Innovations in Access to Care

Aug. 26, 2021

Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy that improves health value.

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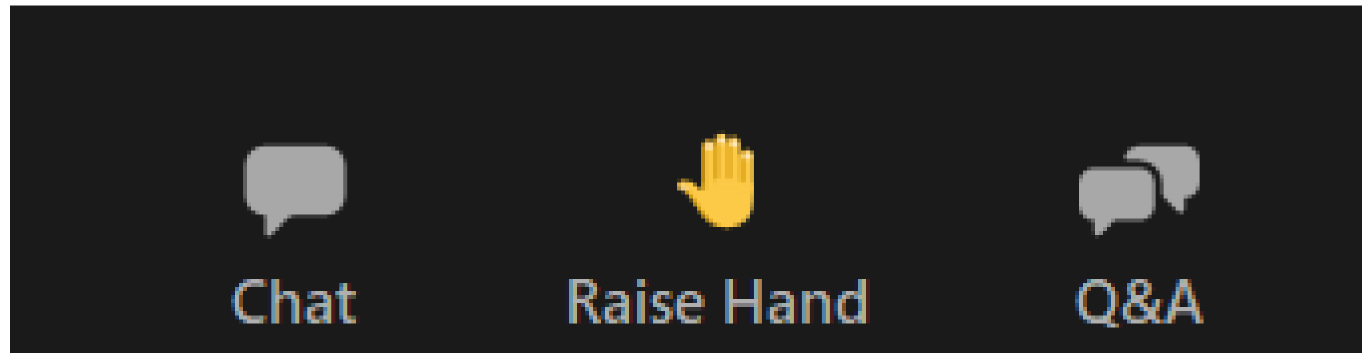

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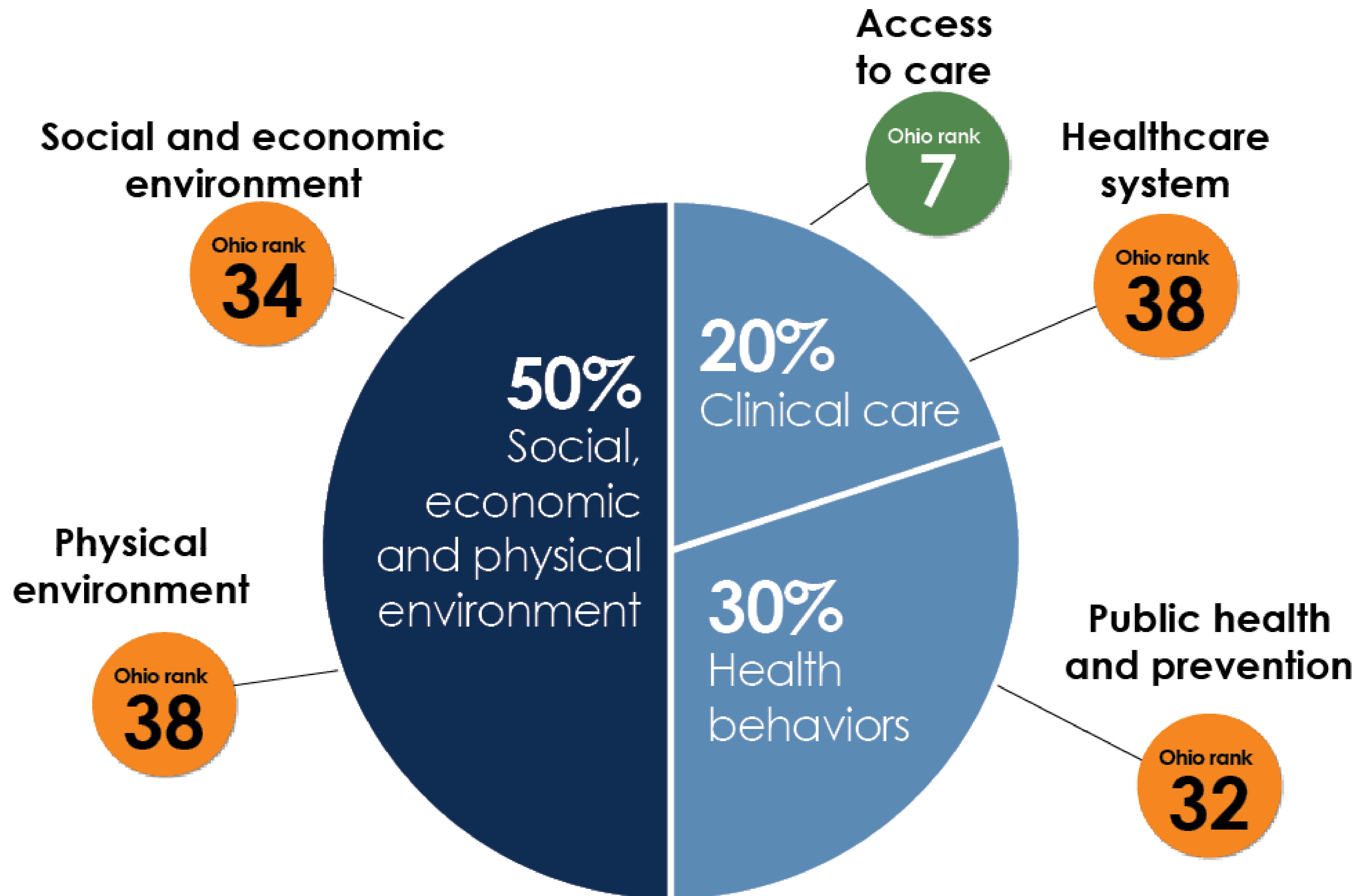

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Children’s Defense Fund Ohio

MIND THE GAP:

CREATING A ROBUST CONTINUUM OF BEHAVIORAL HEALTH CARE FOR YOUNG OHIOANS

children's defense fund
Leave No Child Behind®

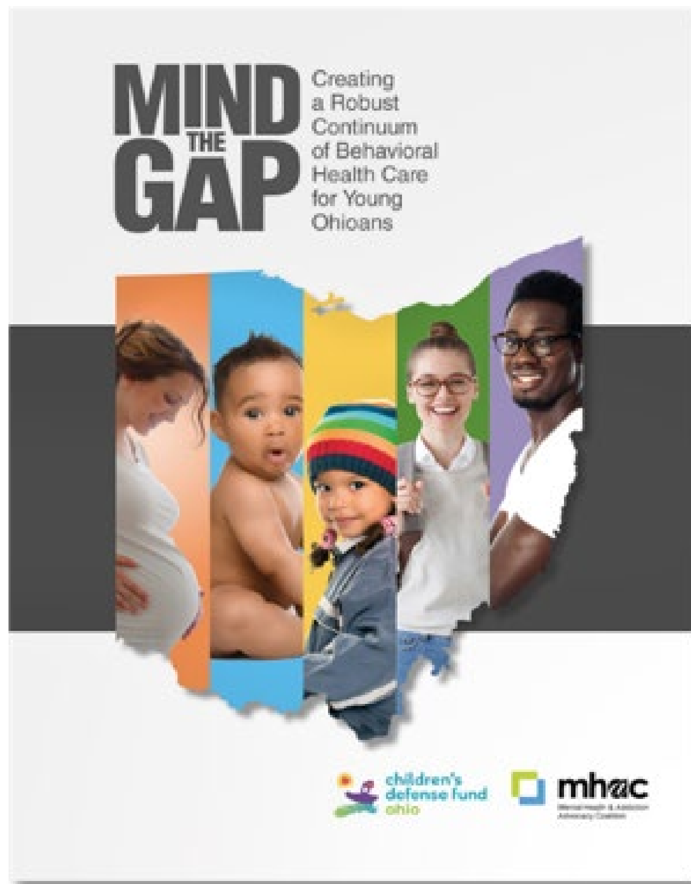
mhac
Mental Health & Addiction Advocacy Coalition

ACKNOWLEDGEMENTS

Children's Defense Fund-Ohio (CDF-Ohio) is grateful for the financial and technical support provided by the Annie E. Casey Foundation as part of the KIDS COUNT project. KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. As the state-level grantee in Ohio, CDF-Ohio develops data-driven products that provide a local picture of child well-being. CDF-Ohio also updates state and county level data on the KIDS COUNT Data Center at datacenter.kidscount.org.

The MHAC would like to thank its generous, philanthropic supporters including: Bruening Foundation; The Cleveland Foundation; Community West Foundation; Fairfield Community Foundation; The Char and Chuck Fowler Family Foundation; The George Gund Foundation; HealthComp Foundation; Interact for Health; The McGregor Foundation; John C. and Sally S. Morley Family Foundation; Mt. Sinai Health Care Foundation; Network for Good; The Nord Family Foundation; Peg's Foundation; The Daniel and Susan Pfau Foundation; PNC Charitable Trusts; Saint Luke's Foundation; Jacob G. Schmidlapp Trusts, Fifth Third Bank, Trustee; Woodruff Foundation; and its anonymous funders.

THE REPORT



- Co-authored by the Children's Defense Fund-Ohio and the Mental Health & Addiction Advocacy Coalition
- A detailed, systematic look at overlapping systems and unmet needs that impact behavioral health for young Ohioans
- Proposes a Continuum of Care that 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
- Individual county profiles include results from a survey of Ohio ADAMHS Boards on local availability of services for young Ohioans and their families, as well as data from the Ohio Department of Medicaid on behavioral health conditions and utilization of services

BEHAVIORAL HEALTH DISORDER PREVALENCE

- Globally, 50% of all lifetime cases of mental illness begin by age 14.
- 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%).
- 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.
- **In Ohio…**
  - More than 550,000 children and youth and 560,000 young adults age 18-25 have a mental illness and or substance use disorder.
  - Rates of teen suicide have spiked 46% over the last four years.
  - More than half of children who experienced major depression did not receive mental health services and only 33% received consistent treatment.

A robust CoC provides a variety of entry points for young Ohioans to access the care they need, which include interactions with, and participation in, childcare centers, schools, physical health care providers, hospitals, courts, and caseworkers, among others.

In a well-functioning system, each entry point is equipped to determine appropriate interventions depending on the needs.

- Physical Health Care
- School-Based Services
- Schools
- Early Care and Education
- Juvenile Justice
- Foster Care

PUBLIC HEALTH AND RACIAL EQUITY IMPACTS OF 2020

- Global and national events played an integral role in the state of young Ohioans' behavioral health in 2020 and 2021.
- The pandemic compounded the already rising negative trends, as isolation, loss of routine, and missed milestones exacerbated feelings of stress, anxiety, and depression among youth.
- National dialogue and protests against racism and police brutality after the deaths of Breonna Taylor, George Floyd, Walter Wallace, and others, have had negative mental health impacts on youth who are Black, Indigenous, and people of color (BIPOC youth).
- During the last half of 2020, the U.S. Census Bureau's Household Pulse Survey reported that half of all Ohio adults with children in the household reported losing employment income and roughly one fifth reported that they had felt down, depressed, or hopeless more than half the previous week.
- Beginning in April 2020, the proportion of children's mental health–related ED visits among all pediatric ED visits increased and remained elevated through October 2020. Compared with 2019, the proportion of mental health–related visits for children and adolescents aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

INTRODUCTION TO THE CONTINUUM OF CARE

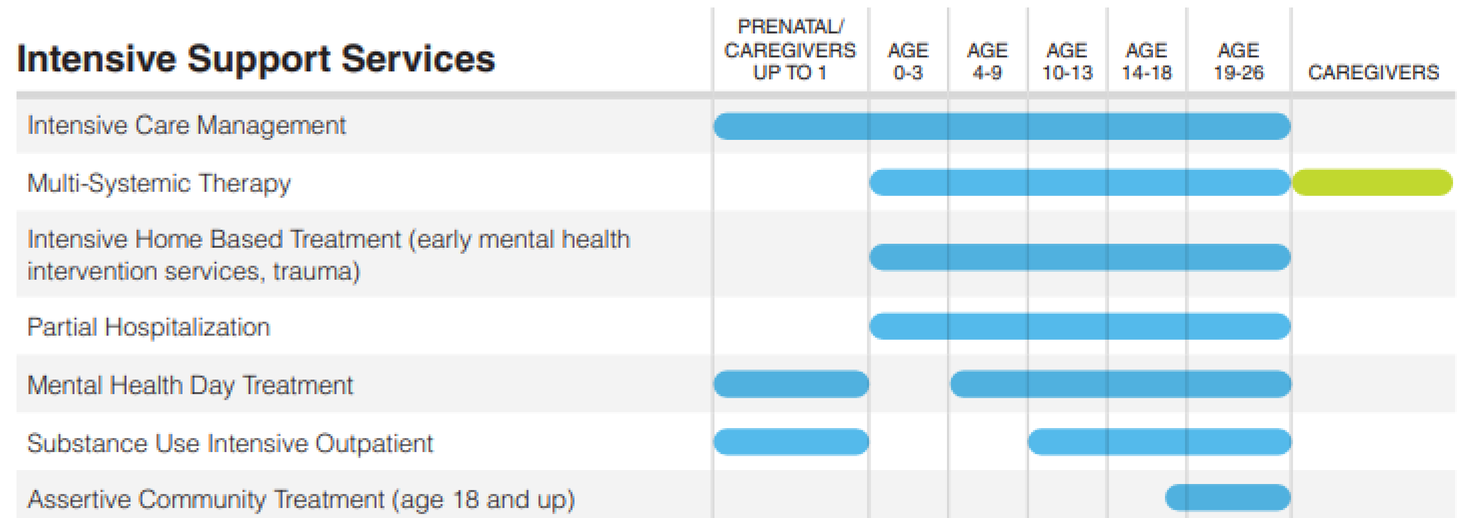
- The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Good and Modern mental health and addiction service system, or Continuum of Care (CoC), following the passage of the Patient Protection and Affordable Care Act of 2010.
- The CoC should be used to develop state and local planning for identifying gaps in the health care system, allocating resources, and making policy decisions.
- Using the CoC, a survey was distributed to local Alcohol, Drug Addiction, Mental Health and Recovery Services (ADAMHS) Boards in order to gain an understanding of Ohio's behavioral health system for young Ohioans.
- The CoC model for prenatal/maternal up to 26-year-olds, along with caregivers, is an evolving framework, and includes eleven domains spanning physical health, health promotion and prevention, treatment, and recovery support services.

- Health Care Home/Physical Health
- Prevention (including promotion)
- Engagement Services
- Outpatient Services
- Medication Services
- Community Supports (Rehabilitative)
- Other Supports (Habilitative)
- Intensive Support Services
- Out-of-Home Residential Services
- Acute Intensive Services
- Recovery Supports

CONTINUUM OF CARE GLOSSARY AND CHART

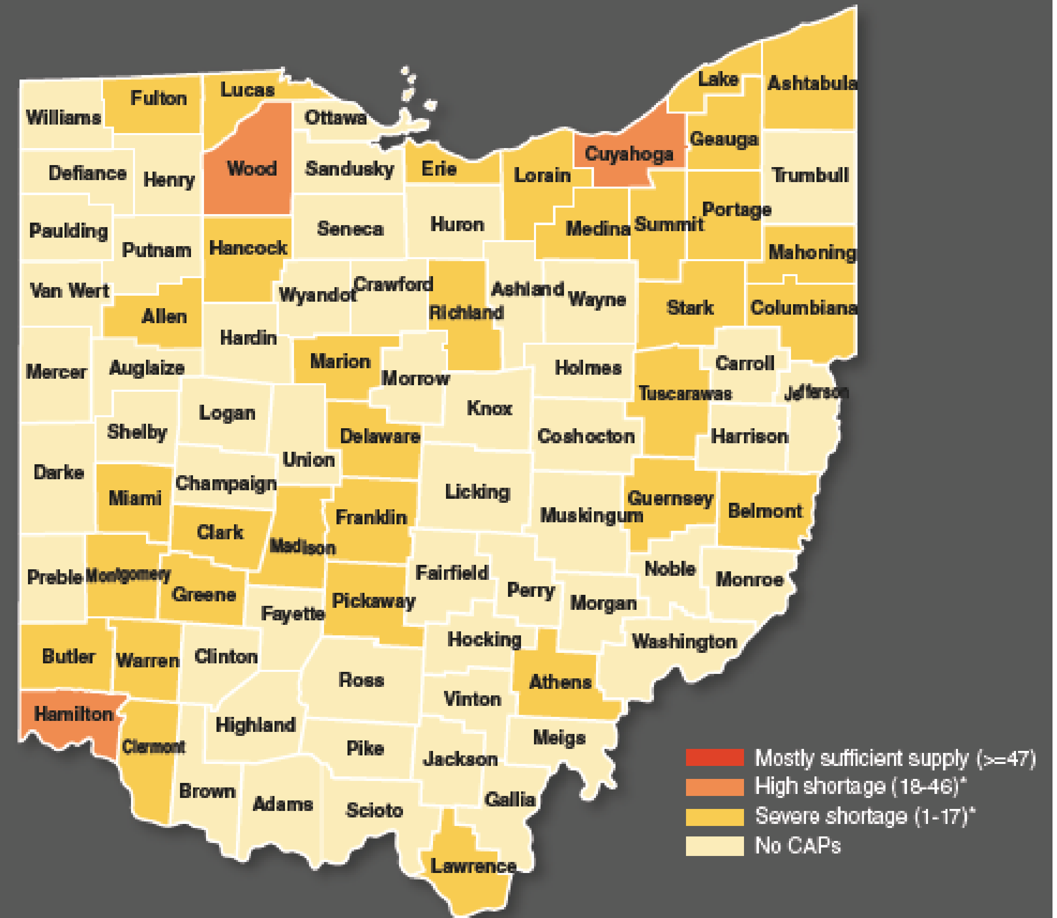
Prevention and Promotion

Screening, Brief Intervention, and Referral to Treatment	Also known as SBIRT, is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.	samhsa.gov
Warm Line/Textline	Unlike a hotline for those in immediate crisis, warm lines and textlines provide early intervention with emotional support that can prevent a crisis. The lines are confidential and sometimes staffed by volunteers or paid employees who have experienced mental health conditions themselves.	nami.org
Wellness Recovery Support	Also known as Wellness Recovery Action Planning (WRAP), is an approach that includes self-management and wellness planning by individu serves to document triggers for difficult feelings or b of tools that contribute to well-being, proposes ways plans for managing wellness, and can be plans that be necessary in times of illness or crisis. Key conce those of personal responsibility, education, hope, se patient self-directed interventions.	
Brief Motivational Interviewing	Clinical approach that helps people with mental hea other chronic conditions make positive behavioral cl approach upholds four principles— expressing emp discrepancy, rolling with resistance, and supporting successfully make a change).	



CHALLENGES TO CREATING / ACCESSING A CoC

- Parity
- Funding
- Workforce
- Caregiver Understanding and Participation
- Racial equity
- Data
- And more



PARITY

- The Mental Health Parity and Addiction Equity Act (federal parity law) was enacted in 2008 and requires insurance coverage for behavioral health disorders to be no more restrictive than insurance coverage for other medical conditions.
- Examples of ways parity is limited:
  - Difficulty in establishing equivalent treatment limitations
  - Limited availability of behavioral health providers considered "in network" for certain plans
  - Varied reimbursement rates for same services based on plan and provider type
- In December 2020, Ohio passed a new parity law aligning Ohio law with federal law.
- Building a full CoC hinges on compliance with, and enforcement of, parity in insurance plan coverage for both physical and behavioral health care services

FUNDING

- Funding for behavioral health services is derived from multiple sources, and many services can be covered by health insurance plans.
- Examples of components of the CoC not covered by most insurance plans:
  - Prevention services
  - Wraparound services
  - Long-term recovery supports
- Of the factors that influence health, clinical care access and quality contribute 20% of the actual impact on overall health, while social, economic, and physical environments make up 50% of what impacts health outcomes.

- Behavioral health workforce challenges present a significant barrier for those in need of services across the CoC.
- Workforce challenges include:
  - Recruitment and retention issues, such as professional burnout, low pay linked to low reimbursement rates, and the need for quality mentoring and supervision
  - Need for workforce reflecting the community.
  - Curricula in higher education to support relevant skill development and integrated care
  - Need for loan repayment/forgiveness

- Caregivers play a significant role in obtaining diagnoses and making treatment available to children and adolescents who face stress, trauma, and behavioral health conditions.
- “Mental health literacy” refers to knowledge and beliefs about mental health disorders that aid in their recognition, prevention, and management.
- When caregivers understand behavioral health disorders, they are more likely to seek treatment for their children, and their children are more likely to get the help they need to thrive.
- One way to overcome these barriers is to integrate behavioral health care into primary care.
- While recognizing and seeking help for a young person’s behavioral health needs is a critical first step, it’s also important that caregivers participate in treatment sessions and through actions at home.

RACIAL EQUITY

- There is growing awareness that our institutions must confront systemic biases that cause young people of color to experience higher rates of school discipline and lower rates of accessing behavioral health services.
- BIPOC experience disparities in their access to care and in the quality of treatment they receive. Some reasons for this include:
  - Lack of diversity among behavioral health providers;
  - Lack of culturally competent providers;
  - Language barriers;
  - Distrust in the health care system;
  - Stigma surrounding behavioral health, which is often greater among BIPOC;
  - Lack of insurance or underinsurance; and
  - Inadequate support for behavioral health in safety net systems.

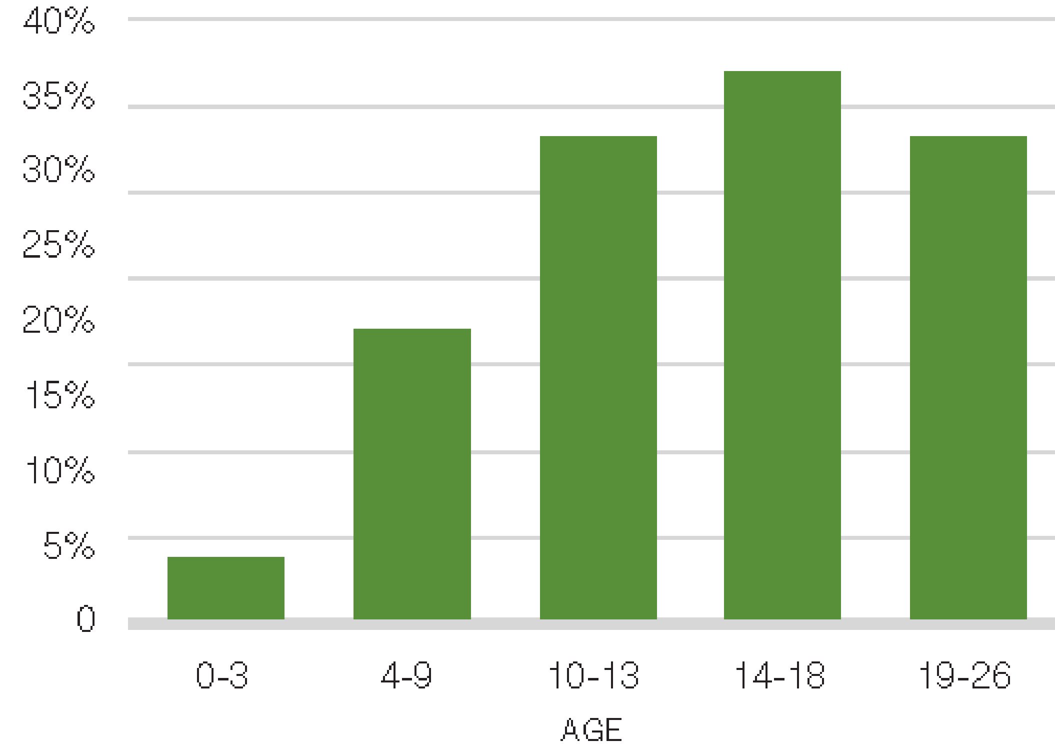
DATA

- Data plays a critical role in developing a robust CoC both by demonstrating the scale of need at the community level and coordinating care at the individual level.
- Data from each of the different overlapping systems, like schools, primary care practices, community behavioral health care providers, and courts, can inform decisions at various levels so children and families receive quality and timely care.
- In response to the MHAC and CDF-Ohio surveys, which are outlined in the county profiles section of this report, many ADAMHS boards stated that a lack of access to data, specifically Medicaid data, represented a barrier to coordinating services
- The state is in the process of developing a data-sharing system with providers and local ADAMHS Boards
- The need to understand Ohio's behavioral health system from both workforce and racial equity perspectives and the overall capacity of the treatment system is also fundamental to strengthening the system.

MEDICAID DATA

- 2019 data by age group
- Behavioral health conditions
- Services by provider type
- Service locations
- Spending on inpatient and other services

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



OHIOMHAS DATA

- OhioMHAS licenses providers but does not identify whether they serve young Ohioans, so information is limited.
- The Ohio Behavioral Health Information System (OHBIS) will be used by providers to report client-level data for both substance use disorder and mental health treatment and outcomes, but is not available at this time.
- What we do know:
  - Mobile Response and Stabilization Services were piloted in 12 counties and treated 883 Young Ohioans between 2017 and 2019.
  - 36,000 young Ohioans ages 18-25 sought treatment for substance use disorders between 2015 and 2018.
  - 957 behavioral health providers are licensed in the state and a third of Ohio counties have fewer than 10 licensed sites.

COUNTY PROFILES

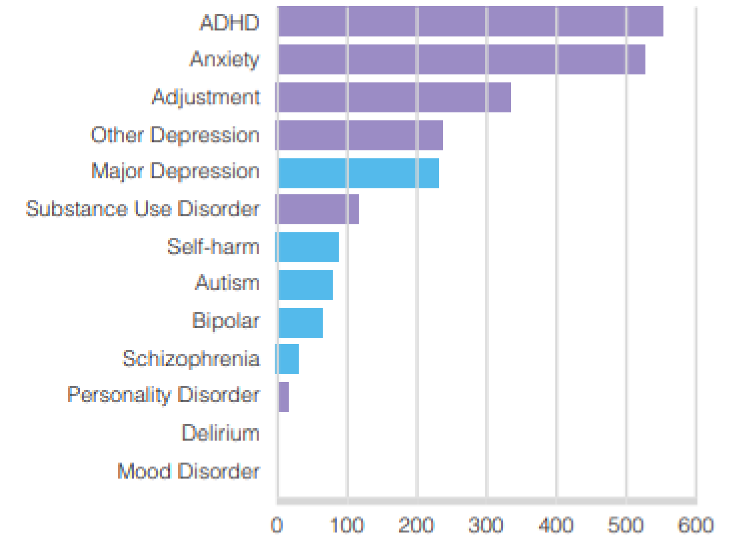
STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan[1] population	3,793,168	8,945
Young Ohioans[1] enrolled in Medicaid	45%	64%
Behavioral health condition[2]	24%	25%

MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION[2]
0-3	1,376	88%	4%
4-9	2,078	76%	25%
10-13	1,573	78%	32%
14-18	1,902	66%	33%
19-26	2,016	56%	34%

BEHAVIORAL HEALTH CONDITIONS[2] AMONG YOUNG OHIOANS[1] AS DEFINED BY MEDICAID



ADAMHS BOARD OF ADAMS, LAWRENCE, SCIOTO COUNTIES

Total budget	$3,284,270
Operating budget	$810,750
Number of contract agencies	8
Programs serving young Ohioans[1]	3
Programs for maternal health	1
Total number of young Ohioans[1] served	68

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

		0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending[3] per young Ohioan for behavioral health services		$244	$1,111	$2,035	$2,634	$2,748
	OHIO AVG.	$149	$1,681	$1,759	$1,944	$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)		-	129	191	187	133
	OHIO AVG.	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)		37	187	252	221	191
	OHIO AVG.	28	127	191	170	124

SOME KEY FINDINGS

- **Medicaid is a critical partner in driving policy changes**, such as the OhioRISE managed care plan, to better address behavioral health needs of young Ohioans.
- Many ADAMHS Boards surveyed noted **consistent and timely access to data** as the most beneficial support for them, as it provides better understanding of 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.

RECOMMENDATIONS

1. Ensuring **parity** of insurance coverage for behavioral health services.
2. Allocation of adequate **funding.**
3. Addressing **workforce shortages** in the behavioral health field.
4. Increasing **caregiver understanding** of behavioral health disorders **and participation** in care.
5. Addressing **racial equity** in behavioral health.
6. Providing timely access to comprehensive **data.**
7. Developing and supporting the **Continuum of Care** for children's behavioral health.

- Young Ohioan’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 services 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.

THANK YOU!

Visit our website mhaadvocacy.org/mind-the-gap to read and download the entire report.

Please feel free to reach out to us with any questions!

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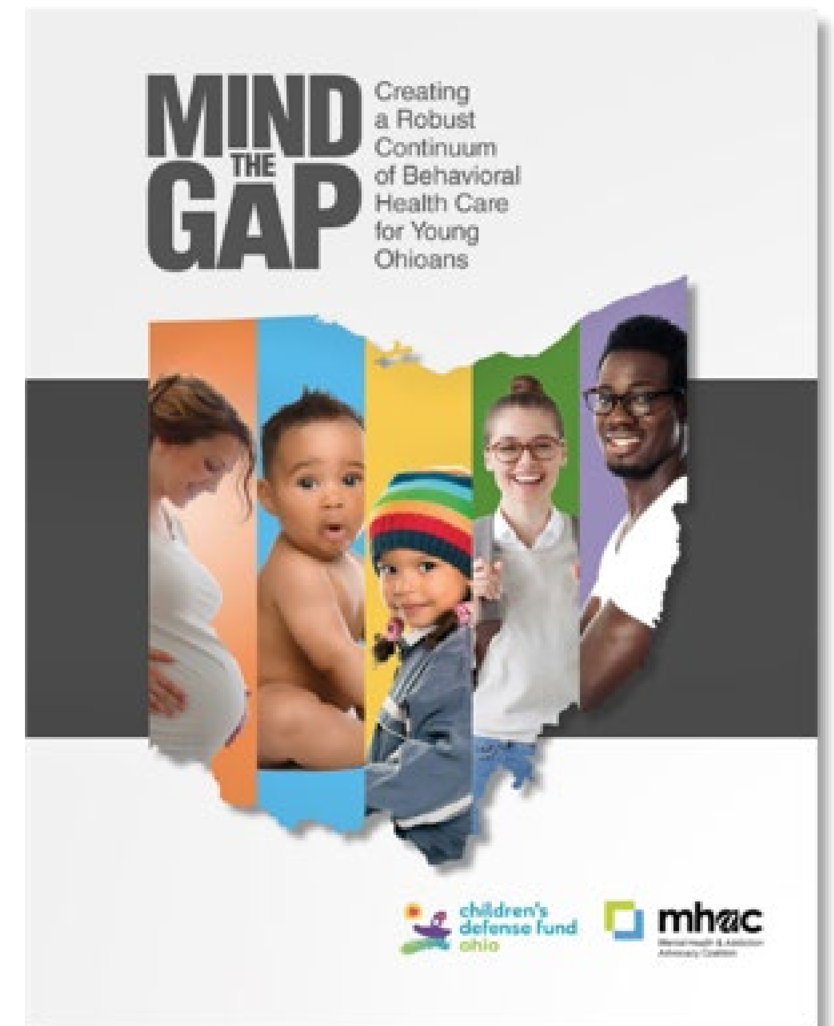

Questions

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Helen Jones-Kelley, JD

Executive Director

ADAMHS Board for Montgomery County

IMPROVING ACCESS TO EVIDENCE-INFORMED PREVENTION

Helen Jones-Kelley, J.D.

Executive Director, ADAMHS Montgomery County

"THERE COMES A
POINT WHERE
WE NEED TO
STOP JUST
PULLING PEOPLE
OUT OF THE
RIVER. WE NEED
TO GO UPSTREAM
AND FIND OUT
WHY THEY'RE
FALLING IN."
Archbishop Desmond Tutu

Upstream HealthCare

"An approach to care that examines and addresses root causes rather than symptoms can improve long-term outcomes and decrease healthcare costs".

Thea James, MD

Health City Newsletter

Boston

Consideration of Upstream Factors

- Income
- Financial Stability
- Education
- Food Access
- Housing Stability
- Community violence
- …inter alia…

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

Childhood experiences

Housing

Education

Social support

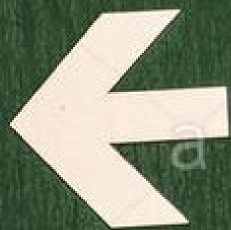
Family income

Employment

Our communities

Access to health services

Source: NHS Health Scotland



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PREVENTION

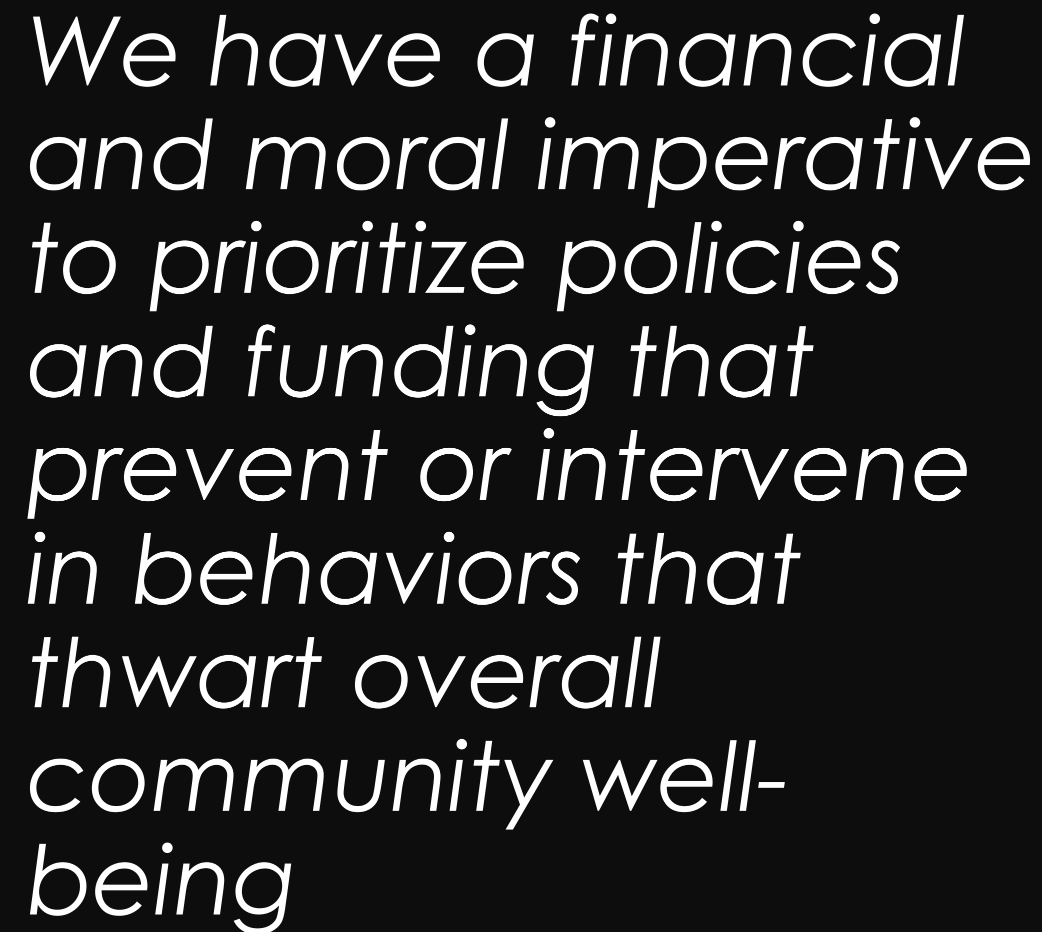
ENVIRONMENTAL

- Policies and strategies aimed at promoting community well-being
- Can be locally enacted
- Addresses the factors that lead to behaviors
- Requires comprehensive community initiative

UNIVERSAL

- Addresses an entire population, locally, nationally, etc.
- Messages target delay at a broader level and to all individuals
- I.e., parenting classes

CONSCIOUS RETAILER PROGRAM



We have a financial and moral imperative to prioritize policies and funding that prevent or intervene in behaviors that thwart overall community well-being

Questions

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Poll Question

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Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

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Poll Question

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