

FY21 Budget Performance Review

Oklahoma Department of Mental Health and Substance Abuse Services - 452

Lead Administrator: Terri White, Commissioner of the 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.
- **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

- **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 hours-a-day, seven days-a-week 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 non-traditional programs 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, help clients train for and find employment, and improve their ability to live with independence and dignity. Currently, there are 11 PACT teams statewide. With PACT assistance, comparing pre-PACT with post-PACT, 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).
 - **Systems of Care (SOC)** – The Oklahoma Systems of Care program is a nationally recognized initiative that serves nearly 5,000 youth (and their families) across the state. Youth receiving services through SOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning. Over 70% of the youth coming into SOC, diagnosed as “clinically impaired,” show significant improvement within six months. The program targets services for children ages 6-18 years with serious emotional and behavioral problems at home, school and in the community. Also included in this category are Family Drug Treatment Courts, a specialized court that works to treat families that have had children removed from the home due to substance abuse issues. These courts have been very successful in achieving family re-unification and sobriety.
 - **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 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.
 - **Specialty Courts and Criminal Justice Diversion Programs** – The annual cost of drug court is \$5,000 compared to \$19,000 for incarceration. That alone is a significant benefit. But, what really tells the story are the improved outcomes. Drug Court graduates are much less likely to become incarcerated compared to released inmates. Measured program outcomes include 95.4 percent drop in unemployment, a 119.3 percent jump in monthly income, a 116.7 percent increase in participants with private health insurance and better than 81 percent of graduates are able to again live with their children. A tracking study of over 4,000 graduates monitored for a five year period demonstrated earnings of better than \$204 million that resulted in an estimated \$6.1 million in tax revenue paid to the state. Had these graduates been incarcerated, instead of in drug court, it would have cost the state an additional \$191.6 million (average sentence of three years each). There are approximately 4,000 drug court slots statewide. The outcomes for mental health courts, like drug courts, are impressive. Graduates of mental health courts are nearly 8 times less likely to become incarcerated compared to released inmates, and nearly 14 times less likely to be incarcerated than released inmates who have been diagnosed as having a serious mental illness. Program graduates have seen a 60 percent drop in unemployment, a 97 percent decrease in arrests and an 89 percent decrease in the number of days spent in jail. Graduates of the program also show a 63 percent decrease in the number of needed inpatient hospital days. There are currently mental health courts in 16 Oklahoma counties with an additional 17 counties having requested services. Appropriated state funding currently allows for approximately 700 mental health court slots statewide.
- As authorized by 43A O.S. 3-704, Offender Screenings are conducted by ODMHSAS certified treatment providers to determine felony offenders’ risk to reoffend as well as 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 non-violent 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 percent of those screened individuals are eligible for diversion programs, including treatment services and other.

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Prevention Services

• **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 is initiating a comprehensive effort to address 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 the 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 2007-2017. Also, the opioid prescribing rate in Oklahoma decreased by 29% from 2013-2017. Oklahoma was one of only 10 states to see a decrease in the rate of drug overdose deaths from 2016-2017.

• **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'20 Budgeted Department Funding By Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
10	Central Administration	10,104,770	2,173,964	2,518,747			\$14,797,481
20	Treatment Beds	139,306,299	12,440,675	20,944,585			\$172,691,559
30	Community Based Treatment & Recovery Services	196,501,496	39,291,597	63,689,456			\$299,482,549
50	Prevention	5,305,811	11,350,955	568,634			\$17,225,400
Total		\$351,218,376	\$65,257,191	\$87,721,422	\$0	\$0	\$504,196,989

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 departm

FY'19 Carryover by Funding Source

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

ODMHSAS does not carryover funds from one fiscal year to the next.

What changes did the agency make between FY'19 and FY'20?

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

ODMHSAS did not have to make any cuts going into SFY-2020.

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?

ODMHSAS implemented the pay adjustments that were required by HB 2771 of the 2019 session.

FY'21 Requested Funding By Department and Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Other ¹	Total	% Change
10	Central Administration	\$10,104,770	\$2,173,964	\$2,518,747	\$0	\$14,797,481	0.00%
20	Treatment Beds	\$142,153,839	\$12,440,675	\$20,944,585	\$0	\$175,539,099	1.65%
30	Community Based Treatment & Recovery Services	\$380,035,245	\$39,291,597	\$63,689,456	\$0	\$483,016,298	61.28%
50	Prevention	\$7,841,476	\$11,350,955	\$568,634	\$0	\$19,761,065	14.72%
Total		\$540,135,330	\$65,257,191	\$87,721,422	\$0	\$693,113,943	37.47%

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FY'21 Top Five Operational Appropriation Funding Requests

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:	Maintain Existing Programs	\$15,410,296
Request 2:	Smart on Crime Initiative	
	A. Original Smart on Crime Request	\$80,210,000
	B. Misdemeanor diversion	\$35,488,247
Request 3:	Marijuana Treatment & Prevention Costs Resulting from SQ 788	\$3,513,989
Request 4:	Alcohol Dependence Treatment and Prevention Resulting from SQ 792 and SB 383	\$37,817,372
	Top Five Request Subtotal:	\$172,439,904
Total Increase above FY-20 Budget (including all requests)		\$ 188,916,955
Difference between Top Five requests and total requests:		\$16,477,051.08

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. This disallowance has an annual estimated impact to ODMHSAS of approximately \$125,000 for the current fiscal year. That amount represents our estimate of the current impact of this disallowance, however as current employees leave and they are replaced by newer employees this amount will grow over time. Based on ODMHSAS current level of federal funding this amount could eventually reach \$375,000 or more depending on the retirement selections of the federally funded ODMHSAS employees. ODMHSAS is not currently drawing any federal funds for this disallowed contribution, however the agency does not have another revenue source available to pay for these disallowed contributions and ODMHSAS will need additional state appropriations to cover these costs.

How would the agency be affected by receiving the same appropriation for FY '21 as was received in FY '20? (Flat/ 0% change)

A flat budget is a reduction of \$7.2 M when the FMAP saving are applied to the maintenance request, the cost of maintaining services at the current level. In addition, this cut would include an accompanying loss of \$22.6 M in federal funds for a total loss of \$29.8 M. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately 14,934 Oklahomans. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs.

How would the agency handle a 2% appropriation reduction in FY '21?

A flat budget is in itself a reduction of \$29 M including the accompanying loss of federal funds, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately 14,934 Oklahomans. An additional 2% cut to appropriations would be another \$7 M in state funds and \$21.9 M in federal funds for a total cut to treatment services of \$28.9 on top of unmet maintenance needs. That could mean the elimination of treatment services for another 14,484 Oklahomans. A combined cut to maintenance needs and a 2% cut to appropriations would mean a \$14.3 M loss in appropriated funds, plus an accompanying loss of \$44.6 M in federal matching funds, for a total loss of \$58.8 M, resulting in 29,418 Oklahomans being impacted. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 2%.

Is the agency seeking any fee increases for FY '21?

	Fee Increase Request (\$)	Statutory change required? (Yes/No)
No, ODMHSAS is not seeking any fee increases in FY-21	\$0	

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 LRCPC? (Yes/No)
Storm shelters for the Children's Recovery Center and the Rose Rock Recovery Center	\$3,000,000	Yes
HVAC repair and replacements at the Griffin Memorial Hospital and Carl Albert CMHC	\$580,000	Yes
Construct replacement building for the Lighthouse treatment facility in Woodward	\$12,000,000	Yes

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Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 20 budgeted	FY 19	FY 18	FY 17	FY 16
000088000	BHSIS-SMHA	3030166	66,654	137,363	171,703	137,363	137,363
000810000	Implementation Alcohol/Drug	3000404	57,015	57,015	57,015	57,015	57,015
105550001	National School Lunch Program	2002014	57,553	43,587	35,338	50,763	31,925
142380000	Shelter Plus Care	multiple	277,633	206,902	269,135	208,013	232,597
142670000	Shelter Plus Care	3003027	20,000	15,889	22,475	11,194	-
165820000	Crime Victim Assistance/Discretionary Grants	3030193	115,500	73,031	-	-	-
165850000	Drug Court Discretionary Grant Program	multiple	1,127,444	142,781	589,492	553,119	674,167
165930000	Residential Substance Abuse Treatment for State Prisoners	3004080	111,817	-	-	-	-
167450000	JMHCP	3030157	56,673	150,046	95,510	92,675	71,702
168120000	Second Chance Act Reentry Initiative	3004091	-	95,026	233,476	101,920	-
168270000	Justice Reinvestment Initiative	multiple	854,507	816,791	213,591	67,134	-
206000000	State and Community Highway Safety	5004024	-	96,064	-	-	-
206160000	National Priority Safety Programs	multiple	77,798	97,991	122,864	91,730	157,230
840270000	Special Education Grants to States	3030180	155,000	135,839	263,141	143,457	-
930740000	Hospital Preparedness Program (HPP) and Public Health Emergency	2002011	-	-	-	-	7,603
930870000	Enhance Safety of Children Affected by Substance Abuse Disturbances	5004029	600,000	660,805	414,427	738,119	508,319
931040000	Comprehensive Community MH Services for Children with Serious Emotional	3030184	3,347,199	3,685,190	3,108,232	722,532	-
931500000	Projects for Assistance in Transition from Homelessness	3030150	452,820	438,540	666,089	530,076	638,671
932260000	Research on Healthcare Costs, Quality and Outcomes	3004094	95,625	75,175	98,655	40,575	-
932430000	Oklahoma Capacity Grant	multiple	14,346,375	8,402,026	10,988,702	8,383,977	7,908,289
934260000	Improving the health of Americans through Prev and Mgmt of Diabetes and Heart Disease and Stroke	3004103	125,000	-	-	-	-
935560000	Promoting Sage and Stable Families	-	-	56,257	-	-	-
935580000	Temporary Assistance for Needy Families	3004042	3,366,000	1,853,424	277,875	2,698,722	3,798,525
936700000	Child Abuse and Neglect Discretionary Activities	3004051	210,000	420,000	-	-	-
937350000	State Public Health Approaches for Ensuring Quitline Capacity	3004081	-	-	-	-	27,567
937640000	PPHF-Cooperative Agreement to Implement the National Strategy for Suicide Prev.	5004050	-	59,590	312,009	471,991	386,713
937670000	Children's Health Insurance Program	-	-	69,753	-	-	-
937780000	Medicaid Administrative Claiming	multiple	969,097	918,285	998,819	1,190,660	112,269
937880000	Opioid STR	multiple	12,877,524	9,905,660	4,195,301	1,276	-
938290000	Section 223 Demonstration Programs to Improve Community Mental Health Services	-	-	-	-	800,808	181,565
939580000	Block Grants for Community Mental Health Services	multiple	7,406,843	5,625,943	5,170,707	4,622,507	4,706,088
939590000	Block Grants for Substance Abuse & Prevention Treatment	multiple	17,283,648	14,603,199	15,895,621	15,818,977	14,935,881
939970000	Assisted Outpatient Treatment	3030183	1,199,467	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	380,797
Total			65,257,192	50,120,787	45,056,944	38,206,472	34,954,286

Federal Government Impact
<p>1.) How much federal money received by the agency is tied to a mandate by the Federal Government? The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) receives two federal block grants the Mental Health Block Grant and the Substance Abuse Block Grant. Each of the block grants have their own requirements. The Federal Mental Health Block grants prioritize services to adults with serious mental illnesses (DSM criteria) where their condition substantially interferes with, or limits, one or more major life activities and children up to the age 18 with serious emotional disturbances. The Federal Substance Abuse Block Grant provides targets priority populations and service areas to be addressed including pregnant women and women with dependent children, Intravenous drug users and delivery of primary prevention services. In addition to providing services to priority populations the Substance Abuse Block Grant requires Oklahoma to remain in compliance with the Synar Amendment. The Synar Amendment requires states to have a compliance rate of at least 80 percent (or a non-compliance rate of no more than 20 percent) regarding the sale of tobacco products to minors, and must demonstrate compliance in order to receive their full Substance Abuse Prevention and Treatment Block Grant (SABG) award.</p>
<p>2.) Are any of those funds inadequate to pay for the federal mandate? No</p>
<p>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 12.9% reduction of Mental Health and Substance Abuse Treatment and Prevention services. In addition, ending Federal Medicaid participation will cost the State over \$315M in behavioral health services.</p>
<p>4.) How will your agency be affected by federal budget cuts in the coming fiscal year? Any budget cut to the \$65 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.</p>
<p>5.) Has the agency requested any additional federal earmarks or increases? ODMHSAS applies for new categorical grants each year.</p>

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FY'20 Budgeted FTE							
Division #	Division Name	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
10-88	Central Administration	25	-	106	10	76	20
20	Treatment Beds	117	550	597	734	363	50
30	Community Based Treatment & Recovery Services	77	76	395	178	272	22
50	Prevention	12	-	23	1	18	5
Total		230	626	1,121	922	728	97

FTE History						
Division #	Division Name	2020 Budgeted	2019	2018	2016	2011
10-88	Central Administration	106	116	101	118	160
20	Treatment Beds	1,147	1,054	785	832	925
30	Community Based Treatment & Recovery Services	471	517	808	799	910
50	Prevention	23	29	27	27	20
Total		1,746	1,716	1,721	1,776	2,015

Performance Measure Review					
	FY 19	FY 18	FY 17	FY 16	FY 15
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.	22.56%	22.09%	21.85%	19.67%	20.51%
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 2019.	Waiting on Data from DOC	23%	22.80%	22.30%	23.50%

Revolving Funds (200 Series Funds)			
	FY'17-19 Avg. Revenues	FY'17-19 Avg. Expenditures	June '19 Balance
Department of Mental Health Revolving Fund This funds receives court fines from various counties in Oklahoma that administer drug court programs.	\$71,657,632	\$75,753,130	\$5,427,134
Drug Abuse Education and Treatment Fund This funds receives court fines from various counties in Oklahoma that administer drug court programs.	\$551,420	\$632,248	\$178,710
Capital Outlay Fund This fund is used for capital expenditures.	\$100,411	\$0	\$313,087
Group Housing Loan Revolving Fund This fund receives interest on a corpus that is held by a third party to provide Housing Loans.	\$1,433	\$2,050	\$4,144
Community-Based Substance Abuse Rev Fund This fund receives revenue from Beverage Licenses sales, DUI trainings and ADSAC assessments fees.	\$718,118	\$863,978	\$53,189
Prevention of Youth Access to Alcohol Fund This fund receives revenue from juvenile court fines.	\$16,787	\$46,399	\$23,378
Medicaid Disallowance Fund This fund holds funds for disallowances related to ODMHSAS Title XIX program.	\$5,372	\$0	\$0