

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

Bulletin 6: June, 2008

In FY 2007, 38,883 people who resided in Ohio's suburban 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 Suburban 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 suburban group: Clark-Green-Madison, Fairfield, Geauga, Lake, Medina, Portage, Trumbull, Union, and Wood.

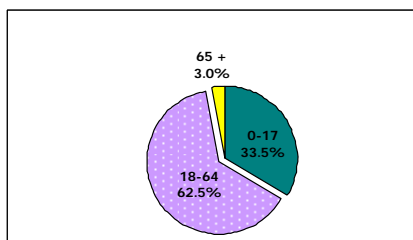
Board Geographical Classification	FY 2007 Board Count	% of Statewide Count	% Change From FY 2002
Suburban	38,883	12.3%	26.8%
Statewide Count	315,283		22.5%

According to Table 1, 12.3% of all consumers receiving publicly-funded MH services lived in a suburban board area. Between FY 2002 and FY 2007, suburban consumers increased by 26.8%, compared to a 22.5% statewide increase.

Suburban MH Consumers by Age Cohort¹

In FY 2007, 63.5% of the suburban 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 32.8%, compared to a 34.3% increase for the 18-65 age group. The 65+ age cohort decreased by 4.3%.

Graph 1--FY 2007 Suburban MH Consumers by Age

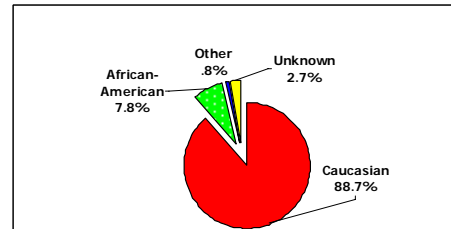


Suburban MH Consumers by Race¹

According to Graph 2, 88.7% of the suburban consumers in FY 2007 were Caucasian and 7.8% were African-American. From FY

2002 to FY 2007, the "Other" category, which includes Hispanics and Asian-Americans, grew by 92.0%, compared to 47.5% for African-Americans and 24.2% for Caucasians.

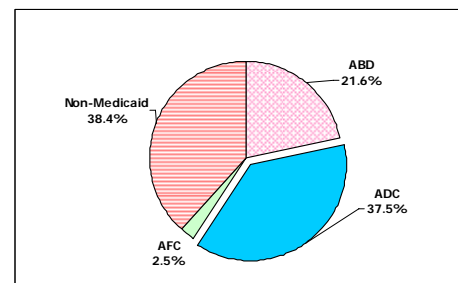
Graph 2--FY 2007 Suburban MH Consumers by Race



Medicaid Eligibility Patterns¹

In FY 2007, 23,954 or 61.6% of the suburban consumers were enrolled in Medicaid. ADC-Medicaid eligible consumers, which include children enrolled in CHIPS, represented 37.5% of all consumers served compared to 21.6% who were ABD-Medicaid (Aged, Blind, Disabled) eligible. (Refer to Graph 3). Overall, Medicaid-eligible consumers increased by 39.5% from FY2002 to FY2007, while ADC-Medicaid consumers grew by 50.4%.

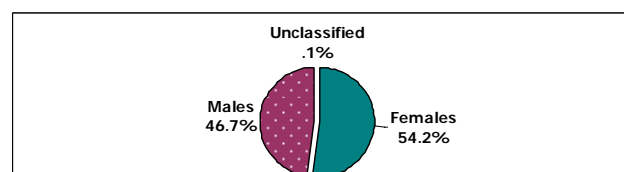
Graph 3--FY 2007 Suburban MH Consumers by Medicaid Eligibility



Suburban MH Consumers by Gender¹

In FY 2007, 54.2% of the MH suburban consumers were females, and 46.7% were males. The growth rate for female consumers between FY 2002 and FY 2007 was 27.7%, compared to 25.8% for male consumers.

Graph 4--FY 2007 Suburban MH Consumers by Gender



How do People in Suburban 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, 7.4% were arrested, 10.7% were suspended from school, 8.9% spent time in juvenile detention, and 4.8% made a self-harm attempt.

Youth entering treatment in FY 2007 spent 9.7% of the days in the 90 days preceding treatment in an out-of-home placement. The estimated cost was \$8.1 million, with the cost of residential placement at \$3.5 million, and foster care at \$1.7 million. In other words, in SFY 2007, each person residing in a suburban board area paid \$5.36 for the 90 days preceding treatment in an out-of-home placement.

The vast majority of time was spent in-home, with 56.8% of the in-home time spent with the biological mother, 16.9% with both biological parents, 10.7% with a relative, 10.0% with the biological father, and 4.3% with adoptive parents.³

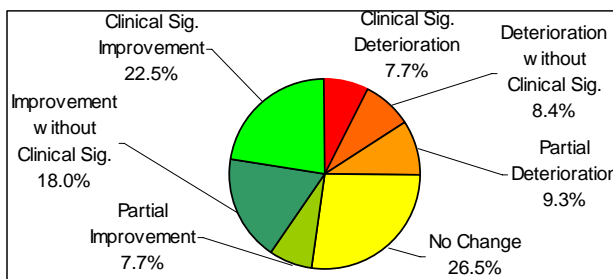
For Adults:

Analysis of FY 2007 Outcomes administrations completed at intake show no significant differences in severity from previous years. At admission, 31.7% of all adults reported employment (full or part-time or sheltered). 2.4% reported being homeless, 1.1% reported living in a correctional facility, and 1.0% reported living in a mental health treatment facility. Approximately 66.1% reported physical health interference in day-to-day functioning sometimes or more often. Another 12.3% of adults reported at intake that the agency treated them with dignity and respect only sometimes or less often.³

How Are People in Suburban Areas 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 26.5% experienced no reliable change, and 25.4% had some amount of deterioration.³

Graph 5--FY 2007 Youth Treatment Outcomes



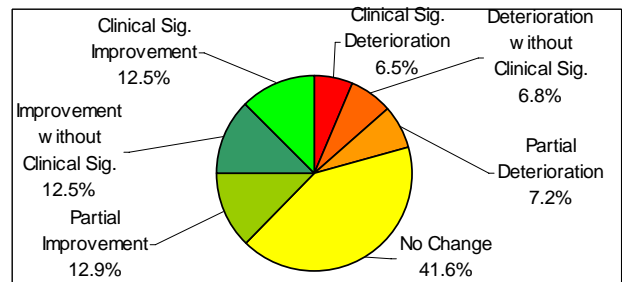
Societal services delivered to children are expensive, and may use available resources for funding mental health services. An assessment of 910 youth entering services in SFY 2007 showed that in the 90 days prior to service entry, \$1.8 million was spent on out-of-home placements of various types. In the 90 days following entry into the system, \$2.0 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	5,096	5,712
Juvenile Detention	157,300	44,990
Inpatient	201,000	63,500
Drug Rehabilitation	100,620	138,580
Medical Hospital	8,250	0
Residential Treatment	774,082	1,098,303
Group Emergency Shelter	5,760	420
Vocational Training	0	0
Group Home	141,600	158,976
Therapeutic Foster Care	166,656	209,064
Specialized Foster Care	6,820	9,900
Foster Care	233,022	243,459
Supervised Ind. Living	0	0
Total	1,800,206	1,972,904

Treatment works for adults. (Refer to Graph 6). In an analysis of initial to six-month Adult Outcomes administrations, 39.9% of adults experienced various levels of improvement on the Symptom Distress scale. Another 41.6% experienced no reliable change, and 20.5% 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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