

# The Jobs Budget, the Mid-Biennium Review and beyond ...



Department of Alcohol &  
Drug Addiction Services



Department of  
Mental Health

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# State Action, Local Benefits

- **Medicaid “elevation:”** Effective July 1, 2011 no locally raised funds will be used for federal Medicaid match.
- **End the opiate epidemic:** Changes put in effect by the Administration will result in great strides toward improving quality and access to addiction treatment.
- **Target regional “hot spots:”** Invest in projects that provide the biggest impact for individuals who need services. Innovation and collaboration at the local level will be rewarded.
- **\$3 million for ODMH:** Additional resources garnered through the MBR will fund community mental health services that create better outcomes through collaboration and coordinated care for high-cost and difficult-to-serve populations.
- **\$3 million for ODADAS:** Additional funding from the Administration will be allocated to board areas for locally identified prevention and treatment needs.
- **Consolidation of ODADAS and ODMH:** Focuses attention and resources on the issues surrounding mental illnesses and addiction disorders.

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# Consolidation of state agencies

## Benefits

- Opportunities to streamline fiscal reporting and policies that will reduce burden and achieve efficiencies in local service delivery and administration;
- Opportunities to increase the effectiveness of state-level administration by cross-training the workforce for greater expertise as a resource to the field; and
- Opportunities to improve service coordination and integration at the local level through integrated program policy development.
- While these benefits are especially true regarding individuals with co-occurring illnesses, they will support better service throughout the entire behavioral health system.

## High Value Targets

- Improve access to more timely, effective services
- Support better client outcomes
- Reduce unnecessary regulatory burden on behavioral health providers and local administration, while improving overall accountability.
- Implement a combine agency culture that include the following principles: Transparency, Communication, Inclusion, Employee buy-in.

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# Opiate Action

- Effective July 1, 2012 a new Medicaid benefit has been added that allows Ohio's publicly funded addiction treatment programs to bill for the medical charges related to medication-assisted treatment (MAT). This new benefit will make MAT available for up to 21,000 Medicaid eligible Ohioans.
- In addition to methadone, buprenorphine and Suboxone are now available for medication-assisted treatment, thanks to a Gov. Kasich Executive Order last year.
- As of Oct. 1, 2012, JFS plans to change Vivitrol, another MAT option, to a pharmacy benefit rather than a medical benefit for Medicaid-eligible Ohioans, making more accessible a proven option for sustaining recovery from opiate addiction.

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# Health Homes

- Kasich's Jobs Budget (HB 153) authorized Ohio Medicaid to design a person-centered system of care, called a health home, to improve care for high-risk beneficiaries such as people with serious and persistent mental illness (SPMI).
- Health homes break down silos to coordinate both treatment and funding for physical and behavioral health services.
- Care managers embedded in Patient-Centered Medical Home (PCMH) practice sites will develop care plans for each consumer to address both medical and non-medical needs.
- Sites will be selected based on a center's ability to meet defined qualifications.
- Service will be rolled out regionally starting October 1, 2012.



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