



Ohio House of Representatives Finance Committee
Ohio Department of Mental Health and Addiction Services
Executive Budget Recommendations for SFY 2024-2025

Lori Criss, Director

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Chairman Edwards, Vice Chair LaRe, Ranking Member Sweeney and members of the House Finance Committee, it is an honor to be with you today to present the Executive Budget recommendations for the Ohio Department of Mental Health and Addiction Services. For those that are new to the General Assembly, I am Lori Criss, Director of OhioMHAS. I'm originally from Mingo Junction in Ohio's great Appalachian region. I've worked in Ohio's behavioral health field for more than three decades, rooted in my graduate-level social work training, and I'm proud to serve under Governor Mike DeWine and to be a part of delivering his vision to help every Ohioan find their God-given potential.

First of all, I want to thank you for your partnership in our work to help Ohioans living with mental illness and substance use disorder find healing and hope, as well as help all Ohioans build resiliency to life's challenges so that they can achieve health and success in their lives. OhioMHAS provides statewide leadership to the local planning and delivery of high-quality mental health and addiction prevention, treatment, harm reduction, recovery and wellness supports that are visible, accessible, and effective for all Ohioans. This work is grounded in the uniqueness of each Ohioan we serve and in our values of compassion, collaboration, quality, and accountability.

SECTION 1: INTRODUCTION

Following a challenging start to this decade, a sense of normalcy has returned to communities across Ohio, and this gives us hope and a chance to refocus. At the same time, we also recognize that mental health and addiction challenges faced by Ohioans have become more visible, and in some cases, more pronounced. The spotlight on mental illness and addiction has never been as bright as it is now, and with that comes great responsibility and opportunity, and for that we are grateful. This spotlight has changed several things rapidly in the last couple years.

- It has given us a clearer picture of the growing mental health needs and challenges of Ohioans of all ages.
- It has helped reduce stigma and made it OK for people to ask for help.

- It has helped people become better consumers of care.
- It has brought new partners and technology to our table.

Governor DeWine laid forth a landmark vision for strengthening Ohio’s behavioral health system ... for building a system that isn’t broken, but which has never been fully built. His commitment and your support for this work open the door like never before for Ohio to be a state where everyone has the opportunity to live a healthy life and thrive in their community. Ohio is building a world-class economy, but the success of that economy relies on a healthy, productive workforce. And the Governor’s vision for a healthy Ohio is rooted in a solid foundation of work currently underway across our state to help individuals and families build resiliency to life’s challenges, reduce long-standing stigmas, and make treatment, crisis response and recovery supports more visible, accessible, and culturally competent.

Much of this work reflects the concerns and needs of two groups of Ohioans I hear from most ... mothers and sheriffs. And my guess is that you hear often from them as well. Mothers desperate to find quality, person-centered, community-based care for their children – both youth and adult – who are living with mental illness or addiction. And sheriffs, because people with untreated behavioral health disorders too often end up in our local jails, having been arrested and incarcerated in a setting that is not appropriate for someone in a behavioral health crisis. Both moms and sheriffs are often overwhelmed and not adequately equipped to manage these complex health situations, but they want the same thing we do - to make sure the people in their care are treated with respect and receive appropriate attention for their illness.

At the most basic level, OhioMHAS assists in the financing and delivery of prevention, treatment, harm reduction, and recovery support services; allocates funds to local partners; operates six state regional psychiatric hospitals, as well as behavioral health services in our state prisons; provides policy direction and regulatory oversight; and promotes public education and awareness. Mental health and addiction services are supported at the local level through 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards and hundreds of private providers delivering services. We provide leadership and support for the critical planning and collaboration efforts at the local level to meet locally determined needs, and I’ll share insight into that collaboration later in my testimony.

SECTION 2: HISTORICAL CONTEXT

Before I get into the results of your investments to date and our proposals to continue and strengthen that work, it’s important to provide you with some historical context of the behavioral health system as we seek to help people understand that behavioral health care IS health care, and that brain health is just as critical to wellbeing as physical health.

From the 1960s through the 2000s, major shifts took place at the federal and state levels resulting in the closing of state psychiatric hospitals and the promise of community-based care for mental illness. Regrettably, the promise of this community-based care was not fully developed, delivered, or equitably paid for, so across the U.S. and here in Ohio, people and their families have struggled to be treated with dignity and to access the services, supports, and resources needed to get well and stay well. People living with mental illness and addiction too often find themselves in emergency care or involved with the criminal justice system because opportunities to connect to help have not always existed or been clearly visible before crisis hits and, too often, they are cycling through jails, prisons, homelessness, and emergency departments. Nearly 600,000 Ohio adults are estimated to have a chronic psychiatric condition, and 2.3 million adults in Ohio are estimated to have any mental illness. Within Ohio's prison population, it is estimated that 25 percent of the population have a mental illness, as does 20 percent of our state's homeless population.

Prevention, treatment, and recovery from substance use disorder has a similar history, with the 1980s bringing robust investment and infrastructure for prevention that then deteriorated in the following decades. Families and communities are reeling from past policies that resulted in increased criminalization and incarceration of people with substance use disorders. The 1990s brought the nation's opioid crisis, with Ohio hardest hit and still staggering today from the effects of continued high rates of addiction and overdose deaths. Over 900,000 Ohioans are estimated to have a substance use disorder.

Across the U.S. and in Ohio, the mental health of children and youth has worsened over the past 15 years. From 2009 to 2019 the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%. The share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%. Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased by 28%. Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%. In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same period in 2019.

Over the past sixty years, evidence-based solutions have been discovered but not fully put into place. It can take as long as 11 years from when symptoms first present to when a person first connects for help with mental health issues. The unnecessary loss of life and devastation to families and communities is evident throughout our state and the nation.

But the fact remains that mental illness and substance use disorders are preventable, treatable, and people recover. National studies show that 3 of 4 people who experience addiction eventually recover, and up to 33% of people living with serious mental

illness and 67% of adults with mild to moderate mental illness experience partial to full recovery over time.

Just like when someone suffers from a physical illness, these Ohioans deserve what each of us deserves – a chance to get well, to live, work, learn, play, and pray among family and friends in their community.

It is time to bring the promises of building Ohio communities' capacity for care to fruition, and Ohio can lead the way. Already a world-renowned destination for physical health care, Ohio can elevate our behavioral health care system to the same level. The health and wellness of our people, our communities, and our economy depend on it.

SECTION 3: SUCCESSES OF OHIO'S INVESTMENTS

We know what it takes, and we are already building a solid foundation for what comes next. And we are not operating in a silo. Through Governor DeWine's RecoveryOhio initiative, we closely collaborate with many other state agencies on these efforts. OhioRISE, OhioSTART, Student Wellness and Success Funds, and the expansion of Ohio's Early Childhood Mental Health Credential are aimed at setting Ohio's children, youth, and families on a better path to health and wellness. A dedicated focus on Ohio's crisis infrastructure, increased treatment capacity and access, the growth of specialized dockets, partnerships between behavioral health and criminal justice, and the expansion of the role that peers and recovery play in lifelong wellness are beginning to flourish in many places across our state.

Building the system that's needed is possible. We're already doing it with the support of funding and policy changes you have supported. Here are a few highlights of that work:

- While access to care is a challenge in our state, Ohioans with any mental illness have better access to care than people living in 39 other states.
- Over the past four years, we have increased prevention programming in schools and communities. Ninety percent of Ohio's school districts completed needs assessments, and over 530 districts (86%) submitted plans to expand prevention services. Over 6,500 educators and school personnel have been trained to recognize signs and provide supports to reduce risky behaviors, including substance abuse, suicide, and bullying. Seventy schools are piloting a best practice national early identification and prevention framework that can be expanded statewide in the new biennium.
- OhioMHAS worked closely with the Department of Medicaid to lift up OhioRISE to support youth with complex behavioral health and multi-system needs, and in July 2022 Mobile Response Stabilization Services (MRSS) became a Medicaid-billable service. Over 4,500 youth and families across the state have been helped through this work since it was first piloted.

- Ohio has put tremendous energy and focus into the state’s behavioral health crisis system over the last several years. Mobile crisis services are now available in 43 counties across the state, serving over 29,000 Ohioans, with the planned expansion of 22 additional counties in the next year.
- With the launch of the 988 Suicide and Crisis Lifeline in Ohio last year, we expanded our Lifeline Call Center capacity so that every county has coverage, and approximately 10,000 calls, chats, and texts to 988 from Ohioans are answered each month.
- And while overdose death rates are still heartbreakingly and unacceptably high, through strategic efforts with harm reduction and treatment, Ohio’s number of overdose deaths is decreasing, with Ohio among only eight states that have a declining percent change of overdose deaths. This is due in part to Ohio’s work to expand access to naloxone by making more doses easily available to people, communities, and harm reduction organizations, with a specific focus on high-need and high-risk areas of the state. To help more Ohioans recover from substance use disorders, we have increased access to Medication Assisted Treatment (MAT) and ensured that Ohio’s incarcerated population also has access to MAT services, supporting their recovery while incarcerated, and increasing their chances for successful re-entry.
- The last budget funded a pilot project, now known as “Adult Access to Wellness” that specifically focused on the treatment and recovery needs of Ohioans who are involved with multiple systems of care (i.e., aging, criminal justice, developmental disabilities, homelessness, and veterans). Through funding provided to local ADAMH Boards, over 1,000 Ohioans have received access to critical transportation, housing, and employment supports since the beginning of this pilot, and we are seeing promising results tied to decreases in costly inpatient hospitalization or jail stays. From July to December 2022, 79% of the adults helped through this program have not been admitted to psychiatric hospitals, and 90% have not been incarcerated. These results are life-changing for these adults.
- Recovery supports, such as employment, housing, peer support, and social connections are vital to helping Ohioans achieve wellness and stay on their recovery pathway. A few examples of this work:
 - Peers are Ohioans with lived mental illness and substance use disorder experience who are trained and employed to help others successfully recover and maintain recovery. Ohio is growing our peer workforce by adding new credentials and modernizing the certification process. In FY22, nearly 1,500 Ohioans were certified as Peer Recovery Specialists, and they are employed in a variety of settings.
 - Individual Placement Services is an employment program we fund in partnership with Opportunities for Ohioans with Disabilities (OOD). It

helps adults with severe and persistent mental illness and co-occurring substance use disorders obtain and maintain jobs of their choice. Currently available through 25 behavioral health organizations in 40 counties across the state, this program helped over 2,200 Ohioans obtain employment last year.

- Ohio is also supporting the development of seven daytime peer recovery support programs in Ohio, like Dayton’s Miracle Clubhouse, Columbus’ Pathways Clubhouse, and Cleveland’s Magnolia Clubhouse, places which offer social connections, life skills training, employment support, and peer support to Ohioans with mental illness. This Clubhouse model is being lifted up in Hamilton, Delaware, Mahoning, Ashtabula, Portage, Union and Geauga counties. I encourage you to visit these facilities in your area of the state. They are full of promise for helping Ohioans find stability, secure jobs, and re-engage with their families and communities.

SECTION 4: THE IMPORTANCE OF DATA, PLANNING, COLLABORATION

The behavioral health system was never built with the same accessibility or visibility with which families experience the traditional health care system. And reversing the neglect of the past will take time. As Governor DeWine has said, *“For much of what we do, we will not see the results in the life of this Administration, nor in some people’s cases, in our lifetimes. Yet we do these things nonetheless, grounded in the faith and grounded in hope that we can change the future.”* This budget can build on the successes of recent years while advancing the workforce, infrastructure, and innovation needed in communities throughout Ohio.

The best approach to ensuring that every Ohioan has the opportunity for wellness or recovery is to ensure access to supports and services close to home. Each community has different assets to build upon and gaps to close, so it is important that statewide priorities are pursued with attention to the strength of diverse people and communities across the state.

Our work is done in close partnership with Ohio’s 50 ADAMH Boards covering all 88 counties and with the providers of prevention, treatment, and recovery services. But it is not done in a silo. As I mentioned earlier, we are growing the partners at this table, and I am excited and energized at the collaboration happening in cities and towns all across Ohio. In addition to providers, Boards, and family members at our table, sheriffs, county commissioners, judges, faith leaders, teachers, local colleges and universities, local employers, and many others have joined us. At the center of all of our relationships and work are the Ohioans that we serve and their family members; they are valued as partners at every level of Ohio’s behavioral health system.

We are doing this work better today through an improved community planning process, enhancing the availability of actionable data, and evaluating needed updates to the laws that govern our work. I'll address our efforts around these three areas next.

Ohio's state-led, locally implemented system of care is now being supported through a modernized Community Assessment and Planning process for the ADAMH Boards. This process is data-driven and relies on local assessment of gaps and goals that align with strategies through RecoveryOhio, Ohio's Plan to Advance Equity, the State Health Improvement Plan, and OhioMHAS' Strategic Plan and Disparities and Cultural Competencies Strategic Plan. Goals are being set and monitored at the local and state levels to ensure effective use of resources to improve the mental wellness and recovery of Ohioans. This new approach focuses on measurable outcomes and drives collaboration, accountability, innovation, and quality for taxpayers. Changes included a new three-year planning cycle, new standardized assessment requirements and tools, added a focus on crisis services as well as three priority populations: youth, pregnant women with substance use disorders, and parents with substance use disorders who have dependent children. This planning process gives both state and local partners the opportunity and tools needed to design roadmaps that lead to real results.

Measurable, visible, and actionable data is critical to the effective planning of care and needed supports. To this OhioMHAS is working on the implementation of a world class electronic health record system across Ohio's six state psychiatric hospitals, and we are grateful for the General Assembly's approval for the needed funding of this effort. This system will enhance data security, improve our ability to build data into patient treatment, help communicate with local partners during intake/discharge and enhance staff and patient safety. Outside of the state hospital system, OhioMHAS has implemented a data governance policy, completed a data inventory and is working with our DAS Chief Information Security Officer to review our internal security policies. Our three-year data plan for FY 23-25 continues efforts to move more data to the IOP platform, create a Data Catalog, and improve our ability to share data with county ADAMH Boards.

Along with many of our partners, we recognize that the realities and practices of today's behavioral health system have created challenges within the system's current governing structure and in the daily work to deliver behavioral health care to Ohioans. This is not a new issue, and it is one that has been the subject of conflicts, unresolved negotiations, and even lawsuits.

Last year, OhioMHAS convened the 340 Review Stakeholder Workgroup to closely review Chapter 340 of the Ohio Revised Code, which governs behavioral health services in local communities. This was a significant and needed undertaking designed to gather information and perspectives in order to provide a foundational understanding for future considerations and decision-making. We held five public Workgroup meetings, as well as eight in-person and

virtual listening sessions across the state to invite Ohioans with important and diverse perspectives and experiences with the behavioral health system to help the Workgroup more fully understand the challenges within today's behavioral health system.

Through this transparent and public process, our goal was to bring all the voices in these matters to the table to 1) help the state of Ohio identify code sections that needed a thorough review, 2) define the areas that create challenges to the delivery of quality, person-centered, outcomes-focused care and services, and 3) generate ideas and considerations of needed updates to Chapter 340 that will help us realize our vision for fully building a system that works effectively for all Ohioans who need it.

Our intent with this workgroup was to ensure that public concerns and aspirations are consistently understood and considered before moving to rewriting sections of Ohio law that will impact the lives of Ohioans with mental illness and substance use disorders, their families, and communities. We will be providing you soon with a summary of the 340 Stakeholder Review Workgroup.

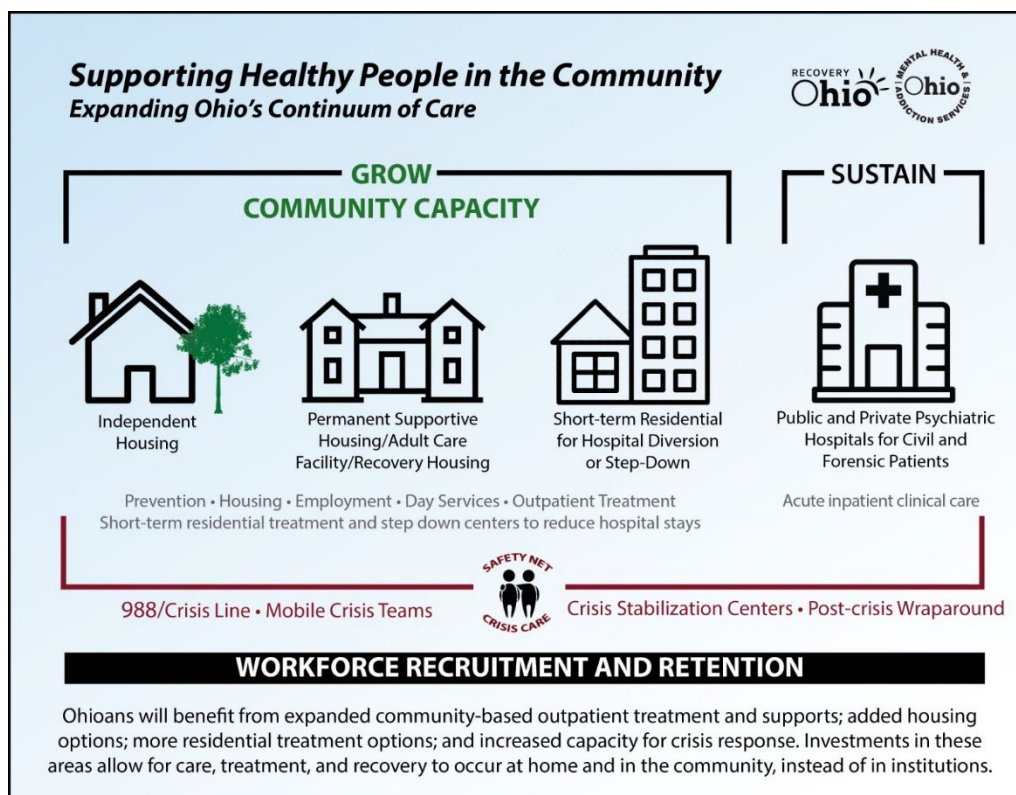
Through all of this work –local planning, data analysis, and the evaluation of how our current system works – we gain a better understanding of what's working and where the gaps are.

SECTION 5: THE OHIO THRIVES BUDGET

I know I've spent a great deal of time providing some context and background, and I hope that it's been helpful in providing you with a clearer picture of the work ahead. As I outline our budget priorities for you, I ask that you think about the person that you know who is living with a mental illness or addiction. Most people don't get help because 1) they don't know where to go, 2) they are hesitant to ask for help because of stigma, 3) they don't know how to pay for it, or 4) they are afraid of losing personal freedoms.

We want to give all Ohioans the prevention tools they need to help build resiliency and prevent mental illness and addiction. For those Ohioans who need care, we want them to see a clear pathway to the care they need – at whatever point they enter our health care system and in whatever community they live in. We want them to receive appropriate, quality, person-centered care. And we want them to have access to the recovery supports that can help them stay healthy and reach their full potential.

Our budget is focused on building community capacity for care that increases prevention efforts and offers better crisis response services and treatment and more residential and outpatient services; increases needed research and innovation; and grows our behavioral health workforce.



Prevention and Early Identification

Prevention and early identification programs represent a diverse, wide-ranging list of services that help prevent or delay the onset of behavioral health concerns for Ohioans across their lifespan. They offer person-centered opportunities to prevent and treat mental health and substance use disorders at any stage of a person’s life.

While suicide numbers dipped slightly in 2020, early indications are that suicide death is trending upwards again. Real-time data from approximately 91% of Emergency Departments in Ohio shows that in the past month –between December 30, 2022, and January 28, 2023 - 432 youth between the ages of 10 and 19 were seen for suicide attempts and another 1,828 youth were seen for suicidal ideation. That’s 2,260 visits by youth and their families in one month to get help for suicide. OhioMHAS has used COVID relief funding to invest in a broad portfolio of suicide prevention programs and strategies outlined in the Governor’s 2020 Suicide Prevention Plan, and this funding is beginning to expire. For the first time, our GRF funding request will allow for many of our core strategies to be brought to scale to benefit Ohioans across the state and will be done through public and private partnerships that include local ADAMH Boards, Public Health Districts, and local health care, education, and business and community partners. This funding will increase the number of Ohioans trained to promote resiliency, promote protective factors, and reduce stigma in our communities and schools, specifically for at-risk populations such as youth ages 10-24, males ages 25-59, veterans and military members,

Ohioans who are Black, and Ohioans from Appalachia. It will also support the local coalitions who are critical to convening partners around unique community needs, pediatric primary care screenings, and grief support groups for loss survivors. This funding also continues successful prevention campaigns such as Be Present Ohio, Life is Better with You Here and evidence-based prevention programs in our schools like Signs of Suicide and Sources of Strength. Over 37,600 K-12 students attend an Ohio school that is currently implementing or that intends to implement Sources of Strength. These students are in an environment that will help them better address struggles with mental health problems, bullying, violence, alcohol and drug misuse, or suicidality.

Increasing the number of Early Childhood Mental Health certified providers in Ohio has helped improve the number of children screened for behavioral health issues and the ability to connect them with consultation and care that improves children's life skills and development, reduces challenging behaviors and the number of suspensions and expulsions from childcare and preschool, improves classroom quality, and reduces provider stress, burnout, and turnover. In the last fiscal year, this funding supported the training of over 7,400 professionals and nearly 2,300 screenings, and this budget is expected to increase the number of children served to 15,000 at the end of the biennium. (Note: this work is being proposed under the new Department of Children and Youth Services.) In order to reach these children, we are embarking on new exciting partnerships leveraging the technology of Microsoft and equipping family childcare providers with tools for screening and early development resources, as well as growing our partnerships with federally qualified health care providers.

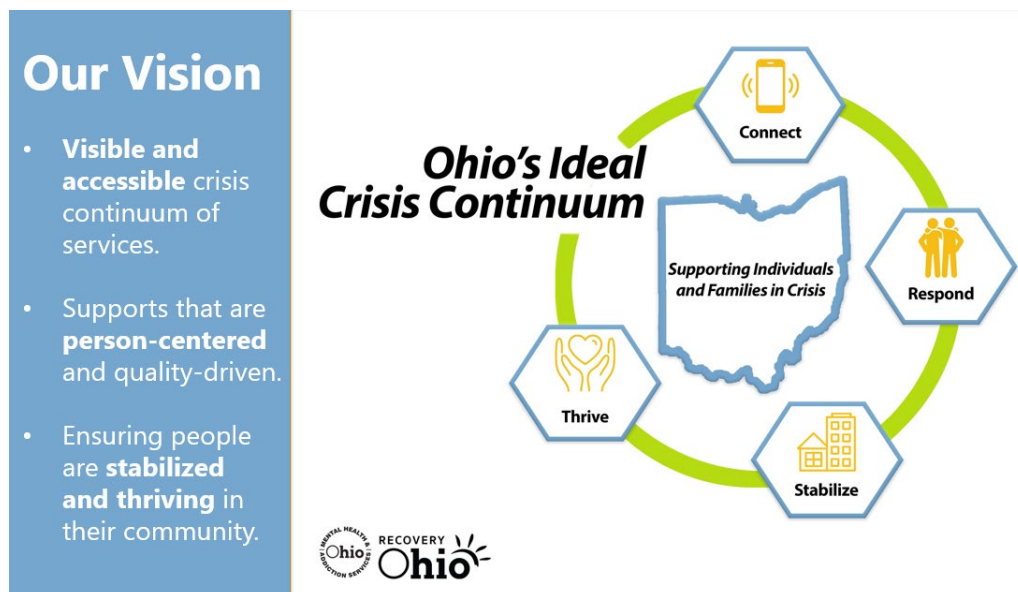
Recovery Supports

This budget will build on the success of coordinated community treatment and recovery supports for Ohioans living with severe mental illness with the goal of achieving wellness and reducing costly hospital admissions and jail stays. This includes growing the Access to Wellness project I mentioned earlier to you (formerly Multi-System Adult) to connect more Ohioans with needed resources like housing, transportation, medication, and employment supports. This budget also supports the growth of peer-run recovery centers so that people have supportive places to go to engage in activities that support their recovery and supports the development of additional peer recovery support programs, known as Clubhouses, which offer adults living with mental illness meaningful daytime activities like employment supports, life skills training, health care, and social connectedness. It also supports quality housing options for Ohioans living with and recovering from mental health disorders by increasing the Residential State Supplement to enhance the quality of housing options, providing incentives to landlords to encourage renting to people in recovery, and increasing capacity and quality oversight of recovery housing for people with substance use disorders.

Crisis Services

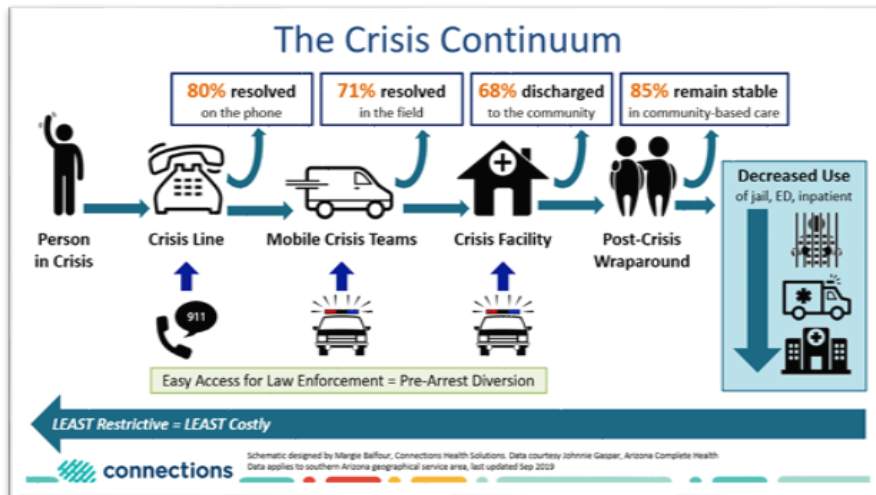
Across Ohio, people of all ages and their families are seeking care in record numbers for addiction and mental health concerns. A quality crisis services system provides needed assistance to Ohioans and their families before an emergency occurs, rapidly responds to and stabilizes the person while they are in crisis, and makes strong connections to community-based treatment services and needed supports after a crisis occurs. A quality crisis response system serves as a timely and appropriate alternative to arrest, incarceration, and unnecessary hospitalization or placement in a setting with insufficient resources to address the acute nature of the situation a person is experiencing. A time of crisis is when you and I are hearing from parents and sheriffs across Ohio.

There are four principles of building Ohio's crisis services system: Connect, Respond, Stabilize, and Thrive, and there is a great deal of work happening within each of these areas. Your investments in this work are achieving results that must grow around the state.



Connect: We are working to make help and connections to care visible and accessible in local communities for all who need it.

This includes the implementation of Ohio's 988 crisis call/chat/text response operations which connect Ohioans in a mental health or addiction crisis with an appropriate behavioral health response, reducing reliance on local law enforcement, emergency department use, and jail stays by Ohioans with mental illness and addiction. Studies show that 80% of behavioral health crises can be resolved over the phone, relieving a huge burden currently being experienced by local law enforcement. When a more-involved response is needed, local communities are implementing mobile crisis response units that can work in partnership with local law enforcement when needed to deliver an appropriate response to someone in crisis.



Over the last two years, Ohio worked in collaboration with a host of local and state partners to prepare for the federally required launch of 988 last July 2022. This included increasing the number of Ohio’s lifeline call centers so that all 88 counties had coverage and increasing the in-state answer rate to over 90 percent. Approximately 10,000 calls, texts or chats are made to 988 from Ohioans each month, and we expect that number to grow as it becomes more widely known, used, and marketed. We are actively monitoring the quality of the responses Ohioans receive, providing training and best practices to the call centers, and developing a statewide Resource Directory so that Ohioans can quickly and easily be connected to treatment and supports in their community if needed. I’m pleased to report the success of 988’s launch here in Ohio, and we are regarded as a national leader in this effort.

OhioMHAS was able to direct federal dollars to the implementation and first year of 988’s deployment, but Ohio must sustainably support this life-saving resource. The federal government has not identified future funding sources at this time, and so we are asking for \$46.5M over the biennium to fund the continued operations of 988. This figure is based on an actuarial study OhioMHAS completed in partnership with the Ohio Department of Insurance. Many advocates have asked that a telecom fee be considered as a sustainable funding source, and we welcome the conversation with the General Assembly on the best path forward.

Respond: When a person needs more than a conversation to work through their crisis, we are building Ohio’s mobile response to provide families with supports during and after a crisis to avoid costly emergency department use and criminal justice involvement.

The support you provided to the development of local crisis services over the last two budgets has supported the growth of mobile crisis services in 43 counties across Ohio, the opening of 20 behavioral health urgent care centers, and the growth of crisis stabilization units and 23-hour observation units. These facilities provide Ohioans with a safe place to have their

crisis needs met without going to an emergency department and or ending up in jail. Nearly 30,000 Ohioans were served by mobile crisis services in 2021, nearly 8,000 received services from behavioral health urgent cares, and an average of 110 families used youth-specific mobile response stabilization services per month in 33 counties across the state.

We want to grow more of this in Ohio, and our budget continues \$40M in funding for locally identified needs to provide the right response for Ohioans in a behavioral health crisis, alleviate undue burdens on local law enforcement, and reduce local jail crowding where people can languish and become more ill because our jails are not equipped to handle the care that's needed.

I am proud of the way Ohio is leading in these efforts. We have brought best practices and learning opportunities to the behavioral health, health care, law enforcement, and criminal justice fields through a series of Crisis Learning Academies. Over the last two years, we have undertaken a comprehensive review of existing crisis services across Ohio to see where the gaps are, and the system changes underway are delivering real results for Ohioans.

Stabilize: Ensuring that there are places to go in communities that are specifically designed to respond to support Ohioans in a behavioral health crisis is the third pillar of this work. Ohio currently has 48 crisis residential programs that served over 17,000 people in 2020. The majority of these programs are for Ohioans with substance use disorders, and there are very limited residential services for adults with mental health crises, and even fewer for children and youth. Many counties with more than 100,000 in population have reported not having any residential crisis services for their residents, including Butler, Lake, Delaware, Medina, Fairfield, Clark, and Miami.

Thrive: our fourth pillar in this work, and ultimate goal, is that Ohioans will thrive in their recovery. An Ohioan living with mental illness or substance use disorder wants what each of us wants – an opportunity to get and stay well and to live, work, play and pray in their community. Our budget includes several initiatives focused on housing, employment, and peer recovery supports to help Ohioans thrive so that they can find stability for themselves and their family, be gainfully employed, and be connected in their community.

Hospital, Forensic, and Criminal Justice Services

I've spent a great deal of time talking about delivering on the decades old promise to build community capacity for care. While we lift up this important work, we must also focus on sustaining the critical parts of our system for Ohioans with the most acute needs.

Our goal in operating the state psychiatric hospital system is to provide quality, person-centered care to Ohioans with serious needs. OhioMHAS operates six psychiatric hospitals that

cover six regions of the state – Northwest Ohio Psychiatric Hospital in Toledo, Summit Behavioral Healthcare in Cincinnati, Twin Valley Behavioral Healthcare-soon to be Central Ohio Behavioral Healthcare- in Columbus, Appalachian Behavioral Healthcare in Athens, Heartland Behavioral Healthcare in Massillon, and Northcoast Behavioral Healthcare in Northfield. All six hospitals have met rigorous national accreditation standards that are evidence of Ohio’s commitment to quality patient care and safety.

Patients enter our hospitals in two ways: they are referred by the local ADAMH Boards, or they are court-ordered. In recent years, our forensic patient population has grown significantly to over 80% across the system. This has reduced beds available for civil patients, growing our patient waitlists and placing burdens on local communities. When the COVID-19 pandemic limited our capacity even further, OhioMHAS developed an innovative program supported by the General Assembly to reduce waitlists by leveraging beds at private community psychiatric hospitals for indigent, civil patients through funding made available to local ADAMH Boards. This program has served over 3,000 Ohioans to date and provided relief to community systems. Our budget requests \$14M to continue this program and \$18M to increase the treatment capacity of our state hospitals by an estimated 75 beds. To improve patient care we are implementing a new electronic medical record with previously appropriated capital funds, but this system will require additional staff to implement and then manage, while allowing us to better coordinate care with community treatment providers and giving our clinicians ready access to all pertinent patient information. This investment in our staff is critical to quality patient care. We have seen other states, Michigan as one example, significantly reduce the number of inpatient beds available to acute patients because they lack enough staff.

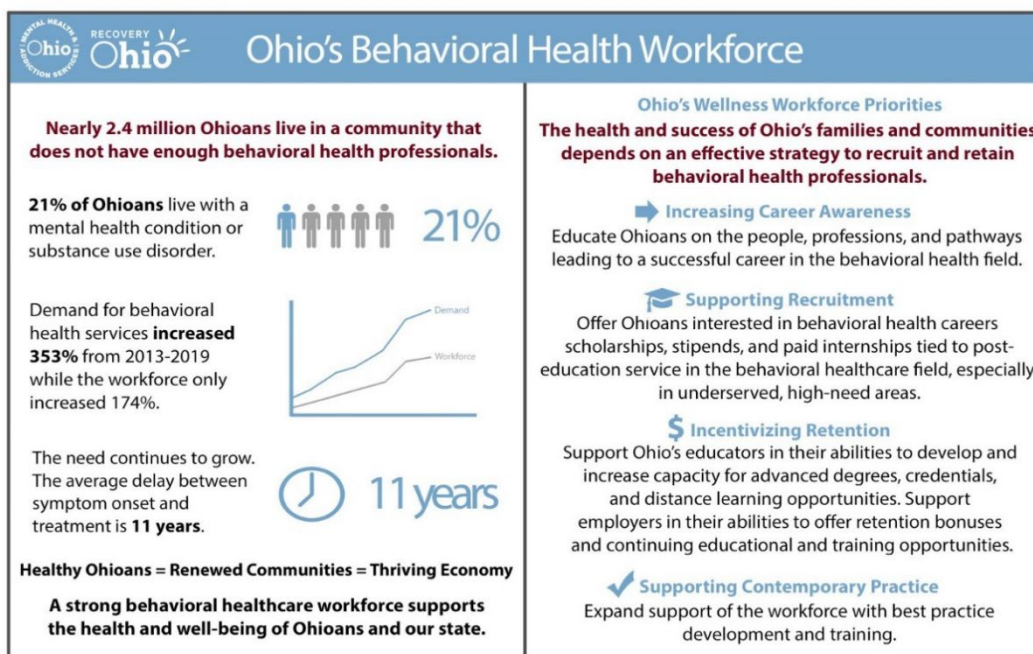
The growing forensic population of criminal justice-involved Ohioans is also taxing our local jails, courts, and forensic centers. Ohio’s Forensic Centers provide an important service to Ohioans involved with the criminal justice system who may be suffering from mental illness. These evaluations and opinions assist Ohio’s courts and regional psychiatric hospitals in ensuring Ohioans receive fair and timely access to needed legal and medical supports. Ohio’s ten Forensic Centers, which are currently funded annually with GRF dollars and certified by OhioMHAS, are experiencing a growing number of referrals and workforce challenges that impact the efficiency with which they can meet the needs of local courts. This challenge is not unique to Ohio; however, we are requesting an increase in funding that will help address an increase in court-ordered evaluations and build a pipeline of new forensic professionals.

This budget also continues important funding for Ohio’s specialty dockets which have helped over 7,400 Ohioans, resulting in a 2% recidivism rate in Ohio’s prisons and less than 2% rate at juvenile facilities. It also includes funding to improve the ability of jails to offer addiction and psychotropic medications and promote behavioral health and criminal justice collaborations, ensuring more criminal justice-involved Ohioans with mental illness and substance use disorder

receive the care they need and support to successfully transition to the community upon their release. Over 15,000 Ohioans in 57 counties received transition support services in FY22. These programs are vital to reducing recidivism, increasing public safety, and minimizing harm to those who encounter law enforcement.

Workforce

Workforce issues continue to be a primary concern of the behavioral health field, and our approach to growing the workforce is strategic in design so that we can create transformational change across the system.



We greatly appreciate the General Assembly's support of \$85M in one-time funding available to us through the CMS Home and Community Based Services allocation in the American Rescue Plan Act, and we are working closely with the Ohio Department of Higher Education to fund the expansion of paid internships and scholarship programs in behavioral health-related fields of study at Ohio's 4-year and 2-year institutions of higher education as well as career tech centers. We estimate this effort will recruit 4,000 new people into the behavioral health workforce. Additionally, our budget proposal supports the contemporary practice needs and required trainings for behavioral health professionals through our Centers of Excellence and the Ohio Coaching and Mentoring Network, which are statewide hubs providing educational and training opportunities for both professionals and communities around evidence-based best practices, data sharing, and learning collaboratives. It also supports our investment in Crisis Intervention Training for Ohio's law enforcement professionals.

Innovation and Research

You have heard Governor DeWine speak about the importance of innovation and research to inform the system we are building today in Ohio.

Ohio has many resources to help those with mental illness. However, we must do more to identify and deliver care and treatment at a scale to comprehensively affect outcomes. This budget allows for the creation of the State of Ohio Action for Resiliency Network – or SOAR Network – to develop, evaluate, and implement increasingly effective mental health and addiction prevention, treatment, and recovery strategies. This network will harness the expertise of researchers and clinicians across Ohio’s academic medical centers to get to the root causes of mental illness and addiction; uncover biological and environmental resiliency factors; develop new ways of preventing and treating mental illness and addictions; train Ohio’s behavioral health workforce in best practices; and improve outcomes for Ohio’s diverse people and communities. It will help families across Ohio better understand their risk factors, how to prevent the onset of behavioral health illnesses, and what treatments if needed are best for them.

This is the most significant and comprehensive effort undertaken by any state in the nation and will bring together the best minds in the fields of mental health and addiction to make Ohio a leader in mental health research and the deployment of proven practices to help people live healthy, hopeful lives. Just as the landmark Framingham Heart Study did for our understanding of heart disease and modern-day prevention and treatment practices, research and discoveries through Ohio’s SOAR Network will be translated into solutions for Ohioans – preventing the onset of disorders, improving treatments, promoting long-term recovery and wellness, and saving lives through robust training and education programming for providers across the state.

Ohio can only be as successful as the health and wellness of its people. Just as we are known for our world-class cancer research, Ohio has the opportunity lead the nation with this first-of-its kind research that can be translated into practice to deliver faster and better outcomes for our people.

Federal Grants and Funding

We talked a lot about mental health today, but Ohio is still in the midst of an addiction crisis, and we continue to work with our community partners to administer federal funds Ohio receives to improve the lives of Ohioans living with and recovering from substance use disorders. In September 2022, Ohio received a notice of award for \$97 million, from the State Opioid and Stimulant Response program (SOS 3.0) contained in the Consolidated Appropriations Act of 2022. These funds have limitations from the federal government on allowable use. The funding is intended to build capacity for intervention, treatment, recovery, and harm reduction specific to opioid and stimulant use disorders and to strengthen safety net

systems that have been strained by the prevalence of substance use disorders in Ohio. It allows us to increase access to Medication Assisted Treatment and life-saving medications like naloxone, as well as improve health outcomes for opioid dependent pregnant mothers and their babies. OhioMHAS will continue to pursue the goals outlined by Governor DeWine's RecoveryOhio initiative as we program these funds and distribute them to local communities. Since 2019, 31,974 individuals in Ohio have been served through the SOR grant programs. Ohioans served represent 10.7% of the national client base for this grant though Ohio only has 3.5% of the U.S. population, demonstrating Ohio's broad reach with these strategic efforts. Ohio performs above the national rates for several measures including abstinence from alcohol and other drugs, decreased recidivism, employment, social connectedness, housing, and decreased incidences of depression and suicide.

We also continue to leverage federal funding available through our Mental Health and Substance Abuse Prevention and Treatment Block Grants as well as the one-time block grant funding available from the American Rescue Plan Act (ARPA) to sustain critical services, close gaps, enhance Ohio's safety net, and build strong bridges to the future of behavioral health care. The planning for these federal dollars is aligned with our agency's Strategic Plan and are informed by our key stakeholders including Ohio's local ADAMH Boards, providers, advocates, and Ohioans with lived experience. These funding allocations include important set-asides for prevention, crisis, and first episode psychosis work that we braid with state and local funding to extend their limited reach; funds also allow us to make strategic investments.

Collaborations with other State Agencies

As I mentioned at the outset of my remarks today, OhioMHAS strongly holds to our core value of collaboration. We certainly do not operate in a silo, and we appreciate the expectation and leadership Governor DeWine has put behind this. We strongly value our partnerships with other state agencies so that Ohioans with behavioral health concerns receive the support they need as seamlessly as possible across state government. Specifically, we are engaged with agencies in the health and human services, education, development, and insurance fields on topics of prevention and early identification, crisis services, interventions for multi-system youth, state health improvement planning, housing, employment opportunities, harm reduction, overdose death prevention, behavioral health benefits and parity, and workforce. We also work closely with the Casino Control and Lottery Commissions on problem gambling education and awareness and treatment resources.

We are also working with multiple partners across state government and in local communities to improve how Ohio approaches criminal justice supports and reforms aimed at shifting approaches to mental illness and addiction away from the public safety system and more completely to a health care approach. This includes our partnership with the Ohio Department of Rehabilitation and Correction to support the substance use disorder and mental illness treatment

needs of Ohioans in their custody. Additionally, our proposal reflects what we have heard from our conversations with local sheriffs, jail administrators, judges, and county commissioners regarding the needs of local jails and courts.

We remain committed to working collaboratively on the many initiatives that support continued access to the full continuum of care and the reduction of stigma around behavioral health issues, always with the focus on helping Ohioans live up to their full potential.

SECTION 6: POLICY/LANGUAGE CHANGES

OhioMHAS is seeking several changes to the Ohio Revised Code, summarized briefly below:

In order to better promote the safety and well-being of people served by OhioMHAS regulated hospitals, providers and residential facilities, we are asking for the authority to require applicants for licensure or certification to be in good standing in Ohio and all other jurisdictions where the applicant operates; require national accreditation for all certifiable services and supports by the bill's effective date for initial applications and by October 1, 2025 for renewal applications; and require all mental health, alcohol, and addiction treatment services to be certified by OhioMHAS unless exempt under state law.

We wish to provide additional flexibility to county authorities by giving county courts cash management authority to manage their indigent driver alcohol treatment funds, and by creating the Behavioral Health Drug Reimbursement Program to provide more flexibility to counties for treating inmates in county jails.

And finally, we wish to better ensure the quality of Recovery Housing in communities all around the state by requiring OhioMHAS to either certify recovery housing residences or accept accreditation or its equivalent from the National Alliance for Recovery Residences (NARR), Oxford House, or any other organization designated by OhioMHAS beginning January 1, 2025.

SECTION 7: CONCLUSION

I am proud of our agency's effort to deliver a strategic, accountable, and results-focused budget plan that meets the needs of all Ohioans. I welcome a continued discussion of our proposal and look forward to helping you better understand the work underway. When you hear from a sheriff in your district, you can be confident in sharing with them that Ohio is committed to working together with them and their local partners to provide Ohioans who are experiencing a behavioral health crisis with a response that meets them where they are and directs them to a place that provides the help they need. Likewise, when you receive a call from a mother in your district, you can be confident in telling her that Ohio is working every day to make pathways to treatment and recovery visible, accessible, and person-centered. They are not alone, and help is

available. Our work is not complete, but we are learning from our successes, identifying gaps and barriers, and pressing forward urgently on the work needed to realize an Ohio where fewer families face the unimaginable grief of losing a loved one to suicide or overdose; where shame, fear, stigma and embarrassment are erased; and where mental illness and substance use disorders are treated as health issues, not as crimes, ensuring the dignity and worth of each Ohioan we serve.

Thank you. I'm happy to answer any questions you have.