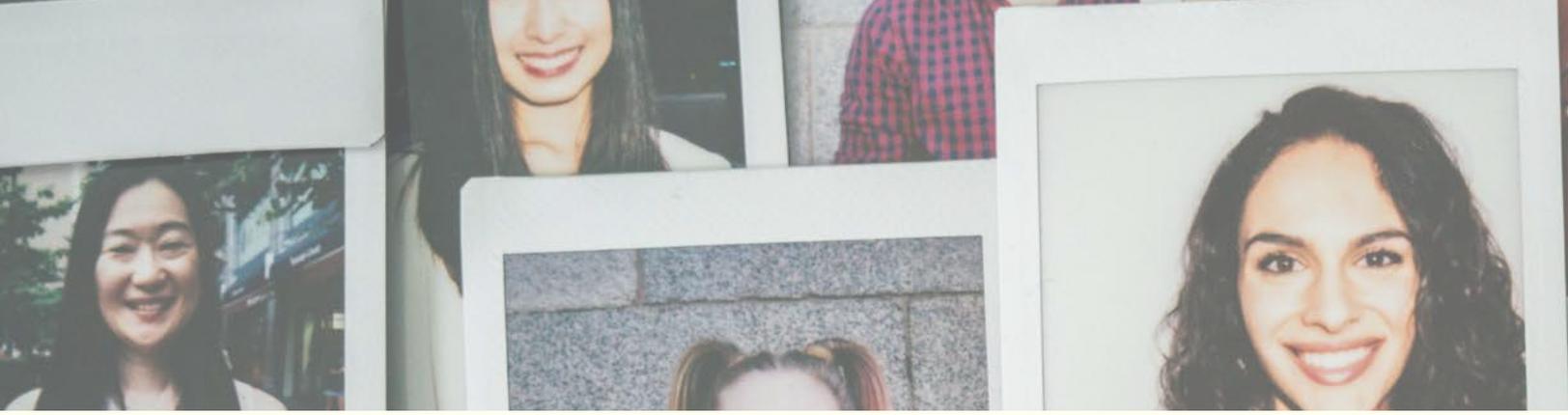




# PROFILE OF OKLAHOMA SYSTEMS OF CARE CLIENTS

2015 - 2017



## BACKGROUND

Oklahoma Systems of Care (OKSOC) provides services to children, youth, and young adults experiencing serious emotional disturbance. Their families also receive services and supports. State and federal financing and the active sponsorship of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have helped OKSOC expand across the state and

increase the number of families and youths served. OKSOC supports, maintains, and grows local systems of care communities by providing infrastructure, training and technical assistance, and staff professional development.

Care is delivered using an integrated team that comprehensively addresses physical, mental health

and substance use disorder treatment needs with a goal to ensure access to appropriate services, improve health outcomes, reduce preventable hospitalizations and emergency room visits, and avoid unnecessary care.





## INTEGRATED SYSTEMS OF CARE

Many individuals experience a substance use disorder at the same time as a mental health disorder. When these occur at the same time it is often referred to as a co-occurring disorder. National trends and Oklahoma specific efforts are moving towards integrated care. Integration is the systematic coordination of general and behavioral health care. Integrat-

ing services for primary care, mental health, and substance use-related problems together produce the best outcomes and provide the most effective approach for supporting whole person health and wellness. Integrating substance misuse services with medical care is especially critical considering substance use disorders are often associated with

other medical conditions. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs (SAMHSA, 2016).



# INTRODUCTION

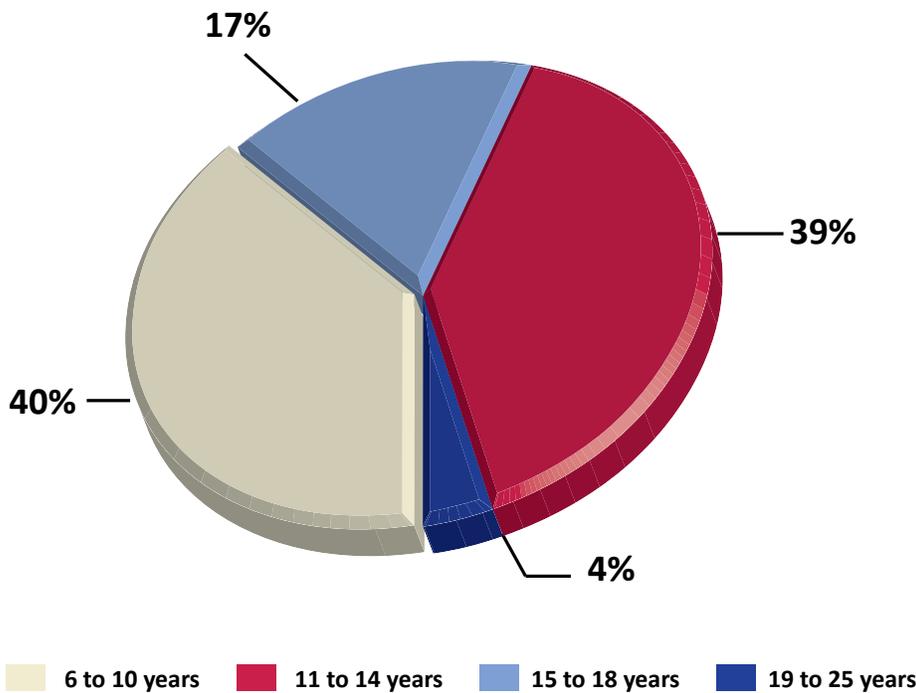
This report focuses on OKSOC client data over a three year period - 2015, 2016, and 2017. Gender, age, and geographic distribution are essential considerations for OKSOC in addressing access and barriers to

behavioral health services across Oklahoma. These considerations also impact outcomes for children, youth, and young adults statewide. Understanding all these implications can guide operational and strate-

gic decision-making and enhance outcomes.

# POPULATION

Client Age Groupings - All Years



## Age and Gender

The total population described in this report consists of 11,730 clients ages 6 through 25 entering the program between January 2015 and December 2017. Just under eighty percent (78.9%) of clients were split between the two youngest age categories of 6 to 10 (4,642 elementary school age students) and ages 11 to 15

(4,607 middle school/junior high age students). An additional seventeen percent of clients were between ages 16 and 18 (2,029 high school age students). Small percentages of clients were college age (296, or 2.5%) or young adults (156, or 1.3%), combined, comprising the 19-to-25 age grouping.

Given the clustering of clients at the elementary and middle school age

levels, it follows that mean client age population is 12.0. Mean age was higher in 2015 (13.4) than in subsequent years when the means were 12.0 or very close to 12.0. The relatively low standard deviations indicate that, on average, client ages do not vary far from the mean, which is largely explained, again, by the large proportion of clients in the upper elementary and middle school age levels.

Just over half (53.9%) of those served in the program were male and 46.1% were female. This gender distribution holds true for each enrollment year. The percent of females each year rounds to 46% and the percent of males to 54%. However, this pattern shifts when gender distribution is examined within categories of age.

Gender distribution has a strong influence on the client profile. For instance, nearly two-thirds (61.6%)

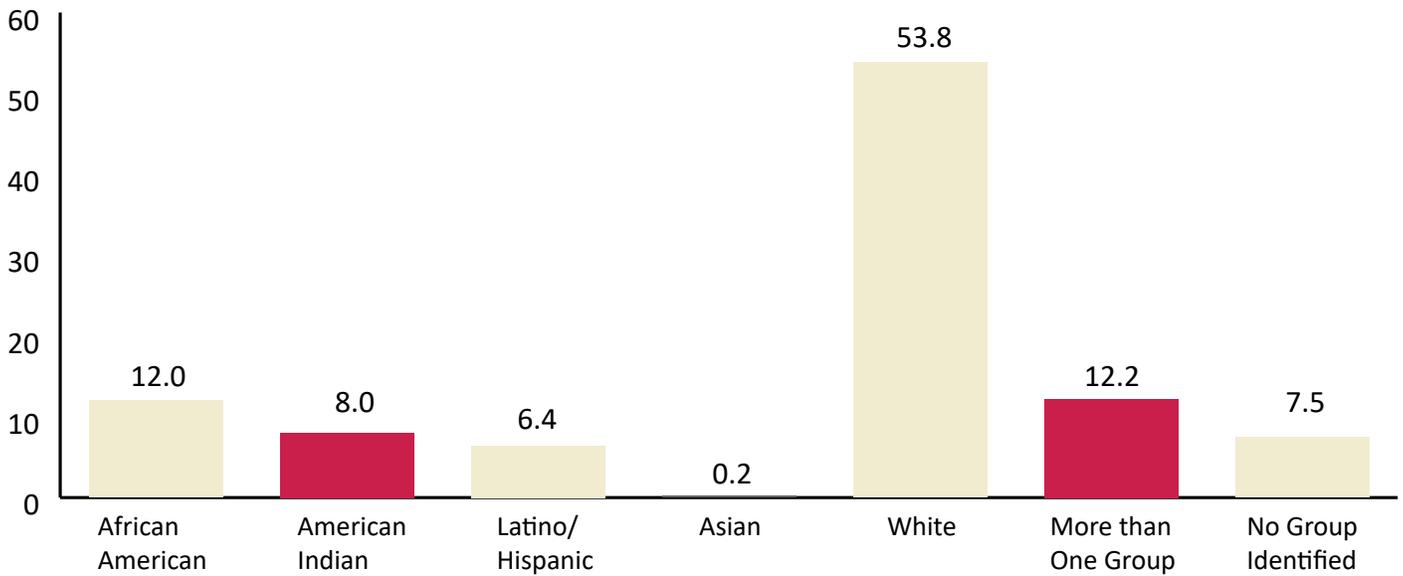
of clients ages 6 to 10 are males compared to 38.4% female. Among clients ages 16 to 18, a larger percentage are females (58.2%) than males (41.8%)—a pattern that appears to continue through the young adult age groupings.

nicity (i.e., Latino/Hispanic) at intake; therefore the sum of percentages exceeds 100. While 80% of clients (or their parents or guardians) identified with one race or ethnic grouping, 12 percent identified membership in more than one group and 8% did not identify any group to which they belonged.

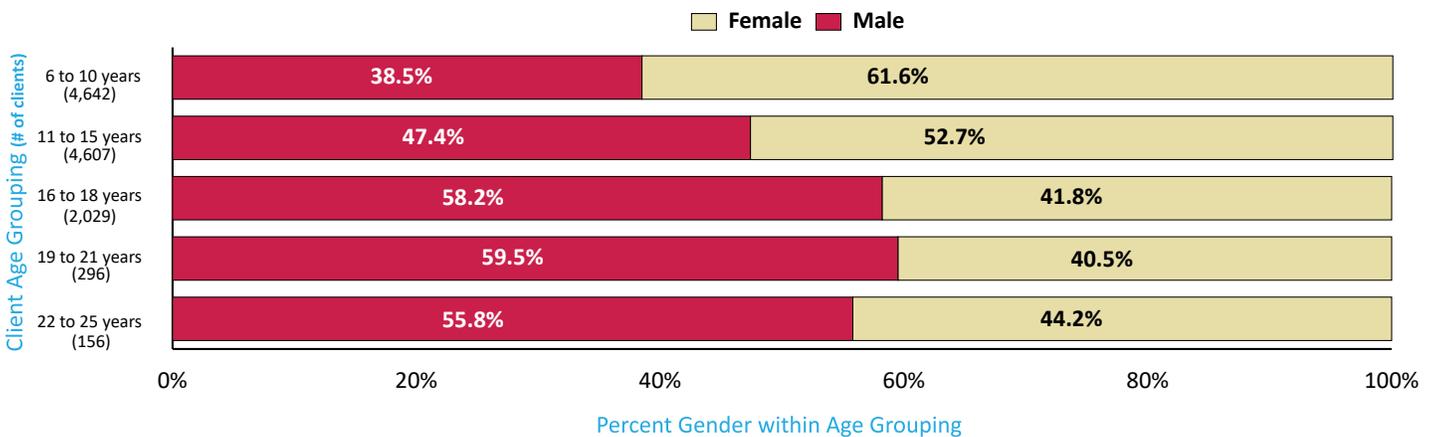
### Race, Ethnicity and Gender

Clients were given the opportunity to select more than one race or eth-

### Race/Ethnic Groupings Percentage Distributions



### Client Age Grouping by Gender Percentage Distributions



# GEOGRAPHIC DISTRIBUTION

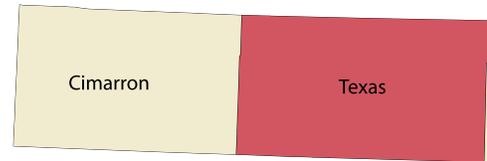
Clients lived in and/or received services in 69 of the 77 counties in Oklahoma. Clients are distributed across urban and rural counties, with half (51.1%) in "Mostly Urban" counties and 36.8% in "Mostly Rural" counties. The remaining small percentages reside or are served in completely rural counties (1.2%) or counties that are rural and urban equally combined (12.2%).

The definitions of rural and urban used are derived from the U.S. Department of Commerce's (DOC) Census Bureau designation of two types of urban areas and the Oklahoma Department of Commerce's (ODOC) classifications of rural Oklahoma, which are based on the DOC designations. The map of Oklahoma corresponds to the rural and urban designations listed below.

The eight counties where there were no clients receiving services during the intake period were in three clusters, all of which tended to be rural or mostly rural. These were Alfalfa, Grant, Major, and Woods Counties in northern central Oklahoma, Haskell

and Latimer Counties in eastern Oklahoma, and Cotton and Jefferson Counties in southern Oklahoma. Figure 2 provides the rural and urban classifications of all 77 counties in Oklahoma. By combining the first two categories (Mostly Urban and Rural/Urban) into a single category, "Urban" and the latter two categories (Mostly Rural and Completely Rural) into a single category of "Rural," it's possible to look more comprehensively at the client profile represented in this report.

Rural and Urban Oklahoma Counties



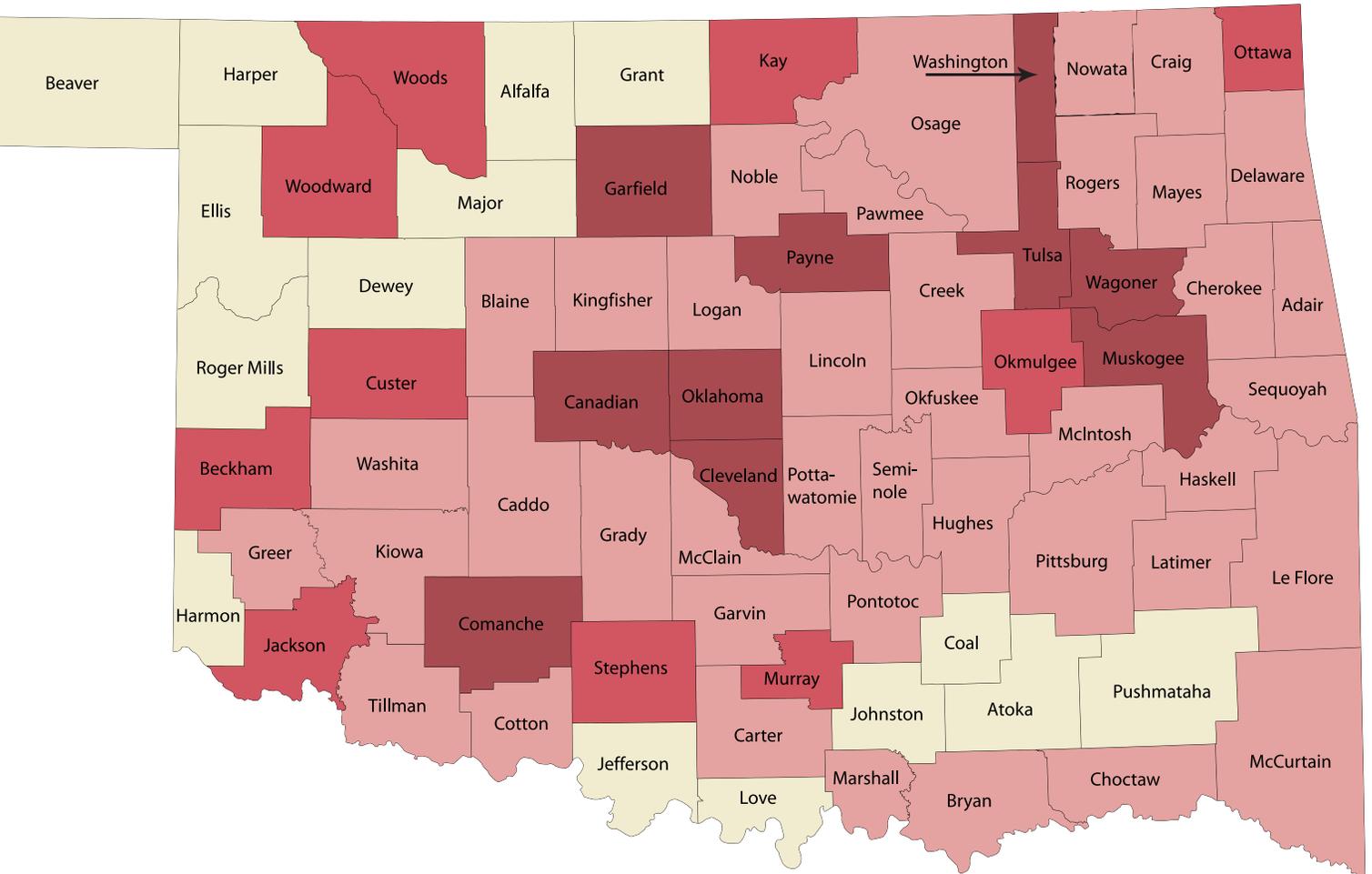
- Mostly Urban
- Rural/Urban
- Mostly Rural
- Completely Rural

## Gender and Geographic Distribution

Where gender is concerned, the distribution of male and female clients between rural and urban counties is exactly proportional to the OKSOC population. Just over half (53.9%) of the clients served and/or residing in urban counties in the state are males. The same percent of clients (53.9%) in rural counties are males. This means that the percent of clients in both urban and rural counties who are female is 46.1%.

## Rural and Urban Client Breakdown by Gender

	Total Clients	Percentage of Clients in Area	♀ Female Clients in Area	♂ Male Clients in Area
 RURAL	4,312	36.8%	1,988	2,324
 URBAN	7,418	63.2%	3,295	4,123



## SUBSTANCE USE

Upon entry to OKSOC, all clients (or their parents or guardians) were administered a survey that included questions concerning their recent use of fourteen substances for recreational purposes and how often they used these substances in the past 90 days. Four frequency options provided were never, a few times, weekly, and daily. Most OKSOC clients in this data set indicated they never used substances in the 90 days prior to entering the program. Three substances were reported at a use rate

(any level of frequency) of 10% to 11%. These were tobacco products (11.1%), alcoholic beverages (10%), and cannabis (10.1%). Substances reported by 1% or more clients include cough syrup, prescription stimulants, methamphetamine, sedatives or sleeping pills, and prescription opioids.

Of 11,730 total clients for whom data were available in this study, 2,055 or eighteen percent (18%) reported ANY use/misuse of one or more substances within the 90-day period

prior to entering the program. "Any substance use" could range from using a substance "A few times" to using multiple substances "Daily."

### Age and Gender Categories

Again, ages ranged from 6 to 25. Age was divided into categories of 6 to 10 (elementary school age), 11 to 15 (middle school/junior high age), 16 to 18 (high school age), 19 to 21 (college age/under 21 young adults), and 22 to 25 (college age/over 21 young

## Completely Rural

**Completely Rural:** 100% of population lives in areas that have lower population density with <1,000 per square mile (example Ellis County)

# 1.2%

139 Clients



## Mostly Rural

**Mostly Rural:** 50.1% to 99.9% of the population lives in area with lower population density (example Pittsburg County)

# 35.6%

4,173 Clients



## Rural/Urban

**Rural/Urban:** Counties with populations < 50,000 people that have >50% of people in higher population density (example Custer County)

# 12.2%

1,428 Clients



## Mostly Urban

**Mostly Urban:** Counties with Populations > 50,000 people that have >50% of people in higher population density (example Canadian County)

# 51%

5,990 Clients



adults). Gender distributions within the substance use/misuse subgroup are reasonably representative of the entire study population, with proportions similarly divided. However, age groupings differ due to increased substance use with age. The overall study sample includes a 40% client subgroup aged 6 to 10, compared to 6.6 percent from that age group in the substance use/misuse subgroup. The majority categories seen in the

overall study group (ages 6 to 10 and 11 to 15) shifts to the next two higher clusters (11 to 15 and 16 to 18) in the substance use/misuse subgroup.

The majority of OKSOC clients who have used a substance are in the age groupings of 11 to 15 and 16 to 18. Younger clients tend to be male, and as the client population matures, that ratio of females-to-males reverses. Among young adolescents

in the 11-to-15 category, there are 46% females compared to 54% males reporting the use of any substance. Among older adolescents in the 16-to-18 age category, those percentages are exactly reversed—54% are females and 46% are males.

Reported Use Rate at Any Level of Frequency



**11.1%** Use Rate

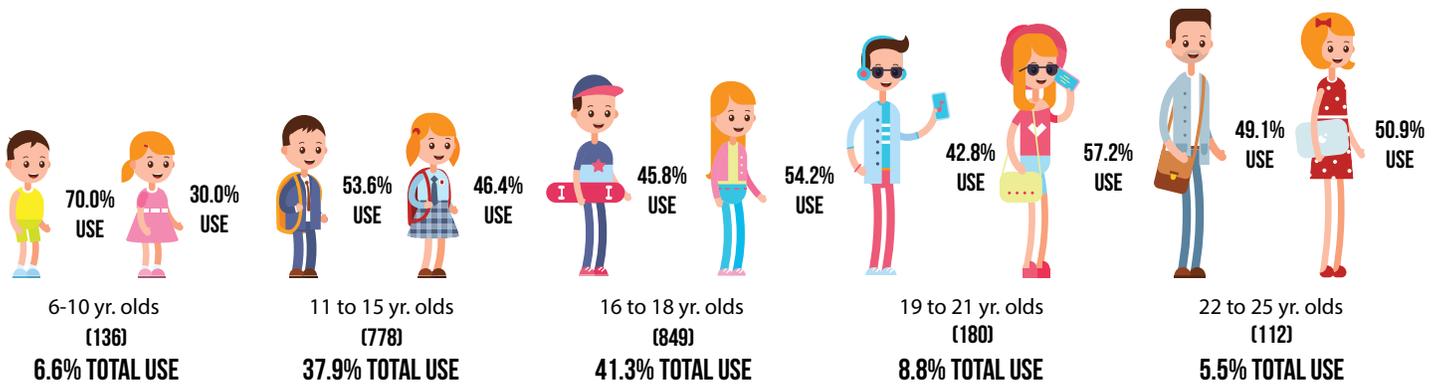


**10.1%** Use Rate



**10.0%** Use Rate

Client Reporting Any Substance Use By Age and Gender (number)





Evaluation is an integral part of the Systems of Care movement in Oklahoma and provides evidence documenting service utilization, program effectiveness for children and families, and system costs. In support of its commitment to data-driven decision-making, OKSOC has contracted with The Education Training, Evaluation, Assessment and Measurement Department (E-TEAM) at the University of Oklahoma since 2002 to design and implement a statewide evaluation plan. The evaluation provides feedback to OKSOC central management, site leadership and staff, families, and partners on whether OKSOC goals and objectives are being achieved so that changes and adjustments can be made in practice. The evaluation also provides outcomes information for individual children/youth and families, as well as outcomes information for local sites and the state as a whole. As the evaluator for OKSOC, E-TEAM designed and maintains a statewide evaluation data collection effort based on data collected through the Youth Information System (YIS) by the local OKSOC sites. The YIS is a secure, web-based application which provides real-time access to evaluation and program monitoring data to state management, to individual site leadership, and to site wraparound facilitators. Data collected in the YIS are accessible on a continuous basis at the site and state levels. A significant amount of information is collected to evaluate change across time. Demographic and outcome data are collected at enrollment and at 6-month intervals thereafter during a youth's involvement with the program. In addition to demographic and outcome measures, the YIS also captures information about site staffing, caseload assignments, wraparound process and progress, family team meetings and composition, and flex fund expenditures. These data are used to inform program design, to improve service delivery, and, ultimately, to contribute to better outcomes in the lives of youths and families. E-TEAM has the primary responsibility for organizing, analyzing and interpreting these data, so they can be used effectively by OKSOC stakeholders – from ODMHSAS managers to local community members and families.



