

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

Bulletin 5: June, 2008

In FY 2007, 168,356 people who resided in Ohio's metropolitan 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 Metro Areas¹

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 metro group: board areas: Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Stark, and Summit.

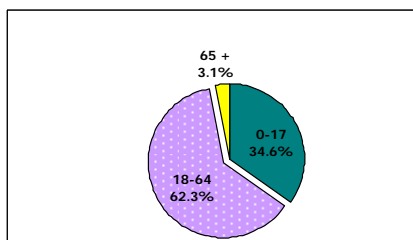
Board Geographical Classification	FY 2007 Board Count	% of Statewide Count	% Change From FY 2002
Metropolitan	168,356	53.4%	23.4%
Statewide Count	315,283		22.5%

According to Table 1, over 50.0% of all consumers receiving publicly-funded MH services lived in a metro board area. Between FY 2002 and FY 2007, the number of metro consumers increased by 23.4%, compared to a 22.5% statewide increase.

Metro MH Consumers by Age Cohort¹

In FY 2007, 62.3% of the metro consumers were between the ages of 18 and 64. (Refer to Graph 1). From FY 2002 to FY 2007, the 0-17 age cohort for metro MH consumers increased by 31.1%, compared to a 19.9% increase for the 18-65 age group. The 65+ age cohort decreased by 4.2%.

Graph 1--FY 2007 Metro MH Consumers by Age

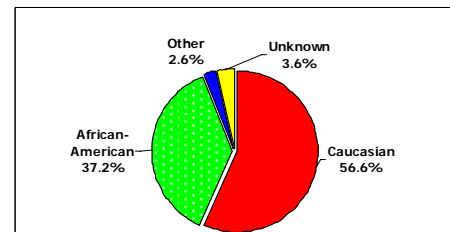


Metro MH Consumers by Race¹

According to Graph 2, 56.7% of the metro consumers were Caucasian in FY 2007 and 37.2% were African-American. From FY 2002 to FY 2007, the "Other" category, which includes

Hispanics and Asian-Americans, grew by 100.5%, compared to 28.7% for African-Americans and 18.7% for Caucasians.

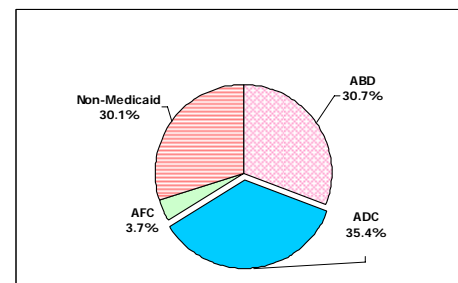
Graph 2--FY 2007 Metro MH Consumers by Race



Medicaid Eligibility Patterns¹

In FY 2007, 117,632 or 69.9% of the metro consumers were enrolled in Medicaid. ADC-Medicaid eligible consumers, which include children enrolled in CHIPs, represented 35.4% of all consumers served compared to 30.7% of consumers 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 grew by 48.3%.

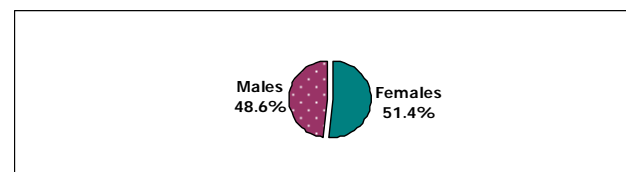
Graph 3--FY 2007 Metro MH Consumers by Medicaid Eligibility



Metro MH Consumers by Gender¹

In FY 2007, 51.4% of the MH metro consumers were females, and 48.6% were males. The growth rate for female and male consumers between FY 2002 and FY 2007 was almost identical. Female consumers increased by 23.5% compared to 23.3% for male consumers.

Graph 4--FY 2007 Metro MH Consumers by Gender



How do People in Metro 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, 7.0% were arrested, 20.1% were suspended from school, 10.6% spent time in juvenile detention, and 6.3% made a self-harm attempt.

Youth entering treatment in FY 2007 spent 10.4% of the days in the 90 days preceding treatment in an out-of-home placement. The estimated cost was \$37 million, with the cost of residential placement at \$13.7 million, and foster care at \$3.6 million. In other words, in SFY 2007, each person residing in a metro board area paid \$5.97 for the 90 days preceding treatment in an out-of-home placement.

The vast majority of time was spent in-home, with 60.0% of the in-home time spent with the biological mother, 11.9% with both biological parents, 14.6% with a relative, 7.1% with the biological father, and 5.0% with adoptive parents.³

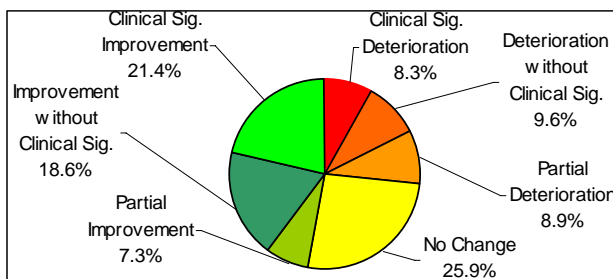
For Adults:

Analysis of FY 2007 Outcomes administrations completed at intake show no significant differences in severity from previous years. At admission, 19.2% of all adults reported employment (full or part-time or sheltered). 3.7% reported being homeless, 0.6% reported living in a correctional facility, and 2.1% reported living in a mental health treatment facility. Approximately 67.7% reported physical health interference in day-to-day functioning sometimes or more often. Another 15.8% of adults reported at intake that the agency treated them with dignity and respect only sometimes or less often.³

How Are People in Metro Areas Doing?

Treatment works for youth. (Refer to Graph 5). In an analysis of initial to six-month Parent Outcomes administrations, 47.3% of youth experienced various levels of improvement on the Problem Severity scale. Another 25.9% experienced no reliable change, and 26.8% had some amount of deterioration.³

Graph 5--FY 2007 Youth Treatment Outcomes



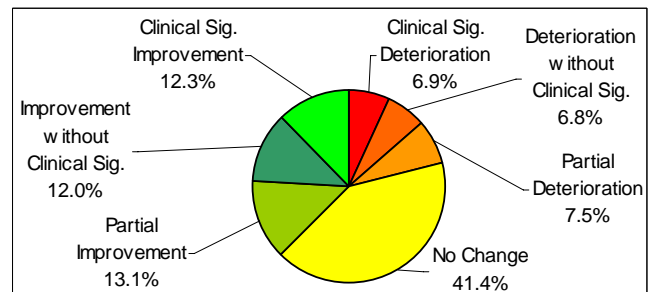
Societal services delivered to children are expensive, and may use available resources for funding mental health services. An assessment of 6,370 youth entering services in SFY 2007 showed that in the 90 days prior to service entry, \$10.5 million was spent on out-of-home placements of various types. In the 90 days following entry into the system, \$13.6 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	71,792	22,848
Juvenile Detention	860,640	410,410
Inpatient	1,387,500	525,000
Drug Rehabilitation	134,420	363,220
Medical Hospital	103,000	76,500
Residential Treatment	4,361,104	8,099,243
Group Emergency Shelter	88,680	80,340
Vocational Training	31,600	43,680
Group Home	410,208	360,768
Therapeutic Foster Care	719,200	1,484,404
Specialized Foster Care	93,610	120,560
Foster Care	2,271,290	2,079,661
Supervised Ind. Living	7,400	13,800
Total	10,540,444	13,680,434

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 41.2% experienced no reliable change, and 21.4% 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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