



Promoting Wellness and Recovery

John R. Kasich, Governor
Tracy J. Plouck, Director

Improving access to behavioral health services in Ohio

Tracy J. Plouck, Director

2015 Inaugural Address:

"Every Ohioan deserves a chance and an equal opportunity to achieve their God-given potential, and that's the Ohio we're rebuilding for everyone."

Governor John Kasich
1/12/15



Overview: Improving Access

- Medicaid expansion: behavioral health
- Non-clinical recovery supports
- Recovery services partnership with DRC
- Progress with jail-based interventions
- Benefit redesign and managed care
- Other items of note
 - Youth & families
 - Suicide prevention
 - Trauma informed care



Medicaid Expansion Impacts

- As of January 2015:
 - 17,257 “expansion only” persons had accessed community based BH services. Without expansion, these people may not have been able to access services.
 - 7,253 people with Medicaid eligibility w/in past 2 years moved into (and possibly out of) the expansion group.
 - 27,039 people with previous Medicaid and non-Medicaid eligibility moved into (and possibly out of) the expansion group.
 - 8,650 people with non-Medicaid eligibility moved into (and possibly out of) the expansion group.

- Notes: Assigning a person to a category is a complex process using the Medicaid eligibility tables. Recent tables received by OhioMHAS have had errors so current data is unavailable at this time.
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Non-clinical recovery supports

Medicaid expansion has enabled Ohio's state & local mental health and addiction services system to focus on other key elements that support recovery:

- Housing
- Peer support
- Supported Employment

Recovery housing

- Safe, healthy, private living environment that is abstinent from alcohol & other drugs
- Opportunity for people in early recovery to strengthen their skills, maintain in treatment as needed, etc.
- FY 2015: \$10 million to establish 700+ recovery housing opportunities across 45 counties
- FY 2016-2017: \$2.5M per year to continue progress

Recovery housing, 2

- In SFY 2015, Ohio established Ohio Recovery Housing as a state affiliate of the National Alliance for Recovery Residences. Through technical assistance and quality oversight, ORH benefits both residents and housing operators. It strives to improve the public perception of recovery housing by promoting excellent, well-maintained housing and offering outreach and education to communities.
- Ohio Recovery Housing's website:
<http://www.ohiorecoveryhousing.org/>

Peer supports

- A process of giving and receiving support and education from individuals with shared life experiences – it is provided by persons in recovery from mental illness and/or addiction who use their “lived experience” as a tool to assist other persons along their individual paths to recovery
- In state fiscal year 2015, **260** people were trained as peer supporters

Supported Employment

- Individual Placement and Support (IPS) Supported Employment is an evidence-based practice that helps people with severe and persistent mental illness and/or co-occurring substance use disorders identify, acquire, and maintain integrated competitive employment in their communities.
- In state fiscal year 2015, **931** jobs were obtained via Individual Placement and Support (IPS) Supported Employment

Recovery Services Partnership with DRC

Budget as enacted:

- \$27.4 million in FY 16
- \$34.3 million in FY 17
- Institution-Based Objective: More offenders access addiction treatment while in prison
 - Transferred ~120 recovery services positions from DRC to OhioMHAS
 - Hiring ~60 recovery services positions to increase access (anticipated completion – December 2015)
 - Outsourcing OASIS, the therapeutic community at Pickaway Correctional Institution (RFP on the street; anticipated completion fall 2015)

Recovery Services Partnership with DRC, 2

Community-Based Objectives:

- Encourage better connection to services upon release to further lower the rate of recidivism, including:
 - Provider & other partner in-reach prior to release
 - Connection to the Medicaid program to ensure continued clinical services where applicable
 - Access to recovery supports such as employment support, peer, and/or recovery housing upon release to ensure stable recovery and even further lower the recidivism rate

RFP will be released soon

Jail-Based Interventions

- A significant percentage of individuals incarcerated in jails have diagnosable mental illness and/or substance abuse disorder
- Many of these individuals repeatedly shift between the criminal justice and the behavioral health system and experience poor outcomes
- The ability of jails to treat inmates with behavioral health disorders is limited

OhioMHAS Involvement

- Discussions began with county jails, providers and ADAMH boards in Spring 2012
 - Needs identified, but no \$\$
- When OhioMHAS consolidated July 2013, \$1.5 million/year savings from administrative budget was dedicated to addressing some of these needs
 - **FY14** - 12 projects served 24 counties
 - **FY15** - 17 projects served 30 counties

Community Innovations

- Additional administrative savings realized: FYs 16/17
- \$2 million annually
 - Expands access to addiction & mental health services in local correctional settings, improves related pre-release planning & post-release access to supports
 - Consolidating the community innovations with the criminal justice mini-grants (MHBG funds)
 - Will align grantees with technical assistance from the national Stepping Up initiative
 - Application period underway now for FYs 16/17

Behavioral Health System Redesign

- Add new services to the Medicaid behavioral health benefit
- High intensity services are available for those most in need
- All providers follow National Correct Coding Initiative (NCCI)
- All providers practice at the top of their scope of practice
- Behavioral health and physical health integration opportunities are maximized
- All behavioral health services in managed care by January 2018
- Implement value-based payment methodologies (e.g., episode-based and PCMH payment models) by January 2018
- Coordination of benefits across payers

Key Components of Services Redesign

	1915(i) State Plan Option	Medicaid Rehabilitation Option Redesign
Goal of Redesign	<ul style="list-style-type: none"> Ensure continued access to those services not covered by Medicare or private insurance 	<ul style="list-style-type: none"> Define & recode services to align with National standards in support of integration <ul style="list-style-type: none"> CPT Codes HCPCS
New Services	<ul style="list-style-type: none"> Service coordination <ul style="list-style-type: none"> Recovery Management Community supports <ul style="list-style-type: none"> IPS Supported Employment Peer Recovery Support 	<ul style="list-style-type: none"> Develop new services for individuals with high intensity service and support needs <ul style="list-style-type: none"> Assertive Community Treatment Intensive Home Based Treatment Peer Recovery Support Residential Treatment for Substance Use Disorders High Fidelity Wraparound
Target Population	<ul style="list-style-type: none"> Adults 21 years and older who meet the following eligibility requirements: <ul style="list-style-type: none"> Financial Clinical & Needs Risk 	<ul style="list-style-type: none"> Services will be targeted to those individuals with a clinical need <ul style="list-style-type: none"> Clinical criteria Standardized assessment tools ASAM criteria Success measured through clinical outcomes and service utilization
Funding Considerations	<ul style="list-style-type: none"> Analyze financial impact of alternative model for Person Centered Care Planner vendor 	<ul style="list-style-type: none"> Linkage to non-Medicaid services and supports will be recognized in the development of the services <ul style="list-style-type: none"> Discrete service activities will be defined and priced accordingly CPST/SPMI HH AoD Case Management Supports coordination of benefits: <ul style="list-style-type: none"> Medicare, Medicaid & private insurance

Care Coordination: Managed Care

- Carve in Ohio's Medicaid behavioral health services to Ohio's current non-MyCare Medicaid managed care plan contract
- Require MCPs to delegate components of care coordination to qualified community behavioral health providers

Standardized Approach	Align in Principle	Differ by Design
<ul style="list-style-type: none">• Clinical outcomes and plan performance measures• Care management identification strategy for high risk population• Billing and coding methodologies• Benefit design	<ul style="list-style-type: none">• Real time data sharing and use of EHR, where possible• Require value based purchasing/contracting• Utilization management strategies (e.g. prior authorizations, forms, process, etc.)	<ul style="list-style-type: none">• Purchase services to enhance expertise in behavioral health service coordination/delivery• Payment strategies• Selective contracting

Youth and Families

- Strong Families, Safe Communities - \$3 million/year
- Early Childhood Mental Health - \$2.5 million annually
- Targeted prevention programs for children of incarcerated parents - \$1.5 million annually
- Start Talking!

Suicide prevention

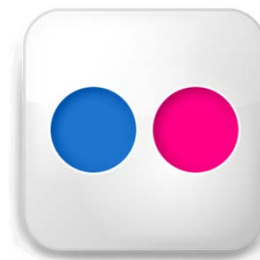
- We are collaborating with other state and local agencies and a number of initiatives are currently underway to raise awareness, eliminate stigma, promote suicide prevention as a public health issue and increase help-seeking behavior
- H.B. 28 – resources for colleges & universities
- FY 2016- \$1 million annually
 - Will support statewide infrastructure, e.g. training for various audiences, distribution of media guidelines, etc.
 - Will not be arrayed via mini-grant

Trauma-Informed Care

- Launched statewide along with DODD to expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities and agencies to become competent in trauma-informed practices
- Regional collaboratives underway
- Specific collaborative for youth-serving residential providers
- <http://mha.ohio.gov/Default.aspx?tabid=104>

More information

Find us on:



<http://www.mha.ohio.gov/>

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