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

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Dear Ohioans,

This Annual Report for 2014 marks the first full year of the Ohio Department of Mental Health and Addiction Services (OhioMHAS). The agency was established on July 1, 2013, with the consolidation of the former Ohio Departments of Alcohol and Drug Addiction Services (ODADAS) and Mental Health (ODMH). The transition to a single agency has resulted in greater value to taxpayers and more coordinated services to Ohioans. Our joint expertise is now informing our workforce, better aligning community planning and benefitting the people we serve.

Since taking office, Gov. John R. Kasich has made it clear that he cares deeply about the issues of addiction and mental illness. His administration has demonstrated that behavioral health is a priority through support of fundamental reforms during the past three years, beginning with the elevation of Medicaid funding to the state level, which freed up local dollars for local priorities, to most recently, the expansion of Medicaid, which covers clinical needs for tens of thousands of Ohioans.

Gov. Kasich’s investments are allowing us to strengthen the behavioral health system with quality, safety and access as guiding principles. Along with investments in treatment options that we know are effective, we are balancing our efforts toward prevention and recovery supports so that our intervention upstream may avoid problems before they escalate, and investments downstream can help people in recovery remain healthy and productive.

Highlights of our work include:

- Averting crisis services by creating more “safe places” where people can get the care they need before they harm themselves or others through a Strong Families, Safe Communities initiative;
- Building supportive housing capacity and enhancing residential treatment options with capital funding;
- Utilizing regional approaches and resource sharing to address gaps in care identified in consultation with boards of mental health and addiction services;
- Streamlining our licensure and certification processes with common-sense alignment of previously separate regulatory approaches;
- Implementing overdose treatment protocols at the six regional psychiatric hospitals through Project DAWN (Deaths Avoided with Naxolone) – and achieving better than expected results;
- Using administrative savings achieved through the ODADAS/ODMH consolidation to strengthen collaboration with county jails to link non-violent offenders with community-based behavioral health care services through Community Innovations;
- Sharing best practices for assisting people who have experienced trauma, so that individuals with mental illness, addiction or developmental disabilities are treated appropriately and not re-traumatized; and
- Building on the Governor and First Lady’s “Start Talking!” drug prevention campaign, which gives parents, teachers, youth mentors and community leaders resources and discussion tips that research shows can make a huge difference.

We have an opportunity to work together with partners to make our system stronger for the future. Funds are being invested into important services that will help save individuals in crisis, divert our youth from the dangers of addiction and ensure a high-quality level of care to continue at our state hospitals. Our efforts have raised awareness about the problems of mental health and addiction. Partnerships with local communities will continue so that together we can support the recovery needs of all Ohioans. I appreciate the General Assembly’s support of these efforts.

Sincerely,

Tracy J. Plouck
Director, Ohio Department of Mental Health and Addiction Services
During State Fiscal Year 2014 (SFY14), Ohio took major steps to promote overall wellness for its citizens. Most notably, Gov. Kasich supported the extension of Medicaid benefits to more people in need. This supports the transformation of the behavioral health system by allowing more Ohioans access to health care coverage. It is one more step toward a coordinated health care system that treats the whole person – brain and body – and enables people to get regular check ups instead of waiting until the emergency room is their only option for treatment.

Studies of life expectancy have shown that people with behavioral health conditions die many years earlier than the general population. Often, this is due to physical issues that are not being managed. Extension of Medicaid benefits to single adults and working families below 138 percent of the poverty level is estimated to result in as much as $557 million of behavioral health treatment and other physical health care services being covered. OhioMHAS encourages local system partners to enroll individuals who they believe to be eligible through the state’s benefits.ohio.gov website. This has helped to streamline application processing. Most importantly, it encourages people to take better care of themselves, instead of ignoring health issues for financial reasons.

The National Council for Behavioral Health, the voice for America’s community mental health and substance use treatment organizations, awarded its 2014 Elected Official in Advocacy award to Gov. Kasich for extending eligibility for Medicaid in Ohio. An estimated 60,000 people with addiction disorders and/or with mental illnesses will now be covered.

Investment in supportive community housing promotes stability, safety and success

A lack of safe housing is a huge challenge to the recovery of individuals with mental illness or addiction. Supportive housing can provide the stable environment people need to successfully work toward positive goals. OhioMHAS is dedicated to enhancing supportive community living options for people in recovery.

Through a federal mental health block grant, OhioMHAS assists local systems with matching funds for the Supportive Housing Program grants from the Ohio Development Services Agency. For many years, this state/local relationships has been a great way to leverage other funds and bring needed resources to support the operations of housing projects throughout Ohio. In January 2014, nine county Alcohol, Drug Addiction and Mental Health Services (ADAMHS) boards received a total of $311,800 in block grant funds, which leveraged $1,697,500 and will serve about 820 people. The total of all funds from all sources invested in these nine projects is $3,722,377.

Also during SFY14, the renovation/preservation partnership with the Ohio Housing Finance Agency (OHFA) combined an investment of $1.1 million from OhioMHAS with $4.2 million from OHFA to restore 129 units of housing that can be utilized by individuals for many years.

Overall, the OhioMHAS Bureau of Capital Planning and Management invested $5 million in 10 projects during SFY14 that will provide 120 additional units of housing for people with mental illness and/or addiction across Ohio. These 10 projects attracted approximately $26.5 million
in other funding for a total investment of $31.5 million in housing by OhioMHAS and its partners.

OhioMHAS and its partners are planning for many more housing projects that will build new and sustain current housing stock, benefitting the recovery and community integration of people with disabilities.

For individuals who are at risk of premature or unnecessary institutionalization, the Residential State Supplement (RSS) Program provides financial assistance for adults with low incomes who have disabilities and/or are at least age 60, but do not require long-term care at nursing facilities. Enrolled consumers use RSS, which supplements their income, to pay a monthly rate as set by the General Assembly for accommodations, supervision and personal care services at eligible community residences.

During SFY14, OhioMHAS conducted a legislative review of the RSS Program, including its eligibility criteria, and governing rules and statutes. OhioMHAS also examined concerns regarding Adult Care Facilities (ACFs) and Adult Foster Homes (AFoHs), including allowable fees, disparities between residents enrolled in RSS and those who were not, and disparities among residents with RSS, depending upon their type of income. The department provided multiple opportunities for stakeholder feedback, including telephone surveys for RSS consumers and ACF/AFoH residents, and community forums in Cleveland, Cincinnati and Massillon. Review recommendations are posted on the OhioMHAS website.

**Greene County Affordable Housing Project**
More than six years of work is paying off for Housing Solutions of Greene County. The agency, which manages affordable housing units for homeless individuals receiving behavioral health services in Greene County, held a ground-breaking ceremony in April 2014 for “Columbus Place,” a new six-unit apartment building in Xenia.

**Highland House Sober Living Community**
During late 2013, the House of Hope, working in tandem with the ADAMH Board of Franklin County, opened Highland House, a sober-living community in Columbus’ historic Victorian Village neighborhood. It houses individuals who desire to live in an environment that is free from the use of alcohol and other drugs after completion of treatment.

**Frank & Pearl Gelbman Recovery House**
Neil Kennedy Recovery Clinic broke ground during summer 2013 on an eight-bed recovery housing unit in Youngstown. The Frank & Pearl Gelbman Recovery House will offer a sober-living environment for 400 patients annually who require detoxification services, as well as up to 188 more people per year who need more structure than a regular outpatient program.
We help people live as independently as possible

Appropriate housing is critical to recovery. It is also a key to rebalancing Ohio’s long-term care options, saving taxpayer dollars and increasing independence for people who do not require institutional care. OhioMHAS continues to advocate for individuals diagnosed with serious mental illnesses through federally mandated Pre-Admission Screening and Resident Reviews (PASRR). These evaluations ensure that individuals are placed in the setting that is most appropriate for their needs. OhioMHAS issued 6,801 PASRR determinations during 2013 (about 1,000 more than the previous year) and employs a liaison in its PASRR office specifically to assist individuals with mental illness who are younger than age 60, eligible for Medicaid and residing in nursing homes.

OhioMHAS also launched a Recovery Requires a Community initiative during SFY14, to go further for Ohioans than the federal efforts of PASRR. Working through the local ADAMHS boards, the initiative allocates resources for communities to assist individuals in institutional settings to transition into the community. The program works in partnership with HOME Choice services provided through the Ohio Department of Medicaid.

Recovery Requires a Community is not meant to be a permanent housing subsidy, but it can act as a transitional bridge until other options are available. Furthermore, resources provided through the initiative are not limited to housing. Funds from OhioMHAS can be used for housing assistance, debt elimination, supplemental independent living assistance and other services the person needs to successfully remain in a non-institutional community setting. The program is meant to “fill the gap” when no other resources can meet the need of the individual.

Alleviating scars from trauma benefits public health

The impact of traumatic stress is a collective public health concern. Preventing trauma and correctly identifying and responding to it when it has occurred is a benefit to the entire community. OhioMHAS is actively promoting a Trauma-Informed Care model in all treatment and recovery services statewide. This model is an approach to interpersonal interactions that takes into account the potential scars of a person’s past experience.

One personal story, the journey of an eight-year-old girl, was the cornerstone of an SFY14 event that addressed the far-reaching implications...
of trauma. The oldest of four siblings, she was offered up sexually to feed the habit of a drug-addicted mother. Professionals from various behavioral health disciplines listened as attendees at the “Trauma-Informed Care Summit: Creating Environments of Resiliency and Hope” on June 26. OhioMHAS and the Ohio Department of Developmental Disabilities (DODD) co-sponsored the day of learning and collaboration with assistance from the National Center for Trauma Informed Care.

The event launched regional work groups that will evaluate current practices, successes and resources and build upon them. The goal will be to infuse the principles of trauma-informed care among multiple systems to enhance their capacity to address behavioral health needs throughout Ohio. It was stressed that the needs that must be met are not only those of the people served, but also of the behavioral health work force.

According to Summit co-chairs Dr. Mark Hurst, medical director at OhioMHAS, and Pam Berry, senior policy advisor at DODD, the collaboration of individuals from different systems was impressive and provides an excellent base to build upon as OhioMHAS and DODD move forward. As one keynote speaker put it, “resiliency is not bouncing back from adversity, but having the tools and supports to bounce forward.” An example can be found in that eight-year-old girl who is now an engaging and successful woman – a veteran, a social worker and a mother – all because people in her life – a grandfather, a teacher, a therapist – sowed seeds of hope.

**Strong Families, Safe Communities stabilizes at-risk youth**

DODD and OhioMHAS awarded $5 million to seven community partnerships as part of Strong Families, Safe Communities, a grant-funded project designed to provide care coordination and crisis intervention services for youth at risk of harming themselves or others due to a mental illness or developmental disability.

The project will also provide statewide training on crisis intervention for mental health and developmental disabilities services professionals and is funded by Gov. Kasich’s initiative to commit money from Ohio’s Children’s Health Insurance Program Reauthorization Act awards to develop targeted strategies to stabilize youth ages 8-24 who are in crisis. The seven community partnerships include the following counties:

- Athens, Hocking, Vinton, Jackson;
- Columbiana, Holmes, Portage, Stark, Wayne;
- Licking, Knox;
- Belmont, Harrison, Monroe, Noble;
- Clark, Greene, Madison;
- Hamilton; and
- Butler.

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- Butler.

Photo above right: The Hopewell Health Centers’ Strong Families, Safe Communities grant from OhioMHAS and DODD brings together more than 20 community partners across four counties with the purpose of increased care coordination, crisis stabilization, emergency respite/support and expedited access to treatment for youth and children identified as being in crisis. Rapid Response Teams tailored to the needs of each county (Athens, Hocking, Vinton and Jackson) are designed to assist local law enforcement and caregivers of children/youth (8-24 years old) in stabilizing crises, assessing needs and coordinating follow-up services. The grant also includes a training component that has resulted in Student Risk Assessment training for personnel from nine local school districts, the first Jackson County Crisis Intervention Team training for local law enforcement, and youth Mental Health First Aid trainings.
Ohio’s regional psychiatric hospitals

The state’s six public psychiatric facilities are modern, specialized hospitals providing short-term and intensive treatment linked to community needs.

1,081 beds are available in the six state psychiatric hospitals. Capacity was at 98 percent during SFY14.

People can and do recover from mental illness

OhioMHAS operates six regional psychiatric hospitals that provide effective psychiatric and addiction treatment. Working in collaboration with ADAMHS boards and community agencies, expert services built on evidence-based best practices are provided. Hospital services focus on maximizing the potential for recovery so people with mental illness will be successful and satisfied upon discharge.

Recovery is a personal process that involves overcoming the negative impact of a psychiatric disability or addiction despite its continued presence. Patients’ progress is monitored closely to determine if continued hospitalization is needed or if a less restrictive setting would be more appropriate to foster healing and recovery. The clinical staff members in state hospitals want to ensure successful inpatient treatment is followed by further success after discharge to outpatient care and community supports.

Most people are admitted to the state hospitals through local community mental health centers that have arrangements for this responsibility with the county ADAMH boards and the hospitals. Admissions typically occur through the mental health center’s crisis service. Patients are also ordered to undergo hospitalization in state facilities by the criminal court system when legal charges are involved. Staff members work with families, patients and community agencies to ensure the safety of the patient and the community throughout all stages of treatment.

Northwest

Northwest Ohio Psychiatric Hospital
Mychail Scheramic, CEO; Thomas Osinowo, M.D., CCO
930 Detroit Ave., Toledo, Ohio 43614
(419) 381-1881 or toll-free (877) 970-4325
Capacity: 114; SFY13 Admissions: 574

Twin Valley

Twin Valley Behavioral Healthcare
Veronica Lofton, CEO; Alan Freeland, M.D., CCO
2200 W. Broad St., Columbus, Ohio 43223
(614) 752-0333 or toll-free (877) 301-8824 (TVBH)
Capacity: 176; SFY13 Admissions: 1,969
This campus also includes the 52-bed Timothy B. Moritz Forensic Unit, which serves the entire state.

Summit

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
Facility improvements are enhancing therapeutic areas

Construction projects at our regional psychiatric hospitals are improving environments for inpatient treatment.

A three-year project at Northcoast Behavioral Healthcare that broke ground on July 18, 2013, will expand the hospital by more than 100,000 square feet. Ten patient units, a gymnasium, courtyards and energy center will result from the new construction, and renovation of admissions and clinical areas will follow.

In Athens, a Patient Programming Improvement project was initiated during SFY14 to renovate existing spaces for adjunctive therapy, occupational therapy, vocational programming and the visitation area. Practical improvements for functionality and enhanced security measures were included. Designs were approved for additional renovation in SFY15 to add two new bedrooms on each unit and improve amenities in patient areas.

Northcoast
Northcoast Behavioral Healthcare
Doug Kern, 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

Heartland
Heartland Behavioral Healthcare
Jeffrey Sims, CEO; Steven Thomson, M.D., CCO
3000 Erie St. South, Massillon, Ohio 44646
(330) 833-3135 or toll-free (800) 783-9301
Capacity: 148; SFY13 Admissions: 1,349

Appalachian
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
Ohio launches youth drug abuse prevention initiative

Far too many Ohio families know the heartache of having a loved one deal with the nightmare of drug abuse. When the loved one is a child or young adult, the emotional pain can be unbearable. But here is where it gets better: kids are up to 50 percent less likely to use drugs when their parents or other trusted adults talk with them about drug use and abuse.

In January 2014, Governor Kasich and First Lady Karen W. Kasich launched the Start Talking! statewide youth drug prevention initiative to help parents and other adults communicate better with kids about drug use. Based on scientific research and what experts say are the best methods to engage kids, Start Talking! offers four ways for parents and other youth leaders to approach children and young adults:

Know! focuses on the parents of middle school students. It provides communication tips and tools to parents and caregivers, to empower them to raise their children substance-free. Know! also provides resources for educators and other adults to help reinforce the efforts of parents. Know! is offered by the Drug-Free Action Alliance.

Parents360Rx is designed to increase adults’ knowledge about substance abuse, particularly prescription drug abuse. More knowledgeable parents and adults have greater confidence and are better equipped to talk with children about drug use. The Parents360Rx Action Toolkit can be used to host youth drug prevention discussions in local communities. Parents360Rx is a national program developed by the Partnership for Drug-Free Kids.

5 Minutes for Life is led by the Ohio State Highway Patrol, the Ohio National Guard and local law enforcement, in partnership with the Ohio High School Athletic Association and participating high schools. The program engages student athletes as ambassadors who lead peer-to-peer conversations that promote healthy, drug-free lifestyles.

Building Youth Resiliency starts community partnerships to build a local effort using proven prevention programs, to give students the courage to resist drugs and push back on peer pressure. The Office of the First Lady, in partnership with other state agencies, is leading this effort.

The starting place for teaching children about the dangers of drugs is at home and the first teachers are parents. Start Talking! is here to help because this is not an easy discussion to begin.

Learn more at StartTalking.Ohio.gov.
Twenty counties received grants totaling $1.5 million from the Office of First Lady Karen W. Kasich, in partnership with OhioMHAS and other state agencies, to fund community programming to develop students’ ability to make good decisions and resist bad influences.

Know! Parent Tips and TEACHable Moments are twice-monthly emails that include guidance for caregivers and educators, respectively. These free resources provide facts about alcohol, tobacco and other drugs, so adults can support children in choosing healthy lifestyles. Sign up online.

Parents360Rx is a community education program that increases an adult’s knowledge of prescription misuse and confidence in their ability to speak with teens about the subject. The program toolkit includes a video of compelling stories and guidance in hosting a community event with other concerned adults.

Local law enforcement officers, Ohio State Highway Patrol troopers and National Guard service members have joined forces to support student athletes who can act as role models and encourage their high school peers to make responsible decisions and live drug-free lifestyles.

Start Talking! numbers as of June 30, 2014

- 6,447 Ohioans signed up for Know! tips and TEACHable Moments.
- 16,430 students, 507 student ambassadors participated in 190 5 Minutes for Life presentations.
- 22 grants totaling $1.5 million will help strengthen school-based prevention and resiliency programming for at-risk youth.
- Dozens of Parents360Rx presentations held by schools, PTO groups, faith-based organizations, law enforcement, legislators and others.

Photos top to bottom: Orman Hall (left), director, Governor’s Cabinet Opiate Action Team, and OhioMHAS Director Tracy Plouck (right) meet Worthington Kilbourne High School students who assisted with a meeting of school superintendents on April 29, 2014. Former Cincinnati Bengal Anthony Muñoz speaks at West Carrollton High School. Danielle Smoot (left) and Heidi Riggs have turned the tragedy of losing a son and daughter, respectively, into strong advocacy for prevention efforts. Lt. Molly Harris of the Ohio State Highway Patrol poses with student ambassadors at a Start Talking! event in Marysville on May 1, 2014.
Opioid prescribing guidelines are new tool for clinicians

As part of Ohio’s effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, Gov. Kasich announced new opioid prescribing guidelines for treating patients with chronic, non-terminal pain. The Governor’s Cabinet Opiate Action Team (GCOAT) developed the guidelines in conjunction with more than 40 professional groups, state licensing boards and state agencies. They encourage Ohio’s clinicians to fully evaluate a patient’s situation before prescribing high levels of opioids for long-term use. Research shows that patients who receive high doses of pain medications are at increased risk for overdose and need close supervision and periodic reevaluation. The new guidelines should trigger the prescriber to pause and evaluate the effectiveness and safety of the patient’s pain management plan.

Overdose reversal kits dispensed by OhioMHAS hospitals

While hospitalized, patients with narcotic or opioid addictions detoxify, which changes their tolerance to their drug of choice. If after discharge they ingest the drug at their previous dosages, it could trigger an overdose. Administration of the nasal spray naloxone can save their life. An opioid education and naxolone distribution program developed by the Ohio Department of Health (ODH) was implemented in all six OhioMHAS regional psychiatric hospitals during SFY2014. Project DAWN (Deaths Avoided with Naloxone) educates drug users and their families about the risk factors for overdose, the signs of an opioid overdose and how to respond: call 911, then administer rescue breathing and nasal naloxone. ODH began the program in Portsmouth during 2012. OhioMHAS chose to implement the program in its six hospitals following a successful 2013 pilot at Northcoast Behavioral Healthcare. As of mid-June 2014, 119 kits had been dispensed to hospital patients with opiate dependence upon discharge.

In addition, during July 2013, Gov. Kasich signed Senate Bill 57, which established a one-year pilot project in Lorain County that allowed qualified first responders to administer Narcan (or the generic naloxone) to reverse the effects of an apparent opioid-related overdose. Lorain Police confirmed the first successful heroin overdose reversal of a 21-year-old woman the following October.

Addiction Treatment Pilot Project connects offenders to behavioral health services

OhioMHAS is conducting a pilot program to provide addiction treatment, including Medication-Assisted Treatment (MAT), to offenders within the criminal justice system who are eligible to participate in a certified drug-court program, and are dependent on opioids, alcohol or both. The Addiction Treatment Pilot Program (ATPP) was created through legislation in the 2014-2015 State Budget that appropriated $5 million in funding. Specialized docket drug courts certified by the Ohio Supreme Court in six counties are included in ATPP: Allen, Crawford, Franklin, Hardin, Hocking and Mercer. Treatment of eligible adult offenders is through a community addiction services provider certified by OhioMHAS. The Begun Center for Violence and Prevention Research & Education at Case Western Reserve University will evaluate the effectiveness of ATPP within six months of the end of the two-year pilot. That evaluation will provide valuable information to the state about process issues (facilitators and barriers) surrounding the uptake of MAT interventions in drug courts.
Babies of addicted mothers get help

In April 2014, Gov. Kasich signed into law House Bill 315 (Rep. Lynn Wachtmann, R-Napoleon), requiring maternity medical units to report the number of infants born with opiate addiction to the Ohio Department of Health on a quarterly basis. As part of Ohio’s ongoing effort to mitigate the impact of opiate abuse, in August 2013, Gov. Kasich announced plans to address the epidemic of babies born to mothers who are addicted to opiate painkillers and heroin. The Maternal Opiate Medical Support (M.O.M.S.) Project will improve health outcomes and reduce costs associated with extended hospital stays by neutralizing the impact of Neonatal Abstinence Syndrome (NAS). The most common conditions associated with NAS are withdrawal, respiratory complications, low birth weight, feeding difficulties and seizures.

The project will receive $4.2 million to serve approximately 300 mothers and reduce infant hospital stays by 30 percent over three years. Components of the project include development of a model that incorporates home-based and residential treatment, identification of a best practices model of obstetrical MAT and evaluation of promising practices at several pilot sites.

Eighty-three counties represented at Judicial Symposium

Ensuring local judges understand the dynamics of opiate addiction and how to more effectively intervene with this population will likely result in a reduction of prison and jail populations. OhioMHAS ended SFY14 with a Judicial Symposium on Opiate Addiction, sponsored in conjunction with the Department of Rehabilitation and Correction, Public Safety’s Office of Criminal Justice Services, the Supreme Court of Ohio and the Ohio Association of County Behavioral Health Authorities. The purpose was to facilitate more effective integration between the criminal justice and addiction treatment systems by educating judges on treatment alternatives (including MAT) and encouraging the use of evidence-based criminal justice tools (such as criminogenic risk assessment) and graduated sentencing. Municipal court and common pleas judges from 83 counties, along with a team from their communities, including sheriffs, county commissioners, prosecutors, parole and probation officers, and defense attorneys participated. Ongoing communications and resources related to the event will be posted on the OhioMHAS website to continue the integration momentum into SFY15.

Prevention

2011 was the year that the Governor’s Cabinet Opiate Action Team was formed by Gov. Kasich with Orman Hall at the helm. Hall’s leadership has garnered awards for combating Ohio’s opiate epidemic.

Treatment

$70 million a year is spent treating Ohio babies born addicted to illegal and prescription drugs.

Recovery Supports

40 family members participated in a GAP (Grief, Action and Prevention) Network training at the Ohio Governor’s Residence on May 27, 2014, to learn how to turn their own grief over losing someone to substance abuse into action that will help others.

Top photo: GCOAT Director Orman Hall (center) receives the “Hope Taft Prevention Advocacy Award” from Mrs. Taft in July 2013. Hall has coordinated the Kasich Administration’s efforts to fight opiate abuse and addiction since January 2011. Speaking throughout the state, he has promoted public awareness and advocated for Medication-Assisted Treatment. Under his leadership, family engagement groups such as the GAP Network have formed. Also in the photo are: Tony Coder (far left), assistant director of Drug-Free Action Alliance (DFAA); former Ohio Attorney General Betty Montgomery (far right) and Hall’s daughter Tracy Hayes by his side.

Bottom photo: First Lady Karen W. Kasich (center) welcomes Allison Rohlf (left) and Sarah Nelson to the GAP Network training sponsored by DFAA. Both women work at Crisis Intervention and Recovery Services in Canton and are active in anti-drug efforts in Stark County.
Community Innovations help offenders access treatment

According to the National Institute of Corrections, 17 percent of the jail population in the United States has a serious mental illness and 68 percent has a substance use disorder. An estimated 72 percent of the jail population has a co-occurring substance use disorder when serious mental illness is diagnosed. Utilizing administrative savings achieved from the July 2013 consolidation of state agencies for mental health and addiction services, OhioMHAS launched a Community Innovations initiative, which encourages Ohio communities to forge collaborative relationships between the behavioral health and criminal justice systems. The expected result is that individuals with mental illness and/or alcohol and other drug addiction receive the care they need. This, in turn, can reduce recidivism, increase public safety and minimize harm to those who come in contact with law enforcement.

During SFY14, $1.5 million was invested toward 12 projects (serving 24 counties) that link non-violent offenders with community-based behavioral health services to reduce recidivism. The taxpayer cost of addiction or mental health treatment is substantially less than the $25,269 a year cost to incarcerate an adult in prison. On a daily basis, the cost of incarcerating an offender in prison is $69.23; a day in jail is about $75, while the cost of parole for one day is only $11.54. A second round of funding is planned for SFY15, bringing the total state investment to $3 million over the biennium.

Specialized Court Dockets

By January 2014, Ohio courts that operated specialized docket programs were required to be initially certified by the Supreme Court of Ohio. This certification is based on a set of minimum standards that can be applied to a variety of specialized docket such as mental health courts or child support enforcement courts. All drug court programs funded whole, or in part, by OhioMHAS grants are required to secure at least initial certification. Five specialized docket became the first in the state to receive final certification: Drug Courts in Ashtabula, Franklin and Licking counties, an OVI Court in Clermont County and a Mental Health Court in Columbiana County.
Curriculum trains peers with lived experience to help others

Peer supporters demonstrate a sense of meaning and purpose by sharing their stories from a strength-based perspective. They inspire hope for transformation from mental illness to mental wellness; from active addiction to active recovery. By arming consumers in recovery with the employable skills to assist and support others, OhioMHAS hopes behavioral health care providers will tap into a workforce of people who are willing to draw upon their experiences and are trained to guide others in maintaining recovery. Since implementation of an Integrated Peer Supporter Curriculum during SFY14, 146 individuals with lived experience completed the 52-hour training, passed an exam and were awarded Certified Peer Supporter status by OhioMHAS, which sponsors this training in cooperation with two statewide advocacy groups – the Ohio Empowerment Coalition and Ohio Citizens Advocates for Addiction Recovery.

Another OhioMHAS program related to employment is in collaboration with Opportunities for Ohioans with Disabilities. The two agencies initiated a Peer Employment Project in 2012, in which individuals with lived experience participate in 118 hours of peer support, motivational interviewing and benefit planning training, followed by a 30-week internship. As of this report, 83 percent of the project participants were employed.

Capacity for problem gambling services builds

During SFY14, funds allocated to the county ADAMHS boards for community-based planning, prevention and treatment services related to problem gambling totaled $3.8 million from the Problem Casino Gambling and Addictions Fund. An additional $335,000 from the Ohio Lottery Commission was granted to six regional best-practice programs for capacity building. Approximately 300 people attended the Ohio Problem Gambling Conference and another 600 behavioral health professionals sharpened their skills at regional trainings focused on gambling awareness and treatment models.

The Ohio for Responsible Gambling (ORG) partners – OhioMHAS and the Lottery, Casino Control and Racing Commissions – developed a statewide campaign aimed at 18-25 year-olds. The “I Lost a Bet” campaign drew nearly 150,000 unique visitors to its website and resulted in thousands of impressions via social media. In addition, 193 emails were sent with links to helpful resources by web guests using the feature that allows them to send an anonymous email to a friend regarding gambling behavior. Visit http://www.ilostabet.org.

Stop human trafficking, support survivors

Continuing Ohio’s aggressive agenda to end human trafficking during SFY14, Ohio launched a campaign to educate the public on how to recognize and report suspected activity, as well as help victims gain access to services and treatment. The Kasich Administration and the Ohio Human Trafficking Task Force, of which OhioMHAS is a member, created a multi-pronged outreach and education campaign, including screening and self-assessment tools. Acknowledging the extraordinary opportunity counselors and social workers have to assist human trafficking and other trauma survivors in their healing, OhioMHAS helped to develop and disseminate the tools that can enhance community agency competencies in responding to human trafficking victims. Materials can be found at http://humantrafficking.ohio.gov.
Grant awards

**Prevention**

$4 billion in grant funds from the Substance Abuse and Mental Health Services Administration is launching a four-year effort to ENGAGE youth and young adults in their own wellness.

**Treatment**

10,000+ calls were answered by peer staff of the OhioMHAS Toll-Free Bridge 1-877-275-6364 during SFY14. Callers are directed to services in their home county or to state resources.

**Recovery Supports**

140 skids of frozen food items were donated in November to five Ohio food banks by the OhioMHAS Office of Support Services after a shift in operations resulted in the overstock.

SAMHSA grant will strengthen youth and young adults

Ohio’s young people ages 14-21 are caught between distinct child and adult behavioral health systems, which are separated by different policies, funding structures and eligibility criteria. By working together, government and private agencies, providers, families and youth can achieve optimal wellness and recovery for young people as they move toward independence and adulthood. During the next four years, Ohio’s “Engaging the New Generation to Achieve their Goals through Empowerment” project will serve 2,000 transition-age youth or young adults diagnosed with severe mental illness from all 88 counties.

Areas to be addressed by the $4 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), which was awarded during SFY14, include treatment, prevention, wellness, housing, education, employment, respite and life skills via collaboration among various local partners.

**Access to Recovery wraps up year four**

OhioMHAS administers Access to Recovery (ATR), a four-year $14.1 million grant from SAMHSA that provides electronic vouchers for the purchase of substance abuse clinical treatment and recovery support services including housing, peer recovery coaching and employment training. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services for residents of Cuyahoga, Jackson, Lorain, Mahoning, Stark and Summit Counties who have a substance use disorder and criminal justice involvement within the last five years and meet certain income guidelines.

During the course of the four years, the program has served more than 8,500 individuals with the addition of 70 new recovery support providers, including 21 faith-based providers, and provided necessary access to treatment for clients who otherwise would have no other way of paying for care. According to results obtained in clients’ six-month follow-up interviews, fewer than one percent of Ohio’s ATR clients had recidivated, 84 percent stated they have been abstinent from drugs and 47 percent are employed.

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**Top photo:** Members of Youth to Youth International accept an award from OhioMHAS Director Tracy Plouck at the Ohio Prevention and Early Intervention Conference after being chosen as “Fan Favorite” in the 2014 Youth-Led Prevention PSA Contest.

**Middle photo:** The Toll-Free Bridge line provides referral and resource information to consumers and their family members regarding mental health and addiction services, supports and organizations statewide. The helpful voice on the line might be (from left, standing) Lisa Baker, Kathryn Remer, Garth House, Chris Kitteridge, Cathy Chaffins, Mary Goins, (seated) Lekie Kpea or Lori Smith. Remer, a consumer advocacy and protection specialist, manages the bridge line staffed by seven peer advocates.

**Bottom photo:** Food bound for a Youngstown food bank is loaded on Nov. 14, 2013.
Best practices promote childhood learning and wellness

OhioMHAS continues its state agency partnership to implement Ohio’s Early Learning Challenge Grant (ELCG). Twenty states were awarded federal funds to better prepare America’s youngsters for school success by: increasing the number of low-income children in high-quality learning environments; meeting the needs of children with high needs or disabilities; and improving the training available to early childhood professionals.

Now in year three of the four-year grant, OhioMHAS is continuing to build skills among those who work with young children. Training in Ohio’s Early Learning and Development Standards was provided to more than 1,225 early childhood education professionals during SFY14. In addition, OhioMHAS funding of $1.2 million supported the hiring of 18 early childhood mental health consultants who share their expertise through the ELCG’s professional development network.

To enhance early childhood behavioral health service delivery, OhioMHAS continues to support the use of evidenced-based best practices promoting social and emotional wellness, infant mental health and unique community collaborations through Innovation mini-grants. During SFY14, grants were awarded to Mental Health Recovery Services of Warren and Clinton Counties and its partner Solutions for Counseling and Recovery; Geauga County Board of Mental Health and Recovery Services and its partner Catholic Charities of Geauga County; Trumbull County Board of Mental Health and Recovery and its partner PsyCare; and ADAMHS Board of Cuyahoga County and its partner The Centers for Families and Children.

Screening supports early intervention

OhioMHAS received a five-year, $10 million grant from SAMHSA for a statewide Screening, Brief Intervention and Referral for Treatment (SBIRT) initiative to address the needs of Ohio’s thousands of patients who visit emergency rooms with behavioral health or substance use complaints. The goal is to reduce deaths due to alcohol and drug use through early intervention and integrated medical/behavioral health approaches, which include training medical personnel in substance abuse screening, using health information technology to improve the continuity of care and employing health navigators to link people to treatment. The grant will support universal substance use screening for adults in primary care and community health settings and offer interventions or referral to those individuals at risk for substance misuse.

Implementation is beginning at Health Partners of Western Ohio locations in Lima, Kenton and New Carlisle. Additional sites will be added to reach 25,000 to 30,000 new patients each year. SBIRT will also provide training and technical assistance statewide beginning with the Ohio National Guard. The Substance Abuse Resources and Disability Issues program at Wright State University will provide telehealth services.

Grants Management

Early in 2014, OhioMHAS introduced an internal Grants Management Program to provide department-wide leadership, project management, fiscal capacity building and technical assistance relating to grant opportunities that align with the department’s mission. The Grant Resource Team, composed of staff from various areas of the department, lends expertise in the surveillance, review and application of grant opportunities. During April, members of the team honed their proposal-writing skills at an intensive week-long training held by the Grantsmanship Center, which assists government agencies to leverage their resources into funded community programming. The team has submitted four applications since its inception, including the Access to Recovery continuation and grants to benefit people who are homeless, unemployed or seeking a second chance after incarceration.
### Quality, value and communication

At the end of 2013, OhioMHAS Director Tracy Plouck recognized the outstanding advocacy of outgoing council members: (from left) Esther Branscome, Jeannie Copper, Patrick Risser, Director Plouck, Cassandra Rufat, Gloria Walker and (not pictured) Jennifer Moses. All six outgoing members are active advocates for mental health and/or addiction recovery in their communities and through statewide groups.

### Licensure and Certification

926 community behavioral health providers are regulated by the OhioMHAS Bureau of Licensure and Certification.

OhioMHAS oversees a statewide mental health and alcohol, drug and gambling addiction service system that consists of community behavioral health agencies (approximately 430 addiction prevention and treatment providers and 413 mental health agencies) and 83 privately run inpatient units/hospitals.

### Substantial savings realized through pharmacy contract

SFY14 marked the first full year of a three-year contract with a single vendor to supply Ohio’s Pharmacy Service Center (OPSC), and the result has been substantial savings for the state. Managed by OhioMHAS, OPSC purchases pharmaceuticals dispensed in Ohio’s psychiatric hospitals, prisons, youth service and community mental health facilities. OPSC receives discounts on medications based on sales volume purchased through H.D. Smith Wholesale Drug Company that were not received under earlier purchasing models. The volume discounts, as well as decreased inventory and improved operating efficiency have allowed OhioMHAS to eliminate the mark-up previously assessed to its purchasers for overhead. This favorable pricing has resulted in a reduction of cost to our state and local community purchasers.

### Input from advocates, peers and professionals

OhioMHAS taps into the expertise of stakeholder groups through multiple communication channels that provide opportunities for education and input on programs and policies. The Planning Council is an advisory group to OhioMHAS comprised of people in recovery and their family members, and representatives of providers and other state human services agencies. Two Clinical Roundtables (one for addiction and one for mental health) provide practical guidance in developing standards for treatment and best practices in integrated care, while a Prevention Roundtable promotes education and intervention based upon the science of what works to address issues early on. All three roundtables report out to the Behavioral Health Leadership Group, which consists of stakeholders involved in administration of addiction and mental health service delivery systems and advocates for Ohioans with behavioral health care needs.

### Prevalence data on clients who received publicly funded addiction treatment during SFY 2013

#### Juveniles (age 17 & under)

- Total Number = 8,485

#### Adults (age 18 & over)

- Total Number = 86,200

#### Male Clients

- Total Number = 57,186

#### Female Clients

- Total Number = 36,959

- **Alcohol**: 34.3%
- **Amphetamine**: 15.7%
- **Cannabis**: 11.6%
- **Cocaine**: 6.8%
- **Opiates**: 4.1%
- **Other Drugs**: 26.5%
- **Sedatives**: 23.5%
- **Other Diagnosis**: 6.5%
- **Total**: 100%

- **Alcohol**: 41.3%
- **Amphetamine**: 15.9%
- **Cannabis**: 15.9%
- **Cocaine**: 6.9%
- **Opiates**: 4.1%
- **Other Drugs**: 11.6%
- **Sedatives**: 15.9%
- **Other Diagnosis**: 11.6%
- **Total**: 100%
Ohio Department of Mental Health and Addiction Services

Expenses and Source of Funds - State Fiscal Year 2014

This table reflects expenditure data as of 7/01/14.

<table>
<thead>
<tr>
<th>Type of expense¹</th>
<th>Totals</th>
<th>General Revenue</th>
<th>Capital Improvement</th>
<th>State Special Revenue</th>
<th>Intra-Govt. Service</th>
<th>Federal Special Revenue</th>
<th>General Special Revenue</th>
<th>Revenue Distribution</th>
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</thead>
<tbody>
<tr>
<td>Department Totals</td>
<td>$637,586,991</td>
<td>$363,390,107</td>
<td>$22,328,841</td>
<td>$19,659,334</td>
<td>$63,464,181</td>
<td>$138,970,157</td>
<td>$28,180,520</td>
<td>$1,593,852</td>
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<td>Community Support Network</td>
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<td>$30,830</td>
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<td>Hospitals</td>
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<td>Administration</td>
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<td>$8,220,036</td>
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<td>Research Grants</td>
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<td>Debt Service</td>
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<td>$14,802,079</td>
<td>$14,802,079</td>
<td>$14,802,079</td>
<td>$14,802,079</td>
<td>$14,802,079</td>
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</tbody>
</table>

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.

Hospital Operating Expenditures, Populations and Costs Per Patient

Fiscal Year 2013 (The most recent fiscal year for which data is available.)

<table>
<thead>
<tr>
<th>Hospital Totals²</th>
<th>Operating expenses as computed in past years</th>
<th>(+) Fiscal Year 2013 Adjustments³</th>
<th>(-) Com. Support Network &amp; Shared Services²</th>
<th>Net operating expenditures</th>
<th>Average daily resident population</th>
<th>Average annual cost per resident patient</th>
<th>Average daily cost per resident patient</th>
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<tbody>
<tr>
<td>Hospital Totals³</td>
<td>$214,330,035</td>
<td>$10,595,833</td>
<td>-$9,385,345</td>
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<td>Adult Regional Psychiatric Hospitals</td>
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<tr>
<td>Appalachian Behavioral Healthcare</td>
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<td>Heartland Behavioral Healthcare</td>
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<td>$32,007</td>
<td>$22,484,874</td>
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<td>Northcoast Behavioral Healthcare</td>
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<td>Summit Behavioral Healthcare</td>
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<td>Twin Valley Behavioral Healthcare</td>
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<td>$232,377</td>
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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.

Historical State-Run Psychiatric Hospital Inpatient Population

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Admissions</th>
<th>Total Discharges</th>
<th>Total year-end population on rolls</th>
<th>Average daily resident population</th>
<th>Daily per capita operating expense</th>
<th>Annual per capita operating expense</th>
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</thead>
<tbody>
<tr>
<td>1963</td>
<td>16,746</td>
<td>15,816</td>
<td>28,441</td>
<td>23,286</td>
<td>$ 5.43</td>
<td>$ 1,981</td>
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<tr>
<td>1968</td>
<td>20,477</td>
<td>19,254</td>
<td>26,897</td>
<td>20,796</td>
<td>8.55</td>
<td>3,122</td>
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<tr>
<td>1973</td>
<td>21,251</td>
<td>21,413</td>
<td>14,998</td>
<td>12,844</td>
<td>23.28</td>
<td>8,498</td>
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<td>1978</td>
<td>16,420</td>
<td>16,616</td>
<td>6,668</td>
<td>6,174</td>
<td>65.79</td>
<td>24,012</td>
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<td>1983</td>
<td>14,491</td>
<td>14,791</td>
<td>4,493</td>
<td>4,305</td>
<td>130.01</td>
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<td>1988</td>
<td>13,168</td>
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<td>3,998</td>
<td>3,823</td>
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<td>11,657</td>
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<td>2,095</td>
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<td>5,797</td>
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<td>1,087</td>
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<td>6,201</td>
<td>997</td>
<td>1,036</td>
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<td>1,007</td>
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<td>214,023</td>
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</tbody>
</table>

Dr. Adam Warren and Registered Nurse Kelly Brown are part of the clinical team at Northcoast Behavioral Healthcare.