



Department of Mental Health
Department of Alcohol and Drug Addiction Services



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Mental Health & Addiction Services: System Reform Updates House Healthier Ohio Working Group

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Ohio Department of Mental Health

Overview

- Key Initiatives
 - Integrated health care/Health Home services
 - Housing as a key recovery support
 - Recovery Requires a Community
 - ACF support/RSS program review
 - AoD housing
 - Prevention and Wellness



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Ohio Health and Human Services Innovation Plan

Modernize Medicaid	Streamline Health and Human Services	Improve Overall Health System Performance
Medicaid Cabinet: Aging, ODADAS, ODMH, DODD, Medicaid; with connections to JFS	HHS Cabinet: DAS, OBM, OHT (sponsors); JFS, RSC, AGE, ADA, MH, DD, ODH, Medicaid; with connections to ODE, DRC, DYS, DVS, ODI, TAX	Payment Reform Task Force: Medicaid, BWC, DAS, DEV, DRC, JobsOhio, OHT, OPERS, ODI, TAX
<ul style="list-style-type: none"> • Reform nursing facility payment • Update provider regulations to be more person-centered • Integrate Medicare and Medicaid benefits • Create health homes for people with mental illness • Restructure behavioral health system financing • Improve Medicaid managed care plan performance • Transfer ICF program to DD • Coordinate Medicaid with other state programs 	<ul style="list-style-type: none"> • Create a unified Medicaid budget, accounting system • Create a cabinet-level Medicaid department • Consolidate ODMH/ODADAS • Integrate HHS information capabilities, incl. eligibility • Coordinate housing and workforce programs • Coordinate programs for children • Share services across local jurisdictions • Recommend a permanent HHS structure (coming soon) 	<ul style="list-style-type: none"> • Participate in Catalyst for Payment Reform • Provide access to medical homes for most Ohioans • Use episode-based payments for acute medical events • Pioneer accountable care organizations • Accelerate electronic health information exchange • Decide Ohio's role in creating a Health Insurance Exchange • Promote insurance market competition and affordability • Support local payment reform initiatives

Integrated Care

- Create Medicaid health homes for people with severe and persistent mental illness (SPMI)
 - Ohioans with mental illness represent 10% of Ohio's Medicaid population, but 26% of the cost
 - Health homes promote the integration of physical and behavioral health care
 - Meets the needs of the whole person through case management
- Approximately 14,000 clients enrolled in Phase I, scheduled to go statewide October 1, 2013
- Six providers in five counties

What is a Health Home?

- A Medicaid option established under health reform targeting individuals with chronic conditions. Currently available in Ohio for individuals with Severe and Persistent Mental Illness (SPMI)
- A health home is not a building; it is a coordinated, person-centered system of care. An individual who is eligible for health home services can obtain comprehensive medical, mental health and drug and/or alcohol addiction treatment, and social services that are coordinated by a team of health care professionals.

Housing

- Critical support for any individual's recovery
- Key to lifting someone up toward independence
- A service offered by most boards
- Has been (and will be) a key agency priority
 - Community Capital investments
 - Partnerships with Ohio Housing Finance Agency
 - Adult Care Facility program consolidation
- Partnering with stakeholders to conduct environmental scan of housing opportunities & challenges for Ohioans in treatment and recovery from substance use disorders
- Will develop work plan related to AoD residential services, capacity/demand in concert with partners

Recovery Requires a Community

- Collective set of initiatives that will assist nursing home residents under age 60 who have a primary diagnosis related to mental illness to move into the community
 - Provides care in less restrictive settings at lower taxpayer expense
 - Cost avoided by moving one person into the community is approximately \$35,250 per year
- Goal: Assist at least 1,200 individuals to move the community over the course of the biennium
- Have assisted over 860 individuals to move since January 2011 using Money Follows the Person

Prevention and Wellness

- Children and Youth with Intensive Needs - \$5 million partnership with Developmental Disabilities
- Work with employers to address the issue of workforce not being able to pass drug tests
- Youth-Led Prevention Network
- Minds Matter: To evaluate and improve the prescribing of atypical antipsychotics and other psychotropic medications to youth in the Medicaid program
- First Responder Campaign
- Partnership with Ohio for Responsible Gambling

Partnerships with Law Enforcement

- Over one in five people in jail and prison live with a mental illness. Many would not have come into contact with the criminal justice system had they received timely and effective treatment.
- \$1.5 million for demonstration initiatives with specific jails with goal of preventing recidivism
 - Pursuant to work plan we've developed with Buckeye State Sheriffs Association
 - New "Community Innovations" line item
 - Small investments that connect individuals with mental health and addiction disorders to services that save costs in the long term

Extending Medicaid coverage: What does it mean for behavioral health?

- Offering coverage for 366,000 estimated to enroll and avoiding a coverage gap for adults
 - Childless adults struggling with substance use and unable to work – *NOW COVERED*
 - Transition age youth in danger of losing services when entering adulthood – *NOW COVERED*
 - Prisoners re-entering the community after getting treatment in corrections, but needing continued services to find employment and avoid recidivism – *NOW COVERED*

Extending Medicaid coverage: What does it mean for behavioral health?

- An estimated **\$70 million** annually (**\$105 million** for the FY 14-15 biennium) in local board spending can be redirected to community services such as housing and transportation or addressing waiting lists
 - Funds paying for 100% of services on the Medicaid service array for individuals who are not currently eligible but will become so Jan. 1, 2014
 - Redirects state subsidy and county levy funds to address basic needs that ensure a person's ability to be a contributing member of the community

Medicaid Program as a Driver of System Reform for Behavioral Health

Not just expanded health coverage for individuals with mental illness and addiction

- Launching point for the concept of integrated care as a model and transforming the way providers do business through health homes and other best practices.
- Creative partnerships with Medicaid to free up funding for critical community supports such as housing so people can live in the community.
- Meaningful investment for local priorities such as prevention, employment support, and housing through funds freed up by Medicaid – promotes long-term independence and recovery.