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House Finance Committee
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Chairman Oelslager, Vice Chair Plummer, Ranking Member Crawley and members of the House Finance Committee, thank you for the opportunity to offer testimony on House Bill 110, Governor Mike DeWine's executive budget proposal for state fiscal years 2022-2023. I am Teresa Lampl, 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 that represents over 160 private businesses that deliver prevention, addiction treatment, mental health, and family services throughout Ohio, including many in your own house districts.

The Ohio Council applauds Governor Mike DeWine and his administration for developing an executive budget proposal that continues key investments aimed at improving the health and wellbeing of Ohio's children and families, expanding access to mental health and addiction treatment services, and advancing strategic improvements to Ohio's Medicaid managed care program. **We especially appreciate the Governor's prudent and strategic use of one-time federal resources to bolster infrastructure and broadband capacity and provide help to small businesses while reserving state general revenue funds to support and maintain sustainable investments in the behavioral health system.**

Indeed, the important policy initiatives and funding priorities included in HB 110 that support student wellness and success programs, continue insurance parity efforts, and strengthen the behavioral health continuum of care, particularly in the areas of crisis services and care coordination for adults with serious mental illness, will pay dividends far into the future.

And as you know, while our state seeks to recover from the economic devastation and social disruption caused by the COVID-19 pandemic, we are simultaneously addressing the worsening opioid epidemic and rising demand for mental health and addiction treatment services. The resource investments allocated in this budget are vital to restoring the health and wellbeing of our children, families, and communities; supporting our workforce; expanding access to treatment and recovery; and invigorating Ohio's economy.

With respect to key provisions in the executive budget, I would like to highlight a few items that specifically address Ohio Council priorities and offer a few recommendations for the committee's consideration.

Medicaid

The Ohio Council supports the Department of Medicaid's budget proposal. The combination of state and federal resources directed toward Ohio's Medicaid program support critical health care services for our most vulnerable populations – and is the most important pathway for

Ohioans to access mental health and addiction treatment services. Further, **the Ohio Council strongly supports the Department of Medicaid’s ongoing implementation of its integrated managed care re-procurement.** We very much appreciate the department’s efforts to listen, engage, and seek feedback from stakeholders – including consumers and providers – as it designed its procurement process. The service enhancements for kids with complex behavioral health needs through the OhioRISE program, the behavioral health care coordination program, enhanced managed care transparency and accountability measures, reduced administrative hurdles for providers, and a renewed emphasis on patient experience – all are welcomed features of Medicaid’s reimagined care model. The Ohio Council looks forward to partnering with lawmakers, the Department of Medicaid, the managed care plans, and other stakeholders to collaboratively advance this process.

Behavioral Health Continuum of Care

The Ohio Council applauds the Department of Mental Health and Addiction Services (OhioMHAS) for its support of community behavioral health providers during the COVID-19 pandemic. Without the department’s leadership and support, providers would not have been able to transition to offering telehealth services as rapidly and successfully as we did. Telehealth has proven to be a valuable option for many Ohioans to access care and allowed many behavioral health provider organizations to continue business operations and essential service delivery during the pandemic. Similarly, the Governor’s executive budget proposal responds in numerous ways to the mental health and addiction crisis facing our state, and we are very pleased to see in this budget proposal the continued investment in behavioral health services across the continuum of care. Specifically, **we strongly support the continued investment in crisis services and crisis stabilization centers, and new resources aimed at supporting enhanced care coordination for adults with severe and persistent mental illness.** I would be remiss if I did not acknowledge the members of this committee and the entire Ohio General Assembly’s efforts in recent years to invest in Ohio’s behavioral health system. These investments are critical to stabilizing and strengthening Ohio’s system of care for individuals seeking mental health and addiction treatment.

Behavioral Health Workforce

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, and recovery services for mental health conditions and substance use disorders. Ohio and the nation are experiencing a severe shortage in such professionals, which limits access to treatment amidst an opiate epidemic and during a time of unprecedented suicide rates – issues exacerbated by the global pandemic. The shortage in behavioral health workforce results in decreased access to care and longer wait times for people in need of services and high burnout rates among providers. **Ohio must take expeditious action to strengthen the behavioral health workforce through financial investment in the development and implementation of strategies to incentivize careers in community behavioral healthcare.**

The Health Resources and Services Administration (HRSA) released information in September 2018 detailing the behavioral health workforce projections in each state by 2030 using 2016 data as the baseline. In 2016, Ohio’s behavioral health workforce was insufficient to meet demands for treatment in every discipline and the disparity is expected to increase for most professionals by 2030. One of the primary barriers to recruiting and retaining qualified staff is

the ability to offer competitive salaries. Salaries in behavioral health care positions are well below those for similar positions with similar education and licensure requirements in other health care sectors and the business sector. Another barrier to recruiting and retaining staff is the student loan debt compared to average salaries. The average student loan debt to obtain a Master of Social Work is approximately \$73,000. The average starting salary for a social worker with a master's degree in Ohio is approximately \$41,000.

Community behavioral health organizations have historically been the training ground for people entering the behavioral health workforce, including those who recently graduated as a counselor, social worker, or therapist. While the community setting is ideal for training new professionals, it is also a workforce barrier for behavioral health organizations due to the financial cost and time investment of training, supervising, and then replacing staff in two years or less. Once new professionals have obtained independent licensure, they often leave for better paying positions in other sectors of health care or pursue private practice as these positions typically do not require community-based work and require less documentation and other administrative burdens.

Accordingly, the Ohio Council recommends enhanced funding to support and promote the recruitment and retention of professionals within the community behavioral health workforce. While OhioMHAS has funding for workforce initiatives in its budget, this historically has been limited, one-time funding for behavioral health organizations. Maintaining a successful employee recruitment and retention program without dedicated funding is a significant barrier. **To establish effective strategies for recruitment and retention we recommend an increase of \$5 million annually in OhioMHAS Line 336504 Community Innovation to be directly distributed to OhioMHAS certified behavioral health organizations** to develop and sustain workforce-incentive initiatives and offer supervision support. 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. Increasing OhioMHAS funding for recruitment and retentions is a good first step while longer term strategies and programs can be considered and developed. **Lastly, the Ohio Council also seeks the committee's support to reduce the regulatory burden and expand the certified peer workforce capacity at opioid treatment programs (OTPs).**

Student Wellness and Success Programs

The Ohio Council commends the Governor for including within the Department of Education's budget proposal \$1.1 billion in student wellness and success funding. These resources will expand greater access to school-based health and behavioral health services, which are critically important as we navigate the COVID-19 pandemic to help kids be better prepared to learn and thrive in their school experience. While Ohio Council members have always been engaged and providing services in schools, the student wellness and success funding has expanded this opportunity to contract with their school-district partners. **A 2020 survey of Ohio Council members indicated that community behavioral health organizations are providing some level of services in approximately 70% of Ohio school buildings. Specifically, our data shows that we are in 2,603 school buildings throughout 498 school districts, charter schools, and ESCs.** Moreover, our survey data also indicates that schools are expanding or intensifying their onsite prevention and/or treatment services they receive from community behavioral

health organizations. Clearly, the student success and wellness funds are having a positive impact and will play a pivotal role in our state's pandemic recovery plan.

The Ohio Council strongly supports the student wellness and success funding authorization as proposed by Governor DeWine in section 3317.26 of HB 110, as introduced. Partnerships between schools and community providers are paramount to supporting students in school and extending continuous access to behavioral health services beyond school hours. Leveraging these existing partnerships between school and community behavioral health providers is a wise strategy to maximize workforce and promote consultation in the school's planning process. **We encourage the House Finance Committee to maintain the requirements of section 3317.26 as introduced.** 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.

Parity Education and Enforcement

The Ohio Council is pleased to see resources in HB 110 for the Ohio Department of Insurance's efforts to raise awareness and conduct greater enforcement of the Mental Health Parity and Addiction Equity Act of 2008 (parity law). More must be done to share information and resources to help Ohioans and employers better understand their rights and responsibilities under the law. Insurance 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. Again, we thank the Ohio General Assembly for passing SB 284 during the lame-duck period of the 133rd General Assembly. This legislation included provisions that aligned state law with the federal parity law and directed both the departments of Insurance and Medicaid to implement and enforce these laws. The Ohio Council looks forward to working with ODI to develop regulations that will advance its parity related enforcement rules.

Opportunities for Ohioans with Disabilities (OOD)

The Ohio Council has 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 applaud the efforts of OOD to offer flexibility to community VR providers during the Covid-19 pandemic and appreciate Director Miller's willingness to partner with the provider community. We encourage OOD to continue its efforts to expand vocational rehabilitation service capacity through greater partnerships and investments with community providers, especially those with appropriate accreditation in serving Ohioans with mental health and addiction conditions.

Conclusion

The Ohio Council looks forward to working with the DeWine Administration, lawmakers, and other advocates as H.B. 110 is examined, debated, and ultimately enacted into law.

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

INTRODUCTION

The Ohio Council of Behavioral Health & Family Services Providers (the Ohio Council) is a statewide trade association representing over 150 community-based mental health and addiction treatment service providers throughout Ohio. We are committed to improving the health and well-being of Ohio's communities by promoting high-quality, affordable, and effective behavioral health and family services. Ohio Council members consist of both for-profit and non-profit private businesses operating in all parts of the state and employ thousands of Ohioans in clinical, medical, administrative and management level positions. Ohio Council members offer services to children, adults, and families through prevention, school-based intervention, treatment, and recovery support services. The Ohio Council strategically pursues effective policy solutions that address the overdose epidemic and meet the rising demand for community-based mental health and addiction treatment services so all Ohioans may experience health, recovery, and wellness.

VIEWING BEHAVIORAL HEALTHCARE AS HEALTHCARE

Real-world experience and academic studies both show that investing in community-based mental health and addiction services is sound public policy and a wise fiscal decision. For every dollar spent on community behavioral health services, the return on investment is many times over. Moreover, providing timely and high-quality mental health and addiction services ensures that other public investments made in the health, education, employment, children's services, and criminal justice systems are effective and yield better long-term outcomes for all Ohioans.

The scourge of the opioid epidemic along with the surge in demand for addiction and mental health services is pushing Ohio's behavioral health system to the breaking point – the COVID-19 pandemic has only exacerbated the challenge, causing unprecedented social and economic disruption. To effectively respond to this multi-layered crisis, we must view and treat mental illness and addiction as chronic health diseases – not moral failings. Indeed, once these conditions are accurately and appropriately viewed through the lens of healthcare, a more effective response – unfiltered by stigma – can be developed, financed, and implemented in Ohio.

- **It takes years – *not days or months* – for people to stabilize in their recovery.**
- **Behavioral healthcare must be financed as healthcare. There are no other health conditions for which *treatment* is as heavily financed by grants and local tax levies.**
- **Ohio must grow the behavioral health workforce to provide access to the full range of mental health and addiction treatment services needed in every community.**
- **The State must address and enforce insurance parity laws for mental health and addiction treatment coverage and prioritize quality services and patient safety regardless of payer.**

OHIO COUNCIL 2022-2023 BIENNIAL BUDGET PRIORITIES AND RECOMMENDATIONS

1. MAINTAIN RECENT INVESTMENTS IN THE BEHAVIORAL HEALTHCARE SYSTEM
2. STRENGTHEN THE FULL CONTINUUM OF CARE
3. INVEST IN BEHAVIORAL HEALTHCARE WORKFORCE SUPPORTS
4. ENFORCE INSURANCE PARITY AND INCREASE ACCESS TO SERVICES

MAINTAIN RECENT INVESTMENTS IN OHIO'S BEHAVIORAL HEALTHCARE SYSTEM

- The legislature has provided significant funding to support mental health and addiction treatment services – more investment is necessary to address the rising service demand.
- Support all components of the Department of Medicaid's managed care procurement process so that ODM can prioritize individual patient care over the business of managed care, resulting in healthier Ohioans and less administrative burdens for providers. (Single PBM; OhioRISE; MCO Contracts; Centralized Credentialing & Fiscal Intermediary)
- The COVID-19 pandemic has exacerbated Ohio's mental health crisis and opioid epidemic; as a result, the system must be prepared to address the surge in demand for services already occurring in our communities.

ROBUSTLY FUND AND STRENGTHEN THE FULL BEHAVIORAL HEALTH CONTINUUM OF CARE

- Provide the necessary resources to support the full panoply of services in our communities including, prevention, early intervention, school-based services, treatment, crisis services and recovery supports. And sustain telehealth services.
- Greater urgency is required to build out Ohio's behavioral health crisis response and stabilization programs, including an expanded capacity for mobile crisis response, short-term crisis residential services, and in-patient services.

DEVELOP WORKFORCE INCENTIVES AND SUPPORT STRATEGIES

- The entire nation is experiencing a behavioral healthcare workforce shortage. We support the development and implementation of strategies and resources to incentivize healthcare professionals into careers in the community behavioral healthcare field.
BUDGET ASK: \$5 million increase each year in the OhioMHAS Line 336504 Community Innovation to support Workforce Development Initiative.

ENFORCE INSURANCE PARITY LAW AND INCREASE ACCESS TO SERVICES

- Encourage greater enforcement of insurance parity laws for mental health and addiction treatment services. Health insurers and managed care plans must be held accountable for any unfair and discriminatory treatment of Ohioans seeking to use their insurance benefits to access mental health and addiction treatment services.
- Address payment and access disparities between behavioral healthcare and physical healthcare systems.

Strengthening the Behavioral Health Workforce

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, and recovery services for mental health conditions and substance use disorders. The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country amidst an opiate epidemic and during a time of unprecedented suicide rates, issues exacerbated by the global pandemic. The shortage in behavioral health workforce results in decreased access to care and longer wait times for people in need of services and high burnout rates among providers. Ohio must take expeditious action to strengthen the behavioral health workforce through financial investment in the development and implementation of strategies to incentivize careers in community behavioral healthcare.

Ohio’s Projected Behavioral Health Workforce Shortages

The Health Resources and Services Administration (HRSA) [released information in September 2018](#) detailing the behavioral health workforce projections in each state by 2030 using 2016 data as the baseline. In 2016, Ohio’s behavioral health workforce was insufficient to meet demands for treatment in every discipline and the disparity is expected to increase for most professionals by 2030.

| Ohio Behavioral Health Workforce – 2016 & 2030 Projected Shortages | | |
|--|---------------|-------------------------|
| Workforce Discipline | 2016 Shortage | 2030 Projected Shortage |
| Psychiatrist | -790 | -960 |
| Physician Assistant | -30 | -20 |
| Certified Nurse Practitioner | -140 | 10 |
| Psychologists | -1,250 | -1,410 |
| Addiction Counselor | -1,760 | -1,790 |
| Marriage & Family Therapists | -690 | -200 |
| Mental Health Counselors | -1,810 | -2,020 |
| Social Worker | -2,970 | 6,250 |

By 2030, the total supply of psychiatrists is projected to decline as retirements exceed new entrants into the field. Growth in the supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists. However, in 2030, the supply of these three types of providers will not be sufficient to provide the current level of care. Further, the results here illustrate that Ohio is producing many social workers trained at the master’s level, but there is insufficient information to indicate the number of these social workers that will become licensed clinical social workers or choose to work in behavioral health.

Barriers to Recruiting & Retaining Staff

One of the primary barriers to recruiting and retaining qualified staff is the ability to offer competitive salaries. Salaries in behavioral health care positions are well below those for similar positions with similar education and licensure requirements in other health care sectors and the business sector. Further

compounding the challenge, is the growing number of businesses offering a \$15 minimum wage for entry level positions which is often significantly more than the wage for entry level positions in behavioral health organizations.

Another barrier to recruiting and retaining staff is the student loan debt compared to average salaries. The average student loan debt to obtain a Master of Social Work is approximately \$73,000. The average starting salary for a social worker with a master's degree in Ohio is approximately \$41,000. The average student loan debt to obtain a medical degree is approximately \$197,000. The average starting salary for a psychiatrist in Ohio is approximately \$212,000. The high student loan debt, low salary, and demanding work create a difficult environment for recruiting new staff into community-behavioral health organizations.

Community behavioral health organizations have historically been the training ground for people entering the behavioral health workforce, including those who recently graduated as a counselor, social worker, or therapist. While the community setting is ideal for training new professionals, it is also a workforce barrier for behavioral health organizations due to the financial cost and time investment of training, supervising, and then replacing staff in two years or less. Once new professionals have obtained independent licensure, they often leave for better paying positions in other sectors of health care or pursue private practice as these positions typically do not require community-based work and require less documentation.

Recommendations

Although the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has funding for workforce initiatives in their budget, this historically has been limited, one-time funding for behavioral health organizations. Maintaining a successful employee recruitment and retention program without ongoing funds is a significant barrier. Considering the data on the current and projected workforce limitations, access to care will only be more difficult for people in need of treatment if there is not a plan for expanding the behavioral health workforce in Ohio. To establish effective strategies for recruitment and retention we recommend the following:

- **BUDGET ASK: Immediate increased investment of \$5 million annually in OhioMHAS Line 336504 Community Innovation to support Workforce Development Initiative to be directly distributed to OhioMHAS certified behavioral health organizations to develop and sustain workforce recruitment and retention initiatives and offer supervision support.**
- Provide direct funding to community-based behavioral health organizations to create tuition reimbursement and/or student loan repayment programs for staff currently working in the organization with a requirement to dedicate a minimum number of years to the organization.
- Establish funding for community-based behavioral health organizations to offer incumbent worker training programs, scholarships, internships, field placements, and residency positions in behavioral health organizations.
- Promote behavioral health careers as part of healthcare career pathways.
- Elevate the value of careers in addiction and mental health services.



2020 School-Based Behavioral Health Services Executive Summary

Overview

One in five youth have a diagnosable behavioral health condition and providing services in schools creates greater access for these children, while also educating all children on mental well-being and positive coping skills. Ohio has a history of supporting school-based behavioral health services and has an existing and growing infrastructure to provide school-based services. These services include universal and targeted prevention, early intervention, and treatment.

Collaboration and partnership between schools and community behavioral health organizations have a history of demonstrated success in helping students thrive. These partnerships are in the best interest of the students and the community because they allow access to services that may not be available otherwise and extend beyond the school day and school year. Continued investments in school-based services are imperative to sustained access and growth of these services in Ohio schools which result in positive outcomes for students and communities.

Please note: Data for this survey was collected and compiled in February 2020, prior to the onset of COVID-19 in Ohio and the closure of schools.

Growth in School-Based Services

The Ohio Council has conducted several surveys of member organizations to gather data on community behavioral health organizations providing school-based services in Ohio.

- In 2017, **36 organizations** responded and reported delivering services in over **1,160 school buildings** in more than **200 school districts, charter schools, and ESCs**.
- In 2019, **55 organizations** responded and reported delivering services in **1,760 school buildings** in **406 school districts, charter schools, and ESCs**.
- In 2020, **73 organizations** responded and reported delivering services in **2,603 school buildings** in **498 school districts, charter schools, and ESCs**.
- Per our survey data, in the past year, there was a **48% increase** in the total number of school buildings across Ohio receiving onsite prevention and/or treatment services from a community behavioral health organization.
- Community behavioral health organizations are currently providing services in approximately **70% of Ohio school buildings**.

Types of Services Available in Schools

- Services provided are customized based on the needs of the school building.
- **49 organizations** reported offering ALL levels of services (prevention, consultation, and treatment) in school-based programs.

- **62 organizations** offer PREVENTION services through their school-based school partnerships.
 - 57 offer universal interventions, 45 offer selected interventions, and 38 offer targeted interventions.
 - 33 organizations offer all three levels of prevention services in school settings.
- **68 organizations** offer CONSULTATION services to schools.
 - 63 organizations reported offering student-specific consultation. 60 offer consultation to teachers and 55 reported offering classroom level consultation.
- **61 organizations** offer TREATMENT Services in school settings.
 - Individual Counseling, Assessment, Case Management, and Crisis Services were the most frequently reported treatment services.

Funding School-Based Behavioral Health Services

- 55 organizations reported payment for treatment services using the community BH Medicaid program and 2 reported using the Medicaid School program.
- 36 organizations reported billing commercial insurance.
- 57 organizations reported using ADAMH Board funds.
- 33 organizations reported relying on grant or foundation funding.
- 46 organizations reported having a school contract or MOU to a specified number of hours or personnel.
- 20 organizations reported services were being covered by Student Wellness and Success funds.

Recommendations for Sustaining and Growing School-Based Services

Ohio schools and community behavioral health providers have increased the availability of behavioral health services in schools over the past three years. 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 specifically for prevention, consultation, early intervention, and treatment 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 Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, 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.