



Ohio Children's Alliance

Leading change for child and family service providers

March 3, 2021

Ohio Children's Alliance Testimony on HB 110

Chair Roemer, Ranking Member West, and Members of the Finance Subcommittee on Health and Human Services, thank you for the opportunity to offer testimony today regarding House Bill 110, the Main Operating Budget bill for FY 2022-2023.

My name is Mark Mecum; I am the CEO of the Ohio Children's Alliance. Founded in 1973 as Ohio's first statewide child advocacy organization, the Ohio Children's Alliance provides leadership for Ohio's at-risk children, families, and community agencies. Our membership is composed of over 80 agencies throughout Ohio that provide foster care and behavioral health services to over 100,000 children and family members each year.

The agencies that comprise the Ohio Children's Alliance are essential to the communities they serve, especially during this uncertain time. They strengthen families with evidence-based programming, treat kids with complex behavioral health issues, keep kids safe in foster care, and so much more. They are also preparing Ohio's next class of foster care alumni for bright futures through the *Bridges* program. They are at the center of Ohio's health care and social service delivery system for vulnerable families. Collectively, we offer a unique and important view of HB 110.

We are grateful for many of the proposed investments in children services within the Executive budget, and we applaud this administration's ability to put forward a balanced budget that remains committed to Ohio's children and families. We believe the many of the behavioral health provisions are especially important given the effect COVID-19 has had on mental health.

While Ohioans struggle to cope with the impact of COVID-19, our community mental health agencies have responded with heroics. Every day, these essential workers are providing services to children and families utilizing telehealth and continuing face-to-face services when their clients need that level of engagement. Unfortunately, the pandemic hit during a time in which the sector's workforce was facing serious shortages¹. Despite the heroics of our existing agencies and workforce, the demand for services is far out-pacing Ohio's supply.

¹ <https://bhwh.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/mental-health2013-2025.pdf>

As the COVID-19 pandemic continues to spread, our children are faced with new stressors rooted in confusion, fear, and anxiety about the public health emergency. The mental health and wellbeing of our state's children's is at risk, particularly those who were already vulnerable. Prior to the pandemic, mental health problems affected one in six children although only about half of them receive treatment from a mental health professional². These rates are already rising as a result of COVID-19.

Mental health is vital to overall health and long-term success. Without early diagnosis and treatment, children with mental disorders can have problems at home, in school, and in building relationships, affecting long-term success. Without interventions and direct services to families in need, heightened family stress and mental health severity could lead to preventable consequences. For these reasons, we make the following recommendations:

1. Protect critical behavioral health resources, including:
 - a. Medicaid Managed Care Line items
 - b. DODD and Medicaid MSY line items
 - c. FCFC line items
 - d. OhioMHAS Continuum of Care line item
 - e. Medicaid NEMT line item

These line items should be maintained at a minimum in order to successfully ensure adequate access to services for kids with complex behavioral health needs.

2. Establish a one-time \$10 million competitive grant to support the expansion of telehealth infrastructure for community behavioral health service providers in the OhioMHAS budget. Telehealth is here to stay and behavioral health providers want to keep up the pace, but many are struggling with the transition. In order to ensure behavioral health providers can adapt to new modalities, program development, community engagement strategies, software and hardware infrastructure, technology resources for families, and training are going to be pivotal.
3. ODE's Student Wellness and Success funds should be used according to legislative intent – not as a way to balance school budgets. We support the Governor's proposed increase and request that clarifying language be included in budget bill to ensure that school districts spend their allocations

² <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2724377>

on wellness initiatives and prioritize social/emotional needs, and that community behavioral health providers must be included as public partners. Now, more than ever, we need to ensure that Ohio children have access to the mental health services they need, and these funds can support that in a big way.

4. Invest in the Behavioral Health workforce. The mental health workforce shortage has individual, community and state level consequences. When the supply of providers cannot accommodate the demand for services, it can lead to worsening mental health symptoms, preventable child abuse and neglect, as well as heightened risk of suicide, homelessness, ER hospital stays, and more. We support in any increase in BH workforce investment that includes LISWs and LSWs as these critical provider types are in short supply and suffer from high burnout and turnover rates.
5. Ensure consistency across all 88 counties in the administration of NEMT. NEMT is a Medicaid-funded program administered on a county-level by ODJFS. Issues that existed long before the COVID-19 pandemic were exacerbated by the virus and highlighted the dire need for its consistent administration. For several months in 2020, some CDJFS offices stopped providing direct transportation altogether for children in need of day treatment services, instead offering them public bus passes to meet their requirement. To ensure consistent administration of this program for all recipients going forward, we request legislative language be created prescribing rules be created by ODM establishing:
 - The right of children to be directly transported to their day treatment programs in a supervised environment throughout the year
 - Uniformity of services across all County JFS offices outside of emergencies as well as during public emergencies

The proposed Executive budget retains vital funding and policies supporting vulnerable children and families, and it serves as an opportunity not only to maintain but also to expand on investments in mental health services and delivery. It is equally as crucial to maintain uniformity and integrity of state programs so kids can maximize the benefits of the services available to them.

Chair Roemer, Ranking Member West, and Members of the Finance Subcommittee on Health and Human Services, thank you again for the opportunity to testify today. I would be happy to answer any questions you may have.

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Thank you,

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