



# Parkside Psychiatric Hospital & Clinic Community Health Needs Assessment



12/23/2016

Parkside Psychiatric Hospital & Clinic  
1620 E. 12<sup>th</sup> St.  
Tulsa, OK 74120

[www.parksideinc.org](http://www.parksideinc.org)

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

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## **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 |                       |



## **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 served through the outpatient clinic. The primary Parkside service area thus is Tulsa County, Oklahoma, though a smaller 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, Juvenile Bureau of the District Court, 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 86 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.

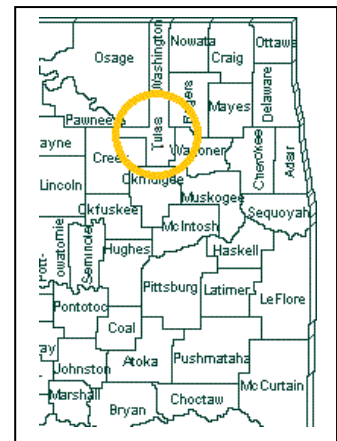
## Secondary Data Collection – Quantitative and Statistical Data

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)

<i>Population</i>	
Population estimates, July 1, 2015, (V2015)	639,242
Population estimates base, April 1, 2010, (V2015)	603,440
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	5.9%
Population, Census, April 1, 2010	603,403
<i>Age and Sex</i>	
Persons under 5 years, percent, July 1, 2015, (V2015)	7.3%
Persons under 5 years, percent, April 1, 2010	7.4%
Persons under 18 years, percent, July 1, 2015, (V2015)	25.5%
Persons under 18 years, percent, April 1, 2010	25.6%
Persons 65 years and over, percent, July 1, 2015, (V2015)	13.2%
Persons 65 years and over, percent, April 1, 2010	12.1%
Female persons, percent, July 1, 2015, (V2015)	51.3%
Female persons, percent, April 1, 2010	51.2%
<i>Race and Hispanic Origin</i>	
White alone, percent, July 1, 2015, (V2015)	73.4%
White alone, percent, April 1, 2010	69.2%
Black or African American alone, percent, July 1, 2015, (V2015)	10.8%
Black or African American alone, percent, April 1, 2010	10.7%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015)	6.8%
American Indian and Alaska Native alone, percent, April 1, 2010	6.0%
Asian alone, percent, July 1, 2015, (V2015)	3.0%
Asian alone, percent, April 1, 2010	2.3%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015)	0.1%
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010	0.1%
Two or More Races, percent, July 1, 2015, (V2015)	5.9%
Two or More Races, percent, April 1, 2010	5.8%



Hispanic or Latino, percent, July 1, 2015, (V2015)	12.1%
Hispanic or Latino, percent, April 1, 2010	11.0%
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	63.2%
White alone, not Hispanic or Latino, percent, April 1, 2010	65.2%
<i>Other Population Characteristics</i>	
Veterans, 2011-2015	41,029
Foreign born persons, percent, 2011-2015	8.2%
<i>Housing</i>	
Housing units, July 1, 2015, (V2015)	279,871
Housing units, April 1, 2010	268,426
Owner-occupied housing unit rate, 2011-2015	59.7%
Median value of owner-occupied housing units, 2011-2015	\$138,500
Median selected monthly owner costs -with a mortgage, 2011-2015	\$1,241
Median selected monthly owner costs -without a mortgage, 2011-2015	\$431
Median gross rent, 2011-2015	\$774
Building permits, 2015	2,636
<i>Families and Living Arrangements</i>	
Households, 2011-2015	246,080
Persons per household, 2011-2015	2.50
Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	81.2%
Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	13.0%
<i>Education</i>	
High school graduate or higher, percent of persons age 25 years+, 2011-2015	88.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	30.4%
<i>Health</i>	
With a disability, under age 65 years, percent, 2011-2015	9.8%
Persons without health insurance, under age 65 years, percent	17.2%
<i>Income and Poverty</i>	
Median household income (in 2015 dollars), 2011-2015	\$49,759
Per capita income in past 12 months (in 2015 dollars), 2011-2015	\$28,350
Persons in poverty, percent	15.9%

(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 (73.4%) followed by Hispanic/Latino (12.1% ) and Black/African American (10.8%).
- English is the primary language, though an estimated 13% speak other than English at home.
- The area is well educated with 30.4% of those 25 years and older having a Bachelors degree or higher and 88.8% being high school graduates or higher, ahead of a state-wide average of 86.9%.
- Persons in poverty are estimated at 15.9%, slightly under a state estimate of 16.1%.
- According to the US Census, 17.2 % of Tulsans are uninsured. The overall state estimate is 16.2%.
- Per capita income is \$28,350.
- Median household income is \$49,759.
- Tulsa County Unemployment for 2014 was officially at 5%

## Persons receiving public assistance

	Tulsa County			State of Oklahoma		
	2011	2012	2013	2011	2012	2013
<b>TANF (Monthly Averages)</b>						
Total Cases	1,377	1,330	1,243	9,371	8,889	8,218
Total Persons Receiving TANF	3,261	3,207	2,922	21,406	20,406	18,476
Rate per 1,000 Population	5.3	5.3	4.7	5.7	5.4	4.8
Total Children Receiving TANF	2,650	2,598	2,395	17,317	16,663	15,300
Rate per 1,000 Children	17.0	16.7	15.1	18.5	17.8	16.2
<b>SNAP (Monthly Averages)</b>						
Total Unduplicated Cases	57,026	59,713	58,900	268,988	279,343	279,343
Payments per Case	\$292	\$284	\$279	\$291	\$283	\$283
No. of Persons	86,694	87,785	127,397	609,723	615,467	615,467
Rate per 1,000 Population	142.0	143.8	204.7	160.8	162.3	159.8
<b>Medicaid (SoonerCare)</b>						
Total Medicaid Cases	NA	NA	NA	NA	NA	NA
Total Persons Receiving Medicaid	146,568	153,394	163,489	941,970	975,682	1,031,647
Rate per 1,000 Population	240.0	251.2	262.7	248.4	257.3	267.9
Total Children Receiving Medicaid	92,415	94,755	86,986	571,119	577,099	519,573
Rate per 1,000 Children	593.8	608.8	548.5	610.1	616.5	548.6

SOURCE: Oklahoma Department of Human Services, Facts and Figures ([www.okdhs.org](http://www.okdhs.org)), Oklahoma Health Care Authority, Reporting and Statistics ([www.okhca.org](http://www.okhca.org)), U.S. Census Bureau, Population Estimates ([www.census.gov](http://www.census.gov)).  
 NA = Not Available (from Oklahoma Rural Health Works)



Evaluation of data related to persons receiving public assistance reveals, in large part, consistency with the last such evaluation (CHNA 2013). Noteworthy observations include:

- Persons receiving Temporary Assistance for Needy Families (TANF) have continued to decline since 2010
- Persons receiving the Supplemental Nutrition Assistance Program (SNAP), or food stamps, which had been continuously increasing in past years, displayed a single year decrease in enrollment from 2012 to 2013 of 1.4%.
- Total persons enrolled in Medicaid (Soonercare) for Tulsa County continues to grow, up a total of 6.9% since 2010. Oklahoma has not elected to participate in Medicaid expansion under the Patient Protection and Affordable Care Act.

**Percent of Students Eligible for Free/Reduced Lunches  
For School Districts in Tulsa County and the State of Oklahoma**

	2010-2011	2011-2012	2012-2013
State of Oklahoma	60.6%	61.5%	61.9%
BERRYHILL	30.9%	34.8%	35.2%
BIXBY	24.4%	24.4%	22.1%
BROKEN ARROW	36.1%	39.9%	42.4%
COLLINSVILLE	39.2%	42.4%	39.7%
GLENPOOL	49.6%	47.8%	50.7%
JENKS	29.3%	33.5%	36.3%
KEYSTONE	67.4%	73.0%	74.7%
LIBERTY	60.8%	58.9%	61.7%
OWASSO	28.6%	33.9%	31.3%
SAND SPRINGS	58.7%	65.0%	60.8%
SKIATOOK	46.7%	47.7%	48.4%
SPERRY	65.7%	59.5%	66.8%
TULSA	83.7%	83.7%	86.2%
UNION	54.0%	59.3%	62.2%

SOURCE: OK Office of Accountability, District Reports ([www.schoolreportcard.org](http://www.schoolreportcard.org)).  
(from Oklahoma Rural Health Works)

- Total Students eligible for free or reduced school lunch programs have demonstrated increased enrollments in 10 of 14 Tulsa County School districts.
- Over 51% of total students in Tulsa County public schools are eligible for free or reduced school lunches.

## Elderly Support Services for Tulsa County and the State of Oklahoma

	For Tulsa County			State of Oklahoma		
	2010	2011	2012	2010	2011	2012
<b>Medicare</b>						
Persons Receiving Medicare	88,400	89,891	101,804	601,061	615,385	695,812
Aged	71,824	72,502	81,365	478,343	485,417	542,620
Disabled	16,576	17,389	20,439	122,718	129,968	153,186
Percent of Total Population	14.7%	14.8%	16.6%	16.0%	16.3%	18.2%
	2011	2012	2013	2011	2012	2013
<b>Medicaid &gt; 65</b>						
Total Persons Receiving > 65	7,079	7,296	7,416	65,865	67,053	67,403
Percent of Population > 65	12.3%	12.5%	12.8%	13.7%	14.0%	14.3%
<b>Food Services</b>						
Total Meals Served	241,840	230,332	191,190	3,330,453	3,324,647	2,905,447
Congregate Meals	106,322	88,988	59,686	1,878,973	1,832,786	1,550,329
Meals Served at Home	135,518	141,344	131,504	1,451,480	1,491,861	1,355,118
Rate per Person > 65	3.2	3.0	2.4	6.4	6.2	5.3

SOURCE: Oklahoma Department of Human Services, Facts and Figures ([www.okdhs.org](http://www.okdhs.org)); Oklahoma Health Care Authority ([www.okhca.org](http://www.okhca.org)); U.S. Census Bureau ([www.census.gov](http://www.census.gov)); Centers for Medicare & Medicaid Services, ([www.cms.gov](http://www.cms.gov)). (Oklahoma Rural Health Works)

- Though the total Medicare population evidences year to year increases, those receiving food assistance are slightly decreased.

## Economic Distress / Persons in Poverty for Tulsa County and the State of Oklahoma

	Tulsa				State of Oklahoma			
	2009	2010	2011	2012	2009	2010	2011	2012
<b>Persons in Poverty</b>								
Number	86,097	94,185	90,078	96,205	575,711	613,067	636,083	636,134
Percent in Poverty	14.6%	15.8%	15.0%	16.0%	16.1%	16.8%	17.3%	17.2%
County Ranking (rank 1 = favorable)	22	28	20	31	--	--	--	--
<b>Children &lt; 18 in Poverty</b>								
Number	31,394	35,136	32,135	36,400	199,277	223,349	219,853	221,664
% Children in Poverty*	20.4%	23.1%	21.0%	23.7%	22.1%	24.4%	23.9%	24.1%
County Ranking	26	28	20	31	--	--	--	--

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates ([www.census.gov](http://www.census.gov)).

\*Poverty is measured by using 48 thresholds that vary by family size and number of children within the family and age of householder. To determine whether a person is in poverty, one compares the total income of that person's family with the threshold appropriate for that family. If the total income is less than the threshold, then the person is considered in poverty, together with every member of his or her family. Institutionalized people, people in military quarters, people living in college dormitories, and unrelated individuals less than 15 years old are excluded from the calculation of poverty rates. (Oklahoma Rural Health Works)

## Social / Behavioral / General Health Characteristics

TULSA COUNTY 2014 ————— M = MEASURE R = RANKING (by Oklahoma county, of 77)

	M	R
<b>MORTALITY</b>		
INFANT (RATE PER 1,000)	7.3	21
TOTAL (RATE PER 100,000)	862.2	22
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>		
HEART DISEASE	216.9	24
MALIGNANT NEOPLASM (CANCER)	184.2	24
CEREBROVASCULAR DISEASE (STROKE)	48.1	16
CHRONIC LOWER RESPIRATORY DISEASE	55.4	19
UNINTENTIONAL INJURY	52.1	12
DIABETES	17.3	10
INFLUENZA/PNEUMONIA	16.7	24
ALZHEIMER'S DISEASE	25.3	30
NEPHRITIS (KIDNEY DISEASE)	9.8	15
SUICIDES	19.5	34
<b>DISEASE RATES</b>		
DIABETES PREVALENCE	11.9%	34
CURRENT ASTHMA PREVALENCE	11.1%	72
CANCER INCIDENCE (RATE PER 100,000)	556.3	76
<b>RISK FACTORS &amp; BEHAVIORS</b>		
MINIMAL FRUIT CONSUMPTION	47.8%	1
MINIMAL VEGETABLE CONSUMPTION	25.4%	5
NO PHYSICAL ACTIVITY	27.0%	8
CURRENT SMOKING PREVALENCE	23.4%	37
OBESITY	32.3%	25
IMMUNIZATIONS < 3 YEARS	71.6%	59
SENIORS INFLUENZA VACCINATION	66.0%	74
SENIORS PNEUMONIA VACCINATION	71.3%	77
LIMITED ACTIVITY DAYS	20.2%	63
POOR MENTAL HEALTH DAYS	24.8%	64
POOR PHYSICAL HEALTH DAYS	23.7%	28
GOOD OR BETTER HEALTH RATING	82.4%	14
TEEN FERTILITY (RATE PER 1,000)	25.9	31
FIRST TRIMESTER PRENATAL CARE	61.0%	56
LOW BIRTHWEIGHT	9.2%	65
ADULT DENTAL VISITS	60.3%	13
USUAL SOURCE OF CARE	74.1%	68
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.5	2
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1782.6	31
<b>SOCIOECONOMIC FACTORS</b>		
NO INSURANCE COVERAGE	18.7%	51
POVERTY	15%	20

(SOURCE: OSDH State of the State's Health Report 2014)

## Mortality and Leading Causes of Death (SOURCE: OSDH State of the State's Health Report 2014)

- Tulsa County ranked 22nd in the state for total mortality (age-adjusted).
- Tulsa County had the 10th best (lowest) rate in the state for deaths attributed to diabetes.
- The suicide rate in Tulsa County was 61% higher than the national rate.
- The leading causes of death in Tulsa County were heart disease, cancer, and chronic lower respiratory disease.

## Disease Rates

- Tulsa County had the 2nd highest rate of cancer incidence in the state.

## Risk Factors, Behaviors and Socioeconomic Factors

- Tulsa County ranked among the ten best counties for the lowest rate of physically inactive adults (27%).
- The county's occupational fatality rate was 39% lower than the national rate.
- Tulsa County ranked among the worst counties for the low rate of adults with a usual source of healthcare (74%).
- Approximately 1 in 7 people in Tulsa County lived in poverty (15%).
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (25%) in the previous month.
- Tulsa County obesity rates increased to 32.3% from a 2005-10 rate of 27.2%

## Changes from Previous Year –

- The rate of deaths due to stroke improved 21% from the previous year.
- The rate of suicides improved by 25%.
- The rate of uninsured adults dropped by 17%.
- The occupational fatality rate decreased 22%.

### Leading Causes of Death in 2012 For Tulsa County, the State of Oklahoma, and the United States

Leading Causes	Tulsa County			State of Oklahoma			United States		
	Deaths	Rate/1,000	Rank	Deaths	Rate/1,000	Rank	Deaths	Rate/1,000	Rank
Diseases of heart	1,368	2.2	1	9,173	2.4	1	596,339	1.9	1
Malignant neoplasms	1,217	2.0	2	8,015	2.2	2	575,313	1.8	2
Accidents (unintentional injuries)	335	0.5	3	2,378	0.6	4	122,777	0.4	5
Chronic lower respiratory diseases	321	0.5	4	2,576	0.7	3	143,382	0.5	3
Cerebrovascular diseases	291	0.5	5	1,881	0.5	5	128,931	0.4	4
Alzheimer's disease	168	0.3	6	1,069	0.3	7	84,691	0.3	6
Diabetes mellitus	139	0.2	7	1,196	0.3	6	73,282	0.2	7
Intentional self-harm (suicide)	110	0.2	7	664	0.2	8	38,285	0.1	10
Influenza and pneumonia	77	0.1	9	571	0.1	10	53,667	0.2	8
Chronic liver disease and cirrhosis	74	0.1	10	592	0.2	9	33,539	0.1	12

SOURCE: Oklahoma Rural Health Works, Oklahoma State Department of Health, OK2SHARE ([www.health.state.ok.us](http://www.health.state.ok.us)); Center for Disease Control and Prevention, National Vital Statistics Report ([www.cdc.gov](http://www.cdc.gov)); U.S. Census Bureau, Population Estimates ([www.census.gov](http://www.census.gov)). 2011 data for the United States .

### 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. The assessment incorporates components of primary data collection, from many and varied sources. With review of these tables and reports, a profile of the health-related status and quality of life for our community begins to become clearer.

Through surveys, a secondary data analysis focused on the health and social needs of the service area, is also presented. Secondary data is obtained from a variety of governmental and other agency sources. Those surveyed 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.

	Tulsa County	Top U.S. Performers	Oklahoma	Rank (of 77)
<b>Quality of Life</b>				<b>23</b>
Poor or fair health (% reporting)	17%	12%	20%	
Poor physical health days (past 30 days)	3.9	2.9	4.4	
Poor mental health days (past 30 days)	4.0	2.8	4.1	
Low birthweight	9%	6%	8%	
<b>Health Factors</b>				<b>17</b>
<b>Health Behaviors</b>				<b>16</b>
Adult smoking	18%	14%	21%	
Adult obesity	30%	25%	32%	
Food environment index	6.5	8.3	6.6	
Physical inactivity	29%	20%	31%	
Access to exercise opportunities	91%	91%	69%	
Excessive drinking	14%	12%	14%	
Alcohol-impaired driving deaths	39%	14%	31%	
Sexually transmitted infections (per 100,000)	553.1	134.1	479.1	
Teen births (per 1,000 age 15-19)	50	19	52	
<b>Clinical Care</b>				<b>1</b>
Uninsured	20%	11%	21%	
Primary care physicians	900:1	1,040:1	1,560:1	
Dentists	1,470:1	1,340:1	1,760:1	
Mental health providers	240:1	370:1	270:1	
Diabetic monitoring (Medicare 65-75 enrolled)	83%	90%	78%	
Mammography screening (Medicare age 67-69)	58%	71%	55%	
<b>Social &amp; Economic Factors</b>				<b>34</b>
High school graduation	81%	93%	85%	
Some college	64%	72%	59%	
Unemployment	4.3%	3.5%	4.5%	
Children in poverty	20%	13%	22%	
Children in single-parent households	37%	21%	34%	
Violent crime (offenses per 100,000)	754	59	468	
Injury deaths (per 100,000)	83	51	88	
<b>Physical Environment</b>				<b>60</b>
Air pollution - particulates (mcg per cubic meter)	10.4	9.5	10.3	
Drinking water violations	Yes	No		
Severe housing problems (% with 1 of 4 problems)	16%	9%	14%	
Driving alone to work	83%	71%	82%	
Long commute - driving alone (>30 min.)	18%	15%	25%	

Source: 2016 County Health Rankings data - University of Wisconsin Population Health Institute with the Robert Wood Johnson Foundation

## Current Healthcare in the Community – Another Community Health Needs Assessment

The Tulsa Health Department completed a 2013 Community Health Needs Assessment (CHNA) and has published subsequent health reports as well as a 2016 Community Health Needs Assessment. Among that report's findings on general health status:

- A total of 47.7% of Tulsa County adults rate their overall health as excellent or very good in the 2016 reporting, this number increased to 49.2%. An additional 31% reported overall health as good.
- That report reported CHNA survey respondents ranked the communities most significant health problems, in descending order, as:

Healthy behaviors and lifestyles  
Access to healthcare and other services  
Low crime/safe neighborhoods  
Community Involvement  
Good schools  
Good jobs/healthy economy  
Strong family life  
Parks and recreation  
Clean environment  
Religious/Spiritual values  
Other  
Affordable housing  
Tolerance for diversity  
Low death/disease rates  
Arts and cultural events  
Access to public transportation  
Access to healthy food  
Mental Health

- This survey found 77.5% have a primary care provider, a slight reduction from the 2013 survey. Parkside's survey was higher at 84.8%
- This survey reported 13.2% of Tulsa County adults have accessed mental health services in the past year; a small increase from 2013.
- Nearly two thirds of Tulsa County adults (65.1%) are obese or overweight.
- A majority of Tulsa county adults (86%) have access to fresh fruit or produce and most consider it affordable (75%).
- 51% of Tulsa County Adults regularly participate in physical activity and an additional 30.2% "sometimes" participated in physical activity. 7.1% "never" participated in physical activity in the past month.
- 67.8% stated they have access to indoor or outdoor recreational facilities.
- 2.3% of adults had been told they were alcohol dependent by a health care provider. 56.5% of adults reported there had been zero days in the past month when they had at least one alcoholic beverage. Of the 43.5 percent who reported that they had at least one drink, the average number of days in which they consumed an alcoholic beverage was 9.30.
- 5.8% reported "heavy drinking" in the past month and 12% reported "binge drinking."
- 24.7% of Tulsa county adults use some type of tobacco product and 55% of smokers tried to quit in the past year.



## Secondary Data / qualitative assessment

### 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, 86 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, transportation and lack of access. These three factors were the highest ranked in both surveys.

Both groups surveyed recognized community strengths related to health and wellness including good access to primary care and mental health services and Tulsa's parks and recreation providing opportunities for an active and healthy lifestyle.

Over 80% reported having a primary care doctor, having a dentist (54.5%) and having had a physical exam within the past two years (75.8%). These are indicators that access to primary care is good. 27.3% of survey respondents admitted to smoking, slightly more than the 24.7% number reported for the Tulsa County population in the Tulsa City-County Health Needs Assessment.

69.7% reported engaging in moderate physical activity at least three times weekly and 42.4 % had access to indoor exercise equipment. Only 33.3% eat five or more servings of fruits and vegetables daily.

Most of those surveyed had some form of health insurance, though 84.5% reported having publicly funded health care coverage through the Medicare and Medicaid programs.

Mental health-specific responses in the "stakeholder survey" included 78.8% reporting having experienced psychological distress in the past year and 72.7% reported having taken prescription medication for emotional/mental health issues in the past year.

Barriers to access included transportation, capacity and scheduling, ability to pay (including co-pays) and/or lack of insurance. Stigma, "I don't want others to know I need help," was cited in 42.3% of stakeholder responses.

While charitable organizations and programs were pointed out by both survey groups, there is an indication that many feel there is not enough support in the community. Transportation and limited substance abuse treatment offerings were identified as community shortcomings.

Survey respondents, in both surveys, called for more treatment providers and increases in treatment capacity. Similarly, there was common call for increased services for those without insurance or unable to afford their care. Substance abuse treatment was identified as a need area. Identified strengths included the current array of providers and clinics and there were multiple references to good collaboration and cooperation between providers.

The inventory of area service offerings was very diverse and included confirmation of availability of:

- Inpatient (hospitalization)
- Partial hospitalization/day treatment
- 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.)
- Legal advocacy
- 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. Peer Support groups and clinical training were written in.

**Key Concerns** in the 2016 assessment included lack of insurance, transportation and lack of access or barriers to healthcare. Barriers to access included transportation, capacity and waiting lists, ability to pay and/or lack of insurance and need for flexibility in scheduling health care. Limited substance abuse treatment offerings, especially rehab or residential treatment are viewed as community shortcomings. The single group viewed as most challenged is those living in poverty and the very low income. Health care system insufficiencies appear to be less of a concern than are the barriers to access, e.g., transportation and ability to pay. Funded services for the uninsured and funding for healthcare providers are continuing concerns.

**Strengths** include good access to primary care and mental health services and Tulsa's parks and recreation with opportunities for an active and healthy lifestyle. A surprising percentage (69.7%) report engaging in moderate physical activity at least three times weekly and over 40% have

access to indoor exercise equipment. Services available are diverse and meet a comprehensive community need; however, barriers including insurance and cost-sharing through co-pays appear to limit access for some people. Participants from all corners noted the good work done by health care providers and many charitable organizations in Tulsa, with the praise limited only by a perception that there still may not be enough to meet the community's needs.

**Opportunities** to positively impact the overall health and wellness of Tulsa County and surrounding areas oftentimes included recommendations for education, community outreach and provider collaboration.

Role(s) that Parkside currently plays in the community were pointed out by several of the respondents. Mentioned were specific service lines (Residential, Detox, CDIOP) and patient assistance in the form of food pantry assistance and transportation assistance. Some other comments included:

- *"Parkside offers multiple services for varying age groups"*
- *"Parkside needs to get the word out about how they can help. I think they do a great job..."*
- *"Parkside offers valued and necessary services for children, adolescents and adults. I hope they continue doing so and be able to expand current services."*

Collaboration and multi-provider communication was noted as both a community strength and opportunity. Parkside is active in several community teams and collaborative efforts including the Building Community Bridges Team meeting, the Wrap-around Referral Team, Children's Behavioral Health team and provides a member to CREOKS Mental Health Tulsa Advisory board. Parkside also participates in provider collaboration meetings in surrounding communities, including Pryor, Wagoner, Sapulpa and Claremore.

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:**

- Provide psychological testing and diagnosis
- Increase collaboration with other area providers and agencies
- Offer residential substance abuse treatment
- Offer monthly clinical training

Some identified opportunities or needs Parkside is unable to meet at this time:

- Expansion of services/free services
- Parkside is unable to provide psychological testing, however other area providers can meet that need.

**Existing Resources Available to Meet Needs Identified:**

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

Examples include:

- 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. 1248 emails were sent and it is known that several people forwarded copies. 18 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
- Key persons at Grand Lake Mental Health
- 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
- Rogers County Youth Services
- 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 patients and were distributed in cooperation with Crossroads Clubhouse.

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

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 back drop 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.

Parkside completed a similar Community Health Needs Assessment in 2013, and at that time, identified six prioritized areas of need. Each of these is summarized below with a brief status report:

#### Prioritized need #1 (2013): Mental Health & Substance Abuse Treatment

Parkside continues to be a community leader in the provision of mental health and substance use treatment services. Programs are in place for children, adolescents and adults providing several levels of care. Parkside is now fully engaged in planning and development for a new hospital building. The primary intent of the new building is replacement of the existing hospital building with provision of a modern, safe, patient-centered treatment environment. The project will further allow for expansion to meet future community needs, including the repurposing of the existing hospital for use in residential substance use disorders treatment. Parkside continues to operate all programs existent at the time of the 2013 CHNA, and has added an outpatient “Preparation for Adulthood” therapy group specifically for behaviorally disordered adolescents.

#### Prioritized need #2 (2013): Education

Parkside currently makes positive lifestyle information including smoking cessation, healthy eating and similar topic areas available to patients in a variety of settings. Patients receiving treatment at inpatient levels of care receive regularly scheduled Wellness groups. Information for outpatients is readily available in lobby areas and through the food pantry patient assistance program. Positive lifestyles are a touchpoint during individual therapy sessions. Patients receive a nutritional screening, and if indicated, a more extensive assessment. All patients receive both tobacco and substance use screenings with appropriate follow up recommendations. Parkside professional associates are encouraged to adopt healthy, active lifestyles. An ongoing program, “healthy acts,” recognizes and rewards employees for healthy living choices. Employee smoking is disallowed on all Parkside properties, and associates receive information about smoking cessation assistance at least biannually. Parkside continues to offer opportunities for continuing professional education and promote staff development, including acquisition of specialized training and credentials.

#### Prioritized need #3 (2013): Community Outreach

Parkside currently has community outreach activities including periodic depression screenings, participation in health fairs and professional education offerings. Parkside will continue to seek out opportunities to participate in health fairs and community events, as well as organize community outreach. Parkside desires to be involved in programs or activities that promote health and healing as a response to identified community needs, improve access to health care services, enhance the health of the community, advance medical or health knowledge, or support other community efforts.



#### Prioritized need #4 (2013): Resources

Parkside associates routinely participate in community groups and coalitions designed to facilitate provider coordination, identify ways to serve the community and overcome access barriers in healthcare. A brief resource list is maintained on Parkside's website and the Assessment & Referral Department is staffed 24/7 with Mental Health Professionals who are available to provide information, assessment or referrals as indicated. Referral assistance is available in-person or by telephone.

#### Prioritized need #5 (2013): Collaboration among provider and social service agencies

Parkside is active in several community teams and provider collaboration forums. Information about service needs is anecdotally acquired through this professional networking and more specific data is acquired daily via logged inquiries received at Parkside. Through community meetings and professional networks, Parkside maintains close collaboration with other area service providers and actively seeks to improve communication and facilitate patient hand off and sharing of required records. A new Electronic Health Record, Avatar, was implemented in April 2015. Implementation has not been without concern, but the system is fully functioning and will facilitate better provider to provider transfer of patient health information.

#### Prioritized need #6 (2013): Barriers to Access

Consistent with Parkside's Mission, the organization provides charity care to patients who are unable to pay for all or a portion of their bill. Parkside's provision of charity care is not limited to the Hospital's primary service area. Emergency services are always provided without regard to the patient's ability to pay. No individual is denied medically necessary hospital services based on an inability to pay for those services. Patients who fully cooperate and complete an application for charity care on a timely basis will receive a prompt formal assessment and response. Non-essential services and services that are not appropriate to a hospital setting may be excluded from this policy. Parkside recognizes that the need for charity care may be a sensitive and deeply personal issue for recipients. Maintenance of confidentiality of information and preservation of individual dignity is a priority for all who seek charitable services. Parkside also has a financial assistance policy and may be able to help persons in need or with limited abilities to pay for services. Information can be obtained by calling Parkside's business office at 918-588- 8850. Business office representatives can help determine if someone meets specific income guidelines and can qualify for financial assistance. Information about the financial assistance policy is available both at Parkside and via the website. Parkside has carefully considered the benefits and problems associated with extended hours in the outpatient department and evening offerings of CDIOP group. Current plans are to offer CDIOP as an evening service beginning in January 2017.

## **2016 Community Health Needs Assessment – Revised Organization Goals:**

### **Prioritized need #1: Mental Health & Substance Abuse Treatment**

Parkside has served the community for over 50 years and is a cornerstone in Oklahoma's mental health treatment system. The organization will continue to provide services to children, adolescents and adults in multiple levels of care: outpatient, intensive outpatient, residential and inpatient settings. Parkside has made many changes and several expansions over the years to address the changing needs of the community. In coming years, the organization plans to open a new, state-of-the-art hospital building which will better serve area residents and will eliminate current access barriers associated with gender limitations due to multi-patient rooms. The new building will allow evaluation of the former hospital building for use in new levels of care, for example, residential treatment for adult substance use disorders. Currently, there is a deficit of such treatment beds in the area. Parkside will continue to provide professional education opportunities to area mental health and substance abuse treatment providers and promote acquisition of additional training and credentials among Parkside associates. Parkside has a comprehensive performance improvement plan in place and seeks to continuously monitor quality and seek improvements.

### **Prioritized need #2: Education**

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:

- Distribution of anti-smoking information and smoking cessation resources to both patients and staff in all treatment areas.
- Distribution of nutritional information and guidelines for healthy eating similarly.
- Promotion, among both patients and employees, on adoption of an active lifestyle.

Educational outreach related to healthy living and positive lifestyle choices should be an ongoing effort.

### **Prioritized need #3: Community Outreach**

Collaboration, cooperation and communication among providers was mentioned in survey comments greater than one dozen times and outreach was also noted as 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: Barriers to Access**

In 2014, Parkside turned away 613 callers seeking care because beds were not available. An additional 236 prospective patients were turned away because our multiple person-per-room capacity limited admissions solely based on gender. Parkside is working now to create a state-of-the-art treatment environment with single occupancy rooms. This change will eliminate the gender barrier and have a significant, beneficial impact on access problems for inpatient care in Tulsa. Parkside currently offers transportation assistance to enrolled patients to assure appointment compliance and to facilitate family involvement. Parkside associates work actively with uninsured patients and their families, helping them through the application process to receive public benefits such as Medicare and Medicaid, if eligible. Parkside takes seriously its commitment to treat all patients in need of hospital care, regardless of ability to pay. The organization maintains a financial assistance policy and procedure, and extends charity care to cover partial or full expense of treatment and absorb bad debt as apposite. Parkside operates a 24/7 Assessment & Referral department and will ensure the areas citizens, including the neediest among them, are adequately served and supported within the scope of capability of the organization.

## Appendix

### Surveys:

#### Professional Survey – 53 survey participants

Q1

#### Community Health Needs Assessment - 2016 PRO

In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health? Select up to three.		
Answer Options	Response Percent	Response Count
Poor - at or below the poverty line	67.3%	35
Seniors	21.2%	11
Youth	5.8%	3
African American	5.8%	3
Latino	3.8%	2
Immigrant	7.7%	4
Native American	0.0%	0
Single parent households	11.5%	6
Low income	38.5%	20
Uninsured	46.2%	24
Underinsured	23.1%	12
Rural populations	23.1%	12
Persons with Mental Health or Substance Abuse issues	63.5%	33
Other (please specify)		2
<i>answered question</i>		<b>52</b>
<i>skipped question</i>		<b>1</b>

#### Comments:

Unemployed over age 20  
12/2/2016

middle class with large copays  
11/21/2016

Q2

What are the main factors contributing to their health care challenges? Please share both individual and systemic/environmental factors. Choose up to three.		
Answer Options	Response Percent	Response Count
Education level	17.0%	9
Lack of access	37.7%	20
Cultural barriers	7.5%	4
Lack of knowledge	28.3%	15

Language barriers	0.0%	0
No insurance	58.5%	31
Employment	1.9%	1
Unemployment	26.4%	14
Transportation	50.9%	27
Stigma	9.4%	5
Child care problems	1.9%	1
No appointments available	0.0%	0
Don't understand the need to see a doctor	15.1%	8
Immigration status	5.7%	3
Availability of needed services in the area	28.3%	15
Housing / homelessness	11.3%	6
Other (please specify)		3
<b>answered question</b>		<b>53</b>
<b>skipped question</b>		<b>0</b>

**Comments:**

Clients who need long term inpatient care  
12/13/2016

Finical issues  
12/4/2016

Money  
11/21/2016

**Q3**

What strategies, best practices or programs are most successful in addressing these factors/challenges and why?	
Answer Options	Response Count
	42
<b>answered question</b>	<b>42</b>
<b>skipped question</b>	<b>11</b>

**Comments:**

Connecting the client with transportation and education are just two examples. Another would be providing translation to help educate the immigrant who has needs in Mental Health.  
12/18/2016

Some type of transportation that can be utilized to and from the clinic.  
12/16/2016

Having good case management.  
12/15/2016

No or low cost health care. No or low cost mental health care. Public transportation.  
12/15/2016

Providing quality education in all areas in Tulsa  
12/15/2016

Need better bus schedule in Tulsa, need GED programs, need affordable health care--none of this offered easily in Tulsa.  
12/14/2016

OU Community Health  
12/14/2016

School-based Outside Providers Home-Based Services Marital Restoration / Divorce Prevention services  
12/14/2016

Health Home and Wrap Around attempting to address the whole person.  
12/14/2016

Spreading the word by partnering with 2-1-1's who are trained to ask questions and truly assess caller's needs.  
12/14/2016

Outreach strategies aimed at specific populations  
12/14/2016

job training programs, GED programs, literacy programs and English as second language programs, voc-tech and college programs, social skills for keeping a job  
12/13/2016

SoonerRide helps those who would otherwise not be able to see doctor.  
12/13/2016

More access to affordable care, sliding fee or payment schedule, access to transportation for appointments, Housing First Program  
12/13/2016

Local services that take into account cultural mores.  
12/13/2016

211 and Mental Health Association Oklahoma help link people to local resources including jobs and affordable insurance, along with food and housing.  
12/13/2016

Education , Medicaid, Chip, Medicare, community mental health centers , jobs, housing  
12/13/2016

Individual rehab with a health emphasis as well as integrated care teams  
12/13/2016

Community Based programs offering assistance to everyone. Outreach groups that are able to meet with and assist the individual.  
12/13/2016

Home based services in rural areas due to lack of professionals in the area and c education about services  
12/13/2016

Referrals to programs who specialized in those without coverage, provision of direct transportation, programs by various providers and mental health association to decrease stigma  
12/5/2016

I am new to the area and cannot give an accurate answer.  
12/5/2016

Better funding not only to provide the care but transportation for those in need. State to stop cutting provider rates.  
12/5/2016

Community outreach programs, Getting resource info to communities  
12/5/2016

telemedicine helps allow access to rural areas in need of psychiatric care  
12/5/2016

Adequate funding for the programs needed to take care of these people  
12/5/2016

Insurance has become increasingly expensive and there is a lack of indigent care for those who are working and cannot jump through hoops to get care. More access to indigent care or more affordable insurance for working individuals would help.  
12/5/2016

I believe that basic needs not being met are challenges to health. Tulsa must shelter the homeless, feed the hungry and clothe the poor before they will accept the importance of health.  
12/5/2016

Non profit organizations

12/4/2016

To provide counseling to help the patients find the services  
12/3/2016

No one seems to have that answer  
12/3/2016

help with transportation  
12/2/2016

People who  
12/2/2016

Better jobs, cheaper insurance, more jobs  
12/2/2016

Providing transportation Greater funding/insurance coverage by state or federal sources  
11/22/2016

to look at different ways/grants to provide programs for the indigent, little insurance and no insurance individuals and families  
11/21/2016

media education and lower insurance costs and copays  
11/21/2016

In general, the community mental health centers assist as much as they can. However, some of the issues are systemic and as such, our legislators (federal, state, local) need to step up to the plate and assist all providers in addressing these issues.  
11/21/2016

Free care that is known to the public; Morton etc  
11/21/2016

Adult short term crisis stabilization units managed by community mental healths. They received DMH funding to help cover uninsured.  
11/21/2016

unsure  
11/21/2016

Until we get some funding, there are no current solutions.  
11/17/2016

#### Q4

What are Tulsa area community strengths related to health and wellness? Please choose five.		
Answer Options	Response Percent	Response Count
Good access to primary care	51.0%	26
Access to specialty care	29.4%	15
Affordable health insurance	7.8%	4
Access to mental health services	56.9%	29
Good coordination of care between area providers	31.4%	16
Access to substance abuse treatment services	33.3%	17
Access to information about health and wellness	27.5%	14
Affordable and safe housing	11.8%	6
Good jobs and a healthy economy	15.7%	8
Public transportation	27.5%	14
Strong family life / good place to raise children	35.3%	18
Low crime and safe neighborhoods	5.9%	3
Parks and recreation / opportunities for active and healthy lifestyles	43.1%	22



Other (please specify)	6
<i>answered question</i>	<b>51</b>
<i>skipped question</i>	<b>2</b>

**Comments:**

I only see one choice.  
12/14/2016

generous local philanthropists  
12/14/2016

Couldn't find five. We have many gaps in getting help for those that need care.  
12/14/2016

Places of worship are a community strength to health and wellness.  
12/13/2016

Can't find 5 I agree with. Mental health care is only readily available for those with serious issues.  
11/22/2016

I have only chosen one because the others border on non-existent for the groups I chose.  
11/21/2016

**Q5**

Please share with us any population or group you represent or serve. Please select only one.		
Answer Options	Response Percent	Response Count
Physician	0.0%	0
Parkside employee or affiliate	28.0%	14
Business community	0.0%	0
Faith community	0.0%	0
Government employee/official	0.0%	0
Health care provider	4.0%	2
Mental health care provider	50.0%	25
Citizen	0.0%	0
Law enforcement	0.0%	0
Schools /education	2.0%	1
Case manager	0.0%	0
Minorities	2.0%	1
Disabled persons	6.0%	3
Public health	2.0%	1
Senior citizens	0.0%	0
Social service / community organization	2.0%	1
Veterans	0.0%	0
Youth	4.0%	2
Other (please specify)		5
<i>answered question</i>		<b>50</b>
<i>skipped question</i>		<b>3</b>

**Comments:**

Homeless population  
12/14/2016

Non-profit community planning  
12/14/2016

Therapist  
12/13/2016

Substance Abuse Treatment Services  
12/13/2016

all of these are part of my work family or community family in one way or another  
12/3/2016

Q6

What are the greatest health challenges or concerns in the community that you represent? Please select up to five.		
Answer Options	Response Percent	Response Count
Access to primary care	11.3%	6
Access to specialty care	17.0%	9
Affordable health insurance	32.1%	17
Access to mental health services	41.5%	22
Cancer	3.8%	2
Heart disease and stroke	1.9%	1
Tobacco use	9.4%	5
Alcohol abuse	30.2%	16
Drug abuse	47.2%	25
Mental health problems	56.6%	30
Affordable prescription medications	30.2%	16
Chronic diseases: diabetes, COPD, etc.	7.5%	4
Coordination of care / gaps in services	24.5%	13
Access to substance abuse treatment services	37.7%	20
Dental services	13.2%	7
Maternal and infant health	9.4%	5
Hunger or food insecurity	17.0%	9
Poor or inadequate diet	7.5%	4
Personal debt due to medical costs	13.2%	7
Smoking	11.3%	6
Obesity	11.3%	6
Unhealthy lifestyle choices: related to exercise, nutrition, etc.	35.8%	19
Other (please specify)		2
<b>answered question</b>		<b>53</b>
<b>skipped question</b>		<b>0</b>

**Comments:**

How to find help. Many do not know the resources available or how to access them.  
12/15/2016

outrageous copays  
11/21/2016

Q7

What services are you aware of that currently address the most pressing health issues checked above?	
Answer Options	Response Count
	43
<i>answered question</i>	<b>43</b>
<i>skipped question</i>	<b>10</b>

**Comments:**

American Cancer for those desiring to stop smoking. Parkside for the Mental Health needs.  
12/18/2016

Systems of Care  
12/16/2016

Sooner HAN Parkside Emergency Infant Services Neighbor for Neighbor  
12/15/2016

Not sure  
12/15/2016

Several food banks and services for the homeless.  
12/15/2016

Mental Health Association of Oklahoma  
12/14/2016

Not enough inpatient mental health and substance abuse service beds available.  
12/14/2016

Development of Self-Regulation in young & general public. Learning to use appropriate, positive thoughts and behaviors daily.  
12/14/2016

Community Health Centers and PCPs. Not sure about dental.  
12/14/2016

Morton Clinic for the homeless (in Salvation Army building next to Tulsa Day Center for the homeless) for physical health; Family & Children's Services for mental health; 12&12 for addictions  
12/14/2016

Delta Dental with creating remote sites to accessing dental services throughout the state.  
12/14/2016

Health Homes  
12/14/2016

Substance abuse  
12/14/2016

Bedlam Clinic and Morton  
12/14/2016

There are programs that deal specifically with hypertension and diabetes and other chronic conditions but patients don't take advantage of them like they could. There is a behavioral health department at each clinic but no monies have been made available to hire more licensed clinicians.  
12/13/2016

Mental health and drug long term inpatient care.  
12/13/2016

SoonerCare, Morton Health Clinic  
12/13/2016

All are lacking.  
12/13/2016

Free clinics, OU, Mental Health Community Centers  
12/13/2016

Indian Health Care Resource Center outpatient  
12/13/2016

Integrated care teams or Health Homes  
12/13/2016

Community Based programs and/or Morton Clinic  
12/13/2016

None address it adequately  
12/13/2016

12&12, Parkside, Family and Childrens, Counseling and Recovery Services, Laureate, Brookaven  
12/5/2016

Being new to the area, my knowledge of existing services in the community is limited.  
12/5/2016

Native American outlying clinics close by  
12/5/2016

rehab services for drugs and alcohol;  
12/5/2016

Programs provided in the Tulsa area for homeless, unemployed and/or mental health facilities.  
12/5/2016

There is lots of education and billboards. Could use more community support.  
12/5/2016

1-800-QUIT NOW  
12/5/2016

Mental health  
12/4/2016

Counseling  
12/3/2016

Tulsa has poor aftercare cancer programs.  
12/3/2016

bus tokens for transportation, cab passes for family therapy  
12/2/2016

12x12, DMH  
12/2/2016

Attempts to open a Public Inebriate Alternative program.  
11/22/2016

therapy for individuals and families, starting at age 3 years old  
11/21/2016

NONE  
11/21/2016

There are many providers available in a way. It depends on if you have insurance and/or the resources to access those services. If you don't, then these issues are not addressed. Example: I have insurance, transportation, am educated and keep myself informed. I tried to get into my PCP in October and couldn't get in before early December.  
11/21/2016

Community Mental Health Centers including Family and Children's  
11/21/2016

community mental health: health homes but these are for a very specific subset of the population  
11/21/2016

By your side program, several free clinics in Tusa  
11/21/2016

## Q8

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

What addiction or mental health needs in the Tulsa area are not being adequately met by existing services?	
Answer Options	Response Count
	46
<i>answered question</i>	<b>46</b>
<i>skipped question</i>	<b>7</b>

### Comments:

Generally the co-occurring mental illness seems to be the greatest need that I personally have addressed in my practice.  
12/18/2016

youth  
12/16/2016

Need more providers, need more facilities both inpatient and outpatient  
12/15/2016

addiction or mental health needs for pregnant uninsured women  
12/15/2016

Probably more beds.  
12/15/2016

All of them.  
12/14/2016

Need for crisis stabilization  
12/14/2016

Parenting skills and marital discipline and skills. Illegal substances - especially Meth.  
12/14/2016

Meth, alcohol  
12/14/2016

There are not enough providers of free/low-cost services to meet the need of uninsured Tulsans with addictions and mental health needs. Another need is for intensive treatment for gambling addictions.  
12/14/2016

detox and long waiting lists for services  
12/14/2016

PACT Teams - Program of Assertive Community Treatment (PACT)  
12/14/2016

Adolescent substance abuse issues  
12/14/2016

Very limited service available hard to get to it transportation  
12/14/2016

Not enough psychiatrists and definitely lacking in residential substance abuse treatment centers. Not enough doctors licensed for suboxone treatment.  
12/13/2016

Most need longer inpatient time. There are not enough facilities for either. Also need more psychiatric doctors willing to accept Medicaid or sooner care. We need more psychiatrists for people with insurance as well.

12/13/2016

homeless population, working with individuals who are incarcerated or justice involved

12/13/2016

Long term residential services:

12/13/2016

Individuals who have insurance but are unable to meet deductible and/or copay

12/13/2016

Inpatient and Outpatient

12/13/2016

Substance abuse long term inpatient/residential treatment programs

12/13/2016

Long term, structured, recovery based services not addressed on an outpatient basis

12/13/2016

Youth substance abuse

12/13/2016

Residential level of care. Many people must go out of state

12/5/2016

There is a need for a long term inpatient substance abuse program. There is a need for a day program for chronically mentally ill individuals.

12/5/2016

All of them.

12/5/2016

More outreach to homeless population

12/5/2016

more options are needed for alcohol and drug rehabs in the local area; many people go out of state for rehab services

12/5/2016

Most needs have access to be met, it's the lack of insurance/money that restricts our patient's.

12/5/2016

Funding to treat those who need it

12/5/2016

There is nothing related to residential treatment for alcohol & drug treatment.

12/5/2016

Meth addiction

12/5/2016

Drugs

12/4/2016

prescription drugs mood disorder

12/3/2016

There are not enough mental health and substance abuse hospital beds available in Tulsa to meet the demand.

12/3/2016

residential drug/alcohol rehab

12/2/2016

we have one substance abuse and treatment center for a high using population of people in the areas. Inpatient substance abuse needs are high and it appears this is a not a priority. Both substance abuse and mental health go hand in hand and we need a stronger system of care for people who have dual diagnosis problems.

12/2/2016

IP, detox, OP care for over 20 with no insurance

12/2/2016

Access to inpatient beds for both mental health and addictions. The City's slow response to opening a public inebriate alternative.

11/22/2016

substance abuse services and treatment facility for youth addicts  
11/21/2016

cost for the middle class  
11/21/2016

Overall I would say funding. The pot is not infinite although we would like it to be. Then the actual quality of services available can become an issue as well.  
11/21/2016

Drug rehab  
11/21/2016

inpatient services for addiction could be expanded  
11/21/2016

care of the unfunded, particularly for detox  
11/21/2016

Alcohol and substance abuse, lack of psychiatrists  
11/17/2016

## Q9

What do you believe are the greatest strengths within the Tulsa area related to currently available addiction or mental health services?	
Answer Options	Response Count
	42
<i>answered question</i>	<b>42</b>
<i>skipped question</i>	<b>11</b>

### Comments:

Parkside Psych. Hospital  
12/18/2016

Parents Helping Parents support group  
12/16/2016

Parkside. Family and Children's services, Laureate, Creoks, Brookhaven, Shadow Mountain, Counseling and Recovery services  
12/15/2016

No or low cost services  
12/15/2016

The providers we do have are very competent.  
12/15/2016

None--I have had people in my office begging for help with substance abuse issues & called all over Oklahoma only to find NO help for these people.  
12/14/2016

Access to outpatient mental health and psychiatric services at OU Community Health at the Schusterman Center.  
12/14/2016

Visibility and prominence of the faith community... Recovery Plus Groups  
12/14/2016

Cooperation between programs  
12/14/2016

Collaboration of many agencies to work on problem of homelessness; people with addiction and mental health problems are more likely to access/benefit from treatment after being housed.  
12/14/2016



Collaboration and advocacy  
12/14/2016

Some providers are non profit  
12/14/2016

Mental Health Association  
12/14/2016

They seem to currently have enough inpatient psychiatric units, not sure about outpatient mental health treatment. The Salvation Army and VA seem to offer quite a bit for substance abuse treatment. The VA seems to offer mainly outpatient treatment and transitional living. The Salvation Army offers residential treatment programs (substance abuse)(mainly for men I think).  
12/13/2016

The group homes, family drug court, that help families get their children back when they are clean and offer continued family, individual and parental counseling. I feel my job which is going into the children's homes helping kids learn how to deal with the difficulties they face.  
12/13/2016

Mental Health Association, caring community members fighting for more tax dollars to be spent on prevention and rehabilitation  
12/13/2016

Both are lacking but especially substance abuse treatment.  
12/13/2016

Service providers are highly motivated to advocate and find help for a client/patient they may not be able to serve.  
12/13/2016

Outpatient  
12/13/2016

Strong mental health advocacy groups such as NAMI and MHAO  
12/13/2016

Coordination of care between agencies  
12/13/2016

Professional of various knowledge and levels of expertise that are willing to treat a variety of problems  
12/5/2016

There appear to be many inpatient psychiatric beds available.  
12/5/2016

Several residential hospitals w/ the Tulsa area.  
12/5/2016

facilities that offer inpatient, outpatient and case mgt services to assist patients in meeting all their mental health needs  
12/5/2016

Group therapy - but the cost is entirely too high.  
12/5/2016

Good providers who work very well together.  
12/5/2016

COPES, Youth Services of Tulsa, Parkside  
12/5/2016

Recognising it's a problem  
12/4/2016

services available  
12/3/2016

Parkside, Hillcrest, and other community mental health agencies  
12/3/2016

food pantry/12 step meetings/mental health groups  
12/2/2016

nothing  
12/2/2016

12x12, Parkside, Hillcrest  
12/2/2016

Generous philanthropists Provider cooperation/coordination in some areas  
11/22/2016

The community really does care for the people  
11/21/2016

we have many options for those that are on disability  
11/21/2016

There are providers out there.  
11/21/2016

Numerous 12 step meetings  
11/21/2016

we have two community mental health centers and numerous private providers to help provide treatment.  
11/21/2016

Many strong providers  
11/21/2016

Several facilities available, but often no beds available  
11/17/2016

## Q10

What opportunities exist within your own system or influence that address these challenges and may improve community health?	
Answer Options	Response Count
	38
<i>answered question</i>	<b>38</b>
<i>skipped question</i>	<b>15</b>

### Comments:

Personal referrals to Parkside I do not have a good grasp of the referrals in the Tulsa area. The need is usually met with a sheet of listed in Tulsa area that is made up in the facility that I work for.  
12/18/2016

We support families with special needs and behavioral health care challenges. We connect the with providers that can help and offer the emotional support.  
12/16/2016

Not sure  
12/15/2016

At a loss with another pending state revenue shortfall.  
12/15/2016

We exhaust every helping agency and opportunities to address homelessness, domestic violence, substance abuse, parent & child bonding, lifestyle changes, nutritional information, exercising daily, money management, etc.  
12/14/2016

Access to help for birth mothers in crisis pregnancy.  
12/14/2016

Individual, Group & Family therapy. Focus on Children, Teens, Adults, Sr. Adults, Marriages.  
12/14/2016

Health Home model  
12/14/2016

Opportunities exist to continue and expand providing advice and legal assistance so that eligible individuals are not denied access to housing, public benefits (including SS disability and health insurance); advocating with housing authorities, courts, etc. for policies that do not discriminate against individuals with disabilities or criminal justice involvement.  
12/14/2016

The ability to capture meet and unmet needs and provide follow-up where needed.

12/14/2016

Children's Behavioral Health Team - Need to re-establish an adult behavioral health team.

12/14/2016

We refer to community services

12/14/2016

Cherokee Nation does pay for psychiatric hospitalizations and substance abuse treatment if the person lives within their jurisdiction and is Native American.

12/13/2016

Helping the children who are growing up in low poverty homes build self esteem and learning how to cope.

12/13/2016

Maintain contact with available treatment and social services.

12/13/2016

We have an advocate working with the Oklahoma legislation, we provide affordable housing and case management for those living with a mental health diagnosis. We have a phone line referring and assisting those who fall in the gap.

12/13/2016

Outpatient service we offer at IHCRC

12/13/2016

collaborative care with two large medical providers

12/13/2016

Transitional Living and Sober Living programs

12/13/2016

Knowledge of services within the area. Ability to work with HMO's to assist with referrals.

12/5/2016

Our system is experiencing economic difficulties at this time and is not able to add new programs to address needs.

12/5/2016

The future addition of inpatient behavioral beds.

12/5/2016

knowing number to A&R and utilizing it in my community.

12/5/2016

facility that offers inpatient, outpatient treatment

12/5/2016

12X12 - John 3:16, etc.

12/5/2016

Community support and creative problem solving opportunities.

12/5/2016

Knowledge about where to go for real help.

12/5/2016

Groups

12/4/2016

treatment

12/3/2016

I have no influence on whether Tulsa builds more mental health facilities or substance abuse facilities. I have no influence over the economy in general.

12/3/2016

food pantry/clothing vouchers/case mangament

12/2/2016

Having a new mayor

11/22/2016

I try to help my patients connect with agencies that can help them, offer our clothing vouchers and food pantry. encourage them to talk to our pharmacist when there are issues about getting their medications

11/21/2016

have separate coverage programs for those that abuse the program

11/21/2016

Those providers are swamped or overwhelmed.

11/21/2016

Health Homes

11/21/2016

develop evening CDIOP

11/21/2016

Food bank, qualified individuals for therapy

11/17/2016

## Q11

What opportunities exist within community groups and agencies that address these challenges and may improve community health?	
Answer Options	Response Count
	34
<i>answered question</i>	<b>34</b>
<i>skipped question</i>	<b>19</b>

### Comments:

Not sure of the opportunities as the referral again is addressed with area referrals.

12/18/2016

I feel that once they know about the services then we can work on getting them connected.

12/16/2016

More collaboration between faith based and non-faith based agencies

12/15/2016

Collaborative efforts.

12/15/2016

We use 211 as a referral system every day.

12/14/2016

Unsure

12/14/2016

Multiple Behavioral / Mental agencies.

12/14/2016

multiple community/provider outreach

12/14/2016

Advocate with legislators to expand Medicaid and adequately fund needed health services, including mental health services and Medicaid waivers so individuals can continue to live at home (with supports funded by waivers) rather than being institutionalized.

12/14/2016

Better communication, collaboration, and outreach. Working together to help those with health disparities to be able to access care.

12/14/2016

Have already mentioned.

12/13/2016

Food banks, Catholic charities, Morton Clinic, OU & OSU hospital and mental health services, Parkside, Brookhaven and Shadow Mountain on Riverside. Also the Baptist girls home and Boys home in Sand Springs. We need more homes for our children who are in abusive and neglected homes. If you call DHS they don't have the homes they need to take children out of the home. Therapist that go into these homes is the best solution if the parents are willing to work with the therapist.

12/13/2016

Excellent social services.  
12/13/2016

The agencies, hospitals, churches and organizations continue to work towards working together to improve community health. The media helps us work against the stigma associated with community mental health issues  
12/13/2016

Working together all social service agency and community health center  
12/13/2016

Public health awareness as well as integrated care and collaboration  
12/13/2016

Department of Mental Health housing and indigent care  
12/13/2016

Oklahoma Mental Health Association and their efforts to provide advocacy.  
12/5/2016

Being new to the area, I do not yet have an accurate picture of community groups and agencies in Tulsa.  
12/5/2016

unknown  
12/5/2016

other facilities in the community also offer outpatient care and however few offer inpatient and outpatient that allows for continuity of care  
12/5/2016

Good communication among providers.  
12/5/2016

Groups must want to help others, must want to make a difference and must not give up.  
12/5/2016

Education  
12/4/2016

individualized counseling  
12/3/2016

Our country is not economically healthy. People need jobs that pay enough to support their basic needs, and health care insurance. They need a good education that prepares them for the work force.  
12/3/2016

cross roads club house/Tulsa Mental health association  
12/2/2016

Keeping a close eye on state and federal funding issues  
11/22/2016

Systems of Care, NA, AA, Celebrate Recovery  
11/21/2016

same  
11/21/2016

Again, there are many out there, MHAT is one for some things. The local mental health providers is another for MH and CD issues.  
11/21/2016

health homes and systems of care  
11/21/2016

increased communication  
11/21/2016

Creation of more beds for inpatient treatment  
11/17/2016

Q12

Please indicate the issues for which you serve clients		
Answer Options	Response Percent	Response Count
Anxiety disorders	95.5%	42
Major depressive disorder	86.4%	38
Bipolar disorder	86.4%	38
Personality disorders	75.0%	33
Delirium	13.6%	6
Dementia	25.0%	11
Schizophrenia or other psychotic disorders	75.0%	33
Childhood disorders (ADHD, etc.)	68.2%	30
Disorders related to the elderly	25.0%	11
Eating disorders	40.9%	18
Substance-related disorders	77.3%	34
Adjustment disorders	68.2%	30
Sexual orientation and gender identity issues	40.9%	18
Child physical and/or sexual abuse	70.5%	31
Developmental disorders (autism, mental retardation, etc.)	36.4%	16
Traumatic/organic brain injury & complications	22.7%	10
Post traumatic stress disorder	79.5%	35
Other (please specify)		14
<b>answered question</b>		<b>44</b>
<b>skipped question</b>		<b>9</b>

**Comments:**

I deal with the general public and am able to refer clients to whatever the Tulsa area has to offer.  
12/18/2016

Any & all of the above and more.  
12/14/2016

Choosing a Major/occupation  
12/14/2016

Crisis Pregnancy and Infertility/Adoption counseling  
12/14/2016

Marriages and other relationship issues.  
12/14/2016

I do not treat these issues, but provide legal services to people with any of the above  
12/14/2016

Crisis Intervention  
12/14/2016

Drug Court, Mental Health Court etc. Our agencies do not provide direct care.  
12/14/2016

primarily do case management and short term therapy  
12/13/2016

We do not provide treatment directly, we refer for counseling services  
12/13/2016

Primary is Substance Abuse  
12/13/2016

Mental illnesses in general.  
12/5/2016

Information and referral sources  
12/2/2016

I do pet therapy, use of different types of animals in the therapy session  
11/21/2016

### Q13

Please identify services that you (your organization) currently provide:		
Answer Options	Response Percent	Response Count
Inpatient (hospitalization)	48.1%	25
Partial hospitalization/day treatment	9.6%	5
IOP (Intensive Outpatient Program)	38.5%	20
Outpatient	67.3%	35
Residential	40.4%	21
In-home care	5.8%	3
Transportation services	30.8%	16
Assistance to non-English speaking individuals	42.3%	22
Assistance to hearing-impaired individuals	21.2%	11
Housing services (i.e., assistance in locating housing, transitional housing, etc.)	17.3%	9
Payeeships (i.e., financial guardianship)	0.0%	0
Homeless services (outreach services to ensure homeless individuals have access to care, etc.)	25.0%	13
Information and referral services (information regarding where to obtain services or referral to organizations that can provide needed services, etc.)	51.9%	27
Legal advocacy	9.6%	5
Court-ordered work (i.e., provision of treatment services that are ordered by court system such as addiction treatment)	23.1%	12
Case management	53.8%	28
Individual therapy and/or counseling	78.8%	41
Group therapy and/or counseling	65.4%	34
Family therapy and/or counseling	63.5%	33
Psychological testing	21.2%	11
Emergency and crisis services (i.e., after hours or emergencies)	46.2%	24
Family support services (i.e., services provided to family members of clients such as respite care)	15.4%	8
Home-based services (i.e., services provided at the home of clients)	15.4%	8
Independent living services	9.6%	5
In-home family services (family counseling provided in the home, etc.)	11.5%	6
Mental retardation/developmental disability services	5.8%	3

School-based services (social work or case management services contracted with schools, etc.)	25.0%	13
Supported employment (i.e., assistance in obtaining employment)	3.8%	2
Therapeutic foster care (i.e., care for children with severe emotional and behavioral problems delivered in private homes by specially trained foster parents)	5.8%	3
Wrap-around services (i.e., individually designed set of services and supports for children and their families)	13.5%	7
Primary health care (i.e., physical health care such as provided by a physician, nurse practitioner, or PA)	5.8%	3
Nutrition services (guidance provided by a nutritionist or dietician in healthy diet, etc.)	13.5%	7
Medication management (i.e., facilitating the appropriate use of medications for mental health and/or addiction treatment)	46.2%	24
Money management (guidance regarding tax credits, budgeting, etc.)	7.7%	4
Supported education/training (i.e., assistance in obtaining educational or vocational training)	9.6%	5
Meal services (i.e., meals provided to homeless, homebound or other limited populations)	11.5%	6
Parenting education (i.e., training in appropriate parenting techniques)	19.2%	10
Youth education (i.e., grade-level classes provided to youth who are receiving treatment while out of regular school)	13.5%	7
Specialized services for the elderly	3.8%	2
Neuropsychological services	0.0%	0
Drug screening services	17.3%	9
General daily living activities (psychosocial clubhouse or similar)	7.7%	4
Other (please specify)		3
<b>answered question</b>		<b>52</b>
<b>skipped question</b>		<b>1</b>

**Comments:**

Peer Support Groups, Social and Emotional Devt.  
12/13/2016

NA  
12/13/2016

Clinical training  
12/13/2016



## Q14

What opportunities exist for Parkside Psychiatric Hospital & Clinic that address these challenges and may improve community health?	
Answer Options	Response Count
	39
<i>answered question</i>	<b>39</b>
<i>skipped question</i>	<b>14</b>

### Comments:

Outpatient Treatment for Psych and Substance related disorders.  
12/18/2016

I would love to provide trainings to the staff so they know about the services Oklahoma Family Network provides to families and providers.  
12/16/2016

Huge population of people not yet diagnosed  
12/15/2016

Not sure  
12/15/2016

Parkside offers valued and necessary services for children, adolescents and adults. I hope they continue doing so and be able to expand current services.  
12/15/2016

Help with assistance for psychological testing & diagnosis as well as treatment and medication.  
12/14/2016

Inpatient and outpatient mental health counseling and psychiatric services.  
12/14/2016

Your acceptance of referrals for needed inpatient treatment.  
12/14/2016

Interaction with other provider groups  
12/14/2016

Opportunity to collaborate with other area providers to maximize the use of scarce resources to achieve the best outcomes.  
12/14/2016

Continue to partner with local agencies and collaborate  
12/14/2016

Parkside does a good job connecting clients who have been in residential care to WrapAround services. The same type of coordination is needed for the adult population to access Health Homes.  
12/14/2016

I need to know more about what they have to offer  
12/14/2016

Most likely nothing unless they can offer free residential substance abuse treatment and most substance abusers do not have the insurance of money to afford residential treatment.  
12/13/2016

I'm not sure what all they address other than mental health services. I have heard good things about Parkside for children and adolescents.  
12/13/2016

Acute and residential treatment for substance abuse.  
12/13/2016

monthly clinical training inpatient, outpatient, and assessment services  
12/13/2016

You are very active in the community. I hope every hospital offering psychiatric services will advocate so Costello Act/ HB 1697 will be an option for all Oklahomans.  
12/13/2016

Work with patient without insurance  
12/13/2016

Inpatient psych care  
12/13/2016

unknown  
12/13/2016

More training for community outreach and involvement by MHPs  
12/13/2016

Eventually start residential services for substance abuse. Trial of CDIOP in evening. Improve coordination in inpt and outpt with primary care physicians. Improve monitoring of outputs from possible Medicaid eligibility  
12/5/2016

Add an inpatient substance abuse program. Add a Suicide Crisis Center.  
12/5/2016

inpatient and outpatient care as well as therapy/case mgt for assistance w/ getting all needs met for mental health treatment  
12/5/2016

Parkside provides inpatient and outpatient mental health treatment.  
12/5/2016

Parkside needs to get the word out about how they can help. I think they do a great job but am unsure about specifics to be able to tell someone about why Parkside might be able to help them.  
12/5/2016

A bigger facility  
12/4/2016

To build a larger facility  
12/3/2016

Build a larger hospital and find funding for people who can not afford hospital or residential or outpatient therapy.  
12/3/2016

24 hour assessment and referral for screening, outpt and inpt treatment; case management services  
12/2/2016

Parkside would benefit from combined dual diagnosis center as a continuum of care management system.  
12/2/2016

I identify the most challenges in physical health care, the cost of healthcare and access to it. I don't know what can be done in those areas by a single provider, it will take larger, organized effort.  
11/22/2016

we provide food and clothing vouchers, also we help with some of the medications for out patients, we help with transportation to the hospital units. I am not sure about outpatient  
11/21/2016

general IP and OP MH services  
11/21/2016

Parkside offers multiple services for varying age groups. Being able to expand those services while maintaining financial viability is the challenge.  
11/21/2016

to increase the number of beds available or look at length of stay numbers  
11/21/2016

doing a fine job now.  
11/21/2016

Food bank  
11/17/2016

Survey respondents who identified their affiliated agencies named:

Oklahoma Safety Center  
 Oklahoma Family Network  
 OU/Sooner HAN  
 Hope Pregnancy Center  
 Tulsa County Social Services  
 Crossroads Counseling & Consultation  
 Dayspring Community Services  
 Legal Aid Services of Oklahoma, Inc.  
 HeartLine, Inc  
 Community Service Council  
 Palmer  
 Ability Resources  
 Family and Youth Intervention Services  
 SunBridge Program of Mental Health Association Oklahoma  
 Indian Health Care Resource Center  
 12 & 12  
 Tulsa Public Schools  
 Family and Children's Services  
 Parkside Hospital and Clinic  
 Laureate Psychiatric Clinic  
 Brookhaven  
 Green Country Behavioral Health

## Stakeholder Survey – 33 survey participants

Q1

### Community Health Needs Assessment - 2016 Stakeholder Survey

In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health? Select up to three.		
Answer Options	Response Percent	Response Count
Poor - at or below the poverty line	65.6%	21
Seniors	28.1%	9
Youth	3.1%	1
African American	18.8%	6
Latino	6.3%	2
Immigrant	6.3%	2
Native American	12.5%	4
Single parent households	18.8%	6
Low income	31.3%	10
Uninsured	40.6%	13
Underinsured	18.8%	6
Rural populations	3.1%	1
People with Mental Health or Substance Abuse Issues	56.3%	18
Other (please specify)		3
<i>answered question</i>		<b>32</b>
<i>skipped question</i>		<b>1</b>

Q2

What are the main factors contributing to their health care challenges? Choose up to three.		
Answer Options	Response Percent	Response Count
Education level	21.2%	7
Lack of access	48.5%	16
Cultural barriers	9.1%	3
Lack of knowledge	24.2%	8
Language barriers	6.1%	2
No insurance	48.5%	16
Employment	6.1%	2
Unemployment	36.4%	12
Transportation	45.5%	15
Stigma	15.2%	5
Immigration status	6.1%	2
Availability of needed services in the area	27.3%	9
Housing / homelessness	42.4%	14
Other (please specify)		2
<b>answered question</b>		<b>33</b>
<b>skipped question</b>		<b>0</b>

Q3

What strategies, best practices or programs are most successful in addressing these factors/challenges and why?	
Answer Options	Response Count
	17
<b>answered question</b>	<b>17</b>
<b>skipped question</b>	<b>16</b>

**Comments:**

Not sure  
12/20/2016

I don't know  
12/20/2016

More help from social workers  
12/20/2016

Bus tokens for transportation, the CM or therapist coming into the home therefore, the client feels more open, no accusatory statements to the client or parent, giving the client access to the internet to apply for Medicaid and helping them through this process.  
12/19/2016

Competent providers and facilities  
12/16/2016

Home-based services: reduces barriers to treatment, but only if offered by licensed providers.  
12/16/2016

Wraparound services, post-discharge planning when leaving inpatient mental health facilities, group homes for mental health, mental health housing programs. Clients in need of these services have difficulty navigating the systems needed to access the services. Wraparound, better coordination of care/case management, and other services can help those most in need of these services.  
12/16/2016

Wrap-Around services  
12/16/2016

Unknown  
12/16/2016

Education, outreach, and availability, so that people can have access and be educated  
12/13/2016

Literacy programs Health Department extension  
12/6/2016

Crossroads  
12/6/2016

NAMI  
12/6/2016

Getting full Obama Care (governor OK). Such poor help with being full.  
12/6/2016

Salvation Army, Catholic and other church charities  
11/29/2016

One-stop facility with psychological, medical and social services. Price of internet needs to be lower.  
11/29/2016

Help with transportation available  
11/29/2016

#### Q4

Have you seen successful models in other places that address these challenges?	
Answer Options	Response Count
	16
<i>answered question</i>	16
<i>skipped question</i>	17

#### Comments:

N/A  
12/20/2016

Not sure  
12/20/2016

I don't know  
12/20/2016

yes, Brookhaven  
12/20/2016

NO  
12/20/2016

Department of Rehabilitation Services has been helpful with many clients of mine. (Office of Juvenile Affairs, Tulsa)  
12/19/2016

No  
12/16/2016

Accept the full implementation of the Affordable Care Act to increase the number of insured people in a given state and allow people to be able to afford care without choosing between care or food.  
12/16/2016

CREOKS previously had a successful wraparound program, however, at that time, the program only served those with Medicaid. These services are desperately needed by individuals without insurance as well.  
12/16/2016

Minnesota has the USA's best health care outcomes, so we could research and learn from them.  
12/16/2016

East Coast, like New York, Massachusetts, and also California  
12/13/2016

No  
12/6/2016

Yes  
12/6/2016

Recently heard about L.A.'s efforts to house the homeless  
11/29/2016

Parkside has been very successful in coordination of services for the community  
11/29/2016

No  
11/29/2016

Q5

What are Tulsa area community strengths related to health and wellness? Please choose five.		
Answer Options	Response Percent	Response Count
Good access to primary care	40.6%	13
Access to specialty care	18.8%	6
Affordable health insurance	37.5%	12
Access to mental health services	65.6%	21
Good coordination of care between area providers	18.8%	6
Access to substance abuse treatment services	40.6%	13
Access to information about health and wellness	46.9%	15
Affordable and safe housing	25.0%	8
Good jobs and a healthy economy	15.6%	5
Public transportation	37.5%	12
Strong family life / good place to raise children	21.9%	7
Low crime and safe neighborhoods	21.9%	7
Parks and recreation / opportunities for active and healthy lifestyles	34.4%	11
Other (please specify)		2
<b><i>answered question</i></b>		<b>32</b>
<b><i>skipped question</i></b>		<b>1</b>

Q6

Do you have a primary care doctor?		
Answer Options	Response Percent	Response Count
yes	84.8%	28
no	15.2%	5
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q7

Have you had a physical exam in the past two years?		
Answer Options	Response Percent	Response Count
yes	75.8%	25
no	24.2%	8
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q8

Do you have a dentist?		
Answer Options	Response Percent	Response Count
yes	54.5%	18
no	45.5%	15
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q9

Do you smoke?		
Answer Options	Response Percent	Response Count
yes	27.3%	9
no	66.7%	22
sometimes	6.1%	2
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q10

Do you live with someone who smokes?		
Answer Options	Response Percent	Response Count
yes	33.3%	11
no	66.7%	22
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q11

Do you engage in binge drinking? (5+ drinks for men, 4+ drinks for women on a single occasion)		
Answer Options	Response Percent	Response Count
yes	6.1%	2
no	84.8%	28
sometimes	9.1%	3
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>



Q12

Do you eat five or more servings of fruit and vegetables each day?		
Answer Options	Response Percent	Response Count
yes	33.3%	11
no	66.7%	22
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q13

Do you engage in moderate physical activity at least three times per week?		
Answer Options	Response Percent	Response Count
yes	69.7%	23
no	30.3%	10
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q14

Do you have access to indoor exercise equipment?		
Answer Options	Response Percent	Response Count
yes	42.4%	14
no	57.6%	19
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q15

Do you live in generally safe and affordable housing?		
Answer Options	Response Percent	Response Count
yes	90.9%	30
no	9.1%	3
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q16

Do you have access to a full service grocery store, with fresh produce, at least once a week?		
Answer Options	Response Percent	Response Count
yes	100.0%	33
no	0.0%	0
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q17

Do you have:		
Answer Options	Response Percent	Response Count
Medicare	54.5%	18
Medicaid	30.3%	10
Private Insurance	33.3%	11
Indian Health Benefits	18.2%	6
Other (please specify)		4
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q18

Have you seen a doctor in the past year?		
Answer Options	Response Percent	Response Count
yes	93.9%	31
no	6.1%	2
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q19

Have you experienced psychological distress during the past year?		
Answer Options	Response Percent	Response Count
yes	78.8%	26
no	21.2%	7
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q20

Have you seen a mental health provider during the past year?		
Answer Options	Response Percent	Response Count
yes	80.6%	25
no	19.4%	6
<i>answered question</i>		<b>31</b>
<i>skipped question</i>		<b>2</b>

Q21

Have you taken prescription medication for emotional/mental health issues in the past year?		
Answer Options	Response Percent	Response Count
yes	72.7%	24
no	27.3%	9
<i>answered question</i>		<b>33</b>
<i>skipped question</i>		<b>0</b>

Q22

In the past year, have you been a victim of:		
Answer Options	Response Percent	Response Count
Violent crime	57.1%	4
Property crime	57.1%	4
Larceny / theft	57.1%	4
<i>answered question</i>		<b>7</b>
<i>skipped question</i>		<b>26</b>

Q23

Where do most uninsured or underinsured people go when they need medical care?		
Answer Options	Response Percent	Response Count
Hospital Emergency Room	58.1%	18
Walk-in clinic / Urgent Care Center	16.1%	5
Don't know	25.8%	8
<i>answered question</i>		<b>31</b>
<i>skipped question</i>		<b>2</b>

Q24

Where do most uninsured / underinsured people go when they need mental health care?		
Answer Options	Response Percent	Response Count
Hospital Emergency Room	20.0%	6
Walk-in clinic / Urgent Care Center	10.0%	3
Community Mental Health Center	36.7%	11
Don't know	33.3%	10
<i>answered question</i>		<b>30</b>
<i>skipped question</i>		<b>3</b>

Q25

Thinking about mental health and substance abuse treatment needs, what do you believe are the greatest barriers to care? Please select up to five.		
Answer Options	Response Percent	Response Count
Lack insurance	64.5%	20
Cost prevented filling prescriptions	41.9%	13
Can't afford co-pay	64.5%	20
Difficulty getting appointment	25.8%	8
Inconvenient appointment times	19.4%	6
Child care problems	22.6%	7
Too long a wait for appointment times	32.3%	10
Don't know how to find a doctor or therapist	38.7%	12
Transportation problems interfered with keeping appointments	64.5%	20
Skipped prescription doses in order to save costs	29.0%	9
Stigma	22.6%	7
<i>answered question</i>		<b>31</b>
<i>skipped question</i>		<b>2</b>

Q26

Do you go to more than one provider for mental health care and/or psychiatric medications?		
Answer Options	Response Percent	Response Count
yes	31.0%	9
no	69.0%	20
<i>answered question</i>		<b>29</b>
<i>skipped question</i>		<b>4</b>

Q27

What changes would you like to see in Tulsa area mental health and substance abuse treatment services?	
Answer Options	Response Count
	19
<i>answered question</i>	<b>19</b>
<i>skipped question</i>	<b>14</b>

**Comments:**

N/A  
12/20/2016

Not sure  
12/20/2016

People take better care of others  
12/20/2016

?  
12/20/2016

More compassion!  
12/20/2016

Access to programs for children that know the "system" and how to get in or out of treatment. Substance abuse- access to inpatient detox programs and drug screening for full disclosure from the client. (Many clients report only marijuana use but also are on prescription medications that are illegal for them, or other substances).  
12/19/2016

Shorter wait list for non-emergency clients. More patient education on their illness/mental illness.  
12/16/2016

More facilities. More options for working people. Staff at facilities need to take time to read background of patient prior to meeting and prior to scheduling appointment  
12/16/2016

More providers, more qualified, reputable providers, less wait time, more communication between all the different providers.  
12/16/2016

I would like to see more crisis intervention and prevention as well as satellite clinics in more rural areas for those whose care can be paid for by DMH funds rather than only for those who have Medicaid. Assistance for clients in applying for social security and navigating that process including acquisition of documents needed for applications, etc.

12/16/2016

More beds available to treat minors with mental health and/or substance abuse issues on an in-pt. level plus after-care.  
12/16/2016

More treatment facilities  
12/13/2016

Expand drug court. Decriminalize 10 grams or less.  
12/6/2016

More transportation  
12/6/2016

More beds for mental illness  
12/6/2016

Would like to see larger representation of people of color providing mental health services  
11/29/2016

No Co-pay  
11/29/2016

More clinics geared to the poor  
11/29/2016

None  
11/29/2016

Q28

What factors have interfered in your mental health or substance abuse treatment in the past year?		
Answer Options	Response Percent	Response Count
Cultural / language	7.7%	2
Stigma (I don't want others to know I need help)	42.3%	11
Immigration status	3.8%	1
Lack of public transportation	19.2%	5
Cost of prescription medication	46.2%	12
Lack of availability of prescriptions medication	11.5%	3
Can't get appointment when I need one	30.8%	8
Can't afford co-pay	26.9%	7
Can't afford health insurance	7.7%	2
Can't see the provider I want to with my current health insurance	11.5%	3
<i>answered question</i>		<b>26</b>
<i>skipped question</i>		<b>7</b>

Q29

What is needed to improve the health of yourself, your family and neighbors?		
Answer Options	Response Percent	Response Count
Job opportunities	38.7%	12
Recreation facilities	22.6%	7
Transportation	54.8%	17
Wellness services	48.4%	15
I don't know	19.4%	6
Other (please specify)		2
<b>answered question</b>		<b>31</b>
<b>skipped question</b>		<b>2</b>

**Comments:**

Nothing – I have private insurance and no mental health needs.  
12/16/2016

mental health advocates going to communities to openly discuss what mental health is  
11/29/2016

Q30

What health screenings or education/information services are needed in your community?		
Answer Options	Response Percent	Response Count
Cholesterol	39.3%	11
Blood pressure	39.3%	11
Heart disease	35.7%	10
Diabetes	46.4%	13
Dental screenings	42.9%	12
Substance abuse	57.1%	16
Nutrition	42.9%	12
Exercise / physical activity	35.7%	10
Dealing with emergencies or preparedness	39.3%	11
Eating disorders	25.0%	7
HIV/ Sexually transmitted diseases	35.7%	10
Mental health	67.9%	19
Vaccination/immunizations	32.1%	9
Prenatal care	32.1%	9
Other (please specify)		1
<b>answered question</b>		<b>28</b>
<b>skipped question</b>		<b>5</b>



Comments:

Hep B and C  
12/16/2016

Q31

Where do you get your health information?		
Answer Options	Response Percent	Response Count
Newspaper/magazines	25.0%	8
Library	9.4%	3
Internet	56.3%	18
Doctor or health professional	62.5%	20
Television	28.1%	9
Radio	6.3%	2
Health department	15.6%	5
Church	6.3%	2
School	0.0%	0
<i>answered question</i>		32
<i>skipped question</i>		1

Q32

What can Parkside Psychiatric Hospital & Clinic do to help you and your community live healthier lives?	
Answer Options	Response Count
	19
<i>answered question</i>	19
<i>skipped question</i>	14

Comments:

N/A  
12/20/2016

Not sure  
12/20/2016

Help me not to get abused  
12/20/2016

I don't know  
12/20/2016

Internet  
12/20/2016

Better trained staff for sure!  
12/20/2016

Consider how many times a client has been inpatient before turning them away when they clearly need help and the family and other providers are asking but upon arrival and intake denying them due to what the child is saying at that time, rather than what the child has reported to all the other people mentioned above.  
12/19/2016

on-call consultants for patients who have questions about their medications or symptoms, etc.  
12/16/2016

Close your doors.  
12/16/2016

Keep these surveys coming, and heed them. Get them out to a wide audience.  
12/16/2016

Parkside has been an ally in caring for my clients. Many of my clients would benefit from the services provided at Parkside, however, only those insured are able to utilize them.  
12/16/2016

Accept and treat more minor children for a greater array of mental health and substance abuse needs.  
12/16/2016

supply medications instead of going to pharmacy  
12/13/2016

Partial hospital & Zarrow House  
12/6/2016

Provide transportation  
12/6/2016

Get more beds for mentally ill. Get preventative care.  
12/6/2016

Do not know  
11/29/2016

Keep doing what they're doing!  
11/29/2016

Workshops/seminars: self-advocacy, how to work on a fixed budget, parenting group that provides support and info on being more effective with their children  
11/29/2016