



**Ohio Senate Finance Committee**

**Testimony of:  
Cheri L. Walter  
Chief Executive Officer  
Ohio Association of County Behavioral Health Authorities  
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Chairman Dolan, Vice-Chair Burke, Ranking Member Sykes, and members of the Senate Finance Committee, 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 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. We appreciate the continuation of the investments in crisis stabilization and withdrawal management services included in the Senate substitute measure. These investments, along with flexible resources for local Boards, will provide critical supports to Ohio's communities.

While we appreciate those investments, we also recommend an increased investment of \$4 million per year in new funding in mental health crisis services through an appropriation to OhioMHAS to develop a pilot project. 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. NAMI Ohio and the leadership of the Stepping Up project are engaged on this topic as well and collectively, we are asking for an increased investment to help communities test models of crisis centers, collect outcomes, analyze the results, and provide feedback for other communities seeking guidance on the best ways to develop and implement the most effective crisis centers.

We also have a few areas of concern related to changes made within the Senate's substitute bill and a few recommendations.

- We are concerned about the elimination of the proposed \$18 million investment in K-12 prevention within the OhioMHAS 336-623 Statewide Treatment and Prevention line. We strongly encourage the reinstatement of this investment.
- We continue to be concerned about the earmarks for specific local community programs included in the current version of the budget. Specifically, we are concerned about the following earmarks for specific local community programs included in the 336-421 line item totaling \$2,883,500 over the biennium, the 336-643 line item totaling \$1.25 million over the biennium, the 336-504 line item totaling \$1,200,000 over the biennium, and the 336-406 line item totaling \$240,000 over the biennium. 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 through the budgeting process setting up concerns about coordination with the community system of care and the sustainability of local programs.
- We are supportive of the Student Wellness and Success funds included in the Ohio Department of Education's budget. We firmly believe that local schools should be required to coordinate with local ADAMH Boards when planning for the use of these funds so that we can coordinate investments, ensure the utilization of best practices, and collectively work together to support students and families throughout Ohio.
- We also encourage the reinstatement of the \$13 million in SFY 2020 and \$5 million in SFY 2021 in the OhioMHAS 336-623 line item for statewide multi-media prevention, stigma, and education campaigns. There are far too many people who don't have a strong understanding of mental illness and addiction and these campaigns can help decrease stigma and promote health while educating Ohioans about these illnesses.

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. 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. As we look to support communities as they develop, promote, fund, and provide prevention, treatment, and recovery supports and services we must sustain and enhance the investments in community mental health and addiction services.

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 am happy to answer any questions you may have.

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

