Disability Rights OHIO

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**Interested Party Testimony on House Bill 49**
*Senate Finance Health and Medicaid Subcommittee*

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Chairman Hackett, Vice Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, thank you for the opportunity to submit this written testimony as an interested party in consideration of Substitute House Bill 49, Ohio's 2018-19 biennial budget. As the federally authorized and state-designated system to protect the rights of Ohioans with disabilities, Disability Rights Ohio (DRO) brings a unique perspective to the issues presented by this bill.

## BACKGROUND

Our work on behalf of Ohioans with mental illness is influenced by our Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council. The council comprises individuals who have received mental health services, family members, mental health professionals, attorneys, and other members who have experience in and around Ohio's mental health system. Council members continually encourage DRO staff to advocate for increased access to effective community-based mental health services as an alternative to institutional-based care.

This advocacy for integrated and community based treatment options also finds strong support in the law. States are required by Title II of the Americans with Disabilities Act and federal regulations to design their systems to provide services in the most integrated setting appropriate to the needs of the person with a disability.[1] While in some cases this may require inpatient treatment, research supports that follow up care and other needed services, including housing and employment support, can readily be provided in a homelike setting.

This testimony will address a proposal in House Bill 49 that substantially increases funding for large congregate institutions instead of evidence-based care in the community: a $12 million earmark for six "mental health crisis stabilization centers" as part of the Continuum of Care Services line item. [Line 134870-134900]

[1] 42 U.S.C. § 12132; 28 C.F.R. 35.130(d) More at https://www.ada.gov/olmstead/olmstead_ta.htm (last viewed May 10, 2017)

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This budget proposal does not occur in a vacuum. In addition to the facilities being proposed in the bill, Ohio is seeing significant change and growth in the number of inpatient psychiatric beds available for acute care. As reported in the Columbus Dispatch,[2] the Franklin County area is set to almost triple the number of inpatient beds available, including a new 144 bed facility. Additionally, changes to restrictions on Medicaid funding for "IMDs" will allow those between 18 to 65 participating in managed care to have Medicaid pay for inpatient psychiatric services. No one should languish in an emergency room or jail while waiting for needed care, but these proposals do little to address the broader after care issues that plague the system. Even proponents of these changes acknowledge, however, that without follow up care in the community these individuals are less likely to succeed in their recovery.

## EVIDENCE-BASED COMMUNITY SERVICES

The $12 million earmark gives little information about these stabilization centers beyond their regional locations and the basic requirements of admissions, but it appears that they are intended to be replicas of the planned Adam-Amanda Mental Health Rehabilitation Center in Athens, Ohio.[3] It is unclear how Ohio has determined that these facilities are necessary and effective for individual with mental illness, instead of evidence-based community services such as Assertive Community Treatment (ACT) teams.[4] ACT provides for focused case management, bringing services to the client, and in jurisdictions where properly implemented has significantly reduced recidivism in hospitalization for people with significant mental illness. ACT teams provide the intensive support that some individuals need, but these services are not available in all areas of the state or to all individuals who need them.

Moreover, once outside of a hospital environment, best practices dictate that a recovery model be used, allowing the person to build a support system that encourages them to "heal, grow, and recover."[5] The Recovery model includes individual mentoring, peer

[2] http://www.dispatch.com/news/20170508/new-mental-health-facility-in-columbus-helps-but-more-needed-advocates-say (viewed 5/10/2017)
[3] See "Nation's First Mental Health 'Step-Down' Center Coming to Ohio," available at http://radio.wosu.org/post/nations-first-mental-health-step-down-center-coming-ohio

[4] See Center for Evidence-Based Practices, Case Western Reserve University, Assertive Community Treatment, http://www.centerforebp.case.edu/practices/act

[5] https://www.mentalhealth.gov/talk/people-with-mental-health-problems/index.html,

support, participation in treatment decisions, and identifying goals for recovery, such as obtaining permanent housing and employment or education.[6]

Ohioans with mental illness prefer to receive services in community settings that support integration with their families, workplaces, schools, and social lives. As the General Assembly considers how to allocate Ohio's limited resources, Disability Rights Ohio encourages members to robustly review increases in funding for institutional care at the expense of community-based services.

## IMPLEMENTATION

The current bill also lacks information about the implementation of the $12 million earmark for these facilities. The current version of the bill does not specify how these facilities will be licensed, certified, or otherwise overseen. As the designated protection and advocacy system for Ohioans with disabilities, DRO investigates complaints from individuals who have been abused or neglected in facilities and reviews major unusual incidents in both the I/DD and mental health systems. Unfortunately, these investigations have shown the potential for facilities to perpetrate abuse, neglect, and rights violations against their vulnerable residents. If these facilities are established, and as the number of inpatient beds grows, providers must be held to rigorous licensing and oversight standards to ensure the health and safety of the residents. At a minimum, the bill should require the facilities to be licensed by the Ohio Department of Mental Health and Addiction Services, which should have the authority to issue regulations for the facilities, in addition to any oversight by the Ohio Department of Medicaid and Ohio Department of Health related to the facilities' Medicaid provider status.

Thank you for the opportunity to provide this interested party testimony. We urge you to carefully weigh all funding decisions that prioritize institutional care over effective evidence-based care in the community that is preferred by Ohioans in need of mental health services. If you have any questions or want to discuss this matter further, please contact me at your convenience.

[6] http://mha.ohio.gov/Default.aspx?tabid=204 (last accessed 5-10-2017)