

Who received Ohio publicly-funded Mental Health Services in FY 2007?

Bulletin 1: June, 2008

In FY 2007, the Ohio Department of Mental Health (MH) in conjunction with the 50 local MH Boards and nine behavioral health hospitals delivered publicly-funded MH services to 315,283¹ consumers. The purpose of this analysis is to provide information about the consumers' basic demographic characteristics, changes in Medicaid eligibility patterns, and Consumer Outcomes results.

MH Consumers by Geographical Classification

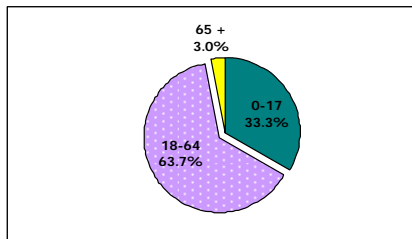
Board Geographical Classification	FY 2007 Board Count	% of Statewide Count	% Change From FY 2002
Appalachian	53,707	17.0%	17.1%
Rural	23,464	7.4%	17.7%
Metropolitan	168,356	53.4%	23.4%
Suburban	38,883	12.3%	26.8%
Mixed	30,873	9.8%	29.0%
Statewide Count	315,283		22.5%

Table 1 depicts the aggregation of consumer counts by the Ohio Department of Development's geographical county classification scheme which was modified so that all counties within the board area carry the same geographical classification. Between FY 2002 and FY 2007, the number of consumers served by the Ohio publicly-funded MH system increased by 22.5%. Growth rates for metropolitan, suburban, and mixed boards were higher than the state average, while Appalachian and rural boards grew at a slower pace. (Note: a mixed board area serves two types of counties, such as rural and suburban). *Additional bulletins will be prepared for each board geographical classification.*

MH Consumers by Age Cohort¹

According to Graph 1, 63.7% of the consumers were between the ages of 18 and 64. From FY 2002 to FY 2007, the 0-17 age cohort grew by 27.0%, compared to a 26.5% increase for the 18-65 age group. The age 65+ cohort contracted slightly by 0.5%.

Graph 1--FY 2007 MH Consumers by Age



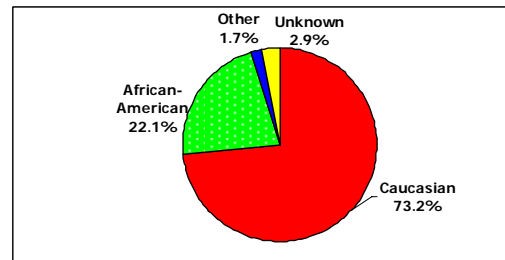
Additional bulletins about adult and children demographic characteristics will be prepared.

MH Consumers by Race¹

As shown in Graph 2, 73.2% of the consumers were Caucasian and 22.1% were African-American. Between FY 2002 and FY 2007, the "Other" category, which includes Hispanics and Asian-Americans, grew dramatically by 91.9%, compared to 28.8% for

African-Americans and 19.8% for Caucasians. The break-out by race for the general Ohio population differs from the MH consumer breakout. For the general population, Caucasians represent 84.9% of the general population, African-Americans, 12.1%, and Other, 2.1%³.

Graph 2--FY 2007 MH Consumers by Race¹

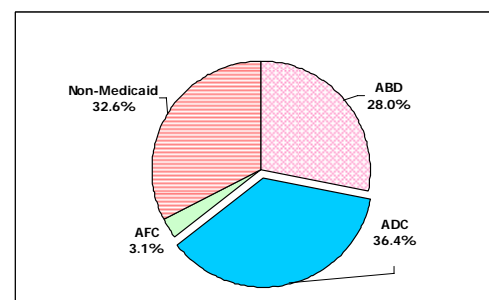


Medicaid Eligibility Patterns¹

In FY 2007, 212,630 or 67.4% of the consumers were enrolled in Medicaid. ADC-Medicaid eligible consumers, which include children enrolled in CHIPS, represented 36.4% of all consumers served compared to 28.0% who were ABD-Medicaid (Aged, Blind, Disabled) eligible. (Refer to Graph 3). Overall, Medicaid-eligible consumers increased by 32.8% from FY2002 to FY2007, while ADC-Medicaid consumers increased by 42.1%.

Medicaid Eligibility patterns will be discussed in future bulletins.

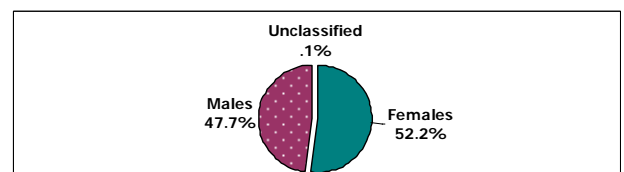
Graph 3--FY 2007 MH Consumers by Medicaid Eligibility



MH Consumers by Gender¹

In FY 2007, 52.2% of the MH consumers were females, and 47.7% were males. Between FY 2002 and FY 2007, female consumers increased by 22.6% and male consumers by 22.1%.

Graph 4--FY 2007 MH Consumers by Gender¹



How do People Look on Outcomes?

For Youth:

Analysis of FY 2007 Outcomes administrations completed at intake show no significant differences in severity from previous years. In the 90 days before admission, 7.0% were arrested, 14.2% were suspended from school, 9.4% spent time in juvenile detention, and 5.4% made a self-harm attempt.

Youth entering treatment in FY 2007 spent 10.0% of the days in the 90 days preceding treatment in an out-of-home placement. The estimated cost was \$67 million, with the cost of residential placement at \$26 million, and foster care at \$15 million. In other words, in SFY 2007, each person in Ohio paid \$5.87 for the 90 days preceding treatment in an out-of-home placement.

The vast majority of time was spent in-home, with 58.0% of the in-home time spent with the biological mother, 14.0% with both biological parents, 13.0% with a relative, 9.0% with the biological father, and 4.5% with adoptive parents. ⁴

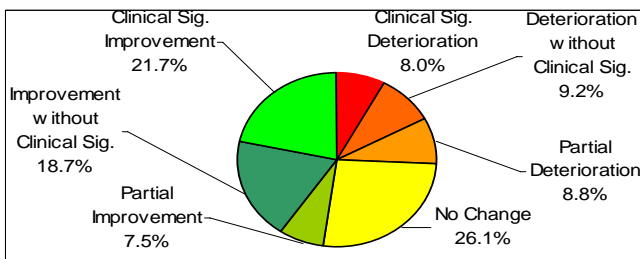
For Adults:

Analysis of FY 2007 Outcomes administrations completed at intake show no significant differences in severity from previous years. At admission, 24% of all adults reported employment (full or part-time or sheltered). 3.8% reported being homeless, 0.8% reported living in a correctional facility, and 1.5% reported living in a mental health treatment facility. 52.0% reported physical health interference in day-to-day functioning sometimes or more often. Another 14.0% of adults reported at intake that the agency treated them with dignity and respect only sometimes or less often. ⁵

How Are People Doing?

Treatment works for youth. (Refer to Graph 5). In an analysis of initial to six-month Parent Outcomes administrations, 47.9% of youth experienced various levels of improvement on the Problem Severity scale. Another 26.1% experienced no reliable change, and 25.9% had some amount of deterioration. ⁴

Graph 5—FY 2007 Youth Treatment Outcomes



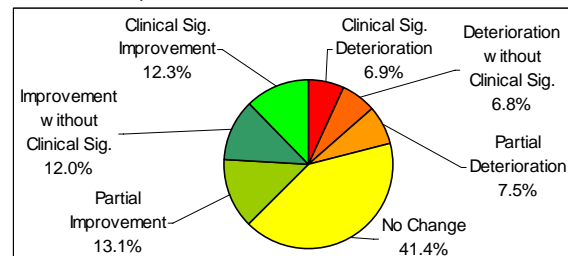
Societal services delivered to children are expensive, and may use available resources for funding mental health services. An assessment of 9,284 youth entering services in SFY 2007 showed that in the 90 days prior to service entry, \$16 million was spent on out-of-home placements of various types. In the 90 days

following entry into the system, \$20.5 million was spent on out-of-home placements. The majority of increased spending was seen in residential treatment, drug rehabilitation, and therapeutic foster care, while use of jail, juvenile detention and inpatient hospitalization decreased.

Table 2--FY 2007 Youth Out-of-Home Placement Costs		
Placement Type	Initial Cost	90 Day Cost
Jail	107,744	37,520
Juvenile Detention	1,454,750	654,060
Inpatient	1,893,500	679,000
Drug Rehabilitation	252,980	513,500
Medical Hospital	117,750	102,750
Residential Treatment	6,701,149	12,040,500
Group Emergency Shelter	100,560	84,360
Vocational Training	31,600	58,080
Group Home	690,240	693,216
Therapeutic Foster Care	1,371,440	2,497,732
Specialized Foster Care	130,460	169,620
Foster Care	3,126,059	2,981,787
Supervised Ind. Living	9,200	19,000
Total	15,987,432	20,531,125

Treatment works for adults. (Refer to Graph 6). In an analysis of initial to six-month Adult Outcomes administrations, 37.4% of adults experienced various levels of improvement on the Symptom Distress scale. Another 41.4% experienced no reliable change, and 21.2% had some amount of deterioration. ⁴

Graph 6--FY 2007 Adult Treatment Outcomes



Children and Adolescent Profiles ⁵

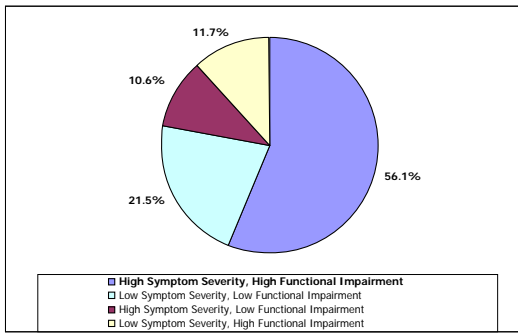
Statistical analysis was used on the Ohio Scales intake scores of 37,625 children and adolescents who entered services in SFY 2007. The following seven clinical variables were examined: three symptom severity factors of internalizing, externalizing and anti-social or delinquency behavior, functional impairment, age, gender, and restrictiveness of living environment (ROLES).

In the first phase of the analysis, cut points for symptom severity and functioning scores were used to divide the sample into four population quadrants. As Graph 7 shows, approximately 56.1% of the sample met the clinical thresholds for both symptom severity and functional impairment, while 21.5% of the sample did not meet clinical thresholds for either symptom severity or functional impairment. Another 22.3% of the sample met the clinical threshold in at least one of the two domains of the measurement.

OPER researchers entered standardized scores for internalizing, externalizing, and anti-social or delinquency behavior and

Graph 7—Distribution of Clinical Thresholds in Population

Quadrants of Sample (N=37,625)



functional impairment into a K-means cluster analysis. As a result of this analysis, four discrete groups or clinical profiles associated with prominent variable means.

Profile 1: Institutionalized Group

With an equal distribution of males and females, Profile 1 has the oldest mean age (14 years) of the four profiles. Other than the gender distribution, Profile 1 is the most homogenous and least diverse. It has the highest mean scores for externalizing, internalizing, anti-social behaviors, and functional impairment. It also has the highest mean frequency of days in out-of-home placement, and highest mean days spent in residential treatment and hospital settings. Standard and usual care for consumers in this group may include high use of psychiatric medications and med/somatic services.

Profile 2: Delinquency Group

Profile 2 is primarily males with a mean age of 12.2 and is the second most diverse in terms of subpopulation inclusion. As a whole, it has high internalizing and low externalizing symptoms, suggesting lower levels of aggressive behavior than the other profiles. The low externalizing symptoms characteristic of this profile is influenced by small but a significant subpopulation of consumers with low overall symptom severity, but high anti-social behaviors. It has the second highest mean score for anti-social behavior of the four profiles and this is one of the variables that bind smaller subpopulations, such as consumers with high functional impairment, into a cohesive clinical profile. Although the profile's mean functional impairment is well below the cut-point for clinical significance, it is a more highly functioning group than the Institutionalized Group Profile. Profile 2 has the third lowest mean days spent in living in out-of-home placement, but the highest mean number of days in juvenile detention/prison of the four profiles. In this regard, it differs from the Institutionalized Group Profile. Consumers in this profile would be appropriately served with a best practice, Multi-Systemic Therapy.

Profile 3: Community Group

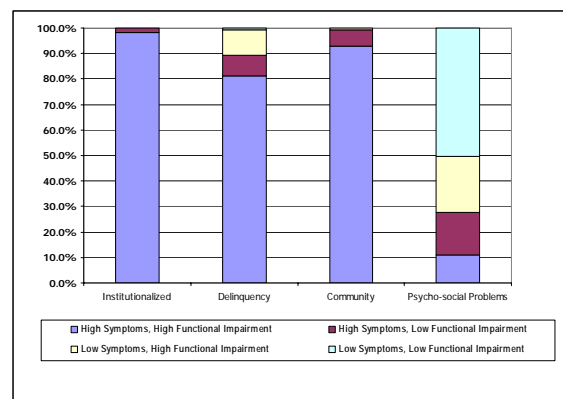
There is a near equal distribution of males and females in Profile 3, which has the lowest mean age of 11.5 years. As a whole, this

profile has moderate internalizing and high externalizing symptoms, suggesting levels of emotional and behavioral disturbances similar to, but slightly lower than, the Institutionalized Profile Group. The homogeneity of Profile 3 is similar to the Institutionalized Group Profile, but it differs from the Institutionalized and the Delinquency Group Profiles in its low mean scores on anti-social behaviors. The mean functional impairment score for Profile 3 is below the cut-point for clinical significance and is comparable to the Delinquency Group Profile. Profile 3 has spent the least amount of days in out-of-home placement of the four profiles and has the lowest mean days in juvenile detention and foster care.

Profile 4: Psycho-Social Problems Group

There is a near equal distribution of males and females at a mean age of 12 years in this profile. As Graph 8 shows, Profile 4 is the most diverse in terms of subpopulations with differing mean symptom severity and functional impairment scores. Overall, it has the lowest mean internalizing and externalizing symptoms, resulting in an overall mean symptom severity score below the cut point for clinical significance. The mean functional impairment score also is above the cut-point for clinical significance, and there is low anti-social/delinquency behavior. The low mean symptom severity and functional impairment that characterize Profile 4 as a cohesive clinical profile is influenced by 50.3% of the cases that statistically clustered in this profile. Half of the cases in Profile 4, or approximately 22.1% of the entire sample represent youthful consumers whose intake scores do not meet cut points for clinical significance. Regardless of the differences in symptom severity and functional impairment that characterize the subpopulations of this clinical profile, Profile 4 has the second highest mean number of days in out-of-home placement, including the highest number of days in foster care of the four profiles. Because this is a binding variable across all subpopulations of Profile 4, family stability becomes the common clinical issue regardless of symptom severity or functioning.

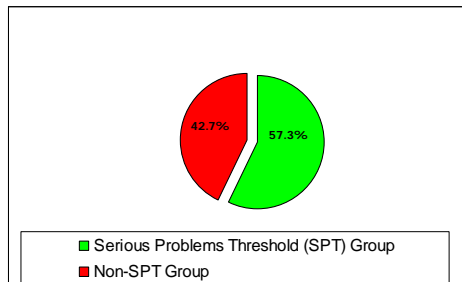
Graph 8—Proportion of Subpopulation Diversity in Four Clinical Profiles



Adult Serious Problems Threshold and Adult Non-Serious Threshold Groups^{6,7}

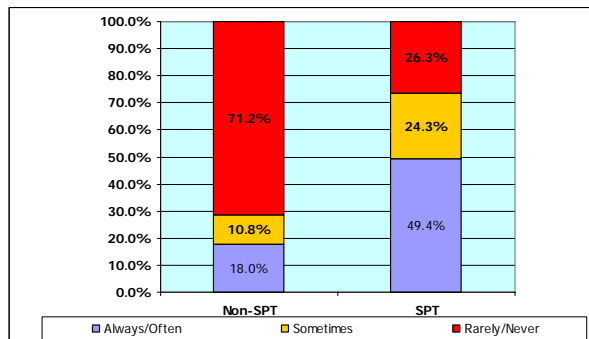
OPER staff analyzed 24,139 adult intake scores for symptom distress and functional impairment to determine what percentage of adults had serious symptom distress and functional impairment to create a proxy for Serious Mentally Disability (SMD). A symptom distress score ≥ 30 and a functional impairment score ≤ 43 was used to distinguish individuals in the Serious Problems Threshold (SPT) group from those in the Non-SPT group. As shown in Graph 9, of the adult consumers in the sample, 57.3 percent fell into the SPT group.

Graph 9—Percent of Adult Consumers Meeting Threshold Criteria for High Symptom Distress and Functional Impairment



Data for the SPT and Non-SPT groups also were analyzed to determine the extent to which each group reported interference with day-to-day functioning due to a physical condition. Approximately 71.2% of the Non-SPT group said that their physical condition “rarely” or “never” interfered with day-to-day functioning. On the hand, 49.4% of the SPT group said that their physical condition “always” or “often” interfered, compared to 18.0% of the Non-SPT group.

Graph 8—How Often Does Your Physical Condition Interfere with Your Day-to-Day Functioning?



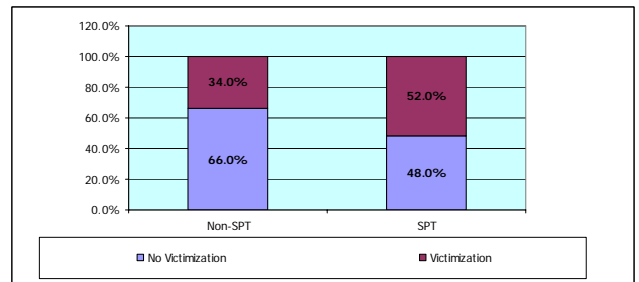
Incidence of Victimization or Potentially Traumatizing Events

Analysis of victimization reported for adults for the sample of 24,139 individuals was done to determine what percentage of the population reported the occurrence of a potentially traumatizing event, such as rape, assault, threats, exploitation, harassment, suicide attempt, self-harm, hate crimes, theft, robbery or

vandalism the previous six months. About 55.0% were reported not to have been victimized, with 45.0% experiencing one or more potentially traumatizing event. Of the 45.0% for whom victimization was reported, about one-third had one such occurrence, while 45.0% had three or more potentially traumatizing events.

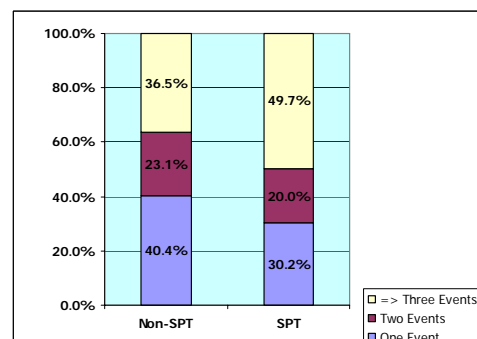
The SPT and Non-SPT groups differed on the percentage of individuals who had experienced victimization. As shown in Graph 10, 34.0% percent of the Non-SPT group and 52.0% of the SPT had the incidence of a potentially traumatizing event.

Graph 10—Incidence of Victimization: Percent Reported by Non-SPT and SPT



The Non-SPT and SPT groups also differed on the frequency with which the incidence of potentially traumatizing events had occurred, with the largest percentage of SPT having three or more victimizing events, compared to 36.5% of those in the non-SPT group. (Refer to Graph 10).

Graph 10—Incidence of Victimization: Percent Reported by Non-SPT and SPT



Sources of Information:

- ¹ MACSIS Data Mart, data pulled as of May 28, 2008.
- ² Ohio Department of Development, Office of Strategic Resources, Metropolitan and Micropolitan Statistical Areas
- ³ American Fact Finder, 2007 Population Estimates, Table DP-1-PR, as found on http://factfinder.census.gov/servlet/QTSUBJECTSHOWTABLES?_ts=231234495062, June 4, 2008.
- ⁴ Ohio Consumer Outcomes System Production Database
- ⁵ Ohio Scales, Worker Form 2007, Intake Administration
- ⁶ Symptom Severity Scale, Adult Consumer Form
- ⁷ Functioning Scale, Adult Provider Form, 2007, Intake Administration

For more information:

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