



## Health and Human Services Subcommittee Meeting

September 8th, 2021



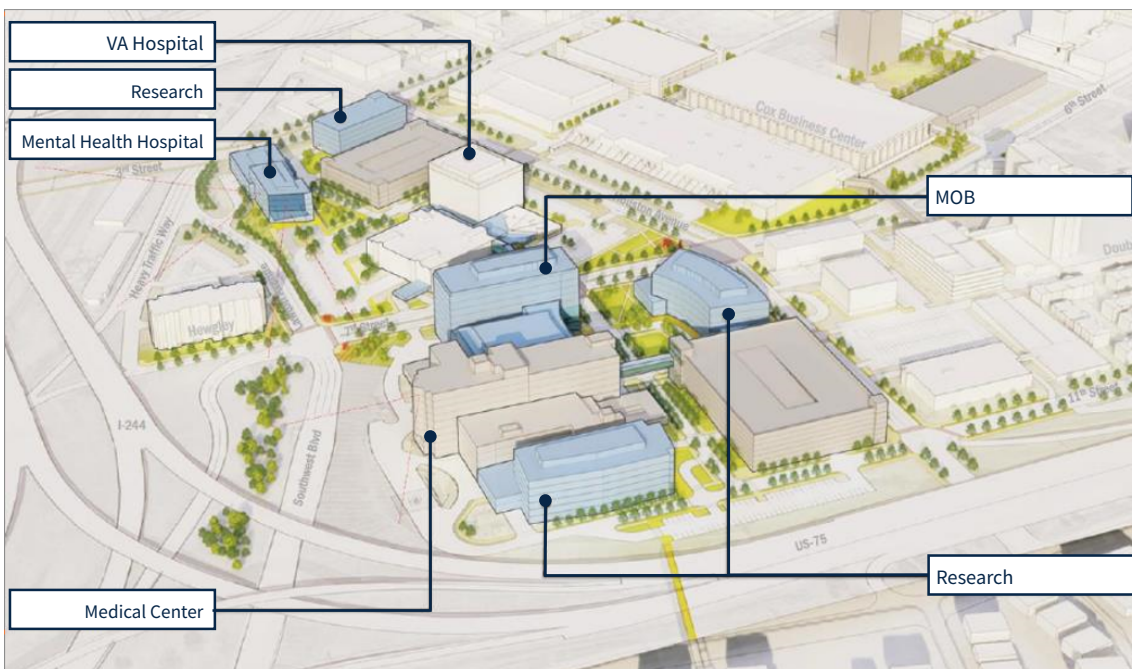
### Staffing

- Recruiting and retaining direct care positions has historically been difficult for the ODMHSAS because of the limited pool of candidates. The Pandemic has made it much more difficult because of shortages in people willing/able to work in healthcare environments.
- Issues with shift-work coverage has increased exponentially and is due primarily to the use of sick leave because of quarantine, which in turn leads to increases in overtime and burnout.
- The ODMHSAS is attempting to implement short-term solutions using temporary staffing agencies to fill gaps, but these options for assistance are presenting similar difficulties as well.



### Psychiatric Hospitalizations

- The ODMHSAS operates several crisis and inpatient hospital facilities. These facilities are deteriorating at a rapid rate and do not have built in flexibilities needed to adjust to accommodate post pandemic environments. These include structural limitations for adequate quarantine protocols, HEPA air filtration incompatibilities, and proper integration of ultraviolet germicidal irradiation ventilation systems.
- The pandemic has increased the awareness and use of mental health services, which is a good thing. However, the limited capacity of our crisis and hospital infrastructure has created a significant strain on our ability to adequately meet the demands and this will likely become more significant post pandemic. To date, the ODMHSAS has seen a 50% increase in the number of Oklahomans needing access to crisis and inpatient levels of care.
- The need for new and updated hospitals is real and the public/private partnership synergy happening in Tulsa should be replicated. We desperately need additional hospital infrastructure to better met the unmet treatment needs of Oklahomans where they need it, when they need it most. The ODMHSAS believes there is no better time than now to move forward with what we know Oklahoma needs - two new psychiatric hospitals to replace the current Tulsa Center for Behavioral Health and Griffin Memorial Hospital.



Tulsa Center for Behavioral Health (TCBH)



## Shifts in Practice

- The regular use of Personal Protective Equipment (PPE) is likely to become a standard across our direct care facility operations. Adopting this practice comes with its challenges and we must consistently revisit the benefits to masking-up in healthcare settings.
- Transitions to remote working, including the delivery of certain core functions, like supervision and training, presents its own difficulties to include adjusting progress checkpoints and assessing retention of learning and knowledge.
- The ODMHSAS started the groundwork of integrating technology into our service delivery system before the pandemic. As a result, we've been able to learn into its use and innovate with expanded integration strategies to include law enforcement and directly in the hands of the people we serve.



## Workforce Anxiety

- The ODMHSAS operates the statewide office for the Employee Assistance Program. Since the onset of the pandemic, we have seen a 150% increase in utilization since the last highest year it was accessed, which was right after the OKC bombing in 1995.
- The ODMHSAS contains an Office of Inspector General to investigate cases of consumer abuse, neglect, and well as staff incidents. Since the pandemic, there has been a 70% increase in investigations involving only staff complaints.

