

The Oklahoma Department of Mental Health and Substance Abuse Services

452

Lead Administrator: Terri White, Commissioner of the ODMHSAS

FY'16 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Central Administration	\$7,875,245	\$722,970	\$2,057,256	\$0	\$50,000	\$10,705,471
Inpatient Hospitals	\$47,816,349	\$850,579	\$10,261,967	\$0	\$1,588,421	\$60,517,316
Community Based Svcs	\$244,375,479	\$32,136,491	\$34,024,414	\$0	\$0	\$310,536,384
CMHCs	\$34,518,399	\$796,804	\$15,104,103	\$0	\$873,014	\$51,292,320
Prevention Services	\$2,885,178	\$9,157,815	\$235,000	\$0	\$0	\$12,277,993
Information Services	\$3,220,912	\$497,191	\$1,327,720	\$0	\$1,414,399	\$6,460,222
Total	\$340,691,562	\$44,161,850	\$63,010,460	\$0	\$3,925,834	\$451,789,706

*These amounts represent interagency transfers in the 442 fund.

** Current FY-16 BWP including revision #1

FY'15 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'15 Carryover	\$0	\$0	\$412,029	\$0	\$0	\$412,029

*Source of "Other" and % of "Other" total for each.

What Changes did the Agency Make between FY'15 and FY'16?

1.) Are there any services no longer provided because of budget cuts?

The ODMHSAS maintenance request was again not fully funded. Cuts to services in FY2015 were continued into FY2016. Additionally, the department implemented policies to further reduce provider billing. This included ceasing the ability of newly licensed therapists in private practice to bill Medicaid, excluding psychiatrists and psychologists, along with reduced Medicaid billing rates for licensed behavioral health professionals in private practice to the lower rate paid to their counterparts at agencies. These changes resulted in \$1 million in cost savings specific to appropriations.

2.) What services are provided at a higher cost to the user?

No changes were made to ODMHSAS fees for FY-16.

3.) What services are still provided but with a slower response rate?

No changes were made to ODMHSAS service delivery for FY-16. However, Oklahomans in need of treatment continue to experience waiting lists and a large treatment gap remains for those who have indicated need yet are unable to secure access.

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.

Yes, see attachment.

FY'17 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Central Administration	\$7,875,245	\$722,970	\$2,057,256	\$50,000	\$10,705,471	0.00%
Inpatient Hospitals	\$47,816,349	\$850,579	\$10,261,967	\$1,588,421	\$60,517,316	0.00%
Community Based Svcs	\$358,017,520	\$32,136,491	\$34,024,414	\$0	\$424,178,425	36.60%
CMHCs	\$34,518,399	\$796,804	\$15,104,103	\$873,014	\$51,292,320	0.00%
Prevention Services	\$3,335,178	\$9,157,815	\$235,000	\$0	\$12,727,993	3.67%
Information Services	\$3,220,912	\$497,191	\$1,327,720	\$1,414,399	\$6,460,222	0.00%
Total	\$454,783,603	\$44,161,850	\$63,010,460	\$3,925,834	\$565,881,747	25.25%

*Source of "Other" and % of "Other" total for each.

FY'17 Top Five Appropriation Funding Requests

	\$ Amount
1 Maintain existing programs	\$4,431,862
2 Smart on Crime Initiative	\$96,610,000
3 Improving Behavioral Health Access for Oklahoma's Health and Safety	\$12,600,179
4 Saving Lives and Families through Suicide Prevention	\$450,000

Total Increase above FY-17 Request

114,092,041

How would the agency handle a 5% appropriation reduction in FY'17?

A flat budget is in itself a reduction of \$4.4M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to at least 1,846 Oklahomans. An additional 5% cut to appropriations would be another \$17M cut to treatment services on top of unmet maintenance needs. That would mean the elimination of treatment services for at least 7,087 Oklahomans. A combined cut to maintenance needs and a 5% cut to appropriations would mean a \$21.47 treatment loss and at least 8,944 Oklahomans impacted. 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). Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 5%.

How would the agency handle a 7.5% appropriation reduction in FY'17?

A flat budget is in itself a reduction of \$4.4M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to at least 1,846 Oklahomans. An additional 7.5% cut to appropriations would be another \$25.55M cut to treatment services on top of unmet maintenance needs. That could mean the elimination of treatment services for at least 10,646 Oklahomans. A combined cut to maintenance needs and a 7.5% cut to appropriations would mean a \$29.98M treatment loss and at least 12,493 Oklahomans impacted. 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). Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 7.5%.

How would the agency handle a 10% appropriation reduction in FY'17?

A flat budget is in itself a reduction of \$4.4M, the cost of maintaining services at the current level. Using an average cost for services of \$2,000 per person (inpatient, residential and outpatient services combined), this would mean a loss of treatment services to approximately at least 1,846 Oklahomans. An additional 10% cut to appropriations would be another \$34.06M cut to treatment services on top of unmet maintenance needs. That could mean the elimination of treatment services for at least 14,195 Oklahomans. A combined cut to maintenance needs and a 10% cut to appropriations would mean a \$38.5M treatment loss and at least 16,042 Oklahomans impacted. 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). Additionally, federal funding could be reduced if state appropriations do not address maintenance needs and appropriations are cut by 10%.

Is the agency seeking any fee increases for FY'16?

	\$ Amount
The Oklahoma Department of Mental Health and Substance Abuse Services is not seeking any fee increases in FY-16.	\$0
	\$0
	\$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

1 New Central Office Building	\$40,000,000
2 Safety Improvements for State Operated Facilities	\$906,000
3 Roof Maintenance/Replacement for State Operated Facilities	\$325,000
Total	\$41,482,022

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 9.7% reduction of Mental Health and Substance Abuse Treatment and Prevention services. In addition, ending Federal Medicaid Participation will cost the State over \$400M 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 \$44M in federal funds received by the agency will result in the reduction and/or elimination of the respective programs. Homeless grant, Shelter grant, Substance Abuse Prevention grant, Drug Court Expansion grant, OK Adult State Wide Category grant, and Youth Suicide Prevention grant etc. 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.

Division and Program Descriptions**Central 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.

Inpatient Hospitals

These hospitals (one for adults and one for youth) provide acute inpatient psychiatric care for individuals residing in community mental health center service areas who do not have psychiatric inpatient care available or longer term care for individuals who are a danger to themselves or others and are unable to temporarily function in a community setting. The Oklahoma Forensic Center conducts forensic evaluations for the judicial system and provides inpatient care for persons found not guilty by reason of insanity.

Community Based Treatment and Recovery Services

The department oversees a statewide program to administer both inpatient/residential and outpatient community-based mental health and substance abuse treatment services for qualifying Oklahomans. This is accomplished through utilization of a statewide public/private provider network. The majority of services are delivered through locally contracted provider organizations.

Mental Health Programs – This includes the delivery of mental health services across all age spectrums and severity of illness including community-based outpatient services, crisis intervention and inpatient services. Included in this are initiatives to serve higher risk populations (PACT, Screening Programs, Day Treatment, etc.) The department follows a tiered delivery of services designed to serve the most severely ill first. This approach is based on key principles that stress the following:

- Crisis intervention will be available to all in need. Longer-term services will be targeted to those most in need.
- A thorough face-to-face evaluation of the need for mental health services will be conducted for anyone meeting financial need criteria.
- Persons meeting defined diagnostic criteria will receive services on a timely basis, within uniformly defined time frames.
- Continuity of care between inpatient and outpatient providers will be emphasized.
- Needs are prioritized and resources carefully directed to ensure a standard of excellence for services that are delivered

Substance Abuse Programs- This includes the delivery of residential and outpatient substance abuse services such as medically supervised detoxification, non-medical detoxification, residential treatment, day treatment, sober living, DUI school, Drug Court and other outpatient services. More than one hundred private non-profit contractors and state operated facilities provide substance abuse programs. The intent is to provide a continuum of services to individuals with substance abuse disorders so they may return as sober and productive members of society.

Community Mental Health Centers

ODMHSAS is responsible for a statewide network of community mental health centers (CMHC) which provide a wide variety of services including case management for adults and children, crisis intervention, psychiatric rehabilitation, medication services, and other outpatient mental health services. Additionally, community based programs include non-traditional services such as housing, employment services, peer advocacy, drop in centers, and consumer run services.

Prevention Services

Prevention services include oversight and delivery of initiatives targeting communities throughout the state. The department oversees a network of contracted Regional Prevention Coordinators to conduct localized prevention efforts, as well as overseeing the delivery of targeted statewide initiatives such as TakeasPrescribed and the campaign to reduce prescription drug abuse, suicide prevention, 2M2L underage drinking initiative, SYNAR compliance enforcement and reporting, PACT360, SBIRT, Mental Health First Aid and a variety of other noteworthy efforts. Additionally, the department operates a publicly accessible statewide prevention clearinghouse to provide support information and materials to Oklahomans.

FY'16 Budgeted FTE							
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$	
Central Administration	36	1	110	37	57		17
Inpatient Hospitals	64	452	380	606	200		26
Community Based Svcs	27	0	108	21	83		4
CMHCs	90	235	456	445	199		47
Prevention Services	6	0	27	11	15		1
Information Services	1	0	7	1	5		1
Total	224	688	1088	1121	559		96

FTE History						
	2016 Budgeted	2015	2012	2009	2005	
Central Administration	111	113	149	163		126
Inpatient Hospitals	832	803	940	810		803
Community Based Svcs	108	115	149	1139		935
CMHCs	691	662	818	0		0
Prevention Services	27	21	0	0		0
Residential Care Svcs	0	1	0	0		0
Information Services	7	7	0	0		0
Total	1776	1721	2056	2112		1864

Performance Measure Review					
	FY'15	FY'14	FY'13	FY'12	FY'11
Measure I	3	3	3	3	3
Maintain the wait time between first contact and face-to-face visit for behavioral health treatment to less than 3 days every year through 2018.					
Measure II	87,700	84,700	82,899	83,172	77,132
Increase the number of eligible adults receiving mental health treatment from 84,700 in 2014 to 88,950 by 2018.					
Measure III	87,300	87,500	85,503	79,529	65,918
Increase the number of eligible children receiving mental health treatment from 87,500 in 2014 to 91,000 by 2018					
Measure IV	20.70%	20.80%	21.40%	20.60%	22%
Maintain the percentage of individuals receiving inpatient or crisis unit care who return within 180 days at 20% or below every year through 2018.					
Measure V	23.50%	24.10%	24.20%	22.90%	25%
Maintain the percentage of participants in mental health reentry programs returning to prison within 36 months at 24.2% or below every year through 2017.					

Revolving Funds (200 Series Funds)			
	FY'13-15 Avg. Revenues	FY'13-15 Avg. Expenditures	June '15 Balance*
Department of Mental Health Revolving Fund This fund receives multiple revenues including, Medicaid Reimbursement, Interagency Reimbursements, Tobacco Tax, Unclaimed	\$65,767,111	\$67,053,945	\$3,382,709
Drug Abuse Education and Treatment Fund This fund receives court fines from various counties in Oklahoma that administer drug court programs.	\$600,712	\$621,228	\$279,279
Capital Outlay Fund This fund is used for capital expenditures.	\$33,094	\$48,200	\$5,370

Group Housing Loan Revolving Fund This fund receives interest on a corpus that is held by a third party to provide Housing Loans.	\$3,344	\$3,344	\$2,743
Community-Based Substance Abuse Rev Fund This fund receives revenue from Beverage Licenses sales, DUI trainings and ADSAC assessments fees.	\$1,031,501	\$1,047,824	\$622,225
Prevention of Youth Access to Alcohol Fund This fund receives revenue from juvenile court fines	\$17,561	\$0	\$91,917
MAC Disallowance Fund This fund holds funds for disallowances related to ODMHSAS Medicaid Administration Claiming (MAC).	\$301,540	\$0	\$909,300

*This balance represents a snapshot in time and due to the pass through nature of ODMHSAS revenue if the balances were pulled on another day, they may be significantly different.