Mental Health & Substance Abuse Services
System Transformation

Needs Assessment / Resource Inventory

Work In Progress

June 2006
Needs Assessment Goals

- To document the need for change, in language accessible to all audiences
- To inform the direction of change
- To recognize the strengths of current programs
- To lay the foundation for the evaluation of change
Design of Needs Assessment

- Review of major reports of the past 10 years
- Review of current initiatives
- Focus groups and interviews with key informants
- Analysis of State agencies’ existing data
Foundations

- Federal Reports, including:
  New Freedom Commission Report
  Surgeon General’s Report on MH

- State Reports, including
  OK Blue Ribbon Task Force
  ODMHSAS Strategic Plan

- State Collaborations, including:
  - Children’s Partnership
  - Adult Recovery Collaborative
  - Integrated Services Initiative
Whom We Met With:
(to date)

100+ Focus Groups
6 key informant interviews:
  - MH staff, mgt., consumers, families
  - SA staff, mgt., clients, families
  - Systems of Care Teams
  - Turning Point Collaboratives
  - Local health agencies
  - Local housing agencies
  - Local criminal justice system agencies
  - Advocacy groups
  - Office of Juvenile Affairs network providers
  - Local school leaders
  - Local Voc Rehab staff
  - Homeless service providers, staff & clients
  - Child Welfare staff
  - MH Court staff & grads
  - Additional groups to be added
Communities Visited

- Ardmore
- Claremore
- Edmond
- El Reno
- Guthrie
- Ft. Supply
- Marietta

- Norman
- Oklahoma City
- Tahlequah
- Tulsa
- Woodward

Companion efforts:
- Adult Recovery Collaborative
- Cultural Competence/Strategic Plan
- Children’s Prevention & OCCY
State Agencies Involved

- Dept. of Health
- Dept. of Human Services
- Dept. of Education
- Regents for Higher Education
- Oklahoma Health Care Authority
- Dept. of Mental Health and Substance Abuse Services
- Oklahoma Housing Finance Agency
- Dept. of Corrections
- Dept. of Rehabilitation Services
- Office of Juvenile Affairs
- Oklahoma Commission on Children and Youth
Work-in-Progress:
Needs Assessment Phases

- **Phase 1** (January-February, 2006)
  - Orientation
  - Data Review
  - Workplan Development

- **Phase 2** (March – May, 2006)
  - Focus Groups
  - Content Analysis
  - Secondary Analysis of Existing Data

- **Phase 3** (June- August, 2006)
  - Draft Report for GTAB review
  - Final document

- **Phase 4** Additional Needs Assessment in later years
  - (to be determined)
Needs Assessment & Resource Inventory Report – Draft Outline

I. Introduction
II. Populations in Need
III. Building a Consumer–driven, Recovery-oriented, Trauma-informed Service System
IV. Children’s MH & SA Services
V. Adult MH & SA Services
VI. Integrated Services Initiative
VII. Criminal Justice System Issues
VIII. Access to Physical Healthcare
IX. Housing
X. Employment
XI. Prevention
XII. Cultural Competence
XIII. Workforce Development
XIV. Technology & Information Systems
XV. Finance
XVI. Conclusions
Findings are very preliminary and should be considered DRAFT

More individuals and groups remain to be interviewed (e.g., Tribal communities, Drug Court program, homeless shelter)

More analysis of available data to be undertaken

GTAB feedback on plan of work and later draft report
Work-in-Progress

DRAFT

Samples of Preliminary Findings:
What We Heard
## Populations in Need

**DRAFT**  
Pending Approval  
June 6, 2006

### Adults (18+ years) with Mental or Addictive Disorders

| Prevalence Among Adults In Oklahoma | 697,885  
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(26.2%)</td>
</tr>
</tbody>
</table>
| Prevalence Among Adults in Oklahoma  
with income less than 200% of the Federal Poverty Level | 215,296  
|                                                    | (26.2%)  |
| Recipients of Services funded by ODMHSAS or Medicaid | 71,124   |
| Persons Needing, but not receiving treatment funded by ODMHSAS or Medicaid | 144,172  
|                                                    | (67%)    |

### Children (9-17 years) with Any Mental or Addictive Disorders

| Prevalence of a diagnosis-specific impairment and mild global impairment among children in Oklahoma | 25,646  
|                                                                 | (20.9%)  |
| Recipients of Services funded by ODMHSAS, Medicaid or OJA | Data Under Development  |
| Persons Needing, but not receiving treatment funded by ODMHSAS, Medicaid or OJA | Data Under Development  |

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1. Prevalence rates are for the general population, not for people in poverty. Therefore the prevalence counts may be underestimated since people in poverty tend to have higher prevalence rates. US National Comorbidity Survey – Replication, 2001-2002
<table>
<thead>
<tr>
<th>Specific Populations in Need</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adults with Serious Psychological Distress</strong></td>
<td></td>
</tr>
<tr>
<td>(18+ years)</td>
<td></td>
</tr>
<tr>
<td>Prevalence among adults in Oklahoma with income less than 200% of the Federal Poverty Level</td>
<td>128,185 (15.6%)</td>
</tr>
<tr>
<td>Recipients of Services funded by ODMHSAS or Medicaid</td>
<td>58,382</td>
</tr>
<tr>
<td>Persons Needing, but not receiving treatment funded by ODMHSAS or Medicaid</td>
<td>69,803 (54.5%)</td>
</tr>
<tr>
<td><strong>Children with Serious Emotional Disturbance</strong></td>
<td></td>
</tr>
<tr>
<td>(9-17 years)</td>
<td></td>
</tr>
<tr>
<td>Prevalence among children, age 9 -17, in Oklahoma</td>
<td>8,590 (7.0%)</td>
</tr>
<tr>
<td>Recipients of Services funded by ODMHSAS, Medicaid or OJA</td>
<td>Data Under Development</td>
</tr>
<tr>
<td>Persons Needing, but not receiving treatment funded by ODMHSAS, Medicaid or OJA</td>
<td>Data Under Development</td>
</tr>
</tbody>
</table>

1 Based on federal estimates, the prevalence rates have been adjusted for people with reported income less than 200% of the Federal Poverty Level. National Survey on Drug Use and Health 2003-2004.
## Specific Populations in Need

### Alcohol or Illicit Drug Abuse or Dependence in Past Year

<table>
<thead>
<tr>
<th>Specific Populations</th>
<th>Adults (18+ years)</th>
<th>Adolescents (12-17 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence among adults in Oklahoma with income less than 200% of the Federal Poverty Level</td>
<td>88,371 (10.8%)</td>
<td>13,142 (10.7%)</td>
</tr>
<tr>
<td>Recipients of Services funded by ODMHSAS or Medicaid</td>
<td>17,679</td>
<td>Data Under Development</td>
</tr>
<tr>
<td>Persons Needing, not receiving treatment funded by ODMHSAS or Medicaid</td>
<td>70,692 (80.0%)</td>
<td>Data Under Development</td>
</tr>
</tbody>
</table>

### Details:

1. Based on federal estimates, the prevalence rates have been adjusted for people with a reported income less than 200% of the Federal Poverty Level. National Survey on Drug Use and Health 2004
2. National Survey on Drug Use and Health 2003-2004

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**DRAFT**
Pending Approval
June 6, 2006
Building a Consumer-driven, Recovery-oriented, Trauma-informed Service System

**Strengths:**
- Office of Consumer Affairs
- Recovery Support & Family Support Specialists
- Wellness Recovery Action Plan (WRAP) Training
- Funding for advocacy groups
- Trauma training for Children's Services staff
- Family to Family Program

**Challenges & Needs**
- Building consensus on what this means
- Staff, management need training on:
  - meaningful consumer involvement
  - recovery & how to promote it
  - skills for trauma services delivery
- Training for consumers & family members on how to maximize their participation & clout
- Comprehensive policy & procedures review & revisions to ensure that practices support recovery
- Development of QA tools to evaluate implementation and practice
Mental Health & Substance Abuse Services for Children & Adolescents

**Strengths**
- Development of the Children’s Partnership
- Development of Systems of Care
- Expansion of Available Crisis Services

**Challenges & Needs**
- Unnecessary use of inpatient services
- Poor access to community-based services due to inadequate resources
- Inadequate access to adolescent SA detox and residential treatment
- Poor service integration among child-serving agencies
- High staff turnover:
  - understaffed programs
  - inadequately trained staff
- Some interested families unserved, others unwilling or unable to participate
Adult Mental Health Services

Strengths
- Newer program models have replaced older day treatment models
- Increased efforts to involve consumers in treatment planning
- Development of PACT and other best practices
- Integrated Services Initiative
- Uniform timeframes implemented for assessment and core services provision, with emphasis on early intervention

Challenges & Needs
- Huge caseloads, excessive paperwork: people don’t get needed services
- Access to prescribers is limited.
- People with emergencies not seen timely.
- Little education about meds and side-effects.
- Many lack ability to pay for meds
- Lack of access to community-based services; people cycle through crisis, inpatient repeatedly.
- People wanting to re-build life in community find little help or support
- Unequal geographic access to services
Adults Receiving Mental Health Outpatient Services
Rates by County of Residence in Oklahoma
During SFY2005

DRAFT June 6, 2006

Rates per 1,000 population
with income less than 200% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Rate/1,000 people</th>
<th>No. of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.75 - 45.23</td>
<td>16</td>
</tr>
<tr>
<td>45.24 - 69.71</td>
<td>45</td>
</tr>
<tr>
<td>69.72 - 94.19</td>
<td>12</td>
</tr>
<tr>
<td>94.20 - 118.68</td>
<td>2</td>
</tr>
<tr>
<td>118.69 - 143.17</td>
<td>2</td>
</tr>
</tbody>
</table>

Mental Health Services funded by ODMHSAS and Medicaid SFY2005

<table>
<thead>
<tr>
<th>County Measure</th>
<th>Lowest</th>
<th>Rank 10</th>
<th>Median</th>
<th>Mean</th>
<th>Rank 68</th>
<th>Highest</th>
<th>OK County</th>
<th>Tulsa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate/1,000 People</td>
<td>20.7</td>
<td>39.0</td>
<td>59.5</td>
<td>60.2</td>
<td>76.2</td>
<td>143.2</td>
<td>77.5</td>
<td>82.3</td>
</tr>
</tbody>
</table>

Prepared by ODMHSAS Decision Support Services
June 2006

Data were extracted on 05/11/2006, based upon date of service and rendering provider, and are subject to change. Medicaid data have not been reviewed by the Oklahoma Health Care Authority.
**Adult Substance Abuse Services**

**Strengths**
- Clients in residential treatment provide strong peer support for each other
- Diversity of program types
- Model programs around State
- Integrated Services Initiative

**Challenges & Needs**
- More detox units needed
- More residential treatment slots needed
- Need for a better-organized admission processes
- Lack of income, housing, basic needs at discharge impedes recovery
- Lack of outpatient treatment impedes recovery
- Understaffing, paperwork: clients get less staff contact than needed
- Limited contact with prescribers
- Many staff, clients feel smoking ban impedes services
- Unequal geographic access to services
Adults Receiving Substance Abuse Outpatient Services
Rates by County Of Residence in Oklahoma During SFY2005

DRAFT June 6, 2006

Rates per 1,000 population with income less than 200% of the Federal Poverty Level.

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate/1,000 people</th>
<th>No. of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.50 - 8.40</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>8.40 - 15.30</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>15.31 - 22.21</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>22.22 - 29.11</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>29.12 - 36.02</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Substance Abuse Services funded by ODMHSAS and Medicaid SFY2005

<table>
<thead>
<tr>
<th>County Measure</th>
<th>Lowest</th>
<th>Rank 10</th>
<th>Median</th>
<th>Mean</th>
<th>Rank 68</th>
<th>Highest</th>
<th>OK County</th>
<th>Tulsa County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate/1,000 People</td>
<td>1.5</td>
<td>4.7</td>
<td>11.3</td>
<td>13.1</td>
<td>21.5</td>
<td>36.0</td>
<td>24.5</td>
<td>15.0</td>
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</table>

Prepared by ODMHSAS Decision Support Services
June 2006

Data were extracted on 05/11/2006, based upon date of service and rendering provider, and are subject to change. Medicaid data have not been reviewed by the Oklahoma Health Care Authority.
Criminal Justice System Issues

**Strengths**
- Broad recognition of the scope of existing problems
- Development of alternatives to incarceration (e.g., Drug and MH Courts, jail diversion, day reporting)
- Development of Police crisis intervention programs
- Some limited access to MH & SA treatment in State prisons
- Model re-entry programs in some areas

**Challenges & Needs**
- Many people in jail and prison should be served elsewhere
- Access to alternatives to incarceration limited by eligibility requirements and resources
- Poor access to MH and SA services in jails
- Re-entry access to MH and SA services is poor, causing high recidivism
Access to Physical Health & Dental Care

**Strengths**
- People receiving Medicare have health care access in most communities
- Community Health Centers provide basic services for some consumers
- Charities provide limited help with vision and dental services

**Challenges & Needs**
- Most MH & SA Clients not on SSI have little or no access to health, vision or dental care
- For those on Medicaid only, limited availability of providers, limits on services covered
- Physicals not routine; these could identify physical causes of symptoms that seem psychiatric
- Untreated medical problems reduce chances for employment, impede recovery
- Dental care is most often not available or limited to extraction
Housing

**Strengths**
- Some communities creating successful public/private partnerships
- Some providers taking the lead to create new local housing options
- Governor’s Inter-agency Council on Homelessness has developed a Strategic Plan

**Challenges & Needs**
- Acute lack of affordable, decent housing of all types – long waiting lists, people become homeless
- People with criminal background (i.e., drug possession) or debt not eligible for public housing
- Supported housing not widely available
- “Res Care” residents pay most of SSI check for room & board
- More support needed from ODMHSAS for new housing development
Workforce Development

■ Strengths
  • Establishment of Recovery Support Specialists & Family Support Specialists
  • Conferences and other training for current workforce

■ Challenges
  • High staff turnover (low salaries, large caseloads, paperwork)
  • Lengthy process to fill state jobs
  • Shortage of child psychiatrists & other MH and SA specialty staff
  • In-service & Professional Training Needs:
    - Trauma-informed care and treatment
    - Developing a Recovery Orientation
    - Communication of medication risks & benefits
  • Refocus training to be more relevant to jobs and more accessible
  • Shifting licensing requirements
Reimbursement for Contracted and Medicaid Services

**Strengths**
- Collaboration with other State agencies
- Openness to expansion of service types (e.g., Psychosocial Rehabilitation programs)

**Challenges & Needs**

**Documentation requirements**
- Consumes 60-65% of provider time
- Creates “unwelcoming” environment
- Cannot employ data from referral sources
- Mandatory assessment form is deficit-based

**Payment to providers**
- Rate adjustments irregular
- Rates do not reflect costs
- Little/no reimbursement for care coordination

**Approvals**
- Cumbersome process
- Reduces access to care

**Audits**
- Recoupment practices threaten agency financial viability
Key Challenges and Needs

- Too much focus on determining eligibility and documentation
- Too little focus on determining what people want and need, and how best to serve them
- We must move to increase service capacity and ensure that people receive services in a recovery-oriented, consumer-driven, and trauma-informed manner.
Where We Go From Here

- Complete Focus Groups
- Finalize Initial Assessment Report
- Initiate Topic Area Work Groups including Advisory Board members and other participants
- Identify Priorities for Change (Work Groups)
- Propose Comprehensive State Plan (Work Groups and Innovation Center Staff)
- Seek Public Input
- Review Needs Assessment Report and Comprehensive Plan (Transformation Advisory Board)
- Submit Products to Federal Partner (SAMHSA)
- Initiate Actions (Innovation Center and Partners)
Processes for Transformation

Needs Assessment & Resource Inventory
Prioritized Needs & Opportunities For Transformation
Comprehensive State Plan
Strategies, Partnership Commitments & Transformative Actions

Focus Groups
Planning Documents
Key Informants
Data Sources

Results
Results

- Policy changes
- Workforce improvements
- Finance policy enhancements
- Organizational changes
- Data for decision support
- Consumer and family network development
- Programs implementing evidence-based practices
- Recovery-oriented, consumer-driven services
- Enhanced service capacity, access, quality and outcomes
- Education, housing, healthcare, and employment to support a life in the community

Transformation Vision:
Oklahomans of all ages and cultures prosper and achieve their personal goals in the communities of their choice