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By The Numbers

Dr. Kent Youngman, Chief Executive Officer
Mental Health & Recovery Services Board of Clark, Greene, and
Madison Counties

Nearly every community behavioral health board in Ohio can share stories about how the funding for mental health and substance abuse services does not adequately meet the needs of their citizens. This fact remains true in Clark, Greene and Madison Counties. In the last years, in Clark, Greene and Madison Counties, while we have less funding for services and less capacity within the system, we are experiencing an increase in demand for services.

The numbers for Clark, Greene and Madison Counties shared below demonstrate the critical juncture that our local system is facing.

- The accelerated phase out of the tangible personal property tax that was passed as part of the SFY 2012-2013 budget resulted in an approximately \$1 million dollar loss to the community behavioral health system in Clark, Greene and Madison Counties.
- From 2008 to 2012 the MHRB of Clark, Greene and Madison Counties lost approximately \$3.4 million dollars in funding for community alcohol, drug addiction and mental health services.
- In 2011, we served 1,200 fewer people than we were able to serve in 2009 – approximately 650 fewer alcohol and drug clients and approximately 550 fewer mental health clients.
- As a result of funding cuts and staffing reductions, billable activity has decreased. In 2011 agencies billed \$2 million less than in 2009.
- From 2006 to 2011, admissions for treatment for opiate addiction and abuse in Madison County alone increased by 140% with a corresponding 800% increase in Board funding to Madison County to treat individuals with opiate addictions.

Impact on programs and workforce

In the last year, our regional detoxification and crisis stabilization unit was closed cutting jobs. This unit served the entire region, but the Clark, Greene, and Madison behavioral health system was the primary user. We now use a less clinically intense outpatient model that requires clients to travel more frequently and makes it very difficult for some clients to access services.

Plans for a women's drug-free house were changed because the funding to fully open the program is not available. Instead, the program is operational on a limited basis through resources that were cobbled together from a city grant along with some other unique resources.

Over the last several years, agencies have cut staffing in administrative, clinical, and support roles in order to keep the doors open. In addition to the negative impact on capacity, the workforce reductions harm the ability to recruit and maintain a qualified workforce.

Unfortunately, unless additional funding comes our way, we will have to continue to operate in a reduced capacity which makes it more difficult for clients to get the services they need. We are particularly concerned that sentencing reform legislation will not be successful because offenders in need of drug and alcohol services will not be able to get the treatment they need. Without appropriate treatment, it is very likely that these people will re-offend. Diversion without treatment is a very short-sighted policy.

