

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

Regional Performance Management Report

**Report for
Third Quarter of FY2005**

**Reported July 2005
By
DMHSAS Decision Support Services**

<http://www.odmhsas.org/statisticsother.htm>

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Regional Performance Management Report For 3rd Quarter of FY2005

Overview of the 3rd Quarter of FY05

Mental Health Treatment:

The statewide rate of outpatient follow-up within seven days of discharge from inpatient treatment (measure MH4) rose from the previous quarter from 49% to 51%, the highest rate of the eight quarters studied. Five of the eight regions (CN, NE, OK, SW and TU) demonstrated an increase in the level of outpatient follow-up from the previous quarter.

For measure MH11, the rate of adults with a major mental illness (MMI) receiving case management or individual rehabilitation services rose slightly from 47% to 48%; producing the highest rate statewide for the two-year period. Five of the eight regions (CN, EC, NE, SE, and SW) showed an improvement in the percent of clients receiving case management or individual rehab services.

Substance Abuse Treatment:

A decision was made to set the goal for the two substance abuse focus indicators at one-half a standard deviation above the state average for the eight quarters from April 2003 through March 2005 (29% for indicator SA2b and 13% for indicator SA3c). These target levels will serve as the goals for the next year, giving the agencies time to make changes to achieve the targets.

Four of the eight regions (EC, NE, SE and SW) exceeded the goal of initiation of treatment within 14 days of discharge from detox services in the 3rd Quarter of FY05 (measure SA2b). The percentage of clients, statewide, rose from 18% in the previous quarter to 21% in the 3rd Quarter of FY05. Seven of the eight regions (CN, EC, NE, OK, SE, SW and TU) demonstrated increases in the most recent quarter studied.

Engagement into a lower level of care following discharge from residential treatment fell slightly from 11.3% to 10.8%, statewide (measure SA3c). The EC and TU regions exceeded the goal of 29% engagement into a lower level of care and increased their rates from the previous quarter.

Domestic Violence and Sexual Assault Services:

In the 3rd Quarter of FY05, the number of domestic violence and sexual assault survivors discharged with a "Completed Treatment" status continued to increase to 56%. Five of the eight regions (CN, EC, NW, OK and SW) demonstrated increases in the most recent quarter studied.

The number of perpetrators of domestic violence who completed treatment fell from 60% in the previous quarter to 44% in the 3rd Quarter of FY05. The EC and NW regions showed an increase from the previous quarter and the NW region has been more than one standard deviation above the state average in all three quarters studied.

If you have questions or comments about the RPM project or this report, please contact John Hudgens, Director of Community-Based Services (405-522-3849, jhudgens@odmhsas.org); Jennifer Glover, Treatment Services Director, (405-522-2347, jglover@odmhsas.org); Julie Young, Deputy Commissioner for Domestic Violence/Sexual Assault Services, (405.522.3879, jcyoung@odmhsas.org); or Jan Savage, Performance Improvement Coordinator, (405-522-5379, jlsavage@odmhsas.org).

SECTION I – FOCUS INDICATORS

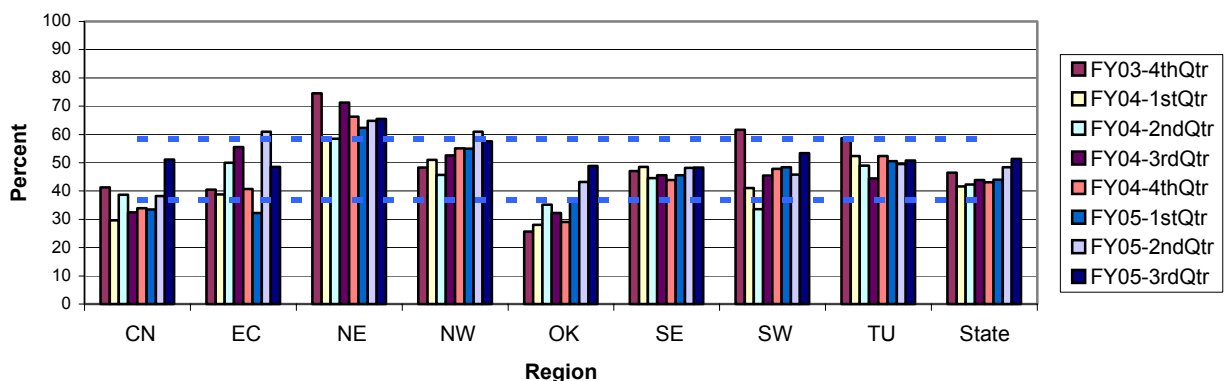
Mental Health

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within 7 Days after Discharge (for adults referred within the DMHSAS system or transferred within a single agency)

Rationale for measurement: Persons leaving inpatient care who get involved in community-based services in a timely manner are more likely to have the resources to maintain their community tenure.

Goal: The goal for this indicator is being established. If you have any input concerning this, please contact John Hudgens (JHudgens@odmhsas.org).

Figure 1: Percent of Adults Discharged from Inpatient Care in the Quarter with Follow-up Outpatient Care within 7 Days (referred/transferred)



Current Status: Statewide rate: 51%. Highest rate: NE region with 66% (more than one standard deviation above the state average). Lowest rate: None of the regions was more than one standard deviation below the state average.

Trends: Statewide, the rate of follow-up has steadily increased for the past six quarters, with the 3rd Quarter of FY05 being the highest rate in the two years studied at 51%. The inpatient follow-up rates in the NE region were one standard deviation or more above the state average for all but one of the eight quarters studied. Although the CN and OK regions' follow-up rates have been low in the past, the rates have climbed above the state average in the 3rd Quarter of FY05, demonstrating the impact of collaboration and procedure changes in those regions.

Context: ODMHSAS contracts with community mental health centers require the following:

- Continuity of care, with appropriate releases from the consumer, to collaborate with inpatient or other external providers on medication therapy decisions and on appropriateness of outpatient referral options. Persons being discharged from crisis stabilization or inpatient treatment must have a two-week supply of any needed psychotropic medications (or assurance of no gap in the provision of medication) as well as appointments scheduled for any needed aftercare.
- Carefully facilitated aftercare engagement within 24 hours whenever possible, but no later than 72 hours from discharge, for persons who have required inpatient treatment and meet criteria for the Target Population to be Served.
- When clinically indicated, a demonstrated attempt to contact a client within 24 hours of a missed appointment, including home visits when appropriate.

While providers have contractual commitments to facilitate continuity of care for clients meeting criteria for the Target Population to be served by a community mental health center (CMHC), effective linkage with

follow-up outpatient care is also dependent on clients' willingness to accept further service from an ODMHSAS provider, permit advance arrangements, and keep any appointments made on their behalf.

Responding Providers: Carl Albert CMHC and Mental Health and Substance Abuse Centers of Southern Oklahoma (formerly Mental Health Services of Southern Oklahoma) for the Southeast Region, Central Oklahoma CMHC and Family and Children's Services Mental Health Care.

Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports):

Mental Health and Substance Abuse Center of Southern Oklahoma (MHSACSO, formerly MHSSO) – SE Region: The agency continues to liaison with Griffin Memorial Hospital staff during quarterly linkage meetings and to struggle with many of the challenges which are posed by previously identified negative influences. Additionally, the importance of timely follow-up and engagement are addressed at monthly staff meetings with all clinical staff.

Carl Albert CMHC – SE Region: The agency continues to emphasize the importance of post-discharge follow-up.

Central Oklahoma CMHC – CN Region: Meetings in the 4th Quarter of the fiscal year with ODMHSAS, Griffin Memorial Hospital (GMH) and the other community mental health centers in the GMH region resulted in specific plans that will further enhance and consolidate recent changes in Central Oklahoma CMHC's performance improvement for this focus indicator. The details of a plan have been provided to ODMHSAS staff in communications separate from the RPM Report response.

Family and Children's Services Mental Health – TU Region: Two meetings per week are now scheduled with the Tulsa Center for Behavioral Health staff to coordinate discharge planning, medication management, and timely follow-up appointments for clients upon discharge from inpatient services. In addition, six Minimum Threshold Service Plan (MTSP) Coordinators provide linkage with all psychiatric inpatient facilities within the Tulsa area to facilitate the discharge and follow-up service standards for individuals meeting ODMHSAS eligibility requirements.

The following Implementation Plan was developed to improve inpatient treatment and linkages among agencies serving the Griffin Memorial Hospital (GMH) and Oklahoma County Crisis Intervention Center (OCCIC) areas. The agencies involved include **Central Oklahoma CMHC – CN Region, Hope Community Services – OK Region, North Care Mental Health Center – OK Region, Red Rock Behavioral Health Services – OK Region, Griffin Memorial Hospital and Oklahoma County Crisis Intervention Center:**

- Release of information.
 - All parties agreed to implement a standard form that will allow communication between needed providers, with client consent.
 - With consent, GMH and OCCIC admissions staff will notify each center daily by fax of any admissions from their area.
 - With consent, on the day of assignment to a social worker, the assigned GMH/OCCIC social worker will contact the applicable CMHC's aftercare coordinator regarding the admission of a client from their area and seek information regarding medications, other prior treatment, etc. and to initiate aftercare planning.
 - CMHCs will seek consent to share clinical data with GMH when they are facilitating the admission of an existing client.
 - GMH and CMHC staff will document all attempts to obtain consent, as well as any sharing of information with each other.
 - Each CMHC will meet weekly with appropriate GMH staff regarding the aftercare plan for clients from their area, as well as meet with the clients to build the needed relationship.
- Service enhancements:
 - Griffin will hire a Recovery Support Specialist.
 - OKC CMHCs will implement a daily (weekday) van run to pick up clients at OCCIC and Griffin, with consent, who are being discharged. They will be taken to the applicable

CMHC for introduction to the center and staff, intake, and relationship building and then taken home or to shelter.

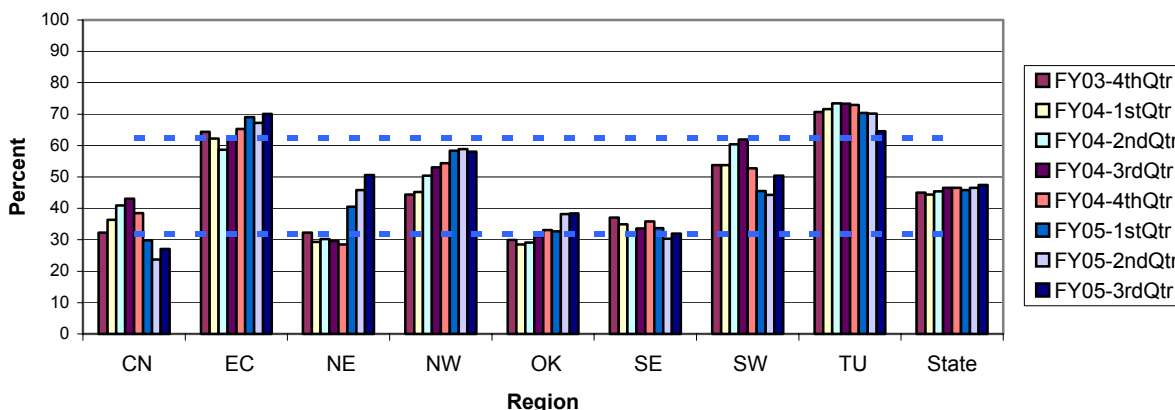
- The OKC and Norman CMHCs will each implement an Intensive Care Coordination Team (one intensive case manager and one recovery support specialist) whose caseload will be limited to persons identified by OCCIC and Griffin as at risk for rehospitalization. The ICC Teams will continue with a client on an ongoing basis until the client is successfully engaged in services.
- CMHCs will ensure that persons being discharged from Griffin and OCCIC receive priority attention in scheduling for needed services.
- Each CMHC will provide Griffin and OCCIC with Consumer Orientation Handbooks for distribution to clients from their area.

Measure MH11: Adults with MMI Receiving Case Management or Individual Rehabilitative Services (active at the facility during the quarter studied)

Rationale for measurement: Persons with MMI will maintain longer community tenure and better quality of life if they receive supportive services such as case management or individual rehabilitative services.

Goal: The goal for this indicator is being established. If you have any input concerning this, please contact John Hudgens (JHudgens@ODMHSAS.org).

**Figure 2: Adults with a Major Mental Illness
Percent Who Received a Case Management or Individual Rehab Service in the Quarter**



Current Status: Statewide rate: 48%. Highest rates: The EC and TU regions at 71% and 65%, respectively (one standard deviation above the mean). Lowest rate: The CN region at 27%) more than one standard deviation below the mean).

Trends: The state has remained fairly constant with rates between 44% and 48%. The EC and Tulsa regions were at or above one standard deviation from the state average for most of the study period. The OK region had been one standard deviation below the state average in the previous year but has risen to within one standard deviation for the past two quarters.

Context: In a recovery-oriented system, historical models of treatment must be revisited. Persons with a serious mental illness and in recovery are expected to reach a point when individual case management and rehabilitative services as currently provided may need to be replaced with other services or supports to continue their recovery. The service system and provider expectations will need to ensure that individual clients determine, with their treatment team, the services that are most appropriate to their current needs.

Responding Providers: Carl Albert CMHC and Mental Health and Substance Abuse Centers of Southern Oklahoma (formerly Mental Health Services of Southern Oklahoma) for the Southeast Region, Central Oklahoma CMHC, Family and Children’s Services Mental Health Care and Grand Lake Mental Health Center.

Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports):

Central Oklahoma CMHC – CN Region: Continuing staff turnover in Adult Outpatient Services has resulted in continuing lower levels of case management and individual rehabilitative services to the persons served. Efforts to recruit and retain case management and rehab staff are underway.

With the initiation of evidenced-based programs, there has been a shift from case management and individual rehab services to psychosocial and co-occurring arrays of services, mainly provided in group settings, and, therefore, not reflected in this measure. Simultaneously, more persons being actively

served are requesting medication-only services, having achieved a level in their recovery plan not requiring other services, including case management or individual rehabilitation.

Grand Lake Mental Health Center – NE Region: The Director of Performance Improvement monitors the number of Case Management and Individual Rehabilitative services provided, after requiring that all of GLMHC clinics increase these services.

Mental Health and Substance Abuse Centers of Southern Oklahoma (MHSACSO, formerly MHSSO) – SE Region: The agency's newly hired staff have received case management training; additional services to persons served who are identified as having MMI will be provided based on consumer need and choice.

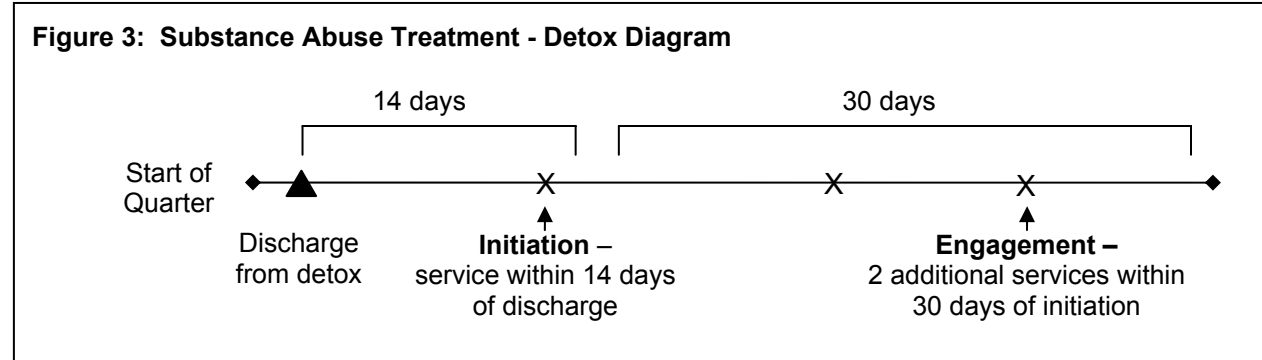
Carl Albert CMHC – SE Region: Performance improvement monitoring of quality of content of progress notes helps clinicians ensure they are coding and documenting all case management services appropriately. Tracking of case management certification training is a standing item on the Education Committee agenda to ensure all outpatient direct services staff are certified as quickly as possible after being hired, and that all certified staff maintain certification.

Family and Children's Services Mental Health – TU Region: At intake, case managers are assigned to every consumer to foster engagement and continuity of service delivery. It is not required of the consumer to receive case management services to receive doctor appointments or other services; however, walk-in case management services are available without an appointment.

Substance Abuse

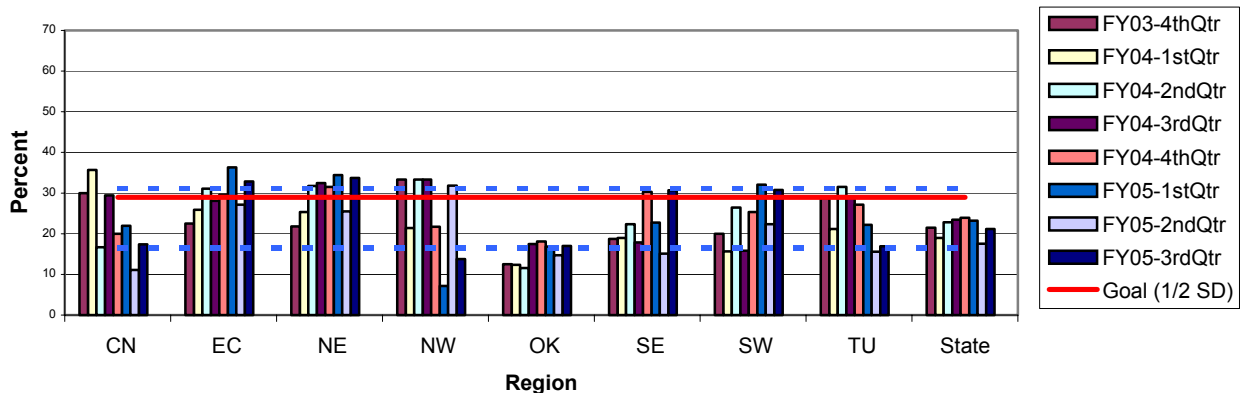
Measure SA2b: Initiation of Treatment Services Following Detoxification Services

Rationale for measurement: Persons who receive treatment following a detox service are more likely to maintain abstinence.



Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the eight quarters from April 1, 2003 through March 31, 2005, i.e., follow-up rate of 29%.

Figure 4: Initiation of Substance Abuse Treatment Following a First Detoxification Service



Current Status: Statewide rate: 21%. The EC, NE, SE, and SW regions met the goal, with the EC and NE far exceeding it (more than one standard deviation above the state average).

Trends: All regions but one (NW) increased from the previous quarter. The NW region's rate of initiation varies significantly from quarter to quarter due to the small number of clients discharged from detox services in a quarter.

Responding Providers: None to report this quarter.

Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports): None to report this quarter.

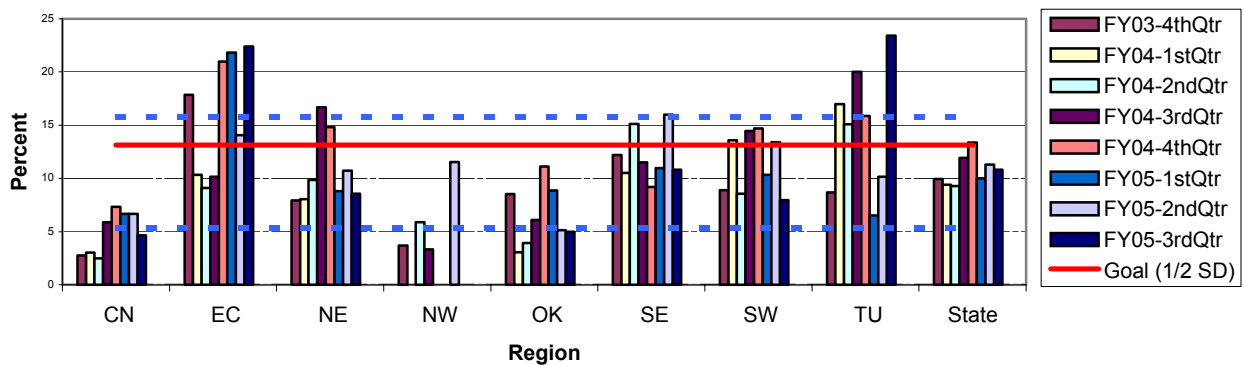
Measure SA3c: Engagement in Lower Levels of Treatment Following Residential Treatment

Rationale for measurement: The longer persons remain in treatment, the better their outcomes will be.



Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the eight quarters from April 1, 2003 through March 31, 2005, i.e., a follow-up rate of 13%.

Figure 6: Engagement in Substance Abuse Treatment Following a First Residential Treatment Service



Current Status: Statewide rate: 11%. NE and TU regions far exceeded the goal (more than one standard deviation above the state average). Lowest rate: The OK region at 4% (one standard deviation below the state average).

Trends: The EC and TU regions improved their performances from the previous quarter.

Responding Providers: None to report this quarter.

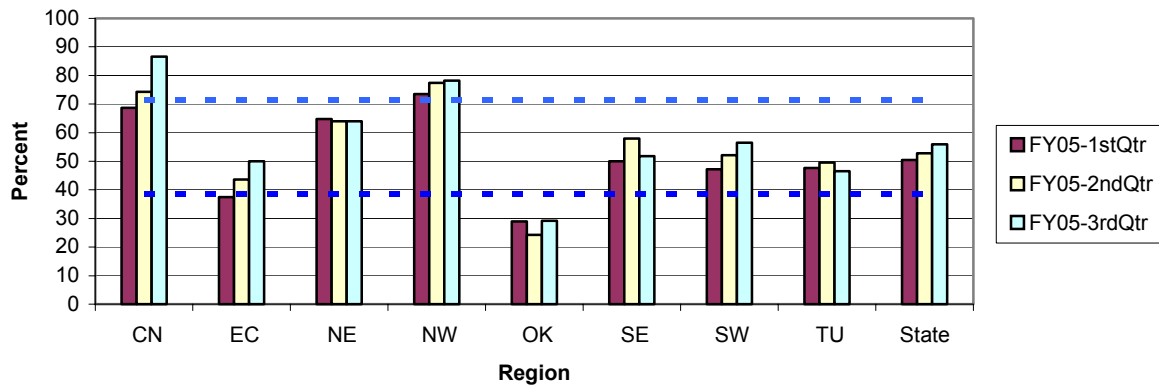
Improvement Strategies Suggested or Actions Taken by Providers (previous reported actions can be found in earlier reports): None to report this quarter.

Domestic Violence

Measure DV4: Treatment Completion of Domestic Violence or Sexual Assault Survivors

Rationale for measurement: Persons completing their service plans will be more likely to overcome abusive situations.

Figure DV1: Percent of Adult Survivors of Domestic Violence or Sexual Assault Who Completed Treatment



Current Status: Statewide rate: 56%. Highest rates: the CN and NW regions at 87% and 78%, respectively (more than one standard deviation above the state average). Lowest rate: the OK region at 29% (more than one standard deviation below the state average). *Although training on the definitions of “completed treatment” and other discharge codes has been provided to all agencies, differences in reporting practices may account for some of the region-to-region variation observed.*

Trends: In the 3rd Quarter of FY05, 56% of adult survivors completed treatment, that is, completed their service plans. This rate is up from 50% and 51% in the previous two quarters.

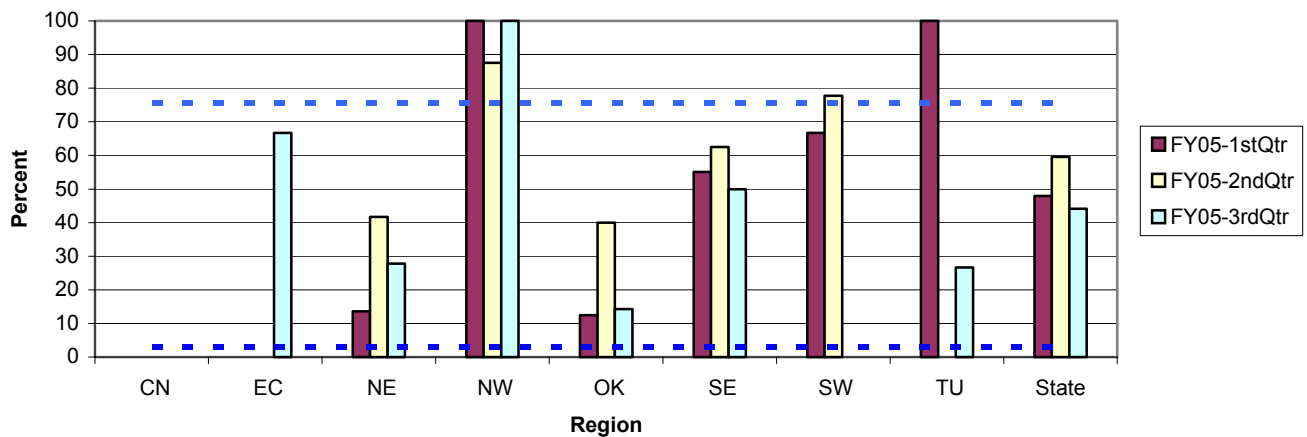
Responding Providers: Indicators will be reported through the 4th quarter of FY05, but domestic violence and sexual assault services were transferred to the Attorney General’s office effective July 1, 2005, so no provider responses were collected.

Measure DV5: Treatment Completion of Domestic Violence Perpetrators

Rationale for measurement: Persons completing their service plans will be less likely to continue their abusive behaviors.

Goal: The goal for this indicator has not been established. If you have any input concerning this, please contact Julie Young (JYoung@odmhsas.org).

Figure DV2: Percent of Adult Perpetrators of Domestic Violence Who Completed Treatment



Current Status: Statewide rate: 44%. Highest rates: the NW region at 100% (more than one standard deviation above the state average). Lowest rate: the SW region at 0% (more than one standard deviation below the state average). *Small changes in the numbers of people completing treatment can lead to large quarter-to-quarter changes in this indicator because of the small numbers of people being treated in each region, e.g., the OK region only had seven perpetrators discharged during the 3rd Quarter of FY05 and one of the discharges had a “completed treatment” status. The CN region did not have any perpetrators discharged during the 3rd Quarter of FY05.*

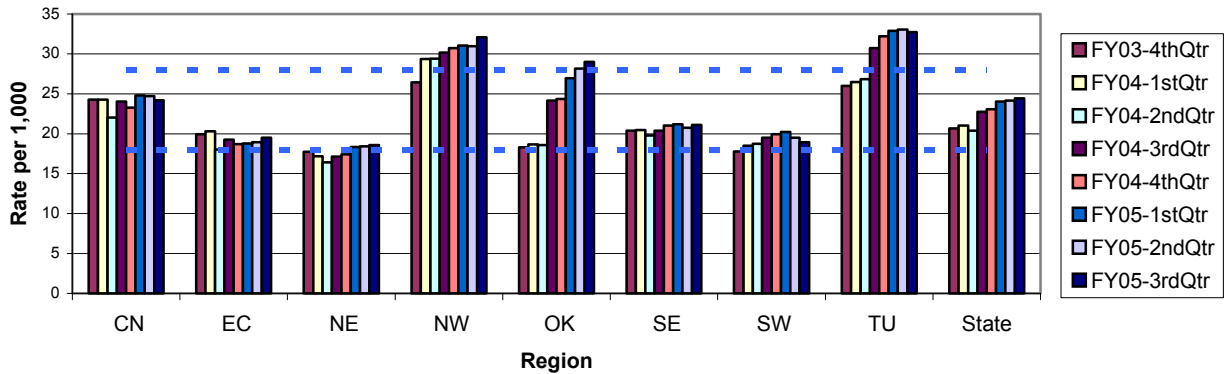
Trends: The rate of 44% in the 3rd Quarter of FY05 is the lowest rate of the three quarters studied.

Responding Providers: Indicators will be reported through the 4th quarter of FY05, but domestic violence and sexual assault services were transferred to the Attorney General’s office effective July 1, 2005, so no provider responses were collected.

SECTION II: ADDITIONAL INDICATORS

Measure MH1: Adults Receiving Any DMHSAS-funded Mental Health Service

Figure 7: Adults Receiving Any ODMHSAS-Funded Mental Health Service in the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



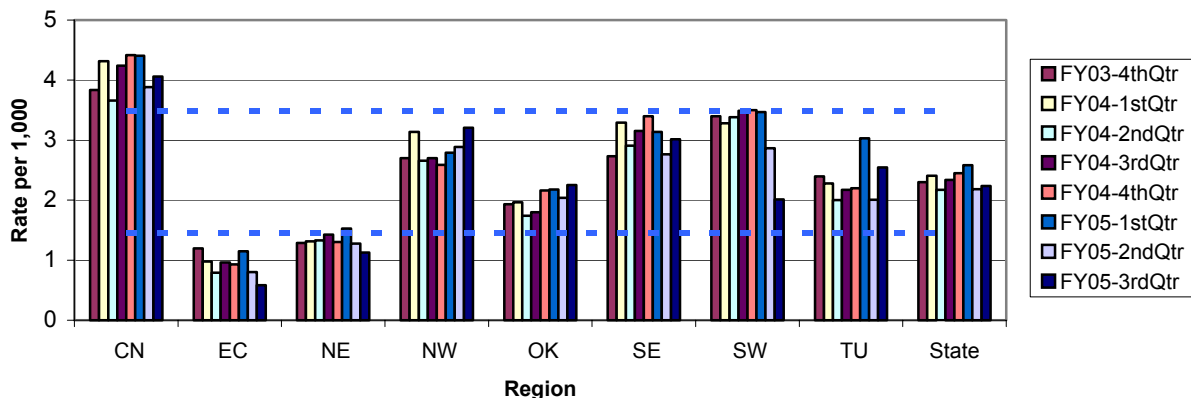
As shown in Figure 7, statewide, 24.4 of every 1,000 adults in poverty received a DMHSAS-funded mental health service in the 3rd Quarter of FY05. This is the highest rate for the eight quarters studied. The range of adults per 1,000 in poverty that received a service in the prior seven quarters is 20 to 24.1.

The NW, OK and TU regions served 33, 29 and 32 adults per 1,000 in poverty, respectively, and were more than one standard deviation above the state average. The NW region has been one standard deviation above the average for seven of the eight quarters studied. The OK region utilization rate has risen from one standard deviation below the state average to more than one standard deviation above the average in the past two years.

Measure MH2: Adult Mental Health Core Outpatient Services – Indicator Discontinued

Measure MH3: Adult Inpatient Services

Figure 8: Persons Receiving An Inpatient Mental Health Service in the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



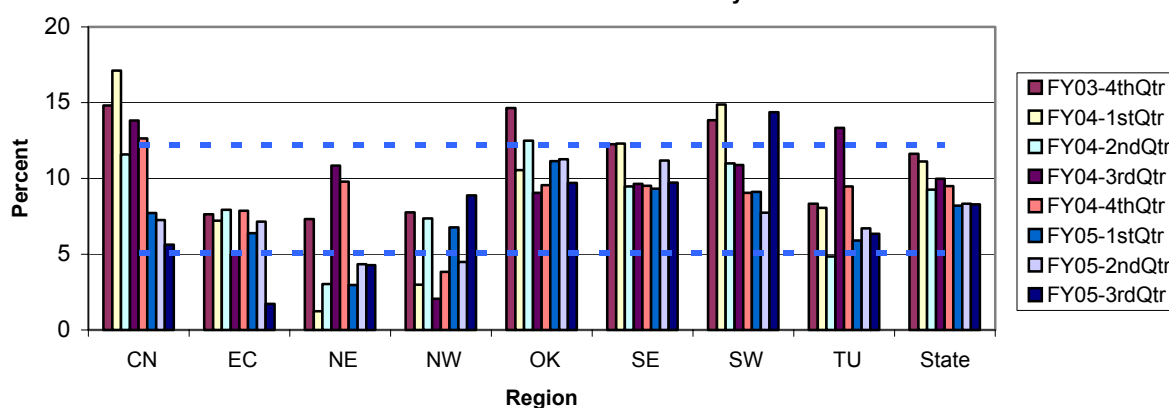
Statewide, 2.2 of every 1,000 adults (22 of every 10,000) in poverty received an inpatient mental health service (in a state hospital or community-based inpatient unit) in the 3rd Quarter of FY05 (Figure 8). The range for the prior seven quarters was between 2.1 and 2.6 per 1,000.

The CN region has had high utilization of inpatient services for the past two years, with 4.1 adults per 1,000 in poverty receiving an inpatient service in the 3rd Quarter of FY05. The EC and NE regions trended towards low rates of utilization at 0.6 and 1.1, respectively, per 1,000 adults in poverty. All eight quarters in the EC region were one standard deviation or more below the statewide average.

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within 7 Days after Discharge – See Section I: Focus Indicators

Measure MH5: Adult Inpatient Re-admissions within 30 Days After Discharge

**Figure 9: Adults Discharged from Inpatient Care in the Quarter
Percent Readmitted within 30 Days**

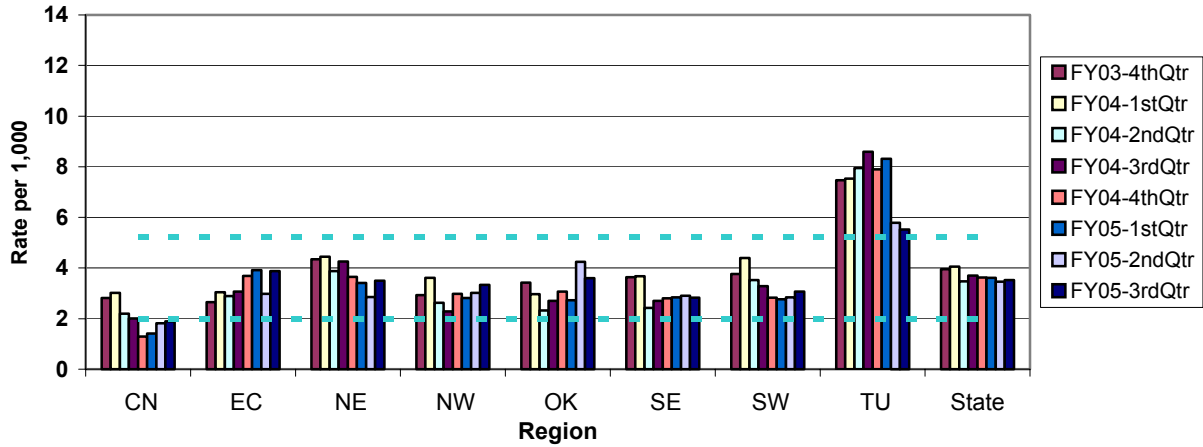


The adult inpatient re-admissions indicator measures the percentage of adults discharged from inpatient care in the quarter who were re-admitted within 30 days following their discharge. Statewide re-admissions ranged between 8.2% and 11.6% of discharged inpatient adults for the past two years, with the lowest re-admission rate (7.2%) in the last three quarters of FY05 (Figure 9). The SW region increased to more than one standard deviation above the state average in the 3rd Quarter FY05 at 14.4%. The EC and NE regions were more than one standard deviation below the statewide average at 1.7% and 4.3%, respectively. The CN region readmissions have dropped from more than a standard deviation above the mean three quarters ago to nearly one standard deviation below the mean in the 3rd Quarter of FY05.

Measure MH6: Adult Mental Health Face-to-Face Crisis

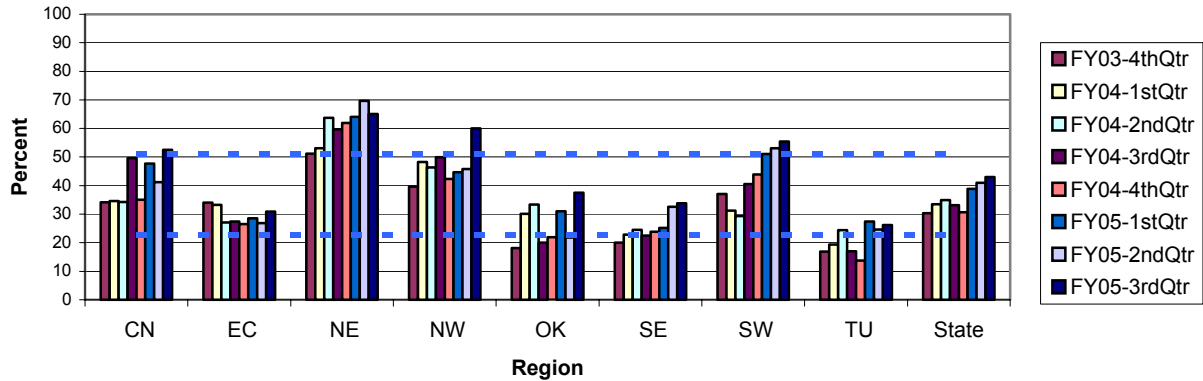
The Adult Mental Health Face-to-Face Crisis indicator measures the rate per 1,000 adults in poverty in each region who received a crisis service in the quarter. The number of adults with face-to-face mental health crisis services during the 3rd Quarter of FY05 for the state remained stable at 3.5 per 1,000 of the adult population below 200% of the poverty level (Figure 10). The rate falls within the two-year range of 3.5 to 4.1 per 1,000 of the adult population below 200% of the poverty level. The TU region's rate of face-to-face crisis services continues to be high at a rate of 5.5 for the most recent quarter and has been at least one standard deviation above the state average for all eight quarters. The CN region fell more than one standard deviation below the state average for the adult population below 200% of the poverty level with a rate of 1.9 per 1,000 of the adult population.

Figure 10: Adult Face-to-Face Crisis Events during the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



Measure MH7: Adult Crisis Follow-up in Outpatient Care within 7 Days

Figure MH11: Adult Mental Health Face-to-Face Crisis Events during the Quarter
Percent Receiving Outpatient Follow-up within Seven Days



For the 3rd quarter of FY05, 43% of all adults with a face-to-face mental health crisis service in the state were seen for a non-crisis outpatient service within the following seven days (Figure 11). This is the highest rate of crisis follow-up for the eight quarters studied, up from 31% in the 4th Quarter of FY03.

The CN, NE, NW and SW regions had rates one standard deviation above the state average at 53%, 65%, 60% and 55%, respectively. The NE region has demonstrated a high rate of adult mental health follow-up (one standard deviation or more above the state average) for all eight quarters measured.

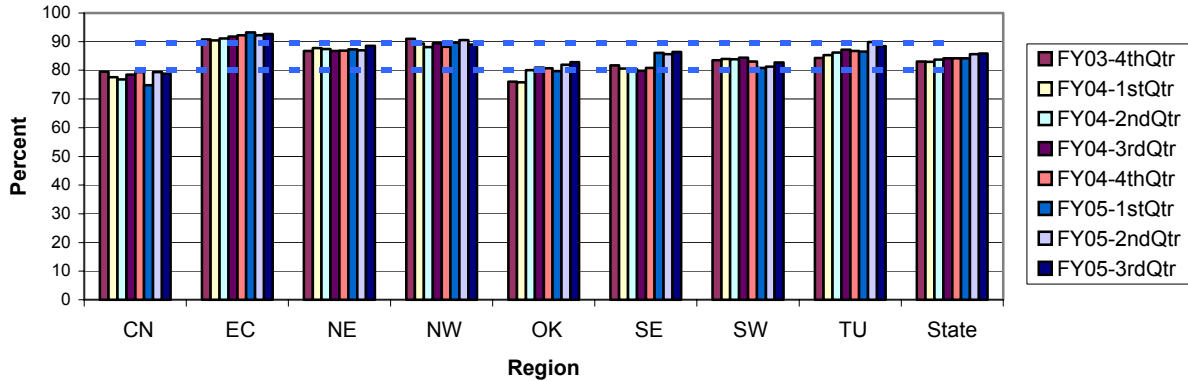
ADULTS WITH MAJOR MENTAL ILLNESS (MMI)

Background: To more clearly define a category of service recipients with more serious disorders that could be identified in data also collected by the Oklahoma Health Care Authority (OHCA), criteria for Major Mental Illness (MMI) were selected. This population is similar to the group of adults designated by providers as having a Serious Mental Illness (SMI), without considering level of functioning (which is not collected by OHCA). A complete listing of MMI diagnoses is given in Appendix 4, Glossary of Terms, under Major Mental Illness. To be included in the measure, a client had to have received a service in the reported quarter.

Measure MH8: Adults with MMI Receiving Any DMHSAS-Funded Mental Health Service - Indicator Discontinued

Measure MH9: Adults with MMI Core Outpatient Mental Health Services

**Figure 12: Adults with a Major Mental Illness
Percent Who Received a Core Mental Health Service in the Quarter**

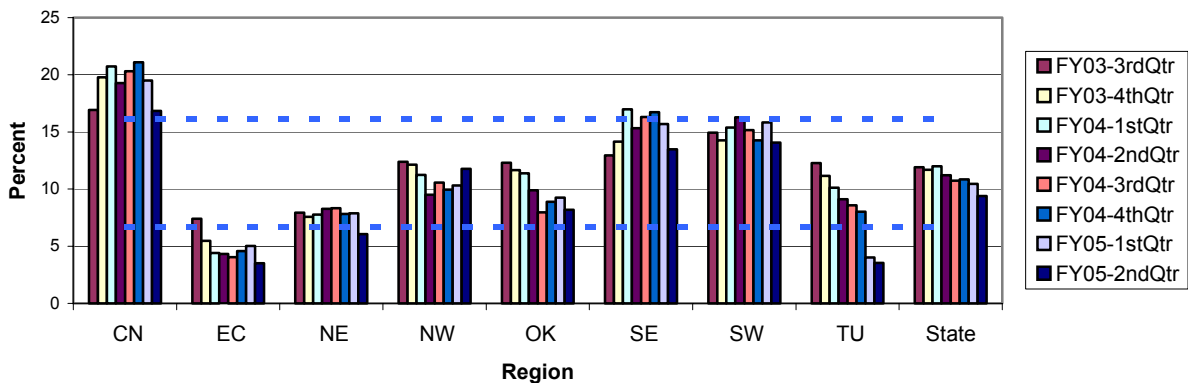


About 86% of adults with MMI received a core mental health outpatient service (face-to-face mental health, non-crisis, treatment service) in the 3rd Quarter of FY05 (Figure 12), increasing slightly from the seven prior quarters.

The CN region demonstrated a low percentage of adults with MMI receiving core outpatient services at 79% in the 3rd Quarter of FY05, which is one standard deviation below the state average. The EC region was one standard deviation above the state average at 93%. The EC region has been one standard deviation or more above the state average for the eight quarters studied.

Measure MH10: Adults with MMI Inpatient Services

**Figure 13: Adults with a Major Mental Illness
Percent Who Received an Inpatient Mental Health Service in the Quarter**



About 9% of all adults with MMI, statewide, were hospitalized in the 3rd Quarter of FY05 (Figure 13), the lowest rate for the eight quarters studied.

The CN region was more than one standard deviation above the state average at 9.4% in the 3rd Quarter of FY05. The CN region has consistently been one standard deviation about the state average for the

eight quarters studied. The EC, NE, and TU regions were all one standard deviation below the state average at 3.5%, 6.1% and 3.6%, respectively.

Measure MH11: Adults with MMI Receiving Case Management or Individual Rehab Services - See Section I: Focus Indicators

Measure MH12: Adults with MMI Receiving Independent Housing – Indicator Discontinued

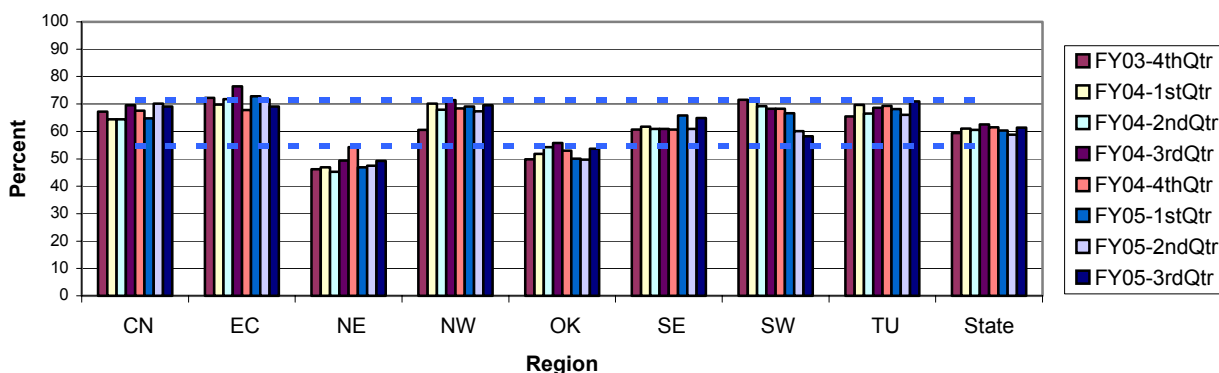
ADULT SELECT PRIORITY GROUP (SPG)

Adult clients with severe mental illness comprise the Select Priority Group (SPG), which was defined to evaluate access to medication services. For a complete list of diagnoses included in the SPG, refer to Appendix 4, Glossary of Terms, Select Priority Group.

Measure MH13: Adult Select Priority Group (SPG) Medication Visits

The measure is based on the assumption that the majority of clients with these diagnoses could benefit from a medication visit each quarter. This measure represents the percentage of adults in the SPG that were active in the quarter and received a medication visit in the quarter.

**Figure 14: Adults with a Select Priority Group (SPG) Diagnosis
Percent Who Received a Medication Visit in the Quarter**



Statewide, 61% of all adults in the SPG received a medication visit in the 3rd Quarter of FY05 (Figure 14). The rate has remained consistent with a range of 59% to 62% in the prior seven quarters. The NE and OK regions had rates of 49% and 54%, respectively and both regions have been more than one standard deviation below the state average for most of the eight quarters studied.

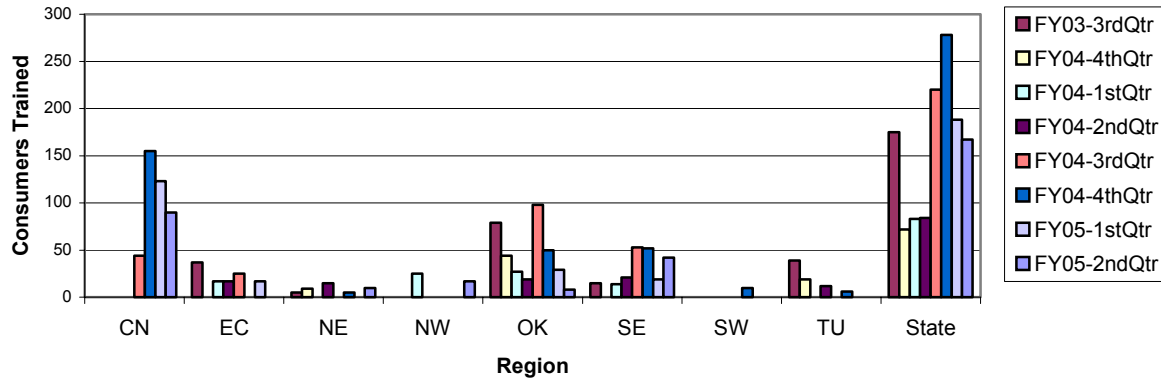
EVIDENCE-BASED PRACTICES

Measure MH14: Illness Self-Management – (DATA not yet received for 3rd Quarter FY05)

The illness self-management indicator measures the number of unique individuals that participated in a Wellness and Recovery Action Plan (WRAP) illness self-management education program each quarter for each region and the state. The WRAP training is an evidence-based practice implemented by the Oklahoma Mental Health Consumer Council under a contract with DMHSAS. WRAP training is curriculum-based and specifically equips consumers with tools to understand their mental illness and develop strategies to be advocates for themselves as they continue their recovery. The DMHSAS goal is

for WRAP to be available in all regions in each quarter. Data reported to DMHSAS for WRAP training does not include participant or client identifiers at his time.

**Figure 15: Clients Receiving Illness Self-Management Training
Unduplicated Count by Quarter**

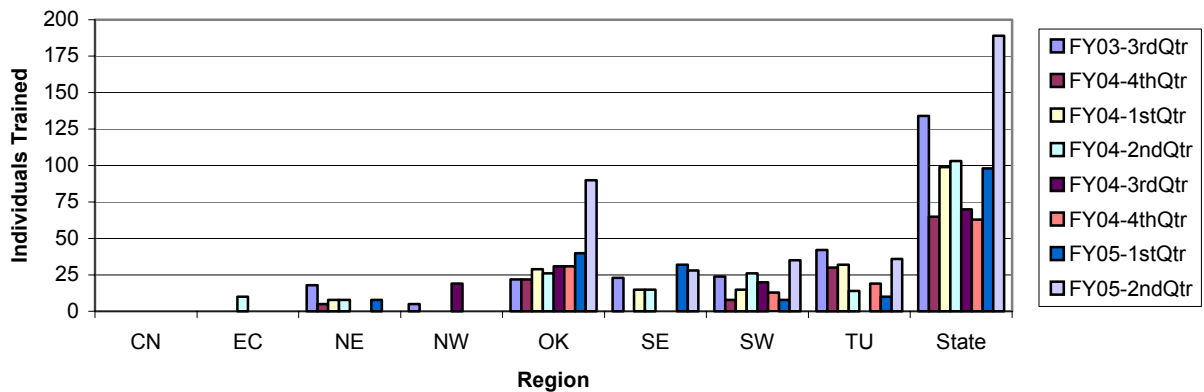


Illness self-management education services were provided to 167 individuals during the 3rd Quarter of FY05 (Figure 15). To date, 1,267 individuals have participated in the WRAP training. Training was offered in the CN, NE, NW, OK, and SE regions for the most recent quarter. These counts do not reflect services provided to staff or other trainers

Measure MH15: Family-To-Family Training - (DATA not yet received for 3rd Quarter FY05)

The Family-to-Family indicator measures the number of unique family members that participated in a psycho-educational training program presented by the Oklahoma Chapter of the National Alliance for the Mentally Ill (NAMI-OK) under contract with DMHSAS. Family-to-Family is a curriculum-based training in which, over the course of several sessions, family members learn about mental illnesses, effective treatment, and ways to support their relatives in treatment and recovery. Data reported to DMHSAS for Family-to-Family training do not include participant or client identifiers at this time.

**Figure 16: Family Members Receiving Family-to-Family Training
Unduplicated Count by Quarter**



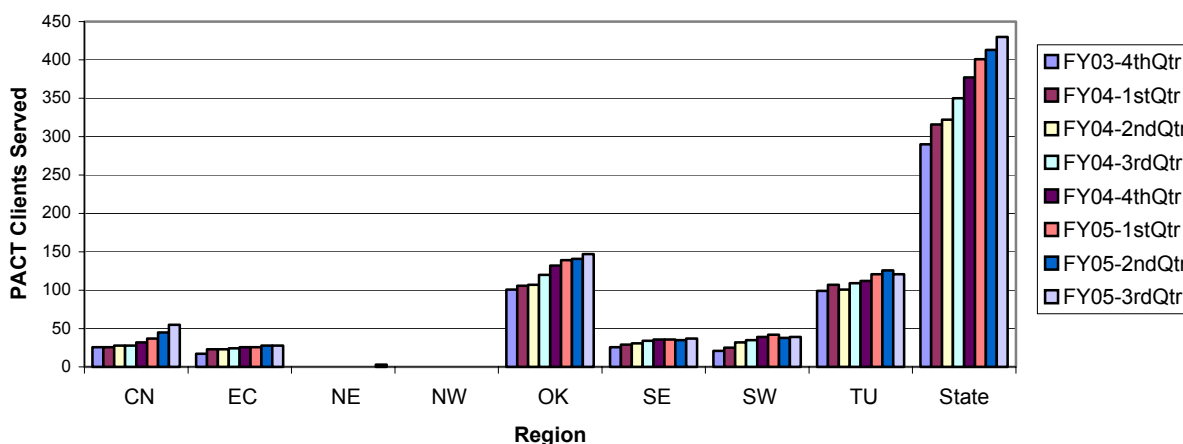
A total of 189 individuals received Family-to-Family training in the 3rd Quarter of FY05, the highest number provided in a quarter in the last two years (Figure 16). Training sessions were held in the OK,

SE, SW and TU regions during the 3rd Quarter of FY05. To date, training has been provided to 821 individuals.

Measure MH16: Program of Assertive Community Treatment (PACT)

PACT is a service-delivery model for providing comprehensive community-based treatment to persons with serious mental illness. The multi-disciplinary staff provides intensive treatment, rehabilitation and support services to clients in their homes, on the job and in social settings to enable clients to successfully reside in the community. To ensure this evidence-based practice is enrolling clients at the rate prescribed by the model, the number of clients served each quarter is monitored. The four urban sites, located in the OK and TU regions, are staffed to serve 100 - 120 PACT participants, while the other four sites are “partially staffed,” and serve 50 participants each. Three new PACT sites are being implemented but did not report data for the time period being studied.

Figure 17: Number of Persons Served in PACT by Quarter



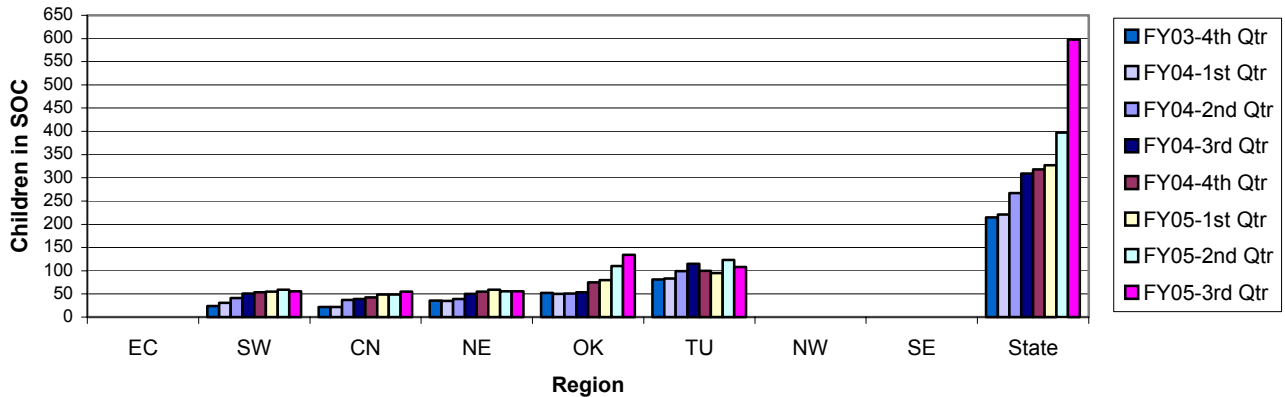
As shown in Figure 17, 430 persons were served through the eight PACT sites in the 3rd Quarter of FY05. The OK and TU regions provided services to 147 and 121 persons, respectively. These regions include four sites, the two original sites and two sites that have recently been implemented. The remaining sites served a total of 162 persons in the 3rd quarter of FY05 (CN region = 55, EC region = 28, NE = 3, SE region = 37, SW region = 39).

CHILDREN’S SERVICES

Measure MH17: Children’s Systems of Care

Systems of Care (SOC) is a promising practice which assists communities in building fully inclusive organized systems of care for families of children who are experiencing a serious emotional disturbance. Currently, there are eight sites located in five regions. Like PACT, it is important that the project sites grow in capacity to ensure access to children and their families. Thus, the number of children served quarterly is monitored. While there are other SOC programs operating in the state, these data represent only those programs funded through DMHSAS. These programs cover Beckham, Custer, Canadian, Cleveland, Kay, McClain, Oklahoma, Pottawatomie, Roger Mills, Tulsa and Washita Counties.

Figure 18: Number of Children Served in SOC by Quarter



In 3rd Quarter of FY05, 598 children were served in the SOC sites, the largest number to date (Figure 18). The OK region served 134 children, with sites in Oklahoma and Pottawatomie Counties. This was followed by the TU region, which hosts the single largest site, which served 108 children, followed by 56 children served in the NE region (with sites in Kay and Washington Counties), 56 children served in the SW region (serving Beckham, Custer, Roger Mills and Washita Counties), and 55 children served in the CN region (with sites in Canadian and Cleveland Counties).

Measure MH18: Children with Any DMHSAS-Funded Mental Health Service – Indicator Discontinued

PERFORMANCE MEASURES - SUBSTANCE ABUSE

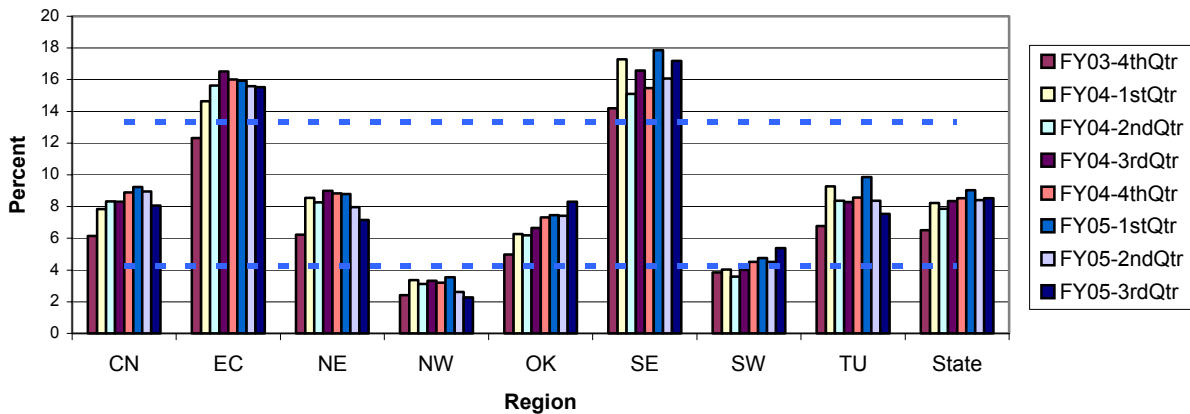
The indicators of substance abuse treatment performance used in this report are measures developed by the Washington Circle with support from the federal Center for Substance Abuse Treatment (CSAT). The indicators focus on early recognition and intervention which can positively affect the course of an individual's problem with alcohol and other drugs. The indicators measure the extent to which persons in need are identified, initiated into treatment and engaged to stay in treatment.

Measure SA1: Identification

Persons were considered "identified" (as substance abusers in need of treatment) if they received a substance abuse service in the quarter. There were 3,918 persons identified among those in need of treatment during the 3rd Quarter of FY05. Persons were identified by the first level of substance abuse services they used:

| | |
|--------------------------------------|-------------------------------------|
| Outpatient – 1,821 clients (46%) | Residential – 864 clients (22%) |
| Detoxification – 1,093 clients (28%) | Community Living – 140 clients (4%) |

**Figure 19: Adults in Poverty Estimated to Need Treatment
Percent "Identified" by Receiving Treatment**



Statewide, the percent of the estimated number of adults in need of substance abuse treatment that received a substance abuse service has remained fairly constant for the last seven quarters, with rate of 8.5% occurring in the most recent quarter (Figure 19).

A high percentage of adults with substance abuse problems in the EC and SE regions received a substance abuse service (16% and 17%, respectively); their rates of identification were more than one standard deviation above the state average in at least seven of the eight quarters measured. A low percentage of adults with substance abuse problems (2.3%) in the NW region received a substance abuse service in the last quarter. The NW region has been more than one standard deviation below the state average in all eight quarters measured.

Measure SA2a: Initiation Into Outpatient Treatment

Among those persons who received a first (index) substance abuse service in the quarter (with no services in the past 60 days), initiation rates were calculated based on the level of care in which the persons were first served. Initiation for residential and community living services were not included in the indicators because nearly all clients initiated residential and community living treatment (as defined by the Washington Circle) by remaining in treatment a second day. The Initiation indicator was trended by

outpatient and detoxification services separately because of the variation in the percent of clients initiating treatment in the two levels of care.

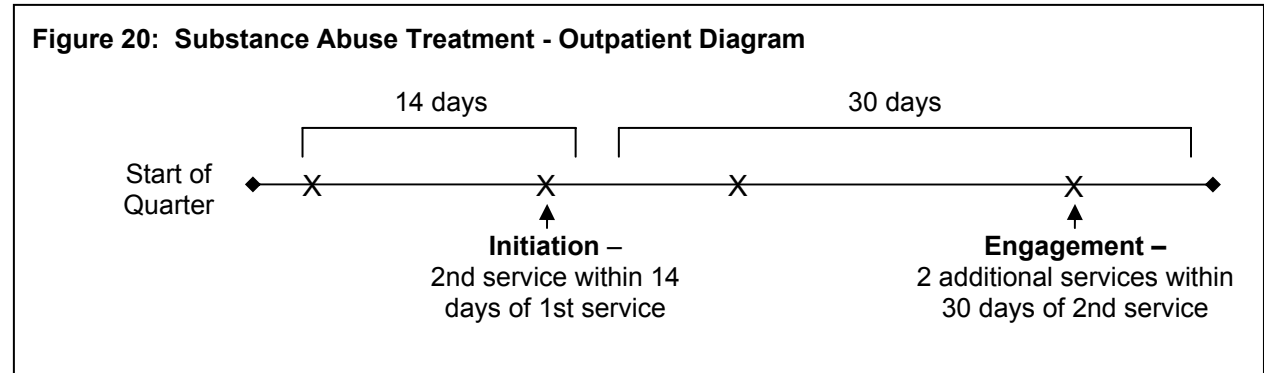
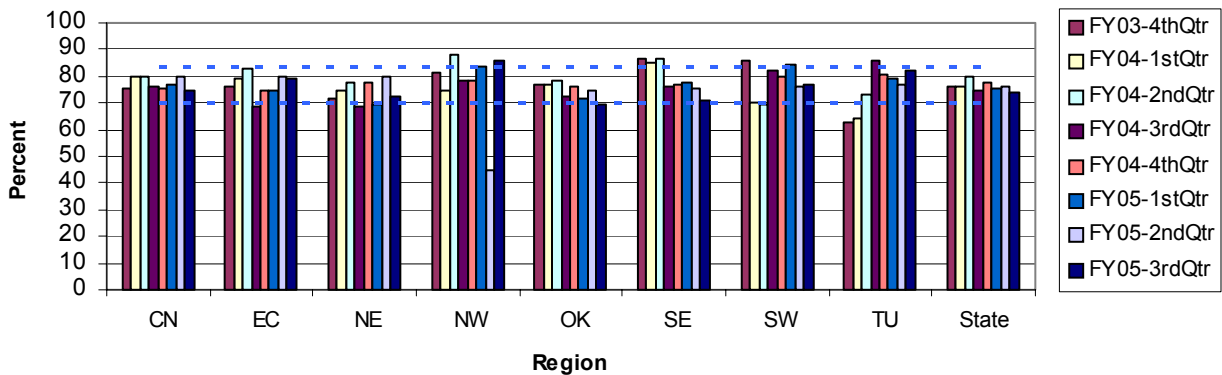


Figure 21: Initiation of Substance Abuse Treatment Following a First Outpatient Service

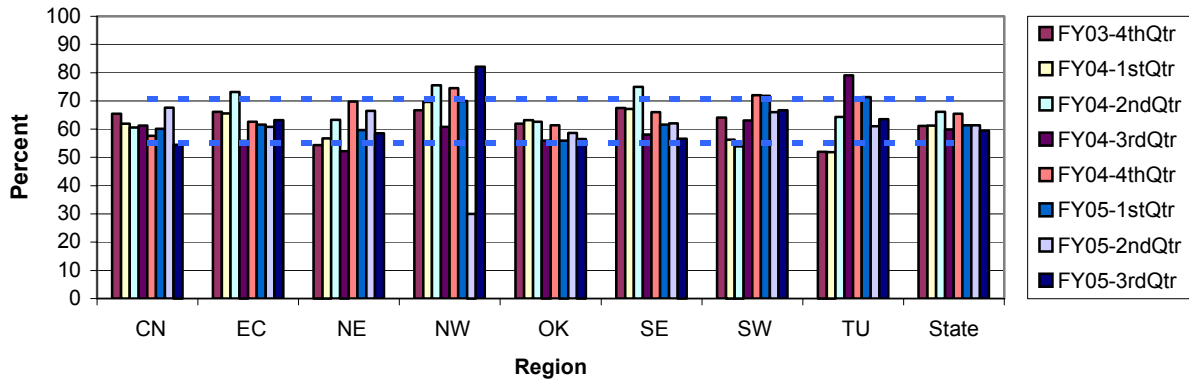


As shown in Figure 21, statewide, 74% of adults with first treatment episodes, who started treatment in outpatient care, *initiated* treatment (had a second service within 14 days, refer to Figure 20 for diagram). While the rate has remained fairly steady over the past eight quarters, this is the lowest rate for the two-year range studied. The NW region was more than one standard deviation above the state average at 86%, while the OK region was more than one standard deviation below the state average at 69%.

Measure SA2b: Initiation Following Detox Services – See Section I: Focus Indicators

Measure SA3a: Engagement in Outpatient Treatment

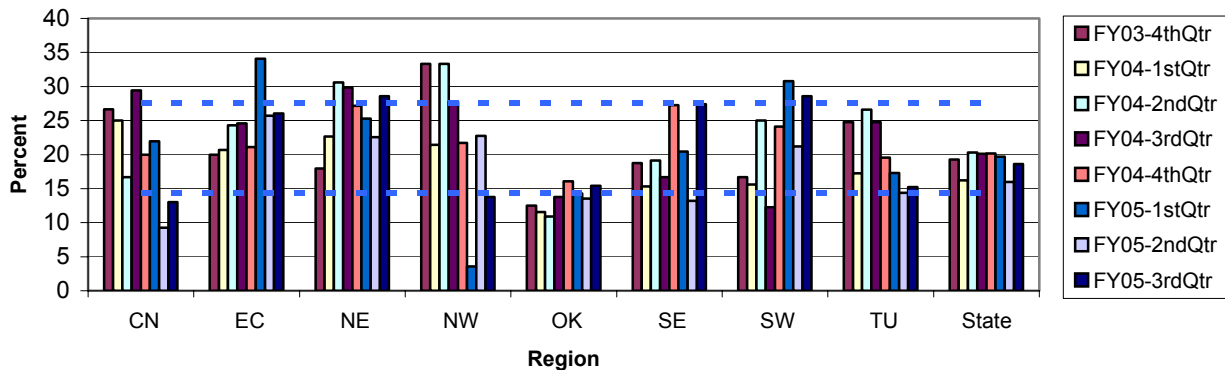
Figure 22: Engagement in Substance Abuse Treatment Following a First Outpatient Service



As shown in Figure 22, during the 3rd Quarter of FY05, 60% of clients who started treatment in outpatient care *engaged* in treatment (initiated treatment within 14 days after an initial outpatient service and had two more services within 30 days following initiation – Figure 20). This fell within the eight-quarter range of 60% to 66%. The NW region was more than one standard deviation above the state average at 82% in the 3rd Quarter of FY05. The CN region fell to more than one standard deviation below the state average at 54%.

Measure SA3b: Engagement Following Detox Services

Figure 23: Engagement in Substance Abuse Treatment Following a First Detoxification Service



Of the clients who started treatment with detoxification services, 19% *engaged* in treatment (had one service within 14 days of discharge from detoxification services and two additional services within 30 days of the first post-discharge service - refer to Figure 3, page 12). This rate of engagement has remained fairly consistent, falling in the two-year range of 16% to 20% (Figure 23). The NE and SW regions were more than one standard deviation above the state average at 29%, while the CN and NW regions were one standard deviation below the state average at 13% and 14%, respectively.

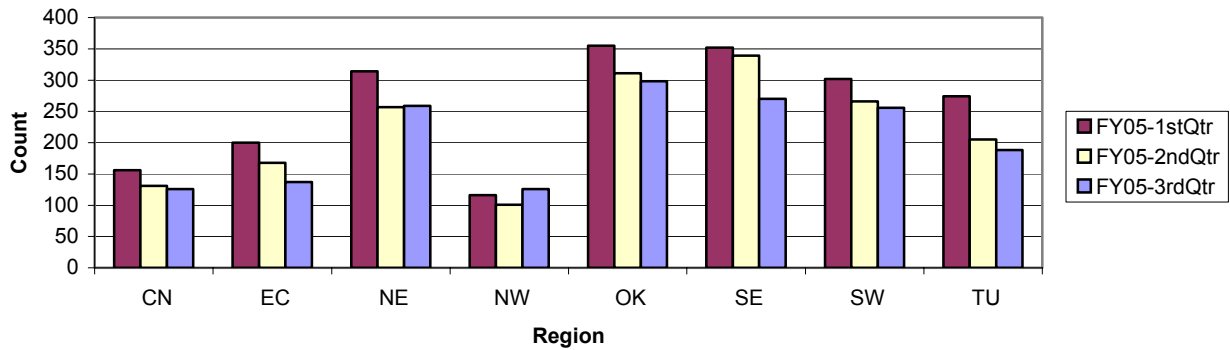
Measure SA3c: Engagement Following Residential Treatment – See Section I: Focus Indicators

PERFORMANCE MEASURES – DOMESTIC VIOLENCE/SEXUAL ASSAULT

Domestic violence and sexual assault services are funded through a variety of pay sources. While DMHSAS funds some of the services, all services provided at a DMHSAS-funded domestic violence or sexual assault services agency have been reported through the information system and are included in this report. No perpetrator services are funded through DMHSAS. As of July 1, 2005, domestic violence and sexual assault services were transferred to the Office of the Attorney General, so these indicators will not be included in the ROM report following the 4th Quarter FY05 edition.

Measure DV1: Domestic Violence and Sexual Assault Survivors Served

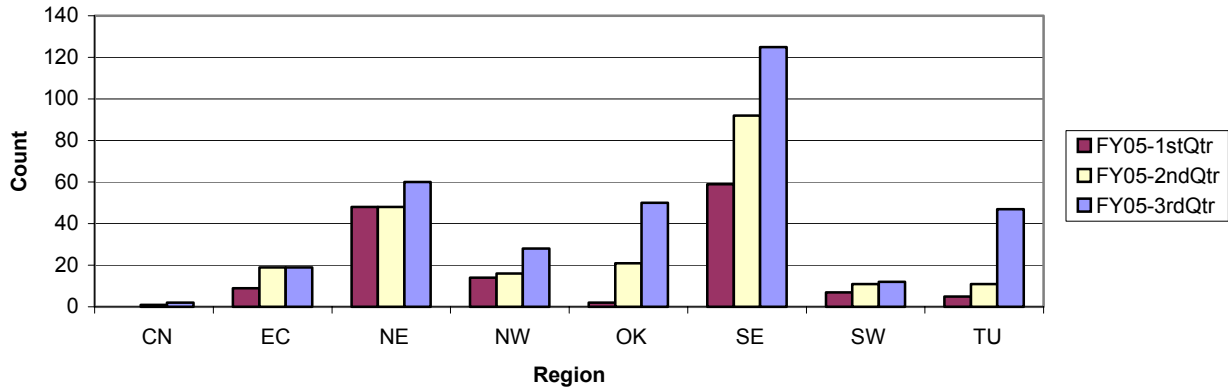
Figure 24: Number of Adult Survivors of Domestic Violence or Sexual Assault Served in a DMHSAS-funded Agency



Statewide, 1,660 adult survivors of domestic violence or sexual assault received services in the 3rd Quarter of FY05, down from 1,727 in the previous quarter. The most served were in the most populated region of the state, OK region, at 298, while the fewest were seen in the CN and NW regions at 126 survivors each (see Figure 24). Five of the eight regions decreased in the number of survivors served from the previous quarter. However, since only three quarters of data are available for this indicator, it cannot be determined whether this quarter-to-quarter change is a trend or a seasonal variation.

Measure DV2: Domestic Violence Perpetrators Served

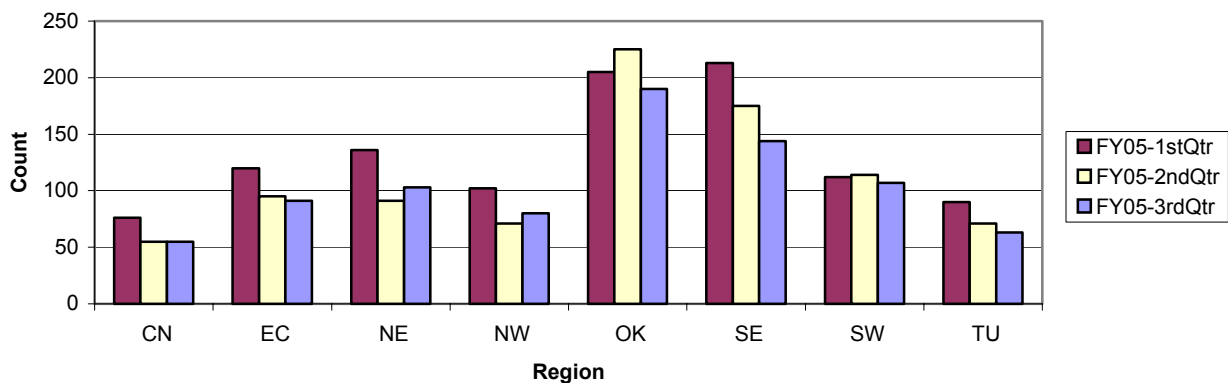
Figure 25: Number of Adult Perpetrators of Domestic Violence Served at a DMHSAS-Funded Agency



In the 3rd Quarter of FY05, 343 perpetrators of domestic violence were served at DMHSAS-funded facilities. This number increased from 161 perpetrators served in the previous quarter. The SE region served the most at 125, while the CN region served 3 during the quarter (see Figure 25). All eight regions increased or remained steady in the number of perpetrators served from the previous quarter.

Measure DV3: Children of Domestic Violence Survivors Served

Figure 26: Number of Dependent Children of Domestic Violence Survivors Served at a DMHSAS-Funded Agency



While the parents are the primary clients receiving domestic violence services, dependent children receive services as well. In the 3rd Quarter of FY05, 833 dependent children were served in DMHSAS-funded agencies, up from 657 in the previous quarter. The OK region served the most children during the quarter at 190, while the CN region served the least at 55 (Figure 26). The NE and NW regions increased in the number of dependent children served from the previous quarter.

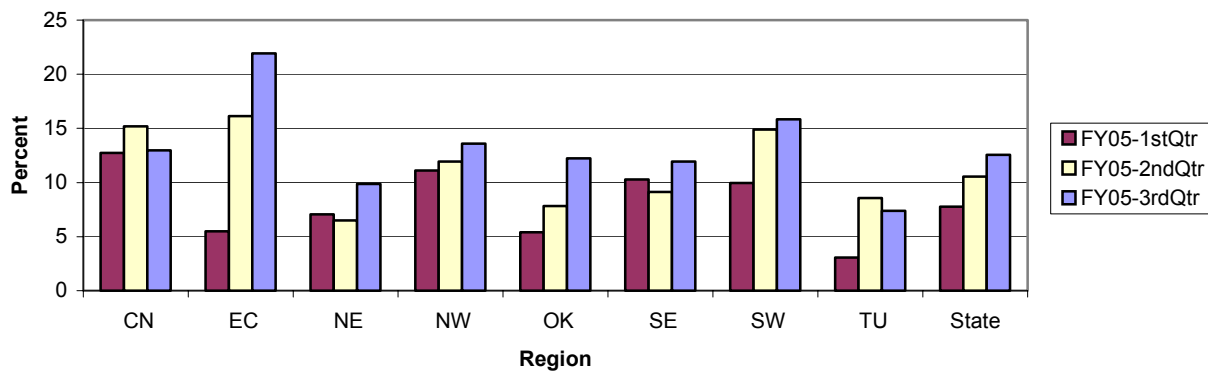
Measure DV4: Treatment Completion of Domestic Violence or Sexual Assault Survivors – See Section I: Focus Indicators

Measure DV5: Treatment Completion of Domestic Violence Perpetrators – See Section I: Focus Indicators

Measure DV6: Domestic Violence or Sexual Assault Survivors with Prior Admissions

Statewide, 12.5% of adult survivors had been served at the same agency in the previous two years (Figure 29), the highest rate of the three quarters studied. The highest rate of 22% was found in the EC region, while the lowest rate of 7.4% was found in TU region. Additional information will be needed to interpret changes in this indicator, e.g., did the survivor return to avoid an anticipated assault or as a result of a subsequent assault, was the survivor with the same partner as of the previous admission, did the survivor have a planned discharge from the previous admission.

Figure 29: Adult Survivors of Domestic Violence or Sexual Assault with Treatment Admissions in the Two Previous Years



MEASURES PLANNED FOR FUTURE RPM REPORTS:

Consumer Complaints – Currently complaints from service recipients are received through two official channels, the Patient Advocate and the office of Constituent Affairs (formerly part of the Patient Advocacy Office). The Patient Advocate Office has a database of complaints and incidents from which de-identified complaint information will be compiled to provide a summary of the types of issues that the Patient Advocate's office has addressed. The aim is to identify patterns or other information that would provide opportunities to develop and implement performance improvement plans. The Office of Consumers Affairs is being re-designed within the Mental Health Division and efforts will be made to compile similar information from that source. NAMI-OK and the Consumer Council also collect information that, in the future, may be useful to more effectively track complaints.

Stakeholder Feedback – The Department policies for Provider Certification have been approved and initial meeting of the Performance Improvement Council has been held, at which the RPM Report and review cycle were described. Submitting future RPM reports to the Council and incorporating their feedback will be an element of future council meetings. RPM reports are now submitted quarterly to OCARTA, OMHCC and NAMI-OK with a request for feedback.

Provider Opinions – In Pennsylvania, Louisiana and other states, a survey of provider opinions has been established as a formal mechanism to allow providers to identify environmental, funding, policy, infrastructure and other issues that affect their ability to provide efficient and effective services. A similar instrument will be prepared to solicit feedback from DMHSAS-funded service providers. DMHSAS has requested input from the DMHSAS Board Performance Improvement Committee to help guide development of a provider feedback instrument that will be meaningful and track useful data over time and between regions.

Appendix 1: Selection of Indicators

A draft set of indicators was defined based on the experience of the technical consultant, the data sources available to the Department, performance and outcomes measurement work the Department had already done under grants from the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS), and DMHSAS administrative needs for information for decision support (see a list of draft indicators and their operational definitions in Appendix 2). For example, indicators were calculated based on specific target populations and for innovative or evidence-based treatment programs.

The Department has produced an annual 'report card' for the past few years based on a set of indicators developed through input from the Mental Health Statistics Improvement Program, the National Association of State Mental Health Program Directors, the National Association of State Alcohol and Drug Abuse Directors, CSAT, CMHS and state stakeholders. However, the annual reporting cycle of those indicators, while providing useful information for some decision-making, did not help providers address identified performance problems in a timely manner. The quarterly RPM reports will permit faster identification of, and response to, performance that is outside a prescribed or desired range.

Another difference between the report card the Department has been producing and the RPM report indicators is the level of aggregation of the data. While the report card provides information on every provider of services being evaluated for a given indicator, the RPM report indicators focus on each of the eight DMHSAS planning regions of the State (see map in Appendix 3 for more detail).

By compiling data at the regional level, regional variances in the availability of services and the level of performance of those services can be evaluated. At the same time, the Department is preparing to produce quarterly RPM report data summaries for each provider. Using that information, performance improvement coordinators, administrators and clinicians can make decisions about whether and what changes need to be made within an individual agency, then monitor the impact of those changes before the next quarterly report is published. This kind of timely data access should make the performance improvement process more efficient and effective.

Performance Measure Reporting. Many of the RPM report indicators are expressed in terms of utilization of a service or set of services (e.g., outpatient services) by members of a selected group (e.g., persons with a substance abuse diagnosis). A region has high service utilization if services in the region are provided to clients at a rate *more than* one standard deviation¹ above the state's average (mean*) for the prior two years (the eight quarters covered by each quarterly report), and low service utilization* if services are provided to clients in the region at a rate *more than* one standard deviation below the mean for the prior two years. The standard deviation is

¹ Population groups, statistics and terms used in the RPM report rates and analyses are noted with an asterisk (*) in the text and their definitions are provided in a glossary in Appendix 4.

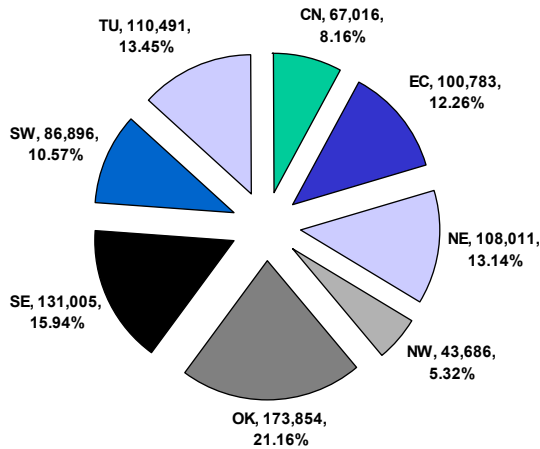
calculated for each measure based on the results from the eight regions in the eight quarters studied and is indicated by the dashed lines on the graphs. The upper dashed line represents one standard deviation above the mean and the lower dashed line represents one standard deviation below the mean. A region *trends toward* a high rate of utilization if it has high service utilization for two or more of the most recent quarters. A region *trends toward* a low rate of utilization if it has low service utilization for two or more of the most recent quarters. Service utilization in the most recent quarter can sometimes appear low because some services are reported after the cut-off date for preparing the report.

Future Development. System stakeholders were involved in previous indicator development processes, and as stakeholders express their perspectives regarding the utility of the selected RPM report indicators, or as system improvements make monitoring an indicator less important, it is likely other indicators will emerge to include in the RPM report.

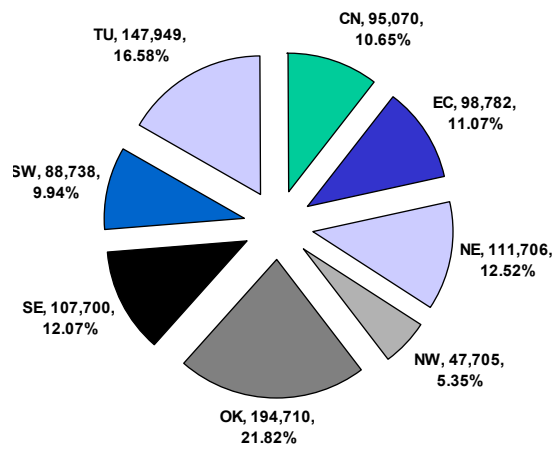
Appendix 2: RPM Report Indicator Definitions

Background: A household income below the 200% of poverty threshold* has been established as an eligibility requirement for receipt of most DMHSAS services to adults (hereinafter referred to as 'in poverty'). Some adult measures were population-adjusted for each region, based upon U.S. Census estimates of Oklahoma's adult population up to 200% of poverty, to ensure differences in population distributions among regions do not affect region-to-region comparisons. The charts below present U.S. Census estimates of the regional distributions of adults and children eligible for DMHSAS services that were used for indicator calculations in this report.

Persons Eligible for ODMHSAS Services in the General Population



**Adults below 200%
poverty level**
Total: 821,742



**Children (all income
levels) 0 – 17**
Total: 892,360

There were an estimated 821,742 adults residing in Oklahoma with incomes up to 200% of poverty in 2000. Children are eligible to receive DMHSAS-funded services without regard to family income; their estimated number is 892,360. The measures in this report are a monitor of services received by members of these groups.

Mental Health Measures:

For all Mental Health measures, persons had to be admitted to a DMHSAS-funded agency and be six years of age or older. Further, treatment services had to be paid from a mental health funding source or received at a DMHSAS hospital or community mental health center. (ICIS contract source = 00, 01, 25, 39, 42, 43, 36, 50, 51 or 52.)

Measure MH1: Adults receiving Any DMHSAS-funded Mental Health Service – The rate of people, 18 years or older, who received any mental health service from a DMHSAS-funded agency per one thousand adults living at or below 200 percent of the poverty level in the state.

Numerator: Adults who received a service during the quarter being examined X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH2: Adult Mental Health Core Outpatient Services – The rate of persons, 18 years or older, who received a mental health core outpatient service per one thousand adults living at or below 200 percent of the poverty level in the state. “Mental Health Core Outpatient Services” consists of one of the following services: individual counseling, group counseling, family/marital counseling, individual rehabilitation, group rehabilitation, case management, pharmacological management, medical review, home-based services, assertive community treatment, intensive case management, or psychosocial rehab program (ICIS service codes: 135, 136, 137, 216, 217, 225, 305, 305, 207, 214, 226 or 431).

Numerator: Adults who received a core outpatient service during the quarter X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH3: Adult Inpatient Services – The rate of persons, 18 years or older, who received either an acute or intermediate inpatient service per 1,000 adults in poverty. The inpatient services could be provided at either a hospital or a community-based inpatient unit (ICIS service codes = 001D or 001A).

Numerator: Adults who received an inpatient service during the quarter X 100.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH4: Adult Inpatient Follow-up in Outpatient Care within Seven Days after Discharge – The percent of persons, 18 years or older, who received an outpatient service (any service other than inpatient or crisis – i.e., not service codes 001A, 001D, 002E, 133, or 134) within seven days of being discharged from inpatient.

Numerator: Adults who received an outpatient service within seven days of being discharged from inpatient services during the quarter X 100.

Denominator: Adult clients discharged from inpatient services during the quarter who are referred within the DMHSAS system or transferred within a single agency.

Measure MH5: Adult Inpatient Re-admissions within 30 Days – The percent of persons, 18 years or older, who were discharged from inpatient care within the quarter

and were re-hospitalized within 30 days of discharge. The re-admission may occur at the same facility or at a different from the original inpatient admission site. The accounting period for this indicator is shifted 30 days so the follow-up period is the last 30 days of the most recent quarter studied.

Numerator: Adults re-admitted to an inpatient unit within 30 days of a discharge from an inpatient unit during the quarter X 100.

Denominator: Adults discharged from an inpatient unit during the quarter.

Measure MH6: Face-to-Face Mental Health Crisis Service - The rate of persons, 18 years or older, who received a face-to-face mental health crisis per 1,000 adults in poverty.

Numerator: Adults who received a face-to-face mental health crisis service in the quarter X 1000.

Denominator: Adults in the Oklahoma general population at or below 200% of the federal poverty guideline.

Measure MH7: Mental Health Crisis Follow-up – The percent of persons, 18 years or older, who received an hourly, face-to-face crisis service and received another service, other than a crisis service, within seven days. To allow a seven-day follow-up period, only crisis events that occurred seven days before the end of the quarter were included.

Numerator: Adults receiving a non-crisis outpatient service within 7 days of receiving an hourly face-to-face crisis service X 100.

Denominator: Adults who received a face-to-face mental health crisis service in the quarter.

Adults with Major Mental illness (MMI):

Persons, 18 years or older, with a diagnosis of schizophrenia (except schizophreniform disorder), schizoaffective disorder, major depression/bipolar disorder - severe, mood disorder not otherwise specified (NOS), unspecified bi-polar disorders, psychotic disorder, post traumatic stress disorder, obsessive/compulsive disorder, borderline personality disorder, depression NOS, or bipolar NOS. This set of clients was identified as a group with serious mental illnesses that could also be identified from data collected by OHCA for Medicaid clients to permit combined and cross-agency comparisons. The diagnosis Schizophreniform was omitted because, by definition, persons with this disorder have symptoms from one to six months and are not chronically ill. The Adults with MMI measure is intended to reflect persons with mental illnesses that are chronic and persist for longer terms.

Measure MH8: Any DMHSAS-Funded Mental Health Service for Adults with MMI – The rate of persons with MMI, 18 years or older, who received any mental health service from a DMHSAS-funded agency per 1,000 adults living at or below 200 percent of the poverty level in the state.

Numerator: Persons with MMI who received a service during the quarter X 1000.

Denominator: All persons identified as having MMI in the past year.

Measure MH9: Core Outpatient Mental Health Service for Adults with MMI -- The rate of persons, 18 years or older, who received a mental health core outpatient service per 1,000 adults living at or below 200 percent of the poverty level in the state. "Mental Health Core Outpatient Services" consists of one of the following services: individual counseling, group counseling, family/marital counseling, individual rehabilitation, group rehabilitation, case management, pharmacological management, medical review, home-based services, assertive community treatment, intensive case management, or psychosocial rehab program (ICIS service codes: 135, 136, 137, 216, 217, 225, 305, 305, 207, 214, 226 or 431).

Numerator: Persons with MMI who received a core outpatient service during the quarter X 1000.

Denominator: All persons identified as having MMI in the past year.

Measure MH10: Inpatient Services for Adults with MMI – The percent of persons with MMI who had an inpatient service during in the quarter.

Numerator: Persons with MMI who received an inpatient service during the quarter X100.

Denominator: All persons identified as having MMI in the past year.

Measure MH11: Case Management and Individual Rehabilitation Services for Adults with MMI – persons with MMI who received a case management or individual rehab service (ICIS service codes = 205, 225, 226, or 216) in the quarter.

Numerator: Persons with MMI receiving a case management or individual rehab service during the quarter X 100.

Denominator: All persons identified as having MMI and are receiving services in the quarter studied.

Measure MH12: Independent Housing for Adults with MMI (Monitored but not currently reported) – The percent of persons with MMI who lived in independent housing during the quarter. Independent housing is defined as a private residence or a supported living residence (ICIS current residence code = 1 or 7).

Numerator: Persons with MMI who live in independent housing X 100.

Denominator: All persons identified as having MMI in the past year.

Adult Select Priority Group (SPG):

Persons, 18 years or older, with a diagnosis of schizophrenia (except schizophreniform disorder), schizoaffective disorder, major depression/bipolar disorder - severe, or psychotic disorder. These people were identified as the group to most likely need regular treatment with newer generation anti-psychotic medications.

Measure MH13: SPG Medication Visits – The percent of SPG members who received a medication visit (ICIS service codes = 301, 305, 305, or 308).

Numerator: SPG members who received a medication visit during the quarter X 100.

Denominator: All SPG members receiving any service during the quarter.

Measure MH14: Illness Self-Management Training – The count of persons who received the WRAP training by region by quarter as reported by the Oklahoma Mental Health Consumer Council.

Measure MH15: Family-to-Family Training - The count of persons who received the Family-to-Family training by region by quarter as reported by NAMI-OK.

Measure MH16: Program of Assertive Community Treatment (PACT) – The count of persons served in PACT programs by region by quarter.

Measure MH17: Systems of Care (SOC) - The count of children served in SOC programs by region by quarter.

Children’s Services:

For all Mental Health measures of children's services, persons had to be admitted to a DMHSAS-funded agency and be six to 17 years of age. Further, treatment services had to be paid from a mental health funding source or received at an DMHSAS hospital or community mental health center (ICIS contract source = 00, 01, 25, 39, 42, 43, 36, 50, 51 or 52). Household income is not a constraint on providing mental health services to children. The majority of publicly-funded children's services are funded through the Medicaid agency and are not currently represented in the RPM report measures.

Measure MH18: Children with Any DMHSAS-Funded Mental Health Service -- The rate of children who received any mental health service from a DMHSAS-funded agency per 1,000 children in the general population, by region and quarter.

Numerator: Children who received any mental health service in the quarter X 1000.

Denominator: US Census count of children ages 6-17 in the general population.

Substance Abuse Clients:

For all substance abuse measures, persons had to be admitted to a DMHSAS-funded agency and be 18 years of age. Further, treatment services had to be paid from a substance abuse funding source other than inmate services and the presenting problem could not be co-dependence (ICIS contract source = 02, 17, 18, 19, 20, 21, 23, 27, 29, 37, 44 and presenting problem not equal 745, 746, 747, 748, 749, 750).

Measure SA1: Identification – The rate of persons, 18 years or older, who received any substance abuse service during the quarter per 1,000 people in the general

population, 18 years or older, at or below 200 percent of the poverty level, who are estimated to be in need of treatment (as determined by the Substance Abuse Needs Assessment Study).

Numerator: Adults who received any substance abuse services during the quarter X 1000.

Denominator: Adults in the general population, at or below 200 percent of the poverty level, who are in need of treatment.

Measure SA2b: Initiation (Outpatient) – The percent of persons, 18 years or older, who were admitted to an outpatient level of care with no other service in the previous 60 days and received a second substance abuse service (other than detox or crisis) within 14 days after a first service that identified the person as a substance abuse client (refer to diagram below).

Numerator: Adults admitted to outpatient care during the quarter who had received no other substance abuse service in the previous 60 days and received a second service within 14 days after a first service that identified the person as a substance abuse client.

Denominator: Adults admitted to outpatient care during the quarter who had received no other substance abuse service in the previous 60 days.

Measure SA2c: Initiation (Detox) – The percent of persons, 18 years or older, who were admitted to a detoxification level of care with no other service in the previous 60 days and received another substance abuse service (other than detox, crisis, or inpatient) within 14 days of discharge from detox.

Numerator: Adults admitted to detox during the quarter who had not received any other substance abuse service in the previous 60 days and did receive another service within 14 days of discharge from detox.

Denominator: Adults admitted to detox during the quarter who had not received any other substance abuse service in the previous 60 days.

Measure SA3b: Engagement (Outpatient) – Of the persons, 18 years or older, who had a 1st service within 14 days after an initial outpatient service, the percent of those clients who had two more services (other than detox, crisis, community living, residential or inpatient) within 30 days following the 1st service.

Numerator: Adults who received two or more services within 30 days of service initiation during the quarter.

Denominator: Adults who met the service initiation criteria during the quarter.

Measure SA3c: Engagement (Detox) – Of the persons, 18 years or older, discharged from detox who initiated service within 14 days of discharge, the percent who had two more services (other than detox, crisis, or inpatient) within 30 days.

Numerator: Adults who initiated service after discharge from detox service during the quarter who received two more services within 30 days of service initiation.

Denominator: Adults who initiated service following discharge from detox service during the quarter.

Measure SA3d: Engagement (Residential) – Of the persons, 18 years or older, who had a 1st service within 14 days of their 1st service in residential treatment, the percent of those clients who had two more services (other than detox, crisis, residential or inpatient) within 30 days of *discharge*.

Numerator: Adults who initiated treatment following residential treatment discharge during the quarter who received two more services within 30 days of initiating treatment.

Denominator: Adults who initiated treatment following residential treatment discharge during the quarter.

Measure DV1: Domestic Violence/Sexual Assault Survivors Receiving DMHSAS-funded Services - The number of adults, 18 years or older, classified as a survivor (primary presenting problem code 311-344, 361-372) who received a domestic violence or sexual assault service in the quarter being studied for each region.

DV2: Number of Adult Males Receiving Domestic Violence Services – The total number of adults, 18 years or older, classified as a perpetrator (primary presenting problem code 621) receiving a domestic violence service in the quarter being studied for each region.

DV3: Dependent Children Under 18 Years of Age Receiving DMHSAS-funded Domestic Violence Services – The total number of children, under the age of 18 years, classified as dependent children of domestic violence survivors (primary presenting problem code 351 or 352) for each region.

DV4: Percent Adult Survivors of Domestic Violence/Sexual Assault Services Who Completed Treatment – The percent of discharges for clients classified as domestic violence or sexual assault survivors (primary presenting problem code 311-344 or 361-372) with a “Completed Treatment” status at discharge (discharge code 60) for each region and the state.

Numerator: Adult survivors of domestic violence or sexual assault with a discharge code of “Completed Treatment” in the quarter X 100.

Denominator: Adult survivors of domestic violence or sexual assault discharged during the quarter.

DV5: Percent Adult Perpetrators of Domestic Violence Services Who Completed Treatment – The percent of discharges for clients classified as domestic violence perpetrators (primary presenting problem code 621) with a “Completed Treatment” or “Completed Court Treatment” status at discharge (discharge code 60 or 61) for each region and the state.

Numerator: Adult perpetrators of domestic violence with a discharge code of “Completed Treatment” or “Completed Court Treatment” in the quarter X 100.

Denominator: Adult perpetrators of domestic violence or sexual assault discharged during the quarter.

DV6: Domestic Violence/Sexual Assault Survivors with Prior Admissions – Of the domestic violence/sexual assault survivors (primary presenting problem code 311-344 or 361-372) served in the quarter, the percent that had at least one prior episode at the *same* agency in the previous two years.

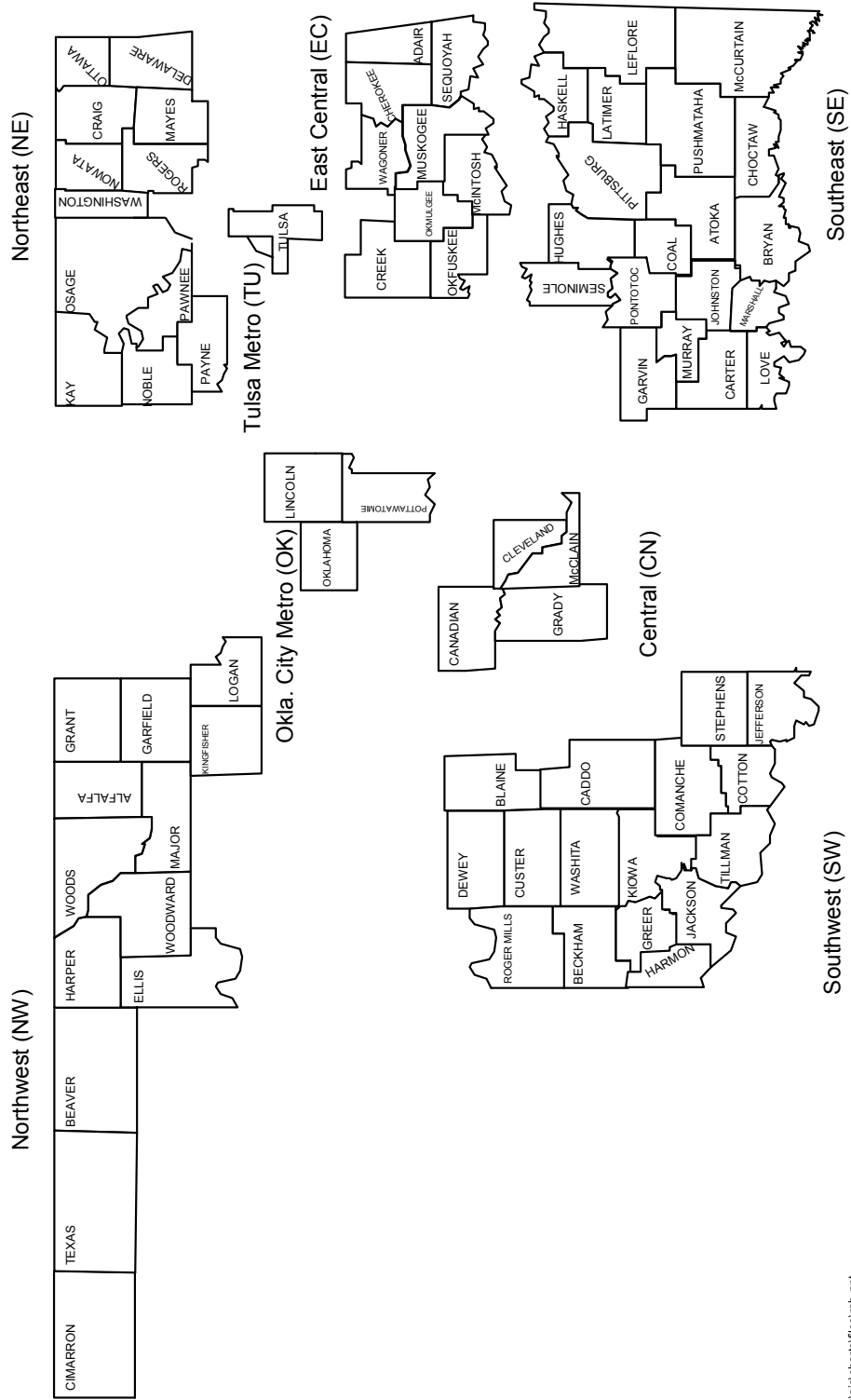
Numerator: Survivors with a prior domestic violence episode at the same agency they are receiving services from in the quarter within the last two years X 100.

Denominator: Survivors served during the quarter.

Appendix 3: Map of DMHSAS Planning Regions

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Planning Regions



Appendix 4: Glossary of Terms

Core Service Plan – The Department requires that each CMHC must provide specific services to priority individuals within specified time frames, as clinically indicated. Required services include crisis intervention, emergency examinations, face-to-face clinical assessment for newly referred individuals, timely access to medications, involvement of family members (as permitted by the consumer) in service planning, strengths-based case management, group psychiatric rehabilitation, continuity of care planning with inpatient and stabilization facilities, and assertive outreach for persons discharged from inpatient or stabilization settings. The target population subject to the Core Service Plan are adults with serious mental illnesses who: (1) Are a danger to self or others as a result of mental illness; (2) Require long-term treatment for serious mental illness; (3) Have psychotic or major mood disorders; or (4) Are completing stabilization or inpatient treatment for mental illness. The Core Service Plan was initiated January 1, 2003.

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).

Perpetrator - Perpetrators are determined by the primary presenting problem code reported to DMHSAS. For domestic violence perpetrator, the presenting problem code “Domestic Abuse Perpetrator” (621) is used.

Domestic Violence Family/Dependent of Abuse Victim – Family members and dependent children of domestic violence survivors that also receive treatment are determined by the primary presenting problem code reported to DMHSAS. In addition, dependent children must be under the age of 18 years. The following presenting problem codes are used for family members and dependent children:

351 – Family/Dependent of Abuse Victim - Received Medical Treatment

352 – Family/Dependent of Abuse Victim – No Medical Treatment

Domestic Violence/Sexual Assault Survivor – Survivors are determined by the primary presenting problem code reported to DMHSAS.

For domestic violence, the following presenting problem codes are included:

311 – Sexual Incest-Received Medical Treatment

312 – Sexual Incest- No Medical Treatment

314 – History of Sexual Incest

321 – Exploitation/Neglected - Received Medical Treatment

322 – Exploitation/Neglected - No Medical Treatment

331 – Psychological – Received Medical Treatment

332 – Psychological – No Medical Treatment

- 341 – Physical – Received Medical Treatment
- 342 – Physical – No Medical Treatment
- 344 - History of Physical Abuse

For sexual assault, the following presenting problem codes are included:

- 361 – Sexual Assault by a Stranger – Received Medical Attention
- 362 – Sexual Assault by a Stranger – No Medical Attention
- 364 - History of Sexual Assault
- 371 – Sexual Assault by an Acquaintance/Intimate Partner – With Medical Attention
- 372 – Sexual Assault by an Acquaintance/Intimate Partner – Without Medical Attention

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).

High rate of service utilization – This occurs when the percent of clients receiving services in the region is at a rate more than one standard deviation *above* the state’s average (or mean) for the prior two years (eight quarters).

Low service utilization - This occurs when the percent of clients receiving services in the region is at a rate more than one standard deviation *below* the state’s average (or mean) for the prior two years.

Major mental illness -- Adults with Major Mental Illness are persons 18 years of age or older who were diagnosed with one of the following disorders:

- schizophrenia, disorganized (295.10)
- schizophrenia, catatonic type (295.20)
- schizophrenia, paranoid type (295.30)
- schizophrenia, residual type (295.60)
- schizophrenia, undifferentiated (295.90)
- schizoaffective disorder (295.70)
- bipolar NOS (296.80)
- bipolar, depressed, unspecified (296.50)
- bipolar, manic, unspecified (296.40)
- bipolar, mixed, unspecified (296.60)
- bipolar, most recent episode unspecified (296.7)
- bipolar I, single, manic, unspecified (296.00)
- bipolar, manic, with psychotic features (296.44)
- bipolar, mixed, with psychotic features (296.64)
- bipolar, depressed, with psychotic features (296.54)
- bipolar, depressed, with no psychotic features (296.53)
- bipolar I, single, manic, with psychotic features (296.05)
- bipolar I, single, manic, with no psychotic features (296.03)
- bipolar, manic, severe, with no psychotic features (296.43)
- bipolar, mixed, severe, with no psychotic features (296.63)
- depressive mood disorder NOS (311)
- mood disorder NOS (296.90)
- major depression, reoccurring, severe, with psychotic features (296.34)
- major depression, reoccurring, severe, with no psychotic features (296.33)
- major depression, single, with no psychotic features (296.23)
- major depression, with psychotic features (296.24)
- psychotic disorder NOS (298.9)
- post traumatic stress disorder (309.81)
- dissociative identity disorder (300.14)
- borderline personality (301.83)
- paranoid personality (301.0).

Mean - the average of a set of numbers, i.e., the sum of a set of numbers divided by the number in the set; used to represent the 'central tendency' of a set of numbers.

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).

Population adjusted - a statistical transformation of one set of population data in relation to another, to take into account differences in the distributions of population characteristics in the two datasets, e.g., age, race and sex distributions, so rates calculated on one dataset can be more accurately compared to rates in the other dataset. For example, a population with younger members would be age adjusted before comparing death rates with a population that included many more older members.

Poverty threshold (or poverty level) - poverty level is based upon federal Department of Health and Human Services estimates, and is a function of number of people in the household and total household income. DMHSAS uses 200% of this poverty level as a criterion for eligibility for all but emergency and children's services. In this report, 'in poverty' refers to persons at or below the 200% of poverty set by DMHSAS as the threshold for service eligibility.

Select Priority Group - The Select Priority Group (SPG) includes persons 18 years of age or older who were diagnosed with one of the following diagnoses:

- schizophrenia, disorganized (295.10)
- schizophrenia, paranoid type (295.30)
- schizophrenia, residual type (295.60)
- schizophrenia, undifferentiated (295.90)
- schizoaffective disorder (295.70)
- major depression, reoccurring, severe, with psychotic features (296.34)
- major depression, reoccurring, severe, without psychotic features (296.33)
- major depression, single episode, severe without psychotic features (296.23)
- major depression, single episode, severe with psychotic features (296.24)
- bipolar, depressed, unspecified (296.50)
- bipolar, manic, unspecified (296.40)
- bipolar, mixed, unspecified (296.60)
- bipolar, most recent episode unspecified (296.7)
- bipolar I, single, manic, unspecified (296.00)
- bipolar, manic, with psychotic features (296.44)
- bipolar, mixed, with psychotic features (296.64)
- bipolar, depressed, with psychotic features (296.54)
- bipolar, depressed, with no psychotic features (296.53)
- bipolar I, single, manic, with psychotic features (296.05)
- bipolar I, single, manic, with no psychotic features (296.03)
- bipolar, manic, severe, with no psychotic features (296.43)
- bipolar, mixed, severe, with no psychotic features (296.63)
- psychotic disorder NOS (298.9)

Standard deviation - a statistic that represents how far a number is from the average (or mean) of a set of numbers. Approximately, sixty-eight percent of a set of numbers lies within one standard deviation above and below the average of a set of numbers. A number from the set that is more than one standard deviation above or below the mean is, thus, a relatively rare occurrence. Therefore, closer inspection

may be needed for those regions falling one standard deviation above or below the mean.

Trends toward a high rate of utilization - This denotes high service utilization (one standard deviation above the mean) for two or more of the most recent quarters.

Trends toward a low rate of utilization - This denotes low service utilization (one standard deviation below the mean) for two or more of the most recent quarters.

Appendix 5: List of Acronyms Used

CMHS – Center for Mental Health Services
CN – Central Oklahoma Region
CSAT – Center for Substance Abuse Treatment
EC – East Central Region
FY – fiscal year
ICIS – Integrated Client Information System
MMI – Major Mental Illness
NE - Northeast Region
NW - Northwest Region
DMHSAS – Oklahoma Department of Mental Health and Substance Abuse Services
OHCA – Oklahoma Health Care Authority
OK – Oklahoma Metro Region
PACT – Program of Assertive Community Treatment
RAB – regional advisory board
RPM Report– Regional Performance Management Report
SAMHSA – Substance Abuse and Mental Health Services Administration
SE - Southeast Region
SOC – Children Systems of Care
SPG – Select Priority Group
SW – Southeast Region
TU - Tulsa Region
WRAP – Wellness and Recovery Action Plan

Appendix 6: Adult Clients Served by Provider by Region for 3rd Quarter FY05

Mental Health Agencies

| Agency Name | CN | EC | NE | NW | OK | SE | SW | TU | UN | total |
|---|-----|-----|------|------|------|------|------|------|----|-------|
| Action Associates | | | | | | | 1 | | | 1 |
| Associated Centers for Therapy | | 5 | 4 | | | 1 | | 1086 | | 1096 |
| Bill Willis CMHC | | 966 | 11 | | | 2 | 1 | 11 | 3 | 994 |
| Carl Albert CMHC | | 19 | | | 1 | 1359 | | 1 | 2 | 1382 |
| Center for Children & Families | 27 | 2 | | | 11 | | | | | 40 |
| Central OK CMHC | 786 | | | 1 | 102 | 3 | | | | 892 |
| CREOKS Mental Health Services | | 457 | | | 3 | 2 | | 2 | | 464 |
| Crossroads, Inc. | | | 1 | | 1 | | | 61 | | 63 |
| Divorce Visitation Arbitration | | | 18 | 2 | 1 | | | | | 21 |
| Eastern State Hospital | 16 | 18 | 23 | 8 | 45 | 30 | 22 | 36 | | 198 |
| Edwin Fair CMHC | 1 | 1 | 692 | 4 | | | | 1 | 1 | 700 |
| Family & Children's Services | | 3 | 6 | | | | 1 | 1929 | | 1939 |
| Grand Lake | | 7 | 1218 | | | 2 | 1 | 14 | 9 | 1251 |
| Green Country | | 475 | 1 | | 1 | | | | 1 | 478 |
| Griffin Memorial Hospital | 255 | 6 | 10 | 15 | 343 | 195 | 7 | 24 | 11 | 866 |
| Hope | 1 | | | | 845 | | 1 | | | 847 |
| Jim Taliaferro CMHC | 10 | 1 | 1 | 1 | 2 | 2 | 1010 | | 8 | 1035 |
| Mental Health Services of Southern OK | 1 | 7 | 1 | 3 | | 1229 | 3 | | 1 | 1245 |
| North Care | 18 | 4 | 3 | | 2441 | 1 | | | | 2467 |
| NW Center for Behavioral Health | 10 | | 43 | 1354 | 47 | 7 | 86 | 3 | 10 | 1560 |
| Oklahoma Co. Crisis Intervention Center | 47 | | 15 | 17 | 312 | 4 | 2 | 1 | 5 | 403 |
| OU Tulsa IMPACT | | | | | | | | 23 | | 23 |
| Red Rock | 516 | 3 | 1 | 11 | 1240 | 6 | 535 | 102 | 4 | 2418 |
| Safe Haven | | 1 | | | | | | 63 | | 64 |
| Thunderbird Clubhouse | 68 | | | | 2 | | | | | 70 |
| Transition House | 10 | | | | | | 2 | | | 12 |
| Tulsa Center for Behavioral Health | | 9 | 6 | | 2 | 1 | | 368 | 3 | 389 |
| Tulsa Metropolitan Ministry | | | | | | | | 218 | | 218 |
| YWCA Crisis Center | | | | 1 | | | | | | 1 |

Substance Abuse Agencies

| Agency Name | CN | EC | NE | NW | OK | SE | SW | TU | UN | total |
|---|-----|-----|-----|----|-----|-----|-----|-----|----|-------|
| 12 & 12, INC. | 6 | 44 | 44 | 5 | 17 | 17 | 6 | 335 | 1 | 475 |
| ADA AREA CHEMICAL DEP. CTR | | | | | | 33 | | | | 33 |
| ALPHA II, INC. | 5 | 8 | 11 | | 2 | 1 | 1 | 1 | | 29 |
| BILL WILLIS MENTAL HEALTH | | 167 | 2 | | | 3 | | 4 | | 176 |
| BRIDGEWAY | | | 27 | | | | | | | 27 |
| BROADWAY HOUSE, INC. | 1 | | | | 5 | 15 | 6 | | 1 | 28 |
| CAA TURNING POINT | 23 | | 1 | | 180 | | 1 | | | 205 |
| CARE FOR CHANGE INC. | | | | | 127 | | | | | 127 |
| COMMUNITY ALCOHOLISM SERVICES | | | 22 | | | | | | | 22 |
| COPE, INC. | | | | | 158 | | 1 | | | 159 |
| COUNSELING CENTER OF S.E. OKLAHOMA | | | 1 | | | 90 | | | | 91 |
| CREOKS MENTAL HEALTH SERVICES | | 18 | | | | | | | | 18 |
| DAYSPRINGS | | | | | | | 18 | | | 18 |
| DOMESTIC VIOLENCE INTERVENTION SERVICES, INC. | | 4 | | | | | | 59 | | 63 |
| DRUG RECOVERY, INC. | 9 | | 4 | 6 | 119 | 11 | 7 | 4 | | 160 |
| EAGLE RIDGE INSTITUTE | | 43 | 4 | 2 | 7 | 4 | | 5 | | 65 |
| EDMOND FAMILY SERVICES, INC. | 1 | | | 4 | 22 | | | | | 27 |
| EDWIN FAIR CMHC | | | 24 | | | | | | | 24 |
| F.O.C.U.S. | | 43 | | | | | | | | 43 |
| FAMILY & CHILDREN'S SERVICES | | | | | | | | 38 | | 38 |
| FAMILY CRISIS & COUNSELING CTR | | | 30 | | | | | | 1 | 31 |
| FAMILY CRISIS CTR, INC. | | | | | | 71 | | | | 71 |
| FAMILY RECOVERY COUNSELING CENTER | | | | | 23 | 1 | | | | 24 |
| GATEWAY TO PREVENTION/RECOVERY | 1 | 9 | 1 | | 152 | 12 | 2 | 1 | | 178 |
| HOMINY HEALTH SRVCS CTR INC. | | | 32 | | | | | | | 32 |
| HOUSE OF HOPE INC | 2 | 7 | 10 | | 3 | 5 | | 7 | | 34 |
| HUMAN SKILLS & RESOURCES | | 61 | 56 | | | 2 | | 124 | | 243 |
| INDIAN HEALTH CARE RESRCE CENTER | | | 4 | | | | | 72 | | 76 |
| JIM TALIAFERRO CMHC | | | | | | | 49 | | | 49 |
| KIAMICHI COUNCIL ON ALCOHOLISM | | | | 1 | | 228 | | | 4 | 233 |
| LATINO COMMUNITY DEV. AGENCY | | | | | 5 | | | | | 5 |
| LOGAN COUNTY YOUTH & FAMILY SERVICES, INC. | | | 1 | 32 | 2 | | | | | 35 |
| M.H. SERVICES OF SOUTHERN OKLAHOMA | 3 | 10 | | | | 34 | 10 | | 2 | 59 |
| METRO TULSA SUBSTANCE ABUSE SERVICE | 1 | 43 | 18 | 3 | 7 | 13 | 1 | 255 | 3 | 344 |
| MONARCH, INC. | 4 | 45 | 4 | | 12 | 15 | 5 | 9 | 3 | 97 |
| MOORE ALC/DRUG CENTER | 10 | | | | 1 | | | | | 11 |
| MUSKOGEE COUNTY COUNCIL OF YOUTH SERVICES | | 111 | | | | | | | | 111 |
| N.E. OK COUNCIL ON ALCOHOLISM | 2 | 6 | 129 | | | 2 | 1 | 3 | | 143 |
| NATIVE AMERICAN CENTER OF RECOVERY | | | | | 8 | 1 | | | | 9 |
| NEW HOPE OF MANGUM | 2 | | 1 | | 1 | | 218 | | | 222 |
| NORMAN AL/DRUG TREATMENT CTR | 35 | 2 | 11 | 2 | 97 | 18 | 14 | 4 | | 183 |
| NORMAN ALCOHOL INFORMATION CTR | 226 | 1 | | | 24 | 10 | | | | 261 |
| NORTH CARE CENTER | | | | | 228 | | | | | 228 |
| NORTHWEST CENTER FOR BEHAVIORAL HEALTH | 7 | 2 | 5 | 13 | 27 | 8 | 27 | 3 | | 92 |

Substance Abuse Agencies

| Agency Name | CN | EC | NE | NW | OK | SE | SW | TU | UN | total |
|--|----|----|----|----|-----|-----|----|----|----|-------|
| NW SUBSTANCE TREATMENT CNTR | 2 | 1 | 3 | 2 | 1 | 5 | 7 | | | 21 |
| OKLAHOMA FAMILIES FIRST, INC. | | | | | | 23 | | | | 23 |
| OPPORTUNITIES, INC., CDTC | 8 | 4 | 10 | 4 | 30 | 3 | 30 | 7 | | 96 |
| PALMER DRUG ABUSE PROGRAM INC. | | 1 | | | | | | 9 | | 10 |
| PAYNE CO COUNSELING SVC, INC. | | | 43 | | | | | | | 43 |
| PAYNE COUNTY DRUG COURT, INC. | | 1 | 21 | 1 | | 1 | | | | 24 |
| PEOPLE INCORPORATED | | 94 | 45 | | | | | | | 139 |
| RED ROCK BEHAVIORAL HEALTH SVC | 9 | 1 | | 18 | 31 | 1 | 51 | | | 111 |
| RESONANCE, INC. | | | | | | | | 28 | | 28 |
| ROADBACK, INC. | 4 | 1 | 1 | | 2 | 4 | 67 | | 2 | 81 |
| ROGERS COUNTY DRUG ABUSE | | | 83 | | | | 1 | 2 | | 86 |
| S.W. YOUTH & FAMILY SERVICES | 19 | | | | | | 2 | | | 21 |
| SHADOW MOUNTAIN BEHAVIORAL HEALTH SYSTEM | | | | | | | | 10 | | 10 |
| SHEKINAH COUNSELING SERVICES | | | | | | 73 | 1 | | 2 | 76 |
| SPECIALIZED OUTPATIENT SERVICES, INC. | | | | | 46 | | | | | 46 |
| STARTING POINT II, INC. | 5 | 2 | 60 | 7 | 10 | 4 | 1 | 1 | 1 | 91 |
| SUBSTANCE ABUSE SERVICES | | | | | | | | 4 | | 4 |
| THE NEXT STEP NETWORK, INC. | 1 | | 1 | 15 | 4 | 3 | 13 | | 2 | 39 |
| THE OAKS REHAB. SERVICES CTR | | 55 | 3 | | 6 | 134 | 2 | 5 | | 205 |
| THE REFERRAL CENTER | 58 | 9 | 12 | 19 | 422 | 39 | 39 | 6 | 9 | 613 |
| TOTAL LIFE COUNSELING | | 1 | | | 212 | | | | | 213 |
| TRI-CITY SUBSTANCE ABUSE CTR | | | | | 1 | 146 | | | | 147 |
| TRI-CITY YOUTH & FAMILY CENTER | 6 | 1 | | 2 | 97 | 3 | 6 | 2 | 3 | 120 |
| TULSA WOMEN AND CHILDREN'S CENTER | 2 | 5 | 8 | | 3 | | 3 | 22 | | 43 |
| VINITA AL/DG TREATMENT CTR | 2 | 22 | 38 | 3 | 4 | 1 | 3 | 14 | | 87 |
| WOMEN IN SAFE HOMES, INC. | | 17 | | | | 2 | | | | 19 |
| YWCA CRISIS CENTER | 1 | | | 3 | 4 | 2 | 1 | | | 11 |

Domestic Violence/Sexual Assault Agencies

| Agency Name | CN | EC | NE | NW | OK | SE | SW | TU | UN | total |
|--|----|-----|-----|-----|-----|-----|-----|-----|----|-------|
| ACMI House | | | | | | 3 | 21 | | | 24 |
| Action Associates | 2 | | | | | | 171 | | 9 | 182 |
| Community Crisis Center | | | 15 | | | | | 3 | | 18 |
| Crisis Control Center | | | | 1 | | 108 | | | 7 | 116 |
| Domestic Violence Intervention Services (DVIS) | 2 | 30 | 20 | | 1 | 2 | 4 | 300 | 8 | 367 |
| Domestic Violence Program of N. Central OK | | | 103 | | | | | | | 103 |
| Family Crisis & Counseling Center | | | 173 | | | 3 | | 5 | 4 | 185 |
| Family Crisis Center | | | | | 2 | 106 | 3 | | 1 | 112 |
| Family Resource Center | | | | | 2 | 106 | | | | 108 |
| Family Shelter | 6 | | | 1 | | 34 | 2 | | 4 | 47 |
| Help-In-Crisis | | 109 | 9 | 3 | | | | 2 | 7 | 130 |
| Kibois Women's Shelter | | 2 | | | | 44 | | | 1 | 47 |
| Marie Detty Youth Center | 1 | | | | 5 | 1 | 121 | | | 128 |
| NW Domestic Crisis Services | | | | 89 | 2 | 1 | 8 | | 3 | 103 |
| Oaks (The) | 1 | | | | | 23 | | | 1 | 25 |
| Okmulgee Co. Family Resource Center | | 49 | 2 | | 2 | 4 | | 23 | 2 | 82 |
| Project Safe | 2 | | | | 76 | 1 | | | | 79 |
| Roger Co. Community Services | | 1 | 49 | | | | 1 | 3 | | 54 |
| S.O.S. for Families | | | | 1 | 1 | 118 | | | 2 | 122 |
| Stephens County Vol. for Crisis | | | | | | 4 | 88 | | | 92 |
| Stillwater Domestic Violence Services | 1 | 3 | 130 | 8 | 15 | | | | 5 | 162 |
| Women in Safe Homes | | 59 | | | 2 | 4 | | 3 | 5 | 73 |
| Women's Crisis Services | | | | 1 | | 24 | | | | 25 |
| Women's Resource Center | 65 | | | | 42 | 3 | | | 2 | 112 |
| Women's Services & Family Resource Center | 90 | 2 | | 2 | 1 | | 20 | 2 | | 117 |
| YWCA Crisis Center | | | 1 | 294 | | 1 | 36 | 2 | 5 | 339 |
| YWCA of OKC Crisis Center | 18 | 2 | 1 | 11 | 439 | 3 | 5 | | 4 | 483 |

Appendix 7: Background and Intent of the Regional Performance Management Report

Background. The Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) Regional Performance Management (RPM) Report is supported, in part, by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funding from SAMHSA supports technical assistance from Howard Dichter, MD, a consultant in monitoring of state health programs and Carol Forhan, Kay Miller and Dan Whalen, staff with Medstat. Medstat is a healthcare information company that provides services for managing the cost and quality of healthcare and Linda Graver manages the SAMHSA project that funds the technical assistance.

This report reviews activities for the Second Quarter of FY 2005, i.e., July through September 2003. Based on changes in eligibility criteria for services instituted because of budget reductions, specifications of some of the RPM indicators are being changed to more clearly match the populations providers have contracted to serve. Other indicators may be dropped from reporting (not necessarily from tracking) because of their long-term stability, and others may be added to match new Department efforts to more closely monitor Strategic Plan implementation. As a result, a new indicator numbering system has also been initiated. Discussion of proposed and implemented changes will be included in the text of this and future reports. Additional information about the selection and definition of indicators is provided in Appendix 1 and 2.

Performance Improvement Cycle. As noted in the introduction to previous reports, the primary aim of the RPM report is to provide up-to-date information to guide system performance improvement efforts. Production of the report itself follows the Plan-Do-Check-Act (PDCA) cycle promoted as a model for performance improvement activities. The indicators for the report were “planned” with federally-funded technical assistance. To “do” the report, staff members of DMHSAS Decision Support Services compile data for the quarterly report, from which the narrative is produced with input from Jennifer Glover, Substance Abuse Services, John Hudgens, Mental Health Services, Julie Young, Domestic Violence/Sexual Assault Services, and the Performance Improvement Coordinator for the Department, Jan Savage. Following compilation of the draft report, it is circulated among DMHSAS Central Office staff members to get their ‘first take’ comments. Any changes they recommend are incorporated into the draft, which is then distributed to all substance abuse and mental health providers for their input. This “checking” step of the process has begun to stimulate an informative exchange of ideas to explain regional differences. Finally, the process has also spurred follow-up “actions”: DSS staff have performed additional analyses to evaluate proposed explanations of findings (see the ‘Steps Taken’ and ‘Conclusions’ paragraphs for several indicators). In addition, some providers have begun to use report results as the basis for initiating system improvement activities.

A map of regions for which data are summarized is provided in Appendix 3 and a glossary of terms and list of acronyms are presented in Appendices 4 and 5. If you have questions about the project or this report, please contact John Hudgens, Director of Community Based Services (405-522-3849, jhudgens@odmhsas.org); Jennifer Glover, Abuse Clinical Treatment Services Coordinator, (405-522-2347, jglover@odmhsas.org); Julie Young, Deputy Commissioner for Domestic Violence/Sexual Assault Services, (405.522.3879, jcyoung@odmhsas.org); or Jan Savage, Performance Improvement Coordinator, (405-522-5379, jsavage@odmhsas.org).