



Mike DeWine, Governor
Lori Criss, Director, OhioMHAS

OhioMHAS Update

Ohio House of Representatives

Behavioral Health Committee

Director Lori Criss

February 28, 2023

Today's Update

Agency Overview & Priority Work

Local Planning & Collaboration

A Look at the Data

Crisis Services and 988

Workforce Challenges

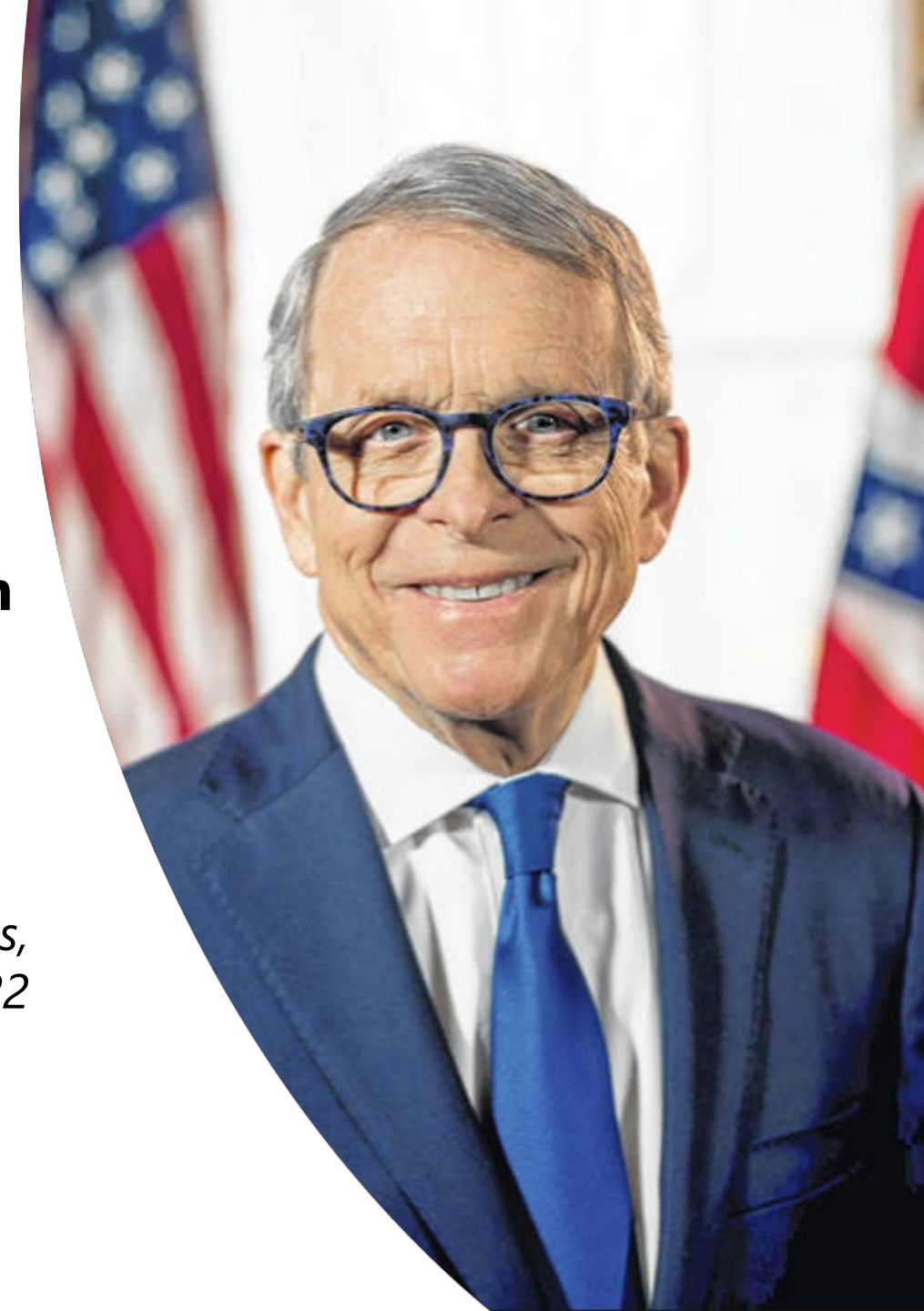
Questions

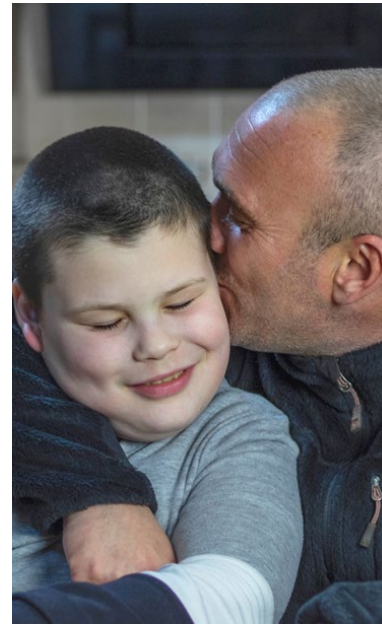


Governor DeWine

“If we build on our successes and the work we have started together, we can truly bring about lasting change... **the (behavioral health) system isn't broken – it was just never fully built**, and it does not exist everywhere in Ohio... YET! And so, we must build it!”

*From the State of the State Address,
March 23, 2022*





At the Center of This Work: **Ohioans.**



Agency Overview & Priority Work



OhioMHAS: **Who We Are**

Mission

Provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

Vision

End suffering from mental illness, substance use disorders, and problem gambling for Ohioans of all ages, their families, and communities.

Values

Contribute and Collaborate, Serve Compassionately, Deliver Quality, and Be Accountable.



OhioMHAS: **What We Do**

- Provide leadership to Ohio's 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) boards and local prevention, treatment, and recovery support providers.
- Regulate over 2,000 mental health and addiction services providers and protect the rights of the Ohioans they serve.
- Operate six regional state psychiatric hospitals with over 1,000 beds serving over 4,000 people each year, as well as operate Ohio Pharmacy Services.
- Provide recovery services to over 17,000 men and women incarcerated with the Ohio Department of Rehabilitation and Correction.



Our Goal

Supporting
Healthy People
in All of Ohio's
Communities

Supporting Healthy People in the Community Expanding Ohio's Continuum of Care



GROW COMMUNITY CAPACITY



Independent Housing



Permanent Supportive Housing/Adult Care Facility/Recovery Housing



Short-term Residential for Hospital Diversion or Step-Down

Prevention • Housing • Employment • Day Services • Outpatient Treatment
Short-term residential treatment and step down centers to reduce hospital stays

SUSTAIN



Public and Private Psychiatric Hospitals for Civil and Forensic Patients

Acute inpatient clinical care

988/Crisis Line • Mobile Crisis Teams



Crisis Stabilization Centers • Post-crisis Wraparound

WORKFORCE RECRUITMENT AND RETENTION

Ohioans will benefit from expanded community-based outpatient treatment and supports; added housing options; more residential treatment options; and increased capacity for crisis response. Investments in these areas allow for care, treatment, and recovery to occur at home and in the community, instead of in institutions.







What does it take to **THRIVE?**

Prevention

Treatment

Recovery

	 Health	 Home	 Purpose	 Community
	<ul style="list-style-type: none"> Prevention education and mental health promotion for Ohioans of all ages at home, school, work, and in the community. Screenings and early intervention in childcare, pediatric, and primary care. Suicide prevention. Gambling disorder prevention. Stigma reduction. 	<ul style="list-style-type: none"> Enhanced safety and quality of permanent supportive housing, recovery housing, subsidized independent living. Increased residential support supplement (RSS) for at-risk Ohioans. 	<ul style="list-style-type: none"> After school programs. School attendance and degree attainment. Career education and training attainment. 	<ul style="list-style-type: none"> Student Wellness and Success Funds. Student Assistance Programs in schools. Community Coalitions. Mental Health First Aid. Crisis Intervention Training.
	<ul style="list-style-type: none"> 988 and crisis services. Overdose prevention. Expanded access to integrated care. Expanded outpatient treatment. Increased hospital access. 	<ul style="list-style-type: none"> Continue quality initiatives (social, employment, peer, and medical supports) in group living for adults with mental illness. 	<ul style="list-style-type: none"> Employment. Supported employment. Peer support. 	<ul style="list-style-type: none"> Leveraging technology. Specialized dockets. Enhanced behavioral health services and recovery supports in jails and prisons. Better collaboration with hospitals for discharge planning and with jails and prisons for community reentry. Expanded forensic center capacity.
	<ul style="list-style-type: none"> Stigma reduction. Support and navigation to promote treatment engagement. Stigma reduction. 	<ul style="list-style-type: none"> More step-down residential options and housing choices for Ohioans recovering from mental illness and substance use disorders. 	<ul style="list-style-type: none"> Clubhouse expansion. 	<ul style="list-style-type: none"> Peer Run Organizations, Recovery Community Organizations, Consumer Operated Services. Clubhouse expansion.

Workforce | Infrastructure | Innovation



OhioMHAS Priorities for **Ohio's Youth and Families**

Coordinating
Systems of Care

Enhancing Peer
Support Services

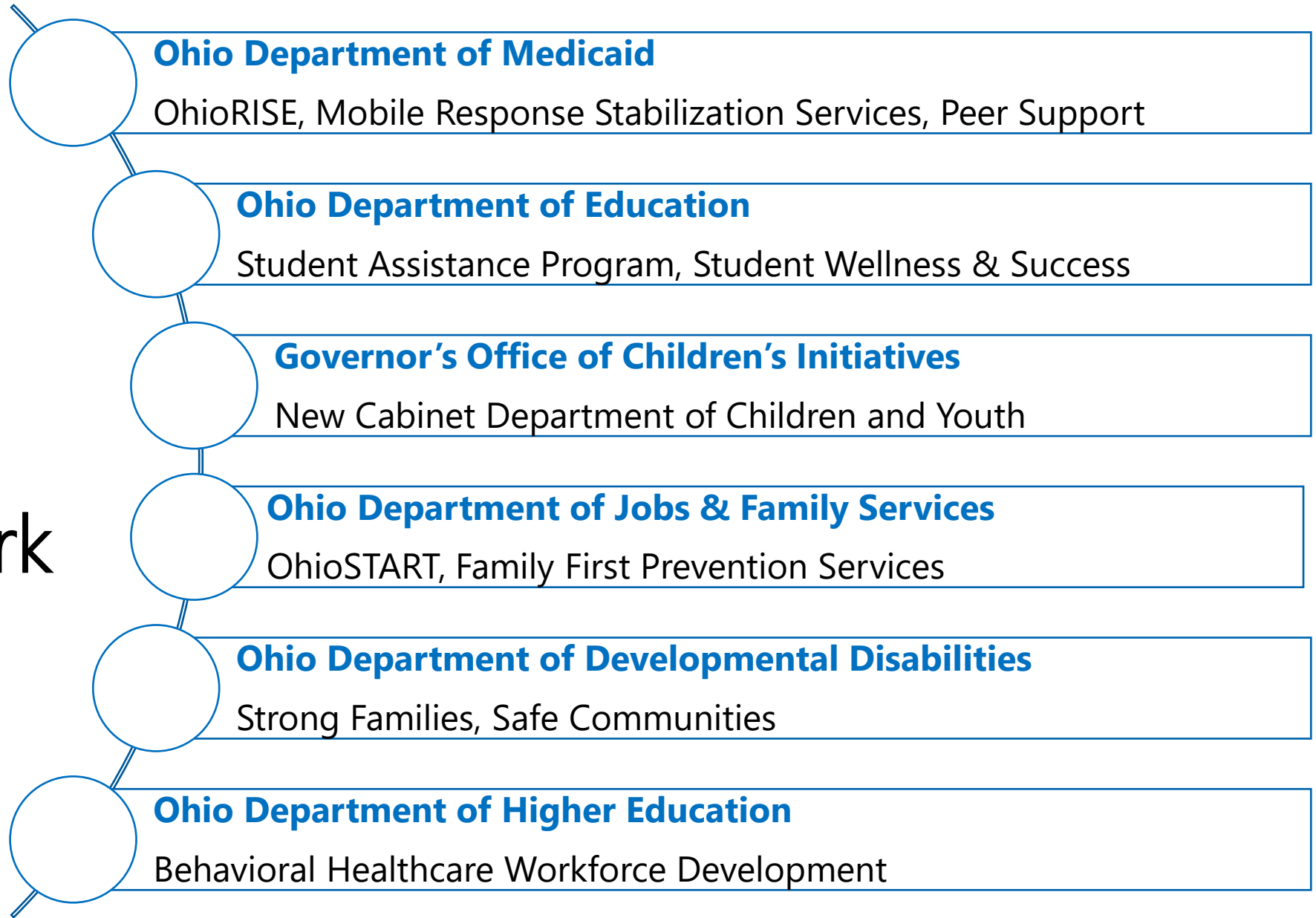
Increasing Early
Childhood Intervention
and Maternal Supports

Ensuring Availability of
Crisis Services

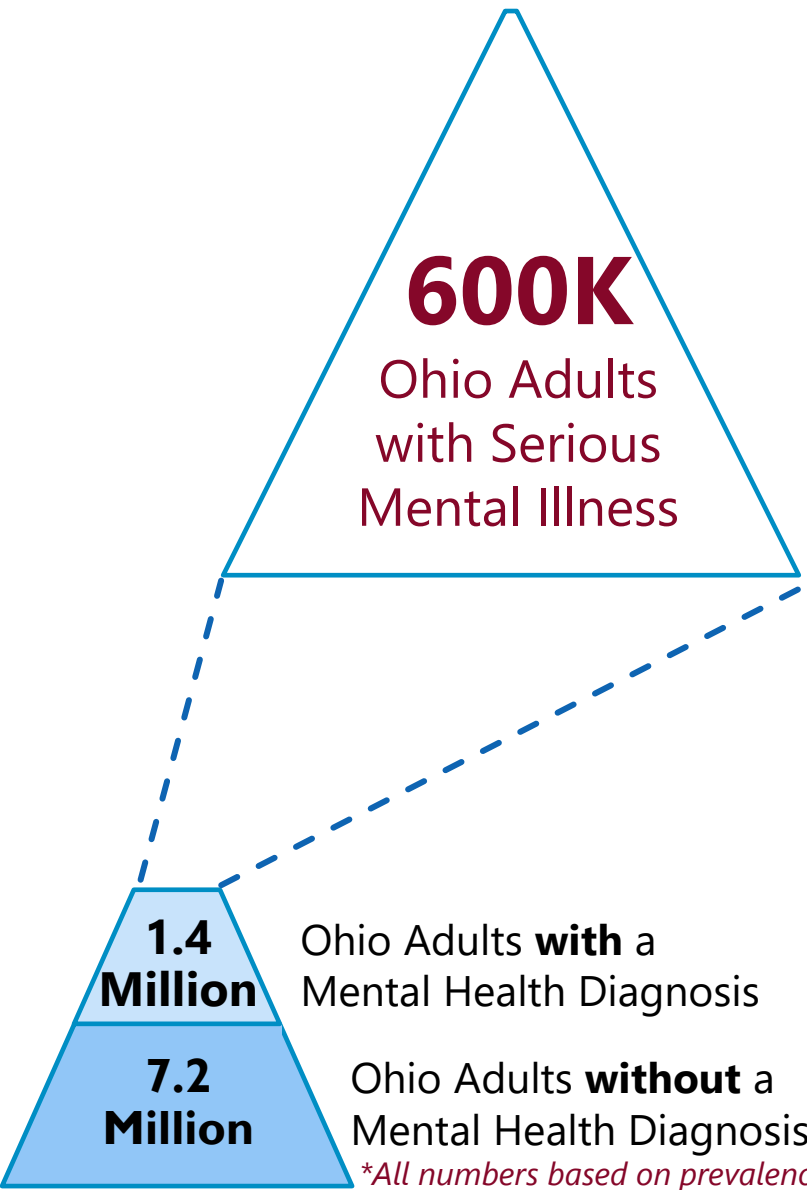
Developing Partnerships
with Primary
Pediatric Care

Scaling up Prevention Supports to
Build Resiliency and Protective Factors

Key State Partnerships in Youth Work



OhioMHAS Priorities for Ohio Adults with Serious Mental Illness



**All numbers based on prevalence estimates*

Growing Access to Wellness and Coordinated Systems of Care

Recovery Services Expansion

Expanded Inpatient Access

Expanded Criminal Justice and Forensic Services

Increased Housing Options and Enhanced Quality

Crisis Services and 988

Key State Partnerships in Adult Work



Ohio Department of Medicaid

Treatment, Recovery Supports, Peer Support

Ohio Department of Higher Education

Behavioral Healthcare Workforce Development

Ohio Department of Rehabilitation and Correction

Treatment, Recovery Supports, Community Re-entry

Ohio Department of Veterans Services

OhioCARES, Peer Support

Ohio Department of Insurance

Parity, Mental Health Insurance Benefits Assistance, Employer Education

Ohio Department of Health

Suicide Prevention, Substance Use Disorder Prevention and Treatment

Others: Ohio Departments of Developmental Disabilities, Aging, OOD

Employment and Recovery Supports



A Look at Inpatient Psychiatric Capacity for Adults in Ohio

Total Capacity: 3,999

Public Hospitals: 6

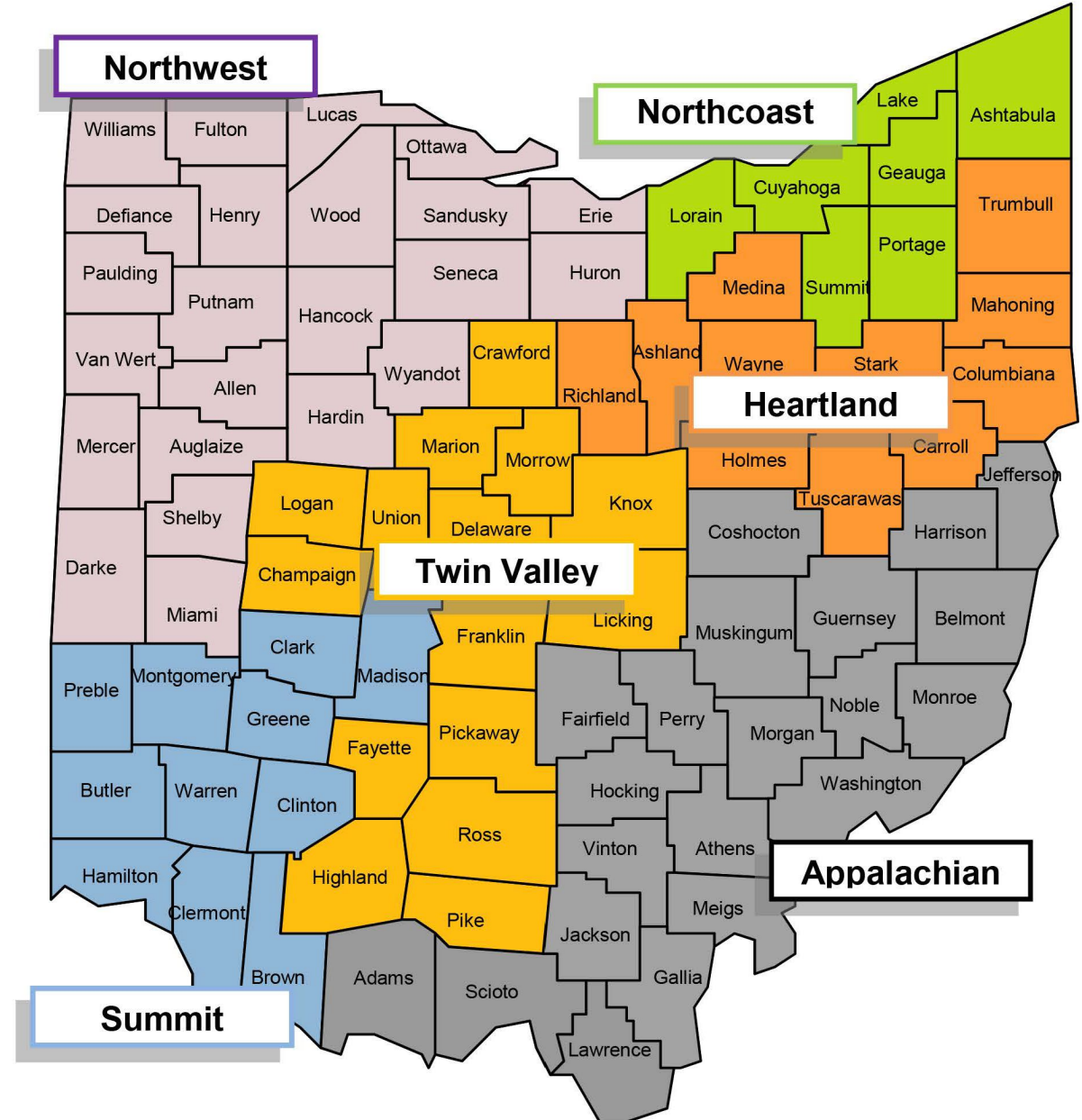
Public Beds: 1,111

Over 80% of patient population are forensic admissions.

Private Hospitals: 81

Private Beds: 2,720

Unlicensed Beds: 168



Local Planning and Collaboration



Local ADAMH Partnerships

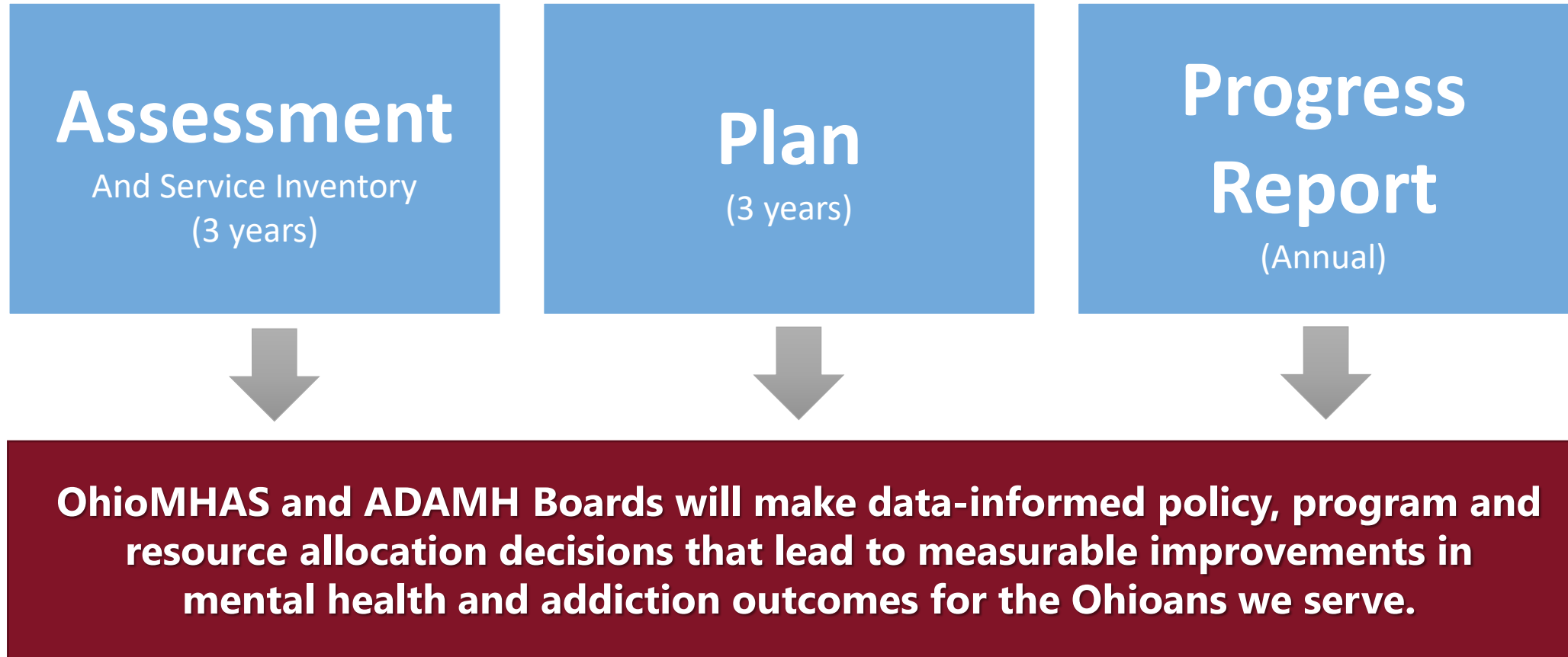
- Ohio currently has 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards.
- Boards are statutorily empowered to plan, develop, fund, manage, and evaluate community-based mental health and addiction services.



County Profiles: <https://mha.ohio.gov/research-and-data/data-and-reports/county-assessment-data-profiles/county-assessment-data-profiles>



Board Community Action Plan (CAP) Process

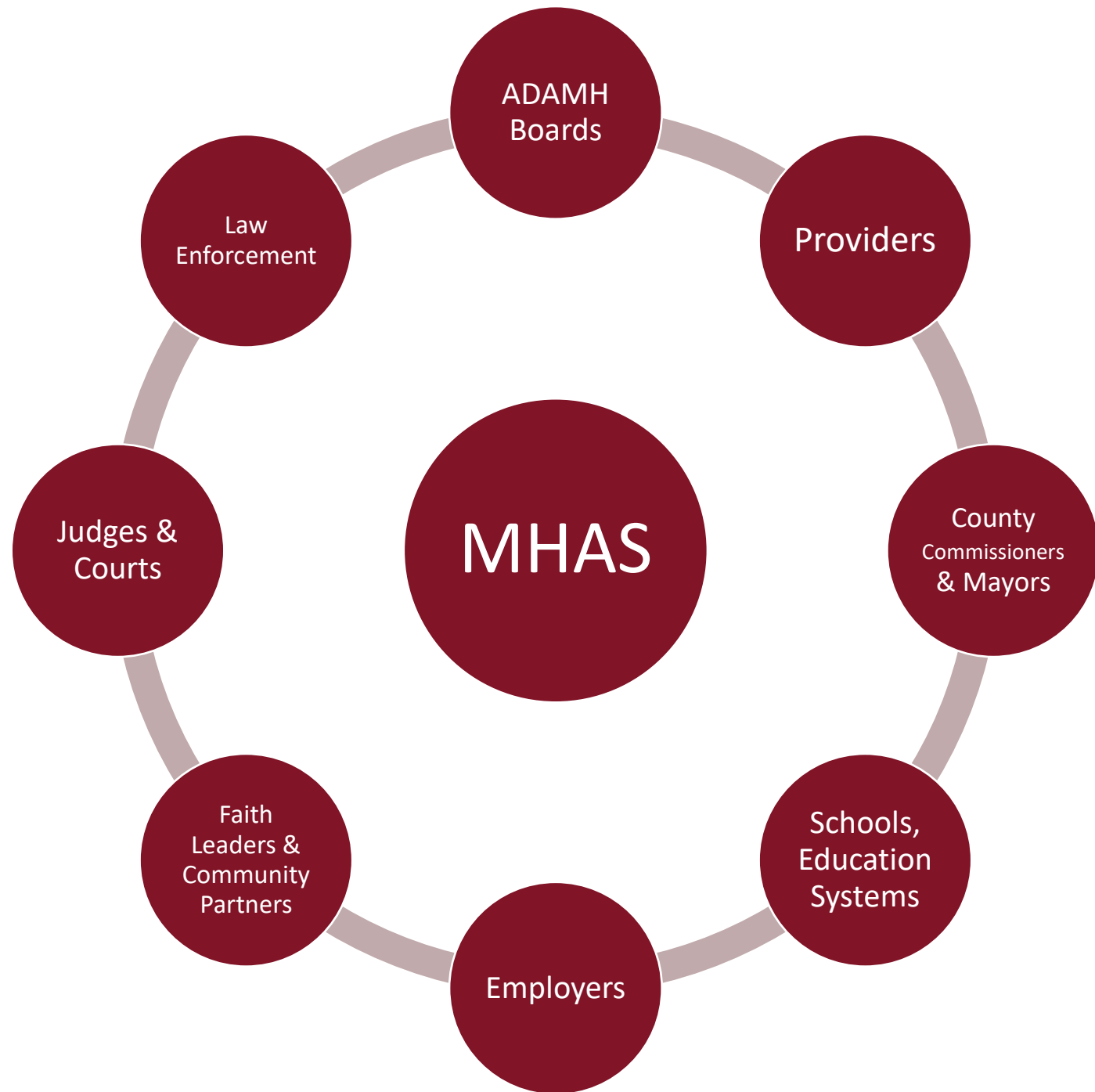




340 Workgroup

- Chapter 340 is the chapter of the Ohio Revised Code that governs Ohio's ADAMHS boards.
- In 2022, a stakeholder workgroup led by OhioMHAS reviewed the chapter from the perspective of how community behavioral health services are best delivered to Ohioans.
 - Identified code sections in need of review
 - Defined specific challenges
 - Generated ideas and considerations of needed updates

Strengthening Key Local Partnerships



A Look at Data



Vision for Ohio's Behavioral Health Data Work

Population health data that is
visible and **actionable**
at a state and local level



Annual Data Brief

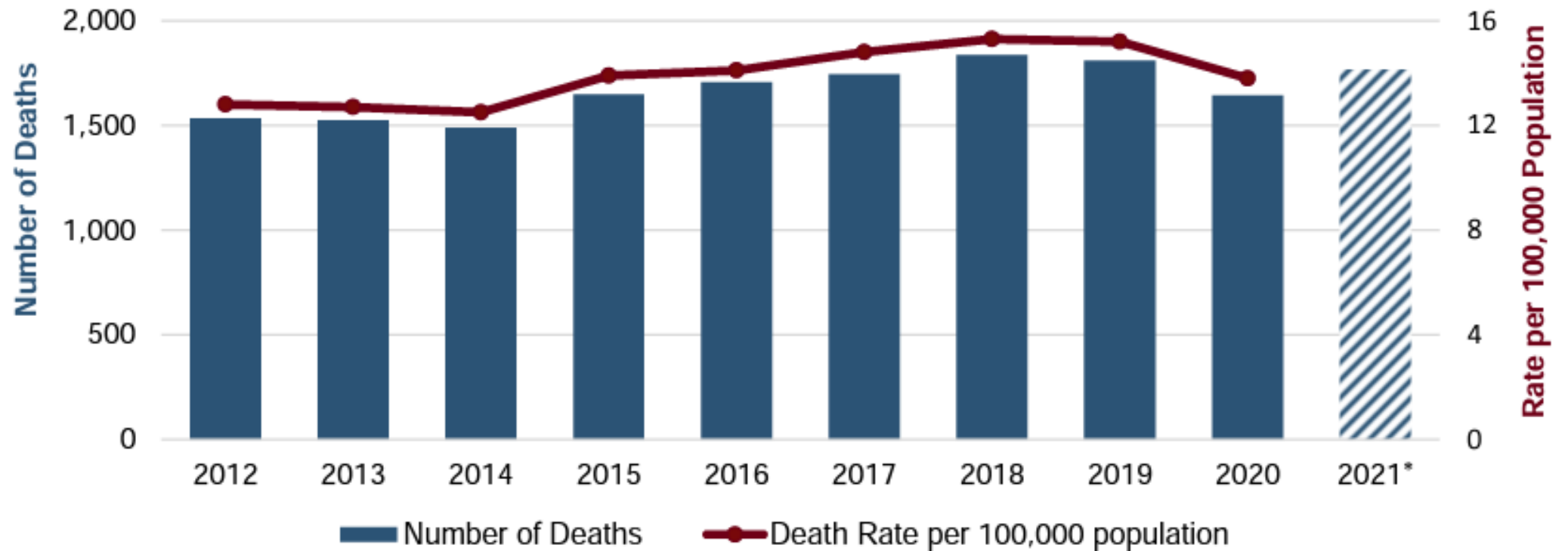


National Survey on Drug Use and Health by Region, Adults Aged 18+, 2018-2019

Indicator	Ohio	Midwest	US
Alcohol and Drug Use			
Alcohol Use in the Past Month	55.46%	58.58%	55.09%
Binge Alcohol Use in the Past Month	26.71%	28.61%	26.15%
Marijuana Use in the Past Month	10.60%	10.64%	11.17%
Illicit Drug Use Other than Marijuana in the Past Month	3.24%	3.41%	3.41%
Heroin Use in the Past Year	0.38%	0.34%	0.31%
Cocaine Use in the Past Year	1.88%	1.95%	2.16%
Needing But Not Receiving Treatment for Substance Use at a Specialty Facility in the Past Year	6.99%	7.23%	7.18%
Mental Health			
Serious Mental Illness in the Past Year	6.29%	5.29%	4.91%
Any Mental Illness in the Past Year	23.64%	20.99%	19.86%
Major Depressive Episode in the Past Year	8.84%	8.13%	7.51%
Received Mental Health Services in the Past Year	19.28%	17.82%	15.57%
Had Serious Thoughts of Suicide in the Past Year	6.09%	4.95%	4.58%



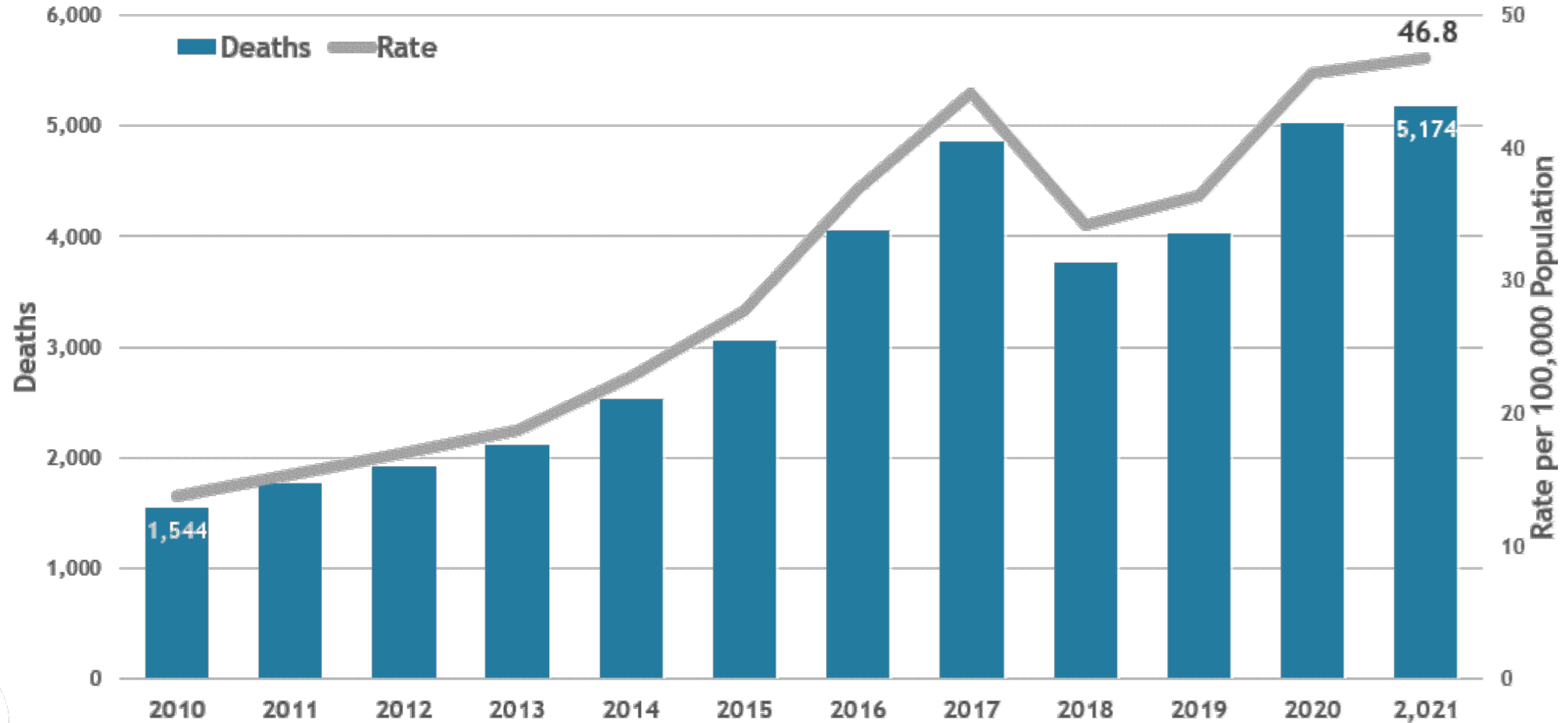
Number and Age-Adjusted Rate of Suicide Deaths, Ohio, 2010 - 2021



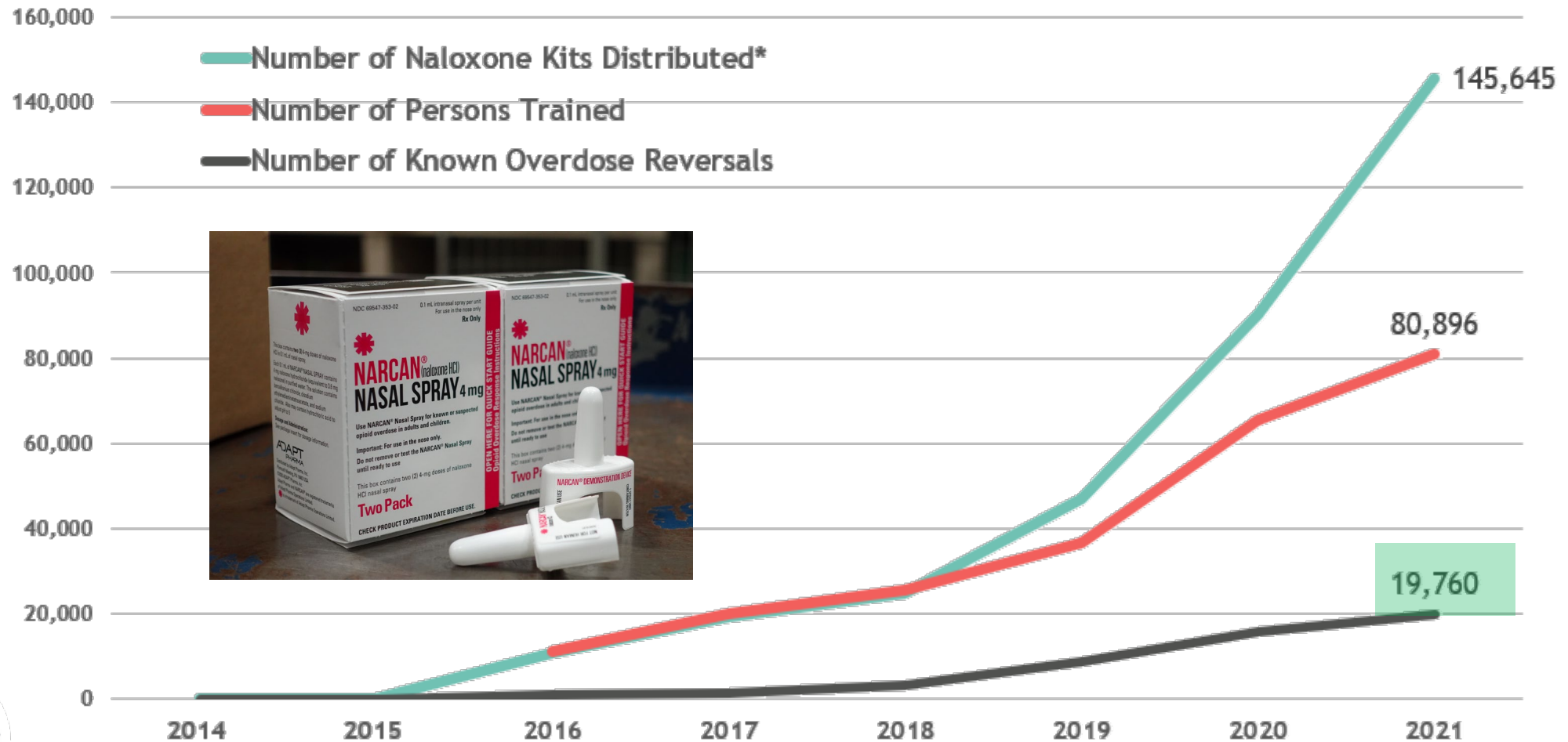
- In 2021, 1,766 Ohioans died by suicide. This was a 7% increase over 2020.



Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths, Ohio, 2010 - 2021



Project DAWN Activities, Ohio, 2014 - 2021



Continuing the Fight Against Addiction

- Maternal Opiate Medical Supports (MOMS)
- Recovery Housing supports
- Increasing access to Medication Assisted Treatment and Mobile MAT pilot
- Addiction Treatment Program



Continuing the Fight Against Addiction

- **Harnessing State Opioid and Stimulant (SOS) Federal Funds**
Since 2019, nearly 32,000 Ohioans have been served through the SOS grant programs, and Ohio is performing consistently or above national outcomes.

Healthy Behavior	U.S. Change at 6-mos	Ohio Change at 6 mos.
Did not use illegal drugs or alcohol	Increased 36.2%	Increased 34.1%
No arrests in 30 days	Increased 3.4%	Increased 8.0%
Currently employed or in school	Increased 46.6%	Increased 61.8%
Socially connected	Increased 4.4%	Increased 0.6%
Permanent place to live	Increased 21.9%	Increased 30.9%
No alcohol or illegal drug-related health, behavioral, or social consequences in last 30 days	Increased 26.3%	Increased 24.9%



Source: SPARS data extracted 04.24.2022. Analysis by SAMHSA

Crisis Services & 988



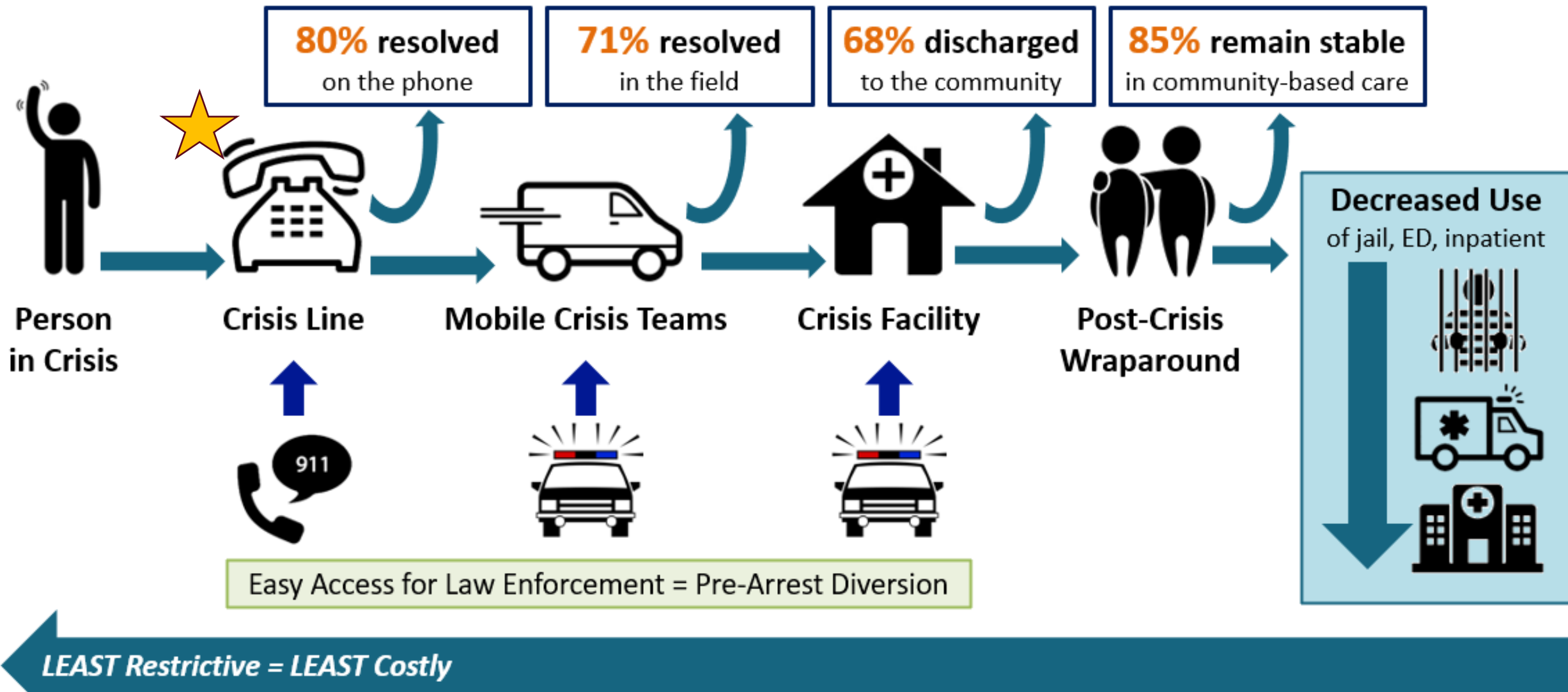
Our Vision

- **Visible and accessible** crisis continuum of services.
- Supports that are **person-centered** and quality-driven.
- Ensuring people are **stabilized and thriving** in their community.

Ohio's Ideal Crisis Continuum



The Crisis Continuum



Schematic designed by Margie Balfour, Connections Health Solutions. Data courtesy Johnnie Gaspar, Arizona Complete Health
Data applies to southern Arizona geographical service area, last updated Sep 2019

988 in Ohio



- Since 2005, the National Suicide Prevention Line has helped thousands of Ohioans in emotional distress and crisis.
- Federal law required that all states transition from the 1-800 number to three-digit number 988 in July 2022.
- 988 connects Ohioans in a mental health or addiction crisis with Ohio's growing crisis system.

▶ Someone to TALK TO.

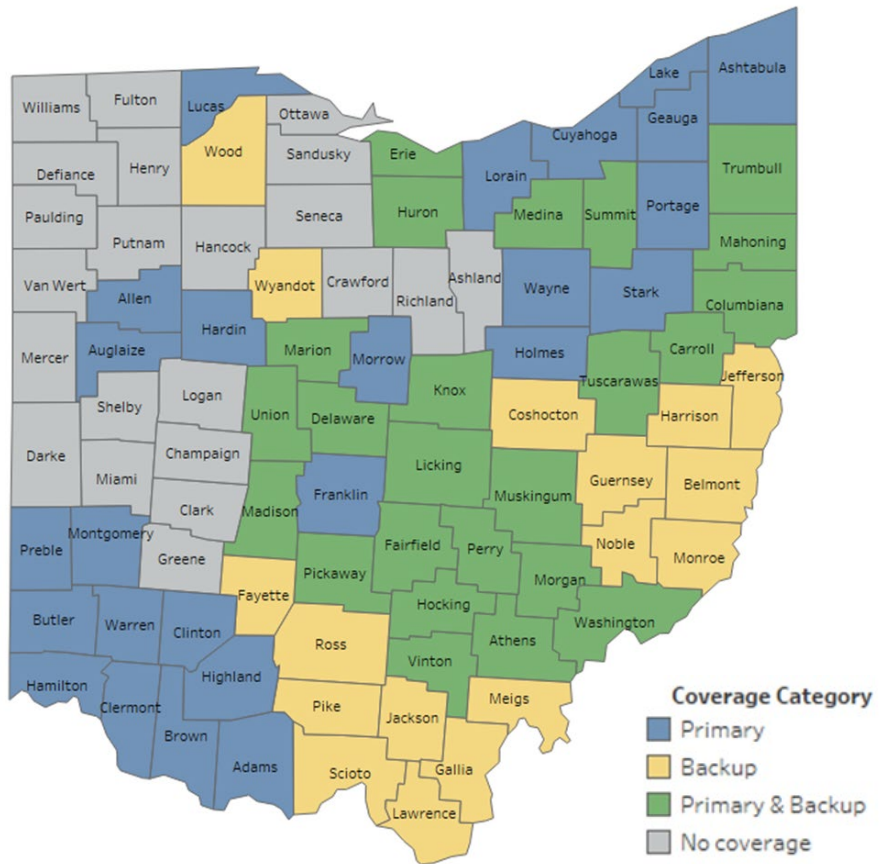
▶ Someone to RESPOND.

▶ A PLACE TO GO.



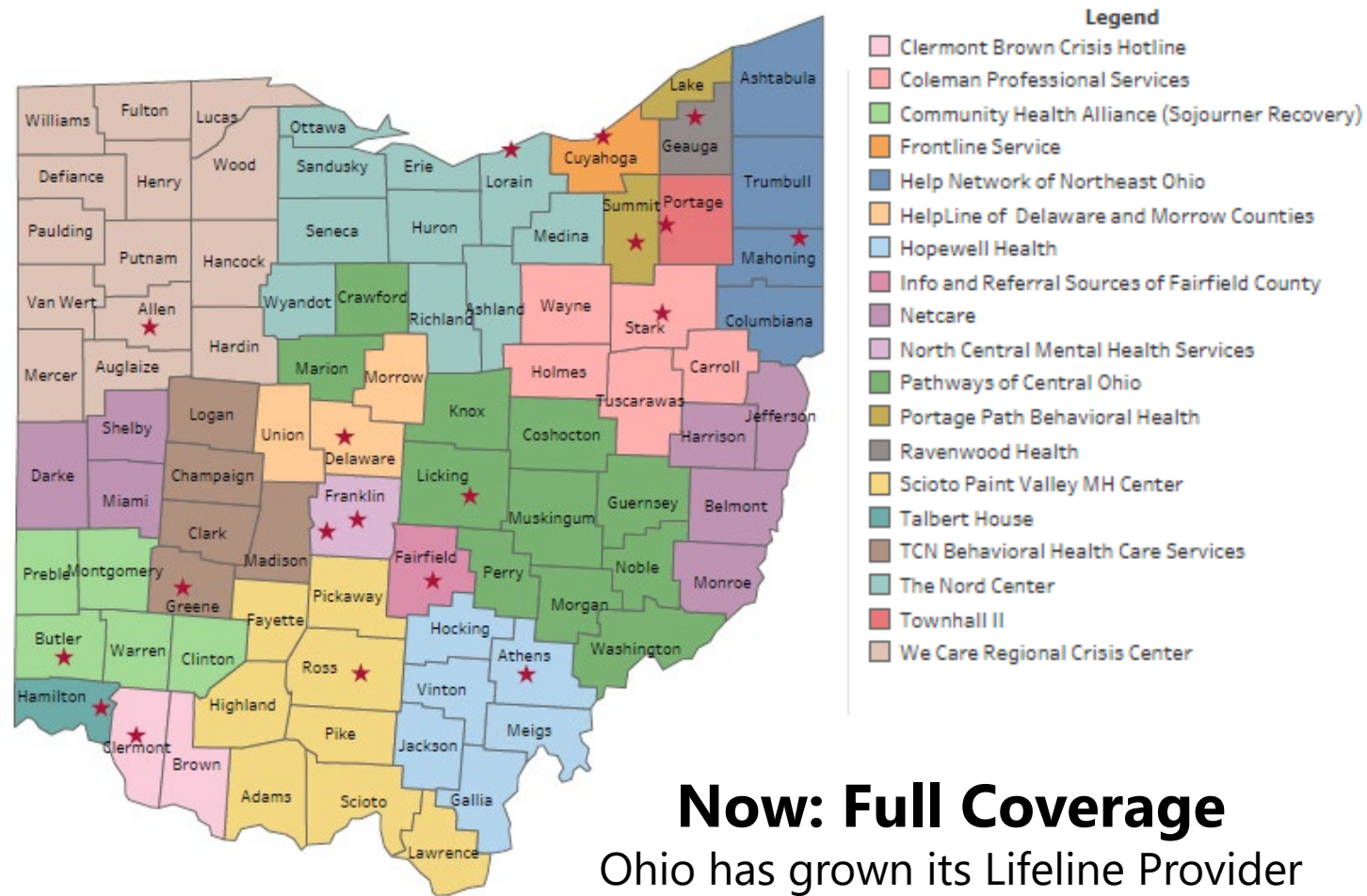
Ohio's 988 Lifeline Center Network

Primary and Backup Coverage



Then: Partial Coverage
Prior to May 2022

Primary Coverage by Agency



Now: Full Coverage
Ohio has grown its Lifeline Provider Network from 12 to 19 call centers, providing all 88 counties with coverage.



Ohio 988 Data By the Numbers



10,000

call, texts or chats from Ohioans each month.



90%
of Ohio calls were answered in-state from July-December 2022.

Building Ohio's Crisis System: GRF Investment

\$69M in SFY22-23 Budget

- Call centers
- Mobile crisis outreach
- 23–48-hour observation beds
- Crisis urgent care centers/psychiatric emergency departments
- Telehealth services
- Crisis stabilization units/short-term crisis residential services
- Peer support and crisis services
- Critical time intervention
- Crisis intervention teams (CIT)
- Transportation



Real Results for Ohioans

- A total of 46 counties (darker shaded on map) have crisis stabilization centers that served over 4,000 Ohioans last year.
- Approximately 73% of Ohio's population now live in a county with a crisis stabilization center.

*NOTE: Location of a center does **not** mean that county has the capacity to meet the demand for all of its residents.*



Building Ohio's Crisis System: ARPA Investment

\$90M in State ARPA (December 2022)

Mobile Crisis Services

Mobile crisis services provide acute mental health crisis stabilization and psychiatric assessment services to Ohioans in sites outside a traditional clinical setting. Nearly 41,000 Ohioans have received mobile crisis services.

Outcome - Increase mobile crisis services. Mobile crisis teams are in 43 counties with planned expansion for another 22 counties in the next year.

Crisis Stabilization Units

Crisis stabilization units are home-like environments that provide short-term 24-hour care to Ohioans whose needs cannot be met at home. Over 10,000 Ohioans have been served by these units.

Outcome - Increase the number of crisis stabilization units so that all Ohioans will have within a reasonable time and distance from their home.

Short-Term Residential Facilities

Regionally-based mental health residential facilities for Ohioans who are being discharged from crisis stabilization units or psychiatric hospitals.

Outcome - Increase Ohio's number of step-down Adam-Amanda model facilities from one to seven. This expanded capacity would serve approximately 1,000 more Ohioans each year.

Behavioral Health Urgent Cares

Urgent behavioral health situations require attention and assessment when a person is not in immediate danger to themselves or others and can cooperate with treatment. The 20 currently reported locations served nearly 8,000 Ohioans last year.

Outcome - Increase the number of behavioral health urgent cares across Ohio.

Workforce Challenges



FAST FACTS

Nearly 2.4 Million

Number of Ohioans who live in communities that do not have enough behavioral health professionals.

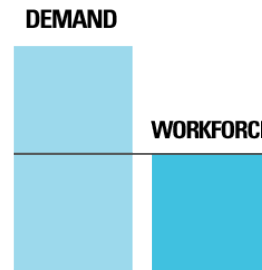


Percentage of Ohioans who live with a mental health condition or substance use disorder.



11 YEARS

the average delay between symptom onset and treatment



Demand for behavioral health services **increased 353%** from 2013-2019 while the workforce only increased **174%**

Ohio's Behavioral Health **Wellness Workforce**

Wellness Workforce: Our Priority Pillars



Increasing Career
Awareness



Incentivizing Retention



Supporting Recruitment



Supporting Contemporary
Practice

Ohio's Behavioral Health **Wellness Workforce**

Wellness Workforce: \$85M HCBS ARPA Investment

Goal

- Grow existing career-focused programming in the behavioral health disciplines at Ohio's two- and four-year colleges and universities aimed at an immediate infusion of talent within the next 1-2 years.
- Increasing access to care for Ohio's Medicaid-eligible population.

Target

- Students in their final two years of studies who are pursuing degrees or certificates in BH related fields.

Methods

- Fund scholarship opportunities to assist with the costs of obtaining degrees or certificates.
- Fund paid internships necessary for degree or certificate completion and offset costs of license and certification preparation and exams (up to \$10,000 per student).
- Fund up to \$5,000 per student in recruitment and retention bonuses in the first two years of work at Ohio's Community Behavioral Health Centers.
- Support providers in their ability to supervise and offer internships and work experiences.
- Recruitment bonuses to incentivize already credentialed professionals to return to the workforce.

Ohio's Behavioral Health **Wellness Workforce**



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Questions?

Connect with Us
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