



Ohio House Finance Committee HB 33

Testimony of:
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Chairman Edwards, Ranking Member Sweeney and members of the House Finance Committee, my name is Robin Harris and I am the Executive Director of the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services; otherwise known as the ADAMH Board. I appreciate this opportunity to testify before you today.

As you are aware, I am joined here today by colleagues representing our professional Association of ADAMH Boards as well as an urban, a small county and of course my rural Appalachian perspective. In February I joined Cheri Walter in a brief testimony before the Senate Community Revitalization Committee. The comment/question posed to me by Senator Johnson was (I paraphrase) "It is often said, if you see one ADAMH Board, you have indeed seen only one ADAMH Board. One of the problems we have in trying to centralize control of a statewide epidemic, is the fact that we are so disparate in regional resources, culture and a variety of other factors. Help us understand just what kind of disparities we have in different regions." As the conversation proceeded, it became clear that the Senator's point was the importance of a statewide approach always having local authorities with "boots on the ground". I was called to the stand to address his question from the perspective of a rural Appalachian board with no local levy, but I could have been any Board director from any county in this diverse state. Each of us steps into our office daily to assess local needs, facilitate planning processes, develop partnerships that, at the end of the day, serve the particular needs of the people who depend on us.

I realize this is the Finance Committee and my purpose here is to advocate for statewide budget decisions that cast a wide net and are designed to have maximum impact across Ohio. I respect and appreciate the work you are doing at this "macro" level while reminding you of the partnerships your ADAMH Boards bring to you at the "micro" level. Cheri has pointed out that,

post-pandemic, our communities have seen a sharp increase in the demand for behavioral health services while simultaneously experiencing a severe workforce shortage. Whether we are reading data related to deaths by suicide or reviewing overdose death rates, Gallia, Jackson and Meigs counties consistently fall within the top five (per capita) in Ohio. As I work across our communities, conversations inevitably turn to the general sense of distress related to substance abuse and/or mental illness. At Chambers of Commerce, Family and Children First Councils, School Safety Councils, Child Fatality Reviews, Community Health Improvement Planning, etc. our community leaders look to our ADAMH Board for leadership. Although problems can seem quite overwhelming, I am appreciative of Governor DeWine's and Director Lori Criss' commitment to supporting community investments in mental health and addiction services.

The proposed increase in the 421 line item represents opportunities that my counties simply could not have otherwise. Due to a variety of cultural/political/economic factors, we do not have a local tax levy to support behavioral health services. The flexibility of the 421 line item allows us to develop partnerships to implement locally determined strategies and investments. These Continuum of Care funds, along with a special Community Innovation investment are currently used to provide jail-based interventions, school-based supports for both staff and students, community-based outreach, multi-system planning for the most seriously ill adults, drop-in access to services at a local shelter and collaborative crisis supports in partnership with our local hospital, law enforcement and judicial systems.

As mentioned previously by Cheri Walter, the proposed Student Wellness and Success language and funding in the Ohio Department of Education's budget can become the impetus for vital supports so desperately needed for our children. The Gallia-Jackson-Meigs catchment area includes 9 school districts where we have managed to combine funds, maximize Medicaid reimbursements and utilize small grants to place behavioral health staff on-site in nearly every school building. Although we are proud of the partnerships that make this possible, we are also aware that we are not coming close to meeting the actual need. I spoke to a school-based counselor recently who told me (with tears in her eyes) that she has 103 students on her caseload! My response was to give her immediate guidance while arranging time with clinical supervisory staff to discuss strategies for meeting need without compromising treatment efficacy and burning out our clinicians. In the same meeting, a school superintendent said, "Robin, I can't do without our mental health supports. Please don't tell me we're at risk of losing them." We are committed to working diligently with our education partners to braid funds, conjoin programs or share staff in ways that meet the needs of our children and our educators. HB 33 as proposed by the Governor, includes language that brings mental health providers to the planning table, dedicates 50% of the funds specifically for mental and physical health and allows parental voice in the planning process. From the perspective of an Appalachian Board with close community partnerships, I am excited to think of increasing our school-based services and supports in this manner.

We are looking forward to new opportunities represented in HB 33 as proposed. I bring to you my personal commitment to service planning and delivery designed specifically for the people of Gallia, Jackson and Meigs counties. Thank you for your interest and I am happy to answer any questions you may have.