

# Ohio's FUTURE

**BUDGET OF THE STATE OF OHIO****FISCAL YEARS 2020 - 2021**

## Support for Crisis Services

When there is an incomplete continuum of care, law enforcement and families rely on the Emergency Departments (ED) of their local hospitals for psychiatric crisis intervention. The demand this creates contributes to ED crowding and often results in psychiatric “boarding,” a practice in which psychiatric patients whose condition merits hospital admission are held in the ED because no inpatient bed is available to admit them.<sup>1</sup>

### Crisis Capacity Building

**The Executive Budget directs \$27 million to developing standardized and quality crisis access in communities to act as an appropriate alternative to arrest or emergency room visits.**

Across Ohio, individuals of all ages (children, adolescents, adults and the elderly) and their families are seeking care for substance use and mental health problems in record numbers. Frequently these individuals are exhibiting severe symptoms, such as psychosis, suicidal thoughts, and agitation and aggression and/or are exhibiting symptoms of substance withdrawal or the toxic effects of substance ingestion. In many communities, these individuals present to emergency departments that may lack the full-spectrum of resources to adequately assess, stabilize and integrate these patients back into the community. Additionally, law enforcement is frequently called upon to respond to a behavioral health crisis. If a crime has been committed, the person experiencing the behavioral health crisis may be arrested and jailed—a difficult situation for both the patient and the staff of the jail. The environments of emergency departments and jails are clearly not conducive to resolution of a psychiatric behavioral health emergency, and an undue burden is placed on the staff of these facilities and, most importantly, on the person experiencing the crisis.

Crisis services are part of a care continuum focused on managing individuals’ behavioral health and medical needs and should be integrated whenever possible. There are several models for provision of crisis services with demonstrated effectiveness that are cost-effective and result in high client satisfaction. These services provide comprehensive evaluation and treatment approaches that are specifically designed to stabilize individuals in crisis and promptly link clients to community treatment, frequently avoiding the need for inpatient care. Many such efforts are already in place in parts of Ohio and were expanded as a result of specific allocated funding granted by the general assembly in the FY 18-19 budget. These include transitional housing, warm handoffs, quick response teams, crisis stabilization units and mobile crisis teams to name a few. For maximum effectiveness, both facility-based and community-based options should be available.

### Crisis Stabilization Flexible Fund

**The Executive Budget invests \$10 million to help meet the needs of individuals and families as they arise to prevent or stabilize a substance use or mental health related crisis.**

Individuals in crisis frequently require both clinical services to stabilize their symptoms and psychosocial supports that stabilize the circumstance that contributed to the development of the crisis, such as homelessness, an abusive living situation or hunger. To help a person achieve success in the

community following a crisis, it is vital to ensure follow-up care and supports promptly following discharge from a crisis center.

Presently, fees for clinical services alone do not adequately cover all costs associated with the operation of an effective crisis service. Supplemental funding is required to maintain the service around-the-clock and meet the needs of patients and families whenever they occur. Additionally, funding for the non-treatment needs is not covered by third-party payers but is essential for good outcomes and the safety of the patient and the community.

Ohioans of all ages and their families will greatly benefit from a coordinated and sustainable behavioral health crisis system that is readily accessible throughout the state and is integrated with the broader community behavioral healthcare system, the medical care system and the human service system. It is fiscally responsible and can save lives.

### Maintain Current Investments

The Investing in Ohio's Future budget maintains funding for programs that are currently working to address and prevent crisis. Some examples follow.

**Strong Families, Safe Communities.** The State of Ohio is committed to improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families or others because of mental illness or a developmental disability. The Strong Families, Safe Communities project engages local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for these families. Many children who are at risk are not engaged in treatment programs and may not be known to the community until a crisis unfolds. Care coordination and crisis intervention services can quickly stabilize a child's health. In the FY 20-21 biennium, OhioMHAS will continue to invest \$4 million to reduce the risk of harm and help families remain together.

**Crisis Text Line - Text "4hope" to 741-741.** Any Ohio resident who needs help coping with a stressful situation can reach out 24/7 by text to communicate with someone trained to listen and respond in a method that is private, secure and confidential. Crisis Counselors provide a personal response and information on a range of issues, including suicidal thoughts, bullying, depression and self-harm. In the FY 20-21 biennium, OhioMHAS will continue to support additional training for staff working for Crisis Lines, BH Hotlines, or 211 lines and identify steps to increase adequate and professional crisis line coverage for all 88 counties.

**First Episode Psychosis (FEP).** With a peak onset occurring between 15-25 years of age, psychotic disorders such as schizophrenia can derail a young person's social, academic and vocational development. Youth who are experiencing psychosis are often frightened and confused and struggle to understand what is happening to them. They also present unique challenges to family members, including irrational behavior, aggression against self or others, difficulties communicating and relating and conflicts with authority figures. FEP programs help people who are experiencing their initial symptoms of psychosis so that their long-term outcomes are improved. FEP programs offer rapid access and enrollment in services, comprehensive clinical care and support for the individual and their family. Research shows that the earlier people experiencing psychosis receive treatment, the better their long-term quality of life. For more information about Ohio's FEP programs, please visit: <https://mha.ohio.gov/Treatment/First-Episode-Psychosis>.

---

<sup>1</sup> "Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care" (National Association of State Mental Health Program Directors, 2017) [https://www.nasmhpd.org/sites/default/files/TAC.Paper\\_1Beyond\\_Beds.pdf](https://www.nasmhpd.org/sites/default/files/TAC.Paper_1Beyond_Beds.pdf)