



Ohio Joint Medicaid Oversight Committee

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Director of the Ohio Department of Mental Health and Addiction Services

Chairman Holmes, Vice Chair Romanchuk, Ranking Member Liston, and members of the committee, thank you for inviting me here today to talk about how the Ohio Department of Mental Health and Addiction Services (OhioMHAS) connects to and collaborates with OhioRISE.

I am LeeAnne Cornyn, Director of the Ohio Department of Mental Health and Addiction Services. While my department does not manage OhioRISE, we are the regulatory body that oversees the licensure and certification of Ohio's behavioral health providers, including the provision of behavioral health services for OhioRISE's care management entities (CMEs). We also serve as an incubator for innovative programs, such as Mobile Response and Stabilization Services (MRSS) and Intensive Home Based Treatment (IHBT), services now funded, in part, through OhioRISE. We also help to recruit, retain, and develop our behavioral health workforce to deliver these life-changing services to more Ohio children.

Today, I want to share some of the challenges and opportunities facing Ohio's pediatric behavioral health system. Under Governor DeWine's leadership and through generous financial investment from the General Assembly, Ohio has made great strides to build a more robust system of care for our most vulnerable citizens. Not only is this the moral thing to do, but there is an economic imperative as well. Our young people will one day become our public and private sector leaders, and we owe it to our children and grandchildren to ensure they have every opportunity to live up to their full potential.

Background

For nearly a decade, the General Assembly has demonstrated leadership in addressing the needs of multi-system youth. In 2016, a joint legislative committee issued a series of recommendations to address gaps in care for children served by multiple systems.

Recommendations included:

1. Improved data collection and sharing;
2. Access to peer mentors, including youth, family, and adult peers;
3. Establishing a safety net of state level funding for services;
This recommendation also cites the need for a uniform level of care tool and ensuring that the funding follows the child.
4. Ensuring access to High Fidelity Wraparound – an evidence-based model promoting joint decision making and care coordination – as a Medicaid-reimbursable service; and
5. Modernization of FCFCs (Family and Children First Councils).

These recommendations served as a guide to this Administration. In fact, Governor DeWine's first budget included a first-of-its-kind fund for multi-system youth, ensuring that children at risk of custody relinquishment had access to a safety-net fund for services.

In many respects, that initial investment was the precursor for today's OhioRISE.

As we discovered with those early multi-system youth investments, funding alone does not always equate to availability of services.

However, through intentional cross-agency collaboration and the financing of OhioRISE, we have strived to truly build the pediatric system of care our state so desperately needs.

One example is Mobile Response and Stabilization Services, or MRSS. OhioMHAS launched MRSS in 2017 and has since scaled to more than 50 Ohio counties, with the goal of providing these services in all 88 by this summer. MRSS is a free, evidence-based service that provides immediate assistance to young people under the age of 21 and their families when that young person is experiencing overwhelming behavioral health symptoms or crisis. Within 60 minutes of contact, a team of trained professionals comes directly to the young person. Not only does MRSS provide immediate de-escalation, but it also offers up to 42 days of follow-up support.

In SFY 2024, more than 38,400 referrals for Mobile Response and Stabilization Services were provided to youth and families. Of those, 43% were for suicidality and 11% were for youth at immediate risk of harming themselves or others. These numbers, while upsetting, are not shocking to those who know that suicide is now the second-leading cause of death for children aged 10-14.

In SFY 2024, Ohio Mobile Response Stabilization Services reduced short-term respite or crisis stabilization admissions by 52%, dropped arrests and admissions to detention centers by 45%, and lowered admissions to EDs by nearly 39%.

For families who don't know where to turn for help when their child is in a mental health crisis, MRSS is a godsend. Caregivers, parents, and educators often say that without MRSS, their children could have ended up in an emergency department, detention center, jail, or even worse, not here at all.

I mention MRSS not only because of its remarkable success but also because it has been added as a service under OhioRISE. Through programs designed and certified by OhioMHAS, OhioRISE now provides:

- **Improved Intensive Home-Based Treatment (IHBT)**, which is delivered in home, school, and community settings to reduce the need for out-of-home placement or assist children with transitioning back into the home after an out-of-home placement. OhioRISE recently expanded IHBT services to 77 of Ohio's 88 counties.

- **Psychiatric Residential Treatment Facilities (PRTF)**, an alternative to hospitals that provides intensive in-patient treatment services to individuals ages 20 years or younger. Through this and other programs, OhioRISE has reduced total youth psychiatric hospital stays by 28% and decreased the average stay at residential treatment facilities by 60%.
- **Behavioral Health Respite**, which offers short-term, temporary relief to a child or youth's primary caregivers in a home or community-based environment.

As I noted earlier, OhioRISE itself is not a system of care. It is, however, part of a larger system of care that incorporates the Ohio Department of Medicaid, Ohio Department of Children and Youth, Ohio Department of Job and Family Services, Ohio Department of Developmental Disabilities, and the Ohio Department of Youth Services.

In addition, the system includes the family and children first councils, local mental health boards, local DD boards, public children's services agencies, and a robust provider network.

Each one of us cares deeply about Ohio's children, and together we are seeing true progress in reducing the number of suicides, hospital visits, and stays in psychiatric facilities for our state's youth.

Very importantly, families are also seeing the benefits of this work and the importance of OhioRISE as a coordinated care program. In a recent op-ed in the Columbus Dispatch¹, parent Mark Butler wrote:

"Before OhioRISE, navigating multiple systems felt like playing a cruel game of hot potato, where no agency wanted full responsibility. As a parent, I experienced firsthand how difficult it was to get agencies to talk to each other and create a cohesive plan for my son, Andrew, who has autism, an intellectual disability and multiple mental health diagnoses.

OhioRISE has helped bridge those gaps, providing coordinated care that treats the child as a whole person rather than a collection of disconnected needs."

Future Steps

We as a state have plenty of work to do. While we are making considerable progress in recognizing and treating the behavioral health challenges of our youth, we still face common hurdles that my department is working to address — chief among them is ensuring we have the staff needed to carry out our various programs and initiatives. As I

¹ Mark Butler, The Columbus Dispatch. [Recognizing the needs of multisystem youth and the impact of OhioRISE](#). (April 3, 2025)

alluded to earlier, we are facing a massive gap between demand for behavioral health services (which grew more than 350% from 2013 to 2019) and the actual workforce (which grew by just 174%).

To that end, OhioMHAS is working to expand the services and supports provided by our Bureau of Workforce Sustainability and centralize all our workforce recruitment and retention efforts into one place, giving us insight and tools into every level of the behavioral health workforce.

And last but not least, we're working to improve coordination and collaboration among state and local agencies to meet the unique needs of individual communities. OhioMHAS will soon be launching another series of listening tours with the state's ADAMH boards, law enforcement agencies, judges, provider agencies, and more.

Again, this all goes back to our system of care and the crucial role each entity plays in making it work — together.

In its short existence, OhioRISE has been a mechanism to help build our pediatric system of care, including scaling several services incubated within OhioMHAS but without statewide reach or impact.

Thank you.