

## OKLAHOMA

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20% of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Oklahoma's FY 2007 SAPT Block Grant allocation is approximately \$17.7 million.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, Oklahoma reports the following treatment outcomes reported at discharge for SFY 2006:

- Approximately 50 percent of clients were abstinent from alcohol
- Approximately 50 percent of clients were abstinent from drugs
- Over 90 percent of clients reported no criminal justice activity in the previous 30 days
- Approximately 11 percent increase in the number of persons employed
- 31 percent decrease in the number of persons who were homeless

*Family Treatment:* Oklahoma found that clients in specialized programs for women and children reported over 90% abstinence at six months following discharge. From admission to six-month follow up:

- The percent of homeless clients decreased from 7.2 percent to zero
- Unemployment was reduced by 52 percent
- 49 percent of clients regained custody of their children from State care
- Abuse allegations fell from 30.3 percent to zero.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) studied outcomes data related to the 5,895 participants of the Adult Drug and DUI Courts in Oklahoma from 2002 through 2006 and found the following comparing entry and graduation:

- 80.7% decrease in unemployment
- 68.1% increase in income
- 20.5% increase in participants who had children living with them

In addition, drug court graduates were

- 63% less likely to be re-arrested than successful standard probation offenders
- 131% less likely to be re-arrested than released prison inmates

Overall, the four-year cost to the Oklahoma Department of Corrections, if drug courts did not exist between FY'02-FY'06, would have been \$145,474,541.

**Prevention Services:** ODMHSAS provided prevention services to 283,204 individuals in State Fiscal Year 2006. There are 18 Area Prevention Resource Centers (APRC) serving Oklahoma's 77 counties. The services these agencies provide include evidence-based community prevention programs, coalition building and mentorship, resource dissemination, alternative activities and environmental strategies that reduce the availability of alcohol, tobacco and other drugs in communities.

Oklahoma has also focused on reducing underage drinking, led by the Governor's Task Force on Underage Drinking Prevention; teen suicide prevention with a volunteer Teenline; and makes prevention materials available to anyone in the State through the Oklahoma Prevention Resource Center.

**Oklahoma Quick Facts**

**Treatment Admissions Funded through SAPT and State Appropriations**

➤ 18,435 clients served in SFY 2006

➤ **Drug(s) of Choice:**

Alcohol	58%
Marijuana	44%
Methamphetamine	29%
Cocaine	19%
Other	21%

➤ **Gender:**

Male	59.9%
Female	40.1%

➤ **Race:**

White	71.3%
Black	13.0%
Native Amer.	11.5%
Multi-race	3.2%
Other	1.0%

➤ **Age:**

0-6	3.3%
7-12	0.9%
13-17	5.7%
18-25	23.6%
25-64	66.2%
65 & over	0.3%

**Treatment Gap**

➤ It is estimated that 217,807 (7.42%) of Oklahomans needed but did not receive treatment for alcohol use and 83,071 (2.83%) Oklahomans needed but did not receive treatment for illicit drugs (NSDUH, 2004-2005).

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

**Accountability:** ODMHSAS believes it is important to evaluate the quality of care the Department funds, including the accessibility of services, appropriateness of services, and the outcomes they produce for citizens in need. Service providers use performance and outcome data to make resource allocation decisions and improve service delivery. This information is made available on-line to consumers and their families to help them make better choices about available treatment options.

ODMHSAS uses performance and outcome measures in at least three ways: to assess overall system functioning, to examine and improve the results for individual agencies, and to learn what combinations of services work best with identified groups of clients. Performance and outcome information may lead to planning for new services, or the re-allocation of existing resources to support programs where the need for more effort is indicated. They may also lead to closer inspection of individual agency results to determine the extent to which a provider is contributing to improvements in a target population. Treatment providers use ODMHSAS indicators as a basis for contract negotiations with the Department; for planning and evaluating performance improvement activities; for soliciting new funding; or for re-allocating existing staff or other resources.

Examples of performance indicators Oklahoma uses are the Washington Circle Public Sector measures of initiation, engagement and continuity of care; the Network for Improvement of Addiction Treatment (NIATx) access and retention indicators (assessed through reduced waiting time between the first request for service and the first treatment session, reduced number of clients who do not keep an appointment, increases in the number of people admitted to treatment, and increased continuation from the first through the fourth treatment session); and the National Outcome Measures (NOMs), such as decreased involvement with the criminal justice system; increased employment rate; improved level of functioning; and decreased rate of homelessness; and other process indicators such as decreased readmission rates and increased treatment completions.

**Economic Impact:** According to the February 2005 *Governor's and Attorney General's Blue Ribbon Task Force on Mental Health, Substance Abuse, and Domestic Violence*, substance abuse, including both alcohol and illicit drugs, causes over \$1.4 billion of expenses to Oklahoma each year.

- **Economic Impact:** It was estimated that substance abuse cost Oklahoma approximately \$3.2 - \$4.4 billion in lost productivity in 2003 due to academic underachievement and related criminal activity leading to incarceration
- **Health Care:** There are a host of costs related to special injuries and conditions related to alcohol and substance abuse. They include traumatic brain injury, fetal alcohol syndrome, and vehicular crashes. The total expense is estimated to cost Oklahoma \$109 million each year
- **Education:** Each year, 6,530 students in Oklahoma's colleges and universities will drop out of school because of problems related to alcohol. This will cost the institutions over \$11 million in tuition revenue
- **Workplace:** It is estimated that Oklahoma employees will expend over \$600 million in additional medical costs for those 200,000 Oklahoma workers abusing alcohol or dealing with the effects of depression



Terri White, MSW, Commissioner, Department of Mental Health and Substance Abuse Services,  
Phone: (405) 522-3878 \* Email: [twhite@odmhsas.org](mailto:twhite@odmhsas.org)

Contact information: Robert Morrison, Director of Public Policy, at (202) 293-0090 x 106 or [rmorrison@nasadad.org](mailto:rmorrison@nasadad.org) or  
Barbara Durkin, Public Policy Associate, at (202) 293-0090 x 111 or [bdurkin@nasadad.org](mailto:bdurkin@nasadad.org).