



# Ohio Legislative Children's Caucus

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*Learning, connecting, and problem-solving  
together. Our children are counting on us.*

***Does Ohio's Proposed Budget Go Far Enough in Supporting Child Health?  
June 7, 2021***

# Welcome!

*Opening comments from our caucus co-chair,  
Senator Stephanie Kunze*



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**mhac**

Mental Health & Addiction  
Advocacy Coalition



# MIND THE GAP

CREATING A  
ROBUST  
CONTINUUM OF  
BEHAVIORAL  
HEALTH CARE FOR  
YOUNG OHIOANS



# ACKNOWLEDGEMENTS

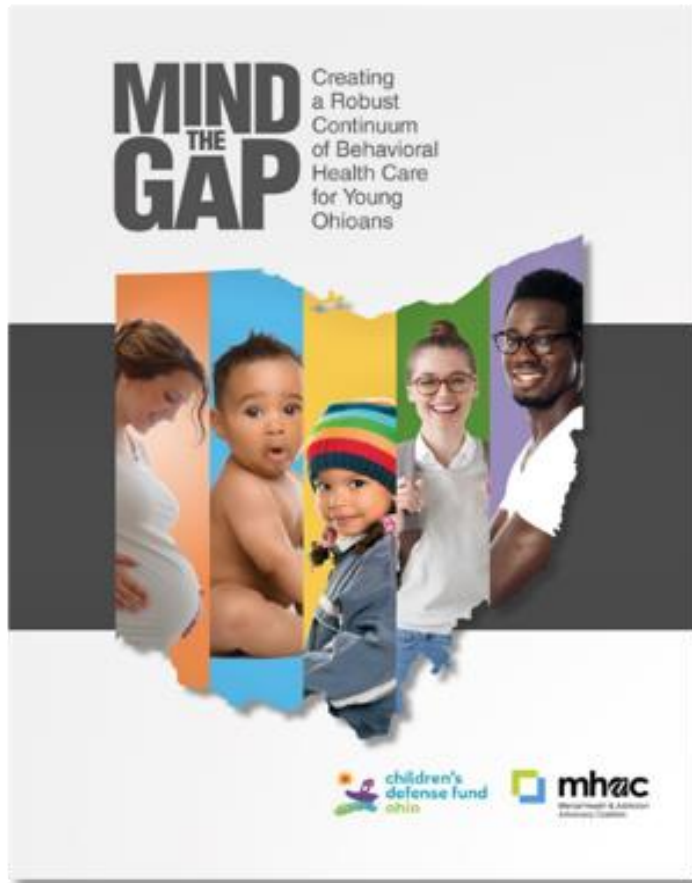


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# THE REPORT



- 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 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.





# OVERLAPPING SYSTEMS

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.	<a href="http://samhsa.gov">samhsa.gov</a>
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.	<a href="http://nami.org">nami.org</a>
Wellness Recovery Support	Also known as Wellness Recovery Action Planning (WRAP), is an approach that includes self-management and wellness planning by individuals with mental health problems. It serves to document triggers for difficult feelings or behaviors, encourages the identification of tools that contribute to well-being, proposes ways to self-monitor, helps develop action plans for managing wellness, and can be plans that are shared with others should that be necessary in times of illness or crisis. Key concepts include those of personal responsibility, education, hope, and patient self-directed interventions.	<a href="http://nih.gov">nih.gov</a>
Brief Motivational Interviewing	Clinical approach that helps people with mental health conditions make positive behavioral change. This approach upholds four principles— expressing empathy, rolling with resistance, and supporting people to successfully make a change).	

## Intensive Support Services

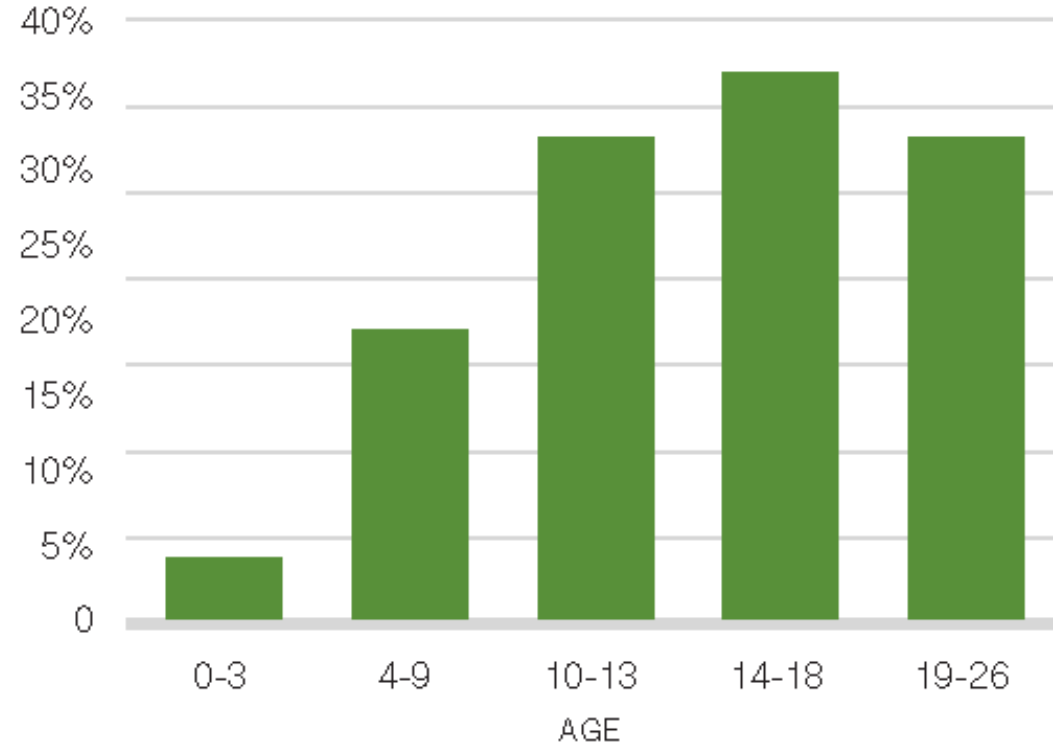
	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Intensive Care Management	[Blue bar spanning all age groups]						
Multi-Systemic Therapy		[Blue bar spanning ages 0-3 to 19-26]					[Yellow bar]
Intensive Home Based Treatment (early mental health intervention services, trauma)		[Blue bar spanning ages 0-3 to 19-26]					
Partial Hospitalization		[Blue bar spanning ages 0-3 to 19-26]					
Mental Health Day Treatment	[Blue bar]		[Blue bar spanning ages 4-9 to 19-26]				
Substance Use Intensive Outpatient	[Blue bar]			[Blue bar spanning ages 10-13 to 19-26]			
Assertive Community Treatment (age 18 and up)						[Blue bar]	



# 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)**



# OHIO MHAS 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 <sup>1</sup> population	3,793,168	8,945
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	64%
Behavioral health condition <sup>2</sup>	24%	25%

## ADAMHS BOARD OF ADAMS, LAWRENCE, SCIOTO COUNTIES

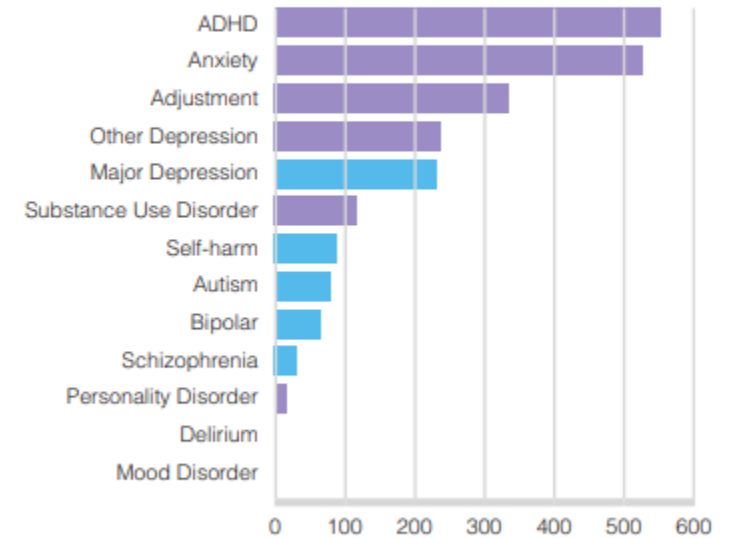
Total budget	\$3,284,270
Operating budget	\$810,750
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	3
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	68

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

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
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<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> 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



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# 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.

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# RECOMMENDATIONS

1. Ensuring **parity** of insurance coverage for behavioral health services.
2. Allocation of **funding**.
3. Addressing **workforce shortages** in the behavioral health field.
4. Increasing **caregiver understanding** of behavioral health disorders.
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.

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# SOME KEY IMPLICATIONS FOR OHIOANS

- 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.

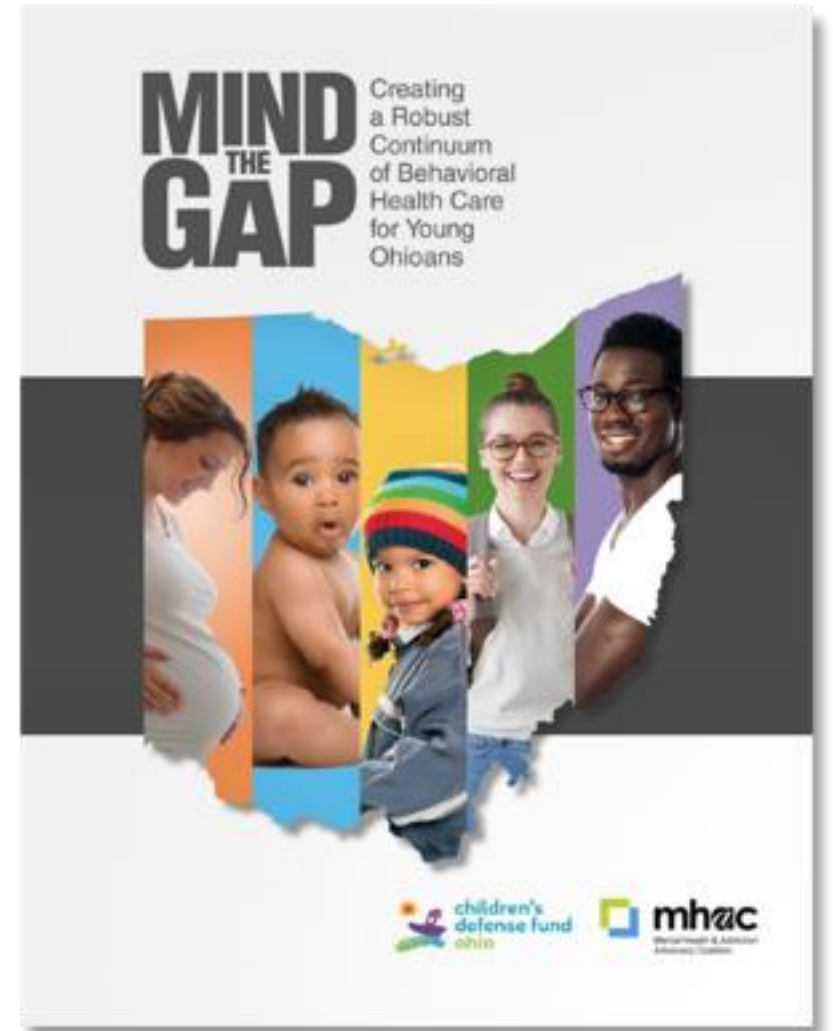
# THANK YOU!

Visit our website [mhaadvocacy.org/mind-the-gap](http://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 & Answers

*Moderated by our caucus co-chair, Rep. Allison Russo*

*For legislators and legislative staff, please feel free to unmute yourselves to ask questions or share feedback.*

*For all other participants, please use the chat feature.*

***Thank you for joining today's webinar!***



For more information on upcoming Ohio Legislative Children's Caucus webinars and meetings, please contact Alison Paxson at [apaxson@childrensdefense.org](mailto:apaxson@childrensdefense.org)