

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:

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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 2015 and 2014 are as follows:

2015 Board Meetings

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

2014 Board Meetings

November 21, 2014: [Agenda](#) | [Attachment A](#) | [Minutes](#)
November 21, 2014 (Real Property Trust): [Agenda](#) | [Minutes](#)
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](#)

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. In the three full years of program administration, the annual growth rate has continued to drop: 7% (FY14), 5.4% (FY15) and 1.7% (FY16).

- 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:
 - ODMHSAS' Drug Court program continues to show significantly better outcomes for recidivism rates, 6.5% for graduates compared to 23.4% for released inmates, in addition to other positive outcomes. Drug Court also costs significantly less than incarceration. DOC spends on average \$19,000 a year to incarcerate someone. Drug Court costs \$5,000 a year. 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.
 - Mental Health Courts, while only available in 16 counties, also are demonstrating positive outcomes. Program effectiveness can be measured by a 80% reduction in jail days pre-admission versus post-admission, 91% improvement in unemployment, 80% drop in needed inpatient services and a 92% decrease in arrests
 - 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.
 - 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 26 counties. There have been 7,339 offenders screened and 5,410 final dispositions recorded. Evaluation of program outcomes in participating counties indicate: 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); 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.

- 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. ODMHSAS trained OU Trauma in SBIRT implementation, and is finalizing agreements with three OKC metro based health systems to implement SBIRT in all primary care locations.

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.