



In 2006, Ohio's mental health system received a B. Three years later, the state's status as a leader on mental health has slipped to a C. It's disappointing for a state that seemed in striking range of an A.

In Ohio, budget cuts and policy decisions threaten mental health services; burdens on criminal justice and emergency response systems are significant.

The Ohio Department of Mental Health (ODMH) helps coordinate county Alcoholism, Drug Addiction and Mental Health Services (ADM) boards, and distributes state funds. In turn, the boards contract with local programs to provide services.

Shared responsibility between ODMH and local boards has proven successful in many respects. The 11 Coordinating Centers of Excellence (CCOE) are a unique collaboration between universities, advocates, local mental health boards, private research entities, provider trade associations, and ODMH, among others. These centers, funded by ODMH, provide expertise and technical consultation on Assertive Community Treatment (ACT), integrated dual diagnosis treatment (IDDT), jail diversion, and supported employment.

A particularly strong ODMH-CCOE effort is reducing criminalization of people with serious mental illnesses. Ohio Supreme Court Justice Evelyn Lundberg Stratton and others have made the state a national leader in this area. Fifty-six of Ohio's 88 counties have pre- or post-booking jail diversion programs, and more than 3,000 law enforcement officers, including campus police, received Crisis Intervention Team (CIT) training in 2008. Ohio may also be the only state whose Department of Corrections funds forensic ACT and transitional housing for inmates with serious mental illnesses who reenter the community.

Ohio has made great strides in incorporating consumers and families into service design and delivery. For example, ODMH has an innovative, consumer-staffed, toll-free phone system, *Toll Free Bridges*, which provides information and resources.

Still, many existing problems threaten to get worse. Ohio admits its mental health system is "grossly underfunded." In 2008, the ODMH budget was cut by \$31 million; an additional cut of 5.7 percent is expected in the first six months of 2009. This will reduce already inadequate community services funding by \$30 million.

Ohio sorely needs more acute inpatient psychiatric beds. State hospitals in Dayton and Cambridge closed in 2008, and many private psychiatric hospital beds have been eliminated. As a result, people are hospitalized fur-

## Innovations

- Evidence-based practices, such as ACT, IDDT, and supported employment
- National leadership on jail diversion and community reentry services
- Consumer and family involvement in design and delivery of services

## Urgent Needs

- Restore and increase funding
- Improve coverage of uninsured persons and non-Medicaid services
- Increase acute care beds

## Consumer and Family Comments

- *"Many people rely upon the services provided by the local levy and other general state funds. Medicaid appears to be eating up those valuable non-Medicaid services and little is being done about it."*
- *"For the most part, professionals are working to make the system better even when they feel overwhelmed by the need."*
- *"Lots of people fall through the cracks and in a crisis end up in jail . . . Why don't the taxpayers understand that jail costs five times more than treatment and medications?"*

ther from home, negatively impacting family visits and reintegration into the community.

ADM boards have prioritized those mental health services reimbursable with federal Medicaid dollars. This can prevent consumers, particularly those who are non-Medicaid-eligible and uninsured, from getting the right services. Boards are responsible for matching federal Medicaid dollars, so little remains for non-Medicaid services.

Ohio's Medicaid program recently restricted access to psychiatric medications with a preferred drug list and prior authorization requirements. While the state "grandfathers-in" consumers whose prior medications were working, the changes are restrictive, confusing, and a barrier to access.

In 2006, former U.S. Representative Ted Strickland, a trained psychologist, became governor. In Congress, he was a leading advocate for people with serious mental illnesses, but as governor, he has been less receptive. Though likely due to the state's enormous financial challenges—not a lack of concern—this has nonetheless been a blow to the hopes of many consumers and families.

Ohio is at a crossroads. More budget cuts could cause it to slip further. Strong leadership is needed to regain its status as a national leader in mental health care.