As Ohioans and Ohio’s policymakers continue dealing with addiction, overdoses, mental illness, and suicide, we must **put people first**. Collectively, we must work to stabilize and enhance the community mental health and addiction system of care. The funding and policy recommendations included below are designed to ensure that Ohio’s local Recovery-Oriented Systems of Care, spearheaded by the ADAMH Boards, are better positioned to meet the mental health and addiction prevention, treatment, and recovery support needs of Ohio’s communities. To achieve maximum efficiency with federal, state, and local investments, funds should flow through local ADAMH Boards, as they work with state and local partners to prioritize community needs.

The **continuation of Medicaid Expansion as it is today** is imperative, as it has dramatically increased access to critical, life-saving mental health and addiction services for hundreds of thousands of individuals in Ohio.

The following funding and policy requests are built upon the assumption that individuals continue to have access to mental health and addiction services as a result of the continuation of Medicaid expansion. All of the funding recommendations included in this document are for a continuation of temporary funding or include a recommendation for where the funding can be captured.

**Funding Requests**

- **Recommendation:** Continue the investment in the withdrawal management-crisis stabilization funding at $1.25 million per collaborative per year for a total of $7.5 million per year while allowing the funding to be flexible enough to be utilized for either new or existing withdrawal management or crisis stabilization services.

- **Recommendation:** Continue the $7 million/year investment that supports the allocation of $75,000 per county that is utilized to support the needs of clients and families identified by the County Hubs.

- **Recommendation:** Increase the 336-421 Continuum of Care line item by $12 million/year in flexible funds to be allocated to Board to enhance prevention, crisis, treatment, and recovery services to better assist individuals struggling to recover and help them lead high-quality, productive lives. This funding could be captured by maximizing the IMD revenue State Hospitals can bill Managed Care Organizations for Medicaid clients provided services in a state hospital.

- **Recommendation:** Provide $8 million/year to support the development of step-up/stepdown stabilization units for individuals needing longer-term community-based care. Funding for this investment could be secured by reassessing the need for the $112 million set aside to build a new Columbus State Hospital facility.
Policy Requests

- **Recommendation:** Amend ORC 340.03 (A)(1) to incorporate the local Hub responsibility of ADAMH Boards as follows:
  
  “Serve as the community addiction and mental health planning agency and hub for the county or counties under its jurisdiction.”

- **Recommendation:** Implement a process and a funding mechanism to determine how client data will be collected, shared, utilized, and analyzed to ensure that local county authorities have timely and consistent access to the information necessary to plan and administer the local system of care.

- **Recommendation:** Enact a statutory change allowing community partners to come together to conduct Overdose Death Reviews and Suicide Death Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.