



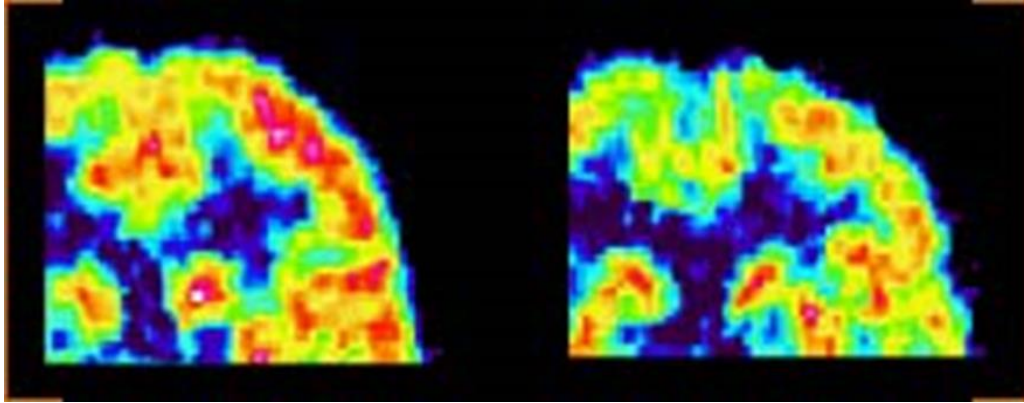
FY2021 ODMHSAS Budget Presentation

Prevention, Treatment and Recovery Services



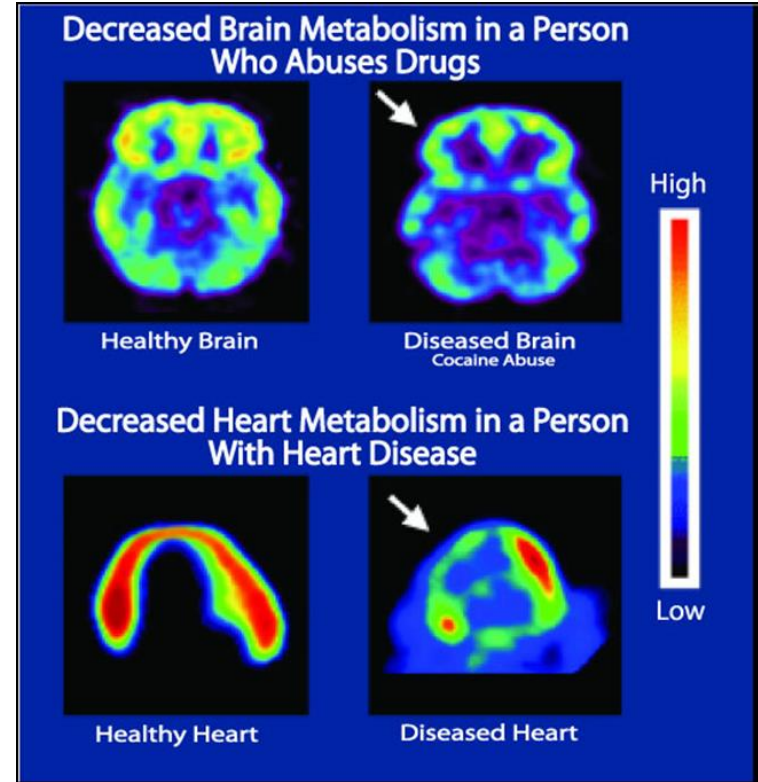
Carrie Slatton- Hodges,
ODMHSAS Interim Commissioner

Diseases of the Brain



(Above): The brain scan on the left reflects normal activity; the scan on the right shows a person affected with schizophrenia.

Source: PBS.org



Prevalence

Oklahoma Consistently Has Among The Highest Rates Nationally for Mental Illness and Substance Abuse

Any Mental Illness	Any Substance Use Disorder
21% (Up to 610,000 Oklahoma adults based on SAMHSA estimates)	10-12% (Up to 300,000 Oklahomans 12+ needing treatment intervention)
Estimates consistently range between 20-22% with increasing rates of MDE in children (SAMSHA NSDUH and Region VI Barometer Reports)	Oklahoma experiences very high rates for 18-26 populations regarding multiple substances/risk factors (SAMSHA NSDUH and Region VI Barometer Reports .

- Between 700,000 and 900,000 adult Oklahomans are in need of services for these diseases of the brain (approximately 600,000 reporting mental illness and 300,000 reporting alcohol or illicit drug dependence/abuse).
- Only 1 in 3 of these Oklahomans are accessing the medical services they need to treat these diseases.

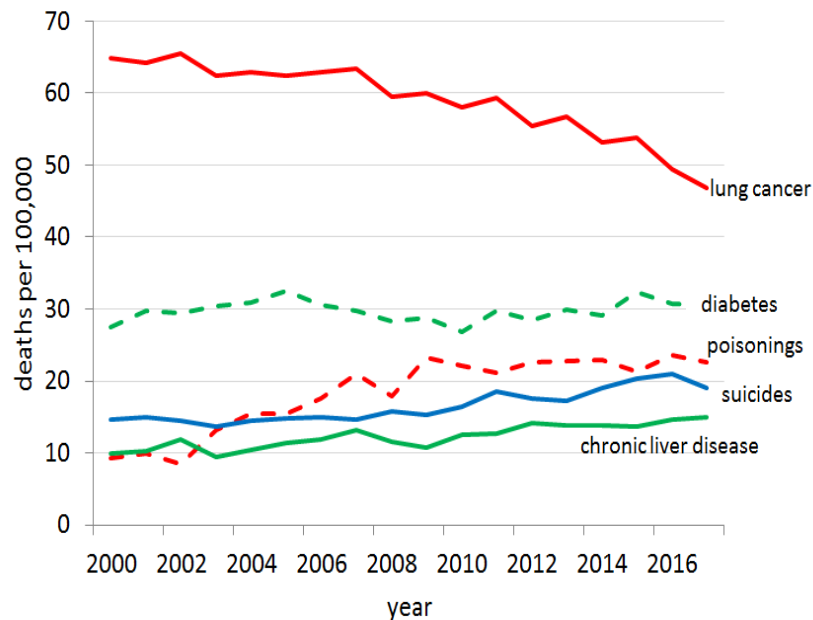
SAMHSA Region VI Barometer Reports

Lives Cut Short Through ‘Deaths of Despair’

A 2016 study by the Commonwealth Fund found that Oklahoma had the 8th highest rate of “deaths of despair” – drug overdoses, suicide and alcohol poisoning deaths combined in the nation. The rate increased by 49% from 2005 to 2016.

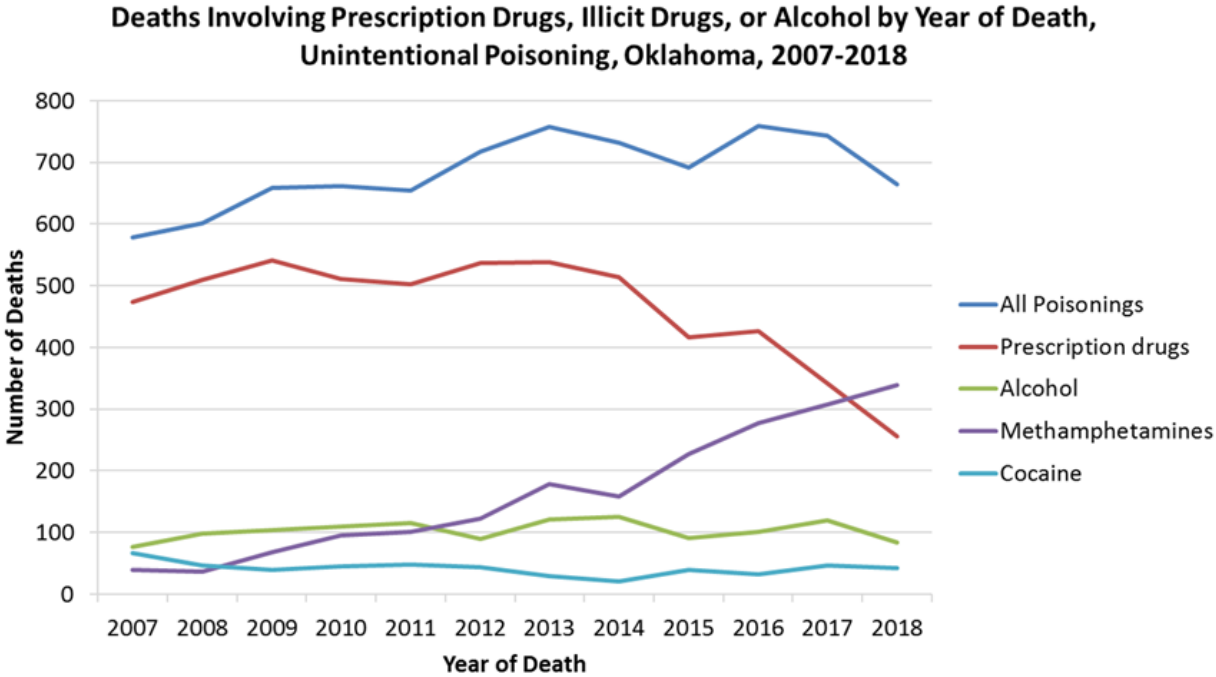
- **686 Oklahomans** died from chronic liver disease and cirrhosis in 2018 (up from 597 in 2015, and up by 44% over the past 10 years).
- **790 Oklahomans** died due to suicide in 2018 (the previous high number was 822 in 2016, and up by 40% over the past 10 years).
- **743 Oklahomans** died due to unintentional overdose in 2017 (this is a number that is still far too high, but decreasing due to intervention).

Deaths per 100,000 from selected causes, Oklahoma: 2000-2017



Source: CDC WONDER, Multiple Cause of Death File

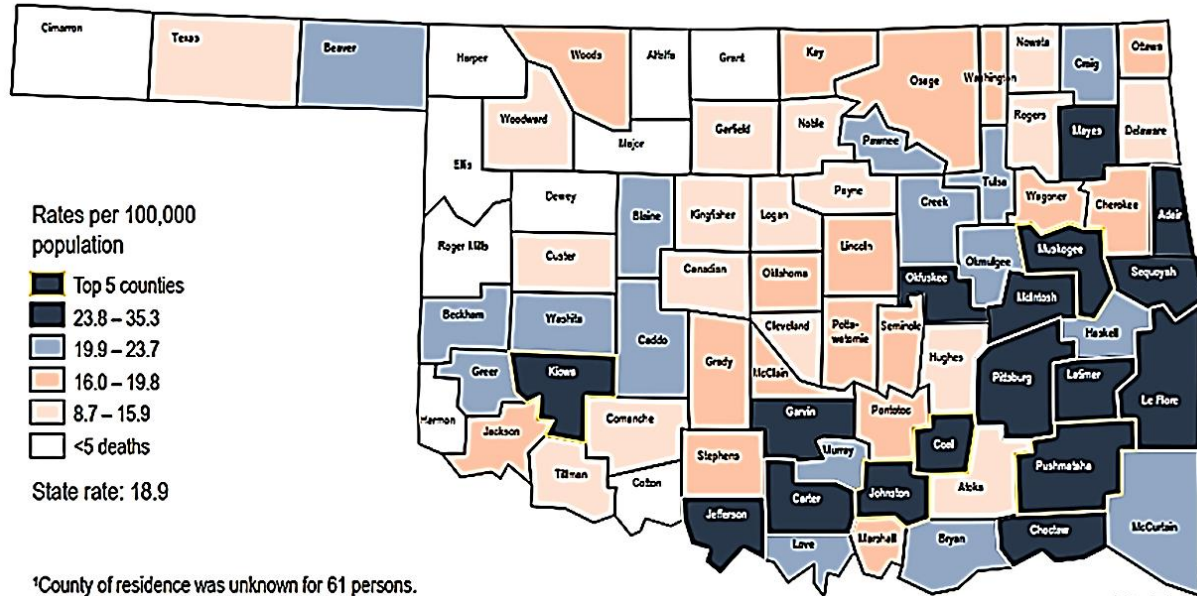
Lives Cut Short (Unintentional Poisonings/Overdose)



Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports)

Drug Deaths

Unintentional Poisoning Death Rates by County of Residence¹, Oklahoma, 2013-2017



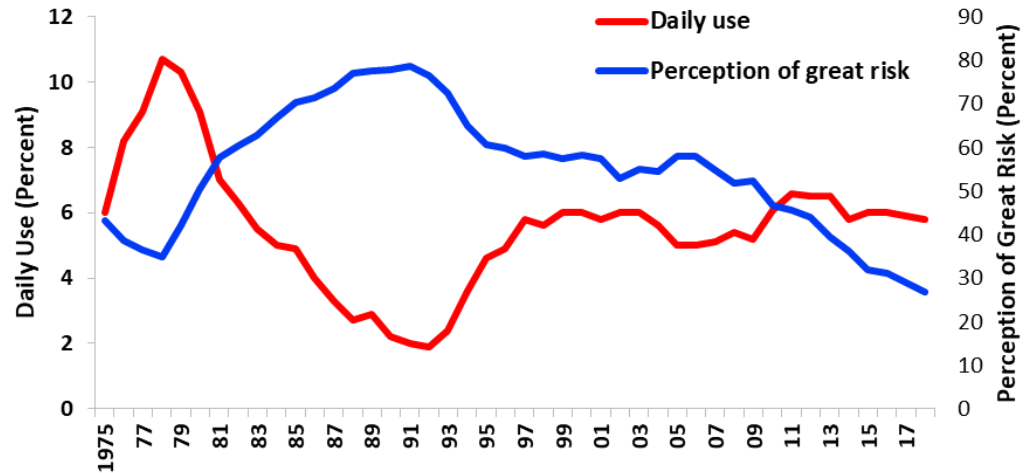
¹County of residence was unknown for 61 persons.

Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (abstracted from Medical Examiner reports)

Perceived Risk and Daily Use

- Attitudes about using substances start early.
- Today's youth perceive less risk in using illicit or legal substances. This, in turn, drives future generations of substance-dependent adults.
- Daily use of marijuana among 12th graders increased **205%** from a low of 1.9% in 1992 to 5.8% in 2018.
- Youth perception of risk of using marijuana is decreasing.
- Heavy marijuana use among youth is highly correlated with perceived risk.

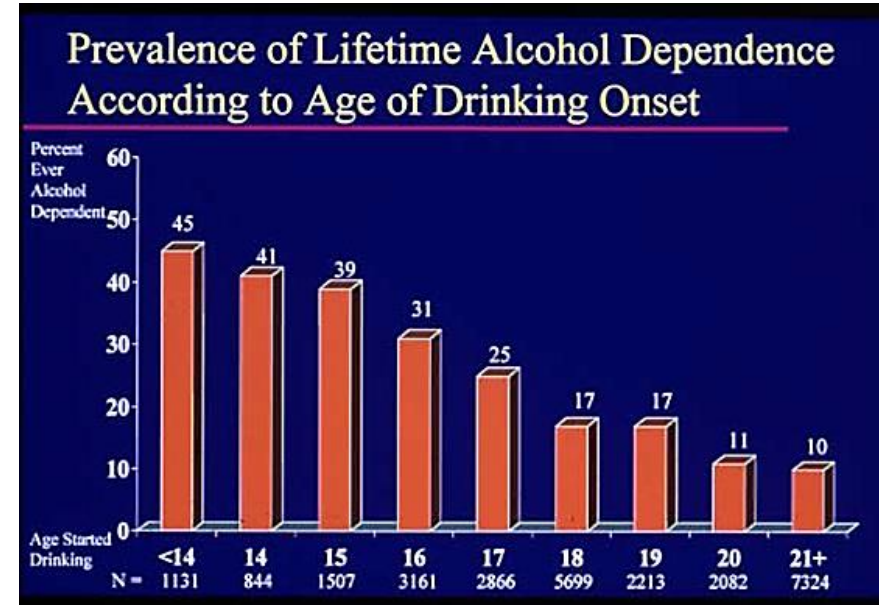
Marijuana perceived risk versus daily use by 12th graders, U.S., 1975-2018



Sources: *Monitoring the Future Study, 1991-2018*; and *New England Journal of Medicine, 2014*

Perception = Reality

- Average age of first use of alcohol among Oklahoma youth is 13. *ODMHSAS*
- **63.6%** of Oklahoma adolescents ages 12-17 perceive no great risk from having **5 or more drinks once or twice per week!** *SAMHSA Region VI Barometer*
- Youth who start drinking **before age 15** are **six times** more likely to develop **alcohol dependence or abuse** later in life than those who begin drinking at or after **age 21**. *SAMHSA*
- More than **85%** of those who seek *ODMHSAS* treatment services for alcohol addiction began drinking before their 18th birthday.



Prevalence: Suicide in Oklahoma

- Suicide is the most common manner of violent death in Oklahoma. **Three times** as many people die by suicide than by homicides each year in our state. *OSDH*
- For ages **10-34**, **suicide is the second leading cause of death** in Oklahoma. *OSDH*
- The number of **high school students** reporting they had **made a suicide attempt** in the past 12 months **increased from 7.4% in 2015 to 11.2% in 2017**. *2017 YRBS*
- An estimated 21% of all Oklahoma suicide deaths are veterans. On average, Oklahoma loses 3 veterans every week to suicide.
- During the 2017-18 school year, **ODMHSAS trained more than 3,000** Oklahoma educators in 43 counties in suicide prevention. Since 2011, ODMHSAS has trained more than **15,000** school personnel.
- **Good News:** Oklahoma has moved from **7th worst nationally in terms of suicide rate, to 16th**. (*American Association of Suicidology*) There is still much work to be done, but we are trending in a positive direction.

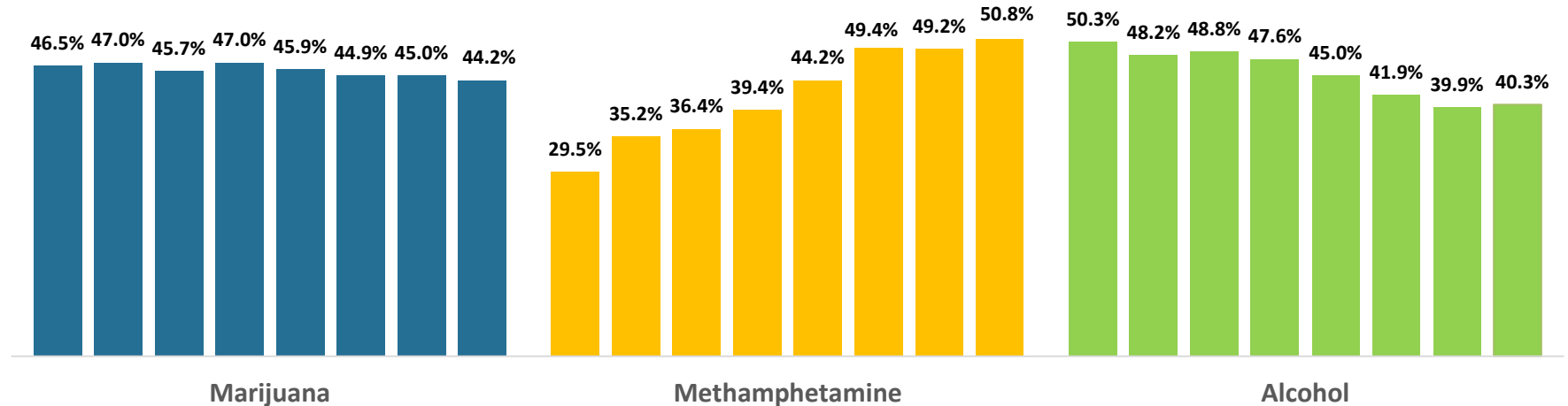
Alcohol Attributable Deaths In Oklahoma

- Excessive drinking results in **1,350** deaths and 41,460 years of potential life lost each year due to the harms of excessive alcohol use.
- Excessive drinking cost Oklahoma **\$2.4 billion** in 2010 as a result of crime, healthcare, and lost workplace productivity.
- Overall in the U.S., 54% of alcohol deaths and 76% of the costs are due to excessive drinking.



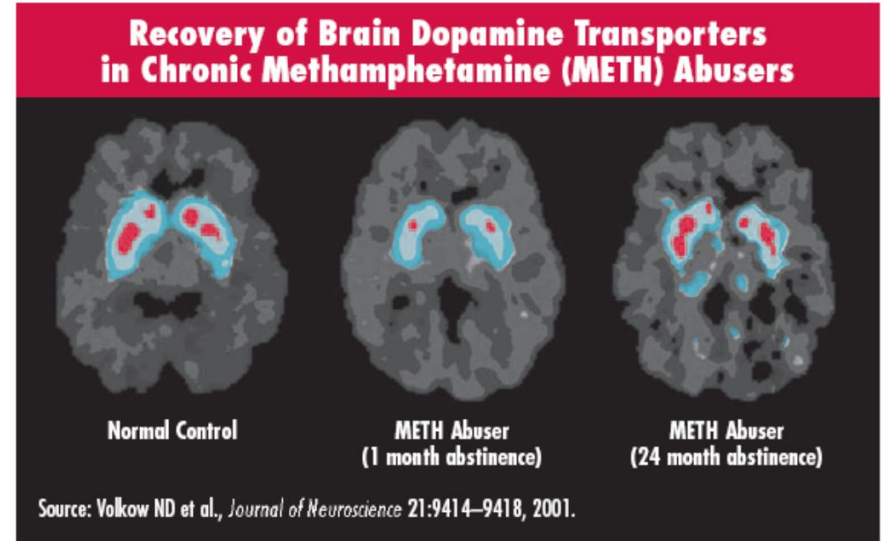
Marijuana: Prevalence and Trends

- Marijuana is the **most commonly used illicit drug** in the U.S. and Oklahoma – approximately **221,000** Oklahomans age 12+ report current use. *NSDUH, 2016-17*
- In the past year, an estimated **36,000** Oklahomans used marijuana for the first time; **14,000** were between the ages of 12-17. *NSDUH, 2016-17*
- Marijuana is the 2nd leading **drug of choice** reported by those admitted to Oklahoma's substance use disorder treatment system from FY12-FY19. *ODMHSAS*



Methamphetamine: Prevalence and Trends

- In FY16, **methamphetamine** became the **primary drug of choice** cited by those seeking ODMHSAS substance use treatment services.
- The number of unintentional poisoning deaths due to meth continues to increase. In 2018, **339 Oklahomans died** from meth-related deaths.
- That number that has risen steadily since **2014**, when **159 people** died from methamphetamine overdoses. *OSDH*
- Yet, even with an illness many once thought was untreatable, we know that treatment and recovery **are** possible.



Inability to Find Appropriate Care Impacts Our State in Many Ways

- **Cost to Society** (divorce, unemployment, school drop-out, suicide...)
- **Cost to Communities** (foster care, law enforcement, uncompensated care at community hospitals/emergency rooms...)
- **Cost to Business** (work performance and absenteeism, medical expenses, disability...)
- **Cost to Incarcerate** (rising rates of incarceration and cost, expanding crime and headline grabbing events)



Impact on Business: Mental Illness and Addiction

A misconception about mental illness and addiction is that these are individuals who do not work or are not functioning within the community. That is not the case.

- Nearly **75%** of all adult illicit drug users are employed, as are most binge/heavy alcohol users.
- Mental health is a **leading** health reason for work performance loss and absenteeism.
- In fact, mental health problems are one of the **top three** leading causes of work disability.
 - **Mental illness accounts for 30% of disability costs; that figure is growing by 10% a year.**

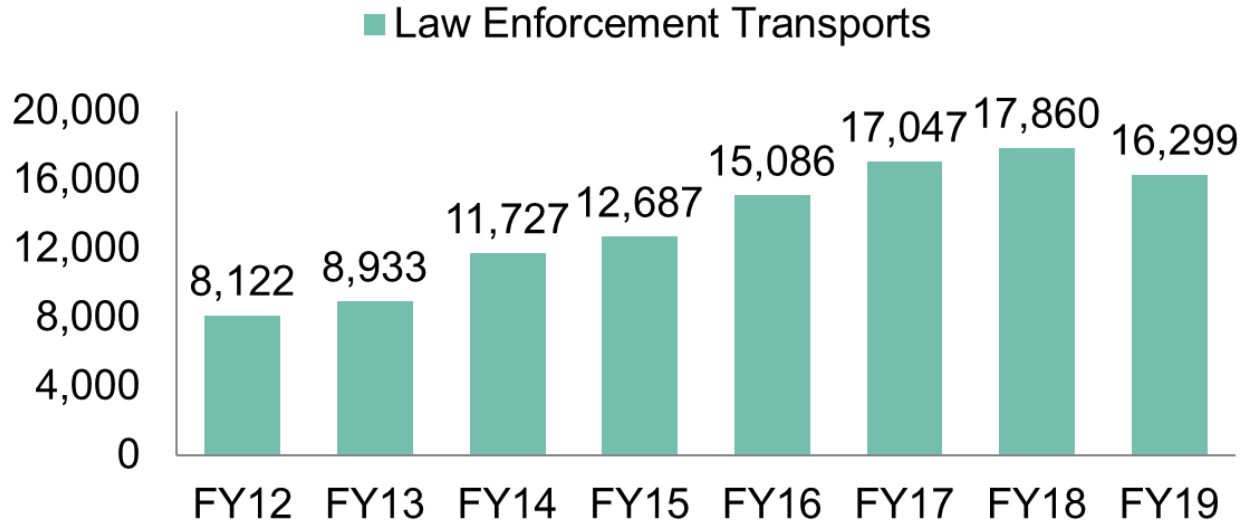
American Psychiatric Foundation

Disparities: Criminal Justice Involvement

- We have not given mental health and substance abuse issues due attention. In the end, this has led to a fractured and fragmented system of care.
- Too many Oklahomans...
 - ✓ First access care with a ride in the back of a police car.
 - ✓ Experience crisis before seeking help (ERs and crisis centers) despite warning signs and elevated symptoms.
 - ✓ Are arrested, jailed and imprisoned as a result of their illness.
- This does not make sense medically or in terms of our state's sense of morality and compassion for others (bombing, weather events, outpouring of support for veterans...).
- It certainly doesn't make sense fiscally.

Negative Outcomes That Impact All

- Law Enforcement transports have more than doubled since FY12, an indicator of increased acuity and need for treatment services in Oklahoma.



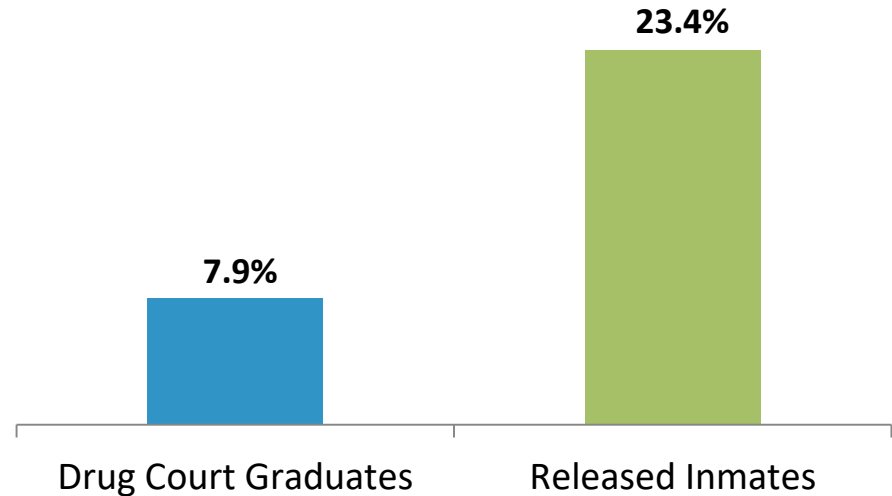
- Lack of access means that people become more ill to the point that more costly services are required to address the problem. The impact is often also felt in other areas (and state agency budgets).

Innovative Approaches (Criminal Justice)

The annual cost of drug court is \$5,000 compared to \$19,000 for incarceration. That alone is significant. But, what really tells the story are the outcomes:

- **96% drop** in unemployment.
- **134% jump** in monthly income.
- **109% increase** in participants with private health insurance.
- **90% increase** in participants who are able to again live with their children.

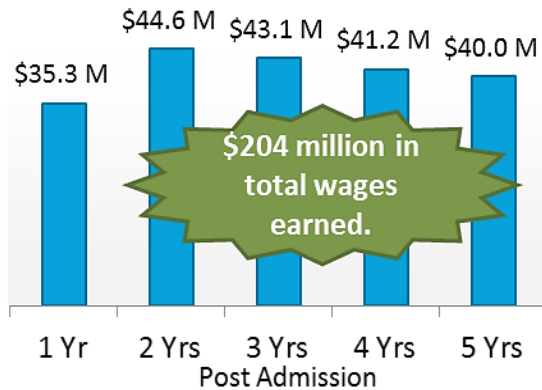
Lower Incarceration Rates for Graduates



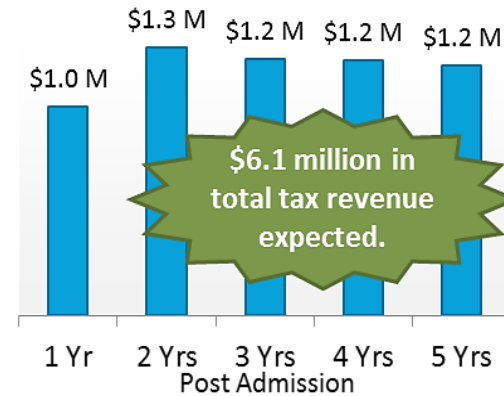
Innovative Approaches (Criminal Justice)

Another measure of success is the success drug courts have in helping individuals to again be contributing members of society.

**Annual Wages Earned
by 4,076 Graduates from FY'10 – FY'12**



**Annual Taxes Expected to be Paid
by 4,076 Graduates from FY'10 – FY'12**



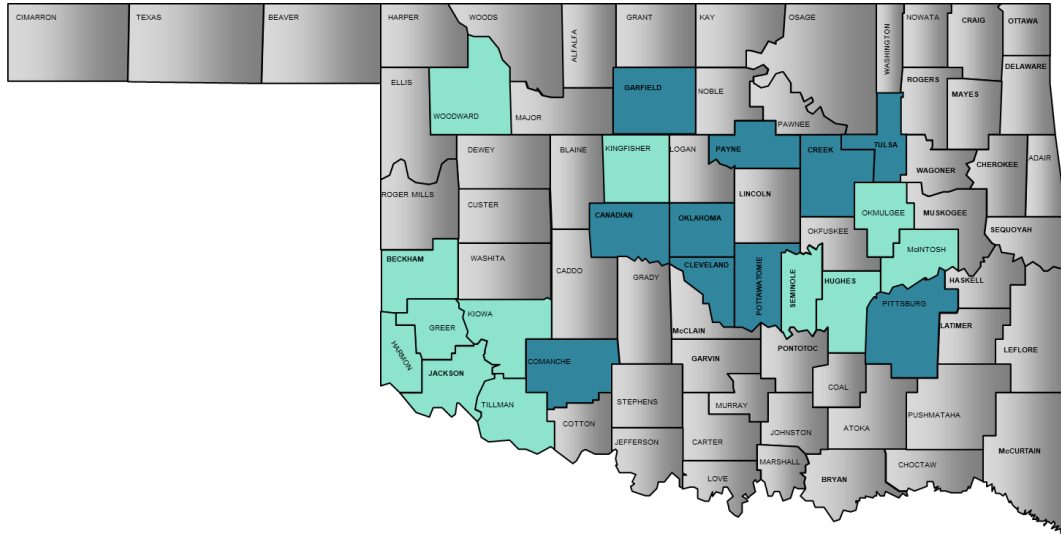
If these 4,076 graduates had gone to prison, the state would have expended \$193,610,000 to incarcerate them for an average of 3 years each.

Innovative Approaches (Criminal Justice)

ODMHSAS is working to provide effective options to assist courts in implementing misdemeanor diversion programs. Misdemeanor diversion programs partner criminal justice accountability with evidence-based substance abuse and mental health treatment services to decrease future involvement with the criminal justice system. Misdemeanor diversion general operates within two models:

- **Pretrial Diversion** – This initiative occurs after arrest but prior to a formal charge is filed. It provides structure and services as the participant awaits further case processing. Successful participation may lead to the DA declining to file the charge.
- **Misdemeanor Treatment Courts** – These highly structured programs include, but are not limited to, regular court appearances, case management, supervision, random drug screens, group and individual therapy by certified treatment agencies.
- **Deferred Adjudication Treatment Programs** – These programs provide diversion strategies, such as deferred prosecution agreements, as the legal mechanism for participation. The participant receives individualized treatment services provided by certified treatment agencies without the supervision of the court. Treatment providers report to the DA when a participant is non-compliant with services.

Innovative Approaches (Criminal Justice)



- Pilot-tested **misdemeanor diversion programs in Oklahoma have already served over 950 participants**, providing treatment to decrease future criminal justice involvement. There are currently **10 counties operating, 10 in the planning stages and 2 in conversation**. Data is being collected to measure and evaluate the most effective models.

Innovative Approaches (Criminal Justice)

- **Screening and Assessment** – By serving as central screening hubs, county jail-based screenings save diversion program resources and avoid duplicative assessment processes. This has meant a reduced 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.
- Services are currently **available in 73 counties**, with **every county having access to services by the end of this fiscal year**.

Innovative Approaches (Criminal Justice)

Residential Treatment Beds – This year, as part of our requested “Smart on Crime” package funding, the Legislature appropriated \$10 million to fund 175 new residential substance abuse treatment beds statewide.

- Multiple community-based treatment providers accepted the challenge to expand capacity (obtaining a site and meeting certification and licensing standards, hiring and training staff, initiating operations).
- The department has already initiated the process of contracting for these additional services and is ahead of the projected implementation schedule.
- This will significantly benefit the statewide treatment system and reduce a long-standing waiting list that caused delays for many in need of residential substance abuse treatment. The added beds are estimated to help reduce the statewide waiting list for residential treatment services by 75 percent.
- Most recently, 158 women were on the waiting list (with an average wait time of 29 days to get into treatment) and 415 men were on the list (with an average wait time of 203 days to get into treatment).
- Having the correct resources available when individuals are in need will reduce negative consequences that often lead to criminal justice engagement.

Linking Oklahomans to the Right Services with Innovation

ODMHSAS is [leading the nation](#) in a number of innovative programs to better link Oklahomans to services, including:

Opioids

Oklahoma was one of the first states to develop a state plan to tackle opioid-based prescription drug abuse and misuse. Consider our being the only state with real-time access to a prescription-monitoring system, early piloting of a naloxone initiative for first responders and statewide “over-the-counter” prescription access for naloxone.

- **Naloxone Initiative** – Nearly 300 law enforcement agencies trained, thousands of Narcan nasal spray kits distributed, and hundreds of lives saved.
- **ODMHSAS is partnering** with medical licensure boards and associations to provide CME courses to Oklahoma prescribers on controlled substance prescribing, patient safety and behavioral health;
- **Medication Assisted Treatment (MAT)** available statewide.
- **Efforts are working.** The unintentional overdose death rate involving a prescription opioid **decreased by 43%** from 2007 to 2017. *OSDH*
- The opioid prescribing rate in Oklahoma **decreased by 29%** from 2013 to 2017 and we were **one of only 10 states** to see a decrease in the rate of drug overdose deaths from 2016-2017. *CDC*

Community-based Structured Care

Urgent Care

- **Urgent Care Services** – Urgent care includes 23-hour and 59-minute crisis observation or stabilization services that provide individuals in severe distress with supervised care to assist with deescalating the severity of their crisis and/or need for a residential bed. **Nearly 90% of urgent care clients are diverted from needing a crisis care bed.**

Crisis Care

- **Crisis Centers** – Crisis Centers offer services for persons in need of crisis stabilization as a result of acute crisis of a psychiatric nature (mental illness or substance use disorder). **Approximately 93% of persons entering crisis care do not go forward into a hospital bed.**

Outpatient Care

- **Community Mental Health Outpatient Services** – Treatment services that allow people to remain in their homes and communities, with their families and working, while receiving treatment. Some services are intensive and require more frequent participation, particularly early in the disease process. Other services are provided on a less frequent basis, as the disease is managed and recovery has progressed. **Approximately 95% are engaged with follow-up within 7 days of leaving crisis care.**

Enhanced Tier Payment System

- The Enhanced Tier Payment System (ETPS) is an innovative payment structure developed to enhance the recovery outcomes of customers in the mental health and substance abuse system.

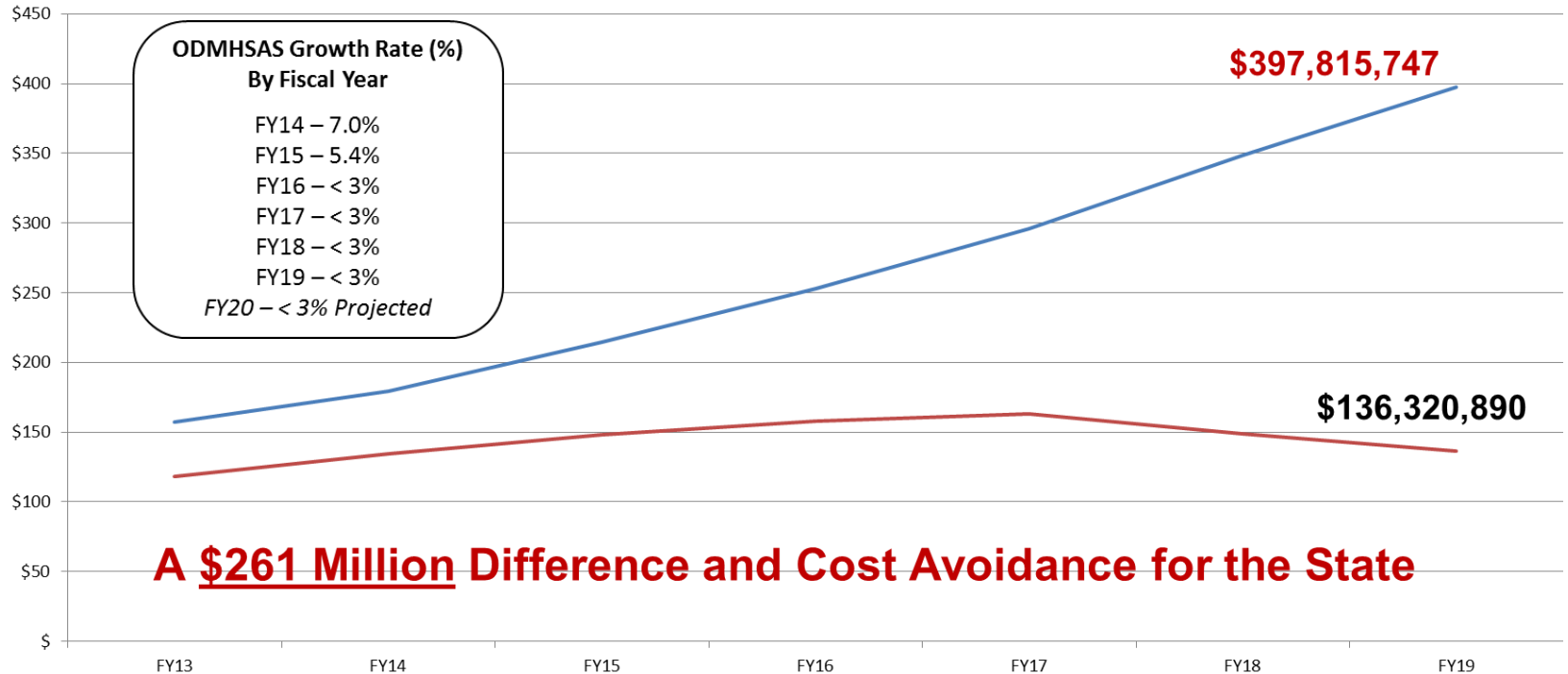
- State Average - Change

	<u>June 2009</u>	<u>Nov 2019</u>	<u>Change</u>
Outpatient Crisis Service Follow-up within 8 Days	29.8	83.8	54.0
Engagement in Treatment within 45 Days	45.2	75.3	30.1
Outpatient Peer Recovery Support Services	1.1	30.2	29.1
Inpatient/Crisis Unit Follow-up within 7 Days	53.9	80.9	27.0
Improvement in CAR Score Domain: Interpersonal	25.6	42.9	17.3
Medication Visit within 14 Days of Admission	41.4	57.1	15.7
Improvement in CAR Score Domain: Self Care/Basic Needs	40	54.9	14.9
Reduction in Drug Use	36.7	49	12.3
Improvement in CAR Score Domain: Medical/Physical	47.1	52.2	5.1
Inpatient/Crisis Unit Community Tenure of 180 Days	73.2	77.4	4.2

- This improved access to services, follow-up and treatment engagement; and, insured that the state is paying for what is important.
- The number of Oklahomans receiving provider services increased by 37% (between January 2009 and November 2019).

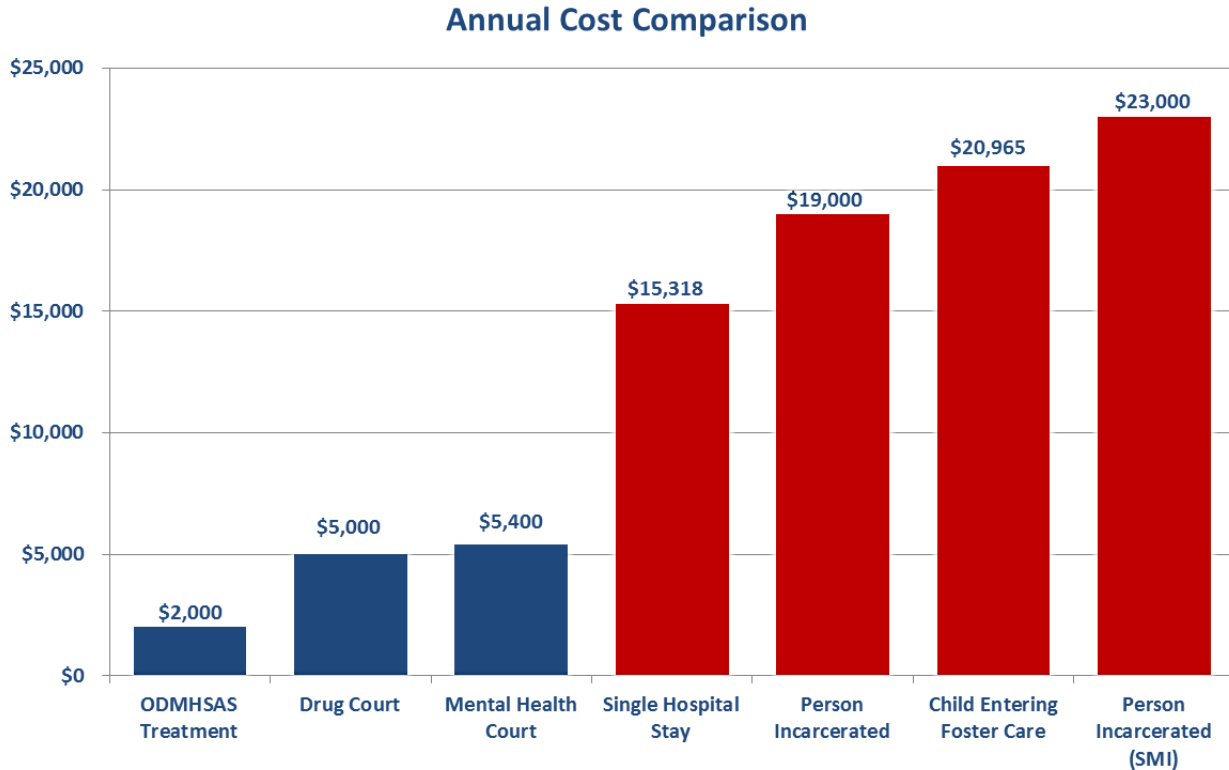
Innovative Approaches (Services Management)

Continued 14% Average Annual Growth Compared to ODMHSAS



A \$261 Million Difference and Cost Avoidance for the State

Treatment Works! And, Costs Less Than the Alternatives.



FY2021 ODMHSAS Budget Request

Department of Mental Health and Substance Abuse Services

FY-2021 Budget Request Prioritization

	Description	State \$
FY-2020 BUDGET & APPROPRIATION		\$ 351,218,376
1 Maintain existing programs (see detail below)		
	A.TXIX Behavioral Health Program Growth (2.32%)	2,726,059
	B.CHIP FMAP Decrease (87.71% to 77.59%)	5,726,833
	C.CCBHC FMAP Decrease if not Reauthorized (76.21% to 67.99%)	5,375,855
	D.Federally Disallowed Defined Benefit (Pathfinder) Contribution	375,000
	E.Tobacco Tax Shortfall	673,320
	F.Beverage License Shortfall	379,230
	G.Medicaid Inpatient Professional Fees & Crossover Shortfall	154,000
	Subtotal maintain existing programs	15,410,296

FY2021 ODMHSAS Budget Request

2 Smart on Crime Initiative	
A.Original Smart on Crime Request	80,210,000
Statewide Implementation of Misdemeanor Diversion	
B.Programs	35,488,247
3 Marijuana Treatment & Prevention Costs	3,513,989
4 Alcohol Dependence Treatment and Prevention	37,817,372
5 AOT - Full Implementation of the Labor Commissioner Mark Costello Act	12,600,179
6 Saving Lives and Families through Suicide Prevention	450,000
7 Prescription Drug Abuse Prevention	500,000
8 Parity Based Staff Compensation Equalization	-

FY2021 ODMHSAS Budget Request

Provider Rate Increase

\$ 2,926,872

The cost of a 1% increase in behavioral health provider rates is \$2,926,872. Each additional 1% increase will cost an additional \$2,926,872. For example, if the legislature decided to provide a 3% increase for behavioral health provider rates the cost would be \$8,780,616.

TOTAL REQUEST

\$ 188,916,955

FMAP Savings

\$ (8,167,936)

If the savings from the change in the FMAP rate are applied to ODMHSAS's maintenance request, then ODMHSAS's maintenance need would be reduced to \$7,242,360. If the savings from the change in the FMAP rate are applied to other request items, then ODMHSAS requests full funding of the maintenance requests totaling \$15,410,296.

PROPOSED FY-2021 BUDGET

\$ 531,967,394

Revenue Growth

\$ 7,024,368

A two percent increase in appropriations to ODMHSAS would equal \$7,024,368. If this increase in appropriations and the projected FMAP savings were applied to ODMHSAS's maintenance request, then all but \$217,992 of the maintenance request would be funded. If the CCBHC program is reauthorized by Congress, then a 2% increase in appropriations and the projected FMAP savings would cover the maintenance request and \$5,157,862 of the Smart on Crime request.

FY2021 ODMHSAS Budget Request (Additional)

Smart on Crime Initiative (A. Original Request \$80,210,000)

The purpose of this funding is to implement the ODMHSAS Smart on Crime initiative that includes proven programs to effectively divert non-violent individuals with mental illness and/or addiction from the criminal justice system. Interventions with these individuals must be available at various points in the criminal justice system, from pre-booking to re-entry, with the intent to intervene and divert at the earliest possible opportunity. There has been targeted investment in portions of this plan to address specific at-risk populations, and that investment has yielded results. Still, there is need to continue this investment so that we may fully implement Smart on Crime and services that allow us to avoid continued negative consequences and increased cost to the state, strengthen families, improve overall health and economic development, and improve public safety. Better access to treatment addresses immediate needs and solves future problems. DOC data estimates that 82% (4 out of 5) of all non-violent DOC receptions are individuals with a mental health or substance abuse treatment need, and that approximately 35% of all prison receptions are specifically drug and alcohol offenses. During FY2019, approximately 64% of inmates had a history of mental illness or were currently exhibiting some form of mental illness. Unless we appropriately stem prison growth, the cost will be unsustainable (previous estimates to be as much as \$2 billion within a ten year period). Continued investment in mental health and substance abuse services that work will benefit Oklahoma families and the state as a whole. A “Smart on Crime” approach in particular will create an opportunity for the state to avoid millions of dollars in future expenses related to the criminal justice system...eventually paying for itself and even providing a hefty positive return on the overall investment. The ODMHSAS Smart on Crime Initiative has been endorsed by the Oklahoma District Attorney’s Council, the Oklahoma Sheriff’s Association, the Oklahoma Association of Chiefs of Police, the Academy for State Goals and the Oklahoma Turning Point Council.

Smart on Crime Initiative (B. Statewide Misdemeanor Diversion \$35,488,247)

Funding is necessary for the statewide implementation of misdemeanor diversion programs. With 10 courts operational, 10 in the planning stages and at least 2 courts currently on the waiting list, the demand to expand these programs has grown substantially. These are programs that work and address an immediate need throughout Oklahoma.

FY2021 ODMHSAS Budget Request

Marijuana Treatment & Prevention (\$3,513,989)

Approximately 221,000 Oklahomans (ages 12+) report marijuana use in the last month, 388,000 report marijuana use in the last year, and 36% of Oklahoma high school students report having ever used marijuana. According to the National Institute on Drug Abuse, data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder. In fiscal year 2019, the Oklahoma Department of Mental Health and Substance Abuse Services treated 5,823 people for marijuana use, with nearly 39% of those patients identifying marijuana as their primary drug of use. Marijuana is second only to methamphetamine as the primary drug of choice among Oklahomans receiving addiction treatment from the ODMHSAS. Current resources do not meet the critical need for prevention programming and do not meet the demand of people requiring treatment for cannabis use disorder. Resources will be directed to high need populations for the implementation of best practice community and school-based prevention services and to provide cannabis use disorder treatment services.

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

Excessive alcohol use is responsible for nearly 1,400 deaths a year in Oklahoma and cost citizens and government \$3 billion (CDC 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 outpaces the nation in adult binge drinking intensity - 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 and treatment services.

FY2021 ODMHSAS Budget Request

AOT-Full Implementation of the Labor Commissioner Mark Costello Act (\$12,600,179)

Assisted Outpatient Treatment (AOT) is court-ordered treatment, including medication, for people with severe mental illness who meet strict legal criteria and who have difficulty remaining compliant with treatment. AOT supports their adherence to treatment plans, helps to reduce hospitalizations and other negative consequences at the community level, and furthers recovery. The key is matching the right person (appropriateness for AOT) to the correct treatment/funding source. Without resources and appropriate identification of who can benefit from AOT, the potential influx of persons to the AOT program could break an already fragile system and leave thousands of more Oklahomans without care; therefore, the statute still limits who is eligible for this critical program. This is a program that has demonstrated success across the country. This funding change would provide funding to fully implement the Labor Commissioner Mark Costello Act.

Saving Lives and Families through Suicide Prevention (\$450,000)

Oklahoma families continue to experience suicide rates that are greater than the national average with suicide ranking as the eighth leading cause of death for Oklahomans and the 2nd leading cause of death for Oklahomans ages 10-34. Suicide and suicide attempts impact Oklahomans throughout the lifespan, from school age youth through our older adults. Suicide is preventable and attempts can be minimized through the implementation of comprehensive strategies that 1) encourage help seeking behavior, 2) equip providers with proven screening and treatment tools, and 3) create safer homes, school, workplaces, congregations and communities by providing training in early identification and intervention with individuals at risk. Oklahoma made an important first investment in suicide prevention in FY14. ODMHSAS seeks funding to expand best practice suicide prevention strategies, including but not limited to K-12 suicide prevention programming, hotline crisis intervention and follow-up and workplace/community/healthcare interventions.

FY2021 ODMHSAS Budget Request

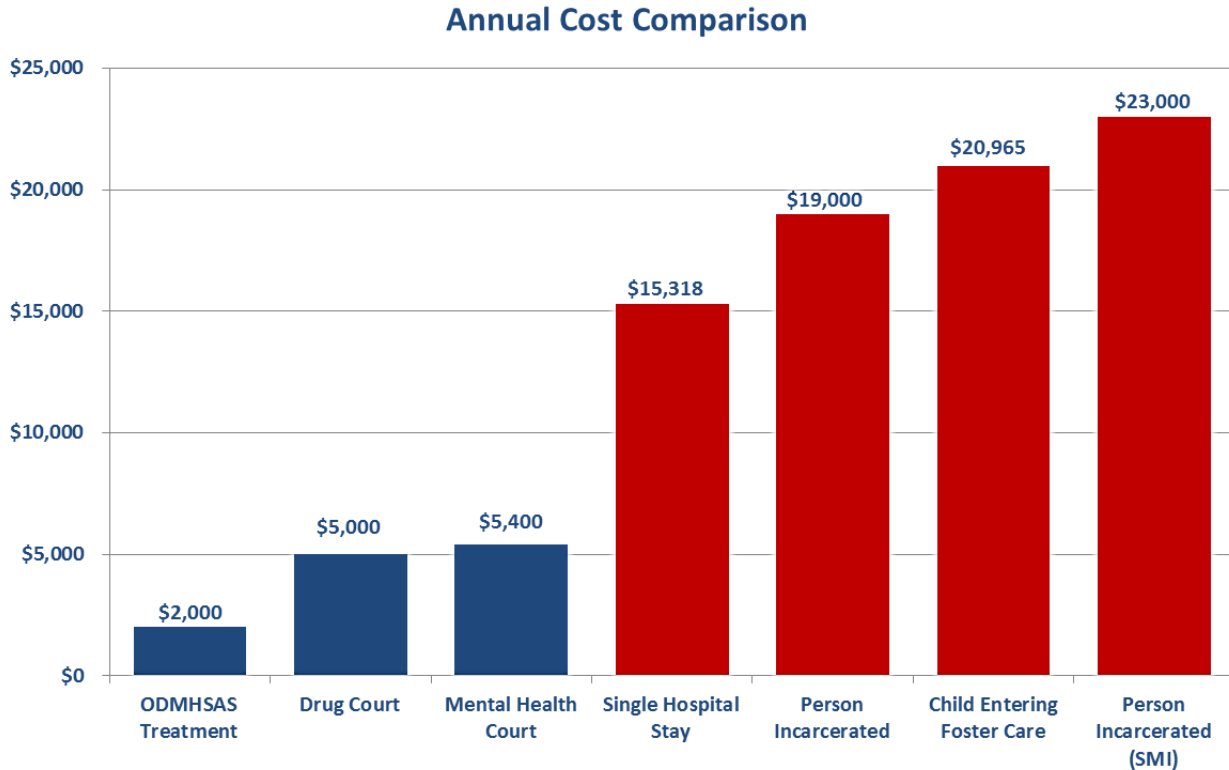
Prescription Drug Abuse Prevention (\$500,000)

Since 2007, more than 7,000 Oklahomans died from unintentional overdose. Prescription drugs remain most common substance involved in overdose deaths, and opioids are the most common prescription drug involved. Deaths from illicit opioids including heroin and fentanyl are increasing in Oklahoma. Investment of funds for the prevention and treatment of opioid addiction and overdose has helped temper the opioid emergency in several areas including saving more than 400 lives by reversing opioid overdoses. Continued effort and a sustained state investment of resources are required to prevent new incidences of addiction and put an end to the epidemic. Resources will be directed to high need communities for the implementation of community- and school-based prevention services; targeted overdose prevention services; communication and outreach; and implementation of best practices in healthcare settings.

Parity-Based Staff Compensation Equalization

Pursuant to HB2771, ODMHSAS received funding to provide specified salary adjustments to ODMHSAS staff in FY20. The department is grateful for this much needed investment. Still, even with this increase, the gap in salaries for ODMHSAS employees compared to other agencies remains. While ODMHSAS salaries did rise, so did the salaries of employees at other agencies and at the same rate of increase. These salary discrepancies create difficulty in recruiting and retaining desperately needed behavioral health care staff. Essentially, ODMHSAS often must compete against other state agencies paying more for the same job. ODMHSAS employees are serving some of Oklahoma's most vulnerable citizens, and in many cases individuals who have been deemed dangerous to self or others. They have delivered incredible outcomes and consistently go above and beyond to serve all Oklahomans. They deserve to be paid at the same rate as their peers performing the same job at other state agencies.

FY2021 ODMHSAS Budget Presentation (Conclusion)



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for Change**

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