



**Behavioral Health Leadership Group**  
**Wednesday, April 17, 2013**

**I. Block Grant Planning Process for FY14 – Director Tracy Plouck**

The department will release information soon about the planning process, along with how sequestration and Medicaid changes will change the process. On May 9<sup>th</sup>, there will be a meeting from 11:00 a.m. – 1:00 p.m. to discuss the budget planning process. There will be a parallel process for both the ODMH and ODADAS block grants. The departments need to identify 5% in reductions for the first quarter and then put a plan in place if the sequestration will continue for all four quarters of the fiscal year. When administering cuts, especially for the SAPT block grant, the department will keep parity in mind so that counties with large pieces of SAPT funding will not be unjustly affected. For the SAPT block grant, there will be a change in resource management, to focus more on resources that are on hand instead of obligating resources before they are received, in order to minimize disruption to the field. The Maintenance of Effort (MOE) and its obligations will be discussed at the May 9<sup>th</sup> meeting, to make sure the new department adheres to all of its expectations.

The budget framework group from the consolidation project team process will not be reconvened for this issue, but planning will be done in a similar way. There will be additional outreach to stakeholders who may not have been interested in the previous process but would like to be a part of block grant planning, and the website will be used to keep stakeholders informed.

**II. Strategic Planning for the New Department – Don Anderson**

The new department is establishing a strategic planning process to create priorities and have a process in place that can be continued every fiscal year. This process will allow the department to communicate with employees about critical work, and also creates transparency. The first strategic planning forum will be held on April 24<sup>th</sup>, and there will be three additional forums between now and July 1<sup>st</sup>, with the goal of bringing the completed work products to the next BHLG meeting on July 17<sup>th</sup>.

While the four forums are for internal staff only, stakeholders are encouraged to provide input and feedback on any work products that are sent out or on the strategic planning website<sup>1</sup> to Don Anderson through Nicole Marx, at [Nicole.Marx@ada.ohio.gov](mailto:Nicole.Marx@ada.ohio.gov).

**III. Budget Update – Missy Craddock and Jonathan Baker**

The state budget will be on the House floor on April 18<sup>th</sup> after the House Finance Committee accepted an omnibus budget amendment and favorably reported H.B. 59. The Senate started their budget hearings on April 16<sup>th</sup> with OBM Director Tim Keen providing testimony. Director Plouck

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<sup>1</sup> <http://adamh.ohio.gov/StrategicPlan.aspx>

and the rest of the HHS Cabinet will be testifying to the Senate Finance Committee on April 18<sup>th</sup>, and will return on April 24<sup>th</sup> to testify to the Senate Medicaid Sub-Committee. On April 30<sup>th</sup>, Dr. Mark Hurst, Dr. Ted Wymyslo and Medicaid will talk about workforce issues to the Senate. If you are interested in keeping up with this process, contact Sen. Dave Burke<sup>2</sup> or Sen. Scott Oelslager<sup>3</sup>, who is Chair of the full Finance Committee.

The House recognized the need for increased MH and AoD services even though they took out Medicaid expansion, so they inserted \$50M dollars into this biennium's budget, with \$30M going to MH services and \$20M going for AoD. The department ran the numbers with Medicaid, and the "Impact" one-pager shows the comparison, which is stark as physical health services are left out. Part of the Omnibus amendment concerns part of the \$20M, which currently states that 50% should be used for drug treatment with non-opiate medication, such as Vivitrol. Missy and Jonathan are speaking with the House on this to get a broader interpretation. This would limit Board direction and funding for prevention services. The department has thoughts about potential distribution of these new dollars, which would be taken from the work done by the budget framework team that is available on the State/Local website<sup>4</sup>, but at this time no definitive statements will be made.

Mike Witzky asks if the General Assembly expanded Medicaid, would this new \$50M funding be off the table or could we advocate for it. The funding could still be advocated for, but it is important to be cognizant that spending is a big issue.

Jack Cameron asks if Medicaid does not get expanded, a major reason why is the fear of Republican opposition during primary elections, so would there be other opportunities to change the General Assembly's minds past this vote? Anything is possible but the Administration says this decision impacts the budget as a whole. The House has said that expansion could be considered down the line, but it would be more difficult outside of a budget bill. The Senate President does not think there is much opportunity to put Medicaid expansion back in the budget since the House took it out.

This is a long process, and it is important to keep up the Medicaid expansion support, as members are feeling the discontent. If you have any needs or questions about advocating to the General Assembly, please contact the public affairs team for questions.

#### **IV. Planning Council Changes – Liz Gitter**

The Planning Council is in the process of expanding its membership to include the SAPT block grant, as well as addiction and prevention stakeholders. The Planning Council is a federal mandate of the MH block grant, which also advises the department on other issues. An ad hoc committee including equal numbers of mental health and addiction representatives will meet on April 26<sup>th</sup> to recommend changes to the scope, mission and membership. The Membership and By-Laws Committee will review these recommendations and edit as needed. The proposed revisions will then be sent to the full Planning Council in writing thirty days in advance of the meeting as required by current by-laws. The full Planning Council will vote on the recommendations at the June 21<sup>st</sup> meeting and they will be in effect for SFY14.

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<sup>2</sup> <http://www.ohiosenate.gov/senate/burke/contact>

<sup>3</sup> <http://www.ohiosenate.gov/senate/oelslager/contact>

<sup>4</sup> <http://adamh.ohio.gov/ConsolidationTeamWork/StateLocalBoardRelationships.aspx>

## **V. Clinical & Prevention Roundtable Updates – Jim Lapczynski and Jim Ryan (ADAPAO)**

The Clinical Roundtable elected new Chairs on April 17<sup>th</sup>: Greg Brigham, from the University of Cincinnati and Maryhaven will replace Carole Harvey from Amethyst, Inc., and Keith Hochadel from Quest Recovery Services will continue as co-Chair for another year. The Roundtable also elected Pam Johnson of The Counseling Center and Sabrina Jones from LCADA as Secretaries. Currently on the docket for the Roundtable is the long waiting list for AoD residential services, and they are considering developing a clearinghouse for residential beds.

The Prevention Roundtable was created a year ago (and its Chair is Jim Ryan) to provide an advisory capacity to the state and give guidance to the field around best practices. The prevention reporting service PIPAR has been replaced by the newer system POPS, which will give the department more information in terms of outcomes to see what services are most effective. The annual CSAP review of the Prevention division recently took place, and the Roundtable was involved. CSAP gave positive feedback about the prevention network statewide and the services that are provided.

Current Roundtable issues:

- Developing prevention curriculum to foster workforce development, since many people who end up working in prevention do not come from a prevention background.
- Reaching out to healthcare providers, such as Medicaid MCOs, to discuss the connection between prevention of behavioral health issues and costs of physical health issues.
- Creating a youth statewide survey, more substantial than the previous PRIDE survey, including questions specific to the locality.
- Disseminating best practices to field and to the consumer population, to make sure all counties have access to good prevention work and have an access point.

The two Roundtables hope to collaborate more this year, in order to maximize efforts and disseminate best practices. The next joint meeting is in May, and will focus on language differences regarding continuum of services. Hugh Wirtz adds that he becomes concerned when looking at reports without a standard framework, but even SAMHSA is not there yet.

## **VI. Health Homes Update – Angie Bergefurd**

Health homes will now have an implementation date of October 1, 2013, as summarized in communication sent out a few weeks ago. The next steps for implementation include updating the application process so that it can be used at the provider level as a readiness tool. This should be something that providers use on a daily basis and the revised application should be coming out soon.

Behind the scenes, the department is reengineering the data exchange in advance of health homes implementation. There will be increased communication to field, including weekly health homes highlights<sup>5</sup>, which will help with providers that are in different stages of implementation and will also list ongoing health home and evidence-based practice trainings.

## **VII. Recovery Requires a Community – Director Plouck**

This is a new budget initiative for the new department, in partnership with Ohio Medicaid. Recovery Requires a Community is about supporting people in their desire to move into the community from nursing facilities, using the HOME choice program, which is a Money Follows the

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<sup>5</sup> Contact [Heather.King@mh.ohio.gov](mailto:Heather.King@mh.ohio.gov) to subscribe.

Person demonstration. During this biennium the program has helped 865 people to transition into the community. As people move from nursing facility settings to the community, we capture the state share of that cost avoidance. There are still housing and Medicaid expenses but they are not as costly in the community as in nursing facilities. The money is transferred to the department and will then be pushed out into the field to help those who are not fully covered by the local funding. This will normally take place when someone faces insurmountable issues in trying to transfer into the community, such as if funding is atrophied or if housing is not available. When resources are available to transfer people, nothing will change. The funding will be used as needed to help transitions occur if funding cannot be achieved through other necessary methods. Some funding will be used for moderate incentives programs for Adult Care Facilities (ACFs) to support OHT priorities, including long term rate analysis to see how client payment has changed over time and identify whether there are better ways to look at that component, and then look at payment for case management connectivity from state to provider, recognizing that ACF operators have a role in connecting general care. Incentive funding will be contingent upon us getting the program fully up and running first.

Our analysis was built around people who used HOME Choice and fit the definition of SPMI. Individual claims data one year before transition and after was analyzed to develop average cost avoidance figures, which will be refreshed as we move forward. Our estimates are achievable and reflect a statewide figure, and we hope to beat the estimates. We will do estimates on a monthly basis based on the queue for HOME Choice and what their circumstances are, transfer funds into one of our rotaries and designate for specific uses, then report and compare actuals to estimates.

Hugh Wirtz asks if the program is successful could it be sustainable instead of a process of transferring funds. This may happen moving forward- HOME Choice has longitudinal tracking for the first year (up to eighteen months) to see how well people are doing in the community, and the current success rate is about 69.8%, which includes every individual with mental illness who stays in the community for a year, including deaths, those who move away, are readmitted, or no longer engage in services. Youth success rates are a little bit higher, and we may develop better longitudinal studies in the future.

## **VIII. Upcoming Events**

- This is the last week to register for the Opiate Conference through OACBHA: [ehenrich@oacbha.org](mailto:ehenrich@oacbha.org).
- ADAPAO's annual conference: Prevention and Change will take place on May 1<sup>st</sup>, from 9:00 a.m. – 4:00 p.m. at the Boat House at Confluence Park in Columbus. This conference will discuss the Affordable Care Act's influence on the prevention field and the impact of the consolidation of the two departments on prevention services statewide. To register, contact [mail@adapao.org](mailto:mail@adapao.org), or go on their website at <http://www.adapao.org/>.
- On May 2<sup>nd</sup>, there will be the 2<sup>nd</sup> annual "We Are the Majority" youth-led rally at the Statehouse at noon.
- May 8<sup>th</sup> is NAMI day on the Statehouse lawn.
- ADAPAO is holding a five-day Prevention Academy from June 10-14 at Ohio Wesleyan University with two tracks: those who have less than five years' experience in the field and those who are prevention 'masters' with more than five years' experience. For more information and registration, please see the links provided in the second bullet.
- Submit any website ideas, comments, or concerns to [Melissa.Craddock@mh.ohio.gov](mailto:Melissa.Craddock@mh.ohio.gov) as we are constructing the new department's website.