Center for Health Policy Research

College of Osteopathic Medicine
2345 Southwest Boulevard, Tulsa, OK 74107

Health & Medicine Issue Paper

• THE FOURTH IN A SERIES •

Community Centers

Key Issues
State Law
Public Systems
• Community Centers
Prisons, Jails/Lockups

MENTAL HEALTH

Title 43A §1-104. Public Policy

The Oklahoma Legislature hereby declares that the public policy of this state is to assure adequate treatment of persons alleged to be in need of mental health treatment ...

"A major disappointment of deinstitutionalization has been the failure to develop good community care systems and support networks alongside rapid reduction of mental hospital beds. As a consequence, inpatient care has often been poorly coordinated with aftercare, clients often fail to get needed services, and patients have unnecessary repeated re-hospitalizations. Efforts have been to enhance coordination and improve continuity of care, but only with limited success. For the most part, incentives to provide a balanced system of mental health services have been absent." David Mechanic, "Emerging Trends in Mental Health Policy and Practice", Health Affairs, Nov-Dec 1998, p95.

This Series About Mental Health

Our nation has experienced a series of highly publicized incidents concerning random acts of lethal violence. National debates concerning inanimate objects (guns) and abstract emotions (hate) immediately followed. The debates are demagogic, shallow, and misleading.

There is another common denominator in most of the acts of violence; almost every perpetrator was involved with some aspect of mental health care and services. They have either been under care, sought care, or have been using (or not using) psychotherapeutic medications.

Yet the high profile national debate continues about guns and hate ... and the silence about adequate and effective mental health care service is deafening.

The Oklahoma record is neither bad nor good. Our state struggles with this emerging health issue as do others.

This series of issue papers has been developed for Oklahoma's laypersons and policymakers. The intent is to place Oklahoma mental health needs in perspective; help promote responsible debate, and to provide a standard reference for policy discussions.

Michael Lapolla, Director

CHMCs Statewide

There are 19 recognized Community Mental Health Center organizations serving all 77 counties in Oklahoma. These centers operate 86 separate primary or satellite facilities in 67 separate communities within 60 of Oklahoma's 77 counties. (Figure 1). There are 17 counties, primarily in western and southwestern Oklahoma, where residents must travel to another county for service.

Five centers are operated by the state of Oklahoma; the other 14 are private, non-profit organizations that have service contracts with the state. Each center has a service area defined by the Department of Mental Health and Substance Abuse Services (DMHSAS). The service area uses the 1990 census data, and will be updated after the 2000 census.

The Decade of the '90s

Figure 2 and Table 3 depict the services offered by the CMHC system during the 1990's. The hours of service provided incrreased by 85% during the decade. During FY 1996, the total hours of service topped 2.5

million. The hours of service have declined in FY 97-98 for a variety of reasons. The state contracted facilities increased 88% while the state operated facilities increased by 70%. The program with the greatest increase was the Grand Lake CMHC (based in Nowata) - with an almost four-fold increase. This is the program likely to be most impacted by the proposed downsizing of Eastern State Hospital. There were six other programs that more than doubled in services provided ... and another that increased 98% (see Table 3).

MAJOR ISSUES

There are several ongoing issues that must be addressed and resolved concerning Community Mental Health Center services. The most fundamental is both the amounts ... and equity ... of funding. It may not be practical to immediately increase funding in a dramatic manner. But there are no barriers to insuring equity other than inertia.

There are five state operated CMHC operations, and 14 others that are private and contracted. Initial inspections show that state owned facilities receive 34% of appropriated funds ... but only provide 20% of the outpatient services. Additionally, there is an obvious disparity of a geographical basis.

All Oklahomans pay an equitable amount of taxes based upon their income, not on where they live. Current funding formulas preclude taxpayers from obtaining equitable local services for their dollar.

There are three fundamental factors to be considered when correcting funding inequities.

(1) Some advocate for increased dollars based upon the number of persons with a major brain disorder who reside in a particular service area. This approach seems logical and reasonable. However, there is disagreement on what is defined as a major brain disorder. And a census of such a population may be difficult to ascertain.

(2) Others advocate for distributing funds on a per capita basis only. It is understandably argued that mental health needs are distributed per a normal curve thus yielding a relatively equal percent of people who will be in need of behavioral heath services in any given population base. However, some argue that people with mental health problems are disproportionately found in urban areas and near state psychiatric hospitals.

(3) Rural care must cope with distances. Rural CMHC's have to invest heavily in transportation expenses for which there is no reimbursement. This is because a majority of persons receiving services at CMHC's have no transportation of their own and there are no public transportation services in non-metro areas. Also there is a greater array of supportive services in urban areas than in rural communities.

The most likely solution will be an algorithm that combines elements of equity based upon per capita funding and allowances for distributions of pathology.

FIGURE 1
COMMUNITY MENTAL HEALTH CENTERS
(There are 86 facilities/programs/offices serving 67 communities in 60 of Oklahoma's 77 counties)

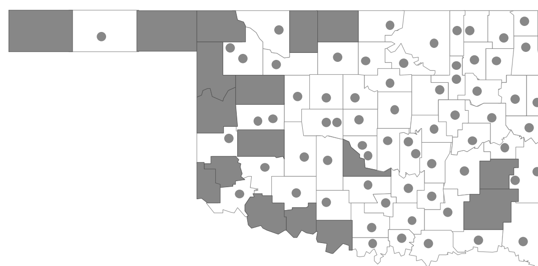

TABLE 1
67 COMMUNITIES WITH CMHC SERVICES
(dots indicate number of facilities)

Community	Facilities	Community	Facilities
Ada	•	Miami	•
Altus	•	Muskogee	•
Alva	•	Norman	• • •
Anadarko	•	Nowata	• •
Ardmore	• •	Okemah	•
Atoka	•	Oklahoma City	• • • • • • •
Bartlesville	•	Okmulgee	• • •
Chandler	•	Owasso	•
Chickasha	•	Pauls Valley	•
Claremore	• •	Pawhuska	•
Clinton	•	Pawnee	•
Coalgate	•	Perry	•
Duncan	•	Ponca City	•
Durant	•	Pryor	•
El Reno	• •	Sallisaw	•
Elk City	•	Sapulpa	•
Enid	•	Seminole	• •
Eufaula	•	Shawnee	•
Fairview	•	Stigler	•
Fort Supply	•	Stillwater	•
Grove	•	Stilwell	•
Guthrie	•	Sulphur	•
Guymon	•	Tahlequah	•
Heavener	•	Talihina	•
Hobart	•	Tishomingo	•
Holdenville	•	Tulsa	• • • •
Hugo	•	Vinita	•
Idabel	•	Wagoner	• •
Kingfisher	•	Watonga	•
Lawton	•	Weatherford	•
Lexington	•	Wewoka	•
Madill	•	Woodward	•
Marietta	•	Yukon	•
McAlester	•		

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Eastern State Closure

The plan to close Eastern State Hospital further complicates equity issues, particularly in northeastern Oklahoma. The CMHCs in northeastern Oklahoma were the fastest growing in the 1990's, and are funded at one of the lower rates in the state. Given these existing service constraints, it may be difficult for these units to develop an appropriate array of inpatient beds and treatment alternatives for persons who require intensive treatment.

If the closing of Eastern State Hospital is to be successful, the Legislature will be required to intervene to insure an immediate and appropriate reallocation of funds to that service area.

Funding Equity?

Table 5 demonstrates an apparent inequity in the provision of state funds per person in the service areas. Before one can conclude that the funding is unequal, adjustments must be made concerning the various missions and purposes of the facilities, and the intensity/complexity of the services provided.

The four state operated facilities are among the top six in per capita funding. (Western State Psychiatric Center is a special case).

However the Carl Albert, Jim Taliaferro and Central Oklahoma facilities report an inpatient census. Their inpatient census will naturally yield higher per capita costs, but it is unlikely these expenses explain the entire funding differentials from other facilities.

As with all funding inequities, they are more easily observed than rectified. In many instances, the older facilities benefit from established budget bases, while newer facilities and contracts are at the mercy of scarce public dollars.

Regardless of reason, there is no excuse not to correct major inequities; or at least have a plan to do so with new monies. Attempts to bring all programs to the level of the best funded one are not reasonable nor likely to succeed. It is suggested that the budget bases for each facility be recalculated; that the service areas be reexamined; and plans made to apply new dollars to facilities requiring equity adjustments.

Recommendation

That the DMHSAS, and the Legislature, develop a funding algorithm that will yield equitable funding for all Community Mental Health Centers in the state.

Such an algorithm should take into account the services offered, service population, and prevalence of pathology.

It should be immune from political interference that results in more funds per unit of service being appropriated to CMHC's residing in the districts of senior and/or influential elected officials.

FIGURE 2

HOURS (IN MILLIONS) OF SERVICES REPORTED COMMUNITY MENTAL HEALTH CENTER ORGANIZATIONS

SOURCE: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

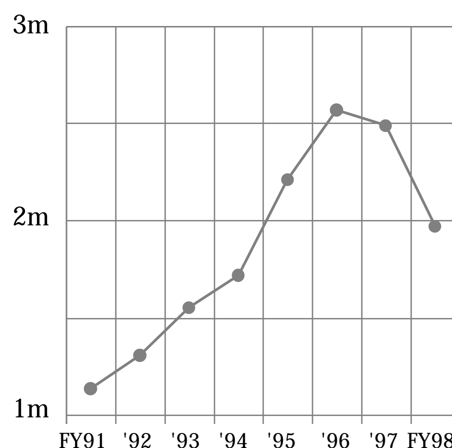

TABLE 3

CHANGE IN HOURS (IN MILLIONS) OF SERVICES REPORTED COMMUNITY MENTAL HEALTH CENTER ORGANIZATIONS

SOURCE: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CMHC	Hours in FY91	Hours in FY98	Pct Change
Grand Lake CMHC	51,095	249,837	389%
Western State Psych Center	12,212	48,293	295%
Edwin Fair CMHC	29,490	101,599	245%
MHS of Southern OK	66,226	189,861	187%
Community Counseling Center	69,354	197,612	185%
CREOKS	62,521	162,431	160%
Bill Willis CMHC	32,056	68,649	114%
Associated Centers for Therapy	28,463	56,331	98%
Hope Community Services	66,195	116,806	76%
Central Oklahoma CMHC	28,404	47,574	67%
Carl Albert CMHC	38,475	60,974	58%
Wheatland MH Center, Inc.	23,638	36,667	55%
Red Rock BHS	171,539	252,092	47%
Red Rock West	46,972	67,215	43%
Green Country BHS	62,848	65,019	3%
North Care MHC	66,091	63,795	-3%
Jim Taliaferro CMHC	50,655	48,849	-4%
Parkside Center	113,238	102,371	-10%
Chisolm Trail	45,568	34,309	-25%
State of Oklahoma	**1,065,040**	**1,970,284**	**85%**

* State operated facilities

State Contracted Centers	903,238	1,695,945	88%
State Operated Centers	161,802	274,339	70%

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TABLE 4
FY-00 SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH CENTERS
SOURCE: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Facility	Adult	Child	Inpt	Crisis	EMS	Meds	Res	Voc	Com
State Operated Facilities									
Bill Willis CMHC	•	•	•	•		•	•		
Carl Albert CMHC	•	•	•	•		•		•	
Central Oklahoma CMHC	•	•				•			
Jim Taliaferro CMHC	•	•	•	•		•		•	•
Western State Psych Center	•	•	•	•		•	•		
State Contracted Facilities									
Associated Centers for Therapy	•	•				•			•
Chisolm Trial CS	•	•				•			
Community Counselling Center	•	•				•			
CREOKS MHS		•							
Edwin Fair MHC	•	•	•						
Grand Lake MHC	•	•			•	•			
Green Country BHS	•	•			•	•			
Hope CS	•	•				•		•	•
MHS of Southern OK	•	•	•			•			
NorthCare	•	•				•			
Parkside BHS	•	•	•	•		•	•		
Red Rock BHS	•	•				•		•	•
Red Rock West BS	•	•			•	•		•	
Wheatland MHC	•	•	•			•			

Legend: **Adult** - basic adult services; **Child** - basic children's services; **Inpt** - inpatient beds; **Crisis** - crisis beds; **EMS** - emergency services; **Meds** - provides medications; **Res** - residential services; **Voc** - vocational services; **Com** - community services.

TABLE 5
FY-00 ESTIMATED STATE APPROPRIATIONS AND SERVICE AREAS
SOURCE: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

		All Services		Basic Services	
CMHC	1990 Service Population	FY00 State Funds	Per Capita	FY00 State Funds	Per Capita
State Operated Facilities					
Bill Willis CMHC	134,181	$2,950,904	$21.99	$1,942,387	$14.48
Carl Albert CMHC	196,437	$4,888,834	$24.89	$2,851,788	$14.52
Central Oklahoma CMHC	197,048	$4,235,662	$21.50	$3,816,731	$19.37
Jim Taliaferro CMHC	239,937	$5,304,425	$22.11	$2,374,863	$9.90
Western State Psych Center	76,353	$8,980,325	$117.62	$2,128,148	$27.87
State Contracted Facilities					
Associated Centers for Therapy	177,469	$812,677	$4.58	$493,078	$2.78
Chisolm Trial CS	116,156	$997,562	$8.59	$796,403	$6.86
Comm. Counselling Center	163,806	$932,019	$5.69	$482,170	$2.94
CREOKS MHS	108,956	$741,021	$6.80	$112,985	$1.04
Edwin Fair MHC	160,503	$1,079,721	$6.73	$548,721	$3.42
Grand Lake MHC	219,329	$2,142,164	$9.77	$819,985	$3.74
Green Country BHS	84,857	$1,114,629	$13.14	$516,154	$6.08
Hope CS	164,719	$1,158,344	$7.03	$726,420	$4.41
MHS of Southern OK	202,704	$2,547,639	$12.57	$922,729	$4.55
NorthCare	199,171	$966,061	$4.85	$407,698	$2.05
Parkside BHS	343,197	$7,625,986	$22.22	$4,399,993	$12.82
Red Rock BHS	159,891	$1,948,647	$12.19	$627,338	$3.92
Red Rock West BS	96,224	$1,792,025	$18.62	$1,172,609	$12.19
Wheatland MHC	104,647	$1,076,761	$10.29	$705,017	$6.74
Total Statewide	**3,145,585**	**$51,295,406**	**$16.31**	**$25,845,217**	**$8.22**

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