Priority Program Evaluation
Delivery of Mental Health Services

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Legislative Office of Fiscal Transparency
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Table of Contents

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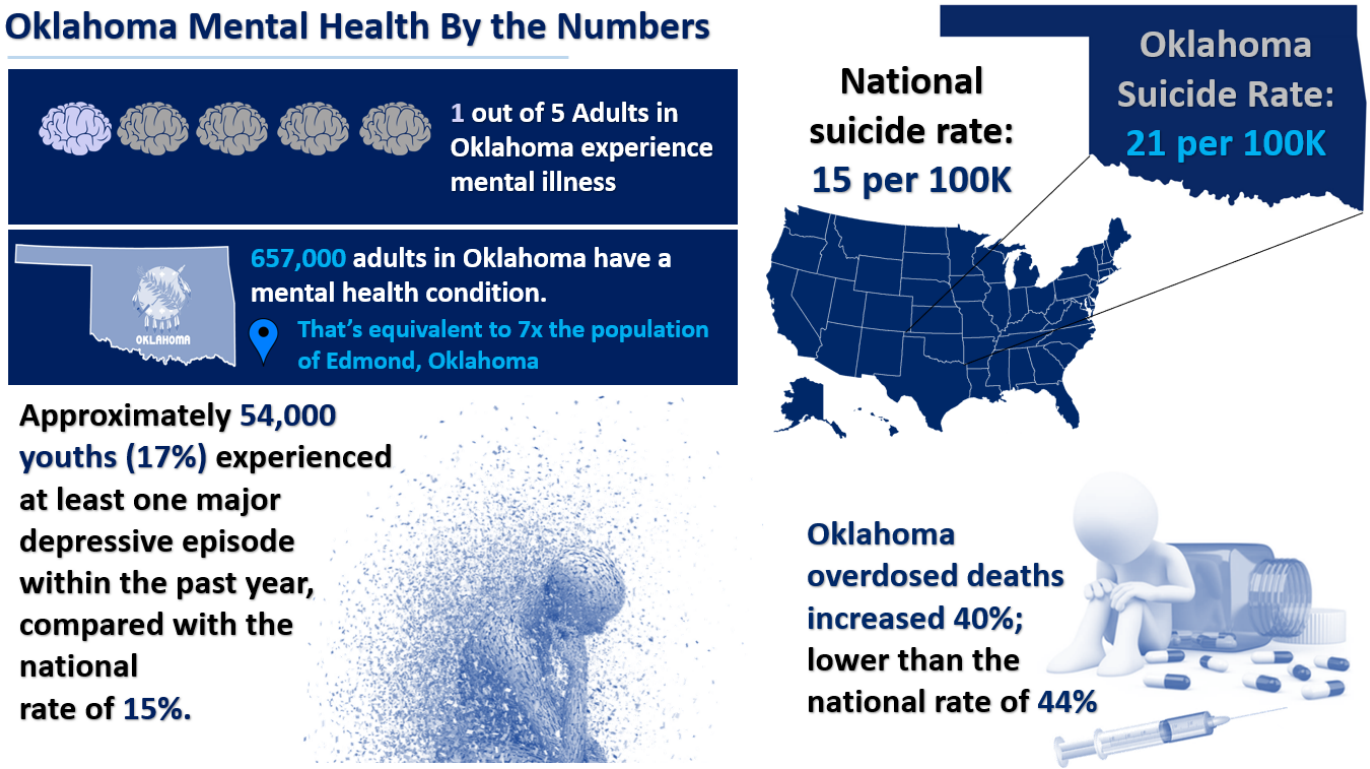
Executive Summary

Nationally, mental health and substance abuse are recognized as conditions affecting the overall health of individuals. The high degree of co-occurrence between mental health and substance abuse have resulted in grouping services for both these conditions together under the category of "behavioral health." Oklahoma ranks 15th highest among states for prevalence of mental illness.[1] However, it is difficult to determine the true scope of the mental health needs of Oklahomans, as statewide figures are primarily from surveys and self-reported data.



Source: Legislative Office of Fiscal Transparency's creation based on data from the U.S. Census Bureau, Centers for Disease Control and Prevention and Mental Health America's 2022 The State of Mental Health in America.

Oklahomans' mental health needs are met through a combination of private providers, non-profit organizations, and state entities. Those with private health insurance often receive services from private providers. The State Department of Mental Health and Substance Abuse Services (ODMHSAS) serves as the State's "safety net," providing emergency services to all populations, and prevention and treatment services to children, Medicaid recipients, and indigent populations who are either underinsured or uninsured. Other populations, such as students within public school districts or those incarcerated at State correctional facilities, receive services through other State agencies.

ODMHSAS is responsible, through contract and direct operations, for mental health and substance abuse prevention and treatment services statewide. This includes acute care and inpatient services, residential treatment, community-based treatment, outpatient services, crisis stabilization, programs for assertive community treatment, services for children and families, a statewide community prevention network, and education and awareness activities. The Department also oversees and manages the behavioral health component of Oklahoma's Medicaid program.

ODMHSAS providers must treat all individuals for emergency services without regard to ability to pay. The Department is deemed as the "payer of last resort," meaning providers must seek other third-party reimbursement through eligibility determination, billing, and collection prior to the use of Department funds. In FY22, the Department of Mental Health and Substance Abuse Services received more than $529 million in total funding, 62 percent of which was from State funds (appropiations and other dedicated funds).

1. Mental Health America, The State of Mental Health in America, 2022. Note: Prevalence rankings are based on national survey data intended to measure communities' rates for mental illness and substance use disorder for both adults and youth.

With this evaluation, LOFT sought to evaluate Oklahoma's organizational structure for the delivery of mental health services, examine how outcomes are measured, and identify opportunities for improved delivery and outcomes. Additionally, LOFT examined the challenges facing the delivery of services and identified best practices from other states that could be adapted by Oklahoma for improved outcomes.

LOFT identified two key domains for the delivery of public services: those delivered directly by or through the State Department of Mental Health and Substance Abuse Services, and those delivered separate from the agency.

Services Delivered by or in Coordination with ODMHSAS

In FY21, approximately 182,000 Oklahomans received mental health and substance abuse services through ODMHSAS. Of the nearly 843,000 Oklahomans in need of behavioral health services, the Department estimates there are approximately 100,000 who are eligible for State provided services but are not receiving them.

ODMHSAS is responsible for the operation of 11 facilities within the state, some of which have multiple locations. These facilities offer specialized services, and some cater to a particular demographic. The State facilities serve as mental health providers of last resort, supporting the criminal justice system and serving some of the most challenging mental health populations.

The range of facilities can be compared to those within a traditional health care delivery model. Crisis centers are the equivalent of an emergency room, stabilizing individuals who are experiencing a mental health crisis and pose a threat either to themselves or others. Inpatient hospitals operate similar to other hospitals, providing a bed and treatment services until the patient is deemed improved enough to leave. Community Mental Health Centers provide the most accessible treatment services, offering outpatient services akin to a general practitioner's office. In addition to State operated facilities, ODMHSAS uses a network of non-profit providers to help meet the mental health needs of Oklahomans. These clinics provide a broad range of behavioral health services, from outpatient therapy and vocational services to inpatient treatment and psychotherapy.

Key Objectives:

- **Identify types of mental health and substance abuse services provided by State agencies**
- **Determine if any duplication of services exists and examine opportunities to better align expertise with delivery of services.**
- **Identify challenges facing mental health and substance abuse providers in delivering services.**
- **Evaluate best practices among states for the delivery of mental health and substance abuse services and opportunities for improved outcomes.**

Direct or coordinated services provided through the Department of Mental Health and Substance Abuse Services			
Direct ODMHSAS Services		**Services Coordinated through ODMHSAS**	
Service Description	**Services Provided**	**Service Description**	**Services Provided**
Inpatient Hospitals: Provide acute inpatient psychiatric care for individuals who do not have access to other psychiatric inpatient care, or longer-term care for individuals who are a danger to themselves or others and are unable to temporarily function in a community setting.	Number of Facilities: 4 Populations Served: Children, Adults and Not Guilty by Reason of Mental Illness Total Number of Beds: 501	**Private Providers:** These clinics provide a broad range of behavioral health services, from outpatient therapy and vocational services to inpatient treatment and psychotherapy.	Number of Providers: ODMHSAS uses a network of 105 non-profit providers, including 13 Community Mental Health Centers. *(figures exclude those providers who are reimbursed for serving Medicaid clients apart from ODMHSAS)* Population Served: Medicaid participants and indigent Oklahomans.
Community Mental Health Centers: The most accessible treatment provider, offering a broad range of outpatient services including case management for adults and children, crisis intervention, psychiatric rehabilitation, medication services, therapy, and other support services.	Number of Facilities: 4 Population Served: All Oklahomans Total Number of Beds: these type of facilities do not operate inpatient beds but may operate beds separate from the center.	**Behavioral Health Courts:** Participants in the court supervised treatment program are provided the opportunity in lieu of incarceration. Non-profit providers, subsidized by ODMHSAS, partner with law enforcement to deliver services to participants.	Number of Courts: Four types of behavioral health diversion programs in Oklahoma: Adult Drug Courts, Mental Health Courts, Misdemeanor Diversion Programs, and Juvenile Diversion Programs. Population Served: The courts provide behavioral health services to eligible nonviolent offenders. These courts had a total of 2,626 participants in FY22.
Crisis Stabilization Units: Places of stabilization that offer the community a "no wrong door" access to mental health and substance use care. These facilities operate similar to a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs.	Number of Facilities: 2 Population Served: Adults Total Number of Beds: 32	**988 and Mobile Crisis:** ODMHSAS contract with a third party for operation of a direct, three-digit crisis hotline. Callers are connected to trained behavioral health professionals who can connect them to local resources. Additionally, ODMHSAS operates mobile crisis teams.	Number of 988 Calls: Since the July 5, 2022 launch, 1,735 calls have been received. Population Served: All Total Number Served Through Mobile Crisis: 86 Mobile Crisis Units dispatched since July 2022.
Transitional Facility: This facility supports the transition of consumers leaving the Oklahoma Forensic Center into the community.	Number of Facilities: 1 Population Served: Adults Total Number of Beds: 52	**Cohen Veterans Network:** is a philanthropic organization implementing a network of mental health clinics serving military veterans and their families. The clinic provides services regardless of the client's ability to pay.	Number of Clinics: 1 in Oklahoma (Lawton) Population Served: Veterans Total Number Served: estimated to serve over 550 individuals per year.

Services Provided by Non-ODMHSAS Agencies

While the Department of Mental Health and Substance Abuse Services delivers services to children through State operated facilities and contracted private providers, the majority receiving mental health services do so through their schools. Oklahoma public schools are required to provide suicide awareness training to staff. School counselors provide short-term counseling to students and make referrals for long-term support or crisis intervention. Some school districts have partnered with private providers (using Medicaid funds) to provide students with on-site services from licensed mental health counselors.

Other specific populations receiving State supported services include veterans, first responders, incarcerated individuals, and justice-involved youths. While LOFT did not observe any direct duplication of services across ODMHSAS and other agencies, the limited coordination among entities serving the same population (such as children under the age of 18) and the lack of unduplicated data presents the likelihood of inefficient delivery or overlaping of services. Additionally, some agencies, like the Department of Corrections, may be providing services that could be provided by mental health entities.

Service Delivery Strengths, Challenges, and Opportunities

Oklahoma's system of mental health services is delivered across local governments, court systems, law enforcement, private providers, and non-profit organizations. Throughout the evaluation, LOFT identified both strengths and overarching challenges within the State's mental health system, as well as opportunities for stakeholders to improve collaboration, identify and close gaps in services, enhance data collection, and build a more robust framework for the delivery of mental health services.

Strengths

Oklahoma is the first and only state with full statewide coverage of Certified Community Behavioral Health Clinics (CCBHCs). These clinics are part of a national pilot program for an expanded behavioral health model, providing 24-hour crisis care, care coordination with local primary care and hospital partners, and integration with physical health care. The additional services offered by CCBHCs use a new Medicaid model for payment that offers providers more flexibility regarding treatment and greater financial stability than the traditional fee for service model.

Additionally, the Department of Mental Health and Substance Abuse Services created a performance pay program to reward providers who meet or exceed established benchmarks for health care treatment. Since the program's inception in 2009, providers have consistently increased performance scores. The success of this program has resulted in national recognition, with many states looking to Oklahoma as the example for developing their own provider incentive system.

LOFT also found participation in Oklahoma drug courts to be strongly associated with socioeconomic gains including employment, education, and income levels, in addition to yielding significant cost savings over incarceration. Oklahoma is also one of just 15 states with a Cohen clinic, a public/private partnership between the State and the Cohen Veterans Network to serve military veterans and their families.

Challenges

Challenges facing state-operated inpatient facilities include a rising demand for services, limited bed capacity, insufficient data to accurately project outstanding and future needs, workforce shortages and high employee turnover. Specific facilities have unique challenges, such as the Oklahoma Forensic Center (OFC), which is the only state facility that houses and treats people adjudicated as Not Guilty by Reason of Mental Illness (NGRMI). COVID-19 and a rising NGRMI population have resulted in a significant increase in OFC's wait list.

There are also program-specific challenges. For example, while participation in drug courts has positive outcomes, participation is declining due to reclassification of simple drug possession as a misdemeanor instead of a felony. The prior incentive of avoiding incarceration led to individuals receiving treatment. Another delivery challenge is limited targeted services to Oklahoma veterans, who have a suicide rate exceeding that of Oklahoma's broader population.

Systemwide challenges that exist across the State's delivery of mental health services include:

- A lack of comprehensive and quality data from which to assess program outcomes or examine specific populations (such as students and first responders)
- Compartmentalized data and information within State agencies that limits an overall assessment of Oklahoma's mental health and behavioral needs
- No statewide coordination or unified strategy for funding or meeting the multifaceted behavioral health needs of Oklahomans, which results in service gaps, the potential for duplication of State services, inconsistent data collection and usage, and limits the ability to assess outcomes
- Rising demand for services amid a forecasted workforce shortage of mental health professionals
- Limited rural access to behavioral health treatment and services
- Continuum of care to assist in transitions and reduce relapses in health

Opportunities for Improved Outcomes

LOFT identified several best practices from other states' mental health delivery systems that could be adapted by Oklahoma, including requiring interagency data sharing and coordinated usage and reporting of information, offering relocation tax credits for mental health providers and practitioners, conducting an inventory of current services available across school districts to identify service gaps, having the State Department of Veteran Affairs take on a more direct role in providing resources and treatment to veterans, and using community partnerships to better coordinate services to those engaged with the criminal justice system.

Creation of a coordinating council, similar to what the Texas Legislature established in 2017, could provide a roadmap for Oklahoma to develop a strategic statewide approach to efficiently and effectively deliver behavioral health services. Already, the Texas Council has identified 15 targeted population service gaps within its system. Additionally, the Council works to ensure agencies' legislative appropriation requests avoid duplication and are consistent with the goals of the strategic plan. Key steps in implementing a similar model are using a central governance structure to deliver behavioral health services across the state, paired with a long-term strategy for better alignment of resources. Strategy goals are aimed at using data to develop evidence-based solutions for improving behavioral health services and outcomes.

Summary of Policy Considerations and Agency Recommendations

Policy Considerations

The Legislature may consider the following policy changes:

- Establishing a statewide coordinating council for the delivery of behavioral health services.
- Requiring Okalahoma Department of Mental Health and Substance Abuse (ODMHSAS) to provide with its annual budget request a comprehensive "State of Mental Health" annual report reflecting service metrics, including number and demographics of those served, type of services rendered, and identifying gaps in service across all state entities providing mental health and substance abuse services.
- Requiring agencies to provide data to ODMHSAS for the purpose of producing the "State of Mental Health" annual report.
- Requiring all State agencies involved in the delivery of mental health programs and services to develop and submit a coordinated funding plan to the Legislature annually before October 1st of each fiscal year.
- Requiring ODMHSAS to develop, or contract with a research institution, to identify systemic workforce challenges for behavioral health providers and provide a list of recommendations for how to recruit, retain, and increase wages for behavioral health providers. A comprehensive report should be presented to the Legislature following the conclusion of this study.
- Requiring ODMHSAS and Oklahoma State Department of Education to complete a baseline inventory of all behavioral health services offered in school districts – whether directly provided by schools, private providers, or ODMHSAS – to identify service levels as well as service gaps.
- Modifying the current apportionment of the Medical Marijuana Excise Tax to be directed to ODMHSAS for use in providing substance abuse and mental health services (63 O.S. § 426).
- Requiring courts to offer expedited proceedings for consumers who have had competency restored.
- Reconciling conflicting statutory appointing authority over the Commissioner of ODMHSAS (§43A-2-101 and §43A-2-201.)
- Amending the Department's official name to the Oklahoma Department of Behavioral Health to better reflect the services provided.

Agency Recommendations

The Oklahoma Department of Mental Health and Substance Abuse Services should:

- Examine measurable ways to incentivize or reward providers for staff retention.
- Review the compensation of security personnel within State mental health facilities to better align with that of correctional officers within the State's correctional facilities.
- Review the personal protection protocols for all personnel within the State's mental health facilities.
- Establish a memorandum of understanding with the Oklahoma Department of Veterans Affairs to share data and increase coordination of services.
- Coordinate with Veterans Health Administration facilities to enhance the delivery of services and treatment for military members and veterans.
- Establish a partnership with the newly created DPS Mental Wellness Division to develop a strategy to meet the mental health needs of first responders.
- Using a third-party contractor, conduct an assessment of provider rates and outcomes under the Prospective Payment System. The assessment should be conducted every 3 to 5 years and the results of the assessment provided to the Legislature.
- Identify strategies for better coordination of mental health services within county jails and other detention facilities.
- Collect and analyze iPad usage and outcome data for both user populations: first responders and general population.
- Collect data on the amount of time individuals stay on facility waitlists for beds.
- Enhance ODMHSAS' bed availability database to have similar capabilities as the private hospital system's, which allows for real-time data regarding bed availability.

Introduction

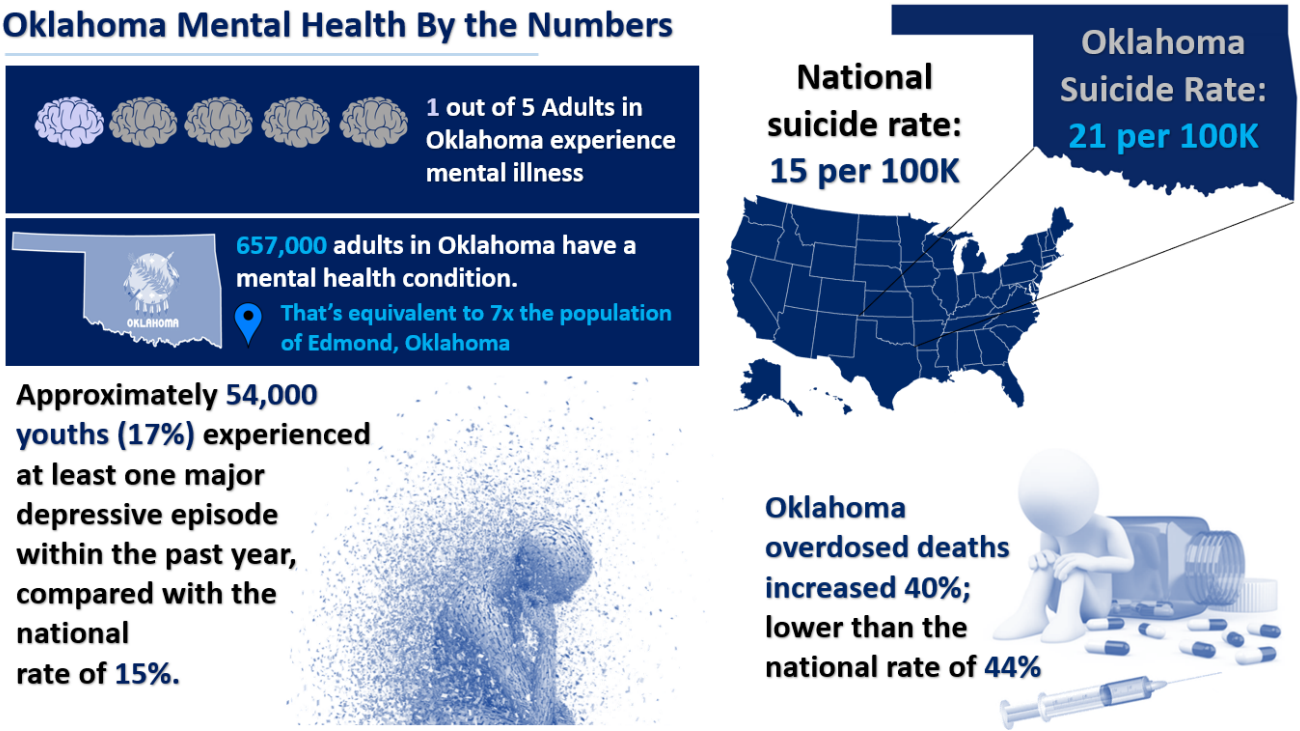
In 1915, national health leaders were laying the foundation for treating mental health through a community approach of coordinated services. The recognition of mental health as a public issue continued to evolve over subsequent years, with public studies and reports documenting mental health conditions and resources throughout the United States.

By the mid-1960s, public policy had shifted away from segregating those with mental health needs in institutions to instead providing treatment within their communities.[2] Also during this time period, the federal government began providing dedicated support for the mental health of children, community mental health centers, and eventually, recognized alcohol and drug abuse as a major public health issue.[3]

Because mental health and substance abuse both affect the emotional, psychological, and social facets of overall health, the term "behavioral health" is frequently used to address the field as a whole.[4] The high degree of co-occurrence between the two and the similarities in their effects have resulted in a national approach to grouping these two services together.

It is difficult to accurately determine Oklahoma's current behavioral health needs, as statewide figures are primarily from surveys and self-reported data.[5]

Exhibit 1: Oklahoma Mental Health by the Numbers. *(This infographic provides a snapshot of key statistics related to the mental health challenges experienced by Oklahomans.)*



Source: Legislative Office of Fiscal Transparency's creation based on data from the U.S. Census Bureau, Centers for Disease Control and Prevention and Mental Health America's 2022 The State of Mental Health in America.

2. The Community Mental Health Act of 1963 began the deinstitutionalization of the mental health system. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/jfks-legacy-community-based-care
3. National Institutes of Health, "Important Events in NIMH History."
4. https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health/behavioral-health-terms
5. Data collected and used by SAMHSA and CDC and is the industry standard.

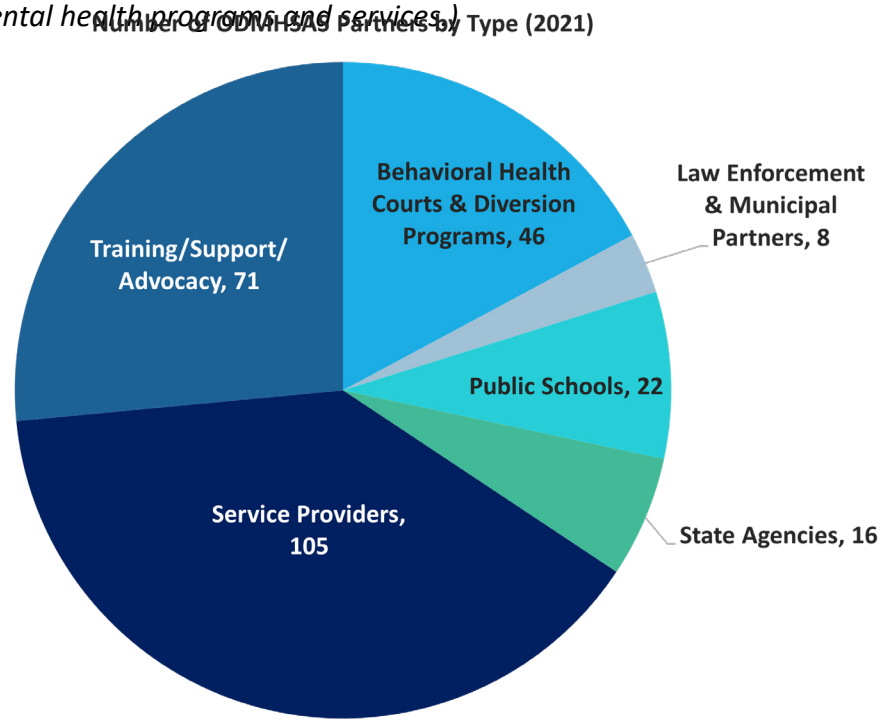
§43A-1-104. Public policy. The Oklahoma Legislature hereby declares that the public policy of this state is to assure adequate treatment of persons alleged to be in need of mental health treatment or treatment for drug or alcohol abuse, to establish behavioral standards for determination of dangerousness of persons in need of such treatment, to allow for the use of the least restrictive alternative in the determination of the method of treatment … and to protect the rights of consumers hospitalized pursuant to law.

Oklahoma's Mental Health Care Delivery System

A combination of private providers (paid through private insurance), non-profit organizations, and State entities serve the behavioral health needs of Oklahomans. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) serves as the State's leader in the delivery and provision of public mental health services and also coordinates with other State entities or private care providers to meet the mental health and behavioral needs of differing population subsets.[6]

There are a total of 17 state agencies and public institutions involved in the delivery of services. LOFT identified 269 State and non-State entities ODMHSAS coordinates with for the delivery of mental health programs and services, as illustrated in Exhibit 2.

Exhibit 2: Number of ODMHSAS Partners by Type. *(This pie chart depicts the breakdown of identified entities ODMHSAS coordinates and partners with for the delivery of mental health programs and services.)*



Source: The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

6. 43A O.S. § 2-101

Enactment of the Mental Health Law of 1953 created the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).[7] The Department is considered "the state's safety net mental health and substance use treatment services system," providing prevention and treatment services for two primary populations: [8]

1. SoonerCare Members (Medicaid recipients)
2. Indigent and uninsured or underinsured

Eligibility requirements limit the populations ODMHSAS directly serves, although the Department is required to provide services to children under the age of twenty and emergency services to everyone, regardless of their income level. Indigent populations must meet income requirements (at or below 200 percent of the federal poverty level), and either be underinsured or uninsured in order to qualify for services from ODMHSAS.[9]

Other populations are provided services through coordination with ODMHSAS or other State agencies that serve specific populations, such as the Department of Corrections (DOC) providing mental health services to incarcerated individuals and local school districts providing services to students.

The Department is responsible, through contract and direct operations, for mental health and substance abuse prevention and treatment services statewide. This includes acute care and inpatient services, residential treatment, community-based treatment and outpatient services, crisis stabilization, programs for assertive community treatment, services for children and families, and a statewide community prevention network along with education and awareness activities. The Department also oversees and manages the behavioral health component of Oklahoma's Medicaid program.[10]

ODMHSAS providers must treat all individuals for emergency services without regard to ability to pay. The department is deemed as the "Payer of Last Resort," meaning providers must seek other third-party reimbursement through eligibility determination, billing, and collection prior to the use of Department funds.[11]

Funding Overview

Oklahoma's Behavioral health system is funded through a combination of State appropriations, federal grants, and federal Medicaid match dollars. Combined FY22 spending from the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority (OHCA) constitute a majority of the State's behavioral health expenditures, totaling approximately $971 million. Federally matched Medicaid dollars play a significant role in funding the State's behavioral health system, making up 45% of all spending.

7. 43A O.S. § 1-102
8. ODMHSAS Agency Overview
9. ODMHSAS serves uninsured/underinsured individuals whose incomes are below 200% of federal poverty guidelines as well as children who have no other method of payment. http://www.odmhsas.org/picis/Documents/SOW/Eligibility%20and%20Target%20Population%20Matix_FY22.pdf
10. Oklahoma ABC Book, Department of Libraries, 2020
11. http://www.odmhsas.org/picis/Documents/SOW/Eligibility%20and%20Target%20Population%20Matix_FY22.pdf

***Exhibit 3: Behavioral Health Funds from ODMHSAS and OHCA**. (This chart depicts the total behavioral health funding from the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority by fund type, managing agency, Medicaid designation, and amount.)*

FY22 ODMHSAS & OHCA Behavioral Health Funds by Revenue Source				
Revenue Source	**Fund Type**	**Managing Agency**	**Medicaid Designation**	**Amount**
ODMHSAS State Funds	State	ODMHSAS	Non-Medicaid	$238,397,412
ODMHSAS State Medicaid	State	ODMHSAS	Medicaid	$90,304,103
OHCA State Medicaid	State	OHCA	Medicaid	$4,868,977
ODMHSAS Federal Funds	Federal	ODMHSAS	Non-Medicaid	$200,782,884
ODMHSAS Federal Medicaid Match	Federal	OHCA	Medicaid	$402,603,559
OHCA Federal Medicaid Match	Federal	OHCA	Medicaid	$34,258,272
Total DMH & OHCA Behavioral Health Funds:				**$971,215,207**

Source: The Legislative Office of Fiscal Transparency's creation based on data from the Oklahoma Senate FY22 Appropriation Report and the Oklahoma Health Care Authority.
Note: Figures were calculated using projected revenue and may not reflect exact behavioral health spending.

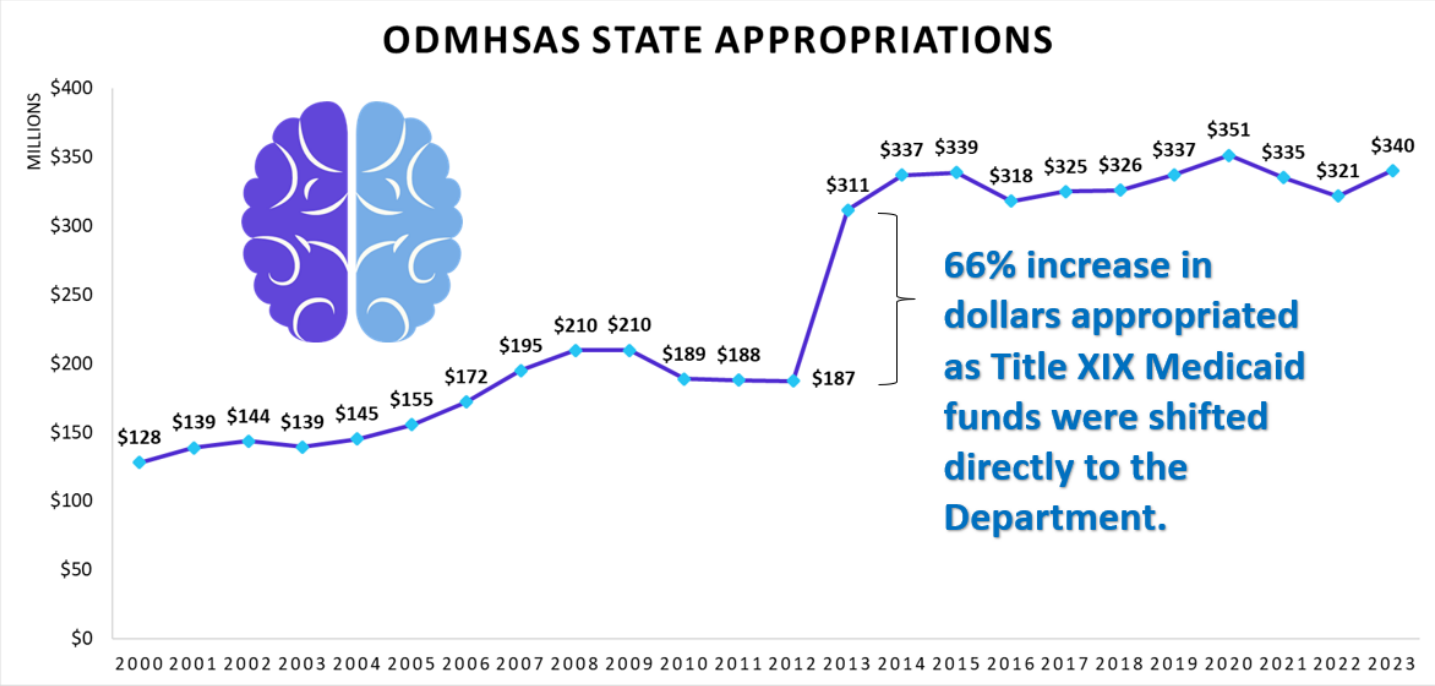
ODMHSAS is the seventh-largest State agency by annual legislative appropriations. In FY22, ODMHSAS was appropriated approximately $321.4 million, accounting for four percent of all State-appropriated funding for government services.

In 2013, Medicaid funding for behavioral health was moved from the Oklahoma Health Care Authority's budget to ODMHSAS'. This shift resulted in a significant increase to the Department's budget but does not represent new funds. This portion of ODMHSAS' annual funding fluctuates based on the Federal Medical Assistance Program (FMAP) rate.[12] The FMAP rate is used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures.[13]

As illustrated in Exhibit 4 on page 5, State appropriations for mental health have increased by nine percent since 2013. When adjusting for inflation, mental health funding has decreased by 11 percent during the same period.[14] [15]

12. Appendix C provides a historical trend of the FMAP rate with Title XIX Medicaid State matching funds.
13. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year.
14. Total state investments may fluctuate based upon adjustments to the FMAP rate.
15. Please refer to Appendix D for nominal compared with inflation adjusted State appropriations.

Exhibit 4: ODMHSAS State Appropriations Historical Trend. *(This line chart illustrates the historical trend of State appropriations allocated to the Department of Mental Health, by Fiscal Year.)*



Source: Oklahoma Senate appropriations reports.
Note: State appropriations increase from FY12 to FY13 is attributed to the transfer of Behavioral Health from the Oklahoma Health Care Authority (OHCA) to ODMHSAS. Approximately 112,000 Oklahomans received Medicaid only services through the Health Care Authority in FY'12. There was a $118 million State appropriations increase due to this transfer of responsibilities.
Note: In FY16 the Department was originally appropriated $340,691,561, but did not receive the entirety of funding due to the declaration of two revenue failures.

In FY22, the Department received more than $529 million in total funding from all sources, including federal funds and interagency funding. State funds (inclusive of State appropriations and dedicated funds) account for 62 percent of all funding supporting the Department's mental health services with the largest source of State funding coming from the general appropriation. Federal funding, inclusive of COVID-19 support funds, accounted for 38 percent of the Department's FY22 budget.

Exhibit 5: Comprehensive Funding for ODMHSAS FY22. *(This table provides a comprehensive breakdown of the total funding, by source, ODMHSAS received in FY22.)*

Revenue Source	Appropriated Funds	Dedicated Funds	Inter-Agency Funds	Other Funds	Total
FY22 General Revenue	$229,939,861				$229,939,861
Cash Flow Reserve Fund	$50,000,000				$50,000,000
Oklahoma Medical Marijuana Authority	$12,500,000				$12,500,000
Opioid Lawsuit Settlement	$15,500,000				$15,500,000
FY22 Alcoholic Beverage Control Fund	$12,350,000				$12,350,000
FY20 Alcoholic Beverage Control Fund	$1,199,736				$1,199,736
Department of Mental Health Revolving Fund		$6,995,819	$79,141,472		$86,137,291
Drug Abuse Education and Treatment			$566,724		$566,724
Group Housing Loan		$1,000			$1,000
Community Based Substance Abuse		$215,100	$393,000		$608,100
Prevention of Youth Access to Alcohol			$27,939		$27,939
Federal Funds (Revolving Fund 410)				$31,741,560	$31,741,560
Federal Funds (Revolving Fund 440)				$10,223,484	$10,223,484
Substance Abuse Block Grant				$25,668,509	$25,668,509
Federal Funds related to COVID-19			$22,298,554	$30,721,642	$53,020,196
Total	$321,489,597	$7,211,919	$102,427,689	$98,355,195	$529,484,400

Source: Data from the Oklahoma Senate FY22 Appropriation Report.

In recent years, the Legislature directed $2.5 million to provide peer support crisis intervention for emergency first responders and correctional officers, along with telemedicine capabilities to assist law enforcement with mental health interventions. In the FY23 budget, the Legislature appropriated $3.5 million for the expansion of an additional 80 beds at the Oklahoma Forensic Center, $2 million for services for children with acute behavioral health issues and $700,000 to support operational expenditures for the Cohen Veteran Center.[16]

Governance

The Department is directly overseen by the nine-member Board of Mental Health and Substance Abuse Services.[17] Five members are appointed by the Governor, two are appointed by the Speaker of the House of Representatives, and two are appointed by the President Pro Tempore of the Senate.[18]

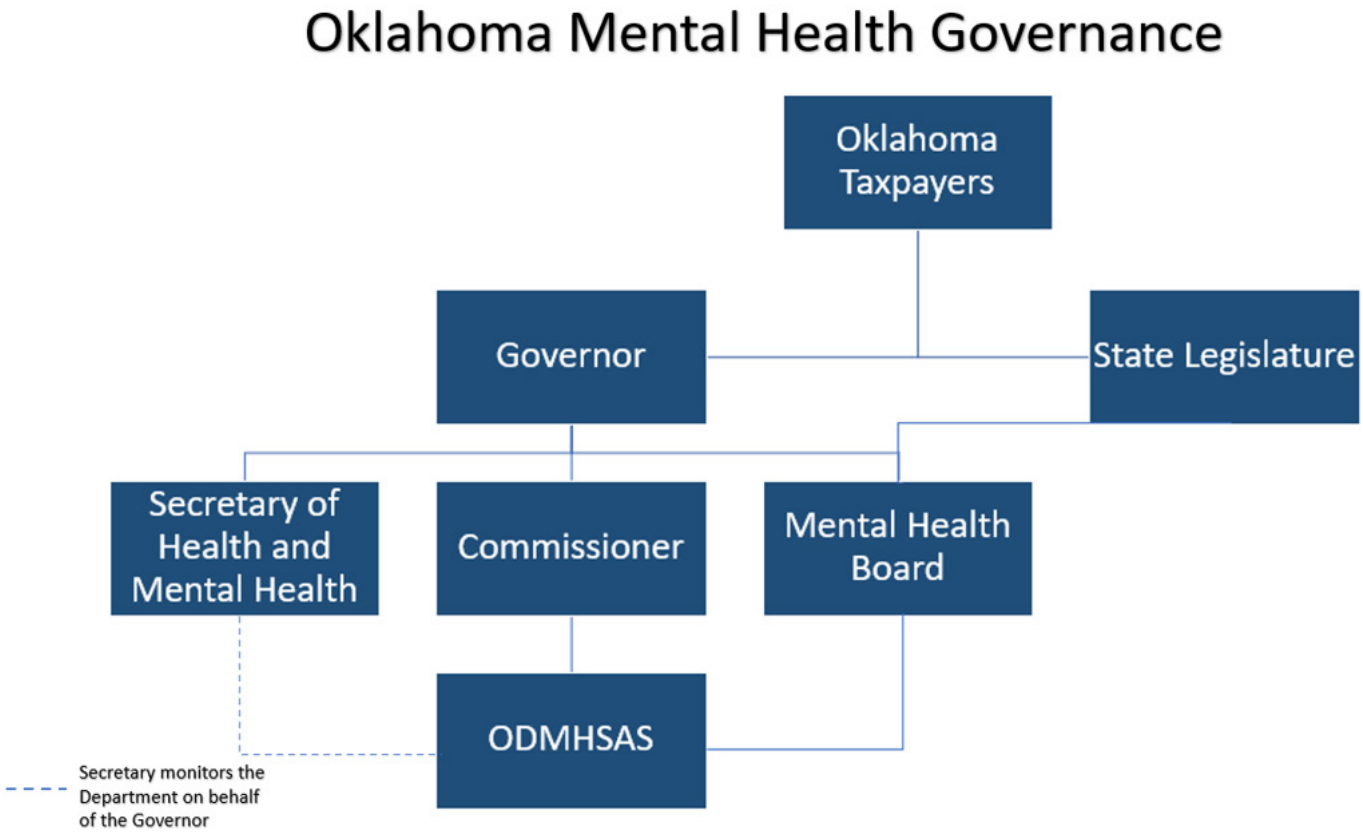
Board members are vested with the authority to:

- Promulgate rules for entities to contract with ODMHSAS for mental health servcies;
- Prescribe standards for qualifications of personnel;
- Provide clinical, fiscal and management audit of services and facilities;
- Approve and compile catchment area plans and budget requests into a statewide mental health plan and budget for submission to the Governor, Legislature and federal funding sources as appropriate; and
- Assist mental health facilities in the recruitment of qualified personnel and in conducting in-service training programs.[19]

16. FY23 General Appropriations Bill (SB1040)
17. Statute provides no specific professional qualifications or requirements for individuals to serve as board members.
18. 43A O.S. § 2-103
19. §43A-3-306

The Department is led by the Commissioner of Mental Health and Substance Abuse Services (Commissioner) and is charged with the duty of carrying out the provisions of the Mental Health Law. The Commissioner is appointed by the Governor with the advice and consent of the Senate.[20]

Exhibit 6: Oklahoma Mental Health Governance. *(This figure provides a hierarchical view of how Oklahoma's leading mental health agency is governed from Oklahoma taxpayers through multiple government officials and entities.)*



Source: Information obtained from Oklahoma Statutes §43A-2-101 and §43A-2-202.1
Note: The Forensic Review Board determines which individuals adjudicated not guilty by reason of mental illness and confined with the Department of Mental Health and Substance Abuse Services are eligible for release based on 22 O.S. § 1161.

20. LOFT's statutory research identified conflicting statutes regarding the appointment process for the Commissioner of Mental Health. See Oklahoma Statutes §43A-2-101 and §43A-2-201.

Mental Health Delivery Domains

As the primary agency for the State's delivery of behavioral health services, the Department of Mental Health and Substance Abuse Services (ODMHSAS) provides both direct and coordinated services across the State. There are also behaviorial health programs and services provided outside of ODMHSAS to specific populations, such as students, law enforcement officers, and veterans.

This section of the report describes the two delivery domains: services provided either through ODMHSAS or separately from ODMHSAS. It also evaluates how services are delivered and by whom, describes the populations served, and evaluates the challenges facing the delivery model.

Population Served

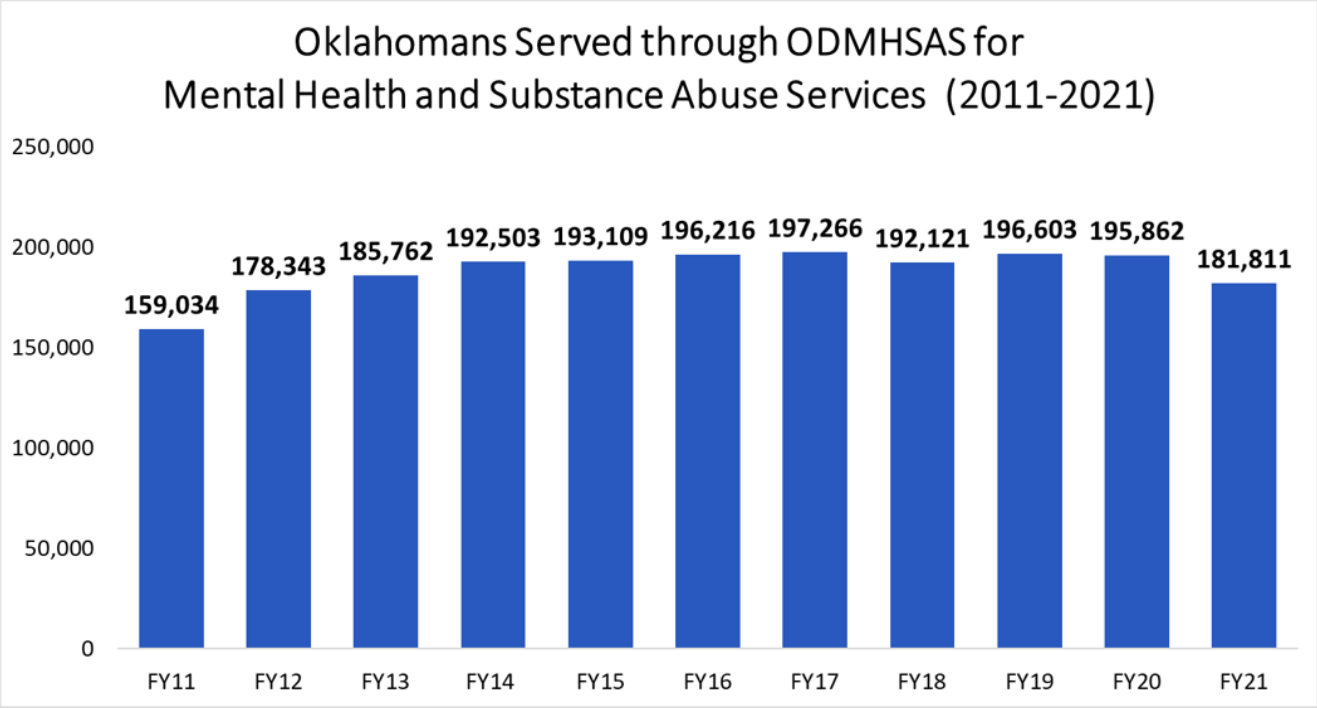
The term "consumer" is commonly used in the health community to describe those receiving treatment for mental or behavioral disorders and has been adopted by most federal health agencies.[21] In 2005, Oklahoma amended its statutes to use the term to describe persons "under care or treatment in a facility pursuant to the Mental Health Law, or in an outpatient status.[22]

Services are delivered to those experiencing mental health challenges, substance abuse, or both. For the purposes of this report, references to mental health services are inclusive of all behavioral health needs of these consumer groups.

As depicted in Exhibit 7, on page 9, since 2011, the number of Oklahomans receiving mental health and substance abuse services through ODMHSAS has increased by 14 percent.[23] [24] Between FY20 and FY21, the number of Oklahomans receiving behavioral health services through ODMHSAS declined seven percent, primarily attributed to the COVID-19 pandemic. Of the nearly 843,000 Oklahomans in need of behavioral health services, the Department estimates there are approximately 100,000 who are eligible for State provided services but are not receiving them.[25]

21. The National Library of Medicine
22. HB 561, c. 195, § 1, eff. November 1, 2005
23. LOFT's analysis based on data from the Oklahoma Department of Mental Health and Substance Abuse Services' online query system (OONQues).
24. Please refer to Appendix E to see the number of Oklahomans receiving services isolated by mental health and substance abuse services through ODMHSAS
25. Appendix F provides ODMHSAS' methodology for calculating this.

Exhibit 7: Oklahomans Served through ODMHSAS for Mental Health and Substance Abuse Services (2011-2021). *(This column chart displays the historical trend of Oklahomans being served through ODMHSAS for behavioral health.)*



Source: Data obtained from the Oklahoma Department of Mental Health and Substance Abuse Services' online query system (OONQues).

Note: Decrease in the number of consumers being served by ODMHSAS is attributed to the COVID-19 pandemic.

Exhibit 8 summarizes the populations served across the State's mixed delivery system: youth, adults, veterans, those within the criminal and juvenile justice systems, and individuals with intellectual and developmental disabilities.

Exhibit 8: Behavioral Health Primary Targeted Populations Served by State Entities. *(This table summarizes the key targeted populations served across the State's mixed delivery system receiving behavioral health services, by State entity. It should be noted many State entities serve multiple targeted populations; however, the table provides the primary targeted population served.)*

State Entity	Youth	Adults	Veterans	Criminal and Justice-Involved	Intellectual & Developmental Disabilities (IDD)
Department of Mental Health and Substance Abuse Services (ODMHSAS)*	✓	✓	✓	✓	
Alcoholic Beverage Laws Enforcement Commission (ABLE)		✓			
Department of Veterans Affairs (ODVA)			✓		
Department of Corrections (DOC)*				✓	
Department of Human Services (DHS)	✓	✓			
Department of Rehabilitation Services (DRS)		✓			✓
Health Care Authority (OHCA)		✓			
State Department of Education (OSDE)	✓				
State Department of Health (OSDH)*	✓	✓			
Tobacco Settlement Endowment Trust (TSET)		✓			
Office of Juvenile Affairs (OJA)*	✓			✓	
Public Institutions of Higher Education*					
Oklahoma City Community College (OCCC)		✓			
Oklahoma State University (OSU)		✓			
Rose State College		✓			
University of Central Oklahoma		✓	✓		
University of Oklahoma (OU)		✓			
University of Oklahoma Health Sciences Center (OUHSC)		✓			

Source: Data provided by the Oklahoma Department of Mental Health and Substance Abuse Services and from responses to a Mental Health Survey distributed by LOFT to State entities.
*Note: * represents entities which provide direct treatment for behavioral health diagnosis or crisis.*

LOFT's prior evaluation on medical marijuana regulation identified several states working to integrate and align their medical marijuana industries with the health care community.[26] Many states direct medical marijuana excise tax apportionments to mental health initiatives. Currently, an apportionment of Oklahoma's medical marijuana excise tax is allocated to the Oklahoma State Department of Health (OSDH) for drug and alcohol rehabilitation. This funding could be redirected to ODMHSAS for use in providing substance abuse and mental health services.

26. LOFT Report, "Regulation of Oklahoma's Medical Marijuana Industry," February 2022.

Delivery Domain: The Department of Mental Health and Substance Abuse Services

State Operated Facilities

ODMHSAS is responsible for the operation of 11 facilities within the state, some of which have multiple locations. The 11 key facilities are statutorily defined and include: four inpatient hospitals, four Community Mental Health Centers (CMHCs), two crisis stabilization units, and one transitional facility. These facilities offer specialized services, and some cater to a particular demographic. For example, the Oklahoma Forensic Center (OFC) houses people adjudicated Not Guilty by Reason of Mental Illness (NGRMI), as well as those awaiting a determination of competency to stand trial.[27] The Children's Recovery Center is the only State operated facility dedicated to serving children's behavioral health.

Exhibit 9: List of ODMHSAS Facilities. *(This table lists Oklahoma's 11 State operated facilities and related locations. Data includes populations served, location and bed capacity.)*

Service	Population Served	Location(s)	Beds
Carl Albert Community Mental Health Center (CACMHC)			
Community Mental Health Center	All	Multiple	N/A
Inpatient Psychiatric	Adults	McAlester	15
Urgent Recovery Center	Adults	McAlester	N/A
Central Oklahoma Community Mental Health Center (COCMHC)			
Community Mental Health Center	All	Norman	N/A
Children's Recovery Center (CRC)			
Inpatient Psychiatric	Children and Adolescents	Norman	55
Griffin Memorial Hospital (GMH)			
Inpatient Psychiatric	Adults	Norman	120*
Jim Taliaferro Community Mental Health Center (JTCMHC)			
Community Mental Health Center	All	Multiple	N/A
Inpatient Psychiatric	Adults	Lawton	15
Urgent Recovery Center	Adults	Lawton	N/A
Northwest Center for Behavioral Health (NWCBH)			
Community Mental Health Center	All	Multiple	N/A
Inpatient Psychiatric	Adults	Ft. Supply	20
Residential Substance Abuse Treatment	Adults	Woodward	26
Oklahoma County Crisis Intervention Center (OCCIC)			
Urgent Recovery Center	Adults	Oklahoma City	N/A
Crisis Stabilization Unit	Adults	Oklahoma City	16
Oklahoma Crisis Recovery Unit (OCRU)			
Crisis Stabilization Unit	Adults	Oklahoma City	16
Oklahoma Forensic Center (OFC)			
Inpatient Psychiatric	Pretrial defendants deemed incompetent/ NGRI/NGRMI	Vinita	216
Transitions Recovery Center (TRU)			
OFC Transition Services	Consumers from OFC preparing for community transitions	Vinita	52
Tulsa Center for Behavioral Health (TCBH)			
Inpatient Psychiatric	Adults	Tulsa	60

Source: Oklahoma Department of Mental Health and Substance Abuse Services, August 11, 2022.
**ODMHSAS contracts with a private, non-profit for the operation of 55 additional beds at Griffin for a total current capacity of 175.*

27. See 22 O.S. 1175.1 and 1161 for definitions.

Inpatient Hospitals: provide acute inpatient psychiatric care for individuals who do not have access to other psychiatric inpatient care, or longer-term care for individuals who are a danger to themselves or others and are unable to temporarily function in a community setting.

Community Mental Health Centers: provide a wide variety of services including case management for adults and children, crisis intervention, psychiatric rehabilitation, medication services, and other outpatient mental health services.

Crisis Stabilization Units: are places of stabilization and offer the community a no wrong door access to mental health and substance use care. These facilities operate similar to a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs.

Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

The range of facilities can be compared to those within a traditional health care delivery model. Crisis centers are the equivalent of an emergency room, stabilizing individuals who are experiencing a mental health crisis and pose a threat either to themselves or others. Inpatient hospitals operate similar to other hospitals, providing a bed and treatment services until the patient is deemed improved enough to leave.[28] Community Mental Health Centers provide the most accessible treatment services, offering outpatient services akin to a general practitioner's office. Consumers using Community Mental Health Centers can obtain a broad range of mental health care, ranging from obtaining medication assistance, therapy, and other support services that enable them to successfully manage their mental health.

Challenges Facing Delivery Model

The State facilities exist to serve as mental health providers of last resort, supporting the criminal justice system and serving the most difficult mental health populations. Key challenges facing this delivery model include rising demand for services and limited facility capacity, insufficient data to accurately project outstanding needs, and an overall challenging work environment for employees.

Additionally, Griffin Memorial Hospital (Griffin), which treats some of the most severe mental health cases, is more than a hundred years old and its outdated design poses a risk to the safety of staff and consumers.[29] During fieldwork, LOFT observed a pharmacy with unsecured access and a high-risk patient intake system, with patients sleeping on lobby couches while being assessed and awaiting services. Also, full-time medical staff are housed in old psychiatric units and barricaded rooms due to space limitations.

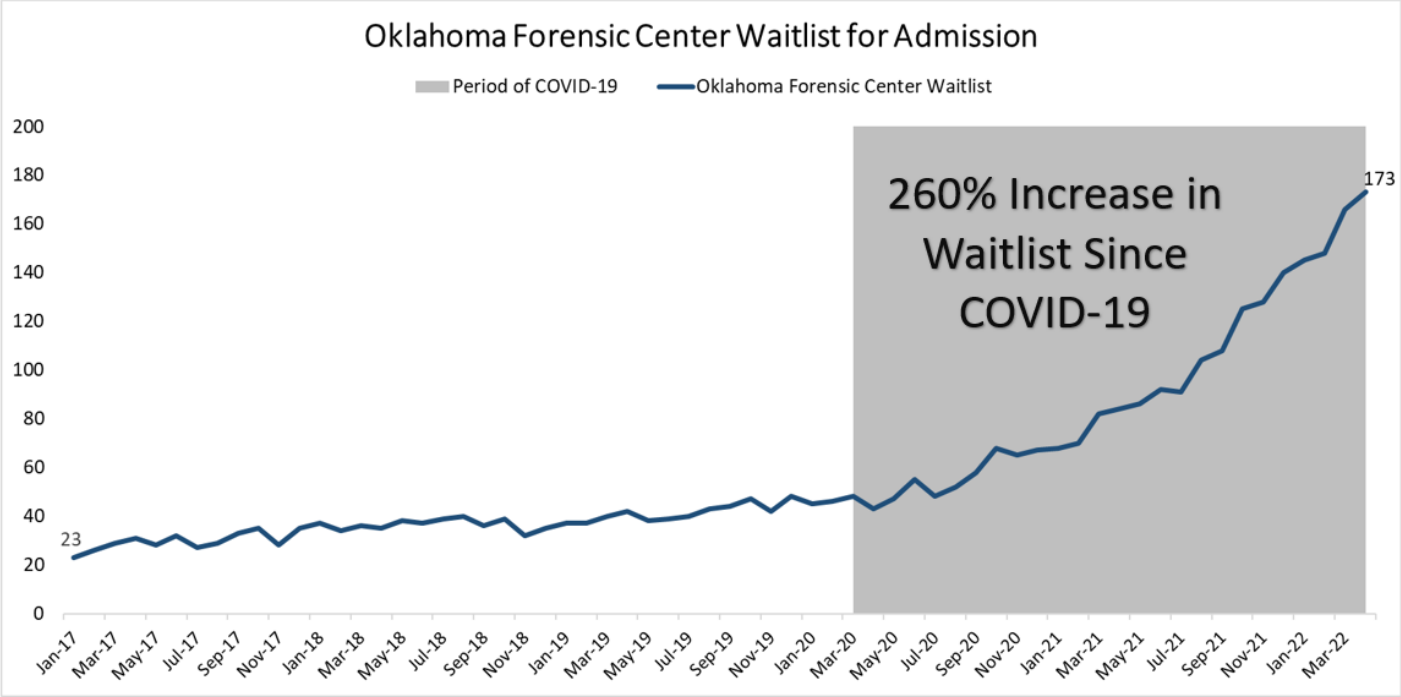
There are a total of 175 beds at Griffin, however, DMHSAS contracts with a private provider for the operation of 55 crisis beds. The capacity for beds operated by DMHSAS is 120.

The Department recently submitted an $87 million proposal to the Joint Committee on Pandemic Relief to build a new facility that would increase current capacity by 100 beds. However, as Griffin did not track the number of people waiting for a bed until recently, it is unclear what the ideal number of beds should be.[30] Griffin does not maintain a comprehensive accounting of all consumers in local detention facilities, emergency rooms, hospitals and other facilities awaiting a bed at Griffin; instead, Griffin tracks the average count of the number of consumers within their waiting room.

28. All hospitals are inpatient, as indefinite institutionalization is not federally permitted. Inpatient hospitals periodically reassess consumers, in compliance with federal law.
29. LOFT correspondence with GMH staff members during LOFT's fieldwork.
30. The cost proposed is net after sales of the land where the current hospital resides in Norman, Oklahoma. The proposed project outlines a new state of the art facility with an enhanced residency program to address the behavioral health workforce demands.

The Oklahoma Forensic Center in Vinita (OFC), which does track wait list data, has seen an increase of 652 percent over the last five years, from 23 people waiting in January of 2017 to 173 people waiting in April 2022. The OFC is the only facility in the State that serves those ruled Not Guilty by Reason of Mental Illness and those requiring competency restoration prior to trial.[31]

Exhibit 10: Oklahoma Forensic Center Waitlist. *(This chart shows the waitlist for the Oklahoma Forensic Center.)*



Source: Data from Oklahoma Department of Mental Health and Substance Abuse Services
Note: Since the onset of the Coronavirus disease (COVID-19) pandemic, the OFC waitlist has increased by 260 percent. COVID-19 impacted the referral and pick up process of consumers between jail and OFC and reduced the ability to move NGRI/MIs individuals through the system. During the pandemic, most courts shut down or reduced their dockets, which made it difficult for consumers to have hearings and orders, leading to backlogs and delays.

While OFC tracks the ***number*** of people waiting, none of the State facilities track ***how long*** patients wait to receive services.[32] The Department of Mental Health and Substance Abuse Services attributes the increase of the OFC waitlist to two primary factors: a rising NGRMI population and the COVID-19 pandemic. Consumers adjudicated as Not Guilty by Reason of Mental Illness stay at OFC for an indeterminate amount of time, and the Forensic Review Board's recommendation, and court approval, is required for release. Those in this population may stay at the facility for years or even decades. However, those treated for competency restoration cannot be kept at the facility for more than two years.[33] Since January 2017, the NGRMI population at the Oklahoma Forensic Center has increased by 28 percent.[34] The Department has sought to reduce the waitlist by adding an additional 80 beds, converting a nearby facility to house forensic consumers, and by working with Oklahoma County to provide competency treatment within county jails.

31. See 22 O.S. 1175.1 and 1161 for definitions. This population was previously identified under statute as Not Guilty By Reason of Insanity.
32. Prior to April 2022, ODMHSAS did not maintain a list of individuals waiting for services at Griffin Memorial Hospital.
33. 22 O.S. § 1175.6a
34. Appendix G provides the NGRMI trend over time.

Services Delivered by Other Partners, With Oversight by the Department of Mental Health and Substance Abuse Services

Private Service Providers

In addition to State operated facilities, ODMHSAS uses a network of 105 non-profit providers, including 15 Community Mental Health Centers, to help meet the mental health needs of Oklahomans.[35] These clinics provide a broad range of behavioral health services, from outpatient therapy and vocational services to in-patient treatment and psychotherapy. CMHCs employ a staff of Licensed Therapists, counselors, and social workers to screen eligible patients, direct them to the appropriate level of care, and treat them as needed. [36] ODMHSAS' providers do not include the nearly 350 private behavioral health providers that serve Medicaid recipients but are not directly partnered with the Department. Providers serving Medicaid consumers receive reimbursement from the Oklahoma Health Care Authority, which then bills ODMHSAS for the State portion of Medicaid.

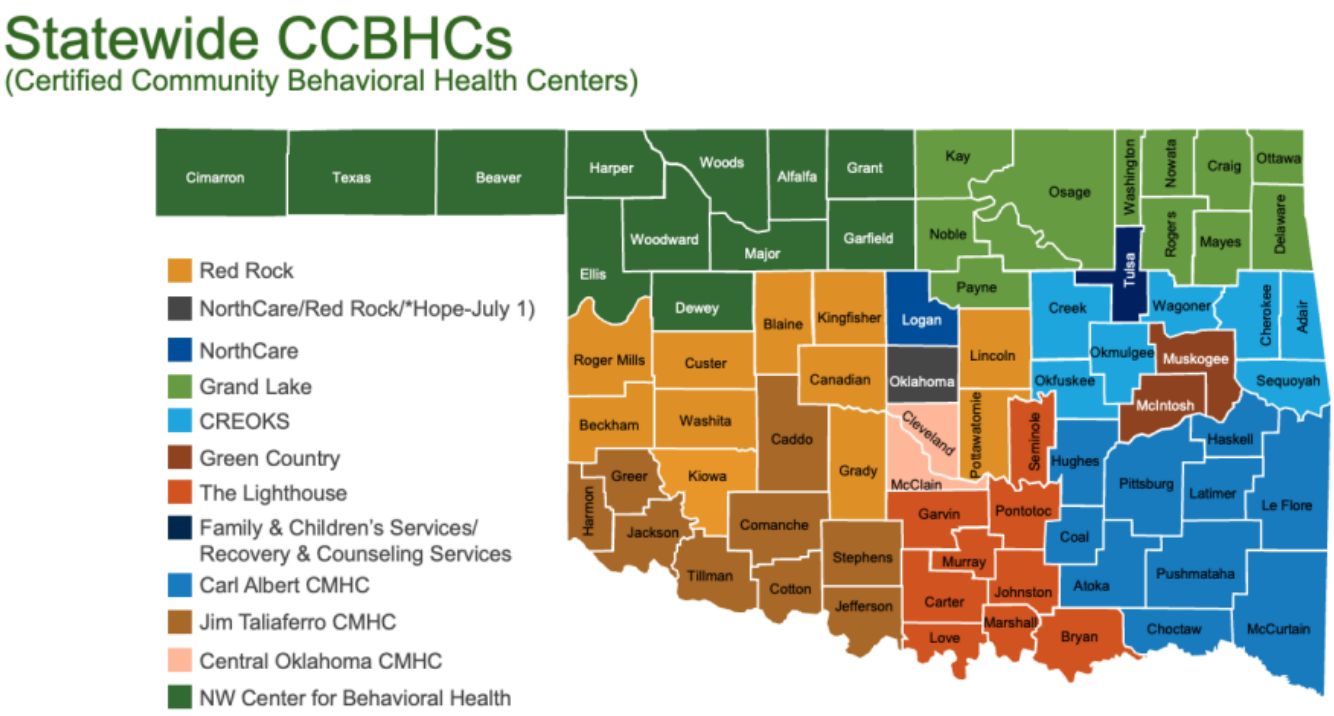
Community Mental Health Centers provide programs designed to engage patients in critical aspects of life. For example, Housing Assistance services help residents acquire the skills needed to transition into independent living. Individual Placement and Support programs offer technical trainings, educational opportunities, and supported employment for those with serious mental illness. CMHC facilities are reimbursed under a Medicaid Fee-for-Service (FFS) model, which reimburses providers a fixed amount, set by the State, based on a specific service. However, stakeholders informed LOFT that the reimbursement rates are inadequate, as only a portion of the total cost of service is covered.

In 2017, eight states, including Oklahoma, were selected by the Substance Abuse and Mental Health Agency (SAMHSA) to participate in a national pilot program for an expanded behavioral health model called Certified Community Behavioral Health Clinics (CCBHC's). These clinics provide additional services not provided by CMHCs, such as 24-hour crisis care, care coordination with local primary care and hospital partners, and integration with physical health care. Oklahoma began with three CCBHCs in 2017 and has since grown to thirteen, covering the entire State. **Oklahoma is the first and so far, only state with full statewide coverage of CCBHCs.**

35. Appendix H provides a map of CMHCs, Crisis, and Urgent Recovery Center locations in the state

36. To operate as a CMHC, providers must receive accreditation from ODMHSAS. Newly accredited CMHCs cannot bill OHCA for services rendered for six months. 43A O.S. § 3-306.1https://oklahoma.gov/odmhsas/policy/provider-certification.html

***Exhibit 11*: Statewide CCBHCs.** *(This map reflects the counties served by CCBHCs, color-coded by service provider.)*



Source: Oklahoma Department of Mental Health and Substance Abuse Services.

The additional services offered by CCBHCs are provided by utilizing a new Medicaid model called the Prospective Payment System (PPS). This system differs from the traditional Fee-for-Service (FFS) approach in that reimbursement is paid monthly, per person receiving an eligible service. According to mental health service providers, the CCBHC payment system provides sufficient financial reimbursement, while the former FFS system did not. The PPS results in higher quality services and greater financial stability for providers as they have more flexibility to treat consumers than with the traditional FFS Medicaid model.[37]

ODMHSAS provides additional financial incentive opportunities to providers based on performance. Utilizing available Medicaid funds, the department implemented the Enhanced Tiered Payment System (ETPS) in 2009. ETPS payments are awarded to providers who meet or exceed the twelve performance benchmarks of the program. The benchmarks measure evidence-based best practices for behavioral health care treatment. Providers that don't meet benchmarks are not eligible for the funds and those who exceed benchmarks qualify for bonus reimbursement. Since the program's inception, providers have consistently increased their scores. Exhibit 12, on page 16, lists each performance measure and the average increase in scores since the program's inception.

37. Outcome data is only available for the three pilot CCBHCs to date.

Exhibit 12: **ETPS Scores by Measure.** *(This table shows each of the twelve benchmarks providers are scored on in the Enhanced Tiered Payment System (ETPS) and the average increase in scores since June 2009.)*

Measure	Average Percent Increase for ETPS Benchmarks for Providers (June 2009 - March 2022)
Outpatient Peer Recovery Support Services	**55.2**
Outpatient Crisis Service Follow-up within 8 Days	**49.1**
Engagement in Treatment within 45 Days	**34.7**
Inpatient/Crisis Unit Follow-up within 7 Days	**27.2**
Medication Visit within 14 Days of Admission	**22.2**
Improvement in CAR Score Domain: Interpersonal	**21.3**
Improvement in CAR Score Domain: Self Care/Basic Needs	**16.9**
Access to Treatment - Adults	**13**
Access to Treatment - Children	**13**
Reduction in Drug Use	**11.2**
Inpatient/Crisis Unit Community Tenure of 180 Days	**6**
Improvement in CAR Score Domain: Medical/Physical	**5.5**

Source: Data provided by the Oklahoma Department of Mental Health and Substance Abuse Services
**Note: Access to Treatment - Children measure begins from January 2010*

The success of the ETPS program is recognized nationally, as many states look to Oklahoma as a leader when modeling a provider incentive system of their own.[38] ODMHSAS is currently implementing variations of a value-based payment program into other areas such as inpatient and outpatient substance use treatment.

Behavioral Health Courts and Diversion Programs

The Department of Mental Health and Substance Abuse Services funds and issues guidance to the four types of behavioral health diversion programs in Oklahoma: Adult Drug Courts, Mental Health Courts, Misdemeanor Diversion Programs, and Juvenile Diversion Programs.

38. LOFT correspondence with ODMHSAS and stakeholders during the evaluation.

Exhibit 13: ODMHSAS' Four Behavioral Health and Diversion Programs. *(This table provides a list and description of behavioral health courts.)*

Adult Drug Courts	**Provide eligible, non-violent, felony offenders the opportunity to participate in a highly structured, court supervised treatment program in lieu of incarceration**
Mental Health Courts	**Judicially, supervised coordinated systems approach that supports treatment services for mentally ill offenders**
Misdemeanor Diversion Programs	**Provides behavioral health services to individuals with misdemeanor crimes and can operate under multiple legal authorities including, but not limited to, law enforcement diversion, pretrial services, deferred prosecution agreements, and plea agreements.**
Juvenile Diversion Programs	**Provides behavioral health services to juveniles involved with the criminal justice system and can operate under multiple legal authorities including, but not limited to law enforcement diversion, deferred prosecution agreements, and juvenile drug courts.**

Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

The courts provide behavioral health services to non-violent offenders. Participants must follow the regiment established by the court to avoid criminal penalties, up to and including jail time.

Non-profit providers, subsidized through ODMHSAS, partner with courts and law enforcement to deliver services tailored to the participants individual needs. Participants are required to receive a certain number of service hours a week and abide by other requirements as warranted by their situation. Felony drug court programs take approximately 18 months, and first-time offenders who graduate may have their criminal offenses dismissed.

Oklahoma Drug Courts

Drug court programs provide eligible, non-violent, felony offenders the opportunity to participate in a court supervised treatment program in lieu of incarceration. Currently, 73 out of 77 counties operate an adult drug court program.

LOFT found participation in Oklahoma drug courts to be strongly associated with socioeconomic gains including employment, education, and income levels. For example, there was a **39 percent reduction in the number of unemployed participants and a 129 percent increase in average income among participants post-graduation between 2015 and 2020.**

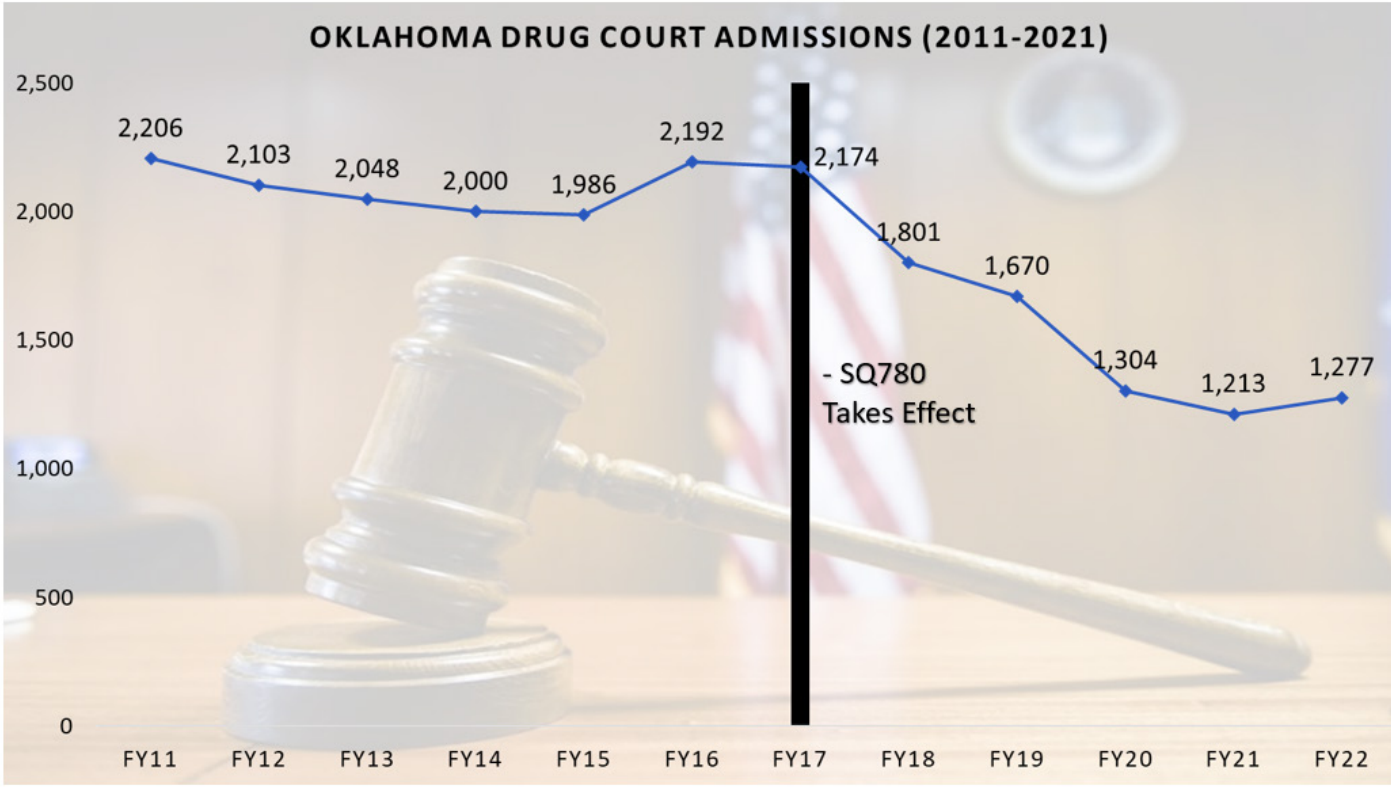
Additionally, the Department reports a savings of $14,000 to send an offender through drug court opposed to incarceration. However, the cost savings are likely more than this, as a previous evaluation by LOFT determined the operational cost of incarceration to be higher, resulting in a savings of approximately $17,000 per person per year.[39]

Since FY11, admissions into Oklahoma felony drug courts have been declining; largely attributed to recent criminal justice reforms including State Question 780 (SQ780) when drug possession and minor property crimes were reclassified from felonies to misdemeanors.[40] Since FY17, admissions into Oklahoma drug courts have declined by 41 percent. Because simple drug possession has been reclassified as a misdemeanor instead of a felony, and treatment court programs are for drug felonies, fewer people have an opportunity to receive treatment. Prior felony charges and accompanying prison sentences provided an incentive for offenders to select drug court as an alternative to incarceration. Although misdemeanor drug courts are available in some counties, there is little incentive to participate as the current maximum punishment for a simple drug possession misdemeanor is one-year imprisonment and a fine of $1,000.

39. LOFT Report, Operational Assessment of the Department of Corrections, Report #22-131-02, June 2022, pg. #A13-A14. ODMHSAS reports annual drug court costs of $5,000 per participant. LOFT's calculation includes operational costs of Community, Minimum, and Medium security facilities.

40. Passage of State Question 780 adjusted the classification of drug possession and minor property crimes.

Exhibit 14: Oklahoma Drug Courts Admissions (2011-2021). *(This line chart illustrates the declining trend of Oklahomans participating in drug courts since 2011. This chart also reflects the implementation of SQ780, which reformed drug possession charges and sentencing.)*



Source: The Oklahoma Department of Mental Health and Substance Abuse Services' courts data collection system. Note: SQ780 took effect July 1, 2017. COVID-19 and the U.S. Supreme Court ruling in McGirt v. Oklahoma contributed to the decline in drug court admissions.

Since 2017, overall participation in criminal justice diversion programs, including misdemeanor diversion and mental health courts, has increased by one percent.[41]

Recently enacted legislation may address the decline in drug court participation. In 2022, SB1548 modified drug courts by expanding eligibility to include those convicted of a violent offense or who have a prior violent offense.

41. Appendix I provides criminal justice diversion admissions by program per fiscal year.

988 and Mobile Crisis

In July 2022, ODMHSAS led the State's efforts in launching the first 988 call center designed to connect those in a mental health crisis with help. 988 replaces the National Suicide Prevention Lifeline's number with a shorter and easier to remember number as it is designed to be the 9-1-1 for mental health. While 988 is a national hotline, callers are directed to local certified and licensed behavioral health specialists who can connect them to resources in their area. The State's 988 call center is staffed by Oklahoma mental health professionals 24/7 and provides an emphasis on de-escalation of the immediate crisis and connecting individuals to ongoing patient care. **Within a week of implementation, ODMHSAS reported the new mental health crisis hotline 988 received more than 400 calls.**[42]

Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

Mobile Crisis Teams, consisting of a licensed clinician and other behavioral health professionals, can be dispatched by the call center to crisis situations.[43] By diverting mental health calls away from 9-1-1, law enforcement can focus resources on other emergencies. When mobile crisis teams are unable to resolve a crsis, individuals can access emergency care through a statewide network of urgent recovery centers and crisis centers.

Cohen Veterans Network

The Cohen Veterans Network (CVN) is a philanthropic organization implementing a network of mental health clinics serving military veterans and their families. Currently, Oklahoma is one of 15 states with a Cohen clinic, the construction of which is funded by CVN and does not require any initial State investment.[44] CVN matches state funds for operating costs dollar for dollar. In FY23, the Legislature appropriated $700,000 for the clinic's operational expenses, half of the $1.4 million in total operating costs.[45]

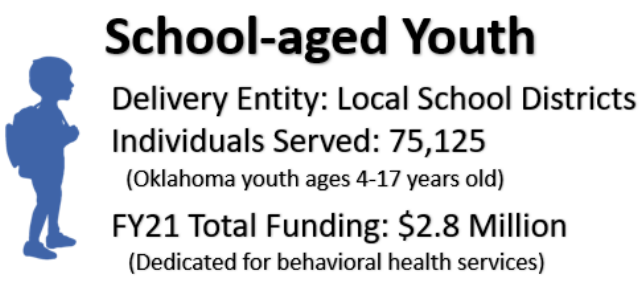
The Lawton clinic opened in 2021 after providing telehealth services prior to the clinic's official opening. The clinic provides services regardless of the client's ability to pay and is estimated to serve over 550 individuals per year. Future strategic goals for CVN in Oklahoma include expanding a new clinic in the Oklahoma City area to increase the capacity of the organization to serve Oklahoma's veterans and their families.

42. https://www.news9.com/story/62ceb2c44a82390724a3828a/new-mental-health-crisis-hotline-988-has-received-over-400-calls-since-launch
43. Appendix J provides a depiction of Oklahoma's crisis response framework.
44. The Steven A. Cohen Military Family Clinic at Redrock is located in Lawton. https://www.red-rock.com/military-family-services/
45. https://www.news-journal.com/drug-courts-face-decreased-participation-across-state/article_e0aa8baa-b138-5619-b20f-02e402f526a4.html;

Delivery Domain: Services Provided by Non-ODMHSAS Agencies

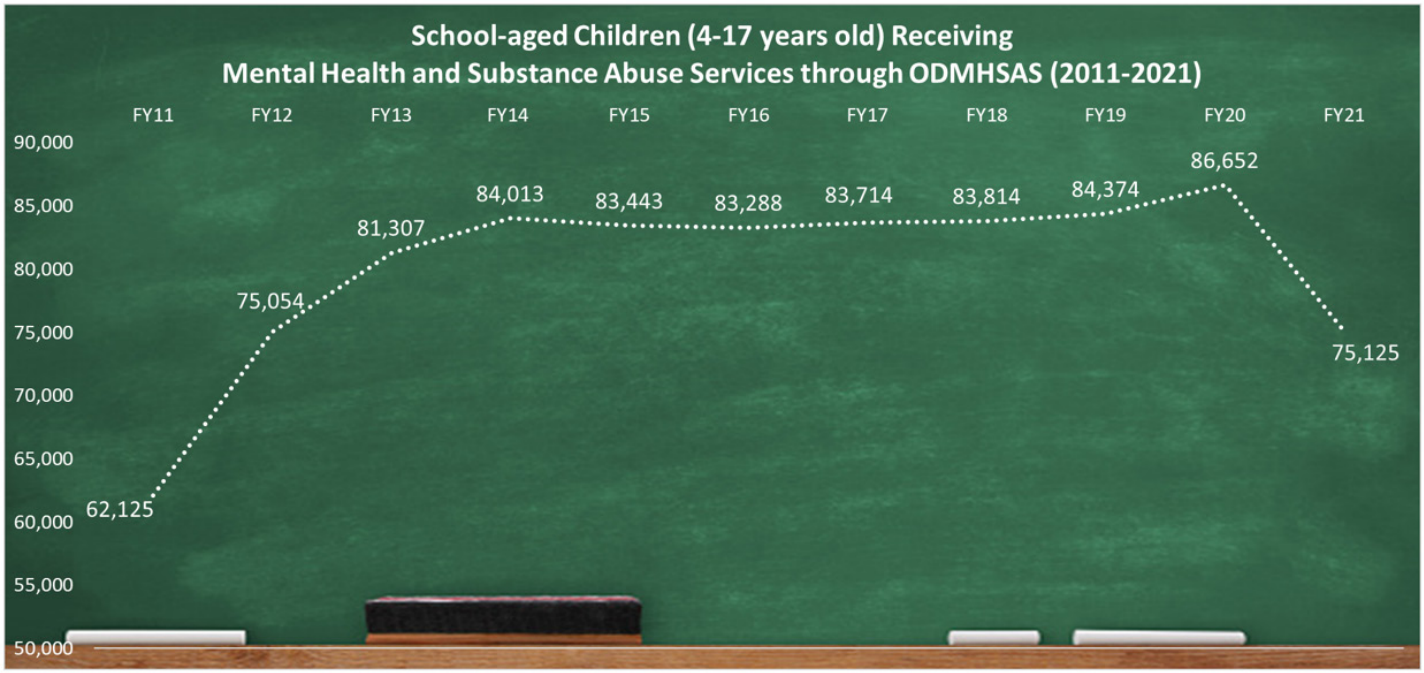
Children's Mental Health

In 2021, children birth through 17-years old represented 43 percent of all Oklahomans receiving mental and behavioral health services through ODMHSAS, the largest subpopulation receiving such services.[46] As illustrated in Exhibit 15, school-aged children (4 to 17-years old) receiving mental health and substance abuse services increased by 21 percent since FY11.



While ODMHSAS serves children through the State's operated facilities and through private providers, 70 to 80 percent of children receiving mental health services are doing so through their schools.[47]

Exhibit 15: School-aged Children (4-17 years old) Receiving Mental Health and Substance Abuse Services (2011-2021). *(This chart illustrates the trend in Oklahoma school-aged children receiving services for mental health and substance abuse services over the last 11 years.)*

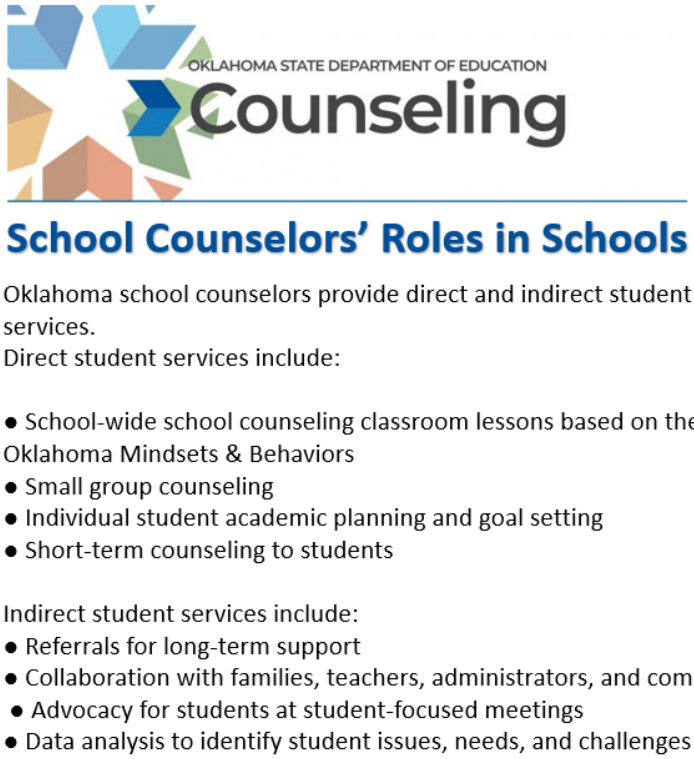


Source: Data obtained from the Oklahoma Department of Mental Health and Substance Abuse Services' online query system (OONQues)
Note: Decrease in the number of school-aged children being served by ODMHSAS is attributed to the COVID-19 pandemic.

46. In 2021, approximately 18 percent of Oklahoma's children aged 0 to 17 years old experienced two or more adverse childhood experiences (ACES); ranking 13th highest in the nation and above the national rate of 15 percent. America's Health Rankings (2021)
47. https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Early-Intervention-and-Treatment-Services-Guide-(Tiers-2-and-3)-2.18.pdf

As of the 2020-21 academic school year, Oklahoma's public common education system employed 1,877 full-time equivalent (FTE) school counselors, equating to a student-to-school counselor ratio of 413-to-1.[48] Although the American School Counselor Association (ASCA) recommends a 250-to-1 ratio of students to school counselors,[49] the national average was 415-to-1 for the 2020–2021 school year. Since 2011, the number of certified school counselors (Job Code 203) has increased by 18 percent.[50]

Source: The Oklahoma State Department of Education's Certified and Support Counts (By District FTE, Degree, and Salary annual report) and October 1st student enrollment data.
Note: School counselor (Job Code 203) was used for the analysis.
Note: National ratio is 415-to-1 based on data from the American School Counselor Association (ASCA).


OKLAHOMA STATE DEPARTMENT OF EDUCATION
Counseling

School Counselors' Roles in Schools

Oklahoma school counselors provide direct and indirect student services.
Direct student services include:

- School-wide school counseling classroom lessons based on the Oklahoma Mindsets & Behaviors
- Small group counseling
- Individual student academic planning and goal setting
- Short-term counseling to students

Indirect student services include:
- Referrals for long-term support
- Collaboration with families, teachers, administrators, and community
- Advocacy for students at student-focused meetings
- Data analysis to identify student issues, needs, and challenges

Source: The Oklahoma State Department of Education's School-Based Mental Health Professionals in Oklahoma

To address the shortage of school counselors, OSDE launched the Oklahoma School Counselor Corps program in June 2021; the grant program allocated $35.7 million in COVID-19 federal relief funding to 181 school districts across the State to hire school counselors and school-based mental health professionals.[51]

To fill the gaps in behavioral health services for children, providers like CREOKS Behavioral Health Services (CREOKS) have partnered with over 100 school districts to provide on-site mental health counselors. These licensed counselors deliver services directly to students under the direction of CREOKS. Counselors utilize Medicaid to help fund the services provided. These readily available services provide efficient and convenient access to students facing mental health challenges.

48. Please refer to Appendix K for the historical trend of the student-to-school counselor ratio in Oklahoma's public education system.
49. As of 2021, only New Hampshire (208-to-1) and Vermont (186-to-1) have meet the ASCA recommended 250-to-1 ratio.
50. Certified school counselors divide professional responsibilities and duties among various student supports, including college and student loan applications, academic support, and other duties.
51. Over $35 million awarded to 181 school districts for Oklahoma School Counselor Corps. (OSDE, June 30, 2021).

Recent policy efforts have focused on addressing student behavioral health needs such as suicide prevention. In 2021, SB21 amended statute to require all school districts provide suicide awareness and training to staff.[52] Under this law, ODMHSAS maintains a list of eligible suicide prevention courses schools can utilize to meet this requirement and beginning in 2022-23 academic school year, these trainings can be provided to students in grades seven through twelve.

In 2022, HB4106 was enacted, directing every school district in the state to develop "a protocol for responding to students in mental health crisis with the goal of preventing student suicide, self-harm, and harm to others."[53] The law requires school districts to partner with mental health service providers to create the plan, and requires Community Mental Health Centers and Certified Community Behavioral Health Clinics to partner with any school district located within the clinic's state-designated service area.

The Oklahoma Children's Hospital at OU Health (OCH), affiliated with the University Hospital's Authority and Trust, currently serves more than 40 children a month that should be treated in Acute 1 or Acute 2 pediatric behavioral health facilities. Along with private hospital facilities, OCH is filling a care gap when State agencies cannot find in-state or regional placement for children with co-occurring disorders.[54]

Veterans

As of 2020, 290,266 military veterans resided in Oklahoma – accounting for seven percent of Oklahoma's population.[55] In 2019, the U.S. Department of Veterans Affairs reported 111 Oklahoma veterans committed suicide.[56] Between 2001 and 2019, suicides among Oklahoma veterans exceeded suicides within Oklahoma's general population.[57] The Oklahoma Department of Veterans Affairs does not track the number of veterans receiving behavioral health services, but ODMHSAS provided behavioral health services to 2,524 Oklahoma veterans in FY21.

Veterans

Delivery Entity: Veterans Health Administration (Federal)

Individuals Served: 2,524

(Served through ODMHSAS)

FY21 Total Funding: $66,500

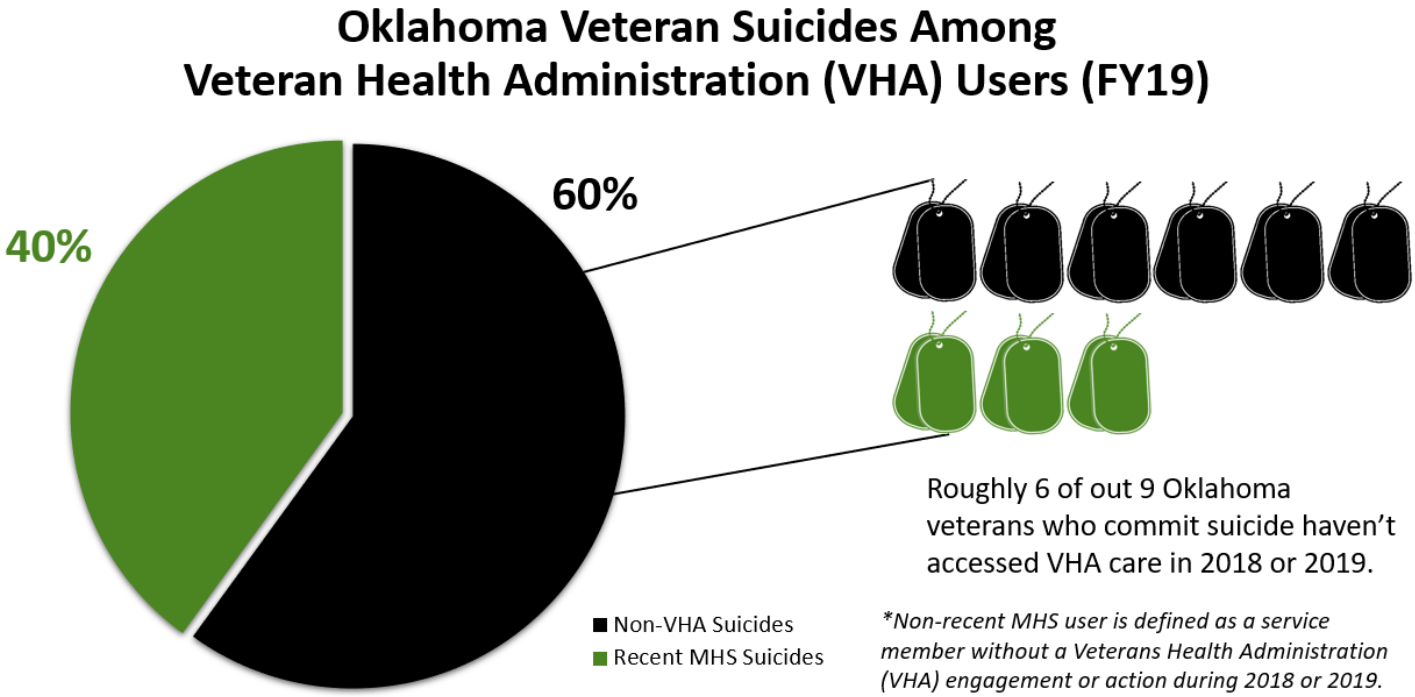
(Dedicated to ODVA for behavioral health services)

While veterans are not limited to receiving services from a veterans organization, there is no state entity that targets services to this population. The Oklahoma Department of Veterans Affairs (ODVA) is considered the lead State agency on veteran mental health, but it primarily serves as a referring entity for veterans seeking assistance and does not provide direct behavioral health services or treatment. ODVA's veteran service representatives connect veterans with suicide prevention resources, which are delivered through the Oklahoma City VA Health Care System and other Veterans Health Administration (VHA) clinics across the state.[58]

52. 70 O.S. § 24-100.7
53. 70 O.S. §24-158.
54. SB1040 directed $2 Million of FY23 state appropriations for services for children with acute behavioral health issues.
55. National Center for Veterans Analysis and Statistics, U.S. Department of Veterans Affairs
56.Appendix L provides a comparative analysis of veteran suicide rates.
57. 2019 data from the U.S. Department of Veterans Affairs (VA) reported in September 2021, is the latest and most accurate data available for veteran suicides. See Appendix L for a regional and national comparison of veteran suicide rates.
58. https://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=OK

Based on data from the VA, approximately six out of nine Oklahoma veterans who committed sucide in 2019 had not accessed Veterans Health Administration (VHA) care in 2018 or 2019. Exhibit 16 illustrates the direct relationship between access to care and suicides among veterans.

Exhibit 16: Oklahoma Veteran Suicides Among Veteran Health Administration (VHA) Users (FY19). *(This infographic shows based on the national rate of VHA use among veterans who committed suicide in 2019; six out of nine Oklahoma veterans who committed suicide in 2019 had not had any engagement or health care related activity with the VHA in either 2018 or 2019 before their death.)*



Source: The U.S. Department of Veterans Affairs' 2021 National Veteran Suicide Prevention Annual Report.
Note: LOFT's analysis is based on national rate of VHA use among veterans who committed suicide in 2019.

The Oklahoma Governor's Challenge is ODVA's primary effort to reduce and eliminate suicide for Oklahoma's service members, veterans, and their families (SMVF). The Substance Abuse and Mental Health Services Administration (SAMHSA), a division with the U.S. Department of Health and Human Services (HHS), partnered with the VA to develop and implement state-wide suicide prevention best practices for military-connected communities. In January 2020, Oklahoma joined SAMHSA' Governor Challenge; a federal program designed for states to develop a holistic action plan to prevent suicide among the military community. The program is administered by ODVA and funded through the Department's general appropriations; over the last two years approximately $133,000 has been allocated to this program.

According to ODVA representatives, the action plan has 30 different tasks and goals, including educating State agencies and healthcare systems on military culture and best practices for care. Among these, ODVA's four priority goals for the program are:

- Identify service members, veterans, and their families (SMVF) and screen for suicide risk;
- Promote connectedness and improve care transitions;
- Increase lethal means safety and safety planning and
- Taking a comprehensive approach to suicide prevention for SMVF.

First Responders

First responders are at risk for mental health conditions arising from repeat exposure to stress and trauma. Stigma, time-based burdens, and fear of impacting their professional duties often prevent first responders from seeking mental health treatment.[59] Despite these risks, little to no information is collected regarding the prevalence of suicide and other behavioral health issues among first responders.[60] Suicide data comes from the medical examiners' office, which does not report occupation. This limits ODMHSAS' ability to determine the suicide prevalence among first responders. Additionally, most first responders would be covered by private insurance, and not be eligible to receive services from ODHHSAS.

Recent legislative efforts have centered on providing additional on-the-job resources and support to Oklahoma first responders. In 2022, the Legislature directed a Mental Wellness Division be established within the Oklahoma Department of Public Safety (DPS) to "provide mental wellness services and programs to public safety personnel to promote good mental wellness."[61] The legislation also authorized the new Division to enter into public/private partnerships for services, establish a revolving fund, and create a non-profit foundation for fundraising.

Additional efforts include the provision of telehealth technology through iPads. ODMHSAS has provided law enforcement officers access to remote mental health services for both themselves and civilians they encounter while on duty. The tablets immediately connect law enforcement officers to treatment providers at local CCBHCs – 24 hours a day, seven days a week. The CCBHCs assess the level of care that might be needed for an individual experiencing a mental health or substance use crisis.

The iPads have two options; one for law enforcement to access mental health services, and one for use with the population they serve. ODMHSAS does not maintain data specific to law enforcement's personal use of the tablets to protect confidentiality. Due to data limitations, LOFT was unable to examine the outcomes or cost effectiveness of the iPads for either population: the general public or law enforcement.

59. LOFT correspondence with law enforcement officials.
60. Congress enacted the Law Enforcement Suicide Data Collection Act on June 16, 2020 directing the FBI to collect and compile information on suicides and attempted suicides from law enforcement officials.
61. SB1613 created 74 O.S. § 9101, et. Seq. (effective 08/26/22).

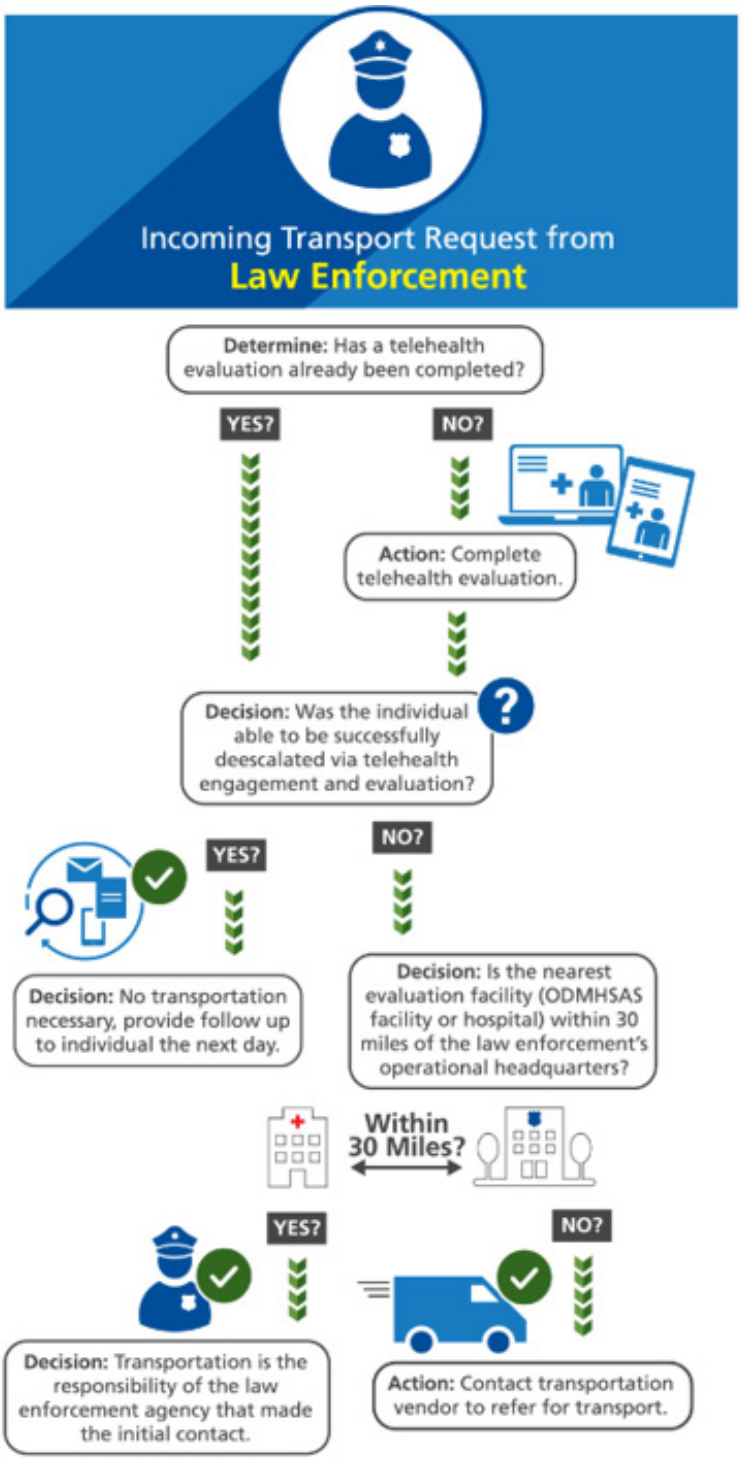


Exhibit 17: Oklahoma Crisis Intervention Framework. *(This decision tree diagram illustrates how law enforcement use provided mobile telehealth resources to provide real-time access for civilians experiencing a mental or behavioral health crisis.)*

The telehealth technology assists law enforcement officers in de-escalating stressful situations by providing real-time telehealth access for civilians experiencing a mental or behavioral health crisis. By connecting with a mental health provider in their catchment area, law enforcement can divert resources from the criminal justice system to the mental health system.

Crisis Intervention Training (CIT) classes are also provided to law enforcement in Oklahoma. These classes, provided by ODMHSAS, educate officers on de-escalation techniques, and make determinations for emergency services.[62] Between April 2012 and April 2022, 1,609 individuals received CIT classes.

Source: Oklahoma Department of Mental Health and Substance Abuse Services.

62. https://oklahoma.gov/odmhsas/recovery/criminal-justice/cit.html

Incarcerated Individuals and Justice-Involved Youths

Depending on the age of the individual convicted of a crime, behavioral health is delivered by either the Oklahoma Office of Juvenile Affairs (OJA) or the Oklahoma Department of Corrections (DOC).[63] This section provides details on both behavioral health services for incarcerated individuals and justice-involved youth delivered by both State agencies.

Justice-Involved Youth

Delivery Entity: Oklahoma Office of Juvenile Affairs
Individuals Served: 71
FY21 Total Funding: $1.6 Million
(Dedicated for behavioral health services)

Behavioral health services for justice-involved youths (children 18 years and under) are primarily provided by OJA within two secure care facilities: Central Oklahoma Juvenile Center (COJC) and Southwest Oklahoma Juvenile Center (SWOJC). Those placed within these facilities have been adjudicated in juvenile court as either a youthful offender or a juvenile delinquent.

Justice-involved youths housed in these facilities receive individualized evidence-based treatment and rehabilitation interventions. The services are provided on site by OJA through 21 mental health professionals. Additionally, the assessment division is comprised of 5 clinicians and 7 contracted providers employed to address psychiatric and treatment needs.[64] Upon release from OJA's custody, the child's treatment plan is provided in the community and tracked through the Juvenile Online Tracking System Program.

Incarcerated Individuals

Delivery Entity: Department of Corrections
Individuals Served: 9,443 Offenders
FY21 Total Funding: $16.6 Million
(Dedicated for behavioral health services)

As of June 30, 2022, 44 percent (9,443) of incarcerated offenders under the supervision of DOC's State-operated facilities were receiving mental health services. Embedded within DOC is the Mental Health Services unit, which is staffed by 61 full-time equivalent employees (FTEs). These units are designed to provide effective and efficient mental health services to seriously mentally ill, behaviorally disordered, and/or intellectually or developmentally disabled inmates within DOC-operated State facilities.[65]

All mental health services provided by DOC for inmates at facilities that are minimum security or higher as well as any outside services are accessed via the DOC Mental Health Services unit. For inmates in community correction facilities, waivers must be signed for outside care. For all other inmates at security levels lower than community, services accessed outside of DOC are monitored by facility case manager staff.

63. Justice-involved youth (primarily children 18 years old or under) receive services through OJA. However, children 18 under if adjudicated as an adult can be sentenced and placed within DOC custody.
64. OJA Mental Health Agency Survey Response.
65. DOC response in State agency survey distributed by LOFT.

DOC partners with ODMHSAS and other State entities to provide re-entry services to inmates with mental illness who are discharging into the community.[66] DOC acknowledged challenges with the number of resources available across all agencies to provide the level and amount of re-entry services needed for all mentally ill inmates discharging into the community. DOC also works with felony offenders under community sentencing to ensure those under this program have the resources and treatment they need to reintegrate properly into society. According to DOC, "the goal of the program is to be an effective tool in preventing recidivism by giving offenders the opportunity to redirect their lives by providing effective, needs-based treatment and programs available in the community, including mental health and substance abuse treatment."[67]

ODMHSAS employs seven FTEs who are co-located inside of DOC facilities to provide discharge planning services to individuals in preparation of their release. These staff work with community-based providers contracted by ODMHSAS to connect individuals to services, many times beginning with telehealth introductions to learn about the services available upon release. Post-release services include ongoing behavioral health services, housing, and other case management needs. As of June 27, 2022, DOC was responsible for 22,097 offenders under community sentencing, however, the number of those being provided mental health and substance abuse treatment was not provided by DOC.

66. Prior to 2015, ODMHSAS partnered with DOC to provide mental health services to incarcerated individuals.

67. DOC response in State agency survey distributed by LOFT.

LOFT identified overarching challenges within the State's mental health system and opportunities for stakeholders to improve collaboration, identify and close gaps in services, enhance data collection, and build a more robust framework for delivery of services for mental health.

Service Delivery Challenges and Opportunities

Oklahoma's system of mental health services is delivered across local governments, court systems, law enforcement, private providers and non-profit organizations. Throughout the evaluation, LOFT identified overarching challenges within the State's mental health system as well as opportunities for stakeholders to improve collaboration, identify and close gaps in services, enhance data collection, and build a more robust framework for delivery of services for mental health.

This section of the report details systemwide challenges, evaluates best practices from other states, and presents opportunities for enhanced delivery of Oklahoma's mental health services.

Systemwide Challenges

Insufficient Data for a Comprehensive Assessment

Across the 17 State entities providing behavioral health services, LOFT encountered a lack of comprehensive and quality data to sufficiently assess the overall status of Oklahoma's behavioral health system. LOFT's inability to assess comprehensive outcomes across the State's behavioral health system is primarily due to data being siloed across multiple State agencies and organizations. ODMHSAS' Online Query System (OOnQues) provides timely and accessible information for policymakers to assess the number of Oklahomans receiving behavioral health services, however, data on many targeted populations (incarcerated individuals, first responders, etc.) is absent due to limited data being shared with ODMHSAS from other entities providing services. This compartmentalized nature of behavioral health data prevents ODMHSAS, policymakers and other key stakeholders from having access to comprehensive data from across the State's behavioral health system to develop evidence-based policy and budgetary decisions.

Lack of Unified Vision or Strategy

As established earlier in this report, Oklahoma delivers behavioral health services to various subpopulations across the State. Instead of these services forming a coordinated system for meeting the multifaceted behavioral health needs of Oklahomans, many providers operate parallel to one another and rarely, if ever, coordinate to align resources and funding toward a common strategic vision. This compartmentalized system results in service gaps, the potential for duplication of State services, inconsistent data collection and usage, and limits opportunities for assessment of outcomes or to identify opportunities for improvement.

The State's funding and appropriation framework for the delivery of mental health services consists of 17 separate State entities submitting individual budget requests to serve similar or overlapping populations (school-aged children, veterans, etc.). **In FY21, the Legislature funded approximately $377 million for 29 programs and facilities for behavioral health services across multiple State agencies.**

While many state agencies are working together in some capacity, those relationships are ad hoc partnerships, mostly established through memorandums. Currently, there is no strategic plan for how all these entities, serving similar if not the same targeted populations, can bridge gaps, foster stronger relationships, and shift toward an evidence-based integrated service model.

The State's mental health services and programs target specific needs to specific populations, such as adults, children, students, or other subpopulations, usually within a specific domain like substance abuse or criminal justice programs. These narrow focuses lead to separately reported outcome measurements, often representing just one challenge area (i.e., veteran suicide, mental health in public schools, etc.). The lack of integrated data within any annual comprehensive report on mental health outcomes from ODMHSAS or any other State entity prevents a determination of the state of mental health in Oklahoma and the effectiveness of existing efforts.[68]

In FY21, the Legislature funded approximately $377 million for 29 programs and facilities for behavioral health services across multiple State entities

Source: Agency responses to LOFT's Mental Health Survey distributed during this evaluation.

Potential Duplication of Services

There are several examples of specific populations currently receiving services across multiple state agencies and providers, such as children and veterans, yet there is limited coordination among those delivering services. For example, school-aged children (0-17 years old) are provided behavioral health services from five different State entities. Though each entity provides behavioral services for different needs (juvenile justice, rehabilitation, education, intellectual and developmental disabilities) the lack of coordination among these entities to understand how each of their services connect presents the likelihood of duplication of services and funding. The Department of Mental Health stated there is likely duplication of services in the area of prevention as well. Additionally, some agencies, like DOC, may be providing services that could be provided by other mental health entities.

Workforce Challenges

Oklahoma faces critical challenges in educating and retaining professionals in both the mental and behavioral health fields. Throughout the evaluation, numerous stakeholders identified workforce availability as a common challenge in meeting Oklahomans' needs for mental health services. Demand for mental health and addiction treatment services has increased significantly since the onset of the COVID-19 pandemic.[69] Additionally, the expansion of Medicaid resulting from passage of State Question 802 (SQ802) led to an additional 259,683 Oklahomans receiving Medicaid through SoonerCare. As of June, 2022, plan participants increased by 26 percent with the proportion of adults-to-children also increasing from 36 percent to 46 percent.[70] ODMHSAS oversees and manages the behavioral health component of Oklahoma's Medicaid program. With more Oklahomans receiving care under Medicaid, it's likely the number of people receiving behavioral health services increased.

68. SB259 was introduced in 2022 to address this challenge but was not enacted.

69. Between 2019 and 2022, the number of Oklahoma adults reporting a mental illness increased by 21 percent; children aged 17 and under experienced a 26 percent increase. "State Of Mental Health in America 2019," Mental Health America, 2019 & 2022.

70. https://oklahoma.gov/content/dam/ok/en/okhca/docs/research/data-and-reports/fast-facts/2022/june/Total%20Enrollment06_22.pdf

Oklahoma Works, the State's workforce development initiative, forecasts a 14 percent increase in the number of mental health professionals needed by 2025.[71] Additionally, a study commissioned by the U.S. Department of Health and Human Services (HHS) in 2018 projected Oklahoma's behavioral health workforce will have a workforce shortage of over 13,000 professionals by 2030, as illustrated in Exhibit 18.[72]

Behavioral Health Occupation	2016 Supply	2030 Demand	2030 Demands of Oklahoma's 2016 Workforce Strength
Adult Psychiatrist	230	600	261%
Psychiatrist	290	700	241%
Psychologist	600	1,430	238%
Pediatric Psychiatrist	60	100	167%
Psychiatric Physician Assistant	20	30	150%
Mental Health Counselor	1,690	2,410	143%
Addiction Counselor	1,020	1,400	137%
Psychiatric Nurse Practitioner	140	180	129%
Marriage & Family Therapist	700	880	126%
Social Worker	4,050	3,820	94%
School Counselor	3,150	1,690	54%
Total Behavioral Health Occupations	11,950	13,240	111%

Source: The U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030

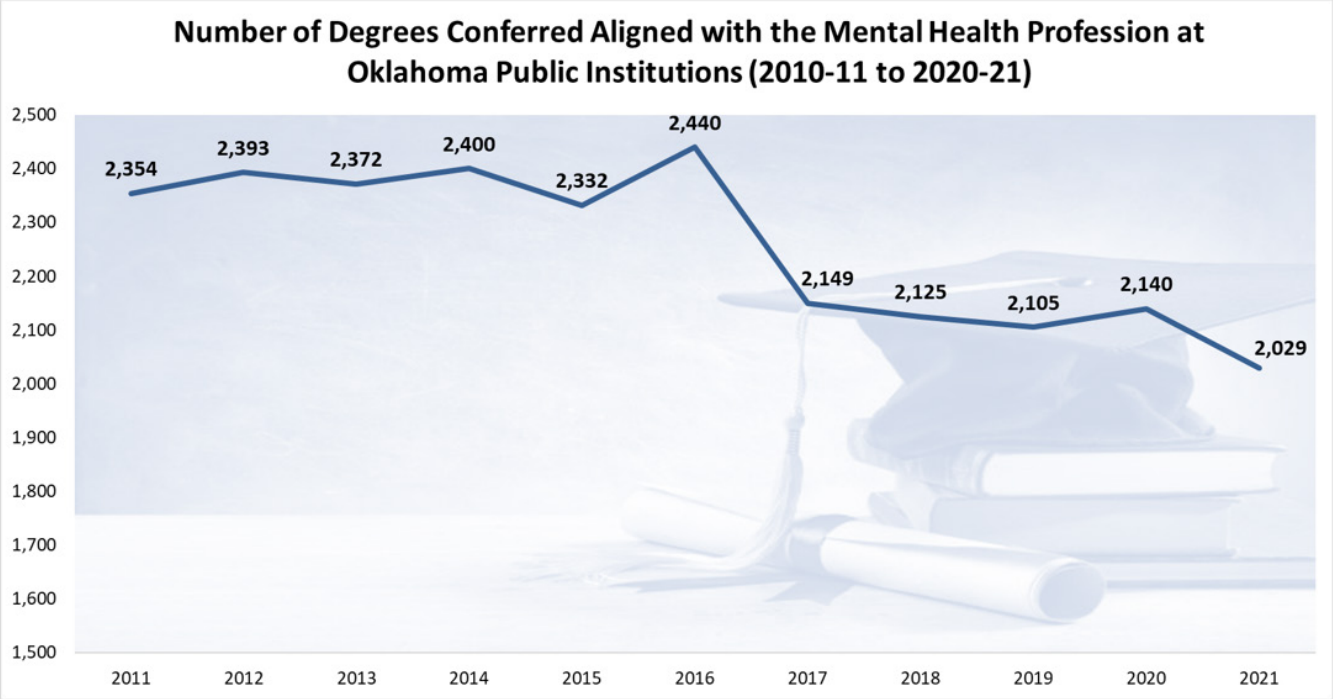
Exhibit 18: Oklahoma Behavioral Health Occupation 2030 Supply and Demand Workforce Demands. *(This table provides the 2016 status and the projected unmet needs of behavioral health professionals in Oklahoma by 2030. As noted within the table, Oklahoma is projected to have a workforce shortage of over 13,000 behavioral health professionals by 2030.)*

LOFT analyzed data from the Oklahoma State Regents for Higher Education (OSRHE) to assess trends in the number of college students pursuing and graduating with post-secondary degrees aligned with mental health professions. Understanding the supply and demand of critical mental health professions allows insights into the challenges of providing sufficient mental health programs and services.

While Oklahoma has multiple public colleges and universities that prepare thousands of students for a career in behavioral health, the number of degrees aligned with mental health professions has been decreasing since 2011. LOFT found an overall decline of 14 percent in the number of students being conferred with degrees aligned with mental health professions and qualifications at Oklahoma institutions since 2011.[73]

71. https://oklahomaworks.gov/oklahoma-workforce-data/critical-occupations/
72. State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030. U.S. Department of Health and Human Services (2018)
73. Since 2011, degrees conferred in Oklahoma's higher education system have increased by 11 percent. College Degrees Produced by Oklahoma Public Higher Education Continue To Increase

Exhibit 19: Number of Degrees Conferred Aligned with the Mental Health Profession at Oklahoma Public Institutions (2010-11 to 2020-21). *(This line chart shows a decline in the number of Oklahoma graduates at public institutions conferred with degrees aligned with the qualifications of professions in the mental health field.)*



Source: Oklahoma State Regents for Higher Education
Note: Degrees include Bachelors, Masters and Doctorates in the fields of Human Development and Family Sciences, Psychology, Sociology, Public Health, Substance Abuse Studies, Clinical Professional Counseling, Marriage and Family Therapy, Counseling and Behavioral Sciences.

Through conversations with providers and mental health professionals, LOFT learned students regularly must obtain additional certifications and advanced degrees beyond their initial bachelor's degree before becoming licensed and eligible to work in a majority of positions within the mental health field.[74] Students receiving graduate degrees that meet these requirements and qualifications is also declining. Between 2011 and 2021, LOFT finds the number of students earning advanced degrees aligned with the mental health profession decreased by 27 percent.

Currently, ODMHSAS has partnerships with some public higher education institutions to assist in addressing specific behavioral workforce shortages. However, coordination and development of a statewide strategy to address workforce challenges for the State's behavioral health system is not active among the identified 17 State entities providing behavioral health services and programs. The National Conference of State Legislatures (NCSL) recently recognized Illinois' efforts in developing a statewide strategy to address behavioral workforce shortages. In 2018, the Illinois General Assembly created the Behavioral Health Workforce Education Center to study behavioral workforce challenges and demands.[75] Following the Center's study and recommendations, the Illinois Behavioral Health Workforce Education Center was created to lead cross-agency and cross-sectoral statewide planning for the recruitment, education, and retention of the state's behavioral health workforce.[76]

74. LOFT conversations with stakeholders during fieldwork.
75. Illinois General Assembly - Bill Status for HB5111 (ilga.gov)
76. Illinois General Assembly - HB0158

Attracting candidates into the field is one challenge; retaining them is another. Nationally, behavioral health professions face turnover rates as high as 30-50 percent.[77] Contributing factors to employee turnover include working with difficult populations, excessive work hours, and a lack of time off.

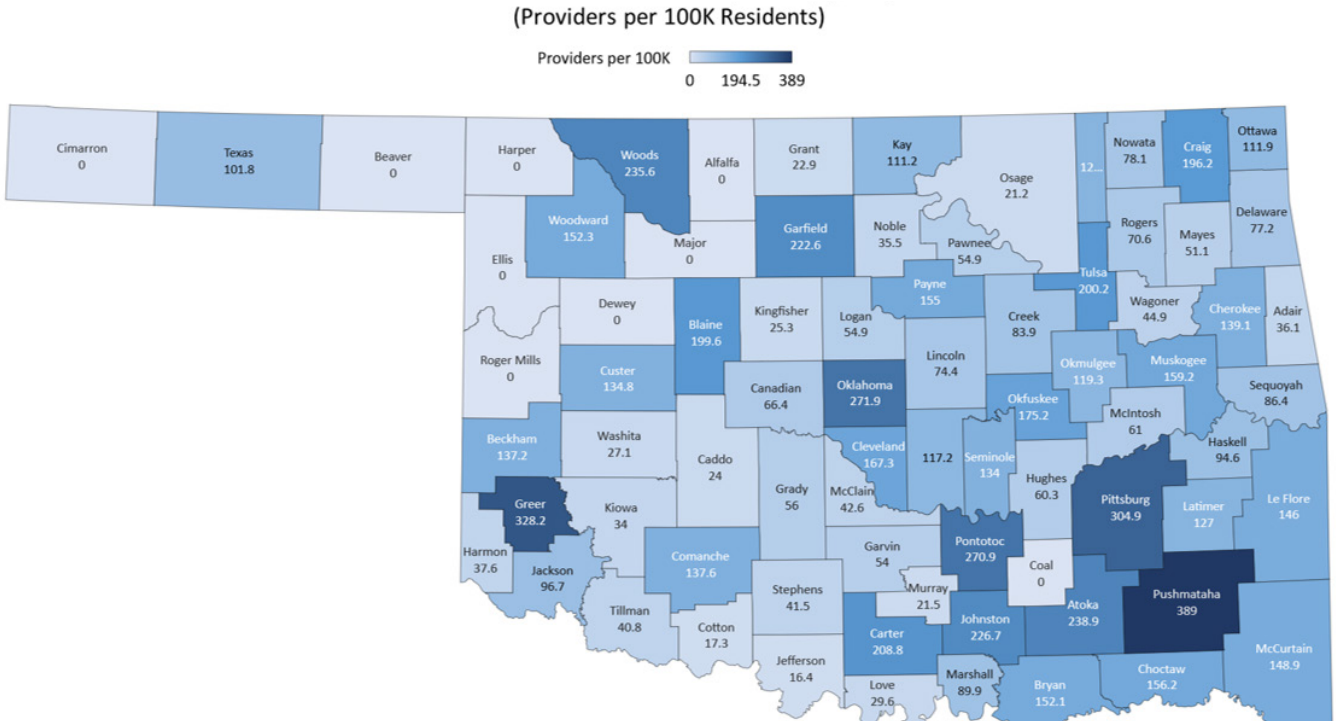
Hazardous working conditions are also a contributing factor in workforce retention. For example, during a visit at the Oklahoma Forensic Center (OFC), LOFT observed security personnel were inadequately equipped to manage OFC's consumers, many of whom have committed violent acts. Citing safety concerns, ODMHSAS does not allow security personnel to carry non-lethal weapons or restraints such as batons or handcuffs. While OFC security face hazardous working conditions similar to that of a correctional officer within the State's prison system, the starting hourly wage for security personnel at OFC is $13.56 while correctional officers employed through the Department of Corrections is $21.55.[78]

Despite assaults on staff and multiple weapon seizures, OFC clinical staff are not provided protective equipment, such as stab-resistant vests, nor are they trained on defensive tactics.[79] ODMHSAS provides training on de-escalation techniques and administering therapeutic intervention options for subduing consumers.

Limited Rural Access

Individuals face unique challenges when attempting to receive effective treatment for serious mental illness and mental health conditions. For those within rural communities, they must also contend with limited access to mental health care. While coverage varies for residents across the State, LOFT identified nine counties without a mental health provider; all of which are in rural areas.

Exhibit 20: Mental Health Care Access by County (2021) (Total Providers per 100K Residents). *(This map illustrates the number of mental health total providers per 100K residents for each individual county in Oklahoma. Darker shades of blue indicate higher levels of access to providers per 100K residents. The number of providers includes both public and private providers.)*



Source: The Centers for Medicare and Medicaid Services.

77. Amy D. Herschell, Ph.D et al., "Mixed Method Study of Workforce Turnover and Evidence-Based Treatment Implementation in Community Behavioral Health Care Settings," *National Library of Medicine*, (2020)
78. ODMHSAS stated they conduct a market analysis annually and works to adjust salaries as their budget allows.
79. Meeting with Oklahoma Forensic Center staff on Jun. 15, 2022.

Rural consumers who have established care through ODMHSAS providers can receive a tablet which is connected with ATT FirstNet, a wireless communication platform that connects to telehealth behavioral services without the need for broadband. [80] While the tablets meet the needs of some, rural Oklahomans seeking services through telehealth options may be limited by their access to broadband.

The Certified Community Behavioral Health Center (CCBHC) model covers all 77 counties in Oklahoma through a regionalized approach. The continuum of care best practices requires ongoing support services for individuals after crisis stabilization, and early intervention with ongoing supports is the best practice to minimize future risks of crisis.[81]

Under current regulations for CCBHCs, by 2024, every Oklahoman will have access to either an outpatient clinic with twenty-four (24) hour service availability, urgent recovery clinic (URC), or crisis unit within their county or an adjacent county. [82]

LOFT identified transportation as the most common challenge in continued service supports after crisis stabilization. Without access to reliable transportation, the ability to pay for transportation, and the supports to get into services consistently, individuals in rural areas may experience increased difficulty acquiring mental health treatment. Legislation enacted in 2021 created a new transportation program for longer range transportation needs, specifically aimed at minimizing law enforcement resource needs for transporting behavioral health patients.[83] The legislation granted ODMHSAS the authority to contract for the use of alternative transportation providers to transport individuals when the nearest facility with available bed space is more than thirty (30) miles from the peace officer's operational headquarters.

Also in 2021, ODMHSAS implemented a regionally based alternative transportation service throughout Oklahoma, in partnership with local transportation vendors, to provide transportation services to individuals in need of behavioral health treatment to the nearest treatment facility when greater than 30 miles away. In 2022, legislation was introduced to create a dedicated revolving fund to reimburse law enforcement for transporting patients experiencing a mental health crisis. HB 4082 was passed by the Legislature and vetoed by the Governor. Gaps remain in the system for transportation supports, and providers indicated that transportation for follow-up and continued care is a critical area of need to ensure continued wellness for Oklahomans.

80. ATT FirstNet
81. https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001
82. Information provided by ODMHSAS to LOFT in Exit Conference on August 10, 2022.
83. SB3 requires officers to transport such individuals in need of treatment or subject to an emergency detention or protective custody order to the nearest facility within a 30-mile radius.

Limited Agency Collaboration

The silos of services observed in Oklahoma's mental health system allows for centers of expertise in providing services. However, the lack of coordination and collaboration between State agencies, leads to gaps in services and potential duplication of services. LOFT identified the following key gaps in service:

- Coordination and data sharing between State agencies
- Transportation and access to services
- Workforce shortages
- Rural access to behavioral health treatment
- Mental health treatment within county jails
- Direct and targeted services for military service members and veterans
- Behavioral health programs within public schools
- Continuum of care

To potentially address some of these issues, ODMHSAS has entered memorandums of understanding (MOUs) with nine of the 16 agencies and public institutions providing services to assist in sharing data, consulting, and providing mental health services.

Exhibit 21: Mental Health Partnerships in Oklahoma. *(This list depicts the State agencies that have a formal working relationship with ODMHSAS for the delivery of mental health services and programs, through signed MOUs.)*

Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

Project AWARE is an example of an effort that has arisen from ODMHSAS' MOUs. Project AWARE is a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist the Oklahoma State Department of Education (OSDE) and local school districts in three key areas:[84]

- increase awareness of mental health issues among school-aged youth;
- provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and
- connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services.[85]

84. This grant was awarded to 22 different schools across Oklahoma.
85. Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants

Opportunities for Improved Outcomes

Though ODMHSAS has increased its usage of MOUs, the practice is limited to agencies willing to engage with the agency. For the agencies that have formed partnerships with ODMHSAS, the result has been stronger collaborative relationships and increased services for Oklahomans needing behavioral health needs. For example, the Oklahoma Department of Human Services (OKDHS) funds ODMHSAS to employ a family court coordinator for Oklahoma County Family Court. This program has been successful in reducing the number of children in out-of-home care and successful reunification/permanency for children living in Oklahoma County.[86] ODMHSAS has also signed an MOU with eight State agencies to allow each agency to facilitate the sharing of data across agencies to improve the administration of programs serving persons for behavioral health needs.[87]

LOFT's research of more than 12 state mental health delivery systems identified several best practices that could be applied to Oklahoma's delivery system for more efficient and effective coordination, communication, exchanging of data, and treatment for behavioral health.

Strategies in Addressing Behavioral Health Workforce

The National Conference of State Legislatures (NCSL) has identified behavioral health workforce shortages as a common challenge across the nation. In May 2022, NCSL produced a comprehensive report outlining strategies in which legislatures across the nation are addressing common challenges in behavioral workforce.[88]

On page 36, LOFT identifies some recent examples of how legislatures have responded to these challenges.

86. LOFT's summation of MOU between OKDHS and ODMHSAS.
87. Data-sharing information is limited to what was provided to LOFT by ODMHSAS.
88. National Conference of State Legislatures' (NCSL) State Strategies to Recruit and Retain the Behavioral Health Workforce Report (May 2022)

Exhibit 22: NCSL State Strategies to Recruit and Retain the Behavioral Health Workforce. *(This table provides a list of the top strategies implemented by states to address behavioral workforce challenges.)*

State Strategies to Recruit and Retain the Behavioral Health Workforce

Categories	Strategies
Understanding workforce needs	• Studying behavioral health trends • Statewide plans for behavioral health
Increasing the supply of professionals	• Career pathways • Residencies • Emerging behavioral health providers
Expanding the reach of existing professionals	• Telebehavioral health • Licensure for out-of-state providers
Addressing the distribution of professionals	• Scholarships, loan forgiveness and loan repayment • Tax credits
Retaining professionals in the workforce	• Building provider resiliency • Mentoring relationships • Continuing education

Source: National Conference of State Legislature's (NCSL) State Strategies to Recruit and Retain the Behavioral Workforce Report (May 2022).

The Oregon Legislature required a study with recommendations for how to increase wages for behavioral health providers.[89] [90] Following the report's recommendations, in FY21 the Oregon Legislature appropriated $132.2 million for the Oregon Health Authority (OHA) to distribute grants to behavioral health care providers for staff compensation and workforce retention and recruitment.[91]

The Colorado Department of Health Care Policy & Financing (CDHCPF) received approval from the Centers for Medicaid and Medicare Services (CMS) and the Colorado Joint Budget Committee (JBC) to use $530 million from the American Rescue Plan Act (ARPA) to implement initiatives to enhance, expand, and strengthen Home and Community-Based Services (HCBS) in Colorado over the next three years.[92] [93]Utah offered tax credits for mental health providers, including psychiatrists or psychiatric mental health nurse practitioners who relocate to practice within the state. Providers receive tax credit certificates allowing them to claim a refundable tax credit of $10,000.[94]

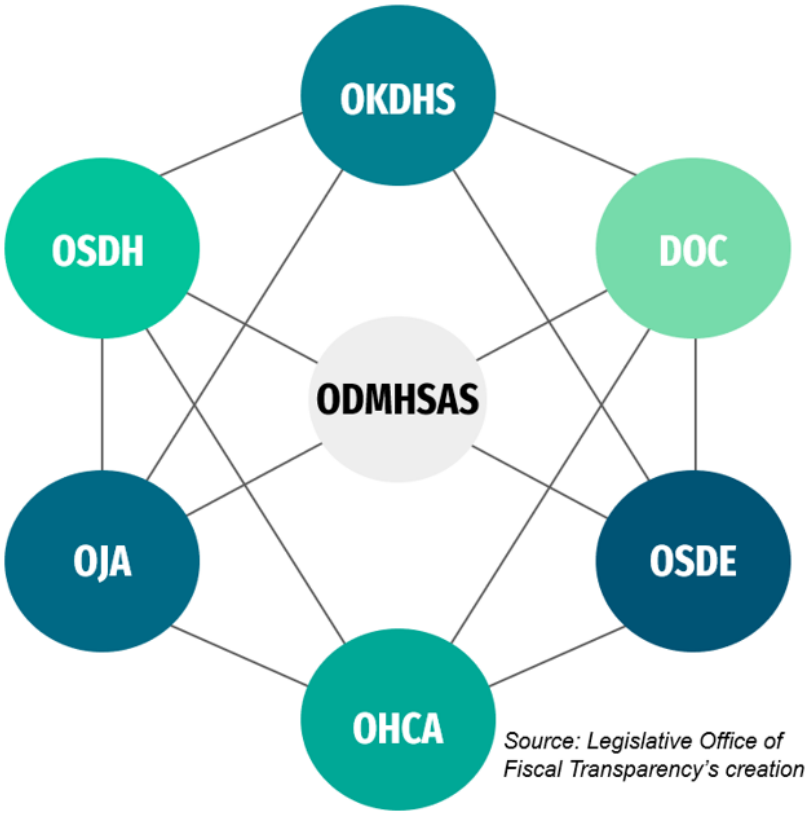
Comprehensive Data Collection and Sharing

State entities providing behavioral health services, including ODMHSAS, have limited statutory reporting requirements, which restricts policymakers' ability to assess the condition of Oklahoma's behavioral health system. Unlike the states referenced above, Oklahoma does not produce a comprehensive annual report on behavioral services across domains and agencies. Timely, accessible, and accurate data on behavioral health programs and the populations they serve is critical to developing policies to better serve citizens, assist in identifying duplication of services, streamline funding, and provide better information about program outcomes.

89. House Bill 2086, passed by the 2021 Oregon Legislature.
90. States including Colorado, Illinois, Maryland, Minnesota, Oregon, Pennsylvania, Texas and Washington recently enacted legislation to study behavioral health trends and develop plans to address workforce challenges.
91. Oregon HB4004
92. CMS and Colorado's Joint Budget Committee Approve $530 Million ARPA Funds to Transform Colorado's Home and Community-Based Services System
93. NorthCare, a non-profit organization, submitted a $90 million ARPA proposal to the Joint Committee Pandemic Committee to build the Hope Science Integrated Health Care Career Center, a new 90,000 plus square foot facility located on the NorthCare campus located in Oklahoma City, to provide educational and career advancement opportunities for those currently serving or wishing to serve in integrated behavioral/physical healthcare.
94. Utah Code Section 59-10-1111

While ODMHSAS has entered into MOUs with nine of the 16 agencies and public institutions providing services, comprehensive data sharing is not taking place even among those with agreements. Information on behavioral health services for key targeted populations such as incarcerated individuals and school-aged children are limited by what those agencies are willing to share with ODMHSAS.

Integrated Data Sharing Across State Entities Providing Behavioral Health Services Framework



Source: Legislative Office of Fiscal Transparency's creation

In 2021, the Legislature directed the Oklahoma Health Care Authority (OHCA) to establish a health information exchange system for use by health care organizations and providers.[95] The implementation is being funded primarily with federal dollars, with the state contributing 10 percent of the cost.

The Oklahoma State Health Information Network and Exchange (OKSHINE) is the state-designated central repository for digital patient information which facilitates the exchange of health information to and from authorized individuals and health care organizations in the State for the purpose of improving health outcomes.[96] In December 2020, Orion Health was selected to provide support for Oklahoma's new Health Information Exchange (HIE).[97] Implementation is expected to be complete by July 2023.

Education

In 2021, school-aged children represented 43 percent of all Oklahomans receiving behavioral health services, the largest subpopulation receiving services through ODMHSAS among all Oklahomans. LOFT identified a communication gap with OSDE regarding the sharing of data and information about the needs of students, and if and how they are being met. OSDE informed LOFT it does not maintain this type of data, stating "OSDE does not collect this information from schools or grantees, but we believe ODMHSAS may have these numbers in some capacity."[98]

There is the opportunity for OSDE and ODMHSAS to collaborate to provide each school district with a registry of State and local behavioral health resources for students and families, by geographic

95. SB574 (2021)
96. https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/general-provider-policies/general-scope-and-administration/electronic-visit-verification-system1.html
97. https://oklahoma.gov/ohca/about/newsroom/2020/orion-health-selected-to-support-oklahoma-health-information-exc.html
98. LOFT correspondence with OSDE on July 22, 2022.

area, similar to an initiative undertaken in New Mexico.[99] An inventory of current services available across Oklahoma's school districts would enable identification of service area gaps and could lead to a strategy to address unmet needs within a district.

Military Members and Veterans

Currently, targeted mental health services and programs for service members, veterans, and their families (SMVF) are siloed across four separate State and federal entities:

- Department of Defense (DOD) military installations (e.g., Tinker Air Force Base)
- Veterans Health Administration (VHA) facilities
- Oklahoma National Guard and
- Oklahoma Department of Veterans Affairs (ODVA).

These State and federal entities primarily handle mental health treatment and services for the SMVF population, but ODMHSAS does provide assistance as part of serving Oklahoma's general population.[100] However, ODVA does not currently provide direct treatment of services for veteran suicide prevention or behavioral health needs. As previously cited, lack of access to services and treatment is associated with Oklahoma's above-average suicide levels among the veteran community. ODVA's limited-service role is not in line with that of other state departments of Veteran Affairs, signaling an opportunity for ODVA to take on a more direct role in providing resources and treatment to veterans.

Through conversations with the four entities serving SMVF, LOFT learned the agencies rely on data reported by the VA to assess suicidality among this population. Due to data collection and reporting requirements, this data is normally two years old.[101] The limitations in real-time collection and reporting of data on SMVF suicides hinders policymakers' accurate assessment of mental health challenges among this subpopulation and how best to target investments.

Justice-Involved Individuals

Many individuals receive mental health care through jails and prisons, and the services provided are often inadequate to meet the needs of a person with a mental illness. Prior to 2015, ODMHSAS and DOC worked in conjunction to provide behavioral health services and treatment to incarcerated individuals. In 2015, the DOC solely began providing behavioral health services to offenders via internal sources. Services available while individuals are incarcerated are largely provided by DOC and its contractors. Opportunities exist to foster stronger collaboration between ODMHSAS, DOC and local detention facilities to assist incarcerated individuals needing mental health treatment services.

Increasing community partnerships between detention facilities and ODMHSAS is an identified best practice to improve accessibility to behavioral health treatment for individuals currently incarcerated. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognized Missouri's Community Behavioral Health Liaison (CBHL) program as a best practice for integrating experts within local communities to provide care.[102]

Missouri's program assists law enforcement, courts, and detention facilities with providing coordination and care for behavioral health treatment. Currently, Missouri has 31 CBHL working across the State to coordinate

99. In 2020, the New Mexico Department of Health Office of School and Adolescent Health (OSAH) and Public Education Department asked school district superintendents in New Mexico to complete an inventory of the behavioral health services offered in the schools in their district. New Mexico School Behavioral Health Services Inventory

100. LOFT Entrance Conference with ODMHSAS on March 22, 2022.

101. The latest available data from the U.S. Department of Veterans Affairs' 2021 National Veteran Suicide Prevention Annual Report uses 2019 for veteran suicides.

102. https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/liaisons

services for individuals with behavioral health needs who have engaged with the justice system through law enforcement, courts, and detention facilities. The CBHL is a part of a person-centered integration team and works with local systems to coordinate care for individuals experiencing behavioral health crises.

Oklahoma could adopt Missouri's approach and integrate mental health professionals into local communities to increase coordination of services for individuals in local detention facilities. ODMHSAS is currently negotiating with the Oklahoma County Detention Center to begin fulfilling court orders for competency treatment to consumers in the jail. Also, the increased coordination would allow DOC to assess the number of individuals requiring mental health services and could assist in further coordinating which State-operated facilities are best to accommodate their needs.

Statewide Behavioral Health Coordinating Council

LOFT identified Texas' Statewide Behavioral Health Coordinating Council (SBHCC) as a best practice for its delivery of behavioral health services, which encompasses many key strategies for both efficient and effective coordination of services.

In 2017, the Texas Legislature created the SBHCC to ensure a strategic statewide approach to behavioral health services.[103] The Council is comprised of representatives of 24 state agencies which receive state funding for behavioral health services.[104] The SBHCC is tasked with assisting the Texas Legislature in understanding the scope of programs and outcomes related to state-funded behavioral health services. The central statutory duty of the SBHCC is to develop and monitor the implementation of a five-year statewide behavioral health strategic plan.[105] The collaboration and focus of the SBHCC is based on the Council's five-year strategic plan.

***Vision**: To ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.*

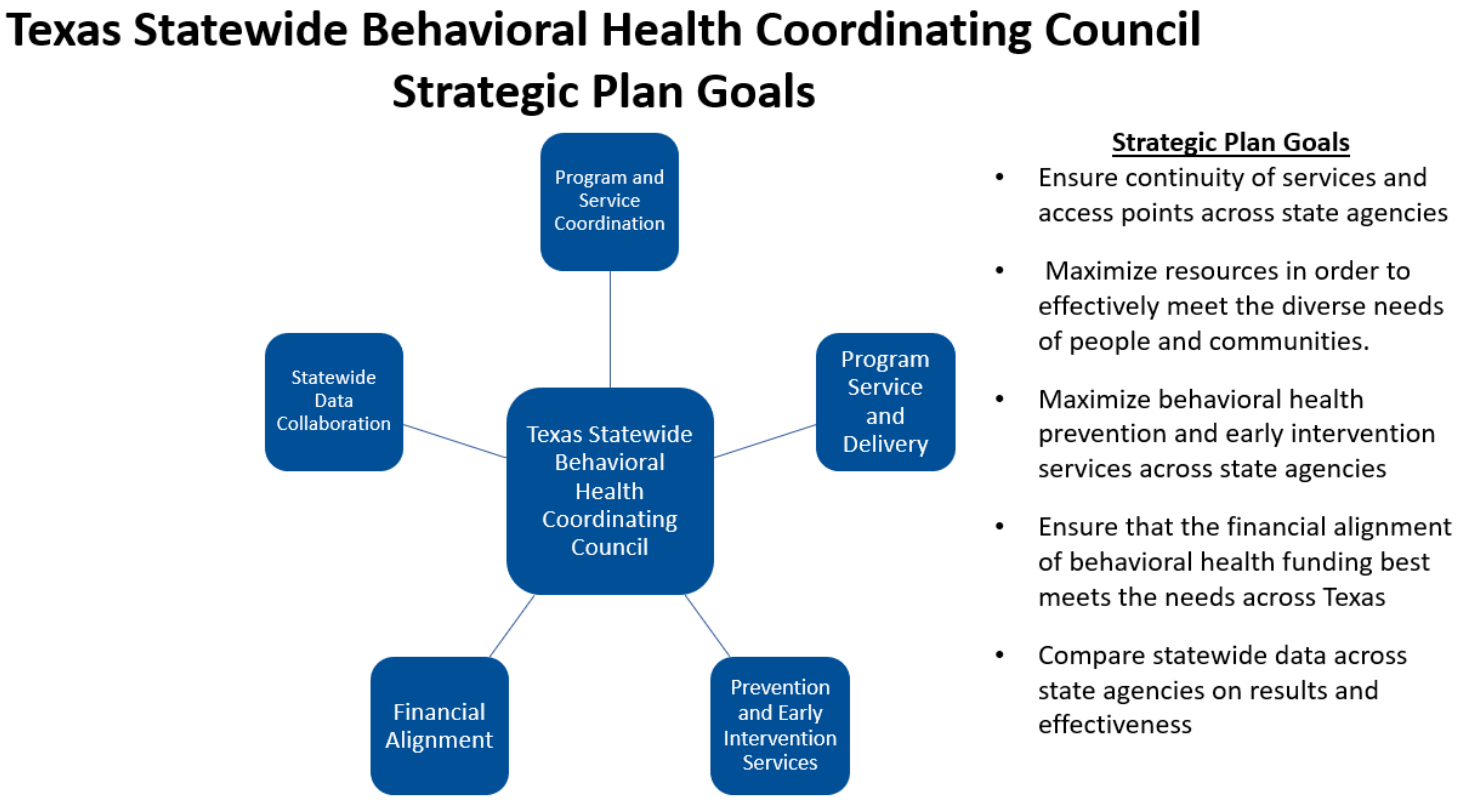
***Mission**: To develop a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans.*

Source: Texas Statewide Behavioral Health Strategic Plan Update. Fiscal Years 2017-2021

Exhibit 23: Texas Statewide Behavioral Health Coordinating Council Strategic Plan Goals. *(This figure illus-*

103. The 2016-17 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, Regular Session, 2015 (Article IX, Section 10.04) created the SBHCC. In 2019, the SBHCC was codified in Government Code, Chapter 531.
104. The Texas Health and Human Services Commission (THHSC) Assistant Commissioner, who oversees the Office of Mental Health Coordination at THHSC, serves as chair of the Council. The agencies and departments work together under the direction of the Office of Mental Health Coordination to ensure a strategic statewide approach to behavioral health services.
105. See Appendix M for a list of the SBHCC's statutory duties.

trates Texas' SBHCC strategic plan goals across state entities coordinating within the Council.)



Each year, the SBHCC is statutorily required to provide an inventory of behavioral health programs and services to better coordinate efforts and implement strategic plan objectives.[106] SBHCC inventoried all behavioral health services and programs into eight categories:

- Prevention and Promotion
- Screening and Assessment
- Service Coordination
- Treatment and Rehabilitation
- Psychosocial Rehabilitation
- Housing
- Employment,
- Crisis Intervention.[107]

This strategy is primarily centered on aligning resources and reducing duplication of services across Texas' behavioral health system. The Council anticipates this approach will reduce duplication of effort by state agencies, either by consolidating appropriate redundancies or by identifying opportunities to collaborate.[108] Through this process, SBHCC has identified 15 gaps with targeted populations within Texas' behavioral health system and allowed the Council to begin addressing the gaps within services and treatment.

Additionally, the Council works to ensure agencies' legislative appropriation requests avoid duplication,

106. Government Code §531.476(3) and 2020-21 GAA, Article IX, Section 10.04(c).
107. Texas Statewide Behavioral Health Strategic Plan Progress Report (December 2021)
108. Appendix N provides a table with examples of the behavioral health programs and services provided by Council agencies, describing the programs and services and the populations and number of individuals served.

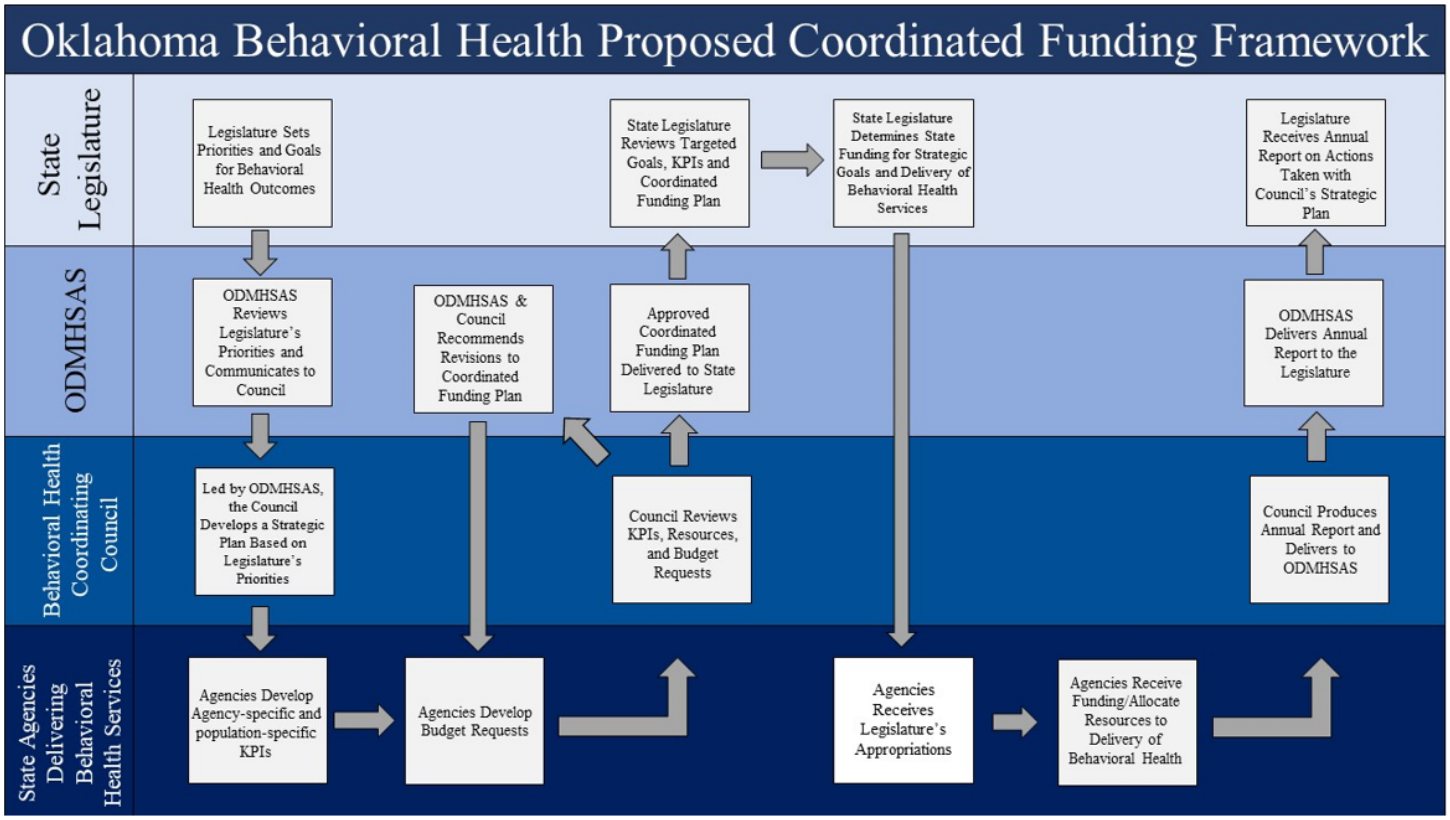
include collaboration and coordination, and are consistent with the goals of the strategic plan. The FY20 coordinated statewide behavioral health expenditure proposal provided information encompassing over $4.2 billion in behavioral health funding reported from SBHCC members agencies and institutions of higher education (including Medicaid behavioral health funding).[109] The proposal links expenditures to strategies outlined within the strategic plan to demonstrate how state appropriations will be aligned with strategic goals set by the Council to enhance coordination, eliminate redundancy, and ensure optimal service delivery.

To achieve these goals, SBHCC "phased in" specific agencies, goals, and objectives over a five-year period as observed in Exhibit 24. Texas' latest progress reports illustrates the Council has assisted in extending substance abuse services for justice-involved individuals.[110]

Oklahoma's Strategy for Coordinating Funding for Behavioral Health

Recent legislative efforts by the Oklahoma Legislature sought to implement a similar coordinated funding mechanism similar to Texas' SBHCC. Senate Bill 295 called for an analysis of mental health spending across state agencies and requires inter-agency strategic collaboration on mental health services across state government.[111] Taking Texas' SBHCC approach, coordinating funding would assist the Legislature in assessing how siloed appropriations across different committees and agencies are aligned with the overall strategy of enhancing an integrative delivery service model across State agencies.

Exhibit 24: Oklahoma Behavioral Health Coordinated Funding Strategy. *(This process diagram illustrates the structure of the proposed coordinated funding framework, based on Texas's statewide behavioral health coordinating council, to align budget requests from different State agencies in the delivery of behavioral health services.)*

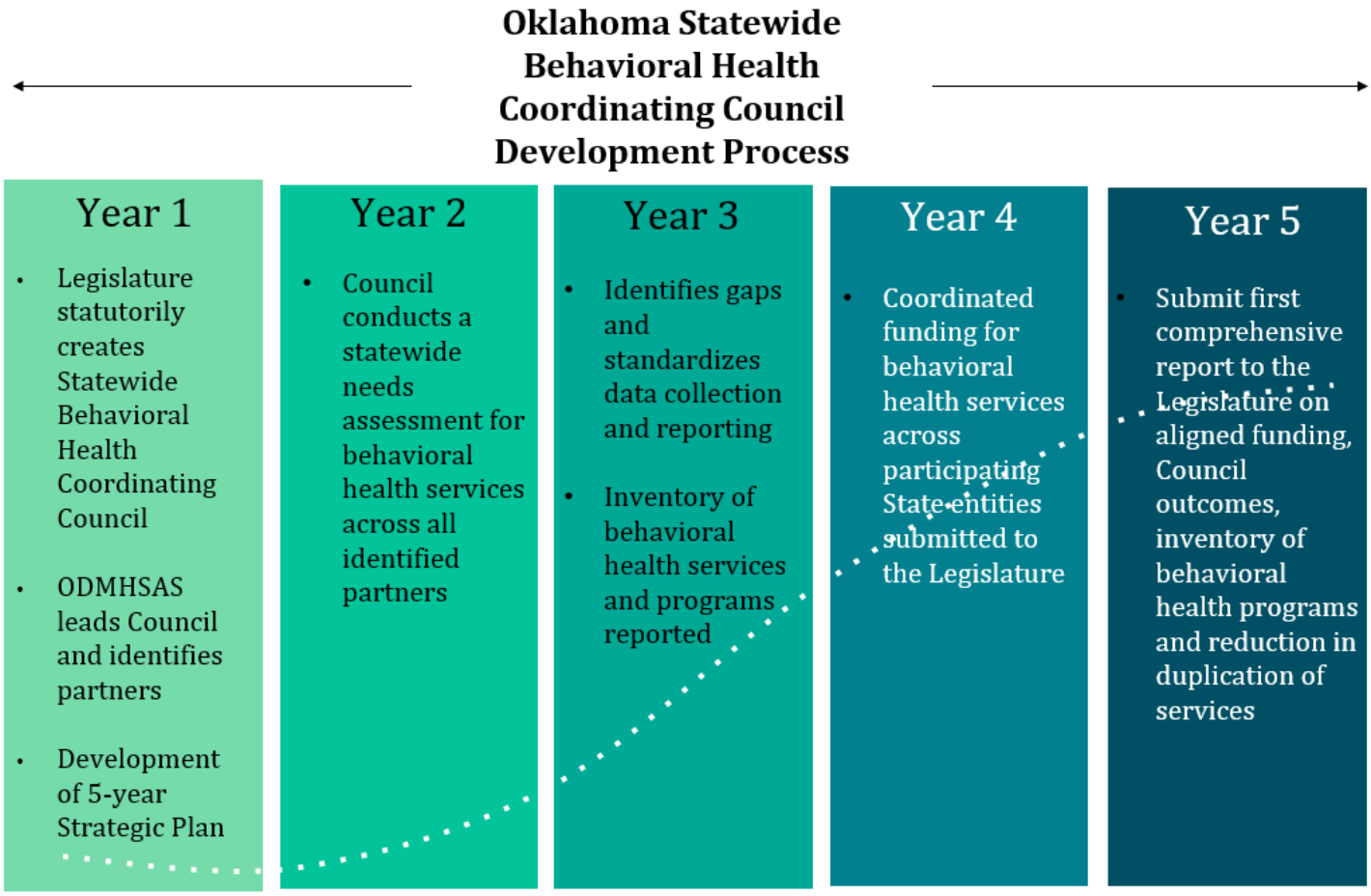


Development of a Coordinated Behavioral Health System

109. Coordinated Statewide Behavioral Health Expenditure Proposal (FY20).
110. Appendix O provides the latest progress report on Texas' SBHCC.
111. SB295

Oklahoma's current system of delivering mental and behavioral health services requires ODMHSAS and policymakers to interact and coordinate with multiple agencies to obtain information about how the State is meeting service needs. This approach leads to separately reported measured outcomes, often representing one challenge area (e.g., veteran suicide, mental health in public schools, etc.) that are not integrated into any annual comprehensive report on statewide mental health outcomes. Strategies to improve the delivery of behavioral health treatment and services across the State center around the development of a coordinated approach to align resources, services, and funding for behavioral health needs. Exhibit 25, which is modeled after Texas' multi-phased approach, provides the initial and incremental steps in developing a cross-agency and cross-sectoral statewide coordinated council to align resources, services, and funding for behavioral health needs across the State.

Exhibit 25: Oklahoma Statewide Behavioral Health Coordinating Council Development Process. *(This process diagram outlines the initial and incremental steps in developing a cross-agency and cross-sectoral statewide coordinated council to align resources, services, and funding for behavioral health needs across the State.)*



The key steps in the implementation of this strategic plan are to create a unified approach to the delivery of behavioral health services across the State, enabling all Oklahomans to have access to effective treatment and services.[112] This coordinated approach uses a central governance structure and a long-term strategy for better alignment of resources. Additionally, this strategy aims to ensure efficient and effective funding for behavioral health, increase collaboration and coordination, and enhance data collection and reporting to develop evidence-based solutions for improving behavioral health services and outcomes.

112. Appendix P provides a high-level overview of the key steps which need to be implemented to develop an effective coordinated behavioral health system in Oklahoma.

About the Legislative Office of Fiscal Transparency

Mission

To assist the Oklahoma Legislature in making informed, data-driven decisions that will serve the citizens of Oklahoma by ensuring accountability in state government, efficient use of resources, and effective programs and services.

Vision

LOFT will provide timely, objective, factual, non-partisan, and easily understood information to facilitate informed decision-making and to ensure government spending is efficient and transparent, adds value, and delivers intended outcomes. LOFT will analyze performance outcomes, identify programmatic and operational improvements, identify duplications of services across state entities, and examine the efficacy of expenditures to an entity's mission. LOFT strives to become a foundational resource to assist the State Legislature's work, serving as a partner to both state governmental entities and lawmakers, with a shared goal of improving state government.

Authority

With the passage of SB1 during the 2019 legislative session, LOFT has statutory authority to examine and evaluate the finances and operations of all departments, agencies, and institutions of Oklahoma and all of its political subdivisions.

Created to assist the Legislature in performing its duties, LOFT's operations are overseen by a legislative committee. The 14-member Legislative Oversight Committee (LOC) is appointed by the Speaker of the House and Senate Pro Tempore, and receives LOFT's reports of findings.

The LOC may identify specific agency programs, activities, or functions for LOFT to evaluate. LOFT may further submit recommendations for statutory changes identified as having the ability to improve government effectiveness and efficiency.

Appendix A. Methodology

Oklahoma Constitution, Statutes and Agency Policies

LOFT incorporated legal research methodology for a detailed analysis of state laws and governing policies found in various sources (constitution, statutes, and administrative rules) to assess accountability and governance of providing mental health and substance abuse treatment services.

Critical Scope Considerations

The purpose of this report is to inform the Legislature about current challenges in delivering public behavioral health services to Oklahomans. This report does not evaluate the full range of mental health needs and services provided within the State, much of which is not quantifiable. The scope of this report primarily focuses on the community mental health system, which is led by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). This report considers the role of private, non-profit providers in delivering services directly to Oklahomans in partnership with ODMHSAS, as well as State facilities involved in direct service provision operated by the agency. Further, the scope included agencies delivering mental health services to Oklahomans such as the Department of Human Services, Oklahoma State Department of Education, and others as applicable. Due to the limited scope of this report, LOFT does not provide broad analysis on mental health outside of the State system of service delivery.

The contents of this report were discussed with the Oklahoma Department of Mental Health and Substance Abuse Services throughout the evaluation process. Additionally, sections of this report were shared with the various agencies and stakeholders for purposes of confirming accuracy.

It is the purpose of LOFT to provide both accurate and objective information: this report and methodology has been reviewed by LOFT staff outside of the project team to ensure accuracy, neutrality, and significance.

Appendix B: Stakeholder Interviews

This evaluation report summarizes and utilizes collected information from key stakeholders working within common education system regarding school finance.

Interviews were conducted with stakeholders from:

Oklahoma Department of Mental Health and Substance Abuse

Oklahoma State Department of Education

Oklahoma Senate Fiscal Staff

Oklahoma Department of Veterans Affairs

Oklahoma Department of Corrections

Oklahoma Office of Juvenile Affairs

ABLE Commission

Cohen Veterans Network

Red Rock Behavioral Health Services

CREOKS Health Services

NorthCare

Tulsa Center for Behavioral Health

Oklahoma Forensic Center

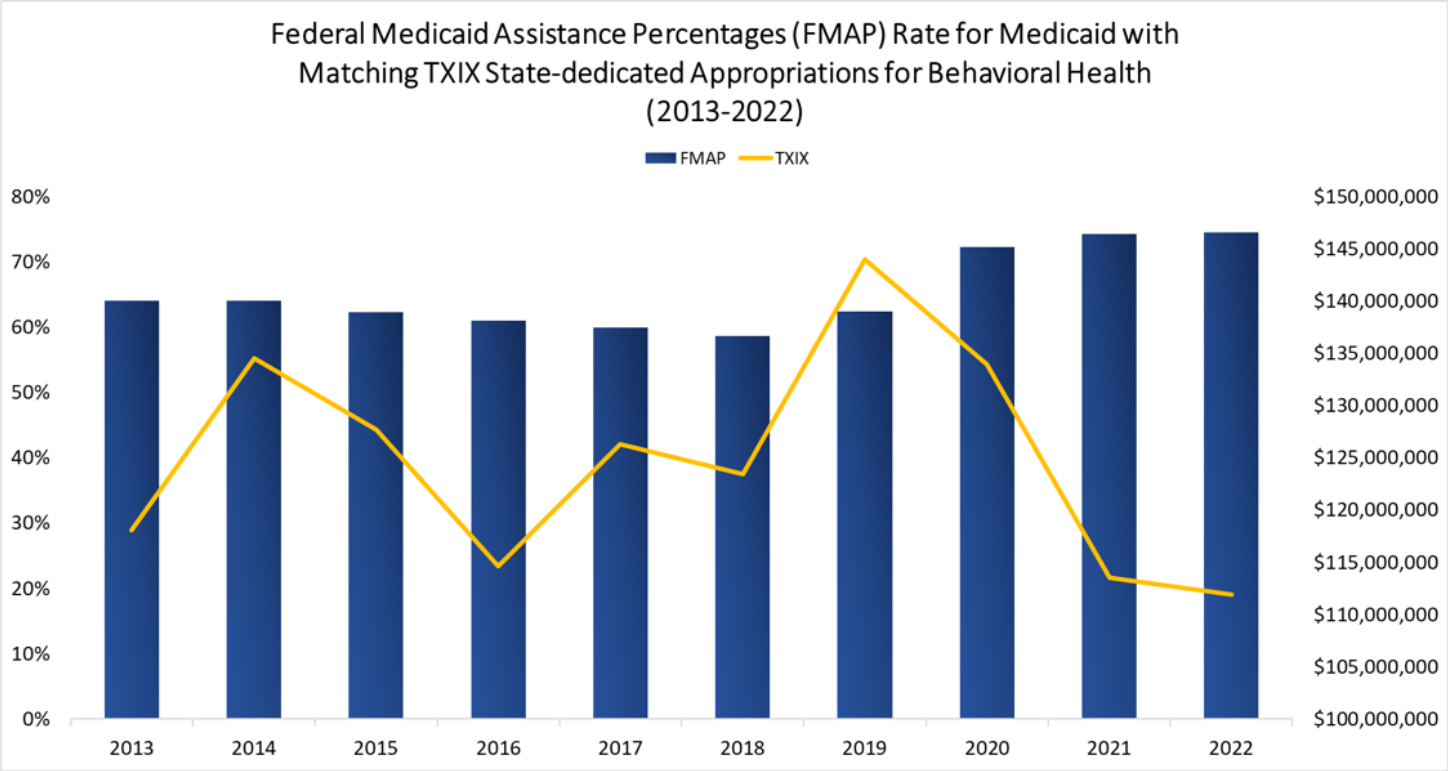
Griffin Memorial Hospital

National Conference of State Legislatures

Healthy Minds Policy Initiative

Appendix C: Federal Medicaid Assistance Percentages (FMAP) Rate for Medicaid with Matching TXIX State-dedicated Appropriations for Behavioral Health (2013-2022)

Exhibit 26: Federal Medicaid Assistance Percentages (FMAP) Rate for Medicaid with Matching TXIX State-dedicated Appropriations for Behavioral Health (2013-2022). *(This chart provides both the FMAP rate, set annually by the federal government, and the State-dedicated matching TXIX funding for the behavioral health component for Medicaid.)*

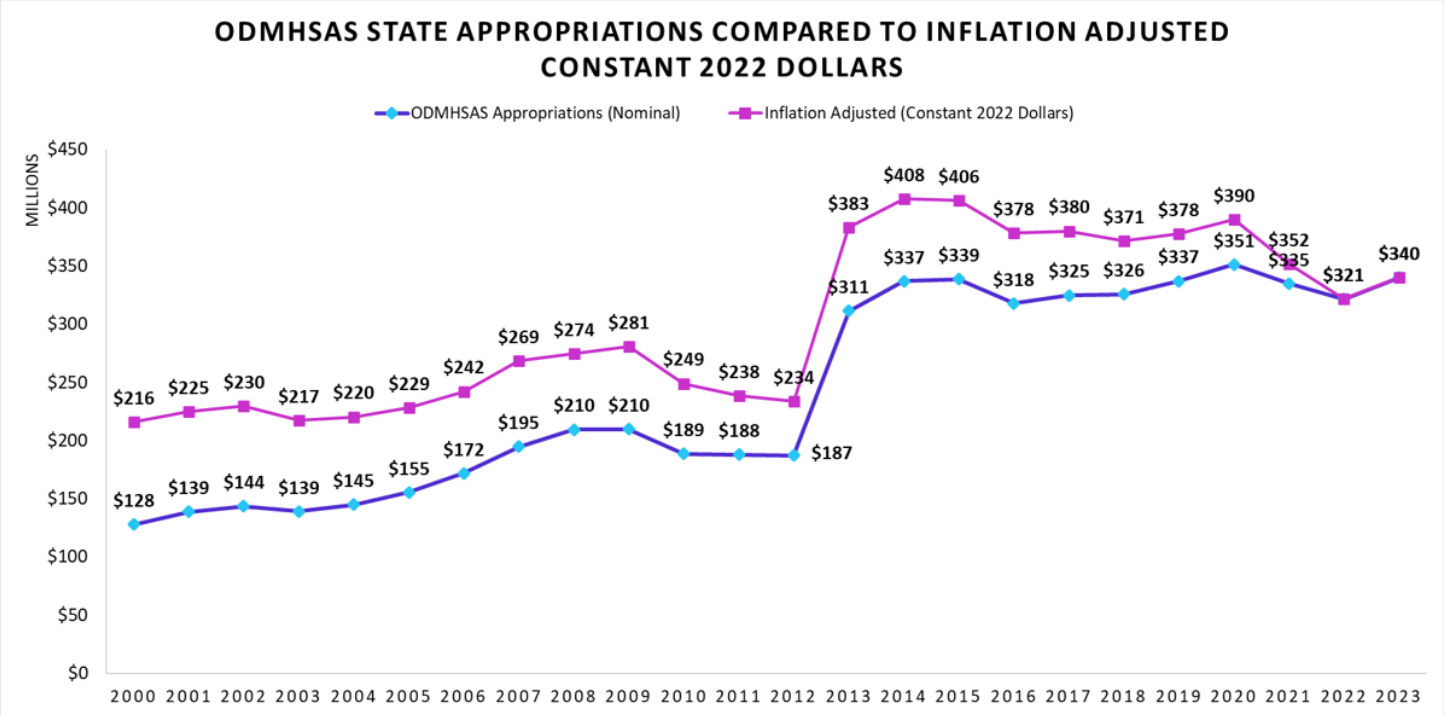


Source: The Centers for Medicare & Medicaid Services, Kaiser Family Foundation and the Oklahoma Department of Mental Health and Substance Abuse Services.

Note: In FY20 and FY21, The Families First Coronavirus Response Act of 2020 (P.L. 116-127) provided a temporary 6.2 percentage point FMAP increase during a public health emergency

Appendix D: ODMHSAS State Appropriations, Inflation Adjusted

Exhibit 27: State Appropriations Compared to Inflation Adjusted Constant 2022 Dollars for the Oklahoma Department of Mental Health and Substance Abuse Services. *(This chart compares the real State appropriated dollars with the trend of State funding for ODMHSAS adjusted for inflation in constant 2022 dollars.)*

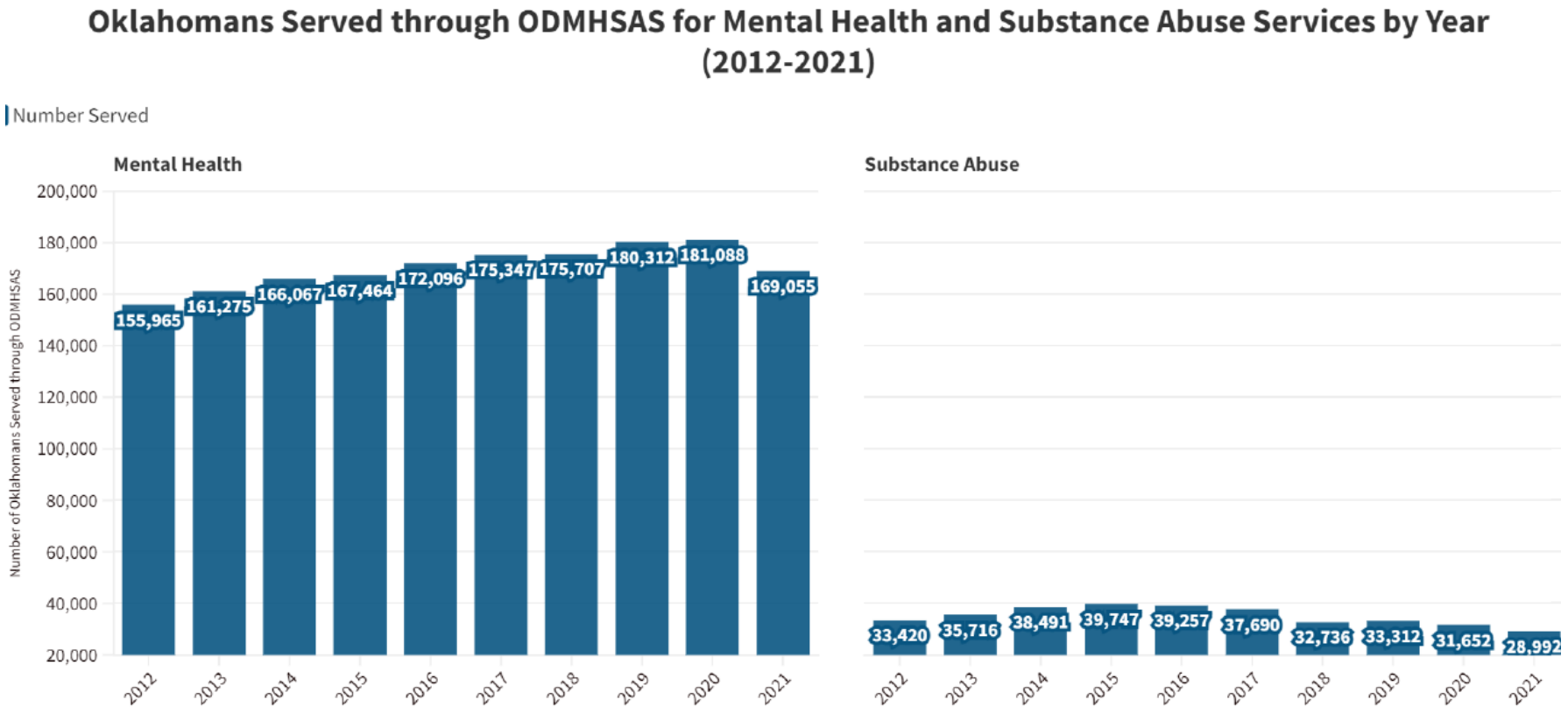


Source: Annual Oklahoma Senate Appropriations reports.

Note: LOFT's methodology used the Consumer Price Index (CPI) calculator from the U.S. Bureau of Labor Statistics to adjust for inflation.

Appendix E: Oklahomans Served through ODMHSAS for Mental Health and Substance Abuse Services by Year (2012-2021)

Exhibit 28: Oklahomans Served through ODMHSAS for Mental Health and Substance Abuse Services by Year (2012-2021). *(This group column chart compares the number of Oklahomans receiving mental health and substance abuse services through ODMHSAS by year since 2012.)*



Source: The Oklahoma Department of Mental Health and Substance Abuse Services' online query system (OONQues).

Appendix F: Methodolgy for Services In Need

The Oklahoma Department of Mental Health and Substance Abuse Services calculates an estimated **99,803** Oklahomans that are in need of but not accessing behavioral health services. This considers people being served by ODMHSAS, Medicaid, Medicare, Private Insurance, and Tricare.

National Survey on Drug Use and Health estimates (2018-2019):

Substance Use Disorder (SUD) in the Past Year- 240,712 Oklahomans

Mental illness in the Past Year- 677,361 Oklahomans

Total (duplicated) – 918,073 Oklahomans

Total (unduplicated) in need of SUD, mental health, or co-occurring treatment – 842,809 Oklahomans

Individuals receiving services:

ODMHSAS/Medicaid - 195,000

Medicare – 138,431

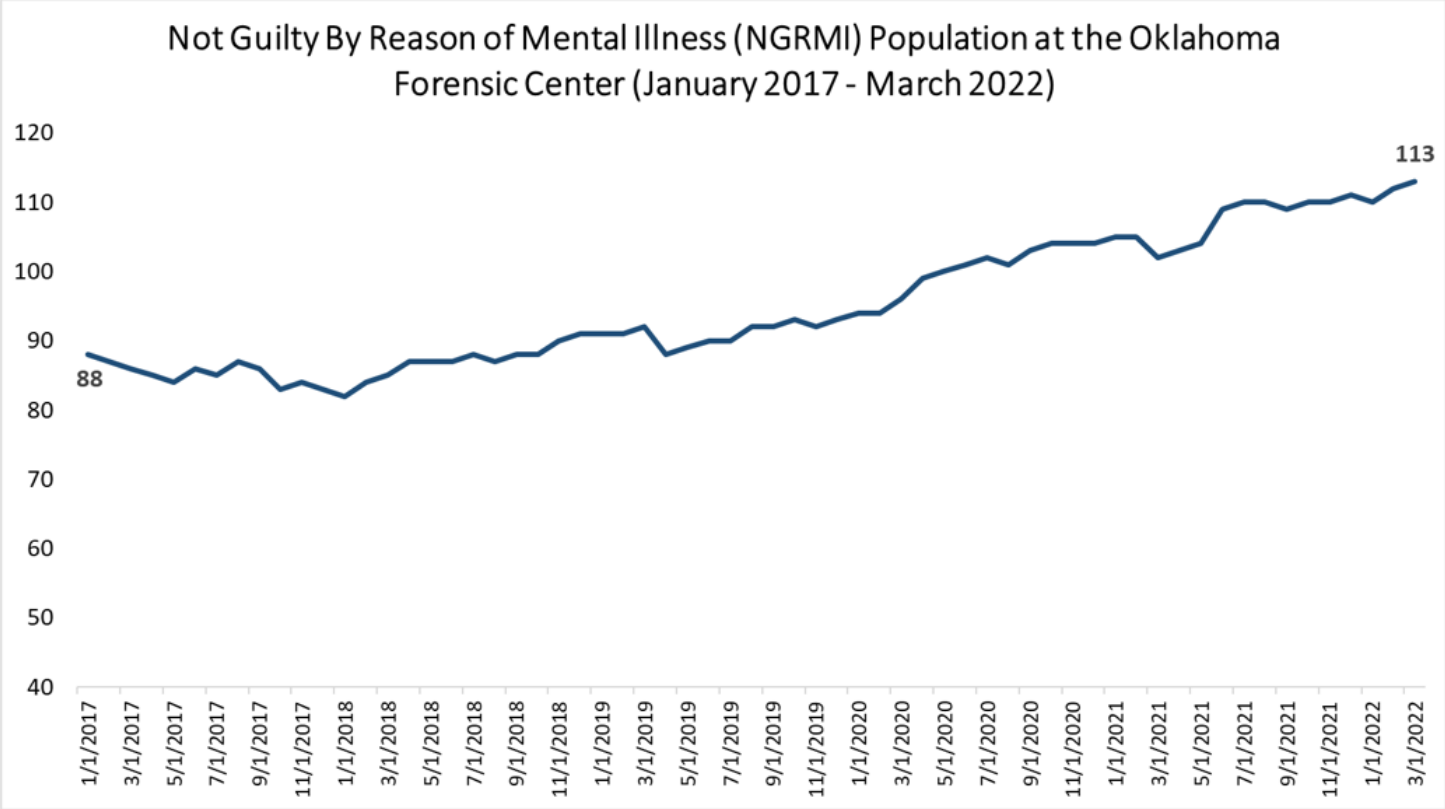
Private insurance – 394,304

Tricare/Campus/Military/DOD – 15,271

Total receiving services – 743,006

Appendix G: Not Guilty by Reason of Mental Illness (NGRMI) at the Oklahoma Forensic Center

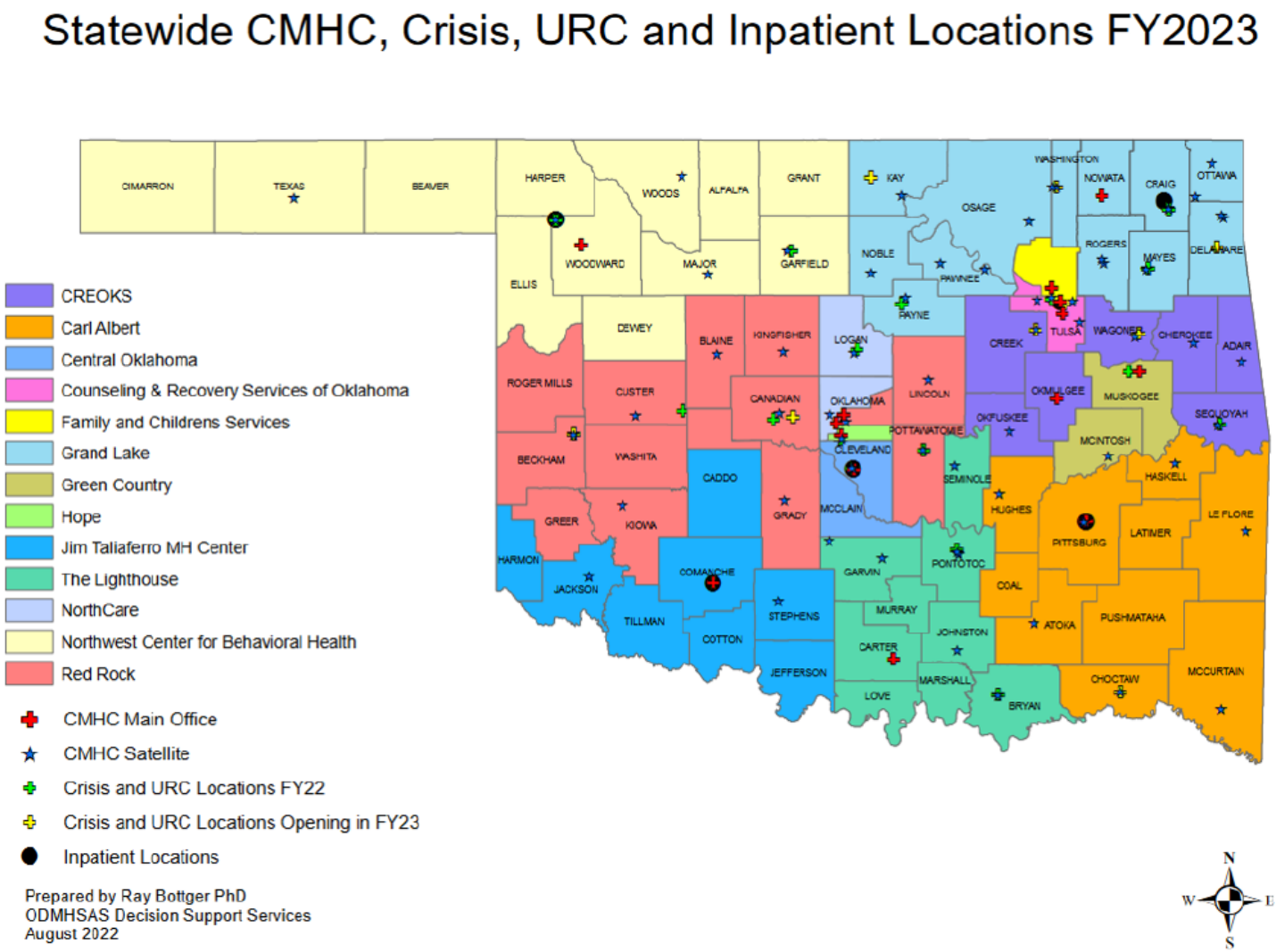
Exhibit 29: Not Guilty by Reason of Mental Illness (NGRMI) at the Oklahoma Forensic Center. *(This line chart provides a historical trend of the number of not guility by reason of mental illness (NGRMI) population at the Oklahoma Forensic Center.)*



Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

Appendix H: Statewide CMHC, Crisis and Inpatient Locations

Exhibit 30: Statewide CMHC, Crisis and Inpatient Locations *(This map provides the locations for statewide CMHCs, Crisis, and URC inpatient locations throughout the state categorized by type.)*



Source: The Oklahoma Department of Mental Health and Substance Abuse Services.

Appendix I: Number of Diversions By Drug Court, Misdemeanor Diversions, and Mental Health Court (FY17 – FY22)

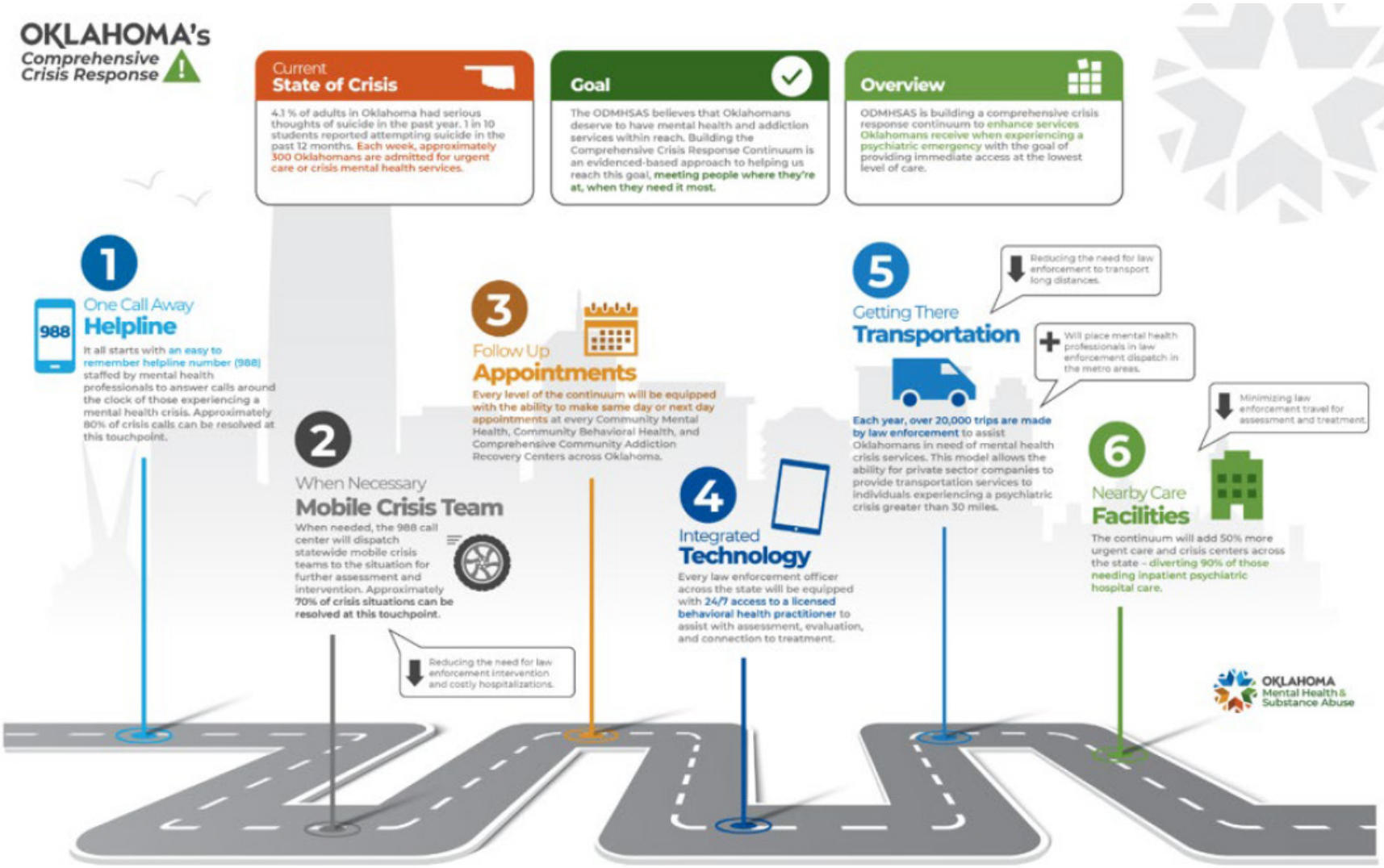
Exhibit 31: Number of Diversions By Drug Court, Misdemeanor Diversions, and Mental Health Court (FY17 – FY22). *(This table provides a breakdown of the number of admissions into criminal justice diversion programs by program and year since 2017.)*

Criminal Justice Diversion Admissions by Program per Fiscal Year				
	Drug Court	Misdemeanor Diversion	Mental Health Court	Total
FY2017	2174	0	419	2593
FY2018	1801	10	332	2143
FY2019	1670	787	378	2835
FY2020	1304	499	402	2205
FY2021	1213	611	472	2296
FY2022	1277	841	508	2626

Source: Oklahoma Department of Mental Health and Substance Abuse Services' courts data collection system

Appendix J: Oklahoma's Crisis Response Framework

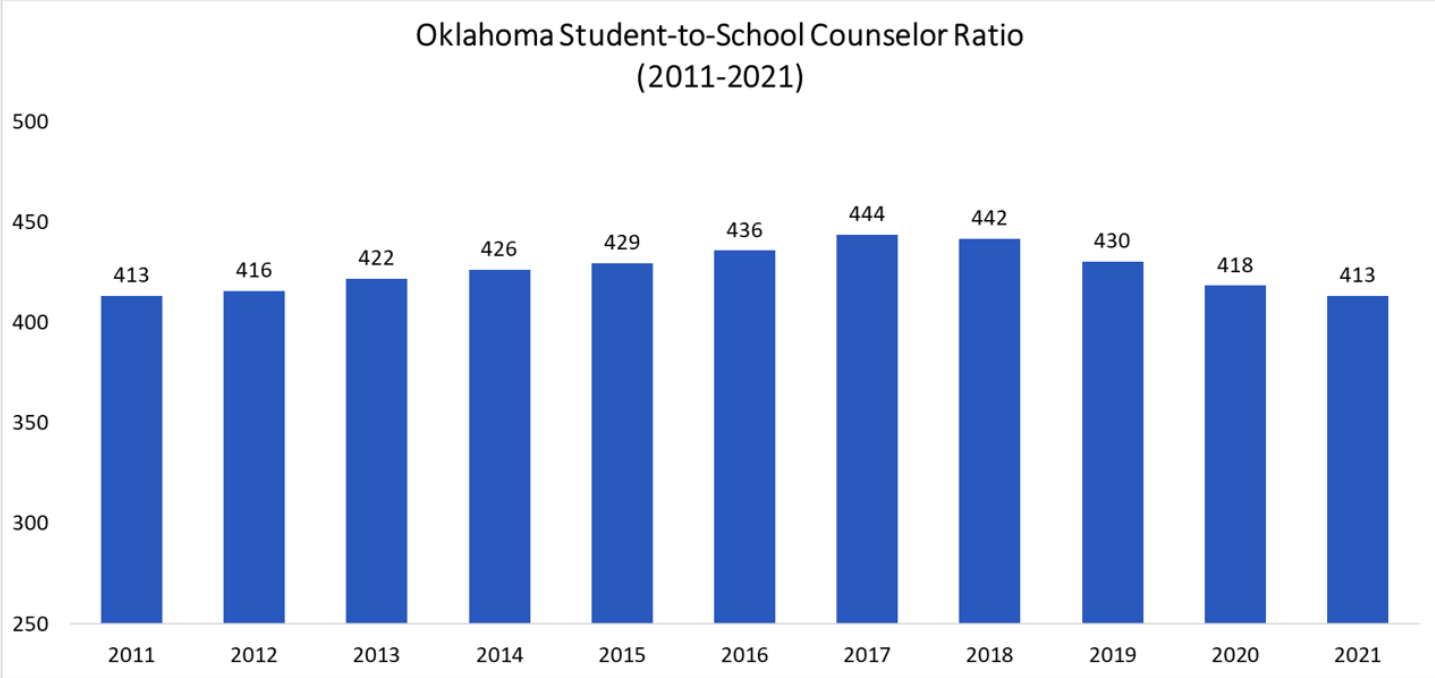
Exhibit 32: Oklahoma's Crisis Response Framework. *(This infographic illustrates Oklahoma's comprehensive crisis response servicesx, goals and overview across multiple programs and services.)*



Source: Oklahoma Department of Mental Health and Substance Abuse Services

LAppendix K: Oklahoma Student-to-School Counselor Ratio (2011-2021)

Exhibit 33: Oklahoma Student-to-School Counselor Ratio (2011-2021). *(This column chart illustrates the historical trend of the student-to-school counselor ratio in Oklahoma's public education system. Oklahoma's ratio (413-to-1 is in line with the national average of 415-to-1.)*



Source: The Oklahoma State Department of Education's Certified and Support Counts (By District FTE, Degree, and Salary annual report) and October 1st student enrollment data.
Note: School counselor (Job Code 203) was used for the analysis. The position and description were found within the Oklahoma Cost Accounting System (OCAS) Manual from the Oklahoma State Department of Education.

Appendix L: Comparative Analysis of Veteran Suicide Rates

In 2019, Oklahoma veterans' suicide rate per 100 thousand (100k) was 36.9, higher than both the rate of southern regional states (31.1) and the national veteran suicide rate (31.6).[113] [114] As depicted in Exhibit 34, Oklahoma had a higher rate of suicide among veterans in all age groups than both southern regional states and the national rate for veterans. The highest suicide rate was among veterans between the ages of 18-34, at 48.5 suicides per 100k.

Exhibit 34: Oklahoma, Southern Region, and National Veteran Suicide Deaths by Age Group, 2019. *(This table provides a comprehensive breakdown of both the number of suicides and suicide rate per 100k amongst Oklahoma, southern regional states, and the national rate for veterans.)*

Oklahoma, Southern Region, and National Veteran Suicide Deaths by Age Group, 2019						
Age Group	Number of Suicides			Suicide Rate per 100k		
	Oklahoma Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Oklahoma Veteran Suicide Rate	Southern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	111	2,625	6,261	36.9	31.1	31.6
18-34	16	342	828	48.5*	40.8	44.4
35-54	33	698	1,663	39.8	30	32.8
55-74	39	1,010	2,407	32	28.7	28.8
75+	22	561	1,336	34.9	32.2	29.6

Source: U.S. Department of Veterans Affairs' 2021 National Veteran Suicide Prevention Annual Report.
Note: Rates presented are unadjusted rates per 100,000. Asterisk (*) indicates rates calculated with a numerator of less than 20.

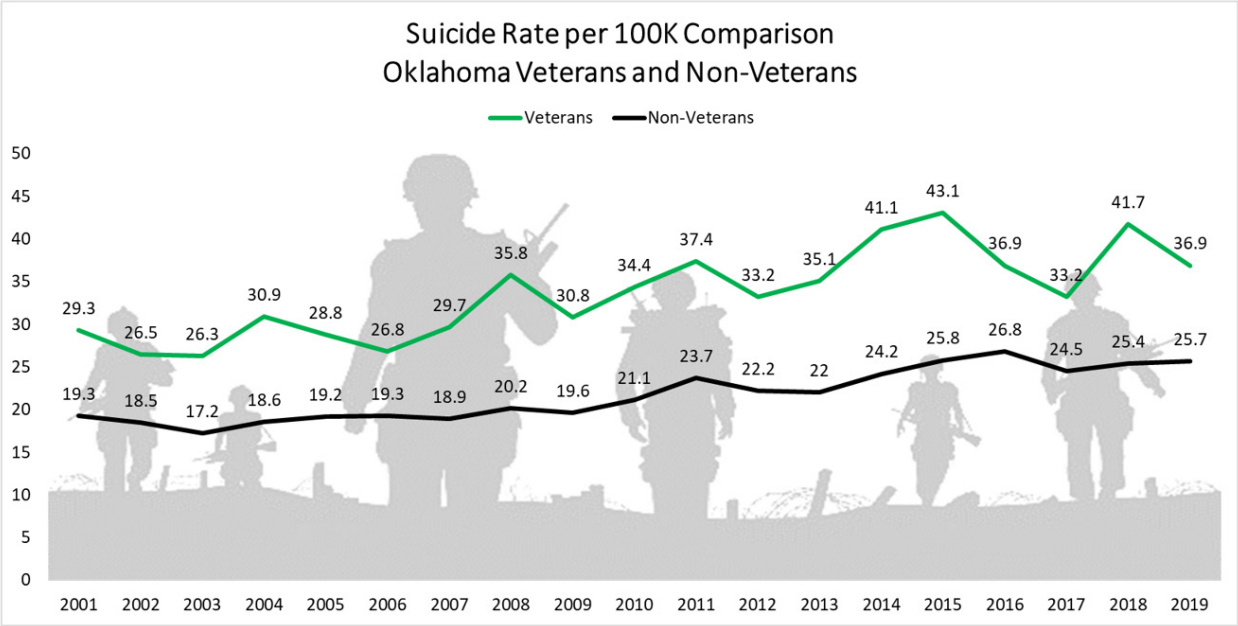


Exhibit 35: Suicide Rates per 100K Comparison Oklahoma Veterans and Non-Veterans. *(This line chart shows Oklahoma veterans suicides per 100K continue to rise and surpass Oklahoma's general population.)*

Source: The National Center for Veterans Analysis and Statistics, U.S. Department of Veterans Affairs

113. In 2019, Oklahoma had the 20th highest veteran suicide rate per 100k.
114. Oklahoma had the third highest suicide rate per 100k among southern regional states in 2019; Arkansas (40.9) and Tennessee (40) were the only states within the region with higher rates than Oklahoma.

Appendix M: Duties and Powers of Texas' Statewide Behavioral Health Coordinating Council

The statutorily-defined powers and duties of Texas' SBHCC include: [115]

- develop and monitor the implementation of a five-year statewide behavioral health strategic plan;
- shall develop a biennial coordinated statewide behavioral health expenditure proposal;
- shall annually publish an updated inventory of behavioral health programs and services that are funded by the state that includes a description of how those programs and services further the purpose of the statewide behavioral health strategic plan;
- may create subcommittees to carry out the council's duties under this subchapter; and
- may facilitate opportunities to increase collaboration for the effective expenditure of available federal and state funds for behavioral and mental health services in this state.
- The council shall include statewide suicide prevention efforts in its five-year statewide behavioral health strategic plan.

115. Texas Statute, Title 4, Subtitle I, Sec. 531.476.

Appendix N: Texas SBHCC Invetory of Behavioral Health Programs and Services

Exhibit 36: Excerpt of Texas SBHCC Inventory of Behavioral Health Programs and Services. *(This inventory outlines the behavioral health programs and services provided by Council agencies and describes the programs and services, and the populations and number of individuals served. The intent of this statutorily required annual inventory is to align resources and reduce duplication of services across Texas' behavioral health system.)*

Appropriation Article and Agency Name	Target Population	Goal/Services Description	FY2019 Project People Served	Prevention/Promotion	Screening/Assessment	Service Coordination	Treatment/Rehab	Psychosocial Rehab	Housing	Employment	Crisis Intervention	Other
Article I, Texas Veterans Commission	Texas veterans, their families, and survivors	Make grants to local nonprofit organizations and units of local governments providing direct mental health services to veterans and their families. Services include but are not limited to: clinical counseling services, peer-delivered services, and non-clinical support services.	2019 grants are not awarded until May 2019	✓		✓	✓		✓	✓		
Article II, Department of Family and Protective Services	Persons 65 and older and adults 18 to 64 with a disability in Adult Protective Services cases who are receiving services, and their family members.	Provide payments to contractors for mental health services to individuals to assess capacity and meet their service plan needs where services are not already provided through other funding sources.	490		✓		✓	✓			✓	
Article II, Health and Human Services Commission	Children and adolescents (ages 3 through 17) with serious emotional disturbance	Improve the mental health and wellbeing of children and youth experiencing serious emotional disturbances through the provision of community mental health services that are child-centered, family-driven that can increase child's strengths and supports, and foster resilience, recovery and functioning in the family, school and community. Examples of the services provided: assessment, case management, psychosocial rehabilitation, skills training, counseling, family support services, and crisis intervention services.	LBB Annual Target: 44,991	✓	✓	✓	✓	✓	✓	✓	✓	
Article V, Texas Department of Criminal Justice	Offenders on probation.	Provide grants to local adult probation departments for outpatient programs to divert offenders with substance abuse disorders from further court action and/or prison.	20,462	✓	✓	✓	✓	✓	✓	✓		

Source: Legislative Office of Fiscal Transparency's creation based on information provided within Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2017-2021

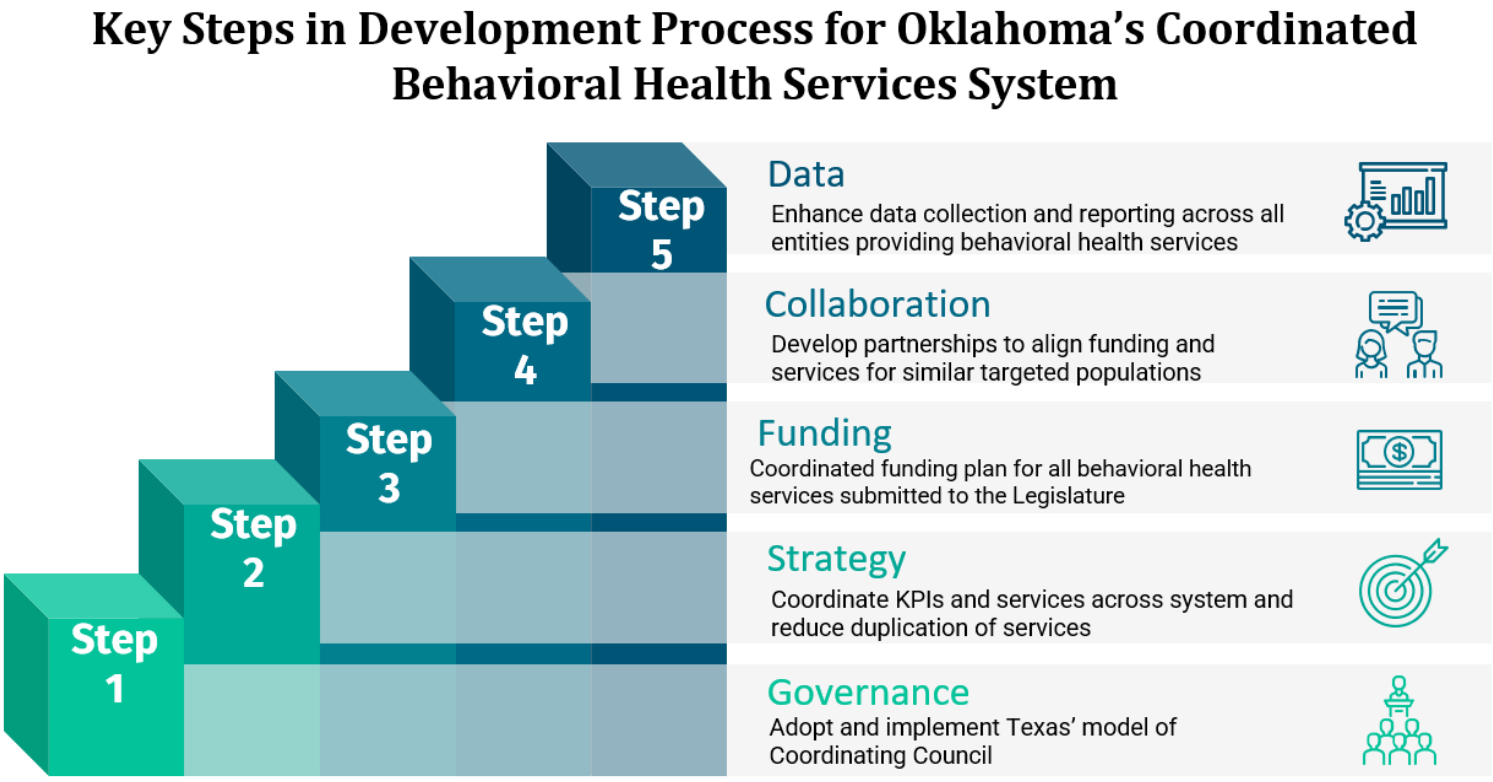
Appendix O: Texas State Behavioral Health Coordinating Council Progress Report (2021)

Exhibit 37: Texas State Behavioral Health Coordinating Council Progress Report (2021). *(This infographic illustrates behavioral health progress in Texas since fiscal year 2019. While the graphic below does not encompass progress made since inception, it offers a few highlights from the past three years.)*

Source: The Texas Statewide Behavioral Health Strategic Plan Update. Fiscal Years 2017-2021.

Appendix P: Key Steps in Development Process for Oklahoma's Coordinated Behavioral Health Services System

Exhibit 38: Key Steps in Development Process for Oklahoma's Coordinated Behavioral Health Services System. *(This infographic illustrates and provides a high-level overview of the key steps which need to be implemented to develop an effective coordinated behavioral health system in Oklahoma.)*



Source: The Texas Statewide Behavioral Health Strategic Plan Update. Fiscal Years 2017-2021.

Agency Response

- *Oklahoma Department of Mental Health and Substance Abuse Response, August 23, 2022*

Agency Response

Evaluation Report: Priority Evaluation: Delivery of Mental Health Services

Part I: Introduction and Overview

Does the agency agree with the facts as presented? Yes.	Does the agency agree with the recommendations related to this finding? Yes.
Agency Comments and Clarifications (Technical response) None.	

Part II: Mental Health Delivery Domains

Does the agency agree with the facts as presented? Not entirely.	Does the agency agree with the recommendations related to this finding? Yes.
Agency Comments and Clarifications (Technical response) On page 9 of the report, it states in part, "During fieldwork, LOFT observed a pharmacy with unsecured access . . ." This statement is misleading to the extent it implies that the medication in the pharmacy are unsecured. The GMH pharmacy is secured with a system of keyed locks. Added security includes: safety officer observations, surveillance video recordings of the exterior building entrance door, pharmacy hallways and doors. In addition, the interior of the pharmacy has pharmacy keyed locks and alarm codes maintained by licensed pharmacists. Moreover, pharmacy staff are always present in the pharmacy when either of the two pharmacy doors is unlocked. All controlled drugs are secured in the pharmacy in a locked cabinet to which only pharmacists have the key. ODMHSAS acknowledges that pharmacy staff would like additional physical barriers between them and consumers to make pharmacy staff feel more secure. We agree with the LOFT's recommendation that we continue to review personal protection protocols but will expand that to reviewing safety concerns for all staff.	

Part III: Service Delivery Challenges and Opportunities

Does the agency agree with the facts as presented? Not entirely.	Does the agency agree with the recommendations related to this finding? Yes.

Agency Comments and Clarifications (Technical response)

ODMHSAS disagrees with the statement that forensic officers are "inadequately equipped to manage OFC's consumers." OFC Forensic Officers are equipped with radios and receive the same training to deal with violent behavior as do our Mental Health Techs and other direct care employees, who all spend a significantly more amount of time interacting with consumers than do the Forensic Officers. ODMHSAS believe that allowing weapons into a secure facility, even non-lethal weapons, creates a significant safety hazard and impairs on the therapeutic environment of our hospital.

However, we agree with the LOFT's recommendation that we continue to review personal protection protocols but will expand that to reviewing safety concerns for all staff.

We are also concerned with the suggestion of amending the Department's official name to the "Oklahoma Department of Behavioral Health" to better reflect the services provided. Although a name change may be warranted, many persons who live with mental illness and addiction disorders view the term "Behavioral Health" as stigmatizing. It can reduce the complexities of brain disease into behaviors that may or may not occur.