Oklahoma Department of Mental Health and Substance Abuse Services

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Contact: Jeffrey Dismukes

**ODMHSAS Communications** 

(405) 522-3907

**ODMHSAS Announces Expansion of Behavioral Health Crisis Services in Oklahoma** 

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) today announced the award of two contracts intended to strengthen statewide behavioral health crisis services in Tulsa County and Southern Oklahoma.

The contracts were awarded to Family & Children's Services (F&CS) in Tulsa, and Mental Health Services of Southern Oklahoma (MHSSO) in Ardmore for the creation of integrated community crisis stabilization centers. These centers will be part of a statewide system of crisis services coordinated by the department and intended to provide needed urgent care for individuals experiencing psychological distress or in crisis related to substance abuse issues.

The addition of these services was made possible by funds provided to the department during the past legislative session, and supported as part of Governor Fallin's budget proposal. State funds were designated to create one additional crisis center in Oklahoma; however, the department utilized an open bid system along with cost savings from restructuring of other programs to expand that opportunity into two separate centers. ODMHSAS originally requested funding for five additional crisis centers as part of its fiscal year 2013 budget proposal.

"I am excited to see these funds being put to work for the benefit of all Oklahomans," said Governor Fallin. "Untreated mental illness and addiction costs our state far too much, not only in terms of how it affects the individual, but also the costs borne by Oklahoma communities to deal with the resulting negative consequences such as overcrowded emergency rooms, increased need for law enforcement intervention and rising incarceration rates. By working with communities to provide these services, we save lives and tax dollars. It is a smart investment."

The department plans to reintroduce their request for funding of more crisis programs next year, and continues to place a priority on the availability of crisis care.

Access to crisis stabilization services helps individuals avoid more costly and difficult to treat consequences that may result if illnesses are allowed to progress untreated. In most cases, stabilization services will lead to individuals being referred to other outpatient treatment resources within the community, as opposed to more expensive hospital care.

ODMHSAS Commissioner Terri White says that the addition of these services helps address a long-standing need in Oklahoma.

"We simply do not have the crisis stabilization services in Oklahoma needed to meet demand," said White. "This is an exciting step in the right direction."

According to White, the ultimate goal is to intervene early and to prevent more difficult to treat and costly consequences from occurring.

"The urgent care and crisis stabilization model absolutely is a vital component of a successful statewide treatment system," said White. "Our ability to successfully treat illness is determined early in the disease process, and expansion of these services means expansion of our ability to help Oklahomans in crisis, their families and communities as a whole."

A key component of both awarded contracts is the inclusion of committed partnership with other community medical providers.

In Tulsa, F&CS will partner with the Tulsa Center for Behavioral Health and the existing COPES program to create a behavioral health urgent care program, and with Hillcrest Medical Center (HMC), which will provide 16 new psychiatric crisis beds. Also planned is a coordinated effort with emergency services at HMC and the OSU Medical Center to help identify and divert appropriate cases to a more appropriate level of care when accessing emergency medical services. The overall effort in Tulsa fully integrates the existing community behavioral health treatment system.

In Ardmore, MHSSO is partnering with Mercy Hospital to create a new 23-hour crisis stabilization program, and establish a 16-bed crisis intervention and treatment program.

MHSSO will also work with several different local health care providers to ensure follow-up care for individuals upon discharge.

"Both in Tulsa and Ardmore, the level of partnership demonstrated by the community and community health partners has been tremendous," said White. "It is because of this level of partnership and commitment that we are able to expand services in this way and move so enthusiastically into a new area of health care in our state."

In addition to benefiting individuals in need of treatment, the expansion of crisis services is expected to lessen the burden on other community resources such as hospital emergency services and law enforcement.

An often talked about consequence of the overburdened crisis care system has been increased demand upon law enforcement to transport people to services outside of the community. Budget cuts over the past several years have limited available services statewide; and, with facilities operating at capacity, law enforcement has been required to transport persons to more distant treatment locations. This, in turn, has pulled officers off the street and increased associated costs to transporting agencies.

According to White, the expansion of these services will help address this problem and provide needed support to the department's law enforcement partners statewide. "We have worked closely with Oklahoma's law enforcement leaders for the past several years as we have worked hard to address these issues, and will continue our efforts to improve the system."

Both F&CS and MHSSO are in the process of readying services, and are expected to be operational by early 2013.

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