Policy Solutions for Ohio's Mental Health & Substance Use Disorder Crisis

Abstract

The impacts of the opioid epidemic and mental health crisis in Ohio communities, complicated by the lingering effects of the COVID-19 pandemic have highlighted the significant needs in Ohio for a comprehensive, accessible, and fully staffed behavioral health system. This paper outlines recommended state policy changes and investment priorities to help Ohio build and reinforce the infrastructure necessary to support a fully developed, sustainable, and accessible system of care.

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17 S High Street, Suite 799, Columbus, OH 43215
614-228-0747 | www.TheOhioCouncil.org
@theohiocouncil

Soley Hernandez	**Teresa Lampl**	**Geoff Collver**
Associate Director	Chief Executive Officer	Associate Director
Hernandez@TheOhioCouncil.org	Lampl@TheOhioCouncil.org	Collver@TheOhioCouncil.org

Introduction

The Ohio Council of Behavioral Health & Family Services Providers (The Ohio Council) is a trade association representing more than 160 private businesses offering community-based mental health and substance use disorder services. Members of The Ohio Council are private businesses employing tens of thousands of employees within the health care industry. Our member organizations vary in size, in geographic location, in the populations they serve, and in the range of services and levels of care offered. Collectively, Ohio Council member organizations serve the majority of Ohioans in need of behavioral health treatment who access care through the Ohio Medicaid program. Investing in high-quality, easily accessible mental health and substance use disorder services benefits individuals, families, and local communities. Furthermore, such investments ensure that other public investments made in the health, education, employment, children's services, and criminal justice systems are more effective and yield better long-term outcomes for all Ohioans. Together with our membership, The Ohio Council advocates for effective policy solutions to meet the state's critical need for comprehensive mental health and substance use disorder services.

The State of Behavioral Health in Ohio

In 2022, the State of Ohio continues to find itself facing dual behavioral health crises. The lingering mental health impacts of the COVID-19 pandemic and continued effects of the opioid epidemic are driving demand for behavioral health services to historic highs. Ohio's system of care for providing mental health and addiction treatment services is under tremendous stress, and Ohioans continue to face conditions of anxiety, isolation, and economic distress associated with the global pandemic and other societal issues.

National data show that about four in 10 adults have reported symptoms of anxiety or depression during the pandemic—up from one in 10 in June 2019. Young adults, women, people with low incomes, and people of color reported higher rates of mental health symptoms and started or increased substance use during to the pandemic.[1] The effects of Ohio's opiate crisis, meanwhile, have not abated. Some experts have observed that Ohio has entered a new phase of its opioid crisis due to the adulteration of fentanyl in the drug supply.

With increased rates of mental illness and substance use disorder, Ohio's behavioral health professionals have reported significant spikes in demand. More than 70% of community-based behavioral health providers reported a higher need for adult and youth mental health services in fall 2021. More than 60% noted higher demand for adult addiction services, and more than 57% reported higher demand for crisis services. Over 60% reported longer wait times for adult and youth mental health services from August to October 2021, and more than 50% reported longer waits for adult SUD treatment.[2] The Ohio Department of Mental Health and Addiction Services (OhioMHAS), meanwhile, predicts an annual rise in statewide demand of 5.6% per year over the next decade.[3] This rising demand has in turn contributed to a severe and worsening workforce shortage in the behavioral healthcare system.

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[1] Panchal, N., Kamal, R., Cox, C., and Garfield, R. (2021, February 10). *The implications of COVID-19 for mental health and substance use*. Kaiser Family Foundation. Retrieved June 1, 2022, from https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

[2] The Ohio Council of Behavioral Health & Family Services Providers. (2021, December). *Breaking Point: Ohio's Behavioral Health Workforce Crisis*. https://www.theohiocouncil.org/assets/BreakingPoint/TheOhioCouncil_Whitepaper_BreakingPoint.pdf

[3] Ohio Department of Mental Health & Addiction Services. (2021). *Understanding Supply and Demand Within Ohio's Behavioral Health System* [White paper]. Retrieved from: https://data.ohio.gov/wps/portal/gov/data/projects/03-mhas-workforce

Policy Solutions for Ohio's Mental Health and Substance Use Disorder Crisis

Ohio continues to face systemic, structural challenges in its provision of community behavioral health care services. These include but are not limited to: stigma directed at people seeking mental health and substance use disorder services in the form of cultural barriers to care and resistance to local treatment program operations; funding inequities in how behavioral health care is recognized and reimbursed by commercial insurance; practical barriers to treatment (i.e. transportation, child care needs, and behavioral health workforce shortages); and gaps in the continuum of care (i.e. shortages or geographic areas without crisis stabilization centers, intensive, home-based services such as ACT or IHBT, residential treatment options, and supportive or recovery housing). The following sections will explore recommended policy solutions and resource investments aimed at addressing these systemic challenges—from prevention to early intervention, crisis services, treatment and recovery supports.

Solution 1: Strengthen the Behavioral Health Workforce Pipeline

The intense increase in demand for behavioral health services has contributed to a severe and worsening shortage of behavioral health care workers in Ohio. Higher demand for services and increased staff turnover in the volatile labor market have contributed to higher caseloads, longer waiting lists, and staff burnout. At the same time, inflexible financing mechanisms and insufficient reimbursement rates from commercial insurance companies have contributed to wage stagnation, and overly rigid licensing and certification requirements have made recruitment of new professionals more challenging. Frontline behavioral health care workers are becoming hard to find, easy to lose, and costly to replace, and this dynamic has serious implications for care access. This topic is explored in depth in The Ohio Council's report "Breaking Point: Ohio's Behavioral Health Workforce Crisis," which was distributed in February 2022.

Recommended Action Steps:

Secure Regulatory Reforms for State Licensure Rules

- Modernize state licensure requirements across all behavioral health professional disciplines to include certification and licensure options at all education levels.
- Eliminate licensure exam requirements for dependent-level licensure. (Dependently licensed practitioners are required to practice under the supervision of an independently licensed professional.)
- Reduce administrative barriers and expedite applications for licensed providers in good standing applying for Ohio licensure from out of state or for retired professionals returning to work.

Preparing Students for Community Practice

- Develop career ladders, including training programs, apprenticeships, paid internships, professional development, continuing education, and opportunities for licensure and certification at all levels of education across all professional disciplines.

- Require education programs and accrediting bodies to prioritize evidence-based and evidence-informed coursework that is fundamental for current community behavioral health practice.

Administrative Support

- Include all positions needed in community behavioral health organizations in workforce incentive structures as these are high-demand/high-need jobs.
- Include administrative positions in the development and funding of incumbent worker training programs, scholarships, internships, and apprenticeships in behavioral health organizations.

Solution 2: Enforce Insurance Parity for Mental Health and Substance Use Disorder Services

Ohioans who live with mental health and substance use challenges often do not get the treatment and care they need and having health insurance does not guarantee access to the full scope and duration of services required. Many people with insurance face substantial barriers such as service limitations or cost prohibitive out-of-pocket expenses. More yet cannot identify an available provider in their network.

Recent studies and reports consistently demonstrate that behavioral health services are more than five times as likely to be charged out-of-network, and in-network provider reimbursement rates are 20% higher for primary care than behavioral health services.[4] Through greater awareness and enhanced enforcement of the *Mental Health Parity and Addiction Equity Act of 2008* (i.e. parity law), Ohioans could more easily access mental health and SUD treatment services when and for how long they need them. Parity must be a priority if Ohio is to effectively deploy public and private insurance resources to address the state's mental health and addiction crisis.

Recommended Action Steps:

Increase Parity Awareness and Enforcement

- Invest in a comprehensive and robust public awareness campaign to help inform individuals, employers, and human resource officials about insurance parity for mental health and addiction treatment services. A better understanding of mental illness and addiction as chronic brain diseases and not moral failings will help address the stigma around such conditions.
- The Ohio Department of Insurance (ODI) should formally establish, fund, and staff a parity-focused Ombuds office to be a resource for parity-related complaints and questions. The office's duties should include complaint coordination and referral to the Ohio Department of Medicaid (ODM) and the U.S. Department of Labor for enforcement matters within their respective jurisdictions.
- ODI should strengthen its compliance reviews of all health insurers and carriers within Ohio to guarantee compliance with parity laws. If a finding of non-compliance is confirmed, ODI should levy fines and penalties.

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[4] *Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement*. (November 2019). Milliman. Retrieved from: https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p

- ODM must rigorously enforce the parity requirements of its next generation managed care program and contracts. ODM should investigate consumer and provider complaints regarding parity issues and conduct regular compliance reviews of the Medicaid managed care plans.
- ODM must hold the managed care plans accountable for any parity-related policies or payment decisions that delay or deny care in violation of the department's contracts or regulations.

Solution 3: Improve Access to Treatment and Services

Demand for mental health and substance use treatment was at record highs prior to the COVID-19 pandemic. The public health emergency, social disruptions, and the economic pressure facing families today have only increased demand. Timely access to high-quality treatment and support services is critical to addressing Ohio's behavioral health crisis. Unfortunately, an analysis of federal SAMHSA data reveals that many people in need of treatment never receive it.[5] Prior to COVID-19, only about 40% of those with mental health conditions obtained care. Only 20% of children were able to access care, according to CDC data,[6] and only 10% of those with a substance use disorder found their way to treatment. In 2020, only 20.3% of adults with mental illness had received any mental health treatment in the past 12 months.[7] Only 9.3% of adults with co-occurring SUD and mental illnesses received services for both chronic conditions.[8]

Various factors contribute to this "treatment gap," but the biggest barrier to treatment is the lack of a full continuum of affordable prevention, crisis response, treatment, and recovery support services across communities and especially in rural areas. This continuum includes harm reduction services, medication management, crisis stabilization, inpatient psychiatric treatment, withdrawal management, and other recovery support services. It also includes individual, group, and family therapy where people learn to develop the skills and tools needed to live in recovery.

Behavioral health-focused crisis services are underdeveloped or absent in many communities across the state. As a result, The Ohio Council strongly supports OhioMHAS' work to develop and implement its crisis continuum plan, including the implementation of the statewide 988 crisis line.

Likewise, the Ohio Medicaid program is an important tool in promoting access to mental health and substance use services for many Ohioans. Unlike Medicare and commercial insurance programs, Medicaid recognizes and covers a wide range of community-based behavioral health services and has become a primary method for Ohioans to access mental health and substance use treatment services.

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[5] Substance Abuse and Mental Health Services Administration. (2021). *Highlights for the 2020 National Survey on Drug Use and Health*. SAMHSA. https://www.samhsa.gov/data/sites/default/files/2021-10/2020_NSDUH_Highlights.pdf
[6] CDC. (2022, April 27). *Improving Access to Children's Mental Health Care*. U.S. Centers for Disease Control and Prevention. Retrieved June 30, 2022, from https://www.cdc.gov/childrensmentalhealth/access.html#ref
[7] National Center for Health Statistics. (2021, October). *Mental Health Treatment Among Adults: United States, 2020*. U.S. Centers for Disease Control and Prevention. Retrieved June 30, 2022, from https://www.cdc.gov/nchs/products/databriefs/db419.htm
[8] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (No. PEP21-07-01–003, NSDUH Series H-56). U.S. Department of Health and Human Services. https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

Recommended Action Steps:

Strengthen and enhance access to health care by financing mental health and substance use services as part of an integrated health care system.

- Ensure that individuals who rely on coverage from their employer, the individual market, or Medicaid maintain access to mental health and addiction services consistent with the essential health benefit consistent with federal insurance parity regulations.
- Make permanent the Pandemic-related Provider Relief 10% federal funding increase for home and community-based services.
- Support full implementation of Ohio Medicaid's Next Generation Medicaid Managed Care program to enhance person-centered care, transparency, and accountability.
- Support access to services through federal public health emergency (PHE) unwinding efforts related to Medicaid provider revalidation, Medicaid member redetermination, and the rescission of federal waivers related to telehealth (HIPAA and in-person prescribing).
- Direct any increase in the budgeted Medicaid Inflation Rate projection to correspondingly increase the Medicaid behavioral health reimbursement rates in response to inflationary costs associated with service delivery and sustaining the healthcare workforce.

Prioritize Access to Services Within Ohio's Behavioral Health System of Care

- Develop and fully fund services across the crisis care continuum with an initial focus on crisis call centers (988), mobile crisis teams, crisis urgent care, and crisis stabilization services. Medicaid is a key funding source, and this effort must also include the full participation of commercial insurance, use of common billing codes, and local resources.
- Target Medicaid rate adjustments for diagnostic assessment, psychological testing, and mental health group counseling to restore access to these services.
- Revise Medicaid SBIRT payment policies to recognize SUD practitioners.
- Clarify Medicaid payment for allowable services, such as medication-assisted treatment (MAT) and psychiatry, for individuals receiving SUD residential treatment.
- Create Medicaid coverage for mental health peer support services.
- Develop and implement OhioMHAS certification and Medicaid coverage of Certified Community Behavioral Health Centers (CCBHC) or similar integrated, whole-person care delivery models, particularly for people with chronic mental illness and substance use disorders.
- Promote quality and adherence to nationally recognized standards of care and service delivery by requiring behavioral health national accreditation.

Crisis Services Development and Funding

- Approach planning and development of crisis services from a population health framework focused on person-centered care.
- Explore mechanisms for sustainable funding of services across the crisis continuum, including crisis call centers, mobile crisis teams, and crisis stabilization services.
- Develop a concept of 24-hour "firehouse capacity" for behavioral health crisis services.
- Issue guidance on expected coverage of behavioral health crisis services by all insurance plans operating in Ohio that cover medical emergency services.

Support and Expand Harm Reduction Services

- Expand access to life saving overdose reversal medication in all communities throughout Ohio.
- Clarify that fentanyl test strips and harm reduction kits are not considered drug paraphernalia for the purposes of law enforcement.
- Support syringe exchange programs, public health centers, and other harm reduction strategies to engage individuals and help motivate them to consider treatment.

Solution 4: Support Statewide Prevention Efforts

Investment in prevention and early intervention services remains critical to avoiding and delaying the harms caused and costs associated with the onset of mental health conditions and substance use disorders. Prevention services remain crucial for children and adolescents, but they are generally beneficial for all Ohioans across the lifespan and are needed now more than ever before as we address the lingering effects of the COVID-19 pandemic and related social and economic disruptions.

Recommended Action Steps:

Continue to Support Public Awareness and Anti-Stigma Campaigns

- Support robust public awareness campaigns on mental wellness and brain health to help reduce the stigma associated with mental health and substance use conditions.
- Develop resources and materials for all health professionals to address the importance of brain health and encourage strategies and practices for improvement.

Direct Funding for Prevention

- Provide a dedicated and stable funding source for prevention, consultation, early intervention, harm reduction, and treatment services in schools that allows for timely referrals to community treatment services**.**
- Redirect funding (i.e.Student Wellness and Success Funds) to mental health/SUD prevention services providers to ensure continuity of prevention programming using evidenced-based models.
- Develop and disseminate information for schools and community behavioral health provider organizations detailing available funding streams that can be used to support, sustain, and expand access to services in school settings.
- Increase school-based screening efforts to identify youth with mental health and substance abuse treatment needs and provide them with resources as required by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA).

Solution 5: Create Statewide Infrastructure for Integrated Care

Integrated care is a patient-centered, population health care model that involves the coordination of behavioral health and physical health services while also considering and addressing social determinants of health such as hunger, housing, and transportation. Evidence strongly suggests that individuals of all ages experiencing co-occurring behavioral health, physical health, and social determinants of health concerns have higher health care costs, poorer outcomes, and greater health disparities.[9]

The benefits of an integrated health care approach extend to patients, caregivers, providers, and the larger health care system. Integrated care requires structural changes that facilitate and leverage technology and staffing as well as process alignment that improves patients' experience of care, removes barriers to services, and focuses on improving overall health outcomes. Ideally, coordinated care enhances access to services, improves quality of care, and lowers overall health care costs.

Ohio has been slowly building capacity to offer comprehensive integrated behavioral health care for more than a decade. The SAMHSA Certified Community Behavioral Health Center (CCBHC) model establishes a community-based clinic design focused on a consistent and intentional range of mental health and substance use services integrated with physical healthcare that emphasize health, wellness, and recovery.[10] CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders (including a special focus on veterans and military members). CCBHCs must meet specific criteria related to available services, including 24/7 crisis services, screening and risk assessment, medication-assisted treatment (MAT), expanded care coordination, and peer and family supports. The CCHBC model also stresses access timelines, standard quality reporting, and maximal use of technology.

Beginning in 2020, 15 Ohio community behavioral health programs have been awarded SAMHSA CCBHC expansion grants. While Ohio's CCBHCs are at various stages of their two-year federal grant cycles, all 15 organizations have reported that they have been able to increase access to services by decreasing wait times; add new services such as primary care, MAT, peer support and crisis services; and implement care coordination. Furthermore, the CCBHC model has allowed these organizations to offer professional development opportunities for their staff, expand evidence-based services, and implement enhanced data measurement and monitoring to ensure quality services and improved outcomes.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Medicaid remain committed to developing a comprehensive integrated care delivery model and are exploring policy options and reimbursement models being used in Ohio and other states. This may include formalizing and implementing the Medicaid Behavioral Health Care Coordination (BHCC) as well as CCBHC. The BHCC model is a comprehensive care coordination program tailored for those with the most serious mental health and substance use conditions using a more traditional Medicaid payment model. Under CCBHC, OhioMHAS will be able to define state certification standards within the SAMHSA-established CCBHC framework and designed to meet the needs of Ohioans. Ohio can choose to include additional services, quality standards, or other metrics. The CCBHC model is financed using a cost-based prospective payment

[9] National Council for Mental Wellbeing. (2022, April). *The Comprehensive Healthcare Integration Framework*. https://www.thenationalcouncil.org/wp-content/uploads/2022/04/04.22.2022_MDI-CHI-Paper_Reduced.pdf

[10] Substance Abuse and Mental Health Services Administration. (2022, March 24). *Certified Community Behavioral Health Clinics (CCBHCs)*. Www.Samhsa.Gov. Retrieved June 30, 2022, from https://www.samhsa.gov/certified-community-behavioral-health-clinics

model that considers all payers with the understanding that services are delivered to all individuals regardless of their income or ability to pay. This reimbursement approach supports delivery of person-centered care prioritizing meeting individual need by considering anticipated costs for the established array of services and workforce to deliver care based on defined metrics. Using a cost-based prospective payment model offers Medicaid multiple pathways to construct reimbursement, consider daily or monthly encounter models, and flexibly design reimbursement to facilitate outcomes and support workforce recruitment and retention.

Recommended Action Steps:

Assess, Develop, and Implement the BHCC/CCBHC Model

- Leverage opportunities to develop and implement CCBHC through the recently passed federal Bipartisan Safer Communities Act.
- Conduct a landscape analysis to understand the components and needs of community behavioral health providers in the delivery of comprehensive integrated care models, including requirements of BHCC and CCBHC. This should include an analysis of the clinical, administrative, IT, quality improvement, workforce, and financial infrastructure necessary to support care coordination, population health management, and whole-person care.
- Develop policies to implement and fund a sustainable provider-led integrated care coordination model in behavioral health.
- Plan for statewide implementation of a comprehensive, coordinated, and person-centered approach to integrated care through BHCC and/or CCBHC by establishing an OhioMHAS certification with Medicaid financing using cost-based prospective payment opportunities.

Solution 6: Increase Positive Outcomes with Recovery Support

Treatment is only one component of a person's recovery journey. For people to not only get well but stay well, there must also be focused efforts on recovery and the provision of recovery support services. Like patients recovering from other chronic diseases and illnesses, people in mental health/SUD recovery need to monitor their health condition and maintain their progress. Evidence shows that recovery support services assist people in achieving and maintaining long-term recovery,[11, 12] prevent recurrence of symptoms, and decrease the costs of care. Expanding efforts to ensure that people have access to appropriate housing, vocational rehabilitation, employment supports, and transportation helps ensure that they can engage in treatment, recover, and contribute to Ohio's communities.

Addressing social determinants of health has positive impacts on brain health. Housing stability is key as it is nearly impossible for a person to enter and maintain recovery while experiencing homelessness. According to a 2022 study, more than two thirds of adults who were experiencing homelessness prior to receiving substance use disorder treatment remained homeless after they left treatment programs.[13] There are multiple barriers to housing, including a lack of available affordable housing stock, property owners' unwillingness to rent to people with criminal justice histories, and overall stigma in local communities.

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[11] Mahlke CI, Priebe S, Heumann K, Daubmann A, Wegscheider K, Bock T. *Effectiveness of one-to-one peer support for patients with severe mental illness - a randomized controlled trial*. Eur Psychiatry. 2017 May; 42:103-110. doi: 10.1016/j.eurpsy.2016.12.007. Epub 2016 Dec 28. PMID: 28364685.
[12] Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). *Peer recovery support for individuals with substance use disorders: Assessing the evidence*. Psychiatric Services, 65(7), 853-861.
[13] Lo, EA, TG Rhee, and RA Rosenheck (2022) *Housing Outcomes of Adults who were homeless at admission to substance use disorder treatment programs nationwide*. Psychiatric Services. 18 Jan 2022. https://doi.org/10.1176/appi.ps.202100430

Transportation and housing are inexorably linked. Nearly half of all residents of recovery housing do not have a driver's license,[14] and it can take years for a person to complete required steps to gain their license. Without access to affordable and reliable transportation, individuals early in their recovery are unable to get to appointments, seek employment, or access healthy and nutritious food.

Recommended Action Steps:

Increase Access to Housing in Healthy and Safe Communities

- Ensure a variety of housing options are available that allow people and families living with mental illness and addiction to have a true choice in where they live.
- Ensure that housing support is available to people who meet the U.S. Department of Housing and Urban Development's definition of homeless—as well as those who are at risk of homelessness—to allow people residing in treatment facilities to seamlessly transition to recovery housing.
- Encourage partnerships between recovery housing operators, affordable housing developers, and other project partners to increase knowledge and awareness of housing tax credit programs and how they can be leveraged to meet the housing needs of people with serious mental illnesses and substance use disorders.
- Create opportunities for people with criminal justice and poor credit histories to be able to rent their own residences after completing treatment or recovery housing programs.
- Address stigma against people with substance use disorders and mental illness with fact-based communications that demonstrate the value of supported housing and recovery housing to local communities.
- Clarify that people living in supported housing or recovery housing live in and use the home as any other family and that they should be treated as a family under local zoning and building code enforcement.
- Protect consumers by ensuring that housing meets recognized standards for quality.
- Explore options and opportunities to ensure that transition-aged youth can access safe, affordable, and supportive recovery housing or other appropriate housing options.
- Improve the quality and availability of adult care facilities and supported living options for individuals with serious mental illness.

Support Peer Services

- Expand programs that provide peer support services in and outside of clinical treatment settings, including recovery housing, jails, prisons, and other community settings.
- Invest in the peer support workforce through training, compensation, and benefits. Explore options for debt repayment, stipends for higher education, and other incentives to help attract and keep the peer support workforce.
- Create opportunities for peer navigator programs to connect and support individuals with serious mental illness in accessing needed care and services from jails, homeless shelters, and hospitals.
- Invest in specialized training and support for peer staff employed by recovery housing programs, including house managers and other peer support roles.

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[14] Ohio Recovery Housing. *Recovery Housing in Ohio: Analysis of Resident Survey Data*. March 2016-november 2021. https://www.ohiorecoveryhousing.org/_files/ugd/195f09_700c5f8846bf48f8a69d05b645648693.pdf

- Reward longevity and experience among peer supporters to ensure talented peer supporters stay in the field.

Help People Find and Keep Meaningful Employment

- Raise awareness of and direct resources to supported employment and vocational rehabilitation (VR) programs for people with mental health and substance use disorders in various settings.
- Increase the Opportunities for Ohioans with Disabilities (OOD) VR fee schedule to reflect the current costs associated with providing services and supports to Ohioans who need vocational rehabilitation services.
- Reduce the administrative burden from OOD on VR providers when seeking to engage clients and when seeking reimbursement.
- Provide education and support to employers to reduce stigma and help create recovery supportive workplaces for all Ohioans.
- Explore options to increase access to affordable, safe, and reliable transportation services for people seeking vocational rehabilitation services and employment opportunities.

Solution 7: Behavioral Health System Improvements

Due to the opioid epidemic, increasing mental health concerns, and lingering effects of the COVID-19 pandemic, policymakers and stakeholders have developed a renewed interest and focus on improving the public-private partnership between Ohio's county Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) boards and community behavioral health providers. While significant investment and efforts have been made recently, Ohio's community behavioral health system remains fragile, underdeveloped in key areas, and outdated and overregulated at the county level. It is important to understand that ADAMHS boards' primary responsibility is to plan for a full continuum of mental health and substance use services in their designated counties relying on a combination of federal, state, and local funds. ADAMHS boards *do not* deliver care. Rather, they contract with private providers to deliver the appropriate range of behavioral health services to meet the community's needs.

The behavioral health landscape has changed greatly in the past decade. Indeed, OhioMHAS-certified providers have completely overhauled their clinical and operational practices in response to state policy changes. Such changes include establishing a Medicaid fee schedule, elevating and centralizing Medicaid payments with the state, rescinding antiquated cost reporting requirements, implementing behavioral health redesign, and integrating the Medicaid benefit into managed care. ADAMHS board practices and expectations, on the other hand, have largely not evolved to reflect these significant enhancements. In fact, ADAMHS boards are no longer the predominate payer for most behavioral health provider organizations. A recent Ohio Council survey of community behavioral health providers found that:

- Providers contract with 20+ payer types (such as commercial insurance, Medicaid managed care organizations, state agencies, local governmental entities, philanthropic organizations, and more).
- 52% contract with multiple ADAMHS boards, making contract variations costly and inefficient.
- 71% of providers received 30% or less of their total funding from ADAMHS boards, and 52% receive less than 20% of total funding from ADAMH boards.

The Ohio Council recommends aligning the primary duties of the ADAMHS boards to prioritize the following:

- Community Planning: Widely engaging in a population health planning approach to make available a full continuum of care for mental health and SUD services and supports. This includes special considerations for adults and children with serious mental illness, people with chronic and acute addiction, individuals subject to involuntary court ordered treatment, or forensically involved individuals under NGRI or community release.
- Connecting: Providing resources and referral for all community members regardless of payer for mental health and SUD services and recovery supports inclusive of contracted and non-contacted entities across the full continuum.
- Convening: Building relationships with local entities, stakeholders, individuals with lived experience, and providers (contracted and non-contracted) to build collaboration and solutions to address identified needs/challenges or engage in proactive problem solving to prevent projected behavioral health concerns.
- Collaborative Funding: Engaging in mutually agreeable contracting to support implementation of the community plan and provide access to services within the continuum of care that are necessary to support community needs.

Until the ADAMHS boards modernize their business practices and core functions to reflect the current health care environment, Ohio's behavioral health system will not be as effective nor efficient in its efforts to address the mental health and substance use challenges of Ohio's communities.

Recognizing the evolving business and regulatory environment, OhioMHAS convened a Chapter 340 Review Stakeholder Workgroup earlier this year to consider each section of this code and identify areas in need of review, define specific challenges, and explore recommended solutions. This workgroup offers a transparent and public process to gather feedback and is expected to produce a summary report at the end of 2022 that describes challenges, potential solutions, and policy considerations for further examination by the Administration and General Assembly. It is in the spirt of participation in that process that we offer the recommended action steps below.

Recommended Action Steps:

Align ADAMHS Board Practice with Contemporary Business Practices

- Prioritize community planning activities that support and promote population health initiatives and a full continuum of care utilizing public and private resources in the community.
- Ensure sufficient services and recovery supports for people experiencing chronic and serious substance use and mental health conditions.
- Update duties and responsibilities to reflect the ADAMHS boards' role as a planning collaborator and funding partner that is more consistent with contracting requirements and relationships with other entities and payers.
- Clarify ADAMHS board monitoring and oversight functions and recognize the independence and responsibility of providers to manage their business portfolio and fiduciary duties.
- Develop a uniform, consistent, and statewide set of data and metrics to be collected and shared with appropriate interested parties.
- Develop a standard, model contract that defines the base business and regulatory requirements between ADAMHS Boards and providers to promote efficient use of resources with flexibility to collaboratively respond to local needs as defined in the community plan.