Ohio House Behavioral Health and Recovery Supports Committee

Proponent Testimony on Sub. HB 523

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Chairwoman Carruthers, Vice-Chair Pavliga, and members of the House Behavioral Health and Recovery Supports Committee thank you for this opportunity to submit testimony in support of Sub HB 523. My name is Scott Rasmus, and I am the Executive Director of BCMHARSB.

I want to thank Chair Carruthers as Butler County's Representative for leading the Behavioral Health and Recovery Supports Committee and for all your work to improve mental health and addiction services for all Ohioans. I also want to be clear I do support HB 523 as drafted in its entirety however I have a few issues I would like to highlight today. I am a data and a statistics person with a PhD in the Counselor Education with advanced coursework at the doctoral level in statistics so I will emphasize that in my testimony. My first focus area during this testimony is the importance of having individuals in recovery and family members of those with behavioral health issues on the Board. These categories represent people with lived experiences with behavioral health, mental health and substance use issues, who come from all walks of life representing a wide variety of demographics and skills sets that Boards need and value. My web meta-analysis (Handout #1 based on BH website data) indicates the one year prevalence of mental illness is between 22-23% percent of the general population, which is more prevalent that every other illness I can think of with the exception of obesity currently. When you consider families, one year prevalence numbers for behavioral health illness probably approaching 50% or more in the population when you consider the statistical union of the prevalence for each of the members consider together. Thus it makes sense for Boards to have a significant number of members, 50% in HB523, with that lived life experiences with mental health and substance use as a requirement for Board membership as HB523 offers. I want to share I also come from a family with members with mental illness and substance use issues. Therefore, my position is that a significant amount of Board members should have this background based on prevalence statistics in the general population and that I personally have observed as Executive Director time and time again how powerful and impactful it is in the Board's work when individuals in recovery or family members share from their experiences and backgrounds.

Secondly, I would like to focus for a few minutes on the need for timely, meaningful, reliable and valid data which leads to appropriate database development, statistical analysis, and outcome measurement to substantiate the appropriate use of any funds applied to the behavioral health (BH) programming and services for my county and all Ohioans. Furthermore, these datasets must include access to Medicaid data without which we only get a partial picture of our the entire local system of care limiting our ability to plan, assess, and predict BH status and trends by creating metrics such a client/resident demographics, common diagnoses, cost (Handout #2 – BC Annual Report based of GOSH billing software/database), the frequency of client treatment episodes, service usage as well as to have the ability to perform higher levels of analysis to seek statistical significance as data is evaluated over time or in comparison to normative or control groups. For example, I suspect most ADAMHS Boards have already done some of this kind of analysis on our billing databases/software packages in a more restrictive fashion where as a HIPAA-covered entity we already are well experienced to address confidentiality considerations by supporting not only HIPAA but 42CFR Part 2 confidentiality requirements over many years now. Still, the Butler Board has done some very valuable data analysis including table and graphs that describe and analyze the use of funds due to describe the impact of the current opiate & meth epidemic as well as communicating the drastic rise

in suicide death this calendar year (Handouts #3-BC Crisis Hotline and Hopeline Monthly Report based on Hotline iCarol database and #4 Suicide Trend Analysis based on most recent BC Coroner data). Please note data tells a story and the outcomes based on it validate programs and services which when the two are combined substantiate the appropriate and effective use of funds to anyone who inquires about them. Lastly, by representing an ADAMHS that utilizes various databases, statistical analyses, and reporting methodologies to describe, educate, and make petitions about the needs of our county residents, I would value presenting to this committee again in the future regarding this topic.

Madam Chairwoman 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.