



Education & Advocacy in Ohio's Behavioral Health System

Ohio's behavioral health system is at a precipice. The future of Ohio's Community behavioral health system is heavily reliant on many factors: the SFY 2012-2013 budget is one of the tightest in recent history, health care reform will impact the behavioral health system, there is a greater focus on integration of care and parity is now a requirement.

While all of these factors will impact the community behavioral health system, it is still unclear how, when and to what extent. Policy decisions at many levels must be made as to how to implement coverage expansions and integration projects in a time of shrinking budgets. Ultimately, the most important question to be answered is how will Ohio ensure that individuals in need of mental health and alcohol and drug addiction treatment and support services get the care that they need in order to achieve recovery? Now, more than ever, the community behavioral health system must come together to prepare for a future that is likely to be full of change.

As a whole, Ohio's community behavioral health system has joined together to take the first step towards developing a sustainable system of care. The community behavioral health system is currently advocating moving the community behavioral health Medicaid match responsibility to the ODJFS 525 line item. This would increase the efficiency of the Medicaid program and allow for increased integration of physical and behavioral health services. Along with this move, the community behavioral health system is advocating that local levy dollars be held harmless and the appropriations to the ODMH 505, 404, and 408 line items and the ODADAS 401 line item be maintained at current levels. This would increase the efficiency in the community behavioral health system and connected systems by allowing communities to provide the full spectrum of behavioral health services necessary to keep youth in school, to keep youth and adults out of the correctional system, to help individuals maintain employment and continue to live independently.

This move will also help to align the behavioral health system in preparation for changes coming with health care reform. As Medicaid coverage expansions go into effect, funding the Medicaid match through one line item will allow for smoother transitions for new enrollees while also eliminating some of the barriers to integrated care. Also, without the Medicaid match burden, local communities will be more able to utilize state GRF and local levy funds to further develop the recovery support services that, in combination with treatment, encourage and support individuals attain and sustain recovery.

At the Board Summit held on September 30, 2010, representatives from every aspect of the behavioral health system came together to discuss the future of the behavioral health system in Ohio. It remains clear that the strength of Ohio's community behavioral health system lies with the individuals in local communities advocating for, designing, and implementing local systems of care that are uniquely situated to meet local needs. This local strength can and should be built upon as the system looks towards the future. An abundance of policy decisions must be made at both the state and local level related to implementing health care reform, integrating physical and behavioral health care and enforcing parity regulations. As these decisions are made, local system and local advocates are best able to identify the needs of their communities and encourage the development of rules and regulations that support the delivery of quality and cost effective community behavioral health services.

Grassroots Advocacy Plan

In the next several months and years, Ohio's community behavioral health system will face a number of challenges and changes. Some are ongoing, some will be new. All carry with them, if addressed correctly, potential opportunities to help strengthen Ohio's ability to provide community-based alcohol, drug addiction and mental health services and supports. In order to turn these challenges into opportunities a strong grassroots advocacy presence will be necessary to continue to educate policy makers and the public about why behavioral health care services and supports are so important and why they must be adequately funded.

Community Behavioral Health Financing Plan: Continue to work as a collective body to advocate for the movement of the responsibility for Medicaid match from local Boards to the state in the ODJFS 525 line item. While doing this, protect local levy dollars and continue the state investment in the ODMH 408, 404, and 505 line items and the ODADAS 401 and 404 line items.

Integration of Physical and Behavioral Health Care: Advocate at the local, state and federal level in support of integrated models of care. Support policy decisions that encourage the bi-directional integration of care by integrating primary care into community behavioral health settings and behavioral health care into primary care settings. This approach will allow for the adoption of models suited to treat individuals with mild to moderate behavioral health concerns in primary care settings as well as provide primary care services to individuals with more serious conditions in behavioral health settings.

Address Stigma: *Behavioral Health Care Is Health Care* - Continue to use the behavioral health care is health care band-aid campaign to address stigma related to behavioral health care, encourage the adoption of integration protocols, and ensure that behavioral health is at the proverbial table during discussions about re-designing the health care system.

Economic Viability: Share the message that Treatment Works; People Recover; Recovering People Work; And Working People Pay Taxes. Show that an investment in the community behavioral health system makes economic sense. As individuals receive treatment, they are more likely to achieve recovery and enter the workforce and achieve independence rather than relying on the public system.

Health Care Reform: The Affordable Care Act includes coverage expansions, integration projects, payment and delivery system reforms, quality requirements, and comparative effectiveness research programs that will all impact the behavioral health system. As the federal government develops rules and regulations and as the state government makes implementation decisions, the behavioral health system must remain involved. With the results of the recent election, changes in health care reform can be expected at both the federal and state level. Behavioral health advocates must ensure that as policy decisions are made they are made in the best interest of the individuals who will ultimately be served in the health care systems.

Education: The behavioral health system is still misunderstood by many. Many people do not understand the illnesses, others do not understand the structure, and still others are unclear about what they can do to help. One of the most important things the behavioral health system can do is to continue to provide education to help develop a better understanding of mental illness and addiction. Education about the system is also important so that as changes are considered there is a common understanding among policy makers and the public about the impact of any proposed changes.