

Testimony before the Ohio House Finance Subcommittee on Health and Human Services
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Good morning Chair Romanchuk, Ranking Member West, Representatives Kelly, Lipps, and Roemer. Thank you for the opportunity to testify on HB 166, the state operating budget and the impact of these critically important investments in mental health and addiction.

My name is Megan Kleidon, and I am the President and CEO of Red Oak Behavioral Health, headquartered in Akron. Red Oak is one of the largest providers of school-based behavioral health services in the state and an active member of the Mental Health & Addiction Advocacy Coalition. When combined with our outpatient mental health services for children and families, our staff of 150 professionals serves over 4,500 people each year across four Northeast Ohio counties. We pride ourselves on providing behavioral health services that “meet you where you are” – both clinically and physically – and our community partnerships and integrated approach to service delivery allow us to connect individuals and families to the resources and supports they need to build a better life and a brighter future.

I will use my remarks today to highlight several key issues regarding:

- Investments in K-12 education and wraparound services
- Increased community efforts regarding behavioral health
- Strengthening our behavioral health workforce, and
- Protecting Medicaid Expansion.

Investments in K-12 Education and Wraparound Services

In 1998, Red Oak embarked on an innovative local partnership with Akron Public Schools to provide mental health counseling onsite for students at risk for suspension/expulsion due to the behaviors associated with their mental illness. What began as a small pilot with a few schools quickly grew, and today we have staff embedded bell-to-bell in 87 schools across four counties. Research shows that school-based mental health services meet a growing unmet need for children and youth by serving them in the environment where they already have connections and perceived sense of safety and pairing social-emotional learning with academic learning to ensure schools provide the full continuum of learning necessary for student success.

The Administration has proposed several key investments in K-12 Education and Wraparound Services that are imperative to increasing the impact and reach for those of us delivering behavioral health services in schools, including **an \$18 million investment in evidence-based prevention curricula for schools that teach students the social-emotional skills necessary to make healthy decisions.** These funds will allow agencies like ours to have access to cutting-

edge materials and broaden our reach to serve far more students. While Red Oak can and does provide mental health *treatment* services to students with a diagnosed mental health disorder, prevention programming is not reimbursable through insurance and cannot be provided consistently without designated funding. These funds would allow schools and agencies like ours to work collaboratively to address the needs of all children, regardless of diagnosis.

Increased Community Efforts Regarding Behavioral Health

The Administration has also proposed a **\$5 million investment to build the capacity of laypeople and community leaders to serve as first-responders for individuals experiencing a mental health crisis**. One in ten calls to 911 involve an individual with mental illness – and one in four Ohioans will meet the criterion for a mental health diagnosis in their lifetime. Statistics from a recent University of Akron study paint an even more alarming picture, with more than 70% of campus students surveyed meeting criterion for a diagnosis of depression or anxiety.

At Red Oak, we witnessed firsthand the need to build community capacity to respond to those in need and reduce the stigma associated with mental illness. In response, we sent two of our leaders to become certified trainers in Mental Health First Aid (MHFA) in Fall 2018. An evidence-based program, MHFA is similar to traditional First Aid, training laypeople not to be healthcare experts but rather to identify, understand and respond to signs of mental illnesses and substance use disorders. Although critical to getting those in need connected to care, trainings like MHFA are largely dependent on local grant funding for implementation. We began by training a group of Summit County faith leaders in January, and now have so many training requests that we are sending additional staff to become trainers. Given recent coverage of the link between mass shootings and unrecognized or untreated mental health needs, our communities are hungry to build their capacity to identify those in need and intervene before it's too late. Investing in services like CIT and MHFA at the state level will allow us to empower individuals throughout our community, including educators, librarians, public transport workers, safety forces and parents, to recognize and intervene during a mental health crisis and create a safe space for those experiencing mental health symptoms to seek support.

Strengthening our Behavioral Health Workforce

The behavioral health field is experiencing an unprecedented workforce shortage nationwide, and despite our best efforts we have certainly felt its impact at Red Oak Behavioral Health. Our retention level dropped below the national average for the first time in 2018, with nearly 50% of the staff who resigned leaving to pursue careers outside of the industry altogether.

Recruiting and retaining staff has long been a challenge for our industry given the intensity of the work required, but this has been exacerbated as hospitals and insurance companies have begun to recruit staff with the same licensure and experience, offering salaries and benefits

that far exceed those we are equipped to offer. Community behavioral health agencies often care for the most acutely ill and vulnerable individuals, and our workforce requires passion, dedication, and productivity – but *reimbursement rates must be addressed* to allow us to provide salaries and benefits that can compete with those in other parts of the healthcare sector and strengthen the overall continuum of care.

Many of our clinical staff come to us with substantial student loan debt or have elected to stop their education at a bachelor’s level instead of pursuing their masters and a clinical license due to the high costs for continued education. The Administration’s proposed funding of **\$8 million for workforce recruitment, training and retention** could help institute critical student loan forgiveness and tuition assistance programs for mental health professionals that would promote and incentivize employment at community behavioral health agencies. I urge you to protect these funds and invest in the future of those providing behavioral health care services.

Protecting Medicaid Expansion

The implementation of behavioral health redesign in January 2018 and shift to managed care in July 2018 focused on bringing value to the people we serve and the community as whole – quality versus quantity. As we continue to expand our integrated model of care, one that seeks to provide the right service in the right setting, and improve health outcomes while lowering overall cost, we do this in the shadow of the continued Medicaid expansion debate.

I recognize that additional changes and improvements to our healthcare system are necessary. However, those of us providing healthcare to some of the most vulnerable individuals in Ohio have witnessed the positive impact of Medicaid expansion first hand. Medicaid expansion forced us to innovate as an industry. As the result of Medicaid expansion, we have seen more people seeking out behavioral health services at a point when interventions could be effective, and we could truly improve client health. Early intervention coupled with prevention efforts and better coordination of care enabled innovative and cost-effective solutions that work.

We have also seen compelling results. Not just improvements in health outcomes, but significant reductions in hospital admissions and ER visits. Better care in the right setting at a lower cost. We have invested a great deal of precious resources – treasure, time, and talent – into creating the collaborations and systems that make this work possible. If this progress is rolled back, we lose this investment. I urge you to **support funding for the implementation of Ohio’s Medicaid work requirements** so we can continue the progress we’ve already made.

Thank you for this opportunity to testify today regarding the importance of these investments in behavioral healthcare. I look forward to any questions you may have at this time.