

MIND THE GAP

Creating
a Robust
Continuum
of Behavioral
Health Care
for Young
Ohioans



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EXECUTIVE SUMMARY 2021

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It is critical to ensure every child in Ohio develops physically, mentally, socially, and emotionally throughout their childhood; yet, no data had been compiled to review services and supports available to each child at the county level.

This new report co-authored by the Children's Defense Fund-Ohio (CDF-Ohio) and the Mental Health & Addiction Advocacy Coalition (MHAC) takes a detailed, systematic look at overlapping systems and unmet needs that impact behavioral health for young Ohioans, from prenatal development, through childhood, and into adulthood across Ohio.

The report reflects what communities have accomplished, identifies gaps in available supports and services, and defines the factors that support development of a comprehensive Continuum of Care (CoC), which integrates physical health, health promotion and prevention, treatment, and recovery support services.

KEY STATISTICS

- Globally, 50% of all lifetime cases of mental illness begin by age 14.⁵
- Nationally, a higher percentage of children and adolescents 12 to 17 years old had a drug use disorder in the past year (3.6%) than adults over 26 years old (2.3%).⁶
- Nationally, an estimated 50-75% of youth encountering the juvenile justice system meet criteria for a mental health disorder and 40-80% of incarcerated juveniles have at least one diagnosable mental health disorder.⁷
- In Ohio, rates of teen suicide have spiked 46% over the last four years.⁸

By establishing a common understanding and shared vocabulary, the report provides tangible information and concrete data to inform decision-making. Local and state policymakers and other stakeholders can take recommended action items to address gaps in the CoC.

The proposed CoC identifies the types of behavioral health services that should be available at each age and stage of development for young Ohioans prenatal up to age 26, along with their caregivers. Defining a universal CoC for Ohio's 88 counties is a critical first step in delineating what should be available, where capacity exists, and what is needed in terms of services and opportunities for greater investments and focused attention. Using the CoC as a framework, CDF-Ohio and the MHAC surveyed the Alcohol, Drug Addiction, Mental Health and Recovery Services Boards (ADAMHS Boards) throughout Ohio on the availability of behavioral health services by age.

At a time when so many young Ohioans are facing behavioral health challenges, further exacerbated by recent events in the past year, it is critical that state and local efforts to support them are targeted and deliberate. The data and recommendations in this report provide policymakers and other stakeholders with the information required to fill these two specific needs and create a roadmap for future action that will better support the behavioral health needs of young Ohioans across the state.

Research shows that 20% of a child's well-being can be impacted by clinical intervention; however, a CoC does not currently exist for all young Ohioans, nor in all counties throughout Ohio. In order to ensure young Ohioans thrive and flourish from birth through childhood and into adulthood in every aspect of their lives – physically, mentally, socially, and emotionally – it is imperative that Ohio has a network of behavioral health services and supports that provide quality care to all young Ohioans, regardless of income or location.

A child, adolescent, or young adult's access to quality services, ongoing treatment for chronic challenges, and coordination of care for complex circumstances, increases the likelihood of positive life outcomes and benefits all Ohioans. Having a variety of entry points for young Ohioans to access care helps ensure that needs can be identified; however, it also presents some challenges, such as coordination of care and siloing of services, in ensuring that young Ohioans receive treatment.

KEY STATISTICS

- More than 550,000 children and youth and 560,000 young adults age 18 to 25 in Ohio have a mental illness and/or substance use disorder.
- Although Ohio ranked 13th in access to mental health care for youth, more than half of children who experienced major depression did not receive mental health services and only 33% received consistent treatment.
- These disorders can be especially devastating to young people, impacting current health and school success and contributing to serious lifelong consequences.

In Ohio, as in other states, the behavioral health system is made up of a variety of providers. Each type of provider has its own mission and goals, funding sources, regulations, and confidentiality requirements. Regardless of the provider, source of payment, and other requirements, all young Ohioans need access to quality care and consistent coordination of their behavioral health care needs for them to realize overall well-being. This is also a workforce imperative for Ohio youth, their future employers, and the communities where they will call home.

MEDICAID

Over half of all children in Ohio rely on Medicaid for their health insurance, and three out of five people enrolled in Medicaid are under the age of 26. One in four of the 1.7 million children, adolescents, and young adults

participating in the program have been diagnosed with a behavioral health condition. As a result, Medicaid represents a major component of the behavioral health care system. The following data sample provides insight into the prevalence and treatment of behavioral health disorders among Ohio's children, adolescents, and young adults.

In 2022, ODM will begin offering a specialized managed care plan for children, adolescents, and their families, who require support from multiple state systems, or whose behavioral health needs are complex and require intensive to moderate care coordination. The plan, called OhioRISE (Resilience through Integrated Systems and Excellence) is estimated to address needs of 50,000 to 60,000 young Ohioans up to age 21.

FIGURE 3: Percentage of Medicaid recipients receiving any behavioral health service (Penetration Rate) by age group (2019)

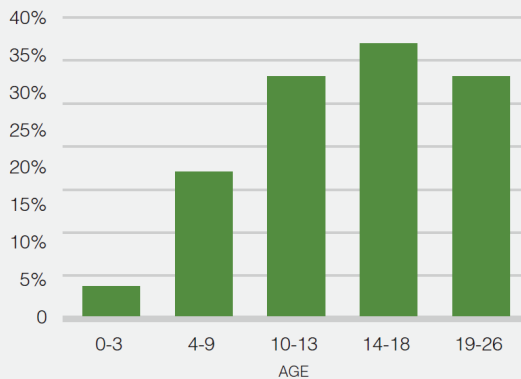
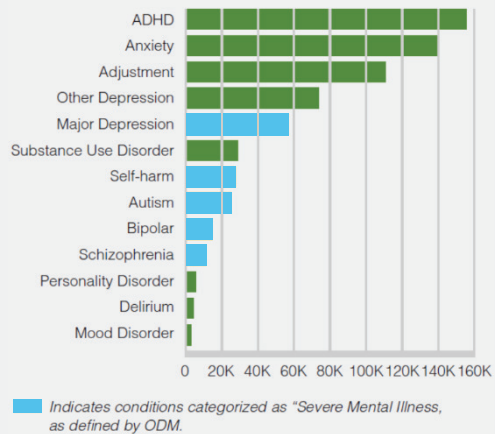


FIGURE 4: Behavioral health conditions among young Ohioans as defined by Medicaid (2019)



Some Key Findings

- Ohio's Medicaid program serves a significant role in the provision of health coverage and services for children. As such, Medicaid is a critical partner in driving policy changes, such as OhioRISE, to better address behavioral health needs of young Ohioans.
- Many ADAMHS Boards surveyed noted the most helpful support for them would be consistent and timely access to data so they can better understand the local and state landscape of services.
- As reported by ADAMHS Boards, the availability of services for young Ohioans at each age and stage of development is inconsistent throughout the state.

Several Implications for Ohioans

- A child, adolescent, or young adult's access to quality services, ongoing treatment for chronic challenges, and coordination of care for complex circumstances, increase the likelihood of positive life outcomes and benefit all Ohioans.
- Comprehensive and more equitable policies are needed to resolve gaps in the behavioral health Continuum of Care so they are accessible to young Ohioans and support healthy development.
- Ohio's workforce - now and later - will be impacted by the behavioral health support we give to young Ohioans today.

Some Key Recommendations

Recommendations are identified in 7 key areas:

1. Parity of insurance coverage for behavioral health services;
2. Allocation of funding;
3. Behavioral health workforce;
4. Caregiver participation;
5. Addressing racial equity;
6. Providing data; and
7. Developing and supporting the Continuum of Care for Children's Behavioral Health.

COUNTY PROFILES

Access to the Continuum of Care across Ohio's 88 Counties

The administration of the community behavioral health system of care occurs at both the state and local levels, with variation across the state in funding, availability of different services, and workforce capacity. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides statewide leadership on programs, policy, and quality of care. Ohio has 50 Alcohol, Drug Addiction, Mental Health and Recovery Services Boards that collectively operate within all 88 Ohio counties. Local Boards do not directly provide treatment services; however, they distribute federal, state, and local (if available) funding to behavioral health providers in their respective communities. To determine the availability of a CoC within each of Ohio's 88 counties, the MHAC and CDF-Ohio surveyed Ohio ADAMHS Boards on local availability of services for young Ohioans and their families. These profiles capture data from the Ohio Department of Medicaid (ODM) on behavioral health conditions and utilization of services and the survey responses from the local ADAMHS Boards. Each profile offers a snapshot of the needs and services provided in its respective county or Board area.



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The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a Healthy Start, a Head Start, a Fair aStart, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.



mhac

Mental Health & Addiction
Advocacy Coalition

The Mental Health & Addiction Advocacy Coalition (MHAC) is comprised of over 120 member organizations statewide, including: health and human service agencies; the faith based community; Alcohol, Drug Addiction, Mental Health and Recovery Services Boards; advocacy organizations; courts; major medical institutions; the corporate arena; and behavioral health agencies serving children and adults. The MHAC's mission is to foster education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities.



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