Mental Health Advocacy Coalition
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Executive Summary

By the Numbers 2

Developing a Common Understanding for the Future of Behavioral Health Care

Analysis of Ohio's Mental Health Non-Medicaid Spending

The purpose of this report is to compile and highlight statewide data regarding supportive services for individuals with mental illnesses that are not reimbursable by Medicaid. The intent of this report is to increase the understanding of: 1) what non-Medicaid services are and 2) what services are being provided in Ohio.

Non-Medicaid services have two purposes: 1) services to individuals not enrolled in Medicaid but who are receiving treatment services that are in the mental health Medicaid package and 2) services not reimbursable by Medicaid for all individuals, regardless of their insurance status. This report focuses on this second group of services.

The data for this report was collected via surveys that were sent to all 50 boards that have jurisdiction over mental health services in the state of Ohio. They were asked to report spending data, utilization data and service descriptions on non-Medicaid services provided in their communities in state fiscal year 2011. Forty-six out of the 50 boards responded with information on spending and a general description of every service that was reported. The 46 boards did not consistently report information on utilization (client counts, unit counts, type of unit and unmet need), therefore this data was not analyzed. The analysis presented in this report focuses on spending (total and per capita) by service.

To avoid identifying any individual board by their data and to analyze trends in spending by population, boards were classified into four Groups by total population. Spending for each category and subcategory was analyzed by Group.

Name	Total Population Range for Boards	# of Boards
Group 1	400,000 or greater	6
Group 2	200,000 – 399,999	13
Group 3**	100,000 – 199,999	14
Group 4	Below 100,000	13

*** All four boards that did not provide data for this analysis would fall into Group 3 based on their populations.*

The analysis and report are arranged by categories and subcategories. There are 14 total categories. Eight categories have subcategories. See the table below for a complete list.

Summary of Categories and Subcategories

Category	Subcategory
Consultation	Early Childhood Mental Health (ECMH) Family and Children First Council (FCFC) General Consultation Mentoring School Based Services
Consumer Operated/ Peer Support	Family Engagement General Consumer Operated/Peer Support Social Recreation
Courts & Criminal Justice	Crisis Intervention Team (CIT) Civil Court Diversion Services Evaluation Forensic Monitoring Liaisons Mental Health Services Post-Conviction Services
Crisis	Community Based Stabilization Review of Services Stabilization Stabilization and Hospitalization
Education	Community Education Outreach & Engagement
Employment	*No Subcategories*
Hotline	Both (Crisis and Information & Referral) Crisis Only Information & Referral Only
Housing	Housing Supports Permanent Housing Residential Care Temporary Housing
Other Therapy	*No Subcategories*
Prevention	*No Subcategories*
Protective Services	Guardianship Services Payeeship Services
Transportation	*No Subcategories*
Other Services	*No Subcategories*
Bundled Services	*No Subcategories*

There are a number of diverse funding streams supporting non-Medicaid services in Ohio. This report focuses on state general revenue funds and local levy funds for individuals with mental illnesses. No attempt was made to create a comprehensive database of project specific, time-limited or grant-based funding.

Every category has at least one of the 46 boards providing the service, which is why these categories are included in the report. Housing comes closest to having all boards providing some kind of service with 43 boards reporting service provision. The category for which the fewest boards provide the service is Transportation. Transportation is also the only category that does not have at least one board from each Group providing the services. Group 1 does not provide any Transportation services.

Overall reported spending on services included in this analysis is $138.3 million. Housing is the largest category in terms of total spending ($65.9 million). This represents nearly 48 percent of total spending. Aside from Housing, there are only two other categories with total spending greater than $10 million: Crisis and Employment. Crisis comprises over ten percent of total spending ($14.2 million) and Employment makes up just over nine percent ($12.6 million). The remaining 11 categories combined represent only one-third of the total spending. These remaining categories, in order of total spending from most to least, are: Consultation, Hotline, Bundled Services, Consumer Operated/Peer Support, Other, Prevention, Court and Criminal Justice, Education, Protective Services, Other Therapy, and Transportation.

For more detailed information on categories and subcategories, including total spending, state per capita spending, Group per capita spending and number of boards providing the services, see the Service Categories Fact Sheets and the Overview contained therein.

The services analyzed in this report, in addition to the treatment services provided through the Medicaid service package, represent components of the continuum of care that individuals with mental illnesses need to stay healthy in the community. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed recommendations for a "good" and "modern" addiction and mental health services continuum of care. This report compares SAMHSA's recommendations to those services currently provided in Ohio, either through the Medicaid program or by at least one board through non-Medicaid services. It also summarizes services other states provide through their Medicaid programs.

This analysis demonstrates that only a part of the continuum of care is offered in Ohio. In addition, access to non-Medicaid support services is highly dependent on where an individual lives. Ohio needs additional investment in these services to ensure that Ohioans who need mental health treatment and support services have access to them in their community. One way to increase service availability statewide is by including additional services in Ohio's Medicaid plan and thereby leveraging federal funding.

This report concludes with recommendations. These recommendations are focused on funding, additional data that is needed and remaining questions from the analysis.

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