



Promoting Wellness and Recovery

John R. Kasich, *Governor*
Tracy J. Plouck, *Director*

A Blueprint for a New Ohio: Mental Health and Addiction Services

Tracy J. Plouck, Director

A Blueprint for a New Ohio:

"Every Ohioan deserves a chance and an equal opportunity to achieve their God-given potential, and that's the Ohio we're rebuilding for everyone."

Governor John R. Kasich, 1/12/15

A Blueprint for a New Ohio:

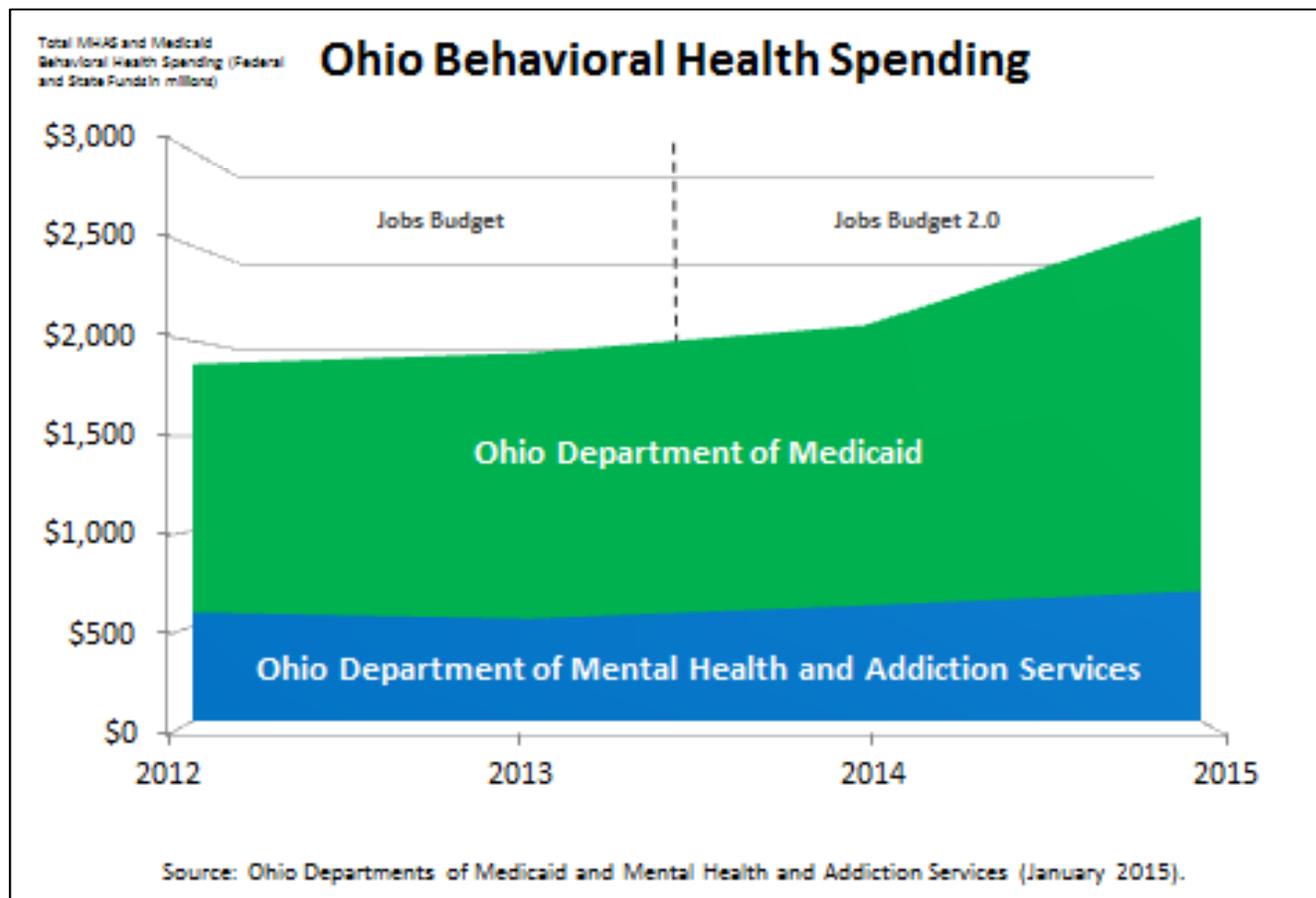
- Cutting income taxes for all Ohioans;
Eliminating the income tax for most small businesses
- Improving K-12 education
- Making college more affordable
- Creating opportunities for all Ohioans;
Fighting poverty and improving health care

Medicaid

- The FY 16/17 budget builds on past investments by Governor Kasich in the areas of mental health and addiction services.
- First budget elevated Medicaid responsibility, freeing local boards from financial risk of providing match.
- Second budget extended eligibility for Medicaid to individuals up to 138% of poverty, making more clinical services available.

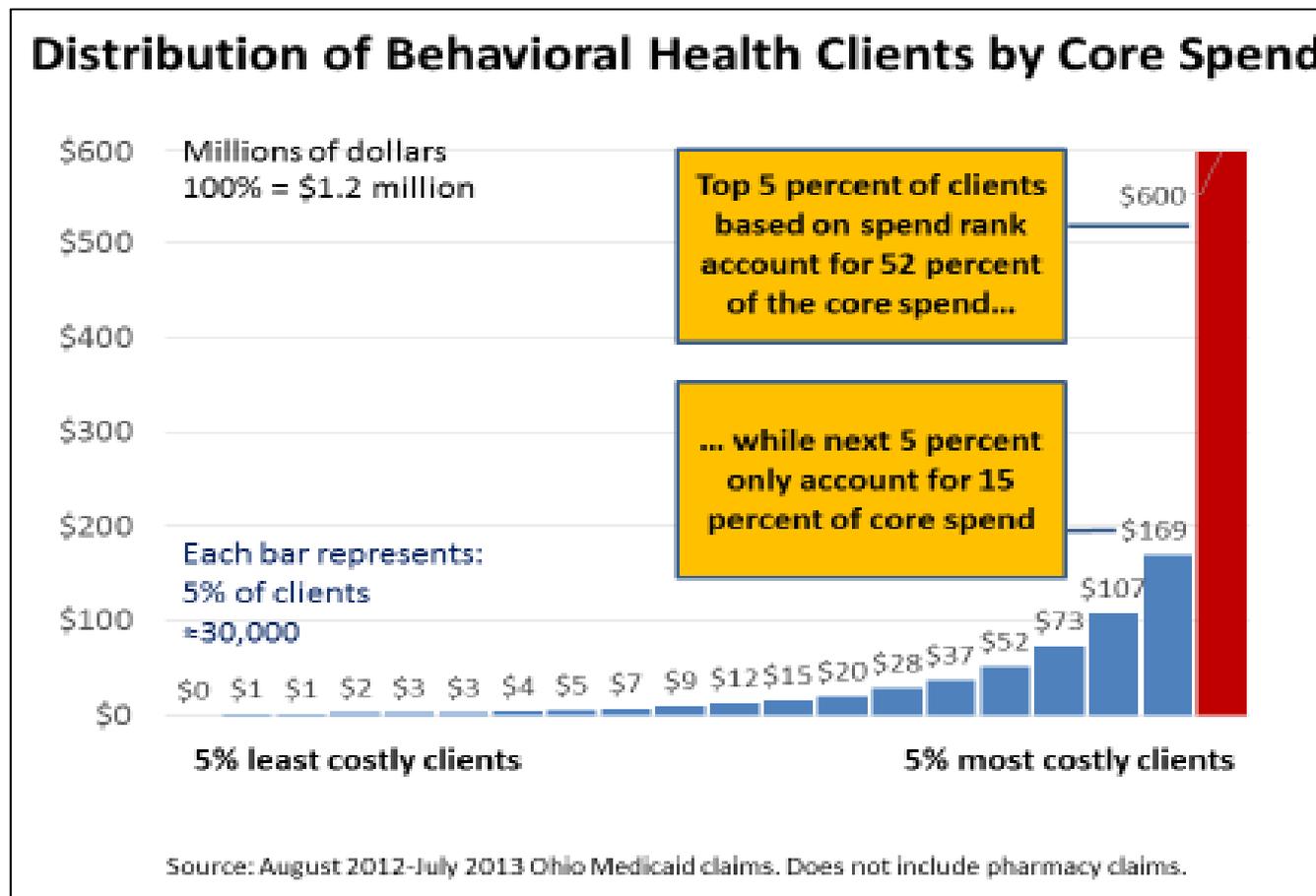
Medicaid

Top priority: Support continued Medicaid benefits that have resulted in an influx of treatment resources for mental health and addiction.



Modernize the Medicaid Behavioral Health Benefit

The Medicaid behavioral health population in Ohio represents 27% of Medicaid members but accounts for almost half of the Medicaid spend.



Modernize the Medicaid Behavioral Health Benefit

Key reforms to the Medicaid program will focus on individuals with high-end mental health and addiction needs while also bending the cost curve in the long run for these same individuals.

- Update billing codes to align with national standards – July 1, 2015.
- Redefine behavioral health services to focus on a person's needs. Redesign will be budget neutral.

Modernize the Medicaid Behavioral Health Benefit

- New services for people with high need:
 - Assertive Community Treatment (ACT),
 - Intensive Home-Based Treatment (IHBT),
 - High-fidelity wraparound,
 - Peer services,
 - Supportive employment, and
 - Substance use disorder residential services
- Disaggregation of CPST, case management and health home services.
- Implement standardized assessment tools to prioritize need.

Modernize the Medicaid Behavioral Health Benefit

- Improve care coordination and outcomes through managed behavioral healthcare.
- Will obtain feedback on specific requirements for care coordination and type of managed care entity through stakeholder process in March 2015.

Targeted Investments

OhioMHAS budget includes a series of targeted investments, many of which:

- Work to break down traditional “silos” to forge new partnerships & strengthen current ones to deliver services.
- Focus on tackling root causes for a person’s involvement in the public mental health and addiction services system.

Targeted Investments – Support for Children and Families

- Early Childhood Mental Health - \$5 million annually
- Strong Families, Safe Communities - \$3 million annually
- Targeted populations prevention - \$1.5 million annually
- Continued progress around *Start Talking!*

Targeted Investments – Saving Lives, Every Life Counts

- Suicide Prevention - \$1 million annually
- Continued emphasis on Trauma-Informed Care
- Enhancing access to Naloxone statewide- \$500,000 annually

Targeted Investments – Recovery Services Partnership with DRC

Current State:

- Approximately 50,495 individuals are incarcerated within DRC facilities. Of these, 80% have histories of addiction.
- Nearly 30,000 of those incarcerated have a considerable or moderate treatment need, but current resources limit treatment availability to reaching only approximately 4,500 of those in prison.

Targeted Investments – Recovery Services Partnership with DRC

Current State:

- Those who receive services to treat addiction have much lower recidivism rates than those who do not receive such services (10.4% for those treated vs. 27% for general population).

Targeted Investments – Recovery Services Partnership with DRC

Future State:

- Leverage OhioMHAS clinical expertise and recovery-oriented mission to build on DRC's success in keeping recidivism rates low and serve more people within the walls of the state prisons.

Targeted Investments – Recovery Services Partnership with DRC

Future State:

- Encourage better connection to services upon release to further lower the rate of recidivism, including:
 - Connection with the Medicaid program to ensure continued clinical services where applicable.
 - Access to recovery supports, such as sober housing, upon release to ensure stable recovery and even further lower the recidivism rate.

Targeted Investments – Partnership with DRC

The proposal is three-pronged with a total budget of \$27.4 million in FY 16 and \$34.3 million in FY 17:

1. Transfer current \$12.5 million addiction treatment budget from DRC to MHAS.
2. Augment services within the state prison system to increase treatment resources to levels that meets identified need.
3. Expand resources for outpatient recovery supports and treatment for released inmates.

Targeted Investments – Criminal Justice Interface

- Addiction Treatment Program - \$2.5 million each year
- Specialty Dockets - \$1 million each year
- Community Forensic Centers – \$2,979,349 total, addition of \$350,000 annually
- Probate Court Costs – \$1,284,210 total, addition of \$500,000 annually
- Community Strategies to Impact Hospital Capacity - \$3 million annually
- Continuation of Community Innovations projects with local jails

Targeted Investments – Housing and Employment as Recovery Supports

- Residential State Supplement - \$15 million total annually, retains MBR investment
- Recovery Housing - \$2.5 million annually
- Continued support for Recovery Requires a Community
- Other Housing-related initiatives in OHT Housing White Paper
- Workforce and Employment - \$1 million annually

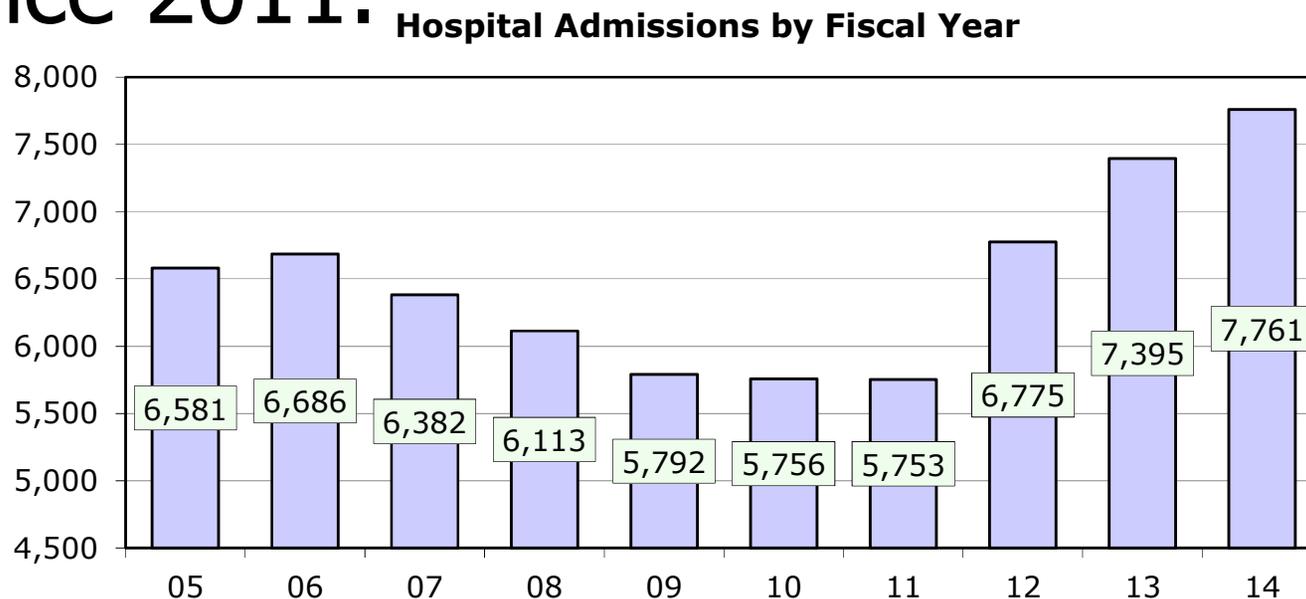
Appropriations

- Funding for mental health and addiction services remains a priority for the Governor, as evidenced by the slight increase in GRF funding for the agency.
 - FY 15 - \$365,794,709
 - FY 16 - \$382,915,756
 - FY 17 - \$388,940,102
- All funds:
 - FY 15 - \$661,747,474
 - FY 16 - \$692,710,905
 - FY 17 - \$698,735,251

Appropriations – Hospitals

OhioMHAS operates six state psychiatric hospitals with a total of 1,181 beds which serve as a critical resource for individuals in crisis across the state of Ohio.

- Admissions have increased by approximately 1/3 since 2011.



Appropriations – Hospitals

- GRF funding increase of approximately \$10 million in each fiscal year over FY 15 amounts is needed.
- Third party revenue has fallen due to tighter billing requirements by about \$5 million per year.
- In recent years, costs such as medications, food and information technology have risen, despite efforts to contain costs.
- Total proposed GRF appropriation is less than budgeted in SFY 11 (a year which had 2,008 fewer admissions).

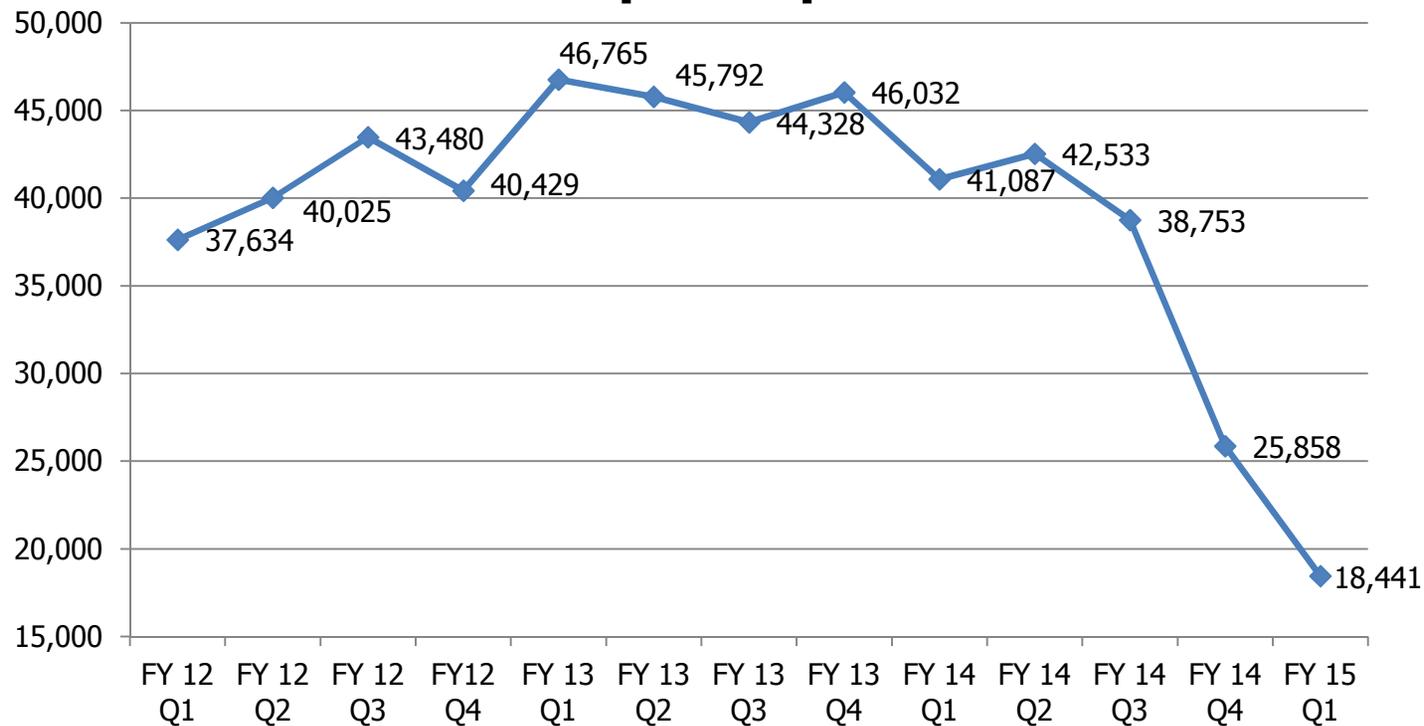
Appropriations – Continuum of Care

- Funding for AoD Hot Spots (formerly funded from 507) included - \$2.5 million annually.
- Allocation of funds in Continuum of Care line will be a subject of future conversation with boards and other stakeholders.
- Overall funding is approximately \$5.6 million less than FY 15.
- Early estimates of local reinvestment opportunities for boards due to Medicaid impact - \$58 million annually.

Appropriations – Continuum of Care

Community medication program utilization (which is part of the Continuum of Care line) has decreased 43% since last fiscal year because medications are covered through Medicaid, decreasing the need for state GRF investment.

Number of prescriptions filled



Language changes

- Language changes per SAMHSA to ensure Medicaid match can count toward MOE match.
- Aligning confidentiality law to HIPAA for records of deceased patients of state hospitals.
- Language correcting and streamlining licensure and certification. Also adds the option for MHAS to be able to suspend admissions in additional provider categories.
- Rename OSS – Ohio Pharmacy Services.
- Removal of requirement to report to legislature on former HB 484 funds (no longer in existence).

Language changes – continuum of care

- Amendment language reorganizes continuum of care section, but does not change intent of MBR. Language also clarifies that recovery support services do not have to be certified by the department in order for boards to reimburse. OhioMHAS will retain the ability to ensure quality measures.
- Will soon be embarking upon a process with boards and other stakeholder input to implement the MBR continuum statute that is effective September 2016.

Central Office

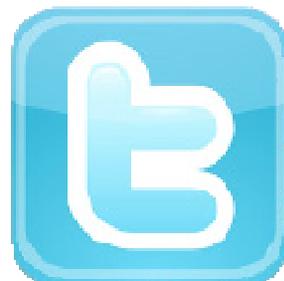
- As a result of the agency consolidation in 2013, there is a continued focus on opportunities for streamlining.
- FY 16-17 administrative budget reduced by \$1 million in each year. These funds have been shifted to fund services.
- Also will be undertaking shared services collaborations with other state agencies.

For more information

- OhioMHAS has created a budget webpage that will be updated frequently:
<http://mha.ohio.gov/budget>
- Questions:
StateBudgetQuestions@mha.ohio.gov
- Office of Health Transformation:
<http://healthtransformation.ohio.gov/>
- Governor's Jobs Budget Website:
<http://transforming.ohio.gov/>

More information

Find us on:



<http://www.mha.ohio.gov/>

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