



Ohio Senate Health Committee

Ohio Department of Mental Health and Addiction Services

Executive Budget Recommendations for SFY 2022-2023

Lori Criss, Director

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Good morning, Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and members of the Senate Health Committee. I appreciate the opportunity today to provide you with a high-level overview of the Executive Budget recommendations for the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

We strive to provide statewide leadership of a high-quality mental health and addiction prevention, treatment, recovery support, and harm reduction system that is effective and valued by all Ohioans. Over the last two years, we have worked to further the values of mutual contribution and collaboration and compassionate service, to deliver quality services, and to be accountable to those with whom we work and serve. The global coronavirus pandemic (COVID-19) has presented an array of hurdles, but I am proud to say that our department and our field have risen to the challenge. Today I will share ways that COVID-19 has resulted in systemic change and demonstrate how we have worked diligently to ensure that the behavioral health care field remains open to serve Ohioans.

At the most basic level, OhioMHAS assists in the financing and delivery of prevention, treatment, recovery support, and harm reduction services; allocates funds to local partners; operates six state regional psychiatric hospitals as well as addiction recovery services in our state prisons; leads policy and regulatory oversight; and promotes outreach on key issues. Mental health and addiction services are supported at the local level through 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) boards and hundreds of private providers delivering prevention, treatment, recovery supports, housing, and related services. The Executive Budget supports ongoing significant investments in local ADAMH boards and communities to meet locally determined needs. Priorities include opportunities like coordinated community support for people with serious mental illness, primary prevention services in local schools, targeted supports for youth with serious emotional disorders and recovery supports for people with substance use disorders.

We listen to the field to help guide our work. We have expertise, we have a vision and goals, and we believe that Ohioans are best served when we are listening to the many voices of the mental health and substance use disorder community. Peers, families, providers, Boards, advocates and other partners in healthcare, education, and the justice system are all welcome into the big tent that we're creating to help people be well or get well, and stay well.

Equity is also part of all of our work. I will talk more specifically about equity work today, but it's important to know that ending disparity in behavioral healthcare isn't a special project, it's a core value that we operate from and a cultural expectation within our organization. We're not there yet, but we work each day to be better at meeting the needs of ALL Ohioans.

My remarks today will go into more detail around:

- Department Organization around Priorities
- Enhanced Prevention and Early Identification/Intervention
- Expanding Crisis Services
- Workforce Development
- Addressing the Needs of Criminal Justice-Involved Ohioans
- New Efforts around Adults with Serious Mental Illness
- Continuing our Equity Work
- Supporting Ohio's Regional Psychiatric Hospitals as a Safety Net

Planting the Seeds for Success

In state fiscal year 2020, OhioMHAS reorganized internally to align with Governor Mike DeWine's approach to public service, including an emphasis on excellence in customer service and responsiveness. Our restructuring also supports the aggressive pursuit of Governor DeWine's RecoveryOhio initiatives. The OhioMHAS Executive Leadership Team now includes a Deputy Director for Prevention who focuses on prevention across the lifespan with an emphasis on providing access to services for every student in Kindergarten through 12th grade, fulfilling one of the Governor's first Executive Orders. We also created the Office of Community Treatment Services to focus on supporting the delivery of a full continuum of quality mental health and substance use disorder treatment services to meet the needs of all Ohioans. This team now also has distinct leadership addressing both mental health and substance use disorders, recognizing the clinical differences between the conditions and the need for an equitable approach to each. This office also focuses on children's initiatives, including multi-system youth and OhioSTART, and on criminal justice work, including the expansion of specialized dockets and a recovery services partnership within Ohio's prisons. We also formed the Office of Community Planning and Collaboration to elevate the use of data and to better connect with ADAMH boards and other community partners in developing and implementing a strategic plan aligned with RecoveryOhio, the State Health Improvement Plan, Governor DeWine's equity commitments, and more. We moved our Cultural Competency and Diversity

team under the umbrella of the Medical Director's office to give it wider reach and impact within our institutions and with our community stakeholders. Finally, we reorganized, modernized, and expanded staffing within our Bureau of Licensure and Certification to improve the efficiency and effectiveness of our regulatory duties.

In collaboration with RecoveryOhio, OhioMHAS continues to address very serious challenges within our state: drug addiction, overdose deaths, serious mental illness, the physical and mental effects of trauma, depression and suicide, access to timely and coordinated crisis services for both children and adults, specific challenges for Ohioans involved in the criminal justice system, parity and access to care, and the continued impact of stigma on these issues. This past cycle, we have worked to accomplish these goals while also supporting a system dealing with the multitude of challenges exacerbated by COVID-19, including overdose, increased anxiety and depression among our citizens, and health equity issues. RecoveryOhio and the RecoveryOhio Advisory Council remain trusted partners and leaders in these efforts.

Before I take you through our budget priorities, I thought it would be helpful for you to understand how the COVID-19 pandemic has impacted the behavioral health landscape nationally and at the state level. A national survey by the U.S. Census Bureau in conjunction with five state agencies was designed to gauge the impact of the pandemic. According to the Census Bureau's Household Pulse Survey March 2021 results, 30.6% of respondents reported experiencing a symptom of depression or anxiety in the past 7 days, and 33.7% screened positive for symptoms of anxiety disorder. By comparison, the estimated prevalence of major depression in the United States prior to the health crisis was only 7.1%. Substance abuse is also evidenced to be on the rise. Ohio Department of Health data shows increased opioid/stimulant deaths compared to the previous year. And while deaths reported as suicides have appeared to remain stable or decrease during the pandemic, the rate of overdose deaths due to opioids has increased sharply. Alcohol and tobacco sales have also spiked. The cumulative effects of these data nationally and in Ohio show the COVID-19 pandemic has contributed to unprecedented increases in our social isolation, depression, anxiety, grief, drug overdose deaths, suicidal thoughts, alcohol and substance use and secondary trauma.

Fiscal Year 22-23 Budget

For OhioMHAS, this budget represents our continuing commitment to address the needs of Ohioans with mental illness or substance use disorder and the community provider network that facilitates a pathway of sustained recovery and wellness. At a time when COVID-19 has caused so much economic hardship, we are pleased that there are no significant reductions in ALI's that fund foundational behavioral health care operations in Ohio's communities and institutions. Moreover, a significant influx in federal funding has resulted in considerable additional resources in the State Opioid Response line item. Additional funding from the federal COVID stimulus package passed in December added funds to the State Opioid Response grant, as well as the Substance Abuse Prevention and Treatment Block Grant and the

Mental Health Block Grant. We submitted an application to SAMHSA at the beginning of April which provided a strategic overview of how Ohio plans to use this investment to support the needs exacerbated or created by the surge in mental health needs and overdoses attributable to COVID-19. Ohio will have until March 2023 to expend these funds.

INVESTING IN PREVENTION AND EARLY IDENTIFICATION/INTERVENTION

Early identification and intervention programs represent a diverse, wide-ranging list of services that help to delay the onset of or prevent behavioral health concerns for all populations. Through continued support of current investments and strengthening system partnerships, the Department will continue to work towards meeting the needs of all Ohioans with a mental health or substance use disorder. Prevention and early intervention strategies are applicable across the lifespan and offer value to all of us regardless of our age or existing medical conditions. Education on the early signs and symptoms of mental health and substance use disorders is critical, as is an ongoing commitment to reducing stigma and other barriers to treatment. Early identification and intervention efforts are critical components of the continuum of care and offer person-centered opportunities to prevent and treat mental health and substance use disorders at any stage of a person's life.

Early Identification and Intervention for Youth and Young Adults. \$4.5M over the biennium will be invested in the Ohio Youth and Young Adult Early Intervention Initiative to improve our ability to intervene early with young people ages 10-25 who are at high risk for mental, emotional, and behavioral health-related problems, including substance use disorder. This work will also include a strong equity lens to ensure that it is applicable to the needs of diverse populations. Research indicates that 75% of mental illness and substance use disorders begin before the age of 25. Addiction and mental illness are preventable, and for those serious mental illnesses that may not be preventable, early intervention can improve health outcomes, increase quality of life, and reduce premature death.

K-12 Prevention. We appreciate the support the General Assembly gave in the last budget to K-12 student wellness and prevention work, and I wanted to provide you with some results from those efforts.

ADAMH Boards, school district administrators, educators and prevention providers from every county to develop plans to provide children with evidence-based prevention education and programming to meet the needs identified in each school district's self-assessment. To date:

- Nearly 400,000 Ohio school children have benefitted from the programming and partnerships formed to sustain and support mental health and wellness in the schools.
- 90% of Ohio's school districts completed the self-assessment process to assess their needs and expand prevention services for students.

- 86% (534) developed and submitted Plans of Action to enhance prevention services in their schools.

Student Screenings performed as part of the Prevention Initiative:

- 38% of students were screened for Depression
- 34% Substance Abuse
- 28% Trauma
- 41% Suicide Screening

The work done over the last two years will be leveraged to increase the effectiveness of our work in the new biennium which includes OhioMHAS supporting the Ohio Department of Education in their \$1.1B effort to work with districts across the state to implement new plans and programs to better ensure that all Ohio students are able to access effective, evidence-based prevention programs and supports. A collaborative approach to planning and service delivery among Ohio’s schools and behavioral health experts is being applied to the Student Wellness and Success funding with a partnership between schools and ADAMH boards or providers now a requirement for the coming biennium.

Suicide Prevention. Far too many Ohioans are lost each year to suicide. In early 2020, Governor DeWine announced the release of “The Suicide Prevention Plan for Ohio,” which laid out a cross-systems roadmap to mobilize and align community, state, and individual efforts to prevent suicide. We are grateful to the Ohio Suicide Prevention Foundation for their leadership and partnership in creating this plan. OhioMHAS is leading the charge to reduce and prevent suicides and to help promote public awareness and education, offer professional development opportunities, improve capacity and access to care for Ohioans at risk for suicide, and establish postvention programming for individuals, families, and communities impacted by loss due to suicide. Accomplishments in 2020 include:

- Establishing the Ohio CareLine, a 24/7/365 emotional support and referral line for all Ohioans
- Suicide Prevention Gatekeeper trainings
- Mental Health First Aid, including first responders: 122 trainings, 1,967 attendees
- Suicide prevention community coalitions capacity-building
- Zero Suicide Expansion: working with Ohio’s children’s hospitals to bring this best practice framework into operation; expanding Zero Suicide practices to community providers in 2021
- Sources of Strength Training of Trainers: uses adolescent peer social networks to increase help-seeking behaviors and promote connections between youth and caring adults; promotes resiliency and mental health literacy among middle school-age youth
- Expanded resources for development of comprehensive school-based suicide prevention programs

- Launch of ABCs of Mental Health campaign to support Ohio teachers
- Awareness of Ohio's Crisis Text Line
- Ongoing awareness of Be Present youth suicide prevention initiative
- Providing funding and strategic support to the Ohio Suicide Prevention Foundation to launch the "Life is Better with You Here" campaign, which aims to reduce and prevent suicide among black youth and young adult males
- Worked with the Ohio Suicide Prevention Foundation to create a four-part video series focused on prevention of suicide and supports for people with mental health concerns.

I want to share with you more about why this ongoing work is so critical. The Ohio Department of Health (ODH) Bureau of Vital Statistics collects and reports mortality data, including that on suicide. Coroners have six months to complete death investigations and report death certificates; therefore, valid state vital statistics data for 2020 is still incomplete, but for the January-August 2020 reporting period, deaths by suicide are currently lower than those reported for the corresponding time period in the previous four years. This represents a 10% decrease from 2018 and an 8% decrease from 2019. We watch this data closely and use to adjust planning and resources for local communities. The Ohio CareLine, Zero Suicide expansion, promotion of the Crisis Text Line, support of the ABCs of Mental Health, and the Suicide Prevention Gatekeeper trainings with the Ohio Suicide Prevention Foundation will all be carried forward into the FY 22/23 biennium. Federal relief funding approved at the close of the 116th Congress and early in the 117th Congress will add resources to these efforts as we address the surge in behavioral health care needs and the COVID-19 pandemic continues.

Empowering Families and Communities. OhioMHAS will invest \$10M over the biennium to reduce stigma associated with mental illness and addiction and equip Ohioans with skills needed to implement healthy prevention and intervention approaches in their own homes and personal relationships. Family and friends are the front line of prevention. OhioMHAS will build on the work of partners in the private sector, who have market-tested prevention materials targeting friends and families, to support outreach efforts.

CRISIS SERVICES

As I shift to talk about crisis services, I also need to acknowledge our work to prevent overdose and overdose death. Every substance use disorder prevention, harm reduction, treatment, and recovery support dollar that we invest is aimed toward helping people avoid the devastating effects of the illnesses of alcoholism or addiction. Ohio has been in an addiction crisis for well over a decade, heightened by the introduction of opioids into our communities. While we have made significant progress in reducing overdose deaths related to prescribed opioids, and even heroin, the surge of illicit fentanyl into Ohio's communities is driving 80% of overdose deaths across our state.

To prevent these deaths, we have increased the availability of naloxone, ensured that behavioral health services would remain open for new and existing clients through in person and telehealth options, and increased opportunities for prevention and peer support – again, both in person and through technology. This work is largely funded by federal grants, so I’m not going into great detail with it today, but it’s important for you to know that reducing and ending overdose deaths is a top priority for Governor DeWine, RecoveryOhio, and our department. I’d be happy to follow up with any of you for a more detailed conversation on this work.

Crisis services are a critical part of our state’s continuum of care. In FY 20/21 the Ohio General Assembly strongly supported funding for crisis initiatives, and this budget continues much of that funding. OhioMHAS and its partners are working to develop a quality crisis response system to serve as a timely and appropriate alternative to arrest, incarceration, unnecessary hospitalization, or placement in too restrictive a setting with insufficient resources to address the acute nature of the situation a person is experiencing. The goal of this work is to meet the needs of individual people and families to prevent or stabilize a substance use or mental health-related crisis, prevent overdose and suicide deaths, and chart Ohio’s course for re-imagining and redesigning a crisis response continuum that consists of:

- A centralized behavioral health call center
- Statewide Mobile Crisis Response Services
- Expanded Mobile Response and Stabilization Services for children
- Increased capacity and access to intensive evaluation and observational care
- A more extensive network of crisis stabilization services throughout the state
- Increased use of peer supporters across the crisis continuum
- Activated and engaged partners in local health care delivery systems
- An improved systems approach to identify open inpatient beds
- Increased community service capacity and linkages to treatment
- Continuation of support to current investments
- Improved diversity and sustainability of funders

This type of system will reduce the burden on first responders, emergency departments, and jails by providing needed assistance before an emergency occurs or by making strong connections to supportive services and community treatment after a crisis occurs.

While work continues, our initial review shows that 68 crisis stabilization centers are now operating in Ohio, including 28 serving individuals with substance use disorders and 40 serving Ohioans with mental illness. These centers include inpatient, outpatient, and mobile operations and have reported serving more than 8,000 people and an average length of stay of nearly 10 days. Overwhelmingly, the local collaboratives indicated that the regional approach to the Crisis Stabilization Centers has allowed organizations to pull together resources from various counties and allowed them to be easily accessible to all those within their region. Another widely noted benefit of the collaboratives has been the increased referral base and the

process itself, which has helped individuals obtain needed services regardless of their county of residence.

This budget proposal would maintain funding of \$32M for the Substance Use Disorder Crisis Stabilization Centers (\$12M), Mental Health Crisis Stabilization Centers (\$3M), Crisis Infrastructure (\$5M), and Crisis Flex funds (\$12M) over the biennium to move this system forward. This budget also proposes to add flexibility to the Substance Use Disorder and Mental Health Crisis Stabilization funding so that a crisis stabilization center could use funds from both sources to serve people with substance use and/or mental health needs upon approval from OhioMHAS.

National Suicide Prevention Lifeline. This federally sponsored phone number will transition from an 11-digit number to a 3-digit number, 988, effective July 2022. The easier to remember 988 will help to increase access to suicide prevention and crisis care and will lessen stigma – since 988 will be in line with other “help” numbers, like 911 and 211. To support the state’s transition to 988, the Department has received a \$360,000 national Planning Grant from Lifeline coordinator Vibrant Emotional Health to assess current needs and status of Ohio’s community crisis call system. We are working closely with a planning board of interested parties in Ohio and diligently following federal progress on assessing regulatory, financing, and clinical recommendations expected this Spring.

WORKFORCE DEVELOPMENT

Current Investments in Workforce at the Community, Practitioner and Organizational Level. OhioMHAS has invested in workforce at the community level by expanding Crisis Intervention Training to local first responders as well as expanding access to Mental Health First Aid (MHFA) training. MHFA teaches people how to identify, understand, and respond to signs of mental illnesses and substance use disorders. At the practitioner level, we continued our investment in the residency training program with Ohio’s medical colleges. We also offered tuition reimbursement and loan repayment opportunities through our Behavioral Health Workforce Initiative. These resources were available to clinicians practicing in community behavioral health centers and required a commitment to remain in the workforce. These same funds also assisted community behavioral health centers in supporting advancement of credentials among existing workforce by covering costs associated with required supervision.

Understanding the Behavioral Health Workforce Supply and Demand. For many years, several national and state-specific studies and research projects have pointed out the waning interest in joining and the ongoing inadequacy of the behavioral health workforce. Rather than continuing to study and identify workforce inadequacies, OhioMHAS, in partnership with Ohio’s Office of Workforce Transformation (OWT) and Innovate Ohio (IO), are seeking to understand the impact and factors affecting the incoming, ongoing, and outgoing supply of available behavioral health workforce. In addition, there is a need to understand the current and future

impact and factors relating to the demand of behavioral health services. Expected outcomes of this work include understanding the historical and current supply, as well as, future demands of the state's behavioral health workforce and identifying effective strategies to reduce the disparity between the supply and demand for the behavioral health workforce. This approach will allow OhioMHAS to make more targeted workforce investments and more informed policy decisions that are more impactful to the field moving forward.

Child and Adolescent Behavioral Health Center of Excellence. As part of the state's work to better serve children, youth and families who require support from multiple state systems, OhioMHAS will invest \$4M over the biennium in the Child and Adolescent Behavioral Health Center of Excellence. In conjunction with the Ohio Departments of Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, and Health, and the Ohio Family and Children First Council, we recently selected Case Western Reserve University's Center for Innovative Practices to develop and implement this Center of Excellence (COE). The COE will be building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. It will also assist the state in system transformation efforts by providing the orientation, training, coaching, mentoring, and other functions or supports needed by the provider network to build and sustain capacity in delivering evidence-based practices to fidelity within a system of care framework.

INVESTING IN BREAKING THE CYCLE OF CRIMINAL JUSTICE INVOLVEMENT

Addiction and unmanaged mental illness often lead to interaction with the justice system. We always want to prevent crisis and support wellness to promote healthy community participation, but we must prepare for when criminal justice contact does occur and make it an opportunity for help in accessing treatment and recovery. Because of the powerful motivating factors of the justice system, effective collaboration between the behavioral health system and the justice system offers a chance to intervene with many people at a time they may be more receptive to change or may have access to resources to effect positive change.

Specialty Docket Expansion. OhioMHAS is again dedicating funding in the amount of \$20M over the biennium to support specialty dockets. This program provides community-based treatment services as an alternative to jail for Ohioans with mental illness or substance use disorders who are facing legal charges. As a result, fewer people are incarcerated and instead receive the treatment through coordinated support from local court and treatment systems. These funds will support dockets that have received initial certification and are working diligently with the Supreme Court of Ohio to obtain full certification. While we are aware of concerns that courts may access these funds and never obtain full certification, this is not a situation we have seen over the last several years of this program. OhioMHAS is committed to appropriate oversight of this program. Governor DeWine made increasing specialized dockets a priority for FY 20/21. In FY 20, 48 additional specialized dockets began receiving funding from

the department and a total of 183 projects received awards. The average award was \$36,038. Some key highlights include:

- 136 specialized dockets provided services to 7,056 adult offenders
- Only 2% of the 3,129 high-risk/high-need adults discharged from these programs were committed to Ohio Department of Rehabilitation and Correction institutions
- Along with traditional drug court services, veterans received peer mentoring services from local Veterans Justice Outreach (VJO) programs
- 24 family drug courts served 599 parents
- 295 children were reunited with the 281 parents who were discharged from family drug courts, with child protective service involvement
- 23 specialized dockets operated by juvenile courts served 414 adolescent offenders
- Of the 206 high-risk/high-need youth discharged, only 2% were committed to Ohio Department of Youth Services institutions

Addiction Services Partnership with DRC. This budget supports the re-creation of Therapeutic Communities in Ohio's Department of Rehabilitation and Correction (ODRC) institutions. During the COVID-19 pandemic, the vendor operating the Therapeutic Communities provided notice that they could not maintain operations at contracted staffing levels. The Therapeutic Communities were temporarily halted, as they could not operate properly due to COVID-19. Contract funds were repurposed to support FY 20 budget reductions required by COVID-19. Work is currently underway to bring Ohio Therapeutic Communities back into service inside the ODRC institutions under direct OhioMHAS management as part of our Recovery Services partnership with ODRC and at a reduced cost compared to the expense of contracting for the services. This budget also reflects a \$10M increase for the biennium over as OhioMHAS and ODRC work to expand access to recovery services for men and women in ODRC custody.

Forensic Centers. Forensic evaluation centers provide evaluations and expert opinions on legal issues referred by a criminal court, domestic relations court, juvenile court, adult parole authority, another agency of the criminal justice system, or OhioMHAS. OhioMHAS funds forensic centers to provide competency/sanity evaluations for felony offenders through the Common Pleas courts and to provide a second opinion to state psychiatric hospitals about when a patient may be ready to be returned to the community but is still under court supervision. This budget proposal adds \$500,000 in each fiscal year to the existing appropriation to better support the need for these services across Ohio.

Outpatient Competency Restoration. OhioMHAS will direct \$1.15M in new funding over the biennium towards supporting options for outpatient competency restoration programs to help people more quickly access the right level of care and to support their recovery. Under this new program outpatient restoration would be made available on a statewide basis.

ENHANCED FOCUS ON ADULTS WITH SERIOUS MENTAL ILLNESS

Quality service delivery and accountability are core values at OhioMHAS. While quality improvement is an evergreen effort, this budget identifies two areas of action to help the department achieve that goal: multi-system collaboration and residential resources for adults with serious mental illness.

Multi-system Adults. \$11M over the biennium will be invested in the development and evaluation of person-centered care strategies and regional collaboratives responsible for creating, improving, and sustaining effective cross-system service delivery at the local level to meet the needs of those Ohioans who frequently encounter multiple behavioral health, health, human services, homeless services, and criminal justice systems. The focus is adults with mental illness including those with co-occurring intellectual and developmental disabilities and/or substance use disorders who experience frequent emergency departments use, inpatient psychiatric hospitalization, homelessness, and incarceration. The goal is to increase their connection to needed behavioral health care, physical health care, recovery supports, housing, and positive community participation to promote continued stability and recovery outside of institutions. This collaborative approach will be coordinated with multiple sister agencies, including the Ohio Departments of Medicaid, Developmental Disabilities, Job and Family Services, Rehabilitation and Correction, Aging, and others. Additionally, OhioMHAS will convene a large array of stakeholders including people living with and recovering from mental illness, family members, local government including ADAMH Boards, community behavioral health providers, hospitals, criminal justice experts, housing and homeless community members and others to help support this work.

Improve Residential Quality. OhioMHAS regulates about 900 Class 2 and Class 3 residential facilities with a total capacity of just over 6,300 beds that provide housing, meals, supervision, personal care services, and assistance with activities of daily living to residents, the majority of which are diagnosed with mental illness, including roughly 2,400 residents who receive the Residential State Supplement. This new program will be funded at \$12M over the biennium and will provide financing for unfunded operational costs such as services, staffing and supports to help operators meet and improve quality of life for residents.

INVESTING IN EQUITY

Mental illness and addiction do not discriminate. They can affect any person, anywhere at any time – regardless of age, race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. In alignment with Governor DeWine’s priorities, OhioMHAS continued its focus in FY 21 on efforts aimed at advancing health equity to ensure that all Ohioans have a fair and just opportunity to be as healthy as possible. Equity strategies play an important role in our continued efforts to ensure access to quality services while also addressing social determinants, such as employment and housing stability, insurance status,

proximity to services, and culturally competent care, all of which have an impact on behavioral and physical health outcomes. The department made significant investments of state and federal resources to address health disparities and promote health care quality among diverse populations, share information about health policy, increase cultural and linguistic competency, promote health literacy, and more. This commitment will continue to permeate our department in the upcoming biennium, and this budget proposal reflects an investment of \$3M over the biennium in GRF to drive this work forward.

INVESTING IN A QUALITY PSYCHIATRIC SAFETY NET

I'd like to turn to the critical service provided through the six state-run regional psychiatric hospitals. The Executive Budget proposes to maintain our current capacity of 1,111 beds. However, COVID-19 resulted in the reduction of each hospital's capacity because of the necessary operation of COVID-19 admission units where incoming patients spend two weeks in private rooms and low-density environments before they enter the general hospital population. Here in Columbus, Twin Valley Behavioral Healthcare is also operating a COVID-19 isolation unit where patients who need a hospital level of psychiatric care and who are COVID-19 positive can stay while they receive treatment. I am immensely proud of the ongoing work performed by our team of doctors, nurses, therapeutic workers, aides, building services staff, food service workers, police and administrative staff who have continued to work every day, maintaining adherence to PPE requirements and enduring periods of tight staffing due to COVID-19 outbreaks while providing the highest quality in-patient psychiatric care and community transition services to some of Ohio's most vulnerable citizens. Within Hospital Services, ALI 336412, OhioMHAS requests additional funding of roughly \$18M in FY 22 and \$5M in FY 23 to maintain hospital operations. Significant cost increases are related to employee compensation for the 2,151 staff who work in the regional psychiatric hospitals and represent 80% of our total employees. Decreased billing revenue for our regional psychiatric hospitals and related community support networks can be attributed to our decreased capacity due to COVID-19 and shifting payor sources that generally have rebalanced, but at a lesser rate overall. This budget proposal also accounts for the increased financial risk that COVID-19 places on the system should one or more of the regional psychiatric hospitals need to cease admissions for an extended period of time. OhioMHAS will continue to focus on managing hospital expenses including staff FTEs and overtime hours as we work through a tight budget in FY 21, and this focus will continue in the next biennium.

The COVID-19 pandemic has also pushed us into some new endeavors. When a state hospital pauses admissions in order to mitigate spread of COVID-19 cases, we have been able to support diverted patients in the private psychiatric hospital system by building relationships between the ADAMH boards and the private hospitals and providing funding to divert admissions from state hospitals to private hospitals. These relationships have allowed us to serve over 440 patients in this alternate setting using both State of Ohio appropriated crisis funding and federal CARES Act funding. We expect to continue these private placements as long

as we are operating at a reduced capacity due to COVID-19, so this budget includes \$2M in FY 22 for ongoing support of the Indigent Patient Placement program to ensure that patients have access to care.

Twin Valley Behavioral Healthcare broke ground in September 2020 on a new facility on West Broad Street in Columbus. We are immensely proud of this project and appreciate the ongoing support and guidance of the Ohio Facilities Construction Commission and the capital investment made by the Ohio General Assembly. The new construction is proceeding nicely, and we look forward to taking occupancy in December of 2022. We also look forward to future opportunities to share construction updates with you and to eventually provide tours of the new facility that demonstrates our joint commitment to Ohioans in need of psychiatric services.

LANGUAGE CHANGES IN THIS BUDGET

Lastly, OhioMHAS is seeking to make changes to four statutes in the Ohio Revised Code. The first is to update and align Ohio Revised Code section 5119.27 with Code of Federal Regulations, (CFR) 42 CFR Part 2. As 42 CFR Part 2 is updated, the Ohio Revised Code also needs to be updated to reflect current federal standards for consent regarding confidentiality of records to improve health care outcomes and continuity of care for individuals with substance use disorders.

An additional change we are seeking is to grant OhioMHAS authority to suspend admissions at hospitals for the mentally ill (5119.33), residential facilities (5119.34), and for community mental health and addiction service providers (5119.36). Today, when one of these licensees has demonstrated a pattern of serious non-compliance or has committed a violation that creates a substantial risk to the health and safety of a patient or resident, our options are to initiate a lengthy corrective process that culminates in a potential license revocation or initiate legal action in the courts. Because the revocation process can take a considerable amount of time, individuals with mental illness or a substance use disorder can be at risk of harm. The same can be said of the procedures to initiate legal action in the court such as an injunction or the appointment of a receiver. The language changes we propose would allow OhioMHAS to immediately issue an order suspending new admissions to a facility that has a serious pattern of non-compliance or has committed a violation that creates a substantial risk to a resident or patient. While this proposed language would allow OhioMHAS to move quickly to suspend admissions, it is important to note that if the deficiencies are resolved, OhioMHAS must lift the order that suspended admissions. There is also a strict set of timelines that must be followed to ensure a quick hearing process is followed in the event such an order is issued. As we move to improve the quality of Ohio's behavioral healthcare system, we believe that a full set of tools is necessary, and the focus here is on a quick response to situations that we believe could threaten the health and safety of some of Ohio's most vulnerable residents. It should be pointed out that the ability to suspend admissions without a full license revocation hearing is already granted to the Ohio Department of Developmental Disabilities. We are merely seeking the same protections for our patients, residents, and clients. We have shared

these changes with a number of stakeholder organizations, and we believe there is a widespread willingness to take steps to improve the quality of services and supports here in Ohio.

CLOSING

In closing, the COVID-19 pandemic has affected the mental health and wellbeing of every Ohioan. Overdoses and overdose deaths have surged, and anxiety and depression have been a constant challenge to youth, adults, and families. Social distancing has all too often led to emotional distancing, and that has taken its toll on older Ohioans, but also on families and students. With each challenge there is also a silver lining, and so there are two developments that I would like to highlight at the end of time here today.

The first is telehealth. As the federal government announced flexibility in terms of telehealth requirements during the COVID-19 pandemic, OhioMHAS and Ohio Medicaid moved quickly to ensure that all appropriate forms of telecommunication could be used to continue behavioral health care during the pandemic. The immediate impact was that behavioral health care providers could follow up with clients via telephone or videocall, using cell phones, landlines, tablets, or computers, while keeping both clients and staff socially distanced. This was vital during the early stages of Ohio's pandemic response and has emerged as an important ongoing element for ensuring access and choice as the system blended telehealth and in-person care options. It has also allowed for homebound patients who would never have sought treatment previously to receive care. As part of this expansion, OhioMHAS hosted a series of eight listening sessions with providers and people who received services via telehealth. These sessions yielded valuable perspective from both groups and enabled us to target additional training opportunities. Based on Medicaid claims information from the Ohio Department of Medicaid, telehealth enabled behavioral health services to remain near pre-pandemic levels and stabilized access to behavioral health services. Claims remained consistent with between 1.2M and 1.4M claims per month from November 2019 through November 2020. In addition, no show rates for appointments improved because things like childcare and transportation became easier to manage. Sustained usage of telehealth shows how important this is to the field. As telehealth matures, ongoing support from state and federal government will play an important role in the future of this important service. It creates an opportunity for access and choice – critical elements to treatment and recovery.

The second is the implementation of the Ohio CareLine (1-800-720-9616), a confidential, free support line staffed by trained, licensed clinicians who answer calls and offer emotional support and assistance 24 hours a day, 7 days a week. This service has operated since a year ago today in fact, April 22, 2020, and has received over 6,100 calls from all 88 Ohio counties. Initially staffed by OhioMHAS as the COVID CareLine, in July 2020 we brought nine community-based National Suicide Prevention Lifeline providers on board and transitioned the CareLine to its present form. Counselors have provided brief interventions to more than 1,700 callers and

referred more than 1,200 callers to behavioral health treatment providers and other community agencies. The CareLine has been a bright spot in our ability to connect directly with Ohioans and offer them time, assistance, and frequently just a listening ear during the COVID-19 pandemic. OhioMHAS will invest \$950,000 over the biennium to further improve and support the Ohio CareLine.

Thank you for the opportunity to appear before you today and walk you through some of the major initiatives of the OhioMHAS budget. There is no question that Ohio remains in a behavioral health crisis that has been exacerbated by the COVID-19 pandemic. So much good work is being done to promote mental health, create onramps to treatment, and grow long-term recovery options throughout Ohio. But a great deal of work remains to address the opioid epidemic, to end suicides in Ohio, to prevent the onset of behavioral health conditions among Ohio's youth, to ensure that those facing mental illness and substance use disorders have access to treatment and recovery supports, and that we have an equitable system that addresses behavioral health disparities and promotes health care quality among diverse populations. Ohioans are resilient, and we will continue to focus on helping each other overcome challenges and setbacks for a stronger, brighter future. I appreciate your attention today and am happy to answer any questions at this time.

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