Ohio Senate Health Committee
Ohio Department of Mental Health and Addiction Services
Executive Budget Recommendations for SFY 2026-2027
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Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of Senate Health 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.

INTRODUCTION

I'd like to start by sharing a story that illustrates a bit of what OhioMHAS does. One of the programs we support is called **Mobile Response and Stabilization Services**, or MRSS, which provides immediate help for young people experiencing a behavioral health crisis.

Not long ago, the MRSS hotline received a call from a local school district about a student who was having suicidal thoughts.

I won't use his real name, but let's call him Matthew. Matthew was 10 years old.

The MRSS team was at his school within 20 minutes.

Matthew told the clinician and peer supporter that he didn't want to go home to his mom's boyfriend, who sometimes hit him. When Mom arrived at school, she confided that she couldn't leave her boyfriend, because she and Matthew would be homeless without him. They were estranged from her family and had no other support.

The local MRSS staff worked with Child Protective Services and was able to reconnect Mom with her estranged family. They helped her find stable housing. Mom, in turn, left her abusive boyfriend. She got a job. Matthew is safe now, receiving counseling and developing coping skills to face life's challenges. **He's free to be a kid, and we can celebrate that help was there, at the right time and in the right place for Matthew and his mom.**

Under Governor DeWine's leadership, OhioMHAS is proud to help Ohioans living with mental illness and substance use disorders find healing and hope. We are helping people of all ages build resilience so they can achieve wellness and success in their lives; so, they can reach their full potential.

Our work is grounded in the uniqueness of each Ohioan we serve and our agency values. We are service-oriented, collaborative, value-driven, and innovative with a strong sense of urgency to make transformational and lasting changes to improve the lives of Ohioans. **Because of you, we are making progress. Thank you for your partnership.** In the last six years, together we have made huge strides forward in supporting individuals with behavioral health needs.

Through sustained investment, collaboration and innovation, Ohio is positioning itself as the Heart of Hope, a destination for world-class behavioral health care and a place where everyone can be well, get well, and stay well.

Yet the behavioral health crisis persists. The demand for services continues to rise.

We can and must do better. Now is not the time to reflect on our progress and pat ourselves on the back, but to keep pushing — to expand, amplify and scale what has worked and to continue to explore new ways to support Ohioans and save lives.

BACKGROUND

When Governor DeWine appointed me to lead this great agency, one of the first things I did was convene a statewide listening tour. I met with hundreds of Ohioans, and our conversations illuminated the exceptional work in this field, the unique needs, and the opportunities to connect more Ohioans with the quality care they deserve.

They reinforced areas that demand our time and attention, such as youth mental health, provider quality, and segregated funding streams that can make it difficult for communities to link individuals in need with appropriate services.

“It is in the interest of the state to see what is happening on the ground,” a listening session participant told us, and they were absolutely right. While funding happens at the state level, care takes place in the community.

And so, our priorities are informed by the needs of our communities — our boards, providers, sheriffs, our own front-line staff in our hospitals and prisons, and families and individuals who are living this every day.

The budget introduced by Governor DeWine builds on the last six plus years of progress, scales successful programs, and gives greater flexibility to our local communities. It prioritizes efficiency, quality, and accountability, with a focus on **five primary areas: expanding crisis services, fostering resilient people and communities, enhancing quality of care, growing the behavioral health workforce, and increasing criminal justice and recovery services.**

It also ensures the funding of effective programs and services statewide, providing all Ohioans — regardless of their zip code — access to high-quality behavioral health care. As Governor DeWine often says – we are building the community behavioral health system that was promised but never delivered.

The foundation for success in this space has been laid over the past decade, and years of investment and collaboration have gotten us to where we are today. We are now at a turning point. What we do next will have a lasting impact for generations to come.

Today, we have an extraordinary responsibility. And today, we have an extraordinary opportunity.

BUDGET PRIORITIES

CRISIS SERVICES

Far too often, individuals and families facing a behavioral health crisis don't know where to turn. In many communities, emergency departments or a law enforcement response are the only options for care – neither of which is therapeutically appropriate nor what we would want for our own families. That's why this budget will close a gap in crisis care by ensuring all Ohioans in crisis have someone to call, someone to respond, and somewhere safe to go.

The latest data from the Ohio Department of Health shows the number of Ohioans who died by suicide in 2023 declined for the first time in three years. While this is hopeful, still, **nearly five Ohioans** die by suicide every day. Studies show that entire communities can be changed by a suicide. It's estimated that **115 people** are exposed to a single suicide, with one in five reporting the experience resulted in a major-life disruption.

Families and entire communities across the state are reeling from loss and struggling to understand why the unthinkable happened. If you've lost a loved one to suicide, you know that feeling of loss never goes away. You also know how much you would do to prevent it from happening again.

To save more lives by connecting Ohioans in crisis with immediate support, this budget invests in sustaining and scaling effective crisis services for all ages in all counties.

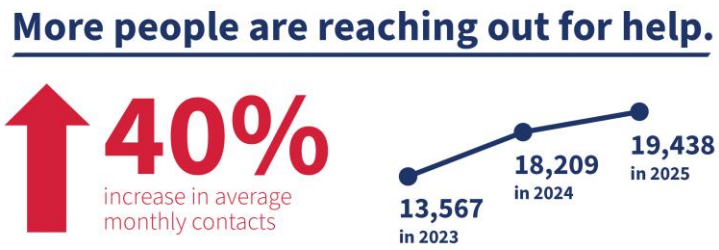
988

Services like the 988 Suicide & Crisis Lifeline. Because of your investments in this critical resource, Ohio is viewed nationally as a model for statewide implementation.

One of those Ohioans stopped by our booth at the State Fair. Tonya, a young woman from West Liberty, looked up at our 988 banner and smiled. "*I'm so glad you have that number posted," she said. "I wouldn't be here today if I hadn't called and talked to someone*."

We know there are people like Tonya all across the state — people who are experiencing something they can't handle, who are alone or ashamed, who need someone who can listen and help *right now*. That is what 988 provides.

Last year, we launched a statewide campaign to grow awareness of 988. We knew then that only about a third of Ohioans knew about the lifesaving resource. While that is far ahead of the national average of 17%, it's not where we wanted to be.



We know call volume will continue to increase. An actuarial report we commissioned last year projected a 28% increase or nearly 528,000 contacts over the biennium. This budget includes funding to support that additional call volume as well as the sustainment of a new state-centralized system with 911-988 interoperability. This will allow 988 and 911 call takers to coordinate services to identify the best resource to help the caller, and provide access to robust, real-time 988 data.

Research shows between 5% and 15% of all calls to 911 emergency services are for behavioral health emergencies and often result in a law enforcement response. Furthermore, studies show that 80% of behavioral health crises can be resolved over the phone, relieving a huge burden being experienced by local law enforcement.

Funding will also help establish what we describe as "care traffic control," which will allow 988 call specialists to connect callers to mobile crisis dispatch, bed registry, outpatient referral and integrate with the RecoveryOhio Continuum of Care Portal.

We are asking for $79.6 million over the biennium for this critical service. Investing in 988 is investing in Ohioans. It is, by all definitions, a lifeline.

> **"988 helps me look forward to having a resource readily available whenever I need it. I can send a text. I can chat, I can call somebody."**
>
> **- Jenna**

> **"The feeling of being not alone is a big aspect for 988 for me. Try to view them as people that can keep you more anchored, not someone to pull you out of the deep."**
>
> **- Caleb**

MRSS and Adult Mobile

Those experiencing more severe behavioral health crises may need support beyond 988. They may need a behavioral health professional to respond or somewhere safe to go. That is why we're committed to building a statewide mobile crisis response system for both children and adults.

Let's talk first about our kids. Suicide is now the second-leading cause of death for children aged 10-14. Data reveals that the number of Ohio children diagnosed with anxiety and depression jumped by 42% between 2016 and 2020, the 10th highest increase nationwide.

Kids are struggling with greater isolation, anxiety, and depression. Sadly, stories like Matthew's – a 10-year-old experiencing suicidal thoughts – aren't unusual anymore.

One of the biggest complaints the Governor and I have heard in our travels around Ohio is from families who don't know where to turn for help when their child is in a mental health crisis. We are changing that. Just last week, I joined Governor DeWine to announce the expansion of Mobile Response and Stabilization Services — MRSS, the service I mentioned at the beginning of my testimony — statewide.

MRSS is free-of-charge and provides immediate assistance to young people aged 20 and under and their families when that young person is experiencing overwhelming mental, emotional, or behavioral health symptoms or crisis. Within 60 minutes of reaching out, a team of trained professionals, including a clinician, and a peer supporter or qualified behavioral health specialist, come directly to the young person. Not only does MRSS provide immediate de-escalation, but it also provides up to 42 days of follow-up support. This could mean

connecting the youth and families to treatment providers, skill-building or other support services.

Caregivers, parents, and educators often call the service a godsend — saying that without it, their children might not be here, or could have ended up in an emergency department, detention center, or jail.

Today, this highly effective model is only available to families in 54 Ohio counties. In partnership with the Department of Medicaid, we are expanding this service to all 88 counties. The proposed budget will sustain operations so that every young person will have access to mobile crisis response no matter where they live.

We also support a similar program for adults and intend to take it statewide. Today, 61 Ohio counties offer some type of mobile crisis service for adults. Our budget requests to implement a statewide network so that every single Ohioan has access to emergency behavioral health care when they need it. Mobile crisis response reduces the burden on law enforcement, criminal justice, and hospital emergency departments, and is a more appropriate response for individuals experiencing a behavioral health crisis.

RESILIENT PEOPLE AND COMMUNITIES

This budget invests in prevention across the lifespan — providing young people, adults, and the roughly 2 million Ohioans over the age of 65 the tools to build resilience and prevent mental illness and substance use disorder. By directing resources to meet the unique needs of our communities, we will intervene earlier, strengthen protective factors and foster resilience across all stages of life.

Suicide Prevention

A particular focus for OhioMHAS is preventing suicide among high-risk populations such as young people and those in high-risk communities. These prevention efforts can look very different among Ohio's diverse populations, which is why we've been traveling the state to hear from stakeholders to identify gaps in care and address unique needs. We are laying the foundation to implement and strengthen services that wrap families and kids in prevention strategies — long before they ever experience crisis or await diagnosis.

Our suicide prevention plan focuses on enhancing mental health services, increasing awareness and education about mental health and suicide, and providing resources for those in crisis. Key strategies include promoting community-based prevention programs, improving access to care, and fostering collaborations among various stakeholders including healthcare providers, schools, and community organizations.

Resiliency Focused Prevention Curriculum

Emotionally resilient children are less likely to develop mental health challenges, which can be a strong predictor of future success. Through comprehensive, statewide implementation of evidence-based life skills training, Ohio will ensure that more of our children have the tools to achieve their full potential in life.

In partnership with the Department of Education and Workforce, OhioMHAS will help secure evidence-based prevention curricula to be available free of charge to Ohio's public schools. This is both an investment in prevention programming as well as building a young person's durable skills — skills that improve learning, work readiness, social connections and leadership. Our goal is to serve an estimated 350,000 students FY26, which we would double in FY27.

Problem Gambling

About a quarter million Ohioans struggle with problem gambling—a number that has grown every year. With the legalization of sports gaming, we expect that trend to continue.

That's why investing in problem gambling prevention, screening, treatment, and recovery services is more important than ever. We are committed to ensuring that all Ohioans, especially those at risk, have access to the support they need. Through our Ohio for Responsible Gambling partners—the Ohio Casino Control Commission and the Ohio Lottery Commission—we will conduct a statewide scan of services and work to expand access.

Coordinated Specialty Care (CSC) for First Episode Psychosis

Coordinated Specialty Care, or CSC, for First Episode Psychosis is a wraparound care model for those experiencing early psychosis.

To illustrate CSC's impact, I'll share a story from a 17-year-old who was exhibiting symptoms of early onset schizophrenia. His medications weren't working, and he had withdrawn from

life, missing over a year of school. His family was afraid — and frustrated. The CSC team helped him find an effective medication and connected him and his family to therapy. He returned to school, found a part-time job and went on to graduate with his class this past May.

Ohio has provided CSC since 2009 through a limited number of community behavioral health providers using a combination of state and federal funding.

Our budget requests $4.8 million over the biennium to expand access statewide. This will connect individuals experiencing the first onset of psychosis with the care they need to regain control of their lives and future. A further reason to support CSC now: There is a clear link between adolescent marijuana usage and the onset of psychosis. As a result of Ohio's recreational marijuana legalization, we must be prepared to address any increase in first episode psychosis through coordinated specialty care.

QUALITY OF CARE

Let's review now how this budget request seeks to leverage data and continuous quality improvement processes to expand access to safe, effective, and patient-centered community behavioral health services.

Certified Community Behavioral Health Clinics

Whole-person care – healthcare that emphasizes the integration of physical and behavioral services – can improve patient outcomes and ultimately reduce the overall cost of care for those with co-occurring physical and mental healthcare needs.

One way we will integrate behavioral healthcare into physical healthcare is through Ohio's Certified Community Behavioral Health Clinics or CCBHCs. These clinics treat the whole person through coordinated, accessible, and individualized care. For patients, this means their mental and physical healthcare is integrated, leading to higher engagement and ultimately better outcomes.

Approximately 21.5 million adults in the U.S. have both a chronic physical health condition and a behavioral health disorder. For these individuals, integrated care is considered best practice, leading to a more efficient use of services, with fewer ED visits and inpatient care.

We will begin to phase in Ohio's statewide implementation of the CCBHC model in partnership with the Department of Medicaid. This type of care has already been tried and tested in several Ohio communities. Through integrated care and the mandatory nine services -- such as peer support and crisis services -- we can ensure that more Ohio communities have access to the robust healthcare they need to be well, get well, and stay well. This budget funds programs at numerous CCBHC sites statewide.

ADAMH Block Grants

Another way we seek to improve the quality of behavioral healthcare is to streamline funding to ADAMH Boards and increase flexibility so local communities can direct the dollars where they are needed most.

A common theme from several ADAMH board directors was that Ohio's boards are burdened by the bureaucratic requirements of the funding upon which they rely. Many shared that the dollars come with complex requirements, require significant administrative overhead, and may not reflect the needs of the communities they serve.

In most cases, boards have relied on a minimum of 35 separate funding streams, all with varying requirements. Hamilton County, for example, relied on 47 separate funding streams from OhioMHAS alone in FY24.

In our listening sessions, we heard that some boards would forgo funding opportunities altogether because of the rigidness and find other funding with fewer restrictions. Boards literally passed on the opportunity to use certain funding opportunities because the one-size-fits-all approach to funding didn't fit for unique Ohio communities.

To provide greater flexibility to meet the needs of local constituents, OhioMHAS proposes simplifying 20 existing state funding sources into six state block grants: Mental Health, Substance Use Disorder, Prevention Services, Crisis, Criminal Justice, and Recovery Supports.

Furthermore, this approach provides the ADAMH boards with the flexibility they have asked for. This structure will offer a more efficient, impactful and fiscally prudent approach to funding community behavioral health services.

High-Quality IT Systems

A further way we intend to enhance the quality of care is by supporting the use of technology, including electronic health records or EHRs, to better demonstrate the impact of these essential services on people and communities.

You've likely used an EHR to manage medical appointments for yourself or loved ones. My Chart is a common example – it's a part of the Epic Systems platform.

At OhioMHAS, we know firsthand how transformative a high-quality electronic health record can be, because of the ongoing support of the legislature, OhioMHAS implemented Epic EHR in our six state hospitals late last year – becoming the first state-run hospital system in the country to implement the Epic system. Epic allows our staff to work more efficiently and communicate more effectively and enhances the overall quality of patient care by allowing providers to access a patient's health history in one convenient, digital location.

OhioMHAS understands that to work most effectively, behavioral health providers in Ohio need access to quality tools. Through quality IT platforms that help track patients across health systems, seamlessly communicate with other community partners like criminal justice, and demonstrate outcomes for patients served, we can truly begin to articulate the immense value that community behavioral health delivers for Ohioans.

Department of Behavioral Health

And finally, with this budget we are introducing a department name change to better reflect the work we do and to further reduce the stigma associated with our efforts.

We are one of a few state departments in the nation that continue to use the word "addiction" in its name. This word, while frequently used, can be stigmatizing. Furthermore, "mental health" isn't always viewed as integrated with physical and behavioral health. When we surveyed mental health providers and experts, many acknowledged that a broader term would encourage a more holistic approach to care and reduce the barrier for Ohioans who don't want to feel ashamed for seeking help. Wrote one respondent: "I think the term 'behavioral health' sounds more general and affects everyone instead of an isolated group of individuals who think they're being judged."

Beginning in FY 26, we will start the process of changing our name to the more succinct and accurate Department of Behavioral Health to reflect the integration of mental health and substance use disorder treatment. We recognize this change must be made with care and explanation to ensure we are not changing our mission, vision or values. I appreciated this thoughtful response from one of the community members we surveyed on the matter:

"If the term 'behavioral health' were widely used, it could foster a more holistic, integrated and stigma-free understanding of mental health, substance use and addiction. While it might challenge traditional ways of thinking about these issues, with proper education and clear messaging, the term could promote greater empathy, early intervention and overall wellness."

THE BEHAVIORAL HEALTH WORKFORCE

The demand for behavioral health workforce continues to outpace the number of professionals in the field. From 2013 to 2019, the demand for behavioral health services grew more than 350%, while the workforce increased by just 174%.

The demand continues to grow; we'll need thousands of new professionals by the end of the decade. We must work aggressively to increase the pool by investing in technical assistance and training to support providers with culture, technology, and skill-building — all with the goal of growing, sustaining, and cultivating a high-quality workforce dedicated to delivering life-saving care.

Bureau of Behavioral Health Workforce Excellence
To ensure we have a skilled workforce to meet all Ohioans' behavioral health needs, the department will expand the services and support provided by the Bureau of Workforce Sustainability. Looking forward, it will transform into the Bureau of Behavioral Health Workforce Excellence, with a mission to strengthen the infrastructure of Ohio's behavioral health agencies and enhance the talent of the practitioners they employ.

The Bureau currently provides behavioral health workforce development support to Ohio's behavioral health system, including employers, workforce system partners, and individuals pursuing careers in behavioral health.

Using real time data, we will develop opportunities to address current workforce needs. Through this reimagined mission, the bureau will divide its work into the following four key areas:

- Workforce needs assessment and research
- Technical assistance network
- Training and virtual resource hub
- University partnerships

We would also move our **Resident Trainee Program**, currently overseen by the Chief Medical Officer, to the workforce bureau to align with workforce planning and implementation. This will centralize all our workforce recruitment and retention efforts into one place, giving us insight and tools into every level of the behavioral health workforce.

CRIMINAL JUSTICE AND RECOVERY SERVICES
Thanks to the Governor's Work Group on Competency Restoration and Diversion, there is a renewed spotlight on strategies to address mental illness within our criminal justice system and to ensure civil patient access to our state psychiatric hospitals.

This budget will continue our work to reduce the pressure on our state psychiatric hospitals and provide the appropriate support for people involved in the criminal justice system. To achieve this, OhioMHAS will expand community-based treatment options, strengthen competency restoration programs, and grow jail diversion initiatives. We will also increase access to treatment in jails and enhance efforts to proactively support individuals at risk.

Pretrial Behavioral Health Intervention Pilot Program
As recommended by the work group, this budget includes resources to pilot a pretrial behavioral health intervention program similar to that in Miami Dade County, Florida.

The program diverts individuals with lower-level felonies from state hospitals to inpatient facilities, providing competency restoration, crisis stabilization, and reentry support.

Additionally, pre-trial diversion units could be added to jails, offering 30-day treatment programs where charges are held in abeyance and may be dismissed upon successful completion and connection to community resources.

This program, for which we are seeking $11.7 million in each year of the biennium, could provide care at about half the cost of a state hospital. Additionally, a 2015 study of the Miami-Dade center found that participants were discharged an average of 73 days sooner than those in traditional forensic facilities, and in the year following community reentry, they were 50% less likely to return to jail.

Not only would this program help to free up the nine out of 10 state hospital beds occupied by forensic patients, but it would alleviate pressure on local jails by diverting individuals to treatment.

Specialized Dockets

The proposed budget allows Ohio to continue its strong commitment to specialized dockets by funding the specialized dockets subsidy program — last fiscal year alone, more than 220 dockets provided a pathway to treatment for roughly 7,800 people living with mental illness and substance use disorders. These include family, drug, mental health, veteran, human trafficking, domestic violence, and juvenile dockets.

Fewer than 2% of the discharged adults and juveniles are committed to prison or DYS facilities. Notably, more than 300 children in child protective services were reunited with their families at the completion of the family dependency court program.

Behavioral Health Drug Reimbursement Program

A final program I want to highlight reimburses county jails and community based correctional facilities for a portion of their costs associated with purchasing medications dispensed to inmates for mental illness and substance use disorders. In the current biennium, $5 million each fiscal year was allotted to fund this program, with 73 jails and 17 correctional facilities participating. I know many County Sheriffs and Jail Administrators who would agree with me when I say thank you for your critical support of this initiative.

They would likely also tell you that due to higher demand for psychotropic medications and MAT, existing funding no longer can fully cover reimbursement needs. This budget seeks to increase funding and eliminate the reimbursement requirement.

It's easy to overlook the potential of those who are incarcerated, but consider Shawn, an inmate at Lorain Correctional Institution. After 10 years of sobriety, he relapsed, violated parole, and was sent back to prison. A year in, he joined our Peer Recovery Support training, where he found his purpose. He met with and offered counsel to his fellow inmates 313 times

and lead 36 peer recovery groups. Shawn was paroled in 2024 – but just before he was released, he sent a letter, it reads in part:

“I never thought that sharing my story and giving others the change for someone willing to listen to their story could open the space for hope and healing, but it has,” he wrote. “I now realize my calling is to help others struggling with mental health and addiction, as helping others has made me more aware, accountable and responsible to look after my own recovery in the process.”

CONCLUSION

It is a privilege to share with you the work OhioMHAS is doing across Ohio and the impact we are having on thousands of lives. But as I reflect on our past successes, I remain focused on our future. We are beginning to succeed against decades of unintentional overdoses and suicide deaths. Only with continued investment, collaboration, and innovation will we see our suicide rates fall, our loved ones receive the urgent help they need, and our young people gain the resilience and life-building skills to be productive and thriving adults.

Together, we can accomplish all of this, and we can do it in ways that are specific not only to Ohio but to our diverse counties and their needs. We are learning from our successes, scaling programs that are working, and tailoring unique solutions to communities.

I am sincerely appreciative of your support, compassion and willingness to understand the behavioral health needs of Ohioans. I look forward to continued discussions with you to ensure a budget that responsibly meets our state’s needs and achieves measurable results.

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