Ohio is facing several public health challenges, including drug addiction, overdose deaths, trauma, mental illness, depression and suicide. More state investment is needed to ensure that Ohio residents struggling with these challenges get the treatment they need to recover. Medicaid expansion, investments in the previous state budget, and new investments in the 2020-21 state budget are all steps in the right direction.

The approval of Medicaid expansion in 2013 has been essential to providing services to hundreds of thousands of Ohioans who struggle with mental illness and addiction. Medicaid provides health care coverage to nearly 3 million Ohioans. In the previous state budget, lawmakers increased spending for mental health, addiction services, public health, public safety and recovery housing to stem Ohio’s rising drug epidemic.

In 2017, Ohio ranked second worst in the nation for drug overdose deaths per capita. The provisional count between July 2017 and June 2018 from the Centers for Disease Control and Prevention shows a 21.4 percent drop in fatal overdoses. While this indicates progress, there is still a long way to go to get the epidemic under control. Ohio also treats too many people who are in a mental health or overdose crisis by sending them to the emergency room or to jail. These options are often traumatic for the person experiencing a crisis and costly for taxpayers.

Much more work is needed to save lives, improve wellness and recovery services, and build local systems that can respond to behavioral health crises effectively and efficiently. Shortly after his inauguration in January 2019, Governor DeWine created the RecoveryOhio Advisory Council to develop recommendations to “better assist those who are struggling to recover and help them lead high-quality, productive lives.” The taskforce developed 75 recommendations to strengthen Ohio’s prevention and recovery systems, many of which informed budget and policy priorities in the 2020-21 State Budget.

THE 2020-21 STATE BUDGET
The two-year budget submitted by the governor and passed by the House boosted the Department of Mental Health and Addiction Services by just over $259 million, a welcome move.

<table>
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<tr>
<th>Agency</th>
<th>FY 2018-19 Appropriation</th>
<th>FY 2020-21 Appropriation</th>
<th>Increase over the biennium</th>
<th>Percent Change</th>
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<tbody>
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<td>$1,719,377,714</td>
<td>+$259,462,611</td>
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The governor’s budget also significantly increased funding to psychiatric hospitals administered by the Department of Mental Health and Addiction Services. The House left this improvement in. Other investments over the biennium include:

- $22 million for local Alcohol, Drug and Mental Health (ADAMH) Boards to meet local behavioral health needs;
- $12 million to expand OhioSTART (Sobriety, Treatment, and Reducing Trauma) to 30 additional counties. The program offers two-generation trauma recovery services for addicted parents and their children;
- $8 million to reduce the stigma associated with mental health and addiction by launching multi-media public awareness campaigns;
- $15.1 million to strengthen the behavioral health workforce by supporting recruitment, training, and retention and improving licensing and certification;
- $37 million to improve Ohio’s local crisis stabilization networks and provide more resources for those who need immediate crisis support; and
- $7.5 million to help non-violent offenders remain in the community (rather than serve a jail sentence) by creating 30 new specialized court docket.

The Ohio Department of Education allocated $550 million over the biennium to support student wellness and success in the governor’s budget. The House-passed budget added an additional $125 million, bringing the total proposed investment up to $675 million over the biennium to support much-needed mental health counseling, wraparound services, trauma informed care, mentoring and after-school programming.

The Ohio Department of Medicaid is devoting an additional $511 million over the biennium in state and federal funds toward recovery-related initiatives, including home visiting, mother and baby care for women with an opioid use disorder, expanding telehealth services, and establishing services for youth involved in multiple systems (such as juvenile justice, child welfare, and behavioral health). The Medicaid budget includes resources to develop a model to coordinate behavioral health care to serve Ohioans with the most complex and urgent mental health needs and substance use disorders. The Medicaid budget also maintains Medicaid expansion, which is Ohio’s strongest tool to treat people caught up in the drug epidemic.

RECOMMENDATIONS
We urge the Senate to protect these investments in mental health and addiction services. The ongoing and additional support for recovery services in the House-passed budget are critical to ensure all Ohioans have the opportunity to recover and live healthy lives.

Several cities in Ohio are developing effective systems to respond to people experiencing a behavioral health crisis (suicide or overdose). For instance, Dayton had one of the highest rates of overdose death in 2017 and reduced it by over 50% in 2018. Local leaders embraced new strategies such as community and law enforcement naloxone distribution, peer support programs, and collaboration between law enforcement and public health officials. They also highlight increased treatment capacity through Medicaid expansion as a major catalyst. Cincinnati’s data-driven coordination model tied with quick response teams (which pairs police officers and paramedics with addiction counselors) is another good approach.

In previous state budgets, lawmakers slashed support for Ohio’s local governments, leaving them with fewer resources to deal with these challenges. Municipalities and counties need sufficient, ongoing resources to adopt best practices to save lives and support people in their recovery. These critical up-front investments can improve outcomes for people (and their families) struggling with mental illness and addiction and reduce health care and law enforcement costs over the long-term.