

Cuyahoga CountyStat Presentation

April 2, 2013



ADAMHS

BOARD OF CUYAHOGA COUNTY

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

Total Estimated Population with Mental Illness and Substance Abuse in Cuyahoga County

According to the April 2011 Cuyahoga Behavioral Health Needs Assessment Center for Community Solutions

- **A total of 64,300 low-income persons have moderate or serious mental disorders:**
 - 19,500 children,
 - 34,300 working-age adults,
 - 10,500 seniors,
- **Additionally, 29,900 abuse/or are dependent on alcohol or drugs:**
 - 9,419 young adults 18- to 25 years old
 - 20,481 adults older than 25 years
- **7,990 have co-occurring mental illness disorder and substance disorder.**

Total Consumers & Clients Served FY12

July 1, 2011 – June 30, 2012

Medicaid and Non-Medicaid

- **Mental Health Services**
 - **44,456** adults and children:
 - **16,813 children** under age 18
 - **25,926 adults**
 - **1,717 seniors**
- **Alcohol and Drug Addiction Treatment Services:**
 - **9,078** adults and children:
 - **859 children** under age 18
 - **8,130 adults**
 - **89 seniors**

CONSUMERS & CLIENTS SERVED

CY12 July - December 2012

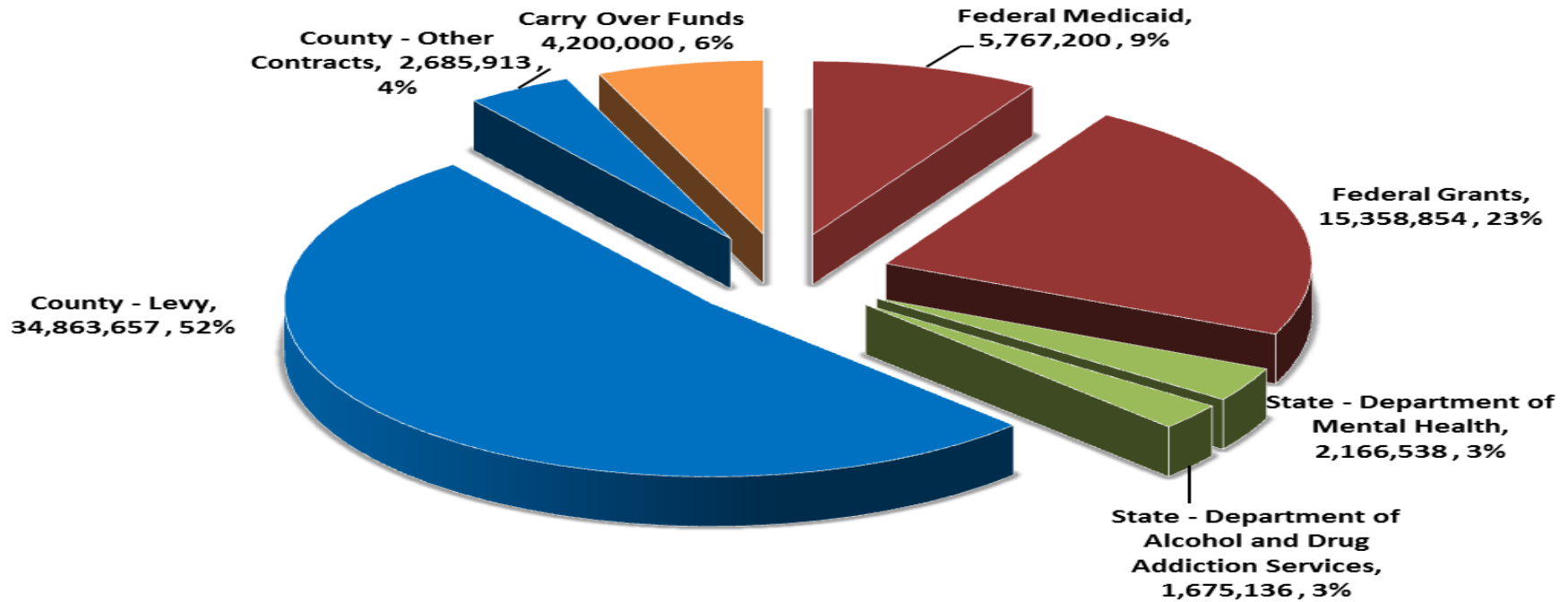
Non-Medicaid Only

- **Mental Health Services:**
 - **Over 7,482** adults and children:
 - Over **1,071 children** under age 18
 - Over **6,049 adults**
 - Over **362 seniors**
- **Alcohol and Drug Addiction Treatment Services:**
 - **Over 2,867** adults and children:
 - Over **74 children** under age 18
 - Over **2,778 adults**
 - Over **15 seniors**

Persons Not Served: 2011 Needs Assessment

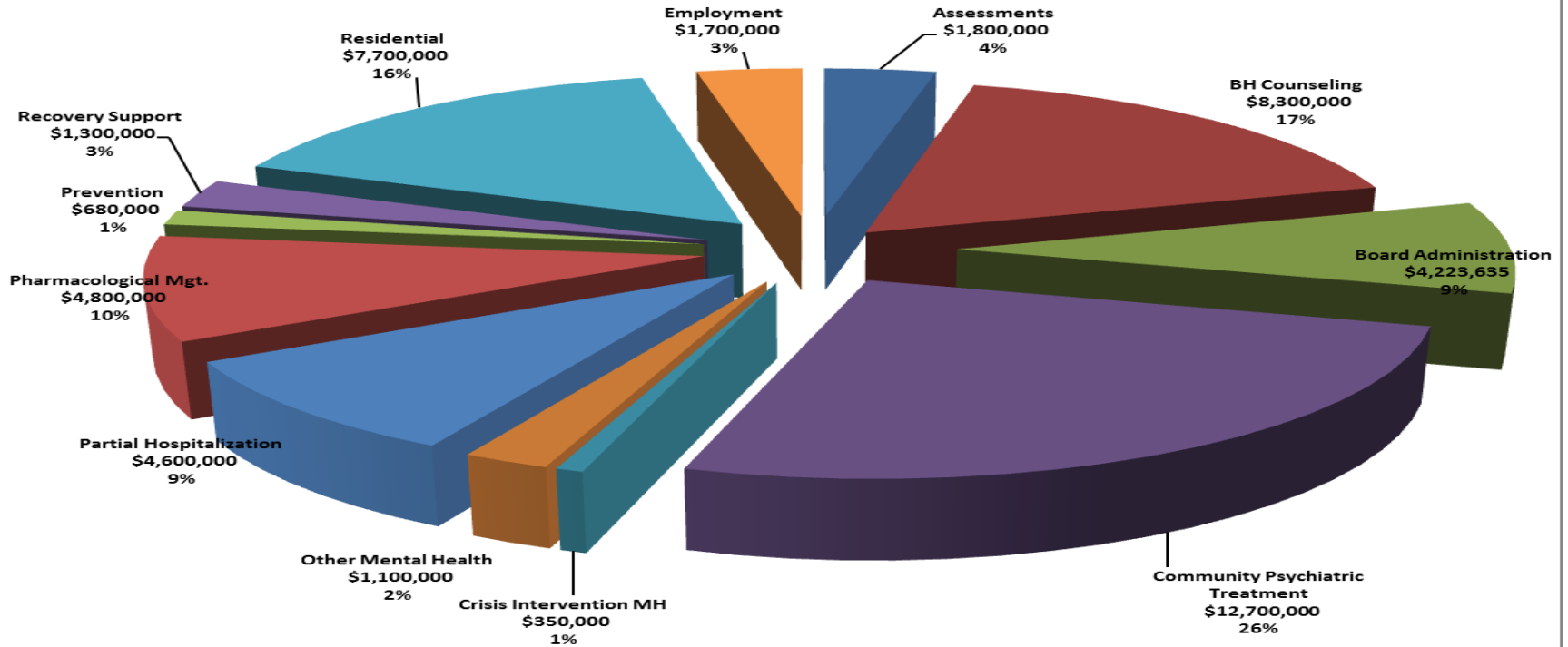
- **Just over half (57%) of low-income persons with mental disorders were served** in Cuyahoga, compared to almost three-quarters (73%) average among the six Ohio urban counties. **27,649 not served.**
- **Less than one-third (32%) of low-income persons in need of AOD services were served**, compared to almost half (46 %) for the other six counties. **20,332 AOD not served.**
- **Less than one-third (31%) of low-income consumers with co-occurring mental health and substance abuse** receive the services they need, compared to almost half (46%) average among the other counties. **5,513 not served.**
- **This represents a total of 53,494 persons not served.**

SFY 13 REVENUES



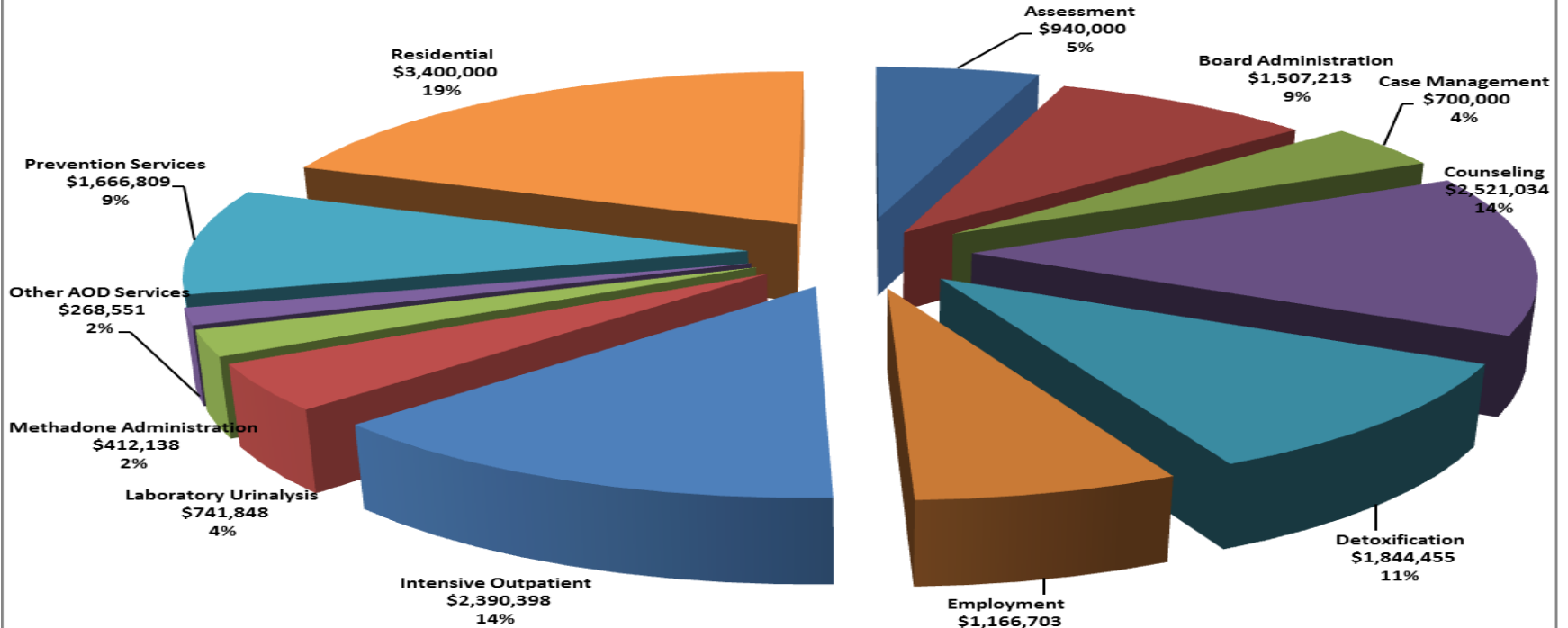
TOTAL REVENUES = \$66,700,000

FY2013 Mental Health Expenses by Service Category



TOTAL BUDGET = \$49,250,000

FY2013 Alcohol and Other Drug Expenses by Service Category



TOTAL BUDGET - \$17,550,000

FY2012 Non-Medicaid Dollars Spent on Medicaid Eligible Consumers (Mental Health)

Type of Mental Health Service	Medicaid Consumers	Non-Medicaid Consumers	Total	% of Non- Medicaid Dollars Spent on Medicaid Consumers
Residential	\$ 6,706,754	\$ 1,891,649	\$ 8,598,403	78%
Employment	\$ 787,535	\$ 1,087,548	\$ 1,875,083	42%
Recovery Services	\$ 1,583,414	\$ 2,186,620	\$ 3,770,034	42%
Other Services	\$ 4,001,320	\$ 9,336,413	\$ 13,337,732	30%
Totals	\$ 13,079,023	\$ 14,502,230	\$27,581,252	47%

FY2012 Non-Medicaid Dollars Spent on Medicaid Eligible Consumers (AOD)

Type of Addiction Treatment Service	Medicaid Consumers	Non-Medicaid Consumers	Total	% of Non- Medicaid Dollars Spent on Medicaid Consumers
Residential	\$ 1,212,669	\$ 1,264,315	\$ 2,476,984	49%
Detoxification	\$ 161,364	\$ 1,767,170	\$ 1,928,534	8%
Case Management	\$ 25,132	\$ 112,235	\$ 137,368	18%
Outpatient Counseling	\$ 173,836	\$ 1,281,743	\$ 1,455,579	12%
Intensive outpatient	\$ 98,308	\$ 1,262,882	\$ 1,361,190	7%
Medical Treatment	\$ 43,014	\$ 384,385	\$ 427,399	10%
Assessment/Crisis	\$ 22,019	\$ 360,215	\$ 382,234	6%
Urinalysis	\$ 50,604	\$ 340,686	\$ 391,290	13%
Totals	\$ 1,786,947	\$ 6,773,631	\$ 8,560,578	21%

Previous Measures Discontinued

Two Previously Reported Goals have been dropped from CountyStat because they are no longer relevant due to changes at the state:

1. Decrease Percentage of Consumers with Lapsed Medicaid.
2. Central Pharmacy on Target with State Allotment and no longer requires county allocation.

CountyStat 2013 Indicators

- 1. State Hospital Civil & Forensic Bed Days**
- 2. Screening, Centralized Assessment, Linkage, and Engagement (SCALE)**
- 3. Residential Treatment Services**
- 4. Permanent Housing**
- 5. Reentry Services**
- 6. Vocational/Employment Services**

State Hospital Bed Days

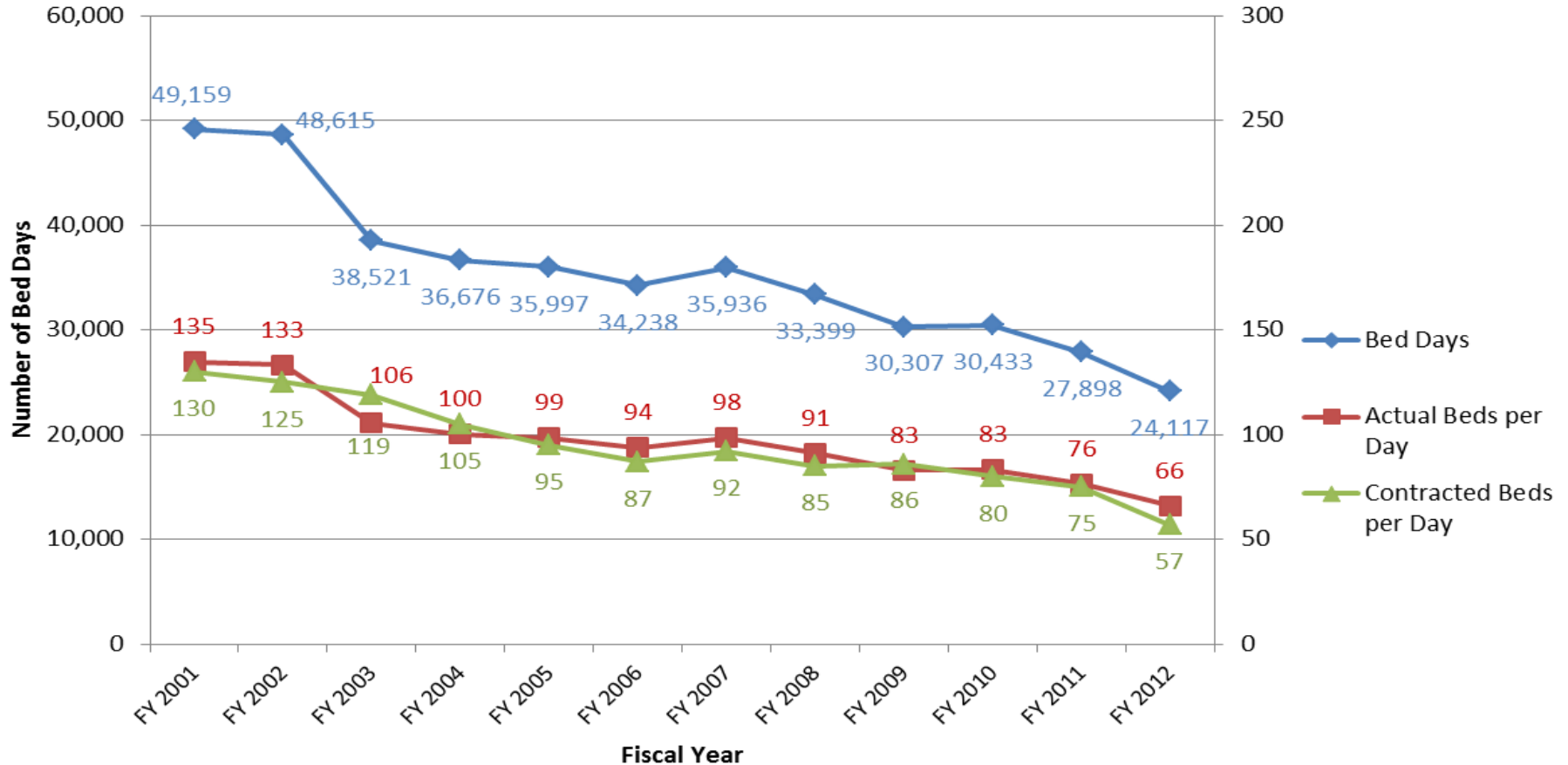
- **Civil Bed Day:** A day in the state mental health hospital for a person committed through probate court and/or voluntary admission.
- **Forensic Bed Day:** A day in the state mental health hospital for a person committed through the criminal justice system.
- Cost: \$500 per day, \$182,500 per year for one bed.

State Hospital Bed Days (continued)

Goal 1: Decrease the use of State Hospital Civil and Forensic Bed Days *by 2%*

- Bed Days are very costly and the **Board has managed civil commitments and has done well in keeping consumers stable and safe in the community** through the use of Non-Medicaid wrap-around services, such as housing as well as crisis services, case management, and hospital bed day management.
- **Beginning July 1, 2012, the Board has also taken over the management role for forensic bed days.**

STATE HOSPITAL CIVIL BED DAY MEASURE



STATE HOSPITAL CIVIL BED DAY COST SAVINGS 2001-2012

Measure	2001	2006	2012
Civil Bed Day Cost	\$380/day	\$440/day	\$500/day
Cost Savings	\$18.8 million	\$15.0 million	\$12.0 million

Historically, savings were reinvested back into non-Medicaid community services. Beginning FY12, however, these reimbursements were eliminated.

STATE HOSPITAL FORENSIC BED DAY BASELINE

Measure	2010 Actual	2011 Actual	2012 Actual	1 st 2 nd Qtr. 2013
Forensic Bed Day Usage (Based on State Fiscal Year)	37,281	41,287	47,085	24,599

ADAMHS Board just took control of forensic beds for FY13. These continue to increase because more people with mental illness are being incarcerated due to lack of treatment. Target is to use fewer bed days in F13 than FY12 through community diversion.

Screening, Centralized Assessment, Linkage, and Engagement (*SCALE*)

- The Board's **mental health Central Intake for uninsured/non-Medicaid adults** is known as **SCALE** (Screening, Centralized Assessment, Linkage, and Engagement)
- SCALE is designed to **effectively manage the process of mental health consumers new to the system** seeking services within limited available slots.

SCALE *(continued)*

Goal 2: Reduce Waitlists and Increase Number of Consumers who receive Timely Access to Services through SCALE

- Consumers being discharged from the hospital, in crisis, seriously ill or being discharged from prison are prioritized for services.
- *Board's goal is to reduce the number of consumers on a waitlist, and increase number of assessments and successful referrals to treatment by 30% by January 1, 2014.*

Specific SCALE Goals for 2013

- **Increase number of:**
 - **Screens into SCALE by 30% to 1,132**
 - **Completed Assessment - Community by 30% to 822**
 - **Completed Assessments - Hospital by 30% to 196**
 - **Increase Successful Referrals for Treatment by at least 10%**
 - **These goals are contingent upon funding. Intakes were closed twice during FY12. They were opened as a result of an additional \$1 million in County funding and \$1.2 million in State “Hot-Spot” funding.**

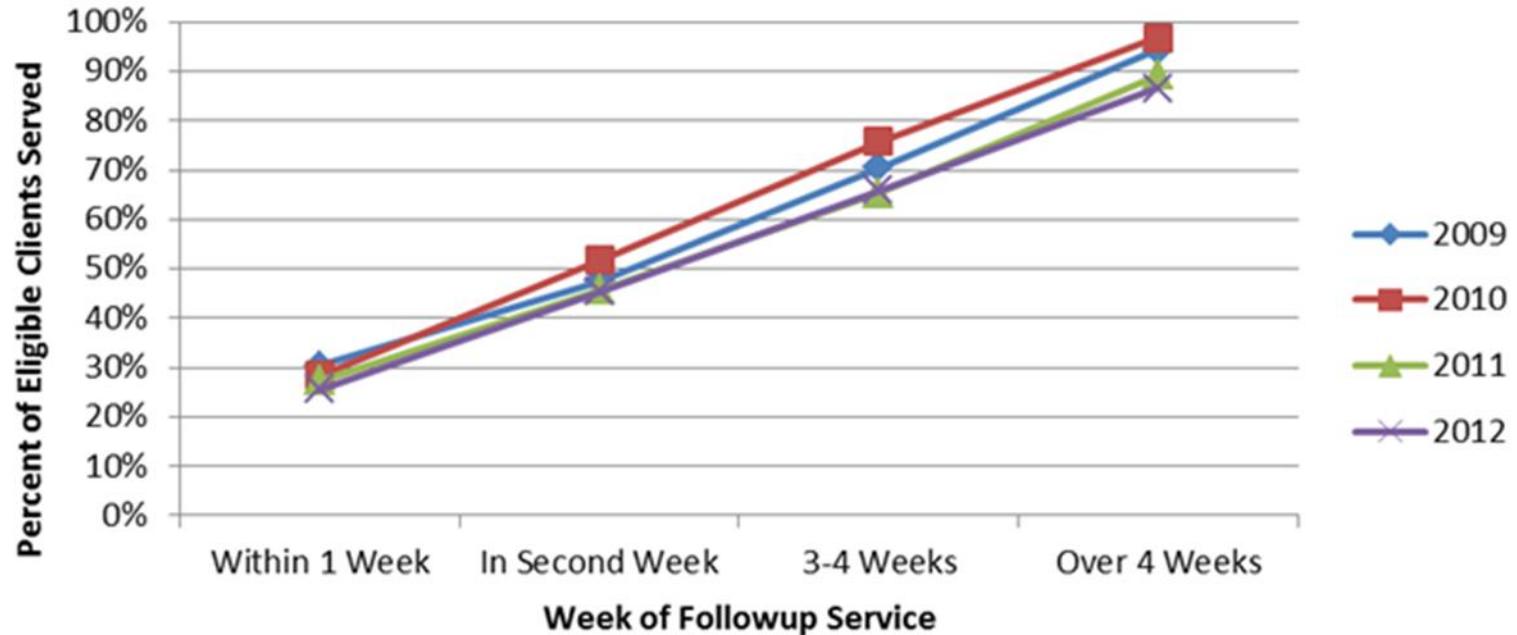
SCALE MEASURE

Measure	2012 Target	2012 Actual (9 months)	2013 Target (Increase of 30%)	2013 YTD 2.5 months
Screened	818	871	1,132	269
Assessments/ Community	601	632	822	186
Assessments/ Hospital	*	151	196	33

** Developed by experience*

SCALE WAIT TIME FOR TREATMENT DECREASED 6% TO 10% FROM 2009-2012 WITH 50% SEEN WITHIN 2 WEEKS

Cumulative Percent of Eligible Clients Having a First Mental Health *Treatment* Service by Year



Mental Health Residential Treatment

- **Residential Treatment includes room, board, personal care and mental health treatment.**
 - The Board contracts with 4 provider agencies to provide residential treatment for person with serious mental illness in a structured environment with 24/7 on-site supervision :
 - Murtis Taylor Human Services System
 - Mental Health Services
 - Northcoast Behavioral Healthcare
 - Jewish Family Service Association

Mental Health Residential Treatment (con't)

Goal 3: 80% (40 out of 50) Consumers served through residential treatment will be successfully stabilized by January 1, 2014.

MH RESIDENTIAL TREATMENT MEASURE

Measure	2010 Actual	2011 Actual	2012 Actual	2013 Target
Annual Referrals Stabilized through Residential Treatment	134	90*	50*	40*

Note: This Non-Medicaid funded residential service costs only \$150/day, as opposed to \$500/day for State Hospital Beds, and represents a potentially significant cost savings.

**2011 through 2013 decreases reflect \$2,397,952 lost through funding cuts leading to progressively fewer available beds.*

Permanent Housing

- Stable Housing is another critical component of successful recovery from severe and persistent mental illness.
- Permanent Housing involves a consumer living in an apartment or single-family home that is covered by Landlord-Tenant Law.
- This Non-Medicaid funded housing costs only \$500 per month, or \$6,000 per year, as opposed to \$500 per day which is \$186,000 for State Hospital Beds, and represents a significant cost savings.
- **There is currently a severe shortage of permanent housing for consumers with a current waiting list of 1,600 consumers.**

Permanent Housing

Goal 4: Reduce the number of consumers on a waitlist for Permanent Housing by at least 10% (160) from 1,600 to 1,440 by January 1, 2014.

PERMANENT HOUSING MEASURE

Measure	2010 Actual	2011 Actual	2012 Actual	2013 Projected/ Targeted Reduction
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Number of Consumers on Waitlist for Permanent Housing	1,091	1,186	1,427	1600/160
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Number of Consumers Currently Residing in Permanent Housing	4,168	4,168	4,068	3,968
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Cuyahoga Reentry

- **Population:**
- Cuyahoga County receives almost 20% of statewide prison reentry (5,000 individuals annually).
- Almost 10% of inmates that return have severe and persistent mental illness (500).
- Over 60% of inmates that return have substance abuse/addiction disorders (3000).
- Approximately 800 of these will have dual disorders.

- **Cost:**
- It costs \$25,000 per year to incarcerate an inmate in prison (average cost not including all costs of behavioral health services).
- It costs less than \$7,500 per year on average to provide community behavioral health services; a potential savings of \$17,500 per individual over incarceration.
- **For every one person with mental illness or addiction disorder incarcerated in prison, ADAMHS Board reentry programs could serve three to four individuals through successful community behavioral health services .**

Reentry Main Programs

- **C.A.R.E.S Prison Outreach: Murtis Taylor**
 - Typically serves individuals returning to their community of origin which is located in Murtis Taylor's catchment area, who have dual diagnosis – such as psychotic disorder and cocaine addiction, with a **history of multiple incarcerations**, who lack housing, income, and family support.
- **Parole/Assertive Community Treatment (P/ACT): Recovery Resources**
 - Provides intensive **Assertive Community Treatment** services for consumers **released on post control/parole**, with active psychiatric symptoms, and/ or substance abuse, and who struggle to adjust to post-prison schedule and responsibilities.
- **Therapeutic Community (TC): Community Assessment & Treatment Services (CATS)**
 - Serves male referrals from the **Court of Common Pleas/Drug Court** with severe substance abuse addiction and extensive history of criminal justice involvement and moderate co-occurring mental health diagnoses, including PTSD, and mood, anxiety or personality disorder.
- **Returning Home Ohio: Mental Health Services, Inc.**
 - Serves **consumers who are homeless** upon release from prison with severe mental illness, severe addiction, and developmental disability, or dual diagnosis.

REENTRY MEASURES

Measure 2012	C.A.R.E.S Prison Outreach: <i>Murtis Taylor</i>	Parole/Assertive Community Treatment (P/ACT): <i>Recovery Resources</i>	Therapeutic Community: <i>Community Assessment & Treatment Services</i>	Returning Home Ohio: <i>Mental Health Services, Inc.</i>	<i>TOTALS & AVERAGES</i>
Consumers Served	68	78	120	194	460
Recidivism <i>Without Program</i>	50%	71%	68%	50%	60% average
Recidivism <i>With Program</i>	5%	19%	15%	10%	12% average
Average Cost	\$8,500	\$14,460	\$3,952	\$6,370	\$8321
Potential Savings	\$511,500	\$796,600	\$1,347,074	\$1,453,140	\$4,108,314

Reentry *(continued)*

- **Goal 5: Increase the Number of Reentry Consumers and Clients Linked to Mental Health and AOD Services upon Release from the Ohio Department of Rehabilitation and Correction by at least 10% (46) from 460 to 506 (total population estimated at 3500).**
- **Achieve a Recidivism Rate for Individuals Completing the Reentry Programs of less than 20%**
- **Working in collaboration with the Cuyahoga County Office of Reentry to leverage dollars.**

Vocational/Employment Services

- In Ohio, 60-80% of people with mental illness are unemployed, and for people with the most severe mental illnesses, the unemployment rates can be as high as 90%.
(Study by Ohio Association of County Behavioral Health Authorities, October 2011).
- This represents up to 24,000 working-age adults with mental illness in Cuyahoga County who would be unemployed, and may benefit from vocational/employment services.

Vocational/Employment

- Employment is an **important therapeutic experience** and an **important part of recovery** for consumers with severe mental illness and/or addictions.
- Employment and vocational services **teach consumers job skills needed to secure employment.**
 - The ADAMHS Board contracts with 4 provider agencies to provide employment and vocational services to consumers diagnosed with mental illness and addictions:
 - Catholic Charities
 - Jewish Family Services Association
 - Recovery Resources
 - Magnolia Clubhouse.

VOCATIONAL/EMPLOYMENT MEASURES

Measure	2009	2010	2011	2012 Includes Recovery to Work & VRP3 Temporary Funds*	2013 Target
Consumers Enrolled in Vocational/ Employment Programs	932	860	1,161	1,428	1500
Consumers Employed	233	215	265	381	300
20% of trained consumers additionally considered work ready.	186	172	232	285	300

Vocational/Employment (continued)

Goal 6: The Board's vocational and employment programs will increase the number of consumers served by 5% (72)

From 1,428 to 1,500 adults.

300 or 20% will be will be employed by January 1, 2014.

Possible Future Measures

- AOD Detoxification
- Transitional Youth
- DCFS Partnership on Team Decision Meetings (TDM)
- Treatment Wait Time for SCALE

Also working towards benchmarking with other urban Boards, such as Franklin and Hamilton Counties.