Community Health Needs Assessment

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

December 20, 2019

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

www.parksideinc.org

Contents:

Parkside Psychiatric Hospital & Clinic

About the organization:
Parkside is a private, not-for-profit psychiatric hospital and clinic founded with a focus on providing community-based psychiatric services to Oklahomans living with mental illness. Parkside employees are a caring, dedicated team of experienced health care professionals focused on Parkside's mission. After more than a half century of service to the community, the organization provides hospitalization, residential care, and outpatient services to children, teens 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.

Introduction

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 will be 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.

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 an implementation plan to meet identified needs or provide an explanation why the hospital will not meet an identified community need. Implementation strategies may include existing programs, new programs and collaborative efforts with other community or government entities or similar actions. As Parkside is not a medical/surgical hospital, efforts were 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 80

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.

Service Area

Parkside's primary service area is Tulsa County, Oklahoma, though a smaller subset of patients are referred and served from surrounding rural areas throughout eastern Oklahoma. Parkside's inpatient population tends to include more patients from areas outside Tulsa County.
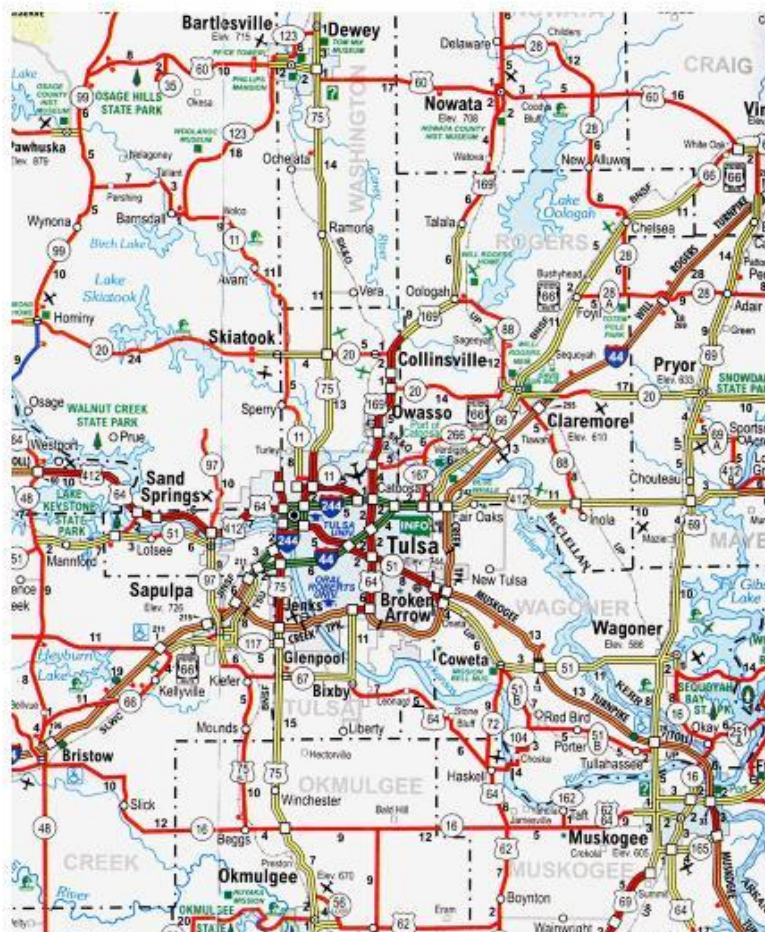
- County Seat - Tulsa
- Total Square Miles - 587,018
- Population 622,409 according to last census
- Farms - 766
- Land in Farms - 134,050
- Recreation Area - Keystone
- Major Lake - Keystone
- Major Stream Systems – Arkansas and Caney rivers, Bird Creek, Crow Creek

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 Tulsa County.
(Source: US Census Bureau – population estimates Vintage 2018 survey)

Population	
Population estimates, July 1, 2018, (V2018)	648,360
Population estimates base, April 1, 2010, (V2018)	603,437
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	7.4%
Population, Census, April 1, 2010	603,403
Age and Sex	
Persons under 5 years, percent	7.1%
Persons under 18 years, percent	25.3%
Persons 65 years and over, percent	14.4%
Female persons, percent	51.2%
Race and Hispanic Origin	
White alone, percent	72.6%
Black or African American alone, percent	10.8%
American Indian and Alaska Native alone, percent	6.8%
Asian alone, percent	3.4%
Native Hawaiian and Other Pacific Islander alone, percent	0.2%
Two or More Races, percent	6.1%
Hispanic or Latino, percent	13.0%
White alone, not Hispanic or Latino, percent	61.6%
Population Characteristics	
Veterans, 2013-2017	38,794
Foreign born persons, percent, 2013-2017	8.6%
Housing	
Housing units, July 1, 2018, (V2018)	284,578
Owner-occupied housing unit rate, 2013-2017	59.1%
Median value of owner-occupied housing units, 2013-2017	$145,800
Median selected monthly owner costs -with a mortgage, 2013-2017	$1,266
Median selected monthly owner costs -without a mortgage, 2013-2017	$446
Median gross rent, 2013-2017	$818
Building permits, 2018	2,167

Families & Living Arrangements	
Households, 2013-2017	250,071
Persons per household, 2013-2017	2.52
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	81.0%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	13.8%
Computer and Internet Use	
Households with a computer, percent, 2013-2017	88.0%
Households with a broadband Internet subscription, percent, 2013-2017	78.8%
Education	
High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	30.9%
Health	
With a disability, under age 65 years, percent, 2013-2017	10.0%
Persons without health insurance, under age 65 years, percent	15.4%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2013-2017	66.9%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	60.5%
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	19.7
Income & Poverty	
Median household income (in 2017 dollars), 2013-2017	$52,017
Per capita income in past 12 months (in 2017 dollars), 2013-2017	$29,797

(Source: http://www.census.gov/quickfacts/table/IPE120215/40143)

General Community Characteristics

- The residents of the Parkside Psychiatric Hospital primary service area are predominately white/Caucasians (72.6%) followed by Hispanic/Latino (13%) and Black/African American (10.8%).
- English is the primary language, though an estimated 13.8% speak other than English at home.
- The area is well educated with 30.9% of those 25 years and older having a Bachelors degree or higher and 89% being high school graduates or higher, ahead of the state-wide average.
- Persons in poverty are estimated at 14.1%, under a state estimate of 15.8% and a national estimate of 13.4%.
- According to the US Census, 15.4 % of Tulsans are uninsured. The overall state estimate is 16.7%.
- Per capita income is $28,350.
- Median household income is $52,017.
- Tulsa County Unemployment for October 2019 was officially at 3.3%
  (most recent data- U.S. Bureau of Labor Statistics)

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)
- Obesity Prevalence   31.1%   (2016)
- Diagnosed Diabetes Prevalence   10.1%   (2016)
- Unemployment rate   4.7%   (2016)
- HIV Prevalence per 100,000 people   300

Health Care Workforce
- Dentists per 10,000 people   6   (2018)
- Medical Doctors per 10,000   27   (2017)
- Doctors of Osteopathy per 10,000   13   (2017)
- Physicians 75 years and older   17.4%   (2017)
- Physicians aged 35 and under   12.7%   (2017)
- Primary Care Physicians per 10,000   11   (2017)
- Total Physicians per 10,000   39.8   (2017)

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 2017)*
- 18-64 years old   18.9%
- Under age 18   7.3%

Persons receiving Public Assistance
- Medicaid enrollment Tulsa County (2017)   165,085   % of total population 26%
- Medicaid enrollment Tulsa Metro   239,112   % of total population 24%
  (OHCA annual report)
- WIC Infants *(2018, CSC Community Profile)*   3,466   "   37.2%
- WIC age 1-5   7,214   "   19.3%
- Child Care Subsidy <5   4,266   "   9.1%
- SNAP Total   117,190   "   18.1%
- TANF <18   2,780   "   1.7%
- School Free Lunch   62,583   "   55.6%
- School Reduced Lunch   9,237   "   9.5%

Homelessness
- Total currently homeless *(2018 Point in Time County)*   851   (765 adult & 86 youth)
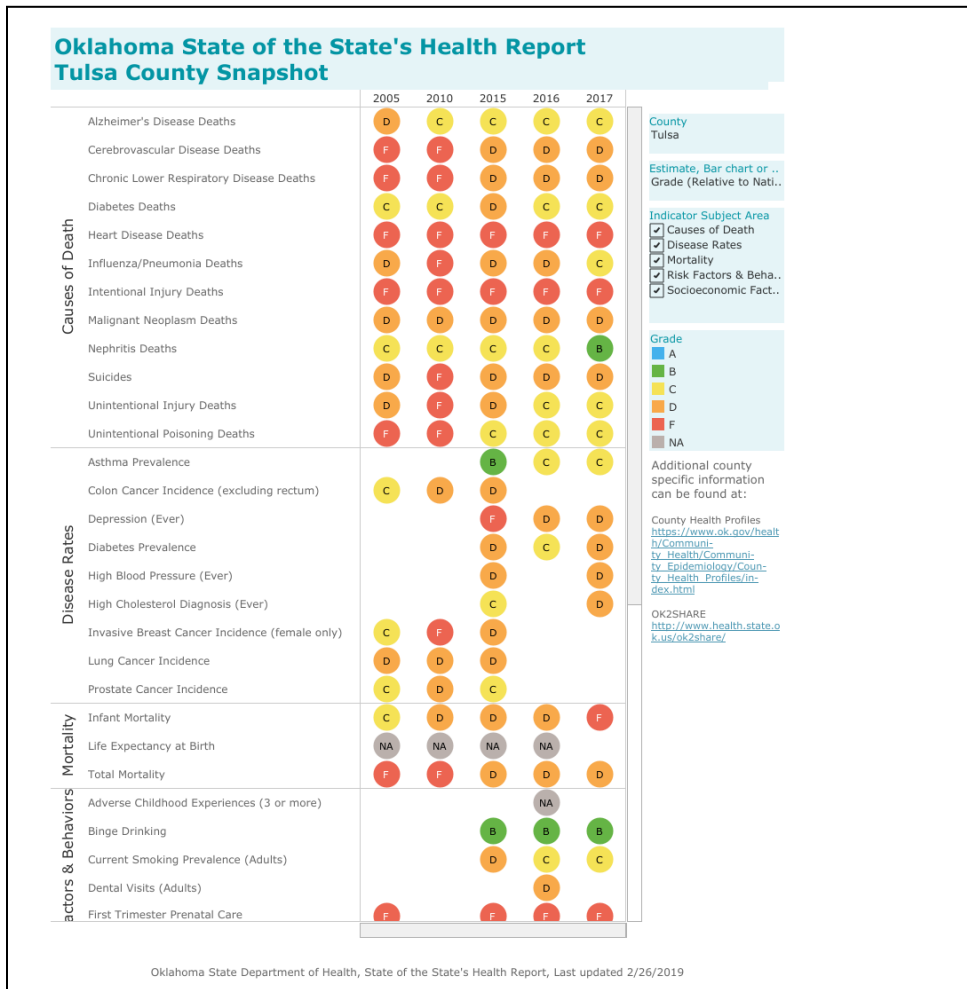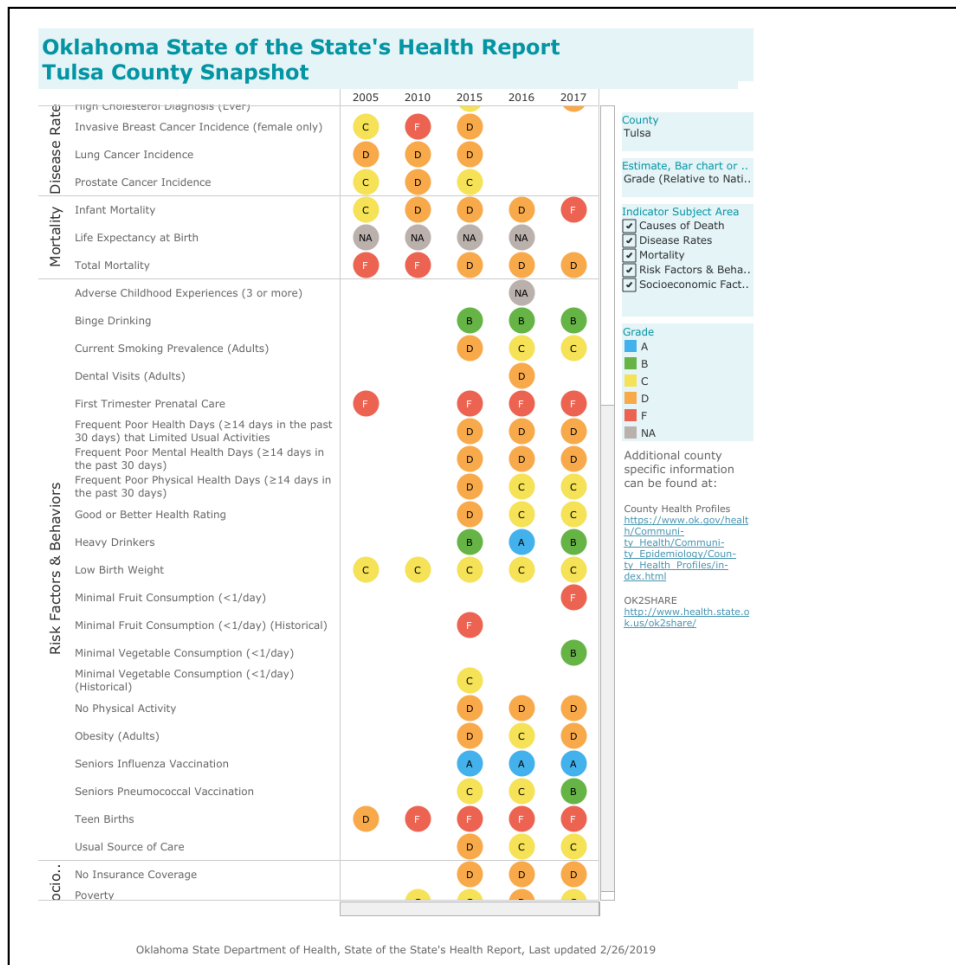
Age and early childhood

- Tulsa County's population is generally growing older with gains in numbers of persons over age 65 and decreases in persons under age 64 since 2010.
- The population is becoming more diverse, especially among young children. While the total population is 62.0% white, that same subset is only 48.1% for those under age 5.
- The Child Abuse/Neglect rate for Tulsa County (2017) is 16.6 per 1,000 children, higher than a state rate of 15.9 per 1,000.

Some Observations

The Tulsa County area has experienced slight (1.4%) population growth since the last Parkside Community Health Needs Assessment in 2016. During that same period the was a 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. 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 modest increases.

The Oklahoma State Department of Health, in it's annual State of the State Health Report, now provides a letter grade for Tulsa County as compared to a National Average grade of "C".

Oklahoma State of the State's Health Report
Tulsa County Snapshot

	2005	2010	2015	2016	2017
Causes of Death					
Alzheimer's Disease Deaths	D	C	C	C	C
Cerebrovascular Disease Deaths	F	F	D	D	D
Chronic Lower Respiratory Disease Deaths	F	F	D	D	D
Diabetes Deaths	C	C	D	C	C
Heart Disease Deaths	F	F	F	F	F
Influenza/Pneumonia Deaths	D	F	D	D	C
Intentional Injury Deaths	F	F	F	F	F
Malignant Neoplasm Deaths	D	D	D	D	D
Nephritis Deaths	C	C	C	C	B
Suicides	D	F	D	D	D
Unintentional Injury Deaths	D	F	D	C	C
Unintentional Poisoning Deaths	F	F	C	C	C
Disease Rates					
Asthma Prevalence			B	C	C
Colon Cancer Incidence (excluding rectum)	C	D	D		
Depression (Ever)			F	D	D
Diabetes Prevalence			D	C	D
High Blood Pressure (Ever)			D		D
High Cholesterol Diagnosis (Ever)			C		D
Invasive Breast Cancer Incidence (female only)	C	F	D		
Lung Cancer Incidence	D	D	D		
Prostate Cancer Incidence	C	D	C		
Mortality					
Infant Mortality	C	D	D	D	F
Life Expectancy at Birth	NA	NA	NA	NA	
Total Mortality	F	F	D	D	D
Risk Factors & Behaviors					
Adverse Childhood Experiences (3 or more)				NA	
Binge Drinking			B	B	B
Current Smoking Prevalence (Adults)			D	C	C
Dental Visits (Adults)			D		
First Trimester Prenatal Care			F	F	F

County
Tulsa

Estimate, Bar chart or ..
Grade (Relative to Nati..

Indicator Subject Area
☑ Causes of Death
☑ Disease Rates
☑ Mortality
☑ Risk Factors & Beha..
☑ Socioeconomic Fact..

Grade
■ A
■ B
■ C
■ D
■ F
■ NA

Additional county specific information can be found at:

County Health Profiles
https://www.ok.gov/health/Community_Health/Community_Epidemiology/County_Health_Profiles/index.html

OK2SHARE
http://www.health.state.ok.us/ok2share/

Oklahoma State Department of Health, State of the State's Health Report, Last updated 2/26/2019

Oklahoma State of the State's Health Report
Tulsa County Snapshot

		2005	2010	2015	2016	2017
Disease Rate	High Cholesterol Diagnosis (Ever)					
	Invasive Breast Cancer Incidence (female only)	C	F	D		
	Lung Cancer Incidence	D	D	D		
	Prostate Cancer Incidence	C	D	C		
Mortality	Infant Mortality	C	D	D	D	F
	Life Expectancy at Birth	NA	NA	NA	NA	
	Total Mortality	F	F	D	D	D
Risk Factors & Behaviors	Adverse Childhood Experiences (3 or more)				NA	
	Binge Drinking			B	B	B
	Current Smoking Prevalence (Adults)			D	C	C
	Dental Visits (Adults)				D	
	First Trimester Prenatal Care	F		F	F	F
	Frequent Poor Health Days (≥14 days in the past 30 days) that Limited Usual Activities			D	D	D
	Frequent Poor Mental Health Days (≥14 days in the past 30 days)			D	D	D
	Frequent Poor Physical Health Days (≥14 days in the past 30 days)			D	C	C
	Good or Better Health Rating			D	C	C
	Heavy Drinkers			B	A	B
	Low Birth Weight	C	C	C	C	C
	Minimal Fruit Consumption (<1/day)					F
	Minimal Fruit Consumption (<1/day) (Historical)			F		
	Minimal Vegetable Consumption (<1/day)					B
	Minimal Vegetable Consumption (<1/day) (Historical)			C		
	No Physical Activity			D	D	D
	Obesity (Adults)			D	C	D
	Seniors Influenza Vaccination			A	A	A
	Seniors Pneumococcal Vaccination			C	C	B
	Teen Births	D	F	F	F	F
	Usual Source of Care			D	C	C
Socio...	No Insurance Coverage			D	D	D
	Poverty					

County: Tulsa

Estimate, Bar chart or ... Grade (Relative to Nati...)

Indicator Subject Area
- ☑ Causes of Death
- ☑ Disease Rates
- ☑ Mortality
- ☑ Risk Factors & Beha...
- ☑ Socioeconomic Fact...

Grade
- A
- B
- C
- D
- F
- NA

Additional county specific information can be found at:

County Health Profiles
https://www.ok.gov/health/Communi-ty_Health/Communi-ty_Epidemiology/Coun-ty_Health_Profiles/in-dex.html

OK2SHARE
http://www.health.state.ok.us/ok2share/

Oklahoma State Department of Health, State of the State's Health Report, Last updated 2/26/2019

The Tulsa County Snapshot scorecard shows failing grades in 23 of the 43 graded areas for 2017. Those letter grades reflected a rating as compared to national averages. Depression for example was given a "D" score with a Tulsa County percentage of 24.3 relative to a national percentage of 20.5.   A closer look at OSDH reporting for Tulsa County as compared to averages for the State of Oklahoma highlight both a couple of better performing areas as well as some clear community concerns:

- Adult smokers   Tulsa County 19.5%   Oklahoma   23.3%
- Obesity   31.7%   35%
- Adults w/No Physical Activity   31.1%   36.4%
- Binge Drinking   13.9%   11.6%
- Diabetes   11%   13%
- Homicide per 100,000 population   9.3   7.2
- Suicide Deaths per 100,000   19.2   18.5

Why is all this data necessary?

This needs assessment will be 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. Secondary data analysis focused on the health and social needs of the service area, is next compared to the primary data (survey) information. Secondary data is 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 populations 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 both 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, 80 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.

Primary factors contributing to health care challenges included lack of insurance followed by lack of access. Those factors contributing to health care challenges varied after the two named, but included unemployment, transportation availability of needed services and housing/homelessness.

Both groups surveyed recognized community strengths related to health and wellness but were not consistent in the responses. Top ranking strength areas included good access to mental health services, Tulsa's parks and recreation providing opportunities for an active and healthy lifestyle and access to primary care. Both groups ranked low crime and safe neighborhoods as the lowest of the community strength areas.

In the Stakeholder Survey, 78.95% reported having a primary care doctor, having a dentist (73.68%) and having had a physical exam within the past two years (82.46%). These are indicators that access to primary care is good. 24.14% of survey respondents admitted to smoking, this is a decrease from the last CHNA survey in 2016 (27.3%). 5.26% report binge drinking and another 8.77% report binge drinking sometimes. As compared to a national average of 7.42%, Tulsa evidences expected frequency of this behavior.

68.42% reported engaging in moderate physical activity at least three times weekly and 54.39% had access to indoor exercise equipment.   Only 17.54% eat five or more servings of fruits and vegetables daily.

Most of those surveyed had some form of health insurance (69.23%) and 23.08% reported having publicly funded health care coverage through Medicare and the same amount reporting for Medicaid programs.

Mental health-specific responses in the "stakeholder survey" included 45.45% reporting having experienced psychological distress in the past year and 35.09% reported having taken prescription medication for emotional/mental health issues in the past year.

Unsurprisingly, Hospital Emergency Rooms were identified as the most likely resource for medical care for the uninsured.   Barriers to access included lack of insurance and ability to pay (including co-pays and inability to fill prescriptions). 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.)
- ✓ Mental retardation/developmental disability services
- ✓ School-based services (social work or case management services contracted with schools, etc.)
- ✓ Supported employment (i.e., assistance in obtaining employment)
- ✓ Therapeutic foster care (i.e., care for children with severe emotional and behavioral problems in private homes by trained foster parents)
- ✓ 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
- ✓ Neuropsychological services
- ✓ 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. Legal advocacy was similarly not identified this year; however, a local nonprofit is available for free and low-cost legal assistance.

The Stakeholder survey asked "what is needed to improve the health of yourself, your family and neighbors?" The top three responses were: Wellness Services (35.71%), I don't know (32.14%) and Substance Abuse Treatment or Rehabilitation programs (25%).

Both survey groups were queried as to how Parkside might help improve community health. Responses in both surveys included calls for free or affordable services, expanded capacity (more beds and programs), education and outreach. Roles that Parkside currently plays in the community appeared in the responses as well.

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 will adopt an implementation plan to address identified needs or provide an explanation why the hospital will not meet an identified community need.

Some of the identified opportunities for Parkside to improve community health included:
- Provision of more inpatient beds
- Outreach and education
- Expanded outpatient service offerings
- Working with other agencies

Some identified opportunities or needs Parkside is unable to meet at this time:
- Expansion of services/free services
- Specialty programs for autism

Existing Resources Available to Meet Needs Identified:
Some areas of community need identified in this process can be served by existing resources. Examples include:
a) 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.
b) Free Mental Health and Substance Abuse Services – These services are available to qualifying individuals through Community Mental Health Centers in Tulsa
c) Transportation – Parkside has a transportation assistance program available to its patients. Individuals who are not patients at Parkside may qualify for transportation assistance from Morton Transportation program or Sooneride.
d) 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.

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.   1,659 emails were sent and it is known that several people forwarded copies. Paper copies were distributed in the Parkside outpatient clinic and at Tulsa Housing Authority outreach event. 23 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 Choctaw 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 in Tulsa
- National Alliance for Mental Illness (NAMI Tulsa)
- 211
- Tulsa Health Department
- Sapulpa Indian Health Clinic
- VA Outpatient Clinic
- Urgent Care of Green Country
- 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 and a small number were collected at a community event.

A Look Back: Parkside's Community Health Needs Assessment 2013 and 2016

Parkside associates reviewed the accumulation of secondary data from sources including the US Census, Oklahoma State Department of Health, Oklahoma Rural Health Works, 2013 and 2016 Community Health Needs Assessment by the Tulsa City-County Health Department and others. This provided a backdrop for interpretation of the primary data obtained via two surveys and via site visits to the Parkside outpatient clinic and the Crossroads Clubhouse program. 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. The 2019 CHNA followed the same model and incorporated learning from previous study.

2019 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 remain the primary focus area for the organizations efforts to improve community health.   Parkside will soon open a new 80 bed hospital on the same campus as existing services. The new building features single occupancy rooms which will go far to eliminate barriers related to gender and bed availability. With this is also an increase in capacity, that can be expected to, in small part, mitigate a recent loss of programs and beds with two other Tulsa providers.   Space will become available in the former hospital building that can be utilized for new levels of care and expanded service offerings.   As of December 2019, the new hospital has attained a status of Substantial Completion.   It is fully expected that the new building will be opened to patient care in January of 2020. Parkside's Substance Abuse Treatment Committee is currently evaluating potential new substance abuse treatment service offerings for both inpatient

residential and outpatient levels of care. Discussions at this time are largely focused on possible residential and opioid treatment offerings.   Parkside has a comprehensive performance improvement plan in place and seeks to continuously monitor quality and seek improvements.

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 education. Parkside currently has a culture of wellness and actively seeks to promote 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 include expanded education efforts to outpatients, such as the distribution of anti-smoking information and smoking cessation resources through the patient assistance program. Parkside will disallow tobacco use among inpatients with the opening of the new hospital and specific interventions will be introduced to manage the impact among patents. Interventions will include, among other things, FDA approved medications for tobacco cessation and discharge prescriptions for the same. All patients will be introduced to tobacco cessation resources.

Prioritized need #3: Community Outreach

Collaboration, cooperation and communication among providers was mentioned in survey comments in all three 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.
- Seek to educate within and outside the organization about available resources including free services within the community, food and other social assistance available in the community, transportation assistance available and other such resources.
- Increase community awareness of resources through creation of resource sheets outlining available support and making these widely available during education and outreach activities, as well as to our patient population.

- Working with our Assessment & Referral Department and the website editor to catalog resources and have information publicly available 24 hours a day.
- 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.

Prioritized need #4: Suicide

Suicidal thoughts or attempts are among the very most common presenting problem for admissions at Parkside. The organization has recently adopted a zero-suicide intuitive. 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 is committed to action. According to the research, 1.3 million adults attempted suicide within the past year. Suicide cost society an estimated $50.8 billion in medical and lost work costs in 2013.Suicide is the tenth leading cause of death in this country, claiming more than 47,000 lives in 2017. According to The National Institute of Mental Health, twice as many people took their own lives than were victims of homicides. If those statistics aren't compelling enough, hear this - suicide is the second leading cause of death for people between the ages of 10 and 34, with unintentional injuries as the first. According to the Tulsa Mental Health Plan, within Tulsa Public Schools, a suicide note is received from a student virtually every day.

Parkside has implemented the following best practices:

a) Designed the units to maximally reduce risk of ligature and other self-harm.

b) Implemented the Columbia Suicide Severity Rating Scale screening tool for admission assessments, nursing assessments, and outpatient therapy assessments.

c) Implemented Stanley-Brown safety plan interventions in outpatient and inpatient settings for patients identified as at-risk for suicide.

d) 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.

e) 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.

Appendix

Surveys:

Professional Survey – 47 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.
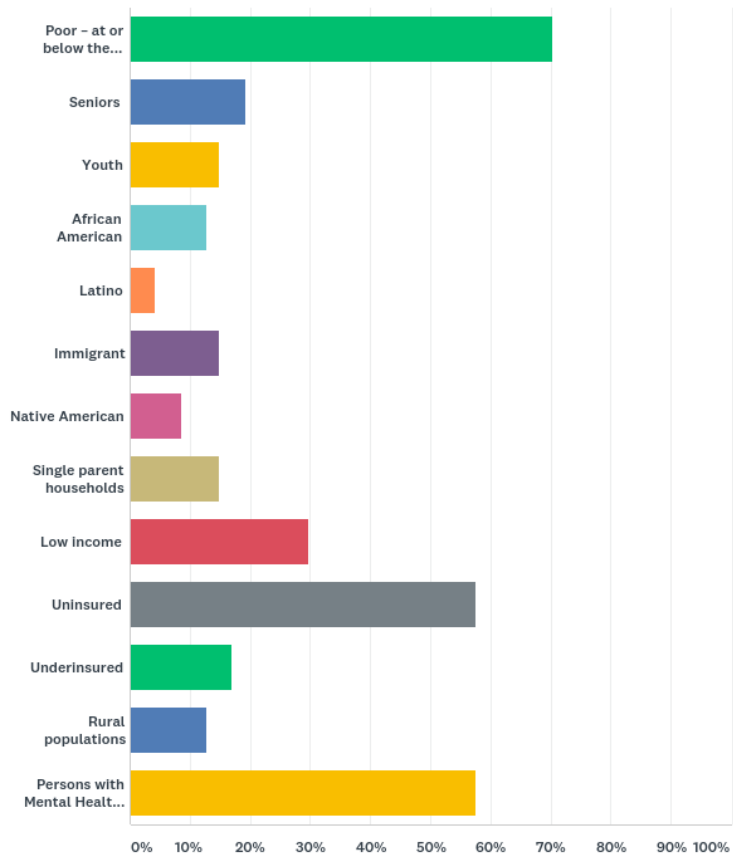
Q2 What are the main factors contributing to their health care challenges? Please share both individual and systemic/environmental factors. Choose up to three.
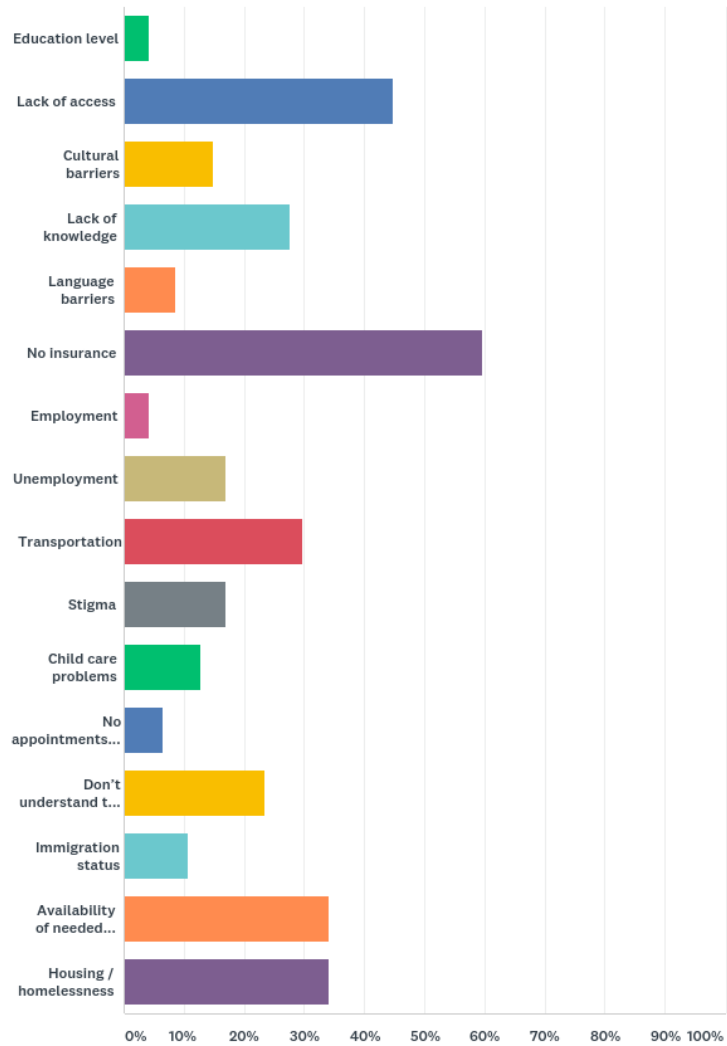
Q3 What strategies, best practices or programs are most successful in addressing these factors/challenges?
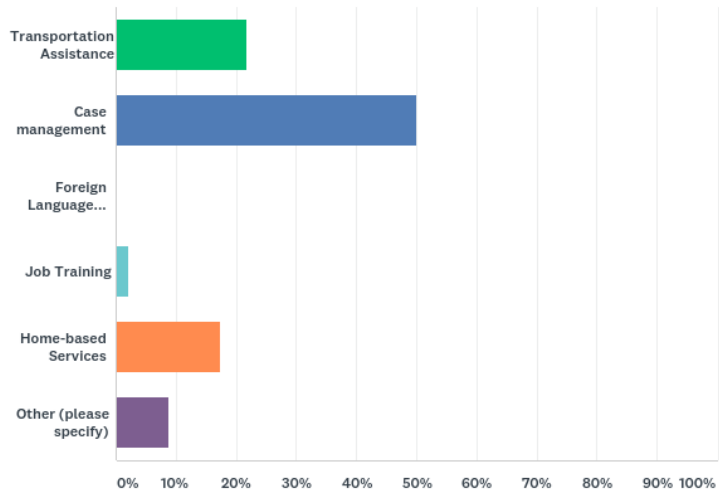
Q4 What are Tulsa area community strengths related to health and wellness? Please choose three.
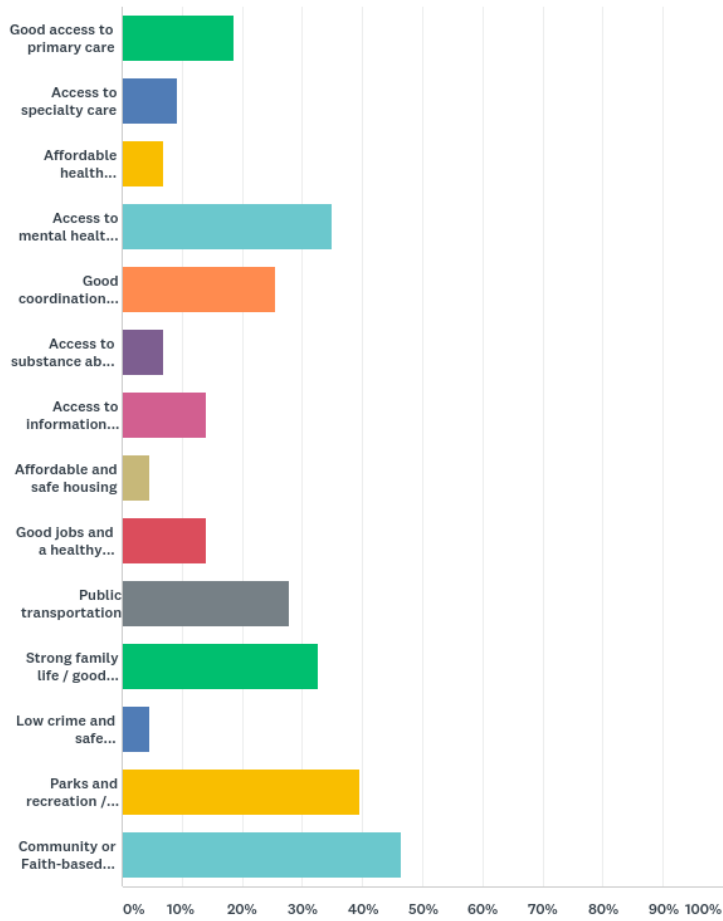
Q5 Please share with us the population or group you represent or serve. Please select only one.
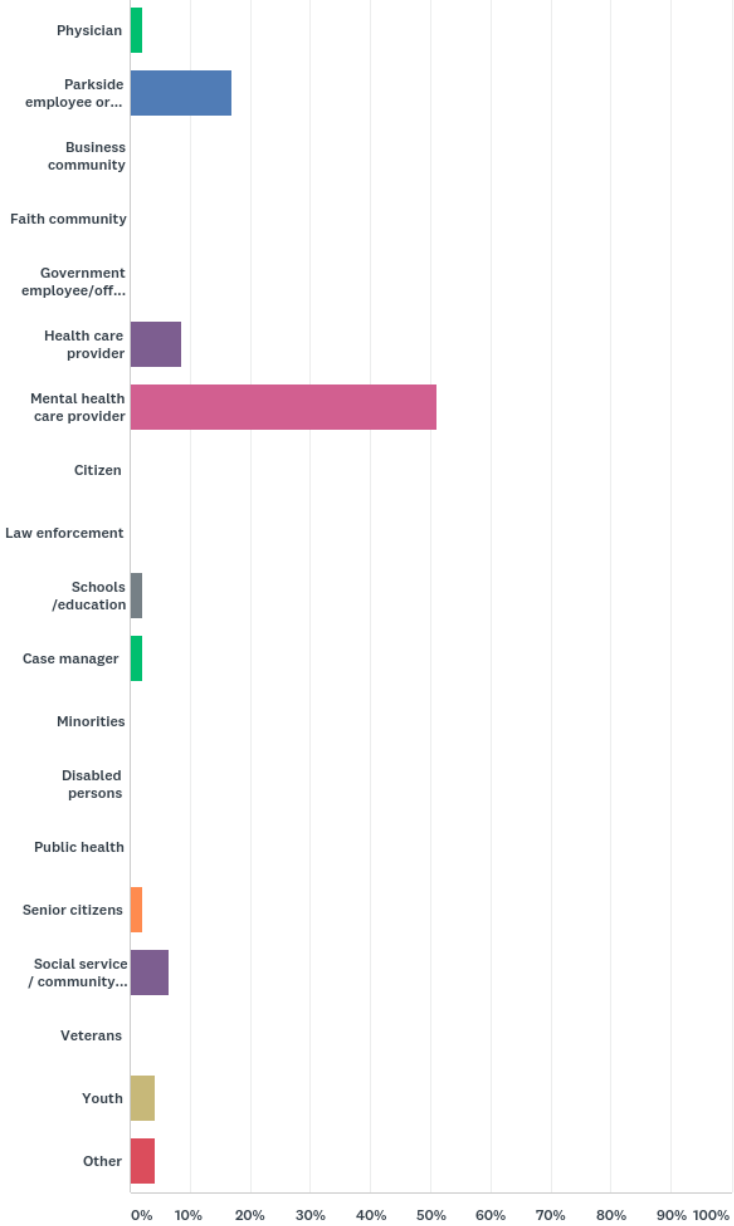
Q6 What are the greatest health challenges or concerns in the community that you represent? Please select up to five.
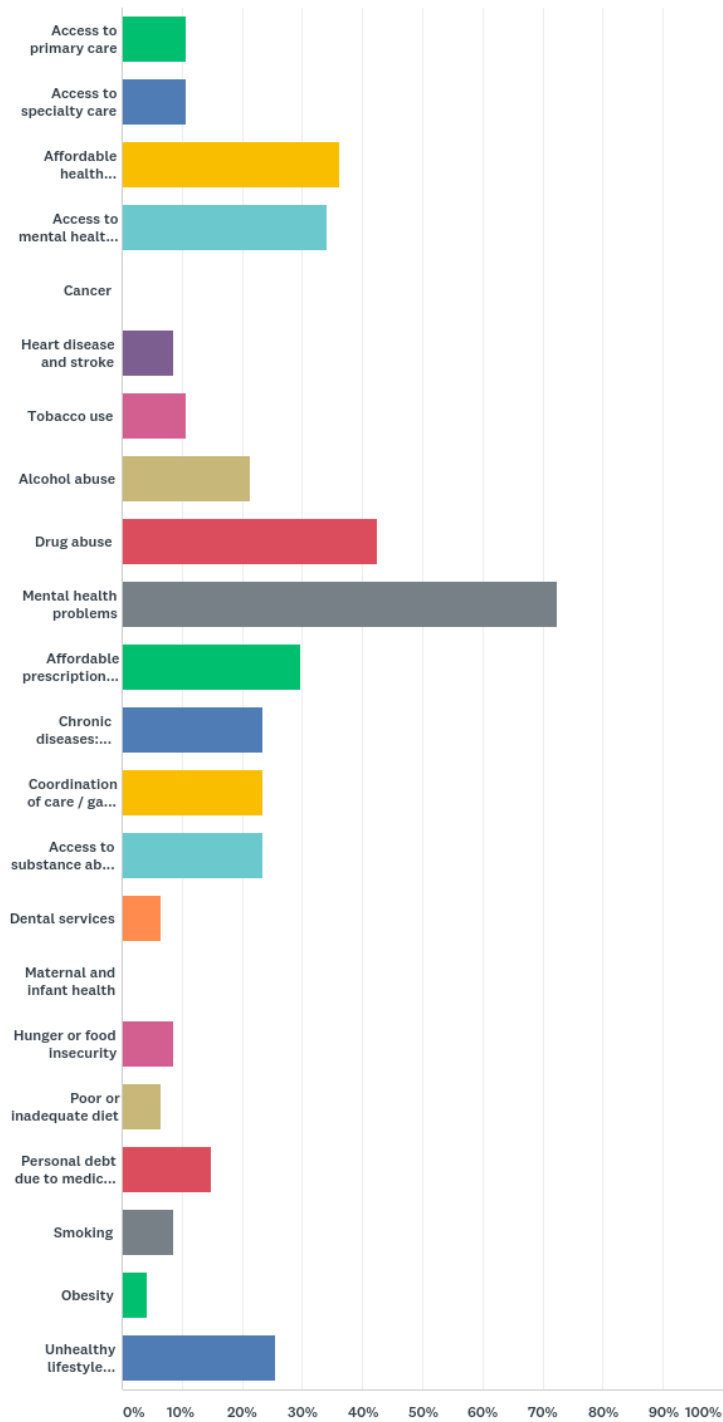
Q7 What addiction or mental health needs in the Tulsa area are not being adequately met by existing services?

Answered: 41   Skipped: 6

#	RESPONSES	DATE
1	In patient substance abuse adults	12/3/2019 2:00 AM
2	Therapy and trauma for the uninsured. Not enough SA treatment beds.	12/2/2019 8:00 PM
3	Affordable IOP (evenings of days); coordination among providers	11/24/2019 4:53 PM
4	children with higher need care	11/20/2019 10:01 PM
5	Lack of funding that supports a full continuum of care; therefore, we don't have the services we need.	11/19/2019 11:41 PM
6	More Pediatric Inpatient treatment beds needed	11/11/2019 9:53 PM
7	outpt mental health counseling; shortage of inpt psych beds	11/11/2019 7:01 PM
8	Children with history of autism and/or developmental delay needing inpatient psychiatric services.	11/10/2019 11:42 PM
9	IP Tx including for the insured	11/10/2019 8:34 PM
10	Substance abuse for adolescents Intensive out patient programs Partial hospitalization Group therapy or support groups Educational needs for students with mental health problems	11/9/2019 6:55 PM
11	Not enough detox beds, Or special longer-term detox for opiates. Not enough MH & SA beds for uninsured. Little or no reliable transportation services. Multi-disciplinary holistic healthcare for clients, coordinating together: MH/SA, Exercise & Health, Psychosocial needs.	11/9/2019 3:28 PM
12	more beds for detox and residential care, better transition between the two	11/9/2019 5:14 AM
13	Mental health services specifically for geriatric Pt, adolescent and children.	11/8/2019 8:46 PM
14	Inpatient care for older teens that include family	11/8/2019 7:14 PM
15	Inpatient psych services for children and adolescents.	11/8/2019 6:44 PM
16	Longer term options for out of home placement.	11/8/2019 5:13 PM
17	Heroin, bipolar mental illness, homelessness.	11/8/2019 5:06 PM
18	Substance Abuse Inpatient Care for Adolescents	11/8/2019 4:50 PM
19	Childhood Trauma	11/8/2019 4:23 PM
20	Education to our patients	11/8/2019 4:06 PM
21	Transportation - the Tulsa bus system is inadequate. Housing - not enough places accept section 8 vouchers any more.	11/8/2019 3:47 PM
22	Transportation to services.	11/8/2019 3:46 PM
23	Harm reduction services, accessible addiction treatment, and Medicaid expansion.	11/8/2019 3:10 PM
24	Chronic mental health	11/8/2019 2:58 PM
25	The uninsured population, especially for substance abuse.	11/8/2019 1:46 PM
26	Inpatient services	11/8/2019 2:11 AM
27	Adolescent mental health	11/8/2019 1:51 AM
28	Seniors with mental health problems are underserved.	11/8/2019 12:21 AM
29	Substance abuse treatment	11/7/2019 11:21 PM
30	Inpatient psychiatric	11/7/2019 11:14 PM
31	Pain medication/pain management	11/7/2019 11:07 PM

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32	minimal addiction resources inpatient beds have decreased in number	11/7/2019 10:59 PM
33	Long term inpatient services.	11/7/2019 10:47 PM
34	There are not enough beds for detox, or residential programs. Often long wait list.	11/7/2019 10:35 PM
35	We need more psychiatrists, psychiatric pas, or psychiatric nps to provide medications. More true case management services. Housing. More intensive outpatient programs.	11/7/2019 10:11 PM
36	low IQ mental health treatment	11/7/2019 10:06 PM
37	Residential substance use programs. Lack of funding	11/7/2019 9:57 PM
38	Long term care for extreme cases of mental health for both adults and children.	11/7/2019 9:48 PM
39	Lack in residential treatment for substance abuse. No partial hospital programs for adults. Lack of psychosocial rehabilitation programs for the seriously mentally ill	11/7/2019 9:45 PM
40	Prevention programs	11/7/2019 9:39 PM
41	Beds for youth are limited	11/7/2019 9:36 PM

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

Answered: 36   Skipped: 11

#	RESPONSES	DATE
1	AA Therapists with LADC experience	12/3/2019 2:00 AM
2	there are some services unlike other towns in OK. There is public transportation to these services. SA treatment for the uninsured available at 12 and 12. Subsidized housing thru MHAT.	12/2/2019 8:00 PM
3	F&CSs always seems to have appointments	11/24/2019 4:53 PM
4	committment	11/20/2019 10:01 PM
5	Knowledgeable providers willing to go the extra mile to try to fill gaps.	11/19/2019 11:41 PM
6	Variety of outpatient services available	11/11/2019 9:53 PM
7	faith communities, recreation options	11/11/2019 7:01 PM
8	Lots of substance abuse resources.	11/10/2019 11:42 PM
9	crisis services	11/10/2019 8:34 PM
10	Some low cost/affordable outpatient mental health options. Indian health care Bus transit Community trainings	11/9/2019 6:55 PM
11	Good referral, information, organization, cooperation btwn providers. The MENTAL HEALTH ASSOCIATION OF OKLAHOMA is fantastic!	11/9/2019 3:28 PM
12	good people working in the field	11/9/2019 5:14 AM
13	Care for children	11/8/2019 7:14 PM
14	The providers in place provide good care.	11/8/2019 5:13 PM
15	Family and Children Services are plugging away at the mountain of humans unable to provide for themselves due to Mental Illness, unemployment etc.	11/8/2019 5:06 PM
16	Youth Services of Tulsa but no inpatient care	11/8/2019 4:50 PM
17	Law enforcement training	11/8/2019 4:23 PM
18	Oxford houses, choices of Community Mental Health Centers	11/8/2019 3:47 PM
19	The greatest strength of mental health services in Tulsa are the client served. The client served tend to exemplify Hope theory, determination, and immeasurable strength despite extensive trauma history.	11/8/2019 3:10 PM
20	good	11/8/2019 2:58 PM
21	There is an adequate population of skilled providers, but an inadequate amount of state funding to pay them to serve the uninsured.	11/8/2019 1:46 PM
22	There are several service providers who are embedded in school settings, which is absolutely vital to the mental health of our youth.	11/8/2019 2:11 AM
23	We have a variety of mental health services to address addiction and case management needs.	11/8/2019 12:21 AM
24	Awareness of the problem	11/7/2019 11:21 PM
25	Philanthropy & collaboration	11/7/2019 11:14 PM
26	The future of Parkside, community mental health for uninsured, food distribution services in the community	11/7/2019 11:07 PM
27	community collaboration PACT programs good mental health housing	11/7/2019 10:59 PM
28	Quality but not enough addiction and mental health services.	11/7/2019 10:47 PM

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29	A variety of services are available from non-profit to for profit.	11/7/2019 10:35 PM
30	A tightly knit provider community. The PACT teams at OU and F&CS. The mental health association. Good acute care.	11/7/2019 10:11 PM
31	a wide-variety of agencies for outpatient services	11/7/2019 10:06 PM
32	MAT services more available than they were a year ago.	11/7/2019 9:57 PM
33	Opportunities to receive free services.	11/7/2019 9:48 PM
34	Professional dedication.	11/7/2019 9:45 PM
35	Parkside	11/7/2019 9:42 PM
36	Organizations working together	11/7/2019 9:36 PM

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Q9 Please indicate the issues for which you serve clients

Category	
Anxiety disorders	
Major depressive...	
Bipolar disorder	
Personality disorders	
Delirium	
Dementia	
Schizophrenia or other...	
Childhood disorders...	
Disorders related to t...	
Eating disorders	
Substance-related disorders	
Adjustment disorders	
Sexual orientation ...	
Child physical and/or sexua...	
Developmental disorders...	
Traumatic/organic brain inj...	
Post traumatic stress disorder	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Q10 Please identify services that you (your organization) currently provide:
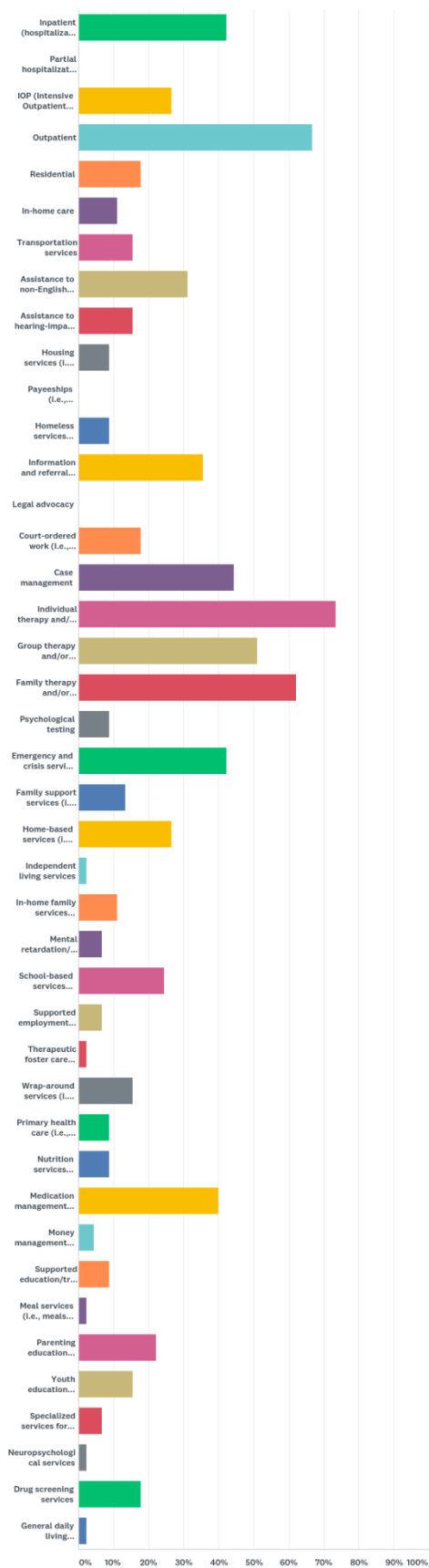
Q11 What opportunities exist for Parkside Psychiatric Hospital & Clinic that address these challenges and may improve community health?

Answered: 28   Skipped: 19

#	RESPONSES	DATE
1	IDK	12/3/2019 2:00 AM
2	expand inpatient child and adolescent beds	11/20/2019 10:01 PM
3	Added inpatient treatment beds	11/11/2019 9:53 PM
4	expansion of inpatient units; more PR re: outpatient services and how to refer	11/11/2019 7:01 PM
5	Offer variety of Intensive outpatient programs Multiple Group therapy Options Resources for higher functioning populations in need. Substance abuse for adolescent or high functioning adults	11/9/2019 6:55 PM
6	As a consumer myself, I have made rapid positive change and MH/physical health stability through consistent (& fun) exercise. It is an absolutely critical need in mental health!!! **Provide a variety of levels of physical exercise programs for your clients, their families & any MH/SA affected public—at no cost—utilizing our lovely parks, public spaces. ** And coordinate stipends w/ local Ys & Boys & Girls Clubs. **Provide more transportation services or coordinate w city/county orgs to provide a transportation network. **Contract with tribes to provide all levels of care. **Reach out to churches to offer speakers/events, education to clergy & laity on available community services, how to make referrals & to decrease stigma.	11/9/2019 3:28 PM
7	take patients with health issues, including history of seizures if they are stable, have services for people disabilities	11/9/2019 5:14 AM
8	school based pet therapy	11/9/2019 12:13 AM
9	More community involvement in helping others be aware of the services provided, length of stay and aftercare awareness.	11/8/2019 7:14 PM
10	Broader array of outpatient-level services.	11/8/2019 5:13 PM
11	my understanding is they provide what the title is a hospital and clinic for those who suffer and need intervention for their mental illnesses.	11/8/2019 5:06 PM
12	I don't know.	11/8/2019 4:50 PM
13	adult inpatient beds	11/8/2019 3:47 PM
14	education and counseling	11/8/2019 2:58 PM
15	Funding for uninsured and transportation services.	11/8/2019 1:46 PM
16	I do not know.	11/8/2019 2:11 AM
17	The new facility will hopefully have more beds available for adolescents and adults in need for inpatient care.	11/8/2019 1:51 AM
18	Substance abuse treatment (inpatient, intensive outpatient, outpatient, residential)	11/7/2019 11:21 PM
19	Add more adolescent beds	11/7/2019 11:14 PM
20	To work more closely with the agencies that provide the services we don't	11/7/2019 11:07 PM
21	Increased capacity for services.	11/7/2019 10:47 PM
22	Increase services for people without insurance. Bed availability for detox and substance abuse treatment.	11/7/2019 10:35 PM
23	I would LOVE to see more specialized mental health care services for youth (low IQ, RAD, Autism Spectrum Disorders, etc.)	11/7/2019 10:06 PM
24	Residential substance use program Independent living for SUD Transitional Living for SUD	11/7/2019 9:57 PM
25	Long term care for extreme mental health diagnosis.	11/7/2019 9:48 PM

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26	Expansion of our services for substance abuse- MAT, residential. Adding beds with the new hospital	11/7/2019 9:45 PM
27	Autism support groups,	11/7/2019 9:39 PM
28	Accessibility to greater number of beds for those needing treatment. Community outreach for the under resourced individuals living with severe mental health challenges.	11/7/2019 9:36 PM

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Q12 Please tell us who you are (Optional):

- Answered: 17
- Skipped: 30

Those responding with personal information identified affiliation with the following:
- **Family & Children's Services**
- **Recovery In Oklahoma**
- **Saint Francis Hospital**
- **Psychiatric Associates**
- **Tulsa Boys' Home**
- **Mind Spa LLC**
- **Counseling and Recovery Services of Oklahoma**
- **Parkside**
- **Rebound Mental Health**
- **Independent Licensed Professional Counselor**
- **Sui Generis Counseling & Life Care Services**
- **Private Practice**
- **CALM CENTER**
- **OU IMPACT**
- **Daybreak Family Services**
- **CREOKS**
- **Rogers County Youth Services**

Stakeholder Survey – 33 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.
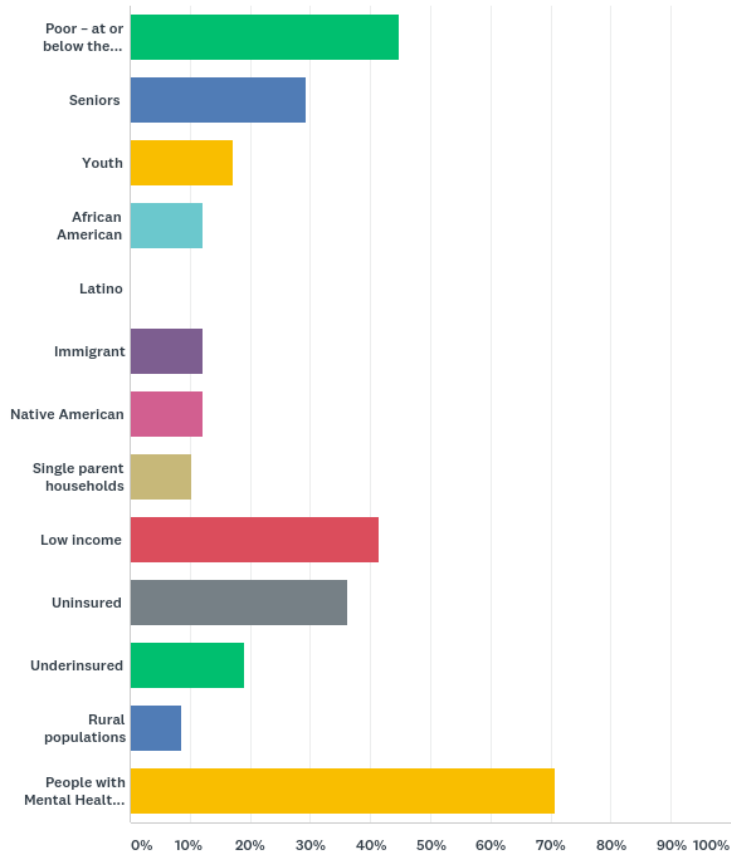
Q2 What are the main factors contributing to their health care challenges? Choose up to three.

Factor	
Education level	~21%
Lack of access	~38%
Cultural barriers	~10%
Lack of knowledge	~26%
Language barriers	~6%
No insurance	~64%
Employment	~6%
Unemployment	~34%
Transportation	~34%
Stigma	~10%
Immigration status	~8%
Availability of needed...	~21%
Housing / homelessness	~21%
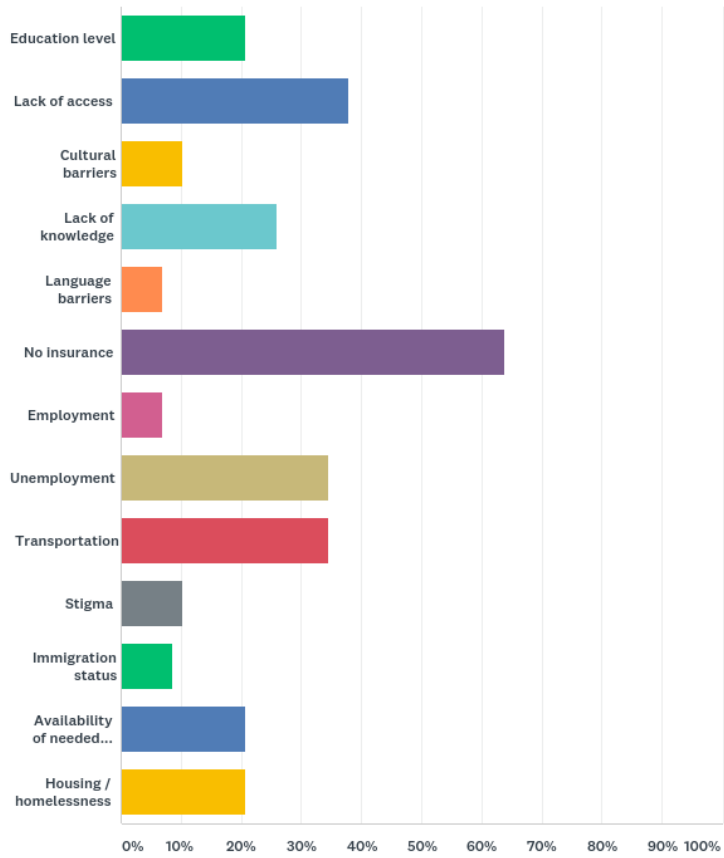
Q3 What are Tulsa area community strengths related to health and wellness? Please choose five.
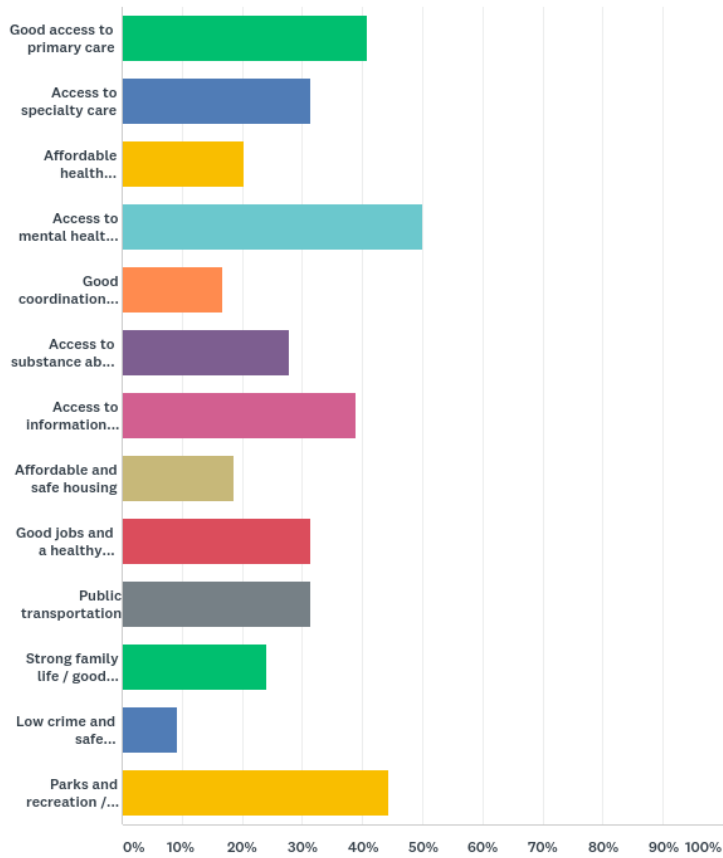
Q4 Do you have a primary care doctor?
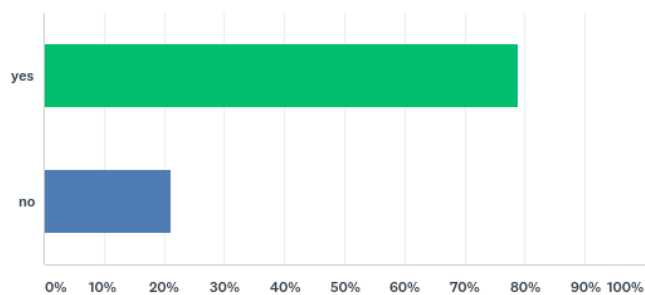
Q5 Have you had a physical exam in the past two years?
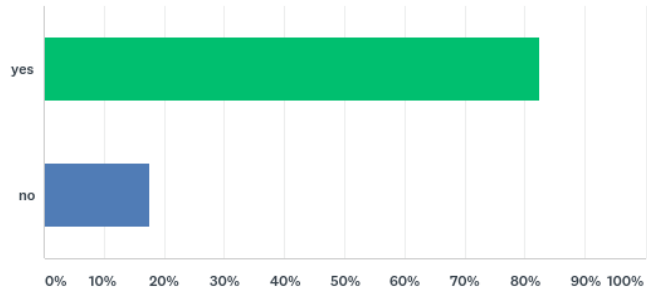
Q6 Do you have a dentist?
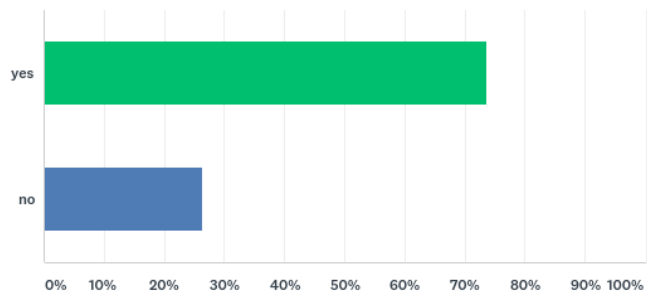
Q7 Do you smoke?
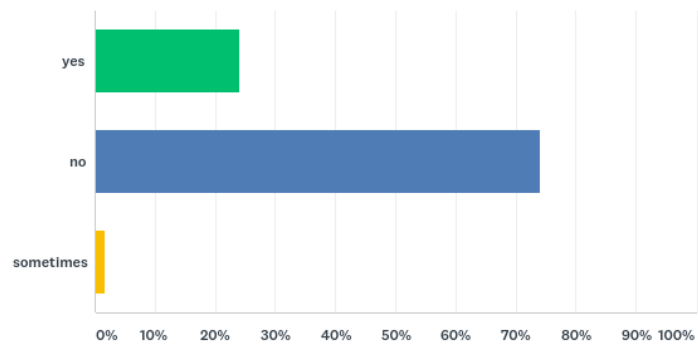
Q8 Do you live with someone who smokes?

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
yes											
no											
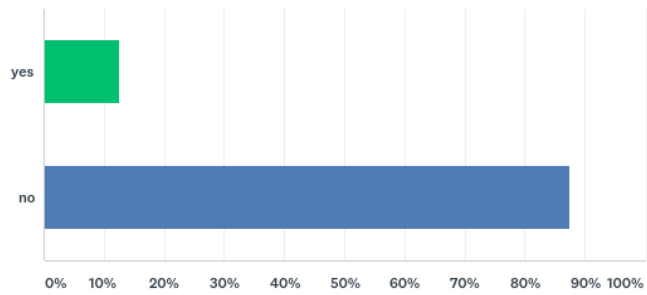
Q9 Do you engage in binge drinking? (5+ drinks for men, 4+ drinks for women on a single occasion)

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
yes											
no											
sometimes											
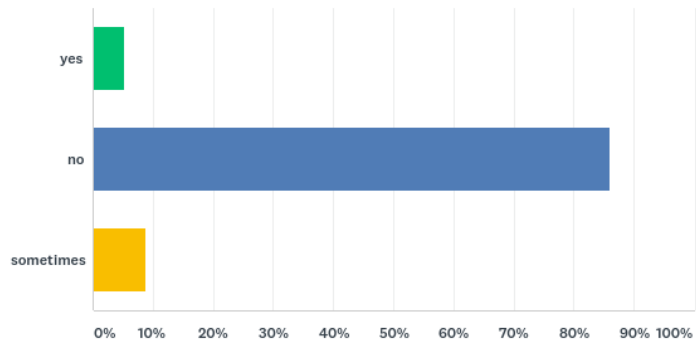
Q10 Do you eat five or more servings of fruit and vegetables each day?

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
yes											
no											
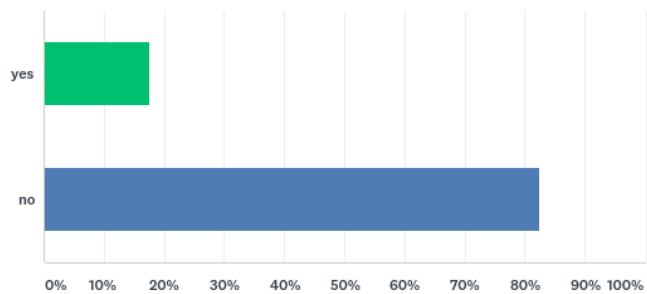
Q11 Do you engage in moderate physical activity at least three times per week?
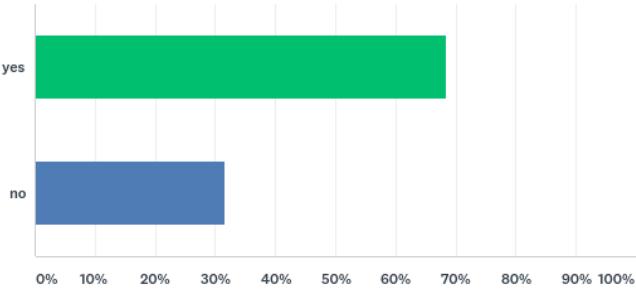
Q12 Do you have access to indoor exercise equipment?
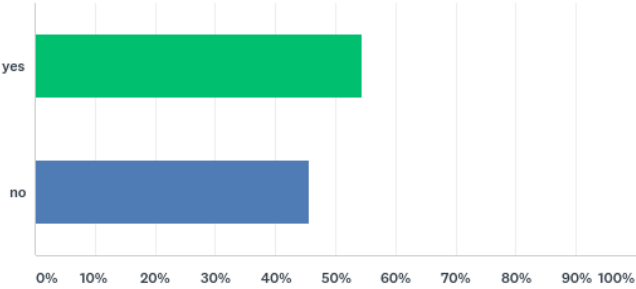
Q13 Do you live in generally safe and affordable housing?
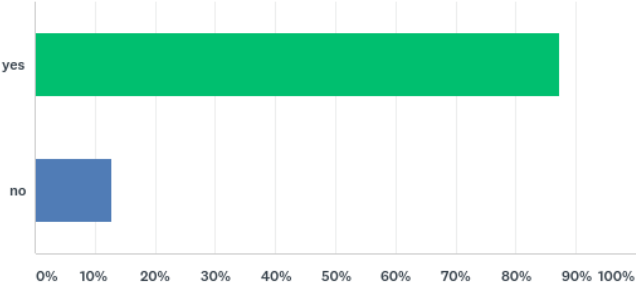
Q14 Do you have access to a full service grocery store, with fresh produce, at least once a week?
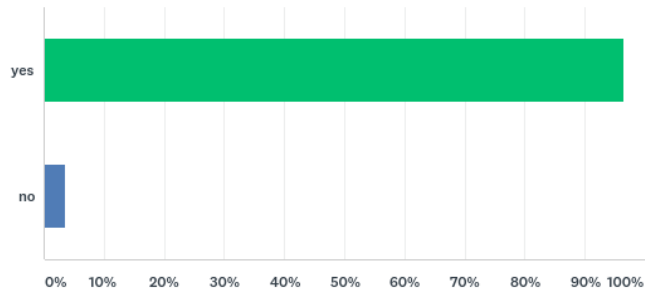
Q15 Do you have:
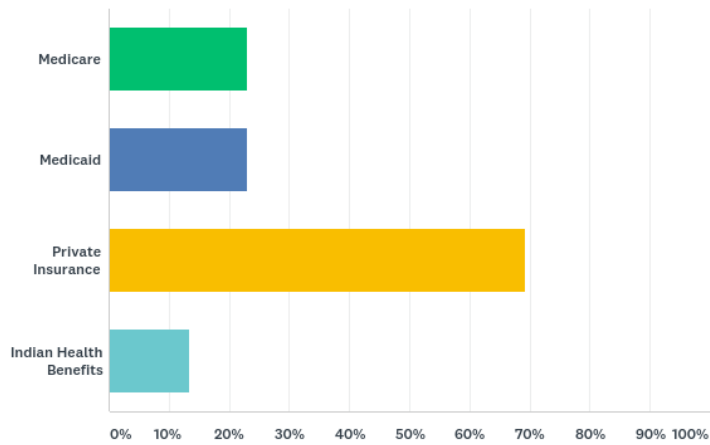
Q16 Have you seen a doctor in the past year?
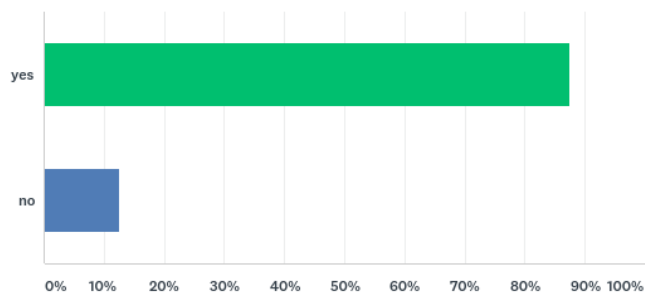
Q17 Have you experienced psychological distress during the past year?
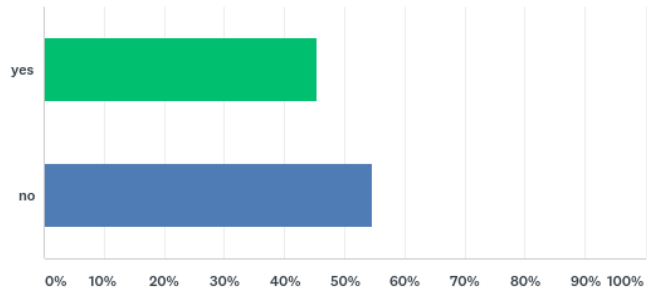
Q18 Have you seen a mental health provider during the past year?
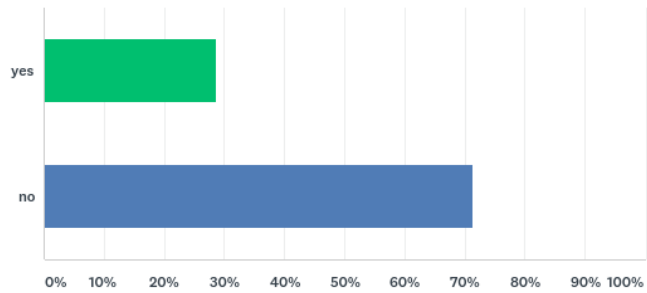
Q19 Have you taken prescription medication for emotional/mental health issues in the past year?
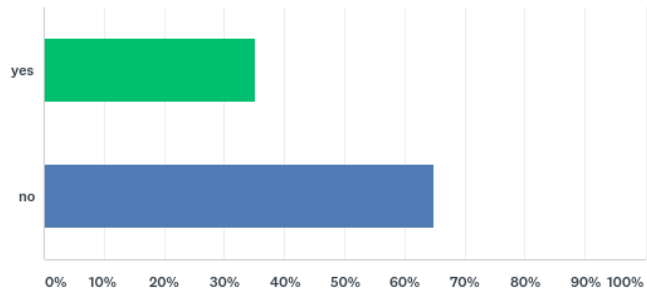
Q20 In the past year, have you been a victim of:
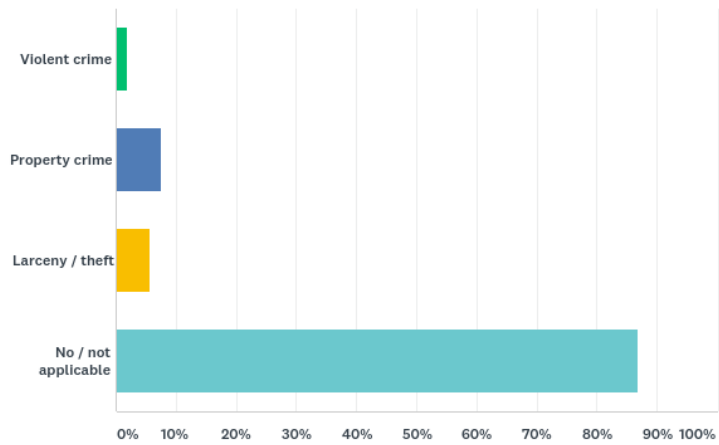
Q21 Where do most uninsured or underinsured people go when they need medical care?
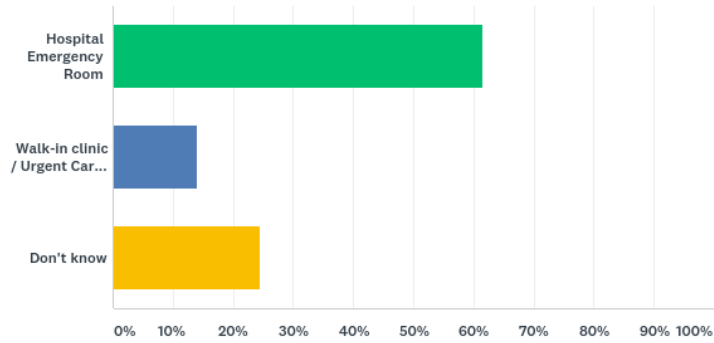
## Q22 Where do most uninsured / underinsured people go when they need mental health care?
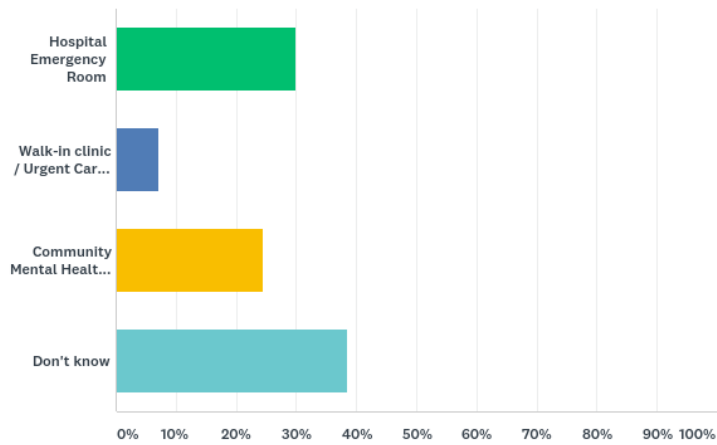
Q23 Thinking about mental health and substance abuse treatment needs, what do you believe are the greatest barriers to care? Please select up to three.
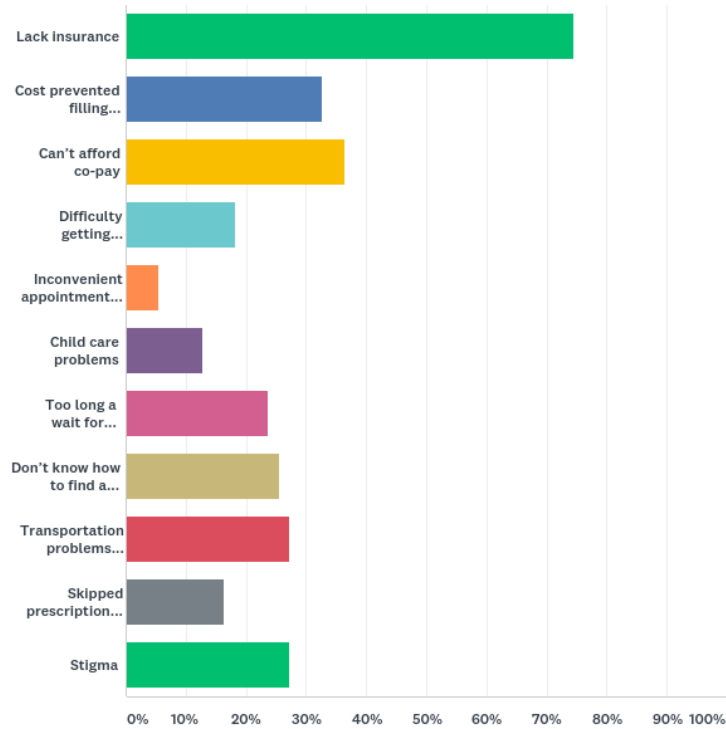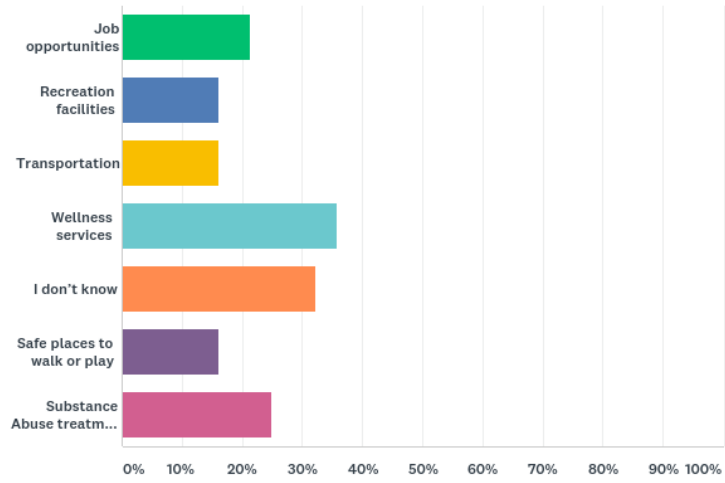

Q24 Do you go to more than one provider for mental health care and/or psychiatric medications?
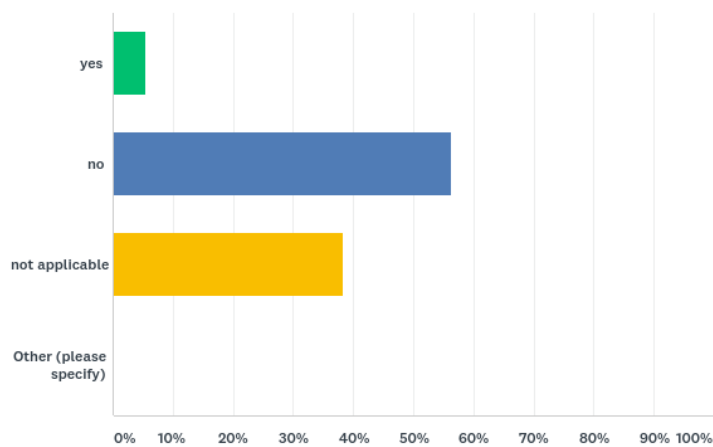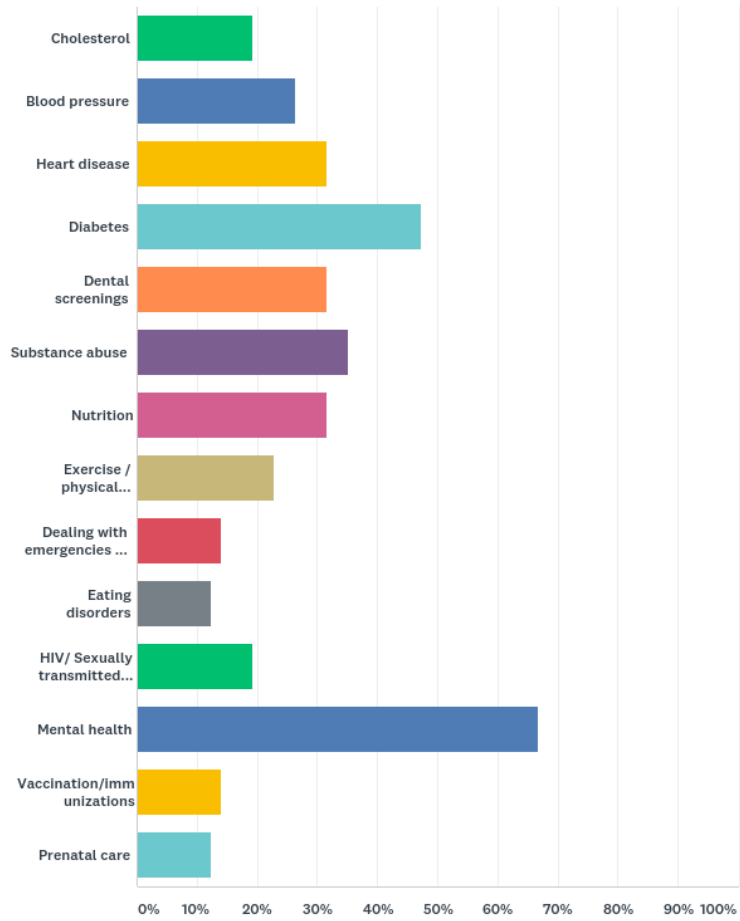
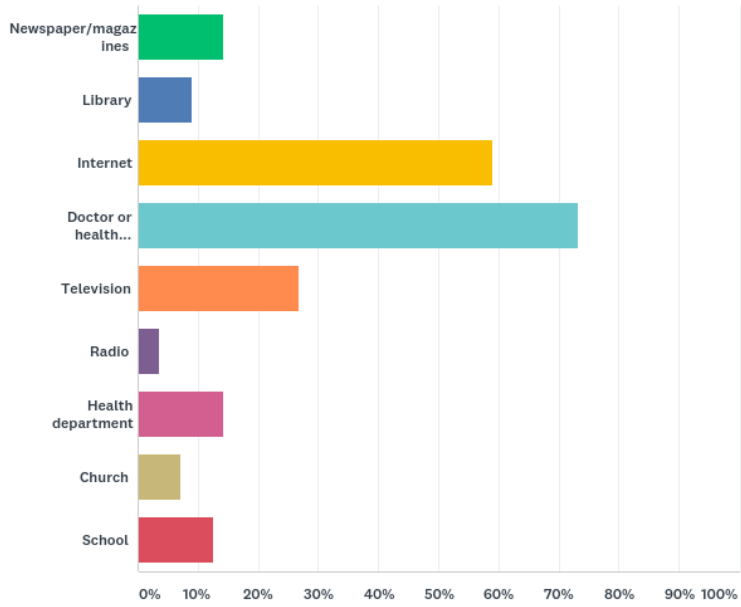## Q25 What factors have interfered in your mental health or substance abuse treatment in the past year?
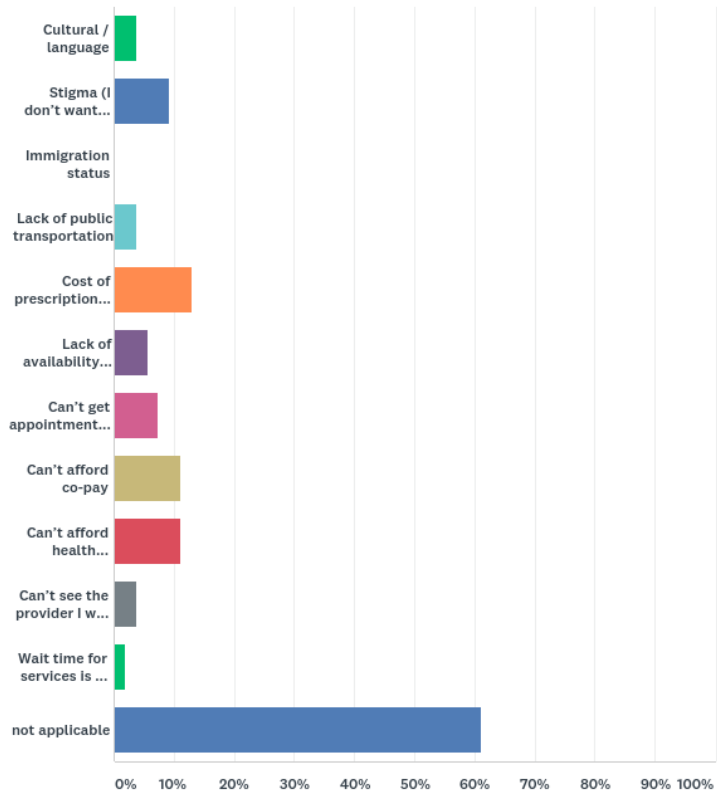
Q26 What is needed to improve the health of yourself, your family and neighbors?

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: 20   Skipped: 38

#	RESPONSES	DATE
1	Expand psychiatric care to include low IQ/ID/autism	12/4/2019 3:21 AM
2	I think you are already providing excellent service to Tulsa and the surrounding communities. Thank you.	12/3/2019 9:23 PM
3	Not sure meds that work	12/3/2019 7:43 PM
4	Get the real mental people off the street and out of apartments	12/3/2019 7:38 PM
5	I am a school counselor. I see students who seek outside services that are difficult to continue due to scheduling, expense, changing counselors, etc. I feel like our access to mental health resources is a problem in Tulsa.	12/3/2019 4:08 PM
6	provide emergency mental health services, (like the calm center) and we need more beds for child/ adolescent inpatient services	12/3/2019 2:55 PM
7	Parkside has helped several teens I know who are at risk for suicide	12/2/2019 10:19 PM
8	Just keep doing what they're doing Parkside is doing a great job helping me and my family	12/2/2019 9:51 PM
9	Provide free mental health assessments to our families in need.	12/2/2019 8:06 PM
10	Outreach on wellness	12/2/2019 7:25 PM
11	Thank you for all that you do! Parkside is an asset to Tulsa.	12/2/2019 7:13 PM
12	Affordable services and medications, mental health care for those who have more critical needs than can be served on an outpatient basis, free or low cost transportation, access to mental health care after business hours are some of the more immediate needs in my community.	12/2/2019 6:25 PM
13	Prevention is the key to healthy communities and that is a hard one for any one entity to take on. Where do you start? Mental health, substance abuse, and crime seem to go hand in hand at least in adults. How do you prevent substance abuse? I wish I had the answer.	12/2/2019 6:25 PM
14	Sooner appointment availabity	11/26/2019 8:42 PM
15	We could use a location on the South, side of Tulsa	11/26/2019 8:16 PM
16	Fresh veg and fruits market	11/26/2019 8:08 PM
17	not sure?	11/26/2019 4:32 PM
18	Help to get medical insurance	11/26/2019 4:30 PM
19	Help	11/26/2019 4:25 PM
20	Get more info out there.	11/26/2019 4:08 PM