

Oklahoma Department of Mental Health and Substance Abuse Services



ARC Vision

- The Adult Recovery Collaborative of Oklahoma will create a well-organized mental health and substance abuse service system that provides consumer driven, recovery oriented services to Oklahomans in need. The system will utilize uniform policies, procedures and systems across different agencies and will maximize available resources.

Six ARC Values

1. **Consumer Driven** – people accessing services will inform each step of this process
2. **Recovery Oriented** – people can and do recover and services will support this
3. **Provide the Highest Quality Care** – utilizing best science and continuous quality improvement
4. **Integrated Policies, Procedures, and Data Systems**
5. **Easily Accessible Services**
6. **Maximize Limited Resources** – by focusing on programs with successful outcomes

The Six Goals of ARC

1. Service Delivery

To ensure that mental health and substance abuse services/programs respond to the needs of Oklahomans by providing consumer driven, recovery oriented care that is well-coordinated and based on evidence-based practices (best science).

2. Information Systems

To develop and implement integrated eligibility, care coordination and claim processing systems for agencies serving Oklahomans.

3. Eligibility

To improve and provide access to mental health and substance abuse services for underserved and vulnerable Oklahomans, aged 18 and older.

The Six Goals of ARC

4. Outcome Data / Monitoring

To use outcome data (results) and quality assurance information for informed decision making and systems improvement.

5. Funding / Resources

To explore and implement available options for financing service; and ensure the efficient use of human resources

6. Administration / Policy

To foster quality in the design and administration of the multi-agency collaboration.

Service Delivery

Initial ARC Service Delivery Objectives:

1. Implement evidence-based practices statewide. (Implemented PACT, Implementing Supported Employment, Introducing Family Psych-education and Illness Management and Recovery)
2. Develop and implement a statewide consumer workforce providing peer services.

Service Delivery

3. Develop linkages between supportive housing programs and the Mental Health and Substance Abuse Services.
4. Develop statewide implementation of standardized assessment and screening tools for Mental Health and Substance Abuse Services. (Have piloted a standardized assessment and screening tool across six CMHC's)

Service Delivery

5. Develop and implement statewide streamlined intake and assessment functions that simplify access to services.
6. Develop and implement objective assessment and service navigation functions.
7. Develop uniform provider participation standards. (OHCS/ODMHSAS are currently collaborating on standardized definitions, rules, rates, screenings and assessments)

Initial assistance for everyone seeking services

- ODMHSAS now uses core services moneys, allow up to 4 initial sessions for everyone seeking services prior to complete assessment.
- OHCA now allows “free” services prior to needing authorization for Medicaid recipients.

Accomplishments

- The Oklahoma Adult service delivery system has evolved and accomplished much over the last several years.
- Recovery is a common and recurring theme.
- EBP's are growing throughout our State.
- Rules, rates, and service definitions are becoming unified.
- Paperwork requirements are becoming unified.
- A single data collection system and payer source is just around the corner.
- Consumers are “at the table” in ever increasing numbers.

Benefits

- The Consolidated Claims Processing System will allow for ease of claims submission for providers
- Will minimize “missed” billings
- Will ultimately allow more funding for non-traditional and best practice services
- Great data collection opportunities

The future

- The ARC will accomplish all of its initial goals in the next year, but the Oklahoma MH and SA delivery system will continue to grow. In its continued evolution our State will keep the lessons of Recovery, Consumer-Driven, and quality, proven services at the forefront.

Carrie Slatton-Hodges
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Oklahoma Healthcare Authority

Behavioral Health Program



Behavioral Health Collaborative

- One of the goals(1998– to date): **Develop a System that Decreases Administration Time for Our Providers.**
 - Increased Consistency between State Agency BH Policies
 - Decreased Documentation Requirements
 - Increased Training Opportunities
 - Consolidated Electronic Eligibility, Claims Payment, and Data Sharing & Reporting

Behavioral Health Collaborative

- Another goal (1998– to date): **Increase Utilization of BH services.**
- Cost for BH services has increased by about \$80 million from SFY 2005 to SFY 2008, **93% of that cost has been due to an additional 16,879 recipients served.** The remaining 7% of the increase is due to increases in provider rates and intensity of services.

Behavioral Health Collaborative

- Another goal (1998– to date): **Develop a No Wrong Door System that Streamlines Access to Services for Our Members.**
- The Consolidated Claims Payment System
- Increased Care Coordination
- Increased Case Management

Average Cost Per Member

- The average cost for **Adults** has decreased from \$2,769 in SFY 2005 to \$2,313 in SFY 2008 (about 16%). **WHY?**
- For **Children** the average cost has **increased from \$4,031 to \$4,768 (about 18%).**
- The **percentage of the SoonerCare population that receives BH services has increased from 7.90% in 2005 to 9.02% in 2008.**

Oklahoma Compared to Nation

- SoonerCare lags behind the national average for BH expenditures on their members. **BH expenditures as a percentage of overall SoonerCare expenditures during from 2005 to 2008 increased from 7.04% to 7.46%.**
- A Medstat Group study published in Psychiatric Services 2003, said that the national average is between **9.3 and 13 percent** of all Medicaid dollars are spent on behavioral health services.

Oklahoma's High Rates of BH

- ODMHSAS in their 2008 State of the State Children's Behavioral Health Report estimates that about **20% of Oklahoma youth have a mental health or substance abuse disorder.**
- **"Oklahoma has the highest rate of mental illness in America, with up to one-fourth of Oklahomans** suffering from a mental health condition or addiction disorder....." so says Oklahoma First District Congressman John Sullivan in a statement released in March of 2008.

Children's Inpatient Psychiatric

- **Children's Inpatient Treatment status:**
- According to the 2008 National Association of Psychiatric Health Systems Annual Survey, "Admissions to psychiatric and substance abuse hospital services rose **3.5% from 2006 to 2007.**
 - **Acute lengths of stay average 12.2 days for children.**
 - **PRTF lengths of stay average 97 days.**
- SoonerCare's average psychiatric hospital lengths of stay are below the national averages:
 - **Acute lengths of stay average 7.2 days for children (41% below national avg).**
 - **PRTF lengths of stay average 71 days (27% below national avg).**
- SoonerCare's collaborative efforts with DHS and in-state providers have resulted in a decrease of children going out of state for inpatient psychiatric care from an **average of 50 children per month** down to **14 children**. This allows for children to be closer to home and their parents to participate in Family Therapy and Family Reunification efforts.

Statewide Care Coordination

- **Statewide Care Coordination Projects are helping more children and families get into treatment.**
- **During these poor economic times that increase mental health, substance abuse, child abuse/neglect and domestic violence issues in families:**
- Projects listed below are referring an average of **500 cases per month into Oklahoma BH services.**
- OHCA BH Care Coordinator staff
 - Autism Spectrum Disorders Workgroup
 - BH Collaborative Care Coordination and OU Study Project
 - Discharge/Referral Workgroup
 - High Risk OB
 - ER Utilization
 - Post Partum Depression
 - Health Management Project
 - OU/OKC and OSU/Tulsa
 - Medical Home–BH Screening & Referral

The Future of the Collaborative

- Statewide Care Coordination for Members
- Decrease Gaps in Service Continuum
- Quality Improvement and Assurance
 - Measuring Outcomes Data
 - Technical Assistance to Providers
 - Pay for Performance Projects
- Increase Telemedicine Networks/Services
- Statewide Electronic Health Record System

Questions...

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APS Healthcare of Oklahoma

2009 Activities and ARC Support



APS Healthcare of Oklahoma - Overview

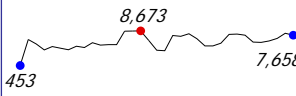

Quality Improvement Organization (QIO) for OK Medicaid

- Retrospective Review of Inpatient Medical Services – 1000 Charts/Month
- Quality Assurance and Performance Improvement Activities – 9 Focus Studies/Yr
- Inspections of Care at Inpatient Psychiatric Facilities – 56/Year
- Management of IP and OP MH/SA Benefits – 700K Medicaid Members
 - Chronic Care Improvement Program
 - Psychiatric Consultation Hotline

Utilization Management for OSEEGIB Health Choice

MH/SA Benefit Administration Activities

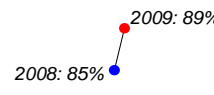
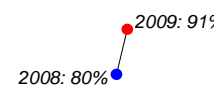
- Outpatient Volume - Average
 - Initial (2,522/month)
 - Initial Denials (76/month)
 - Extension (3,605/month)
 - Extension Denials (64/month)
- Inpatient Volume - Average
 - Initial (913/month)
 - Initial Denials (8/month)
 - Extension (1,570/month)
 - Extension Denials (3/month)

Total Outpatient Authorization Requests	213,145	Monthly Request Trend	
Total Inpatient Authorization Requests	84,833	Monthly Request Trend	

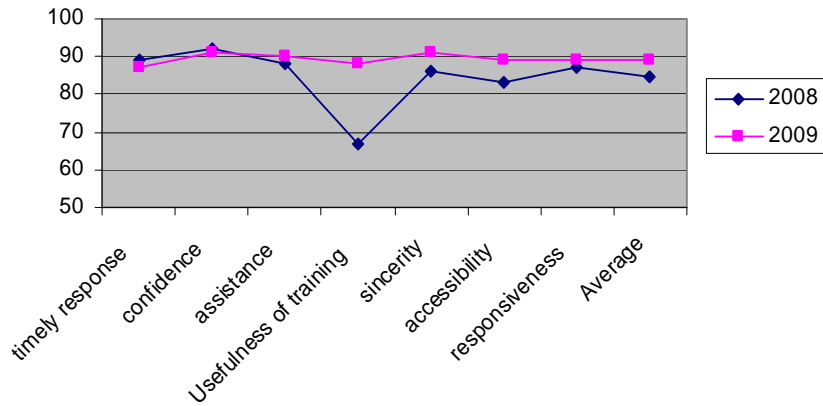
Statistics Timeframe: July 1, 2006 – April 30, 2009

2009 APS MH/SA Provider Survey

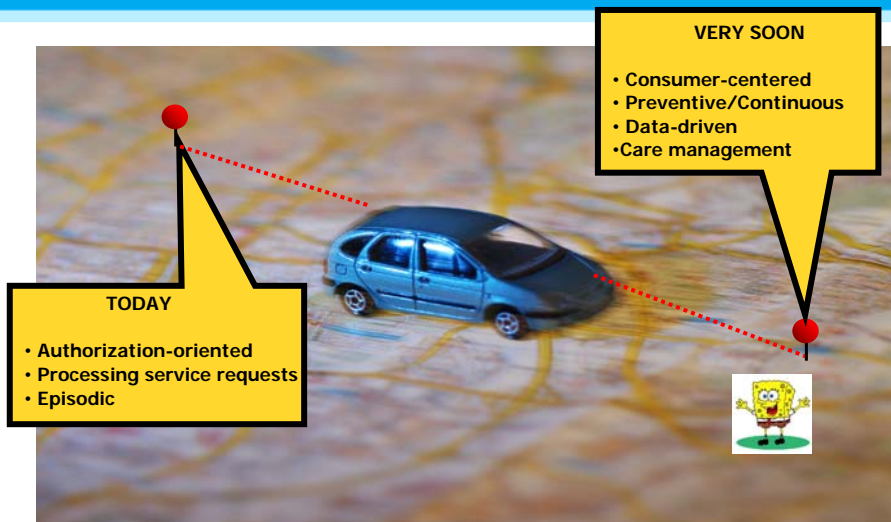
- Launched April 21, 2009
- Closed May 18, 2009
- 430 Respondents
- 387 Complete Surveys
- 43 Partial Surveys
- 193 Comments
- Areas For Improvement
 - CareConnection Speed & Ease Of Use
 - Auto-Authorization
 - EDI
 - Training

Behavioral Health providers satisfied or highly satisfied with APS	
Behavioral Health providers who found APS materials/resources useful	

2009 APS MH/SA Provider Survey



Program Development – Where are we Going...



Chronic Care Improvement Program

- APS “Percolator” System
 - Data Mining to Identify ‘at-risk’ Patients
- Dedicated ‘Care Coordination’ Team
- Outbound Contacts to Families & Care Givers
- Linkage with Treatment and Community Resources
- Ongoing Contact with Families & Care Givers
- Continuous Refinement of “Percolator” and Intervention Modalities

APS Activities in Support of ARC

- Care Connection Modifications
 - Addition of Program Groups (PG Codes) – 04/01/09
 - Addition of DMH Client Data Core Elements – 10/01/09
 - Validation Rules for CC and EDI – 10/01/09
- SoonerPro Redesign -10/01/09
 - (www.SoonerPro.com) - Single Point of Entry
 - APS CareConnection
 - OHCA MMIS
 - NWD - Medicaid and ODMHSAS Eligibility Screens
 - ODMHSAS Provider Reporting Pages
 - Policies, Procedures and Program Updates

Questions...

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