

Priority Evaluation: Delivery of Mental Health Services

August 31, 2022

Meeting of the Legislative Oversight Committee

Oklahoma Behavioral Health By the Numbers











1 out of 5 Adults in Oklahoma experience mental illness



657,000 adults in Oklahoma have a mental health condition.

That's equivalent to 7x the population of Edmond, Oklahoma

Approximately 54,000 youths (17%) experienced at least one major depressive episode within the past year, compared with the national rate of 15%.



National suicide rate: 15 per 100K

Oklahoma
Suicide Rate:
21 per 100K

Oklahoma
overdosed deaths
increased 40%;
lower than the
national rate of 44%



Key Definitions

Mental Health Behavioral Health



Substance Abuse Services

Consumers



Consumers are identified as people who have:

- Experienced mental health challenges
- Used public clinical mental health services or
- Received treatment or care from community mental health services



Key Objectives

This evaluation was guided by four 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.

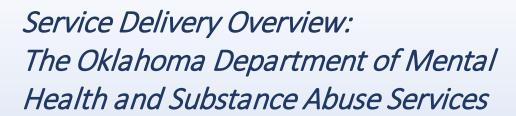


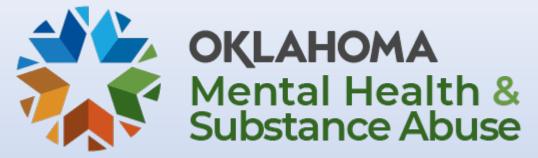
Delivery of Services

Two Domains for the Delivery of Public Services:

- 1) Services Delivered By and Through ODMHSAS
- 2) Services Delivered Outside of ODMHSAS







- Serves two primary populations:
 - SoonerCare Members (Medicaid Recipients)
 - Indigent and uninsured or underinsured
- Payer of last resort
- Provides both direct and coordinated services to consumers.



Direct Services Provided by the Oklahoma Department of Mental Health and Substance Abuse Services

FY22 ODMHSAS & OHCA Behavioral Health Funds From All Sources

Revenue Source	Fund Type	Managing Agency	Medicaid Designation	Amount
DMH State Funds	State	DMH	Non-Medicaid	\$238,397,412.40
DMH State Medicaid	State	DMH	Medicaid	\$90,304,103.60
OHCA State Medicaid	State	OHCA	Medicaid	\$4,868,977.48
DMH Federal Funds	Federal	DMH	Non-Medicaid	\$200,782,884.00
DMH Federal Medicaid Match	Federal	OHCA	Medicaid	\$402,603,559.00
OHCA Federal Medicaid Match	Federal	OHCA	Medicaid	\$34,258,272.40
Total DMH & O	\$971,215,208.88			



Direct Services Provided by the Oklahoma Department of Mental Health and Substance Abuse Services



Funding

- In FY22, ODMHSAS received approximately \$529 million in total funding
 - \$321.4 million in State appropriations (61 percent of all funding)

State-operated Facilities

- ODMHSAS is responsible for the operation of 11 State-operated facilities, some of which have multiple locations.
 - 4 inpatient hospitals
 - 4 Community Mental Health Centers (CMHCs)
 - 2 crisis stabilization units, and
 - 1 transitional facility



ODMHSAS Coordinated Services





- Partners with 105 private, non-profit providers to deliver services
- 13 Community Mental Health Centers (CMHCs)
- Expanded CMHC model called Certified Community Behavioral Health Clinic (CCBHC)



- Behavioral Health Courts and Diversions
 - Adult felony drug court, mental health courts, misdemeanor diversion, juvenile diversion



- 988 Line & Mobile Crisis
 - Replaces National Suicide Hotline
 - Mobile crisis units can be dispatched to assist with mental health emergencies



- Cohen Veteran Network
 - Mental health clinic serving veterans and their families
 - Facility in Lawton, Oklahoma



Non-ODMHSAS Services

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)		✓			
Oklahoma City Community College (OCCC)		✓			
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)	✓	✓			
Oklahoma State University (OSU)		✓			
Tobacco Settlement Endowment Trust (TSET)		✓			
Rose State College		✓			
University of Central Oklahoma		✓	✓		
University of Oklahoma (OU)		✓			
University of Oklahoma Health Sciences Center (OUHSC)		✓			
Office of Juvenile Affairs (OJA)	✓			✓	
Department of Veterans Affairs (ODVA)			✓		10



Non-ODMHSAS Services





- 1,877 full-time school counselors provide short term counseling to students
- Provide suicide awareness and prevention
- Federal grant for mental health awareness in 9 school districts



Department of Corrections

- 61 full time staff operate the Mental Health Services Unit
- Coordinates with ODMHSAS for entry and reentry programs
- Works with felony offenders under community sentencing



Law Enforcement

- Use iPads to connect to behavioral health providers in their area
- Crisis Intervention Training provided to over 1,600 officers
- Creation of Department of Public Safety Wellness Division



Service Delivery Highlights

<u>Certified Community Behavioral Health</u> <u>Clinic (CCBHC)</u>

- Provide expanded services
- Oklahoma is the first state to achieve full statewide coverage

Enhanced Tier Payment System

- ODMHSAS pay-for-performance system for providers
- Increases in provider performance

Adult Drug Courts

- Drug court graduates experience significant economic gains
- Significant savings compared to cost of incarceration and lower recidivism rate

Certified Community Behavioral Health Clinics

- Enhanced Medicaid
 Reimbursement Rates
- 24/7 Crisis Care
- Evidence-Based Practices
- Care Coordination with
 Primary Care & Hospitals
- Integration with Physical Health Care
- Psychiatric Rehabilitation



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Measure	Average % Increase
1	55.2
2	49.1
3	34.7
4	27.2
5	22.2
6	21.3
7	16.9
8	13
9	13
10	11.2
11	6
12	5.5



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Mental Health Treatment in Jails and Prisons

 Opportunity to coordinate/partner on delivery of services for behavioral health





Children

- Limited acute care
- Limited placement options for children with co-occurring disorders
- Inconsistent and uncoordinated services across school districts



Veterans and Military-connected Community

- Currently no targeted State services
- Limited coordination with ODMHSAS on serving population
- High suicide rate
- No MOU with ODVA to share data



Real-time Bed Availability

- Inconsistent tracking of those awaiting beds
- Limited data and assessment on bed availability



Identified Gaps in Oklahoma's Behavioral Health System

LOFT identified the following key gaps in behavioral health services:

- 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



Agencies

with

Services for

Children

Children

Current Data for Targeted Populations is Siloed

Criminal

Justice

Entities

Offenders

Entities

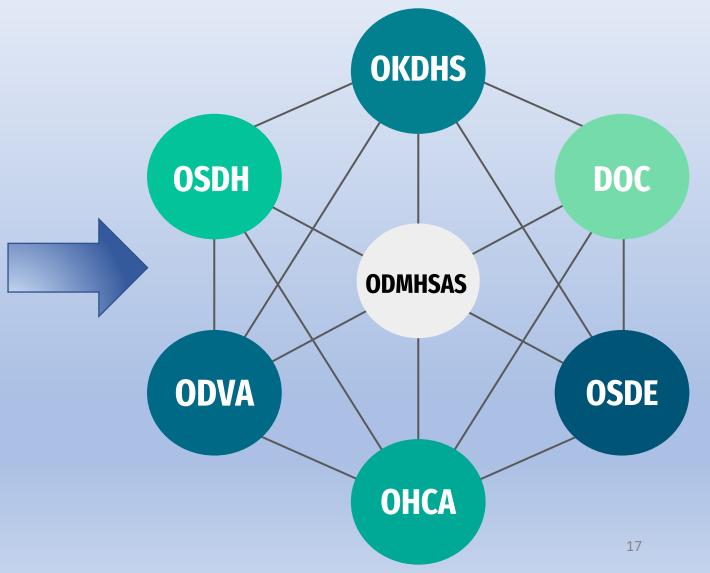
Serving

Veterans

Veterans

Mental Health Data is Compartmentalized Across State Entities

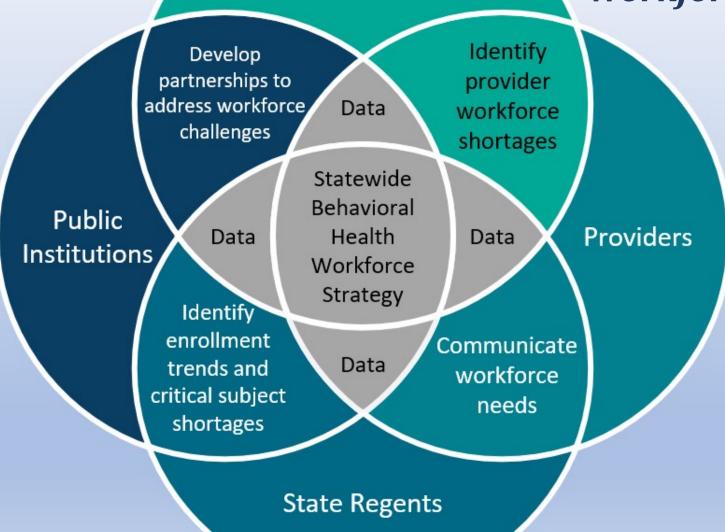
Proposed Integrated Data Sharing Framework





ODMHSAS

Statewide Coordination to Address Behavioral Workforce Demands





2030 2016 Demand **Behavioral Health Occupation** (Unmet Supply Needs) Adult Psychiatrist 230 600 **Psychiatrist** 290 700 **Psychologist** 600 1,430 **Pediatric Psychiatrist** 60 100 **Psychiatric Physician Assistant** 20 30 Mental Health Counselor 1,690 2,410 Addiction Counselor 1,020 1,400 **Psychiatric Nurse Practitioner** 140 180 Marriage & Family Therapist 700 880 Social Worker 4,050 3,820 **School Counselor** 3,150 1,690 Total Behavioral Health 11,950 13,240 Occupations

Statewide Coordination to Address Behavioral Workforce Demands







Utah Exte UTAH BEHAVIORAL Providers HEALTH WORKFORCE REINVESTMENT INITIATIVE



PURPOSE:

To award grant funds to behavioral health professionals to repay education loans, in exchange for serving in a publicly funded facility in the state of Utah.

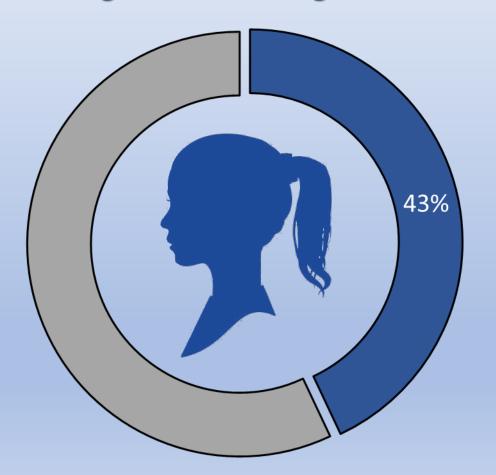


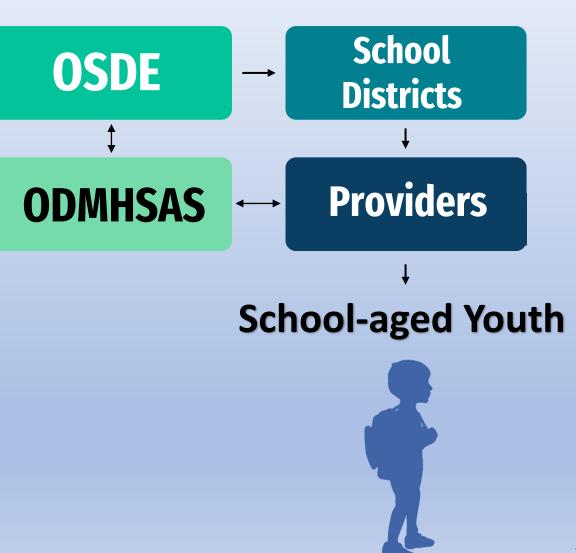
PROVIDER TYPE:	UP TO:
Psychiatrists · · · · · · · · · · · · · · · · · ·	\$50,000
Psychiatric Pharmacists · · · · · · · · · · · · · · · · · ·	\$50,000
Psychologists · · · · · · · · · · · · · · · · · ·	\$30,000
Psychiatric/ Mental Health Nurse Practitioners · · · · · · · · · · · · · · · · · · ·	\$30,000
Clinical Social Workers · · · · · · · · · · · · · · · · · · ·	\$25,000
Counselors, Clinicians, Therapists	\$20,000
Certified Peer Specialists	\$500



Increase Coordination for School-aged Youth

Children Birth through 17 years old Represent 43% of all Oklahomans Receiving Services through ODMHSAS







Program and Service Coordination **Program** Statewide Service Data and Collaboration Texas Statewide Delivery **Behavioral** Health Coordinating Council Prevention **Financial** and Early Alignment Intervention Services

Texas Statewide Behavioral Health Coordinating Council

Strategic Plan Goals

- Ensure continuity of services and access points across state agencies
- Maximize resources in order to effectively meet the diverse needs of people and communities.
- Maximize behavioral health prevention and early intervention services across state agencies
- Ensure that the financial alignment of behavioral health funding best meets the needs across Texas
- Compare statewide data across state agencies on results and effectiveness



Oklahoma Statewide Behavioral Health Coordinating Council Development Process

Year 1

- Legislature
 statutorily
 creates
 Statewide
 Behavioral
 Health
 Coordinating
 Council
- ODMHSAS leads Council and identifies partners
- Development of 5-year Strategic Plan

Year 2

Council
 conducts a
 statewide
 needs
 assessment for
 behavioral
 health services
 across all
 identified
 partners

Year 3

- Identifies gaps and standardizes data collection and reporting
- Inventory of behavioral health services and programs reported

Year 4

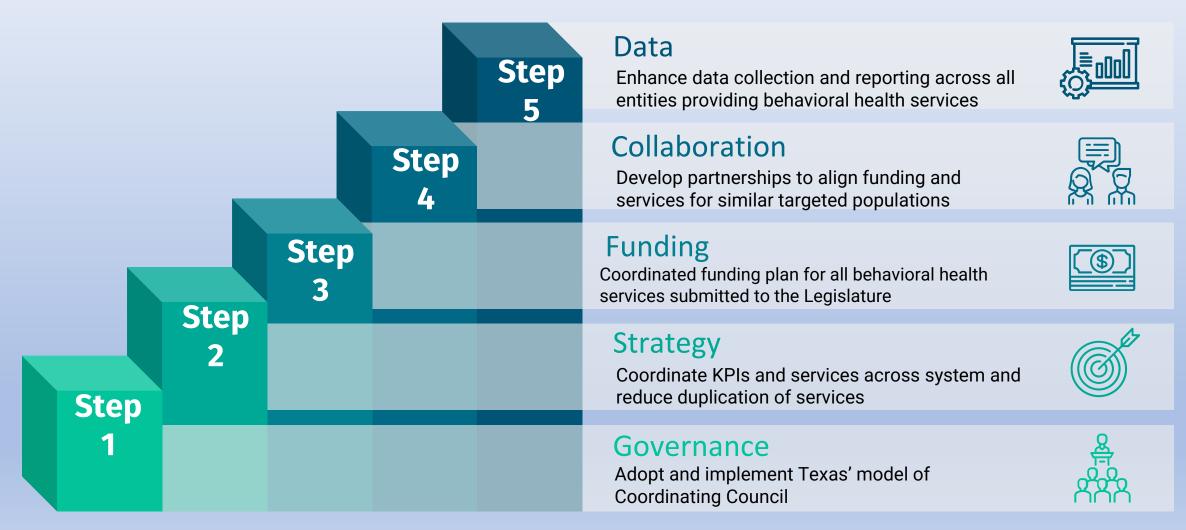
Coordinated funding for behavioral health services across participating State entities
 submitted to the Legislature

Year 5

- Submit first comprehensive report to the
- Legislature on aligned funding, Council outcomes, inventory of behavioral health programs and reduction in duplication of services



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





Policy Considerations

The Legislature may consider the following policy changes:

- Establishing a statewide coordinating council for the delivery of behavioral health services.
- Requiring ODMHSAS to provide with its annual budget request a comprehensive "State of Mental Health" annual report reflecting service metrics, demographics, type of services rendered, and identifying gaps in service.
- 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.
- Requiring ODMHSAS and OSDE 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.
- Amending the Department's official name to the Oklahoma Department of Behavioral Health to better reflect the services provided.

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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 compensation of security personnel within State mental health facilities to better align with that of correctional officers within the State's correctional facilities.
- Improve 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.
- 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 waitlist for beds.