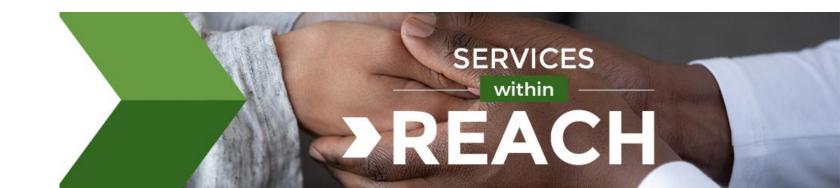
Sustaining and Increasing Services
Through
Virtual Means: National and State Lessons

Commissioner Carrie Slatton-Hodges





# Stretching Services and Dollars Through TeleHealth

Primarily because of the groundwork already laid, Oklahoma has long been considered a national leader in "telepsychiatry."

Oklahomans once unable to receive services due to geographic, economic or workforce barriers can experience services within reach.

Technology enables physicians, behavioral health professionals, and law enforcement to consult with each other more rapidly.

As a result of this existing network, Oklahoma was well-prepared to implement additional telehealth measures during the pandemic.





### **Telehealth/Virtual Successes**

Oklahoma was the first state to implement MAT induction services via telehealth, in 2019.

Upon onset of COVID, state-operated and contract facilities rapidly began offering telehealth services to clients, including those in residential facilities.

Partnered with more than 80 city/county health departments statewide to help rural residents immediately access behavioral health care.

Additional virtual programs for those in recovery, employees, CEU trainings and conferences. The first virtual conference, the annual children's conference, was in May 2020 and became a model for the State of Oklahoma.





### **Telehealth/Virtual Successes**

Oklahoma incorporated technology into criminal justice responses long before COVID-19

ODMHSAS was first in the country to receive a federal grant to pilot the use of technology for telehealth, telecourt and telesupervision to expand access to drug courts in rural communities.

CARES Act funds also allowed us to provide 1,300 iPads to 232 law enforcement agencies in 70 counties, giving them direct access to local CMHCs to help with deescalation of crisis and provide services.\*

Immediate mental health support services, with crisis and trauma debriefing, are offered virtually to Oklahoma's more than 7,500 law enforcement officers.





# 

Expanded access to telehealth treatment services across the state, including mobile technology partnerships with law enforcement agencies.





#### **AWARENESS & EDUCATION**

Increased accessibility to training by helping employees, first responders and Oklahomans maintain credentials and addressing skill and knowledge needs by leveraging virtual learning opportunities.

#### **IMPACT**

Leader in the transition to virtual-led education and training for state employees (EAP), general public and first responders.







#### 3 INTEGRATED APPS

- 1. First Responder
- 2. MyCare Pro
- 3. Patient



#### What is My Care

MyCare is a technology platform enabling on-demand Telehealth access to behavioral health (BH) services for therapy crisis stabilization and long term patient care

It works by equipping first responders, behavioral health organizations, public health departments, schools, businesses and other populations needing mental health support with cellular enabled iPad tablets with the MyCare platform









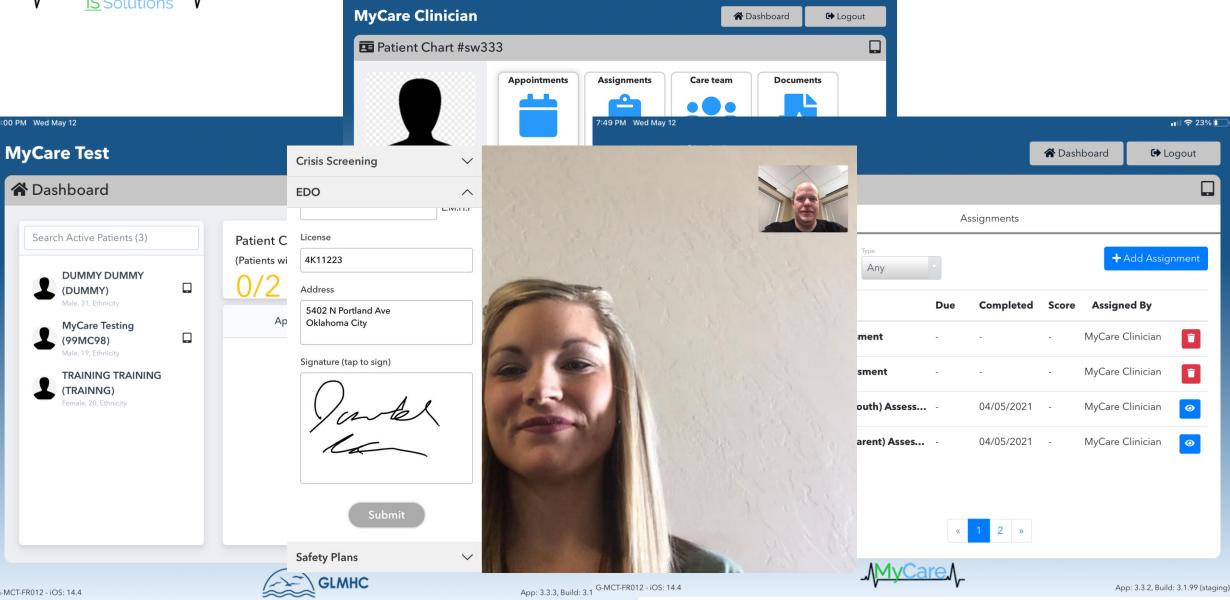


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**MyCare In Action** 

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#### **EXAMPLE USE CASES**



#### FIRST RESPONDERS

- -Gives officers vital tool-24/7 virtual placement
- Outcome: Reduction of ER and inpatient hospitalizations



#### COMMUNITY HEALTH FACILITIES

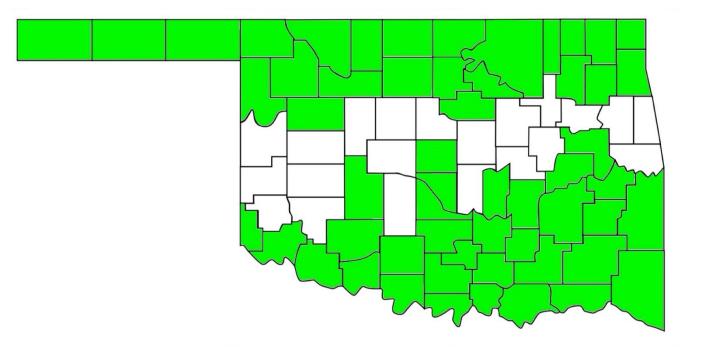
- -Public health departments, community mental health facilities, primary care facilities
- Outcomes: Improve access to BH services and improve brand awareness through branded kiosk placement



#### SCHOOLS

- -Equip schools with iPads for immediate crisis stabilization
- Outcomes: Reduce hospital and inpatient utilization, avoid police involvement, provide continuity of care





# **MyCare Devices** dispersed through Oklahoma represented by green colored counties

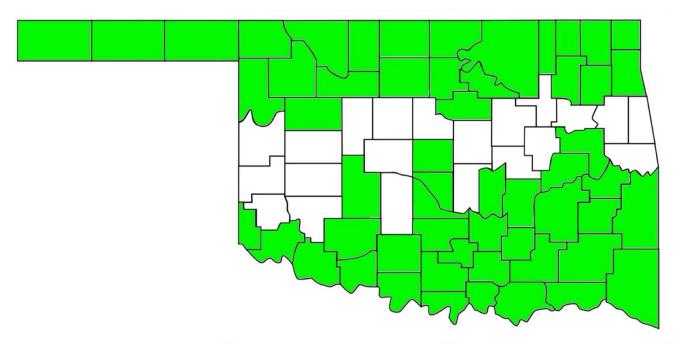
- (1) First Responders 2,384
- (2) Clients 7,609
- (3) Staff 1,610

**Total Devices - 11,603** 





## Last Month, April 2021, Oklahoma MyCare Users



- Responded to 2,509 Crisis Calls
- Provided 19,500 Teletherapy Services
- A total of 22,009 completed sessions
- The average session length was 26 minutes long:
  - That equates to 571,485 total minutes
  - Or 397 days of services
- Provided over 317 hours of services each day of April



# Challenges Ahead

The challenge is to sustain the gains made during the pandemic. Much of our progress will remain in place and evolve into the future, but other efforts will require policy changes and rethinking procedures.

As COVID is no longer considered an "emergency," some licensure groups, for example, will no longer accept CEUs obtained through virtual means. This creates an opportunity to partner with groups to develop uniform policies and procedures that can advance the interests of all.

Certainly, most of us would not want to experience this past year again. We must embrace the good things learned from the pandemic and build upon them – advancements in virtual behavioral health services being one.



# for more information go to



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