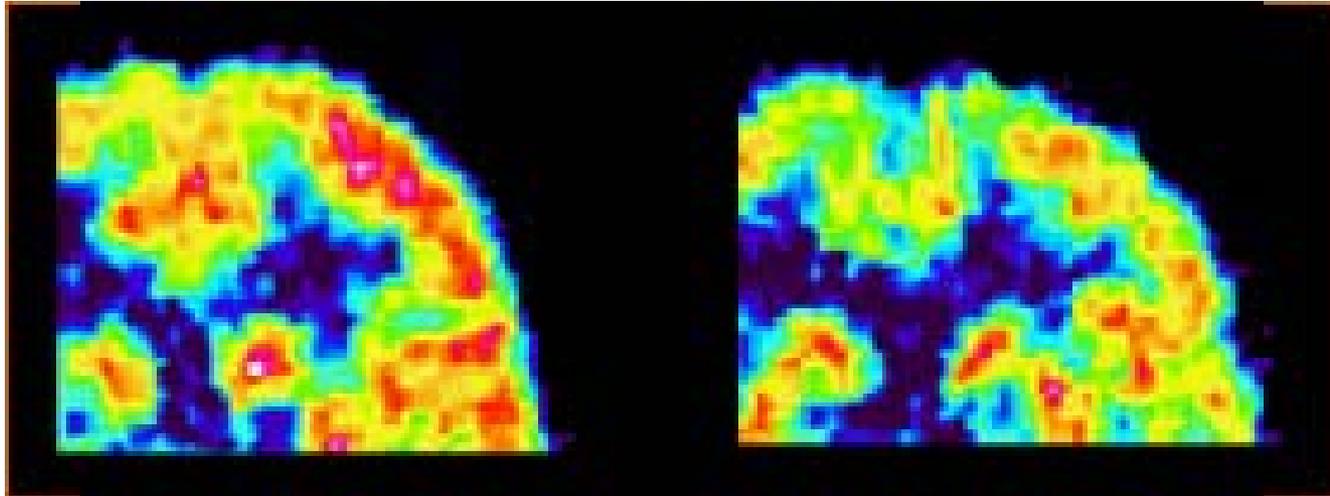




Mental Illness and Addiction: A Community Concern

*Presented by Terri L. White, MSW, Commissioner;
Oklahoma Department of Mental Health and Substance Abuse Services*

Mental Illness and Addiction: Diseases of the Brain

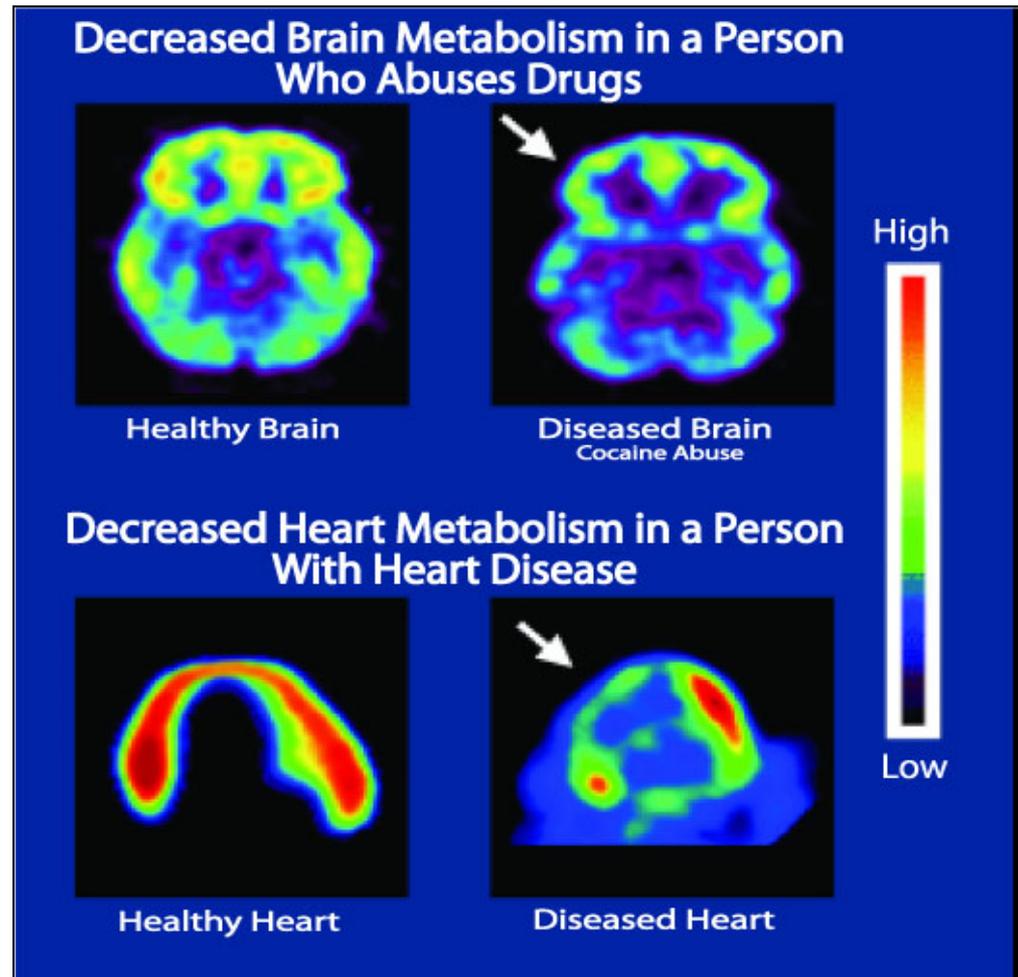


The brain scan on the left reflects normal activity; the scan on the right shows a person affected with schizophrenia. Source: PBS.org

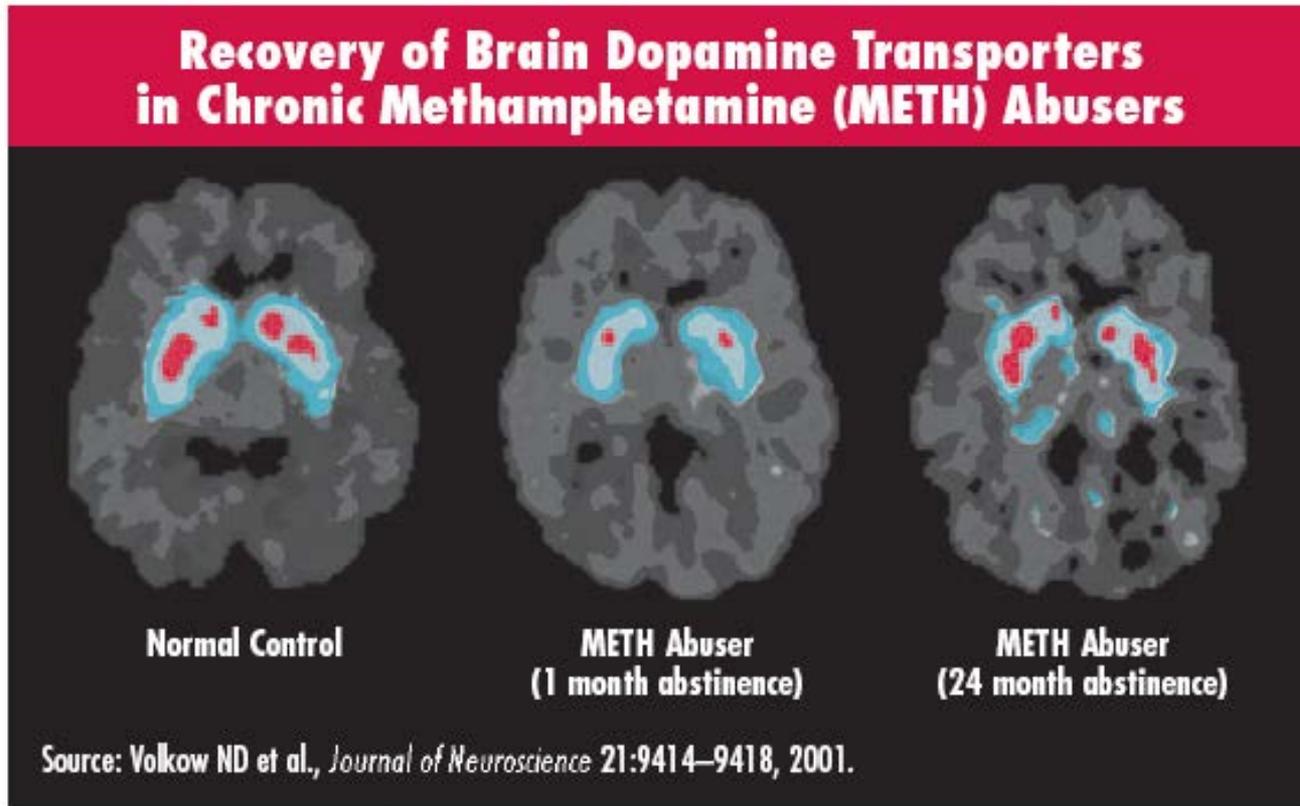
Both mental illness and addiction are real medical conditions, just like diabetes, cancer and heart disease

Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable and, if left untreated, can last a lifetime.

- *National Institute on Drug Abuse*



- Even with illness that many once thought untreatable or something that would cause damage from which no one would ever recover...we know that treatment and recovery **are** possible.



Treatment works

Oklahoma Among the Highest Rates Nationally for Mental Illness and Substance Abuse Disorders

Behavioral Health United States, 2012 (Adults 18+)

<u>Any Mental Illness</u>	<u>Any Substance Use Disorder</u>
22.4%	11.9%
3 rd highest among all states	2 nd highest among all states

A more recent update, the **SAMHSA NSDUH Report** published in February 2014, ranked Oklahoma as having the **2nd highest rates** (among states) for both *Any Mental Illness* and *Serious Mental Illness*:

Any Mental Illness – 22% (19.46% - 24.5%)

Serious Mental Illness – 5.24% (4.14% - 6.63%)



- Between 700,000 and 950,000 adult Oklahomans need services; most are not receiving the care they need to fully recover from their illnesses.
- Approximately 190,000 Oklahomans received ODMHSAS services in FY14.

Oklahoma consistently has some of the highest rates nationally for both mental illness and addiction

Garfield County

Substance Abuse:

- An estimated **776** youth in Garfield County meet criteria for needing substance abuse treatment; in FY14, only **72** youth received such services (through state-funded facilities).
- Approximately **4,081** adults in Garfield County need substance abuse treatment services; in FY14, only **341** received services.

The top “drugs of choice” for Garfield County residents receiving substance abuse treatment services in FY15 were:

- Alcohol: 30%
- Methamphetamine: 29%
- Marijuana/Hashish: 25%

Mental Health:

- An estimated **9,488** Garfield County adults experienced symptoms of “Any Mental Illness” over the past year. Of these, **1,344** received mental health services.
 - Nearly **638** youth have a Mental Health Disorder; **1,753** received services.
-

Garfield County Service Providers

The following provide ODMHSAS supported services:

Northwest Center for Behavioral Health

- Community Mental Health Center

Associated Therapeutic Services

- Alcohol & Drug Treatment: *Adolescents/Adults*
- Outpatient Mental Health: *Adolescents/Adults*

Millennium Community Services

- Outpatient Mental Health: *Adolescents/Adults*

Youth & Family Services of North Central Okla.

- Alcohol & Drug Treatment: *Adolescents/Adults*

YWCA Reflections Halfway House

- Alcohol & Drug Treatment: *Adult Females*
-



Addiction in Oklahoma

- Oklahoma ranks **2nd nationally** for adults with a substance abuse disorder, at nearly 12%.
 - More than 275,000 Oklahomans above the age of 12 abuse or are dependent on alcohol or illicit drugs.
 - Oklahoma is above the national average in all age groups for those who have abused or become dependent upon alcohol in the past year.
 - On any given day, approximately 600 Oklahomans are on a waiting list to get into residential treatment.
 - In 2013, underage customers consumed 17% of all alcohol sold in Oklahoma, totaling \$258.6 million in sales. These sales provided profits of \$126.6 million to the alcohol industry.
 - An estimated 10% of youth have a substance abuse issue.
-

Prescription Drug Abuse

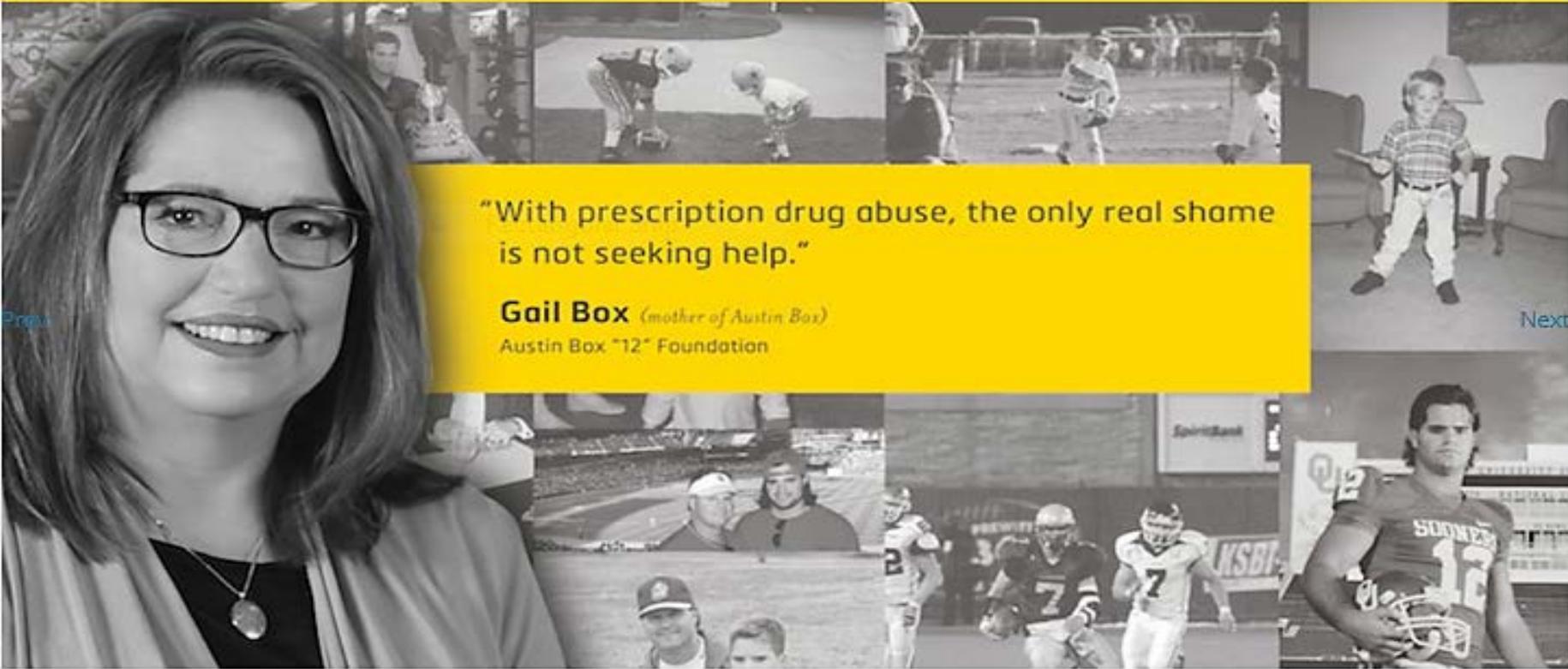
- Oklahoma ranks No. 2 nationally (tied with Oregon) for nonmedical use of painkillers for all age groups 12 and older in the past year. *SAMHSA*
- Oklahoma ranks No. 4 in the nation for the highest rates of prescribed hydrocodone, oxycodone and other powerful painkillers. *CDC*
- In Oklahoma, more overdose deaths involve hydrocodone or oxycodone than all illegal drugs and alcohol combined. *OSDH*
- Overdose deaths surpass motor vehicle crashes as the leading cause of unintentional death by injury in the state and are the leading cause of death by injury for Oklahomans ages 25 to 64. *OSDH*



Prevention Response



- Opioid Prescribing Guidelines
- Prescriber/Dispenser Training
- Policy Change at State Level
- Increased Use of the PMP
- Disposal/Storage Methods
- Media Campaign
 - www.TakeAsPrescribed.org
- Overdose Prevention (Naloxone)
 - First responder pilot
 - Retail pharmacy



"With prescription drug abuse, the only real shame is not seeking help."

Gail Box *(mother of Austin Box)*
Austin Box "12" Foundation

Prescription drugs are killing more than pain.

Prescription drug abuse is Oklahoma's fastest growing drug problem and impacts our state in multiple ways. Oklahoma workers who abuse prescription drugs contribute to poor work performance, injuries, absenteeism and lack of economic productivity. Young people may view prescription drugs as a "less harmful" drug of choice, derailing healthy development and their ability to succeed. And, Oklahomans are dying as a result of unintentional prescription drug overdoses. Combating prescription drug misuse/abuse is a priority in Oklahoma. Educate yourself, and your family, about the dangers of prescription drug abuse and be part of the solution for this growing public health concern. Working together as communities, as a state, we can make a difference.

Read The State Plan



Naloxone Initiative

The OKC Police Department is the latest to join a growing list of Oklahoma law enforcement/first responders to carry naloxone kits.

Just over a year ago, ODMHSAS began a pilot project in Tulsa County for first responders from the Tulsa Police Department, Tulsa County Sheriff's Department, Bixby Police Department, Broken Arrow Police Department and several other agencies. More than 1,000 first responders have received training and **23 lives** already have been saved by law enforcement.

Tulsa and Oklahoma counties have the highest number of opiate-related overdoses in the state. From 2009-2013, more than 900 people died.

Naloxone is also available over the counter at:

- 34 locations across the state, including most 24-hour Walgreens and four Economy pharmacy locations in northeast Oklahoma

THE OKLAHOMAN

10A THURSDAY, JULY 23, 2015

OPINION

OUR VIEWS | CITY COUNCIL APPROVED THE PLAN TUESDAY

Lives likely to be saved with police med program

THE Oklahoma City Council took a step that will likely save lives, when it voted Tuesday to enter into a program that will allow police officers to carry the medication naloxone. As Police Chief Bill City said in advance of the council vote, this move is "a no-brainer."

Naloxone is used to offset the effects of overdoses from drugs such as oxycodone and hydrocodone. Sadly, the need for naloxone is great in Oklahoma because the state struggles mightily with abuse of these prescription painkillers.

According to the state Health Department, the number of overdose deaths from prescription drugs has more than doubled in Oklahoma since 2003. The number of deaths due to hydrocodone and oxycodone has more than quadrupled during that time. From 2007 to 2012, nearly 70 percent of unintentional poisoning deaths in the state involved at least one opioid painkiller.

Abuse of prescription opioid painkillers has another downside — people who do so are 40 times more likely to abuse heroin, according to the Centers for Disease Control and Prevention.

When administered in time, naloxone can reverse a prescription drug overdose. Police in the Tulsa area have seen the merits — since beginning a pilot program between the city and the state mental health agency last year, 19 lives have been saved.

"It went from, 'Do we really want to do this? This isn't a cop thing,' to guys calling me and saying, 'How can I get this?'" the Tulsa PD's medical support and training officer told *The Oklahoman's* Jaclyn Cosgrove.

Now Oklahoma City officers will be given the same opportunity. Under the plan approved by the city council, the Oklahoma Department of Mental Health



A kit with naloxone. [AP PHOTO]

and Substance Abuse Services will provide the city's police force with training, supplies and support through at least June 2016. The program is paid for by the state agency; the agreement will be terminated if funding isn't available.

So the program won't cost the city a dime, yet the potential is great for a big payoff in lives saved. It's expected that roughly 700 of the department's 1,100 police officers

will be trained and receive naloxone kits. Terri White, director of the mental health agency, said that from 2009 to 2013, more than 900 people in Oklahoma and Tulsa counties died from opiate-related overdoses. Clearly, the need for help combatting this problem is great in the state's two largest metro areas.

Yet it's important to note that naloxone isn't something available only to law enforcement. It also can be purchased over the counter at 34 pharmacies in Oklahoma. The injectable can be found at 24-hour Walgreens and select other Walgreens for \$65. It includes a kit and atomizer, which is a device that lets the drug be administered as a nasal spray instead of by injection.

Economy Pharmacy, which has stores in Tulsa and Muskogee, has the naloxone kits at its four locations. Cost is \$60.

Traci Cook, executive director of National Alliance on Mental Illness Oklahoma, says a naloxone kit should be part of the first-aid kit for anyone who has a loved one at high risk or who has overdosed before. That's especially true for those living in rural areas, where access to emergency treatment can be a challenge.

Cook cautioned that approval by the Oklahoma City Council would be "a first step in a very long way to go." That's the sad truth in Oklahoma, but one step is better than none at all.

Suicide in Oklahoma



- Suicide continues to be the most common manner of violent death in Oklahoma.
 - Oklahoma ranks 17th nationally in terms of suicide rate. In 2013, 665 Oklahomans died by suicide.
 - 23% of suicide victims had served in the Armed Forces.
 - For ages 10-34, suicide is second leading cause of death in Oklahoma.
 - The suicide rate among middle-age men and women has increased substantially over the past decade. In Oklahoma, among females, women 35-54 were at greatest risk for suicide.
 - Suicide occurs most frequently among individuals of working age, 25-65, highlighting the critical need for prevention initiatives/intervention training for this group.
-

Suicide Prevention: A Program Example



Modeled after Air Force Suicide Prevention Program that resulted in a nearly **80% reduction** in suicide completion in five years, **Working Minds** is considered a “best practice” program.

- Workplace guidelines for post-ventative bereavement help for employees
- Reintegration strategies: Bereaved and suicide attempts handled similarly to other forms of disability

ODMHSAS has trained 40+ state agency employees as trainers of the curriculum, including DHS, DOC, OKHCA, OJA, OKDRS and TRAVELOK.

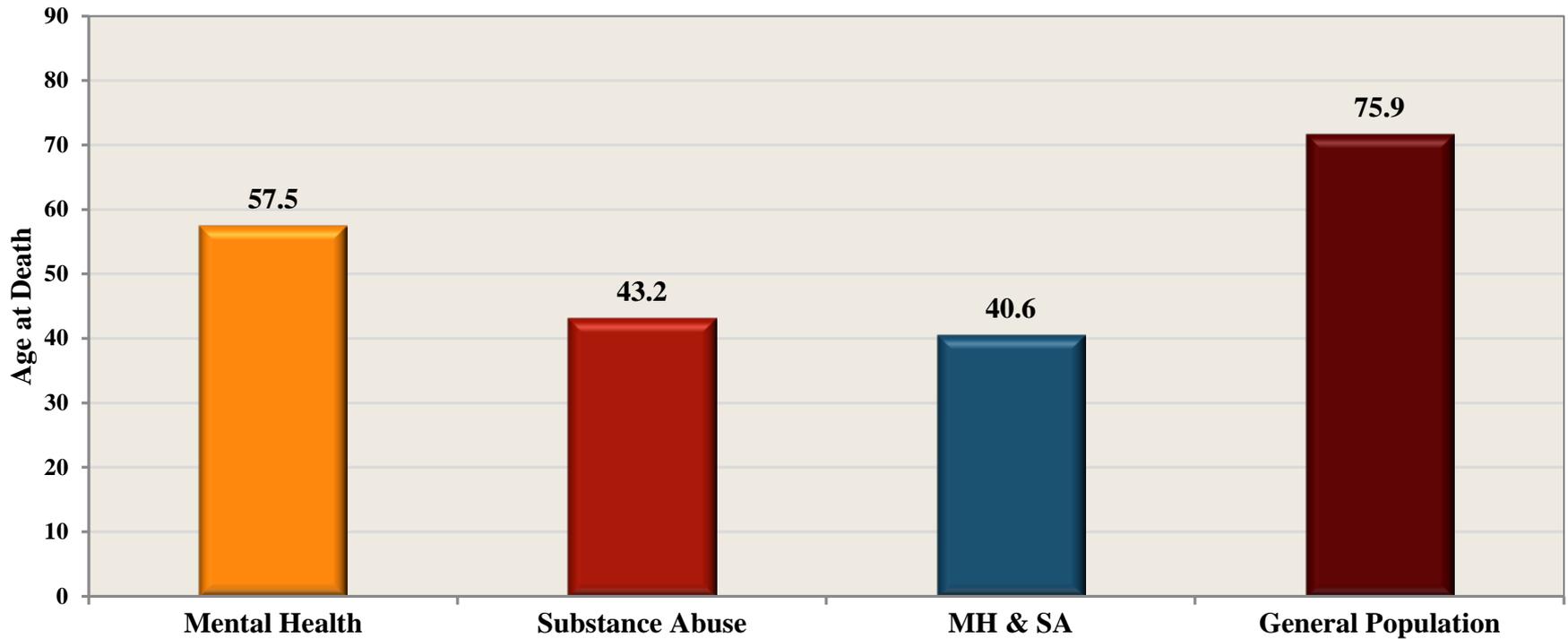
The Mind/Body Connection

- A Columbia University study indicates depression actually leads to heart disease. Depression, alone, was cited as an independent risk factor for heart disease – on top of the classic risks of high blood pressure, diabetes, high cholesterol and smoking.
 - The CDC reports significant relationships between depression and anxiety, and diseases such as asthma, cardiovascular disease and diabetes.
 - Anxiety boosts stroke risk. A recent study found those who suffer the most anxiety had a 33% higher risk for stroke than those with low anxiety levels.
 - Prolonged substance abuse can lead to cardiovascular disease, cancer, hypertension, pneumonia, and a number of other illnesses.
 - Other studies have found depression may foreshadow Parkinson's Disease; migraines are tied to an increased risk of depression and suicidal thoughts; and cells of people who have depression may age more rapidly.
-

People With Mental Illness/Addiction Die Too Soon

The average lifespan of Oklahomans with mental and addictive disorders is far shorter than that of the general population.

Average Age at Death by Cohort



Integrating Behavioral/Primary Care



- A 2013 SAMHSA study indicated nearly **45%** of people with a co-occurring mental illness/substance abuse disorder had visited the emergency room in the past year, compared with only 25% who had neither present. More than **30%** of people with an addiction issue and **40%** of those with a mental illness had visited the ER.
- Some studies also have shown that a **third** of those who died by **suicide** visited a physician in the week before they died – and **45%** had visited their primary care doctor within the month. *SAMHSA*
- Emergency room and primary care provide opportune settings to identify substance abuse and mental illness, and the opportunity for early intervention.

Integrated behavioral health leads to a better match of clinical services to the realities that patients and clinicians face daily.

Substance Abuse Screening: SBIRT



Screening, Brief Intervention and Referral to Treatment targets those with non-dependent substance use and provides strategies for intervention prior to the need for more extensive or specialized treatment.

- Studies have shown a 60% decrease in substance use following a single brief intervention, as well as successful referral to and participation in alcohol treatment programs, and reduction in repeat injuries and injury hospitalizations.
- The resulting reduction in alcohol misuse may reduce diseases related to alcohol abuse such as cancer, liver and heart problems, as well as public safety issues such as DUIs.

ODMHSAS is prepared to go statewide with SBIRT. For the past several years, technical assistance has been provided to medical facilities that addresses:

- Infrastructure/Referral/Medicaid billing issues
- Electronic medical records
- ODMHSAS hosts online CME training for providers seeking Medicaid reimbursement

Health Homes

ODMHSAS employed a rigorous RFP process to choose 22 qualified Health Home Providers for statewide coverage.

Programs serve both adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) with specific care management protocols tied to these co-occurring conditions:

- Substance Use Disorder
- Diabetes
- Heart Disease
- BMI over 25
- Hypertension
- COPD/Asthma/Moderate Chronic Respiratory Problems
- Tobacco Use



Cost to Society/ Communities



When left untreated, mental illness and addiction have far-reaching effects beyond the individual:

Cost to Society and Family Fragmentation

- Divorce
- Unemployment
- School drop-out
- Suicide...

Cost to Communities, State and Local Governments

- Children in foster care
 - Rising law enforcement transport costs
 - Uncompensated care for community hospitals/ERs
 - Increased tax dollars to support consequences...
-

Cost to Businesses



- Mental health is the **leading** health reason for work performance loss and second for absenteeism. *American Psychiatric Association*
- The 200,000 Oklahoma workers dealing with depression and addiction will cost employers an extra **\$600 million** annually in medical expenses.
 - Government employers will expend almost **\$130 million** dealing with the employment effects of alcohol and depression encountered by 35,000 employees.

Governor's and Attorney General's Blue Ribbon Task Force on Mental Health, Substance Abuse and Domestic Violence, 2005

Workforce Disability



- In 2008, mental health problems were one of the top three leading causes of work disability.
 - *Mental illness accounts for 30% of disability costs; that figure is growing by 10% a year.*
- It has been predicted that by 2020, mental health problems (particularly depression) will become the leading cause of work disability.

Workforce Magazine, Aug. 2014

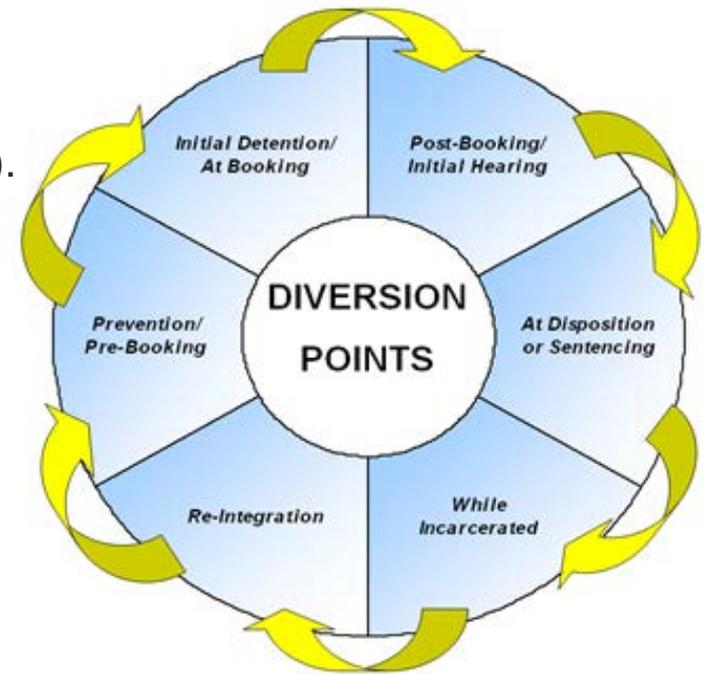
The Biggest Cost to Taxpayers?

- The biggest direct cost is to our criminal justice system...costs that can be avoided with better access to treatment before involvement with the criminal justice system, and targeted programs for persons already in the criminal justice system that are designed to reduce repeat incidents and future problems.
 - Based on DOC estimates:
 - 55% of all offenders (14,625) have a mental health need. Nearly 70% of female offenders and 48% of male offenders have been diagnosed with a mental illness.
 - Of these individuals, 55% were incarcerated for non-violent offenses.
 - 82% of non-violent offenders admitted to prison in FY2010 have a substance abuse or mental health treatment need.
 - Among offenders, distribution of drugs is the top offense and the possession is the second most frequently occurring offense.
 - In addition:
 - Office of Juvenile Affairs – an estimated 33% of those in custody; 26% of those on probation; and nearly 80% of those in “level E” OJA custody have a substance abuse issue.
 - Both the Oklahoma County Jail and the Tulsa County Jail have approximately 400 people with a mental illness in their custody at any one time.
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The 'Smart on Crime' Concept

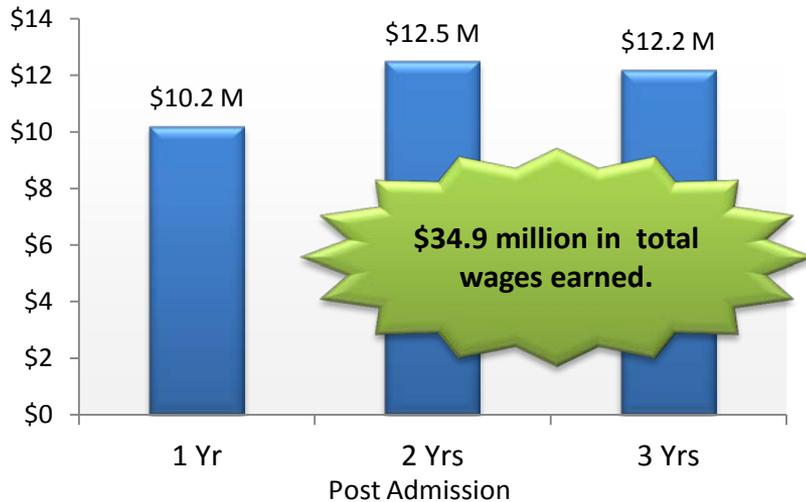
- To address such issues, ODMHSAS introduced a “Smart on Crime” proposal with interventions across the spectrum of criminal justice engagement.
- Independent studies confirmed the proposal’s merits and ability for the state to avoid millions in future costs if funded in full.
- The proposal was endorsed by numerous law enforcement and community organizations (including the 2008 Oklahoma Academy Town Hall).
- The concept of Smart on Crime is to address mental illness and addiction at any number of diversion points:
 - Prevention/Pre-Booking
 - Initial Detention/At Booking
 - Post-Booking/Initial Hearing
 - At Disposition/Sentencing
 - While Incarcerated
 - Reintegration





The annual cost of drug court is \$5,000 compared to \$19,000 for incarceration. That alone is a significant benefit. But, what really tells the story are the improved outcomes.

**Annual Wages Earned
by 1,058 Graduates from FY09**



**Annual Taxes Expected to be Paid
by 1,058 Graduates from FY09**



Drug Courts



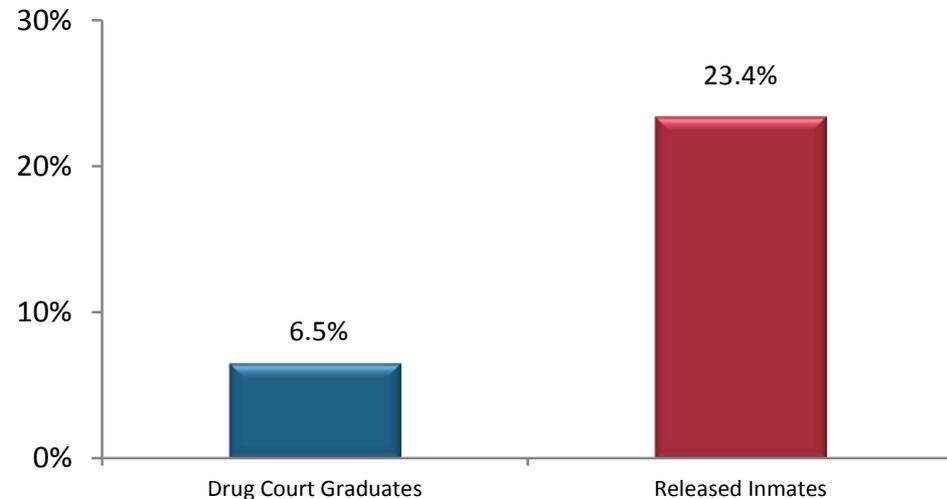
There are much improved outcomes for reoffending compared to released inmates.

Low Incarceration Rate

Among 3,466 Graduates 3 Years Out Since 2005

Garfield County Drug Court:

- 70% Completion Rate
- 95.8% Reduction in Unemployment from Admission to Graduation (Only 1.5% of graduates are unemployed at graduation compared to admission)



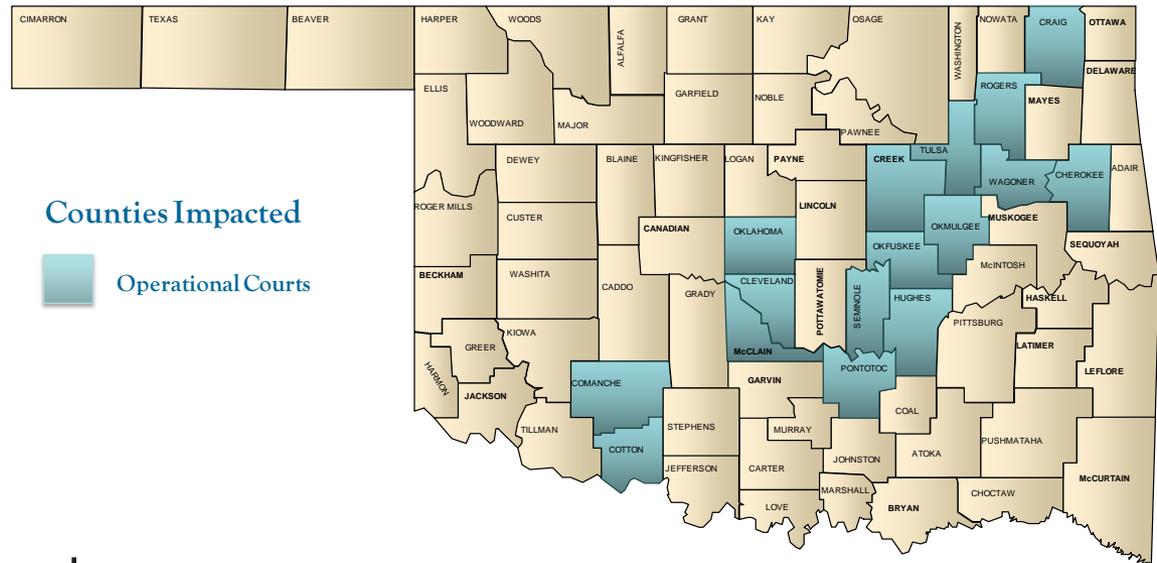
In addition to a 92% drop in unemployment, a 101% jump in monthly income; and a 60% increase in participants who are able to again live with their children.

Drug courts



Smart on Crime

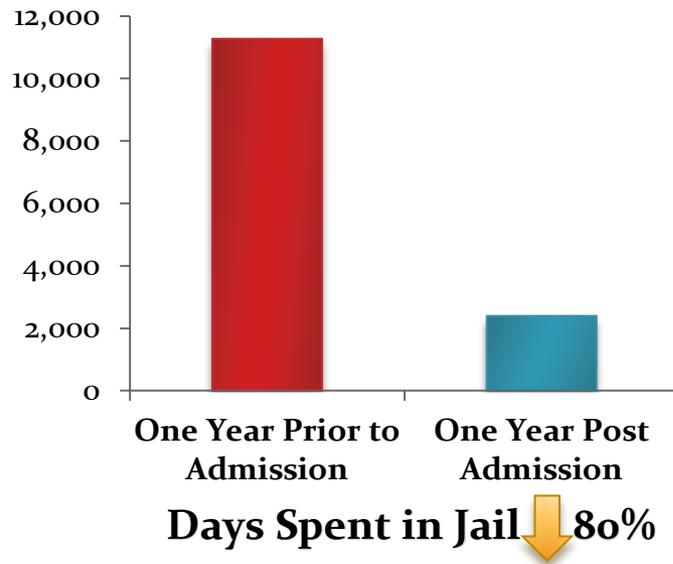
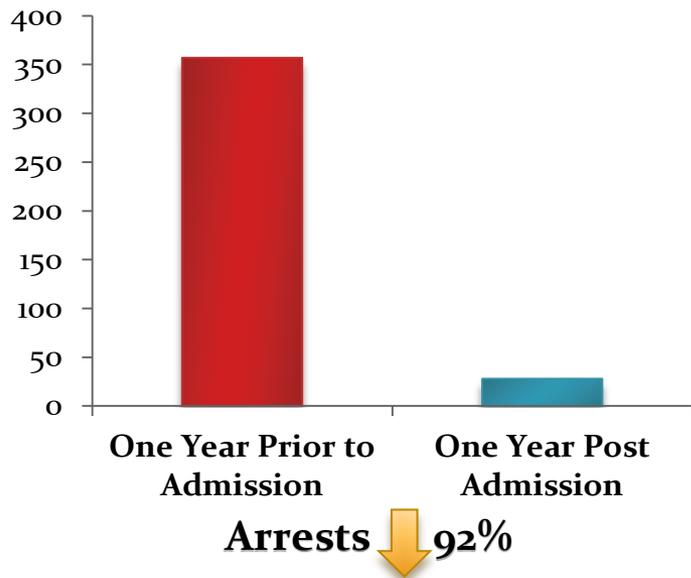
- There are Mental Health Courts serving 16 counties (only) with 426 active participants.
- Another 17 counties have requested courts that would serve an estimated 375 more participants.



Mental Health Courts



While not as many Mental Health Courts as Drug Courts, these programs are no less impressive when it comes to delivering results.

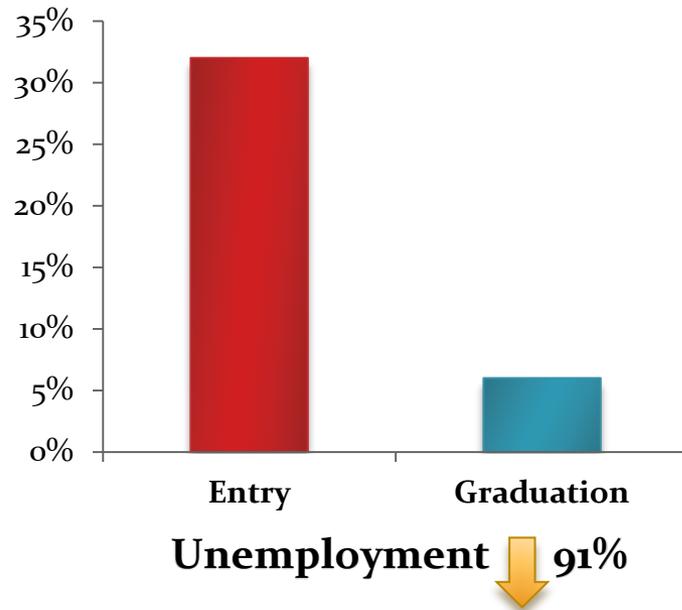
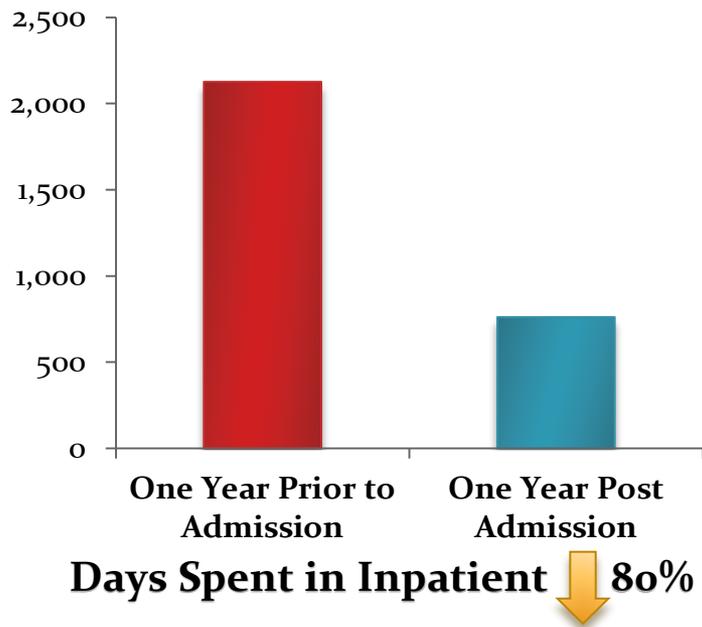


Based on outcome comparisons for July 2013 – December 2014 Mental Health Court graduates.

Mental Health Courts



In addition to arrest patterns, program graduates see a reduction in inpatient treatment stays and improved employment status.



Based on outcome comparisons for FY13 Mental Health Court graduates.

Mental Health Courts

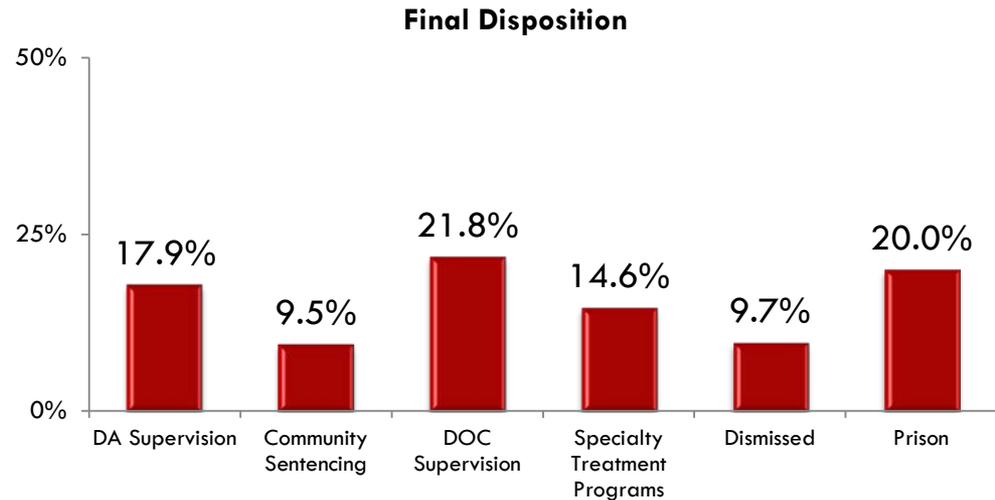


Smart on Crime

As authorized by 43A O.S. 3-704, Offender Screenings are conducted by Oklahoma Department of Mental Health and Substances Abuse Services' certified treatment providers to determine felony offenders' risk to reoffend as well as identify substance use and mental health treatment needs.

- Certified Screeners in 26 Counties
- 7,339 Offenders Screened*
- 5,410 Final Dispositions Recorded*

*As of 8/2015



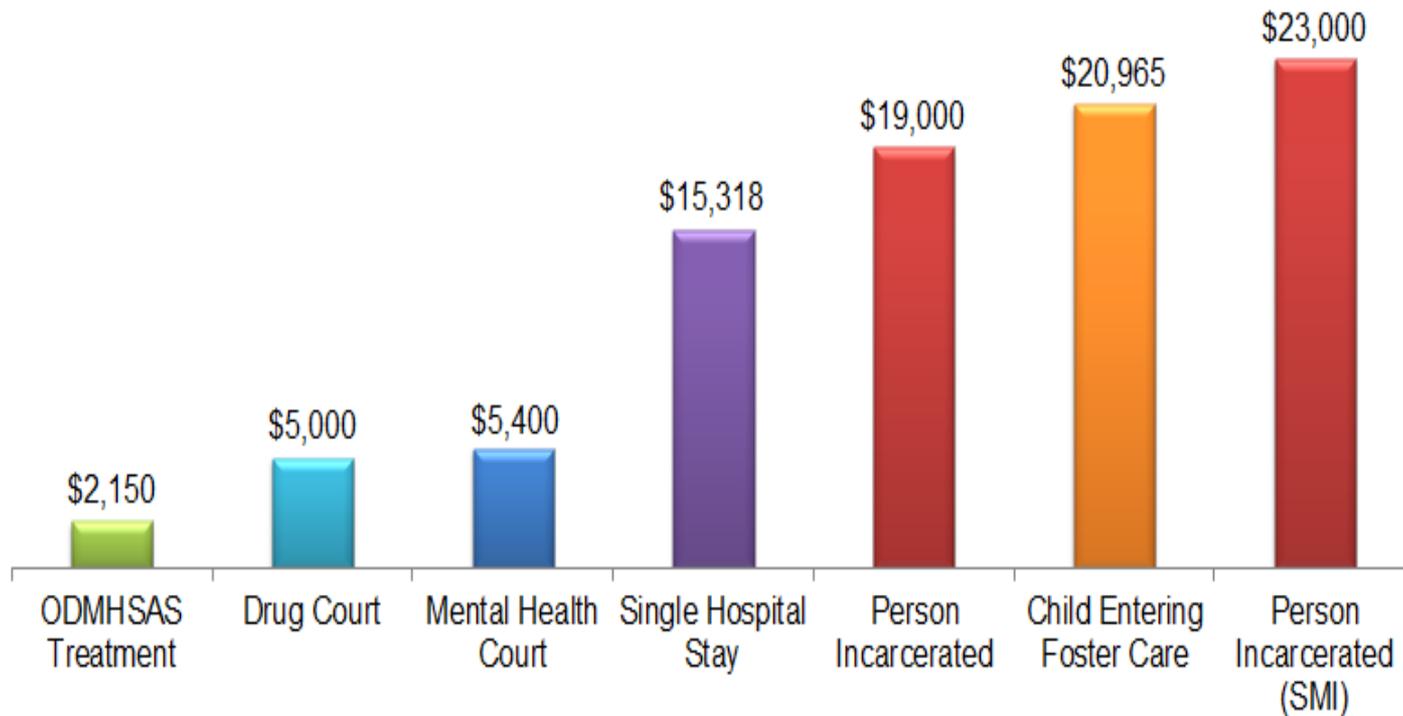
Offender Screening



- Outcomes from some of the participating counties:
 - An 87% decrease in the length of time offenders spent in jail (from 31 days pre-implementation to 4 post-implementation).
 - A \$2.2 Million reduction in the cost to incarcerate offenders (\$2,532,717 pre-implementation to \$326,802 post-implementation).
 - A 72% decrease in length of time from arrest to Drug Court Admission (from 221.5 days pre-implementation to 61.7 days post-implementation).

Offender Screening

Compare the cost of treatment against some of the alternatives:



Treatment
works.

There is hope,
and there is
help.

Website:

www.odmhsas.org

Facebook:

www.facebook.com/ODMHSAS

Department twitter:

[@ODMHSASINFO](https://twitter.com/ODMHSASINFO)

Commissioner White twitter:

[@terriwhiteok](https://twitter.com/terriwhiteok)
