



Ohio Senate Finance Committee
Testimony of:
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June 10, 2015

Chairman Oelslager, Ranking Member Skindell, and members of the Senate Medicaid Committee, thank you for the opportunity to testify. 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 Boards.

I want to start by thanking you for the inclusion of language that allows Boards to own recovery housing and eliminates the stigmatizing language that required County Commissioners to approve recovery housing locations. We also appreciate the inclusion of language that allows local Boards to advocate behalf of clients eligible for Medicaid and working with the Medicaid Managed Care Plans.

We are also encouraged by the language included around the integration of behavioral health services in Managed Care. We are excited for the opportunities that the transition of behavioral health services to a managed care environment presents for our local communities to more effectively and efficiently integrate physical and behavioral health services and coordinate these services with local recovery supports.

There is progress made in this bill, but I'd like to highlight some areas of ongoing concern:

Community Mental Health and Addiction Funding: Ohio's Alcohol, Drug Addiction, and Mental Health Boards are seeking to ensure that all Ohioans have access to life-saving addiction and mental health services and supports. As the budget stands, local communities will see a reduction of nearly \$60 million in community mental health and addiction services as well as the loss of over \$6 million as a result of the Tangible Personal Property Tax changes. This will put local communities at the lowest state funding level in over a decade. This loss of funds will result in cuts to critical services and supports throughout the state. You'll hear in a moment from a Board that will be forced to close a crisis and detox center if funding is not restored. Several more Boards throughout the state are in a similar position and will be forced to make cuts to life-saving services and supports. We continue to ask for restoration of \$30 million to be placed in the OhioMHAS 421 line item. A portion of these funds (\$20.1 million) would be used to continue the 117 projects that are currently funded through community collaborative relationships between and among Boards. The remaining \$9.9 million will be used to support critical mental health services and supports.

We recognize that Medicaid expansion has allowed some local resources to be utilized to fund local priorities. However, there seems to be this erroneous believe that there is more than enough funding to cover the costs of all needed services, including the 117 projects I referenced earlier.

This is just not true. The impact of expansion has not been equitable across the state and individuals in communities throughout Ohio continue to have unmet mental health and addiction needs.

In this budget and the last, a great deal of focus has been placed on the opiate epidemic, and while we agree these services are imperative, we recognize that we cannot create an unintentional crisis in the mental health system by focusing all of our energy and resources on the opiate epidemic. We must balance our investment to ensure that we are provide adequate and stable support for both mental health and addictions services throughout Ohio.

Institutional Medical Services at ODRC: We are encouraged by the increases made to the DRC institutional medical services line and we recommend that you fully restore this line item to the Executive's as-introduced amount. This fund provides for mental health services to offenders incarcerated in Ohio's prison institutions.

Our local Boards are currently transitioning their local systems to become Recovery-Oriented Systems of Care. Integrating treatment services along with critical recovery supports will help all of us ensure that we are providing Ohio's citizens with the best chance to achieve and maintain recovery in their community. In order to do this, we need to ensure adequate and stable funding is provided to communities in need.

As I conclude my comments, I want to thank you again for your interest in these issues and your focus on helping Ohioans with mental illness and addiction. Thank you again for the opportunity to testify, I will be happy to answer any questions you may have.