

**Ohio Senate Finance Health and Medicaid Subcommittee**

**Testimony of:  
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Mental Health & Recovery Board of Licking and Knox Counties  
May 11, 2017**

Chairman Hackett, Vice-Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, good morning.

My name is Kay Spergel. I am the Executive Director of the Mental Health & Recovery Board of Licking and Knox Counties. I'm also here on behalf of the Ohio Association of County Behavioral Health Authorities. I appreciate the opportunity to testify today.

Approximately 230,000 men, women, and children reside in our service district. Within our network of care, almost 23% of our residents received a behavioral health safety net service in SFY16, ranging from using our 24/7 crisis services - Pathways 211 crisis and information and referral hotline, emergency services health officers, CIT, and the Kids' Mobile Crisis Team; having access to all levels of mental health and addiction treatment including outreach, hospitalization, and detox for adults and children not covered by Medicaid expansion; engaging in parenting classes; receiving mental health and substance abuse jail treatment and re-entry planning services; participating in a Mental Health First Aid class, peer support services, and family support groups; or experiencing a school based prevention strategy aimed at developing the protective factors in kids necessary to strengthening resiliency to weather life's adversities. All promote the hope for recovery and support overall community health, well-being, and public safety. All represent non-Medicaid services supported by our local dollars.

Treatment works and people recover. However, we have to make sure that treatment is accessible and all Ohioans have timely access to effective services. The continuation of Medicaid expansion is critical to ensuring the stability of our community mental health and addiction services system. We also need policies and resources that support local Recovery-Oriented Systems of Care address prevention, treatment, and recovery support services.

Today, I want to focus my testimony on areas of unmet need. While we are battling an opiate epidemic in Ohio, we are also 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.

To respond to the mental health needs, we are asking that you maintain the funding added in the House's Budget for 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. One centered would be located in each of the six state psychiatric hospital collaborative areas. These crisis stabilization beds would open access for individuals in mental health crisis who need a safe, stable place to receive services. These beds would be accessible pre- and post-hospitalization and pre- and post-jail. These stabilization centers would offer critical

capacity for communities throughout Ohio who often struggle to find the appropriate placement for individuals experiencing a mental health crisis. These funds would be utilized to support the operations of the centers, not capital expenditures.

Additionally, to help respond to the opioid epidemic that is ravaging our local communities, we are recommending that you sustain the following investments:

- Funding for nine (9) collaborative 16-bed Acute SUD Stabilization Centers at \$1 million per year to support first responders and our system to get people treatment instead of putting them in jail.
- \$12 million per year in appropriations for community-based services. We would use the money to expand access and capacity for detox and withdrawal management, acute treatment services and recovery supports.

The investment in these local services and supports would allow us to get people to the level of care and critical treatment that they need in order to recover in a timely and safe manner. It is heartbreaking for people to hear, especially loved ones - families and friends of those struggling with addiction or severe mental illness that there is no availability of a desperately needed service that would keep their loved one safe and assist them down the road to recovery. Very simply, it will save lives.

Thank you for the opportunity to provide this testimony. At this time, I will be happy to answer any questions you may have.