



Ohio Senate Health Committee

HB 96

Deanna Vietze, Executive Director
Brown County Board of Mental Health and Addiction Services
May 13, 2025

Chairman Huffman, Vice-Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, thank you for this opportunity to provide testimony on the budget. My name is Deanna Vietze, and I am the Executive Director of the Brown County Board of Mental Health and Addiction Services as well as the President-Elect 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.

As ADAMH Boards plan for, develop, fund, administer, and contract for services, they work with local individuals in recovery, family members, and other community partners to respond to local needs. Boards are uniquely positioned to rapidly identify changing community needs, respond to crisis situations, and serve as a catalyst for change, but to do so we need fund sources that are flexible, stable, and designed to help us meet needs in our communities. The proposed State Block Grants are a strong step in that direction. The design will allow Boards to have more flexibility in each category to develop and support programming to meet our community's specific needs. Brown County is one of 10 counties without a levy. We are reliant on state funding to ensure that Brown County residents are afforded the full continuum of care. The proposed State Block Grants will allow me to prioritize and allocate funding where it is needed most. I urge you to maintain the block grant structure and the funding to support the block grants, including the restoration of the Criminal Justice line to the as-introduced funding amount to ensure that Boards can continue supporting local programming.

A concerning provision was added to Section 337.20 in the House omnibus amendment that would prohibit ADAMH Boards from refusing to contract with a hospital that is in good standing with the Department of Behavioral Health. We urge you to remove the proposed changes to 337.20 related to mandating contracting with psychiatric hospitals. (*Amendment SC1017 – included at the end of this testimony*)

Local ADAMHS Boards do not provide direct services, but rather we contract with a network of local organizations to build out the services needed in our local continuum of care. In order to adequately assess, plan, and contract for the local needs of the local citizens, we need to be able to have access to real-time data on behavioral health services, including Medicaid. We need to know what services are occurring, where we are seeing increased demand, where there are gaps, and what the evolving needs are in local communities. We continue to prioritize efforts to promote data sharing between state agencies and local Boards.

I would like to briefly discuss the impact of Medicaid expansion on our system of care. As Medicaid expanded eligibility to cover more individuals through the Group VIII population, more individuals were able to access Medicaid covered addiction and mental health services. ADAMH Boards were able to

use state and local funds to expand access to recovery support services, prevention programs, and other wrap around supports for individuals. My Board was able to fill the gap in services by adding mental health and addiction services to the county jail. We have increased the amount of time services are made available to the jail based on the demand of the jail population and the difficulty accessing the state hospital. In 2024, 206 inmates received mental health and substance use assessments and referrals. Changes that reduce Medicaid funding or tighten eligibility could result in the need to roll back some services in order to prioritize addressing the treatment needs for individuals with mental health and addiction disorders. Again, as a non-levy board I would have to prioritize the basic services for my county which most likely would result in the discontinuation of jail services, peer services and some prevention services and recovery supports which would be devastating. For individuals and families, reductions in Medicaid coverage could lead to reduced access to care and services, increased out-of-pocket costs, longer wait times for services, and individuals delaying or skipping necessary care.

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Should you have any questions, I would be happy to answer them.

SC1017

Am. Sub. H. B. No. 96
As Passed by the House
MHACD10

_____ moved to amend as follows:

In line 134979, delete ". In" and insert ";" 1

Delete lines 134980 through 134986 2

The motion was _____ agreed to.

SYNOPSIS 3

Department of Behavioral Health 4

Section 337.20 5

Removes a provision prohibiting an ADAMHS board, when 6
using Mental Health State Block Grant funds in GRF ALI 336421, 7
Continuum of Care Services, for certain mental health services, 8
from refusing to contract with a hospital that is in the board's 9
service district if the hospital is in good standing with DBH 10
and is willing to accept the board's contract terms. 11

Legislative Service Commission

