



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Testimony to the House Finance Subcommittee on Health and Human Services

Lori Criss, Director, Ohio Department of Mental Health and Addiction Services

House Bill 166

April 1, 2019

Chairman Romanchuk, Ranking Member West and members of the House Finance Subcommittee on Health and Human Services. I am Lori Criss, Director of the Ohio Department of Mental Health and Addiction Services. I appreciate the opportunity to come before you and provide an overview of our Department's portion of Governor DeWine's Executive Budget proposal for SFY 20-21.

The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans. The department assists in the financing and delivery of treatment and prevention services; allocates funds to local partners; leads policy and regulatory oversight; and promotes outreach on key issues.

With a multitude of partners, our agency continues to address very serious challenges within our state: drug addiction; serious mental illness; the physical and mental effects of trauma; depression and suicide risk; access to timely and coordinated crisis services and care for both children and adults; workforce shortages; specific challenges for Ohioans involved in the criminal justice system; and the continued impact of stigma on people living with mental illness and addiction.

In 2017, 2.5 million Ohioans suffered from mental illness and substance use disorders. In 2017, we lost over 4,800 Ohioans to unintentional overdose. Suicide also remains a major public health issue. From 2014 through 2017, the number of Ohioans lost to suicide rose 14% with over 1,700 people lost to suicide in 2017 alone.

Mental health and addiction services are supported at the local level through 51 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards and over 600 private providers delivering prevention, treatment and recovery support services. The Executive Budget supports a significant investment in local ADAMH Boards and communities over the previous biennium to meet locally determined needs.

Board-funded priorities include opportunities like housing for people with serious and persistent mental illness, primary prevention services in local schools, and planning and collaboration with local prevention and re-entry coalitions.

Often, individuals most in need of behavioral health services show up in other systems. Our agency is committed to partnering across systems to provide much needed behavioral health resources in programs serving high risk people. You will hear about how we are continuing the complicated but important work of fighting drug addiction and mental illness through key state and local partnerships, including investments in prevention partnerships with the Ohio Department of Education, drug treatment partnerships with the Ohio Department of Rehabilitation and Correction, and crisis support for families with Ohio Department of Developmental Disabilities. I'll talk about these partnerships, our collaborations with local court systems, jails, and child welfare agencies, and how we are working to ensure access to a complete and quality continuum of care for people with mental illness.

Aligning Resources with Key Priorities

As one of his first acts, Governor DeWine commissioned the Recovery Ohio initiative. Recovery Ohio's goal is to make treatment available to Ohioans in need; provide support services for those in recovery and their families; offer direction for the state's prevention and education efforts; and work with local law enforcement to provide resources to fight illicit drugs at the source. Last month, the report from the Recovery Ohio Advisory Committee was released, with 75 recommendations for improving Ohio's response to mental illness and addiction. Our budget reflects key strategies for pursuing many of these recommendations, and using an all funds approach, directs one-time investments to jump start critical efforts across the state. This includes strengthening investments in much needed crisis services and maintaining critical capacity in our state psychiatric hospitals. I will also outline how we plan to address the important issues of stigma and parity, and a behavioral health care workforce shortage.

The work we have before us is not without its challenges, but thanks to the significant past investments of the General Assembly, and with one time and continued investments promoted here under the leadership of Governor Mike DeWine, we are well positioned to meet those challenges head on.

Supporting Strong Continuums of Care

Effective strategies to reduce the prevalence of behavioral health conditions and decrease adverse outcomes require a full continuum of care, including behavioral health promotion, evidence-based prevention, early intervention, treatment, and recovery resources to support healthy living.

Pearl House in Lancaster is a wonderful example of how a full continuum of care works to help families. Pearl House offers recovery housing in a permanent supportive housing model for families recovering from addiction. Families living there are connected to treatment services and the local Head Start program offers services on site. On a recent visit, I met a single dad living there with his son. The dad is receiving treatment services at The Recovery Center, is working, and grateful that his son can finally focus on being a kid instead of worrying about his dad's illness and surviving homelessness. His son is engaged and doing well at school. Together, they are planning a bright future that would not be possible without access to a full continuum of care.

I've also visited with drug court participants in Youngstown learning how the comprehensive care provided through court personnel, and collaborating treatment providers, changes people's lives for the better. One young man talked about how through drug court, he jumpstarted his long-term recovery, ended his involvement with the criminal justice system, finished his college education, and started a successful insurance company.

In both stories, the people impacted were Medicaid recipients. Many Ohioans at some point in their life may not be able to afford commercial insurance. Ohio Medicaid bridges the gap to ensure access to quality health care, including behavioral health care. Medicaid provides a safety net for several-hundred-thousand Ohioans who may otherwise go without critical mental health and addiction treatment services. OhioMHAS will continue to work closely with the Ohio Department of Medicaid to ensure continued patient access and treatment capacity as we support timely and proper payment to providers.

Our department endorses this full continuum as described by the Substance Abuse and Mental Health Services Administration (SAMSHA) and has specific recommendations to assist more individuals, families and communities achieve better behavioral health outcomes. The Executive Budget makes strategic investments to support a full continuum of care. Highlights of these investments are described in the following sections.

Prevention and Early Interventions

Governor DeWine is committed to providing children with access to resources that can support healthy development in their homes, schools, and communities. Prevention is an often overlooked, but important component of a full continuum of care. One of my favorite quotes is from Frederick Douglass, "It is easier to build strong children than to repair broken men."

Childhood experiences set the tone for our health and success as adults. "People, places, and things" is an important phrase in the recovery world; and it rings true in prevention, too. Who we hang out with, where we go, and what we do largely defines our health, happiness, and success as individuals. We know that healthy resilient children provided with environments where they have

access to resources and information about mental wellness and the dangers of drug abuse are less likely to engage in high-risk behaviors such as smoking tobacco, vaping, drinking alcohol, and drug use.

Effective prevention services help people become more able to cope with life stresses and decrease the likelihood of developing substance use problems, mental illness or both. To that end, OhioMHAS proposes the following FY 20/21 investments in prevention and early intervention.

School – based prevention services. In partnership with Ohio Department of Education, OhioMHAS will direct \$18 million towards ensuring all schools can provide children with evidence-based prevention from grades K to 12. This critical investment will provide quality prevention services in every school, to every child, in every grade.

OhioSTART (Sobriety, Treatment, and Reducing Trauma). OhioMHAS will provide \$12 million over the biennium to expand OhioSTART. OhioSTART is an intervention program that provides specialized trauma recovery services to children who have a parent with a substance abuse issue. The program also assists the parents of these children in their recovery. OhioSTART is helping families avoid disruptive and costly out of home placements and helps keep families together. The program is currently in 34 counties. Our investment will help bring this important program to 30 additional counties.

Empowering families and communities. We will invest \$8 million to reduce stigma associated with mental illness and addiction and equip Ohioans with skills needed to implement healthy prevention and intervention approaches in their own homes and personal relationships. We know that family and friends are the front line of prevention. OhioMHAS will build on the work of partners in the private sector who have market-tested prevention materials targeting friends and families, to launch a series of statewide multi-media campaigns.

All of these efforts build on the current work of the department, which provides training and technical assistance to communities, supports resiliency in youth and families, and promotes healthy lifestyle choices for all Ohioans. This budget seeks continued investment in suicide prevention efforts. These investments will support screening for suicide risk, reducing stigma, and raising public awareness in targeted communities where rates of suicide are highest, and offering learning opportunities to improve the skills of behavioral health professionals and primary care practitioners through Zero Suicide academies. In 2018, 140 counselors and medical professionals participated in Ohio's Zero Suicide academies, where they learned techniques reducing suicide.

Expanding quality treatment capacity

To support statewide behavioral health treatment capacity, we are requesting \$15.1 million over the biennium. I want to be clear, while treatment capacity in Ohio has continued to grow, this

growth has not kept pace with demand for skilled workers. There is a need for more Ohioans to receive critical behavioral health services in the communities where they work and live.

Increased workforce demand, coupled with a national shortage of behavioral health professionals across the continuum of care, have slowed growth in this important industry. I was recently talking with a provider in Northeast Ohio who shared his anxiety over unfilled direct service positions. With unprecedented need for counseling services, a budget that supports a new hire, and a full-press recruitment strategy, he can't fill the positions. The workforce simply isn't there. We propose the following actions to address this critical issue.

Support for recruiting, training, and retaining workforce. In the FY 20/21 budget, we will direct \$8M to towards workforce recruitment, training and retention efforts. These funds will help to support growth of a quality behavioral health workforce in Ohio using a variety of proven approaches.

System needs evaluation. Our budget seeks to do a thorough evaluation of the state's behavioral health treatment capacity with a one-time investment of \$100,000. We will use what we learn from this evaluation to inform strategic planning to address gaps in the treatment continuum caused by Ohio's behavioral health workforce shortage.

Improving Licensure and Certification processes. We propose to direct an additional \$1.5 million per year towards improving our licensing and certification processes. As the state regulatory authority of community-based addiction and mental health treatment providers, OhioMHAS licenses and certifies two thousand entities, including Adult Care Facilities. Our current system has room for improvement. The changes funded in the executive budget will streamline and strengthen our regulatory system to allow more providers to move through the process more quickly, while ensuring safe treatment environments for the public.

Connecting Ohioans to treatment. Leveraging a Centers for Disease Control grant, Ohio developed Takechargeohio.org. The "GetHelp" portion of the website links users to an interactive treatment locator, and contains information on what to do if a loved one is addicted, what to ask a provider when contacting them for self-screening resources, and how to pay for treatment – including information on insurance coverage parity. OhioMHAS used State Targeted Response federal grant funds to develop radio and TV ads directing people to Takechargeohio.org. Using the existing creative materials, OhioMHAS will direct \$5 million per year in multi-media buys and web search optimization to maintain and amplify this important resource across the state.

Crisis Stabilization

Individuals of all ages and their families are seeking care for substance use and mental health illness in record numbers. Frequently these individuals are exhibiting severe symptoms, such as

psychosis, suicidal thoughts, and agitation and aggression and/or are exhibiting symptoms of substance withdrawal or the toxic effects of overdose.

In addition to prevention and treatment, crisis services are a critical part of our state's continuum of care. In many communities, people in crisis present to emergency departments, which often lack the full-spectrum of resources for a mental health or addiction crisis. And all too often interventions for people with mental illness or addiction occur through law enforcement which can lead to arrest and incarceration instead of comprehensive treatment and recovery.

First responders, emergency departments and jails are burdened by mental health and addiction issues. They are doing everything they can to respond with compassion and competency, but these resources were never designed to be the response for mental illness and addiction. Ohioans will greatly benefit from a coordinated crisis system that is integrated with the broader system of community treatment and placement options and is readily accessible throughout the state for individuals of all ages and their families.

Crisis services provide comprehensive evaluation and treatment approaches that are specifically designed to stabilize individuals in crisis and promptly link clients to community treatment, frequently avoiding the need for inpatient treatment. Many such efforts are already in place in parts of Ohio and were expanded because of funding granted to local ADAMH Boards by the general assembly in the FY18-19 budget. These include warm handoffs, quick response teams, crisis stabilization units, and mobile crisis teams to name only a few.

I recently visited a crisis center in Youngstown. They typically have about 8 adults in their care **each week**. These are people who receive medical and psychiatric care to help them stabilize and transition back to their homes and outpatient care while avoiding long hospital stays or jail.

I've also learned about mobile response for families. Some communities in Ohio have developed a system where families in crisis call for support and within two hours have a team at their home that helps stabilize a child in crisis while also working with parents and other family members to learn skills to help support the young person in future crises and how to prevent crisis overall. This model prevents costly out of home placements for families.

Our budget proposes to invest a total of \$37 million in shoring up quality crisis stabilization services statewide. This maintains the previous investment of \$15 million to support ADAMH board crisis stabilization efforts and provides \$22 million in new investments. The new funds will be directed as follows.

Quality crisis services infrastructure. We will strengthen crisis services with an additional \$12 million over the biennium. These funds will provide access to locally-planned crisis response strategies. Our department will provide technical assistance to communities to ensure that responses are

comprehensive and use widely accepted standards of care. Responses will be designed to meet current and emerging needs such as the shift away from addiction to prescription opiates to methamphetamines and cocaine trafficking. The goal is to fill gaps in Ohio's crisis service network with locally-determined responses such as mobile response teams, crisis centers integrated with a local hospital or behavioral health provider, or treatment services in jails designed to fill gaps in Ohio's crisis service network.

Crisis stabilization flexible funds. In addition to targeting capacity building, this budget seeks to provide real time crisis stabilization resources for those who are most in need now. We propose to direct \$10 million over the biennium to meet intermittent needs so that people and families can successfully maintain their recovery with the least restrictive, lowest cost service possible. This flexible crisis fund will be a tool for communities to provide supports and services that are not covered by Medicaid or other third-party payers.

Our budget also continues several other efforts currently underway to support improved crisis avoidance and services. This includes the following.

Strong Families Safe Communities. Families with children in crisis who present a risk to themselves, their families or others because of a serious emotional disorder or a developmental disability will continue to benefit from the Strong Families Safe Communities program. This program began in 2013 as a partnership between OhioMHAS and the Ohio Department of Developmental Disabilities. Through this investment, local systems identify solutions that highlight collaboration across agencies. These intensive care coordination and crisis intervention services can quickly stabilize a child's health. The Executive Budget continues this partnership at its current levels of \$4 million per year.

Crisis text line. In the coming biennium, OhioMHAS will continue to support Ohio's existing crisis hotline services and identify and bridge any gaps where access to 24/7 emotional support and information is not available. In partnership with Ohio's ADAMH Board network, we support a statewide crisis text line on multiple mobile platforms using the keyword "4HOPE" to 741-741. Between May 2016 and March 2019, the Crisis Text Line engaged in over 20,000 conversations with over 10,000 texters. These interactions resulted in 129 active rescues.

Outreach to suicide survivors. When individuals do take their own lives there is a severe ripple effect in the lives surrounding that person. We support statewide infrastructure and capacity for Local Outreach to Suicide Survivors (LOSS) Teams. LOSS Teams provide immediate support and assistance to family members, friends, classmates, or co-workers of a person who completed suicide. A clear message of hope and the variety of resources available in a community are imperative at a time of tragedy and can reduce clusters of suicides which can sometimes occur in others who were associated with the person who died from suicide.

Recovery Supports

Each person's recovery from mental illness or addiction is different. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery Supports promote individual, program, and system-level approaches that help people continue to get well and stay well.

Mental illness and addiction are chronic diseases. It's not until five years after a person begins recovery that the chance of relapse drops below 15%. So it's important that people have support in community outside of treatment settings. Recovery is more than just the absence of symptoms of mental illness or not using alcohol or drugs. One definition focuses on connection to health, home, purpose, and community. We all need stable housing, meaningful daily activities like work, and healthy relationships with family, friends, and neighbors. People with mental illness and substance use disorders need these things to be healthy and achieve long-term recovery, but they often experience barriers to housing and jobs, and experience stigma in our culture.

This budget continues investments that increase access to safe, affordable housing to support recovery; reduce barriers to employment, education, and other life goals; transition individuals from institution-like settings to community living; and connect people to necessary social supports in their chosen community.

Housing and homelessness. A lack of safe housing is a huge barrier to the recovery of individuals with mental illness or addiction. Appropriate housing also is a key to rebalancing Ohio's long-term care options, saving taxpayer dollars and increasing independence for people who do not require institutional care. Ohio is a national leader in its development and operation of recovery housing. OhioMHAS has supported through capital and GRF investment, the development of 891 recovery housing projects. In addition, the department provides funding to local ADAMH Boards to help meet non-capital related housing needs. I'm pleased to say that the Executive Budget continues this important investment at FY 18/19 levels.

Employment and benefit planning. Not only does meaningful employment help pay the bills, it can also provide a person with a sense of purpose, pride and belonging. It offers opportunities to connect with others socially, which we know promotes healthy recovery. OhioMHAS will collaborate with Opportunities for Ohioans with Disabilities Agency to expand a pilot project and embed supported employment services within 14 specialized docket areas over the biennium.

Access to Life Saving Measures

Despite the numerous interventions that I have noted – and many more – Ohioans are dying of unintentional overdose at alarming rates. In 2017, over 4,800 Ohioans died of unintentional overdose.

Deaths from prescription opiates and heroin are decreasing, but deaths from fentanyl are on the rise. This deadly drug is making its way into a widening variety of illicit drugs – such as cocaine, increasing overdose deaths among non-opiate users, especially minorities.

We are committed to working with communities to help save lives through prevention, treatment, and through lifesaving measures. Naloxone is a medication that can reverse an overdose caused by an opioid drug (heroin or prescription pain medications). When administered during an overdose, naloxone blocks the effects of opioids on the brain and quickly restores breathing. Our department committed up to \$750,000 per year in the current biennium for distribution to first responders through county health departments. This investment alone saved nearly 6,500 lives in 2017 and nearly 7,000 lives in 2018. Naloxone was administered many other times by emergency departments, family members and others. Were it not for access to these measures, Ohio's unintentional overdose deaths certainly would have been much higher. We believe that we can reach even more people to make them aware of the dangers of using any illicit drug and equipping them with these life-saving measures.

Justice-Involved Ohioans

In far too many cases addiction and mental illness can lead to interaction with the justice system. For some people, an arrest or incarceration provides an opportunity to access treatment. We want to make sure that the collaboration between criminal justice and treatment and recovery is strong so that we can effectively intervene with as many people as possible. With this budget, we continue and build on past investments in specialized dockets and treatment in jails.

Expansion of Specialized Dockets: Governor DeWine has directed us to work with the Ohio Supreme Court and our local partners to create at least 30 new drug or specialty docket courts over the biennium. We are requesting \$7.5 million in General Revenue over the biennium to expand access for support for people with substance abuse and/or mental illness. Our request includes \$2.5 million in FY 20 to cover court startup costs for up to 15 courts, and an additional \$5 million in FY 21 to sustain implementation for those courts and launch up to an additional 15 specialized dockets.

Ohio is fortunate to have more than 200 certified specialized dockets, including but not limited to drug courts, veterans' courts, mental health courts and family dependency courts. In FY 2018 /19 OhioMHAS supported 150 of these courts, connecting non-violent offenders with the types of community support that they need to remain in the community rather than serve a sentence in prison or jail. Because many docket enrollees are living with mental illness and/or are in early recovery from addiction, our department has several investments which help to support these courts:

- **Specialized Dockets Payroll Subsidy:** During the current biennium, a total of 136 certified dockets received funding; the average award amount was \$36,900. Because of these resources, new

specialized dockets were created, and other programs were able to increase the number of participants served.

- **Addiction Treatment Program:** The Addiction Treatment Program (ATP) was initiated in four counties in SFY15. Since then, the program has expanded to 98 Drug and Family Dependency Courts in 54 counties throughout Ohio. The ATP provides people who are participating with resources to cover treatment costs, including Medication Assisted Treatment and recovery supports. Over 2,200 individuals were served by ATP last year.

County Jail Partnerships: Working with ADAMH boards and county jails, we have been able to fund additional diversion programs, mental health and addiction services in jails, and linkage to services in the community upon release. This area of focus is consistent with the national Stepping Up initiative, which encourages counties to focus on how individuals with serious mental illness and co-occurring substance use disorders can be more effectively connected with treatment and recovery supports, thereby reducing time in jail and rates of recidivism. Our department will continue to support local jails as follows.

- In the current biennium, OhioMHAS is using \$4 million/year to fund 34 programs in 57 counties.
- The Executive Budget proposal maintains this commitment. This budget also continues the current investment made at the direction of the General Assembly to provide \$2.5M per year towards offsetting the cost to local jails for provision of psychotropic medication. This program has helped to alleviate some of the pressure local jails are experiencing during our state's mental health crisis. To date, 73 jails have accessed approximately \$2.5M in reimbursements and provided over 71 thousand prescriptions.

Treatment in Prison: In previous budgets we made a significant investment in launching and supporting partnership with the Ohio Department of Rehabilitation and Correction. This partnership has allowed OhioMHAS to assume responsibility for provision of recovery support services in Ohio's prisons and has significantly increased the number of clinical professionals providing addiction services to Ohio's inmates. Last fiscal year, over 7,100 inmates were served through these Recovery Services Programs and Therapeutic Communities. This is important in breaking the cycle of recidivism, and this partnership continues in the SFY 20 / 21 budget.

Treatment and Recovery Supports After Prison: We will also continue support for citizens returning the community after incarceration in state prisons. Many inmates have achieved recovery goals while incarcerated, and it's important to help them continue their recovery as they transition back into community. Through this investment, individuals who received addiction treatment in prison are connected to a transitional benefit for treatment and assistance with recovery support services such as housing, transportation, work, and education upon their release. This budget provides funding in the amount of \$6 million per year.

Continuing Operations at All State Psychiatric Hospitals

OhioMHAS provides high quality inpatient mental health care at our six regional psychiatric hospitals. Each site is accredited by the Joint Commission to create a high quality hospital system that is the state mental health inpatient safety net. We treat patients who are uninsured, involved with the criminal court system, or who aren't responding to other types of treatment. We also serve patients with insurance that are unable to be treated by their insurer's contracted provider network. Our hospitals are very busy, regularly having over 95% occupancy.

Forensic patients, or those patients under the jurisdiction of a criminal court, enter the hospital for specific treatment based on their legal status. Often this is for competency restoration, and many times it's for misdemeanor, non-violent charges. Forensic patients tend to have longer lengths of stay and occupy a high percentage of total beds – about 70% of beds at any time. This is creating a barrier to admissions for civil patients, and we're working on reforms to help people with criminal justice involvement get outpatient care when appropriate.

We want to thank the General Assembly for supporting the construction of a new hospital over the next biennium to replace the aging Twin Valley facility in Columbus. This construction will increase capacity by 30 beds, too.

Collaborative partnerships with ADAMH boards, community treatment providers, and housing operators are key to ensuring timely admissions and discharges as a person needs services, achieves stabilization, and returns to the community. The Executive Budget proposes to maintain our current 1,081 bed capacity at existing staff levels.

Hospital to Community Transition Services

Transition services for patients at the point of hospital discharge are important to ensuring that the patient remains stable while they are being connected to services and supports in the community. Access Success is an OhioMHAS program that provides one-time, short-term resources that can support a patient at discharge from a state-run psychiatric hospital. These funds are often used to meet the needs of the individual for suitable housing, food, clothing, furnishings and other basic items, allowing for a smooth transition back into his or her community. Last fiscal year, Access Success helped 368 patients.

Thank you, Chairman Romanchuk, Ranking Member West and members of the subcommittee for your time and attention today. In talking with you and your colleagues, I am impressed with and grateful for your interest in addressing Ohio's mental illness and addiction public health crisis. We appreciate your partnership and ask for your continued support of our work and investments. I am happy to answer any questions.