

# CENTER FOR HEALTH POLICY RESEARCH

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## HEALTH & MEDICINE ISSUE PAPER



• THE FIRST IN A SERIES •

### KEY POLICY ISSUES



#### • KEY ISSUES

STATE LAW  
PUBLIC SYSTEMS  
COMMUNITY CENTERS  
PRISONS, JAILS/LOCKUPS



MENTAL HEALTH

#### Title 43A §1-104. Public Policy

**The Oklahoma Legislature hereby declares that the public policy of this state is to assure adequate treatment of persons alleged to be in need of mental health treatment ...**

Oklahoma's public policy is clearly stated. The policy implementation is the subject of ongoing debate.

Public mental health services are to be in place to serve all those who cannot obtain care in the private sector.

It is suggested that almost half of the Oklahoma population will not be able to obtain private sector mental health services for a variety of reasons such as:

- Services not geographically available
- Lack of health insurance
- Lack of mental health services in the group health plans
- Inadequate coverage in the group health plans
- Inability to afford services from personal assets

Therefore, the public "safety net" has been established. That "safety net" must accommodate the needs an estimated 1.5 million Oklahomans. Granted, most people will never need the services. But the system must accommodate that portion of 1.5 million people who do.

The state appropriates about 3% of available funds to public mental health activity. This brief does not argue that the amount is too little or too much; although the size of the safety net and the prevalence of mental disorders suggest the funding is out of balance with need. But we do presume that the funding levels are not likely to change dramatically in the near future.

Subsequent issue briefs in this series will describe Oklahoma specific mental health issues. They include mental health law, public services, community mental health centers, the impact of mentally ill on the corrections system, and issues related to children and juvenile services.

#### ***This Series About Mental Health***

*Our nation has experienced a series of highly publicized incidents concerning random acts of lethal violence. National debates concerning inanimate objects (guns) and abstract emotions (hate) immediately followed. The debates are demagogic, shallow, and misleading.*

*There is another common denominator in most of the acts of violence; almost every perpetrator was involved with some aspect of mental health care and services. They have either been under care, sought care, or have been using (or not using) psychotherapeutic medications.*

*Yet the high profile national debate continues about guns and hate ... and the silence about adequate and effective mental health care service is deafening.*

*The Oklahoma record is neither bad nor good. Our state struggles with this emerging health issue as do others.*

*This series of issue papers has been developed for Oklahoma's laypersons and policymakers. The intent is to place Oklahoma mental health needs in perspective; help promote responsible debate, and to provide a standard reference for policy discussions.*

MICHAEL LAPOLLA, DIRECTOR

## **House Bill 1748 (edited)**

### SECTION 1. NEW LAW

#### **E. The Statewide Behavioral Health Task Force shall:**

1. *Develop a plan for the cooperative and coordinated delivery of services by the public and private agencies responsible for services to persons needing behavioral health services. Such plan shall specify the respective roles, duties, and responsibilities of the public and private agencies, the policies and procedures to be implemented, and methods to ensure the accountability of the respective agencies for the proper implementation of the plan. The policies and procedures included in the plan shall be designed to reduce or eliminate barriers to services as they relate to quality of care and cost effectiveness. The provisions of the plan shall be implemented through interagency agreements pursuant to the Interlocal Cooperation Act or by contract, as appropriate;*
3. *Investigate and make recommendations regarding methods of ensuring the equitable distribution of state and federal funds for services to persons needing behavioral health services;*
4. *Review and recommend state policy to determine how and by whom behavioral health services shall be provided;*
5. *Review and recommend state policy to determine which state agencies will be involved in providing oversight for behavioral health services and delineate clearly responsibility for each;*
6. *Evaluate available resources, current expenditures, actual costs of delivery services by each contract provider and by each state agency and determine what resources are needed to meet actual needs for services; and*
7. *Submit proposed legislation, if needed, to implement the findings of the Task Force.*

**F. The Statewide Behavioral Health Task Force shall make regular, but not less than quarterly, reports ...**

#### **The Transcendent Public Policy Issue**

Information about mental health diagnosis, treatment and services, is probably the fastest growing body of clinical health care information. What was misunderstood yesterday may likely be well understood tomorrow. The emergence of psychopharmacology, neuropsychiatry and other combinations of health care expertise are shedding new and disinfecting light upon heretofore dark and mysterious behaviors.

The challenge for all policymakers, and those attempting to influence policy, is to keep the general public informed with current and relevant information. This is particularly challenging in the area of mental health where conditions and people have been stigmatized for generations; and where boundaries between mental disorders and bad behavior are broad and fuzzy.

It is recommended that mental health advocates and professionals collaborate to begin a major effort to appropriately illuminate and educate leaders and laypersons in Oklahoma. A suggested step is to engage responsible public policy organizations as partners in this effort.

#### **Priority Issues for 2000**

There are a variety of mental health issues that concern Oklahomans throughout the state. Many depend upon local circumstances and conditions. The suggested priority issues listed here represent statewide concerns. The issues are listed in suggested order of importance.

There are two caveats.

(1) Mental health parity is not listed. Recently enacted legislation has endorsed and required limited parity. This legislation provides for a reexamination of the cost elements of the issue in three years. It is suggested that some time elapse, and experience gathered, before taking another look at parity.

(2) The issue priorities listed below have natural interdependencies. For example, children's mental health issues are also impacted by medication availability, medicaid policies, and accountability.

The issues in order of importance are:

#### Children & Mental Health

Public mental health services are clearly the state of Oklahoma's lowest public priority function. Oklahoma's children are apparently the most underserved cohort.

Given that it appears that children are the lowest priority ... within the lowest priority ... it is suggested that the improvement of these services should be the highest priority of advocates and policymakers. The sixth issue brief of this series describes this issue in detail.

Corrections/Jail Diversion

Jail diversion solutions are local. It is self-defeating to promote a "one-size-fits-all" state law to remedy the issue. Jail diversion also should initially target non-violent, severely mentally ill (SMI) offenders. And finally, diversion programs require a measure of discretion and judgment.

It is clear that the Oklahoma incarceration rates continue to rise while the census of public mental hospitals plummet. This twin phenomena inevitably creates great stresses on both public systems. It is not suggested that either trend is inappropriate ... but that both systems recognize the interdependency and create cross-system efforts to relieve stresses on all concerned. The most appropriate primary intervention is the concept of "jail diversion".

The fifth issue brief of this series discusses jail diversion in more detail.

Medication Availability

The overarching public policy of the past 30 years has been the placement of the mentally ill in the most appropriate environment possible for ongoing care and treatment. That place has been determined to be the "community" where the mentally ill may be closer to "family and friends" and have the best chance of social success. This public policy has been made possible by the manufacture and distribution of effective psychotherapeutic drugs. These medications have enabled mental health hospitals to drastically decrease inpatients; and "community services" to be established to provide local noninstitutional services.

The entire model is predicated upon the presumptions of availability of affordable and effective medications; and a system to insure their appropriate administration.

Unfortunately, these presumptions are all too often absent. Public services and contracts too often must choose between medications that fit a budget or meet a clinical need; must choose between established medications that are well known and newer medications that are more effective; and/or must choose from a formulary that is neither current nor flexible.

Administrative and bureaucratic factors too often preclude the provision of proper medications.

The issue is further complicated by an array of publicly funded services that seldom coordinate or collaborate.

In summary, the provision of appropriate medications for the public mental health services is an extraordinarily difficult task. It is made almost impossible if there is not a statewide effort to coordinate the identification of the most effective medications for each individual in need.

• WE CONCLUDE •

*The most important public policy issue in Oklahoma is ... mental health services for children and juveniles.*

*Public mental health services are clearly Oklahoma's lowest public priority. Children appear to be the most underserved cohort of the mentally ill. It is suggested that the improvement of these services should be the highest priority of advocates and policymakers.*

Medicaid Financing

Public mental health services are provided in a "bifurcated manner" in Oklahoma ... and in all states. In simple terms, these services are provided by the state Medicaid program or by the Department of Mental Health.

Given that medications are a major treatment vehicle, it is unfortunate that urban and rural Medicaid recipients likely have different benefits, services ... and ultimate

access to medications. Why? Because in Oklahoma there are two separate Medicaid programs, One is the Medicaid Managed Care program that serves the urban recipients. The other is a hybrid service that serves non-metropolitan locations in the absence of totally managed care infrastructure. It includes elements of a capitated primary care case management and "fee for service" systems.

The "managed care" plan will not limit the number or type of medications a recipient may receive. Therefore a recipient may receive necessary physical health and mental health medications. The rural FFS system imposes limits on the number of medications a recipient may receive thus forcing recipients to choose ... and sometimes forego helpful drugs to treat mental disorders.

Accountability for Services

The model for the delivery of contemporary public mental health care is changing faster than many bureaucracies can adapt. The old model was the provision of direct services, many of which were custodial and centralized. The newer models are based upon contracted services that are decentralized. The change of model has not been accompanied by a change of "accountability" measures.

The "bifurcated" system of two state agencies responsible for public mental health services further complicates the issue.

Our current systems result in public agencies "purchasing" services without a clear basis value or accountability for outcomes. This situation is not the result of deliberate neglect; it arises from new information being introduced at rates faster than agencies can react.

Applied Telecommunications

There are many training and clinical deficits of providing mental health services. Almost all relate to the maldistribution of scarce personnel resources; and an expansive geography. To address these problems, one must overcome time and distance. Oklahoma has developed the infrastructure for a solution. It is called OneNet, the state's public digital network. By using this robust network, along with affordable videoconferencing technology, a host of problems may be addressed and resolved. The Legislature should require, and provide for, a Mental Health video network for training, evaluation and clinical purposes.

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