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2018-2019 State Budget, As Enacted: Ohio Department of Mental Health and Addiction Services

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State Budgeting Matters
Volume 13, Number 10
August, 2017

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Introduction

The Ohio Department of Mental Health and Addiction Services (ODMHAS) is responsible for the provision and oversight of statewide mental health services, as well as alcohol and drug addiction prevention, treatment, and recovery supports. ODMHAS oversees, regulates, and allocates funding to a service system of 52 county behavioral health boards, and operates six regional psychiatric hospitals.

Despite state revenue lagging behind projections and resulting in cuts throughout the budget, ODMHAS saw over a 2 percent increase in its GRF funding in both FY 2018 and FY 2019, as well as a 30 percent increase in non-GRF funding in FY 2018.¹ These increased investments come at a time when the state is continuing to search for new ways to address the growing behavioral health needs propelled by the opiate crisis.

Table 1: ODMHAS, GRF and Non-GRF 2016-2019

	FY 2016	FY 2017	Appropriation FY 2018	% Change FY17-18	Appropriation FY 2019	% Change FY18-19
<i>GRF</i>	\$ 378,322,569	\$ 396,892,434	\$ 407,566,061	2.69%	\$ 417,213,325	2.37%
<i>Non-GRF</i>	\$206,790,819	\$234,165,129	\$303,919,698	29.79%	\$287,060,698	-5.55%
<i>Total</i>	\$ 585,113,388	\$ 631,057,563	\$ 711,485,759	12.74%	\$ 704,274,023	-1.01%

Source: LSC Budget in Detail, As Enacted

New Investments Made to Combat Opiate Crisis

In a plan called Ohio HOPES (Heroin, Opioids, Prevention, Education, Safety), the House budget featured a funding package of \$170.6 million over the biennium to support behavioral health services addressing growing needs created by the state’s opiate crisis. Though the plan underwent substantial revision by the Senate and Conference Committee, the enacted budget added to the House’s total by using dedicated purpose funds, leveraging federal dollars, and redirecting Local Government Fund (LGF) dollars toward several new behavioral health programs.

The roughly \$180 million in new funding for the opiate crisis is appropriated across multiple state agencies in addition to ODMHAS, including the departments of Job and Family Services, Rehabilitation and Correction, and Public Safety, the Attorney General’s Office, and the State

Board of Pharmacy.² Of this money, approximately \$75 million was appropriated to ODMHAS over the biennium for the following purposes:³

- \$14 million in GRF and redirected LGF dollars to be distributed across county behavioral health boards;
- \$2 million in additional funding for the Residential State Supplement program, allowing facilities participating in the program to accommodate and provide personal care services to more individuals with mental illness;
- \$12 million in redirected LGF dollars for substance abuse stabilization centers, or detox facilities, and \$3 million in GRF dollars for mental health crisis stabilization centers in each of the state's six psychiatric hospital regions;
- \$7 million to expand medication-assisted treatment drug court and mental health court pilot programs to new counties;
- \$5 million to reimburse county jails for psychotropic drugs dispensed to inmates;
- \$21 million in additional capacity to sell obligations against the Mental Health Facilities Improvement Fund to expand treatment facilities;
- \$11 million in federal 21st Century Cures Act funding to be used pursuant to the State Targeted Response to the Opioid Crisis provision in the act.

Opioid Addiction Hubs

The enacted budget maintained the House's "County Hub Program to Combat Opioid Addiction" and requires each county ADAMHS board to organize and coordinate efforts to address the opioid epidemic in their county or counties and submit a report on these efforts to ODMHAS. Though the House initially appropriated \$2.2 million in FY 2018 for this program, the final budget eliminated this funding, leaving the cost of implementing the program to fall on the county boards.

Prevention

After both the governor's budget and the House-passed budget preserved GRF funding for the Prevention and Wellness line item at the 2017 level of \$3.4 million, the enacted budget cut this funding by 22 percent to \$2.6 million in each fiscal year. The reduction in this line item means fewer funds are available for schools and county behavioral health boards to provide evidence-based substance use and suicide prevention programming. However, it is possible that this loss in prevention funding may be offset by a nearly \$20 million increase to the Statewide Treatment and Prevention dedicated purpose fund over the biennium.

Behavioral Health Redesign

Governor Kasich vetoed a provision in the budget that would have further delayed alcohol, drug addiction, and mental health services from being carved into Medicaid managed care until July 1, 2018. Therefore, all elements of the Behavioral Health Redesign are currently scheduled for implementation on the later of January 1, 2018, or when beta testing of the new Medicaid

reimbursement codes has been successfully completed. Though the House of Representatives has overridden the governor's veto of the delay, it is unclear whether the Senate will follow suit considering the Senate-passed budget had an implementation date of January 1, 2018.

The budget also requires ODMHAS and the Department of Medicaid to adopt rules and make available provider manuals, claims instructions, information technology resources, and other training resources for the Behavioral Health Redesign no later than October 1, 2017.

Additionally, the Administration is working with hospitals to make available behavioral health services for children and multi-system youth through Medicaid managed care by August, 2017, since hospitals have indicated they are prepared to move forward with these changes.⁴ Detailed updates of the Behavioral Health Redesign process can be found on The Center for Community Solutions' [Blog](#).

Multi-System Youth

The enacted version of the budget preserved provisions made by the Senate to implement recommendations made by the Joint Legislative Committee on Multi-System Youth, which was created by the 2016-2017 State Budget. Specifically, \$5 million in unspent federal TANF dollars will be appropriated in each fiscal year to create a Youth and Family Crisis Stabilization Fund. This funding will increase access to treatment and supports for children and adolescents with complex mental health, addiction, or developmental needs that cannot be met by a single care system.

Additionally, the budget calls for ODMHAS to establish a strategy to collect and share data across child-serving systems to create a clearer picture of service utilization, patterns and gaps, and outcomes. The availability of such comprehensive data may enable a more holistic approach to ensuring evidence-based services are available for youth involved in the behavioral health, child protection, juvenile justice, and/or developmental disabilities systems.

The Center for Community Solutions advocated throughout the budget process for the implementation of these policy recommendations, and continues to advocate on behalf of youth with complex care needs to ensure they have access to quality services and supports. In particular, Community Solutions is monitoring the impact of the Behavioral Health Redesign efforts on multi-system youth.

Conclusion

As policymakers continue to address growing behavioral health needs across the state, The Center for Community Solutions will work to identify and evaluate the outcomes of the investments made in this state budget throughout the biennium, including funding for substance abuse prevention and treatment and the new investments supporting multi-system youth. Likewise, Community Solutions will remain engaged with the Behavioral Health

Redesign process as the new implementation date approaches to ensure critical behavioral health services are carefully and thoughtfully made available for those who need them.

¹ Legislative Service Commission. "Budget in Detail: House Bill 49, 132nd General Assembly." July 14, 2017. Accessed July 28, 2017.

<http://www.lsc.ohio.gov/fiscal/bid132/budgetindetail-hb49-en-with-fy2017actuals.pdf>

² White, Adam. "How Senate-Passed Version of State Budget Alters House HOPES Plan to Address the Opioid Crisis." June 23, 2017. Accessed July 28, 2017.

http://www.communitysolutions.com/index.php?option=com_lyftenbloggie&view=entry&year=2017&month=06&day=22&id=75:how-senate-passed-version-of-state-budget-alters-house-hopes-plan-to-address-the-opioid-crisis

³ Legislative Service Commission. "Comparison Document: House Bill 49, 132nd General Assembly." July 11, 2017. Accessed July 28, 2017.

<http://www.lsc.ohio.gov/fiscal/comparedoc132/en/comparedoc-hb49-en.pdf>

⁴ Ohio Department of Medicaid & Ohio Department of Mental Health and Addiction Services. "JMOC Update: Behavioral Health Redesign." June 22, 2017. Accessed July 28, 2017.

http://www.jmoc.state.oh.us/assets/meetings/Sears_Plouck_Presentation.pdf

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