



Mike DeWine, Governor  
Lori Criss, Director, OhioMHAS

# **13<sup>TH</sup> Annual RSVP Conference**

## ***State of the State: Top Priorities and Efforts to Assist Recovery***

Wednesday, March 30, 2022

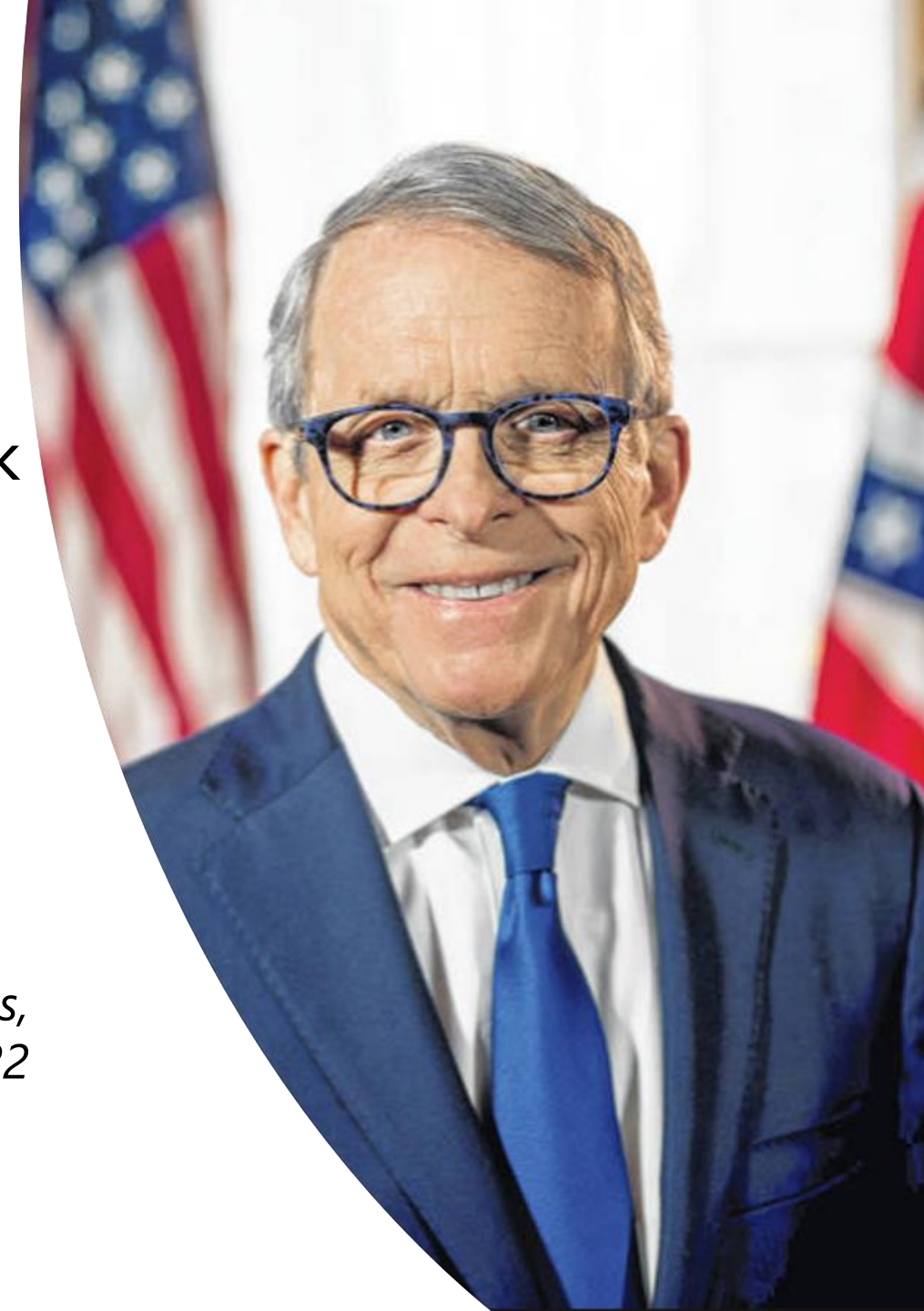
**Lori Criss, Director**

# Governor DeWine

---

"If we build on our successes and the work we have started together, we can truly bring about lasting change... **the system isn't broken – it was just never fully built**, and it does not exist everywhere in Ohio... YET! And so, we must build it!"

*From the State of the State Address,  
March 23, 2022*



# State of the State: Mental Health

*Making Help Visible, Accessible, and Effective*

1

Growing our behavioral health workforce;

2

Increasing research and innovation; and

3

Building a community capacity for care that offers better crisis response services and treatment, increased prevention efforts, and more residential and outpatient services.



**STATE** *of the* **STATE**

MIKE DEWINE  
GOVERNOR OF OHIO

# Supporting Healthy People in All of Ohio's Communities

## Supporting Healthy People in the Community Expanding Ohio's Continuum of Care



## WORKFORCE RECRUITMENT AND RETENTION

Ohioans will benefit from expanded community-based outpatient treatment and supports; added housing options; more residential treatment options; and increased capacity for crisis response. Investments in these areas allow for care, treatment, and recovery to occur at home and in the community, instead of in institutions.







# **Building on today's successes for generational change**

**Fully developing Ohio's crisis system  
Making prevention and treatment more available  
Growing early identification and intervention  
Expanding community behavioral health capacity**

**Requires a BIG step forward.**



# Overview of Strategic Focus Areas



OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

**STRATEGIC PLAN 2021-2024**



	Strategic Focus Area 1	Strategic Focus Area 2	Strategic Focus Area 3	Strategic Focus Area 4
<b>Cross-Cutting Priorities</b> <ul style="list-style-type: none"> <li>• Health equity and cultural competency</li> <li>• Communication and collaboration</li> <li>• Workforce development</li> <li>• Data collection and analysis</li> </ul>	<b>INNOVATION</b> Drive innovation to ensure access to culturally responsive, trauma-informed, prevention, treatment and recovery services for all ages.	<b>COORDINATION</b> Advance the development of policies that promote quality accountability, efficiency and effectiveness.	<b>COLLABORATION</b> Strengthen and expand strategic collaborations and partnerships.	<b>CULTURE</b> Reinforce a strong internal organizational culture.
	<b>STRATEGIC GOAL 1.1</b> Build workforce capacity to deliver quality care.	<b>STRATEGIC GOAL 2.1</b> Improve coordination of departmental policies and processes to promote efficiency and accountability.	<b>STRATEGIC GOAL 3.1</b> Build a big tent for new and existing partners.	<b>STRATEGIC GOAL 4.1</b> Recruit, retain and develop a diverse, competent and engaged workforce.
	<b>STRATEGIC GOAL 1.2</b> Increase the capacity of youth and early childhood prevention, early identification and intervention, treatment and recovery supports.		<b>STRATEGIC GOAL 3.2</b> Provide leadership and direction to Ohio's behavioral health system.	<b>STRATEGIC GOAL 4.2</b> Embed opportunities for internal collaboration and innovation.
	<b>STRATEGIC GOAL 1.3</b> Increase the capacity for prevention, early identification and intervention, treatment and recovery supports.		<b>STRATEGIC GOAL 3.3</b> Emphasize the importance of diversity and cultural competency throughout departmental activities.	<b>STRATEGIC GOAL 4.3</b> Develop a comprehensive data collection, analysis and usage framework.
	<b>STRATEGIC GOAL 1.4</b> Promote health equity by addressing social determinants of health in a variety of community and institutional settings.			

# Cross-Cutting **PRIORITIES**

- Several of our priorities cut across all of our Strategic Focus Areas.
- These priorities **weave throughout** all the work and phases of the implementation plan and are **foundational** to the work of OhioMHAS.



HEALTH EQUITY &  
CULTURAL  
COMPETENCE

COMMUNICATION  
& COLLABORATION

WORKFORCE  
DEVELOPMENT

DATA COLLECTION  
& ANALYSIS

# MHAS Regional Liaisons

- OhioMHAS is hiring **six** regional liaisons who will support local collaboration and partnerships.
- They will serve as important representatives to Boards, providers, and community partners.
- We look forward to connecting you with them soon.





# COMMUNITY PLANNING

Community Plans for a full continuum of care in meeting the behavioral health needs of their communities are required of all ADAMH Boards.

A collaborative effort is underway to improve the planning process and template used by the Boards. This process has included to date:

- **Conduct research** on the current planning process and template, identify national planning models, and review examples of current ADAMH Board plans that will help inform any future redevelopment of the planning process
- **Conduct a series of meetings with the OhioMHAS Enterprise Planning and Implementation Work Group** to explore the history of the Community Plan, how the plans are used internally, and how the data from these plans are compiled, and how this data is used internally.
- **Conducted a series of focus groups with approximately 50% of the ADAMH Boards** to explore how the plans are used locally, who the plans are shared with, the usefulness of the plans, and suggestions about how the plans and the planning process could be used moving forward.
- **Develop a Steering Committee** comprised of OhioMHAS staff and representation of 10-12 ADAMH Boards to explore recommendations on the purpose and the audience of the plan and on possible revisions of the planning process and template moving forward. The first meeting was held 2/16/22.



# At the Center of This Work: Ohioans.





These past few years  
have been  
unprecedented for our  
system in navigating  
multiple crises and  
epidemics  
simultaneously.





# The Difficult Reality: Deaths from Suicide and Overdose

Figure 6. Average Age-Adjusted Rate of Suicide Deaths by County, Ohio, 2016-2020\*

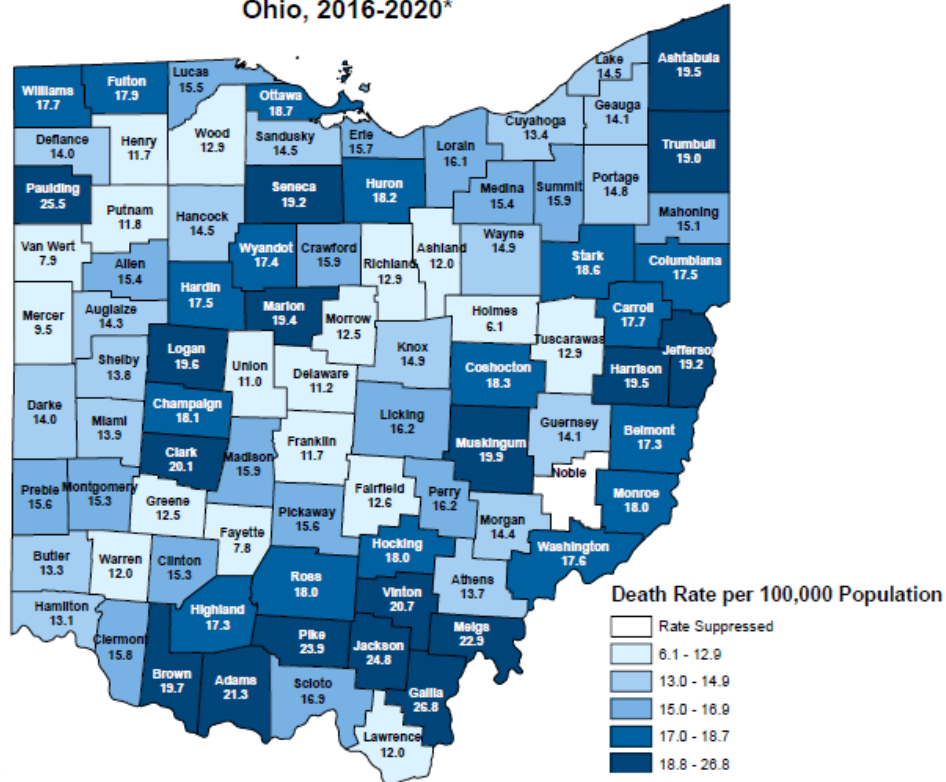
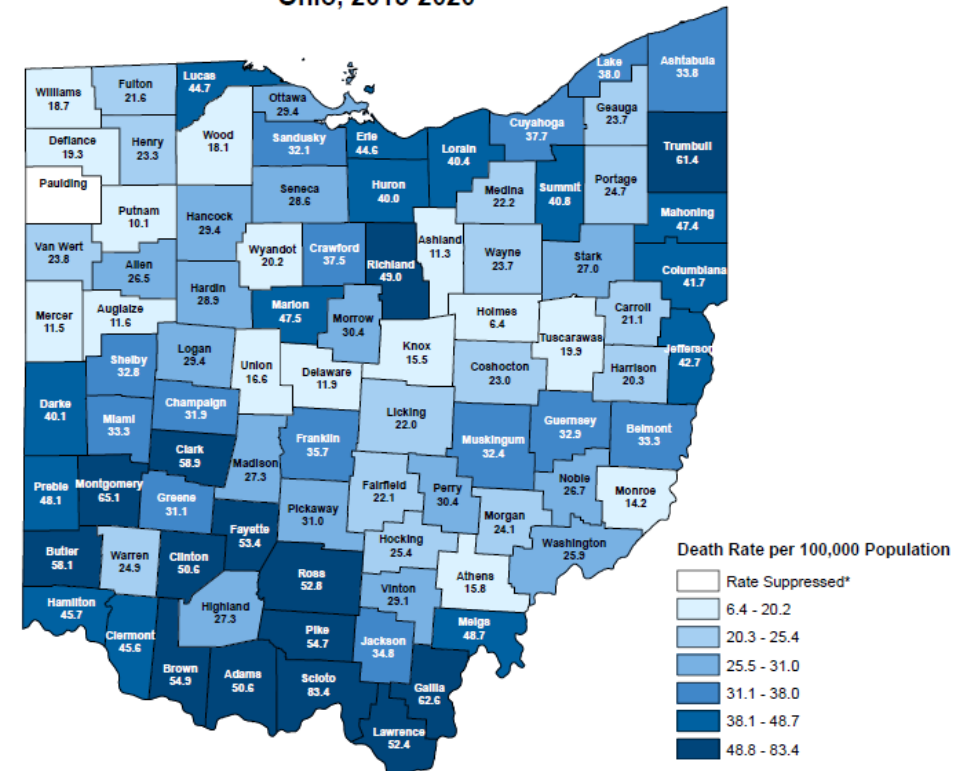
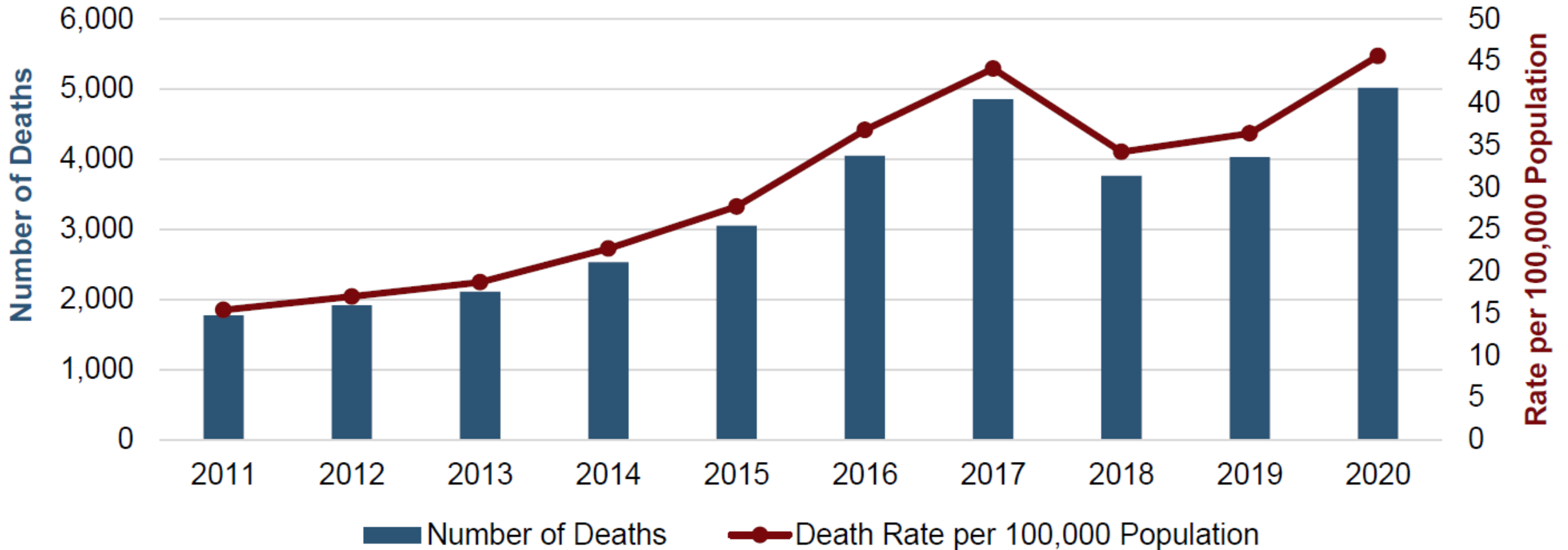


Figure 8. Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2015-2020\*



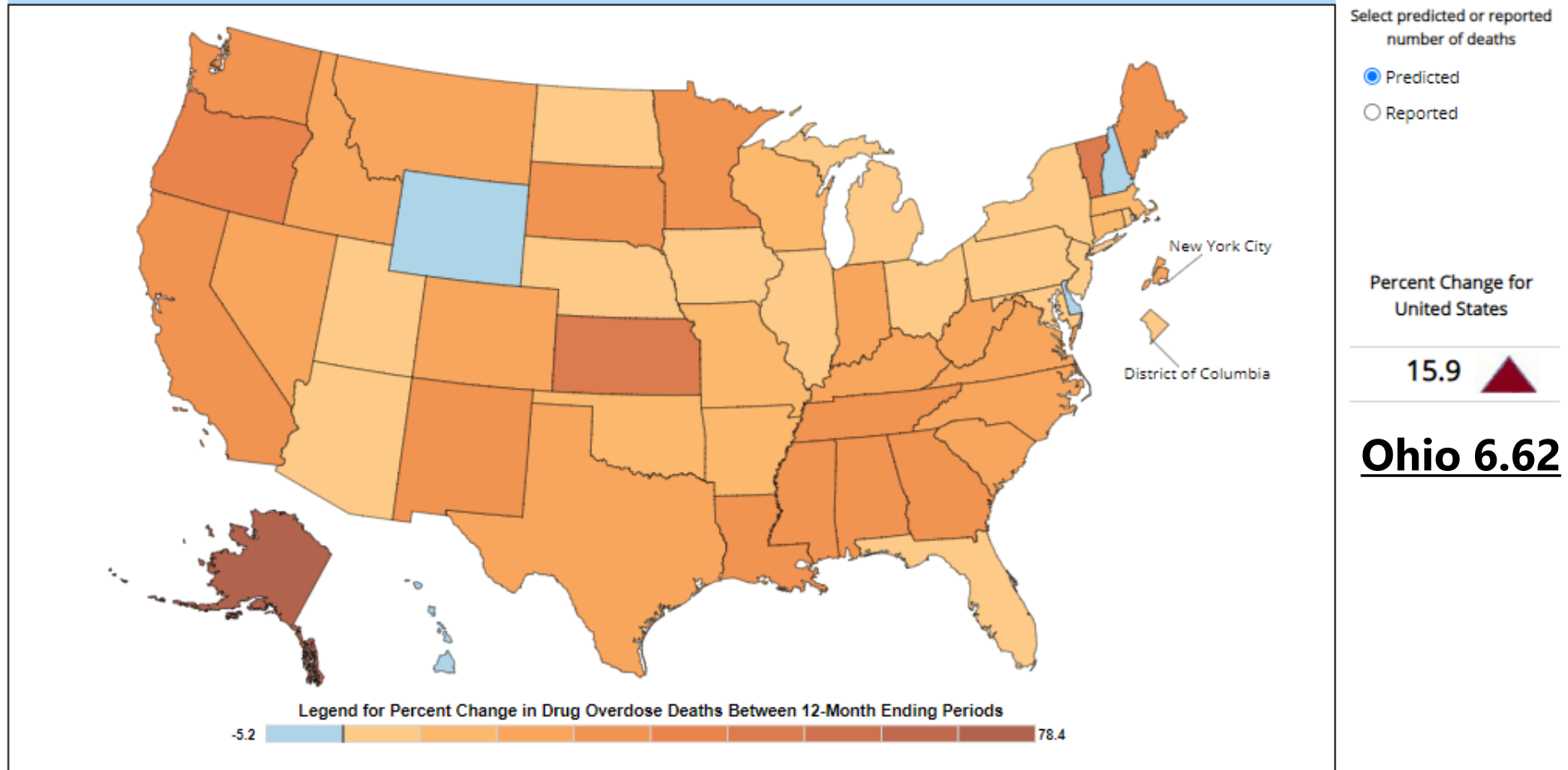
Data source: ODH Violence and Injury Prevention Section – updated December 7, 2021

# Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths by Year, Ohio, 2011-2020



- In 2020, 5,017 Ohioans died from unintentional drug overdoses, which was a 25% increase over the number of overdose deaths in 2019.
- From 2019 to 2020, the overdose death rate also increased by 25% to a rate of 45.6 deaths per 100,000 population.

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2020 to October 2021



Source: NCHS, National Vital Statistics System. Estimates for 2021 are based on provisional data. Estimates for 2015-2020 are based on final data (available from: [https://www.cdc.gov/nchs/nvss/mortality\\_public\\_use\\_data.htm](https://www.cdc.gov/nchs/nvss/mortality_public_use_data.htm)).

# Overdose Death Trends in the U.S. and Ohio



# At-Risk Ohioans

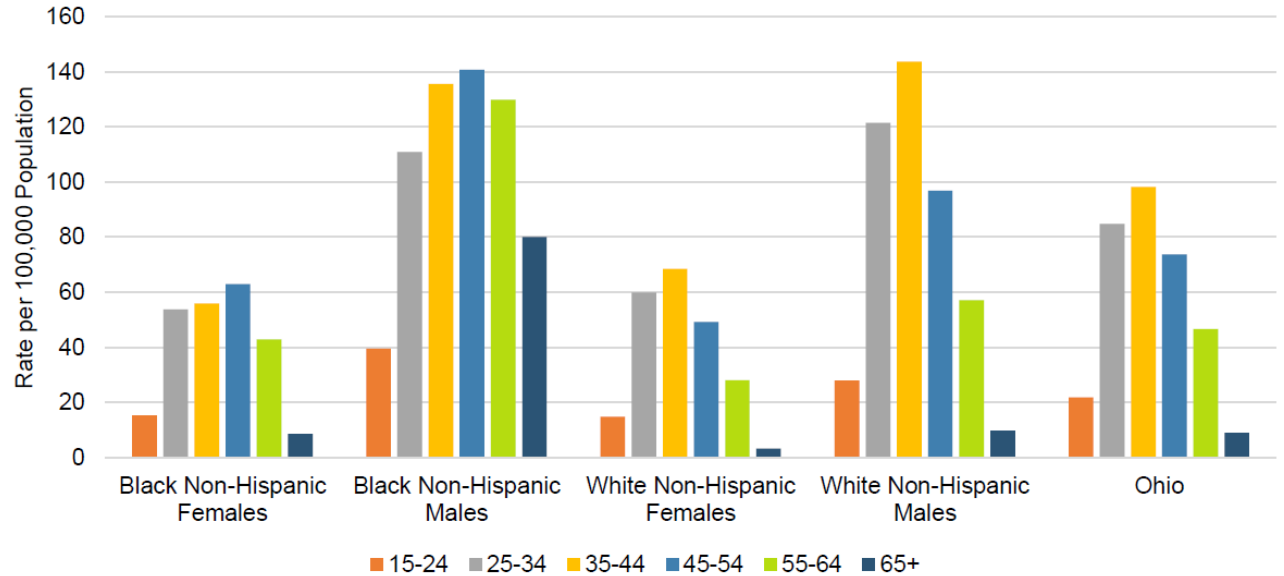
## High-risk for overdose death:

- In 2020, Black non-Hispanic males had the highest drug overdose death rate in Ohio compared with other sex and race/ethnicity groups.
- Residents of highest-risk Appalachian counties

## High-risk for suicide:

- Youth, ages 10-24
- Males, ages 25-59
- Non-Hispanic Black Ohioans
- Veterans and military members
- Residents of highest-risk Appalachian counties

Figure 13. Rate of Unintentional Drug Overdose Deaths by Age, Sex and Race/Ethnicity, Ohio, 2020



# Results: Expanding Service Capacity

↑ 33

NEW Specialized Dockets

↑ 5900%

Telehealth claims for mental health & addiction services in first year of regulation change & provider education

↑ 40%

New Peer Recovery Certified Providers

↑ \$10M

Addiction Treatment in Prisons



- Since 2019, we have launched 33 NEW Specialized Dockets and provided new funding to 57 existing dockets – growing the total number of dockets we fund to 222 across 70 counties.
- Invested \$36.6M in new capital funds to expand treatment capacity.
- 3.3M telehealth behavioral health claims during first year of pandemic.
  - Result of quick adoption of new rules
  - Extensive provider education
  - Increasing access and choice for Ohioans in how they seek mental health and addiction care
- \$10M invested in addiction treatment expansion with DRC
- 40% increase in total peer recovery support certified providers (965 --> 1,704)

# Results: Expanding Wellness and Prevention

- **Student Wellness: \$1.2 Billion investment.**
  - Launched 1,300 different Mental Health programs.
  - Trained 6,500 educators and school professionals through RecoveryOhio/MHAS.
- **\$20M invested in coordinated Prevention planning at Ohio Schools.**
  - Resulting in 90% of Ohio Schools adopting a Prevention plan, coordinating with local boards.
- **Led the nation with a \$13.5M investment in mental health services for higher education.**
- **Launched two Centers of Excellence.**
  - Ohio Center for Excellence for Child and Adolescent Behavioral Health
  - Ohio Prevention Center of Excellence



↑ \$1.2B

Invested in Student Wellness & Success

↑ \$20M

Prevention in Schools

↑ 1,300

NEW mental health programs K-12

↑ 6,500

Educators Trained through  
RecoveryOhio/OMHAS



# **State of the State: Mental Health**

*Making Help Visible, Accessible, and Effective*

"In the Ohio I see, fewer families face the unimaginable grief of losing a loved one to suicide or overdose. Shame, fear, stigma, and embarrassment are erased. Mental illness is treated as a health issue - not as a crime."



**STATE** *of the* **STATE**  
MIKE DEWINE  
GOVERNOR OF OHIO

# Breaking the Cycle of Crisis



- Too many Ohioans experience mental health crises and are tragically lost to suicide.
- Under the leadership of Governor DeWine, Ohio is **increasing access to quality, crisis services in our local communities** to appropriately respond to behavioral health crises and act as appropriate alternatives to arrest or emergency department visits.

# Our Vision

- **Visible and accessible** crisis continuum of services.
- Supports that are **person-centered** and quality-driven.
- Ensuring people are **stabilized and thriving** in their community.

## Ohio's Ideal Crisis Continuum





# Crisis Work Underway: A Summary

## CONNECT

- 988 Planning
- Ohio Careline
- Crisis Text Line
- Open Beds/BH Connection
- Web-based Statewide Directory

## RESPOND

- Mobile Response Stabilization Services for Youth (MRSS/OhioRISE)
- Community Mobile Response
- Co-Responder Response

## STABILIZE

- Crisis Stabilization Units
- Residential/Respite Care

## THRIVE

- Strong Families, Safe Communities
- First Episode Care for Serious Mental Illness
- Outpatient Service Capacity
- Housing
- School
- Employment
- Day Activities

# Ohio Crisis Task Force



Sharing and identifying opportunities to enhance system coordination (hospitals, medical clinics, law enforcement, jails, etc.)



Provide stakeholder input on the framework, design and implementation of Ohio's Ideal Crisis Continuum



The Ohio Crisis Landscape Analysis & Recommendation Report

# Crisis Task Force Sub Committees

## BOUNDARY SPANNING

- **Community Crisis Collaboration:** Working together locally to organize a crisis continuum and coordinate crisis care for all Ohioans
- **Performance Metrics and Data:** Measuring crisis system impact for all Ohioans
- **Financing:** Multi-payer coordination to implement the crisis system vision for all Ohioans

## SERVICE SPECIFIC

- **Connect starting places:** Identifying 988 capable call lines: Developing the 988-implementation plan (PIRE)
- **Respond starting places:** CIT training; MRSS for youth, QRT programs, mobile crisis planning, urgent care.
- **Stabilize starting places:** Planning and implementation of Crisis Centers and Residential Crisis Services. Community crisis intervention to bridge to Thrive.
- **Thrive starting places:** Ohio RISE, multisystem adults, FEP, peer operated services, peer support, and more.



# 988: Building on a Strong Foundation in Ohio

- **Since 2005**, the National Suicide Prevention Lifeline (1-800-273-8255) has **helped thousands of Ohioans** in emotional distress and crisis.
- New federal law requires that all states **transition** from the 1-800 number **to the easy-to-remember 3-digit number 988** by July 16, 2022.
- 988 will help **connect Ohioans** in a mental health or addiction crisis with **Ohio's crisis response and support system**.

► Someone to TALK TO.

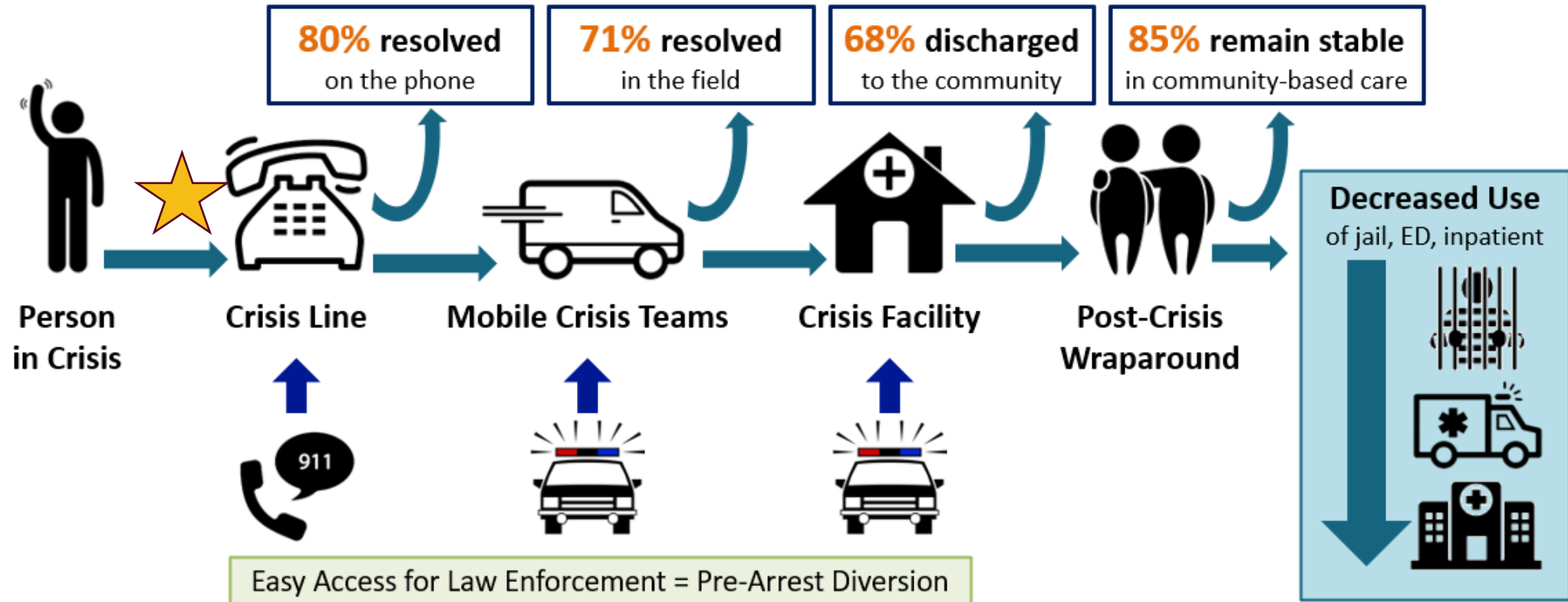
► Someone to RESPOND.

► A PLACE TO GO.





# The Crisis Continuum



**← LEAST Restrictive = LEAST Costly**

# The 988 Planning Committee

## 988 PLANNING COMMITTEE ORGANIZATIONS AND REPRESENTATION

Ohio Suicide Prevention Foundation	Office of the Governor and RecoveryOhio
Mahoning Alcohol, Drug Addiction and Mental Health Board	Ohio Association of Health Plans
Peg's Foundation	Ohio Association of County Behavioral Health Authorities
NAMI Ohio	Ohio Council of Behavioral Health & Family Services Providers
Ohio Department of Veterans Services	Ohio Hospital Association
Ohio Citizen Advocates for Addiction Recovery	Ohio Department of Public Safety
Equitas	Sidney Police Department
Help Network of Northeast Ohio	Talbert House
Office of the Attorney General	Mental Health America Ohio
Lucas Alcohol, Drug Addiction and Mental Health Board	911 Administrator, Ohio Department of Administrative Services
Portage Path Behavioral Health	Ohio Telecom Industry
Public Utilities Commission of Ohio	State Senators and Representatives
Youth Advocates and Family Members	Adult Advocates and Family Members
Hispanic Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP)	Clark, Greene and Madison Alcohol, Drug Addiction and Mental Health Board
Ohio Department of Mental Health and Addiction Services	Lucas Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP)



# 988 Plan Submission

## Core Components Required in Plan

1. Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
2. Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
3. Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume
4. Support Crisis Centers in Meeting Lifeline's Operational Standards, Requirements, and Performance Metrics
5. Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation
6. Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services
7. Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters
8. Plan and Implement Marketing for 988 in Your State/Territory



# 988 Launch Planning Priorities

1

Build system capacity to ensure 90% of Lifeline calls and 50% of Lifeline chats and texts from Ohioans can be answered in state by July 2022.

2

Ensure service quality through ongoing training, support, and development and implementation of a shared web-based resource directory.

3

Ensure that all Ohio Lifeline providers have adequate high-speed internet access and up-to-date communication, documentation, and other technology systems.



# Expanding Our Coverage Network

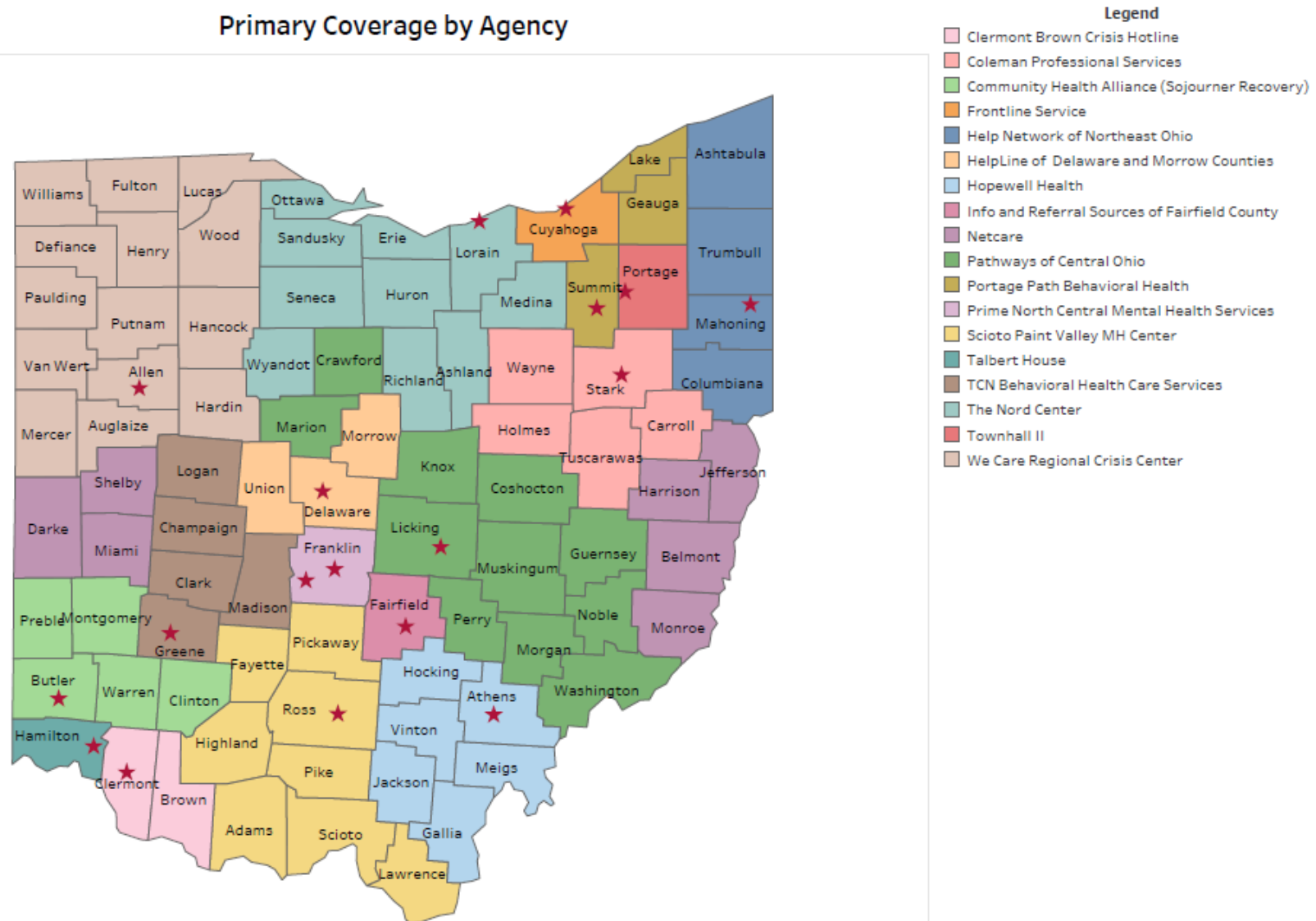
Ohio has 18 Lifeline providers online in preparation for the launch of 988.

Local communities may choose to keep their current local crisis assistance lines operational.

The Ohio CareLine, Bridge Line, and Crisis Text Line will continue to exist, keeping important safety nets in place during the transition to 988.



Primary Coverage by Agency

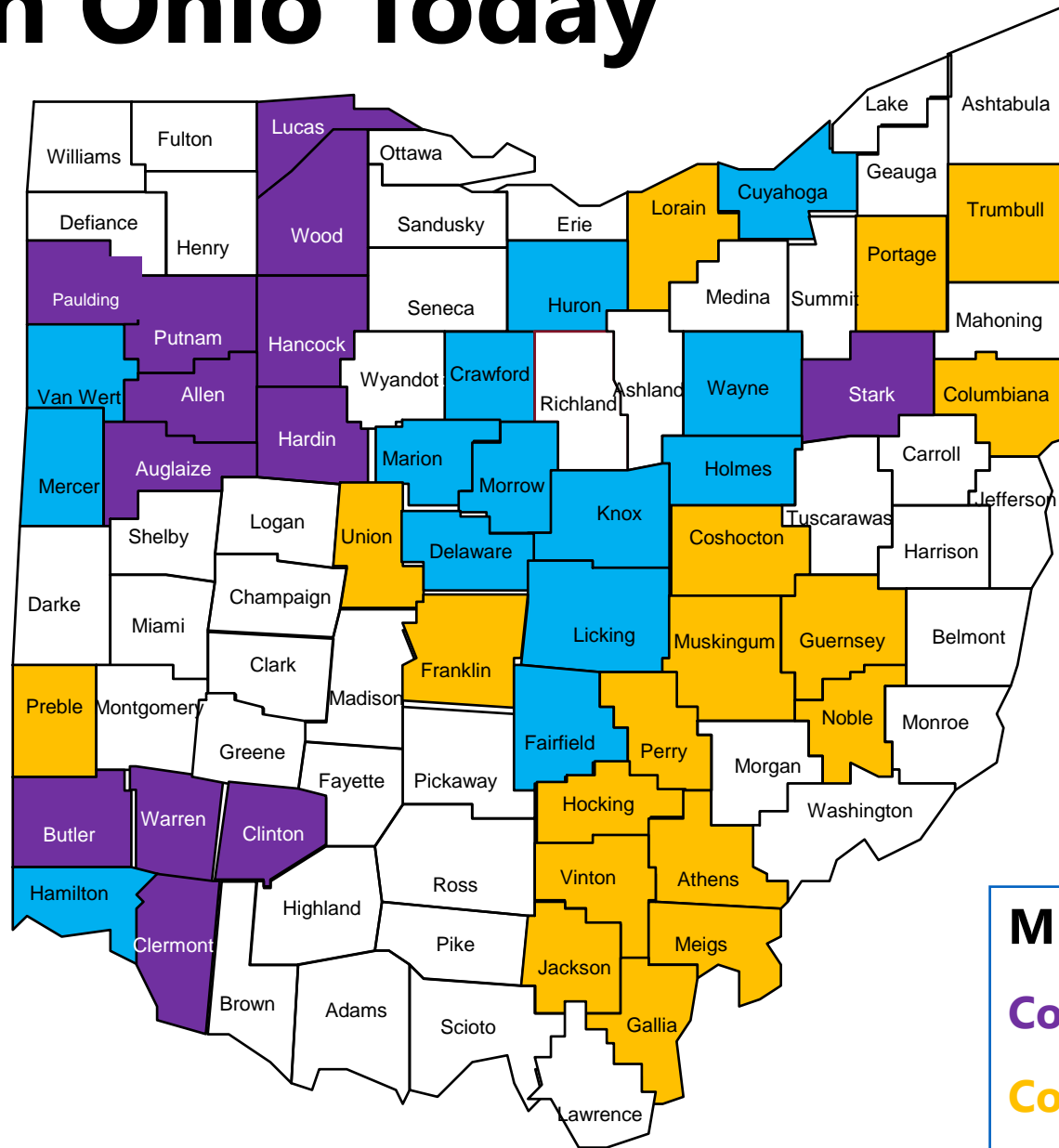


# Mobile Response and Stabilization Services (MRSS)

- Face-to-face **intervention and support service.**
- **Up to six weeks** to stabilize family crisis and connect to nature of the service.
- **Mobile response period is up to 72 hours; Stabilization up to 6 weeks.**
- MRSS is available **24 hours a day, 365 days a year.**
- **Crisis is defined by the caller.**
- Will be a Medicaid-reimbursable service July 1, 2022.
- Dedicated call center to mobilize MRSS unit where available; triage and refer for services where not available in the state.



# MRSS in Ohio Today



## MRSS FY22:

**Cohort 1: Established**

**Cohort 2: In process**

**Cohort 3: Early Stages of Development**



# Our Focus: From Child to Young Adult

*Research indicates that 75% of mental illness and substance use disorders begin before the age of 25.*

- Prevention, early intervention, treatment strategies for 10-25 year-olds
- Education on the early signs & symptoms, how to create healthy environments, and building coping skills
- Ongoing commitment to reducing stigma and barriers to treatment
- Investing in school and community partnerships



## **System of Care, Multi-System Youth, & Youth With Behavioral Health Needs**

- System of Care: MRSS and High-Fidelity Wraparound
- OhioRISE & CABH Center of Excellence
- Family First Prevention Services
- Multi-System Youth cross-agency collaboration and support
- Strong Families Safe Communities
- Prevention and Early Identification
- Early Childhood Mental Health
- First Episode Coordinated Specialty Care

# A Few Examples of Efforts Underway for Youth and Families

- Ohio has dedicated more than \$1.2 billion in funding for **student wellness in the K-12 system**. Schools have supported more than 1,300 different mental health programs and 6,500 educators received training focused on reducing substance abuse, bullying, and other risky behaviors.
- **OhioSTART** has grown and has now served 1,500 children and 2,700 Ohioans across 50 counties with intensive trauma counseling.
- **Multi-System Youth supports** support youth in nearly all Ohio counties. Agencies continue to build bridges to better serve these youth, and OhioRISE will enhance these supports to families.
- Ohio was the first state to set aside CARES funding to offer direct **mental health support in higher education**, with a focus on expanding access to services to students who cannot afford services.
- The Ohio College Initiative is a partnership of 68 campuses, focusing on **changing campus culture** to better support student and staff mental health.

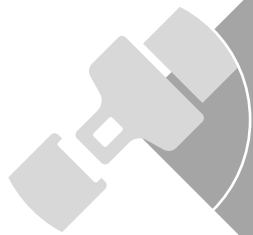




# School-Based Frameworks



**School Wellness Initiative**



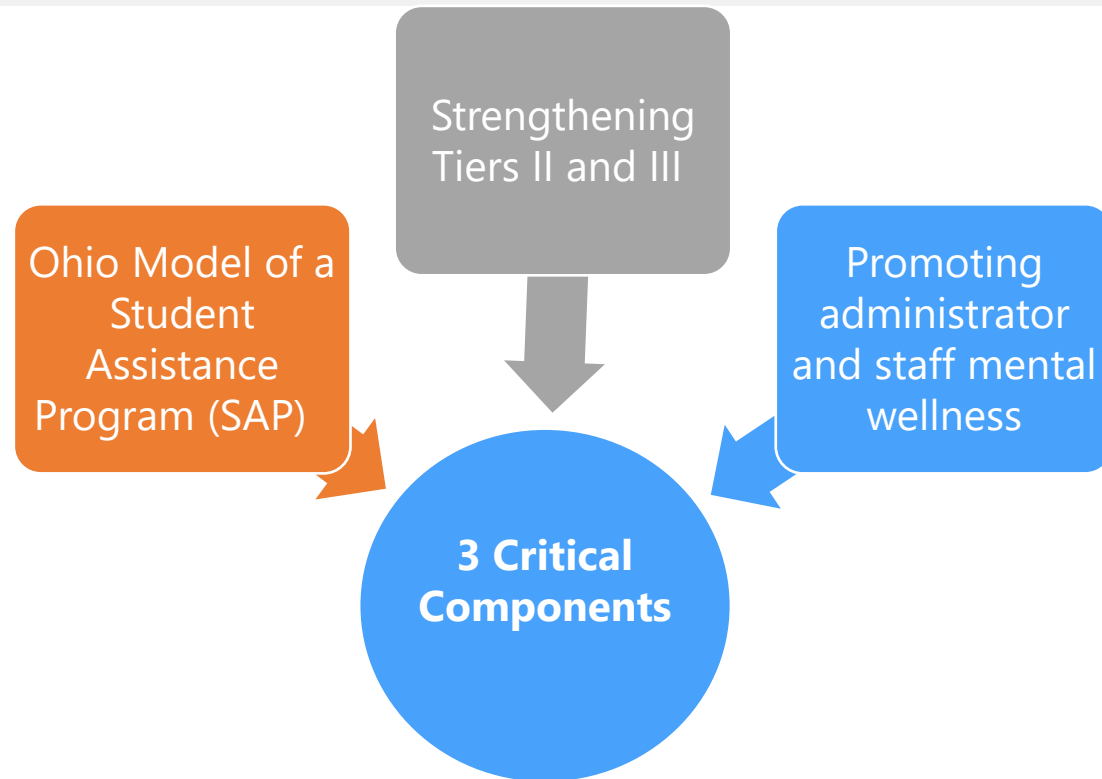
**School Safety and Wellness Initiative**



**Comprehensive School Suicide Prevention Program**



# Ohio School Wellness Initiative



# Sources of Strength: Secondary Program



Strength-Based Approach

Upstream Prevention

Youth Peer-Led Prevention

Evidence-Based Results



# Expansion of Coordinated Specialty Care (CSC)

- Building Virtual Teams:
  - Developing a virtual CSC team housed at OSU EPICENTER (Wexner Medical Center) and partnering with CMHAs in counties that lack their own CSC team.
  - Exploring ECHO expansion and harnessing technology ehealth (NEOMED).
- Formalizing and testing a fidelity scale
- Developing a bundled rate for the CSC programs



A strategic approach to strengthening systems collaboration that supports person-centered care and long-term wellness for adults with frequent psychiatric hospitalizations touching multiple human services and/or criminal justice systems.

## **Multi-System Adults Enhancing Wellness Project**



# Multi-System Adults Strategy #1: Systems Collaboration

**Goal:** To develop and/or strengthen communication and collaboration between systems and to secure available resources with a focus on sustainability.

- Draw on existing resources from OhioMHAS (Access Success, Recovery Requires a Community, Community Transition Program, etc.)
- Draw on existing supports within the community (First Episode Psychosis programs, IPS/employment, CIT, etc.)
- Draw on existing statewide resources (CJCCOE, Sequential Intercept Mapping, Stepping Up, etc.)
- Draw on existing local, state, and federal resources (HUD vouchers, Medicaid, food stamps, etc.)

# Multi-System Adults Strategy #2: Person- Centered Use of Funds

---

Housing/Utilities

---

---

Transportation costs (bus passes, gas cards)

---

---

Medication or medical appointment co-pays

---

---

Recovery/Gap supports (including clothing, employment supports, furniture, cleaning supplies, identification & Social Security cards, etc.).

---

---

Psychiatric home health needs (e.g., medication monitoring)

---

---

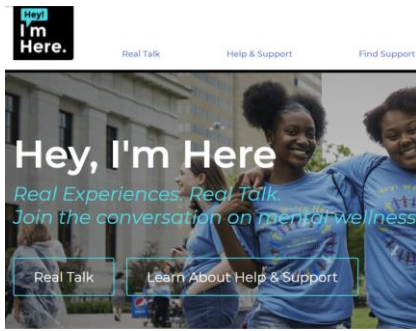
Mental Health Peer Support

---

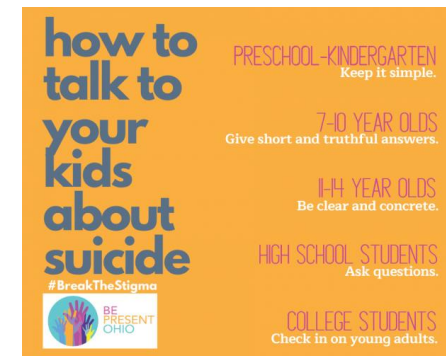
---

Guardianship fees

---



# Public Awareness Campaigns





# Governor DeWine

---

"The future Ohio that I envision has the best, most robust behavioral health workforce in the country – a workforce that is hailed as heroic and valued as a vital part of our healthcare system."

*From the State of the State Address,  
March 23, 2022*



# Workforce Development

The need for expanded behavioral health (BH) workforce across the United States is well-documented.

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.

The goal is to increase access to behavioral health services and supports to meet the growing demand in Ohio's communities:

- create a pipeline from high school into higher education
- welcome opportunities to change careers into behavioral health
- attract a diverse workforce
- improve workforce retention across services and settings



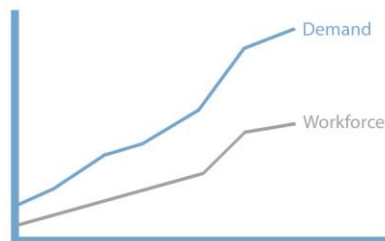
# Ohio's Behavioral Health Workforce

**Nearly 2.4 million Ohioans live in a community that does not have enough behavioral health professionals.**

**21% of Ohioans** live with a mental health condition or substance use disorder.



Demand for behavioral health services **increased 353%** from 2013-2019 while the workforce only increased 174%.



The need continues to grow. The average delay between symptom onset and treatment is **11 years**.



**Healthy Ohioans = Renewed Communities = Thriving Economy**

**A strong behavioral healthcare workforce supports the health and well-being of Ohioans and our state.**

## Ohio's Wellness Workforce Priorities

**The health and success of Ohio's families and communities depends on an effective strategy to recruit and retain behavioral health professionals.**

### ➡ Increasing Career Awareness

Educate Ohioans on the people, professions, and pathways leading to a successful career in the behavioral health field.

### 🎓 Supporting Recruitment

Offer Ohioans interested in behavioral health careers scholarships, stipends, and paid internships tied to post-education service in the behavioral healthcare field, especially in underserved, high-need areas.

### \$ Incentivizing Retention

Support Ohio's educators in their abilities to develop and increase capacity for advanced degrees, credentials, and distance learning opportunities. Support employers in their abilities to offer retention bonuses and continuing educational and training opportunities.

### ✓ Supporting Contemporary Practice

Expand support of the workforce with best practice development and training.



# Building a Diverse Workforce

This strategic work includes

**improving cultural and linguistic competency across the workforce**

and

**improving the diversity of the workforce.**





# Workforce Support – Sustain and Expand

- The pandemic has exacerbated providers, especially in the HCBS setting, to adequately maintain their workforce capacity.
- In response, Ohio's proposal seeks to address this through the creation of multi-agency workforce recruitment initiatives that will identify and implement data-driven strategies:
  - Total Funding: \$230M
  - State Share: \$221M
  - 39% of total HCBS allocation
- This requires collaboration across state agencies, universities, community colleges, career technical schools, and workforce boards.



# State of the State: Mental Health

*Making Help Visible, Accessible, and Effective*

**"We must do the work that has never been done."**

We can create the opportunity for people with mental illness or addiction to **build the skills to lead joyful, meaningful lives**. And if we do, it will result in reduced community costs, more people **working**, and more people **contributing** -- to the vitality of their communities."



# More Information



[http://mha.ohio.gov/  
RecoveryOhio.gov](http://mha.ohio.gov/RecoveryOhio.gov)

**Join our OhioMHAS e-news listserv  
for all of the latest updates**

