Chairman Burke and members of the Health & Human Services Sub-Committee, my name is Cheri Walter and I am testifying on behalf of the Ohio Association of County Behavioral Health Authorities which represents Ohio’s Alcohol, Drug Addiction and Mental Health Boards. With me today are Executive Directors from varying sized alcohol, drug addiction and mental health boards from different parts of the state. I will be providing a brief overview of the impact the proposed budget bill has on our boards and the Ohioans we serve and then the board directors will be sharing what the impact looks like at the community level.

You have heard from us that Treatment works; People Recover; Recovering People Work; Working People Pay Taxes. The productivity of Ohio’s workforce is intricately tied to access to behavioral health care. If these truths are not self-evident, I have enclosed a one-pager for you with supporting data. Having already spoken with many of you, I know that you share our concern about the state of Ohio’s community behavioral health system of care in the wake of deep and devastating cuts last General Assembly and the impact of the proposed SFY 12-13 biennial budget.

The central change in Ohio’s SFY 12-13 biennial budgets for ODMH and ODADAS as proposed shifts the fiscal responsibility for Medicaid match for behavioral health to the state. In moving the match, the state uses a phased approach from SFY12 to SFY13 with ODMH and ODADAS being fiscally responsible for the match in SFY 12, they then move the match responsibility to the ODJFS 525 line in SFY13. OACBHA’s original finance plan kept the 408 and 505 at ODMH and the 401 at ODADAS, to be allocated to Boards for use in the community, while moving the Medicaid match to the ODJFS 525 line.

While the state has proposed taking responsibility for the Medicaid match, the language as proposed in the bill reflects the exact opposite, we have been assured by the Directors of ODMH and ODADAS that this was a mistake and will be corrected. I also want to clarify the notion that by freeing up local levies Boards will have the money they need to provide all of the necessary non-Medicaid services, let me be clear that this is just not the case.

While we support moving the Medicaid match obligation to the state, by taking funds that were originally meant to keep individuals out of more costly placements and treat them in the community in order to support the state’s Medicaid match obligation, very little in the way of resources are left to treat some of Ohio’s most fragile non-Medicaid eligible individuals, and provide the necessary non-Medicaid community support services. The few funds remaining in the community represent another significant reduction on top of the prior administration’s 35% and 30% cuts to community mental health and addiction services respectively. The cuts to the community as proposed by ODMH and that we expect from ODADAS based on their budget, pose a serious disconnect from our perspective between the state’s objectives around prison
reform, addressing the opiate epidemic, community alternatives to hospitalization and other more expensive options. This budget if not addressed, will completely demolish the community system of behavioral health care, and we are certain that individuals in need of care will end up in placements much more costly to the state, such as state psychiatric hospitals, nursing homes, and prisons. Make no mistake about it, this budget as proposed hurts consumers, particularly the working poor and those who are either underinsured, or have no insurance and are not Medicaid eligible!

Additionally, the state’s budget as proposed makes significant changes and reductions to the tangible personal property tax replacement funds which impact levy revenues. Local levies provide approximately 33% of the behavioral health funding in Ohio.

One specific detail that we have discussed with Director Hall at ODADAS is around how to operationalize moving the Medicaid match responsibility by having the General Assembly create separate line items for Medicaid and community funding, which would mirror how ODMH handled the change. We would like to submit this change for the sub-committee’s consideration.

Finally, in addition to the flaw with the Medicaid Match language that affects both ODMH and ODADAS, we have some very serious concerns with much of the language submitted by ODMH that if left unaddressed will fundamentally change and diminish the role of the Boards in the local community. We have had several discussions with Director Plouck and are working to address these issues with the Department; our goal is to come to mutually agreed upon language changes for the omnibus amendment, and if this is not accomplished to come back to you with our concerns and recommended changes.

With that overview, I will turn it over to Jody Demo-Hodgins to talk about what further reductions in purchasing power mean to the community behavioral health system in Crawford and Marion Counties.