Oklahoma Department of Mental Health And Substance Abuse Services

Regional Performance Management Report

Report for First Quarter of FY2006

Reported January 2006 By ODMHSAS Decision Support Services

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

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For 1st Quarter of FY2005

Overview of the 1st Quarter of FY06

Mental Health Treatment:

The statewide rate of outpatient follow-up within seven days of discharge from inpatient treatment (measure MH4) decreased from the previous quarter's rate of 51% to 44%. Three of the sixteen agencies demonstrated an increase in the level of outpatient follow-up from the previous quarter.

For measure MH11, the rate of adults with a major mental illness (MMI) receiving case management or individual rehabilitation services rose slightly from 49% to 50%; producing the highest rate statewide for the two-year period. Eight of the fifteen agencies showed an improvement in the percent of clients receiving case management or individual rehab services.

Substance Abuse Treatment:

One agency, MONARCH, exceeded the goal of 45% for clients initiating treatment within 14 days of discharge from detox services in the 1st Quarter of FY06 (measure SA2b). The percentage of clients, statewide, fell slightly from 22% in the previous quarter to 19% in the 1st Quarter of FY06. Three of the six agencies demonstrated increases in the most recent quarter studied.

Engagement into a lower level of care following discharge from residential treatment fell slightly from 11% to 10.8%, statewide (measure SA3c). Four agencies met the goal of 17% engagement into a lower level of care and four of the seventeen agencies increased their rates from the previous quarter.

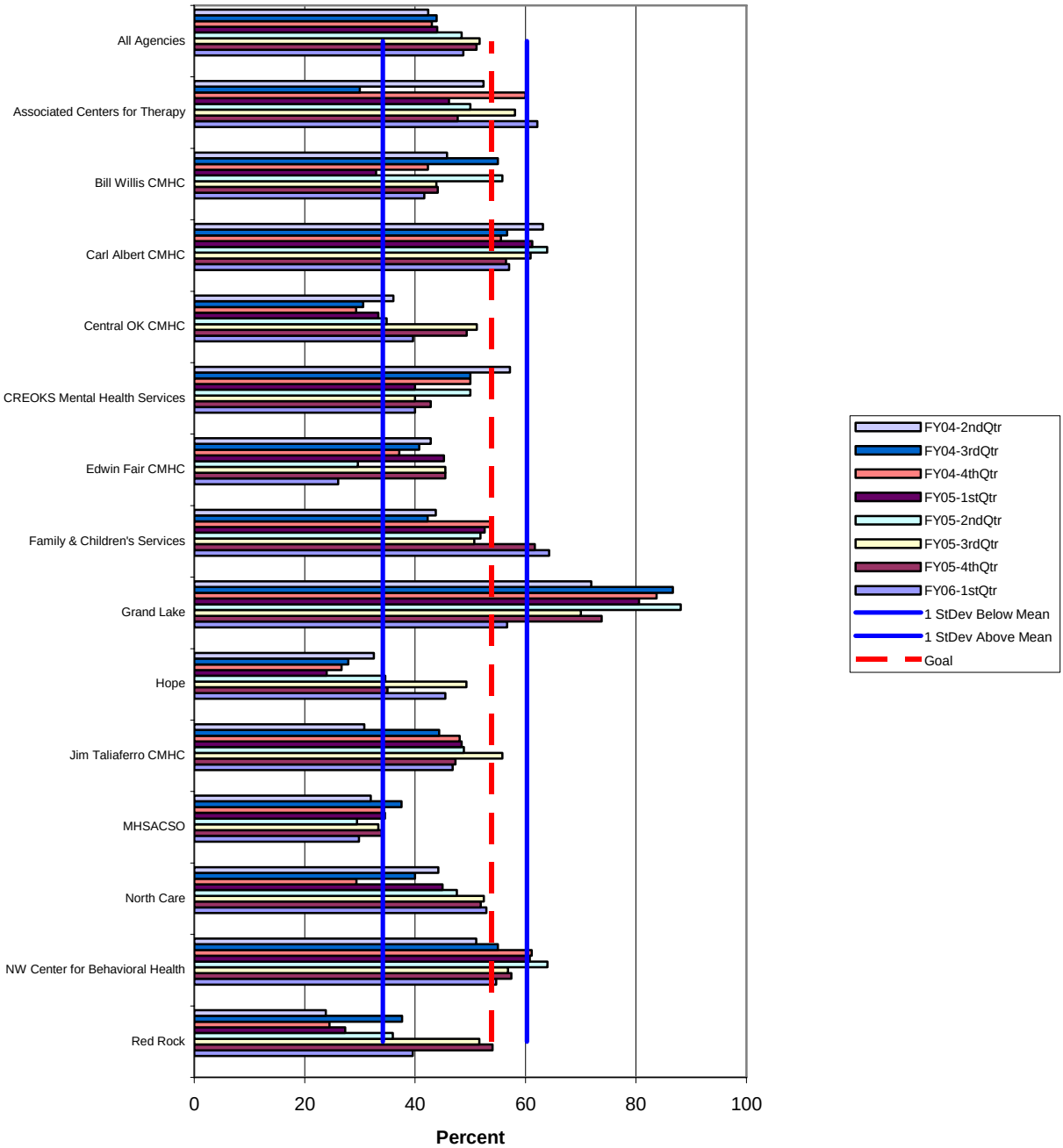
If you have questions or comments about the RPM project or this report, please contact John Hudgens, Director of Community-Based Services (405-522-3849, jhudgens@odmhsas.org); Jennifer Glover, Treatment Services Director, (405-522-2347, jglover@odmhsas.org); or Jan Savage, Performance Improvement Coordinator, (405-522-5379, jlsavage@odmhsas.org).

SECTION I – FOCUS INDICATORS

Mental Health

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

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



Note: For agencies with more than 10 referrals during a quarter.

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 has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 53%.

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

- Continuity of care, with appropriate releases from the consumer, to collaborate with inpatient or other external providers on medication therapy decisions and on appropriateness of outpatient referral options. Persons being discharged from crisis stabilization or inpatient treatment must have a two-week supply of any needed psychotropic medications (or assurance of no gap in the provision of medication) as well as appointments scheduled for any needed aftercare.

- Carefully facilitated aftercare engagement within 24 hours whenever possible, but no later than 72 hours from discharge, for persons who have required inpatient treatment and meet criteria for the target population to be served.

- When clinically indicated, a demonstrated attempt to contact a client within 24 hours of a missed appointment, including home visits when appropriate.

While providers have contractual commitments to facilitate continuity of care for clients meeting criteria for the Target Population to be served by a community mental health center (CMHC), effective linkage with follow-up outpatient care is also dependent on clients' willingness to accept further service from an ODMHSAS provider, permit advance arrangements, and keep any appointments made on their behalf.

Current Status: Statewide average: 44%.

Met Goal of 53%: ACT, CACMHC, Grand Lake, and NCBH (more than one half of the standard deviation above the state average).

Trends: The state average rate of follow-up fell from 51% in the 4th Quarter of FY05 to 44% in the 1st Quarter of FY06. Thirteen of the agencies saw a decrease in the rate of follow-up from the previous quarter.

Family and Children Services has had a rate of follow-up after inpatient treatment within 7 days more than one standard deviation above the mean for the two most recent quarters. MHSACSO rate of follow-up has been more than one standard deviation below the mean for the last two quarters.

Family and Children Services has improved its rate of follow-up for the past two quarters. Central Oklahoma CMHC and Jim Taliaferro CMHC have decreased their rates of follow-up in the past two quarters.

Responding Providers: Carl Albert CMHC, Edwin Fair CMHC, Family and Children Services, Hope Community Services, Jim Taliaferro CMHC, Mental Health and Substance Abuse Centers of Southern Oklahoma, North Care Mental Health Center

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

Family and Children Services (FCS) – TU Region: FCS has very stringent standards for the clients coming out of inpatient. Staff attend the discharge planning for each client that will be referred to FCS. There are three hypothesis that are being explored to determine the low rate of follow-up reported in the RPM report 1. Staff often see the client the very same day that they are released from the hospital, therefore, the service may not be counted. 2. FCS bills a case management service on each case for follow-up (letter or drive by) when staff cannot make a contact with the person. Most often these cases are not opened nor do they have a treatment plan and therefore, a service is not reported. 3. FCS has

been piloting a new billing system which did not upload new clients for these months and that may be an issue.

Hope Community Services – OK Region: Hope, along with the other two CMHCs in the OK Region, has incorporated Intensive Care Coordination (ICC) teams. These teams are specifically designed to ensure consumers are linked to treatment and community services upon discharge from inpatient and crisis services. The ICC teams consist of a Case Manager and a Recovery Support Specialist.

Hope also continues to receive referrals from inpatient providers for consumers who are out of its area. Staff make contact with these individuals and then assist them with linkage to the CMHC closest to them. It would be preferable for the consumer to be referred to the CMHC that serves their area initially.

The majority of the referrals from in-patient facilities are consumers who are new to the Hope agency. During the 1st quarter of FY'06, only 1% of the consumers attending its Psychosocial Rehab Program reported a psychiatric hospitalization.

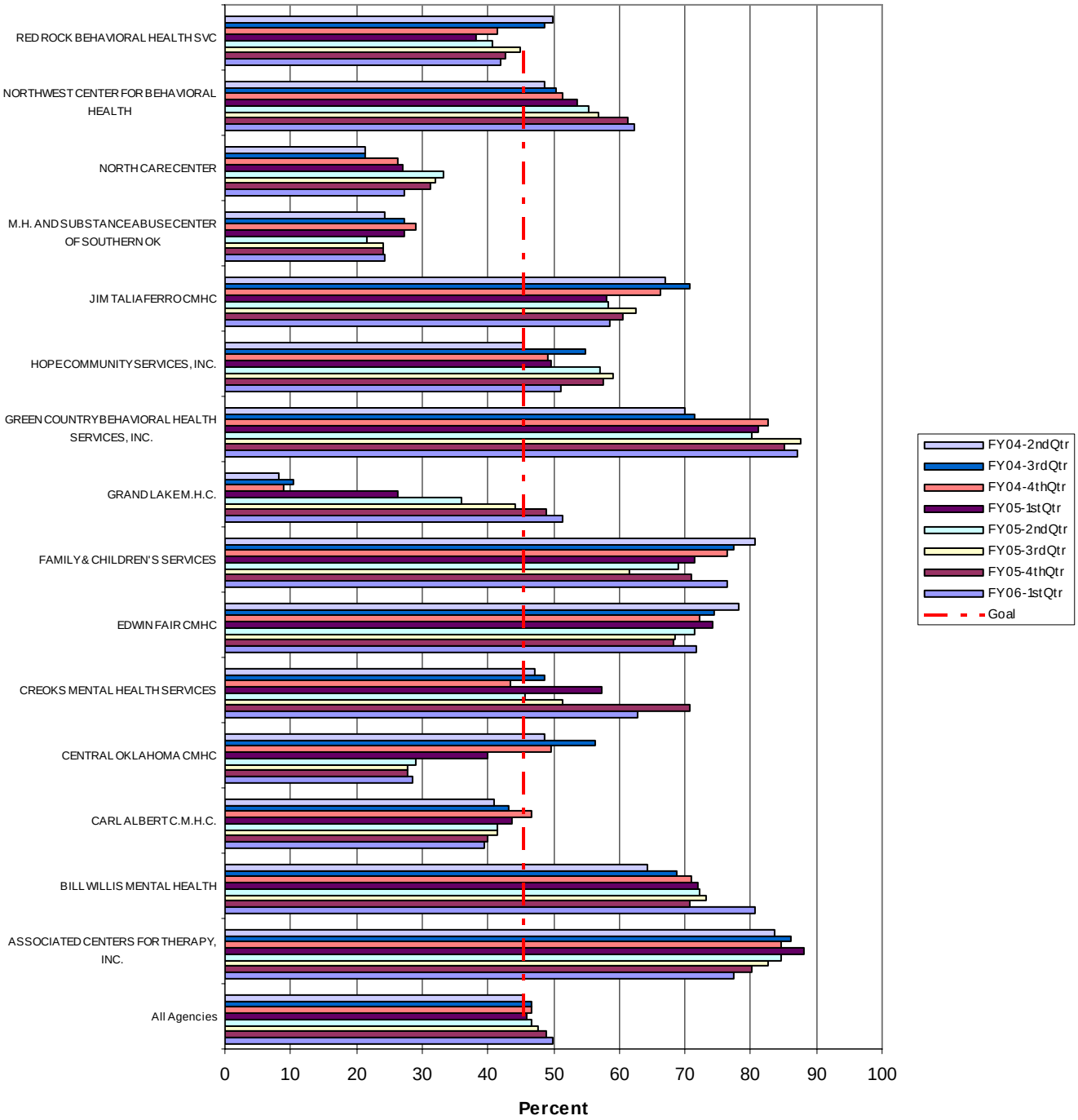
Jim Taliaferro CMHC (JTCMHC) - SW Region: JTCMHC has developed a two-step action plan to improve its rate of follow-up. 1. One additional Licensed Counselor has been hired to provide counseling to those consumers in need. 2) Outpatient Services will be redesigned to a PACT-like structure and team approach facilitating timely and intensive services for the first two weeks after discharge from its Inpatient Unit.

Mental Health and Substance Abuse Centers of Southern Oklahoma (MHSACSO) – SE Regions: MHSACSO has established Intensive Care Coordination Teams (ICCT) in October 2005 in Bryan, Marshall and Johnston counties. However, the effects may not be evident until the 2nd Quarter of 2006.

North Care Mental Health Center – OK Region: North Care (in partnership with Red Rock) has initiated the van pick-ups from OCCIC and Griffin during the last part of the 1st Quarter. It is believed that this will have a significant impact on the rate of inpatient follow-up.

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

Figure 2: Adults with MMI Receiving Case Management of Individual Rehabilitation Services



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 has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 45.5%.

Current Status: Statewide rate: 50%. Met Goal: ACT, BWCMHC, CREOKS, EFCMHC, FCS, Grand Lake, Green Country, Hope ,Jim Taliaferro, Northwest Center for Behavioral Health, and Red Rock (more than on half of a standard deviation above the state average).

Trends: The state average has risen slightly in the past two years, with the highest rate found in the 1st Quarter of FY06. Eight of the agencies saw an increase from the previous quarter.

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

Responding Providers: Carl Albert CMHC, Edwin Fair CMHC, Family and Children Services, Hope Community Services, Jim Taliaferro CMHC, Mental Health and Substance Abuse Centers of Southern Oklahoma, North Care Mental Health Center

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

Carl Albert Community Mental Health Center (CACMHC) – SE Region: Communication has been increased with clinical staff about the value and importance of case management. As noted in previous reports, the RPM report is now reviewed in the Clinical Supervisor Meeting and the report is emailed to all clinical staff.

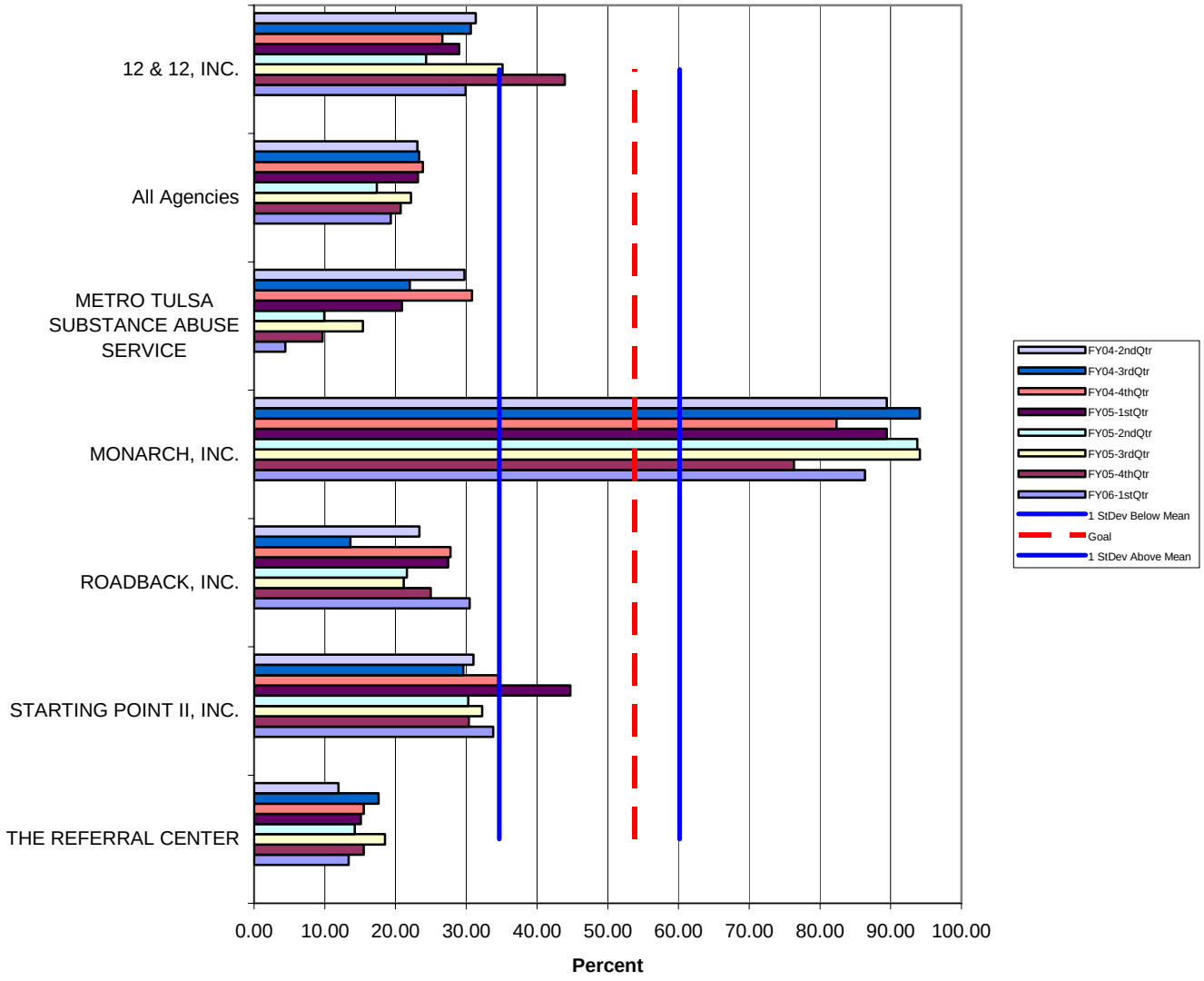
Hope Community Services – OK Region: Due to staff vacancies during the 1st quarter of FY06, the agency was lower this quarter than in the past three quarters. The vacancies have now been filled and this area should improve. The agency also continues to have over 40% of its DMHSAS-funded consumers request only medication clinic services.

North Care Mental Health Center – OK Region: Every new DMHSAS-funded consumer is receiving Case Management services. North Care is in the process of insuring the closure of inactive cases and believe this will provide a more accurate percentage.

Substance Abuse

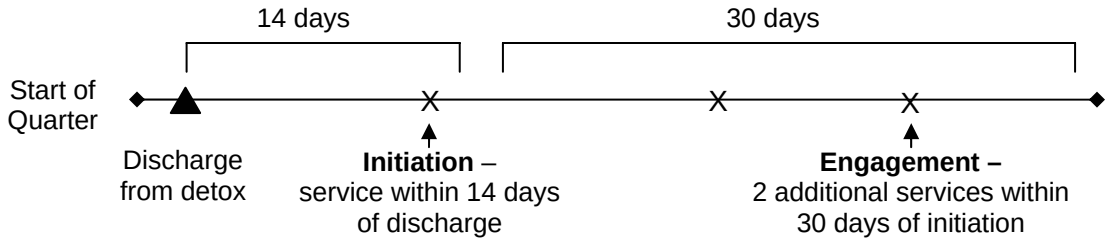
Measure SA2b: Initiation of Treatment Services Following Detoxification Services

Figure 3: Detox Initiation



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

Figure4: Substance Abuse Treatment - Detox Diagram



Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 45%.

Current Status: Statewide rate: 19%. Met Goal: MONARCH met the goal (more than one half of the standard deviation above the state average).

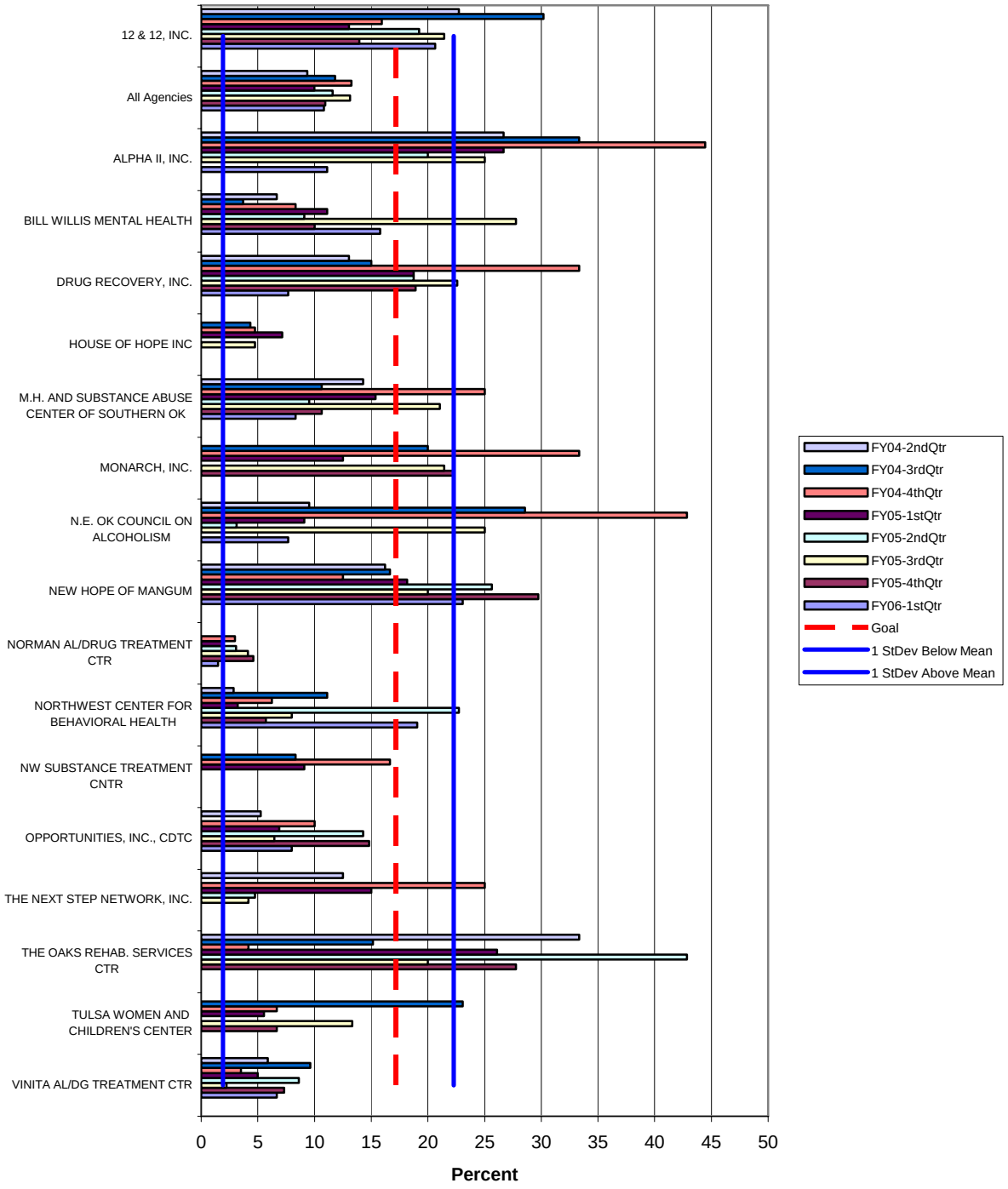
Trends: The state rate declined from the previous quarter's rate of 22% to 19%. Three of the agencies showed an improvement in the 1st Quarter of FY06 from the previous quarter.

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

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

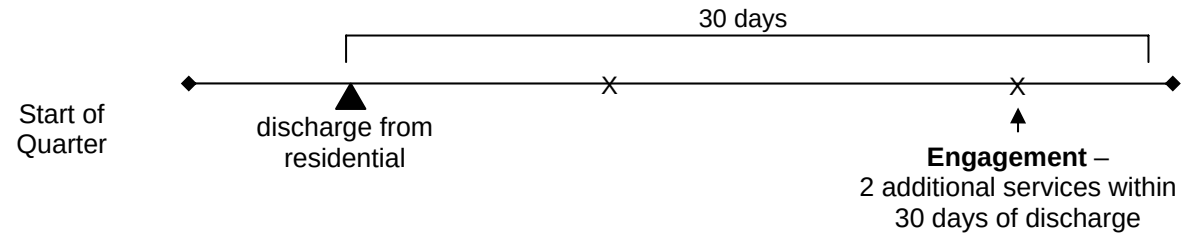
Measure SA3c: Engagement in Lower Levels of Treatment Following Residential Treatment

Figure 5: Residential Treatment Engagement



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

Figure 6: Substance Abuse Treatment – Residential Treatment Diagram



Goal: The goal for this indicator has been established at 1/2 the standard deviation above the state average for the last eight quarters; i.e., a follow-up rate of 17%.

Current Status: Statewide rate: 10.8%. Met Goal: Twelve and Twelve, The Oaks, Northwest Center for Behavioral Health and New Hope of Mangum met the goal (more than one half of the standard deviation above the state average).

Trends: The state rate declined slightly from the previous quarter's rate (from 11% to 10.8%). Four of the agencies saw an increase from the previous quarter.

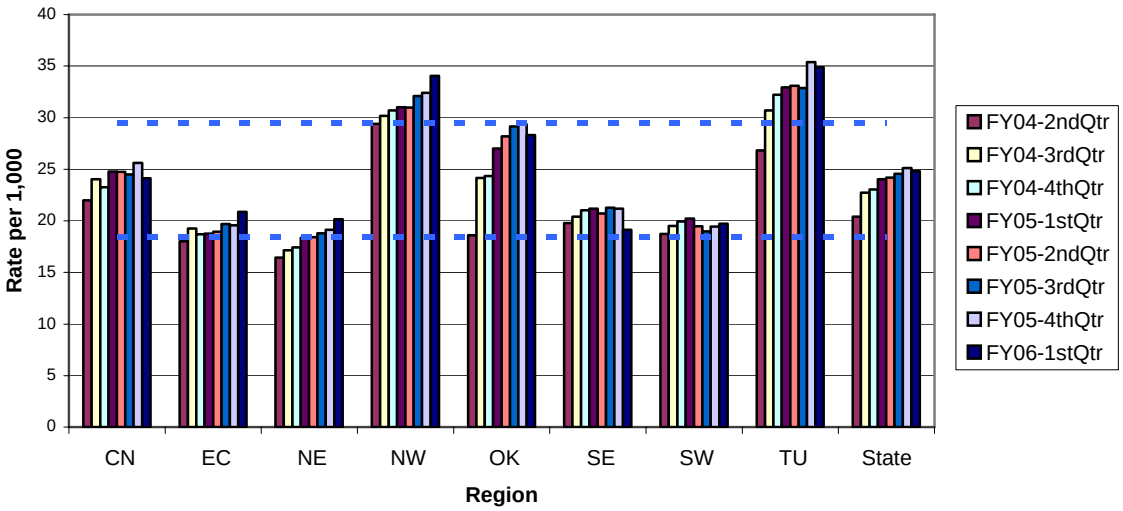
Responding Providers: (to be added following providers' review and responses this quarter)

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

SECTION II: ADDITIONAL INDICATORS

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

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



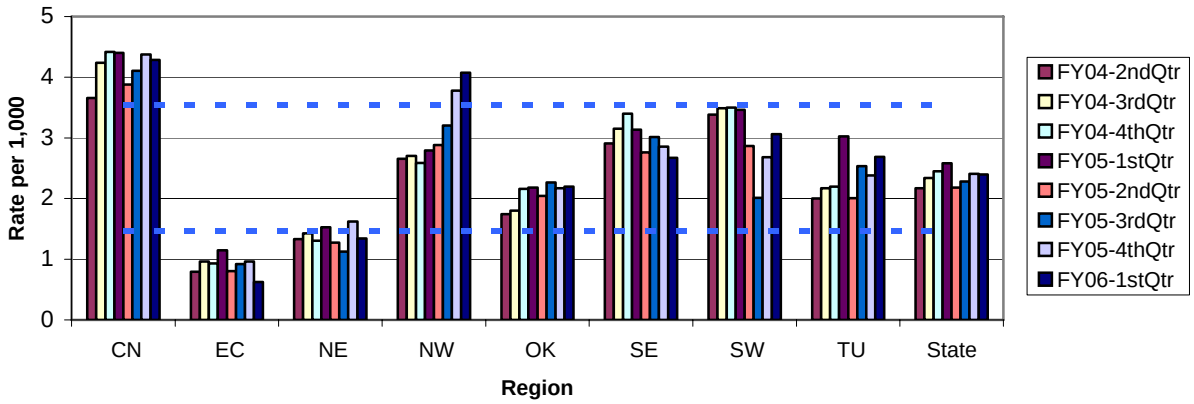
As shown in Figure 7, statewide, 24.8 of every 1,000 adults in poverty received a DMHSAS-funded mental health service in the 1st Quarter of FY06. This is the second highest rate for the eight quarters studied. The range of adults per 1,000 in poverty that received a service in the prior seven quarters is 20.4 to 25.1.

The NW and TU regions served 34 and 35 adults per 1,000 in poverty, respectively, and were more than one standard deviation above the state average. The NW region has been at or above one standard above the average for all eight quarters studied The TU region has been one standard deviation above the average for the last seven quarters. The NE region utilization rate has risen from one standard deviation below the state average to 20.2 adults in the 1st Quarter of FY06.

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



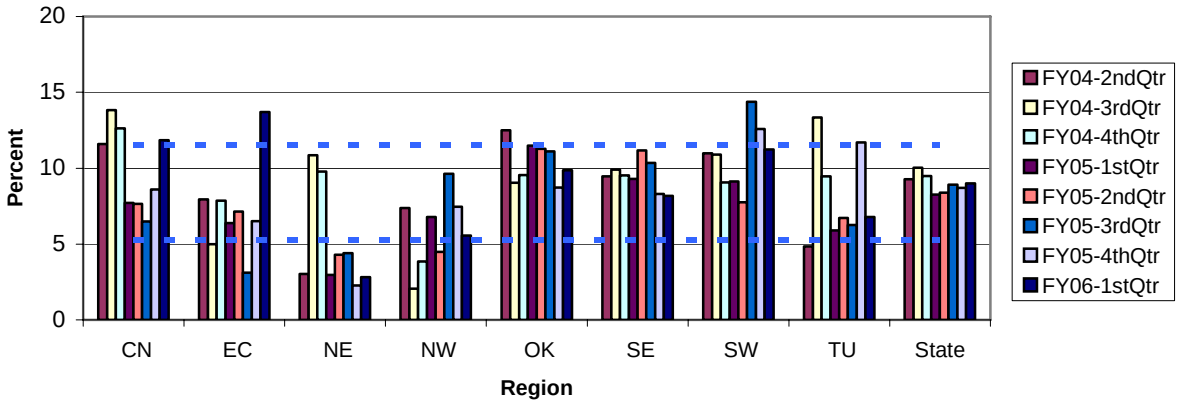
Statewide, 2.4 of every 1,000 adults (24 of every 10,000) in poverty received an inpatient mental health service (in a state hospital or community-based inpatient unit) in the 1st Quarter of FY06 (Figure 8). The range for the prior seven quarters was between 2.2 and 2.6 per 1,000.

The CN and NW regions were both more than one standard deviation above the state average at 4.3 and 4.1, respectively, for the 1st Quarter of FY06. The CN region has had high utilization of inpatient services for the past two years. The EC and NE regions trended towards a low rate of utilization at 0.6 and 1.3, respectively, per 1,000 adults in poverty. All eight quarters in the EC region were one standard deviation or more below the statewide average.

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

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

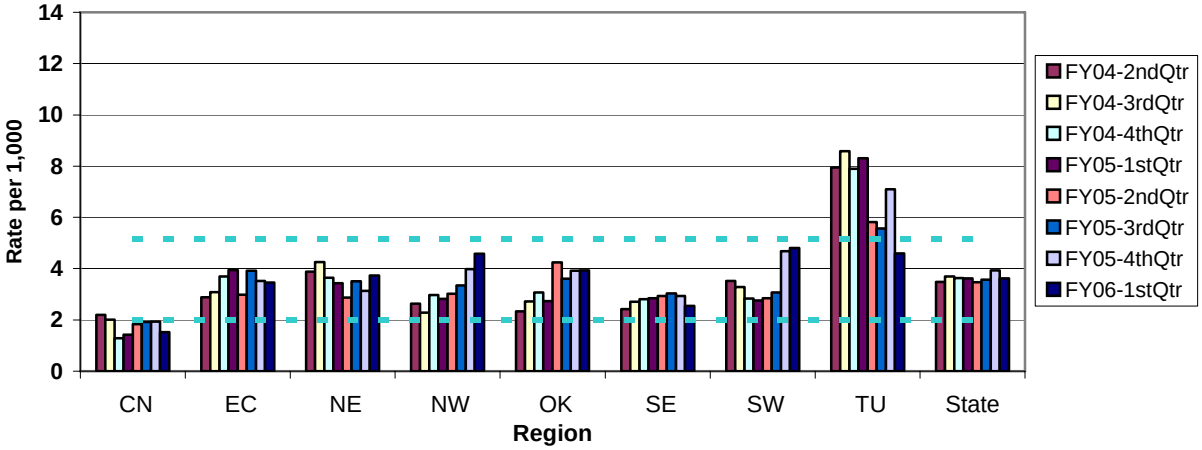
Figure 9: Adults Discharged from Inpatient Care in the Quarter
Percent Readmitted within 30 Days



The adult inpatient re-admissions indicator measures the percentage of adults discharged from inpatient care in the quarter who were re-admitted within 30 days following their discharge. Statewide re-admissions ranged between 8.3% and 10% of discharged inpatient adults for the eight quarters studied, with the lowest re-admission rate (9%) in the 1st Quarter of FY06 (Figure 9). The CN and EC regions were more than one standard deviation above the state average in the 1st Quarter FY06 at 11.8% and 13.7%, respectively. The NE region was more than one standard deviation below the statewide average at 2.8%.

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

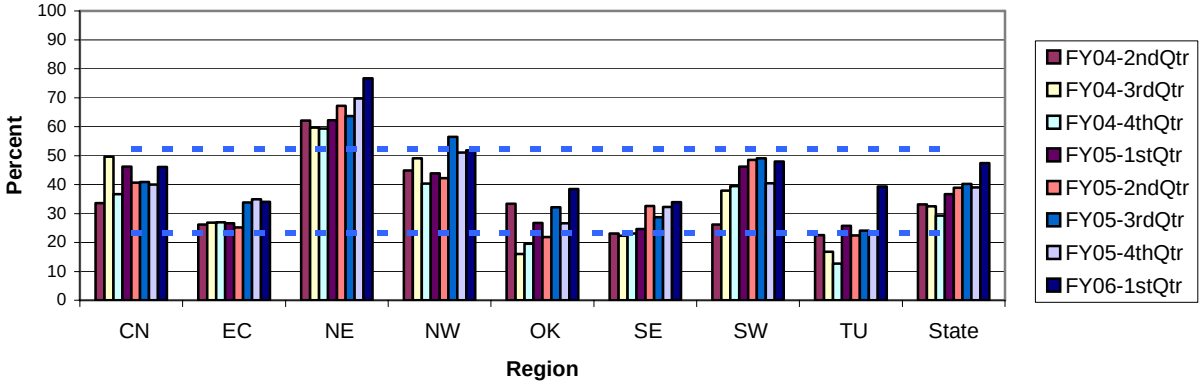
Figure 10: Adult Face-to-Face Crisis Events during the Quarter
Rate per 1,000 Adults with Household Incomes Below 200% Poverty Level



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 FY06 for the state remained stable at 3.6 per 1,000 of the adult population below 200% of the poverty level (Figure 10). The rate falls within the two-year range of 3.5 to 3.9 per 1,000 of the adult population below 200% of the poverty level. The CN region continued to be more than one standard deviation below the state average for the adult population below 200% of the poverty level with a rate of 1.5 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 FY06, 47.4% 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.

The NE region had a rate one standard deviation above the state average at 76.78%. 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.

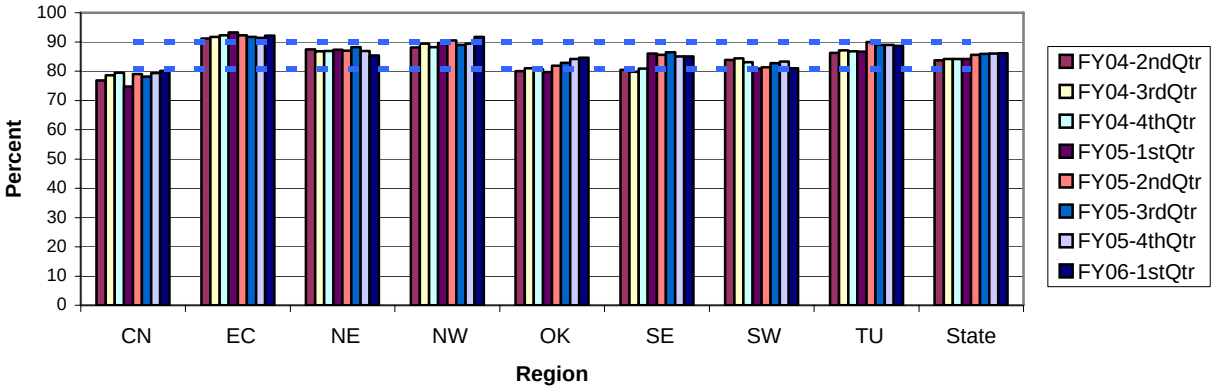
ADULTS WITH MAJOR MENTAL ILLNESS (MMI)

Background: One goal of the RPM is to present indicators for all publicly-funded behavioral health services but integrating data from the Oklahoma Health Care Authority and the Department of Mental Health and Substance Abuse Services. 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

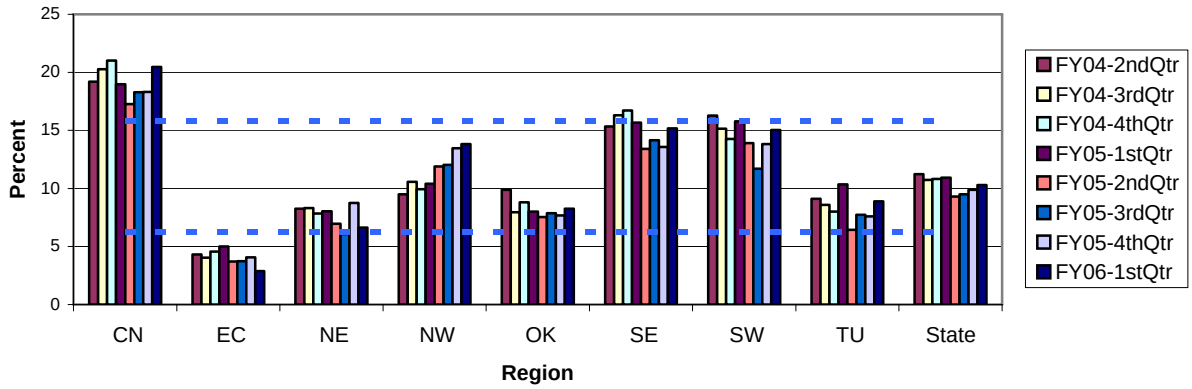


About 84% of adults with MMI received a core mental health outpatient service (face-to-face mental health, non-crisis, treatment service) in the 1st Quarter of FY06 (Figure 12), increasing slightly from the seven prior quarters.

The CN region demonstrated a low percentage of adults with MMI receiving core outpatient services at 80% in the 1st Quarter of FY06, which is one standard deviation below the state average. The EC and NW regions were one standard deviation above the state average at 92%. The EC region has been one standard deviation or more above the state average for the eight quarters studied The NW region has consistently shown a high percent of adults with MMI receiving core outpatient services.

Measure MH10: Adults with MMI Inpatient Services

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



About 10% of all adults with MMI, statewide, were hospitalized in the 1st Quarter of FY06 (Figure 13. The CN region was more than one standard deviation above the state average at 20.4% in the 1st Quarter of FY06. The CN region has consistently been one standard deviation about the state average for the eight quarters studied. The EC region was more than one standard deviation below the state average at 2.9% and has been more than one standard deviation below the state average for each of the eight quarters studied.

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

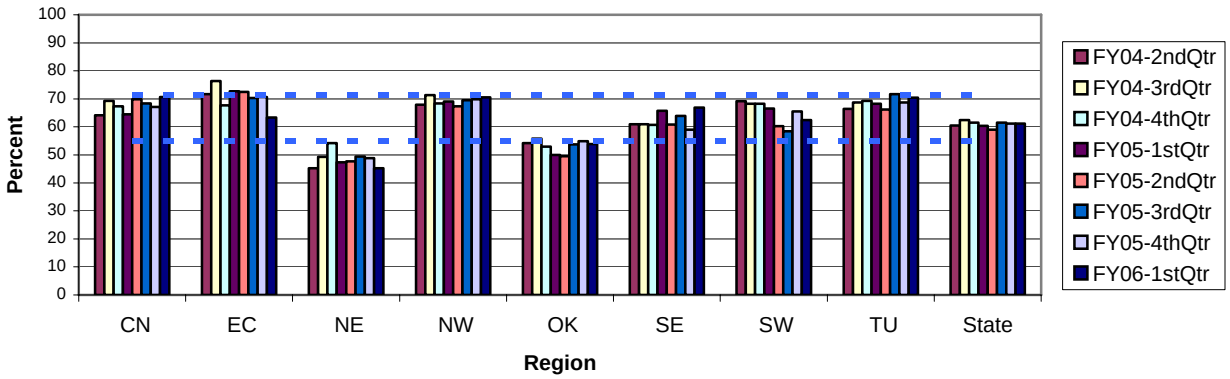
ADULT SELECT PRIORITY GROUP (SPG)

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



**Medication visits provided for persons who have Medicare, Medicare/Medicaid, Railroad Medicare or TVI Medicare are not billed through available data sources. Therefore, a greater percentage of persons may have received medication visits billed through these sources but are not represented in the measure.*

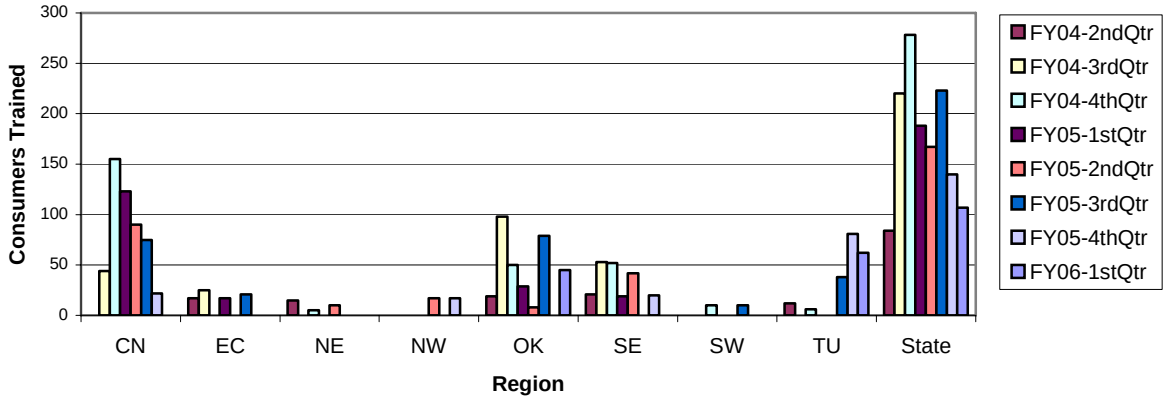
Statewide, 61% of all adults in the SPG received a medication visit in the 1st Quarter of FY06 (Figure 14). The rate has remained consistent with a range of 59% to 62% in the prior seven quarters. The NE and OK regions had rates of 45% and 54%, respectively and both regions have been more than one standard deviation below the state average for most of the eight quarters studied.

EVIDENCE-BASED PRACTICES

Measure MH14: Illness Self-Management

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

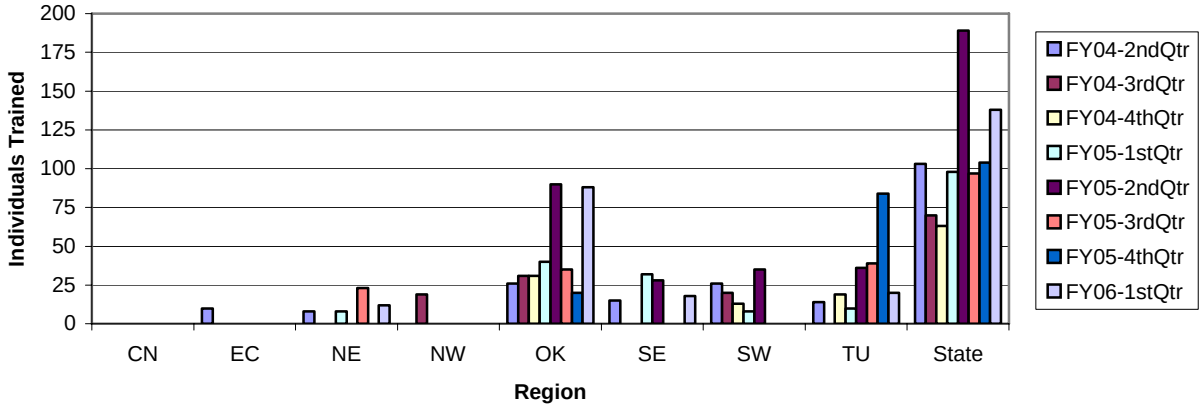


Illness self-management education services were provided to 107 individuals during the 1st Quarter of FY06 (Figure 15). To date, 1,737 individuals have participated in the WRAP training. Training was offered in the OK and TU regions for the most recent quarter. These counts do not reflect services provided 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 Oklahoma Chapter of the National Alliance for the Mentally Ill (NAMI-OK) under contract with DMHSAS. Family-to-Family is a curriculum-based training in which, over the course of several sessions, family members learn about mental illnesses, effective treatment, and ways to support their relatives in treatment and recovery. Data reported to DMHSAS for Family-to-Family training do not include participant or client identifiers.

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

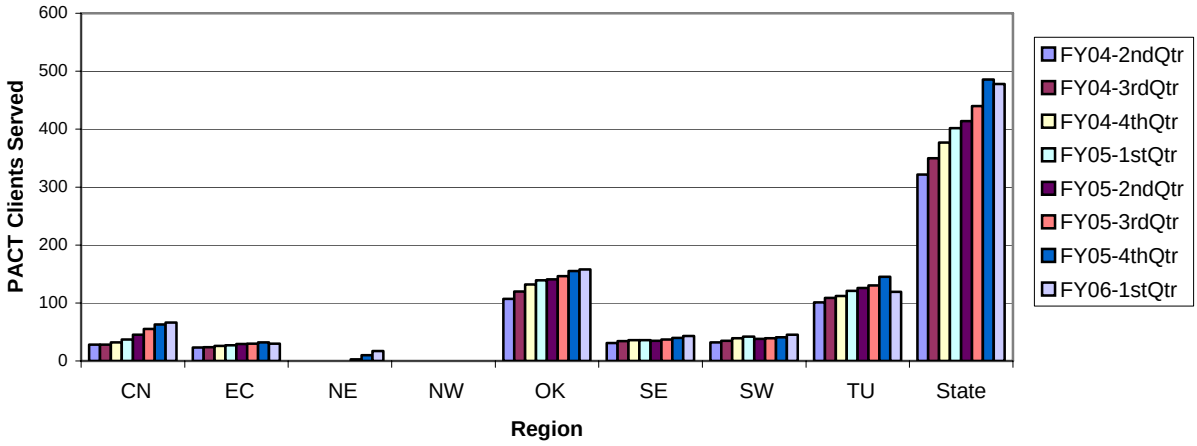


A total of 138 individuals received Family-to-Family training in the 1st Quarter of FY06 (Figure 16). Training sessions were held in the NE, OK, SE and TU regions during the 1st Quarter of FY06. To date, training has been provided to 1,160 individuals.

Measure MH16: Program of Assertive Community Treatment (PACT)

PACT is a service-delivery model for providing comprehensive community-based treatment to persons with serious mental illness. The multi-disciplinary staff provides intensive treatment, rehabilitation and support services to clients in their homes, on the job and in social settings to enable clients to successfully reside in the community. To ensure this evidence-based practice is enrolling clients at the rate prescribed by the model, the number of clients served each quarter is monitored. Five sites, located in the OK, TU and CN regions, are staffed to serve 100 - 120 PACT participants, while the other six sites are staffed to serve 50 participants each. Three new PACT sites are being implemented and are expected to begin serving clients later in the year.

Figure 17: Number of Persons Served in PACT by Quarter



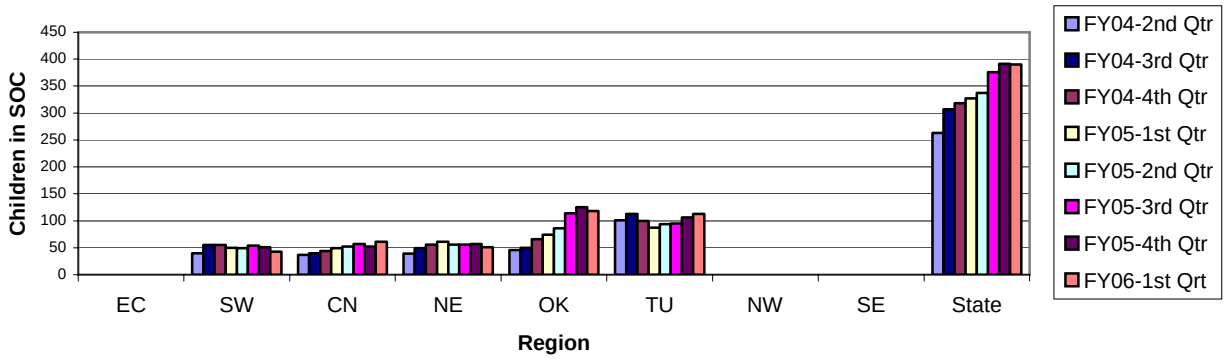
As shown in Figure 17, 478 persons were served through the eight PACT sites in the 1st Quarter of FY06. The OK and TU regions provided services to 158 and 119 persons, respectively. These regions include four sites, the two original sites and two sites that have recently been implemented. The remaining sites served a total of 201 persons in the 1st quarter of FY06 (CN region = 66, EC region = 30, NE = 17, SE region = 43 and SW region = 45).

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 FY06, 390 children were served in the SOC sites, the largest number to date (Figure 18). The OK region served 118 children, with sites in Oklahoma and Pottawatomie Counties. This was followed by the TU region, which hosts the single largest site, which served 113 children, followed by 61 children served in the CN region (with sites in Canadian and Cleveland Counties), 51 children served in the NE region (with sites in Kay and Washington Counties), and 43 children served in the SW region (serving Beckham, Custer, Roger Mills and Washita Counties).

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

PERFORMANCE MEASURES - SUBSTANCE ABUSE

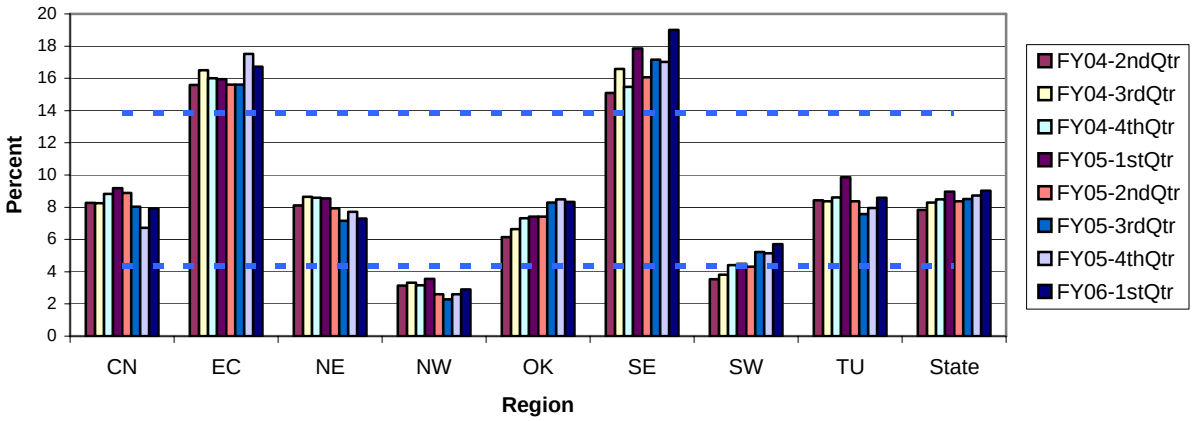
The indicators of substance abuse treatment performance used in this report are measures developed by the Washington Circle with support from the federal Center for Substance Abuse Treatment (CSAT). The indicators focus on early recognition and intervention which can positively affect the course of an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

Measure SA1: Identification

Persons were considered "identified" (as substance abusers in need of treatment) if they received a substance abuse service in the quarter. There were 4,024 persons identified among those in need of treatment during the 1st Quarter of FY06. Persons were identified by the first level of substance abuse services they used:

Outpatient – 1,870 clients (46.5%)
Detoxification – 1,123 clients (28%)
Residential – 887 clients (22%)
Community Living – 144 clients (3.5%)

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



Statewide, the percent of the estimated number of adults in need of substance abuse treatment that received a substance abuse service has remained fairly constant for the last eight quarters, with 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 (16.7% and 19%, respectively); their rates of identification were more than one standard deviation above the state average for all eight quarters measured. A low percentage of adults with substance abuse problems (2.9%) 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 20: Substance Abuse Treatment - Outpatient Diagram

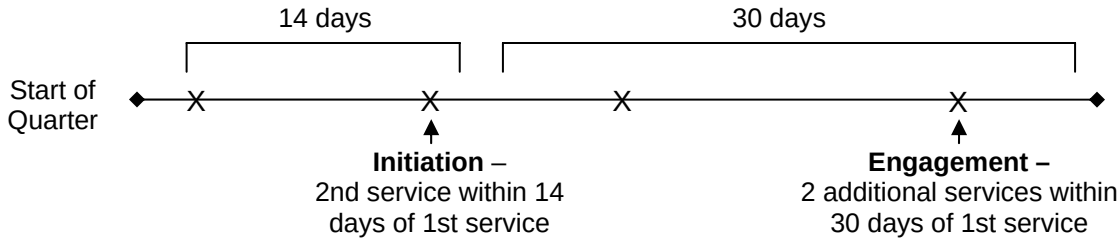
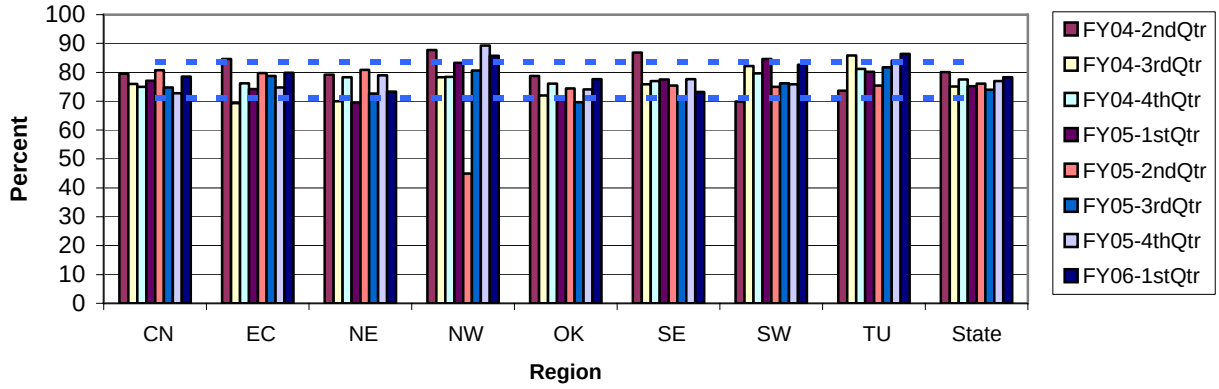


Figure 21: Initiation of Substance Abuse Treatment Following a First Outpatient Service

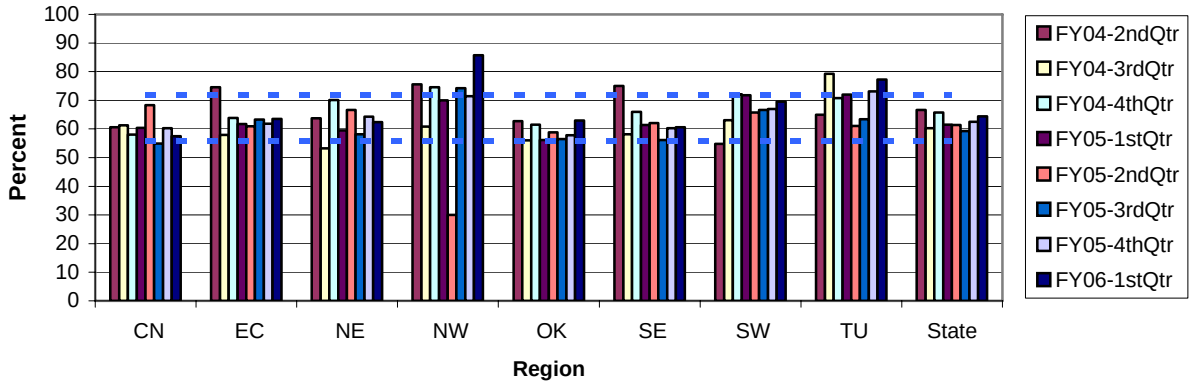


As shown in Figure 21, statewide, 78% of adults with first treatment episodes, who started treatment in outpatient care, *initiated* treatment (had a second service within 14 days, refer to Figure 20 for diagram). The NW and TU regions were more than one standard deviation above the state average at 86% each for the 1st Quarter of FY06.

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

Measure SA3a: Engagement in Outpatient Treatment

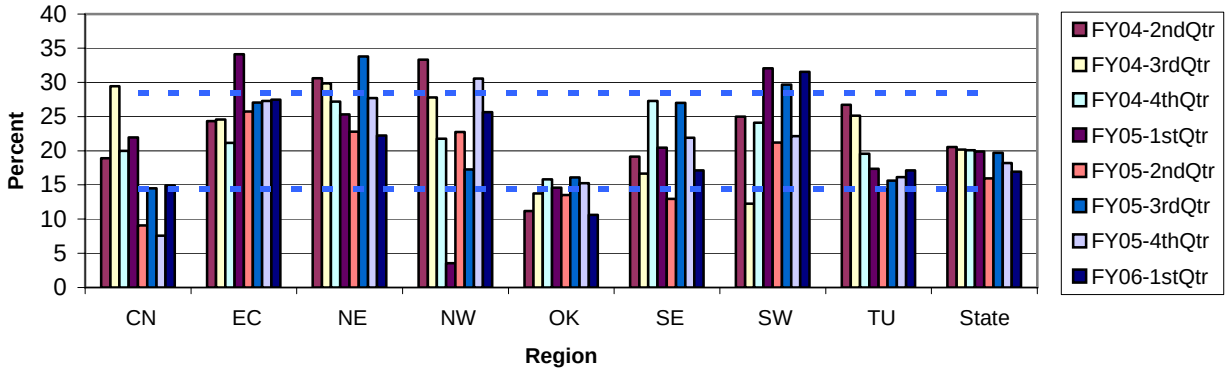
Figure 22: Engagement in Substance Abuse Treatment Following a First Outpatient Service



As shown in Figure 22, during the 1st Quarter of FY06, 64% of clients who started treatment in outpatient care *engaged* in treatment (initiated treatment within 14 days after an initial outpatient service and had two more services within 30 days following initiation – Figure 20). This fell within the eight-quarter range of 60% to 66%. The NW and TU regions were more than one standard deviation above the state average at 77% and 86%, respectively, in the 1st Quarter of FY06.

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, 17% *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 20% (Figure 23). The SW region was more than one standard deviation above the state average at 32%.

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

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*[1] above the state's average (mean*) for the prior two years (the eight quarters covered by each quarterly report), and low service utilization* if services are provided to clients in the region at a rate *more than* one standard deviation below the mean for the prior two years. The standard deviation is

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

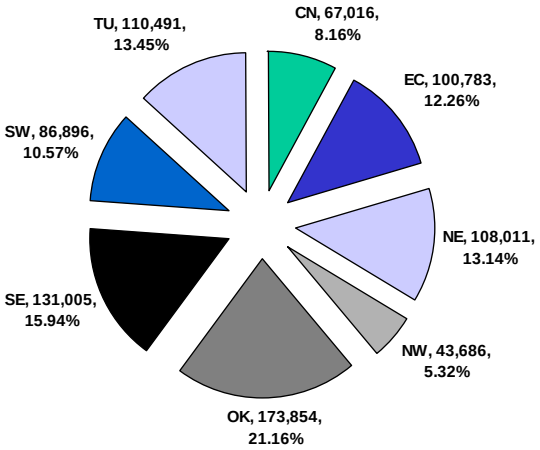
calculated for each measure based on the results from the eight regions in the eight quarters studied and is indicated by the dashed lines on the graphs. The upper dashed line represents one standard deviation above the mean and the lower dashed line represents one standard deviation below the mean.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

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

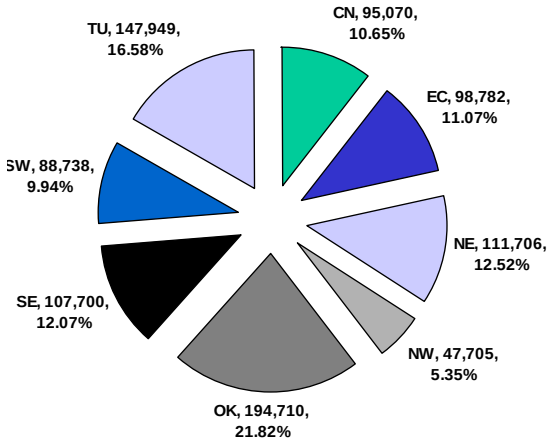
Appendix 2: RPM Report Indicator Definitions

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

Persons Eligible for ODMHSAS Services in the General Population



Adults below 200% poverty level
Total: 821,742



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

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

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

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

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

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

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

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

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

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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.

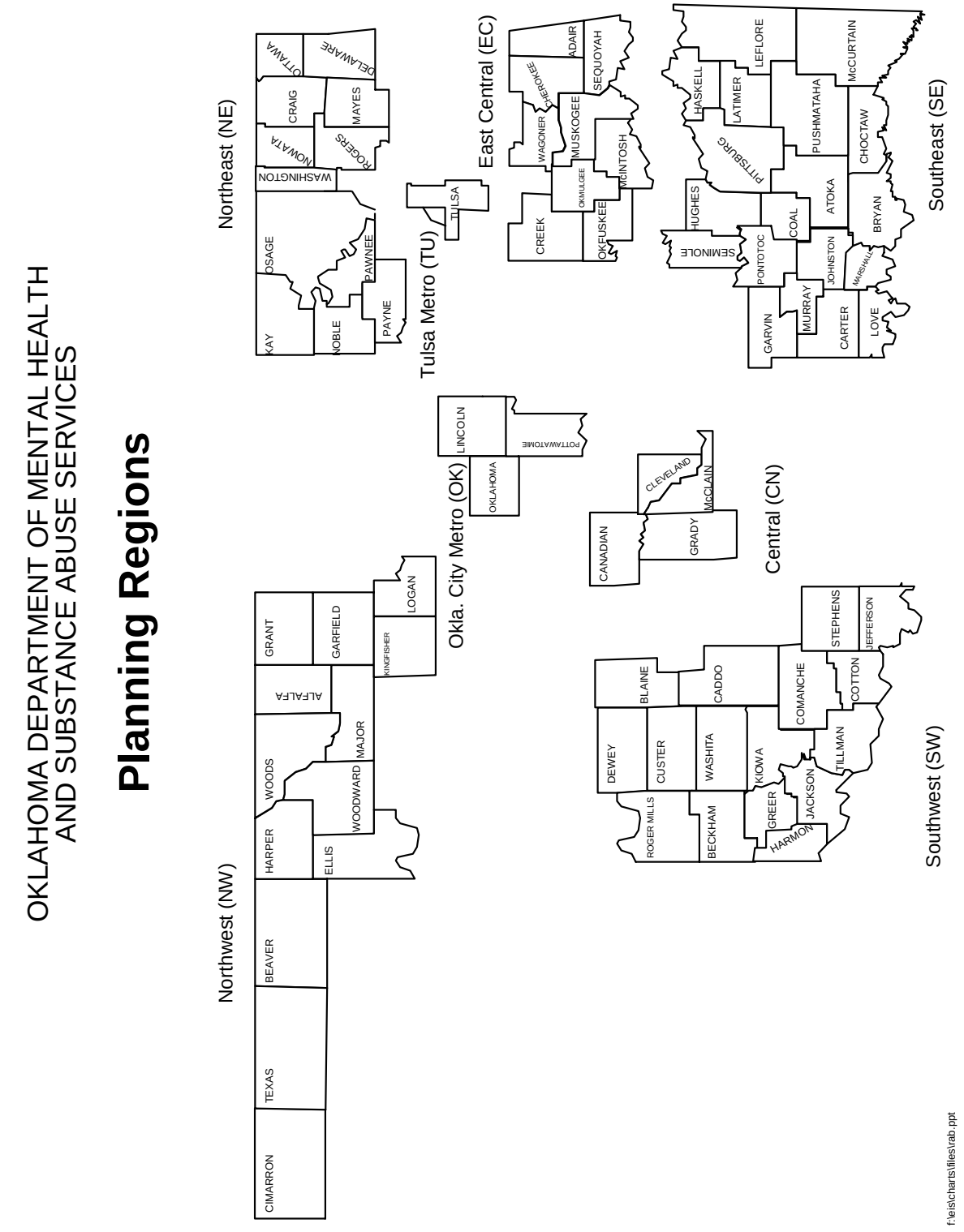
Denominator: Adults who initiated service following discharge from detox service during the quarter.

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.

Appendix 3: Map of DMHSAS Planning Regions



Appendix 4: Glossary of Terms

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

Court Commitment – A court order under the Mental Health Code requires the individual to receive services involuntarily from the agency (Mental Health Law Title 43A).

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

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 FY06

Mental Health Agencies

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
Associated Centers for Therapy		8	7			1		1,137		1,153
Bill Willis CMHC		859	11			3	2	10	1	886
Carl Albert CMHC	2	23			2	1,325			5	1,357
Center for Children & Families	29				14					43
Central OK CMHC	816			1	112	4				933
CREOKS Mental Health Services		604			11	8	1	4		628
Crossroads, Inc.			1		1			53		55
Divorce Visitation Arbitration			19	2	1			1		23
Eastern State Hospital	14	18	33	11	51	31	23	40		221
Edwin Fair CMHC		1	793	5	4				1	804
Family & Children's Services		4	6			1	3	2,116		2,130
Family Shelter									1	1
Grand Lake		5	1,258			4		11	10	1,288
Green Country		559	1		1			1		562
Griffin Memorial Hospital	252	15	19	12	324	172	6	19	23	842
Hope	1				759					760
Jim Taliaferro CMHC	39	1	1		7	6	1,076	1	10	1,141
Mental Health Services of Southern OK	1	6		2	4	986	4			1,003
North Care	19	2	18	1	2,405	2				2,447
NW Center for Behavioral Health	10	1	34	1,442	39	15	89	4	7	1,641
Oklahoma Co. Crisis Intervention Center	3	1	3	6	76			1		90
Red Rock	474	2	1	12	1,288	9	537	99	4	2,426
Safe Haven		1						58		59
Thunderbird Clubhouse	70				1					71
Transition House	12						1			13
Tulsa Center for Behavioral Health		5	9		1	1		422	3	441
Tulsa Metropolitan Ministry		2						183		185
YWCA Crisis Center				2						2

Substance Abuse Agencies

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
12 & 12, INC.	9	36	60	4	15	19	6	323		472
ADA AREA CHEMICAL DEP. CTR		1			1	42				44
ALPHA II, INC.	5	3	17	3	3	4	1	4		40
BILL WILLIS MENTAL HEALTH		165	3			2		3		173
BRIDGEWAY			19							19
BROADWAY HOUSE, INC.	1	1		1	2	17	4	1		27
CAA TURNING POINT	42		1		153		3			199
CARE FOR CHANGE INC.					99		1			100
CARL ALBERT C.M.H.C.						41				41
COMMUNITY ALCOHOLISM SERVICES			20					1		21
COPE, INC.					76		1			77
COUNSELING CENTER OF S.E. OKLAHOMA						94				94
CREOKS MENTAL HEALTH SERVICES		36					1			37
DAYSPRINGS							28			28
DOMESTIC VIOLENCE INTERVENTION SERVICES, INC.		2						37		39
DRUG RECOVERY, INC.	11	3	5	7	128	13	15	1		183
EAGLE RIDGE INSTITUTE		73	5		10	5	5	7		105
EDMOND FAMILY SERVICES, INC.					17					17
EDWIN FAIR CMHC			30							30
F.O.C.U.S.		45								45
FAMILY & CHILDREN'S SERVICES								11		11
FAMILY CRISIS & COUNSELING CTR			53						3	56
FAMILY CRISIS CTR, INC.						59				59
FAMILY RECOVERY COUNSELING CENTER	1			1	36	1				39
GATEWAY TO PREVENTION/RECOVERY	1	8	1		177	24	2			213
HOMINY HEALTH SRVCS CTR INC.			19							19
HOUSE OF HOPE INC		3	12	1	4	1		9		30
HUMAN SKILLS & RESOURCES		49	60					130		239
INDIAN HEALTH CARE RESRCE CENTER		1	2					104		107
JIM TALIAFERRO CMHC							61			61
KIAMICHI COUNCIL ON ALCOHOLISM						205	1		2	208
LATINO COMMUNITY DEV. AGENCY					3					3
LOGAN COUNTY YOUTH & FAMILY SERVICES, INC.			1	38	1					40
M.H. AND SUBSTANCE ABUSE CNTR OF SOUTHERN OK	2	5			3	47	17		1	75
METRO TULSA SUBSTANCE ABUSE SERVICE	1	15	12	1		3		106	3	141
MONARCH, INC.	8	33	6	1	8	17	10	8	1	92
MOORE ALC/DRUG CENTER	4				3					7
MUSKOGEE COUNTY COUNCIL OF YOUTH SERVICES		119						1		120
N.E. OK COUNCIL ON ALCOHOLISM		2	159			4		2		167
NATIVE AMERICAN CENTER OF RECOVERY		1			15	1				17
NEW HOPE OF MANGUM	2		1		4	7	205			219
NORMAN AL/DRUG TREATMENT CTR	33	11	11	4	67	19	6	7	1	159
NORMAN ALCOHOL INFORMATION CTR	309				18	10				337
NORTH CARE CENTER					155					155
NORTHWEST CENTER FOR BEHAVIORAL HEALTH	4		7	19	20	7	36			93
NW SUBSTANCE TREATMENT CNTR		1	2	2	1	4	7			17

Agency	CN	EC	NE	NW	OK	SE	SW	TU	UN	total
OKLAHOMA FAMILIES FIRST, INC.						26				26
OPPORTUNITIES, INC., CDTC	6	1	10	9	16	7	23	9		81
PALMER DRUG ABUSE PROGRAM INC.								9		9
PAYNE CO COUNSELING SVC,INC.			24							24
PAYNE COUNTY DRUG COURT, INC.	1	1	23		1	1		1		28
PEOPLE INCORPORATED		71	25			1				97
RED ROCK BEHAVIORAL HEALTH SVC	11	1		19	42	1	56			130
RESONANCE, INC.								51		51
ROADBACK, INC.	3	1	1	3	5	8	76		1	98
ROGERS COUNTY DRUG ABUSE			62					1		63
S.W. YOUTH & FAMILY SERVICES	56					2	9		1	68
SHADOW MOUNTAIN BEHAVIORAL HEALTH SYSTEM								20		20
SHEKINAH COUNSELING SERVICES						75				75
SPECIALIZED OUTPATIENT SERVICES, INC.	2			2	91	3	4			102
STARTING POINT II, INC.	4	5	67	14	11	2	2	1	2	108
STREET SCHOOL INC								1		1
SUBSTANCE ABUSE SERVICES								11		11
THE NEXT STEP NETWORK, INC.		1	1	9	2	2	6	1	2	24
THE OAKS REHAB. SERVICES CTR		45	6	2	10	170	1	4	2	240
THE REFERRAL CENTER	66	6	14	23	401	55	34	3	7	609
TOTAL LIFE COUNSELING					244					244
TRI-CITY SUBSTANCE ABUSE CTR						153				153
TRI-CITY YOUTH & FAMILY CENTER	4				139	2	1		5	151
TULSA WOMEN AND CHILDREN'S CENTER	2	2	8	1	5	1	2	20		41
VINITA AL/DG TREATMENT CTR	1	4	7		1	5	1	5		24
WOMEN IN SAFE HOMES, INC.		20				2				22
YOUTH & FAMILY SERVICES OF N. CENTRAL OK, INC.				11						11
YWCA CRISIS CENTER		1	2		1	3				7

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 Carol Forhan manages the SAMHSA project that funds the technical assistance.

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

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

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