



Ohio Senate Finance Health and Medicaid Subcommittee

**Testimony of:
Cheri L. Walter
Chief Executive Officer
Ohio Association of County Behavioral Health Authorities
May 15, 2019**

Chairman Hackett, Vice-Chair Huffman, Ranking Member Thomas, and members of the Health and Medicaid 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. I am joined today by Scott Osiecki, the CEO of the ADAMHS Board of Cuyahoga County; Brad DeCamp, the Executive Director of the Crawford-Marion Counties ADAMHS Board; and Dr. Greta Mayer, the CEO of the Mental Health and Recovery Board of Clark, Greene, and Madison Counties. We will all provide a few brief comments and then we will take your questions as a group.

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 continued to outpace 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.

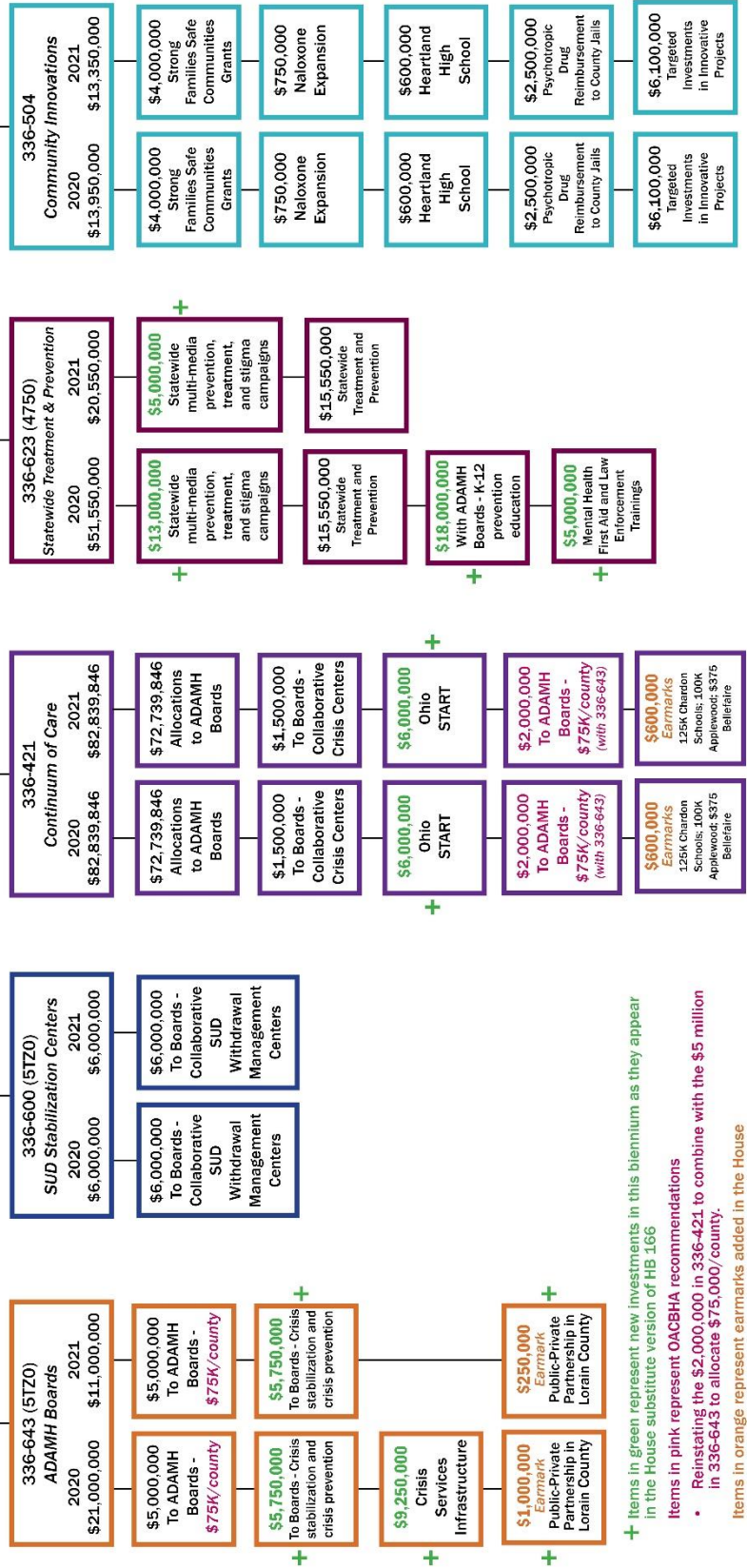
With appropriate treatment and support, people can and do recover. As demand continues to surge, communities must ensure the existence of a full scope of care within the local Recovery-Oriented System of Care, including access to crisis stabilization services, as well as withdrawal management services.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

I'm going to kick-off the comments of the panel with a few details on the investments that are included in the Executive and the House version of HB 166. I've included with my testimony a chart that outlines the investments made in a selection of the community line items included in the Ohio Department of Mental Health and Addiction Services budget. We know that these line items can be a little confusing, so we wanted to try to provide a bit of clarity.

SFY 2020-2021 Biennial Budget (HB166)

House Substitute Measure

OhioMHAS Select Community Line Items



+ Items in green represent new investments in this biennium as they appear in the House substitute version of HB 166

Items in pink represent OACBHA recommendations

- Reinstating the \$2,000,000 in 336-421 to combine with the \$5 million in 336-643 to allocate \$75,000/county.

Items in orange represent earmarks added in the House

Today, Ohio continues to face an addiction epidemic that is taking far too many lives and impacting far too many families. We're also seeing very concerning trends related to suicide. As we look to support communities as they develop, promote, fund, and provide prevention, treatment, and recovery supports and services we must sustain the investments in community mental health and addiction services.

Ohio has 51 Alcohol, Drug Addiction, and Mental Health Boards serving all 88 counties. These local Boards are uniquely positioned to work with community partners to blend and braid local, state, and federal funds to meet community needs. In the last two years, local Boards were able to utilize the resources provided by the General Assembly to meet community needs. With the \$6 million investment in withdrawal management services, Boards were charged with bringing up six withdrawal management centers, at the end of this year, local Boards will have brought 17 different centers online. With \$1.5 million per year to expand access to crisis stabilization, Boards expanded access at 10 different sites. I've included a chart at the end of my testimony with additional details about these sites. As a result of this success, the Ohio Department of Mental Health and Addiction Services included the line items to continue supporting these services in this budget. We are encouraging the General Assembly to sustain these investments along with the increased investments in crisis services and the crisis infrastructure so that we can preserve and expand the crisis services that are available throughout Ohio.

We also recommend an increased investment in mental health crisis services through a new appropriation to OhioMHAS to develop a pilot project as this area continues to be underfunded and communities throughout Ohio continue to grapple with the best way to develop and deliver a local continuum of crisis services that provides ready access to individuals and families in need.

Additionally, in the last biennial budget, the General Assembly appropriated funds to support an allocation of \$75,000 per county to be used to flexibly meet identified needs. In this budget, the funding is included, but there was some confusion with the language. It is our understating that OhioMHAS is working to fix this and reinstate the investment of \$75,000 per county. We'll support this change and we are urging you to sustain this investment.

You'll hear more from my fellow panel members about what these investments have meant for specific communities. They will also address ongoing challenges that Ohioans are facing and how with investments and with flexibility local Boards are positioned to meet the needs of their communities.

Representatives, we appreciate these increased investments. Our communities need more sustainable and flexible resources to meet the needs of all Ohioans. That being said, it's important that you know that these increases are simply a down payment on what is needed. By way of background, we are still far below the state investment in non-Medicaid, community services and supports that was made nearly 20 years ago. In 2002, local communities received just over \$220 million in state funding to support non-Medicaid community services. In this budget, that number is just over \$78 million. We acknowledge that the time was different and that the structure and financing for service delivery was not the same, but today our communities are facing unprecedented needs and it is essential that you maintain the increased investments in mental health and addiction services. These flexible investments to Boards allow them to support the firehouse model to ensure that crisis services are available and accessible when and where a client needs them. These funds

also support critical prevention and recovery support activities and services that are not often covered by traditional healthcare payers. In order to truly support the growing number of Ohioans who are accessing mental health and addiction services, we must ensure our systems of care are comprehensive, stable, viable, and accessible.

I do need to be clear about one area of concern for our Association. We are concerned by the earmarks for specific local community programs included in the House version of the budget. Specifically, we are concerned about the earmarks for specific local community programs included in the 336-421 line item totaling \$600,000 per year, the 336-643 line item totaling \$1.25 million over the biennium, the 336-504 line item totaling \$600,000 per year, and the 336-406 line item totaling \$120,000 per year. Our Association has historically been opposed to program specific earmarks as we believe the funds put forward by the Ohio General Assembly should be allocated to local Boards to allow them to plan for and meet local needs. We're concerned that these earmarks would set a precedent for more local specific programs to seek earmarks throughout the budgeting process.

In this budget, we are also asking for some specific language changes:

- We encourage you to incorporate an amendment to ORC 340.03 to update the language related to the role of local Boards as the community planning agency for mental health and addiction to incorporate their role as the local Recovery-Oriented System of Care hub. This amendment updates the revised code to reflect what Boards are currently doing in their communities to comprehensively address mental health and addiction needs.
 - o *Proposed language* - ORC 340.03 (A)(1) "Serve as both the community addiction and mental health planning agency and the recovery-oriented system of care hub for the county or counties under its jurisdiction."
- We encourage you to reinstate the language included in the Executive Budget that authorized communities to establish Overdose Fatality Review Boards to conduct reviews, identify trends, track data, and share limited, specific information about overdose deaths in each county.
- Additionally, we would like to see similar authority for the development of suicide fatality review committees modeled after the child fatality review boards. This authority would allow certain entities to come together to review suicide deaths.

At the conclusion of my written comments, I have included a listing of additional items included in this budget that we support. I want to specifically acknowledge the Governor and his Administration for the budget investments that align with the recommendations of the RecoveryOhio initiative. It is incredible to see the Administration focus on mental health and addiction services across the entirety of state government. For the sake of time, I won't review all of those at this time. Also, for your reference I have included a map of Ohio's ADAMH Board areas and the ADAMH Board hospital collaboratives with my testimony.

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. At the conclusion of the panel, I'll be happy to respond to any questions.

HB 166 – Additional Items Supported by OACBHA

- We support the continuation of Medicaid expansion.
- We support the proposals included as a result of the Recovery Ohio recommendations.
- We support the House's reinstatement of the psych exemption that prohibits prior authorizations in the Medicaid program for antidepressants or antipsychotic medications when prescribed by certain practitioners.
- We are supportive of the increased focus on access to mental health services in schools and the language referencing coordination with local ADAMH Boards.
- We support the increased resources for specialty dockets in the 336-425 line item.
- We support the language establishing flexibility for substance use disorder treatment in specialized docket programs in section 337.70.
- We support the increased investments in children's services for Ohio's public children services organizations.
- The investments in Student Wellness and Success and the focus on services, supports, and connections for young people.
- We support the investment in multi-system youth and the focus on implementing the recommendations put forward by the Joint Study Committee on Multi-System Youth.

Withdrawal Management and Crisis Stabilization Sites

Psychiatric Hospital Region	Withdrawal Management Center	Beds
Appalachian Behavioral Health Collaborative	Foundations Withdrawal Management	16
	ClearView	10
Heartland Behavioral Health Collaborative	University Hospitals Portage Medical Center WMC	20
	First Step Recovery Parkman	16
	First Step Recovery Warren	16
	Neil Kennedy Recovery Clinic	16
Northcoast Behavioral Health Collaborative	Stella Maris and Windsor Laurelwood	10
Northwest Ohio Collaborative	Blanchard Valley Health System	3
	Surest Path Recovery Center, Bloomville	26
	St. Rita's & Coleman CSU Community Linkage	10
Central Ohio Regional Board Collaborative	Pinnacle Treatment Centers Recovery Works	14
	OSU - University Hospitals	14
	Maryhaven (Franklin County)	55
	Columbus Springs Dublin	as needed
	Columbus Springs East	as needed
Southwest Behavioral Health Collaborative	Beckett Springs Hospital	24
	Engagement Center at Talbert House	16

Total new projects: 17

Psychiatric Hospital Region	Crisis Stabilization Center	Beds
Northwest Ohio Collaborative	UTMC Youth Acute Psychiatric Unit	10
Northcoast Behavioral Health Collaborative	Transitional Living Center CSU	2
Appalachian Behavioral Health Collaborative	Jefferson County Crisis Center	6
Heartland Behavioral Health Collaborative	Broadway Regional CSU Compass Family	12
Central Ohio Regional Board Collaborative	Scioto Paint Valley Mental Health Center	7
	Columbus Springs Dublin	as needed
	Columbus Springs East	as needed
	Netcare Access Crisis Stabilization Unit	as needed
Southwest Behavioral Health Collaborative	Beckett Springs Hospital	24
	Engagement Center at Talbert House	

Total new projects: 10

*Inclusion on this list does not indicate that all beds are paid for by the new funds

March 13, 2019

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



Hospital Collaborative Map

