



**Ohio House Finance Subcommittee on Health and Human Services
HB 110**

**Testimony of:
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Chairman Roemer, Ranking Member West, and members of the Health and Human Services Subcommittee, good morning.

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.

I want to start by sharing that we are very appreciative of the continued investment in mental health and addiction services included in the Governor's budget proposal. We appreciate this Administration's ongoing commitment to supporting Ohioans impacted by mental illness and substance use disorders. Including the continuation of the \$6 million per year supporting withdrawal management centers and \$1.5 million per year to support crisis stabilization and the language that will allow for the cross-purposing of these funds.

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. The 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. Over the course of the last year, local Boards have partnered with providers, hospitals, businesses, and other units of local government to address the growing behavioral health demand resulting from the stress and anxiety experienced by so many youth and adults throughout our state.

In addition to sustaining the investments made in the as-introduced version of HB 110, we do have a few recommendations that I would like to outline today.

Funding Recommendations:

We are requesting that you **repurpose \$9 million per year from the Student Wellness and Success funds to ADAMH Boards to support K-12 aged youth.** This would allow local ADAMH Boards to continue the community-based K-12 prevention investments that were started in the last biennium. We are requesting the \$9 million per year be appropriated to the OhioMHAS 336-421 Continuum of

Care line item and directed to ADAMH Boards to support programs related to K-12 aged youth in order to wrap-around services and supports for youth, including prevention, education, intervention, treatment, and recovery supports.

Along with the shift of funds outlined above, we are also requesting **an additional \$6 million per year to be appropriated to the ADAMH Board Continuum of Care line.** In order to more effectively respond to the surging demand for behavioral health services resulting from the COVID-19 pandemic and the ongoing need to address health inequities in communities throughout Ohio, we are requesting an increased investment in community-based services and supports. These funds would be utilized by local ADAMH Boards to enhance suicide prevention, crisis response, treatment, and recovery services to provide personalized care to children and adults struggling with mental health issues and other emotional stressors.

The impact of the COVID-19 pandemic, the isolation, the uncertainty, the increased stress, and the sustained community-wide trauma will continue to increase demand for mental health services for years to come. The disproportionate impact of the pandemic on minorities and the public health crisis of racism necessitates a commitment to ensuring health equity and cultural competence within all mental health programs. This increase in funding will support the needed community-based response to ensure that all Ohioans have access to care.

Language Recommendations:

Clarify the ADAMH Board role as the community mental health and addiction planning and oversight authority and modernize ADAMH Board authority related to contracting for services. We are proposing statutory changes to provisions within Ohio Revised Code 340, the governing statute for Ohio's ADAMH Boards, that have not been updated for many years. These changes would clarify and modernize the statute to:

- Ensure that ADAMH Boards are best able plan, develop, fund, contract, evaluate, and oversee the local system of care. These changes also allow ADAMH Boards to ensure that public dollars are utilized in the most effective and efficient manner while prioritizing local needs, improving client and community outcomes, and promoting health equity.
- Ensure that ADAMH Boards are able to partner with other systems that provide public benefits to improve the administration and management of programs and clarify that Boards must comply with HIPAA requirements as a HIPAA covered health plan.

We are requesting an adjustment to the proposed language in ORC 3317.26 in HB 110 to **specify that local ADAMH Boards are the priority partner for schools when planning for the use of Student Wellness and Success funds.** This change would make certain that local ADAMH Boards are engaged as partners to help ensure the student wellness and success funds are utilized to provide critical supports for students in coordination with the existing local investments in mental health and substance use prevention, treatment, and support services.

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.