



**Ohio House Finance Subcommittee on Health and Human Services**

**Testimony of:  
Cheri L. Walter  
Chief Executive Officer  
Ohio Association of County Behavioral Health Authorities  
March 21, 2017**

Chairman Romanchuk, Ranking Member Sykes, and members of the Health and Human Services Subcommittee, good morning.

My name is Cheri Walter and I am the Chief Executive Officer of the Ohio Association of County Behavioral Health Authorities. We represent Ohio's local Alcohol, Drug Addiction, and Mental Health Boards. I appreciate the opportunity to testify today.

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.

With appropriate treatment and support, people can and do recover. As demand continues to surge, communities must ensure the existence of a full scope of care within the local Recovery-Oriented System of Care, including access to crisis stabilization services, as well as withdrawal management services. The continuation of Medicaid expansion is critical to this work, along with greater access to treatment services and recovery supports.

To best respond to individuals and families across the state, Ohio needs policies and resources that build out a full, Recovery-Oriented System of Care to support acute and long-term recovery management strategies above and beyond Medicaid. A comprehensive system will create opportunities for 24/7 coordinated responses for individuals and their family members among first responders, hospital emergency departments, urgent care centers, acute substance use disorder (SUD) stabilization centers, residential treatment, outpatient addiction treatment centers, law enforcement, jails, primary care providers, FQHCs, and long-term recovery supports including peer coaching, recovery housing, and employers.

To this end, we recommend the following budget strategies:

- Fund nine (9) collaborative 16-bed Acute SUD Stabilization Centers at \$1 million per year to support first responders in having a medical response available to families with addiction crises and to reduce the use of jails for this purpose. These centers will:
  - Be accessible both pre- and post-ED/Hospitalization.
  - Be accessible both pre- and post-jail.
  - Be freestanding using an existing facility that is not a jail.
  - Deliver Medicaid reimbursable services
  - Be developed and administered by the ADAMH Board hospital collaboratives.
  
- Appropriate \$12 million per year for community-based services. The funds would be utilized by ADAMH Boards to expand access and capacity for withdrawal management, acute treatment services, and recovery supports that focus on continued recovery for individuals and families.
  - Allocate the funds to Boards on a modified per-capita formula based on population and a three-year average of overdose deaths. This methodology will drive increased resources to areas hardest hit by the opiate epidemic.

At the same time as we are battling the opiate epidemic we are seeing a parallel increase in deaths by suicide. Ohioans need access to mental health crisis services. State psychiatric hospitals are consistently at capacity, jails and prisons have become de facto treatment centers, and community hospital emergency rooms are responding to an increasing number of mental health crises. Individuals experiencing a mental health crisis and their families often run out of options for where to access care. An individual in a crisis situation who does not have access to crisis services often times ends up in an emergency room, in jail, or too often dying by suicide. In fact, in Ohio the suicide rate has increased by 25% from 2000 to 2014, from 9.5 individuals per 100,000 to 12.6 individuals per 100,000.

- Fund six (6) collaborative 16-bed Mental Health Crisis Centers at a \$1 million per year to expand capacity and extend access to mental health crisis stabilization beds throughout the state. These centers will:
  - Be accessible both pre- and post-ED/Hospitalization.
  - Be accessible both pre- and post-jail.
  - Be freestanding using an existing facility that is not a jail.
  - Deliver Medicaid reimbursable services
  - Be developed and administered by the ADAMH Board hospital collaboratives.

We know that time is of the essence for the Mental Health and SUD Crisis Stabilization Centers. We can't afford to spend years building facilities and developing programs. The structure that we propose for these centers recognizes the immediacy of the needs. The Boards are already working to identify existing locations that could be quickly modified to meet the needs of these centers. The funding we're requesting would be used to cover operational program costs, maybe some light renovation in some facilities, and to pick up the room and board expenses that will not be covered by Medicaid.

We recommend utilizing the Board hospital collaboratives as the structure for the distribution of funding and resources because the boards in these regions already work together on a number of fronts and the relationships already exist that would allow for rapid development of centers that

could be accessed by all counties in the collaborative area. We know that not every community could develop and sustain a MH or SUD center on their own so this model also allows for economies of scale for these high intensity, high cost services.

For your reference, I have included a map of Ohio's current Board areas and the ADAMH Board hospital collaboratives with my testimony.

Lastly, I'd like to point out that services for youth and young adults are incredibly hard to come by in many areas throughout Ohio. We participate in a number of workgroups that are striving to address the access and capacity gaps related to providing critical mental health and addiction services to kids and families. While we don't have a specific strategy or request related to kids services, we are supportive of the work underway by the Coalition of Healthy Communities and other children's advocacy organizations to increase access to treatment services and recovery supports for kids and their families.

As I conclude my comments, I want to thank you again for your interest in these issues and your focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to provide this testimony, I will be happy to answer any questions you may have.

## Ohio's Community Alcohol, Drug Addiction, and Mental Health Board Map



# Hospital Collaborative Map

