



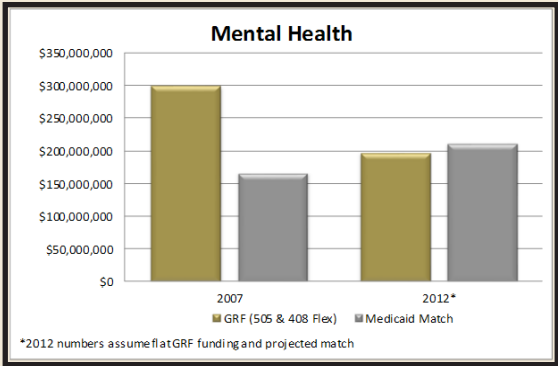
Ohio's Community Behavioral Health System exists to serve citizens in need of alcohol, drug addiction and/or mental health services in the community, where individual needs are best met. Unfortunately, as we forewarned, Ohioans are dying from lack of access to services due to years of neglect in the GRF budget.

- In a recent statewide poll, 2 out of every 3 Ohioans stated that they were impacted by a friend or family member with an addiction and/or mental illness.
- Based on the most recent statistics, suicides in Ohio are at a 10 year high. Most suicides (43%) occur in men between the ages of 36 and 65.
- In Ohio, the annual deaths related to unintentional drug/medication overdoses are higher than the annual deaths due to vehicular accidents.

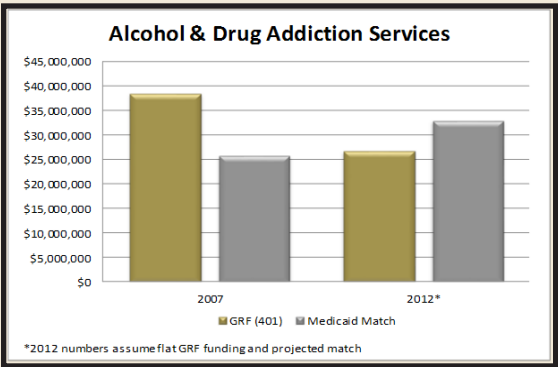
So the question is; how do we ensure access to life saving behavioral health services so that more Ohioans don't die a needless death?

THE PROBLEM

There is an increasing need for community based alcohol, drug addiction and mental health services. Unfortunately, this *increasing need* has been met with *decreasing financial support* from the state. Today, the financial pressure at the local level to fulfill Medicaid match obligations is adding unendurable fiscal pressure on local systems’ ability to meet their statutory requirements. Based on Medicaid expenditure projections, the loss of enhanced federal matching funds in 2012, and flat funding; **NEITHER** ODMH nor ODADAS will have enough GRF to cover Medicaid match in SFY 2012-2013. This will leave no GRF available to serve non-Medicaid eligible individuals or provide non-Medicaid eligible recovery support services.

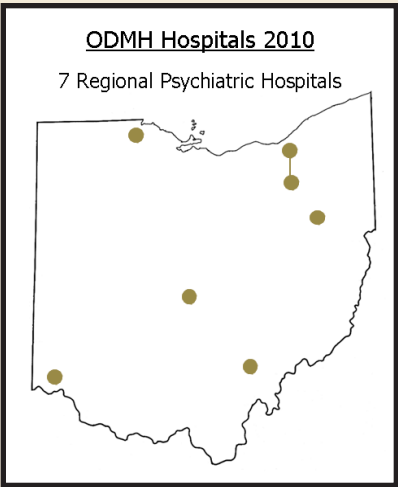
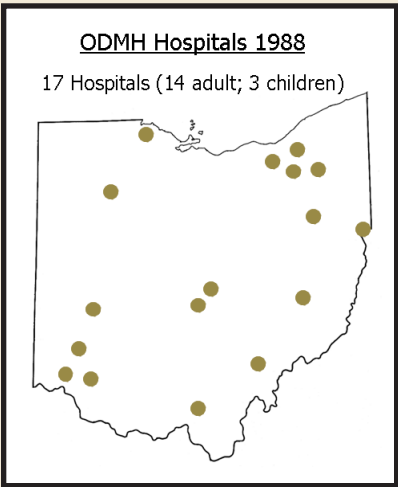


All numbers in both charts are in real dollars, not adjusted for inflation.



At a time when Ohio faces a monumental fiscal crisis, it’s pay now or pay later. Ohio can adequately fund low-cost, high quality community-based treatment services or we can face the consequences and pay higher costs in state psychiatric hospitals, emergency rooms, homeless shelters or prisons. Ohio can learn from the past, here is an example of how community-based services saved the state dollars:

With the Mental Health Act of 1988, Ohio embraced the community treatment model whereby mental health treatment and support services are managed and provided at the community level. This allowed Ohio to go from 17 costly institutions to seven psychiatric hospitals.



THE SOLUTION

What will it take to sustain access to community behavioral health treatment and recovery support services?

Behavioral Health Medicaid match shall be funded out of the ODJFS 525 line.

- It's a parity issue: BEHAVIORAL HEALTH CARE **IS** HEALTH CARE, and there should be no distinction in how Medicaid match is funded for physical and behavioral health care services.
- Without change and with the loss of enhanced FMAP, neither ODMH nor ODADAS will have enough community-focused GRF to meet Medicaid match in SFY 2012 and 2013.
- Behavioral health Medicaid match would represent less than two percent of the total Medicaid match, and could be funded with no increase in the ODJFS 525 line item.

Boards shall not be required to utilize local levy funds to match Medicaid.

- Voters pass levies to support locally identified needs, not a state entitlement.
- In the foreseeable future, there will continue to be individuals in need of treatment and recovery supports who have no insurance or means to pay.
- There will always be a need for non-Medicaid eligible recovery support services that allow individuals to live independently in the community.

ODMH line items 408 and 505, as well as ODADAS line item 401 shall remain fully funded, with the dollars being allocated to communities.

- The 408, 505 and 401 line items are necessary to fund services for non-Medicaid eligible individuals and non-Medicaid eligible recovery support services.
- Mental health and addiction services must be available for all Ohioans, whether they are Medicaid eligible or not.
- Without access to alcohol, drug addiction and mental health services more Ohioans will die as a result of their disease and/or suicide and overdoses.

Treatment + Recovery Supports = A Healthy Ohio

Treatment Works; People Recover



Behavioral Health Care IS Health Care

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