Department of Mental Health and Substance Abuse Services
FY 2014 Budget Request

Behavioral Health in Oklahoma

This year, one of every four Oklahomans (approximately 950,000 people) will experience a substance abuse or mental health issue that requires treatment. And, a majority of these individuals are not receiving the treatment they need to achieve wellness and recovery. Despite the enormity of its negative effects and the sizable number of people directly and indirectly influenced, mental illness and addiction remain a largely unaddressed problem in Oklahoma as a whole; the problem is even greater in specific geographic areas of the state, such as rural areas outside the I-44 corridor where the majority of available services are located.

Our state ranks 48th nationally for overall health and the number of "poor mental health days" (America's Health Rankings, 2011, United Health Foundation), and is 46th in per capita funding for state-sponsored behavioral health services (State Health Facts, Kaiser Family Foundation). Not coincidentally, Oklahoma ranks above the national average and is among the worst for incarceration rates (USDOJ, Bureau of Justice Statistics), emergency room visits and the number of inpatient hospital days (State Health Facts, Kaiser Family Foundation). In fact, mental disorders are the third leading cause of chronic disease in our state– behind only pulmonary conditions and hypertension – and more prevalent than heart disease, diabetes, cancer and stroke.

There is a Huge Gap in Services for Oklahomans in Need

70% of indigent adults needing mental health treatment, and78% in need of substance abuse services don't receive them.

40% of youth who need mental health services, and 80%who need substance abuse treatment don't receive it.

Behavioral Illnesses are a Primary Health Concern for Oklahoma

In Oklahoma, mental disorders are the third leading cause of chronic diseaseand more prevalent than heart disease, diabetes, cancer and stroke.***(Milken Institute, 2007)***

Oklahoma ranks 13th nationally in terms of suicide rate.***(AAS, 2012)***

Oklahoma is #1 nationally for the nonmedical use of pain relievers (***NSDUH, 2012)***

The Average Lifespan of Oklahomans with Behavioral Health Needs is Shorter than Others

Average Age of Death:
Mental Health – 57.5 Years
Substance Abuse – 43.2 Years
MH & SA – 40.6 Years
General Population – 71.7 Years

(DSS, ODMHSAS)

The consequences of an insufficiently funded public service system include economic loss, homelessness, increased juvenile and adult criminal justice system involvement, and about a 25-year decrease in life expectancy. These are costs borne by the individual, their families and future generations, our communities and the State. Marriages, families, schools, jobs and businesses are all negatively impacted. Untreated, it disrupts our daily lives and our social, economic and healthcare systems. Fortunately, effective treatments exist. These treatments restore well-being and productivity. They aid in preserving lives, families and businesses. Treatment saves lives, maintains close nurturing families, and promotes productivity and expanding businesses.

Maximizing the Investment of Tax Dollars

The challenge for all state agencies – particularly for the Oklahoma Department of Mental Health and Substance Abuse Services where documented need for services has dramatically outpaced available resources – is the need to maximize the investment of tax dollars for programs that work, and address a problem so that implemented solutions may more positively impact future outcomes.

Oklahoma Ranks 46th Nationally in State Mental Health Agency, Per Capita Mental Health Expenditures

OK – $53.05
National Average – $120.56
Bordering States' Average – $78.69

State Health Facts Kaiser Family Found.

In recent years, targeted investments have been made in programs designed to not only provide services to Oklahomans negatively affected by untreated mental illness and addiction, but also to use expanded availability as a means to achieve more far-reaching effects. These investments have proven their worth. They have also established the department's ability to deliver services that effectively serve the targeted population, and reduce immediate and future state expenditures.

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Budget Request Items

Note: Programs and services highlighted have been referenced by the Governor's Officein her 2014 Budget Proposal previewfor priority inclusion in the Governor's 2014 Budget Proposal

1. Maintenance of Existing Programs: $19,356,000

Replace carryoverbudgeted in FY-2013	700,000
Systems of Care GrantMatch *This includes $1 million as identified in the State's Pinnacle Plan*	2,300,000
Annualize second Crisis Center partially funded in FY-13	1,000,000
Annualize funding for Jail Screens partially appropriated in FY-13	333,000
7% increase in Medicaid program growth (BH historical trends 14%)	8,431,325
Medicaid FMAP increase (from 64% to 64.02%)	(150,372)
Budget Adjustment (1 month of payments shifted to next year due to budget cuts in FY-10)	5,600,000
Health insurance costs increase	1,142,046
Subtotal - Maintenance	**$19,356,000**

The department is in need of $19.4 million of additional appropriations to maintain programs at current levels. ODMHSAS has done an outstanding job of maximizing services, and not only finding ways to help the growing number of Oklahomans in need, but also to deliver programs and services that have reduced State costs in other areas. This includes savings realized in the areas of Medicaid operations and service delivery, incarceration rates, leveraging of public/private partnership investments and use of technology to deliver more services for less. For example:

Majority of Treatment Services Delivered by Private Providers
The overwhelming majority of treatment services provided by the department are contracted through private sector providers at the community level. This has resulted in the department being able to provide these services at the best possible price, competition that leads to highest quality care, and supports economic growth and revenue stimulation at the community level.

Lowest Administrative Cost Rate
The department's 2.7% administrative cost rate is the lowest among any state behavioral health agency and lower than any other Oklahoma state agency.

The danger lies in not maintaining the gains that we have made. This maintenance request is vital to preserving the core services that define basic daily operations.

Request Highlights:

<u>Systems of Care</u>
Oklahoma is the national leader in Systems of Care, and our program is used as a model for other states. It is a program that pulls local services under a single umbrella, greatly increasing efficiency and effectiveness for all service providers and has resulted in tremendous documented success. The program is operational in 58 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 *30% reduction*	School Detentions A documented *53% reduction*
Self-Harm Attempts A documented *39% reduction*	Arrests A documented *48% 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.

<u>Crisis Services (and Urgent Care Component)</u>
ODMHSAS last session requested funding for five new crisis centers with an urgent care component. The department was fortunate to receive funding for one of these facilities…a great start. This was part of a priority funding item included in the Governor's FY-13 budget proposal. In an effort to better

manage and utilize services, the department sent to bid an RFP that sought expanded community partnership for creation of this new center. The department received two separate bids. Through savings generated by the unique partnerships created by the bidders, ODMHSAS was able to expand the opportunity from one center to two. These newly created programs include partnership between local behavioral health providers and the area hospital, involve donated space and matching dollars, and have been created in a way that will allow more efficient and effective delivery of services to meet growing need throughout the state. These two new programs will divert people in crisis from general medical emergency departments to appropriate services, reduce utilization of inpatient psychiatric services, reduce incarceration rates among people with psychiatric disorders, and decrease the distances law enforcement officers travel to transport persons with mental illness who are in need of psychiatric care.

Jail Screenings

This program was also part of the Governor's FY-13 budget proposal. The Department has developed jail screening services through its network of community providers across Oklahoma. Screenings are provided for individuals charged with felonies to ensure objective information is available in order to inform prosecutorial, defense and sentencing decisions. This funding is the annualization of the FY-13 appropriation.

Increase in Medicaid Program Growth

The department is requesting only a 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 last legislative session. Cost saving measures implemented for this program include:

Redesign of the Medicaid Reimbursement System (Behavioral Health)

In 2011, the OHCA contracted with Optum Health to provide prior authorization for the type and amount of services for individualsneeding behavioral health treatment funded through the OHCA and ODMHSAS. The contract was established at $4 million annually. The information to be collected was vitally important to ensure appropriate services for clients, and prevention of billing for unnecessary services by providers. Optum Health, however, was unable to collect the required data. This meant that appropriate levels of care could not be determined and, as a result, hundreds of private providers were not being paid. Many of these providers were in danger of having to close their agencies. After months of struggling, the contract was terminated. There was nothing in place to perform the necessary services. At this point, ODMHSAS stepped in and was able to create and initiate a replacement system (in just 30 days) that ensured appropriate services and provider reimbursement. Providers have expressed overwhelming support and gratitude for the system and ODMHSAS' level of customer service. The immediate fiscal impact of this action was that the State no longer needed to spend $4 million per year to contract for these services, but in reality it saved numerous businesses from closure (and the related jobs and local economies) and has resulted in a strengthening of Oklahoma's Medicaid system.

Policy Changes Associated with the Transfer of Medicaid Behavioral Health Services

There are multiple proposed changes that have resulted in immediate cost savings in the State's behavioral health Medicaid program, including implementation of best practices for service delivery. Cost savings for the program will be significant. For example:

An ODMHSAS review identified a dramatic increase in the amount of behavioral health rehabilitation (BHR) services being delivered to SoonerCare members over the past two years (prior to the switch-over of responsibilities from OHCA), prompting an examination of the appropriateness and quality of the services being delivered. Specifically, it was discovered that significant billing was occurring related to rehabilitation services delivered to children under the age of six. Research shows that these services are not an effective treatment modality for children in this age range. Program changes were immediately made that deny reimbursement for BHR services not supported by current clinical research and that are not medically necessary for children ages 0-6. The Department has also submitted proposed rule revisions which will further control utilization of BHR services by imposing limits on the number of units that qualified providers will be reimbursed for all age groups. The utilization limits will be prior-authorized by the Department based on the individual member's level of need.The immediate change is expected to save $7,823,775 ($2,814,994 State Savings) during the current fiscal year, along with an additional savings of $18,777,062 ($6,755,986 State Savings) in fiscal year 2014.

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2. Smart on Crime Initiative: $96,943,000
(Includes Funding for Third Crisis Center at $2.5 Million)

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.

During the past legislative session, the department received funding to support key aspects of this proposal, including: $2.5 million to create a new crisis center and $500,000 for jail screening services. The department, as a result of Governor Fallin's leadership, received a previous investment to support specialized substance abuse services for women who are at-risk for incarceration and mobile crisis services to aid law enforcement. The FY-14 Smart on Crime proposal builds on these initial investments and proven ability of the department to deliver excellent returns.

Request Highlights:

Early Intervention and Community Crisis Care

To enhance the state's ability to intervene and divert individuals from the criminal justice system, new Crisis Units and an Urgent Care Component are essential in this treatment model. Two new units were established in FY-13. However, three more are needed to effectively cover the different regions of the state. These crisis centers will have a profound effect on the State's ability to divert individuals from the criminal justice system into appropriate treatment crisis centers.The benefits to the citizens of Oklahoma include reduced crime and recidivism, cost savings, and healthiercommunities. For example:

> **Inpatient Care Costs Avoided When Crisis Care is Available**
> The Red Rock Crisis Center in Normanwas established in 2006 to help with the rapidly increasing number of inpatient admissions at the hospital. Since its inception, the facility has evaluated 15,634 individuals. Of these, only 19% have been in need of inpatient care following their crisis care services. The remaining 81% (12,663) returned to the community. Prior to the establishment of these crisis services, the majority of those individuals may have been admitted directly to Griffin Memorial Hospital.This represents a potential savings of $50.2 million for inpatient care costs.

The ODMHSAS mission is to create healthier Oklahoma communities. The best and most cost effective way of doing this is to intervene at the earliest stage of illness possible, before the situation escalates. Early intervention means improved treatment outcomes and less costly services overall.If Oklahoma does nothing, the incarceration rates for the target population will continue to rise.

Specialty Court and Other Criminal Justice Targeted Programs

The Oklahoma Department of Mental Health and Substance Abuse Services has been highly successful in implementing programs such as drug court, mental health court, jail diversion and day reporting as a means to engage non-violent, qualifying offenders in treatment as a means to address problems that lead to incarceration and recidivism. These efforts have been proven successful at not only changing lives, but also saving the State money. For example:

> A huge cost savings – more than $20.7 million in one year – is obtainable by diverting women with children away from prison and into drug court or mental health court. A review of program outcomes for FY-11 shows that 679 women were diverted from prison into drug court or mental health court during that timeframe. Among these women, 900 children were receiving foster care, TANF or Medicaid. The avoided costs for this diversion and the subsequent costs for the children are estimated at $22.1 million in that one year.
>
> Also important is the link between treatment services obtained and outcomes associated with such things as children being born to mothers who are not using drugs, as opposed to having been born into addiction. A review of records for a three year period, FY08-FY10, documents that at least 114 drug-free infants were born to drug court participants (medical and social costs required to care for a drug-exposed infant are estimated at $250,000 in the first year of life), which resulted in preventing an additional cost totaling $28.5 million.

Court related programs along with other criminal justice targeted services are making a significant difference. For Example:

> **Drug Court**
> At the end of June 2012, there were 4,065 active participants in 45 adult drug and DUI courts in

Oklahoma. The annual estimated cost of DOC incarceration is $19,000, while drug court is $5,000. Another positive characteristic of drug court is its ability to reduce re-arrest. The re-arrest rates for drug court graduates after five years are 23.5% compared to 54.3% for released inmates. One of the aspects of drug court's success in Oklahoma is the assistance provided that is designed to support participants in seeking, gaining and maintaining employment. At entry, 31% of the participants were unemployed, compared to 4% at graduation. This is a ***reduction in unemployment of 88%.*** Another success of drug court is reuniting children with their parents. At entry, 39% of children of drug court participants were living with their parents compared to 60% at graduation. This is ***an increase in children living with their parents of 55%.***

Mental Health Courts
Mental health courts currently exist in 16 counties, including Oklahoma, Cleveland, McClain, Seminole, Hughes, Rogers, Craig, Wagoner, Cherokee, Tulsa, Pontotoc, Creek, Okfuskee, Comanche, Cotton and Okmulgee counties. The estimated cost for DOC to house a person with mental illness is $23,000 annually. Effectiveness of courts can be demonstrated in the **reduction in the number of jail days, which was an 84% reduction** in the past year. This results in approximately $450,000 of cost savings.

Day Reporting
In partnership with Northcare Community Mental Health Center, day reporting is a post-booking program that keeps participants in the community while they are awaiting trial. **Jail days were decreased by 91.1% and inpatient days were reduced by 82.9%.**The cost savings associated with this were more than $500,000.

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 41% lower than the baseline comparison group (25.2% compared to 42.3%). In addition, offenders participating in the re-entry program showed 80% fewer inpatient admissions than the baseline comparison group.

Program for Assertive Community Treatment (PACT)
Currently, PACT services are available in 26 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 of the program, participants have realized a 79% decrease in the n**umber of inpatient care days, and a 65% decrease in the number of participant days in jail**.

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, $23.5 million in total wages were documented as earned by participants over a three year period following their admission to the program. This represents $1.4 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 $38 million. These calculations are based on 670 graduates from 2007. Currently the drug court program is graduating approximately 1,300 participants per year.

3. Provider Sustainability Rate Increase (3.25%): $5,033,475

Thepurpose of this request is to increase contract provider reimbursement rates equal to the Medicaid rate. This request also includes an increase in the behavioral health match when rates are increased by 3.25%.

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4. Children's Behavioral Health Services: $8,900,000

Amount Requested	Specific Use
$800,000	Annualize Suicide Prevention Initiative Funding. Funding would be used to update, coordinate and implement the state plan on youth suicide prevention.
$1,500,000	Statewide initiative on Underage Drinking Prevention. Funding would be used to coordinate and implement recommendations of the Governor's Task Force on Prevention of Underage Drinking/Comprehensive Plan.
$100,000	Workforce development and training, including raising Medicaid rates to support development and dissemination.
$1,500,000	Substance abuse counseling services for adolescents, including individual, family and group counseling.
$2,000,000	Expansion of local Systems of Care
$1,000,000	Outpatient substance abuse treatment, including after care and recovery management
$1,000,000	Integrated mental health/substance abuse inpatient care
$1,000,000	Residential substance abuse treatment

Request Highlights:

Suicide Prevention Initiative

The Oklahoma Suicide Prevention Initiative is designed to increase the implementation of evidence-based suicide prevention programs and strategies throughout the state, and to provide training and technical assistance to local community partnerships to increase community capacity to prevent suicide. The overall goals of the project are to:

1. Reduce the rate of suicide deaths and suicide attempts among Oklahomans;
2. Increase help-seeking behaviors among Oklahomans; and
3. Improve community infrastructure that will support the implementation of evidence-based suicide prevention strategies such as gatekeeper training and screening.

The initiative will provide funding for communities, tribal governments, and universities to implement evidence-based suicide prevention programs; local community and statewide training and education on suicide and suicide prevention best practices; suicide postvention services; and the development of strategic partnerships at the state and community level to build collaboration and infrastructure for the provision of suicide prevention efforts.

The current grant funded by the Substance Abuse and Mental Health Services Administration expires in 2014. The ODMHSAS funding proposal will provide funds for the provision of five community projects. Additionally, a suicide postvention team would be established to provide community organizing and best practice response services in order to prevent suicide contagion. ODMHSAS mustered a team to respond to recent events in Stillwater, Edmond, Putnam City and Deer Creek. Feedback from these engagements supports the need for similar teams to respond to a broader spectrum of incidents (i.e. suicide impacting businesses and state agencies, responses to communities of faith).

Is suicide preventable? Absolutely and without question. The U.S. Surgeon General, Centers for Disease Control and the World Health Organization all note suicide as a preventable public health problem. The fact is that eight in 10 people who attempt suicide display warning signs. That alone offers the opportunity to intervene. Other statements and sources that support this include:

> The Air Force in 1996 implemented a suicide prevention strategy that is very similar to our approach in Oklahoma. It is a community-based suicide prevention program featuring 11 initiatives. Strategies include: Increasing awareness of mental health services and encouraging help-seeking behaviors; Suicide prevention in professional training; Developing a central surveillance system for tracking fatal and nonfatal self-injuries; Allowing mental health professionals to deliver community preventive services in nonclinical settings; Establishing trauma stress response teams; and, Conducting a behavioral health survey to help identify suicide risk factors. Evaluation findings indicate that the program reduced the risk of suicide among Air Force personnel by one-third.

By helping those who have recently attempted suicide learn new ways to behave and cope when they have suicidal thoughts, cognitive therapy reduces the rate of repeat attempts by 50% (Journal of the American Medical Assoc., 2005).

Effective suicide prevention is based on sound research. Programs that work take into account people's risk factors and promote interventions that are appropriate to specific groups of people. For example, research has shown that mental and substance abuse disorders are risk factors for suicide. Therefore, many programs focus on treating these disorders in addition to addressing suicide risk specifically (National Institute for Mental Health, 2012).

National Strategy for Suicide Prevention: Suicide prevention requires a combination of universal, selective, and indicated strategies.*Universal* strategies target the entire population. *Selective* strategies are appropriate for subgroups that may be at increased risk for suicidal behaviors. *Indicated* strategies are designed for individuals identified as having a high risk for suicidal behaviors, including someone who has made a suicide attempt. Just as suicide has no one single cause, there is no single prevention activity that will prevent suicide. To be successful, prevention efforts must be comprehensive and coordinated across organizations and systems at the national, state/territorial, tribal, and local levels.

There are more than a dozen evidence-based interventions cited on the National Registry of Evidence Based Programs and Practices that have demonstrated effectiveness in reducing suicide deaths, attempts, ideation and associated risk factors as well as improving knowledge, attitudes and supports around suicide.

5. 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 dependentupon 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.

6. Prescription Abuse Prevention and Substance Abuse Treatment Initiatives: $10,000,000

Budget Request Numbers 6 and 7, from the original ODMHSAS Budget Request, are incorporated under this heading

The purpose of this funding request is to expand/enhance the state's continuum of care for substance abuse services, reduce consumption and its negative health impact, increase abstinence and reduce costly healthcare utilization.

In FY 2012, approximately19,000 Oklahomans received substance abuse treatment services funded by ODMHSAS. However, these services touched only a fraction of the Oklahomans who actually meet the requirements for needing substance abuse treatment.

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Request Highlights:

Development of a Comprehensive State Plan for Prescription Drug Abuse
ODMHSAS leads the Oklahoma Prevention Leadership Collaborative Prescription Drug Planning Workgroup, and has developed a state plan to address the growing epidemic of prescription drug abuse, calling upon state and community-level stakeholders to lead successful efforts to positively impact this problem. As the State leader for substance abuse prevention and treatment, ODMHSAS was tapped by the Governor to direct this priority effort. Prescription drug abuse costs our state in many ways. It has a direct relationshipwith family failings and greater child welfare involvement, expansion of our continuous struggle to stop drug abuse among our state's younger population, and a negative impact on Oklahoma's workforce and resulting productivity. Prescription painkillers (opioids) are now the most commonly involved drugs in unintentional overdose death. In 2010, 662 Oklahomans died of an unintentional poisoning, compared to 127 deaths just a decade before. Per capita, Oklahoma is one of the leading states in prescription painkiller sales and, in 2009, had the highest prevalence of prescription painkiller abuse for the population age 12 and older. One in 12 Oklahomans abuses painkillers. Immediate action must be taken to reverse this rapidly growing problem, which has become one of the most serious public health and safety threats to our state.

Components of this request include the following:

Media Campaign to Increase Awareness of the Prescription Drug Abuse, Storage/Disposal and Access to Appropriate Referral and Treatment ($500,000)
A crucial first step in tackling prescription drug abuse is to increase community knowledge of the problem and build support for solutions through education of parents, youth, patients and healthcare providers. Media would include statewide public service announcements, resource materials, and other social media outputs.

Training to Educate Providers/Dispensers on Prescribing Guidelines, PMP and Substance Abuse Intervention ($100,000)
Training is necessary to educate prescribers and dispensers on the risk factors for addiction, patient intervention and referral, methods to reduce prescription abuse, and best practice painkiller prescribing guidelines to reduce improper prescribing practices.

Administration and Coordination of PMP ($200,000)
This includes administrative oversight and other costs necessary for implementation of the plan.

Implementation and Evaluation of an Opiate Overdose Reversal Pilot Project (Naloxone) ($500,000)
Costs directly associated with this activity.

Screening, Brief Intervention and Referral to Treatment (SBIRT) ($4,000,000)
This was originally ODMHSAS Budget Request Item ***Number 6***
Private/Public Partnership

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 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.

95 Additional Beds for Residential Substance Abuse Treatment Beds ($4,475,916)
This was originally ODMHSAS Budget Request Item ***Number 7***

Over the past fouryears, ODMHSAS has cut more than $30 million from its budget. Access to services for many Oklahomans was lost. The cuts were especially damaging to adult residential substance abuse treatment services because even before the cuts were implemented, 600 to 900 Oklahomans were on a waiting list every day to access residential services. Beds would be purchased that specialize in treating addiction to prescription medications.

8. Wellness Initiatives: $1,000,000

The early mortality rates of people with serious mental illness, up to 25 years lost, have recently receivedmuch needed attention. This disparity in life expectancy is unacceptable. People with a serious mentalillness deserve to live long and healthy lives like other Americans. Increased morbidity and mortality ratesare largely due to treatable medical conditions caused by modifiable factors such as obesity, diabetes, heartdisease and inadequate access to healthcare. There is a need to implement standards of health care forprevention, screening and treatment in the context of better access to healthcare.

Funding would be used to promote opportunities forhealth care providers, including peer specialists, to teach healthy lifestyles. To reduce related physical illnesses, incorporation of healthy lifestyle choices in behavioral health programsmust become standardpractice.

The target population for this initiative would be adult consumers with a Serious Mental Illness (as defined by ODMHSAS). These services would be part of a continuum to the present array of services offered.

9. 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 toincrease alcohol compliance mobilizations and initiate source investigations – practices that trace whereyouth involved in alcohol-related crimes obtained alcohol. Enforcement of laws against selling alcohol tominors is the cornerstone of effective underage drinking prevention efforts. Consistent and visibleenforcement reduces alcohol sales to minors, and has been shown to reduce underage drinking and heavydrinking.

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. Underage drinkers consumed21.2% of all alcohol sold in Oklahoma. (PIRE, 2010)

Alcohol compliance checks are extremely cost-effective, as the enforcement of underage drinking laws can preventtraffic 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 investedin 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.

10. Residential Substance Abuse Treatment for Children - Statewide: $3,609,060

Oklahoma is in desperate need of residential substance abuse treatment beds for children and youth. SoonerCare covers residential treatment care for children with a mental health diagnoses, but many children also suffer from substance abuse problems, which, when left untreated, typically develop into more serious problems for the child, family and community. Properintervention and treatment, at the appropriate time,can result in a significant decrease in overall health care costs.

Clients would receive intensive and comprehensive substance abuse treatment in a residential setting, wherepeer support can be a valuable part of the treatment modality. Psychiatric, as well as substance abuse services, would be available. The use of a therapeutic milieu would be infused into the treatment, andindividual and family treatment would be critical components.

The primary population would be those between the ages of 11 and 21, with the majority falling into the age category of 14 and older.