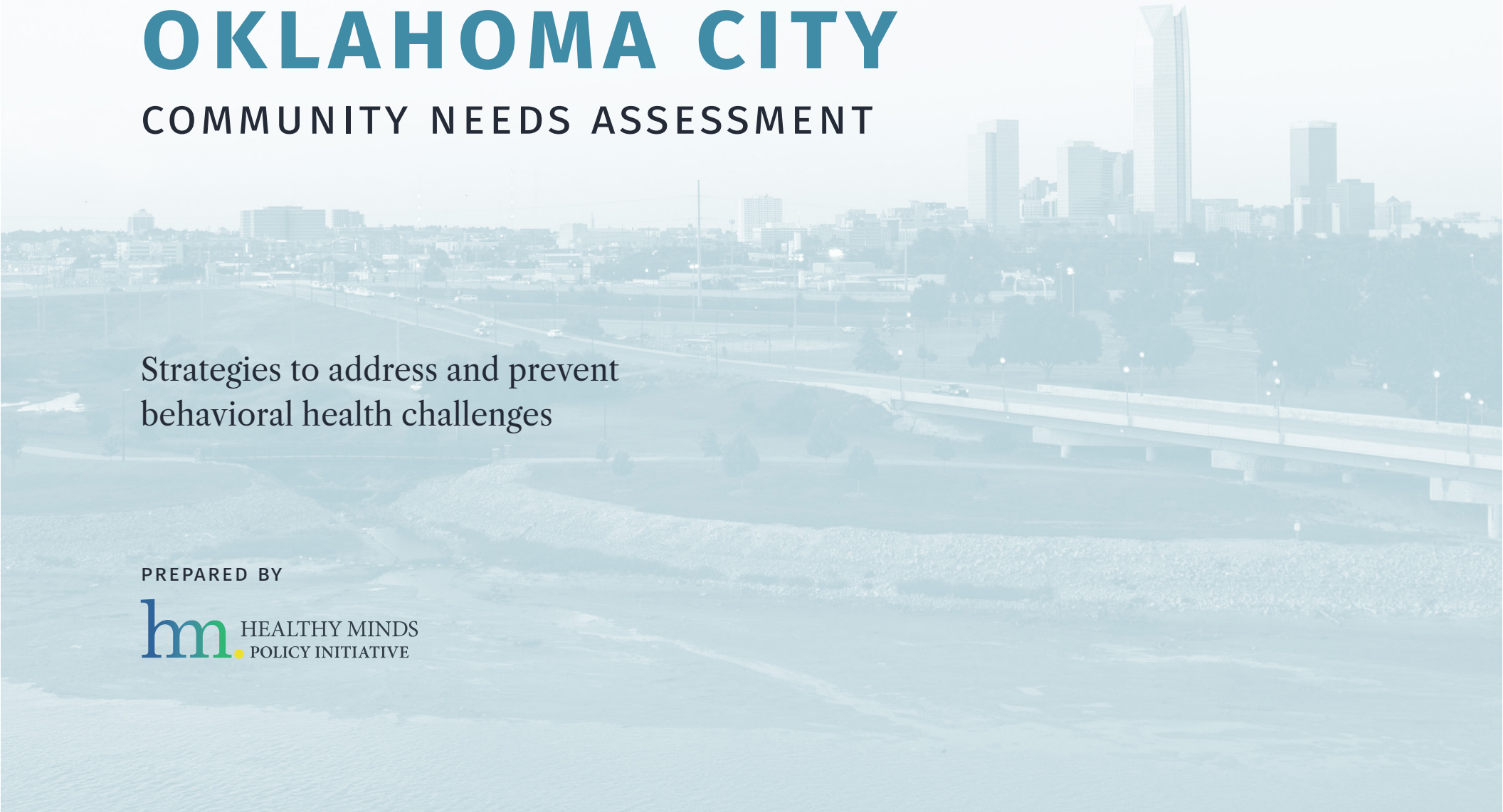
OKLAHOMA CITY

COMMUNITY NEEDS ASSESSMENT

Strategies to address and prevent behavioral health challenges



PREPARED BY

HEALTHY MINDS POLICY INITIATIVE

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Executive summary

A large and growing city, Oklahoma City faces an epidemic of mental health and substance use problems among its residents. Since 2019, overdose deaths have nearly tripled. Tens of thousands of adults live with mental illness. And about a quarter of middle and high school students have serious thoughts of suicide.

Communities across the country are dealing with many of the same problems. But Oklahoma City has a unique set of challenges: high levels of poverty, housing instability, and food insecurity mean residents have a hard time meeting basic needs, let alone accessing mental health care.

Together, community leaders can address the urgent challenges before Oklahoma City to ensure people can access the care and resources they need — while also deploying upstream strategies to prevent mental illness and substance use in the next generation.

Fortunately, Oklahoma City is well-positioned to take on these challenges, and progress is already underway.

Oklahoma City is known for its resilience and adaptability. The city consistently ranks high for its low cost of living and doing business, attracting economic growth across sectors. It has a thriving cultural, sports, and entertainment scene. And its residents have repeatedly voted to invest in the city's future through MAPS projects to support education and revitalize Oklahoma City's infrastructure, parks, and neighborhoods.

Not only has Oklahoma City shown it can adapt, grow, and unite to take on tough problems, it has dedicated and collaborative leaders, an engaged nonprofit and philanthropic sector, and many existing behavioral health resources for people in need. Solving these problems will require coordination, innovation, and determination.

Through an in-depth analysis of behavioral health data and dozens of interviews with community leaders, mental health providers, people with lived experience, and other stakeholders, Healthy Minds Policy Initiative identified several key areas the Oklahoma City community can concentrate on in future strategic planning and behavioral health investment:

Removing structural and systemic barriers to care

- In parts of the city where risk for mental health problems is highest, we see some of the worst access to safety-net mental health providers.
- The city is not designed around equitable access to safe, communal spaces that promote mental wellbeing: **38% of schools are located within two-thirds of a mile from places that sell alcohol**, but about a third are more than two miles from the nearest public park.
- Other systemic barriers keep residents from care: inadequate insurance, an overstretched workforce, and a lack of coordination between providers.

Diverting residents to appropriate settings of care

- Oklahoma City has promising new resources to provide a mental health response for people in mental health crises, but data shows lower than expected use of mobile crisis teams for community-based mental health response.
- More people still go to the ER for mental health-related emergencies than to urgent recovery or crisis centers. Between 2019 and 2024, **behavioral health-related ER visits among people in the safety-net behavioral health system rose by about 56%,** while visits to urgent recovery or crisis remained steady.

Addressing missing community-based intensive services

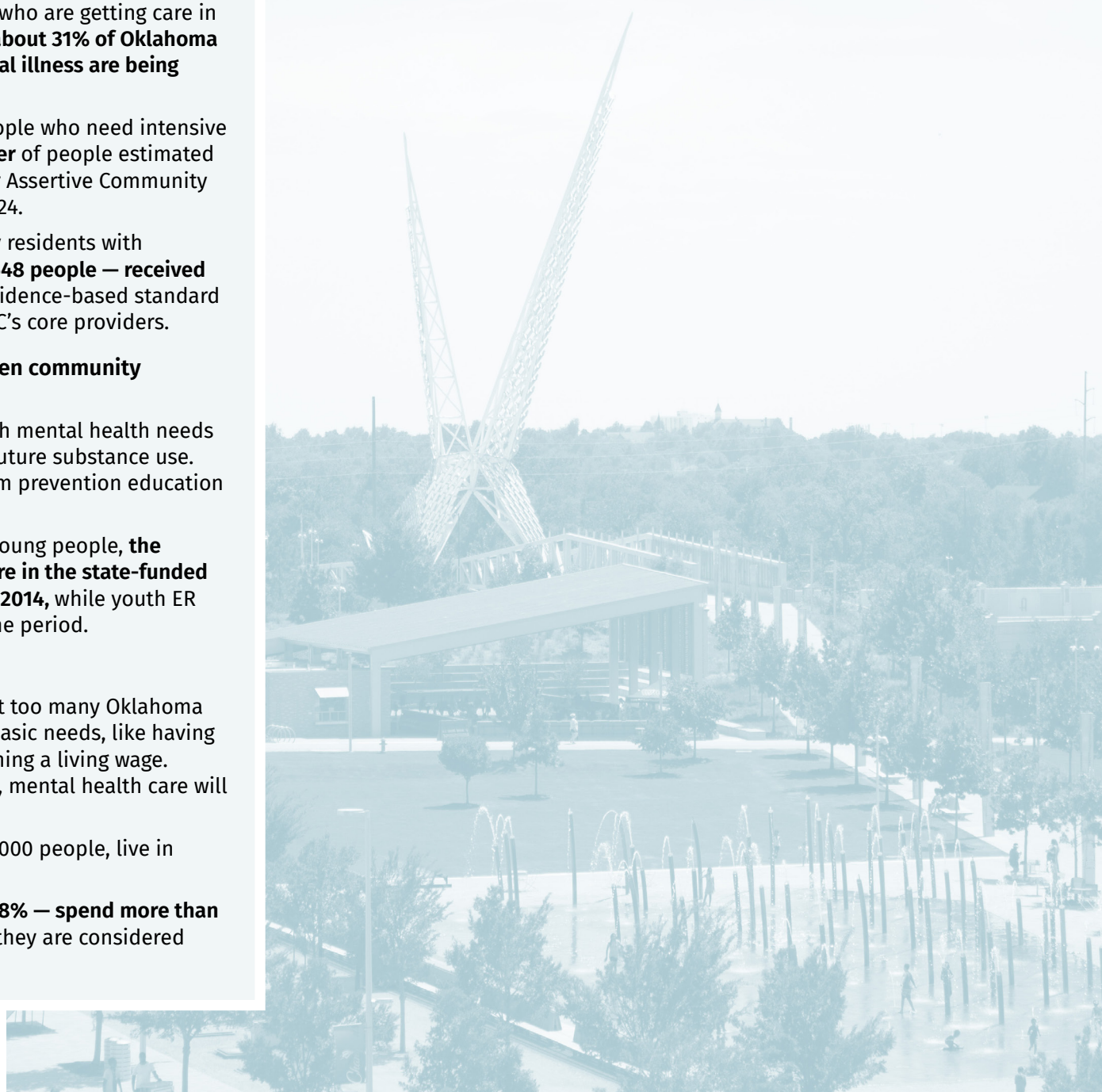
- Oklahoma City has a mismatch in its number of residents with serious mental illness and those residents who are getting care in the safety-net mental health system: **only about 31% of Oklahoma City adults estimated to have serious mental illness are being served** by state-funded providers.
- There are especially limited options for people who need intensive community-based care. **Only about a quarter** of people estimated to be eligible for care through Programs for Assertive Community Treatment (PACT) teams received care in 2024.
- Among the estimated 15,000 Oklahoma City residents with opioid use disorder, only **about 4% — just 648 people — received medications for opioid use disorder,** the evidence-based standard of care for opioid use disorder, through OKC's core providers.

Investing in children and youth to strengthen community wellbeing

- Oklahoma City children and youth have high mental health needs today — and high levels of risk factors for future substance use. But relatively few students receive upstream prevention education in the classroom.
- At a time of rising mental health need for young people, **the number of children receiving outpatient care in the state-funded system declined by 25% between 2019 and 2014,** while youth ER visits climbed by about 19% during the same period.

Meeting residents' basic needs

- Underpinning all of these challenges is that too many Oklahoma City residents struggle to meet even their basic needs, like having a safe place to live, enough to eat, and earning a living wage. Without these foundational pieces in place, mental health care will remain out of reach for many.
- **About 18% of the population,** or nearly 127,000 people, live in areas with inadequate food access.
- **Nearly half of renters in Oklahoma City — 48% — spend more than 30% of their income on rent,** which means they are considered cost-burdened by housing.



Acknowledgments

This needs assessment marks a key milestone in a multi-year mental health initiative for Oklahoma City, aimed at aligning the community's behavioral health system with the needs of its residents.

The first phase of this initiative was made possible through the generous support of **Inasmuch Foundation**, the **City of Oklahoma City**, and the **United Way of Central Oklahoma**. Healthy Minds received a 2023 WayFinder Innovation Grant from the United Way, which provided startup funding for the initiative, including convening a cross-sector mental health leadership team for the community.

Oklahoma City mental health leadership team members:

Lindsay Cates, Oklahoma City Community Foundation

Lee Copeland, Greater Oklahoma City Chamber of Commerce

Jason Ferbrache, City of Oklahoma City

Trisha Finnegan, Oklahoma City Community Foundation

Verna Foust, Red Rock Behavioral Health Services

Andrea Grayson, City of Oklahoma City

AJ Griffin, Potts Family Foundation

Heather Helberg, HOPE Community Services

Rachel C. Holt, United Way of Central Oklahoma

Sally Kerr, NorthCare

Dr. Jamie Polk, Oklahoma City Public Schools

Sarah Roberts, Inasmuch Foundation

Bailey Siber, City of Oklahoma City

Alisha Suffield, Oklahoma City Public Schools

Dr. Petra Woodard, Oklahoma City Public Schools

Thank you to the dozens of community stakeholders and organizations who participated in interviews or provided information to inform this assessment:

Care Consulting
Catholic Charities
City of Oklahoma City
Community Bridges Inc.
Community Literacy Centers, Inc.
D-DENT
Depression and Bipolar Support Alliance of Oklahoma
Diversion Hub
Diversity Center of Oklahoma
Epic Charter School
Health Alliance for the Uninsured
HeartLine
Homeless Alliance
HOPE Community Services
Hunger Free Oklahoma
INTEGRIS Health
Legal Aid Services of Oklahoma
Mental Health Association of Oklahoma
Mid-American Christian University
NAMI
Neighborhood Services Organization, Inc.
NorthCare
Oklahoma Association for Infant Mental Health
Oklahoma City Councilmember, Ward 6
Oklahoma City Fire Department
Oklahoma City Indian Clinic
Oklahoma City Police Department
Oklahoma City Public Schools
Oklahoma City University
Oklahoma Clinicians of Color
Oklahoma County Criminal Justice Advisory Council
Oklahoma County Crisis Intervention Center
Oklahoma Crisis Recovery Unit
Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma Institute for Child Advocacy
Oklahoma Mental Health and Aging Coalition
Oklahoma Perinatal Quality Improvement Collaborative
Oklahoma State Senator, District 30
Oklahoma State Senator, District 40
OU Health
Palomar
Peaceful Family Oklahoma
Pivot
Red Rock Behavioral Health Services
ReMerge
Sisu Youth Services
SSM Health St. Anthony
STAR Clinic
Sunbeam Family Services
Teen Recovery Solutions
TK Health
Variety Care
Western Heights School District
YMCA of Greater OKC
YWCA

Finally, a special thank you to the Oklahoma City residents who shared their lived experience with mental illness and substance use with us through interviews and focus groups.

OKLAHOMA CITY IN CONTEXT

IN THIS SECTION:

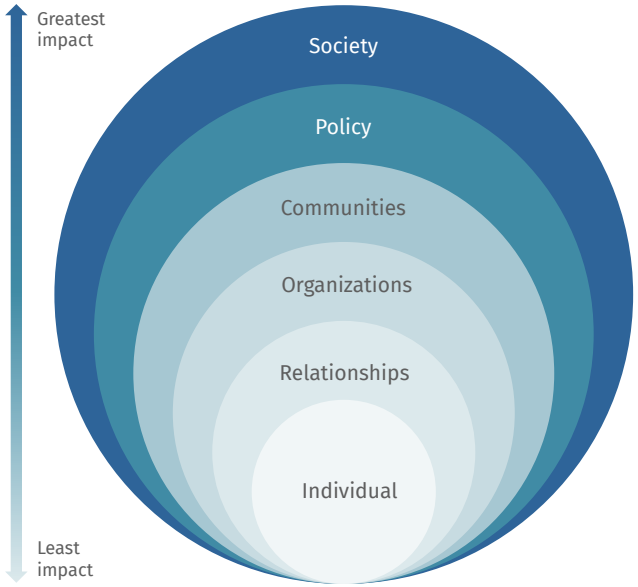
Factors that drive mental health and substance use outcomes in a community

To understand the needs of people in Oklahoma City, we explore in this assessment not only metrics that directly measure mental health and substance use outcomes, but also environmental and social factors that can shape these outcomes at the community level.

For example, we examine how well Oklahoma City residents can meet their basic needs — like having enough to eat and a safe place to live — and their access to safe, communal spaces in their neighborhoods. Poverty and social isolation are risk factors, which increase the likelihood of mental health problems in a population. But protective factors, like strong social supports and a sense of belonging, can prevent mental health challenges.

A person's individual characteristics certainly play a role in mental health outcomes, but larger factors such as community conditions and policies have an even bigger impact.

Figure 1: Social and environmental factors affecting mental health



Society	Societal and environmental forces (like poverty, discrimination, natural disasters, conflict) shape individuals' mental health
Policy	Laws, policies, and government investment play a role in systems that can impact people's mental health
Community	Safe, well-resourced neighborhoods can foster wellbeing, while disadvantaged or violent neighborhoods have a negative effect on health
Organizations	Can include supports in schools, workplaces, faith organizations, as well as access to the health care system
Relationships	A person's support system, including connections to friends, family, and peers, plays a significant role in their mental wellness
Individual	Individual characteristics like a person's identity, adaptability, and stress response play a role in their mental health, as well as biological or genetic factors

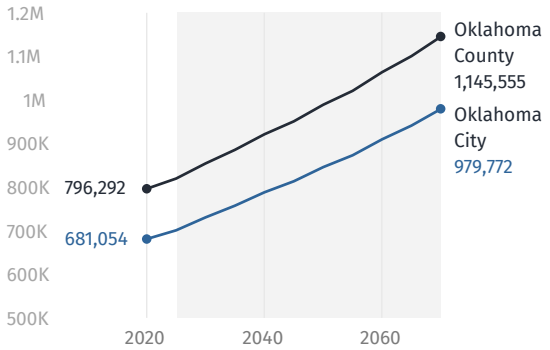
Graphic adapted from: Michaels, Cari, Linda Blake, Anna Lynn, Teale Greylord, and Sara Benning. "Mental Health and Well-Being Ecological Model." Center for Leadership Education in Maternal and Child Public Health, University of Minnesota–Twin Cities.

Oklahoma City's growing population

Oklahoma City is projected to grow by about 8% each decade through 2070, faster than the projected national average of about 2%.[1] This population growth will require thoughtful planning around an increase in demand for the city's services and resources, including health care, housing, education, and transportation.

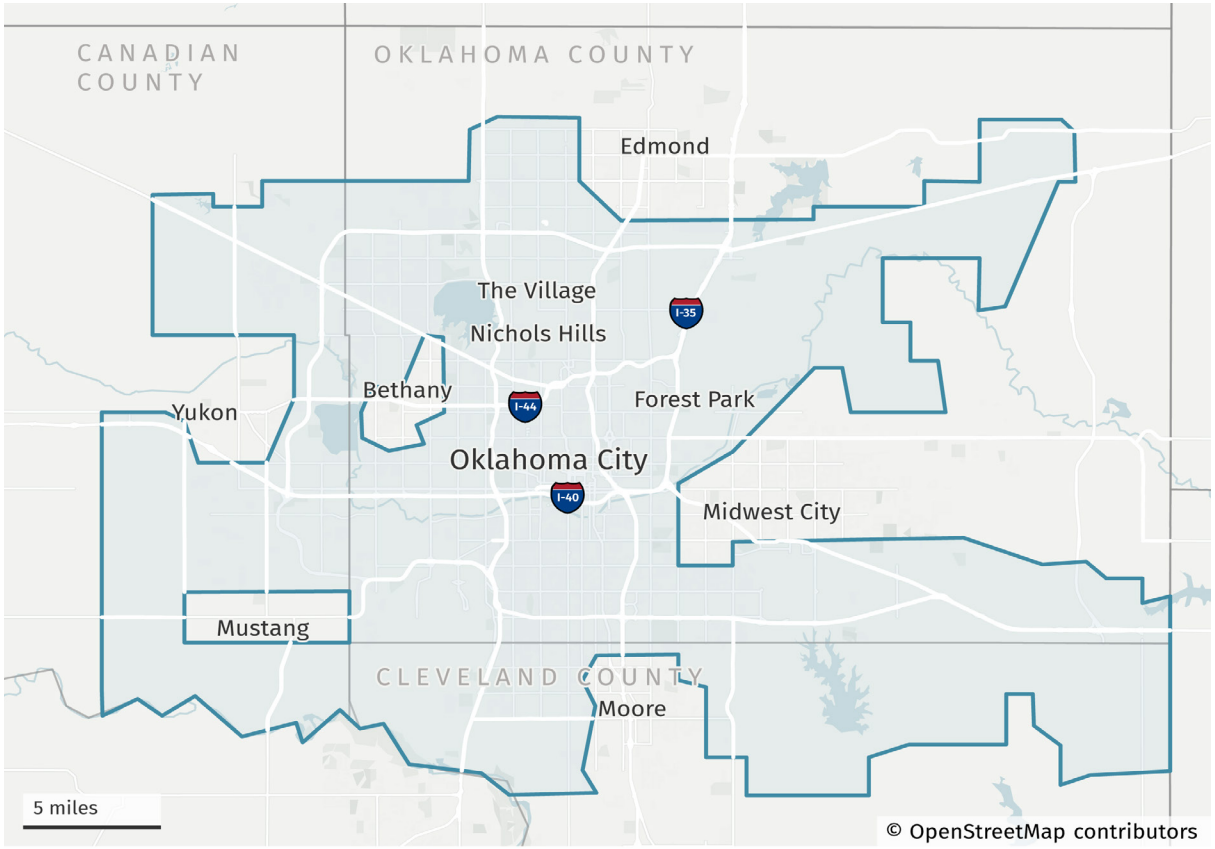
- Spans over 620 square miles, making it one of the largest U.S. cities by land area
- Sits at the crossroads of I-35, I-40, and I-44
- Population of about 700,000

Figure 3: Oklahoma County and Oklahoma City population projected until 2070



Source: Oklahoma Department of Commerce

Figure 2: Oklahoma City with selected interstates and neighboring cities



Demographics and social vulnerability

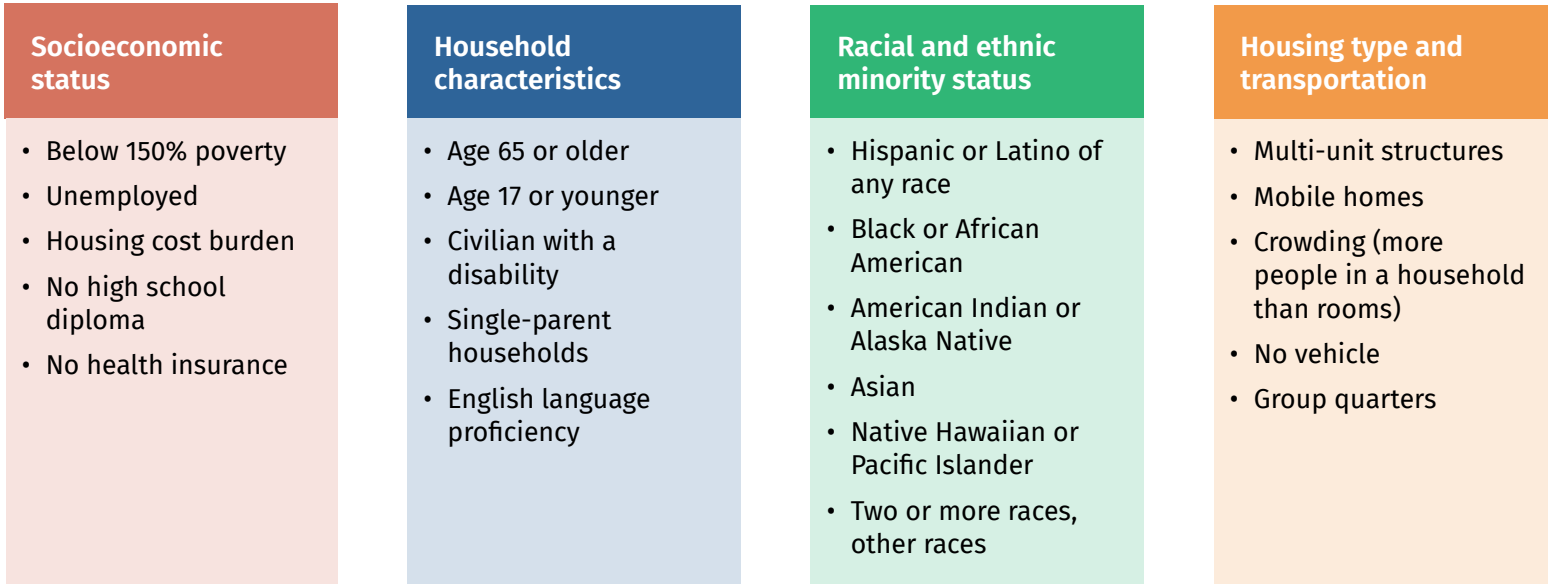
Throughout this assessment, we use a measure called the Social Vulnerability Index to identify parts of Oklahoma City that should be considered at higher risk for mental health and substance use concerns.

The Social Vulnerability Index is a tool developed by the Centers for Disease Control and Prevention to identify communities that are more likely to experience negative outcomes following crises. It's a composite of multiple factors including socioeconomic status, household characteristics like age, language and disability, racial and ethnic minority status, housing type and transportation. These factors are also closely tied to mental health outcomes, which makes the index useful in identifying communities at higher risk of experiencing chronic stress and barriers to mental health care.

In our analysis, we use state-level comparison for social vulnerability, which means that a zip code with a ranking of 90 (out of 100) is more vulnerable than 90% of zip codes in Oklahoma.

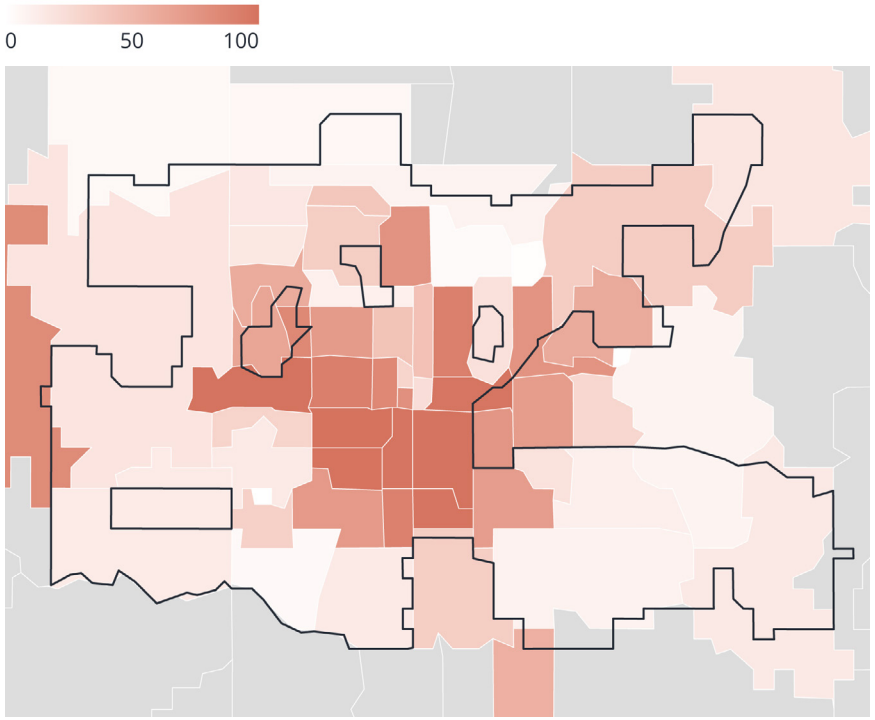
The score is based on 16 variables grouped into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. Those categories make up the overall measure of social vulnerability.

Figure 4: Themes and variables that make up the Social Vulnerability Index



Source: Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry

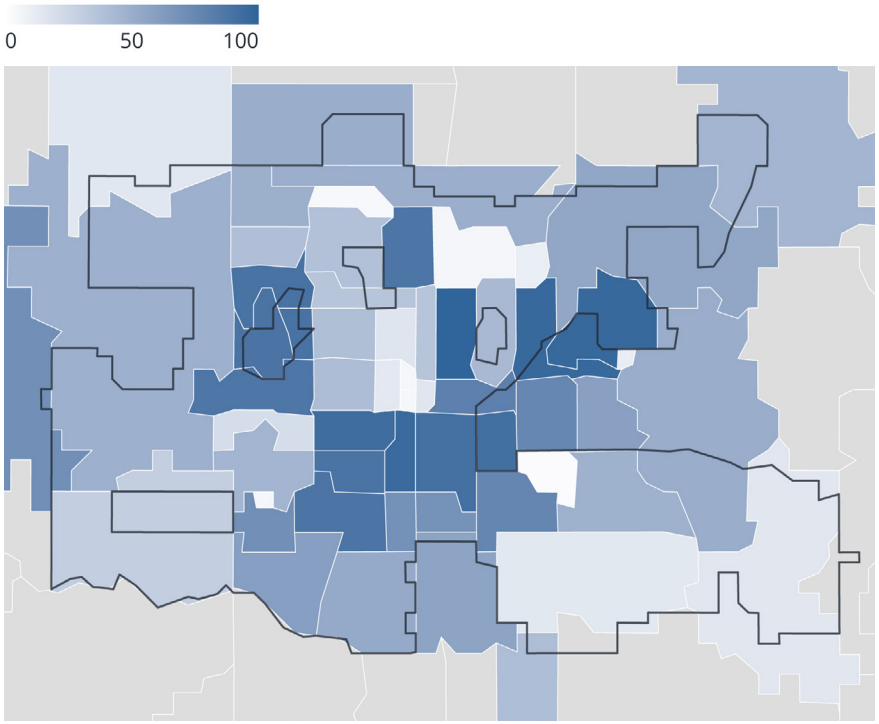
Figure 5: Socioeconomic status ranking as part of the Social Vulnerability Index



Fifteen percent of residents live below the federal poverty level, compared to 11% nationally, including more than 1 in 5 children (22%). Economic hardship is not evenly distributed – poverty rates are higher among Black (27%) and Hispanic (22%) residents, and people with less than a high school education (28%)[2].

More than one-third of adults over the age of 25 in Oklahoma City have a bachelor's degree or higher (34%), and nearly one-third have completed some college, including an associate's degree (29%).

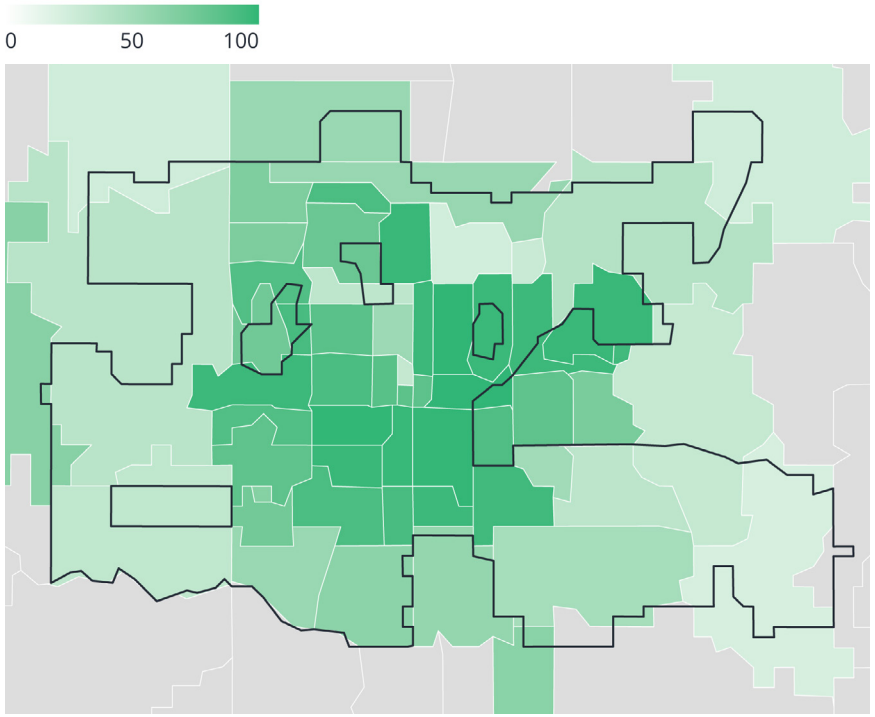
Figure 6: Household characteristics ranking as part of the Social Vulnerability Index



About one-quarter of the population is under the age of 18, and about one in 12 residents (8%) are veterans. About 9.3% of the population identifies as LGBTQ+.[3]

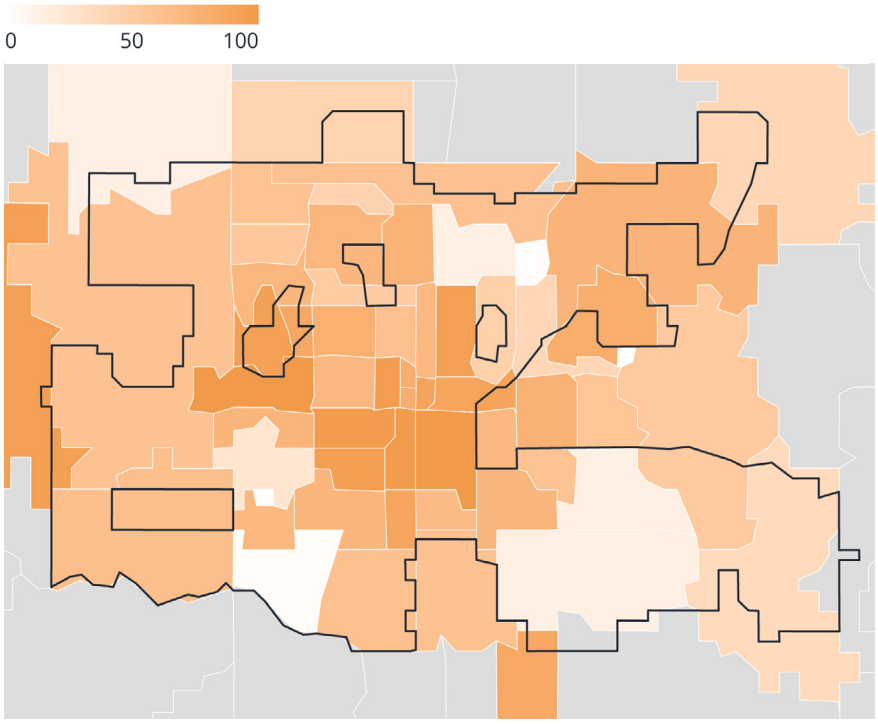
Source: 2022 data from the Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry

Figure 7: Racial and ethnic minority status ranking as part of the Social Vulnerability Index



Oklahoma City is home to an ethnically diverse population, with 51% of residents identifying as non-Hispanic White, 13% as Black or African American, 22% as Hispanic or Latino of any race, and smaller groups identifying as Asian or Asian American (5%) and American Indian or Alaska Native alone (3%).[4]

Figure 8: Housing type and transportation ranking as part of the Social Vulnerability Index



Limited transportation limits access to health care services, and overcrowded and unstable housing is linked to depression and anxiety. See **page 27** for our analysis of geographic accessibility to safety-net behavioral health clinics.

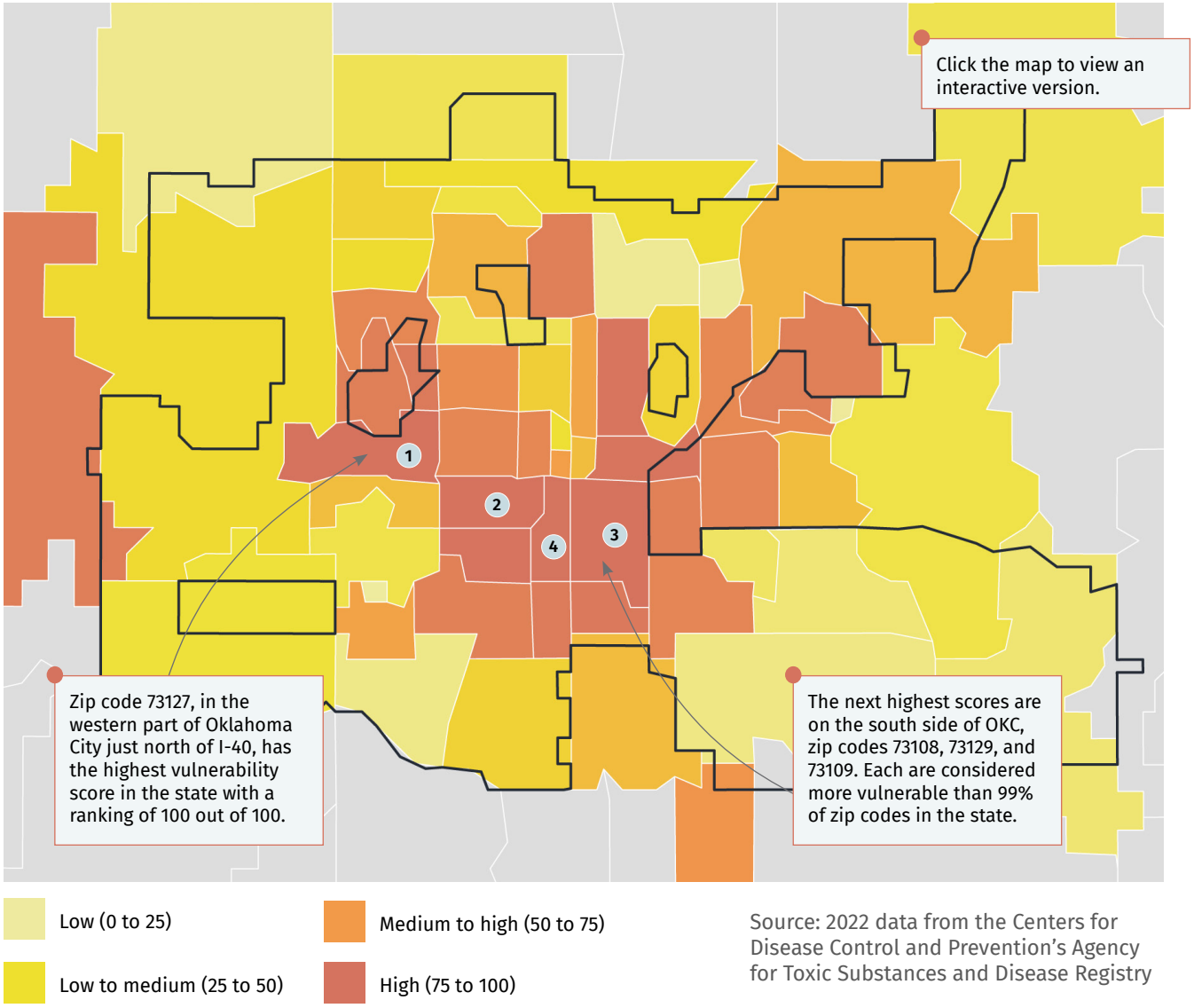
Source: 2022 data from the Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry

Figure 9: Social Vulnerability Index in Oklahoma City by zip code, 2022

In Oklahoma City, many regions are identified as high vulnerability. For example, the area near the city center is not only among the most vulnerable in the city, it also houses some of the most vulnerable zip codes in the entire state. Similarly, the area just north of I-40 in the western side of Oklahoma City contains neighborhoods that are identified as among the most vulnerable in the entire state.

Twenty-four zip codes in Oklahoma City are considered highly vulnerable, with a Social Vulnerability Index score over 75 out of 100. In descending order (highest scores first) Those zip codes are:

1. 73127
2. 73108
3. 73129
4. 73109
5. 73119
6. 73111
7. 73117
8. 73149
9. 73122
10. 73139
11. 73036
12. 73036
13. 73084
14. 73114
15. 73008
16. 73115
17. 73159
18. 73110
19. 73135
20. 73107
21. 73106
22. 73132
23. 73141
24. 73112



Source: 2022 data from the Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry

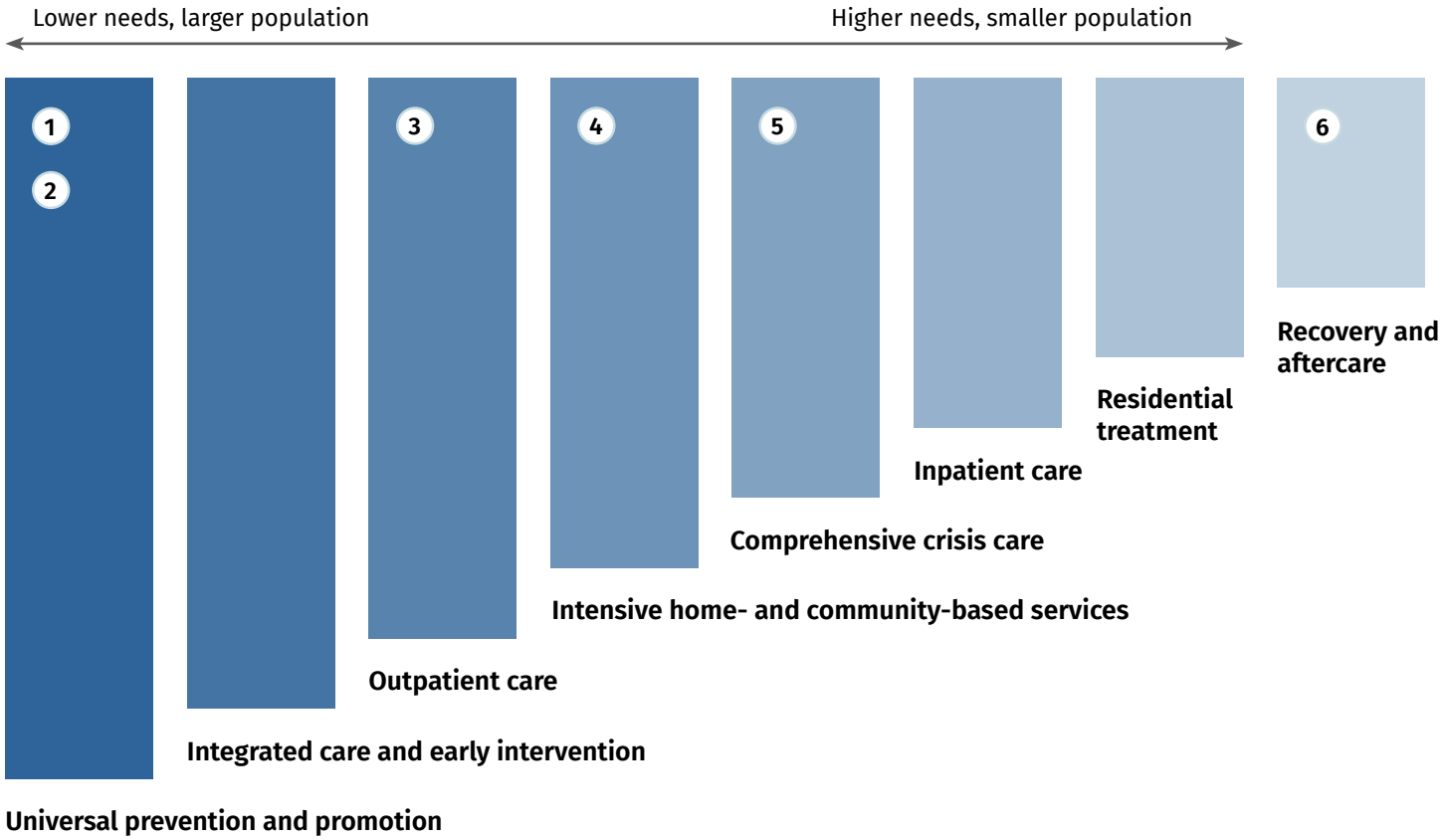
Community assets along the behavioral health continuum

The ideal continuum of behavioral health care includes resources to help people at all levels of mental health and substance-use related needs, from prevention and early intervention to crisis care, a comprehensive array of treatment services, and support for long-term recovery.

Here, we include a few examples of many of these critical assets in Oklahoma City — this is not an exhaustive list.

Figure 10: Examples of Oklahoma City assets along the continuum of behavioral health care

- 1: EmbraceOKC at Oklahoma City Public Schools: Botvin LifeSkills Training substance use prevention program
- 2: Western Heights Public Schools: PAX Good Behavior Game
- 3: STAR (Substance use Treatment And Recovery) Prenatal Clinic at OU Health: Pregnancy care for women with a history of substance use
- 4: Functional Family Therapy for youth: Spring Eternal, Jetty Counseling Center, and Empowerment Community Services
- 5: City of Oklahoma City's Mobile Integrated Health program, including 911 crisis call diversion center and mobile teams
- 6: 33 certified recovery homes with 865 bed capacity



Community-based mental health and substance use treatment

The community mental health system is the primary safety net for Oklahomans with serious behavioral health issues. The backbone of this system in Oklahoma City are three Certified Community Behavioral Health Clinics, or CCBHCs, that offer comprehensive mental health and substance use care for children and adults ranging from screening and outpatient care to intensive treatment and crisis services. CCBHCs are open to anyone, but their primary function is to serve people who don't have the means to access care elsewhere.

Comprehensive Community Addiction Recovery Centers, or CCARCs, are certified to provide a wide range of services to people with substance use disorder, including outpatient care, intensive outpatient care, medication clinic, and detoxification services.

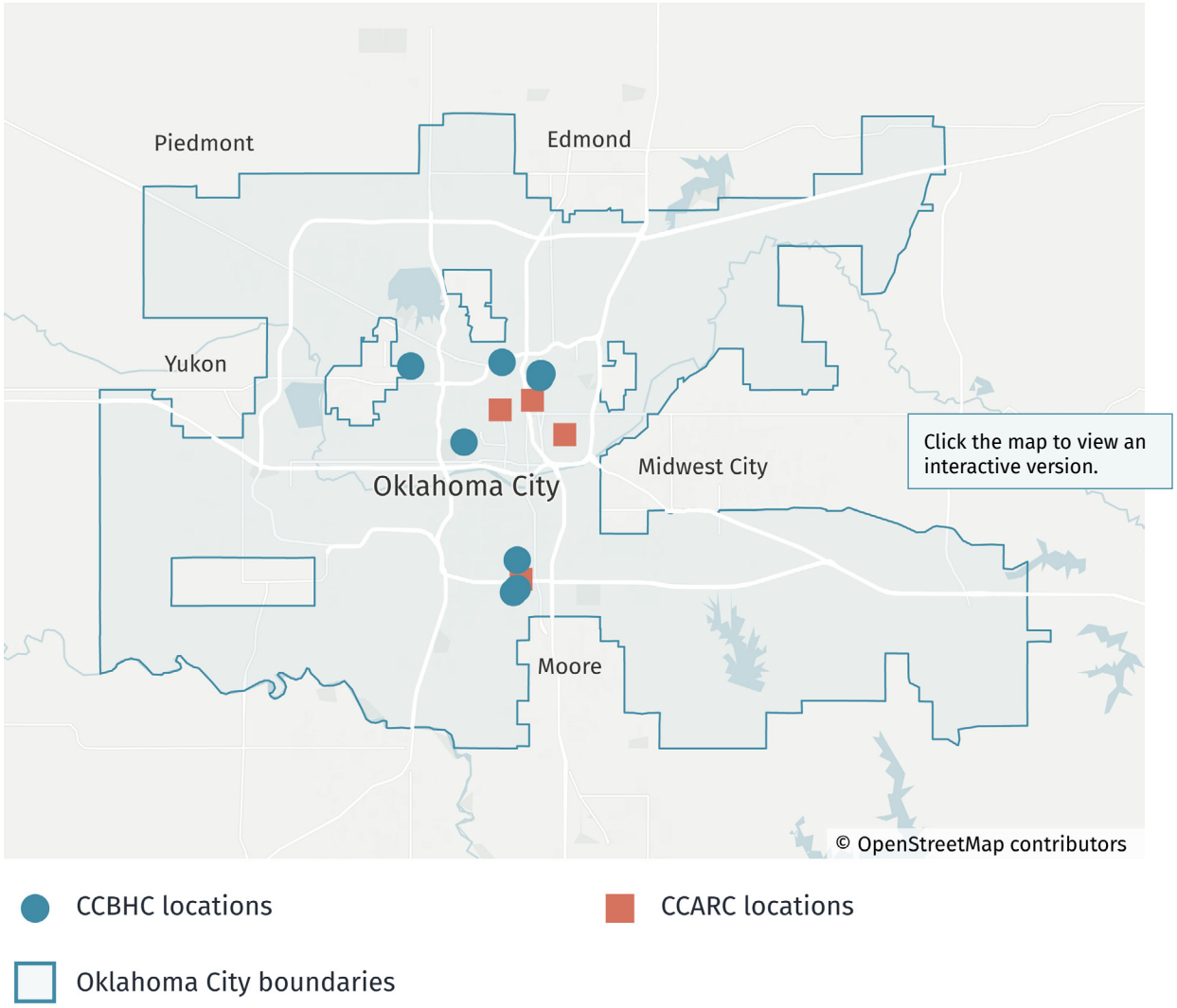
CCBHCs in Oklahoma City

- HOPE Community Services
- NorthCare
- Red Rock Behavioral Health

CCARCs in Oklahoma City

- The Recovery Center
- Catalyst Behavioral Services

Figure 11: CCBHC and CCARC locations in Oklahoma City



STATE OF BEHAVIORAL HEALTH IN OKLAHOMA CITY

IN THIS SECTION:

Behavioral health challenges among adults

Mental illness

An estimated 114,000 adults in Oklahoma City live with a mental illness[5] — enough to fill the Paycom Center more than nine times over. Roughly 5% of adults, or about 25,500, have a serious mental illness.[6]

Substance use

About 54,600 adults have a substance use disorder,[7] and over 57,000 Oklahoma City residents aged 12 and older have a substance use disorder, including:

- more than 17,000 with drug use disorder
- more than 15,000 residents with opioid use disorder
- and more than 46,000 with alcohol use disorder.[8]
- An estimated 49,000 adults and nearly 2,700 youth in Oklahoma City need substance use treatment but do not receive it.[9]

Co-occurring disorders

Individuals with co-occurring mental health and substance use disorders face a wide range of complex and interconnected challenges. Overlapping symptoms can make accurate diagnosis and effective treatment difficult, often leading to fragmented care, especially in systems where mental health and substance use services are not integrated. Nearly 45,700 adults in Oklahoma City have a co-occurring substance use disorder and any mental illness.[10]

1 in 5

Oklahoma City adults has a mental illness (22%)

1 in 10

Oklahoma City residents over 12 have a substance use disorder (10%)

1 in 20

Oklahoma City adults has a serious mental illness (5%)

Fatal and non-fatal overdose

In 2023, the most recent year for which data was available, nearly 300 people in Oklahoma City died from a drug overdose.[11] Oklahoma City has experienced a sharp increase in drug overdose deaths, more than doubling from 106 (16.2 per 100,000) in 2019 to 292 deaths (41.6 per 100,000) in 2023.[12]

In Oklahoma County overall, there were 310 fatal[13] overdoses — a rate of 38.3 per 100,000 — and 6,200 estimated non-fatal overdoses,[14] which suggests that most overdoses in the county occur in Oklahoma City. This also exceeds the state rate of 32.7 per 100,000.[15]

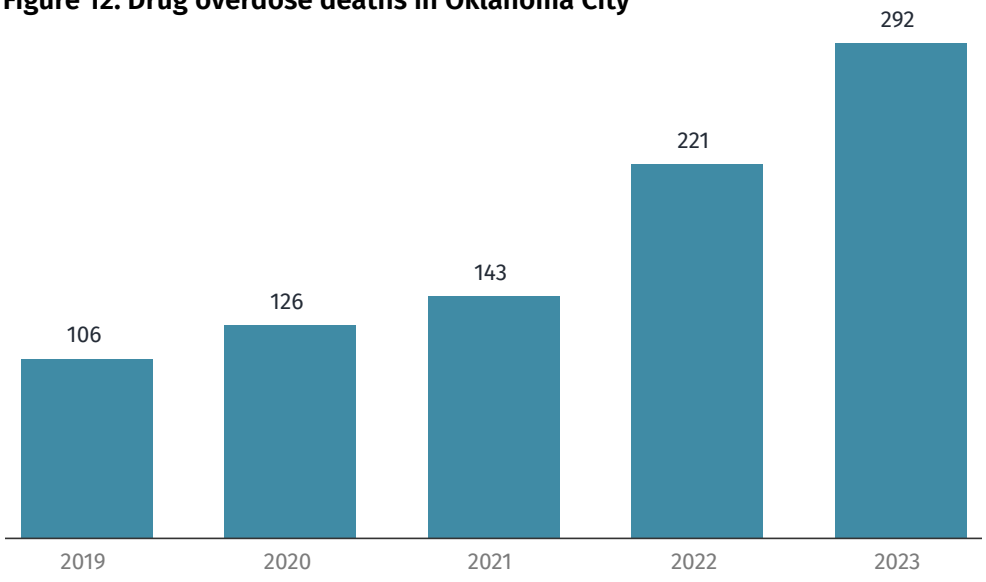
In Oklahoma County, opioids, particularly fentanyl, have played a significant role in this rise, with fentanyl-related deaths increasing more than 16-fold in just four years.[16]

Fatal overdoses represent only a fraction of the crisis. It's estimated that more than 5,800 people in Oklahoma City experienced a non-fatal overdose,[17] with nearly 1,000 requiring hospitalization.[18]

Non-fatal overdose from all drugs was estimated to have cost $64 million in hospitalization care in 2023, a 34% increase since 2019. Opioid overdoses made up about 30% of the total costs.[19]

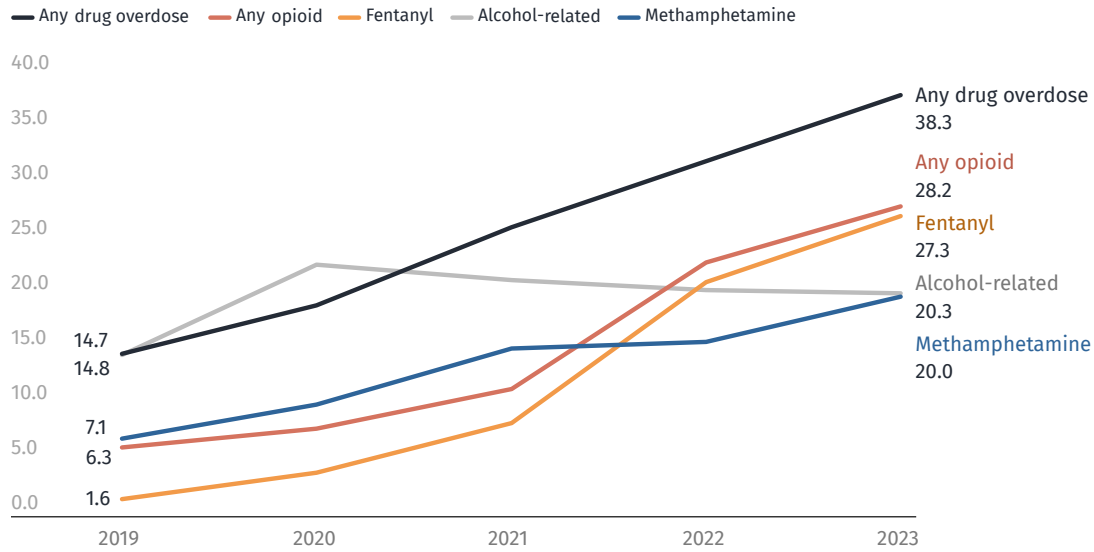
Adults aged 35 to 64 die of overdoses at disproportionately high rates.[20] Among racial and ethnic groups, Black and American Indian/Alaska Native Oklahomans are most affected, with overdose death rates among these groups far exceeding the statewide average.[21]

Figure 12: Drug overdose deaths in Oklahoma City



Source: Oklahoma Office of the Chief Medical Examiner, received via data request to the Oklahoma Department of Mental Health and Substance Abuse Services

Figure 13: Overdose death rates by substance in Oklahoma County, 2019 to 2023



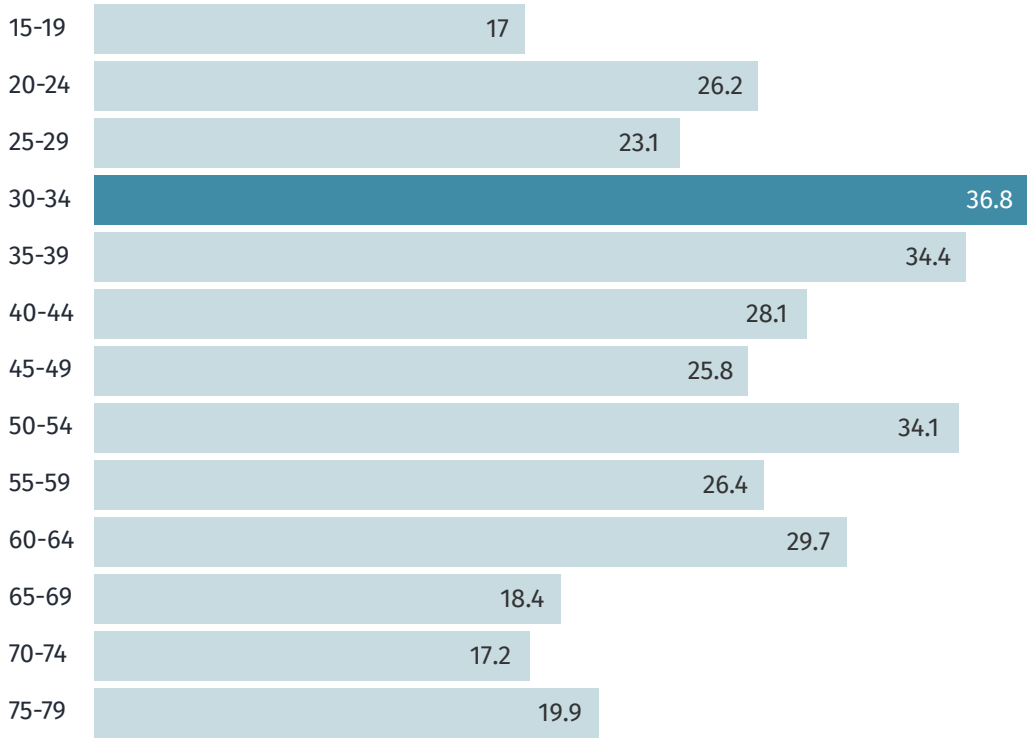
Source: Oklahoma State Department of Health's Injury Prevention Service, Fatal Unintentional Poisoning System

Suicide and suicidality

With a suicide death rate of 16 per 100,000 residents,[22] Oklahoma City's suicide rate is just above Oklahoma County (15 per 100,000) and below the state's overall rate of 22.[23]

- While Oklahoma City's suicide rate is lower than the statewide average, the numbers still reflect a pressing public health concern and are higher than the national rate (14 per 100,000).[24]
- 3,522 adults in OKC attempted suicide in the past year, and about 7,769 reported making a suicide plan.[25]
- 21,200 adults experience serious thoughts of suicide[26], and 123,300 experience depression.[27]
- A 2025 Healthy Minds report on suicide in Oklahoma found that over 50% of Oklahomans who died by suicide had a history of mental illness or substance use disorder.[28] Suicide deaths by firearms in Oklahoma also increased faster than the rest of the nation.
- Across Oklahoma, suicide rates for Native Americans and white Oklahomans, as well as people living in rural areas, have risen the fastest in the state.[29]

Figure 14: Oklahoma County suicide death rates by age group, 2020–2022



Note: Rates for individuals over 80 were not available due to suppression and unreliable rates.

Source: CDC WONDER underlying cause of death data

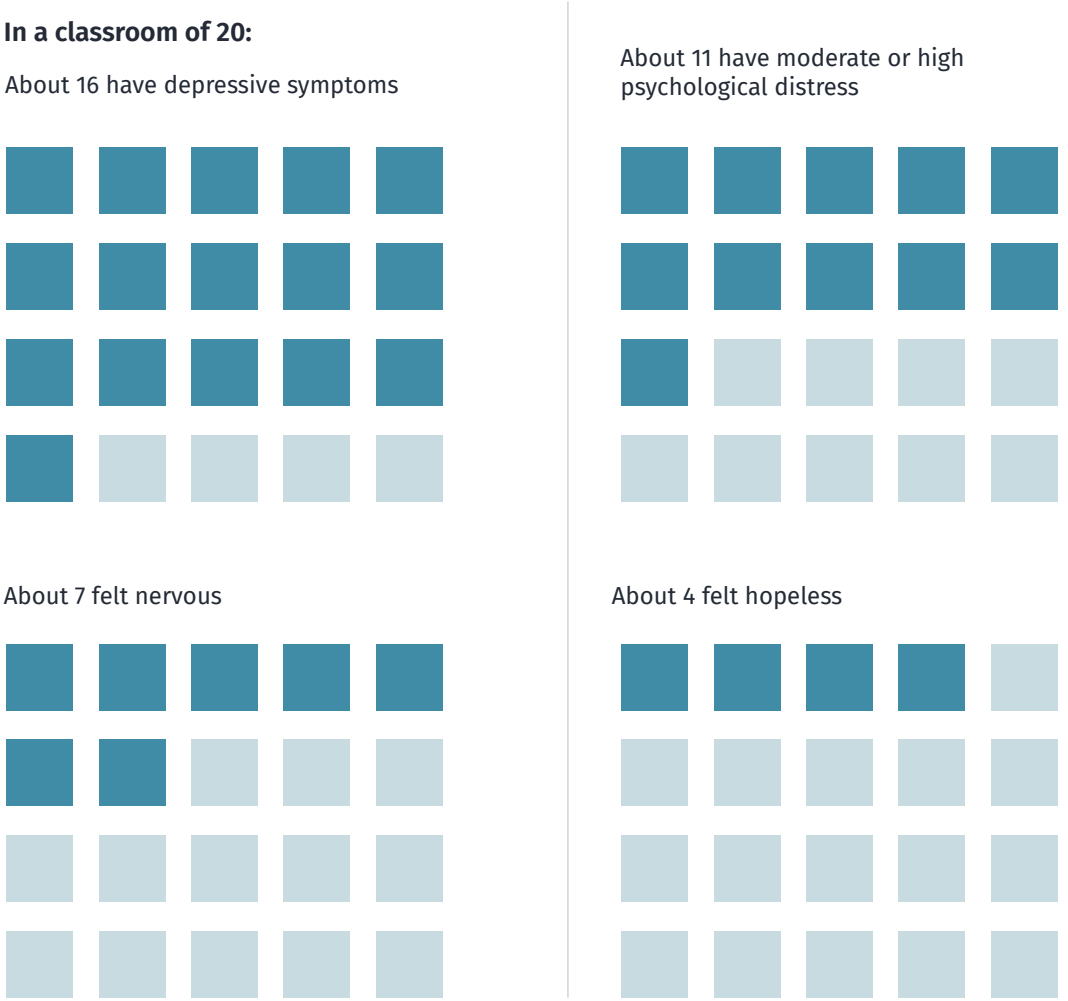
Prevalence of behavioral health challenges among youth

Mental illness among youth

Youth in Oklahoma City have significant mental health struggles: about 25,200 experience persistent sadness or hopelessness,[30] and about 8,400 youth have experienced a major depressive episode.[31]

- 3,441 middle and high school students surveyed (55%) report moderate to high psychological distress[32]
- 15% of adolescent students surveyed have experienced a major depressive episode[33] and nearly 5,005 students surveyed (80%) experience depressive symptoms[34]

Figure 15: Visualizing mental health challenges among Oklahoma City students



Source: Oklahoma Prevention Needs Assessment survey, 2023-2024

Note: The Oklahoma Prevention Needs Assessment is a survey of students in grades 6, 8, 10, and 12.

Substance use and overdose among youth

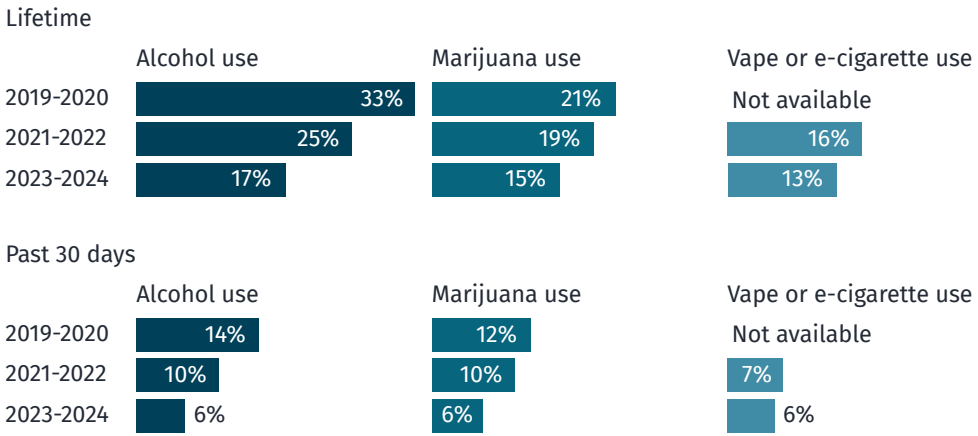
Roughly 5% of youth in Oklahoma City meet criteria for a substance use disorder, but most do not receive needed treatment.[35]

Similar to national trends, substance use (both lifetime and past 30-day use) among youth in Oklahoma City has nearly halved from 2019 to 2024. Alcohol and marijuana use are relatively common among Oklahoma City 12th graders, with 27.4% reporting ever using alcohol and 26.2% reporting marijuana use.

Alcohol and marijuana are the most commonly used substances by youth overall, and high-risk use of these substances is concerning. About 1 in 20 high school seniors reported current binge drinking, which is defined as having five or more drinks in a row, in the past two weeks.[36]

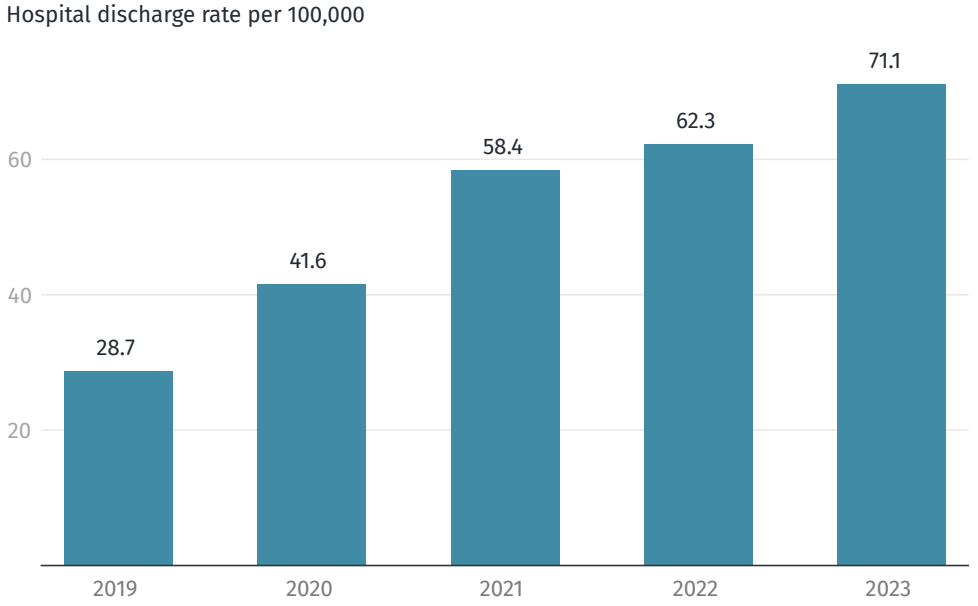
Despite overall youth substance use trending down, hospital discharge data showed that non-fatal overdose episodes among Oklahoma County youth under age 15 have increased about 147% from 2019 to 2023.[37]

Figure 16: Lifetime and past 30-day substance use among OKCPS middle and high school students



Source: Oklahoma Prevention Needs Assessment, a survey of students in 6th, 8th, 10th, and 12th grades

Figure 17: Non-fatal overdose rates among Oklahoma County residents under age 15



Source: Oklahoma State Department of Health

Youth suicide and suicidality

Between 1999 and 2020 across the entire state, Oklahoma recorded 164 suicide deaths of children 14 and under.[38, i] While suicide deaths tend to skew higher among older and middle-aged adults, suicidality is highest among youth.

- 7,000 youth age 12-17 in Oklahoma City have serious thoughts of suicide[39]
- About 3,400 made a suicide plan[40]
- And about 1,800 Oklahoma City youth attempt suicide, more than 3% of this age group[41]

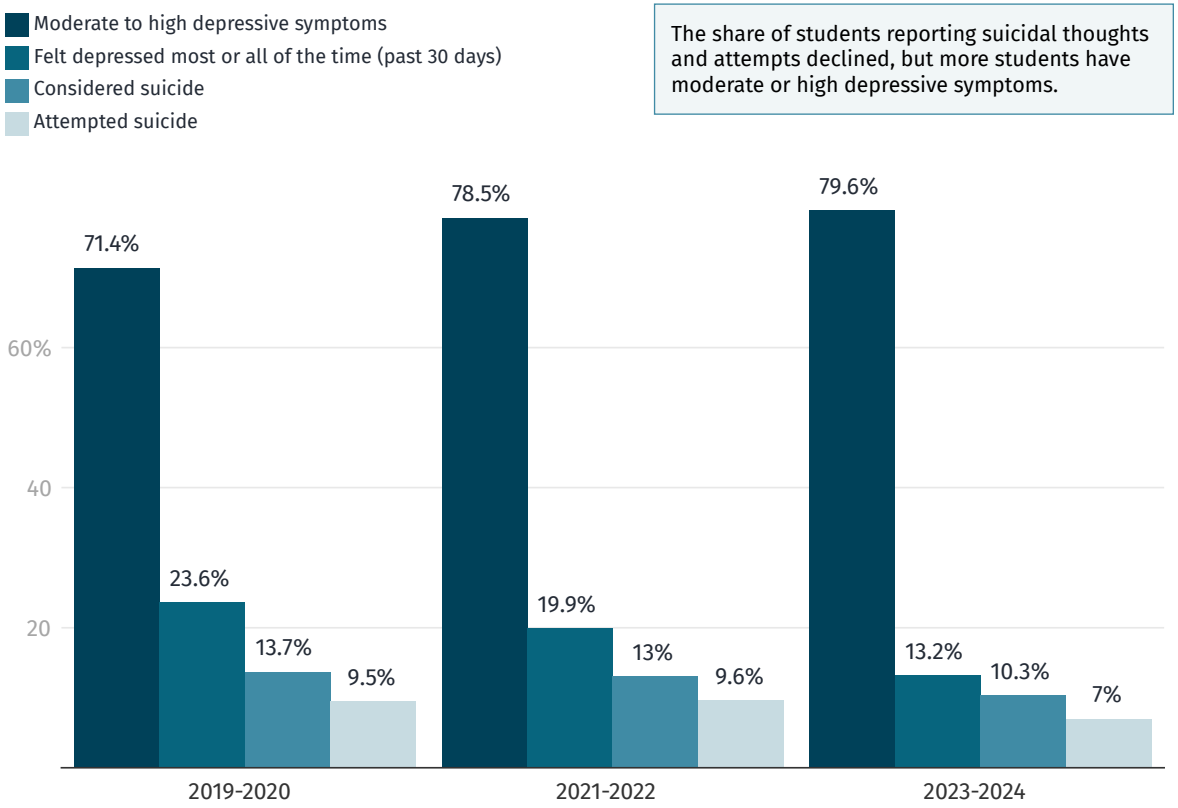
These rates are several times higher than those reported among adults, reflecting the acute mental health pressures facing young people today.

The share of Oklahoma City Public Schools students reporting suicidal ideation and suicide attempts has declined in recent years, according to the Oklahoma Prevention Needs Assessment, a survey of 6th, 8th, 10th, and 12th graders.[42]

However, ER discharges related to suicidality among children and youth (0-17 years old) in Oklahoma County have increased about 54% between 2020-2023.[43] Inpatient hospital discharge data related to suicidality showed a similar increase over the same time period.

i Death counts under 10 are suppressed, so it is not possible to produce a time series at this granular of a level for OKC.

Figure 18: Depression and suicidality measures among Oklahoma City Public Schools middle and high school students



Source: Oklahoma Prevention Needs Assessment survey of students in grades 6, 8, 10, and 12

Suicidality refers to the risk of suicide, including when a person is thinking about, considering, planning, or attempting suicide.

Adverse childhood experiences and other youth risk factors

More than 41,000 children and youth in Oklahoma City are estimated to have experienced two or more adverse childhood experiences (ACEs)[44] — events known to increase risk for mental health and substance use problems.

Preventing ACEs among youth could reduce depressive disorders by 44%, smoking by 33%, and heavy drinking by 24% in adulthood.[45] This would mean 15,000 fewer adults who drink heavily, 54,000 fewer adults with depression, and 24,000 fewer adults who smoke.[46]

An estimated 1,540 youth 6 to 17 years of age experience abuse and neglect, which is strongly linked to long-term mental health problems.

Sixty-three percent of Oklahoma City middle and high school students are reported to be at high risk for substance use based on their low perception of harm. About 2,753 local students (44%) hold favorable attitudes toward antisocial behavior, and nearly 60% of students report low attachment to their neighborhoods. These factors are predictive of future substance use and other problems such as depression and violence.

Preventing ACEs could mean:

44%

Reduction in depressive disorders in adults, approximately 54,000 fewer adults with depression

33%

Reduction in smoking, approximately 24,000 fewer adults who smoke

24%

Reduction in heavy drinking, approximately 15,000 fewer adults who drink heavily

AREAS OF FOCUS FOR MAXIMUM IMPACT

With an understanding of the challenges before Oklahoma City at this moment, we highlight five priority areas for community leaders to strategize around. A focus on these areas through strategic planning will allow the city to both respond to immediate needs and prevent future mental health and substance use challenges among its population.

Removing structural and systemic barriers to care

In several ways, Oklahoma City's built environment — its manmade infrastructure for how people live, work, and play — creates barriers to mental health care and overall wellbeing.

As an example, Oklahoma City's sprawling land area means it can be nearly impossible to get around without a car. Yet some of the city's least walkable areas, which often align with high-poverty areas, are far from public transit lines.

Similarly, safe, communal spaces like public parks are out of reach for some neighborhoods, but places that sell alcohol are plentiful. About 38% of schools are in high to very high proximity of an alcohol outlet (less than two-thirds of a mile). But about a third are over two miles away from the nearest public park.

Through interviews with stakeholders, we identified other structural and systemic barriers that can make it difficult for people to access the mental health care they need: insurance coverage, overstretched and unavailable mental health providers, and a lack of coordination between various levels of care. In addition to addressing Oklahoma City residents' foundational basic needs — food, shelter, and a living wage — leaders can improve community wellbeing by breaking down these kinds of structural barriers to care.

Figure 19: Elements of the built environment

Access to transportation

Oklahoma City, one of the least dense cities in the U.S., is heavily car dependent. Nearly 87% of workers took a private car, truck, or van to work in 2018-2023. A small fraction took a taxi or motorcycle (1.5%) or walked (1.4%), and even fewer took public transportation (0.4%).

Oklahoma City's car-centric design can pose problems for residents who cannot afford or maintain a car, or who otherwise have unreliable access to private transportation.[47, 48] Across OKC, 7% of all households — including 13% of renter households — do not have a vehicle available, which can pose challenges in areas with limited public transit and low walkability.

Access to reliable transportation is critical for meeting health care needs. In Oklahoma City, we estimate that over 21,000 people have missed a doctor's appointment because of transportation barriers, including more than 5,100 who lacked access to a personal vehicle.[49]

Figure 20: Means of transportation to work in Oklahoma City (2018–2023)

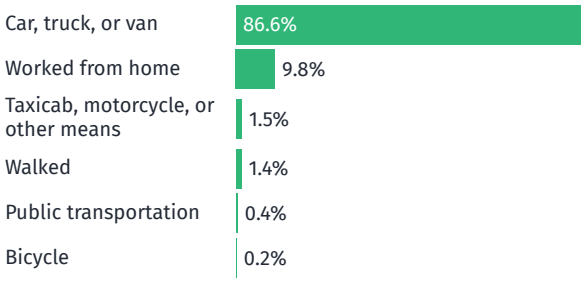
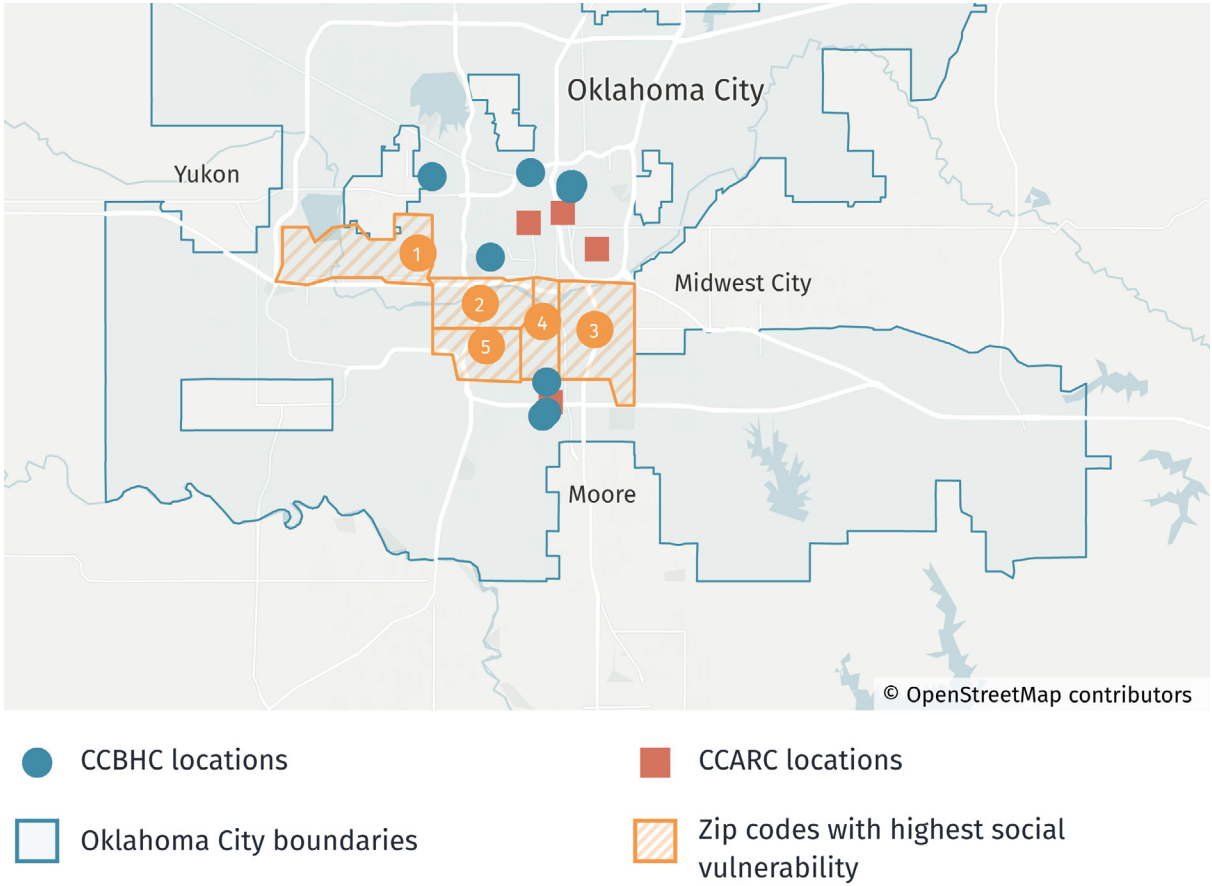


Figure 21: Oklahoma City CCBHC locations compared to zip codes of highest social vulnerability

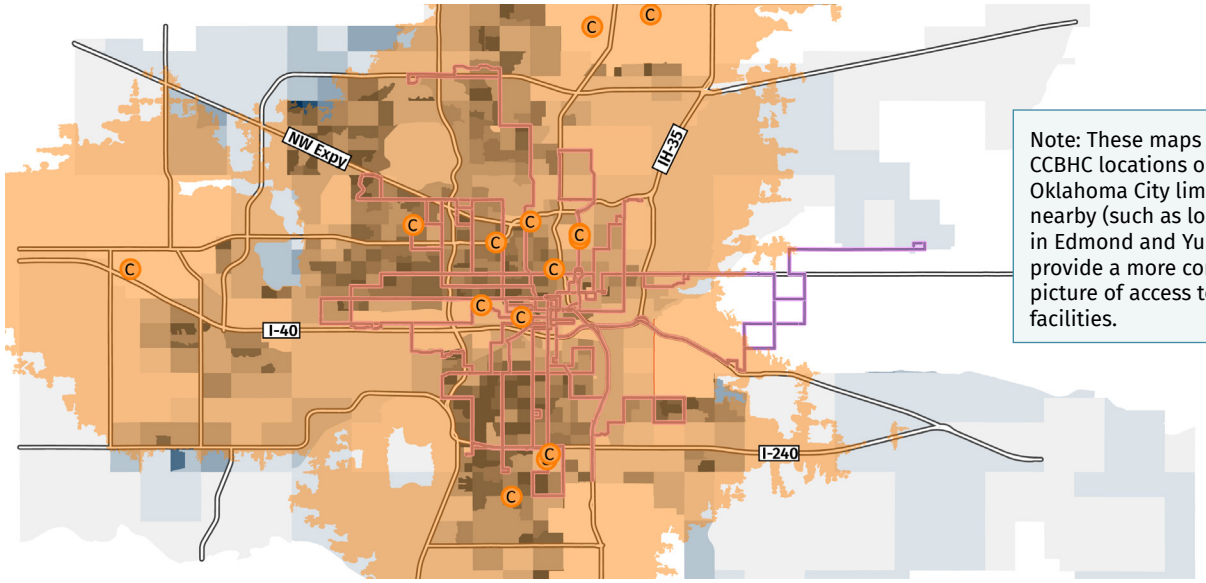


Geographic accessibility

In Oklahoma City, most households are within a 15-minute drive of primary care clinics and Certified Community Behavioral Health Clinics, or CCBHCs, but the nearly 18,000 households without vehicles have much lower access.

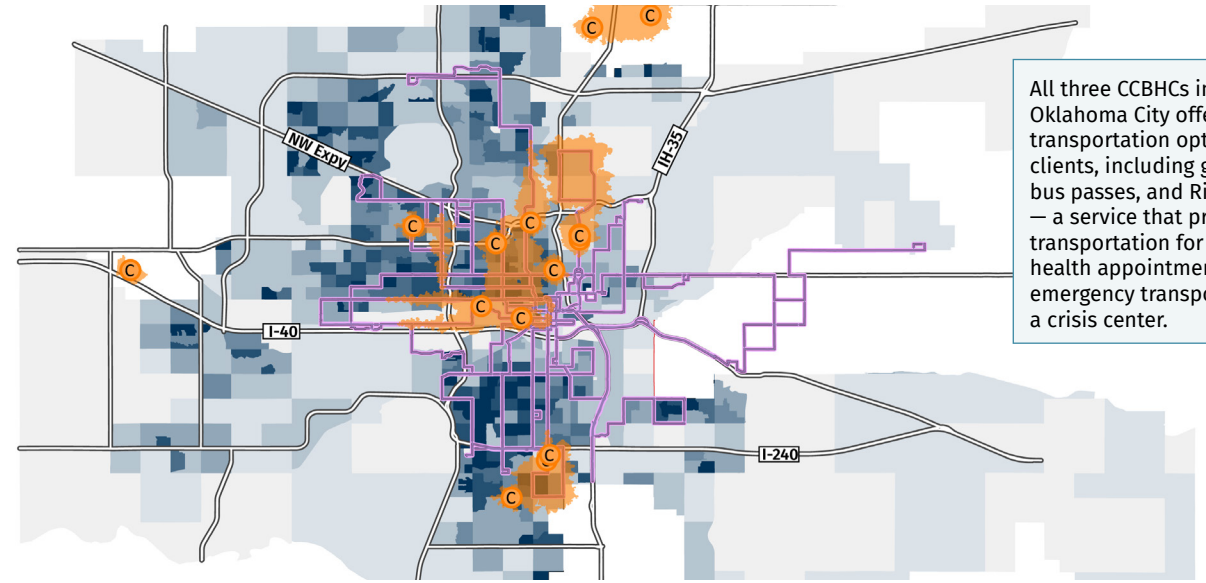
In certain areas of the city, services are geographically clustered, while many other areas lack easy access to a CCBHC. In many parts of Oklahoma City, safety-net behavioral health services are out of reach for those who need them most.

Figure 22: Parts of Oklahoma City within a 15-minute drive to any CCBHC



Note: These maps include CCBHC locations outside of Oklahoma City limits but nearby (such as locations in Edmond and Yukon) to provide a more complete picture of access to these facilities.

Figure 23: Parts of Oklahoma City within a 30-minute public transit trip to any CCBHC



All three CCBHCs in Oklahoma City offer transportation options for clients, including gas cards, bus passes, and Ride Care — a service that provides transportation for mental health appointments or for emergency transportation to a crisis center.

Population density per square kilometer (2020)

- 0 to 70
- 71 to 350
- 351 to 850
- 851 to 1,250
- 1,251 to 1,650
- 1,651 to 2,000
- 2,001 to 2,500
- 2,501 or More

- OKC bus routes
- CCBHC location

Access to alcohol and marijuana vs. to safe, communal spaces

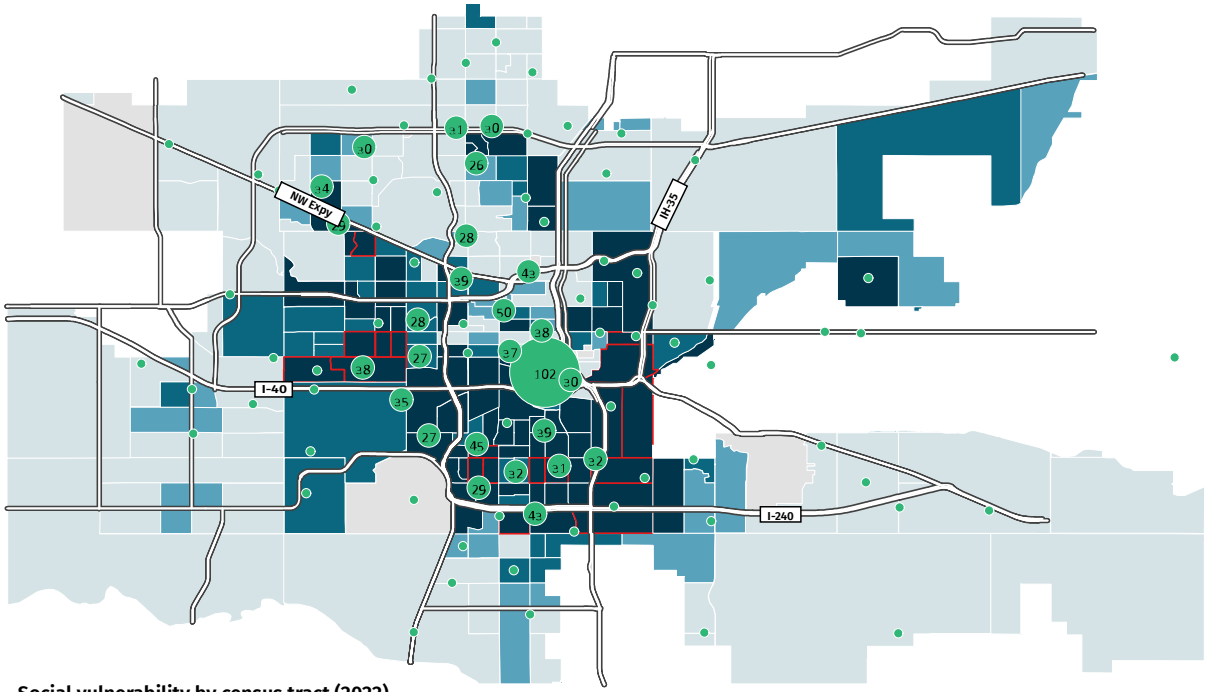
Easy access to alcohol and marijuana are linked to higher rates of use, earlier initiation among youth, and increased harms such as binge drinking, alcohol-related violence, and impaired driving.[50]

Higher density of alcohol outlets is associated with increased rates of underage drinking, excessive alcohol use, property damage and violence, weakened community connections, and noise complaints.[51] The number of alcohol outlets on a single block is correlated to the amount of violence and crime in that same block, and youth exposed to higher densities of alcohol outlets are at higher risk of lifetime alcohol use.[52]

In Oklahoma City, alcohol outlets are often concentrated in the most socially vulnerable areas of the city, including low-income neighborhoods.

> STAKEHOLDER PERSPECTIVE
>
> "We just haven't been very intentional or thoughtful about public spaces in Oklahoma City. More often than not, it's going to kind of be a negative impact for people."

Figure 24: Number of licensed alcohol outlets in OKC and social vulnerability (2022)



Social vulnerability by census tract (2022)

- 0 to 25th percentile (least vulnerable)
- 25th to 50th percentile
- 50th to 75th percentile
- 75th to 100th percentile (most vulnerable)
- No data available
- Top 5% statewide vulnerability
- Licensed alcohol outlets in area

In Oklahoma City:

- 38% of schools and 51% of parks are within high to very-high proximity to an alcohol outlet (less than 2/3 of a mile)
- In a 2023 survey of alcohol purchase attempts by minors, 42% of underage buyers were able to complete an alcohol purchase.

Similarly, a recent study found that Oklahoma marijuana dispensaries are most commonly located in neighborhoods with higher rates of poverty, more uninsured residents, and larger Hispanic populations.[53] Hispanic residents were 52% more likely to live near a dispensary, and people without insurance or with low incomes were three to five times more likely.[54] These factors create an environment where substance use is more common and accepted, leading to greater public health challenges.

Oklahoma City could consider regulating alcohol and dispensary outlet densities through restrictions on zoning, marketing, and enhancing laws and policies that prohibit sales to minors.

By comparison, safe, communal spaces are much harder to access: 34% of schools in Oklahoma City are over 2 miles from the nearest public park, and just 21% of the projected 2030 population will reside in areas that are transit-accessible to parks.

"Third places" like parks and other safe, communal places for people to spend time outside of work, school, or their homes, are important opportunities for socialization, and having access to them is a protective factor against social isolation, chronic disease, and mental health problems.[55]

In particular, access to green spaces is shown to be associated with better individual mental health outcomes such as better mood and lower rates of anxiety and depression.

For a community, access to nature is tied to higher property values, lower crime, higher social cohesion and adaptability, and lower levels of air pollution, heat, and noise.[56] Creating respite from heat is especially important in Oklahoma City, where high temperatures can compound social and environmental stressors.

Dispensaries in Oklahoma

As a whole, the state of Oklahoma has the highest number of marijuana dispensaries per capita of any other state (36 per 100,000 people), and Oklahoma City has one of the highest number of licensed marijuana dispensaries per capita among U.S. cities.[57, 58] There are approximately 302 licensed medical marijuana dispensaries (44 per 100,000 people) in Oklahoma City.[59]

In contrast, Denver has 283 medical and retail dispensaries (40 per 100,000 people),[60] lower than Oklahoma City despite the fact that Denver licenses both medical and recreational dispensaries.

Insurance barriers

A major barrier to care is inadequate health insurance coverage.[61] Without adequate insurance coverage, the cost of medical care may force people to forgo needed treatment or accumulate medical debt.[62]

Barriers for the uninsured

In Oklahoma City, 14% of people live without health insurance, which is higher than the national average (9%) and several comparison cities.

In Oklahoma City, the highest percentage of uninsured residents include those who are foreign born non-citizens (56% uninsured), those with less than high school education (37%), and those who are unemployed (41%).[63]

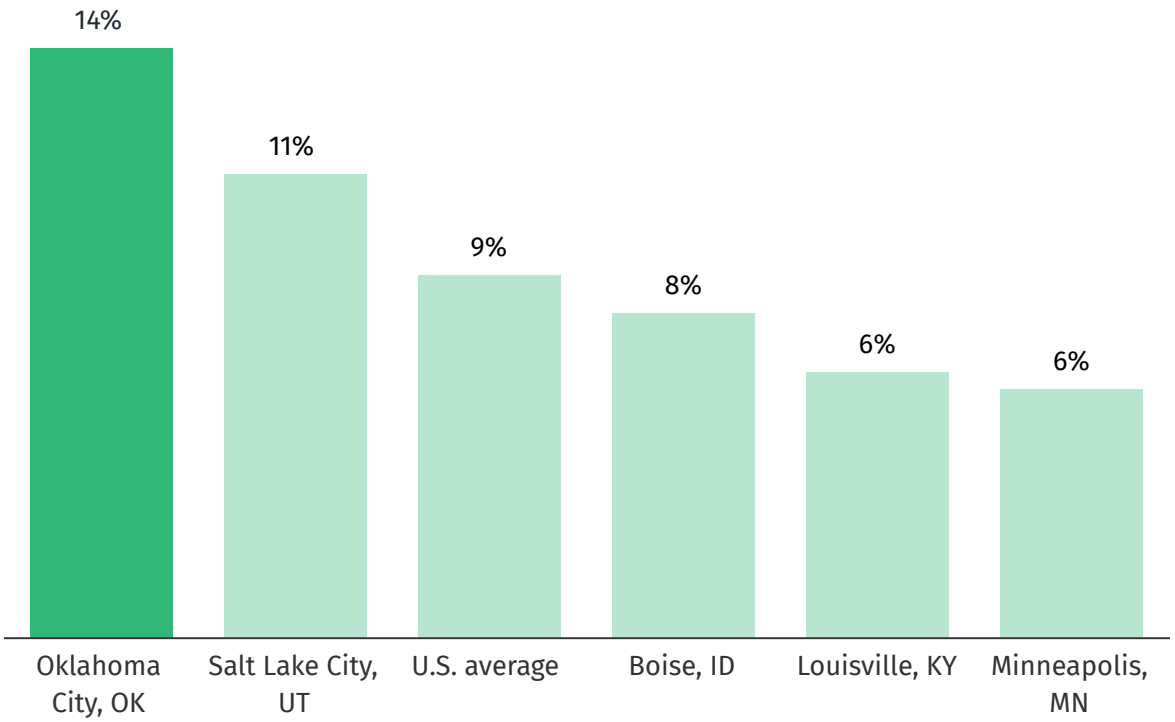
Barriers to care through insurance

Barriers to accessing services exist even when a person does have insurance.[64] These can include:

- Limited providers nearby or in network
- Family or work responsibilities
- High co-pays
- Limited availability of childcare
- Discrimination due to gender, race, ethnicity, language, or sexual orientation

In Oklahoma City, 63% of residents have private health insurance, with 52% covered by employer-sponsored plans and 11% by self-purchased plans.[65]

Figure 25: Oklahoma City's uninsured population vs. selected cities for comparison



Source: U.S. Census Bureau American Community Survey, poverty status in the past 12 months (Table S2701), 2023

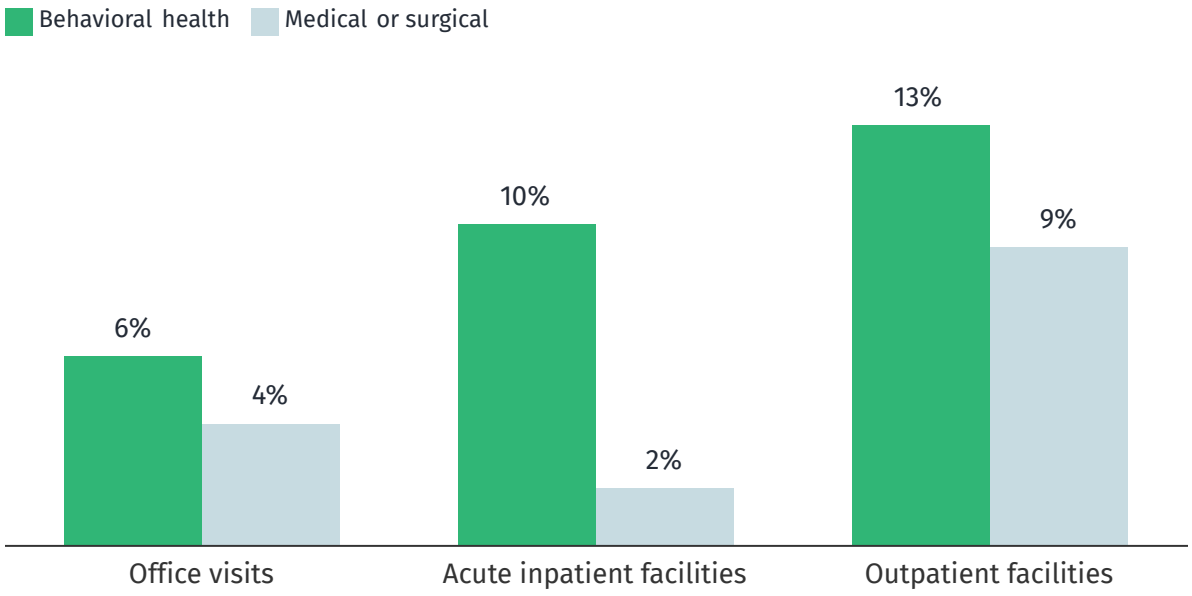
National and state laws require mental health parity — that is, requiring insurance companies to treat and cover behavioral health care the same way they would physical health care. But this is often not the case.

In Oklahoma, patients have to go out-of-network more often for behavioral health care than for medical or surgical care.[66] This indicates insurance networks lack enough in-network mental health providers to meet their members' needs. When people are forced out-of-network for care, they often face higher out-of-pocket costs, which could discourage them from seeking care altogether.

Low reimbursement rates for behavioral health providers (compared to physical health providers) could explain why networks lack adequate numbers of these professionals. In Oklahoma, in-network reimbursement rates for behavioral health providers are consistently lower than for comparable medical or surgical providers, with disparities ranging from 3.4% to 22% in 2021 depending on provider type.[67]

Figure 26: Out-of-network utilization for behavioral vs. physical health in Oklahoma, 2021

Across various treatment settings, Oklahomans consistently must go out-of-network more often for behavioral health care than for comparable physical health care.



Source: RTI International

Coordination and care transitions

Stakeholders reported persistent fragmentation throughout Oklahoma City's mental health and substance use service landscape. As people move between different care settings and providers — such as from inpatient to outpatient services or between various levels of care — they navigate a complex and disjointed network of organizations.

Transitions in behavioral health — such as moving from one level of care to another (e.g., inpatient to outpatient), being discharged from a hospital or treatment facility, or leaving a correctional facility — are periods of elevated risk for people with mental health or substance use disorders. Without planning and coordination, people are at risk of suicide, overdose, and other poor outcomes.

While some partnerships and connections between providers exist, stakeholders reported these are often informal. The absence of a coordinated system means that services are often "siloed," limiting their reach and impact. Discharge and follow-up processes are often inadequate, shifting this burden onto patients and their caregivers.

One of the most significant barriers to effective collaboration is competition for funding. Organizations often view each other as rivals; some stakeholders called it a "turf war." This competitive atmosphere and reluctance to collaborate results in inefficient, duplicated services, undermining the system's ability to serve people in need.

Poor care transitions put especially vulnerable groups at higher risk for medical complications, treatment disruptions, hospital readmissions, suicide, and overdose.

Especially vulnerable populations in Oklahoma City include:

- Young people, ages 16 to 25, especially those in the foster care or juvenile justice systems
- Low-income people and people experiencing homelessness
- People being discharged from inpatient settings or crisis care
- People involved in the criminal legal system

STAKEHOLDER PERSPECTIVE

"My patient gets discharged; I don't get a phone call. This is the same doctor I have emailed, I have left messages, I've called, texted. No call. How about a discharge summary? I get nothing. The patient is just dropped back to the family. The family doesn't know what the diagnosis is, what medications, what aftercare. No aftercare appointment set up. This is pretty much standard in Oklahoma City. One family discharge coordination meeting could make a huge impact."

Addressing high-risk period after release from hospitals

In the month after a person is released from a hospital ER, they are at especially high risk for suicide and overdose.

- For suicide, the 30 days following discharge from the ER is the highest risk time for suicide attempt or death among patients at risk for suicide, and the first week after discharge is an especially critical window for preventing deaths.[68]
- Oklahoma County had 2,317 ER visits for suicidality in 2023, the highest in the state.[69] Roughly 70% of people who leave the ER after a suicide attempt never attend their first outpatient appointment, which would equate to about 1,600 people in Oklahoma County.[70]
- For every suicide death, there are about 10 ER visits for self-harm; this would be about 980 visits in Oklahoma City in 2024.[71]
- For overdose, 20% to 30% of patients who die of an overdose do so within one month of their most recent non-fatal overdose.[72]
- About 5.5% of patients treated in the ER for a non-fatal opioid overdose die within the year[73] — that would be roughly 13 people in Oklahoma County.

STAKEHOLDER PERSPECTIVE

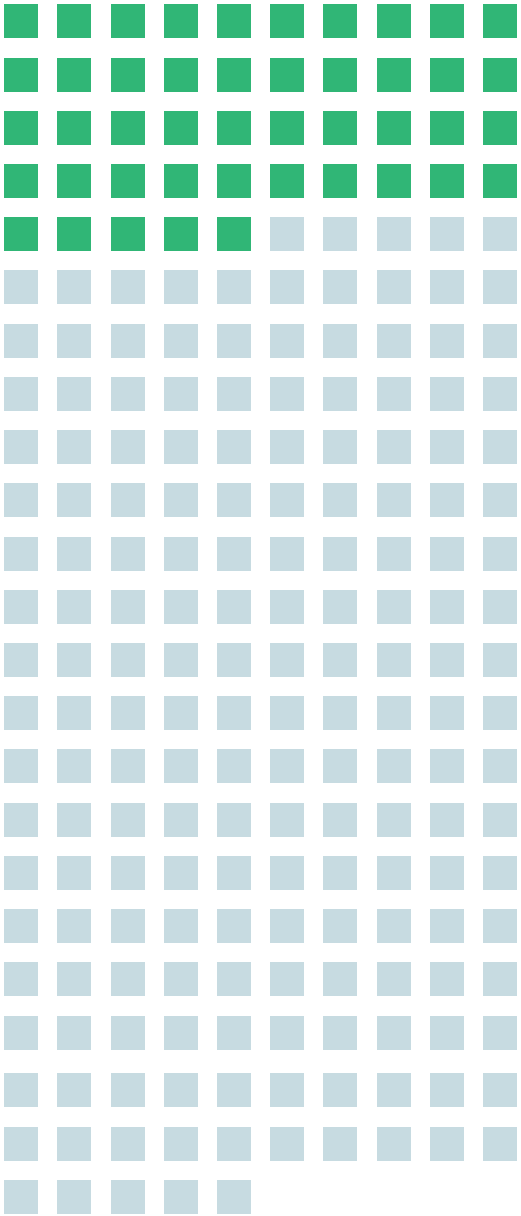
"I have a very good friend whose husband died by suicide, and it was a transition issue. He was inpatient and they just didn't get enough help to get him transitioned out, and then he was left kind of on his own. They said go see the doctor. It's those kinds of things, where there's these huge gaps when someone's in crisis, that I'm concerned about."

Addressing high-risk periods after release from incarceration

Similarly, people being released from incarceration are also at especially high risk for suicide and overdose.

- People being released from jail have an overdose death rate 15 times higher than the general population.[74]
- Almost one-fifth of all overdose deaths were among individuals recently released from jail.[75] Applied to Oklahoma City, this equates to an estimated 60 people who died of overdose in 2023.
- Nearly 20% of suicides in the U.S. occur among those who were released from jail in the past year, and 7% were by those in their second year of jail release.[76] Applied to those released from Oklahoma County jail, in 2023, would have meant 4,511 individuals were at risk of suicide in their first year discharged.

Figure 27: Visualizing those at risk of suicide after release from Oklahoma County jail



Approximately **22,500 people** — about 100 for each square — are released from the Oklahoma County jail every year. Nearly 20% of suicides in the U.S. happen among people who were released from jail in the past year, which means about **4,500 people** released from jail in Oklahoma County each year are at elevated risk for suicide.

= about 100 people

Mental health provider availability and capacity

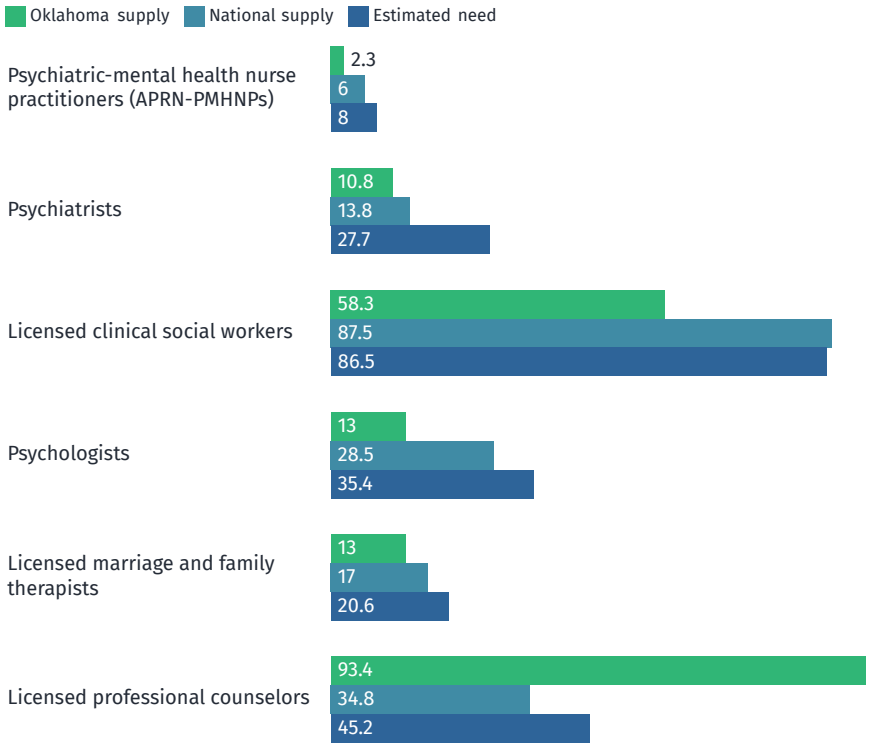
Workforce challenges are another barrier to accessing mental health services in Oklahoma City. With a shortage of behavioral health providers in all counties across Oklahoma, providers are burned out and stretched thin by high caseloads. Many providers in private practices do not accept insurance (often because of administrative burden and inadequate reimbursement rates), and patients may face long wait times for assessments and psychiatric care.

Stakeholders also said Oklahoma City lacks culturally responsive care and providers equipped to meet underserved populations' mental health and substance use needs.

Integrating mental health care into primary care settings could increase access and help identify behavioral health challenges early, offering better opportunities for intervention.

Oklahoma City's workforce challenges are not unique to the city; across the state, nearly all types of behavioral health providers are in short supply, especially psychiatric providers and psychologists.

Figure 28: Oklahoma supply and need for behavioral health providers, rate per 100,000



Source: Health Resources and Services Administration, Oklahoma state licensure boards

STAKEHOLDER PERSPECTIVE

"There is really good care in the metro area, with that caveat: everyone is extended beyond their reach in their roles. Even the most skilled, strongest mental health professional, they are being stretched to the nth degree because of the need."

STAKEHOLDER PERSPECTIVE

"I see a lot of misdiagnoses because providers aren't educated on what to look for in terms of cultural competency. That in turn has devastating effects on clients and potential clients.

"This afternoon I'm meeting with a small group in northeast OKC, primarily African American staff. They have a waiting list because many Black people want to see a Black therapist, and they cannot hire enough staff to meet that need."

Diverting residents to appropriate settings of care

An effective crisis response system can deploy the right level of care depending on a person's need, whether over the phone, via a response in the field, or in a facility like an urgent recovery center. While Oklahoma City has promising new resources and all three elements of the ideal crisis system — someone to call, someone to respond, and a safe place to go — we still found an overreliance on emergency rooms for mental health crises instead of community-based crisis response.

Figure 29: Elements of the ideal crisis system

Someone to call
988 or local crisis lines

Someone to respond
Mobile crisis teams or alternative response teams

A safe place to go
Urgent recovery centers or crisis centers

Comparing community-based crisis response to ER utilization

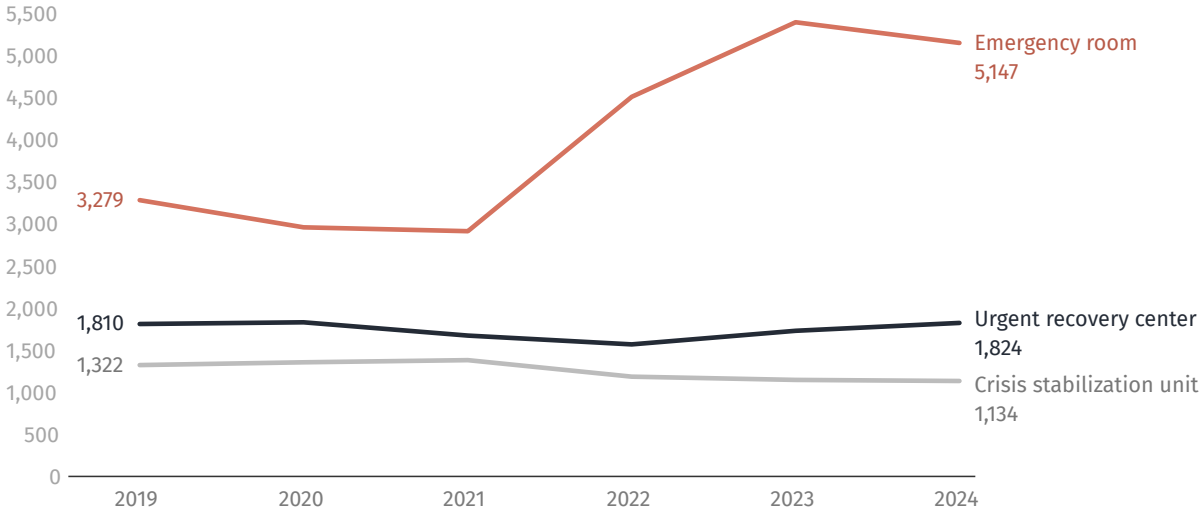
ODMHSAS claims data suggest that emergency rooms are often the default destination for Oklahoma City residents experiencing a mental health crisis.

- Mental health-related ER visits in Oklahoma City dipped during the pandemic but surged in 2022 and beyond, with the share of ODMHSAS clients visiting the ER rising from 10% in 2019 to 15% in 2024.
- High rates of ER visits for mental health concerns signal gaps in community-based prevention, early intervention, crisis response, and ongoing treatment services. ERs are often ill-equipped for mental health crises, underscoring the need for stronger community-based alternatives.
- Addressing these needs requires strengthening crisis intervention programs, expanding access to community-based mental health services, and ensuring adequate insurance coverage and provider availability to reduce avoidable ER visits and improve long-term mental health outcomes in the community.

- From 2019 to 2024, the number of clients who visited urgent recovery centers and crisis stabilization units stayed relatively steady — even as more clients visited ERs for mental health issues.
- However, despite the number of urgent recovery center clients staying relatively constant, the average number of services per client increased from about 1.5 services per person to nearly 1.9 per person between 2019 and 2024.
- Crisis stabilization units also saw an increase in service intensity, going from about 7.6 services per client in 2019 to nearly 9.6 per client in 2024.
- The Oklahoma City Crisis Collaborative, which includes operators of the city's crisis services, found that Oklahoma City lacks a place to go for people with co-occurring medical and psychiatric needs, which may explain higher ER use.

Figure 30: ODMHSAS clients with at least one behavioral health-related emergency room visit vs. crisis center visit in Oklahoma City

Number of ODMHSAS clients with at least one behavioral health-related emergency room visit in Oklahoma City vs. clients at urgent recovery centers and crisis stabilization units



Source: Oklahoma Department of Mental Health and Substance Abuse Services

Crisis centers

Urgent recovery centers use a chair-based model for stays under 24 hours, providing crisis assessment, intervention, and referrals.

Crisis stabilization units offer bed-based care for stays averaging 5–7 days, with psychiatric and substance use stabilization, treatment planning, and medication management.

Both are available 24/7/365 as a "no wrong door" access point for people in crisis, aimed at diverting people from emergency rooms for behavioral health crises.

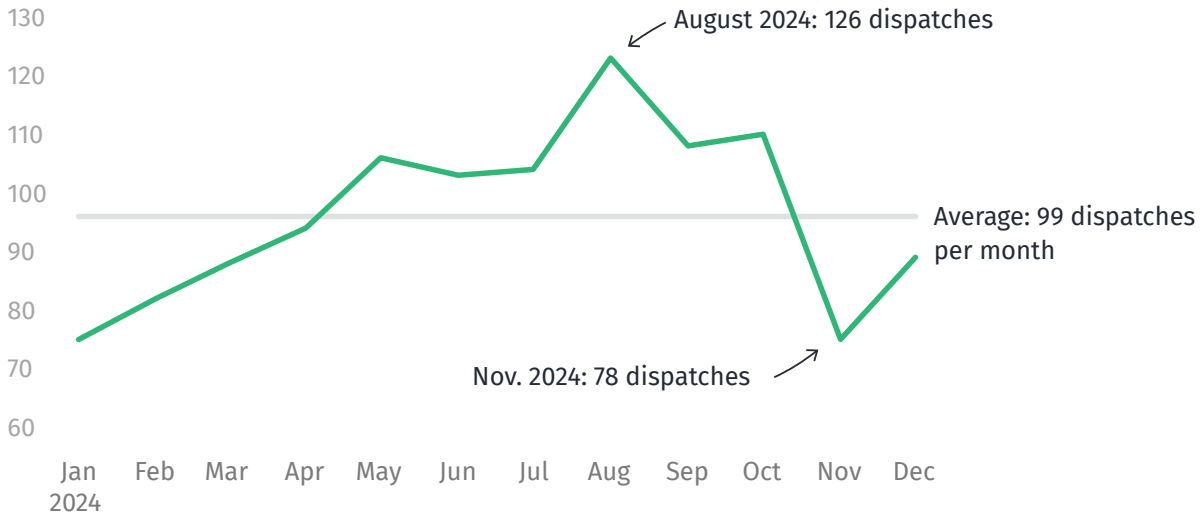
Both are staffed by multidisciplinary teams of psychiatrists, nurses, behavioral health professionals, and peers with lived experience. Since the launch in 2013 of the Oklahoma County Crisis Intervention Center, the state's first urgent recovery center, Oklahoma City has added two others: Red Rock Urgent Recovery Clinic and Hope Community Services Urgent Recovery Center.

Mobile crisis dispatches

Between January and December 2024, there were 1,193 mobile crisis team dispatches in Oklahoma City — about 99 per month on average, making up 30% of all calls. August saw the highest demand with 126 dispatches. Around 31% of these calls were stabilized in the community. Each CCBHC in Oklahoma City operates a mobile crisis team.

- The number of mobile crisis team dispatches in 2024 was very low relative to the number that Oklahoma City should see annually, and it helps explain the city's excessive ER visits for mental health issues (on average, 429 a month).
- A recent Healthy Minds report found that in Oklahoma City, nearly half (43%) of mobile crisis team dispatches through 988 were initiated from law enforcement calls (including 911 transfers).

Figure 31: Mobile crisis dispatches by month in Oklahoma City, 2024



Source: Oklahoma Department of Mental Health and Substance Abuse Services

STAKEHOLDER PERSPECTIVE

"I hope that Oklahoma City ... recognizes that crisis mobile is in its infancy. ... volume is going to be substantially bigger and it's way harder to catch up than to fund long-term."

Diversion away from the criminal legal system

Robust community-based crisis services can also prevent unnecessary involvement with law enforcement or the criminal legal system for people who need behavioral health treatment.

Today, the criminal legal system and mental health in Oklahoma City are deeply intertwined. In 2023, the Oklahoma City Police Department responded to nearly 15,000 mental health-related calls, and about half of people booked into the Oklahoma County jail had a history of mental health problems.

A fully scaled crisis response system could help the city divert thousands of 911 calls to 988 or local crisis lines, as well as avoid over 4,300 jail bookings and about 11,300 ER visits in Oklahoma County.[77]

Alternative response models

In May 2025, Oklahoma City launched the Mobile Integrated Healthcare program, a diversion initiative embedded in the Oklahoma City Fire Department. Developed with the Oklahoma City Public Safety Partnership and the city's Crisis Intervention Advisory Group, the program includes a new crisis call diversion program that places behavioral health professionals directly within the 911 call center.

Similar to existing 988 transfers, this approach is expected to save officers time by allowing non-emergency behavioral health calls to be addressed without requiring a police response. Oklahoma City offers a promising model, having reduced police dispatches to behavioral health-related calls by 57% through partnerships with 988 and local crisis providers.

Intensive community-based treatment

Oklahoma City's CCBHCs provide a foundation for intensive community-based treatment. However, Oklahoma City — and the state as a whole — lack any Forensic Assertive Community Treatment teams, which help prevent adults with serious mental illnesses from getting caught in a cycle of jail bookings and incarcerations. (See **page 42** for our analysis of Programs of Assertive Community Treatment services in Oklahoma City.)

Jail-based services

For Oklahoma City residents already involved in the justice system, access to appropriate behavioral health services is challenging. Interviewees described the mental health services provided in jail as insufficient and inconsistent.

STAKEHOLDER PERSPECTIVE

"Services in house are poor and sparse. They call it 'psychotherapy' to go by for 10 minutes, 20-30 people a day. The transition back out of the correctional facility to make sure if they need housing... we should do what we can to prevent that they come back next week."

STAKEHOLDER PERSPECTIVE

"You have inconsistency over how [mental health] treatment is provided. Are people being allowed to take their medications? Are they being dosed appropriately? Hold these providers accountable for the care being rendered."

In February 2025, Oklahoma County Jail saw an 85% drop in contraband and overdose incidents after implementing more thorough screenings for staff and detainees.[78] Jail leadership has also expanded interventions such as higher officer pay, crisis intervention training, and faith-based services, while collaborating with organizations like the Urban League of Greater Oklahoma City to provide education, job readiness, and reentry support.

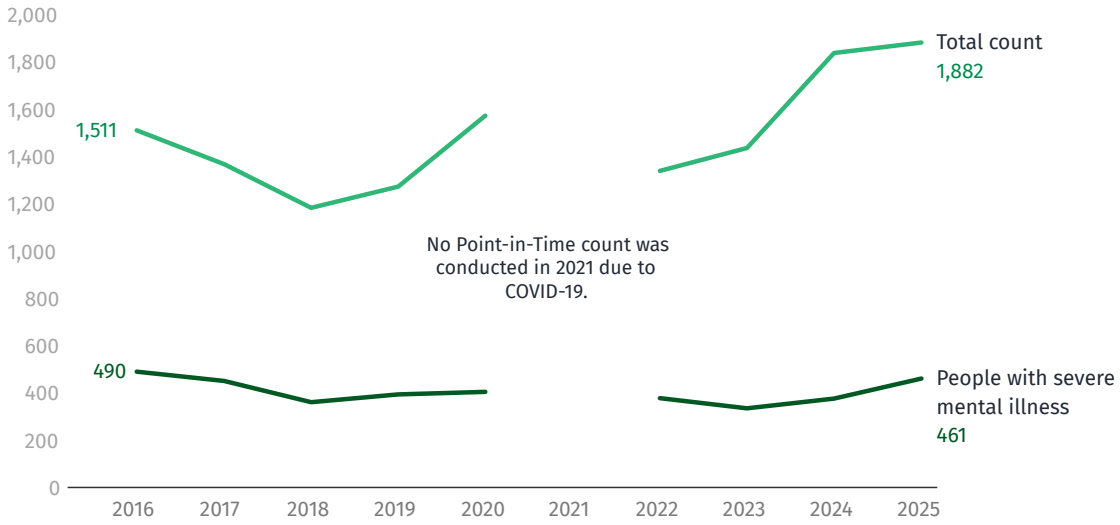
In addition to the efforts described above, the city's Diversion Hub offers programs like case management, justice navigation, treatment court for individuals with mental health substance use conditions, and court ordered outpatient recovery navigation to reduce recidivism for justice-involved Oklahoma City residents.[79]

Intersection of homelessness, mental health, and incarceration

Oklahoma City must also address how homelessness intersects with mental health and the criminal legal system: according to the 2025 Point-in-Time count, a snapshot of homelessness in Oklahoma City, the number of unhoused people with a severe mental illness increased by 22% from 2024 to 2025. One in four unhoused people reported living with a serious mental illness.[80]

In addition to ongoing reforms and existing strong community partnerships, Oklahoma City can break the cycle of crisis and incarceration by investing in prevention and treatment, ensuring smooth transitions of health care services and resources from correctional facilities to the community, and providing long-term support for people with mental health needs.

Figure 32: Oklahoma City Point-in-Time count of people experiencing homelessness



Source: Oklahoma City Point-in-Time reports from 2019, 2020, and 2025

Addressing missing intensive community-based services

Oklahoma City faces a growing need for more intensive mental health services, especially to address the intersections between mental illness, homelessness, and criminalization.

People with complex needs often cycle between homelessness, ERs, and the criminal legal system, illustrating gaps in intensive community-based care.[81]

Mismatch in need vs. access to intensive services

Roughly 25,500 adults in Oklahoma City have a serious mental illness. But in 2024, only about 8,100 adults with a serious mental illness received services through the state-funded safety net behavioral health system. While people could receive services outside the state-funded system, it's likely that a significant portion of people with serious mental health needs are not receiving necessary care.

An even smaller share of children and youth with serious emotional disturbance (the term for serious mental illness among youth) received care through the state-funded system. (See **page 50** for our full analysis of service access for children and youth.)

Serious mental illness is a mental, emotional, or behavioral disorder that substantially impairs a person's ability to function and limits or interferes with major life activities. Schizophrenia is an example of a serious mental illness.

Figure 33: Oklahoma City clients with serious mental illness or serious emotional disturbance served in the state-funded mental health system

Estimated prevalence in the population vs. ODMHSAS clients for fiscal year 2024

Condition	Percent in population	Estimated population in Oklahoma City	Number served	Percent served
Serious mental illness (18+)	5%	25,500	8,129	31%
Serious emotional disturbance (6-17)	10%	11,500	1,892	16%

Sources: Oklahoma Department of Mental Health and Substance Abuse Services; SAMHSA 2022 National Survey on Drug Use and Health; Williams, N. J., Scott, L., & Aarons, G. A. (2018). Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. Psychiatric services (Washington, D.C.), 69(1), 32–40

An effective model for intensive community-based care for people with serious mental illness is the Programs of Assertive Community Treatment, or PACT, model. PACT is designed for people who are at high risk of experiencing psychiatric crises, hospitalization, and involvement in the criminal legal system.

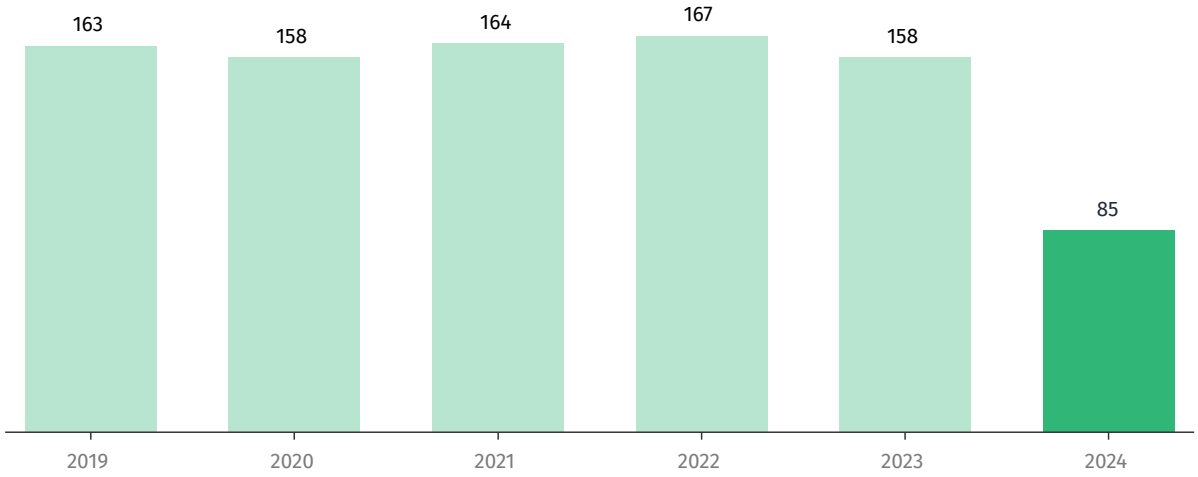
PACT delivers comprehensive, long-term mental health care through multidisciplinary teams that provide services directly in the community, including 24/7 crisis intervention, symptom management and medication support, integrated substance use disorder treatment, daily living skills assistance and social skills training, peer recovery coaching, person-centered assessment and treatment planning, and family support.

A recent Healthy Minds analysis found that far fewer people receive PACT services across Oklahoma than those we estimate would be eligible for and benefit from this type of care.

In 2024, only 85 people in Oklahoma City received PACT services through ODMHSAS-funded providers. But we estimate the city needs five full-time PACT or Forensic ACT (FACT) teams to meet the needs of approximately 338 adults who would benefit from this level of care, based on an average caseload of 72 individuals per team per year.[82, 83]

By 2050, the projected need is expected to increase to six full-time teams as the population in need grows to 423 individuals, about a 25% increase.

Figure 34: Number of Oklahoma City clients receiving PACT services by fiscal year



Source: Oklahoma Department of Mental Health and Substance Abuse Services

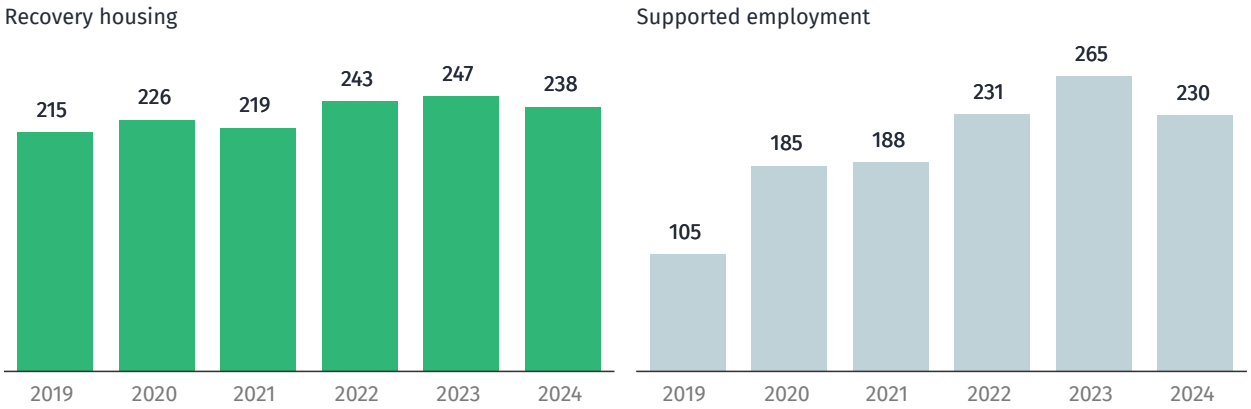
We also found relatively low use of recovery housing and supported employment services in the state-funded system, two evidence-based strategies that can support people with serious mental illness or substance use challenges in meeting their basic needs and promoting independent living in the community.

- Recovery housing provides safe, supportive, and substance-free living environments for individuals in recovery from substance use disorders.
- Stable housing is an essential social determinant of health that can promote recovery, reduce the risk of relapse, and contribute to wellbeing.
- The number of clients receiving recovery housing services in Oklahoma City has remained relatively stable over time, consistently representing less than 1% of all clients served by ODMHSAS.
- The number of clients receiving supported employment services has more than doubled since 2019, although these services also account for less than 1% of the total clients served.
- Supported employment helps individuals with serious mental illness or substance use disorders find and maintain competitive, integrated employment. One supported employment model, the Individual Placement and Support model, has been found to be very cost-effective — it saves the individual served and taxpayers a combined $8,000 dollars, far more than the cost of delivering the program. Because these programs are so effective, they help employers fill empty positions during times of low unemployment.
- Expanding access to supported employment and recovery housing services could strengthen Oklahoma City's continuum of care and improve outcomes.

STAKEHOLDER PERSPECTIVE

"One of the biggest problems is discrimination for the mentally ill. We just completed a major study of evictions in OKC and Tulsa – 51% of people we helped were disabled and of those people, 25% were evicted because they were disabled, and those are people who were mentally disabled. They're being kicked out of their homes, not because they're necessarily bad tenants, but because they're different ... Basically, acting in accordance with their disability gets them evicted. We're constantly fighting that discrimination."

Figure 35: Oklahoma City clients receiving recovery housing and supported employment services



Source: Oklahoma Department of Mental Health and Substance Abuse Services

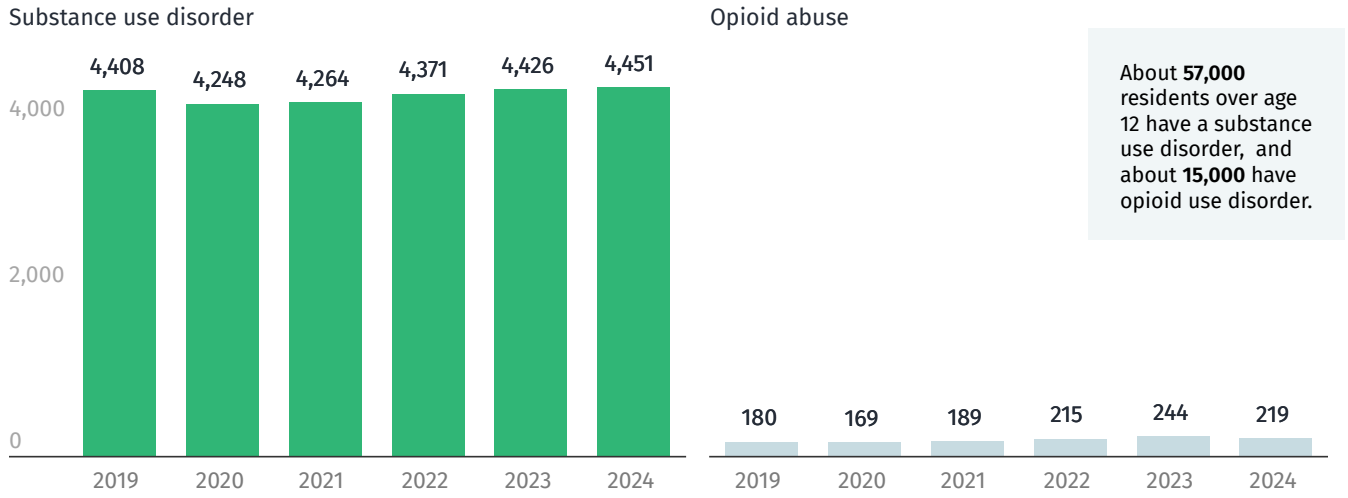
Access to substance use treatment

Roughly 57,000 residents over the age of 12 have a substance use disorder in Oklahoma City, including about 17,000 with drug use disorder[84], over 15,000 with opioid use disorder[85], and more than 46,000 with alcohol use disorder.[86]

While we would not expect all residents who meet criteria for a substance use disorder to be served in the state-funded mental health system, we found that fewer than 5,000 Oklahoma City residents were ODMHSAS clients with a primary diagnosis of substance use disorder.

Fewer than 300 Oklahoma City ODMHSAS clients had a primary diagnosis of opioid use disorder and received at least one service in 2024.

Figure 36: Number of ODMHSAS clients in Oklahoma City receiving at least one service by primary diagnosis



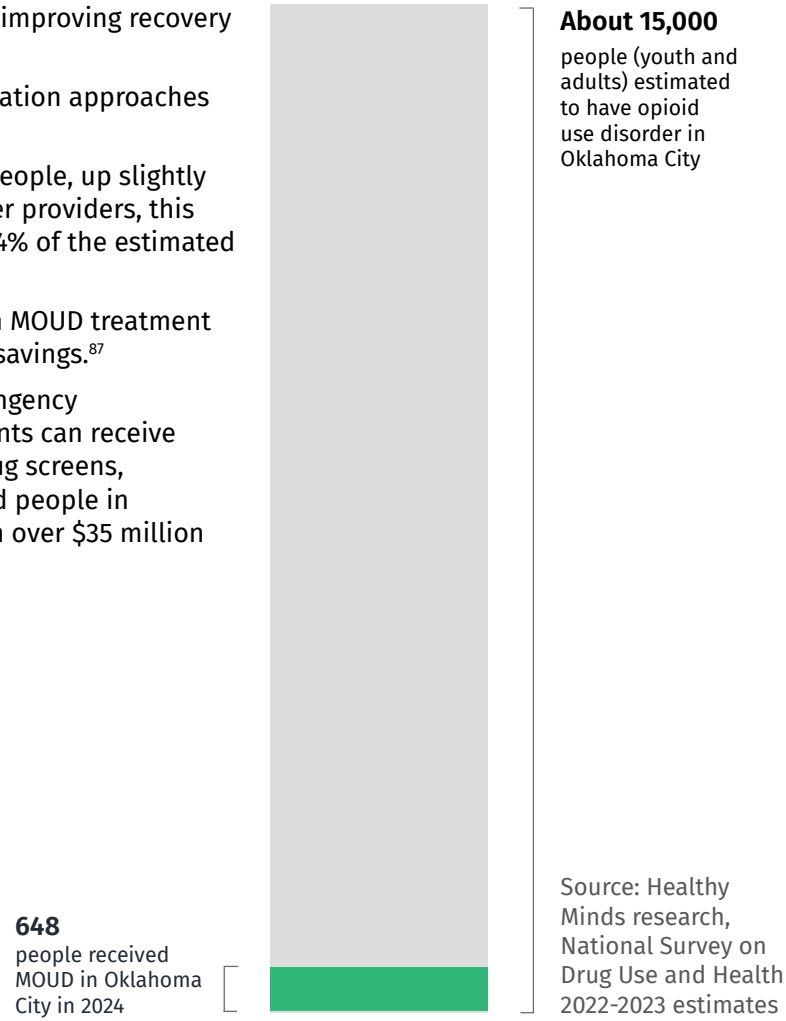
Source: Oklahoma Department of Mental Health and Substance Abuse Services

Note: ODMHSAS uses the term “opioid abuse” as a category for primary diagnosis based on the ICD-10, a standardized classification system for billing related to diseases and symptoms. A person can have multiple diagnoses but only one primary diagnosis, so it is possible, for example, that not all clients with substance use disorder are represented in the left chart above.

Despite the levels of need, we found very limited use of medications for opioid use disorder (MOUD), the evidence-based standard of care for treating opioid use disorder.

- MOUD uses FDA-approved medications like methadone, buprenorphine, and naltrexone to reduces opioid cravings and use, lowering the risk of overdose and death and improving recovery outcomes.
- Research has consistently shown that MOUD is more effective than non-medication approaches and is recommended for all individuals with opioid use disorder.
- In 2024, Oklahoma City's CCBHCs and CCARCs provided MOUD services to 648 people, up slightly from 600 the year before. While it is possible people received MOUD from other providers, this represents the largest providers of MOUD in the city — and they only reached 4% of the estimated people in need of MOUD.
- If at least half (7,542) of people with opioid use disorder in OKC participated in MOUD treatment with buprenorphine, the community could realize an estimated $37 million in savings.[87]
- Similarly, a common incentive-based relapse prevention program called contingency management has strong evidence of success for opioid use disorder. Participants can receive small rewards for treatment and recovery-oriented behaviors like negative drug screens, adherence to MOUD, and engagement in group therapy. If half of the estimated people in Oklahoma City with opioid use disorder received contingency management, an over $35 million benefit could be seen in the community.[88]

Figure 37: Unmet need for MOUD services in Oklahoma City

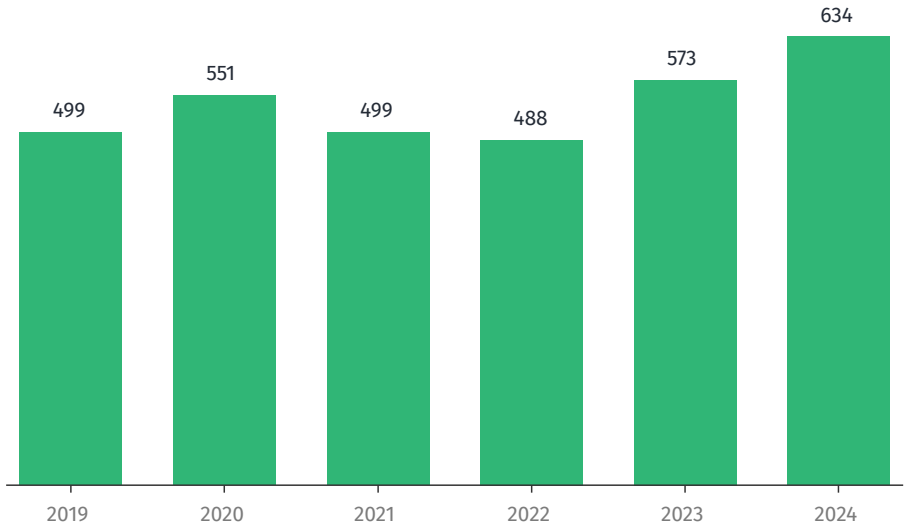


We also found low use of detoxification services. Only about 2% of ODMHSAS clients received detox services annually, despite rising overdose deaths and about 13.5% having substance use disorder as a primary diagnosis.

More clients, however, have received residential substance use disorder treatment in recent years. Residential treatment involves 24/7, professionally directed care in a live-in setting, playing a critical role in stabilizing individuals who may not succeed in outpatient settings.

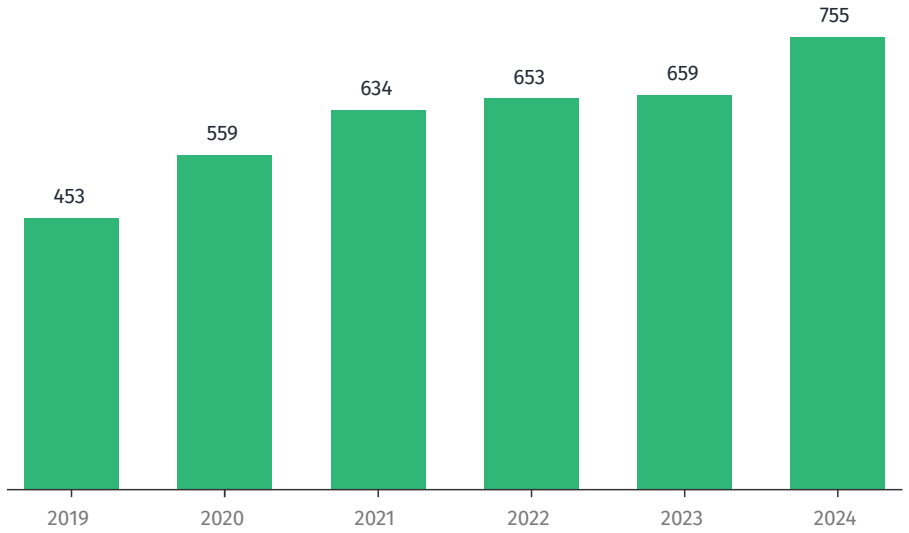
This increase could reflect expanded access to services or better referral pathways, for example, or it could point to rising severity in substance use patterns, where more intensive levels of care are necessary to address a person's substance use related needs.

Figure 38: Number of Oklahoma City ODMHSAS clients with at least one detox service by year



Note: These totals include anyone who received a service coded as "medically supervised withdrawal management services for adults."

Figure 39: Number of Oklahoma City clients with at least one residential substance use disorder treatment service by year



Note: Residential substance use disorder counts exclude dependent children of those receiving residential treatment.

Source for charts: Oklahoma Department of Mental Health and Substance Abuse Services

Investing in children and youth to strengthen community wellbeing

Despite high levels of youth behavioral health need and pervasive risk factors for future mental health and substance use challenges, we found evidence of a reactive — rather than proactive — behavioral health system for youth in Oklahoma City, with fewer young people receiving lower levels of care in recent years.

Too few children and youth in Oklahoma City benefit from prevention programs and early, upstream levels of care. Because of this, we found an overreliance on higher levels of care, where treatment is far more expensive, restrictive, and needs have intensified.

Proactive, preventative mental health care for Oklahoma City youth must be a priority for the city's future.

Greater need for prevention services for youth

As a developing large city, Oklahoma City has an array of protective services and support for children and youth from local behavioral health agencies, non-profit organizations, and schools. Two large-scale examples include EmbraceOKC at Oklahoma City Public Schools and the city's MAPS community development initiative. Both of these citywide efforts have made strategic investments to increase access to school- and community-based mental health services and neighborhood youth centers.

Still, we found a lack of universal prevention services in schools and opportunities to improve resources and interventions even earlier in a child's life. Taking a communitywide approach to fostering healthy development requires understanding our gaps in preventive and treatment services for all children and youth across the city.

Infant and early childhood mental health

Data from the National Survey of Children's Health indicate that 19% percent of children ages 2 to 8 had at least one mental disorder. Of these children and youth, 9.1% reported not receiving any needed health care.[89] If Oklahoma City follows national trends, we estimate that among the 66,797 children ages 2 to 8 in Oklahoma City, 12,691 would have a mental health disorder, including 1,155 who didn't receive needed health care.

- An expert stakeholder identified that Oklahoma City could improve its resources available to identify and intervene with infant and young children experiencing early life trauma, which can have lasting mental health impacts. Compared to Tulsa, Oklahoma City has made less progress in developing a workforce for infant and early childhood mental health evaluation and treatment.

STAKEHOLDER PERSPECTIVE

"Oklahoma does a really good job when it comes to responding to things, but I think we need to use that same skill for preventative things. We don't need to wait until the floor falls out before we start making sure our foundation is solid."

- While Oklahoma City has assets like the University of Oklahoma Child Study Center and Sunbeam Family Services that provide evidence-based services for young children, city-wide healthcare integration of infant mental health providers and resources are limited.
- Some families qualify for Children's First, a nurse-family partnership program through the Oklahoma State Department of Health, the services are only available for the first pregnancy with additional income and gestation term limitations.
- The Substance use Treatment and Recovery (STAR) prenatal clinic at the OU Health Science Center is unique for OKC, offering specialized pregnancy care for people with a substance use disorder. In the STAR program both the mother and baby get their medical needs met and the mother is connected to appropriate treatment services.
- The recent closure of Red Rock's Jordan's Crossing clinic left OKC without an important niche for residential substance use treatment where pregnant or parenting women could live and receive treatment with their children.

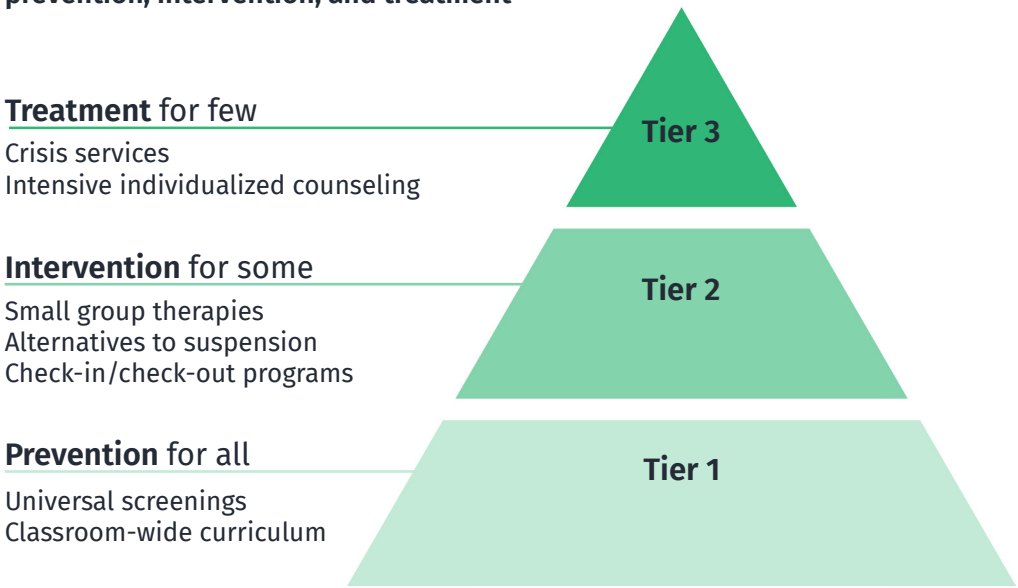
School-based mental health

Two of Oklahoma City's largest public school districts have formally adopted a multi-tiered system of support framework to prevent and intervene with students' mental health problems early and provide mental, emotional and behavioral support to all students based on tiered levels of need.

Both districts reported a high percentage of students receiving elevated (tier 2 and tier 3) supports, suggesting a significant number of children and youth in Oklahoma City require more intensive interventions.

While the school districts also report on use of prevention programs (tier 1), they are not implemented on a universal scale as intended.[90] For example, Botvin LifeSkills Training, an evidence-based program to reduce substance use and violence among youth, was implemented in only 11 Oklahoma City schools over the past three years.

Figure 40: The multi-tiered systems of support model for prevention, intervention, and treatment



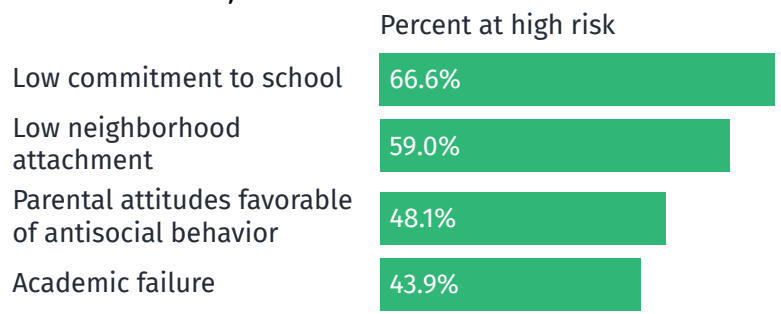
The PAX Good Behavior Game, another evidence-based program for elementary students, has shown long-term benefits in preventing substance use and mental health issues later in life.[91] The program reached about 1,325 Oklahoma City students annually over the last six years.

In the last school year (2024-2025), about 3,008 first graders were enrolled in public schools in Oklahoma City.[92] If all Oklahoma City first graders received the PAX Good Behavior Game for one or two years, the community could realize an estimated:

- 289 fewer young people developing substance use disorders
- 107 fewer developing alcohol use disorders
- 146 fewer young women will likely contemplate suicide
- 198 fewer young men will likely attempt suicide
- $39 million predicted net savings

State funding for mental health and substance use prevention services in Oklahoma City are low. Only two of Oklahoma City's five public school districts — Oklahoma City and Western Heights — currently receive state funding that support primary prevention programs.[93]

Figure 41: Oklahoma City Public Schools students at high risk based on certain factors, 2023–2024



Note: The Oklahoma Prevention Needs Assessment is a survey of students in grades 6, 8, 10, and 12. Sixth graders were not asked about neighborhood attachment.

Source: Oklahoma Prevention Needs Assessment survey

Fewer children are receiving community-based behavioral health services

Despite persistently high levels of need, fewer children and youth in Oklahoma City are receiving care through the safety-net behavioral health system in recent years.

From 2019 to 2024, the number of Oklahoma City children and youth served by ODMHSAS declined by 26%. Outpatient services — which for most youth should be the first and primary way they get help for mental health or substance use issues — fell by about 25% in the same period.

Among children and youth served by ODMHSAS in Oklahoma City, about 72% received care from local providers, but 48% also sought services outside the city. This could point to gaps in service availability, capacity, or specializations.

More non-Oklahoma City youth, about 10,600, accessed mental health and substance use services from providers in Oklahoma City than local youth did, about 7,600.

In 2024, one in three people served by ODMHSAS in Oklahoma City were under 18. Among these children and youth, almost one in five (18%) were identified as having a serious emotional disturbance, the term for serious mental illness in youth.

Outpatient treatment is designed to be the most accessible and least restrictive form of care, offering therapy, counseling, case management, and medication support in community settings such as CCBHCs.

When outpatient treatment is widely available and easy to access, the whole behavioral health system functions better. But when fewer children and youth are connecting to outpatient care — especially amid rising mental health needs — it often signals a breakdown in the system's ability to intervene early, keep pace with demand, or address families' needs.

Figure 42: ODMHSAS clients ages 0 to 17, with and without serious emotional disturbance

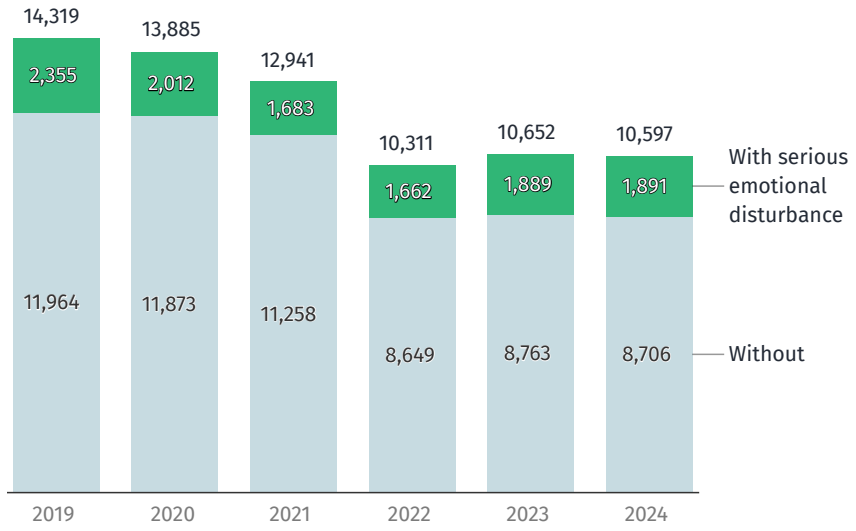
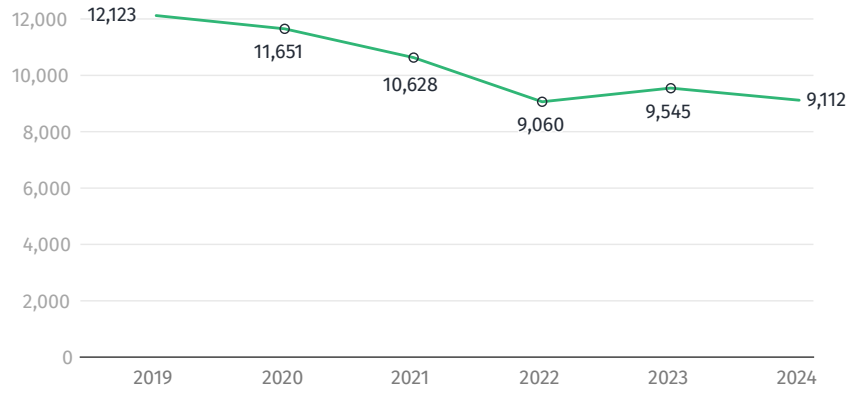


Figure 43: Youth clients with at least one outpatient service



Source for both charts: Oklahoma Department of Mental Health and Substance Abuse Services

Types of outpatient services provided

Counseling therapy is the most common type of outpatient service children and youth in Oklahoma City receive, but the number of young people receiving this type of care has fallen significantly in recent years.

At the same time, other outpatient service types have grown: case management and psychiatric rehabilitation have both seen significant increases, and care coordination has more than doubled.

This trend suggests that many children and youth now require more comprehensive and intensive supports. It could be a sign of a system doing more to address the social and functional aspects of behavioral health, but also a sign of a system stretched too thin — especially as fewer children are receiving counseling and therapy services that can prevent problems from escalating.

Figure 44: Youth clients with at least one outpatient service, by service type

Source: Oklahoma Department of Mental Health and Substance Abuse Services

A mismatch in access to crisis and intensive services for youth

In a well-functioning behavioral health system, emergency room visits for mental health crises should be rare. But Oklahoma City saw about a 27% increase in mental health-related ER visits from 2022 to 2024 among children under 18 who were on Medicaid.

Compared to ER visits and the number of children and youth with serious mental health challenges, the number of youth receiving mobile crisis or crisis stabilization services is critically low.

Mobile crisis services for children and youth increased 78% from FY 2022 to FY 2024, likely accelerated by the implementation of Oklahoma's 988 program. Despite the increase, Oklahoma City's capacity for youth mobile crisis response must keep pace with increasing need and to correct inappropriate increases in ER use.

About 135 children and youth accessed crisis stabilization services — short-term stays at centers designed to serve people in acute behavioral health crises — on average between 2019 and 2024. Oklahoma City has a youth crisis stabilization unit but currently lacks a dedicated children's urgent recovery center for under 24-hour crisis care stays.

Intensive home and community-based services

Only a small portion of the roughly 1,900 youth with serious emotional disturbance received intensive home- or community-based services in the safety-net behavioral health system in 2024.

Intensive home- and community-based services are critical, specialized supports designed to help families manage serious behavioral health challenges outside of clinical settings. These supports are also instrumental in preventing and responding to crises in appropriate settings.

Figure 45: Number of children under 18 on Medicaid with at least one emergency room visit by year

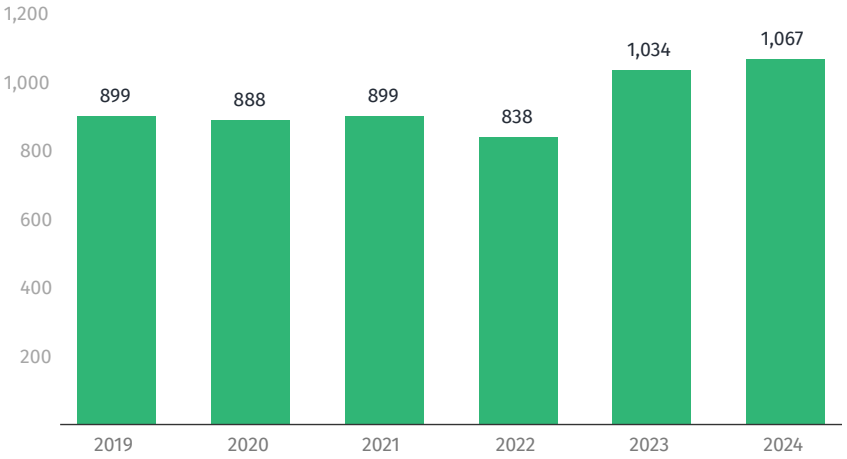
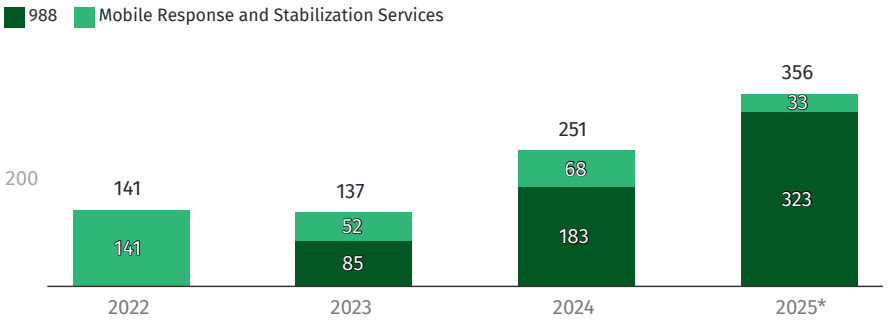


Figure 46: In-person responses by mobile crisis teams for youth under 17 in Oklahoma City, by fiscal year

In Oklahoma City, mobile crisis teams can be dispatched by 988, CCBHCs, or the Mobile Response and Stabilization Services program. After 988 launched in July 2022, it quickly made up the bulk of youth mobile crisis dispatches in Oklahoma City, and dispatches from Mobile Response and Stabilization Services decreased.



Source for both charts: Oklahoma Department of Mental Health and Substance Abuse Services

Note: 2025 is a partial fiscal year. Data representing youth mobile crisis responses self-dispatched by CCBHCs is not included in this chart.

Most youth who did receive these services through ODMHSAS or Medicaid did have serious emotional disturbance. But this still represents only a fraction of the total number of youth and families who would benefit from these services.

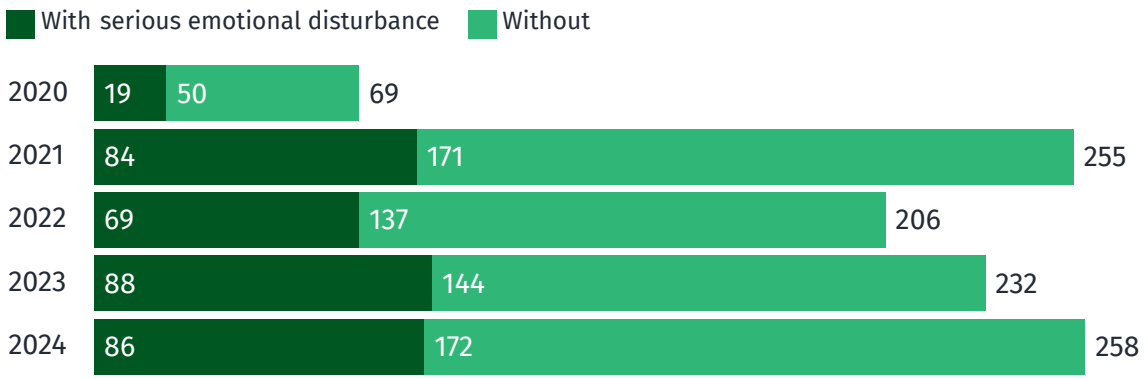
Inpatient services

Unlike declining outpatient services, there was a sharp rise in children and youth in Oklahoma City who received intermediate inpatient treatment through ODMHSAS or Medicaid, jumping from 69 in 2020 to 258 in 2024.

At this level of care, young people are experiencing symptoms too severe for outpatient care but don't need to be hospitalized long-term. An increase in this level of care likely signals unmet need at the outpatient, intensive community-based, or crisis steps along the continuum of care. When these lower, less restrictive levels of care are out of reach or inadequate, young people may be pushed into higher levels of care like inpatient.

A small but steady number of youth received acute inpatient services, the most intensive hospital-based treatment for youth in crisis, through ODMHSAS in recent years, ranging from 26 youth in 2020 to 38 in 2024. While it is a critical part of the behavioral health continuum, this level of care is resource-intensive and can be disruptive to young people's lives.

Figure 47: ODMHSAS youth clients with at least one intermediate inpatient service



Source: Oklahoma Department of Mental Health and Substance Abuse Services

Meeting residents' basic needs

Underpinning all of the other challenges we lay out in this report is the fact that a significant portion of Oklahoma City's population is unable to meet their basic needs, like getting enough to eat, having a safe place to live, and being able to earn a living wage. Without these foundational pieces of wellbeing in place, Oklahoma City residents' mental health will suffer — and mental health care will remain out of reach for them.

Oklahoma City has relatively low unemployment rates and high workforce participation, and hiring has grown, especially in the health care, food services, administrative support, retail trade, and transportation sectors. But we found that much of this job growth is in industries where wages are low, which means residents may still struggle to meet basic needs.

Figure 48: Typical annual salary by occupation, with top rising employment sectors in Oklahoma City highlighted

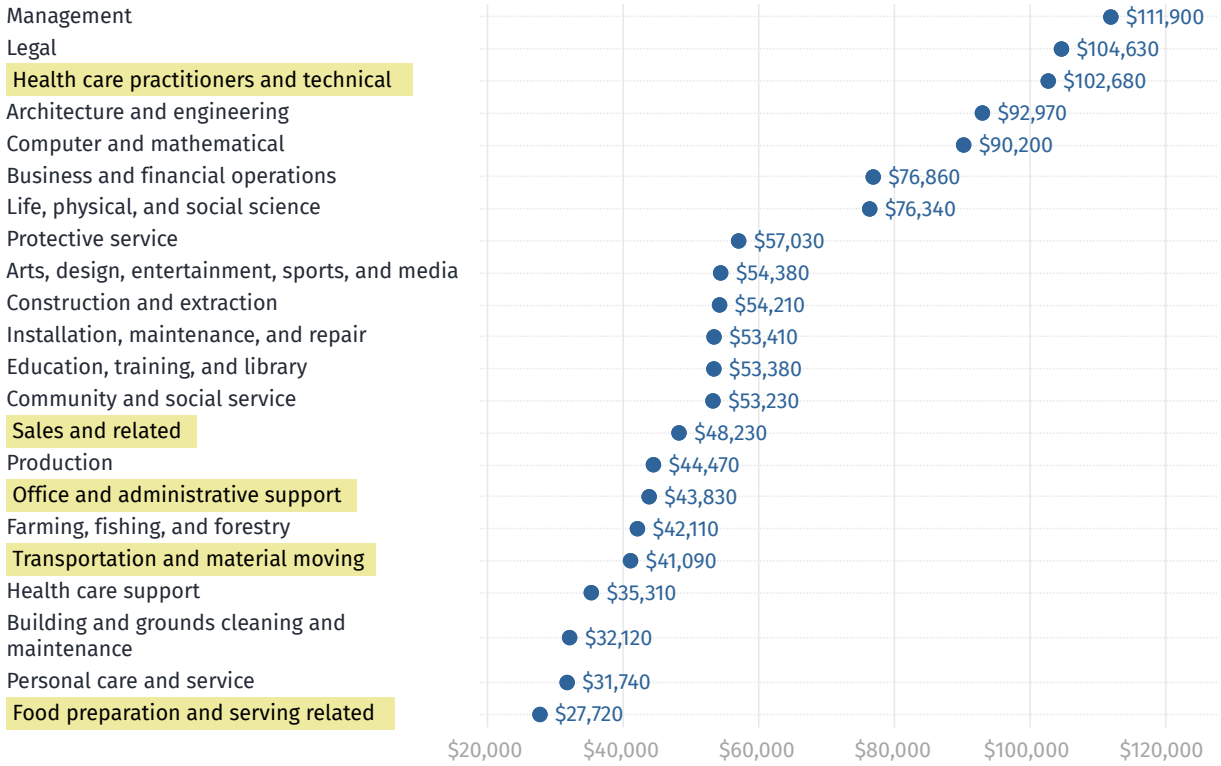
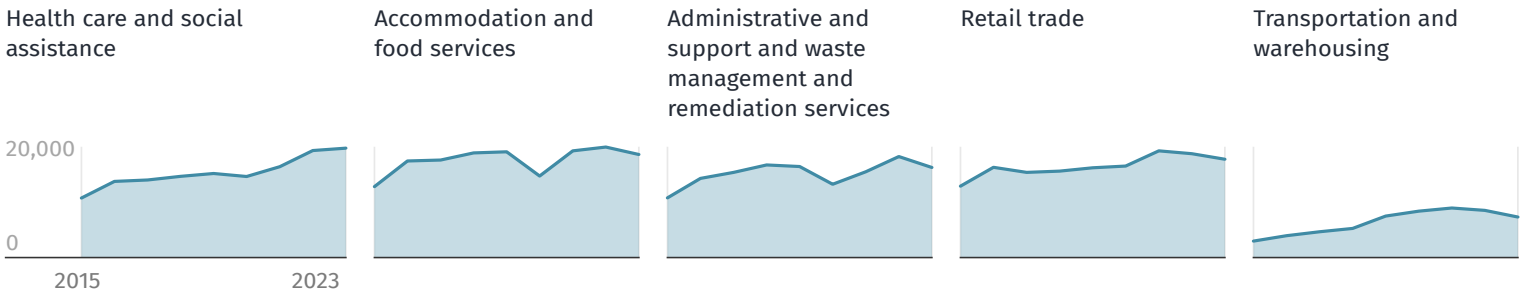


Figure 49: Top five sectors with rising employment in Oklahoma City



Source for Fig. 59: Living wage data sourced from the Living Wage Institute via livingwage.mit.edu

Source for Fig; 60: U.S. Census Bureau, Longitudinal Employer-Household Dynamics

Food insecurity

In Oklahoma City, about 18% of the population, or nearly 127,000 people, live in areas with inadequate food access.[94] This includes:

- Low-income areas[ii] that are more than a mile from a supermarket in urban regions (20 miles in rural regions), or
- Areas where more than 100 housing units do not have a vehicle and are more than half of a mile from the nearest supermarket.

About 12 to 15% of the population in Oklahoma City was estimated to be food insecure in 2022, according to Feeding America. However, less than half were likely to qualify for the Supplemental Nutrition Assistance Program, or SNAP, because of their income or assets.[95]

Inadequate and insecure access to food is strongly tied to poor mental health outcomes, including increased stress, depression, and anxiety,[96],[97] and negative physical health outcomes such as obesity and chronic disease.[98] One meta-analysis of 57 research studies found that people experiencing food insecurity are 2.74 times more likely to experience depression than those who aren't.[99]

We found that food pantry locations seem to be near areas of need, but stakeholders reported that it can still be taxing for residents to navigate food insecurity.

Strategies to address food insecurity in Oklahoma City could include:

- Strengthening partnerships between mental health programs and food pantries, such as co-locating services, to reduce the burden and time needed for clients to access nutritious food
- Screening mental health clients for food insecurity and work to reduce the stigma around utilizing food assistance programs[100]
- Ensuring all students, regardless of income, have access to free school lunches
- Implementing and connecting older adults to home-delivered and congregate meal services[101]

STAKEHOLDER PERSPECTIVE

"So many of our families use our food pantries that never did before. It increases the stress levels of the families and their ability to manage other things other than day to day survival."

ii Low income areas are census tracts that meet one of the following conditions: poverty rate is 20 percent or greater; the tract's median family income is less than or equal to 80 percent of the statewide median family income; the tract is in a metropolitan area and has a median family income less than or equal to 80 percent of the metropolitan area's median family income.

Housing instability

Nearly half of renters in Oklahoma City (48%) spend more than 30% of their income on rent, which means they are considered cost-burdened by housing.[102]

Nearly one in three children (30%) in Oklahoma City live in cost-burdened households,[103] and 7% of students in Oklahoma City Public Schools are homeless.[104]

Safe, affordable housing allows people to develop community ties and build social networks, maintain consistent employment, and experience consistency in education and schools. It also contributes to mental and physical wellbeing and economic opportunity.[105]

On the other hand, housing instability, unaffordability, and substandard living conditions are associated with negative outcomes, including these:

- Cost-burdened households spend 39% less on food and 42% less on health care than those that are not cost-burdened, which can lead to poor nutrition and delayed medical care.[106]
- Compared to households that are not cost-burdened, households that are cost-burdened save half as much and contribute less to retirement savings. [107]
- Among children, moving multiple times during childhood is linked to experiencing depressive symptoms in adulthood.[108]
- Living in housing with environmental hazards is linked to asthma, developmental delays, and chronic stress.[109]

Unstable housing contributes to transience, where families frequently move to new homes and sometimes, as a result, schools. This can disrupt students' learning, connectedness to school, and increase the risk of absenteeism.[110]

39%

of Oklahoma City Public Schools students were chronically absent, missing 10% or more of school days

31%

of students surveyed in the Oklahoma Prevention Needs Assessment survey said they did not feel safe in their neighborhood

67%

of students surveyed reported low commitment to school

STAKEHOLDER PERSPECTIVE

"If you don't have a place to live, you can't engage in services. Once people are in housing, then there's potential to provide more telehealth and especially home-based services."

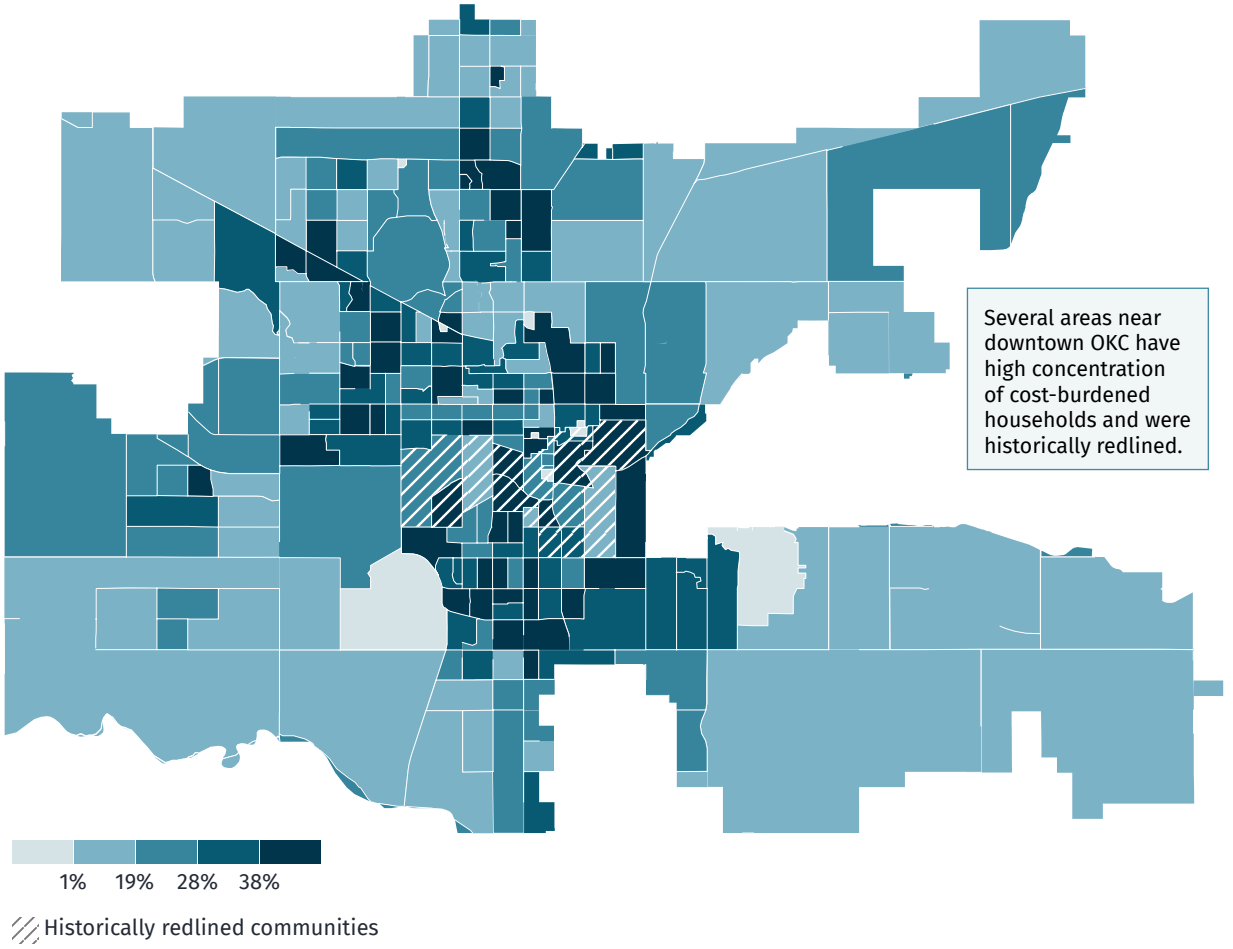
Historically redlined communities

More than 37,000 Oklahoma City residents live in historically "redlined" communities — neighborhoods where the federal government systematically disinvested based on race and ethnicity in the 1930s.[111] Historically redlined areas are associated with increased risk of adverse health outcomes, including diabetes, asthma, and mental health symptoms such as anxiety, depressive symptoms, and stress.[112]

Research shows that housing assistance programs can alleviate detrimental effects of inadequate housing on mental health.[113] One study found that children and youth ages 6 to 17 with housing instability are 1.57 times more likely to experience depression than youth with secure housing.[114]

Based on these data, we estimate that 20% (3,318 out of 16,814) of children and youth with unstable housing in Oklahoma City may experience depression before they turn 18. Because of other, compounding barriers associated with inadequate housing, these youth are also significantly less likely to receive mental health treatment.[115]

Figure 50: Percentages of housing units that are cost-burdened, overlaid with redlined communities



Cost of living

Oklahoma is often cited as one of the states with the lowest living costs nationally, ranking among the lowest in regional prices and recently as having the lowest cost of living among all large cities.[116, 117] But this may mask challenges many residents face, especially those with low incomes, families raising children, and people living in poverty. Despite Oklahoma City's overall affordability, many families struggle to make ends meet.

In Oklahoma City, 15% of residents live at or below the federal poverty level, including more than one in five children (22%). This economic hardship is not evenly distributed: Poverty rates are higher among Black (27%) and Hispanic (22%) residents, and people with less than a high school education (28%).

Figure 51: Cost of living vs. median income in Oklahoma City

Expense category	1 adult, 1 child	2 adults (1 working), 2 children	2 working adults, 2 children
Food	$6,203	$12,365	$12,365
Child care	$10,753	$0	$21,505
Medical	$8,952	$10,185	$10,185
Housing	$14,031	$14,031	$14,031
Transportation	$12,784	$18,529	$18,529
Civic	$4,557	$6,450	$6,450
Internet and mobile	$1,387	$1,969	$1,969
Other	$7,242	$9,120	$9,120
Annual taxes	$10,067	$8,969	$13,176
Required annual income before taxes	$75,975	$81,619	$107,331
Median annual income for number of earners	$54,286	$54,286	$109,059

Source: U.S. Census Bureau; MIT living wage calculator for the Oklahoma City metro area.

Note: While average income was not available for both family size and number of earners combined, data were available by family size and number of earners independently. We expect the true median income to fall somewhere between these two values.

STAKEHOLDER PERSPECTIVE

"At the essential level, if basic needs are not met, you're already behind and it's hard...the rate of pay is not increasing with the increased cost of everything."

STAKEHOLDER PERSPECTIVE

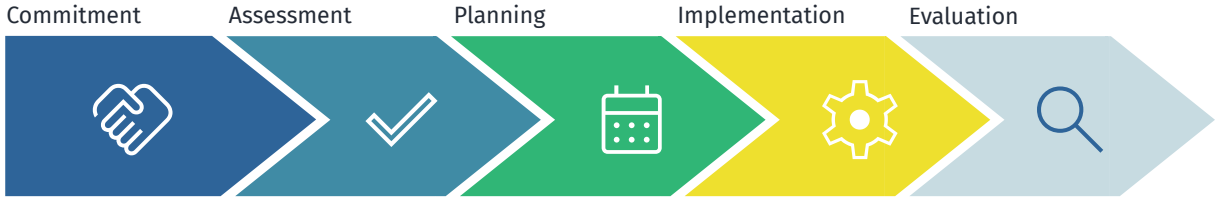
"The difference [is] between surviving and thriving. Thriving is being able to live a quality of life, and our leaders can help residents do that by advocating for increasing the living wage and access to mental and medical health care."

See **Appendix A** (page 64) for a breakdown of poverty rates by race and other demographic groups.

NEXT STEPS FOR OKLAHOMA CITY

Next steps for Oklahoma City

Oklahoma City is at a pivotal moment. Its rapid growth and urban transformation have created opportunities and challenges. But today, the community is primed for transformational change in the mental health of its residents, and progress is already underway.



Equipped with the findings and recommended areas of focus in this assessment, we recommend Oklahoma City's mental health leadership team now undergo a period of strategic planning to identify the evidence-based strategies that best fit the city's needs and develop the roadmap for mental health in Oklahoma City.

With coordinated and strategic investments in intensive services and community supports for people with complex needs, as well as strengthening prevention and early intervention, Oklahoma City can improve residents' mental health and solve some of the city's most pressing social problems. And by focusing on the challenges facing children and youth, Oklahoma City can ensure the city's next generation are empowered to live healthy, prosperous, lives.

Oklahoma City's tradition of civic unity and innovation provides a strong foundation for change. In harnessing this collaborative spirit, Oklahoma City can become a city of the future — one where all residents can thrive.

Recommended focus areas and example strategies

Removing structural and systemic barriers to care

- Consider transportation barriers to safety-net providers
- Strengthen care transitions and coordination between providers

Diverting residents to appropriate settings of care

- Strengthen community-based crisis response
- Increase intensive community-based services (such as FACT) to reduce recidivism

Addressing missing intensive community-based services

- Increase intensive home- and community-based services (such as PACT teams)
- Expand access to medications for opioid use disorder

Investing in children and youth to strengthen community wellbeing

- Scale universal school-based prevention programs
- Shift away from crisis care and toward upstream, outpatient care

Meeting residents' basic needs

- Improve access to essentials for wellbeing, including nutritious food, safe and stable housing, health care, and transportation

About this report

In 2024, the United Way of Central Oklahoma awarded Healthy Minds a WayFinder Innovation Grant to develop the Oklahoma City mental health leadership team to develop a strategic direction for the community.

Inasmuch Foundation generously supported this initiative by funding this community needs assessment to identify timely, data-driven mental health and substance use factors facing Oklahoma City to guide the leadership team's future planning and decision-making.

Healthy Minds Policy Initiative engaged community leaders in Oklahoma City to identify mental health needs and strengths and develop an action plan for improving the health and wellbeing of Oklahoma City residents.

Healthy Minds approached the community needs assessment with the understanding that mental health outcomes are influenced by a complex combination of social, economic, environmental, and individual factors, rather than a single cause. We gathered both quantitative and qualitative data to explore the prevalence of mental health challenges, the accessibility and quality of available services, and the community conditions that affect mental health. We also spoke with community members and stakeholders to understand the experiences and needs of people who live, work, and play in Oklahoma City. Our goal was to identify the strengths and gaps of the current mental health and substance use disorder treatment system in Oklahoma City and offer recommendations for improved experiences and outcomes for individuals across the lifespan.

Methods, data sources, and limitations

Most assessments of the mental health system to date, including those that have been conducted in Oklahoma, look narrowly at the mental health system. However, we know that a significant percentage of mental health needs and problems with substance use stem from a number of other community concerns, such as housing instability, domestic violence, child maltreatment, and food insecurity. Our assessment examines both mental health needs, and the prevalence of these other factors that tend to drive mental health needs in Oklahoma City.

We prioritized the most geographically specific and recent data available. Many sources of epidemiological data use county-level rates and estimates, because counties are more standardized geographical units than cities. Data from Oklahoma City were used whenever possible; if unavailable, we used Oklahoma County-level data,[118] followed by state-level data, and finally national estimates as needed. While Oklahoma County is not the same exact region as Oklahoma City, the vast majority of Oklahoma City residents (79%), reside within Oklahoma County.

We looked beyond individual factors to consider the broader social and environmental conditions that affect mental health. We also consulted with content area experts to ensure our findings and interpretations reflected current knowledge and local context.

Stakeholder interviews provide valuable insights into local experiences and system-level challenges, but they have limitations. Stakeholders' perspectives may not represent the full range of community voices and can be influenced by roles, organizational priorities, or social context. The depth and scope of information can also vary.

Quantitative data interpretation is limited by small sample sizes and confidentiality requirements, which may restrict data to highly localized trends. Service utilization data often come from billing or claims systems, which may not fully capture how services are authorized, coded, or reimbursed. These records may exclude informal or grant-funded services, misrepresent service intensity, or reflect incomplete administrative processes.

To gauge delivery of medication for opioid use disorder (MOUD) treatment, we asked treatment providers directly about their numbers of clients served. These numbers do not account for people who may have engaged with more than one provider in a given year. They also cannot account for whether all people served engaged in a full MOUD treatment plan; they represent only if someone visited an MOUD provider at least once.

Additionally, much of the available data, such as from ODMHSAS, primarily cover uninsured or publicly insured individuals, underrepresenting those with private insurance. Applying national or state-level prevalence estimates to Oklahoma City presents challenges, as well. Still, these data sources remain vital for understanding system-level patterns and identifying gaps — and often constitute the best data available. When combined with local expertise, qualitative insights, and other data sources, they offer valuable context for assessing service availability, community demand, and opportunities for improvement.

About Healthy Minds

Healthy Minds Policy Initiative is a non-profit, non-partisan policy organization that publishes research and analysis on mental health and substance use issues in Oklahoma, advocates for policy solutions that increase Oklahomans' access to care, and convenes community partners to build stronger local mental health systems. The organization was founded in 2019 by The Anne and Henry Zarrow Foundation and has offices and staff members in Tulsa and Oklahoma City.

APPENDICES

Appendix A: Employment and poverty analysis

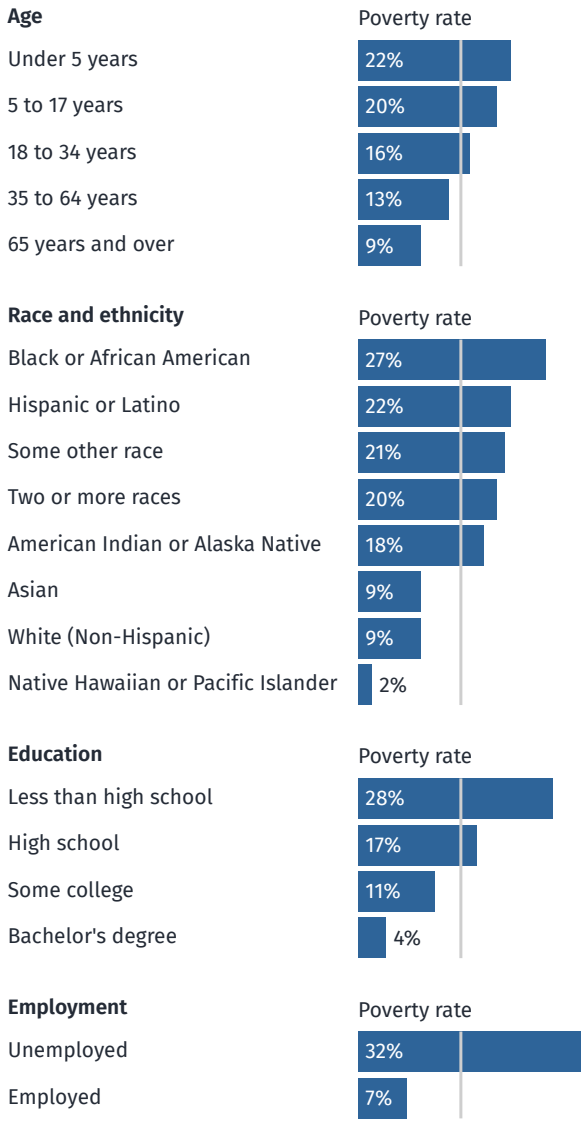
Poverty rates by demographic group

There is a well-established connection between poverty and mental illness, and research suggests a bidirectional link, where poverty worsens mental illness, and mental illness deepens poverty.[119]

National data show that adults living below the federal poverty level experience serious mental illness at rates 33% higher than the general adult population, while those living at 200% or more of the federal poverty level experience serious mental illness at rates 14% lower than average.[120]

In Oklahoma City, adults living below 200% of the federal poverty level make up an estimated 35% of the population but are expected to account for 44% of those with serious mental illness. This translates to more than 11,000 adults with low-income have serious mental illness in Oklahoma City.

Figure 52: Oklahoma City residents in poverty by demographic group, 2023



Note: The gray line represents the total population's poverty rate of 15% for comparison.

Source: U.S. Census Bureau

Job flows in and out of Oklahoma City

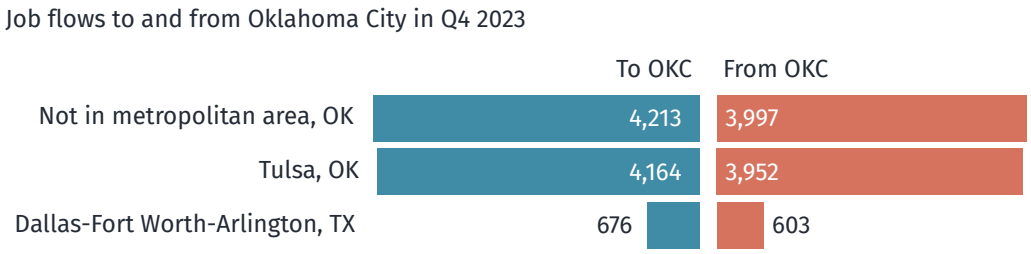
Employment outcomes and job-related migration data indicate that Oklahoma City is an economic hub in the state. Oklahoma City has lower unemployment and higher workforce participation relative to the rest of the state and the country. Furthermore, Oklahoma City is experiencing net employment-related in-migration, especially from Tulsa, Dallas, Texas, and rural areas of Oklahoma.

Basic needs comparisons to other regions

In comparison to several peer regions, we see that Oklahoma County is performing worse on several basic needs indicators, including uninsured rate, food insecurity, children in poverty, housing cost burden, and frequent mental distress.

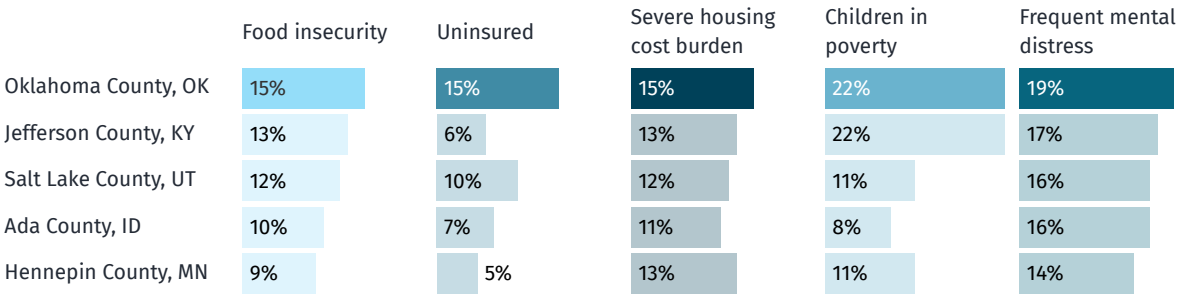
While city-specific data are preferred, most national health and sociodemographic datasets are reported at the county level to ensure consistency and comparability across regions, including County Health Rankings, CDC, and many U.S. Census datasets.

Figure 53: Top three regions for work-related moves involving Oklahoma City



Source: U.S. Census Bureau, Longitudinal Employer-Household Dynamics

Figure 54: How Oklahoma County compares on various measures of basic needs



Source: County Health Rankings, 2025 data measures

Note: We selected these comparison regions because they are similar in size to Oklahoma County and have diverse approaches to meeting community needs. For example: Minneapolis has a collaboration of nonprofits that functions together to form a safety net for community members[124], while Utah developed a behavioral health assessment and master plan to improve mental health and substance use disorder systems.[125]

Appendix B: 988 data for Oklahoma City

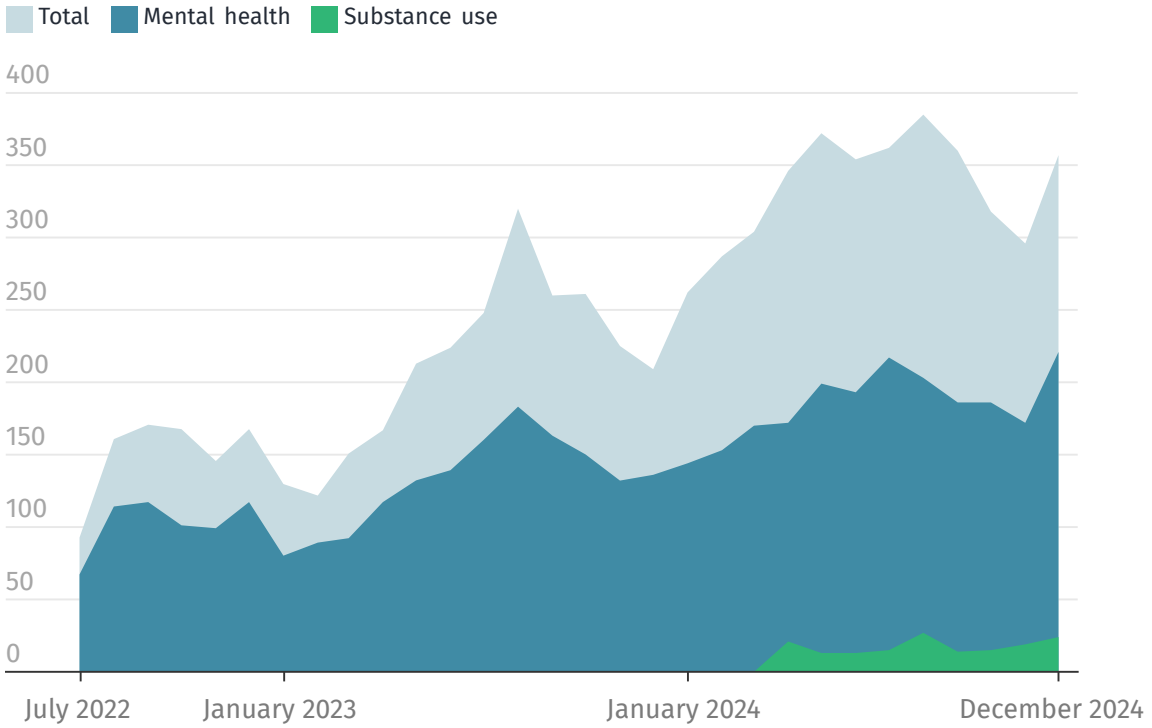
The 988 Suicide and Crisis Lifeline launched in July 2022. In 2024, the 988 Lifeline received 3,448 calls in Oklahoma City.[121] Calls increased by 80.14% from 2023 to 2024. Nearly a third of callers (31%) were stabilized in the community in 2024, reducing the need for higher-intensity interventions.

Calls were answered quickly, averaging 22.4 seconds, though this falls slightly short of SAMHSA's quality assurance benchmarks, which aim for 95% of calls to be answered within 20 seconds and 90% within 15 seconds.[122]

While information about the reasons for the calls is not available at the city or county level, statewide, the top reasons for calling were for care coordination (25%), self-harm and suicidality (21%), and depression (12%).[123]

Stakeholders reported that despite increasing calls increased year over year, there is hesitancy within the community about 988, signaling opportunities to improve trust or increase public messaging.

Figure 55: Oklahoma City calls to 988, from July 2022 to December 2024, by month



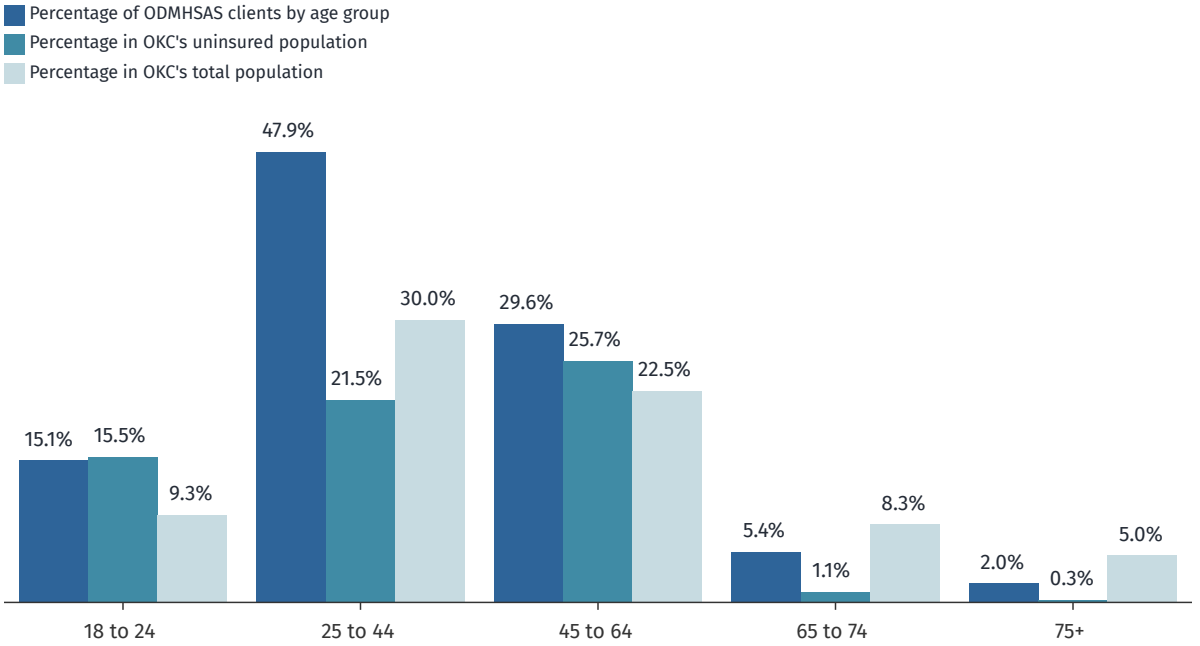
Source: Oklahoma Department of Mental Health and Substance Abuse Services

Appendix C: ODMHSAS clients in Oklahoma City, broken down by age, sex, race, and ethnicity

ODMHSAS is the state's safety net for mental health and substance use treatment. In Oklahoma City over the past 6 years, approximately 32,600 people per year received mental health services funded by ODMHSAS, with an average of 803,702 behavioral health services provided annually.

- From 2019 to 2024, each person received about 25 services per year.
- Women represented higher proportion of ODMHSAS clients than men.
- In FY 2024, adults aged 25–44 made up the largest share of service users (47.9%), followed by those 45–64 (29.6%). These age groups often face significant stressors, including work pressures, financial strain, and family responsibilities, which can contribute to mental health and substance use challenges. This period of life is also when serious mental illness, such as depression and schizophrenia, can make people more dependent on the publicly funded system.
- The percentage of individuals aged 18 to 24 and 45 to 64 receiving services from ODMHSAS closely aligns with the distribution of uninsured individuals in Oklahoma City, suggesting that state-funded providers are effectively reaching their target population across these age groups.

Figure 56: ODMHSAS clients with at least one service, by age, compared to Oklahoma City population



Source: U.S. Census Bureau; Oklahoma Department of Mental Health and Substance Abuse Services

Note: We compared ODMHSAS clients ages 18 to 24 with the percentage of uninsured individuals ages 19 to 25.

Race and ethnicity

In FY 2024, 57% of Oklahoma City clients who used at least one behavioral health service were White and 24% were Black.

Black residents made up 24% of service users, even though they represent only 13% of the city's population and 12% of the uninsured. This suggests higher behavioral health needs and greater social and economic disparities among Black residents, who also experience higher poverty rates than other racial groups.

The percentage of Hispanic and non-Hispanic Oklahoma City residents in the ODMHSAS claims data closely aligns with their representation in the overall population but is significantly lower than their share of the uninsured population. This disparity may indicate barriers to accessing state-funded mental health services among uninsured Hispanic communities or differences in mental health needs.

Figure 57: ODMHSAS clients with at least one service, by race, compared to Oklahoma City population

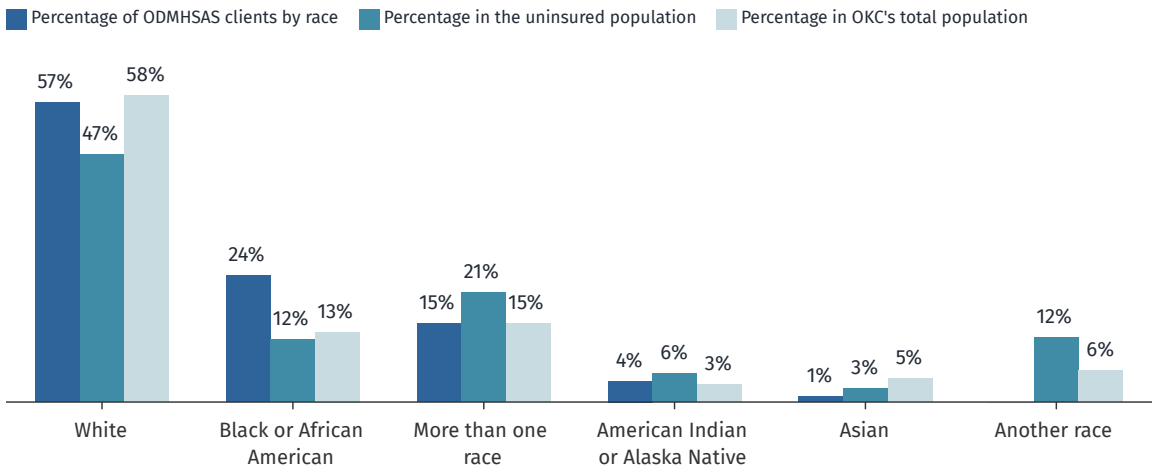
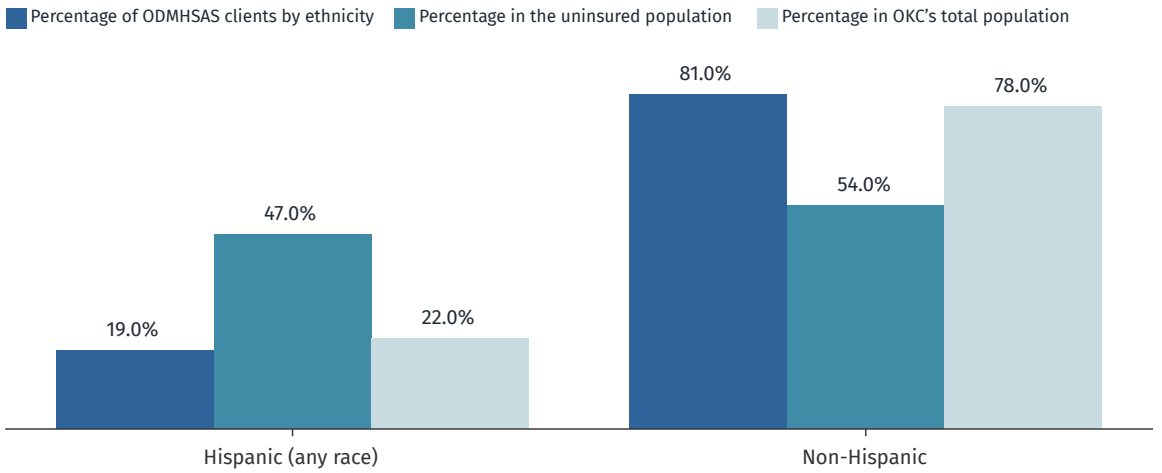


Figure 58: ODMHSAS clients with at least one service, by ethnicity, compared to Oklahoma City population



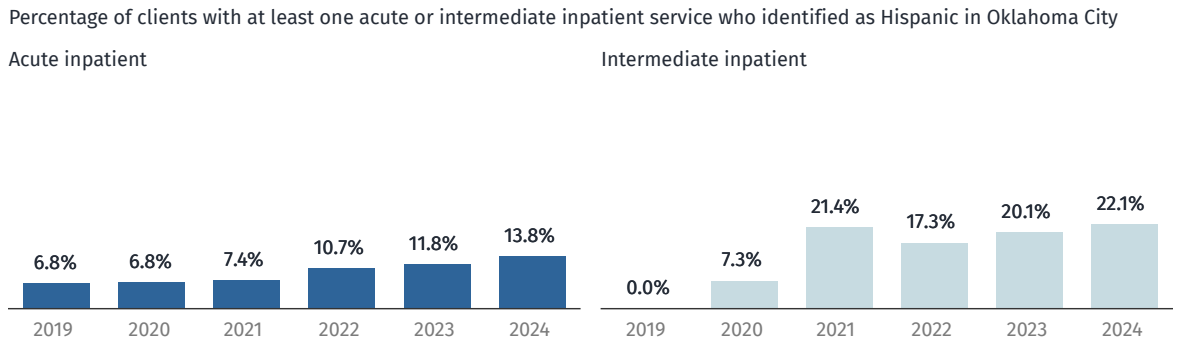
Source for both charts: U.S. Census Bureau; Oklahoma Department of Mental Health and Substance Abuse Services

Inpatient treatment

The percentage of Hispanic clients receiving acute and intermediate inpatient services from ODMHSAS in Oklahoma City has risen steadily since 2019, while their representation in outpatient services has remained stable.

This could indicate that Hispanic people face barriers to outpatient care, leading to delayed intervention and a greater need for higher-level, crisis-driven inpatient treatment.

Figure 59: Percentage of clients receiving inpatient psychiatric services by ethnicity



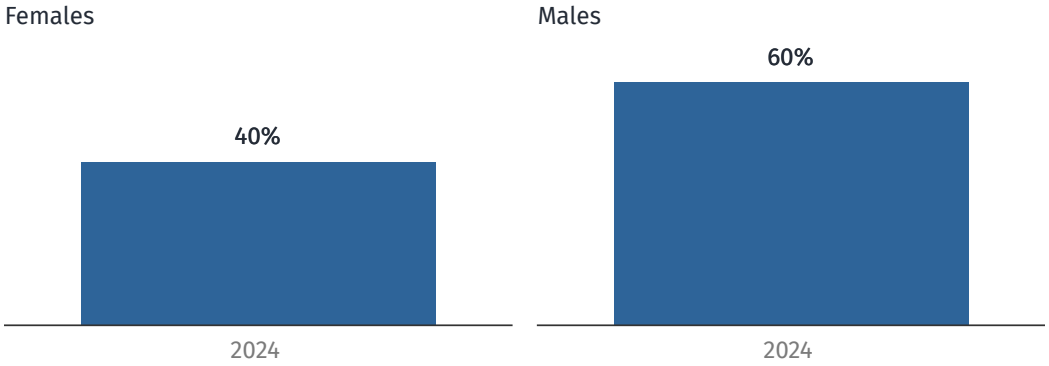
Residential substance use treatment

In FY 2024, a disproportionately high percentage of males received residential SUD treatment through ODMHSAS-contracted providers compared to both the overall Oklahoma City population and the overall distribution of ODMHSAS claims.

This is consistent with broader trends in substance use treatment, where men are more likely than women to engage in higher-intensity services, such as residential treatment, often due to higher rates of substance use, particularly involving alcohol, methamphetamines, and opioids.

This disparity may also reflect gender differences in substance use severity, treatment-seeking behaviors, and referral patterns. Interviewees noted other factors, such as caregiving responsibilities or stigma.

Figure 60: Percentage of clients receiving residential substance use treatment by sex

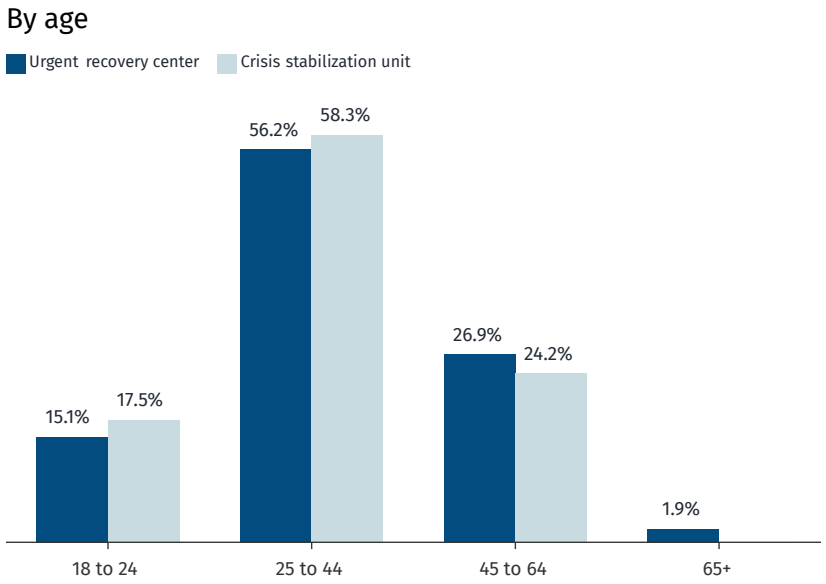


Source for both charts: Oklahoma Department of Mental Health and Substance Abuse Services

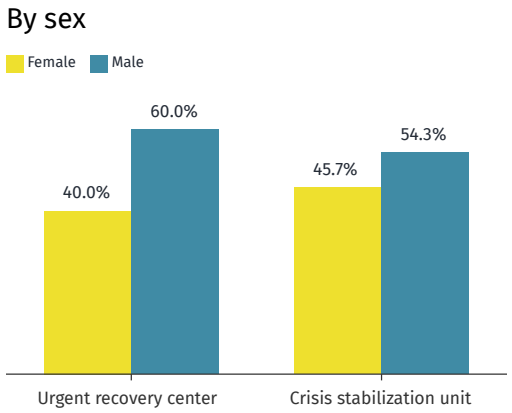
Urgent recovery center and crisis stabilization units

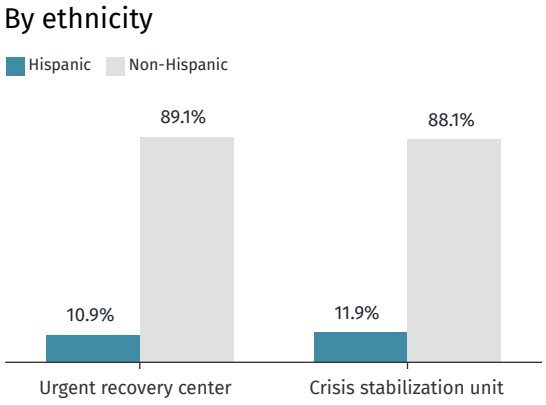
Men are disproportionately represented among crisis center clients, despite a balanced gender split among those with behavioral health problems. This likely reflects higher acute substance use needs among men, as well as possible differences in help-seeking and referral patterns. Racial, age, and ethnicity distributions among crisis service users generally mirror broader population trends.

Figure 61: Percentage of clients receiving crisis stabilization unit and urgent recovery centers treatment and services by age, sex, and ethnicity



Note: Percentages were calculated based on available unsuppressed counts. The percentage of crisis stabilization clients over 65 could not be calculated due to suppressed counts.





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