

Oklahoma Senate Committee on Appropriations  
2013-14 Performance Report  
Oklahoma Department of Mental Health & Substance Abuse Services

**Agency Mission Statement:**

The mission of the Oklahoma Department of Mental Health and Substance Abuse Services is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans. This mission was established and adopted by the agency's appointed governing board approximately nine years ago, and is incorporated in all that the department currently does to promote productive lifestyles and set the national standard for mental illness and substance abuse prevention, treatment and recovery.

**Lead Administrator:**

Terri White, MSW  
Commissioner  
Oklahoma Department of Mental Health and Substance Abuse Services  
1200 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73152-3277  
(405) 522-3877  
tlwhite@odmhsas.org

**Governance:**

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) governing board is an eleven-member body appointed by the Governor and confirmed by the Oklahoma State Senate. Members set broad departmental policy and, through application of provider certification standards, ensure the quality of mental health and substance abuse programs across Oklahoma. The board is also responsible for the hiring of the agency's Commissioner (lead administrator) and for fiscal oversight.

Membership of the Board shall consist of the following:

One member, who shall be a physician licensed to practice in this state, and one member, who shall be a psychiatrist certified as a diplomat of the American Board of Psychiatry and Neurology, shall both be appointed from a list containing the names of not less than three physicians and not less than three psychiatrists submitted to the Governor by the Oklahoma State Medical Association;

One member, who shall be an attorney licensed to practice in this state and shall be appointed from a list of not less than three names submitted to the Governor by the Board of Governors of the Oklahoma Bar Association;

One member, who shall be a psychologist, licensed to practice in this state, who shall be appointed from a list of not less than three names submitted to the Governor by the Oklahoma State Psychological Association;

Three members, qualified by education and experience in the area of substance abuse recovery, who shall be appointed from a list of not less than ten names submitted to the Governor by a state association of substance abuse recovery programs or organizations; and

Four members who shall be citizens of this state, at least one of whom shall be either a current or former consumer of mental health services.

Current members of the Board include:

J. Andy Sullivan, M.D. (Chairperson) - Oklahoma City, Oklahoma

Gail Wood, (Vice-Chair) - Edmond, Oklahoma

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

Bruce T. Fisher – Oklahoma City, Oklahoma

Henry Haynes, Ed.D. - Vinita, Oklahoma

Joel Carson - Oklahoma City, Oklahoma

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

Paul Pierce, M.D. - Oklahoma City, Oklahoma

Maj. Edward J. Pulido – Edmond, Oklahoma

Ronna Vanderslide, Ed.D. – Weatherford, Oklahoma

Committees and subgroups of the Board include:

- Finance Committee (Budgeting and revenue/expenditure monitoring);
- Performance Improvement Committee (Organization improvement initiatives including review of efficiency efforts and enhanced quality of consumer care)
- Corporate Accountability Committee (Review of consumer rights, staff management and staff performance)
- Provider Certification Committee (Review and recommendations related to facility certifications as authorized in Title 43A)

## **Governance Accountability:**

Electronic copies of ODMHSAS Board minutes for 2013 and 2012 are as follows:

### **2013 Board Meetings**

---

November 15, 2013: [Agenda](#) | [Attachment A](#)  
(*Approved Minutes Pending*)

November 15, 2013 (Real Property Trust): [Agenda](#)  
(*Approved Minutes Pending*)

September 27, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

June 28, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

May 24, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

March 22, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

January 25, 2013: [Agenda](#) | [Attachment A](#) | [Minutes](#)

### **2012 Board Meetings**

---

November 16, 2012: [Agenda](#) | [Attachment A](#) | [Minutes](#)

November 16, 2012 (Real Property Trust): [Agenda](#) | [Minutes](#)

September 28, 2012: [Agenda](#) | [Attachment A](#) | [Minutes](#)

June 22, 2012: [Agenda](#) | [Attachment A](#) | [Minutes](#)

May 25, 2012: [Agenda](#) | [Attachment A](#) | [Minutes](#)

March 23, 2012: [Agenda](#) | [Minutes](#)

January 27, 2012: [Agenda](#) | [Minutes](#)

## **Modernization Efforts:**

ODMHSAS has aggressively moved to modernize agency practices, increase efficiencies and create a system for continuous improvement in the services provided to all Oklahomans. Some of the key strategic efforts initiated and noteworthy accomplishments in the past year include:

- Agency administration costs have been aggressively reduced. The department's 2.8% administrative cost rate is the lowest among any state behavioral health agency and lower than any other Oklahoma state agency.
- During the FY12 legislative session, responsibility for the behavioral health portion of Medicaid was shifted from the Oklahoma Health Care Authority to ODMHSAS. The shift of behavioral health Medicaid responsibilities has resulted in a \$21.5 million in cost savings from the use of evidence-based purchasing in just the last 18 months alone. Changes that have been and are being made by the department will continue to help curb the annual 16% growth experienced prior to the department assuming responsibility and bring the program more in line with evidenced-based practices and industry standards. Initial projections estimated cost savings to the state of \$7.8 million in FY13 and \$18.7 million in FY14. Related accomplishments include:

### **Redesign of the Medicaid Reimbursement System (Behavioral Health)**

In 2011, OHCA contracted with Optum Health to provide prior authorization for the type and amount of services for individuals needing behavioral health treatment funded through the OHCA and ODMHSAS. The contract was established at \$4 million annually. The information to be collected was vitally important to ensure appropriate services for clients, and prevention of billing for unnecessary services by providers. Optum Health, however, was unable to collect the required data. This meant that appropriate levels of care could not be determined and, as a result, hundreds of private providers were not being paid. Many of these providers were in danger of having to close their agencies. After months of struggling, the contract was terminated. There was nothing in place to perform the necessary services. At this point, ODMHSAS stepped in and was able to create and initiate a replacement system (in just 30 days) that ensured appropriate services and provider reimbursement. Providers have expressed overwhelming support and gratitude for the system and ODMHSAS' level of customer service. The immediate fiscal impact of this action was that the State no longer needed to spend \$4 million per year to contract for these services, but in reality it saved numerous businesses from closure (and the related jobs and local economies) and has resulted in a strengthening of Oklahoma's Medicaid system.

### **Policy Changes**

An ODMHSAS review identified a dramatic increase in the amount of behavioral health rehabilitation (BHR) services being delivered to SoonerCare members over the past two years (prior to the switch-over of responsibilities from OHCA), prompting an examination of the appropriateness and quality of the services being delivered. Specifically, it was discovered that significant billing was occurring related to rehabilitation services delivered to children under the age of six. Research shows that these services are not an effective treatment modality for children in this age range. Program changes were immediately made that deny reimbursement for BHR services not

supported by current clinical research and that are not medically necessary for children ages 0-6. The Department has also submitted proposed rule revisions which will further control utilization of BHR services by imposing limits on the number of units that qualified providers will be reimbursed for all age groups. The utilization limits will be prior-authorized by the Department based on the individual member's level of need. The immediate change is expected to save \$7,823,775 (\$2,814,994 State Savings) during the current fiscal year, along with an additional savings of \$18,777,062 (\$6,755,986 State Savings) in fiscal year 2014.

- Further implementation of the initial stages of specialized programs funded, through the leadership of Governor Fallin, as part of recent budget agreements. These include programs designed to: 1. Expand crisis services statewide (funding for 3 new crisis centers); 1) prevent or reduce prescription drug abuse and/or misuse; 2. Save lives and families through suicide prevention; 3. Provide counseling and assistance to children and families of children with serious emotional disturbances (Systems of Care); 4. Substance abuse treatment services for women and women with dependent children; and, 5. Increase the likelihood of successful prison diversion by using certified treatment providers to screen felony offenders for substance use and mental health treatment issues.
- Obtain broader distribution and number of community based crisis services/beds to serve Oklahoma consumers and reduce burden on law enforcement. This includes the addition of funding for 3 new crisis centers (as supported by Governor Fallin) and expansion of the urgent care model/component originally piloted by ODMHSAS in Oklahoma County. Over the last 2 years, ODMHSAS was provided funding for 3 additional crisis centers. Each center conservatively serves 2,000 people annually. The average law enforcement transport is 104 miles round-trip. By providing additional crisis services locally, tens, if not hundreds, of thousands of law enforcement miles will be saved. Throughout the nation, the current and most common after hours model of emergency psychiatric services consists of law enforcement transporting a person to determine if that person meets strict criteria for inpatient admission. If not, they are often turned away, to the frustration of law enforcement, to wait for an outpatient appointment (at best) the next day. ODMHSAS's goal is to extend those services so that a person in crisis, but just outside the criteria for inpatient admission, will have access to a psychiatric evaluation, counseling services, case management services, and medications when needed with follow up services until a linkage can be made for the individual within the traditional system. This model will provide ready access to lower levels of care, thus diverting many individuals from costly inpatient admissions and/or involvement with the criminal justice system.
- Implementation of an optional certification for outpatient mental health provider organizations. When rules are approved, providers will have a choice of national or state certification, resulting in savings for providers of thousands of dollars per certification.
- Full implementation of the ODMHSAS telemedicine program, the nation's most comprehensive behavioral health telemedicine network, with more than 140 sites statewide.

In FY12, the agency saved \$2.4 million by delivering services via telemedicine, up from \$1.8 million in FY11. Approximately 21,800 Oklahomans were served – 5,400 more than in FY11. Additionally, more than 13.5 million kgs of CO2 were prevented from being emitted into our atmosphere by conducting services and business processes via telemedicine – more than 11x that of FY11.

### **Core Mission:**

The Oklahoma Department of Mental Health and Substance Abuse Services is the State's statutory authority responsible for prevention, treatment and recovery of mental illness and substance abuse disorders. Consistent in our role as the state authority, it is our core mission to assure that prevention and treatment services are provided. Our agency is designed to support this core function and does not provide or offer services inconsistent with this mission. The agency, primarily through a network of contracted private providers, delivers treatment services to approximately 80,000 Oklahomans annually and prevention activities in all 77 counties. It is also directly responsible for the certification and review of more than 3,300 public and private treatment providers (both organizations and individuals) throughout the state.

The ODMHSAS treatment network is the most extensive treatment network in the state and is a leader in the implementation of evidence based practices. Other state agencies provide substance abuse and mental health treatment services, but those services are not core to their respective missions, and often rely on approaches that are not current or evidence based and represent inefficient use of scarce resources.

### **Private Alternatives:**

The department is in the unique position of already having a well-established history of working with the private sector for the delivery of services. Over 2/3 of community mental health centers and over 90% of substance abuse services are purchased through private organizations. The ODMHSAS considers cost-effectiveness to be a core responsibility to the Oklahoma taxpayer and routinely evaluates every facility and contract to obtain the best possible services for Oklahoma. In 2011 such a review brought about the transition of the eastern Oklahoma region from a state operated facility to a private, contracted provider.