



Department of Mental Health
Department of Alcohol and Drug Addiction



SFY 2014-15 Budget

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Targeted “Hot Spots” in Mental Health and Addiction

Problem: Governor Kasich’s Jobs Budget (HB 153) took bold steps to stabilize funding for mental health and addiction services after years of erosion, and it implemented management tools to improve the delivery of community behavioral health services to Ohioans in need. The Governor’s common sense reforms have challenged state and local delivery systems to improve how they do business. With limited resources, it is imperative to prioritize investments that have the greatest impact for people throughout Ohio who need services. As a result, Ohio MHAS has initiated an approach to community funding that targets “hot spots” in the system and rewards innovation and collaboration at the local level. The goal is to fund services that foster better outcomes through collaboration and coordinated care for high-cost and difficult-to-serve populations.

“Hot spots” may be defined as meeting one or more of the following criteria:

- 1) Specialized services for difficult to-serve-populations – high utilizers of service who do not achieve desired clinical outcomes;
- 2) Services for those with the greatest unmet needs – may be defined as highest cost clients; most clinically impaired clients; or a sub-set of clients who need services and a gap in the continuum of care exists;
- 3) Services that divert people from more restrictive and typically higher-cost settings (e.g., hospitals, jails/prisons, out-of-home placement for children, nursing facilities, etc.); and
- 4) Incentives to engage clients who are difficult to engage in behavioral health services and likely are costly to other systems.

Solution: In FY13, ODMH adopted a new paradigm for the investment of additional non-Medicaid community resources in its General Revenue Fund subsidy line item. Rather than employing a traditional formula-based approach wherein each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board area receives a small portion of additional state mental health resources, ODMH invested \$10.6 million in additional subsidy resources in collaborative projects that transcend board areas and address “hot spot” concerns. These may vary from region to region in the state.

The Department has worked in partnership with the ADAMH boards, advocates, providers and others to develop a “menu” of targeted investment opportunities on a state hospital catchment area basis that will help increase community capacity and relieve pressure from “hot spot” needs. The menu of opportunities may vary by area of the state depending on the specific needs of that area and will be developed by local stakeholders.

- Examples of targeted “hot spot” projects include: procuring access to telemedicine technology for psychiatry or other services that are in short supply locally; transitional housing for young adults; and additional crisis beds that can be shared among numerous ADAMH Board jurisdictions in an attempt to reduce the need for inpatient hospitalization whenever possible.
- Some board areas were able to leverage these “hot spot” dollars to gain access to additional services which they would not have been able to use if funding had been divided up in much smaller pots and allocated to a single board area. This collaboration has been generally well-received as an opportunity to work together at a local level and form key partnerships.

Impact of the Executive Budget: Director Plouck has engaged in a stakeholder process to determine how the “hot spot” allocation can continue moving forward and also incorporate new concepts, including partnerships related to addiction services. Collaboration and innovation remain at the center of the transformation to a consolidated state agency and hot spots are a demonstration of that philosophy.