



**Ohio House Finance Subcommittee on Health and Human Services  
HB 33**

**Testimony of:  
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Chairman Caruthers, Ranking Member Liston, 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 (ADAMH) Boards. I appreciate the opportunity to testify today.

Ohio's 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards, are the local governmental authority covering all 88 counties, providing community members with access to a statutorily defined continuum of care, inclusive of prevention, treatment, and recovery supports, in communities throughout the state.

Local ADAMH Boards are charged with establishing a unified system of prevention, treatment, and community supports for individuals impacted by mental illness and/or addiction. Boards, through contracts with community provider agencies, encourage and foster the development of high-quality, cost effective, and comprehensive services. Local Boards are uniquely positioned to rapidly identify and effectively respond to evolving community needs, while also ensuring the accountable use of public funds. Over the course of the last year, local Boards have partnered with providers, hospitals, businesses, and other units of local government to address the growing behavioral health demand resulting from the stress and anxiety experienced by so many children and adults throughout our state.

While Ohio saw a small decrease in overdose deaths in 2021, we will most likely see an increase when the 2022 report is released. Suicides also continue to increase across Ohio. Over two million individuals in Ohio are dealing with some form of mental health issue, with 600,000 having a chronic mental health illness. Additionally, 10%, or roughly a million, Ohioans are experiencing a substance use disorder. While the pandemic is thankfully winding down to a point that we can manage it as we do the flu, the mental health and addiction issues that surfaced, and increased, with children, youth, and adults are issues that Ohio will need to continue to address for years to come.

We are very appreciative of the Governor's SFY 2024-2025 biennial budget and his and Director Criss's recognition of the needs of Ohioans and their continued prioritization of supporting community

investments in mental health and addiction services. Individuals and families throughout Ohio impacted by mental illness and substance use disorders will benefit from this budget.

We support the additional funds in the 336421 Continuum of Care Services line for the Adult Access to Wellness program that help to connect multisystem adults with needed resources like housing, transportation, medication, and employment supports, as well as the increased investment in Mobile Response Stabilization Services and other community services. The 421 line item serves as the largest GRF investment that is allocated to local ADAMH Boards for the local continuum of care. This line item allows Boards to invest in priority prevention, treatment, and recovery support services identified through their local planning and development efforts.

Addressing crisis services over the past couple of years has been a major focus of OhioMHAS, local county ADAMH Boards, providers, and other community stakeholders. Crisis services start with connecting individuals in a crisis with support, and 988 and local hot and warm lines are often where this begins. We know that with good hotline services we can deescalate and respond to about 80% of the individuals who call those lines. For the other 20%, we need to have the ability to respond with access to a crisis facility or with a mobile crisis response. Once we address the immediate crisis, individuals need to be stabilized with access to treatment services. Ultimately, we want Ohioans to thrive in their communities. Some people can do this individually or with the help of their friends and family, while others will need continued recovery support services such as housing or supported housing, peer supports, education services, and/or transportation.

OhioMHAS's SFY 24-25 biennial budget continues, and increases where needed, funding to support Ohio's crisis system. We very much support the new 988 Suicide and Crisis Response funding along with the increased funding for the Residential State Supplement program and recovery housing. We are also very supportive of the continued funding for withdrawal management and stabilization centers and the additional funding for peer support services.

Inpatient hospital services across Ohio, both in private facilities and in Ohio's six regional psychiatric hospitals, are a major component of helping individuals experiencing a psychiatric crisis. We very much appreciate the continuation of hospital access funding for the utilization of private community based psychiatric hospitals for indigent civil patients. We also very much support the funding for enhancing forensic center capacity for court ordered evaluations and monitoring. We know that Ohio's six regional psychiatric hospitals, are about 90% full 90% of the time, and 80% of those clients are forensic clients. The more we can do to free up beds, the more it will help local jails and courts and also allow for more civil patients to access hospital services when they need them.

I want to briefly touch on Ohio's workforce shortage. Like many other systems across the state, Ohio's behavioral health system is facing a severe workforce shortage. What this means is that individuals and families must wait longer for needed, lifesaving services. It also means that we may not be offering the full scope of needed services in communities. When a person is in crisis from either psychiatric distress, or from a severe addiction, they need ready access to treatment services. When someone is ready, and they aren't able to access the help they need, that window of opportunity may be lost, and unfortunately this can and does often lead to extremely negative consequences, including overdoses and suicides. The Ohio Department of Medicaid's budget includes a 10% increase in Medicaid rates for behavioral health services. We believe this is just the beginning of what is needed. Behavioral health workers deserve to be compensated as health care workers, and we

need to find a way to increase their pay and benefits, and increased Medicaid rates is one of the best ways to start doing that.

Lastly, I would briefly like to touch on conversations and efforts to modify income and property tax changes in Ohio. My focus today will not be on any specific proposal, but I want to shine a light on the way that property taxes are used throughout Ohio to support community mental health and addiction services. Currently, 47 Boards have approved property tax levies in one or more of their counties (78 total counties) that are used to support community mental health and addiction services. These levies collectively generate a little more than \$400 million each year to fund prevention, treatment, and recovery support services throughout Ohio. In conversations about tax changes and/or modification, we need to ensure that these voter-approved investments in critical, lifesaving mental health and addiction services are not diminished.

We look forward to the opportunity to partner with OhioMHAS, providers, family members, and other stakeholders to continue collaborating to ensure that all Ohioans have access to a complete continuum of care from prevention through recovery supports.

I want to thank you all for your interest in these issues and your ongoing focus on helping Ohioans with mental illness and addiction. Thank you for the opportunity to provide this testimony. At this point I would be happy to answer any questions you may have.