Ohio’s community behavioral health system is in the midst of change. Demand for local mental health and addiction services continues to increase. Local Alcohol, Drug Addiction, and Mental Health Boards are transitioning their local service systems into Recovery-Oriented Systems of Care. The Medicaid program is changing how services will be paid for and preparing for a transition to a managed care environment. Hospital emergency rooms and emergency response networks are responding to an increasing number of overdoses and mental health crises. Local law enforcement and the judicial system are struggling to meet the needs of clients, while jails and prisons are becoming de facto crisis and detoxification centers for individuals involved in the criminal justice system. The increasing pressure on the system has made it clear that a gap exists where clients need immediate access to crisis and detoxification services.

Oftentimes crisis and detoxification services serve as the front door for individuals entering mental health and addiction treatment. Mental illness and addiction are complex, chronic illnesses that impact individuals, families, and entire communities. It’s imperative that when an individual is ready and willing to seek help, the help is readily accessible and available. Increasing access to mental health crisis services will provide some relief for individuals in the midst of a mental health crisis as they won’t be forced to languish in an emergency room or jail while waiting for an appropriate placement. Increasing access to detoxification services will relieve pressure on emergency rooms, jails, and other community settings where individuals present following an overdose. This will also help to decrease the wait lists and allow clients to be immediately engaged in service when they ask for help. The effectiveness of detoxification, withdrawal management, and treatment services increases dramatically when an individual is engaged and ready for help.

Detoxification is often the first step for an individual seeking addiction treatment, but in order to help someone successfully enter recovery, detoxification services must be immediately followed by continuing access to withdrawal management services to help the individual navigate the early stages of recovery. The same can be said of crisis stabilization services. To effectively help an individual with mental illness sustain their recovery, they need coordinated access to treatment services and recovery supports following the crisis.

Today’s community mental health and addiction system is striving to meet the growing demand for treatment for mental illness and addiction. However, the demand has outpaced the supply. Ohio’s hospitals, jails, prisons, schools, businesses, and other human service settings are experiencing the strain of an overburdened treatment and recovery system. Every sector of society is impacted by mental illness and addiction and an increasing number of individuals and families are coming forward requesting help. As this demand continues to surge, it will continue to be necessary for communities to ensure the existence of a full scope of care within the local Recovery-Oriented System of Care, including adequate access to crisis stabilization services as well as detoxification and withdrawal management services.

“All too often we’ve seen what happens if severe problems are ignored—people can sometimes hurt themselves or someone else. By making it easier to get in front of problems before they boil over, it can mean the difference between despair and hope.”
~ Ohio Governor John R. Kasich

Financing Crisis and Detoxification Services

Appropriately and adequately financed crisis and detoxification services require a mix of payers. Medicaid and other private insurance will pay for discrete crisis and detoxification services provided when an individual is present and receiving the service, but they will not pay for the “firehouse model” that ensures that the services are open and accessible 24 hours a day, 7 days a week. Additional resources are needed to sustain operations in the community to ensure that crisis and detoxification services are available when clients and families need to access them.
Understanding Crisis Services

According to the Substance Use and Mental Health Services Administration (SAMHSA):

Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. Core crisis services include: 23-hour crisis stabilization/observation beds, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services.

The research base on the effectiveness of crisis services is growing. There is evidence that crisis stabilization, community-based residential crisis care, and mobile crisis services can divert individuals from unnecessary hospitalizations and ensure the least restrictive treatment option is available to people experiencing behavioral health crises. Additionally, a continuum of crisis services can assist in reducing costs for psychiatric hospitalization, without negatively impacting clinical outcomes.

Defining Detoxification Services

The Substance Use and Mental Health Services Administration (SAMHSA) defines detoxification as follows:

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances.

The American Society of Addiction Medicine describes the medical management of withdrawal (detoxification) as the achievement of a state free of alcohol and other addicting drugs. Withdrawal management (detoxification) may be accomplished on an inpatient or outpatient basis, and with or without the use of psychoactive drugs, depending on the physical, psychological, and social needs of the patient.

Ohio’s Need for Increased Access to Crisis and Detoxification Services

- In Ohio, about 434,000 adults aged 18 or older (4.9% of all adults) per year in 2013-2014 had serious mental illness within the year prior to being surveyed. Ohio’s percentage of serious mental illness (SMI) among adults aged 18 or older was higher than the national percentage in 2013-2014. (Source: Substance Abuse and Mental Health Services Administration)

- In Ohio, about 385,000 adults aged 18 or older (4.4% of all adults) per year in 2013-2014 has serious thoughts of suicide. (Source: Substance Abuse and Mental Health Services Administration)

- On any given day, Ohio’s state psychiatric hospitals are 98% full. (Source: Ohio Department of Mental Health and Addiction Services)

- Ohio is the seventh largest state by population, but in 2014 Ohio had the second highest number of overdose deaths. (Source: Centers for Disease Control and Prevention)

- In 2015, 3,050 Ohioans died from an unintentional drug overdose, up 20.5% from 2014. (Source: Ohio Department of Health) Based upon information from several communities, it is anticipated the 2016 overdose numbers will be even higher.

- Fentanyl-related unintentional drug overdose deaths in Ohio more than doubled from 503 in 2014 to 1,155 in 2015.

- The current rate of opioid dependence in the state of Ohio is 1 out of every 100 people. However, the state only has enough treatment providers for 1 in 250. (American Journal of Public Health)