

Oklahoma Senate Committee on Appropriations  
2015-16 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:**

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**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:

Brent Bell, DO - (**Chairperson**) - Oklahoma City, Oklahoma

Major Edward Pulido - (**Vice-Chair**) - Oklahoma City, Oklahoma

Stewart Beasley, Ph.D. - Edmond, Oklahoma

Brian Bush, JD – Altus, Oklahoma

Joel Carson - Oklahoma City, Oklahoma

Bruce T. Fisher - Oklahoma City, Oklahoma

Gail Henderson, M.Ed. - Edmond, Oklahoma

Mary Anne McCaffree, MD - Oklahoma City, Oklahoma

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

J. Andy Sullivan, MD - Oklahoma City, Oklahoma

Ronna Vanderslice, Ed.D. - Weatherford, 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 2016 and 2015 are as follows:

### **2016 Board Meetings**

November 18, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#)

November 18, 2016 (Real Property Trust): [Agenda](#)

September 23, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)

June 24, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)

May 27, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)

March 25, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)

January 22, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)

### **2015 Board Meetings**

November 20, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

November 20, 2015 (Real Property Trust): [Agenda](#) | [Minutes](#)

September 25, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

June 26, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

May 22, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

March 27, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

January 23, 2015: [Agenda](#) | [Attachment A](#) | [Minutes](#)

January 23, 2015 (Real Property Trust, special meeting): [Agenda](#) | [Minutes](#)

## **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:

- ODMHSAS has aggressively moved to modernize agency practices, increase efficiencies and create a system for continuous improvement in the services provided to all Oklahomans. As part of this, ODMHSAS has maintained a significantly reduced administrative cost rate of less than 3%.
- 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. In the four full years of program administration, the annual growth rate has continued to drop: 7% (FY14), 5.4% (FY15), 1.7% (FY16) and 1% (FY17).
- ODMHSAS reorganized the department's organizational structure to increase efficiency and create cost savings. This included a reduction in staff positions and additional duties

to be undertaken by staff. In total, this reorganization will save the department approximately \$600,000.

- ODMHSAS telemedicine program is recognized by the American Telemedicine Association as having the largest telemedicine network in the nation that specializes in behavioral health. Over a measured two-year period, the department has saved approximately \$5.8 million using telemedicine capabilities. There are more than 500 licensed users on the network averaging 30 hours a day of video usage. Analysis of the network over a two-year measured period showed a 28% increase in persons receiving services via telemedicine, from 28,000 to more than 34,000.
- Over the past three years, ODMHSAS has received over \$10 million towards the agency's initial Smart on Crime funding proposal. This has included:
  - ODMHSAS Drug Court programs continues to show significantly better outcomes for recidivism rates, 7.9% for graduates compared to 23.4% for released inmates, in addition to other positive outcomes such as a 94.4% drop in unemployment, 113.3% increase in monthly income and 153.3% increase in participants with private health insurance. In fact, analysis of graduates over a three-year period shows that their improved employment status after graduation resulted in \$34.9 million wages earned and an expected \$2 million in taxes paid to the state; as opposed to their continuing to be a tax burden. The program has also resulted in a 70% increase in the number of participants who are able to again live with their children, restoring Oklahoma families. Drug Court costs significantly less than incarceration, with DOC spending on average \$19,000 a year to incarcerate someone compared to a \$5,000 annual/per person cost for drug court.
  - ODMHSAS Mental Health Court programs, while only available in 16 counties, also are demonstrating positive outcomes. Program effectiveness can be measured by an 86% reduction in jail days pre-admission versus post-admission, 93% improvement in unemployment, 76% drop in needed inpatient services and a 86% decrease in arrests. Mental health court costs \$5,400 per participant annually, compared to \$19,000 a year for DOC incarceration (\$23,000 for incarceration of a person with severe mental illness).
  - 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 is utilizing the urgent care model to extend services so a person in crisis, but just outside the criteria for inpatient admission, has 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.

- The ODMHSAS Offender Screening Program, now available in 37 counties statewide, has resulted in 13,461 offenders being screened and 9,400 final dispositions. Evaluation has demonstrated an 87% decrease in the length of time offenders spent in jail (from 31 days pre-implementation to 4 post-implementation); \$2.2 Million reduction in the cost to incarcerate offenders (\$2,532,717 pre-implementation to \$326,802 post-implementation for the studied population); and, 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.

### **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 delivered 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.