The Ohio Council
Of Behavioral Health & Family Services Providers

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House Bill 166 Testimony (SFY 2020-2021 Biennial Budget)
Senate Finance Subcommittee on Health and Medicaid
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Chairman Hackett, Vice Chair Huffman, Ranking Member Thomas and members of the Senate Finance Subcommittee on Health and Medicaid thank you for the opportunity to offer testimony on House Bill 166 – the biennial budget for state fiscal years 2020-2021. I am Teresa Lampl, Interim CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy organization representing over 150 private businesses that deliver addiction treatment and prevention, mental health, and family services throughout Ohio.

In House Bill 166, Governor DeWine has provided a clear vision, strong leadership and steadfast commitment to investing in Ohio's future and the health and wellbeing of all Ohioans. We have welcomed this new administration's willingness to listen to stakeholders, share timely data, and recognize the serious mental health and addiction crisis facing the state. Likewise, the Ohio Council appreciates the Ohio House of Representatives thorough examination of the executive budget proposal and is very pleased with the bill advanced by that chamber. The policy and funding decisions made by the House largely compliment and, in some cases, enhance resources aimed at supporting Governor DeWine's investments in key health services.

The members of this subcommittee, and I suspect that all members of the Ohio Senate, need no reminder that Ohio faces an unrelenting addiction and mental illness crisis – individuals, families, employers and whole communities are suffering. The resources included in HB 166 directed toward addressing this public health crisis are a wise investment that will surely yield positive results – some will be immediate; others will not be realized for years down the road.

RecoveryOhio

Governor DeWine created the RecoveryOhio Advisory Council convening a diverse group of Ohioans committed to taking a hard look at the state's various human services systems and putting forth a plan to improve treatment options and supports for those struggling with addiction or mental illness. I am proud to be a member of this Advisory Council and look forward to working collaboratively with policy makers and other stakeholders to help advance the important recommendations outlined in the initial report. In my opinion, the RecoveryOhio Initial Report provides a comprehensive set of policy proposals that address everything from insurance parity, stigma reduction, behavioral health workforce development, and establishment of a full continuum of prevention, treatment and recovery services necessary to help Ohioans access the care they need, when and where they need it.

Full Continuum of Care

The Governor's executive budget prudently responds in numerous ways to the addiction and mental illness public health crisis facing our state and we are very pleased the Governor is seeking a robust investment in behavioral health services across the continuum of care. The Ohio Council appreciates the resource investment aimed at expanding prevention, treatment and crisis stabilization services in multiple state agencies. The governor's budget builds upon the General Assembly's efforts and targeted investments in recent years and we encourage lawmakers to continue building out and supporting a full behavioral health continuum of care infrastructure. For decades Ohio's community mental health and addiction services system was neglected and not supported with the appropriate resources required to function as effectively as possible – leaving our system challenged to face the overwhelming demand caused by the opioid and addiction crisis. I am hopeful that with the Governor's vision and the General Assembly's partnership, these significant investments can be made to the system, yielding greater efficiencies and high-quality outcomes.

With respect to key provisions in the executive budget, I would like to highlight a few measures that specifically address Ohio Council priority areas.

Prevention, Student Wellness and Success and Children's Services

The Ohio Council commends the Governor's various budget proposals that will expand prevention, screening, evidence-based home visiting services and facilitate greater access to school-based health and behavioral health services, including critically important wrap-around services to support kids be better prepared to learn. We are highly supportive of the provisions in House Bill 166 that create dedicated funds for student wellness and success.

School-based behavioral health services are effective interventions to prevent and treat mental, emotional, and behavioral disorders in children. This is critical because over half of all behavioral health conditions begin before age 14. Healthy students can pay attention, learn and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) or toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, be absent from school, and are at greater risk for substance abuse disorders, and suicide – over time, they face chronic health conditions, lower educational attainment and reduced income level.

Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children. Relying on partnerships with community behavioral health providers also offers opportunities for continuity of care when students or their families need services outside of the school day. Attached to my submitted testimony is a summary report of a survey recently conducted of Ohio Council members providing school-based behavioral health services available in communities today. We found that Ohio is well positioned to scale this collaborative effort.

We also enthusiastically applaud the budget initiatives that will help new moms in recovery bond and connect with their babies, promote telehealth services in schools and expand coverage for services for children on the autism spectrum. Further, the historic investments in Ohio's child welfare system are necessary to help children and families stabilize and access services to reduce trauma and promote resilience. As I have stated many times before, today's children are tomorrow's adults, parents, community leaders, workforce and the key to our state's economic success.

Medicaid Initiatives: SUD Waiver/BHCC/Dyad Care

The Ohio Council has been a collaborative partner with the Ohio Department of Medicaid on its policy initiatives to develop a 1115 Substance Use Disorder (SUD) Waiver and design a robust Behavioral Health Care Coordination (BHCC) model aimed at supporting Ohioans with intensive and often complicated conditions. The 1115 SUD Waiver is needed for Ohio to continue federal financial participation for critically important substance use disorder treatment services and to expand care coordination under the BHCC model to complex populations that all too often are not provided the services necessary to match their unique needs. The 1115 SUD Waiver also offers the opportunity to enhance and strengthen services for pregnant women with opioid use disorder and their babies, including some suffering with neonatal abstinence syndrome or NAS. Specifically, this 1115 SUD waiver package of services will improve care management, enhance clinical consistency, measure outcomes, and track performance. We strongly support the executive budget's investments directed toward the intertwined programs proposed in the 1115 SUD Waiver.

Supported Employment and Job-Training

The Ohio Council includes several members that offer supported employment and job-training services as part of their mental health and addiction treatment programs. They support these recovery services through various funding sources, including reimbursement from OOD's vocational rehabilitation program. We appreciate the efforts of OOD to engage stakeholders in recent VR Fee Schedule discussions and Director Miller's willingness to partner with the provider community. We encourage OOD to continue to develop its outreach to Ohioans with mental illness and substance use disorder challenges as employment often can be a strong component of recovery.

Parity Education and Enforcement

The Ohio Council is pleased to see resources in HB 166 for the Ohio Department of Insurance's efforts to raise awareness and conduct greater regulatory enforcement of the Mental Health Parity and Addiction Equity Act of 2008. More must be done to share information and resources to help Ohioans and employers better understand their rights and responsibilities under the law. Parity enforcement can be a tool to help expand treatment capacity and services while also ensuring resources are appropriately and efficiently allocated within the public and private health insurance markets. As a member of the Ohio Parity at Ten Coalition, the Ohio Council looks forward to working with the DeWine administration, the RecoveryOhio Advisory Council, insurance plans and other stakeholders to advance sounds policies that support and promote greater awareness and enforcement of parity.

Workforce

There is a severe workforce shortage in the community behavioral health system. To meet the increased demand for such services, Ohio must invest in and support strategies to grow the workforce, develop talented professionals, and retain their services in the community behavioral health system. We support the resources within the Department of Mental Health and Addiction Services' (MHAS) budget directed toward workforce recruitment, training and retention. And we appreciate the Ohio Department of Health's (ODH) proposals to expand the behavioral health workforce by offering loan repayment assistance. There is no doubt, the Governor's proposed investments in services and supports must be paired with a comprehensive strategy to ensure that there is an adequate workforce ready and able to deliver these essential services.

Behavioral Health Redesign

I would be remiss if I did not take this opportunity to offer brief comments with respect to the challenges imposed by behavioral health (BH) redesign. All the critical investments intended to curb the opioid crisis, strengthen mental health services and expand treatment capacity in this state budget could be frustrated without significant course correction. As you know, BH Redesign was initiated and driven by the past administration. And while the original goals were laudable, the execution has put tremendous strain on the community behavioral health services system. It is evident that the initiative was poorly designed, rushed in its implementation and poorly managed. The implementation process, including the transition to managed care lacked transparency and accountability. In short, community mental health and addiction treatment providers are struggling to get reimbursed timely and accurately by the Medicaid managed care plans. And this is causing some of the providers in your districts to lay off staff, trim programs and decrease services to Ohioans in need. All of this should have been and could have been avoided if the past administration would have listened to stakeholders.

Thankfully, Governor DeWine has made listening to stakeholders and communities a characteristic of his administration and he has made key appointments in critical agencies that are working deliberately and urgently to fix BH Redesign. Both Directors Criss and Corcoran have pledged their best and urgent efforts to address the challenges associated with BH Redesign and the transition to managed care. Stabilization is understood to require urgent and bold actions. The Ohio Council sincerely appreciates this commitment and we in turn, offer our collaboration, resources and best efforts to help turn this troublesome issue around. The individuals and families of Ohio in need of mental health and addiction treatment services deserve nothing less.

Thank you for your time and consideration today. I am happy to answer any questions.

2019 School-Based Behavioral Health Services Summary Report

Summary of Findings

School-based behavioral health services are effective interventions to prevent and treat mental, emotional, and behavioral disorders in children. This is critical because over half of all behavioral health conditions begin before age 14. Healthy students can pay attention, learn and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) or toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, be absent from school, and are at greater risk for substance abuse disorders, and suicide – over time, they face chronic health conditions, lower educational attainment and reduced income level.

Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed. Schools have recognized the needs of our children require collaboration and partnership to help them succeed academically, socially, developmentally, and in home and community life. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children.

In February 2017 the Ohio Council released a report, *School Based Behavioral Health Services Summary*, that demonstrated Ohio has an existing solid infrastructure in place to support and expand access to school-based behavioral health services. At that time, 36 community behavioral health provider organizations voluntarily reported delivering school-based behavioral health services in more than 200 school districts and over 1160 school buildings across Ohio. These 1160 buildings comprise one-third of Ohio school buildings.

Today, almost half of all Ohio districts and school buildings have access to behavioral health services through school-community behavioral health provider partnerships.

In 2019, the Ohio Council updated our membership survey to understand how school-based behavioral health services have changed. This time, 55 community behavioral health provider organizations voluntarily responded to our survey. We found that these 55 organizations deliver prevention, consultation and/or treatment services in 406 school districts and touch the lives of students in 1,760 school buildings. 55% of these community provider organizations offer a full range of behavioral health prevention, consultation, and treatment service to schools. These results demonstrate that school-community provider partnerships have increased to meet the needs of our students and school communities. It clearly demonstrates that Ohio has an existing, solid infrastructure in place that can be scaled to support greater access to school-based behavioral health services including prevention, early intervention, and treatment services to meet the needs of our students, families, and communities.

Available services offered at each school building varies by building, school district, and school-community provider relationship. However, most partnerships are deploying evidence-based programs, curricula, or interventions. Eighty-percent of survey participants reported offering prevention programs, including 75 different universal, targeted and selected prevention programs or curriculum. The most common prevention programs being offered include Botvin Life Skills, Signs of Suicide, and Too Good for Drugs. On the treatment side, 85% of survey providers reported they are providing treatment services

in schools. Individual counseling, diagnostic assessment, crisis services, group counseling and CPST or Therapeutic Behavioral Services (TBS) are the most available treatment services. Similarly, providers identified 55 evidence-based treatment interventions being offered in schools. The most common treatment interventions included cognitive behavioral therapy (CBT), motivational interviewing (MI), trauma-focused CBT, and dialectical behavioral therapy (DBT). Our summary includes a full listing of the evidence-based programs, curricular, or interventions identified by providers as being used in schools.

Building, sustaining, and ultimately expanding school-based behavioral health services requires a financially sustainable reimbursement model. We asked community behavioral health providers to identify the payer source for school-based services being provided in our schools today. As expected, treatment services are generally reimbursed through Medicaid and commercial insurance, with 81% of treatment providers billing Medicaid and 45% also billing commercial insurance when permitted or acceptable under school policy. Two programs reported use of the Medicaid School Program. Funding for prevention and consultation services are generally funded through ADAMH Boards, grants or foundation funding, and/or through school contract or MOU for purchase of services or positions. Payment for prevention and consultation services is variable year to year and tied to availability of local resources or grant funds. The lack of dedicated and consistent funding for prevention and consultation impacts long term planning and limits sustainability.

To recap, Ohio schools and community behavioral health providers have increased the availability of behavioral health services in the past two years so that half of all districts and school buildings have access to prevention, consultation, and/or treatment services. Building on the existing infrastructure, we must develop and expand school-based behavioral health services leveraging school and community partnerships by:

- Providing a stable funding source for prevention, consultation, and early intervention services in schools and timely referrals to community treatment services;
- Expanding partnerships between schools and community behavioral health organizations to provide mental health and addiction services, deliver prevention programming and increase coordination of care through regular communication between schools, families, and behavioral health providers;
- Increasing school-based screening efforts to identify youth with mental health and substance abuse needs and provide them with the resources they need as required by the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA);
- Targeting prevention programs to youth who have risk factors, such as ADHD, anxiety and depression, and have a family history of mental illness or substance use disorders.
- Providing education to families, schools, and providers on federal insurance parity to support access to treatment services in schools for children with mental, emotional, and behavioral conditions.

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THE NUMBERS SPEAK: SCHOOL-COMMUNITY BEHAVIORAL HEALTH PROVIDER PARTNERSHIPS

Community Behavioral Health Centers (CBHC) Responding: 55

Number of School Districts, Charter Schools & ESCs Served: 406

Number of School Buildings with School-Based BH Services: 1,760

- Elementary: 760
- MS: 465
- HS: 447
- ESC/Other: 88

Types of Services Available in Schools (n=55 CBHCs)

- 30 CBHCs reported offer prevention, consultation, and treatment services in school-based programs, depending on the need or request of the school district or building.

- 45 CBHCs offer PREVENTION services through their school-based school partnerships.
  - 38 offer universal interventions, 25 offer selected interventions, and 23 offer targeted interventions.
  - 18 organizations offer all three levels of prevention services in school settings.

- 46 CBHCs offer CONSULTATION services to schools.
  - 44 organizations reported offering student-specific consultation. 39 offer consultation to teachers and 33 reported offering classroom level consultation.

- 47 CBHCs offer TREATMENT Services in school settings.
  - Individual Counseling, Assessment, CPST/TBS, Crisis Services and Group Counseling were the most frequently reported available treatment services.

Top 3 most frequently reported Evidence Based Practices (EBP) used in school-based programs:

- PREVENTION (all three levels): Botvin Life Skills, Signs of Suicide (SOS), Too Good for Drugs

- TREATMENT: Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Trauma-Focused CBT, Dialectical Behavioral Therapy (DBT)

- PBIS Models: PAX Good Behavior Game, Zones of Regulation

Funding for School-Based Behavioral Health Services:

- 41 CBHC reported payment for treatment services using the community BH Medicaid program while 2 reported using the Medicaid School program.
- 21 provider organizations reported billing commercial insurance.
- 40 organizations reported using ADAMH Board funds to pay for school based BH services.
- 26 CBHCs reported relying on grant or foundation funding for services delivered in schools.
- 25 provider organizations reported having a school contract or MOU to a specified number of hours or personnel.