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### COALITION FOR HEALTHY COMMUNITIES MEMBERS

Alcohol & Drug Abuse Prevention Association of Ohio  
 American Academy of Pediatrics-Ohio Chapter  
 Buckeye Art Therapy Association, Inc.  
 District 1199 SEIU – AFL-CIO  
 US Psychiatric Rehabilitation Association-Ohio Chapter  
 Mental Health Advocacy Coalition  
 Mental Health America of Ohio  
 Multiethnic Advocates for Cultural Competence  
 NAMI Ohio  
 National Association of Social Workers-Ohio Chapter

Ohio Alcohol and Drug Policy Alliance  
 Ohio Ambulatory Behavioral Healthcare Association  
 Ohio Association of County Behavioral Health Authorities  
 Ohio Association of Child Caring Agencies  
 Ohio Assn. of Residential Recovery Services  
 Ohio Citizen Advocates for Chemical Dependency  
 Prevention and Treatment  
 Ohio Council of Behavioral Healthcare & Family  
 Services Providers  
 Ohio Counseling Association

Ohio Federation for Children’s Mental Health  
 Ohio Mental Health Counselors Association  
 Ohio Nurses Association  
 Ohio Psychiatric Physicians Association  
 Ohio Psychological Association  
 Ohio School Psychologists Association  
 Ohio State Medical Association  
 Ohio Suicide Prevention Foundation  
 Universal Health Care Action Network of Ohio

### ABOUT THE COALITION FOR HEALTHY COMMUNITIES

The 27 member organizations of the CHC include agencies that advocate for, or provide direct services for Ohioans with mental illness or addiction disorders. Annually, more than 2.3 million Ohioans with mental health disorders and 1.03 million Ohioans with addiction disorders need our services.

ODMH provides funding to serve approximately 320,000 individuals with mental illness and ODADAS provides funding to serve over 99,000 individuals with addiction disorders each year. Thousands more are on waiting lists or do not receive services at all.

The CHC reminds lawmakers that Ohioans from all walks of life need mental health and addiction services. This includes Ohio National Guard troops and military personnel who are returning from Iraq and Afghanistan, and their families. It includes people in urban and rural settings, children, adults and senior citizens, families, and workers who find themselves laid off and without employment.



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When a rock breaks ice, it sends cracks radiating in all directions. It is much the same when public agencies cut funding for behavioral health care – which includes mental health and addiction services. The ripple effect of such cuts can severely impact an array of other community services and functions

Behavioral health is a critical part of our health care system. It is a prime component in the building and maintenance of strong Ohio communities. When mental health and addiction services are supported, vital community functions such as safety and education can achieve greater success.

When lawmakers maintain sufficient funding for the Ohio Department of Mental Health (ODMH) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), these health care dollars are maximized to the fullest extent. Adequate funding for behavioral health agencies can actually help to reduce the cost burden to other state agencies such as the Ohio Departments of Education, Public Safety, Youth Services, Health, Aging, Job & Family Services and Rehabilitation and Corrections.

Behavioral health services at the state and local levels have been seriously impacted by years of eroding state funding and the recent economic setback. As more Ohioans seek help for mental illness or addiction disorders, resources are already scarce. Providers are doing all they can to stretch programs and services. Still, many Ohioans who need treatment for mental illness or addiction disorders cannot get it.

OVER THE YEARS, THE BUDGET CUTS TO ODMH AND ODADAS HAVE BEEN DISPROPORTIONATE TO OTHER AGENCIES WHILE THE NEED FOR BEHAVIORAL HEALTH SERVICES HAS GROWN DRAMATICALLY. WE ARE ALL COMMITTED TO BUILDING A SAFE AND HEALTHY OHIO, WITH A WORKFORCE THAT IS READY TO HELP GET OUR ECONOMY MOVING. WE MUST RESTORE COMMUNITY LEVEL FUNDING FOR ODMH AND ODADASTO APPROPRIATE LEVELS AND SAFEGUARD SERVICES FROM FURTHER EROSION. THIS WILL ENSURE THAT MORE RESIDENTS ARE NOT CUT FROM VITAL SERVICES AND THAT WE DO NOT EXPERIENCE A NET LOSS FOR BEHAVIORAL HEALTH SERVICES TO COMMUNITIES INTO THE NEXT BIENNIUM. THE COALITION FOR HEALTHY COMMUNITIES IS GRATEFUL FOR THE AVAILABILITY OF FEDERAL STIMULUS MONEY AND RAINY DAY FUNDS, BUT WE STRONGLY URGE LAWMAKERS TO REDUCE THE USE OF SUCH FUNDS FOR MENTAL HEALTH AND DRUG/ALCOHOL SERVICES AND EMPHASIZE THE USE OF GENERAL REVENUE FUNDS. BEHAVIORAL HEALTH SERVICES REQUIRE A CONSISTENT COMMITMENT OF STATE FUNDS TO ENSURE THE WELLBEING OF THOUSANDS OF OHIOANS. SPECIFICALLY, THE COALITION FOR HEALTHY COMMUNITIES CALLS ON LAWMAKERS TO FUND COMMUNITY BEHAVIORAL HEALTH (GENERAL REVENUE FUNDS) AT THE FOLLOWING LEVELS:

- OHIO DEPARTMENT OF MENTAL HEALTH (LINE ITEMS 408, 404, 419, 505 AND 636) \$523.2 MILLION IN FY '10 AND \$523.2 MILLION IN FY '11.
- OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES (LINE ITEMS 401, 404, 626) \$43.2 IN FY '10 AND \$43.2 MILLION IN FY '11.

## Voices from Across Ohio A chorus of support for behavioral health services



**“Hospital emergency departments often are used by people seeking help for mental health problems and crises. Some patients have acute and immediate needs, others have experienced a gradual build-up of symptoms due to lack of funds for medication or availability of treatment facilities. Other patients exhibit symptoms of addiction. Sometimes patients may wait for hours to receive emergency department care prior to referral to county facilities. Once transferred, the wait may extend even longer. Funds are desperately needed to make facilities and personnel available to manage serious, chronic and acute, psychiatric and addiction conditions. This will have the added benefit of helping to relieve already overcrowded emergency departments.”**

Eric Anderson, MD, MBA, FACEP, Director of Clinical Operations of the Emergency Department at the Cleveland Clinic



**“The Ohio Business Roundtable estimates that improved diagnosis and treatment of depression could lead to \$350 million to \$450 million per year in increased productivity for Ohio employers. We need a healthy workforce, and this includes a solid public system to support those with mental illness and addiction problems.”**

Richard Stoff, President, Ohio Business Roundtable

*In Ohio, more than \$3.5 billion is the annual estimated indirect cost of untreated mental illness, due to lost productivity at work or school, incarceration, or replacement of family care giving responsibilities. Untreated addiction disorders cost Ohio between \$7 billion and \$8 billion each year in health care, social welfare, lost productivity and criminal justice costs.*



**“Many schools across this nation have children who experience psychological problems, behavioral disorders, or are victims of exposure to addictive behaviors in their home life. Lima City Schools is no exception to this national and statewide trend. Learning is affected by these adverse conditions. Mental health and addiction services must be properly funded to help assure that schools are successful in teaching Ohio’s children.”**

Karel B. Oxley, Ed.S., L.P.C., Superintendent of Lima City Schools

*In Ohio, more than 150,000 children have a serious mental or emotional disorder severe enough that it limits functioning in all areas of life.*



**“Many of the families we assist are damaged, and most are that way because of behavioral health issues. If the job of county services is to keep families together and functioning well, then we must have strong mental health and addiction services to help us. We can then more effectively help parents to raise strong, healthy children who live safely in their own homes.”**

James McCafferty, County Administrator, Cuyahoga County

*It costs \$78,000 per child annually for incarceration at the Ohio Department of Youth Services (often a consequence of untreated mental illness and/or addiction disorders).*



**“Many of the adult and youth offenders I have worked with in Ohio suffer from mental illness and/or drug and alcohol addiction problems. Some of these undiagnosed offenders are being incarcerated in jails and facilities that are unable to meet their treatment needs. When behavioral health systems reduce, or fail to provide, services for any of these people, their self destructive behavior continues and often leads to criminal behavior; and sometimes the ultimate self-punishment, suicide.”**

Judge Richard M. Wallar, Hocking County Juvenile Court Judge

*Fifty percent of all Ohio prison inmates were under the influence of drugs or alcohol at the time of their crime. Roughly one in six committed a crime to support a drug habit, yet the cost of treatment is 15 times less than incarceration.*



**“The role of the police is expanding from just law enforcement to more peacemaking in our community. However the police cannot succeed in keeping the peace without dedicated, competent and experienced partners also in the community. Mental health and addiction services are critical to our efforts and increase our capacity to serve the public.”**

Lt. Col. Michael Cureton, Assistant Police Chief, City of Cincinnati

*The Ohio Department of Rehabilitation and Corrections estimates that 12 percent of inmates are diagnosed as “seriously mentally ill.”*

### BEHAVIORAL HEALTH IN OHIO: BY THE NUMBERS

- 2.3 million adults have a diagnosable mental disorder each year, with 522,000 having a serious mental illness (such as schizophrenia, major depression, bipolar disorder).
- Persons with serious mental illnesses die an average of 32 years earlier than the general population.
- 2.7 million people will experience an addiction disorder each year.
- 41 percent of teens reported using marijuana one or more times.
- Nine of 10 people who complete suicide had a diagnosable mental illness or substance abuse disorder.
- Two suicides are completed for every one homicide.
- 70 to 90 percent of people with severe mental illness have significantly reduced symptoms and improved quality of life, with treatment and supports.
- 58 percent of children with severe emotional disturbance do not graduate from high school.
- Over the next 10 to 20 years, depression is projected to become the leading source of workdays lost through disability.
- As the older adult population continues to grow to an expected 20 percent of the state’s total population by 2025, as many as 650,000 older Ohioans (age 65+) are likely to experience mental health problems, including issues that are not part of the normal aging process.
- On average, an employee with an unaddressed substance use disorder can cost an employer \$7,000 per year in lost productivity and health care costs.
- The Ohio Bureau of Workers’ Compensation reports that 47 percent of serious workplace accidents and 40 percent of fatal workplace accidents involve drugs and/or alcohol.
- 38 to 50 percent of all Workers’ Compensation claims are related to alcohol or drug abuse in the workplace.

### TREATMENT WORKS, PEOPLE RECOVER!

A diagnosis of a mental illness or addiction disorder is not what it used to be. Modern research and discovery into the causes of mental illness and addiction disorders have led to more effective treatments. Today, these illnesses are as treatable as other chronic conditions such as diabetes, heart disease and asthma. In fact, in some cases, treatment success and recovery rates are higher for people with mental illness and addiction disorders than for other chronic conditions.

### SUPPORT FOR MEDICAID IS CRITICAL

More than 250,000 Ohioans with mental illness and addiction disorders depend on the state’s Medicaid system for treatment and support. In the behavioral health Medicaid system, when state dollars are cut to Medicaid services, the impact goes beyond the initial cut because matching dollars are provided from state and local sources. For behavioral health services, ODADAS, ODMH and many local Alcohol, Drug Addiction and Mental Health (ADAMH) Boards in Ohio provide matching funds for Medicaid. For physical health services, the Ohio Department of Job and Family Services provides the matching funds for Medicaid services. So, when budgeting attempts to “hold Medicaid harmless” from cuts, these same safeguards are not applied to the local ADAMH Boards. Therefore, Ohio’s local communities must bear 100 percent of any increased costs due to diminished funding of the state’s programs.