Ohio House of Representatives Finance Subcommittee on Health and Human Services

Ohio Department of Mental Health and Addiction Services
Executive Budget Recommendations for SFY 2022-2023
Lori Criss, Director
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Chairman Roemer, Ranking Member West, and members of the House Finance Subcommittee on Health and Human Services, I appreciate the opportunity to provide a high-level overview of the Executive Budget recommendations for the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to you today.

You have my testimony from full Finance, and rather than repeating that, Chair Roemer and I discussed the opportunity for me to highlight the outcomes of some of our work in the current biennium and some new initiatives for this proposed budget. So, I'm happy to represent that good work today.

I want to preface today's conversation with some foundational values and approaches that come from the Governor's priorities and from my leadership principles. We have four key values that drive our work and our approach to our responsibilities:

- Contribute and Collaborate
- Serve with Compassion
- Delivery Quality
- Be Accountable

Keynote #1: We listen to the field to help guide our work. We have expertise, /'we have a vision and goals, and we believe that Ohioans are best served when we are listening to the many voices of the mental health and substance use disorder community. Peers, families, providers, Boards, and other partners in healthcare, education, and the justice system are all welcome into the big tent that we're creating to help people be well or get well and stay well.

Keynote #2: Equity is part of all of our work. I will talk about specific equity work today, but it's important to know that ending disparity in behavioral healthcare isn't a special project, it's a core value that we operate from – it's a cultural expectation within our organization. "It's the way we do things around here." We're not there yet, but we work each day to be better at that. when I'm talking about these initiatives, know that we're striving in each of them to make sure that we're meeting the needs of ALL Ohioans.

Key Initiatives from the FY 20/21 Budget:

K-12 prevention education: OhioMHAS worked closely with the Ohio Department of Education,

ADAMH Boards, school district administrators, educators and prevention providers from every county to develop plans to provide children with evidence-based prevention education and programming to meet the needs identified in each school district's self-assessment. To date:

- Nearly 400,000 Ohio school children have benefitted from the programming and partnerships formed to sustain and support mental health and wellness in the schools.
- 90% of Ohio's school districts completed the self-assessment process to access their needs and expand prevention services for students.
- 86% (534) developed and submitted Plans of Action to enhance prevention services in their schools.

Student Screenings performed as part of the Prevention Initiative:

- 38% of students were screened for Depression
- 34% Substance Abuse
- 28% Trauma
- 41% Suicide Screening

The work done over the last two years will be leveraged to increase the effectiveness of the new round of funding proposed for Student Wellness and Success in the ODE budget. In this biennium, the program is designed to require planning be done with behavioral health expertise – either a prevention or treatment provider or the local ADAMH Board.

Some of the frequently implemented and proven effective prevention models include:

- Life Skills
- PAX Good Behavior Game
- Youth-Led Programming
- Signs of Suicide and other Suicide Prevention
- Vaping and Tobacco Prevention
- Youth Mental Health First Aid
- Leader in Me Leadership trainings
- Handle with Care
- Positive Behavioral Interventions and Supports
- Whole Child Framework
- Teacher professional development

ANECDOTES:

Lorain County: Northeast Ohio students are getting an emotional wellness boost as schools receive funding to meet their mental health needs. Funding for K-12 prevention programming and improving of the climate inside schools is now being used to help curb bullying, violence and implement trauma-informed care in four Lorain County school districts, with more to be added.

One of the hallmarks of this new work includes a program that recruited adults beyond the counseling staff to oversee a "check and connect program" to check in with students to see how they are doing and provide supports.

Muskingum County: The Muskingum Valley Educational Service Center (MVESC) partnered with the Muskingum Area Board of Mental Health and Recovery Services to develop a Prevention Education 101 training designed for educators.

Working together, they developed a replicable prevention education train-the-trainer model to build capacity within the Appalachian region, providing a pool of highly skilled prevention education trainers for schools and community partners.

Supportive and nurturing learning environments are an important part of prevention and early intervention strategies. Muskingum Valley ESC is partnering with eight ESCs and eight ADAMHS boards to build capacity within the region.

Suicide prevention: Ohio is engaged in a multitude of suicide prevention activities, now led by the 2020 release of "The Suicide Prevention Plan for Ohio" which laid out a cross-systems roadmap to mobilize and align community, state and individual efforts to prevent suicide.

2020 accomplishments include:

- Establishing the Ohio CareLine, a 24/7/365 emotional support and referral line for all Ohioans with nearly 5,000 calls received to date.
- Suicide Prevention Gatekeeper and Education trainings – **5,700 trained**:
    - Mental Health First Aid, including First Responders: 122 trainings for 2,222 attendees; including 255 veterans, active service and family members
    - Question, Persuade & Refer – 64 trainings for 1,426 people
    - CAMS: 7 trainings for 401 behavioral health professionals
    - AMSR: 5 trainings for 268 behavioral health professionals
    - Kognito: 941 K-12 teachers and 441 higher ed students

- Focused on capacity-building for the state's Suicide Prevention Community Coalitions
- Zero Suicide Expansion: Working with Ohio's children's hospitals to bring this best practice framework into action. Expanding Zero Suicide practices to community providers in 2021.
- Sources of Strength Training of Trainers: Uses adolescent peer social networks to increase help-seeking behaviors and promote connections between youth and caring adults: 73 educators attending Training of Trainers, more trainings being scheduled now with schools across the state.
- Expanded online resources for comprehensive school based suicide prevention programs, including postvention programming: https://suicideprevention.ohio.gov/Schools/Middle-and-High-School
- Launch of the ABCs of Mental Health Campaign to support Ohio teachers and school personnel.
- Worked with Ohio Department of Natural Resources to place suicide prevention signs in state parks and Ohio Farm Bureau to support farm families in crisis.
- Continued awareness-building of Ohio Crisis Text line: text "4hope" to 741741.

- Ongoing awareness and marketing of the Be Present youth suicide prevention initiative. Be Present empowers teens and young adults to work through the tough times. "Be the One to help others show up for themselves." www.bepresentohio.org
- Man Therapy: 2,299 visits to website from Ohioans.
- Providing funding and support to the Ohio Suicide Prevention Foundation to launch the "Life is Better with You Here" campaign to reduce and prevent suicide among African-American youth and young adult males. "You matter, and here's why: No matter how it feels, no matter the circumstances and no matter what you are going through, you are loved." www.withyouhere.org
- Reach Out app: 1,776 Ohio college students downloaded the app to date; 13 Ohio colleges have customized it.

I want to talk a bit about suicide deaths in Ohio, particularly in light of the surge of behavioral health conditions brought on across the U.S. because of the pandemic. In a survey completed by the CDC in June 2020, adults reported elevated levels of anxiety, depression, substance use, and suicidal ideation compared to pre-pandemic. Given this, we've had a robust effort to address emerging needs with mental health, suicide and overdose prevention on top of the work already underway for Ohio.

The Ohio Department of Health (ODH) Bureau of Vital Statistics collects and reports mortality data, including that on suicide. Coroners have six months to complete death investigations and report death certificates; therefore, valid state vital statistics data indicating cause of death for recent (2020) deaths is incomplete, but what we can see is that while there was a 27.4% increase in the number of suicide deaths from 2010 to 2019, from 2018 to 2019, the number of suicide deaths decreased 1.5% and the suicide rate decreased 0.7%. While data for 2020 is preliminary at this point, as of February 1, 2021, there have been 1,099 suicides reported from January to August of 2020, fewer than for those same months in 2018 and 2019.

We are watching this data closely, using it to adjust planning and resources for local communities. Our goal is sustained reduction in suicide deaths, and increased reach of suicide prevention efforts. Bottom line – these efforts need to continue until there is not one more death from suicide in Ohio.

As I shift to talk about crisis services, I also need to acknowledge our work to prevent overdose and overdose death. Every substance use disorder prevention, harm reduction, treatment, and recovery support dollar that we invest is aimed toward helping people avoid the devastating effects of the illnesses of alcoholism or addiction. Ohio has been in an addiction crisis for well over a decade, heightened by the introduction of opioids into our communities. While we have made significant progress in reducing overdose deaths related to prescribed opioids and even heroin, the surge of illicit fentanyl into Ohio's communities is driving 80% of overdose deaths. The rate of deaths from fentanyl began rising in 2019 and into 2020, then like the rest of the U.S., we saw a devastating number of overdose deaths in late spring/early summer of this year. Preliminary overdose data from 2020 shows a surge in overdose deaths in Ohio in May and June of 2020. While data is incomplete, it appears that May was the peak of overdose deaths in 2020. The number of overdose deaths in 2020 will be higher than 2019. Fentanyl is driving overdose death in Ohio.

To prevent these deaths, we have increased the availability of naloxone, ensured that behavioral health services would remain open for new and existing clients through in person and telehealth options, and

increased opportunities for prevention and peer support – again, both in person and through technology. This work is largely funded by federal grants, so I'm not going into great detail with it today, but it's important for you to know that reducing and ending overdose deaths is a top priority for Governor DeWine, RecoveryOhio, and our department. I'd be happy to follow up with any of you for a more detailed conversation on this work.

Crisis services: This budget proposal would maintain funding of $32M for the Substance Use Disorder Crisis Stabilization Centers ($12M), Mental Health Crisis Stabilization Centers ($3M), Crisis Infrastructure ($5M), and Crisis Flex funds ($12M) over the biennium to move this system forward. This budget also proposes to add flexibility to the Substance Use Disorder and Mental Health Crisis Stabilization funding so that a crisis stabilization center could use funds from both sources to serve people with substance use and/or mental health needs upon approval from OhioMHAS.

The goal of our Quality Crisis Response System work is to meet the needs of individual people and families to prevent or stabilize a substance use or mental health-related crisis and chart Ohio's course for re-imagining and redesigning a crisis response continuum that consists of:

BH Crisis Infrastructure			
Connect	**Respond**	**Stabilize**	**Thrive**
Centralized Call Line	**Mobile Crisis Response**	**Crisis Stab Centers**	**Community Capacity**
Care Lines Hot Lines Warm Lines Crisis Text Lines Treatment Finders	Mobile Crisis MRSS Teams CIT Teams Crisis Response Units (Critical Incident Stress Management Teams (CISM))	Crisis Stabilization Centers Short Term Residential Treatment Facilities Step Down (Adam & Amanda etc.) 23-48 Hour Observation Beds *EDs & Psychiatric Hospitals when level of care is appropriate*	Housing Options Treatment Access Connections to Recovery Supports Community Supports Transportation Services

Outcomes of State Investment:

- 68 Crisis Stabilization Centers (28 SUD Centers, and 40 MH Centers) were created in the Northwest (12), Heartland (15), Northeast (14), Southeast (6), Central (15), and Southwest (6) regions,
- 8,176 individuals served through these centers
- 46 of these centers were in inpatient units, 9 in outpatient units, and 4 were mobile units.
- 9.84 days average length of stay
- Referral sources for these centers included self-referral, family members, hospitals, behavioral health providers, courts, law enforcement and parole.

- The most frequently sited referral upon discharge from the CSS was *outpatient mental health or substance use disorder treatment in the home community of the client.*

Effectiveness:

- Funds continued to expand access to services, such as withdrawal management services, that were unavailable to Ohioans in these regions previously.
- The funds reduced the need for psychiatric hospitalization.
- Enhanced ADAMH Board collaboration.
- Over 8,000 Ohioans in crisis have been served.
- Crisis academies have been held quarterly to provide training to Ohio's crisis professionals. Experts across the country have come to Ohio to provide evidence-based crisis care trainings.
- CRISIS TEXT LINE was created that is available 24 hours a day, 7 days a week that has been used by thousands of Ohioans affected by the COVID pandemic and other life-threatening behavioral health crises.

Overwhelmingly, the local collaboratives indicated that the regional approach to the Crisis Stabilization centers has allowed organizations to pull together resources from various counties and allowed them to be easily accessible to all those within their region. Another widely noted benefit of the collaboratives has been the increased referral base and the process itself, which has helped individuals obtain needed services regardless of their county of residence. Crisis Stabilization Services, as well as other critical services that were not available to county residents are now easily accessible. For example, withdrawal management services that were not available in some counties are now available to residents.

Careline: The Ohio CareLine (1-800-720-9616) is a confidential, free support line staffed by trained, licensed clinicians who answer calls and offer emotional support and assistance 24 hours a day, 7 days a week. This service has operated since April 2020 and has received 4,685 calls through January 2021. Initially staffed by OhioMHAS as the COVID CareLine, in July 2020 we brought nine community-based National Suicide Prevention Lifeline providers on board and transitioned the CareLine to its present form.

- More than 1,500 Ohioans have been able to obtain information
- Over 1,400 brief interventions have been performed
- 546 referrals have been made to local behavioral health care agencies.

The CareLine has been a bright spot in our ability to connect directly with Ohioans during the COVID-19 pandemic. OhioMHAS will invest $950,000 over the biennium to further improve and support the Ohio CareLine.

OpenBeds (Behavioral Health Connection or B-Con): In line with the mission of improving Ohioans access to high-quality treatment for mental health and substance use disorder (SUD), OhioMHAS launched the Ohio Behavioral Health Connection (B-CON), piloting the program in (7) counties in Northeast Ohio with the goal and vision of deploying the program statewide. On September 24, 2020, we deployed OpenBeds, a comprehensive behavioral health platform.

Through the OpenBeds technology, social workers, emergency departments, psychiatrists, clinicians, and other providers can view the availability of mental health and SUD beds and resources in northeast

Ohio to rapidly refer and coordinate patient care. This online visibility eliminates the need to spend hours on the phone or mass-faxing and waiting to try to find beds for their patients. It also ensures that available beds and resources are not underutilized. It allows for providers to close the loop on referrals to ensure patients are connected to the right level of care at the right time.

We have onboarded critical health systems and provider organizations such as University Hospitals, the Cleveland Clinic, Highland Springs, Clearvista and Generational Behavioral Health to see bed availability in the OpenBeds system and refer or accept patients to treatment. Since program launch through January 31, we have already seen a **4200%** increase in providers referral activity and a **228%** increase in login activity. In that time, a total of **122** referrals to behavioral health treatment have been made.

Although B-CON initially began with psychiatric inpatient and crisis services, it has already grown to include outpatient mental health and SUD services. We are working to expand the network even further to include criminal justice partners, like specialty courts and corrections, and OH Airs/211 and the ADAMHS Boards. Eventually, we will launch TreatmentConnection.com, the public-facing portal that will be available for all Ohio residents' use. Using this website, Ohioans will be able to find the right behavioral healthcare services for their specific needs using a clinically validated decision-support tool.

MRSS: Mobile crisis services have the capacity to go out into the community to begin the process of assessment and definitive treatment outside of a hospital or health care facility. The objectives of mobile crisis services can vary, but often include reducing unnecessary psychiatric emergency department admissions, reducing arrests, reducing suicidality, and behavioral health and social service resource linkage. Mobile crisis services provide acute mental health crisis stabilization and psychiatric assessment services to people within their own homes and in other sites outside a traditional clinical setting.

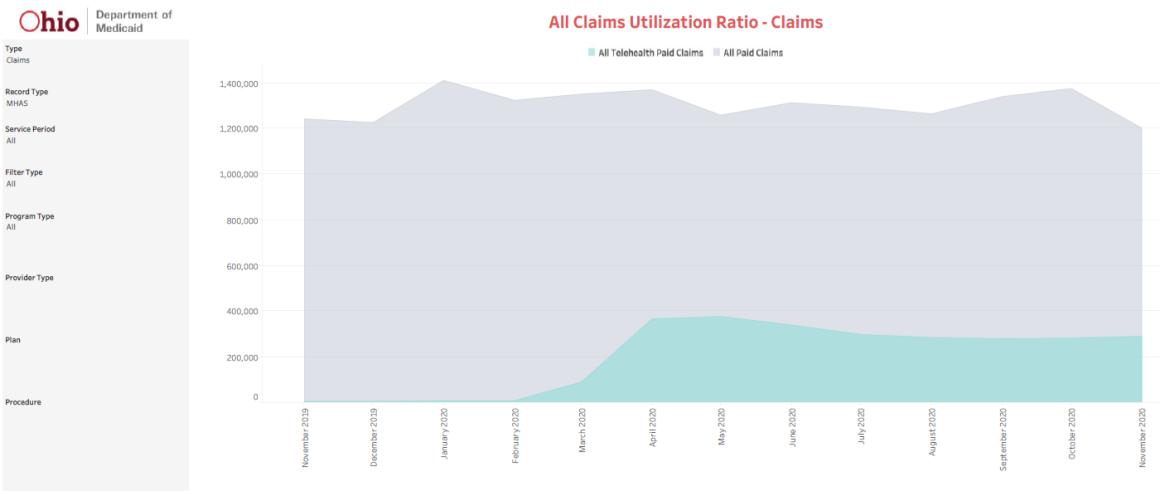
Children's mobile response and stabilization services (MRSS) are aimed at ensuring the safety and well-being of children, youth and their families/caregivers facing crisis situations because of escalating behaviors that may risk disruption of a child or youth's current living arrangements. MRSS provides immediate crisis response on-site, and coordinates subsequent stabilization services to children, youth, their families, and caregivers.

CIT Training: 2020 represents the 20th year of Crisis Intervention Training in Ohio. During this period, over 16,000 professionals have been trained to identify and respond to people with mental illness who are in crisis. In calendar year 2020 (despite the pandemic), 40 trainings were held that reached over 1,000 professionals, including sworn officers, corrections officers, EMS/Fire, dispatch staff, protective services, parole or probation officers, and more.

Use of technology and data

Telehealth: Telehealth has been implemented broadly in Ohio due to the COVID-19 pandemic. OhioMHAS worked with Ohio Medicaid to ensure everything from a phone call to a video chat could qualify in Ohio with the goal of ensuring that as many people as possible could access a behavioral healthcare professional. As we implemented telehealth quickly, we also took the time to hear from the field as we hosted listening sessions to inform an initial round of telehealth training. Based on information from Ohio Medicaid, during the pandemic the number of Behavioral Health claims paid per month held largely steady between 1.2M and 1.4M claims per month. Telehealth claims accounted for

roughly zero claims in November of 2019, but in November of 2020 made up about 25% or 300,000 of the 1.2M claims filed.



The real win is February-April 2020 when telehealth went from 0-350,000+ claims and helped people maintain care and providers maintain their operations.

No show rates for appointments improved because things like childcare and transportation became easier to manage.

Sustained usage of telehealth shows how important this is to the field.

Listening to the field: OhioMHAS is committed to listening to the behavioral healthcare community and collecting that information to inform our planning.

- Planning Council for federal block grants
- Recovery Ohio Advisory Council.
- Routine ongoing conversations with ADAMHS Boards, Providers, Families, and stakeholders
- Focus groups for special initiatives
- OSAM and new MH epi review

As ADAMHS Boards identify specific needs:
43% want to expand Crisis Services
33% want to increase access to Services
31% want to increase Prevention Services,
31% want to increase Suicide Prevention services,
31% want to increase access to housing.

Technology and data collection and analysis is integral to a well- functioning behavioral health system. In partnership with InnovateOhio and our behavioral health partners, Ohio's behavioral health system is becoming more data driven. Collection, management and analysis of high-quality data are essential to achieving OHMHAS's strategic goals and fulfilling the agency's mission. Planning and programming efforts at the state and local levels are depending increasingly on accurate data collection and analysis to make timely decisions on life saving services. Ultimately, effective use of data can create a picture of

the behavioral health of all Ohioans.

Ohio Behavioral Health Information System (OBHIS): OBHIS was developed to capture data to be reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) for two major purposes.

1. The first purpose is to report data to the Treatment Episode Data Set (TEDS) that collects data nationwide on clients receiving publicly funded treatment for SUD and MH diagnoses.
2. The second purpose is reporting on the Mental Health Block Grant (MHBG) and the Substance Abuse Block Grant (SABG). The two Block Grants require a combination of financial and outcomes data reporting and nets Ohio roughly $80 million annually.

In addition to the federal reporting, the data from OBHIS will be used by OhioMHAS for a variety of purposes including program planning, grant applications, and research into outcomes. The data collected in OBHIS can be used for the calculation of changes in National Outcome Measures (e.g., frequency of drug use, frequency of arrests, improvements in educational attainment and employment status, length of treatment, disposition at discharge). OBHIS has numerous reports built into a reporting module so that information can be asked by provider agency staff, ADAMH board staff, and OhioMHAS staff.

Measuring Access Points Survey Tool: This is a unique approach to determining something the Department has never had access to: the number of clients that ***could*** be served by our system on a given day by a variety of treatment and recovery service types.

Benefits of this analysis include:

- Planning on the state and local level
- Analyze information for what communities have service gaps and provide technical assistance to close those gaps
- Answer inquiries from legislature and media on the capacity of the field

Dashboards: A dashboard is a type of graphical user interface which often provides at-a-glance views of key performance indicators relevant to a particular objective or business process. Data dashboards are being produced for a number of different datasets that are used by OhioMHAS and our business stakeholders. Two current dashboards involve the data on Seclusion and Restraint and Crisis Services. Many more dashboards are currently in the works and will be posted to the website in the next year.

Ohio's Behavioral Health System Shared Data and Indicators Workgroup: Behavioral Health Services data collection and analysis is integral to a well-functioning behavioral health system. In partnership with InnovateOhio and our behavioral health partners, Ohio's behavioral health system is becoming more data driven. Collection, management, and analysis of high-quality data are essential to achieving OhioMHAS' strategic goals and fulfilling Ohio's goal of providing evidence-based services to persons experiencing mental health and substance use disorders. Planning and programming efforts at the state and local levels are depending increasingly on accurate data collection and analysis to make timely decisions on life-saving services. Data can help detect service gaps, target interventions, identify issues surrounding health equity, and monitor program and system-level outcomes.

To achieve a data-driven culture, OhioMHAS is convening a collaborative workgroup of ADAMH Boards, Providers, InnovateOhio partners, and research analysts to increase the availability and use of data across the behavioral health system. One of the main goals of the workgroup is to break down the barriers that exist to share data across various state and local agencies, use data to drive policy, program, and resource specific decision making, and create performance metrics to help us understand the value of the state's investments in behavioral health services. This work is being guided by a strong collaboration between all stakeholders in the behavioral health system. The groups goals are to:

- Identify a standard set of data to be shared across systems
- Identify a standard set of system performance indicators to be shared
- Create Data Sharing Agreements with Boards that accurately reflect data to be shared between parties.
- Create data dashboards based on shared system data
- Create reports for state and local behavioral health systems to use in resource allocation and policy and program decision making.

Health Equity and Cultural Competency Program: The OhioMHAS Health Equity and Cultural Competency (HECC) Program provides statewide planning, technical assistance, programs and activities that are designed to improve cultural and linguistic competency across the state behavioral and healthcare systems and integration of activities that address issues of health equity and disparities for all populations but especially for minority and ethnic communities. Program and activities support and promote the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. An essential component to the state agency capacity to build and promote long-term program and services addressing HECC includes our internal Health Equity team and signature partnering with the Disparities and Cultural Competency (DACC) Advisory Committee convened to address the systemic disparities that adversely impact Ohioans across the lifespan.

The overarching goal of the DACC is eliminating health disparities and moving towards health equity for all. The committee is composed of staff from OhioMHAS, partner agencies, and external community members. The DACC Advisory Committee initiated development of the OhioMHAS Behavioral Health Cultural and Linguistic Competency Plan and meets regularly to identify opportunities for interagency partnerships and alignment of work with key partners. The work of the DACC is instrumental in identifying barriers and gaps in behavioral health equity and working to support equitable access to treatment, recovery, and consumer-driven, person-centered behavioral health services for all Ohioans.

The DACC identified the following areas as priorities to guide the planning and development of the 2021 – 2024 Behavioral Health Cultural and Linguistic Competency Plan:

1. Aligning objectives with related statewide recommendations and plans (including the Governor's Minority Health Strike Force Report, HPIO's Connections Between Racism and Health Brief, and the State Health Improvement Plan).
2. Identifying baseline data sources and gaps in the data needed to quantity behavioral health inequities.
3. Supporting systemic change that strengthens and broadens leadership for promoting health equity at all levels.

4. Increasing awareness on the significance of health disparities in behavioral health, their impact on the state, and the actions necessary to improve behavioral health outcomes for racial, ethnic, and underserved populations.
5. Improving behavioral healthcare outcomes for racial, ethnic, and underserved populations.
6. Collaborating with health and human service state agencies to achieve health equity.
7. Improving data availability, coordination and utilization in research and evaluation outcomes.
8. Improving cultural and linguistic competency and the diversity of the behavioral health workforce.

The HECC initiative are working through these areas in alignment with agency and system partner to provide a systemic approach addressing short and longer termed issues of health equity, cultural competency and disparities that continuously emerge due to long-termed systemic inequities impacted by racism and the social determinants of health, including timely access to quality behavioral and other healthcare services. This is especially true for minority and ethnic and other special populations including veterans, SMD disabled adult deaf and hard of hearing, elderly, refugee, immigrant, and other vulnerable populations.

With the provision of much needed fiscal and technical support to underfunded HECC program initiatives and activities, we are beginning to stand up statewide cultural and linguistic competency in the state's behavioral and integrated healthcare system. Over the past year, SOR dollars have made it possible to provide culturally appropriate services through funding that has been provided to the faith-based community. An interagency agreement made it possible to provide a model Hispanic and Latino navigator project replicated in Franklin County and in Hamilton County. As additional funding is identified, we would like to expand the model throughout the state and to other target populations.

As we move forward and partner with our boards, providers and university partners, we are planning primary program initiatives and activities to be supported over the biennium and trainings directed to improve systems of care through reduction of bias and improved health equity across racial and ethnic populations. With more resources, there will be an increased focus on research and data collection to measure effectiveness of funded activities, and the diversity and status of our existing state and community workforce. And more importantly, develop processes to work across systems to increase representation of diverse staffs in provider organizations, boards and community partners.

New work in FY 22/23

Multi-System Adults: To develop a statewide strategic approach to strengthening systems collaboration for adults touching multiple behavioral health, human services, and criminal justice systems.

GOALS:

- Build a system to address needs of individuals with serious mental illness who are high utilizers of behavioral health, hospital, and criminal justice services; and

- Address needs of individuals through more effective systems management and communication

MSA Community Support Collaboratives:

A. Work in conjunction with state departments and community touchpoints (ADAMHS Boards, hospitals, county and city government, jails, courts, etc.) to develop and support collaborative work
B. Link to the county/regional crisis network, as well as housing and homeless networks
C. Address individuals who need less than hospital inpatient level of care
D. Roll out statewide, using regional hospital collaboratives regions
E. Utilize existing work of the CJCCOE and Sequential Intercept Mapping data
F. Coordinate with existing Stepping Up committees

Collaboratives strategies will be partially supported by new GRF funds ($5.5 million/year) and existing funding sources, including but not limited to, OhioMHAS Crisis Flex Funds, BHCC, Access to Success, Mental Health Block Grant, Recovery Requires a Community, and Money Follows a Person.

Early Identification and Intervention for Youth and Young Adults: $4.5M over the biennium will be invested in the Ohio Youth and Young Adult Early Intervention Initiative to improve our ability to intervene early with young people ages 10-25 who are at high risk for mental, emotional, and behavioral health-related problems, including substance use disorder. This work will also include a strong equity lens to ensure that it is applicable to the needs of diverse populations. Research indicates that 75% of mental illness and substance use disorders begin before the age of 25. Addiction and mental illness are preventable, and for those serious mental illnesses that may not be preventable, early intervention can improve health outcomes, increase quality of life, and reduce premature death.

The goal is to equip parents, guardians, educators, and primary care providers – pediatricians – with the information and screening tools necessary to identify mental health and substance use issues early and then connect youth and families to care.

Addiction Services Partnership with DRC: This budget supports the re-creation of Therapeutic Communities in Ohio's Department of Rehabilitation and Correction (ODRC) institutions. During the COVID-19 pandemic, the vendor operating the Therapeutic Communities provided notice that they could not maintain operations at contracted staffing levels. The Therapeutic Communities were temporarily halted, as they could not operate properly due to COVID-19. Contract funds were repurposed to support FY 20 budget reductions required by COVID-19. Work is currently underway to bring Ohio Therapeutic Communities back into service inside the ODRC institutions under direct OhioMHAS management as part of our Recovery Services partnership with ODRC and at a reduced cost compared to the expense of contracting for the services. This budget also reflects a $10M increase for the biennium as OhioMHAS and ODRC work to expand access to recovery services for men and women in ODRC custody.

Improve Residential Quality: OhioMHAS regulates about 900 Class 2 and Class 3 residential facilities with a total capacity of just over 6,300 beds that provide housing, meals, supervision, personal care services, and assistance with activities of daily living to residents, the majority of which are diagnosed with mental illness, including roughly 2,400 residents who receive the Residential State Supplement. This new program will be funded at $12M over the biennium and will provide financing for unfunded operational costs such as services, staffing and supports to help operators meet and improve quality of life for residents.

Child and Adolescent Behavioral Health Center of Excellence: OhioMHAS will invest $4M over the biennium in the Child and Adolescent Behavioral Health Center of Excellence and Mobile Response and Stabilization Services (MRSS) for youth and children. OhioMHAS, in conjunction with the Ohio Departments of Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, and Health, and the Ohio Family and Children First Council, is seeking a vendor to develop and implement a Center of Excellence (COE) approach for building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The role of the COE will be to assist the state in system transformation efforts by providing the orientation, training, coaching, mentoring, and other functions or supports needed by the provider network to build and sustain capacity in delivering evidence-based practices to fidelity within a system of care framework. Funding for youth focused MRSS will allow children and youth in crisis to receive timely help during a behavioral health crisis in the least restrictive setting.

Specialized dockets: The Ohio Department of Mental Health and Addiction Services (OhioMHAS) used the Specialized Dockets funding to assist drug courts and other specialized dockets with funding to effectively manage their high risk, high need, adult and juvenile offenders in the community, thereby reducing commitments to the state prison system.

- OhioMHAS funded forty-eight (48) additional specialized dockets in FY 20. A total of 183 projects received awards. The average award was $36,038.

- 136 specialized dockets provided services to 7,056 adult offenders, and only 2% of the 3,129-high risk/high need adults discharged from these programs were committed to the Ohio Department of Rehabilitation and Correction institutions

- 24 family drug courts served 599 parents, and 295 children were reunited with the 281 parents who were discharged from the family drug courts, with child protective service involvement

- 23 specialized dockets operated by juvenile courts served 414 adolescent offenders, and of the 206 high-risk/high-need youth discharged, only 2% were committed to Ohio Department of Youth Services institutions

Mental Health Block Grant and the Substance Abuse Block Grant: Line item 336614, Mental Health Block Grant and 336618, Substance Abuse Block Grant are both expected to see large increases as the December 2020 stimulus legislation is operationalized by the Substance Abuse and Mental Health Services Administration (SAMHSA). We have included estimated increases for these lines in the as-introduced budget at roughly $50M in the Mental Health Block Grant and $60M in the Substance Abuse Block Grant. These figures are estimates and we are awaiting official notice as well as guidance on specific requirements from the federal government. Preliminary preparations are under way based on known general federal requirements for these funding sources, but specific decisions will have to wait until the federal government provides notification and additional information.

We have not received an official notice of award from SAMHSA, a confirmation on the exact amount we will be awarded, the allowable uses of the funds, or the duration of time the investments will cover. There has been advocacy at the federal level to extend the funding for longer than the typical two-year period since it will be related to COVID relief. We always accept needs, ideas, and

opportunities for extending our work from the field whenever new funding is available. GRF is the backbone to our work and any federal funding we receive here is expected to be specific to COVID-19 relief with restricted uses that are not intended to supplant our investments.

New Language: OhioMHAS is seeking to make two language changes in the Ohio Revised Code. The first is to update and align Ohio Revised Code section 5119.27 with Part 42 of the Code of Federal Regulations (CFR). As Part 42 CFR is updated, the Ohio Revised Code also needs to be updated to reflect current federal standards for consent regarding confidentiality of records to improve health care outcomes and continuity of care for individuals with substance use disorders.

The second change that we are seeking is to grant OhioMHAS authority to suspend admissions at hospitals for the mentally ill (5119.33), residential facilities (5119.34), and for community mental health and addiction service providers (5119.36). Today, when one of these licensees has demonstrated a pattern of serious non-compliance or has committed a violation that creates a substantial risk to the health and safety of a patient or resident, our options are to initiate a corrective process that culminates in the license revocation process. During this process, which can take a substantial amount of time, individuals with mental illness or a substance use disorder can be at risk of harm. These changes would allow OhioMHAS to immediately issue an order suspending new admissions to a facility that has a serious pattern of non-compliance or has committed a violation that creates a substantial risk to a resident or patient. While this proposed language would allow OhioMHAS to move quickly to suspend admissions, it is important to note that if the deficiencies are resolved, OhioMHAS must lift the order that suspended admissions. There is also a strict set of timelines that must be followed to ensure a quick hearing process is followed in the event such an order is issued. As we move to improve the quality of Ohio's behavioral healthcare system, we believe that a full set of tools is necessary, and the focus here is on a quick response to situations that we believe could threaten the health and safety of some of Ohio's most vulnerable residents. We have shared these changes with a number of stakeholder organizations, and we believe there is a widespread willingness to take steps to improve the quality of services and supports here in Ohio.

Thank you for the opportunity to appear before you today and walk you through some of the major initiatives of the OhioMHAS budget. There is no question that Ohio remains in a behavioral health crisis that has been exacerbated by the COVID-19 pandemic. So much good work is being done to promote mental health, create on-ramps to treatment, and grow long-term recovery options throughout Ohio. But a great deal of work remains to address the opioid epidemic, to end suicides in Ohio, to prevent the onset of behavioral health conditions among Ohio's youth, to ensure that those facing mental illness and substance use disorders have access to treatment and recovery supports, and that we have an equitable system that addresses behavioral health disparities and promotes health care quality among diverse populations. I appreciate your attention today and am happy to answer any questions at this time.