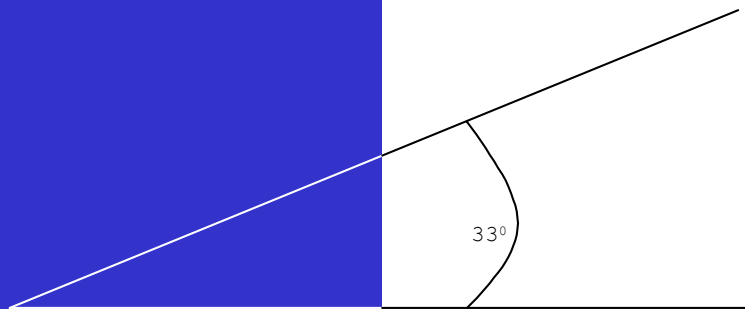
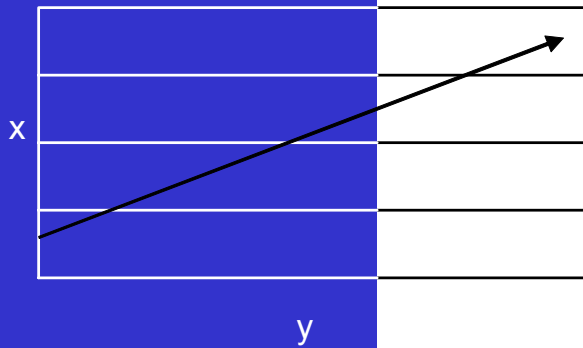


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Oklahoma Department of
Mental Health and
Substance Abuse Services

P

**erformance &
outcomes
monitoring
report**



prepared by the evaluation and data analysis section - decision support services division

Volume 1: Performance Indicators

Oklahoma Department of Mental Health and Substance Abuse Services
Fiscal Year 2003 Mental Health Performance Indicators
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INTRODUCTION

The FY2003 Mental Health Performance and Outcomes Monitoring Report has been prepared for use by consumers, advocates, planners, treatment providers, administrators and other decision-makers. The report consists of two volumes. Volume One contains performance and outcome indicators based on a framework adopted by the National Association of State Mental Health Program Directors (NASMHPD). Volume Two contains service utilization data.

Both volumes contain three sections of charts and corresponding tables that display summarized information for (1) all clients, (2) adults with a serious mental illness (SMI), and (3) children with a serious emotional disturbance (SED). Also included are appendices for definitions, data selection criteria, service categories and a state map that depicts community mental health center (CMHC) service areas.

Each of the three sections of the performance and outcome indicators includes a chart that shows each CMHC's performance and a corresponding table that provides a count of each agency's clients. For selected indicators, a case mix analysis page is included as well.

For each CMHC, service utilization data are presented from two perspectives: (1) average number of service units per client by category of service, and (2) percentage of clients receiving the service. Corresponding tables provide the counts of clients and services. These services are those which are reported to the ODMHSAS Integrate Client Information System (ICIS) by each agency. Services include those which an agency provides or those for which an agency contracts. For example, Eastern State Region CMHCs that do not have their own inpatient units report services provided for their clients by other inpatient facilities.

Data for FY2002 and FY2003 are presented for year-to-year comparisons. For contracted CMHCs, only data on clients whose services were funded in whole or in part by the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) are included. For state-operated CMHCs, all mental health clients are included, regardless of funding source. To be included in this report, clients must be formally admitted and receive a service during the fiscal year. Other criteria may apply, depending on the indicator.

Why monitor performance and outcomes?

The data presented in the Mental Health Performance and Outcomes Monitoring Report can be used by DMHSAS, state and federal funding entities, service providers and consumers. The DMHSAS mission is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans. Assessing fulfillment of the mission requires evaluating outcomes, appropriateness of services, and quality of care, including the accessibility of services. State and federal funding entities are concerned with the quality of services supported by public resources. Collecting information about performance and outcomes helps the Department demonstrate treatment impact and justify requests for federal block grant and state appropriated funding. Service providers use performance and outcome data to make resource allocation decisions and improve service delivery. Consumers and their families use the information to make better choices about the treatment options available to them.

How should these measures be used?

To fulfill its mission, DMHSAS will use performance and outcome measures in at least three ways: (1) assess overall system functioning, (2) examine the results for individual agencies, and (3) learn what combinations of services work best with identified groups of clients. From the system perspective, the Department will explore the extent to which improvements are being made within important target groups, such as persons with serious mental illness, substance abusing women with children, or persons in rural service areas. Answers to these broad questions may lead to planning for new services, or the re-allocation of existing resources. They may also lead to closer inspection of individual agency performance to determine the extent to which a provider is contributing to improvements in a target population.

DMHSAS indicators are based on values stated in the Department's mission statement and reflect concerns of state and national consumer groups, other payers, providers and persons interested in quality behavioral health care. As a result, treatment providers may use DMHSAS indicators for planning and evaluating performance improvement activities; for soliciting new funding; for re-allocating existing staff or other resources; or as a basis for contract negotiations with DMHSAS or managed care organizations. Because most of the indicators are based on data reported by providers, and the methods of calculating them are specified, agency staff can compile the data to guide mid-course adjustments to their activities.

What are the limits on how the measures are used?

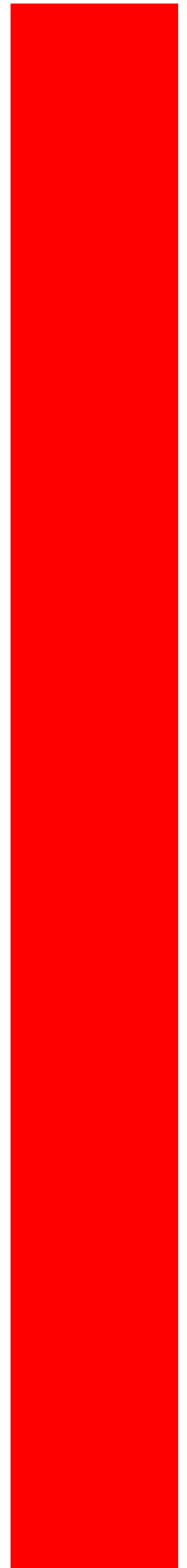
By definition, an indicator is a pointer or gauge used to monitor the operation of a system. It is not an exact measure of a system's functioning, but may point to areas where more analysis is "indicated." When the value of an indicator is out of the normal or average range, it suggests something different from the expected result, and indicates causal study is needed.

At least two factors affect the interpretability of indicators, data quality and case mix. Important elements of data quality are accuracy, timeliness, completeness and comprehensiveness. Case mix refers to the distribution of variables in a population that may affect the outcomes of treatment but are not within the control of the treatment provider. Such factors as the number of people with severe symptoms, the amount of resources available for treatment in a service area and the occurrence of some catastrophic event may influence how people respond to treatment. Balanced comparisons of outcomes among geographic areas or population subgroups require case-mix or risk adjustment so an "apples-to-apples" comparison can be made.



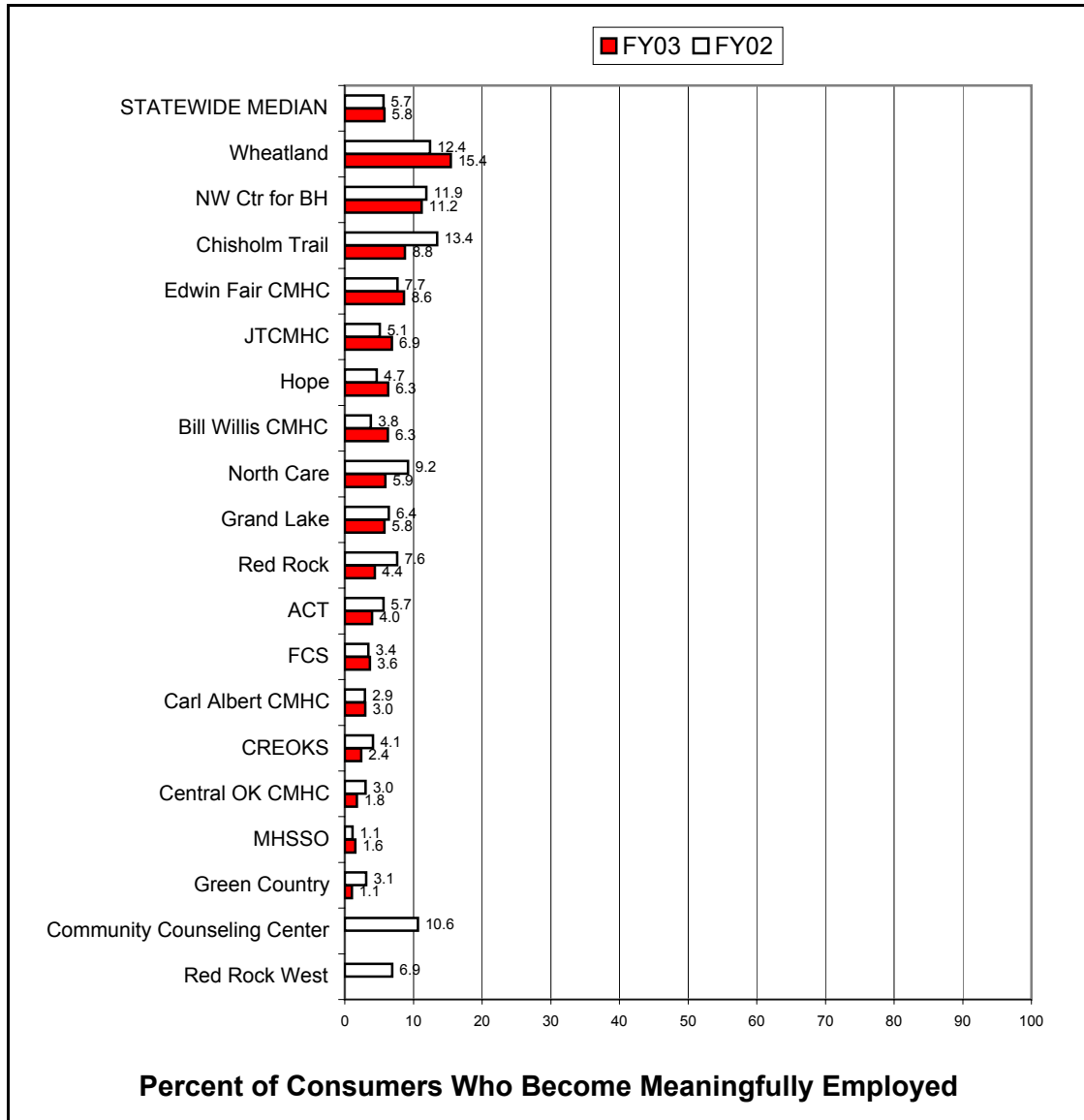
Performance Indicators

All Admitted Clients



Consumer Involvement in Meaningful Employment

Question: Of those clients who were not meaningfully employed at admission, what percent gained meaningful employment after receiving services?



Answer: In FY03 the percent of clients obtaining meaningful employment varied among all CMHCs from 1.1 to 15.4, with a statewide median of 5.8%. When compared with FY02, the percent increased in FY03 among 8 of the 17 CMHCs.

Refer to the Definitions (Appendix A) for a description of meaningful employment. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Consumer Involvement in Meaningful Employment Adjusted for Case Mix

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Wheatland	15.4	5.2	10.2
Chisholm Trail	8.8	4.6	4.2
NW Ctr for BH	11.2	7.1	4.1
Edwin Fair CMHC	8.6	5.3	3.3
Hope	6.3	4.1	2.2
JTCMHC	6.9	5.4	1.5
Bill Willis CMHC	6.3	5.3	1.0
North Care	5.9	5.0	0.9
Grand Lake	5.8	5.5	0.3
Red Rock	4.4	4.8	-0.4
ACT	4.0	5.1	-1.2
CREOKS	2.4	3.8	-1.4
Carl Albert CMHC	3.0	4.8	-1.9
MHSSO	1.6	4.1	-2.5
FCS	3.6	6.3	-2.6
Green Country	1.1	4.0	-3.0
Central OK CMHC	1.8	6.8	-5.1

Nine of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Consumer Involvement in Meaningful Employment

Question: Of those clients who were not meaningfully employed at admission, what percent gained meaningful employment after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total adults between 18 and 60 years old	Clients not employed w/ two points of measurement more than 90 days	Number of clients with improved employment status	Percent	Total adults between 18 and 60 years old	Clients not employed w/ two points of measurement more than 90 days	Number of clients with improved employment status	Percent	Median	Mean
Wheatland	858	355	44	12.4	647	311	48	15.4	5.8	5.7
NW Ctr for BH	1,861	405	48	11.9	1,865	393	44	11.2		
Chisholm Trail	1,192	357	48	13.4	1,112	297	26	8.8		
Edwin Fair CMHC	1,251	664	51	7.7	999	581	50	8.6		
JTCMHC	2,305	549	28	5.1	1,671	349	24	6.9		
Hope	1,014	602	28	4.7	866	522	33	6.3		
Bill Willis CMHC	1,457	395	15	3.8	1,506	382	24	6.3		
North Care	1,252	488	45	9.2	2,340	712	42	5.9		
Grand Lake	3,297	1,154	74	6.4	2,552	1,128	65	5.8		
Red Rock	881	197	15	7.6	1,680	387	17	4.4		
ACT	1,166	265	15	5.7	1,328	378	15	4.0		
FCS	1,176	176	6	3.4	2,208	769	28	3.6		
Carl Albert CMHC	2,260	923	27	2.9	1,923	945	28	3.0		
CREOKS	1,058	461	19	4.1	826	333	8	2.4		
Central OK CMHC	1,180	497	15	3.0	1,057	399	7	1.8		
MHSSO	2,515	1,256	14	1.1	2,137	1,161	18	1.6		
Green Country	1,021	417	13	3.1	901	380	4	1.1		
Community Counseling	994	385	41	10.6	0	0	0	0.0		
Red Rock West	739	290	20	6.9	0	0	0	0.0		

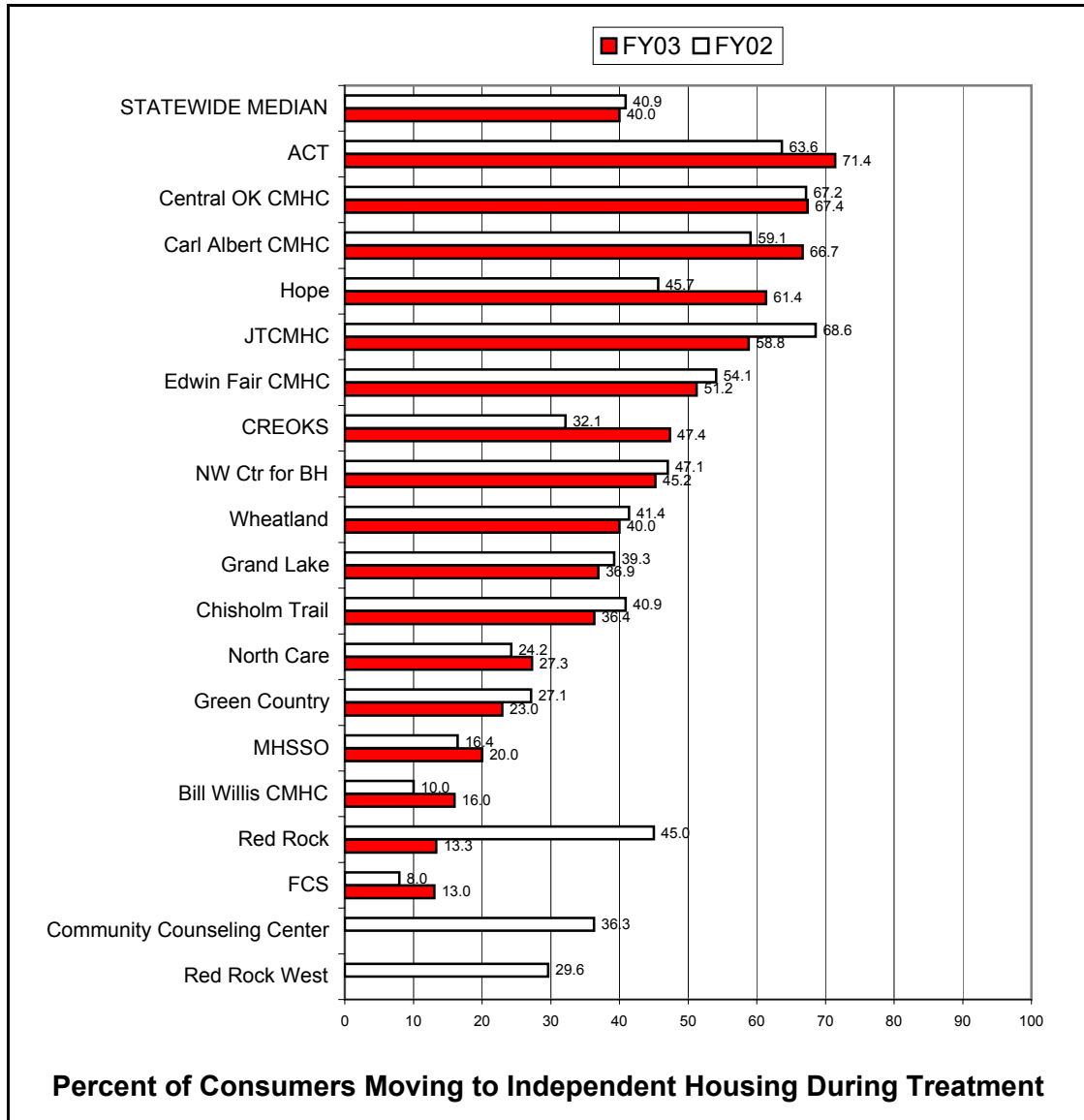
Clients are only counted if their employment status at admission is unemployed or not in the work force.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Adult Consumers Living in Independent Housing

Question: Of those clients who were not living in independent housing at admission, what percent moved into independent housing while receiving treatment?



Answer: In FY03 the percent of the clients (age 18-60) moving to independent housing varied among all CMHCs from 13 to 71.4, with a statewide median of 40%. When compared with FY02, the percent increased in FY03 among 9 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of independent housing. Includes clients 18-60 years of age. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Adult Consumers Living in Independent Housing Adjusted for Case Mix

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
ACT	71.4	43.3	28.1
JTCMHC	58.8	32.1	26.8
Central OK CMHC	67.4	43.6	23.8
Carl Albert CMHC	66.7	42.9	23.8
CREOKS	47.4	26.7	20.6
Edwin Fair CMHC	51.2	36.1	15.1
Wheatland	40.0	29.6	10.4
Hope	61.4	52.8	8.5
NW Ctr for BH	45.2	38.7	6.5
Chisholm Trail	36.4	31.0	5.4
Grand Lake	36.9	35.6	1.3
MHSSO	20.0	21.9	-1.9
Green Country	23.0	28.7	-5.8
North Care	27.3	34.1	-6.9
FCS	13.0	26.3	-13.2
Red Rock	13.3	31.4	-18.1
Bill Willis CMHC	16.0	40.1	-24.1

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Consumers Living in Independent Housing

Question: Of those clients who were not living in independent housing at admission, what percent moved into independent housing while receiving treatment?

Agency	FY02				FY03				FY03 Statewide	
	Total adults between 18 and 60 years old	Adults not living in independent housing at admission	Adults whose housing changed to independent	Percent	Total adults between 18 and 60 years old	Adults not living in independent housing at admission	Adults whose housing changed to independent	Percent	Median	Mean
ACT	1,166	11	7	63.6	1,328	7	5	71.4	40.0	40.9
Central OK CMHC	1,180	67	45	67.2	1,057	46	31	67.4		
Carl Albert CMHC	2,260	22	13	59.1	1,923	18	12	66.7		
Hope	1,014	92	42	45.7	866	88	54	61.4		
JTCMHC	2,305	35	24	68.6	1,671	34	20	58.8		
Edwin Fair CMHC	1,251	61	33	54.1	999	41	21	51.2		
CREOKS	1,058	28	9	32.1	826	19	9	47.4		
NW Ctr for BH	1,861	51	24	47.1	1,865	42	19	45.2		
Wheatland	858	29	12	41.4	647	20	8	40.0		
Grand Lake	3,297	107	42	39.3	2,552	111	41	36.9		
Chisholm Trail	1,192	22	9	40.9	1,112	22	8	36.4		
North Care	1,252	33	8	24.2	2,340	132	36	27.3		
Green Country	1,021	59	16	27.1	901	61	14	23.0		
MHSSO	2,515	73	12	16.4	2,137	70	14	20.0		
Bill Willis CMHC	1,457	30	3	10.0	1,506	25	4	16.0		
Red Rock	881	20	9	45.0	1,680	30	4	13.3		
FCS	1,176	88	7	8.0	2,208	207	27	13.0		
Community Counseling	994	113	41	36.3	0	0	0	0.0		
Red Rock West	739	27	8	29.6	0	0	0	0.0		

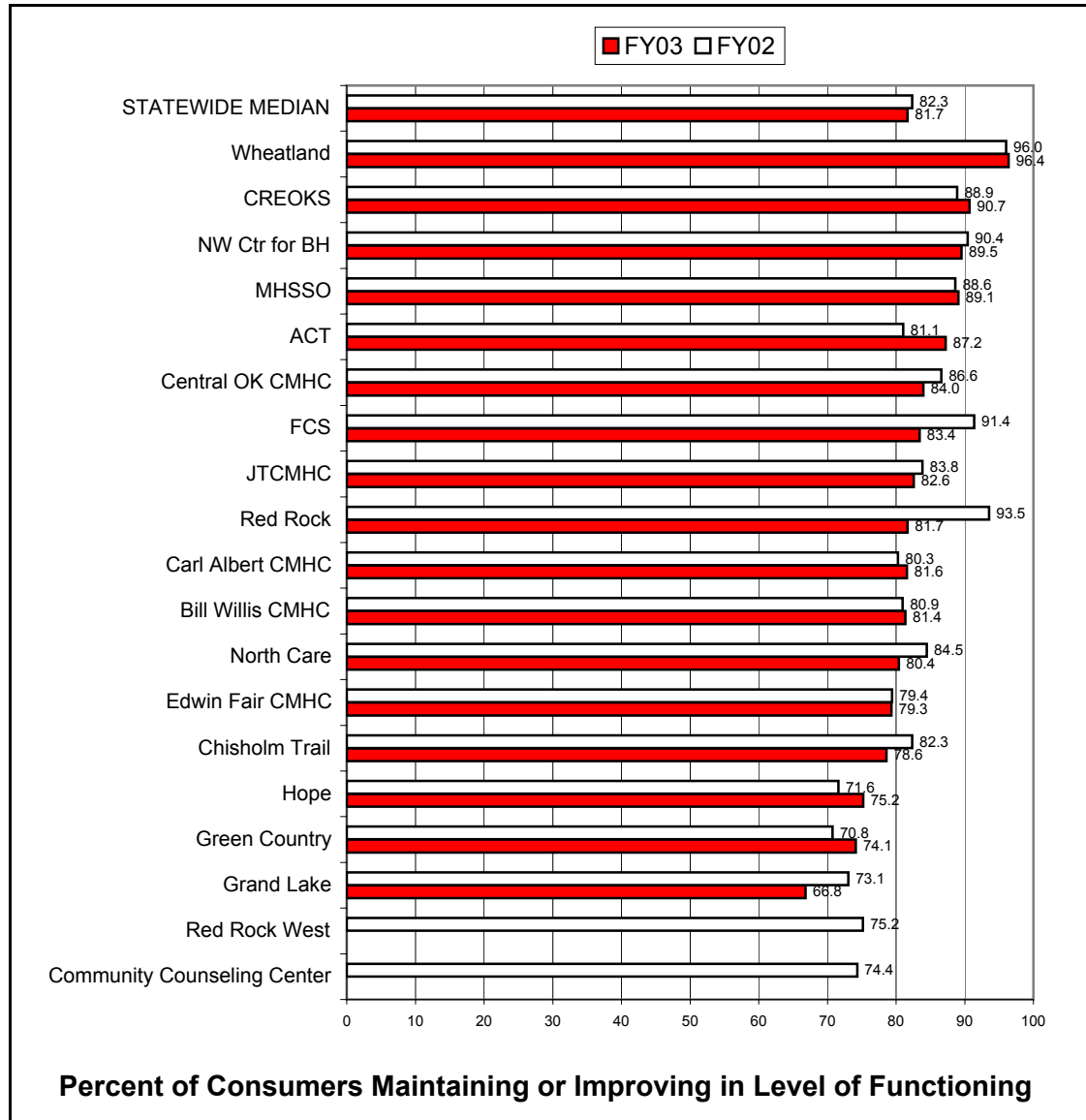
Independent housing includes Private Residence and Supported Living.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Adult Level of Functioning (Maintained/Improved)

Question: What percent of adult consumers maintain or achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of adults with an improved or maintained level of functioning varied among all CMHCs from 66.8 to 96.4, with a statewide median of 81.7%. When compared with FY02, the percent increased in FY03 among 8 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adult Level of Functioning (Maintained/Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
NW Ctr for BH	89.5	77.5	12.0
Central OK CMHC	84.0	74.6	9.4
Wheatland	96.4	87.4	9.0
FCS	83.4	78.2	5.2
CREOKS	90.7	85.7	5.0
MHSSO	89.1	84.4	4.7
ACT	87.2	83.7	3.6
Carl Albert CMHC	81.6	78.5	3.1
JTCMHC	82.6	79.9	2.7
Bill Willis CMHC	81.4	78.7	2.6
Edwin Fair CMHC	79.3	78.9	0.4
North Care	80.4	81.4	-0.9
Chisholm Trail	78.6	80.5	-1.9
Red Rock	81.7	83.9	-2.3
Hope	75.2	84.7	-9.5
Grand Lake	66.8	80.0	-13.2
Green Country	74.1	89.4	-15.2

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Level of Functioning (Maintained/Improved)

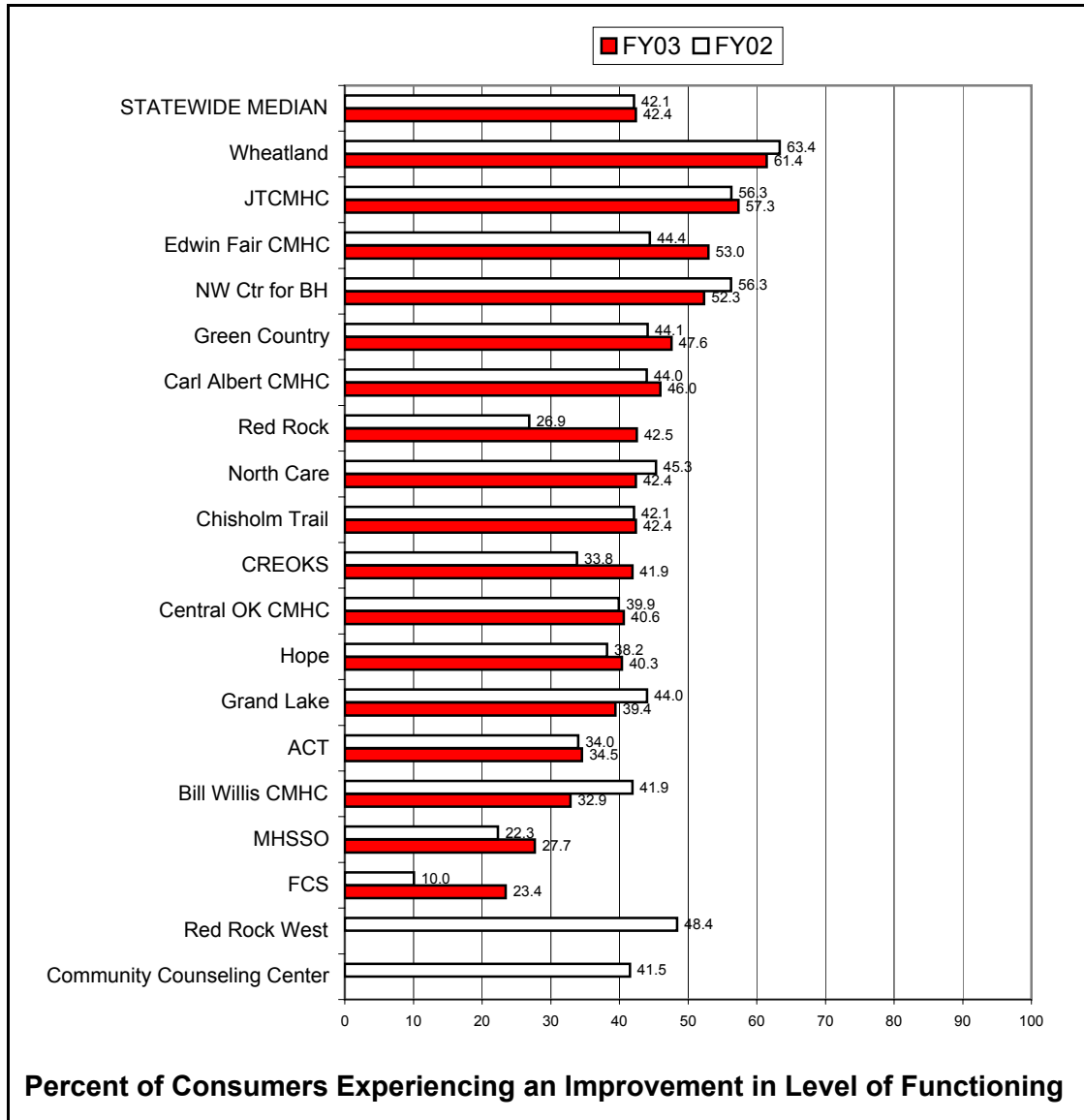
Question: What percent of adult consumers maintain or achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with maintained or improved level of functioning	Percent	Total adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with maintained or improved level of functioning	Percent	Median	Mean
Wheatland	908	554	532	96.0	680	472	455	96.4	81.7	82.5
CREOKS	1,114	639	568	88.9	864	463	420	90.7		
NW Ctr for BH	1,986	679	614	90.4	1,985	686	614	89.5		
MHSSO	2,681	1,767	1,566	88.6	2,297	1,573	1,401	89.1		
ACT	1,195	359	291	81.1	1,369	524	457	87.2		
Central OK CMHC	1,305	747	647	86.6	1,160	593	498	84.0		
FCS	1,218	209	191	91.4	2,275	977	815	83.4		
JTCMHC	2,415	817	685	83.8	1,751	471	389	82.6		
Red Rock	1,047	294	275	93.5	1,867	529	432	81.7		
Carl Albert CMHC	2,479	1,283	1,030	80.3	2,114	1,318	1,075	81.6		
Bill Willis CMHC	1,548	556	450	80.9	1,595	569	463	81.4		
North Care	1,358	748	632	84.5	2,560	1,047	842	80.4		
Edwin Fair CMHC	1,371	957	760	79.4	1,066	793	629	79.3		
Chisholm Trail	1,305	572	471	82.3	1,199	467	367	78.6		
Hope	1,070	757	542	71.6	911	642	483	75.2		
Green Country	1,070	653	462	70.8	938	576	427	74.1		
Grand Lake	3,442	1,859	1,358	73.1	2,694	1,805	1,206	66.8		
Red Rock West	802	407	306	75.2	0	0	0	0.0		
Community Counseling	1,158	597	444	74.4	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, or Failed to Begin Treatment or excluded.

Adult Level of Functioning (Improved)

Question: What percent of adult consumers achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of adults with an improved level of functioning varied among all CMHCs from 23.4 to 61.4, with a statewide median of 42.4%. When compared with FY02, the percent increased in FY03 among 12 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adult Level of Functioning (Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Wheatland	61.4	36.3	25.2
JTCMHC	57.3	42.0	15.3
NW Ctr for BH	52.3	37.2	15.1
Edwin Fair CMHC	53.0	41.5	11.5
Chisholm Trail	42.4	34.9	7.5
CREOKS	41.9	37.4	4.5
North Care	42.4	40.0	2.4
Central OK CMHC	40.6	38.9	1.7
Carl Albert CMHC	46.0	46.2	-0.3
Green Country	47.6	48.2	-0.6
Hope	40.3	41.0	-0.6
Red Rock	42.5	46.5	-4.0
FCS	23.4	29.1	-5.7
ACT	34.5	41.2	-6.7
Bill Willis CMHC	32.9	41.1	-8.2
MHSSO	27.7	36.1	-8.5
Grand Lake	39.4	49.0	-9.7

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Level of Functioning (Improved)

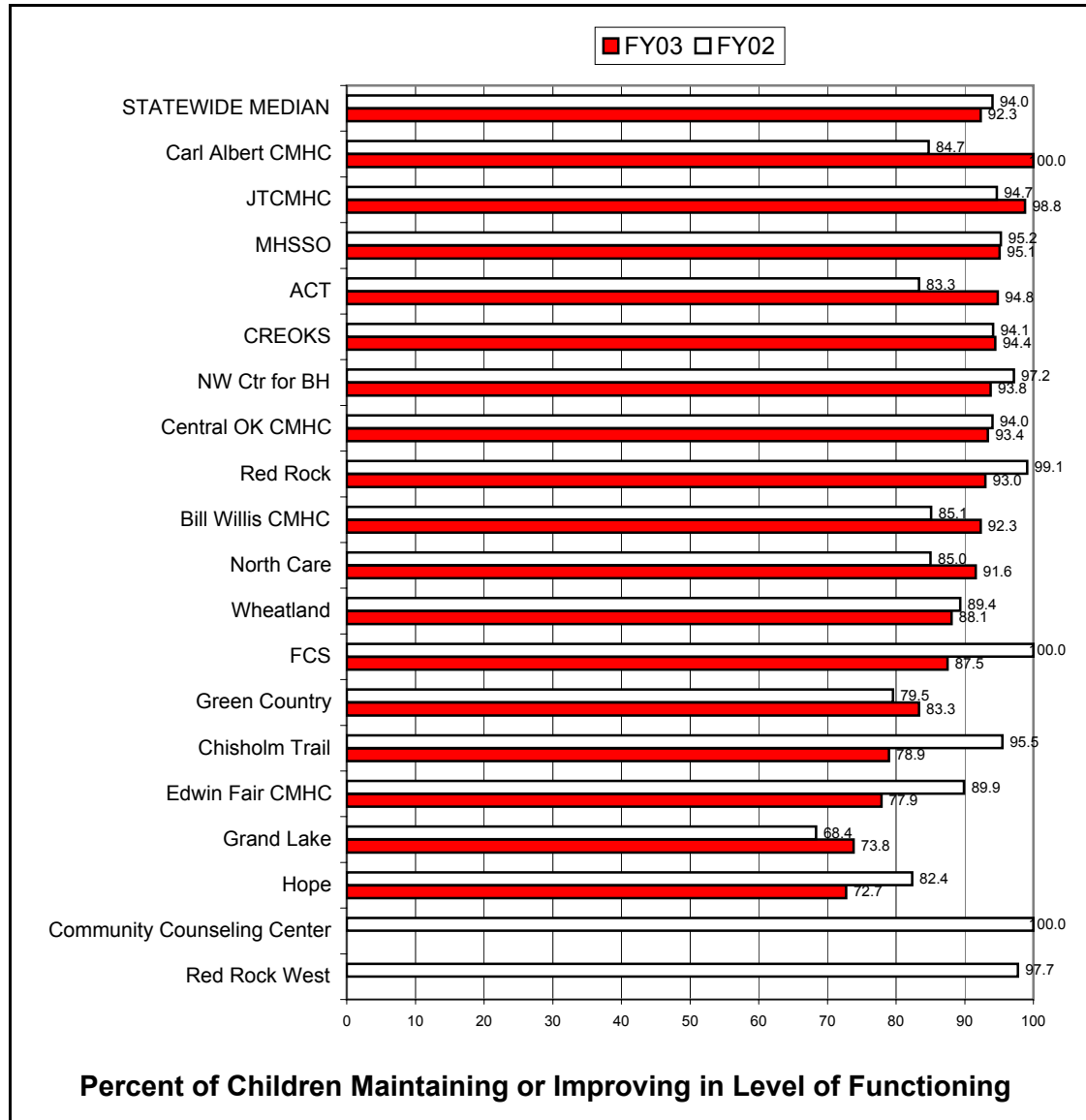
Question: What percent of adult consumers achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Total adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Median	Mean
Wheatland	908	554	351	63.4	680	472	290	61.4	42.4	42.7
JTCMHC	2,415	817	460	56.3	1,751	471	270	57.3		
Edwin Fair CMHC	1,371	957	425	44.4	1,066	793	420	53.0		
NW Ctr for BH	1,986	679	382	56.3	1,985	686	359	52.3		
Green Country	1,070	653	288	44.1	938	576	274	47.6		
Carl Albert CMHC	2,479	1,283	564	44.0	2,114	1,318	606	46.0		
Red Rock	1,047	294	79	26.9	1,867	529	225	42.5		
North Care	1,358	748	339	45.3	2,560	1,047	444	42.4		
Chisholm Trail	1,305	572	241	42.1	1,199	467	198	42.4		
CREOKS	1,114	639	216	33.8	864	463	194	41.9		
Central OK CMHC	1,305	747	298	39.9	1,160	593	241	40.6		
Hope	1,070	757	289	38.2	911	642	259	40.3		
Grand Lake	3,442	1,859	818	44.0	2,694	1,805	711	39.4		
ACT	1,195	359	122	34.0	1,369	524	181	34.5		
Bill Willis CMHC	1,548	556	233	41.9	1,595	569	187	32.9		
MHSSO	2,681	1,767	394	22.3	2,297	1,573	435	27.7		
FCS	1,218	209	21	10.0	2,275	977	229	23.4		
Red Rock West	802	407	197	48.4	0	0	0	0.0		
Community Counseling	1,158	597	248	41.5	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, or Failed to Begin Treatment are excluded.

Children's Level of Functioning (Maintained/Improved)

Question: What percent of children (clients less than 18 years old) maintain or achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of children with an improved or maintained level of functioning varied among all CMHCs from 72.7 to 100, with a statewide median of 92.3%. When compared with FY02, the percent increased in FY03 among 8 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Children's Level of Functioning (Maintained/Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Bill Willis CMHC	92.3	84.0	8.4
Carl Albert CMHC	100.0	91.7	8.3
ACT	94.8	90.5	4.4
CREOKS	94.4	91.3	3.2
MHSSO	95.1	92.1	3.0
JTCMHC	98.8	95.8	3.0
Central OK CMHC	93.4	90.9	2.5
Red Rock	93.0	91.6	1.5
North Care	91.6	91.1	0.4
NW Ctr for BH	93.8	93.7	0.1
Wheatland	88.1	89.2	-1.1
FCS	87.5	90.9	-3.4
Edwin Fair CMHC	77.9	81.8	-3.9
Green Country	83.3	90.3	-7.0
Grand Lake	73.8	87.6	-13.8
Chisholm Trail	78.9	93.1	-14.2
Hope	72.7	90.2	-17.4

Ten of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Children's Level of Functioning (Maintained/Improved)

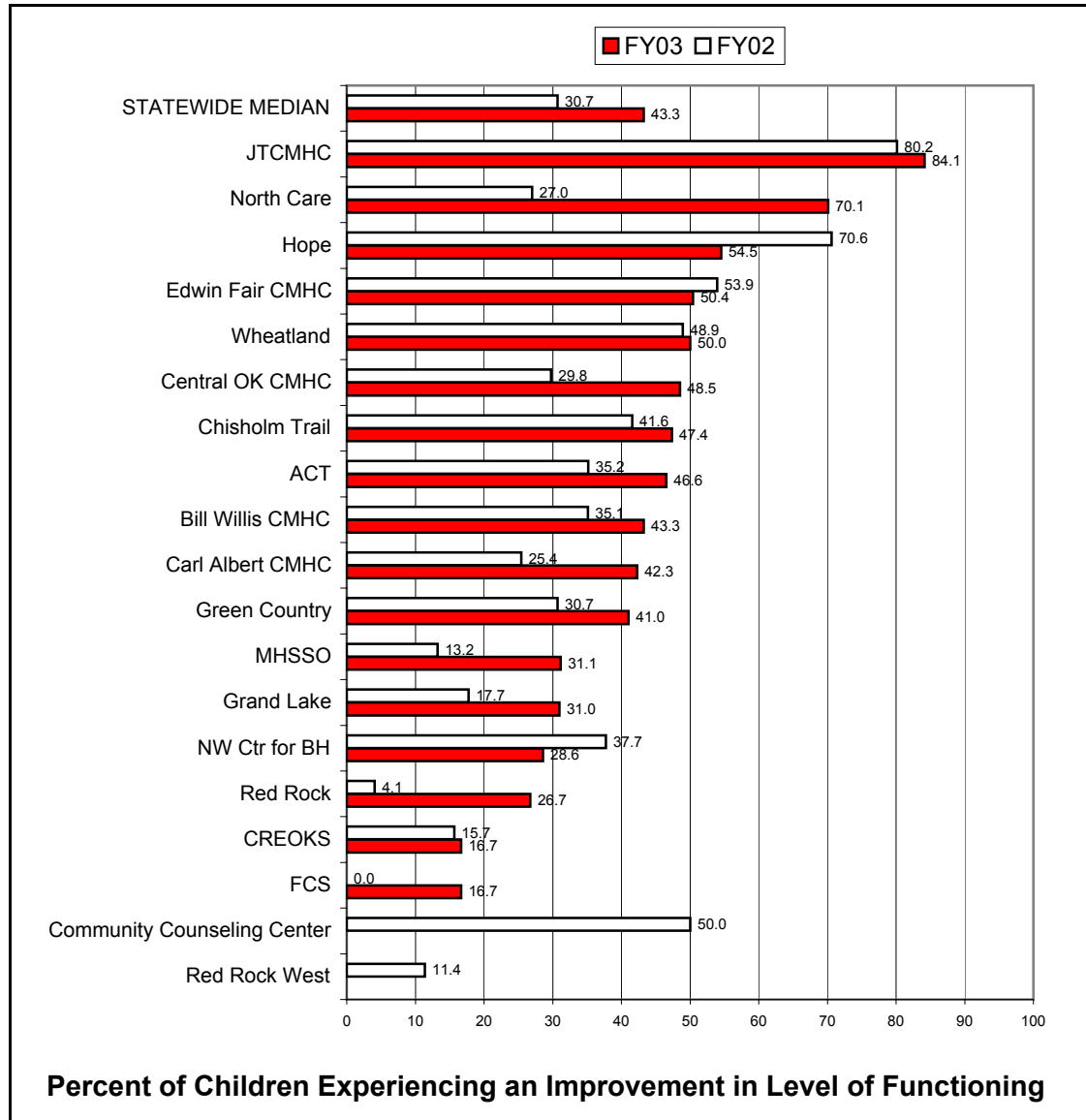
Question: What percent of children (clients less than 18 years old) maintain or achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total children less than 18 years old	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved or maintained level of functioning	Percent	Total children less than 18 years old	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved or maintained level of functioning	Percent	Median	Mean
Carl Albert CMHC	139	59	50	84.7	33	26	26	100.0	92.3	88.8
JTCMHC	374	131	124	94.7	259	82	81	98.8		
MHSSO	258	189	180	95.2	111	61	58	95.1		
ACT	116	54	45	83.3	159	58	55	94.8		
CREOKS	212	51	48	94.1	91	18	17	94.4		
NW Ctr for BH	285	106	103	97.2	304	112	105	93.8		
Central OK CMHC	290	84	79	94.0	308	136	127	93.4		
Red Rock	305	221	219	99.1	348	86	80	93.0		
Bill Willis CMHC	259	94	80	85.1	240	104	96	92.3		
North Care	261	100	85	85.0	571	107	98	91.6		
Wheatland	109	47	42	89.4	82	42	37	88.1		
FCS	76	1	1	100.0	106	24	21	87.5		
Green Country	228	88	70	79.5	131	78	65	83.3		
Chisholm Trail	256	89	85	95.5	342	19	15	78.9		
Edwin Fair CMHC	174	89	80	89.9	150	113	88	77.9		
Grand Lake	179	79	54	68.4	80	42	31	73.8		
Hope	55	34	28	82.4	27	22	16	72.7		
Community Counseling	36	2	2	100.0	0	0	0	0.0		
Red Rock West	115	44	43	97.7	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, or Failed to Begin Treatment are excluded.

Children's Level of Functioning (Improved)

Question: What percent of children (clients less than 18 years old) achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of children with an improved level of functioning varied among all CMHCs from 16.7 to 84.1, with a statewide median of 43.3%. When compared with FY02, the percent increased in FY03 among 14 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Children's Level of Functioning (Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
North Care	70.1	50.2	19.9
JTCMHC	84.1	64.6	19.6
Wheatland	50.0	37.2	12.8
Edwin Fair CMHC	50.4	42.4	8.0
Chisholm Trail	47.4	43.8	3.6
Hope	54.5	52.5	2.1
Carl Albert CMHC	42.3	40.4	1.9
Central OK CMHC	48.5	47.3	1.2
ACT	46.6	48.3	-1.7
Bill Willis CMHC	43.3	45.1	-1.8
NW Ctr for BH	28.6	34.1	-5.6
MHSSO	31.1	41.3	-10.2
Green Country	41.0	52.3	-11.3
Red Rock	26.7	40.2	-13.4
Grand Lake	31.0	51.9	-20.9
FCS	16.7	39.4	-22.7
CREOKS	16.7	45.8	-29.2

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Children's Level of Functioning (Improved)

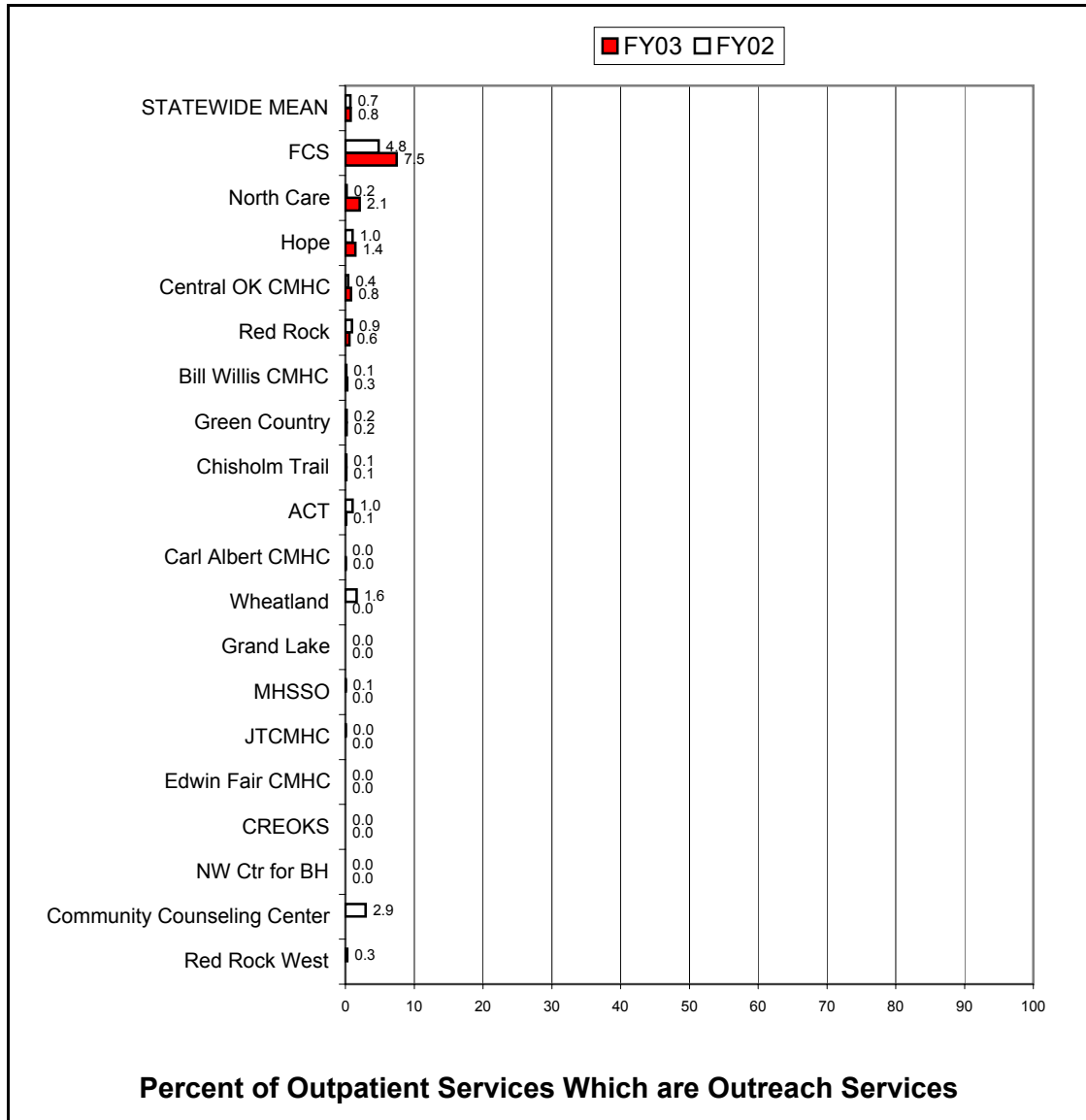
Question: What percent of children (clients less than 18 years old) achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total children less than 18 years old	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Total children less than 18 years old	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Median	Mean
JTCMHC	374	131	105	80.2	259	82	69	84.1	43.3	42.9
North Care	261	100	27	27.0	571	107	75	70.1		
Hope	55	34	24	70.6	27	22	12	54.5		
Edwin Fair CMHC	174	89	48	53.9	150	113	57	50.4		
Wheatland	109	47	23	48.9	82	42	21	50.0		
Central OK CMHC	290	84	25	29.8	308	136	66	48.5		
Chisholm Trail	256	89	37	41.6	342	19	9	47.4		
ACT	116	54	19	35.2	159	58	27	46.6		
Bill Willis CMHC	259	94	33	35.1	240	104	45	43.3		
Carl Albert CMHC	139	59	15	25.4	33	26	11	42.3		
Green Country	228	88	27	30.7	131	78	32	41.0		
MHSSO	258	189	25	13.2	111	61	19	31.1		
Grand Lake	179	79	14	17.7	80	42	13	31.0		
NW Ctr for BH	285	106	40	37.7	304	112	32	28.6		
Red Rock	305	221	9	4.1	348	86	23	26.7		
CREOKS	212	51	8	15.7	91	18	3	16.7		
FCS	76	1	0	0.0	106	24	4	16.7		
Community Counseling	36	2	1	50.0	0	0	0	0.0		
Red Rock West	115	44	5	11.4	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, or Failed to Begin Treatment are excluded.

Percent of Outpatient Services Used for Outreach

Question: What percent of outpatient services are outreach services, demonstrating that agencies are actively reaching out to clients at risk who are not currently engaged in treatment?



Answer: In FY03 the percent of outreach services varied among all CMHCs from 0 to 7.5, with a statewide mean of 0.8%. When compared with FY02, the percent increased in FY03 among 5 of the 17 CMHCs.

Outreach services are activities in face-to-face group settings directed toward identifying potential clients who are at risk. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Percent of Outpatient Services Used for Outreach

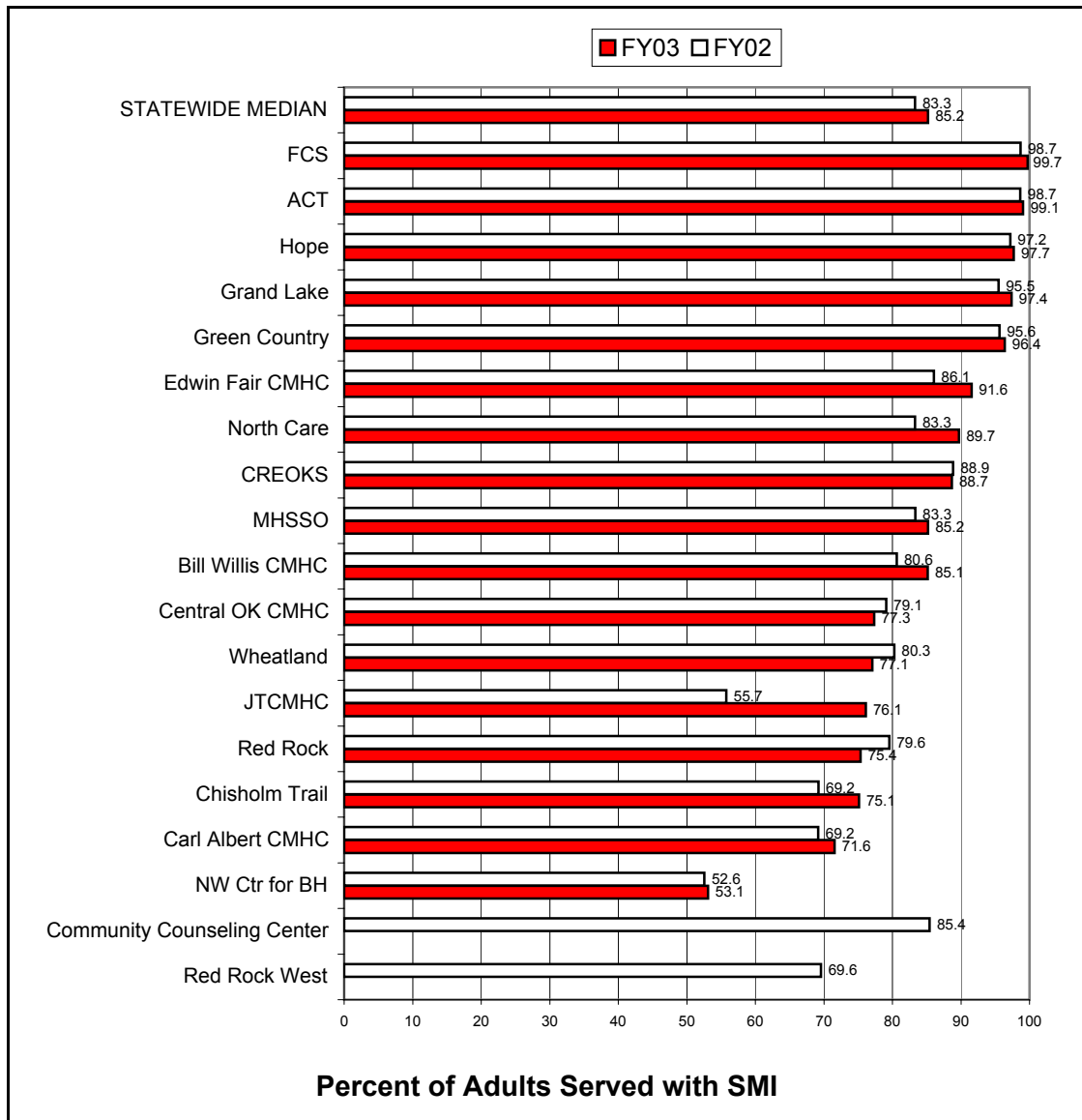
Question: What percent of outpatient services are outreach services, demonstrating that agencies are actively reaching out to clients at risk who are not currently engaged in treatment?

Agency	FY02			FY03			FY03 Statewide	
	Total outpatient hours	Total outreach hours	Percent	Total outpatient hours	Total outreach hours	Percent	Median	Mean
FCS	27,739	1,343	4.8	55,246	4,122	7.5	0.1	0.8
North Care	39,097	64	0.2	85,465	1,768	2.1		
Hope	42,330	436	1.0	45,663	659	1.4		
Central OK CMHC	41,011	167	0.4	37,503	313	0.8		
Red Rock	64,453	605	0.9	127,137	769	0.6		
Bill Willis CMHC	83,614	116	0.1	101,484	285	0.3		
Green Country	83,618	165	0.2	79,519	153	0.2		
Chisholm Trail	36,827	42	0.1	34,021	47	0.1		
ACT	36,514	381	1.0	36,286	41	0.1		
Carl Albert CMHC	59,660	0	0.0	46,452	11	0.0		
Wheatland	16,031	262	1.6	9,323	1	0.0		
Grand Lake	365,745	82	0.0	365,015	26	0.0		
MHSSO	184,912	101	0.1	176,342	3	0.0		
JTCMHC	65,071	17	0.0	34,275	0	0.0		
Edwin Fair CMHC	75,747	2	0.0	64,686	0	0.0		
CREOKS	69,307	0	0.0	43,456	0	0.0		
NW Ctr for BH	38,803	0	0.0	43,066	0	0.0		
Community Counseling	42,269	1,233	2.9	0	0	0.0		
Red Rock West	60,538	164	0.3	0	0	0.0		

Outreach services are activities in face-to-face group settings directed toward identifying potential clients or persons who are at risk. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. ICIS services codes for outreach are 550, 551, and 560.

Percent of Adult Served with a Serious Mental Illness (SMI)

Question: What percent of adults most in need of treatment (those with a serious mental illness) receive services?



Answer: In FY03 the percent of adults with SMI served varied among all agencies from 53.1 to 99.7, with a statewide median of 85.2%. When compared with FY02, the percent increased in FY03 among 13 of the 17 CMHCs.

Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Percent of Adult Served with a Serious Mental Illness (SMI)

Question: What percent of adults most in need of treatment (those with a serious mental illness) receive services?

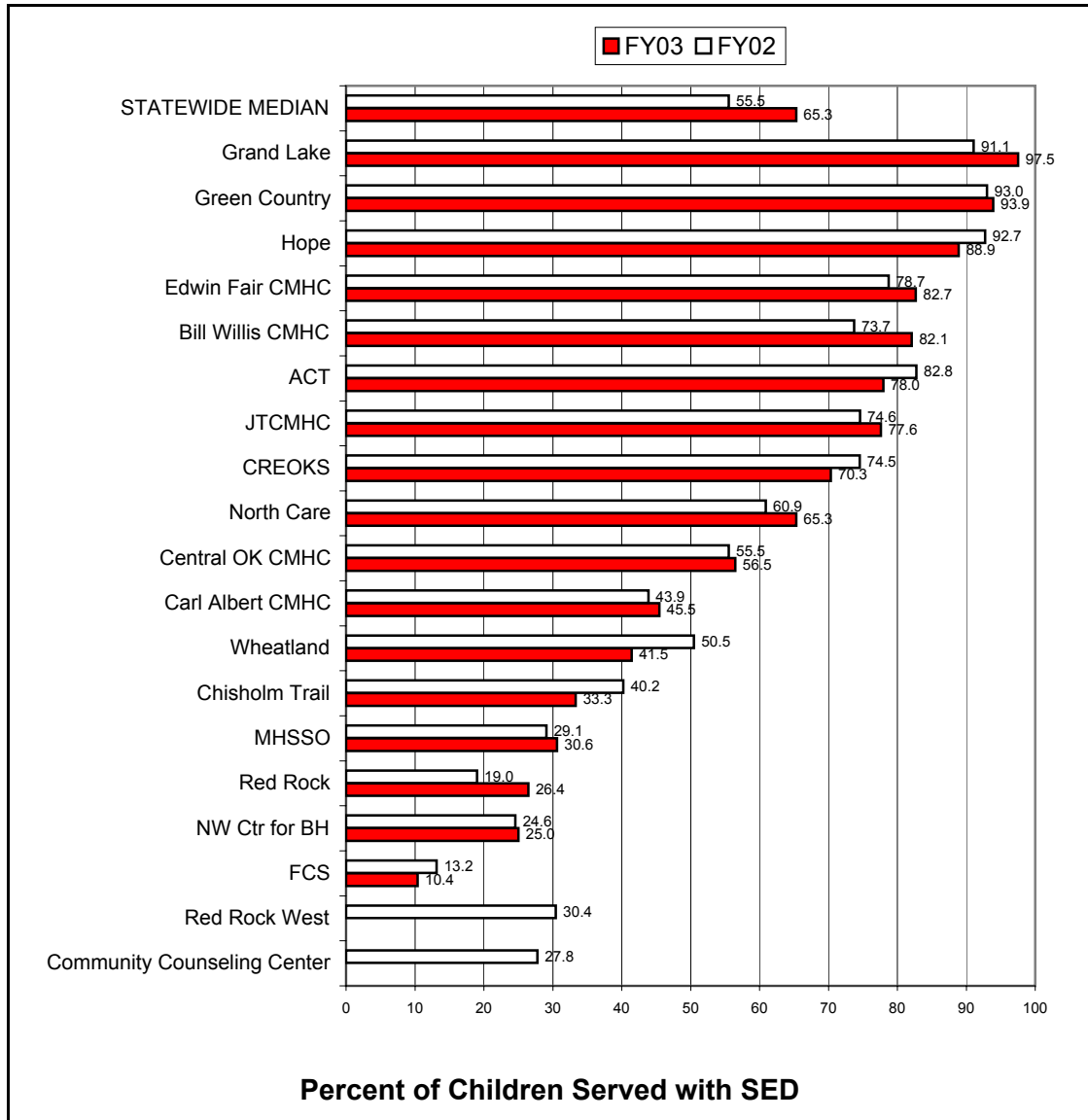
Agency	FY02				FY03				FY03 Statewide	
	Total clients	Total adult clients	Number of clients ever identified as SMI	Percent	Total clients	Total adult clients	Number of clients ever identified as SMI	Percent	Median	Mean
FCS	1,294	1,218	1,202	98.7	2,381	2,275	2,269	99.7	85.2	84.5
ACT	1,311	1,195	1,179	98.7	1,528	1,369	1,356	99.1		
Hope	1,125	1,070	1,040	97.2	938	911	890	97.7		
Grand Lake	3,621	3,442	3,287	95.5	2,774	2,694	2,624	97.4		
Green Country	1,298	1,070	1,023	95.6	1,069	938	904	96.4		
Edwin Fair CMHC	1,545	1,371	1,180	86.1	1,216	1,066	976	91.6		
North Care	1,619	1,358	1,131	83.3	3,131	2,560	2,296	89.7		
CREOKS	1,326	1,114	990	88.9	955	864	766	88.7		
MHSSO	2,939	2,681	2,234	83.3	2,408	2,297	1,957	85.2		
Bill Willis CMHC	1,807	1,548	1,248	80.6	1,835	1,595	1,358	85.1		
Central OK CMHC	1,595	1,305	1,032	79.1	1,468	1,160	897	77.3		
Wheatland	1,017	908	729	80.3	762	680	524	77.1		
JTCMHC	2,789	2,415	1,346	55.7	2,010	1,751	1,333	76.1		
Red Rock	1,352	1,047	833	79.6	2,215	1,867	1,407	75.4		
Chisholm Trail	1,561	1,305	903	69.2	1,541	1,199	901	75.1		
Carl Albert CMHC	2,618	2,479	1,715	69.2	2,147	2,114	1,513	71.6		
NW Ctr for BH	2,271	1,986	1,044	52.6	2,289	1,985	1,054	53.1		
Community Counseling	1,194	1,158	989	85.4	0	0	0	0.0		
Red Rock West	917	802	558	69.6	0	0	0	0.0		

Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Percent of Children Served with a Serious Emotional Disturbance (SED)

Question: What percent of children most in need of treatment (those with a serious emotional disturbance) receive services?



Answer: In FY03 the percent of children served with SED varied among all CMHCs from 10.4 to 97.5, with a statewide median of 65.3%. When compared with FY02, the percent increased in FY03 among 11 of the 17 CMHCs.

Refer to Definitions (Appendix A) for criteria meeting Serious Emotional Disturbance (SED) status. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Percent of Children Served with a Serious Emotional Disturbance (SED)

Question: What percent of children most in need of treatment (those with a serious emotional disturbance) receive services?

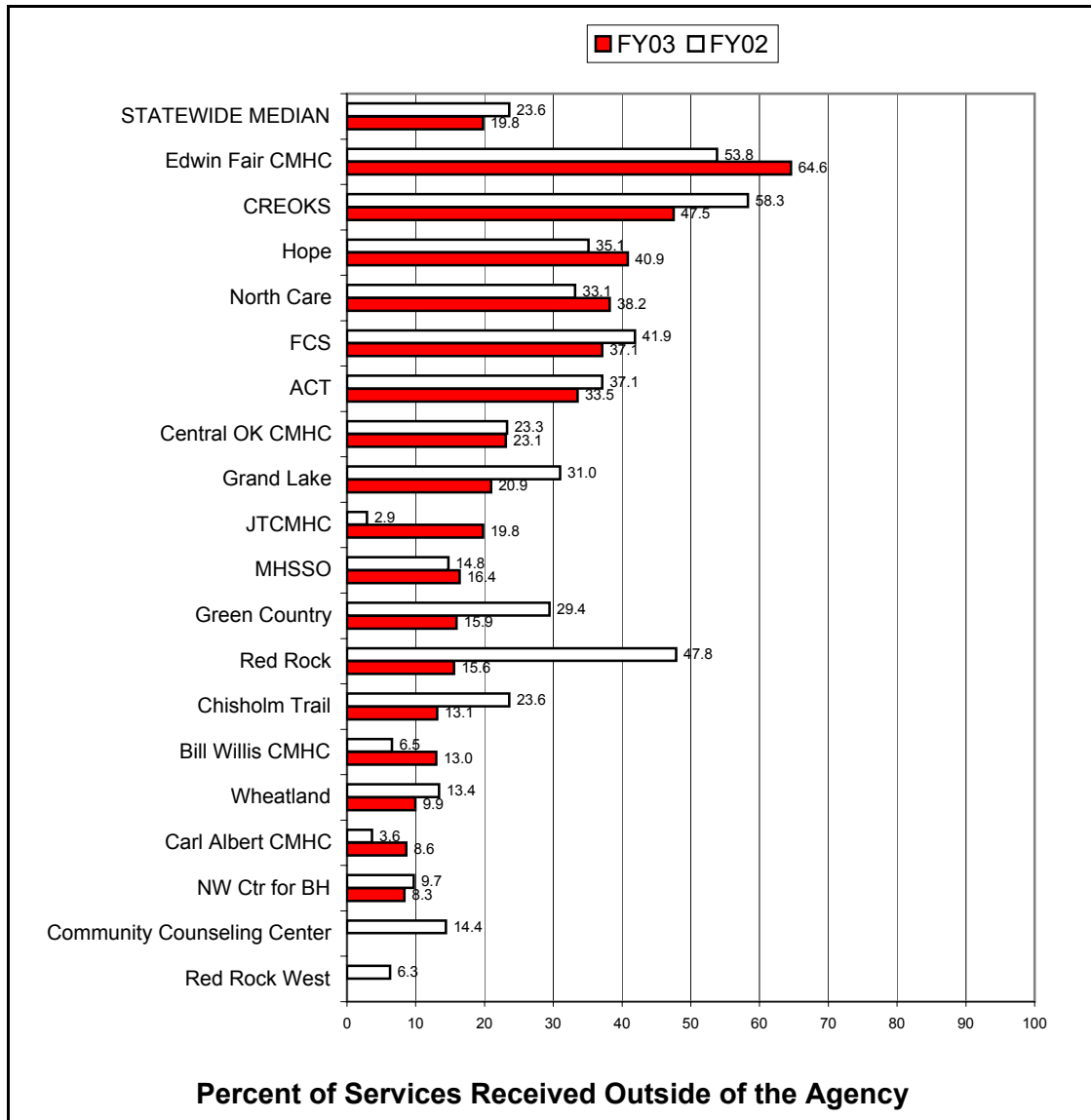
Agency	FY02				FY03				FY03 Statewide	
	Total clients	Total children	Number of children identified with SED	Percent	Total clients	Total children	Number of children identified with SED	Percent	Median	Mean
Grand Lake	3,621	179	163	91.1	2,774	80	78	97.5	65.3	59.1
Green Country	1,298	228	212	93.0	1,069	131	123	93.9		
Hope	1,125	55	51	92.7	938	27	24	88.9		
Edwin Fair CMHC	1,545	174	137	78.7	1,216	150	124	82.7		
Bill Willis CMHC	1,807	259	191	73.7	1,835	240	197	82.1		
ACT	1,311	116	96	82.8	1,528	159	124	78.0		
JTCMHC	2,789	374	279	74.6	2,010	259	201	77.6		
CREOKS	1,326	212	158	74.5	955	91	64	70.3		
North Care	1,619	261	159	60.9	3,131	571	373	65.3		
Central OK CMHC	1,595	290	161	55.5	1,468	308	174	56.5		
Carl Albert CMHC	2,618	139	61	43.9	2,147	33	15	45.5		
Wheatland	1,017	109	55	50.5	762	82	34	41.5		
Chisholm Trail	1,561	256	103	40.2	1,541	342	114	33.3		
MHSSO	2,939	258	75	29.1	2,408	111	34	30.6		
Red Rock	1,352	305	58	19.0	2,215	348	92	26.4		
NW Ctr for BH	2,271	285	70	24.6	2,289	304	76	25.0		
FCS	1,294	76	10	13.2	2,381	106	11	10.4		
Red Rock West	917	115	35	30.4	0	0	0	0.0		
Community Counseling	1,194	36	10	27.8	0	0	0	0.0		

Refer to Definitions (Appendix A) for criteria meeting Serious Emotional Disturbance (SED) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Access to Services Received Outside the Facility

Question: What percent of services are provided outside the facility, allowing access to services regardless of the consumer's lack of transportation, physical immobility, incarceration or other restraints?



Answer: In FY03 the percent of services provided outside of the agencies' physical locations varied from 8.3 to 64.6, with a statewide median of 19.8%. When compared with FY02, the percent increased in FY03 among 7 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of locations outside of the provider facility. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Access to Services Received Outside the Facility

Question: What percent of services are provided outside the facility, allowing access to services regardless of the consumer's lack of transportation, physical immobility, incarceration or other restraints?

Agency	FY02				FY03				FY03 Statewide	
	Total outpatient hours	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Total outpatient hours	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Median	Mean
Edwin Fair CMHC	75,747	29,279	15,757	53.8	64,683	24,756	15,981	64.6	19.8	25.1
CREOKS	69,308	32,053	18,683	58.3	43,475	13,833	6,572	47.5		
Hope	42,330	14,769	5,186	35.1	45,663	12,430	5,078	40.9		
North Care	39,094	17,843	5,915	33.1	76,905	33,742	12,896	38.2		
FCS	27,739	27,739	11,619	41.9	55,239	55,239	20,507	37.1		
ACT	36,514	19,777	7,339	37.1	36,069	17,968	6,024	33.5		
Central OK CMHC	41,011	41,011	9,551	23.3	37,485	37,485	8,660	23.1		
Grand Lake	365,745	365,745	113,343	31.0	365,021	365,021	76,454	20.9		
JTCMHC	65,079	43,084	1,246	2.9	34,252	18,366	3,632	19.8		
MHSSO	184,912	20,990	3,098	14.8	176,315	13,213	2,166	16.4		
Green Country	83,615	33,218	9,781	29.4	79,513	34,493	5,489	15.9		
Red Rock	64,452	18,975	9,079	47.8	127,126	87,044	13,563	15.6		
Chisholm Trail	36,827	36,827	8,693	23.6	34,021	30,622	4,016	13.1		
Bill Willis CMHC	83,615	24,173	1,582	6.5	101,443	24,381	3,165	13.0		
Wheatland	16,031	16,031	2,143	13.4	9,323	9,323	926	9.9		
Carl Albert CMHC	59,660	59,660	2,156	3.6	46,448	46,448	4,005	8.6		
NW Ctr for BH	38,803	13,840	1,347	9.7	43,066	17,765	1,481	8.3		
Community Counseling	42,269	42,269	6,086	14.4	0	0	0	0.0		
Red Rock West	60,538	60,538	3,803	6.3	0	0	0	0.0		

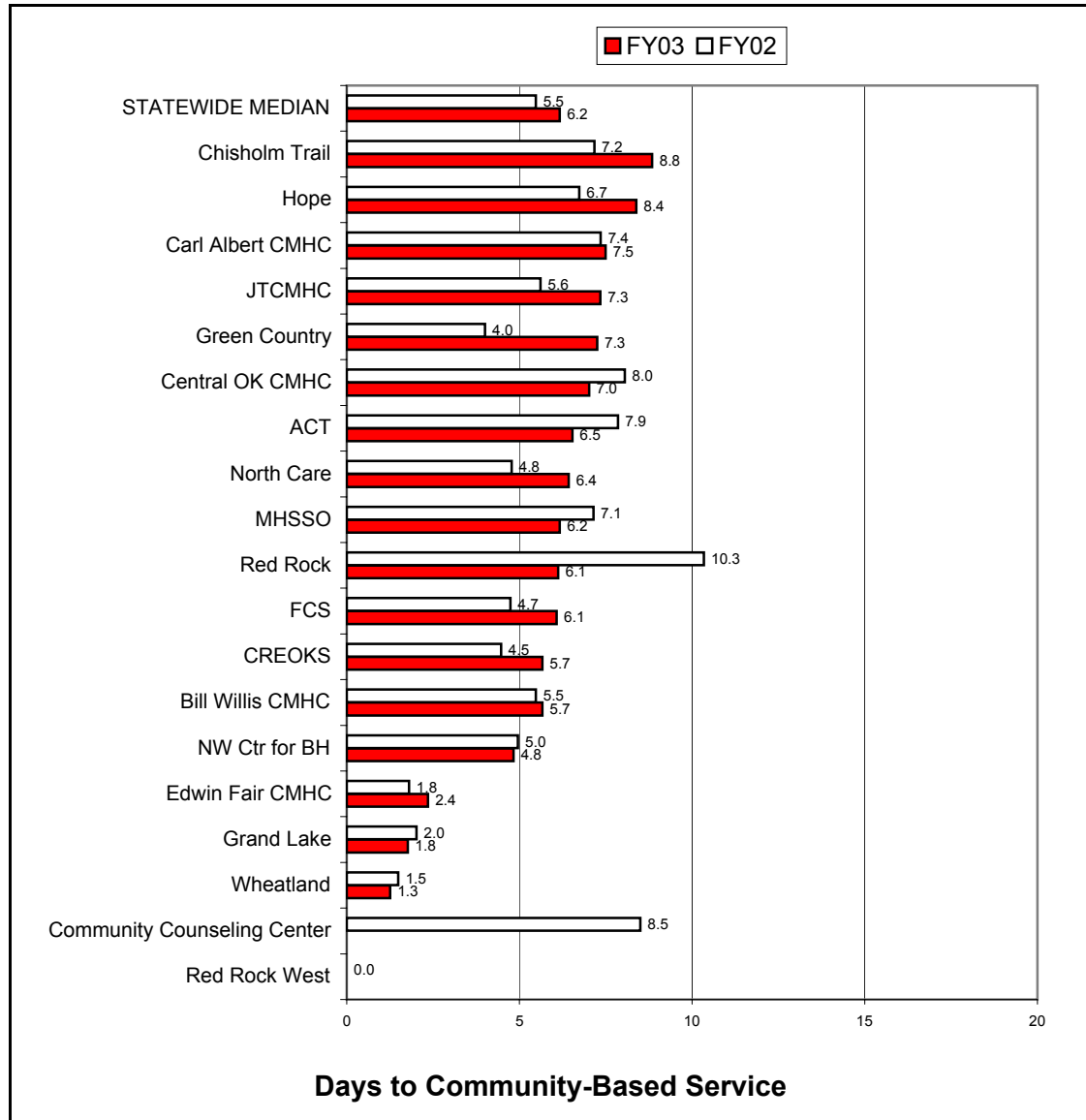
Refer to Definitions (Appendix A) for a description of locations outside of the provider facility.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Psychosocial Rehabilitation services and Day Treatment are excluded from 'Outpatient Hours which could be provided outside the agency.'

Average Number of Days from Inpatient Discharge to Community-Based Service for Clients Seen within 30 Days

Question: For clients seen within 30 days, what is the average number of days from an inpatient discharge to community-based service?



Answer: In FY03 the average number of days from inpatient discharge to community-based service varied among all CMHCs from 1.3 to 8.8, with a statewide median of 6.2 days. When compared with FY02, the average number of days decreased in FY03 at 7 of the 17 CMHCs.

For this analysis, inpatient, detoxification, and crisis services are excluded from community-based services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Average Number of Days from Inpatient Discharge to Community-Based Service for Clients Seen within 30 Days
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	1.8	6.1	4.3
Wheatland	1.3	5.5	4.3
Edwin Fair CMHC	2.4	5.5	3.2
NW Ctr for BH	4.8	5.5	0.7
Red Rock	6.1	6.5	0.3
Bill Willis CMHC	5.7	5.9	0.3
North Care	6.4	6.7	0.3
CREOKS	5.7	5.7	0.0
MHSSO	6.2	6.0	-0.2
FCS	6.1	5.9	-0.2
ACT	6.5	5.9	-0.6
Green Country	7.3	6.1	-1.1
Carl Albert CMHC	7.5	6.3	-1.2
Central OK CMHC	7.5	6.3	-1.2
Hope	8.4	6.8	-1.6
Chisholm Trail	8.8	7.1	-1.7
JTCMHC	7.3	5.6	-1.8

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Average Number of Days from Inpatient Discharge to Community-Based Service for Clients Seen within 30 Days

Question: For clients seen within 30 days, what is the average number of days from an inpatient discharge to community-based service?

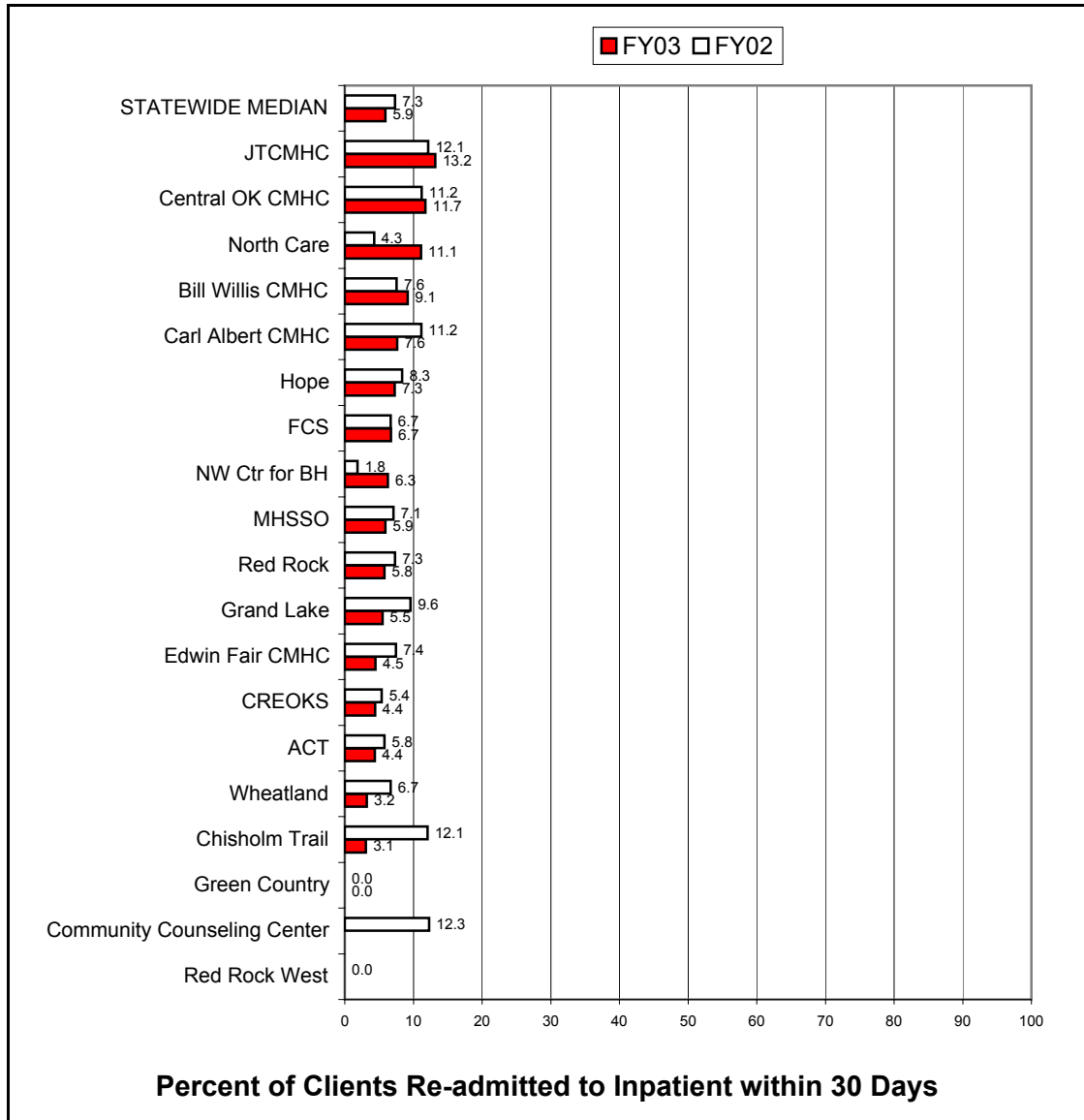
Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Inpatient discharges	Number receiving follow-up service within 30 days	Average number of days from inpatient discharge to follow-up	Total adult clients	Inpatient discharges	Number receiving follow-up service within 30 days	Average number of days from inpatient discharge to follow-up	Median	Mean
Chisholm Trail	1,305	58	40	7.2	1,199	65	37	8.8	6.2	5.8
Hope	1,070	156	87	6.7	911	206	105	8.4		
Carl Albert CMHC	2,479	466	411	7.4	2,114	420	358	7.5		
JTCMHC	2,415	321	289	5.6	1,751	395	344	7.3		
Green Country	1,070	4	1	4.0	938	13	8	7.3		
Central OK CMHC	1,305	492	331	8.0	1,160	469	309	7.0		
ACT	1,195	121	85	7.9	1,369	91	62	6.5		
North Care	1,358	93	57	4.8	2,560	451	220	6.4		
MHSSO	2,681	732	488	7.1	2,297	526	356	6.2		
Red Rock	1,047	260	113	10.3	1,867	259	151	6.1		
FCS	1,218	165	105	4.7	2,275	342	242	6.1		
CREOKS	1,114	93	72	4.5	864	68	48	5.7		
Bill Willis CMHC	1,548	291	180	5.5	1,595	328	189	5.7		
NW Ctr for BH	1,986	163	153	5.0	1,985	175	152	4.8		
Edwin Fair CMHC	1,371	94	80	1.8	1,066	67	60	2.4		
Grand Lake	3,442	251	227	2.0	2,694	163	146	1.8		
Wheatland	908	179	164	1.5	680	156	136	1.3		
Community Counseling	1,158	277	143	8.5	0	0	0	0.0		
Red Rock West	802	7	7	0.0	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included in community-based services.

Inpatient Re-admissions within 30 Days

Question: What percent of adult consumers are discharged from a state hospital or CMHC inpatient unit and re-admitted to inpatient within 30 days of discharge?



Answer: In FY03 the percent of adults re-admitted to inpatient within 30 days of discharge varied among all CMHCs from 0 to 13.2, with a statewide median of 5.9%. When compared with FY02, the percent decreased in FY03 among 10 of the 17 CMHCs.

Inpatient re-admissions include both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Inpatient Re-admissions within 30 Days Adjusted for Case Mix

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Green Country	0.0	8.1	8.1
Chisholm Trail	3.1	8.6	5.6
Wheatland	3.2	8.4	5.2
Edwin Fair CMHC	4.5	9.0	4.5
CREOKS	4.4	8.5	4.1
ACT	4.4	8.1	3.7
Red Rock	5.8	8.8	3.0
MHSSO	5.9	8.0	2.1
Grand Lake	5.5	7.5	2.0
FCS	6.7	8.2	1.5
Hope	7.3	8.5	1.2
NW Ctr for BH	6.3	7.3	1.0
Bill Willis CMHC	9.1	7.9	-1.3
Carl Albert CMHC	7.6	6.2	-1.4
North Care	11.1	8.8	-2.3
Central OK CMHC	11.7	8.5	-3.2
JTCMHC	13.2	8.6	-4.5

Twelve of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Inpatient Re-admissions within 30 Days

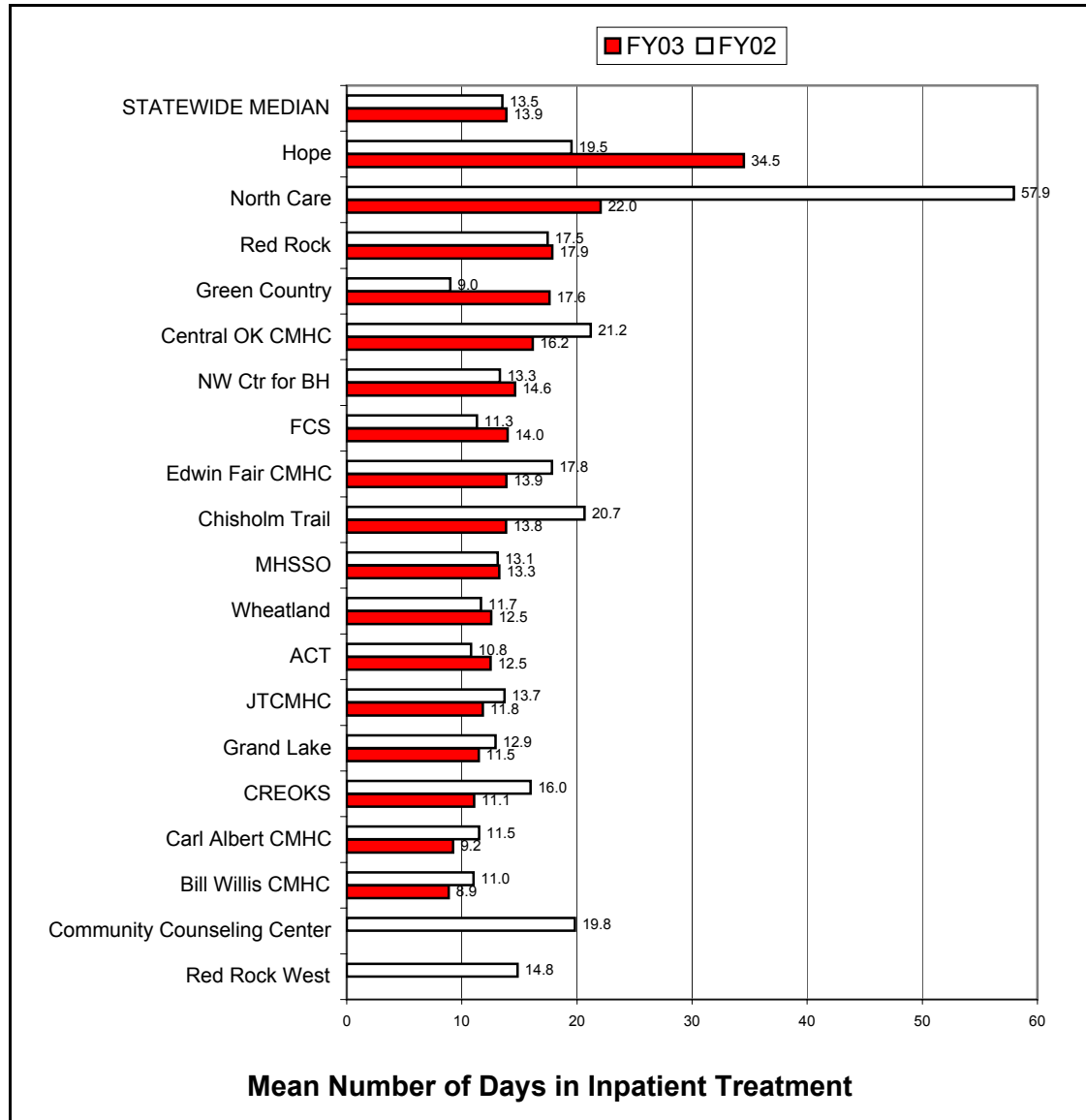
Question: What percent of adult consumers are discharged from a state hospital or CMHC inpatient unit and re-admitted to inpatient within 30 days of discharge?

Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Inpatient discharges	Number re-admitted to hospital or CMHC inpatient	Percent	Total adult clients	Inpatient discharges	Number re-admitted to hospital or CMHC inpatient	Percent	Median	Mean
JTCMHC	2,415	321	39	12.1	1,751	395	52	13.2	5.9	6.5
Central OK CMHC	1,305	492	55	11.2	1,160	469	55	11.7		
North Care	1,358	93	4	4.3	2,560	451	50	11.1		
Bill Willis CMHC	1,548	291	22	7.6	1,595	328	30	9.1		
Carl Albert CMHC	2,479	466	52	11.2	2,114	420	32	7.6		
Hope	1,070	156	13	8.3	911	206	15	7.3		
FCS	1,218	165	11	6.7	2,275	342	23	6.7		
NW Ctr for BH	1,986	163	3	1.8	1,985	175	11	6.3		
MHSSO	2,681	732	52	7.1	2,297	526	31	5.9		
Red Rock	1,047	260	19	7.3	1,867	259	15	5.8		
Grand Lake	3,442	251	24	9.6	2,694	163	9	5.5		
Edwin Fair CMHC	1,371	94	7	7.4	1,066	67	3	4.5		
CREOKS	1,114	93	5	5.4	864	68	3	4.4		
ACT	1,195	121	7	5.8	1,369	91	4	4.4		
Wheatland	908	179	12	6.7	680	156	5	3.2		
Chisholm Trail	1,305	58	7	12.1	1,199	65	2	3.1		
Green Country	1,070	4	0	0.0	938	13	0	0.0		
Community Counseling	1,158	277	34	12.3	0	0	0	0.0		
Red Rock West	802	7	0	0.0	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Only non-forensic clients with a Planned Discharge are included.

Length of Inpatient Stay

Question: What is the mean number of days spent in inpatient treatment?



Answer: In FY03 the average number of inpatient days varied among all CMHCs from 8.9 to 34.5, with a statewide mean of 13.9 days. When compared with FY02, the average number of days decreased in FY03 at 9 of the 17 CMHCs.

Inpatient days include both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Length of Inpatient Stay

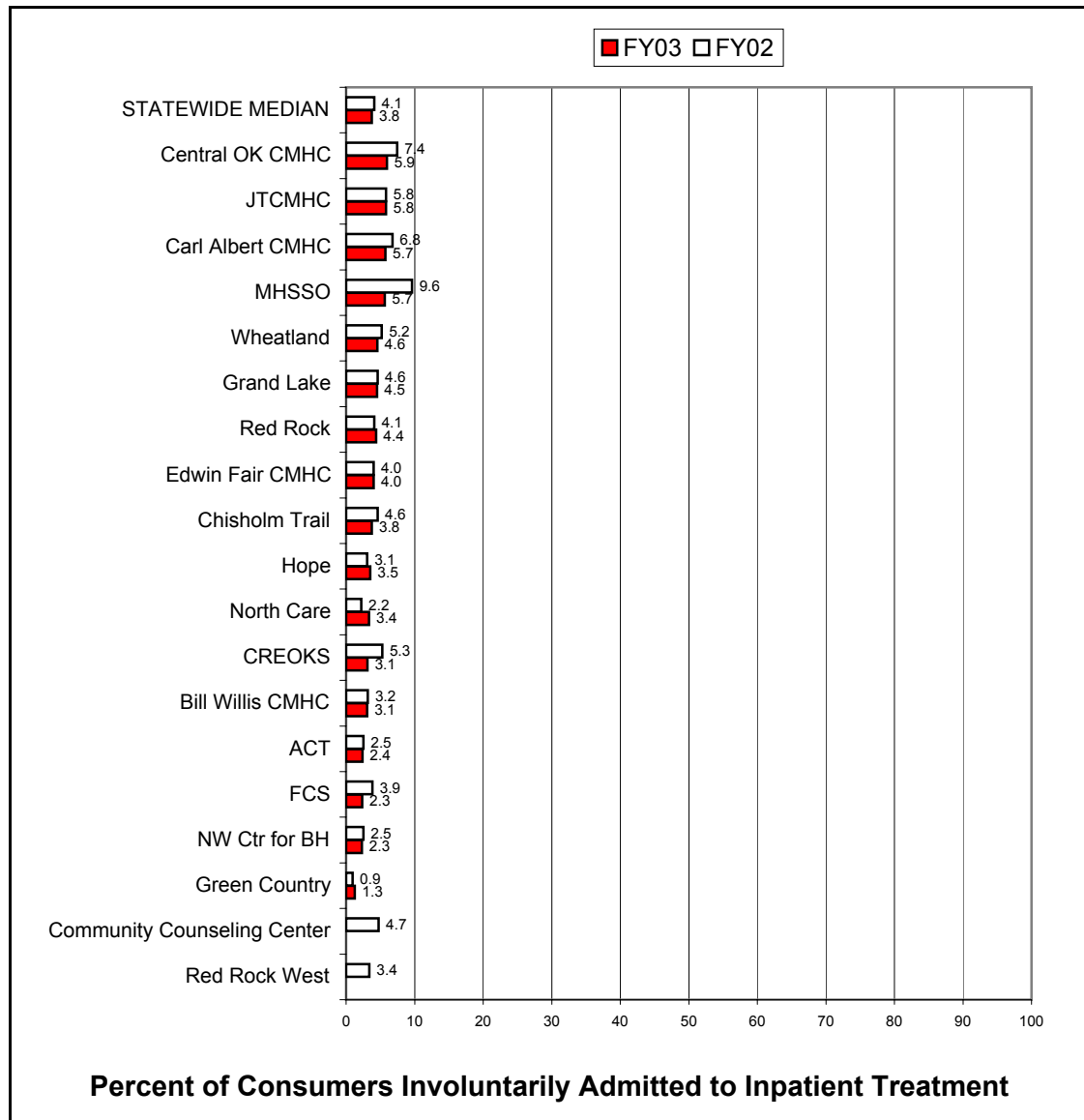
Question: What is the mean number of days spent in inpatient treatment?

Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Number of clients discharged from inpatient treatment	Total days of service	Mean length of stay	Total adult clients	Number of clients discharged from inpatient treatment	Total days of service	Mean length of stay	Median	Mean
Hope	1,070	57	1,035	19.5	911	47	1,380	34.5	13.9	15.7
North Care	1,358	32	2,202	57.9	2,560	137	2,447	22.0		
Red Rock	1,047	68	995	17.5	1,867	117	1,839	17.9		
Green Country	1,070	1	9	9.0	938	5	88	17.6		
Central OK CMHC	1,305	176	2,627	21.2	1,160	159	1,746	16.2		
NW Ctr for BH	1,986	159	1,890	13.3	1,985	171	2,268	14.6		
FCS	1,218	73	746	11.3	2,275	115	1,341	14.0		
Edwin Fair CMHC	1,371	83	1,320	17.8	1,066	56	708	13.9		
Chisholm Trail	1,305	34	620	20.7	1,199	23	263	13.8		
MHSSO	2,681	597	5,553	13.1	2,297	405	3,912	13.3		
Wheatland	908	154	1,597	11.7	680	127	1,430	12.5		
ACT	1,195	64	659	10.8	1,369	33	350	12.5		
JTCMHC	2,415	315	3,334	13.7	1,751	376	3,192	11.8		
Grand Lake	3,442	223	2,571	12.9	2,694	132	1,364	11.5		
CREOKS	1,114	56	831	16.0	864	43	421	11.1		
Carl Albert CMHC	2,479	461	3,937	11.5	2,114	400	2,826	9.2		
Bill Willis CMHC	1,548	263	2,580	11.0	1,595	315	2,341	8.9		
Community Counseling	1,158	96	1,545	19.8	0	0	0	0.0		
Red Rock West	802	7	89	14.8	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.
Only non-forensic clients with a Planned Discharge are included.

Adult Consumers Involuntarily Admitted to Inpatient Treatment

Question: What percent of adult consumers are admitted involuntarily to inpatient treatment?



Answer: In FY03 the percent of adults admitted involuntarily to inpatient treatment varied among all CMHCs from 1.3 to 5.9, with a statewide median of 3.8%. When compared with FY02, the percent decreased in FY03 among 11 of the 17 CMHCs.

Refer to Definitions (Appendix A) for description of involuntary admission. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adult Consumers Involuntarily Admitted to Inpatient Treatment
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	4.5	8.3	3.8
Bill Willis CMHC	3.1	5.2	2.2
ACT	2.4	4.6	2.2
NW Ctr for BH	2.3	3.8	1.5
Green Country	1.3	1.8	0.5
North Care	3.4	3.9	0.5
Red Rock	4.4	4.6	0.2
Carl Albert CMHC	5.7	5.9	0.2
Edwin Fair CMHC	4.0	3.7	-0.3
FCS	2.3	1.8	-0.6
CREOKS	3.1	2.0	-1.2
Chisholm Trail	3.8	1.8	-2.0
Hope	3.5	1.5	-2.0
Central OK CMHC	5.9	3.9	-2.0
JTCMHC	5.8	3.8	-2.1
MHSSO	5.7	2.6	-3.1
Wheatland	4.6	1.5	-3.1

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Consumers Involuntarily Admitted to Inpatient Treatment

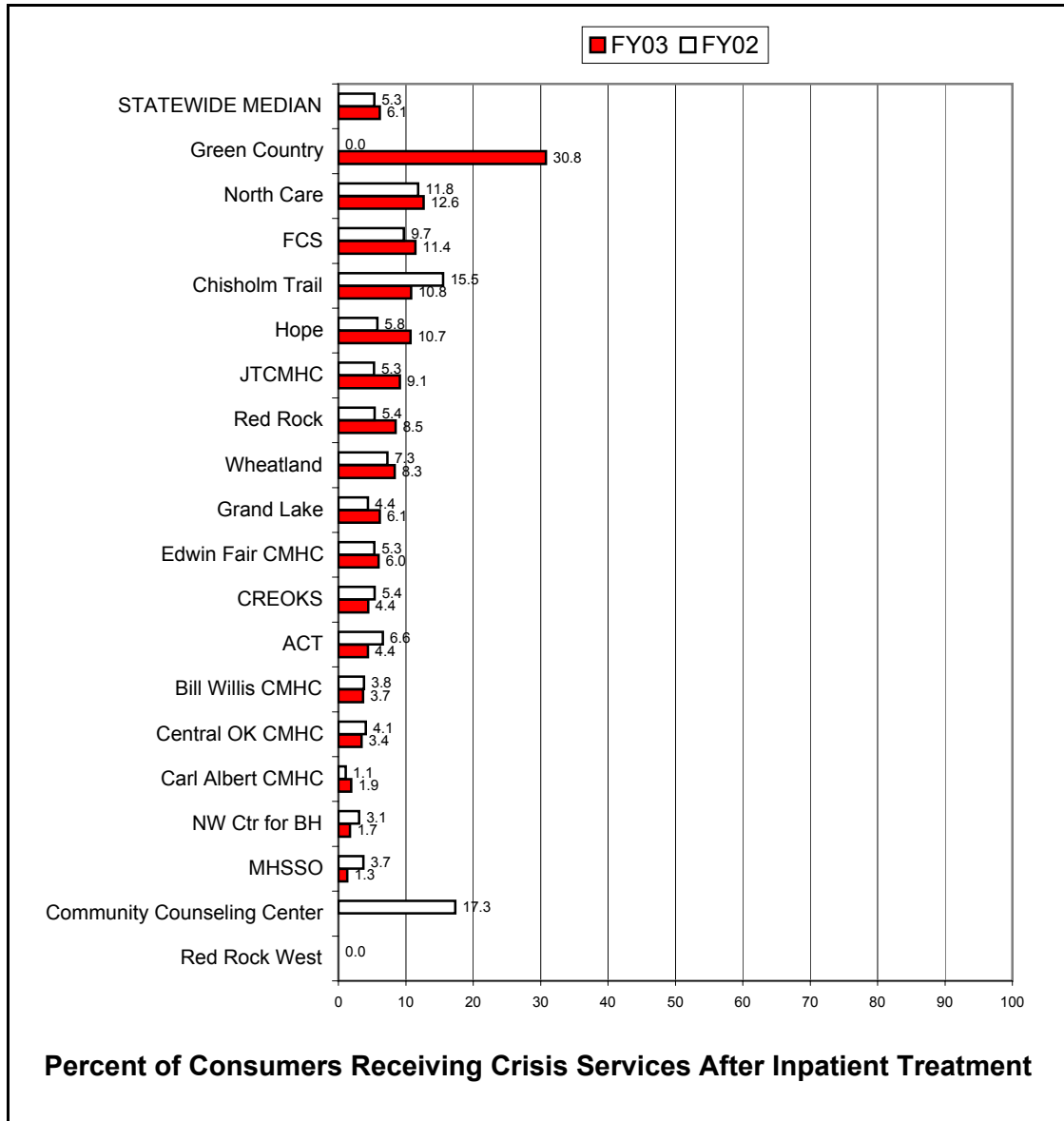
Question: What percent of adult consumers are admitted involuntarily to inpatient treatment?

Agency	FY02				FY03				FY03 Statewide	
	Total clients	Total adult clients	Number involuntarily admitted	Percent	Total clients	Total adult clients	Number involuntarily admitted	Percent	Median	Mean
Central OK CMHC	1,595	1,305	97	7.4	1,468	1,160	69	5.9	3.8	3.9
JTCMHC	2,789	2,415	141	5.8	2,010	1,751	102	5.8		
Carl Albert CMHC	2,618	2,479	168	6.8	2,147	2,114	121	5.7		
MHSSO	2,939	2,681	258	9.6	2,408	2,297	130	5.7		
Wheatland	1,017	908	47	5.2	762	680	31	4.6		
Grand Lake	3,621	3,442	159	4.6	2,774	2,694	122	4.5		
Red Rock	1,352	1,047	43	4.1	2,215	1,867	82	4.4		
Edwin Fair CMHC	1,545	1,371	55	4.0	1,216	1,066	43	4.0		
Chisholm Trail	1,561	1,305	60	4.6	1,541	1,199	45	3.8		
Hope	1,125	1,070	33	3.1	938	911	32	3.5		
North Care	1,619	1,358	30	2.2	3,131	2,560	86	3.4		
CREOKS	1,326	1,114	59	5.3	955	864	27	3.1		
Bill Willis CMHC	1,807	1,548	49	3.2	1,835	1,595	49	3.1		
ACT	1,311	1,195	30	2.5	1,528	1,369	33	2.4		
FCS	1,294	1,218	47	3.9	2,381	2,275	53	2.3		
NW Ctr for BH	2,271	1,986	50	2.5	2,289	1,985	46	2.3		
Green Country	1,298	1,070	10	0.9	1,069	938	12	1.3		
Community Counseling	1,194	1,158	55	4.7	0	0	0	0.0		
Red Rock West	917	802	27	3.4	0	0	0	0.0		

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Client must be active at CMHC at time of admission to be counted.

Crisis Services after Inpatient

Question: What percent of clients receive a crisis service as their first service after inpatient treatment?



Answer: In FY03 the percent of clients receiving crisis services as their first service after inpatient treatment varied among all CMHCs from 1.3 to 30.8, with a statewide median of 6.1%. When compared with FY02, the percent decreased in FY03 among 7 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of crisis services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Crisis Services after Inpatient
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
MHSSO	1.33	5.19	3.86
NW Ctr for BH	1.71	5.56	3.85
Central OK CMHC	3.41	6.54	3.13
ACT	4.40	6.22	1.83
Carl Albert CMHC	1.90	3.67	1.76
Bill Willis CMHC	3.66	4.43	0.77
Edwin Fair CMHC	5.97	6.57	0.60
CREOKS	4.41	4.47	0.06
Grand Lake	6.13	5.47	-0.66
Red Rock	8.49	7.56	-0.93
North Care	12.64	10.44	-2.20
Wheatland	8.33	5.89	-2.45
Hope	10.68	8.09	-2.59
Chisholm Trail	10.77	7.66	-3.11
JTCMHC	9.11	5.75	-3.36
FCS	11.40	7.57	-3.83
Green Country	30.77	9.50	-21.27

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Crisis Services after Inpatient

Question: What percent of clients receive a crisis service as their first service after inpatient treatment?

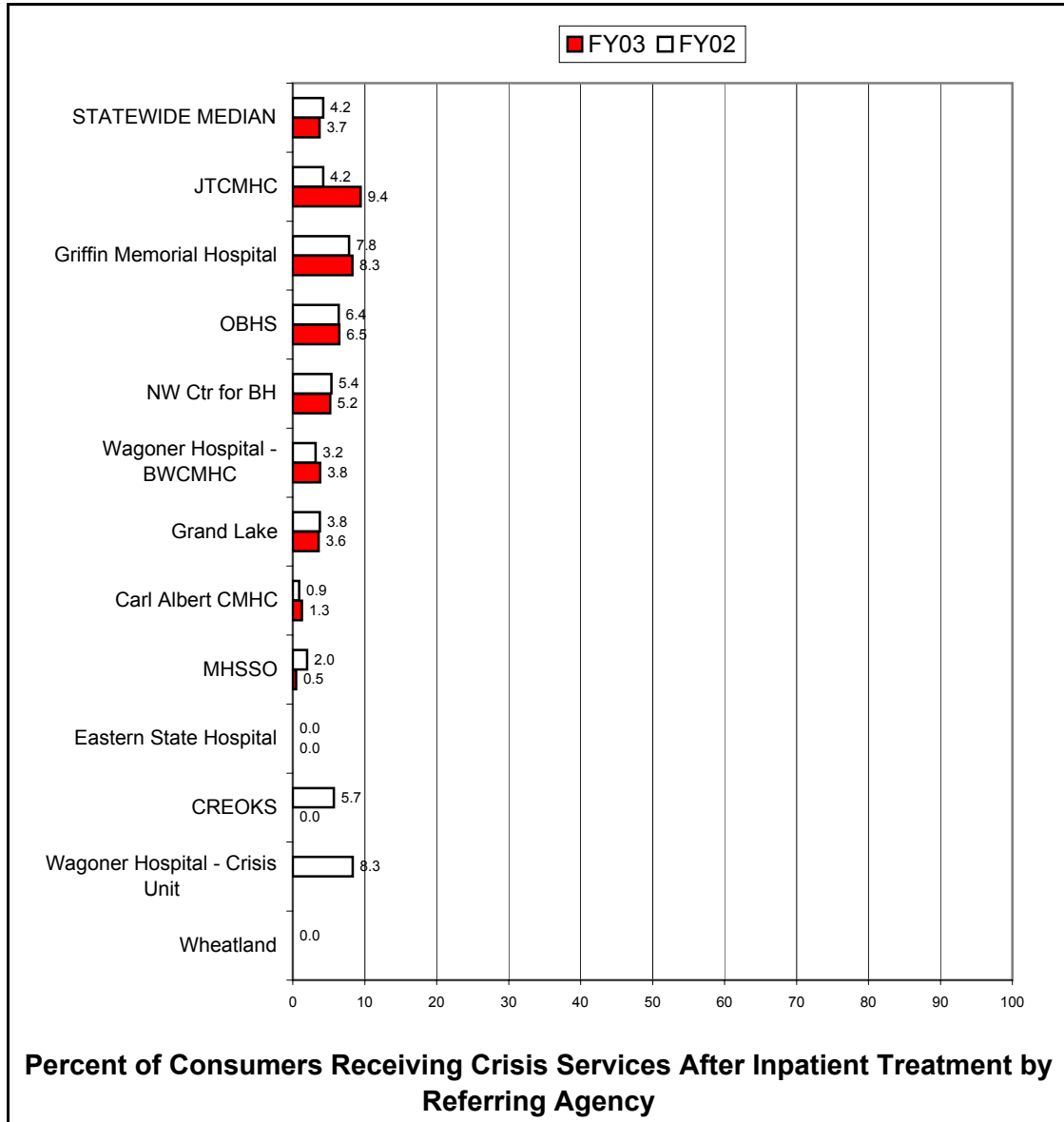
Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Inpatient discharges	Number who received a crisis service as their first service	Percent	Total adult clients	Inpatient discharges	Number who received a crisis service as their first service	Percent	Median	Mean
Green Country	1,070	4	0	0.0	938	13	4	30.8	6.1	7.9
North Care	1,358	93	11	11.8	2,560	451	57	12.6		
FCS	1,218	165	16	9.7	2,275	342	39	11.4		
Chisholm Trail	1,305	58	9	15.5	1,199	65	7	10.8		
Hope	1,070	156	9	5.8	911	206	22	10.7		
JTCMHC	2,415	321	17	5.3	1,751	395	36	9.1		
Red Rock	1,047	260	14	5.4	1,867	259	22	8.5		
Wheatland	908	179	13	7.3	680	156	13	8.3		
Grand Lake	3,442	251	11	4.4	2,694	163	10	6.1		
Edwin Fair CMHC	1,371	94	5	5.3	1,066	67	4	6.0		
CREOKS	1,114	93	5	5.4	864	68	3	4.4		
ACT	1,195	121	8	6.6	1,369	91	4	4.4		
Bill Willis CMHC	1,548	291	11	3.8	1,595	328	12	3.7		
Central OK CMHC	1,305	492	20	4.1	1,160	469	16	3.4		
Carl Albert CMHC	2,479	466	5	1.1	2,114	420	8	1.9		
NW Ctr for BH	1,986	163	5	3.1	1,985	175	3	1.7		
MHSSO	2,681	732	27	3.7	2,297	526	7	1.3		
Community Counseling	1,158	277	48	17.3	0	0	0	0.0		
Red Rock West	802	7	0	0.0	0	0	0	0.0		

Crisis Services included hourly crisis services (ICIS codes 120, 121, 123, 133, 134), and community-based structured emergency care (ICIS code 002E). Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Only non-forensic clients with a Planned Discharge are included.

Crisis Services after Inpatient by Referring Agency

Crisis Services after Inpatient by Referring Agency

Question: What percent of clients receive a crisis service as their first service after inpatient treatment?



Answer: In FY03 the percent of clients who received a crisis service as their first service after inpatient treatment varied among the 10 Referring Agencies from 0 to 9.4, with a statewide median of 3.7%. When compared with FY02, the percent decreased in FY03 among 4 of the 10 agencies.

Refer to Definitions (Appendix A) for a description of crisis services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Crisis Services after Inpatient by Referring Agency

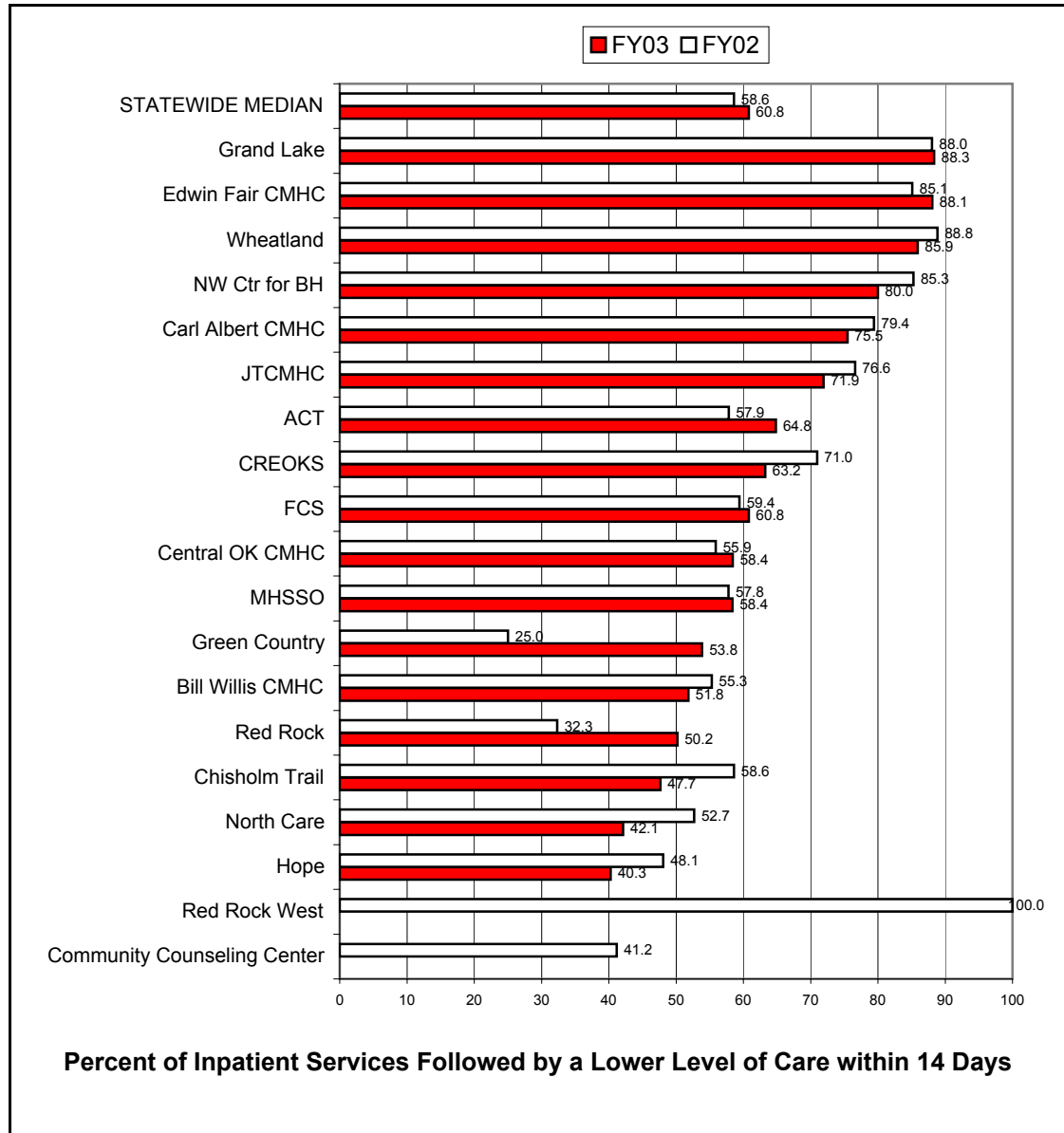
Question: What percent of clients receive a crisis service as their first service after inpatient treatment?

Agency	FY02			FY03			FY03 Statewide	
	Inpatient discharges	Number who received a crisis service as their first service	Percent	Inpatient discharges	Number who received a crisis service as their first service	Percent	Median	Mean
JTCMHC	307	13	4.2	371	35	9.4	3.7	3.9
Griffin Memorial Hospital	2,099	164	7.8	2,056	170	8.3		
OBHS	235	15	6.4	340	22	6.5		
NW Ctr for BH	373	20	5.4	364	19	5.2		
Wagoner Hospital - BWC MHC	251	8	3.2	314	12	3.8		
Grand Lake	160	6	3.8	111	4	3.6		
Carl Albert CMHC	455	4	0.9	395	5	1.3		
MHSSO	303	6	2.0	214	1	0.5		
Eastern State Hospital	1	0	0.0	4	0	0.0		
CREOKS	35	2	5.7	27	0	0.0		
Wagoner Hospital - Crisis Unit	12	1	8.3	0	0	0.0		
Wheatland	8	0	0.0	0	0	0.0		

Crisis Services included hourly crisis services (ICIS codes 120, 121, 123, 133, 134), and community-based structured emergency care (ICIS code 002E). Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Only non-forensic clients with a Planned Discharge are included.

Inpatient Services Followed by a Lower Level of Care within 14 Days

Question: What percent of consumers receive a lower level of care within 14 days after discharge from inpatient?



Answer: In FY03 the percent of clients receiving a lower level of care within 14 days of discharge from inpatient varied among all CMHCs from 40.3 to 88.3, with a statewide median of 60.8%. When compared with FY02, the percent receiving a lower level of care increased in FY03 among 8 of the 17 CMHCs.

Inpatient treatment includes both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Inpatient Services Followed by a Lower Level of Care within 14 Days
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	88.34	65.63	22.71
Edwin Fair CMHC	88.06	67.29	20.77
Wheatland	85.90	68.37	17.53
NW Ctr for BH	80.00	67.33	12.67
CREOKS	63.24	57.66	5.58
Carl Albert CMHC	75.48	72.28	3.20
MHSSO	58.37	55.79	2.58
JTCMHC	71.90	70.36	1.54
ACT	64.84	64.44	0.39
FCS	60.82	63.34	-2.52
Central OK CMHC	58.42	61.69	-3.26
Green Country	53.85	59.60	-5.76
Chisholm Trail	47.69	54.32	-6.63
Red Rock	50.19	57.57	-7.38
Bill Willis CMHC	51.83	59.36	-7.53
North Care	41.91	50.75	-8.84
Hope	40.29	52.43	-12.14

Nine of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Inpatient Services Followed by a Lower Level of Care within 14 Days

Question: What percent of consumers receive a lower level of care within 14 days after discharge from inpatient?

Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Inpatient discharges	Number with follow-up within 14 days	Percent	Total adult clients	Inpatient discharges	Number with follow-up within 14 days	Percent	Median	Mean
Grand Lake	3,442	251	221	88.0	2,694	163	144	88.3	60.8	63.6
Edwin Fair CMHC	1,371	94	80	85.1	1,066	67	59	88.1		
Wheatland	908	179	159	88.8	680	156	134	85.9		
NW Ctr for BH	1,986	163	139	85.3	1,985	175	140	80.0		
Carl Albert CMHC	2,479	466	370	79.4	2,114	420	317	75.5		
JTCMHC	2,415	321	246	76.6	1,751	395	284	71.9		
ACT	1,195	121	70	57.9	1,369	91	59	64.8		
CREOKS	1,114	93	66	71.0	864	68	43	63.2		
FCS	1,218	165	98	59.4	2,275	342	208	60.8		
Central OK CMHC	1,305	492	275	55.9	1,160	469	274	58.4		
MHSSO	2,681	732	423	57.8	2,297	526	307	58.4		
Green Country	1,070	4	1	25.0	938	13	7	53.8		
Bill Willis CMHC	1,548	291	161	55.3	1,595	328	170	51.8		
Red Rock	1,047	260	84	32.3	1,867	259	130	50.2		
Chisholm Trail	1,305	58	34	58.6	1,199	65	31	47.7		
North Care	1,358	93	49	52.7	2,560	451	190	42.1		
Hope	1,070	156	75	48.1	911	206	83	40.3		
Red Rock West	802	7	7	100.0	0	0	0	0.0		
Community Counseling	1,158	277	114	41.2	0	0	0	0.0		

Inpatient treatment include both hospital and community-based inpatient services.

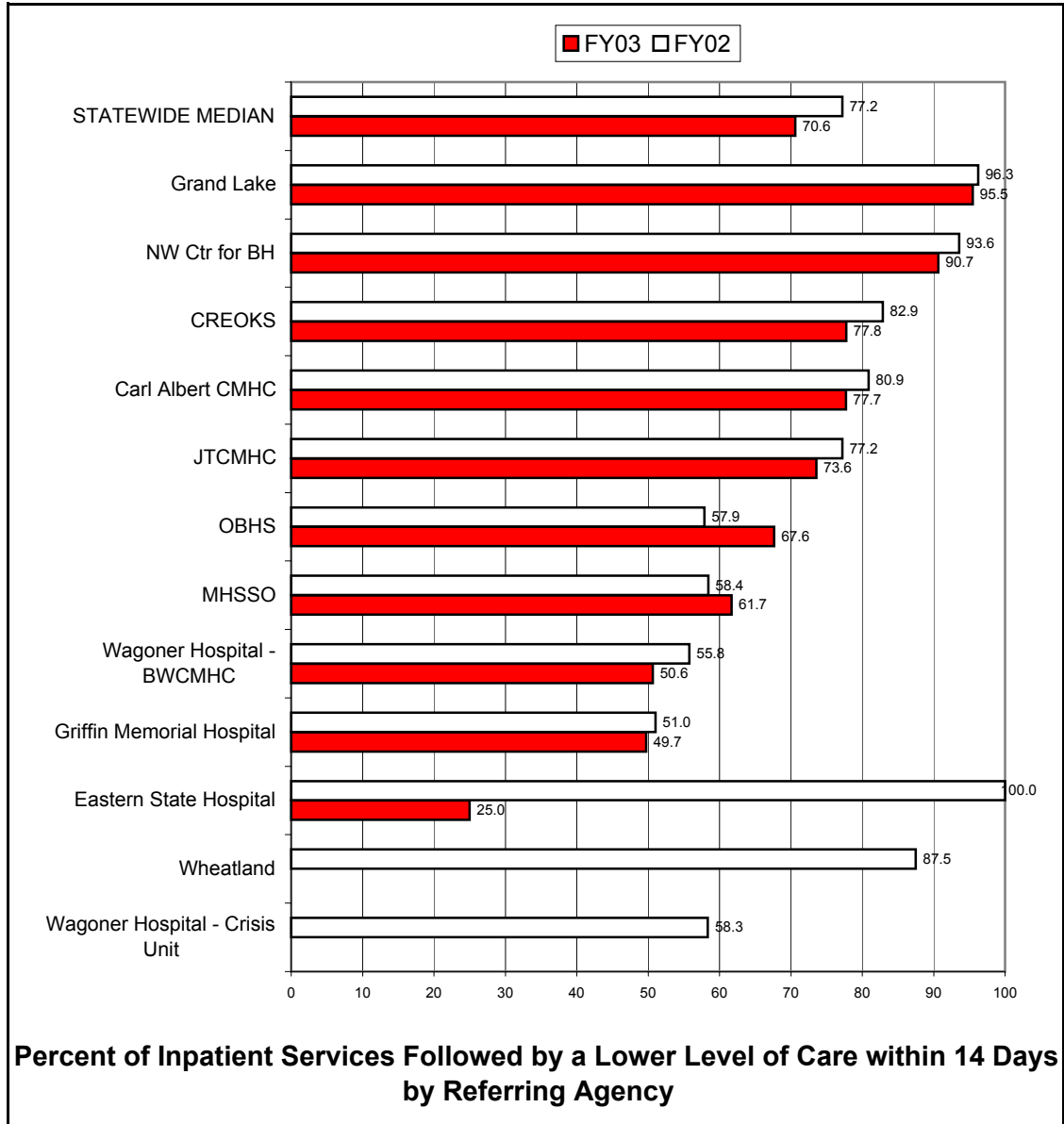
Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included.

Inpatient Follow-up by Referring Agency

Inpatient Services Followed by a Lower Level of Care within 14 Days by Referring Agency

Question: What percent of consumers receive a lower level of care within 14 days after discharge from inpatient?



Answer: In FY03 the percent of clients receiving a lower level of care within 14 days of discharge from inpatient varied among the 10 Referring Agencies from 25 to 95.5, with a statewide median of 70.6%. When compared to FY02, the percent of clients receiving a lower level of care increased in FY03 among 2 of the 10 agencies.

Inpatient treatment includes both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Inpatient Services Followed by a Lower Level of Care within 14 Days by Referring Agency

Question: What percent of consumers receive a lower level of care within 14 days after discharge from inpatient?

Agency	FY02			FY03			FY03 Statewide	
	Inpatient discharges	Number with follow-up within 14 days	Percent	Inpatient discharges	Number with follow-up within 14 days	Percent	Median	Mean
Grand Lake	160	154	96.3	111	106	95.5	70.6	67.0
NW Ctr for BH	373	349	93.6	364	330	90.7		
CREOKS	35	29	82.9	27	21	77.8		
Carl Albert CMHC	455	368	80.9	395	307	77.7		
JTCMHC	307	237	77.2	371	273	73.6		
OBHS	235	136	57.9	340	230	67.6		
MHSSO	303	177	58.4	214	132	61.7		
Wagoner Hospital - BWCMHC	251	140	55.8	314	159	50.6		
Griffin Memorial Hospital	2,099	1,071	51.0	2,056	1,022	49.7		
Eastern State Hospital	1	1	100.0	4	1	25.0		
Wheatland	8	7	87.5	0	0	0.0		
Wagoner Hospital - Crisis Unit	12	7	58.3	0	0	0.0		

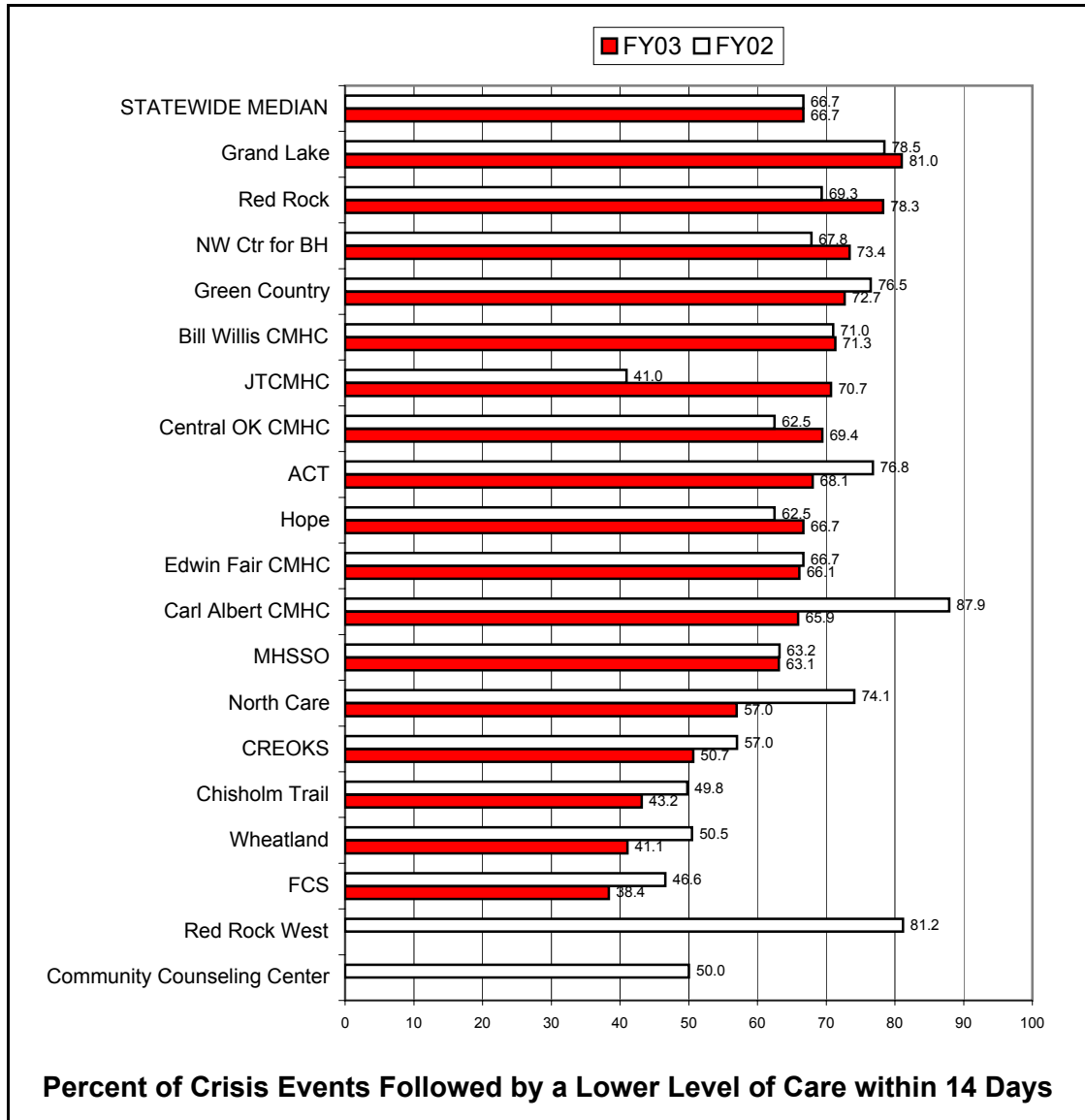
Inpatient treatment include both hospital and community-based inpatient services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included.

Adult Crisis Events Followed by a Lower Level of Care within 14 Days

Question: What percent of adult consumers receive a lower level of care within 14 days after a crisis event?



Answer: In FY03 the percent of adults receiving a lower level of care within 14 days of a crisis event varied among all CMHCs from 38.4 to 81, with a statewide median of 66.7%. When compared with FY02, the percent increased in FY03 among 7 of the 17 CMHCs.

Refer to Definitions (Appendix A) for further explanation of crisis services. Client must be active at CMHC to be counted. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adult Crisis Events Followed by a Lower Level of Care within 14 Days
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	80.99	65.05	15.94
Green Country	72.67	59.14	13.53
NW Ctr for BH	73.41	59.92	13.48
Red Rock	78.31	66.57	11.74
Hope	66.67	56.03	10.64
JTCMHC	70.71	62.28	8.44
Central OK CMHC	69.42	61.03	8.40
Bill Willis CMHC	71.33	63.92	7.41
ACT	68.06	61.23	6.83
Edwin Fair CMHC	66.08	61.78	4.30
MHSSO	63.09	59.41	3.69
Carl Albert CMHC	65.93	63.74	2.19
North Care	56.98	60.23	-3.26
CREOKS	50.66	58.87	-8.21
FCS	38.37	50.20	-11.82
Chisholm Trail	43.16	56.66	-13.51
Wheatland	41.08	54.69	-13.61

Twelve of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Crisis Events Followed by a Lower Level of Care within 14 Days

Question: What percent of adult consumers receive a lower level of care within 14 days after a crisis event?

Agency	FY02				FY03				FY03 Statewide	
	Total adult clients	Adults with a crisis event	Number with a lower level of care within 14 days	Percent	Total adult clients	Adults with a crisis event	Number with a lower level of care within 14 days	Percent	Median	Mean
Grand Lake	3,442	822	645	78.5	2,694	484	392	81.0	66.7	63.3
Red Rock	1,047	512	355	69.3	1,867	756	592	78.3		
NW Ctr for BH	1,986	485	329	67.8	1,985	361	265	73.4		
Green Country	1,070	187	143	76.5	938	161	117	72.7		
Bill Willis CMHC	1,548	414	294	71.0	1,595	607	433	71.3		
JTCMHC	2,415	818	335	41.0	1,751	898	635	70.7		
Central OK CMHC	1,305	325	203	62.5	1,160	278	193	69.4		
ACT	1,195	181	139	76.8	1,369	72	49	68.1		
Hope	1,070	24	15	62.5	911	15	10	66.7		
Edwin Fair CMHC	1,371	696	464	66.7	1,066	622	411	66.1		
Carl Albert CMHC	2,479	91	80	87.9	2,114	361	238	65.9		
MHSSO	2,681	704	445	63.2	2,297	569	359	63.1		
North Care	1,358	135	100	74.1	2,560	86	49	57.0		
CREOKS	1,114	363	207	57.0	864	152	77	50.7		
Chisholm Trail	1,305	259	129	49.8	1,199	285	123	43.2		
Wheatland	908	214	108	50.5	680	185	76	41.1		
FCS	1,218	1,305	608	46.6	2,275	3,088	1,185	38.4		
Red Rock West	802	420	341	81.2	0	0	0	0.0		
Community Counseling	1,158	4	2	50.0	0	0	0	0.0		

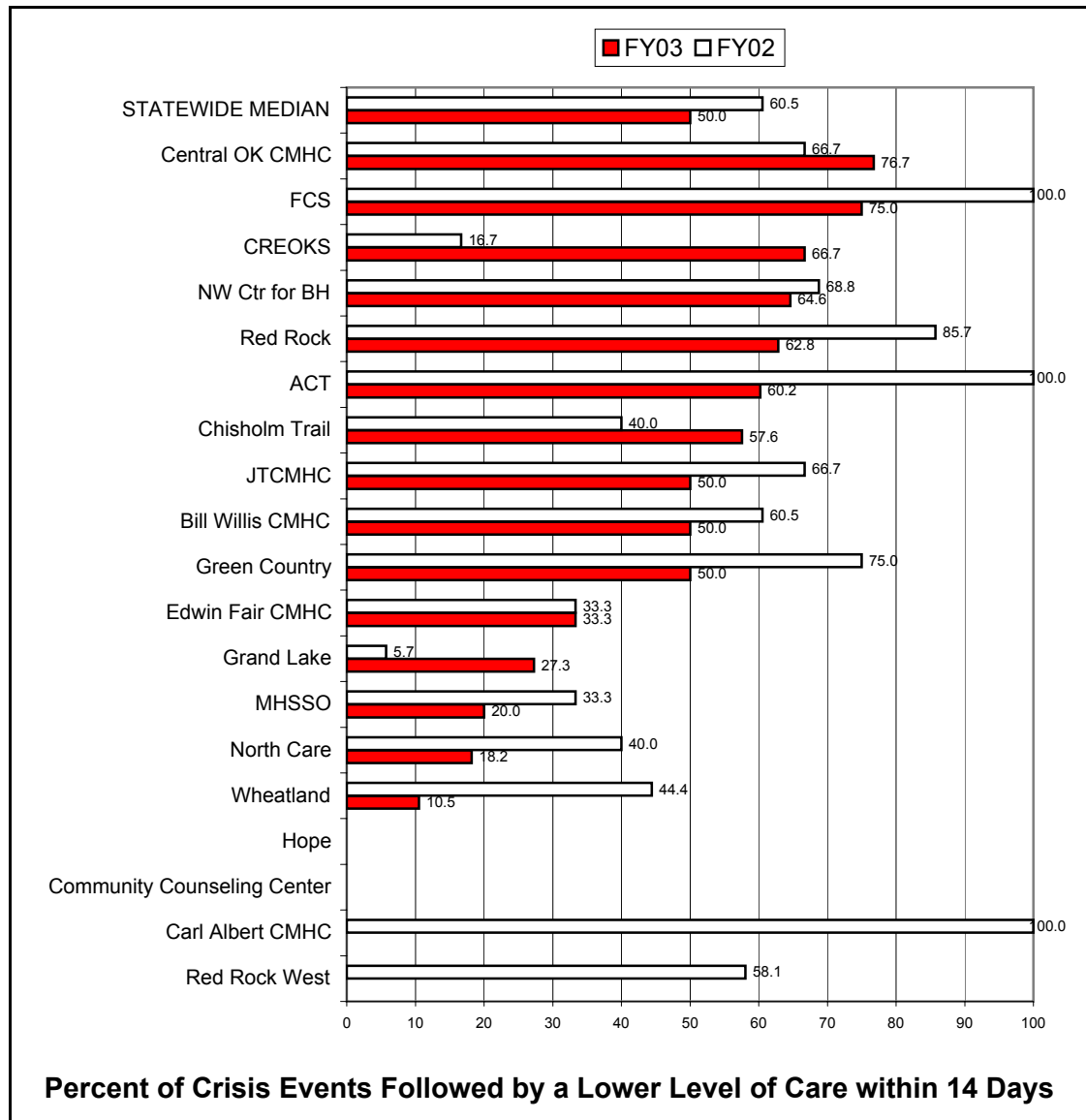
Crisis Services included hourly crisis services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

Children's Crisis Events Followed by a Lower Level of Care within 14 Days

Question: What percent of children (clients less than 18 years old) receive a lower level of care within 14 days after a crisis event?



Answer: In FY03 the percent of children receiving a lower level of care within 14 days of a crisis event varied among all CMHCs from 10.5 to 76.7, with a statewide median of 50%. When compared with FY02, the percent increased in FY03 among 4 of the 15 CMHCs.

Refer to Definitions (Appendix A) for further explanation of crisis services. Client must be active at CMHC to be counted. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Children's Crisis Events Followed by a Lower Level of Care within 14 Days
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
NW Ctr for BH	64.62	60.52	4.09
Central OK CMHC	76.74	58.85	17.89
Carl Albert CMHC	50.00	50.42	-0.42
JTCMHC	50.00	57.84	-7.84
Bill Willis CMHC	75.00	50.42	24.58
FCS	33.33	56.84	-23.51
Edwin Fair CMHC	20.00	50.42	-30.42
MHSSO	62.83	57.72	5.11
Red Rock	27.27	54.18	-26.91
Grand Lake	57.58	53.94	3.64
Chisholm Trail	50.00	50.42	-0.42
Green Country	66.67	48.32	18.34
CREOKS	18.18	57.74	-39.56
North Care	10.53	51.73	-41.20
Wheatland	60.24	59.11	1.13

Seven of the fifteen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Children's Crisis Events Followed by a Lower Level of Care within 14 Days

Question: What percent of children (clients less than 18 years old) receive a lower level of care within 14 days after a crisis event?

Agency	FY02				FY03				FY03 Statewide	
	Total children less than 18 years old	Children with a crisis event	Number with a lower level of care within 14 days	Percent	Total children less than 18 years old	Children with a crisis event	Number with a lower level of care within 14 days	Percent	Median	Mean
Central OK CMHC	290	15	10	66.7	308	43	33	76.7	50.0	48.2
FCS	76	2	2	100.0	106	4	3	75.0		
CREOKS	212	6	1	16.7	91	3	2	66.7		
NW Ctr for BH	285	48	33	68.8	304	65	42	64.6		
Red Rock	305	7	6	85.7	348	113	71	62.8		
ACT	116	2	2	100.0	159	249	150	60.2		
Chisholm Trail	256	10	4	40.0	342	33	19	57.6		
JTCMHC	374	3	2	66.7	259	2	1	50.0		
Bill Willis CMHC	259	38	23	60.5	240	26	13	50.0		
Green Country	228	4	3	75.0	131	8	4	50.0		
Edwin Fair CMHC	174	6	2	33.3	150	6	2	33.3		
Grand Lake	179	35	2	5.7	80	11	3	27.3		
MHSSO	258	21	7	33.3	111	10	2	20.0		
North Care	261	5	2	40.0	571	11	2	18.2		
Wheatland	109	9	4	44.4	82	19	2	10.5		
Hope	55	0	0	0.0	27	0	0	0.0		
Community Counseling	36	0	0	0.0	0	0	0	0.0		
Carl Albert CMHC	139	1	1	100.0	33	0	0	0.0		
Red Rock West	115	31	18	58.1	0	0	0	0.0		

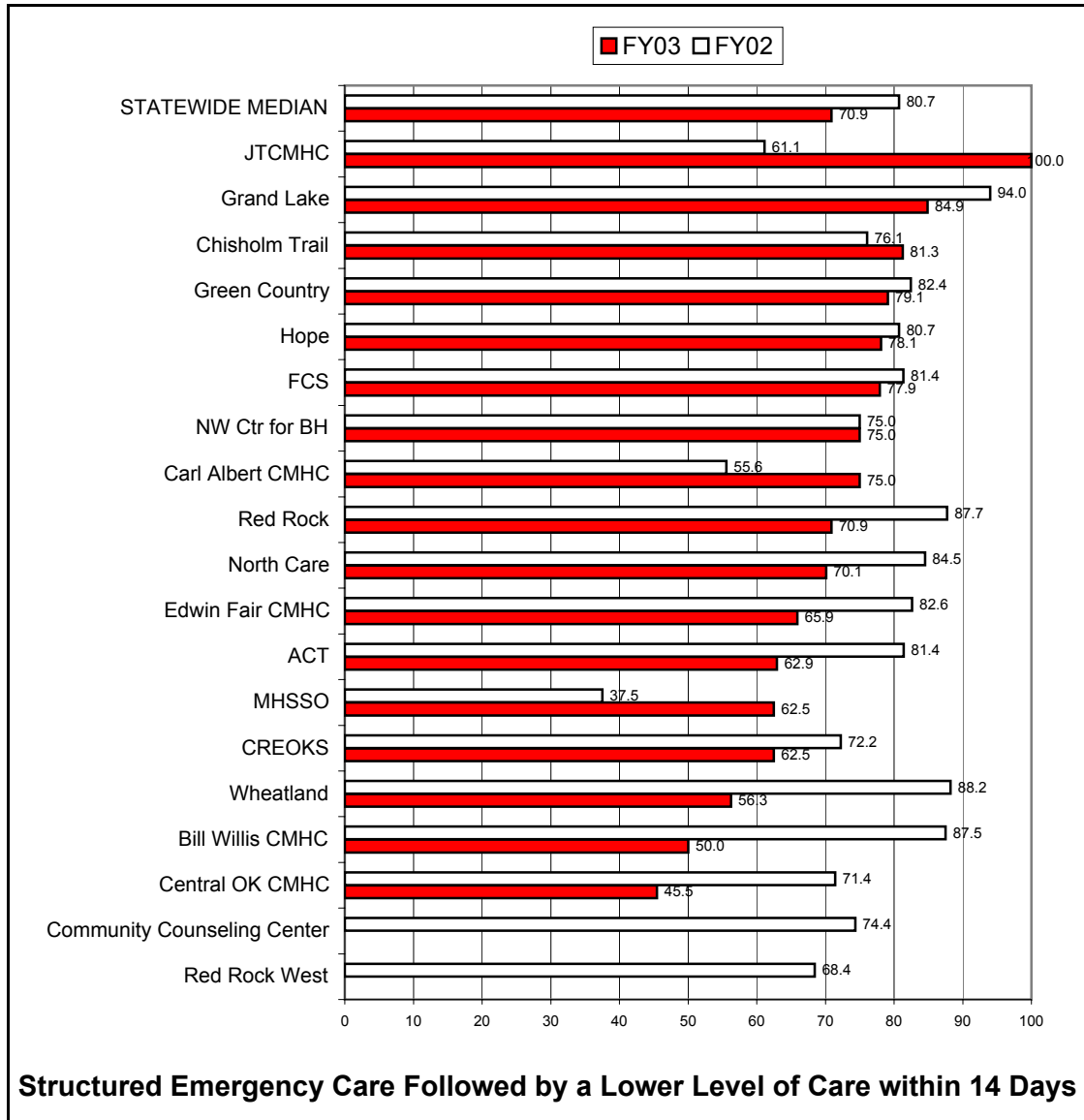
Crisis Services included hourly crisis services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

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?



Answer: In FY03 the percent of clients receiving a lower level of care within 14 days of structured emergency care varied among CMHCs from 45.5 to 100, with a statewide median of 70.9%. When compared with FY02, the percent receiving a lower level of care increased in FY03 among 4 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of structured emergency care services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details. Client must be active at a CMHC to be counted.

**Structured Emergency Care Followed by a Lower Level of Care within 14 Days
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
JTCMHC	100.00	77.90	22.10
NW Ctr for BH	75.00	59.86	15.14
Chisholm Trail	81.25	72.52	8.73
Green Country	79.09	73.33	5.76
Hope	78.13	73.00	5.12
Grand Lake	84.86	80.03	4.82
FCS	77.94	74.00	3.94
Red Rock	70.89	72.56	-1.67
North Care	70.10	73.14	-3.04
Carl Albert CMHC	75.00	78.73	-3.73
Edwin Fair CMHC	65.91	75.73	-9.82
ACT	62.92	73.89	-10.97
MHSSO	62.50	74.76	-12.26
CREOKS	62.50	75.88	-13.38
Wheatland	56.25	70.39	-14.14
Bill Willis CMHC	50.00	68.51	-18.51
Central OK CMHC	45.45	66.66	-21.21

Seven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

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	FY02				FY03				FY03 Statewide	
	Total adult clients	Adults receiving structured emergency care	Number with a lower level of care within 14 days	Percent	Total adult clients	Adults receiving structured emergency care	Number with a lower level of care within 14 days	Percent	Median	Mean
JTCMHC	2,415	18	11	61.1	1,751	1	1	100.0	70.9	70.5
Grand Lake	3,442	367	345	94.0	2,694	317	269	84.9		
Chisholm Trail	1,305	46	35	76.1	1,199	32	26	81.3		
Green Country	1,070	148	122	82.4	938	110	87	79.1		
Hope	1,070	57	46	80.7	911	64	50	78.1		
FCS	1,218	102	83	81.4	2,275	204	159	77.9		
NW Ctr for BH	1,986	4	3	75.0	1,985	4	3	75.0		
Carl Albert CMHC	2,479	9	5	55.6	2,114	4	3	75.0		
Red Rock	1,047	57	50	87.7	1,867	292	207	70.9		
North Care	1,358	71	60	84.5	2,560	204	143	70.1		
Edwin Fair CMHC	1,371	69	57	82.6	1,066	44	29	65.9		
ACT	1,195	86	70	81.4	1,369	89	56	62.9		
MHSSO	2,681	16	6	37.5	2,297	16	10	62.5		
CREOKS	1,114	18	13	72.2	864	24	15	62.5		
Wheatland	908	17	15	88.2	680	16	9	56.3		
Bill Willis CMHC	1,548	8	7	87.5	1,595	8	4	50.0		
Central OK CMHC	1,305	14	10	71.4	1,160	11	5	45.5		
Community Counseling	1,158	117	87	74.4	0	0	0	0.0		
Red Rock West	802	247	169	68.4	0	0	0	0.0		

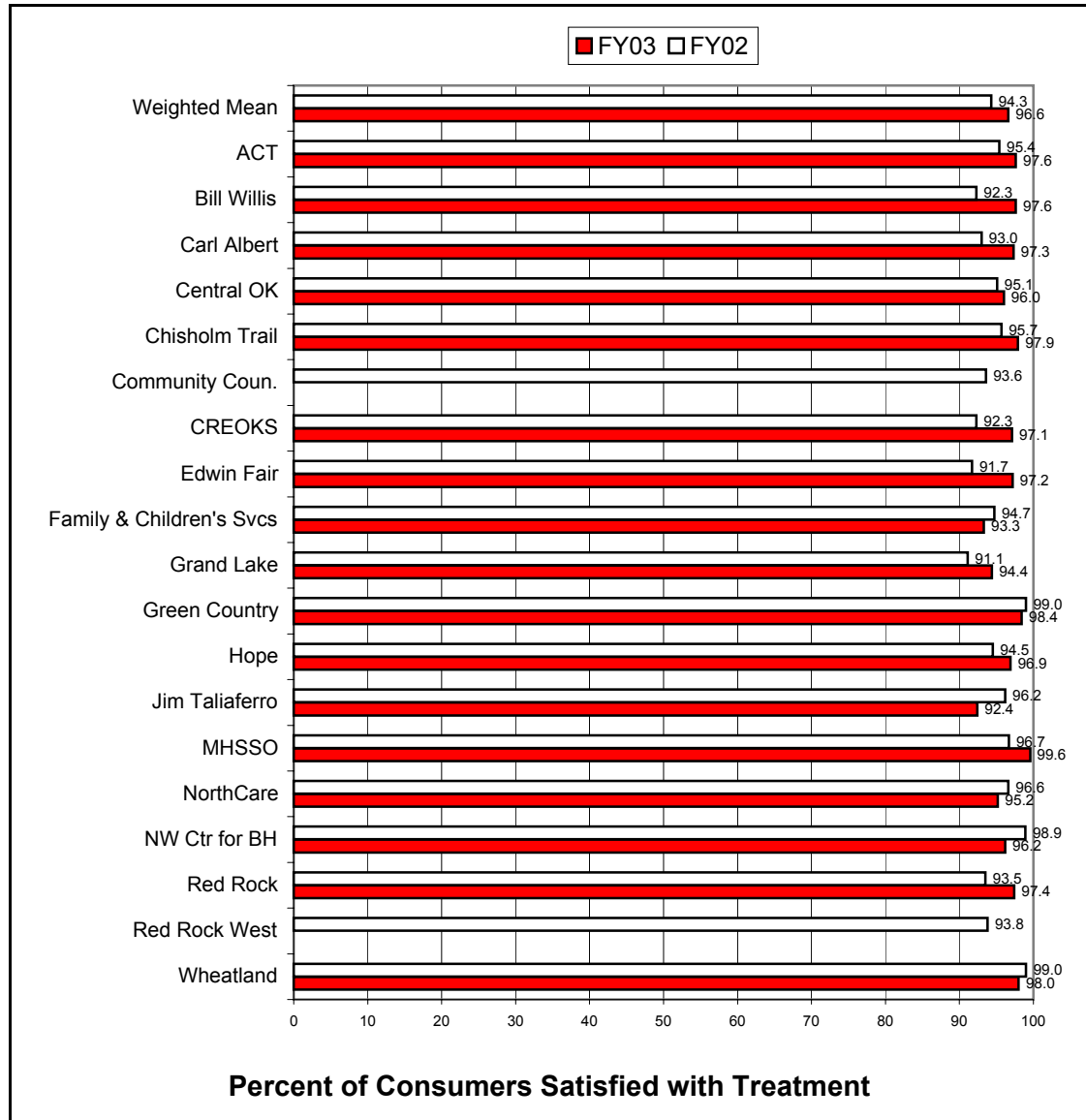
Refer to Definitions (Appendix A) for a description of structured emergency care services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

Consumer Perception of Satisfaction

Question: What percent of consumers report they are satisfied with treatment?



Answer: In FY03 the percent of consumers who reported satisfaction with treatment varied among all CMHCs from 92.4 to 99.6, with a statewide average of 96.6%. When compared with FY02, the percent increased in FY03 among 11 of the 17 CMHCs.

For some agencies, the number of responses was so small the results may not be representative of all consumers. Refer to the Definitions (Appendix A) for items measuring satisfaction.

Consumer Perception of Satisfaction

Question: What percent of consumers report they are satisfied with treatment?

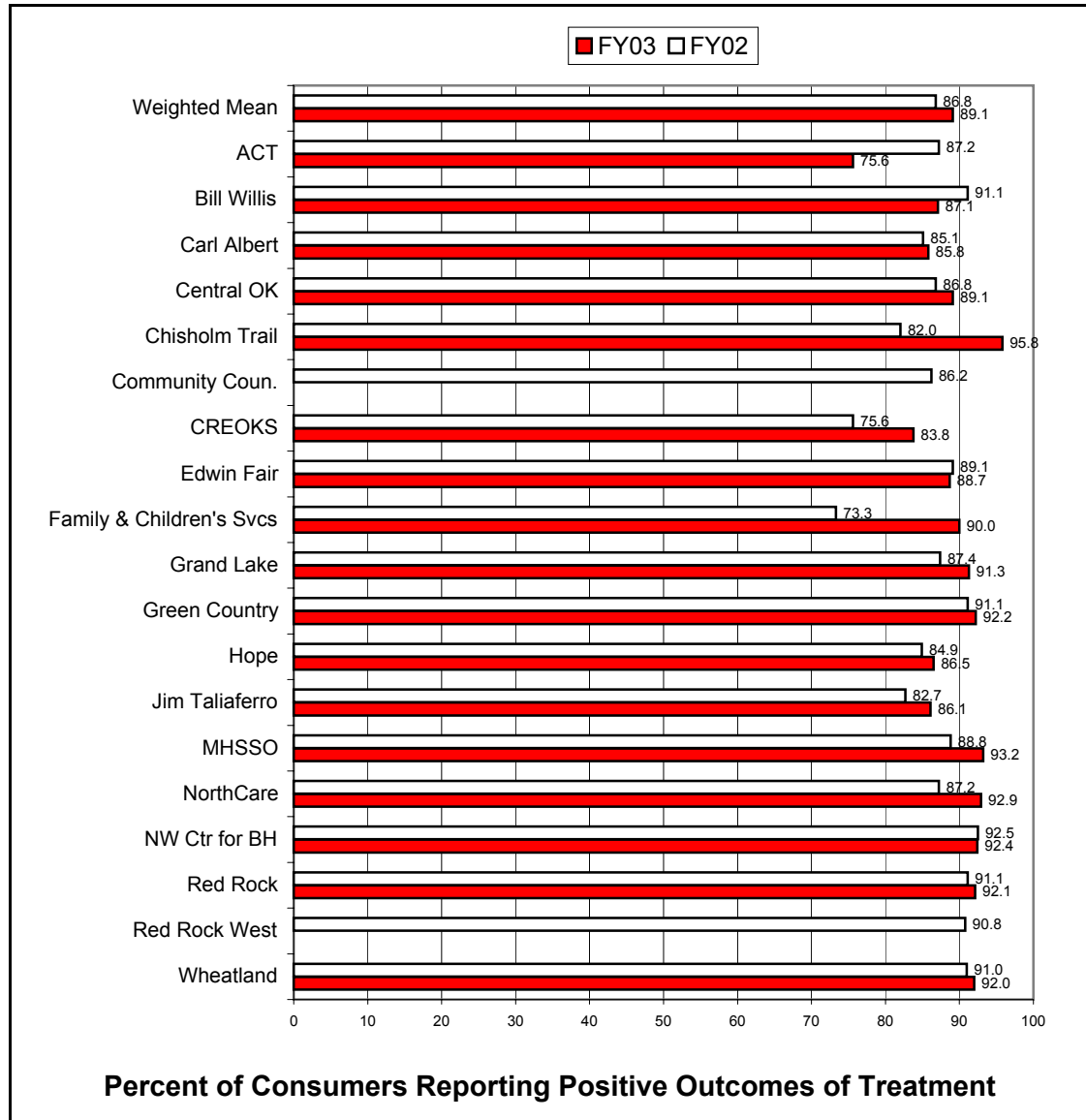
Agency	FY02		FY03		FY03 Statewide Mean
	Total clients responding to survey	Percent rating satisfaction positively	Total clients responding to survey	Percent rating satisfaction positively	
ACT	113	95.4	41	97.6	96.6
Bill Willis	171	92.3	124	97.6	
Carl Albert	216	93.0	113	97.3	
Central OK	295	95.1	174	96.0	
Chisholm Trail	93	95.7	48	97.9	
Community Coun.	280	93.6			
CREOKS	165	92.3	105	97.1	
Edwin Fair	85	91.7	71	97.2	
Family & Children's Svcs	60	94.7	30	93.3	
Grand Lake	491	91.1	356	94.4	
Green Country	100	99.0	64	98.4	
Hope	148	94.5	163	96.9	
Jim Taliaferro	107	96.2	79	92.4	
MHSSO	311	96.7	279	99.6	
NorthCare	153	96.6	84	95.2	
NW Ctr for BH	93	98.9	79	96.2	
Red Rock	175	93.5	191	97.4	
Red Rock West	85	93.8			
Wheatland	100	99.0	50	98.0	

For some agencies, the number of responses is so small the results may not be representative of all consumers.

Refer to the Definitions (Appendix A) for items measuring satisfaction.

Consumer Perception of Outcome

Question: What percent of consumers rate their outcomes of treatment positively?



Answer: In FY03 the percent of consumers who rated their outcomes of treatment positively varied among all CMHCs from 75.6 to 95.8, with a statewide average of 89.1%. When compared with FY02, the percent increased in FY03 among 13 of the 17 CMHCs.

For some agencies, the number of responses was so small the results may not be representative of all consumers. Refer to the Definitions (Appendix A) for items measuring outcomes.

Consumer Perception of Outcome

Question: What percent of consumers rate their outcomes of treatment positively?

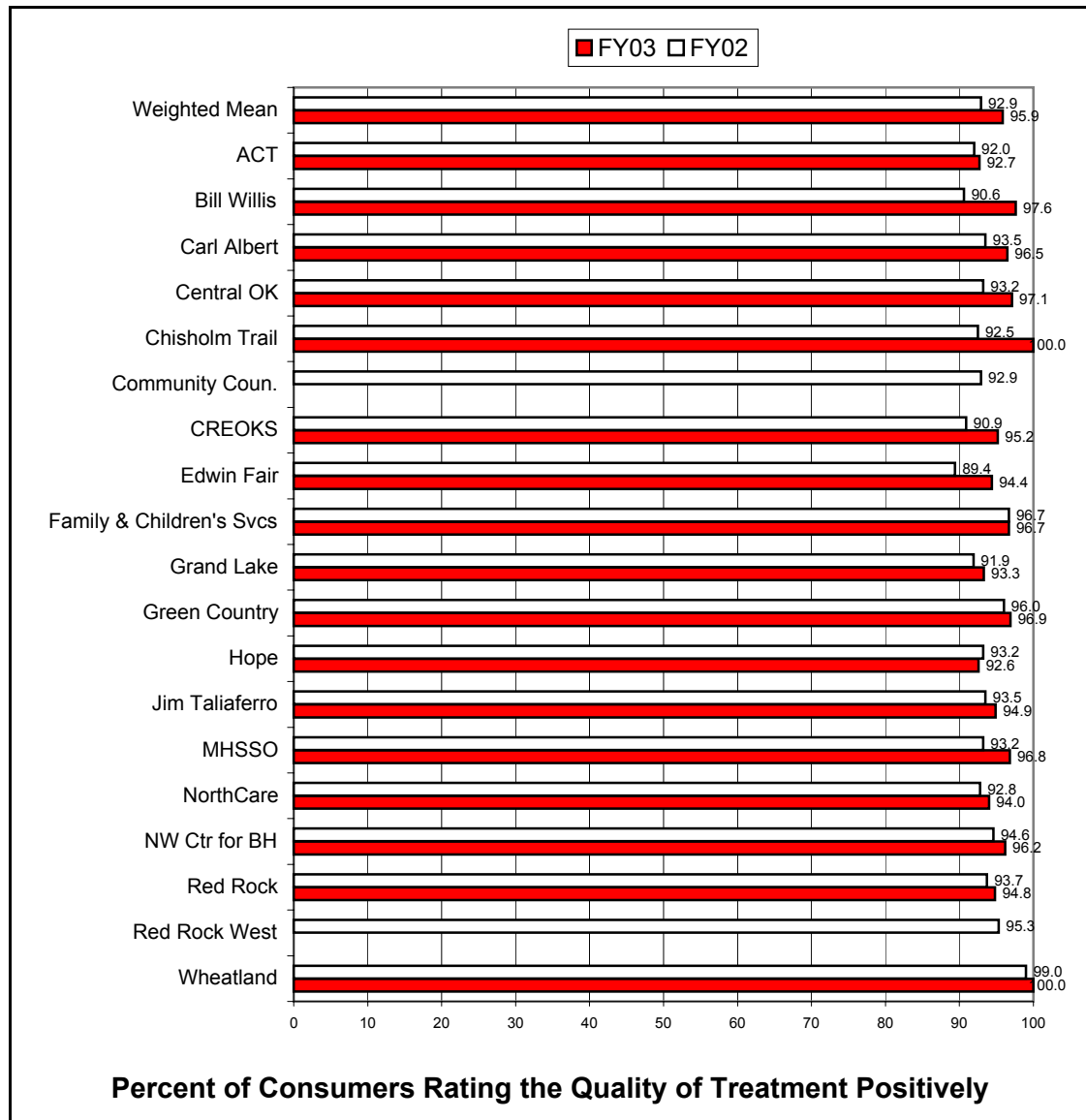
Agency	FY02		FY03		FY03 Statewide Mean
	Total clients responding to survey	Percent rating outcomes positively	Total clients responding to survey	Percent rating outcomes positively	
ACT	113	87.2	41	75.6	89.1
Bill Willis	171	91.1	124	87.1	
Carl Albert	216	85.1	113	85.8	
Central OK	295	86.8	174	89.1	
Chisholm Trail	93	82.0	48	95.8	
Community Coun.	280	86.2			
CREOKS	165	75.6	105	83.8	
Edwin Fair	85	89.1	71	88.7	
Family & Children's Svcs	60	73.3	30	90.0	
Grand Lake	491	87.4	356	91.3	
Green Country	100	91.1	64	92.2	
Hope	148	84.9	163	86.5	
Jim Taliaferro	107	82.7	79	86.1	
MHSSO	311	88.8	279	93.2	
NorthCare	153	87.2	84	92.9	
NW Ctr for BH	93	92.5	79	92.4	
Red Rock	175	91.1	191	92.1	
Red Rock West	85	90.8			
Wheatland	100	91.0	50	92.0	

For some agencies, the number of responses is so small the results may not be representative of all consumers.

Refer to the Definitions (Appendix A) for items measuring outcomes.

Consumer Perception of Quality

Question: What percent of consumers rate the quality of treatment positively?



Answer: In FY03 the percent of consumers who rated the quality of the mental health treatment they received positively varied among all CMHCs from 92.6 to 100, with a statewide average of 95.9%. When compared with FY02, the percent increased in FY03 among 15 of the 17 CMHCs.

For some agencies, the number of responses was so small the results may not be representative of all consumers. Refer to the Definitions (Appendix A) for items measuring quality of care.

Consumer Perception of Quality

Question: What percent of consumers rate the quality of treatment positively?

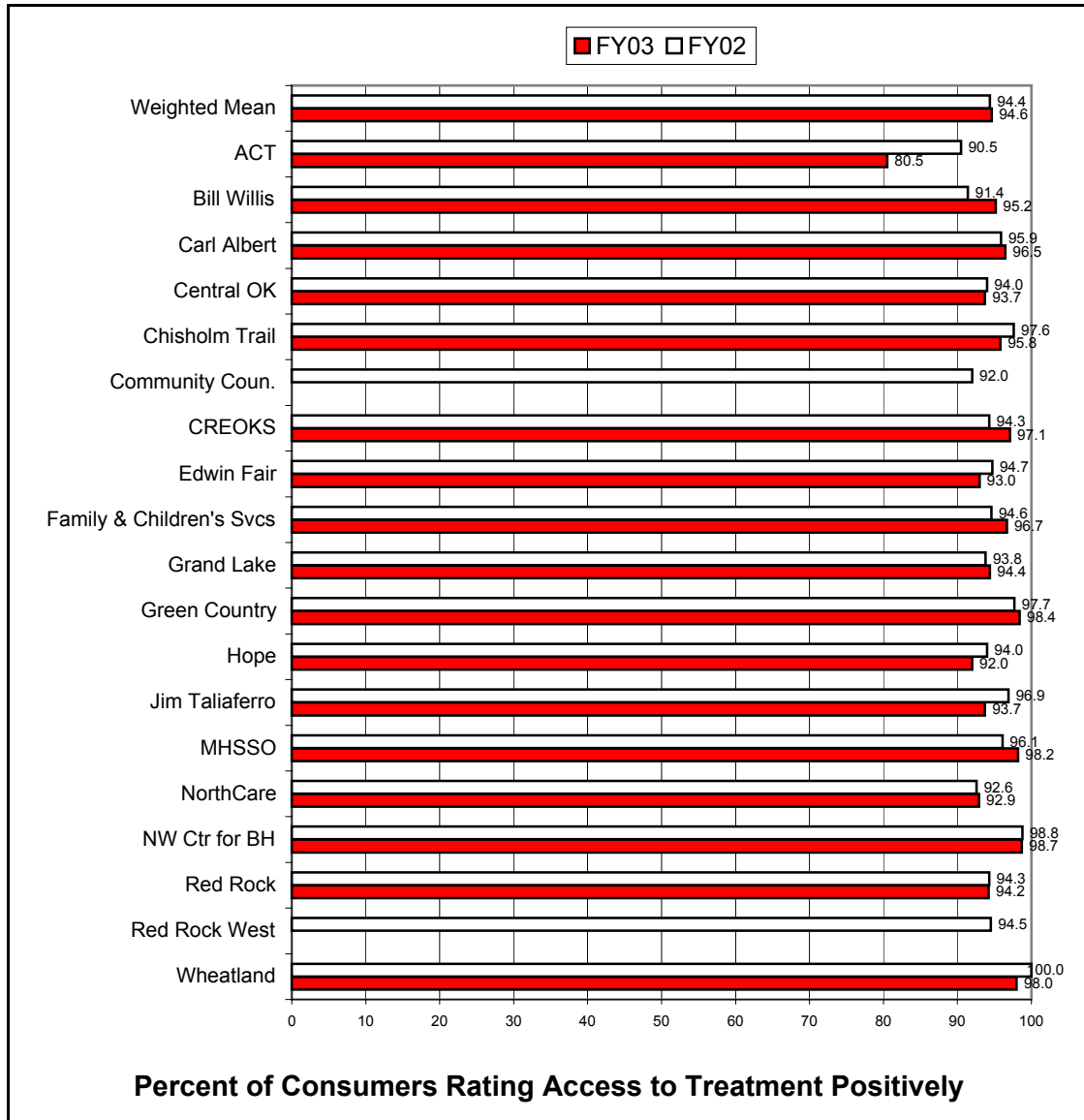
Agency	FY02		FY03		FY03 Statewide Mean
	Total clients responding to survey	Percent rating quality positively	Total clients responding to survey	Percent rating quality positively	
ACT	113	92	41	92.7	95.9
Bill Willis	171	90.6	124	97.6	
Carl Albert	216	93.5	113	96.5	
Central OK	295	93.2	174	97.1	
Chisholm Trail	93	92.5	48	100.0	
Community Coun.	280	92.9			
CREOKS	165	90.9	105	95.2	
Edwin Fair	85	89.4	71	94.4	
Family & Children's Svcs	60	96.7	30	96.7	
Grand Lake	491	91.9	356	93.3	
Green Country	100	96	64	96.9	
Hope	148	93.2	163	92.6	
Jim Taliaferro	107	93.5	79	94.9	
MHSSO	311	93.2	279	96.8	
NorthCare	153	92.8	84	94.0	
NW Ctr for BH	93	94.6	79	96.2	
Red Rock	175	93.7	191	94.8	
Red Rock West	85	95.3			
Wheatland	100	99	50	100.0	

For some agencies, the number of responses is so small the results may not be representative of all consumers.

Refer to the Definitions (Appendix A) for items measuring quality of care.

Consumer Perception of Access

Question: What percent of consumers rate access to treatment positively?



Answer: In FY03 the percent of consumers who rated access to treatment positively varied among all CMHCs from 80.5 to 98.7, with a statewide average of 94.6%. When compared with FY02, the percent increased in FY03 among 8 of the 17 CMHCs.

For some agencies, the number of responses was so small the results may not be representative of all consumers. Refer to the Definitions (Appendix A) for items measuring access.

Consumer Perception of Access

Question: What percent of consumers rate access to treatment positively?

Agency	FY02		FY03		FY03 Statewide Mean
	Total clients responding to survey	Percent rating access positively	Total clients responding to survey	Percent rating access positively	
ACT	113	90.5	41	80.5	94.6
Bill Willis	171	91.4	124	95.2	
Carl Albert	216	95.9	113	96.5	
Central OK	295	94	174	93.7	
Chisholm Trail	93	97.6	48	95.8	
Community Coun.	280	92			
CREOKS	165	94.3	105	97.1	
Edwin Fair	85	94.7	71	93.0	
Family & Children's Svcs	60	94.6	30	96.7	
Grand Lake	491	93.8	356	94.4	
Green Country	100	97.7	64	98.4	
Hope	148	94	163	92.0	
Jim Taliaferro	107	96.9	79	93.7	
MHSSO	311	96.1	279	98.2	
NorthCare	153	92.6	84	92.9	
NW Ctr for BH	93	98.8	79	98.7	
Red Rock	175	94.3	191	94.2	
Red Rock West	85	94.5			
Wheatland	100	100	50	98.0	

For some agencies, the number of responses is so small the results may not be representative of all consumers.

Refer to the Definitions (Appendix A) for items measuring access.

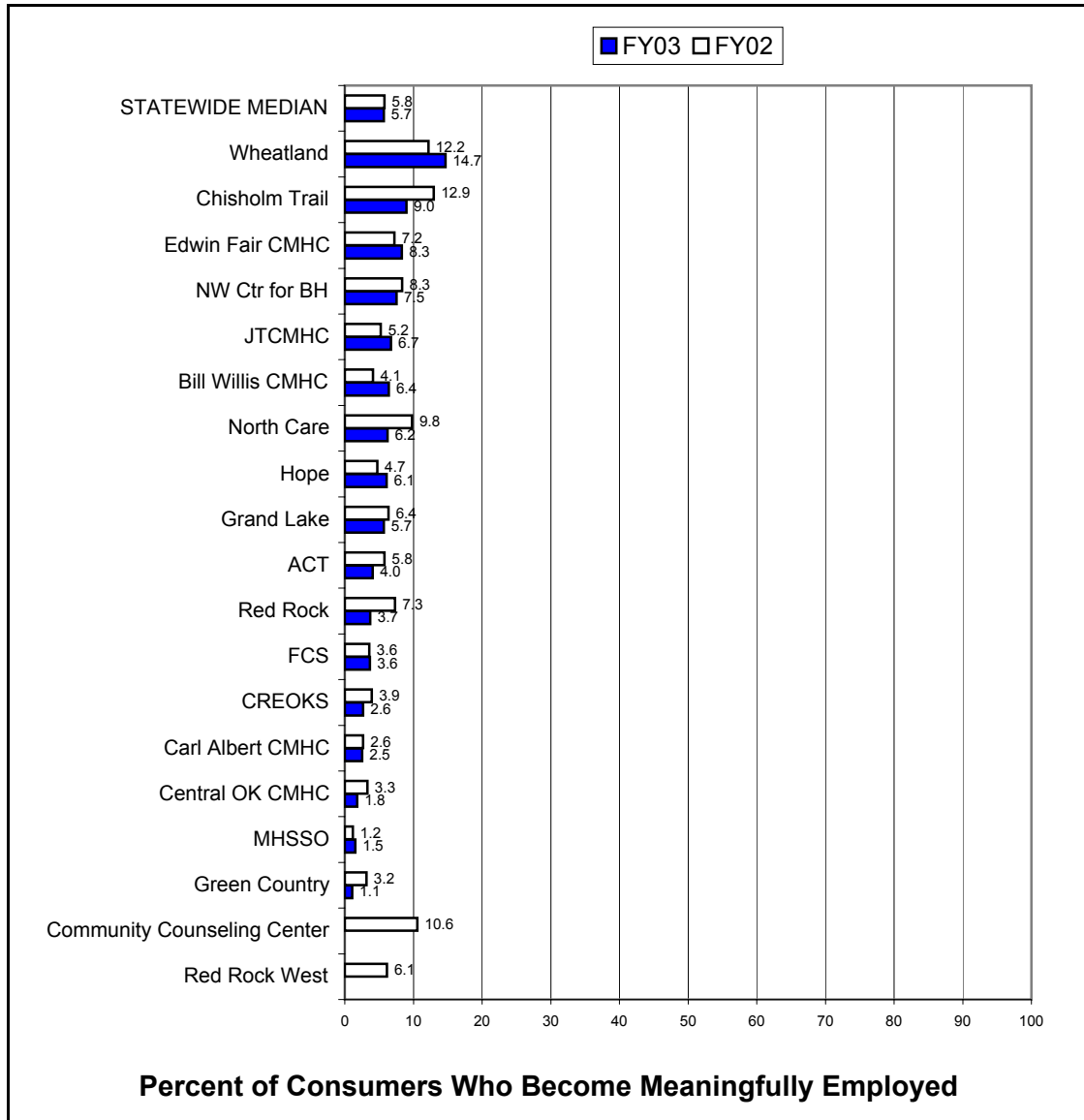


**Performance Indicators
Adults with SMI**



Adults with SMI Involvement in Meaningful Employment

Question: Of the adults with SMI not meaningfully employed at admission, what percent gained meaningful employment after receiving services?



Answer: In FY03 the percent of clients with SMI obtaining meaningful employment varied among all CMHCs from 1.1 to 14.7, with a statewide median of 5.7%. When compared with FY02, the percent increased in FY03 among 6 of the 17 CMHCs.

Refer to the Definitions (Appendix A) for a description of meaningful employment. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Adults with SMI Involvement in Meaningful Employment Adjusted for Case Mix

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Wheatland	14.68	4.57	10.12
Chisholm Trail	8.99	4.51	4.48
Edwin Fair CMHC	8.32	4.98	3.34
NW Ctr for BH	7.55	5.38	2.17
Hope	6.08	4.05	2.03
Bill Willis CMHC	6.41	4.63	1.79
JTCMHC	6.71	5.27	1.44
North Care	6.21	4.99	1.22
Grand Lake	5.70	5.40	0.30
Red Rock	3.72	4.14	-0.42
CREOKS	2.65	3.80	-1.15
ACT	4.04	5.20	-1.16
Carl Albert CMHC	2.51	4.48	-1.97
MHSSO	1.52	3.90	-2.39
FCS	3.65	6.31	-2.66
Green Country	1.08	3.96	-2.88
Central OK CMHC	1.79	5.84	-4.06

Nine of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adults with SMI Involvement in Meaningful Employment

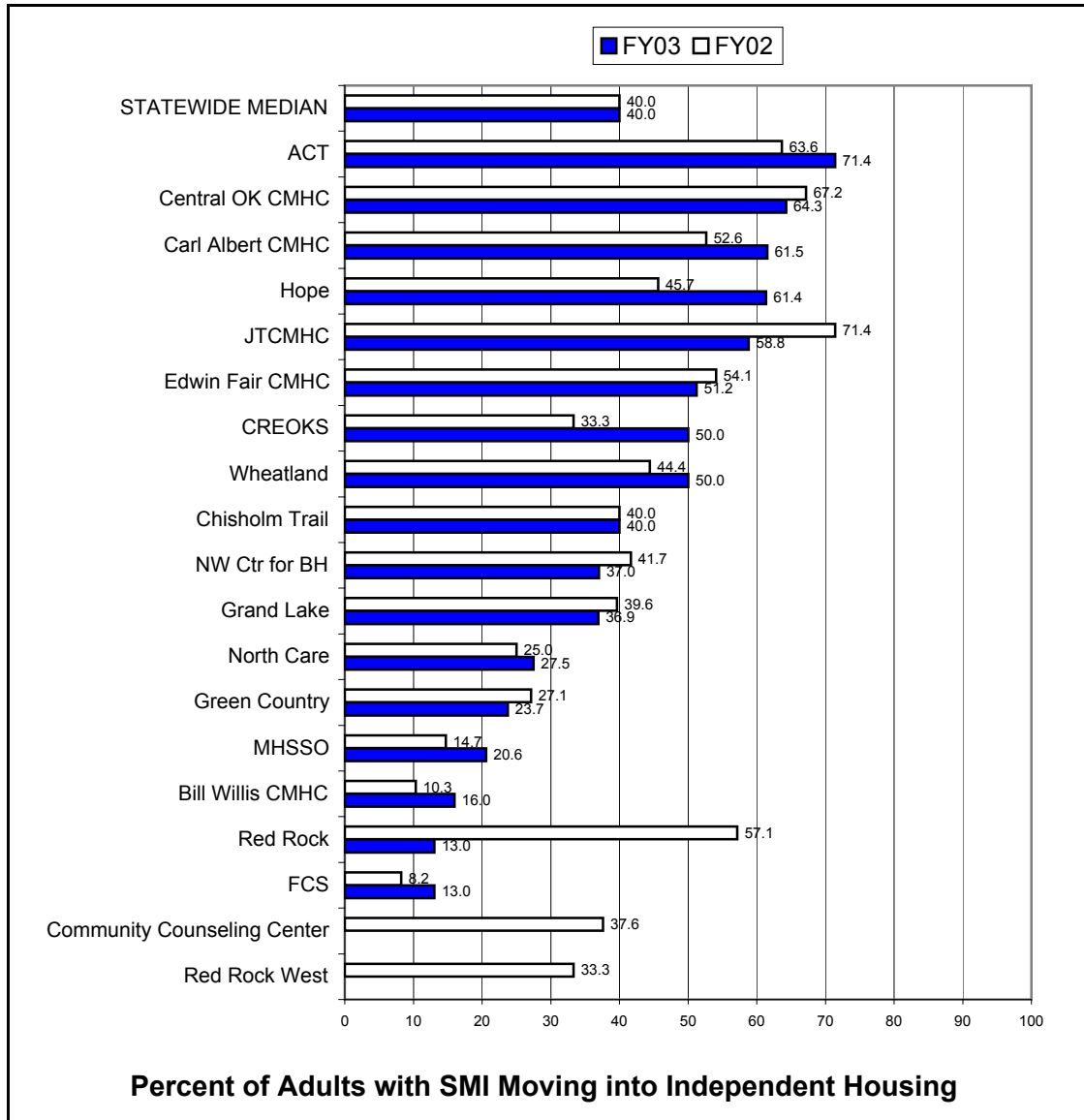
Question: Of the adults with SMI not meaningfully employed at admission, what percent gained meaningful employment after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total adults with SMI between 18 and 60 years old	Clients not employed w/ two points of measurement more than 90 days	Number of clients with improved employment status	Percent	Total adults with SMI between 18 and 60 years old	Clients not employed w/ two points of measurement more than 90 days	Number of clients with improved employment status	Percent	Median	Mean
Wheatland	686	320	39	12.2	499	252	37	14.7	5.7	5.4
Chisholm Trail	817	309	40	12.9	830	278	25	9.0		
Edwin Fair CMHC	1,073	638	46	7.2	915	553	46	8.3		
NW Ctr for BH	958	276	23	8.3	967	265	20	7.5		
JTCMHC	1,255	345	18	5.2	1,258	328	22	6.7		
Bill Willis CMHC	1,166	340	14	4.1	1,279	343	22	6.4		
North Care	1,053	439	43	9.8	2,140	660	41	6.2		
Hope	987	592	28	4.7	847	510	31	6.1		
Grand Lake	3,147	1,147	73	6.4	2,484	1,123	64	5.7		
ACT	1,150	259	15	5.8	1,315	371	15	4.0		
Red Rock	745	150	11	7.3	1,274	323	12	3.7		
FCS	1,160	168	6	3.6	2,202	768	28	3.6		
CREOKS	940	434	17	3.9	729	302	8	2.6		
Carl Albert CMHC	1,547	756	20	2.6	1,356	796	20	2.5		
Central OK CMHC	952	426	14	3.3	825	336	6	1.8		
MHSSO	2,086	1,088	13	1.2	1,815	1,056	16	1.5		
Green Country	975	411	13	3.2	869	371	4	1.1		
Community Counseling	871	350	37	10.6	0	0	0	0.0		
Red Rock West	505	244	15	6.1	0	0	0	0.0		

Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness status. Clients are only counted if their employment status at admission is unemployed or not in the work force. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Clients with a discharge status of Completed Court Treatment, Incarcerated, Death, or Failed to Begin Treatment are excluded.

Adult Consumers with SMI Living in Independent Housing

Question: Of the adults with SMI not living in independent housing at admission, what percent moved into independent housing while receiving treatment?



Answer: In FY03 the percent of the clients with SMI (age 18-60) moving to independent housing varied among all CMHCs from 13 to 71.4, with a statewide median of 40%. When compared with FY02, the percent increased in FY03 among 9 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of independent housing. Includes clients 18-60 years of age. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adult Consumers with SMI Living in Independent Housing
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
ACT	71.43	38.71	32.72
JTCMHC	58.82	27.09	31.73
Central OK CMHC	64.29	37.91	26.38
Carl Albert CMHC	61.54	40.85	20.69
Edwin Fair CMHC	51.22	33.14	18.08
CREOKS	50.00	32.04	17.96
Hope	61.36	46.20	15.17
Wheatland	50.00	37.57	12.43
Chisholm Trail	40.00	36.94	3.06
Grand Lake	36.94	35.49	1.44
NW Ctr for BH	37.04	36.58	0.46
North Care	27.48	31.11	-3.63
MHSSO	20.59	30.94	-10.35
FCS	13.04	26.12	-13.07
Green Country	23.73	37.97	-14.24
Bill Willis CMHC	16.00	37.49	-21.49
Red Rock	13.04	34.54	-21.50

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adult Consumers with SMI Living in Independent Housing

Question: Of the adults with SMI not living in independent housing at admission, what percent moved into independent housing while receiving treatment?

Agency	FY02				FY03				FY03 Statewide	
	Total adults with SMI between 18 and 60 years old	Adults not living in independent housing at admission	Adults whose housing changed to independent	Percent	Total adults with SMI between 18 and 60 years old	Adults not living in independent housing at admission	Adults whose housing changed to independent	Percent	Median	Mean
ACT	1,150	11	7	63.6	1,315	7	5	71.4	40.0	41.0
Central OK CMHC	952	64	43	67.2	825	42	27	64.3		
Carl Albert CMHC	1,547	19	10	52.6	1,356	13	8	61.5		
Hope	987	92	42	45.7	847	88	54	61.4		
JTCMHC	1,255	28	20	71.4	1,258	34	20	58.8		
Edwin Fair CMHC	1,073	61	33	54.1	915	41	21	51.2		
CREOKS	940	27	9	33.3	729	18	9	50.0		
Wheatland	686	27	12	44.4	499	16	8	50.0		
Chisholm Trail	817	20	8	40.0	830	20	8	40.0		
NW Ctr for BH	958	36	15	41.7	967	27	10	37.0		
Grand Lake	3,147	106	42	39.6	2,484	111	41	36.9		
North Care	1,053	32	8	25.0	2,140	131	36	27.5		
Green Country	975	59	16	27.1	869	59	14	23.7		
MHSSO	2,086	68	10	14.7	1,815	68	14	20.6		
Bill Willis CMHC	1,166	29	3	10.3	1,279	25	4	16.0		
Red Rock	745	14	8	57.1	1,274	23	3	13.0		
FCS	1,160	85	7	8.2	2,202	207	27	13.0		
Community Counseling	871	109	41	37.6	0	0	0	0.0		
Red Rock West	505	24	8	33.3	0	0	0	0.0		

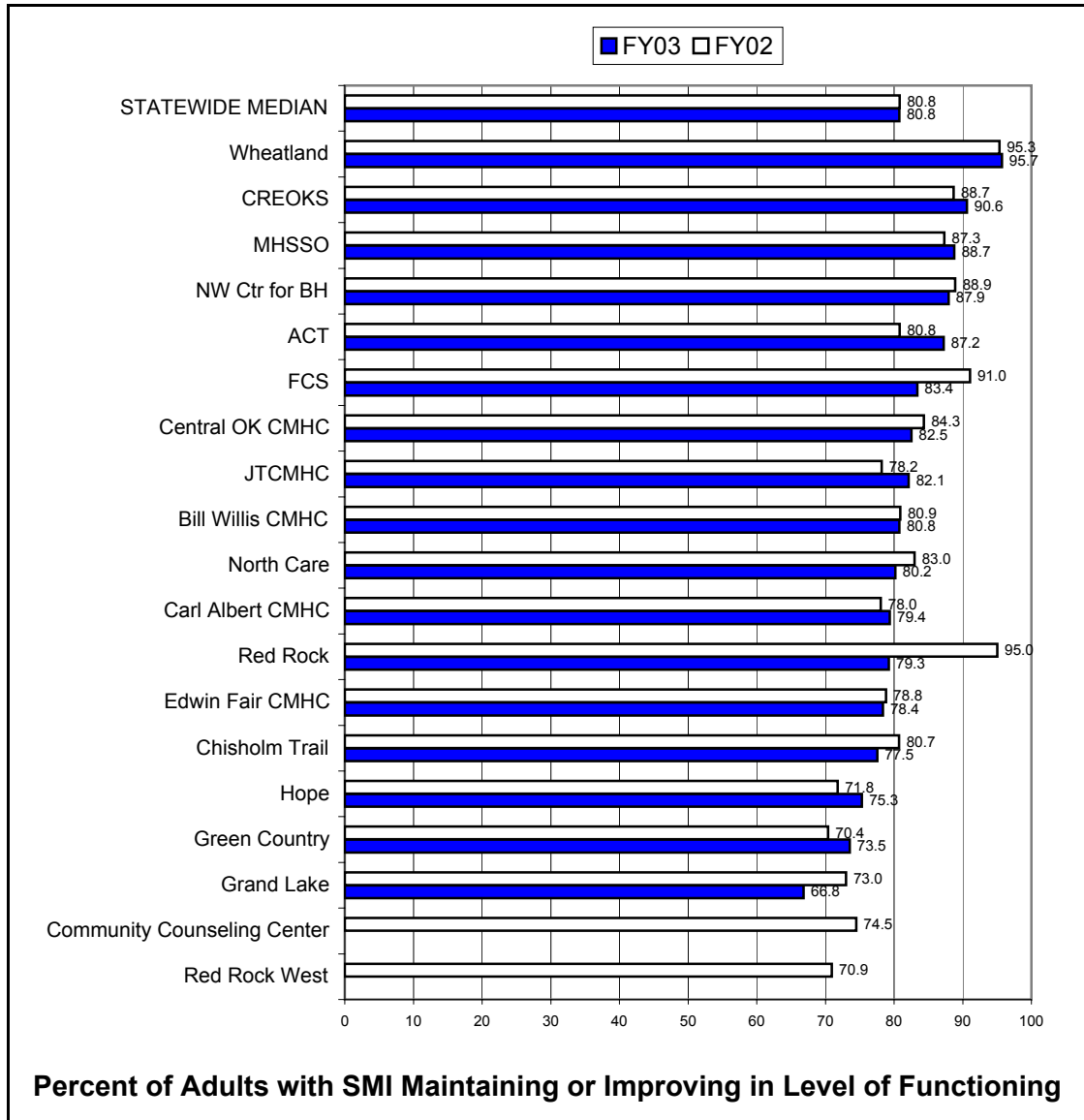
Independent housing includes Private Residence and Supported Living.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Level of Functioning for Adults with SMI (Maintained/Improved)

Question: What percent of adults with SMI maintain or achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of adults with SMI with an improved or maintained level of functioning varied among all CMHCs from 66.8 to 95.7, with a statewide median of 80.8%. When compared with FY02, the percent increased in FY03 among 8 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Level of Functioning for Adults with SMI (Maintained/Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
NW Ctr for BH	87.94	74.83	13.11
Central OK CMHC	82.53	72.00	10.53
Wheatland	95.73	86.43	9.31
FCS	83.38	76.54	6.85
CREOKS	90.61	84.73	5.88
MHSSO	88.74	83.05	5.69
ACT	87.23	82.45	4.78
JTCMHC	82.13	78.35	3.79
Carl Albert CMHC	79.39	75.88	3.51
Bill Willis CMHC	80.78	77.97	2.81
Edwin Fair CMHC	78.37	78.11	0.27
North Care	80.19	80.80	-0.61
Chisholm Trail	77.54	79.64	-2.10
Red Rock	79.25	83.54	-4.28
Hope	75.32	84.43	-9.11
Grand Lake	66.83	79.72	-12.89
Green Country	73.52	88.99	-15.46

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Level of Functioning for Adults with SMI (Maintained/Improved)

Question: What percent of adults with SMI maintain or achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total SMI adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved or maintained level of functioning	Percent	Total SMI adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved or maintained level of functioning	Percent	Median	Mean
Wheatland	729	473	451	95.3	524	375	359	95.7	80.8	81.7
CREOKS	990	601	533	88.7	766	426	386	90.6		
MHSSO	2,234	1,500	1,310	87.3	1,957	1,412	1,253	88.7		
NW Ctr for BH	1,044	433	385	88.9	1,054	431	379	87.9		
ACT	1,179	349	282	80.8	1,356	517	451	87.2		
FCS	1,202	201	183	91.0	2,269	975	813	83.4		
Central OK CMHC	1,032	606	511	84.3	897	475	392	82.5		
JTCMHC	1,346	509	398	78.2	1,333	431	354	82.1		
Bill Willis CMHC	1,248	466	377	80.9	1,358	489	395	80.8		
North Care	1,131	652	541	83.0	2,296	934	749	80.2		
Carl Albert CMHC	1,715	1,020	796	78.0	1,513	1,077	855	79.4		
Red Rock	833	201	191	95.0	1,407	429	340	79.3		
Edwin Fair CMHC	1,180	888	700	78.8	976	749	587	78.4		
Chisholm Trail	903	462	373	80.7	901	423	328	77.5		
Hope	1,040	741	532	71.8	890	624	470	75.3		
Green Country	1,023	642	452	70.4	904	559	411	73.5		
Grand Lake	3,287	1,849	1,350	73.0	2,624	1,800	1,203	66.8		
Community Counseling	989	529	394	74.5	0	0	0	0.0		
Red Rock West	558	327	232	70.9	0	0	0	0.0		

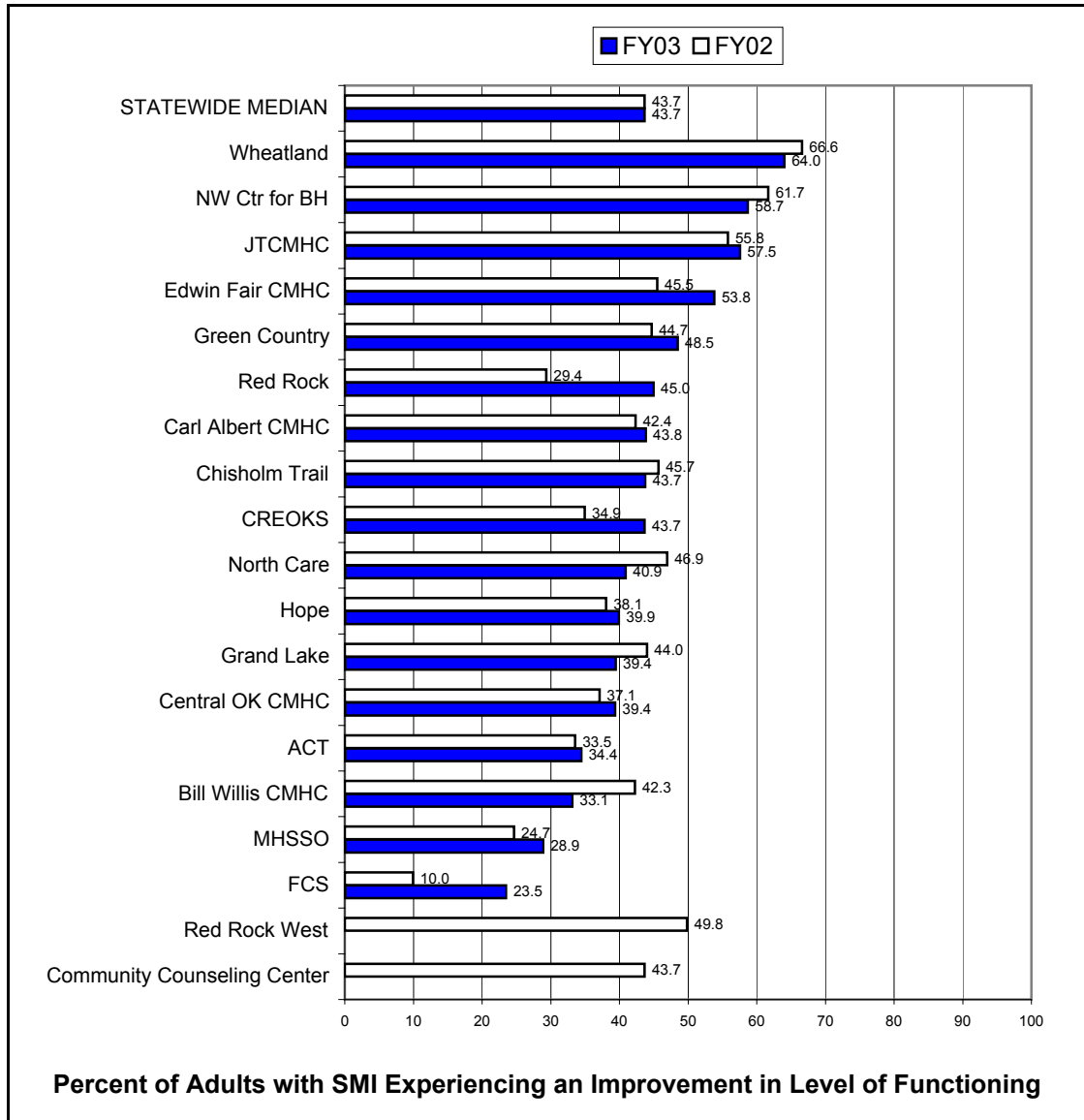
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Level of Functioning for Adults with SMI (Improved)

Question: What percent of adults with SMI achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of adults with SMI with an improved level of functioning varied among all CMHCs from 23.5 to 64, with a statewide median of 43.7%. When compared with FY02, the percent increased in FY03 among 11 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Level of Functioning for Adults with SMI (Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Wheatland	64.00	37.31	26.69
NW Ctr for BH	58.70	39.20	19.51
JTCMHC	57.54	41.11	16.44
Edwin Fair CMHC	53.81	41.25	12.56
Chisholm Trail	43.74	35.28	8.46
CREOKS	43.66	38.11	5.55
North Care	40.90	39.83	1.07
Central OK CMHC	39.37	39.20	0.17
Green Country	48.48	49.09	-0.61
Carl Albert CMHC	43.83	44.69	-0.87
Red Rock	44.99	46.16	-1.17
Hope	39.90	41.70	-1.80
FCS	23.49	28.20	-4.71
ACT	34.43	39.32	-4.89
Bill Willis CMHC	33.13	40.48	-7.35
MHSSO	28.90	36.99	-8.10
Grand Lake	39.44	48.82	-9.38

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Level of Functioning for Adults with SMI (Improved)

Question: What percent of adults with SMI achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total SMI adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Total SMI adults	Number of clients with two points of measurement more than 90 days apart	Number of clients with improved level of functioning	Percent	Median	Mean
Wheatland	729	473	315	66.6	524	375	240	64.0	43.7	43.4
NW Ctr for BH	1,044	433	267	61.7	1,054	431	253	58.7		
JTCMHC	1,346	509	284	55.8	1,333	431	248	57.5		
Edwin Fair CMHC	1,180	888	404	45.5	976	749	403	53.8		
Green Country	1,023	642	287	44.7	904	559	271	48.5		
Red Rock	833	201	59	29.4	1,407	429	193	45.0		
Carl Albert CMHC	1,715	1,020	432	42.4	1,513	1,077	472	43.8		
Chisholm Trail	903	462	211	45.7	901	423	185	43.7		
CREOKS	990	601	210	34.9	766	426	186	43.7		
North Care	1,131	652	306	46.9	2,296	934	382	40.9		
Hope	1,040	741	282	38.1	890	624	249	39.9		
Grand Lake	3,287	1,849	814	44.0	2,624	1,800	710	39.4		
Central OK CMHC	1,032	606	225	37.1	897	475	187	39.4		
ACT	1,179	349	117	33.5	1,356	517	178	34.4		
Bill Willis CMHC	1,248	466	197	42.3	1,358	489	162	33.1		
MHSSO	2,234	1,500	370	24.7	1,957	1,412	408	28.9		
FCS	1,202	201	20	10.0	2,269	975	229	23.5		
Red Rock West	558	327	163	49.8	0	0	0	0.0		
Community Counseling	989	529	231	43.7	0	0	0	0.0		

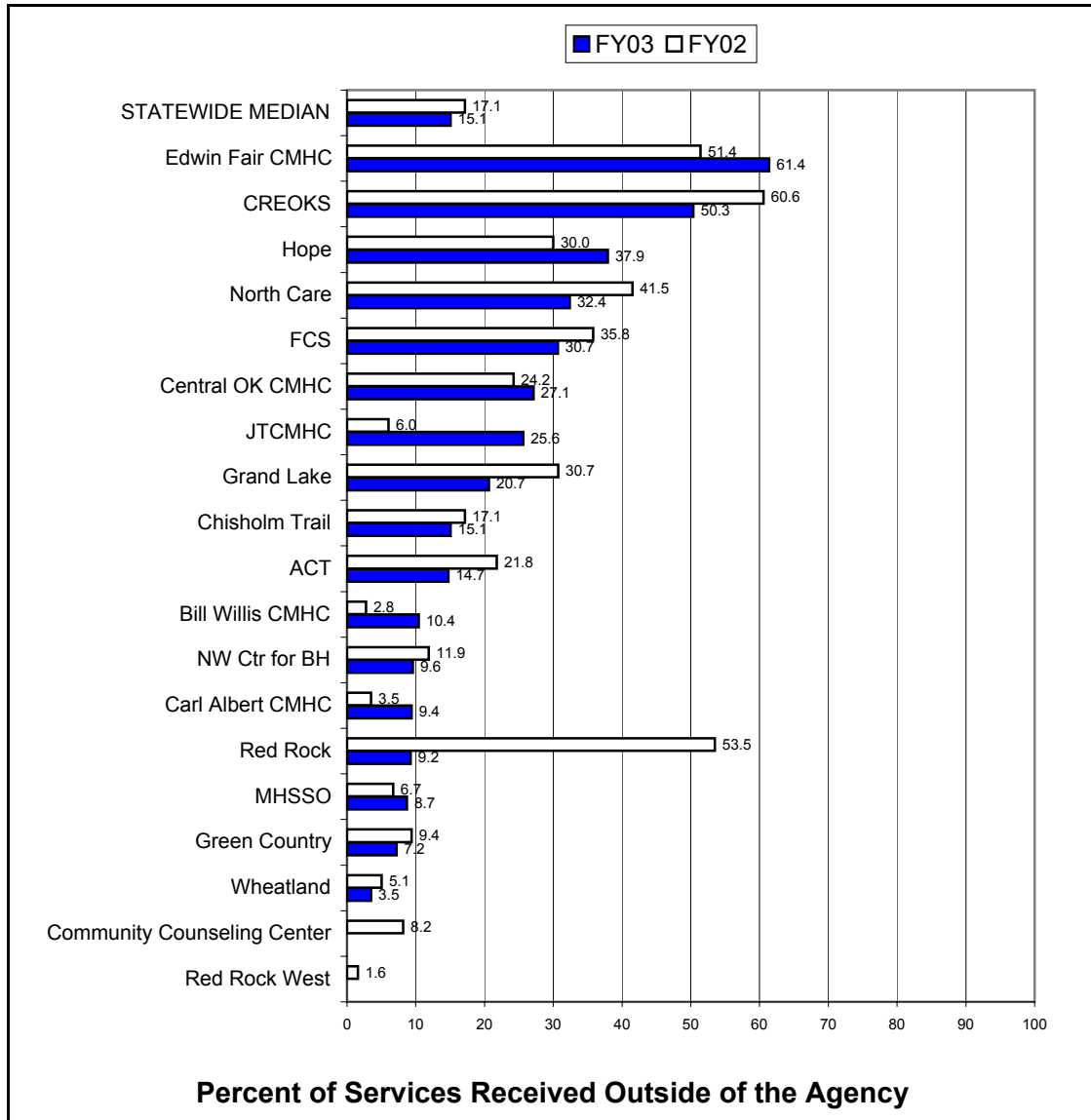
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Access to Services Received Outside of the Facility for Adults with SMI

Question: What percent of services are provided outside the facility, allowing access to services regardless of lack of transportation, physical immobility, incarceration or other restraints for adults with SMI?



Answer: In FY03 the percent of services provided outside of the agencies' physical locations for adults with SMI varied from 3.5 to 61.4, with a statewide median of 15.1%. When compared with FY02, the percent increased in FY03 among 7 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of locations outside of the provider facility. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Access to Services Received Outside of the Facility for Adults with SMI

Question: What percent of services are provided outside the facility, allowing access to services regardless of lack of transportation, physical immobility, incarceration or other restraints for adults with SMI?

Agency	FY02				FY03				FY03 Statewide	
	Total outpatient hours provided to adults with SMI	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Total outpatient hours provided to adults with SMI	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Median	Mean
Edwin Fair CMHC	67,883	21,421	11,014	51.4	56,041	16,114	9,891	61.4	15.1	22.0
CREOKS	65,158	28,848	17,474	60.6	40,870	11,936	6,010	50.3		
Hope	39,668	13,074	3,923	30.0	42,988	10,929	4,144	37.9		
North Care	32,283	11,974	4,971	41.5	63,805	20,960	6,794	32.4		
FCS	21,495	21,495	7,696	35.8	43,716	43,716	13,415	30.7		
Central OK CMHC	29,329	29,329	7,104	24.2	24,421	24,421	6,623	27.1		
JTCMHC	40,001	19,115	1,154	6.0	28,291	13,221	3,389	25.6		
Grand Lake	361,768	361,768	111,095	30.7	362,584	362,584	74,877	20.7		
Chisholm Trail	25,755	25,755	4,415	17.1	23,947	20,648	3,108	15.1		
ACT	31,593	14,855	3,234	21.8	30,827	13,311	1,963	14.7		
Bill Willis CMHC	74,438	16,434	456	2.8	92,029	16,110	1,682	10.4		
NW Ctr for BH	28,587	7,404	879	11.9	32,799	9,658	926	9.6		
Carl Albert CMHC	50,797	50,797	1,775	3.5	40,611	40,611	3,808	9.4		
Red Rock	53,263	11,841	6,333	53.5	102,832	65,844	6,083	9.2		
MHSSO	171,745	13,961	939	6.7	167,201	9,823	858	8.7		
Green Country	72,689	22,292	2,096	9.4	71,461	26,441	1,906	7.2		
Wheatland	12,674	12,674	640	5.1	7,404	7,404	258	3.5		
Community Counseling	36,368	36,368	2,978	8.2	0	0	0	0.0		
Red Rock West	53,272	53,272	856	1.6	0	0	0	0.0		

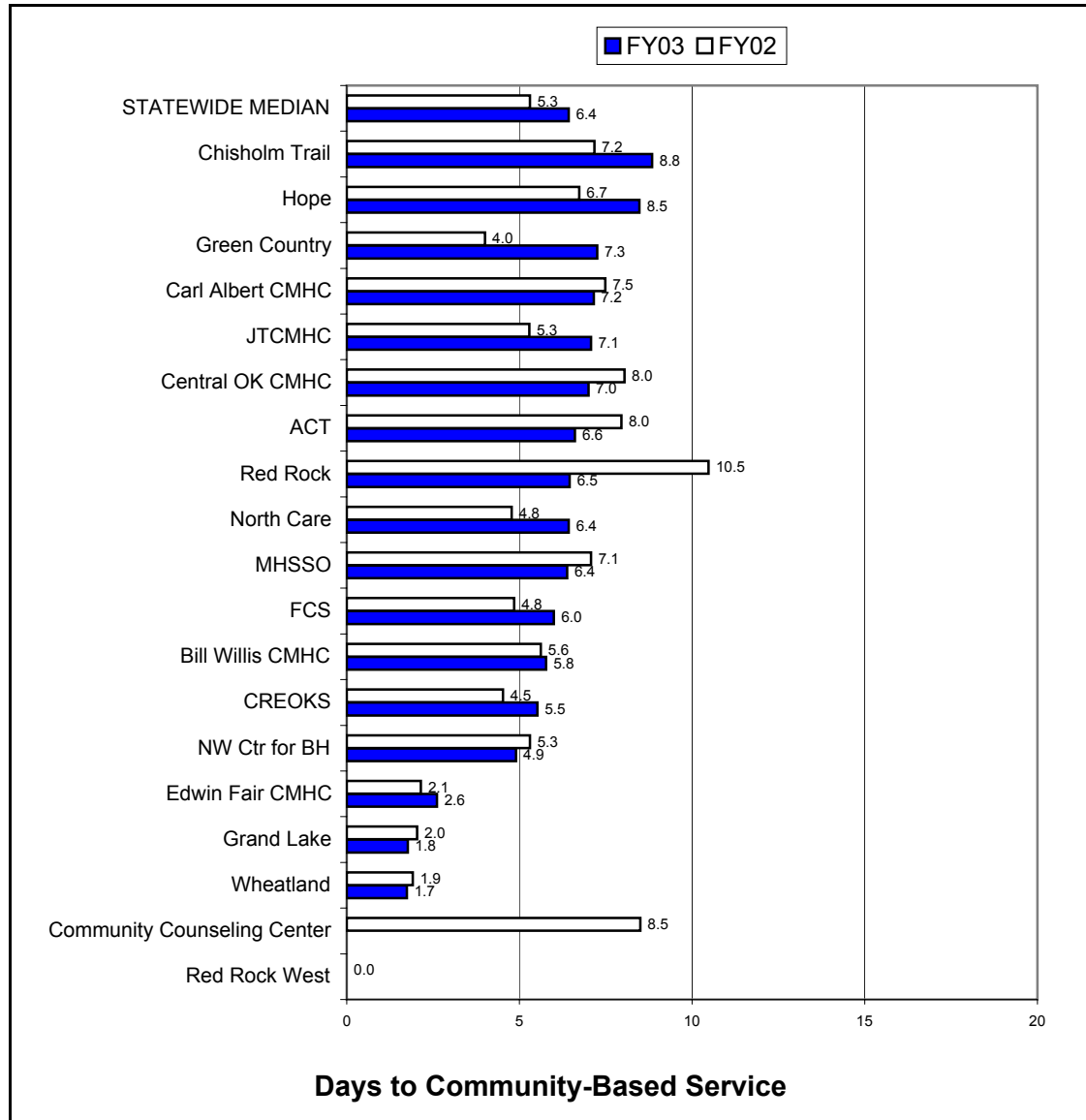
Refer to Definitions (Appendix A) for a description of locations outside of the provider facility.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Psychosocial Rehabilitation services and Day Treatment are excluded from 'Outpatient Hours which could be provided outside the agency.'

Average Number of Days from Inpatient Discharge to Community-Based Service for Adults with SMI

Question: What is the average number of days from an inpatient discharge (hospital or community-based inpatient) to community-based service for adults with SMI?



Answer: In FY03 the average number of days from inpatient discharge to community-based service for adults with SMI varied among all CMHCs from 1.7 to 8.8, with a statewide median of 6.4 days. When compared with FY02, the average number of days decreased in FY03 at 8 of the 17 CMHCs.

For this analysis, inpatient, detoxification, and crisis services are excluded from community-based services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Average Number of Days from Inpatient Discharge to Community-Based Service for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	1.77	5.81	4.04
Wheatland	1.74	5.71	3.97
Edwin Fair CMHC	2.61	5.84	3.22
NW Ctr for BH	4.90	5.75	0.85
Bill Willis CMHC	5.77	6.29	0.52
CREOKS	5.52	5.82	0.30
North Care	6.43	6.70	0.27
Red Rock	6.45	6.43	-0.03
MHSSO	6.38	6.13	-0.26
FCS	6.00	5.63	-0.37
Central OK CMHC	7.00	6.27	-0.73
ACT	6.61	5.71	-0.90
Carl Albert CMHC	7.13	6.05	-1.08
Green Country	7.25	6.15	-1.10
JTCMHC	7.07	5.60	-1.48
Hope	8.48	6.77	-1.70
Chisholm Trail	8.84	7.09	-1.75

Seven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Average Number of Days from Inpatient Discharge to Community-Based Service for Adults with SMI

Question: What is the average number of days from an inpatient discharge (hospital or community-based inpatient) to community-based service for adults with SMI?

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Inpatient discharges	Number receiving a follow-up service within 30 days	Average number of days from inpatient discharge to follow-up	Total adult SMI clients	Inpatient discharges	Number receiving a follow-up service within 30 days	Average number of days from inpatient discharge to follow-up	Median	Mean
Chisholm Trail	910	56	40	7.2	906	63	37	8.8	6.4	5.9
Hope	1,040	155	87	6.7	891	201	103	8.5		
Green Country	1,023	4	1	4.0	904	13	8	7.3		
Carl Albert CMHC	1,722	346	312	7.5	1,523	277	239	7.2		
JTCMHC	1,360	282	259	5.3	1,337	356	312	7.1		
Central OK CMHC	1,037	465	317	8.0	901	450	297	7.0		
ACT	1,180	108	84	8.0	1,355	86	61	6.6		
Red Rock	833	244	108	10.5	1,412	249	143	6.5		
North Care	1,132	92	57	4.8	2,300	447	220	6.4		
MHSSO	2,241	672	455	7.1	1,966	482	325	6.4		
FCS	1,202	150	102	4.8	2,270	334	240	6.0		
Bill Willis CMHC	1,253	248	167	5.6	1,360	298	185	5.8		
CREOKS	993	91	71	4.5	772	65	46	5.5		
NW Ctr for BH	1,051	99	94	5.3	1,068	121	112	4.9		
Edwin Fair CMHC	1,180	81	67	2.1	977	61	54	2.6		
Grand Lake	3,287	243	225	2.0	2,624	162	146	1.8		
Wheatland	731	138	123	1.9	528	117	97	1.7		
Community Counseling	990	277	143	8.5	0	0	0	0.0		
Red Rock West	559	6	6	0.0	0	0	0	0.0		

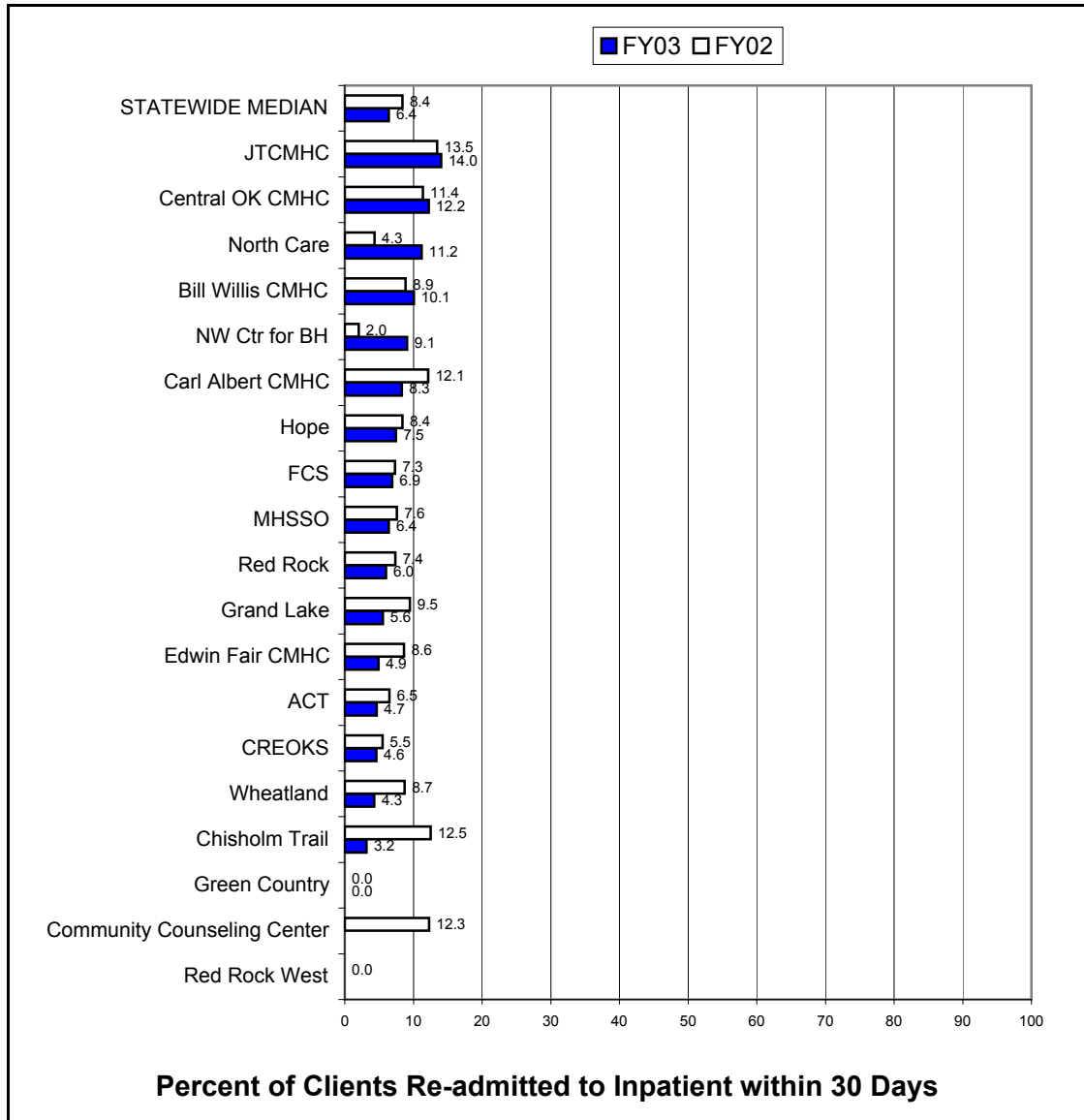
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included in community-based services.

Inpatient Re-admissions within 30 Days for Adults with SMI

Question: What percent of adults with SMI are discharged from a state hospital or CMHC inpatient unit and re-admitted to inpatient within 30 days of discharge?



Answer: In FY03 the percent of adults with SMI re-admitted within 30 days of discharge from inpatient varied among all CMHCs from 0 to 14, with a statewide median of 6.4%. When compared with FY02, the percent decreased in FY03 among 11 of the 17 CMHCs.

Inpatient re-admissions include both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Inpatient Re-admissions within 30 Days for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Green Country	0.00	9.08	9.08
Wheatland	4.27	11.68	7.41
Edwin Fair CMHC	4.92	10.60	5.68
Chisholm Trail	3.17	8.16	4.99
CREOKS	4.62	8.33	3.72
ACT	4.65	8.21	3.56
Red Rock	6.02	8.64	2.62
MHSSO	6.43	7.92	1.49
FCS	6.89	8.35	1.46
Grand Lake	5.56	6.90	1.34
Hope	7.46	8.09	0.63
NW Ctr for BH	9.09	9.59	0.50
Carl Albert CMHC	8.36	8.10	-0.27
Bill Willis CMHC	10.07	8.86	-1.21
North Care	11.19	8.70	-2.49
Central OK CMHC	12.22	8.83	-3.39
JTCMHC	14.04	10.16	-3.88

Twelve of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Inpatient Re-admissions within 30 Days for Adults with SMI

Question: What percent of adults with SMI are discharged from a state hospital or CMHC inpatient unit and re-admitted to inpatient within 30 days of discharge?

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Inpatient discharges	Number re-admitted to hospital or CMHC inpatient	Percent	Total adult SMI clients	Inpatient discharges	Number re-admitted to hospital or CMHC inpatient	Percent	Median	Mean
JTCMHC	1,360	282	38	13.5	1,337	356	50	14.0	6.4	7.0
Central OK CMHC	1,037	465	53	11.4	901	450	55	12.2		
North Care	1,132	92	4	4.3	2,300	447	50	11.2		
Bill Willis CMHC	1,253	248	22	8.9	1,360	298	30	10.1		
NW Ctr for BH	1,051	99	2	2.0	1,068	121	11	9.1		
Carl Albert CMHC	1,722	346	42	12.1	1,523	277	23	8.3		
Hope	1,040	155	13	8.4	891	201	15	7.5		
FCS	1,202	150	11	7.3	2,270	334	23	6.9		
MHSSO	2,241	672	51	7.6	1,966	482	31	6.4		
Red Rock	833	244	18	7.4	1,412	249	15	6.0		
Grand Lake	3,287	243	23	9.5	2,624	162	9	5.6		
Edwin Fair CMHC	1,180	81	7	8.6	977	61	3	4.9		
ACT	1,180	108	7	6.5	1,355	86	4	4.7		
CREOKS	993	91	5	5.5	772	65	3	4.6		
Wheatland	731	138	12	8.7	528	117	5	4.3		
Chisholm Trail	910	56	7	12.5	906	63	2	3.2		
Green Country	1,023	4	0	0.0	904	13	0	0.0		
Community Counseling	990	277	34	12.3	0	0	0	0.0		
Red Rock West	559	6	0	0.0	0	0	0	0.0		

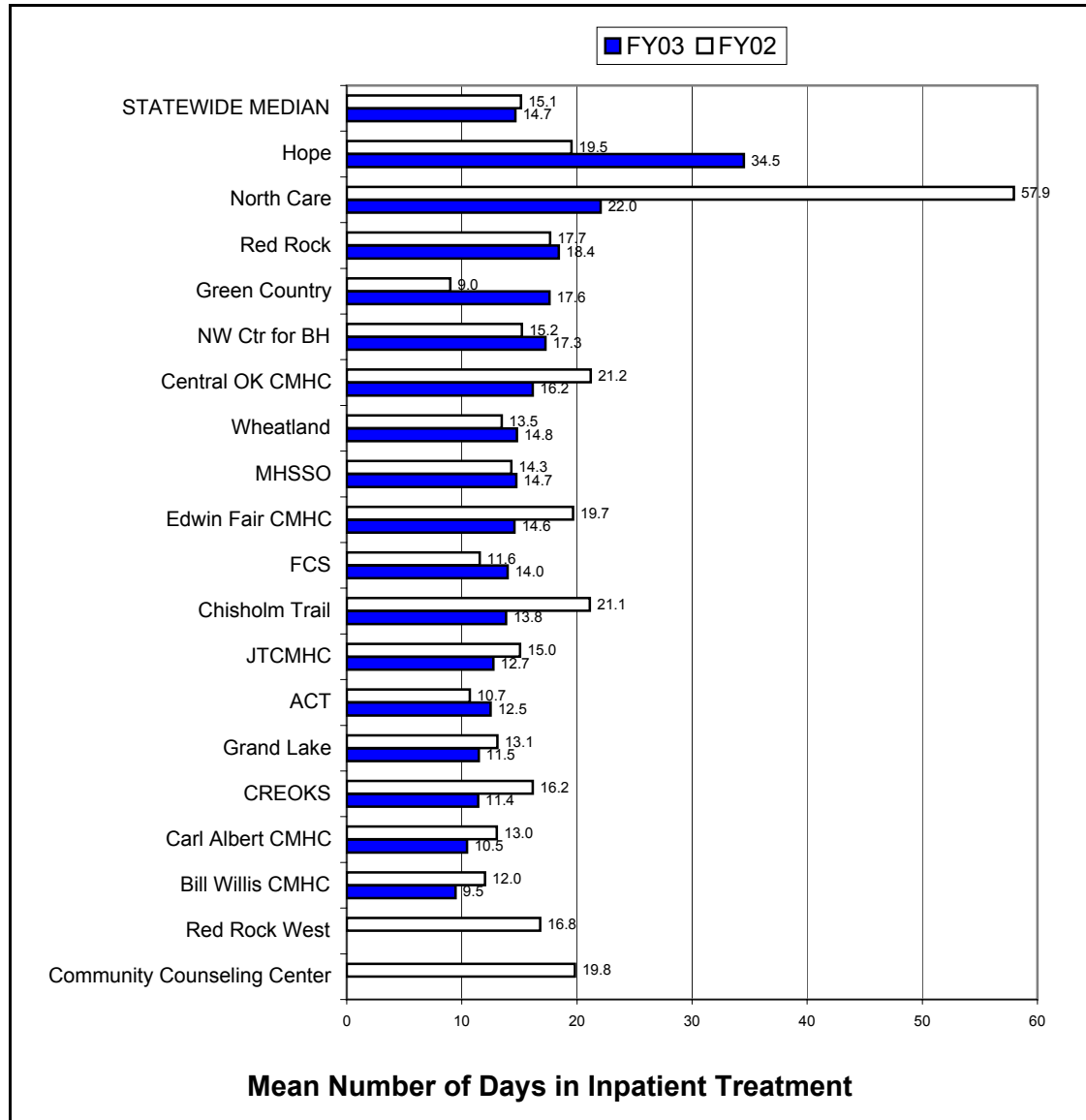
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included.

Length of Inpatient Stay for Adults with SMI

Question: What is the mean number of days spent in inpatient treatment for adults with SMI?



Answer: In FY03 the average number of inpatient days for adults with SMI varied among all CMHCs from 9.5 to 34.5, with a statewide mean of 14.7 days. When compared with FY02, the average number of days decreased in FY03 at 9 of the 17 CMHCs.

Inpatient days include both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Length of Inpatient Stay for Adults with SMI

Question: What is the mean number of days spent in inpatient treatment for adults with SMI?

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Number of adult SMI clients discharged from inpatient treatment	Total days of service	Mean length of stay	Total adult SMI clients	Number of adult SMI clients discharged from inpatient treatment	Total days of service	Mean length of stay	Median	Mean
Hope	1,040	57	1,035	19.5	891	47	1,380	34.5	14.7	16.3
North Care	1,132	32	2,202	57.9	2,300	137	2,447	22.0		
Red Rock	833	67	989	17.7	1,412	110	1,769	18.4		
Green Country	1,023	1	9	9.0	904	5	88	17.6		
NW Ctr for BH	1,051	99	1,353	15.2	1,068	119	1,796	17.3		
Central OK CMHC	1,037	176	2,627	21.2	901	159	1,746	16.2		
Wheatland	731	114	1,292	13.5	528	91	1,154	14.8		
MHSSO	2,241	544	5,338	14.3	1,966	363	3,758	14.7		
Edwin Fair CMHC	1,180	70	1,199	19.7	977	50	656	14.6		
FCS	1,202	71	740	11.6	2,270	115	1,341	14.0		
Chisholm Trail	910	33	612	21.1	906	23	263	13.8		
JTCMHC	1,360	278	3,115	15.0	1,337	337	2,967	12.7		
ACT	1,180	61	620	10.7	1,355	33	350	12.5		
Grand Lake	3,287	219	2,551	13.1	2,624	132	1,364	11.5		
CREOKS	993	55	824	16.2	772	41	411	11.4		
Carl Albert CMHC	1,722	341	3,102	13.0	1,523	258	1,925	10.5		
Bill Willis CMHC	1,253	223	2,305	12.0	1,360	286	2,224	9.5		
Red Rock West	559	6	84	16.8	0	0	0	0.0		
Community Counseling	990	96	1,545	19.8	0	0	0	0.0		

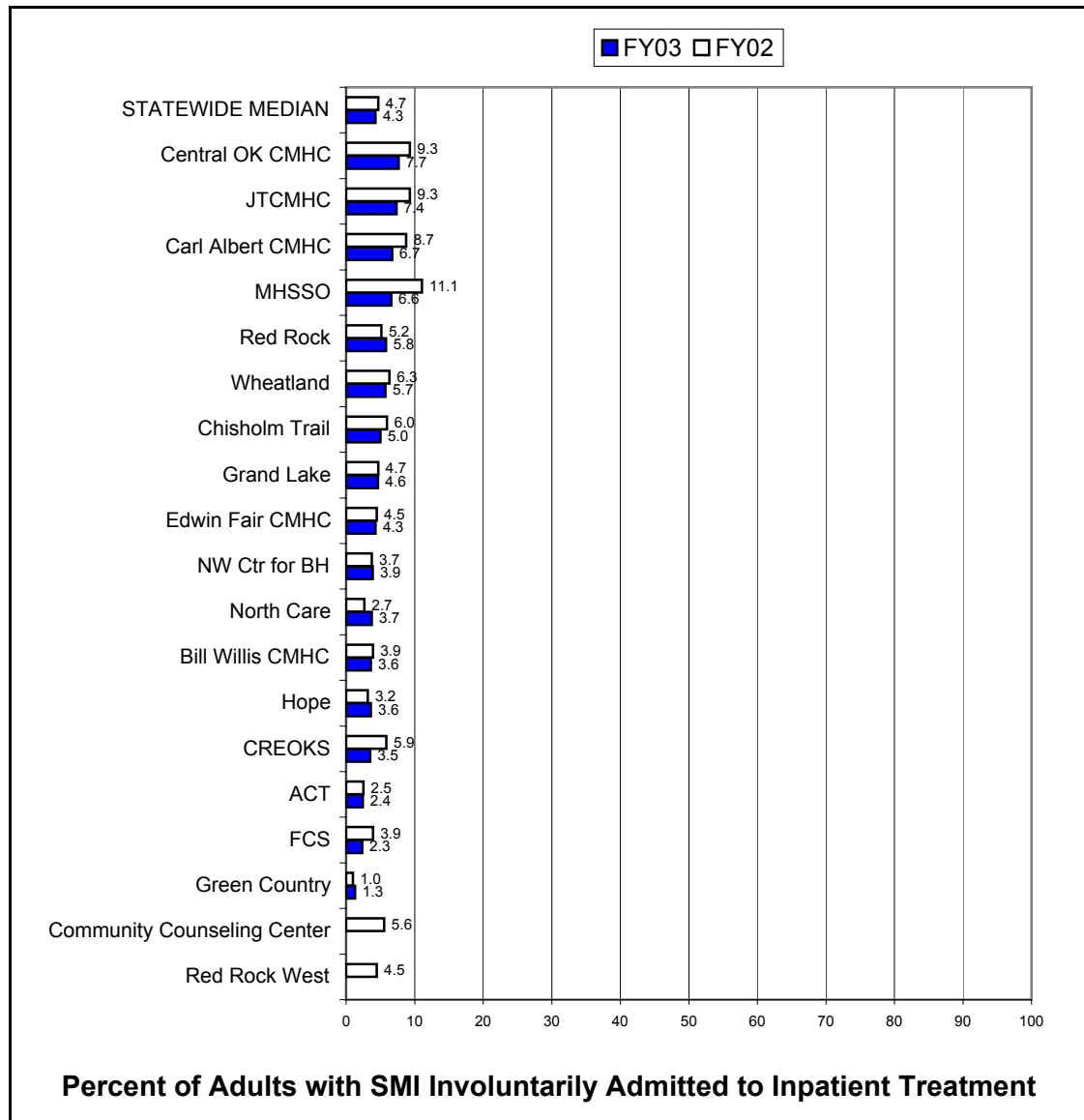
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included.

Adults with SMI Involuntarily Admitted to Inpatient Treatment

Question: What percent of adult with SMI are admitted involuntarily to inpatient treatment?



Answer: In FY03 the percent of adults with SMI admitted involuntarily to inpatient treatment varied among all CMHCs from 1.3 to 7.7, with a statewide median of 4.3%. When compared with FY02, the percent decreased in FY03 among 11 of the 17 CMHCs.

Refer to Definitions (Appendix A) for description of involuntary admission. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Adults with SMI Involuntarily Admitted to Inpatient Treatment
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	4.65	8.82	4.17
NW Ctr for BH	3.85	6.62	2.78
Bill Willis CMHC	3.60	6.18	2.59
ACT	2.43	4.71	2.28
Carl Albert CMHC	6.71	7.43	0.72
Green Country	1.33	1.77	0.45
North Care	3.74	3.90	0.16
Red Rock	5.81	5.52	-0.28
Edwin Fair CMHC	4.30	3.80	-0.50
FCS	2.34	1.73	-0.60
CREOKS	3.51	2.36	-1.15
Hope	3.59	1.51	-2.08
Chisholm Trail	4.97	2.36	-2.62
Central OK CMHC	7.67	5.00	-2.67
JTCMHC	7.32	4.63	-2.70
MHSSO	6.57	3.02	-3.55
Wheatland	5.69	1.93	-3.76

Seven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Adults with SMI Involuntarily Admitted to Inpatient Treatment

Question: What percent of adult with SMI are admitted involuntarily to inpatient treatment?

Agency	FY02				FY03				FY03 Statewide	
	Total clients	Total adult SMI clients	Number involuntarily admitted	Percent	Total clients	Total adult SMI clients	Number involuntarily admitted	Percent	Median	Mean
Central OK CMHC	1,595	1,032	96	9.3	1,468	897	69	7.7	4.3	4.6
JTCMHC	2,789	1,346	125	9.3	2,010	1,333	98	7.4		
Carl Albert CMHC	2,618	1,715	150	8.7	2,147	1,513	102	6.7		
MHSSO	2,939	2,234	247	11.1	2,408	1,957	129	6.6		
Red Rock	1,352	833	43	5.2	2,215	1,407	82	5.8		
Wheatland	1,017	729	46	6.3	762	524	30	5.7		
Chisholm Trail	1,561	903	54	6.0	1,541	901	45	5.0		
Grand Lake	3,621	3,287	154	4.7	2,774	2,624	122	4.6		
Edwin Fair CMHC	1,545	1,180	53	4.5	1,216	976	42	4.3		
NW Ctr for BH	2,271	1,044	39	3.7	2,289	1,054	41	3.9		
North Care	1,619	1,131	30	2.7	3,131	2,296	86	3.7		
Bill Willis CMHC	1,807	1,248	49	3.9	1,835	1,358	49	3.6		
Hope	1,125	1,040	33	3.2	938	890	32	3.6		
CREOKS	1,326	990	58	5.9	955	766	27	3.5		
ACT	1,311	1,179	30	2.5	1,528	1,356	33	2.4		
FCS	1,294	1,202	47	3.9	2,381	2,269	53	2.3		
Green Country	1,298	1,023	10	1.0	1,069	904	12	1.3		
Community Counseling	1,194	989	55	5.6	0	0	0	0.0		
Red Rock West	917	558	25	4.5	0	0	0	0.0		

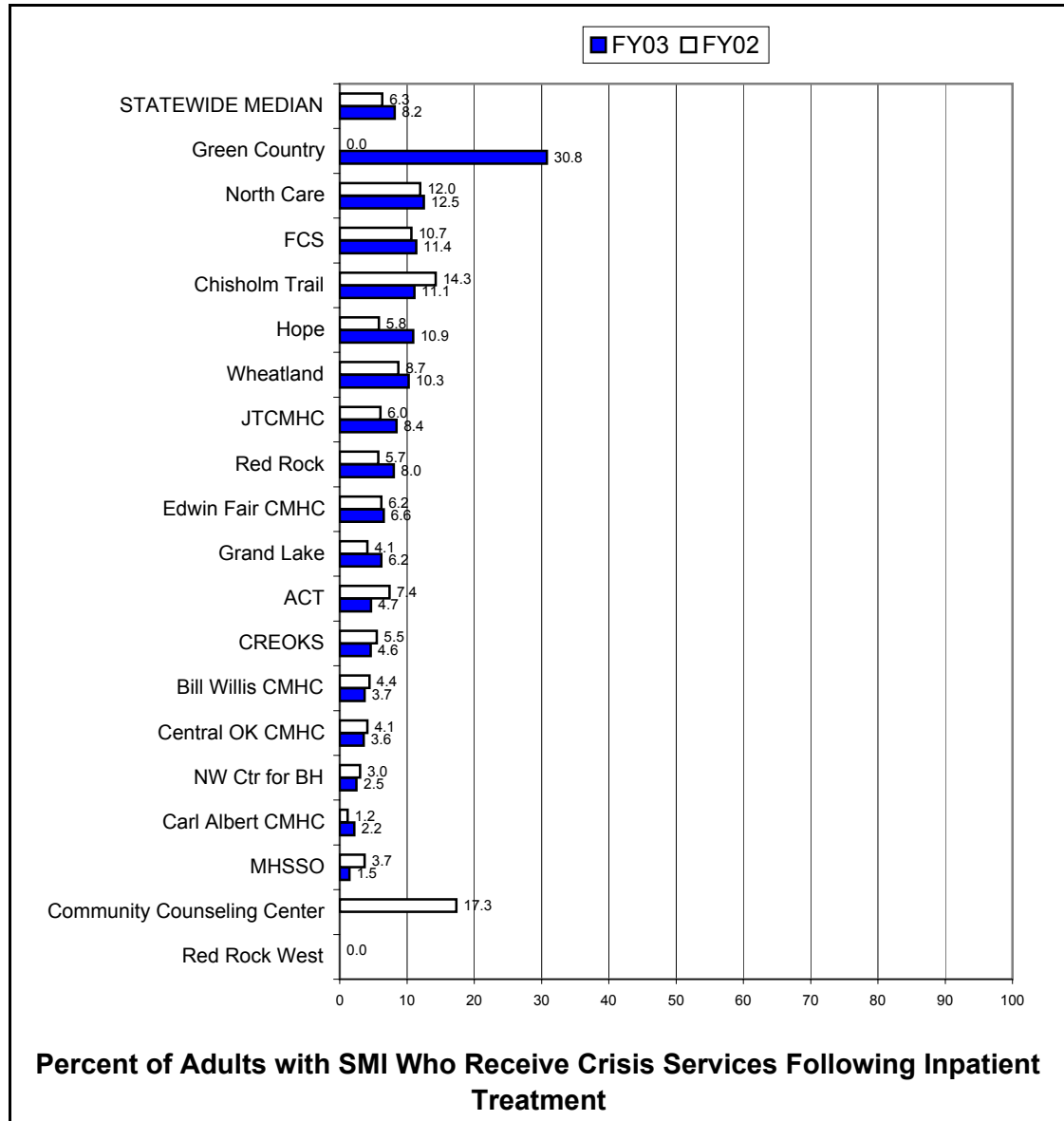
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at CMHC at time of admission to be counted.

Crisis Services after Inpatient for Adults with SMI

Question: What percent of adults with SMI receive a crisis service as their first service after inpatient treatment?



Answer: In FY03 the percent of adults with SMI receiving a crisis service as their first service following inpatient treatment varied among all CMHCs from 1.5 to 30.8, with a statewide median of 8.2%. When compared with FY02, the percent decreased in FY03 among 7 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of crisis services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Crisis Services after Inpatient for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
MHSSO	1.45	5.71	4.26
NW Ctr for BH	2.48	5.89	3.41
Central OK CMHC	3.56	6.72	3.16
ACT	4.65	6.51	1.86
Carl Albert CMHC	2.18	3.94	1.76
Bill Willis CMHC	3.69	4.69	1.00
Edwin Fair CMHC	6.56	6.93	0.37
CREOKS	4.62	4.80	0.18
Red Rock	8.03	7.69	-0.34
Grand Lake	6.17	5.57	-0.60
North Care	12.53	10.30	-2.23
JTCMHC	8.43	5.83	-2.60
Hope	10.95	8.13	-2.82
Chisholm Trail	11.11	7.90	-3.21
FCS	11.38	7.66	-3.72
Wheatland	10.26	6.26	-4.00
Green Country	30.77	9.11	-21.66

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Crisis Services after Inpatient for Adults with SMI

Question: What percent of adults with SMI receive a crisis service as their first service after inpatient treatment?

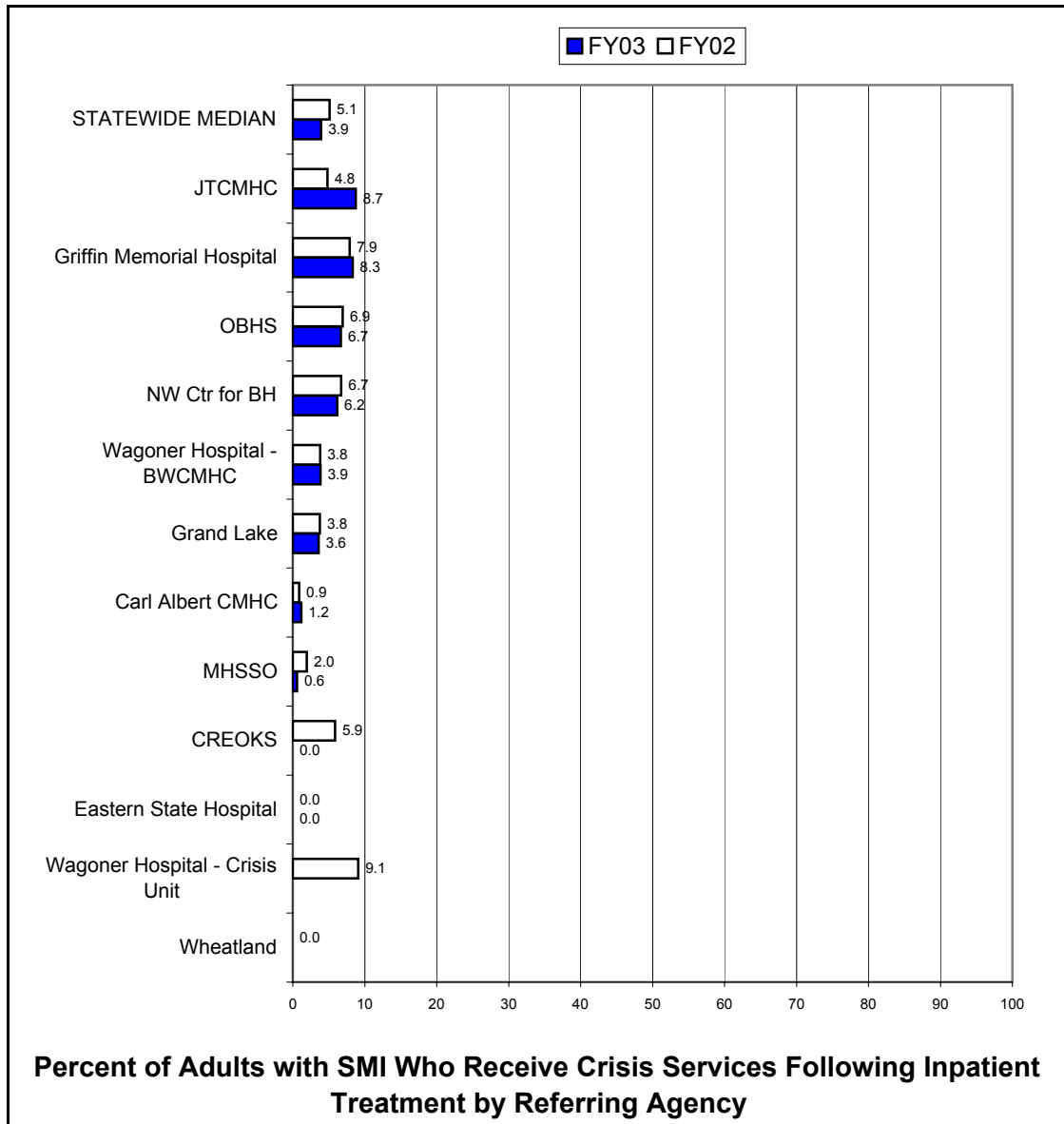
Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Inpatient discharges for SMI clients	Number who received a crisis service as their first service	Percent	Total adult SMI clients	Inpatient discharges for SMI clients	Number who received a crisis service as their first service	Percent	Median	Mean
Green Country	1,023	4	0	0.0	904	13	4	30.8	8.2	6.6
North Care	1,132	92	11	12.0	2,300	447	56	12.5		
FCS	1,202	150	16	10.7	2,270	334	38	11.4		
Chisholm Trail	910	56	8	14.3	906	63	7	11.1		
Hope	1,040	155	9	5.8	891	201	22	10.9		
Wheatland	731	138	12	8.7	528	117	12	10.3		
JTCMHC	1,360	282	17	6.0	1,337	356	30	8.4		
Red Rock	833	244	14	5.7	1,412	249	20	8.0		
Edwin Fair CMHC	1,180	81	5	6.2	977	61	4	6.6		
Grand Lake	3,287	243	10	4.1	2,624	162	10	6.2		
ACT	1,180	108	8	7.4	1,355	86	4	4.7		
CREOKS	993	91	5	5.5	772	65	3	4.6		
Bill Willis CMHC	1,253	248	11	4.4	1,360	298	11	3.7		
Central OK CMHC	1,037	465	19	4.1	901	450	16	3.6		
NW Ctr for BH	1,051	99	3	3.0	1,068	121	3	2.5		
Carl Albert CMHC	1,722	346	4	1.2	1,523	277	6	2.2		
MHSSO	2,241	672	25	3.7	1,966	482	7	1.5		
Community Counseling	990	277	48	17.3	0	0	0	0.0		
Red Rock West	559	6	0	0.0	0	0	0	0.0		

Crisis Services included hourly crisis services (ICIS codes 120, 121, 123, 133, 134), and community-based structured emergency care (ICIS code 002E). Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Only non-forensic clients with a Planned Discharge are included.

Crisis Services after Inpatient by Referring Agency

Crisis Services after Inpatient for Adults with SMI by Referring Agency

Question: What percent of adults with SMI receive a crisis service as their first service after inpatient treatment?



Answer: In FY03 the percent of adults with SMI receiving a crisis service as their first service following inpatient treatment varied among the 10 Referring Agencies from 0 to 8.7, with a statewide median of 3.9%. When compared with FY02, the percent decreased in FY03 among 5 of the 10 CMHCs.

Refer to Definitions (Appendix A) for a description of crisis services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Crisis Services after Inpatient for Adults with SMI by Referring Agency

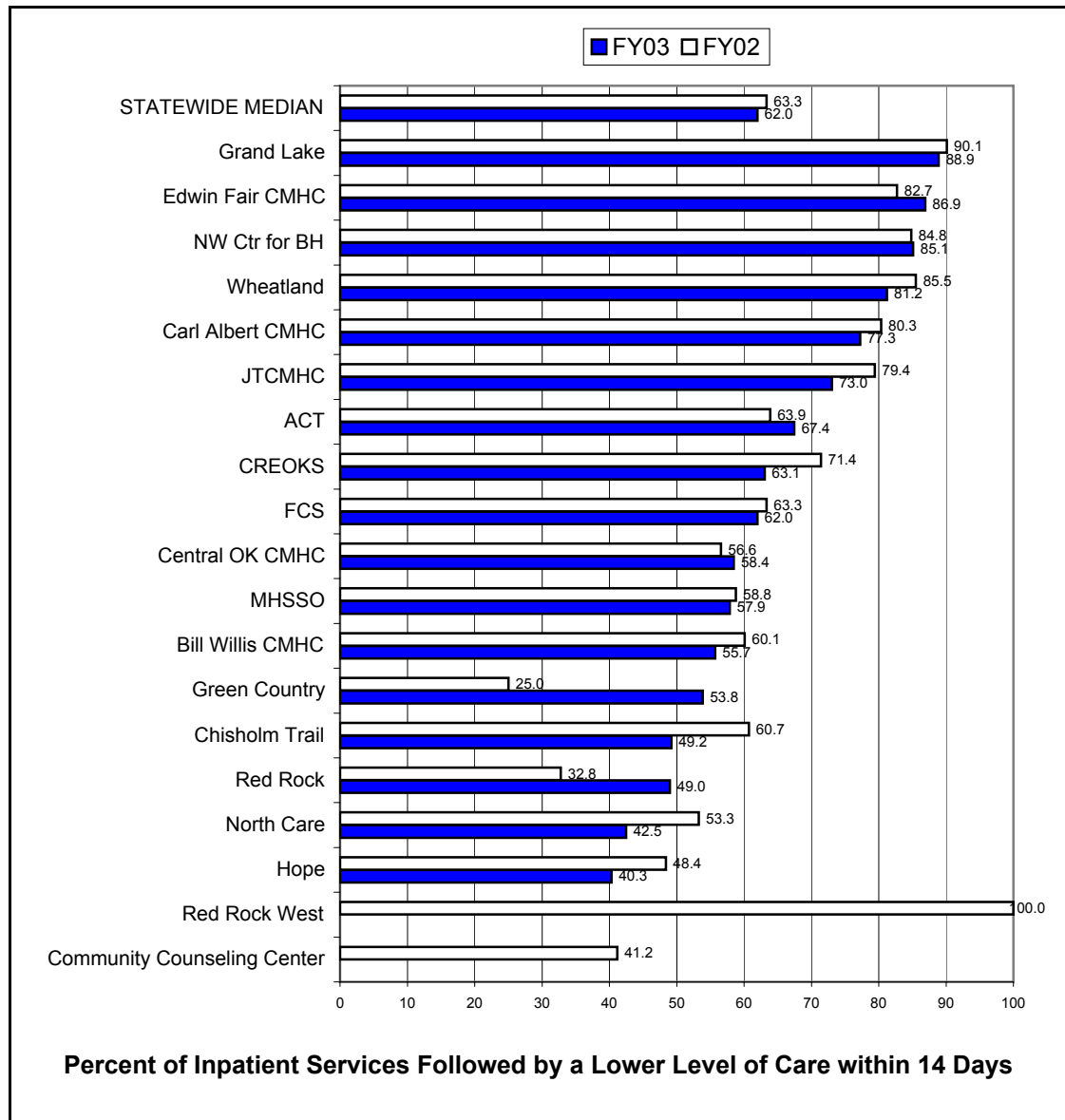
Question: What percent of adults with SMI receive a crisis service as their first service after inpatient treatment?

Agency	FY02			FY03			FY03 Statewide	
	Inpatient discharges	Number who received a crisis service as their first service	Percent	Inpatient discharges	Number who received a crisis service as their first service	Percent	Median	Mean
JTCMHC	270	13	4.8	332	29	8.7	3.9	3.7
Griffin Memorial Hospital	2,037	161	7.9	2,014	168	8.3		
OBHS	202	14	6.9	330	22	6.7		
NW Ctr for BH	253	17	6.7	259	16	6.2		
Wagoner Hospital - BWC MHC	210	8	3.8	285	11	3.9		
Grand Lake	159	6	3.8	111	4	3.6		
Carl Albert CMHC	335	3	0.9	253	3	1.2		
MHSSO	255	5	2.0	172	1	0.6		
CREOKS	34	2	5.9	25	0	0.0		
Eastern State Hospital	1	0	0.0	3	0	0.0		
Wagoner Hospital - Crisis Unit	11	1	9.1	0	0	0.0		
Wheatland	6	0	0.0	0	0	0.0		

Crisis Services included hourly crisis services (ICIS codes 120, 121, 123, 133, 134), and community-based structured emergency care (ICIS code 002E). Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details. Only non-forensic clients with a Planned Discharge are included.

Inpatient Services Followed by a Lower Level of Care within 14 Days for Adults with SMI

Question: What percent of adults with SMI receive a lower level of care within 14 days after discharge from inpatient?



Answer: In FY03 the percent of adults with SMI receiving a lower level of care within 14 days of inpatient discharge varied among all CMHCs from 40.3 to 88.9, with a statewide median of 62%. When compared with FY02, the percent receiving a lower level of care increased in FY03 among 6 of the 17 CMHCs.

Inpatient treatment includes both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Inpatient Services Followed by a Lower Level of Care within 14 Days for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	88.89	66.62	22.27
Edwin Fair CMHC	86.89	65.76	21.13
NW Ctr for BH	85.12	67.61	17.52
Wheatland	81.20	68.66	12.54
Carl Albert CMHC	77.09	71.33	5.77
CREOKS	63.08	58.63	4.44
JTCMHC	73.03	69.46	3.58
ACT	67.44	64.91	2.53
MHSSO	57.88	55.62	2.26
FCS	61.98	63.38	-1.41
Central OK CMHC	58.44	62.45	-4.00
Bill Willis CMHC	55.70	61.63	-5.92
Green Country	53.85	60.22	-6.38
Chisholm Trail	49.21	56.09	-6.88
Red Rock	49.00	56.32	-7.32
North Care	42.28	50.93	-8.65
Hope	40.30	53.72	-13.42

Nine of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Inpatient Services Followed by a Lower Level of Care within 14 Days for Adults with SMI

Question: What percent of adults with SMI receive a lower level of care within 14 days after discharge from inpatient?

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Inpatient discharges for SMI clients	Number with follow-up within 14 days	Percent	Total adult SMI clients	Inpatient discharges for SMI clients	Number with follow-up within 14 days	Percent	Median	Mean
Grand Lake	3,287	243	219	90.1	2,624	162	144	88.9	62.0	64.2
Edwin Fair CMHC	1,180	81	67	82.7	977	61	53	86.9		
NW Ctr for BH	1,051	99	84	84.8	1,068	121	103	85.1		
Wheatland	731	138	118	85.5	528	117	95	81.2		
Carl Albert CMHC	1,722	346	278	80.3	1,523	277	214	77.3		
JTCMHC	1,360	282	224	79.4	1,337	356	260	73.0		
ACT	1,180	108	69	63.9	1,355	86	58	67.4		
CREOKS	993	91	65	71.4	772	65	41	63.1		
FCS	1,202	150	95	63.3	2,270	334	207	62.0		
Central OK CMHC	1,037	465	263	56.6	901	450	263	58.4		
MHSSO	2,241	672	395	58.8	1,966	482	279	57.9		
Bill Willis CMHC	1,253	248	149	60.1	1,360	298	166	55.7		
Green Country	1,023	4	1	25.0	904	13	7	53.8		
Chisholm Trail	910	56	34	60.7	906	63	31	49.2		
Red Rock	833	244	80	32.8	1,412	249	122	49.0		
North Care	1,132	92	49	53.3	2,300	447	190	42.5		
Hope	1,040	155	75	48.4	891	201	81	40.3		
Red Rock West	559	6	6	100.0	0	0	0	0.0		
Community Counseling	990	277	114	41.2	0	0	0	0.0		

Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

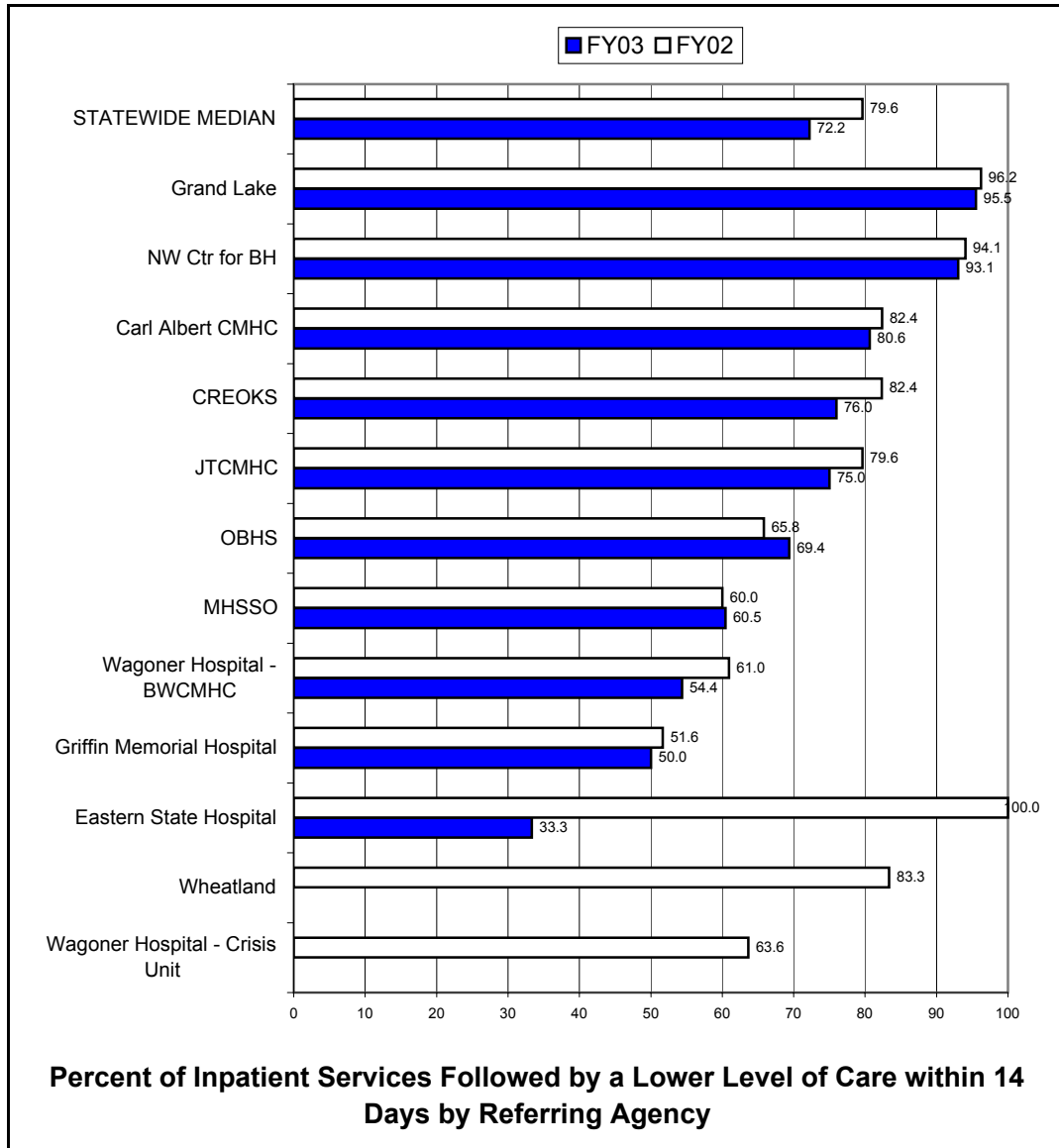
Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included.

Inpatient Follow-up by Referring Agency

Inpatient Services Followed by a Lower Level of Care within 14 Days for Adults with SMI by Referring Agency

Question: What percent of adults with SMI receive a lower level of care within 14 days after discharge from inpatient?



Answer: In FY03 the percent of adults with SMI receiving a lower level of care within 14 days of discharge from inpatient varied among the 10 Referring Agencies from 33.3 to 95.5, with a statewide median of 72.2%. When compared to FY02, the percent of clients receiving a lower level of care increased in FY03 among 2 of the 10 agencies.

Inpatient treatment includes both hospital and community-based inpatient services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Inpatient Services Followed by a Lower Level of Care within 14 Days for Adults with SMI by Referring Agency

Question: What percent of adults with SMI receive a lower level of care within 14 days after discharge from inpatient?

Agency	FY02			FY03			FY03 Statewide	
	Inpatient discharges	Number with follow-up within 14 days	Percent	Inpatient discharges	Number with follow-up within 14 days	Percent	Median	Mean
Grand Lake	159	153	96.2	111	106	95.5	72.2	68.8
NW Ctr for BH	253	238	94.1	259	241	93.1		
Carl Albert CMHC	335	276	82.4	253	204	80.6		
CREOKS	34	28	82.4	25	19	76.0		
JTCMHC	270	215	79.6	332	249	75.0		
OBHS	202	133	65.8	330	229	69.4		
MHSSO	255	153	60.0	172	104	60.5		
Wagoner Hospital - BWCMHC	210	128	61.0	285	155	54.4		
Griffin Memorial Hospital	2,037	1,052	51.6	2,014	1,007	50.0		
Eastern State Hospital	1	1	100.0	3	1	33.3		
Wheatland	6	5	83.3	0	0	0.0		
Wagoner Hospital - Crisis Unit	11	7	63.6	0	0	0.0		

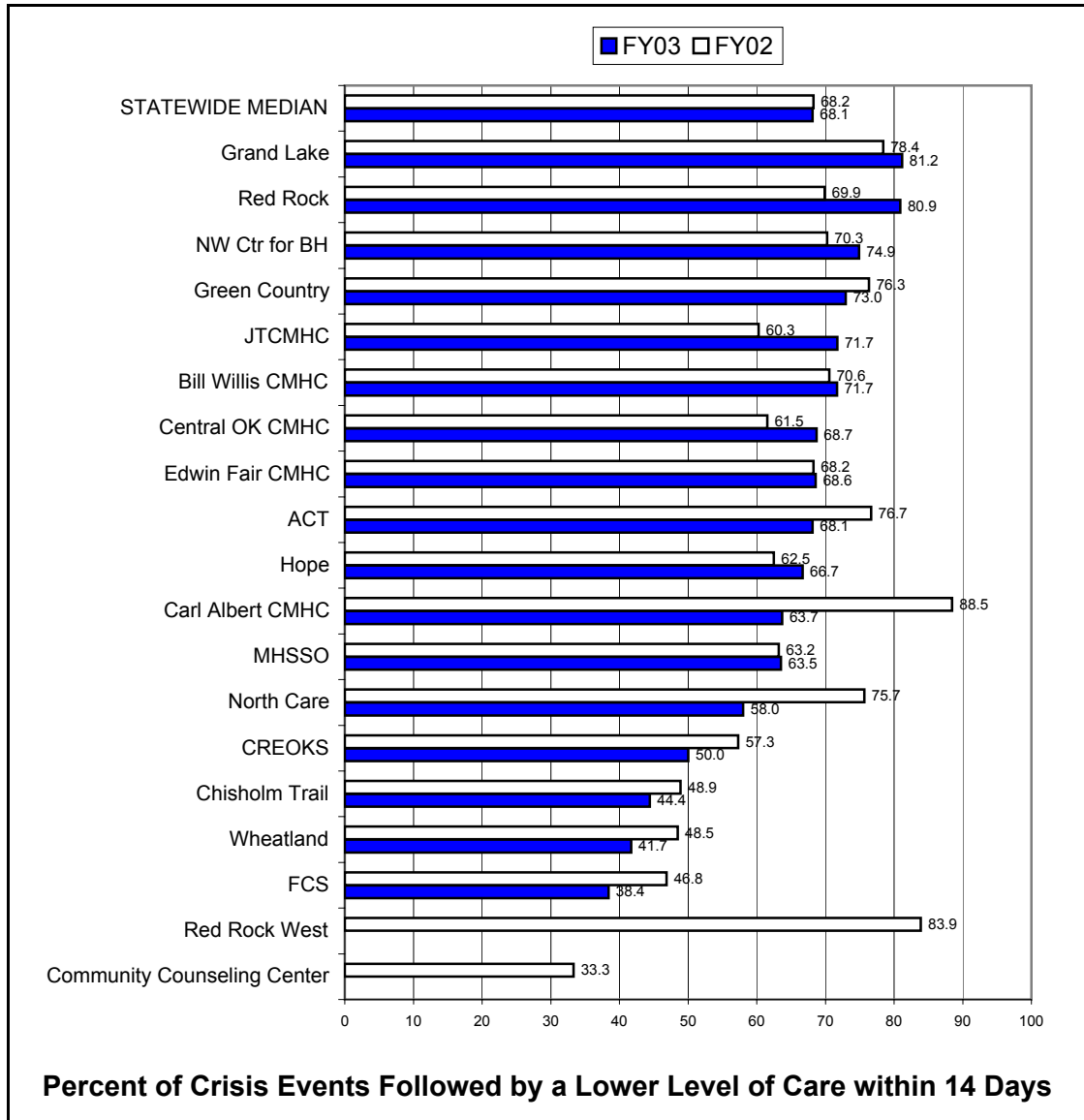
Refer to Definitions (Appendix A) for criteria meeting Serious Mental Illness (SMI) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Only non-forensic clients with a Planned Discharge are included. Crisis, Inpatient, and Detoxification services are not included.

Crisis Events Followed by a Lower Level of Care within 14 Days for Adults with SMI

Question: What percent of adults with SMI receive a lower level of care within 14 days after a crisis event?



Answer: In FY03 the percent of adults with SMI receiving a lower level of care within 14 days of a crisis event varied among all CMHCs from 38.4 to 81.2, with a statewide median of 68.1%. When compared with FY02, the percent increased in FY03 among 9 of the 17 CMHCs.

Refer to Definitions (Appendix A) for further explanation of crisis services. Client must be active at CMHC to be counted. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Crisis Events Followed by a Lower Level of Care within 14 Days for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Grand Lake	81.16	65.05	16.11
NW Ctr for BH	74.89	59.92	14.97
Red Rock	80.88	66.57	14.31
Green Country	72.96	59.14	13.81
Hope	66.67	56.03	10.64
JTCMHC	71.74	62.28	9.47
Bill Willis CMHC	71.67	63.92	7.75
Central OK CMHC	68.73	61.03	7.70
ACT	68.12	61.23	6.89
Edwin Fair CMHC	68.59	61.78	6.81
MHSSO	63.53	59.41	4.13
Carl Albert CMHC	63.69	63.74	-0.05
North Care	58.02	60.23	-2.21
CREOKS	50.00	58.87	-8.87
FCS	38.42	50.20	-11.78
Chisholm Trail	44.44	56.66	-12.22
Wheatland	41.71	54.69	-12.97

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Crisis Events Followed by a Lower Level of Care within 14 Days for Adults with SMI

Question: What percent of adults with SMI receive a lower level of care within 14 days after a crisis event?

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Adults SMI clients with a crisis event	Number with a lower level of care within 14 days	Percent	Total adult SMI clients	Adults SMI clients with a crisis event	Number with a lower level of care within 14 days	Percent	Median	Mean
Grand Lake	3,287	816	640	78.4	2,624	483	392	81.2	68.1	63.8
Red Rock	833	498	348	69.9	1,407	701	567	80.9		
NW Ctr for BH	1,044	279	196	70.3	1,054	235	176	74.9		
Green Country	1,023	186	142	76.3	904	159	116	73.0		
JTCMHC	1,346	390	235	60.3	1,333	821	589	71.7		
Bill Willis CMHC	1,248	394	278	70.6	1,358	586	420	71.7		
Central OK CMHC	1,032	312	192	61.5	897	259	178	68.7		
Edwin Fair CMHC	1,180	633	432	68.2	976	573	393	68.6		
ACT	1,179	180	138	76.7	1,356	69	47	68.1		
Hope	1,040	24	15	62.5	890	15	10	66.7		
Carl Albert CMHC	1,715	78	69	88.5	1,513	325	207	63.7		
MHSSO	2,234	639	404	63.2	1,957	532	338	63.5		
North Care	1,131	111	84	75.7	2,296	81	47	58.0		
CREOKS	990	349	200	57.3	766	150	75	50.0		
Chisholm Trail	903	225	110	48.9	901	261	116	44.4		
Wheatland	729	196	95	48.5	524	175	73	41.7		
FCS	1,202	1,298	608	46.8	2,269	3,082	1,184	38.4		
Red Rock West	558	391	328	83.9	0	0	0	0.0		
Community Counseling	989	3	1	33.3	0	0	0	0.0		

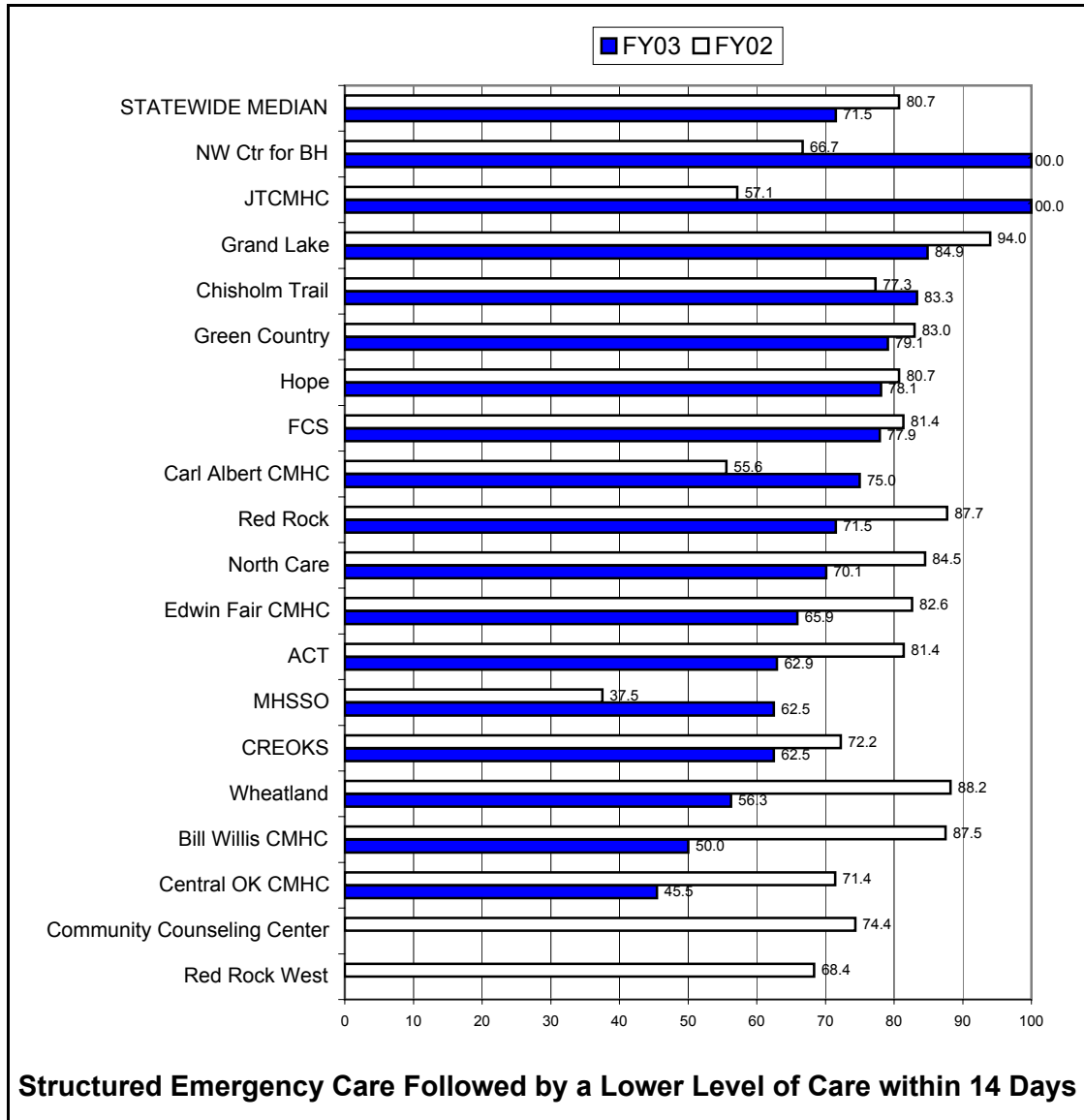
Crisis Services included hourly crisis services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

Structured Emergency Care Followed by a Lower Level of Care within 14 Days for Adults with SMI

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



Answer: In FY03 the percent of adults with SMI receiving a lower level of care within 14 days of receiving structured emergency care services varied among all CMHCs from 45.5 to 100, with a statewide median of 71.5%. When compared with FY02, the percent receiving a lower level of care increased in FY03 among 5 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of structured emergency care services. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details. Client must be active at a CMHC to be counted.

**Structured Emergency Care Followed by a Lower Level of Care within 14 Days for Adults with SMI
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
NW Ctr for BH	100.00	62.55	37.45
JTCMHC	100.00	77.86	22.14
Chisholm Trail	83.33	74.31	9.02
Green Country	79.09	73.44	5.65
Grand Lake	84.86	79.38	5.48
Hope	78.13	73.28	4.84
FCS	77.94	74.36	3.58
Red Rock	71.53	72.97	-1.43
North Care	70.10	73.35	-3.26
Carl Albert CMHC	75.00	79.41	-4.41
Edwin Fair CMHC	65.91	76.56	-10.65
ACT	62.92	74.23	-11.31
MHSSO	62.50	74.84	-12.34
CREOKS	62.50	76.07	-13.57
Wheatland	56.25	71.48	-15.23
Bill Willis CMHC	50.00	69.13	-19.13
Central OK CMHC	45.45	67.99	-22.53

Seven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Structured Emergency Care Followed by a Lower Level of Care within 14 Days for Adults with SMI

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

Agency	FY02				FY03				FY03 Statewide	
	Total adult SMI clients	Adults with SMI receiving structured emergency care	Number with a lower level of care within 14 days	Percent	Total adult SMI clients	Adults with SMI receiving structured emergency care	Number with a lower level of care within 14 days	Percent	Median	Mean
NW Ctr for BH	1,044	3	2	66.7	1,054	1	1	100.0	71.5	72.1
JTCMHC	1,346	14	8	57.1	1,333	1	1	100.0		
Grand Lake	3,287	366	344	94.0	2,624	317	269	84.9		
Chisholm Trail	903	44	34	77.3	901	30	25	83.3		
Green Country	1,023	147	122	83.0	904	110	87	79.1		
Hope	1,040	57	46	80.7	890	64	50	78.1		
FCS	1,202	102	83	81.4	2,269	204	159	77.9		
Carl Albert CMHC	1,715	9	5	55.6	1,513	4	3	75.0		
Red Rock	833	57	50	87.7	1,407	281	201	71.5		
North Care	1,131	71	60	84.5	2,296	204	143	70.1		
Edwin Fair CMHC	1,180	69	57	82.6	976	44	29	65.9		
ACT	1,179	86	70	81.4	1,356	89	56	62.9		
MHSSO	2,234	16	6	37.5	1,957	16	10	62.5		
CREOKS	990	18	13	72.2	766	24	15	62.5		
Wheatland	729	17	15	88.2	524	16	9	56.3		
Bill Willis CMHC	1,248	8	7	87.5	1,358	8	4	50.0		
Central OK CMHC	1,032	14	10	71.4	897	11	5	45.5		
Community Counseling	989	117	87	74.4	0	0	0	0.0		
Red Rock West	558	237	162	68.4	0	0	0	0.0		

Refer to Definitions (Appendix A) for a description of structured emergency care services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

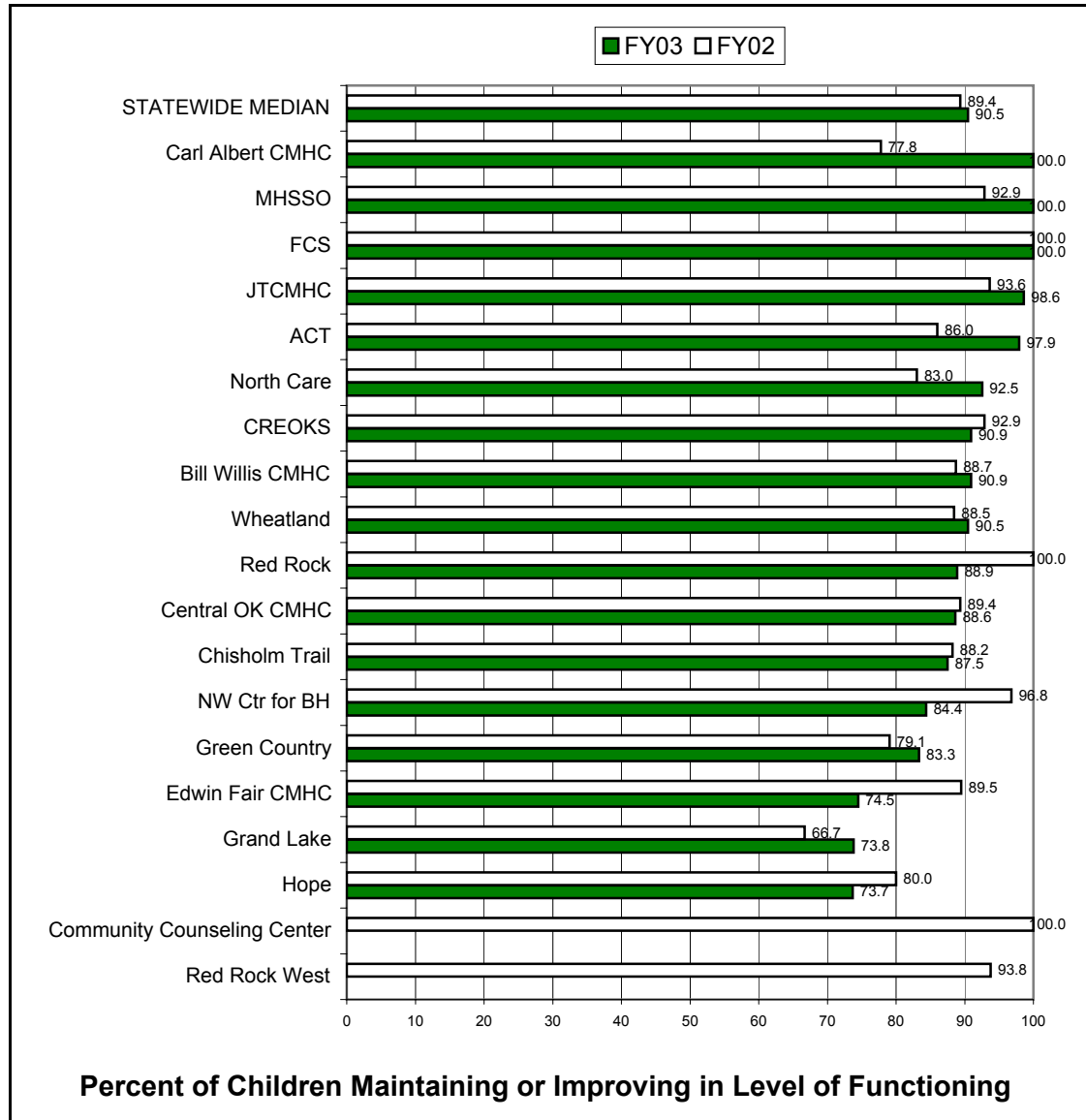


**Performance Indicators
Children with SED**



Level of Functioning for Children with SED (Maintained/Improved)

Question: What percent of children with SED maintain or achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of children with SED with a maintained or improved level of functioning varied among all CMHCs from 73.7 to 100, with a statewide median of 90.5%. When compared with FY02, the percent increased in FY03 among 9 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Level of Functioning for Children with SED (Maintained/Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
MHSSO	100.00	87.36	12.64
Carl Albert CMHC	100.00	90.00	10.00
ACT	97.92	89.15	8.76
Bill Willis CMHC	90.91	84.01	6.90
FCS	100.00	94.59	5.41
CREOKS	90.91	85.78	5.13
JTCMHC	98.61	93.86	4.75
Wheatland	90.48	86.78	3.70
Central OK CMHC	88.61	86.48	2.13
North Care	92.54	90.60	1.93
Red Rock	88.89	88.36	0.53
Chisholm Trail	87.50	90.10	-2.60
NW Ctr for BH	84.38	88.75	-4.37
Green Country	83.33	89.23	-5.90
Edwin Fair CMHC	74.49	81.50	-7.01
Grand Lake	73.81	87.34	-13.53
Hope	73.68	89.59	-15.90

Eleven of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Level of Functioning for Children with SED (Maintained/Improved)

Question: What percent of children with SED maintain or achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total children with SED	Number of clients with two points of measurement more than 90 days	Number of clients with improved or maintained level of functioning	Percent	Total children with SED	Number of clients with two points of measurement more than 90 days	Number of clients with improved or maintained level of functioning	Percent	Median	Mean
Carl Albert CMHC	61	18	14	77.8	15	11	11	100.0	90.5	89.2
MHSSO	75	56	52	92.9	34	19	19	100.0		
FCS	10	1	1	100.0	11	3	3	100.0		
JTCMHC	279	94	88	93.6	201	72	71	98.6		
ACT	96	50	43	86.0	124	48	47	97.9		
North Care	159	53	44	83.0	373	67	62	92.5		
CREOKS	158	42	39	92.9	64	11	10	90.9		
Bill Willis CMHC	191	62	55	88.7	197	88	80	90.9		
Wheatland	55	26	23	88.5	34	21	19	90.5		
Red Rock	58	48	48	100.0	92	18	16	88.9		
Central OK CMHC	161	47	42	89.4	174	79	70	88.6		
Chisholm Trail	103	34	30	88.2	114	8	7	87.5		
NW Ctr for BH	70	31	30	96.8	76	32	27	84.4		
Green Country	212	86	68	79.1	123	78	65	83.3		
Edwin Fair CMHC	137	76	68	89.5	124	98	73	74.5		
Grand Lake	163	75	50	66.7	78	42	31	73.8		
Hope	51	30	24	80.0	24	19	14	73.7		
Community Counseling	10	2	2	100.0	0	0	0	0.0		
Red Rock West	35	16	15	93.8	0	0	0	0.0		

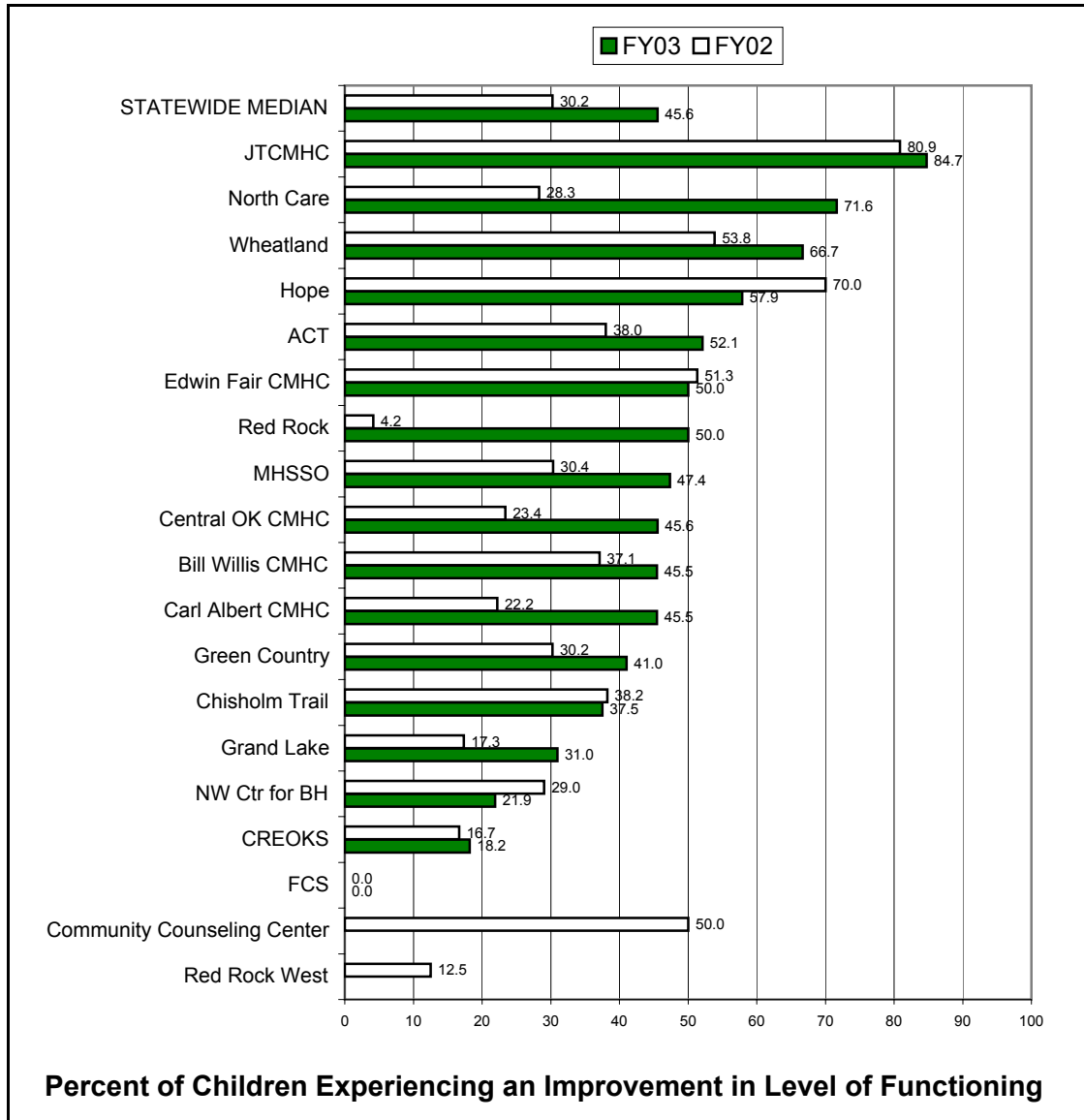
Refer to Definitions (Appendix A) for criteria meeting Serious Emotional Disturbance (SED) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Level of Functioning for Children with SED (Improved)

Question: What percent of children with SED achieve an improved level of functioning after receiving services?



Answer: In FY03 the percent of children with SED with an improved level of functioning varied among all CMHCs from 0 to 84.7, with a statewide median of 45.6%. When compared with FY02, the percent increased in FY03 among 12 of the 17 CMHCs.

Level of functioning is measured using the DSM-IV Global Assessment of Functioning. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Level of Functioning for Children with SED (Improved)
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
North Care	71.64	49.37	22.27
JTCMHC	84.72	66.64	18.09
Wheatland	66.67	52.16	14.51
Hope	57.89	52.20	5.69
Edwin Fair CMHC	50.00	46.23	3.77
MHSSO	47.37	44.94	2.43
ACT	52.08	50.25	1.83
Carl Albert CMHC	45.45	43.65	1.81
Bill Willis CMHC	45.45	46.62	-1.17
Red Rock	50.00	52.40	-2.40
Central OK CMHC	45.57	52.57	-7.00
Chisholm Trail	37.50	46.79	-9.29
Green Country	41.03	51.71	-10.69
Grand Lake	30.95	50.85	-19.89
NW Ctr for BH	21.88	45.47	-23.59
CREOKS	18.18	52.52	-34.34
FCS	0.00	51.58	-51.58

Eight of the seventeen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Level of Functioning for Children with SED (Improved)

Question: What percent of children with SED achieve an improved level of functioning after receiving services?

Agency	FY02				FY03				FY03 Statewide	
	Total children with SED	Number of clients with two points of measurement more than 90 days	Number of clients with improved level of functioning	Percent	Total children with SED	Number of clients with two points of measurement more than 90 days	Number of clients with improved level of functioning	Percent	Median	Mean
JTCMHC	279	94	76	80.9	201	72	61	84.7	45.6	45.1
North Care	159	53	15	28.3	373	67	48	71.6		
Wheatland	55	26	14	53.8	34	21	14	66.7		
Hope	51	30	21	70.0	24	19	11	57.9		
ACT	96	50	19	38.0	124	48	25	52.1		
Edwin Fair CMHC	137	76	39	51.3	124	98	49	50.0		
Red Rock	58	48	2	4.2	92	18	9	50.0		
MHSSO	75	56	17	30.4	34	19	9	47.4		
Central OK CMHC	161	47	11	23.4	174	79	36	45.6		
Bill Willis CMHC	191	62	23	37.1	197	88	40	45.5		
Carl Albert CMHC	61	18	4	22.2	15	11	5	45.5		
Green Country	212	86	26	30.2	123	78	32	41.0		
Chisholm Trail	103	34	13	38.2	114	8	3	37.5		
Grand Lake	163	75	13	17.3	78	42	13	31.0		
NW Ctr for BH	70	31	9	29.0	76	32	7	21.9		
CREOKS	158	42	7	16.7	64	11	2	18.2		
FCS	10	1	0	0.0	11	3	0	0.0		
Community Counseling	10	2	1	50.0	0	0	0	0.0		
Red Rock West	35	16	2	12.5	0	0	0	0.0		

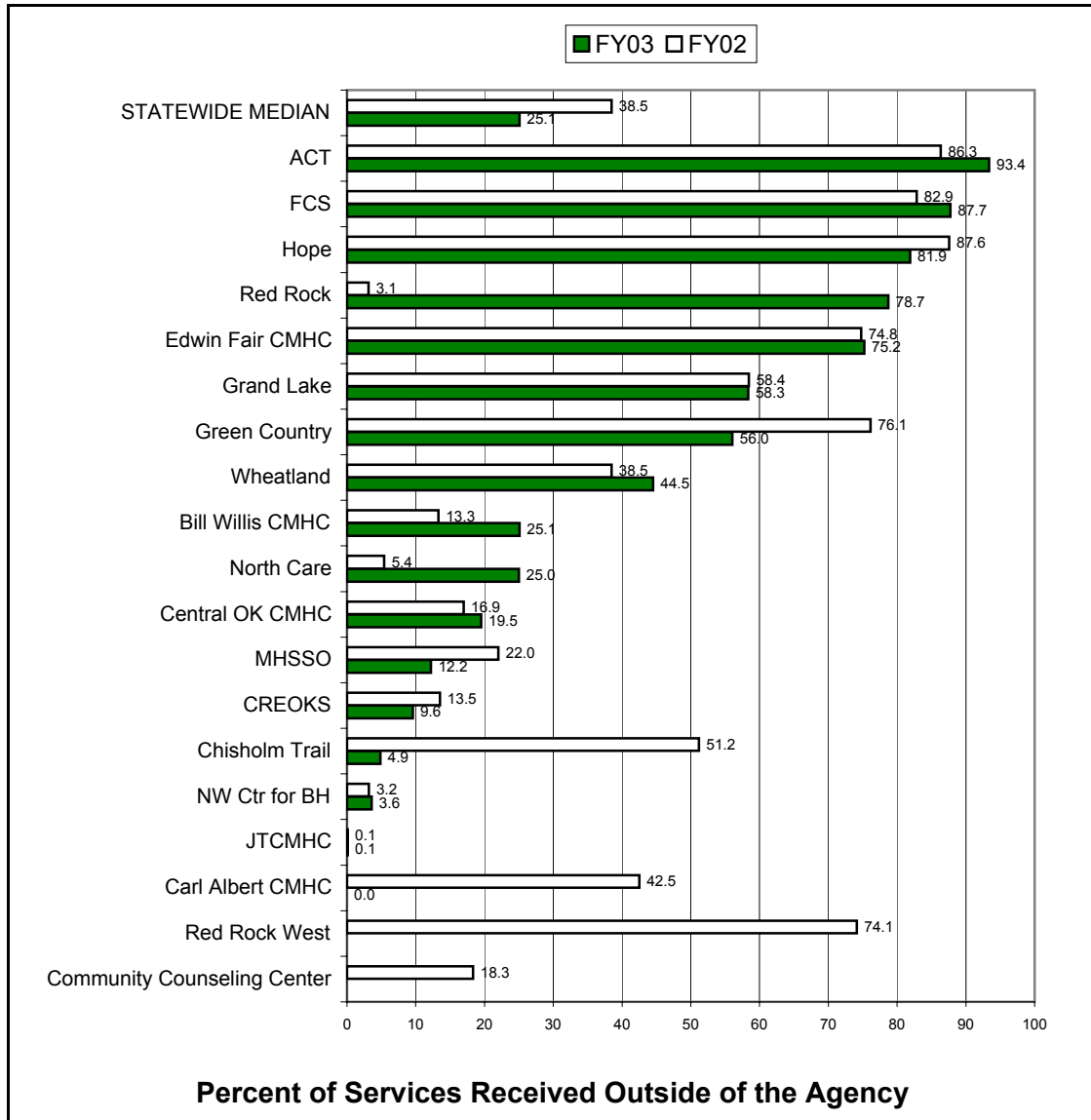
Refer to Definitions (Appendix A) for criteria meeting Serious Emotional Disturbance (SED) status.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

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

Access to Services Received Outside the Facility for Children with SED

Question: What percent of services are provided outside the facility, allowing access to services regardless of lack of transportation, physical immobility, or other restraints for children with SED?



Answer: In FY03 the percent of services provided outside of the agencies' physical locations for children with SED varied among agencies from 0 to 93.4, with a statewide median of 25.1%. When compared with FY02, the percent increased in FY03 among 9 of the 17 CMHCs.

Refer to Definitions (Appendix A) for a description of locations outside of the provider facility. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

Access to Services Received Outside the Facility for Children with SED

Question: What percent of services are provided outside the facility, allowing access to services regardless of lack of transportation, physical immobility, or other restraints for children with SED?

Agency	FY02				FY03				FY03 Statewide	
	Total outpatient hours provided to children with SED	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Total outpatient hours provided to children with SED	Outpatient hours which could be provided outside the agency	Outpatient hours provided outside the agency	Percent	Median	Mean
ACT	3,057	3,057	2,640	86.3	1,816	1,816	1,696	93.4	25.1	39.8
FCS	48	48	40	82.9	55	55	48	87.7		
Hope	566	566	495	87.6	54	54	45	81.9		
Red Rock	857	802	25	3.1	1,493	1,493	1,175	78.7		
Edwin Fair CMHC	2,952	2,952	2,207	74.8	3,949	3,949	2,971	75.2		
Grand Lake	2,677	2,677	1,564	58.4	1,006	1,006	587	58.3		
Green Country	9,289	9,289	7,071	76.1	3,973	3,973	2,227	56.0		
Wheatland	440	440	169	38.5	236	236	105	44.5		
Bill Willis CMHC	1,936	1,936	257	13.3	1,227	1,227	308	25.1		
North Care	1,426	1,426	77	5.4	961	961	241	25.0		
Central OK CMHC	2,519	2,519	427	16.9	1,885	1,885	368	19.5		
MHSSO	592	592	130	22.0	127	127	16	12.2		
CREOKS	973	788	107	13.5	102	102	10	9.6		
Chisholm Trail	2,402	2,402	1,229	51.2	730	730	36	4.9		
NW Ctr for BH	527	527	17	3.2	337	337	12	3.6		
JTCMHC	2,093	2,093	2	0.1	695	695	1	0.1		
Carl Albert CMHC	537	537	228	42.5	69	69	0	0.0		
Red Rock West	906	906	672	74.1	0	0	0	0.0		
Community Counseling	49	49	9	18.3	0	0	0	0.0		

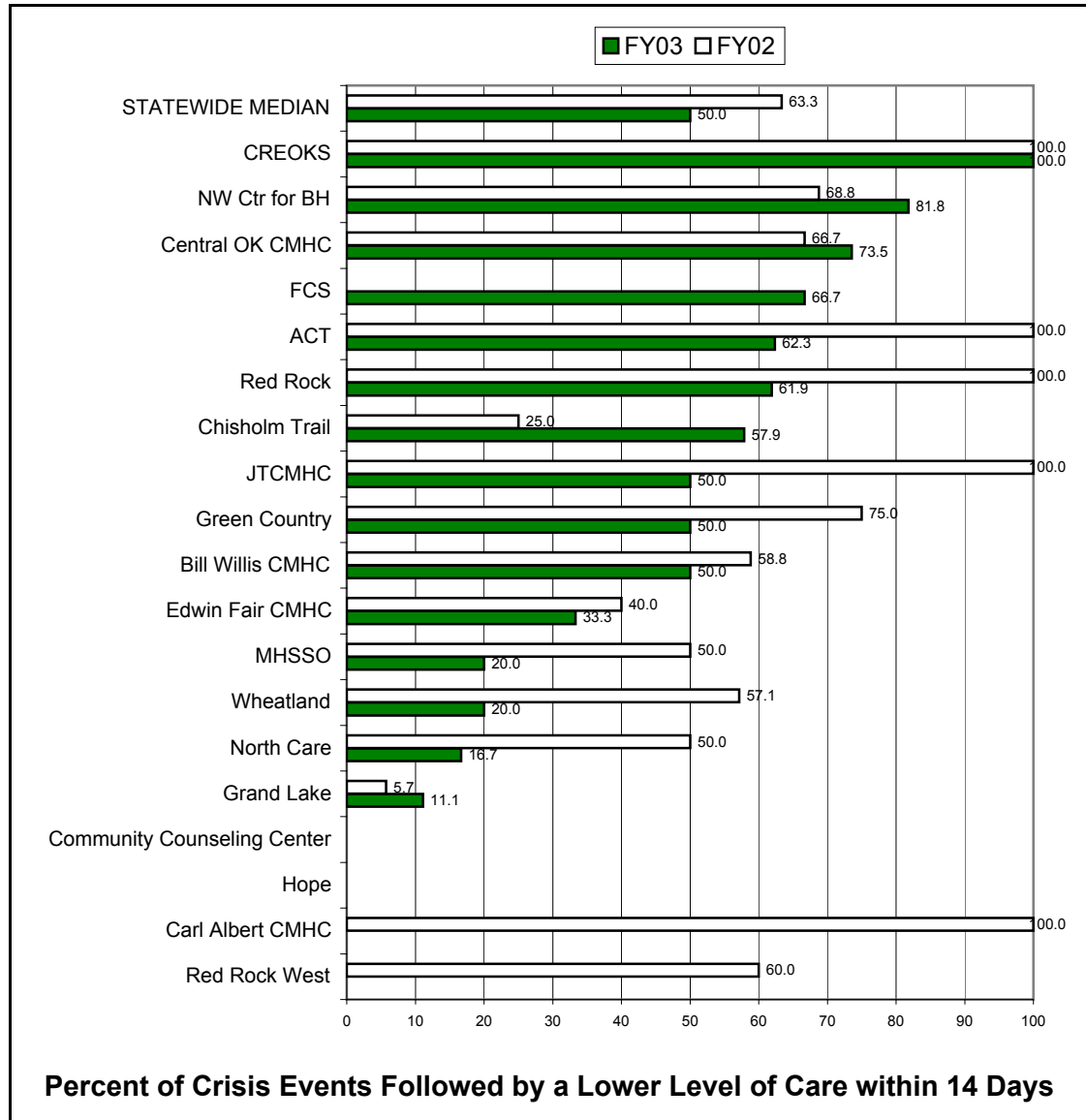
Refer to Definitions (Appendix A) for a description of locations outside of the provider facility.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Psychosocial Rehabilitation services and Day Treatment are excluded from 'Outpatient Hours which could be provided outside the agency.'

Crisis Events Followed by a Lower Level of Care within 14 Days for Children with SED

Question: What percent of children with SED receive a lower level of care within 14 days after a crisis event?



Answer: In FY03 the percent of children with SED who receiving a lower level of care within 14 days after a crisis event varied among all CMHCs from 11.1 to 100, with a statewide median of 50%. When compared with FY02, the percent increased in FY03 among 4 of the 15 CMHCs.

Refer to Definitions (Appendix A) for further explanation of crisis services. Client must be active at CMHC to be counted. Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B) for details.

**Crisis Events Followed by a Lower Level of Care within 14 Days for Children with SED
Adjusted for Case Mix**

Case-mix adjustment is a statistical method designed to "level the playing field" when comparing agencies' performances by removing differences in clients served by the agencies being compared. Since client characteristics are generally out of the control of the agencies, it is appropriate to adjust for client differences that affect their ability to benefit from treatment. The unadjusted score for an indicator is the level at which each agency performed without reference to the mix of the clients. The adjusted score is the level at which the agency was expected to perform in comparison to other agencies when controlling for differences in client characteristics. The case-mix adjustment (difference) is the difference between the unadjusted score and the case-mix adjusted score. A positive difference indicates the agency performed better than would have been expected, while a negative difference indicates the agency did not perform as well as expected.

	unadjusted score	case-mix adjusted score	case-mix adjustment (difference)
Carl Albert CMHC	n/a	n/a	n/a
Hope	n/a	n/a	n/a
CREOKS	100.00	50.80	49.20
NW Ctr for BH	81.82	64.22	17.60
JTCMHC	50.00	32.69	17.31
Central OK CMHC	73.53	60.58	12.95
Green Country	50.00	46.86	3.14
FCS	66.67	63.77	2.90
ACT	62.34	60.39	1.95
Red Rock	61.90	59.96	1.94
Chisholm Trail	57.89	56.07	1.82
Bill Willis CMHC	50.00	63.21	-13.21
MHSSO	20.00	43.34	-23.34
Edwin Fair CMHC	33.33	58.04	-24.71
Wheatland	20.00	49.29	-29.29
North Care	16.67	53.11	-36.44
Grand Lake	11.11	52.52	-41.41

Nine of the fifteen agencies performed at a rate equal to or above what would have been expected given their client characteristics.

Crisis Events Followed by a Lower Level of Care within 14 Days for Children with SED

Question: What percent of children with SED receive a lower level of care within 14 days after a crisis event?

Agency	FY02				FY03				FY03 Statewide	
	Total children with SED	Children with SED with a crisis event	Number with a lower level of care within 14 days	Percent	Total children with SED	Children with SED with a crisis event	Number with a lower level of care within 14 days	Percent	Median	Mean
CREOKS	158	1	1	100.0	64	2	2	100.0	50.0	50.4
NW Ctr for BH	70	16	11	68.8	76	22	18	81.8		
Central OK CMHC	161	15	10	66.7	174	34	25	73.5		
FCS	10	0	0	0.0	11	3	2	66.7		
ACT	96	2	2	100.0	124	154	96	62.3		
Red Rock	58	1	1	100.0	92	84	52	61.9		
Chisholm Trail	103	8	2	25.0	114	19	11	57.9		
JTCMHC	279	1	1	100.0	201	2	1	50.0		
Green Country	212	4	3	75.0	123	8	4	50.0		
Bill Willis CMHC	191	34	20	58.8	197	26	13	50.0		
Edwin Fair CMHC	137	5	2	40.0	124	6	2	33.3		
MHSSO	75	14	7	50.0	34	5	1	20.0		
Wheatland	55	7	4	57.1	34	10	2	20.0		
North Care	159	4	2	50.0	373	6	1	16.7		
Grand Lake	163	35	2	5.7	78	9	1	11.1		
Community Counseling	10	0	0	0.0	0	0	0	0.0		
Hope	51	0	0	0.0	24	0	0	0.0		
Carl Albert CMHC	61	1	1	100.0	15	0	0	0.0		
Red Rock West	35	30	18	60.0	0	0	0	0.0		

Crisis Services included hourly crisis services.

Services were selected based on funding source and service focus. Please refer to Data Selection Criteria (Appendix B), for details.

Client must be active at a CMHC to be counted.

Appendix A: Definitions

Definitions

Admitted Clients Served – Clients who have been formally admitted to the facility and received a service during the fiscal year. Performance indicators only include admitted clients served.

Age – A client's age is calculated on December 31st of the fiscal year.

Average or Mean – 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, which are provided in the community rather than a hospital.

Consumer Survey - The purpose of the DMHSAS Consumer Survey is to measure the extent to which Values and Behaviors Statement of the ODMHSAS Strategic Plan 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 handle daily problems better
- I am better able to control my life
- I am better able to deal with crises
- I get along better with my family
- I do better in social settings
- I do better in school and/or work
- My housing situation has improved
- My symptoms are not bothering me as much
- I believe I can grow, change and recover

Quality of Care Items

- The staff seem to believe that I can grow, change and recover
- I felt comfortable asking questions about my treatment and medication
- I felt free to complain if there was a problem
- I was given information about my rights
- Staff encouraged me to take responsibility for how I live my life
- Staff told me what side effects to watch for
- The staff respected my wishes about who is and who is not to be given information about my treatment
- I, not staff, decide my treatment goals
- Staff were sensitive to my cultural background
- Staff helped me get the information I needed to take charge of managing my illness

- I was encouraged to use consumer-run programs
- I was treated with respect as a person

Access Items

- The location of services was convenient
- The time from my request for services to actually receiving services was reasonable
- Staff were willing to see me as often as I felt it was necessary
- My calls were returned within 24 hours
- Services were available at the times that were good for me
- I was able to get all the services I thought I needed
- I was able to see a psychiatrist when I wanted to

Crisis Services – There are two types of crisis services, hourly and community-based structured emergency care. Hourly services include crisis intervention (face-to-face and telephone), mobile crisis service, crisis intervention counseling (face-to-face and telephone). Community-based structured emergency care includes stabilization services provided in a protected environment, separate from an inpatient unit, reported in days rather than hours.

Fiscal Year – The state fiscal year runs from July 1 through June 30. All indicators are based on a fiscal year.

Independent Housing – *Independent* housing is defined as a "private residence" or "supported housing." *Dependent* housing is 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.

Inpatient Services – Inpatient 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 funded in whole or part by DMHSAS.

Involuntary Admission – Involuntary admissions include both civil and criminal involuntary legal status. *Civil* involuntary legal status consist of: court commitment, order of detention, transfer – other legal entities, court ordered juveniles, emergency detention, continued court detention, twenty-eight day court commitment, and protective custody. *Criminal* involuntary legal status consist of: not guilty of by reason of insanity, court order for observation and evaluation, court referred (DUI) clients, criminal hold and court commit with hold. Refer to legal status definitions for more details.

Legal Status -

01 VOLUNTARY ADMISSION: Individual who applies for Admission to the agency and is accepted as a patient. (Mental Health Law Title 43A, Section 5-304.)

02 COURT VOLUNTARY: The court orders the agency to accept the individual as a voluntary patient. (Mental Health Law Title 43A, Section 5-308)

03 COURT COMMITMENT: A court order under the Mental Health Code requires the individual to receive services involuntarily from the agency. (Mental Health Law Title 43A, Sections 5-212, 5-401, 5-402, 5-405, 9-102)

05 NOT GUILTY BY REASON OF INSANITY (NGRI): An individual who is acquitted of a criminal act on the ground that he/she was insane at the time of the act. Individual may then be court committed to the agency under the Mental Health Code. Court must be notified 20 days prior to proposed discharge. In some facilities this is categorized as a District Court commitment. (Criminal Statutes Titles 22, 1161)

06 ORDER OF DETENTION: Court orders an individual to be detained in a detention facility for no longer than 72 hours, excluding weekends and holidays, pending court hearing. (Mental Health Law Title 43A, Section 5-401.B)

07 JUVENILE COURT ORDER: Requires a minor to be detained in a specified location for examination and/or treatment. (Juvenile Statutes Title 10, Section 1120)

This legal status can include juveniles who are Adjudicated Deprived, Delinquent, In Need of Supervision, or In Need of Mental Health Treatment in accordance with 43A O.S., Section 5-501 et. seq.

08 TRANSFER - OTHER LEGAL ENTITIES: To receive individuals who are committed to other legal entities for care and treatment.

09 COURT ORDER FOR OBSERVATION AND EVALUATION: The court requires the agency to examine the individual in a specified period of time to determine if the individual is competent to stand trial.

10 COURT ORDERED JUVENILES (INT); DHS CUSTODY: Juvenile found to be In Need of Mental Health Treatment by the court and placed in the care of the specified agency or individual. (43A O.S., Section 5-501 et seq.)

11 COURT ORDERED JUVENILES (INT); PARENTS RETAIN CUSTODY: Juvenile adjudicated "in need of treatment" by the court and placed in the care of the specified agency or individual. (43A O.S., Section 5-501 et seq.)

12 EMERGENCY DETENTION: Patient arrival at a detention facility from a point of emergency examination with three (3) required forms: a) Petition; b) Licensed Mental Health Professional's Statement; c) Peace Officer's Affidavit. (Mental Health Law Title 43A, Section 5-209)

13 CONTINUED COURT DETENTION: Patient has been evaluated at a detention facility. He/she has the three (3) required forms (listed above) and an order has been issued for additional detention. Time and place of hearing has been set. (Mental Health Law Title 43A, Section 5-212)

14 TWENTY-EIGHT DAY COURT COMMITMENT: Patient has been certified by the court for involuntary treatment for a period not to exceed twenty-eight (28) days. (Mental Health Law Title 43A, Section 5-212)

15 COURT REFERRED (DUI) CLIENTS: An individual who has been evaluated by a DMHSAS assessment agency and referred for treatment by the court. Referrals for treatment must be accompanied by a DUI assessment. (Title 47, Section 11-902, E)

16 INFORMAL ADMISSION: Individual who requests limited admission status as a voluntary guest. (Mental Health Law Title 43A, Section 302-303)

17 PROTECTIVE CUSTODY: Status of an individual who has requested discharge or otherwise refused treatment, but for whom the administrator of a facility has initiated proceedings to involuntarily commit the person for treatment. (Mental Health Law Title 43A, Section 5-208.B)

18 OTHER

20 CRIMINAL HOLD (CR-H): Adjudicated by the court to be incompetent, but capable of achieving competency (22 O.S. § 1175.6(2)).

21 COURT COMMIT WITH HOLD (CC-H): Adjudicated by the court to be incompetent and incapable of achieving competency within a reasonable time (22 O.S. § 1175.6(3)).

Length of Inpatient Stay is based only on clients discharged from inpatient during the fiscal year. See Appendix B 'How inpatient clients are assigned to a CMHC' for further considerations.

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

Location of Service – Locations of service provided “outside” the agency include: client residence, other facility–court related, other location, jail/detention, nursing home, school, and prison. Locations “inside” the agency include: agency and telephone.

Meaningful Employment – Meaningful Employment maybe full- or part-time, and may be competitive, supported or voluntary work as reported to ICIS. 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 was 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 medication clinic visit, laboratory, medication service (physician provided), pharmacological management, and medication review (non-physician).

Outpatient Services – Services provided in an ambulatory setting and may 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.

Residential Care Client – Any client who receives a residential care service during the fiscal year.

Serious Emotional Disturbance (SED) - The target population is comprised of individuals up 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 over 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.

Structured Emergency Care – See Crisis Services.

Unique Clients – Unique clients are 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 – Data Selection Criteria

Data Selection Criteria

Which clients are included in which measures?

For all measures:

- A client must be formally admitted, and;
 - Received at least one service under a mental health contract sources (codes: 01,25, 35,36,39,42,43,47,48) during the fiscal year, or;
 - At a state-operated facility receiving at least one service under contract source 30 and have a mental health service focus (codes: 01,05,06,08,10,11,12), or;
 - Received at least one service under contract sources (codes: 50, 51, 52) and have a mental health service focus (codes: 01,05,06,08,10,11,12)
- Clients with the following discharges are excluded:
 - Completed Court Treatment
 - Failed to Begin Treatment
 - Death
 - Incarcerated

Consumers Living in Independent Housing (Adult, SMI)

Level of Functioning (Adult, Child, SMI, SED)

Consumer Involved in Meaningful Employment (Adult, SMI)

Client must meet the following criteria:

- Clients must have at least two transactions, with at least 90 days between the transactions

Consumers Living in Independent Housing (Adult, SMI)

Consumer Involved in Meaningful Employment (Adult, SMI)

Clients are excluded who:

- Reside in Residential Care Facilities
- Are under 18 or over 60 years old

How are inpatient clients assigned to a CMHC once they are discharged?

For the following indicators, CMHCs are held responsible for clients discharged from inpatient treatment:

- Inpatient re-admission within 30 days
- Crisis Service after Inpatient
- Inpatient Services Followed by a Lower Level of Care within 14 Days
- Average Number of Days from Inpatient Discharge to Community-Based Service
- Length of Inpatient Stay

Several steps are taken to determine which clients are assigned to each CMHC

- Only planned discharges and transfers from an inpatient level of care are included
- Excludes clients discharged under a forensic legal status
 - Not guilty by reason of insanity

- Court order for observation and evaluation
- Court referred DUI clients
- Criminal Hold (CR-H)
- Court commit with hold (CC-H)
- Excludes clients not referred to a CMHC at time of discharge
- For clients transferred within the agency from inpatient, that agency is responsible for the follow-up care of the client
- For clients discharged, the agency the client is referred to is responsible for the follow-up care of the client

Involuntarily Admission to Treatment

- Client must be active at CMHC at time of involuntary admission
- Excludes the following legal status:
 - Voluntary Admission
 - Court Voluntary
 - Informal Admission
 - Other

Inpatient Service Followed by a Lower Level of Care with 14 days

Lower level of care excludes the following services:

- Inpatient
- Community-Based Structured Emergency Care
- Detoxification
- Hourly Crisis Services

See 'How inpatient clients are assigned to a CMHC' for further considerations

Crisis Service Followed by a Lower Level of Care with 14 days

Excludes the following services:

- Community-Based Structured Emergency Care
- Detoxification
- Hourly Crisis Services

See 'How inpatient clients are assigned to a CMHC' for further considerations

Contract Source Codes

Contract Sources that are included in the mental health performance indicators.

Code	Description
01	Community Mental Health Contract
25	Homeless Grant
35	Psychosocial Rehab Program
36	Community Sentencing - Mental Health
39	Children's System of Care Pilot Program
42	Best Practices
43	PACT
47	Hospital Diversion/Crisis Support
48	COPES
50	Medicaid Services for which DMHSAS Pays Match (Adults)

- 51 Non-Medicaid Reimbursable Services to Medicaid-Eligible Children
- 52 Medicaid Managed Care

For Western State Psychiatric Center, Central Oklahoma CMHC, Carl Albert CMHC, Jim Taliaferro CMHC, and Bill Willis Mental Health

Code Description

- 30 Non-DMHSAS Funded Programs:

This contract source is for specific services or programs, identified by the agency, which are not funded by DMHSAS, but instead are funded by an entity separate from the DMHSAS. Examples include services paid for by the client or private insurance, Employment Assistance Programs contracts with local companies, contracts with the Department of Human Services, the Department of Health, or the Department of Corrections to provide certain services, and services to children that are billed to Medicaid.

Service Focus - Service Focus indicates the types of services being provided for the client. Many facilities provide several types of treatment (e.g., mental health, substance abuse and domestic violence services.) This data will indicate which types of services are being provided to the client. For this report, only following service focuses are included:

Code Description

- 01 Mental Health
- 05 Mental Health, Substance Abuse, and Domestic Violence
- 06 Mental Health and Substance Abuse
- 08 Mental Health and Domestic Violence
- 10 Socialization
- 11 Other (includes Residential Care, Homeless/Housing Services, Employment Services)
- 12 PACT

Appendix C: Service Codes

Service Codes

Service Day	Category	Code	Description
	Crisis Stabilization	002E	Community-based Structured Emergency Care
	Housing	004E	Family Self Sufficiency Program
		003C	Independent Living Training Program
		003Z	Permanent Congregate House
		003J	Sponsored Housing Program
		003E	Supervised Housing
	Inpatient	001D	Acute Inpatient
		001A	Intermediate Inpatient
	Residential Treatment	002Q	Enhanced Residential Treatment - Mental Health
		002N	Intensive Residential Substance Abuse Treatment
		002P	Intensive Residential Treatment - Mental Health
		002A	Residential Treatment (Substance Abuse & Mental Health)
Hourly	Evaluation/Assessment	106	Clinical Testing
		100	Competency Evaluation
		110	Evaluation and Assessment
		101	Evaluation/Assessment
		105	Referral
		300	Treatment Plan Review
		400	Treatment Planning
	Counseling	132	Family/Marital Counseling
		137	Family/Marital Counseling (Mental Health Professional)
		131	Group Counseling
		136	Group Counseling (Mental Health Professional)
		130	Individual Counseling
		135	Individual Counseling (Mental Health Professional)
	Crisis Intervention	133	Crisis Intervention Counseling
		134	Crisis Intervention Telephone
		120	Emergency/Crisis (face)
		121	Emergency/Crisis (telephone)
		123	Mobile Crisis Service
	Case Management	212	Case Management
		225	Case Management
		226	Case Management
		204	Client Advocacy
		213	Intensive Case Management

Service Hourly	Category	Code	Description
	Physician/Lab Services		
		305	Medical Review
		308	Medication Delivery
		304	Pharmacological Management
	Other Outpatient Services		
		207	Home-based Care
		570	Job Retention Support
		252	PACT Timeline Development
	Rehabilitation		
		430	Day Treatment (Hourly)
		217	Group Rehabilitative Treatment
		216	Individual Rehabilitative Treatment
		431	Psycho-social (Hourly)
		219	Substance Abuse Diagnosis\Problem-Related Education (Group)
		218	Substance Abuse Diagnosis\Problem -Related Education (Individual)
		202	Socialization
	Vocational		
		243	Employment Training
		245	Pre-vocational
		244	Vocational Training

Appendix D - Map of the CMHC Areas

