



Promoting wellness and recovery

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Ohio Senate Finance Committee
Ohio Department of Mental Health and Addiction Services
Executive Budget Recommendations for SFY 2020 – 2021
Lori Criss, Director
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Chairman Dolan, Vice Chair Burke, Ranking Member Sykes, and members of the Senate Finance Committee. I am Lori Criss, Director of the Ohio Department of Mental Health and Addiction Services, and I appreciate the opportunity to come before you to provide a high-level overview of our Department's portion of Governor DeWine's Executive Budget proposal for SFY 20 – 21.

We strive to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans. The Department assists in the financing and delivery of treatment and prevention services; allocates funds to local partners; runs six state psychiatric hospitals and the addiction recovery services in our state prisons; leads policy and regulatory oversight; and promotes outreach on key issues. Our top priority is to ensure that the men, women, children, and families living with and recovering from mental illness and addiction get our best efforts and most efficient and effective use of resources.

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

Mental health and addiction services are supported at the local level through 51 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards and approximately 600 private providers delivering prevention, treatment and recovery support services. The

Executive Budget supports a significant investment in local ADAMH Boards and communities over the previous biennium to meet locally determined needs. Board-funded priorities include opportunities like housing for people with serious and persistent mental illness, primary prevention services in local schools, targeted supports for youth with serious emotional disorders, and planning and collaboration with local prevention and re-entry coalitions.

As one of his first acts, Governor DeWine commissioned the Recovery Ohio initiative. Recovery Ohio's goal is to make treatment available to Ohioans in need; provide support services for those in recovery and their families; offer direction for the state's prevention and education efforts; and work with local law enforcement to provide resources to fight illicit drugs at the source. Last week, the report from the Recovery Ohio Advisory Committee was released, with 75 recommendations for improving Ohio's response to mental illness and addiction. Our budget reflects key strategies for pursuing many of these recommendations.

Investing in Prevention

Governor DeWine is committed to providing children with access to resources that can support healthy development in their homes, schools, and communities. Prevention is an often overlooked, but important component of a full continuum of care. It's true that "an ounce of prevention is worth a pound of cure." Effective prevention services help people become more able to cope with life stresses and decrease the likelihood of developing substance use problems, mental illness or both. To that end, OhioMHAS proposes the following FY 20/21 investments in prevention and early intervention.

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

Ohio START (Sobriety, Treatment, and Reducing Trauma). OhioMHAS will provide \$12 million over the biennium to expand Ohio START. OhioSTART is an intervention program that provides specialized trauma recovery services to children who have a parent with a substance abuse issue. The program also assists the parents of these children in their recovery. OhioSTART is helping families avoid disruptive and costly out of home

placements and helps keep families together. The program is currently in 34 counties. Our investment will help bring this important program to 30 additional counties.

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

Investing in Treatment

To support statewide behavioral health workforce development, we are requesting \$15.1 million over the biennium. Increased workforce demand, coupled with a national shortage of behavioral health professionals across the continuum of care, have slowed growth in this important industry.

I was recently talking with a provider in Northeast Ohio who shared his anxiety over unfilled direct service positions. With unprecedented need for counseling services, a budget that supports a new hire, and a full-press recruitment strategy, he can't fill the positions. The workforce simply isn't there.

We propose the following actions to address this critical issue.

Support for recruiting, training, and retaining workforce. In the FY 20/21 budget, we will direct \$12M to provider agencies to offer workforce recruitment and retention incentives. These funds will help to recruit, train and retain quality behavioral health professionals to Ohio's behavioral health system using a variety of proven approaches. In the current biennium, we invested \$6 million for this purpose, and 171 organizations applied for the funding. There were only enough resources to fund 61. Still 1045 professionals were recruited or retained in the workforce with these funds, and more are ready to commit to the behavioral health workforce with additional investment. We look forward to expanding this opportunity to more behavioral health providers.

System needs evaluation. Our budget seeks to do a thorough evaluation of the state's behavioral health treatment capacity with a one-time investment of \$100,000. We will

use what we learn from this evaluation to inform strategic planning to address gaps in the treatment continuum caused by Ohio's behavioral health workforce shortage.

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

Investing in Breaking the Cycle of Crisis

In addition to prevention and treatment, crisis services are a critical part of our state's continuum of care. In many communities, people in crisis present to emergency departments, which often lack the full-spectrum of resources for a mental health or addiction crisis. And all too often interventions for people with mental illness or addiction occur through law enforcement which can lead to arrest and incarceration instead of comprehensive treatment and recovery. I remember one evening a couple of summers ago when I got a call from a friend. The woman's 20-year-old son called and was in crisis. She didn't have a lot of options. She could get in her car and try to get to him before he got hurt. She could call the police, but she didn't want him arrested. She could call for an ambulance which may take him to an emergency department, but that had become a revolving door for their family. He needed quick access to behavioral health and medical care; and he needed an environment where he would be safe as he, his family, and the integrated care team made plans for long-term community treatment. With over 25 years in the field, I didn't have any real advice that would help the family. If he'd been having chest pains or any other healthcare crisis, the answer would have been easy. Unfortunately, this is not the only call I've ever gotten like this, and I am not alone in this experience. We can and must do better for the 22% of Ohioans with brain disorders. The brain is part of the body.

First responders, emergency departments and jails are burdened by mental health and addiction issues. They are doing everything they can to respond with compassion and competency, but these resources were never designed to be the response for mental illness and addiction. Many times, the trauma and high cost of

having a mental health emergency can be avoided by providing services before an emergency occurs or by making strong connections to supportive services and community treatment after a crisis occurs.

I recently spoke with Lucas County Sheriff John Tharp. His department set up Ohio's and the nation's first Drug Abuse Response (DART) Team. He said that they have helped over 5,000 people in addiction crisis by taking them to a behavioral health crisis center instead of jail. 80% have started a protocol designed to support their long-term recovery. This has reduced crowding in the jail and court dockets. It has also reduced crimes such as burglary where people were breaking into cars and homes for small amounts of money to buy drugs. People are getting well, and the community feels safer. This has become a model for our state.

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

Quality crisis services infrastructure. We will strengthen crisis services with an additional \$12 million over the biennium. These funds will provide access to locally-planned crisis response strategies. Our department will provide technical assistance to communities to ensure that responses are comprehensive and use widely accepted standards of care. Responses will be designed to meet current and emerging needs such as the shift away from addiction to prescription opiates to methamphetamines and cocaine trafficking. The goal is to fill gaps in Ohio's crisis service network with locally-determined responses such as mobile response teams, crisis centers integrated with a local hospital or behavioral health provider, or treatment services in jails designed to fill gaps in Ohio's crisis service network.

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

There are also other efforts underway currently to support improved crisis avoidance and services. I will elaborate on those in finance sub-committee testimony and am happy to meet with you to discuss details further.

Investing in Breaking the Cycle of Criminal Justice Involvement

In far too many cases, addiction and unmanaged mental illness can lead to interaction with the justice system. For some people, an arrest or incarceration provides an opportunity to access to treatment, if available, may be embraced by that individual. We want to make sure that the collaboration between criminal justice and treatment and recovery is strong so that we can effectively intervene with as many people as possible.

Ohio is fortunate to have more than 200 certified specialized dockets (commonly called drug courts, veterans' courts, mental health courts, and family dependency courts). In FY 2018 /19 OhioMHAS supported 150 of these courts, connecting non-violent offenders with the types of community support that they need to remain in the community rather than serve a sentence in prison or jail.

A few weeks ago, I joined the Governor on a visit to the Mahoning County Drug Court run by Judge John Durkin. A woman in her late 20s talked about her life before and after drug court. She started drinking alcohol at age 14 and that eventually turned into drug use. At 21, faced with prison time and a life record of being a convicted felon, she chose treatment and 18 months of close supervision and support of the judge, court staff, treatment counselors, and probation. She shared how she was referred to residential treatment and then transitioned to recovery housing and long-term counseling. She participated in intensive outpatient services and case management. And after 18 months of lots of accountability and hard work, she graduated drug court with a strong foundation for recovery. She's working and just bought her first home. These are things she never could have imagined, and she credits the strong accountability and team approach taken by the drug court with helping her reach her goals.

Governor DeWine has directed us to work with the Ohio Supreme Court and our local partners to create 30 new specialty docket courts over the biennium. We are requesting \$7.5 million in General Revenue over the biennium to expand access for support for people with substance abuse and/or mental illness. Our request includes \$2.5 million in FY 20 to cover court startup costs for at least 15 courts. The additional \$5

million in FY 21 will sustain implementation for those courts and launch an additional 15 specialized dockets.

Investing in a Quality Psychiatric Safety Net

Lastly, I'd like to turn to the critical service provided through the 6 state-run psychiatric hospitals. The Executive Budget proposes to maintain our current capacity of 1,081 beds. Our team of doctors, nurses, therapeutic workers, aides, building services staff, food service workers, police and administrative staff in this department provide the highest quality in-patient psychiatric care and community transition services to Ohio's most vulnerable people.

Our hospitals are very busy, and in the past couple of years, we have sustained more than 95% occupancy, serving over 6,500 patients in 2018. Collaborative partnerships with ADAMH boards, community treatment providers and housing operators are key to ensuring timely admissions and provision of services. In addition, our state-run hospitals provide quality transition services for patients at the point of hospital discharge to ensure that the patient remains stable once they return to the community.

Closing

It is uncontested that Ohio is at the height of a public health crisis with addiction and mental illness. Every local community has felt the pressure of helping neighbors, family members end their suffering and thrive in recovery. Two and a half million of our fellow citizens are living with a mental illness or substance use disorder. This means that their families are, too. We all know someone who's lost a loved one to mental illness or addiction. 4,854 of our neighbors died from unintentional overdose last year. 1,700 were lost to suicide. And more would have been lost if not for the efforts of countless people across the state working each day to prevent these illnesses or to help people recover. Drug courts, crisis care, prevention in schools – these are things we know work. Investing in local community responses is a priority. We need to take the pressure off first responders, overcrowded jails, families who feel like there's no hope. We must create a future where rising suicide rates, overcrowded jails and prisons, and a flood of overdose deaths are unimaginable things of the past.

It's our responsibility to act to end this public health crisis so that Ohio can thrive as a State in the future. The Ohio General Assembly has approved money for this before,

and those investments have paid off by keeping families together, keeping people out of jail and prison, decreasing deaths from prescription opioids and heroin, and helping people recover and get jobs and stable housing.

The work we have before us is not without its challenges, but thanks to the significant past investments of the General Assembly, and with continued investments promoted here in this budget, we are well positioned to meet those challenges head on.

Thank you, Chairman Dolan, Vice Chair Burke, Ranking Member Sykes and members of the committee for affording me the opportunity to come before you today. As I continue to meet with you and your colleagues, I am impressed with and grateful for your interest in addressing Ohio's mental illness and addiction public health crisis. We appreciate your partnership and ask for your continued support of our work and investments. I am happy to answer any questions.