

# 2020 Annual Report



Mike DeWine, Governor • Jon Husted, Lt. Governor • Lori Criss, Director



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**Mission •**

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.

**Vision •**

OhioMHAS 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.



Dear Ohioans,

This has been an eventful year for Ohio and the nation. Ohio’s behavioral health system had many positive developments, including unprecedented investments of state and federal dollars in expanding and improving critical services. This year also brought significant challenges with the COVID-19 pandemic. We are also more fully facing the reality that racism has left far too many Ohioans with disparate health and behavioral health access and outcomes.

The team at the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is striving to replace feelings of unrest with ones of wellbeing. Under the leadership of Governor Mike DeWine, the department is ensuring access to mental health and substance use prevention, treatment, and recovery services of the highest quality to all who call Ohio their home. This report highlights the impact of our efforts to stem the tide of unintentional overdoses, prevent death by suicide, curtail problem gambling, intervene in the lives of at-risk youth, improve lives, and strengthen the fabric of our communities.

The COVID-19 pandemic has dramatically impacted our health, health care systems, and economy. The unprecedented impact on state revenues required over a billion dollars in changes to the final quarter of Fiscal Year 2020. Ohio was able to make reductions and use short-term, time-limited federal Medicaid match assistance to balance the state’s General Revenue Fund and close FY 2020. Our team has worked tirelessly to continue supporting our partners in the field. We sustained investments in prevention, treatment, and recovery to ensure access to services for Ohio’s families and stabilize the provider workforce. We grew telehealth capabilities, expanded access to immediate emotional support for Ohioans through a new call center, and funded COVID-related community grants to meet the health and behavioral health needs of Ohioans. Our statewide media campaigns kept the mental health of Ohioans a top priority during this crisis and advanced the understanding that behavioral health care is essential and still available during the pandemic. As we continue to navigate the trajectory of this virus, we remain focused on meeting the growing need for mental health and addiction services in Ohio.

Recent events have also laid bare the effects of racism on the health and wellbeing of African American and other racial and ethnic minority Ohioans. Research shows that people of color suffer from higher levels of stress, are misdiagnosed more often, stereotyped negatively, and all too frequently lack the financial means to access services. For many years OhioMHAS has focused on ensuring the equitable provision of behavioral health services. We remain unequivocally committed to advancing racial and ethnic equity and inclusion in all aspects of behavioral health.

We remain grateful for Governor DeWine’s unyielding dedication to aligning efforts across state government and the private sector to do the most good for Ohioans struggling with a mental illness or substance use disorder and their families. We are grateful for the partnership with the Governor’s RecoveryOhio team and the ongoing guidance of the RecoveryOhio Advisory Council. We rely on continuing our positive collaboration with the Ohio General Assembly, Ohioans living with and recovering from mental illness and addiction and their families, county Alcohol, Drug, and Mental Health Boards, behavioral health providers, and our numerous partners as we work to create an ideal behavioral health system of care for Ohioans.

Our goal is to make Ohioans healthier in every way. We are proud of the progress that we’re making together and tireless in our efforts to continue the progress reflected in this report.

My best always,

Lori Criss, Director, Ohio Department of Mental Health and Addiction Services



## Prevention •

Youth continue to be a focus of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) prevention efforts, including expanded K-12 prevention education, suicide prevention, and problem gambling education.

### *Prevention Services*

Under the leadership of Ohio Governor Mike DeWine and the RecoveryOhio initiative, OhioMHAS in partnership with the Ohio Department of Education, distributed \$18 million to support prevention education for K-12 students. Alcohol, Drug, and Mental Health Services (ADAMHS) boards partnered with local school districts and providers to assess needs and develop plans for ongoing prevention strategies.

Additionally, the department also expanded prevention systems by rolling out the Handle With Care model to provide trauma-informed care to children; worked with Hazelden to launch Motivational Enhancement Strategies training and coaching for the Ohio Child Welfare System; continued and expanded the Children of Incarcerated Parents efforts to strengthen families; enhanced the Ohio Youth-led Prevention Network and the Ohio Adult Allies support network; celebrated 10 years of Strategic Prevention Framework capacity-building; expanded the communities served by the Ohio National Guard Civil Operations program; and gathered completed OHYES! youth surveys from 35,000 students in 79 school districts.

### *Tobacco 21 Launch*

OhioMHAS partnered with Ohio Department of Health to develop and distribute training materials and [educational modules](#) for tobacco vendors. These materials relate to the Tobacco 21, requiring Ohioans to be 21 years old to legally buy cigarettes, cigars, vape pens and other tobacco products. Additional information on Ohio's tobacco prevention efforts can be found on the [Department of Health's website](#).

### *Suicide Prevention*

OhioMHAS and many other organizations partnered to develop the first [Suicide Prevention Plan for Ohio](#). The plan lays out prevention actions to be carried out over the next three years that mobilize partners and align efforts to prevent suicide.

OhioMHAS expanded the Zero Suicide initiative with three Ohio community providers by adding a public/private partnership with the Ohio Children's Hospital Association and Cardinal Health. This new partnership is creating learning opportunities and a community service structure that will help reduce pediatric suicides.

Additionally, new audiences were targeted when OhioMHAS collaborated with Ohio Departments of Natural Resources and Agriculture to develop resources and messaging for public display to reduce suicide in Ohio and provided technical assistance and resources to expand suicide prevention community coalitions, LOSS teams, and the [suicideprevention.ohio.gov](#) website.

### *Problem Gambling Services*

OhioMHAS invested \$500,000 to support 10 community coalitions in implementing problem gambling

prevention and building a warm transfer process for the Ohio Problem Gambling Helpline. Callers are connected to clinical services and provided immediate engagement from licensed/certified clinicians who are qualified in treatment of Gambling Disorder.

Also, Change the Game Youth Gambling launched with a statewide media campaign to make adults aware of the gambling activities in which children and adolescents are taking part. The campaign toolkit materials are being used by dozens of behavioral health and related services agencies throughout the state. These toolkit materials are available on [Change the Game Ohio website](#).

### *Systems of Care*

There were many achievements statewide this year related to Systems of Care, which is a broad, flexible array of services and supports that includes education, substance use disorder, mental health, developmental disabilities, juvenile justice, and child welfare. For example, in Cuyahoga County the TACT Program is a team approach serving youth ages 16 to 25 with Severe and Persistent Mental Illness (SPMI). This division of Systems of Care served more than 100 clients in FY 2020, and included services such as intensive therapy and case management. Also, the Athens-Hocking-Vinton ADAMH Board trained 42 clinicians from three organizations in Adventure Therapy group programming.

### *Early Childhood Mental Health*

This year, OhioMHAS launched Ohio's Infant Mental Health Credential in conjunction with the Governor's Office of Children's Initiatives. The goal of the Ohio Infant Mental Health Credential is to implement a set of nationally recognized skills and core competencies. These will be developmentally appropriate and anchored in relationship-based practices that support the needs of infants and caregivers to reach their greatest wellness.

The agency also collaborated with the Ohio Department of Developmental Disabilities to add a Infant and Early Childhood Mental Health (IECMH) consultation to all 88 early intervention teams throughout Ohio. Efforts continue to assist childcare providers in supporting the behavioral health needs of children, and to avoid pre-school expulsions through Ohio's ECMH consultants initiative. Additional information can be found on [OhioMHAS's website](#).

### *Youth Resiliency*

Plans for the annual Resiliency Ring, supported by OhioMHAS were halted by COVID-19, but the youth advisory board members did not let that stop them. First, they created a 14-day challenge on social media platforms, reaching more than 20,000 people. The Resiliency Ring also replaced a series of outreach activities involving sending out 2,000 care cards and messages, as well as tools to get young people moving – hula hoops (600) and flying discs (2,000).

The annual We Are The Majority youth rally became a virtual event, with OhioMHAS partnering to assist with streaming the live video feed, showing young people that the majority of them do not use drugs or alcohol.

### *Strong Families, Safe Communities*

The Strong Families, Safe Communities initiative is committed to improving care coordination and



# The warning signs are right in front of you.

Have you heard of Loot Boxes? Your kids have. And it's just one more way that today's digital games simulate gambling.

 Get Your Golden Loot Box Now!

Gambling behaviors have become a big part of the digital games young people play. Learn how to lower the risks of problem gambling for our youth at [ChangeTheGameOhio.org](https://www.ChangeTheGameOhio.org)

Brought to you by:   
ohio for responsible gambling



providing support for families with children in crisis who present a risk to themselves, their families, or others due to mental illness or a developmental disability.

This year, Morrow County ran a summer day camp for 21 youth, ages 14 to 22, who have a mental health diagnosis and/or developmental disability. The program was both fun and educational as youth learned how to dress and interview for a job, good hygiene, eating the right foods, and how to be a good friend. Many partners like OSU Extension, Morrow County Recycling, and Morrow County Board of Developmental Disabilities helped with programming.

### *Crisis Text Line*

OhioMHAS continued funding and publicity support for the Crisis Text Line. During FY2020, there were more than 8,000 Crisis Text Line conversations. During the COVID-19 crisis, Crisis Text Line resources were sent to the Ohio Grocer Association, Ohio National Guard, and Ohio Emergency Operations Center to help frontline workers cope.

### *Treatment*

OhioMHAS is dedicated to high-quality mental health and addiction treatment. Our efforts include treatment in our own hospitals, crisis services, specialized dockets, and re-entry programs.

### *Hospital Services*

Dedicated hospital staff oversee psychiatric and medical services at six regional psychiatric hospitals. This year OhioMHAS-run hospitals served 5,768 patients, with 78% of patient days being forensic, ordered to the hospital by a criminal court or jail. 22% of patient days were civil, admitted from the community.

In response to COVID-19 some state-run hospitals reduced bed capacity to limit the spread of the disease. To ensure that patients in the impacted communities continued to have access to quality in-patient psychiatric care, OhioMHAS temporarily funded local boards to pay for in-patient stays in private and general hospitals, when necessary. As COVID-19 cases eased in the hospitals, access to the state-run hospitals were restored, and funding to boards for this purpose were ended.

### *Forensic Services*

The 2019 Forensic Conference drew a record high attendance. The forensic team also developed and implemented a new Forensic Tracking and Monitoring System data entry program and redesigned the Designated Forensic Center database system. This system is used by Forensic Monitors and is designed to track people who have been granted conditional release by the criminal courts to live in the community. These are people found NGRI—Not Guilty by Reason of Insanity or Incompetent to Stand Trial—Unrestorable—Under Criminal Court Jurisdiction.

### *Crisis Services*

When there is an incomplete continuum of care, law enforcement and families rely on the Emergency Departments (ED) of their local hospitals for psychiatric crisis intervention. The demand this contributes to ED crowding and often results in psychiatric "boarding," a practice in which psychiatric patients whose condition merits hospital admission are held in the ED because no inpatient bed is available to admit



them. Governor DeWine's FY 2020 – 2021 budget directs \$27 million to developing standardized and quality crisis access in communities to act as an appropriate alternative to arrest or emergency room visits. This year, OhioMHAS hosted two Crisis Academies and one mini academy for ADAMHS board members and partners to discuss best practices being implemented across the country related to establishing effective crisis response systems. These were the first such sessions and these opportunities will continue. The department also developed a crisis services mapping tool to track crisis systems by county.

In addition, OhioMHAS continued to distribute funding to local ADAMHS boards for provision of SUD and Mental Health crisis stabilization services.

## Criminal Justice •

The connection between the behavioral health and criminal justice systems is significant. The increased involvement of people with mental illness and/or substance use disorders in the criminal justice system is a serious problem. Treatment providers, law enforcement, courts, jails, and prisons have joined with private businesses, those impacted by mental illness and addiction, and family members in addressing this troublesome situation. By connecting people with clinical treatment and/or pre-release care coordination services they are more likely to make positive life changes.

Behavioral health interventions, treatment, and supports can be delivered along the continuum of criminal justice involvement ranging from officers knowing how to deescalate a situation when they encounter a person experiencing a mental health crisis, to connecting people to treatment and recovery supports through courts, during incarceration, or upon returning to the community from jail or prison.

### Specialized Dockets

Right at the start of his administration, Governor Mike DeWine set a specific goal to expand access to specialty docket courts for criminal justice involved individuals struggling with mental illness and/or addiction. The Governor's FY 2020 – 2021 budget targeted an additional \$7.5 million, for a total of \$17.5 million in FY 2020-2021, towards maintaining current court supports and expanding specialty docket access to more communities.

As a result of these additional investments in FY2020, 48 specialized dockets began receiving funding from the OhioMHAS. There are now 183 court programs receiving funds from the Specialized Docket Subsidy Project. These programs serve adults and juveniles with addiction and/or mental health disorders; veterans; victims of human trafficking; and parents charged with abuse, neglect, or dependency of their minor children. A total of \$6,595,000 was sent to Ohio courts through this initiative, which produced the following results in the first six months of FY2020:

- A total of 6,053 high-risk, high-need offenders participated.
- 5,576 adult offenders and 296 juvenile offenders were effectively managed in the community. Only 3% of the adults were committed to the adult prison system and only 2% were committed to the Ohio Department of Youth Services.
- The family drug courts served 454 parents. These programs reduce the number of children who are permanently removed from their homes and, instead, increase the number of children who can remain in their homes with protective supervision provided by child protective services agencies.

- A total of 150 children were reunified with parents.

### Community Transition Program (CTP) Housing

The Community Transition Program (CTP) program, funded by OhioMHAS, provides transitional recovery supports and housing, to individuals leaving Ohio's prison system who have participated in recovery services while incarcerated. Housing combined with supportive services has been found to significantly reduce recidivism and increase participation in behavioral health care in more than a dozen research studies. There have been 930 housing placements from program inception (February 2017) through June 1, 2020.

### Addiction Treatment Program (ATP)

Addiction Treatment Program (ATP) funds are allocated to ADAMH Boards for certified drug and/or family dependency courts to provide treatment and recovery supports to those who have a substance use disorder. In FY2020, 57 counties participated in the ATP and provided treatment and recovery supports to more than 3,000 clients with a substance use disorder in 105 drug and family dependency courts.

### Ohio Pharmacy Services

Ohio Pharmacy Services (OPS) serves state behavioral health hospitals, state correctional facilities, county health departments, community mental health and addiction agencies, free clinics, county jails, and non-profits throughout Ohio by providing centralized procurement and distribution services for pharmaceuticals, over-the-counter medications, medical supplies, and personal care products. OPS operates on a not-for-profit basis and receives no legislatively appropriated general revenue funds, earning revenue from sales to eligible entities. OPS is a leading provider of naloxone and Project DAWN (Deaths Avoided with Naloxone) kits to health departments, law enforcement, emergency personnel, and first responders throughout the state. In FY20, OPS distributed more than 90,000 units of naloxone.

In addition, OhioMHAS reimbursed \$2.5 million to jails across the state for the cost of psychotropic medication to patients / inmates.

## Nursing Facilities •

### Pre-Admission Screening and Resident Review (PASRR)

PASRR is a federally mandated process Medicaid agencies must oversee and administer in conjunction with the state developmental disability authority and the state mental health authority. In calendar year 2019, the PASRR bureau prepared testimony for and participated in 201 hearings, with the PASRR determination being upheld in 60% (120 cases). The team also created a training framework to reinforce the PASRR process across multiple audiences, promoting a better understanding of PASRR intent and rule changes. The bureau additionally launched a new, quarterly newsletter called the PASRR Connection for those involved in PASRR determinations.



OhioMHAS and many other organizations partnered to develop the first Suicide Prevention Plan for Ohio. OhioMHAS also built out the Zero Suicide initiative with three Ohio community providers by adding a public/private partnership with the Ohio Children's Hospital Association and Cardinal Health.



## Recovery •

The process of recovery is highly personal and there are many paths to recovery including clinical treatment, medications, faith-based approaches, peer support, family support, and self-care. Recovery supports promote health and resilience; increase access to housing; reduce barriers to employment, education and other life goals; help transition individuals from institutional types of settings to community living; and connect people to necessary social supports.

### *Housing*

OhioMHAS and Ohio Recovery Housing partnered to release the [Recovery Housing Development Guidebook](#), a document that provides information, tools, and resources on best practices for the operation of recovery housing in Ohio. This document is a first-of-its-kind in the industry and has been shared widely across Ohio and the U.S.

OhioMHAS matched funds for the Development Services Supportive Housing Grant, and leveraged \$3.6 million dollars for a \$417,000 investment for supportive housing and homeless programs for individuals with mental illness who are experiencing homelessness.

### *Peer Services*

Peer recovery supports are provided by people affected by mental health and/or substance use issues, who help others by sharing their personal journeys and knowledge. Peer recovery supporters play a vital role in laying the foundation for sustained recovery. They encourage, inspire, and empower others to set and achieve recovery goals. After successful completion of the OhioMHAS 40-hour, interactive Peer Recovery Supporter (PRS) training, individuals are eligible to apply for Ohio PRS certification. This year, the Peer Services Team developed a virtual version of the PRS Training, giving individuals the option to complete training both in-person and online. A total of 690 peers were trained this year.

### *Employment Services*

Employment increases self-sufficiency and furthers recovery for individuals with behavioral health conditions. OhioMHAS continues to invest in employment services, including the evidence-based model of Individual Placement and Support (IPS), to help individuals obtain, maintain, and advance in meaningful careers. In 2019, more than 4,000 Ohioans received employment services and supports through IPS.

Over the past year, OhioMHAS increased collaboration with behavioral health providers and its state-level partner, Opportunities for Ohioans with Disabilities (OOD), to enhance services and supports to mutual clients. Clients benefit from the combined resources and expertise from both systems. Some examples of collaboration included substance use disorder training for OOD vocational staff and statewide collaboration events, resulting in greater access to employment services for individuals with behavioral health conditions.

The OhioMHAS Quality, Planning and Research team conducted a study on supported employment that found that organizations engaged in self-analysis of interorganizational capacity and offered a wide variety of supported employment training to staffs. These organizations were using technology to assist

clients seeking employment especially in online job searches, online access to job openings, access to labor market information, the provision of computer training labs, and online job-readiness activities.

## Stigma Reduction and Inclusion •

### *Stigma*

Stigma is described in the U.S. Surgeon General's report as the "most formidable obstacle to future progress in the arena of mental illness and health." OhioMHAS pledges to fight stigma within minority communities and in the population at-large. As such, the department partnered with the Governor's Office of Faith-Based and Community Initiatives to provide \$1 million in funding to community and faith-based organizations for grassroots stigma-reduction efforts.

Leveraging federal dollars, OhioMHAS ran a large-scale media campaign, Take Charge Ohio, which aims to bring attention to opioid misuse, break down the stigma associated with opioid use disorder, and help to connect people to care.

### *Race and Inclusion*

Culturally and linguistically competent care has been a priority for OhioMHAS for several years. The department continued work on this issue in partnership with RecoveryOhio and the Governor's Minority Mental Health Task Force. The partnership included goals of improving behavioral health outcomes for minorities and those with language barriers. Additionally, OhioMHAS worked closely with various leaders from around the state on the Minority Mental Health Strike force to identify and develop Ohio's plan for eliminating health disparities.

To reach additional special populations, OhioMHAS enhanced the relationship with community behavioral health providers, county veterans' service offices, the Ohio Department of Veterans Services and the U.S. Department of Veterans' Affairs. Also, an eight-hour training was developed for deaf and hard-of-hearing system partners.

Additional information on improving services for minority populations can be found on [OhioMHAS' website](#).

## Research and Grants •

### *Strategic Planning*

All healthy and effective organizations seek to continually evaluate themselves, the environment in which they operate, and the needs of those they serve to ensure that their core strategies are aligned for success. OhioMHAS was excited to announce this year that it is undertaking a comprehensive strategic planning process that will guide the department for the next three years. The planning process will identify strategies to reduce the prevalence of mental health and substance use disorders, engage communities and stakeholders in mental health promotion and prevention strategies, and assist in developing avenues to culturally responsive, trauma-informed, and person-centric help if assistance is needed. This strategic

plan will also identify benchmarks that will be used to track the progress that is being achieved across these priorities via the chosen strategies.

### ***Ohio Substance Abuse Monitoring***

As part of the evaluation of Ohio's State Targeted Response (STR) to the Opioid Crisis grant-funded projects through the 21st Century Cures Act, the Ohio Substance Abuse Monitoring (OSAM) Network designed a targeted response initiative to determine the impact of activities funded by these specific federal dollars on individuals, families, and local communities. The study found that these investments increased naloxone knowledge and use, helped to connect more people with opioid use disorder to medication-assisted treatment, and increased by 2.5 times the number of reported positive observations of community change on attitudes around addiction.

### ***Grant Overview***

Primary grant funding administered by OhioMHAS includes the Substance Abuse Block Grant and the Mental Health Block Grant. The Substance Abuse Block Grant supports prevention, treatment, and recovery supports for persons with substance use disorders, especially pregnant women, women with dependent children, and IV drug (opioid) users. The Mental Health Block Grant provides for treatment and recovery supports of persons with serious mental illness, as well as service improvement activities.

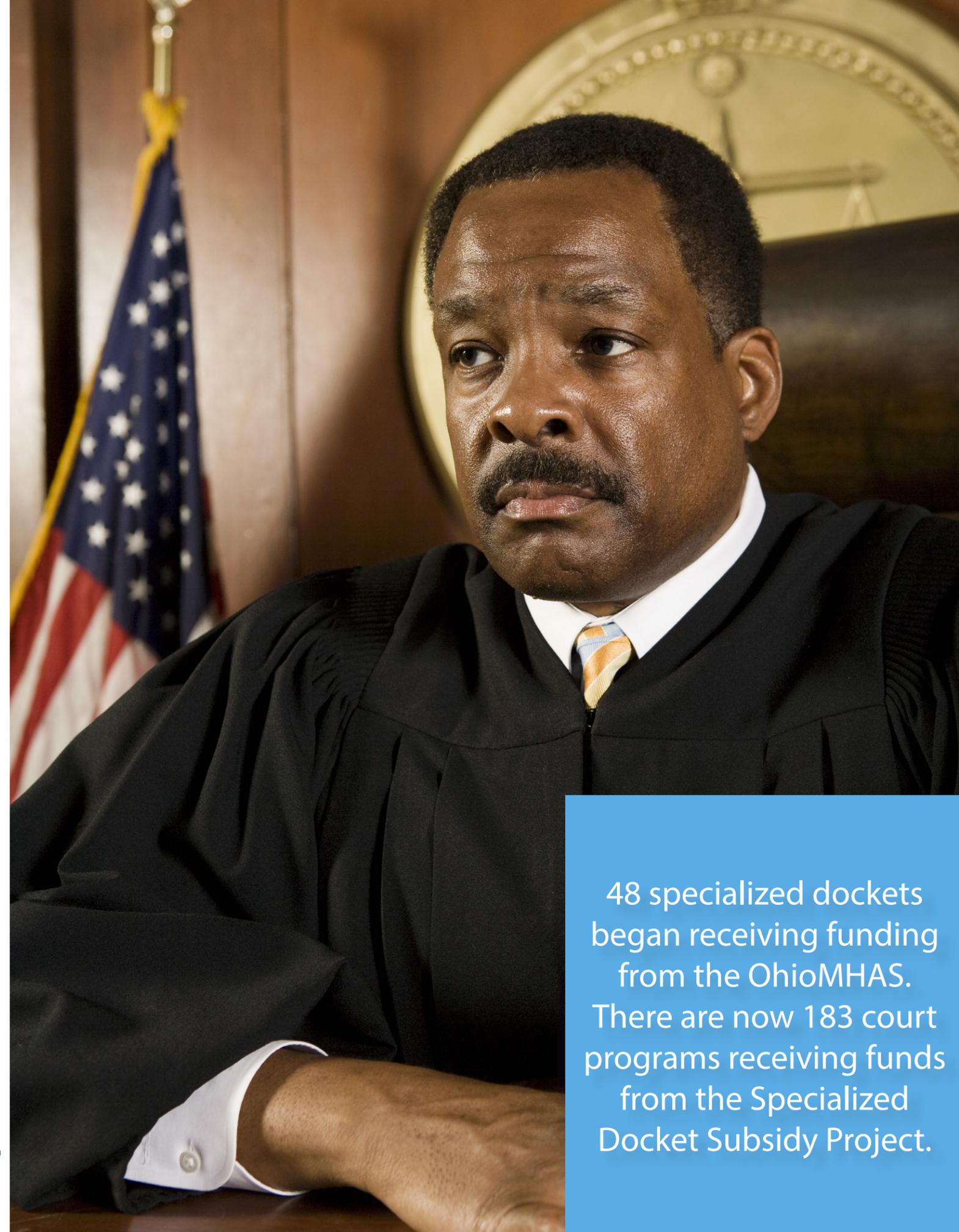
### ***Projects for Assistance in Transition from Homelessness (PATH)***

Projects for Assistance in Transition from Homelessness (PATH) is a federal formula grant administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

### ***State Opioid Response***

New this year, OhioMHAS strategically aligned SOR funded work with the six Ohio psychiatric hospital regions. This structure allows project managers to develop a strong network of relationships with the county boards, local providers, and hospitals. Highlights of programs funded using grant dollars included 40 awards totaling \$16,083,529 to provide culturally intelligent services to African American, Hispanic/Latino American, and other minority community members with a primary or secondary diagnosis of opioid use disorder or those with a documented history of opiate-related overdose. These funds assist organizations in expanding:

- 1) secondary prevention efforts by providing targeted awareness messaging regarding treatment, including access to all forms of medication-assisted treatment (MAT) for African American, Hispanic/Latino American, and other minority communities;
- 2) access to all forms of MAT and a clinical workforce with the expertise to provide all forms of MAT and psycho-social treatment for communities of focus; and
- 3) certified peer recovery supporters, access to recovery housing that accepts individuals participating in



48 specialized dockets began receiving funding from the OhioMHAS. There are now 183 court programs receiving funds from the Specialized Docket Subsidy Project.



all forms of MAT, including recovery housing for families, and development of employment and vocational opportunities for individuals within the communities of focus who are in recovery from an opioid use disorder.

As part of the SOR grant, the Northeast Ohio Medical University (NEOMED), in collaboration with Ohio's six other medical schools, developed a medical school curriculum to provide Ohio's 11,000 medical school students with education on opioid use disorder and pain management. In SOR grant year two, some schools have expanded the use of the curriculum to include training for physician assistant and nursing programs.

Another successful SOR program is being implemented in the Summit Region, which includes eight ADAMHS County Boards: Brown, Butler, Clark-Greene-Madison, Clermont, Clinton-Warren, Hamilton, Montgomery, and Preble. The Community Alternative Sentencing Center (CASC) has helped justice-involved clients achieve an 85% success rate; staying in treatment and not returning to jail upon discharge.

The Criminal Justice MAT Symposia is a contract with Moore Counseling and Mediation Services. Through this partnership, 303 people have been trained since July 2019. The trainings are targeted to professionals working with the criminal justice population and include representatives from courts, judges, attorneys, substance use and mental health treatment, ADAMHS Boards, probation and parole. Participation from the Supreme Court of Ohio, local judges and local law enforcement officials have enhanced the MAT training.

### Capital Planning •

About \$15.7 million in capital funds were spent to support mental health and addiction prevention, treatment and recovery options in communities across the state in FY20. That figure includes \$6.1 million toward youth resiliency projects, \$2 million for residential treatment, and \$1.8 million that went to recovery housing projects.

FY 2020 Community Capital Projects

Type	Funds	# of projects
Outpatient Treatment	1,737,750.00	6
Recovery Housing	1,884,765.00	12
Permanent Supportive Housing	1,500,000.00	3
Residential Treatment	2,085,881.00	6
Detox	750,000.00	1
Other	1,650,000.00	5
Youth Resiliency	6,138,462.00	15
Totals	15,746,858.00	48

### COVID-19 Response •

This year brought unprecedented challenges as a result of the COVID-19 pandemic. OhioMHAS and our partners rose to those challenges by sharing real-time information, offering guidance, specific mental health messaging, funding, and special programs that continue to help Ohioans during this difficult time.

- Using licensed clinical Recovery Services staff who were temporarily unable to perform their duties inside of Ohio's prisons, OhioMHAS created the [COVID Careline](#). The Careline was intended to provide counseling, referrals, and information to Ohioans who called the line regarding a host of issues including help dealing with stress caused by the pandemic, depression, financial pressure, relationship issues, and suicidal thoughts. The Office of Prevention staff led the coordination efforts for launching and monitoring the COVID19 Careline. Almost 2,000 individuals have utilized the Careline's services.
- Additionally, due to COVID-19, OhioMHAS Prevention staff developed resources to assist families with school-age children, college students, and adults across the lifespan to stay healthy in mind, body, and spirit.
- Crisis Text Line resources were distributed to local chambers of commerce and congregated living facilities to help individuals, employers, and housing operators feel connected while navigating the changes brought about by COVID-19.
- The Forensic Services team developed, implemented, and continues to monitor and troubleshoot new hospital admission processes related to COVID-19 with regional psychiatric hospitals, forensic center directors, and courts.
- Research staff developed a white paper on the expected surge in demand for behavioral health services due to the COVID-19 pandemic. The mental health treatment team has offered actionable ways to prepare for the surge.
- As part of the COVID-19 emergency response, Ohio Pharmacy Services helped procure and distribute millions of items of personal protective equipment (PPE) to state agencies and community providers.
- OhioMHAS reallocated close to \$5 million dollars in general revenue funding (GRF) and Mental Health Block Grant funds to assist housing providers and the homeless system with costs associated with COVID-19, rental subsidies for individuals who lost their jobs, PPE, hotel vouchers for those needing quarantine or isolation, and the criminal justice population reentering community into homelessness.
- The Recovery Requires a Community program helped individuals with a behavioral health diagnosis by providing financial assistance for transitioning from nursing homes to sustainable community living. In response to COVID-19, Recovery Requires a Community funds were made available for expanded use to help individuals at risk of institutionalization by assisting Residential Facilities Class 2 with additional costs, so individuals can remain in the community. Examples of allowable uses of recovery funds included cleaning and hygiene supplies to prevent community spread, food costs due to sheltering in place, staffing hours to provide increased supervision according to individuals' health needs and shelter-in-place requirement, and other needs that would support facility operators in providing safe and healthy housing for individuals in the community. More than 600 facilities received the Recovery Requires a Community/COVID-19 response funds, resulting in approximately \$700,000 being distributed to the community to help individuals continue living in the most integrated setting.
- The department is working with ADAMH Boards, community providers, and stakeholders to implement the Emergency SAMHSA COVID-19 Response grant program and Ohio's Crisis Counseling Program.
- Through the Emergency SAMHSA COVID-19 Response grant program, OhioMHAS worked with communities to enhance existing crisis services and prioritize direct services to Ohio's children and adults with serious mental illness (SMI), substance use disorder (SUD), and co-occurring SMI and SUD. This program also targets the state's frontline health care professionals, as well as other Ohioans with less than severe mental illness who require mental health care because of COVID-19. Targeted crisis services include mobile crisis teams, children's mobile response stabilization services, crisis stabilization



centers, and crisis hotline services/call centers.

- Ohio's Crisis Counseling Program was created to provide crisis counseling services to those most impacted by the COVID pandemic. Outreach specialists and crisis counselors reach out to Ohio's most vulnerable populations by linking them to community organizations and engage people where they live and are traditionally served. Education and informational materials, including information on Ohio's COVID Careline were disseminated through social media, traditional media, community meetings, faith-based organizations, and chats on popular social media platforms. The COVID Careline and other regional hotlines will be used to connect people with local community CCP crisis counseling services.
- OhioMHAS launched social media and public campaigns including [Ohio's Strive for 5 Challenge](#) and new [mental health-related videos](#) aimed at assisting the public in coping with stress and anxiety during the COVID-19 pandemic. Additionally, posters and handouts were provided to regional psychiatric hospitals, Ohio Department of Rehabilitation and Correction institutions, and Ohio Department of Youth Services facilities to encourage and support the frontline workers at those locations.

## Financials •

### Regional Psychiatric Hospital Operating Expenses FY 2019\*

	Net Operating Expenditures	Average Daily Resident Population	Average Annual Cost per Resident Patient	Average Daily Cost per Resident Patient
Appalachian Behavioral Healthcare	\$25,351,780	88	\$288,088	\$789.28
Heartland Behavioral Healthcare	\$33,928,744	111	\$305,664	\$837.44
Northcoast Behavioral Healthcare	\$55,457,610	237	\$233,998	\$641.09
Northwest Ohio Psychiatric Hospital	\$27,896,914	100	\$278,969	\$764.30
Summit Behavioral Healthcare	\$54,617,990	284	\$192,317	\$526.90
Twin Valley Behavioral Healthcare	\$56,294,774	207	\$271,955	\$745.08
<b>All Hospitals</b>	<b>\$253,547,813</b>	<b>1,027</b>	<b>\$246,882</b>	<b>\$676.39</b>

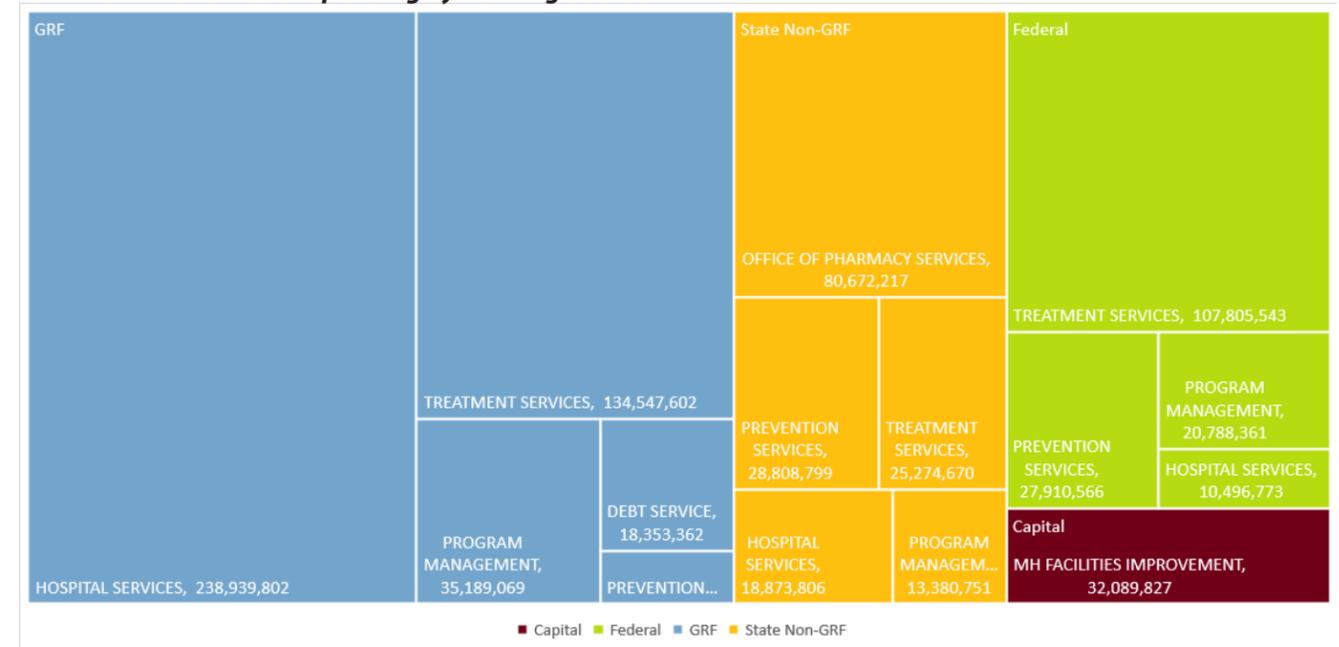
\*most recent available data

### OhioMHAS FY 2020 Actual Spending by Program Type

Program Type	Spending from all Fund Sources
Debt Service	\$18,353,361.77
Facilities Improvement	\$32,089,872.33
Hospital Services	\$268,310,381.25*
Pharmacy Services	\$80,672,217.04
Prevention Services	\$64,105,994.63
Program Management	\$69,358,180.74
Treatment Services	\$267,672,815.41
<b>Total</b>	<b>\$800,517,823.17</b>

\*Includes operating and all other spending

### OhioMHAS FY 2020 Actual Spending by Funding Source





**Ohio Department of Mental Health and Addiction Services**  
**Mike DeWine, *Governor* • Lori Criss, *Director***

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