



Combined 2013 Annual Report

PREVENTION TREATMENT COMMUNITY SUPPORTS
RESEARCH HEALTH INTEGRATION PROBLEM GAMBLING
CULTURAL COMPETENCE PSYCHOLOGICAL FIRST AID
AT-RISK YOUTH NOT A SINGLE DROP BENEFIT PLANNING
SUPPORTED EMPLOYMENT GRANTS CAPITAL ALLOCATIONS
ACCREDITATION LICENSURE CERTIFICATION TRAINING
CLINICAL QUALITY FORENSIC MONITORING PEER SUPPORT
SUICIDE PREVENTION TELEHEALTH SUPPORTIVE HOUSING
TRAUMA-INFORMED CARE MEDICAID HEALTH HOMES
MEDICATION-ASSISTED TREATMENT PREVALENCE DATA
CLIENT RIGHTS EARLY CHILDHOOD MENTAL HEALTH
RESIDENTIAL STATE SUPPLEMENT WOMEN'S NETWORK
OHIO'S PHARMACY SERVICE CENTER STRONG FAMILIES
RECOVERY COACHING ACUTE INPATIENT CARE SCREENING
CRISIS STABILIZATION VETERAN OUTREACH RESILIENCY
GOVERNOR'S CABINET OPIATE ACTION TEAM RECOVERY

As of July 1, 2013, the separate Ohio Departments of Mental Health and Alcohol and Drug Addiction Services were unified as a new cabinet-level agency called the Ohio Department of Mental Health and Addiction Services.

Annual Report 2013



**A Year
to Advocate,
Educate and
Celebrate**



Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Dear Ohioans,

I am pleased to introduce you to the new Ohio Department of Mental Health and Addiction Services (OhioMHAS). Our agency was formally established on July 1, 2013, after more than a year's worth of work to consolidate the former Ohio Departments of Alcohol and Drug Addiction Services (ODADAS) and Mental Health (ODMH). Many stakeholders, staff and members of the public served by both agencies participated in the transition process. For Governor John R. Kasich and all staff members of OhioMHAS, this is an opportunity to focus on integrating addiction and mental health services into overall health care. We will improve access to quality services and build stronger partnerships among local boards, providers and myriad human services and health care systems that serve Ohioans.

The structure of the new agency reflects the integration that we seek. Topical areas are staffed by individuals with subject matter expertise from each of the former departments. This benefits both our customers and our partners. For example, a unified connection with law enforcement and the courts will enable those entities to address the unique challenges of both mental health and addiction more efficiently than managing initiatives separately.

Another benefit of consolidation is the cost savings that will be realized by taxpayers. Administrative savings through shared technology and the alignment of job functions will allow OhioMHAS to save \$1.5 million per year, which can now be dedicated to innovative services for people living in Ohio communities. Normal employee attrition contributed to savings and it's important to note that no employees lost their jobs due to consolidation. We move into our first year of operation with an eye toward greater cohesion in accomplishing our responsibilities.

The new department will also revise certification and other regulatory processes to reflect a greater degree of customer service and efficiency. If a county's Alcohol, Drug Addiction and Mental Health Services board is responsible for both addiction and mental health administration, or a community agency is dually certified to provide both types of treatment, it will be easier reporting to one state agency instead of two. We will measure our success during the next 12 months with the goal that providers and other partners will be able to point to marked improvements in the way the state does business and delivers services.

This 2013 annual report highlights many of the successes of both ODADAS and ODMH during the previous State Fiscal Year (SFY) from July 1, 2012, to June 30, 2013. Moving forward, OhioMHAS will work with the behavioral health field to implement our SFY 14/15 budget initiatives, including:

- investing in partnerships with county jails to link offenders with services;
- developing a quality incentive program for adult care facilities;
- expanding the Medicaid Health Home benefit statewide to promote overall wellness for people with serious and persistent mental illness;
- assisting more individuals with mental illness to transition from long-term nursing home placement back into appropriate community housing; and
- supporting housing options for individuals in recovery from addiction.

There is so much underway, and I encourage you to stay connected to our progress. Visit our new website at <http://mha.ohio.gov> and, while you're there, register to receive our e-News updates.

Sincerely,

Tracy J. Plouck

Director, Ohio Department of Mental Health and Addiction Services



Gov. John R. Kasich presides over the June 30 swearing in of Tracy J. Plouck as inaugural director of the consolidated Ohio Department of Mental Health & Addiction Services. Director Plouck's son Felix — who earlier in the evening helped the Governor sign the Jobs Budget 2.0 into law — assisted with the ceremony.



244,515

adults were served during SFY 2013 in Ohio's mental health system of county boards and community providers

124,977

children/youth also received mental health services during SFY 2013

7,644

adults received acute inpatient care in state-run regional psychiatric hospitals



Launch of combined agency signals new chapter in behavioral health care services for Ohioans

For Ohio's mental health and addiction services system, 2013 represented a marquee moment in history — when months of careful planning culminated with the launch of the Ohio Department of Mental Health and Addiction Services (OhioMHAS). For Ohioans with mental illness or addiction, the consolidation represents a shift toward integrated care and a more direct pathway to wellness and recovery.

OhioMHAS is excited to turn the page to a new chapter in the delivery of services in Ohio — one designed to promote better efficiencies and improved outcomes. It makes sense that treatment services for Ohioans with mental illness and addiction are coordinated, especially since we know that both are diseases of the brain that can be treated successfully. Ohioans will benefit from shared expertise and knowledge of best practices, streamlined policies and smarter operations.

OhioMHAS oversees a statewide mental health and alcohol, drug and gambling addiction service system that consists of community behavioral health agencies (approximately 300 addiction treatment providers, 160 prevention providers and 400 mental health agencies) and 53 county-based boards (47 alcohol, drug addiction and mental health services boards, three community mental health services boards, and three alcohol and drug addiction services boards). The department employs nearly 2,400 individuals, the bulk of whom work in the state's six regional psychiatric hospitals.

OhioMHAS services and responsibilities include:

- developing clinical evaluation and monitoring services;
- establishing minimum standards for services;
- maintaining compliance with standards at state hospitals;
- establishing essential elements of the Community Support Program;
- providing training, consultation and technical assistance; and
- developing strategies to prevent alcohol, drug and gambling addictions in youth and adults.

Most importantly, input from agency constituents will help us maintain high standards of transparency and accountability. The following pages highlight accomplishments of our separate agencies — ODADAS and ODMH — as well as combined initiatives and work that is in the planning stages for the new OhioMHAS.

The challenge of stigmatization

Although psychiatric hospitals are short-term acute care specialty facilities not unlike those for physical health care, and scientific research has revealed that addiction is a disease of the brain that is treatable, the major societal barrier to people achieving recovery is still stigma that is based in ignorance and fear. Hundreds of thousands of Ohioans do seek treatment, but unfortunately, many more do not because of stigmatizing attitudes.

The same attitudes that discourage individuals from clinical care also present barriers to non-clinical recovery supports such as employment opportunities and safe, affordable housing. As OhioMHAS moves forward, a key focus of the behavioral health care system will be to tackle the challenge that stigma presents to prevention and recovery success.

ODADAS Prevention staff focused on training workforce

The ODADAS Prevention Services team worked to infuse prevention science into Ohio's service system through workforce development and collaborative efforts to broaden the scope of prevention. During SFY13, the Prevention Policy Summit, the Prevention Academy and a Prevention and Wellness Roundtable prepared the prevention field for health care reform. Workforce development opportunities were widespread with regional training focused on Fetal Alcohol Spectrum Disorders, problem gambling prevention, successful prevention outcomes, in addition to the annual Ohio Prevention and Education Conference and a Strategic Prevention Framework Boot Camp for local community coalitions. Ohio was fortunate to be the first state in our region to deploy master trainers for the new Substance Abuse Prevention Skills Training curriculum.

"We Are the Majority" youth rally growing

The Ohio Youth Led Prevention Network (OLYPN) is a group of young leaders who focus on promoting behavioral health and living a healthy, substance-free lifestyle. Its adult and youth councils adopted the Actively Caring 4 People (www.ac4p.org) program, which was initiated at Virginia Tech after the 2007 campus shootings, and seeks to reduce bullying and encourage caring values. The OLYPN also developed evaluation tools to guide youth-led prevention throughout the state and provided regional trainings targeted at youth and adult leaders.

The group's second annual "We Are the Majority" rally in Columbus on May 2, 2013, more than doubled in size from 2012 and included a satellite event in Lorain County to reach a total of more than 1,500 participants. The event brings awareness that the majority of young people are alcohol and drug free.

During the rally, Director Tracy Plouck presented the 'Actively Caring' award to a group of students and advisors from Chardon High School for their resiliency following the 2012 school shooting. The response of school administration, faculty and students in the year following the shooting is viewed as an example to other communities that have been struggling with tragedy. *"The entire Chardon community should be proud of the way in which it continues to come together, much like a family, to heal and become stronger. This is well-deserved recognition for a community that now serves as a positive example for others across the nation who are coping with tragedy,"* said Director Plouck. State Sen. John Eklund (R-Munson Township) also recognized the group by presenting a Senate Proclamation.

Videos tell cautionary tale of underage drinking

Ohio was fortunate to be chosen to partner with the Substance Abuse and Mental Health Services Administration (SAMHSA) in the development of three videos that highlight the "Parents Who Host Lose the Most" campaign against underage drinking. The videos, created in conjunction with the Drug-Free Action Alliance, focus on youth, parents and law enforcement and will be utilized by community coalitions, youth-led prevention programs and schools to increase awareness of underage drinking.

62%

of clients younger than age 17 had a primary addiction diagnosis related to cannabis

33%

increase during the past five years of teens admitting to at least one event of prescription drug abuse on the 2012 Partnership at Drugfree.org national survey

600

drug-free youth participants rallied in Lorain County in May 2013 to support healthy life choices



Photos above from the "We Are the Majority" rally in Columbus show some of the representatives of Chardon High School (top) and the massive crowd marching to the Ohio Statehouse (bottom).

2,500

professionals and other individuals were educated through workforce training and community outreach toward prevention and treatment of problem gambling disorder

Boards receive \$1.5M for problem gambling services

State Fiscal Year 2013 was the first year that the Gambling and Other Addictions Fund (created when Ohio's casino enactment legislation passed) sent allocations to the county Alcohol, Drug Addiction and Mental Health Services boards. Two quarterly allocations of approximately \$1.5 million were used for community-based planning, prevention and education related to problem gambling, and for addiction treatment for anyone with a diagnosis of gambling disorder. Workforce capacity-building was also a major focus, with eight regional treatment trainings and six regional prevention trainings welcoming nearly 1,000 behavioral health professionals.

Work continues among the Ohio for Responsible Gambling partners to launch a statewide education campaign and to ensure up-to-date resources for the ORG.ohio.gov website and for the Problem Gambling Helpline at 1-800-589-9966.

ODMH builds communities with capital support

Through ODMH's Capital Planning and Management Office, grant allocations for community projects totaled \$7 million for SFY13. This leveraged more than \$25 million from other sources to benefit community bricks-and-mortar projects, enabling development of 200 apartments, updated environments for 21 crisis residential treatment beds in two locations, and the construction of a new consumer-operated recovery center offering peer-support services.

In addition, an expanded partnership with the Ohio Housing Finance Agency has created opportunities for our community boards/agencies to leverage additional funds for critical renovation of up to 100 housing units that were funded through ODMH capital in previous years. These renovations will preserve and substantially lengthen the life of existing units. With a similar goal, a separate OHFA partnership enabled ODMH to administer funding for critical repairs to improve the habitability and safety of adult-care facilities that provide room, board and personal care for individuals who reside in the community, but need assistance with daily living.

Ohio wins federal recovery supports grant

Ohio received a \$50,000 grant to grow the state's Peer Support/Recovery Coaching services. The Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) award from the SAMHSA is being used to implement

strategies to improve the accessibility, quality and cost-effectiveness of Peer/Recovery Services within the behavioral health system. ODMH and ODADAS collaborated with the Ohio Citizen Advocates, the Ohio Empowerment Coalition, the Ohio Department of Job and Family Services (ODJFS), Ohio Medicaid and the Ohio Rehabilitation Services Commission on this grant, which only eight states received.

BRSS TACS established a definition of "recovery" to be shared across state entities: OhioMHAS, the Ohio Empowerment Coalition and Ohio Citizen Advocates. Other strategies within the grant include bringing stakeholders

In photo top: ODADAS Problem Gambling Specialist Scott Anderson delivers a presentation on the topic to educate ODMH staff. In two photos bottom, Paula and Tom both benefit from safe, affordable housing in Urbana, Ohio, made possible through ODMH's Capital grant funding to a community housing developer.



\$32 million

provided for housing projects that included apartments, crisis residential units and consumer-operated services centers for recovery

and providers from both mental health and alcohol and other drug addiction fields together through a Policy Academy to promote access, quality and integration of peer support services to Ohio citizens. This timely work supported an enhanced continuum of care as ODMH and ODADAS were planning consolidation to a single agency. It also addresses the inclusion of peer services in Ohio Medicaid Health Homes, a new benefit that is being implemented across the state to serve beneficiaries with multiple, chronic health conditions.

Medicaid Health Homes concept benefits Ohioans with chronic mental and physical illnesses

A benefit option for Ohio Medicaid enrollees with serious and persistent mental illness (SPMI) was added in five Ohio counties in October 2012. It's a person-centered system of care called a "Health Home" that is designed to improve care coordination for high-risk beneficiaries. The counties in the first phase — Adams, Butler, Lawrence, Lucas and Scioto — represent three regions of the state and include rural, suburban and urban populations.

A Health Home is a care management service based on the concept of treating individuals holistically through a team approach. The team addresses clinical care needs and also links people to non-clinical community supports. Helping people lead healthier lives can greatly reduce the negative impacts of living with long-term serious and persistent mental illness. It can also save money. Both reasons led ODJFS and Ohio Medicaid to team up with ODMH to focus first on Medicaid beneficiaries with SPMI who could benefit from coordinated care. The assumption is that with more comprehensive treatment, this SPMI population will be healthier and require fewer hospital admissions and other high-cost medical care. This forward-thinking strategy is a priority of the Governor's Office of Health Transformation because it develops a model of care that promotes the health of Ohioans and the economic vitality of the state.

Health Home providers are Community Behavioral Health Centers (CBHC) that are certified to offer the Health Home service, which is covered under Ohio's Medicaid plan at no charge to the patient. Participation is voluntary. Eligible individuals can obtain comprehensive medical, mental health and drug and/or alcohol addiction treatment, and social services that are coordinated by a team of health care professionals working through the CBHC. The team will assist people with SPMI in receiving necessary treatment, whether it is related to heart disease, asthma, dental care, nutrition, addiction or mental illness. Helping the individual to adhere to treatment protocols and family education will be a key element.

Because the Health Home concept is based on a provider's willingness to transform its practice, the Medicaid Health Homes for individuals with SPMI will be implemented through a phased-in approach based on the county or counties of the provider's practice location(s) as opposed to the county of residence of the consumer. CBHCs representing nearly all of Ohio's 88 counties have expressed an interest in implementing Health Home services. In-person and e-learning opportunities and technical assistance resources are being offered to CBHCs, with a goal of expanding this benefit option statewide.

In photo above right: Jennifer Moses, Zepf Center CEO; Kelly Skinner, Thomas Wernert Center director; ODMH Director Tracy Plouck; and Steve Benjamin, vice president of Clinical Services at Harbor, spoke at the kick-off for Health Homes hosted at the Zepf Center in Toledo.

135

peer support specialists have been trained through the Ohio Empowerment Coalition using state mental health funding since 2011

65

consumer-operated service or drop-in centers around Ohio support people with mental health and addiction disorders by offering job training, self-empowerment skill building and positive relationships with peers



5

Ohio counties are implementing Medicaid Health Homes for people with serious and persistent mental illness: Adams, Butler, Lawrence, Lucas and Scioto

18,000

people are enrolled to receive integrated care services and community supports that bridge physical and behavioral health

Ohio's public Regional Psychiatric Hospitals

Appalachian Behavioral Healthcare

Jane Krason, CEO; Max McGee, M.D., CCO

100 Hospital Drive, Athens, Ohio 45701

(740) 594-5000 or toll-free (800) 372-8862

Capacity: 88; SFY13 Admissions: 979

Heartland Behavioral Healthcare

Jeffrey Sims, CEO; Emmanuel Nwajei, M.D., CCO

3000 Erie Street, South, Massillon, Ohio 44646

(330) 833-3135 or toll-free (800) 783-9301

Capacity: 148; SFY13 Admissions: 1,349

Northcoast Behavioral Healthcare

Doug Kern, acting CEO; Mohammad Momen, M.D., CCO

1756 Sagamore Road, Northfield, Ohio 44067

(330) 467-7131 or toll-free (800) 557-5512

Capacity: 260; SFY13 Admissions: 1,807

Northwest Ohio Psychiatric Hospital

Mychair Scheramic, CEO; Thomas Osinowo, M.D., CCO

930 Detroit Avenue, Toledo, Ohio 43614

(419) 381-1881 or toll-free (877) 970-4325

Capacity: 114; SFY13 Admissions: 574

Summit Behavioral Healthcare

Liz Banks, CEO; Douglas Lehrer, M.D., CCO

1101 Summit Road, Cincinnati, Ohio 45237

(513) 948-3600 or toll-free (888) 636-4724

Capacity: 291; SFY13 Admissions: 715

Twin Valley Behavioral Healthcare

Karen Woods-Nyce, CEO; Alan Freeland, M.D., CCO

2200 West Broad Street, Columbus, Ohio 43223

(614) 752-0333 or toll-free (877) 301-8824 TVBH

Capacity: 176; SFY13 Admissions: 1,969

State psychiatric hospitals are committed to access, safety and quality services that lead to recovery

OhioMHAS operates six regional psychiatric hospitals, which provide short-term, intensive treatment to patients in both inpatient and community-supported environments. They also deliver comprehensive care to patients committed by criminal courts. These state-run hospitals are modern, specialized facilities that work in collaboration with county boards and community agencies, and deliver expert services built on evidence-based best practices. Staff at the hospitals focus on maximizing the potential for recovery so that people with mental illness will be successful and satisfied in their preferred community setting after discharge.

Each hospital is required to be inspected by and maintain compliance with the national health care standards for hospitals. All six have achieved The Joint Commission's Gold Seal of Approval™.

Public-Private Partnership Initiative encourages innovation

Leadership from ODMH, the Ohio Association of County Behavioral Health Authorities (OACBHA), the Ohio Council of Behavioral Health and Family Services Providers (Ohio Council) and the Ohio Hospital Association developed the Private-Public Partnership Initiative during SFY13 to support collaboration between Ohio's state-run hospitals and the private community hospital systems. The ongoing goal is to share innovative approaches and best practices that will enhance outcomes for all consumers. The concept was rolled out at the Public/Private Inpatient Psychiatric Services Leadership Conference on Nov. 16, 2012, with more than 250 attendees. The conference was designed to encourage regional groups to meet and identify actionable work plans.

For example, in the Heartland region, hospital partners are reviewing national best practice literature to develop a tailored medical clearance algorithm to be piloted and refined to suit the entire region. Another project from this region is to evaluate programs that may have an effect on supporting patient reintegration into their home communities. The Southeast region members focused on system capacity, availability and location of inpatient beds, and crisis-bed utilization when an appropriate alternative. Central Ohio representatives came together to learn about the Twin Valley Behavioral Healthcare peer-support program and to discuss adult-care facilities as discharge options.



During SFY13, Creative Services staff at the Ohio Department of Health assisted the Department of Mental Health in producing a video for recruitment of psychiatrists.

Hospital Operating Expenditures, Populations and Costs Per Patient

Fiscal Year 2012 (The most recent fiscal year for which data is available.)

	Operating expenses as computed in past years	(+) Fiscal Year 2012 Adjustments ¹	(-) Com. Support Network & Shared Services ²	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals ³	\$209,582,660	\$11,136,137	-\$9,405,761	\$211,313,035	1008	\$209,589	\$572.65
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	\$21,212,817	\$951,556	-\$1,993,406	\$20,170,967	77	\$260,592	\$712.00
Heartland Behavioral Healthcare	\$24,603,772	\$2,016,874	-\$19,902	\$26,600,744	127	\$209,185	\$571.54
Northwest Ohio Psychiatric Hospital ³	\$21,707,890	\$831,815	-\$32,007	\$22,507,698	104	\$217,294	\$593.70
Northcoast Behavioral Healthcare	\$50,315,196	\$1,614,484	-\$4,931,014	\$46,998,666	244	\$192,314	\$525.45
Summit Behavioral Healthcare ⁶	\$42,908,228	\$3,645,476	\$0	\$46,553,704	256	\$182,041	\$497.38
Twin Valley Behavioral Healthcare	\$48,834,758	\$2,075,932	-\$2,429,433	\$48,481,257	200	\$242,456	\$662.45

1 Includes indirect costs, depreciation and interest expense

2 Includes all Shared Services and Community Support Network costs

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

Trauma-informed care must infuse all service delivery

Violence, abuse, neglect, natural disasters, war and other emotionally destructive experiences create trauma that knows no boundaries with regard to age, race, ethnicity, economics, gender, geography or sexual orientation. When a program takes the step to become trauma-informed, every part of its organization, management and service-delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of an individual seeking services. Trauma survivors often have a history of multiple trauma-inducing experiences, and in addition to mental health issues, they may deal with health problems, substance abuse or eating disorders, and/or have a history of involvement with the criminal justice system.

It has long been a tenet of ODMH to recognize the consequences of trauma and to understand the vulnerabilities or triggers of survivors that traditional service-delivery approaches may worsen, so that programs can be more supportive and avoid re-traumatization. This effort was emphasized during SFY13, with help from experts at SAMHSA. Hospital and central office staff attended a SAMHSA-led training on June 5, 2013, that will be duplicated system-wide in the coming biennium.

11
days is the average length of stay for a civil patient in a state-run psychiatric hospital

1,077
beds are available in the six state psychiatric hospitals, and capacity was at 98 percent during SFY 2013

"We're not treating disorders. We're treating people who have disorders. Patients who enter this facility, and their families, are coming to a place of healing."

Dr. Mark Hurst, OhioMHAS Medical Director



Above, staff in a hallway at Summit Behavioral Healthcare. Far right, Medical Director Mark Hurst, M.D., (standing) kicks off training by the SAMHSA National Center for Trauma Informed Care.

25

percent decrease in the number of prescription painkillers prescribed in Scioto County from 2009 to 2012

“Efforts to reduce access to opiates are showing promise. We are focusing on preventing misuse of prescription narcotics and use of heroin, especially with young adults, and ensuring that quality treatment is accessible to those who need it.”

Orman Hall, director of the Governor’s Cabinet Opiate Action Team

Attacking opiate abuse, over-prescribing and overdoses

Closing the “pill mills” in southern Ohio through enactment of HB 93 in mid-2011 was a critical step in reducing the availability of prescription opiates. The percentage of increase in accidental opioid drug overdoses in Ohio in 2011 was half of what it was the previous year, according to data released by ODADAS and the Ohio Department of Health (ODH) in late April 2013. While the percentage increase dropped from 26 to 13 percent, reducing the number of overdose deaths remains a primary objective.

Expanding addiction treatment options, including accessibility of medication-assisted treatment, has been a key initiative of the Kasich Administration. Other strategies include the development of emergency-room and urgent-care opiate prescribing guidelines by ODH, a pilot Naloxone education and distribution program to reverse opiate overdoses in Scioto County, and drug drop-box projects.

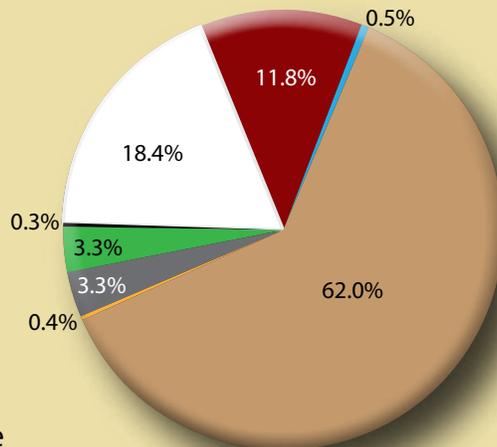
Financial and program support continues for the Drug-Free Action Alliance-led network of opioid addiction family support groups and the OACBHA-led network of community opiate task forces.

Prevalence data on clients who received publicly funded addiction treatment during SFY 2012



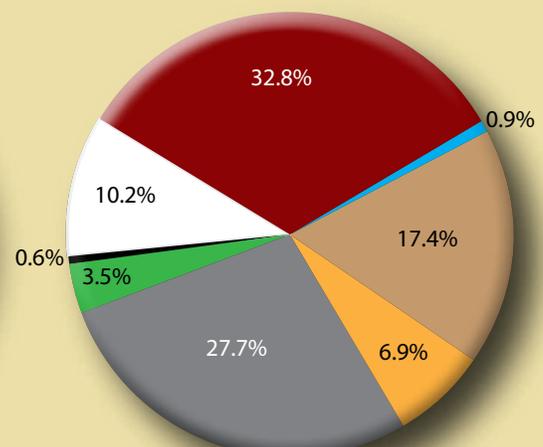
Clients Age 17 & Under

Total Number = 9,929



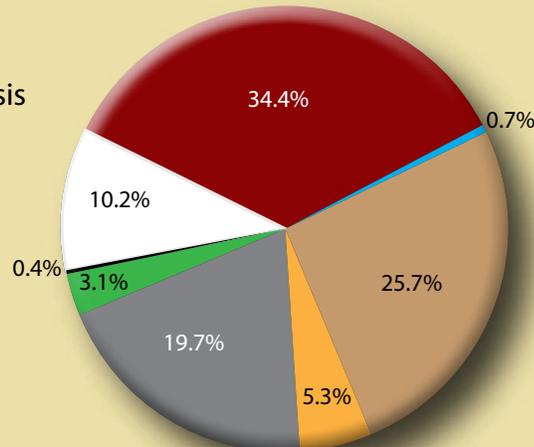
Clients Age 18 & Over

Total Number = 88,490



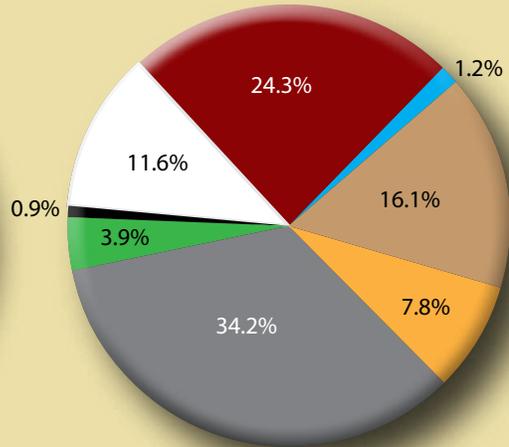
Male Clients

Total Number = 60,049



Female Clients

Total Number = 38,026



Southern Ohio Addiction Treatment Center

Local leaders in Southern Ohio have been focused on attacking the epidemic of addiction to prescription drugs and heroin during the past several years. Since 2011, Gov. Kasich has made this battle a target of efforts by his administration. As a result, on May 2, 2013, the Health Recovery Services Southern Ohio Treatment Center opened in Jackson, Ohio, with support from ODADAS and the Governor's Office of Appalachia. The center will offer counseling and medication-assisted therapies as vital components of effective treatment. Subsequently, the region can build a more employable workforce and reverse a trend of opioid abuse that impacts the criminal justice system. The ultimate goal is to save lives.

Tool to fight painkiller addiction unveiled in Gallipolis

The Governor's Office of Health Transformation and ODADAS joined with State Sen. Bob Peterson (R-Sabina) and State Rep. Ryan Smith (R-Bidwell) on July 26, 2012, to announce the Biometric Enrollment and Verification Rx System pilot program designed to reduce the diversion and misuse of prescription medications. Other partners in the project include Holzer Health Systems and CrossChx, both located in Gallia County. Holzer Health Systems patients receive a fingerprint scan before seeing doctors. Once the fingerprint is scanned, the data is instantly uploaded to the patient's electronic medical record. The information records how many times the patient has visited the doctor and pharmacy, and how many pills the patient has been prescribed. Several pharmacies are using the scans when dispensing prescriptions to track and prevent abuse.

2013 Ohio Opiate Conference: Turning the Tide Together

OACBHA, in partnership with ODADAS and the Ohio Rehabilitation Services Commission (RSC), presented Ohio's 2013 Opiate Conference: Turning the Tide Together, April 29-30, 2013, in Columbus. U.S. Sen. Rob Portman and Chris Jones, a health scientist with the Centers for Disease Control and Prevention, served as the keynote speakers. About 1,000 participants from a wide range of disciplines attended to learn about progress made in Ohio's fight to stem the tide of opiate addiction and plan for the next steps.

In photos at top right, during the Opiate Conference, Danielle Smoot (Clark County) and Bethani Temple (Marion County) speak at a press conference on how expansion of Medicaid would benefit Ohioans impacted by opiate addiction. Smoot spoke of her son Cole who died after a single dose of someone else's prescription medicine. Temple spoke about her fight for recovery from addiction so she could raise her daughter. She has since earned a college degree. In the large photo above, ODADAS Director Orman Hall is pictured with Sen. Rob Portman (center) and RSC Director Kevin Miller.

In the photo directly at right, Courtney Rose (Scioto County) speaks at Ohio's Rally for Recovery on the steps of the Statehouse. She represents SOLACE of Portsmouth, an organization of families who have lost loved ones to addiction.



40

**SOLACE Family Engagement
Advocacy groups have been formed
during the past two years**



Governor Kasich commits \$5 million to help youth in crisis

During SFY13, Gov. Kasich committed an additional \$5 million to develop targeted strategies to stabilize children in crisis who have intensive needs. “Strong Families, Safe Communities” funds will be used to improve care coordination for families with children in crisis who present a risk to themselves, their families or others because of a mental illness or a developmental disability. Support for these families will reduce risk of harm and help families remain together as a unit, rather than resort to out-of-home placement. OhioMHAS Director Tracy Plouck and Ohio Department of Developmental Disabilities Director John Martin will lead the work with families and other stakeholders during FY 2014 to develop best practices and implement programming related to this funding.

Early childhood services align with Race to the Top goals

In 2013, ODMH continued its commitment to improving the mental, social and emotional wellness outcomes for Ohio’s youngest citizens – children birth to age 6. The state received national recognition in a report by early childhood mental health policy advocates for investing in innovation and clinical best practices that led to “compelling” success.

Through our partnership in the Race to the Top Early Learning Challenge Grant Initiative, ODMH awarded \$1.2 million for early childhood mental health (ECMH) consultation. Working as part of a multiagency wellness team, ECMH consultants are focusing on development and training of early childcare educators and professionals statewide. The purpose of the Race to the Top five-year, 12-state national demonstration project is to model strategies that states and communities can implement to increase the number of children in high-quality child-care settings that prepare them for kindergarten and long-range academic success. Anticipated outcomes of the ECMH project are improved family engagement, reduced expulsion rates and referral to behavioral health services to prevent escalation of possible emotional or behavioral symptoms.

During SFY13, the ECMH consultants provided 2,368 early childhood developmental assessments, visited 223 early childcare sites and provided professional development training to 1,112 early child care educators and professionals. ODMH also funded Innovation Grants to improve direct services by supporting the sharing of knowledge and successes among professionals. Building on nearly a decade of funding for early childhood mental health consultation, treatment, professional development, training, credentialing, program evaluation and research, Ohio is uniquely positioned to serve as a national resource on early childhood mental health treatment practices and thought leadership.

Governor Kasich signs Youth Suicide Awareness bill

Ohio joined 10 other states when Gov. Kasich signed the Jason Flatt Act into law, requiring schools to educate personnel in youth suicide awareness and prevention as a part of in-service training. Sponsored by State Rep. Marlene Anielski (R-Walton Hills), the legislation is named after Jason Flatt, who completed suicide 15 years ago. His father founded The Jason Flatt Foundation with the goal of saving lives by raising awareness.

Photos on this page were taken at the Ohio Statehouse. At top, toddlers at a Children’s Mental Health event wear t-shirts in support of Ohio’s ENGAGE grant to support teens and young adults with mental health issues who are transitioning into independence. Children’s mental health and resiliency is celebrated each May. The other two photos were taken at the Rally for Recovery, sponsored by ODADAS in partnership with Ohio Citizen Advocates, The Ohio State University - Talbot Hall, The Woods at Parkside and Jendco Safety. The annual rally highlights Addiction Recovery Month in September.



Pediatric Psychiatry Network continues doctor consultations

In 2010, Ohio became the first state to create a 24/7 pediatric psychiatry consultation network through a public/private partnership with children's hospitals, child psychiatry residencies and ODMH. Ohio's Pediatric Psychiatry Network provides a single, statewide toll-free number and website application to allow primary care providers access to quick, same-day consultation by child and adolescent psychiatrists to help in assessing and treating their patients. This service is free to Ohio's health care providers through the donation of professional services of child and adolescent psychiatrists from participating academic centers. Since its inception, 789 consultations have been provided to help health care providers identify and manage significant behavioral health conditions.

Through the network, additional collaborative opportunities to improve patient access to care and increase primary care competency in behavioral health have become available. One example is a partnership with Ohio Medicaid to conduct a pilot program that provides telepsychiatry services to children and families living in rural, underserved areas of Ohio. During SFY13, 20 children and their families participated in this program and indicated a high rate of satisfaction with the service. Additional projects are focusing on increased behavioral health screening, diagnosing and treatment within pediatric practices and recruiting/training/retaining mental health providers in underserved areas.

Understanding psychotropic medications in children

Launched in SFY13, Minds Matter is an effort to evaluate and improve prescribing practices of atypical antipsychotics and other psychotropic medications for the youngest members of the Medicaid population, especially those in foster care. These young people are more likely to experience trauma and social-emotional issues early in life and are prescribed atypical antipsychotic medications more often than other children in Medicaid. Some are prescribed multiple medications outside of accepted standards of care, leading to concern about adverse effects that could impact them for years to come. OhioMHAS's Medical Director Dr. Mark Hurst participates in the Minds Matter collaborative, which will promote timely access to safe and effective psychotropic medications and other treatments for children who need it and reduce potential adverse medication-related effects.



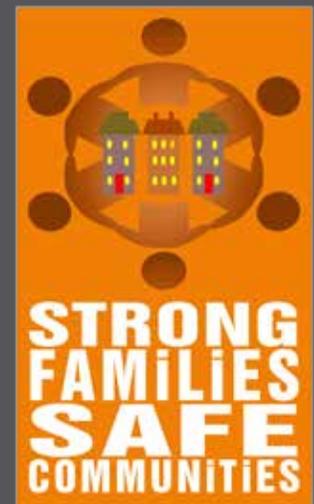
OhioMHAS Director Tracy Plouck (center) joins Ohio Department of Medicaid Director John McCarthy and Medical Director Mary Applegate, M.D., at a press event announcing the initiative to analyze and improve antipsychotic prescribing in youth. The project is called Minds Matter.

2,368

early childhood developmental assessments were conducted by early childhood mental health consultants during SFY13

789

consultations were provided to primary care physicians or other health care providers by child and adolescent psychiatrists who are part of the Pediatric Psychiatry Network



7

public-private community partnerships covering

20

counties will use the first \$3 million of the \$5 million allocation to serve families with at-risk children

"Children at risk – those struggling and teetering on the edge of self-harm or aggression and violence – often aren't yet in treatment programs and therefore not known to us as someone in need of care and support. We're engaging our local systems and encouraging community-driven solutions that combine knowledge and leadership across agencies."

OhioMHAS Director Tracy Plouck

Results of the Hot Spot grant allocations in SFY13

4,193

people received services ranging from diagnostic screening and therapy to subsidized housing or transportation

547

people received crisis care

97

people received service via telemedicine

994

people in the mental health and related workforce, consumers, family members and youth, were trained

161

organizations are collaborating, coordinating or sharing resources with other organizations

30

jobs were created to support local services, including psychiatry and crisis stabilization

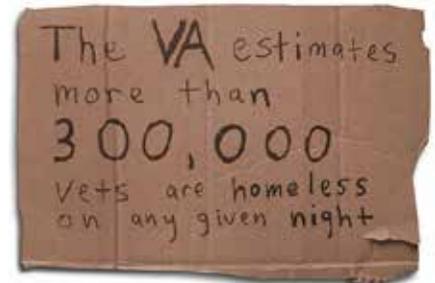
Hot Spots update on ADAMHS board collaboration

Funding for community behavioral health services comes from federal, state and local sources. Historically, Ohio’s mental health department relied on state General Revenue Funds (GRF) for approximately half of its budget and allocated approximately one-fourth of these funds to local Boards for the purchase of community services. For SFY13, ODMH received \$307 million in GRF.

During preparations for the SFY13 budget allocations, Director Tracy Plouck announced a new strategy for distributing some of the funding that would be sent to Ohio’s 50 community mental health boards for services to individuals who are not covered by Medicaid or other insurance. The approach was to use \$10.6 million to address “hot spots” of need. The goal was to benefit citizens who have the greatest unmet needs or are difficult to engage in services, or to divert people from more restrictive and typically higher-cost settings such as hospitals, jails or nursing homes.

The concept stretches Ohio’s dollars through economies of scale. Boards were encouraged to engage their providers and local advocates and collaborate with partnering board areas to leverage collective resources. Their proposals had to focus on meaningful, near-term actionable investments for Ohioans. To receive a “hot spot” grant, collaboration was required. However, the investments could vary widely depending on local needs. They could create new programs or build on current ones. The specific number of strategies was left to each collaborative to determine, with the expectation that individuals residing in all partnering board areas would see a reasonable degree of improvement as a result of participation.

One example of collaboration was in Northeast Ohio, where the Trumbull County Mental Health and Recovery Board contributed \$25,000 to partially fund a full-time coordinator to work with veterans who need housing. Coupled with a Veterans Administration grant, the funds enable development of 20 “transition-in-place beds” specifically for homeless veterans, and case management through Valley Counseling in Warren to coordinate community services among various entities to meet the multiple issues faced by some veterans. According to the National Council for Community Behavioral Healthcare, one in three homeless men are veterans. A high percent of homeless veterans are dealing with addiction disorders, mental health disorders or both.



Collaborative	Hot Spot \$	Other Revenue	Total
Northeast	2,340,542	7,647,846	9,988,388
Northwest	1,590,218	0	1,590,218
Heartland	1,581,891	11,577	1,593,468
Central Ohio	2,127,785	0	2,127,785
Southeast	894,051	0	894,051
Southwest	2,061,942	59,984	2,121,926
Total	\$ 10,596,429	\$ 7,719,407	\$ 18,315,836



The OASIS Men's Therapeutic Community at Pickaway Correctional Institute (PCI), a partnership between ODADAS and the Ohio Department of Rehabilitation and Correction (ODRC), celebrated its 20th anniversary with an alumni reunion on Sept. 10, 2012. OASIS, which stands for "Our Awareness of Self Increases Success," provides intensive residential drug and alcohol treatment services to offenders incarcerated in the state prison system to promote their successful reentry into the community following release. ODMH Director Tracy Plouck, ODADAS Director Orman Hall and ODRC Director Gary Mohr (l-r in photo top right) spoke at the celebration.



3,000

men have been helped to break the cycle of addiction and crime since the OASIS program began at Pickaway Correctional Institution in 1992.

1,452

offenders with serious and persistent mental illness were linked with appointments and/or community resources to support their successful transition from incarceration during SFY13

Criminal justice and behavioral health linkages

A significant percentage of individuals incarcerated in county, local and regional jails have diagnosable mental illness and addictions. Many of these individuals repeatedly shift between the criminal justice and behavioral health systems. OhioMHAS and its community partners in behavioral health care and criminal justice are maintaining current programs and developing new projects that link offenders across systems with community-based behavioral health care. Work began during SFY13 to seek local board proposals for pilot projects in SFY14-15 that would apply best practices of care to decrease both criminal recidivism and hospitalization, thereby promoting public safety and reducing state and local corrections costs.

ODADAS-funded drug courts and TASC reduce recidivism

During SFY 2012, ODADAS Treatment Alternatives to Street Crime (TASC) programs served 5,513 adults and 972 juveniles. Only 7.75 percent of the adults and 17.6 percent of the juveniles were re-arrested. Only 2.3 percent of adult TASC participants were sentenced to prison and 5.12 percent of the juveniles were committed to the Ohio Department of Youth Services (DYS). Over the same time period, ODADAS-funded drug courts served 1,810 adult and 66 juvenile offenders. Among adult participants, only 7 percent were re-arrested and committed to prison and none of the juvenile participants were committed to DHS facilities. The family drug courts served 210 parents who were charged with abuse/neglect/dependency of their minor children. A total of 43 children were reunited with the parents that participated.

ODMH hosts trainings for court, treatment collaboration

During the spring of 2013, ODMH, OACBHA, the Ohio Council and the Ohio Judicial Conference sponsored a series of six regional forensic trainings throughout the state to increase information sharing among mental health and justice system professionals. The trainings, built upon a similar series conducted in 2012, focused on case examples presented by state hospital and community agency staff, and included a panel presentation by people who have been found by trial courts to be not guilty by reason of insanity.



The Ohio Department of Rehabilitation and Correction made a number of changes to its health system last year that led to \$26 million in savings. Those cost-savings measures included switching to mail-order drugs facilitated through ODMH's Office of Support Services (OSS), which procures and distributes food and pharmaceuticals to state-run and community-based entities at low costs achieved through economies of scale. The pharmacy savings attributed to OSS were estimated at \$2 million.

Addiction Services in SFY12

(The most current fiscal year for which data is available)

2,691,163

Ohioans benefitted from Prevention Services provided through ODADAS

9,929

adolescents (age 17 or younger) received publicly funded addiction treatment services through the agency

88,490

adults received publicly funded addiction treatment services through the agency

28%

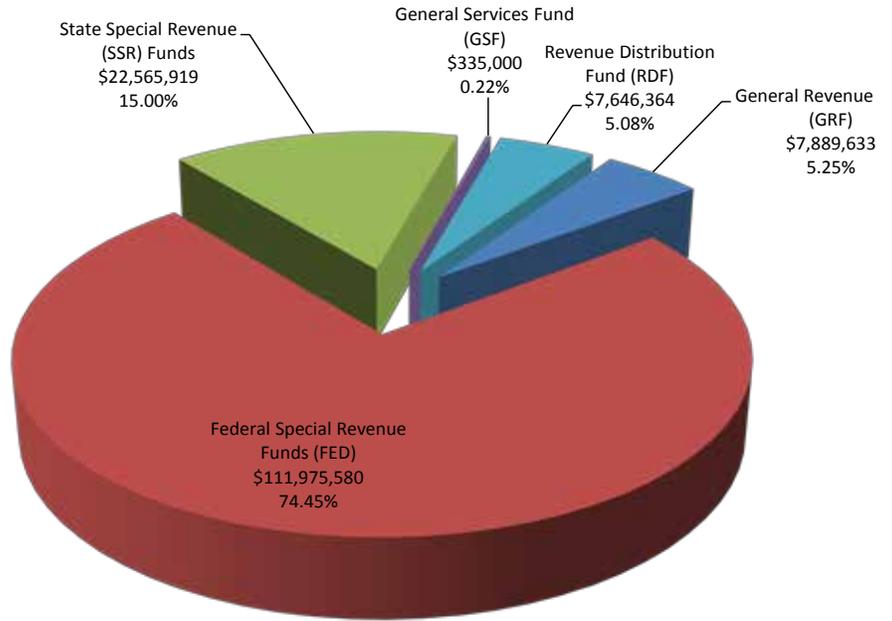
of Ohioans in treatment who have a primary diagnosis of opioid addiction

6,331

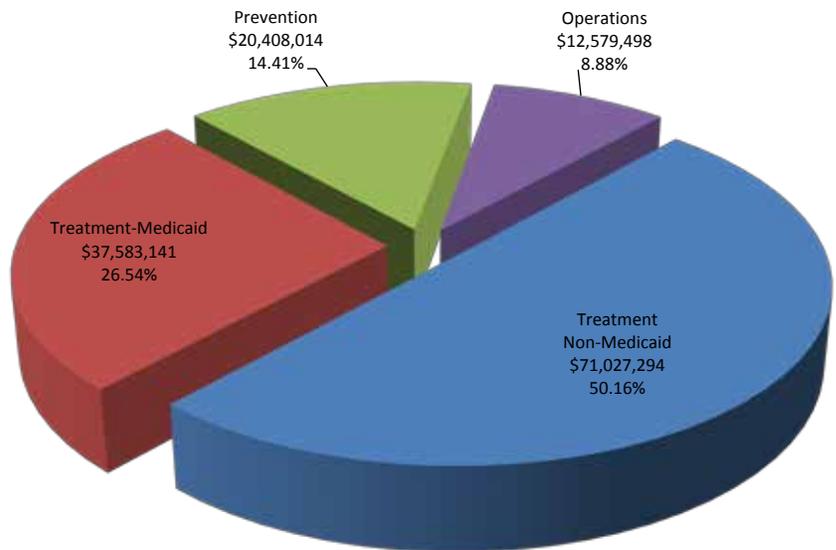
people served so far through the third year of the four-year \$13.3 million Access to Recovery federal grant to ODADAS to support an array of faith-based and community providers in Cuyahoga, Jackson, Lorain, Mahoning, Stark and Summit counties. This included providing counseling, job training and other services to 188 military veterans, and training more than 100 recovery coaches in the six counties.

Ohio Department of Alcohol and Drug Addiction Services Expenses and Source of Funds – State Fiscal Year 2013

ODADAS Funds/Budget Authority: \$150,412,496



ODADAS Budgeted Expenses: \$141,597,947



Substance abuse credentials change

A new level of prevention credential, the Ohio Certified Prevention Specialist Assistant, was added in 2013 to help grow the prevention workforce, thereby increasing the capacity for services. For chemical dependency treatment professionals, Gov. Kasich signed Executive Order 2013-02K, that authorized the immediate enactment of statutes in House Bill 284 for new Ohio Chemical Dependency Professionals Board's rules that permit a more flexible, relevant and accessible license while allowing for the development and education of qualified and knowledgeable chemical dependency treatment professionals.

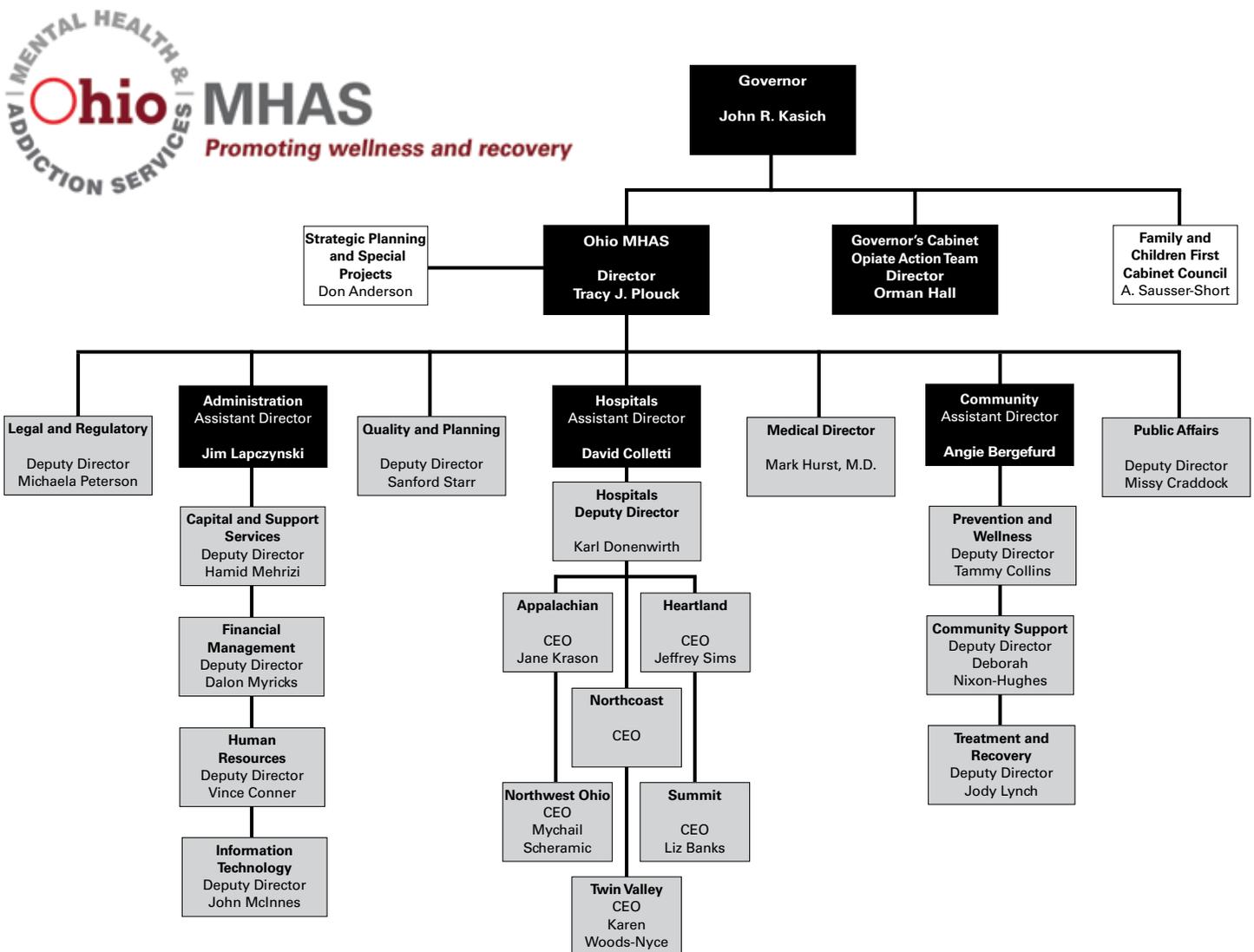
Ohio Department of Mental Health Expenses and Source of Funds - State Fiscal Year 2013

This table reflects expenditure data as of 7/24/13.

Type of expense ¹	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$589,321,071	\$306,425,383	\$5,495,033	\$11,646,253	\$87,645,316	\$167,294,346	\$12,204,318
State-Provided Services	\$222,303,867	\$192,722,974	\$4,503,578	\$1,395,704		\$18,967,288	\$6,103,900
Community Support Network	\$9,236,472	\$9,015,010		\$4,606		\$146,017	\$70,839
Hospitals	\$213,067,395	\$183,707,964	\$4,503,578	\$1,520		\$18,821,271	\$6,033,062
Community-Provided Services	\$221,991,766	\$81,504,066	\$991,455	\$9,148,579		\$125,777,522	\$4,570,143
Administration	\$41,832,083	\$16,650,303		\$1,101,970		\$22,549,535	\$1,530,274
Central Office	\$40,895,703	\$15,713,923		\$1,101,970		\$22,549,535	\$1,530,274
Research Grants	\$420,998	\$420,998					
Education & Training Grants	\$515,382	\$515,382					
Support Services	\$87,645,316				\$87,645,316		
Debt Service	\$15,548,040	\$15,548,040					

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

Leadership structure of the consolidated mental health and addiction services department





Applause and acknowledgements

Congratulations to **Tammy Collins**, Ph.D. (photo top left), OhioMHAS deputy director of Prevention and Wellness, who was recognized with the Alcohol and Drug Abuse Prevention Association of Ohio's (ADAPAO) 2013 Prevention Visionary Award at the organization's annual conference. Collins received the award as a result of her "exemplary efforts to address prevention across Ohio," according to ADAPAO.

Annually, Gov. Kasich honors state employees for excellence in service. **Diane McAllister** (in middle photo with Gov. Kasich at the Statehouse) is the regional pharmacy director for Twin Valley Behavioral Healthcare in Columbus and Appalachian Behavioral Healthcare in Athens, two of OhioMHAS's six regional psychiatric hospitals. She was recognized for her efforts to improve patient care and reduce purchasing costs by a considerable amount.



At the December 2012 Ohio Prevention and Education Conference, ODADAS recognized two Prevention Innovators of the Year: **Ty Sells** of Youth to Youth International (Franklin County – in photo at bottom left with OhioMHAS Prevention Specialist Karen Kimbrough), and **John Richey**, director of the Health Informatics Program at The University of Findlay (Hancock County). Sells is a dynamic trainer and public speaker who has dedicated his career to helping to motivate youth to live a drug-free life. Richey was honored for his efforts to lead the local Opiate/Prescription Drug Abuse Task Force in developing a database to gather and manipulate information related to substance abuse trends that could be used to make data-informed decisions around local prevention and education efforts.

In 2013, **Northwest Ohio Psychiatric Hospital** (NOPH) celebrated 125 years of providing inpatient mental health treatment services to Ohioans in the region. The state psychiatric hospital serves a 23-county catchment area from its Toledo location. Late in the 19th century, several institutions were built throughout the state, including the Toledo Asylum for the Insane, which was established in 1888. In 1894, the asylum changed its name to the Toledo State Hospital. More recently, the hospital now called NOPH was known as the Toledo Campus of Northcoast Behavioral Healthcare until it became its own freestanding hospital in June 2009 to provide more localized services to area boards, providers and clients.



Celebrating a 20th anniversary is **Appalachian Behavioral Healthcare** (ABH), which is located in Athens. ABH opened at its current location on March 17, 1993. Prior to the construction of the current state-of-the-art hospital, the state's Athens-area hospital had been located across the Hocking River from the Ohio University campus since 1874. ABH serves a 21-county catchment area in southeastern Ohio. Several staff members are third-, fourth- or fifth-generation state hospital employees, and the facility is an important part of the community and its history.

The **Youngstown Urban Minority Alcoholism and Drug Abuse Outreach Program** (YUMADAOP) received an honorable mention from NIATx (Network for the Improvement of Addiction Treatment) and the University of Wisconsin-Madison at the 2012 State Association of Addiction Services National Conference/NIATx Summit. NIATx is a process-improvement model developed through Center for Health Enhancement System Studies, College of Engineering to improve outcomes, including cost savings and revenue development using existing resources. YUMADAOP has utilized the NIATx model since the spring of 2010, resulting in a cost savings of more than \$75,000 and increased revenue of \$39,000. It has also increased mentoring and prevention services for students in Youngstown City Schools.



Working with the Sandusky County Health Department these youth received the "Fan Favorite" award for their submission titled The LINK in the ODADAS Youth-Led Prevention PSA Contest during SFY13.



On April 19, 2013, the Summit County Mental Health and Criminal Justice Symposium featured many prominent speakers, including 2007 Pulitzer Prize finalist Pete Earley, who authored "CRAZY: A Father's Search Through America's Mental Health Madness." However, no one was more compelling than Tory (center), a young woman who experienced a tumultuous childhood and credited a Summit County Juvenile Court diversion program led by Judge Linda Tucci Teodosio (right) for planting the seeds for her success in adulthood.



ODMH staff posed with Director Tracy Plouck (center) after being recognized for 10 years of state service at the December 2012 staff meeting: (from left) Katherine Williams, Angela Thompson, Melissa Jackson, Tracy, Michaela Peterson, Missy Craddock and NurUllah O'Neal.



Mission

The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAAS) 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.

Vision

OhioMHAAS will be a national leader in implementing a comprehensive, accessible, and quality-focused system of addiction and mental health care and wellness for all Ohio citizens.

mha.ohio.gov

1-877-275-6364 toll-free
bridge line for consumers

What Ohio's behavioral health leaders and advocates said about the creation of the Ohio Department of Mental Health and Addiction Services

"Governor Kasich has spoken about his common sense approach to what needs to be done in Ohio. The consolidation of the ODMH and ODADAS is just one of many examples. As a nurse that has spent the better part of four decades working with and advocating for individuals with mental health and substance abuse needs, bringing the silos together has been a step I always believed would reduce barriers to treatment, regulatory burden, cost and minimize gaps in care. This is a big step forward that just makes sense."

• Esther Pla, RN, BC, president & CEO, Connections: Health *Wellness* Advocacy

"We are excited to continue our partnership with the new Department of Mental Health and Addiction Services. Throughout this consolidation effort, we've seen tremendous progress working towards the further integration of Ohio's state-level mental health and addiction resources, policies, and programs. As statutory partners in providing community behavioral health services, OACBHA and our member Boards are proud to work alongside the new Department to better serve all Ohioans in need of behavioral health services and supports."

• Cheri L. Walter, CEO, Ohio Association of County Behavioral Health Authorities

"There is no denying the fact that many individuals with mental illness also struggle with a corresponding substance use disorder. Integrating the state departments that oversee these treatment systems will lead to better coordination of care and ultimately better outcomes. We, at NAMI Ohio, are confident that the new Department of Mental Health and Addiction Services will remain fully committed to improving the lives of those with mental illness and that this consolidation will be a win-win for individuals with mental illness, substance use disorder or both."

• Terry Russell, executive director, National Alliance on Mental Illness of Ohio

"Prevention is a proven approach to maintaining healthy lives and saving public dollars. By aligning these two systems, more Ohioans will benefit and prosper from the available resources."

• Marcie Seidel, executive director, Drug-Free Action Alliance

"The Ohio Council of Behavioral Health & Family Services Providers, which represents over 160 addiction treatment, mental health and family service provider organizations statewide, looks forward to working with the new, consolidated Department of Mental Health and Addiction Services. The Ohio Council has long supported the integration of physical and behavioral health that included the integration of addiction treatment and mental health services to better meet the needs of patients throughout Ohio. We are excited about this consolidation since it provides an opportunity for a patient-centered behavioral health care system built around access to a full continuum of care; streamlining regulations and operational procedures; and enabling specialty behavioral health providers to operate more efficiently in a rapidly changing health care environment."

• Hubert Wirtz, CEO, The Ohio Council of Behavioral Health & Family Services Providers

"The consolidation responds to the reality that in Ohio more than 3.6 million Ohioans experience a mental illness or addiction disorder and many experience both. More than 25 percent of individuals with a mental illness have a co-occurring substance use disorder. Limited funding has been one significant barrier to access for both populations. The consolidation will allow for these two departments to share resources and staff and save on some back office costs, which will allow for some administrative funding to be redirected to treatment and support services. We are encouraged by the efforts made to make the consolidation transparent, and, most importantly, improve access to treatment and support services for those living with a mental illness or addiction disorder."

• Joan Englund, executive director, Mental Health & Addiction Advocacy Coalition

"Consolidation of mental health and addiction services provides a new platform to advance understanding and support for mental health and substance use disorders. Ohio Citizen Advocates for Chemical Dependency Prevention & Treatment looks forward to the opportunity to collaborate with the new Department of Mental Health and Addiction Services on mutual goals to improve and expand services that lead to recovery and an enhanced quality of life for thousands of Ohioans."

• Donna Conley, CEO, Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment