

FY22 Budget Performance Review

452 - Oklahoma Department of Mental Health and Substance Abuse Services

Lead Administrator: Carrie Slatton-Hodges, Interim Commissioner of ODMHSAS

Lead Financial Officer: Rich Edwards, CFO

Agency Mission

The mission of the Oklahoma Department of Mental Health and Substance Abuse Services is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans.

Division and Program Descriptions

Central Administration

The Central Administration program provides administration, direction, planning and technical assistance to facilities operated by the Department as well as to contract providers. It sets standards, policies and goals for programs and monitors programs to ensure required criteria are met. Additionally, Central Administration performs evaluations and data analysis and maintains an automated information system of clients receiving services.

Treatment Beds

- **Inpatient psychiatric hospital services** – Inpatient psychiatric care is treatment delivered in specialized psychiatric treatment settings/units for persons who require 24-hour medical supervision and are in need of active treatment services due to a mental illness. Evaluation, rapid stabilization and treatment of acute symptoms and risk factors are included as part of the treatment regime. The persons primarily receiving these services are those deemed to be a danger to themselves or others. The ODMHSAS also provides forensic inpatient levels of care to Oklahomans not guilty by reason of mental illness and those needing competency restoration treatment services.
- **Community-based structured crisis care** – Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes one hour increments of care with the ability to provide a protective environment, basic supportive care, pharmacological treatment, non-medical to medically supervised detoxification, medical assessment and treatment and referral services to appropriate level and type of service. These most often involve persons needing emergency detention, and frequently those being transported by law enforcement.
- **Residential substance abuse treatment** – Treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, 7 day per week, professionally directed therapeutic regimen. This service offers intensive, individualized treatment adhering to ASAM guidelines. Consumers must participate in services designed to support recovery from severe substance use disorders in addition to life skills, recreation and mutual support group involvement.

Community Based Treatment and Recovery Services

- **Certified Community Behavioral Health Center** - The CCBHC is a comprehensive treatment model reimbursed based on deliverables and expected outcomes, which is vastly different when compared to the current Community Mental Health Center (CMHC) model based on traditional fee-for-service scenarios. Data analysis confirms that when comparing the CCBHC and CMHC models, Oklahoma has a net-savings of over \$2 million annually. These savings are achieved primarily through a reduction in crisis intervention and psychiatric inpatient hospitalization claims. The enhanced capacity of the CCBHC allows the treatment provider network to better meet the needs of Oklahomans on an outpatient basis, realizing a significant decrease in use of higher, more costly levels of care. Individual Placement and Supports- (IPS) is the standard evidence-based supported employment and education model. The IPS mode maintains the belief that the best way to support self-sufficiency for individuals experiencing mental health and addiction disorders is to reinforce rapid entry into the competitive labor market integrated with supportive services as soon as the person is ready. Since its adoption in Oklahoma, IPS has expanded to twenty-nine other counties across the state of Oklahoma. Programs of Assertive Community Treatment (PACT) – PACT is an effective, evidence-based service delivery model providing intensive, outreach-oriented mental health services for people with the most severe mental illnesses. Using a 24/7 team approach, PACT delivers comprehensive community treatment, rehabilitation and support services to consumers in their homes, at work, and in community settings. Building community supports such as PACT and other intensive levels of care allows an individual, who otherwise may be subjected to multiple hospital visits, or jail, the ability to address the demands of their illness while remaining in the community. The program is intended to assist clients with basic needs, increase compliance with medication regimens, address any co-occurring substance abuse, and help clients train for and find employment to improve their ability to live independently. Currently, there are 11 PACT teams statewide. With PACT assistance, participants see a reduction in inpatient care days (as much as a 71% decrease) and the number of days an individual spends in jail (as much as a 93.5% decrease).
- **Oklahoma Systems of Care (SOC)** – Oklahoma SOC provides services to children, youth, and young adults experiencing serious emotional disturbance. State and federal financing and the active sponsorship of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have helped SOC expand across the state. SOC provides infrastructure, training and technical assistance, and staff professional development. Care is delivered using an integrated team that comprehensively addresses physical, mental health and substance use disorder treatment needs with a goal to ensure access to appropriate services, improve health outcomes, reduce preventable hospitalizations and emergency room visits, and avoid unnecessary care. The SOC is nationally recognized and serves more than 15,000 youth and their families across the state annually. Oklahomans receiving services through SOC show decreases in school suspensions and detentions, contacts with law enforcement, self-harm and suicide attempts, problem behaviors, and clinically significant improvement in functioning. Over 70% of the youth coming into SOC who are diagnosed as “clinically impaired” show significant improvement within six months. Also included in this category is the Children’s Crisis Stabilization and Mobile response program, providing rapid, community-based mobile crisis intervention services for children, youth and young adults up to the age of 25 who are experiencing behavioral health or psychiatric crises.
- **Children and transition age youth services** – Youth who have a mental illness are at increased risk to experience psychiatric symptoms in transition age years due to the stressors that come with the transition from home, school, friends and jobs. First break psychosis episodes are often seen at this age and specialized programs to address the specific needs are necessary in order for youth to develop into thriving adults. These evidenced based programs are critical in ensuring a healthy transition in to independence and a healthy life.
- **Gambling addiction treatment** – As Oklahoma’s number of Casinos has grown, so has the number of persons with Gambling Addiction issues. These dollars are used to screen and treat persons who have developed gambling disorders.
- **Outpatient Forensic Services** - pretrial defendants initial evaluation of adjudicative competence through the community mental health centers network or Oklahoma Forensic Center in Vinita. Outpatient Addiction Treatment – The outpatient component of the substance abuse treatment system offers evaluation and assessment of addiction issues, outpatient detoxification, therapies for multiple types of addiction, rehabilitative services, assistance with housing and employment and linkage to benefits. They are the front door for assessing and providing addiction care and treatment to Oklahomans in need.
- **Criminal justice diversion programs** – Offender screenings are conducted by ODMHSAS-certified treatment providers to determine felony offenders’ risk to reoffend as well as to identify substance use and mental health treatment needs. Using these validated screening instruments, referral recommendations are made for prison-alternative sentences that best meet the offender’s needs and increase the likelihood of successful prison diversion. By serving as central screening hubs, county jail-based screenings save diversion program resources and avoid duplicative assessment processes. Offender screening has reduced the average time an offender spends awaiting sentencing by 78 days, resulting in \$29.6 million in jail day savings. ODMHSAS has made available offender screening to all counties statewide. Counties that have not utilized offender screening in the past experienced an increase in the percentage of nonviolent prison receptions that was approximately twice that of counties that were using offender screening. To date, approximately 30,000 screens have been completed and 26,500 final dispositions recorded. An estimated 82% of those screened individuals are eligible for diversion programs, including treatment services and other. "

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Prevention Services

• **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** - SBIRT is an effective, evidence-based approach to early intervention for the treatment of individuals with or at risk of developing a substance use disorder. SBIRT can take place in any medical setting, with screening providing a quick assessment of the severity of substance use and identifying the appropriate level of care. The brief intervention allows providers to increase the individual's knowledge of the impact of substance use, motivation toward behavioral change, with the referral then providing an individual with access to necessary specialty care and treatment.

• **Alcohol, Tobacco, and other Drug Use Prevention** – ODMHSAS contracts with a network of local non-profit, university, and tribal organizations to deliver prevention services based on community needs. The prevention network, called RPCs (Regional Prevention Coordinators), partner with existing or develop new community coalitions, in 17 geographic regions of the state covering all 77 counties, to identify priority problems related to alcohol and other drug use in the community; develop a prevention plan; and implement prevention services. The department also funds and delivers a comprehensive alcohol prevention programming that engages high schools throughout Oklahoma by implementing AlcoholEdu, an online underage drinking prevention course for high school students and their parents and supporting youth leadership chapters. In addition, all RPCs provide Responsible Beverage Sales and Service training in partnership with the ABLE Commission at no cost to servers, sellers and managers of licensed alcohol retail organizations and special event hosts. The department also contracts with the ABLE Commission for local law enforcement training, alcohol mobilization support, and enforcement activities in high need areas.

• **Opioid Overdose Prevention**– ODMHSAS takes a comprehensive approach to addressing the state's opioid crisis, implementing community outreach efforts, community-based prevention and access to targeted treatment services statewide. A statewide network of community-based treatment providers has expanded access to medication-assisted treatment, specific to addressing opioid addiction. Additionally, this initiative has involved media messaging, education, community events and prevention planning, physician education opportunities, partnership with the medical community, distribution of naloxone through pharmacies and treatment locations, training of law enforcement personnel from nearly 300 agencies to administer naloxone and the provision of free naloxone kits (over 8,000) for law enforcement agencies, engagement of the state medical schools and broad-based partnership among state government, statewide professional organizations and a variety of community-based stakeholders. These efforts are working. The unintentional overdose death rate involving a prescription opioid decreased by 43% from 2007 to 2017. Also, the opioid prescribing rate in Oklahoma decreased by 29% from 2013 to 2017. Oklahoma was one of only ten states to see a decrease in the rate of drug overdose deaths from 2016 to 2017.

• **Suicide prevention and mental health promotion services** – The ODMHSAS Office of Suicide Prevention implements services to reduce the impact of suicide in Oklahoma. Priority populations include (but are not limited to) young people, those receiving healthcare and mental health care services, and service members. Suicide prevention services include screening and treatment for suicidality, community skills training, anti-stigma education, crisis hotline services, school programs and postvention services. The department also coordinates the Mental Health First Aid (MHFA) program that teaches participants how to identify, understand and respond to signs of mental and substance use disorders. The training teaches skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. MHFA improves the mental health of the individual administering care and the one receiving it, expands knowledge of mental illnesses and their treatments and increases the services provided to those in need. MHFA is offered for risk identification among veteran, youth and adult populations.

FY'21 Budgeted Department Funding By Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
10	Central Administration	10,904,770	2,873,689	2,864,451			\$16,642,910
20	Treatment Beds	127,932,492	12,447,304	22,202,242			\$162,582,038
30	Community Based Treatment & Recovery Services	192,215,615	35,986,007	62,393,713			\$290,595,335
50	Prevention	3,862,363	9,180,413	397,507			\$13,440,283
Total		\$334,915,240	\$60,487,413	\$87,857,913	\$0	\$0	\$483,260,566

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

FY'20 Carryover by Funding Source

Carryover	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
	\$0	\$0	\$0	\$0	\$0	\$0

What changes did the agency make between FY'20 and FY'21?

1.) Are there any services no longer provided because of budget cuts?

ODMHSAS was able to use FMAP savings from the CARES act to avoid any cuts to programs in FY-21.

2.) What services are provided at a higher cost to the user?

None

3.) What services are still provided but with a slower response rate?

No additional changes were made to ODMHSAS service delivery.

4.) Did the agency provide any pay raises that were not legislatively/statutorily required?

No

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FY'22 Requested Funding By Department and Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Other ¹	Total	% Change
10	Central Administration	\$10,904,770	\$2,873,689	\$2,864,451	\$0	\$16,642,910	0.00%
20	Treatment Beds	\$121,145,970	\$12,447,304	\$22,202,242	\$0	\$155,795,516	-4.17%
30	Community Based Treatment & Recovery Services	\$178,406,920	\$35,986,007	\$62,393,713	\$0	\$276,786,640	-4.75%
50	Prevention	\$3,862,363	\$9,180,413	\$397,507	\$0	\$13,440,283	0.00%
Total		\$314,320,023	\$60,487,413	\$87,857,913	\$0	\$462,665,349	-4.26%

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'22 Top Five Operational Appropriation Funding Requests

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:	Maintenance of Existing Programs	\$9,394,044
Request 2:	Medicaid Expansion and IMD Savings	-\$29,959,262
Request 3:		
Request 4:		
Request 5:		
Top Five Request Subtotal:		-\$20,565,218
Total Increase above FY-21 Budget (including all requests)		\$ (20,565,218)
Difference between Top Five requests and total requests:		\$0

Does the agency have any costs associated with the Pathfinder retirement system and federal employees?

ODMHSAS is impacted by the DHHS Department of Cost Allocation Services decision to disallow the portion of employer contributions for employees on the new defined contribution (Pathfinder) plan that is remitted to the OPERS defined benefit plan. However, through cost savings and efficiencies ODMHSAS has been able to absorb these cost for the current fiscal year.

How would the agency be affected by receiving the same appropriation for FY '22 as was received in FY '21? (Flat/ 0% change)

ODMHSAS is requesting a flat budget for SFY-22. For SFY-22 ODMHSAS is projecting maintenance costs of \$9.4 Million, however ODMHSAS is also projecting savings from Medicaid expansion totaling \$29.9 M which more than offsets those increased maintenance costs. ODMHSAS is also recommending any savings beyond what is needed to cover the maintenance costs for SFY-22 be reinvested into ODMHSAS's plan for statewide implementation of an evidence based crisis system.

How would the agency handle a 2% appropriation reduction in FY '22?

ODMHSAS is requesting a flat budget for SFY-22, a 2% decrease would equal a decrease in appropriation of \$6,698,305. For SFY-22 ODMHSAS is projecting maintenance costs of \$9.4 Million, however ODMHSAS is also projecting savings from Medicaid expansion totaling \$29.9 M which more than offsets those increased maintenance costs and a 2% decrease in appropriations. ODMHSAS is also recommending any savings beyond what is needed to cover the maintenance costs and potential budget reduction for SFY-22 be reinvested into ODMHSAS's plan for statewide implementation of an evidence based crisis system.

Is the agency seeking any fee increases for FY '22?

	Fee Increase Request (\$)	Statutory change required? (Yes/No)
N/A		

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

Description of request in order of priority	Appropriated Amount (\$)	Submitted to LRCP? (Yes/No)
Replace boilers at Carl Albert Community Mental Health Center	\$150,000	Yes
Replace boilers at Jim Taliaferro Community Mental Health Center	\$170,000	Yes
Replace heat and air system at the Northwest Center for Behavioral Health	\$250,000	Yes

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Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 21 budgeted	FY 20	FY 19	FY 18	FY 17
000088000	BHSIS-SMHA	3030166	66,654	222,036	137,363	171,703	137,363
000810000	Implementation Alcohol/Drug	3000404	57,015	39,990	57,015	57,015	57,015
105550001	National School Lunch Program	2002014	57,019	46,156	43,587	35,338	50,763
142380000	Shelter Plus Care	multiple	297,533	306,249	206,902	269,135	208,013
165820000	Crime Victim Assitance/Decretionary Grants	3030193	29,167	108,082	73,031	-	-
165850000	Drug Court Discretionary Grant Program	multiple	1,322,530	467,170	142,781	589,492	553,119
165930000	Residential Substance Abuse Treatment for State Prisoners	3004080	123,000	134,744	-	-	-
167450000	JMHCP	3030157	-	85,898	150,046	95,510	92,675
168120000	Second Chance Act Reentry Initiative	3004091	-	-	95,026	233,476	101,920
168270000	Justice Reinvestment Initiative	multiple	941,310	825,365	816,791	213,591	67,134
206000000	State and Community Highway Safety	5004024	98,397	19,065	96,064	-	-
206160000	National Priority Safety Programs	multiple	-	43,303	97,991	122,864	91,730
840270000	Special Education Grants to States	3030180	-	144,651	135,839	263,141	143,457
930870000	Enhance Safety of Children Affected by Substance Abuse Disturbances	5004029	1,114,750	752,934	660,805	414,427	738,119
931040000	Comprehensive Community MH Services for Children with Serious Emotional	3030184	750,000	2,600,007	3,685,190	3,108,232	722,532
931500000	Projects for Assistance in Transition from Homelessness	3030150	452,895	491,788	438,540	666,089	530,076
932260000	Research on Healthcare Costs, Quality and Outcomes	3004094	-	25,455	75,175	98,655	40,575
932430000	Oklahoma Capacity Grant	multiple	9,031,344	11,631,947	8,402,026	10,988,702	8,383,977
934260000	Improving the health of Americans through Prev and Mgmt of Diabetes and Heart Disease and Stroke	3004103	125,000	117,727	-	-	-
935560000	Promoting Sage and Stable Families	multiple	-	-	56,257	-	-
935580000	Temporary Assistance for Needy Families	3004042	3,366,000	2,820,527	1,853,424	277,875	2,698,722
936700000	Child Abuse and Neglect Discretionary Activities	3004051	150,546	218,917	420,000	-	-
937350000	State Public Health Approaches for Ensuring Quitline Capacity	3004081	584,788	361,770	-	-	-
937640000	PPHF-Cooperative Agreement to Implement the National Strategy for Suicide Prev.	5004050	-	-	59,590	312,009	471,991
937670000	Children's Health Insurance Program	multiple	-	-	69,753	-	-
937780000	Medicaid Administrative Claiming	multiple	949,319	918,736	918,285	998,819	1,190,660
937880000	Opioid STR	multiple	10,875,599	10,752,423	9,905,660	4,195,301	1,276
938290000	Section 223 Demonstration Programs to Improve Community Mental Health Services	multiple	1,627,221	-	-	-	800,808
939580000	Block Grants for Community Mental Health Services	multiple	7,295,002	7,596,561	5,625,943	5,170,707	4,622,507
939590000	Block Grants for Substance Abuse & Prevention Treatment	multiple	17,834,535	15,365,386	14,603,199	15,895,621	15,818,977
939970000	Assisted Outpatient Treatment	3030183	259,661	1,028,659	1,187,448	834,967	360,846
940240000	Social Innovation Fund Pay for Success	3030185	-	-	91,167	21,800	-
970320000	FEMA Public Assistance Grant	3030138	-	-	-	-	311,023

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

None - The agency provides state match for the Medicaid program but does not receive the corresponding federal dollars.

2.) Are any of those funds inadequate to pay for the federal mandate?

No

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Ending block and categorical grants will result in a 11.3% reduction of Mental Health and Substance Abuse Treatment and Prevention services. In addition, ending Federal Medicaid participation will cost the State over \$354M in behavioral health services.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

Any budget cut to the \$53 M in federal funds received by the agency will result in the reduction and/or elimination of the respective programs. For example, Housing grants, State Opioid Response Grant, Drug Court Expansion grant, Medication Assisted Treatment grant, and Suicide Prevention grant will be reduced and/or eliminated to absorb reduced funding.

5.) Has the agency requested any additional federal earmarks or increases?

ODMHSAS applies for new categorical grants each year.

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FY'21 Budgeted FTE							
Division #	Division Name	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
10-88	Central Administration	32	0	116	9	83	24
20	Treatment Beds	127	521	631	758	356	38
30	Community Based Treatment & Recovery Services	89	73	384	197.5	236.5	23
50	Prevention	11	0	14.5	0	11.5	3
Total		259	594	1145.5	964.5	687	88

FTE History						
Division #	Division Name	2021 Budgeted	2020	2019	2017	2012
10-88	Central Administration	116.0	116.0	116	111.0	149.0
20	Treatment Beds	1152.0	1137.0	1,054	801.0	940.0
30	Community Based Treatment & Recovery Services	457.0	456.0	517	798.0	967.0
50	Prevention	14.5	30.0	29	23.0	0.0
Total		1739.5	1739.0	1716.0	1733.0	2056.0

Performance Measure Review					
Program Name	FY 20	FY 19	FY 18	FY 17	FY 16
Measure I Maintain the wait time between first contact and face-to-face visit for behavioral health treatment to less than 3 days every year through 2018.	3	3	3	3	3
Measure II Maintain the percentage of individuals receiving inpatient or crisis unit care who return within 180 days at 20% or below every year through 2018.	22.35%	22.56%	22.09%	21.85%	19.67%
Measure III Maintain the percentage of participants in mental health reentry programs returning to prison within 36 months at 24.2% or below every year through 2018.	23%	22.50%	23%	22.80%	22.30%

Revolving Funds (200 Series Funds)			
Department of Mental Health Revolving Fund	FY'18-20 Avg. Revenues	FY'18-20 Avg. Expenditures	June '20 Balance
This funds receives court fines from various counties in Oklahoma that administer drug court programs.	\$75,851,399	\$75,308,196	\$5,726,725
Drug Abuse Education and Treatment Fund This funds receives court fines from various counties in Oklahoma that administer drug court programs.	\$554,144	\$602,704	\$62,311
Capital Outlay Fund This fund is used for capital expenditures.	\$156,488	\$0	\$492,651
Group Housing Loan Revolving Fund This fund receives interest on a corpus that is held by a third party to provide Housing Loans.	\$1,130	\$2,733	\$517
Community-Based Substance Abuse Rev Fund This fund receives revenue from Beverage Licenses sales, DUI trainings and ADSAC assessments fees.	\$634,194	\$774,879	\$63,456
Prevention of Youth Access to Alcohol Fund This fund receives revenue from juvenile court fines.	\$19,796	\$37,039	\$72,784
Medicaid Disallowance Fund This fund holds funds for disallowances related to ODMHSAS Title XIX program.	\$0	\$0	\$0