

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

**Regional Performance Management Report**

**Report for  
First Quarter of FY2005**

**Reported December 2004  
By  
DMHSAS Decision Support Services**

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

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## **Regional Performance Management Report For 1st Quarter of FY2005**

### **Overview of the 1st Quarter of FY05**

#### **Mental Health Treatment:**

The statewide rate of outpatient follow-up within seven days of discharge from inpatient treatment (measure MH4) fell slightly from the previous quarter from 42% to 40%. This is the lowest rate of the eight quarters studied. The OK region remained at the same level of outpatient follow-up from the previous quarter, while the other seven regions decreased.

For measure MH11, the rate of adults with a major mental illness (MMI) receiving case management or individual rehabilitation services fell slightly from 47% to 45%; however the rate remains higher than rates in the previous year. Three of the eight regions (EC, NE, and NW) showed an improvement in the percent of clients receiving case management or individual rehab services.

#### **Substance Abuse Treatment:**

The percentage of clients initiating treatment within 14 days of discharge from detox services, statewide, fell from 23% in the previous quarter to 21% in the 1st Quarter of FY05. Three of the eight regions (EC, NE and SW) demonstrated increases in the most recent quarter studied.

Engagement into a lower level of care following discharge from residential treatment fell from 13% to 9%, statewide. All of the eight regions decreased in engagement into a lower level of care from the previous quarter.

#### **Domestic Violence/Sexual Assault:**

To better reflect populations served and services provided at domestic violence/sexual assault agencies, efforts to improve data reporting have been underway for several months. Towards this end, web-based agency reports have been developed, new codes have been added to the information system, and meetings have been held with providers to ensure understanding of reporting definitions. Because of the changes in data reporting, the domestic violence/sexual assault indicators will be reported from the 1<sup>st</sup> quarter of FY05 forward. In developing the domestic violence/sexual assault indicators, four areas were included: amounts of services being provided, populations being served, reasons why people leave services, and the number of previous episodes. The measurements are still under development and all suggestions to improve them are welcomed. Please contact Julie Young (405.522.3879 or [JCYoung@odmhsas.org](mailto:JCYoung@odmhsas.org)) with comments.

## SECTION I – FOCUS INDICATORS

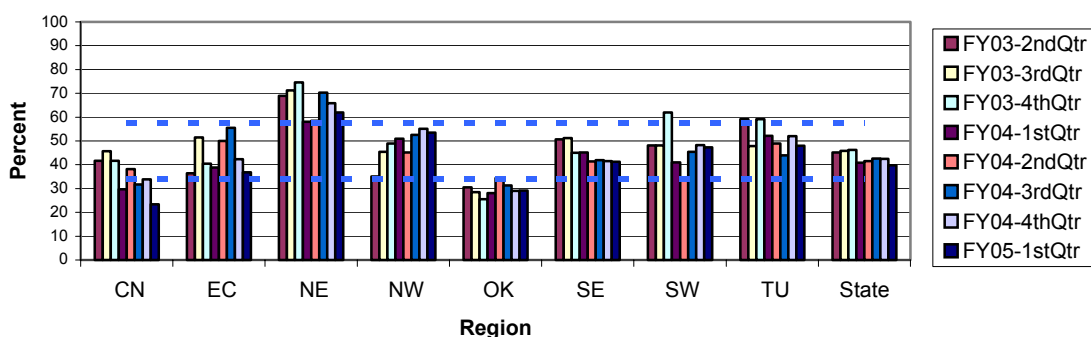
### Mental Health

**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: 40%. Highest rate: NE region at 62% (more than one standard deviation above the state average). Lowest regions: CN with 23% and OK with 29% (both more than one standard deviation below the state average).

**Trends:** Statewide, the 1st Quarter of FY05 decreased slightly from the 4th quarter, and is the lowest rate for the eight quarters studied at 40%, with the highest statewide rate (46%) occurring in FY03. The inpatient follow-up rates in the NE region were at one standard deviation or more above the state average for all eight quarters. The OK region has consistently been at least one standard deviation below the state average for all eight quarters studied.

**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.

For clients meeting criteria for the Target Population to be Served by a CMHC, effective linkage with follow-up outpatient care is totally dependent on the client's willingness to accept further service from an ODMHSAS provider, permit advance arrangements, and keep any appointments made on their behalf.

**Responding Providers:** Associated Centers for Therapy, Bill Willis Community Mental Health Center, Carl Albert CMHC, Central Oklahoma CMHC, CREOKS Mental Health Center, Edwin Fair CMHC, Grand Lake Mental Health Center, Green Country Behavioral Health Services, Hope Community Services, Jim Taliaferro CMHC, Mental Health Services of Southern Oklahoma, North Care Center, Northwest Center for Behavioral Health and Red Rock Behavioral Health Services.

**Positive Influences:** (previously reported by providers)

- Training and emphasis on follow-up associated with monitoring the closing of civil beds at the former Eastern State Hospital
- Communication protocols between inpatient and outpatient providers regarding discharges
- Contacting clients and setting up appointments before they leave inpatient care

**Negative Influences:** (previously reported by providers)

- Clients are not asked for consent to talk with an agency for referral upon discharge.
- Clients admitted under an involuntary status
- Clients may not feel ready for discharge
- Client may have no plans to follow-up with outpatient treatment
- Homeless clients may not intend to follow-up or even remain in the area
- Issues related to treating clients with substance abuse disorders and the lack of appropriate services
- Lack of a specific plan to address follow-up with clients if they do not keep an appointment
- Lack of a performance improvement focus in this area
- Lack of communication between the inpatient and outpatient facilities
- Difficulty in obtaining client records from inpatient facility
- First contact with outpatient facility is not always reported to DMHSAS so data do not reflect actual percent of clients followed up within seven days
- No reliable contact information, e.g., disconnected phone, for clients who do not show up for an appointment
- The use of part-time contract physicians means that, based on the timing of the discharge, 8 or 9 days is the earliest the client can be seen due to the doctor being available only once per week.

**Strategic Improvement Actions Taken by Providers:**

On September 8, 2004, eight representatives from the three OK Region CMHCs (Red Rock, Hope and North Care) met with Director of Psychosocial Services and Community Reintegration at Griffin Memorial Hospital (GMH) to discuss the continuing low level of follow-up after discharge from inpatient in the Oklahoma City region. One potential problem identified is a lack of consistency in obtaining consent from the consumer to communicate between GMH and the appropriate CMHC regarding admission and discharge. Strategies discussed included obtaining a daily census of consumers admitted from the OK Service Area. All three CMHCs within the region agreed that representatives from the centers need to make face-to-face contact with the hospitalized consumers to focus on discharge planning. In other parts of the State, JTCMH (SW Region) and Associated Center for Therapy (TU Region) also reported activities to improve follow-up. The effectiveness of these activities will be reviewed in future RPM reports.

The ODMHSAS Deputy Commissioner for Mental Health Services and other mental health division staff met with key staff at Griffin Memorial Hospital in October to discuss ways to improve discharge planning and linkage with follow-up outpatient services. A number of actions were identified and initiated. In November, North Care Homeless Representatives met with the Griffin Memorial Hospital social services staff and agreed to meet weekly.

**Hope – OK Region:** Hope's current performance improvement activities include monitoring the protocol for referral calls from GMH/OCCIC and the follow-up after receipt of the calls. Hope will be using the percentage of clients being discharged from inpatient who are seen for follow-up as the intake program's CARF access indicator. By making this one of the program outcome monitors it ensures that this information will be examined by the QA committee during monthly meetings.

**North Care – OK Region:** Social Workers from Griffin have been contacting the North Rock medication clinic directly for the follow-up appointment. It was agreed to change this process to have the North Care Screening contracted to facilitate Case Management services for more immediate follow-up and to



arrange for appropriate services. North Care's current quality improvement activities include weekly access reports that track timely access to services. It seems that efforts to obtain daily lists of admissions and face-to-face contacts before or at the time of discharge will be a necessary step to improve follow-up upon discharge.

In the last quarter, North Care has initiated sending a staff member to Griffin each week to make an initial contact with consumers who are to be discharged to North Care. Twice a week a van is sent to transport discharged consumers and make initial contacts. These efforts are geared to the homeless who will be discharged to North Care Center but it is anticipated that these efforts will be expanded to other consumers.

**Central Oklahoma CMHC – CN region:** Central Oklahoma CMHC (COCMHC) staff initiated meetings with the social work staff at Griffin Memorial Hospital (GMH) in early April, 2004. As a result of these meetings, two processes were created to impact this indicator: GMH staff would provide admission data to the CMHC and the CMHC would have case managers meet with newly-admitted consumers from the COCMHC catchment area and existing/active consumers of the CMHC would be contacted by their primary provider during their hospital stay.

Since then two things have occurred that impact its follow-up rate: the resignation of the clinical manager of its Evaluation and Referral Unit and increased referrals from Griffin Memorial Hospital. Actions taken to improve performance are recruiting efforts for a qualified clinical manager of Evaluation and Referral and the transfer of a case manager from the Outpatient Unit to Evaluation and Referral Unit with a primary assignment to link and insure linkage is maintained with individuals with MMI being discharged from the hospital. Modifications to the Evaluation and Referral Unit systems were as follows: the appointment scheduling process has been re-structured and streamlined for efficiency; the telephone screening/assessment instrument and staff assignment for the telephone screening have been re-structured for efficiency; employee performance expectations for Evaluation and Referral staff have been clarified and are being monitored; outpatient case management staff continues twice-weekly contact in hospital with persons from COCMHC catchment area.

**Jim Taliaferro CMHC - SW Region:** Outpatient case managers meet with their consumers on the Inpatient Unit prior to discharge to facilitate discharge planning and appointment follow-up verification.

**Associated Centers for Therapy – TU Region:** Associated Centers for Therapy (ACT) continues liaison activities with Tulsa Center for Behavioral Health (TCBH). Due to privacy laws, TCBH is unable to provide information on all clients who are currently on unit. ACT will continue to problem-solve with TCBH staff to gain access to this information. Further, each week in clinical staffing, time is set aside to identify clients who have been admitted or discharged from inpatient facilities to ensure follow-up is conducted in an appropriate time frame.

**Mental Health Services of Southern Oklahoma (MHSSO) – SE Region:** MHSSO continues to send staff to liaise with Griffin Memorial staff for the purpose of improving communication to facilitate continuing care in a timely manner. Factors affecting the outpatient follow-up rate include the Arbuckle Memorial Hospital closing its mental health inpatient unit in August 2004 and MHSSO's transition to a Crisis Diversion Team model, which necessitated the development of a new contractual agreement with the Carl Albert CMHC inpatient unit for MHSSO's western counties.

**Carl Albert CMHC (CACMHC) – SE Region:** CACMHC is investigating factors affecting the follow-up rate, such as service codes being utilized and no-show rates.

**Red Rock Behavioral Health Services – OK Region:** While analyzing the RPM data, staff learned that Red Rock had referrals of 10 or more to seven different counties. The follow-up rates varied greatly among the counties. Staff members are still dissecting the information and will be meeting with staff in the various counties served by Red Rock after the first of the year to learn successful follow-up strategies from the counties with the highest rates and share with the other counties.

**Discussion:** Some providers posed obstacles for successfully following clients within seven days of discharge for inpatient services. These are listed below so that other agencies that have developed ways to overcome these barriers may share their experiences.

**Northwest Center for Behavioral Health – NW Region:** NCBH reports little or no control over client actions once discharged, particularly for clients receiving inpatient services under a court order or emergency detention (which account for 70% of NCBH inpatient clients).

**Associated Centers for Therapy – TU Region:** ACT's records show that three clients were not seen within the 7-day time frame because *they* requested a later appointment than what was offered to them. ACT would welcome any ideas about how the report might reflect that the timing of follow-up provided to them was by consumer choice rather than due to a performance issue on the agency's part.

**CREOKS Mental Health Services – EC Region:** The fact that CREOKS uses part-time contract physicians means that, based on the timing of the discharge, 8 or 9 days is the quickest follow-up time that can be done due to the doctor being available only once per week.

**Green Country Behavioral Health Services – EC Region:** Green Country staff is concerned about the number of admissions to Griffin Memorial Hospital from its county, given it is not sending these people and is not sure how they are being referred or accepted.

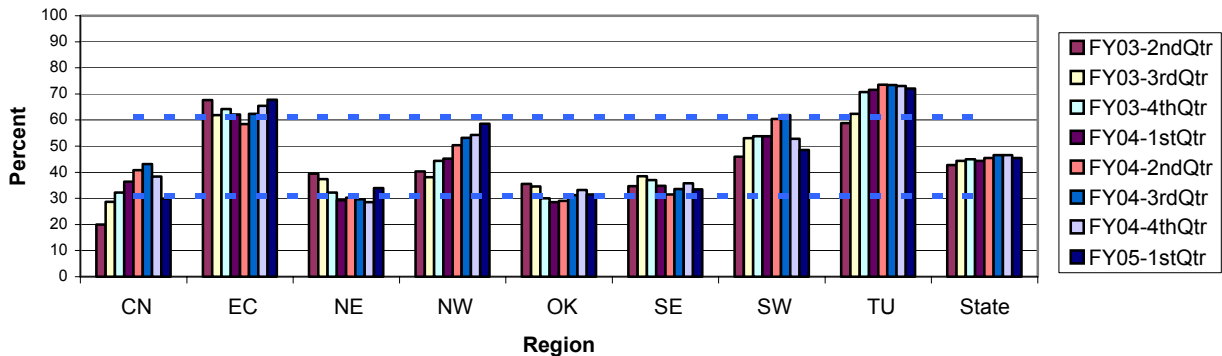
Some agencies mentioned that there is a lack of communication between the inpatient unit and outpatient facility, resulting in more referrals being made to the outpatient facility than it is aware of. This particular problem has been addressed by several facilities in the "Strategic Improvement Actions Taken by Providers" section above.

**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: 45%. Highest rates: The EC and TU regions were one standard deviation above the mean at 68% and 72%, respectively. Lowest rates: The CN region was more than one standard deviation below the mean at 30%.

**Trends:** The NW region has demonstrated rising rates for the past six 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 assure that individual clients determine, with their treatment team, the services that are most appropriate to their current needs.

**Responding Providers:** Associated Centers for Therapy, Carl Albert CMHC, Central Oklahoma CMHC, CREOKS Mental Health Center, Edwin Fair CMHC, Grand Lake Mental Health Center, Green Country Behavioral Health Services, Hope Community Services, Jim Taliaferro CMHC, Mental Health Services of Southern Oklahoma, North Care Center, Northwest Center for Behavioral Health and Red Rock Behavioral Health Services.

**Positive Influences:** (previously reported by providers)

- Scheduling medication clinics more often to continue engagement with clients

**Negative Influences:** (previously reported by providers)

- Historical emphasis of facility on clinic-based, individual therapy services
- Small numbers of case management positions and high case loads of all providers
- Only service that many consumers want is medication clinic and many are stable without any alternative referral sources in the community
- Cannot bill DMHSAS for case management services prior to certification training and training is offered infrequently
- Core Service Plan focuses on group services rather than individual-based services

**Improvement Strategies Suggested or Actions Taken by Providers:**

**Associated Centers for Therapy – TU Region:** If indicated at assessment, Associated Centers for Therapy (ACT) provides a case management service at the initiation of services. ACT requires individuals to keep appointments with the clinicians prior to making a subsequent medication clinic appointment.

**Central Oklahoma CMHC – CN region:** The focus on individual therapy as a primary service has changed due to contractual limit for this service. Staff vacancies in Outpatient have been replaced with case managers and cost savings in other parts of the agency were shifted to additional case management positions. This change has added case managers and reduced case loads throughout Outpatient Services, thereby allowing for service delivery to all persons with an active “case” and concentrated services to those individuals with the greatest need. This indicator is now a part of the Central Oklahoma CMHC (COCMHC) performance outcome system and will be monitored carefully monthly as will case manager case loads. The COCMHC admissions and assignment of services process is currently in review for systems improvement. The management group and Performance Improvement Committee are also exploring the agency’s data base and processes for designating consumers MMI (SMI or SED) because initial demographic reports for consumers served during Fiscal Year 2005 suggested low percentages for both these designations.

**Mental Health Services of Southern Oklahoma (MHSSO) – SE Region:** MHSSO has hired new staff who are scheduled to attend Case Management Training so that they will be able to provide increased services to the population with MMI once trained.

**Carl Albert CMHC (CACMHC) – SE Region:** CACMHC has made case management certification a priority and have sent 10 staff to training in 2004. It has hired two new staff persons who will be scheduled at the next available training session.

**Jim Taliaferro CMHC (JTCMHC) – SW Region:** The Director of Community Services monitors outpatient consumers not seen in 90 days and follows up with their case managers to see why this did not occur.

**CREOKS Mental Health Services – EC Region:** CREOK’s rate has increased substantially from previous quarters and is higher than the state average. The increase is a result of a goal in CREOK’s Strategic Plan calling for case management services to double. It is recruiting additional case managers and virtually all of its therapists are case management certified.

**Grand Lake Mental Health Center – NE Region:** The PI department has been closely following and working on correcting this indicator of performance. After monitoring this for the last two quarters and making a request that counties increase these numbers, an increase was seen in the agency’s quarterly results. The percent of adults with MMI who received a case management or individual rehab service went from 8.8% last quarter (4th Q- FY04) to 16.7% this quarter (1st Q- FY05.)

**North Care – OK Region:** North Care has nearly doubled its staff, from 5 to 9 full-time case managers and implemented a re-design of the service delivery system. Three levels of intensity are now available based upon the consumer’s needs, as determined by the comprehensive assessment. These levels also allow for specialization of certain tasks, which assists staff to better monitor and manage their caseloads.

North Care makes every effort to educate its consumers as to the range of services available through its agency. A comprehensive case management assessment is completed on every new consumer at intake and case management services are encouraged to those with identified needs. North Care offers consumers an opportunity to request case management each time they come to the medication clinic through the use of a brief survey. A new consumer orientation was recently added where all of its services are reviewed in detail for those consumers entering the agency. Additionally, current consumers, who may not be fully aware of all that is offered, are invited to this orientation, including those going to medication clinic only. The goal is to do everything possible to educate the service recipients about the agency and the services; however, the consumer’s choice to participate or not is honored and self-determination is promoted throughout the treatment experience.

**Discussion:** Some providers posed obstacles for providing case management and individual rehab services to clients with MMI. These are listed below so that other agencies that have developed ways to overcome these barriers may share their experiences.

**Hope Community Services - OK Regions:** As of the first of December, 47% of Hope's DMHSAS-funded consumers were on a "med clinic only" case load. These individuals are long-term consumers who have stated they only want and/or need medication clinic services, and since they have very limited income and no insurance, there are no other resources for them in the community.

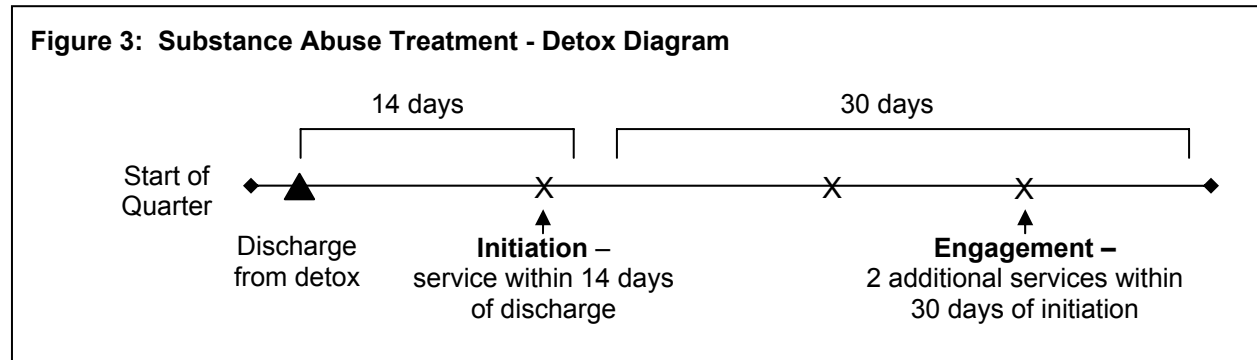
**Central Oklahoma CMHC – CN region:** In the 4<sup>th</sup> Quarter of FY04, COMCHC implemented the Psychosocial, Co-Occurring Program, and Medication Only Services. It is the consensus of the management team that with the initiation of the preferred practices there has been a shift from case management and individual rehab services to psychosocial and co-occurring arrays of services, not reflected in this measure. Additionally, clinical supervision of the case managers is being enhanced to insure that all adult persons served who are assigned to a case manager prefer and/or need this service and that the service is being provided as preferred and indicated.

A smaller group of adult consumers has been identified as being far along in recovery and not requiring any services except for medication monitoring. This group of individual consumers has been identified and the decision has been made by the person served and the treatment team for assignment to the Medication Only Services.

## Substance Abuse

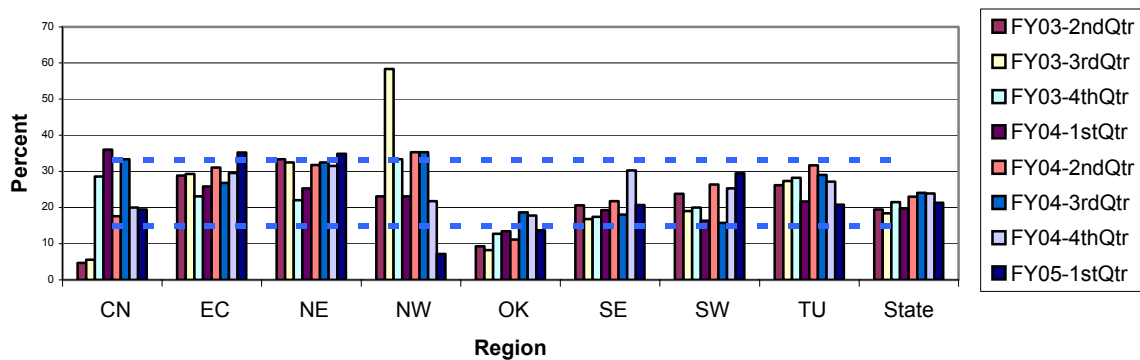
### Measure SA2b: Initiation of Treatment Services Following Detoxification Services

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



**Goal:** The goal for this indicator is being established. If you have any input concerning this, please contact Jennifer Glover, Clinical Treatment Services Coordinator (JGlover@ODMHSAS.org).

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



**Current Status:** Statewide rate: 21%. Highest rate: The EC and NE regions were one standard deviation above the mean, both at 35%. Lowest rates: The OK region was more than one standard deviation below the mean at 14% and the NW region dropped to 7%.

**Trends:** The statewide rate decreased slightly from the previous quarter, but remained in the eight-quarter range of 18% to 24%.

**Responding Providers:** (to be added following providers' review and responses this quarter)

**Positive Influences:** (previously reported by providers)

- Clients who complete detox services
- Agency's ability to refer to a variety of agencies

**Negative Influences:** (previously reported by providers)

- Staff have had little or no case management training or experience, although case management is their primary responsibility
- Limited resources for state-funded substance abuse treatment

- At times, clients are not admitted to state-funded substance abuse treatment facilities until 14 days or more post discharge from Detox
- Lack of transportation to the facility in which client has been placed
- Non-DMHSAS-funded programs often require clients to pay for some of the treatment
- Lack of documentation as to what extent the above-mentioned issues contribute to barriers to treatment

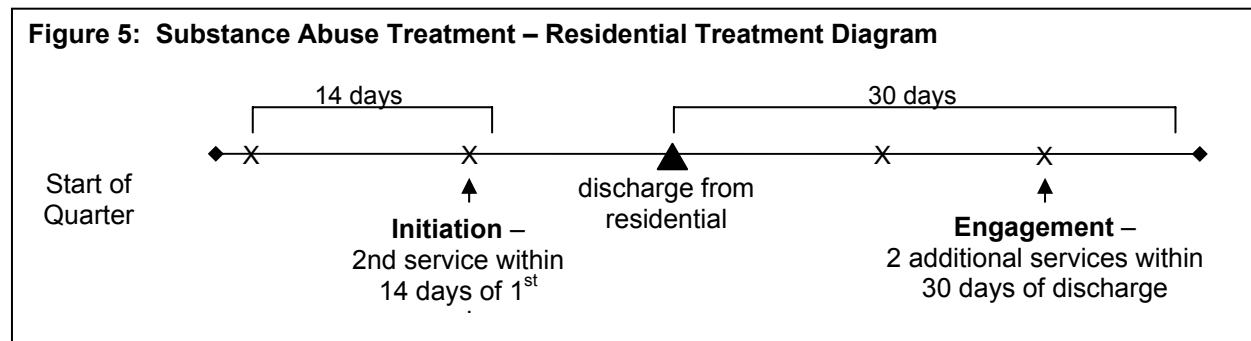
**Improvement Strategies Suggested or Actions Taken by Providers:**

- Staff is held accountable for clients after they are discharged until they are in the care of another provider
- All personnel responsible for client care are supervised by the Medical Director
- Counselor's primary responsibility is to complete each client's evaluation and determine level of further care that the client needs according to ASAM criteria (accomplished within 48 hours of admission)
- Establish the position of case manager, whose primary responsibility is to refer clients to further substance abuse services
- All clients have case management within 48 hours of admission and all efforts made to refer clients are documented in writing on the case management worksheet
- Service needs of the client, including transportation, are addressed by the case managers
- Improve the working relationship with agencies to which clients are referred by having face-to-face meetings with the personnel who determine admission to their programs
- Develop methods to evaluate the effectiveness of performance improvement efforts to discover and document the barriers

**Discussion:** To determine whether the low rate of initiation was caused by a lack of substance abuse treatment resources, the DMHSAS examined the relationship between the percentage of persons in need of substance abuse treatment within each region that received a substance abuse service and the percentage of clients that initiated treatment within 14 days of discharge from detoxification (our initiation indicator). Based on the analysis of available data, no relationship was found between treatment options and the rate of persons initiating treatment after detox.

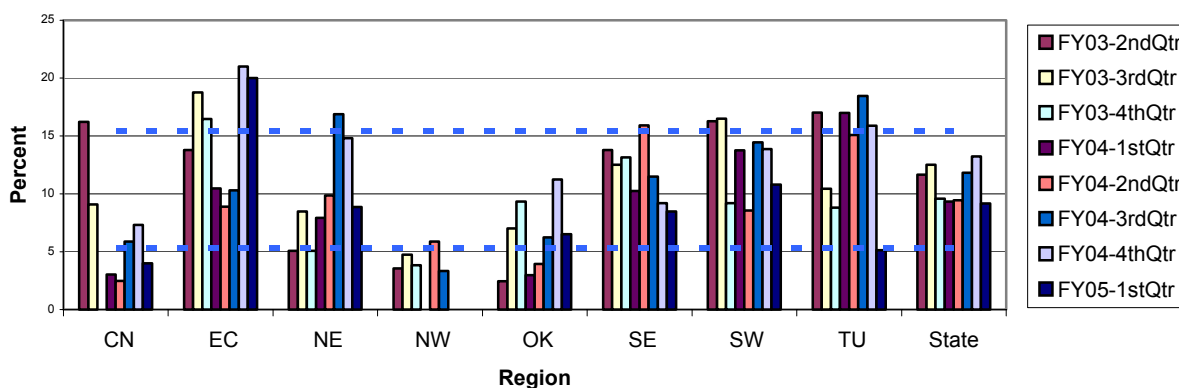
**Measure SA3c: Engagement in Lower Levels of Treatment Following Residential Treatment**

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



**Goal:** The goal for this indicator is being established. If you have any input concerning this, please contact Jennifer Glover, Clinical Treatment Services Coordinator (JGlover@ODMHSAS.org).

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



**Current Status:** Statewide rate: 9%. Highest rates: The EC region was one standard deviation above the mean at 20%. Lowest rates: The CN, NW and TU regions were one standard deviation below the mean, having rates of 4%, 0%, and 5%, respectively.

**Trends:** Statewide, 1st Quarter FY05 decreased from the highest follow-up rate in the eight quarters studied which was observed in the previous quarter. In the 1st Quarter FY05, the SE and TU regions, as well as the overall state rate, were at their lowest rates of follow-up in the past two years. The TU region fell from more than one standard deviation above the mean to more than one standard deviation below the mean.

**Responding Providers:** (to be added following providers' review and responses this quarter)

**Positive Influences:** (not yet identified)

**Negative Influences:**

- This indicator does not account for the individuals who were referred back to Cherokee Nation Behavioral Health, Community Sentencing Program, individuals receiving services for co-occurring disorders and receiving mental health or Medicaid funded outpatient services.
- All services received after residential treatment should be examined rather than just substance abuse services.
- Some clients are required to return to jail even though they successfully complete treatment



**Improvement Strategies Suggested or Actions Taken by Providers:**

**Vinita Alcohol and Drug Treatment Center – NE Region:** Vinita Alcohol and Drug Treatment Center (VADTC) staff will perform an analysis of discharge plans for FY03 4th Quarter and FY04 4th Quarter. VADTC Director and Performance Improvement Coordinator will implement a follow-up system that will generate a client list so letters can be sent or phone calls made 14 and 30 days after discharge. Medical record staff and administrative assistant will complete follow-up. VADTC will strengthen relationship with providers by conducting telephone case conferences with clients and the referral sources.

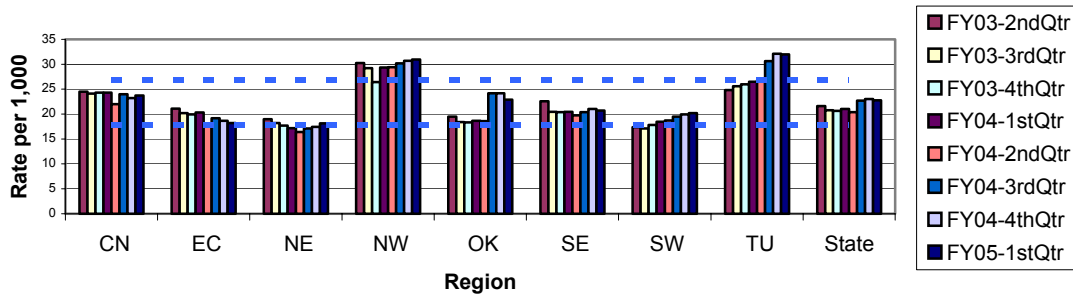
**Discussion:** A provider posed an obstacle for successfully engaging clients in outpatient services following residential treatment. This is listed below so that other agencies that have developed ways to overcome this barrier can share their experiences.

**Northwest Center for Behavioral Health – NW Region:** NCBH reports the lower level of service in its area to which it can refer is typically AA or NA, neither of which will show up in the data.

## 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



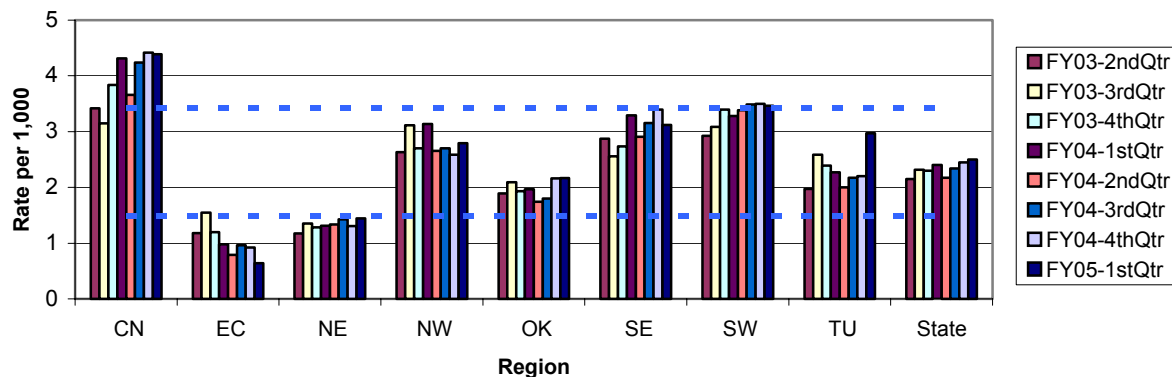
As shown in Figure 7, statewide, 23 of every 1,000 adults in poverty received a DMHSAS-funded mental health service in the 1st Quarter of FY05. The range of adults per 1,000 in poverty that received a service in the prior seven quarters is 20 to 23.

The NW and TU regions served 31 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 EC region has shown a decline in the rate of services provided over the last eight quarters, while the NW, SW and TU regions' utilization rates have generally climbed for the last eight quarters.

### 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, 2.5 of every 1,000 adults (25 of every 10,000) in poverty received an inpatient mental health service (in a state hospital or community-based inpatient unit) in the 1st Quarter of FY05 (Figure 8). The range for the prior seven quarters was between 2.1 and 2.5 per 1,000.

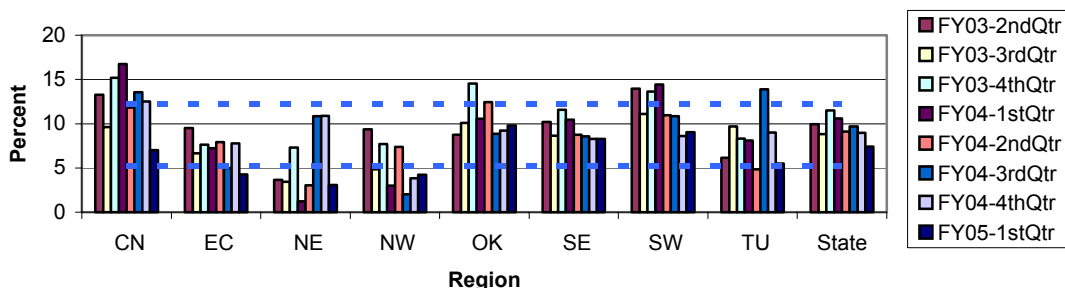
The CN and SW regions have had high utilization of inpatient services for the past two years, with 4.4 and 3.5 adults per 1,000 in poverty, respectively, receiving an inpatient service in the 1st Quarter of FY05.

The EC and NE regions trended towards low rates of utilization at 0.6 and 1.4, respectively, per 1,000 adults in poverty. All eight quarters in the NE region were one standard deviation or more below the statewide mean.

**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**

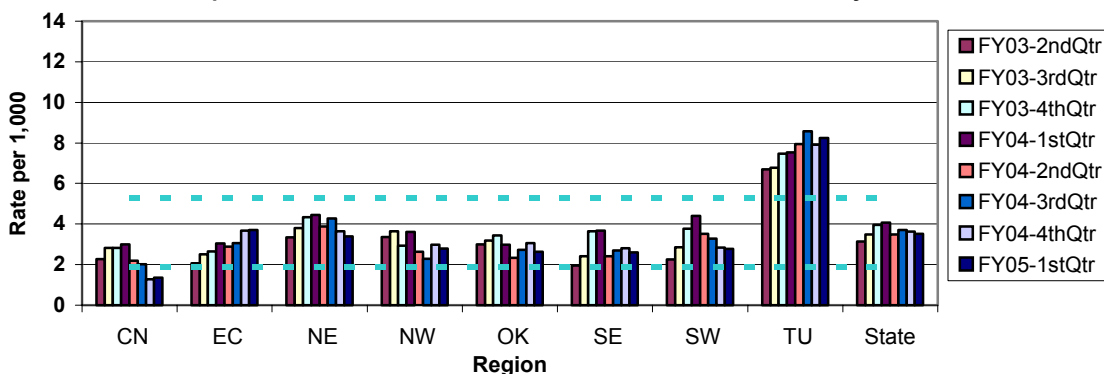


The adult inpatient re-admissions indicator measures the percentage of adults discharged from inpatient care in the quarter who were re-admitted within 30 days following their discharge. Statewide re-admissions ranged between 7.4% and 11.5% of discharged inpatient adults for the past two years, with the lowest re-admission rate (7.4%) in the 1st Quarter of FY05 (Figure 9). The EC, NE and NW regions were more than one standard deviation below the mean at 4.2, 3.1%, and 4.2%, respectively. None of the regions was more than one standard deviation above the state average.

**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 1st Quarter of FY05 for the state was 3.5 per 1,000 of the adult

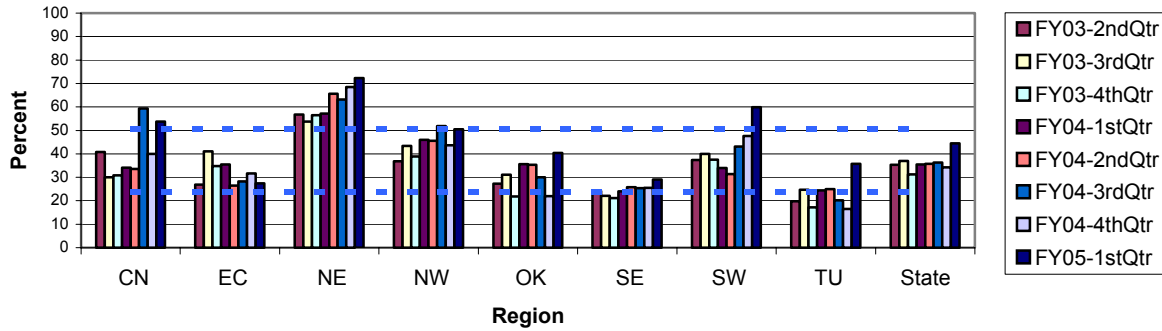
**Figure 10: Adult Face-to-Face Crisis Events during the Quarter  
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level**



population below 200% of the poverty level (Figure 10). The rate fell slightly from the previous quarter and falls within the two-year range of 3.1 to 4 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 8.2 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 1.4 per 1,000 of the adult population.

## 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 1st quarter of FY05, 44% 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 NE region has the highest rate (72%) for adults with face-to-face crisis events who had outpatient follow-up visits within seven days, followed by the SW region at 60% (with a substantial increase over the last quarter), followed by the CN region at 54%. 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.

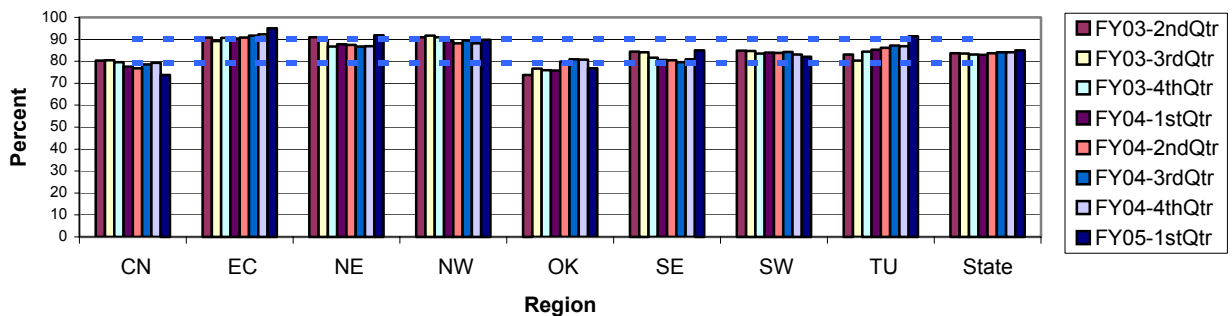
### ADULTS WITH MAJOR MENTAL ILLNESS (MMI)

**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 85% of adults with MMI received a core mental health outpatient service (face-to-face mental health, non-crisis, treatment service) in the 1st Quarter of FY05 (Figure 12), increasing slightly from the seven prior quarters.

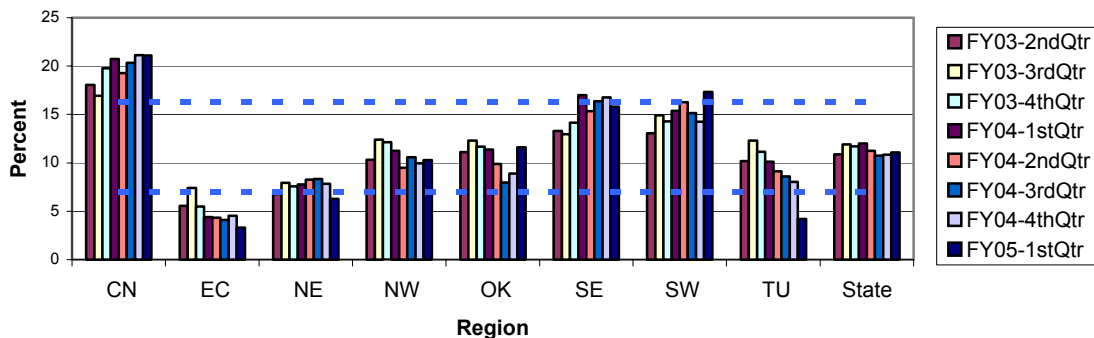
The CN and OK regions have experienced a relatively low percentage of adults with MMI receiving core outpatient services, at 74% and 77%, respectively, in the 1st Quarter of FY05, which is one standard deviation below the state average. The EC, NE, and TU regions were all one standard deviation above the state average at 95%, 92% and 92%, respectively. The EC region at 94% has been one standard deviation or more above the state average for most of the eight quarters studied.

## Measure MH10: Adults with MMI Inpatient Services

About 11% of all adults with MMI, statewide, were hospitalized in the 1st Quarter of FY05 (Figure 13), falling in the range of 10.7% to 12% for the eight quarters studied.

The CN and SW regions were one standard deviation above the state average at 21% and 17.3%, respectively, in the 1st Quarter of FY05. The CN region has consistently been one standard deviation above the state average for the eight quarters studied. The EC, NE, and TU regions were all one standard deviation below the state average at 3.3%, 6.3% and 4.2%, respectively.

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



## 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

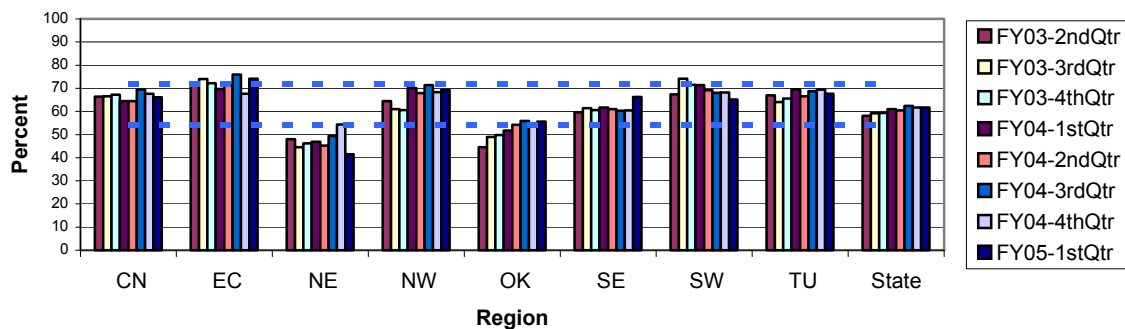
### ADULT SELECT PRIORITY GROUP (SPG)

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 a quarter.

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



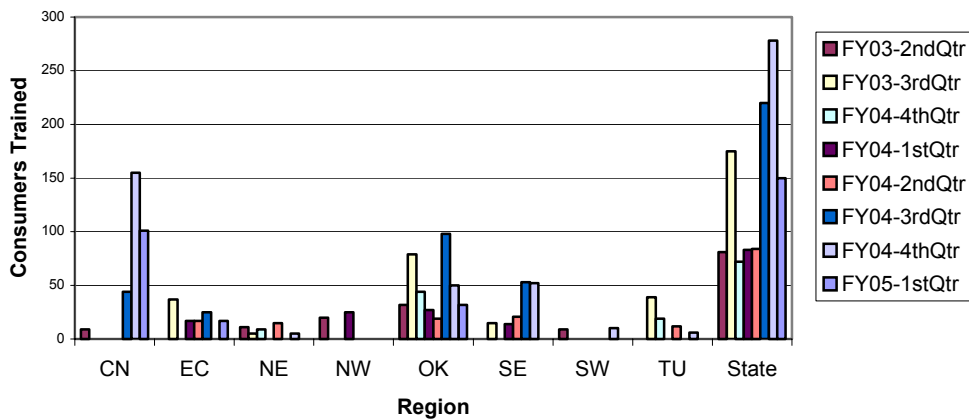
Statewide, 62% of all adults in the SPG received a medication visit in the 1st Quarter of FY05 (Figure 14). The rate has remained fairly consistent with a range of 58% to 62% in the prior seven quarters. The EC region has had a high rate of medication visits for the past eight quarters, with 74% occurring in the most recent quarter. The NE region had 41% of adults in the SPG receiving a medication visit in the most recent quarter studied and has been more than one standard deviation below the state average for seven of the eight quarters studied. The OK region had previously had low percents of medication visits but had been trending upward.

## EVIDENCE-BASED PRACTICES

### Measure MH14: Illness Self-Management

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.

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



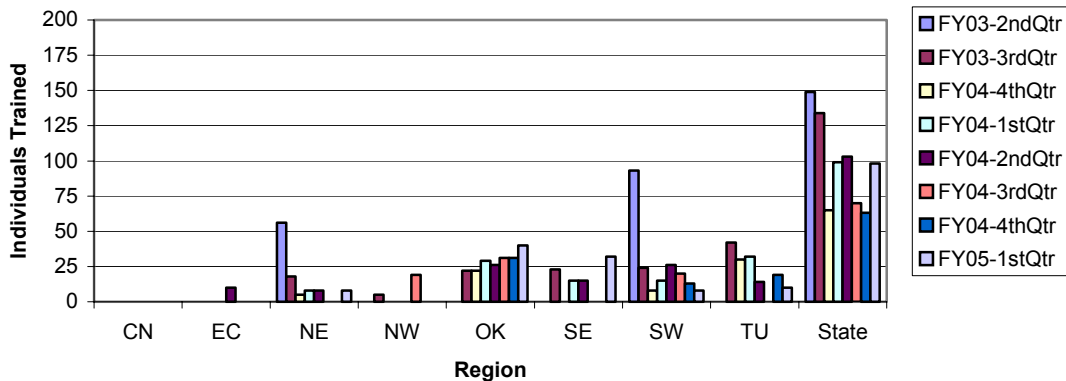
Illness self-management education services were provided to 150 individuals during the 1st Quarter of FY05, the fourth largest number trained for the eight-quarter period (Figure 15). To date, 1,155 individuals have participated in the WRAP training. Training was offered in the CN, EC, OK, and SE regions for the most recent quarter. These counts do not reflect services provided to staff or other trainers

**Measure MH15: Family-To-Family Training**

The Family-to-Family indicator measures the number of unique family members that participated in a psycho-educational training program presented by 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.

A total of 63 individuals received Family-to-Family training in the 1st Quarter of FY05, the second lowest number in the last two years (Figure 16). Training sessions were held in the OK, SW and TU regions during the 1st Quarter of FY05. To date, training has been provided to 715 individuals.

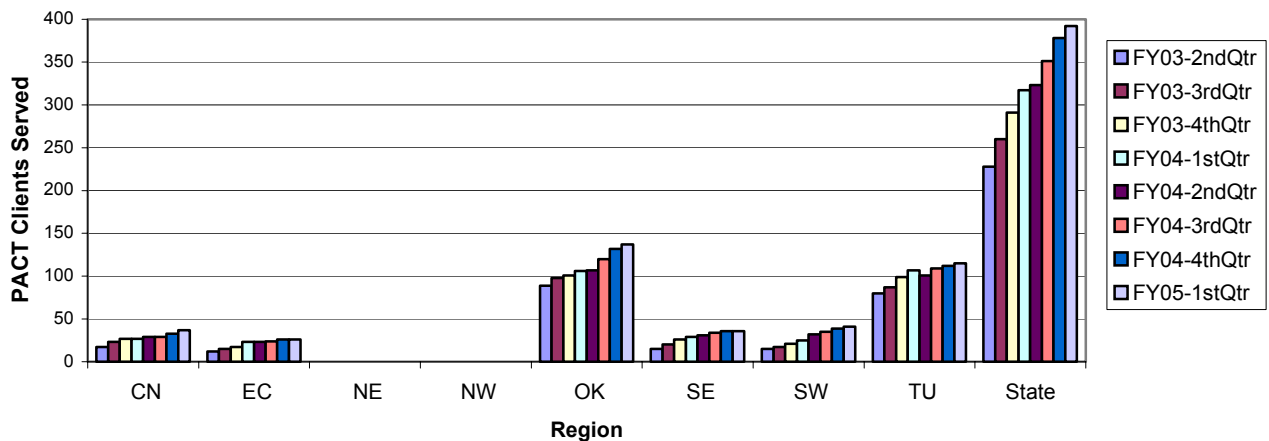
**Figure 16: Family Members Receiving Family-to-Family Training  
Unduplicated Count by Quarter**



## 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, considered rural sites, are staffed to serve 50 participants.

**Figure 17: Number of Persons Served in PACT by Quarter**



As shown in Figure 17, 392 persons were served through the eight PACT sites in the 1st Quarter of FY05. The OK and TU regions provided services to 137 and 115 persons, respectively. These regions include four sites, the two original sites and two sites that have just been implemented. The rural sites, which have not reached their maximum capacities, served a total of 140 persons in the 1st quarter of FY05 (CN region = 37, EC region = 26, SE region = 36, SW region = 41).

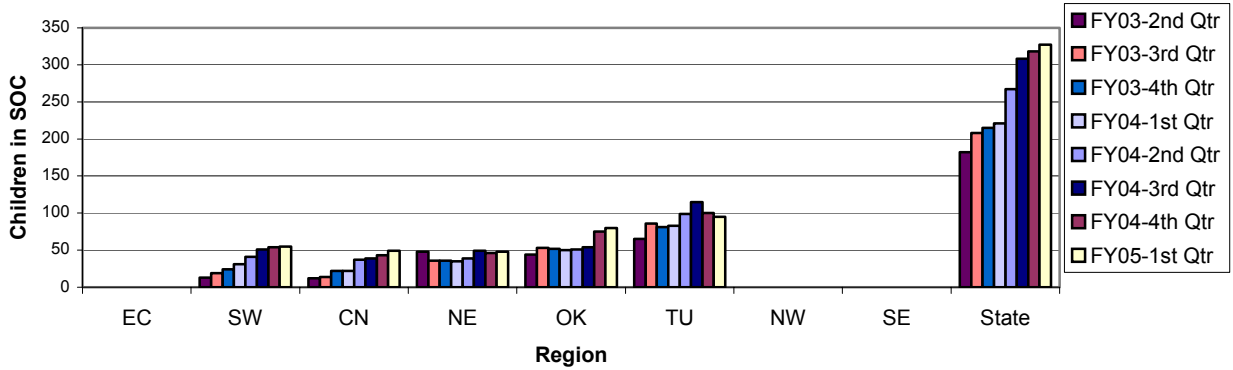
## CHILDREN'S SERVICES

### 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 1st Quarter of FY05, 327 children were served in the SOC sites, the largest number to date (Figure 18). The TU region, which hosts the largest site, served 95 children, followed by 80 children served in the OK region, 48 children served in the NE region, 55 children served in the SW region, and 49 children served in the CN region.

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

## PERFORMANCE MEASURES - SUBSTANCE ABUSE

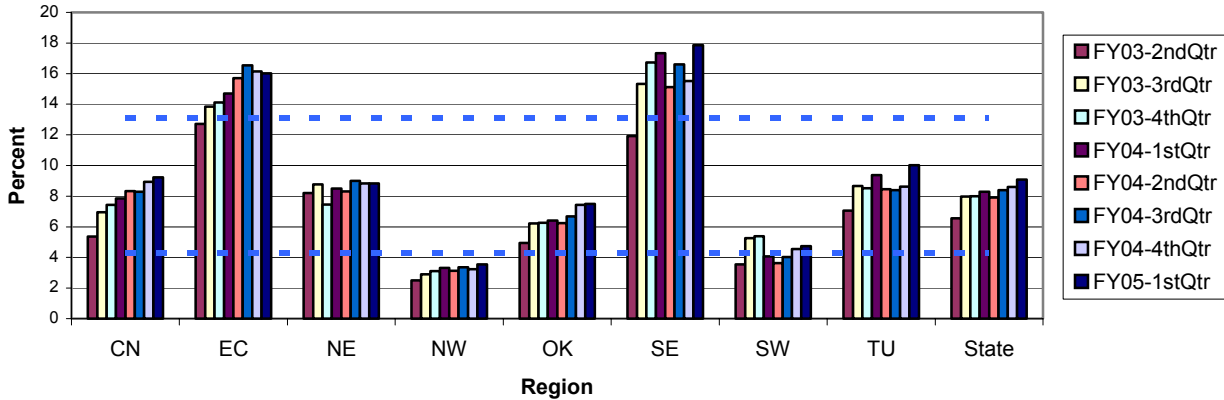
The indicators of substance abuse treatment performance used in this report are measures developed by the Washington Circle with support from the federal Center for Substance Abuse Treatment (CSAT). The indicators focus on early recognition and intervention which can positively affect the course of an 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 4,170 persons identified among those in need of treatment during the 1st Quarter of FY05. Persons were identified by the first level of substance abuse services they used:

Outpatient – 2,015 clients (48%)	Residential – 951 clients (23%)
Detoxification – 1,033 clients (25%)	Community Living – 171 clients (4%)

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



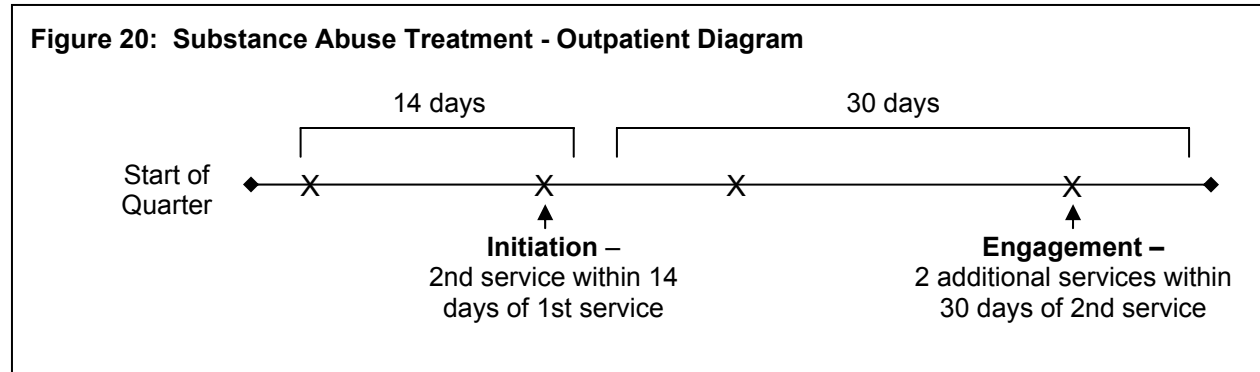
Statewide, the percent of the estimated number of adults in need of substance abuse treatment that received a substance abuse service has remained fairly constant for the past seven quarters with highest rate of 9% occurring in the most recent quarter (Figure 19).

A high percentage of adults with substance abuse problems in the EC and SE regions received a substance abuse service (16% and 18%, 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 (3.5%) 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.

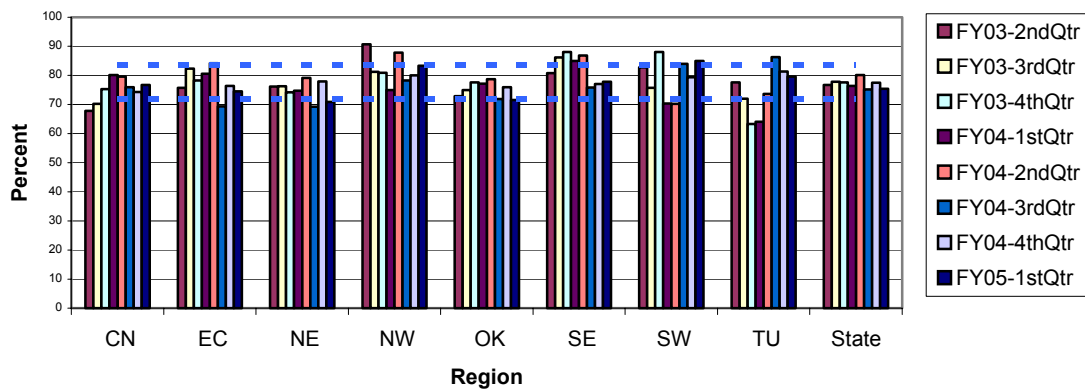
### Measure SA2a: Initiation Into Outpatient Treatment

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**

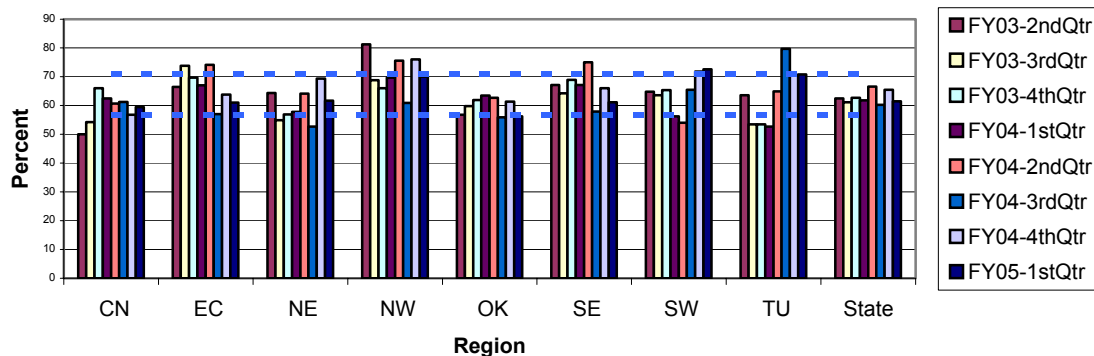


As shown in Figure 21, statewide, 75.3% of adults with first treatment episodes, who started treatment in outpatient care, initiated treatment (had a second service within 14 days, refer to Figure 20 for diagram). This falls within the two-year range of 75% to 80%. The NW and SW regions were more than one standard deviation above the state average at 83% and 79%, respectively, while the NE and OK regions were more than one standard deviation below the state average at 71% and 72%, respectively.

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

## Measure SA3a: Engagement in Outpatient Treatment

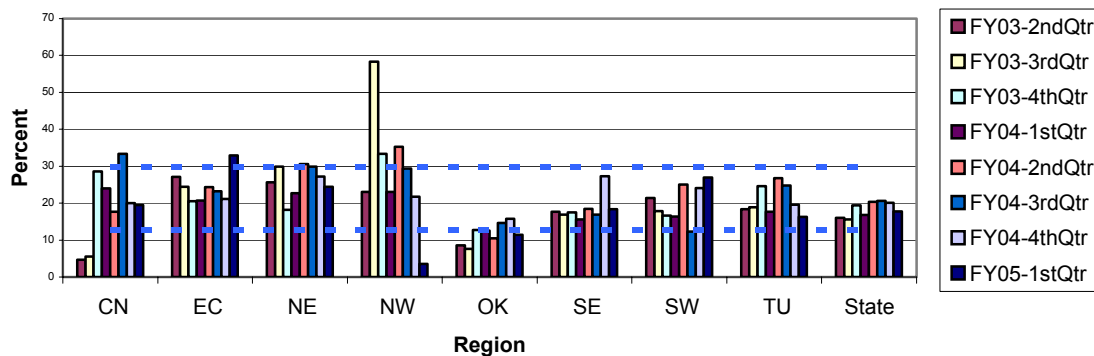
Figure 22: Engagement in Substance Abuse Treatment Following a First Outpatient Service



As shown in Figure 22, during the 1st Quarter of FY05, 61% 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 67%. The SW and TU regions were more than one standard deviation above the state average at 72% and 71%, respectively, in the 1st Quarter of FY05. The OK region fell to more than one standard deviation below the state average at 56%.

## 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, 18% 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 11). This rate of engagement has remained fairly consistent falling in the two-year range of 16% to 21% (Figure 23). The EC region was more than one standard deviation above the state average at 33%, while the NW and OK regions were one standard deviation below the state average at 3.6% and 11.4%, respectively.

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

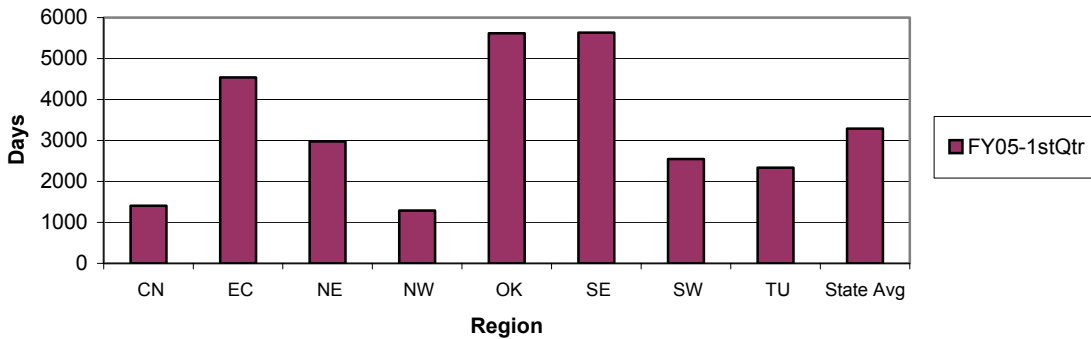
## PERFORMANCE MEASURES – DOMESTIC VIOLENCE/SEXUAL ASSAULT

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/sexual assault agency are reported through the information system and are included in this report. No perpetrator services are funded through DMHSAS.

Domestic violence services are reported in days or hours depending on the type of service. Shelter and transitional living are reported in day units, while hourly services, such as assessment or client advocacy, are reported in actual minutes and are aggregated to hours. A domestic violence service recipient may receive both day and hourly services in the same time period. All sexual assault services are reported in minutes and aggregated to hours.

### Measure DV1a: Domestic Violence Day Services

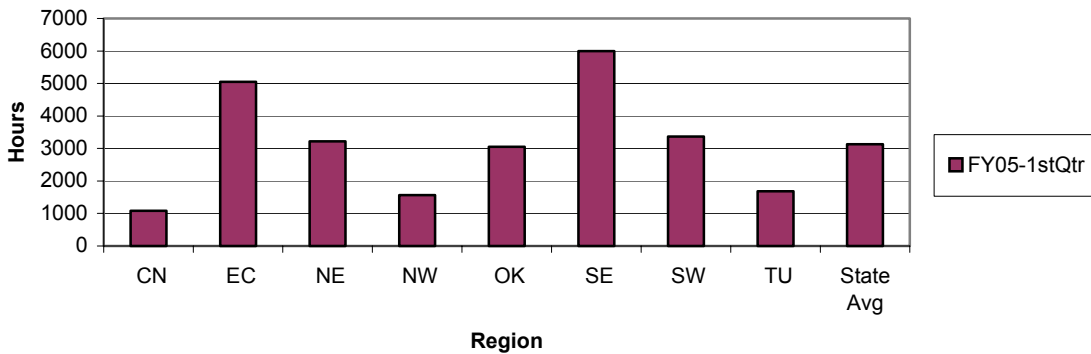
Figure 24: Days of Domestic Violence Services Provided in the Quarter



As shown in Figure 24, domestic violence services ranged from 1,289 days provided in the NW region to 5,630 hours in the SE region in the 1<sup>st</sup> Quarter of FY05. The state average was 3,292 days for the quarter.

### Measure DV1b: Domestic Violence Hourly Services

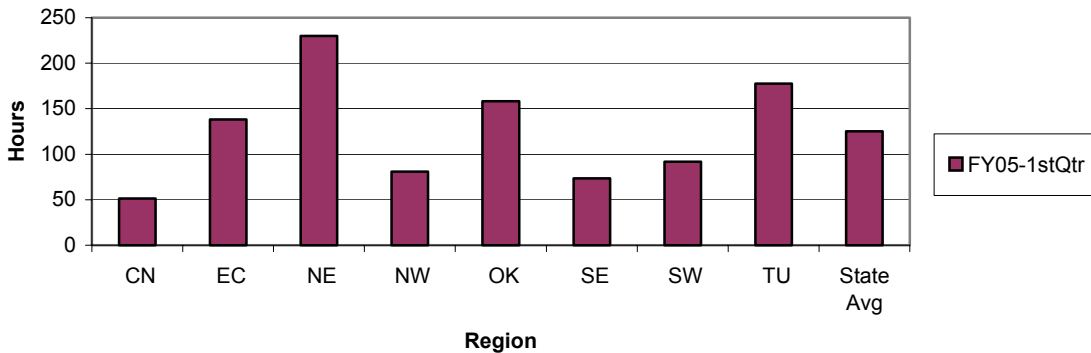
Figure 25: Hours of Domestic Violence Services Provided in the Quarter



In the 1<sup>st</sup> Quarter of FY05, the number of hours of domestic violence services averaged 3,127 hours for the state (figure 25). Hours of service ranged from 1,082 hours in the CN region to 6,000 hours in the SE region.

### Measure DV1c: Sexual Assault Hourly Services

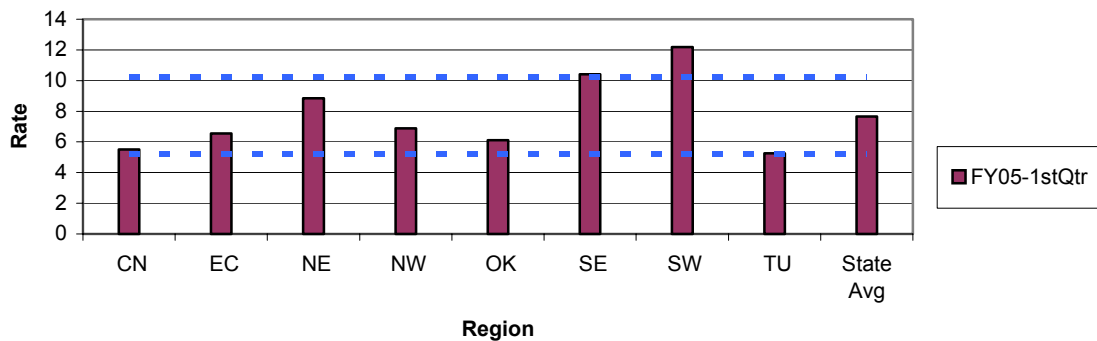
Figure 26: Hours of Sexual Assault Services Provided in the Quarter



For sexual assault services, an average of 125 hours was provided statewide in the 1<sup>st</sup> Quarter of FY05 (figure 26). The fewest hours were provided in the CN region at 51 hours, while the NE region provided the most with 230 hours.

### Measure DV2: Domestic Violence/Sexual Assault Survivors Receiving DMHSAS-Funded Services

Figure 27: Rate of Domestic Violence/Sexual Assault Survivors Served in the Quarter per 10,000 of the State Adult Population

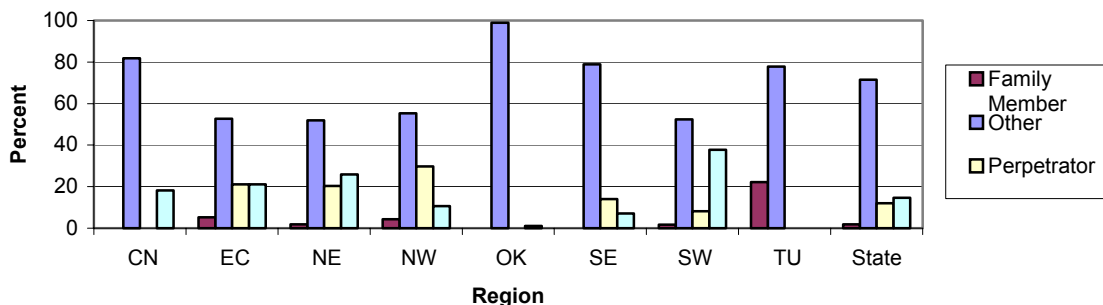


As shown in Figure 27, statewide, nearly 8 (7.65) of every 10,000 adults in Oklahoma received a DMHSAS-funded domestic violence or sexual assault service in the 1st Quarter of FY05. Survivors include both males and females, 18 years or older. Service recipients are identified as survivors if an abuse victim/sexual assault code (presenting problem codes 311-344 or 361-373) is present in the primary presenting problem field of the DMHSAS Client Data Core (a listing of the presenting codes used to define survivors is provided in Appendix 4: Glossary of Terms).

The SE and SW regions served 10.4 and 12.2 adults per 10,000 adults, respectively, and were more than one standard deviation above the state average. The TU region was one standard deviation below the state average at 5.2 adults per 10,000 adults in the State.

### Measure DV3: Adult Males Receiving DMHSAS-Funded Domestic Violence Services

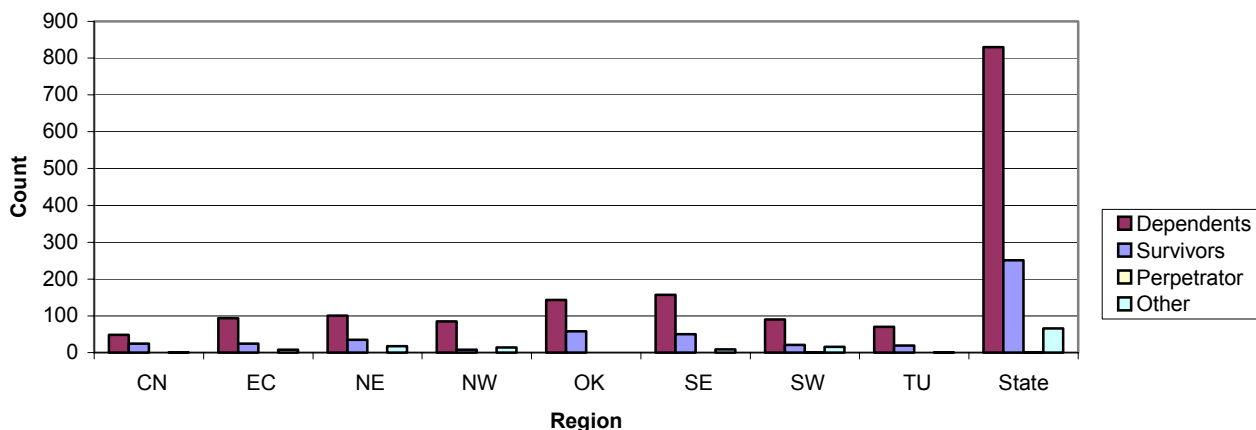
Figure 28: Percent of Adult Males Receiving Domestic Violence Services in the Quarter



Statewide, 368 males, 18 years or older, were served at domestic violence agencies in the 1<sup>st</sup> Quarter of FY05 (figure 28). Of these, 2% were classified as family members/dependents, 72% were classified as “other,” 12% were classified as perpetrators, and 15% were classified as survivors. Beginning July 1, 2005, a new code was added to the array of presenting problem codes that specified perpetrators (primary presenting problem code 621 - Domestic Abuse Perpetrator). However, perpetrators admitted before this date were classified using other codes and it is difficult to identify them correctly. Thus, the rate of 12% perpetrators is an underestimate but will become more accurate in the future as perpetrators are correctly identified at admission. Thus said, five regions reported providing services to perpetrators in the 1<sup>st</sup> Quarter of FY05 (EC, NE, NW, SE and SW regions) ranging from 8 in the SW region to 30 in the SW region. Perpetrator services are not funded by DMHSAS. Males that fell in the “other” category had presenting problems of assaultive (130); social relations disturbance with family members (90); other, non-mental health (20); social relations disturbance outside immediate family (12); social performance deficit (7); with the remaining 10 falling into miscellaneous categories.

### Measure DV4a: Children Receiving DMHSAS-funded Domestic Violence Services

Figure 29: Number of Children Receiving Domestic Violence Services Served in the Quarter



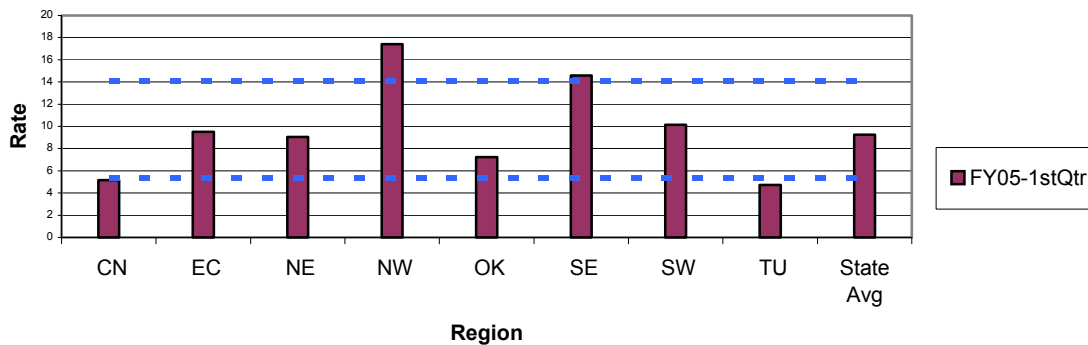
Of the 1,147 children, under the age of 18 years, served in domestic violence agencies in the 1<sup>st</sup> Quarter

of FY05, 830 (72%) were classified as dependent children of survivors, 251 (22%) were classified as the primary survivor, 66 (6%) fell into the “other” category and 1 was classified as a perpetrator.

### Measure DV4b: Dependent Children of Domestic Violence Survivors Receiving DMHSAS-Funded Services

Dependent children are less than 18 years of age with a primary presenting problem of family/dependent of abuse victim (codes 351, 352). While the parents are the primary clients receiving domestic violence services, the children receive services as well.

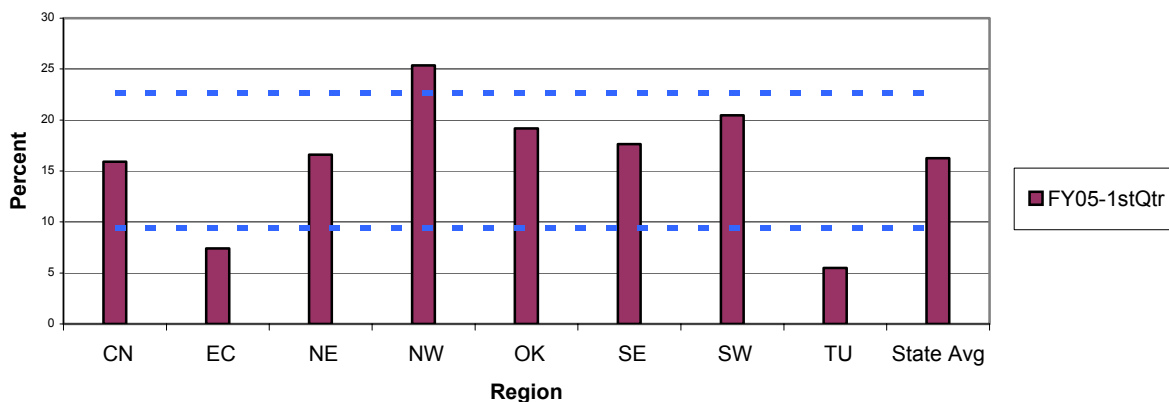
**Figure 30: Rate of Dependent Children of Domestic Violence Survivors Served in the Quarter per 10,000 of the State Population Under 18 Years of Age**



As shown in Figure 30, an average of 9.3 children was served per 10,000 of the state population under 18 years of age. Two regions were more than a standard deviation above the state average at 17.4 per 10,000 children in the population in the NW region and 14.6 per 10,000 children in the population in the SE region. Two regions were more than a standard deviation below the state average at 5.2 per 10,000 children in the population for the CN region and 4.7 per 10,000 children in the population in the TU region.

### Measure DV5: Other Domestic Violence/Sexual Assault Service Recipients

**Figure 31: Percent of Domestic Violence/Sexual Assault Clients with a Presenting Problem Other than Survivor, Dependent Child or Perpetrator Served in the Quarter**



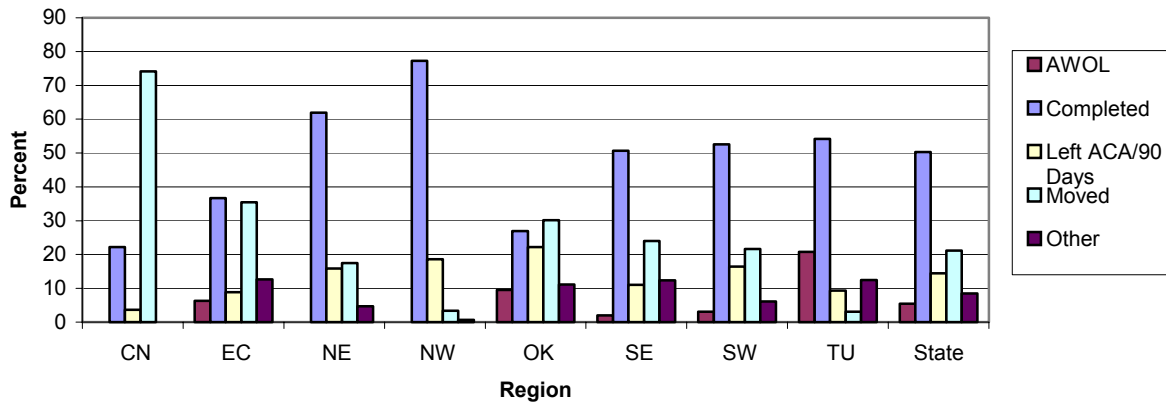
For domestic violence/sexual assault services, the status of survivor, family/dependent child or perpetrator is determined through the presenting problem category at admission. However, 16.3% of all persons admitted to a domestic violence/sexual assault facility have a presenting problem other than ones in these categories. Therefore, these persons are grouped together as “Other” domestic



violence/sexual assault service recipients. A listing of the presenting codes used to define survivors, family members, dependent children and perpetrators is provided in Appendix 4: Glossary of Terms.

### Measure DV6: Types of Discharges from Domestic Violence/Sexual Assault Services for Survivors

Figure 32: Types of Discharges for Survivors Discharged During the Quarter

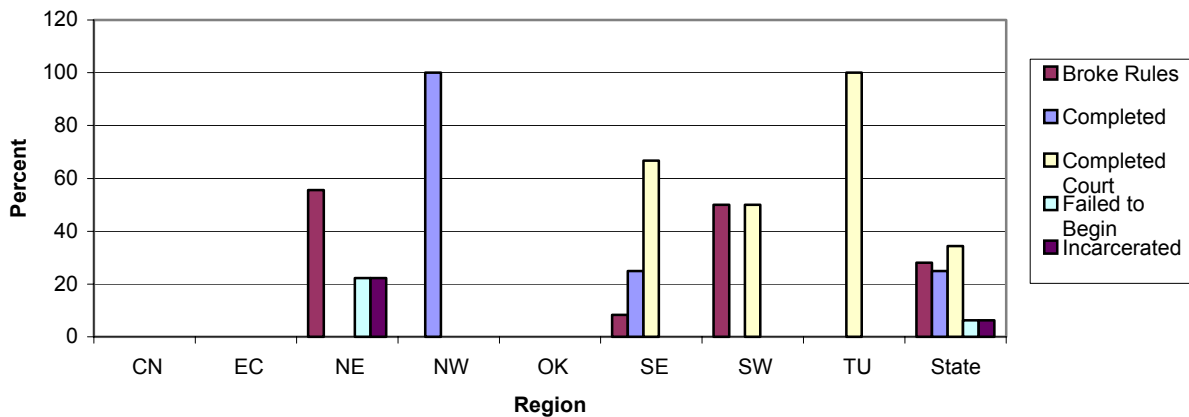


Of the domestic violence/sexual assault survivors who were discharged in the 1<sup>st</sup> Quarter of FY05, about half (50.3%) completed treatment (Figure 32). The highest rate of treatment completers occurred in the NW region at 77%, while the CN region had the lowest rate at 22%. One fifth of the discharges statewide occurred due to the survivor moving (21%), while three-fourths of the survivors were discharged due to moving in the CN region. Statewide, 14.5% of survivors were discharged due to the client leaving against counselor’s advice (ACA) or not having been seen in 90 days, with the highest rate occurring in the OK region (22%) and the lowest rate occurring in the CN region (3.7%).

The definition of Absent Without Leave (AWOL) has been changed to correctly reflect legal status of the service recipient, i.e., only individuals court *committed* (not court referred, such as perpetrators) to treatment can be AWOL. Therefore, this discharge status will no longer apply to domestic violence and sexual assault agencies.

## Measure DV7: Types of Discharges from Domestic Violence/Sexual Assault Services for Perpetrators

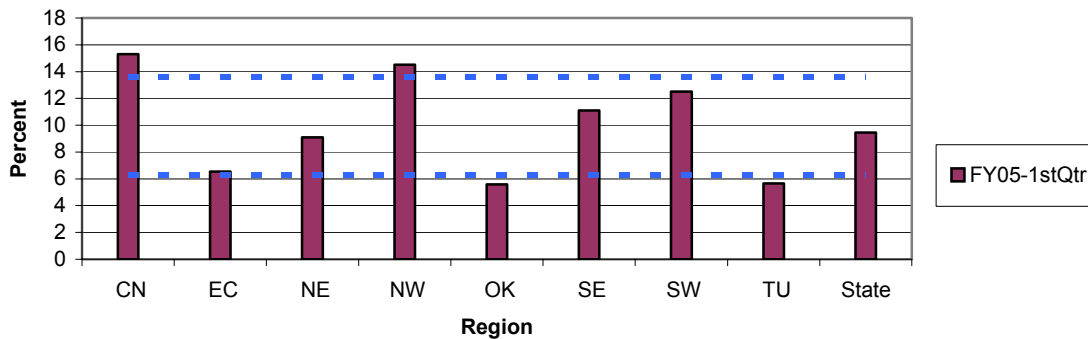
Figure 33: Types of Discharges for Perpetrators Discharged During the Quarter



Of the perpetrators that were discharged from domestic violence services in the 1<sup>st</sup> Quarter of FY05, over half completed treatment (25% completed treatment and 34.4% completed court commitments). In the NW region, 100% of perpetrators completed treatment, while 100% of perpetrators completed a court commitment in the TU region. In the NE region, one-fifth of perpetrators never began treatment and another one-fifth were discharged due to incarceration.

## Measure DV8: Number of Survivors with Previous Domestic Violence/Sexual Assault Episodes

Figure 34: Percent of Survivors Admitted During the Quarter with a Previous Admission in the Past Two Years



In the 1<sup>st</sup> Quarter of FY05, 119 survivors (9.5%) served at a domestic violence agency had had a previous domestic violence admission in the past two years at the same agency (this does not include admissions at other domestic violence agencies). Of these, 104 had had one previous admission, 14 had had two previous admissions and 1 had had three previous admissions.

The CN and NW regions were more than one standard deviation above the state average for previous admissions at 15.3% and 14.5%, respectively. Two regions were more than one standard deviation below the state average for readmissions, the OK region at 5.6% and the TU region at 5.7%.

## **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 deviation<sup>1</sup> 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

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<sup>1</sup> 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.

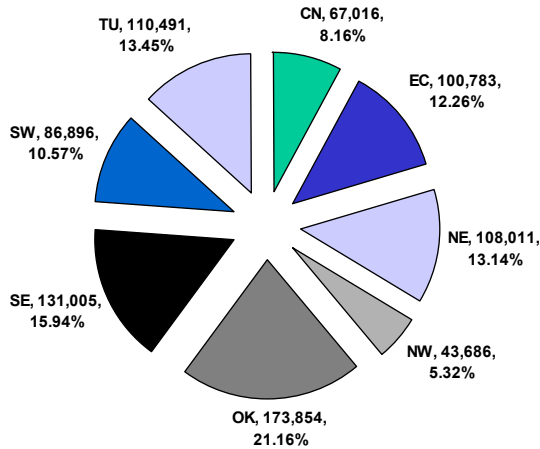
calculated for each measure based on the results from the eight regions in the eight quarters studied and is indicated by the dashed lines on the graphs. The upper dashed line represents one standard deviation above the mean and the lower dashed line represents one standard deviation below the mean. 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.

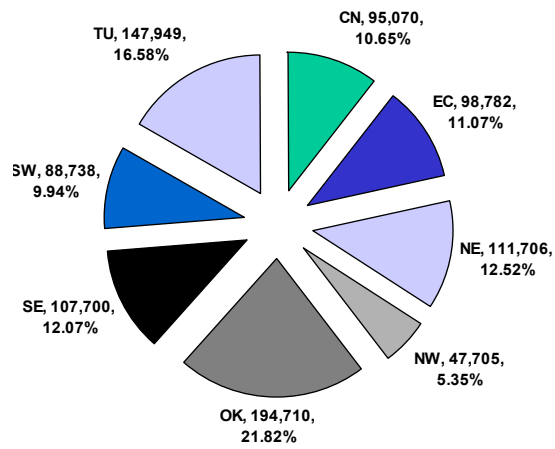
## Appendix 2: RPM Report Indicator Definitions

**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 DV1a: Domestic Violence Day Services** – The total number of domestic violence services reported in day increments provided in the quarter being studied for each region and the state average.

**Measure DV1b: Domestic Violence Hourly Services** – The total number of domestic violence services reported in hour increments provided in the quarter being studied for each region and the state average.

**Measure DV1c: Sexual Assault Hourly Services** – The total number of sexual assault services reported in hour increments provided in the quarter being studied for each region and the state average.

**Measure DV2: Domestic Violence/Sexual Assault Survivors Receiving DMHSAS-funded Services** - The rate of persons, 18 years or older, who received a domestic violence/sexual assault services per 10,000 adults in the state population.

Numerator: Adults who received a domestic violence/sexual assault service in the quarter X 10,000.

Denominator: Adults in the Oklahoma general population.

**DV3: Number of Adult Males Receiving Domestic Violence Services** – The total number of males, 18 years or older, receiving a domestic violence service (as a survivor, perpetrator or other) in the quarter being studied for each region and the state average.

**DV4a: Children Under 18 Years of Age Receiving DMHSAS-funded Domestic Violence Services** – The total number of clients, under the age of 18 years, classified as either dependent children of domestic violence survivors (primary presenting problem code 351 or 351), survivors (primary presenting problem code 311-344, 361-372), perpetrators (primary presenting problem code 621), or “other” (all other primary presenting problem codes) for each region and the state average.

**DV4b: Dependent Children of Domestic Violence Survivors Receiving DMHSAS-funded Domestic Violence Services** – The rate of persons, less than 18 years old, with a primary presenting problem of “family/dependent of abuse victim” (codes 351 or

352) who received a domestic violence service per 10,000 children in the state population.

Numerator: Dependent children of domestic violence survivors who received a service in the quarter X 10,000.

Denominator: Children under the age of 18 years in the Oklahoma general population.

***DV5: Number of “Other” Domestic Violence Service Recipients*** – The number of clients receiving a domestic violence service that did not have a presenting problem code for a sexual assault or domestic violence survivor, dependent child of a survivor or a perpetrator. Other service recipients had presenting problem codes other than 311 – 344, 351, 352, 361 - 372 or 621.

***DV6: Types of Discharges from Domestic Violence/Sexual Assault Services for Survivors*** – The percent of discharges for clients classified as domestic violence survivors (primary presenting problem code 311-344 or 361-372) for each region and the state.

***DV7: Types of Discharges from Domestic Violence/Sexual Assault Services for Perpetrators*** – The percent of discharges for clients classified as domestic violence perpetrators (primary presenting problem code 621) for each region and the state.

***DV8: Number of Survivors Who Return to Domestic Violence/Sexual Assault Services*** – 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.

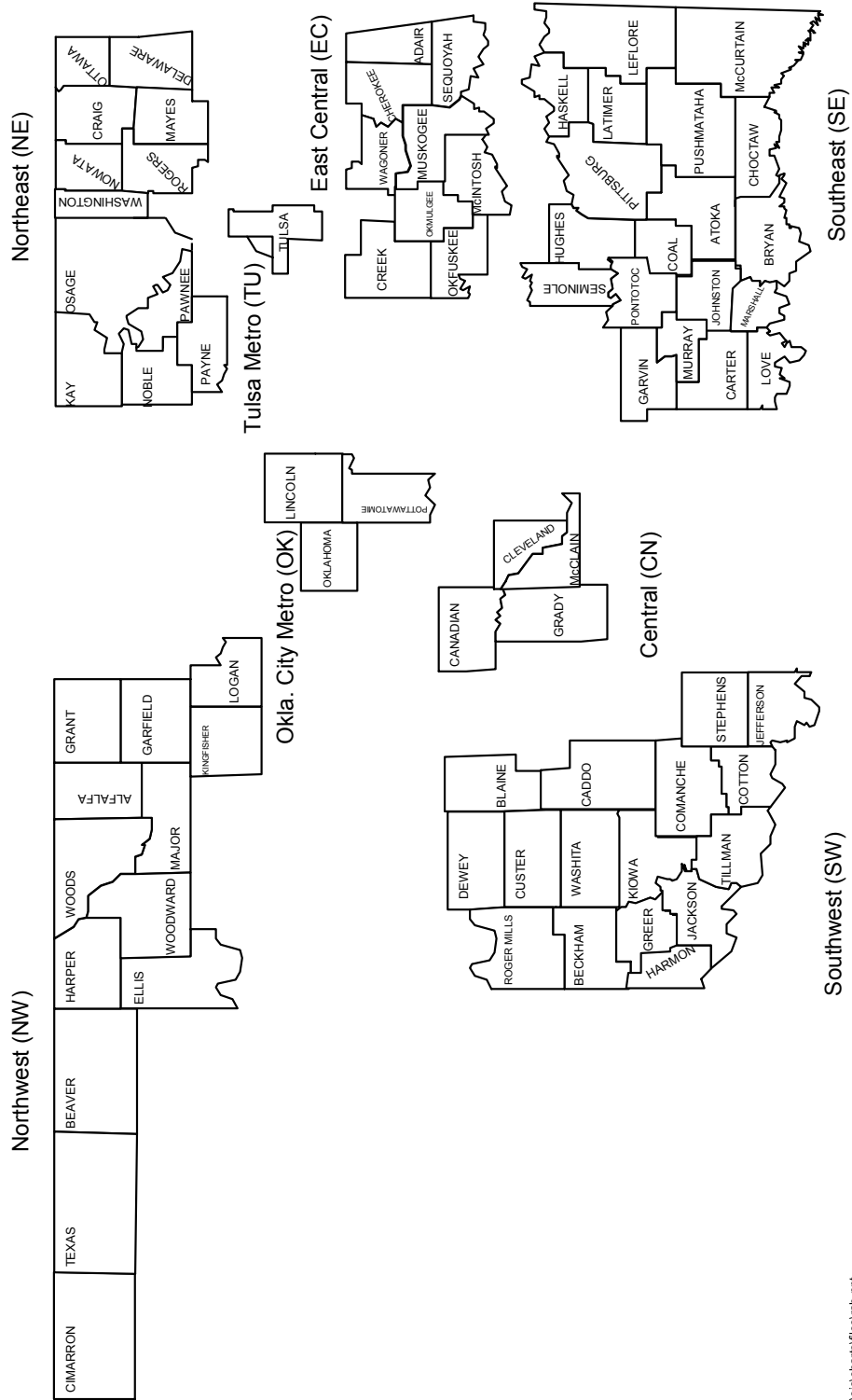
Numerator: Survivors with a prior domestic violence episode at the same agency they are receiving services from in the quarter within the last two years X 100.

Denominator: Survivors served during the quarter.

# Appendix 3: Map of DMHSAS Planning Regions

## OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

### Planning Regions



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## **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 1st Quarter FY05

### Mental Health Agencies

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
ASSOCIATED CENTERS FOR THERAPY		15	5			3		948		971
BILL WILLIS INPATIENT		28	1						1	30
BILL WILLIS MENTAL HEALTH		923	13			1	1	10	1	949
CARL ALBERT C.M.H.C.		23			1	1274		1	4	1303
CENTER FOR CHILDREN & FAMILIES	56				16					72
CENTRAL OKLAHOMA CMHC	768			1	97	2				868
CREEKS MENTAL HEALTH SERVICES	1	383			14	2		5		405
CROSSROADS INCORPORATED			1		1			71		73
EDWIN FAIR CMHC		1	667	4	1			1		674
FAMILY & CHILDREN'S SERVICES		3	6	1				1950		1960
GRAND LAKE M.H.C.		1	1207				1	10	9	1228
GREEN COUNTRY BEH. HEALTH SVCS.		434	2			3		1	2	442
GRIFFIN MEMORIAL HOSPITAL	259	8	16	14	318	181	10	45	14	865
HOPE COMMUNITY SERVICES, INC.	2	1			777					780
JIM TALIAFERRO CMHC	28	1	1	1	6	4	1145	2	5	1193
M.H. SERVICES OF SOUTHERN OK		6	2	4	3	1288	6		1	1310
NORTH CARE CENTER	7	1			1560	1				1569
NW CNTR FOR BEHAVIORAL HEALTH	11	3	68	1310	53	8	99	6	6	1564
OKLAHOMA COUNTY CRISIS INTERVENTION CENTER	62		10	15	256	5	4		5	357
OKLAHOMA FORENSIC CENTER	17	17	19	9	50	31	24	35		202
OUHSC, DEPT. OF PSYCHIATRY - IMPACT								9		9
RED ROCK BEHAVIORAL HEALTH SVC	436	2	1	10	1069	4	513	110	2	2147
SAFE HAVEN		1						60		61
THUNDERBIRD CLUBHOUSE	64				3					67
TRANSITION HOUSE INC.	14						2			16
TULSA CNTR FOR BEHAVIORAL HEALTH		4	4		1	1		381	4	395
TULSA METROPOLITAN MINSTRY								236		236

## Substance Abuse Agencies

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
12 & 12, INC.		54	46	1	12	20	7	382		522
ADA AREA CHEMICAL DEP. CTR					1	35				36
ALPHA II, INC.	1	16	11	1		3	1			33
BILL WILLIS MENTAL HEALTH		153	8		2	12		4	1	180
BRIDGEWAY			27							27
BROADWAY HOUSE, INC.		1		1	3	21	2	1	3	32
CAA TURNING POINT	32		1		167		1			201
CARE FOR CHANGE INC.	1				127					128
COMMUNITY ALCOHOLISM SERVICES		15	32							47
COPE, INC.	1				146					147
COUNSELING CENTER OF S.E. OKLAHOMA						107				107
DAYSPRINGS			1				10			11
DOMESTIC VIOLENCE INTERVENTION SERVICES, INC.		5	1					82	1	89
DRUG RECOVERY, INC.	19	1	3	4	137	5	10	2		181
EAGLE RIDGE INSTITUTE	1	66	3	3	23	6	1	10		113
EDMOND FAMILY SERVICES, INC.				3	16					19
EDWIN FAIR CMHC			20							20
FAMILY & CHILDREN'S SERVICES								65		65
FAMILY CRISIS & COUNSELING CTR			26						2	28
FAMILY CRISIS CTR, INC.						87	1			88
FOCUS		36								36
GATEWAY TO PREVENTION/RECOVERY	2	5			164	9		1		181
HOMINY HEALTH SRVCS CTR INC.			30							30
HOUSE OF HOPE INC	1	5	23	1	1	2	2	1		36
HUMAN SKILLS & RESOURCES		63	77		1	2		141		284
INDIAN HEALTH CARE RESRCE CTR			4					56		60
JIM TALIAFERRO CMHC							49			49
KIAMICHI COUNCIL ON ALCOHOLISM						237			1	238
LATINO COMMUNITY DEV. AGENCY					1					1
LOGAN COUNTY YOUTH & FAMILY SERVICES, INC.			1	48	7					56
M.H. SERVICES OF SOUTHERN OKLAHOMA	2	6		1		68	16			93
METRO TULSA SUBSTANCE ABUSE SERVICE	2	49	24	3	6	6	1	280		371
MONARCH, INC.	5	50	2	2	9	19	8	4		99
MOORE ALC/DRUG CTR	10				3					13
MUSKOGEE COUNTY COUNCIL OF YOUTH SERVICES		79								79
N.E. OK COUNCIL ON ALCOHOLISM			144			2		2		148
NATIVE AMERICAN CENTER OF RECOVERY				1	29	2				32
NEW HOPE OF MANGUM	4	1	1		3	4	173			186
NORMAN AL/DRUG TREATMENT CTR	31	1	4	4	52	12	6	2	1	113
NORMAN ALCOHOL INFORMATION CTR	213				19	9				241
NORTH CARE CENTER					142					142
NORTHWEST CENTER FOR BEHAVIORAL HEALTH	4	1	6	19	26	4	35	2		97
NW SUBSTANCE TREATMENT CNTR	1		4	2	4	8	3			22
OKLAHOMA FAMILIES FIRST, INC.						21				21
OPPORTUNITIES, INC., CDTC	7	3	12	3	20	3	24	2	1	75
PALMER DRUG ABUSE PROGRAM INC.								5		5

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
PAYNE CO COUNSELING SVC, INC.			33							33
PAYNE COUNTY DRUG COURT, INC.	1		27	2	2	3		1		36
PEOPLE INCORPORATED		61	28			1				90
RED ROCK BEHAVIORAL HEALTH SVC	22		1	15	58	1	58			155
RESONANCE, INC.								10		10
RIVERSIDE COUNSELING	3					1				4
ROADBACK, INC.	1		1		9	8	69		3	91
ROGERS COUNTY DRUG ABUSE			115				1	1		117
S.W. YOUTH & FAMILY SERVICES	40			1	1		2			44
SHADOW MOUNTAIN BEHAVIORAL HEALTH SYSTEM								13		13
SHEKINAH COUNSELING SERVICES			1	1		64	1		3	70
SPECIALIZED OUTPATIENT SERVICES, INC.					44					44
STARTING POINT II, INC.	1	6	74	8	8	1	7	5		110
THE NEXT STEP NETWORK, INC.	3		4	29	3	4	9		4	56
THE OAKS REHAB. SERVICES CTR	1	56	2	1	7	149	3	2	1	222
THE REFERRAL CENTER	40	4	9	18	325	38	32	5	3	474
TOTAL LIFE COUNSELING			1		119					120
TRI-CITY SUBSTANCE ABUSE CTR						152				152
TRI-CITY YOUTH & FAMILY CENTER	67	1			67	9	6	1	2	153
TULSA WOMEN AND CHILDREN'S CENTER	1	3	7		5		2	22		40
TURNING POINT			30						2	32
VINITA AL/DG TREATMENT CTR	2	21	32	2	2	4	1	14		78
WOMEN IN SAFE HOMES, INC.		17			1	2		1		21
YWCA CRISIS CENTER	1			6	2	1		1		11

## 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 first 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@DMHSAS.org](mailto:jhudgens@DMHSAS.org)) or Jennifer Glover, Abuse Clinical Treatment Services Coordinator, (405-522-2347, [jglover@DMHSAS.org](mailto:jglover@DMHSAS.org)) or Julie Young, Deputy Commissioner for Domestic Violence/Sexual Assault Services, (405.522.3879, [JCYoung@odmhsas.org](mailto:JCYoung@odmhsas.org)) Jan Savage, Performance Improvement Coordinator, (405-522-5379, [jsavage@DMHSAS.org](mailto:jsavage@DMHSAS.org)).