

Oklahoma Institute for Child Advocacy 2007 Legislative Agenda for Children and Youth

Item #1: Protect Children from Abuse

Expand child abuse prevention/ intervention and parent education services to families by increasing funding and supporting agency budget requests for: Office of Child Abuse Prevention, Children First, Child Guidance, Oklahoma Parents as Teachers, SafeCare (prevention for high risk parents) urban and rural pilots, and expand comprehensive home-based services (CHBS).

Agency Budget Requests:

Oklahoma State Department of Health (OSDH)

\$4,174,759

The Office of Child Abuse Prevention funds public and private organizations to deliver child abuse prevention services, including home visitation and center-based services to families expecting a baby, or having a baby less than six months of age. There are currently 23 programs. *Funds are requested to expand the program statewide: \$2,027,000*

Children First provides nurse home-visitation services to first-time parents at or below 185% of FPL, who enroll in the program prior to the 29th week of pregnancy. *Funds are requested to hire 29 new nurses: \$1,759,000*

Child Guidance Services are provided through the county health department system, conducting assessments and interventions for children through 12 years of age. *Funds are requested to increase salaries for Psychological Clinicians and Speech Pathologist: \$387,000.*

State Department of Education

\$3,000,000

Parents as Teachers is a parent education program for parents of children birth through age 3, providing information on child development and periodic screenings of language, hearing and vision. PAT programs are currently in 97 out the 541 school districts, serving 6,000 families. *Funds are requested to expand the program statewide: \$3,000,000.*

Department of Human Services

\$3,251,000

The demand for Comprehensive Home-Based Services (CHBS) has increased by 32% since FY 06, and continues to grow. These are complex in-home intervention services provided for up to 9 months for families to prevent further abuse or neglect and assure that the children can remain or return safely to their homes. *Funds are requested to meet the increased need: \$3,251,000.*

The SafeCare Program serves families at risk for abuse and neglect through a DHS-contracted pilot project. The Centers for Disease Control has provided funds to continue the Urban Program, freeing up funds for DHS to begin a rural pilot. *There are no funds requested to expand the program: \$000*

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Item #2: Enhance Prenatal Care ***

Enhance quality of prenatal care by supporting the OHCA budget request for prenatal support systems, including developing outreach services, expanding SoonerCare benefits to include oral health and social work services, and providing pay-for-performance to improve early and on-going care.

**** Since the Children's Agenda was developed, the Oklahoma Health Care Authority has moved ahead on the enhancement of prenatal support services within their current budget. A rule change has been submitted to the Governor for approval. So no new funds will need to be requested. Advocates can consider this item accomplished!*

Agency Budget Request

Oklahoma Health Care Authority

Prenatal Care Support Services

Over 50% of all babies delivered in Oklahoma have their delivery paid in whole or part by SoonerCare. Many risk factors - medical, physical and psychosocial - as well as obstetrical complications occur at a higher rate among low-income women. Approximately 10% are expected to have a high-risk medical condition. Another 25% have a high-risk psychological problem, such as domestic violence, mental illness, substance abuse or homelessness. All of these conditions place the pregnancy at risk.

Approximately 15% of women who deliver using Medicaid / SoonerCare benefits have received no prenatal care under Medicaid. While some of these women may have received care in non-Medicaid venues, it is more likely they received no prenatal care. At this time, 75% of women who receive SoonerCare enter prenatal care in the first trimester.

The interventions contained in this request are all targeted at improving the timing and quality of prenatal care. They are targeted at reducing low birth weight (LBW) and reducing prematurity. These are the two major factors association with Neonatal Intensive Care Unit (NICU) admission and length of stay. *Funds were to be requested to provide outreach and support services to high-risk pregnant women. **

Limited dental care for pregnant women

Research evolving over the past 10 years has shown a strong correlation between periodontal disease and preterm labor. When oral bacteria are decreased through inexpensive dental procedures and treatments before 30 weeks gestation, the changes of preterm labor and delivery are reduced.

*Funds were to be requested to provide a limited dental benefit to SoonerCare beneficiaries who are pregnant. **

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Item #3: Enhance Quality of Childcare through Increased Provider Rates

Increase childcare provider reimbursement rates to respond to new market rate data, enhanced quality criteria and the need for improved teacher salaries.

Agency Budget Request:

Oklahoma Department of Human Services

\$17,801,000

Child Care Subsidy Rate Adjustment to the 75th Percentile

Many low-income parents depend upon child care subsidy to assist in the cost of child care. By receiving this subsidy, families are able to work, attend training or meet their required work obligations for TANF. Over 48,500 families are assisted through this program. Approximately 15% of the total cost of child care is paid by parents through co-payments.

In FY-06, OKDHS implemented a \$4.7 million rate increase for 2-Star and 3-Star care for children birth through age 3. *Funds are requested to expand the rate increase to include children over age 3: \$3,501,000*

Child Care Subsidy 10% Rate Increase to Providers

The focus of this rate increase is to provide a mechanism for providers to be able to increase the wages and benefits to teachers. Current rates provide marginal wages at or near minimum wage, and make it difficult to attract and retain teachers with the experience and education needed to ensure high quality, developmentally appropriate care.

Funds are requested to adjust the rates paid for child care subsidy with an across the board 10% increase: \$14,300,000.

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Item #4: Address School-Aged Health Needs to Reduce Childhood Obesity

Provide funds to implement the CDC's coordinated school health model, which includes:

Comprehensive school health education	Physical Education
School health services	Nutrition services
Counseling services	Healthy school environment
Health promotion for staff	Family and community involvement

Agency Budget Request:

Oklahoma State Department of Health

\$1,365,000

Promoting Health through Improved Nutrition and Physical Activity is the Number Priority for the Oklahoma State Department of Health. The purpose of the requested funding is to provide teachers, administrators, counselors, PE specialists, nurses and other school staff the resources needed to create a healthy school environment, facilitate the blending of a variety of health topics with core academic topics so that essential skills and knowledge are aligned within the school system and increase physical activity access in communities through alliances. Specifically:

- \$250,000 to the Tulsa City-County Health Department to expand the "It's All About Kids" program into 18 local elementary schools.
- \$250,000 to the Oklahoma City-County Health Department to assist local elementary schools in planning and implementing classroom-based curriculum on nutrition and physical education.
- \$500,000 to the Strong and Healthy Oklahoma initiative to develop and implement educational messages targeting various segments of Oklahoma's populations, and purchasing media time/space throughout the state.
- \$80,000 to the Schools for Healthy Lifestyles program to insure continued growth (currently serves 32 elementary schools in 12 districts in 8 counties)
- \$66,000 to provide six one-day C.A.T.C.H. (Comprehensive Approach to Child Health) Trainings in support of physical education in schools.
- \$100,000 to provide one hundred \$1,000 mini-grants for urban (50) and rural (50) middle schools and/or high schools to assist the Healthy and Fit Advisory Committees
- \$119,000 to expand state employee participation in the OK Health Program by hiring two full-time health educators focused on the state wellness program.

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Item #5: Expand Children’s Behavioral Health Services

Expand implementation of Systems of Care statewide by funding new communities through effective partnerships, including positive behavioral interventions (PBIS), early intervention through child guidance services, and wraparound services.

Agency Budget Requests:

Department of Mental Health and Substance Abuse Services **\$31,646,874**

Maintenance of existing programs \$771,874

Due to the decrease of federal grants for Systems of Care, the Department is requesting \$771,874 in replacement funds to continue services at current levels.

Annualization of FY 2007 Appropriations \$875,000

The Department received some expansion funding in FY 2007 on a part year basis. Additional appropriations of \$875,000 are necessary to provide full year funding for these initiatives:

Adolescent Crisis Response (3 months)	\$531,250
Services to Transitional Youth (3 months)	\$207,500
Core Services to Children (3 months)	\$136,250

Services to persons at risk of becoming involved in the criminal justice system \$30,000,000

The Department has combined several categories into one budget request to address the needs of adults and children alike who are risk of becoming involved in the criminal justice system due to substance abuse and/or mental illness. The request is for \$30,000,000, and includes PACT, SOC, medication, residential substance abuse treatment, employment training, housing, core mental health services, etc.

Oklahoma Health Care Authority **\$5,979,432**

Add Partial Hospitalization, Intensive Outpatient and Day Treatment services to the continuum of care for the children’s Medicaid benefit package. \$5,562,310

Systems Changes (coordination / integration between Medicaid and ODMHSAS) \$417,122

Oklahoma State Department of Health **\$000**

There is no budget request associated with increasing the early intervention activities through Child Guidance Services to accompany the expansion of Systems of Care statewide.

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Item #6: Increase workforce for Children’s Behavioral Health Services

Provide financial and educational incentives to increase the workforce specializing in children’s behavioral health, with an emphasis on underserved areas.

Strategies:

- Review the mission and statutory limits of the Physician Manpower Training Commission (PMTTC) to determine whether it is feasible to expand scholarship and loan forgiveness to behavioral health providers, and seek expanded appropriation
- Allow Medicaid to contract directly with private Masters Level providers, in addition to agencies, mental health centers or psychologists.
- Increase Medicaid provider reimbursement rates for behavioral health providers.
- Work with the Oklahoma State Regents for Higher Education to increase the number of degrees awarded in the fields of behavioral health. The Regents report a 20% reduction in the number of license-level degrees awarded from 2000 (727) to 2004 (576).

Agency Budget Requests:

Physician Manpower Training Commission

Unknown

It is assumed that additional funds will be needed to accommodate an expansion, but a fiscal analysis has not been done at this time.

Oklahoma Health Care Authority

\$8,095,660

Contract with Masters Level Licensed Behavioral Health Clinicians for SoonerCare reimbursed BH services. Currently, OHCA contracts with 147 psychologists (26% of all active licenses). This change would increase the numbers of potential contracted behavioral health providers by 1,200 (26% of all licensed LPCs, LMFTs, LBPs and LCSWs) – an increase of 815% in providers. *Funds requested: \$2,788,470*

Provider rate increase for behavioral health providers. This request will bring these providers up to approximately 75-80% of Medicare Fee Schedule. *Funds requested: \$5,307,190*

Department of Mental Health and Substance Abuse Services

\$4,311,000

Rate adjustment for mental health and substance abuse contracts. This request is meant to equalize rates with the current Medicaid reimbursement rates.

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Item #7: Reduce Youth Access to Alcohol

Reduce youth exposure to alcohol by restricting placement and access in retail establishments and requiring clerks selling alcohol to be 18 years of age.

Problem:

In 2003, 2,300 Oklahomans under the age of 21 were arrested for DUI, with people under the age of 18 accounting for nearly 1100 of those arrests. In 2004, 15 percent of alcohol related crashes in Oklahoma were caused by drivers under the age of 21.

Oklahoma statutes related to 3.2 beer still do not align with statutes related to other forms of alcoholic beverages. For example, current law requires those who sell alcohol to minors to be at least 18. Yet there is no age requirement for those selling 3.2 beer.

Several studies indicate that younger employees are more likely to sell to underage youth and intoxicated patrons than older employees. Minimum-age-of-seller policies may reduce the likelihood that underage people will obtain alcohol from peers working at alcohol establishments.

Strategy:

The Children's Agenda supports a requirement that clerks in retail establishments that sell 3.2 beer be at least 18 years of age.*

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Item #8: Provides Substance Abuse Treatment to Juveniles

Provide substance abuse treatment for juvenile justice youth, including residential, outpatient and substance abuse prevention services.

In the OJA juvenile institutions, between 2001 and 2006, the percentage of youth found to have substance abuse related problems jumped from 65% to 83%. Over 55% of the 5,467 juveniles in and out of institutions that were assessed in 2005 had a substance abuse problem. In DMHSAS-funded agencies, 139 youth (ages 0-17) in the custody of the Office of Juvenile Affairs, and 374 youth (ages 0-17) in the custody of the Department of Human Services received substance abuse services.

Strategies:

- Strengthen the collaboration between the Office of Juvenile Affairs, the Department of Mental Health and Substance Abuse Services, and the Oklahoma Health Care Authority to ensure that juveniles who come in contact with the juvenile justice system are evaluated for addiction issues and receive appropriate treatment.

- Provide additional funding to ensure adequate treatment programs are available to youth within the juvenile justice system.

Agency Budget Requests:

Department of Mental Health and Substance Abuse Services **\$30,500,000**

Services to persons at risk of becoming involved in the criminal justice system \$30,000,000

The Department has combined several categories into one budget request to address the needs of adults and children alike who are risk of becoming involved in the criminal justice system due to substance abuse and/or mental illness. The request is for \$30,000,000, and includes PACT, SOC, medication, residential substance abuse treatment, employment training, housing, core mental health services, etc.

Annualization of FY 2007 Appropriations \$500,000

The Department received some expansion funding in FY 2007 on a part year basis. Additional appropriations of \$500,000 are necessary to provide full-year funding for Residential Adolescent Substance Abuse Treatment.

Office of Juvenile Affairs **\$ 000**

OJA will contract with ODMHSAS to provide services.

Oklahoma Health Care Authority **\$2,307,648**

Behavioral Health Collaborative: Substance abuse treatment for children request \$2,307,648

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Item #9: Oppose the so-called “Taxpayer’s Bill of Rights

Oppose measures to restrict the growth of state revenues and expenditures that would have negative consequences on the health, education and social services for Oklahoma’s children, youth and families.

10 Things You Should Know About Oklahoma’s Budget and Tax System

(prepared by the Alliance for Oklahoma’s Future)

1. **Oklahoma has one of the strictest systems of constitutional tax and spending limits in the nation.** Constitutional limits put stringent controls on the legislature’s ability to raise taxes and caps local property taxes. Oklahoma must balance its budget each year and put surplus aside into a rainy day fund.
2. **Oklahomans pay just under 10 cents of every dollar we earn in state and local taxes.** Oklahoma’s tax burden is one of the lowest in the nation. (40th).
3. **Oklahoma’s property taxes are among the lowest in the nation (47th).** The average Texan pays more that 2.5 times as much as Oklahomans in property taxes.
4. **Income and sales tax are the largest revenue sources for state and local government.**
5. **Low- and moderate-income Oklahomans pay a greater share of their income in state and local taxes than do upper-income Oklahomans.**
6. **Recent policies have made the tax system more regressive.** Oklahoma has enacted major cuts in the top income tax rate, providing the greatest benefit to the wealthiest. Raising the standard deduction has partially offset the regressive impact of these changes.
7. **Government spending in Oklahoma, per capita, is \$1,200 - or 16.25% - below the national average.** Total state and local expenditures in Oklahoma are 42nd in the nation.
8. **About 9/10 of Oklahoma’s annual state budget is spent by the ten largest agencies.** The state budget is spent overwhelmingly on education, health care, social services, transportation and public safety. All 77 other state agencies that address public needs, such as consumer safety, economic development, environmental protection, and other general government operations, spends just over \$500 million combined.
9. **State spending has been growing slightly less rapidly over time than the state economy.** In 2006, about 5.6 cents of every \$100 in state personal income went to state appropriations. This is less than the 25-year average of 5.9%.
10. **The state faces serious fiscal challenges in the years ahead.** With an aging population, rapidly rising health care costs, unfunded pension obligations and an outdated tax system. Oklahoma will struggle to provide adequate levels of funding for basic public services – even without state policies that make the situation more difficult.