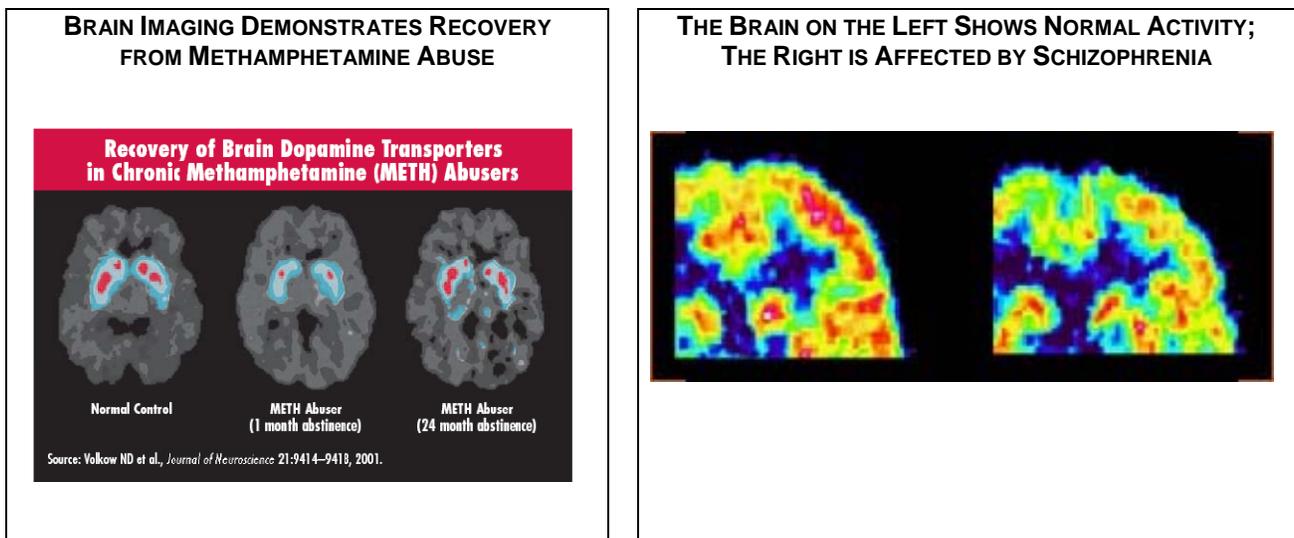


Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

In Oklahoma, mental disorders are the third leading cause of chronic disease – behind only pulmonary conditions and hypertension – and more prevalent than heart disease, diabetes, cancer and stroke. Substance abuse affects hundreds of thousands of additional Oklahomans of all ages, gender and socioeconomic background.

Advances in medicine, specifically in the area of behavioral health care treatment, confirm that brain disorders are as real, and as quantifiable, as physical diseases such as diabetes, cardiovascular disease and Parkinson's. These illnesses disrupt the normal, healthy functioning of the underlying organ and can result in serious, harmful consequences. They are preventable, and highly treatable especially when identified in the early stages of disease progression. Left untreated or inadequately addressed, these illnesses can last a lifetime.

Medical imaging and other scientific advancements are clearly dispelling myths about the nature of mental illness and addiction.



The reality is this: The sooner a mental or addictive disorder is diagnosed and treated, the better the outcome is for all involved, just as is the case with diabetes, cancer or heart disease when diagnosed early.

Treatment works. Angioplasty has a documented treatment success rate of 50%. Mental illnesses have a much higher success rate, ranging from a 60% rate for schizophrenia to an 80% plus rate for major depression and bipolar disorder.

Oklahoma ranks #2 nationally for serious psychological distress in the adult population. In Oklahoma there are 245,000 Oklahomans above the age of 12 who abuse or are dependent on alcohol or illicit drugs (8.4% of the population); there are 238,000 Oklahomans aged 18 and older who reported having at least 1 major depressive episode (9% of the population); and, there are 367,000 Oklahomans who reported having experienced serious psychological distress (14% of the population). Many of these individuals need, but are not receiving appropriate treatment or delay treatment – primarily because of stigma and limited access to care – until their illness reaches a crisis point.

Insufficient funding and cuts to state-sponsored services, in addition to lack of access to privately funded behavioral health care, have left many Oklahomans in need of treatment services with no place to turn.

- In our state, 70% of those needing treatment for a serious mental illness and 77% of adults in need of substance abuse treatment are not receiving appropriate care.
- More than 40% of youth who need mental health services and 80% of youth who need substance abuse treatment services are not receiving them.
- Over 6,800 Oklahoma college and university students annually leave school due to substance abuse.

The inability to adequately address demands for services has resulted in increased costs to families, communities, businesses, along with state and local government services...especially in the areas of criminal justice and incarceration.

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

Cost to Oklahoma Businesses

Untreated mental health and substance abuse problems greatly affect any employer's bottom line in the form of decreased productivity and increased on-the-job accidents, absenteeism, turnover and medical costs.

For employers, mental illnesses such as depression and bipolar disorders are the second leading cause of workplace absenteeism. In fact, major depression alone accounts for 48% of all worker lost productivity.

In Oklahoma alone, it is estimated that employers spend more than \$600 million annually in additional medical costs for the 200,000 Oklahoma workers who abuse alcohol or deal with the effects of depression

'Transporting patients taxes TPD'

For more than a year, police have had to leave their patrols in Tulsa to transport people to mental health facilities hundreds of miles away when no beds for emergency hospitalization are available here. The practice became necessary when budget cutbacks prevented Oklahoma Department of Mental Health and Substance Abuse Services from renewing its contract with the Tulsa County Sheriff's Office for client transports. "It is becoming quite the task, and it is very taxing on our manpower. *Sometimes we are transporting two to five people a night.*"

**Maj. Tracie Lewis, TPD mental
health training coordinator
Tulsa World, Dec. 6, 2010**

Cost to Community Services

Local law enforcement services have been significantly impacted by reduced availability and limited access to treatment at traditional entry points into the statewide behavioral health care system. Reduced access to services means that more people are left deal with the consequences of their illnesses without appropriate care. They become more ill, and far too often end up engaged with law enforcement as a result of their illness. This takes officers off the street and increases operational costs for their departments. In turn, when these individuals do enter the mental health treatment system, their declined medical condition means that the required level of care is more costly to provide and needed for a longer period of time.

Another example of how reduced services impact law enforcement involves the census cap that the department was forced to place on emergency beds throughout the statewide service delivery system. When all beds are full, individuals who would have otherwise been

transported to a local facility by law enforcement must instead be diverted to alternative sites. This has resulted in law enforcement having to transport consumers to treatment facilities that are much further away from their jurisdictions than what had previously been the norm.

The department does reimburse mileage expenses for agencies that file, however officer time and other expenses are the law enforcement agency's responsibility.

'Gubernatorial candidates address public health'

"There are far too many people in Oklahoma whose mental illnesses go untreated. These people often end up in jail, and many times they represent a danger to themselves or their communities. The solution is to get them treatment at the earliest possible stage in their illness, so they can manage their sickness and live happy, constructive lives."

**Congresswoman Mary Fallin
The Daily Oklahoman, Oct. 24, 2010**

Health and Wellness

The medical cost associated with untreated mental illness and addiction is staggering. One in four of all admissions to our nation's hospitals are directly related to untreated mental illness and/or substance abuse disorders.

More and more, when people with untreated mental or addictive disorders cannot access the help they need, they are forced to turn to available medical services within their community. Many times, they have no choice but to go to the emergency room.

Roughly 1 in 8, or a total of 12 million emergency room visits nationally in 2007 were for mental disorders, substance abuse or both according to the Agency for Healthcare Research and Quality. These illnesses were more than twice as likely to require admission to the hospital as other illnesses addressed in the ER. Only 26% of these individuals had access to private insurance. The remainder was either dependent on Medicare or Medicaid for support, or uninsured.

'Gubernatorial candidates address public health'

"Oklahoma has two main public health issues: substance abuse and obesity."

**Congresswoman Mary Fallin
The Daily Oklahoman, Oct. 24, 2010**

Conversely, though, it is also true that treatment *saves* dollars.

A 2009 study from Washington State found that the estimated average reduction in medical costs for consumers with chronic medical conditions, including mental illness and substance use disorders who received chemical dependency treatment, was \$210 per member per month, or \$2,520 per year. Findings are consistent with other studies that have found that chemical dependency

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

treatment provided to individuals with established need can significantly reduce use of emergency rooms and inpatient medical care.

A telling figure that illustrates the importance of a strong statewide behavioral health system is the dramatic increase in calls to the state's suicide hotline following FY2010 budget cuts and the reduction of services. The hotline had received 4,804 calls by the end of the third quarter in 2010. In all of 2009, calls to the hotline totaled only 3,799. That is an increase of 1,005 calls over the previous year with the last quarter stats still to be added and averages out to a 68% increase in call volume per quarter compared to 2009.

Suicides in Oklahoma are rising at a rate 38 percent above the national average and will likely continue in that direction if mental health services are cut further. It is the most common manner of violent death in Oklahoma and accounts for 60% of all reported violent deaths. Veterans represent 23% of all suicides in Oklahoma or 76% of all violent deaths among veterans. Oklahoma's youth suicide rate (9.3) is 31% higher than the national rate.

Family Preservation

'Escaping the cycle: Officials ponder state's high incarceration rate for women'

"We can be both smart and tough on crime ..."

*Speaker of the House Kris Steele
The Journal Record, Dec. 17, 2010*

Services provided by the Oklahoma Department of Mental Health and Substance Abuse Services save millions of dollars related to costs associated with keeping Oklahoma families intact by helping parents maintain custody of their children; remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and develop healthier lifestyles.

A huge cost savings – more than \$20 million in one year – is obtainable by diverting women with children away from prison and into drug court or mental health court:

During FY09, 628 women were diverted from prison into drug court or mental health court. Among these women, 811 children were receiving foster care, TANF or Medicaid. The avoided costs for this diversion and the subsequent costs for the children are estimated at \$20,015,137 in one year.

The number of drug-free infants born while a mother is participating in drug court also results in significant cost savings:

- In the last three fiscal years (FY07-FY09), at least 103 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 additional costs totaling \$25,750,000.
- Overall, over the past three years, approximately 200 women who successfully complete substance abuse treatment were pregnant when admitted to treatment.
- The number of drug-free infants born to these women resulted in an estimated \$50,000,000 savings in medical and social costs in one year (based on medical and social costs required to care for a drug-exposed infant, which are estimated at \$250,000 in the first year of life).

Preventing substance abuse also is vital to maintaining a better quality of life for all Oklahomans, and keeping families intact.

'Progress in Corrections'

"..the Legislature has invested heavily in drug courts, which continue to show positive results of diverting drug offenders from prison...The expansion in drug courts is believed to have led to a reduction in drug offender admissions at DOC and saved the State prison costs...we're pleased with the results in terms of public safety and fiscal responsibility.

*Senator Glenn Coffee
Senate Press Release, Mar. 5, 2009*

Crime

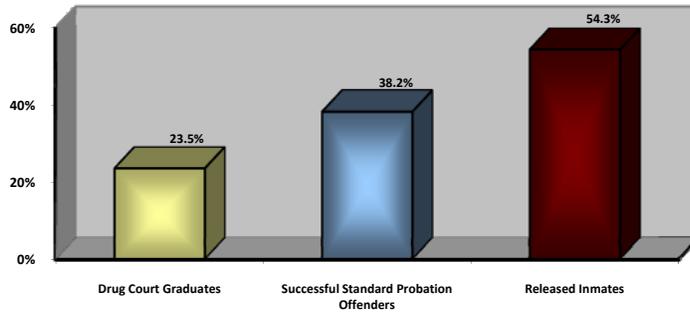
The State of Oklahoma spends millions of dollars annually on incarcerating people with non-violent offenses.

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 saving the state money. For example, drug court, provides services at an annual cost of \$5,000 compared to the \$19,000 it would cost to incarcerate the same people. And, recidivism rates are drastically improved when compared to standard probationers and released inmates.

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

In addition to the high success rates of gaining employment, increasing income, regaining custody of children, or obtaining a GED or higher education, drug court graduates also have lower re-arrest rates than probation offenders and released inmates.



“Special report: State prison problems”

Sen. Brian Bingman, the new Senate president pro tem, said he supports “anything that we can do to keep nonviolent criminals out of prisons.”

Governor-elect Mary Fallin also has said that expanding drug and mental health courts would help relieve prison congestion.

The Tulsa World, Dec. 5, 2010

The Oklahoma Department of Mental Health and Substance Abuse Services is advocating a “Smart on Crime” legislative package that targets treatment services to at-risk populations, reduces crime and incarceration rates, and saves tax dollars. Smart on Crime, endorsed by the Oklahoma Sheriff’s Association and the Oklahoma District Attorney’s Council, uses evidence-based programs in the areas of criminal justice diversion, pre-sentencing engagement, reintegration to reduce recidivism and decrease demand for correctional beds. The department has a tremendously successful track record with the operation of these innovative programs which makes Smart on Crime an even better investment for the people of Oklahoma. Implementation of Smart of Crime requires funding and not statutory changes.

‘Governor-hopeful Fallin tours McAlester shelter’

“As an addiction issue, we can help them get back on their feet,” she said, referring to the requirements that participants must meet as an alternative to prison.

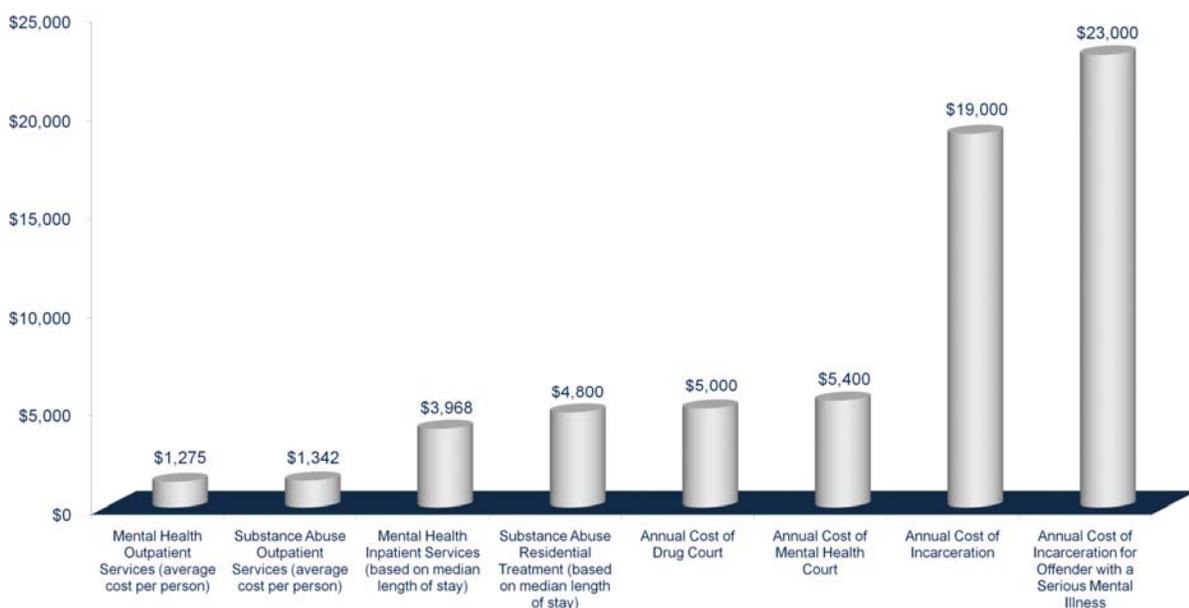
*Congresswoman Mary Fallin
McAlester News-Capital
Aug. 10, 2010*

Out of 25,000 inmates, the Oklahoma Department of Corrections estimates that nearly 12,000 have a history of – or are currently exhibiting – symptoms of severe mental health illness. There are 79% of female inmates and 46% of male inmates who have been diagnosed with a mental illness. Of these individuals, 57% were incarcerated for non-violent offenses. Out of all inmates in DOC, 33% were imprisoned for drug and alcohol offenses and at least 50% were incarcerated for a crime related to substance abuse.

Putting people with mental illness or addiction behind bars is not effective in either reducing crime or helping these individuals recover from their illness. The fact is that treatment works. Non-violent offenders would be better served, economically and medically, with treatment in their communities.

The average cost to maintain an inmate in prison is \$48 per day. For someone on a prison mental health unit, the cost jumps to approximately \$175 per day. Providing appropriate mental health services to someone in the community to keep them from entering the criminal justice system costs approximately \$25/day; and, providing appropriate substance abuse services to someone in the community to keep them from entering the criminal justice system costs less than \$15/day.

Cost of Services for the Oklahoma Department of Mental Health and Substance Abuse Services versus an Oklahoma Department of Corrections Stay



Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

The 'Smart on Crime' package would include placing non-violent offenders, whose primary issue is an untreated mental or addictive disorder, in a closely monitored program such as drug court, mental health court, a day reporting program or a jail diversion program, or other proven programs that proactively address the problem and reduce incarceration.

Summary

The ODMHSAS budget has been slashed by approximately \$25 million over the past 18 months. The results have been devastating for the people of Oklahoma.

As a result, the department proactively cut administration and personnel, which were already functioning at a conservative level. Unfortunately, these cuts have been so significant that services have suffered greatly.

A summary of cuts includes:

- Cut administrative costs, already among the lowest of any state agency, before anything else. The department operates on an administrative rate of less than 4 percent;
- Reduced FTEs by 14.5% through reductions in force, early buyouts and attrition (including the privatization of services in the Eastern Oklahoma service region);
- Cut 28 beds at Griffin Memorial Hospital, instituting a "census cap" of 120 inpatient beds;
- Reduced state-operated residential substance abuse beds by 60 in Norman and 20 in Tahlequah;
- Cut approximately 35 children's mental health beds;
- Closed 24 co-occurring beds in Tulsa;
- Closed a 26-bed enhanced residential treatment center;
- Reduced contracts for all private providers of mental health, substance abuse and prevention services, curtailing access to early intervention and other community based services;

Service cuts have drastically reduced access to care statewide and threaten the health of our families and our communities. They have impacted community services, local hospitals, all aspects of our criminal justice system, foster care, our schools, and the overall health and well-being of our state.

'Lawmakers look at mental health after Arizona shootings'

"I think we're missing a bigger, a bigger problem. We have an obviously unstable person who, multiple times in encounters in different levels in our society, people worried about. He was pushed back, rather than somebody intervening and helping this individual. And so what we need to be--make sure that we fix the right problem here, and one of them is mental health..."

**Senator Tom Coburn
Meet the Press, Jan. 16, 2011**

The individuals who we no longer serve will remain in their communities, vulnerable to the negative consequences of their untreated illness. The reality is that Oklahoma is starting to see, nearly every day now, the heartbreaking and often tragic effects of untreated mental illness and addiction. These consequences and resulting price tag – not only in terms of increased cost to other public resources, but, most importantly, in terms of human suffering and long-term damage to our state – will reverse years of progress that could take decades to repair.

Last year we spoke to the negative consequences of cutting behavioral health services in Oklahoma and predicted increases in suicides, crime, more children in foster care, needless deaths, and untold pain and suffering. Unfortunately those predictions have come true. The total direct cost to Oklahoma taxpayers has been far greater than the costs of providing access to treatment.

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

Budget Request Items

1. Maintenance of Existing Programs: \$15,308,232

The Department continues to face unfunded mandates in the area of employee health insurance and retirement contributions, as well as cost increases due to inflation. Clearly, if funding does not keep up with mandated costs, overall costs, through programmatic reductions, must be reduced to bring the budgets back into balance. This funding will allow the state to maintain services to 11,300 consumers in FY2012, based on Department-wide average cost of \$2,200 per client/per year for both mental health and substance abuse clients. A breakdown of the requested \$15,308,232 is provided below.

Replace carryover budgeted in FY11	2,206,699
Systems of Care grants – State match	2,041,667
Increases in state Medicaid match due to projected Medicaid utilization increase of 3.9%	511,297
Increase due to 3% growth in usage from non-Medicaid eligible consumers	6,259,625
Provider sustainability rate increase	1,044,832
Increases in retirement contributions from 15.5% to 16.5%	730,815
Annualize health insurance increases	513,297
Recruitment and retention of nurses	1,500,000
Maintain IT infrastructure	500,000

2. Smart on Crime Initiative: \$90,000,000

Crisis. There is no better descriptive to define the current rate of involvement that people living with mental illness and substance abuse have in review of our state’s criminal justice system. According to recent estimates from our state’s Department of Corrections, 11,000 incarcerated individuals have a serious mental illness. Individuals with addictions face similar incarceration rates; conservatively 50% of individuals in DOC custody were convicted for a crime related to substance abuse. Most are in prison due to non-violent offenses, missed opportunities for early intervention and treatment, and lack of available diversion programs. The plight for youth experiencing mental illness and addiction is equally gloomy. An estimated 30% of youth in OJA custody have mental illness. Nearly 80% of those in OJA custody in a “Level E” placement have substance abuse problems.

ODMHSAS proposes a three year plan to develop a logical and effective approach to addressing this crisis. In FY12, we are asking for \$95.6 million to implement programs that will work at all points in the criminal justice cycle:

- Prevention/Pre-Booking
- Initial Detention/At-Booking
- Post-Booking/Initial Hearing
- At Disposition or Sentencing
- Reintegration

The program will divert individuals to needed treatment, facilitate better integration and reduce recidivism. For the state of Oklahoma, it will serve as an outstanding investment, trading correctional beds that cost the state \$48 or more per day for services that are more effective and average \$25 or less per day.

The Smart on Crime proposal has been endorsed by the Oklahoma District Attorney’s Council, the Oklahoma Sheriff’s Association and the Oklahoma Academy for State Goals. Following are the core elements of our “Smart on Crime” package and a review of some of the compelling evidence on the success of these innovative programs.

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

FY2012 "Smart on Crime" Budget Request

Diversion Points	Current	Goal	Statewide Comprehensive System Cost
Prevention/ Pre-booking	Oklahoma has trained 521 police officers and sheriff deputies in Crisis Intervention Training. These officers are trained in identifying mental illness, the de-escalation of crisis, and how to access mental health professionals. \$90,000	Police responders in every community trained in the identification of substance abuse and mental health symptoms and treatment and medication services for officers to divert individuals.	\$500,000
	Oklahoma currently has limited mental health emergency responders to help law enforcement when they encounter situations where individuals have mental illness. These responders assist officers with accessing treatment to divert arrests when appropriate. \$750,000	Psychiatric and substance abuse emergency responders throughout the state to respond to the scene when officers need assistance and/or emergency evaluations and treatment and medication services for officers to divert individuals.	\$5,000,000
	Oklahoma has a waiting list of over 600 people in need of residential substance abuse treatment, including methamphetamine, and serve as alternatives to incarceration. \$12,650,000	Substance abuse residential treatment services to meet the needs statewide for addiction, including programs specializing in methamphetamine.	\$14,000,000
	Oklahoma has Systems of Care Programs to intervene with youth and families with mental health and substance abuse issues who are at high risk of entering the criminal justice system in only half of the counties. \$4,000,000	Statewide Systems of Care Services for youth and families who are at-risk of entering the criminal justice system.	\$8,000,000
Initial Detention/ At Booking	Oklahoma currently has limited resources to identify persons being brought to or being held in jails that could be diverted into alternative treatment services. \$230,000	Mental health and substance abuse jail screening services for each county with treatment and medication programs to divert offenders.	\$5,250,000
Post-Booking/ Initial Hearing	Oklahoma County has a Day Reporting Program where individuals with mental illness report for treatment daily while waiting for a disposition of their case as an alternative to jail incarceration. This team makes recommendations to the court for alternatives to incarceration. \$80,000	Day Reporting programs designed to provide substance abuse and/or mental health treatment and evaluation for those waiting for disposition with recommendations for alternatives to incarceration.	\$2,000,000
	Oklahoma has limited treatment for individuals on probation/parole who are high risk for incarceration due to technical violations related to mental illness and/or methamphetamine and other substance abuse dependence. \$200,000	Treatment for individuals on probation/parole at-risk for re-incarceration due to mental illness and/or other substance abuse dependence.	\$6,000,000
At Disposition or Sentencing	Oklahoma is a model state for drug courts based on outcomes. \$21,000,000	The historic expansion of drug courts over the last five years is the model upon which this request is based, to replicate their success at all diversion points.	\$5,000,000
	Oklahoma has funding for only 13 mental health courts to divert eligible, non-violent offenders from incarceration. \$1,680,000	Expand Mental Health Courts statewide to divert eligible, non-violent offenders from incarceration.	\$9,240,000
	Oklahoma has only 8 juvenile drug courts to divert eligible youth from the criminal justice system. \$450,000	Expand Juvenile Drug Courts statewide to divert eligible youth from the criminal justice system.	\$5,000,000
	Oklahoma has limited resources in the OJA system for youth who have mental health and substance abuse issues. \$146,000	Provide substance abuse and mental health treatment for youth in the OJA system to prevent further involvement with the criminal justice system.	\$2,000,000
While Incarcerated	Oklahoma has three co-occurring therapists and limited substance abuse treatment within the Department of Corrections system; however it is insufficient to fund the staggering needs.	Meet the mental health and substance abuse needs of those incarcerated.	
Reintegration	Oklahoma has just 3 specialists located in the prison setting to assist with the development of discharge plans for those with mental health needs. \$120,000	Ten additional discharge specialists to individuals being discharged from DOC with linkage to treatment to help this population from recidivating.	\$2,000,000
	Oklahoma has only 4 Intensive Care teams to assist those with mental health needs who are leaving prisons and re-entering the community. These teams assist with linkage to housing, employment, treatment, and medications to keep individuals from recidivating. \$780,000	Intensive Care teams statewide to assist with re-entry from DOC incarceration for those with mental health, substance abuse, or co-occurring needs and housing, employment, treatment, and medications to keep this population from recidivating.	\$6,120,000
	Oklahoma does not have a Program of Assertive Community Treatment (PACT) which specializes in the forensic population. \$0	Two Forensic PACT Teams (OKC and Tulsa) designed specifically to provide services to those released from jails and prisons and at risk for incarceration.	\$2,000,000
	Oklahoma has few resources to assist with employment and housing for those reintegrating from and at high risk for involvement with the criminal justice system. \$1,375,000	Statewide assistance with housing and employment for those re-integrating from or at high risk for involvement with the criminal justice system.	\$6,000,000
	Oklahoma has limited services for individuals who began substance abuse treatment while incarcerated, but need these services to continue upon release, such as the Tulsa's Women in Recovery Program. \$629,000	Individuals at-risk for re-entering the criminal justice system without continued substance abuse treatment will receive treatment upon release from incarceration.	\$17,500,000
		TOTAL	95,610,000

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

3. Children’s Coordinated Budget Request: \$8,900,000

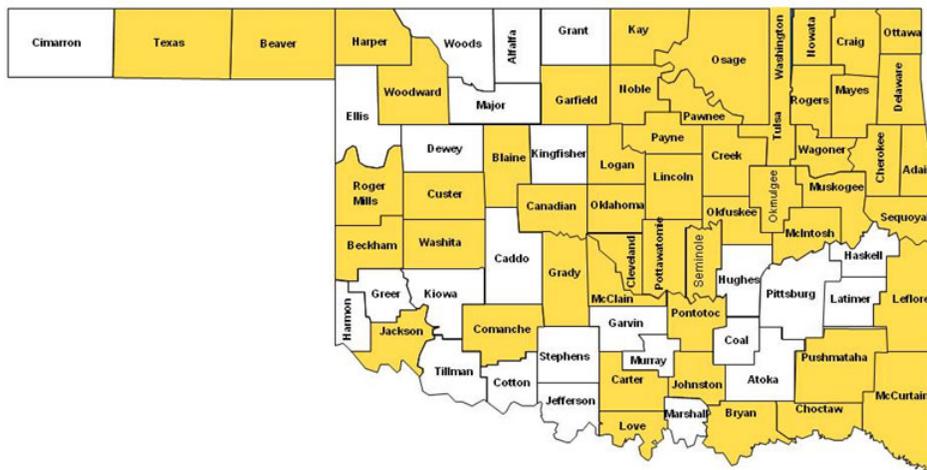
What began several years ago as a model of interagency collaboration has reached a new height of cooperation with the presentation of a Children’s Coordinated Budget Request. Five state agencies – ODMHSAS, OHCA, OKDHS, OSDH and OJA – are presenting executive and legislative leaders with a \$15 million coordinated legislative budget request as the first installment on a five-year, \$89 million initiative to build a comprehensive behavioral health system that will meet the needs of Oklahoma’s children and youth. For FY12, ODMHSAS’s portion of the \$15 million is \$8,900,000 in requested appropriations.

The ODMHSAS request includes programs that focus on prevention, early intervention, community-based services, inpatient and residential services. Specific components of the agency request are outlined below:

Area of Focus	Specific Program	Amount Requested
Prevention	Animalization of the youth suicide prevention initiative	\$800,000
Prevention	Funding to support an underage drinking prevention initiative	\$1,500,000
Early Intervention	Workforce development and training	\$100,000
Early Intervention	Substance abuse counseling for adolescents including individual, family and group counseling	\$1,500,000
Community Based Services	Expansion of local Systems of Care	\$2,000,000
Community Based Services	Outpatient substance abuse treatment, including after care and recovery management	\$1,000,000
Specialty Inpatient	Specialty inpatient care for children and youth	\$1,000,000
Inpatient and Residential	Residential substance abuse treatment	\$1,000,000

The Children’s Coordinated Budget Request has received broad praise and support from stakeholders and children’s advocates, including consistent endorsement as a top state policy priority by the Oklahoma Institute of Child Advocacy, as determined through a consensus building partnership at their annual fall forum.

OKLAHOMA SYSTEMS OF CARE STATEWIDE MAP



Successful Outcomes (After 6 months of SOC Wraparound Services) FY 2010			
Reduced Days of Out-of-Home Placement	36%	Reduced Youths Self Harming	21%
Reduced School Detentions	42%	Reduced Arrests	41%

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

Over the last 18 months, ODMHSAS had approximately \$25 million ripped from its budget. Access to services for many Oklahomans was lost. The cuts were especially damaging to adult residential substance abuse treatment services. Even before the cuts were implemented, 600 to 900 Oklahomans were on a waiting list every day to access residential services.

Department of Mental Health and Substance Abuse Services

FY 2012 Budget Request

5. Service Rate Equalization Initiative: \$7,883,000

A significant difference between SoonerCare and the department's service profile are the rates paid to contracted providers (often the same provider) for identical services, especially in the field of addiction treatment.

Our agency feels strongly that equalization of the rate structure paid to the programs is critical. As part of our FY12 request, we are seeking the necessary funding to close the remaining gap for addiction services and maintain mental health services at the Medicaid rates.

6. Recovery and Peer Support Services: \$1,181,250

As part of the agency's budget development process, advocates and stakeholders were asked to help prioritize items to be included in the ODMHSAS budget package. Stakeholders were adamant that the agency should prioritize expansion of these cost-effective services. Early research on the value of using individuals with lived-experiences as part of the treatment system points to reductions in hospitalization rates, improved employment outcomes and strengthened social networks. Potentially payable through Medicaid, an additional 3,000 Oklahomans living with mental illness or substance abuse disorders will benefit from these programs and enjoy improved resiliency and recovery. Recovery support services was an approach described as a best practice in President Bush's New Freedom report.

7. Wellness Initiatives: \$1,000,000

The early mortality rates of people with serious mental illness, up to 25 years of life lost, have recently received much needed attention. This disparity in life expectancy is unacceptable. People with a serious mental illness deserve to live long and healthy lives like other Americans.

For this vulnerable population, increased morbidity and mortality rates are largely due to treatable medical conditions caused by modifiable factors such as obesity, diabetes, heart disease and inadequate access to healthcare.

There is a need to implement standards of health care for prevention, screening and treatment in the context of better access to healthcare. Incorporation of healthy lifestyle choices in any behavioral program should become a standard.

8. Telemedicine System Implementation: \$750,000

Through a recent needs assessment and feedback from advocates, it is clear that Oklahomans, and especially rural Oklahomans, do not have the necessary access to behavioral health providers. With 35% of our state residents living in rural areas, ODMHSAS is primed to implement this cost-effective delivery system statewide. A specific example of the shortage facing our state is in the field of child psychiatry; our state has fewer than 20 active professionals in this area with the majority practicing in either Oklahoma City or Tulsa. Reimbursable through many third-party payers, telemedicine will allow our state to maximize the talents and skills of existing professionals and provide convenient care to Oklahomans regardless of their county of residence.

9. Gambling Outreach: \$250,000

ODMHSAS administers outpatient treatment services throughout Oklahoma for compulsive gamblers and their families. The Department receives approximately \$750,000 annually from the Tribal Gaming Compact and unclaimed lottery prizes to support this effort. Contracted agencies employing counselors specially trained to treat gambling problems offer services on a sliding scale.

The impact of a gambling addiction, however, far exceeds the obvious financial losses incurred. Problem gambling is significantly correlated with risky behavior in adults and adolescents, including substance abuse, mental health issues and other health concerns. Additionally, individuals with problem and pathological gambling, compared with other gamblers and non-gamblers, have higher rates of receipt of past-year unemployment and welfare benefits, bankruptcy, arrest, incarceration, divorce, poor or fair physical health, and mental health treatment.

Several groups have been found to be at higher risk for gambling problems, including adolescents. Other high-risk groups include males and racial/ethnic minorities, individuals with a family history of problem gambling, veterans and individuals with disabilities.

Department of Mental Health and Substance Abuse Services FY 2012 Budget Request

Funding would be used to increase awareness of the availability of services for problem and compulsive gambling, and promote increased access to these services.

10. Anti-Stigma Campaign: \$1,050,000

One in four Oklahomans suffers from a mental illness or addiction disorder, yet too many do not seek care until the illness reaches a point of crisis. Why do many fail to step in and seek services early? The answer: Stigma. The cost for Oklahomans is huge. Broken families, co-occurring illnesses, lost productivity, suicide and homelessness often are the outcomes of failing to address these diseases early.

ODMHSAS seeks funding to conduct a state-wide anti-stigma campaign. The proposed campaign would include both education and contact, strategies that have been proven effective in other social marketing initiatives such as seatbelt utilization and drunk-driving prevention. Oklahomans must understand that recovery from mental illness and addiction is essential to overall health; in the absence of a well-coordinated outreach effort, historical public perceptions of “straight jackets, funny-farms, and winos” will only endure, keeping people from seeking the necessary medical care for themselves and their family members until the point of crisis.