OKLAHOMA
Mental Health & Substance Abuse
MEDICAID: BEHAVIORAL HEALTH AND VALUE BASED PAYMENT MODELS
INTRODUCTION

Like many state mental health authorities (SMHAs), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) was seeking creative solutions to improve provider performance in the face of state budget cuts.

Through a collaborative process with the Community Mental Health Center (CMHC) provider community, the Oklahoma Health Care Authority (OHCA), the state’s Medicaid agency, ODMHSAS was able to accomplish something that many cash strapped state agencies are seeking to do; that is, improve quality of care, increase provider payments, and serve more people in need.
OVERVIEW OF OKLAHOMA

Medicaid dollars provide the largest portion of non appropriated funding for mental health and substance use services.

Oklahoma’s public mental health system is centralized (as opposed to a county-based system for example) and relies primarily on state general funds to support its operating budget.

A network of 13 CMHCs serving all 77 Oklahoma’s counties serve as the front door for accessing a range of treatment services including crisis services. These 4 state-operated and 9 contracted non-profit CMHCs serve as the safety net provider of mental health services for uninsured adults and children in addition to serving Medicaid recipients in need of mental health services.
OKLAHOMA COMMUNITY MENTAL HEALTH CENTERS

- CHEROKES
- Carl Albert
- Central Oklahoma
- Counseling & Recovery Services of OK
- Family and Children’s Services
- Grand Lake
- Green Country
- Hope
- Jim Taliaferro MH Center
- The Lighthouse
- NorthCare
- Northwest Center for Behavioral Health
- Red Rock

Main Office
Satellite
PAYMENT and TARGETED OUTCOMES

ODMHSAS created a payment system based on quality-of-care targeted outcomes.

- Federal regulations place a ceiling (Upper Payment Limit or UPL) on State Medicaid expenditures eligible for federal matching funds.
- Because CMHCs were being reimbursed at 75% of the UPL, ODMHSAS saw room to create an incentive corridor with the remaining 25%.
- Changing the provider payment methodology from volume-based fee-for-service to a new incentive system required Oklahoma to amend its Medicaid state plan.
ENHANCED TIER PAYMENT SYSTEM

The Enhanced Tier Payment System (ETPS) is an innovative payment structure developed to enhance the recovery outcomes of customers in the mental health and substance abuse system.
FINANCING & PAYMENT METHODOLOGY

Calculate the difference between the providers claimed activities (as a whole) and the allowable UPL (upper payment limit: maximum amount that could be paid for Medicaid services under Medicare payment principles) = pool of funding to distribute based on performance.
STATE PLAN AMENDMENT

(e) Supplemental Payments for Behavioral Health Community Networks (BHCN)

In order to maintain access and sustain improvement in clinical and nonclinical care, supplemental payments will be made to CMHCs that meet the following criteria:

- Freestanding governmental or private provider organization certified by and operates under the guidelines of the ODMHSAS as a CMHC.
- Participate in behavioral quality improvement initiatives based on measures determined by and in reporting format specified by the Medicaid agency.
- The state affirms that the clinic benefit adheres to the requirements at 42 CFR 440.90 and the State Medical Manual at 4320 regarding physician supervision.
MEASURES

CURRENT DATA SYSTEM
- Fee-for-service based payments.
  - Provider submits ODMHSAS and Medicaid claims together.
- Demographic information collected at admission, discharge, level of care change, and at treatment plan update.
  - Information includes age, race, sex, living situation, TEDS data elements, assessment scores, etc.

MEASURE IDENTIFICATION
- Improving access to care is high priority.
- Measures based on current data.
  - Providers already submitted claims and periodic demographic data.
  - Access to Treatment is the only new measure and was based on a “secret shopper approach conducted by ODMHSAS staff.

MEASURE TRANSPARENCY
- ODMHSAS met with providers face to face and via conference calls and webinars to discuss measures, secure buy-in, and obtain consensus on how measures were defined.
- Each provider received detailed reports at the individual client level.
- Each provider received summary reports of other providers.
MEASURES

IMPLEMENTED JANUARY 1, 2009

1. Outpatient Crisis Service Follow Up within 8 Days
2. Inpatient/Crisis Unit Follow Up within 7 Days
3. Four Services within 45 Days of Admission (Engagement)
4. Medication Visit within 14 Days of Admission
5. Reduction in Drug Use
6. Access to Treatment (Adults)
MEASURES

IMPLEMENTED JULY 1, 2009

7. Improvement in CAR Score: Interpersonal Domain
8. Improvement in CAR Score: Medical/Physical Domain
9. Improvement in CAR Score: Self-Care/Basic Needs Domain
10. Inpatient/Crisis Unit Community Tenure of 180 Days
11. Percent of Clients who Receive a Peer Support Service
12. Access to Treatment (Children)
BENCHMARKS

- None
- 1 Point
- 2 Points
- Bonus

Lower Limit | Average | Upper Limit
FINDINGS

- Infusion of dollars has stabilized workforce by increasing salaries and training to ensure staff tenure.
- Agencies use clinician level reports with staff as part of supervision and have tied merit raises and bonuses to staff performance.
- State has used this initiative to further promote community integration and recovery-oriented approaches, including use of peer services and implementation of important community approaches not funded by Medicaid.
ETPS ADULT CLIENTS SERVED BY MONTH

34.4% increase in clients served from January 2009 through January 2021.
PERCENT OF INDIVIDUALS RECEIVING PEER SERVICES IMPROVEMENT
## STATE AVERAGE & CHANGE

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>JUNE 2009</th>
<th>DECEMBER 2020</th>
<th>CHANGE</th>
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<td>Outpatient Crisis Service Follow up within 8 Days</td>
<td>29.8</td>
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<td>Outpatient Peer Recovery Support Services</td>
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<td>Engagement in Treatment within 45 Days</td>
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<td>Inpatient/Crisis Unit Follow up within 7 Days</td>
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<td>Improvement in CAR Score Domain: Interpersonal</td>
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<td>Medication Visit within 14 Days of Admission</td>
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<td>62.9</td>
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<tr>
<td>Improvement in CAR Score Domain: Self Care/Basic Needs</td>
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<td>Reduction in Drug Use</td>
<td>36.7</td>
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<td>Inpatient/Crisis Unit Community Tenure of 180 Days</td>
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<tr>
<td>Improvement in CAR Score Domain: Medical/Physical</td>
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OKLAHOMA INNOVATIONS

**CONSUMER REPORT CARD**

Individualized, one page consumer “report card” with lab results, medication compliance, services received & screenings. Report cards assign a grade to agency based on how well services to each client were coordinated and provided. Results are available to staff involved in the individual’s care.

**MOST IN NEED**

Prioritized treatment recipients accounting for the most crisis center and inpatient stays, distributed information in real time to each provider identifying clients for whom to prioritize stabilization.

**TELEHEALTH**

Approximately 12,000 tablets with built in cellular connection are distributed to homes, health and emergency departments, and law enforcement and provide immediate access to care and treatment services.

**LAW ENFORCEMENT**

Partnering with County Sheriff and City Police Departments providing telehealth devices, training, and collaboration in crisis response.
Technology use increase 900% 

On any given month, over 317 hours of services are provided through mobile technology established through CCBHC
ODMHSAS

Infant, Children, Youth, and Young Adult Services
OUTCOMES MEASURES

- Reductions in Days-out-of-Home Placement, including:
  - Inpatient Hospitalization
  - Foster Care
- Decreases in school suspensions and detentions.
- Decreases in contacts with law enforcement.
- Decreases in self-harm and suicide attempts.
- Decreases in problem behaviors.
- Increases in resiliency.
- Clinically significant improvement in functioning.

These measures are presented to the Oklahoma State Legislature every year and have been instrumental in the sustainability and continued growth of OKSOC services.
OKSOC OUTCOMES

Baseline to 6-month Improvement
(Data for 17642 Youths)

- Ohio Scales Improved Significantly: 67%
- Out-of-Home Placement Days: 21%
- Contacts w/Law Enforcement: 19%
- Days Absent: 16%
- Days In-School Suspension: 38%
- Days Out-of-School Suspension: 41%
- # Youths Self Harming: 40%
Increased Resiliency: 65%

Reduced Externalizing / Problem Behaviors: 68%

Reduced Delinquency Behaviors: 68%

14,329 children, youth, and young adults enrolled in OKSOC services and supports in FY2021.
Oklahoma’s Youth Crisis Mobile Response is an integral component of Oklahoma Systems of Care (OKSOC) and founded on the OKSOC values and principles, which provide the driving force for the provision of behavioral health services to Oklahoma’s children, youth, young adults, and families.

Youth Crisis Mobile Response provides **statewide** rapid, community-based mobile crisis intervention services for children, youth, and young adults up to the age of 25 who are experiencing behavioral health or psychiatric crises.
• Single point of access
• Streamlines process and removes barriers for crisis treatment
• No wrong door: mechanism and protocol in place by which to connect youth, family, or agency to the single point of access
• 1-833-885-CARE (2273) toll-free, 24 hours a day, 7 days a week, 365 days a year
• Assessment and screening to determine presenting issue of crisis and needs of child, youth, or young adult
• Assessment of risk of harm to child, youth, or young adult and/or others
• Initial determination of appropriate level of response
• Call Center staff determine level of service needed for each call
  • Emergency face-to-face response within 1 hour
  • Non-Emergency face-to-face meeting within 24 hours
  • Active listening and information only
• Calls are triaged and documented according to appropriate triage protocols
  • Mobile Response
    • Live form in the Youth Information System
  • Emergency (fire, medical or police)
  • 211 referral for resources / information only
• Crisis Call Center staff enter call information in the OKSOC Youth Information System (YIS) where it is immediately available to the Mobile Response Team (MRT).

• Crisis Call Center staff then facilitate a warm handoff or transfer of care to the MRT while on the phone with the caller.

• More impactful than a simple referral and ensures that callers and children, youth, young adults, and families are actively connected to service providers.

• Improves knowledge and comfort level of callers and partners, such as DHS, schools, etc.

• Improves safety and comfort levels for MRT staff.
• MRTs provide mobile, on-site, face-to-face response (can be via telehealth) within one hour of receipt of referral. This can be changed to a 24-hour time window at the request of the involved family.
• Can go into homes, communities, emergency rooms, police stations, detention centers, shelters, schools, etc.
• Cannot go into psychiatric hospitals that provide treatment at the residential and acute levels of care.
• Trained and equipped to assess for medical criteria to meet the need of acute and/or residential level of care hospitalizations.
• Assist with locating hospital placements, if necessary.
  • If none are available, MRTs can assist with intensive safety planning for continued crisis control (documenting behaviors, assisting with timelines, reserving a bed, etc.).
Mobile Response by County

Color scale
Per Capita

0 per 1,000 10 per 1,000

Jan 2019—Jan 2022
Total Calls = 19,493
Mobile Response by Date

Total Calls = 19,493
Mobile Response by Time of Day

Jan 2019—Jan 2022

Total Calls = 19,493
Reasons for Crisis Calls by Age Group

Jan 2019—Jan 2022

Total Calls = 19,493
80% of children, youth, and young adults were diverted from a change in placement/living environment.
Community Supports
- Trainings
- Telehealth (iPads)
- Community Partnerships
89% of students at risk of school disruption returned to class.

Jan 2019 – Jan 2022
Total Calls = 19,493
LESSONS LEARNED:
PRE AND POST PANDEMIC

• Cost
• Mental Health Stigma
• Access (URCs, CCBHC Walk in Clinics)
• Emergency Rooms (Special Staffing's)
• Specialized Supports (ID/DD, Transition age, Homeless)
• Importance of Caregiver Support
• Workforce
• Technology
• Rural and Frontier
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