

**Teresa Lampl – LISW-S, CEO**  
**Written Testimony on Am. Sub. HB 110**  
**Senate Finance Committee**  
**May 13, 2021**

Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes and members of the Senate Finance Committee, thank you for the opportunity to offer testimony on Am. Sub. House Bill 110. I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a trade and advocacy organization that represents over 160 private businesses that deliver prevention, addiction treatment, mental health, and family services throughout Ohio.

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 prudent and strategic use of one-time federal resources to bolster broadband capacity and provide help to small businesses while reserving state general revenue funds to maintain sustainable investments in the behavioral health system. We likewise thank the Ohio House for its examination and passage of Am. Sub. HB 110 – a budget that largely maintains the Governor's key investments in Ohio's behavioral health system, multi-system youth, and the Ohio Medicaid program. And now while our state seeks to recover from the economic devastation and social disruption caused by the COVID-19 pandemic, we must also address the rising demand for mental health services and addiction treatment. Indeed, with the Senate's help, the funding and resources allocated in this budget will address our immediate needs but also pay dividends far into the future.

Mr. Chairman, with respect to key provisions in Am. Sub. HB 110, 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. Further, **the Ohio Council strongly supports the Department of Medicaid's ongoing implementation of its integrated managed care re-procurement.** The Ohio Council looks forward to partnering with the Department of Medicaid, health plans, and other stakeholders to advance this process.

### **Behavioral Health Continuum of Care**

The Ohio Council applauds the Department of Mental Health and Addiction Services (OhioMHAS) for its leadership and support throughout the COVID-19 pandemic. Indeed, Am. Sub. HB 110 responds in numerous ways to the mental health and addiction crisis facing our state, and we are very pleased to see the continued investment in behavioral health services across the continuum of care. Specifically, **we strongly support the resources directed to crisis services and crisis stabilization centers, and new resources aimed at supporting enhanced care coordination for adults with severe and persistent mental illness.**

### **ADAMHS Boards**

Ohio's behavioral health system and its continuum of care does not operate at its best if OhioMHAS, the county ADAMHS boards and community providers are not working together. Controversial and complicated policy and contract issues should not be addressed in the budget process. Accordingly, **the Ohio Council along with a host of other provider organizations ask that you oppose inclusion in Am. Sub. HB 110 any provisions or proposed amendments addressing county ADAMHS Board duties, contracting and governance structure.** Specifically, please oppose MHACD26; MHACD29; and OACBHA's proposed amendment SC2379, which seeks to remove the 120-notice requirement in R.C. section 340. Such matters require further examination and participation by all partners in a setting other than the budget process.

### **Behavioral Health Workforce**

The behavioral health workforce encompasses a wide range of disciplines providing prevention, treatment, crisis response, 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 surge in demand for mental health services – issues exacerbated by the global pandemic. 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.

Accordingly, the Ohio Council recommends enhanced funding to support and promote the recruitment and retention of professionals within the community behavioral health workforce. **We respectfully request the Senate increase by \$2.5 million annually the 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.** Ohio's 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.

### **Student Wellness and Success Programs**

The Ohio Council support's the Governor's proposal to include \$1.1 billion in student wellness and success funding (SWSF) within the Department of Education's budget. While Ohio Council members have always been engaged and providing services in schools, the SWSF has expanded this opportunity to contract with their school-district partners.

In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state. In four years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio. Further, the Ohio Department of Education's 2019-2020 Student Wellness and Success Survey found over 66% of schools implemented mental health initiatives with these funds and that more than one-third of all initiatives (36%) were reported as being "new" and nearly one-third (32.7%) "expanded." Clearly, the SWSF initiative is having a positive impact and will play a pivotal role in our state's pandemic recovery plan. **That is why we are so concerned by the House's approach of merging the SWSF into its proposed education funding formula.**

The gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and safety features, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools. **Accordingly, the Ohio Council requests that the Student Wellness and Success Fund authorization language (R.C. 3317.26) and funding be restored to the Executive version of HB 110.**

### **Patient Access to Medications**

Lastly, I want to bring to your attention the following provisions concerning access to medications for purposes of addiction treatment and withdrawal management or detoxification. These provisions added by the House are concerning and may have unintended consequences resulting in limited access and higher costs for important medications. **We ask that these provisions be rejected and examined further outside of the budget process.**

- MHACD30 Dispensing controlled substances in lockable containers – Sections 337.205; 337.40 (duplicative and costly – such protections already exist and are used by most addiction treatment providers currently.
- MHACD8 and MHACD24 – R.C. section 5119.191 (specific language limiting withdrawal management and detoxification medications to only one specific name-brand drug)

### **Conclusion**

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

Thank you for your time and consideration today.



**To: Ohio Senate Finance & Health Committee Members**  
**From: Ohio Alliance of Recovery Providers, Tom Stuber**  
**Ohio Children's Alliance, Mark Mecum, CEO**  
**Ohio Community Correction Association, Lusanne Green, Executive Director**  
**The Ohio Council of Behavioral Health & Family Services Providers, Teresa Lampl, CEO**  
**Date: April 30, 2021**  
**Re: HB 110 Provisions on R.C. § 340 ADAMHS Boards and Student Wellness and Success Funds**

The Ohio Council, OARP, OCA and OCCA collectively express our concerns with the above-referenced items included in HB 110, as passed by the Ohio House. We ask the Ohio Senate to reject these provisions (MHACD26; MHACD29; EDUCD83/EDUCD144) and recede to the Executive budget proposal with respect to these policy initiatives.

Complicated and controversial matters addressing county ADAMHS Board duties and contracting processes should not be considered in the budget process but rather examined in a more deliberate and focused manner to avoid any unintended consequences affecting services provided through Ohio's behavioral health system.

**Accordingly, please REJECT the following provisions:**

**MHACD29 ADAMHS boards requirements – R.C. § 340.03**

- Expands and duplicates ADAMHS Board administrative duties to include programs that are already managed, regulated, and administered by other sectors of government.
- Is an attempt to access patient-level Medicaid data, which is an invasion of privacy for consumers and unnecessary for ADAMHS Boards to perform their community planning role.

**Reject any proposed amendments that would alter the 120-day notice within R.C. § 340.036**

The 120-day notice in R.C. § 340.036 is the only standard across all counties to ensure continuity of care for clients and service access. Removal of the 120-day notice provision will shift the balance of power between Boards and Providers during contract negotiations and result in service disruptions for Ohio's most vulnerable citizens. It does NOT prevent actions to remove a bad actor or prohibit termination of contracts. Rather, the 120-day notice provision is a safeguard intended to set a consistent standard to support continuity of care absent a procurement or standardized contracting provision.

**MHACD26 ADAMHS board composition and appointment – R.C. §§ 340.02, 340.021**

- Initiative requires further deliberation and stakeholder input.
- Should be examined further for unintended consequences.

**Please restore the Student Wellness and Success Fund (SWSF) authorization language (R.C. 3317.26) to the Executive proposed HB 110 and sustain the funding at current SFY 2021 levels (\$400 million) each year.**

**EDUCD83 / EDUCD144** – We are concerned about the merging of the restricted SWSF into the broader Disadvantaged Pupil Impact Aid (DPIA) fund. The House's approach while commendable would appear to dilute the intent of the SWSF to support every student and every school. Further consideration may be given to including SWSF in the funding formula provided it is a restricted line item that retains the requirements for partnerships with community providers and defined accountability for use of funds.

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## Strengthening the Behavioral Health Workforce

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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. In order to establish effective strategies for recruitment and retention we recommend the following:

- **BUDGET ASK: Immediate increased investment of \$2.5 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.

Geoff Collver, Associate Director  
collver@theohiocouncil.org

Teresa Lampl, CEO  
lampl@theohiocouncil.org

Soley Hernandez, Associate Director  
hernandez@theohiocouncil.org



**To: Members of the Ohio Senate**  
**From: Coalition for Healthy Communities**  
**Date: May 3, 2021**  
**RE: Am.Sub.HB 110 - Restore Student Wellness and Success Funds**

Social emotional development has been identified as essential for student academic achievement and preparing students for success beyond high school by meeting the whole needs of the student. A key benefit of the Student Wellness and Success Funds (SWSF) has been a focus on meeting the developmental needs of every student, every school, every family, and every community. Every school received funding to prioritize developing programs that support student wellness founded in the Ohio's Whole Child Framework that aspires to create an environment where every student is healthy, safe, engaged, supported, and challenged. This provides a blueprint to meet these whole child needs which are foundational to a child's intellectual and social development and necessary for students to fully engage in learning and school leading to success in life.

Specifically, we know half of all mental illness begins before age 14 and mental illness and addiction cross every socioeconomic level. All students benefit from access to universal prevention services. Schools have utilized the SWSFs to bolster access to mental health and prevention services, physical health services, family and youth engagement initiatives, mentoring programs, and supports for youth that are engaged in child welfare services or experiencing homelessness. 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. School and community behavioral health partnerships have increased because of the SWSF and provide access to services beyond the school day and school year.

In the ODE 2019-2020 Student Wellness and Success Survey Data Report<sup>1</sup>, of the 914 schools responding, 66% of schools reported implementing or planning a mental health initiative, 34% physical health initiative, 29% mentoring programs, and 27% each offered community liaison programs and family and student engagement. The report also found that schools reported that more than one-third of initiatives (36%) were reported as being "new" and nearly one-third (32.7%) "expanded."

**As Ohio students and schools respond to the increased emotional distress, anxiety, depression and substance misuse resulting from the COVID pandemic coupled with the continuing drug overdose epidemic, now is exactly the time to sustain and increase access to services defined under SWSF.**

We applaud the House of Representatives for their effort to propose an updated school funding formula as part of Am.Sub.HB 110. However, we are concerned by the approach of combining the Student Wellness and Success Funds with the Economically Disadvantage funds into the Disadvantaged Pupil Impact Aid (DPIA) fund for several reasons.

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<sup>1</sup> Ohio Department of Education, Student Wellness and Success Data Report, December 2020. Retrieved from: <http://education.ohio.gov/getattachment/Topics/Student-Supports/Student-Wellness-and-Success/Student-Wellness-Report.pdf.aspx?lang=en-US>

1. **Overall, funding is reduced.** The proposed DPIA fund is appropriated at \$620 million, whereas the SWSF and Economic Disadvantage Pupil fund are each currently funded at \$400 million (\$800 combined). Net loss= \$180 million.
2. The proposed DPIA fund relies on the Governor's proposed appropriation for SWSF funds but distributes funds solely on the number of low-income students identified in each school and the number of students receiving free and reduced lunch. Whereas the SWSF provides a base funding allocation to each school plus an additional per student payment tiered by quartile based on a federal poverty index. Most schools will LOSE funding in this area.
3. While unintended, this approach stigmatizes social-emotional development, mental health, and prevention as limited to low-income students and families. Changing the conversation from every student to only disadvantaged students.
4. Gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools.
5. The Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee use to support activities or initiatives as defined under SWSF.

**We recommend restoring R.C 3317.26 Student Wellness and Success authorization language and funding to the Governor's as introduced version.** Further consideration can be given to including SWSF in the funding formula provided it is a restricted line item that retains the as introduced funding, requirements for partnerships with community providers, and defined accountability for use of funds.

Thank you for considering our request.

***Members of the Coalition for Healthy Communities***

Buckeye Art Therapy Association  
Mental Health & Addiction Advocacy Coalition  
Mental Health America of Ohio  
National Alliance on Mental Illness of Ohio  
Ohio Association of County Behavioral Health Authorities  
Ohio Children's Alliance  
Ohio Citizen Advocates for Addiction Recovery  
Ohio Council for Behavioral Health & Family Services Providers  
Ohio Counseling Association  
Ohio Disability Rights Law and Policy Center, Inc.  
Ohio Psychiatric Physicians Association  
Ohio Psychological Association  
Ohio Suicide Prevention Foundation  
Prevention Action Alliance  
Treatment Advocacy Center  
Universal Health Care Action Network of Ohio