

# Behavioral Health Care Saving Lives & Money

Ohio Association of  
COUNTY  
BEHAVIORAL  
HEALTH  
AUTHORITIES

OF  MIND

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## Behavioral Health Treatment Key to Neighborhood Revitalization

An innovative partnership between behavioral healthcare services and traditional neighborhood revitalization activities has caused property values to reverse a decades-long decline in a focus area of Port Clinton, Ohio. Termed the “Conestoga Program,” it has succeeded in reducing police complaint calls by 58 percent, and increasing property values by 6 percent per year during the three years of program operation. Previously, property values and associated tax revenues had fallen to 34 percent below those of similar homes in the city.

To reduce the petty crimes and nuisances ( called “incivilities” by community development experts) which can cause morale to fall and “for sale” signs to pop up, the Mental Health and Recovery Board of Erie and Ottawa Counties (MHRBEO) provided funding for its contract agencies to saturate the Lakeview Park neighborhood with affordable treatment services for everyone needing them. And, with the help of vigorous local leaders and treatment advocates, the message was spread that “if you need help, get it! You are not alone; cost is on a sliding fee schedule with zero charge for the unemployed, and this is the chance of a lifetime to move forward with your life!” Prevention programs were also made available by the main contract agencies, The Giving Tree and Bayshore Counseling Services.

As a result of this promotion, requests for services jumped during the first year by 42 percent, with almost all of them self-referrals. This increase in demand was impressive because the area was already well above the city average for prevalence of behavioral health cases. By the end of three years the treatment had been so successful that the neighborhood’s prevalence rate dropped to about half of that for the rest of the city.

“Traditional neighborhood revitalization programs, by themselves, usually do not reverse the area’s decline. They only slow it down,” according to Kirk Halliday, MHRBEO executive director and a former Community Development official. “When I first toured the focus area in Port Clinton my guide pointed out all the houses which had been rehabilitated, only to resume their deterioration later. Some of them actually had to be torn down and the lot vacated. But once our behavioral health activities were added to the mix, the nuisances plummeted, morale improved, and panic real estate listings ended, restoring the supply-demand equation. The number of listings fell 50 percent. This restoration of confidence then allowed everything else to work,” Halliday explained.



*Shown in the center is Port Clinton City Council Chair Linda Hartlaub receiving the Outstanding Group Award from Kirk Halliday, executive director, MHRBEO, at the Annual Meeting.*

According to OACBHA CEO Cheri Walter, “The Conestoga Project clearly demonstrates that investing wisely in behavioral health saves lives AND money. Ensuring access to behavioral health care is not just the right thing to do, it is an important economic development tool and a tremendous cost-saver to other social service systems,” Ms. Walter concluded.

The Conestoga Program concept is being studied by other cities currently, including a second site in Port Clinton, sites in Sandusky, and possibly some in Cleveland. Persons wanting more information are invited to contact Director Halliday at [kirkwh@mhrbeo.com](mailto:kirkwh@mhrbeo.com). There is also a website for the Conestoga Program at <http://www.conestogaprogram.com/>.



**Cheri L. Walter, CEO**  
Ohio Association of County Behavioral Health Authorities

## Community Alcohol, Drug Addiction and Mental Health Boards Are YOUR Boards

For Ohio’s citizens, health care services (and behavioral health care IS health care) are best determined close to home based on local needs. The specific service needs and gaps in Ohio communities can be measured at the ground level, not from a distance and height of a statewide perspective. The landscape of Ohio means vast differences in diversity from one community to the next: major cities with large urban populations, medium-sized cities and suburban populations, Appalachian and rural populations, and areas with large Amish and Mennonite populations, migrant workers and immigrant populations, all of whom round out Ohio’s great diversity.

Ohio’s 53 Alcohol, Drug Addiction and/or Mental Health Boards are statutorily empowered to plan, develop, fund, manage, and evaluate the local community based systems of care in all 88 counties. Local Boards provide an important safety net for those persons with the most serious mental illnesses and addictions, who are impoverished and unable to afford private insurance and/or treatment. Local boards ensure that services are available to help Ohioans recover and return to their jobs and families.

Boards ensure that the local system of care offers services to both the Medicaid eligible and the non-Medicaid eligible individual in need of alcohol, drug addiction and/or mental

health services. These services include prevention, assessment, outpatient counseling, hospitalization (community and state), residential treatment, detoxification, housing, peer supports, vocational and employment services, and more.

To ensure that these services are provided in the most efficient, effective, and comprehensive way, boards work and coordinate with other county partners such as Family and Children First, Job and Family Services, the judicial system, Developmental Disabilities system, education, faith-based community and others.

Local Boards are experienced managers that have demonstrated their success and competence through managing local systems of care that are accountable, flexible, and efficient in providing quality services. By downsizing the state hospital population, Boards have helped the state to go from 17 state operated institutions to seven.

In addition to being managers, Boards are funders of local systems of care bringing in almost \$350 million in local levy funds and more than \$30 million in other discretionary federal, state, local, and foundation funds in 2009. Boards also provide accountability to community taxpayers by ensuring that the Board itself is efficient and effective; in the past three years 65 percent of Boards have cut staff for an overall 24 percent staff reduction. Pay freezes have been implemented in 69 percent of Boards. Additionally, 72 percent of behavioral health boards contract with each other for some form of administrative functions.

Lastly, one of the unique and critical roles Boards fulfill for local communities is someone they can count on 24 hours a day, 7 days a week, and 52 weeks of the year. If a judge has an issue, if a local school system is having problems, or if the community suffers a disaster, natural or manmade, the Board is there to coordinate the necessary response and give folks a specific place to turn to in a time of need.

**Levy Amount**  
53% increase over 7 years



## HOPE Court Results in Saving Lives and Taxpayer Dollars

The name is on-target, HOPE Court. It stands for Healthy Options Promoting Empowerment Behavioral Health Court in Muskingum County. The court is a specialized docket designed to assist offender participants to achieve recovery from alcohol, drug addiction, and/or mental illness.

For Erin Webb of Zanesville, HOPE Court and the county's system of behavioral health care and support services have changed her life. Eight years ago Webb was taking about 30 Xanax pills a day and using other drugs as well. The stresses of taking care of a household and younger siblings while her mother was in school weighed heavily on Webb who was just 15 at the time.

She started taking pills at 15 and didn't stop until treatment and HOPE Court taught her other ways to deal with stress and the pull of addiction. "I'm actually building a life," Webb said. "I'm the happiest I've ever been. I'm making better decisions,...and getting my life in order."

Webb has obtained her GED, is attending college, and is working fulltime. It's tough, don't get me wrong," said Webb. "It's 30 AA meetings in 30 days; it's checking in with your probation officer every week, your counselor from Six County and Muskingum Behavioral Health every week; it's keeping out of trouble and doing what you're supposed to be doing."

Besides saving lives like Webb's, Ohio's 82 drug court specialized dockets and partner alcohol, drug addiction and mental health boards and agencies are saving local communities millions of dollars in jail days alone. In Fairfield County, for example, county drug court participants had 16,628 jail days suspended in 2009 for a saving of more than \$1 million. Since the Drug Court program operates at a cost of under \$200,000 a year, the net savings to that county are about \$800,000 a year in jail days alone.

## Treatment Works...People Recover and Productivity is Restored

Surveys indicate that some people still believe that those with mental illness cannot get well and become productive citizens. The reality is that people with mental illness live and work in every community every day, and most achieve a healthy balance with family and work with the help of behavioral health care, and in some cases, medication. The story below of "Sarah" (name changed for her privacy) illustrates the success of behavioral health care for the individual and the community and the impact of negative attitudes on revealing one's story to the public.

Sarah is an attractive, successful young woman employed as a certified public accountant at a Beavercreek firm in Greene County. Few people – including friends and coworkers – know that she is diagnosed with paranoid schizophrenia. She's reluctant to tell others because people with mental illness diagnoses are often misunderstood and shunned.

"The awful stigma associated with...schizophrenia is, at best, unfair and often cruel," says Sarah. Before developing mental health problems in late high school, she excelled in school, drama, and as a musician. She had friends and was active in her church.

"I gradually functioned less and less...and completely withdrew into my own world," said Sarah. She stopped eating, bathing, and dressing herself. "I was no longer the same person." She describes experiencing delusions and seeing things that were not there.

Sarah credits her recovery to good doctors, a wonderful support network of family and friends, strong faith, and learning to take her medications every night. She has begun to talk about her mental illness with small groups, hoping that her story will help others to understand that "people with schizophrenia are just...people."

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## Behavioral Health Necessary for Offenders

In December 2010 the Ohio Chamber of Commerce released a report called, "Redesigning Ohio: Transforming Government into a 21st Century Institution." In the report, one area where dramatic change is urged is in Ohio's prison system, where 7,300 low level, non-violent offenders are sentenced annually at a cost of roughly \$25,000 a year per person. The report states:

Adult prisons now consume 88 percent of correctional spending, while front-end investments in parole, probation, treatment and alternatives such as victim-offender mediation lag far behind. From a bottom-line perspective, it is time to ask a fundamental question: Would public safety, prisoner rehabilitation, recidivism and correctional costs be improved if Ohio directed more nonviolent offenders away from adult prisons toward non-residential community-based monitoring and treatment? The answer is yes.

The report explains that a Bureau of Justice analysis of state prisoners shows that over two-thirds were rearrested within three years of leaving prison, with most re-arrests taking place within one year of release. Almost 47 percent of released prisoners were reconvicted of a new crime within three years and 51.8 percent were re-incarcerated.

As a solution to pouring money into a revolving door of crime and incarceration, the report states that new assessment criteria should direct most low-risk, nonviolent (and nonsexual) felony 4 and 5 offenders, who are amenable to treatment, to supervised release in non-residential community-based correctional options, including halfway houses, day reporting, electronic monitoring, work programs and education and treatment programs. Another effective change suggested is better education, training, and treatment services for prisoners, who have a high incidence of functional illiteracy, workforce skill deficits, and mental health and substance abuse problems.

**Community-based services, including behavioral health treatment for the 80 percent of offenders who need it, would allow DRC to close 2-3 prisons over a two-year period, saving about \$109 million per year.** The report further suggests that some of the savings should be re-invested in community support services to reduce future recidivism, thus closing the revolving door for thousands of Ohioans and saving the taxpayers millions of dollars.

~ <http://www.ohiochamber.com/dococcc/Polycy/politics/-pdf/RedesigningOhioFINAL12-2010.pdf>

## Impact on Budgets across Systems

- The high frequency of depression in Ohio has a large impact on life, health and economics. The total economic cost of depression in 2007 was between \$4-5 billion. (Ohio Business Roundtable 2007)
- The indirect costs associated with mental illness and substance use disorders in the U.S. – excess turnover, lost productivity, absenteeism and disability – commonly meet or exceed the direct treatment costs, and have been estimated to be as high as \$105 billion annually. ("An Employer's Guide to Behavioral Health Services," National Business Group on Health, p. 68, November 2005)
- 15 percent of total state spending on criminal justice, Medicaid, transportation and public safety results from a failure to prevent and treat addiction disorders. (The National Center on Addiction and Substance Abuse at Columbia University, 2009)
- Untreated people with mental illnesses are four to six times more likely to be incarcerated, increasing expenses in the state's justice system. (Journal of Behavioral Health Services & Research, 28, 177-87, 2001)