

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

Work-In-Progress

- 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

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Pending Approval

June 6, 2006

Adults (18+ years) with Mental or Addictive Disorders	
Prevalence Among Adults In Oklahoma	697,885 (26.2%)
Prevalence Among Adults in Oklahoma with income less than 200% of the Federal Poverty Level ¹	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 ²	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

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

² Mental Health: A Report of the Surgeon General, 1999.

Specific Populations in Need

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Pending Approval

June 6, 2006

Adults with Serious Psychological Distress (18+ years)	
Prevalence among adults in Oklahoma with income less than 200% of the Federal Poverty Level ¹	128,185 (15.6%)
Recipients of Services funded by ODMHSAS or Medicaid	58,382
Persons Needing, but not receiving treatment funded by ODMHSAS or Medicaid	69,803 (54.5%)
Children with Serious Emotional Disturbance (9-17 years)	
Prevalence among children, age 9 -17, in Oklahoma ²	8,590 (7.0%)
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

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

² Federal Register/Vol. 63, No. 137 Children with Serious Emotional Disturbance; Estimation Methodology, 1998.

Specific Populations in Need

Alcohol or Illicit Drug Abuse or Dependence in Past Year

Adults (18+ years)	
Prevalence among adults in Oklahoma with income less than 200% of the Federal Poverty Level ¹	88,371 (10.8%)
Recipients of Services funded by ODMHSAS or Medicaid	17,679
Persons Needing, not receiving treatment funded by ODMHSAS or Medicaid	70,692 (80.0%)
Adolescents (12-17 years)	
Prevalence among adolescents in Oklahoma ²	13,142 (10.7%)
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

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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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

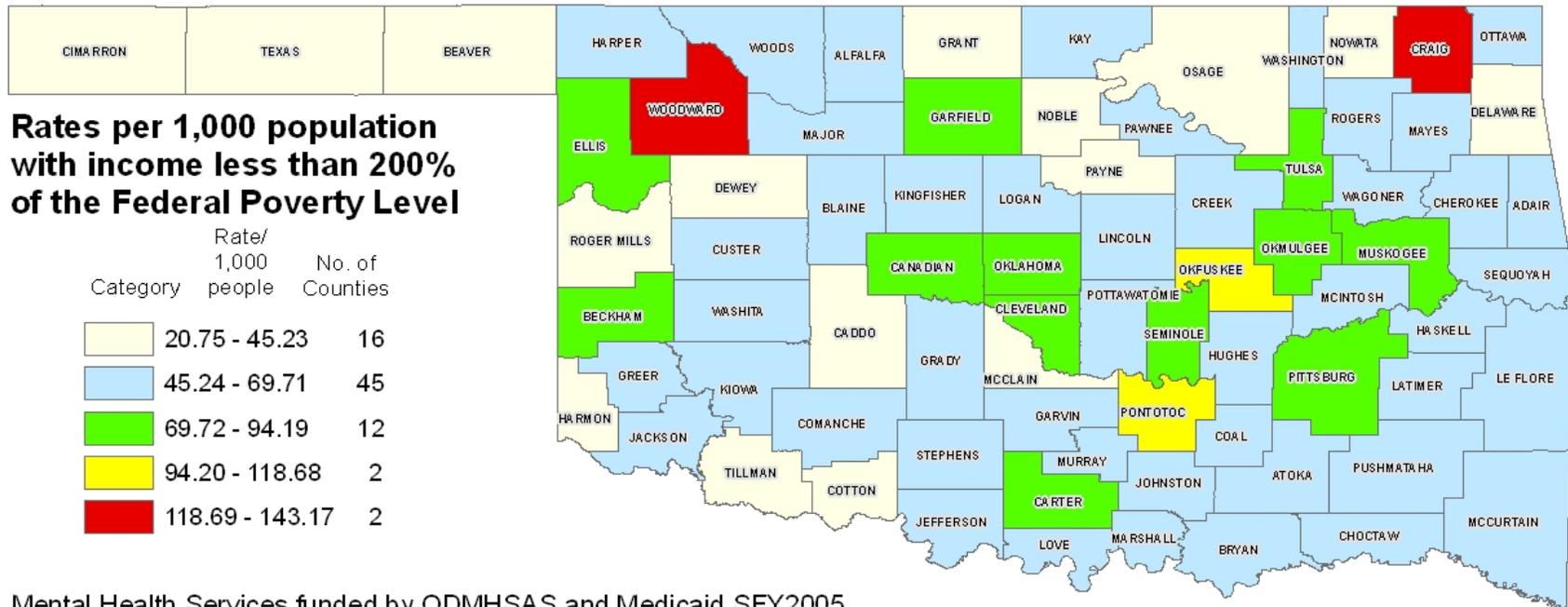
- Newer program models have replaced older day treatment models
- Increased efforts to involve consumers in treatment planning
- Development of PACT and other best practices
- Integrated Services Initiative
- Uniform timeframes implemented for assessment and core services provision, with emphasis on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



Mental Health Services funded by ODMHSAS and Medicaid SFY2005

County Measure	Lowest	Rank 10	Median	Mean	Rank 68	Highest	OK County	Tulsa County
Rate/1,000 People ¹	20.7	39.0	59.5	60.2	76.2	143.2	77.5	82.3

Adult Substance Abuse Services

■ Strengths

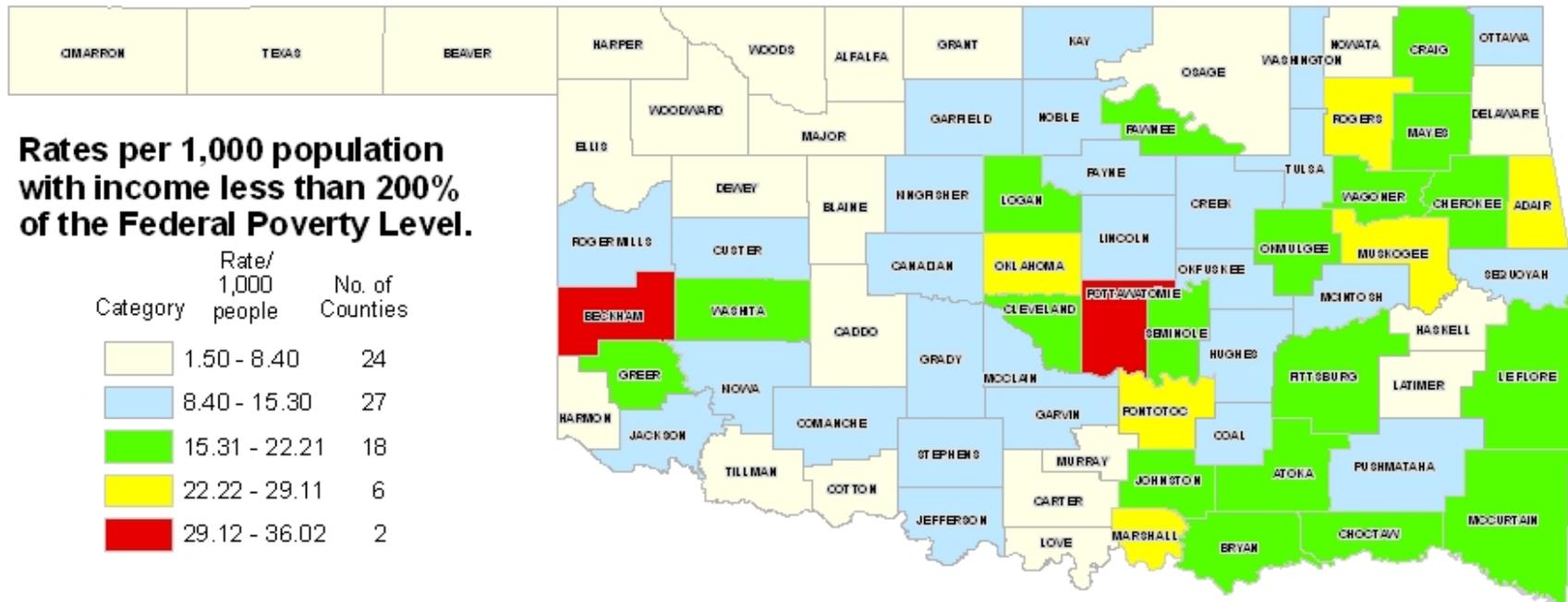
- Clients in residential treatment provide strong peer support for each other
- Diversity of program types
- Model programs around State
- Integrated Services Initiative

■ 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



Substance Abuse Services funded by ODMHSAS and Medicaid SFY2005

County Measure	Lowest	Rank 10	Median	Mean	Rank 68	Highest	OK County	Tulsa County
Rate/1,000 People ¹	1.5	4.7	11.3	13.1	21.5	36.0	24.5	15.0

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

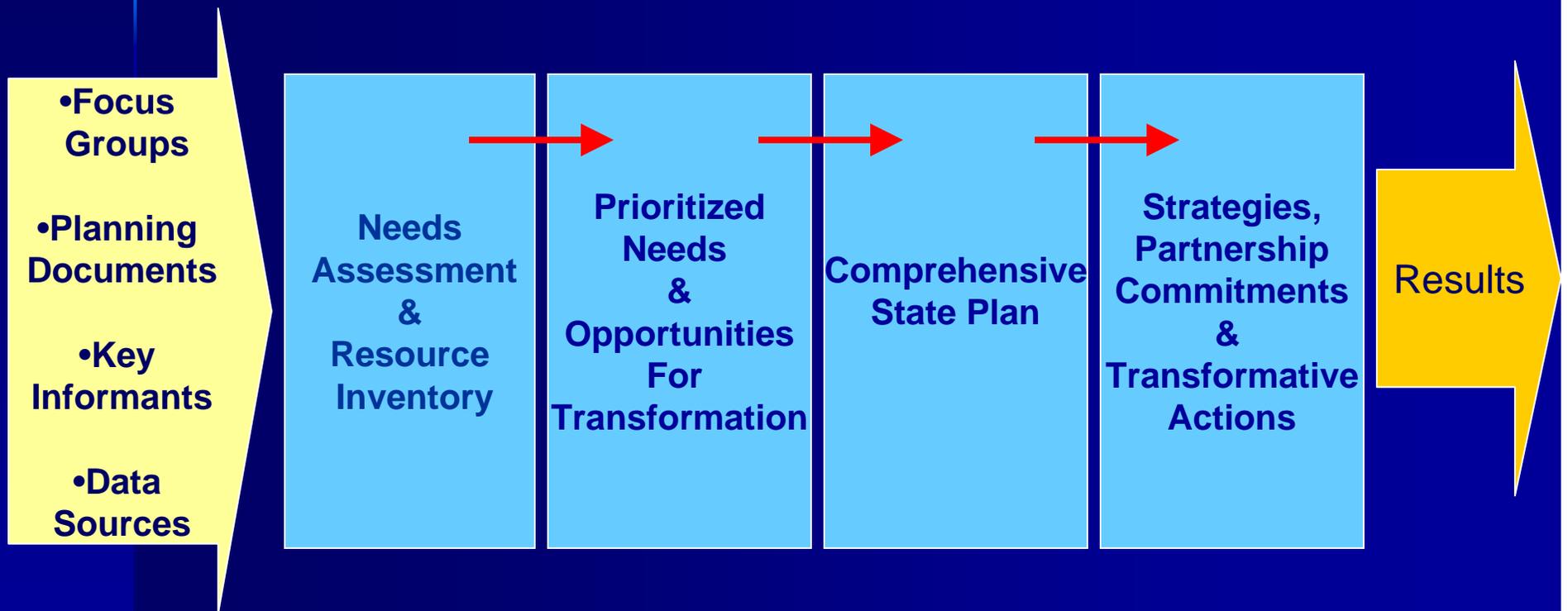
Key Challenges and Needs

- 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



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