

# ODMHSAS BUDGET PRESENTATION

JANUARY 30, 2017

TERRI WHITE  
ODMHSAS COMMISSIONER

# THE HEADLINES SHOW AN INCREASING DISCUSSION OF BRAIN HEALTH IN OKLAHOMA

## The Daily Oklahoman

Needed: Political will to try new approaches to helping mentally ill in Oklahoma (Editorial)

## The Journal Record

Editorial: Listening to the message voters sent

## Associated Press

Voters provide momentum to more criminal justice changes

## The Norman Transcript

Drug court reduces crime and cost

## The Daily Oklahoman

Oklahoma is ready for smarter, safer criminal justice

## The Daily Oklahoman

Reforms could foster proactive approach to mental illness in Oklahoma

## KOCO TV

'Our attitudes about mental illnesses are about 100 years behind the science'

## The Tulsa World

Ingenuity, using available resources key to keeping mentally ill people out of jail

## Muskogee Phoenix

Jail overcrowding leads to more medical emergency calls

## CNHI News Service

Lawmaker advocates treatment center to relieve jails, hospitals

## News9 TV

Experts Say OK Prison Reform Begins With Mental Health Reform

## KSWO TV

Budget cuts impact Lawton rehabilitation center

## Oklahoma Watch

Unsettled Country: Rural Oklahoma's Struggle with Addiction, Mental Illness

## KJRH TV

Mental health issue drains emergency services, affects Tulsa citizens

## Public Radio Tulsa

Tulsa Leaders Want to Deal With Oklahoma's Notoriously High Female Incarceration Rate

# OKLAHOMA CONSISTENTLY HAS HIGH RATES MENTAL ILLNESS/SUBSTANCE ABUSE

Oklahoma Consistently Has Among The Highest Rates Nationally for Mental Illness and Substance Abuse	
Any Mental Illness	Any Substance Use Disorder
22.4 %	11.9%
Rates Consistently trend between 20-25%	Oklahoma remains above the national average for substance use dependence/abuse

- Between **700,000 and 950,000 Oklahomans** are in need of services for these diseases of the brain.
- ODMHSAS **facilitates treatment and recovery services for 195,000 Oklahomans** annually (along with prevention services for Oklahoma communities).

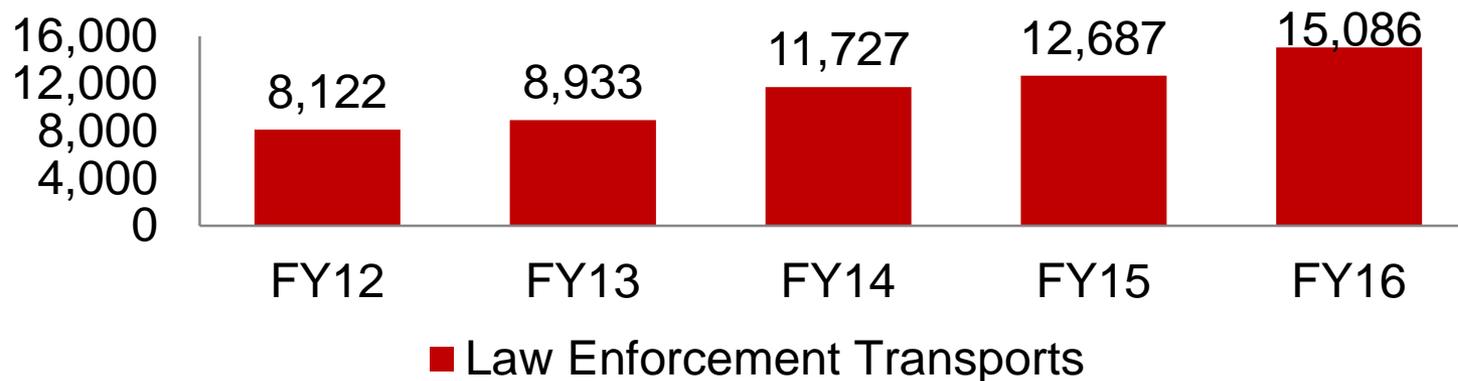
# LACK OF TREATMENT RESULTS IN ADVANCED ILLNESS, MORE COSTLY SERVICES AND PREMATURE DEATH

- A 2016 study by the Commonwealth Fund concluded that three causes of death accounted for increased midlife white mortality: **Accidental poisonings (mostly drug overdoses), suicides and chronic liver disease/cirrhosis associated with alcohol consumption.**



# LACK OF TREATMENT INCREASES LAW ENFORCEMENT ENGAGEMENT AND CRISIS SITUATIONS

- Law Enforcement transports increased by 86% between FY12 and FY16, an indicator of increased need for treatment services in Oklahoma.



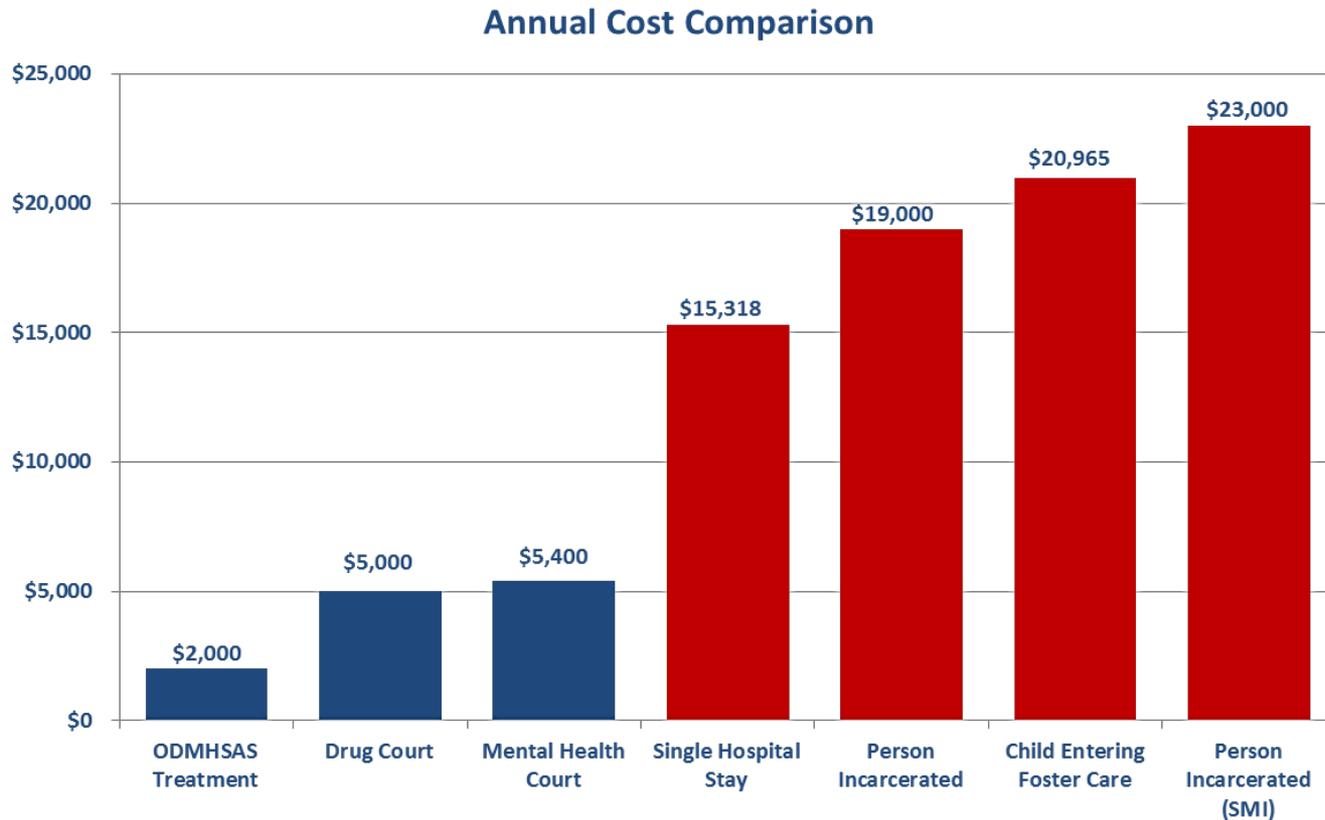
- Lack of access means that people become more ill to the point that more costly services are required to address the problem. The impact is often also felt in other areas (and state agency budgets).

# THE IMPACT IS BEYOND THE TREATMENT SYSTEM OR INDIVIDUAL

## Primary Impact is the Cost to Incarcerate

- In FY15, there were 10,700 DOC receptions of which 7,656 were for non-violent offenses. The current **DOC nonviolent population** makes up 67% of the male and 70% of the female inmate populations.
- Of these non-violent offender receptions in FY15, there were 4,957 with existing mental health or substance abuse treatment needs.
- In fact, DOC data estimates that 82% of all DOC receptions **need mental health or substance abuse treatment**.
- The **projected growth of our prison population** over the next 10 years (growth of 25%) **will cost the state nearly \$2 billion**.
- The **top offense** among admissions to prisons is drug possession.

# A LESS EXPENSIVE AND MORE EFFECTIVE OPTION IS TO PROVIDE TREATMENT



# ODMHSAS HAS DEMONSTRATED SUCCESS WITH CRIMINAL JUSTICE INITIATIVES

- Authorized by statute in 2012, the program uses an evidence-based risk and needs screening to **match eligible offenders with successful diversion programs within the local community.**
- Recommendations are made to the court regarding diversion options that are most appropriate (higher risk-more intensive supervision; higher treatment needs-more intensive treatment opportunities). Diversion options are specific to each individual jurisdiction (utilizing local providers).
- By providing a systematic risk and needs screening process in county jails:
  - Prosecutors and defense attorneys are informed of **possible alternatives to prison**
  - Individual cases are moved more quickly to final disposition (**fewer jail days**)
  - Individuals are **matched to the program most likely** to meet their needs (**resulting in more successful diversion**)

# ODMHSAS HAS DEMONSTRATED SUCCESS WITH CRIMINAL JUSTICE INITIATIVES

- Nearly **13,461 felony defendants screened in 37 counties!**
- Over **9,400 final dispositions** have been recorded.
- By serving as central screening hubs, county jail-based **screenings save diversion program resources and avoid duplicative assessment processes!**

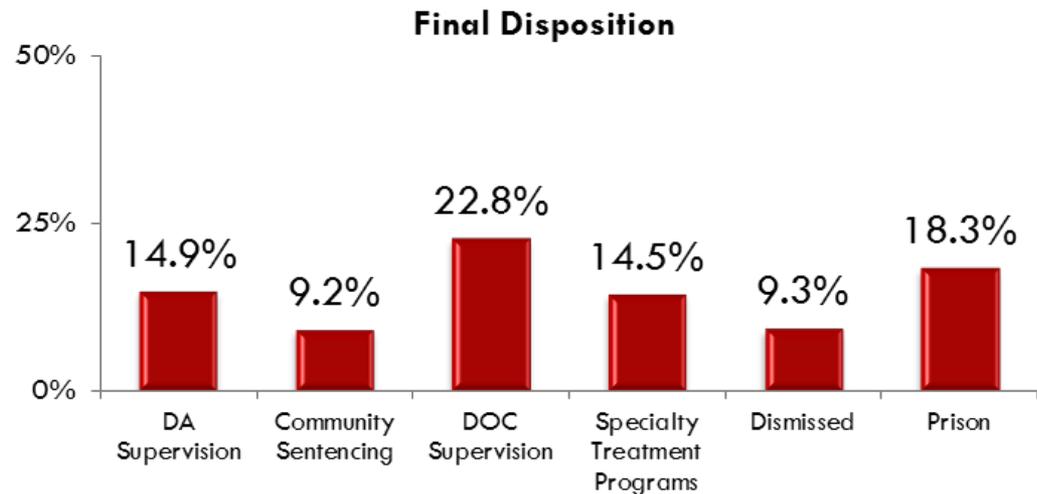
## Demonstrated Outcomes:

### In Tulsa County alone!

- **87% decrease in jail days** (31 days pre-implementation to 4 post-implementation)
- **\$2.2 million jail cost savings** (\$2.53M pre-implementation to \$326,802 post-implementation)

### In Pontotoc County!

- **72% decrease in days from arrest to drug court admission** (221.5 days pre-implementation to 61.7 days post-implementation)

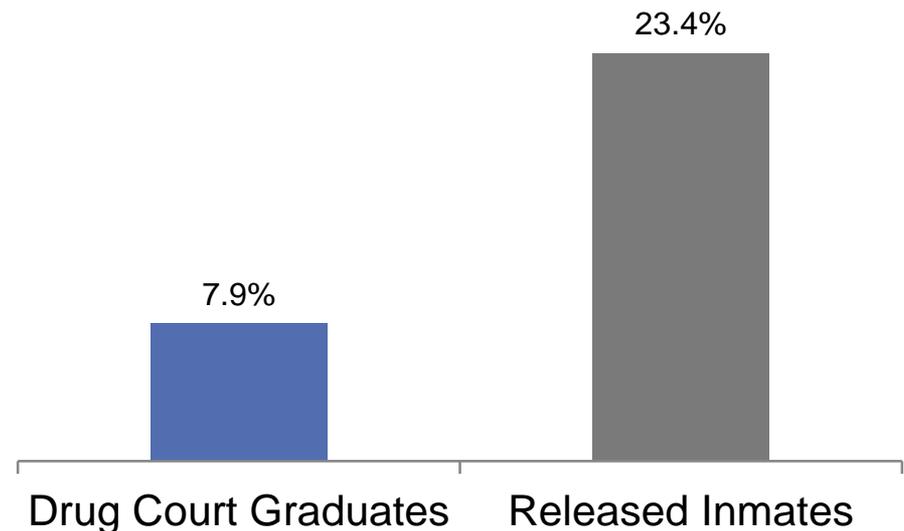


# ODMHSAS HAS DEMONSTRATED SUCCESS WITH CRIMINAL JUSTICE INITIATIVES

- There are much lower rates of incarceration for drug court graduates statewide compared to released inmates.

## Low Incarceration Rate Among 8,545 Graduates 3 Years Out Since 2001

- 94.4% drop in **unemployment**.
- 113.3% jump in **monthly income**.
- 153.3% increase in participants with **private health insurance**.
- 70.5% increase in participants who are able to again **live with their children**.

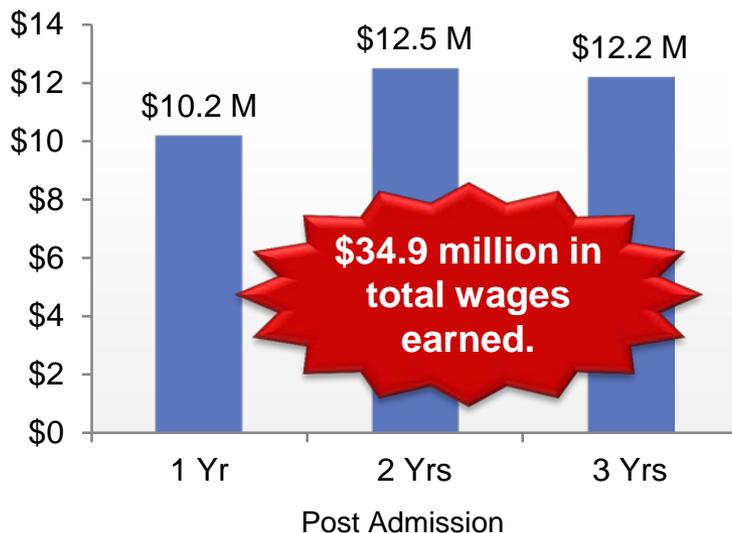


# ODMHSAS HAS DEMONSTRATED SUCCESS WITH CRIMINAL JUSTICE INITIATIVES

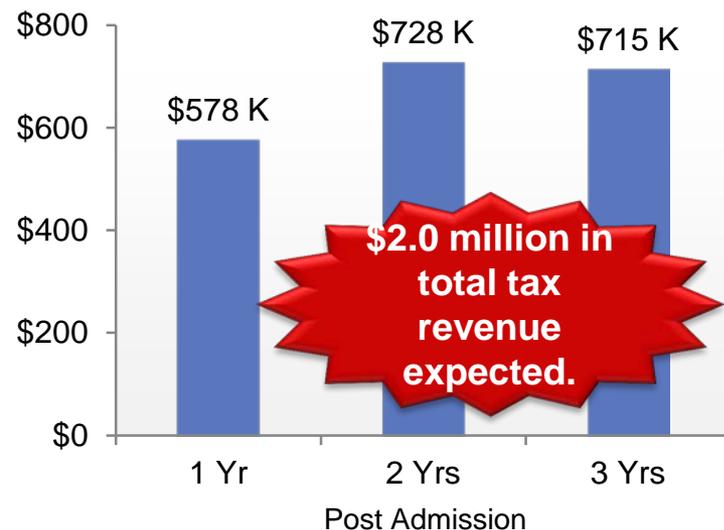
## Drug Courts

- 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 statewide.

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



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



- Had these same individuals been incarcerated during that period, **it would have cost Oklahoma taxpayers \$60.3 million.**

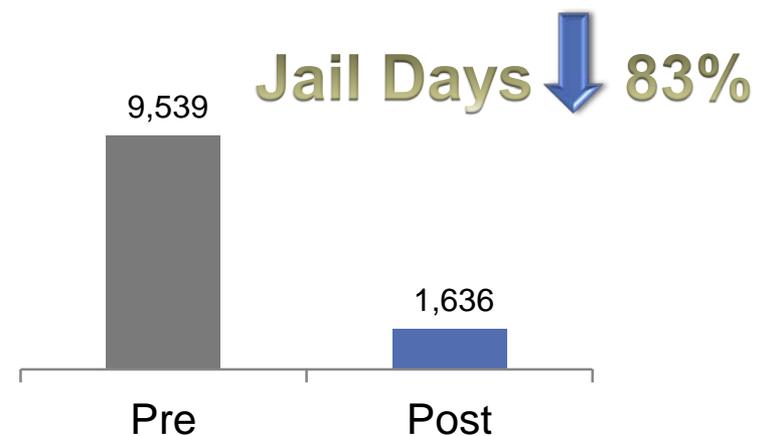
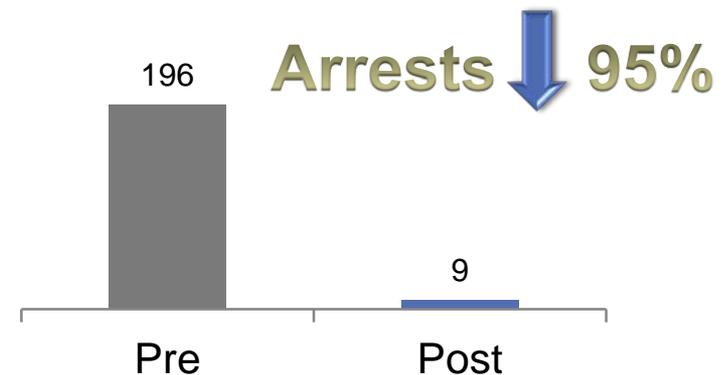
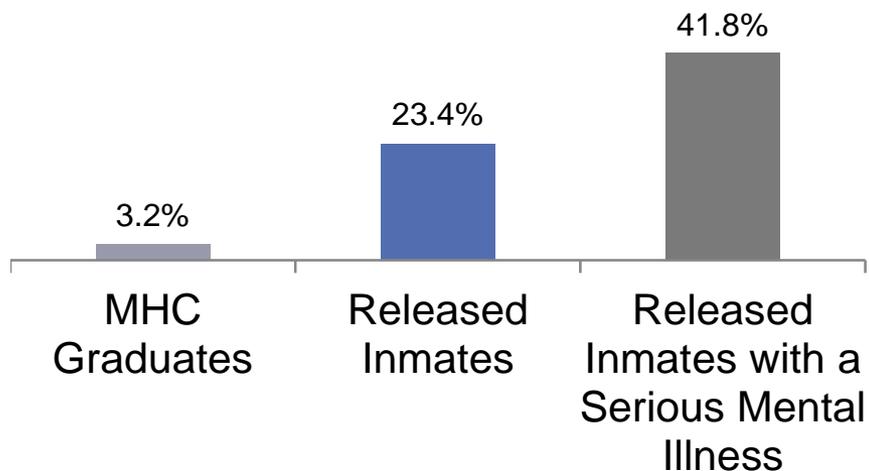
# ODMHSAS HAS DEMONSTRATED SUCCESS WITH CRIMINAL JUSTICE INITIATIVES

## Mental Health Courts

- While there are not as many Mental Health Courts as Drug Courts, these programs are no less impressive when it comes to delivering results.

### Low Incarceration Rate

Among 434 Graduates Out an Average of 3 Years



# OTHER NOTEWORTHY INITIATIVES

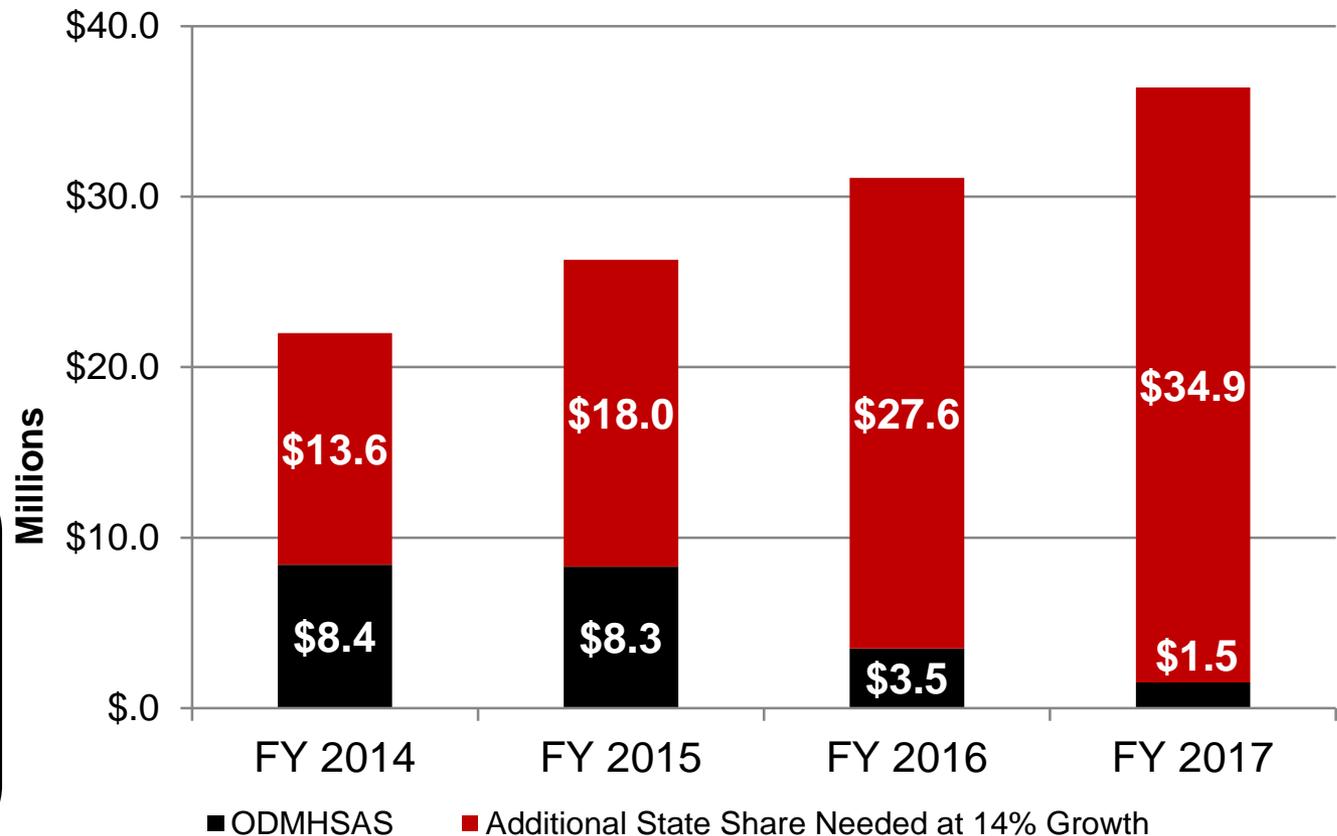
- The agency has advanced efforts to combat prescription drug abuse and address opioid overdoses.
  - Creation of the Take as Prescribed website has generated approximately 22,000 visits over the past year, with social media posts reaching up to 10,000 people per month
  - Creation of a television PSA that has **reached over 1.5 million Oklahomans.**
  - Funding has been provided to 13 local high-risk communities specifically to address opioid abuse prevention needs.
  - Training for law enforcement in the use of Naloxone, a opioid overdose rescue medication, has resulted in well **over 50 lives saved** during the past two years.
- The department has also **ensured the availability of Naloxone in local pharmacies.** This has resulted in approximately 2,500 filled prescriptions and increases the potential for more lives being saved.
- There has also been a **5% decrease in prescription drug overdose deaths.**

# OTHER NOTEWORTHY INITIATIVES

- The agency has implemented a Zero Suicide initiative to ensure suicide prevention and intervention strategies in behavioral health and primary care settings (primary care physician offices and emergency rooms). The agency has partnered with several hospital systems to implement policies and best practices that are known to reduce the amount of attempts and deaths during and after care in a healthcare setting. There has been a significant reduction in suicide attempts by inpatient hospital discharges since 2012 from nearly 70 per 100,000 to well under 60 per 100,000.
- ODMHSAS has provided intensive training in **six** school districts – training faculty-staff in Lifelines Instructor training, postvention training. This is systems level change in each of these school districts. After two years, each school district will have updated policy on how to respond to a suicidal student and how to respond should a student die by suicide.
- In addition to **intensive work in six districts**, ODMHSAS has served over **37 School Districts** by providing materials, technical assistance and postvention services as a result of legislation passed for the provision of suicide prevention in public schools.

# BEHAVIORAL HEALTH MEDICAID (REDUCED COST TO THE STATE)

**Continued 14% Average Annual Growth State Share  
Cost Avoidance to State/Additional State Share**



## ODMHSAS Growth Rate (%) By Fiscal Year

FY14 – 7.0%

FY15 – 5.4%

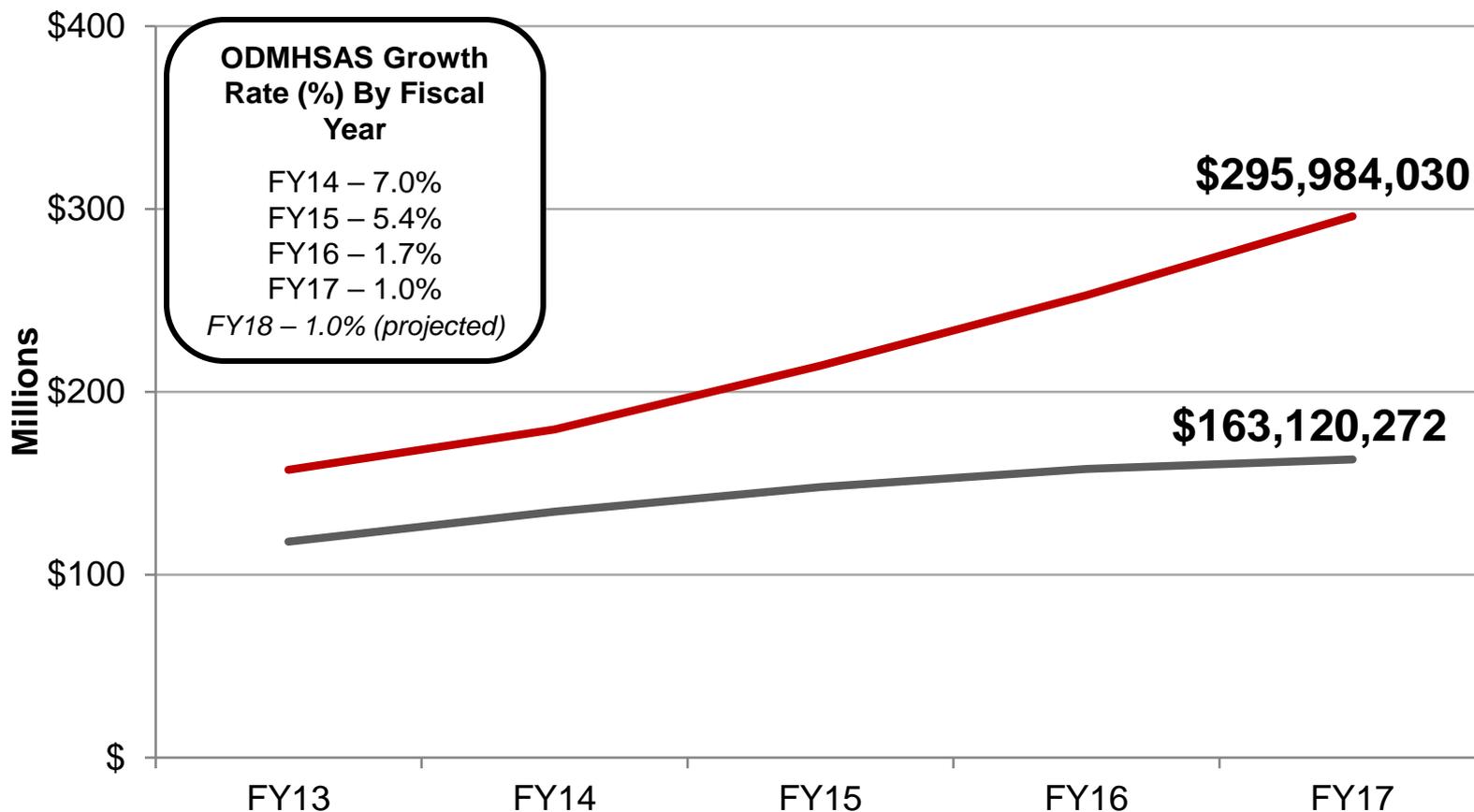
FY16 – 1.7%

FY17 – 1.0%

FY18 – 1.0% (projected)

# BEHAVIORAL HEALTH MEDICAID (REDUCED COST TO THE STATE)

**Continued 14% Average Annual Growth Compared to ODMHSAS**



# CUTS TO SERVICES THREATEN TO UNDO PROGRESS

- ODMHSAS was **forced to slash the department budget in FY2016** with cuts that must continue in FY2017. These cuts have significantly impacted the treatment system.
  - **Rate Cuts for Private Providers (\$1.54 million SFY2016; \$9.24 million SFY2017)**
  - **Capped Delivery of Psychotherapy Services (\$1.3 million SFY2016; \$16.45 million SFY2017)**
- Cuts to psychotherapy alone **impacted over 73,000 Oklahomans.**
- Provider billing was also significantly impacted. In addition to losing state funds for reimbursement, federal matching funds were lost. In total, these cuts resulted in a **loss of provider billing** that exceeded \$7.4 million in FY16 and estimated to exceed \$65.9 million in FY17.

**Note:** Over 93% of all persons receiving department treatment and recovery services were seen by one of the systems contracted community-based providers.

# ODMHSAS BUDGET REQUEST

1	Maintain Existing Programs (details below)	34,960,007
2	Alcohol Dependence Treatment and Prevention	37,817,372
3	Smart on Crime Initiative	96,610,000
4	Improving Behavioral Health Access for Oklahoma's Health/Safety	12,600,179
5	Saving Lives and Families Through Suicide Prevention	450,000
6	Prescription Drug Abuse Prevention	500,000
<b>Total Request</b>		<b>\$ 182,937,558</b>
<b>Maintenance Detail</b>		
A	Behavioral Health Program Growth (1%)	1,402,368
B	Medicaid FMAP Decrease (59.94% to 58.57%)	4,398,192
C	SCHIP FMAP Decrease from Enhanced to Regular (94.96% to 58.57%)	8,859,108
D	Restoration of Provider Rate and Therapy Cuts	20,300,339
<b>Subtotal Maintenance</b>		<b>\$34,960,007</b>

# ODMHSAS BUDGET REQUEST

## Maintenance Detail

- **Behavioral Health Program Growth (1%)**  
The department has greatly reduced growth of the behavioral health Medicaid program since assuming responsibility for its operation. A 1% growth is projected which will mean an additional \$1,402,368 to meet state share.
- **Medicaid FMAP Decrease (59.94% to 58.57%)**  
A FMAP decrease of just over 1 cent will mean an increased cost to state share of \$4,398,192.
- **SCHIP FMAP Decrease from Enhanced to Regular (94.96% to 58.57%)**  
It is anticipated that SCHIP will be discontinued in the coming year. This will mean a shift back to the standard matching rate and will increase state share by \$8,859,108.
- **Restoration of Provider Rate and Therapy Cuts**  
ODMHSAS needs \$20,300,339 to restore forced cuts that resulted in significant cuts to provider rates and a reduction in psychotherapy services impacting 73,000 Oklahomans.

# ADDITIONAL REVENUE SOURCE: CIGARETTE TAX SUPPORTED BY THE HEALTH COMMUNITY

- A proposed cigarette tax would provide a **continuing revenue source dedicated to healthcare in Oklahoma.**
- Estimates are that a **\$1.50 tax would create approximately \$182 million in new state revenue.**
- At least \$35 million of this funding is proposed to help ODMHSAS reverse service cuts and maintain existing programs.
- Raising the cigarette tax has **widespread support.** An estimated 74% of voters support this tax **to fund healthcare.** (Source: Survey of Oklahoma residents registered to vote, Cole Hargrave Snodgrass and Associates, February 2-5, 2016)

# BUDGET REQUEST

- **Alcohol Dependence Treatment and Prevention (\$37,817,372)**

Excessive alcohol use is responsible for nearly 1,400 deaths a year in Oklahoma. The cost to Oklahoma taxpayers is approximately \$3 billion (2010) to address the consequences of additional healthcare costs, increased crime and the negative impact on businesses. Alcohol is the number one drug used by young people in Oklahoma, and the number one reason people enter substance use disorder treatment in the state. Oklahoma also experiences high rates of adolescent and adult binge drinking – the most deadly and costly pattern of drinking. Excessive drinking is preventable and alcohol use disorder is treatable through evidence-based community and clinical services. Current resources do not meet the critical need for prevention programming and community interventions, and do not meet the demand of people requiring treatment for alcohol use disorder. Resources will be directed to high need populations for the implementation of best practice community-, school-, university-, and healthcare-based prevention services including screening and brief intervention, individualized skills training, public education, and prevention of youth access.
- **Smart on Crime (\$96,610,000)**

The ODMHSAS Smart on Crime proposal identifies model programs to divert non-violent individuals with a mental illness and/or addiction from the criminal justice system with interventions at various access points, 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 fund those most at risk of becoming a danger to themselves or others.

# BUDGET REQUEST

- **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.
- **Prescription Drug Abuse Prevention (\$500,000)**  
From 2007-2013, more than 4,600 Oklahomans died from unintentional overdose. Prescription drugs are the most common substance involved in overdose deaths in Oklahoma with 9 of 10 prescription drug-related overdose deaths involving opioids. Oklahoma is ranked 8<sup>th</sup> highest nationally for prescription drug addiction, and highest in all age categories for the non-medical use of prescription opioids. Death from heroin overdose, also an opioid, is increasing in Oklahoma. Investment of funds for the prevention and treatment of opioid problems has helped temper the opioid epidemic in several areas. Continued effort and a sustained state investment of resources are required to prevent new incidents of abuse and put an end to the epidemic. Resources will be directed to 10 additional high need communities for the implementation of community-, school-, and university-based prevention services; targeted overdose prevention communication and outreach; and continuing medical education.

# TREATMENT IS A SMART INVESTMENT

