

Oklahoma Senate Committee on Appropriations
2014-15 Performance Report
Oklahoma Department of Mental Health & Substance Abuse Services

Agency Mission Statement:

The mission of the Oklahoma Department of Mental Health and Substance Abuse Services is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans. This mission was established and adopted by the agency's appointed governing board approximately nine years ago, and is incorporated in all that the department currently does to promote productive lifestyles and set the national standard for mental illness and substance abuse prevention, treatment and recovery.

Lead Administrator:

Terri White, MSW
Commissioner
Oklahoma Department of Mental Health and Substance Abuse Services
1200 NE 13th Street
Oklahoma City, OK 73152-3277
(405) 522-3877
tlwhite@odmhsas.org

Governance:

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) governing board is an eleven-member body appointed by the Governor and confirmed by the Oklahoma State Senate. Members set broad departmental policy and, through application of provider certification standards, ensure the quality of mental health and substance abuse programs across Oklahoma. The board is also responsible for the hiring of the agency's Commissioner (lead administrator) and for fiscal oversight.

Membership of the Board shall consist of the following:

One member, who shall be a physician licensed to practice in this state, and one member, who shall be a psychiatrist certified as a diplomat of the American Board of Psychiatry and Neurology, shall both be appointed from a list containing the names of not less than three physicians and not less than three psychiatrists submitted to the Governor by the Oklahoma State Medical Association;

One member, who shall be an attorney licensed to practice in this state and shall be appointed from a list of not less than three names submitted to the Governor by the Board of Governors of the Oklahoma Bar Association;

One member, who shall be a psychologist, licensed to practice in this state, who shall be appointed from a list of not less than three names submitted to the Governor by the Oklahoma State Psychological Association;

Three members, qualified by education and experience in the area of substance abuse recovery, who shall be appointed from a list of not less than ten names submitted to the Governor by a state association of substance abuse recovery programs or organizations for terms ending on December 31, 2002, December 31, 2004, and December 31, 2006, respectively; and

Four members who shall be citizens of this state, at least one of whom shall be either a current or former consumer of mental health services.

Current members of the Board include:

J. Andy Sullivan, MD - (**Chairperson**) - Oklahoma City, Oklahoma

Gail Henderson, M.Ed. - (**Vice-Chair**) - Edmond, Oklahoma

Brent Bell, DO - Oklahoma City, Oklahoma

Bruce T. Fisher - Oklahoma City, Oklahoma

Henry Haynes, Ed.D. - Vinita, Oklahoma

Joel Carson - Oklahoma City, Oklahoma

Major Edward Pulido - Oklahoma City, Oklahoma

Mary Anne McCaffree, MD - Oklahoma City, Oklahoma

Paul Pierce, M.D. - Oklahoma City, Oklahoma

Ronna Vanderslice, Ed.D. - Weatherford, Oklahoma

Stewart Beasley, Ph.D. - Edmond, Oklahoma

Committee's and subgroups of the Board include:

- Finance Committee (Budgeting and revenue/expenditure monitoring);
- Performance Improvement Committee (Organization improvement initiatives including review of efficiency efforts and enhanced quality of consumer care)
- Corporate Accountability Committee (Review of consumer rights, staff management and staff performance)
- Provider Certification Committee (Review and recommendations related to facility certifications as authorized in Title 43A)

Governance Accountability:

Electronic copies of ODMHSAS Board minutes for 2011 and 2012 are as follows:

2014 Board Meetings*

November 21, 2014: [Agenda](#) | [Attachment A](#)
November 21, 2014 (Real Property Trust): [Agenda](#)
September 26, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)
August 22, 2014: [Agenda](#) | [Minutes](#)
June 27, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)
May 23, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)
March 28, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)
January 24, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)

2013 Board Meetings

November 15, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)
November 15, 2013 (Real Property Trust): [Agenda](#) | [Minutes](#)
September 27, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)
June 28, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)
May 24, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)
March 22, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)
January 25, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

* The minutes for the November 21, 2014, meeting of the Board and Real Property Trust have not yet been approved for posting.

Modernization Efforts

ODMHSAS has aggressively moved to modernize agency practices, increase efficiencies and create a system for continuous improvement in the services provided to all Oklahomans. Some of the key strategic efforts initiated and noteworthy accomplishments in the past year include:

- Agency administration costs have been aggressively reduced, including significant reductions to payroll resulting in the department's incredibly low indirect cost rate of less than 3.0% (lowest among any state behavioral health agency and lower than any other Oklahoma state agency).
- The department continues to implement changes and improvements concerning the state's behavioral health Medicaid services that have included millions of dollars in cost avoidances within the program, improved use of evidence-based practices and a significant reduction to the annual 14% Medicaid growth rate experienced prior to the department assuming program responsibility. Program growth for FY-2016 is only 1.7%...less than \$3.5 million.

- During the FY12 legislative session, responsibility for the behavioral health portion of Medicaid was shifted from the Oklahoma Health Care Authority to ODMHSAS. The shift of behavioral health Medicaid responsibilities has resulted in almost \$40 million in state savings from the use of evidence-based purchasing in just the last two years. Annual Medicaid growth prior to the transfer was at 14%, a rate that has been slashed by more than 90%. This reduced rate of growth has resulted in \$100.3 million in avoided behavioral health care Medicaid costs that would have occurred had the OHCA average growth trend continued. In addition, ODMHSAS implemented a rule change limiting mental health psychosocial rehabilitation services to a specific eligibility criteria. This rule change is estimated to provide a \$26 million cost savings to the state and includes a \$19.9 million in savings for the PSR criteria change, a \$5.7 million savings from the reduction of all billable provider hours (limited to 35 hours per week) and a change to partial-hospitalization prior authorization requirements estimated to save \$770,000. The department seeks to limit costs and preserve services to as many at-risk children as possible.
- More than 55,000 Oklahomans receive telemedicine services through the department annually. Over a measured two-year period, the department saved approximately \$5.8 million by utilizing telemedicine capabilities.
- Over the past three years, ODMHSAS has received over \$10 million towards the agency's initial Smart on Crime funding proposal. This has included:
 - Drug Court Slots - \$645,000 to maintain 174 drug court slots (based on 9 month cost with remaining funds to support annualization requested this year). Drug Court costs approximately \$5,000 per person annually compared to a cost to incarcerate of at least \$19,000 per person annually. Drug Court also offers better long-term results including a 6.5% incarceration rate for graduates compared to a 23.3% incarceration rate for released inmates. Program graduates experienced 92% drop in unemployment and 100.6% jump in income, a 59.2% increase in family reunification (graduates able to again live with children), and 40% improvement in education status (graduates obtaining a high school diploma). In fact, analysis of graduates over a three-year period shows that their improved employment status after graduation resulted in \$2 million in taxes paid to the state (\$34.9 million total wages earned) as opposed to their continuing to be a tax burden. Since beginning in FY 2000, drugs courts have produced a cost avoidance to the state in excess of \$331.8 million.
 - First Responder Training – The department received \$1 million of the original \$5 million request for expanded behavioral health first responder training.
 - Crisis Centers/Urgent Care – The department received \$7.5 million of the original \$12.5 million request to expand behavioral health crisis services statewide resulting in three new centers (Armore, Tulsa and Sapulpa). These new centers all include an urgent care model for service delivery. Throughout the nation, the current and most common after hours model of emergency psychiatric services consists of law enforcement bringing a person for a determination of whether or not a person in need meets strict criteria for inpatient admission. If not, they are often turned away, to the frustration of law enforcement, to wait for an outpatient appointment at best the next

day. ODMHSAS's is utilizing the urgent care model to extend services so that a person in crisis, but just outside the criteria for inpatient admission, will have access to a psychiatric evaluation, counseling, case management, medication and linkage to follow-up care. This approach allows ready access to lower levels of care, thus diverting many individuals from costly inpatient admissions and/or involvement with the criminal justice system.

- Substance Abuse Residential Treatment – The department received \$2 million of the original \$14 million request to expand residential treatment services and address an everyday waiting list of beyond 600-900 people in immediate need.
- Jail Screening – The department received \$1 million of the original \$5.25 million request which resulted in services available for 18 counties. As authorized by 43A O.S. 3-704, Offender Screenings are conducted by ODMHSAS certified treatment providers to determine felony offenders' risk to reoffend as well as identify substance use and mental health treatment needs. There are certified screeners in 18 counties. There have been 3,668 offenders screened and 2,373 final dispositions recorded. Examples of program benefit include an 87% decrease in the length of time offenders spent in jail and \$2.2 Million reduction in the cost to incarcerate offenders (in Tulsa alone); and, in Pontotoc County, a 72% decrease in length of time from arrest to Drug Court Admission (from 221.5 days pre-implementation to 61.7 days post-implementation).

Smart on Crime funding creates model programs to divert non-violent individuals with a mental illness and/or addiction from the criminal justice system. Interventions with these individuals must be available at various points in the criminal justice process, from pre-booking to re-entry, with the intent to intervene and divert at the earliest possible opportunity.

- ODMHSAS worked with the OHCA to establish a mandate for the use of SBIRT screening tools with all patients seen in SoonerCare Medical Homes. In support, the department created an online physician certification training program, which is required for reimbursement of Alcohol and Drug screening and intervention protocols, and established the Prevention in Practice web presence, which provides information and resources as well as links to the on-line training. ODMHSAS is active in the community promoting the implementation of SBIRT in primary care settings along with providing technical support to Duncan Regional Hospital, Integris Clinton Regional Hospital, OU Physicians and an Oklahoma City federally qualified health center (FQHC).

Core Mission:

The Oklahoma Department of Mental Health and Substance Abuse Services is the State's statutory authority responsible for prevention, treatment and recovery of mental illness and substance abuse disorders. Consistent in our role as the state authority, it is our core mission to assure that prevention and treatment services are provided. Our agency is designed to support this core function and does not provide or offer services inconsistent with this mission. The

agency, primarily through a network of contracted private providers, deliver treatment services to approximately 190,000 Oklahomans annually and prevention activities in all seventy-seven counties. It is also directly responsible for the certification and review of more than 3,300 public and private treatment providers (both organizations and individuals) throughout the state and administration of all aspects of Oklahoma's behavioral health Medicaid program.

The ODMHSAS treatment network is the most extensive treatment network in the state and is a leader in the implementation of evidence based practices. Other state agencies provide substance abuse and mental health treatment services, but those services are not core to their respective missions and at times rely on approaches that are not current or evidence-based and represent inefficient use of scarce resources.

Private Alternatives:

The department is in the unique position of already having a well-established history of working with the private sector for the delivery of services. Over 2/3 of community mental health centers and over 90% of substance abuse services are purchased through private organizations. The ODMHSAS considers cost-effectiveness to be a core responsibility to the Oklahoma taxpayer and routinely evaluates every facility and contract to obtain the best possible services for Oklahoma. In 2011 such a review brought about the transition of the eastern Oklahoma region from a state operated facility to a private, contracted provider.