



Promoting wellness and recovery

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Testimony before the Senate Finance Committee
House Bill 483 and Governor Kasich's SFY 15 Mid-Biennium Review

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Good afternoon Chair Oelslager, Vice-Chair Coley, Ranking Member Sawyer and members of the Senate Finance Committee. I appreciate the opportunity to present testimony on the provisions of the Governor's Mid-Biennium Review related to the mental health and addiction needs of the State of Ohio.

In 2009, Ohio's mental health and addiction system faced deep cuts in the midst of an economic crisis, leaving the system vulnerable. Ohio was unequipped to handle instances of mental health crisis or the onset of prescription drug abuse that was taking hold.

Since taking office, Governor Kasich has made it clear that he cares deeply about the issues of addiction and mental illness. He has demonstrated that behavioral health is a priority through the actions taken in his previous budgets and MBR, as the system has undertaken fundamental reform over the past three years. Starting with the elevation of Medicaid funding to the state level, which freed up local dollars for local priorities to, most recently, the expansion of Medicaid which covers clinical needs for tens of thousands of Ohioans, the role of the state agency and its stakeholders has fundamentally shifted.

Throughout these changes, the goal has been to rebuild the behavioral health system and make key reforms that integrate physical and behavioral health to improve quality and access to care for all Ohioans. As a result of these efforts, we have raised awareness about the problems of mental health and addiction and have improved the ability of Ohioans to access the care that they need and deserve. The attached sheet details the steps taken over the past three years to remind you of the efforts we have underway. I appreciate the General Assembly's support and partnership on all of these efforts.

In his State of the State address, Governor Kasich discussed his vision to continue to meet the needs of individuals with mental illness and addiction. Specifically, the Governor wants to build on the work that we have already done to address several statewide priorities in the context of an evolving behavioral health system. Provisions in this bill will dedicate the current appropriation of \$47.5 million in Community Behavioral Health line 335-507 to investment in the following priorities:

1. Creating more "safe places" where people can get the care they need – Focusing on capacity for housing, crisis intervention and residential treatment needs and providing those in crisis a place to go and seek help in their time of need before they harm themselves or others.

- \$7.5 million – Doubling the Residential State Supplement program to offer this important subsidy that is often used for housing in Adult Care Facilities to an additional 1,000 enrollees.
- \$30 million – Addressing gaps in care identified in consultation with boards of mental health and addiction services, with an emphasis on averting crisis services and meeting housing-related challenges.
- \$15 million – Funding included in the capital bill for housing and community needs within behavioral health. This is the largest amount of community capital funding in 10 years for behavioral health and represents the first time that a capital investment will be made available for addiction needs.
- \$1.5 million – Ensuring funding stability for women’s treatment programs.

To illustrate what we are seeking to address with this proposal, I would like to share a real story that has unfolded very recently. A family in a suburban community has been struggling to find appropriate services and short-term placement for their 12 year-old child, who has a dual diagnosis of both a developmental disability and serious emotional disorder. This child has a history of trauma, has been involved with the juvenile justice system and is sometimes extremely violent. Several residential facilities have discharged the child due to his behaviors, and the local system is struggling to identify a resource that will effectively meet his needs. Our collective goal is to help him to become stable enough to return home with supportive services. We know intuitively that being able to live at home in a family unit will increase his likelihood of future independence. His mother remains engaged in his life and wants to care for her child; however, without specialized assistance that wouldn’t be safe. Such a case requires cross-system cooperation and access to specialized expertise that is not available everywhere.

We have an opportunity to work together with system partners to identify gaps such as these and respond in a way that makes our system stronger for the future. In this example, a crisis provider that specializes in services for children with very acute needs could make all the difference to a family in need of help. A single ADAMH board may not have need for this type of resource 365 days a year, and thus would not take on such a large investment; however, if a regional resource were available and could be called upon as needed, a board could purchase the service to meet needs that are currently classified as system gaps. This economy of scale opportunity exists for specialized crisis circumstances, respite, various types of supportive housing, step-down services upon psychiatric hospital discharge, and other needs. Through this proposal, we want to increase our planning partnership with local communities to support the recovery needs of all Ohioans.

As a second example, OhioMHAS was pleased to provide capital funding to assist Sojourners in Vinton County to purchase a property that will house four transition-age youth on a temporary basis until they are able to find housing support on their own. The project will serve homeless and runaways – a population known to be at risk of human trafficking, another priority of Governor Kasich’s. Sojourners is collaboratively and creatively using services and funds across systems. For instance, the provider is using funds from its BWC premium rebate to purchase materials for the renovation of the house and is teaching the youth it serves a trade by allowing them to work with

construction professionals on the renovation. The project is an outstanding example of making a capital investment work operationally in a community.

2. Building on the Governor's and First Lady's "Start Talking!" drug prevention campaign – The OhioMHAS statewide investment in prevention initiatives has dwindled to \$868,000 over a period of years and an infusion is needed in order to support programs throughout our state. As you are aware, prevention efforts are essential in order to stem the tide of substance use and addiction in the state of Ohio.
 - \$6.5 million – Providing a one-time infusion of funds to be used for system improvements. Investments will be made in a statewide youth survey to gather county-level data on the needs of children, training for local coalitions to enhance planning and guidance on how to reduce the youth behavioral health risk factors in communities, expansion of proven practices and prevention capacity, and support for participation in Ohio's Youth-led Prevention Network. Together, these strategies will modernize Ohio's approach to preventing addiction and other behavioral health disorders and, in the end, fewer children will be impacted by addiction and other traumas that hamper future success.
 - Start Talking! – Earlier this year we launched a new effort in our schools called *Start Talking!* to give parents, teachers and others that kids look up to the tools to give them the straight facts about drugs. The momentum is already building and we're pleased to share that we've directly spread the message to more than 14,500 students, and engaged 462 student ambassadors to stand up and be leaders in their schools. To help this become part of the fabric of our state to save as many lives as possible, OhioMHAS has hired a staff person who will start later this month and who will coordinate the multi-agency efforts behind this program and work with the legislature and local stakeholders to ensure that every community is participating. Many members of the Senate have actively participated in our efforts to promote this programming, for which we are very grateful.

As members of the Governor's Cabinet have traveled across the state to a dozen different communities to promote *Start Talking!* and acknowledge schools and communities who have agreed to participate, we have been joined by parents who have lost their children to the deadly enemy of drug abuse. One woman who has now dedicated her career to saving lives through prevention tells the story of her son who died after taking just one pill, one time. Just one choice can have a long-term impact on many lives.

3. Ensuring a high standard of care at state regional psychiatric hospitals – Investment in an Electronic Medical Records system for the state's psychiatric hospitals will reduce medical crises that result from information gaps by sharing electronic health information services already in use at The Ohio State University Wexner Medical Center.
 - \$2 million – Ensure part of the investment needed to get the multi-year project up and running through a unique shared services arrangement
 - Currently in pursuit of a final agreement with OSUWMC to create a unique public partnership which will be mutually beneficial and raise the level of care available in the state

Overall, this proposal takes funds that are understood to be one-time in nature and invests in priorities that support the transformation of the behavioral health system in a way that will be

accountable on a statewide level to the needs of Ohioans. It is also supportive of transforming the behavioral health system in the light of increased access to health coverage. Expansion of Medicaid benefits to single adults and working families under 138% of poverty results in health care coverage of as much as \$557 million of behavioral health treatment and other physical health care benefits. We have encouraged our local system partners to work to sign up individuals who they believe to be eligible through the state's <http://benefits.ohio.gov> website, which has helped greatly to streamline the processing of eligibility claims.

The Administration's proposed MBR approach was originally defined in the As Introduced version of House Bill 472. It is a departure from the normal course of business of sending subsidies out to boards for their use in locally determined spending. However, at this critical juncture of system change, I feel that these funds present an opportunity for everyone to work together to ensure we are all on the same path moving forward. The elevation and expansion of Medicaid will free up \$70 million in FY 15 at a local level (see attached page) to be used on locally-driven mental health and addiction needs and priorities. These line item 507 funds will require more of a partnership.

Separate from the funding issue before you, it is also important to note that we have several language requests:

1. While we have worked closely with Representative Sprague and members of the House on all of the opiate bills the House has put forward, there are elements of House Bill 369 (which has been amended into House Bill 483) about which we remain concerned. In particular, we do not want to create a separate system of care for opiate addiction only. One of the primary goals of the consolidation of ODADAS and ODMH was to better align the care continuum with better care for Ohioans in mind.
2. Capital reappropriations language that was inadvertently left out of the capital bill. This language is necessary for the agency to fulfill improvement needs at our state hospitals, as we are in the second biennium of our commitment to not request new dollars for the hospitals as we continue to use funds that were committed by the previous administration that were no longer necessary which we chose to consolidate our northeast Ohio campuses at our Sagamore Hills location.
3. Clean-up language related to our IDAT and problem gambling language requests.

I appreciate your consideration of the Governor's proposal. With your help we can ensure that these funds are invested into important services that will help save individuals in crisis, divert our youth from the dangers of addiction and ensure a high quality level of care to continue at our state hospitals. I believe that the elements in this proposal will have an immediate impact and forge important relationships as we determine the course of the behavioral health system moving forward.

Thank you for your time, and I am happy to take questions.



KASICH ADMINISTRATION INVESTMENTS IN MENTAL HEALTH AND ADDICTION

Since Governor Kasich took office, a priority has been placed on services for mental health and addiction services with the assistance of the state legislature. This renewed effort to improve the lives of Ohioans dealing with mental illness and addiction is an important step forward toward Ohio being a leader in ensuring that Ohioans have an opportunity to work and live their lives to the fullest.

Jobs Budget – SFY 12-13

- Governor Kasich's Jobs Budget increased state funding for mental health by 5.7 percent (\$26.8 million) over two years, reversing a downward trend since 2008 in which state funding was reduced by 19.5 percent (\$112.4 million). This allowed the state to hold all-funds spending for mental health close to 2011 levels, which were inflated that year with \$32.6 million in one-time federal stimulus funds.
- Created a single point of accountability for Medicaid-funded mental health and addiction services, within Ohio Medicaid, instead of having it spread across multiple state agencies and local boards. This move freed up community levy funding, allowing local ADAMH boards to focus on providing non-Medicaid community services and supports.
- Created a focus on housing with behavioral health by moving the Residential State Supplement Program and Adult Care Facility programs to the former Ohio Department of Mental Health (now OhioMHAS).
- Enhancing the coordination of physical and behavioral health care by creating a health home services that has launched in five counties.

Mid Biennium Review – SFY 13

- Invested in housing for Ohioans with mental illness through the capital bill, including \$10 million in community mental health projects. Safe and supportive housing is critical to recovery and the current supply does not meet the demand in the mental health and addiction safety net.
- Advanced the fight against opiate abuse by providing Medicaid coverage of Medication Assisted Treatment (MAT) for an additional 21,000 Ohioans receiving services from provider agencies, preventing unnecessary hospitalizations and other high-cost services.
- Targeted regional needs for non-Medicaid services by investing an additional \$3 million to administer addiction treatment services for Ohioans with opiate and other addictions who are not eligible for Medicaid.
- Targeted regional "hot spots" in mental health service capacity by including an additional \$3 million for targeted community mental health projects that provide the biggest impact for individuals who need services, transcending traditional board areas and rewarding local innovation and collaboration.
- Clarified that gambling addiction is within the scope of the agency, allowing the state and local agencies to strengthen focus on problem gambling in light of the gaming expansion in Ohio.

Jobs Budget 2.0

- Consolidation of the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health creating the Ohio Department of Mental Health and Addiction Services to better align the administration of behavioral health policy for the benefit of Ohioans.
- Creating strong partnerships with local law enforcement by investing \$3 million in savings achieved through the department consolidation in services working with local jails to reduce recidivism.
- Expansion of Medicaid benefits to single adults and working families under 138% of poverty to pay for \$557 million of behavioral health treatment and other physical health care benefits, in addition to freeing up \$70 million at a county board level to pay for locally driven priorities.
- Working to ensure that all individuals with mental illness have a choice to live in a community setting if it is appropriate by committing to move 1,200 individuals out of nursing facilities into the community by proactively using the savings to be achieved by a community placement through the Recovery Requires a Community program.
- Distributed \$47.5 million additional dollars added by the House and Senate to local boards
- Administering a \$5 million Addiction Treatment Pilot Program added by the legislature in concert with the Ohio Supreme Court to ensure treatment for individuals involved with drug courts in Allen, Crawford, Franklin, Hardin, Hocking and Mercer counties.

Other Notable Achievements

- Executive Order 2011-06K adopted rules allowing certified treatment providers to provide Medication Assisted Treatment for addiction.
- Opened up access to an injectable drug, Vivitrol, as another option of Medication-Assisted Treatment by adding the drug to the pharmacy benefit effective October 1, 2012.
- Working with the Ohio Department of Developmental Disabilities to address the needs of at risk youth and young adults on the verge of crisis through the Strong Families, Safe Communities program to offer \$5 million in resources designed to keep individuals stable and families whole.
- Encourage physicians to screen patients for drug abuse by allowing them to bill for SBIRT (Screening, Brief Intervention and Referral to Treatment) through Medicaid and a \$10 million federal grant at OhioMHAS.
- Make progress toward the treatment of Neonatal Abstinence Syndrome (babies born to mother addicted to opiates) by establishing treatment protocols and providing \$4.2 million to pilot treatment programs (MOMS project) across the state.
- Focus attention on youth and their families by encouraging them to have a conversation about drug abuse using the tools in the Start Talking! program.
- Worked with the Ohio Department of Health to establish a program similar to Project DAWN at the six OhioMHAS regional psychiatric hospitals. Project DAWN distributes naloxone, a drug that reverses the effects of opiate overdose, to suspected users. It is well established that ready access to the naloxone by first responders saves lives, giving individuals a second chance to choose recovery from their addiction.
- Established a Trauma Informed Care initiative with the Ohio Department of Developmental Disabilities to develop, coordinate and implement a plan for statewide training on trauma informed care, which will improve the quality of care to vulnerable populations.
- Participated in Governor Kasich's Ohio Human Trafficking Task Force and implemented recommendations that resulted in state employees being trained statewide on a standardized human trafficking screening tool to assist in identifying potential victims and getting them the help they need.