



**Director Tracy J. Plouck**

**Testimony before the Senate Finance Subcommittee on Health and Medicaid  
Ohio Department of Mental Health and Addiction Services FY 18-19 Budget  
May 4, 2017**

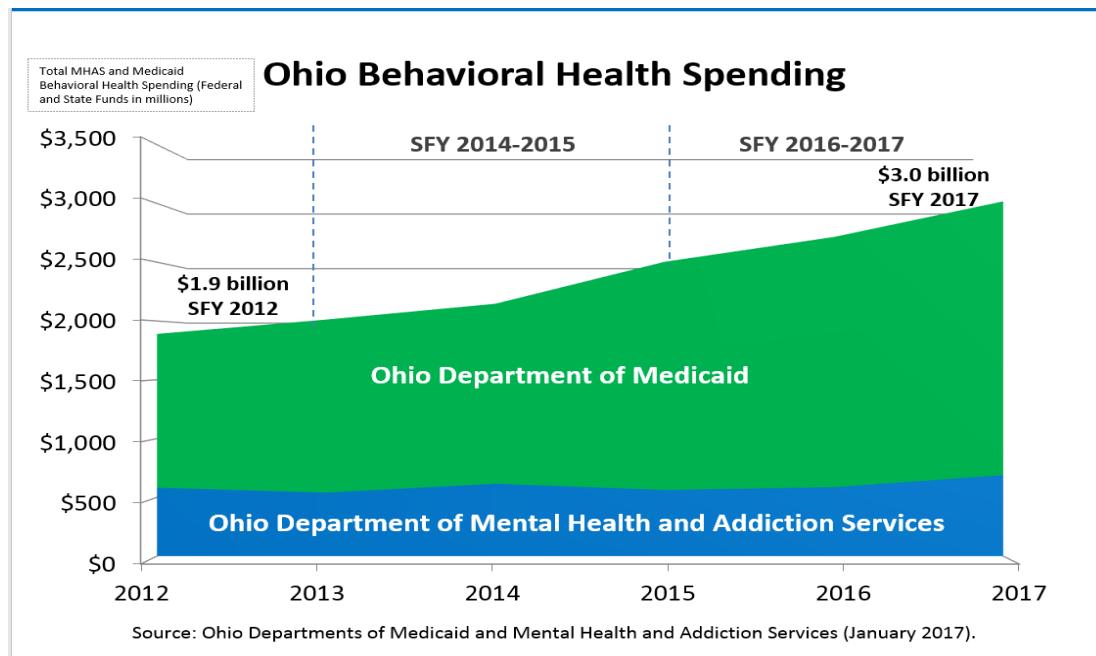
Good afternoon Chairman Hackett, Vice Chair Tavares and members of the Senate Finance Subcommittee on Health and Medicaid. I'm Tracy Plouck, Director of the Ohio Department of Mental Health and Addiction Services(OhioMHAS). I appreciate the opportunity to provide an overview of the Executive Budget recommendations for the Department.

The mission of our department is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans. The Department assists in the financing and delivery of treatment and prevention services for more than 2.5 million Ohioans each year; allocates funds to local partners; leads policy and regulatory oversight; and promotes outreach on key issues. It has been a busy year for us. With a multitude of partners, our agency continues to address very serious challenges within our state: drug addiction; serious mental illness; the physical and mental effects of trauma; depression and suicide risk; access to timely and coordinated care for both children and adults; specific service challenges for Ohioans involved in the criminal justice system; and the continued impact of stigma on these issues.

Mental health and addiction services are supported at the local level through 51 Alcohol, Drug Addiction, and Mental Health Boards and approximately 600 provider agencies providing prevention, treatment, and recovery support services. The Executive Budget supports the continued allocation of more than \$72 million via the ADAMH boards each year, to be used to meet locally determined needs. A few examples of board-funded priorities include, but are not limited to: housing for individuals with serious and persistent mental illness, primary prevention services in local schools, targeted supports for youth with serious emotional disorders, planning and collaboration with local prevention and re-entry coalitions, and local justice initiatives. Local boards serving areas especially hard hit by the opioid crisis will receive additional federal funds, this year, through the 21st Century Cures Act.

Our agency is committed to partnering to embed much needed behavioral health resources in programs serving high risk individuals. I will highlight some of our cross-agency partnerships for you today, but there are many others that have neutral budget implications. For example, we provide trauma informed care consultation to Ohio's Veterans Homes, which are administered by the Department of Veterans Services. This partnership helps to ensure that staff understand how to link veterans and their families to behavioral health services, and how to address barriers veterans may experience through a trauma informed lens. I feel that these relatively low-cost, high impact approaches to challenges facing Ohio's behavioral health care system are an important part of the work we do at OhioMHAS.

Ohio Medicaid is a key state agency partner in funding Ohio's behavioral health efforts. You can see in this chart that Medicaid represents a significant portion of investment in Ohio's behavioral health system.

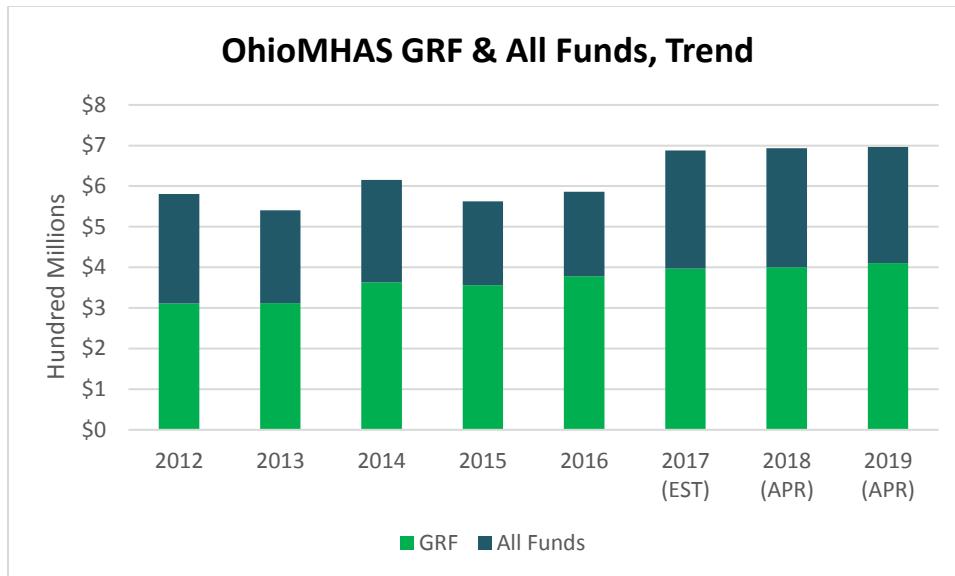


Specifically, Ohio's Medicaid Expansion has allowed more than 500,000 Ohioans to establish and maintain access to mental health and addiction services. This expansion of access to behavioral health services also translates to job creation in the fields of mental health and substance use disorders. For example, one treatment center I recently visited in Scioto County reported adding 67 jobs to their operations resulting from the Medicaid expansion. Continued Medicaid health care coverage is imperative for thousands of Ohioans with addiction disorders and mental illness so that they can access treatment.

### **Protecting Key Priorities**

Today, I will highlight some of our department's key priorities and our strategies for supporting those priorities. You will hear about how we are continuing the complicated but important work of combating drug addiction in Ohio, including investments in drug treatment partnerships with the Ohio Department of Rehabilitation and Correction and local court systems. I'll talk about how this budget aligns with estimated spending for these justice programs, while maintaining, and in some cases expanding, current service levels for justice-involved individuals and their families. You will hear about how we are working to ensure access to a complete and quality continuum of care for people with mental illness. This includes maintaining critical capacity in our state psychiatric hospital system. I will also outline our up-stream efforts to promote mental health and wellness and to support addiction prevention across the state.

The work we have before us is not without its challenges, but thanks to the significant past investments of the General Assembly and the Kasich Administration, we are well positioned to meet those challenges head on. Through conservative budgeting the administration is preparing to mitigate any potential economic declines. In seeking to both protect our key priorities and use General Revenue Funds (GRF) as judiciously as possible, OhioMHAS is using an expanded "all funds" approach to budgeting in the next biennium.



Leveraging use of unobligated cash in specific non-GRF funds will enable us to reduce to some extent in FY 18 our reliance on the General Revenue Fund. This will allow us to maintain key mental health and addiction-related investments made by the Administration over the past six years, even as we anticipate a slight reduction in GRF during the first year of the biennium. Specifically, \$1.0 million for Criminal Justice Services, \$1.5 million for Recovery Housing, and \$3.4 million for Community Innovations is being shifted to non-GRF funding in fiscal year 2018 only.

### **Combating Addiction**

To effectively address the full range of substance use challenges within communities, Ohio is building recovery oriented systems of care (ROSC), which are intended to provide a full continuum of care including prevention, early intervention, treatment, continuing care and recovery. This approach embraces a comprehensive, community-wide commitment to wellness as it relates to both mental health and addiction.

Earlier this week I traveled to southern Ohio, where I met a gentleman named Joe who is in recovery from opiate addiction. His story illustrates the importance of a strong recovery oriented system of care. Joe explained that for him, treatment for his addiction was just one part of his journey to recovery. There were many other factors, including treatment for his physical health concerns, connection to a strong local recovery community, and engaging in meaningful employment that helps to support his continued success. For Joe, entering treatment for addiction led to self-discovery and he was then motivated to improve many aspects of his life. The support of other people in recovery, including some caring treatment professionals, has made a huge difference for him and his path.

The Kasich Administration has helped communities throughout Ohio establish and enhance a wide variety of interventions related to the opiate epidemic. All told, the Executive Branch has, with support from the Ohio General Assembly, invested more than \$939 million toward drug abuse prevention, treatment, recovery supports, life saving measures and interdiction in FY 16 alone. The Executive Budget continues that commitment and I will highlight some key areas of investment in just a moment. I would also like to recognize the work of the General Assembly which, with the leadership of Senator Eklund and Representative Sprague, recently passed SB 319. Among other important reforms, this bill strengthened requirements for local communities to provide complete continuums of care for substance use disorders. In addition to our substantial state and local level commitments to combating drug addiction, OhioMHAS is seeking to capitalize on federal funding made possible via the 21<sup>st</sup> Century Cures Act, which was signed into law in December 2016. Ohio has been awarded \$26 million for this year and will approach Controlling Board for spending authority later this month

With respect to the Executive Budget, I would like to highlight the following items related to addiction:

## **Substance Use Prevention**

The recently released Ohio Joint Study Committee on Drug Use Prevention and Education, sponsored by Ohio Attorney General Mike DeWine, Senate President Larry Obhof, and House Speaker Cliff Rosenberger, emphasized the importance of going upstream in the fight against opiates in Ohio. I would like to thank the Attorney General, Senate President and House Speaker for their recommendations on prevention. Prevention is key to stopping the initiation of further addiction in our state. OhioMHAS continues to support the development of a modern prevention infrastructure focused on integrated, comprehensive, and evidence-based prevention services. The department provides training and technical assistance to communities, support of resiliency in youth and families, and promotion of healthy lifestyle choices for all Ohioans. The Administration's FY 18/19 budget continues appropriation at current levels. Specific substance use prevention-related uses for this funding include \$500,000 for evidence based practices in schools and \$1.5 million for evidence based practices in the community. Local ADAMH boards will continue to receive an allocation of \$868,659. In addition, approximately \$5 million in each year of the 21<sup>st</sup> Century Cures Act funding will be dedicated to substance use prevention efforts.

## **Access to Medication-Assisted Treatment**

Medication-assisted treatment (MAT) is treatment for addiction that includes the use of medication along with counseling and other supports. Research has shown that the rates of relapse are lower with an MAT approach, and the likelihood of sustained recovery is improved. There are different types of MAT, and the specific approach for an individual is unique to their situation. OhioMHAS is working to make various forms of MAT more readily available in Ohio's communities – we need access to both educated, responsible prescribers who want to be part of the solution and behavioral health clinical professionals who provide the related therapy and services. I want to spend a few moments talking about barriers to access and what we are doing about it.

In the past year we have examined challenges to access and realized that some longstanding state policies were presenting barriers. For example: some people travel hours on a daily basis to get a dose of methadone, a well-recognized and proven method of medication-assisted treatment. Methadone is a highly-regulated substance, and as a result, new providers have difficulty entering the market. In an effort to allow new methadone providers to open in an era when additional treatment capacity is needed, Senate Bill 319, which I referenced earlier, also eliminated the current statutory requirement that a provider be certified in Ohio for two years prior to becoming a methadone provider and lifted the ban on for-profit methadone clinics. These changes will allow new operations with quality track records in other states to open for business in Ohio, increasing the availability of treatment options while ensuring new providers are under state regulatory control.

In many areas, basic lack of behavioral health workforce is a challenge. Using a portion of the forthcoming 21<sup>st</sup> Century Cures Act resources, we are going to tackle this challenge in a variety of ways. Attached to my testimony is a fact sheet that summarizes key initiatives that will be underway throughout the FY 18/19 biennium. In the interest of time, I won't elaborate on any of those initiatives at this moment but will be happy to address any specific questions that you have.

## **Justice-Involved Ohioans**

When a person is struggling with addiction, obtaining drugs can become more important than anything else. In many cases, this leads to criminal activity and interaction with the justice system. For some people, an arrest or incarceration provides a moment of clarity where access to treatment, if available, may be embraced by that individual. We want to make sure that the collaboration between criminal justice and treatment and recovery is strong so that we can effectively intervene with as many people as possible.

- **County Jail Partnerships:** Working with ADAMH boards and county jails, we have been able to fund additional diversion programs, mental health and addiction services in the jail, and linkage to services in the community upon release. This area of focus is consistent with the national Stepping Up initiative, which encourages counties to focus on how individuals with serious mental illness and co-occurring substance use disorders can be more effectively connected with treatment and recovery supports, thereby reducing time in jail and rates of recidivism. In the current biennium, OhioMHAS is using \$3 million/year to fund 22 programs in 35 counties. The Executive Budget proposal increases this commitment to \$4 million/year, which will enable us to fund interventions in more of Ohio's counties. I want to note that I truly appreciate the partnership of both OACBHA and the Buckeye State Sheriffs Association in this effort.

- **Specialized Docket Programs:** Ohio is fortunate to have more than 200 certified specialized dockets, including but not limited to drug courts, veterans' courts, mental health courts and family dependency courts. These courts are intended to connect non-violent offenders with the types of community support that they need to remain in the community rather than serve a sentence in prison or jail. Because many docket enrollees are living with mental illness and/or are in early recovery from addiction, our department has a number of investments which help to support these courts:
  - **Specialized Dockets Payroll Subsidy:** During the current biennium, a total of 136 certified dockets received funding; the average award amount was \$36,900. Because of these resources, new specialized dockets were created and other programs were able to increase the number of participants served. Based on feedback from courts, in the SFY 18/19 biennium OhioMHAS will broaden the allowable uses of this resource. Funding will no longer be limited strictly to payroll expenses; rather, courts will now be able to direct the funding to the area of greatest need, including drug testing, recovery supports, and treatment services.
  - **Addiction Treatment Program:** The Addiction Treatment Program (ATP) was legislatively established in the 2016/2017 State Budget and \$11 million was appropriated. Since its inception, 21 specialty-docket drug courts have served over 670 individuals. OhioMHAS anticipates being able to expand this program to more counties in the coming biennium. We found that in the first round of grants, grantees did not expend all funding awarded to them. In the coming round of grants, OhioMHAS plans to expand the program to more eligible grantees, and leverage Medicaid expansion to serve more individuals. These adjustments will allow us to provide ATP to more of Ohio's communities.
- **Treatment in Prison:** In the previous biennial budget we made a significant investment in launching a partnership with the Ohio Department of Rehabilitation and Correction, which allowed OhioMHAS to assume responsibility for provision of recovery support services in Ohio's prisons. This partnership approximately increased by 50% the number of clinical professionals providing addiction treatment to Ohio prison inmates. We believe this is an important step in breaking the cycle of recidivism, and are pleased to be able to continue support for this program in the SFY 18/19 budget.
- **Treatment and Recovery Supports After Prison:** Another key partnership with DRC created in the last biennium is the establishment of the Community Transition Program (CTP). Through a contract awarded to CareSource through an RFP process, this program offers individuals who have received addiction treatment in prison a transitional benefit for drug and alcohol treatment and assistance with recovery support services such as housing, transportation, work and education upon their release. The goal is to help individuals avoid relapse upon release, which obviously is a stressful time of transition. This program is currently in its first year of full implementation and will be continued for SFYs 18/19.

### **Recovery Housing**

Recovery housing provides a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Residents benefit from peer support and accountability, and gain valuable relapse prevention and employment skills training as they transition to living independently and productively in the community. Because of the significant commitment of the Governor and the General Assembly over the past four years, Ohio is a national leader in its support for recovery housing. Between July 2015 and March 2017, OhioMHAS has supported the development of capacity to serve an additional 921 Ohioans in recovery housing at any given time. I'm pleased to say that the Executive Budget continues this important investment at FY 16/17 levels of \$2.5 million/year.

### **Access to Life Saving Measures**

Despite the numerous interventions that I have noted – and many more – Ohioans are dying of overdose at alarming rates. In 2015, the most recent year for which data are available, we know that 3,050 Ohioans died of unintentional overdose, and 84% of those tragedies were opiate-related. Each of those people were sons, daughters, friends. Many of them were parents who left children behind.

We are committed to working with communities to help save lives, both through prevention and treatment, and also through the use of lifesaving measures. Naloxone (and a similar product known as Narcan) is a medication that can reverse an overdose caused by an opioid drug (heroin or prescription pain medications). When administered during an overdose, naloxone blocks the effects of opioids on the brain and quickly restores breathing. Our department committed up to \$500,000/year in the current biennium for distribution to first responders via county health departments. This investment alone resulted in 2,300 saves in 2016. Naloxone was administered many other times, by emergency departments, family members and others. Were it not for access to these measures, Ohio's unintentional overdose deaths certainly would have been much higher.

The recently passed Senate Bill 319 further expanded access to this life saving drug by allowing facilities that regularly interact with high-risk individuals to have onsite access to naloxone. Facilities that will benefit from this measure include homeless shelters, halfway houses, schools and treatment centers. The Administration's SFY 18/19 budget commits an additional \$250,000 over our significant previous investment in ensuring access to Naloxone for first responders.

### **Examples of Community Leadership**

If Governor Kasich were standing here, he would emphasize that while we have one of the nation's most aggressive and comprehensive state strategies in place for fighting this scourge, the fight against opiates in Ohio will be won through local leadership and initiative.

I want to take a moment and recognize all outstanding, dedicated and innovative local partners who are working daily through community coalitions to stem the tide of addiction. Some excellent, real-time and actionable examples are highlighted in the Governor's Action Guide to Address Opioid Abuse, along with a list of potential strategies and resources to help local communities form their own coalitions and join the fight. This updated toolkit is on track to be issued later this spring. We will make sure that each member of this committee receives a copy.

### **Supporting Ohioans with Mental Illness**

I began my testimony with addiction because it has been an articulated priority of the Speaker for this legislative session; however, I want to emphasize that our department also works daily to support an equally important priority: mental health.

As is the case with addictive disorders, there are a spectrum of services and supports available, including mental health promotion, early intervention, treatment at various levels of intensity, recovery supports and strategies to prevent incidences of suicide.

### **Continuing operations at all state psychiatric hospitals**

OhioMHAS provides high quality inpatient mental health care at our six regional psychiatric hospitals. Each site is accredited by the Joint Commission and works effectively with other organizations in the local treatment continuum. While we serve patients with insurance, our primary niche is the provision of clinical care to people who are uninsured, justice involved, or treatment refractory. Civil (or voluntary) patients with acute needs make up about 31 percent of those in treatment with an average length of stay of 10.6 days. The remaining 69 percent of our patients are "forensic," meaning under the jurisdiction of the civil or criminal courts. They may stay months or even years based on their charges and the direction of the court.

Our hospitals are very busy, and, in the past couple of years, we are typically at more than 95% occupancy. Collaborative partnerships with ADAMH boards, community treatment providers and housing operators are key to ensuring timely admissions and discharges as a person needs services, achieves stabilization, and returns to the community. The Executive Budget proposes to maintain our current 1,081 bed capacity at existing staff levels.

### **Hospital to Community Transition Services**

Transition services for patients at the point of hospital discharge are important to ensuring that the patient remains stable while they are being connected to services and supports in the community. Access Success is an OhioMHAS program that provides one-time, short-term resources that can support a patient at discharge from a state-run psychiatric hospital. These funds are often used to meet the needs of the individual for suitable housing, food, clothing, furnishings and other basic items, allowing for a smooth transition back into his or her community. Year to date in SFY 17, we've helped 171 patients with Access Success services.

In some cases, individuals are ready to be discharged from the psychiatric hospital, but are in need of on-going treatment and supervised living in order to avoid re-hospitalization. OhioMHAS partnered with NAMI Ohio and the Athens/Hocking/Vinton 317 board to fund a “step down” facility in Athens for patients leaving Appalachian Behavioral Healthcare or other psychiatric hospitals. The Adam/Amanda center is named after Adam Knapp and Amanda Baker, two young adults who struggled with mental illness and eventually took their own lives. The center’s services will include: crisis intervention, transportation, linkages to primary medical care, assistance with daily living skills, meals, family integration into treatment, and discharge planning with linkages to community mental health resources and housing.

### **Community Based Treatment**

Largely unmentioned in the Executive Budget document but very much present in our day-to-day work is the ongoing Medicaid redesign of community behavioral health services. As Director Moody explained before Full Finance on February 8<sup>th</sup>, the redesign was authorized in the FY 16/17 budget and we have been working toward several key milestones: adoption of newly defined services and reimbursement codes in July 2017 and the transition to Medicaid managed care in January 2018. Numerous implementation readiness activities are underway, and the Executive Budget contains Medicaid projections of additional investment to support redesign.

As is the case with addiction services, the capacity to treat individuals with mental illness is challenged by workforce shortages. This challenge is not unique to Ohio, but I can tell you that our ongoing redesign efforts have increased conversation on this matter. The Executive Budget contains a total of \$3.45 million to support workforce initiatives, including: support for residency programs in psychiatry; tuition loan repayment partnerships with providers in underserved areas to help recruit and retain highly qualified clinical staff; and support to fund supervision hours within community agencies so that our providers are not experiencing financial loss due to oversight of a staff member who is progressing toward clinical licensure. We will focus these resources in areas where our workforce shortages are most acute. Used in tandem with the Cures Act funding for workforce that I described earlier, we anticipate making significant progress toward increased capacity in the next two years.

### **Strong Families, Safe Communities**

In 2013, OhioMHAS partnered with the Ohio Department of Developmental Disabilities to support families with children in crisis who present a risk to themselves, their families or others because of a serious emotional disorder or a developmental disability. The Strong Families, Safe Communities project engages local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for these families. Many children who are at risk are not engaged in treatment programs and may not be known to the community until a crisis unfolds. Care coordination and crisis intervention services can quickly stabilize a child’s health. The Executive Budget continues this partnership and, using the All Funds approach, adds \$1 million/year for this purpose (from \$3 million to \$4 million.)

### **Housing – A Key Recovery Support**

It is extremely difficult to focus on your recovery and wellness if you are homeless or lack access to stable housing. In the past six years, the Kasich Administration has, with the support of the General Assembly, made some important strides as it relates to housing for individuals with serious and persistent mental illness:

- **Residential State Supplement:** The Residential State Supplement program provides a monthly cash supplement to assist low income adults who have a disability and/or are over age 60 and who require a protective level of care. Currently 89% of enrollees have a mental illness or substance use disorder, 29% have a physical disability, 3% have an intellectual disability, and 9% are over age sixty. Our department took over the administration of this program, as well as the regulatory oversight of licensed Adult Care Facilities, in the FY 16/17 budget. Governor Kasich and the General Assembly then doubled the investment in this program, from \$7.5 million per year to \$15 million in each year. In turn, we increased program enrollment from 1,250 individuals to 2,262 individuals and have recently developed a waiting list. To ensure that program resources are being maximized, we have also added language in the budget bill to increase program flexibility by adding the ability to change enrollment requirements as the number of applications fluctuates.

- **Recovery Requires a Community:** Recovery Requires a Community helps individuals diagnosed with mental health or substance use disorders by providing financial assistance for people who desire to move from nursing facilities to sustainable community living settings. This OhioMHAS program provides resources directly to individuals to help offset the expense of living in integrated community-based settings with supportive services. Since the program's inception, 682 people have transitioned with the assistance of Recovery Requires a Community, of whom 125 transitioned during SFY17.
- **Capital budget support for community options:** Although my testimony focuses on the operating budget, I want to thank you for your ongoing support of our community capital program, which helps us to work with local ADAMH boards to establish – and renovate – housing options for people who are served in our system. This investment in local capacity helps to meet critical housing needs in our communities.

## **Suicide Prevention**

Suicide is a major public health issue. On average, Ohio loses between 1,200-1,500 people annually to suicide. While the state's suicide rate dropped last year to its lowest point in more than a decade, it still accounted for 10.8 deaths per 100,000 people. The Centers for Disease Control and Prevention report that more than 41,000 people died by suicide nationally. Suicide now ranks as the second leading cause of death among Americans aged 10 to 34. Ohio is working to reduce the number of suicides through a plan with the following components:

- **Workforce development** – OhioMHAS has partnered with the Suicide Prevention Resource Center to provide intensive training directed toward clinicians working with individuals at risk. Between April 2016 and February 2017, this partnership provided Zero Suicide Academies™ (a nationally recognized model) in six areas of the state to train more than 300 counselors.
- **Support for current crisis hotlines and addition of statewide text option** – In 2018 and 2019 OhioMHAS will continue to support Ohio's existing crisis hotline services, and identify and bridge any gaps where access to 24/7 emotional support and information is not available. Most recently we worked with Ohio's ADAMH boards to launch a statewide crisis text line on multiple mobile platforms using the keyword "4HOPE" to 741-741. Between 2013 and 2016 the Crisis Text Line engaged in 33,466 conversations with 15,456 texters. These interactions resulted in 243 active rescues. In SFY 2017, OhioMHAS will support additional training for staff working for crisis lines, behavioral health hotlines, or 211 lines and identify steps to increase adequate and professional crisis line coverage for all 88 counties. Outcomes from the trainings will be used in SFY 2018 to develop plans to ensure persons in all counties have access to 24/7 crisis lines that are operated by qualified staff.
- **Resources for Survivors** – When individuals do take their own lives there is a severe ripple effect in the lives surrounding that person. We support statewide infrastructure and capacity for Local Outreach to Suicide Survivors (LOSS) Teams. LOSS Teams provide immediate support and assistance to family members, friends, classmates, or co-workers of a person who completed suicide. A clear message of hope and the variety of resources available in a community are imperative at a time of tragedy.

## **Early Childhood Mental Health Consultation**

Pre-school and kindergarten expulsion rates exceed the expulsion rates for high school students. School expulsions in early years can have significant and lasting negative impacts on children and their life trajectory. Often the root causes of an expulsion are never addressed. To reduce the number of expulsions, improve the skills of teachers working with young students, and address mental health issues experienced by young children, OhioMHAS, in partnership with the Ohio Department of Education, launched The Whole Child Matters program. This program positions early childhood mental health professionals statewide to provide rapid response to early learning settings when parents, teachers or program directors have a need for help to stabilize a student's emotional behavioral adjustment. Specifically, the Whole Child program embeds 70 credentialed professionals, known as Early Childhood Mental Health Consultants, in 12 state regions to provide on-site consultation in early learning settings and targeted schools. In addition to consultation services, this program provides training to early learning professionals.

Recently, an Early Childhood Mental Health Consultant in Southwest Ohio received a referral for a five-year-old named "AJ" who had been diagnosed with autism and had been aggressive with his teacher in the previous two weeks. AJ was identified as "at-risk" for expulsion for hitting his teacher and other students. The ECMH Consultant met with AJ's mother, the program director and the teacher to do an assessment and develop an action plan. The consultant was able to educate the key adults in AJ's life on his specific sensory issues and work with them to develop a behavior modification plan. AJ's teacher also became more aware of possible triggers that impacted his behavior and was equipped with de-escalation strategies. By actively working with the recommended action plan AJ has not had any incidents of aggression for 6 weeks since being referred for ECMH consultation services.

The total annual state investment towards this work is \$5 million, with OhioMHAS funding \$2.5 million.

### **Trauma Informed Practices**

Finally, I would like to mention that our department seeks to be a resource for behavioral health professionals, as well as families and citizens seeking behavioral health services and information. OhioMHAS promotes the use of the best and most up-to date treatment models possible. We have been heavily involved in promoting a particularly compelling evidence based approach to treatment – Trauma Informed Care. Trauma is more than just experiencing an immediate feeling of fear or of being "shaken" by an experience. It is a powerful, long-lasting negative reaction in an individual's body and brain when he or she perceives that an experience or series of events is overwhelming or life-threatening. Trauma is so powerful that it can negatively affect people mentally, physically, socially, emotionally and/or spiritually over a long period, sometimes a lifetime. The Ohio Departments of Mental Health and Addiction Services and Developmental Disabilities collaborate on a statewide Trauma-Informed Care Initiative intended to promote a greater sense of safety, security and equality among individuals involved in these systems. This is just one example of how we are continuing to support behavioral health professionals in the field as they strive to provide high quality care to Ohioans.

Thank you very much for your time and attention today. I appreciate your partnership and the interest that you have all shown in the work that we are doing at the Ohio Department of Mental Health and Addiction Services.