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Chairman Romanchuk, members of the HHS Subcommittee of House Finance. Thank you for this opportunity to testify. My name is Dustin McKee and I'm the Director of Policy for NAMI Ohio. As you may know, NAMI represents families and people with mental illness in Ohio.

I'm here to give you a sense of how practical the Governor's investments in mental health are from a financial perspective. I will focus specifically on crisis services, but all of these continuum of care investments are intertwined, and result in cost savings and decrease pain and suffering for people impacted by mental illness.

It's been a bad day, you've been in a car accident, or are having chest pains. Fortunately, there is an emergency medical system that is built to respond immediately to your crisis... The ambulance and/or police are dispatched to you and you are taken to the emergency room.

Now, let us start again...

I want to give you a sense of the experience of families and people with mental illness that are in the midst of a mental health crisis.

It's been a bad day, but this time it's because of a mental health crisis – like thoughts of suicide or an acute state of psychosis.

The same emergency medical system that responds to chest pains also responds to a mental health crisis. However, it is simply not equipped ideally to handle this kind of crisis efficiently and effectively. Despite this, our traditional emergency medical system responds to these kinds of crises every day in Ohio and across this nation.

Typically, a mental health crisis results in an individual either being taken to jail, or to an emergency room. In the case of emergency rooms, a person in a mental health crisis typically waits between 18 hours and 3 *DAYS* for connection to mental health care. Aside from being a potentially traumatic and difficult experience for people in a mental health crisis, it wastes an enormous amount of resources.

When individuals are sent to jail, we are forcing jail personnel to be mental health professionals, which is not what they are trained for, and is often an ineffective placement for recovery from a mental health condition. Furthermore, people who end up in jail are often charged with minor misdemeanors, or low-level non-violent felonies. These individuals are routinely found incompetent to stand trial, which has now resulted in an overload of forensic clients with mental illness in our state psychiatric hospitals; and even though they are hospitalized, they are receiving competency restoration services which are very different from dedicated mental health treatment. Without getting into the details of competency restoration, we know that this is extremely costly and mostly ineffective at treating the root problem of their mental illness.



Governor DeWine's budget is proposing targeted investments for community mental health systems so that they can create a true emergency crisis service. Such an emergency behavioral health crisis service actually saves an incredible amount of public money in the justice and hospital systems all while dramatically improving the experience and outcomes for families and people with mental illness.

By following some of the current best practices used in other parts of this great country, we can realize these savings and improved outcomes for families and people impacted by mental illness.

Most of the best practices associated with a comprehensive continuum of crisis care include three basic components.

(1) A Crisis Call Center:

Ideally, crisis call centers are staffed by specialists that are able to coordinate all levels of crisis care. They evaluate the crisis can often support and stabilize up to 90% of the cases they get. When people need more support, they get more support. The call center can dispatch the appropriate level of support to the person in crisis to help find the best solution to the individual crises.

(2) 24/7 Mobile Crisis Teams:

Mobile crisis teams allow professionals to meet a person in a mental health crisis where they are. Most of the time the crisis can be resolved right on the spot, and a people can get access to outpatient or inpatient mental health services right away.

These teams are dispatched by the call center hub, and lessen the burden on police and ems services. They also reduce the stigma associated with call the police on a loved one in mental health crisis.

(3) 24/7 Crisis Stabilization Centers:

These centers offer immediate access to short term crisis stabilization services for all levels of crisis, and allow the person to be very quickly connected with the appropriate level of mental health care. They divert people like Jack's son away from bottlenecked emergency departments or jails, which is much more humane and way more cost effective, because people get care right away, and police don't have to make the impossible choice between E.D.'s and jail. The police are freed up to catch the bad guys, not stuck taking care of people in mental health crises.

In Maricopa County, Arizona, the county that is home to Phoenix Arizona, and is the fourth most populous county in the U.S., these best practices were implemented. In 2017, in Maricopa County alone, the implementation of these vital crisis services resulted in reducing law enforcement costs by an equivalent of 37 full time officers, reduced wait times in emergency departments for behavioral health patients in total of 45 years. This saved the county's hospitals and E.D.'s \$37M in expected costs and losses, and it saved the county \$260M in overall health costs!

When you look at the big picture, it is clear that these savings are real, and they improve people's lives at the same time. I have attached a list of mental health investments in my testimony. Please protect Governor DeWine's investments in mental health in his As Introduced Budget.

Thank you for the opportunity to testify before you today. I'm happy to attempt to answer any questions you have at this time.

Please Protect These Investments in Governor DeWine's Budget

Crisis Continuum of Care

- **\$37M** total over the biennium to expand Crisis Response and downstream stabilization services for mental illness
 - **\$15M** over biennium (\$7.5M/year) continued from last biennium for SUD Withdraw Management Centers and Collaborative (SUD/MH) Crisis Centersⁱ
 - **\$10 M** over biennium (\$6M/year) for Infrastructure of Crisis Servicesⁱⁱ
 - **\$12 M** over biennium (loaded in first year) for Crisis Stabilization and Preventionⁱⁱⁱ
- **\$5 million** to create at least 30 more Specialized Courts (mental health, drug, veteran's courts, etc.) during the biennium.^{iv}

Statewide Treatment and Prevention^v

- **\$18M** in FY 2020 to support K-12 prevention education initiatives, and to purchase prevention curricula and provide quality prevention services;
- **\$13M** in FY 2020 and up to \$5.0 million in FY 2021 to support and expand statewide multi-media prevention, treatment, and stigma reduction campaigns;
- **\$5M** in FY 2020 to expand the number of individuals trained in mental health first aid and to expand the number of law enforcement trained in approved de-escalation techniques and approaches specific to people experiencing mental health crisis.

Children's Mental Health

- **\$25M** in funding to pay for Room & Board for children to end custody relinquishment.^{vi}
- **\$550M** over the biennium for schools to support student wellness and success in schools. Schools will receive additional funding for mental health counseling, wraparound supports, mentoring, after school programs, and more.^{vii}

ⁱ The funding continues the previous \$15M investment in Substance Use Disorder (SUD) Withdraw Management Centers and Mental Health Crisis centers appropriated in the last state budget. The \$15M is split between line items 336-600 (\$12M over the biennium for SUD Withdraw Management Centers), and 336-421 (\$3M over the biennium for Mental Health Crisis Centers.

ⁱⁱ Line Item 336-643

ⁱⁱⁱ Line Item 336-643

^{iv} Line Item 336425

^v Line Item 336623

^{vi} There appears to be some confusion about where this investment is located in the Executive Budget.

^{vii} This funding is the Department of Education Budget