



**Ohio Senate Finance Committee
HB 33**

**Testimony of:
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Chief Executive Officer
Ohio Association of County Behavioral Health Authorities
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Chairman Dolan, Vice-Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, 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 on HB 33.

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.

Sub. HB 33, as accepted by this committee, makes improvements upon what was passed by the House. However, if this is enacted, the funding amounts included in Sub. HB 33 would limit the Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards' ability to meet the existing and growing demand from individuals and families for services and supports.

Our primary issue of concern continues to be related to the changes proposed to the OhioMHAS Continuum of Care line item (ALI 336-421). This line item represents the largest state GRF investment allocated to the ADAMH Boards to fund the local continuum of care. For the last several years, the ADAMH Board base allocations from this line item have totaled nearly \$72 million per year. The Senate version removed several of the earmarks that were added to the line, but the proposed changes do not get us back to the point of flat funding for ADAMH Board base allocations. I've included a summary of the impact of the changes on the final page of this testimony. It shows that if you subtract the dedicated amounts from the total appropriation in the line, there is only \$68 million per year left for ADAMH Board allocations. This would represent a cut of just under \$4 million per year to ADAMH Boards.

ADAMH Boards use the 336-421 continuum of care funds to invest in community crisis, prevention, treatment, and recovery supports. Any decrease in the 336-421 allocation would force Boards to

make cuts to crisis services, services in jails, prevention services, housing services, and other recovery supports. A loss of any amount in community investments will result in cuts to community services and cuts to community services will result in increased pressure on state hospitals, local jails, and emergency departments.

We are requesting that you **increase the continuum of Care line (ALI 336-421)** by \$4,000,000 each year to guarantee that ADAMH Boards receive a base allocation of at least \$71,989,846 in each year of the biennium. This would represent flat funding for the ADAMH Board allocations, which have not been increased for several years.

Attached to my testimony, I've included a detailed breakdown of this line item that shows the proposed appropriation, the number of set-asides, and the number of program specific earmarks that are included in the line item in the version of the budget currently under consideration.

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.

OACBHA Budget Priority

336-421 Line Item – Funds ADAMH Boards Continuum of Care

OACBHA Recommendation: Increase the Continuum of Care line (ALI 336-421) by **\$4,000,000** each year to ensure that ADAMH Boards receive a base of at least **\$71,989,846** as they have for the last several years.

With the loss of some of the base allocations ADAMH Boards would be forced to cut funding for crisis services, treatment for individuals who are not Medicaid eligible, hospital placement, housing, recovery supports, services in jails, transportation, and other components of the local continuum of care.

Line item information:

Line Item	Line Item Name	SFY 2024 As Introduced	SFY 2024 Senate Proposed	SFY 2025 As Introduced	SFY 2025 Senate Proposed
336-421	Continuum of Care	\$106,214,846	\$96,539,000	\$106,214,846	\$96,539,000

Dedicated items included in 336-421 line item

\$ 6,000,000.00	Access to Wellness (formerly MSA)
\$ 1,500,000.00	Crisis Stabilization Centers (regions)
\$ 2,500,000.00	Crisis infrastructure
\$ 6,500,000.00	Ohio START
\$ 1,000,000.00	ACF quality
\$ 4,000,000.00	MRSS
\$ 7,000,000.00	Indigent hospital access
\$ 28,500,000.00	Total Dedicated Amount Per Year

Preliminary calculations for 336-421 are now as follows:

Appropriated Amount	\$ 96,539,000.00
Dedicated Amount	\$ 28,500,000.00
Remaining for Allocations	\$ 68,039,000.00

In FY 2023, ADAMH Boards received ~\$71,989,846 in base allocations from the 336-421 line item

As it stands, this would result in a real dollar cut of \$3,950,846 to ADAMH Board allocations for the local continuums of care.