



Consolidation of Ohio Departments of Mental Health and Alcohol and Drug Addiction Services

CURRENT STATE STRUCTURE:

Ohio Dept. of Mental Health

SFY 13 Budget = \$555.5 million

all funds, not including Medicaid

Employees = 2,391 with 215 in Central Office

Locations include 6 Regional Psychiatric Hospitals

Ohio Dept. of Alcohol and Drug Addiction Services

SFY 13 Budget = \$103.2 million

all funds, not including Medicaid

Employees = 100 with 81 in Central Office

Includes OASIS treatment unit at Pickaway Correctional

CURRENT COMMUNITY STRUCTURE:

The community system includes 50 County Alcohol, Drug Addiction and Mental Health Board areas that serve all 88 counties, with 47 combined Boards.

Both state departments certify community-based mental health and addiction services agencies, approximately 300 addiction treatment agencies and 400 mental health agencies. A large amount of community service providers are certified for both mental illness and addiction care.

CURRENT NATIONAL STRUCTURES:

- Nationally, 46 other states have agencies with a mission that crosses more than one system.
- There is a combined federal Substance Abuse and Mental Health Services Administration (SAMHSA).

WHY COMBINE STATE DEPARTMENTS?

Much in Common – Recognizing and Valuing Unique Characteristics

- Mental illnesses and addictions are both biological brain disorders with genetic and/or neurobiological factors.
- The destructive capacities of both illnesses are enormous. The cost to society is similarly great.
- Mental illness and addiction are diseases that are often unseen and may remain undetected for years before treatment is accessed.
- Denial and stigma are common barriers to getting treatment.
- Clients will benefit from specific expertise in prevention, assessment, treatment, and knowledge of best practices by clinicians who specialize in substance abuse and/or mental illness, even without a dual diagnosis.
- Both departments recognize that it is crucial for treatment success that addiction services and mental illness services be maintained with programmatic integrity and as funding priorities.

Better Services through Integration – Breaking Down the Barriers

- Not everyone with mental illness has a substance abuse issue, but the percentage of those who do live with both issues is high.
 - According to SAMHSA's 2011 National Survey on Drug Use and Health (NSDUH), 20 to 25% of individuals with a mental illness will also have a substance use disorder. In ODMH's Regional Psychiatric Hospitals, rates in excess of 50 % are consistently found.

- Also according to NSDUH, it is common for people with substance abuse disorders to experience symptoms of mental illness.
- Both addiction and mental illness are diseases of the brain that can be treated successfully. It makes sense that treatment services for people with these illnesses are coordinated.
- The social supports and community resources that people with both types of brain diseases need are very similar. Agency goals and strategies to educate and inform communities, professionals and the public on these human services issues are often on parallel paths. Efforts to combat stigma can be more effective when working as a team.
- Cross training the workforce will allow for greater expertise for the benefit of Ohioans and the community service system.
- Barriers in billing and treatment can be overcome; regardless of how a patient presents in time of crisis, the care should be eligible for payment.
- The goal is to have a system in place for prevention and treatment of mental illness and addiction with no wrong doors, shared resources, and combined expertise.

Common Sense Government

- One of the charges of creating the Office of Health Transformation was to recommend an improved permanent structure for Ohio's health and human services agencies. This change is an outcome of that work.
- It will allow fiscal reporting and rule and policy changes to align and make things simpler for the many board areas and providers who touch both sides of behavioral health.
 - A joint agency fiscal review will be implemented this summer.
 - Joint regulatory review efforts are underway through legal and Medicaid workgroup.
- Opportunities for smarter government through a combined workforce will streamline both state departments. Layoffs are not expected as a part of this process, however savings may occur through attrition.
- Initiatives and programs of both agencies will be maintained. The opportunity to work as a team will allow staff members to be more effective in responding to the needs of Ohio residents.
- Community planning for both departments, undertaken by local county ADAMH Boards, will be aligned.
- The Administration will seek statutory authority for the merger with the goal of an effective date of July 1, 2013.