

**Ohio Senate Health Committee
Representing Ohio's County Jails
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May 10, 2023

Chairman Huffman, Vice Chairman Johnson, Ranking Member Antonio and members of the Senate Health Committee, I am Captain Ryan Kidwell I serve as the Jail Administrator for Sheriff Michael E. Heldman, Hancock County. I am honored to have this opportunity to talk with you today about the importance and criticalness of restoring the Ohio Department of Mental Health and Addiction Services line item for the 2024 and 2025 biennial budget to funding levels As Introduced in the Ohio House. I would also like to take a moment to talk with you about the challenges that county jails face in working with those who are mentally ill and become incarcerated in Ohio's county jails.

I respectfully ask that you please take a moment to imagine what it would be like to find yourself or even a loved one in crisis, out of control of your emotions, your thoughts and your own physical being. Imagine that you have reached that moment in time when the only thing that will help you from further spiraling out of total control is being admitted to one of Ohio's regional state psychiatric hospitals. But then imagine finding out that you are unable to get the help you need as your admission and timely care has been delayed as there are no acute care or crisis beds available.

Upon learning that your admission is being delayed Corrections staff return you to your sixty square foot holding cell of concrete block and steel while you wait for a bed to become available. You have not been taking your mental health medications as prescribed, you are using other forms of substance to self-medicate and you have limited access to talk with a therapist. Yours thoughts begin to race, paranoia starts to set in and every time you hear a door slam in the distance the traumas you have been exposed to in life begin to flash before your eyes. Days go by as you wait only to find yourself further decompensating. You stop eating, you refuse to shower and the time you wait becomes endless. Finally, the day arrives, a bed becomes available for admission and you learn that you have been in the holding cell for ten days, two weeks or more from the day you were initially determined to need acute care through inpatient admission. This is the truly unfortunate reality that those with mental illness face when they become incarcerated.

This however is not a reality that Sheriffs or Jail Administrators want or even hope to face. We hold service to our citizens and communities to the highest standard. We take pride in our constitutional duty to provide safe, secure and humane jail environments. What do we do when the state psychiatric hospital acute care crisis beds are full and unavailable for those incarcerated? Should we be accepting of a delay in very necessary, needed and timely mental health care? Often, I hear people make a reference that jails have become the de-facto mental health hospitals or jails are not equipped to care for those with mental illness. We have a responsibility to change this by helping each person receive fair and timely access to needed legal and medical supports in the least restrictive and safest setting focusing on accountability for behaviors and long-term recovery. I often ask myself how did we get to this point? How do we change these perceptions and practices? The only answer I come up with is capacity. Without additional acute care crisis beds at our state psychiatric hospitals, we are unable to get those who need a bed the necessary care at their most critical moment.

The budget request submitted As Introduced in the Ohio House by the Ohio Department of Mental Health and Addiction Services is not about inflating a budget with no return on investment. The return on investment is having an appropriate and timely bed capacity to handle an acute crisis when it occurs. It is about having a place for an individual with mental illness to receive treatment without having to wait ten days, two weeks or more. The return on investment is about human life, potentially someone you know, your neighbor, family or friend. Substitute House Bill 33 does provide for an increase over the FY23 allocation but as I understand it reduces the line item by 10% meaning this would force the Department of Mental Health and Addictions Services to reduce bed capacity. This would also eliminate the Departments ability to expand capacity by 80 beds impacting all of Ohio's 88 counties. The impact of this reduction will increase waitlist and jeopardize the state psychiatric hospitals ability to meet community needs. In recent years the states forensic population or those who are ordered to undergo psychiatric hospitalization by a criminal court has grown significantly to over 80% across the system. This has reduced the beds available for civil or acute crisis individuals, increasing waitlists and placing burden back on the local communities and jails.

The budget request As Introduced is about the very necessary and critical need to continue to grow, enhance, develop and support Ohio's mental health services. We cannot turn back and expect success. These times are challenging, we have all seen the outcomes and the sorrow that occurs when we miss just one individual or when we are not holding the door open for any individual ready to walk in and receive services. This budget is about the need of additional programs and services that focus on prevention and early identification.

This budget is about strengthening focus on adults with serious mental illness and protecting community funding that is necessary for our ADAMHS boards to assist in supporting a full continuum of prevention, treatment and recovery supports. This is about growing Ohio's crisis continuum by supporting the ongoing operations of the 988 suicide and crisis lifeline. Reduction in prevention and wellness will reduce suicide prevention efforts and funding that ADAMHS boards use as a part of mental health promotion and substance use disorder prevention as well as the continuum of care.

This budget is about supporting quality housing options for those living with and recovering from mental health and substance use disorders by increasing residential state supplements, grants to enhance residential quality and land lord incentives. One of the biggest hurdles those coming out of the criminal justice system face is quality housing that supports their mental health, wellness and recovery. Reducing these residential state supplements as outlined in Substitute House Bill 33 returns funding to the current allocation which takes us back to 2016. How can we expect to provide quality housing on 2016 funding?

This budget is about supporting and meeting the needs of criminal justice involved individuals. Reducing the criminal justice line item by 30% each fiscal year under Substitute House Bill 33 will negatively impact addiction treatment in jails, re-entry services for adults recovering from mental illness and addiction who are being released from the Ohio Department of Rehabilitation and Corrections, probate court investments for adults with serious mental illness, and forensic center services to courts and jails for adults with serious mental illness. Substance use disorder and addiction remains very high for those incarcerated. Jails continue to see elevated uses of Fentanyl, Methamphetamines and other drugs among individuals prior to incarceration. Jails are now engaging in Medication Assisted Treatment programs. Changes have been made in the American with Disabilities Act requiring jails to allow individuals in recovery who are no longer engaging in the current illegal use of drugs to remain in recovery by requiring that jails continue administering medications that are used to treat substance use

disorders. This is not the time to make cuts for criminal justice involved individuals that impact addiction treatment in jails, re-entry services for adults recovering from mental illness and addiction at a time of release from prison, jeopardizing probate court investments for adults with mental illness and forensic center services to courts and jails for adults with serious mental illness. We should be focused on increasing services to incarcerated adults, reentry and discharge planning as they are released from jail. Our goals should be aimed at reducing burdens on jail administrators and reducing recidivism for adults with mental illness.

This budget is about supporting our regional psychiatric hospitals in growing and retaining a strong and supported workforce.

It is important to understand that by design jails were not meant to be therapeutic or conducive to assist those who are experiencing the physical characteristics of mental illness such as mania, delusions, hallucinations or extreme trauma to name a few. The construction components of a jail are concrete and steel with limited accesses to the outside world and are very restrictive and controlling in movement and activities. The historical intent and purpose of a jail was to be both punitive and rehabilitative. Operationally jails do not typically have the same level of licensed mental health staff like what you would find in the state psychiatric hospitals in handling the needs of those who are mentally ill. The Corrections Officer role is to focus on the safety and security of the inmates, staff and facility. Over the years corrections training has increased in addressing the needs of inmates who are mentally ill. Corrections staff focus on recognizing the characteristics of mental illness rather than the diagnosis, learning about the signs and symptoms. Corrections staff participate in Crisis Intervention Team Training (CIT) so that they can safely de-escalate inmates who find themselves to be having a mental health crisis. Jails have engaged in programming over time that helps inmates as a means of supporting the inmate's mental health needs. The majority of county jails in Ohio are actively engaged in Ohio's Stepping Up initiative. County Jails are instituting programs targeted to reducing the number of people with mental illnesses in our jails. Trainings and programs however do not make up for the true need of an acute crisis bed at the state psychiatric hospitals as the need arises.

Over the years, jails have developed a professional collaborative working relationship with the Ohio Department of Mental Health and Addiction Services. We have trained together. We have fostered improvements for those with mental illness that are being held in our county jails. We have engaged in programs that have assisted jails by providing reimbursement to cover the cost of psychotropic and MAT medications. We have learned the importance of each other's roles and have come together for the greater good and those we have a passion for serving. With the aid of the department we have continued to grow together and embrace a professional support for each other. It is understood that Ohio's budget has to be balanced and as that occurs adjustments and concessions will be made. Mental illness is not going to go away. We have individuals in our state and community that wake up each day and face the realities of their illness. Acute crisis beds are needed now more than ever. Expansion of bed capacity that impacts all 88 counties is more crucial than ever. How can we say that we are doing our best with limited acute crisis beds and lengthy wait times? Timely access to hospital level care is imperative. Those incarcerated cannot afford to wait days, weeks or longer to receive services in a state psychiatric hospital while they further decompensate.

Chairman Huffman, Vice Chairman Johnson, Ranking Member Antonio and members of the Senate Health Committee I am respectfully requesting that each of you please restore the Ohio Department of Mental Health and Addiction Services line item budget to As Introduced levels in assuring that operating funds for current and expanded services are made available. Please make this a top priority so that substantive long term change is made for those with mental illness.

Thank you for this opportunity to speak with you I am more than happy to answer any questions you may have.