

**China Darrington, Director of Advocacy & Public Policy**  
**House Finance, Subcommittee on Health and Human Services**  
**Testimony on HB 33 (SFY 2024-25 Operating Budget)**  
**March 19, 2023**

Chair Carruthers, Ranking Member Liston, and members of the House Finance, Subcommittee on Health and Human Services thank you for the opportunity to offer testimony on House Bill 33, My name is China Darrington and I am the Director of Advocacy and Public Policy for Thrive Peer Recovery Services. We provide a service where a peer, a certified person with experience having had a behavioral health disorder, such as mental health or substance use disorders, works with someone in need of that service who is trying to understand and address their own behavioral health disorder. Our main office is in Cuyahoga County, but we serve people all over the state of Ohio. We see over 1000 people annually and we employ over 160 individuals, 85% who identify as persons in recovery.

I commend Governor DeWine for his leadership and strong vision for Ohio's community mental health and substance use disorder system of care that is outlined in HB 33. In partnership with the General Assembly, this legislation intends to fulfill promises of the past to develop and strengthen the infrastructure necessary to support a high quality, accessible and effective community behavioral health system throughout Ohio. I support the important policy initiatives and key funding investments included in HB 33 that will pay dividends far into the future. Your commitment is needed to invest in the health and economic wellbeing of Ohio's children, families, and communities so they have the tools to succeed and ability to thrive.

Today, more Ohioans of all ages need mental health and substance use services – yet most have difficulty accessing care due to the lack of available providers. Waiting times have become weeks and months rather than days and weeks. We, as an organization have always prided ourselves by not having a waiting list and in recent weeks we too, have had to make people wait to access our much needed services.

Recent data found in 2021 that 41% of Americans reported mental health or substance use need – this is doubling of need since the onset of the pandemic. And, tragically Ohio remains a top state for opioid overdose deaths. Simultaneously, the workforce shortages have reached a breaking point. 380:1 is the current demand for care compared to available BH practitioners. To put this in perspective, if I was seeing a patient once a month, 40 hours per week, 200 people would still go unserved.

We have seen a huge demand for our services, and reports show over a 200% increase in demand for behavioral health services. We just don't have the certified peers needed to meet this demand, or to pay them a wage which will support the difficult, emotionally intensive work we ask them to do, and retain a quality, qualified workforce to meet the demand.

- Wages for highly trained, licensed professionals are out of step with jobs in other sectors. For example, a Master's trained therapist makes a median salary of \$56,000 compared to a Food Services Manager with a HS degree making \$53,000. The equivalent salary for a peer is between \$35,000 & 40,000.
- 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.

I'm here today to specifically testify to support the Ohio Department of Medicaid's budget proposal that recommends much needed and unprecedented investments in the mental health and substance use disorder system of care. Over the biennium, HB 33 proposes to increase Medicaid community behavioral health provider rates by 10% (\$220 million) and adds the much needed mental health peer support services (\$30 million).

This remarkable and appreciated Medicaid rate increase for community behavioral health is an encouraging step in the right direction during this very difficult time in the labor market and I'm encouraged that we could expand our workforce development program to help certify and make job-ready, a whole new wave of Ohio peer supporters.

However, the labor market challenges since the COVID-19 pandemic have only worsened – placing even greater wage pressures within and across job sectors. The community behavioral health workforce is not monolithic. It encompasses a wide range of disciplines (e.g., psychiatrist, nurses, therapists, case managers, residential staff, peer supporters) and educational levels that provide prevention, treatment, and recovery services for mental health conditions and substance use disorders. Salaries in behavioral health care positions vary by discipline and educational level and are well below those for similar positions with similar education and licensure requirements in other health care sectors and service sectors.

In short, Thrive Peer Recovery Services and many other Ohio's community behavioral health organizations are unable to keep pace with the demand for care. More investment is needed to stabilize, attract, and retain the workforce in today's labor market while building the workforce needed for the future.

We respectfully ask for your support to maintain and to increase funding for Medicaid payment rates for community behavioral health services by an additional 10% (\$220 million) over the biennium to stabilize and strengthen the behavioral health workforce. As you deliberate, we urge equity in sustaining and growing these proposed Medicaid investments consistently across all home and community-based provider groups so we can care for all Ohioans in need.

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

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