



The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

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Dear Ohioans,

It's an exciting time to be a part of Ohio's behavioral health system as more individuals and systems are understanding the importance of treating the whole person in an integrated manner. Investments and reforms supported by Governor John R. Kasich and Ohio's General Assembly in recent years have resulted in increased access to a continuum of mental health and addiction services inclusive of prevention, early intervention, treatment and recovery supports in both specialty and primary care settings.

At his January 2015 inaugural, Gov. Kasich noted, "Every Ohioan deserves a chance and an equal opportunity to achieve their God-given potential, and that's the Ohio we're rebuilding for everyone."

During State Fiscal Year 2015 (SFY15), the Ohio Department of Mental Health and Addiction Services (OhioMHAS) continued to make progress in many areas. Ohio's extension of health care benefits to more than 500,000 Ohioans through Medicaid has allowed much-needed treatment to become available to many low-income residents, and also has allowed our department — in concert with local partners — to direct resources to other areas of need within the behavioral health system.

- Through school-based prevention programming, more than 26,000 students learned about the risks of illicit prescription drug use through the Governor's Start Talking! initiative. Children who hear prevention messages from trusted adults are much more likely to avoid using drugs;
- Enrollment was increased by nearly 800 individuals for the Residential State Supplement benefit that provides financial assistance to people with disabilities to live in the community;
- Adults who are living in recovery from addiction obtained access to 460 safe and substance-free recovery housing beds during SFY15, and funding for additional housing locations is in the pipeline to bring that total to more than 700 across 45 counties;
- More than 750 families with a child/young adult at risk of crisis obtained direct-service support through Ohio's Strong Families, Safe Communities projects to coordinate services that keep them from harming themselves or others due to a mental illness or developmental disability;
- As a result of our partnerships with county authorities, more than 1,200 individuals incarcerated in county jails were able to connect with clinical treatment and/or pre-release care coordination services so they would be more likely to make positive life changes;
- We are establishing a network of quality peer-support professionals as part of Ohio's benefit redesign and health care transformation, connecting people to mentors who can add an important layer of services that guide them through their recovery process; and
- Through training and regional collaboration, evidence-based practices in trauma-informed care are spreading statewide to promote healing and reduce the need for seclusion and restraint.

As we proceed in partnership on these many fronts, we're raising awareness and reducing stigma related to mental illness and addiction; we're also encouraging communities to share practices that are working well in hopes of improving outcomes in other areas of the state. No bureaucracy should present a barrier and no stigma should make anyone feel ashamed to reach out for help.

**Tracy J. Plouck**

Director, Ohio Department of Mental Health and Addiction Services



# OVERVIEW

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) was established on July 1, 2013, with the consolidation of the former Ohio Departments of Alcohol and Drug Addiction Services and Mental Health. The transition to a single agency under Gov. Kasich has resulted in greater value to taxpayers, better alignment in community planning and more coordinated services to Ohioans.

OhioMHAS supports access to treatment options that we know are effective, while also balancing efforts toward prevention and recovery supports so that Ohioans can remain healthy and productive.

## ***A community-based system of care***

Through a behavioral health system of county boards and local providers, OhioMHAS funds evidence-based prevention efforts, quality treatment and recovery supports in communities statewide. This public system serves as a safety net for vulnerable citizens who have limited resources and require specialized care.

During State Fiscal Year 2015, nearly **500,000** adults, youth and children received mental health services and/or addiction treatment through Ohio's publicly funded system. More than **7,700** adults received inpatient treatment in our six state-run regional psychiatric hospitals, a high percentage of whom had co-occurring addiction issues. These large numbers represent only those receiving direct services and do not include the thousands of Ohioans who benefit from education and outreach.



While access to treatment is fundamental to our mission, the role of OhioMHAS is evolving to focus more resources on prevention and recovery supports. Investments to intervene early and address the root causes of mental illnesses and addiction disorders are cost effective; as is enhanced programming that supports people in their recovery so that a step forward isn't followed by two steps back.

Community treatment rather than institutional care is encouraged for those people who have the ability to live more independently. Since 1990, as local systems have increased the number and types of services they provide, the inpatient population of public state hospitals has decreased significantly.

Treatment outcomes for severe mental illnesses, including schizophrenia, bipolar disorder and major depression, are equal to or better than those achieved in physical health. Treatment approaches that are tailored to a patient's substance abuse patterns and any co-occurring medical, psychiatric and social problems can lead to sustained

recovery. The bottom line is that people can live fulfilling lives despite the presence of an illness.

## ***A focus on access, safety and quality***

Funding for community mental health services comes from federal block grants, state general revenue funds and local sources. Federal and state funds are passed on to 51 community Alcohol, Drug Addiction and Mental Health Services (ADAMHS) boards through OhioMHAS. Some boards also receive funding through local levies. These boards do not directly provide services. They act as local authorities, contracting for services provided by private organizations and the six public hospitals operated by OhioMHAS. These local systems of care contract with hundreds of local agencies.

OhioMHAS reviews and monitors this statewide mental health and alcohol, drug and gambling addiction services system that consists of more than 900 community behavioral health provider agencies. As of July 2015, our Bureau of Licensure and Certification was responsible for regulatory oversight of 422 community mental health agencies, 83 private psychiatric hospital inpatient units, 154 community residential programs and more than 430 addiction prevention and treatment providers. In addition, OhioMHAS provides licensure and oversight of 765 adult care facilities and 44 adult foster homes.

Ohio's investments in OhioMHAS go toward important services that help individuals in crisis, divert youth from the dangers of addiction and ensure high-quality care at our state hospitals. Our partnerships with local communities will continue so that together we can support the recovery needs of all Ohioans.

## ***Beliefs***

*People can and do recover from mental illness and addiction.*

*Integration of behavioral and physical health care will achieve better health and cost savings.*

*Nurturing resiliency and self-determination helps children, youth and families meet life's challenges.*

*Consumer, family and peer involvement in the planning, evaluation and delivery of services is vital.*

*Services are most effective when delivered in a culturally and linguistically competent way with respect for the individual.*

*The impact of trauma is a public health concern and all services should take into account the potential scars of a person's past experience.*

*A quality, safety and continuous improvement focus is essential.*



Above: On Oct. 3, 2014, community prevention experts from throughout Ohio gathered at the Ohio Governor's Residence and Heritage Garden to share their local activities related to the Strategic Prevention Framework goals of decreasing the number of 18-25 year olds engaged in high-risk use of alcohol or drugs. Right: Participants in an Early Childhood Mental Health workforce development training on May 21, 2015, learned about the OhioMHAS Grow Power packet of resources for caregivers of infants and toddlers.

# PREVENTION

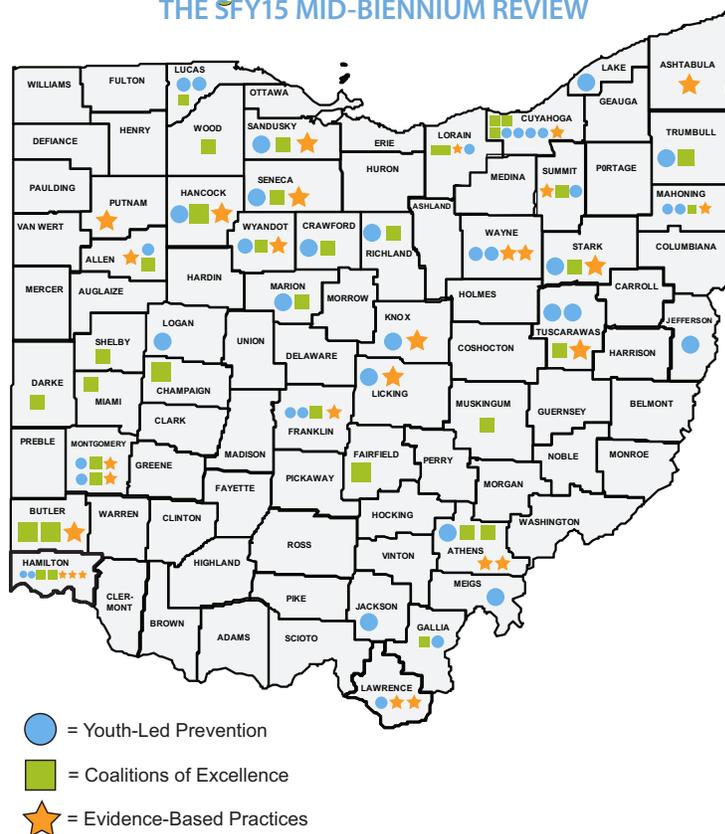
## Investment of \$3.4 million strengthens local efforts to stop drug abuse before it starts

Prevention efforts are essential to stem the tide of substance use and addiction in Ohio. As part of the Kasich Administration's ongoing commitment to this fight, OhioMHAS provided an infusion of funds to strengthen the community prevention system — an investment of \$3.4 million — through the 2014 Mid-Biennium Review (House Bill 483). The grants benefitted a total of 37 counties in three major investment categories: expansion of youth-led programming, promotion of evidence-based practices and reinforcement of local anti-drug coalitions.

The one-time funding was intended to enhance efforts of state and local officials to find ways to stamp out opiate addiction in Ohio. Coupled with the launch of the Start Talking! youth drug prevention initiative in 2014, it sent a clear message that Ohio is serious about giving young people and families the tools they need to make healthy decisions.

Funds supported the evolution of a modern prevention infrastructure focused on implementing integrated, comprehensive and evidence-based services. In addition to the three overarching categories of funding, a portion of the funds targeted program evaluation, training and technical-assistance activities.

### TARGETED PREVENTION INVESTMENT THROUGH THE SFY15 MID-BIENNIUM REVIEW





## **Strong Families, Safe Communities projects reduce risk of harm, give families respite**

Children at risk of self-harm or aggression often aren't connected to treatment programs because their families and communities don't know where to go for help. A two-year, \$5 million statewide initiative launched during the summer of 2014 to find those families and create coordinated care plans to help youth at risk due to a mental illness or developmental disability. During SFY15, more than \$1.4 million in Strong Families, Safe Communities funding was distributed to seven new projects throughout the state, bringing the number of counties that have benefitted to 46.

Strong Families, Safe Communities is funded by Gov. Kasich's initiative to commit money from Ohio's Children's Health Insurance Program Reauthorization Act (CHIPRA) awards to develop targeted strategies to help youth. The Strong Families, Safe Communities project engages local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for these families.

## **Local and statewide efforts hope to keep gambling from becoming an addiction**

In August 2014, OhioMHAS, in partnership with the state's professional licensing and credentialing boards, fielded two Problem Gambling Workforce Capacity Surveys to assess behavioral health professionals' and agencies' capacity to provide prevention and treatment services related to problem gambling.

The Ohio for Responsible Gambling (ORG) coalition partners — OhioMHAS, the Ohio Casino Control, Lottery and Racing Commissions — work together to bring services and messaging to Ohio communities to reduce problem gambling and build awareness of resources available for gambling disorder. This includes maintenance of the Ohio Problem Gambling Helpline at 1-800-589-9966, which answered 9,727 calls in SFY2015.

During SFY14 and SFY15, \$3.8 million was allocated each year to the county ADAMHS boards for planning, prevention and treatment related to gambling. Boards and service agencies provide additional resources to develop local awareness and prevention campaigns.



Photos above include Hamilton County youth who benefited from the Strong Families, Safe Communities initiative. Below, OhioMHAS Director Plouck poses at the Statehouse with supporters of the Ohio Youth-Led Prevention Network.



**Who is your gambling really affecting?**

If you need help, call **211** Day or Night



Funded by Ohio for Responsible Gambling (ORG).



# TREATMENT

## **Regional hospitals provide acute care, evaluation services and potential for recovery**

The state's responsibility to provide public hospital care is defined in Ohio's constitution and revised code. State-run regional psychiatric hospitals are modern facilities providing short-term, acute inpatient care as requested by local systems. Hospital Services under OhioMHAS include comprehensive inpatient care at six sites around the state to approximately 1,000 adults on a daily basis. The typical acute care stay is eight to 10 days, depending upon a person's response to treatment. During SFY15, there were 7,761 admissions for inpatient care at OhioMHAS hospitals.

The hospital system also provides outpatient services in a community-supported environment. Hospital Services focus on maximizing the potential for recovery so people will be successful and satisfied upon discharge. Each hospital is fully accredited and in compliance with the national standards set by The Joint Commission and the Centers for Medicare and Medicaid Services.

Forensic patients (those sent for evaluation or committed by criminal courts) make up about 60 percent of the inpatient population at any time. If legal charges are pending, a length of stay can vary between a few weeks to several months to determine if that person is competent to stand trial. If the person cannot be restored to competency or is found not guilty by reason of insanity, Ohio courts may

order that patient to undergo hospitalization for many years. Patient progress toward recovery is evaluated regularly by the hospital clinicians to coordinate the patient's treatment with the committing courts that maintain jurisdiction over the patient's movement. Staff members work with families, patients and community agencies to ensure the safety of the patient and the community throughout all stages of treatment.

During SFY15, a crew from the British Broadcasting Corporation (BBC) selected Ohio to be featured in a documentary about forensic mental health services. The four-member crew spent several weeks filming at Twin Valley Behavioral Healthcare — including the Timothy B. Moritz Forensic Unit — in Columbus, and Summit Behavioral Healthcare in Cincinnati. The BBC interviewed clinical staff and patients who agreed to share their stories and shadowed patients through the various activities that are part of their daily treatment plans. The result was a two-part documentary series that aired in the United Kingdom.



*In the photo above, BBC Host Louis Theroux interviews Lynne Dickerson, director of the Timothy B. Moritz Forensic Unit*

## OHIO'S PUBLIC REGIONAL PSYCHIATRIC HOSPITALS

### **Northwest Ohio Psychiatric Hospital**

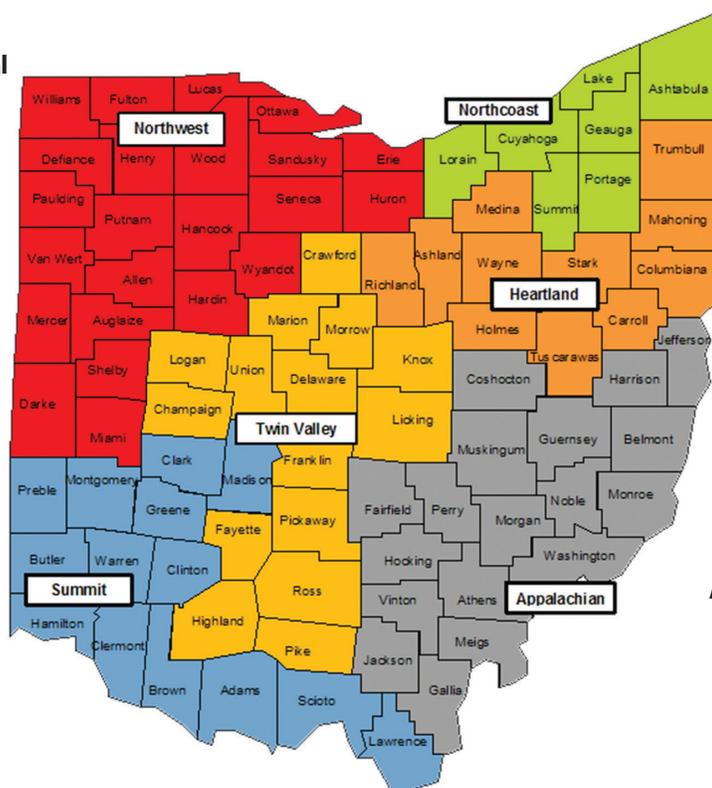
930 Detroit Ave.  
Toledo, Ohio 43614  
(419) 381-1881 or  
toll-free (877) 970-4325  
Capacity: 114  
SFY14 Admissions: 654

### **Twin Valley Behavioral Healthcare**

2200 W. Broad St.  
Columbus, Ohio 43223  
(614) 752-0333 or  
toll-free (877) 301-8824 (TVBH)  
Capacity: 176  
SFY14 Admissions: 1,974  
This campus also includes the 52-bed Timothy B. Moritz Forensic Unit, which serves the entire state.

### **Summit Behavioral Healthcare**

1101 Summit Road  
Cincinnati, Ohio 45237  
(513) 948-3600 or  
toll-free (888) 636-4724  
Capacity: 291  
SFY14 Admissions: 766



### **Northcoast Behavioral Healthcare**

1756 Sagamore Road  
Northfield, Ohio 44067  
(330) 467-7131 or  
toll-free (800) 557-5512  
Capacity: 260  
SFY14 Admissions: 2,000

### **Heartland Behavioral Healthcare**

3000 Erie St. South  
Massillon, Ohio 44646  
(330) 833-3135 or  
toll-free (800) 783-9301  
Capacity: 152  
SFY14 Admissions: 1,366

### **Appalachian Behavioral Healthcare**

100 Hospital Drive  
Athens, Ohio 45701  
(740) 594-5000 or  
toll-free (800) 372-8862  
Capacity: 88  
SFY14 Admissions: 1,001



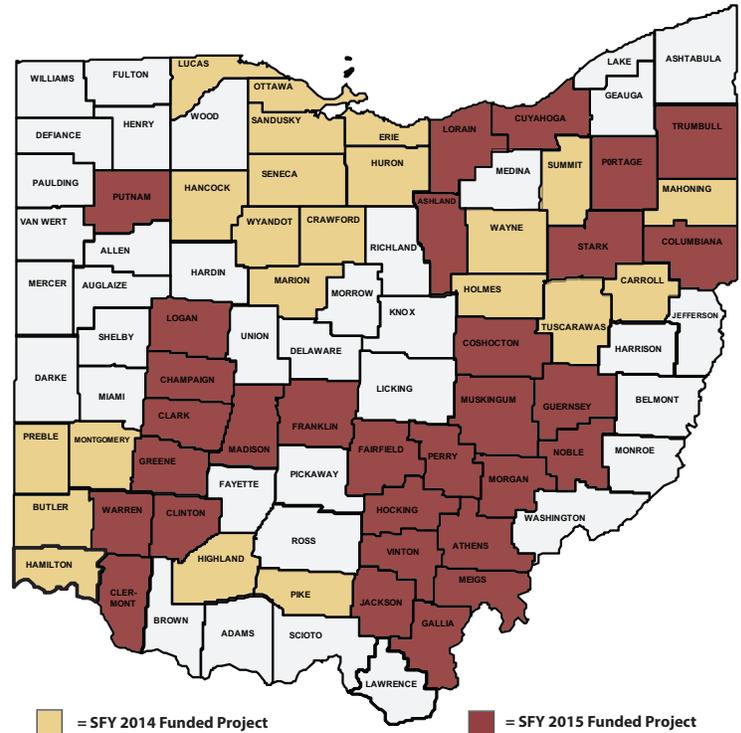
## To enable healing, past traumatic experiences must be recognized and understood

A common factor in the lives of many people with behavioral health issues is trauma. Trauma-Informed Care is an organizational and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control.

Beginning in 2014, OhioMHAS partnered with the Ohio Department of Developmental Disabilities (DODD) and the National Center for Trauma-Informed Care to establish a statewide network of behavioral health providers, physical health care providers, child welfare agencies, law enforcement, courts, schools and others to share evidence-based practices that encourage the use of trauma-informed care. This approach has been shown to reduce the need for seclusion and restraint, which could re-traumatize individuals instead of helping them heal.

During SFY15, staff at DODD centers were trained in this evidence-based practice and OhioMHAS-endorsed regional collaboratives began to identify area champions and resources.

## COMMUNITY INNOVATIONS FUND RECIPIENTS



## Specialized projects with justice systems offer hope to people with addiction issues

In recent years, OhioMHAS has been supporting innovative approaches to address the high volume of people with addictions who commit low-level, non-violent offenses. Those who receive treatment for their addictions have much lower recidivism rates than those who do not receive such services. By creating specialized dockets in community courts and an improved interface with the prison system, we are addressing behavioral health issues among offenders for improved long-term recovery and rehabilitation success.

According to the National Institute of Corrections, 17 percent of the jail population in the United States has a serious mental illness and 68 percent has a substance use disorder. An estimated 72 percent of the jail population has a co-occurring substance use disorder when serious mental illness is diagnosed. By diverting appropriate individuals from county jails and prisons to treatment and preventing recidivism, communities could see a significant reduction in spending. In Ohio, the average cost of addiction treatment in the community is \$1,600 (without medication-assisted treatment), and the average cost of mental health treatment including two medications is \$7,500 per year; whereas, it costs \$25,269 a year to incarcerate an adult in prison.

In SFY15, OhioMHAS built upon its **Community Innovations** project to help link non-violent offenders with community-based behavioral health services. An initial SFY14 distribution of \$1.5 million toward 12 projects was enhanced in 2015 by a second distribution of \$1.5 million toward 17 projects. All told, the state's \$3 million in funding over the biennium reached 53 counties. The source of the funds was the administrative savings achieved from the July

# TRAUMA-INFORMED CARE

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues

Adopting a trauma-informed care model requires a fundamental cultural shift within organizations to promote a greater sense of safety, security and equity. Ohio is promoting these six Guiding Principles of Trauma-Informed Care from the federal Substance Abuse and Mental Health Services Administration.

[mha.ohio.gov/traumacare](http://mha.ohio.gov/traumacare)



Photos clockwise from top: OhioMHAS Medical Director Mark Hurst, M.D., speaks with local law enforcement in Portage County; Naloxone distribution is discussed at the 2015 Opiate Conference; Denny Wilson, founder of an Akron recovery housing organization, speaks at a peer services training; and a Cincinnati mother joins discussions about neonatal abstinence syndrome.



2013 consolidation of state agencies for mental health and addiction services under a single umbrella.

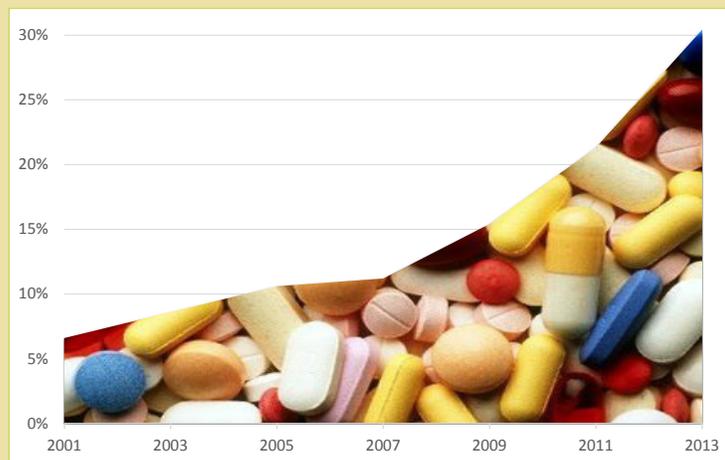
OhioMHAS also was given the opportunity to create the **Specialized Dockets Payroll Subsidy Project** to assist drug courts and other specialized docket programs with funding to effectively manage offenders in the community, thereby reducing commitments to the state prison system. Specialized docket programs that target addicted parents charged with abuse/neglect/dependency of their minor children also were eligible for funding. These programs reduce the number of children permanently removed from their homes and, instead, increase the number of children who are to remain in their homes with supervision provided by child protective services agencies.

For SFY15, OhioMHAS distributed approximately \$4.4 million to specialized dockets that target offenders with drug addiction. A total of 118 programs received funding through this initiative; the average award amount was \$36,900. As a

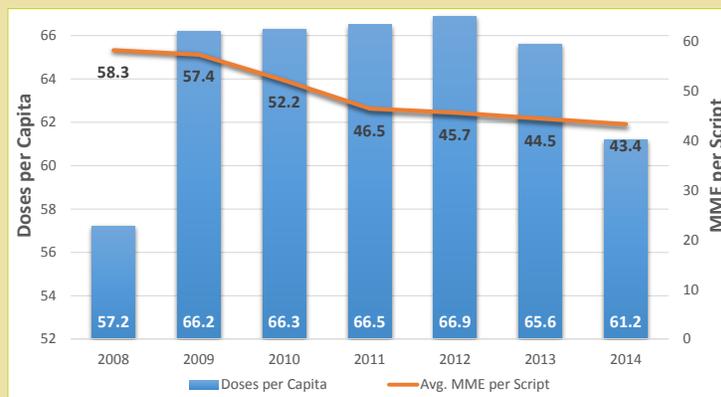
result of this funding, new specialized dockets were created and other eligible programs were able to increase the number of participants served.

In addition, OhioMHAS is conducting a program to provide medication-assisted treatment (MAT) and ancillary services to offenders who are eligible to participate in a certified drug court program and volunteered to enroll because of their dependence on opioids, alcohol or both. The **Addiction Treatment Project (ATP)** was legislatively established in the SFY14-15 state budget and \$5 million was appropriated. Specialty-docket drug courts in Allen, Crawford, Franklin, Hardin, Hocking, Mercer and Morrow counties have enrolled 366 ATP participants between October 2013 and June 2015.

Participating offenders receive treatment from a community addiction services provider certified by OhioMHAS. According to preliminary findings from project evaluators at Case Western Reserve University, 80 percent of the participants are between the ages of 18 to 34, almost



**PERCENT OF ADMISSIONS RELATED TO OPIATE ABUSE AND DEPENDENCE IN THE OHIO BEHAVIORAL HEALTH SYSTEM, 2001-2013**  
Admissions to Ohio's behavioral health system continue to increase every year, with more people reporting abuse and dependence of opiates (i.e., prescription opioids or heroin). In 2013, 30.4 percent of clients reported opiates as their primary drug of choice.



†Calculations are only based on oral solids and transdermal patches. All opioid solutions and most buprenorphine combinations are excluded from the analyses.

**TRENDS IN OPIOID PRESCRIPTIONS IN OHIO, 2008-2013 †**  
The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS) tracks use of prescriptions across Ohio. Data from 2008 to 2014 indicate that the number of doses for every man, woman and child has fallen from a height of 66.9 per capita in 2012 to 61.2 doses per capita in 2014 (-8.5%). The average potency displayed in milligram morphine equivalents (MME) has also fallen.



95 percent are white and the gender split is about even. Statistics are emerging that at discharge, the offenders who receive MAT, especially Vivitrol, report being drug-free more often than those who did not receive MAT. At the six-month follow-up point, no Vivitrol users reported using heroin in the previous 30 days.

### Treating moms and babies born addicted

The number of pregnant and opiate-addicted women has risen by more than 300 percent since 2011. OhioMHAS is a partner in the **Maternal Opiate Medical Support (M.O.M.S.)** Project, a \$4.2 million program funded through the Governor's Office of Health Transformation and the Ohio Department of Medicaid. During SFY15, M.O.M.S. programs in Athens, Cincinnati, Cleveland and Columbus worked to improve health outcomes for mothers who are dependent on heroin or other opiates and their newborn babies.

The M.O.M.S. initiative bolsters local efforts to mitigate the effects of neonatal abstinence syndrome (NAS), which commonly results in lengthy hospital stays as babies are born experiencing withdrawal symptoms and health complications. Expectant mothers are connected with addiction and mental health services, medical care and supports such as housing, job placement and transportation.

The three-year program anticipates serving at least 300 women. One grantee, First Step Home in the Cincinnati community of Walnut Hills, served more than 60 women in the first 16 months of operations.

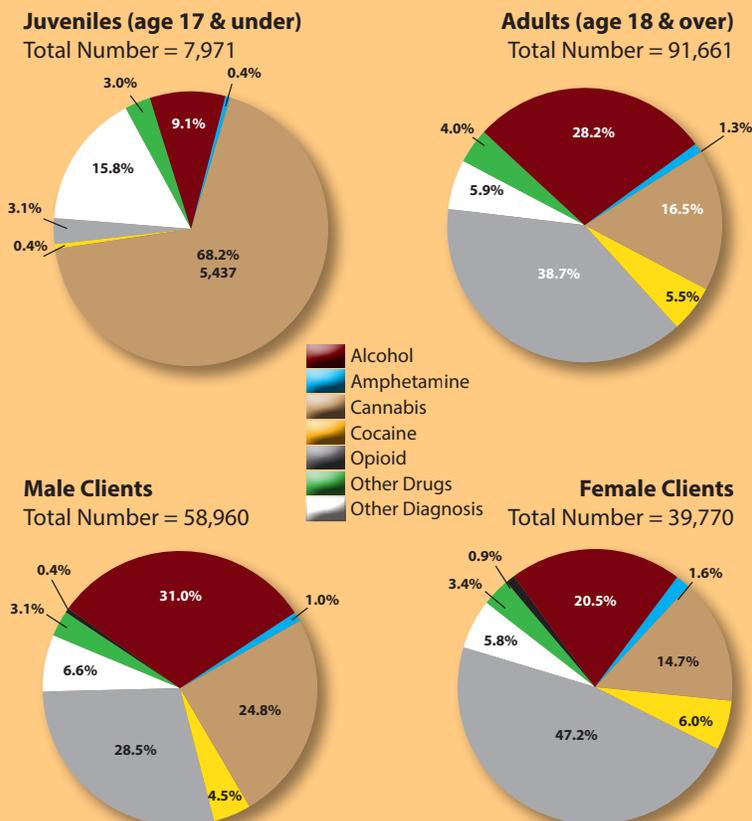
### Providing life-saving drug to reverse overdose

A great deal of effort has been put into addressing Ohio's opiate problem. One way to have an impact on reducing death is to make naloxone — a drug that can reverse overdoses from opioids like heroin or some prescription pain medications — more available to first responders and family and friends of individuals who are fighting addiction.

The Ohio Department of Health (ODH) administers a program called **Project DAWN** (Deaths Avoided With Naloxone) that distributes the drug to communities and provides technical assistance about how to use it. According to ODH, Ohio's 16 Project DAWN community-based programs have saved at least 200 lives by providing naloxone to reverse drug overdoses.

The OhioMHAS regional psychiatric hospitals are part of the program and provide the life-saving drug to patients and their families upon discharge if the patient is at risk of using again. During SFY15, the OhioMHAS Office of Pharmacy Services distributed 1,686 Project DAWN kits to government entities and community agencies.

### DATA ON CLIENTS WHO RECEIVED PUBLICLY FUNDED ADDICTION TREATMENT DURING SFY 2014



### Services must account for cultural variances

Absent or ineffective services and treatments for people in need carry higher long-term costs for employers, taxpayers and society. Factors such as education, income, employment, housing, safety and the availability of quality provider/hospital services affect an individual's ability to achieve optimal health. When individuals experience significant barriers with these social determinants of health, disparities emerge. Some populations experience disparities at a higher rate when compared to the general population.

During 2015, the OhioMHAS Disparities and Cultural Competency (DACC) Advisory Committee issued its **Into Action: 2020 Strategic Vision for Cultural and Linguistic Competency Plan** to identify and initiate services that can reach and positively affect all segments of our varied population. For an organization, cultural competence means the ability to provide meaningful access and equal quality to individuals based on an understanding of each population's distinct needs. For the professional, the ability to see the client's culture as a strength and use it as a resource will depend, in part, upon knowledge of his or her history, skills in cross-cultural practices and the ability to communicate effectively.

OhioMHAS is dedicated to providing accessible programs that are appropriate to our customers, who represent the broad range of Ohio's population diversity.



Above: On Oct. 6, 2014, Jefferson Behavioral Health System broke ground on Lighthouse Haven, a \$1.8 million permanent supportive housing development of 10 apartments located in downtown Steubenville. The OhioMHAS Office of Capital and Pharmacy Services contributed \$500,000 to the project. At right is an example of recovery housing in the Portsmouth area operated by The Counseling Center, Inc., and Compass Point Housing.



# RECOVERY

**Ohio has a range of community options to support recovery and long-term needs**

A lack of safe housing is a huge challenge to the recovery of individuals with mental illness or addiction. Supportive housing can provide the stable environment people need to successfully work toward positive goals. OhioMHAS is dedicated to enhancing supportive community living options for people in recovery. Working with federal, state and local partners, OhioMHAS leverages funds to invest in building new community housing or maintaining current housing stock for the recovery and community integration of people with mental health and addiction disabilities.

Many times, people in early recovery have to give up everything they've known: who they socialize with — friends, significant others and family — as well as where they go for entertainment options because those people, places and activities put them at risk for relapse or continued substance use.

Appropriate housing also is a key to rebalancing Ohio's long-term care options, saving taxpayer dollars and increasing independence for people who do not require institutional care. OhioMHAS advocates for individuals diagnosed with serious mental illnesses through federally mandated **Pre-Admission Screening and Resident Review** (PASRR). These evaluations ensure that individuals are placed in the setting that is most appropriate for their needs.

RECOVERY HOUSING NUMBER OF BEDS:  
GENERAL REVENUE FUND AND CAPITAL DOLLARS\*



Total number of proposed beds: 657  
Funding allocated: up to \$9,935,362

\*As of Nov. 7, 2014



For individuals who are at risk of premature or unnecessary institutionalization, the **Residential State Supplement** (RSS) Program provides financial assistance for adults with low incomes who have disabilities and/or are at least age 60, but do not require long-term care at nursing facilities. Through a new **Recovery Requires a Community** initiative, OhioMHAS assists people diagnosed with mental illness to move to and remain in community housing by paying for goods and services not covered by other funding programs.

### **Capital planning supports safe places where people can rebuild lives from the ground up**

During SFY15, the OhioMHAS Bureau of Capital Planning and Management distributed more than \$6 million toward building and enhancing permanent supportive housing (PSH) and recovery housing throughout Ohio. This investment leveraged almost \$33 million in partner funding.

OhioMHAS invested \$3.1 million in eight PSH projects that will provide 180 units of permanent supportive housing for people with mental illness and/or addictions all across Ohio. These projects drew an additional \$26.6 million in partner funding for a total housing investment of \$29.7 million in SFY15. A continuation of the OhioMHAS renovation/preservation partnership with the Ohio Housing Finance Agency (OHFA) is one example of efforts to ensure PSH is available to people needing homes now and in the future.

Research indicates that the longer a person remains in an alcohol- and drug-free environment with support for recovery, the greater the chance of long-term sobriety, increased financial wellbeing and overall stability. An OhioMHAS \$3.1 million capital investment in recovery housing during SFY15 will result in 249 beds for persons in recovery from substance abuse disorders. When combined with operational support, the total OhioMHAS commitment — both bond dollars and general revenue funds — stands at \$5.4 million toward 460 recovery housing beds. Local

#### **PERMANENT SUPPORTIVE HOUSING (PSH)**

*PSH is an evidence-based practice for people with mental illnesses. The housing setting is voluntary and length of stay is resident-driven, not determined by a program. Housing may be scattered site apartments or single-family homes or a larger housing complex that is in the community of the individual's choice. Tenants have access to a comprehensive array of supportive services, including 24/7 crisis services, that are flexible and individualized. Participation in supports and services may be voluntary or have some expectation of participation, which is agreed to in the lease.*

#### **RECOVERY HOUSING DEFINITION CODIFIED**

*According to Ohio Revised Code Section 340.01 (A) (3), "Recovery Housing" means housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance. [Effective 9/15/2016]*

The **Residential State Supplement** Program provides financial assistance to adults with disabilities who can live in eligible community housing. The person must be enrolled in Medicaid and receiving Social Security, SSI or SSDI.



The RSS benefit helps pay for . . .

- Accommodations • Supervision • Personal Care Services

For more information or to apply

**CALL (614) 752-9316**

or visit online:

<http://mha.ohio.gov/RSS>

**Recovery Requires a Community** assists people diagnosed with mental illness to move to and remain in community housing. It pays for . . .



- Goods and services not covered by other funding programs

For more information or to apply

**CALL (614) 466-1064**

or visit online:

<http://mha.ohio.gov/RRAC>

matching funds from county ADAMHS boards or other applicants added nearly \$3 million to bring projects to fruition. Moving forward, OhioMHAS has proposals for an additional 263 beds in recovery housing, bringing the total beds to be created through 2016 to at least 723.

Beyond the ongoing recovery housing and PSH projects, OhioMHAS also has proposals for short-term, crisis housing for people with mental illness, and several projects related to treatment space and consumer-operated recovery centers. In addition, OhioMHAS has dedicated \$500,000 for a project with the Ohio Department of Developmental Disabilities and OHFA, each of which are expected to contribute \$500,000, for a pair of facilities to serve individuals dually diagnosed with mental illness and a developmental disability.

### **Network established for recovery housing**

In SFY15, Ohio established Ohio Recovery Housing (ORH) as a state affiliate of the National Alliance for Recovery Residences. Through technical assistance and quality oversight, ORH benefits both residents and housing operators. It strives to improve the public perception of recovery housing by promoting excellent, well-maintained housing and offering outreach/education to communities.



Whether an advocate is in recovery from addiction, a survivor of trauma, a person living with mental illness or a family member of someone who needs treatment, their work at the local level and their input for policymakers is essential to transforming the health of individuals and communities.

### ***Developing a peer support workforce is integral to Ohio's recovery-oriented system***

A recovery-oriented system must call upon individuals with lived experience to give their peers hope along the path toward wellness and recovery. Peer supporters encourage, inspire and empower people to reach their personal goals so they can achieve better health and a more productive life.

Ohio is continuing in its effort to transform health care by including peer-support services in its Medicaid benefit redesign. OhioMHAS has established a peer service team to promote the further development of quality peer-support services. This newly developing workforce is vital in all areas of mental health prevention, treatment and recovery — whether assisting college students, people in outpatient or in-patient programs, or those who are achieving their goals for stability through community housing and employment.

During SFY15, OhioMHAS hosted the first large-scale conference opportunity for peers to come together to build unity and knowledge as professionals who can enhance the service array for Ohioans with mental illness or addiction.

### ***SAMHSA federal grants enhance Ohio efforts***

In May 2015, OhioMHAS was notified that its **Access to Recovery** (ATR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) was renewed through April 2018. This grant of \$7 million dollars is the third ATR three-year competitive discretionary award Ohio has

received for a total of \$36,663,363 in federal dollars over nine years to serve more than 19,000 Ohio residents.

ATR provides electronic vouchers for treatment and/or recovery support services to eligible criminal-justice-involved adults and military service members. The goals of the ATR program are to expand access to services, increase the number of service providers in the targeted areas and to produce positive outcomes. The ATR territory includes: Franklin, Cuyahoga, Summit, Stark, Lorain, Hamilton and Montgomery counties. Recovery support services include employment skills development, peer services, spiritual support, transportation and recovery housing.

OhioMHAS' Bureau of Recovery Supports also successfully applied for and received the following SAMSHA grants:

***Cooperative Agreement to Benefit Homeless Individuals*** (CABHI) — \$3.6 million over three years to assist 820 people who are chronically homeless and have mental health and addiction disorders to find and retain permanent housing;

***Projects for Assistance in Transition from Homelessness*** (PATH) — \$1,986,000 to provide outreach in 12 counties that connects individuals with mental illness who are experiencing homelessness with services; and

***Transforming Lives through Supported Employment*** — \$4 million for five years to establish two Individualized Placement and Supported Employment programs for individuals with a severe and persistent mental illness or co-occurring mental health and substance use disorders.



# FUNDING

## Expenses and Source of Funds - State Fiscal Year 2015

This table reflects expenditure data as of 7/27/15.

Type of expense <sup>1</sup>	Totals	General Revenue	Capital Improvement	Dedicated Purpose	Federal Revenue	Internal Svcs Activity	Revenue Distribution
Department Totals	\$605,908,793	\$356,053,901	\$43,302,335	\$33,823,893	\$98,817,958	\$73,910,706	\$0
State-Provided Services	\$254,634,129	\$190,542,057	\$38,095,234	\$2,369,570	\$14,374,469	\$9,252,799	
Community Support Network	\$8,765,314	\$8,376,932		\$0	\$62,874	\$325,507	
Hospitals	\$245,868,815	\$182,165,125	\$38,095,234	\$2,369,570	\$14,311,594	\$8,927,292	
Community-Provided Services	\$227,843,902	\$132,325,021	\$5,207,101	\$14,587,602	\$73,141,120	\$2,583,058	\$0
Administration	\$44,487,372	\$15,996,186		\$16,866,721	\$11,302,369	\$322,096	
Central Office	\$43,771,740	\$15,280,554		\$16,866,721	\$11,302,369	\$322,096	
Research Grants	\$320,498	\$320,498					
Education & Training Grants	\$395,134	\$395,134					
Pharmacy Services	\$61,752,753					\$61,752,753	
Debt Service	\$17,190,636	\$17,190,636					

<sup>1</sup> The Department's accounting methodology is based on Posting Fiscal Year, which is consistent with the Office of Budget and Management's reconciliation process.

## Hospital Operating Expenditures, Populations and Costs Per Patient

Fiscal Year 2014 (The most recent fiscal year for which data is available.)

	Operating expenses as computed in past years	(+) Fiscal Year 2013 Adjustments <sup>1</sup>	(-) Com. Support Network and Shared Services <sup>2</sup>	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals <sup>3</sup>	\$221,539,581	\$11,405,249	-\$9,388,916	\$223,555,915	1021	\$218,852	\$597.95
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	\$22,191,529	\$667,601	-\$1,806,301	\$21,052,830	77	\$273,413	\$747.03
Heartland Behavioral Healthcare	\$28,291,435	\$3,373,756	\$0	\$31,665,192	141	\$224,576	\$613.60
Northwest Ohio Psychiatric Hospital	\$22,644,245	\$607,652	\$0	\$23,251,896	108	\$215,295	\$588.24
Northcoast Behavioral Healthcare	\$52,714,949	\$1,317,113	-\$5,297,222	\$48,734,840	225	\$216,599	\$591.80
Summit Behavioral Healthcare	\$45,924,957	\$3,618,640	\$0	\$49,543,597	259	\$191,288	\$522.64
Twin Valley Behavioral Healthcare	\$49,772,466	\$1,820,487	-\$2,285,393	\$49,307,560	211	\$233,137	\$636.99

<sup>1</sup> Includes indirect costs, depreciation and interest expense

<sup>2</sup> Includes all Shared Services and Community Support Network costs

<sup>3</sup> The Department's accounting methodology is based on Posting Fiscal Year, which is consistent with the Office of Budget and Management's reconciliation process.

## Ohioans served

As of July 1, 2015, preliminary data\* for SFY15 show that of those served within the publicly funded mental health and addiction system, **393,905** adults and children received mental health services through ADAMHS boards and community providers and **97,673** adults and youth received alcohol and other drug treatment services through community-based agencies.

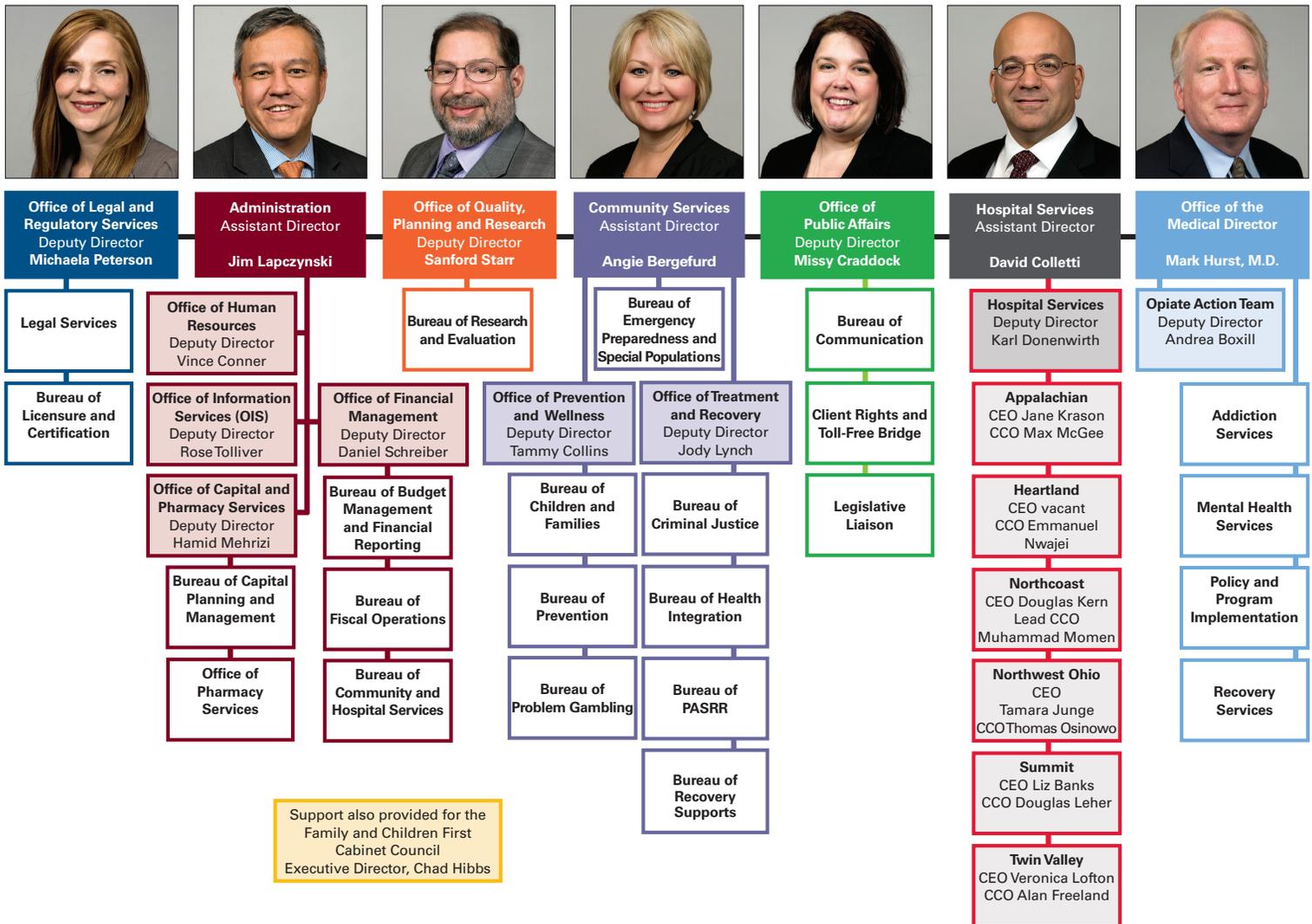
\*As more SFY claims are processed, that number will increase over the next 12 months.

## State-Run Psychiatric Hospital Inpatient Population

Fiscal Year	Total Admissions	Total Discharges	Total year-end population on rolls	Average daily resident population	Daily per capita operating expense	Annual per capita operating expense
1964	17,774	16,567	24,415	22,333	\$ 5.51	\$ 2,011
1974	19,851	21,775	12,137	11,251	26.85	9,799
1984	14,266	14,230	4,419	4,099	139.74	51,006
1994	10,674	10,663	1,920	1,840	373.41	136,293
2004	6,399	6,400	1,085	1,048	539.40	196,883
2014	7,761	7,755	1,052	1,021	597.95	218,852



# STRUCTURE



## Responsibilities

- Support and monitor local systems of care.
- Provide quality inpatient services.
- Develop strategies to prevent alcohol, drug and gambling addictions.
- Improve services to children/adolescents.
- Improve linkages with criminal justice system.
- Conduct research to address system priorities.
- Provide training and technical assistance.
- Procure pharmaceuticals for state and community entities.
- Protect rights of people receiving services.

## Peers answer 10,000 calls at Toll-Free Bridge

The OhioMHAS Consumer and Family Toll-Free Bridge (TFB) line provides referral and resource information for callers statewide regarding addiction and mental health services and supports. TFB staff members are peers who often work to help callers find the resources they need, learn about the referral process to access those resources, and understand consumer rights and responsibilities. The goal of this free telephone service is to promote advocacy, independence and recovery for Ohioans with behavioral health issues.

During SFY15, approximately 10,000 calls were answered by TFB peer staff. Callers were directed to services in their home county or to state resources.

**1-877-275-6364**

**1-888-636-4889 TTY • (614) 466-7228 (local)**

**askMHAS@mha.ohio.gov**



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