

Recent tragic events in our community and Arizona have called me to reflect more deeply on our behavioral health system, how it came to be, what was promised and what is real. Acting out of concern and compassion Ohio passed legislation in 1968 to create a community-based system of county and multi-county boards to plan and coordinate care for those in our community who have a mental illness. Twenty years later Ohio passed landmark legislation, the Mental Health Act of 1988, with two primary goals: to move toward community treatment rather than institutionalization and to emphasize local direction rather than state control. The hope surrounding this legislation was evident in local communities around the state.

As noted recently in a number of newspapers across the state and by the Director of the Ohio Department of Mental Health, the Mental Health Act of 1988 was never adequately funded. Money did not follow patients into their home communities. In effect the state has walked away from the promises it made to provide adequate support for people living in communities around Ohio. Basic needs such as housing, medication, access to vital support services and inpatient treatment have not been sufficiently funded. When corrected for inflation the state spends less on community based mental health treatment now than it did twenty years ago. The result of this failing is that the percentage of those with mental illness who are in jails and prisons, homeless shelters, nursing homes and on the streets has skyrocketed. Local communities have taken on more and more of the financial burden as the state has cut funding. The state cut funding by more than \$100 million over the past three years. Locally our three counties lost \$3 million. Sadly, additional cuts are likely.

This problem and its consequences are well known. Clark, Greene and Madison Counties have always generously supported local behavioral health services. Many of our citizens make sacrifices to support the levies that fund local services. We are deeply grateful for that support. Local communities struggle to keep the promise of the Mental Health Act of 1988 alive. Susan Ackerman, a fellow at the Cleveland-based Center for Community Solutions, says bluntly, “Failure to meet the needs of people with mental illness in a community setting has resulted in increased hospitalizations, nursing home placements and incarceration. Not only are these alternatives inappropriate – and in many cases inhumane – but they are also significantly more expensive.”

The tag line on our logo is “Help for today, hope for tomorrow.” The Mental Health & Recovery Board seeks daily to work with the community to be certain there is some level of help today that

will give a sense of hope for tomorrow. Our legislators need to know how difficult it is for us to offer help and hope when our funding is drastically cut. The mental health system in Ohio has been described as being at a “breaking point” and on “the brink of failure and collapse”. Local communities have been contributing more and more for mental health services. We need to hold the state’s “feet to the fire” and make sure they meet the promises they made to people with mental illness. I ask our community to join me in making our legislators fully aware of our breaking point. Please contact them today.