

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

Bulletin 4: June, 2008

In FY 2007, 23,464 people who resided in Ohio's rural areas received publicly-funded mental health (MH) services from the Ohio Department of Mental Health Services, the local MH board, and Ohio's behavioral health hospitals. 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 Residing in Rural Areas

The Ohio Department of Development, using U.S. Census data and the Appalachian federal designations, created a geographical classification for Ohio's 88 counties to help analysts compare population shifts across county types. Since local MH board areas can include multiple counties, the scheme has been adapted so that all counties within the board area carry the same classification. The board categories are Appalachian, Rural, Metropolitan, Suburban, and Mixed. A mixed board area includes two county types, such as a rural and suburban. Board areas comprised of Appalachian and rural counties are classified as Appalachian. The following board areas are in the rural group: Ashland, Ashtabula, Champaign-Logan, Crawford-Marion, Hancock, Huron, Preble, Putnam, Seneca-Sandusky-Wyandot, and Van-Wert-Mercer-Paulding.

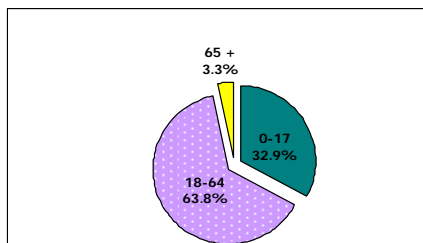
Board Geographical Classification	FY 2007 Board Count	% of Statewide Count	% Change From FY 2002
Rural	23,464	7.4%	17.7%
Statewide Count	315,283		22.5%

According to Table 1, less than 10.0% of all consumers receiving publicly-funded MH services lived in a rural board area. Between FY 2002 and FY 2007, the number of rural consumers increased by 17.7%, compared to a 22.5% statewide increase.

Rural MH Consumers by Age Cohort¹

In FY 2007, 63.8% of the rural consumers were between the ages of 18 and 64. (Refer to Graph 1). From FY 2002 to FY 2007, the 0-17 age cohort grew by 19.9%, compared to a 17.1% increase for the 18-65 age group and 11.1% for the 65+ age cohort.

Graph 1--FY 2007 Rural MH Consumers by Age

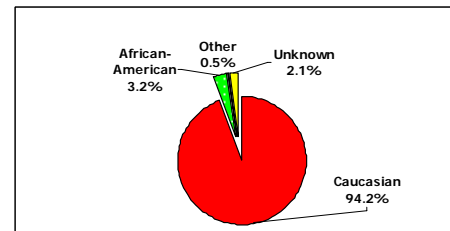


Rural MH Consumers by Race¹

According to Graph 2, 94.2% of the rural consumers in FY 2007 were Caucasian and 3.2% were African-American. From FY 2002

to FY 2007, the "Other" category, which includes Hispanics and Asian-Americans, grew by 28.6%, compared to 28.8% for African-Americans and 19.8% for Caucasians.

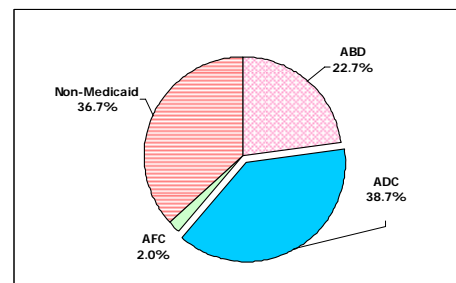
Graph 2--FY 2007 Rural MH Consumers by Race



Medicaid Eligibility Patterns¹

In FY 2007, 14,851 or 63.3% of the rural consumers were enrolled in Medicaid. ADC-Medicaid eligible consumers, which include children enrolled in CHIPS, represented 38.6% of all consumers served compared to 22.7% who were ABD-Medicaid (Aged, Blind, Disabled) eligible. (Refer to Graph 3). Overall, Medicaid-eligible consumers increased by 33.6% from FY2002 to FY2007, while ADC-Medicaid consumers grew by 42.9%.

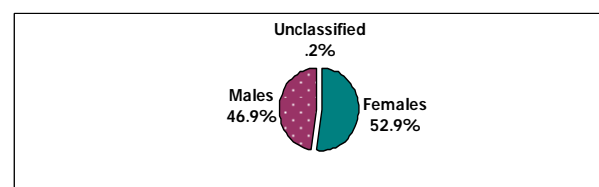
Graph 3--FY 2007 Rural MH Consumers by Medicaid Eligibility



Rural MH Consumers by Gender¹

In FY 2007, 52.9% of the rural MH consumers were females, and 46.9% were males. The growth rate for females between FY 2002 and FY 2007 was 19.6% compared to 15.2% for male consumers.

Graph 4--FY 2007 Rural MH Consumers by Gender



How do People in Rural Areas 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, 6.9% were arrested, 10.2% were suspended from school, 9.1% spent time in juvenile detention, and 4.2% 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 \$2.48 million, with the cost of residential placement at \$611,000, and foster care at \$838,000. In other words, in SFY 2007, each person residing in a rural board area paid \$3.07 for the 90 days preceding treatment in an out-of-home placement.

The vast majority of time was spent in-home, with 55.7% of the in-home time spent with the biological mother, 17.6% with both biological parents, 9.3% spent with a relative, 13.6% with the biological father, and 3% with adoptive parents.³

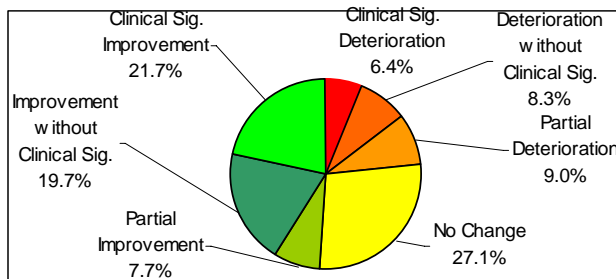
For Adults:

Analysis of FY 2007 Outcomes administrations completed at intake show no significant differences in severity from previous years. At admission, 34.4% of all adults reported employment (full or part-time or sheltered). 0.8% reported being homeless, 0.5% reported living in a correctional facility, and 0.6% reported living in a mental health treatment facility. Approximately 62.3% reported physical health interference in day-to-day functioning sometimes or more often. Another 14.7% of adults reported at intake that the agency treated them with dignity and respect only sometimes or less often.³

How Are People in Rural Areas Doing?

Treatment works for youth. (Refer to Graph 5). In an analysis of initial to six-month Parent Outcomes administrations, 48.2% of youth experienced various levels of improvement on the Problem Severity scale. Another 27.1% experienced no reliable change, and 23.7% had some amount of deterioration.³

Graph 5--FY 2007 Youth Treatment Outcomes



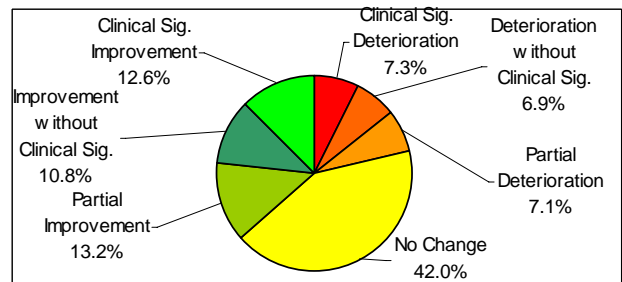
Societal services delivered to children are expensive, and may use available resources for funding mental health services. An assessment of 580 youth entering services in SFY 2007 showed that in the 90 days prior to service entry, \$373,000 was spent on out-of-home placements of various types. In the 90 days following entry into the system, \$344,000 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	11,088	2,800
Juvenile Detention	75,020	37,400
Inpatient	21,500	11,500
Drug Rehabilitation	0	0
Medical Hospital	1,000	750
Residential Treatment	101,559	42,229
Group Emergency Shelter	0	0
Vocational Training	0	0
Group Home	8,544	76,320
Therapeutic Foster Care	44,640	36,828
Specialized Foster Care	0	0
Foster Care	109,198	134,332
Supervised Ind. Living	0	1,800
Total	372,549	343,959

Treatment works for adults. (Refer to Graph 6). In an analysis of initial to six-month Adult Outcomes administrations, 36.7% of adults experienced various levels of improvement on the Symptom Distress scale. Another 42.0% experienced no reliable change, and 21.3% had some amount of deterioration.³

Graph 6--FY 2007 Adult Treatment Outcomes



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 Ohio Consumer Outcomes System Production Database

For more information:

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