

Chapter 2: Populations in Need

The purpose of this chapter is to describe the estimated prevalence of mental illness and substance abuse and dependence in Oklahoma among the total population. In addition, estimates of the number of people with low income who needed but may not have received treatment are provided. Estimates may require additional explanations that will be discussed throughout the chapter. The chapter includes estimates for adults 18 years of age or older, and youth under 18 years of age.

A full account of Oklahomans receiving or in need of mental health and/or substance abuse services is not told only through data, but also through the personal stories of individuals facing these problems. Sections B and C, below, contain composite sketches of people dealing with mental health and/or substance abuse issues, drawn from the real-life stories gathered through focus groups and individual interviews as part of the needs assessment process.

A. Population

The U.S. Census estimated Oklahoma's total population as 3,523,546 as of July 1, 2004 (US Census, 2006). The population of the two largest urban areas was 684,500 (19.4%) in Oklahoma City and 572,100 (16.2%) in Tulsa. The 2004 population estimate showed a two percent increase since the 2000 Census. Of the total population, 1,740,252 (49.4%) were male and 1,783,294 (50.6%) female. The majority, 82.3 percent, were White (alone or in combination with another race), followed by 11.3 percent Native American or Alaskan Native, 8.5 percent Black and 1.9 percent Asian. An estimated 6.4 percent were of Hispanic or Latino origin. In 2004, approximately 243,125 (6.9%) were under five years of age, 859,745 (24.4%) were under the age of 18, and 465,108 (13.2%) were 65 years of age or older.

The Surgeon General's Report on Mental Health (DHHS, 1999) consolidated data from the Epidemiologic Catchment Area Survey (ECS), the National Comorbidity Survey (NCS), and the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA). These sources were used to arrive at best estimates of the prevalence of mental disorders in the U.S. According to these estimates, about one in five Americans experiences a mental disorder in a given year. This represents about 44 million people in the U.S., and 704,709 in Oklahoma. The prevalence of mental disorders is similar among different age groups: 18.9% of youth (9-17 years), 21.0% of working-age adults (18-54 years) and 19.8% of adults who are 55 years and older.

B. Adults

Don, a single man in his mid-20s with a tenth grade education, had a 3-month psychiatric hospitalization about a year ago, his second in five years. As a result, he lost his job as a carpenter's helper, as well as his apartment and his car. With the help of his case manager, Don applied for Social Security Disability Insurance after leaving the hospital. While waiting for his application to be approved (which can take up to two years), Don has no income, so he sleeps on friends' and relatives' couches, dependent on them for

meals and spending money, and he moves around a lot. He attends a Psychosocial Rehabilitation program at a Community Mental Health Center where he also gets psychiatric medication. His father helps him cover the cost of a modest filling fee. However, as a single, childless adult, Don is not eligible for Medicaid, and he has no way to pay for badly needed health and dental care. Don was in recovery from alcoholism before his hospitalization and feels vulnerable to relapse because of the instability in his life. But he now feels unwelcome at his Alcoholics Anonymous meetings, because they frown upon his taking psychiatric medications.

Cindi grew up in an upper-middle class family, and had emotional problems since she was a child. As a teen, she received a mental health diagnosis, and for several years was in and out of treatment and on and off psychiatric medications. She left home and eventually started using street drugs when she was unable to afford her medication. At her lowest point, she found herself destitute, unable to get into drug treatment because of long waiting lists, and became homeless. Cindi says that during that period, the only place she found real help was through a consumer group and a counselor at a homeless shelter. They helped her get into residential substance abuse treatment, and then helped her get subsidized housing. When she was later arrested for a petty crime, her case was referred to mental health court, and she graduated from the program a year later. Now Cindi works as an advocate for other consumers who find themselves involved with the criminal justice system, and is pursuing a master's degree.

Prevalence among Adults

Prevalence data are derived using a broad definition of mental disorders which includes mental health and substance disorders for all adults, regardless of income, and for adults with reported incomes of less than 200 percent of the Federal Poverty Level (FPL) because most public agencies fund services for adults with low income (see Exhibit 2.1 and 2.2). Following the broad definition, prevalence of mental health disorders and substance disorders are evaluated separately for the general population and the population with low income (see Exhibits 2.3 and 2.4).

The National Comorbidity Survey Replication (NCS-R), a face-to-face survey administered to 9,282 English-speaking adults, was conducted between February 2001 and April 2003 in the coterminous United States (Kessler, 2006). Survey results indicated that 26.2 percent of adults in the U.S. have a 12-month prevalence of a mental health or substance disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (NIMH, 2006). Applying the national estimate to the 2004 Oklahoma adult population, there were an estimated 697,885 adults in Oklahoma with a mental or substance disorder in the past year (see Exhibit 2.1).

Exhibit 2.1. Estimates of Prevalence of Mental Health and/or Addictive Disorders in Past Year among Adults in Oklahoma 18 Years of Age or Older

Total Adult Population in Oklahoma (N=2,663,683)	Estimated Prevalence Percent from the NCS-R	Estimated Prevalence Count
Mental Health and/or Addictive Disorders in Past Year	26.20% ¹	697,885

¹ National estimated prevalence rate from the NCS-R.

To estimate the proportion of the population who would have met or nearly met the current ODMHSAS or OHCA financial criteria for publicly funded services, the prevalence rates among adults with a reported household income less than 200 percent of the Federal Poverty Level (FPL) were calculated.

Among the estimated 2,663,683 adults in Oklahoma in 2004, 821,742 (30.8%) have a reported household income of less than 200 percent of the FPL (US Census, 2000). As shown in Exhibit 2.2, using the NCS-R 12-month prevalence rate of 26.2¹ percent, an estimated 215,296 adults with low income had a mental or addictive disorder in the past year. This estimated prevalence rate has not been adjusted for poverty, a population that generally has a higher occurrence of behavioral health issues, and is therefore a conservative estimate.

Exhibit 2.2. Estimates of Prevalence of Mental Health and/or Addictive Disorders in Past Year and Untreated in the Public Sector among Adults in Oklahoma 18 Years of Age or Older with Report Income Less than 200% of the FPL

Adult Population With Income Less < 200% of the FPL (N=821,742)	Estimated Prevalence Percent from the NCS-R	Estimated Prevalence Count	Number Served in Public Sector	Estimated Number Untreated in the Public Sector	Estimated Percent Untreated in the Public Sector
Mental Health and/or Addictive Disorders in Past Year	26.20% ¹	215,296	71,684 ²	143,612 ³	66.70% ³

¹ National estimated prevalence rate from the NCS-R. Not adjusted for poverty and therefore a conservative estimate for people with low income.

² The number served was calculated using data from ODMHSAS and OHCA.

³ The estimated number and percent untreated in the public sector does not take into consideration those who received treatment provided through resources other than ODMHSAS and OHCA.

The federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Office of Applied Studies (OAS) conducts an annual national survey that serves as the primary source of information on the prevalence and incidence of substance use in the civilian, non-institutionalized population, 12 years of age or older, in the U.S. Data in the National Survey on Drug Use and Health (NSDUH) are collected through in-person interviews conducted with a sample of individuals at their residence. Approximately 70,000 individuals are surveyed each year across the 50 states and District of Columbia (OAS, 2003).

In addition to information about the prevalence and incidence of substance use, information about mental health is also collected. Serious Psychological Distress (SPD) is determined using the K6 scale. The K6 scale consists of six questions that ask respondents how frequently they experienced symptoms of psychological distress during the one month in the past year when they were at their worst emotionally (Wright & Sathe, 2006).

In addition to national estimates, survey results are reported for each state individually. Because of the relatively small number of interviews conducted in each state, estimates from the NSDUH are calculated using a running two-year average. As shown in Exhibit 2.3, the annual averages based on the 2003 and 2004 NSDUH indicated that 290,587 (10.9%) of adults in Oklahoma age 18 years or older had experienced Serious Psychological Distress in the past year. In addition, the NSDUH estimated that 200,354 (7.52%) had alcohol dependence or abuse in the past year, 72,111 (2.71%) had illicit drug dependence or abuse in the past year, and 243,817 (9.15%) had dependence on or abuse of any illicit drug or alcohol in the past year (Wright & Sathe, 2006).

Exhibit 2.3. Estimated Prevalence of Mental Illness or Substance Abuse or Dependence in Past Year among Adults in Oklahoma

Prevalence Category among Adults, 2004 (N= 2,663,683)	NSDUH Estimated Prevalence Percent	Estimated Prevalence Count
Serious Psychological Distress in Past Year	10.91%	290,587
Alcohol Dependence or Abuse in Past Year	7.52%	200,354
Any Illicit Drug Dependence or Abuse in Past Year	2.71%	72,111
Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year	9.15%	243,817

Using estimates from the NSDUH for adults in poverty in the U.S., multipliers of prevalence were calculated and applied to Oklahoma prevalence estimates for the general population to determine the estimated prevalence rates among adults with incomes less than 200 percent of the Federal Poverty Level (FPL). The results of these calculations are shown in Exhibit 2.4. Among adults in Oklahoma with a reported incomes of less than 200 percent of the FPL, an estimated 128,201 (15.60%) had serious psychological

distress in the past year, 67,008 (8.15%) had alcohol dependence or abuse in the past year, 35,236 (4.41%) had illicit drug dependence or abuse in the past year, and 88,371 (10.75%) had dependence on or abuse of any illicit drug or alcohol in the past year.

Exhibit 2.4. Estimated Prevalence of Mental Illness or Substance Abuse or Dependence in Past Year and Number Untreated in the Public Sector among Adults in Oklahoma with Income Less Than 200 Percent of the Federal Poverty Level

Prevalence Category among Adults with Low Income in 2004 (N=821,742)	NSDUH Estimated Prevalence Percent ¹	Estimated Prevalence Count	Number Served in the Public Sector ²	Estimated Number Untreated in the Public Sector ³	Estimated Percent Untreated in the Public Sector ³
Serious Psychological Distress in Past Year	15.60%	128,201	58,225	69,976	54.58%
Alcohol Dependence or Abuse in Past Year	8.15%	67,008	9,937	57,071	85.17%
Any Illicit Drug Dependence or Abuse in Past Year	4.41%	36,236	13,368	22,868	63.11%
Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year	10.75%	88,371	18,253	70,118	79.35%

¹ Oklahoma estimates from the NSDUH adjusted for poverty.

² The estimated number of adults who received mental health and/or substance abuse services in Oklahoma through the public sector may not include all people who received publicly funded treatment. The number served was derived using data from ODMHSAS and OHCA.

³ The estimated number and percent untreated in the public sector does not include people who received treatment provided through resources other than ODMHSAS and OHCA.

Prevalence Among Specific Adult Populations

In response to requests from Needs Assessment Workgroup participants, prevalence among veterans, people who are hard of hearing or deaf, and people in jail or prison were also calculated.

Veterans. Data from SAMHSA's National Survey on Drug Use and Health (NSDUH) were used to compare substance use, dependence and treatment among veterans and non-veterans. Veterans were defined as persons who had formerly served in any of the U.S. Armed Forces. The non-veteran comparison group reflected the age, gender, and geographic distribution of veterans as indicated in the Veterans Health Administration's benefit eligibility data. SAMHSA's NSDUH found that in 2003, an estimated 56.6

percent of veterans used alcohol in the past month, compared with 50.8 percent of comparable non-veterans, and an estimated 13.2 percent of veterans reported driving while under the influence of alcohol or illicit drugs in the past year, compared with 12.2 percent of comparable non-veterans. In addition, SAMHSA's NSDUH found that an estimated 3.5 percent of veterans used marijuana in the past month, compared with 3.0 percent of their non-veteran counterparts. Past-month heavy use of alcohol was more prevalent among veterans (7.5%) than comparable non-veterans (6.5%). Estimated rates of dependence on alcohol and/or illicit drugs did not differ significantly between veterans and non-veterans, and rates of those dependent on alcohol and/or illicit drugs who did not receive treatment in the past year were also comparable. An estimated 0.8 percent of veterans received specialty treatment for a substance use disorder (alcohol or illicit drugs) in the past year compared with 0.5 percent of comparable non-veterans.

In the SAMHSA-sponsored National Alcohol and Drug Addiction Recovery Month Kit, September 2006, a chapter on military and veterans reported that during 2002, approximately 18 percent of military personnel were heavy drinkers of alcohol and 12.3 percent were dependent on alcohol. In addition, roughly 7 percent of military personnel reported using illegal drugs in the past 12 months. Even after their military service ends, veterans can be extremely susceptible to substance use disorders. Trends suggest that the prevalence of substance use disorders among veterans may be rising. This is due to several factors, including that drug use disorders are more common among people born after World War II. The total number of patients in the U.S. Department of Veterans Affairs (VA) health care system with a substance use disorder was 485,092 in fiscal year 2002. In federal fiscal year (FFY) 2001, there were 358,600 individuals who received VA inpatient care and 4.05 million who received VA outpatient care for substance abuse problems. (HSR&D, 2003).

The SAMHSA report also contained information about the mental health of veterans. In a survey of veterans from the first Gulf War, 32 percent met the criteria for a current or lifetime depressive disorder. Other studies have shown that veterans who have post-traumatic stress disorder (PTSD) experienced more severe substance use disorders and other co-occurring disorders.

The U.S. Census Bureau's 2004 American Community Survey (U.S. Census, 2004), reported 356,005 civilian veterans living in Oklahoma. Applying some of the national estimates to that number results in an estimated 43,789 (12.3%) civilian veterans in Oklahoma who were dependent on alcohol during 2002. Using the same method to estimate depressive disorders among Oklahoman veterans, 13,922 (32%) met the criteria for a current or lifetime depressive disorder.

Persons who are Hard of Hearing or Deaf. In a National Health Interview Survey in 2004, an estimated 7.7 percent of deaf people mentioned depression, anxiety or emotional problems that caused difficulty with activities (NHIS, 2004). The number of people in Oklahoma who are hard of hearing or deaf is unknown, but statistics from ODMHSAS indicate that, among the 21,818 clients who received ODMHSAS-funded mental health services, 53 (0.24%) indicated they were hard of hearing or deaf. Among the 14,521 who received ODMHSAS-funded substance abuse treatment, 16 (.11%) indicated being hard of hearing or deaf.

Persons in Prison and Jail. A study by the Bureau of Justice Statistics (BJS) released in September 2006 found that 56 percent of state prison inmates and 64 percent

of inmates in local jails have mental health problems (BJS, 2006a). A mental health problem is defined as 1) mental health diagnosis or treatment within the 12 months prior to the inmate interview, or (2) symptoms of a mental health disorder as specified by the DSM-IV. This study also found that 66 percent of state prison inmates and 67 percent of inmates in local jails have substance dependence or abuse. On June 30, 2005, 9,585 inmates were in the custody of local jails in Oklahoma (BJS, 2006b). Applying the prevalence estimates from the 2006 BJS study results in an estimated 6,134 jail inmates with mental health problems and 6,422 with substance use disorders. On June 20, 2005, there were 21,518 inmates in Oklahoma state and contract prisons (DOC, 2005). Applying the prevalence estimates from the 2006 BJS study results in an estimated 12,050 inmates with mental health problems and 14,202 with substance use disorders.

In 1999, ODMHSAS conducted a survey of 870 prison inmates in Oklahoma, as part of the State Treatment Needs Assessment Project (STNAP) funded by the federal Center for Substance Abuse Treatment (ODMHSAS, STNAP Phase I, 1999). Evaluation of all survey respondents under Oklahoma Department of Correction (DOC) supervision indicated that an estimated 25.6 percent of all inmates and 28.3 percent of probationers and parolees were in need of substance abuse treatment.

With funding from the federal National Institute of Justice and Center for Substance Abuse Treatment, the Oklahoma and Tulsa County Jails were sites for the Arrestee Drug Abuse Monitoring (ADAM) project. The ADAM project was designed to evaluate drug usage among new arrestees through the use of surveys and urinalysis. Data were collected once a quarter for 14 consecutive days, eight hours per day. A total of 4,313 arrestees were surveyed from the first quarter of 2002 through the third quarter of 2004 (ODMHSAS, STNAP Phase III, 2005). Results from the ADAM study indicate that 72 percent of all arrestees in Oklahoma and Tulsa counties used at least one drug prior to arrest, with females slightly higher than males (74.2% vs. 71.8%, respectively).

Untreated Adult Populations

To estimate the size of untreated populations (generally referred to as unmet need), the number who received treatment is subtracted from the number in need of treatment. Because the number of individuals who received treatment paid by private funds, private insurance, faith-based organizations or other resources is not known, the unmet need for treatment in the general population is unknown. To estimate the number of untreated individuals among the adult population eligible for publicly funded treatment, data ODMHSAS and the Oklahoma Health Care Authority (OHCA) (the State Medicaid Authority) were combined to determine the number of adults who received publicly funded substance abuse or mental health services in fiscal year 2005 (FY2005). The estimated number of people untreated in the public sector was calculated using the estimated prevalence count and number served.

As shown in Exhibit 2.2, an estimated 71,684 adults received mental health or substance abuse treatment funded by ODMHSAS and/or OHCA in FY2005. Subtracting the estimated number served from the estimated 215,296 adults with low income and a mental or substance use disorder, resulted in an estimated 143,612 (66.7%) adults with a mental or substance use disorder in the past year who did not receive publicly funded treatment in FY2005 (see Exhibit 2.2). As noted above, the estimated prevalence rate of 26.2 percent is for the general population and not adjusted for poverty.

Exhibit 2.4 contains estimated prevalence rates that have been adjusted for poverty and can therefore be applied to the adults with incomes of less than 200 percent of the FPL. In addition, Exhibit 2.4 contains a count of adults in the public sector who received services funded by ODMHSAS and/or OHCA.

The number of adults with Serious Psychological Distress (SPD) served in the public system in the past year was not available. Instead, diagnosis of a mental disorder was used as a proxy for SPD. Subtracting the 58,225 adults served in the public sector from the estimated 128,201 with serious psychological distress in the past year, it is estimated that 69,976 (54.58%) did not receive publicly funded mental health treatment in FY2005. As noted above, this does not include adults with low income who received treatment funded by sources other than ODMHSAS or OHCA.

Substance abuse estimates are in three categories: alcohol dependence or abuse in the past year; any illicit drug dependence or abuse in the past year; and any combination of the two in the past year (see Exhibit 2.4). The number of clients who received services in these categories funded by ODMHSAS and/or OHCA was determined by evaluating diagnosis and presenting problem variables in the two data systems. The estimated number untreated may be an over-estimation, because some adults with low-income could have received treatment funded by sources other than ODMHSAS or OHCA.

As shown in Exhibit 2.4, an estimated 67,008 adults with reported incomes of less than 200 percent of the FPL were dependent on or abused alcohol in the past year. Subtracting the 9,937 adults who received publicly funded treatment for alcohol abuse or dependence from the estimated prevalence count found that an estimated 57,071 (85.17%) did not receive needed publicly funded alcohol treatment. The number of adults who received publicly funded substance abuse treatment for illicit drug dependence or abuse was 13,368. Subtracting the number treated from the estimated number of adults in Oklahoma who had illicit drug dependence or abuse in the past year (36,236), it is estimated that 22,868 (63.11%) did not receive needed treatment through the public system. When combining the two types of substance dependence or abuse (alcohol or illicit drug), the estimated number of adults with low income with dependence or abuse in the past year was 88,371. Analysis of the combined data from ODMHSAS and OHCA indicated that 18,253 adults received treatment for alcohol or illicit drug dependence or abuse in FY2005. Subtracting the number treated from the estimated prevalence, it is estimated that 70,118 (79.35%) did not receive needed treatment in the public sector in FY2005. According to a news release from the U.S. Department of Health and Human Services, September 5, 2003 "22 Million in U.S. Suffer from Substance Dependence or Abuse," an estimated 94 percent of people in need of substance abuse treatment would not seek treatment (DHHS, 2003). Therefore, it should be noted that among the 70,118 with potentially unmet treatment need, approximately 65,900 would not choose to actively seek treatment.

Estimates of potentially unmet need among veterans in Oklahoma and people who are hard of hearing are not readily available. Combined data from the Veterans Administration, ODMHSAS and OHCA may provide an estimate of the number and percent of civilian veterans needing but not receiving treatment. There are no estimates of the number of people in Oklahoma who are hard of hearing or deaf, and the estimated number of people with a co-occurring hearing disability and mental health or substance use disorders in Oklahoma is unknown.

In 1999, ODMHSAS conducted a survey of 870 prison inmates in Oklahoma as part of the State Treatment Needs Assessment Project (STNAP), funded by the federal Center for Substance Abuse Treatment (ODMHSAS, STNAP Phase I, 1999). Using estimates from this and the number of inmates who participated in a DOC-approved substance abuse treatment program (4,572), an estimated 951 (17.2%) inmates had unmet substance abuse treatment needs. This is a conservative estimate because the estimate of need is dated and the results are based on self-report. The ADAM results show that 72 percent of arrestees are using drugs or alcohol at the time of arrest. Assuming that this rate (rather than 25.6%) should be used to estimate the need for addiction treatment, the number of inmates with unmet need would be 10,960. This is a high estimate; the actual unmet need probably lies somewhere between 951 and 10,960.

C. Children and Adolescents

Tim is a 9 year old boy with a history of trauma; as a 6-year old, he witnessed his father's death by gunshot. Afterwards, his behavior became increasingly hostile; he hit his younger siblings, threatened his mother, and killed the family's cat. Tim also expressed constant fear of being hurt or killed when he left the house. His mother Sarah asked school officials for help, but she felt that they did not acknowledge that he had a problem until months later, when he began acting out at school, for which he was suspended. Sarah was advised to give up custody of Tim so he could receive institutional care. She was very reluctant to do this, but felt so overwhelmed that she seriously considered it. Before she could relinquish custody, someone in her church told her that there was a local Community Mental Health Center that offered services to children, and she sought services there. Now Tim regularly sees a counselor experienced in working with victims of childhood trauma. While Sarah is still not sure she will always be able to care for her son at home, Tim has developed a trusting bond with the counselor, and Sarah feels hopeful about his future for the first time in years. Sarah is also receiving counseling services to assist herself and her son.

Melinda is a 15 year old high school sophomore who has been using cocaine since she was 13. Her parents, Frank and Pamela, have tried to get her into a residential substance abuse treatment facility, but there are few available adolescent treatment beds. When Melinda finally asked for help, they tried to get her into the detox unit at a local hospital, but she was turned away because of her age. Frank and Pamela explained that as a working family whose daughter has a drug problem, they find themselves in a bind; their insurance doesn't cover substance abuse treatment and they don't make enough money to pay for Melinda to go to a private facility. They have considered taking a second mortgage on their house to pay for treatment, but are not sure they can afford the monthly payments. Frank and Pamela's search for outpatient treatment has been fruitless, and they feel that the local school is in denial that there is a drug problem among the students. Now Melinda has become resistant to their efforts to get her help, and her parents feel that they have nowhere to turn.

Prevalence among Children and Adolescents

The Surgeon General’s Report on Mental Health (DHHS, 1999) reported that the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study found that an estimated 20.9 percent of children ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment (see Exhibit 2.5). Using this estimate, approximately 90,796 children in Oklahoma age 9 to 17 had a diagnosable mental or addictive disorder in the past six months.

When evaluating prevalence of mental illness among children (excluding addictive disorders), the commonly used term is Serious Emotional Disturbance (SED). SED is defined as a diagnosable serious disorder that meets criteria specified within the DSM-IV, with impairment in specific areas of functioning (ODMHSAS, 2006). Although there are no recent studies to determine the number of children with SED, the federal Center for Mental Health Services (CMHS) published a methodology for estimating SED in the U.S. (GPO, 1998). The methodology was based on the ranking of poverty rates among states in the nation and level of functioning. Using the CMHS methodology, Oklahoma had an estimated 56,476 (13%) youth age 9 to 17 with SED, as shown in Exhibit 2.5. Although the estimate of children with SED has been generally adjusted for poverty, a more refined method of adjustment to state-specific poverty and behavioral health prevalence is required to adequately estimate the number of children in Oklahoma with SED who would be served in the public sector. Researchers in Oklahoma are currently working on this methodology.

Exhibit 2.5 Estimated Prevalence of Mental or Addictive Disorders among Youth 9 – 17 in Oklahoma, FY2005		
Prevalence Category among Youth, 2004 (N=434,431)	Estimated Prevalence Percent	Estimated Prevalence Count
Any Mental or Addictive Disorder (MECA)	20.90%	90,796
Serious Emotional Disturbance (CMHS)	13.00%	56,476

In Oklahoma, the Medicaid program (administered by the OHCA) serves youth living in households with incomes less than 185 percent of the Federal Poverty Level (FPL), as well as other populations which meet other eligibility criteria. Hence, OHCA is the primary funder of medical services, including behavioral health services, for children in Oklahoma. ODMHSAS, OJA, and the Oklahoma Department of Human Services (OKDHS) do not have financial eligibility criteria for youth, but are frequently simultaneously involved in behavioral health services for children. ODMHSAS collects information that can be used as an indicator of poverty status. Data collected by OJA are useful to identify services not funded directly by Medicaid. OKDHS also is instrumental in arranging for services for children. However, data for most children's behavioral health services arranged by OKDHS are reflected in the OHCA data. To better estimate the number of youth in Oklahoma who need publicly funded treatment for addictive or mental disorders, the MECA prevalence rate was applied to the youth population age 9 to 17 with reported household incomes of less than 185 percent of the FPL. It is important to note that the MECA prevalence rate has not been adjusted for poverty and therefore

may be a conservative rate to use with youth in poverty. As shown in Exhibit 2.6, applying the MECA prevalence rate to the number of children age 9 to 17 in households with incomes of less than 185 percent of the FPL resulted in an estimated 37,021 youth with any mental or addictive disorder.

Exhibit 2.6. Estimated Prevalence of Mental Illness or Addictive Disorders and Number Untreated in the Public Sector among Children in Oklahoma, Age 9 to 17, with Household Income at Less than 185 Percent of the Federal Poverty Level

Prevalence Category	Youth Population, Age 9 to 17 with Less than 185% of FPL, 2004	MECA Estimated Prevalence Percent ¹	Estimated Prevalence Count	Number Served in the Public Sector ²	Estimated Number Untreated in the Public Sector ³	Estimated Percent Untreated in the Public Sector ³
Any Mental or Addictive Disorder	177,133	20.90%	37,021	32,802	4,218	11.4%

¹ The MECA prevalence rate has not been adjusted for poverty.

² The estimated number of children age 9 to 17 who received mental health and/or substance abuse services in Oklahoma through the public sector may not include all children who received publicly funded treatment. The number served was derived using data from ODMHSAS (adjusted for poverty), OHCA and OJA.

³ The estimated number and percent untreated in the public sector does not include children who received treatment provided through resources other than ODMHSAS, OHCA and OJA.

Prevalence of substance abuse or dependence among youth age 12 to 17 was estimated using the same methods described above for adults. Results from the 2003-2004 NSDUH for Oklahoma indicated that an estimated 20,118 (6.81%) of youth age 12 to 17 were dependent on or abused alcohol in the past year; 18,227 (6.17%) were dependent on or abused illicit drugs in the past year; and 31,640 (10.71%) were dependent on or abused any illicit drug or alcohol in the past year (see Exhibit 2.7). The estimates for substance abuse or dependence have not been adjusted for poverty because the majority of children and youth who received substance abuse services in the public sector were funded by ODMHSAS and were not required to meet financial eligibility criteria. Additional findings estimated that 99,000 (21.52%) individuals age 12 to 20 had past-month binge alcohol use (OAS, SAMHSA, 2003). While the estimated percent untreated appears promising, these calculators are not adjusted for poverty, nor do they address in any way the issue of undertreatment.

Exhibit 2.7. Estimated Prevalence of Substance Abuse or Dependence in Past Year and Number Untreated in the Public Sector among Youth Age 12 to 17 in Oklahoma

Prevalence Category among Youth, Age 12 – 17, 2004 (N=295,421)	Estimated Prevalence Percent	NSDUH Estimated Prevalence Count	Number Served by ODMHSAS ¹	Estimated Number Untreated In Public System ²	Estimated Percent Untreated in Public Sector ²
Alcohol Dependence or Abuse in Past Year	6.81%	20,118	Not Available	Not Available	Not Available

Any Illicit Drug Dependence or Abuse in Past Year	6.17%	18,227	Not Available	Not Available	Not Available
Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year	10.71%	31,640	1,711	29,929	94.59 %

¹ The estimated number of children age 12 to 17 who received substance abuse services in Oklahoma is not available for alcohol or illicit drugs separately. The estimated number who received services for dependence on or abuse of any illicit drug or alcohol in the past year through the public sector may not include all people who received publicly funded treatment. The number served was derived using data from ODMHSAS only.

² The estimated number and percent untreated in the public sector does not include children who received treatment provided through resources other than ODMHSAS.

Untreated Children and Adolescents

Estimated counts of untreated populations, generally referred to as unmet need, can not be calculated for the general population. Estimates of the untreated low income population have been calculated, but may not include all people treated in the public sector. Treatment data are not currently available for people who received treatment funded by individuals, private insurance, faith-based organizations, or other resources. To estimate the number of youth served with public funds, the data from the ODMHSAS, OHCA, and OJA were combined.

As shown in Exhibit 2.6, an estimated 32,802 children and adolescents age 9 to 17 with any mental or addictive disorder received mental health or substance abuse services from ODMHSAS, OHCA, and/or OJA in FY2005. Subtracting the number served from the estimated 37,021 children with a mental or addictive disorder living in families with a reported household income of less than 185 percent of the FPL, it is estimated that 4,218 (11.4%) children age 9 to 17, were untreated in the public sector. This estimate does not include children who received treatment provided through resources other than ODMHSAS, OHCA and OJA.

Exhibit 2.7 contains the estimates of youth age 12 to 17 who were dependent on or abused alcohol or any illicit drug in the past year and received services funded by ODMHSAS in FY2005. Subtracting the 1,711 who were served by ODMHSAS from the estimated number in need of treatment results in an estimated 29,929 (94.6%) untreated youth. This may be an overestimate of unmet need because of the lack of information about treatment funded by other sources.

The following Chapters 4 – 6 address children’s behavioral health services, adult substance abuse services and adult mental health services in greater detail. In addition to data, the chapters focus on existing resources, strengths, needs and barriers for children and adults.

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