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Community Health Needs Assessment

December 29, 2025

Table of Contents:

Page

About Parkside	3
Overview	4
Methodology for this Assessment	5
Service Area Overview	6
Other Community Characteristics	10
Survey Findings	
Summary Findings	
Organization Goals	
Appendix (survey documentation)	

Parkside Psychiatric Hospital & Clinic About the organization:

Parkside was founded in 1959 as an outpatient mental health care facility. In 1971, in response to rising needs from the community, the hospital began offering inpatient services. Since then, the organization has expanded its services to include residential treatment programs, adolescent and youth services and 24-hour access to mental health assistance.

Mission:

To provide outstanding mental health and support services.

Vision:

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

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.

Values:

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

Overview

Internal Revenue Code (IRC) Section 501(r) requires some health care organizations to assess the health needs of their communities every three years 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

One survey was developed that encompassed all potential stakeholders that were to be consulted. Within the survey, participants are asked to self-identify as either a patient/community member, a Parkside employee or contractor or as employed with a partnering organization. Dependent on this answer, the survey logic then led each participant to answer questions that correspond to the type of input desired.

From mental health consumers, including patients of Parkside and other individuals living with mental illness, the survey sought to obtain a snapshot of opinions about the landscape of mental health needs in the Tulsa metro area as well as understand how individuals are taking care of their overall health. The survey was distributed via email to potential respondents, and patients on site were given access to a QR code and encouraged to take the survey during visits to facility.

From clinical staff and employees of partner organizations working with mental health consumers, the survey sought to get an opinion on the general state of mental health services in the Tulsa metro and at Parkside, and their understanding of the population it serves. 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. The survey process resulted in 67 respondents spanning community health partners and leaders, Parkside employees and contractors, and mental health consumers and community members.

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.

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. This area includes all or parts of Tulsa, Rogers, Wagoner, Osage, Creek, Okmulgee and Pawnee counties, covering 6,460 square miles¹ and has a population of 1,026,209 as of 2023.²

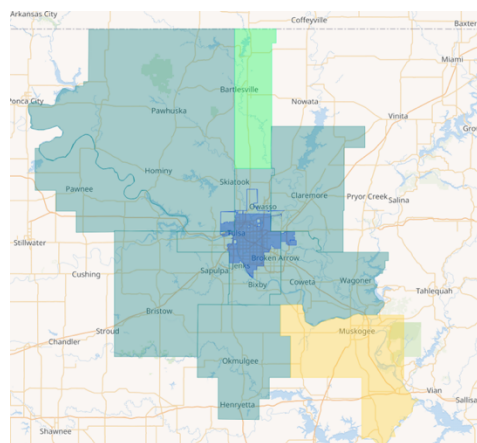
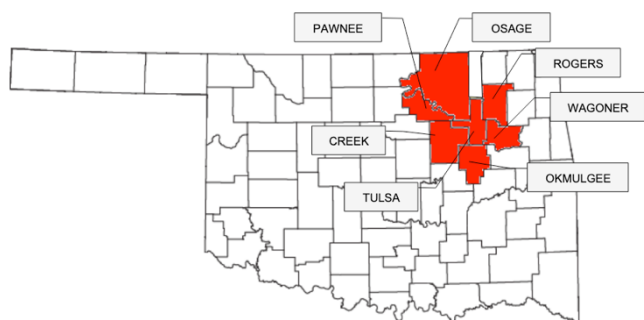


Figure 1: Tulsa Metropolitan Statistical Area
Figure 2: Combined Statistical Area including Muskogee, Bartlesville, and Tahlequah

Based on commuting patterns, the Federal 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 at an estimated 1,180,615 as of 2024.

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.

Estimated median household income for those in Tulsa County in 2023 was \$65,619³ and the unemployment rate was at 3.4% as of August 2025⁴. As of 2023, 30.9% of adults in the area held a bachelor's degree or higher. In the area, 14.4% of residents are living below the poverty line, which is 20% higher than the national average. The veteran population is also about 20% higher than the national average, with 7% of the population registered with veteran status.⁵

The Tulsa metropolitan area continues to be the economic center of Green Country as well as Eastern Oklahoma. In 2023 the Tulsa metropolitan area's GDP was \$67.5 billion, up from 57.7 billion in 2017.⁶ The chief industries of the region are energy, aerospace, telecommunications, and manufacturing.

¹ Oklahoma Transportation ITS and TSMO Strategic Plan , 2024 - https://oklahoma.gov/content/dam/ok/en/odot/about-us/odot-information/2024-01-04_TULSA%20-%20ITS%20StrategicPlan_Regional_Final.pdf

² data.census.gov

³ <https://fred.stlouisfed.org/series/MHIOK40143A052NCEN>

⁴ <https://fred.stlouisfed.org/series/TULS140URN>

⁵ <https://censusreporter.org/profiles/31000US46140-tulsa-ok-metro-area/>

⁶ <https://fred.stlouisfed.org/series/NGMP46140>

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 currently available census data and projections for the core of the service area, Tulsa County. Due to the late 2025 government shutdown, the 2024 numbers were not yet available at the time writing. All data was retrieved from the US Census Bureau ACS-1 2023 Dataset and additional 2023 datasets as needed, unless otherwise indicated

Population	
Population Estimate, 2023	682,868
Population Estimates, July 1, 2021	672,858
Population, percent change – July 2021 to July 2023	0.54%
Population, Census, April 1, 2020	669,279
Population, Census, April 1, 2010	603,403
Age and Sex	
Persons under 5 years, percent	6.4%
Persons under 18 years, percent	24.9%
Persons 65 years and over, percent	15.5%
Female persons, percent	51.0%
Race and Hispanic Origin	
White alone, percent	60.1%
Black or African American alone, percent	9.4%
American Indian and Alaska Native alone, percent	5.2%
Asian alone, percent	4.0%
Native Hawaiian and Other Pacific Islander alone, percent	0.2%
Two or More Races, percent	16.4%
Hispanic or Latino, percent	15.8%
White alone, not Hispanic or Latino, percent	57%
Population Characteristics	
Veterans	34,776
Foreign born persons, percent	10.1%
Housing	
Housing units	300,575
Owner-occupied housing unit rate	58.8%

Median value of owner-occupied housing units	238,600
Median selected monthly owner costs -with a mortgage	\$1,641
Median selected monthly owner costs -without a mortgage	\$601
Median gross rent	\$1,108
Building permits 2023	\$3,608
Families & Living Arrangements	
Households	275,702
Persons per household	2.44
Living in same house 1 year ago, percent of persons age 1 year+	85.2%
Language other than English spoken at home, percent of persons age 5 years+	16.6%
Computer and Internet Use	
Households with a computer, percent	96.6%
Households with a broadband Internet subscription, percent	92.2%
Education	
High school graduate or higher, percent of persons age 25 years+	90.0%
Bachelor's degree or higher, percent of persons age 25 years+	34.7%
Health	
With a disability, under age 18-64 years	13.6%
Persons without health insurance, under age 65 years, percent	30.9%
Infant mortality ⁷	7.0 in 1000
Teen Births	19 in 1000
Economy	
In civilian labor force, total, percent of population age 16 years+	65.8%
In civilian labor force, female, percent of population age 16 years+	60.0%
Total accommodation and food services sales	\$2,646,966
Total health care and social assistance receipts/revenue	\$8,759,447
Total transportation and warehousing receipts/revenue	\$6,916,491
Total retail sales	\$15,065,852
Total retail sales per capita (2022)	\$22,252
Transportation	
Mean travel time to work (minutes), workers age 16 years+	20.5

⁷ Infant mortality and teen birth rate data obtained from the Annie E. Casey Foundation

Median household income (in 2023 dollars)	65479
Per capita income in past 12 months (in 2023 dollars)	37468
Persons in poverty, percent	15.2
Public Assistance	
Medicaid enrollment Tulsa County (2023) ⁸	37%
WIC Enrollment (2023) ⁹	23%
SNAP Participation (2022) ¹⁰	16%
TANF	0.8%

⁸ OHCA Annual Report, 2025

⁹ WIC and TANF enrollment data obtained from the Annie E. Casey Foundation

¹⁰ Federal Reserve: <https://fred.stlouisfed.org/series/CBR40143OKA647NCEN>

General Community Characteristics

The residents of the Parkside Psychiatric Hospital primary service area are predominately white/Caucasians (60.1%) followed by Hispanic/Latino (15.8%) and Black/African American (9.4%).

- English is the primary language, though an estimated 16.6% speak other than English at home.
- The area is well educated with 34.7% of those 25 years and older having a Bachelor's degree or higher and 90% being high school graduates or higher, ahead of the state- wide average. The level of education has also increased since 2021.
- Persons in poverty are estimated at 15.2%, which is just slightly under a state estimate of 15.4%. However, it is above the national average of 11.1% and has increased in the last 3 years.
- According to the US Census, 30.9% of Tulsans ages 19-65 are uninsured, which has seen a dramatic increase from 17.5% just two years ago.
- Per capita income is \$37,468
- Median household income is \$68,479
- Tulsa County Unemployment for August 2025 was officially at 3.4%

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/> for 2023 where available)

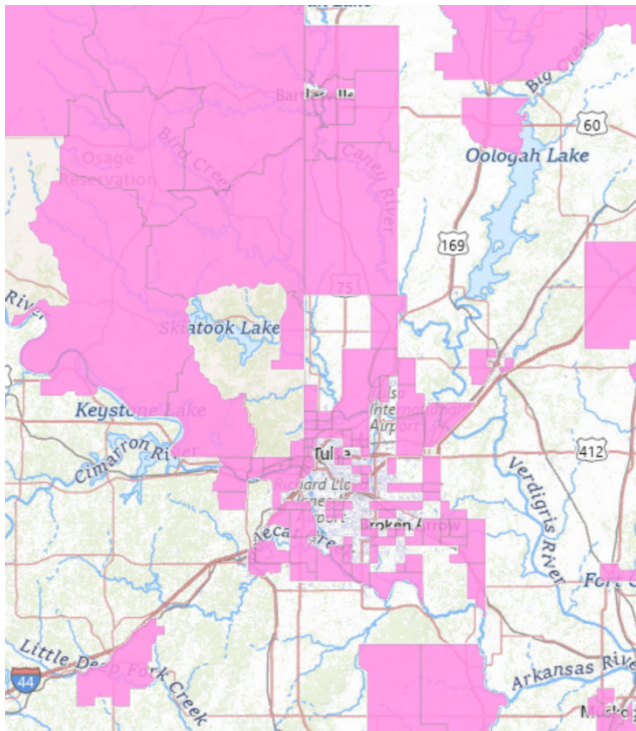


Figure 3: Figure 3: Map indicating populations (in pink) with low access to healthy food.

Tulsa County and immediate area

	Population Over 65	Dentists per 10,000	MDs per 10,000	DOs per 10,000	Primary Care per 10,000	Total Physicians per 10,000	Uninsured 18-64	Poverty
Pawnee	19.7%	8.2	3.2	1.9	3.2	5	16.6%	17.2%
Osage	20.9%	3	1.5	2	1.7	3.5	15.5%	14.2%
Rogers	16.9%	5.1	4.2	3.2	3.2	7.4	13.6%	9.6%
Wagoner	16.9%	1.8	4.1	3.5	2.6	7.6	14.8%	10.4%
Tulsa	14.9%	7.2	26.3	15.2	10.6	41.5	17.2%	15.1%
Creek	18.3%	4	2.5	2.2	1.8	4.6	15.4%	15.7%
Okmulgee	18.4%	6.2	3	3.2	2.7	6.2	17.3%	19.3%
Average	18.0%	5.1	6.4	4.5	3.7	10.8	15.8%	14.5%

Source - <https://www.ruralhealthinfo.org/>

Health Care Access Professional Shortage areas in Tulsa County per the Oklahoma State Department of Health (2024)

Dental	Shortage for low income population
Mental Health	Shortage for low income population
Primary Care	Shortage for low income population

Homelessness¹¹

Total individuals currently homeless	1449
Chronic homelessness	39%
Veterans homeless	7%
Adults accompanied by children	13%
Transitional Aged Youth (18-24)	8%
Individuals with a disabling condition	55%
Homeless began in Tulsa County	75%

Age, diversity and early childhood

Tulsa County's population has increase approximately 3.6% since 2020, according to Census.gov estimates.

The Asian and Hispanic/Latino populations continue to increase at a rate higher than that of other populations. The percentage of Black populations has remained steady, while the White population has decreased.

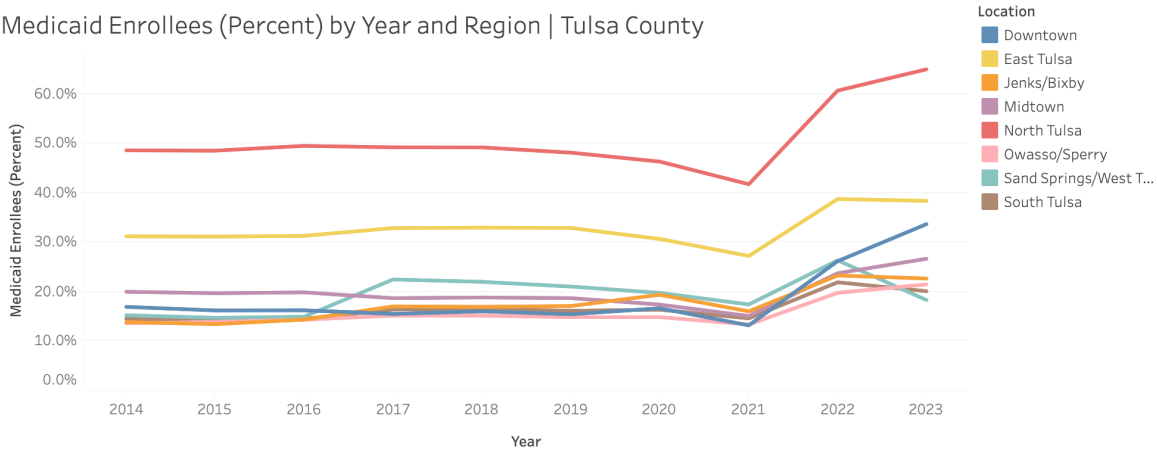
In recent years, there have been slight increase in both the oldest and youngest demographics, while the population ages 5-65% has decreased overall.

¹¹ Tulsa Housing Solutions 2025 PIT data - <https://www.housingsolutionstulsa.org/reports-data/pit-hic/>

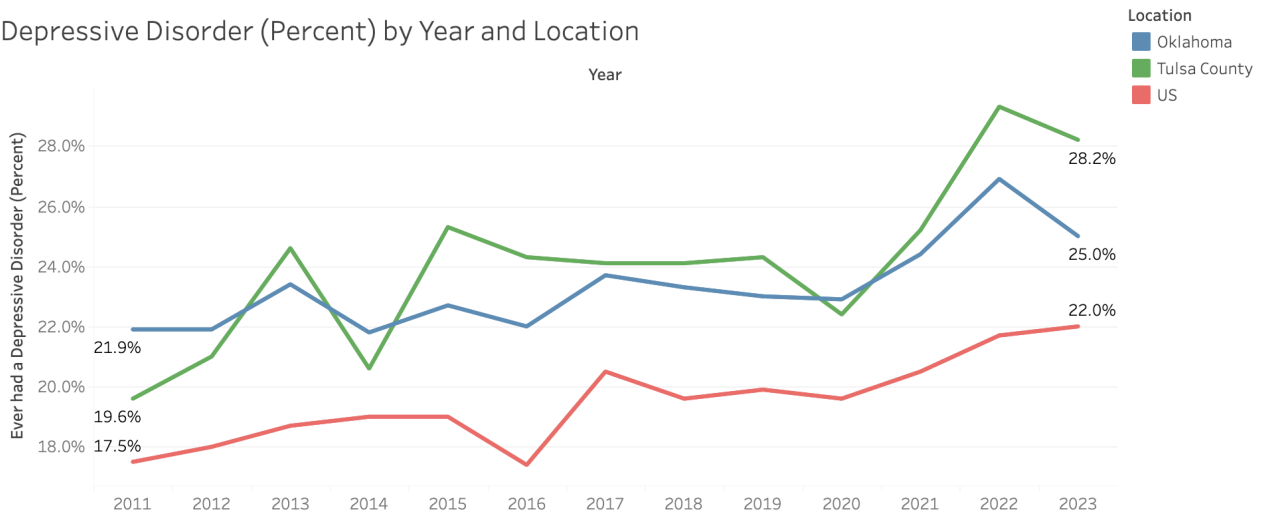
Observations

Tulsa, as an urban area, sees many of the same issues as other larger urban centers. The rates of substance abuse, homelessness, lack of affordable housing, and socioeconomic disparities are higher than that of the state. Rural areas near the major metropolitan area have a lack of access to healthy foods and a shortage of medical providers, resulting in poor health outcomes in those communities. Across the metro area, health outcomes are also disparate, with North Tulsa, East Tulsa and downtown experiencing higher rates of mental health needs, emergency department visits, and increased rates of suicide, according to Tulsa Health Department reports. Tulsa outpaces the state and nation on depressive disorders, showing a higher need for access to mental health treatment.

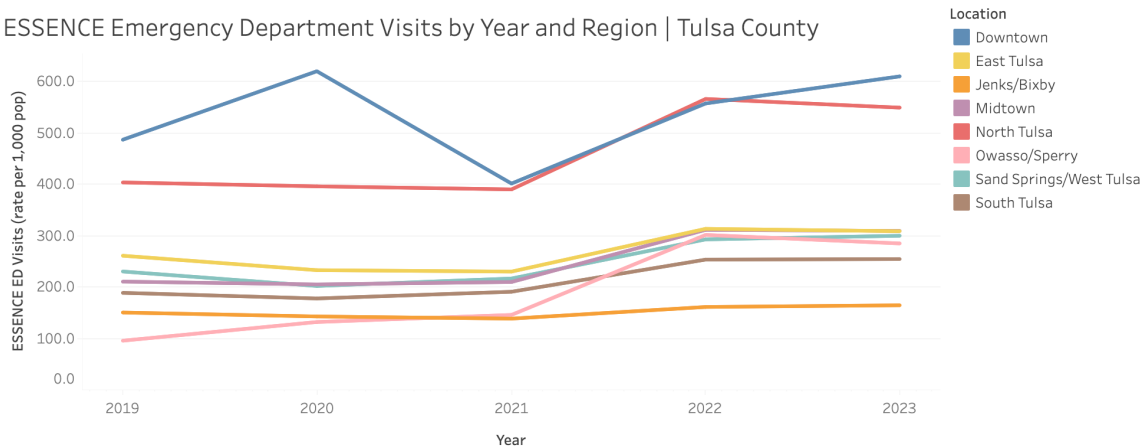
Medicaid Enrollees (Percent) by Year and Region | Tulsa County



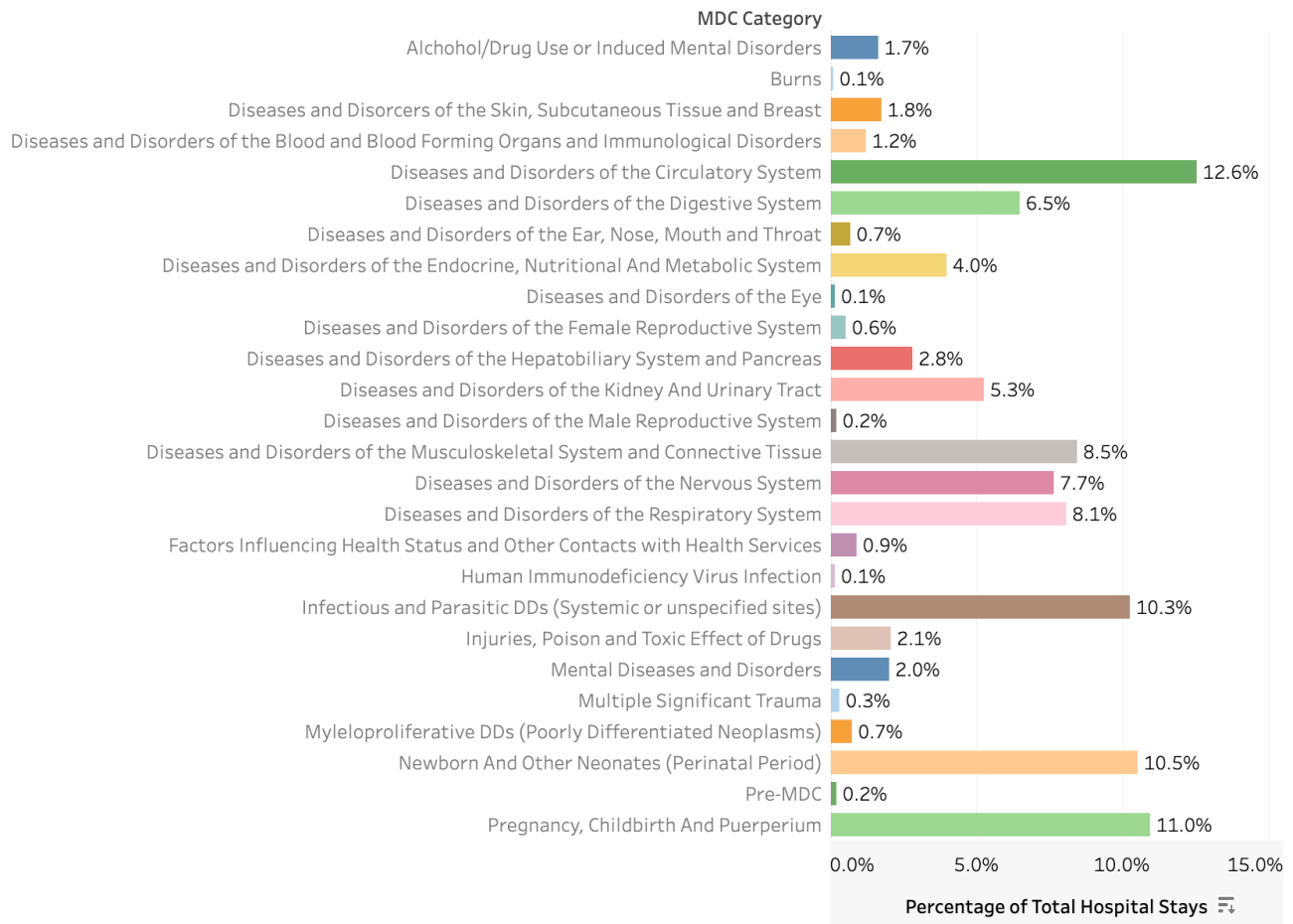
Depressive Disorder (Percent) by Year and Location



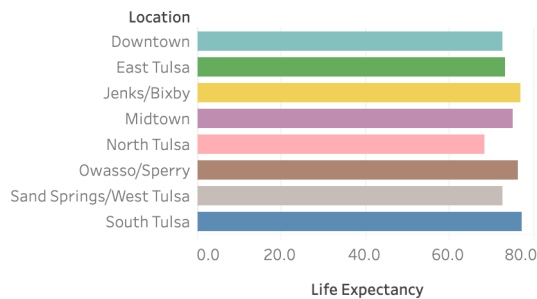
ESSENCE Emergency Department Visits by Year and Region | Tulsa County



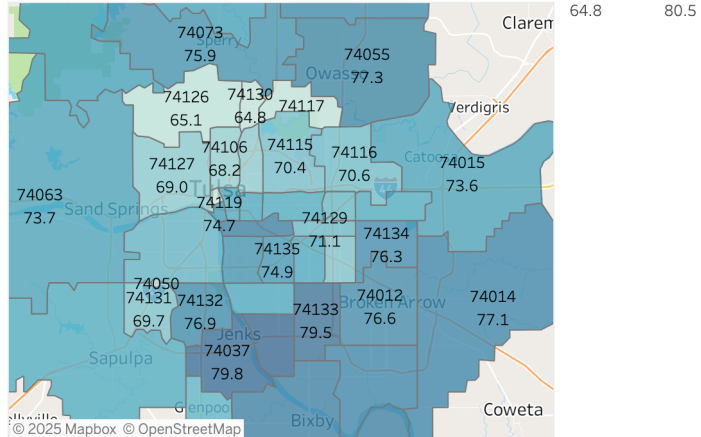
Percentage of Hospital Stays by Major Diagnostic Category (MDC) | Tulsa County



Life Expectancy by Region | Tulsa County



Life Expectancy by Zip Code | Tulsa County



Source: Tulsa Health Department

Life expectancy in socioeconomically disadvantaged zip codes, such as North Tulsa, fall considerably below the national average of 78.4 years, with 74130, which includes parts of North Tulsa and extends into the rural areas near Turley, reaching only 64.8 years.

Tulsa initiatives continue to work at improving health outcomes for the citizens of the metro area. The recently formed Mayor's Health Coalition aims at bringing together those in healthcare leadership to identify opportunities for collective impact. The Tulsa Health Department seeks continuous improvement through the Community Health Improvement Plan (CHIP), which is a 5-year plan to improve the well being of Tulsa county residents, specifically targeting stress and mental health, chronic disease management, and healthy and affordable housing. Many other organizations including the Tulsa Day Center, Iron Gate, Ascension St. John, and Morton Comprehensive Health continue to address the challenges faced in homelessness, food insecurity and low access to healthcare in order to improve the overall health of those living in Tulsa County and the surrounding area.

Parkside Survey – Summary Findings

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.)

One survey was distributed to all parties. The survey contained internal logic that branched the respondents into one of two categories: health care consumer or health care partner/provider. The

survey was anonymous, allowing respondents to be honest with their answers and provide actionable feedback.

Health Care Partner/Providers

If self-selected as a health care partner/provider, survey respondents were asked a variety of questions about the state of healthcare both within the community and at Parkside. Questions allowed respondents to select from multiple choice questions as well as respond to open ended questions about the current state and future goals of Parkside.

Health Care Consumers

If self-selected as a healthcare consumer, respondents were asked questions about their health habits and data, including their use of health care services and their mental health status.

Summary of Results

Responses were gathered from 67 participants, the majority of whom were Parkside employees or contractors (53.7%), followed by community members or mental health consumers (28.4%). Respondents identified individuals at or below the poverty line (18.2%), the uninsured (13.6%), low-income populations (12.7%), and persons with mental health challenges (10.6%) as facing the greatest barriers to health in the Tulsa metro area. The most significant contributors to poor health outcomes were lack of insurance (16.6%), lack of access to care (12.7%), transportation barriers (9.5%), housing instability (8.7%), and limited availability of needed services (8.7%). While community strengths included access to mental health resources (14.0%), parks and recreation (11.0%), and strong community or faith-based organizations (21.3%), affordability of care and housing were cited far less often as strengths, underscoring ongoing access and cost challenges.

Open-ended responses highlighted consistent and urgent gaps in mental health and substance use services, particularly for children and adolescents. Multiple respondents emphasized “not enough beds for children and adolescents with mental health issues,” limited residential and transitional programs, and a lack of substance abuse treatment and detox options for youth under 18. Others noted systemic issues such as long wait times for outpatient services, staff burnout, underfunding, and poor coordination across providers. One respondent described the situation as “a systemic issue” requiring policy changes, better funding, and improved workforce support to prevent burnout and turnover. Participants also identified opportunities for Parkside to expand residential treatment, adolescent substance abuse services, urgent mental health care, and medication access, while improving internal communication and community education about available resources. Together, the findings point to strong community commitment but clear, unmet needs in capacity, affordability, and continuity of behavioral health care.

Areas Identified for Actionable Improvement

The findings from Parkside’s 2025 Community Health Needs Assessment reveal several gaps in the regional behavioral health ecosystem, particularly affecting children, adolescents, and underserved populations. Survey respondents consistently emphasized shortages in youth substance use treatment, limited inpatient and residential capacity, and the need for stronger community outreach and education. These themes were reinforced by open-ended responses describing “not enough beds for children and adolescents with mental health issues,” “limited residential and transitional programs,” and “a lack of substance abuse treatment and detox options for youth under 18,” underscoring the urgency of expanding the continuum of care for younger populations. Together with broader community indicators—such as high uninsured rates, provider shortages, and elevated mental health needs in specific ZIP codes—the assessment points to three priority areas for actionable improvement.

1. Enhancing Rehab and Substance Abuse Treatment for Children and Adolescents

The assessment identified a significant gap in youth-focused substance use and co-occurring disorder treatment. Respondents noted that the Tulsa metro area lacks adequate detoxification and rehabilitation options for individuals under 18, describing this as “a systemic issue” requiring coordinated investment and policy attention. This gap is particularly concerning given the rising rates of mental health needs among adolescents and the disproportionate impact on low-income and uninsured families, who were identified as facing some of the greatest barriers to care.

Parkside has an opportunity to strengthen the regional continuum by exploring development of adolescent-specific substance use services, including intensive outpatient programs, partial hospitalization, and integrated co-occurring treatment tracks. Expanding early intervention efforts—such as school-based screening, family-centered treatment models, and partnerships with tribal and community health organizations—can help identify youth earlier and reduce crisis-level presentations. These strategies align with Parkside’s mission to provide outstanding mental health and support services and reflect the community’s call for expanded, developmentally appropriate care.

2. Expanding Inpatient and Residential Capacity

A second major theme emerging from the assessment is the need for expanded inpatient and residential capacity, particularly for children and adolescents. Respondents repeatedly cited long wait times, limited bed availability, and insufficient transitional programs as barriers to timely and effective care. These concerns are consistent with broader regional data showing shortages of mental health providers and higher rates of emergency department utilization in areas such as North Tulsa, East Tulsa, and downtown.

Parkside can address these needs by evaluating opportunities to expand inpatient bed capacity, enhance step-down and short-term residential services, and strengthen discharge coordination to improve throughput. Workforce stabilization—including recruitment, retention, and burnout mitigation—will be essential to any expansion effort, as respondents highlighted staff burnout and underfunding as ongoing challenges. By increasing capacity and improving continuity of care, Parkside can help reduce avoidable hospitalizations, shorten wait times, and better meet the needs of youth and adults requiring acute stabilization.

3. Strengthening Community Outreach and Education

The assessment also revealed a need for improved community outreach, education, and navigation support. Respondents noted opportunities for Parkside to “improve external communication and community education about available resources,” reflecting a broader challenge across the behavioral health system: families often struggle to understand where to go for help, and many are unaware of available services until they reach a point of crisis.

Parkside can play a leadership role by expanding outreach to schools, youth-serving organizations, faith communities, and rural partners; improving referral pathways with 211, primary care providers, and tribal health systems; and increasing visibility of outpatient and crisis services.
