



Promoting wellness and recovery

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TO: Addiction and Mental Health Stakeholders and Interested Parties
FROM: Tracy J. Plouck, Director
DATE: April 30, 2014
RE: Responses to Frequently Asked Questions re: Mid-Biennium Review

As you are likely aware, in mid-March, Governor John Kasich released his proposal for the Mid-Biennium Review. The proposal emphasizes, among other things, efforts to fill gaps in the continuum of care in both the mental health and addiction system by sharpening the focus of the use of \$47.5 million in FY 15 in the Ohio MHAS 507 fund. You can find more information on this proposal at: <http://mha.ohio.gov/Default.aspx?tabid=183>

Since the bill's introduction, I have spent a good deal of time talking to a variety of stakeholders about the mid-biennium review. The purpose of this communication is to answer some frequently asked questions and correct some popular misconceptions about the proposal; in particular the \$30 million targeted at recovery support services with an emphasis on crisis and housing. I hope this communication will provide additional clarity. If you have additional questions in need of response, please send them to Nicole.Marx@mha.ohio.gov for inclusion in follow-up materials.

While this memo largely focuses on the Governor's MBR proposal, it does provide factual information with regard to some of the alternatives proposed by the Ohio House of Representatives during their review of the MBR. While debate continues on this legislation in the Ohio Senate, I still feel it is important to continue planning efforts for the SFY 15 with the recognition that it is possible the proposal may change.

Why propose changes for the use of the additional GRF for FY 15?

The General Assembly appropriated \$100 million for the mental health and addiction system for FYs 14/15 when it appeared that Medicaid benefits would not be extended to Ohioans up to 138% of the federal poverty level. Of this amount, \$5 million was earmarked for drug court pilots in at least five counties and \$47.5 million per year was earmarked for use by local ADAMH boards for mental health (\$30 million) and addiction services (\$17.5 million.)

Ultimately, due to diligent advocacy efforts by Governor Kasich, stakeholders and residents throughout the state, Ohio was able to move forward with Medicaid expansion. This additional

health coverage will mean over \$557 million annually in needed physical and behavioral health treatment for individuals with mental illness and addiction. Enrollment will occur over a period of time and the continued use of the additional resources that had been appropriated for FY 15 are an important component of ongoing system transition that will have a greater emphasis on recovery supports. As the administration approached the MBR, we wanted to emphasize the use of these resources to address these gaps in local continuums of care, including gaps related to crisis and housing.

Why the emphasis on crisis and housing in particular?

Governor Kasich, as he is touring the state of Ohio, frequently discusses the issues of mental health and addiction with his constituents. He often hears stories about gaps in care and has asked the agency to identify areas where more capacity is needed to ensure that fewer people can fall through the cracks. He especially hears of and sees a need to ensure that there are “safe places” available for everyone, from the preventing a crisis for an individual with mental illness, to connecting an individual with behavioral health needs to employment supports when leaving jail, to providing a healthy and sober place to live for an addict to continue recovery after undergoing residential treatment. All of these things are critical needs in order to ensure *sustained* recovery and end the cycle of relapse and hospitalization.

By being more focused in the use of the \$47.5 million in FY 15, aren't we requiring local systems to cut programs that are being supported with this appropriation in FY 14?

When releasing the FY 14 allocation guidance to the field last August, I clearly noted that the continued availability of the additional GRF was not ensured in FY 15 because the administration still wanted to see Medicaid expanded as a first priority, and it was unclear whether the new GRF would be eliminated if we succeeded with expansion. This advice was meant to indicate to boards to be thoughtful and deliberate in their use of these funds.

According to the board 040 reports submitted in early 2014, boards planned to spend 507 funds for a variety of purposes from administrative costs to clinical needs, which will be changing due to coverage by Medicaid and private insurance, to recovery supports. Attached is an analysis of board spending by category, service and board area.

Ultimately, boards will see funding freed up at a local level for use in locally driven programs because Medicaid will pay for clinical services previously funded by the board. This takes some time to ramp up as enrollment into the expansion continues, but we ultimately believe that a conservative estimate of \$70 million will be seen at the local level to support on-going programming.

The MBR earmarks \$30 million for recovery service gaps in Ohio communities, with an emphasis on crisis and housing. What are the parameters for use of those resources?

With the recognition that capacity and priorities differ in each of Ohio's 88 counties, the goal is to enable flexibility in the use of these resources to reduce incidents of crisis. By way of example, each of the following gaps could be appropriate candidates for funding within the \$30 million earmark:

- A respite provider for youth that could provide services on a scheduled basis to families in a four county area that includes 2-3 ADAMH boards;
- Support to continue operation of an existing crisis stabilization unit that is at risk due to lack of funding;
- Peer support services in a single board area to engage ex-offenders who are leaving prison with addiction and/or mental illness and who have a high likelihood of recidivism and/or crisis without connection to community services and positive, supportive role models in their lives;
- A step-down housing unit that can provide transitional support to individuals from multiple board areas who are leaving inpatient psychiatric hospitalization and need a higher level of services/supports than independent living would provide;
- Establishment of sober housing units in some/all counties in order to increase capacity of this critical recovery support; and
- A myriad of other creative possibilities.

Note that some of these investments are community-specific while others are resources that could logically be shared amongst communities as a regional resource. I want to be clear that either of these approaches is acceptable, as long as the investment is addressing a need that will help address gaps in the safety net continuum of care.

In creating new collaborative or board specific projects, are we limited to the information we provided in the community plan?

No. Boards are not limited to community plan submissions. OhioMHAS has produced a document that summarizes boards' submissions that is intended to assist the collaborative funding discussions. (Those documents are now located at <http://mha.ohio.gov/Default.aspx?tabid=153>) The fact that boards demonstrated a clear assessed need and/or prioritized housing and crisis issues contributed to the administration's decision to move in this direction. However, there is great flexibility available to communities in determining the best use of these dollars. I have given examples during the Collaborative meetings of how enhanced peer support services could be proposed as key to preventing crises or enhancing services to housing. This is just one example of many on how a project can fit under the umbrella of crisis, housing and recovery supports.

What about the current “hot spots” projects, which are planned on a regional basis and locally implemented using \$10.6 million in GRF in FY 14 – will those be de-funded?

Since the “hot spots” funding was established two years ago, OhioMHAS has expressed our intent to continue to fund these projects as long as local partners saw value to communities. There is significant alignment between the hot spots concept and our proposed focus on regional planning to address gaps in local systems of behavioral health care. The department’s support for the hot spots has been clarified with executive directors of all boards within the past several weeks.

What process will used to obtain input from local communities to determine projects?

Within the past three weeks, I have visited the various areas of the state to meet first with ADAMH board directors to discuss their needs and priorities. I feel it is important to talk to this group because the partnership with the local board as the statutory local planners is critical.

Without board cooperation, it is more difficult to develop a successful plan. As a starting point for the conversation, we are using information submitted to the state as a part of the county community plans, which include an assessment of need and identification of gaps. These plans can be viewed at the following link: <http://mha.ohio.gov/Default.aspx?tabid=153>

Following the initial round of discussions, a list of possible projects will be developed. OhioMHAS will work through state trade associations to work with local citizens, consumers and clients, providers, county commissioners, local law enforcement, and the wide variety of stakeholders interested in mental health and addiction to get feedback. Information will also be posted on the web. Updates will be provided through the OhioMHAS e-list, so ensure that you are subscribed at <http://mha.ohio.gov>

What if I have an idea that I want to present?

We want to hear from you, especially if many other members of the community support your efforts and your thoughts address a need identified in your community’s local plan. Stay tuned to <http://mha.ohio.gov> for opportunities to share your thoughts.

How will the 507 funds be distributed?

The funds have been divided on a per capita basis among the six regional areas that are primarily based on our psychiatric hospital catchment areas. These are the same areas that are currently being used for the “hot spot” funding. (see next page)

\$30MM by Region			
Appalachia			\$ 2,516,401
Athens	Hocking	Scioto	Noble
Gallia	Jackson	Jefferson	Vinton
Adams	Lawrence	Belmont	Perry
Fairfield	Meigs	Morgan	Washington
Coshocton	Monroe	Harrison	Muskingum
Guernsey			
Central			\$ 6,121,409
Clark	Greene	Logan	Highland
Ross	Knox	Union	Licking
Champaign	Madison	Delaware	Morrow
Fayette	Pickaway	Franklin	Pike
Heartland			\$ 4,453,001
Medina	Carroll	Portage	Columbiana
Stark	Holmes	Trumbull	Mahoning
Wayne	Richland	Ashland	Tuscarawas
Northeast			\$ 6,577,447
Geauga	Ashtabula	Lake	Cuyahoga
Summit	Lorain		
Northwest			\$ 4,480,944
Allen	Defiance	Erie	Fulton
Huron	Hancock	Lucas	Hardin
Marion	Henry	Miami	Mercer
Putnam	Ottawa	Seneca	Paulding
Van Wert	Sandusky	Wood	Shelby
Auglaize	Williams	Crawford	Wyandot
Darke			
Southwest			\$ 5,850,798
Brown	Clermont	Preble	Clinton
Warren	Hamilton	Butler	Montgomery
Grand Total			\$ 30,000,000

The plan to address crisis, housing and other recovery supports uses \$30 million. What about the remainder of the funds?

Statewide, a need for expansion of the Residential State Supplement program, capacity building in the behavioral health prevention field, and enhancement to state hospital medical records has been identified. To read more, visit: <http://mha.ohio.gov/Default.aspx?tabid=183>

In short, the proposal is for:

- \$5 million for statewide evidence-based prevention needs
- \$7.5 million to expand the Residential State Supplement program
- \$3 million to help fill gaps caused by the timing of the federal Substance Abuse Prevention and Treatment Block Grant

- \$2 million to support the initial steps of a shared services arrangement with the Ohio State University Wexner Medical Center for an electronic medical record within the six state psychiatric hospitals

How is the Governor's MBR proposal different than what was passed by the Ohio House in House Bills 369 and 483?

I have been working closely with members of the Ohio House in recent weeks. A group of members have spent a good deal of time studying Ohio's opiate epidemic. This is a matter of grave concern to them, as it is to me and Governor Kasich. The House version of the Mid-Biennium Review is more specific in several areas on how to use the funds, however much of it mirrors concepts discussed in this memo. The House bill includes the following:

- \$8,821,800 to be used by the Department of Rehabilitation and Corrections to fund payroll for new specialty docket employees at county and municipal courts
- \$5,078,200 to help fill gaps caused by the timing of the federal Substance Abuse Prevention and Treatment Block Grant
- \$3.75 million for the Residential State Supplement Program.
- \$24.85 million to provide funding for crisis stabilization units and recovery housing beds across the state if the state enrollment in the Medicaid expansion population is within 10% of the estimates provided by Medicaid. If estimates are not on track, OhioMHAS may first use these funds to continue programs started by boards in FY 14.

The legislation is currently pending in the Ohio Senate where it will most certainly undergo further change. I encourage you to sign up for the OhioMHAS e-list at <http://mha.ohio.gov> for continued updates.