

Oklahoma Senate Committee on Appropriations
2016-2017 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 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 an allopathic physician licensed to practice in this state, and appointed from a list containing the names of not less than two allopathic physicians and not less than two psychiatrists submitted to the Governor by the Oklahoma State Medical Association;

One member, who shall be an osteopathic physician licensed to practice in the State of Oklahoma, appointed from a list containing the names of not less than two osteopathic physicians and not less than two psychiatrists submitted to the Governor by the Oklahoma Osteopathic 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

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:

Brian Bush, J.D. - **(Chairperson)** - Altus, Oklahoma

Victor Albert, J.D. - Edmond City, Oklahoma

Rita Aragon, Major General (Ret.). - Edmond, Oklahoma

Brent Bell, D.O., D.Ph. – Oklahoma City, Oklahoma

Joel Carson - Oklahoma City, Oklahoma

Tricia Everest, J.D. – Oklahoma City, Oklahoma

Bruce T. Fisher - Oklahoma City, Oklahoma

Mary Anne McCaffree, M.D. - Oklahoma City, Oklahoma

Glenna Stumblingbear-Riddle, Ph.D. - Norman, Oklahoma

J. Andy Sullivan, M.D. - Oklahoma City, Oklahoma

Ronna Vanderslice, Ed.D. - Lawton, Oklahoma

Committees 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 2017 are as follows:

2016 Board Meetings

January 22, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)
March 25, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)
May 27, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)
June 24, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)
September 23, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#) | [Minutes](#)
November 18, 2016: [Agenda](#) | [Attachment A-1](#) | [Attachment A-2](#)
November 18, 2016 (Real Property Trust): [Agenda](#)

2017 Board Meetings

January 27, 2017: [Agenda](#) | [Attachment A-1](#) | [Minutes](#)
March 24, 2017: [Agenda](#) | [Attachment A-1](#) | [Minutes](#)
May 26, 2017: [Agenda](#) | [Attachment A-1](#) | [Minutes](#)
June 23, 2017: [Agenda](#) | [Attachment A-1](#) | [Minutes](#)
September 22, 2017: [Agenda](#) | [Attachment A-1](#) | [Minutes](#)
November 17, 2017: [Agenda](#) | [Attachment A-1](#)
November 17, 2017 (Real Property Trust): [Agenda](#)

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 taken a proactive approach 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 aggressively worked to maintain a significantly reduced administrative cost rate of less than 3%.
- 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 incredible savings to the state. Annual Medicaid growth prior to the transfer was at 14%, a rate that has been slashed by more than 90%. In FY14, ODMHSAS reduced program growth to 7%. In FY15, that number fell further to 5.4%. In FY16, growth was held to 1.7%. In both FY17 and FY18, growth was held to just 1%. Had Medicaid growth continued at the annual 14% rate, the FY18 state share would have been in excess of \$348.9 million. Under ODMHSAS administration, state share was only \$149 million (a cost avoidance of

almost \$200 million in FY18 alone).

- In FY17, ODMHSAS reorganized the department's organizational structure to increase efficiency. This included a reduction in staff positions and additional duties to be undertaken by staff. In total, this reorganization has saved the department approximately \$600,000 annually.
- Through award of competitive federal grant funds and modernized/evidence-based practices, ODMHSAS has reduced the statewide waiting list for residential substance abuse services from between 600-800 Oklahomans on any given day to just fewer than 500 Oklahomans. In addition, ODMHSAS has reduced wait times for the highest priority populations to less than 2 weeks, with other lower priority populations waiting less than 2 months to access a residential substance abuse bed. ODMHSAS treatment outcomes are among the best in the nation. This was accomplished with no additional cost to state appropriations.
- The ODMHSAS Smart on Crime effort has delivered tremendous return on investment. Examples of initiatives include:
 - ODMHSAS' Drug Court program 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 95.2% drop in unemployment, 125.3% 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 65% 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.
 - Mental Health Courts, while only available in 16 counties, also are demonstrating positive outcomes. Program effectiveness can be measured by an 83% reduction in jail days pre-admission versus post-admission, 61% improvement in unemployment, 82% drop in needed inpatient services and a 95% 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.
- Implementation of the offender screening and assessments (as authorized by 43A O.S. 3-704) is currently available in 37 counties (based on current appropriations). This has resulted in approximately 20,000 felony defendants screened and 13,700 final dispositions recorded. In 17% of these final dispositions, the offender is sent to prison; however, in 83% of the final dispositions, appropriate diversion is found. By serving as central screening hubs, county jail-based screenings save diversion program resources and avoid duplicative assessment processes. Evaluation has demonstrated:
 - An 87% decrease in the length of time offenders spent in jail (from 31 days pre-implementation to 4 post-implementation) and a \$2.2 Million reduction in the cost to incarcerate offenders (\$2,532,717 pre-implementation to \$326,802 post-implementation for the studied population) in Tulsa alone.
 - In Pontotoc County, screening has led to 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).
 - Offender Screening has reduced the average time an offender spends awaiting sentencing by 57 days. Resulting in \$15.5 million in jail day savings.
 - Counties without offender screening experienced an increase in non-violent prison receptions that was approximately 8.5 times higher than counties with screening. If the counties without screening had prison receptions that were similar to those found in counties with screening, this would have resulted in 683 fewer inmates at a cost savings of \$13 Million.

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:

ODMHSAS is the State's statutory authority responsible for prevention, treatment and recovery of mental illness, substance abuse and addictive disorders. This includes management and oversight of the state's behavioral health Medicaid services along with rule-making responsibility for statutory certification processes stipulated by O.S., Title 43A. It is the agency's core mission to assure that prevention and treatment services are provided for all

Oklahomans. The services, programs and initiatives undertaken by the department are dedicated to this end. ODMHSAS, primarily through a network of contracted private providers, delivers services to approximately 197,000 Oklahomans annually, provides prevention activities in all 77 counties, and certifies and reviews more than 3,300 public and private treatment providers (organizations and individuals) throughout the state.

The ODMHSAS treatment network is the most extensive behavioral health services system in the state and is a documented leader in the implementation of evidence-based practices. There are other state agencies that provide limited substance abuse and mental health treatment services, but those services are not core to their respective missions (and may not represent current or evidence-based practices supporting efficient use of scarce state resources).

Oklahoma experiences consistently high rates of mental illness and addiction, and increasing negative outcomes for those unable to access appropriate care. Only a third of Oklahomans who need services are actually getting those needed services. This is a problem that has existed for decades. The continued demand on state-funded services, in addition to increased stress on private systems, has created a crisis situation that will only grow worse if we are unable to provide additional opportunities for service engagement. ODMHSAS state appropriations have been cut three out of the past four years, meaning that people in need and who were receiving services have lost access to services.

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.