

Ohio House Finance Subcommittee on Health and Human Services
Testimony of:
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Mental Health and Recovery Board of Warren and Clinton Counties
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Chairman Romanchuk, Ranking Member West, Representative Lipps, and members of the Health and Human Services Subcommittee, good morning.

My name is Colleen Chamberlain and I am the Executive Director of the Mental Health and Recovery Services of Warren and Clinton Counties (MHRS). Thank you for the opportunity to provide testimony this morning.

As a brief overview of crisis services, MHRS considers crisis services as the safety net for our community. Anyone can find themselves in a behavioral health crisis situation and in need of assistance. The crisis service array, which in the recent past only consisted of a crisis hotline and consultation to local emergency rooms for pre-hospitalization screening, has expanded to include mobile response, telemedicine and access to crisis stabilization services.

In Warren and Clinton Counties, we have engaged in funding of all three of those services, with a primary focus on mobile crisis. The model we use embeds the crisis therapist with law enforcement at days and times that the local department determines. Mobile crisis is currently active in four communities, with the hope of adding an after-hours “floater” available to all communities.

There is a three-fold benefit in employing mobile crisis:

1. Crisis response is available immediately for those who need it, not just for the traditional mental health/substance abuse consumers
2. It offers support to those first responders who face vicarious trauma from the situations they encounter on a regular basis, and
3. Mobile crisis can reduce emergency room costs. By intervening in the community and avoiding the E-R wherever possible, mobile response can reduce emergency visits 40 percent of the time, thus saving these resources for those who really need them.

Gratefully the \$75,000 per county that MHRS received in the last budget has a tremendous amount of flexibility. It has allowed us to provide mental health prevention services and respite for severely emotionally disturbed (SED) youth. Neither of these services are funded through other revenue sources. The continuation of this funding is key for sustaining these programs in our community.

Again, thank you for allowing me to provide this testimony. At this point, I'll quickly introduce Joe Trolan, the next panelist. I'll be happy to answer any questions you may have at the end of the panel.