



In 2006, the state's mental health care system received a D grade. Three years later, the grade is a B, reflecting remarkable improvement and significant opportunities.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), an independent agency, created an inclusive, collaborative process, effectively using planning funds. ODMHSAS convened consumers and family members, providers, and other human service organizations in six working groups to assess mental health needs. The process resulted in the "Oklahoma Comprehensive Plan for Substance and Mental Health Services," which is intended to guide the implementation of state-of-the-art, evidence-based, wellness-oriented services. The success of this initiative led to acknowledgement from the larger human services community that mental health is a critical component of overall health.

Over the past several years, Oklahoma has implemented several best practices, including jail diversion and reentry programs, Medicaid-funded peer specialists, and dual diagnosis mental health and substance abuse services at all 15 of the state's community mental health centers (CMHCs). Oklahoma is also known for its statistics division and innovative use of data. For example, the state uses data to provide an enhanced payment to CMHCs that include wellness activities, such as nutrition classes and smoking cessation, as an integral part of care.

ODMHSAS is partnering with the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, on an innovative project called "SoonerPsych" that tracks physician prescribing practices and notifies doctors if their prescribing pattern falls outside accepted guidelines. This voluntary program is beneficial not only to psychiatrists, but also general practitioners who prescribe psychiatric medications.

The state has very high rates of incarceration. Inmates include many people with mental illnesses. Together, ODMHSAS and the Oklahoma Department of Corrections are working to change this, but progress is hampered by lack of funding for community mental health services.

There is one state hospital, and with scarce funds it is difficult to build up community services to lessen dependence on inpatient care. The lack of a statewide, full range of community evidence-based practices increases the need for inpatient care, resulting in a shortage of inpatient beds—a vicious cycle that ultimately costs the state money.

In 2008, ODMHSAS reported 202 people served by the agency's rental subsidies and other housing support services. More supportive housing is necessary if comprehensive community services are to become a reality.

Issues exist with Medicaid's restrictive medication policies. The OCHA uses a tiered approach for psychiatric

Innovations

- Mental health and drug courts
- Collaborations with Department of Corrections and Department of Health
- Peer recovery support specialist certification
- Inclusive transformation grant process

Urgent Needs

- Invest in comprehensive plan
- Expand ACT and other evidence-based practices
- Expand cultural competence activities
- Supportive housing

Consumer and Family Comments

- *"Medications are constantly changing and when I find some that work, the doctor says the Medicaid agency has to approve it and it doesn't approve it."*
- *"Funding is always an issue, but advances such as ACT teams and mental health court and drug courts, which have been proved to be effective, are in jeopardy because of cutbacks in funding."*
- *"Link between the hospital system and the outpatient community system is uncoordinated. It can take too long to get outpatient care after the hospitalization is complete."*
- *"People with mental health problems are quite often placed in jails and prisons instead of mental health facilities and held indefinitely, because the mental health facilities are so inadequate that they don't have room for the new person."*

medications, with co-pays and prescription limitations. Although appeal processes exist, these can impede access to appropriate, effective care and result in psychiatric crises.

The state is beginning to pay attention to cultural competence needs. In December 2008, ODMHSAS sponsored a statewide training of trainers by the National Multicultural Institute, but more is needed if it is to provide culturally competent services to its diverse population.

If Oklahoma can successfully implement its state plan, it could become a national leader in comprehensive, recovery-oriented mental health care. But, the state has one of the lowest per capita rates of mental health funding in the nation.

ODMHSAS' dynamic leadership and considerable goodwill in the mental health community can help build the political support necessary for sustained investment in the plan's vision. However, broader leadership is needed. In particular, the legislature needs to give high priority to mental health care reform. To succeed, this state must transform potential into promise.