



# Trends in Psychiatric Bed Capacity

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NASMHPD Annual Meeting

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NRI

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# Disclaimer

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This presentation was developed [in part] under contract number HHSS283201700024I Task Order Number:75S20321F42001 Ref. No. 283-17-2401 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# Key Take Homes

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- There was a 17.2% increase in mental health beds from 2010 to 2018
  - The Increase was in private psychiatric hospital (up 126.4%) and General Hospital specialty unit beds (up 25.1% from 2010 to 2018)
  - State Psychiatric hospital patients decreased (18.5% from 2010 to 2018)
    - From 1970 to 2018, there was a 90% decrease in State hospital beds, but non-state hospital bed increased 50%--a net change reduction of 60% of beds
- Children in mental health treatment beds **decreased** by 20%, while adult residents **increased** by 24% (2010 to 2018)
- SMHAs expanded community MH services and expenditures by 25.8% during this time period
- 2020 data show a decrease in mental health beds across all settings, but those data were collected during the first wave of COVID and it is unclear how much of the 2020 decrease is due to
  1. Temporary bed closures due to COVID
  2. Low/incomplete responses to the survey due to COVID
  3. Actual/permanent bed closures

# Psychiatric Bed Capacity

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Discussions of psychiatric bed capacity frequently focuses only on state psychiatric hospitals.

- The reduction of state psychiatric hospitals from over 550,000 patients in the 1950s to less than 40,000 patients today.

Discussion of current inpatient capacity rarely addresses:

- all beds available from different types of organizations
- or the changed roles of state psychiatric hospitals

The paper developed for NASMHPD's TA Coalition Project (funded by SAMHSA) updates a 2017 report with estimates of total current capacity and discusses some of the changes from historical bed usage.



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Psychiatric bed shortages are frequently in the news and a focus of courts, advocates, providers, and states

# Recent (last 2 month) News Headlines

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**“Shortage of beds in state mental hospitals delays treatment in North Texas”**

WFAA news (Dallas, Tx) June 30, 2022

<https://tinyurl.com/bdefm9sw>

**“New facilities won’t solve Southwest Michigan’s shortage of inpatient psychiatric beds”**

Mlive.com (Kalamazoo, MI) June 3, 2022

<https://tinyurl.com/yj28x3z8>

**“‘Clearly our children are in crisis’: Mental health resources scarce, legislation looks to improve access”**

Buck County Courier Times, (PA) July 6, 2022

<https://tinyurl.com/5ewnhd3s>

**“Waiting on Treatment: Bed shortage leaves mentally ill Nebraskans in jail for months”**

KOLN (Lincoln, NE) May 26, 2022

<https://tinyurl.com/238kemks>



**“Hundreds of Suicidal Teens Sleep in Emergency Rooms. Every Night.”**

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www.nri-inc.org

New York Times (NY, NY) May 9, 2022

<https://tinyurl.com/vzwcab9v>

# The Decrease of Psychiatric Inpatient Capacity is Frequently Blamed for:

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Increased Homelessness

Increased individuals with MI in Jails and Prisons

Boarding and Increased use of Emergency Departments

Increases in Violent Crimes

Increased Suicide

- These are not just recent claims—38 years ago--in 1984 the NY Times listed the closure of state hospitals as a cause of homelessness and incarceration of individuals with Mental Illnesses



# Sample—chart from Internet about psychiatric hospitals and Jails/Prisons

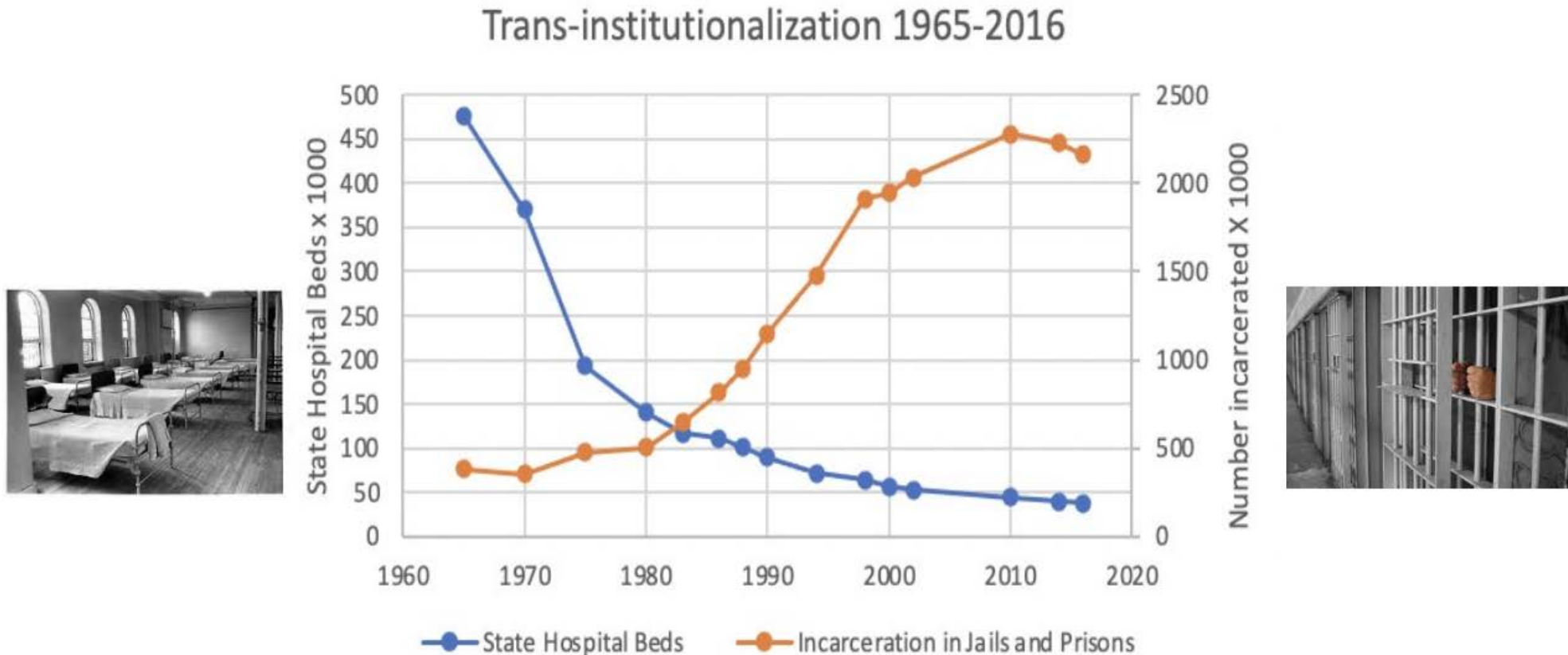
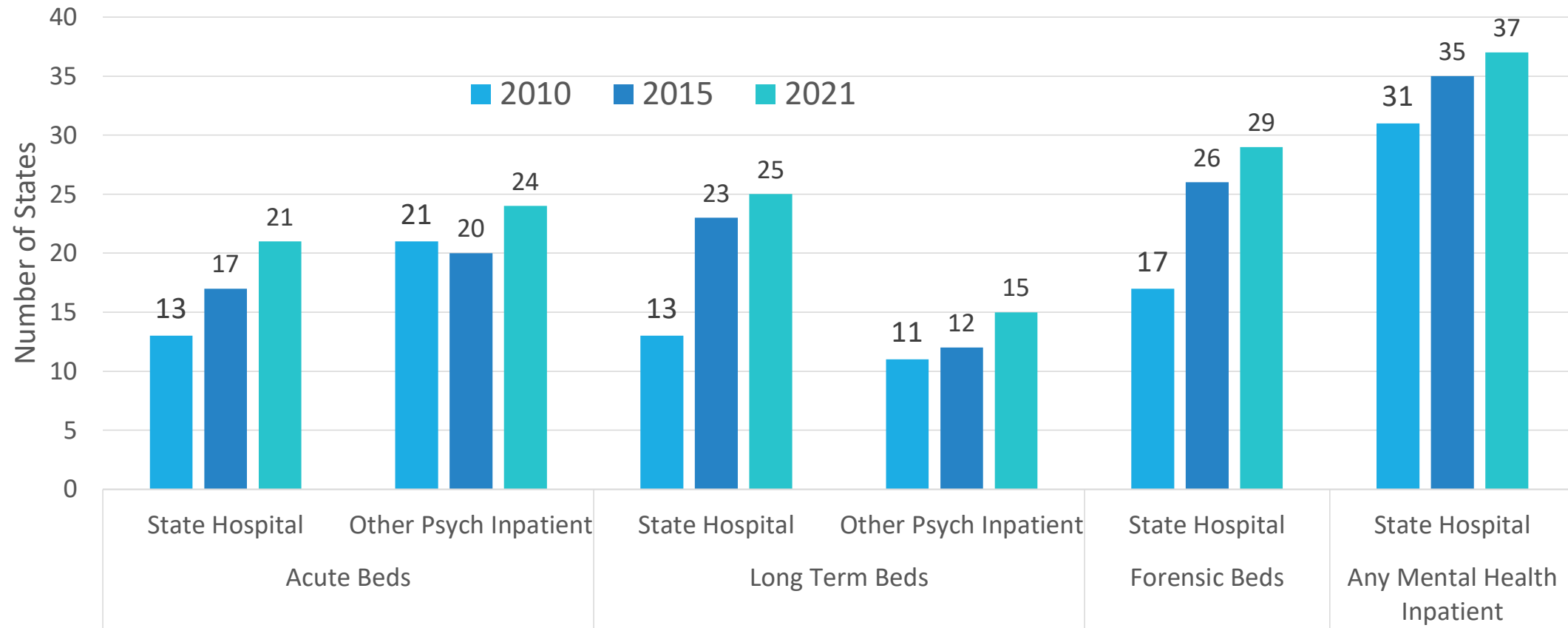


Figure 4.1 Trends in number of state hospital beds versus number of individuals in jails and prisons from 1965– 2016 in the U.S. Data for state hospital beds from the National Association of State Mental Health Program Directors. Data for incarceration from Bureau of Justice Statistics includes state and federal jails and prisons. Note incarceration numbers for 1965– 1975 are estimates based on historical rates for jail incarceration, as BJS data prior to 1980 were for prisons only.



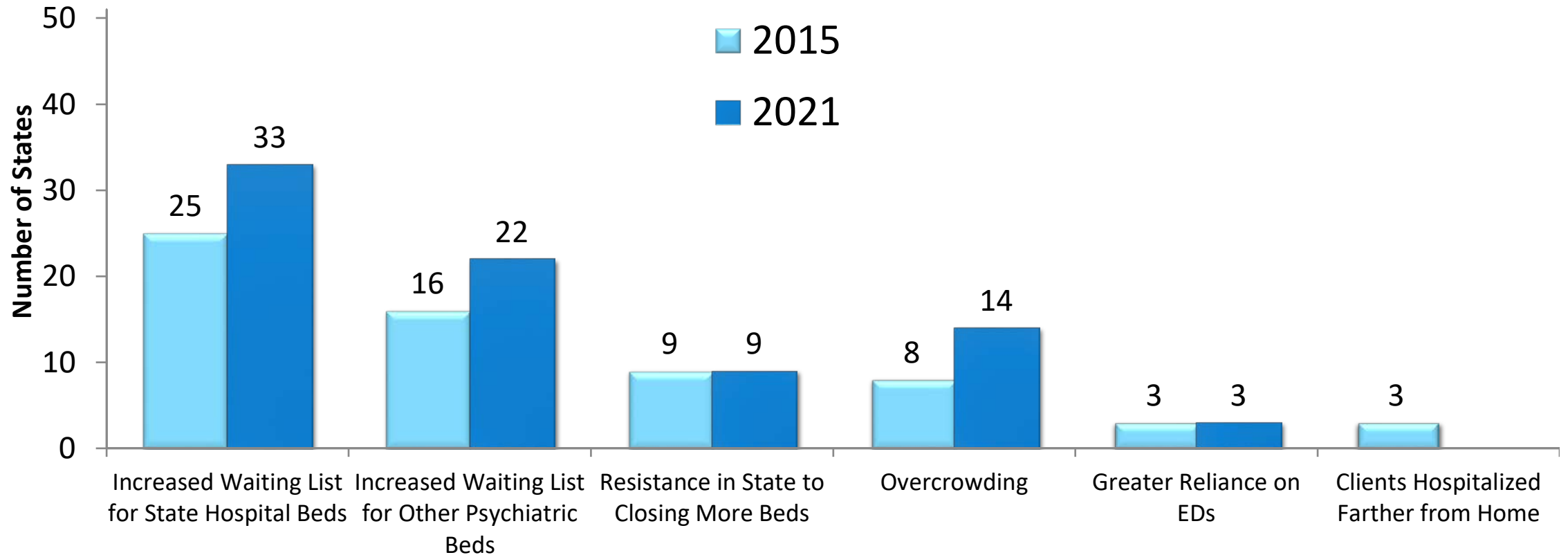
# Number of SMHAs Experiencing Bed Shortages in State Psychiatric Hospitals, 2010, 2015, and 2021



Source: NRI 2010, 2015 and 2021 State MH Profiles



# In 2015 and 2021 States Reported that Psychiatric Bed Shortages Have Led to...



Source: NRI 2015 and 2021 State MH Profiles

# State Policies to Address Shortages Are Not Focusing on Reopening Closed State Hospital Beds, 2021

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## States reported on a variety of policies to address shortages including:

Expand and promote the use of crisis services (call centers, mobile crisis, and crisis stabilization centers) to divert individuals away from inpatient psychiatric beds

Work with local hospitals (private psychiatric and general hospitals) to open mental health beds

Increased use of Assertive Community Treatment and other community supports to avoid hospitalization

Shifted funds from institutional settings to community programs to decrease admissions to state hospitals

Focus on transition from hospitals to the community to reduce re-hospitalization and permit more rapid discharge of clients ready for community integration

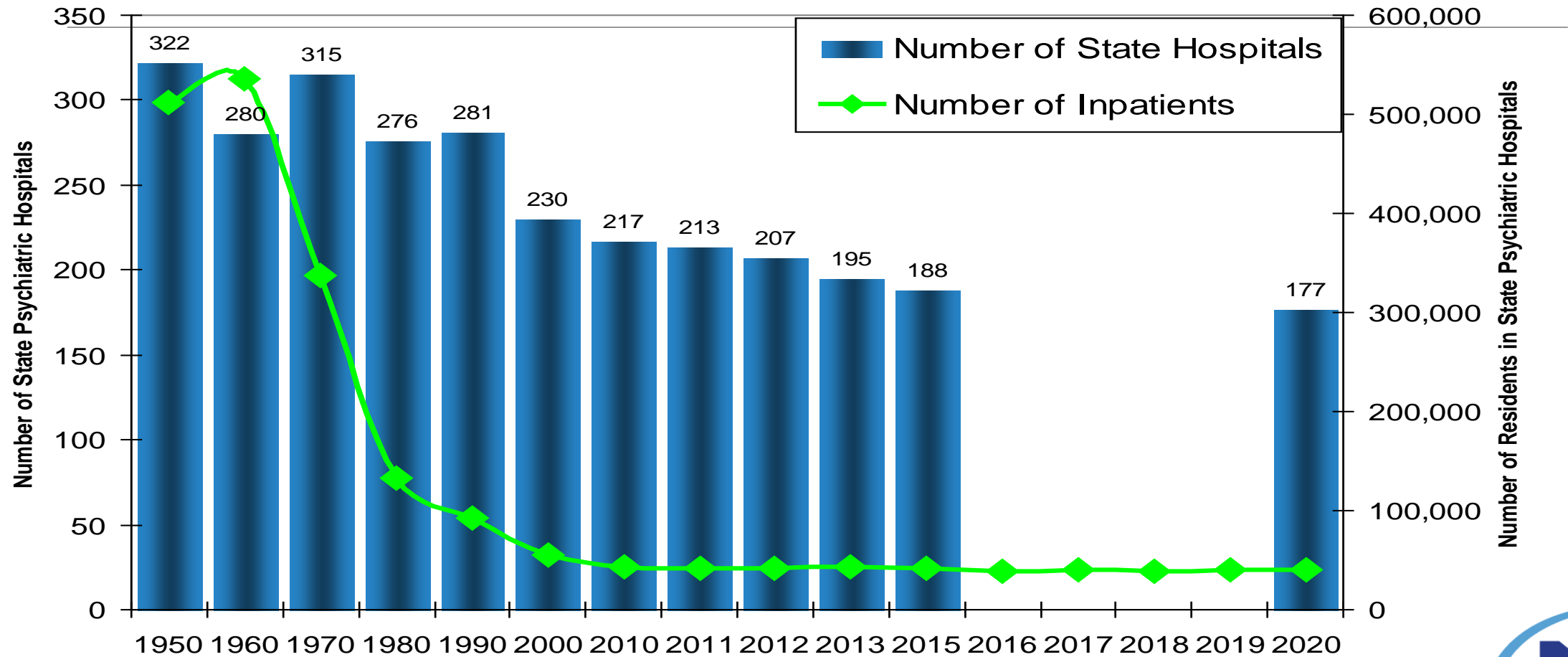
Changing statutes or policies to permit more forensic evaluations and services in the community

Only 6 states reported plans to open new SH Beds (all forensic or children's beds)

*Source: NRI 2021 State MH Profiles*



# Number of State Psychiatric Hospitals & Resident Patients at the End of Year: 1950 to 2020



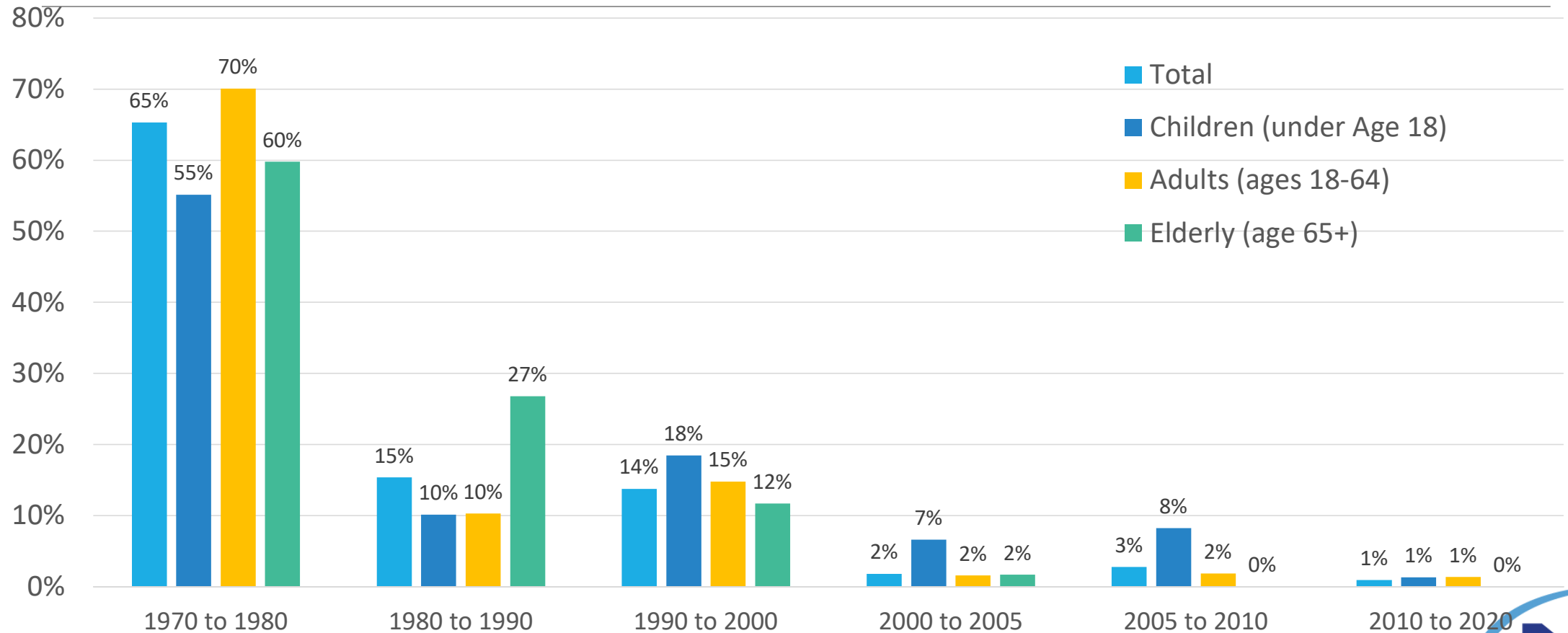
Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and 2021 State MH Agency Profiles System



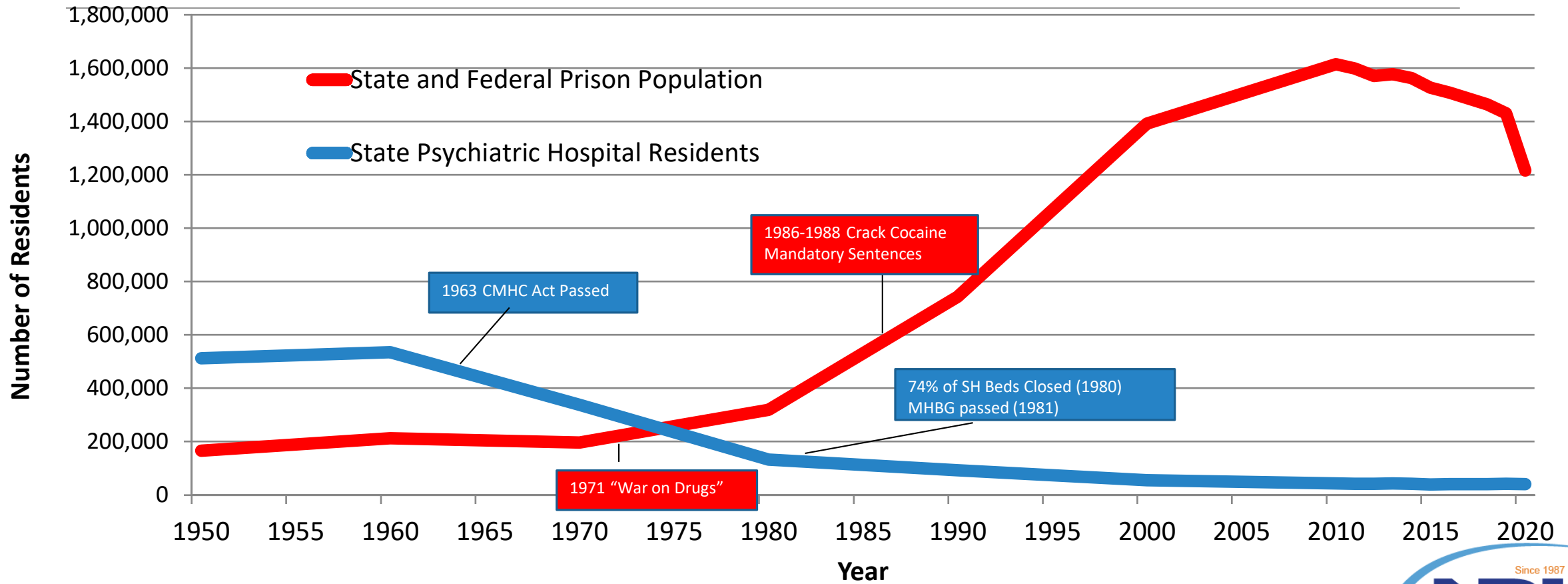
# State Psychiatric Hospital Patients Served, by Age, 1970 to 2020

Decade	Children (under Age 18)	Adults (ages 18-64)	Elderly (age 65+)	Total
1970 to 1980	-49%	-57%	-57%	-57%
1980 to 1990	-18%	-20%	-61%	-31%
1990 to 2000	-39%	-35%	-68%	-40%
2000 to 2005	-23%	-6%	-30%	-9%
2005 to 2010	-37%	-7%	inc w/ Adults	-15%
2010 to 2020	-10%	-6%	inc w/ Adults	-6%
1970 to 2005	-80%	-79%	-96%	-84%
1970 to 2020	-89%	-82%	inc w/ Adults	-87%

# Percent of Closed State Hospital Beds, by Decade, 1970 to 2020



# Residents in State Psychiatric Hospitals, Jails, and Prisons, 1950 to 2020



Sources: State Psychiatric Hospitals from: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and SAMHSA Uniform Reporting System: 2004 to 2020

State and Federal Prison Population from: Bureau of Justice Statistics, *Prisoners Series*

# State Psychiatric Hospitals Treat Very Different Caseloads than 50 Years Ago

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## In 1970

29.3% (99,087) Patients were age 65 and Over

24% (81,621) had an Organic Brain Syndrome

- (45,811 of whom were Older Adults)

9% (31,884) had a Diagnosis of Intellectual Disability (reported then as “Mental Retardation.”)

7% (18,098) had an Alcohol or Drug Disorder (1973 data)

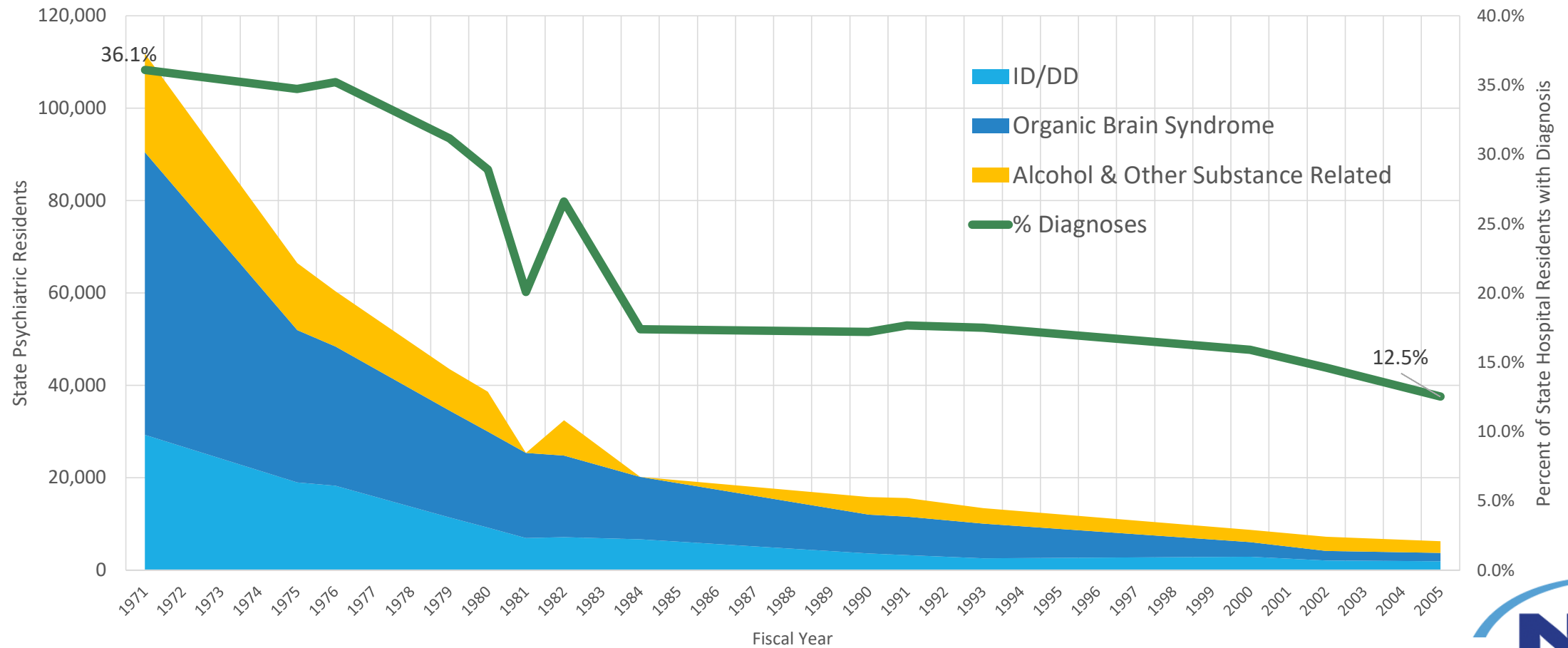
**In 2005:** only 3.8% of patients had an Intellectual Disability diagnosis, 3.6% had an Organic Brain disorder and 5.1% had an Alcohol or Drug Disorder

*After 2005, State hospital patients by diagnosis was no longer collected and reported by SAMHSA*

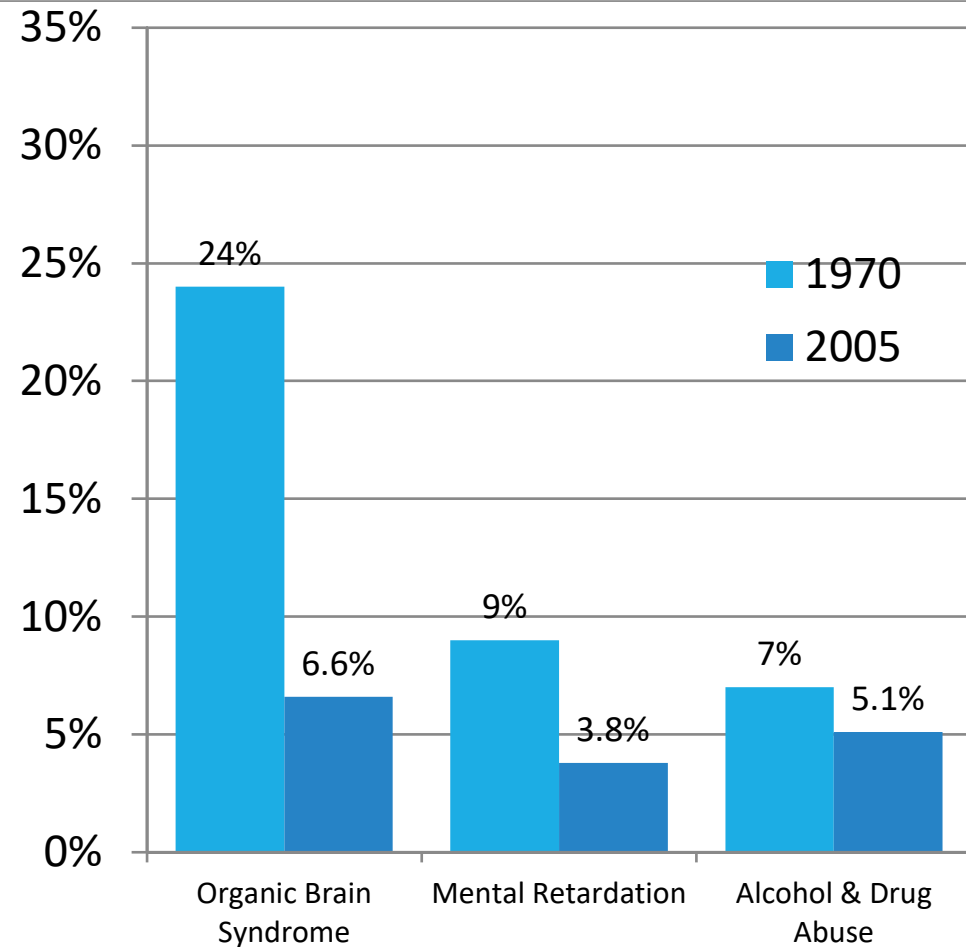
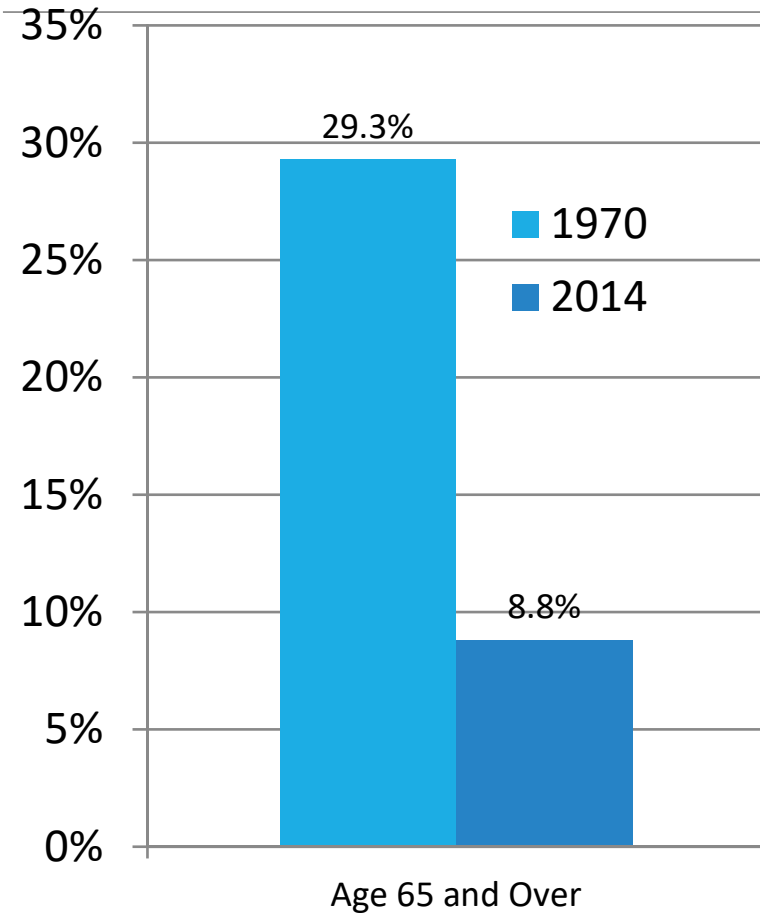
**In 2014,** only 8.8% of patients were age 65 and over



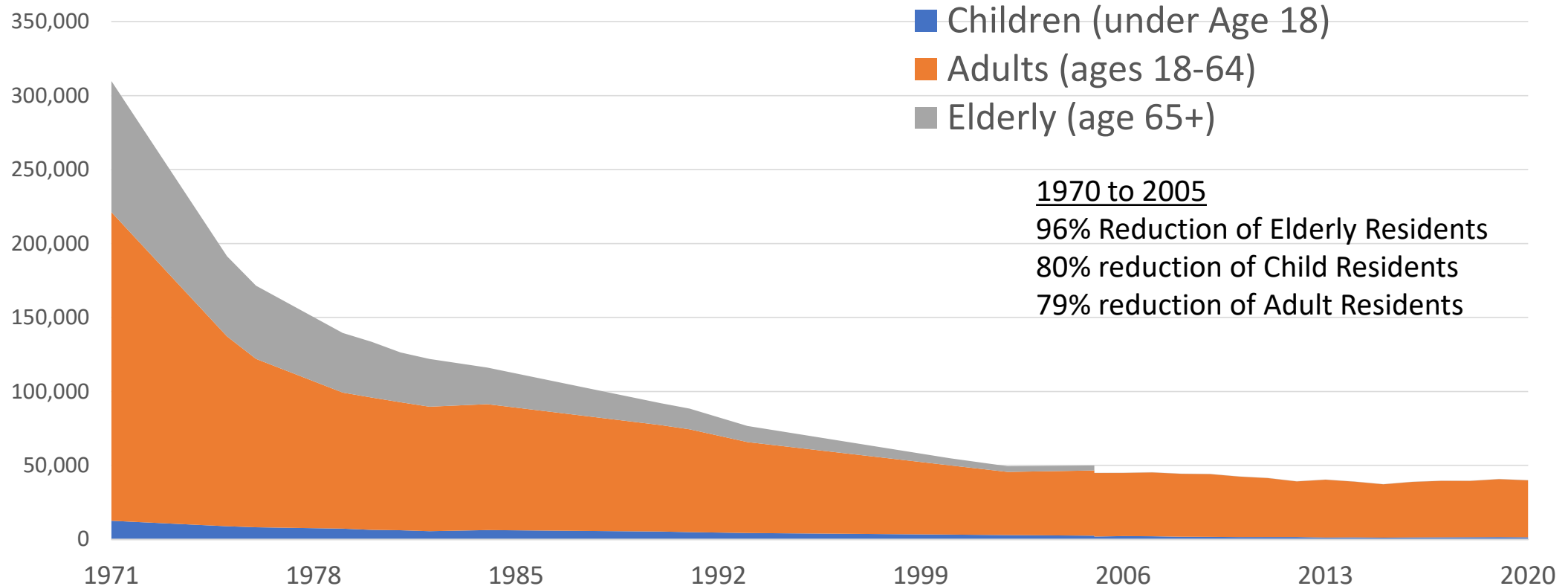
# Historical Data—Residents in State Psychiatric Hospitals with a Diagnosis of Organic Brain Syndrome, Intellectual Disabilities, or Alcohol & Other Substance Abuse, 1971 to 2005



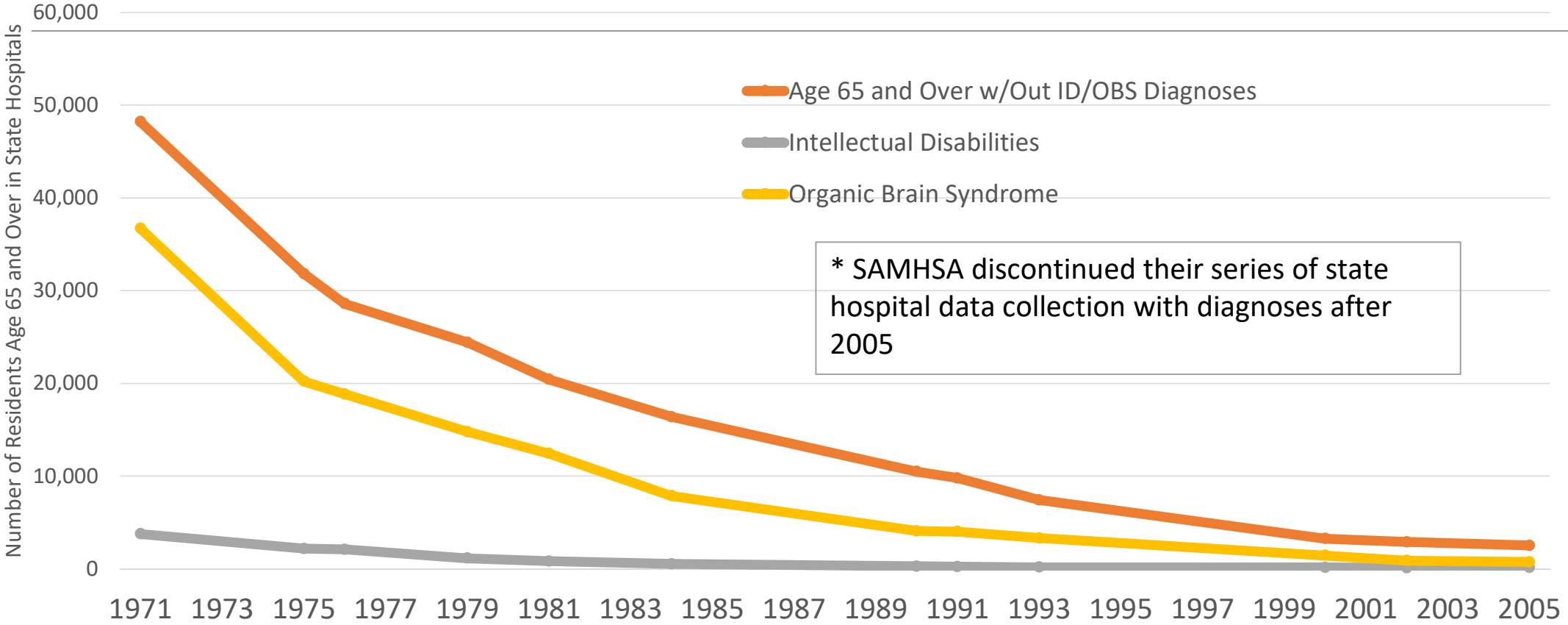
# State Psychiatric Hospitals Treat Different Caseloads than 50 Years Ago



# State Psychiatric Hospital Patients Served, by Age, 1970 to 2020



# Resident Patients Ages 65 and Over in State Psychiatric Hospitals: 1971 to 2005\*

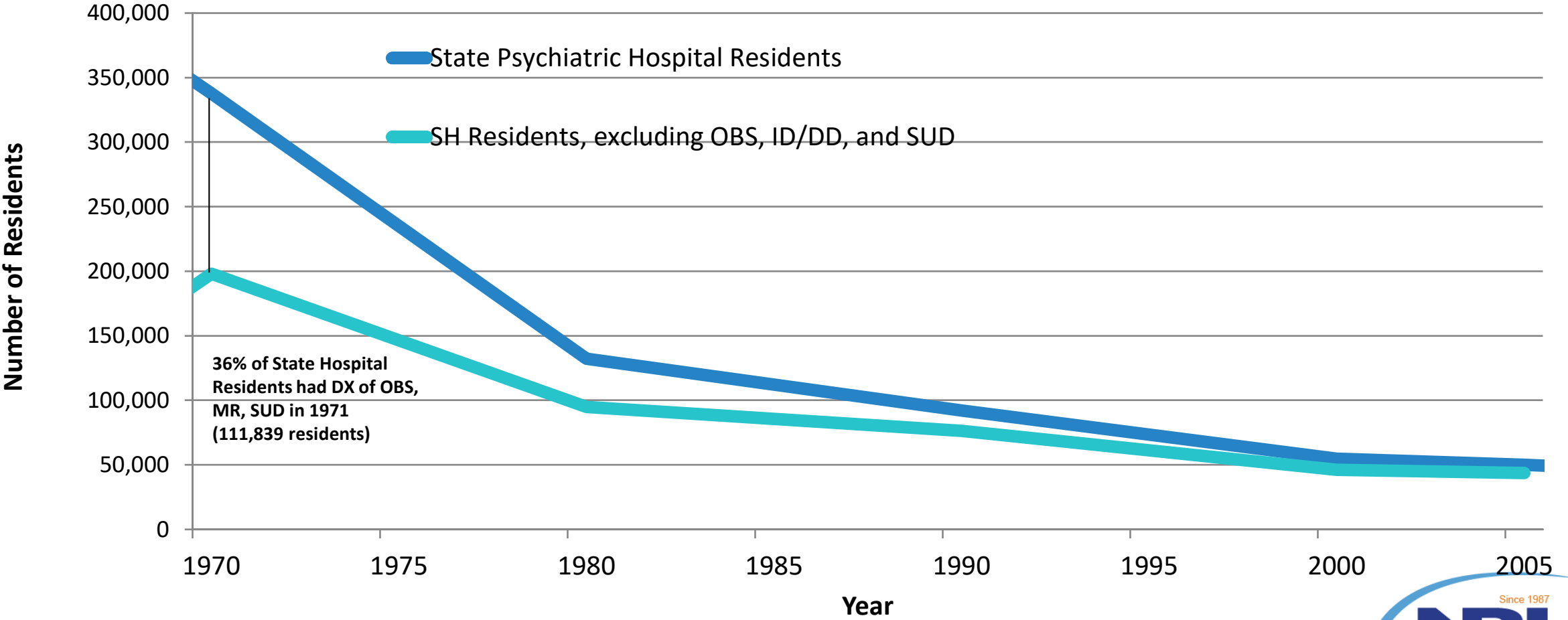


\* SAMHSA discontinued their series of state hospital data collection with diagnoses after 2005

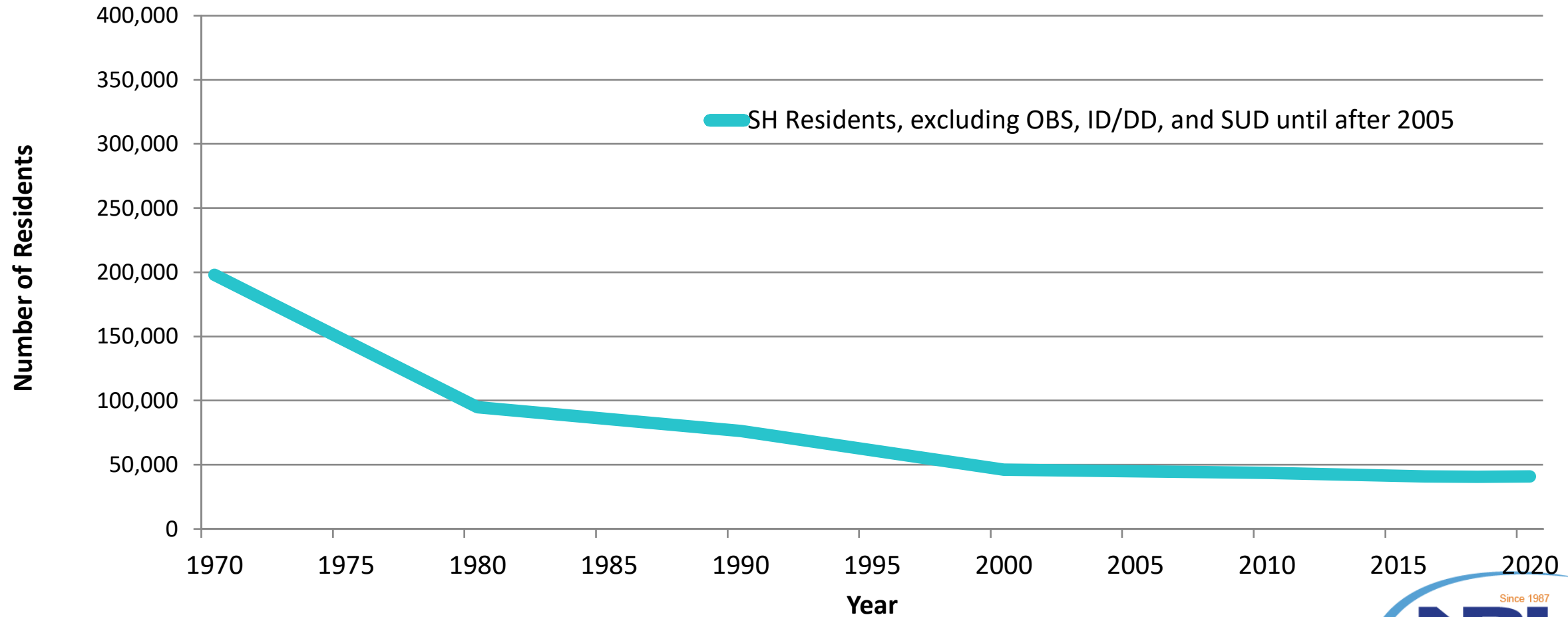
Sources: State Psychiatric Hospitals from: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and SAMHSA Uniform Reporting System: 2004 to 2020  
 State and Federal Prison Population from: Bureau of Justice Statistics, *Prisoners Series*



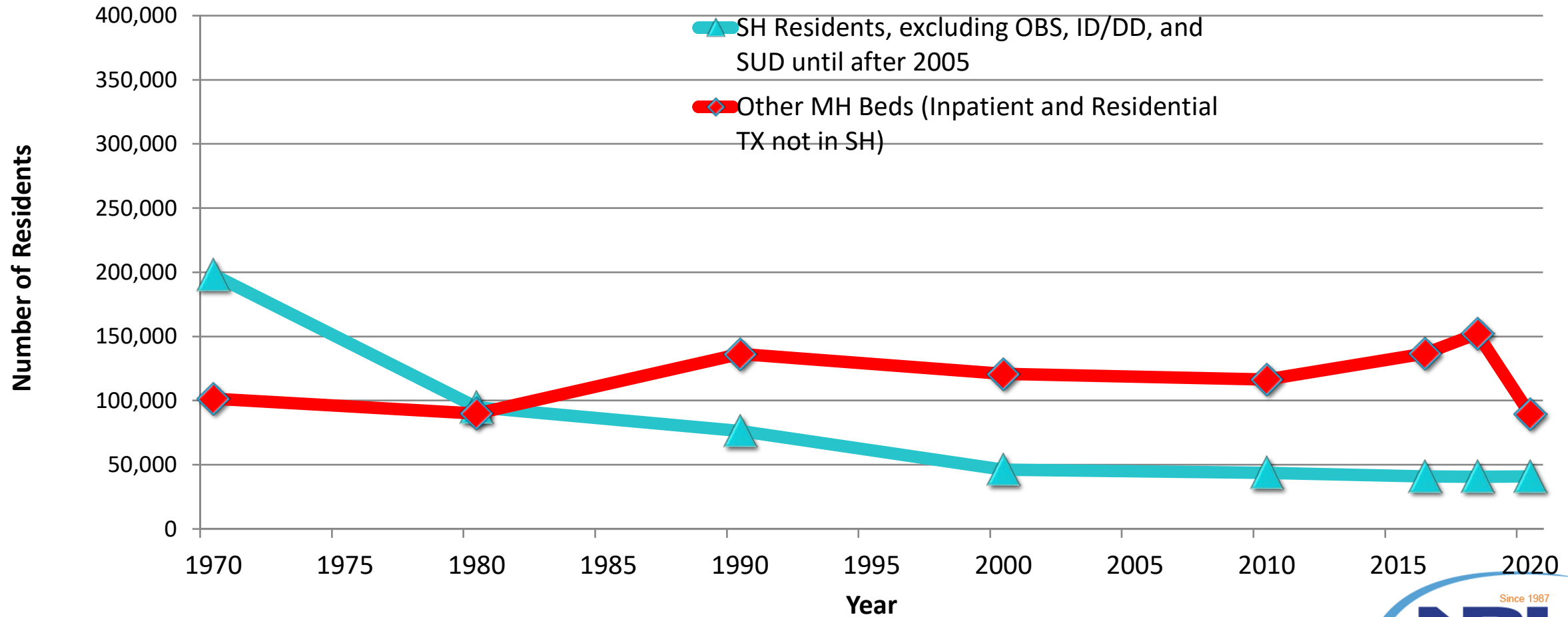
# Residents in State Psychiatric Hospitals, with and without Diagnoses not Currently Focus of Treatment in State Hospitals, 1970 to 2005



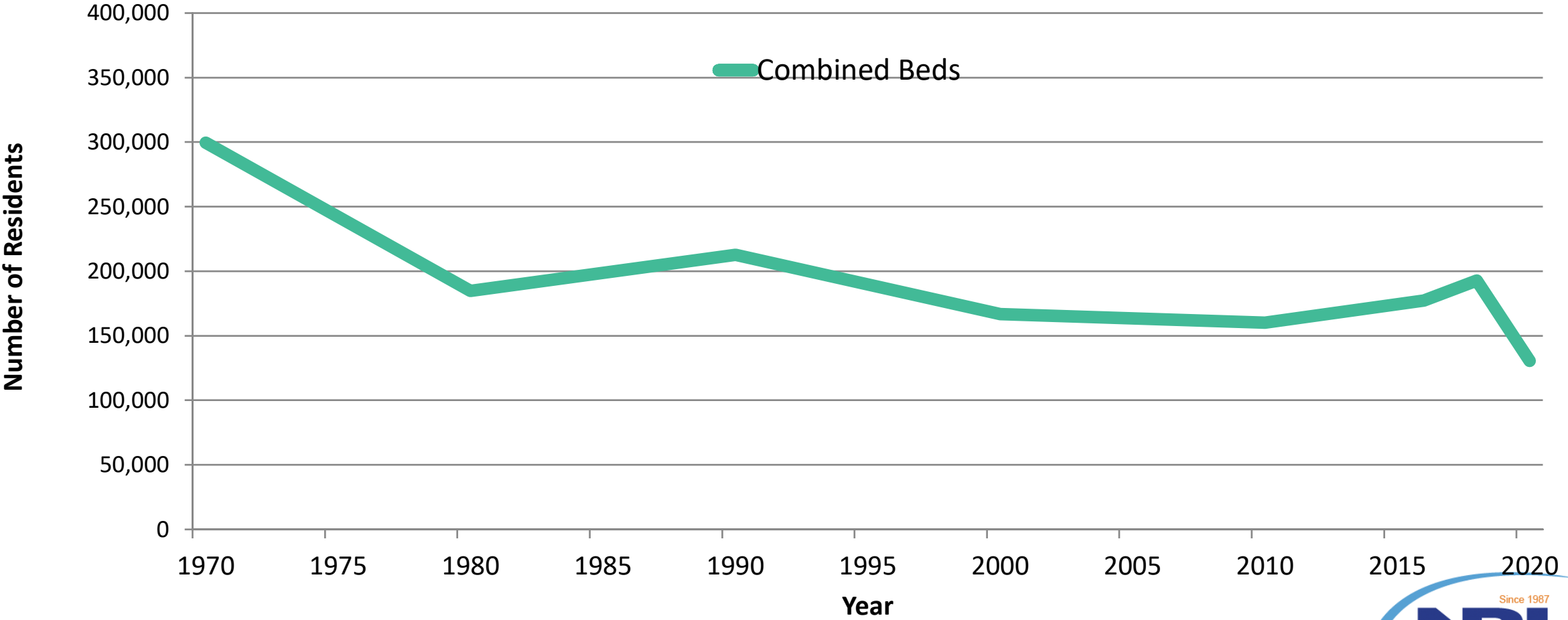
# Residents in State Psychiatric Hospitals, Excluding patients with Diagnoses not Currently Focus of Treatment in State Hospitals, 1970 to 2005



# Residents in Mental Health Beds (State hospital and other inpatient and 24-hour treatment beds) excluding historical SH Patients with Diagnoses not Currently Focus of Treatment in State Hospitals, 1970 to 2020



# Residents in Mental Health Beds (State hospital and other inpatient and 24-hour treatment beds) excluding historical SH Patients with Diagnoses not Currently Focus of Treatment in State Hospitals, 1970 to 2020





# Tracking All Mental Health Treatment Beds

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Adding Information about mental health treatment beds in settings beyond state psychiatric hospitals

# Identifying all Mental Health Treatment Beds--No Single Source Exists That Tracks All Psychiatric Bed Capacity

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1. SAMHSA Surveys (every 2-4 year) “Specialty MH Providers that reports beds and resident patients on one day”
2. Agency for Healthcare Research and Quality (AHRQ) collects information on patients discharged from community hospitals by diagnoses (including MH Diagnoses)
3. Department of Defense and Veterans Affairs Department each have periodic reports that detail inpatient and outpatient MH services system
4. CMS produces data on Nursing Home Residents with selected MH Diagnoses
5. Department of Justice is planning new surveys of inpatient beds in Jails and Prisons—but does not currently have data.
6. American Hospital Association has a proprietary database (\$) of hospital discharges

# Settings of Psychiatric Inpatient and 24-Hour Residential Treatment Capacity Collected by SAMHSA

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SAMHSA's National Mental Health Services Survey (N-MHSS) collects information via a survey of "Specialty MH Providers" with 2 types of beds (1) Inpatient and (2) 24-Hour Residential Treatment:

## Types of organizations with MH Beds

1. State and County Psychiatric Hospitals
2. Private Psychiatric Hospitals
3. General Hospitals with Separate Psych Units
4. VA Medical Centers with Psych beds
5. Residential Treatment Centers (RTCs) for Children and Adults
6. Other (Community MH Providers with Inpatient Beds and Residential Treatment Beds)

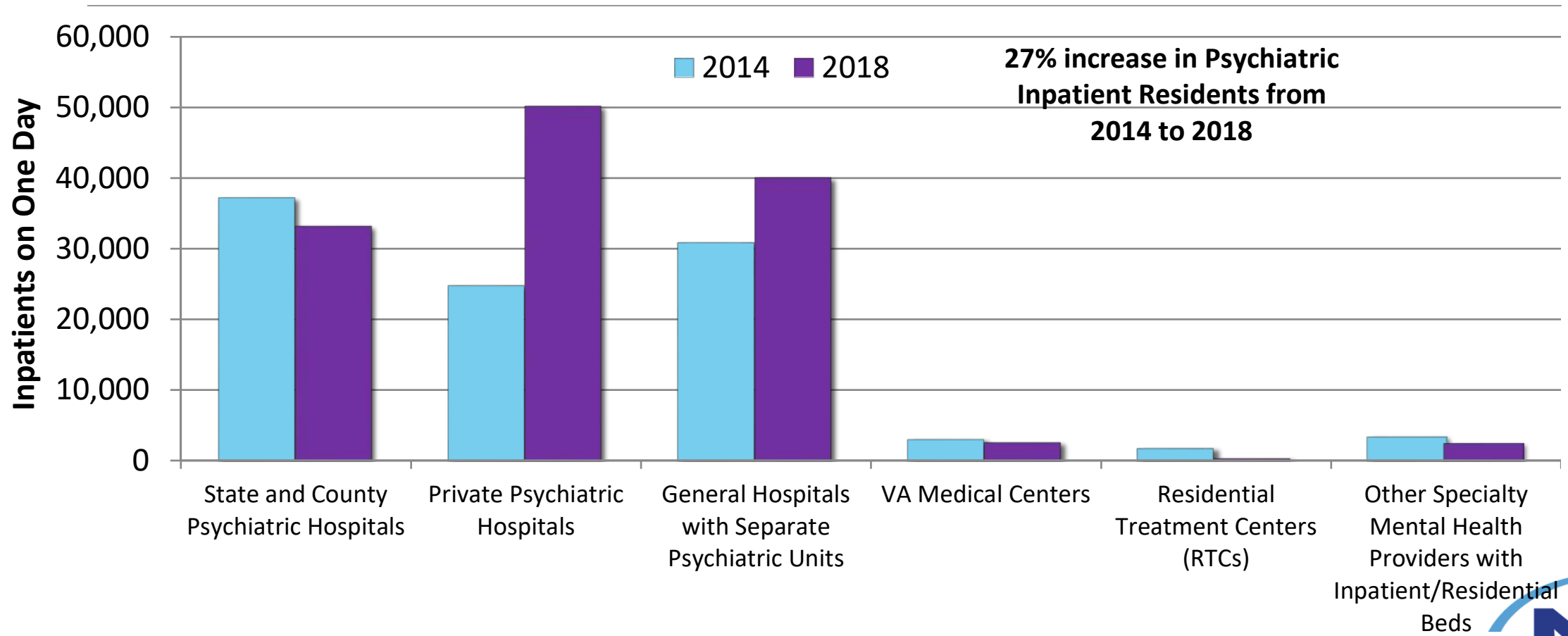
# Number and Rate per 100,000 Psychiatric Inpatients and Other 24-Hour Residential Treatment Patients On April 30, 2018

Year/Setting	Patients in Inpatient Beds (last Day of Year)	Inpatients Per 100,000 Population	Patients in Other 24-Hours Residential Treatment Beds	Other 24 Hour Residents Per 100,000 Population	Total Inpatient & Other 24 Hour Patients	Total Rate per 100,000 Population
State & County Psych Hospitals	33,225	10.3	2,500	0.8	35,725	10.9
Private Psychiatric Hospitals	50,200	15.3	4,196	1.3	54,396	16.6
General Hospital with Separate Psych Units	40,052	12.2	478	0.1	40,530	12.4
VA Medical Centers	2,662	0.8	4,330	1.3	6,992	2.1
RTCs	454	0.1	36,391	11.1	36,845	11.3
Other MH Providers	2,522	0.8	10,867	3.3	13,389	4.1
<b>Total</b>	<b>129,115</b>	<b>39.5</b>	<b>58,762</b>	<b>18.0</b>	<b>187,877</b>	<b>57.4</b>

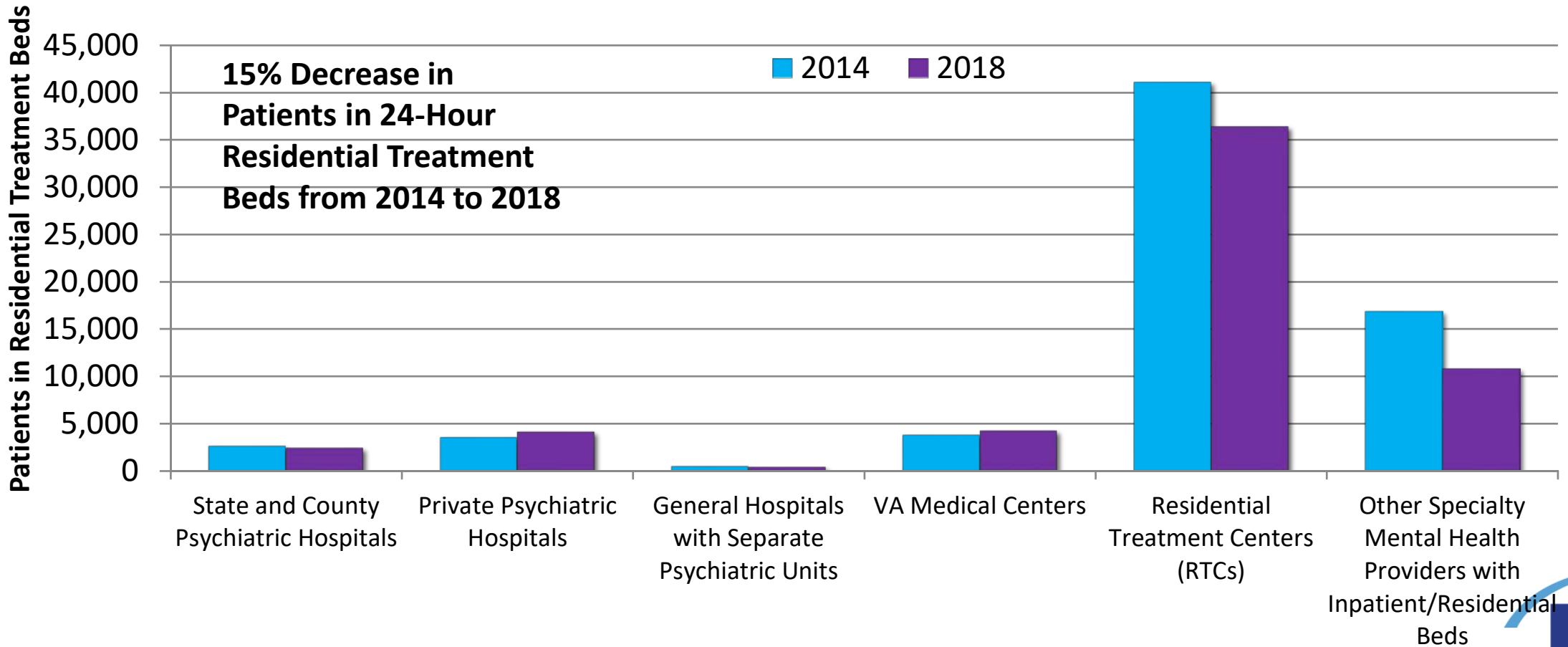
Source: SAMHSA N-MHSS, 2018



# Organizational Location of Mental Health Inpatients, 2014 to 2018



# Organizational Location of Mental Health Residents in **Other 24-Hour Residential Treatment**, 2014 to 2018



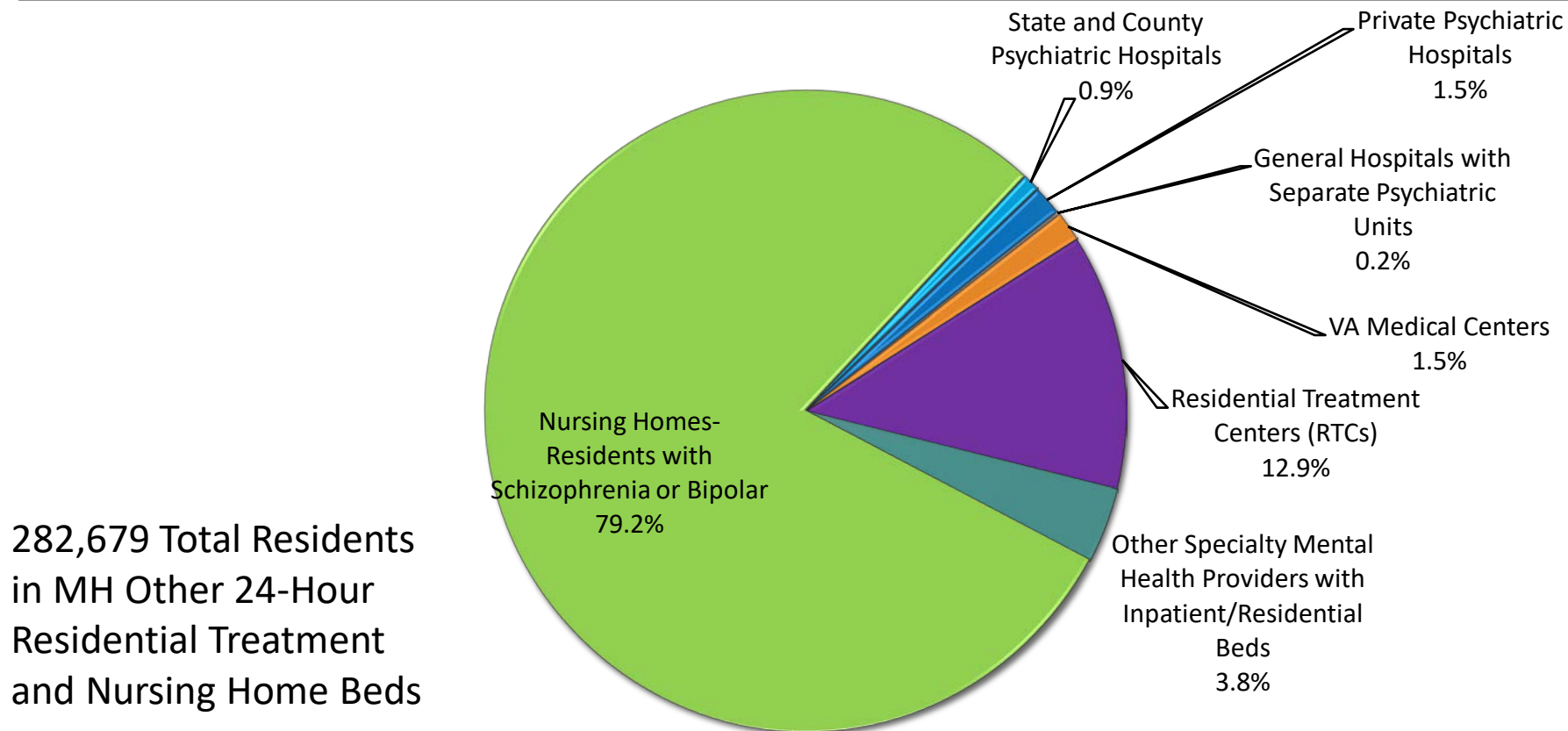
# Role of Nursing Homes Treating Patients with Diagnoses of Schizophrenia and Bipolar Disorders, 2019

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With advent of Medicaid and Medicare, many elderly individuals needing 24-hour care now receive care in Nursing Homes.

- CMS data detail number of individuals in Nursing Facilities with a Diagnosis of Schizophrenia and/or Bipolar disorder
  - **223,917 residents were in Nursing Facilities with an active Diagnosis of Schizophrenia or Bipolar Disorder (46.0 per 100,000 US Population)**
- Plus, Residents with Diagnoses of OBS/Alzheimer's (819,152 in 2019) who in earlier eras might have been treated in state hospitals (61,193 patient in 1971) are likely now instead in Nursing Homes.

# Organizational Location of Mental Health Residents in Other 24-Hour Residential Treatment, 2018—including Residents in Nursing Homes with Diagnosis of Schizophrenia or Bipolar Disorders





# Total Number and Rate per 100,000 Psychiatric Inpatients and Other 24-Hour Residential Treatment Patients (including Nursing Homes) in 2018

Year/Setting	Psychiatric Inpatients (last Day of Year)	Inpatients Per 100,000 Population	Other 24 Hours Residential Clients	Other 24 Hour Residents Per 100,000 Population	Total Inpatient & Other 24 Hour Patients	Total Rate per 100,000 Population
State & County Psych Hospitals	33,225	10.0	2,500	0.8	35,725	10.8
Other MH Organizations	95,890	29.0	56,262	17.0	152,152	46.0
<b>Total in MH Orgs</b>	<b>129,115</b>	<b>39.0</b>	<b>58,762</b>	<b>17.8</b>	<b>187,877</b>	<b>56.8</b>
Beds in Non-Specialty Units	NA				NA	NA
Nursing Home*			<b>223,917</b>	<b>67.7</b>	<b>223,917</b>	<b>67.7</b>
<b>Total MH Org &amp; Non-MH Orgs</b>	<b>129,115</b>	<b>39.0</b>	<b>210,911</b>	<b>85.5</b>	<b>411,794</b>	<b>124.5</b>

\* Nursing home data is 2019 for residents with a diagnosis of Schizophrenia and Bipolar diagnoses



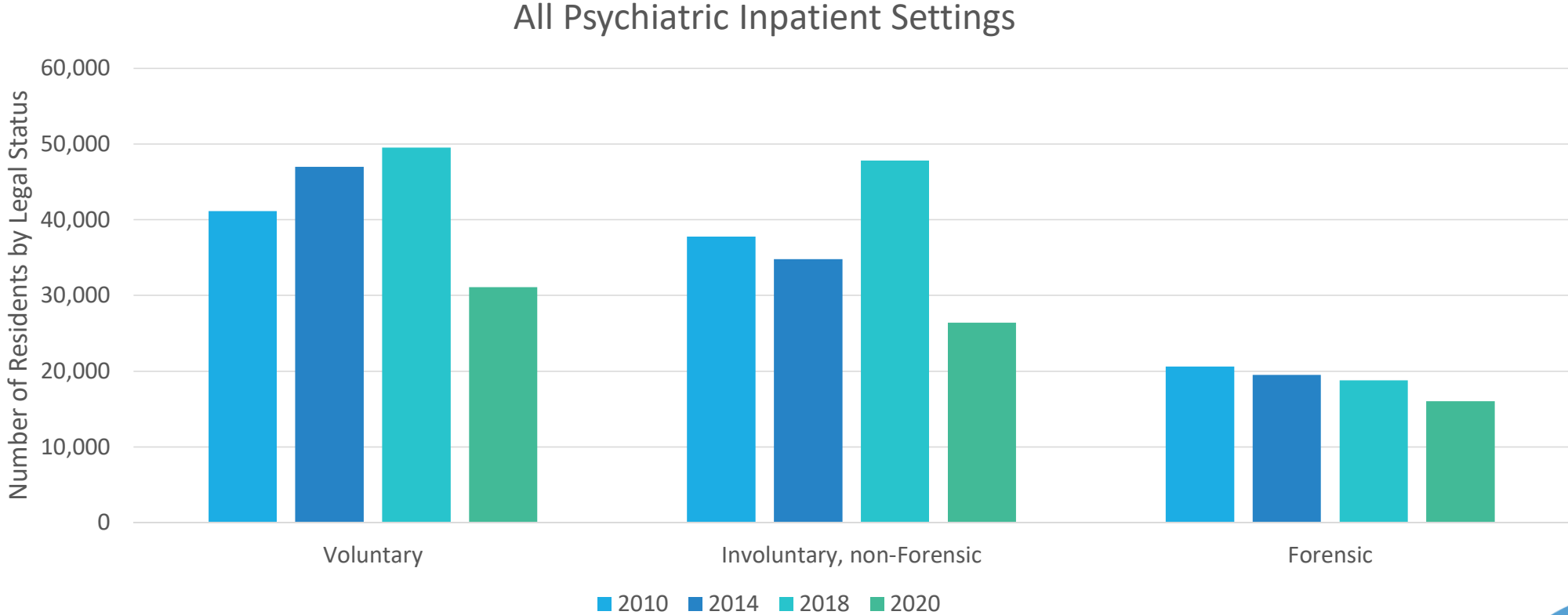
# Legal Status of Mental Health Inpatients, By Organizational Setting, 2018

	Voluntary Clients		Involuntary-non-Forensic		Involuntary Forensic		Total Patients
	Number	Percent	Number	Percent	Number	Percent	
State and County Psychiatric hospitals	3,099	11%	10,429	36%	15,734	54%	29,262
Private psychiatric hospitals	22,877	50%	21,173	47%	1,438	3%	45,488
General hospitals with separate psychiatric units	20,548	56%	14,608	40%	1407	4%	36,563
VA Medical Centers	1,535	74%	453	22%	79	4%	2,067
RTC's for Children	116	79%	29	20%	1	1%	146
RTC's for Adults	79	33%	138	57%	24	10%	241
Other Programs	1,280	54%	961	41%	119	5%	2,360
<b>Total</b>	<b>49,534</b>	<b>46%</b>	<b>47,791</b>	<b>34%</b>	<b>18,802</b>	<b>19%</b>	<b>116,127</b>

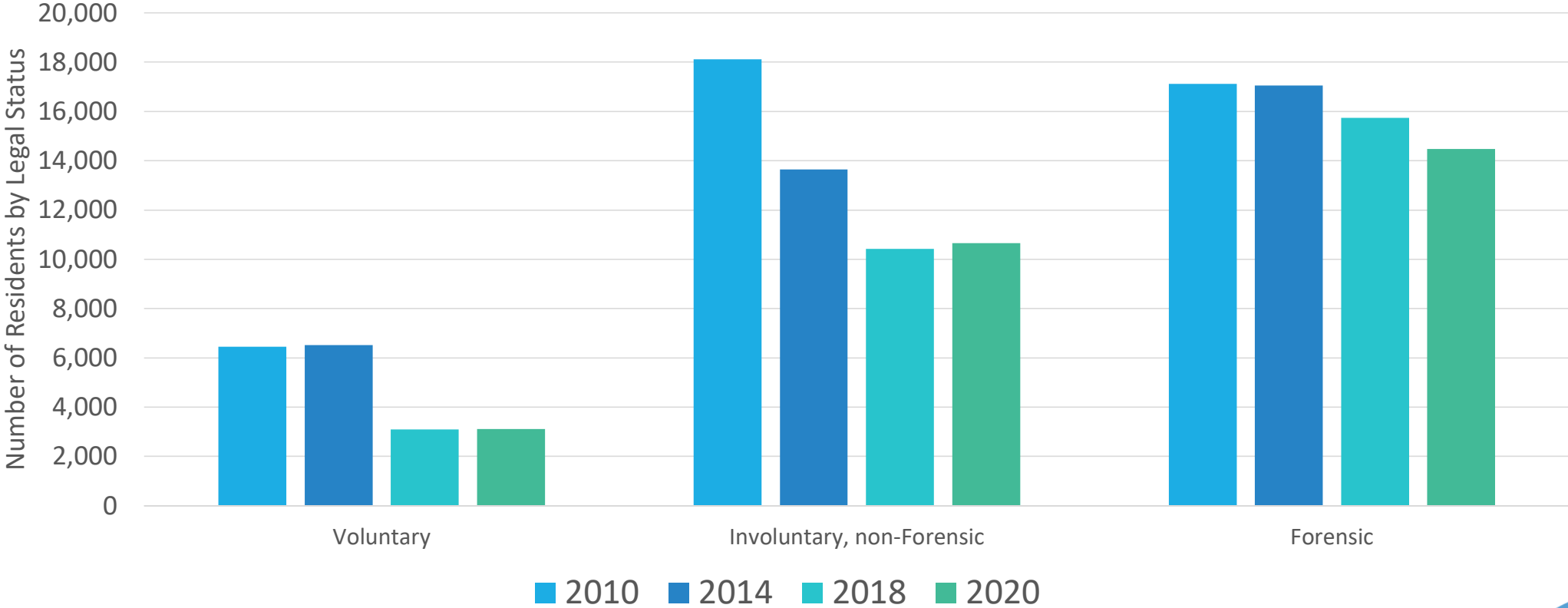


Source: SAMHSA N-MHSS, 2018

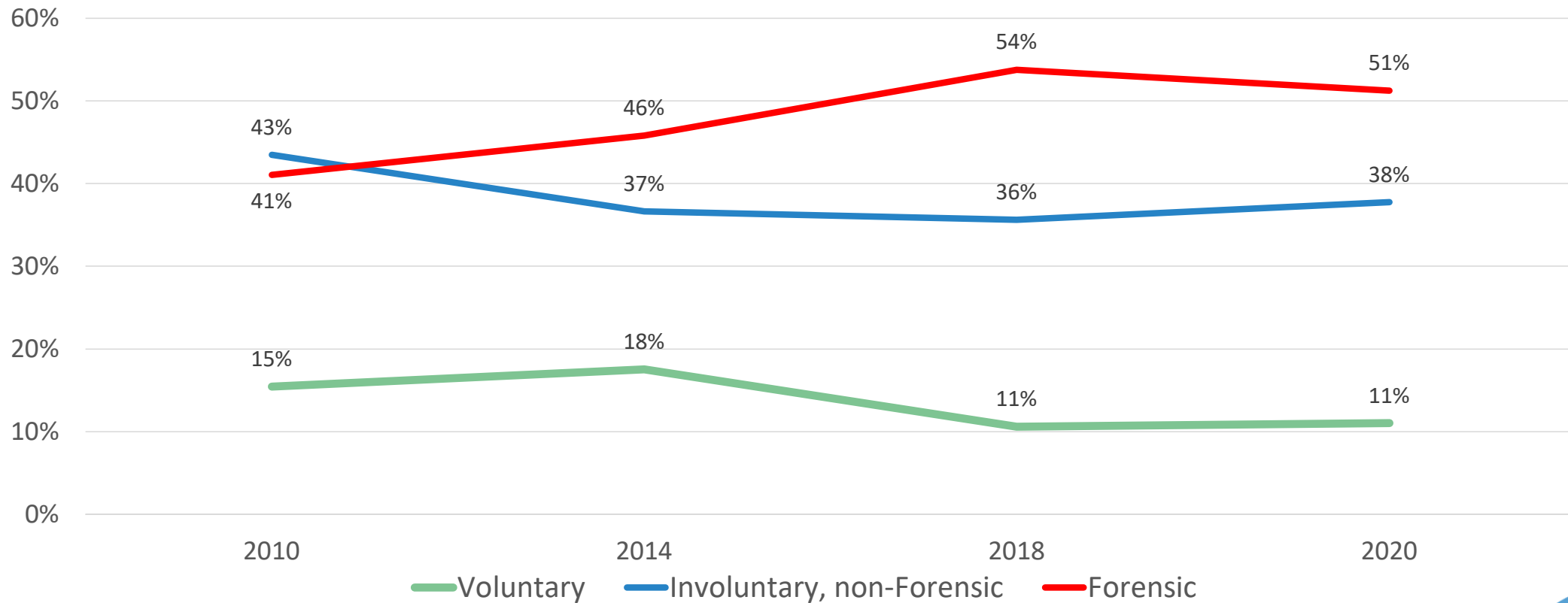
# Legal Status of Patients in All Inpatient Beds, 2010 to 2020



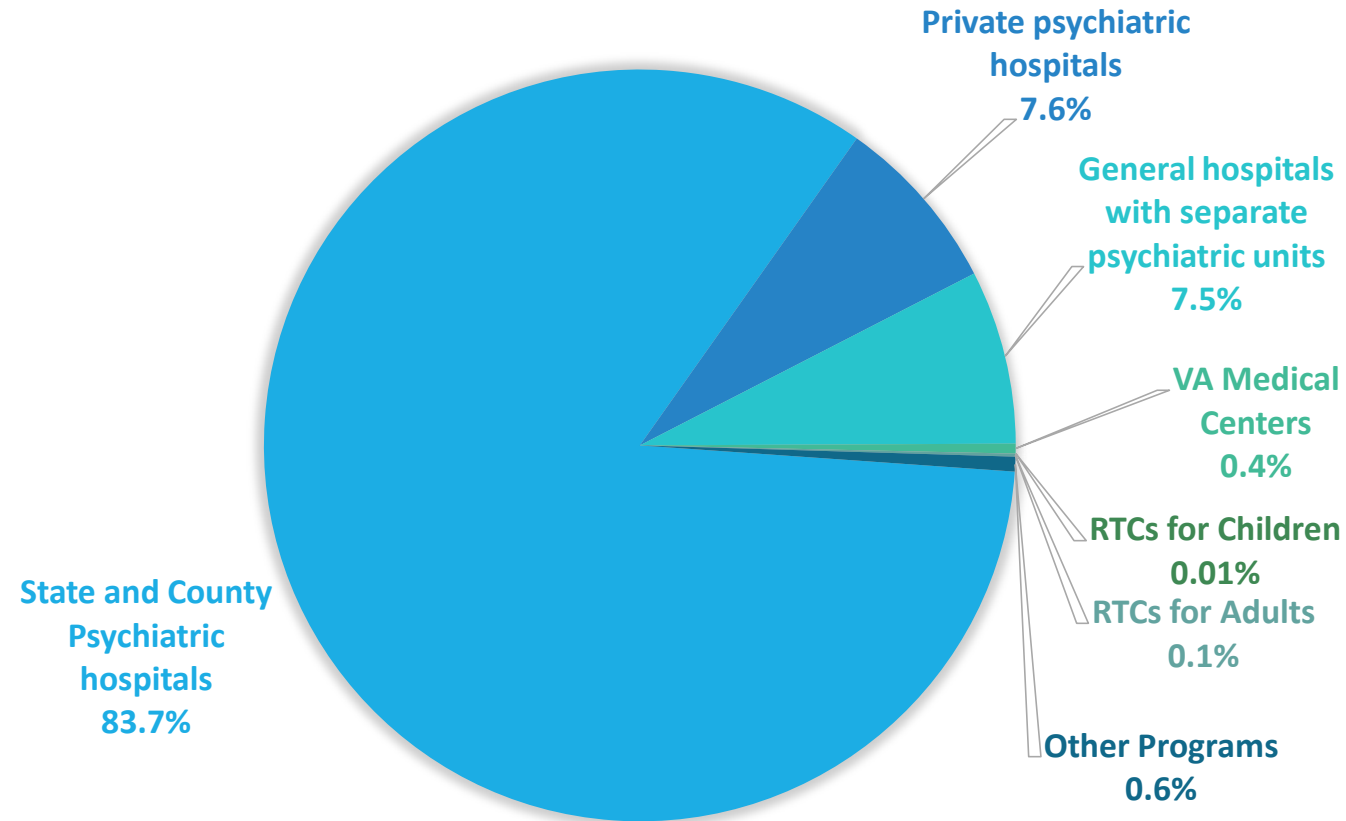
# Legal Status of Patients in State Hospital Inpatient Beds, 2010 to 2020



# Legal Status of Patients in State Hospital Inpatient Beds, 2010 to 2020

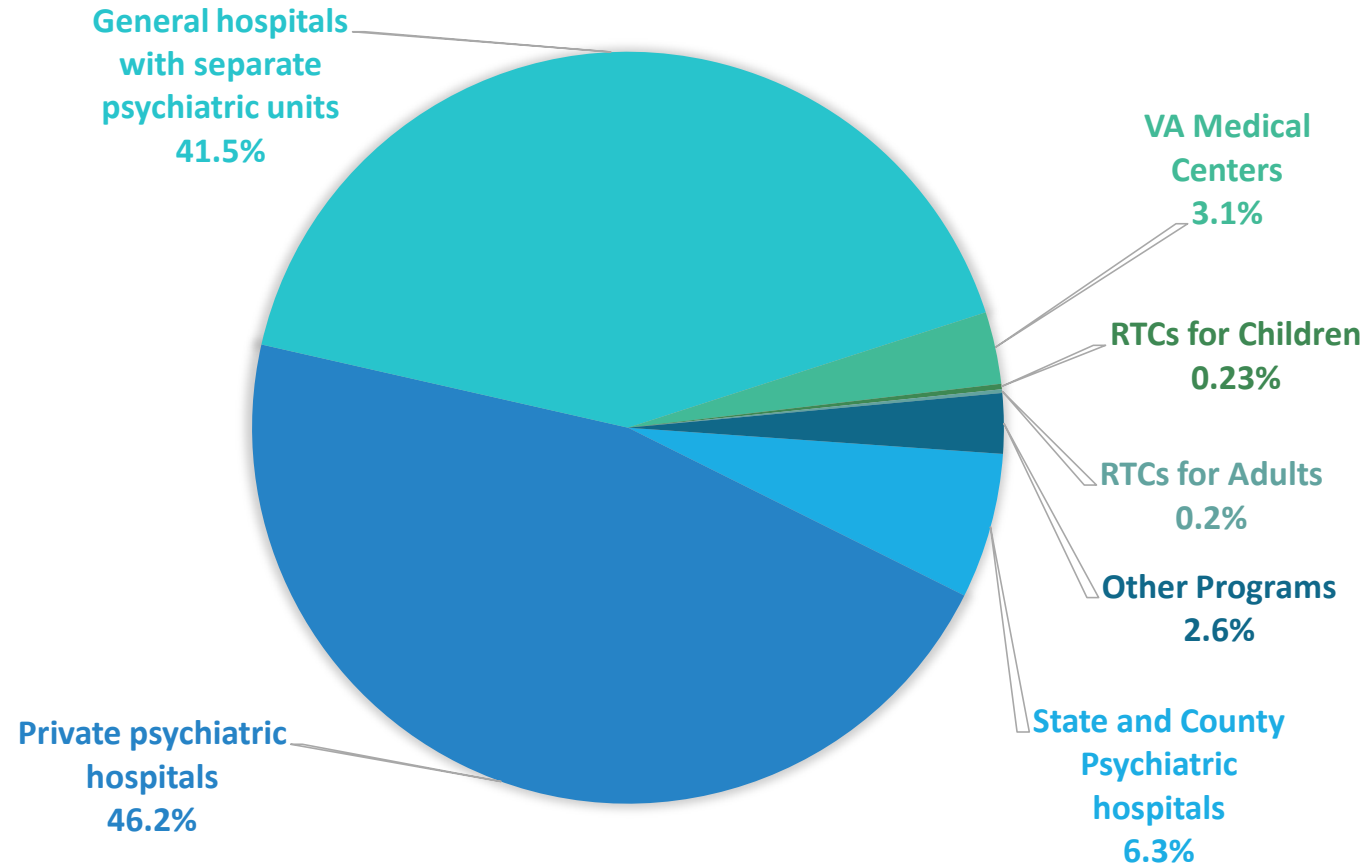


# Percent of Involuntary-Forensic Inpatients, by Type of Organization, 2018



Source: SAMHSA N-MHSS, 2018

# Percent of Voluntary Inpatients, by Type of Organization, 2018



Source: SAMHSA N-MHSS, 2018

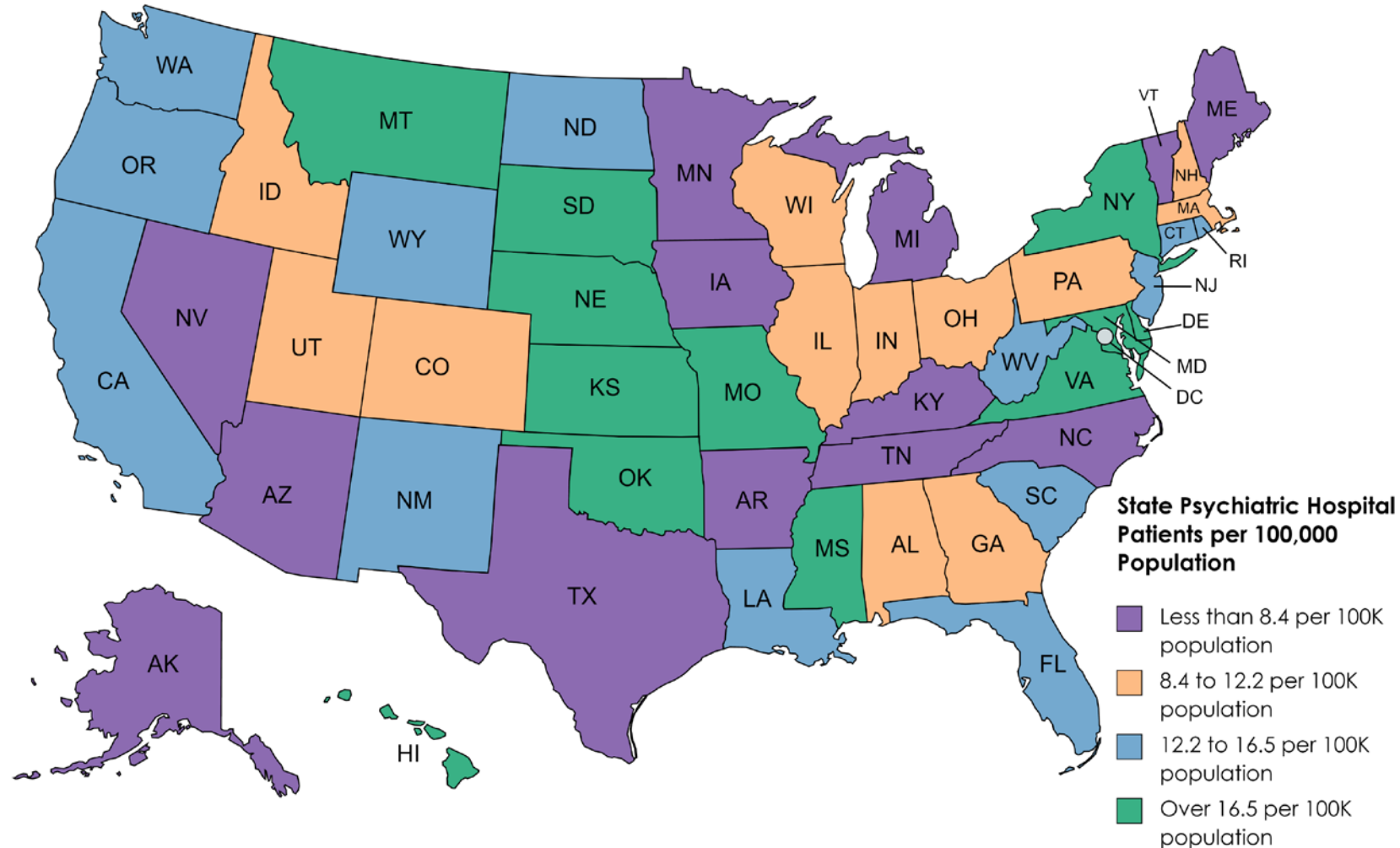
# Legal Status of Clients in State Hospitals, 2021

Patient Legal Status	Admissions		Residents First Day of Year	
	N	%	N	%
Voluntary	4,443	6.9%	1,729	5.1%
Involuntary Holds	20,166	31.4%	2,217	6.5%
Involuntary Civil	17,478	27.2%	9,526	28.1%
Involuntary Forensic	18,965	29.5%	16,868	49.8%
Sex Offender	379	0.6%	2,055	6.1%
Dual Legal Status	70	0.1%	15	0.0%
Other	2,653	4.1%	1,470	4.3%
Total	64,211	100%	33,880	100%
Number of States Reporting	37		32	

Source: NRI 2021 State Mental Health Agency Profiles

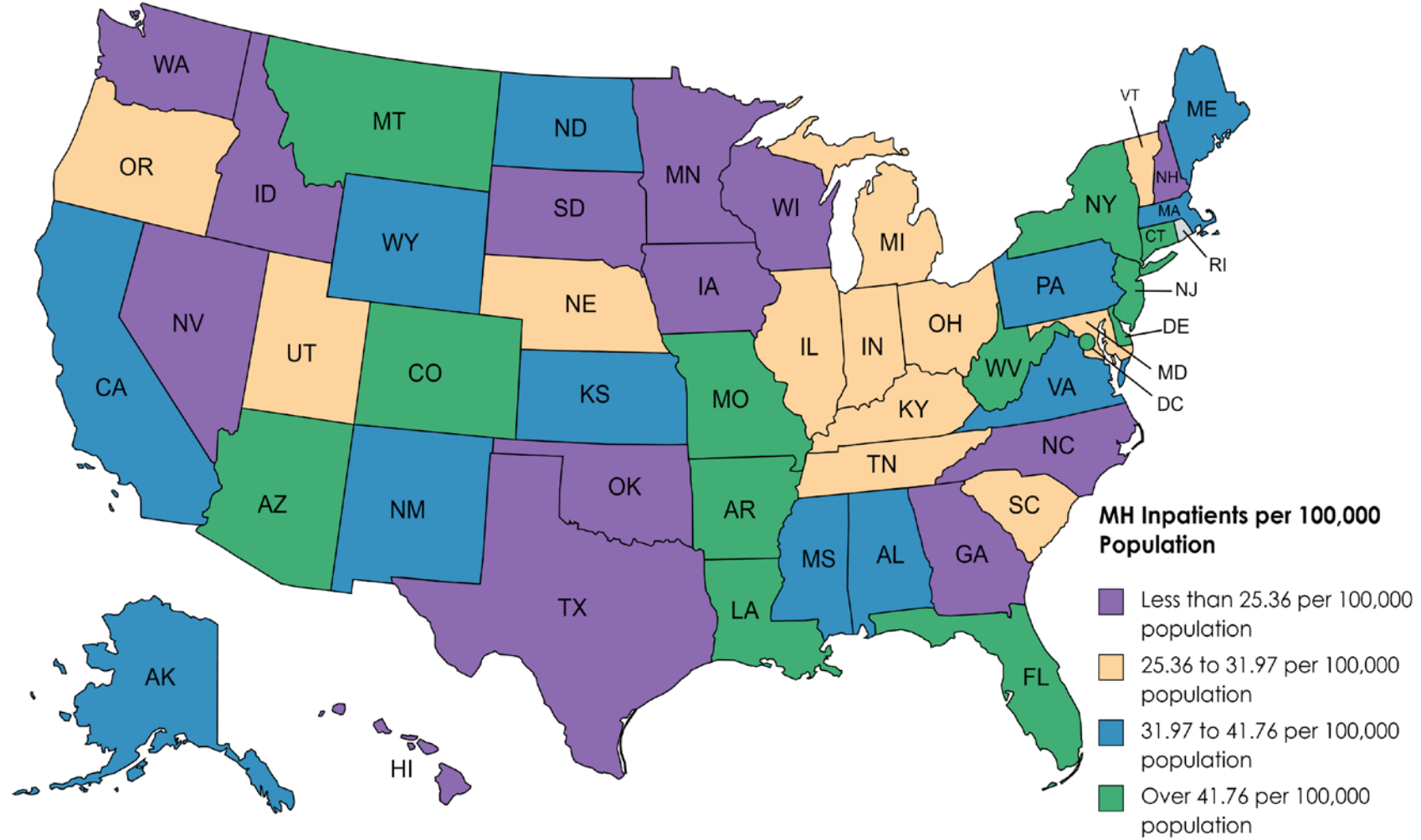


# Number of State Psychiatric Hospital Patients per 100,000 State Population, 2020



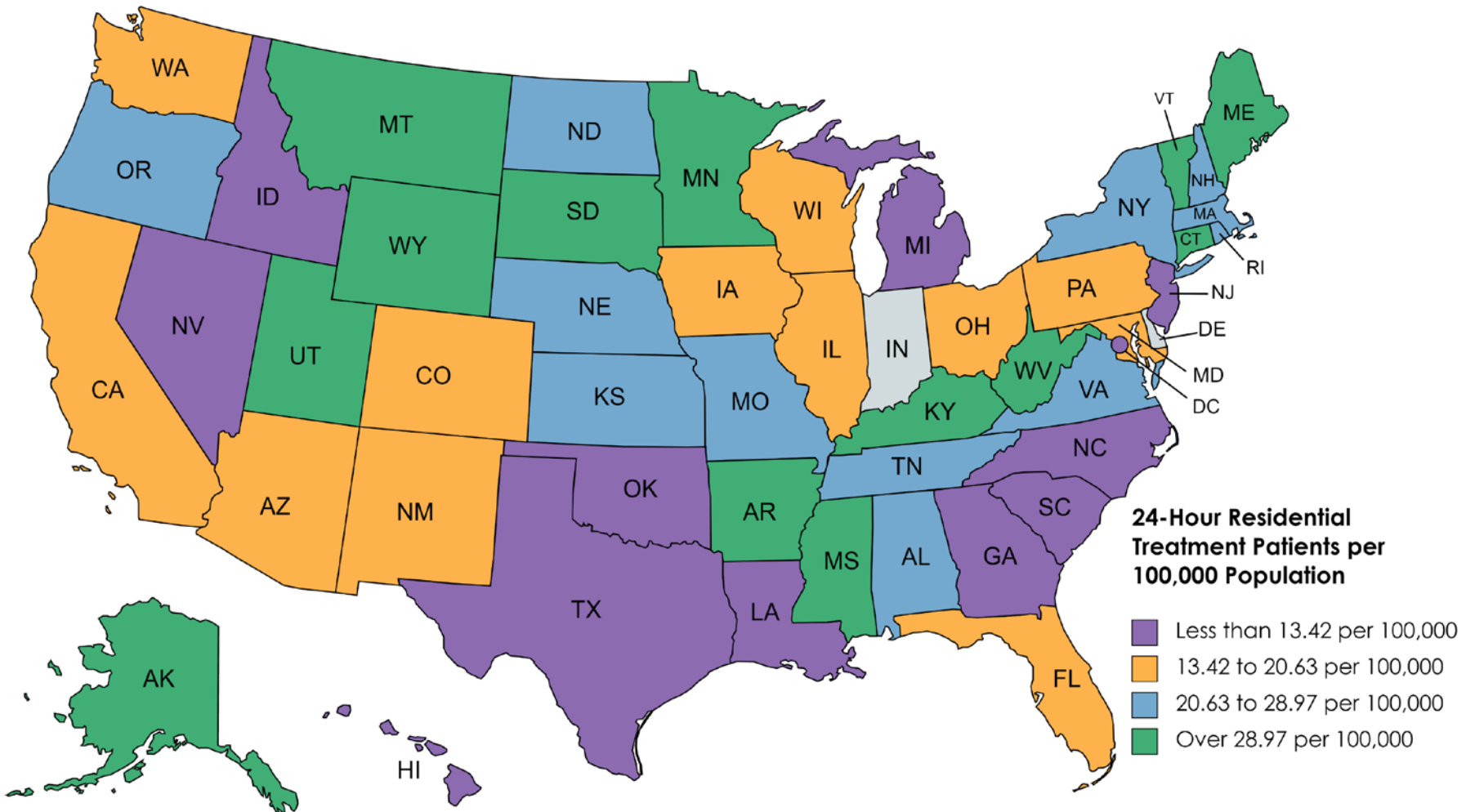
Source: SAMHSA N-MHSS, 2018

# Number of Inpatient Residents from All Types of Hospitals: per 100,000 State Population, 2018



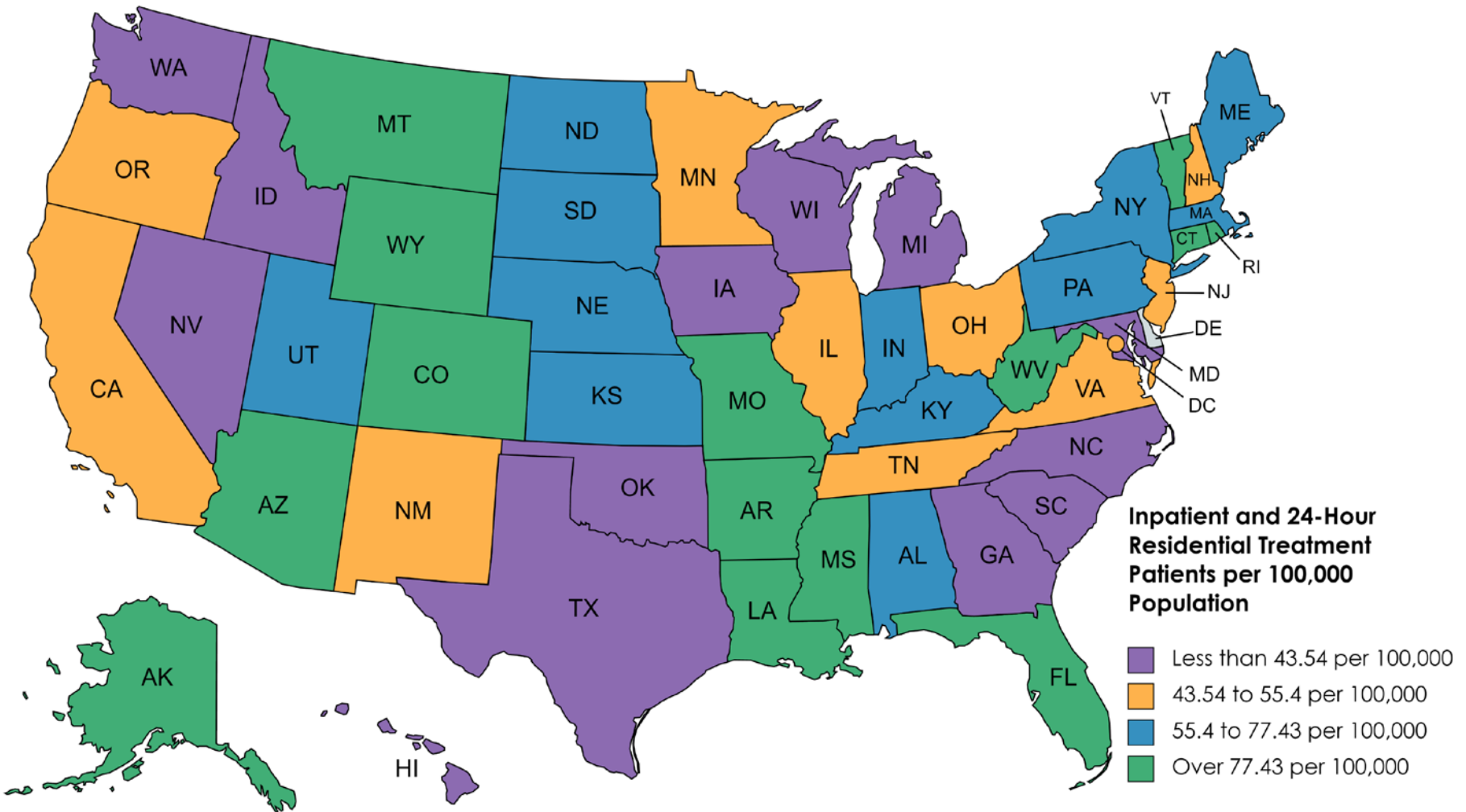
Source: SAMHSA N-MHSS, 2018

# Number of 24-Hour Residential Treatment Patients per 100,000 State Population, 2018



Source: SAMHSA N-MHSS, 2018

# Number of Combined Inpatient and 24-Hour Residential Treatment Patients per 100,000 State Population, 2018



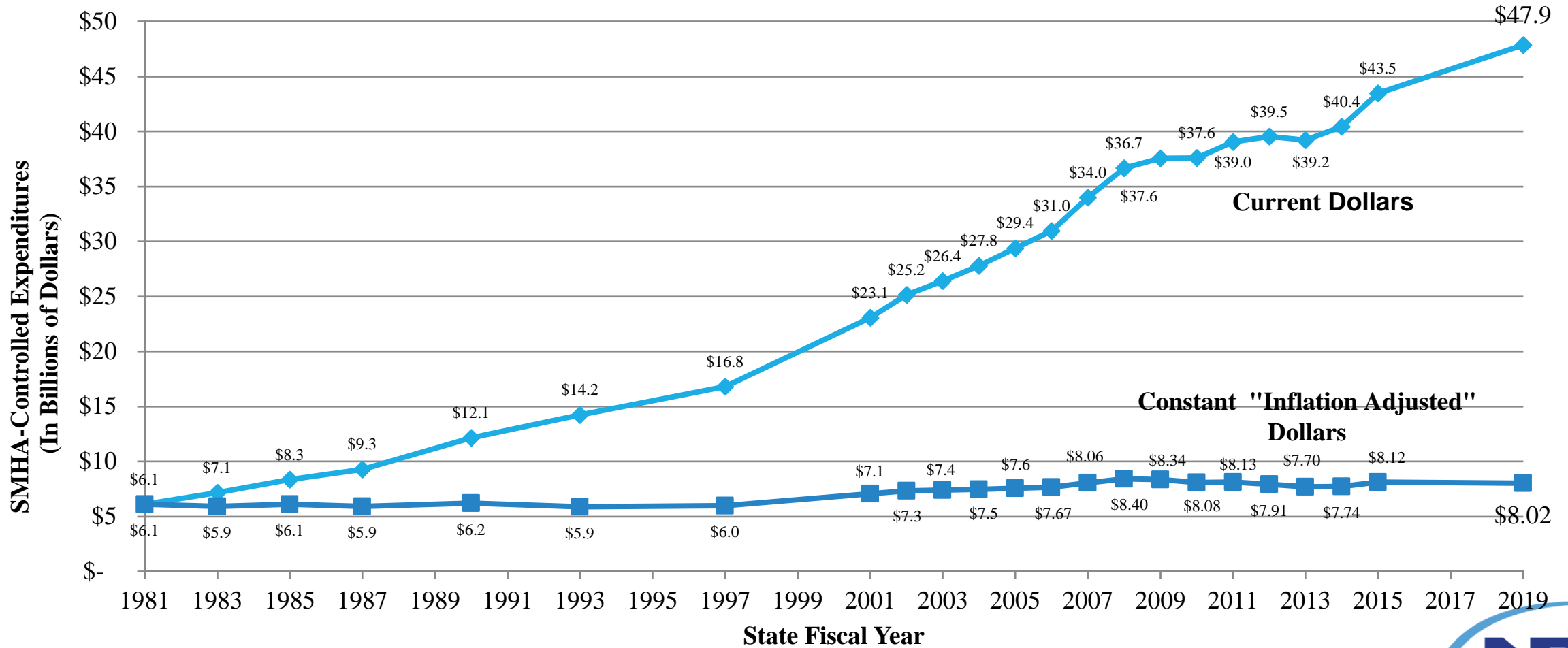
Source: SAMHSA N-MHSS, 2018

# Expenditures for State Psychiatric Hospitals

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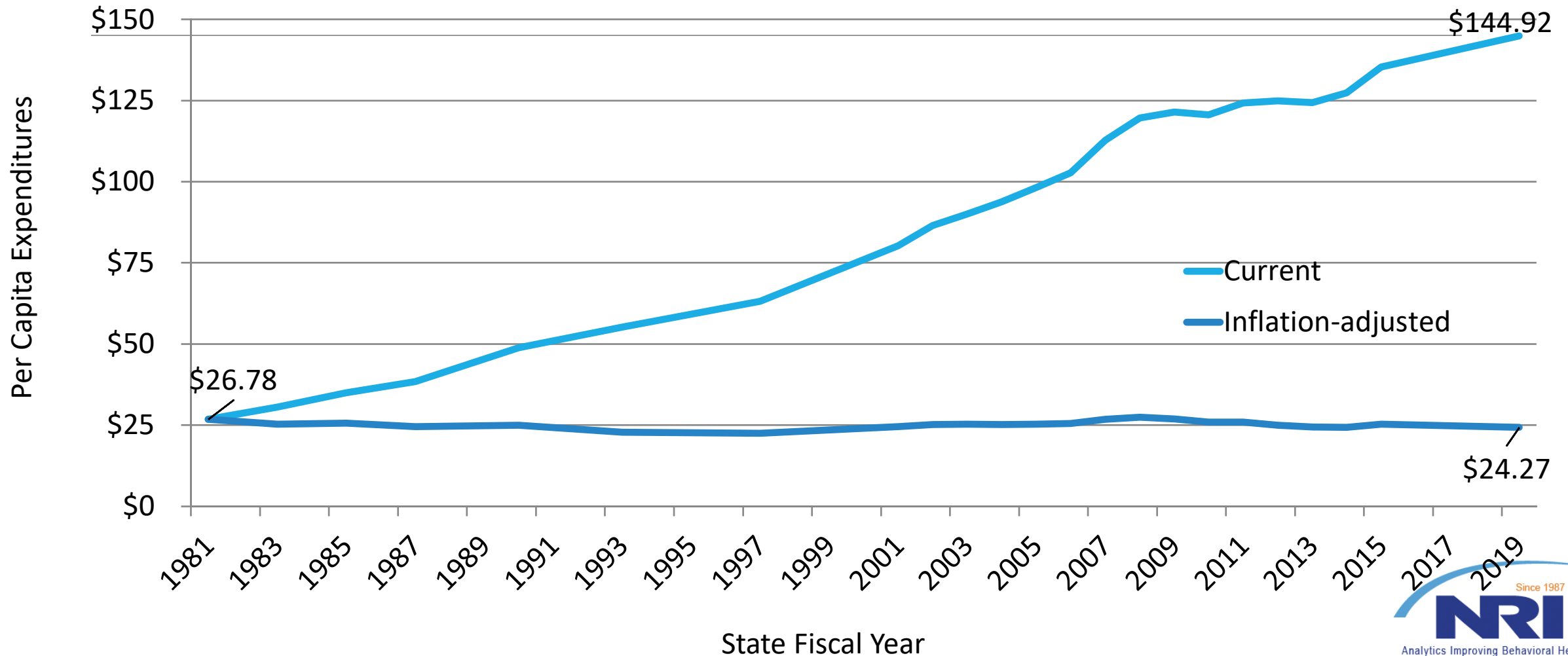
NO DATA EXIST ON EXPENDITURES FOR TOTAL INPATIENT CARE OVER TIME. NRI DATA CAN TRACK EXPENDITURES FOR STATE PSYCHIATRIC HOSPITALS, BUT NOT ALL PRIVATE PSYCH OR GENERAL HOSPITAL BEDS

# Trends in SMHA-Controlled Mental Health Expenditures (Current and Inflation Adjusted), FY 1981 to FY 2019

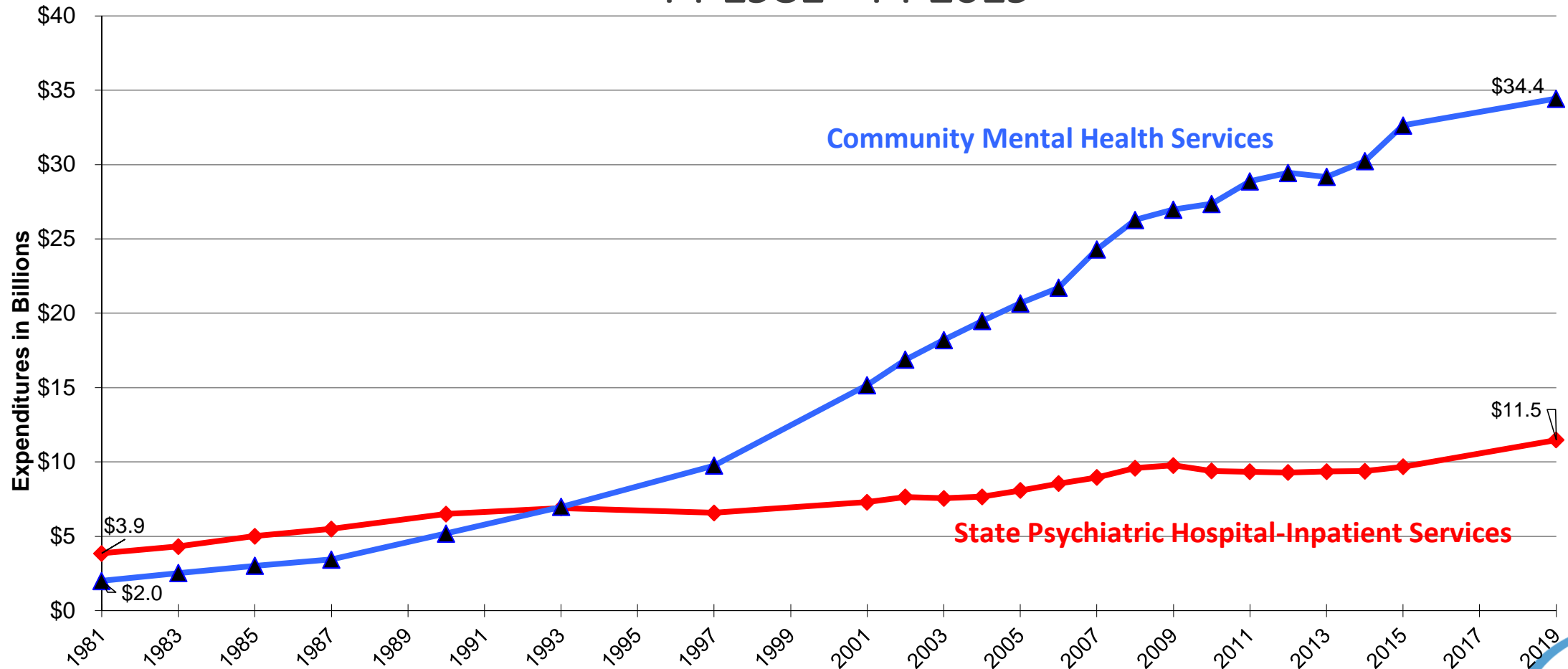


# Per-Capita SMHA Expenditures for Mental Health: FY 1981 to 2019,

in Current and Constant "1981" Inflation Adjusted Dollars

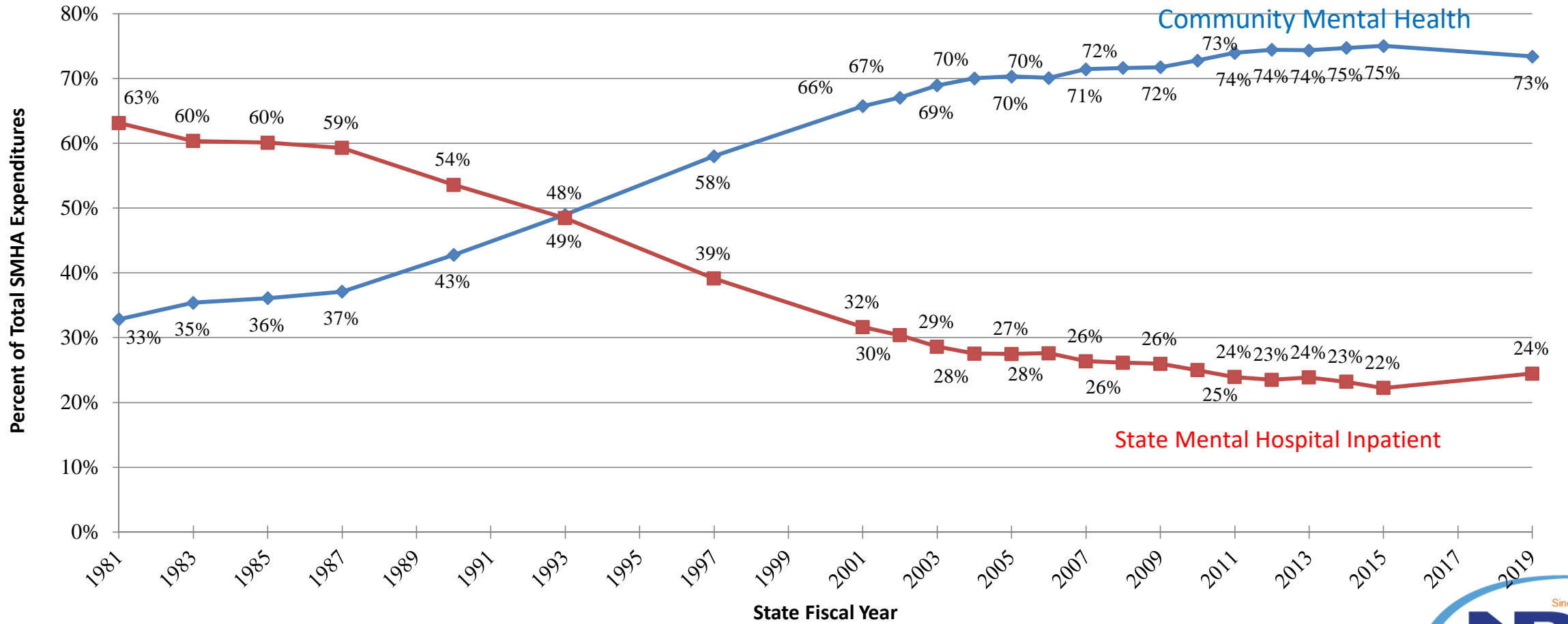


# SMHA-Controlled Expenditures for Inpatient Mental Health Services in State Hospitals and Community-Based Mental Health Services, FY 1981 – FY 2019

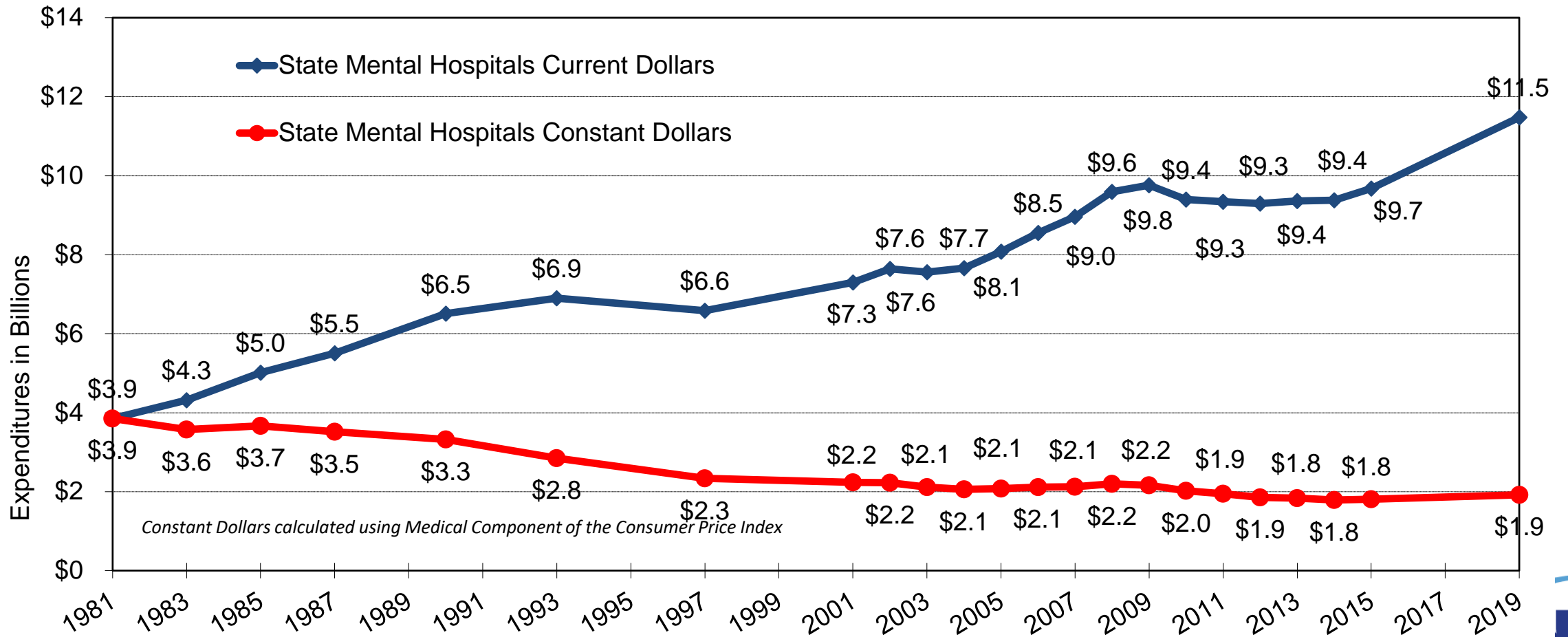




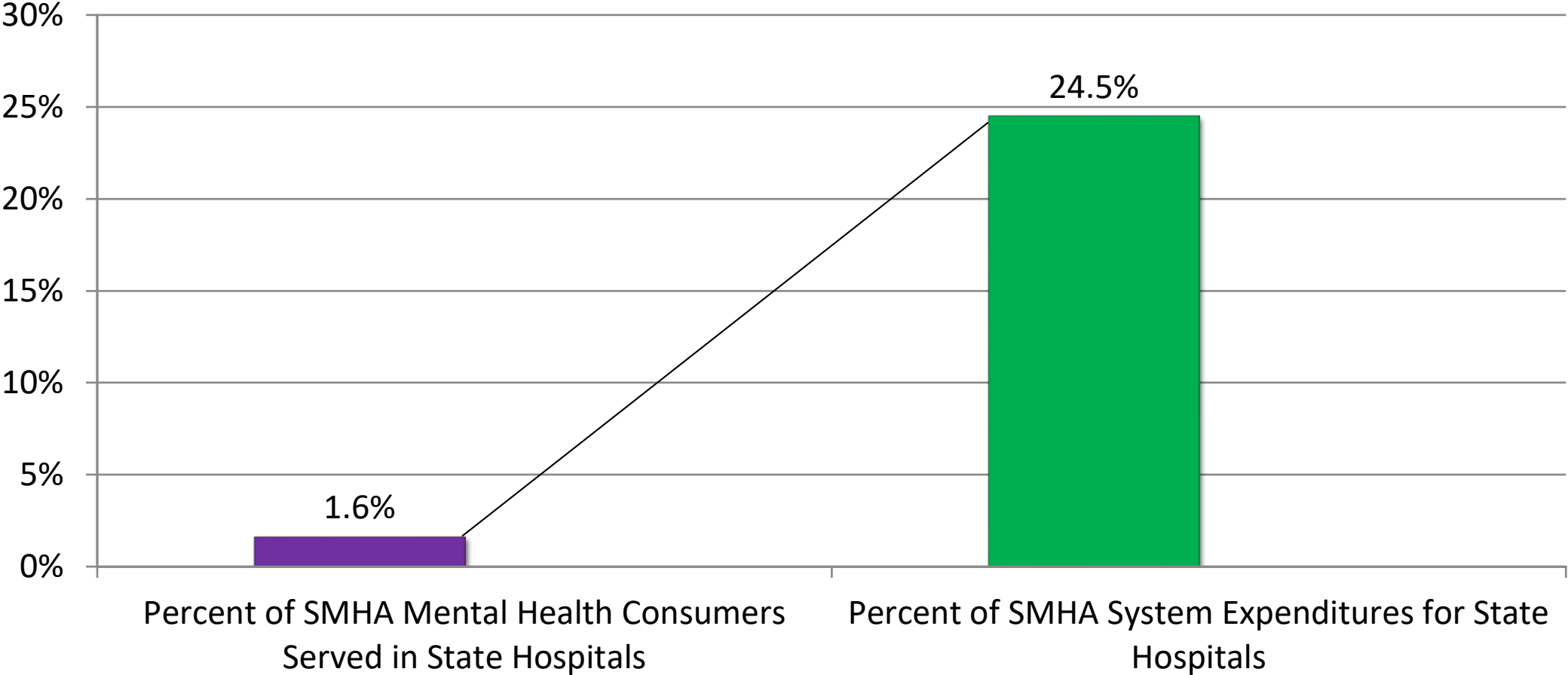
# State Mental Health Agency-Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY 1981 to FY 2019



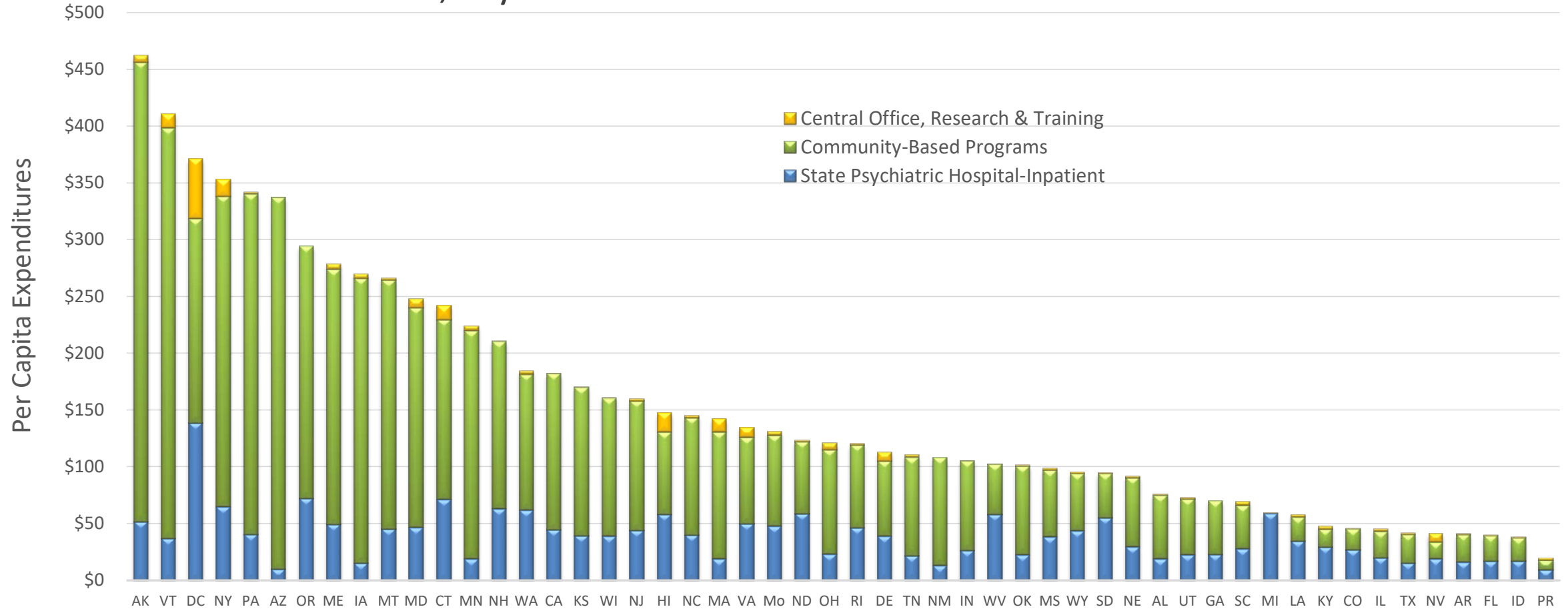
# SMHA Controlled Expenditures for State Psychiatric Hospital Inpatient Services, FY 1981 - FY 2019 in Current and Constant "1981" Dollars



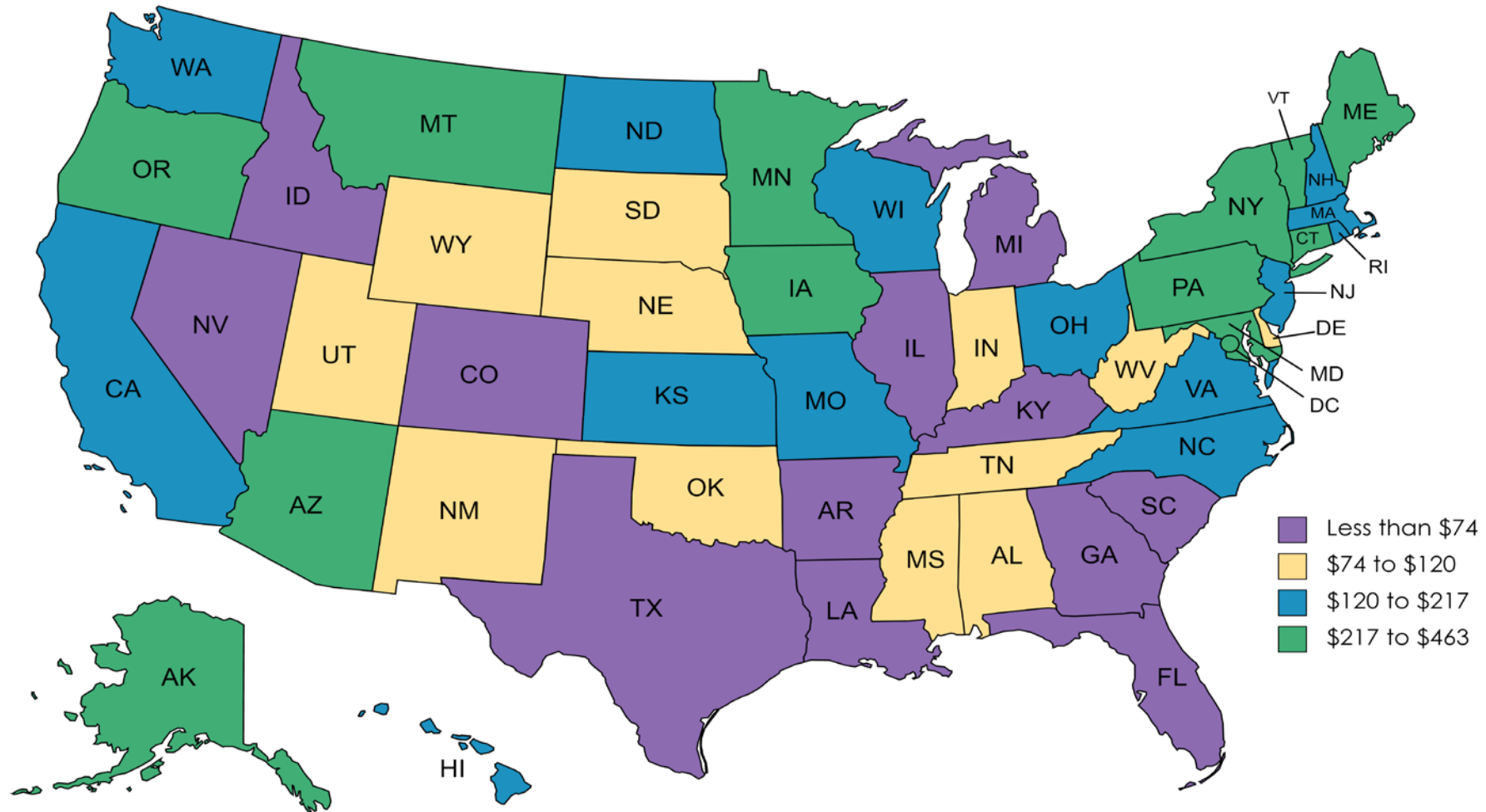
# Patients in State Psychiatric Hospitals as a Share of SMHA Systems: FY 2019



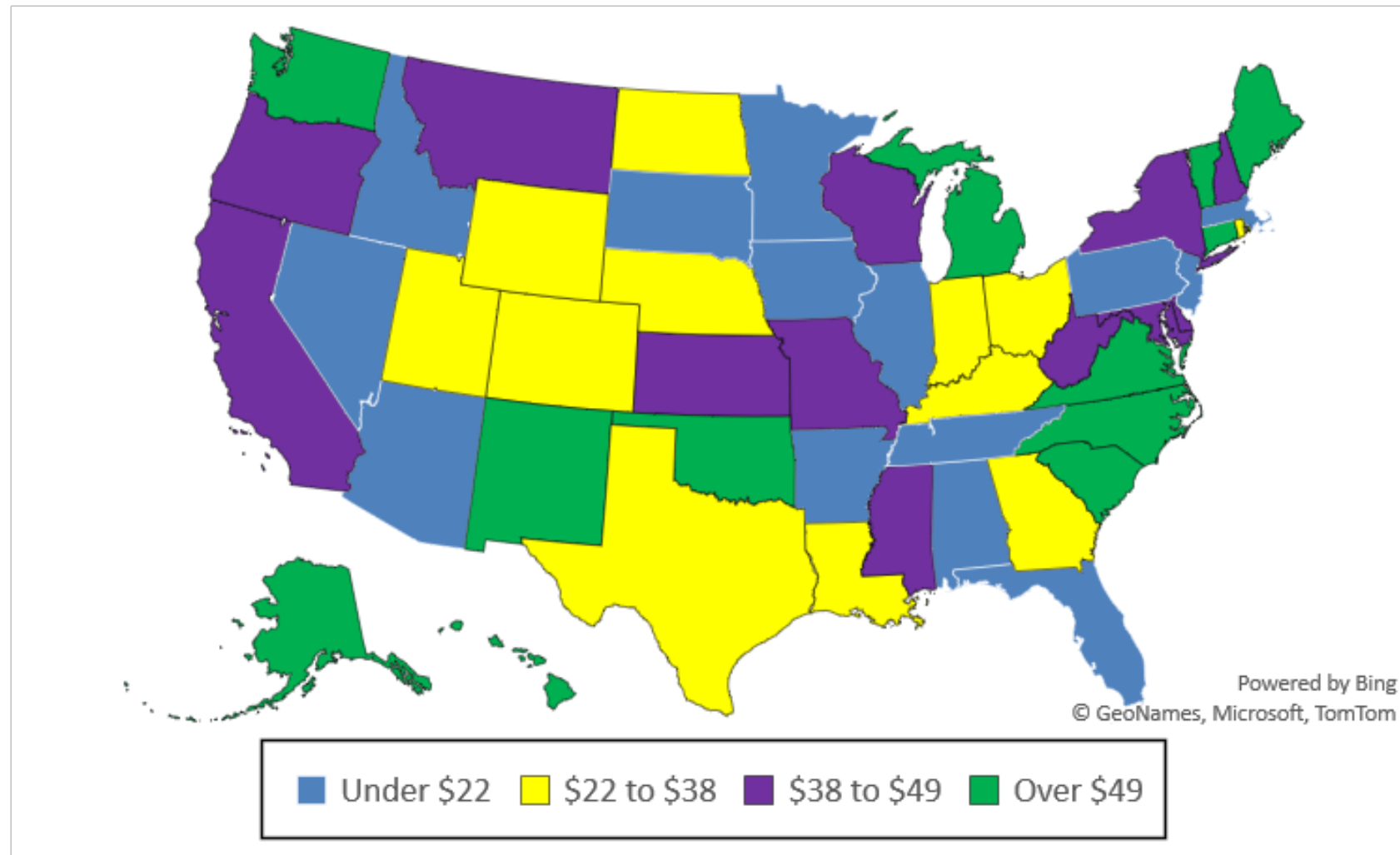
# FY 2019 SMHA-Controlled Per-Capita Expenditures for Mental Health Services, by State



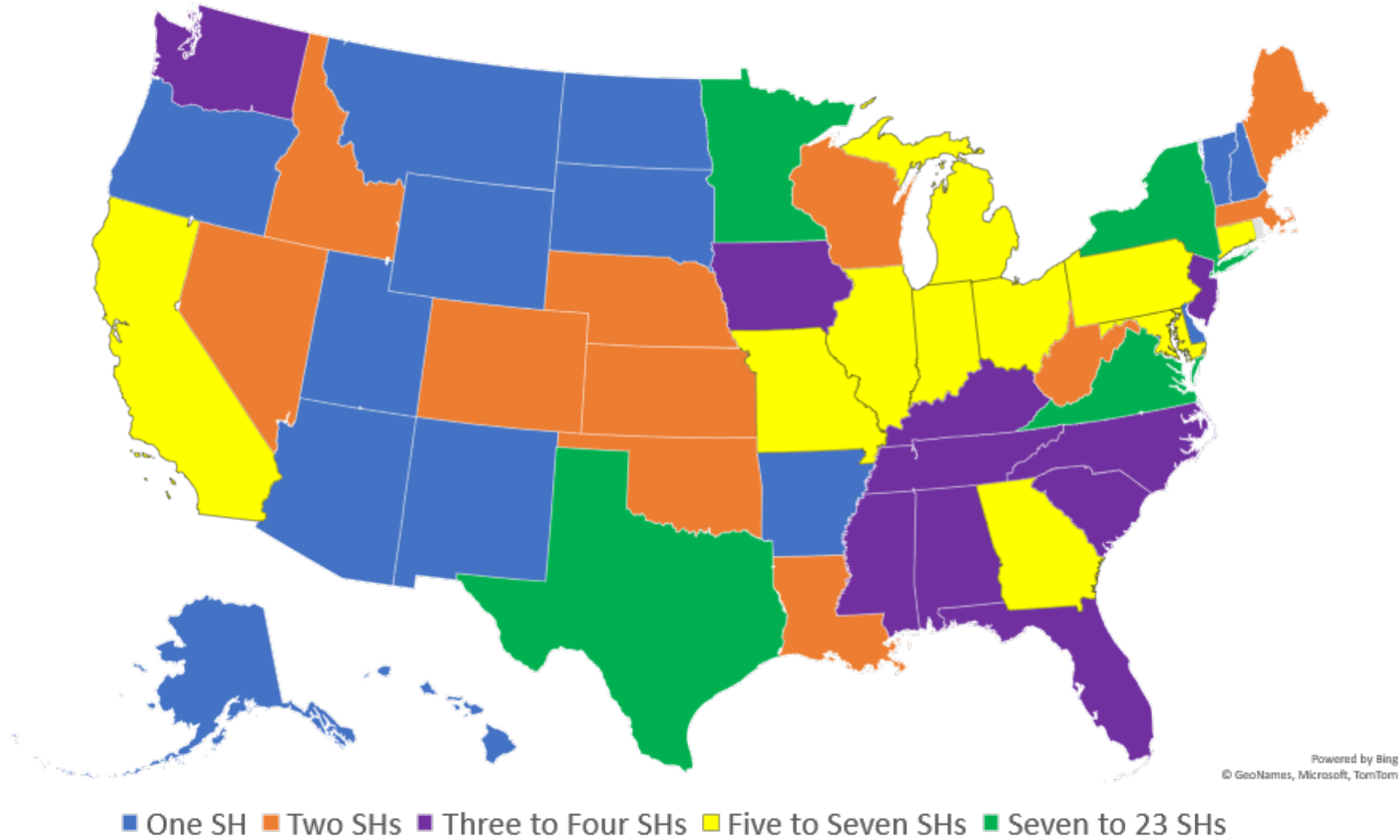
# Total FY 2019 SMHA-Controlled Per-Capita Expenditures for



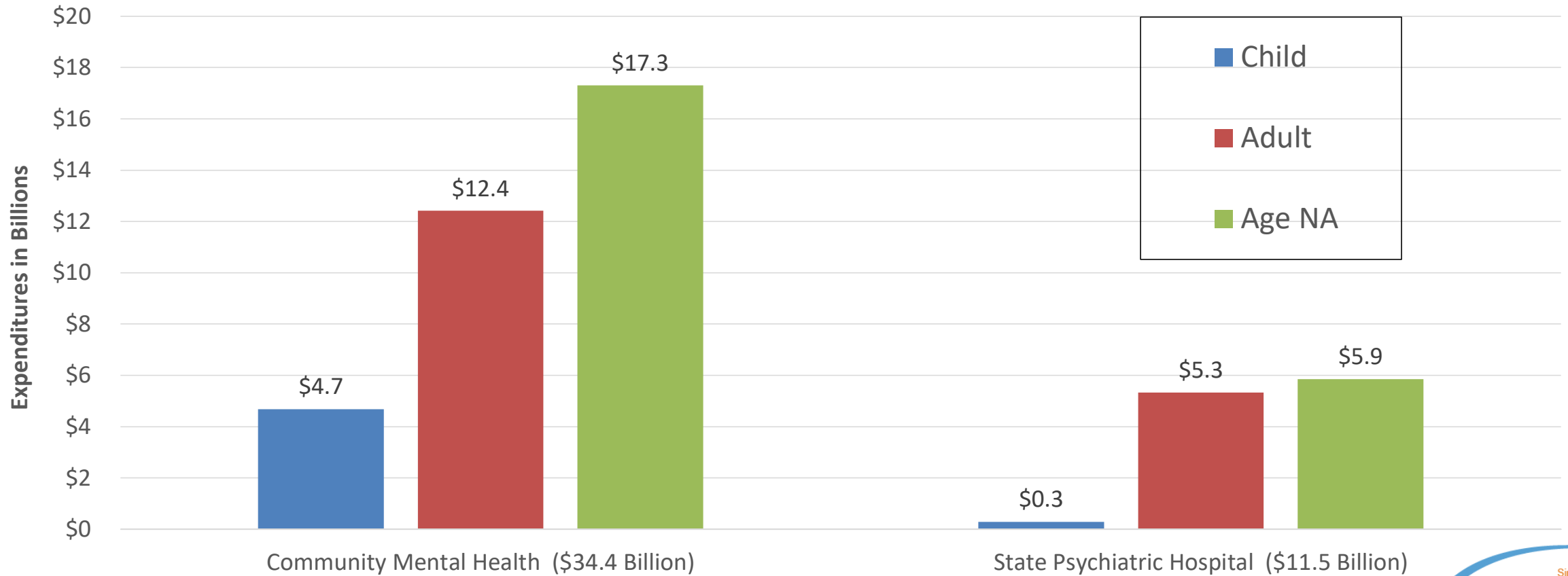
# Per-Capita Expenditures for State Psychiatric Hospitals: FY 2019



# Number of State Psychiatric Hospitals, FY 2020

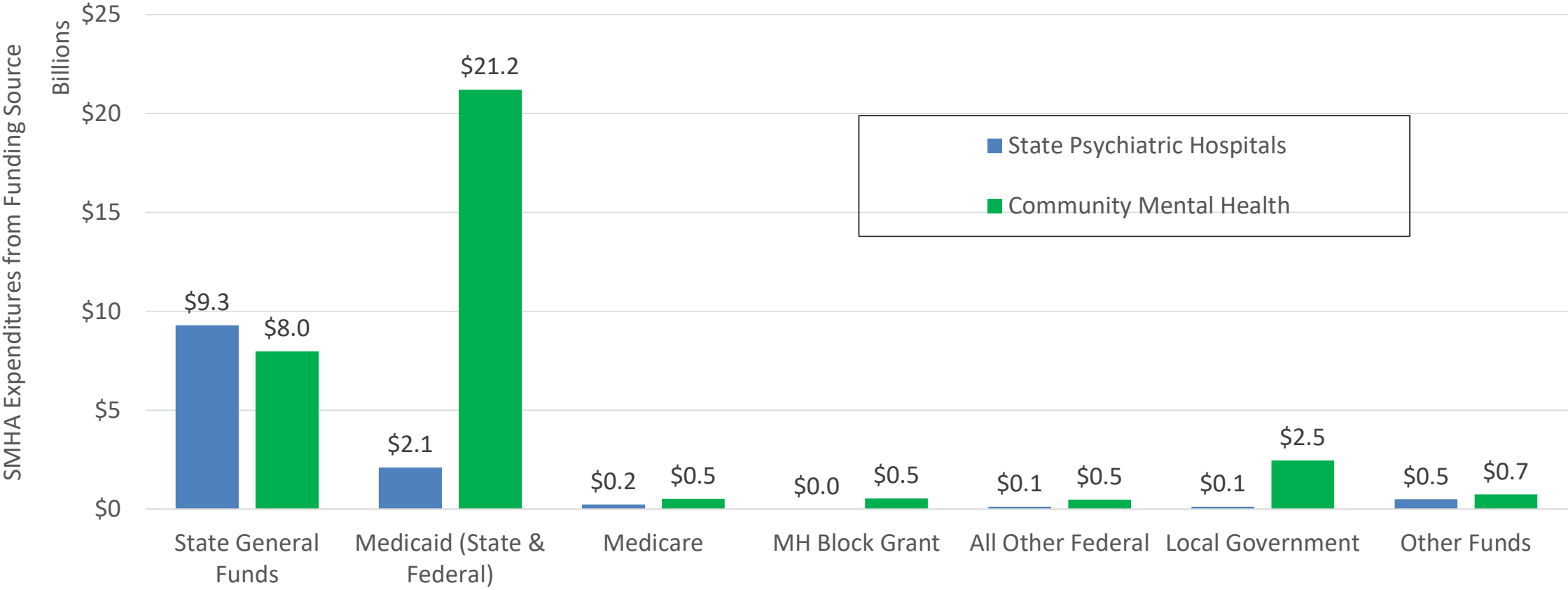


# FY 2019 SMHA Expenditures by Client Age Group in Community Mental Health and State Psychiatric Hospitals

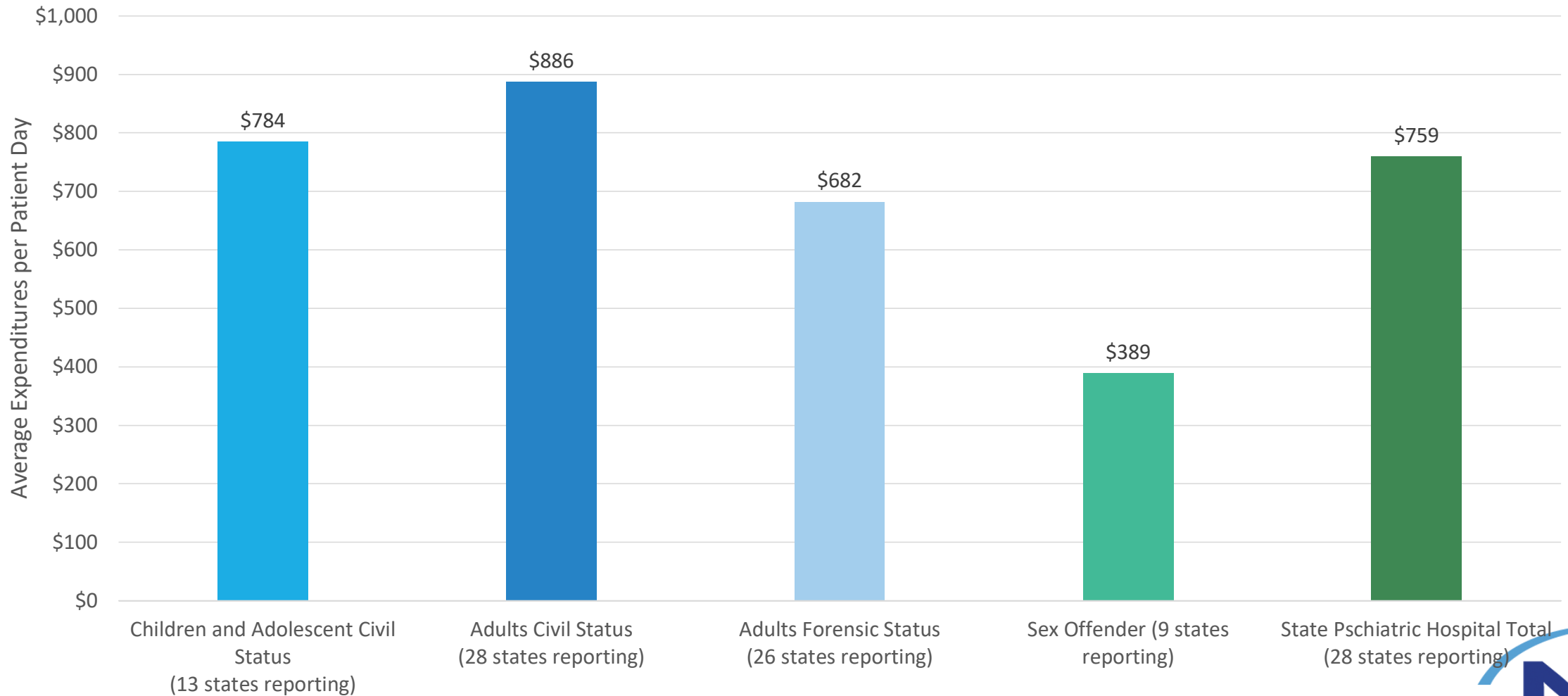




# SMHA Funding Sources for State Psychiatric Hospitals and Community-Based Programs: FY 2019



# Average Expenditures per Patient Day in State Psychiatric Hospitals, by Patient Legal Status, FY 2019



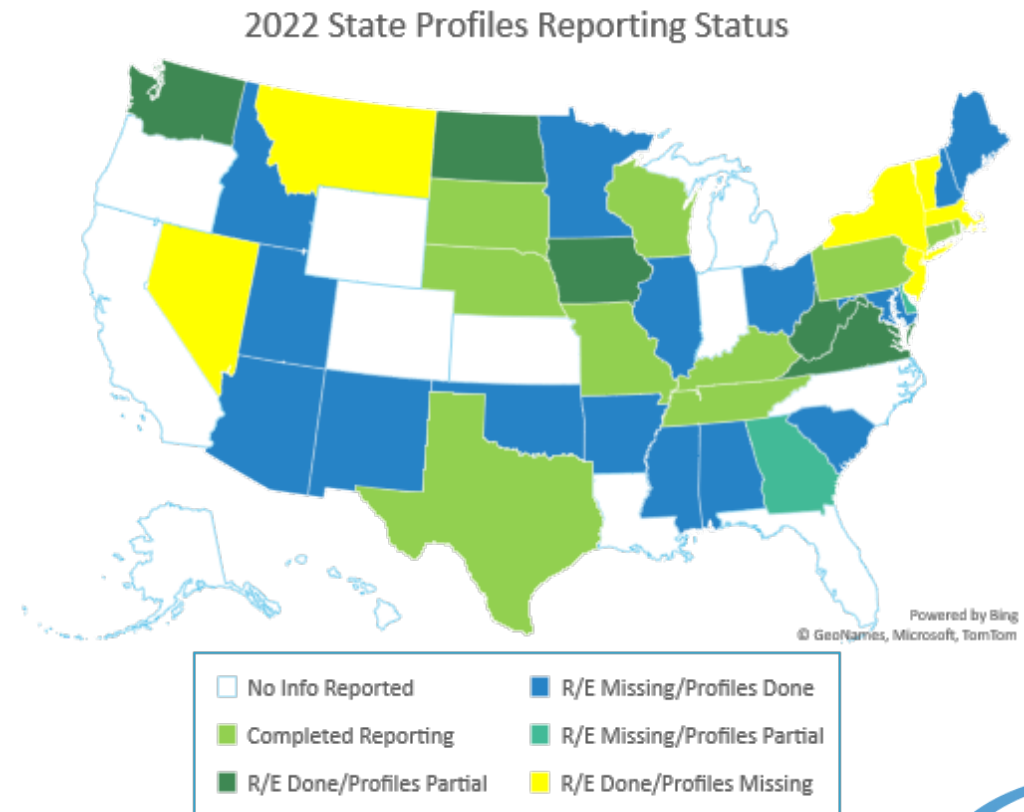
# 2022 Information about Use of State Hospitals

NRI is currently compiling 2022 State Mental Health Agency Profiles information.

Topics identified by steering committee of State Mental Health Leaders.

- BH Crisis Continuum
- BH Workforce Shortages
- Focus on Use of Psychiatric hospitals (including forensic client trends)
- SMHA Re-organization/Responsibilities
- Housing
- Major Policy Initiatives

40 States have submitted information so far. We want/Need information from all states



# Modeling How Many Psychiatric Beds Are Needed

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NRI 2020 Profiles identified 14 states that have bed need models. But most state models are relatively simple and some are part of Certificate of Need (CON) processes by other state agencies.

**APA Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States:**

***The Psychiatric Bed Crisis in the US: Understanding the Problem and Moving Toward Solutions. 2022.*** <http://www.psychiatry.org/psychiatricbeds>

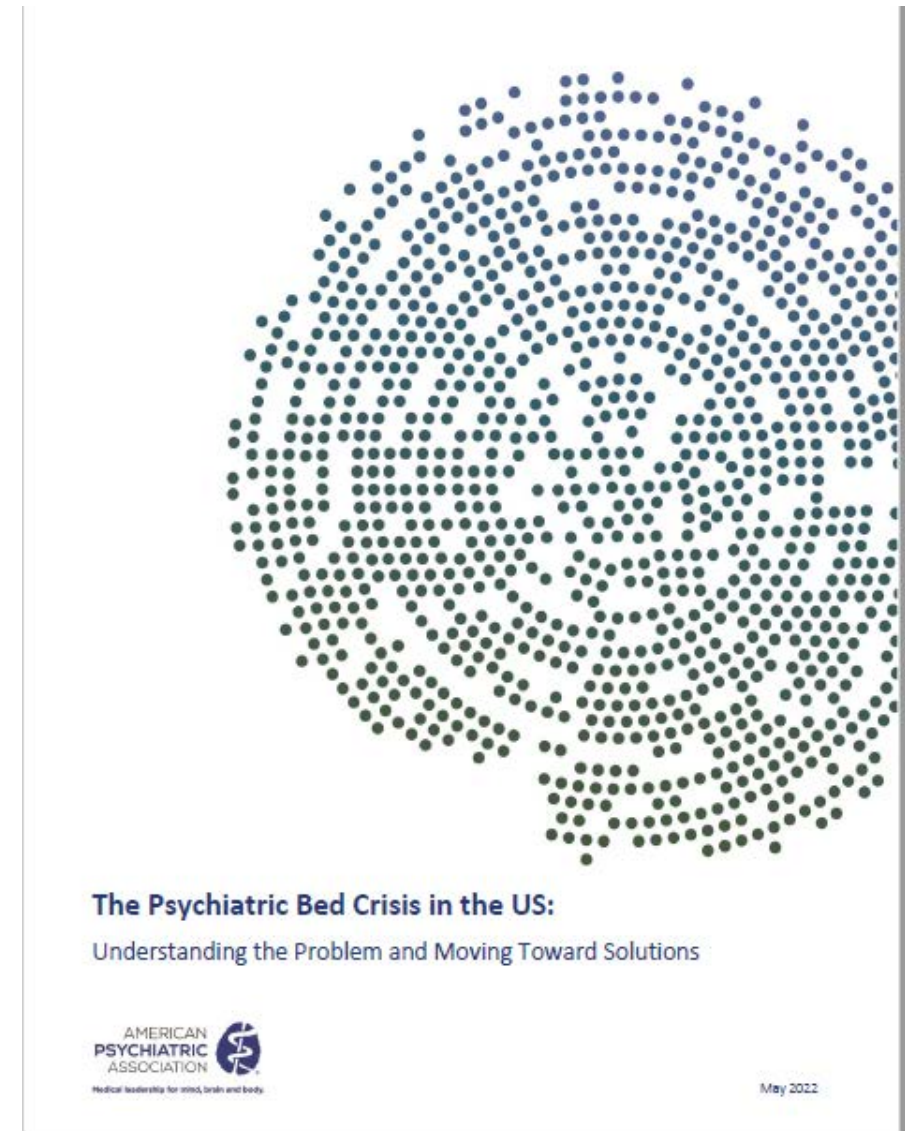
Report addresses historic and contemporary use of psychiatric beds, adult and child needs, and worked on models to estimate need factoring in demographic variables, community resources, emerging behavioral health crisis services, epidemiologic estimates of incidence, and alternative services.

# APA Task Force Report

## Creating Models for Estimating the Number of Needed Psychiatric Beds

The Task Force worked on developing models for adults and for children/adolescents that might be used by communities and states to help estimate the number of beds necessary to meet the need for inpatient psychiatric care. Descriptions of the current draft of the models are available within this report. This section includes a description of the motivating question (i.e., how many beds are needed?); a discussion around why this is a complex question; an overview of the modeling approach, structure and inputs; an illustration of the model dashboard; and results for the adult model developed for a hypothetical “Anytown, U.S.”

**Goal is to develop models that can be used by state and local areas to facilitate planning addressing service demand against available community services resources including inpatient psychiatric beds.**



# Psychiatric Bed Need Model Definitions

**Table 2. Psychiatric Bed Need Model Definitions**

Model Component	Definition
Acute mental health crisis	Mental health crisis that "requires something more than a typical outpatient or phone intervention" (National Association of State Mental Health Program Directors, 2018)
Community-based crisis bed	Mental health beds located in community-based facilities that are less secure than mental health hospital beds
Intensive team-based care	Programs such as Assertive Community Treatment (ACT) teams that provide care to the most severely ill individuals in a given community, responding to their clients' acute MH crises.
Mental health crisis receiving center	Community-based facility where individuals experiencing acute mental health crises can receive up to 23 hours of psychiatric treatment and observation, resolving the crises or triaging patients to next levels of care (e.g., emergency departments, community-based crisis beds, inpatient care)
Mental health hospital bed	Inpatient psychiatric beds in secure facilities (e.g., state psychiatric hospitals, private psychiatric hospitals, general hospital psychiatric units, general hospital scatter beds, medical units with psych support)
Mobile crisis	Mobile teams that can be dispatched to respond to acute crises, resolving the crises on site or triaging patients to next levels of care (e.g., emergency departments, mental health crisis receiving centers)
Step-down program*	Treatment programs such as intensive outpatient programs and partial hospitalization programs that allow individuals to return to the community while receiving more intensive services that might otherwise be received in an inpatient setting

\*Included in qualitative model structure diagram but not in the quantified concept model

Note: these are simplified definitions for use in the concept model.

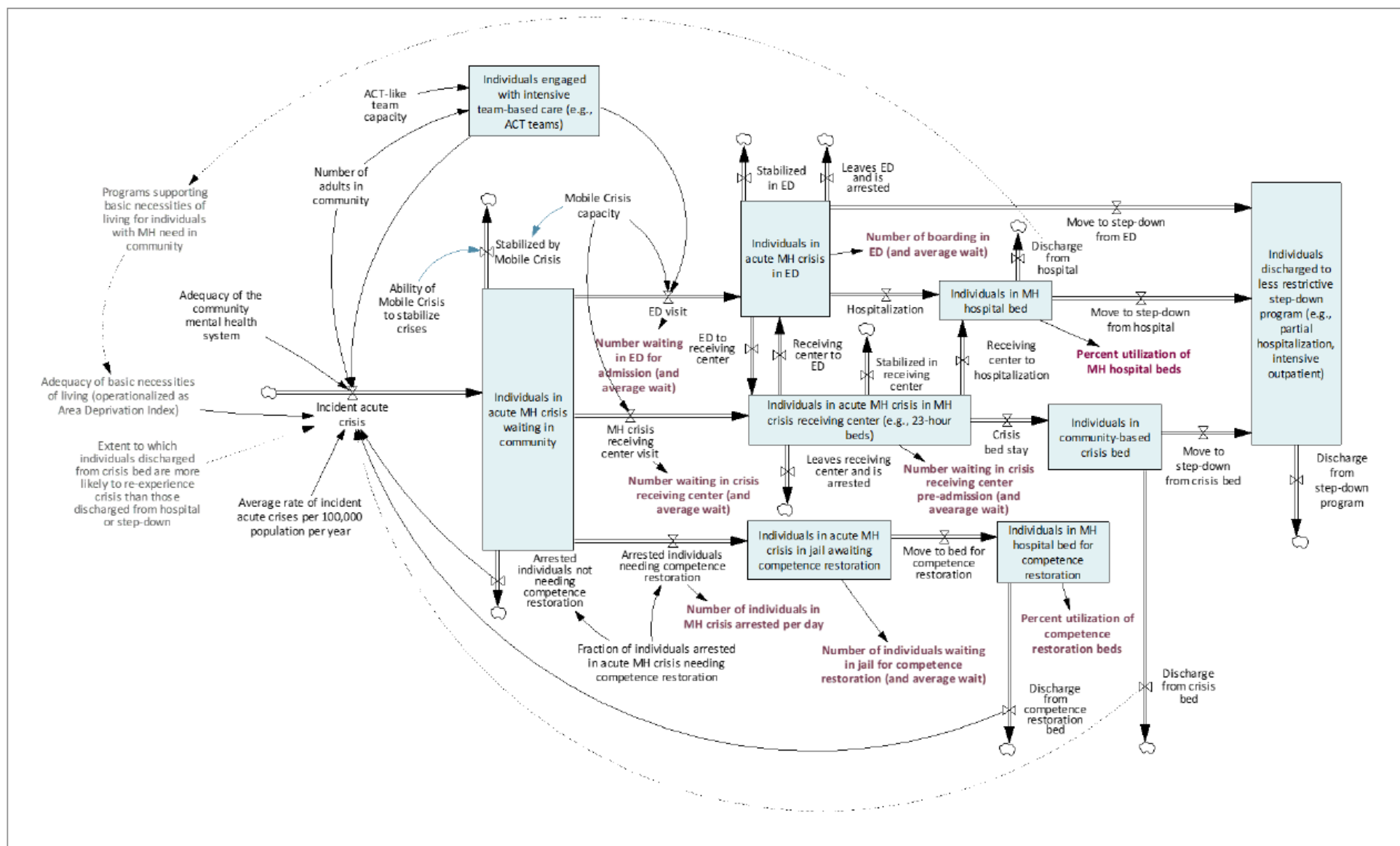


Figure 2 Panel F: Full model structure diagram, adding simulated outcome variables in bold plum-colored font. NOTES: ACT = Assertive Community Treatment; ED = emergency department; MH = mental health.

# For Additional Information...

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# GRAND Mental Health, CCBHC – An Example of Innovation

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GRAND Mental Health (GRAND) became a CCBHC in 2016. It serves a predominantly rural, 12-county catchment area in Northeastern Oklahoma. GRAND developed the GRAND Model to reduce inpatient hospitalizations for their adult clients.

## GRAND Model components (ALL must be present to recreate or replicate the Model):

- 1. Urgent Recovery Centers that provide 24/7 voluntary, integrated crisis stabilization support.
- 2. iPads with the GRAND Model integrated support access app that are distributed to GMH patients, first responders, hospitals, and other community partners in order to provide instant access to a GMH therapist anytime, anywhere
- 3) all iPad and crisis calls are answered by fully trained, engaged, and awake clinicians who are on-site at a URC.

NRI conducted a program evaluation (2022) that assessed the Model's ability to decrease inpatient hospitalizations, increase outpatient service utilization, and produce cost savings.

# GRAND Mental Health, CCBHC – An Example of Innovation

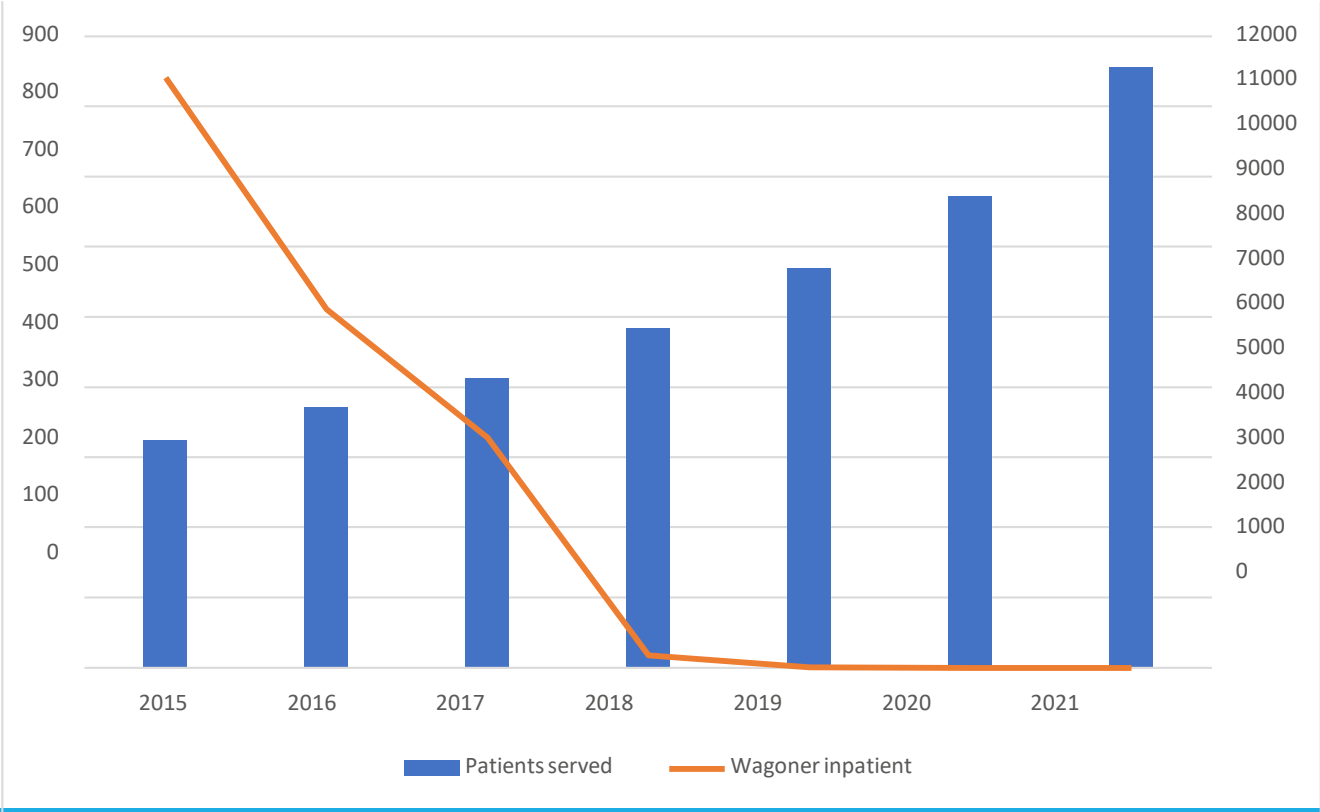
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## Program Evaluation Findings

- Inpatient hospitalizations among GMH adult clients at any Oklahoma psychiatric hospital fell from 959 (2015) to 66 (2021), a reduction of 93.1%.
- Inpatient hospitalizations among GMH adult client at Wagoner Hospital fell from 841 (2015) to 0 (2021), a reduction of 100% (Figure 1).
- From 2016-2021, decreases in inpatient hospitalizations saved more than \$62 million dollars.
- The number of adult clients served increased by 163.5% from 4,326 (2015) to 11,401 (2021) (Figure 1).

# GRAND Mental Health, CCBHC – An Example of Innovation

Figure 1. Number of Unique Adults Served by GRAND and Number of GRAND Adult Clients who Went Inpatient at Wagoner Hospital, 2015 - 2021



# Oklahoma iPads going statewide

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Oklahoma has now provided every law enforcement officer/vehicle in the state with an iPad programmed to connect to their regional CCBHC crisis program.

- Each CCBHC has a team organized to answer iPad calls
- State gets regular reports on the use of iPads—time to answer, disposition of contact
- Funded CURES act funding. Programs can bill Medicaid for contacts

State is now expanding to provide every individual exiting a state hospital, crisis program, residential MH or SUD provider with an iPad.

- Allow clients to maintain contact after intensive services. If the individual doesn't check in, the center can contact them via text or chat on the iPad to follow-up
- State will receive metrics on use of iPads
- Funding this with state funds and American Rescue Plan funding.

# For more info on Oklahoma Initiatives

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## **NRI Evaluation of the Grand Lake CCBHC**

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