

**Oklahoma Department of Mental Health and Substance Abuse Services
Fiscal Year 2016 Budget Request
January 2015**

Overview

Oklahoma consistently ranks as having among the highest rates of mental illness and addiction in the entire country. Many of these individuals are not receiving the help they need to recover. This is despite also being recognized nationally as offering the most promising approaches (albeit sometimes limited in statewide availability) to addressing brain illness, along with recognition for outstanding programs in the areas of children's behavioral health, prevention and trauma-focused initiatives, and programs to reduce incarceration numbers that result from untreated mental health and substance abuse issues. The services provided by the department work. There simply are not enough resources to provide these services to everyone in need; and, therefore, it should not be a surprise that our state still struggles with the worst rates of mental illness and addiction. Investment in prevention, early access, treatment and recovery services are vital to ensuring healthy brains. According to the Henry J. Kaiser Family Foundation, **Oklahoma spends \$53.05 per capita to provide mental health services. The national average is \$120.56.**

The Governor has championed both mental health and substance abuse issues in years past, and has fought to increase funding. Many legislators have also been supportive of investment in targeted treatment and prevention initiatives. The problem of underfunding, however, is decades in the making. The negative consequences that we must now address, such as rising incarceration rates and demand for foster care, high rates of suicide, along with numerous other increased public expense and poor outcomes, are a direct result of Oklahoma ignoring behavioral health issues in previous years.

While those of us here today did not create the mess, it is our responsibility to clean it up. We cannot stand by and watch the problem get worse. The good news is that we have proven strategies that will make a difference, and ODMHSAS has proposed an investment plan that focuses on addressing the greatest need through the provision of services that provide the greatest return on that investment. The cost avoidances that will result in turn will fund future initiatives; and, according to independent analysis, free additional funds for use in other areas of state government. This makes sense as a government investment, as a business decision, and as the correct decision to benefit the healthy future of all Oklahomans.

Oklahoma is in a unique position to become the national model for what a statewide behavioral health system should be. Investment in services is the key.

There is a Disparity in How We Address Behavioral Health Issues

The system created to treat behavioral illness is unlike that for the treatment of other chronic diseases. Too many Oklahomans:

- First access care with a ride in the back of a police car.
- Experience crisis before seeking help (ERs and crisis centers) despite warning signs and elevated symptoms.
- Are arrested, jailed and imprisoned as a result of actions prompted by their illness.

This does not make sense medically or in terms of our state's sense of morality and compassion for others. Look at how we have responded to other issues such as the bombing aftermath, weather events or our outpouring of support for veterans.

It certainly doesn't make sense fiscally. We know the problems that result from our inattention to behavioral health issues and the number of people adversely impacted.

The Department Budget Request

Needed in Oklahoma is a comprehensive system of care that involves

Oklahomans Experiencing Mental Illness



ODMHSAS serves approximately 190,000 Oklahomans

Between 700,000 to 950,000 Oklahomans are in need of mental health or substance abuse treatment
Behavioral Health in the United States, 2012 (SAMHSA)

Between 876,000 and 985,000 Oklahomans with a reported mental illness or substance abuse issue
Parity or Disparity: The State of Mental Health America 2015

Oklahomans Experiencing Mental Illness



Any Mental Illness 22.4%	Any SUD 11.9%
3 rd highest among states	2 nd highest among states

Behavioral Health in the United States, 2012 (SAMHSA)

Oklahoma's Treatment Gap



6 out of 10 adults do not receive needed treatment
4 out of 10 youth do not receive needed treatment

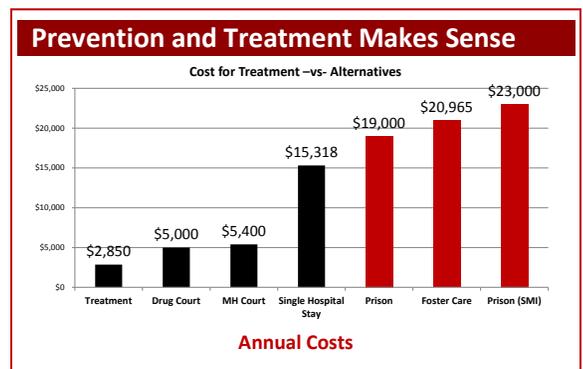
Parity or Disparity: The State of Mental Health America 2015

Oklahoma's National Behavioral Health Ranking

Oklahoma is ranked 45th Nationally for overall behavioral health

Adults – Oklahoma ranks 49th nationally
Youth – Oklahoma ranks 43rd nationally

Parity or Disparity: The State of Mental Health America 2015 (Mental Health America)



Headlines and Quotes

Jonathan Small: Oklahoma lawmakers should pursue pro-growth policies
*BY JONATHAN SMALL, Executive Vice President of the Oklahoma Council of Public Affairs, a conservative think tank
Published: November 23, 2014*

Policymakers should also pursue corrections reform. Incarceration of non-violent offenders and over-criminalization at both the state and federal levels are driving up the cost of other government services and robbing homes of mothers and fathers. Oklahoma should move to a system that avoids the incarceration of non-violent offenders, ~~working instead to help those struggling with substance~~

Headlines and Quotes

The Tulsa World
Investing in more mental health services could save Oklahoma millions, advocates say
*Funding health services could save on jails
Posted: Sunday, March 23, 2014
By GINNIE GRAHAM World Staff Writer*

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prevention, early intervention and appropriate treatment. Brain health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. Unfortunately, many people do not get the treatment they need when they need it. While no one change can fix all problems, there are priority policy decisions that will help lay a foundation to advance behavioral health services and create a comprehensive service delivery system. These include:

Maintenance of existing programs and continued operation of services that are making a difference. The department has requested \$10.2 million dollars to maintain priority services and meet state matching requirements for Medicaid.

Investment in publicly-supported core services that promote prevention and early intervention. The department proposes funding that will increase service accessibility for all Oklahomans, and groups that are at-risk for heightened negative consequences resulting from behavioral health treatment needs. This request includes funds to support sustainability of the current statewide provider network, expansion of suicide preventative initiatives, targeted services to support returning military personnel and their families, integration of behavioral health screening procedures in primary care settings and continued law enforcement partnership to reduce alcohol sales to minors.

Smart on Crime. The department is again requesting full funding of its Smart on Crime initiative to address mental illness and addiction within Oklahoma’s criminal justice system; and, more importantly, to divert people in need of medical care into medical facilities and out of the criminal justice system. The department’s proposal was a priority item discussed during the recent Oklahoma Academy’s 2014 Town Hall.

Will These Investments Work? Have Previous Investments Lived Up to the Promise?

ODMHSAS has remained consistent with budget requests over the past several years. That is because we have spent time prioritizing needs and seeking the best possible solution to the problems presented. The department is committed to investment in evidence-based practices that have proven effectiveness. The agency has also ensured that results are documented. For example:

Drug Court. Annually, drug court demonstrates significantly better outcomes for recidivism rates, 6.5% for graduates compared to 23.4% for released inmates. DOC spends on average \$19,000 a year to incarcerate someone. Drug Court costs \$5,000 a year. And, the savings go beyond the annual cost avoidance when compared to incarceration costs. In fact, analysis of graduates over a three-year period shows that their improved employment status after graduation resulted in \$2 million in taxes paid to the state as opposed to their continuing to be a tax burden. Since beginning in FY 2000, drugs courts have produced a cost avoidance to the state in excess of \$331.8 million.

Management of Behavioral Health Medicaid Services. The annual behavioral health Medicaid growth rate under OHCA administration (FY07-12) averaged more than 14% annually. ODMHSAS has reduced behavioral health Medicaid growth every year since taking over the program and by approximately 90% overall. This reduced rate of growth has resulted in more than \$100.3 million in avoided behavioral health Medicaid costs that would have occurred had the OHCA average growth trend continued (Compared to cost avoidances realized in FY13 and FY14).

Screening and Assessments. The department’s offender screening program has resulted in an annual \$2.2 million reduction in the cost to incarcerate offenders for just Tulsa.

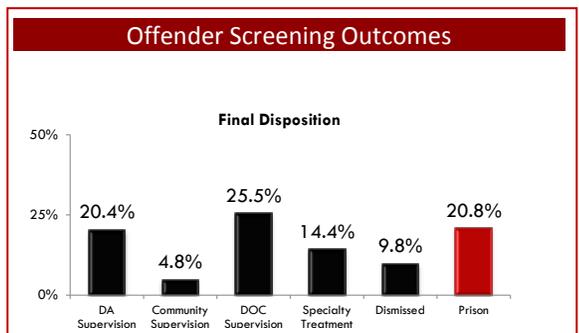
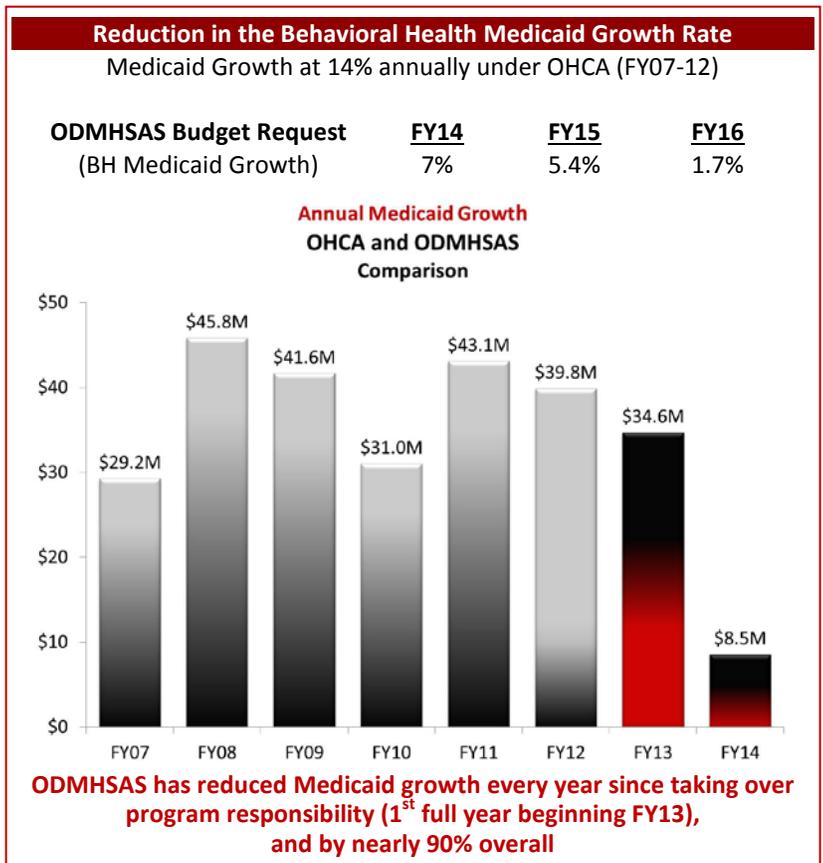
Naloxone. The Tulsa pilot program, since May 2014, has already resulted in 12 lives saved.

Telemedicine. More than 55,000 Oklahomans receive telemedicine services through the department annually. Over a measured two-year period, the department saved approximately \$5.8 million by utilizing telemedicine capabilities.

The department has proven its ability to deliver results from targeted funding it has received. Meaningful and sustained advancement, however, is dependent on providing services that close treatment gaps and allow for earlier intervention so we can stop problems from advancing to more critical stages or prevent occurrence in the first place.

Mental Illness and Substance Abuse is a Priority Health Concern in Oklahoma

There has been significant public discussion regarding the need to increase funding for behavioral health services. We expect this trend to



Headlines and Quotes

The Journal Record Editorial
*By: Journal Record Staff
October 27, 2014*

Our legislative and executive leaders must find a way to make mental health services more widely available in general, as well as within our jails and prisons. And our society must work to erase the stigma surrounding those with mental illnesses.

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continue, and even increase. Increases in funding over the past several years have been met with positive public comment and support. The opportunity to advance both mental health and substance abuse services in Oklahoma has never been greater. The atmosphere of support and community concern is unprecedented.

Behavioral health is a priority for Oklahoma. Too many Oklahomans experience the negative consequences of untreated substance abuse and mental health issues. These are problems that impact not only the individual, but also their families, communities and the state as a whole. The cost, both in terms of lives impacted and expense of dealing with the aftermath, is a far greater price than the cost to prevent and treat these illnesses in the first place. Access to appropriate care and breaking-down the barriers that hinder access are keys to a healthier state and brighter future.

Budget Request Summary

The department has prepared an FY2016 budget request totaling \$141,104,999. This includes a request for funding to maintain existing programs in addition to initiatives aimed at closing the existing treatment gap for Oklahomans seeking appropriate care, and to address some of our state's most pressing issues that result from untreated and under-addressed mental health and substance abuse needs.

1. Maintaining Existing Programs: \$10,214,447

The department is in need of \$10,214,447 to maintain existing programs at their current levels. The bulk of this request focuses on needed funding to manage the state's behavioral health Medicaid match, but also includes funding to support programs impacting families and children, maintaining drug court slots initiated with federal funding and local law enforcement reimbursement funds to address transport needs.

ODMHSAS Maintenance Request		FY2016 State Appropriation (\$)
MAINTENANCE DETAIL		
A.	System of Care Wafa Grant Match	331,533
B.	Behavioral Health Program Growth (1.7%)	3,492,095
C.	Medicaid FMAP decrease (from 62.3% to 60.99%)	5,655,848
D.	Maintain Tulsa Family Drug Court	319,646
E.	Drug Court BJA Slots (Annualization)	215,325
F.	Law Enforcement Transport Mileage Reimbursement	200,000
Subtotal Maintenance		\$10,214,447

The department will be forced to consider cuts to these or other service areas if maintenance funds are not made available. In the previous fiscal year, the department was forced to initiate cuts to children's services as a result of budget shortfalls that would not allow for full funding of its maintenance request.

ODMHSAS implemented a rule change limiting mental health psychosocial rehabilitation services to a specific eligibility criteria. This rule change was estimated to provide a \$26 million cost savings to the state. This includes a \$19.9 million in savings for the PSR criteria change, along with a \$5.7 million savings from the reduction of all billable provider hours (limited to 35 hours per week) and a change to partial-hospitalization prior authorization requirements estimated to save \$770,000. The department's intent was to utilize these cost savings to preserve services to as many at-risk children as possible and minimize the impact of forced cuts. Never-the-less, thousands of Oklahoma families and children were impacted. It also meant that the providers delivering these services were forced to cut caseloads and subsequently staffing. Many providers also indicated that cuts would force them to close their businesses. Significant public attention was also generated by the move.

The same situation will hold true for FY2016. Without a fully funded maintenance request, the department will be forced to make cuts to services. As happened in the previous years, this means that Oklahoma families and providers will be adversely impacted. As the department is dependent on private providers throughout the state for the delivery of a majority of services, this means further economic impact beyond the initial devastating medical impact of fewer services being offered.

Request Highlights:

System of Care Wafa Grant Match - \$331,533

Oklahoma is the national leader in Systems of Care, and our program is used as a model for other states. It is a

Headlines and Quotes

The Daily Oklahoman
Mental health crisis needs our attention
Oklahoman Letter to the Editor
Published: May 9, 2014
By Doug Lumry, Choctaw

Stillwater NewsPress
OUR VIEW: Mental health a problem in Oklahoma
By NewsPress Staff
August 14, 2014

The Daily Oklahoman
No room for politics in effort to reform mental health
5/19/2014 – Editorial – The Oklahoman

The Journal Record
Standing still, falling behind: Flat budget could make mental health services harder to find
5/14/2014 – M. Scott Carter – Journal Record

Headlines and Quotes

The Daily Oklahoman
Oklahoma mental health providers protest proposed Medicaid changes
By Jaclyn Cosgrove
Monday, June 23, 2014

Headlines and Quotes

National Journal
State Struggling to Pay for Current Medicaid Costs; Obamacare Expansion Would Be Impossible
Issued By Office of the Governor of the State of Oklahoma
Wednesday, October 15, 2014

"The Oklahoma Health Care Authority estimates we need \$164 million more just to cover our current obligations. I am committed to finding the resources we need to ensure that none of our current Medicaid recipients lose their coverage.

Headlines and Quotes

The Tulsa World
State budget includes painful choices
Posted: Wednesday, May 21, 2014
By World's Editorial Writers

Any budget includes hard choices. This year we particularly are concerned about funding for mental health services and Medicaid programs. The budget and federal funding issues will result in provider rate cuts in many Oklahoma Health Care Authority programs and reductions in the numbers of people who will benefit from mental health programs. These are penny-wise, pound-foolish decisions. The state's failure to invest in health and mental health programs will come back to harm us in more sickness, less productivity, and more incarceration without any more public safety.

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program that pulls local services under a single umbrella, greatly increasing efficiency and effectiveness for all service providers and one which has resulted in tremendous documented success. The program is operational in 72 of Oklahoma's 77 counties. Systems of Care is targeted to impact children, ages 6-18 years, with serious emotional and behavioral problems at home, school and in the community. Significant achievements in a child's behavior when measuring outcomes have been reported. After just six months of SOC Wraparound Services, data confirms outstanding results:

- Out of Home Placements - A documented 48% reduction.
- Self-Harm Attempts - A documented 47% reduction.
- Arrests - A documented 66% reduction.

This program absolutely is delivering a return on investment, and is federal money matched by state funding that has been leveraged by the department to meet a critical need. It is a program that has been championed by our participating partner agencies, and by our state leaders including the Governor.

1.7% Increase in Medicaid Program Growth - \$3,492,095

The department is requesting only a 1.7% growth increase for the Medicaid behavioral health program. Historically, this program has grown by 14% per year. Responsibility for the behavioral health portion of this program was shifted to ODMHSAS during the FY13 legislative session. The resulting redesign of the Medicaid reimbursement system along with policy changes have resulted in cost savings in the millions of dollars.

Medicaid FMAP Decrease (from 64.02% to 62.30%) - \$5,655,848

For the second year in a row, the Federal Medical Assistance Percentages (FMAPs) has been decreased, meaning that the state must pay a greater share of Medicaid costs resulting from a reduced federal match. The FMAP is based on state economic indicators. Updated rate calculations have resulted in the need for increased State funds related to the required match.

Maintain Tulsa Family Drug Court - \$319,646

The Tulsa Family Drug Court is a successful program that seeks to reunify families where children have been taken into DHS custody. In a comparison study of families participating in FDC and similar non-participant families (3-Year timeframe), it was found that FDC participants were reunified with loved-ones 227 days sooner than non-participant families. That resulted in a \$5,007,166 cost avoidance for the state.

BJA Grant (Annualization) - \$215,325

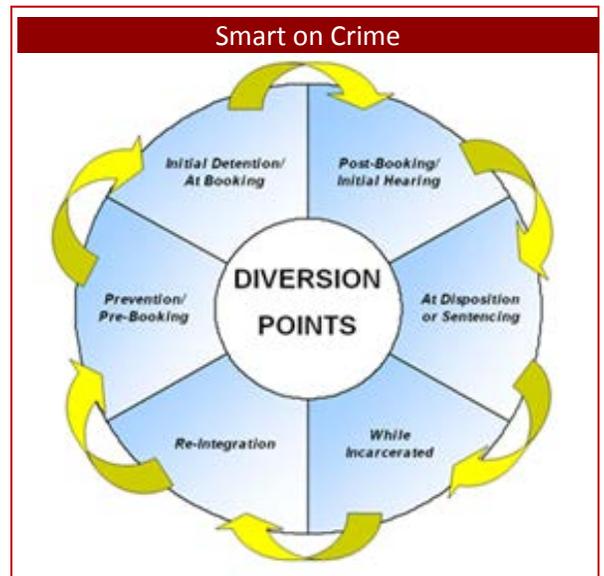
An BJA grant supporting Oklahoma's drug court system and 174 Drug Court participant slots expired last year. Funding was provided to continue those slots through the end of the fiscal year. Funding requested is an annualization of that funding.

Law Enforcement Travel Reimbursement - \$200,000

Additional state funding is needed to meet the demands of law enforcement travel reimbursements. More local law enforcement agencies have become aware of the ability to bill for transport miles. The department must also meet any increases in the GSA mileage reimbursement.

2. Smart on Crime Initiative: ~~\$108,110,000~~ \$96,610,000

Over the past three years, ODMHSAS has received over \$10 million towards the initial request. This year's request of \$96,610,000 represents full funding of the proposal including requested funds for two more crisis centers (three of the initially requested five have been funded to date). Smart on Crime funding creates model programs to divert non-violent individuals with a mental illness and/or addiction from the criminal justice system. Interventions with these individuals must be available at various points in the criminal justice process, from pre-booking to re-entry, with the intent to intervene and divert at the earliest possible opportunity.



Funds that have been invested into specific elements of the proposal include:

Drug Court Slots - \$645,000 to maintain 174 drug court slots (based on 9 month cost with remaining funds to support annualization requested this year).

First Responder Training – The department received \$1 million of the original \$5 million request for expanded behavioral health first responder training.

Crisis Centers/Urgent Care – The department received \$7.5 million of the original \$12.5 million request to expand behavioral health crisis services statewide resulting in three new centers (Ardmore, Tulsa and Sapulpa). However, two additional centers are needed to meet the original request and provide relief for associated law enforcement transport issues.

Substance Abuse Residential Treatment – The department received \$2 million of the original \$14 million request to expand residential

Supporters of Smart on Crime
Smart on Crime Makes Sense
<p>According to a report prepared by the Oklahoma Senate staff (Author: Timothy Quinton Dilbeck), implementation of the Smart on Crime proposal over a five-year period will result in:</p> <ul style="list-style-type: none"> • An 11,200 person reduction to the DOC inmate population. • A \$233 Million net gain cost savings/avoidance to the state. • And, a \$123 Million annual cost savings/avoidance <u>for every year beyond the initial five years.</u>

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treatment services and address an everyday waiting list of beyond 600-900 people in immediate need.

Jail Screening – The department received \$1 million of the original \$5.25 million request which resulted in services available for 18 counties.

These services have made a difference, but cannot deliver the same outcomes as a fully-funded effort. The state must commit to full-funding of this proposal. It will save lives, and help Oklahoma avoid escalating costs in other areas.

Demonstrated Outcome Measures:

Drug Court

There were approximately 4,000 active adult drug court participants in Oklahoma as of January 2014, and 60 drug courts total statewide. *The cost per participant annually is \$5,000 which is significantly less than the \$19,000 annually that the state would pay to house that same person in a prison cell.* There are multiple other ways that the program reduces cost to the state and communities, such as:

Reduced Incarceration – The incarceration rates for drug court graduates compared to released inmates is significantly lower after three years, 6.5% for graduates compared to 23.4% for released inmates;

Increased Employment of Participants – Drug Courts graduates experienced a 92.2% drop in unemployment and a 100.6% jump in monthly income.

Family Reunification - A 59.2% increase in participants who are able to again live with their children.

Education – There was a 40% improvement in graduates obtaining a high school education.

Simply put...drug court works.

Mental Health Courts

Mental health courts currently exist in 16 counties (only) including Oklahoma, Cleveland, McClain, Seminole, Hughes, Rogers, Craig, Wagoner, Cherokee, Tulsa, Pontotoc, Creek, Okfuskee, Comanche, Cotton and Okmulgee counties with 426 active participants as of January 2014. Another 17 counties have requested courts that would serve an estimated 375 additional court participants. The estimated cost for DOC to house a person with mental illness is \$23,000 annually. Effectiveness of courts can be demonstrated by the reduction in the number of jail days (79% reduction); reduced arrests (92% reduction); reduction in unemployment (81% reduction); and, reduced days spent in an inpatient treatment setting (64% reduction).

Screening and Assessments

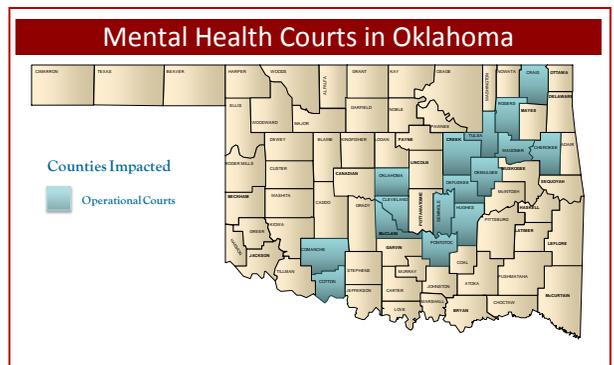
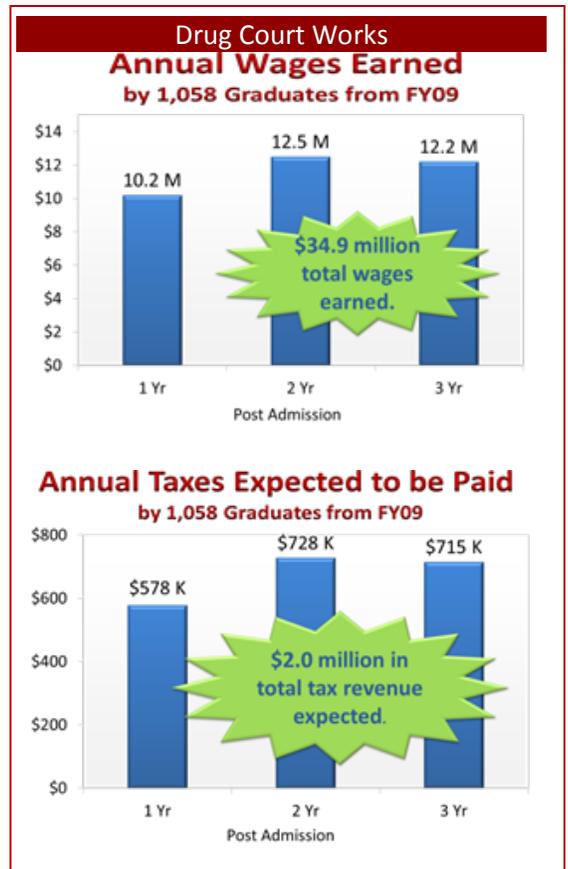
As authorized by 43A O.S. 3-704, Offender Screenings are conducted by Oklahoma Department of Mental Health and Substances Abuse Services' certified treatment providers to determine felony offenders' risk to reoffend as well as identify substance use and mental health treatment needs. There are certified screeners in 18 counties. There have been 3,668 offenders screened and 2,373 final dispositions recorded. Examples of program benefit include:

In Tulsa, an 87% decrease in the length of time offenders spent in jail (from 31 days pre-implementation to 4 post-implementation), and a \$2.2 Million reduction in the cost to incarcerate offenders (\$2,532,717 pre-implementation to \$326,802 post-implementation).

In Pontotoc County this has resulted in 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).

Day Reporting

In partnership with Northcare Community Mental Health Center, day reporting is a pre-trial program designed to serve seriously mentally ill persons and individuals with co-occurring mental health and addiction disorders in the custody of the Oklahoma County Sheriff and are awaiting sentencing for appropriate criminal offenses. The program has proven its worth. Jail days were decreased by 98% and inpatient days were reduced by 90%. In addition, participants experience a 97% decrease in arrests. The savings from Day Reporting participants not awaiting sentencing in jail (\$3,715,774) equates to adding an additional 8 peace officers to the local law enforcement agencies for each year that this program has operated (began in 2005).



Headlines and Quotes

The Daily Oklahoman
Effects on Oklahoma families another reason to embrace corrections reform
*by The Oklahoman Editorial Board
Published: September 12, 2014*

We have written often urging lawmakers to stop looking for ways to be tough on crime, by doing such things as expanding the list of crimes that require offenders to serve 85 percent of their time before becoming eligible for parole, and instead consider a smart-on-crime approach. This would include trying to expand drug courts or increasing funding for mental health and substance abuse programs inside and outside the Department of Corrections.

The Journal Record
Editorial: Mental health courts good for state
*By Journal Record Staff
Monday, January 13, 2014*

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Jail Diversion

Family & Children's Services Community Outreach Psychiatric Emergency Service teams (COPES) partners with local law enforcement in a pre-booking jail diversion program. A 2010 study of COPES showed that 99% of non-violent criminal offenders were diverted from incarceration. In 2010 the program had 4,929 contacts; 4,884 of those diverted.

Re-Entry Programs

The ODMHSAS re-entry program, housed at the Joseph Harp, Mabel Bassett and OK State Penitentiary prison facilities, is designed to link persons leaving prison with services on the outside prior to their departure. This proactive approach provides better outcomes for the individual, community and State. Returns to prison for offenders participating in the program were 40% lower than the baseline comparison group (24.6% compared to 42.3%). In addition, offenders participating in the re-entry program showed 90% fewer inpatient admissions than the baseline comparison group and reported higher income 24 months after release than the comparison group (over \$500 or 56% higher).

Program for Assertive Community Treatment (PACT)

Currently, PACT services are available in 17 counties for individuals with the most severe mental illnesses. The program seeks to reduce consumer time in jail and in inpatient care by providing assistance with basic needs, increasing medication adherence, keeping families together and securing competitive employment. As a result, participants have realized a 78.4% reduction in the number of inpatient treatment days.

Crisis Intervention Teams (CIT)

CIT is a 40-hour interactive law enforcement-based training for aiding individuals in mental health crisis. There are currently 874 officers trained statewide. Measurement of calls in just Oklahoma City that resulted in diversion provided an estimated \$714,364 in avoided jail day costs and \$407,800 in avoided emergency room expense.

The potential cost savings of these programs are tremendous. Tax dollars saved as a result of receiving treatment rather than incarceration are obvious and well documented. What is sometimes not seen are the many other ways that these programs positively impact State revenue. For example:

As a result of the drug court program and efforts to reduce unemployment and provide participants with the ability to become productive members of society, \$34.9 million in total wages were documented as earned by participants over a three year period following their admission to the program. This represents \$2 million in total tax revenue expected to be generated. By contrast, if these participants had gone to prison, the estimated cost to tax payers would have been \$60 million. These calculations are based on 1,058 graduates from 2009.

Headlines and Quotes

KOCO TV

Oklahoma officials say state needs more mental health funding

Oklahoma has 2nd highest mental illness rate in US

Published 4:57 PM CDT Jul 16, 2014

Much of the logistical burden in finding a place for psychiatric patients to stay is falling on the shoulders of Oklahoma City police. Officers are being tasked with transporting psychiatric patients to facilities across the state. On Wednesday, every bed at the disposal of ODMHSAS within Oklahoma City was full. "We're already shorthanded and trying to respond to calls and service citizens," said John George, president of the Fraternal Order of Police. "To take [officers] out of that - their primary function - to do this, that's where we need to find a solution." The patients involved have not committed a crime, they simply need a place to get help. George said many of the transports are needed on weekends when officers are in more demand on the streets.

3. Improving Behavioral Health Access for Oklahoma's Health and Safety: \$12,600,179

Even with heightened attention given to ODMHSAS in recent years, and the growing understanding that behavioral illnesses are a priority health concern in our state, a majority of Oklahomans in need of behavioral health services are unable to access care. The department serves only 190,000 of the 700,000 to 950,000 Oklahomans experiencing mental illness or a substance use disorder. For the average Oklahoman, services simply do not exist until their disease progresses to a point that it becomes a crisis...after jobs have been lost and there are no other options for treatment services except through government support, when families have already been irreparably harmed and, too often, after devastating consequences for the individual and others.

There has been an additional investment by the Governor and legislature in previous years and that is greatly appreciated. That investment has been specific to initiatives targeting at-risk populations. We have not addressed the needs of the everyday Oklahoman who is in need of services, and often asking for services, to keep their illness from worsening and avoid the consequences of not providing treatment.

4. Health Homes: \$3,000,000 (Services for non-Medicaid consumers)

The next step in improving an individual's overall care is to bridge the gap between an individual's medical and behavioral health care. Oklahoma plans to do this through the implementation of "Health Homes." A Health Home is a place where individuals can come throughout their lifetimes to have their health care needs identified and to receive the medical, behavioral and social supports they need, coordinated in a way that recognizes all of their needs as an individual, not just patients.

The Health Homes are a shared project between OHCA and ODMHSAS; although, this funding request is to provide services to non-Medicaid consumers. The two agencies are still in the process of evaluating and awarding the RFP for the Health Homes. We do know that 22 providers will be selected. Some of the providers might be operating in multiple areas, and each area might have more than one provider. The funds that are a part of this budget request represent the cost of providing care coordination for ODMHSAS consumers that have no payer source for medical care, meaning they are not covered by Medicaid, Medicare or private insurance.

Coordinated care matters because people with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death. A few of the reasons for this are: amotivation; cognitive limitations; poverty; and, lack of self-advocacy skills.

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Service delivery challenges that contribute to the difficulty of integrating behavioral/physical care include: physicians lack knowledge or comfort with people with chronic mental disorders; clinical demands on a physician's practice make it difficult to address multiple comorbidities; mental health professionals lack comfort or knowledge regarding other medical issues; and, MHPs lack time and resources to address health concerns in busy practices.

Health Homes will bridge the gap utilizing multidisciplinary teams to provide the following services using a person centered approach: comprehensive care management; care coordination; health promotion; transitional care from inpatient to other community-based settings; referral and linkage to community supports; individual and family support; and, health information technology to link services.

5. Provider Sustainability Rate Increase (3%): \$8,254,457

The purpose of this request is to increase contract provider reimbursement rates to equalize the Medicaid and ODMHSAS rate that is paid. Behavioral health providers are reimbursed at a far lesser rate compared to other health service providers. This represents a 3% rate increase for Medicaid behavioral health services, which would restore funding lost during previous budget cuts. In addition, residential substance abuse treatment providers, which are not covered by Medicaid or Medicare, and are currently reimbursed at rates below the actual cost of providing services, will be reimbursed at a rate equal to providing services. Behavioral health services are delivered well below the Medicare equivalent rate and will continue to be paid at lower rates for the foreseeable future. Currently, behavioral health Medicaid rates are reimbursed at 65% of Medicare rates.

6. Saving Lives and Families through Suicide Prevention: \$450,000

Oklahoma families continue to experience suicide rates that are greater than the national average with our state consistently having one of the ten worst rates. Suicide and suicide attempts impact Oklahomans throughout the lifespan, from school age youth through senior citizens. Suicide is preventable and attempts can be minimized through community awareness and identification strategies. Oklahoma made an important first investment in suicide prevention in FY14. Initially, this funding was targeted to replace federal funds from the expiring Garrett Lee Smith Grant supporting community strategies for the promotion of suicide prevention programs including QPR, Assist and unique community partnerships like Time to Talk (T3). T3 was launched in 2013 as a collaborative between ODMHSAS, the Oklahoma Military Department and the Oklahoma State Department of Education. T3 incorporates community awareness activities and screening/education to promote healthier high schools and middle schools in our state. ODMHSAS recently received notification of continued federal funding after the state budget filing. However, the need for these services remains high as evidenced by the state's suicide rate. The addition of state funds will be used to enhance suicide prevention efforts statewide.

Suicide Risk and Oklahoma

Approximately 4.4% (122,000) Oklahoma adults report serious thoughts of suicide. That is the 5th highest rate in the nation according to Mental Health America. MHA also reports that 6.8% of youth have attempted suicide.

Headlines and Quotes

The Tulsa World
Suicide cause of more Tulsa deaths than murder
Suicide is about twice as common as murder in Oklahoma and throughout the U.S.
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7. Treatment and Supports to Serve Oklahoma's Heroes: \$1,000,000

Many people may believe that the Veterans Administration (VA) or the Oklahoma Department of Veterans Affairs (ODVA) are the sole providers of mental health or substance abuse services to veterans. However, access to these services is dependent upon a myriad of rules and the system is often difficult to navigate. Additionally, family members are not eligible for VA services.

The mental health and substance abuse treatment needs for United States service members, veterans and their families (SMVF) have been well documented. Oklahoma has a significant military presence and communities across the state have been impacted by repeated deployments. Unfortunately, due to lack of payment source or the stigma of seeking services in the federal healthcare system, many returning soldiers have foregone treatment and have experienced family collapse, declining health, re-adjustment difficulties, interaction with law enforcement or, most tragically, suicide. This proposal would allow the ODMHSAS to provide access to services for potentially thousands of Oklahoma men and women who have so bravely served our country. Eligible individuals would be able to seek services at any contracted ODMHSAS provider.

The proposal includes three specific components:

- \$775,000 Direct treatment services. Level of care would be dictated by severity of condition.
- \$150,000 Funding would be used to contract with a non-profit organization to build relationships across the state to connect SMVFs to local resources and supports to address housing, employment, access to treatment and other factors that enhance resiliency.
- \$75,000 To place an ODMHSAS employee into the Oklahoma National Guard to augment existing Guard personnel in providing basic case management for National Guard personnel returning from deployment, and to promote linkage to service providers.

8. Screening, Brief Intervention and Referral to Treatment (SBIRT) Private/Public Partnership: \$4,000,000

SBIRT would address the state's gaps in clinical treatment service delivery, as well as address the unrecognized substance misuse or abuse that contributes to numerous public health issues – from DUIs and car wreck fatalities, to breakdown of the family unit, reduced workplace productivity, and physical illnesses that are linked to alcohol abuse. Funds would be used to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) services in a minimum of three emergency room departments and a minimum of 20 primary care physicians' offices statewide. SBIRT services entail routine alcohol and drug patient screening, brief motivational interventions, and referrals to clinical treatment services (if indicated). Hundreds of

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Fiscal Year 2016 Budget Request
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studies conclude that brief interventions dramatically reduce risky and harmful alcohol/drug use thus preventing dependent use. The World Health Organization, for example, found a 60% decrease in substance use following a single brief intervention.

9. 95 Additional Beds for Residential Substance Abuse Treatment: \$4,475,916

Previous cuts to the ODMHSAS budget (\$30 million) resulted in the loss of residential substance abuse treatment beds. These cuts were particularly difficult as even before the cuts were implemented there were already 600 to 900 Oklahomans on a waiting list (every day) to access residential services. Beds would be purchased that specialize in treating addiction to prescription medications. The addition of 95 residential substance abuse treatment beds will allow ODMHSAS to provide services to an estimated additional 2,000 Oklahomans per year, with a 60-day average length of stay. On any given day, the waiting list for residential substance abuse treatment stands at more than 1,500 Oklahomans. We estimate that by adding these beds, the waiting list could be reduced upward of 60%.

10. Law Enforcement Partnership to Reduce Illegal Alcohol Sales to Minors: \$500,000

The purpose of this funding change is to provide local law enforcement agencies the resources necessary to increase alcohol compliance mobilizations and initiate source investigations – practices that trace where youth involved in alcohol-related crimes obtained alcohol. Enforcement of laws against selling alcohol to minors is the cornerstone of effective underage drinking prevention efforts. Consistent and visible enforcement reduces alcohol sales to minors, and has been shown to reduce underage drinking and heavy drinking. Funding will be administered through contracts/grants with local law enforcement agencies. Additional information:

- Alcohol is the number one drug of choice for Oklahoma youth, costing the state \$939 million per year. Nearly 40% of Oklahoma high school students report current (30-day) alcohol use and underage drinkers consume 21.2% of all alcohol sold in Oklahoma. (PIRE, 2010)
- Alcohol compliance checks are extremely cost-effective, as the enforcement of underage drinking laws can prevent traffic crashes, the major cause of death among youth; lower the frequency of social problems among youth; and prevent aggressive behavior by youth, such as assaults and rape. Once organized, compliance-check operations are quick and inexpensive. A 2000 study cited a cost-benefit of \$2.88 for every dollar invested in a comprehensive alcohol prevention strategy that included reduced retail availability of alcohol to youth.
- Oklahoma alcohol retailers are the primary target audience for this service, with a goal of carrying out a minimum of 2,000 compliance checks annually.

**Oklahoma Department of Mental Health and Substance Abuse Services
Fiscal Year 2016 Budget Request Summary**

		FY2016 State Appropriations (\$)
1	Maintain existing programs (see detail above)	10,214,447
2	Smart on Crime Initiative	96,610,000
3	Improving Behavioral Health Access for Oklahoma's Health and Safety	12,600,179
4	Health Homes (indigent population)	3,000,000
5	Provider sustainability rate increase	8,254,457
6	Saving Lives and Families through Suicide Prevention	450,000
7	Treatment and Supports to Serve Oklahoma's Hero's	1,000,000
8	Screening, Brief Intervention, and Referral to Treatment Private/Public Partnership	4,000,000
9	95 Additional beds for Residential Sub. Abuse Treatment	4,475,916
10	Law enforcement partnership to reduce illegal alcohol sales to minors	500,000
Total Request		\$141,104,999