

Senate Health Committee

Testimony of Terry Russell, Executive Director National Alliance on Mental Illness of Ohio May 6, 2021

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and Members of the Senate Health Committee, my name is Terry Russell, and I am the Executive Director of the National Alliance on Mental Illness of Ohio, often referred to as NAMI Ohio.

We are proud that we are the largest mental health advocacy organization in the country representing over 500,000 Ohio citizens and their families whose lives have been invaded by mental illness. NAMI Ohio has 40 affiliates throughout Ohio, representing all 88 counties. Each of you have constituents with mental illness, and their families are desperately asking for your support.

Our job at NAMI Ohio is to educate anyone who will listen to us and advocate – which I'm doing in this written testimony, on supporting and fixing a system that for years has allowed our family members to wander the countryside. One of our most important roles is to provide support to the thousands of citizens who need help from the mental health system (often not available). Many of you are new to the legislature, and I'm asking you today to prioritize mental health care that has been neglected for so long.

In 1988, this body passed the historic Mental Health Act. We closed six of our state psychiatric hospitals. We were promised a community support system for those who for years lived in our hospitals. After 32 years, this promise has not been kept. Many of these special citizens find themselves in prisons, jails, homeless, and in sub-standard housing. Ohioans with chronic and disabling serious mental illness are disproportionately found in inappropriate places in our communities.

The time has come to recognize that serious and persistent mental illness (SPMI) is often times disabling, and we need to address the quality of life for these individuals currently in the system. It has become the NORM to accept this inappropriate intervention for individuals with SPMI.

NAMI Ohio supports House Bill 110. The enhanced focus on adults with serious mental illness in House Bill 110 is the right approach for Ohio. The Governor and the Department of Mental Health and Addiction Services approach to a multi-system adult service system is in the right direction. The focus in this budget looks to strengthen cross-systems collaboration that better meets the needs of adults with serious mental illness who cycle through the behavioral health, physical health, human services, and criminal justice systems.

House Bill 110 begins to address what is missing in Ohio's mental health system - personalized care, support, and/or treatment. Over 50,000 Ohioans with disabling mental illness end up in homeless shelters, jails, prisons, and in and out of psychiatric hospitals – UNLIKE other disabled populations such as individuals with Developmental Disabilities (DD) or aging. NAMI Ohio believes HB 110 begins to recognize that serious and persistent mental illness is often times disabling, and we need to address the quality of life for these individuals currently in the system.

Cross-System Collaboration

A new focus on services for those with serious and persistent mental illness beyond the typical community mental health treatment model will save lives by increasing access to care. The focus on those in multi-systems, needs in housing, crisis, and inpatient care, and the criminal justice system will directly improve the lives of those with serious and persistent mental illness. The current system relies on a Medical Model versus the Community Support Model, which focuses on person-centered care and the human needs of those we represent.

Those living with mental illness and their families are often so distressed that they are in need of access to basic human needs in addition to trying to locate and access appropriate care. Services implemented for individuals with developmental disabilities recognize and address the need for care that enhances life quality. House Bill 110's focus on adults in multiple systems begins to develop a similar model that recognizes and provides programming to those who are disabled by their mental illness.

Improved Quality in Licensed Residential Settings

Those with serious mental illness continue to face challenges in accessing quality residential services. NAMI Ohio has been a proponent of the full continuum of opportunities so those with mental illness do not end up in jails, homeless shelters or on the streets of our cities. NAMI Ohio works daily with the Class 2 and 3 residential group homes serving the individuals and their families that we represent. The Governor's budget begins to address this issue by giving a financial incentive for residential operators of group homes to improve the quality of life for those living in these homes.

Crisis Services and Inpatient Care

Many of the individuals NAMI Ohio represents end up in inappropriate service settings due to the lack of crisis intervention services. In the long run, this cost is higher to local communities and Ohio, while delaying much needed services to someone in dire need. HB 110 has taken this issue to heart. The continued funding for Crisis Stabilization Centers, for crisis infrastructures, crisis flex funds, and the funding to build workforce capacity in support of Ohio Rise and Family First Prevention Services Act implementation will positively impact crisis services. Lastly, the Governor's investment in regional State Psychiatric Hospitals allows for the continued care of the most vulnerable people in the most appropriate setting. These services are a critical part of the crisis continuum of care and act as a safety net for those needing longer lengths of inpatient care.

Criminal Justice

NAMI Ohio supports HB 110's focus on intervention in the criminal justice system to better serve the 20% of individuals living in our jails. The budget calls for the continuation of funding for the Specialized Dockets Subsidy Project, psychotropic drug reimbursement to County Jails Initiative, investment in forensic centers, and additional treatment dollars to be used in Ohio's correctional facilities.

Changes to ADAMH Boards (Oppose Removal of Categories)

NAMI Ohio is opposed to changes made in the House Budget Bill in regards to ORC 340.02(C). The removal of the requirement for individuals with lived experience, family members, and professionals to serve on local Alcohol, Drug Addiction, and Mental Health Boards is wrong and plays into the stigma toward those with mental illness and substance use disorders. We believe this is a disservice to the individuals with mental illness and their families by eliminating their voice on local County ADAMH Boards. It appears the impetus for this change is due to a disagreement and fracturing of one County ADAMH Board in Northwest Ohio. This should not be how or why state policy is made.

NAMI Ohio is open to a thorough discussion regarding the purpose, role, size of ADAMH Boards, and the type of categories required under the existing law. As the largest mental health consumer and family organization in the State, we think more voices of those impacted by serious mental illness are needed, not less. Lastly, it is unthinkable that a change of this magnitude was not thoroughly discussed and debated by those most impacted by the change. NAMI Ohio is willing to be part of a discussion to revise ORC Chapter 340 to focus attention on those receiving services in local communities.

Restore Student Wellness and Success Funds – NAMI Ohio recommends restoring R.C 3317.26 Student Wellness and Success authorization language and funding to the Governor's as introduced version.

NAMI Ohio understands the effort by the House of Representatives to propose an updated school funding formula as part of HB 110. However, we are concerned by the combining the Student Wellness and Success Funds with the Economically Disadvantage funds into the Disadvantaged Pupil Impact Aid (DPIA) fund for several reasons.

1. In this conversion, overall funding is reduced. The proposed DPIA fund is appropriated at \$620 million, whereas, the SWSF and Economic Disadvantage Pupil fund were each funded at \$400 million (\$800 combined) for a net loss \$180 million.
2. The proposed DPIA fund relies on the Governor's proposed appropriation for SWSF funds but distributes funds solely on the number of low-income students identified in each school and the number of students receiving free and reduced lunch. Whereas the SWSF provides a base funding allocation to each school plus an additional per-student payment tiered by quartile based on a federal poverty index.

3. While unintended, this approach stigmatizes social-emotional development, mental health, and prevention as limited to low-income students and families. Changing the conversation from every student to only disadvantaged students.
4. Gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety.
5. The Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee use to support activities or initiatives as defined under SWSF.

MOVING FORWARD

The following NAMI Ohio ideas are aimed to improve services and supports to individuals with severe and persistent mental illness:

1. Recognize inadequacies of services and the desperate need to make changes similar to the development of OHIO RISE for children and youth in multi-systems of care due to a higher level of care needed.
2. Changes will enable us to focus on the most vulnerable population (individuals in jail/prisons, homeless shelters, inadequate housing/no housing, etc...) to increase their quality of life. A new system of care for this sub-group of those with severe and persistent mental illness (disabled) needs to be person-centered and provide each individual services based upon their needs and not what the current system provides.
3. Priority Services in a Person-Centered Care Model (beyond the current community-based center treatment model):
 - Care Management and Coordination (Navigators) to ensure: Detailed plans for daily living opportunities (out of reach for many living with serious mental illness).
 - Housing with Basic Supports (food, shelter and clothing).
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 - Adequate Inpatient Psychiatric with services that guarantee appropriate discharge planning to settings such as:
 - Rehabilitation Centers (access across the state)
 - Group Homes (i.e. Adult Care Facilities) with adequate funding and access to quality services) Supportive Housing & Independent Living
 - Day Services:
 - Clubhouses
 - Peer Recovery Centers
 - Supportive Employment

- Access to Crisis Services:
 - Immediate access to services when someone is in crisis
 - 24/7 emergency room coverage for mental illness
 - ACT Teams & Crisis Centers
 - Evidence-based practices to reduce suicides in Ohio

Conclusion

NAMI Ohio stands ready and willing to work with all key stakeholders to develop a support services model that meets the basic needs of individuals with serious and persistent mental illness and their families. House Bill 110 is a great first step in making sure adults with serious and persistent mental illness get the care they need. This budget will allow the caring individuals that provide services to better address the needs of those disabled by their mental illness and get them the services they need, and not just what is currently available. It is now time to tackle the issue by developing a program and funding plan that repairs the safety net for the most vulnerable in our society.

In closing, just before the COVID pandemic started, NAMI Ohio took three family members to the Governor's residence, and they made presentations to his full Cabinet. A week before this meeting, a young lady in Upper Arlington who had suffered with untreated mental illness for years, shot and killed her father and wounded her mother. During the meeting with the Governor, the sister of the father who was killed told the Governor and his Cabinet of how the system had failed their family. After the three presentations, the Governor looked at this young lady and said, "We will fix this."

The Governor and the budget that he has presented is a giant first step in keeping his promise. The budget talks about the chronic population and their needs. It talks about housing and crisis. It talks about dealing with mental illness in the jails and ways to successfully re-integrate those with mental illness coming out of the prisons. Although this is a first step, it is a major support for change.

Thank you and if you have any questions or comments, feel free to contact me to discuss in more detail. I can be reached at Terry@namiohio.org or 614-562-5102.