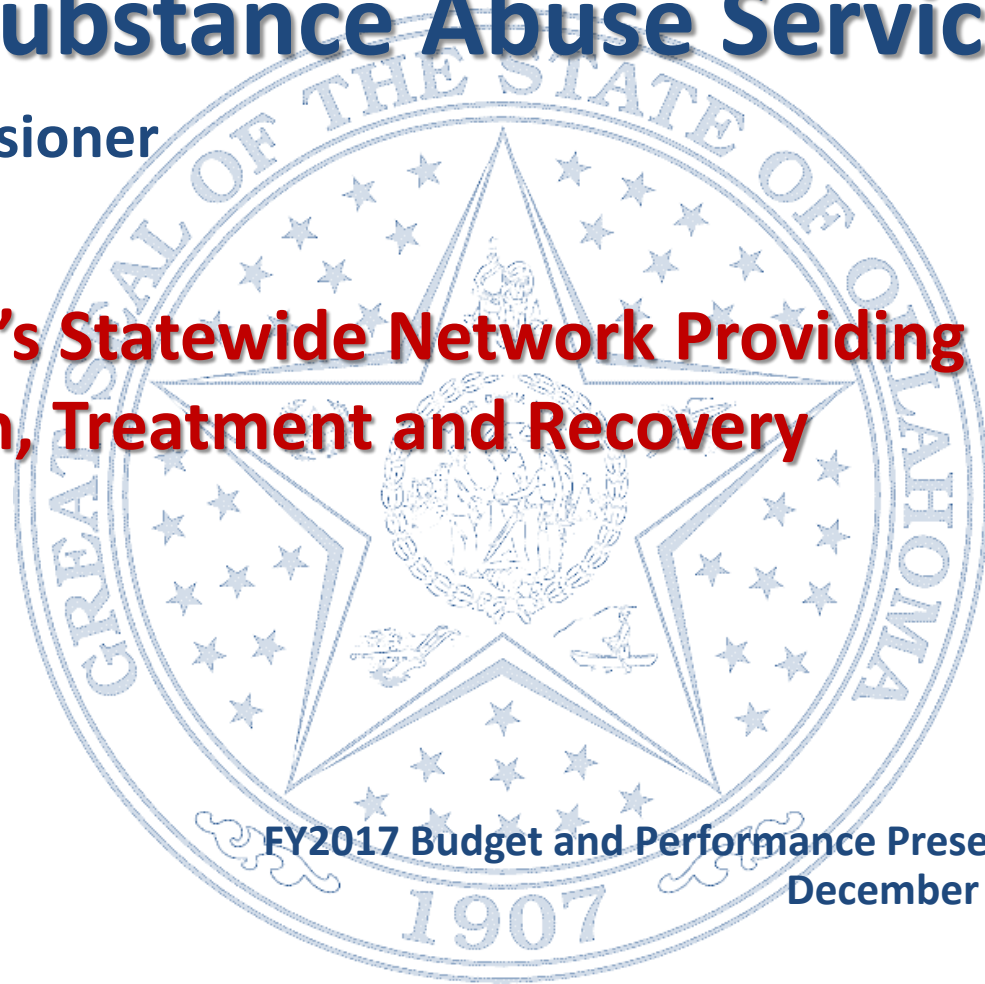


# Oklahoma Department of Mental Health and Substance Abuse Services

Terri White, Commissioner

**Oklahoma's Statewide Network Providing Prevention, Treatment and Recovery**



FY2017 Budget and Performance Presentation  
December 9, 2015



# You Only Need to Read the Headlines to understand the Impact of Mental Illness and Addiction in Oklahoma

The Oklahoman, **“Mental Health Must Stay on Oklahoma Lawmaker’s To Do List”**

August 30, 2015

Stillwater News Press, **“Oklahoma ViewPoints - Remember all the victims”**

September 2, 2015

The Norman Transcript, **“Mental Health Should Be Prioritized”**

December 4, 2015

KOKH Fox 25, **“Mental Illness in Oklahoma, Thousands in Need”**

December 4, 2015

Associated Press, **“Report: Oklahoma Among Lowest in Funding for Mental Health”**

September 28, 2015

Tulsa World, **“Judy Kishner: When will we demand results from our Legislature?”**

September 20, 2015

Tulsa World, **“Mark Costello’s Son, Jailed in Labor Commissioner’s Stabbing Death, Plagued With Mental Illness”**

August 24, 2015

Tulsa World, **“Tulsa World Editorial: Mental Health Funding is Essential”**

October 3, 2015

The Oklahoma Daily, **“State of Oklahoma Adult Mental Health Ranks a Disturbing 49<sup>th</sup> in the Nation”**

November 25, 2015

Tahlequah Daily Press, **“Mental, Behavioral Health a Key Issue of Today’s Society”**

November 6, 2015

The Journal Record, **“Echoes of a tragedy: In wake of Costello’s death, advocates hope legislators keep sight of mental health issues”**

August 31, 2015



# Oklahoma Has Some of the Highest Rates for Mental Illness and Substance Use Disorders

- Approximately **600,000 Oklahomans** report having a mental illness
- **326,000 Oklahomans ages 12+** are dependent/abuse alcohol or illicit drugs
- The percentage of Oklahoma children experiencing a major depressive episode (**MDE**) has risen steadily over the past 5 years from **7.9% to 9.2 %**
- **72,000 Oklahomans ages 12-20** report binge drinking in the past month

Sources: Mental Health America, 2015 and SAMHSA, 2015 (Using trend data 2009-2013)



# The Majority of Oklahomans in Need Are Not Getting Appropriate Services (Public and Private)

- **Only 38% of youth/children** received services in the past year for a reported major depressive episode (MDE)
- **Only 39.5% of adults** received treatment/counseling in the past year for a reported mental illness
- **Only 7.6% of Oklahomans 12+** received treatment for reported alcohol dependence/abuse
- **Only 13.9% of Oklahomans 12+** received treatment for reported illicit drug dependence/abuse
- Oklahoma ranks in the **bottom 10 states for access to mental health care**

Sources: Mental Health America, 2015 and SAMHSA, 2015 (Using trend data 2009-2013)

# Inability to Find Appropriate Care Impacts the Individual, Families and Our State as a Whole

- Although ODMHSAS treatment outcomes are among the best in the nation, there are just too few of us accessing appropriate care which in turn leads to more costly consequences for us all:

## Office of Juvenile Affairs

33% in custody, 26% on probation and 80% "Level E" custody have an SA issue

Source: OJA (as last reported to ODMHSAS)

## Department of Corrections

82% of DOC receptions need treatment for mental health and/or substance abuse

Source: ODOC, 2014

## Department of Human Svcs

Substance abuse is a factor in at least 47% of all foster care placements, and is a contributing factor for between 1-2 of every 3 maltreated children in the child protective system

Source: ODHS, 2014 and OK State Plan for Prevention of Child Abuse and Neglect



# Inability to Find Appropriate Care Impacts the Individual, Families and Our State as a Whole

## Education

15.7% of Oklahoma 9<sup>th</sup>-12<sup>th</sup> graders seriously consider suicide, and 27.3% of students felt so sad/hopeless (extended period) that they stopped usual activities

Source: Youth Risk Behavior Survey (OK), 2013

## Community Corrections

Tulsa Co reports 500-600 inmates taking psychotropic medications, and Oklahoma Co reports 400 in custody with a mental illness at any one time

Sources: Tulsa Co and Oklahoma Co Jails

## Oklahoma Businesses

Mental health is the leading health reason for work performance loss, second for absenteeism and accounts for 30% of disability costs

Sources: MHA, 2015 and SAMHSA

## City/County Law Enforcement

There were 12,687 law enforcement transport reported to ODMHSAS in FY2015

Source: ODMHSAS

## Veterans

Calls from OK veterans to the Vet Crisis Line grew from 318 in 2007 to nearly 1,700 in 2010

Source: National Suicide Prevention Lifeline

## Oklahoma Families

Excessive drinking results in 1,350 OK deaths annually, and the state ranks 3<sup>rd</sup> nationally for alcohol consumed by youth

Sources: CDC, 2013 and PIRE, 2014

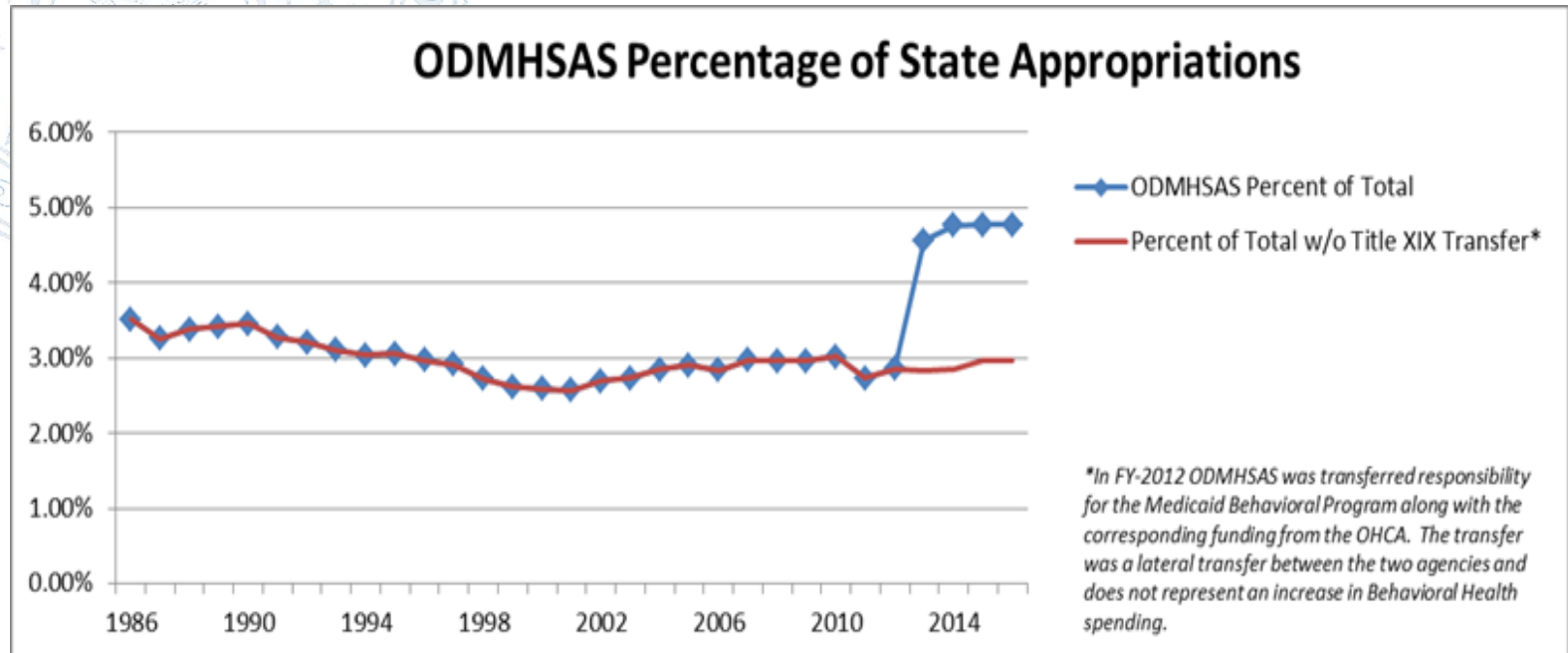


# Oklahoma's Statewide ODMHSAS System

- ODMHSAS facilitated treatment and recovery services for approximately **195,000 Oklahomans in FY2015** (along with prevention services for Oklahoma communities)
- Over **93% of all persons receiving treatment and recovery services** were seen by one of the systems contracted community-based providers
- ODMHSAS utilizes **evidence-based services** that provide proven results, and has a demonstrated history of cost-effectiveness and return on investment

Source: ODMHSAS, DSS

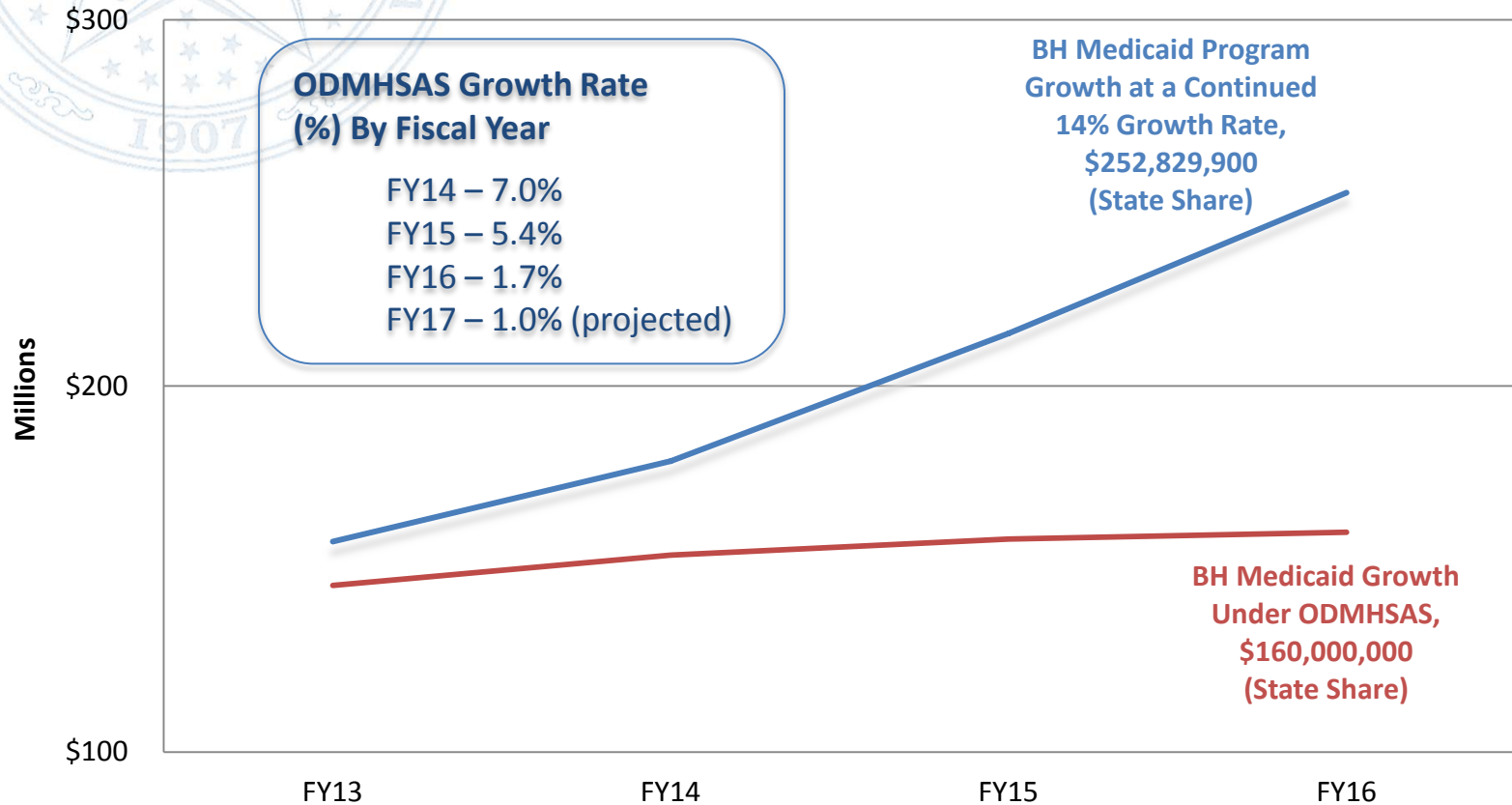
# State Resources for Mental Health and Substance Abuse Core Services





# ODMHSAS Has Made the Most of Targeted Investments in Previous Years

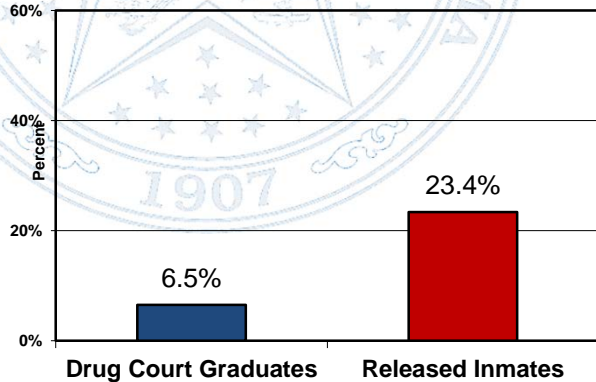
## Continued 14% Average Annual Growth Compared to ODMHSAS



# Despite Challenges, We Are a National Leader for Programs Targeting At-Risk Populations...And We Provide Results.

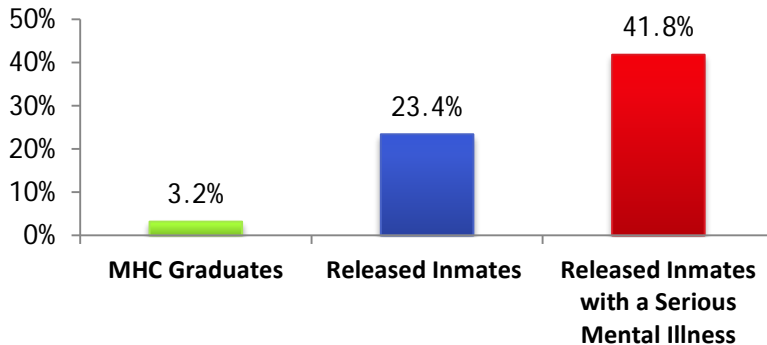
## Drug Courts

**Low Incarceration Rates  
Among 3,466 Grads (out since 2005)**



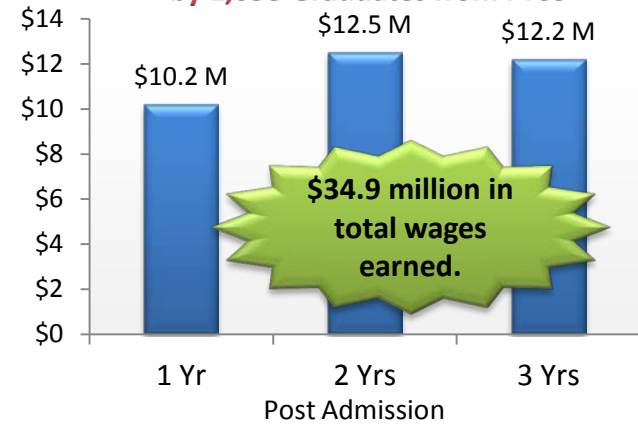
## Mental Health Courts

**Low Incarceration Rate  
Among 434 Graduates Out an Average of 3 Years**

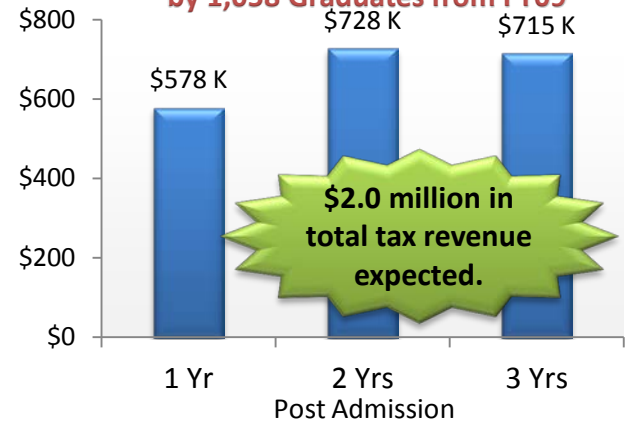


## Drug Courts

**Annual Wages Earned  
by 1,058 Graduates from FY09**



**Annual Taxes Expected to be Paid  
by 1,058 Graduates from FY09**






## We Are Moving the Needle in a Positive Direction Where Investments Have Been Made

- **Suicide Prevention** – Oklahoma has experienced a decline in the death rate for suicide and subsequent rakings among states...from number 7 nationally (three years ago) to number 17 today (third year in a row that Oklahoma's suicide death rate has declined)
- **Prescription Drug Abuse** – The prescription drug unintentional overdose death rate has decreased by approximately 5% over the past year and currently is averaging 13.2 deaths per 100,000 (Oklahoma's lowest rate since 2007)

Sources: OSDH Injury Prevention, 2015 and American Association of Suicidology, 2015

The seal of the State of Oklahoma is visible in the background, featuring a five-pointed star with a central figure, surrounded by the text "GREAT SEAL OF THE STATE OF OKLAHOMA" and the year "1907".

**Capacity has reached a point where services cannot be stretched further without seriously compromising the health and safety of all Oklahomans.**

- **Limited system resources means that only the most ill receive services, while others are turned away until their illnesses progress to a point where they qualify for our assistance.**
  - Law enforcement transports have increased by 31% since FY13
  - Cuts over the past two year's have impacted services for approximately 25,000 Oklahomans along with reduced provider billing (more than \$56 Million)
  - Community-based service providers are in danger of closing doors

# The ODMHSAS Treatment Network Consists of Over 300 Contracted, Community-Based Providers

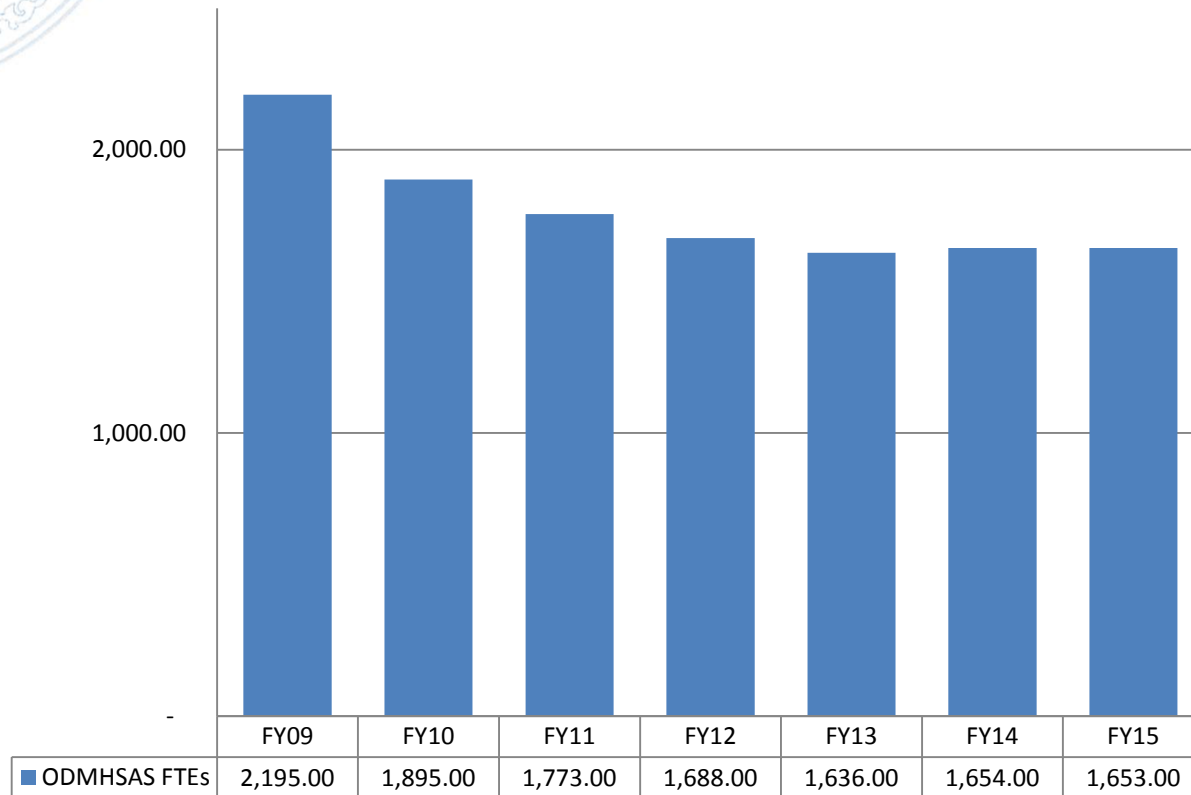


Medicaid Reimbursement Rate Oklahoma Compared to Region (and others)		
<u>Oklahoma</u>	<u>Region</u>	<u>Others</u>
71.75%	AR – 63.5%	ID – 90%
	MO – 75%	KY – 62%
	NM – 84%	LA – 75%
	TX – 74%	MS – 95%
		NC – 76%

Fee schedules for each state compared to Medicare

# ODMHSAS Has Cut Administrative Overhead and Increased Operational Efficiency/Effectiveness

- The department's administrative overhead is less than 3% and agency FTEs have decreased significantly



# ODMHSAS Needs Approximately \$4.4 Million Just to Maintain the Current Level of Service Delivery

## ODMHSAS Maintenance Request

MAINTENANCE DETAIL		FY2016 State Appropriation (\$)
A.	Oklahoma County Family Drug Court	359,931
B.	Behavioral Health Program Growth (1%)	1,495,786
C.	Medicaid FMAP decrease (from 60.99% to 59.94%)	2,376,145
D.	Law Enforcement Transport Mileage Reimbursement	200,000
<b>Subtotal Maintenance</b>		<b>\$4,431,862</b>



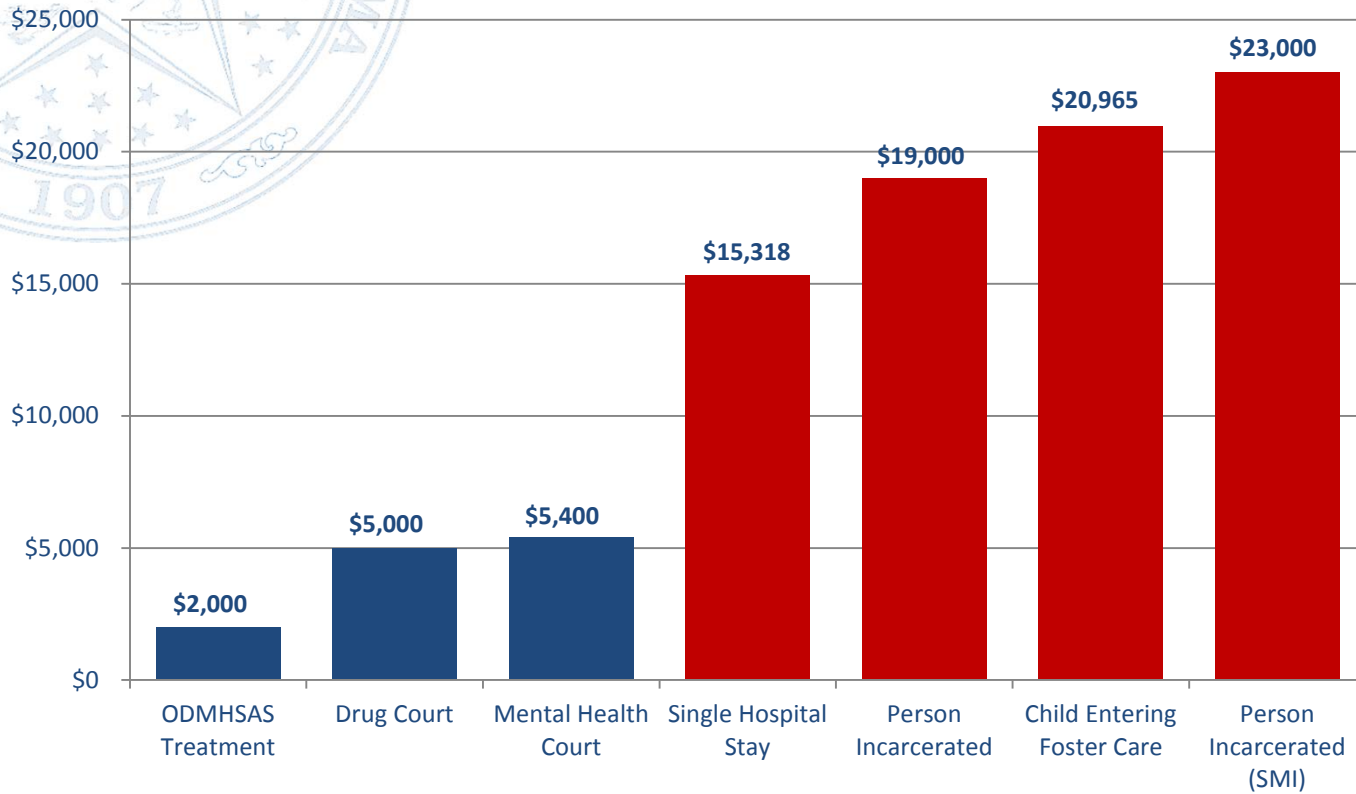
# The Department is Also Requesting Additional Funding to Complete Key Initiatives and Support Health/Safety Needs

- **Smart on Crime (\$96,610,000)** - Model programs to divert non-violent individuals with a mental illness and/or addiction from the criminal justice system with interventions at various points in the criminal justice system, from pre-booking to re-entry, with the intent to intervene and divert at the earliest possible opportunity.
- **Improving Behavioral Health Access for Health and safety (\$12,600,179)** - Current resources do not meet need and require waiting lists resulting in Oklahomans becoming entangled in child welfare, criminal justice or other negative, more expensive systems. This request would be expected to add an additional 4,500 Oklahomans into the treatment system.
- **Saving Lives and Families through Suicide Prevention (\$450,000)** - Oklahoma families continue to experience suicide rates that are greater than the national average with our state consistently having among the highest rates. Suicide and suicide attempts impact Oklahomans throughout the lifespan, from school age youth through our senior citizens. Suicide is preventable and attempts can be minimized through community awareness and identification strategies.



# The Cost to Provide Treatment in the First Place is Much Less Than the Alternatives

Annual Cost Comparison

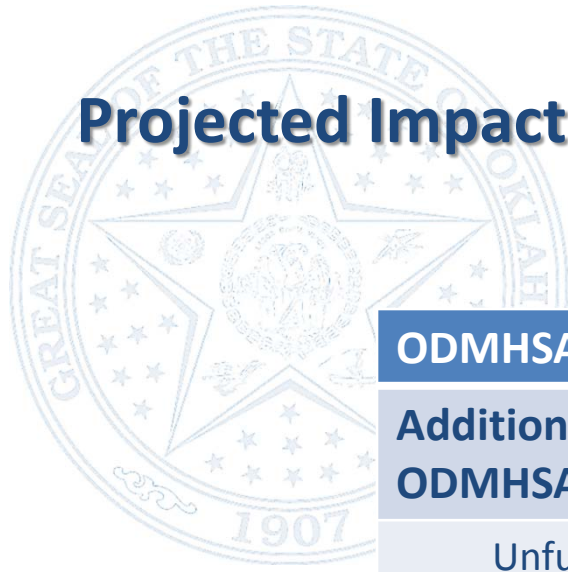




# How Will ODMHSAS Re-Prioritize to Prevent Cuts in Crucial Areas?

- The department will address cuts much as it has in previous years:
  - ODMHSAS will seek to minimize and prioritize cuts rather than use an across the board approach. Should cuts occur, the agency will be forced to evaluate current services offered and manage those in a manner that minimizes impact to the most acutely ill. That would mean further erosion of valuable treatment that prevents people from reaching higher levels of acuity.
  - Compare this to heart disease...if you walk into a hospital emergency room and your heart is 40% damaged, you likely wont be turned away without assistance and told to come back when you are experiencing a heart attack. However, that is what we do everyday to Oklahomans who are in need of treatment to avoid more costly and difficult to treat consequences should their illness be allowed to progress without intervention.

# Projected Impact of Cuts



<b>ODMHSAS Clients Served Statewide</b>		<b>195,000</b>
<b>Additional Oklahomans to lose services if the ODMHSAS budget is cut in FY2017:</b>		
Unfunded Maintenance Request	Minimum	2,200
5% Cut (plus unfunded maintenance)	Minimum	8,944
7.5% Cut (plus unfunded maintenance)	Minimum	12,493
10% Cut (plus unfunded maintenance)	Minimum	16,042

- Projections are based on an average cost per person for ODMHSAS services. This could also impact available federal funding and potentially reduce treatment funds by an estimated \$11.4M to \$100M (and subsequent provider billing).



**Oklahoma Department of Mental Health and Substance Abuse Services**  
**1200 NE 13<sup>th</sup> Street**  
**Oklahoma City, Oklahoma**

**Terri White, MSW**  
**Commissioner**

**FY2017 Budget and Performance Presentation**  
**December 9, 2015**