

# State Budget Update

# Senate Budget Requests

- Support an additional \$143 million investment in Medicaid community behavioral health services rates
- Increase funding in the Continuum of Care line (ALI 336-421)
- Restore the Hospital Services line (ALI 336-412) to the as-introduced amount
- Restore the Criminal Justice Services line (ALI 336-422) to the as-introduced amount
- Restore the investment in the Residential State Supplement line (ALI 336-510).
- Restore the Prevention and Wellness line (ALI 336-406) to the as-introduced amount

# Central Ohio Legislators – Ohio Senate

## Senator Michele Reynolds (R-3) \*

- Represents **Franklin County**
- Sits on Senate Community Revitalization Committee

## Senator Hearcel Craig (D-15) \*

- Represents **Franklin County**
- Sits on Senate Finance and Medicaid Committees

## Senator Bill DeMora (D-25)

- Represents **Franklin County**

## Senator Stephanie Kunze (R-16)

- Represents **Madison and Pickaway Counties** and a **portion of Franklin County**

## Senator Andrew Brenner (R-19) \*

- Represents **Delaware, Knox, Holmes, and Coshocton Counties**
- Sits on Senate Finance Committee

## Senator Bill Reineke (R-26) \*

- Represents **Union, Marion, Morrow, Wyandot, Crawford, Seneca and Sandusky Counties**
- Sits on Senate Finance Committee

## Senator Tim Schaffer (R-20)

- Represents **Fairfield and Licking Counties** and portion of Perry County
- Sits on Senate Insurance Committee

NOTE: Senate office emails use the format [lastname@ohiosenate.gov](mailto:lastname@ohiosenate.gov) – e.g., [craig@ohiosenate.gov](mailto:craig@ohiosenate.gov)

## Impacts to OhioMHAS and Local Communities in House Passed State Budget Bill (Sub. HB 33)

*The budget bill, as passed by the House, contains funding cuts to important OhioMHAS line items which would ultimately impact local communities and behavioral health services*

### Hospital Services Impact

*Who is Most Affected: Families, Sheriffs, Jail Administrators, First Responders, Emergency Rooms, and Private Sector Hospitals*

- **Reduces the allocation for OhioMHAS six psychiatric hospitals by 10% from the As Introduced version of the budget.** The state regional psychiatric hospitals would not be able to operate at current capacity. The state would not be able to execute the planned hospital capacity expansion of 80 beds.

### Criminal Justice Impact

*Who is Most Affected: Families, Sheriffs, Courts, and Jails*

- **Cuts the As Introduced Criminal Justice line item by 30% each fiscal year.** This will negatively impacting addiction treatment in jails, re-entry services for adults recovering from mental illness and addiction who are leaving ODRC custody, probate court investments for adults with serious mental illness, and forensic center services to courts and jails for adults with serious mental illness.

### Community Impact

*Who Is Most Affected: Employers, Schools, County Commissioners, Mayors, Neighborhoods, and Families*

- **Reduces the As Introduced Prevention and Wellness line item by 50% -** Most of the cut would need to come from a reduction in suicide prevention efforts and funding the ADAMH Boards use for local decisions about mental health promotion and substance use disorder prevention.
- **Reduces the As Introduced Continuum of Care line item by 10% and adds earmarks effectively reducing the funding further.** This would likely be a cut to local communities as allocated through the Boards. This line also includes a number of priority investments: Crisis services funding distributed to local communities to operate mobile crisis for adults and youth, stabilization centers, and mobile crisis for OhioRISE; funding for recovery supports including housing, employment supports, transportation for adults with mental illness as they are discharged from hospitals and re-entering from local jails; funding for uninsured adults to access private psychiatric inpatient beds; OhioSTART is funded from this line.
- **Reduces the As Introduced Residential State Supplement funding for housing for adults with serious mental illness by 33% - returning it to the current allocation last increased in 2016.** This makes it difficult for quality housing providers to continue operations or for new providers to begin offering the service. Residential stability is a key indicator for recovery including working, reducing criminal justice involvement, and institutional stays.



# WELCOME



**QRI**  
INTERNATIONAL





Welcome

# RI International in Franklin County



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RI- Franklin County Crisis Services



Somewhere to Go

Based at 199 S. Central Ave. Columbus, Ohio 43223

## Who are WE??

- ▶ Peers (Milieu Specialist and Peer Supports)
  - ▶ Licensed Social Workers/Counselors
  - ▶ Registered Nurses
  - ▶ Nurse Practitioners
- 
- ▶ **68%** of the total staff identified as having lived experience



# Who are WE??

- ▶ 100% staffed with pool staff being added
  - ▶ All staff call Central Ohio "HOME"



# What are we DOING??

- ▶ Soft Open 3/6/23
  - ▶ 9am to 5pm
- ▶ 24/7 starting on March 20<sup>th</sup>



# What are we DOING??

- ▶ Voluntary Guests Only
- ▶ Behavioral Health Urgent Care
  - ▶ Crisis Intervention
  - ▶ Assessment
  - ▶ Stabilization
  - ▶ Linkage to ongoing treatment or a higher level of care
  - ▶ 23-hour observation.
  - ▶ Services will be provided without regard to the clients' ability to pay







Not a  
locked  
unit





The RI  
Way

# Mission and Vision

**We focus on what's strong... not what's wrong.**





199 South Central Avenue  
Columbus, Ohio 43223

614-702-7467





Questions?

▶ Vincent Sabino

▶ [Vincent.Sabino@riinternational.com](mailto:Vincent.Sabino@riinternational.com)

Thank you!

▶ 614-598-1821



- ▶ RI International - The Recovery Response Center & the Fusion Model – YouTube
- ▶ The RI Way (Episode 1) - Introducing the Vision and Values - YouTube

# KY22 Reconciliation

- Reconciliation is comprised of:
  - General block grant reconciliation
  - Encounter claim analysis (80% threshold used)
  - Eligibility to performance utilization pool (PUP) for Treatment block grants
  - Central pharmacy

Reconciliation payments between ADAMH and your agency will occur when a final reconciliation schedule is obtained via one of the following:

A signed reconciliation schedule showing agreement with the reconciled totals, or

By **May 31, 2023**, no written disagreement has been submitted by your agency to [awatters@adamhfranklin.org](mailto:awatters@adamhfranklin.org)

# Holds

## Encounter Claim Holds

If a block grant requires encounter claims and is not exempt from the minimum 80% encounter claim threshold, providers must submit claims to meet minimum benchmarks.

BGFR Request	Deadline to Submit Claims	Minimum Percentage Claims Submitted
May Request	April 30, 2023	5%
June Request	May 31, 2023	15%
July Request	June 30, 2023	25%
August Request	July 31, 2023	35%
September Request	August 31, 2023	45%
October Request	September 30, 2023	55%
November Request	October 31, 2023	65%
January Request	December 31, 2023	75%
Final BGRF Request	January 31, 2024	80%

Holds process review – will conclude by end of July for 2024 contract.

# ADAMH Behavioral Health Workforce Council

## Council Mission

The ADAMH Behavioral Healthcare Workforce Council will create, advise, and implement a strategic Franklin County workforce development plan to assist in recruiting and retaining a diverse local workforce, identify funding opportunities and services capacity, strengthen career pathways, and promote related policy advocacy.

## Council Membership

The council membership will consist of diverse representation from community-based service providers, hospital systems, licensing boards, professional associations, K-12 schools, colleges and universities, and residents across Franklin County.

## Council Deliverables

- To **Create** a strategic behavioral health system workforce development plan for Franklin County.
- To **Build** and **Advise** priority workgroups on identified key action implementation.
- To **Advance** system workforce development policy agenda.
- To **Design** and **Implement** evaluation framework of system workforce development plan.

## Key Priorities

- Recruitment and Retention
- Leadership Development
- Funding
- Advocacy



# Key Priorities and Goals

## Recruitment and Retention

Develop strategic partnerships with educational entities and healthcare providers to recruit and retain aspiring and new professionals across the continuum of behavioral health disciplines to diversify and grow the workforce.

- GOAL: To meet emerging community needs, Franklin County community behavioral health agencies will attract and equip talented professionals and ensure consistent organizational support for the ongoing development and retention of a diverse workforce.

## Leadership Development

Leaders are responsible for aligning employees' attitudes, behaviors, and beliefs with the organization's values to create a climate where everyone feels they belong and are valued. Leadership development opportunities will provide adequate and appropriate resources to equip and support leaders and their teams in meeting workplace expectations.

- GOAL: Franklin County community behavioral health leaders will have enhanced skills to build and sustain a healthy workplace culture where employees feel valued and can thrive.

# Key Priorities and Goals

## Funding

Financial stability for community behavioral health agencies through diversified revenue streams to provide competitive compensation and benefits to the behavioral health workforce.

- GOAL: Franklin County community behavioral health agencies will have current policies, procedures and resources in place that promote innovative practices responsive to emerging service delivery and workforce needs and promote operational sustainability.

## Advocacy

A systematic effort to support and recommend changes to policy, legislation, funding, and services that sustains a Community Behavioral Health System that provides equitable quality client-centered care that meets the needs of residents seeking and receiving care in Franklin County.

- GOAL: Franklin County will have a county-wide collective of consistent, committed community behavioral health advocacy influencers to monitor and identify opportunities on the local, state and federal level and advance policy changes that are critical to workforce.



# Thank you

Workgroups – JOIN US!!!

Email: Dr. K at [akemavor@adamhfranklin.org](mailto:akemavor@adamhfranklin.org)