

Green Country Behavioral Health Services, Inc.

CCBHC Community Needs Assessment

Muskogee and McIntosh Counties, Oklahoma

August 2020

Prepared by Cheryl Nelson, GCBHS Compliance Officer

Introduction:

Green Country Behavioral Health Services, Inc. has served Muskogee and McIntosh Counties in rural Oklahoma since 1979 with behavioral health and addiction outpatient programs and crisis response services. Our 16-bed Adult Crisis Stabilization Unit opened in 2002 and an eight-person Care as Needed (CAN) outpatient unit opened in 2019.

All GCBHS programs hold “certification with distinction” through the OK Department of Mental Health and Substance Abuse Services. ODMHSAS recognized GCBHS as a Certified Community Behavioral Health Center (CCBHC) through a Permit to Temporarily Operate in May 2020. CCBHC policies are in place to ensure that all programs meet the highest standards in providing intensive, person-centered, multidisciplinary, evidence-based services.

An Implementation Team was formed to develop the path toward full CCBHC expansion and certification. The team includes our CEO, Clinical Director, CFO, Medical Director, IT Officer, Director of Nursing, and staff overseeing Compliance, Finance, Data Integrity, and Continuous Quality Improvement. We have appreciated guidance from the ODMHSAS.

Integrated Health Care in Rural Oklahoma

In 2010, the Oklahoma Health Improvement Plan was developed as a call for action to improve the health of Oklahomans through a collaborative effort across health systems. Flagship issues were 1) tobacco use 2) obesity 3) child health and 4) behavioral health.

In answer to that call, GCBHS built upon our strong partnership with Arkansas Verdigris Valley Health Center (AVV Health), a federally qualified health center in Porter, OK. In 2012, AVV Health opened a medical clinic within our Muskogee outpatient facility. As we worked closer together in our medically underserved area, the needs of our shared clients became clearer to us. We learned that many of our behavioral health clients had not seen a medical doctor in years – some over 20 years.

Far too many of our clients had only received the occasional treatment of a progressed illness or disease. In those cases, fear or concern had ultimately resulted in a doctor’s appointment and the situation was, at least temporarily, fixed. In contrast, integrated health care requires carefully designed, coordinated, monitored and measured ongoing care. It’s a long-term commitment that requires a team of professionals working together within a comprehensive system of care. And it takes a thorough understanding of the community served.

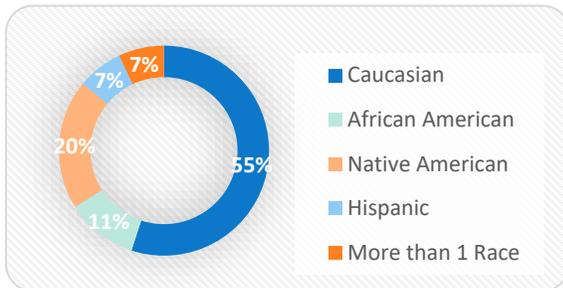
CCBHC Needs Assessment – Muskogee and McIntosh Counties

The following Community Needs Assessment was conducted by our CCBHC Implementation Team. More than 300 survey responses and 100 individual interviews conducted throughout June and July 2020 provided a good representation of clients, community partners, staff and the public at large. This assessment of community resources and challenges is vitally important as we enhance our relationships with AVV Health and other partners in a commitment to serve our community through expanded integrated health care as a CCBHC.

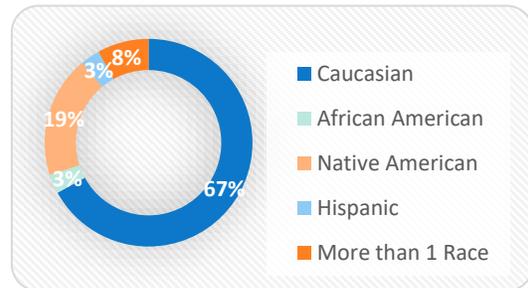
Cultural Diversity

Current U.S. Census data for Muskogee and McIntosh Counties show Muskogee with a wider population diversity in respect to race and ethnicity. However, residents in both central eastern Oklahoma counties live in an area that is rich in diverse cultural heritage, with a large Native American population.

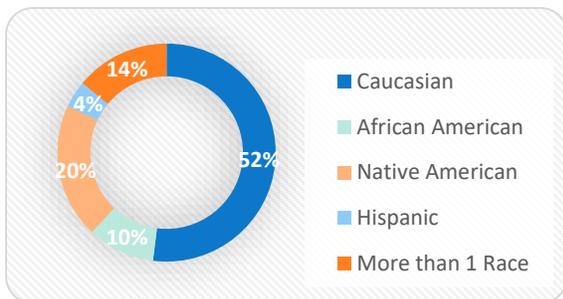
Muskogee County Residents



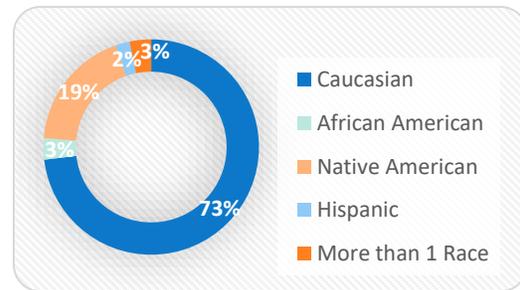
McIntosh County Residents



GCBHS Muskogee Clients

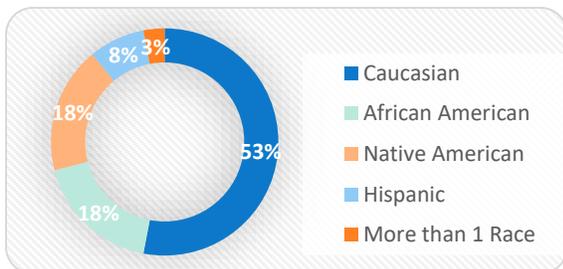


GCBHS McIntosh County Clients

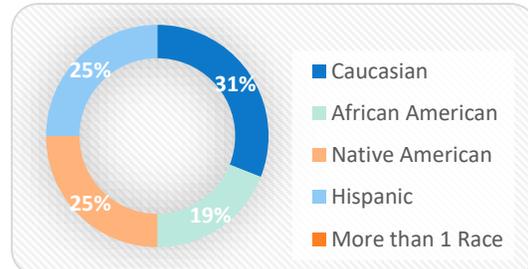


Appreciation of Diversity is a GCBHS agency value and guiding principle. Our commitment is to maintain a workforce and governing authority that are aligned with the cultural diversity of our clients and community, as shown in the following 2020 statistics.

GCBHS Staff



GCBHS Joint Governance



As Grantee for the Muskogee County Head Start/Early Head Start programs, GCBHS maintains joint governance through the GCBHS Board of Directors and the MCHS Policy Council. The racial diversity of GCBHS staff and governing bodies continues to provide fair representation of those we serve.

Although Muskogee’s Hispanic population is only at 7%, these families have continued strong participation in our MCHS program. Over the past five years, an average of 22% of Muskogee County’s Early Head Start enrollment has been infants and toddlers from Hispanic families.

Process for Identifying Strengths and Needs

In June and July 2020, the GCBHS Implementation Team collected 318 responses to our survey, which questioned the availability of health care services and the obstacles encountered in trying to meet basic needs of community residents. During the same two-month period, all employees of our community mental health center were interviewed in regard to the agency’s strengths, any problems encountered with our agency systems or processes, staff concerns, and ideas for improvement in any area.

This direct input from a combination of GCBHS stakeholders – clients, staff, partner agencies, and community residents – provided valuable insight to our community’s unique needs and our agency’s ability to deliver services designed to respond to those needs.

Survey Responses

Our survey was distributed during the COVID-19 pandemic, when opportunities for face-to-face conversations were greatly reduced. The largest response came from GCBHS clients in Muskogee and McIntosh Counties, 153 and 34 surveys, respectively. During this time, our clinical services were conducted in the parking lots at both outpatient clinics in Muskogee and Checotah. The survey was very well received, even under these conditions.

We also took advantage of social media, hearing from 87 community residents through a Survey-Monkey link on Facebook. An additional 44 responses came via email from GCBHS community partners, including the following:

- AVV Health in Muskogee;
- Health and Wellness Center in McIntosh County;
- Muskogee and McIntosh County Health Departments;
- Monarch Substance Abuse Treatment Program;
- Women in Safe Homes;
- Creek Nation Family Violence Prevention Program;
- Eufaula Indian Health Center Diabetes Program;
- Veterans’ Regional Health Care System;
- Tribal HUD-Veterans’ Housing Program;
- Muskogee Public Schools;
- GCBHS Board of Directors
- EODD Area Agency on Aging;
- Greenleaf Apartments;
- Gospel Rescue Mission;
- Muskogee Housing Authority
- Bridges Out of Poverty;
- Muskogee County Jail;
- Muskogee and McIntosh County Law Enforcement, including DA Offices and Judges.

Community Review

Population Data

Muskogee and McIntosh, both rural Oklahoma counties with similar economic difficulties, are different in their population composition. McIntosh County residents 65 years and older make up one-fourth of the population – ranking first in Oklahoma’s 77 counties. McIntosh County’s median age is 47.4 years, also the highest in the state. In Muskogee County, the median age is 37.8 years, ranking 57th in the state and younger than the national median age of 38.2 years.¹

Over 24% of McIntosh County and 18% of Muskogee County residents live with a disability. Both counties have low rates of economic wellbeing, with 21% of their county residents living below the poverty line, compared to the national rate of 11.8%.² The numbers of children living under the poverty line were even greater, with 30% of Muskogee County and 34% of McIntosh County children living in poverty, greater than the national rate of 16.2%.

Oklahoma is one of 13 states where food insecurity is higher than the national rate. In Muskogee and McIntosh Counties, 18.4% and 17.8%, respectively, of residents struggle with food security. The numbers increase for children. In Muskogee County 25.5% of children do not have enough food; the number is higher, 26.4%, in McIntosh County.³ Across the GCBHS service area, at least one in four children are at risk of going to bed hungry.

Health Concerns

The 2019 Scorecard on State Health System Performance showed Oklahoma as the next-to-worst health system in the country, ranking 50th among 50 states and the District of Columbia. Oklahoma’s ranking was much closer to last (Mississippi) than it was to the state just ahead of it (Texas). One of the report’s authors, David Radley, said, “Oklahoma and Mississippi stand out for poor performance even among poor performing states.”⁴

These low health rankings are evident at the county level, with Muskogee and McIntosh County rankings of 63 and 70, respectively, both in the lowest quartile of Oklahoma’s 77 counties.⁵

Across all of our survey respondents, the top two health concerns identified were Addiction/Substance Abuse and Mental Health:

- Residents, Community Partners and McIntosh County clients rated Addiction as the top health concern, with Mental Health second.
- Muskogee County clients rated Mental Health the top concern and Addictions second.
- All participants rated Physical Health third in the top health concerns; however, Crime and Safety tied for third place with McIntosh County clients.

¹ County Data – OK Policy Institute County Stats 2018

² National Data – U.S. Census Bureau 9.10.19 Report – 2018 statistics

³ Community Food Bank of Eastern Oklahoma – Hunger in Oklahoma, February 2020

⁴ The Commonwealth Fund 2019 State Health Scorecard

⁵ OKpolicyinstitute.org OK County Stats

Survey: In the following list, which three are the top “health concerns” in your community?

	Addiction/ SA	Mental Health	Physical Health	Crime/ Safety	Proper Nutrition	Teen Pregnancy
Residents	82%	76%	54%	38%	38%	8%
Community Partners	93%	77%	55%	36%	23%	5%
Muskogee Clients	64%	86%	54%	43%	27%	11%
McIntosh Clients	76%	74%	47%	47%	35%	12%

Survey examples under Addiction/SA were: tobacco, illicit drug use, abuse of prescription drugs, and alcohol. Adults in Muskogee and McIntosh Counties continue to show a high prevalence of tobacco smoking – 23.8% and 26.5% respectively – compared to the national average of 17%.⁶ A 2020 survey of parents in our MCHS program showed that 24% of the 107 respondents reported having someone in the household who used tobacco; only 7% of those parents answered that they were interested in smoking cessation information.

More than four out of five unintentional prescription drug overdose deaths in Oklahoma involve at least one prescription opioid. Overdose deaths involving prescription opioids account for more than all illicit drug deaths combined. State data show the prescription rate in Muskogee County 30 percent higher than the state rate⁷:

- In 2017 there were enough opioids dispensed in the county for every adult to have the equivalent of 215 hydrocodone 10mg tablets.
- Muskogee County had the 5th highest death rate in the state.
- Adults aged 35-54 had the highest rate of death.
- 41% of people who died had a history of mental health problems.
- 70% of people who died had a history of substance abuse.

Survey examples under Mental Health were: depression, anxiety, suicidal thoughts/attempts. In 2017, the prevalence of depression was reported by 24.5% of the McIntosh County population and by 24.6% of the Muskogee County population, both higher than the national rate of 20.5%. Also in 2017, suicide deaths numbered 22.1 per 100,000 population in McIntosh County and 24.3 per 100,000 population in Muskogee County. Both counties surpassed the national number of 14 suicide deaths per 100,000 population (all age-adjusted).⁸

Community Health Indicators⁹

Heart Disease is the leading cause of death in Oklahoma. During 2017, heart disease deaths in McIntosh County totaled 293.7 per 100,000 population. For the same period, Muskogee County

⁶ United States Center for Disease Control and Prevention (2020)

⁷ OK State Dept. of Health Overdose Prevention Fact Sheet

⁸ OK2Share@health.ok.gov

⁹ The Center for Disease Control and Prevention

heart disease deaths totaled 331.2 per 100,000 population, more than twice the national rate of 165 heart disease deaths per 100,000 population (age-adjusted).

Obesity, defined as a BMI greater than 30.0, is a primary cause of adult deaths. In addition to its association with mortality, obesity increases the risk for several chronic diseases such as heart disease and type 2 diabetes. McIntosh County obesity in adults was at 40.1% in 2017; Muskogee County obesity in adults was 44%. Both were higher than the 2017 national rate of 31.3%.

In many cases, excess weight is an indication of an unhealthy lifestyle, which may be handed down through generations. In our Muskogee County Head Start program, almost one-fifth of children three to five years-old who enrolled in our 2019 school year were categorized as obese according to their height and weight measurements.

High Blood Pressure, when left untreated, can damage the circulatory system and is a significant contributing factor to heart attack, stroke and other health threats. In 2017, the prevalence of high blood pressure in McIntosh County was 47.3%. Muskogee County was lower, with a prevalence rate of 40.4%; however, both were above the national rate of 32.25%.

High cholesterol, also known as Hyperlipidemia, is one of the major controllable risk factors for coronary heart disease, heart attack and stroke. Added to other risk factors found in Muskogee and McIntosh Counties – such as smoking and high blood pressure – the risk increases even more. McIntosh County high cholesterol prevalence in 2017 was 43.7% of the population. Muskogee County high cholesterol prevalence for the same time period was 40.8%. Once again, both county health statistics were more severe than the national rate of 33.02%.

Barriers to Health Care

Across all GCBHS survey respondents, the top three barriers to health care were identified as “No Insurance/Limited Insurance”, “People don’t know about local health services for those with limited resources”, and “Transportation”.

Survey: In the following list, what are the barriers to receiving health care in your community?

	No/Limited Insurance	No Transport	People Don't Know	Language Barrier	Poor Care Quality	Confidentiality Concern
Residents	86%	70%	60%	28%	15%	6%
Community Partners	82%	68%	70%	18%	11%	2%
Muskogee Clients	75%	55%	62%	12%	20%	18%
McIntosh Clients	53%	44%	59%	6%	3%	12%

Muskogee and McIntosh County residents struggle with maintaining health insurance. 20% of Muskogee County and 22% of McIntosh County residents are uninsured – both higher than the national rate of 8.5%.¹⁰

¹⁰ OK Policy Institute County Stats 2018

The survey also asked for barriers specific to mental health services and primary health care. For mental health services, our community partners and residents listed “not enough evening/ weekend hours” as the top barrier to services.

However, our clients – both in Muskogee and McIntosh Counties – listed “distance from mental health care facility” as their primary barrier, followed by “not enough evening/weekend hours.”

Survey: What are the barriers to receiving mental health care in your community?

	Not enough Evening/ Weekend Hours	Limited Access- Can't Get Appointment	Inconsistent Care/Different Providers	Distance from Mental Health Facility
Residents	38%	27%	22%	20%
Community Partners	59%	41%	23%	39%
Muskogee Clients	29%	24%	25%	44%
McIntosh Clients	26%	15%	9%	32%

In regard to primary or medical health care, we see the same response, with community partners and residents reporting a need for evening and weekend hours as the primary barrier to services, and our clients reporting that the distance to care provides a challenge.

Survey: What are the barriers to receiving primary health care in your community?

	Not enough Evening/ Weekend Hours	Limited Access- Can't Get Appointment	Inconsistent Care/Different Providers	Distance from Health Care Facility
Residents	31%	22%	20%	15%
Community Partners	64%	43%	18%	32%
Muskogee Clients	36%	35%	29%	44%
McIntosh Clients	18%	24%	3%	32%

Community Access to Vital Services and Supports

In addition to identifying barriers, survey respondents reported on access to health care services and providers. Access to mental health providers received high ratings across all surveys, with 74% of residents, 82% of community partners, 86% of Muskogee clients and 97% of McIntosh County clients reporting they have access to mental health care.

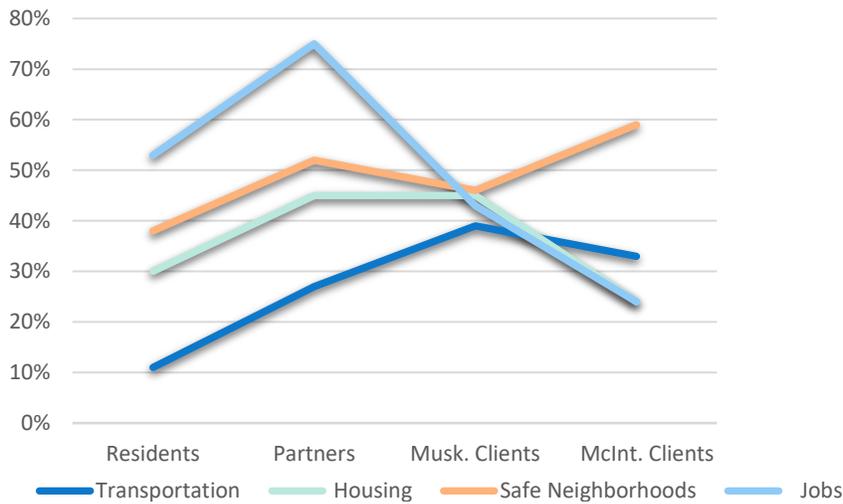
Primary health care access ratings were also positive across residents and client surveys, with 62% of residents, 67% of Muskogee clients and 68% of McIntosh County clients reporting they have access to primary health care. The largest positive rating came from community partners, where 91% of respondents reported access to primary health care.

Access to dental services was lower, with only 39% of Muskogee clients, 46% of residents, 50% of McIntosh County clients, and 59% of community partners reporting access to dental care.

Only 22% of residents reported an adequate number of social services in the community, followed by 55% of community partners, 56% of McIntosh County clients and 59% of Muskogee County clients.

The following table shows positive responses to survey questions about accessibility of services and supports of basic needs, specifically the following:

- Sufficient public transportation;
- Quality, affordable housing;
- Safe neighborhoods for walking exercise; and
- Available jobs



Transportation:

This response continues to identify our problems with transportation. Only 11% of surveyed residents, 27% of community partners, 39% of Muskogee County clients and 33% of clients in McIntosh County agreed there is sufficient public transportation to serve the community.

Housing: Quality, affordable housing was also found to be lacking by survey respondents, with only 30% of residents, 45% each for community partners and Muskogee County clients and 24% of McIntosh County clients reporting that there is enough quality, affordable housing.

This response is not surprising. The latest five-year American Community Survey reports 477 housing units in Muskogee County classify as over-crowded and an estimated 7,550 housing units in the county are considered to have one or more substandard conditions. Those conditions would meet one of the following criteria: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) having more than one occupant per room, 4) gross rent exceeds 30% of household income.

Housing problems across our service area were compounded during the catastrophic flooding in May 2019. According to Muskogee County Commissioners, 833 structures were flooded. All residents of the 145 units at a local mobile home park were evacuated and the park was eventually completely under water. Many families were left homeless or in dire need of housing assistance. HUD-Assisted housing units account for less than 10% of available housing in Muskogee County. When compared to the 21% poverty rate, and the additional emergency need due to flooding, it is evident that affordable housing is an issue.

Safety: The question of neighborhood safety received a positive response from only 38% of residents, 52% of community partners, 46% of Muskogee County clients and 59% of McIntosh County clients, who report that community neighborhoods are safe for walking exercise.

Employment: Survey responses about the availability of jobs scored higher among residents and community partners, 53% and 75% respectively. Only 43% of Muskogee County clients and 24% of McIntosh County clients reported that jobs are available in the community.

GCBHS Agency Review

An important voice in our assessment process came from GCBHS staff. Employees can identify barriers to service that are not always apparent to other stakeholders. Staff time spent on problems encountered with internal processes and agency systems may often take time that could be better utilized on clinical care. Individual conversations with every GCBHS employee are summarized here, providing a unique inside-out perspective on the agency and our capacity to enhance and expand services in direct response to the identified needs of our clients and our community.

GCBHS Staff

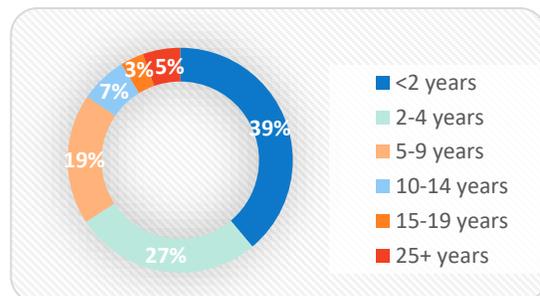
GCBHS currently has a staff of 237 employees - 149 in behavioral health/addictions and 88 in early childhood development and education (Head Start/Early Head Start). A Behavioral Health Case Manager from GCBHS Children’s Services is embedded in our HS/EHS program, providing classroom observations. Each school year, these observations result in guidance to teachers and parents, as well as easy transition for MCHS parents and children to access GCBHS services.

In order to serve the Spanish-speaking population, GCBHS recruits and hires bilingual employees. Currently, we have 18 bilingual staff members. Both English and Spanish are spoken in reception areas for our Muskogee Outpatient and Medication Clinics.

Programs are developed around the needs of our community and our clients, with staff positions designed to “meet people where they are.” Our clinical staff includes employees with advanced educational training, as well as those with vitally important lived experience.

GCBHS Staff Tenure and Training

In this table, the “under 2 years” category includes new 2020 staff, added in preparation for expanded services. A variety of clinicians were hired, as well as a Continued Quality Improvement Manager. No employees hit the 20 year mark this year; however, the “25+ years” category includes three employees who have worked over 25 years, four over 30 years, and one with over 35 years of GCBHS experience.



The GCBHS Clinical Director ensures that all clinical staff members maintain the licensure and certification required for their positions and for the specific evidence-based practices that they utilize in treatment.

All GCBHS employees receive comprehensive on-boarding training, along with annual training and updates in the following areas:

Fire & Safety; AIDS/HIV Precautions & Infection Control; Ethics/Professional Conduct; HIPAA Privacy/Confidentiality; HIPAA Security Awareness; Consumer Rights; Gender Sensitive, Age and Developmentally Appropriate Services; Trauma Informed Care; Facility Policies and Procedures; Co-occurring Disorders Competency and Treatment Principles; OK Child Abuse Reporting & Prevention Act/Vulnerable Adult; Cultural Competence/Military Culture Awareness; and Prevention of Violence in the Workplace.

Identifying Agency Needs and Strengths

In June and July 2020 each GCBHS employee of our community mental health center met with the CEO and Clinical Director to ensure their understanding of our CCBHC transition and help the Implementation Team identify problems with agency systems or processes, as well as any general staff concerns. Employees also discussed GCBHS recruitment/employment experience, ideas for improvement, and agency strengths. Understanding the reasons for staff employment and staff retention is vital to our CCBHC plans for continued staff expansion. Employees shared the following information:

Reasons for choosing employment at GCBHS

Over one-third of current employees came to work at GCBHS due to a referral from another staff person. An additional 7% came back to GCBHS after past employment here.

- 15% wanted to work in addictions, mental health, or community health
- 9% heard good things about the agency
- 6% interned at GCBHS
- 4% shared that they previously received services at GCBHS

Reasons for staying employed at GCBHS

Over half of GCBHS employees reported staying here because they have the opportunity to *“help people, see people get better, and make a difference in someone’s life.”*

Almost one-fourth of the staff said they appreciate the family atmosphere and their co-workers. Other reasons were identified, as follows:

- GCBHS is a good place to work; good work environment
- Employees feel supported
- We have flexible schedules
- It’s a good place to build professional experience

GCBHS Agency Strengths

The precision of our GCBHS tagline “*Caring People, Caring for Others*” is evident in staff responses regarding the agency’s strengths. 52% of employees mentioned working together for quality client care as an agency strength, with the following comments:

- We’re all about the clients! We want to help people.
- Clients are respected.
- We meet our clients where they are and provide a good array of services.
- We’re good at finding resources for clients and families.
- We are good teammates and we create a positive atmosphere.

Other agency strengths identified by staff were:

- GCBHS is a good community partner, with community engagement and involvement.
- Employees feel trusted, valued and treated fairly.
- The agency has strong leadership.
- GCBHS employees are “close-knit” – coworkers get along.
- The agency has a well-trained, knowledgeable, and multidisciplinary staff.
- GCBHS continues to grow and embrace change.

GCBHS Agency Needs

GCBHS struggles to recruit staff to work in a rural area, especially since we are unable to compete with federal salaries at Muskogee’s VA Regional Health Clinic. GCBHS employees are appreciated for high quality clinical and administrative expertise and experience – and our 18% turnover rate fares very well compared to community mental health center trends across the nation. However, the continued agency needs of additional staff and additional workspace were identified by 29% of employees; the need for lower caseloads was also identified by this group. Another 12% of employees reported needing additional training in specific areas: clinical, diagnoses, and nursing. The following staff issues were also cited as areas where we can still make improvements:

- 6% of employees listed the need for competitive pay, incentives or shift differentials.
- 5% reported that team building training would benefit the agency.
- 4% felt that staff should be more appreciated.
- 4% reported a need for better communication.

Agency needs specific to GCBHS programs, procedures, and systems were identified in smaller numbers of comments covering a wide variety of concerns:

- Agency switchboard: calls need to go to the right extensions.
- Care As Needed (CAN) Unit: clarify and define utilization.
- Human Resources and IT: improve the application process.
- Crisis Unit: facility improvements, additional washers/dryer.
- Transportation: improve the system for vehicle assignment.
- Operations: we need a master plan for scheduled maintenance and work projects.
- Leadership and HR: onboarding and orientation processes need to be improved.
- Agency’s Social Media: include more highlights on McIntosh County.

Summary of Key Findings

This CCBHC Community Needs Assessment reviews community demographics, availability and access to vital services and supports, and also identifies strengths and needs in Muskogee and McIntosh Counties. The report brings to light gaps in services and programs, challenges faced by our community families, and challenges faced within our own agency.

In working toward our goal to improve quality and expand access to integrated health care under this CCBHC initiative, GCBHS teams are considering the following key findings of this assessment:

The Population We Serve

Muskogee and McIntosh Counties are rural Oklahoma counties, with high percentages of residents living below the poverty line and low health indicator rankings.

- Children in both counties live in especially high poverty levels; 30% of Muskogee County children and 34% of McIntosh County children live below the poverty line. Due to food insecurity, at least one in four of our community children are at risk of going to bed hungry.
- Muskogee and McIntosh County adults continue to show a high prevalence of tobacco smoking. Opioid prescription rates in Muskogee County were 30% higher than the state rate. Overdose deaths here involving prescription opioids account for more than all illicit drug deaths combined.
- Almost one-fourth of Muskogee and McIntosh County adults suffer from depression.
- Both Muskogee and McIntosh Counties surpass the national rate of suicide deaths.
- Muskogee and McIntosh County residents suffer from heart disease, obesity, high blood pressure, high cholesterol, and diabetes – each at rates higher than the national rate.

Availability/Access to Services

- Although the general survey statement, “people here have access to mental health care” received positive ratings across all respondents, 41% of our community partners and 27% of residents reported “limited hours or inability to get an appointment” as a barrier to mental health care. GCBHS clients responded with smaller percentages. However, the fact that 15% of McIntosh County clients and 24% of Muskogee clients who responded to the survey reported having difficulty with limited hours and/or getting an appointment puts them at risk of losing progress in their treatment or leaving a treatment program.
- “Not enough evening/weekend hours” was also listed as a barrier to mental health care by the following survey respondent groups: 26% of McIntosh County clients; 29% of Muskogee clients; 38% of residents; and 59% of community partners. The high percentage of community partners citing the lack of evening and weekend hours as a

barrier to mental health services is an indicator of missed opportunities to (1) better serve the needs of the community, and (2) expand services across the counties.

- Transportation: One common thread through our survey was a need for transportation, especially with residents and community partners. Fewer GCBHS clients reported public transportation as a problem for the *community*. However “distance from mental health care facility” was cited as a barrier to service by 32% of McIntosh County clients who responded and 44% of Muskogee clients. In the past, GCBHS offered transportation with a designated driver; we will gather more information to determine if that system would provide better access to services for our clients.

Gaps in Services and Supports

- Access to Vital Services and Supports: Across the board, access to dental and social services fell at the lower end of our survey responses. While 59% of Muskogee County clients reported an adequate number of social services, only 39% responded that they have access to dental services. In McIntosh County just over half reported adequate social services and half reported having good access to dental services. Both of these service areas need to be addressed through GCBHS case management services to our clients; dental appointments are also available through our integrated services with AVV Health.
- Employment: Only 43% of Muskogee County clients and 24% of McIntosh County clients reported that jobs are available in the community. The Individual Placement & Support Program at GCBHS will be utilized to educate clients on the employment process and assist in gaining employment.
- Housing: Quality, affordable housing was also found to be lacking by survey respondents, with only 30% of residents, 45% each for community partners and Muskogee County clients and 24% of McIntosh County clients reporting that there is enough quality, affordable housing. The GCBHS Housing Assistance Program supports clients in obtaining housing; this program is being enhanced with the training of a staff person to become certified as a Housing Liaison through ODMHSAS.

Note: In response to the findings of this assessment, GCBHS Client Satisfaction Surveys were revised to include questions regarding client needs for employment, housing, access to additional services, and transportation. These changes were made in time for the first quarter survey collection of FY2020 and will help us continue to identify specific needs of GCBHS clients in Muskogee and McIntosh Counties.

GCBHS Agency Challenges

- The greatest, and most urgent, challenge for GCBHS is the lack of office space and group/meeting rooms for current employees, which is intensified by the immediate need for additional employees as we expand services. We have an on-going search for facilities in Muskogee and McIntosh Counties.

- Immediately following space needs, is the need for additional staff – especially licensed clinicians. Although the majority of staff responses were positive about GCBHS being a “good place to work”, we are listening to the expressed need for competitive pay. Salary scales have just been reviewed and increased.
- Staff Training needs were identified by 12% of our employees, who requested additional training in clinical, diagnoses, and nursing areas. Comprehensive staff training on the CCBHC culture change is already planned and these planning needs will be addressed, as well.
- GCBHS systems and procedures need to be fine-tuned. First impressions are made at the switchboard, at the front door, and on our website Employment App. If we are fortunate enough to have the interest of potential staff, new clients and/or new partners, a negative or confusing first impression could still result in a missed opportunity. Our onboarding and new orientation processes make lasting impressions and also set the foundation for a new employee’s on-the-job success.
- Transportation has been identified as a concern across our service area. GCBHS has a dependable fleet of vehicles for transporting staff and clients; however, problems within our current vehicle assignment system must be corrected so that conflicts are minimized and transportation can run on schedule.
- Marketing: “People don’t know about local health services for those with limited resources.” This is more than a survey response; it continues to be an ongoing concern across our service area. The problem was especially highlighted by 44% of Muskogee client respondents who reported “distance to a primary care clinic” as an obstacle to primary health care, yet AVV Health has been located within the GCBHS Muskogee outpatient facility for eight years.

GCBHS Agency Strengths

- Our experienced, caring staff tops the list of GCBHS Strengths and has been identified as such in strategic planning sessions over many years. GCBHS Client Satisfaction Surveys, collected quarterly across the agency, continually show very high marks for clients being treated with respect and dignity in all programs.
- GCBHS has a new Medical Director who is on site each week and is thoroughly involved with the CCBHC transition, as a member of our CCBHC Implementation Team.
- The collaboration between GCBHS and AVV Health has proven to be life changing for shared clients, as seen the earliest stages of our integrated health care program and currently in O-PIP outcomes. This partnership has stood the test of time and has been flexible enough to adjust with the changing needs of our clients and our community. Since 2012, we have not encountered a problem that was not solved quickly with a phone call or with both parties around a conference table.

- As Grantee for the Muskogee County Head Start/Early Head Start Programs, GCBHS has been able to add early childhood education and development services vital to community families with young children. GCBHS and MCHS staff teamwork in serving these families has been enhanced with the GCBHS children’s clinician embedded in the Head Start/Early Head Start sites.
- Having served Muskogee and McIntosh Counties for over 40 years, GCBHS has long-standing, mutually successful partnerships with community agencies, including law enforcement and court services. The Muskogee Police Chief currently serves as President of the GCBHS Board of Directors.
- Well-trained, experienced GCBHS employees provide a wide array of services in outpatient behavioral health, addiction programs, and crisis response, as well as Crisis Stabilization Unit services and supports.

This Community Needs Assessment will be imperative in meeting our mission to improve mental and physical health statistics and quality of life for Muskogee and McIntosh County residents.