	14	4	28.6		
Red Rock	1,279	29	14	48.3	898	13	4	30.8		
Community Coun.	1,435	189	80	42.3	825	116	36	31.0		
CACMHC	2,116	28	12	42.9	1,689	18	6	33.3		
Hope	936	102	43	42.2	653	68	24	35.3		
Red Rock West	993	57	24	42.1	598	29	11	37.9		
JTCMHC	2,375	77	32	41.6	1,543	54	26	48.1		
North Care	974	20	3	15.0	515	2	1	50.0		
COCMHC	1,304	178	62	34.8	968	70	41	58.6		

Independent housing includes Private Residence and Supported Living.
 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 through December 31, 2000?

Agency	FY00				FY01				FY01	
	Number re-admitted to Hospital or CMHC				Number re-admitted to Hospital or CMHC				Statewide ESH Region	
	Total Clients	Inpatient Discharges	CMHC	Percent	Total Clients	Inpatient Discharges	CMHC	Percent	Median	Median
									5.6	0.0
Green Country	1,075	47	1	2.1	804	1	0	0.0		
*BWC/MHC	1,911	84	3	3.6	1,152	1	0	0.0		
ACT	616	23	1	4.3	471	15	0	0.0		
Edwin Fair	1,253	95	5	5.3	877	30	0	0.0		
CREOKS	731	102	7	6.9	618	13	0	0.0		
Grand Lake	1,827	179	9	5.0	1,532	117	9	7.7		
Parkside	4,236	455	35	7.7	2,973	274	31	11.3		
Red Rock West	1,146	0	0	0.0	682	2	0	0.0		
Hope	1,054	137	15	10.9	717	38	1	2.6		
Red Rock	1,909	168	9	5.4	1,116	70	2	2.9		
North Care	1,222	88	0	0.0	600	37	2	5.4		
JTC/MHC	2,922	245	21	8.6	1,912	107	6	5.6		
WSPC	2,099	188	15	8.0	1,367	98	6	6.1		
CAC/MHC	2,271	476	32	6.7	1,852	188	12	6.4		
Chisholm Trail	1,451	44	1	2.3	1,137	15	1	6.7		
Wheatland	786	74	2	2.7	603	68	5	7.4		
Community Coun.	1,824	235	22	9.4	1,031	60	5	8.3		
MHSSO	3,119	721	57	7.9	1,962	314	28	8.9		
COC/MHC	1,610	439	45	10.3	1,192	141	17	12.1		

*BWC/MHC has not reported inpatient services for FY01.

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 through December 31, 2000?

Agency	FY00					FY01					Statewide ESH Region	
	Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from		Total Clients	Inpatient Discharges	Number receiving Follow-up service within 30 days	Average number of days from Inpatient Discharge to Follow-up		Mean	Mean
				Inpatient Discharge to Follow-up	Inpatient Discharge to Follow-up							
Green Country	1,075	49	21	7.6	7.6	804	1	0	0.0	0.0	5.2	3.1
Grand Lake	1,827	198	112	5.9	5.9	1,532	117	115	1.1	1.1		
Edwin Fair	1,253	103	48	11.0	11.0	877	30	27	2.3	2.3		
BWCMHC	1,911	88	57	6.5	6.5	1,152	1	1	3.0	3.0		
Parkside	4,236	494	336	6.3	6.3	2,973	274	212	4.8	4.8		
ACT	616	26	21	6.6	6.6	471	15	11	4.8	4.8		
CREOKS	731	112	41	7.5	7.5	618	13	9	6.0	6.0		
WSPC	2,099	213	186	0.1	0.1	1,367	98	90	0.1	0.1		
JTCMHC	2,922	273	240	0.9	0.9	1,912	107	97	1.3	1.3		
Wheatland	786	86	44	6.6	6.6	603	68	56	1.5	1.5		
North Care	1,222	95	44	10.3	10.3	600	37	20	4.7	4.7		
Hope	1,054	151	73	6.8	6.8	717	38	15	5.8	5.8		
MHSSO	3,119	792	464	7.0	7.0	1,962	314	177	7.1	7.1		
CACMHC	2,271	492	398	8.5	8.5	1,852	188	137	7.4	7.4		
Community Coun.	1,824	258	95	8.7	8.7	1,031	60	25	7.4	7.4		
COCMHC	1,610	489	286	7.8	7.8	1,192	141	88	7.8	7.8		
Red Rock West	1,146	0	0	0.0	0.0	682	2	1	8.0	8.0		
Red Rock	1,909	187	69	7.6	7.6	1,116	70	37	9.8	9.8		
Chisholm Trail	1,451	47	19	8.4	8.4	1,137	15	9	11.3	11.3		

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?

Agency	FY00				FY01				FY01	
	Total Clients	Adults Receiving Structured Emergency Care	Number with a lower level of care within 14 days	Percent	Total Clients	Adults Receiving Structured Emergency Care	Number with a lower level of care within 14 days	Percent	Statewide ESH Region Median	Median
Grand Lake	1,827	557	317	56.9	1,532	298	217	72.8	55.2	55.5
ACT	616	30	15	50.0	471	45	25	55.6		
Parkside	4,236	1,505	921	61.2	2,973	567	313	55.2		
Green Country	1,075	281	131	46.6	804	166	89	53.6		
CREOKS	713	0	0	0.0	618	0	0	0.0		
Edwin Fair	1,253	0	0	0.0	877	0	0	0.0		
BWCMHC	1,911	0	0	0.0	1,152	0	0	0.0		
Red Rock West	1,146	482	236	49.0	862	194	112	57.7		
JTCMHC	2,922	169	43	25.4	1,912	83	31	37.3		
Red Rock	1,909	0	0	0.0	1,116	1	0	0.0		
Community Coun.	1,824	0	0	0.0	1,031	0	0	0.0		
Wheatland	786	0	0	0.0	603	0	0	0.0		
North Care	1,222	0	0	0.0	600	0	0	0.0		
Hope	1,054	0	0	0.0	717	0	0	0.0		
Chisholm Trail	1,451	0	0	0.0	1,137	0	0	0.0		
MHSSO	3,119	0	0	0.0	1,962	0	0	0.0		
CACMHC	2,271	0	0	0.0	1,852	0	0	0.0		
COCMHC	1,610	0	0	0.0	1,192	0	0	0.0		
WSPC	2,099	0	0	0.0	1,367	0	0	0.0		

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?

Agency	FY00				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
Grand Lake	1,827	676	625	92.5	1,532	342	315	92.1
Green Country	1,075	182	157	86.3	804	93	82	88.2
Edwin Fair	1,253	431	288	66.8	877	155	117	75.5
CREOKS	713	128	103	80.5	618	40	28	70.0
Parkside	4,236	4,464	2,844	63.7	2,973	1,256	864	68.8
BWCMHC	1,911	479	362	75.6	1,152	126	86	68.3
ACT	616	7	5	71.4	471	0	0	0.0
Red Rock West	1,146	597	541	90.6	862	228	208	91.2
Community Coun.	1,824	136	96	70.6	1,031	13	11	84.6
COCMHC	1,610	201	175	87.1	1,192	60	50	83.3
CACMHC	2,271	1	1	100.0	1,852	5	4	80.0
Red Rock	1,909	133	88	66.2	1,116	60	46	76.7
WSPC	2,099	525	337	64.2	1,367	119	87	73.1
North Care	1,222	23	13	56.5	600	10	7	70.0
JTCMHC	2,922	3	1	33.3	1,912	13	9	69.2
Hope	1,054	98	79	80.6	717	27	18	66.7
Wheatland	786	98	52	53.1	603	82	53	64.6
MHSSO	3,119	777	542	69.8	1,962	237	143	60.3
Chisholm Trail	1,451	337	220	65.3	1,137	124	73	58.9

FY01
Statewide ESH Region
Median 70.0
70.0

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 through December 31, 2000?

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	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	5,011	49	418	8.4	3,812	54	635	11.9		
ACT	322	6	54	8.1	348	6	58	9.8		
Grand Lake	710	11	142	14.1	723	13	121	9.0		
Edwin Fair	710	13	59	4.8	1,154	27	192	7.4		
CREOKS	0	0	0	0.0	48	4	24	7.4		
Green Country	0	0	0	0.0	10	2	10	5.0		
*BWC/MHC	2,190	27	183	6.9	0	0	0	0.0	7.5	8.4
WSPC	7,566	65	631	9.8	2,816	68	563	8.3		
CAC/MHC	7,337	88	611	7.0	3,207	86	641	7.6		
JTC/MHC	4,479	54	373	6.9	1,904	46	317	6.7		
Wheatland	185	5	21	4.5	76	2	15	5.7		
MHSSO	1,677	37	140	3.8	808	43	162	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		
COC/MHC	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.

*BWC/MHC 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 through December 31, 2000?

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	1,253	126	10.1	877	112	12.8	9.2	5.0
Parkside	4,236	393	9.3	2,973	192	6.5		
ACT	616	25	4.1	471	28	5.9		
Grand Lake	1,827	51	2.8	1,532	62	4.0		
CREOKS	731	0	0.0	618	5	0.8		
Green Country	1,075	0	0.0	804	2	0.2		
*BWCMHC	1,911	238	12.5	1,152	0	0.0		
WSPC	2,099	484	23.1	1,367	248	18.1		
CACMHC	2,271	713	31.4	1,852	327	17.7		
JTCMHC	2,922	478	16.4	1,912	203	10.6		
MHSSO	3,119	363	11.6	1,962	181	9.2		
Wheatland	786	37	4.7	603	10	1.7		
Community Coun.	1,824	0	0.0	1,031	0	0.0		
North Care	1,222	0	0.0	600	0	0.0		
Red Rock West	1,146	0	0.0	682	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		
COCMHC	1,610	0	0.0	1,192	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 through December 31, 2000?

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	5,748	162	479	3.0	2,781	160	463	2.9	1.4	1.5
Grand Lake	824	46	82	1.7	1,552	145	259	1.8		
Edwin Fair	503	31	42	1.3	570	60	95	1.6		
Parkside	5,377	355	448	1.2	3,616	469	603	1.3		
BWCMHC	699	58	58	1.1	505	79	101	1.3		
CREOKS	1,269	81	106	1.3	516	82	86	1.0		
Green Country	135	12	11	0.9	94	19	16	0.8		
Wheatland	314	25	39	1.4	207	19	35	3.0		
Hope	2,554	122	213	1.8	933	81	155	1.9		
Community Coun.	4,649	249	387	1.6	1,924	195	321	1.6		
JTCMHC	3,475	200	290	1.4	1,393	163	232	1.4		
CACMHC	1,802	105	150	1.5	982	147	196	1.3		
Red Rock West	623	36	52	1.4	204	25	34	1.3		
Red Rock	1,413	97	118	1.2	943	133	157	1.2		
North Care	3,028	189	252	1.3	567	84	94	1.1		
MHSSO	1,012	90	84	0.9	350	60	58	0.9		
COCMHC	1,662	119	139	1.1	324	66	65	0.9		
Chisholm Trail	1,072	119	89	0.8	519	111	86	0.8		
WSPC	541	57	45	0.9	309	90	62	0.7		

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 ICIS codes 202, 203, 204, 205, 212, 213, and 214

Percent of Clients Receiving Case Management

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

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	616	413	67.0	471	296	62.8	23.1	24.7
Parkside	4,236	1,462	34.5	2,973	1,282	43.1		
CREOKS	731	297	40.6	618	256	41.4		
Grand Lake	1,827	275	15.1	1,532	379	24.7		
Edwin Fair	1,253	197	15.7	877	196	22.3		
BWCMHC	1,911	345	18.1	1,152	238	20.7		
Green Country	1,075	104	9.7	804	84	10.4		
North Care	1,222	729	59.7	600	287	47.8		
Community Coun.	1,824	810	44.4	1,031	479	46.5		
Red Rock	1,909	534	28.0	1,116	439	39.3		
Hope	1,054	464	44.0	717	240	33.5		
Chisholm Trail	1,451	514	35.4	1,137	348	30.6		
JTCMHC	2,922	592	20.3	1,912	442	23.1		
CACMHC	2,271	466	20.5	1,852	409	22.1		
WSPC	2,099	278	13.2	1,367	287	21.0		
COCMHC	1,610	569	35.3	1,192	229	19.2		
MHSSO	3,119	679	21.8	1,962	263	13.4		
Red Rock West	1,146	179	15.6	682	67	9.8		
Wheatland	786	64	8.1	603	41	6.8		

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 ICIS codes 202, 203, 204, 205, 212, 213, and 214

Average Number of Structured Emergency Care Days

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

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	1,062	27	89	3.3	713	32	119	3.7		
Grand Lake	2,276	48	190	4.0	1,237	58	206	3.6		
Parkside	4,432	134	369	2.8	1,834	120	306	2.5		
ACT	57	5	10	1.6	107	9	18	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	866	43	144	3.4		
Red Rock	0	0	0	0.0	1	0	0	0.0		
JTCMHC	86	14	7	0.5	30	14	5	0.3		
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	2.9

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 Case Management

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

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	616	413	67.0	471	296	62.8	23.1	24.7
Parkside	4,236	1,462	34.5	2,973	1,282	43.1		
CREOKS	731	297	40.6	618	256	41.4		
Grand Lake	1,827	275	15.1	1,532	379	24.7		
Edwin Fair	1,253	197	15.7	877	196	22.3		
BWCMHC	1,911	345	18.1	1,152	238	20.7		
Green Country	1,075	104	9.7	804	84	10.4		
North Care	1,222	729	59.7	600	287	47.8		
Community Coun.	1,824	810	44.4	1,031	479	46.5		
Red Rock	1,909	534	28.0	1,116	439	39.3		
Hope	1,054	464	44.0	717	240	33.5		
Chisholm Trail	1,451	514	35.4	1,137	348	30.6		
JTCMHC	2,922	592	20.3	1,912	442	23.1		
CACMHC	2,271	466	20.5	1,852	409	22.1		
WSPC	2,099	278	13.2	1,367	287	21.0		
COCMHC	1,610	569	35.3	1,192	229	19.2		
MHSSO	3,119	679	21.8	1,962	263	13.4		
Red Rock West	1,146	179	15.6	682	67	9.8		
Wheatland	786	64	8.1	603	41	6.8		

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 ICIS codes 202, 203, 204, 205, 212, 213, and 214

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 through December 31, 2000 ?

Agency	FY00					FY01					FY01	
	Average Number of Clients		Average Number of Hours Per Client		Average of Hours Per Client	Average Number of Clients		Average Number of Hours Per Client		Average of Hours Per Client	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	249	12	21	1.7	1.7	147	13	25	1.8	1.1	1.1	1.4
Edwin Fair	641	38	53	1.4	1.4	278	29	46	1.6			
Parkside	4,664	307	389	1.3	1.3	2,501	288	417	1.5			
ACT	12	2	2	1.2	1.2	4	1	1	1.3			
Grand Lake	967	66	81	1.2	1.2	567	73	95	1.3			
BWCMHC	587	39	49	1.3	1.3	193	34	39	1.1			
Green Country	258	19	21	1.1	1.1	115	19	19	1.0			
Chisholm Trail	423	29	35	1.2	1.2	260	32	43	1.4			
North Care	45	3	4	1.6	1.6	16	2	3	1.2			
Hope	66	6	5	0.9	0.9	33	5	7	1.1			
Community Coun.	126	9	11	1.2	1.2	15	3	3	1.0			
Red Rock West	642	54	54	1.0	1.0	337	58	56	1.0			
Wheatland	96	10	8	0.8	0.8	108	20	18	0.9			
MHSSO	802	71	67	0.9	0.9	270	49	45	0.9			
Red Rock	116	11	10	0.9	0.9	67	12	11	0.9			
WSPC	445	42	37	0.9	0.9	121	28	24	0.8			
COCMHC	249	20	21	1.0	1.0	50	13	10	0.8			
JTCMHC	3	1	1	0.6	0.6	34	18	7	0.4			
CACMHC	1	1	1	0.5	0.5	0	0	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. 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 through December 31, 2000?

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	4,236	2,313	54.6	2,973	1,239	41.7	10.7	12.4
Grand Lake	1,827	612	33.5	1,532	374	24.4		
Edwin Fair	1,253	335	26.7	877	154	17.6		
Green Country	1,075	196	18.2	804	100	12.4		
BWCMHC	1,911	354	18.5	1,152	132	11.5		
CREOKS	731	114	15.6	618	66	10.7		
ACT	616	8	1.3	471	3	0.6		
Red Rock West	1,146	448	39.1	682	260	38.1		
Wheatland	786	93	11.8	603	103	17.1		
Chisholm Trail	1,451	252	17.4	1,137	157	13.8		
MHSSO	3,119	657	21.1	1,962	259	13.2		
WSPC	2,099	366	17.4	1,367	127	9.3		
Red Rock	1,909	109	5.7	1,116	58	5.2		
COCMHC	1,610	194	12.0	1,192	61	5.1		
JTCMHC	2,922	4	0.1	1,912	91	4.8		
Hope	1,054	66	6.3	717	26	3.6		
North Care	1,222	24	2.0	600	10	1.7		
Community Coun.	1,824	76	4.2	1,031	13	1.3		
CACMHC	2,271	1	0.0	1,852	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. 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?

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		
Edwin Fair	10,337	350	861	2.4	3,454	219	493	2.1	1.65	1.6
ACT	1,837	84	153	1.8	748	55	107	1.8		
Grand Lake	7,143	320	595	1.8	5,071	406	724	1.8		
BWCMHC	6,606	360	550	1.5	3,383	366	564	1.5		
CREOKS	2,170	136	181	1.3	1,721	166	246	1.5		
Green Country	3,321	186	277	1.5	2,051	200	293	1.4		
Parkside	7,874	505	656	1.3	3,293	379	470	1.2		
North Care	5,834	163	486	3.0	1,129	68	161	2.4		
Chisholm Trail	7,166	231	597	2.7	4,157	240	594	2.3		
Community Coun.	9,596	380	800	2.1	4,169	286	596	2.1		
Red Rock	4,129	189	344	1.8	1,774	135	253	1.9		
Hope	6,035	272	503	1.9	2,150	165	307	1.8		
COCMHC	7,127	357	594	1.7	3,531	349	588	1.7		
Wheatland	4,723	236	394	1.7	2,367	224	338	1.4		
JTCMHC	7,461	375	622	1.7	2,890	281	413	1.4		
WSPC	5,990	341	499	1.5	2,853	349	475	1.4		
Red Rock West	3,887	238	324	1.4	1,449	179	242	1.3		
MHSSO	8,481	548	707	1.3	3,492	384	499	1.3		
CACMHC	5,688	441	474	1.1	3,271	471	545	1.1		

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.

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	
	Average Number of Clients		Average		Average Number of Clients		Average		Statewide ESH Region	
	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	Mean	Mean
CREOKS	62,520	133	5,210	39.5	36,532	125	5,219	41.4	22.3	24.3
Grand Lake	230,725	482	19,227	39.1	163,063	578	23,295	40.1		
BWCMHC	59,558	201	4,963	24.9	29,824	186	4,971	26.8		
Edwin Fair	37,668	188	3,139	16.7	15,312	112	2,187	19.0		
Green Country	51,438	169	4,287	26.6	25,430	209	3,633	17.3		
Parkside	50,720	279	4,227	15.1	25,543	252	3,649	14.2		
ACT	16,788	67	1,399	20.6	4,278	51	611	11.0		
WSPC	34,087	67	2,841	42.5	14,913	54	2,485	46.0		
North Care	55,475	110	4,623	40.8	7,261	33	1,037	29.7		
Hope	42,775	105	3,565	34.2	15,945	74	2,278	29.5		
MHSSO	139,000	454	11,583	25.6	63,755	272	9,108	28.8		
Red Rock West	51,961	203	4,330	22.0	24,092	196	4,015	20.6		
JTCMHC	53,277	183	4,440	24.3	24,102	160	3,443	20.4		
Red Rock	51,872	353	4,323	12.9	32,582	268	4,655	17.2		
Community Coun.	62,593	256	5,216	20.1	23,850	214	3,407	15.9		
Wheatland	9,501	36	792	21.7	4,195	36	599	15.6		
CACMHC	41,131	221	3,428	15.5	20,573	288	3,429	11.7		
Chisholm Trail	24,557	154	2,046	13.7	11,523	158	1,646	9.8		
COCMHC	30,546	252	2,545	10.2	13,488	236	2,248	9.2		

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.

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	Statewide ESH Region Median
	1,827	922	50.5	1,532	836	54.6		
Grand Lake	1,075	431	40.1	804	349	43.4		29.6
Green Country	731	252	34.5	618	204	33.0		34.1
CREOKS	1,253	442	35.3	877	270	30.8		
Edwin Fair	1,911	563	29.5	1,152	351	30.5		
BWCMHC	616	164	26.6	471	118	25.1		
ACT	4,236	1,023	24.2	2,973	627	21.1		
Parkside	1,146	469	40.9	682	335	49.1		
Red Rock West	1,909	946	49.6	1,116	422	37.8		
Red Rock	1,824	592	32.5	1,031	370	35.9		
Community Coun.	1,610	574	35.7	1,192	405	34.0		
COCMHC	1,451	475	32.7	1,137	336	29.6		
Chisholm Trail	3,119	1,117	35.8	1,962	563	28.7		
MHSSO	2,271	484	21.3	1,852	473	25.5		
CACMHC	1,054	285	27.0	717	163	22.7		
Hope	2,922	733	25.1	1,912	405	21.2		
JTCMHC	786	83	10.6	603	79	13.1		
Wheatland	1,222	285	23.3	600	66	11.0		
North Care	2,099	117	5.6	1,367	72	5.3		
WSPC								

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