

Ohio Association of

**COUNTY
BEHAVIORAL
HEALTH
AUTHORITIES**



STATE OF THE STATE



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September 30, 2010

THANK YOU

- Community Board Members
- Board Staff
- Providers
- Clients and Consumers
- Advocates



WHY WE'RE HERE



MENTAL ILLNESS AND ADDICTION

Mental Illnesses and Addictions are:
biologically based brain disorders that can profoundly disrupt a person's thinking, feeling, mood, ability to relate with others and the capacity for coping with the demands of life.

The Facts and Nothing But the Facts



Treatment Works...People Recover

THE FACTS

- ∞ In any given year 1 in 4 Ohioans 18 and older will have a diagnosable mental illness, and approximately 10% of Ohioans will have a substance abuse problem or addiction.
- ∞ In a recent statewide poll, 2 out of every 3 Ohioans stated that they were impacted by a friend and/or family member with a mental illness and/or addiction.
- ∞ Annual deaths related to unintentional drug/medication overdoses are now higher than the annual deaths due to vehicular accidents.
- ∞ On average people with a serious mental illness die 25 years earlier than the general population.

THE FACTS cont.

- ∞ Ohio suicides have reached a 10 year high.
- ∞ Murder-Suicides have tripled.
- ∞ Depression is recognized as one of the 3 most pressing health issues by the Ohio Business Roundtable.
- ∞ Individuals with an untreated mental illness are 4-6 times more likely to be incarcerated.
- ∞ In Adults, only 1 in 10 that have a substance abuse problem, and only 1 in 3 with a mental illness ever receive treatment

THE FACTS cont.

THE IMPACT OF MENTAL ILLNESS AND ADDICTION ON OTHER SYSTEMS

- ∞ 75% of youth in foster care have at least one parent with a substance abuse disorder, and approximately 85% experience mental health challenges.
- ∞ Over 50% of all inmates at the Ohio Department of Rehabilitation and Correction have a substance abuse disorder, and 36% have a diagnosable mental illness.
- ∞ 75% of youth in Ohio Department of Youth Services have a substance abuse disorder; 35% have a diagnosable mental illness.
- ∞ 50% of students with a mental illness at age 14 or older drop out of high school.
- ∞ Of the single individuals experiencing homelessness, 60% will have a severe and persistent mental illness, and 80% have lifetime alcohol or other drug abuse problems.

THE FACTS cont.

THE COST

- ∞ According to the Ohio Business Roundtable the total economic cost of depression was between \$4-\$5 billion in 2007.
- ∞ According to NCASA at Columbia University 15% of total state spending on criminal justice, Medicaid, transportation and public safety comes from the failure to prevent and treat addiction disorders.
- ∞ A study conducted by the World Health Organization reveals that mental illness, including suicide, accounts for over 15% of the burden of disease in the US. More than the disease burden caused by all cancers.
- ∞ Hospitalizing a person with a mental illness cost 3-5 times more per year than treating them in the community.

THE FACTS *cont.*

TREATMENT WORKS – PEOPLE RECOVER

- ∞ Recovery rates for individuals that receive treatment and medication are:
 - Bipolar Disorder 80%
 - Panic Disorder 70-80%
 - Major Depression, 65-80%
 - Schizophrenia 60%
 - Addiction 70% (with involvement in a self-help group)

THE FACTS cont.

THE SAVINGS OF INVESTING WISELY

- ∞ The total Medicaid cost for an individual with an addiction who receives treatment, is 50% less than for an addicted individual who does not receive treatment.
- ∞ According to Kaiser Permanente men who receive addiction treatment saw a 26% decline in total medical costs; a 35% decline in inpatient health care costs and a 29% decline in ER visits.
- ∞ An analysis conducted for the US Senate Appropriations Committee projected that appropriate and timely treatment of severe mental disorders would produce a 10% decrease in the use and cost of medical services by people with these illnesses, yielding savings greater than the cost of providing these treatment services.

Medicaid



Treatment Works...People Recover

MEDICAID

MEDICAID is a federal-state entitlement program for low-income citizens of the United States. The Medicaid program is part of Title XIX of the Social Security Act Amendment that became law in 1965. Medicaid offers federal matching funds to states for costs incurred in paying health care providers for serving covered individuals. State participation is voluntary, but since 1982, all 50 states have chosen to participate in Medicaid.

OHIO MEDICAID BENEFITS

Federally Mandated Services

- ☞ Early and periodic screening, diagnosis and treatment (EPSDT) for children
- ☞ Inpatient hospital
- ☞ Physician
- ☞ Lab and X-ray
- ☞ Outpatient, including services provided by hospitals rural health clinics, and FQHCs
- ☞ Medical and surgical vision
- ☞ Medical and surgical dental
- ☞ Transportation to Medicaid services
- ☞ Nurse midwife, certified family nurse and pediatric nurse practitioner
- ☞ Family planning services and supplies
- ☞ Home health
- ☞ Nursing facility
- ☞ Medicare premium assistance

Ohio's Optional Services

- ☞ Prescription drugs
- ☞ Durable medical equipment
- ☞ Vision, including eyeglasses
- ☞ Dental
- ☞ Physical therapy
- ☞ Occupational therapy
- ☞ Speech therapy
- ☞ Podiatry
- ☞ Chiropractic services for children
- ☞ Independent psych services for children
- ☞ Private duty nursing
- ☞ Ambulance/ambulette
- ☞ Community alcohol and drug treatment
- ☞ Community mental health services
- ☞ Home and community based services
- ☞ Intermediate care facilities for people with developmental disabilities
- ☞ Hospice

Community BH Medicaid Services

ODJFS Administered Medicaid – Managed Care and Fee For Service	ODMH Administered Medicaid	ODADAS Administered
<ul style="list-style-type: none"> •Psychiatric hospitalization in general hospitals for all ages •MH/AoD physician/psychiatrist services •MH/AoD psychology services •Psychiatric general hospital outpatient services •MH/AoD outpatient clinic services •Inpatient detoxification •General hospital outpatient AoD services 	<ul style="list-style-type: none"> •Group & individual behavioral health counseling & therapy •Community psychiatric support treatment services •Crisis intervention mental health services •Mental health assessment services •Partial hospitalization services •Pharmacologic management services •Inpatient psychiatric care in free-standing psychiatric hospitals 	<ul style="list-style-type: none"> •AoD laboratory urinalysis •Assessment •Case management •Group Counseling •Individual Counseling •Crisis intervention •Intensive Outpatient •Methadone administration •Ambulatory detoxification •Medical/somatic

MEDICAID cont.

Nationally

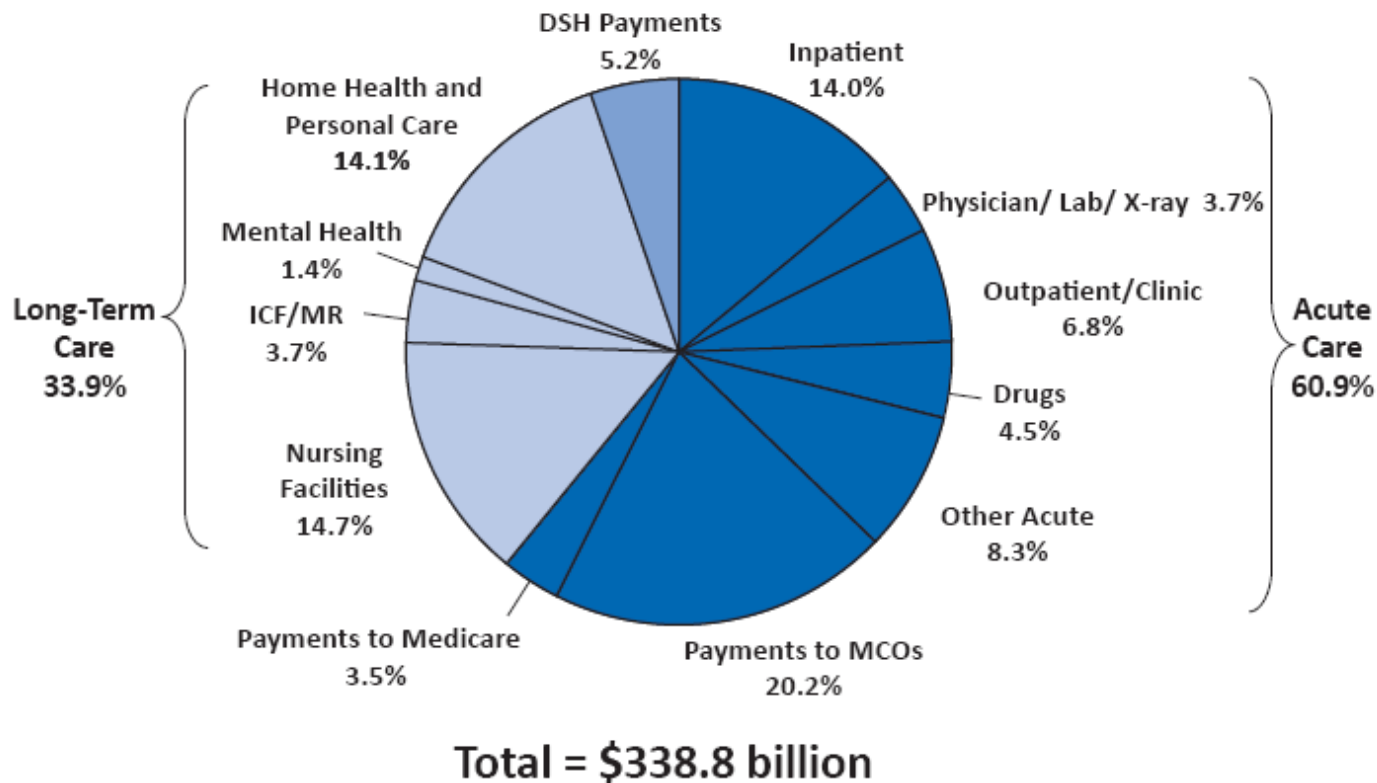
- ∞ 60 Million Americans covered
- ∞ \$339 Billion in expenditures
- ∞ Main payer for long-term care, paying for 2/3 of the nation's nursing facility residents.

Ohio

- ∞ Coverage for 2.1 million Ohioans in 2009, (1 in 7) including:
 - 992,000 children (1 in 3 births)
 - 340,000 low income parents
 - 108,000 senior citizens
 - 259,000 non-elderly adults and children with disabilities
- ∞ Pays for 28% of all hospital & 47% percent of all nursing home care
- ∞ Over \$14 billion (All programs) (larger than primary, secondary and higher education)
- ∞ 26% of state budget GRF
- ∞ Largest single payer of claims in the state

National Medicaid Expenditures

National Medicaid Expenditures by Service, 2008

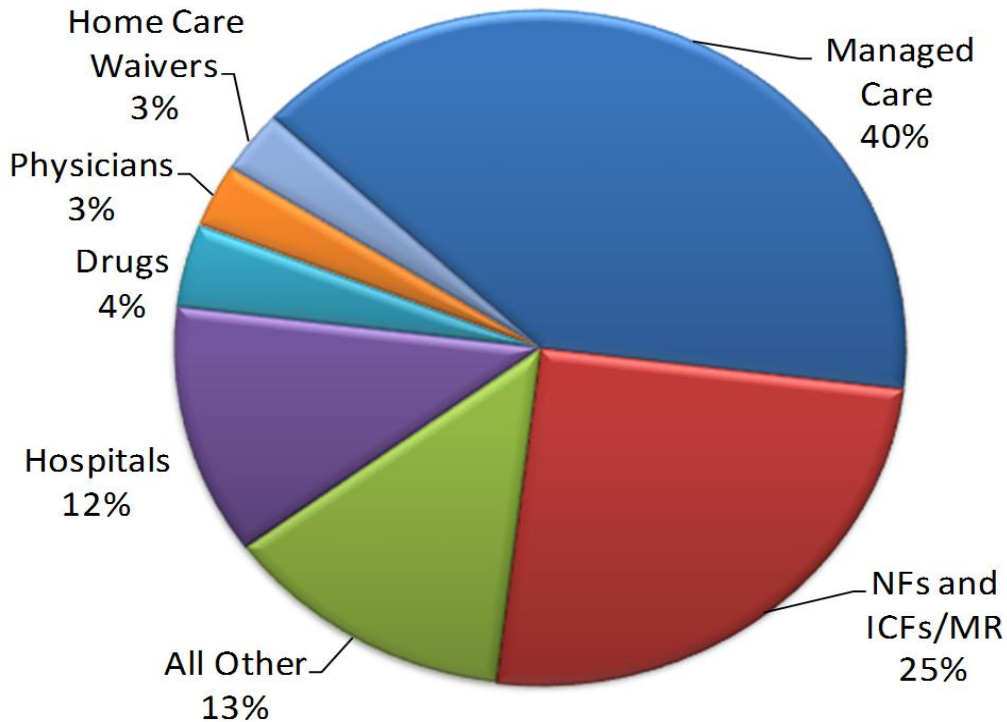


NOTE: Total may not add to 100% due to rounding. Excludes administrative spending, adjustments and payments to the territories.

SOURCE: Urban Institute estimates based on data from CMS (Form 64), prepared for the Kaiser Commission on Medicaid and the Uninsured.

Ohio Medicaid Expenditures

Medicaid Spending within ODJFS' 525 Line Item
Total = \$12.2 Billion



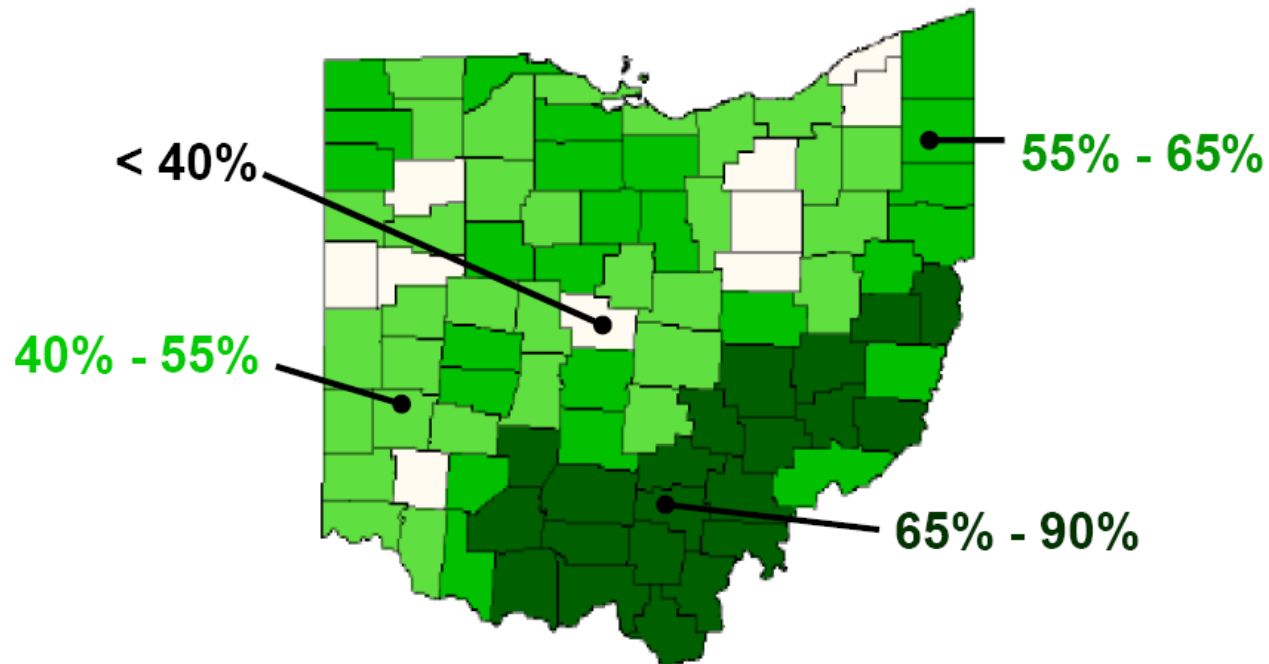
Total AoD Medicaid = \$76.2 M

Total MH Medicaid = \$482.2 M

MEDICAID cont.

Medicaid Covers 1-in-7 Ohioans and 1-in-3 Ohio Children

Percent of children 0-4 receiving Medicaid in 2009

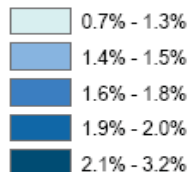


Source: Ohio Department of Job and Family Services.

AoD Medicaid Service Utilization



ODADAS Service Utilization
as percent of total annual enrollees

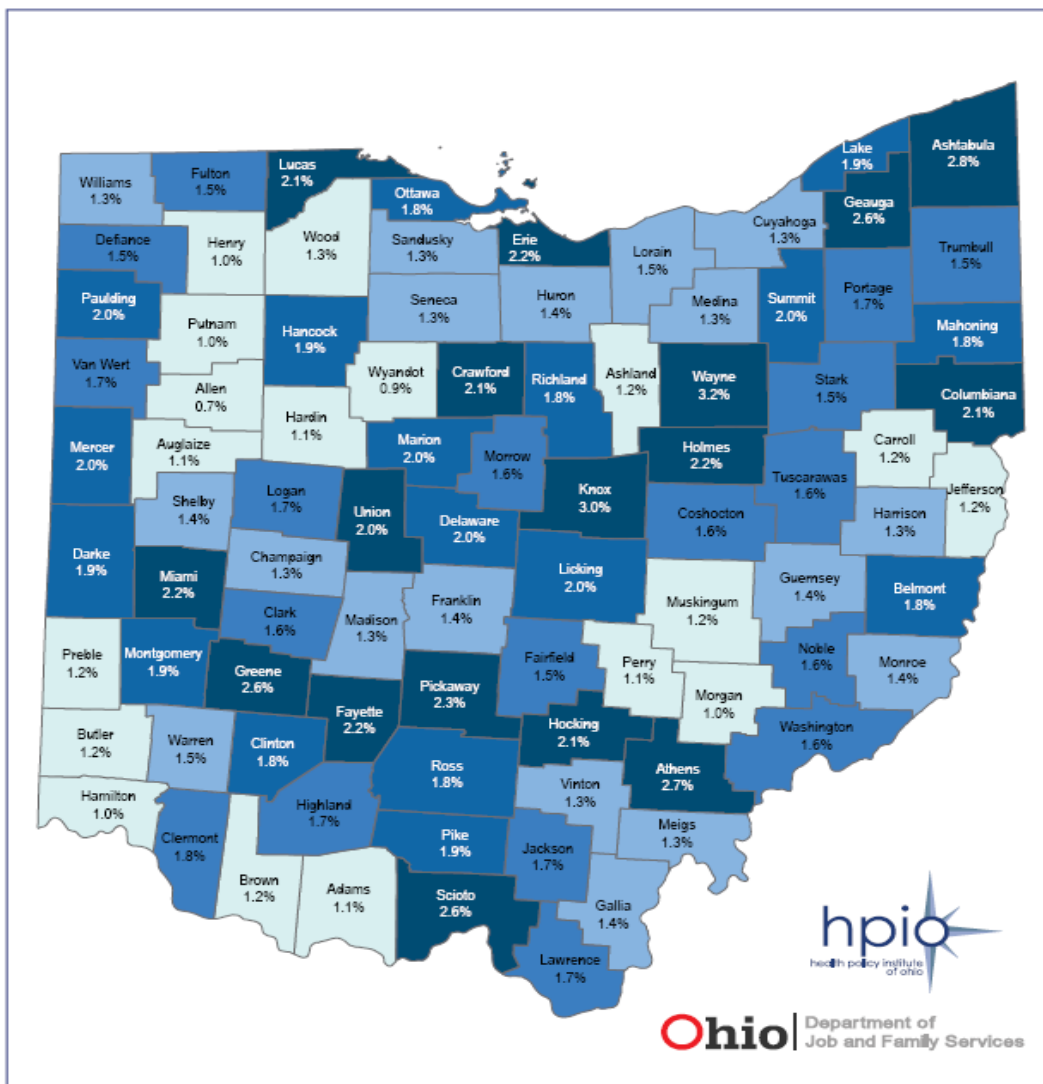


Data Source:
Ohio Medicaid DSS
Patients (constrained by Category of Service)
Members, FY 2009
Map produced May, 2010



UTILIZATION

Enrollees receiving services from the Ohio Department of Alcohol and Drug Addiction Services as a percentage of total annual enrollment in Medicaid, FY 2009



Ohio's Community Behavioral Health Medicaid Costs

AoD Medicaid Cost State Fiscal Year 2009

# of Clients	Total Medicaid	FFP	Medicaid Match	Match %	Medicaid \$/client
38,013	\$76.2 M	\$53.8 M	\$22.3 M	29.32%	\$2,004

MH Medicaid Cost State Fiscal Year 2009

# of Clients	Total Medicaid	FFP	Medicaid Match	Match %	Medicaid \$/client
217,348	\$482.25 M	\$339.7 M	\$142.5 M	29.56%	\$2,219

GRF FUNDING FOR 2012-2013

∞ ∞

Treatment Works...People Recover

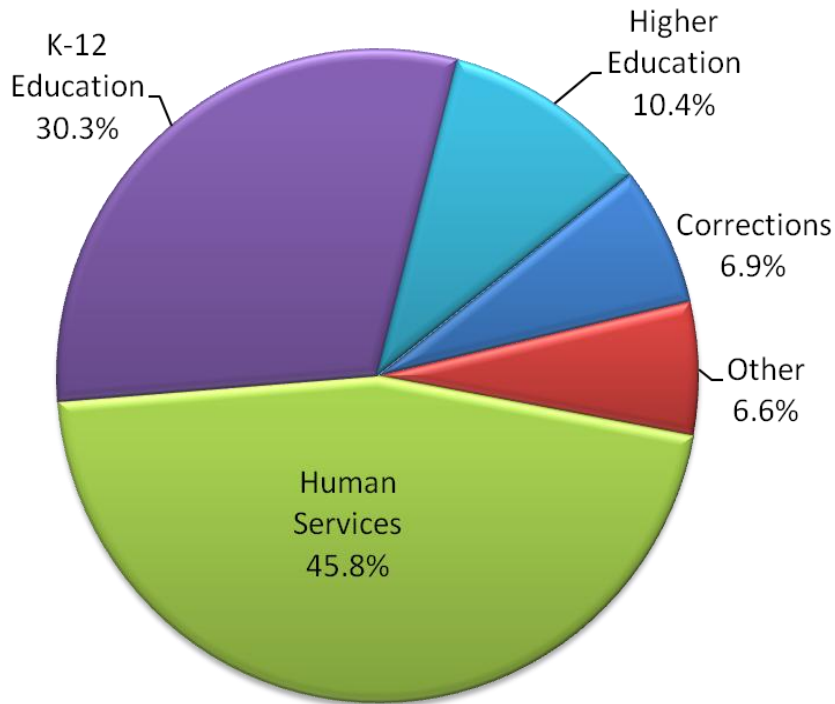
GRF Funding

OBSTACLES THE STATE FACES GOING INTO 2012-2013

- ∞ The state faces an **EIGHT BILLION DOLLAR SHORTFALL** going into the 2012-2013 biennial budget.
 - The 2010-2011 biennial budget utilized \$8.4 billion in savings and one-time sources of revenue
- ∞ Tax revenue has dropped by over 10% as a share of GRF since 2005
- ∞ The Ohio Department of Job and Family Services is working to get 275,000 individuals that would currently be eligible for Medicaid enrolled.
- ∞ Since 2007 the average annual rate of growth for Medicaid has been 7%.

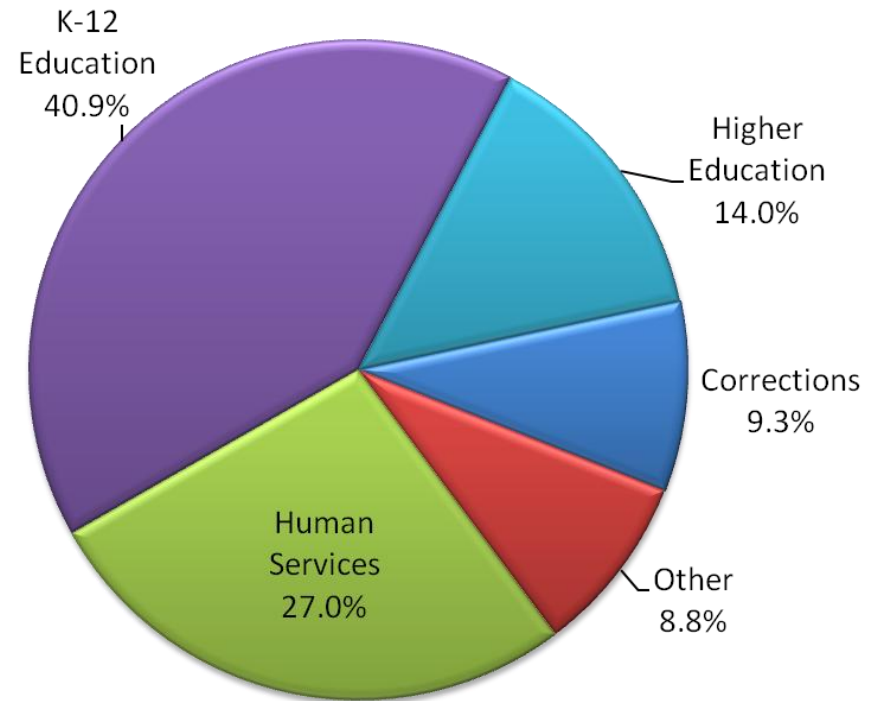
State Spending by Program

**FY 2009 State & Federal GRF
Spending by Program**



Total: \$26.78 billion
Medicaid \$14.7 billion

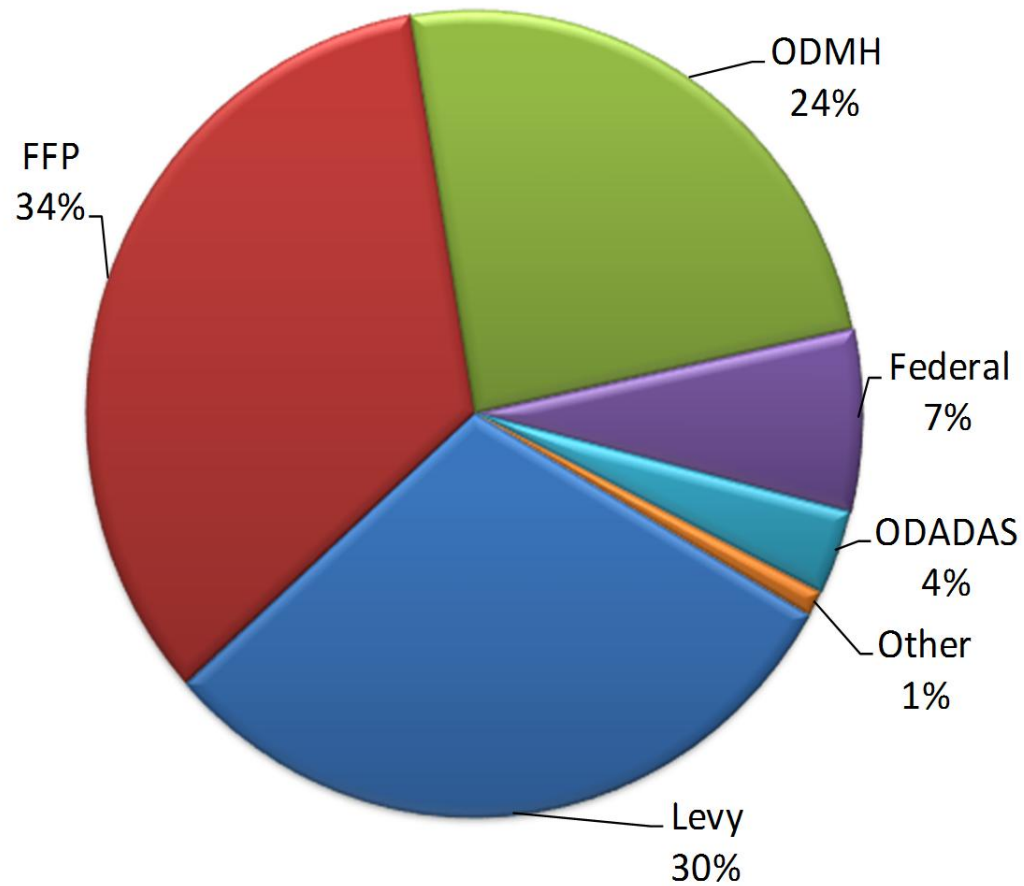
**FY 2009 State-source GRF
Spending by Program**



Total: \$19.89 billion
Medicaid \$5.1 billion

SFY 2009 Board Financing

How Local Boards are Financed



Ohio Behavioral Health Funding

ODMH SFY 2011 COMMUNITY FUNDING

419	505	408 Flex	Total
\$9,959,798	\$20,644,308	\$177,220,605	\$207,824,711

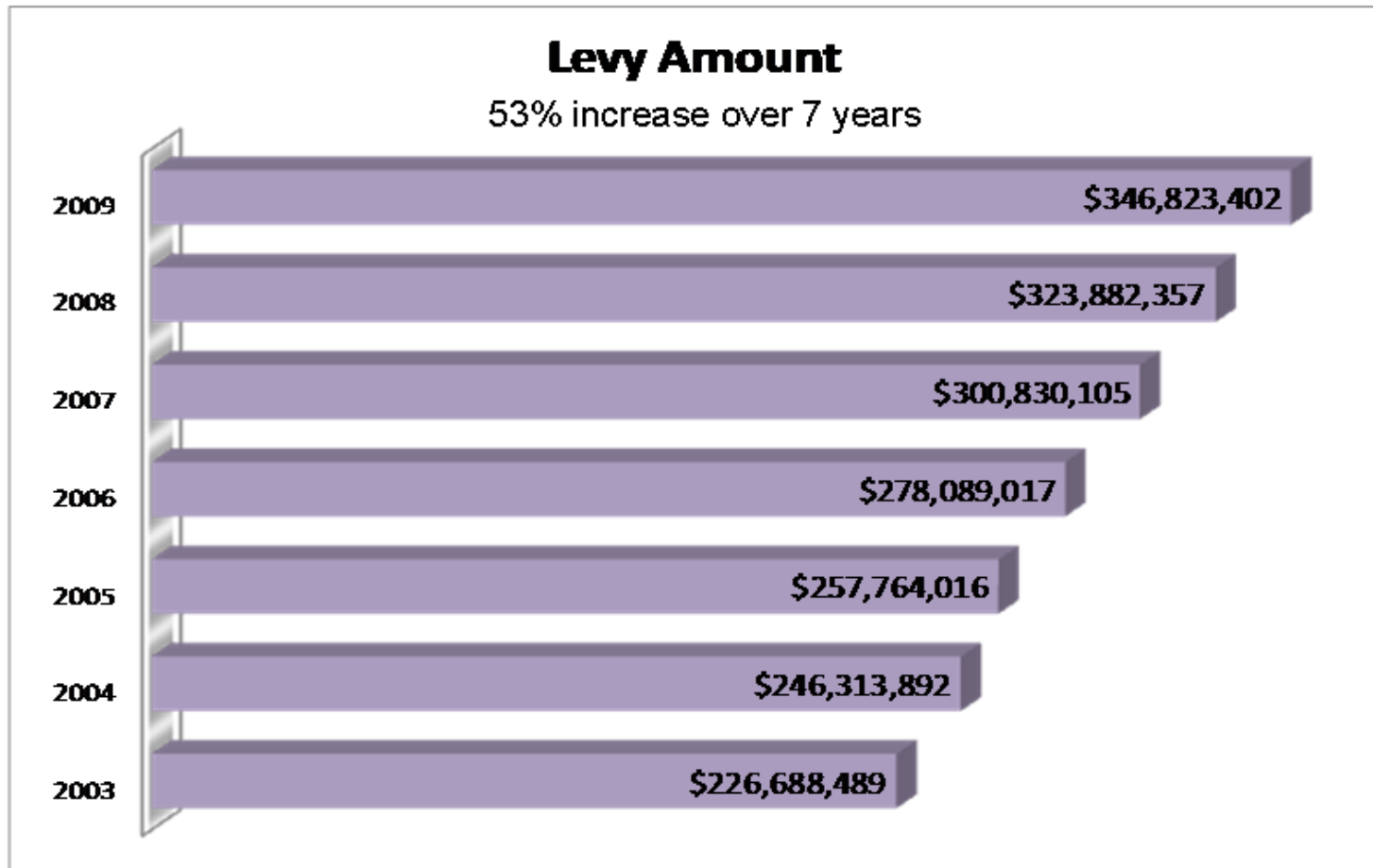
* Additional \$32.6 million not included in these figures.

ODADAS SFY 2011 COMMUNITY FUNDING

401	404	Total
\$26,784,700	\$868,959	\$27,653,662

Ohio Behavioral Health Funding

Boards' Levy Growth



Ohio Behavioral Health Funding

SFY 2012 Projected Medicaid match cost with the loss of Enhanced FMAP

ODMH Medicaid Match Needed in 2012: \$212.5 Million

Total Community funding in 2011:

Total 408 flex (after hospital costs) & all 505 GRF = \$197,864,913

SHORT \$14,635,087

(Even if you add the 419 medication line ODMH is still short \$5,708,534)

ODADAS Medicaid Match Needed in 2012: \$32,985,463

Total 401 in 2011: \$26,784,703

SHORT \$6,200,760

(Even if you add in the 404 prevention line, ODADAS is still short \$5,331,801)

Ohio Behavioral Health Funding

- ∞ If nothing changes in how Medicaid Match is funded, flat funding in SFY 12-13 will leave **NO STATE DOLLARS** available for non-Medicaid recovery support services, or services for non-Medicaid eligible individuals.
 - 13 counties have no levy funds to serve either the non-Medicaid eligible individual, or provide non-Medicaid recovery support services.
 - 65% of individuals in need of substance abuse services, and 40% of individuals in need of mental health services are NOT Medicaid eligible, and these numbers are expected to remain relatively stable in SFY 2012-2013.
 - Recovery support services which help individuals with a severe mental illness and/or addiction are not Medicaid eligible and must be funded with either levy, or state GRF funding.

OACBHA'S ANSWER



Treatment Works...People Recover

Behavioral Health Community Finance Plan

- 1. Move Medicaid Match to the ODJFS 525 Line.**
- 2. Hold local levy dollars harmless.**
- 3. Keep all of the dollars presently in the ODMH 505, 404 and 408 lines, and ODADAS 401 line.**

Behavioral Health Community Finance Plan

Why do we call it the Behavioral Health Community Finance Plan?

Because the following are working together to sell the plan.

OACBHA

Ohio Council

Ohio Alliance of Recovery Providers

Ohio Federation of Children's Mental Health

Ohio Association of Child Caring Agencies

Ohio Consumer Operated Services Association

Multi-ethnic Advocate for Cultural Competence

Ohio Empowerment Coalition

Mental Health Advocacy Coalition

NAMI

Mental Health America-Ohio

Ohio Citizens Advocates

Ohio Suicide Prevention Foundation

ADVOCACY



Treatment Works...People Recover

Advocate and Educate

**NOW IS THE TIME TO ADVOCATE
AND EDUCATE THAT,**

**TREATMENT WORKS ...
PEOPLE RECOVER**

Why Educate and Advocate?

- ∞ Access to recovery services is not an issue of politics. It's not an issue of finances. **IT IS** an issue of life and death!
- ∞ You are a constituent, your legislators will listen to you.
- ∞ You speak on behalf of the unique needs of your communities.
- ∞ You vote for local officials based on local issues, and the impact they have on addressing those issues.
- ∞ You can turn ideas into action.

How Should You Advocate?

- ∞ Visit - in-person meetings mean a lot to legislators.
- ∞ Call and send letters to Elected Officials.
- ∞ Write letters to the Editor of your local paper.
- ∞ Get local partners to advocate with you:
 - School Superintendents
 - Sheriff, local police Chiefs, and Judges
 - Emergency Room Doctors
 - Children's Services workers
 - Consumers and Family members

What Should Your Message Be?



Talk about the fact that Behavioral Health Care, **IS** Health Care.

BH needs additional funding, as it is we are endangering peoples lives-- give real examples of the impact of cuts on your community.

Tell Legislators how Treatment Works and People Recover!

Talk about the fact that funding treatment is the **WISE FISCAL CHOICE**, as funding treatment is far cheaper than funding the outcome of untreated mental illness and addiction.

Who Should You Educate and Advocate With?

- ☞ Governor Ted Strickland
- ☞ Congressman Kasich
- ☞ Candidates Running For Office
- ☞ Locally Elected Officials
- ☞ State Senators
- ☞ State Representatives

DO IT NOW!

Never Doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

~ Margaret Mead



Treatment Works...People Recover

THANK YOU!

