

By the Numbers

Developing a Common
Understanding for the Future
of Behavioral Health Care

21

Analysis of Ohio's Mental Health Non-Medicaid Spending



Mental Health Advocacy Coalition

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The Mental Health Advocacy Coalition is comprised of over 120 member organizations statewide, including mental health agencies serving both children and adults, health and human services agencies, the faith-based community, education, government, advocacy organizations, major medical institutions, and the corporate arena. The MHAC's mission is to foster education and awareness of mental health issues while advocating for public policies and strategies that provide an effective, well-funded mental health system that serves those in need, resulting in a stronger community. MHAC supporters include: Eva L. & Joseph M. Bruening Foundation; Cleveland Foundation; Community West Foundation; The George Gund Foundation; The Health Foundation of Greater Cincinnati; The Mt. Sinai Health Care Foundation; William J. and Dorothy K. O'Neill Foundation; Saint Luke's Foundation of Cleveland, OH; Sisters of Charity Foundation of Cleveland and Woodruff Foundation



With offices in Cleveland and Columbus, The Center for Community Solutions identifies, analyzes, and explains key health, social, and economic data and issues, and proposes non-partisan solutions to improve the lives of Ohioans. Founded in 1913, it has a nearly 100-year reputation for providing timely and reliable data, analysis, and recommendations regarding legislation and public policy. Policymakers, community leaders, funders of health and human services, nonprofit professionals and volunteers, and others recognize The Center for Community Solutions as the source for information they can use and trust.

Thank You!

The Mental Health Advocacy Coalition and The Center for Community Solutions would like to extend a special thanks to all of the boards that participated in the survey to collect the data contained in this report.

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Introduction

In January 2011, the Mental Health Advocacy Coalition (MHAC) and The Center for Community Solutions (CCS) produced *By the Numbers: Developing a Common Understanding for the Future of Behavioral Health Care*, a joint report that provided the most comprehensive picture to date of statewide behavioral health spending in Ohio. That report made recommendations to improve service coordination and delivery, and identified ways in which increased investment in behavioral health services would lead to better outcomes for individuals with severe mental illness, their families, and society. The 2011 report also stressed that individuals with mental illnesses need access to a full continuum of supportive services, such as housing and employment, which are vital during treatment and recovery.

This report, *By the Numbers 2*, focuses on vital supportive services which are often overlooked during policymaking processes. While supportive services are often under-prioritized, this analysis shows that the local Alcohol, Drug Addiction and Mental Health Services (ADAMH) Boards (boards) recognize the importance of housing, employment, peer support and other supportive services for individuals with mental illnesses, but most of them struggle to provide a full array of programs and are forced to make difficult choices about which services to fund. Investment in services varies substantially from board to board, but the fact that boards continue to invest in support services despite strained budgets speaks to the value of these services to clients, families, and communities.

In the last two years, several major policy changes have occurred at the federal and state levels impacting the future of behavioral health care in Ohio. The two most prominent policy changes were the passage of the federal Patient Protection and Affordable Care Act (PPACA) and Ohio's decision to elevate responsibility for match payments for behavioral health Medicaid services from the local boards to the Ohio Department of Job and Family Services (ODJFS). These two policy changes have raised questions from policymakers, stakeholders, consumers, providers and advocates regarding the impact that these policy decisions will have on behavioral health services in Ohio, specifically those services not reimbursable by Ohio's Medicaid program. The purpose of this report is to compile and highlight statewide data regarding supportive services for individuals with mental illness 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.

Funding of Mental Health Services

In Ohio's mental health system, publicly funded services are reimbursed via two general funding streams – Medicaid and non-Medicaid. The Medicaid funding stream is used for individuals who are enrolled in Ohio's Medicaid program and receive Medicaid reimbursable services. The Medicaid covered mental health services (see Table 1) are “carved-out” out of the general managed care Medicaid program. This means that payments are made on a fee-for-service basis to providers rather than through managed care organizations. The non-Medicaid funding stream is made up of a variety of funding sources. The two most prevalent are the state general revenue funds and local levy funds. State general revenue funds are revenues the state generates through taxation that are not earmarked for any specific purpose. Through the state budgeting process these funds are allocated to the Ohio Department of Mental Health (ODMH). Local levy funds are property taxes each community has the discretion to levy to support mental health services in their communities. The non-Medicaid funding stream is used for two purposes:

1. individuals not enrolled in Medicaid, who receive treatment services included 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.

Table 1: Matrix of Mental Health Funding Sources and Service

Medicaid Through Behavioral Health carve-out (fee for service)	Non-Medicaid
Treatment and Other Health Services <ul style="list-style-type: none">• Community Psychiatric Supportive Treatment<ul style="list-style-type: none">– Individual and Group• Pharmacological Management• Partial Hospitalization• Counseling – Individual & Group• Crisis Intervention• Diagnostic Assessment• Psychiatric Diagnostic Interview Non-Health Services <ul style="list-style-type: none">None	Treatment and Other Health Services <ul style="list-style-type: none">• Hospitalization at state operated psychiatric hospitals• Residential Treatment• Treatment services provided in jails Non-Health Services <ul style="list-style-type: none">• Housing• Transportation• Education• Consultation• Crisis Stabilization• Employment• Consumer Operated/ Peer Support• Prevention• Protective Services• Court Services• Hotlines• Information and Referral Services

In state fiscal year (SFY) 2011, the state and local levy funding for Medicaid and non-Medicaid services were allocated to the community boards (defined in the methodology section). The boards had discretion as to how to spend this combination of funding to provide Medicaid services to Medicaid beneficiaries, treatment services included in the mental health Medicaid package to the uninsured, and services not reimbursable by Medicaid to all clients. Due to this mixing of funds, it cannot be estimated how much of the spending associated with the data collected for this report is state general revenue funds and how much is local levy dollars.

Moving forward, understanding the portion of state and local levy funding for non-Medicaid services has been simplified due to the elevation of the Medicaid match to ODJFS. This policy change significantly alters the cash flow and responsibilities of the boards. Prior to the elevation of the Medicaid match, all boards were responsible for processing Medicaid claims and paying the state portion of the Medicaid match. Starting in SFY 2012, the boards are no longer responsible for these activities. Prior to the elevation, some boards were not allocated sufficient state general revenue funds to cover the state portion of the Medicaid match and therefore had to utilize local levy funding to pay the match for Medicaid beneficiaries. This elevation ensures that the entire state portion of Medicaid funding for mental health services is financed through state general revenue funds, not local levy dollars. In the long term, this change will provide financial predictability and stability for boards that, by and large, are dependent on static local resources.

In SFY 2011, boards spent \$160 million¹ in local and state dollars for the state portion of Medicaid for mental health services. If the Medicaid match had been elevated at that time, this portion of the Medicaid match would have been funded by state general revenue rather than a combination of state and local funding. Based on funding levels in SFY 2011 for community mental health services, the remaining amount of state general revenue for non-Medicaid services would have been \$41.8 million.

In SFY 2011, boards spent \$98.3 million² on treatment services included in the mental health Medicaid package for the uninsured. It is clear that state general revenue funds in SFY 2011 did not cover the cost of all of these services. Therefore, local levy funding would have been used for a mixture of treatment services included in the mental health Medicaid package for the uninsured and services not reimbursed by Medicaid regardless of the clients' insurance status. Forty-six out of the 50 boards in the state reported that spending on non-Medicaid services totaled \$138.3 million.

It should be noted that not all communities have local levy funding to support mental health services beyond state general revenue funding. There are 14 counties that

do not have a levy supporting mental health services. These counties include: Adams, Brown, Carroll, Gallia, Guernsey, Harrison, Jackson, Lawrence, Medina, Meigs, Monroe, Sandusky, Scioto, and Washington.

Table 2: State and Board Spending on Mental Health Services in State Fiscal Year 2011

Type of Service	Amount Spent (Mixture of State General Revenue Funds and Local Levy Funds)
Medicaid Match	\$160 million
Treatment Services for Uninsured or Underinsured	\$98.3 million
Non-Medicaid Services for All (as reported in this analysis)	\$138.3 million

It is worth bearing in mind that the funding for community mental health services in SFY 2011 is not a perfect predictor of funding in future years. The methodology section includes information about a variety of funding and economic factors that impact community mental health funding which are worthy of consideration. One of these factors is the significant cut to community mental health services in state general revenue funding starting in SFY 2009. These cuts decimated an already under-funded system.

Health Care Reform's Impact

The 2011 By the Numbers report found that non-Medicaid supportive services are becoming increasingly important. From 2007 to 2010, the number of clients receiving non-health care supportive services increased by 39 percent, and overall board spending on these services grew by 30 percent.³ The growing importance of these services is magnified by potential changes to health insurance and the Medicaid program. The data collection for this analysis was undertaken before the United States Supreme Court's ruling on the PPACA, making the Medicaid expansion optional for states. Regardless, this report assumes that if the Medicaid expansion and health insurance exchange⁴ are fully implemented in Ohio, many of the currently uninsured or underinsured individuals receiving treatment services through non-Medicaid funds will have a payer source for these basic treatment services. However, there are vital services that will not be covered by Ohio's Medicaid program, or private insurance, that are necessary for individuals with a mental illness to live, work and succeed in the community.

Under full implementation of the PPACA, treatment services for mental health will be covered under the

Medicaid expansion and private insurance offered in the insurance exchanges. Individuals and families with incomes up to 138 percent of the federal poverty line would be eligible for Medicaid. Subsidies for insurance exchanges would be available to individuals and families between 100 and 400 percent of the federal poverty line.

Coverage for mental health services, as one of the ten essential health benefits (EHBs⁵), is required to be provided in every plan offered in the health insurance exchange. The ten EHBs are also required to be provided by the plan selected by the state's Medicaid program.⁶ The federal government issued guidance to states that offered them flexibility to choose one of ten health insurance plans as the state benchmark plan.⁷ This plan would be the benchmark upon which all plans offered in the health insurance exchange would be based. The benchmark plan would cover the ten EHBs, but if it did not, the missing EHB would have to be supplemented in the benchmark plan. The deadline for deciding on a benchmark plan was October 1, 2012; however, the federal government has shared that it will be flexible with states on this deadline. As of the date this report went to print, Ohio has yet to submit a plan selection, which could mean that the selection defaults to the largest plan by enrollment in the small group market.

While mental health services are required to be covered in these plans, the definition and scope of mental health services will be defined by the state. There is concern that the benchmark plan may limit the scope of services provided and the number of mental health visits or inpatient services that are covered per plan year. These limits are concerning to individuals with a mental illness because someone with a severe mental illness may easily exceed a limited number of visits in a year and may need additional services which may not be included in a basic benchmark plan. For clients that remain underinsured (by exceeding their limits or needing additional services), the boards will need to continue to fund the continuum of treatment care required by an individual with a chronic, severe mental illness that is not covered by their insurance.

While the individual mandate was upheld by the Supreme Court, there will continue to be a segment of the population that remains uninsured. The majority of the uninsured under the full implementation of the PPACA will remain uninsured because they are excluded from the individual mandate. The mandate's exemptions cover a variety of people, including: members of certain religious groups and Native American tribes; undocumented immigrants (who are not eligible for health insurance subsidies under the law); incarcerated individuals; people whose incomes are so low they do not have to file taxes; and people for whom health insurance is considered unaffordable (where insurance premiums after employer contributions and federal subsidies exceed 8 percent of

family income).⁸ There is also a segment of the population who will choose to remain uninsured and pay the penalty. Other individuals may fall through the cracks and not have insurance for periods of time. Examples of how an individual may fall through the cracks include:

1. individuals with incomes that fluctuated around the cut off for Medicaid eligibility may be eligible for Medicaid for a short period of time but then have to transition to private insurance and then back to Medicaid when their income drops again;
2. individuals with spend down requirements for Medicaid will continue to be uninsured for periods of time while they wait to spend enough out of pocket during a specific month to be eligible for Medicaid;
3. individuals who miss a Medicaid redetermination; and
4. individuals who become unemployed, and therefore lose their employee sponsored health insurance, will be uninsured while they are in the process of purchasing insurance on the individual market.

For those individuals who remain uninsured for any of these reasons, the boards will need to continue to fund their mental health treatment and support services.

Content

This report is divided into four sections. The first section lays out the methodology for collecting and analyzing the data as well as describing some of the factors that impact the data. The second section of this report analyzes the survey data collected. It is laid out as fact sheets for categories and subcategories of non-Medicaid services. The third section reviews research that has been conducted on the continuum of care and types of services that should be available to individuals with mental illnesses. This section also reviews which of those services are currently available through Ohio's Medicaid program and which of the suggested continuum of care could be incorporated into Ohio's Medicaid program. The final section of this report outlines the recommendations that have resulted from this analysis.

There are two Appendices at the conclusion of the report. The first Appendix lists the boards that are included in each Group according to the population analysis. The second Appendix reviews the data by Group rather than by category and subcategory.

Methodology

The data in this report was collected from boards with jurisdiction over mental health funding. The boards are established by Ohio Revised Code Chapter 340. This law provides that individual counties or groups of counties will have a board to serve as the community mental health planning agency for that jurisdiction. The main functions of the boards are to evaluate the need for community mental health services; recruit and promote local financial support for mental health programs from private and public sources; and enter into contracts with public and private organizations to provide the mental health services needed in the community.

Data Collection

All 50 boards that fund mental health services in Ohio were approached to participate in the survey. Forty-six of the 50 boards responded with data (with varying levels of detail) and therefore are included in this analysis. The boards are listed in Appendix 1. Boards were informed that no individual board would be identifiable or singled out by the data they submitted. Therefore, all data in this report is in an aggregate form – either statewide or grouped by board based on population (defined later). Most of the boards also fund alcohol and drug addiction services. The survey did not collect information about spending for addiction services.

In the fall of 2011, conversations began with several boards about the type of data they collected on non-Medicaid services. During these conversations it was discovered that almost all of these boards utilized the Multi-Agency Community Services Information System (MACSIS) for some billing and data collection for non-Medicaid services; however, all of the boards also had services and funding that were not processed through MACSIS. As a result, this analysis does not rely solely on the data that is available in the DataMart (the public section of MACSIS). Instead, the boards were surveyed to develop a data set that is as comprehensive as possible.

The report used a Microsoft Excel-based data collection sheet to survey the boards. The survey tool included the information that was pulled from MACSIS as a starting point. Starting in December 2011, boards were asked to verify the information provided and add any additional funding and services they provided with non-Medicaid funding from ODMH and local levies. Boards were also asked to classify the services based on categories. The survey requested the following information about each service provided:

- Service Category
- Short Description
- Total Spending
- Total Clients
- Total Units
- County Service Description
- County Client Description
- County Unit Description
- Are you able to serve all of the clients in your community requiring these services? Please quantify the unmet need.
- Other Comments about the service

The level of detail in the responses varied greatly among boards. All of the responding boards provided at least responses to Short Description and Total Spending for their services. By May 2012, responses from 46 boards were received.

After an initial review of all the data that was received, a second round of questions was sent to each board asking for data that was not included in the first submission or clarification of the data that was received. These second requests went out in May and were returned by late July. Upon receipt of additional information from the majority of boards to these additional questions, data analysis began.

As a part of the data analysis, the categories of services were reassessed. Some categories were broken apart into multiple categories and other categories were combined into one category. As a result of this, some services were re-categorized to fit the new category structure; however, the vast majority of services remained in the category that the board originally identified.

Due to the nature of some of the data received from the boards, a category for Bundled Services was established. This is a unique category because it represents services that have descriptions but were bundled across service categories. For example, Consumer Operated/Peer Support services were bundled with Education (speaker nights or health fair) services. Many boards were unable to unbundle the spending associated with these separate services. In order to avoid duplicating or overstating the spending associated with categories of services, the Bundled Services category includes the spending for all of these Bundled Services. Also, boards did not or were unable to provide a description of the services funded in the Other Services category. Therefore, the spending associated with these services was reported in the Other Services category, not in individual service categories. This will ultimately lower the total spending for categories that have some spending associated with the Bundled Services or Other Services categories.

Data Limitations

Some of the data that was collected in the survey could not be included in this analysis. The reported data for Total Clients, Total Units, and Unmet Need for the non-Medicaid services could not be analyzed. Many of the boards were unable to or did not provide consistent data for these fields in the survey.

The information provided for the Total Clients served was not consistent in any given category. All data entries had Total Spending associated with them, but only some data entries had Total Clients. Some data entries reflected pseudo-clients for billing purposes or groups of individuals of unknown size rather than actual client counts. Due to the inconsistencies in the data, the total clients served in each service category was impossible to measure; therefore, cost per client could not be calculated.

The issue of data consistency also prevented an analysis of the Total Units. The first issue was that the non-response rate for this question was 28 percent, with some boards not making any unit entries at all. Secondly, the unit of measurement varied within categories. For example, within the same category, one hour and one client were used as a unit. Data was not comparable or in convertible units and consequently could not be accurately analyzed in any meaningful way. Some boards also acknowledged providing administrative support to programs and therefore did not report unit or client counts for the service. Again, the analysis was unable to include the Total Units provided or cost per unit for categories.

Providing information on Unmet Need was another survey field that was often left blank or was not consistently reported within any category to offer a general statement on unmet need. Some individual boards did answer this question across all of the categories of data they submitted, but there was not enough uniformity or completeness amongst the answers to this question within categories to make conclusions.

Worthy of Consideration

The data in this report is from SFY 2011 (July 1, 2010 through June 30, 2011). SFY 2011 data was selected because it was the most recent complete set of data available at the beginning of this analysis. However, it may not be a perfect indicator of future spending trends for a number of reasons. The primary reason for this data not being a completely accurate representation of today's or future spending is the state of the economy in 2010 and 2011. Due to the economic downturn, there was a higher Medicaid caseload than in better economic times. More

people were out of work, so more people were using publicly funded services for their mental health needs – especially children. Higher Medicaid caseloads increased Medicaid cost pressure on the boards, which at the time were financially responsible for meeting the state's funding responsibility for Medicaid. This increase in Medicaid costs left less funding available for non-Medicaid services than in the past.

In part, this trend was mitigated by federal stimulus funding that increased the federal portion of the Medicaid reimbursement. Ohio received additional federal funds for Medicaid expenses under the American Recovery and Reinvestment Act (ARRA or stimulus) throughout SFY 2011. ARRA provided four quarters of enhanced matching funds for Medicaid expenditures. Ohio's blended matching rate for SFY 2011 was 71.765 percent (rate changed quarterly). This rate was 9.8 percent higher than Ohio's base federal matching rate for that year.⁹ The enhanced federal matching rate for Medicaid under ARRA ended on June 30, 2011. Total mental health Medicaid spending in FY 2011 was \$558.5 million.¹⁰ The enhanced Medicaid match rate increased federal participation by about \$54 million in FY 2011. As mentioned above, starting in SFY 2012 boards no longer have the responsibility for Medicaid match.

Also impacting the funding available after the Medicaid reimbursement was met were the significant cuts to community mental health services in the previous years. These cuts were two-fold. The cuts to funding for community mental health services through the ODMH started in SFY 2009. First, in SFY 2009, over \$30 million was cut from community mental health services. Second, in the state budget for SFY 2010 – 2011, general revenue fund support for community mental health services was \$120 million below the SFY 2008 amount. In addition to these devastating cuts in state general revenue funds, high unemployment and foreclosure rates lowered local tax receipts and property tax revenue, impacting county allocations to community mental health services.

There are a number of diverse funding streams supporting non-Medicaid services in Ohio, including state and local sources. The MHAC and CCS decided to focus this report on non-Medicaid services funded by state general revenue funds and local levy funds. No attempt was made to create a comprehensive database of project specific, time-limited, or grant-based funding. Some examples of funding sources outside of this analysis include: philanthropic support, U.S. Housing and Urban Development (HUD), U.S. Department of Justice, and Title IV E (child welfare funding).

Service Category Fact Sheet Definitions

Below are the definitions of importance for the following Service Categories Fact Sheets.

Categorization of Services

The classification system was developed based on the data received through the survey process. The categories and subcategories represent data received.

Services are classified by the purpose of the service, not who the services are provided to or where the services are provided. For example, consultation services provided to jails are classified as Consultation services, not Court and Criminal Justice services.

Definitions of Categories and Subcategories

When ODMH has a definition for a service included in this analysis, that definition was used for the description for the category or subcategory of service (the Ohio Administrative Code (OAC) is cited). ODMH does not have a definition for all of the categories and subcategories included in this report. The descriptions associated with services not defined by ODMH were derived based on the descriptions provided by the boards for those services. All categories and subcategories not defined by ODMH will be designated with a †.

Counties Reporting Data

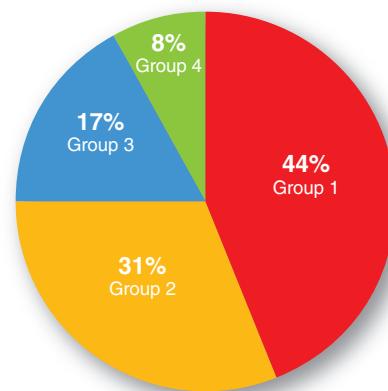
Forty-six of the 50 boards with jurisdiction over mental health in Ohio provided data for this analysis (see Appendix 1). Two of the boards that responded to the survey do not provide any of services analyzed in the following Service Category Fact Sheets.

Groups

To avoid focusing on the services provided by any individual board, and to understand trends in how boards approach service offerings, the analysis focuses on Groups of boards. See full listing of boards and their group designation in Appendix 1.

The total population of Ohio in 2010 was 11.5 million¹¹. The populations of the four boards that did not report data were removed from the total state population, for a revised total of 10.9 million. The populations for the two boards that do not provide any services, but responded to the survey, are included in the population numbers.

Ohio Population by Group



- Group 1 represents the largest percentage of Ohioans, 44 percent.
- Groups 2 and 3 each represent a smaller segment of the population (31 percent and 17 percent, respectively).
- Group 4 represents 8 percent of Ohioans.

State Per Capita Spending

State per capita spending is based on total population of the state as defined above (10.9 million) and total spending for the category or subcategory. State per capita spending is not based on number of clients served because this data was not consistently available.

Group Per Capita Spending

Group per capita spending is based on total population of the Group and total spending for the category or subcategory. Group per capita spending is not based on number of clients served because this data was not consistently available.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Overall Category Summary

The following is a summary of the category data received from the 46 boards who submitted data in response to the survey. This section contains highlights and trends on total spending, number of boards providing services, and state per capita spending. More detail and subcategory analysis can be found in the following Service Category Fact Sheets.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.*

Total Spending

This section analyzes the total spending on non-Medicaid services reported by boards.

- Total spending reported by boards on non-Medicaid services is \$138.3 million.
- Investment varies greatly by service category with \$65.4 million separating the highest and lowest total spending investment.
- The three categories with the largest amounts of spending (Housing, Crisis and Employment) represent two-thirds of the total spending.
- Housing is the largest category overall in terms of spending, with 47.6 percent of total non-Medicaid spending. This is the only category with more than \$15 million in spending.
- Only two categories have total spending between \$10 million and \$15 million (Crisis and Employment).
- Five categories have total spending between \$5 million and \$9 million (Consultation, Hotline, Consumer Operated/Peer Support, Other Services, and Bundled Services (Bundled Services discussed below)).
- Five categories have total spending between \$1 million and \$4 million (Prevention, Court and Criminal Justice, Education, Protective Services, and Other Therapy).
- Transportation is the smallest category overall in terms of spending, with 0.2 percent of total non-Medicaid spending. This is the only category with less than \$1 million in spending.
- The Bundled Services category has almost \$8 million in total spending. This category includes services that have descriptions, but were bundled together across service categories. As a result, while this \$8 million should be broken up among the other categories, it could not be done because of the nature of reporting. Therefore, some of the categories and subcategories discussed in this report may have lower total spending amounts noted than were actually spent in the community. See the Fact Sheet: Bundled Services for additional information.

Table 3: Total Spending

Category	Category Spending	Subcategory	Subcategory Spending
Housing	\$65,872,188	Residential Care Permanent Housing Temporary Housing Housing Supports	\$33,093,260 \$19,247,181 \$10,156,069 \$3,375,677
Crisis	\$14,173,070	Stabilization Community Based Stabilization Stabilization and Hospitalization Review of Services	\$11,148,427 \$2,617,375 \$308,438 \$98,830
Employment	\$12,592,835	<i>No Subcategories</i>	–
Consultation	\$8,219,339	General Consultation Early Childhood Mental Health (ECMH) School Based Services Mentoring Family and Children First Council (FCFC)	\$3,487,656 \$1,971,682 \$1,846,426 \$582,222 \$331,353
Hotline	\$8,108,958	Crisis Only Both (Crisis and Information & Referral) Information & Referral Only	\$3,934,586 \$2,698,309 \$1,476,062
Bundled Services	\$7,967,327	<i>No Subcategories</i>	–
Consumer Operated/Peer Support	\$6,123,116	General Consumer Operated/Peer Support Social Recreation Family Engagement	\$5,156,000 \$877,889 \$89,227
Other Services	\$5,920,770	<i>No Subcategories</i>	–
Prevention	\$3,371,519	<i>No Subcategories</i>	–
Courts and Criminal Justice	\$1,764,092	Liaisons Post-Conviction Services Evaluation Mental Health Services Forensic Monitoring Diversion Services Crisis Intervention Team (CIT) Civil Court	\$617,979 \$441,000 \$291,010 \$197,049 \$109,703 \$90,424 \$10,027 \$6,900
Education	\$1,477,812	Community Education Outreach & Engagement	\$1,232,588 \$245,225
Protective Services	\$1,357,674	Payeeship Services Guardianship Services	\$1,088,949 \$268,725
Other Therapy	\$1,028,180	<i>No Subcategories</i>	–
Transportation	\$279,119	<i>No Subcategories</i>	–

Table 4: Number of Boards Providing Services

Category	Number of Boards	Subcategory	Number of Boards
Housing	43	Permanent Housing Residential Care Temporary Housing Housing Supports	39 33 21 9
Hotline	40	Crisis Only Information & Referral Only Both (Crisis and Information & Referral)	20 14 12
Consultation	35	General Consultation Early Childhood Mental Health (ECMH) School Based Services Family and Children First Council (FCFC) Mentoring	26 9 7 6 3
Consumer Operated/Peer Support	32	General Consumer Operated/Peer Support Social Recreation Family Engagement	28 9 2
Education	30	Community Education Outreach & Engagement	26 5
Employment	29	<i>No Subcategories</i>	—
Prevention	23	<i>No Subcategories</i>	—
Crisis	22	Stabilization Community Based Stabilization Review of Services Stabilization and Hospitalization	20 3 2 2
Courts and Criminal Justice	17	Forensic Monitoring Evaluation Liaisons Crisis Intervention Team (CIT) Mental Health Services Civil Court Diversion Services Post-Conviction Services	5 4 4 3 3 2 2 1
Protective Services	17	Payeeship Services Guardianship Services	11 9
Other Services	16	<i>No Subcategories</i>	—
Other Therapy	14	<i>No Subcategories</i>	—
Bundled Service	14	<i>No Subcategories</i>	—
Transportation	9	<i>No Subcategories</i>	—

Number of Boards Providing Services

This analysis looks at the number of boards, out of the total 46 that reported data, that provide categories and subcategories of services.

- There is no category where every board provides the service – Housing comes closest with 43 boards providing some kind of Housing service.
- Housing, Hotline, and Consultation categories have over 35 boards providing some kind of services in those categories.
- Consumer Operated/Peer Support, Education, Employment, and Prevention have between 23 and 34 boards providing some kind of services in those categories.
- Crisis, Court and Criminal Justice, Protective Services, Other Services, Other Therapy, and Bundled Services have between 12 and 22 boards providing some type of services in those categories.
- Only nine boards provide Transportation services. This is less than any other category.

Table 5: State Per Capita Spending

Category	State Per Capita Spending	Subcategory	State Per Capita Spending
Housing	\$6.02	Residential Care Permanent Housing Temporary Housing Housing Supports	\$3.02 \$1.76 93¢ 31¢
Crisis	\$1.30	Stabilization Community Based Stabilization Stabilization and Hospitalization Review of Services	\$1.02 24¢ 3¢ 1¢
Employment	\$1.15	No Subcategories	—
Consultation	75¢	General Consultation Early Childhood Mental Health (ECMH) School Based Services Mentoring Family and Children First Council (FCFC)	32¢ 18¢ 17¢ 5¢ 3¢
Hotline	74¢	Crisis Only Both (Crisis and Information & Referral) Information & Referral	36¢ 25¢ 13¢
Bundled Services	73¢	No Subcategories	—
Consumer Operated/Peer Support	56¢	General Consumer Operated/Peer Support Social Recreation Family Engagement	47¢ 8¢ 1¢
Other Services	54¢	No Subcategories	—
Prevention	31¢	No Subcategories	—
Courts and Criminal Justice	16¢	Liaisons Post-Conviction Services Evaluation Mental Health Services Forensic Monitoring Diversion Services Crisis Intervention Team (CIT) Civil Court	6¢ 4¢ 3¢ 2¢ 1¢ 1¢ <1¢ <1¢
Education	14¢	Community Education Outreach & Engagement	11¢ 2¢
Protective Services	12¢	Payeeship Services Guardianship Services	10¢ 2¢
Other Therapy	9¢	No Subcategories	—
Transportation	3¢	No Subcategories	—

State Per Capita Spending

This analysis looks at the overall state per capita spending by category. These dollar amounts were calculated by dividing the total state spending in each category by the state population. The population for the four boards that did not submit data for this analysis was removed from the state population for purposes of calculating state per capita spending.

- The state per capita spending across all categories is \$12.64.
- Housing has the highest state per capita spending.
- Transportation has the lowest state per capita spending.
- Three categories had state per capita spending over \$1 (Housing, Crisis and Employment).
- Five categories had state per capita spending between 50¢ and \$1 (Consultation, Hotline, Consumer Operated/Peer Support, Other Services, and Bundled Services (Bundled Services discussed below)).
- Four categories had state per capita spending between 10¢ and 49¢ (Prevention, Court and Criminal Justice, Education and Protective Services).
- Two categories had state per capita spending under 10¢ (Other Therapy and Transportation).
- The number of boards providing the services is not a predictor of the state per capita spending. Some services provided by a large number of boards have a low state per capita spending, while other services provided by a similarly large number of boards have a higher state per capita spending. This is illustrated by Consultation, Hotline, Consumer Operated/Peer Support and Education which have more boards providing these services than expected based on the state per capita investment.
- The state per capita spending for Bundled Services is 73¢. This category includes services that have descriptions, but were bundled together across service categories. As a result, while the total spending for this category should be broken up among the other categories, it could not be because of the nature of reporting. Therefore, some of the categories and subcategories discussed in this report may have lower state per capita spending amounts noted than actually were spent in the community. See the Fact Sheet: Bundled Services for additional information.

Fact Sheet: Consultation Category

Description

ODMH defines Consultation (OAC 5122-29-19) as:

A formal and systematic information exchange between an agency and a person other than a client, which is directed towards the development and improvement of individualized service plans and/or techniques involved in the delivery of mental health services. Consultation service can also be delivered to a system (e.g., school or workplace) in order to ameliorate conditions that adversely affect mental health. Consultation services shall be provided according to priorities established to produce the greatest benefit in meeting the mental health needs of the community. Priority systems include schools, law enforcement agencies, jails, courts, human services, hospitals, emergency service providers, and other systems involved concurrently with persons served in the mental health system. Consultation may be focused on the clinical condition of a person served by another system or focused on the functioning and dynamics of another system.

Subcategories within Consultation services include:

- **Early Childhood Mental Health (ECMH)[†]:** Consultation services and technical assistance to Head Start Centers, child care providers and pre-schools to support families with children experiencing difficulties in a child care setting.
- **Family and Children First Council (FCFC)[†]:** Administrative payments to FCFCs that coordinate care for families and children involved with multiple community partners. Service coordination does not include direct treatment services. Treatment services are not provided in this subcategory.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

• **General Consultation[†]:** Services that do not fit one of the other four subcategories, are a combination of consultation services, or where no descriptive information was provided. Some examples of systems and individuals that receive these services include:

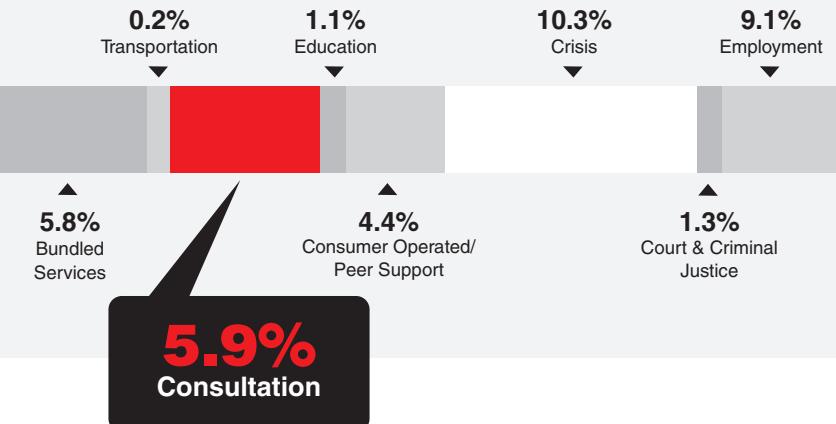
- Juvenile courts
- County jails
- Other healthcare providers
- Child welfare caseworkers

• **Mentoring[†]:** Multi-generational mentoring, mentoring of troubled youth and learning programs for grades 1 to 8.

• **School Based Services:** Defined by ODMH (OAC 5122-29-25) as “mental health services related to school behavior and learning problems and coordination with school personnel, as appropriate, in the school setting attended by the person served.” Examples include:

- Assessing for suicide, neglect/abuse, depression
- Coordinating planning and services for youth
- Educating school staff on mental health disorders
- Contracting with mental health counselors or liaisons from behavioral health agencies to work in the school setting to help school staff assist students with behavioral/emotional issues.

Total Spending



Overall Consultation Summary

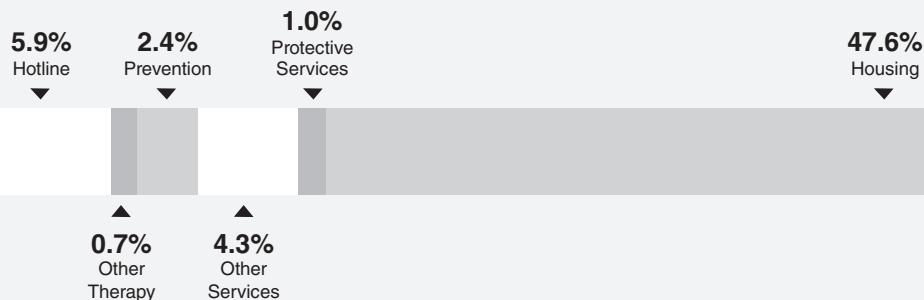
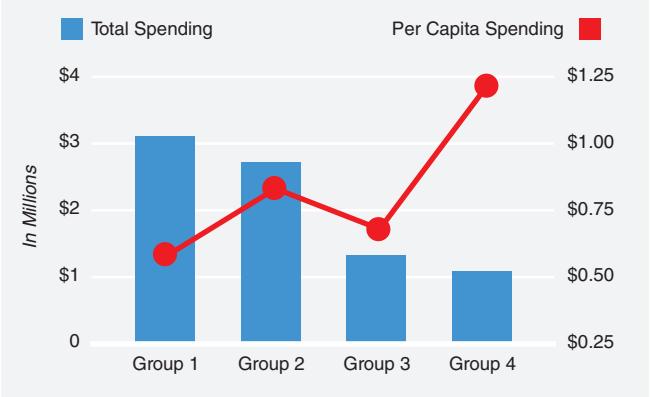
TOTAL SPENDING: \$8.2 MILLION	SHARE OF TOTAL NON-MEDICAID SPENDING: 1.3%	STATEWIDE SPENDING PER CAPITA: 75¢	NUMBER OF BOARDS PROVIDING SERVICE: 35
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- Seventy-six percent of responding boards provide Consultation services.
- Consultation is the fourth largest category in terms of spending, comprising six percent of the total.
- All of the boards in Group 1, 75 percent of Group 2, and 70 percent of each of Groups 3 and 4 provide Consultation services.
- Groups 1 and 2 account for 71 percent of total spending.
- Despite Group 1 spending more overall, it spends the least per capita. Per capita spending by Group 4 is nearly twice that of Group 1.

Table 6: Summary of Data: Consultation

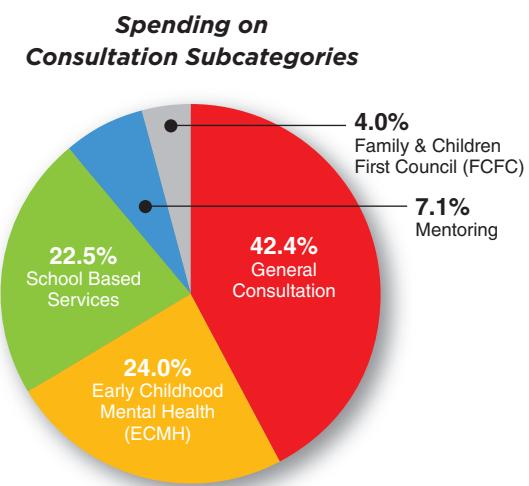
Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$3,063,121	37%	64¢	6 (100%)
Group 2	\$2,791,598	34%	81¢	10 (77%)
Group 3	\$1,316,990	16%	69¢	10 (71%)
Group 4	\$1,047,630	13%	\$1.23	9 (69%)
Total Spending	\$8,219,339			

Consultation



Consultation Subcategories Summary

This analysis established five subcategories within Consultation services spending: Early Childhood Mental Health (ECMH), Family and Children First Council (FCFC), General Consultation, Mentoring and School Based Services.



- The largest component of spending within Consultation services is on General Consultation, followed by ECMH and School Based Services.
- Statewide investments in Mentoring and FCFC are less than \$600,000 each.
- The range in spending among subcategories is very large, with boards spending over 10 times as much on General Consultation as they do on FCFC.
- The state per capita spending on the subcategories ranges from 32¢ for General Consultation to 3¢ for FCFC.
- In terms of the number of boards providing services, FCFC and Mentoring are the least common.
- Less than a third of Group 1 provides each subcategory of services.
- No board in Group 1 reports providing the FCFC support.
- With the exception of Group 1, significantly more boards provide General Consultation than any other subcategory.

Table 7: Per Capita Spending On Consultation Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Early Childhood Mental Health (ECMH)	18¢	30¢	1¢	17¢	22¢
Family and Children First Council (FCFC)	3¢	—	—	17¢	<1¢
General Consultation	32¢	18¢	53¢	26¢	36¢
Mentoring	5¢	1¢	15¢	—	<1¢
School Based Services	17¢	15¢	12¢	9¢	65¢

Table 8: Number of Boards Providing Consultation Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Early Childhood Mental Health (ECMH)	9 (20%)	1 (17%)	1 (8%)	4 (29%)	3 (23%)
Family and Children First Council (FCFC)	6 (13%)	—	—	5 (36%)	1 (8%)
General Consultation	26 (57%)	2 (33%)	8 (62%)	9 (64%)	7 (54%)
Mentoring	3 (7%)	1 (17%)	1 (8%)	—	1 (8%)
School Based Services	7 (15%)	2 (33%)	2 (15%)	1 (7%)	2 (15%)

Early Childhood Mental Health (ECMH) Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSULTATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$1.97 MILLION	24%	3¢	9

- Of the boards that reported data, nearly 20 percent provide ECMH services.
- ECMH makes up a quarter of Consultation spending. It is the second largest spending component of Consultation services.
- Seventy-three percent of ECMH spending is by one board in Group 1.
- Only one board in Group 2 reports providing ECMH services, accounting for the smallest percentage of spending at 2 percent.
- Approximately one quarter of the boards in both Groups 3 and 4 provide ECMH services.
- Per capita spending for ECMH ranges from 30¢ in Group 1 to 1¢ in Group 2. Group 4 has the third highest total spending, but the second highest spending per capita spending.

Table 9: Total Spending on Consultation Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Early Childhood Mental Health (ECMH)	\$1,971,682	\$1,432,150 (73%)	\$38,662 (2%)	\$315,497 (16%)	\$185,373 (9%)
Family and Children First Council (FCFC)	\$331,353	–	–	\$329,353 (99%)	\$2,000 (1%)
General Consultation	\$3,487,656	\$864,527 (25%)	\$1,824,973 (52%)	\$493,454 (14%)	\$304,702 (9%)
Mentoring	\$582,222	\$63,816 (11%)	\$514,768 (88%)	–	\$3,638 (1%)
School Based Services	\$1,846,426	\$702,628 (38%)	\$413,195 (22%)	\$178,686 (10%)	\$551,917 (30%)

Family and Child First Council (FCFC) Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSULTATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$331,353	4%	3¢	6

- Thirteen percent of boards that responded provide FCFC support.
- FCFC is the smallest subcategory in terms of total spending and per capita spending.
- No boards in Group 1 or 2, and only one board in Group 4 provide FCFC support.
- Group 3 reported ninety-nine percent of spending, and Group 4 spends the remaining one percent.
- Per capita spending for FCFC ranges from 17¢ in Group 3 to less than 1¢ in Group 4, with no spending in Groups 1 and 2.

General Consultation Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSULTATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$3.49 MILLION	42%	32¢	26

- General Consultation is the largest subcategory within Consultation services. Total spending is \$3.49 million, which is just over 42 percent of the total spending on Consultation services.
- Fifty-seven percent of boards provide General Consultation.
- Groups 1 and 2 report the vast majority of spending (25 percent and 52 percent, respectively).
- Per capita spending for General Consultation ranges from 53¢ in Group 2 to 18¢ in Group 1.
- Over 50 percent of boards in Groups 2, 3, and 4 provide General Consultation services. One-third of boards in Group 1 provide these services.

Mentoring Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSULTATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$582,222	7%	5¢	3

- Only three of the reporting 46 boards provide Mentoring services. This is the smallest subcategory in terms of the number of boards reporting providing the service.
- Total spending on Mentoring makes up just over seven percent of total spending on Consultation services.
- Group 2 reports the majority of total spending and the highest per capita spending.
- Per capita spending ranges from 15¢ for Group 2 to less than 1¢ for Group 4.

School Based Services Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSULTATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$1.85 MILLION	23%	17¢	7

- Approximately 15 percent of Boards provide School-Based Services.
- School Based Services makes up 23 percent of total spending on Consultation. This is the third largest spending category within Consultation.
- Only two boards in each of Groups 1, 2 and 4 and one board in Group 3 provide School Based Services.
- The highest spending in this category is by Group 1, followed by Group 4.
- Group 4 spends the most per capita at 65¢, which is over four times the per capita spending of Group 1.

Fact Sheet: Consumer Operated/Peer Support Category

Description

This category includes services defined below:

- Consumer-operated service (OAC 5122-29-16) is defined by ODMH as “any service or activity that is planned, developed, administered, delivered, and evaluated by persons, a majority of whom are receiving or have received inpatient mental health services or other mental health services of significant intensity and duration.”
- Self-help/peer support service (OAC 5122-29-15) is defined by ODMH as “individual or group interactions conducted by persons receiving services, persons who have received services, or their families or significant others, for the purpose of providing emotional support and understanding, sharing experiences in coping with problems, and developing a network of people that provides on-going support outside the formal mental health service system.”
- Social Recreation (OAC 5122-29-14) is defined by ODMH as “a service that includes structured and non-structured activities and support to enhance the quality of life of the person served.” While it is recognized that Social Recreation services can happen outside of a Consumer Operated or Peer Support environment, the vast majority of boards reporting on these services designated it as Consumer Operated/Peer Support. Therefore, the subcategory remains in this category.

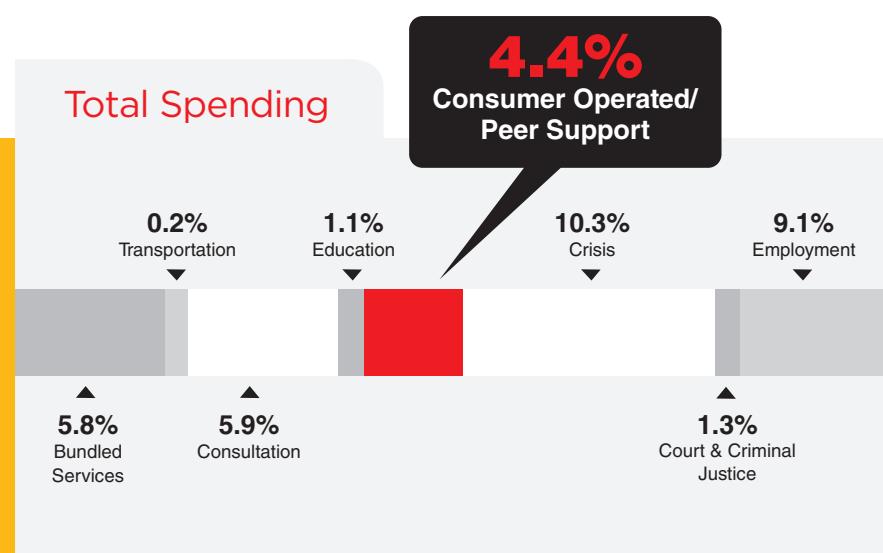
Subcategories within Consumer Operated/Peer Support services include:

- **Family Engagement[†]** are services to engage family members in treatment. When Family Engagement is combined with other support group services they are included in the General subcategory.
- **General Consumer Operated/Peer Support** are services that fit into the general descriptions defined by ODMH listed above (Consumer-operated service and Self-help/peer support service), are a combination of Consumer Operated/Peer Support subcategory services, or where the board(s) provided no additional information about the services.
- **Social Recreation** is defined above.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.



Overall Consumer Operated/Peer Support Summary

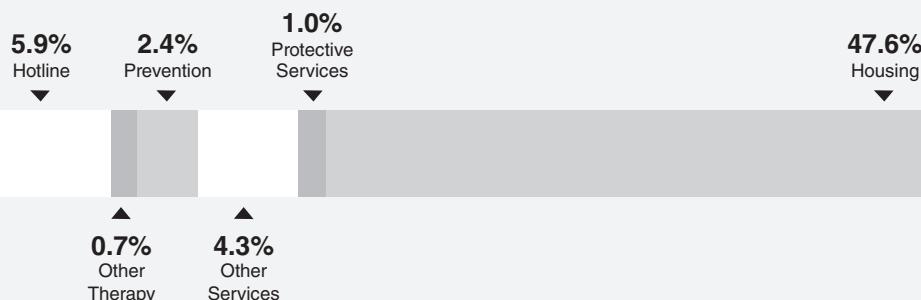
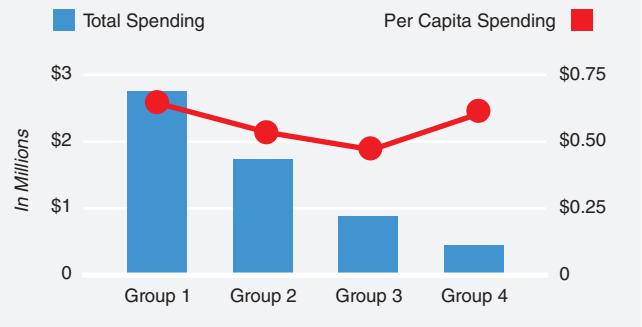
TOTAL SPENDING: \$6.1 MILLION	SHARE OF TOTAL NON-MEDICAID SPENDING: 4%	STATEWIDE SPENDING PER CAPITA: 56¢	NUMBER OF BOARDS PROVIDING SERVICE: 32
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- Seventy percent of responding boards provide Consumer Operated/Peer Support services.
- Consumer Operated/Peer Support comprises 4 percent of the reported total spending on non-Medicaid services, for a total of \$6.1 million.
- Groups 1 and 2 report the majority of spending (47 percent and 29 percent respectively).
- Per capita spending is highest for Group 4 at 64¢. Group 1 is also above the state per capita spending at 61¢.
- Total spending by Group 4 is less than other Groups, but it invests more per person.
- Group 1 is the only Group where 100 percent of its boards report providing Consumer Operated/Peer Support services. Approximately 70 percent of boards in Groups 2 and 3 and just over 50 percent of boards in Group 4 provide this service.
- The difference between the highest and lowest Group per capita amounts is 16¢. This is one of only four with differences less than 20¢ (Transportation, Court and Criminal Justice and Protective Services are the other three).

**Table 10: Summary of Data:
Consumer Operated/Peer Support**

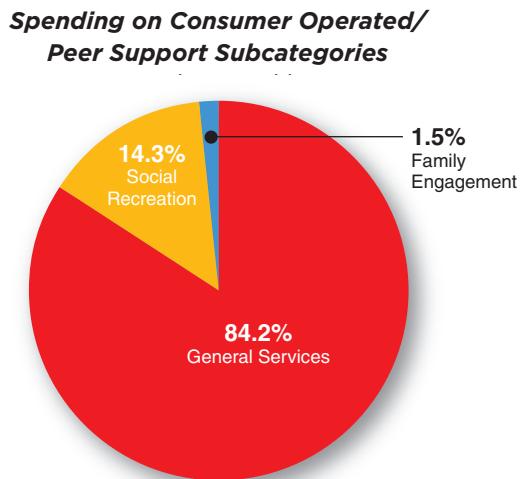
Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$2,886,291	47%	61¢	6 (100%)
Group 2	\$1,771,635	29%	52¢	9 (69%)
Group 3	\$919,223	15%	48¢	10 (71%)
Group 4	\$545,968	9%	64¢	7 (54%)
Total Spending	\$6,123,116			

Consumer Operated/Peer Support



Consumer Operated/Peer Support Subcategory Summary

The analysis established three subcategories of spending within Consumer Operated/Peer Support services: Family Engagement, General Consumer Operated/Peer Support services and Social Recreation.



- General Consumer Operated/Peer Support services receive the majority of funding in this subcategory. Boards spend significantly less on Family Engagement and Social Recreation services.
- Boards spend the most per capita on General Consumer Operated/Peer Support services.
- The majority of boards that submitted data provide General Consumer Operated/Peer Support services. Significantly fewer boards provide Family Engagement and Social Recreation services.

Table 11: Total Spending on Consumer Operated/Peer Support Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Family Engagement	\$89,227	\$89,227 (100%)	—	—	—
General Consumer Operated/Peer Support Services	\$5,156,000	\$2,547,444 (49%)	\$1,595,323 (31%)	\$699,514 (14%)	\$313,720 (6%)
Social Recreation	\$877,889	\$249,620 (28%)	\$176,312 (20%)	\$219,709 (25%)	\$232,248 (26%)

Table 12: Per Capita Spending on Consumer Operated/Peer Support Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Family Engagement	1¢	2¢	—	—	—
General Consumer Operated/Peer Support Services	47¢	53¢	47¢	37¢	37¢
Social Recreation	8¢	5¢	5¢	12¢	27¢

Table 13: Number of Boards Providing Consumer Operated/Peer Support Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Family Engagement	2 (4%)	2 (33%)	—	—	—
General Consumer Operated/Peer Support Services	28 (61%)	5 (83%)	8 (62%)	9 (64%)	6 (46%)
Social Recreation	9 (20%)	2 (33%)	1 (8%)	2 (14%)	4 (31%)

Family Engagement Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSUMER OPERATED/PEER SUPPORT SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$89,227	2%	1¢	2

- Family Engagement is the smallest subcategory of Consumer Operated/Peer Support services.
- Group 1 is the only Group that provides Family Engagement services, and only two of the six boards in that Group provide them.
- Boards in Group 1 spend 2¢ per capita on Family Engagement.

Social Recreation Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSUMER OPERATED/PEER SUPPORT SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$877,889	14%	8¢	9

- Social Recreation makes up 14 percent of spending for this category.
- Twenty percent of boards provide Social Recreation.
- Spending on Social Recreation is fairly even between the four Groups. The difference between the Groups with the highest and the lowest total spending is less than \$75,000.
- Groups indicate a wide range of per capita spending. Group 4 spends 27¢ per capita, which is about five and a half times higher than Groups 1 and 2 spend per capita.
- At least one board in each Group provides Social Recreation services, but less than a third of the boards in each Group provide the services.

General Consumer Operated/Peer Support Summary

TOTAL SPENDING:	SHARE OF TOTAL CONSUMER OPERATED/PEER SUPPORT SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$5.2 MILLION	84%	47¢	28

- General Consumer Operated/Peer Support services make up 84 percent of spending for this category.
- Groups 1 and 2 spend 80 percent of the total spending on General services.
- Per capita spending for General services ranges from 53¢ in Group 1 to 37¢ in both Groups 3 and 4, with the per capita spending in Group 2 (47¢) falling in between.
- Of all of the boards that reported data, 61 percent provide General services.
- Over 80 percent of boards in Group 1 provide General services, while just over 60 percent in Groups 2 and 3 provide these services. Only 46 percent of Group 4 provides General services.

Fact Sheet: Court and Criminal Justice Category

Description

Court and Criminal Justice[†] services include a variety of services provided to individuals who are involved with civil, probate or criminal courts, as well as the training of law enforcement.

Subcategories within Court and Criminal Justice services include:

- **Crisis Intervention Team (CIT)[†]** trains law enforcement on the signs and symptoms of serious mental disorders, the availability of local mental health services, mental health commitment law, and how to de-escalate a mental health crisis.
- **Civil Court[†]** services include independent evaluations for civil commitment hearings and a program designed for parents and their children who are engaged with the domestic relations court.
- **Diversion Services[†]** include programming for individuals with a mental illness who commit a misdemeanor and are offered treatment in lieu of jail.
- **Evaluation** (OAC 5122-29-07) is defined as:
An evaluation resulting in a written expert opinion regarding a legal issue for an individual referred by a criminal court, domestic relations court, juvenile court, adult parole authority, or other agency of the criminal justice system or an ODMH operated regional

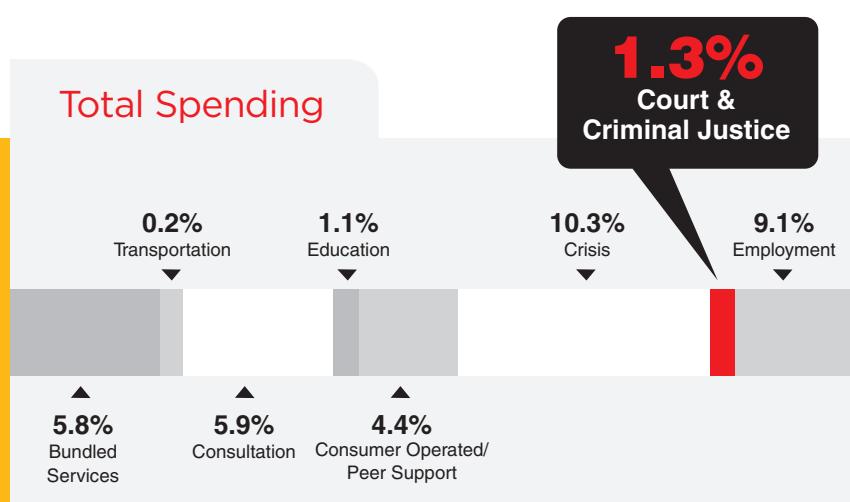
psychiatric hospital. Forensic evaluation service includes all related case consultation and expert testimony. Forensic evaluation service also assists courts and the adult parole authority to address mental health legal issues.

- **Liaisons[†]** provide mental health screenings, service coordination, intensive case management, or referrals and linkages for adults while they are in a jail or are awaiting trial in the municipal court system.
- **Mental Health Services[†]** are provided to inmates in jails (both youth and adults) who are identified as needing mental health services or are at risk for a mental health crisis.
- **Forensic Monitoring[†]** is defined as community monitoring of treatment compliance and progress of persons on conditional release from a state hospital who were found not guilty by reason of insanity or incompetent to stand trial.
- **Post-Conviction Services[†]** are programs designed to provide intensive case management to individuals on probation or parole, or to those returning to the community unsupervised.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.



Overall Court and Criminal Justice Summary

TOTAL SPENDING: \$1.8 MILLION	SHARE OF TOTAL NON-MEDICAID SPENDING: 1.3%	STATEWIDE SPENDING PER CAPITA: 16¢	NUMBER OF BOARDS PROVIDING SERVICE: 17*
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- Court and Criminal Justice services comprise 1.3 percent of the reported total spending on non-Medicaid services.
- Thirty-seven percent of responding boards provide Court and Criminal Justice services.
- Group 1 spends \$1.1 million on Court and Criminal Justice services, which is 64 percent of the total.
- Group 1 spends three times as much per capita as Group 3.

- Less than 51 percent of boards in each Group provide Court and Criminal Justice services. Group 4 has the smallest percentage of boards providing these services (15 percent).

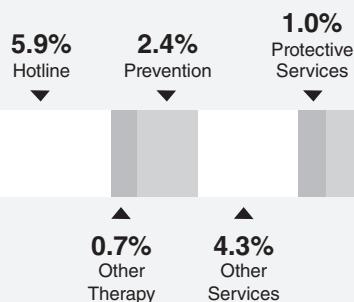
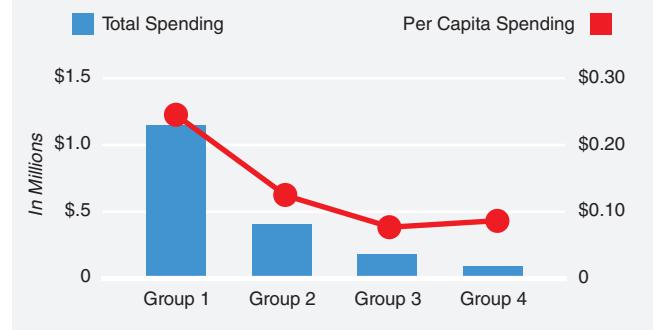
- The difference between the highest and lowest Group per capita amounts is 15¢. This is one of only four with differences less than 20¢ (Transportation, Protective Services and Consumer Operated/Peer Support are the other three).

* Three boards (two in Group 1 and one in Group 2) provide Court and Criminal Justice services bundled with services that have been classified into other categories. To avoid duplicating spending amongst services, the Bundled Service category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Court and Criminal Justice services, these three boards have been included in these counts, without including their spending in the total spending or per capita spending analysis.

**Table 14: Summary of Data:
Courts and Criminal Justice**

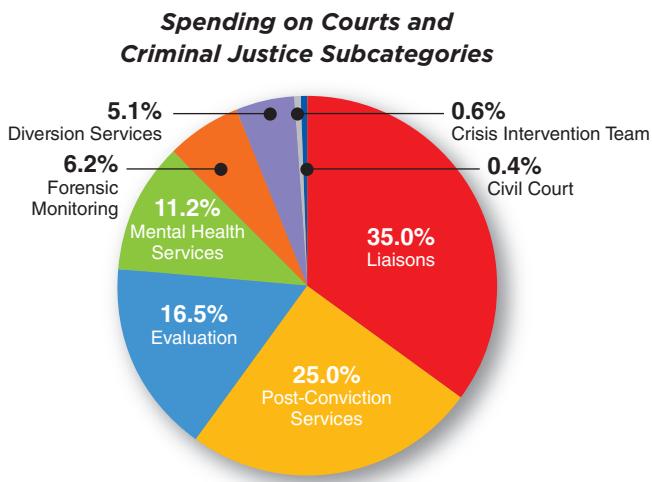
Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$1,125,230	64%	24¢	4 (67%)*
Group 2	\$407,545	23%	12¢	6 (46%)*
Group 3	\$155,283	9%	8¢	5 (36%)
Group 4	\$76,034	4%	9¢	2 (15%)
Total Spending	\$1,764,092			

Courts and Criminal Justice



Court and Criminal Justice Subcategory Summary

The analysis established eight subcategories of Court and Criminal Justice spending: Crisis Intervention Team (CIT), Civil Court, Diversion Services, Evaluation, Liaisons, Mental Health Services, Forensic Monitoring, and Post-Conviction Services. This is the category with the most subcategories, because of the diversity amongst services offered.



- Court and Criminal Justice has the subcategories with the lowest spending amounts.
- Two subcategories have spending that is less than \$11,000. No subcategory has spending over \$620,000.
- Liaisons and Post-Conviction Services make up over half of the spending in this category.
- CIT and Civil Court each make up less than one percent of the spending.
- At 6¢, Liaisons has the highest state per capita spending for this category.
- CIT and Civil Court have the lowest state per capita spending at less than 1¢.
- No subcategory is provided by all four Groups, but all Groups provide at least three of the subcategories.
- Forensic Monitoring is offered by the highest percentage of boards (11 percent).
- Post-Conviction is offered by the lowest number of boards, with only one board reporting this type of service.

* The three additional boards which provide Court and Criminal Justice services bundled with other services are not included in the subcategory analysis.

Table 15: Total Spending on Courts and Criminal Justice Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Crisis Intervention Team (CIT)	\$10,027	–	\$3,382 (34%)	\$6,455 (64%)	\$190 (2%)
Civil Court	\$6,900	–	\$2,100 (30%)	\$4,800 (70%)	–
Diversion Services	\$90,424	–	–	\$26,780 (30%)	\$63,644 (70%)
Evaluation	\$291,010	–	\$257,084 (88%)	\$33,926 (12%)	–
Forensic Monitoring	\$109,703	\$60,730 (55%)	–	\$36,773 (34%)	\$12,200 (11%)
Liaisons	\$617,979	\$480,500 (78%)	\$137,479 (22%)	–	–
Mental Health Services	\$197,049	\$143,000 (73%)	\$7,500 (4%)	\$46,549 (24%)	–
Post-Conviction Services	\$441,000	\$441,000 (100%)	–	–	–

Table 16: Per Capita Spending On Courts and Criminal Justice Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Crisis Intervention Team (CIT)	<1¢	–	<1¢	<1¢	<1¢
Civil Court	<1¢	–	<1¢	<1¢	–
Diversion Services	1¢	–	–	1¢	7¢
Evaluation	3¢	–	8¢	2¢	–
Forensic Monitoring	1¢	1¢	–	2¢	1¢
Liaisons	6¢	10¢	4¢	–	–
Mental Health Services	2¢	3¢	<1¢	2¢	–
Post-Conviction Services	4¢	9¢	–	–	–

Table 17: Number of Boards Providing Courts and Criminal Justice Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Crisis Intervention Team (CIT)	3 (7%)	–	1 (8%)	1 (7%)	1 (8%)
Civil Court	2 (4%)	–	1 (8%)	1 (7%)	–
Diversion Services	2 (4%)	–	–	1 (7%)	1 (8%)
Evaluation	4 (9%)	–	2 (15%)	2 (14%)	–
Forensic Monitoring	5 (11%)	1 (17%)	–	3 (21%)	1 (8%)
Liaisons	4 (9%)	2 (33%)	2 (15%)	–	–
Mental Health Services	3 (7%)	1 (17%)	1 (8%)	1 (7%)	–
Post-Conviction Services	1 (2%)	1 (17%)	–	–	–

Crisis Intervention Team (CIT) Summary

TOTAL SPENDING: \$10,027	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING: 0.6%	STATEWIDE SPENDING PER CAPITA: LESS THAN 1¢	NUMBER OF BOARDS PROVIDING SERVICE: 3
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- CIT makes up less than one percent of Court and Criminal Justice spending, with a total of \$10,027.
- Three boards, one in each of Groups 2, 3 and 4, report providing CIT services.
- The vast majority of spending is by Groups 2 and 3 (34 percent and 64 percent, respectively).
- Per capita spending for CIT is less than 1¢ in each Group.

Civil Court Summary

TOTAL SPENDING: \$6,900	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING: 0.4%	STATEWIDE SPENDING PER CAPITA: LESS THAN 1¢	NUMBER OF BOARDS PROVIDING SERVICE: 2
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- Civil Court services makes up 0.4 percent of Court and Criminal Justice spending, with a total of \$6,900. It is the smallest spending component within this category.
- Only two boards, one each in Groups 2 and 3, provide Civil Court services.
- Seventy percent of spending is by Group 3.
- Due to the small amount of total spending, per capita spending between Groups 2 and 3 is indistinguishable, even though Group 3 spends more than twice as much as Group 2.
- In terms of spending, Civil Court is the smallest subcategory in this entire study.

Diversion Services Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$90,424	5%	1¢	2

- Diversion Services makes up just over five percent of Court and Criminal Justice spending, with a total of \$90,424.
- Two boards provide Diversion Services, one each in Groups 3 and 4.
- Spending by Group 4 is more than twice that spent by Group 3.
- Group 4 spends 7¢ per capita for Diversion Services. Group 3 spends 1¢ per capita.

Forensic Monitoring Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$109,703	6%	1¢	5

- Forensic Monitoring makes up 6.2 percent of total spending on Court and Criminal Justice.
- Forensic Monitoring is the most commonly provided service within the Court and Criminal Justice category with approximately 11 percent of boards providing this service.
- Three boards in Group 3, one board in Group 1 and one board in Group 4 provide Forensic Monitoring.
- The majority of spending is by Group 1, which spends almost five times as much as Group 4.
- Three boards in Group 3 spend a total of \$36,773, while one board in Group 1 spends nearly twice that amount at \$60,730.
- Group 3 spends the most per capita at 2¢. Both Groups 1 and 4 spend 1¢ per capita.

Evaluation Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$291,010	17%	3¢	4

- Evaluation makes up 17 percent of Court and Criminal Justice spending.
- Approximately nine percent of boards provide Forensic Evaluation, including two boards in each of Groups 2 and 3.
- Group 2 makes up the majority of spending on Evaluation at 88 percent. Group 2 spends just over \$250,000, which is the third largest total spending investment by a Group in the Court and Criminal Justice category.
- Group 2 spends more than seven times as much in total spending as Group 3 on Evaluation.
- Group 2 spends 8¢ per capita on Evaluation, while Group 3 spends 2¢ per capita.

Liaisons Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$617,979	35%	6¢	4

- Liaisons make up 35 percent of total spending on Court and Criminal Justice. This is the highest percentage spent in a subcategory within Court and Criminal Justice services.
- Four boards (two each in Groups 1 and 2) provide Liaisons.
- Seventy-eight percent of spending is by Group 1. This is the largest investment, in terms of spending, made by a Group in the Court and Criminal Justice category.
- Group 1 spends three and a half times as much as Group 2 on Liaisons.
- Per capita spending for Liaisons ranges from 10¢ by Group 1 to 4¢ by Group 2.

Mental Health Services Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$197,049	11%	2¢	3

- Mental Health Services makes up 11 percent of total spending on Court and Criminal Justice.
- Three boards (one each in Groups 1, 2 and 3) provide Mental Health Services.
- Seventy-three percent of spending for this subcategory is by Group 1. Another 24 percent of spending is by Group 3, and the remaining four percent is spent by Group 2.
- Per capita spending by Groups 1, 2 and 3 varies only slightly.

Post-Conviction Services Summary

TOTAL SPENDING:	SHARE OF TOTAL COURT AND CRIMINAL JUSTICE SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$441,000	25%	4¢	1

- Post-Conviction Services makes up 25 percent of total spending on Court and Criminal Justice. This is the second highest total for a subcategory in this category.
- This subcategory has the smallest number of boards reporting providing the service. Only one board provides Post-Conviction Services.
- Group 1 spends 9¢ per capita.

Fact Sheet: Crisis Category

Description

This category represents Crisis[†] services that are not covered through the Medicaid service of “Crisis Intervention” or through inpatient hospitalization.

Subcategories within Crisis services include:

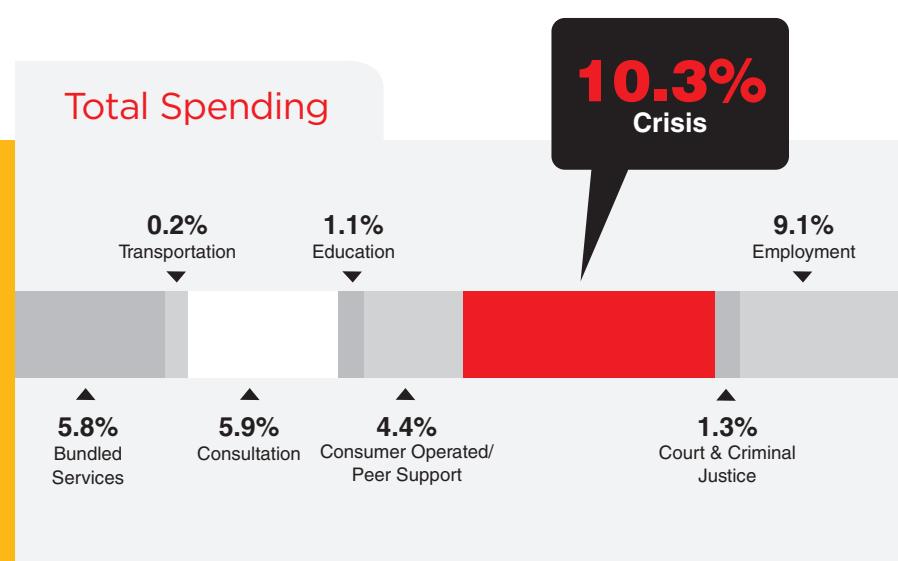
- **Review of Services[†]** includes quality reviews of hospital admissions for appropriateness, and includes adults, adolescents and youth admissions.
- **Stabilization** includes services provided to a client in crisis who does not meet the medically necessary criteria for hospitalization. These services can also be provided to clients prior to a crisis to prevent a hospitalization. ODMH defines this as “provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staffed 24/7. Treatment services are billed separately.”¹²

- **Stabilization and Hospitalization[†]** includes crisis stabilization and subsequent hospitalization. Hospitalizations at private hospitals qualify for Medicaid reimbursement and therefore fall outside the scope of this analysis. Not all boards are able to separate payment for the non-hospital crisis stabilization from the hospitalization costs, therefore it is unknown how much of this subcategory is for crisis stabilization and how much is for hospitalization. This does not represent all hospitalizations after crisis stabilization.
- **Community Based Stabilization[†]** provides in-home and in-community access to emergency assessment and crisis counseling for adults and youth experiencing a psychiatric or behavioral health crisis.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.



Overall Crisis Summary

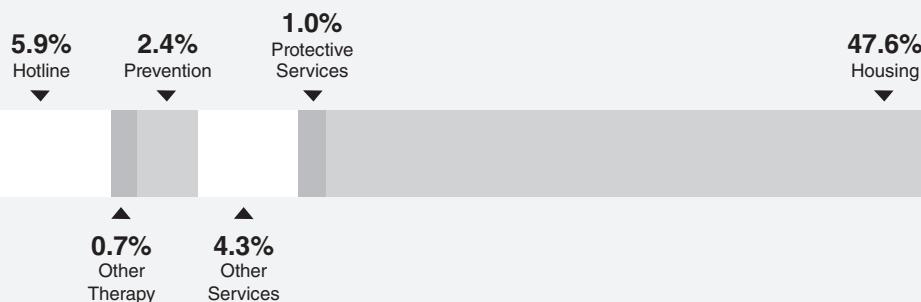
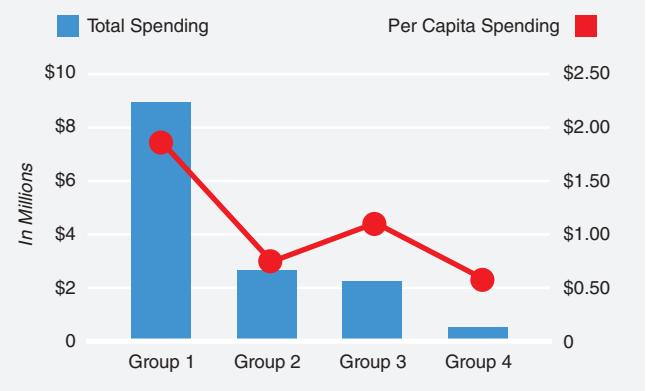
TOTAL SPENDING: \$14.2 MILLION	SHARE OF TOTAL NON-MEDICAL SPENDING: 10.3%	STATEWIDE SPENDING PER CAPITA: \$1.30	NUMBER OF BOARDS PROVIDING SERVICE: 22
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- Crisis comprises 10.3 percent of the reported total spending. In terms of total spending, it is the second largest category after Housing.
- Forty-eight percent of responding boards provide Crisis services.
- Group 1 has the highest percentage of boards providing Crisis services at 83 percent, while Groups 2 and 4 only have 38 percent of boards providing Crisis services. Half of the boards in Group 3 provide Crisis Services.
- Spending by Group 1 is nearly \$9 million, and Groups 2 and 3 each spend over \$2 million. Group 4 spends less than \$450,000 on Crisis services. This means that Group 1 spends more than 20 times what Group 4 spends.
- The state per capita spending is \$1.30. Only Group 1 (\$1.88) spends more than the state per capita.
- The difference between highest and lowest Group per capita amounts is \$1.35. This is one of only four with differences greater than \$1.00 (Housing, Bundled Services and Employment are the other three).

Table 18: Summary of Data: Crisis

Group	Total Spending	% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$8,951,391	63%	\$1.88	5 (83%)
Group 2	\$2,652,287	19%	77¢	5 (38%)
Group 3	\$2,122,662	15%	\$1.12	7 (50%)
Group 4	\$446,730	3%	53¢	5 (38%)
Total Spending	\$14,173,070			

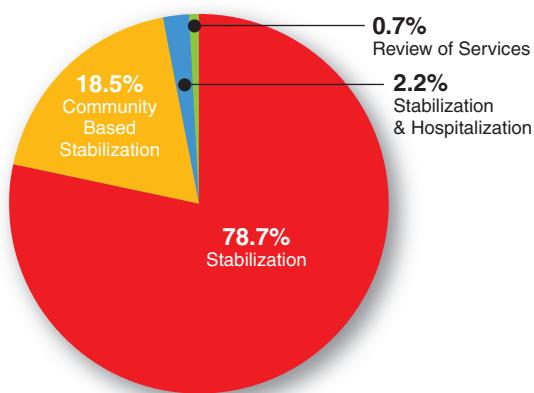
Crisis



Crisis Subcategory Summary

The analysis established four subcategories of spending: Review of Services, Stabilization, Stabilization and Hospitalization, and Community-Based Stabilization.

Spending on Crisis Subcategories



- All of the Groups provide Stabilization services.
- Stabilization is the largest component within Crisis services, comprising nearly 78 percent of spending.
- Review of Services is the smallest component in terms of total and per capita spending.
- Two boards provide Review of Services.
- Two boards in Group 3 are the only boards to provide the Stabilization and Hospitalization subcategory.
- Stabilization has the largest state per capita spending in this category and is the only subcategory within Crisis services with per capita spending over \$1.

Table 19: Total Spending on Crisis Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Community Based Stabilization	\$2,617,375	\$1,568,217 (60%)	\$725,150 (28%)	\$324,008 (12%)	–
Review of Services	\$98,830	–	\$90,840 (92%)	–	\$7,990 (8%)
Stabilization	\$11,148,427	\$7,383,174 (66%)	\$1,836,297 (16%)	\$1,490,217 (13%)	\$438,740 (4%)
Stabilization and Hospitalization	\$308,438	–	–	\$308,438 (100%)	–

Table 20: Per Capita Spending On Crisis Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Community Based Stabilization	24¢	33¢	21¢	17¢	–
Review of Services	1¢	–	3¢	–	1¢
Stabilization	\$1.02	\$1.55	54¢	78¢	52¢
Stabilization and Hospitalization	3¢	–	–	16¢	–

Table 21: Number of Boards Providing Crisis Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Community Based Stabilization	3 (7%)	1 (17%)	1 (8%)	1 (7%)	–
Review of Services	2 (4%)	–	1 (8%)	–	1 (8%)
Stabilization	20 (43%)	5 (83%)	4 (31%)	6 (43%)	5 (38%)
Stabilization and Hospitalization	2 (4%)	–	–	2 (14%)	–

Community Based Stabilization Summary

TOTAL SPENDING: \$2.6 MILLION	SHARE OF TOTAL CRISIS SPENDING: 19%	STATEWIDE SPENDING PER CAPITA: 24¢	NUMBER OF BOARDS PROVIDING SERVICE: 3
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- Community Based Stabilization makes up 19 percent of total spending on Crisis, and is the second largest subcategory.
- Only three boards provide this service, one in each of Groups 1, 2, and 3.
- Group 1 makes up over half of the spending in this subcategory.
- The range between per capita spending among Groups is 16¢.

Stabilization Summary

TOTAL SPENDING: \$11.1 MILLION	SHARE OF TOTAL CRISIS SPENDING: 79%	STATEWIDE SPENDING PER CAPITA: \$1.02	NUMBER OF BOARDS PROVIDING SERVICE: 20
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- Stabilization makes up 79 percent of Crisis spending. It is the largest spending component within Crisis services.
- Forty-three percent of reporting boards provide Stabilization services.
- At least 30 percent of boards in each Group provide Stabilization services.
- The majority of spending is by Group 1 for this subcategory. The gap between total spending by Group 1 and Group 4 is \$6.9 million.
- Per capita spending for Stabilization ranges from \$1.55 (Group 1) to 52¢ (Group 4).

Review of Services Summary

TOTAL SPENDING: \$98,830	SHARE OF TOTAL CRISIS SPENDING: 0.7%	STATEWIDE SPENDING PER CAPITA: 1¢	NUMBER OF BOARDS PROVIDING SERVICE: 2
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- Only two boards provide Review of Services-one in each of Groups 2 and 4.
- Review of Services is the smallest spending component within Crisis services, and makes up less than one percent of spending.
- Review of Services is tied with the Stabilization and Hospitalization subcategory for the least commonly provided Crisis service.
- Group 2 reports the majority of total spending.
- Per capita spending for Review of Services ranges from 3¢ for Group 2 and 1¢ for Group 4.

Stabilization and Hospitalization Summary

TOTAL SPENDING: \$308,438	SHARE OF TOTAL CRISIS SPENDING: 2%	STATEWIDE SPENDING PER CAPITA: 3¢	NUMBER OF BOARDS PROVIDING SERVICE: 2
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- Stabilization and Hospitalization makes up two percent of Crisis spending.
- All spending on Stabilization and Hospitalization is by Group 3, and per capita spending is 16¢.
- Only two boards provide Stabilization and Hospitalization services.

Fact Sheet: Education Category

Description

ODMH defines Education (OAC 5122-29-21) as:

Formal educational presentations made to individuals or groups that are designed to increase community knowledge of and to change attitudes and behaviors associated with mental health problems, needs and services. Mental health education service shall: (1) focus on educating the community about the nature and composition of a community support program; (2) be designed to reduce stigma toward persons with severe mental disability or serious emotional disturbances, and may include the use of the media such as newspapers, television, or radio; and (3) focus on issues that affect the population served or populations identified as unserved or underserved by the agency.

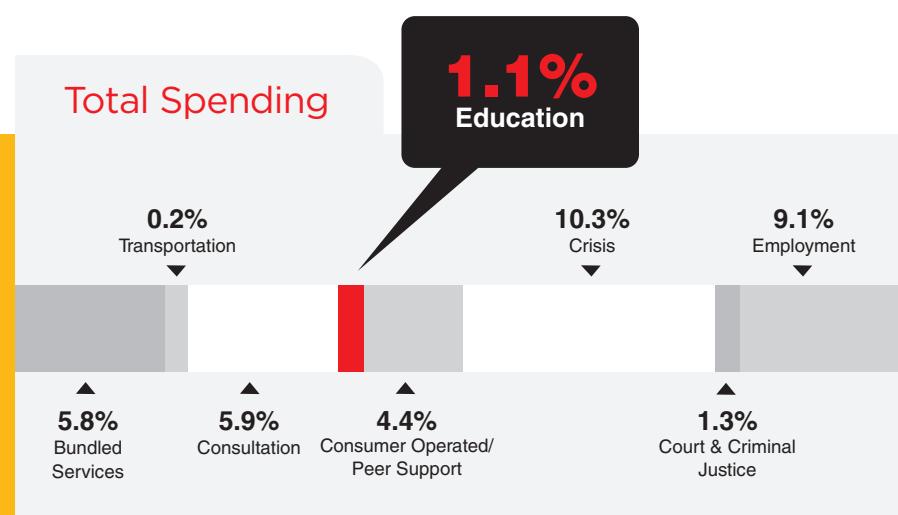
Subcategories within Education services include:

- **Community Education[†]** focuses on educating individuals about decreasing stigma, warning signs of depression and suicide, available services, or signs and symptoms of mental illnesses. It can take place at venues including, but not limited to, health fairs, schools, and community centers. Community Education also includes adult educational service, which is defined by ODMH (OAC 5122-29-13) as “time-limited and structured educational interventions for adults, such as educational advising, literacy instruction, basic educational instruction or instruction in community and independent living skills. Adult educational service shall include, but not be limited to, educational counseling, literacy, basic educational instruction and community and independent living skills such as budgeting and money management.”
- **Outreach & Engagement[†]** typically works with seniors, homeless and minority populations to engage them in services.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.



Overall Education Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAL SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$1.5 MILLION	1.1%	14¢	30*

- Education comprises 1.1 percent of the reported total spending on non-Medicaid services.

- A large number of boards provide Education services, but total spending is small.
- Boards representing larger populations provide Education services more frequently, with more than two-thirds of boards in Groups 1, 2 and 3 doing so. Boards in Group 4 are less likely to invest, with only one-third of boards providing these services.

Table 22: Summary of Data: Education

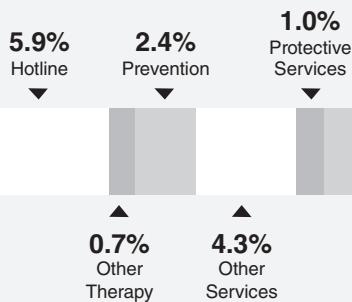
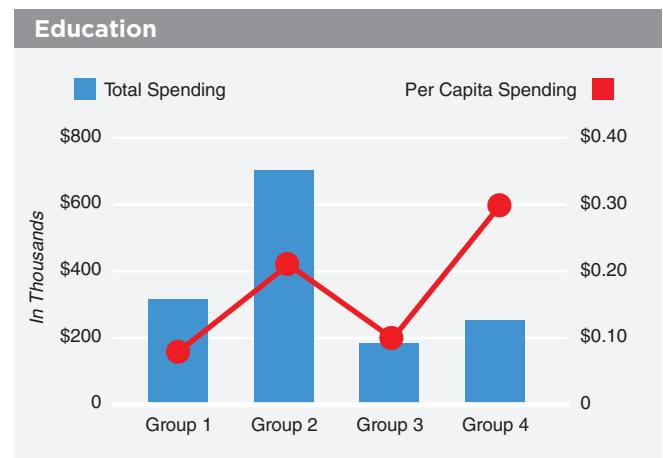
Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$320,314	22%	7¢	5 (83%)*
Group 2	\$708,451	48%	21¢	11 (85%)
Group 3	\$196,594	13%	10¢	9 (64%)
Group 4	\$252,454	17%	30¢	5 (38%)*
Total Spending	\$1,477,812			

- Group 2 makes the largest investment in Education services, accounting for 48 percent of total spending.

- While fewer boards in Group 4 invest in Education services, their investment is significant. Group 4's per capita spending is more than twice the state per capita spending and almost 50 percent larger than Group 2, which spends the second most per capita.

- Group 2 spends three times as much per capita as Group 1, and twice as much as Group 3.

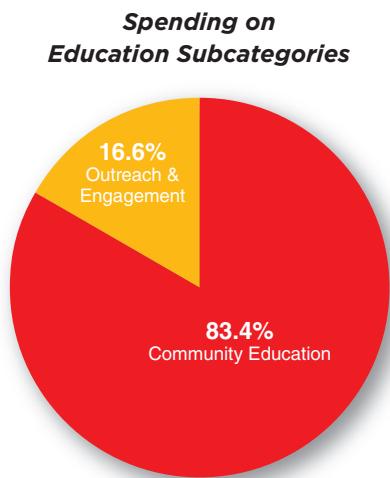
* Two boards (one each in Groups 1 and 4) provide Education services bundled with services that have been classified into other categories. To avoid duplicating spending among services, the Bundled Service category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Education services, these two boards have been included in these counts, without including their spending in the total spending or per capita spending analysis.



47.6%
Housing

Education Subcategories Summary

The analysis established two subcategories: Community Education and Outreach & Engagement.



- At 83 percent, Community Education makes up the vast majority of total Education services spending.
- Boards in every Group provide Community Education services, and all but Group 4 provides Outreach & Engagement. Groups 1, 2 and 3 provide Outreach & Engagement less often than they do Community Education.
- The state per capita spending for Community Education is much higher than for Outreach & Engagement.

* The two additional boards that provide Education services bundled with other services are not included in the subcategory analysis.

Table 23: Total Spending on Education Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Community Education	\$1,232,588	\$253,314 (21%)	\$661,704 (54%)	\$65,117 (5%)	\$252,454 (20%)
Outreach & Engagement	\$245,225	\$67,000 (27%)	\$46,747 (19%)	\$131,478 (54%)	—

Table 24: Per Capita Spending On Education Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Community Education	11¢	5¢	19¢	3¢	30¢
Outreach & Engagement	2¢	1¢	1¢	7¢	—

Table 25: Number of Boards Providing Education Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Community Education	26 (57%)	3 (50%)	11 (85%)	8 (57%)	4 (31%)
Outreach & Engagement	5 (11%)	1 (17%)	1 (8%)	3 (21%)	—

Community Education Summary

TOTAL SPENDING:	SHARE OF TOTAL EDUCATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$1.2 MILLION	83%	11¢	26

- Fifty-seven percent of boards report providing Community Education services.
- At \$1.2 million, spending on Community Education makes up 83 percent of the total spent on Education services.
- Group 2 spends more than half of the total funds spent on Community Education. Groups 1 and 4 spend approximately the same amount as each other.
- Group 4 has the highest spending per capita on Community Education (30¢). Group 4 spends 10 times more per capita than Group 3.
- Group 2 has the second highest per capita spending, but Group 4 spends more than one and a half times more than Group 2 per capita.
- Group 2 has the largest percentage of boards providing Community Education services (85 percent). Approximately half of the boards in Groups 1 and 3 and a third of boards in Group 4 provide the services.

Outreach & Engagement Summary

TOTAL SPENDING:	SHARE OF TOTAL EDUCATION SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$245,225	17%	2¢	5

- Outreach & Engagement makes up 17 percent of spending, with a total of \$245,225.
- No boards in Group 4 provide Outreach & Engagement.
- Over half the spending for Outreach & Engagement is by Group 3 for a total just over \$130,000.
- Per capita spending for Outreach & Engagement is very low, with Group 3 spending 7¢ per capita, and Groups 1 and 2 spending 1¢ per capita.
- Eleven percent of reporting boards provide Outreach & Engagement.
- Three boards in Group 3 and only one board in each of Groups 1 and 2 provide Outreach & Engagement.

Fact Sheet: Employment Category

Description

ODMH defines Employment/Vocational Service (OAC 5122-29-11) as:

To promote recovery and secure/maintain employment by providing training and skill development that is goal-oriented, ability-based, and incorporates individual choice. The outcome of employment/vocational service is that the individual will obtain and maintain employment, learn new job skills, increase self-sufficiency, and contribute to the community. Supportive employment services may include: job coaching; job placement; community assessment; job development; follow-up; job seeking and keeping skills training; job club; work enclaves¹³; volunteer community employment; benefits counseling; peer support; networking; and training.

Local boards provide some funding in this category as administrative support to start Vocational Rehabilitation Public & Private Partnerships (VRP3) programs.

Overall Employment Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$12.6 MILLION	9%	\$1.15	29

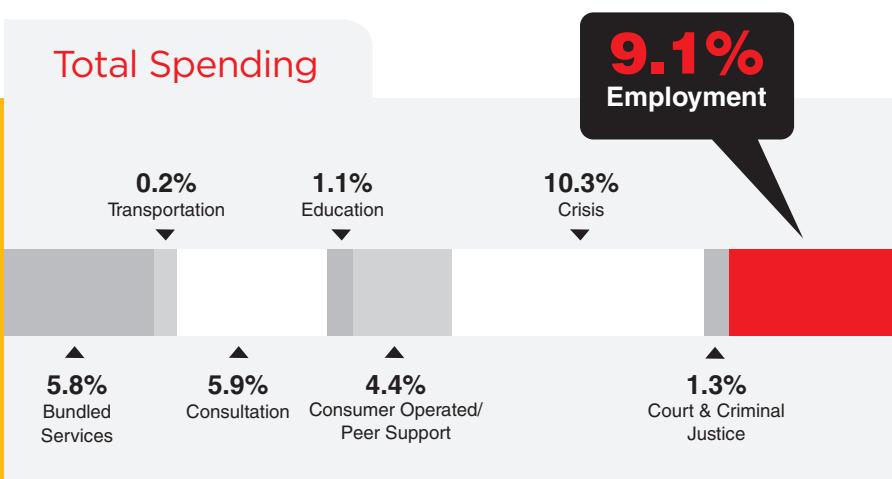
- Employment is the third largest category of total spending, after Housing and Crisis.
- Groups 1 and 2 make up 90 percent of Employment spending.
- Groups 1 and 2 significantly outspend Groups 3 and 4 in both total spending and per capita spending.
- Statewide Employment services spending is the third largest per capita, and is one of only three categories that has per capita spending greater than \$1.00.
- Group 2 exhibits the largest per capita spending, which is more than four times that of Group 4.
- The difference in per capita spending between Groups 2 and 3 (92¢) is notable because the same number of boards in each Group report providing Employment services.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

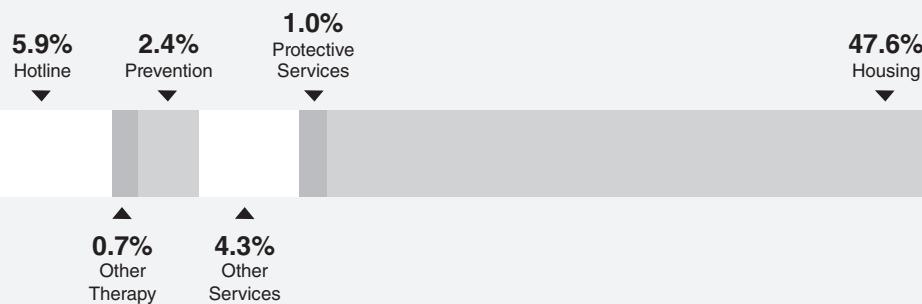
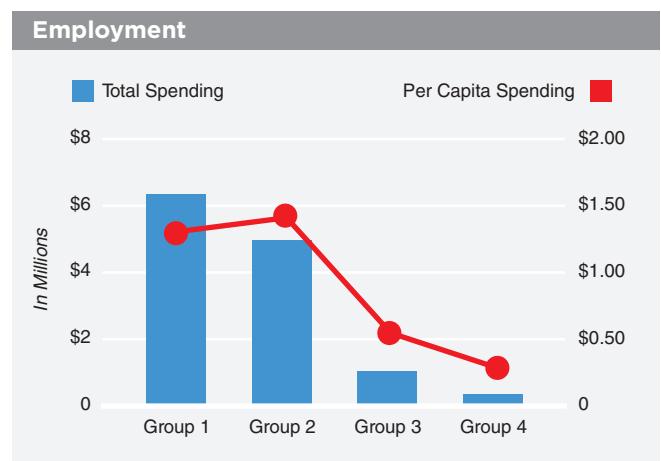
Total Spending



- The difference between the highest and lowest Group per capita amounts is \$1.10. This is one of only four with differences greater than \$1.00 (Housing, Crisis and Bundled Services are the other three).
- The majority of boards in each of Groups 1, 2 and 3 report providing Employment services.

Table 26: Summary of Data: Employment

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$6,384,446	51%	\$1.34	5 (83%)
Group 2	\$4,933,737	39%	\$1.44	9 (69%)
Group 3	\$989,388	8%	52¢	9 (64%)
Group 4	\$285,265	2%	34¢	6 (46%)
Total Spending	\$12,592,835			



Fact Sheet: Hotline Category

Description

ODMH provides the following definitions:

- Behavioral health hotline service (OAC 5122-29-08) -- An agency's twenty-four hour per day, seven days per week capability to respond to telephone calls, often anonymous, made to an agency for crisis assistance. The person may or may not become a client of the agency.
- Information and referral service (OAC 5122-29-22) -- Responses, usually by telephone, to inquiries from people about services in the community. Referral may include contacting any agency or a provider in order to secure services for the person requesting assistance.

Most Hotline services are provided via telephone (including 211 services), but some counties provide them face-to-face. Of the 47 reported Hotline programs, 25 specified that the service was available 24/7.

Subcategories within Hotline include:

- **Hotline Providing Crisis Only**
- **Hotline Providing Information & Referral Only**
- **Hotline Providing Both Crisis and Information & Referral**

Overall Hotline Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$8.1 MILLION	5.9%	74¢	40*

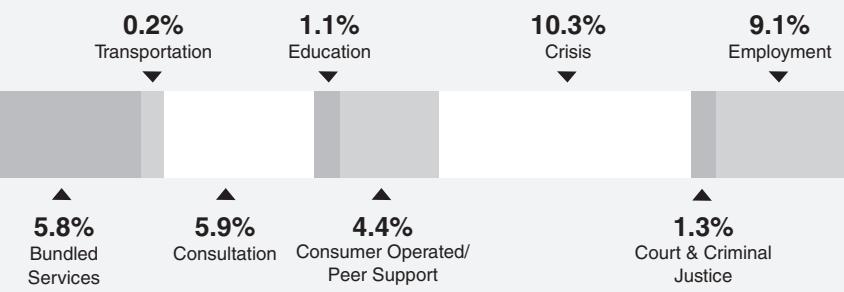
- Eighty-seven percent of responding boards provide Hotline services.
- Hotline is the fifth largest category of spending of all categories within non-Medicaid services.
- More than 90 percent of boards in each of Groups 1, 2 and 3 provide some kind of Hotline service.
- Spending on Hotline services is fairly evenly split among Groups 1, 2 and 3, with only five percent spent by Group 4.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending



- Group 3 spends \$1.17 per capita on Hotline services, which is significantly higher than the state per capita and significantly higher than all of the other Groups. Per capita spending by Group 3 is roughly twice that of Group 1. (Note: Per capita spending does not include spending by the seven boards that did not provide spending information for their Hotline services.)

* Seven boards indicate that a Hotline service is available in their counties but did not provide spending information for the service. There were a myriad of reasons for not reporting the spending, including sharing Hotline services with another board area, financing a Hotline through crisis services (which was reported in the Crisis section), and the provision of Hotline by the local United Way. Of the seven boards that provide Hotline services, but were not able to offer details about spending, one is in Group 1, two are in Group 2, two are in Group 3, and two are in Group 4.

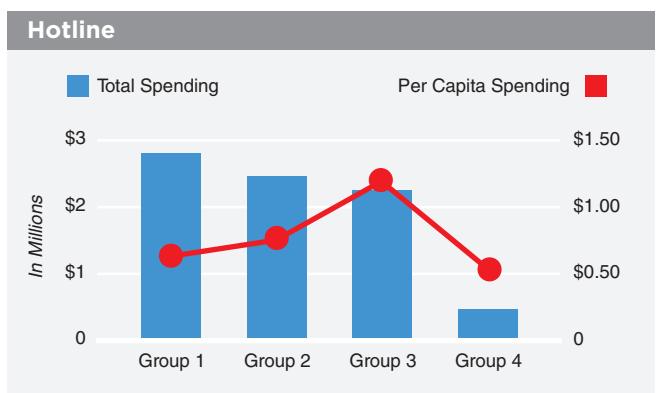
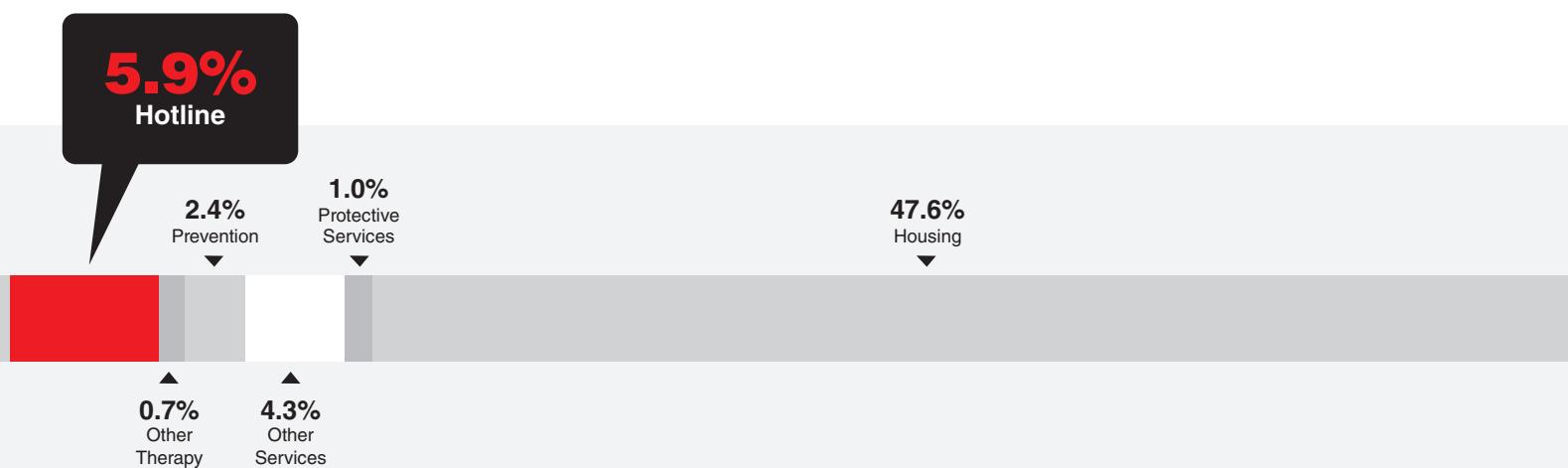


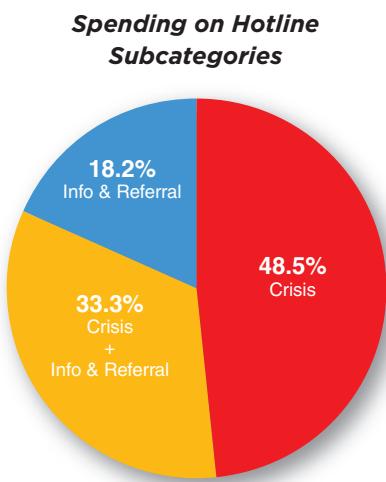
Table 27: Summary of Data: Hotline

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$2,870,066	35%	60¢	6* (100%)
Group 2	\$2,584,820	32%	75¢	12* (92%)
Group 3	\$2,224,590	27%	\$1.17	13* (93%)
Group 4	\$429,481	5%	51¢	9* (69%)
Total Spending	\$8,108,958			



Hotline Subcategories Summary

The analysis established three subcategories of spending: Crisis Only; Information & Referral Only; and Both Crisis and Information & Referral.



- Crisis Only Hotline services make up nearly 50 percent of spending in this category. Hotline services providing Both Crisis and Information & Referral make up a third of spending. Information & Referral Only Hotline services makes up the final 18 percent of spending.
- Spending in each subcategory is over \$1 million.
- The Crisis Only subcategory has the highest state per capita spending of the three subcategories.
- Boards spend the least per capita on Information & Referral Only services.
- Within each Group, each subcategory of Hotline services is provided by at least one board.
- By combining the 12 boards that provide a Hotline providing Both Crisis and Information & Referral with the 20 boards that provide a Hotline providing Crisis Only, a total of 32 boards provide a Crisis Hotline.
- By combining the 12 boards that provide a Hotline providing Both Crisis and Information & Referral with the 14 boards that provide a Hotline providing Information & Referral Only, a total of 26 boards provide a Information & Referral Hotline.

Table 28: Total Spending on Hotline Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Both (Crisis and Information & Referral)*	\$2,698,309	\$832,901 (31%)	\$201,905 (7%)	\$1,424,915 (53%)	\$238,589 (9%)
Crisis Only*	\$3,934,586	\$1,706,350 (43%)	\$1,455,463 (37%)	\$585,080 (15%)	\$187,693 (5%)
Information & Referral Only*	\$1,476,062	\$330,815 (22%)	\$927,452 (63%)	\$214,596 (15%)	\$3,199 (0.2%)

Table 29: Per Capita Spending On Hotline Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Both (Crisis and Information & Referral)*	25¢	17¢	6¢	75¢	28¢
Crisis Only*	36¢	36¢	42¢	31¢	22¢
Information & Referral Only*	13¢	7¢	27¢	11¢	<1¢

Table 30: Number of Boards Providing Hotline Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Both (Crisis and Information & Referral)*	12 (26%)	4 (67%)	2 (15%)	3 (21%)	3 (23%)
Crisis Only*	20 (43%)	2 (33%)	7 (54%)	7 (50%)	4 (31%)
Information & Referral Only*	14 (30%)	2 (33%)	6 (46%)	4 (29%)	2 (15%)

Hotline Providing Crisis Only Summary

TOTAL SPENDING: \$3.9 MILLION	SHARE OF TOTAL HOTLINE SPENDING: 49%	STATEWIDE SPENDING PER CAPITA: 36¢	NUMBER OF BOARDS PROVIDING SERVICE: 20*
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- Crisis Only service is the largest component of Hotline services, making up almost 50 percent of Hotline spending.
- Nearly 45 percent of boards provide Crisis Only Hotline services.
- Groups 1 and 2 make up 80 percent of the spending in this subcategory.
- Per capita spending among Groups is relatively even compared to the per capita spending for other Hotline subcategories, but Group 2 spends almost twice as much per capita as Group 4.
- Less than 55 percent of the boards within each Group provide Crisis Only services.

Hotline Providing Both Crisis and Information & Referral Summary

TOTAL SPENDING: \$1.5 MILLION	SHARE OF TOTAL HOTLINE SPENDING: 18%	STATEWIDE SPENDING PER CAPITA: 13¢	NUMBER OF BOARDS PROVIDING SERVICE: 14*
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- Hotline providing Both services is the second largest spending component of Hotline services, representing a third of the spending.
- Twenty-six percent of boards provide Both Crisis and Information & Referral services.
- The majority of the spending is by Group 3, followed by Group 1. Group 3 spends almost twice as much as Group 1.
- Group 3 spends the most per capita, with Group 4 spending the second most.
- Group 3 spends more than 12 times as much per capita as Group 2.
- Sixty-seven percent of Group 1, but only 15 percent of Group 2 provides, Both Crisis and Information & Referral.

Hotline Providing Information & Referral Only Summary

TOTAL SPENDING: \$2.7 MILLION	SHARE OF TOTAL HOTLINE SPENDING: 33%	STATEWIDE SPENDING PER CAPITA: 25¢	NUMBER OF BOARDS PROVIDING SERVICE: 12*
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- Boards spend \$1.5 million on Information & Referral Only services. It is the smallest component within Hotline services, in terms of spending.
- Thirty percent of boards provide Information & Referral Only services.
- The majority of spending in this subcategory is by Group 2 at 63 percent. Groups 1 and 3 represent 22 percent and 15 percent, respectively. Group 4 spends almost nothing compared to the other Groups.
- Group 2 spends the most per capita at 27¢. Group 4 spends less than 1¢ per capita.
- Less than 50 percent of the boards within each Group provide Information & Referral Only services. Group 2 has the largest representation of boards providing this subcategory of services at 46 percent.

* The seven additional boards which provide Hotline services but were not able to provide details about spending are included in the subcategory analysis, but only in the count of boards providing services, not in the spending (total and per capita) analysis.

Fact Sheet: Housing Category

Description

Housing[†] is defined as the physical location where individuals live, or supports provided to maintain community housing, but does not include any associated mental health services. Subcategories are explained below using definitions from ODMH¹⁴, with the exception of Housing Supports, which ODMH does not officially define.

The subcategories include:

- **Permanent Housing** funds support independent living programs, as well as full or partial rent in apartments, group homes, and Adult Care Facilities. Permanent Housing includes the following subcategories, as defined by ODMH:
 - Community Residence – a “person living in an apartment where they entered into an agreement that is NOT covered by Ohio tenant landlord law. Rules in programs or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of on-site supervision for residents living in an apartment dwelling. Usually board or agency owned”¹⁵
 - Subsidized Housing – a “person living in an apartment where they entered into a lease in accordance with Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed.”¹⁶
- **Residential Care** is defined by ODMH as “including room and board and personal care 24/7. Provides 24-hour supervision in active treatment oriented or structured environment.”¹⁷ Treatment services for individuals in Residential Care are billed separately.

• **Housing Supports[†]** is not defined by ODMH. Boards have reported that housing supports are funds that are made available to clients to use for deposits on utilities and apartments, and to purchase household items, appliances, etc. Housing supports funds are also used to hire housing specialists who help find placements for individuals and manage U.S. Department of Housing and Urban Development (HUD) programs.

• **Temporary Housing** funds support foster care, respite care, step-down facilities (beds to transition individuals from hospitals or skilled nursing facilities), and temporary housing, including homeless and domestic violence shelters. It includes the following subcategories, as defined by ODMH:

- Temporary Housing – “Non-hospital, time-limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately. Ohio tenant landlord law does NOT cover agreement.”¹⁸
- Foster Care – A “living situation in which the client (child or adult) resides with a non-related family or person in that person’s home for the purpose of receiving care, supervision, assistance and accommodations.”¹⁹
- Respite Care – A “short term living environment, it may or may not be 24 hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services, and accommodations.”²⁰

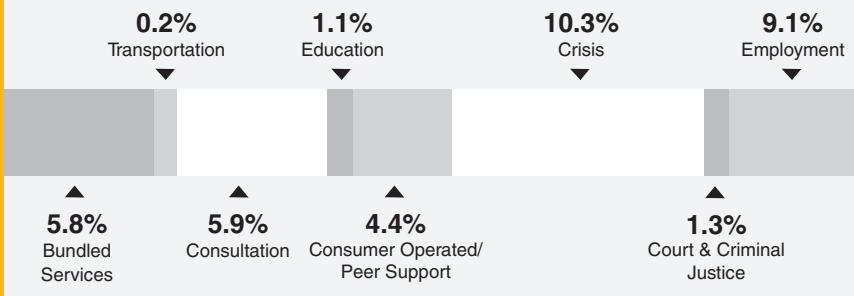
NOTE: ODMH defines Crisis beds as a housing service; this analysis considers them in the Crisis category.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.}

Total Spending



Overall Housing Summary

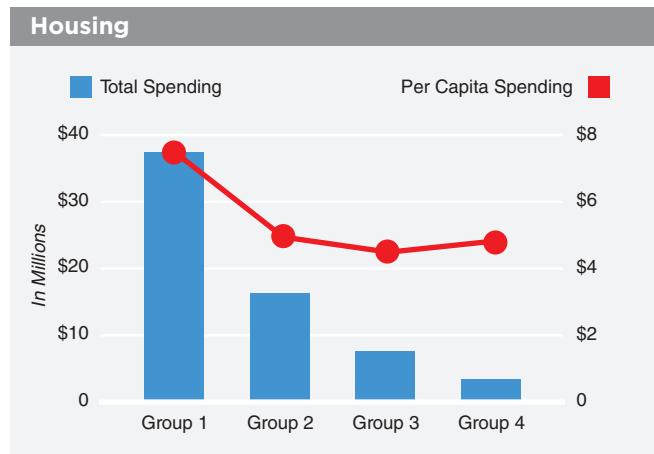
TOTAL SPENDING: \$65.9 MILLION	SHARE OF TOTAL NON-MEDICAID SPENDING: 48%	STATEWIDE SPENDING PER CAPITA: \$6.02	NUMBER OF BOARDS PROVIDING SERVICE: 43
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- Housing is the largest category in terms of spending, and is the service provided by the most boards responding to the survey.
- Housing has the largest state per capita spending.
- Housing investment is made broadly across the State as proven by the amount of spending and the number of boards providing services.
- The three boards not providing any housing services are in Group 4.
- Housing is the only category in which per capita spending in every Group is greater than \$1.00.
- The majority (57 percent) of total spending is by Group 1.
- Group 1 spent \$7.83 per capita on housing services. The other three Groups' per capita spending ranged between \$4.83 and \$4.33. The \$3.50 difference between highest and lowest Group per capita amounts was the largest within any spending category and one of only four with differences greater than \$1.00 (Crisis, Bundled Services and Employment are the other three).

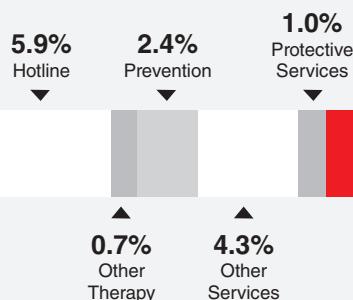
- Per capita spending is greater in Group 4 than it is in Group 3, even though total spending is greater in Group 3 than it is in Group 4.
- Groups 2, 3 and 4 spend relatively similar amounts per capita on Housing.

Table 31: Summary of Data: Housing

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$37,305,876	57%	\$7.83	6 (100%)
Group 2	\$16,554,804	25%	\$4.83	13 (100%)
Group 3	\$8,225,272	12%	\$4.33	14 (100%)
Group 4	\$3,786,235	6%	\$4.46	10 (77%)
Total Spending	\$65,872,188			



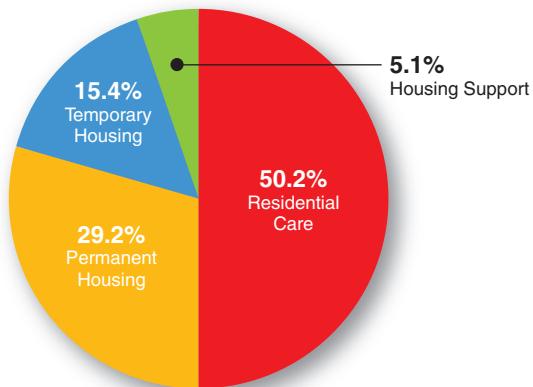
47.6%
Housing



Housing Subcategories Summary

The analysis established four subcategories of spending: Housing Supports, Permanent Housing, Residential Care, and Temporary Housing.

Spending on Housing Subcategories



- Residential Care makes up over half of the spending in this category, followed by Permanent Housing at 29.2 percent. Of the four categories, boards were much less likely to offer Temporary Housing and Housing Supports. Group 4 did not provide any Housing Supports.

- Within Housing, spending in each subcategory is greater than \$3 million. This is the only category where each of the subcategories is funded at that level.
- All of the boards in Group 1 provide each of the Housing subcategories except Housing Supports.
- Residential Care has the lowest percentage of boards providing the service.
- Housing Supports is the only subcategory that is not provided by at least one board in each Group.
- Statewide and in all Groups, Residential Care has the highest per capita spending.
- Statewide and in all Groups, Housing Supports has the lowest per capita spending.

Table 32: Total Spending on Housing Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Housing Supports	\$3,375,677	\$2,283,739 (68%)	\$387,087 (11%)	\$704,851 (21%)	–
Permanent Housing	\$19,247,181	\$11,165,629 (58%)	\$3,794,436 (20%)	\$2,798,075 (15%)	\$1,489,040 (8%)
Residential Care	\$33,093,260	\$18,951,049 (57%)	\$8,480,588 (26%)	\$4,150,726 (13%)	\$1,510,897 (5%)
Temporary Housing	\$10,156,069	\$4,905,459 (48%)	\$3,892,692 (38%)	\$571,620 (6%)	\$786,298 (8%)

Table 33: Per Capita Spending on Housing Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Housing Supports	31¢	48¢	11¢	37¢	–
Permanent Housing	\$1.76	\$2.34	\$1.11	\$1.47	\$1.75
Residential Care	\$3.02	\$3.98	\$2.47	\$2.18	\$1.78
Temporary Housing	93¢	\$1.03	\$1.14	30¢	93¢

Table 34: Number of Boards Providing Housing Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Housing Supports	9 (20%)	3 (50%)	2 (15%)	4 (29%)	–
Permanent Housing	39 (85%)	6 (100%)	11 (85%)	12 (86%)	10 (77%)
Residential Care	33 (72%)	6 (100%)	12 (92%)	12 (86%)	3 (23%)
Temporary Housing	21 (46%)	6 (100%)	9 (69%)	2 (14%)	4 (31%)

Housing Supports Summary

TOTAL SPENDING:	SHARE OF OVERALL HOUSING SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$3.4 MILLION	5%	31¢	9

- Housing Supports is the smallest subcategory of Housing services, both in terms of spending and number of boards reporting that they provide the service. Only 20 percent of boards provide Housing Supports.
- Housing Supports spending is highly concentrated, with just three boards in Group 1 accounting for two-thirds of the funding. This is the only Housing subcategory where Group 4 spends nothing. This is the only subcategory where Group 3 spends more than Group 2.
- This is the only Housing subcategory that is not provided by all boards in Group 1.
- Within Housing services, Groups 1, 2 and 4 spend the least per capita on Housing Supports. In Group 3, Housing Supports receives the second lowest per capita spending, with Temporary Housing being the lowest.
- While the per capita amount is not substantially larger for Group 1 than Group 3, the dollar amount that Group 1 spends is substantially larger.

Permanent Housing Summary

TOTAL SPENDING:	SHARE OF OVERALL HOUSING SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$19.2 MILLION	29%	\$1.76	39

- Permanent Housing is the second largest spending component within Housing services.
- Of all of the boards that reported data, nearly 85 percent provide Permanent Housing services.
- Permanent Housing is the most commonly provided Housing service and most commonly provided subcategory out of all of the subcategories in this report.
- When looking at data by Group, in Group 2 fewer boards provide Permanent Housing than Residential Care, but significantly more boards in Group 4 provide Permanent Housing than Residential Care.
- Group 1 spends the majority of the total funds in Permanent Housing, with Group 2 spending the second highest dollar amount.
- All Groups spend more than \$1.00 per capita in Permanent Housing.
- Group 4 per capita spending is greater than Group 3, even though Group 4's total spending is smaller.
- Per capita spending for Permanent Housing ranges from \$2.34 (Group 1) to \$1.11 (Group 2), with the per capita spending in Groups 3 and 4 falling in between.

Temporary Housing Summary

TOTAL SPENDING:	SHARE OF OVERALL HOUSING SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$10.2 MILLION	15%	93¢	21

- Approximately 46 percent of boards provide Temporary Housing.
- Groups 1 and 2 spend significantly more than Groups 3 and 4 on Temporary Housing.
- Temporary Housing is the only Housing subcategory where Group 4 does not spend the least total dollars.
- Based on the number of boards providing the service, 71 percent of boards providing Temporary Housing services are in Groups 1 or 2.
- More boards in Group 4 provide Temporary Housing services than Residential Care services.
- There is a significant range in per capita spending for Temporary Housing (\$1.14 to 30¢), with Group 2 spending almost 4 times more per capita than Group 3.
- Group 3 spends the least per capita on Temporary Housing compared to the other subcategories.

Residential Care Summary

TOTAL SPENDING:	SHARE OF OVERALL HOUSING SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$33.1 MILLION	50%	\$3.02	33

- Residential Care is the largest spending component within Housing services.
- Of all of the boards that reported data, nearly 72 percent provide Residential Care services.
- Group 1 spends the majority of total funds dedicated to Residential Care. Another 26 percent is spent by Group 2.
- Residential Care has the highest per capita spending of any Housing service. It also has the largest range in per capita spending for Housing services, ranging from \$3.98 (Group 1) to \$1.78 (Group 4).

Fact Sheet: Other Therapy Category

Description

Other Therapy[†] includes a variety of services that are considered therapy but are not Medicaid reimbursable. There are no subcategories within Other Therapy because these services are not offered in large enough quantities across Ohio to allow for individual analysis without identifying the boards that provide these services. Other Therapies include:

- Adjunctive Therapy (OAC 5122-29-23) is defined by ODMH as “interventions using a variety of media and activities to develop or maintain social or physical skills. Adjunctive therapy service includes interventions using a variety of media such as art, dance, music and recreation to develop or maintain social or physical skills.”
- Intensive Home Based Treatment (IHBT)[†] is a comprehensive treatment program that bundles mental health services into a single coordinated service for youth. Some boards were able to separate out the wrap around services associated with IHBT that are not Medicaid reimbursable, but other boards were not. Therefore this is a mixture of Medicaid and non-Medicaid reimbursable services.
- Scoring and analysis of psychological tests[†] including reviewing, scoring, evaluating and summarizing the results of a psychological test that has been administered to a client. Time spent writing a report is also included.

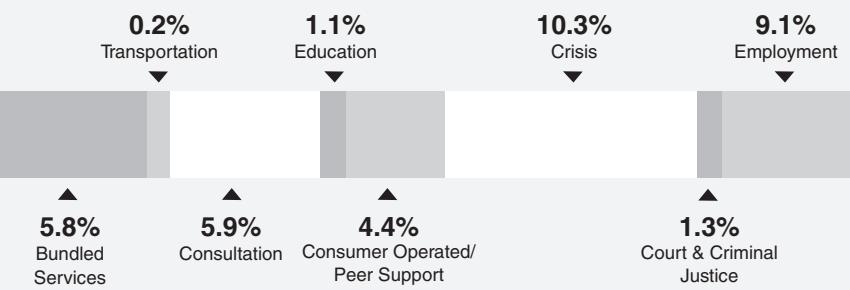
- Occupational Therapy (OAC 5122-29-24) is defined by ODMH as “the evaluation of learning and performance skills and analysis, selection and adaptation of activities for individuals whose abilities to cope with daily living are threatened or impaired by developmental deficiencies, the aging process, environmental deprivation, physical, psychological, or social injury or illness.”
- System of Care Services and Wraparound services[†] are models for coordinating care among and within systems and referring clients to needed services outside of mental health treatment.
- Boards were asked if they provided treatment services to the Amish. These services are included in the analysis because the Amish population is excluded from the individual mandate under the PPACA, so boards will remain responsible for funding them as a part of their non-Medicaid spending. All boards were asked if they have this type of program.
- Non-treatment services for children who are victims of severe physical and/or sexual abuse.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending



Overall Other Therapy Summary

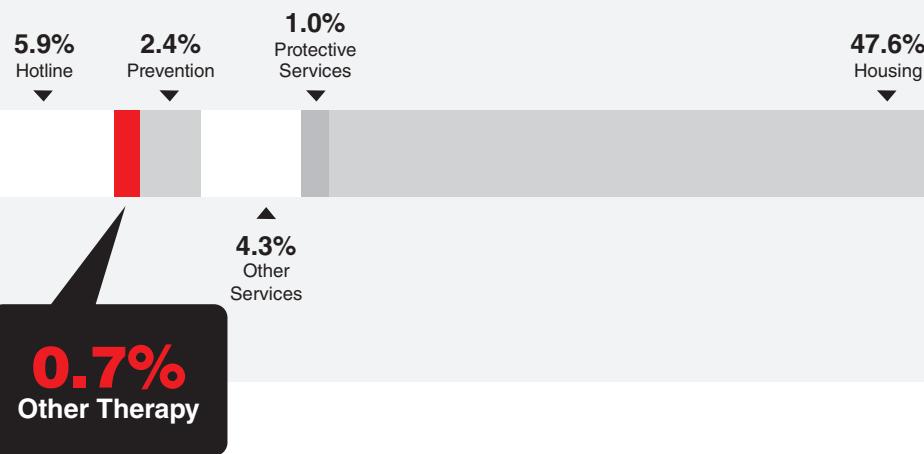
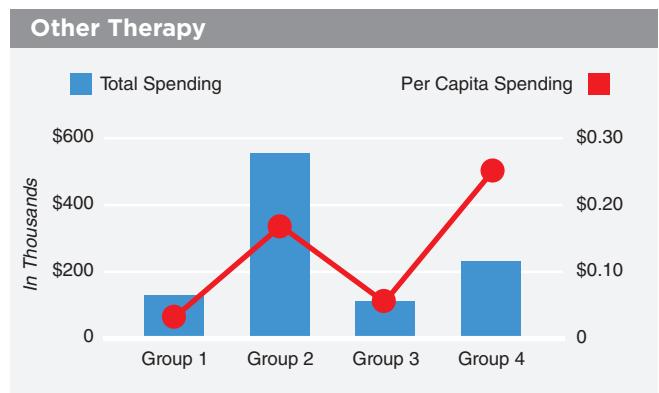
TOTAL SPENDING: \$1.03 MILLION	SHARE OF TOTAL NON-MEDICAID SPENDING: 0.7%	STATEWIDE SPENDING PER CAPITA: 9¢	NUMBER OF BOARDS PROVIDING SERVICE: 14*
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- Total spending on Other Therapy is greater than only one other category, Transportation.
- Group 2 outspends all three other Groups combined on Other Therapy.
- Group 4 has the second highest total spending but the highest per capita spending.
- The state per capita spending for Other Therapy is one of two categories that is under 10¢. (The other is Transportation.)
- Fifty percent of boards in Group 1 provide Other Therapy. Less than 40 percent of boards in each of Groups 2, 3 and 4 provide Other Therapy.

* One board in Group 1 provides Other Therapy services bundled with services that have been classified into other categories. To avoid duplicating spending among services, the Bundled Service category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Other Therapy services, this one board has been included in these counts, without including its spending in the total spending or per capita spending analysis.

Table 35: Summary of Data: Other Therapy

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$123,279	12%	3¢	3* (50%)
Group 2	\$569,286	55%	17¢	5 (38%)
Group 3	\$113,371	11%	6¢	3 (21%)
Group 4	\$222,244	22%	26¢	3 (23%)
Total Spending	\$1,028,180			



Fact Sheet: Prevention Category

Description

ODMH defines Prevention services (OAC 5122-29-20) as follows:

Action oriented either toward reducing the incidence, prevalence, or severity of specific types of mental disabilities or emotional disturbances; or actions oriented toward population groups with multiple service needs and systems that have been identified through recognized needs assessment techniques. Included in this service are actions such as personal and social competency building, stress management, and systems change. Prevention services shall be based upon a needs assessment and delivered to a population according to identified priorities. The population may include a range of persons from infancy to elderly age groups. Prevention services may include competency skills building, stress management, self-esteem building, mental health promotion, lifestyle management and ways in which community systems can meet the needs of their citizens more effectively.

Overall Prevention Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$3.4 MILLION	2.4%	31¢	23*

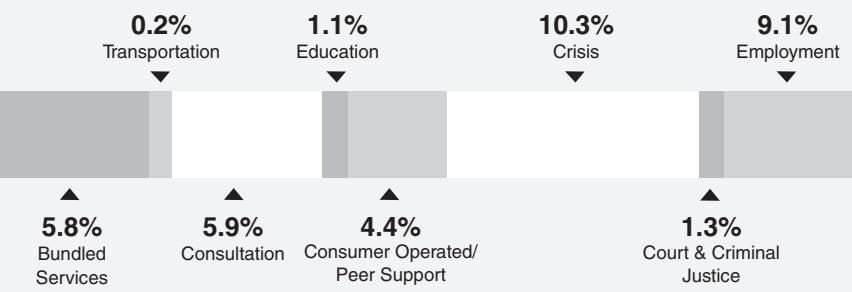
- Fifty percent of boards provide Prevention services.
- Over 75 percent of boards in Group 2 and two-thirds of boards in Group 1 provide Prevention services. Over 30 percent of boards in Groups 3 and 4 provide Prevention services.
- Prevention services rank ninth in both total spending and per capita spending.
- More than three-fourths of total spending for Prevention services is by Groups 1 and 2 (30 percent and 49 percent, respectively).
- Group 2 has the greatest number of boards providing Prevention services. Group 2 reports the highest total and per capita spending on Prevention services

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending

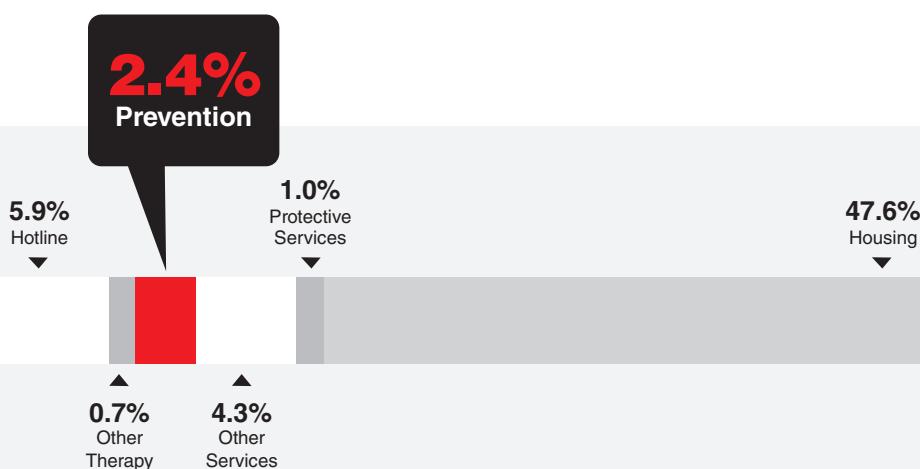
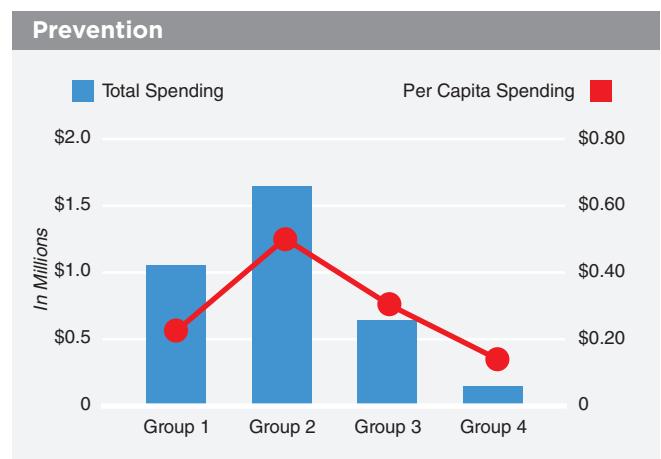


- Even though total spending by Group 1 is more than that of Group 3, Group 3 spends more per capita.

* One board in Group One provides Prevention services bundled with services that have been classified into other categories. To avoid duplicating spending amongst services, the Bundled Services category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Prevention services, this one board has been included in these counts, without including its spending in the total spending or per capita spending analysis.

Table 36: Summary of Data: Prevention

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$1,001,128	30%	21¢	4 (67%)
Group 2	\$1,640,334	49%	48¢	10 (77%)
Group 3	\$601,510	18%	32¢	5 (36%)
Group 4	\$128,547	4%	15¢	4 (31%)
Total Spending	\$3,371,519			



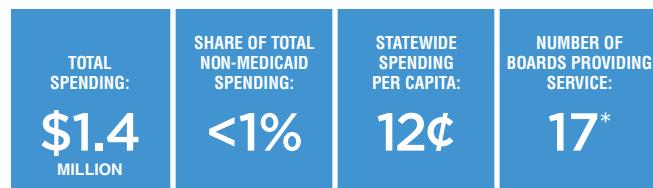
Fact Sheet: Protective Services Category

Description

The data reported for this category included only the following subcategories:

- **Guardianship Services[†]** provides legal guardians to serve as advocates and surrogate decision-makers for severely mentally ill adults. When an individual has been deemed "incompetent" by the Probate Court, then a "guardian of person" makes housing, medical, financial, legal, and day-to-day decisions for their client. These guardians also make end-of-life decisions and plan funerals for individuals.
- **Payeeship Services[†]** are designed to help clients avoid individual economic instability and homelessness. They are available to severely mentally disabled adults who, due to poor money management skills, are unable to manage their own funds or benefits. The Social Security Administration or the individual determines a payee is needed to handle his/her funds/benefits and they usually do not have anyone who is able or willing to serve as a payee on their behalf. The client and the payee representative develop a plan to ensure that the consumer's needs (e.g., housing, food, clothing, personal care) are met.

Overall Protective Services Summary



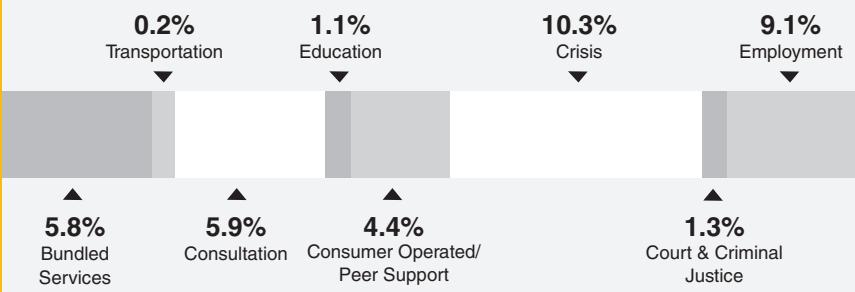
- Thirty-seven percent of responding boards provide Protective Services.
- Two-thirds of boards in Group 1 provide Protective Services. In the other three Groups, less than 50 percent of boards provide Protective Services.
- The \$1.4 million spent on Protective Services comprises less than one percent of the reported total spending on non-Medicaid services.
- Groups 1 and 2 make up 90 percent of the spending in this category. Only nine percent is spent by Group 3 and the remaining one percent is spent by Group 4.
- Statewide spending on Protective Services is 12¢ per capita. Groups 1 and 2 spend more than the state per capita spending and Groups 3 and 4 spend considerably less.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending



- The difference between the highest and lowest Group per capita amounts is 15¢. This is one of only four with differences less than 20¢ (Transportation, Court and Criminal Justice and Consumer Operated/Peer Support are the other three).

* Five boards provide Protective Services bundled with services that have been classified into other categories. To avoid duplicating spending amongst services, the Bundled Service category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Protective Services, the five boards have been included in these counts, without including their spending in the total spending or per capita spending analysis. Two boards are in Group 1, two boards are in Group 2, and one board is in Group 3.

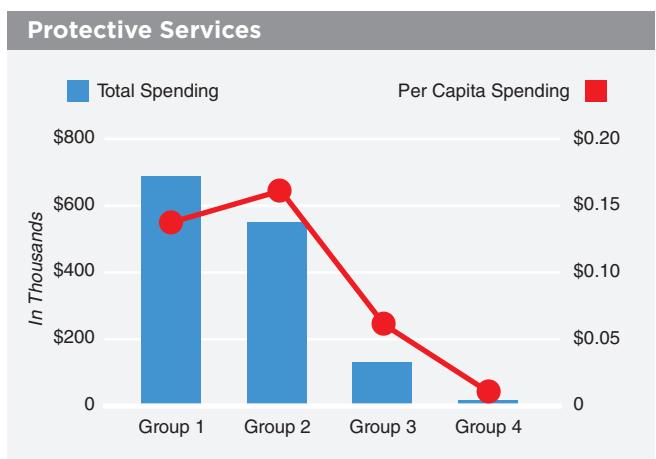
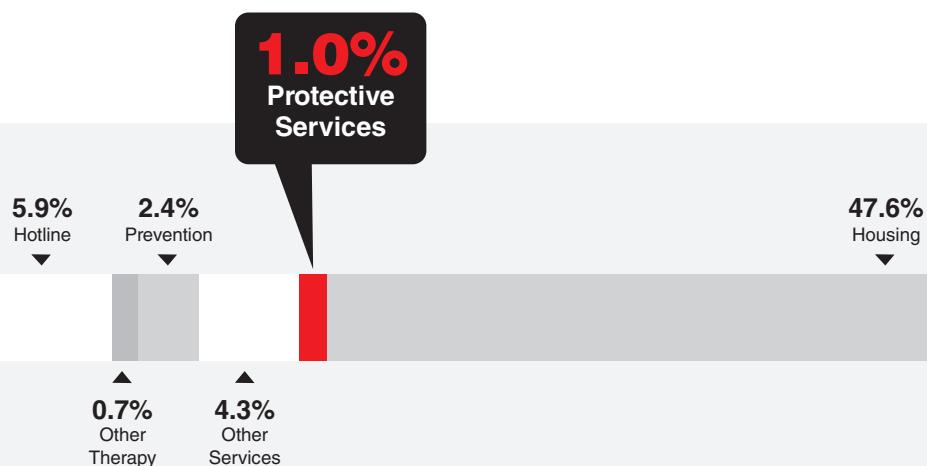


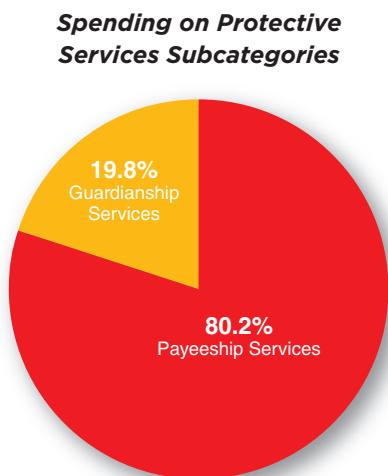
Table 37: Summary of Data: Protective Services

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$679,244	50%	14¢	4* (67%)
Group 2	\$549,054	40%	16¢	6* (46%)
Group 3	\$119,766	9%	6¢	5* (36%)
Group 4	\$9,610	1%	1¢	2 (15%)
Total Spending	\$1,357,674			



Protective Services Subcategory Summary

This analysis established two subcategories of spending: Guardianship and Payeeship services.



- At 80 percent of spending, Payeeship Services make up the majority of spending in this category.
- Payeeship Services have a significantly higher per capita spending than Guardianship Services.
- Groups 1, 2 and 3 all provide Payeeship and Guardianship Services. Group 4 provides Guardianship Services, but not Payeeship Services.
- Groups 1 and 2 provide nearly the same amount of funding for Payeeship Services.

* The five boards which provide Protective Services but were not able to provide details about spending are included in this subcategory analysis. Two boards provide Guardianship Services (one each in Groups 1 and 3). Four boards provide Payeeship Services (two in Group 1 and two in Group 2).

Table 38: Total Spending on Protective Services Subcategories

	Total Subcategory Spending	Group 1	Group 2	Group 3	Group 4
Guardianship Services*	\$268,725	\$162,853 (61%)	\$43,887 (16%)	\$52,375 (19%)	\$9,610 (4%)
Payeeship Services*	\$1,088,949	\$516,391 (47%)	\$505,167 (46%)	\$67,391 (6%)	–

Table 39: Per Capita Spending on Protective Services Subcategories

	State Per Capita	Group 1	Group 2	Group 3	Group 4
Guardianship Services*	2¢	3¢	1¢	3¢	1¢
Payeeship Services*	10¢	11¢	15¢	4¢	–

Table 40: Number of Boards Providing Protective Services Subcategories

	Total # (% Reporting Boards)	Group 1 (% of Group)	Group 2 (% of Group)	Group 3 (% of Group)	Group 4 (% of Group)
Guardianship Services*	9 (20%)	2 (33%)	2 (15%)	3 (21%)	2 (15%)
Payeeship Services*	11 (24%)	4 (67%)	5 (38%)	2 (14%)	–

Guardianship Services Summary

TOTAL SPENDING:	SHARE OF TOTAL PROTECTIVE SERVICES SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$268,725	20%	2¢	9*

- Nearly one-fifth of boards provide Guardianship Services.
- Total spending on Guardianship Services is \$268,725, which is nearly 20 percent of the spending on Protective Services.
- Spending by Group 1 makes up 60 percent of total spending (\$162,000), but all of this spending is done by one board within the Group. (Note: Board counts are different in the table because the two boards included in the board count bundle their Guardianship Services with other services, and therefore, the spending for these two boards is not included in this analysis.)
- Groups 1 and 3 have the same per capita spending (3¢), while Groups 2 and 4 have the same per capita spending (1¢).
- All Groups indicate some spending on Guardianship Services. Group 1 spends the most. Groups 2 and 3 make up nearly the same amount of spending (16 percent and 19 percent, respectively). Group 4 spends the remaining four percent.

Payeeship Services Summary

TOTAL SPENDING:	SHARE OF TOTAL PROTECTIVE SERVICES SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$1.1 MILLION	80%	10¢	11*

- Twenty-four percent of boards provide Payeeship Services.
- Total spending on Payeeship Services is \$1.1 million, which is just over 80 percent of total spending on Protective Services.
- Two-thirds of boards in Group 1 provide Payeeship Services. Thirty-eight percent of Group 2 and 14 percent of Group 3 provides Payeeship Services. No boards in Group 4 provide Payeeship Services.
- Groups 1 and 2 show very similar totals and per capita spending on Payeeship Services. In Group 1, two boards reported spending for Payeeship Services, while in Group 2, three boards did. (Note: Board counts are different in the table because the boards included in the board count bundle their Payeeship Services with other services, and therefore, the spending for these boards is not included in this analysis.)
- Spending by Groups 1 and 2 make up almost all of the spending in this subcategory (47 percent and 46 percent, respectively). The remaining six percent is spent by Group 3.

Fact Sheet: Transportation Category

Description

This category includes a variety of Transportation[†] services offered by boards to individuals with mental illnesses. The services in this category include:

- Emergency transportation to crisis stabilization
- Transportation to a state or private hospital
- Transportation upon discharge from a state or private hospital to community based treatment
- Subsidization of client transportation costs due to the limited availability of public transportation in their area
- Operation of a bus route that takes clients to the local drop-in center or other service provider

The Transportation category contains no subcategories due to the limited number of services being offered around the state.

Overall Transportation Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$279,119	0.2%	3¢	9

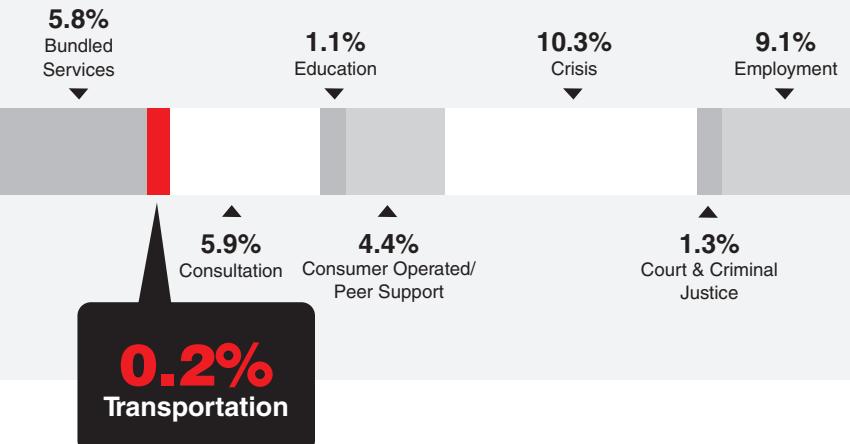
- Boards spend the least total dollar amount on Transportation services.
- Of all of the categories, the least number of boards provide Transportation services.
- Transportation is the only category where an entire Group does not provide the service. No board in Group 1 reported spending on Transportation services. The remaining three Groups provide Transportation services.
- The bulk of the spending on Transportation (91 percent) occurs within Groups 2 and 3. The remainder is spent by Group 4.
- Groups 2 and 3 make the largest investments in Transportation services. Due to the population variation between the two Groups, the investment results in a higher per capita investment by Group 3.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

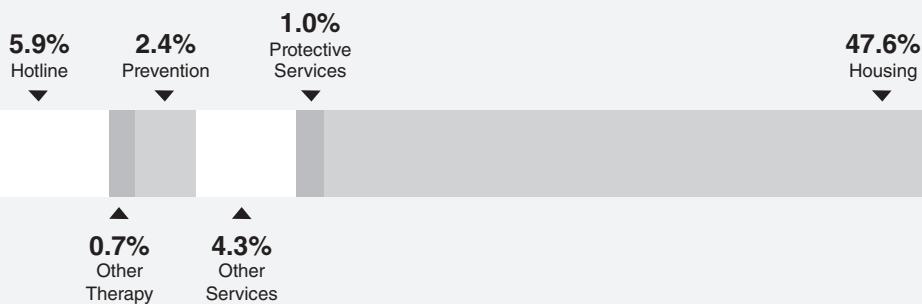
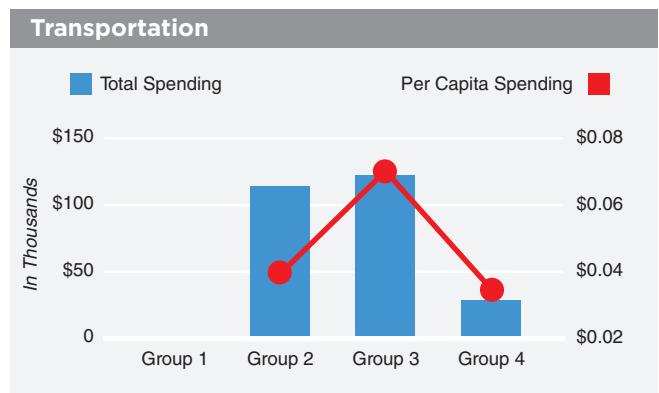
Total Spending



- Transportation has the lowest state per capita spending of all categories, and it is the only category with a state per capita amount under 5¢.
- Group 3 has the highest per capita spending, which is more than twice the per capita spending by Group 4.
- The difference between the highest and lowest Group per capita amounts is 4¢. This is the only category with a difference less than 10¢.

Table 41: Summary of Data: Transportation

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	—	—	—	—
Group 2	\$120,227	43%	4¢	3 (23%)
Group 3	\$132,660	48%	7¢	4 (29%)
Group 4	\$26,232	9%	3¢	2 (15%)
Total Spending	\$279,119			



Fact Sheet: Other Services Category

Description

This category contains items that boards designated as “Other Services†,” but either no additional description of the services was provided or the services were too unique to fit into another existing category. Two areas of Other Services have been designated as “unique services”:

- Assisting clients with obtaining government benefits, including disability and Medicaid
- Making funds available to support emergent needs of clients outside of Housing Supports. (See Housing Supports Summary.)

Overall Other Services Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$5.9 MILLION	4.3%	54¢	16*

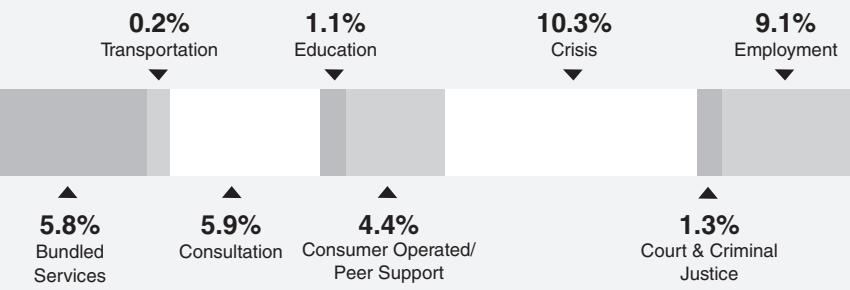
- Thirty-five percent of responding boards provide Other Services.
- The overwhelming majority of spending in this category (98 percent) was spent on Other Services that were not described. The remaining two percent was spent on “unique services” (\$107,065).
- Group 1 spends 60 percent of the total dollars spent on Other Services.
- Both Groups 1 and 2 spend more per capita than the state per capita spending, and Groups 3 and 4 spend considerably less per capita than the state per capita spending. Group 1 spends more than six times the amount that Group 3 does per capita.
- Almost two-thirds of boards that reported providing Other Services are in Groups 1 and 2.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending



- While all Groups contain boards that provide Other Services, only Groups 1, 2 and 4 provide services that were classified as “unique services”. All four of the individual boards that provide “unique services” did not report any non-specified Other Services.
- Groups 1 and 2 have the greatest number of boards that provide Other Services and the vast majority of spending is concentrated in Groups 1 and 2.

* Two boards (one each in Groups 1 and 4) provide “unique services” bundled with services that have been classified into other categories. To avoid duplicating spending amongst services, the Bundled Service category contains all of the spending associated with these bundled services. However, to provide an accurate count of the number of boards providing Other Services, the boards have been included in these counts, without including their spending in the total spending or per capita spending analysis.

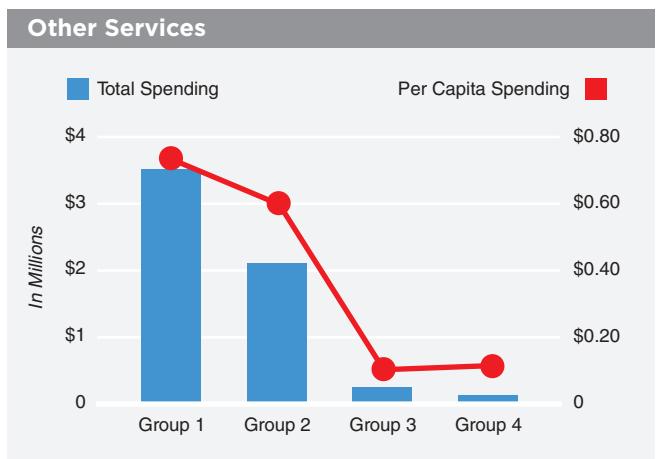
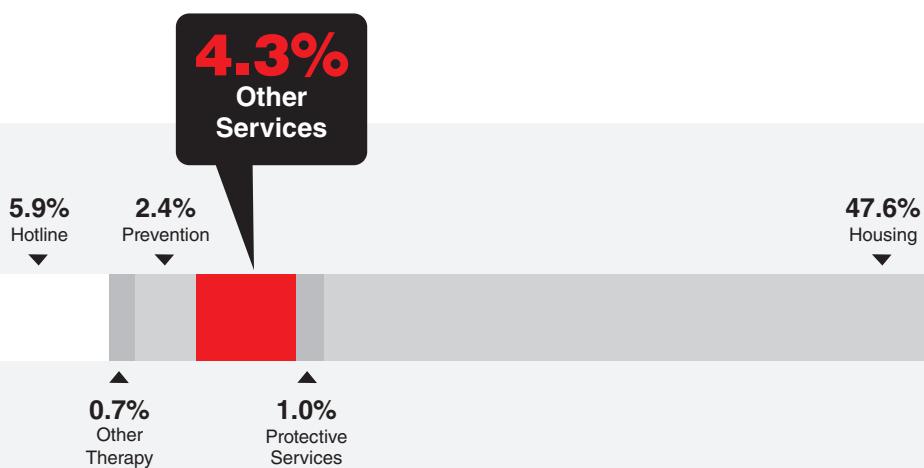


Table 42: Summary of Data: Other Services

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$3,527,914	60%	74¢	4* (67%)
Group 2	\$2,049,990	35%	60¢	6 (46%)
Group 3	\$229,761	4%	12¢	4 (29%)
Group 4	\$113,105	2%	13¢	2* (15%)
Total Spending	\$5,920,770			



Fact Sheet: Bundled Services Category

Description

Some boards report that they group together multiple categories of services. For example, some services are bundled by provider providing multiple different programs and some categories of services are grouped together for unknown reasons. Due to the way boards account for these dollars, they are unable to report on the spending within individual categories. In order to most accurately represent unduplicated spending amounts, this analysis contains a Bundled Services[†] category, which includes services that would have been categorized under:

- Consultation
- Consumer Operated/Peer Support
- Court and Criminal Justice
- Crisis
- Education
- Employment
- Hotline
- Housing
- Other
- Other Therapy
- Prevention
- Protective Services

Although Bundled Services intersect many of the categories in this report, because of the bundled nature of these items their spending was not included in individual category analyses.

Overall Bundled Services Summary

TOTAL SPENDING:	SHARE OF TOTAL NON-MEDICAID SPENDING:	STATEWIDE SPENDING PER CAPITA:	NUMBER OF BOARDS PROVIDING SERVICE:
\$8.0 MILLION	5.8%	73¢	14

- Bundled Services is the sixth largest category in terms of total spending. However, the category ranks twelfth in terms of the number of boards reporting it.
- Group 1 and Group 2 combine for 98 percent of spending—a total of \$7.8 million.
- The variance between per capita spending by Group 1 and Group 4 is \$1.23. Per capita spending by Group 2 is about halfway between Group 1 and Group 4.
- The difference between the highest and lowest Group per capita spending is \$1.23. This is one of only four with differences greater than \$1.00 (Housing, Crisis and Employment are the other three).
- Almost all of boards in Group 1 provide Bundled Services. Significantly fewer boards in Groups 2, 3 and 4 provide Bundled Services.

Definitions to Remember

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 populations of these boards are not included in any per capita calculations.

Total Spending

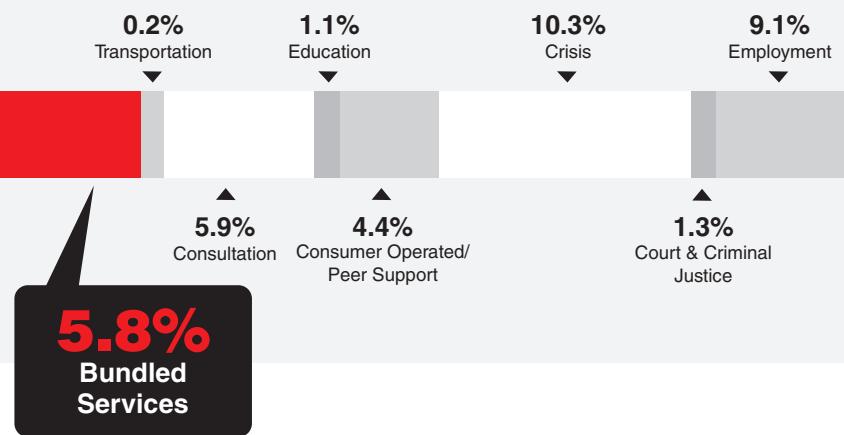
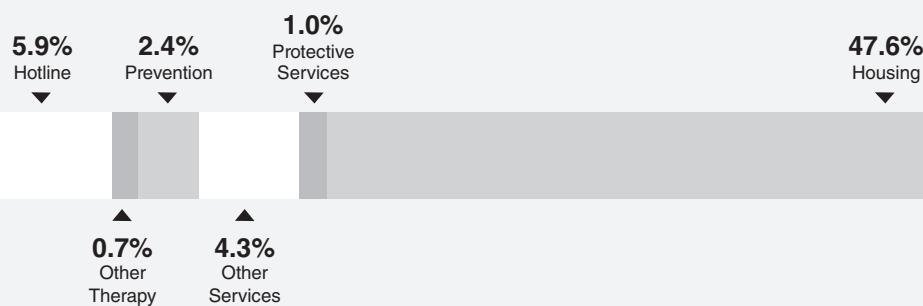
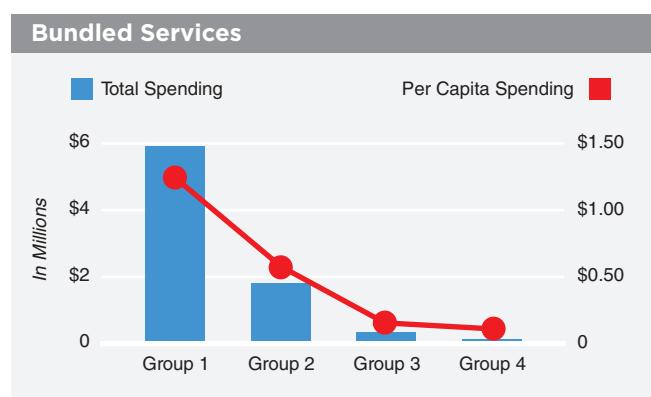


Table 43: Summary of Data: Bundled Services

Group		% of Total Spending	Per Capita Spending	# of Boards (% of Group)
Group 1	\$5,944,878	75%	\$1.25	5 (83%)
Group 2	\$1,827,255	23%	53¢	4 (31%)
Group 3	\$179,397	2%	9¢	3 (21%)
Group 4	\$15,797	0.2%	2¢	2 (15%)
Total Spending	\$7,967,327			



Continuum of Care

Individuals with mental illnesses need access to a continuum of care that spans treatment and support services. The ideal continuum of care covers all of an individual's needs. An individual with a mental illness needs the same items that every person needs, including health care (primary and acute), housing, food, employment, and social interactions, but may need additional support in obtaining and retaining these items.

After the passage of the PPACA, the Substance Abuse and Mental Health Services Administration²¹ (SAMHSA) defined the services that should be included in a modern addiction and mental health services continuum of care. The vision SAMHSA puts forth for a “good” and ‘modern’ system of care is to provide a full range of high quality services to meet the range of age, gender, cultural and other needs presented.²² SAMHSA also envisions the continuum of care including “coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity.”²³ SAMHSA also states that the continuum of care “should recognize the critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, etc.”²⁴ SAMHSA proposes that the continuum of care consists of nine domains. The domains and specific activities or services are listed in Table 44.

Services provided through Ohio’s Medicaid program are also indicated in Table 44. Services provided only to individuals enrolled in waiver programs, both for developmental disabilities and long-term care, are not included in this table. Waiver programs do provide additional services that individuals with mental illnesses would benefit from, including respite care, supplemental transportation, independent living assistance, and homemaker services. An individual’s access to waiver programs is limited through age, income and level of care eligibility requirements. Some individuals with mental illness may qualify for these services; however, many do not. Another challenge with waiver programs is that the number of individuals who can enroll in the program is limited. These caps often mean that even if an individual is eligible for the waiver program, the individual cannot enroll in the program.

Through the carved-out Medicaid mental health and addiction services, Ohio provides behavioral health assessment, psychiatric diagnostic interview, individual and group behavioral health counseling, individual and group case management services (Community Psychiatric Supportive Treatment – CPST), pharmacologic management services, crisis intervention, partial hospitalization, ambulatory detoxification, intensive outpatient addiction treatment, laboratory urinalysis, and medication assisted treatment (including methadone administration).

Ohio has also recently added health home services to the Medicaid plan for individuals with severe and persistent mental illness, which is a waiver program with eligibility requirements. (Note: At the time this report was written, only five counties have access to health home services. The remaining counties will receive access to health home services during 2013.) The health home services are intended to connect individuals with severe and persistent mental illnesses with physical, behavioral and support services that they need. The primary focus of health home services is care management and referral to services. Ohio also provides physical health care services and tobacco cessation programs through its Medicaid managed care plans.

The last column in Table 44 indicates which services were specifically mentioned by boards as being provided in their communities through the survey.

Table 44: SAMHSA Continuum of Care Domains and Services and Ohio's Current Service Offerings

SAMHSA Continuum of Care Domains	SAMHSA Continuum of Care Recommended Specific Activities or Services	Coverage by Ohio's Managed Care Medicaid Program	Coverage by Ohio's Behavioral Health Medicaid Program • Indicates Additional Services Provided through a Health Home	Non-Medicaid Services Offered by at Least One Board (Based on Reported Data)
Prevention and Wellness Promotion Services	Screenings and Brief Interventions Prevention Programs Health Promotion, including Tobacco Cessation Facilitated Referrals Relapse Prevention Wellness Programs	✓ ✓ • • •	• • • •	
Engagement Services	Assessment Specialized Evaluations Service Planning, including crisis planning Consumer and Family Education Outreach Services		✓ ✓ • • •	✓ ✓
Health Homes/ Physical Health	General and Specialized Outpatient Medical Services Acute Primary Care General Health Screenings, Tests and Immunizations Comprehensive Care Coordination Comprehensive Transitional Care Individual and Family Support Referral to Community Services Nutritional Supports	✓ ✓ ✓ ✓ ✓ ✓	• •	
Outpatient and Medication Services	Individual and Group Therapy Family Therapy Multi-family Therapy Consultation to Caregivers Medication Management Pharmacotherapy, including Medication Assisted Therapy Laboratory Services		✓ ✓ ✓ (Urinalysis)	✓ ✓
Intensive Support Services	Intensive Outpatient Addiction Services Partial Hospitalization Day Treatment Assertive Community Treatment Intensive Home Based Treatment Multi-systemic Therapy Intensive Case Management		✓ ✓ ✓ (CPST)	✓ ✓
Community Supports and Recovery Services	Parent/ Caregiver Training and Support Skill Building Services, including Social, Daily Living, Cognitive Employment Supports Continuum of Housing and Supports Therapeutic Mentoring Peer Support		✓ (CPST)	✓ ✓ ✓ ✓ ✓
Other Supports	Personal Care Homemaker Respite Care Education Supports Transportation Assisted and Independent Living Services Recreational Services			✓ ✓ ✓ ✓ ✓
Out of Home Residential Services	Crisis Residential and Stabilization Adult Residential Services Children Residential Services Therapeutic Foster Care			✓ ✓ ✓ ✓
Acute Intensive Services	Crisis Intervention Mobile Crisis Services Inpatient Services Urgent Care Services 24-Hour Crisis Stabilization Services 24/7 Crisis Hotline Services Detoxification	✓	✓ ✓ (Ambulatory)	✓ ✓

One way to make additional services available statewide is to include services in the Medicaid benefit package, which would allow for federal funding to help finance a greater portion of the continuum of care. By expanding the services available in the mental health Medicaid program, a payer source would be available for individuals enrolled in Medicaid. However, individuals who are uninsured or underinsured would continue to rely on local boards to finance these additional services through state and local non-Medicaid funds. The information in Table 45 is an analysis conducted by SAMHSA on the mental health services that various states provided through their Medicaid programs in 2003.²⁵

Ohio is currently exploring adding services to its mental health Medicaid program, including: day treatment, Assertive Community Treatment, Intensive Home Based Treatment, peer support and family therapy services. By adding these services, Ohio will move toward a fuller continuum of care than it has today. However, to more fully implement the continuum of care, Ohio should explore incorporating additional services into its Medicaid benefit package in SAMHSA's 'good' and 'modern' benefit analysis, including services under Collateral Services, Residential Services, and Extensive Outpatient Services. Based on SAMHSA's State Profiles of Mental Health and Substance Abuse Services in Medicaid²⁶ report, Ohio is in the minority by not providing these services.

Even though 38 states provide some mental health services under Collateral Services²⁷ and 30 states provide some mental health services under Residential Services,²⁸ Ohio's Medicaid program provides no services in either category. Ohio is one of 45 states that provides some mental health services under Extensive Outpatient Services,²⁹ but it does not provide the full range of services eligible for Medicaid reimbursement. By adding these services to Ohio's Medicaid benefit package, Ohio would be providing a fuller continuum of care to individuals with mental illnesses across Ohio, while leveraging federal funds to support these services.

Results of this report's analysis indicates that at least a part of the continuum of care is offered in Ohio and being funded by non-Medicaid funding streams. However, access to these services is highly dependent on where an individual lives, given that service availability varies greatly from board to board. For a true continuum of care to be effective, an individual with a mental illness must be able to access all of the services they need in the community in which they live. In order to provide all of the services in the proposed continuum of care, additional funding needs to be invested in the community mental health system to ensure access to these services across Ohio.

Table 45: Selected Mental Health Treatments Coverable by Medicaid

Treatment	Description
Psychotropic Drugs	Prescription medications provided for the treatment of mental illnesses
Residential Treatment	Any type of long-term care that is provided in a residential treatment center
Targeted Case Management	Services to assist individuals eligible under the State plan in gaining access to needed medical, social, educational and other services
Extensive Outpatient Services	Services provided during business hours to individuals with mental illnesses to encourage positive social interactions (such as therapeutic day programs, occupational therapy, peer support, and activity therapy)
Outpatient Hospital Services	Individual, group, or family counseling and/ or psychotherapy, and diagnosis, treatment, assessment and medication management occurring on an outpatient basis
Physician Services	Care services provided by primary care physicians and psychiatrists for the treatment of mental illnesses
Services of Other Licensed Professionals	Services provided by other licensed behavioral health professionals, including psychiatric social workers and clinical psychologists
Rehabilitative Services	Services provided to reduce mental disability and promote restoration of functioning
Collateral Services	Services offered to family or coworkers of people with mental illnesses and may include family therapy, family coping skills, respite care, and vocational support
Crisis Services	Emergency services provided to counteract or reverse an episodic deterioration in the patient's condition
School-based Services	Any services targeted to school-aged children in a school-based setting, including counseling and therapy
Home- and Community- based Services	Services provided under home- and community-based waivers
Inpatient Hospitalization	Any short-term inpatient stay in a general hospital setting or long-term stay in a psychiatric hospital

Recommendations

Individuals with mental illnesses need access to a continuum of care that supports their needs. This report is intended to look at the continuum of care outside of Medicaid reimbursable services. Based on the data in this report, the following recommendations are made to ensure that Ohioans have access to the continuum of care they need, and also ensure that policymakers have the data they need to adequately support individuals with mental illnesses into the future.

Identified Data Needs

Data on the number of clients served, units provided and waiting lists for services is needed. Boards were unable to provide a consistent reporting of this data. It is highly recommended that boards have on record the number of clients served in their area by service. It is also recommended that boards have a record of any waiting lists, length of time to receive services, or unmet need information by service. While boards should have the number of units of services provided, for many of the services in this report the number of units provided are much less informative than the client specific information.

Information should be available regarding what services are being provided in the community. This report indicates several million dollars of spending that is identified as Other Services with no further description. Accountability and transparency of public funds requires that information to be available regarding these services.

Data should be collected and analyzed regarding the number of individuals with mental illnesses receiving services through Medicaid waiver programs.

Funding

Increased investment at both the local and state levels in the services focused on in this report is needed to ensure that every resident needing services is able to access them in the community.

In order to support the continuum of care, Ohio should explore adding additional services to its Medicaid benefit package to leverage federal funds in providing services statewide. In addition to the services the State is currently exploring (day treatment, Assertive Community Treatment, Intensive Home Based Treatment, peer support services, and family therapy), some services to consider include services under Collateral Services, Residential Services and Extensive Outpatient Services.

Waiver programs should be utilized, where appropriate, for individuals with mental illness, recognizing the limitations of waiver programs.

Remaining Questions

With the continuum of care in mind, each community should assess its needs for each component of the continuum that should be provided outside of Medicaid or health care insurance. The assessment should be broader than just those services provided by the community's mental health board. In some communities, other county agencies or systems may be meeting the needs of individuals with mental illnesses for some component of the continuum. Transportation is an example; many communities have a public transportation system already in place. Does this public transportation system meet the needs of individuals with a mental illness? Does the mental health board need to augment this system to ensure that this component of the continuum is met? This assessment would facilitate referrals made through health homes for individuals with mental illnesses.

While this analysis divided boards into four Groups based on population size, no assumption was made as to whether the boards in each Group needed to provide the same or different services. Also no assumption was made as to whether the amount of services needed in every board would be the same. Is there a reasonable expectation that more services will need to be available in some areas? Is there a reasonable expectation that different types of services will need to be offered depending on the area of the state (urban, suburban, rural)? Is there a reasonable expectation that services might have a higher per capita price in some areas? What impacts the services needed in a specific area or the per capita price for those services?

What services are provided by the four boards that did not report spending?

Once the State decides whether to expand Medicaid under the PPACA, how will the expansion or lack thereof impact the financing of community mental health services?

Is there a way to utilize the data and referral system established through the health home model to gain insight into the community need for support services?

Endnotes

- 1 Multi-Agency Community Services Information System (MACSIS).
- 2 Ibid.
- 3 By the Numbers: Developing a Common Understanding for the Future of Health Care. The Mental Health Advocacy Coalition and The Center for Community Solutions. (January 2011), p. 7.
- 4 Health insurance exchanges were established as a part of the PPACA to create a more organized and competitive market for buying health insurance. They will offer a choice of different health plans, certify plans that participate and provide information to help consumers better understand their options. Exchanges will serve primarily individuals buying insurance on their own and small businesses with up to 100 employees. *Health Reform Source: Frequently Asked Questions*. Kaiser Family Foundation. <http://healthreform.kff.org/faq/what-is-a-health-insurance-exchange.aspx>
- 5 Essential health benefits set a benchmark for a comprehensive package of items and services required for health plans offered in the individual and small group markets. Essential health benefits must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. *HealthCare.gov Glossary: Essential Health Benefits*. U.S. Department of Health and Human Services. <http://www.healthcare.gov/glossary/e/essential.html>
- 6 *Essential Health Benefits Bulletins*. Centers for Medicare and Medicaid Services. December 16, 2011 and February 17, 2012.
- 7 States could choose a benchmark from among the following ten health insurance plans: the largest plan by enrollment in any of the three largest small group insurance products in the State's small group market; any of the largest three State employee health benefit plans by enrollment; any of the largest three national Federal Employee Health Benefits Plan options by enrollment; or the largest insured commercial non-Medicaid Health Maintenance Organization operating in the State. *Essential Health Benefits Bulletins*. Centers for Medicare and Medicaid Services. December 16, 2011 and February 17, 2012.
- 8 *The Individual Mandate: How Sweeping?* Kaiser Family Foundation. (March 2012) <http://policyinsights.kff.org/en/2012/march/the-individual-mandate-how-sweeping.aspx>
- 9 Calculated from Federal Medicaid Assistance Percentages (FMAP) rates available at The Kaiser Family Foundation, statehealthfacts.org.
- 10 Multi-Agency Community Services Information System (MACSIS).
- 11 U.S. Census Bureau.
- 12 "MACSIS Codes for Residential & Housing Service Categories (Non-Clinical Services) with Current Living Situations" <http://www.mh.state.oh.us/ois/macsis/codes/macsis.mh.hipaa.proc.housing.table.pdf>
- 13 Enclaves are a crew of clients that are motivated to work and make money, but have been unsuccessful in finding competitive work. They provide temporary or permanent work service, but are supervised by a community mental health staff person. They also require direct supervision to complete work tasks. The crews often travel together to various work sites in the community. Janitorial and maintenance tasks are the most common activities performed by the work crews. In work enclaves, there is a contractual relationship between the business and the agency. The agency pays the wages of the workers.
- 14 ODMH Residential and Housing Service Categories definitions are available in "MACSIS Codes for Residential & Housing Service Categories (Non-Clinical Services) with Current Living Situations" <http://www.mh.state.oh.us/ois/macsis/codes/macsis.mh.hipaa.proc.housing.table.pdf>

15 Ibid.

16 Ibid.

17 Ibid.

18 Ibid.

19 Ibid.

20 Ibid.

21 The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA was established in 1992 and directed by Congress to target substance abuse and mental health services to the people most in need. Over the years SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

22 *Description of a Good and Modern Addictions and Mental Health Service System*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. April 2011.

23 Ibid.

24 Ibid.

25 Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2008.

26 State Profiles of Mental Health and Substance Abuse Services in Medicaid. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. January 2005.

27 Ibid.

28 Ibid.

29 Ibid.

Appendix 1

Below is the breakout of boards into each of the four Groups based on total population and those boards that did not provide data.

Abbreviation Key

ADM:	Alcohol, Drug Addiction and Mental Health Services
ADAMH:	Alcohol, Drug Addiction and Mental Health Services
ADAMHS:	Alcohol, Drug Addiction and Mental Health Services
CMH:	Community Mental Health
MH:	Mental Health
MHDAS:	Mental Health, Drug and Alcohol Services
MHRS:	Mental Health and Recovery Services

Group 1

Boards with total populations above 400,000

	2010 Board Population
ADAMHS Board of Cuyahoga County	1,280,122
ADAMH Board of Franklin County	1,163,414
Hamilton County MH and Recovery Services Board	802,374
County of Summit ADM Board	541,781
ADAMHS Board for Montgomery County	535,153
MHRS Board of Lucas County	441,815

Group 2

Boards with total populations between 200,000-399,999

	2010 Board Population
MHRS Board of Stark County	375,586
Butler County CMH Board	368,130
MH & Recovery Board of Clark, Greene & Madison Counties	343,341
Lorain County MH Board	301,356
MHRS Board of Warren and Clinton Counties	254,733
Mahoning County CMH Board	238,823
Paint Valley ADAMH Board (Fayette, Highland, Pickaway, Pike, and Ross Counties)	235,090
Lake County ADAMHS Board	230,041
Muskingum Area ADAMH Board (Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties)	228,819
Licking & Knox Counties MHRS Board	227,413
Trumbull County Mental Health and Recovery Board	210,312
Delaware – Morrow MHRS Board	209,041
Tri-County Board of Recovery & MH Services (Darke, Miami and Shelby Counties)	204,888

Group 3

Boards with total populations between 100,000-199,999

	2010 Board Population
MHRS Board of Allen, Auglaize, and Hardin Counties	184,338
Medina County ADAMH Board	172,332
Portage County MH & Recovery Board	161,419
MH & Recovery Board of Wayne & Holmes Counties	156,886
Four County ADAMH Board (Defiance, Fulton, Henry, and Williams Counties)	147,592
Fairfield County ADAMH Board	146,156
MHRS Board of Seneca-Sandusky-Wyandot	140,304
MHRS Board of Richland County	124,475
ADAMHS Board of Tuscarawas & Carroll Counties	121,418
MH & Recovery Board of Erie & Ottawa	118,507
Crawford-Marion Board of ADAMHS	110,285
Columbiana County MH & Recovery Board	107,841
Athens-Hocking-Vinton 317 Board	107,572
Belmont-Harrison-Monroe MH & Recovery Board	100,906

* All four boards that did not provide data for this analysis would fall into this Group based on their populations. The populations of these boards are not included in any per capita calculations.

Group 4

Boards with total populations below 100,000

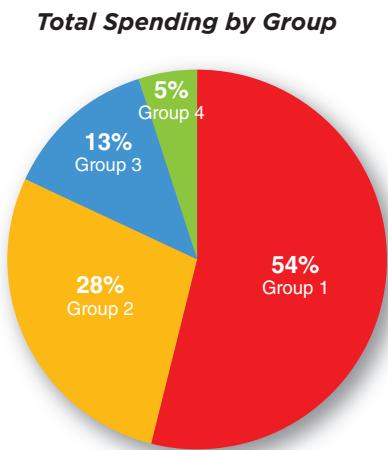
	2010 Board Population
Geauga Board of MHRS	93,389
Mercer, Van Wert & Paulding ADAMH Board	89,172
Gallia-Jackson-Meigs Board of ADAMHS	87,929
Logan-Champaign Counties MHDAS Board	85,955
Hancock County ADAMHS Board	74,782
Jefferson County Prevention and Recovery Board	69,709
Washington County MH & Addiction Recovery Board	61,778
Huron County ADAMHS Board	59,626
MH & Recovery Board of Ashland County	53,139
Mental Health & Recovery Board of Union County	52,300
Brown County Community Board of ADAMHS	44,846
Preble County MH & Recovery Board	42,270
MH & ADA Recovery Board of Putnam County	34,499

The four boards not providing data are:

- ADAMHS Board of Adams, Lawrence, Scioto Counties
- Ashtabula County Mental Health & Recovery Board
- Clermont County Mental Health & Recovery Board
- Wood County ADAMHS Board

Appendix 2

This Appendix looks at the data collected from the 46 boards by Group rather than by category to analyze each Group's share of spending.



- Nearly 54 percent of total spending is spent by Group 1. Total spending for Group 1 is \$74.2 million.
- Twenty-eight percent of spending is by Group 2. This comes out to nearly \$40 million.
- Almost 13 percent of spending is by Group 3, which is \$17.5 million.
- Five percent of spending is by Group 4, which is \$7.4 million.

Trends for Group 1

- All six boards provide Housing, Consultation and Consumer Operated/Peer Support services.
- No boards provide Transportation.
- Only two boards provide Court and Criminal Justice, Protective Services and Other Therapy.
- Only Group 1 has an overall Group per capita spending higher than the state per capita spending (\$12.64). Group 1 has an overall Group per capita spending of \$15.57.
- The Group per capita spending is higher than the state per capita spending for eight services (Housing, Crisis, Employment, Bundled Services, Other Services, Consumer Operated/Peer Support, Courts and Criminal Justice, Protective Services).
- The greatest Group per capita investments within Group 1 are in Housing, Crisis and Employment.

- The lowest Group per capita investments within Group 1 are in Education, Other Therapy and Transportation.

- While Group 1 has the highest total spending of all the Groups, it does not have the highest Group per capita investment in all of the services. Group 1 has the highest Group per capita spending in the most service categories of all the Groups. Group 1 has the highest Group per capita spending in five categories (Bundled Services, Courts and Criminal Justice, Crisis, Housing, and Other Services). It had the lowest Group per capita spending in four categories (Consultation, Education, Other Therapy, and Transportation).

Trends for Group 2

- At least one board provides services in each of the categories.
- Housing is the only service category in which all 13 boards provide some kind of service.
- Only three boards provide Transportation.
- Group 2 has an overall Group per capita spending of \$11.43.
- Group 2's spending patterns are not much different than the state per capita spending pattern, with the exception of Crisis (Group per capita spending is 53¢ lower than state per capita spending).
- The Group per capita spending is higher than the state per capita spending for nine services (Employment, Consultation, Hotline, Other Services, Prevention, Education, Other Therapy, Protective Services, and Transportation).
- The greatest Group per capita investments within Group 2 are in Housing, Employment, and Consultation.
- The lowest Group per capita investments within Group 2 are in Protective Services, Court and Criminal Justice and Transportation.
- Of all the Groups, Group 2 has the highest Group per capita spending in three categories (Employment, Prevention and Protective Services). It had the lowest Group per capita spending in no categories.

Trends for Group 3

- At least one board provides services in each of the categories.
- All 14 boards provide Housing.
- Only three boards provide Bundled services and Other Therapy services.
- Group 3 has an overall Group per capita spending of \$9.22.
- The Group per capita spending is higher than the state per capita spending for three services (Hotline, Prevention and Transportation).
- The greatest Group per capita investments within Group 3 are in Housing, Hotline and Crisis.
- The lowest Group per capita investments within Group 3 are in Transportation, Protective Services and Other Therapy.
- Group 3 has the lowest number of service categories in which it has the highest Group per capita spending of all the Groups. Group 3 has the highest Group per capita spending in two categories (Hotline and Transportation). It had the lowest Group per capita spending in four categories (Consumer Operated/Peer Support, Courts and Criminal Justice, Housing and Other Services).

Trends for Group 4

- At least one board provides services in each of the categories.
- There are no categories where all 13 boards provide the service.
- Only one board provides Other services.
- Group 4 has an overall Group per capita spending of \$8.69.
- The Group per capita spending is higher than or equal to the state per capita spending for five services (Consultation, Consumer Operated/Peer Support, Education, Other Therapy and Transportation).
- The greatest Group per capita investments within Group 4 are in Housing, Consultation and Consumer Operated/Peer Support.
- The lowest Group per capita investments within Group 4 are in Transportation, Bundled Services and Protective Services.
- Of all the Groups, Group 4 has the highest Group per capita spending in four categories (Consultation, Consumer Operated/Peer Support, Education and Other Therapy). Group 4 has the highest number of service categories in which it has the lowest Group per capita spending. It had the lowest Group per capita spending in six categories (Bundled Services, Crisis, Employment, Hotline, Prevention and Protective Services).



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