



wellness.



find it here.™
mha.ohio.gov

Prevention



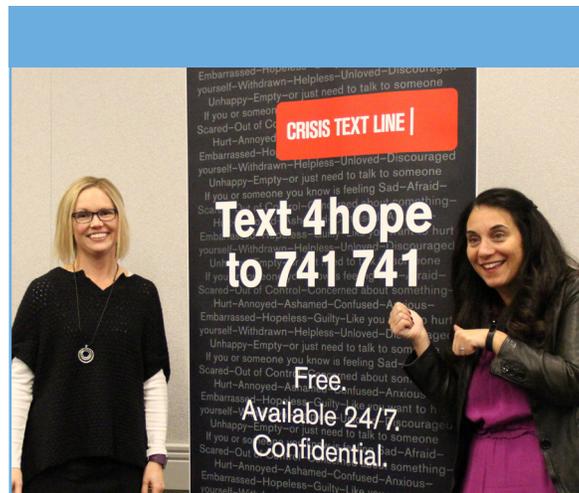
Treatment



Recovery



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.



Sign up for eUpdates at: mha.ohio.gov
1-877-275-6364

Clockwise from top, left: Gov. John R. Kasich briefs the press before signing Ohio's Opiate Mid-Biennium Review to strengthen Ohio's fight against drug abuse. » Lynette Cashaw-Davis (left), OhioMHAS Prevention Office, celebrates at the 2016 Rally for Recovery. » Karlton "Skip" Bergquist of Dublin comments on the agency's outreach efforts to the Deaf community, which include videos on behavioral health topics and workforce development of social work students fluent in American Sign Language. » Cristo Rey Columbus High School students Maria Somsy and Emmanuel Tsegaye are recognized for their presentation at the 2017 OhioMHAS Human Resources Retreat. » After initial adoption by Stark County, Holly Jones (left) led efforts to spread access to the Crisis Text Line Ohio keyword of "4hope" statewide with the help of national Crisis Text Line founder Nancy Lublin (right). » As representatives of the Ohio Association of County Behavioral Health Authorities, Cody Williams and Liz Henrich are instrumental in leading the promotion of the Crisis Text Line. » Erum Qayam, M.D., a primary care doctor at Twin Valley Behavioral Healthcare, participates in one of six OhioMHAS Zero Suicide Academy™ trainings for clinicians held in SFY16-17.

Dear Ohioans,

The concept of “wellness” often means slightly different things to different people: overall health, effective stress management, resiliency, stability. The Ohio Department of Mental Health and Addiction Services partners in support of Ohioans’ wellness in a wide variety of ways through the financing and delivery of prevention, treatment and recovery support services for more than 2.5 million Ohioans each year.

Our agency works with community partners to embed much needed behavioral health resources into programs that serve individuals of all ages throughout Ohio. This results in more integrated health care and better coordinated services that can intervene early to find effective treatments to very challenging diseases of the brain.

Left untreated, mental illnesses and addictions shorten lives and take an economic and emotional toll on families and communities. Mental illness is the leading cause of suicide and the leading health-related cause of disability. In addition to the many lives affected by the most chronic substance use disorder – alcoholism – Ohio is experiencing a spike in drug addiction and overdoses due to heroin and other opioids.

Thanks to the significant investments of the General Assembly and the Kasich Administration, we are continuing efforts toward meaningful progress on public health initiatives throughout our state.

OhioMHAS allocates funds to local partners, leads policy and regulatory oversight, and promotes outreach on key issues to improve the wellness of all citizens. We work through 51 Alcohol, Drug Addiction and Mental Health Boards and approximately 600 provider agencies, and with many other state entities. Our cross-agency partnerships in 2017 have:

- expanded access to behavioral health services through Medicaid coverage and trained health care providers in business practices supporting integrated care;
- screened more than 50,000 Ohioans for substance use disorders and depression;
- maintained high quality inpatient mental health care at our six regional psychiatric hospitals for approximately 1,000 voluntary (31 percent) and court-directed (69 percent) individuals on any given day;
- assisted discharged patients in transitioning back to their communities and maintaining stability;
- provided consultation to Ohio’s Veterans Homes to ensure that staff understand how to link veterans and their families to behavioral health services, and to understand trauma-informed care;
- distributed the life-saving opioid overdose reversal drug naloxone to first responders via county health departments;
- funded mental health and addiction services in county jails, consistent with the national Stepping Up initiative to connect people with treatment and recovery supports, thereby reducing time in jail and rates of recidivism;
- offered individuals who have received addiction treatment in prison a transitional benefit for drug/alcohol treatment and recovery supports such as housing, transportation, work and education upon their release;
- supported the development of recovery housing to serve additional Ohioans;
- supported workforce initiatives to recruit and train behavioral health personnel in many settings, including early childhood mental health, peer support, clinical treatment or services to people who are deaf;
- launched Crisis Text Line statewide; and
- capitalized on \$26 million in federal funding made possible via the 21st Century Cures Act to further address the opioid epidemic.

I believe that these collaborative, high-impact approaches are an important part of the work we are doing together.

Tracy J. Plouck

Director, Ohio Department of Mental Health and Addiction Services



Suicide prevention

Suicide now ranks as the second leading cause of death among Americans aged 10 to 34. On average, Ohio loses between 1,200-1,500 people annually to it. This is a major public health issue and our state is working to reduce the number of suicides through a plan with the following components:

Workforce development

OhioMHAS has partnered with the Suicide Prevention Resource Center to provide intensive training directed toward clinicians working with individuals at risk. Between April 2016 and February 2017, this partnership provided [Zero Suicide Academies™](#) (a nationally recognized model) in six areas of the state to train more than 300 counselors.

Crisis support

Through current local crisis hotlines and the addition of a statewide [Crisis Text Line](#), OhioMHAS wants to ensure that 24/7 emotional support and information is available.

During SFY17, the department worked with Ohio's county ADAMHS boards to launch an Ohio-specific keyword of "4HOPE" that, when texted to 741741, connects people quickly to a trained volunteer counselor. First launched in Stark County, access to the Crisis Text

Line was promoted statewide with help from the Ohio Association of County Behavioral Health Authorities.

Between 2013 and 2016 the Crisis Text Line engaged in 33,466 conversations with 15,456 texters. These interactions resulted in 243 active rescues.

In SFY17, OhioMHAS supported additional training for staff working for crisis lines, behavioral health

among the people surrounding that person. OhioMHAS supports statewide infrastructure and capacity for Local Outreach to Suicide Survivors (LOSS) Teams. LOSS Teams provide immediate support and assistance to family members, friends, classmates or co-workers who are grieving a suicide. A clear message of hope and the variety of resources available in a community are imperative at a time of tragedy.



Campus Safety and Mental Health

OhioMHAS staff convened a work group to develop guidance that would assist public colleges and universities in developing suicide prevention and postvention programming to benefit their campus populations. The result is [SuicidePrevention.Ohio.gov](#).

The agency also continued its support of the annual Campus Safety & Mental Health Conference sponsored by the Northeast Ohio Medical University.

Guidelines for Reporters

OhioMHAS engaged Nationwide Children's hospital in Columbus and the E. W. Scripps School of Journalism at Ohio University in Athens to create tools to assist reporters and editors in reporting on suicide. The collaboration resulted in a checklist and guidelines for journalists who are developing a story, compilation of resources on prevention, and a series of workshops at six Ohio colleges in the Spring of 2017. Learn more at [mha.ohio.gov/suicidereporting](#).

hotlines, or 2-1-1 lines, and continues to identify steps to increase adequate and professional crisis line coverage for all 88 counties. Outcomes from the trainings will be used in SFY18 to develop plans to ensure persons in all counties have access to 24/7 crisis lines that are operated by qualified staff.

Resources for survivors

When individuals do take their own lives, there is a severe ripple effect

Prevention



OhioMHAS distributes subsidies to the state's 51 local community behavioral health boards to develop and provide community alcohol and other drug prevention services and programs that meet locally determined needs. These funds are also used to expand evidence-based prevention resources and suicide prevention efforts statewide.

Help for families

OhioMHAS promotes good social and emotional wellness of all children, from birth to adulthood.

Early Childhood Mental Health

During SFY17, the Whole Child Matters [Early Childhood Mental Health Initiative](#) implemented a four-area statewide framework of prevention and early intervention, workforce expansion, professional development and training, and trauma treatment.

Surprisingly, pre-school and kindergarten expulsion rates have at times exceeded those of high school students. School expulsions in early years can have significant and lasting negative impacts on children and their life trajectory. During 2017, Ohio became one of only two states to implement a statewide effort to reduce the number of expulsions.

Through the Whole Child Matters Early Childhood Mental Health Initiative, Ohio is improving the skills of teachers working with young students and intervening early to address the root causes of mental health issues they may experience. OhioMHAS launched the program during SFY17 in partnership with the Governor's Office of Early Learning. It positions early childhood mental health professionals statewide to provide rapid response to early learning settings when parents,

teachers or program directors need help to stabilize a student's behavior.

Specifically, the Whole Child program embeds 70 credentialed professionals in 12 state regions to provide on-site consultation in early learning settings and schools. The program also trains early learning professionals.



Expulsion Prevention Hotline

OhioMHAS has also partnered with Nationwide Children's Hospital to create the Ohio Preschool Expulsion Prevention Partnership, which can be reached at **1-844-678-ABCS (2227)**. It's a centralized intake resource for licensed preschools and childcare providers who need support to manage a challenging child. Callers can access the line Monday through Friday to reach an early childhood consultant in their area who can complete an on-site consultation within two business days.

Left: Trainers at the inaugural Early Childhood Mental Health "Skills to Action" Conference held in April 2017 included Rachel Theis (left) of Bowling Green and Kristine Snell (right) of Highland Hills. The event showcased speakers whose work supports the youngest children in Ohio, reflecting the focus of the state's increased capacity of trainers and consultants through the Whole Child Matters initiative.

» Below left: The National Alliance on Mental Illness of Ohio and YouthMOVE (Motivating Others through Voices of Experience) Ohio joined the celebration of National Children's Mental Health Awareness Day in May. It was the 12th year for the event at the Ohio Statehouse.

» Below: Andrea Boxill, executive director of the Governor's Cabinet Opiate Action Team, promotes Start Talking! at the OhioMHAS Ohio State Fair booth.



Help adults guide adolescents and teens

During 2017, more than 130 students from all over Ohio in grades 6-12 participated in the *Start Recording/Start Talking!* contest and created videos that offer tips on how adults and youth can have frequent and honest conversations about substance abuse. The contest was made possible through a grant from Verizon to Drug Free Action Alliance (now the Prevention Action Alliance) to engage students in activities to promote drug prevention initiatives among Ohio teens.

This was one of many efforts by OhioMHAS, the Ohio Department of Education and Gov. Kasich's office to engage youth and the adults who care about them in the Start Talking! initiative. In three years, more than 61,000 adults have signed up for free *Know!* tips on helping kids remain drug free, and 147,144 students have participated in *5 Minutes for Life* presentations at their schools by law enforcement.

Start Talking!

Building a Drug-Free Future

StartTalking.Ohio.gov

Safe Schools/Healthy Students

OhioMHAS was awarded nearly \$9 million from the Substance Abuse and Mental Health Services Administration to implement the [Safe Schools/Healthy Students](#) initiative from 2014-2017. The goal was development of data-driven strategic plans to prevent, delay the onset or mitigate the seriousness of behavioral health problems in youth from preschool through 12th grade.

During the four-year grant, OhioMHAS worked with the Ohio Department of Education and three of Ohio's local education agencies – Greene County Educational Service Center, Williams County Educational Service Center, and Harrison Hills City Schools – to prevent youth risk behaviors and provide effective services.

Strong Families, Safe Communities

When families with children in crisis need help, they can benefit from the [Strong Families, Safe Communities](#) project. It engages local systems to identify intervention services that can quickly stabilize children who are at risk of harming themselves, their families or others because of mental illness or a developmental disability.

Now in its fourth year, the program allocated \$3 million for 12 projects in SFY17. Care coordination, rapid response interventions, youth mentoring and short-term respite options are among the available services to reduce the risk of harm and help the family remain together.



From left: Maylin Sanchez from Youth To Youth International, a program of CompDrug; Westerville Central High School student Reyka Van Sickle; and CompDrug Director of Development Stephanie Christie, pose with Education Consultant Jill Jackson, Ph.D., of the Center for P-20 Safety and Security after their presentation at the Safe and Violence-Free Schools Conference held Sept. 19, 2016. The OhioMHAS Safe Schools/Healthy Students collaboration with the Ohio Department of Education aims to mitigate behavioral health problems in youth.

Gambling disorder

Ensuring that addiction professionals are able to serve Ohioans with gambling disorder is another role of OhioMHAS. The department provides training for addictions counselors so that Ohio can address problem gambling behaviors as they arise. The number of clinicians and prevention professionals trained has topped 1000, and there are 87 [gambling disorder treatment sites](#).

During 2017, three Ohio communities took part in a nine-month project to assess and begin to build community readiness specific to problem gambling issues. The participants were from the Fairfield County ADAMH Board, Richland County's Community Action for Capable Youth and the Sandusky County Health Department.

Ohio's behavioral health community is using the "Be the 95%" Community Toolkit extensively. In the past year, there were 3,500 visits to the toolkit webpage and nearly \$320,000 in local Problem Gambling funds were used to build awareness of the issue and how to access help. The "Take the Quiz" feature to assess one's level of problem gambling has drawn 18,000 people to participate at www.the95percent.org. The website also launched an interactive game in 2017 for broader appeal to young adults.

The number of Ohioans screened for gambling disorder in SFY16 (most current full year of data) grew to 44,236 – a 20 percent increase over the previous year. Those receiving treatment totaled 1,028 in SFY16. Reach the Ohio Problem Gambling Helpline at 1-800-589-9966.





As of March 2017, the number of people screened through Ohio SBIRT since 2014 topped 50,000. Pictured are Jessica Clark and Ophelia Ramirez-Mailloux from Third Street Family Health Services in Mansfield with Ohio SBIRT Project Director Ellen Augspurger.

Care integration

A program designed to reduce morbidity and mortality of alcohol and other drug use, as well as conditions such as depression, is opening discussions among doctors and patients to achieve better overall health. Housed at OhioMHAS, [Ohio SBIRT](#) (Screening, Brief Intervention and Referral to Treatment) is in the fourth year of a five-year, \$10 million cooperative agreement from the Substance Abuse and Mental Health Services Administration to promote the screening and train health care providers in its use.

As of 2017, 50,000 Ohioans have been screened for behavioral health disorders through programs operating within primary care practices, hospitals and other health settings in Allen,



Clark, Clermont, Cuyahoga, Erie, Hamilton, Hardin, Richland, Scioto, Williams and Wood counties. The program offers in-person training to assist organizations of all sizes in implementing this screening and early intervention tool in their settings.



Above: At the 2017 Ohio Problem Gambling Conference, Jessica Martin speaks about how gambling addiction took over her husband's life. She shared her story as part of a panel from Maryhaven, a Central Ohio agency that was responsible for providing counseling to Mr. Martin and his family members. The Martins work through Maryhaven to bring hope to others struggling with gambling addiction.

Left: The Governor's Cabinet Opiate Action Team partnered with WSYX-TV in Columbus on Aug. 23, 2016, for a broadcast to highlight community resources in the fight against opiate addiction. Volunteers, including OhioMHAS Treatment Specialist Scott Anderson, helped to staff a phone bank.



On May 12, 2017, Joan Wyler presents at the 10th annual Recovery and Wellness Fair hosted at Summit Behavioral Healthcare, the OhioMHAS psychiatric hospital located in Cincinnati. Wyler coordinates the Hamilton County mental health prevention services through a partnership with more than 15 provider agencies and supervises prevention specialists at Talbert House, a non-profit community agency that delivers a full range of integrated services for children, adults and families in Southwest Ohio.

Hospital Operating Expenditures, Populations and Costs Per Patient

Fiscal Year 2016 (The most recent fiscal year for which data is available.)

	Operating expenses as computed in past years	(+) Fiscal Year 2016 Adjustments ¹	(-) Com. Support Network and 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	\$222,041,616	\$8,134,220	-\$9,665,190	\$220,510,646	1,050	\$210,010	\$573.80
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	\$22,189,083	\$574,733	-\$1,761,355	\$21,002,461	76	\$276,348	\$755.05
Heartland Behavioral Healthcare	\$26,830,645	\$1,549,729	\$0	\$28,380,374	123	\$230,735	\$630.42
Northwest Ohio Psychiatric Hospital	\$22,618,940	\$455,020	-\$33,088	\$23,040,872	109	\$211,384	\$577.55
Northcoast Behavioral Healthcare	\$53,665,011	\$829,314	-\$5,167,205	\$49,327,120	247	\$199,705	\$545.64
Summit Behavioral Healthcare	\$45,845,582	\$3,301,289	\$0	\$49,146,871	277	\$177,426	\$484.77
Twin Valley Behavioral Healthcare	\$50,892,356	\$1,424,135	-\$2,703,542	\$49,612,949	218	\$227,582	\$621.81

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.



Psychiatric Hospitals

OhioMHAS provides quality inpatient mental health care at its six [regional psychiatric hospitals](#). Statewide capacity is typically at 95 percent occupancy in the 1,081-bed system. During SFY17, there were 6,563 admissions for inpatient care at these state-run hospitals.

Left: Several of the medical doctors who lead OhioMHAS's hospital system gather at Central Office in September 2016: (Clockwise from top left) Assistant Medical Director Justin Trevino; Robert Karp, Northwest Ohio Psychiatric Hospital; Pat McCullough, Summit Behavioral Healthcare; Muhammad Momen and Joy Stankowski, Northcoast Behavioral Healthcare; Beth Rose, Summit Behavioral Healthcare; Medical Director Mark Hurst; Max McGee, Appalachian Behavioral Healthcare; Gina Guadagno, Summit Behavioral Healthcare; and Ann Morrison, Twin Valley Behavioral Healthcare.

Treatment



OhioMHAS distributes more than \$72 million to local boards for mental health and alcohol, drug and gambling addiction services that meet locally determined needs. Boards contract with local providers for the necessary behavioral health services to individuals in their county or multi-county service areas. Basic services include crisis intervention, assessments and screenings, medication assistance, psychotherapy, addiction treatment, recovery supports and residential housing.

While we serve patients with insurance, our primary niche is the provision of clinical care to people who are uninsured or justice involved. Civil (or voluntary) patients with acute needs make up about 31 percent of those in treatment with an average length of stay of 10.6 days. Most of these patients are uninsured. The remaining 69 percent of our patients are “forensic,” meaning under the jurisdiction of the civil or criminal courts. They may stay months or even years based on their charges and the direction of the court.

Collaboration among ADAMHS boards, community treatment providers and housing operators is key to ensuring timely admissions and discharges as a person achieves stabilization and returns to the community.

The hospital system also provides outpatient services and operates four Community Support Networks. Staff members work with families, patients and community agencies to ensure the safety of the patient and the community throughout all stages of treatment.

Below, left: Terry Kukor, Ph.D., ABPP, director of Forensic and Specialized Services for Netcare Access in Columbus is recognized with the Howard H. Sokolov Forensic Mental Health Leadership award at the OhioMHAS Annual Forensic Conference held Nov. 3, 2016.

Middle: For National Nurses Week during May 2017, several staff members at Twin Valley Behavioral Healthcare don attire appropriate to the celebration.

Right: Patient art is displayed at the annual Recovery and Wellness Fair held at Summit Behavioral Healthcare.

Appalachian Behavioral Healthcare

100 Hospital Drive, Athens, OH 45701
(740) 594-5000 or toll-free (800) 372-8862
Capacity: 92
SFY16 Admissions: 999

Heartland Behavioral Healthcare

3000 Erie St. South, Massillon, OH 44646
(330) 833-3135 or toll-free (800) 783-9301
Capacity: 134
SFY16 Admissions: 1,043

Northcoast Behavioral Healthcare

1756 Sagamore Rd., Northfield, OH 44067
(330) 467-7131 or toll-free (800) 557-5512
Capacity: 260
SFY16 Admissions: 1,602

Northwest Ohio Psychiatric Hospital

930 Detroit Ave., Toledo, OH 43614
(419) 381-1881 or toll-free (877) 970-4325
Capacity: 114
SFY16 Admissions: 646

Summit Behavioral Healthcare

1101 Summit Rd., Cincinnati, OH 45237
(513) 948-3600 or toll-free (888) 636-4724
Capacity: 291
SFY16 Admissions: 731

Twin Valley Behavioral Healthcare

2200 W. Broad St., Columbus, OH 43223
(614) 752-0333 or toll-free (877) 301-8824 (TVBH)
Capacity: 178
SFY16 Admissions: 1,909
This campus includes the 52-bed Timothy B. Moritz Forensic Unit, which serves the entire state.

Co-occurring disorders

Within OhioMHAS’s six regional psychiatric hospitals, the substance abuse/mental illness programming addresses substance use disorders among patients. Short-term, intensive treatment includes assessment, treatment and referral for continuing care and resources upon discharge. Each hospital has designated staff who are licensed and trained in substance use disorders to provide services for patients with substance use and co-occurring mental health disorders.

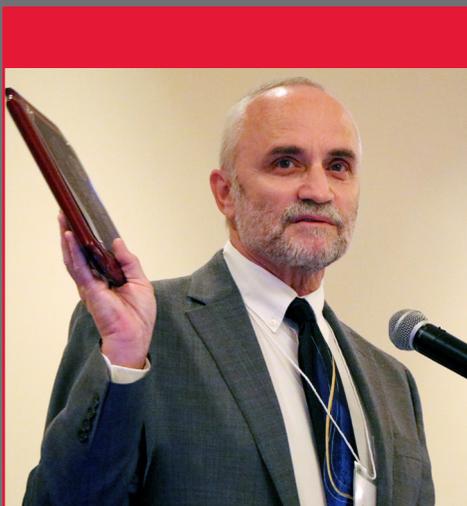
Forensic services

OhioMHAS funds forensic competency-to-stand-trial and not-guilty-by-reason-of-insanity evaluations for courts of common pleas through 10 designated [forensic evaluation centers](#). In addition, the department pays for second opinion psychological evaluations for individuals being released from state hospitals.

OhioMHAS reimburses county probate courts for commitment hearings for mentally ill individuals. Reimbursable court costs include fees or expenses for police, sheriffs, physicians, witnesses, transportation, conveyance assistants, attorneys, referees, reporters, and court costs.

Access Success funds

OhioMHAS, in partnership with the Ohio Department of Medicaid, provided [Access Success](#) funds to assist 61 patients as they transitioned back into the community from one of



our state psychiatric hospitals. These funds have assisted in expediting the discharge of patients who were clinically ready but faced financial barriers. The \$500,000 was used for such things as short-term housing support, utilities, additional services or supports, or various household items that the individual needed to be more independent. About a quarter of the funds were used to support patient discharge needs that did not exceed \$1,000.



"Access Success is one of the best things to ever happen to me," said Pat Richardson, whose life cascaded downhill after a near-fatal accident resulted in depression, anxiety and alcoholism. With a goal of putting an end to his cycle of homelessness, crisis and psychiatric hospitalization, the program provided the after-discharge supports that he needed, such as transitional housing, food, furniture and reliable transportation so he could maintain a job.

First Episode Psychosis

Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. Psychosis is a symptom, not an illness.

In the U.S., approximately 100,000 young people experience psychosis each year. With a peak onset occurring between 15-25 years of age, psychotic disorders such as schizophrenia can derail a person's social, academic and vocational development.

[First Episode Psychosis](#) (FEP) programs help people who are experiencing their initial symptoms of psychosis so that their long-term outcomes are improved. Research shows that the earlier people experiencing psychosis receive treatment, the better their long-term quality of life.

During SFY17, OhioMHAS used federal Block Grant funds to increase the number of FEP programs from three to seven providers with nine teams in 17 counties. FEP teams offer rapid access and enrollment in services, comprehensive clinical care and support for the individual and their family. The goal is to reduce hospitalizations, emergency room visits and legal system involvement.

At the midpoint of SFY17, 182 clients had received services, and approximately 55 percent were employed and/or in school. One team reported 78 percent of clients working and/or in school.



Rick Massatti, State Opioid Treatment Authority at OhioMHAS, presents at the Annual All-Ohio Institute on Community Psychiatry regarding Ohio programs that assist pregnant women who are addicted with prenatal care to decrease the incidences of babies born with Neonatal Abstinence Syndrome. Using federal 21st Century Cures Act funds, OhioMHAS will contract with Opioid Treatment Programs that integrate obstetric care and medication-assisted treatment.

Opioid treatment

Passed during SFY17, Senate Bill 319 allows the significant expansion of [Opioid Treatment Programs](#) by permitting for-profit organizations to enter the market and removing the two-year service requirement. This will dramatically increase the access that individuals with opioid use disorder have to high quality therapeutic programs with medication-assisted treatment.

As the regulatory agency for such programs, OhioMHAS works closely with potential applicants. More than 60 entities have expressed interest in opening certified treatment programs over the next two years. The department also collaborated

Prevalence of Mental Illness by Diagnosis

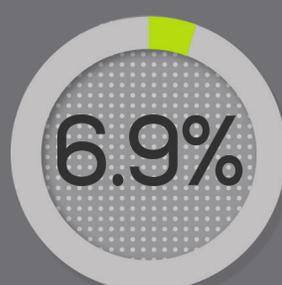
Statistics from the National Institute of Mental Health



1 in 100 (2.4 million) American adults live with schizophrenia.



12.6% (6.1 million) of American adults live with bipolar disorder.



6.9% (16 million) of American adults live with major depression.



18.1% (42 million) of American adults live with anxiety disorders.

with federal and state partners to update the Ohio Administrative Code concerning opioid programs. New rules passed legislative review and became effective June 1, 2017.

Court interventions

When a person is struggling with addiction, obtaining drugs can become more important than anything else. In many cases, this leads to criminal activity and interaction with the justice system. For some people, an arrest or incarceration provides a moment of clarity where access to treatment, if available, may be embraced by that individual. OhioMHAS works to establish strong collaboration between criminal justice and treatment and recovery so that effective intervention with as many people as possible can take place.

Criminal justice services

Ohio provides state grants to drug courts and is fortunate to have more than 200 certified [specialized dockets](#), including but not limited to drug

courts, veterans' courts, mental health courts and family dependency courts. These courts are intended to connect non-violent offenders with the types of support that they need to remain in the community rather than serve a sentence in prison or jail.

Because many docket enrollees are living with mental illness and/or are in early recovery from addiction, OhioMHAS invests in supporting these courts. In each year of the 2016-17 biennium, \$1 million was dedicated to support specialty dockets and/or create new certified court programs. Another \$5.5 million funded the [Addiction Treatment Program](#), which works with 22 counties to direct eligible adult offenders with a dependence on alcohol, opioids or both into medication-assisted treatment. During SFY17, more than 1,000 people participated

OhioMHAS also connects individuals leaving correctional facilities with community supports that promote successful re-integration after discharge, such as health care and

housing. Through 23 projects, our [Community Linkage](#) social workers assist offenders in applying for benefits and connecting to ADAMHS Board services and health care providers.

Prison recovery services

Through an Addiction Services Partnership with the Ohio Department of Rehabilitation and Correction, OhioMHAS staff located in state prisons provide services to break the cycle of recidivism. Programming uses evidence-based strategies to assist inmates as they work to make positive changes and end patterns of substance use.

Since it was initiated in 2016, this partnership increased by approximately 50 percent the number of clinical professionals providing addiction treatment to Ohio prison inmates. In a year-to-year comparison, for SFY16 to SFY2017, [Correctional Recovery Services](#) saw a 42 percent increase in overall treatment program participation.

Another key partnership with ODRC is the [Community Transition Program](#). Through a contract awarded to CareSource, this program offers individuals who have received addiction treatment in prison a transitional benefit for drug and alcohol treatment and assistance with recovery support services such as housing, transportation, work and education upon their release. The goal is to help individuals avoid relapse.



Governor John R. Kasich signs legislation in January 2017 strengthening prescription drug oversight, encouraging responsible treatment and supporting overdose prevention. Provisions include registration of all pharmacy technicians; expanded access to naloxone (including schools, homeless shelters and halfway houses); limitations on high volume prescriptions; and streamlined regulations for methadone providers. The signing ceremony included Taylor Stevenson (center), a person in long-term recovery with the help of medication-assisted treatment.

Treatment that includes medication, along with counseling and other supports, is often the best choice for a person with opioid addiction. Medication allows the individual to regain a normal state of mind, free of constant cravings for the drug. It reduces problems of withdrawal and helps people manage their addiction so that the benefits of recovery can be maintained. There are three main choices for medication to treat opioid addiction: methadone, buprenorphine and naltrexone. People can safely take these medications as long as needed – a few months, one to five years, or for life.

Relevance of trauma

Trauma is more than just experiencing an immediate feeling of fear or of being “shaken” by an experience. It can be a powerful, long-lasting negative reaction in an individual’s body and brain when he or she perceives that an experience or series of events is overwhelming or life-threatening. Trauma can negatively affect people mentally, physically, socially, emotionally and/or spiritually over a long period, sometimes a lifetime.

OhioMHAS and the Ohio Department of Developmental Disabilities have been collaborating on a statewide [Trauma-Informed Care Initiative](#) intended to promote a greater sense of safety, security and equality among individuals involved in these systems by training care providers in best practices. As of 2017, more than 10,000 people have been trained. In addition, a partnership with the Ohio Department of Aging led to a curriculum for nursing home staff, and training was also initiated at Ohio’s Veterans Homes.

The initiative also expanded awareness to Ohio’s law enforcement agencies by assisting in the development of a trauma-responsive curriculum offered through the Ohio Peace Officer Training Academy, which is a division of the Ohio Attorney General’s Office. Beginning in 2017, all sworn and commissioned law enforcement officers (30,000+) must take the six-hour training on Trauma-Informed

Policing to meet the critical subject requirements if their agency desires reimbursement. The course discusses how prevalent trauma histories are among the people served and how trauma may impact law enforcement personnel in their jobs.

Community living

It is extremely difficult to focus on recovery and wellness if you are homeless or lack access to stable housing. Therefore, Ohio has taken strides to enhance housing for people with serious and persistent mental illness or substance abuse disorders.

Through a [community capital](#) program, OhioMHAS works with ADAMHS boards to build and renovate housing for people who are served in our system. During SFY17, a \$1.7 million investment by OhioMHAS was matched with \$38.7 million in community-raised funds to develop permanent supportive housing for 190 individuals. Another 77 units were restored through a partnership with a community provider. OhioMHAS also funded 11 sober housing projects in nine counties.

In addition to capital support for community housing options, OhioMHAS manages several other programs that help people live in appropriate environments.

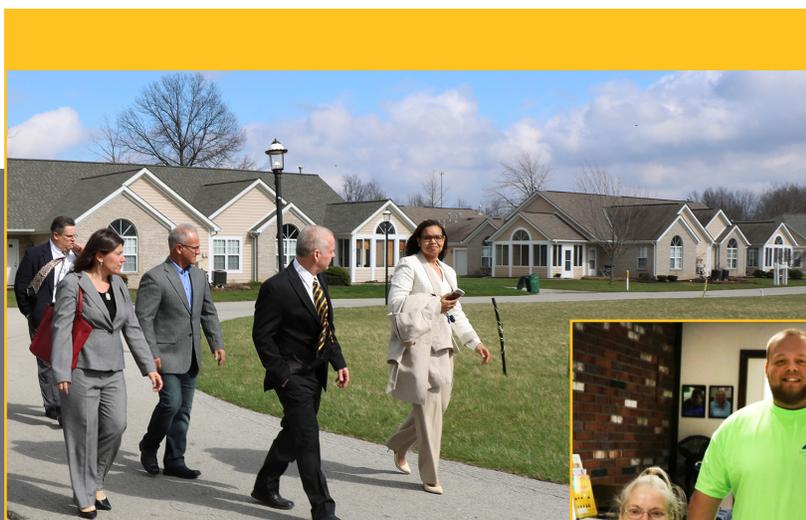
Residential State Supplement

[Residential State Supplement](#) provides financial assistance to adults who have increased needs due to a disability that is not severe enough to require long-term care in an institution, such as a nursing home or hospital. Individuals use these resources to supplement their income, to pay their rent, as well as the cost of supervision and personal care services at eligible living arrangements in the community.

As of SFY17, the program budget was at \$15 million, which supported enrollment of 2,300 individuals, while others were placed on a waiting list. Currently, 89 percent of enrollees have a mental illness or substance use disorder, and nearly 10 percent are over age 60.

Recovery Requires a Community

[Recovery Requires a Community](#) helps individuals diagnosed with mental health or substance use disorders by providing them with financial assistance if they desire to move from nursing facilities to sustainable community living settings. Resources go directly to individuals to help offset the expense of living in integrated community-based settings with supportive services. During SFY17, 220 people were able to transition to integrated settings in the community.



OhioMHAS Director Tracy Plouck had an opportunity to visit with several Erie County mental health and addiction service providers as part of Gov. John R. Kasich’s April 4, 2017, State of the State address in Sandusky. One stop was to tour and visit staff and residents at Genesis By The Lake women’s recovery condos (above). Another was a lunch with peer supporters at the Erie Shore Network.





On Sept. 23, 2016, hundreds of people gathered at the 2016 Ohio Rally for Recovery on the grounds of the Ohio Statehouse. The rally, sponsored by Ohio Citizen Advocates for Addiction Recovery, with support from OhioMHAS and The Ohio State University Wexner Medical Center, was held to coincide with National Recovery Month and featured Ohio Senator Rob Portman as a speaker.



Erie County officials participate in an Oct. 13, 2016, groundbreaking for a new 16-bed detox center. OhioMHAS contributed \$500,000 to the project, which will serve residents in Erie, Huron, Ottawa and Sandusky counties. The facility is expected to open in 2017.

Pre-Admission Screening and Resident Review (PASRR)

OhioMHAS staff determine if citizens who are placed in nursing homes are in the most appropriate setting based upon their needs. During SFY17, the [PASRR](#) Bureau's licensed clinical reviewers processed more than 12,400 reviews, with approximately 12 percent proceeding to discharge planning because the individuals were deemed able to live in a more-integrated environment.

OhioMHAS staff also participate on an Inter-Agency Transitions Team that manages the de-certification of poorly performing nursing homes. When this requires that residents must move to another setting, department personnel assist in their resettlement to a place that suits their needs.

Recovery housing

[Recovery housing](#) provides a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation in traditional clinical treatment. Residents benefit from peer support and accountability, and gain valuable relapse prevention and employment skills training. They learn to live independently and productively in the community. Ohio is a national leader in its support for recovery housing. OhioMHAS support between July 2015 and March 2017 resulted in increased capacity to serve an additional 921 Ohioans.

Community Capital Investments

In addition to permanent supportive housing and recovery housing, OhioMHAS made numerous capital investments across Ohio in SFY2017 to assist ADAMHS Boards and their contract providers to build or renovate spaces for essential services. More than \$3.1 million was invested in six projects to offer residential treatment for 105 people in recovery from substance abuse. Another \$1.1 million went to build or renovate four projects for Ohioans experiencing a mental health crisis. Six community provider organizations were able to increase their capacity to provide outpatient substance abuse treatment or mental health treatment to accommodate an annual total of nearly 4,800 more people in need of help engaging in recovery. Finally, two consumer-operated peer centers are receiving assistance to expand and increase their capacity to offer peer services such as classes in wellness, nutrition, self-advocacy, community involvement and job-seeking.

Access to Recovery grant

OhioMHAS was awarded a three-year, \$7 million [Access to Recovery](#) IV grant from the Substance Abuse and Mental Health Services Administration to furnish vouchers for recovery support and alcohol/drug addiction treatment services to more than 4,300 criminal-justice-involved adults and military services members. The grant period started May 1, 2015, and runs through April 20, 2018. Qualifying individuals can choose among a list of services offered through providers in their communities at no charge. Recovery housing support is a key part of the project. During SFY17, the grant supported the addition of 250 sober housing beds in nine counties.

Employment

OhioMHAS supports innovative efforts to increase job opportunities and improve workforce participation for individuals in recovery. Toward this goal, the department offers technical assistance, consultation and training to provider organizations and consumer-operated peer centers.

Individual Placement and Support

Individual Placement and Support ([IPS](#)) [Supported Employment](#) is an evidence-based practice that helps people with severe and persistent mental illness or co-occurring mental illness and substance use disorders find and maintain competitive jobs.



The kick off meeting for the Drug-Free Workforce Community Initiative was hosted at the offices of Elford, Inc., a commercial construction firm in Columbus. Above, representatives from ADAMHS boards that received grants work with consultants from Working Partners®. At right, OhioMHAS Bureau of Recovery Supports professionals Zandia Galvin and Mindy Vance speak with Elford's Human Resources Director Colleen Rains.



Ohio hosted the international Individual Placement and Support Learning Community Meeting in Cleveland in May 2017. There are more than 20 providers in the state who promote this evidence-based practice. This event welcomed practitioners around the world to the U.S. to network and learn.

IPS is assertive about helping people find the work they want as soon as they express a desire to work.

There are more than 20 qualified IPS providers in the state who use this evidence-based practice to help people become employed so they can maintain independence and self-sufficiency.

Drug-free workplaces

OhioMHAS supplied \$360,000 to support 18 local projects during SFY17 to create partnerships between ADAMHS Boards and employers to increase employment among people with severe and persistent mental illness and substance use disorders. The Drug-Free Workforce Community Initiative (DFWCI) is a public-private partnership with Working Partners®.

Projects assist people in finding jobs, businesses in implementing drug-free workforce policies and identifying trained workers, and employed individuals who screen positive for drugs in getting support to address their issues. Participating boards are: Butler, Clark-Greene-Madison, Clermont, Columbiana, Fairfield, Geauga, Hamilton, Licking-Knox, Logan-Champaign, Mahoning, Marion-Crawford, Montgomery, Muskingum Area, Paint Valley, Putnam, Trumbull and Wood.

Peer recovery supporter training

Peer Services offer support and education from individuals with shared life experiences. To broaden the workforce of peer recovery supporters available to work with behavioral health providers, OhioMHAS initiated a 40-hour [Peer Recovery Supporter Training](#) curriculum leading to certification of more professionals in the workforce to guide others in recovery.

In SFY17, 330 peer recovery supporters were certified and 272 individuals were trained as peer supervisors. A two-day peer training conference drew approximately 275 attendees in June 2017.



Naloxone distribution

OhioMHAS provides dispensed and bulk pharmaceuticals and medical and laboratory supplies to eligible state, county and community mental health agencies through its [Ohio Pharmacy Services](#) operation. Part of this mission includes enhancing access in every Ohio county to [naloxone](#), the lifesaving opioid overdose reversal medication. The SFY16-17 budget allocated \$500,000 each year to the department to purchase naloxone, including complete Project DAWN Kits (Death Avoidance With Naloxone), for distribution to county health departments to dispense to local law enforcement, emergency personnel and other first responders. During SFY16, 2,363 lives were saved by administration of the drug.

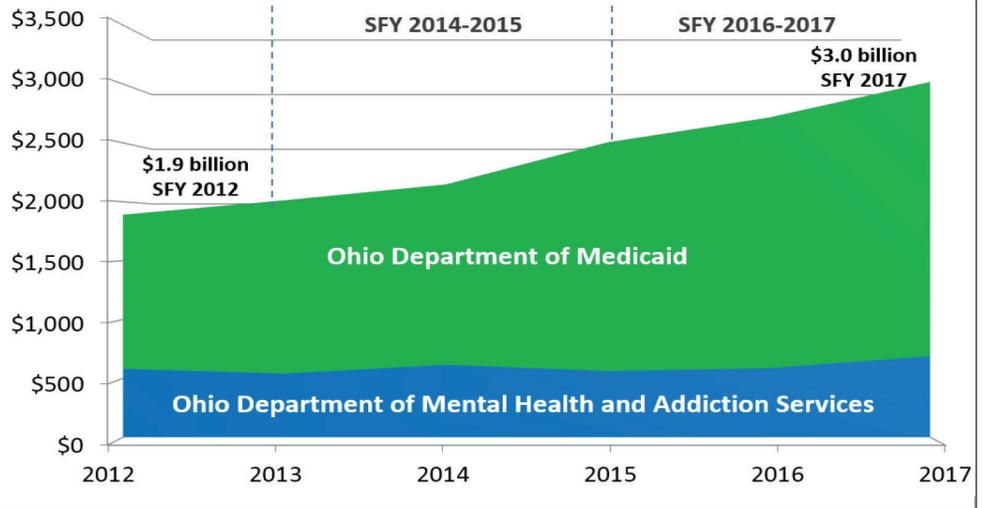
Regulation & Research

OhioMHAS has statutory/regulatory authority over nearly 2,000 providers, including behavioral health agencies, privately run inpatient units/hospitals and community living options. In SFY17, staff processed 163 applications for new licensure or certification from entities wanting to offer treatment services or provide housing.

OhioMHAS also supports quality in public behavioral health services by conducting research, analyzing data, monitoring epidemiological trends and assessing needs.

Behavioral Health Spending

This chart depicts total OhioMHAS and Ohio Medicaid behavioral health spending (federal and state funds in millions) as of January 2017.



Diversity and Health Disparity



The Ohio Department of Mental Health and Addiction Services is committed to using cultural and linguistic competence strategies in its outreach and delivery of high-quality, person-centered health care that is responsive to the needs of all Ohioans, including immigrant communities and disability populations. During SFY17, a page disseminating health information in American Sign Language was added to the department website, and Somali representatives were welcomed to discuss community needs.

OhioMHAS Expenses and Source of Funds - State Fiscal Year 2017

This table reflects expenditure data as of 7/18/17.

Type of expense ¹	Totals	General Revenue	Capital Improvement	Dedicated Purpose	Federal Revenue	Internal Svcs Activity	Revenue Distribution
Department Totals	\$644,766,634	\$396,892,438	\$13,016,026	\$27,759,023	\$124,314,286	\$81,344,160	\$1,440,700
State-Provided Services	\$254,216,691	\$207,692,681	\$12,492,177	\$6,389,772	\$16,120,011	\$11,522,049	
Community Support Network	\$9,375,655	\$8,345,671		\$273,512	\$381,769	\$374,704	
Hospitals	\$244,841,036	\$199,347,010	\$12,492,177	\$6,116,261	\$15,738,242	\$11,147,345	
Community-Provided Services	\$242,155,493	\$131,841,111	\$523,849	\$12,137,469	\$95,593,808	\$618,557	\$1,440,700
Administration	\$59,986,980	\$37,499,840		\$9,231,782	\$12,600,467	\$654,891	
Central Office	\$59,252,262	\$36,765,122		\$9,231,782	\$12,600,467	\$654,891	
Research Grants	\$0	\$0					
Education & Training Grants	\$734,718	\$734,718					
Pharmacy Services	\$68,548,663					\$68,548,663	
Debt Service	\$19,858,807	\$19,858,807					

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.



Sign up for eUpdates on our
website: mha.ohio.gov



For information and referral:
1-877-275-6364
askMHAS@mha.ohio.gov

Executive Team

Tracy J. Plouck, Director

Mark Hurst, M.D., Medical Director

Angie Bergefurd, Assistant Director of Community Supports

Jamie Carmichael, Acting Deputy Director of Public Affairs

Karl Donenwirth, Deputy Director of Hospital Services

Jim Lapczynski, Assistant Director of Administration

Michaela Peterson, Deputy Director of Legal and Regulatory Services

Sanford Starr, Deputy Director of Quality, Planning and Research