Issues and Recommendations for Community Mental Health and Addiction Services

2019
Dear Ohio Leader:

As you work on behalf of Ohioans, we want to share information on the opportunities and challenges facing Ohioans impacted by mental illness and addiction. This document was conceived and designed as a mechanism to educate and inform leaders in Ohio about the local Alcohol, Drug Addiction, and Mental Health Boards and the pressures facing the current community-based system of care. This document includes an overview of several major challenges to the current system along with a series of recommended solutions to these challenges.

Individuals and family members throughout Ohio who are experiencing signs and symptoms of mental illness and/or substance use disorders often don’t reach out for help because of stigma, limited access to care, lack of insurance, transportation challenges, and cultural barriers. It’s imperative that we collectively work to bring down the physical and figurative barriers to accessing services and supports. Engaging in meaningful care will have long-term and wide-ranging benefits for the individual, their family, their community, and all of Ohio.

**Treatment Works. People Recover. Recovery is Beautiful.** This is both a tagline and a philosophy that drives our work. We look forward to working with you and leaders throughout Ohio to ensure that citizens across the state are able to access high-quality mental health and addiction prevention, treatment, and support services in a stable and sustainable local Recovery-Oriented System of Care.

Sincerely,

Elaine Scroggs
President
OACBHA

Cheri L. Walker
Chief Executive Officer
OACBHA

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**Ohio’s Alcohol, Drug Addiction, and Mental Health Boards**

- 51 Boards
- 49 ADAMH Boards
- 1 ADAS/CMH (Lorain County)
- 31 Single County Boards
- 20 Multi-County Boards
Ohio’s ADAMH Boards

Ohio’s Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are statutorily empowered to plan, develop, fund, administer, and evaluate the local system of care for mental health and addiction services. Fifty-one local Boards, governed by volunteer Board members appointed by the state and the county commissioners, do this work with a mix of federal, state, and local funds.

Local Boards are charged with establishing a unified system of treatment and community supports for individuals impacted by mental illness and/or addiction. The Boards encourage and foster the development of high-quality, cost effective, and comprehensive services. Local Boards are uniquely positioned to rapidly identify changing community needs and to serve as catalysts for change.

Today, throughout Ohio, local ADAMH Boards are utilizing the Recovery-Oriented System of Care (ROSC) framework to drive the advancement of networks of formal and informal services developed and mobilized to help individuals achieve and sustain long-term recovery in the community. The ROSC philosophy prioritizes the inclusion of clients and families in every step of the development, implementation, and evaluation of local systems of care. By utilizing the ROSC framework, local communities are offering citizens an array of accessible services and supports that are designed to be culturally appropriate, building on individual, family, and community strengths, and have as their primary and explicit aim, the promotion of the person’s/family’s resilience, recovery, and inclusion in community life. The foundation of Ohio’s ROSC is locally managed continuums of care designed to provide person-centered prevention, treatment, and support services to help individuals impacted by mental illness and addiction achieve and sustain long-term recovery.

Ohio’s 51 Alcohol, Drug Addiction, and Mental Health Boards, covering all 88 counties, provide community members with access to a statutorily defined continuum of care, inclusive of prevention, treatment, and recovery supports in communities throughout the state. Ohio’s ADAMH Boards are charged with coordinating County Hubs to Combat Opioid Addiction and community efforts related to mental illness. Ohio’s ADAMH Boards are doing this in a time of increased understanding of the needs of individuals with mental illness and/or substance use disorders and increasing demand for local services. ADAMH Board serve as the hub of their local communities, facilitating partnerships and relationships with organizations throughout the community representing individuals in recovery, families, law enforcement, criminal justice, faith-based entities, education, child welfare, human services, and more. As Ohio’s communities continue to change and evolve, local ADAMH Boards are working to ensure that the services and supports offered to citizens of their Board area are accessible and effective.
Issues and Recommendations

Medicaid Expansion:
Medicaid expansion has dramatically increased access to critical, life-saving health and behavioral health services for hundreds of thousands of individuals in Ohio. One of the populations that benefit from Medicaid expansion is single adults without children who are experiencing substance use disorders. Prior to Medicaid expansion, these individuals could not access Medicaid coverage and often had serious challenges accessing appropriate addiction treatment along with other healthcare services. Medicaid expansion has resulted in an expansion of addiction treatment services throughout Ohio.

Recommendation: Continue Medicaid expansion as it is today to ensure that Ohioans, specifically those facing mental illness and addiction, are able to access lifesaving health care services.

Behavioral Health Redesign
The changes underway as part of Behavioral Health Redesign and the transition of the community behavioral health Medicaid benefit into managed care will fundamentally change how many individuals access care and how agencies receive reimbursement for Medicaid services.

Recommendation: A formal, independent evaluation of the implementation of Behavioral Health Redesign should be conducted measuring changes to access, capacity, and the impact on wellbeing of clients served.

State Psychiatric Hospital Access:
In 1988, there were 3,500 state psychiatric hospital beds available at 17 hospitals (14 adult and three youth hospitals). Today, there are 1,081 beds at six state psychiatric hospitals, all serving adults. The focus on deinstitutionalization was necessary and right. However, the capacity that remains today does not meet the current demand for services. Additionally, Ohio’s state psychiatric hospitals are seeing an increasing trend of forensic admissions. The number of clients in state hospitals as a result of court involvement (currently 65-70% of all clients) continues to crowd out the beds available for civil admissions. As a result, individuals in need of hospitalization for their mental illness are often left lingering in emergency departments and jails until a bed becomes available and once they are admitted to a state hospital their stays are often too short to meet all their needs.

Recommendations: Open additional civil state psychiatric hospital beds, either by opening additional units at the existing state hospitals or developing a new state hospital to increase access to this critical level of care.

The state should develop a process to better meet the needs of forensic clients, including a requirement to conduct community-based competency restorations for individuals charged with misdemeanor offenses.

Acute Care Mental Health Services for Kids:
On any given day, over 200 Ohio youth are receiving services in out-of-state placements. All too often, this is because Ohio does not have appropriate access to acute care services for young people experiencing severe emotional disturbances. Out of state placements result in families not being able to be engaged in the treatment and complicated reintegration processes. There are many partners involved in providing care for children and all of them struggle with how to provide the most effective services in an environment of limited resources and no state-funded facility. There is a tremendous need for increased capacity for young people and it is incumbent that the state target resources to meet this need. This should be done through an investment in the creation of public or private facilities to ensure that access to inpatient care for adolescents is available in each state psychiatric hospital region.

Recommendation: Develop and fund in-state access to crisis and inpatient care to meet the complex, multi-system needs of young people throughout Ohio.
Mental Health Crisis Services:
Mental health crises represent one of the most challenging concerns in the community. A mental health crisis can be incredibly complicated for an individual, their family, and local partners to navigate. Ensuring that appropriate crisis response is available in the community can be incredibly complicated for the local system of care, including mental health resources, healthcare resources, law enforcement, and others. There is not a predictable schedule for a mental health crisis and the crises do not always occur in an orderly fashion. As a result, it’s important that a safety-net of support is prepared to respond appropriately and readily accessible when it is needed 24/7/365. To have an effective crisis response network, community partners, including emergency response, healthcare, law enforcement, and the treatment community need to be working in tandem to ensure that the individual in crisis is immediately connected with the appropriate clinical and community services.

**Recommendation:** Make additional state funding available to local Boards to ensure that every locality is able to provide 24/7 access to a continuum of crisis services.

Coordinated Response to Addiction:
Overdose deaths as a result of opioid use, driven by illegally produced fentanyl mixed with other street drugs, continue to be the leading cause of accidental death in our state. While much has been done, what is now needed is more coordination, a guiding framework driving the state response that will help us all pull together so that we are marshalling all available resources as effectively as possible. Additionally, more timely data will allow communities the ability to more accurately assess the burden which also provides information to better target prevention and intervention. Timely, comprehensive coordination across all entities involved in addressing the opioid epidemic and addiction in Ohio is critical. This problem is too big for a piecemeal approach.

**Recommendations:** Establish an empowered state entity with the responsibility for coordinating between and among state departments and agencies with the authority to address policymaking, funding, education, and communication. The entity should work in partnership with ADAMH Boards and their County Hubs to Combat Opioid Addiction.

The state should ensure that data for opioid poisoning is shared timely through existing reporting mechanisms to the County Hubs for appropriate community responses.

It’s Not Just Opioids:
While the opioid crisis continues to make headlines, we must ensure that our responses focus not just on opioid addiction, but on all substance use disorders. Our prevention approaches, our community education activities, and our treatment resources need to take into account the trends we’re seeing related to other drug and alcohol use and broadly address substance use disorders.

**Recommendations:** Ensure that the activities, funding, and programs in development to address the opioid crisis consider the impact of other drug trends (meth, cocaine, spice, K2, etc.).

Due to multiple one-time funds from federal and state sources, programs must be built in a sustainable way to ensure ongoing access to resources in the community.

Criminal Justice Reform:
Ohio’s criminal justice system has become the de facto mental health and addiction service system for too many non-violent individuals experiencing a mental illness and/or addiction. Too many individuals with a mental illness and/or addiction, who could be better served in the local community, find themselves caught up in a criminal justice system that is more focused on criminogenic factors than treatment needs which further exacerbates the challenges and overcrowding already facing the criminal justice system.

**Recommendation:** State leaders should work with local stakeholders to reform Ohio’s sentencing laws and improve access to appropriate interventions, services, and supports.
Prevention and Wellness:
Prevention is and will continue to be the most beneficial way to impact the long-term societal change in communities throughout Ohio. Prevention programming that addresses social and emotional learning while teaching children to be resilient and teaching adults positive decision-making skills are the most effective and efficient ways to support the ongoing development of our citizens. There are several evidence-based and promising programs available for communities to utilize to promote healthy behaviors at every developmental stage.

Recommendations: Increase support and funding for prevention and wellness programming in order to ensure that Ohioans receive developmentally appropriate prevention and wellness services throughout their life.

Allow ADAMH Boards to become certified prevention providers in order to meet unmet needs in communities.

Death Review Boards - Suicide and Overdose:

Suicide Death Review Board:
Suicide deaths in Ohio are continuing to increase. We know this to be true in several counties throughout the state, but there is a data lag for state and national numbers related to deaths resulting from suicide. The increase in suicide deaths requires local approaches to community engagement as some communities are seeing an increase in deaths of middle-aged men, while others are seeing increase in deaths of young people. Suicide death reports should be expedited in order to ensure that communities have the latest information about suicide trends in their community so that they can build effective community responses and interventions.

Recommendation: Enact a statutory change allowing community partners to come together to conduct Suicide Death Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.

Overdose Death Review Board:
Overdose deaths have been an area of increased scrutiny over the past several years. Each death resulting from an overdose can shed light on community needs and opportunities. This epidemic has resulted in an increased need for a coordinated response and an increased need for collecting and understanding data. Several community partners will have information that could be utilized in evaluating and reviewing the circumstances surrounding an overdose death. This information could help communities put in place protocols and practices to prevent future deaths.

Recommendation: Enact a statutory change allowing community partners to come together to conduct Overdose Fatality Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.

Funding Flow:
Today, the Ohio Department of Mental Health and Addiction Services administers over 700 grants to community organizations throughout Ohio. This shift to grant funding a variety of projects and programs has resulted in bureaucratic inefficiencies related to the flow of funds and the project priorities, but it has also resulted in a lack of coordination about what is being funded at the community level. It is not unheard of for a local Board to provide funding for a particular priority in the community and then for OhioMHAS to issue a grant for the same or a similar project. In an environment of scarce resources and serious need, these funding processes are confusing at best.

Recommendation: Utilize the ADAMH Boards, the local statutory partners, to flow funds through to the community. In place of grants, provide funding to ADAMH Boards, with guidance on the priorities and expected outcomes and let local Boards determine how to most effectively blend and braid federal, state, and local funds to meet community needs.
Data/Information:
Ensuring high quality care requires the ability to coordinate and evaluate the existing service system, the connections among care settings, and the ability to plan for a coordinated continuum of care. To effectively address all of these steps, local ADAMH Boards need consistent access to data and information.

Recommendations: The State should ensure local Alcohol, Drug Addiction, and Mental Health Boards have access to and can share data between and among systems, including Medicaid and the Managed Care Organizations.

OhioMHAS, being the only state department without a statewide information management system, should be required to provide a statewide information system for data collection, analysis, and dissemination.

The state should develop a mechanism for data sharing between and among community first responders and treatment providers responding to crisis and safety planning situations.

Peer Recovery Supports:
Peer Recovery Supporters offer a tremendous benefit to the individuals they serve. They utilize their expertise and their lived experience to help guide an individual along their recovery path. As individuals who have been there before, they are uniquely positioned to help individuals with a mental illness and/or substance use disorder navigate the often-complex system of supports and services. There are not enough Peer Recovery Supporters delivering peer supports throughout Ohio and the current certification process is fraught with confusion and delays.

Recommendations: The certification process for Peer Recovery Supporters should be administered by an independent entity and clear and consistent certification steps should be identified.

The certification process should distinguish between mental health and addiction peer recovery supporters.

Individuals should have at least one year of addiction and mental health recovery and stability prior to being certified as a Peer Recovery Supporter.

Housing:
Safe and stable housing is a necessary component of behavioral health care. In order to most effectively leverage the stabilization and supports offered by clinical treatment services one must have their basic needs related to housing met. Too many individuals with a serious mental illness and/or a substance use disorder are navigating the perils associated with chronic homelessness or the lack of stable housing.

Recommendations: Invest in community housing options for individuals with mental illness and addiction and eliminate the wait list for the Residential State Supplement (RSS) program.

Ensure that recovery houses supported by public funds are appropriate, legitimate, and high-quality facilities.

Marijuana for Medical Purposes:
As the marijuana for medical purposes program is implemented in Ohio, a number of concerns remain about the connection between marijuana for medical purposes and mental health and addiction issues, the need for comprehensive prevention messaging for young people, the rights of employers, and the impact of marijuana for medical purposes on local service systems.

Recommendations: OhioMHAS should develop policies and programs that address prevention, safe-handling, mental health implications, and housing implications that are related to the implementation of medical marijuana.

The state should establish a single point of contact for individual questions, concerns, or issues related to medical marijuana.