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December 23, 2022



Community Health Needs Assessment

Parkside's mission is to
provide outstanding
mental health and
support services.

Parkside Psychiatric Hospital & Clinic
1620 E. 12th St.
Tulsa, OK 74120

www.parksideinc.org

Parkside Psychiatric Hospital & Clinic

About the organization:

Parkside has been helping people cope through difficult times since 1959. We are a private, not-for-profit 120-bed psychiatric hospital and outpatient clinic, specializing in mental health and substance abuse treatment services. After more than a half century of service to the community, the organization now provides hospitalization, child and adolescent residential treatment, and outpatient services to youth and adults. Parkside's all-hours admissions department is staffed 24 hours a day, every day and ready to assist with referrals, questions about benefits and more. Call 918-588-8888, anytime, day or night.

Mission:

To provide outstanding mental health and support services.

Vision:

Parkside will be the psychiatric care provider of choice for patients and professionals.

Values:

- | | |
|---------------------|-----------------------|
| > Integrity | > Innovation |
| > Passion | > Customer Service |
| > Teamwork | > Respect and Dignity |
| > Resilience | > Leadership |
| > Excellence | > Patient Centered |
| > Community Service | |



Where healing happens. Every day.

Overview

Internal Revenue Code (IRC) Section 501(r) requires some health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. In compliance with this requirement, Parkside Psychiatric Hospital & Clinic has undertaken a community health needs assessment and is providing this report as both a description of the process and summary of conclusions.

This needs assessment is used to determine how Parkside can contribute to the community in the form of health care, information and other community services to address identified community health needs. The assessment incorporates components of primary data collection and secondary data analysis focused on the health and social needs of the service area, in this case, the Tulsa County / metro area. Secondary data is obtained from a variety of governmental and other agency sources.

The greatest numbers of patients served by Parkside are from eastern Oklahoma and a large number are served through the outpatient clinic. The primary Parkside service area thus is Tulsa County, Oklahoma, though a subset of patients are referred and served from surrounding rural areas throughout eastern Oklahoma. Inpatient population tends to represent more of those from areas outside Tulsa County. Over the years, Parkside has provided inpatient treatment services to residents of all 77 counties in Oklahoma. Parkside's patients represent a mix of both privately insured patients, those publicly funded with Medicare or Medicaid and charity patients. Patients are representative of all demographics and socioeconomic groups.

The objective of the community health needs assessment is to gain broad-based community input that leads to recommendations on how the hospital can better meet the needs of area residents. The hospital will adopt related goals or direction to meet identified needs or provide an explanation why the hospital will not meet an identified community need. Implementation strategies may include existing programs, outreach activities, new programs and collaborative efforts with other community or government entities or similar actions. As Parkside is not a medical/surgical hospital, efforts are made to focus more on needs related to mental health and substance abuse treatment services and general physical health as it relates to mental wellness.

Methods Utilized in this Assessment

Primary Data Collection – Qualitative Community Feedback

Two surveys were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. The first survey targeted “stakeholders,” and was distributed to identified mental health consumers, including patients of Parkside, and also through networking with another not-for-profit organization serving individuals who live with mental illness. The survey was also distributed to non-clinical personnel at Parkside and to personnel in the Department of Human Services, area schools, some law enforcement and primary health care locations in the Tulsa area and other social service organizations.

The second survey was similarly constructed, but distributed to clinical staff at Parkside, other mental health and substance abuse treatment professionals in the community, health department personnel, tribal providers and key staff in several area treatment settings. The surveys were not locked, so participants were able to skip questions if they felt them irrelevant or intrusive. A total of 93 persons participated in the survey process. Survey questions sought to gain a “point in time” view of various aspects of health, wellness and access to healthcare, as well as inventory some of the health care and specifically mental health care offerings in the service area.

Secondary Data Collection – Quantitative and Statistical Data

To further identify characteristics of the service area and community needs, data were collected from a variety of local, county, state and federal sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other characteristics. Analyses were conducted at the most local level possible for the Parkside Psychiatric Hospital primary service area, given the availability of the data.

COVID-19

Although the COVID-19 concerns have eased somewhat at the time of publishing of this report, it was deemed imprudent to attempt in-person outreach activities and face to face survey of stakeholders for information gathering. Surveys were collected utilizing web-based applications rather than through direct contact as has been done in prior assessments. Some surveys were directly acquired from Parkside patients, but the value of electronic information collection is evident and was the primary method in this project and will likely be in future such activities. The dramatic impact of the COVID-19 pandemic also affected secondary data collection as 2020 census activities and reporting have been adversely impacted and some data validity is questioned.

Service Area General Overview

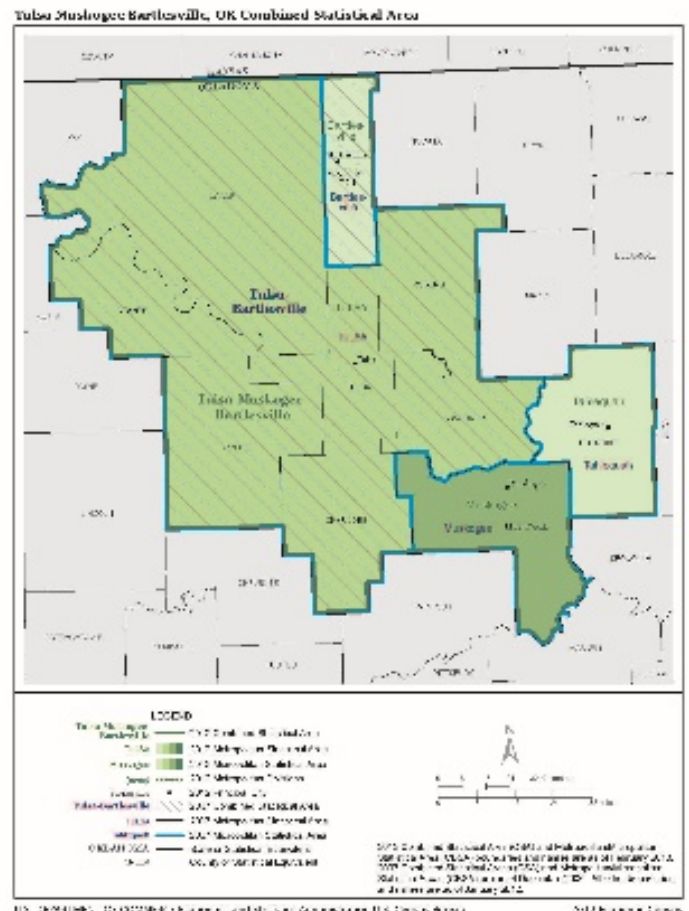
Parkside's primary service area is Tulsa Metropolitan Statistical Area, Oklahoma, though a smaller subset of patients is referred and served from surrounding rural areas throughout eastern Oklahoma. Some distant outpatients are served via telehealth. Parkside's inpatient population tends to include more patients from areas outside Tulsa County. The Tulsa Metropolitan Area, officially defined as the Tulsa Metropolitan Statistical Area is a metropolitan area centered around the city of Tulsa and includes all or parts of Tulsa, Rogers, Wagoner, Osage, Creek, Okmulgee and Pawnee counties. It had a population of 1,015,331 according to the 2020 U.S. Census. (Wikipedia 2022)

Based on commuting patterns, the Federal Census Bureau defines the adjacent micropolitan areas of Muskogee, Bartlesville and Tahlequah into a Combined Statistical Area (CSA), commonly known as the Green Country region. The population of this wider region is 1,134,125 — nearly one-third of Oklahoma's population—as of 2020.

The area is home to several colleges and universities and includes two medical schools, the Oklahoma State University Center for Health Sciences and the University of Oklahoma, Tulsa School of Community Medicine.

As of 2022, 32.4% of adults in the area held a bachelor's degree or higher. 92.8% of households had a computer and 86.2% had a broadband internet connection.

The Tulsa metropolitan area is the economic driver of Green Country as well as Eastern Oklahoma. In 2017 the Tulsa metropolitan area's GDP was \$57.7 billion, up from 43.4 billion in 2009, nearly thirty percent of Oklahoma's economy, and the 53rd largest in the nation. The chief industries of the region are energy, aerospace, telecommunications, and manufacturing. In 2001, Tulsa metro's total gross product was in the top one-third of metropolitan areas, states, and countries globally, with more than \$29 billion in total goods, expected to grow at a rate of nearly \$500 Million every two years.



Population of Service Area

In order to identify the health needs of the population, it is important to have some understanding of the demographics of the population. The following table presents the most current census data and projections for the core of the service area, Tulsa County.

(Source: US Census Bureau – population estimates Vintage 2021)

PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	672,858
Population estimates base, April 1, 2020, (V2021)	669,279
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	0.5%
Population, Census, April 1, 2020	669,279
Population, Census, April 1, 2010	603,403
Age and Sex	
Persons under 5 years, percent	6.7%
Persons under 18 years, percent	25.1%
Persons 65 years and over, percent	15.1%
Female persons, percent	50.9%
Race and Hispanic Origin	
White alone, percent	71.4%
Black or African American alone, percent	10.8%
American Indian and Alaska Native alone, percent	7.3%
Asian alone, percent	3.8%
Native Hawaiian and Other Pacific Islander alone, percent	0.2%
Two or More Races, percent	6.6%
Hispanic or Latino, percent	13.9%
White alone, not Hispanic or Latino, percent	59.9%

Population Characteristics	
Veterans, 2017-2021	36,225
Foreign born persons, percent, 2017-2021	8.9%
Housing	
Housing units, July 1, 2021, (V2021)	295,350
Owner-occupied housing unit rate, 2017-2021	59.9%
Median value of owner-occupied housing units, 2017-2021	\$168,800
Median selected monthly owner costs -with a mortgage, 2017-2021	\$1,407
Median selected monthly owner costs -without a mortgage, 2017-2021	\$504
Median gross rent, 2017-2021	\$929
Building permits, 2021	3,214
Families & Living Arrangements	
Households, 2017-2021	260,639
Persons per household, 2017-2021	2.52
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	82.6%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	15.0%
Computer and Internet Use	
Households with a computer, percent, 2017-2021	93.9%
Households with a broadband Internet subscription, percent, 2017-2021	88.5%
Education	
High school graduate or higher, percent of persons age 25 years+, 2017-2021	89.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	32.7%
Health	
With a disability, under age 65 years, percent, 2017-2021	9.9%
Persons without health insurance, under age 65 years, percent	17.5%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2017-2021	66.0%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	60.1%
Total accommodation and food services sales, 2017 (\$1,000)	2,023,415
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	7,176,659
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)	3,968,302
Total retail sales, 2017 (\$1,000)	11,877,991
Total retail sales per capita, 2017	\$18,362
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2017-2021	19.9

Income & Poverty	
Median household income (in 2021 dollars), 2017-2021	\$60,382
Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$35,360
Persons in poverty, percent	12.8%

General Community Characteristics

The residents of the Parkside Psychiatric Hospital primary service area are predominately white/Caucasians (71.4%) followed by Hispanic/Latino (13.9%) and Black/African American (10.8%).

- English is the primary language, though an estimated 15% speak other than English at home.
- The area is well educated with 32.7% of those 25 years and older having a Bachelor's degree or higher and 89.8% being high school graduates or higher, ahead of the state-wide average.
- Persons in poverty are estimated at 12.8%, under a state estimate of 14.6% and a national estimate of 11.6%.
- According to the US Census, 17.5 % of Tulsans under age 65 are uninsured. The overall state estimate is the same.
- Per capita income is \$35,360.
- Median household income is \$60,382.
- Tulsa County Unemployment for October 2022 was officially at 3.5%

Other Data Impacting the Community Health Profile

In addition to demographic data there exists a wide range of other indicators important to the general picture of health and related needs in the community. As in all such research there are limitations in availability local information as well as the age of available information. Efforts have been made throughout this study to obtain the most current available information and collect and compare with diverse and credible sources for the secondary data in this reporting.

(Primary source: <https://www.ruralhealthinfo.org/>)

Tulsa County and immediate area

Low Access to Healthy Foods	43.5% (2015)	40.5% (2019)
Obesity Prevalence	31.1% (2016)	30.5% (2017)
Diagnosed Diabetes Prevalence	10.1% (2016)	10.8% (2017)
Unemployment rate	4.7% (2016)	3.5% (2022)
HIV Prevalence per 100,000 people	300 (2016)	303 (2018)

Health Care Workforce

Dentists per 10,000 people	6 (2018)	7 (2020)
Medical Doctors per 10,000	27 (2017)	26.8 (2019)
Doctors of Osteopathy per 10,000	13 (2017)	11.6 (2019)
Physicians 75 years and older	17.4% (2017)	19.1 (2019)
Physicians aged 35 and under	12.7% (2017)	9.8 (2019)
Primary Care Physicians per 10,000	11 (2017)	11 (2019)
Total Physicians per 10,000	39.8 (2017)	38.4 (2019)

Health Care Access Professional Shortage areas Tulsa County as per *HRSA.gov* (2019)

Dental	Part of County
Mental Health	Whole County
Primary Care	Whole County

Uninsured by age (*US Census*)

18-64 years old	18.9% (2017)	21.4 (2020)
Under age 18	7.3% (2017)	808 (2020)

Persons receiving Public Assistance

Medicaid enrollment Tulsa County (2021)	174,453	% of total population	36%
<i>(OHCA annual report)</i>			
WIC Infants (<i>CSC Community Profile</i>)		"	36%
WIC age 1-5		"	14%
Child Care Subsidy <5		"	11%
SNAP Total		"	18%
TANF <18		"	2%
School Free Lunch		"	70.5%
School Reduced Lunch		"	5%

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Homelessness

Total currently homeless (2022 *Point in Time* - [Housingsolutionstulsa.org](https://www.housingsolutionstulsa.org)) 1063 total including 47.9% Chronic Homelessness; 7.7% Veterans; 9.9% Adults accompanied by children; 13% Transitional Aged Youth (18-24)

Age, diversity and early childhood

Tulsa County's 2020 population is up 9% from 2010; Projected to increase at an average of 8% per decade.

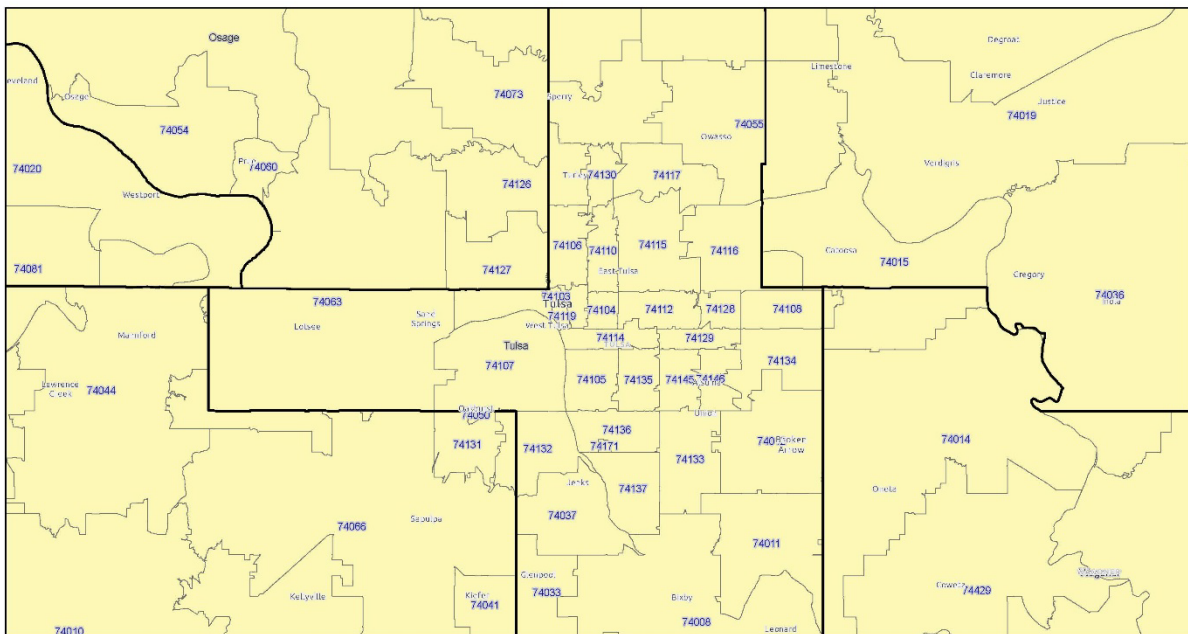
The population is becoming more diverse; Asian, Hispanic/Latino and those of two or more races showed increases in percentage of the total population between 2010 and 2019, while Black and White percentages decreased. Native American percentage of the total population remained the same. Among youth, a majority of the population are people of color.

The overall population increase is largely driven by Hispanic growth. Were it not for the growth in the Hispanic population, Tulsa County would have about 90,000 fewer residents. The population continues to grow older overall. This is due in part to declining birth rates and generally longer life expectancy.

Some Observations

The Tulsa County area has experienced slight (1.4%) population growth since the last Parkside Community Health Needs Assessment in 2019. But growth is up 9% from 2010. During that same period there was a continued gradual aging of the general population with fewer young children and increases in those older than 65 years. Similarly, there was increased racial diversity in the population, most notably among children. Growth in the Hispanic population was the most significant. Available housing increased, but a small decrease is observed in owner-occupied housing. Medicaid enrollments increased and a large number of Tulsans report poor access to healthy foods. SNAP enrollments remained high and school lunch programs showed increases. Unemployment rates are down, however, the average Tulsa family with children earns less than the calculated "living wage for self-sufficiency." (*Community Service Council*) Some 14% of residents live below 100% of poverty and nearly one quarter of young children live below 100% of poverty.

highest reported median incomes in 2013: \$81,322. In sharp contrast, 74126 is comprised of neighborhoods in north Tulsa and had one of the highest percentages of the population living below poverty and the third lowest reported median income for the same year: \$25,191. In the retrospective study of life expectancy between these two ZIP codes, researchers found a 13.8 year disparity in 2000 – 2002. ZIP code 74137's life expectancy during this time was 80.6 years; whereas, 74126's was 66.8. However, in 2011 – 2013, the life expectancy in 74126 saw the greatest improvement over time and increased considerably to 69.7, an overall increase of 4.3% – whereas 74137 saw little change, reporting 80.4 years. The narrowing of this is owed in part to several health initiatives, including the construction of the Tulsa Health Department's North Regional Health and Wellness Center, the OU Wayman Tisdale Specialty Health Care facility, Morton Comprehensive Health Services clinic along with changes and support of the OSU Medical Center in downtown Tulsa.

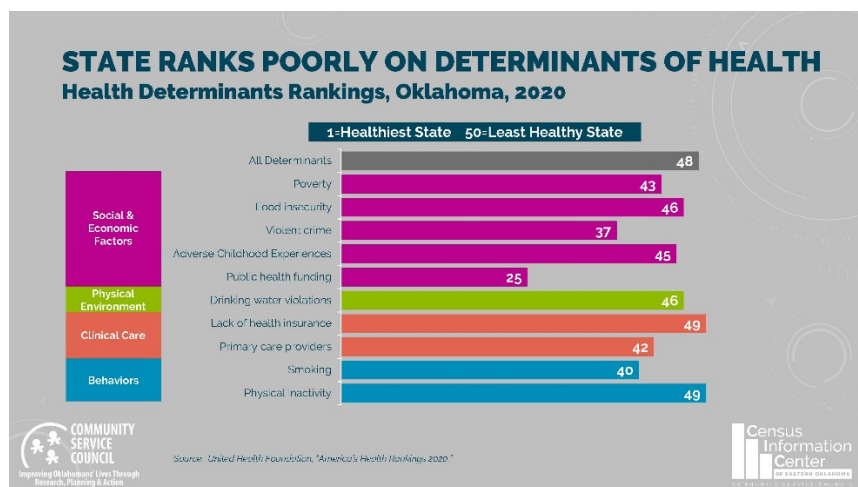
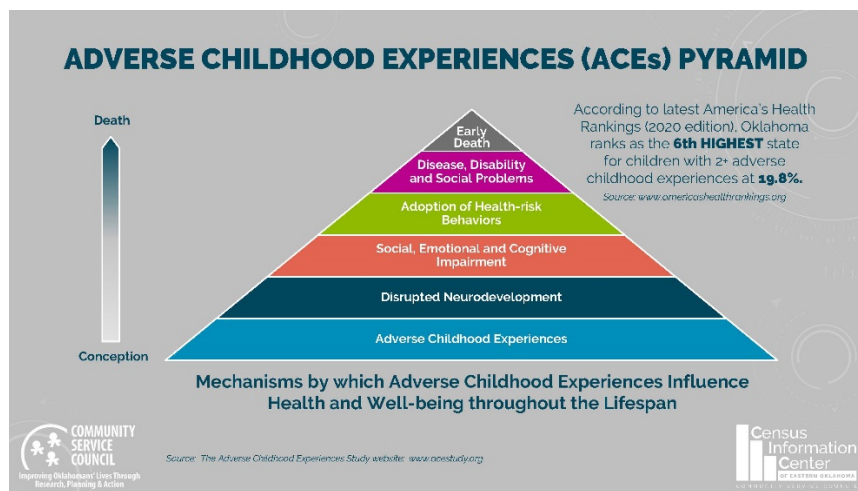


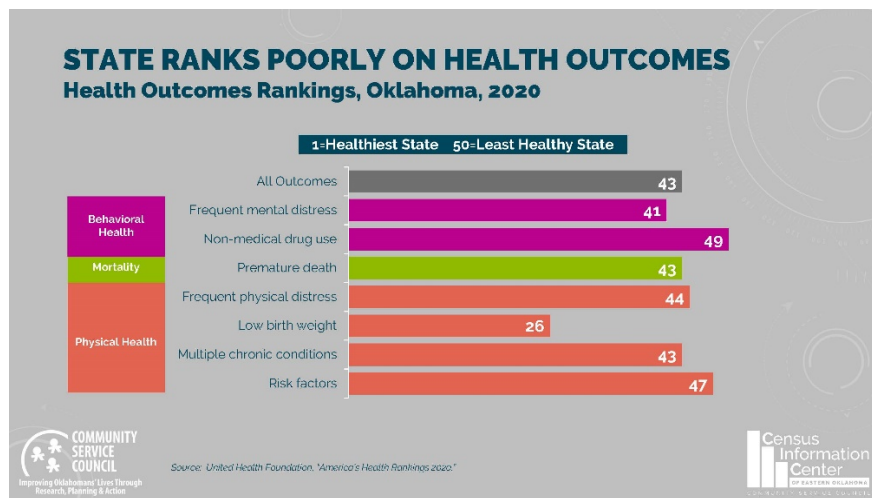
2018 Life Expectancy at birth by Zip Code – Tulsa County

74008	78.9	74073	71.2	74114	76	74130	64.8
74011	77.1	74101	76.7	74115	68.5	74132	74.1
74012	75.5	74103	76.7	74116	70	74133	78
74021	75.3	74104	72	74117	76.7	74134	73.5
74033	71.3	74105	74.9	74119	70.9	74135	73
74037	74.8	74106	66.8	74120	76.8	74136	73.6
74047	71.2	74107	69.7	74126	66.2	74137	78.2
74055	76.1	74108	71.6	74127	69.2	74145	75.6
74063	74.6	74110	68.8	74128	72.7	74146	70.3
74070	74.8	74112	70.7	74129	73.1		

Despite demonstrated progress to improve overall health and address disparities locally, Oklahoma remains one of the unhealthiest states in the union. In 2019, Oklahoma ranked 16 of 50 states in overall health, with only Mississippi, Louisiana, Arkansas and Alabama ranking lower.

Oklahoma measured among the 10 unhealthiest states for social and economic factors and behaviors. The state ranks high in occurrence of Adverse Childhood Experiences (ACEs), indicators of childhood trauma and is among the unhealthiest states for behavioral health, physical health, substance use and other risks.





A survey released in December 2022 by the Healthy Minds Policy Initiative in Tulsa, looked both at treatment access and Oklahoma's behavioral health workforce (<https://www.healthymindspolicy.org>).

This survey supports some conclusion of the Community Service Council and identified four key findings:

- **A patient's inability to pay out of their own pocket significantly limits provider choices.** Relatively few private practice providers who took the survey accept public insurance like Medicaid, and most favor self-pay over private insurance.
- **Oklahoma's provider workforce may appear more robust than it is** – 26% of surveyed providers report seeing patients only on a part-time basis.
- **Patients who can afford to see a provider often have to wait.** Nearly 40% of providers said they were scheduling out longer than one week, and 10.5% said they were scheduling out longer than a month. Providers who can diagnose conditions – psychiatrists and psychologists – had the longest wait times.

Insufficient compensation for behavioral health care professionals in Oklahoma discourages new providers from practicing in the state and hurts the retention of current providers.

Parkside's Performance Improvement Committee

The intent of the Performance Improvement Committee (PIC) is to promote a culture of safety and provide a systematic, coordinated and continuous approach to optimizing system and clinical outcomes and patient safety.

The Performance Improvement Committee duties include:

- Measurement of outcomes, design of new processes to identify opportunities to improve quality of care, treatment, services, patient safety, and patient satisfaction.
- Design, planning and implementation of monitoring activities.
- Communications of monitoring, findings, conclusions, recommendations and actions taken to improve organization performance and safety.

Parkside's PIC currently monitors a wide range of activities and indicators along the patient pathway, from intake to discharge, in all service areas. PIC also follows numerous administrative activities and indicators. Linking specifically to content within this CHNA is PIC data related to Tobacco and substance use. Data for 2021 was reviewed as at this writing, 2022 data is incomplete.

- Patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay (Numerator = 342). Hospitalized inpatients 18 and older identified as current tobacco users (Denominator = 351). Rate = 0.9744
- Patients who received practical counseling to quit AND received FDA-approved cessation medication during the hospital stay (Numerator = 134). Hospitalized inpatients 18 years of age and older identified as current tobacco users excluding those not screened for tobacco use within the first day of admission or UTD (Denominator = 345). Rate = 0.3884
- Patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge (Numerator = 240). Hospitalized inpatients 18 years of age or older identified as current tobacco users (Denominator = 260). Rate = 0.9231
- Patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge (Numerator = 3). Hospitalized inpatients 18 years of age or older identified as current tobacco users (Denominator = 260). Rate = 0.0115

- Parkside adult inpatients are being consistently screened for tobacco use and offered support in cessation, including with the use of FDA approved medications. Some accept this assistance. At discharge, patients are consistently again offered referrals to outpatient counseling and medication supported cessation, however very few actually embrace this opportunity.
- Patients who received or refused a brief intervention (Numerator = 193). Hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (Denominator = 205). Rate = 0.9415
- Patients who received a brief intervention (Numerator = 180). Hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder, excluding those screened with a non-validated tool within the first day of admission OR those not screened for alcohol use within the first day of admission or UTD (Denominator = 193). Rate = 0.9326
- Patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR refused a referral for addictions treatment (Numerator = 236). Hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder (Denominator = 236). Rate = 1.000
- Patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment (Numerator = 188). Hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder (Denominator = 236). Rate = 0.7966

Parkside adult inpatients are being screened for alcohol and/or drug use and related disorders. Of those in the Performance Improvement Committee monitoring, 80% screening positive received a prescription for or referral to addictions treatment. Oklahoma ranked within the top 10 states for alcohol-related deaths in 2021 (*Journal Record* 12/6/22). Parkside will continue to screen and monitor inpatient admissions and seek opportunities to provide alcohol and substance use intervention as indicated.

This health data and indicators about the service area were assembled and reviewed in order to complement the primary data (survey) information. Secondary data was obtained from a variety of governmental and other agency sources. Those surveyed in the primary data collection have a broad-based knowledge of area health and a population of health care consumers were also surveyed. Through consideration of both portions of the analysis, Parkside establishes goals to better address area health needs. The complete results of surveys conducted are included as an Appendix to this reporting.

Parkside's Survey - summary findings:

Two surveys were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. In total, 93 persons completed the survey process. Survey questions gathered responses related to various aspects of health, wellness and access to healthcare, and also inventoried some of the health care and specifically, mental health care offerings in the service area. This information helps to profile health-related quality of life. Both groups surveyed identified populations with the greatest healthcare challenges in achieving and maintaining good health as the poor (at or below poverty line), people with mental health or substance abuse issues, and the uninsured. This is consistent with the survey three years ago.

Primary factors contributing to health care challenges included lack of insurance followed by lack of access and a deficit in availability of needed services. Other factors notably contributing to health care challenges included transportation availability and general lack of knowledge. Navigating social services and health care systems can be complex and in the best of circumstances can be complicated by issues of literacy, financial concerns, transportation, timeliness of access and numerous other factors.

Both groups surveyed recognized community strengths related to health and wellness including access to mental health services and Tulsa's parks and recreation providing opportunities for an active and healthy lifestyle. The two groups differed in ranking other strength areas, but notable were access to primary care and access to information. Both groups ranked access to specialty care and affordable and safe housing among the lowest of the community strength areas.

In the Stakeholder Survey, 89.29% reported having a primary care doctor, having a dentist (83.64%) and having had a physical exam within the past two years (91.07%). These are indicators that access to primary care is in place for most. All three numbers reflect an increase from the prior CHNA survey (2019). 7.14% of survey respondents admitted to smoking, this is a significant decrease from the last CHNA survey in 2019 and may not be reflective of the general population. 1.79% report binge drinking and another 8.93% report binge drinking sometimes. As compared to a national average of 7.42%, Tulsa evidences expected frequency of this behavior.

57.14% reported engaging in moderate physical activity at least three times weekly and the same reported access to indoor exercise equipment. Only 19.64% eat five or more servings of fruits and vegetables daily.

Most of those surveyed had some form of health insurance (71.70%) and 26.42% reported having publicly funded health care coverage through Medicare and 11.32% reporting for Medicaid coverage.

Mental health-specific responses in the “stakeholder survey” included 51.79% reporting having experienced psychological distress in the past year and 55.36% reported having taken prescription medication for emotional/mental health issues in the past year. Both these indicators reflected increases over the prior survey.

Unsurprisingly, Hospital Emergency Rooms were identified as the most likely resource for medical care for the uninsured (70.37%). Barriers to access for mental health and substance use treatment included lack of insurance and ability to pay (including co-pays and inability to fill prescriptions). Difficulty getting appointments and long wait times for appointments ranked high. Stigma and transportation were also significant responses.

The inventory of area service offerings identified in the Professional Survey was very diverse and included confirmation of availability of:

Inpatient (hospitalization)

- ✓ IOP (Intensive Outpatient Program)
- ✓ Outpatient
- ✓ Residential
- ✓ In-home care
- ✓ Transportation services
- ✓ Assistance to non-English speaking individuals
- ✓ Assistance to hearing-impaired individuals
- ✓ Housing services (i.e., assistance in locating, transitional housing, etc.)
- ✓ Homeless services (outreach services to ensure homeless individuals have access to care, etc.)
- ✓ Information and referral services (information regarding where to obtain services or referral to organizations that can provide needed services, etc.)
- ✓ Court-ordered work (i.e., provision of treatment services that are ordered by court system such as addiction treatment)
- ✓ Case management
- ✓ Individual therapy and/or counseling
- ✓ Group therapy and/or counseling
- ✓ Family therapy and/or counseling
- ✓ Psychological testing
- ✓ Emergency and crisis services (i.e., after hours or emergencies)
- ✓ Family support services (i.e., services provided to family members of clients such as respite care)
- ✓ Home-based services (i.e., services provided at the home of clients)

- ✓ Independent living services
- ✓ In-home family services (family counseling provided in the home, etc.)
- ✓ Intellectual disability/developmental disability services
- ✓ School-based services (social work or case management services contracted with schools, etc.)
- ✓ Supported employment (i.e., assistance in obtaining employment)
- ✓ Wrap-around services (i.e., individually designed set of services and supports for children and their families)
- ✓ Primary health care (i.e., physical health care such as provided by a physician, nurse practitioner, or Physician Assistant)
- ✓ Nutrition services (guidance provided by a nutritionist or dietician, healthy diet, etc.)
- ✓ Medication management (i.e., facilitating the appropriate use of medications for mental health and/or addiction treatment)
- ✓ Money management (guidance regarding tax credits, budgeting, etc.)
- ✓ Supported education/training (i.e., assistance in obtaining educational or vocational training)
- ✓ Meal services (i.e., meals provided to homeless, homebound or other limited populations)
- ✓ Parenting education (i.e., training in appropriate parenting techniques)
- ✓ Youth education (i.e., grade-level classes provided to youth who are receiving treatment while out of regular school)
- ✓ Specialized services for the elderly
- ✓ Drug screening services
- ✓ General daily living activities (psychosocial clubhouse or similar)

Payeeship/financial guardianships were identified as available in the 2013 survey; however, it did not show in this survey. It is known that at least one agency in Tulsa continues to offer this service. Similarly, Therapeutic foster care (i.e., care for children with severe emotional and behavioral problems in private homes by trained foster parents) was not identified as available in this survey but several local agencies are known to provide TFC. Neuropsychological services were not identified available in the survey this year.

The Stakeholder survey asked “what is needed to improve the health of yourself, your family and neighbors?” The top three responses were: Substance Abuse Treatment or Rehabilitation programs (32.08%), Wellness Services (28.30%) and I don’t know (28.30%).

Both survey groups were queried as to how Parkside might help improve community health. Responses in both surveys included calls for improved access, expanded capacity (more beds and programs), education and outreach. These hit areas Parkside is already seeking to address and

active in, but also encouraged increased community engagement through groups, support groups and community collaboration.

The main objective of the community health needs assessment was to identify need areas and make recommendations on how the hospital can better meet the healthcare needs of area residents. Parkside ties this to our plan to address identified needs or provide an explanation why the hospital will not meet an identified community need and have actionable goals for the next CHNA period of time.

Some of the identified opportunities for Parkside to improve community health included:

- Outreach and education
- Expanded outpatient service offerings
- Working with other agencies

Some identified opportunities or needs Parkside is unable to meet in the short-term:

- More beds. Parkside has recently completed a major expansion. Additional residential beds are being examined but are not immediately available.
- Specialty programs for inpatient – this is an area of interest for Parkside but will require additional study in regards to staffing potential and possible process hurdles such as a Certificate of Need.

Existing Resources Available to Meet Needs Identified:

Some areas of community need identified in this process can be served by existing resources. Examples include:

- Calls for free primary care – These resources are available from several sources including Morton Comprehensive Health, Bedlam Clinics, Xavier Clinic, Good Shepherd Health Care, Community Health Connections and other resources.
- Free Mental Health and Substance Abuse Services – These services are available to qualifying individuals through Community Mental Health Centers in Tulsa and those agencies listed immediately above.
- Transportation – Parkside has a transportation assistance program available to its patients. Parkside assists with bus tokens or other support so that appointments aren't missed and to facilitate family involvement in treatment. Individuals who are not patients at Parkside may qualify for transportation assistance from Morton Transportation program or Sooneride.
- Psychological testing needs can be met by any of several local, independent psychologists.

Parkside can assist in educating the public about existing community resources through participation in health fairs, creation of flyers and resource lists, education of the Assessment & Referral and front office staff, etc. and will actively seek to do so.

Tulsa area resource directories have been developed both in print and electronic formats and are being extended to the community by Parkside's Community Liaison staff.

An effort was made to acquire input from individuals representing the broad interests of the community, including those with public health expertise, representatives of government organizations, representatives of service providers and consumers, and to gain some assessment of community assets with any identified needs. The Parkside survey was distributed by email and paper copies. An initial 876 emails were sent, and it is known that several people forwarded copies. Subsequent emails were sent to licensed mental health professionals at both Parkside and Daybreak Family Services. Nursing staff at Parkside received electronic survey invitations. Paper copies were distributed in the Parkside outpatient clinic. 19 paper copies, all from the "stakeholder survey" were returned.

Recipients of the email surveys included one or more persons from the following organizations or populations:

- Parkside associates
- Staff at the Counseling and Recovery CALM Center
- Tulsa area representatives from CREOKS Behavioral Health
- Key representatives from Cherokee Nation Behavioral Health
- Key representatives from Muscogee Creek Nation Behavioral Health
- COPES team members
- Counseling and Recovery Services staff
- Staff at Tulsa Center for Behavioral Health
- Jenks Family Physicians office
- Lake Area Medical Staff
- Morton Comprehensive Health Care
- OSU Pediatrics
- Psychiatric Associates of Tulsa
- Mental Health Association of Oklahoma
- National Alliance for Mental Illness (NAMI Tulsa)
- 211
- Tulsa Health Department
- Sapulpa Indian Health Clinic

- VA Outpatient Clinic
- Urgent Care of Green Country
- Tulsa Public Schools personnel
- Three C's Medical Clinic
- Police Departments: Tulsa, Jenks and Bixby
- OU Juvenile Personnel Training Program
- Counselors at Tulsa elementary, middle and high schools (email list)
- Tulsa area mental health practitioners (independent practitioners and practices such as Health Concepts, Daybreak Family Services, etc.)
- Tulsa area chemical dependency treatment practitioners
- Tulsa area hospitals (St Francis, St. John, Hillcrest, OSU, Bailey, St. Francis South)
- Tulsa area charitable organizations (Volunteers of America, DVIS, Child Abuse Network, Parent Child Center, Owasso Community Resources, Iron Gate, Human Skills and Resources, Youth Services of Tulsa, et.al.)

Stakeholder surveys were also available on paper for Parkside outpatients.

Parkside's Previous Community Health Needs Assessments

Parkside associates reviewed the accumulation of secondary data from sources including the US Census, Oklahoma State Department of Health, Oklahoma Rural Health Works, Tulsa Community Service Council, Tulsa's Healthy Minds Policy Initiative, and Community Health Needs Assessments by the Tulsa City-County Health Department. This provided a backdrop for interpretation of the primary data obtained via two surveys and via site visits to the Parkside outpatient clinic. This Community Health Needs Assessment was assembled to identify community needs and provide a platform for Parkside to set goals which ultimately should have a positive benefit to the community. Obviously, a study such as this cannot direct changes in service offerings or organization operations which may be constrained by financial limitation, physical plant, third party reimbursement or other factors; the organization can look for opportunities to introduce or enhance services or community offerings to bring increased benefit. This 2022 CHNA followed the same model and incorporated learning from previous studies. While differences in community demographics and individual survey responses are noted, there is much about the general overview and determinations that is similar. Organization goals, as noted below reflect both updates and future direction.

2022 Community Health Needs Assessment – Organization Goals:

Prioritized need #1: Mental Health & Substance Abuse Treatment

Mental Health and Substance Abuse Treatment has served as need number 1 since the first Community Health Needs Assessment completed by Parkside in 2013 and can be expected to remain so in the future. Parkside's mission is to provide outstanding mental health and support services, so it is natural that this remains the primary focus area for the organizations efforts to improve community health. In late 2019, Parkside completed construction of a new 80 bed hospital on the same campus as existing services. The new building features single occupancy rooms which have to large extent eliminated barriers related to gender and bed availability that previously had occasion to adversely impact access to beds at Parkside. The increased capacity at Parkside was a welcome addition to the community and with the closure of beds at other area providers in recent years, helped to prevent community crisis. The new hospital was occupied on February 5, 2020, with the relocation of programs from the "old" hospital building which was then removed from service. This was fortuitous as the Covid-19 pandemic took hold and Parkside was now able to offer private rooms, space for social distancing and other infection control measures not possible in the older building. During the course of 2022, increasing concerns arose about youth mental health presentations in local emergency departments, at times requiring boarding and extensive efforts to locate available psychiatric treatment beds. Parkside initiated a pediatric behavioral health workgroup comprised of representatives from local hospitals and crisis centers. That group identified several actionable measures to address the problem. Parkside further implemented daily contacts with other hospitals to help move these patients to needed psychiatric beds. Extensive efforts to address staffing concerns and fully utilize all licensed beds to the best potential brought additional Parkside resources to help mitigate the community problem. Further work is underway to open additional beds for youth at Parkside, and efforts to address needs of specialty populations continues.

Parkside's Substance Abuse Treatment Committee continues evaluating potential new substance abuse treatment service offerings for both inpatient residential and outpatient levels of care, however all recent indicators demonstrate more need for adolescent inpatient treatment offerings. Considering this, Parkside is examining possible options for residential treatment in the former hospital building and possible specialty programming in the new building. Parkside has a comprehensive performance improvement plan in place and seeks to continuously monitor quality and seek improvements. This is combined with continuous monitoring of requests for service and communications with other area providers. Parkside will respond as best possible to meet community needs for mental health and substance use treatment.

Prioritized need #2: Education

The goal of Education is also carried forward from prior years. Lifestyle and health concerns identified in the survey responses can, in many cases, be mitigated with patient and community education. Parkside has worked to promote a culture of wellness and healthy living among both staff and patients. Inpatients are assessed for substance use, including tobacco, and referral and cessation support is offered. Information about healthy eating is made available to food pantry participants. Opportunities to improve currently include expanded education efforts to outpatients, such as the distribution of anti-smoking information and smoking cessation resources through the patient assistance program. Parkside terminated provisions for tobacco use among inpatients with the opening of the new hospital and specific interventions will be introduced to manage the impact among patients. The inpatient population adapted readily to the no-smoking rules and the change was literally an overnight success. Parkside continues to make available FDA approved medications for tobacco cessation and discharge prescriptions for the same. All patients are introduced to tobacco cessation resources. For many years, Parkside has served the community through excellent professional training and development. Parkside continues to offer professional education opportunities attended by Licensed Counselors, Social Workers, Nurses, Pharmacists, Psychologists and other professionals. Training is open to the professional community at a nominal cost. Groups of nursing students, from Langston University, Rogers State University, University of Tulsa, University of Oklahoma, Tulsa Community College, Tulsa Technology Center, OSU Institute of Technology, Oklahoma Wesleyan University and Oral Roberts University all come to Parkside for their clinical rotations in psychiatry. Through this professional education, Parkside hopes to positively impact the greater community in addition to better preparing the health care staff who also benefit from the training. Additional information about professional Education can be found in the Community Benefit Report.

Prioritized need #3: Community Outreach

Collaboration, cooperation and communication among providers was mentioned in survey comments in all CHNA surveys since 2013. Parkside has embraced outreach as a means to positively impact community health. Parkside currently has community outreach activities including periodic depression screenings, participation in health fairs and professional education offerings. Parkside will continue to seek out and organize such opportunities. In addition to active participation in community forums, Parkside will:

- Include outreach activities that provide for mental health or substance abuse screenings at locations in the community, e.g., National Depression Screening Day.
- Create opportunities for educating other health providers and the public about services available at Parkside.

- Increase community awareness of resources through creation and distribution of Resource guidebooks outlining available support and making these widely available during education and outreach activities. Resource Guide printing and distribution began in the last quarter of 2022.

An online directory has been made available to Parkside associates and is being evaluated for wider community access.

Parkside will evaluate communication with primary care providers and seek to improve hand off at discharge and care collaboration in the outpatient process. Parkside will evaluate the opportunity for improved communications with other providers as relates to the recently implemented electronic health record system.

Additional information about Community Outreach activity can be found in the Community Benefit Report.

Prioritized need #4: Suicide

Suicidal thoughts or attempts are among the very most common presenting problem for admissions at Parkside. Based on the 2016 National Vital Statistics System data, the age-adjusted national suicide rate was 13.9 per 100,000 population. Data for Tulsa County in 2017 has that rate at 19.2 and the State of Oklahoma at 18.5 per 100,000. With a suicide rate exceeding both state and national levels in our home county, Parkside committed to action. The organization adopted a zero-suicide initiative and formed a responsible committee. Oklahoma suicides continued to climb. The state showed a nearly 10% increase over 2019 with a reprehensible 62% increase since 2006. Suicide is the tenth leading cause of death in this country and here at home, Tulsa ranked 15th highest among U.S. Cities (<https://www.newson6.com/story/5e35bd94fcd8ef694720db1d/tulsa-ranks-15th-highest-in-suicides-among-all-us-cities>).

Parkside has implemented the following best practices:

- Designed the units to maximally reduce risk of ligature and other self-harm.
- Implemented the Columbia Suicide Severity Rating Scale screening tool for admission assessments, nursing assessments, inpatient and outpatient therapy assessments.
- Implemented Stanley-Brown safety plan interventions in outpatient and inpatient settings for patients identified as at-risk for suicide. Parkside has also provided lock boxes and gun locks to families to support risk management.
- Trained all staff members – clinical and non-clinical – in QPR (Question, Persuade, Refer), an evidence-supported practice to ensure that everyone is aware of suicide and knows what to do should a suicidal person present in any setting.

- Promoted community awareness of suicide risk through suicide screening trainings with schools, human service agencies, and other community organizations.

These steps represent only the initial actions taken to reduce risk. Parkside is dedicated to ongoing improvement in processes because doing that saves lives.

Additional information about the Zero Suicide Initiative at Parkside can be found in the Community Benefit Report. In that report is detailed information about Community Outreach including anti-suicide trainings and education conducted throughout northeastern Oklahoma. Parkside and the Zero Suicide Committee will continue to evaluate best practice opportunities for the hospital and clinic and potential outreach for community benefit.

Prioritized need #5: Foreign Language Accessibility

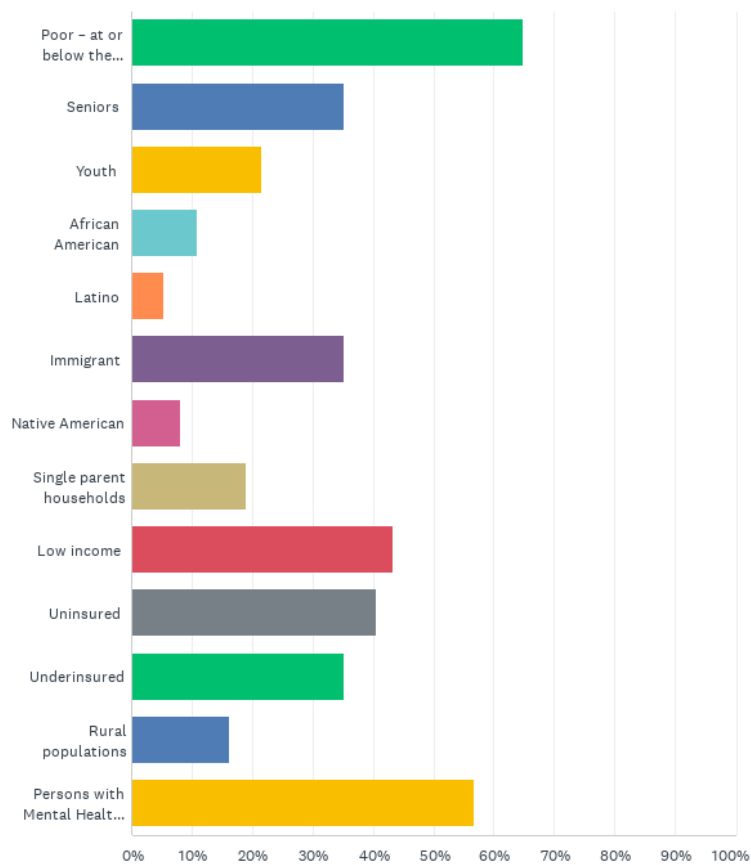
As noted in the population study portion of this document, the Tulsa Metro area population growth is in large part due to inflow of individuals identified as Hispanic. Among younger people, the distributions are greater. Current Census data indicates 18.8% of persons utilize a language other than English at home. About 6.7% of the Tulsa population are immigrants or foreign-born. Parkside is committed to recruitment and maintenance of a diverse workforce, representative of the population served. Parkside trains staff for cultural competence. The hospital adheres to Section 1557, the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that participate in some Federal programs. Parkside does not exclude or adversely treat any individual on any of these prohibited bases. In order to better support healthcare access and provide round the clock assistance to foreign language speaking persons, Parkside subscribes to an “always available” online translation service with over 200 available languages and dialects. During this health needs assessment process, an opportunity for improvement has been recognized. Parkside will work to improve access and patient experience for Spanish speaking individuals. This process will occur over coming years and may include multiple initiatives. Parkside is taking steps now toward acquisition of Relay, a radio system which is anticipated to enhance the safety of Parkside associates and also provide for active language translation of up to 20 different languages on each of Parkside’s treatment units. Parkside will work to have dual-language printed materials available for both non-English limited English proficiency (LEP) individuals.

Appendix

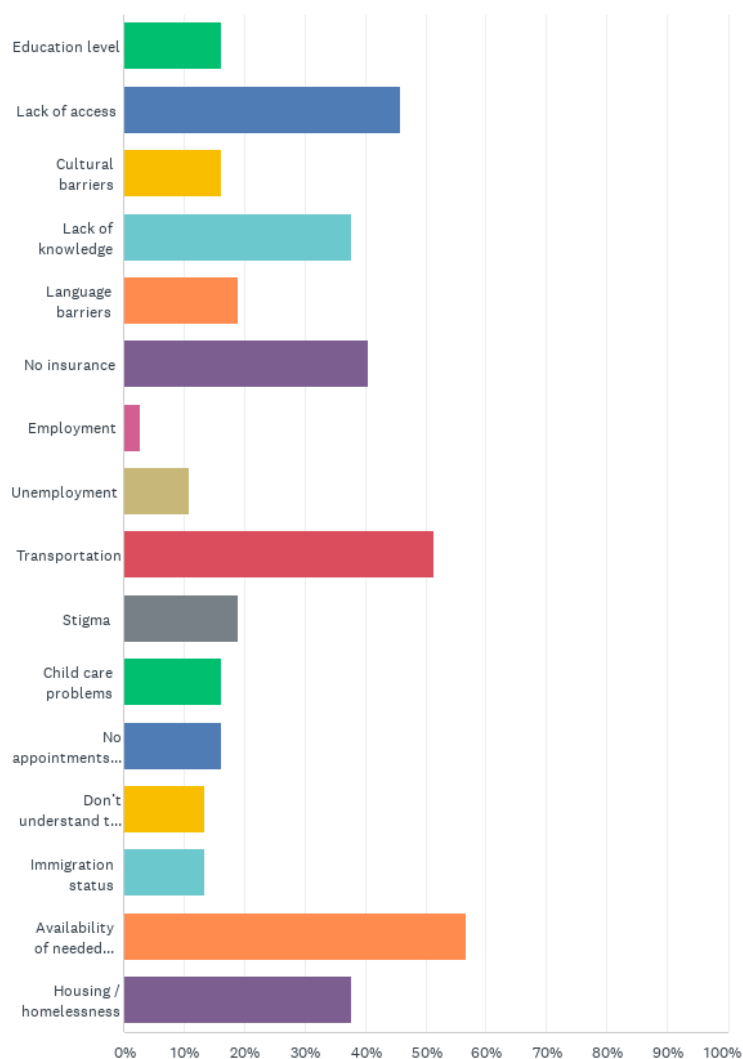
Surveys:

Professional Survey – 37 survey participants

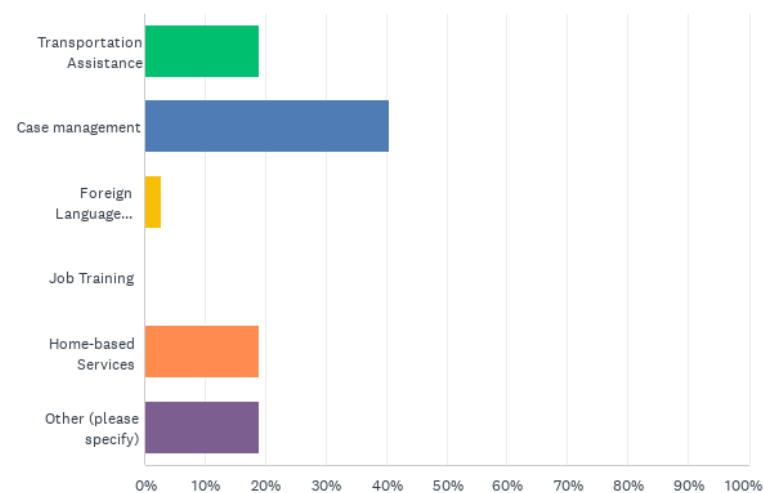
Q1 In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health? Select up to three.



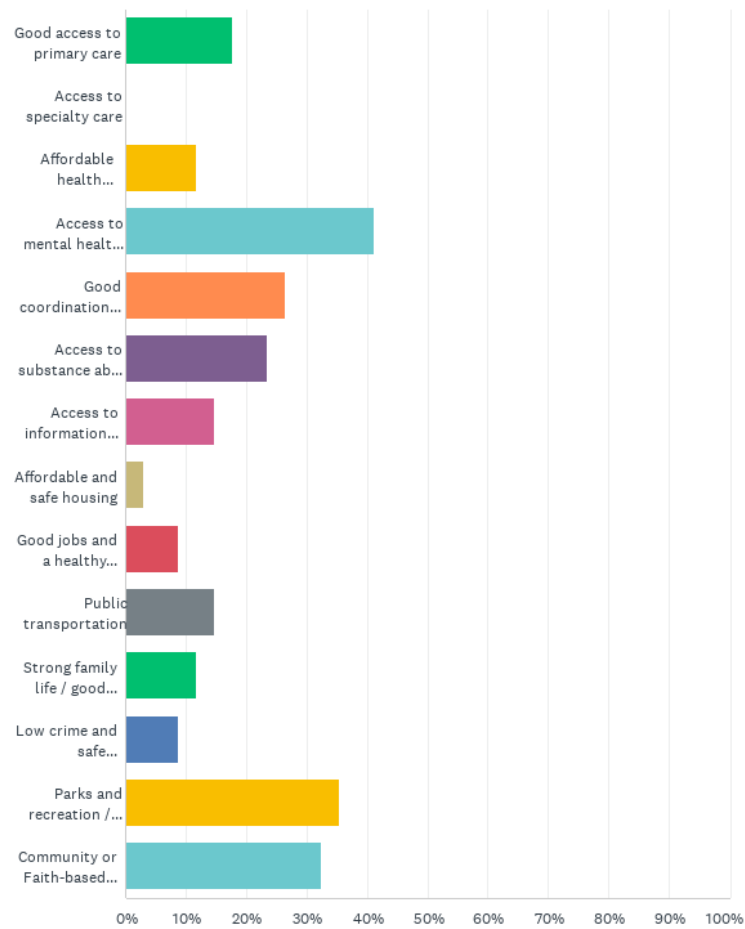
Q2 What are the main factors contributing to their health care challenges? Please share both individual and systemic/environmental factors. Choose up to three.



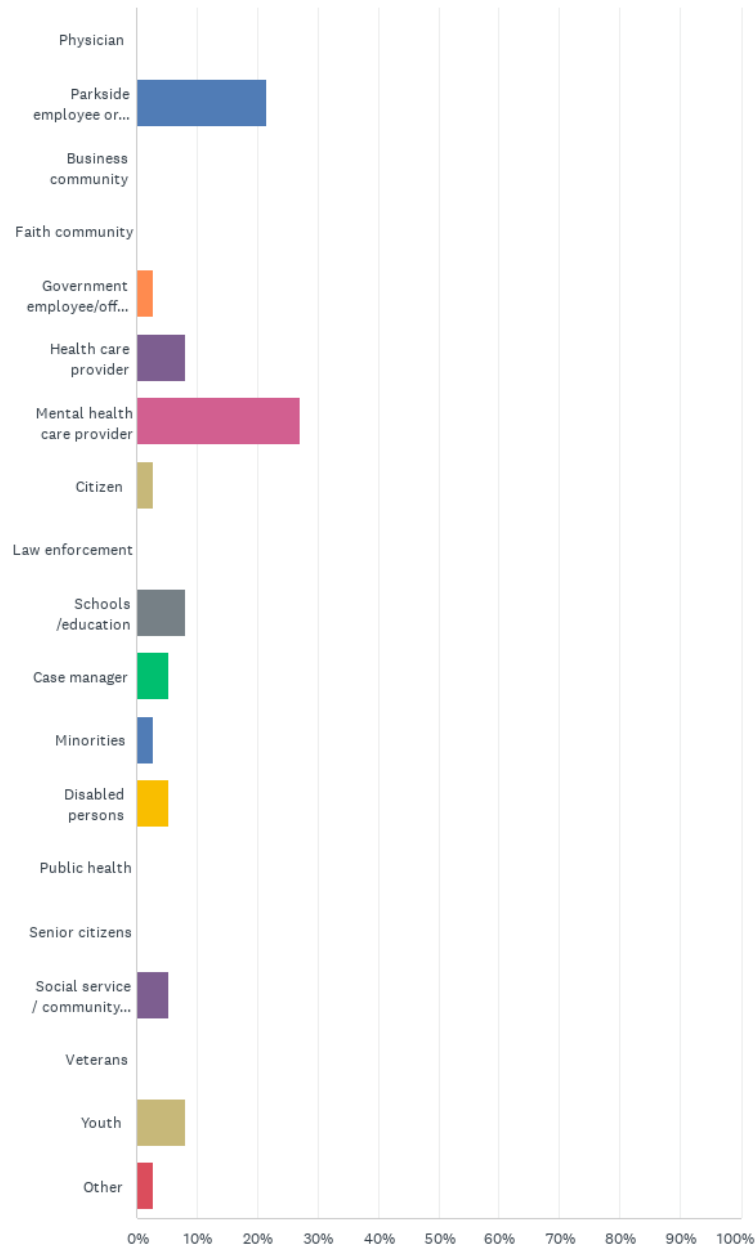
Q3 What strategies, best practices or programs are most successful in addressing these factors/challenges?



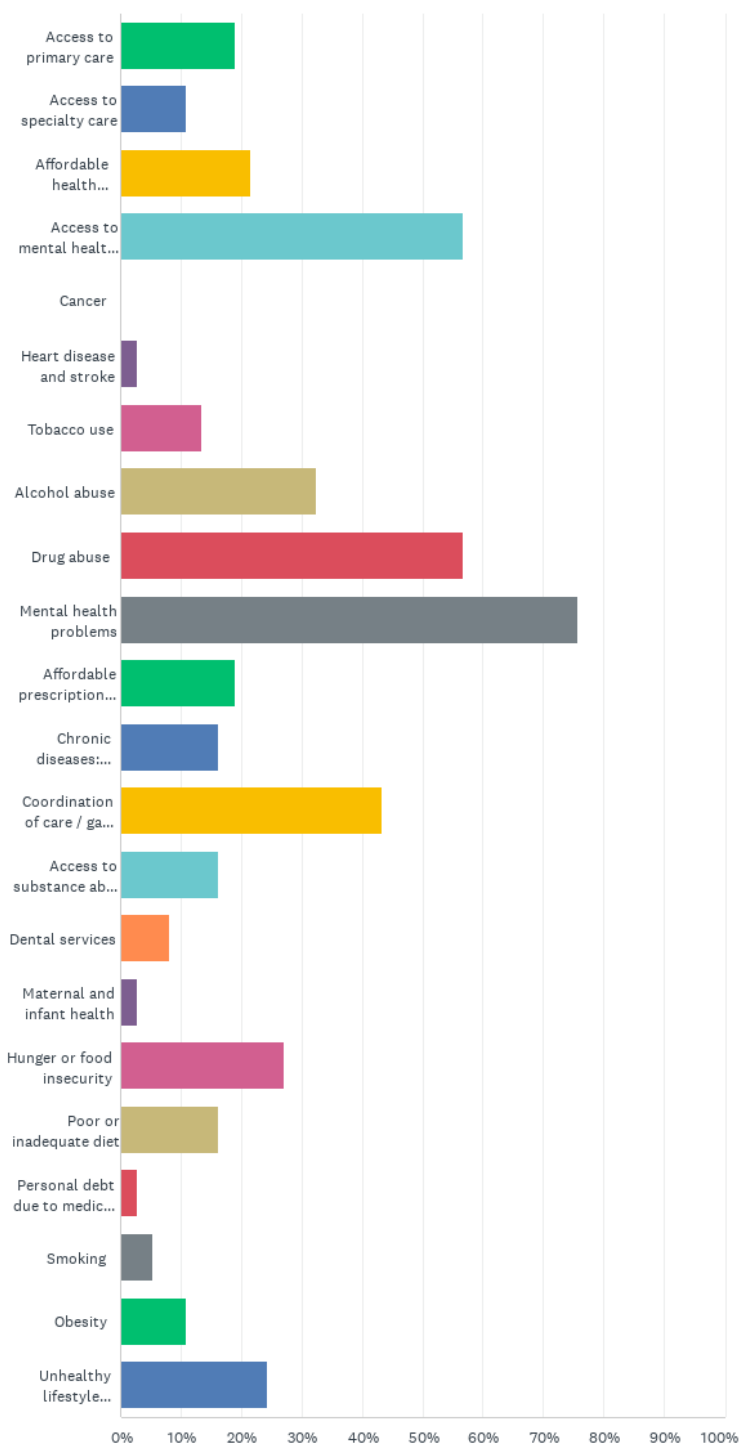
Q4 What are Tulsa area community strengths related to health and wellness? Please choose three.



Q5 Please share with us the population or group you represent or serve. Please select only one.



Q6 What are the greatest health challenges or concerns in the community that you represent? Please select up to five.



Q7 What addiction or mental health needs in the Tulsa area are not being adequately met by existing services?

Answered: 33 Skipped: 4

#	RESPONSES	DATE
1	Adolescents, children's	12/7/2022 3:24 PM
2	More readily available on call crisis assessment for schools.	12/7/2022 7:11 AM
3	continuum of care for children and youth	12/6/2022 5:18 PM
4	volume of services available	12/6/2022 3:30 PM
5	Addiction services for victims of crime. For example this population of people who are addicted need security presence and extra mental health services but for domestic violence victims/survivors, human trafficking victims/survivors there is no good choice in town.	12/6/2022 1:28 PM
6	Adolescents' access to in-patient care	12/6/2022 11:19 AM
7	Lack of support between inpatient services and outpatient services. Lack of staffing to provide services.	12/6/2022 10:20 AM
8	In this area, without insurance you are placed on the end of every waiting list. And that wait list is incredibly long.	12/6/2022 8:54 AM
9	adolescent mental health	12/6/2022 6:50 AM
10	Crisis mental health care that involves trauma and not suicidal ideation.	12/6/2022 6:39 AM
11	Housing for SMI	12/5/2022 9:58 PM
12	meth	12/5/2022 7:41 PM
13	In sufficient treatment for youth needing mental health treatment beyond what primary care can provide. Needing easier understanding of array of services needed and what is available. Designated 'Navigators' to help families engage appropriate services.	12/5/2022 7:36 PM
14	Options for the high needs kids, kids with disabilities, day programs, family programs, different types of family support	12/5/2022 7:32 PM
15	Timely treatment. Lack of good facilities.	12/5/2022 7:04 PM
16	Not enough beds, not enough drug treatment options so that they can become stable enough to move to the next step.	12/5/2022 6:46 PM
17	Providing proper trauma informed education foster parents for kids in foster care. Also not enough mental health providers that are adoption competent or trauma informed.	12/5/2022 6:43 PM
18	Accessible detox	12/5/2022 5:58 PM
19	Case management for children in foster care	12/5/2022 5:54 PM
20	Enough services/enough employees	12/5/2022 5:43 PM
21	Crisis support for families	12/5/2022 4:53 PM
22	.	12/5/2022 4:52 PM
23	not enough places to get mental health services, no available appointments to get seen in a timely manner, insurance does not cover the mental health needs, not enough education on how to get mental help	12/5/2022 1:26 PM
24	autism spectrum, family continued trauma - merry go round with child over and over and transgendered patients	12/1/2022 7:58 AM

Community Health Needs Assessment - 2022 PRO

SurveyMonkey

25	DMH is over loaded with Mental Health Pt that dont have insurance.	11/30/2022 3:01 PM
26	no options for inpt tx addressing autism, RAD not enough child and adolescent mental health services- inpt or outpatient	11/29/2022 3:21 PM
27	substance abuse with a dual diagnosis track adequately trained trauma therapists.	11/29/2022 2:51 PM
28	I'm seeing a lot of patients dealing with psychosis, not all of which are drug induced. Quite a few patients tend to not recognize alcohol and marijuana as detrimental to their health due to misconceptions. The population I serve tends to struggle with suicidal ideations and often finds themselves in and out of inpatient treatment. We need to improve our in patient services. All we really have is acute care and we don't offer an affordable gradual step down in care. Many people go straight back in to homelessness or toxic environments.	11/28/2022 9:59 AM
29	Methamphetamine treatment, lack of affordable housing and payee service options	11/23/2022 2:54 PM
30	All!	11/22/2022 3:46 PM
31	youth substance abuse treatment	11/22/2022 3:20 PM
32	not enough inpx beds for clients needing substance abuse treatment or too many barriers to get a client into inpx drug rehab	11/22/2022 1:39 PM
33	autism	11/22/2022 12:55 PM

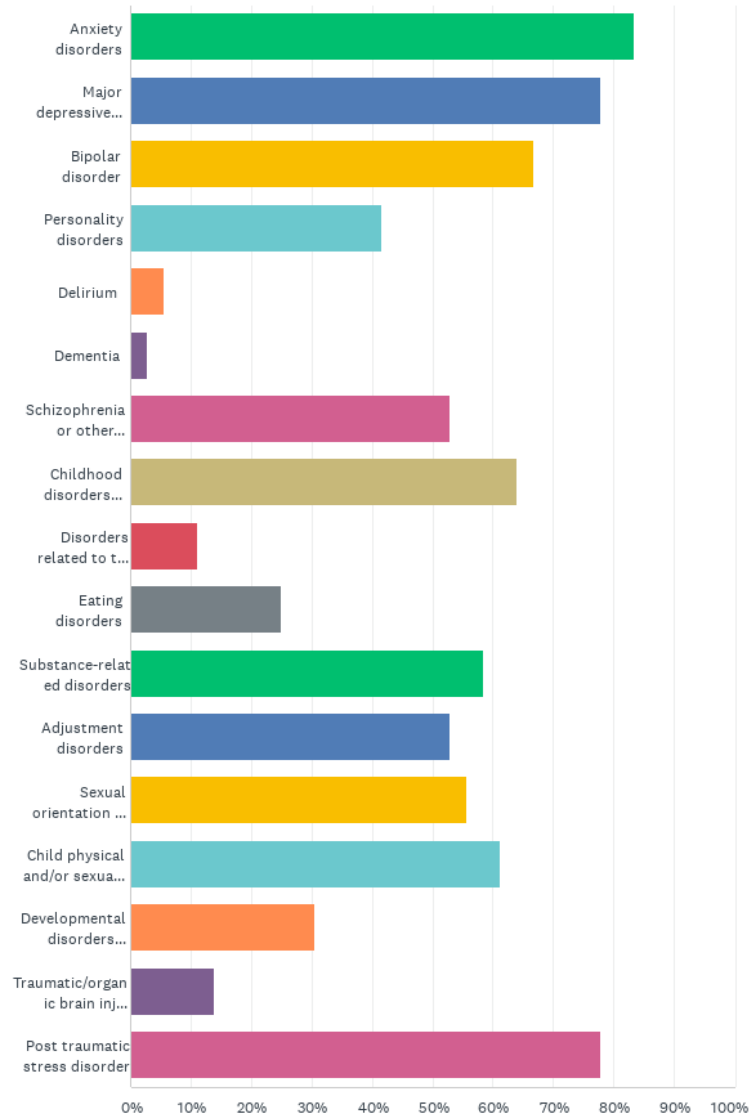
Q8 What do you believe are the greatest strengths within the Tulsa area related to currently available addiction or mental health services?

Answered: 30 Skipped: 7

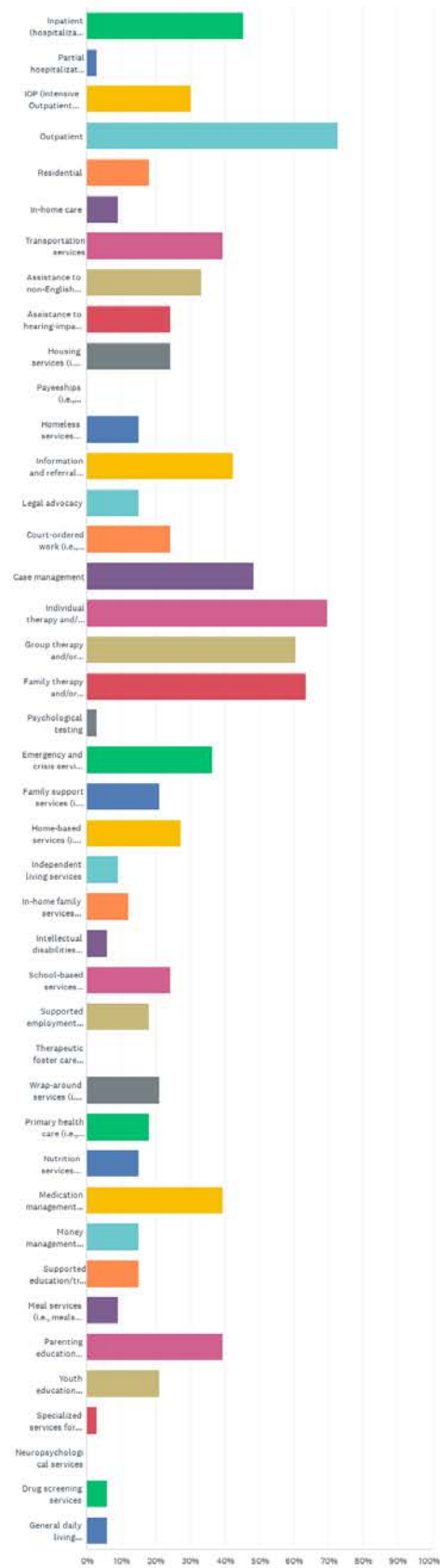
#	RESPONSES	DATE
1	I do not know	12/7/2022 3:24 PM
2	Professionals committed to improving resources	12/7/2022 7:11 AM
3	school based services	12/6/2022 5:18 PM
4	program design and execution	12/6/2022 3:30 PM
5	That we have more than one inpatient option	12/6/2022 1:28 PM
6	Availability	12/6/2022 11:19 AM
7	The copes team and the crisis center	12/6/2022 8:54 AM
8	DV resources	12/6/2022 6:50 AM
9	unknown	12/6/2022 6:39 AM
10	Access	12/5/2022 9:58 PM
11	COPES	12/5/2022 7:41 PM
12	Basically professionals that see the need but have no control to make things happen for the hard to treat kids/families.	12/5/2022 7:32 PM
13	Embedded therapists in schools	12/5/2022 7:04 PM
14	There are a lot of agencies to see people. Just not enough trauma informed providers.	12/5/2022 6:43 PM
15	Harm reduction services	12/5/2022 5:58 PM
16	n/a	12/5/2022 5:54 PM
17	Wrap around services	12/5/2022 5:43 PM
18	Collaborative partnerships	12/5/2022 4:53 PM
19	.	12/5/2022 4:52 PM
20	I do not know of any strengths within Tulsa or any other area	12/5/2022 1:26 PM
21	many providers and all are taking suicidal threats seriously	12/1/2022 7:58 AM
22	Our heart is in the right place	11/30/2022 3:01 PM
23	Long history of involvement from foundations advocating for treatment for homeless, mentally ill, and addictions	11/29/2022 3:21 PM
24	None really. The related services are adequate at best but not sufficient to meet all the needs of the community.	11/29/2022 2:51 PM
25	I think we are trying to grow but its a steady process. The implementation of the community response team was a great decision and our COPES team does a great job.	11/28/2022 9:59 AM
26	Coordination of care between community partners	11/23/2022 2:54 PM
27	Very dedicated service providers	11/22/2022 3:46 PM
28	philanthropic support	11/22/2022 3:20 PM
29	local agencies are always looking for ways to improve on services and meet the needs of the community.	11/22/2022 1:39 PM

30	generous community	11/22/2022 12:55 PM
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Q9 Please indicate the issues for which you serve clients



Q10 Please identify services that you (your organization) currently provide:



Q11 What opportunities exist for Parkside Psychiatric Hospital & Clinic that address these challenges and may improve community health?

Answered: 20 Skipped: 17

#	RESPONSES	DATE
1	expand beds for children and youth	12/6/2022 5:18 PM
2	Addressing gaps in many areas and helping unique populations.	12/6/2022 1:28 PM
3	Be available for our survivors without proper identification, insurance, and be available quickly	12/6/2022 8:54 AM
4	unsure	12/6/2022 6:50 AM
5	Outreach	12/5/2022 9:58 PM
6	expanded child services and RAD	12/5/2022 7:41 PM
7	Case management in following up with patients who are discharged to ensure they connect with outpatient treatment. Dual diagnosis unit for adolescents (mental health dx and problems with addiction)	12/5/2022 7:36 PM
8	More beds	12/5/2022 7:04 PM
9	I am unsure for this answer.	12/5/2022 6:43 PM
10	Detox	12/5/2022 5:58 PM
11	More beds for teens	12/5/2022 5:54 PM
12	Wrap around services	12/5/2022 5:43 PM
13	.	12/5/2022 4:52 PM
14	grief groups/services, transgendered groups/services and other specialty groups?	12/1/2022 7:58 AM
15	To big to even Start to say what i think. Take a look at NYS and how they are doing things.	11/30/2022 3:01 PM
16	Inpatient autism / sensory disorder unit	11/29/2022 3:21 PM
17	Parkside could help with some of the challenges in providing a van to help people access their community mental health needs which leads to better physical health outcomes. Parkside would do well with having some neuropsychological services to enhance the work already being done. Parkside could provide the opportunity to lead the field in the study of suicide in OK. Parkside could also provide meeting spaces for support groups and space for those who feel unsafe in the community.	11/29/2022 2:51 PM
18	Increased collaboration with outpatient providers, when transitioning clients from inpatient back to outpatient care. Other inpatient facilities allow and often encourage our teams to come visit our clients during their inpatient stay. This allows us to provide valuable information to the inpatient treatment team and become better prepared for the client's discharge.	11/23/2022 2:54 PM
19	providing training/ceus; helping clinicians and other providers to network	11/22/2022 3:46 PM
20	speciality residential beds	11/22/2022 3:20 PM

Q12 Please tell us who you are (Optional):

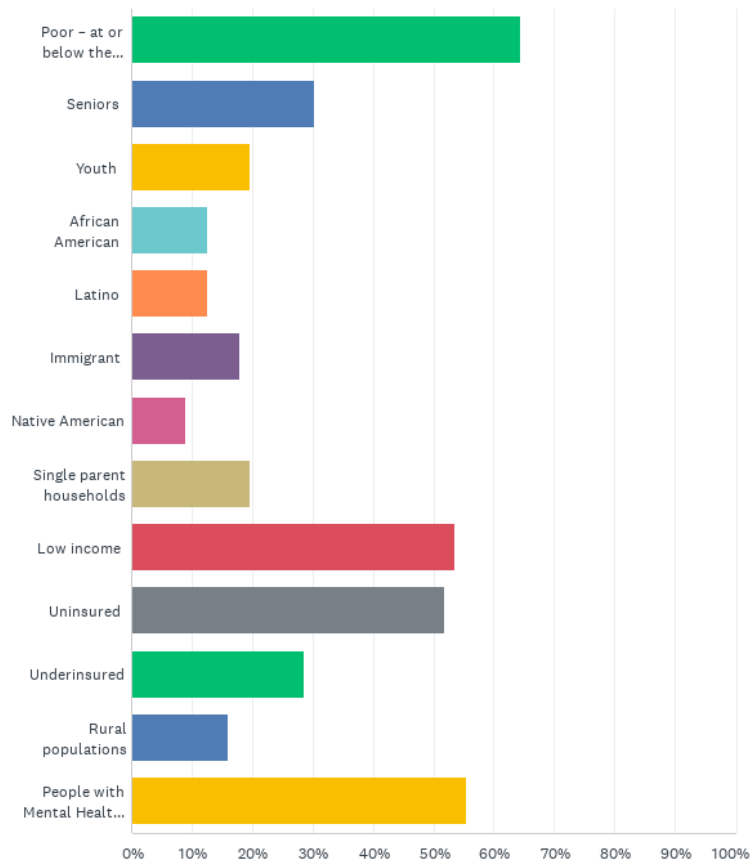
- Answered: 12
- Skipped: 25

Those responding with personal information identified affiliation with the following:

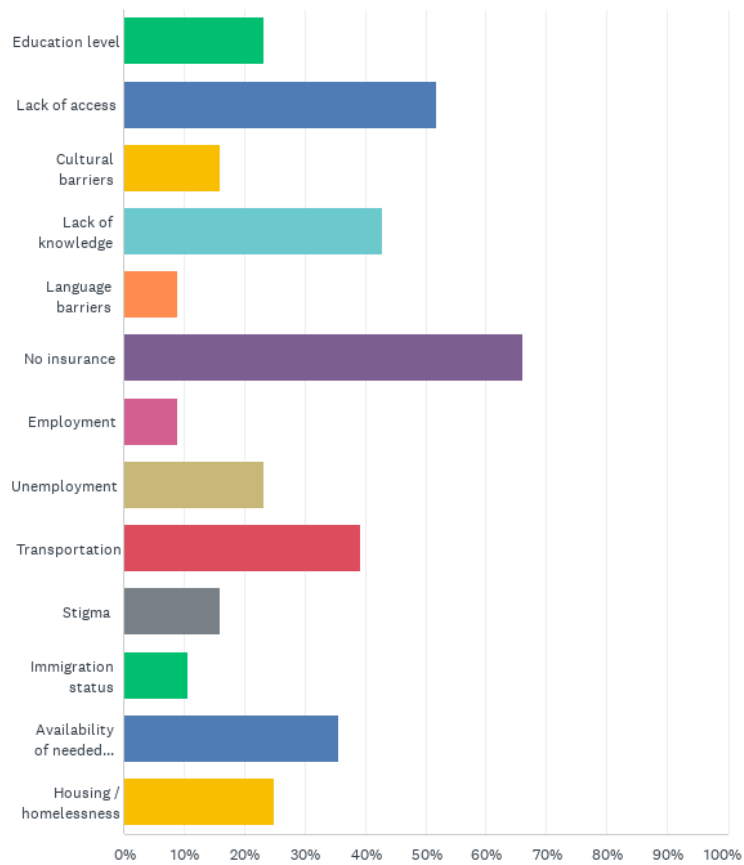
- Family & Children's Services (4)
- Recovery In Oklahoma
- The Spring
- Evolution Foundation
- Tulsa Girls' Home
- Self-employed/Private Practice
- Counseling and Recovery Services of Oklahoma CALM Center
- Parkside
- Daybreak Family Services

Community and Stakeholder Survey – 56 survey participants

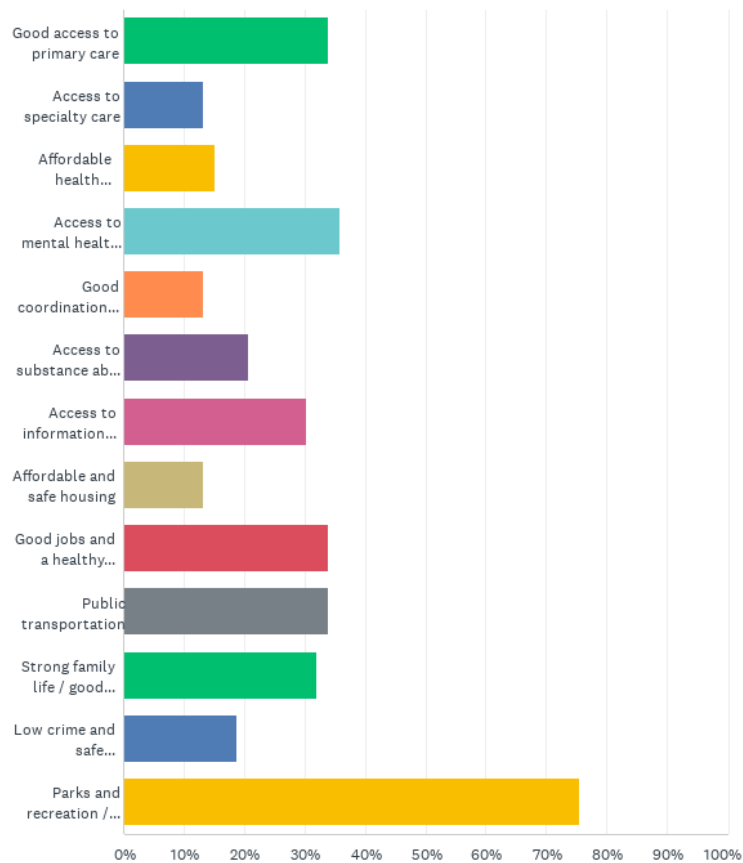
Q1 In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health? Select up to three.



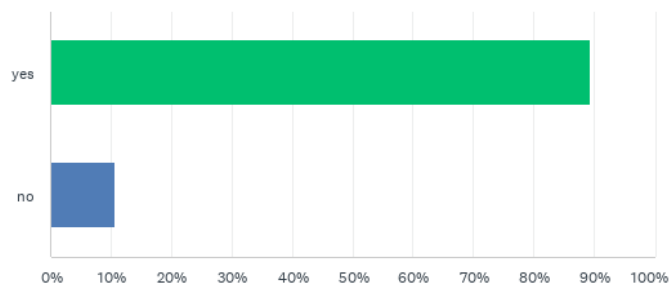
Q2 What are the main factors contributing to their health care challenges? Choose up to three.



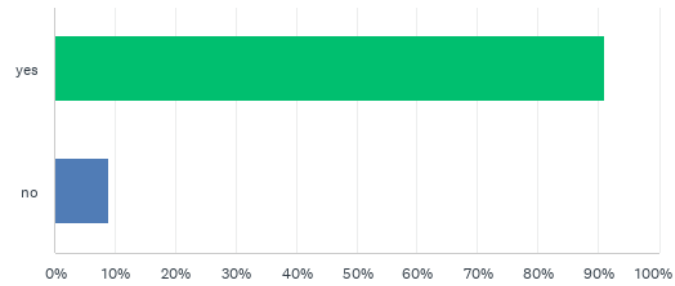
Q3 What are Tulsa area community strengths related to health and wellness? Please choose five.



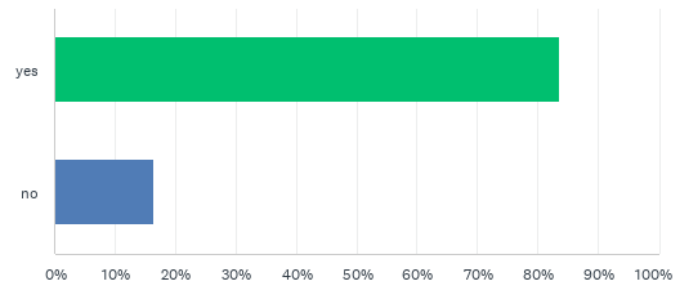
Q4 Do you have a primary care doctor?



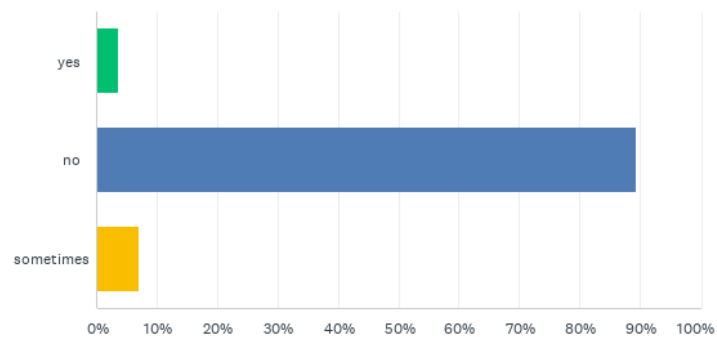
Q5 Have you had a physical exam in the past two years?



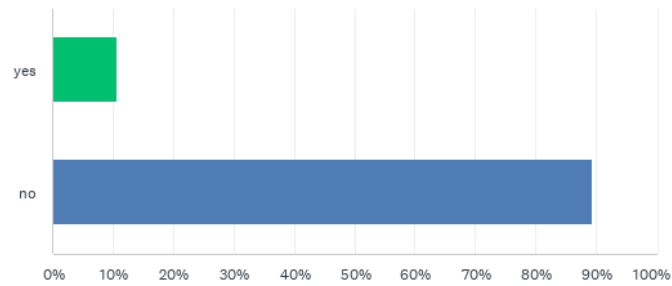
Q6 Do you have a dentist?



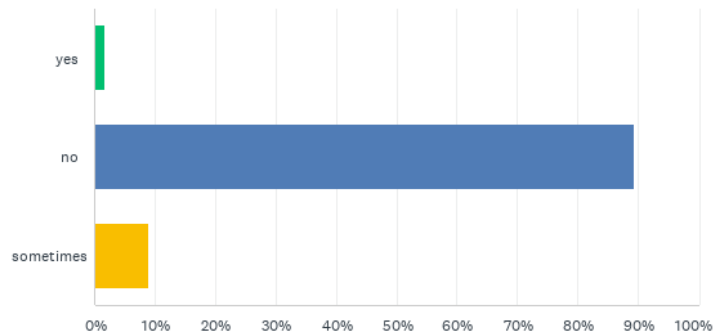
Q7 Do you smoke?



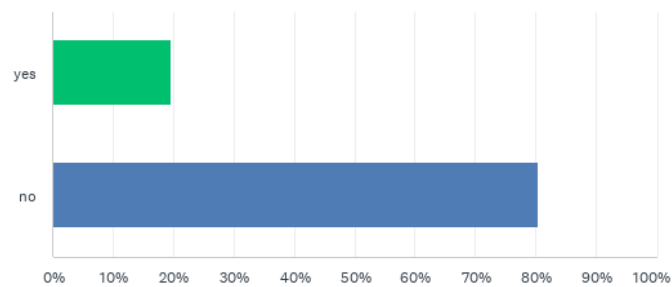
Q8 Do you live with someone who smokes?



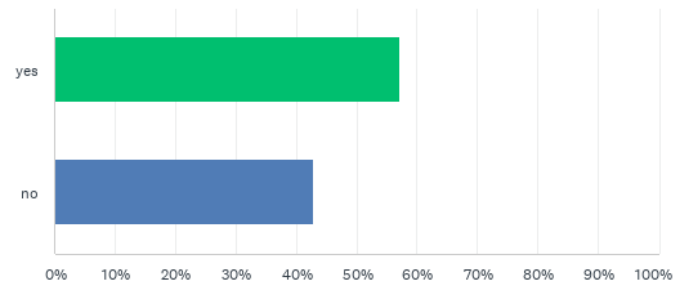
Q9 Do you engage in binge drinking? (5+ drinks for men, 4+ drinks for women on a single occasion)



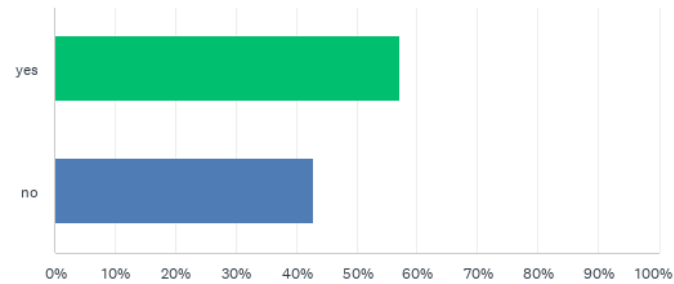
Q10 Do you eat five or more servings of fruit and vegetables each day?



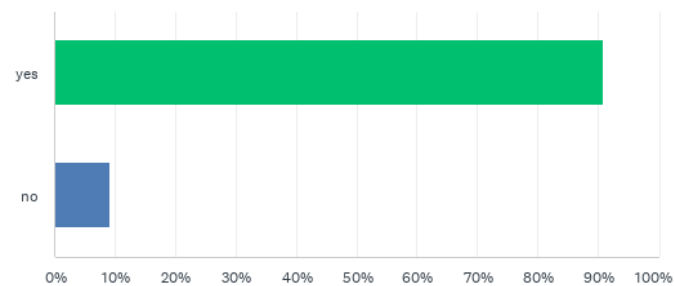
Q11 Do you engage in moderate physical activity at least three times per week?



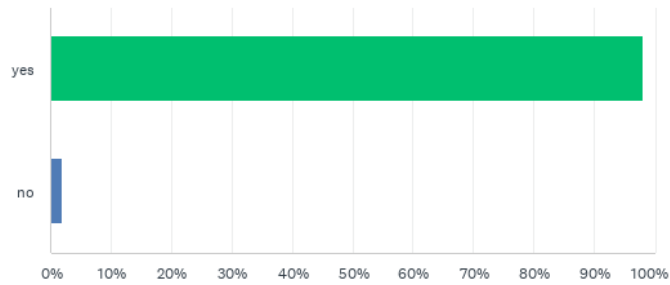
Q12 Do you have access to indoor exercise equipment?



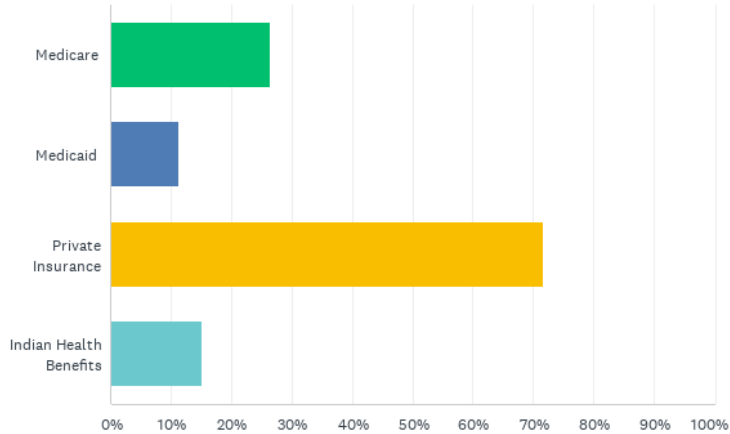
Q13 Do you live in generally safe and affordable housing?



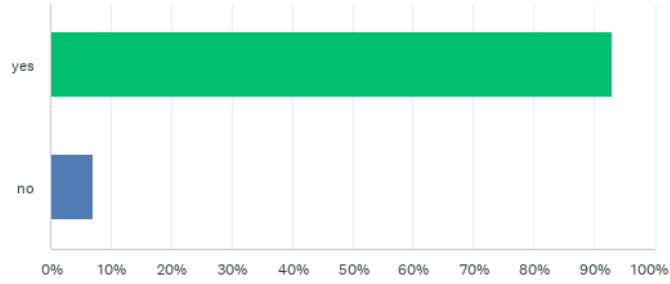
Q14 Do you have access to a full service grocery store, with fresh produce, at least once a week?



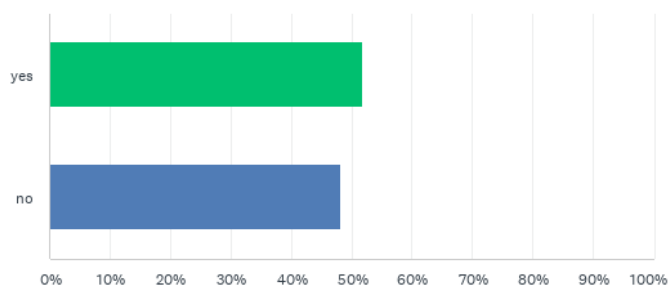
Q15 Do you have:



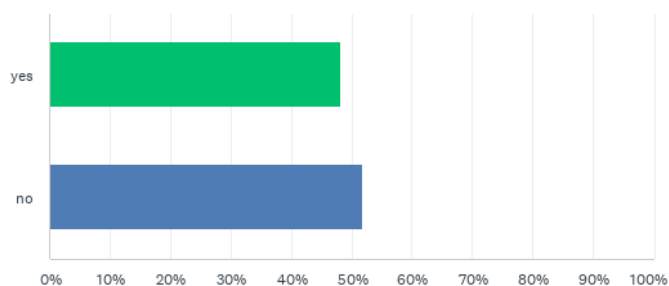
Q16 Have you seen a doctor in the past year?



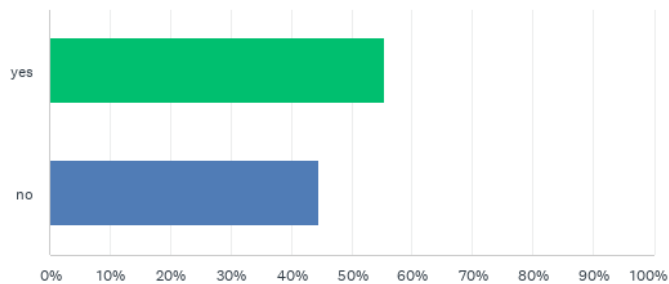
Q17 Have you experienced psychological distress during the past year?



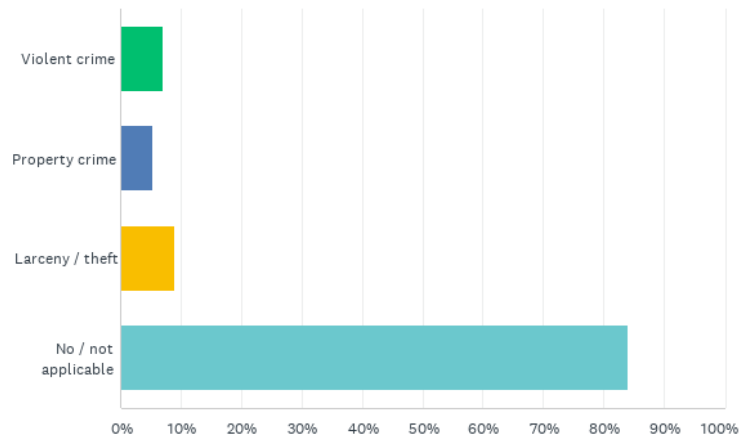
Q18 Have you seen a mental health provider during the past year?



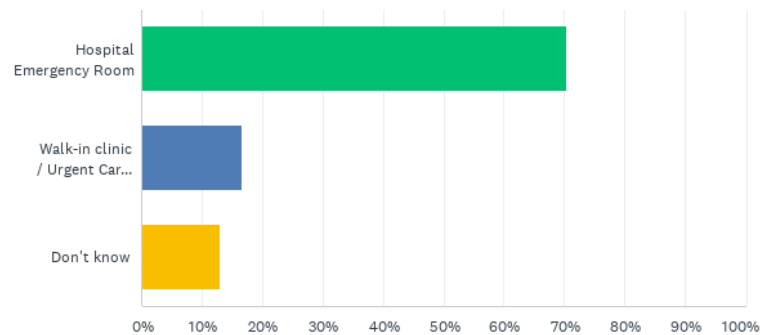
Q19 Have you taken prescription medication for emotional/mental health issues in the past year?



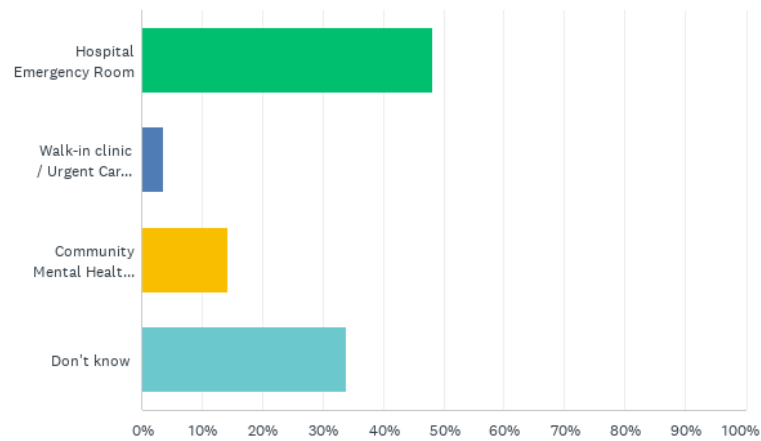
Q20 In the past year, have you been a victim of:



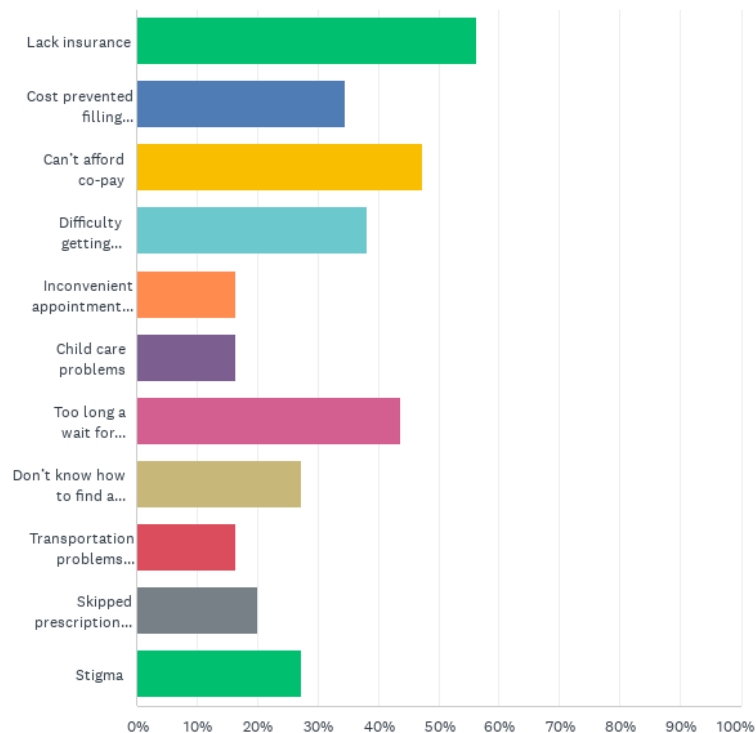
Q21 Where do most uninsured or underinsured people go when they need medical care?



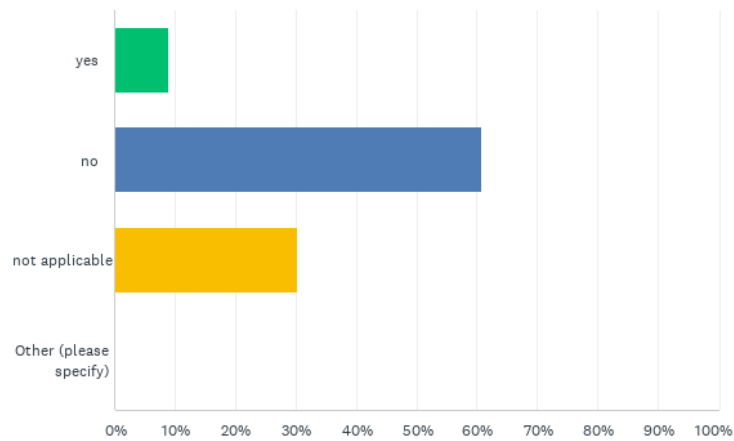
Q22 Where do most uninsured / underinsured people go when they need mental health care?



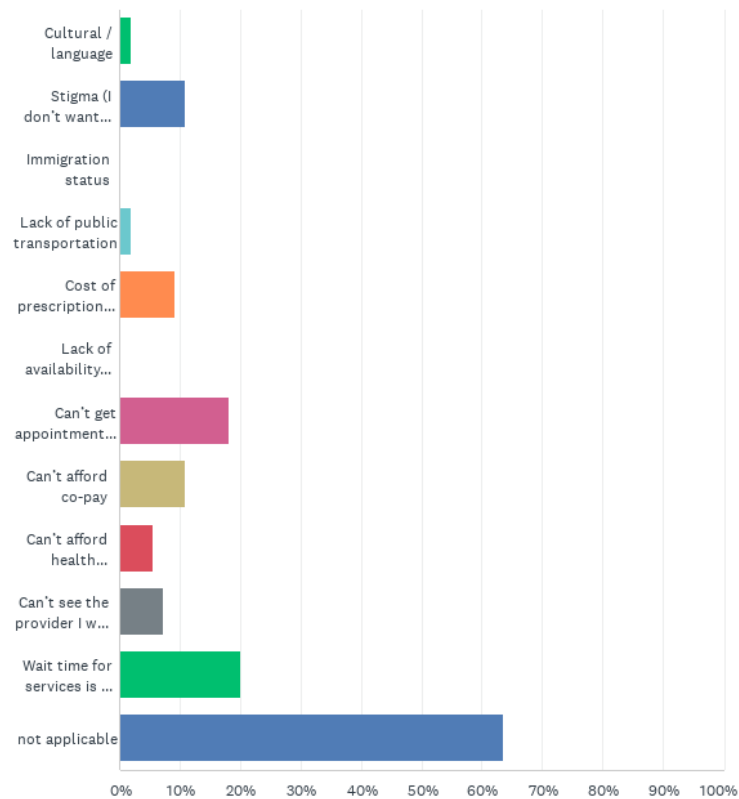
Q23 Thinking about mental health and substance abuse treatment needs, what do you believe are the greatest barriers to care? Please select up to three.



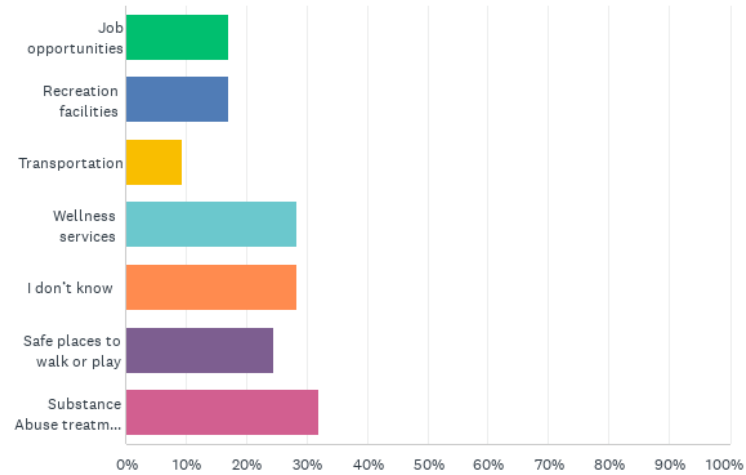
Q24 Do you go to more than one provider for mental health care and/or psychiatric medications?



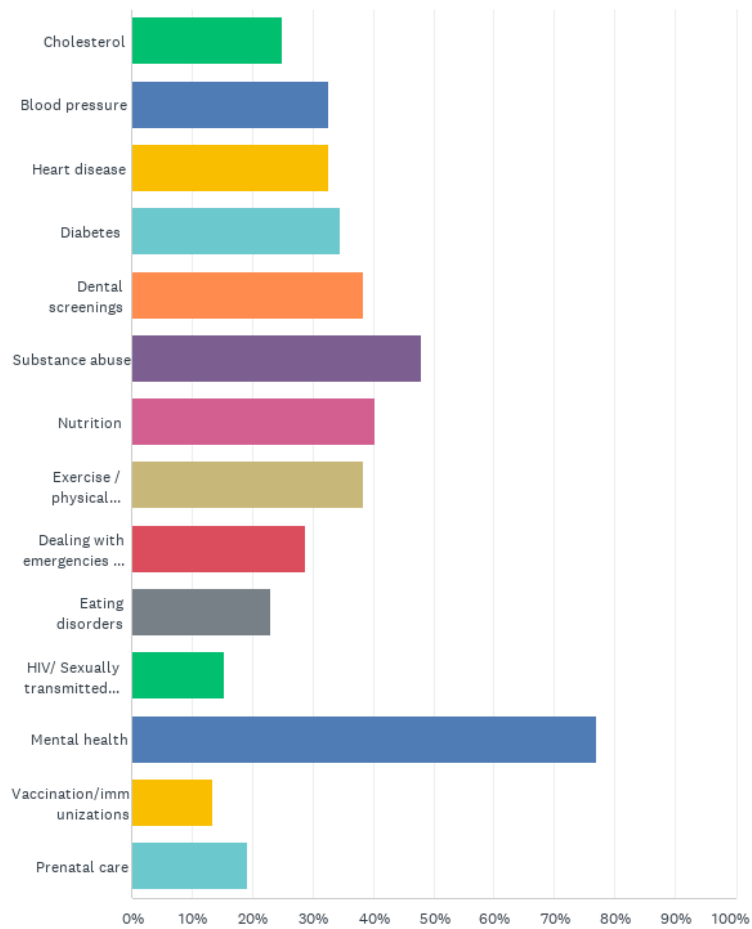
Q25 What factors have interfered in your mental health or substance abuse treatment in the past year?



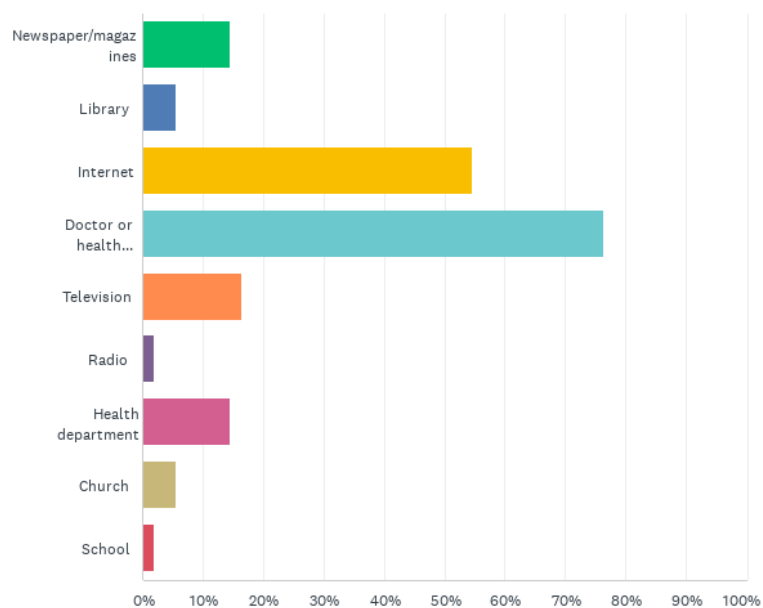
Q26 What is needed to improve the health of yourself, your family and neighbors?



Q27 What health screenings or education/information services are needed in your community?



Q28 Where do you get your health information?



Q29 What can Parkside Psychiatric Hospital & Clinic do to help you and your community live healthier lives?

Answered: 30 Skipped: 26

#	RESPONSES	DATE
1	Provide more beds	12/7/2022 9:01 AM
2	I don't know	12/6/2022 8:08 PM
3	Be accessible	12/6/2022 7:21 PM
4	have pamphlets for info on where to receive certain services or offer seminars, etc.	11/29/2022 4:51 PM
5	more education mental health	11/29/2022 4:30 PM
6	educational messaging	11/29/2022 4:25 PM
7	promote mental health in low income areas	11/29/2022 4:05 PM
8	Stop admitting people into the phyc ward / detox/ suicide area when they've been inquiring and only interested in a 30 alcohol treatment program.	11/27/2022 8:38 PM
9	Create more access to higher levels of care	11/26/2022 10:04 AM
10	Expand their services	11/23/2022 12:45 PM
11	communicate with primary care providers, LPCs, LCSWs, PhDs, licensing boards, churches and schools re: services, referral processes	11/23/2022 10:41 AM
12	More substance abuse treatment	11/23/2022 9:45 AM
13	Active involvement in the community and partnership with criminal justice system. There is a disconnect and lack of involvement in this field, yet that's where we see the most people fighting mental illness and substance abuse	11/23/2022 9:16 AM
14	Be available and accessible to everyone. Provide information in such a way that it's seen by people in the community. Quarterly mailings etc	11/23/2022 8:25 AM
15	Increase availability of MH appointments, provide transportation, lower cost for unemployed individuals, provide more evidence-based practice rather than simple talk therapy.	11/23/2022 7:54 AM
16	More inpatient beds.	11/22/2022 9:24 PM
17	More services	11/22/2022 4:10 PM
18	Connect with more therapist in the rural area's not just Tulsa County but Creek County also.	11/22/2022 3:49 PM
19	the availability has been excellent. Outpatient services for children are needed everywhere in Tulsa	11/22/2022 3:26 PM
20	Building relationship with outside providers and agencies working with youth in foster care	11/22/2022 3:09 PM
21	Better access to outpatient care. Patients leave in-patient care without good plan to access outpatient provider & care.	11/22/2022 2:12 PM
22	Move away from a model that aims to maximize profit and lower costs to one that prioritizes patient care.	11/22/2022 1:56 PM
23	More access to more beds/better communication between providers esp. with inpt. placements (i.e. acute/residential) Also, question 15 needs to include VA benefits (I'm a veteran).	11/22/2022 1:54 PM
24	maybe have educational classes on what mental health looks like. Some of the signs and symptoms and when it is time to go for services	11/22/2022 1:51 PM
25	N/A	11/22/2022 1:47 PM

Community Health Needs Assessment - 2022 Survey

SurveyMonkey

26	unsure	11/22/2022 1:40 PM
27	more beds and services	11/22/2022 1:39 PM
28	Raise awareness of need for programs to help citizens afford insurance/health care who fall between Medicaid guidelines and what is actually affordable for a family. Advocate for stronger parity for practitioner rates and accept higher numbers of practitioners to insurance panels.	11/22/2022 1:37 PM
29	Provide more ways to access care and help with the stigma of seeking mental health services.	11/22/2022 1:34 PM
30	Staff was very unprofessional when I referred a client there, berating their outpatient care.	11/22/2022 1:30 PM