

In the 129th General Assembly
April 8, 2011- HB 153 (State Budget) Testimony from Daniel Davis, Ph.D.

Testimony to Link to:

House Finance Committee Hearings on H.B. 153-State Budget, 2012-2013
Testimony of Dr. Daniel L. Davis
On Behalf of The Ohio Psychological Association
April 8, 2011

Chairman Burke, Ranking Member Goyal, members of the Health and Human Services Sub-Committee of the House Finance Committee.

My name is Daniel L. Davis, Ph.D. I am a psychologist in Columbus, Ohio with specialization in behavioral disorders of children and adolescents as well as forensic psychology. I was invited to present testimony by the Ohio Psychological Association. I have authored professional books and articles and hold an academic appointment in the Department of Psychiatry at The Ohio State University. My work experience includes private practice, community mental health, and public residential care for adults and youth. My views are my own and do not carry the endorsement of any group or agency with whom I am affiliated, other than OPA.

Before I begin I have to tell you sincerely and without exaggeration, that the current circumstances of mental health care in Ohio are the worst that I have ever seen them.

I know that you have heard from people all over Ohio in the past few days, talking about their concerns for the children, youth, and adults needing services in Ohio's mental health system. People have praised the Kasich Administration's focus on integrating physical and mental health and the work of the Office of Health Care Transformation and I think that this will eventually result in a better system of care for those we serve. However, in the meantime, both on the Medicaid and non-Medicaid side, the Budget for ODMH is significantly under funded to meet the needs of our citizens.

The ODMH Benefit Limit proposed for both adults and children will leave our most severely ill patients with a lack of high intensity programs for those with the most significant and complex problems. Additionally the elimination of the Children's System of Care Line Item (408) and folding it into Line item (505) leaves no actual non-Medicaid dollars for treatment of children and youth who are not Medicaid Eligible.

Let me share some examples of youth from my own practice.

- Long waiting lists for residential and hospital services.
- Early treatment works and helps young people become productive, law-abiding fathers and mothers.

I know from my experience that if we invest in children and families, when the first signs of trouble emerge, we can keep them in school, out of emergency rooms and prisons, and free of drugs and violence. Psychological treatment not only saves money, it saves young lives.

I would strongly urge this body to find additional funding for both the Medicaid and Non Medicaid portion of this budget for the serious mental health needs of Ohio's children and youth and their families.

I would be happy to address any questions that you may have.