HEALTHY MINDS
POLICY INITIATIVE

Solutions for mental health and homelessness

Building a more competitive Oklahoma

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Healthy Minds Policy Initiative

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Mental health in Oklahoma

- 1 in 4 Oklahomans experienced a mental illness in the last year
- 1 in 5 Oklahomans has a substance use disorder
- Oklahoma had 868 suicide deaths in 2024 and **the 7th highest rate in the U.S.**
- Suicide is the **8th leading cause of death** in Oklahoma

Oklahoma has far higher rates of suicide and overdose deaths than homicides

Suicide, overdose, and homicide rates per 100,000 in Oklahoma, 2018–2024

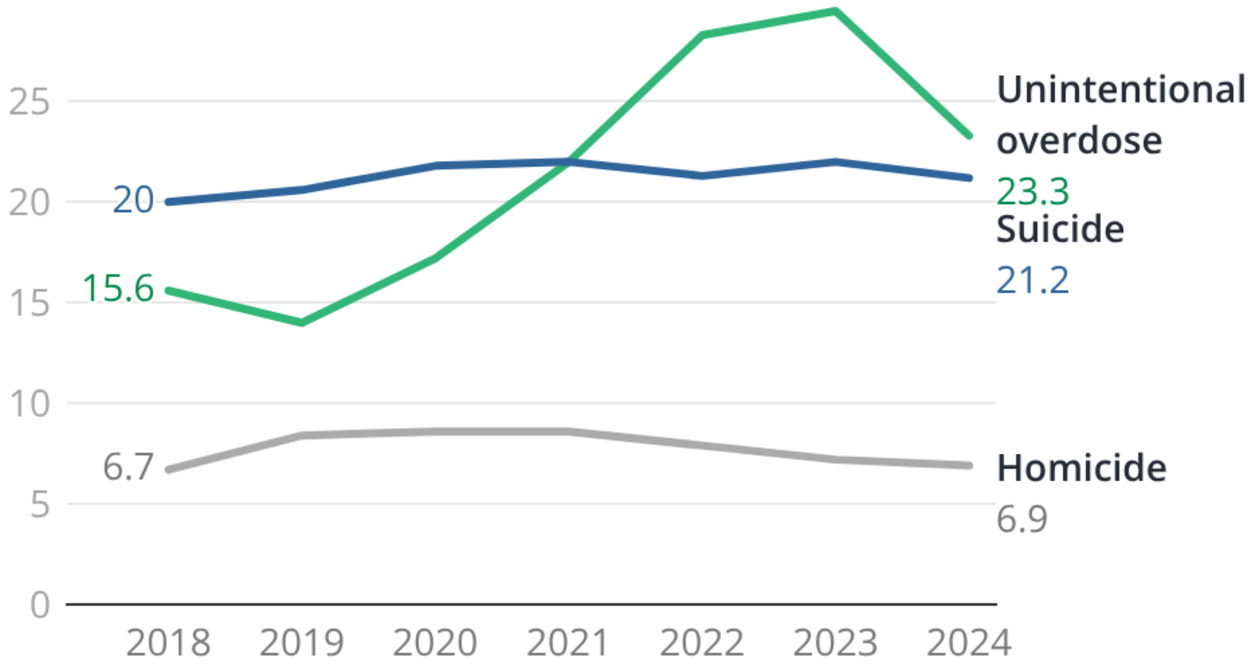


Chart: Healthy Minds Policy Initiative | Source: CDC WONDER

Societal consequences of unmet behavioral health needs

Higher health care costs

- Without early treatment, patients often end up in inpatient mental health hospitals or emergency rooms — **the most expensive settings for care.**
- Mental health-related ER visits in Oklahoma cost **$191 million in 2022.**

Lower workforce participation

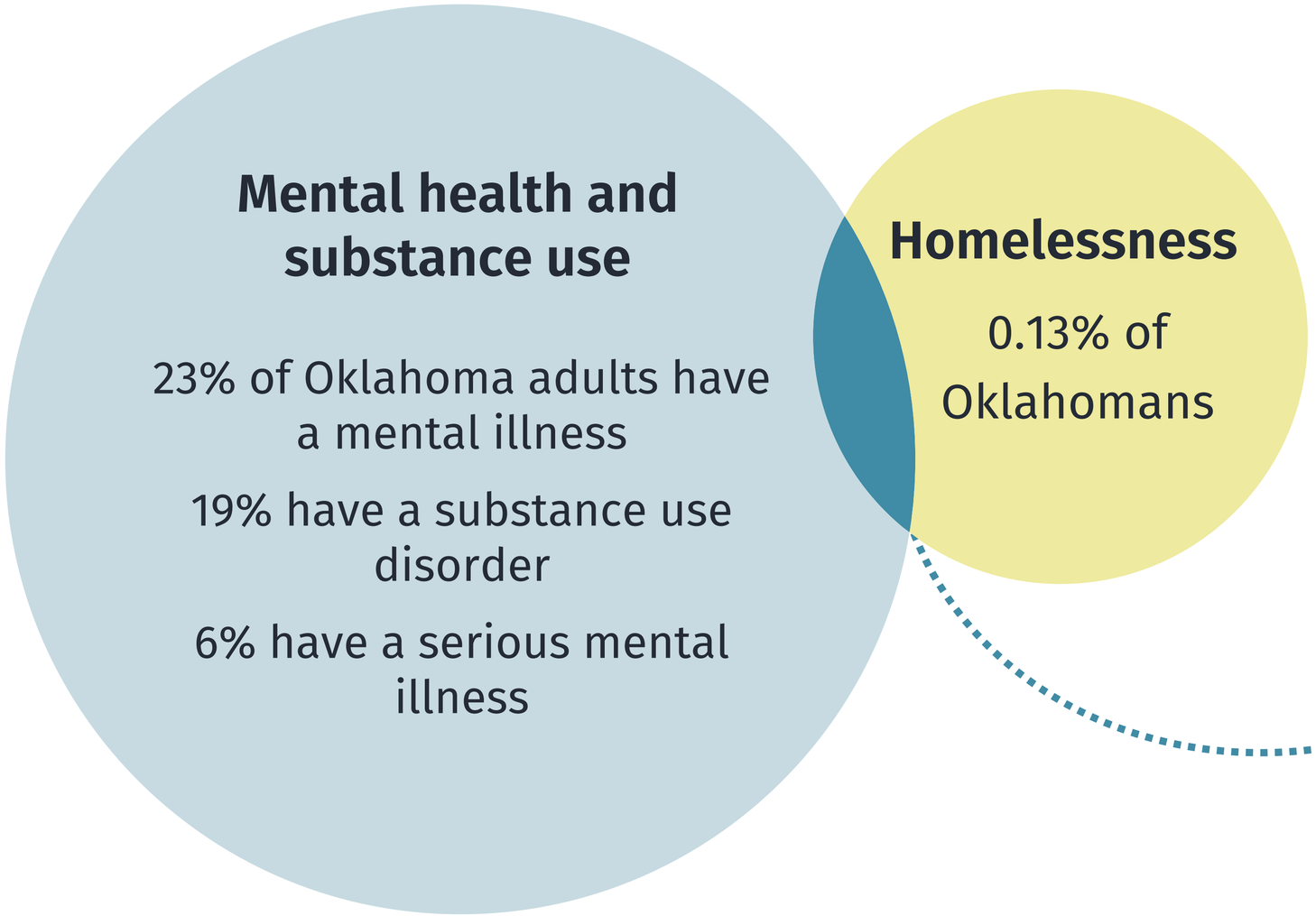
- Major depressive disorder was associated with **27 lost work days** per employee, per year.
- Serious mental illness causes **$193 billion in lost wages** each year in the U.S.

Criminal justice involvement

- Police are too often the default response for people in a mental health crisis.
- **82% of Oklahomans entering prison with non-violent offenses** have mental health or substance use-related needs.

A coordinated system for two problems

The overlap of behavioral health and homelessness

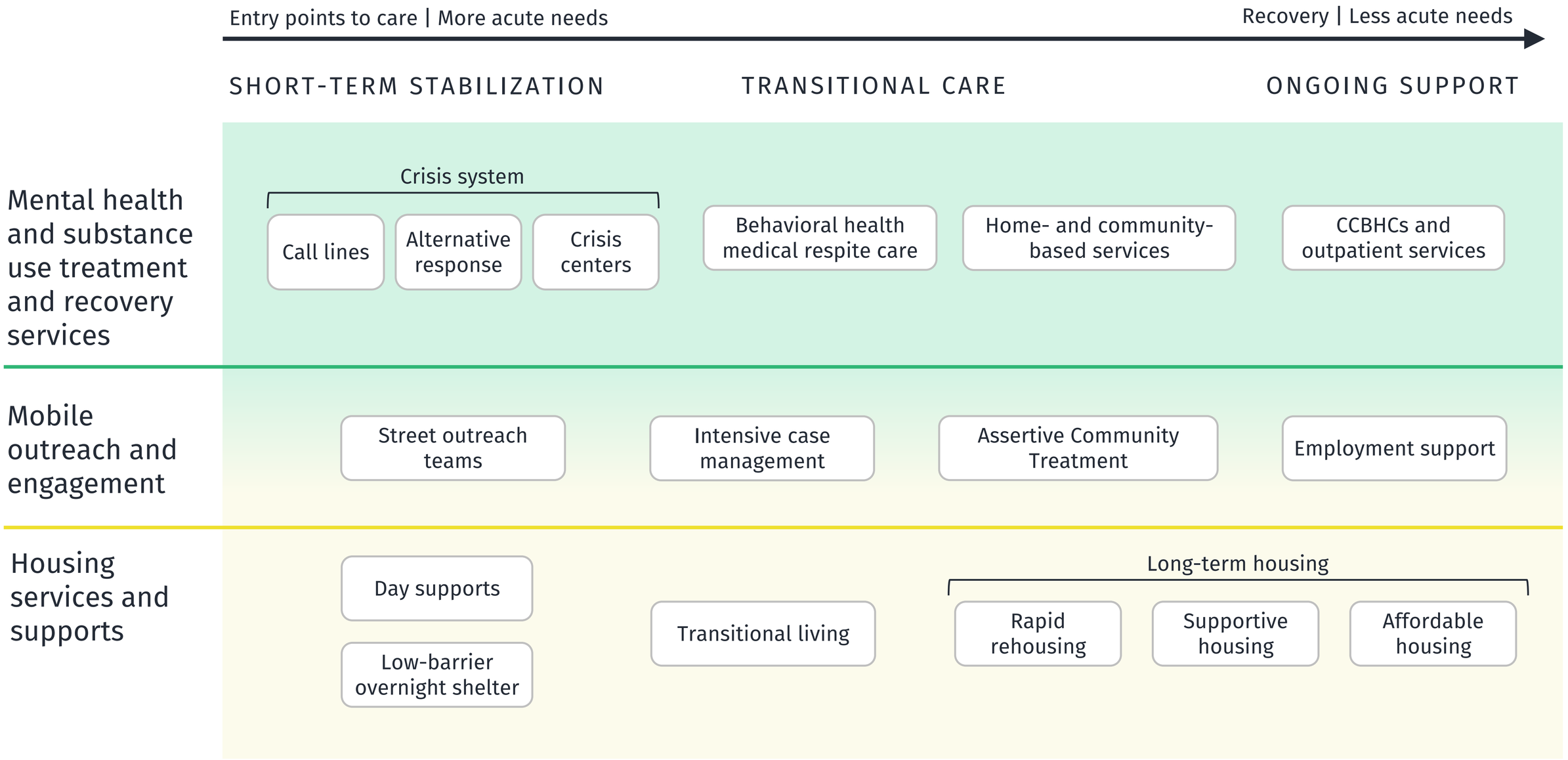


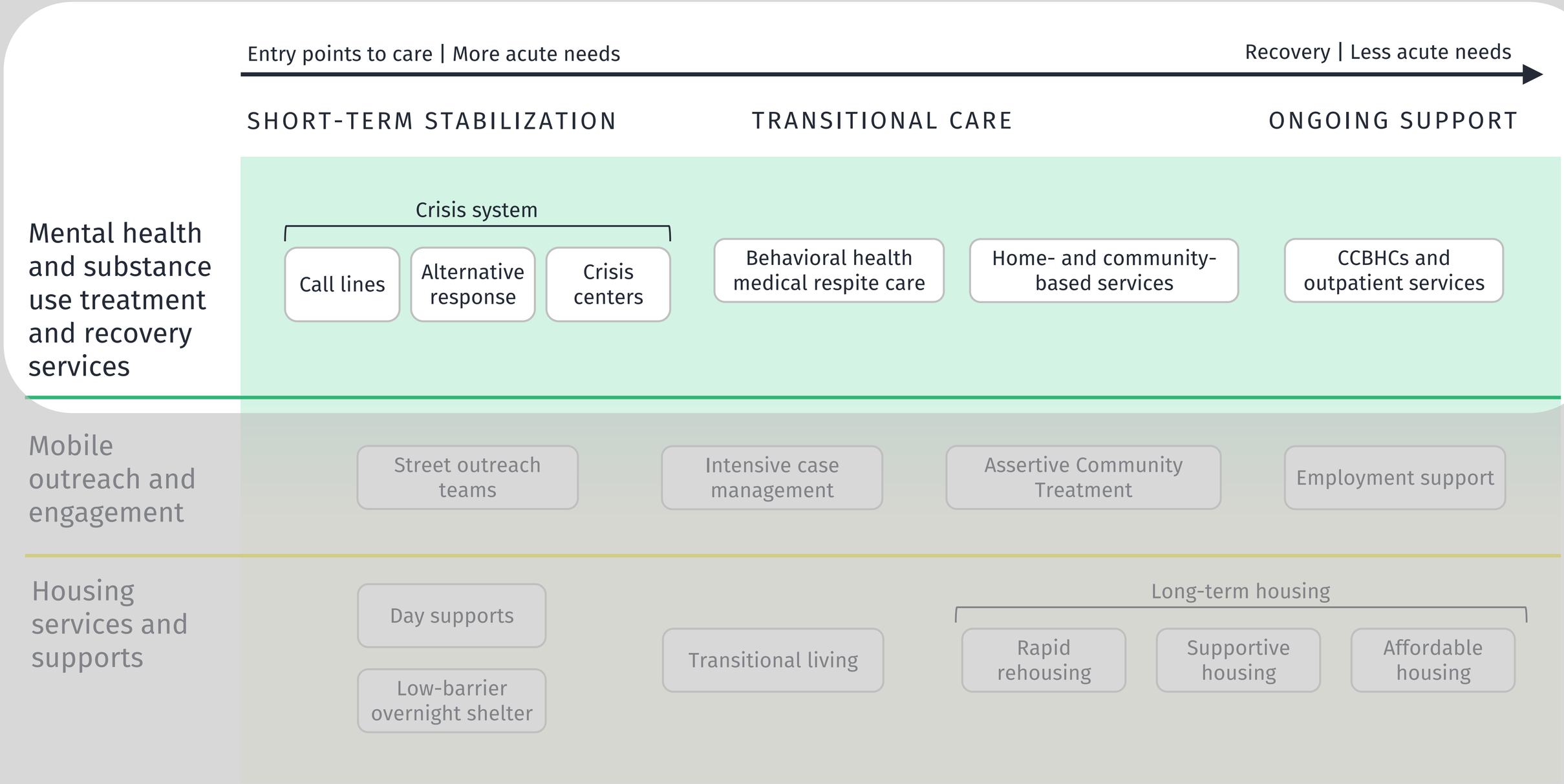
Behavioral health challenges among homeless population

- 20% — Serious mental illness among people experiencing homelessness
- 35% — Estimate for chronic substance use disorder among people experiencing homelessness
- 60% — National estimate of homeless + any mental illness

Simple analogy: Education and workforce preparation



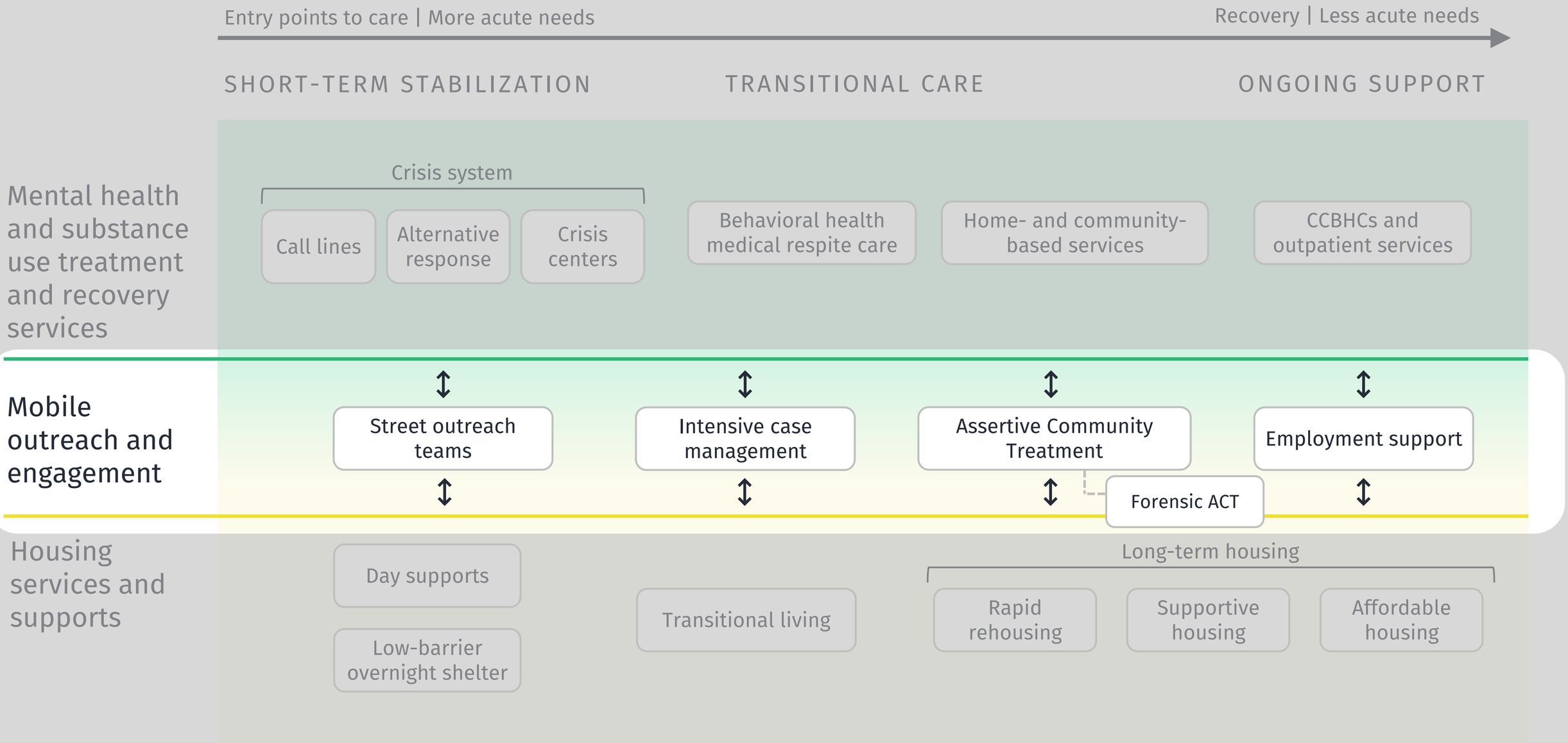

Entry points to care | More acute needs
Recovery | Less acute needs
SHORT-TERM STABILIZATION
TRANSITIONAL CARE
ONGOING SUPPORT
Mental health and substance use treatment and recovery services
Crisis system
Call lines
Alternative response
Crisis centers
Behavioral health medical respite care
Home- and community-based services
CCBHCs and outpatient services
Mobile outreach and engagement
Street outreach teams
Intensive case management
Assertive Community Treatment
Employment support
Housing services and supports
Day supports
Low-barrier overnight shelter
Transitional living
Long-term housing
Rapid rehousing
Supportive housing
Affordable housing

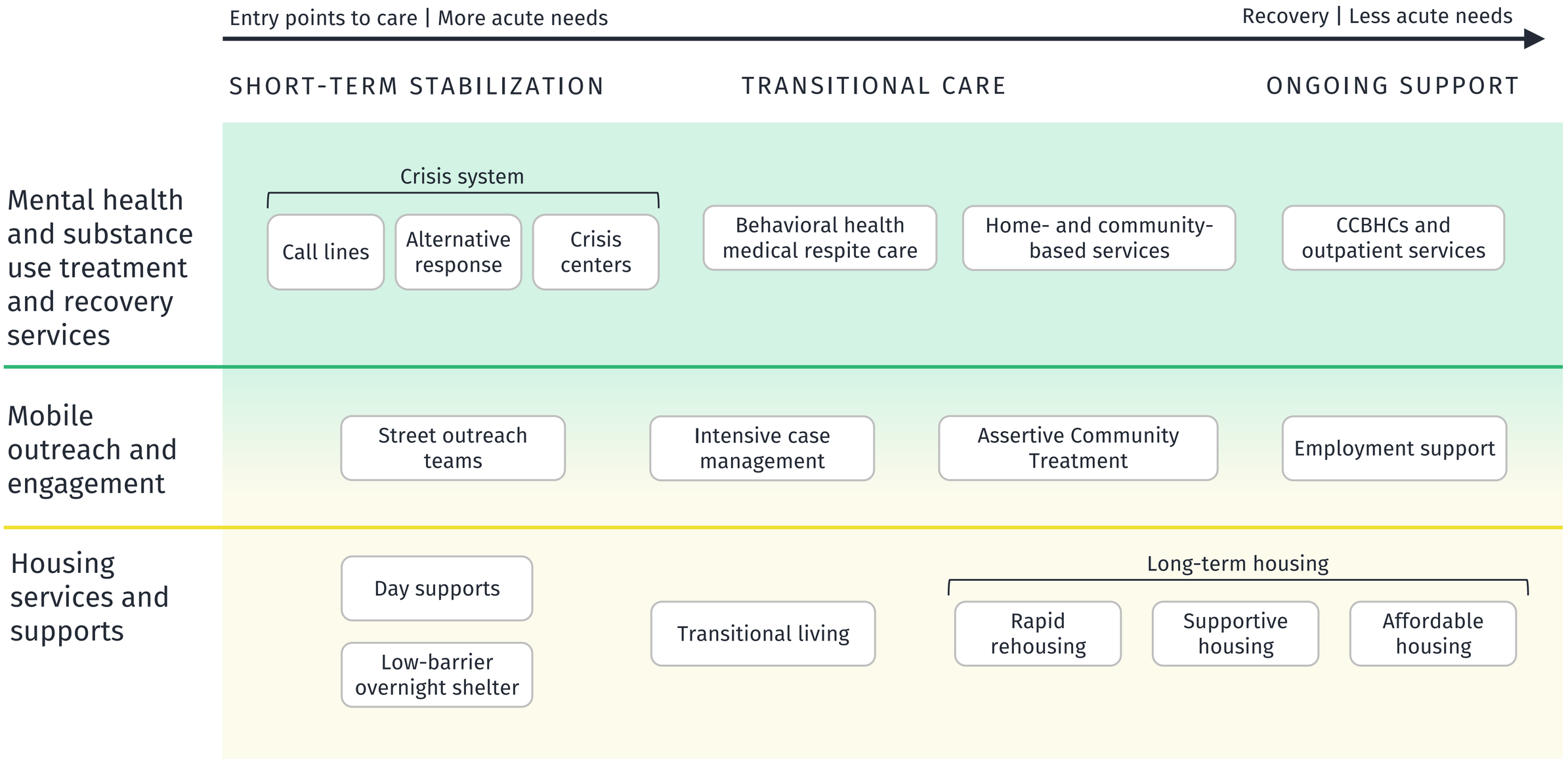

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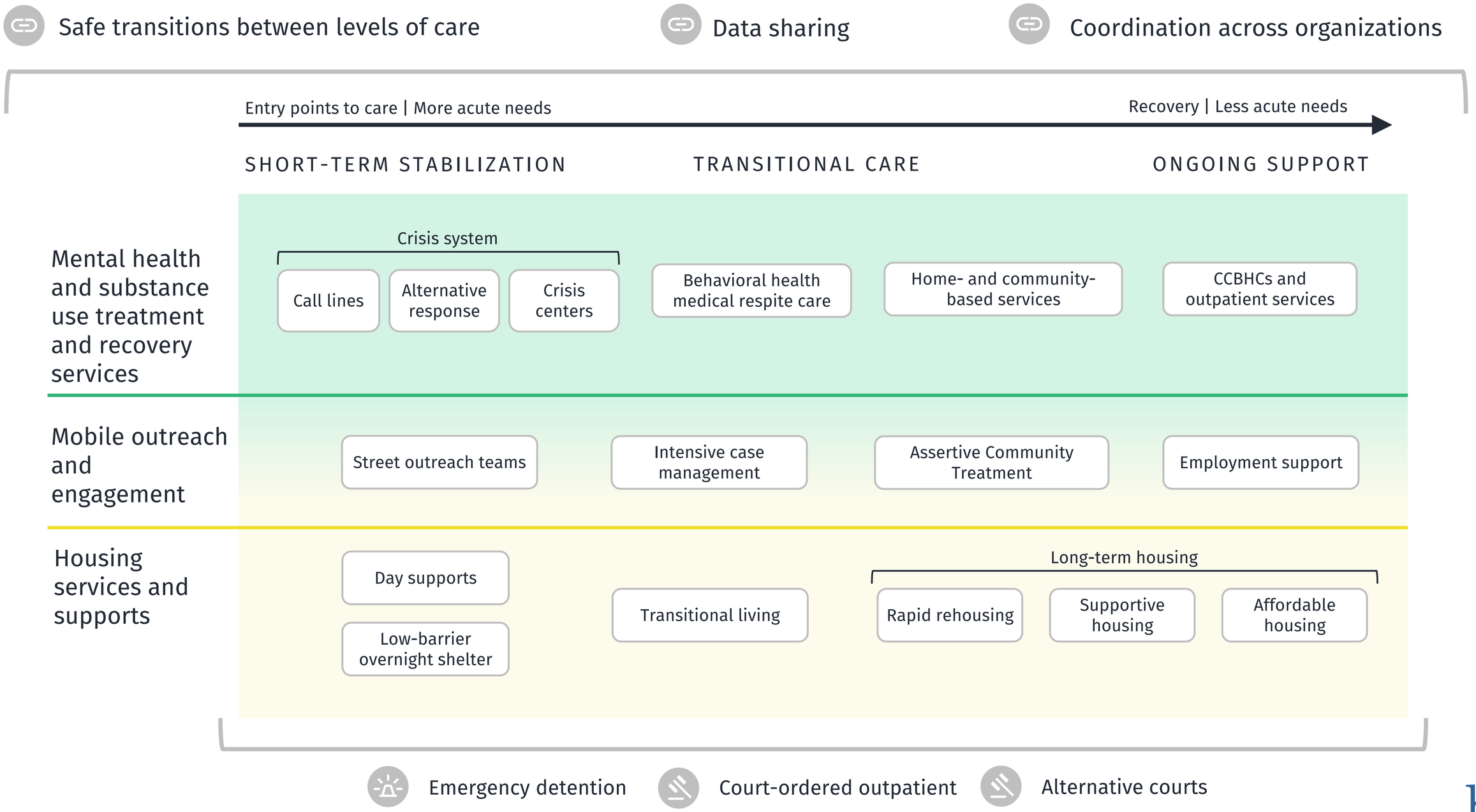
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Recovery | Less acute needs

	SHORT-TERM STABILIZATION	TRANSITIONAL CARE	ONGOING SUPPORT
Mental health and substance use treatment and recovery services	Crisis system: Call lines; Alternative response; Crisis centers	Behavioral health medical respite care; Home- and community-based services	CCBHCs and outpatient services
Mobile outreach and engagement	Street outreach teams	Intensive case management; Assertive Community Treatment	Employment support
Housing services and supports	Day supports; Low-barrier overnight shelter	Transitional living; Sober Living	Long-term housing: Rapid rehousing; Supportive housing; Affordable housing; Permanent Supportive Housing


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Recovery | Less acute needs
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Mental health and substance use treatment and recovery services
Crisis system
Call lines
Alternative response
Crisis centers
Behavioral health medical respite care
Home- and community-based services
CCBHCs and outpatient services
Mobile outreach and engagement
Street outreach teams
Intensive case management
Assertive Community Treatment
Forensic ACT
Employment support
Housing services and supports
Day supports
Low-barrier overnight shelter
Transitional living
Long-term housing
Rapid rehousing
Supportive housing
Affordable housing


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CCBHCs and outpatient services
Mobile outreach and engagement
Street outreach teams
Intensive case management
Assertive Community Treatment
Employment support
Housing services and supports
Day supports
Low-barrier overnight shelter
Transitional living
Long-term housing
Rapid rehousing
Supportive housing
Affordable housing


Safe transitions between levels of care
Data sharing
Coordination across organizations
Entry points to care | More acute needs
Recovery | Less acute needs
SHORT-TERM STABILIZATION
TRANSITIONAL CARE
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Mental health and substance use treatment and recovery services
Mobile outreach and engagement
Housing services and supports
Crisis system
Call lines
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Crisis centers
Behavioral health medical respite care
Home- and community-based services
CCBHCs and outpatient services
Street outreach teams
Intensive case management
Assertive Community Treatment
Employment support
Day supports
Low-barrier overnight shelter
Transitional living
Long-term housing
Rapid rehousing
Supportive housing
Affordable housing
Emergency detention
Court-ordered outpatient
Alternative courts

State-level solutions

- Fund Assertive Community Treatment
  - HB 4200 from 2026 (Rep. Schreiber and Sen. Dave Rader)
  - One-time, $1.5 million appropriation to launch a team
  - $436,000/team in annual Medicaid billing
  - 1.5x ROI from decreased use of inpatient facilities, jails, and ERs
- Improve data capabilities at ODMHSAS and empower cross-agency health care data sharing
- Ensure success of the CCBHC model
- Ensure successful supportive employment programs

Zooming out on mental health

The framework for better mental health in Oklahoma



Affordable, accessible treatment

Ensuring mental illness and substance use disorders are treated like any other health condition.



Children, youth, and families

Leading collaboration that helps Oklahoma’s children and families thrive.



Mental health workforce

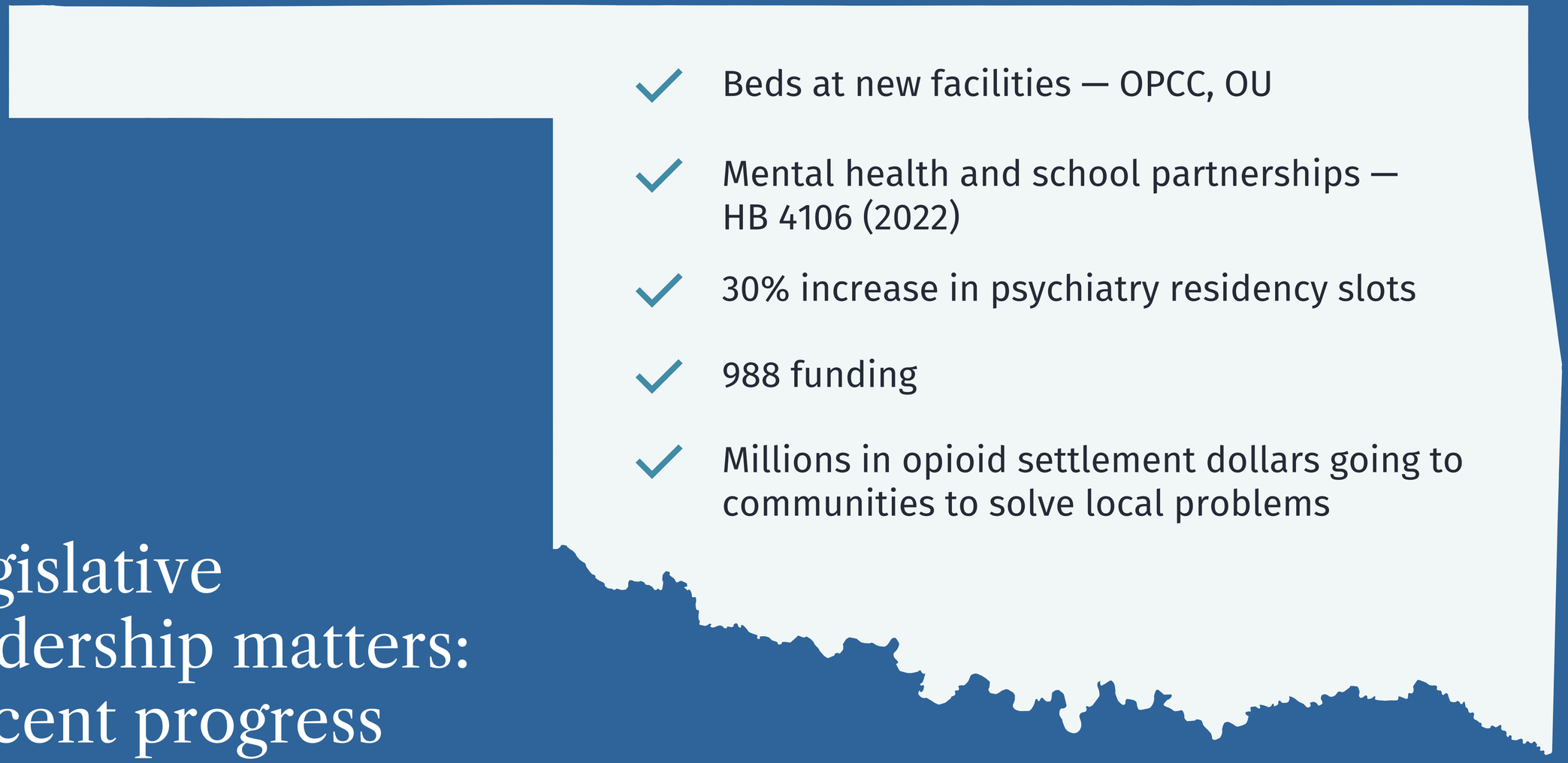
Expanding and empowering Oklahoma’s behavioral health workforce.



Diversion to appropriate care

Ensuring Oklahomans receive mental health care in the least restrictive, least costly settings.

Legislative leadership matters: Recent progress



- Beds at new facilities — OPCC, OU
- Mental health and school partnerships — HB 4106 (2022)
- 30% increase in psychiatry residency slots
- 988 funding
- Millions in opioid settlement dollars going to communities to solve local problems

Playing our part: Healthy Minds' work in 2026

- **Secured $13.5 million** in new federal dollars to transform systems so far in 2026
- Launched the **Oklahoma Integrated Care Resource Center**
- **Safer communities:** Thousands of mental health calls to 911 diverted from traditional first responders through programs in Oklahoma City, Tulsa, and Edmond
- **Research illuminating opportunity**: 10 published reports showing where Oklahoma can cut costs and improve outcomes

Oklahoma Integrated Care
RESOURCE CENTER

Launched in April 2026, the Center will offer intensive support for nine clinics and tailored assistance for 50 more over the next three years

2027 legislative opportunities and challenges

Opportunities

- Strengthening court-ordered outpatient as an alternative to incarceration, improvement on SQs 780 and 781, and a tool against homelessness (HB 3587 from 2026)
- Funding for evidence-based programs supporting homeless services, such as HB 4200 from 2026
- Long-term 988 sustainability (HB 4092 and SB 1369 from 2026) and 211 sustainability
- ODMHSAS leadership stability

Challenges

- Ensuring ARPA-funded Oklahoma Psychiatric Care Center in Tulsa is fully-staffed and operational
- Medicaid and H.R. 1-driven funding challenges

What we can achieve together

If we get mental health right, Oklahoma can be **more effective.**

Double

the effectiveness of treatment for depression under the Collaborative Care Model — twice as many patients would improve

$87M

in taxpayer savings by diverting more about 19,000 more people to alternative court programs

$427M

less in health care costs through a robust, specialized crisis system

If we get mental health right, Oklahoma can be **more successful.**

11

percentage point boost to academic scores in schools with appropriate mental health services

31.4

work days gained back annually from employees with depression, who miss about a month of work per year

$1.8B

in taxpayer benefits could be realized with an adequate behavioral health workforce to treat over 1 million more Oklahomans

If we get mental health right, Oklahoma can be **a better place to live.**

14.6

years of life expectancy gained for each person with mental health challenges

44%

reduction in adults with depression by preventing adverse childhood experiences (ACEs) — about 110,000 Oklahomans

75%

expected reduction in marijuana use and a 68% reduction in meth use if all children received school-based prevention



Stay connected

Healthy Minds' newsletter is a once or twice monthly email for:

- Oklahoma mental health policy news
- Legislative updates
- Original research and analysis

healthymindspolicy.org/**newsletter**

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Questions?

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