



**Ohio Senate Finance Committee
HB 96**

Testimony of:
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Chairman Cirino, Vice-Chair Chavez, Ranking Member Hicks-Hudon, and members of the Senate Finance Committee, thank you for this opportunity to testify today. I am Scott Sylak. I am the Executive Director of the Mental Health and Recovery Services Board of Lucas County, and I also serve as the President of the Ohio Association of County Behavioral Health Authorities.

The Association represents all 50 Alcohol, Drug Addiction, and Mental Health Boards in Ohio. All 50 Boards across the state want improved access, quality services and enhanced outcomes for all individuals that receive services. With increasing mental health needs for adults and youth, concerning suicide death rates, persistent overdose death rates, and limited hospital access for acutely mentally ill persons, the proposed investments included in this budget are steps in the right direction.

ADAMH Boards in Ohio are your local government partners and planning entities tasked with establishing a high-quality, cost-effective continuum of care for each service district. As such, one of our most important responsibilities is to oversee taxpayer dollars. This oversight includes ensuring tax dollars are spent properly once allocated to an organization, and that those investments are properly aligned with emerging community priorities.

For several years now, our ability to do this has been constrained by a plethora of small funding streams with specific, oftentimes limiting requirements. The block grant model that is proposed in the Ohio Department of Behavioral Health's budget will give Boards across the state needed flexibility to target resources where they are needed in their service district. Not every Board area has all the same needs, nor do they have all the same resources. The proposed state block grants will allow each

Board to make strategic decisions, informed by their community planning processes, to invest in the services and supports needed in their communities.

I want to specifically call your attention to the proposed investment in the Criminal Justice State Block Grant. The House passed version of the budget included a decrease in the Criminal Justice line item 336-422 and a corresponding decrease in the proposed amount for the Criminal Justice State Block Grant that would result in cuts to criminal justice programming in Board areas throughout the state. In Lucas County, this would mean we would have fewer resources to help inmates of the Lucas County Correction Center who have a mental illness connect with services while incarcerated and after release, and fewer funds needed to provide forensic monitoring services to individuals in the community that were deemed Not Guilty by Reason of Insanity, or Incompetent to Stand Trial, Unrestorable. I urge you to restore the Criminal Justice Line Item to the as introduced amounts so that we can continue investing in critical criminal justice programming in our communities.

We are supportive of the Department of Behavioral Health's investments in mental health and addiction services and supports. Last fiscal year, nearly 4,000 Lucas County residents received treatment services paid by the MHR SB using federal, state and local funds. This was a 28% increase over the year prior. State funds made up nearly 23% of the \$5.2 million cost of providing those services. In FY 25, early trends indicated a 7% increase over FY 24 numbers, which resulted in our Board increasing treatment service allocations to \$5.9 million. Feedback from our contracted agencies indicates funding needs are exceeding the \$5.9 million by about 10%. With growing demand in our communities, we need ongoing support from the state.

Additionally, I think it's safe to say that a loss of Medicaid Expansion would be catastrophic to individuals, families, providers and systems that rely on Group VIII coverage for their care and payment. The Health Policy Institute of Ohio recently analyzed Ohio Department of Medicaid Behavioral Health Claims for Group VIII participants in Calendar Year 24 and found that 171,480 Ohio residents received nearly \$1 billion in community based mental health and substance use related treatment services, 10% of that total was borne by Ohioans. If coverage is lost, the need will persist. Local funds will not be sufficient to cover all those in need. Consequently, communities across Ohio can expect a return to escalating overdose and suicide death rates, increasingly overcrowded jails, homeless shelters, and hospital emergency departments, a loss of hospital psychiatric inpatient services, a loss of jobs in the behavioral health field and an increased reliance on other systems. I urge you to keep Medicaid Expansion, and if needed, consider alternatives rather than its demise.

Finally, we are living in the information age. Comprehensive behavioral health data and information sharing is key to proper coordination of benefits and local planning, purchasing, evaluation and monitoring. As the Department of Behavioral Health is developing their plan to invest \$15 million in the first year of the biennium to address information technology and health information systems, Boards need to be involved. Efforts to modernize the data environment and consistently track outcomes are overdue. The ability to access and share information is needed in all parts of the system.

Thank you for the opportunity to provide testimony today. Should you have any questions, I would be happy to answer them.