

## A Community in Crisis

**Miriam Walton, Executive Director**  
Ashtabula County Mental Health & Recovery Board



Ashtabula – the covered bridge capital of Ohio. Ashtabula – Ohio’s largest county. Ashtabula – the county with a crumbling behavioral health system. That last fact is not one that we are particularly proud of. For years now, residents of Ashtabula County have been watching the community behavioral health system lose funding, trim resources and cut services all while the demand for both mental health and substance abuse treatment and support services continues to increase.

### Mental Health Services

In 2006, when the National Alliance for Mental Illness named Ohio as one of the leaders in the nation for mental health services, in Ashtabula County we were already seeing our system struggle. Six years later, our system has been nearly decimated.

We previously funded after-school services, peer support in our domestic violence shelter and a job club at our local Goodwill. These services were often our best mechanism to reach into the Southern portion of our county. Now we no longer have the ability to fund any mental health prevention, promotion, or support services. It’s ironic, but true that these types of vital, evidence-based prevention and support services are often the first to go. We’ve been forced to gradually trim, slice, and cut our system to the point that the only way an individual, without insurance or Medicaid, in Ashtabula County can get into the public system to receive essential mental health services is to show up at our doors in crisis. We currently have few access points to our system. Occasionally, an individual with an assessment indicating a severe and persistent mental illness can directly enter services. However, individuals generally gain access through an emergency department when in crisis, upon release from the state hospital, or when reentering the community from the Ohio Department of Rehabilitation of Correction’s prison system.

You may say, why not work with the community to leverage more resources? Well, we do and we leverage every resource we can find. For example, we use service match for a HUD shelter plus care grant and over 50 individuals who were previously homeless now have housing. Many more are waiting. Our agencies often take clients that may never be able to pay them because the need is so severe and the staff are so compassionate.

### Alcohol and Drug Addiction Services

On the alcohol and drug side our situation hasn’t been as severe for quite as long. We started experiencing major problems in about 2006 or 2007 and we began cutting back services and supports. We now provide limited services, mostly through ODADAS federal block grant funds. We have a women’s

program that provides residential treatment and a small men’s residential unit. However, due to the ongoing cuts in resources the men’s residential program was closed in January and will not reopen until July. The loss of this unit leaves a huge gap in services needed in the community and eliminates a vital resource used by our county Drug Court. While we’ve been losing funds and cutting services, we’ve seen a rise in prescription drug abuse, an increase in heroin traffic, and a resurgence of the meth problem we thought we had under control.

I often get asked, “what is the one thing you would purchase if you had more money?” My answer is always – detox services. We aren’t able to fund detoxification services. We have families in Ashtabula who detox their loved ones at home trying to get them clean in order to get into a treatment program. These families tell horror stories about the experience both for the individual detoxing and the family members.

We do provide limited alcohol and drug prevention services through earmarked federal block grant funds that come from ODADAS. We also have an active opiate coalition that has joined forces with our suicide prevention foundation. Most of this work is done by dedicated individuals donating time and resources because as one person has said, “this is too important of an issue to not just do it.” While these coalitions have been great for our community by providing education and information, they have also raised awareness of the problem. The community has a better understanding of the problem and due to this we’ve seen an increase in people asking for substance abuse treatment.

We have cut our system so bare that each year our largest agency has to cut hours and lay-off staff when they reach the point that they’ve spent the entire allocation that we are able to give to them. This seems to happen earlier each year, and we expect it to happen in about March or April of this year. Yet, the demand for services doesn’t decrease when the funding runs out so the agency does the best it can to provided limited services to help clients make it through until July without running so low that they may have to close their doors. It’s a tight line that we walk every year.

Every day we take calls from individuals and families in desperate need, but not in crisis situations. We brainstorm with families, we think creatively with consumers and agency staff to get the most out of the funding we have available and we maintain our crisis and suicide hotline to give resources and support to as many individuals as possible. But in the end, our guidance is to contact the agencies and to go immediately to the emergency department if they are in a mental health or substance abuse crisis. This means that each day we have children and adults in Ashtabula County who are struggling with a mental illness and/or addiction, but because they may not be “a risk to themselves or others” we have to tell them that there’s not much we can do. As you can imagine these are not conversations that anyone wants to have... ever... but we do it every day.

*Continued from Front Page - Walter*

You may be wondering what I mean when I say non-Medicaid eligible individuals. These are individual that do not meet the income or other requirements for Medicaid eligibility. Many of these individuals are Ohio’s under-insured or uninsured working poor, or single individuals with no children who are not eligible for Medicaid unless they have a diagnosed disability. So if an under-insured or uninsured individual has a crisis and their community has run out of or has no non-Medicaid funding, it is likely this individual will not have access to community-based treatment. Without behavioral health treatment, not only will their health decline, if they are employed, they will in many cases decompensate to a state that they may lose their job.

And what are non-Medicaid eligible services? These are services that are not funded by Medicaid, yet in many cases are necessary to help support individuals in recovery who are receiving Medicaid funded treatment. These services include things like housing, peer supports, and educational and employment supports. While the state is paying for the Medicaid services, what many decision makers may not understand is that without the non-Medicaid supports, Ohio’s behavioral health Medicaid costs would be much, much higher. An example of this is in Cuyahoga County where 53% of all their non-Medicaid dollars are spent on supporting Medicaid eligible consumers. These supports help individuals live in the community. They also help keep individuals from needing inappropriate and much higher cost placements in settings such as state & private hospitals, nursing homes, residential treatment centers, and emergency departments.

The bottom line is that Ohio needs to invest more in alcohol, drug addiction and mental health prevention, treatment, and support services. Mental illness and addiction affect individuals from all walks of life. These diseases do not discriminate based on financial status, education, race, religion, gender or even age. What we also know is that TREATMENT WORKS AND PEOPLE RECOVER! And like the old oil commercial said, you can pay me now or you can pay me later; and when paying later the consequences are severe -- prison, hospitalization, emergency room visits, death. Not providing treatment to Ohioans with a mental illness or addiction will ultimately cost the individual with the disease, the community, and the state a great deal more than if treatment had been provided when it was necessary.

## Ohio’s 2012 Opiate Summit: Miles Traveled - Miles Ahead



Presented by:



Department of Alcohol & Drug Addiction Services



Rehabilitation Services Commission

## Communities on the Edge



January 2012

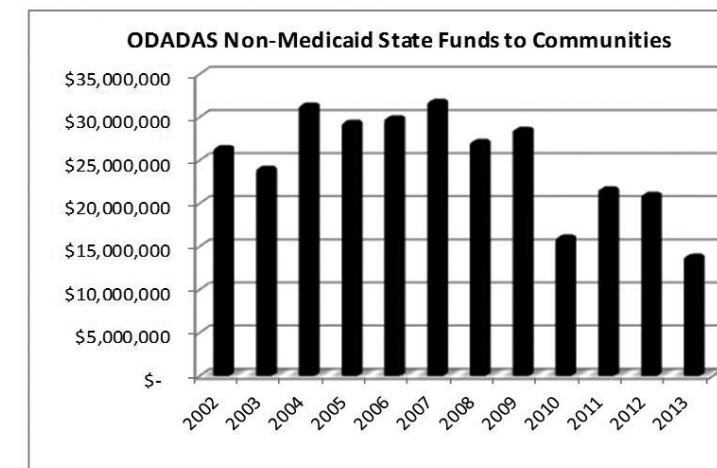


**Losing the Local Behavioral Health Safety-Net**  
**Cheri L. Walter, Chief Executive Officer**  
Ohio Association of County Behavioral Health Authorities

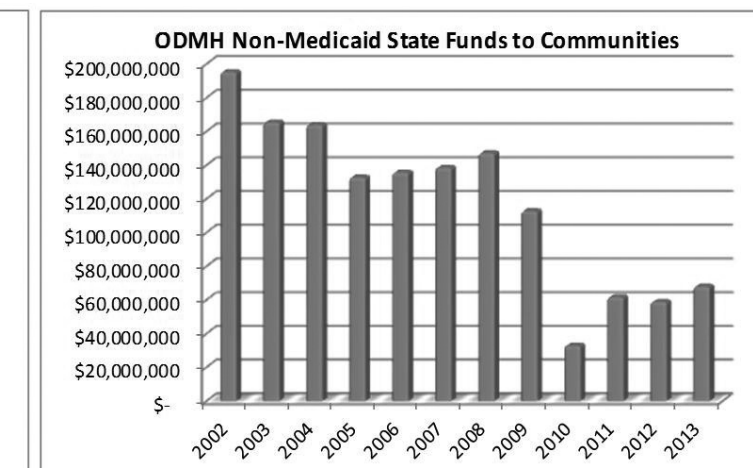
Ohio’s Alcohol, Drug Addiction and Mental Health Boards ensure a local safety-net of services for some of Ohio’s most vulnerable citizens -- men, women and children with a mental illness and/or addiction to alcohol or other drugs. Without access to these lifesaving health services, you can be certain that Ohio will see an increase in the number of adults and children with a mental illness and/or addiction who end up homeless, enmeshed within other social service systems, dropping out of school, in nursing homes, in jails and prisons, in emergency rooms, and in the worst case-dying.

Over the past decade, Ohio’s behavioral health professionals have worked to eradicate the stigma of mental illness and addiction, and educate people about the fact that mental illness and addiction are diseases, and that TREATMENT WORKS AND PEOPLE RECOVER. A perfect example of this is Ohio’s state and local efforts to address the opiate epidemic. Communities have come together to close pill mills, educate parents and youth on the dangers of abusing pain killers, and to talk about effective treatments. All of this education has worked! And now there are more people than ever who are trying to access services in order to treat their mental illness and/or addiction. In addition, over the past several years, many families in Ohio have been negatively impacted by the economy which also increases the number of individuals experiencing a mental illness and or/ problems with substance abuse needing access to behavioral health services.

Unfortunately, over the past decade or so, as more people have needed services, the State of Ohio has been cutting funding for Ohio’s non-Medicaid eligible individuals and for community behavioral health treatment and support services. Due to these cuts, providers are having to downsize or close and access to services for Ohioans in need of behavioral health treatment and support services has been decimated. While the state funding for non-Medicaid eligible individuals and services remained fairly flat from State Fiscal Year (SFY) 2011 to 2012, the fact remains that since SFY 2002 an overall 70% cut in non-Medicaid funding for community mental health services has occurred, while since SFY 2005 a 34% cut has occurred to non-Medicaid community addiction services funding. As passed, the 2012-2013 biennial budget includes a small increase from SFY 2012 to SFY 2013 for non-Medicaid community mental health services, with a further cut of 33% for non-Medicaid community addiction services. So as more people are trying to access services, more and more are being put on waiting list, or turned away altogether. Frankly, these cuts are unmanageable and untenable.



GRF to Communities: Line Items 404, 401, and 4750



GRF to Communities: Line Items 408, 505, and 419

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## By The Numbers

### Dr. Kent Youngman, Chief Executive Officer

Mental Health & Recovery Services Board of Clark, Greene, and Madison Counties

Nearly every community behavioral health board in Ohio can share stories about how the funding for mental health and substance abuse services does not adequately meet the needs of their citizens. This fact remains true in Clark, Greene and Madison Counties. In the last years, in Clark, Greene and Madison Counties, while we have less funding for services and less capacity within the system, we are experiencing an increase in demand for services.

The numbers for Clark, Greene and Madison Counties shared below demonstrate the critical juncture that our local system is facing.

- The accelerated phase out of the tangible personal property tax that was passed as part of the SFY 2012-2013 budget resulted in an approximately \$1 million dollar loss to the community behavioral health system in Clark, Greene and Madison Counties.
- From 2008 to 2012 the MHRB of Clark, Greene and Madison Counties lost approximately \$3.4 million dollars in funding for community alcohol, drug addiction and mental health services.
- In 2011, we served 1,200 fewer people than we were able to serve in 2009 – approximately 650 fewer alcohol and drug clients and approximately 550 fewer mental health clients.
- As a result of funding cuts and staffing reductions, billable activity has decreased. In 2011 agencies billed \$2 million less than in 2009.
- From 2006 to 2011, admissions for treatment for opiate addiction and abuse in Madison County alone increased by 140% with a corresponding 800% increase in Board funding to Madison County to treat individuals with opiate addictions.

### Impact on programs and workforce

In the last year, our regional detoxification and crisis stabilization unit was closed cutting jobs. This unit served the entire region, but the Clark, Greene, and Madison behavioral health system was the primary user. We now use a less clinically intense outpatient model that requires clients to travel more frequently and makes it very difficult for some clients to access services.

Plans for a women's drug-free house were changed because the funding to fully open the program is not available. Instead, the program is operational on a limited basis through resources that were cobbled together from a city grant along with some other unique resources.

Over the last several years, agencies have cut staffing in administrative, clinical, and support roles in order to keep the doors open. In addition to the negative impact on capacity, the workforce reductions harm the ability to recruit and maintain a qualified workforce.

Unfortunately, unless additional funding comes our way, we will have to continue to operate in a reduced capacity which makes it more difficult for clients to get the services they need. We are particularly concerned that sentencing reform legislation will not be successful because offenders in need of drug and alcohol services will not be able to get the treatment they need. Without appropriate treatment, it is very likely that these people will re-offend. Diversion without treatment is a very short-sighted policy.

## Community Impact of Funding Cuts

### William M. Denihan, Chief Executive Officer

Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County

### How has the loss of community behavioral health funds impacted behavioral health services in Cuyahoga County?

Greatly! Reduced community funding has closed intakes at our mental health provider agencies for the past three months, leaving 151 people waiting for mental health services. Additional funding from Cuyahoga County will allow intakes to reopen – but only through June. Detoxification, intensive outpatient services and prevention services have been significantly reduced. Understanding that treatment works and people recover, we know that without treatment our consumers become more ill. When intakes are closed, people who need services are not being treated.

### There is a great deal of focus at the state level on sentencing reform. How will House Bill 86 impact your community?

Our system uses evidenced-based reentry services with proven results that have significantly reduced repeat crime and return to prison for many individuals. Reentry programs that offer behavioral health services in Cuyahoga County have lowered recidivism rates from a high of 65% to 4%. With proper funding of all community-based reentry services, prison and sentencing reform can be a success. Success not only means that people do not return to prison -- success means reduced crime in our neighborhoods and former inmates becoming assets in our community -- all while saving the state money.

The challenge of prison reform will be more difficult in Cuyahoga County than in any other county in the state, as Cuyahoga County makes up just 11% of Ohio's population, but accounts for 20% of the overall state prison population, with about 27%, or 5,000 ex-offenders already returning to the county each year. An additional 1,000 individuals will return to Cuyahoga County with the implementation of prison and sentencing reform. With appropriate funding, Cuyahoga County can meet the challenge and be an effective partner in the prison reform initiative because of already shared resources across the boundaries of justice and behavioral health. In order for this to occur, \$5 million will be needed from the State (from sentencing reform savings in ORDC) to support community-based reentry programs for community correction and reentry services for the extra 1,000 individuals. This amount is based on a \$5,000 per person per year cost to provide community corrections and reentry services. This \$5 million in funding from the State to provide community corrections and reentry services would save the State of Ohio approximately \$25-\$35 million in incarceration expenses.



### Has Cuyahoga County seen an increase in treatment admissions related to opiate addiction? What impact has prescription drug abuse and HB 93 had in your community?

A recent report from the Cuyahoga County Coroner reveals an increase in opiate deaths. Our addiction treatment providers have increased their promotional materials to educate the public of the dangers of prescription drug abuse and available treatments. Prescription drug use has a very large impact in our community -- hence our participation and leadership in the Cuyahoga County Opiate Task Force task force which formed in 2010 and is planning the upcoming Opiate Addiction Conference set for September 28, 2012.

### Workforce development and jobs are hot political topics right now. How is the Cuyahoga County ADAMHS Board addressing workforce development issues?

We are promoting the State's VRP3 Recovery to Work Program among our providers to ensure its success and that valuable services are available to consumers. Six of our provider agencies are providing the services for this statewide partnership between the Ohio Rehabilitation Services Commission (RSC), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Ohio Department of Mental Health (ODMH), and the Ohio Association of County Behavioral Health Authorities (OACBHA).

We also believe that a better trained workforce will provide more effective behavioral health services. That's why we operate the Training Institute that provides quality training to the behavioral healthcare workforce, consumers and family members throughout Cuyahoga County and the State of Ohio. The Training Institute grants CEUs and RCHs, and helps people maintain and obtain licensure. We also host interns and work collaboratively with the Mandel School of Applied Social Sciences at Case Western Reserve University under the auspices of the MSASS Doctoral Program. Although funding has not allowed for a new cohort, we sponsor the ADAMHS Board Mental Health and Substance Abuse Fellows Program at MSASS to assist staff of providers in obtaining their Master's Degree. In exchange, the recipient agrees to work in the community behavioral health system for three years.

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### Cuyahoga County has seen both a state and local psychiatric hospital close in the last year, how has this impacted the local behavioral health system?

Significantly. The closing of Huron Road Hospital reduced available inpatient beds to serve indigent people in the heart of an urban environment. While some patients are being admitted to private hospitals, many are waiting for admission since local hospital psychiatric units are full or the capacity to provide indigent care has been reached.

Closing the Cleveland Campus of the State Hospital has removed clients from the community. Although ODMH has made arrangements to provide transportation to and from the Northfield Campus, having residents of Cleveland and Cuyahoga County admitted to a hospital in Summit County placed another burden on the families of consumers. Traveling to Summit County also added a financial expense to providers who visit the hospital for discharge planning.

## Local Community Alcohol Drug Addiction and/or Mental Health Boards: A History of Consolidation, Collaboration, and Coordination

### Consolidation

- There are only 53 Alcohol, Drug Addiction and/or Mental Health Boards compared to 88 which is the norm in other local government social service delivery systems
- The number of Boards has gradually declined, with the number of Boards going from 57 to 53 since 2006
- Boards have downsized through reducing staff by approximately 30% since 2007

### Collaboration

- Boards have a long history of entering into administrative agreements with other Boards in order to save money and reduce infrastructure
- Presently 79% of Boards have agreements with other Boards to perform functions such as:
  - Enrollment, eligibility verification, and claims processing
  - Audits and other reviews/monitoring functions
  - Grant development and administration
  - IT functions (web services, data mining, telecommunications, etc.)
  - Forensic Monitoring

### Coordination

- Boards coordinate with community partners to enhance the community in various ways, such as:
  - Providing office space to advocacy groups like local NAMI chapters, the Brain Injury association, provider agencies, and suicide prevention coalitions
  - Work with local hospital systems, courts, children services, developmental disabilities, schools and others to maximize resources and improve outcomes for citizens
- Boards bring in over \$30 million in private and public grant funding, often by coordinating with other community partners