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Senate Finance Committee
Testimony on HB 96 (SFY 2026-27 Operating Budget)
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Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee - thank you for the opportunity to offer testimony on House Bill 96, Governor Mike DeWine's executive budget proposal for state fiscal years 2026-2027.

My name is Brian Stroh and I am the CEO and Medical Director of Netcare, located in Columbus' Franklinton neighborhood. I am a psychiatrist by training and have spent my entire career in community behavioral health. Netcare is something of a unique community mental health center in that almost all of our services are centered on those in crisis, and it is in that frame that I come before you today.

988 Suicide and Crisis Lifeline Funding. Thank you, Governor DeWine and legislators, for the recent focus on Ohio's behavioral health system. In short, it matters. We must do more to develop and strengthen our crisis system so that Ohioans statewide receive a treatment response rather than a criminal justice action when they are at their most vulnerable. This just makes sense – in all other serious medical concerns, we rely on specialists when problems arise. For example, those with chest pain are served first by medics rather than police, and they are seen by emergency physicians and likely cardiologists once at the hospital rather than by primary care physicians. We have started to apply that same logic to mental health and substance use problems, and it's vital that we continue – because it works.

I hope to bring to the committee's attention the need for additional funding for the 988 Suicide and Crisis Lifeline. The House reduced 988 funding by a significant amount despite reliable data that anticipates a roughly one-third increase in call volume in the next biennium. 988 is saving lives while, frankly, being remarkably cost-effective. Netcare's data indicates that 95% of the 26,000+ contacts we took in 2024 did not require anyone to be sent out to the caller's location. Our licensed counselors and social workers instead spend between 15 and 90 minutes in a phone, text, or chat-based interaction during which the presenting crisis is not only identified as it would be in a 911 call, but is also safely and effectively de-escalated and a follow-up plan developed. In short, these contacts are not only the triage one might receive in the ER waiting room, but truly are on-demand treatment too.

Of the remaining 5% of those we serve via 988, 3% are subsequently served in person by Netcare's civilian-based mobile crisis team rather than a 911-based service. That leaves only 2% of callers, the majority of whom previously had 911 as their only resource, to be transferred over to police, fire, or EMS. It is vital that 988 be understood, and therefore funded, for what it is – which is a 24/7/365, comprehensive, no-wrong-door approach to behavioral health crisis done without regard to health insurance or lack thereof.

Accordingly, I strongly urge the Senate to restore the appropriation of funds for 988 to the levels in the Governor's executive proposal (*\$34 million in SFY 26 and \$41 million in SFY 27*) to support this critical service and continue saving lives.

Conclusion. Investing in mental health and substance use care, including crisis care, is public policy that is both logical and cost-effective. Thank you for your time and consideration, and the opportunity to offer this testimony today.