

By the Numbers 2
Analysis of Ohio's Mental Health
Non-Medicaid Spending



**BEHAVIORAL HEALTH LEADERSHIP
GROUP**

WEDNESDAY, JANUARY 16, 2013

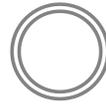


Mental Health Advocacy Coalition

Changing minds, changing lives

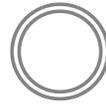


Why this report?



- *By the Numbers 1*
 - Recommendations to improve outcomes for individuals with mental illnesses
 - Full continuum of supportive services are vital during treatment and recovery
- Several major policy changes raised questions from policymakers, stakeholders, consumers, providers and advocates
 - Passage of Patient Protection and Affordable Care Act
 - Elevate match responsibility for behavioral health Medicaid
- This data did not exist anywhere before MHAC and CCS undertook this analysis

What is this report?



- Purpose of this report:
 - To compile and highlight statewide data regarding supportive services for individuals with mental illnesses that are not reimbursable by Medicaid (does not include spending on addiction services).
- The intent of this report is to increase the understanding of:
 - What non-Medicaid services are
 - What services are being provided

Non-Medicaid Services Definition

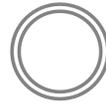


- Non-Medicaid services have two purposes:
 - 1) Services to individuals not enrolled in Medicaid but who are receiving treatment services that are in the mental health Medicaid package
 - 2) Services not reimbursable by Medicaid for all individuals, regardless of their insurance status.
- This report focuses on the second group of services.



CONTINUUM OF CARE

Continuum of Care



- Individuals with mental illness need access to a continuum of care that spans treatment and support services.
- SAMHSA recommends a “good” and “modern” system of care which:
 - “provides a full range of high quality services to meet the range of age, gender, cultural and other needs presented”;
 - includes “coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity”; and,
 - recognizes the “critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, etc.”

Continuum of Care



- SAMHSA proposes that the continuum of care consists of nine domains:
 - Prevention and Wellness Promotion Services
 - Engagement Services
 - Health Homes/Physical Health
 - Outpatient and Medication Services
 - Intensive Support Services
 - Community Supports and Recovery Services
 - Other Supports
 - Out of Home Residential Services
 - Acute Intensive Services

Continuum of Care



At least part of the continuum of care is offered in Ohio and is being funded through non-Medicaid sources.

- Access is highly dependent upon where a person lives, given that service availability differs greatly from board to board.

One way to make additional services available statewide is to include services in the Medicaid benefit package.

- Ohio is currently exploring adding services to its mental health Medicaid program, including: day treatment, Assertive Community Treatment, Intensive Home Based Treatment, peer support and family therapy services.

For a true continuum of care to be effective, an individual with mental illness must be able to access all of the services they need in the community in which they live.



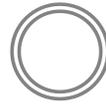
DATA COLLECTION

Methodology



- All 50 mental health boards were approached to participate; 46 submitted data
- Surveyed boards for information on non-Medicaid services they funded with state general revenue and local levy funds during SFY 2011
- Level of detail in responses varied greatly among the boards

Worthy of Consideration



- SFY 2011 selected because it was the most recent complete set of data
- However, it may not be a perfect indicator of future spending trends
 - Higher Medicaid caseloads in 2010 and 2011 due to the economic downturn increased cost pressures on boards to cover Medicaid match
 - Significant cuts to community mental health services through ODMH
 - ✦ SFY 2009 – over \$30 million
 - ✦ SFY 2010 – 2011 - \$120 million



CATEGORIES

Categories and Subcategories



Category	Subcategory
Consultation	Early Childhood Mental Health (ECMH) Family and Children First Council (FCFC) General Consultation Mentoring School Based Services
Consumer Operated/ Peer Support	Family Engagement General Consumer Operated/Peer Support Social Recreation
Courts & Criminal Justice	Crisis Intervention Team (CIT) Civil Court Diversion Services Evaluation Forensic Monitoring Liaisons Mental Health Services Post-Conviction Services
Crisis	Community Based Stabilization Review of Services Stabilization Stabilization and Hospitalization

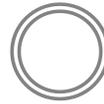
Category	Subcategory
Education	Community Education Outreach & Engagement
Employment	<i>No Subcategories</i>
Hotline	Both (Crisis and Information & Referral) Crisis Only Information & Referral Only
Housing	Housing Supports Permanent Housing Residential Care Temporary Housing
Other Therapy	<i>No Subcategories</i>
Prevention	<i>No Subcategories</i>
Protective Services	Guardianship Services Payeeship Services
Transportation	<i>No Subcategories</i>
Other Services	<i>No Subcategories</i>
Bundled Services	<i>No Subcategories</i>

Category Definitions



- **Categories of Services**
 - Based on data received
 - Purpose of service, not who received service
- **Bundled Services**
 - Due to the unique nature of some of the data a Bundled Category was established
 - Represents services that have descriptions but were bundled across service categories
 - Unable to unbundle spending for these services
 - To avoid overstating spending, grouped into their own Bundled Services category
- **Other Services**
 - Did not or were unable to provide a description

Groups



- Data was analyzed by group of boards to avoid focusing on services provided by any individual board and to understand trends in data
- Four Groups determined by the population of the board area
- All categories and subcategories are analyzed by overall and per capita spending within Groups, as well as the number of boards within a Group providing a service

Name	Total Population Range for Boards	# of Boards
Group 1	400,000 or greater	6
Group 2	200,000 – 399,999	13
Group 3**	100,000 – 199,999	14
Group 4	Below 100,000	13

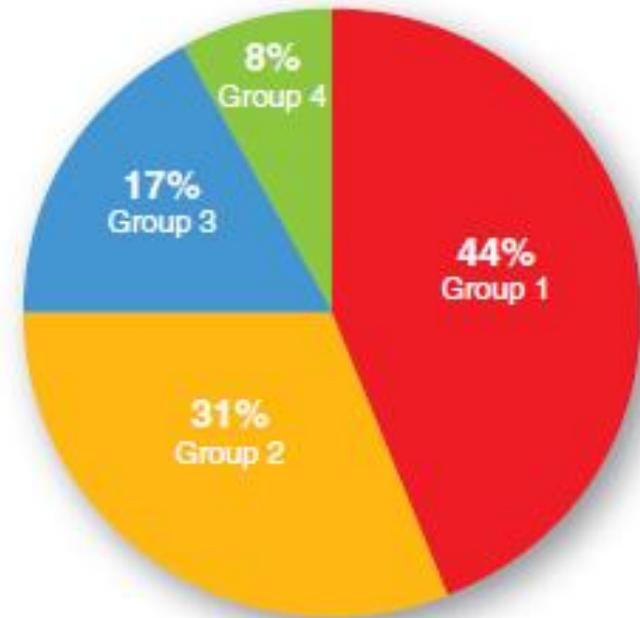
*** All four boards that did not provide data for this analysis would fall into Group 3 based on their populations. The populations of these boards are not included in any per capita calculations.*

Ohio Population by Group



- Total population in Ohio in 2010 – 11.5 million
- Revised Total Population – 10.9 million
 - Removed population of 4 boards that did not respond

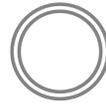
Ohio Population by Group





REPORT HIGHLIGHTS

Overview – Total Spending



- Total reported spending - \$138.3 million
- Housing – largest total spending category - \$65.9
- Crisis – 2nd largest - \$14.2 million
- Employment – 3rd largest – \$12.6 million
- Remaining 11 categories make up 1/3 of total spending
- Transportation – smallest - \$279K

Overview – Number of Boards Providing Service



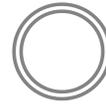
- No category where every board provided the service
 - Housing comes closest with 43 out of 46 boards
- Over 35 boards provide:
 - Housing, Hotline, and Consultation
- Between 23 and 34 boards provide:
 - Consumer Operated/ Peer Support, Education, Employment, and Prevention
- Between 12 and 22 boards provide:
 - Crisis, Court and Criminal Justice, Protective Services, Other Services, Other Therapy, and Bundled Services
- Only 9 boards provide Transportation

Overview – State Per Capita Spending



- State per capita spending across all categories - \$12.64
- State per capita spending over \$1
 - Housing (highest), Crisis and Employment
- State per capita spending between 50¢ and \$1
 - Consultation, Hotline, Consumer Operated/Peer Support, Other Services, and Bundled Services
- State per capita spending between 10¢ and 49¢
 - Prevention, Court and Criminal Justice, Education, and Protective Services
- State per capita spending under 10¢
 - Other Therapy and Transportation

Example Fact Sheet: Protective Services Category



- Description of Category and Subcategory
- Overall Protective Services Summary

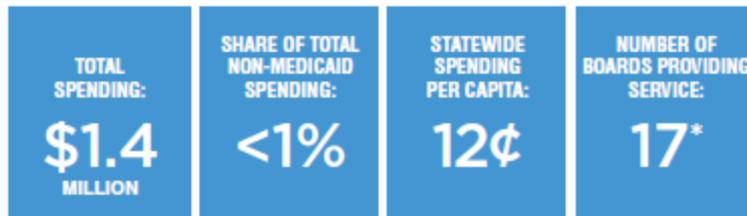


Table 37: Summary of Data: Protective Services

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$679,244	50%	14¢	4* (67%)
Group 2	\$549,054	40%	16¢	6* (46%)
Group 3	\$119,766	9%	6¢	5* (36%)
Group 4	\$9,610	1%	1¢	2 (15%)
Total Spending	\$1,357,674			

- ✦ Analysis of Group total spending, per capita spending and board provision
- Protective Services Subcategory Summary
 - ✦ Analysis of each subcategory separately mirroring overall analysis
 - ✦ Includes Group analysis



RECOMMENDATIONS

Recommendations



- Includes recommendations on Identified Data Needs, Funding and Remaining Questions
- Sample recommendations:
 - Data on the number of clients served, units provided, waiting lists and length of time to receive services provided should be consistently gathered by boards.
 - Increased investment, at both the local and state levels, in the services focused on in this report is needed to ensure that every resident needing services is able to access them in the community.
 - Individuals with mental illnesses need access to the entire SAMHSA recommended continuum of care. Each community should assess each component of the continuum to ensure that its residents have access to those services.



QUESTIONS?

DOWNLOAD THE REPORT



THE CENTER FOR COMMUNITY SOLUTIONS' WEBSITE
**[http://www.communitysolutions.com/associations/13078/
files/BytheNumbers2FINAL.pdf](http://www.communitysolutions.com/associations/13078/files/BytheNumbers2FINAL.pdf)**

MENTAL HEALTH ADVOCACY COALITION'S WEBSITE
**[http://mentalhealthadvocacy.org/index.php/education/
by-the-numbers-2-report](http://mentalhealthadvocacy.org/index.php/education/by-the-numbers-2-report)**

Thank you!



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