

FY 2024 Budget Performance Review

807 Oklahoma Department of Mental Health & Substance Abuse Services

Lead Administrator: Carrie Slatton-Hodges, Commissioner of ODMHSAS

Lead Financial Officer: Rich Edwards, CFO

Agency Mission

The mission of the Oklahoma Department of Mental Health and Substance Abuse Services is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans.

Division and Program Descriptions

Administration

The Central Administration program provides administration, direction, planning and technical assistance to facilities operated by the Department as well as to contract providers. It sets standards, policies and goals for programs and monitors programs to ensure required criteria are met. Additionally, Central Administration performs evaluations and data analysis and maintains an automated information system of clients receiving services.

Treatment Beds

- **Inpatient psychiatric hospital services** – Inpatient psychiatric care is treatment delivered in specialized psychiatric treatment settings/units for persons who require 24-hour medical supervision and are in need of active treatment services due to a mental illness. Evaluation, rapid stabilization and treatment of acute symptoms and risk factors are included as part of the treatment regime. The persons primarily receiving these services are those deemed to be a danger to themselves or others.
- **Community-based structured crisis care** – Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes one hour increments of care with the ability to provide a protective environment, basic supportive care, pharmacological treatment, non-medical to medically supervised detoxification, medical assessment and treatment and referral services to appropriate level and type of service. These most often involve persons needing emergency detention, and frequently those being transported by law enforcement.
- **Residential substance abuse treatment** – Treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, 7 day per week, professionally directed therapeutic regimen. This service offers intensive, individualized treatment adhering to ASAM guidelines. Consumers must participate in services designed to support recovery from severe substance use disorders in addition to life skills, recreation and mutual support group involvement.

Community Based Treatment and Recovery Services

- **Programs of Assertive Community Treatment (PACT)** – PACT is an effective, evidence-based service delivery model providing intensive, outreach-oriented mental health services for people with the most severe mental illnesses. Using a 24 hours-a-day, seven days-a-week team approach, PACT delivers comprehensive community treatment, rehabilitation and support services to consumers in their homes, at work and in community settings. Building community supports such as PACT and other non-traditional programs of care allows an individual, who otherwise may be subjected to multiple hospital visits, or jail, the ability to address the demands of their illness while remaining in the community. The program is intended to assist clients with basic needs, increase compliance with medication regimens, address any co-occurring substance abuse, help clients train for and find employment, and improve their ability to live with independence and dignity. Currently, there are 11 PACT teams statewide. With PACT assistance, comparing pre-PACT with post-PACT, participants see a reduction in inpatient care days (as much as a 71% decrease) and the number of days an individual spends in jail (as much as a 93.5% decrease).
 - **Systems of Care (SOC)** – The Oklahoma Systems of Care program is a nationally recognized initiative that serves nearly 5,000 youth (and their families) across the state. Youth receiving services through SOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning. Over 70% of the youth coming into SOC, diagnosed as “clinically impaired,” show significant improvement within six months. The program targets services for children ages 6-18 years with serious emotional and behavioral problems at home, school and in the community. Also included in this category are Family Drug Treatment Courts, a specialized court that works to treat families that have had children removed from the home due to substance abuse issues. These courts have been very successful in achieving family reunification and sobriety.
 - **Children and transition age youth services** – Youth who have a mental illness are at increased risk to experience psychiatric symptoms in transition age years due to the stressors that come with the transition from home, school, friends and jobs. First break psychosis episodes are often seen at this age and specialized programs to address the specific needs are necessary in order for youth to develop into thriving adults. These evidenced based programs are critical in ensuring a healthy transition in to independence and a healthy life.
 - **Gambling addiction treatment** – As Oklahoma’s number of Casinos has grown, so has the number of persons with Gambling Addiction issues. These dollars are used to screen and treat persons who have developed gambling disorders.
 - **Outpatient Addiction Treatment** – The outpatient component of the substance abuse treatment system offers evaluation and assessment of addiction issues, outpatient detoxification, therapies for multiple types of addiction, rehabilitative services, assistance with housing and employment and linkage to benefits. They are the front door for assessing and providing addiction care and treatment to Oklahomans in need.
 - **Specialty Courts and Criminal Justice Diversion Programs** – The annual cost of drug court is \$5,000 compared to \$19,000 for incarceration. That alone is a significant benefit. But, what really tells the story are the improved outcomes. Drug Court graduates are much less likely to become incarcerated compared to released inmates. Measured program outcomes include 95.4 percent drop in unemployment, a 119.3 percent jump in monthly income, a 116.7 percent increase in participants with private health insurance and better than 81 percent of graduates are able to again live with their children. A tracking study of over 4,000 graduates monitored for a five year period demonstrated earnings of better than \$204 million that resulted in an estimated \$6.1 million in tax revenue paid to the state. Had these graduates been incarcerated, instead of in drug court, it would have cost the state an additional \$191.6 million (average sentence of three years each). There are approximately 4,000 drug court slots statewide. The outcomes for mental health courts, like drug courts, are impressive. Graduates of mental health courts are nearly 8 times less likely to become incarcerated compared to released inmates, and nearly 14 times less likely to be incarcerated than released inmates who have been diagnosed as having a serious mental illness. Program graduates have seen a 60 percent drop in unemployment, a 97 percent decrease in arrests and an 89 percent decrease in the number of days spent in jail. Graduates of the program also show a 63 percent decrease in the number of needed inpatient hospital days. There are currently mental health courts in 16 Oklahoma counties with an additional 17 counties having requested services. Appropriated state funding currently allows for approximately 700 mental health court slots statewide.
- As authorized by 43A O.S. 3-704, Offender Screenings are conducted by ODMHSAS certified treatment providers to determine felony offenders’ risk to reoffend as well as identify substance use and mental health treatment needs. Using these validated screening instruments, referral recommendations are made for prison-alternative sentences that best meet the offender’s needs and increase the likelihood of successful prison diversion. By serving as central screening hubs, county jail-based screenings save diversion program resources and avoid duplicative assessment processes. Offender Screening has reduced the average time an offender spends awaiting sentencing by 78 days, resulting in \$29.6 million in jail day savings. ODMHSAS has made available offender screening to all counties statewide. Counties that have not utilized offender screening in the past experienced an increase in the percentage of non-violent prison receptions that was approximately twice that of counties that were using offender screening. To date, approximately 30,000 screens have been completed and 26,500 final dispositions recorded. An estimated 82 percent of those screened individuals are eligible for diversion programs, including treatment services and other.

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Prevention Services

• **Alcohol, Tobacco, and other Drug Use Prevention** – ODMHSAS contracts with a network of local non-profit, university, and tribal organizations to deliver prevention services based on community needs. The prevention network, called RPCs (Regional Prevention Coordinators), partner with existing or develop new community coalitions, in 17 geographic regions of the state covering all 77 counties, to identify priority problems related to alcohol and other drug use in the community; develop a prevention plan; and implement prevention services. The department also funds and delivers a comprehensive alcohol prevention programming that engages high schools throughout Oklahoma by implementing AlcoholEdu, an online underage drinking prevention course for high school students and their parents and supporting youth leadership chapters. In addition, all RPCs provide Responsible Beverage Sales and Service training in partnership with the ABLE Commission at no cost to servers, sellers and managers of licensed alcohol retail organizations and special event hosts. The department also contracts with the ABLE Commission for local law enforcement training, alcohol mobilization support, and enforcement activities in high need areas.

• **Opioid Overdose Prevention**– ODMHSAS is initiating a comprehensive effort to address the state’s opioid crisis, implementing community outreach efforts, community-based prevention and access to targeted treatment services statewide. A statewide network of community-based treatment providers has expanded access to medication-assisted treatment, specific to addressing opioid addiction. Additionally, this initiative has involved media messaging, education, community events and prevention planning, physician education opportunities, partnership with the medical community, distribution of naloxone through pharmacies and treatment locations, training of law enforcement personnel from nearly 300 agencies to administer naloxone and the provision of free naloxone kits (over 8,000) for the law enforcement agencies, engagement of the state medical schools and broad-based partnership among state-government, statewide professional organizations and a variety of community-based stakeholders. These efforts are working. The unintentional overdose death rate involving a prescription opioid decreased by 43% from 2007-2017. Also, the opioid prescribing rate in Oklahoma decreased by 29% from 2013-2017. Oklahoma was one of only 10 states to see a decrease in the rate of drug overdose deaths from 2016-2017.

• **Suicide prevention and mental health promotion services** – The ODMHSAS Office of Suicide Prevention implements services to reduce the impact of suicide in Oklahoma. Priority populations include (but are not limited to) young people, those receiving healthcare and mental health care services, and service members. Suicide prevention services include screening and treatment for suicidality, community skills training, anti-stigma education, crisis hotline services, school programs and postvention services. The department also coordinates the Mental Health First Aid (MHFA) program that teaches participants how to identify, understand and respond to signs of mental and substance use disorders. The training teaches skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. MHFA improves the mental health of the individual administering care and the one receiving it, expands knowledge of mental illnesses and their treatments and increases the services provided to those in need. MHFA is offered for risk identification among veteran, youth and adult populations.

FY'23 Budgeted Department Funding By Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
10	Central Administration	\$11,165,870	\$3,750,085	\$575,777			\$15,491,732
20	Treatment Beds	\$116,295,972	\$22,430,634	\$49,925,877			\$188,652,483
30	Community Based Treatment & Recovery Services	\$208,941,030	\$68,362,831	\$81,976,764			\$359,280,625
50	Prevention	\$3,674,913	\$13,976,189	\$495,711			\$18,146,813
Total		\$340,077,785	\$108,519,739	\$132,974,129	\$0	\$0	\$581,571,653

1. Please describe source of Local funding not included in other categories:
2. Please describe source(s) and % of total of "Other" funding if applicable for each department

FY'22 Carryover by Funding Source

Class Fund #	Carryover Class Fund Name	Appropriations	Federal	Revolving	Local ¹	Other ²	Total
	N/A						\$0
							\$0
							\$0

1. Please describe source of Local funding not included in other categories:
2. Please describe source(s) and % of total of "Other" funding if applicable:

What changes did the agency make between FY'22 and FY'23?

- 1.) **Are there any services no longer provided because of budget cuts?**
ODMHSAS did not receive any budget cuts in FY-23
- 2.) **What services are provided at a higher cost to the user?**
None
- 3.) **What services are still provided but with a slower response rate?**
No additional changes were made to ODMHSAS service delivery.
- 4.) **Did the agency provide any pay raises that were not legislatively/statutorily required?**
None

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FY'24 Requested Funding By Department and Source

Dept. #	Department Name	Appropriations	Federal	Revolving	Other ¹	Total	% Change
10	Central Administration	\$11,165,870	\$3,750,085	\$575,777	\$0	\$15,491,732	0.00%
20	Treatment Beds	\$116,295,972	\$22,430,634	\$49,925,877	\$0	\$188,652,483	0.00%
30	Community Based Treatment & Recovery Services	\$208,941,030	\$68,362,831	\$81,976,764	\$0	\$359,280,625	0.00%
50	Prevention	\$3,674,913	\$13,976,189	\$495,711	\$0	\$18,146,813	0.00%
Total		\$340,077,785	\$108,519,739	\$132,974,129	\$0	\$581,571,653	0.00%

1. Please describe source(s) and % of total of "Other" funding for each department:

FY'24 Top Five Operational Appropriation Funding Requests

Request by Priority	Request Description	Appropriation Request Amount (\$)
Request 1:	ODMHSAS is requesting a flat budget for SFY24	
Request 2:		
Request 3:		
Request 4:		
Request 5:		
Top Five Request Subtotal:		\$0
Total Increase above FY-23 Budget (including all requests)		\$ -
Difference between Top Five requests and total requests:		\$0

Does the agency have any costs associated with the Pathfinder retirement system and federal employees?

ODMHSAS is impacted by the DHHS Department of Cost Allocation Services decision to disallow the portion of employer contributions for employees on the new defined contribution (Pathfinder) plan that is remitted to the OPERS defined benefit plan. However, through cost savings and efficiencies ODMHSAS has been able to absorb these cost for the current fiscal year.

How would the agency be affected by receiving the same appropriation for FY '24 as was received in FY '23? (Flat/ 0% change)

ODMHSAS is requesting a flat budget for SFY-2024. ODMHSAS anticipate no negative impacts to services with a flat budget for SFY-2024.

How would the agency handle a 2% appropriation reduction in FY '24?

A 2% cut to appropriations represents a \$6.8 M reduction in state funds to ODMHSAS. Cuts would be experienced by both public and private providers and could result in closing satellite facilities, reducing hours, reducing services below clinical indicators, or through other actions that will adversely affect the health of Oklahomans (as well as local economies). Specifically, when individuals do not receive needed services, we see an increase in crisis situations, requiring increased law enforcement transportation and criminal justice system involvement, emergency room admissions, and foster care involvement. Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 2%.

Is the agency seeking any fee increases for FY '24?

No	Fee Increase Request (\$)	Statutory change required? (Yes/No)
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What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

Description of request in order of priority	Appropriated Amount (\$)	Submitted to LRCPC? (Yes/No)
Priority 1 HVAC Units - OFC	\$2,557,500	
Priority 2 New Roof - NCBH	\$1,000,000	
Priority 3 HVAC Upgrades - COMCHC	\$2,000,000	

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Federal Funds							
CFDA	Federal Program Name	Agency Dept. #	FY 23 budgeted	FY 22	FY 21	FY 20	FY 19
000088000	BHSIS-SMHA	3030166	66,654	65,283	214,464.55	222,036.00	137,363.00
000810000	Implementation Alcohol/Drug	3000404	57,015	48,210	28,507.50	39,990.00	57,015.00
105550001	National School Lunch Program	2002014	50,580	40,222	30,233.98	46,156.00	43,587.00
142380000	Shelter Plus Care	multiple	200,491	243,845	219,385.15	306,249.00	206,902.00
142670000	Shelter Plus Care	3003027	77,697	12,867	(11,927.80)	0.00	15,889.00
165850000	Drug Court Discretionary Grant Program	multiple	1,572,029	1,837,130	1,054,875.48	467,170.00	142,781.00
165930000	Residential Substance Abuse Treatment for State Prisoner	3004080	117,693	56,998	84,190.39	134,744.00	0.00
168270000	Justice Reinvestment Initiative	multiple	423,929	219,263	370,550.18	1,122,958.34	816,791.00
206000000	State and Community Highway Safety	5004024	121,965	41,874	131,676.51	19,065.00	96,064.00
206160000	National Priority Safety Programs	multiple		42,000	41,000.00	43,303.00	97,991.00
930870000	Enhance Safety of Children Affected by Substance Abuse	5004029	847,094	1,079,821	957,594.82	752,934.00	660,805.00
931100000	HRSA	3030205	555,000	31,123			
931500000	Projects for Assistance in Transition from Homelessness	3030150	452,833	387,176	376,891.21	491,788.00	438,540.00
932430000	Oklahoma Capacity Grant	multiple	15,169,408	11,233,977	7,218,035.76	11,631,947.00	8,402,026.00
934260000	Improving the health of Americans through Prev and Mgn	3004103	125,000	20,186	43,056.87	117,727.00	0.00
936230000	OKBCP	3030194	50,000	227,386	275,065.39		
936650000	Emergency Grants to Address Mental and Substance Use	multiple	1,200,000	2,870,651	1,139,837.00	0.00	0.00
937780000	Medicaid Administrative Claiming	multiple	\$1,524,962	\$1,200,000	977,521.00	1,283,316.00	918,285.00
937880000	Opioid STR/SOR/SOS	multiple	\$11,997,202	\$16,278,045	17,927,142.13	10,752,423.00	9,905,660.00
938290000	Section 223 Demonstration Programs to Improve Community Mental Health Ser		\$11,980,201	\$6,429,142	1,003,692.73	0.00	0.00
939580000	Block Grants for Community Mental Health Services	multiple	\$23,722,307	\$15,176,551	13,404,342.63	7,596,561.00	5,625,943.00
939590000	Block Grants for Substance Abuse & Prevention Treatme	multiple	\$36,380,697	\$28,264,242	22,229,411.38	12,799,244.00	14,603,199.00
939970000	Assisted Outpatient Treatment	3030183	\$1,826,982	\$966,774	909,345.89	1,232,627.00	1,187,448.00

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?
 None - The agency provides state match for the Medicaid program but does not receive the corresponding federal dollars.

2.) Are any of those funds inadequate to pay for the federal mandate?
 No

3.) What would the consequences be of ending all of the federal funded programs for your agency?
 Ending block and categorical grants will result in a 18.7% reduction of Mental Health and Substance Abuse Treatment and Prevention services. In addition, ending Federal Medicaid participation will cost the State over \$300M in behavioral health services.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?
 Any budget cut to the \$108 M in federal funds received by the agency will result in the reduction and/or elimination of the respective programs. For example, Housing grants, State Opioid Response Grant, Drug Court Expansion grant, Medication Assisted Treatment grant, and Suicide Prevention grant will be reduced and/or eliminated to absorb reduced funding.

5.) Has the agency requested any additional federal earmarks or increases?
 ODMHSAS applies for new categorical grants each year.

FY'23 Budgeted FTE							
Division #	Division Name	Supervisors	Non-Supervisors	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$100K	\$100K+
10 & 88	Central Administration	20	98	23	74	16	5
20	Treatment Beds	105	1015	548	507	41	24
30	Community Based Treatment & Recovery Services	98	596	210	413	34	37
50	Prevention	11	18	2	20	5	2
Total		234	1727	783	1014	96	68

FTE History							
Division #	Division Name	2023 Budgeted	2022	2021	2019	2014	
10 & 88	Central Administration	118	117	116	113		92
20	Treatment Beds	1120	1002	1152	1070		705
30	Community Based Treatment & Recovery Services	694	614	457	457		722
50	Prevention	29	24	16	14		16
Total		1961	1757	1741	1654		1535

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Performance Measure Review					
Program Name	FY28 Target	FY23 Target	FY22 Actuals	FY21 Actuals	
Measure I Increase the number of individuals receiving services for mental health treatment needs	217,174	185,697	179,402	170,006	
Measure II Increase the number of individuals receiving services for addiction treatment needs	47,778	35,684	32,074	28,464	
Measure III Increase school-based prevention and treatment partnerships	100 districts across 200 sites	90 districts across 156 sites	65 districts across 130 sites	44 districts across 880 sites	

Revolving Funds (200 Series Funds)			
<i>Please provide fund number, fund name, description, and revenue source</i>	FY'20-22 Avg. Revenues	FY'20-22 Avg. Expenditures	June '22 Balance
Department of Mental Health Revolving Fund This fund receives collections from Medicare & Medicaid payments, third-party insurance payments, and various other sources.	\$70,840,657	\$69,530,852	\$8,873,503
Drug Abuse Education and Treatment Fund This fund receives court fines from various counties in Oklahoma that administer drug court programs.	\$519,555	\$534,127	\$174,040
Capital Outlay Fund This fund is used for capital expenditures.	\$117,966	\$42,500	\$624,485
Group Housing Loan Revolving Fund This fund receives interest on a corpus that is held by a third party to provide Housing Loans.	\$1,349	\$2,730	\$0
Community-Based Substance Abuse Rev Fund This fund receives revenue from Beverage Licenses sales, DUI trainings and ADSAC assessments fees.	\$573,817	\$548,536	\$125,123
Prevention of Youth Access to Alcohol Fund This fund receives revenue from juvenile court fines.	\$23,778	\$41,887	\$19,973
Medicaid Disallowance Fund This fund holds funds for disallowances related to ODMHSAS Title XIX program.	\$0	\$0	\$0

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FY 2023 Current Employee Telework Summary

List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees, not budgeted or actual FTE.

				Full-time and Part-time Employees (#)			
Agency Location / Address	City	County	Onsite (5 days onsite, rarely remote)	Hybrid (2-4 days onsite weekly)	Remote (1 day or less weekly onsite)	Total Employees	
CACMHC 1101 E Monroe	McAlester	Pittsburg	138	0	9	147	
CACMHC 511 E 2nd St	Heavener	LeFlore	7	0	0	7	
CACMHC 271 E Court	Atoka	Atoka	8	0	1	9	
CACMHC 1407 NE D St, Suite B	Stigler	Haskell	6	0	0	6	
CACMHC 117 Rogers Dr	Holdenville	Hughes	6	0	0	6	
CACMHC 601 E Jackson	Hugo	Choctaw	6	0	0	6	
CACMHC 2000 E Lincoln Rd	Idabel	McCurtain	7	0	1	8	
CACMHC 1308 Craddock Rd	Ada	Pontotoc	3	0	0	3	
TCBH - 2323 S Harvard Ave	Tulsa	Tulsa	109	2	2	113	
OFC - 24800 S 4420 Road	Vinita	Craig	245	1	0	246	
TRC - 24919 S 4420 Road	Vinita	Craig	34	0	0	34	
NCBH - 604 Choctaw Street	Alva	Woods	13	0	3	16	
NCBH - 702 N Grand Street	Enid	Garfield	23	0	1	24	
NCBH - 1425 N Main Street	Fairview	Major	4	0	0	4	
NCBH - 1521 NE Highway 54	Guymon	Texas	7	0	0	7	
NCBH - 1222 10th Street	Woodward	Woodward	29	0	1	30	
NCBH Lighthouse - 5050 Williams Avenue	Woodward	Woodward	20	0	0	20	
NCBH - 19346 E 0304 CR	Fort Supply	Woodward	67	0	0	67	
GMH - 900 E Main St	Norman	Cleveland	277	0	3	280	
COCMHC - 909 Alameda St	Norman	Cleveland	117	0	0	117	
CRC - 320 12th Street	Norman	Cleveland	96	0	0	96	
JTCMHC - 602 SW 38th Street	Lawton	Comanche	167	0	2	169	
JTCMHC - 324 S Highway 81	Duncan	Steens	2	0	0	2	
JTCMHC - 215 W Commerce Street	Altus	Jackson	3	0	0	3	
OCCIC - 2625 Gneral Pershing Boulevard	OKC	Oklahoma	66	0	0	66	
OCRU - 1200 NE 13th Street	OKC	Oklahoma	36	0	0	36	
Central Administration - 2000 N Classen Blvd	OKC	Oklahoma	45				
				143	129	317	
Total Agency Employees						1839	