



Ohio Children's Alliance

Leading change for child and family service providers

May 25, 2023

Ohio Children's Alliance Interested Party Testimony on HB 33

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, thank you for the opportunity to offer testimony on House Bill 33.

My name is Mark Mecum and I am the CEO of the Ohio Children's Alliance. For 50 years, the Alliance has contributed to improvements to Ohio's system of care for children and families, with a particular focus on child welfare and behavioral health. We pursue our advocacy and best practice work through partnerships with community-based organizations.

Today, we are supported in our work through numerous collaborations and partnerships; first and foremost, through membership of over 85 community-based provider organizations serving children and families through Ohio's child welfare and behavioral health systems. In addition, the Alliance is proud to administer numerous statewide programs through contracts with state government, health insurance companies, and philanthropic foundations. All of our work aims to improve Ohio's system of care for children and families.

As Ohio grapples with the continued effects of the COVID-19 pandemic and the opioid epidemic, it is clear that the need for prevention and treatment services is increasing. However, our capacity is not increasing to meet it. **In 2021, more than half of our state's children who experienced major depression did not receive mental health services and only 33% received consistent treatment.** Further, recent data reveals that the **number of children in Ohio diagnosed with anxiety or depression jumped 42%**, representing the 10th highest state increase nationwide. While the demand for services is very high, our provider community's capacity has been unable to keep pace. Due to the sharp increase in caseload and the dwindling staff to meet the need, **almost half of the community-based agencies** we surveyed in 2022 had to **stop taking referrals** altogether, and **over 2/3 instituted a three-month waiting period**. The mismatch between the need for services and available options is causing serious consequences for families, our economy, and the overall health of our communities.

In fact, a survey from Nationwide Children's Hospital that same year found that **53% of working parents have missed work at least one day a month** to care for their child's mental health, and that their **work performance was impacted by their child's needs**.

With families struggling under the weight of the mental health crisis, the child welfare system is being increasingly utilized as an avenue for child and family treatment. The Public Children Services Association of Ohio recently reported that **nearly 1 in 4 kids** who came into custody last year did so primarily due to **significant mental health or developmental, or as a diversion from juvenile corrections**. And similar to the workforce shortage in the behavioral health sector, there is a placement shortage in the child welfare sector, including a shortage of licensed foster homes and staffed group care placement settings. In Ohio, there are roughly **15,000 kids in child protective service custody on a given day**. In contrast, there are just **over 7,600 licensed foster homes**, a decrease of roughly 500 homes from 2021.

The workforce crisis facing behavioral health is also facing child welfare; in fact, many organizations, including the three represented with me today, provide direct services that cross both sectors. As we highlight in our recent Workforce Report, **70% of our community-based child welfare and behavioral health agencies are experiencing significant difficulty recruiting and retaining staff**. When foster care agencies are understaffed, there are delays in connecting kids to placements and in training, certifying, and supporting foster parents. As you can imagine, this causes a ripple effect on the entire system.

We agree with Governor DeWine that no Ohioan will ever fully live up to their potential if their mental illness goes untreated. There are many children and young adults in our state who wake up with significant mental illness, but are not connected to critical community supports. There simply aren't enough professionals in the field to meet their needs. Continued investment and infrastructure are needed to ensure healthy young people and a healthy future for Ohio.

HB 33 includes key initiatives and investments to support prevention services, school-based treatment, foster youth services, and the child and family services workforce. These proposals will increase evidence-based treatment capacity and accessibility for children and their families. The state will benefit from the investments in this budget, now, and in the future.

However, there are several significant gaps in this bill, as well as language that we believe may prove harmful to our workforce. Given this, we would like to provide recommendations to strengthen the legislation:

educate | advocate | innovate | connect

Bridges Program Funding

Established through Ohio House Bill (HB) 50 of the 131st General Assembly, Bridges is a program available to youth ages 18-20 aging out of foster care. It provides skill-building and financial support to help these youth help themselves, setting them up for a lifetime of success. Bridges supports youth to obtain their own housing, land their first job, pursue higher education, and ultimately succeed in adulthood through locally established coordination efforts.

It is administered through a public-private partnership between ODJFS and the Child and Family Health Collaborative of Ohio, a subsidiary of our organization, the Ohio Children's Alliance, and is funded by a combination of state GRF dollars and federal matching dollars. On any given day, between 650 and 1,000 former foster youth are enrolled across the state.

On average, for every former foster youth, taxpayers and communities pay \$300,000 in social costs like public assistance, incarceration, and lost wages over that person's lifetime. As I previously shared, there are currently over 15,000 kids in our system today.

Where do these costs come from? As the statistics¹ show, many foster kids are aging out of the system with nowhere to turn and not enough life skills:

- 1 in 4 will not graduate from high school or pass their GED
- 1 out of every 2 will have some form of gainful employment by the age of 24
- 20% will become homeless after turning 18 (Before Bridges, in Ohio this was 26%)
- Half will develop substance dependence

Informed by former foster youth, providers, juvenile courts, PCSAs, and other stakeholders, Bridges:

- Provides assistance in finding and maintaining gainful employment
- Ensures access to safe, stable housing
- Links to appropriate physical and mental health services
- Provides skill-building such as financial management, grocery shopping, building a resume, and much more.

Because of the Bridges program our participants have thrived:

¹ <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>; <http://www.aecf.org/resources/aging-out-of-foster-care-in-america/>; <https://www.ecs.org/state-level-tuition-assistance-programs-for-foster-youth-in-postsecondary-education/>

educate | advocate | innovate | connect

- 77% attained an education or employment
- 93% have secured stable housing
- 93% reported having food security
- 94% reported having access to health care

And here are just a few things participants had to say in an anonymous survey about what the program has done for them:

“Bridges has helped me so much. I am so glad I was able to find an apartment near campus so I could go back to in person classes. Wouldn’t have been able to do it without Bridges.”

“Bridges allowed me to take the time to focus on my mental health to stabilize myself enough to pursue college or work.”

“Bridges has helped me out so much with transitioning from school to living as an adult on my own. I probably wouldn’t have been able to do it without their help.”

This program is an important investment in our foster youth, our communities, and our state economy.

About a month ago we learned that, due to a calculating error, Bridges funding in HB 33 as-introduced was \$4 million/year short, which put this state-mandated program in jeopardy. This was prior to cuts the House made to the new line item this program is in, KID 830506, which totaled to \$25 million in FY2024 and \$28 million in FY2025.

We did not know the program was underfunded until ODJFS alerted us because the Bridges program is not specifically mentioned or earmarked in the budget bill. This means that the line item paying for Bridges does not explicitly set aside any portion of the \$12 million/year needed to ensure the program can operate.

In a time where resources and supports are not able to fully meet the needs of youth with complex needs, and where youth are aging out of foster care with no permanent home to go back to, this program is more necessary than ever. We must support the Bridges program and ensure it remains a stable source of support for foster youth as they grow into adulthood.

educate | advocate | innovate | connect

Working with ODJFS and the Governor's Office of Children's Initiative, the Ohio Children's Alliance created a legislative amendment which would fix the shortfall and keep youth transitioning out of care connected to this vital program.

We respectfully ask for the Ohio Senate to **support the inclusion of amendment SC1284** which would increase the ODJFS line item by \$4 million each fiscal year and **delineate \$12 million/year in KID line item 830506** to ensure the continuation of this critical program. Without it, the Bridges program cannot continue to operate. Ideally, we would like to see the line item restored, but understand tough decisions have to be made.

Changes to Local Hiring Decisions

While there are many provisions in this budget bill that support the child welfare workforce, one in particular could further cripple it.

Currently, HB 33 does not maintain the authority of local public and private child welfare agencies to determine hiring and certification eligibility for their own staff, volunteers, interns, subcontractors, prospective foster caregivers, and prospective adoptive parents.

Federal and state law require certain criminal, sex offender registry, and child welfare background checks for defined employees of private and public child welfare agencies and prospective foster caregivers and prospective adoptive parents.

The responsibility for securing and reviewing these background checks, as well as for determining hiring/certification eligibility, has always rested with the local public or private agency who work with these individuals. We have never been informed of concerns about our current hiring processes, and we have seen no data highlighting the need for changes to it.

Proposed language in HB 33 includes a significant change to this background check responsibility, namely, taking this responsibility away from the local public and private agencies and instead mandating that ODJFS assume responsibility for background checks and determining eligibility for hiring or certification.

Local agencies did not ask for this change and we have the following concerns about the impact it will have:

Limits Local Discretion in Hiring: Some local agencies maintain stricter standards for hiring and certification than are required by state and federal law. They deserve to

educate | advocate | innovate | connect

maintain these standards and are worried about the position this language could put them in.

Creates Liability Concerns: As the employers, local agencies take on the inherent liability associated with hiring and certification decisions. They should have full authority and full information in these decisions.

Increases Red Tape: ODJFS has stated that they can procure background checks more quickly and efficiently than local agencies can. However, we have received no information to support this claim. In addition, many local agencies have already purchased their own fingerprint machines so that they can directly receive background check results as soon as they come in. We do need help in making background check turnaround more efficient, but believe the solution is in working with BCI, not adding another layer of state bureaucracy to the process.

We believe that local agencies should maintain full control over their own hiring processes. Increased ODJFS interference will not make the process safer, but instead will further complicate and delay local hiring and certification processes. **Please support Amendment SC0533.**

We have received some questions about the amendment, particularly around what it would do to the continuous hiring provision and the increased offenses added to the state background check list.

Please be assured that this amendment would only remove the language I previously described and not these other provisions. The amendment would protect the continuous certification language and additional offenses added to state statute.

Medicaid Policies Supporting BH Services and Providers

The Medicaid community behavioral health investments in HB 33, including the Governor's historic 10% Medicaid rate increase (\$220 Million), combined with efforts of the Ohio House to further increase funding for BH direct care workers (\$77 Million), sets an important foundation for a future that supports 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.

educate | advocate | innovate | connect

Right now, community behavioral health organizations struggle to compete with other healthcare sectors for the same workers. Based on a 2022 Compensation and Benefits report from the Ohio Council, current job openings posted on Indeed.com offer approximately 20% higher wages compared to the 2022 median salaries of a cross section of community behavioral health positions.

Of note, similarly the OhioMHAS budget, as introduced, includes state hospital operating fund increases of around 25% across the biennium in response to inflationary and payroll costs. This too shows the need to offer competitive salaries compared to those in the current labor market.

We support the current budget proposal and remain grateful for their continued commitment to pediatric mental health and to rebuilding the community behavioral health workforce. But given the challenges faced in our field, more support is needed.

We respectfully ask you to include amendment SC0234 which would add an additional \$143 Million (all funds) investment in Medicaid community behavioral health services rates to stabilize and strengthen the behavioral health workforce. This would build on the Governor's and the House's investment to provide a 20% total increase for our workforce. Data shows our system requires at least a 20% increase in Medicaid rates to keep up with inflationary costs and simply compete for workers.

Supporting this investment is the most effective and timely tool to combat the behavioral health workforce crisis and to improve access to mental health services. Increasing Medicaid rates to keep the pace with inflation and other economic factors would be on top of all of the other great work that the state, counties, and community-based agencies are doing to promote Ohioans to enter the behavioral health field.

Placement Crisis

Earlier this year, we released a [Budget Brief](#) on the foster youth placement crisis and the practice of temporarily keeping kids in county office buildings. It reveals that in Ohio and in other states across the country, the strain on the child welfare system has led to desperate situations related to how foster youth are housed. When homes or residential facilities aren't available, sometimes foster youth are temporarily housed in local child welfare agency offices for a night, a week, or, in rarer cases, even for months. These settings are typically unsecured and unlicensed, and supervision is provided by local law enforcement or even office staff.

educate | advocate | innovate | connect

We know that keeping kids in county office buildings is untenable for many reasons. Legal precedent, trauma-informed care research, child welfare best practices, and common sense dictate that this hasty solution unintentionally makes a bad situation worse. Research validates what we already know: experiences of trauma are extremely prevalent among foster youth. They require stability and secure attachments to grow and lead healthy, productive lives which is not what they find living in an office building.

There are many policy levers available to Ohio in solving this crisis which we outlined in our Budget Brief. Additionally, there is work being done in other states this that we can look to for solutions.

We are requesting a budget neutral amendment: SC1388X2 which would state the legislature's intent that foster kids are never put in a situation where they have to stay in an office building and create a statewide taskforce to find agreed-upon solutions to present to the General Assembly. We hope that you will include this amendment in HB 33.

Student Wellness and Success

The final item I want to highlight is an area we want to protect as is. We appreciate that HB 33 takes bold steps to increase funding, transparency and accountability measures associated with the Student Wellness and Success fund.

This funding is a necessary component of children's mental health service delivery in Ohio, and, as the data shows, is also necessary to the success of our schools. Just last year, seventy percent of public schools across the nation reported an increase in the percentage of their students seeking mental health services at school since 2019.

When one child struggles, a cohort of children, teachers, and staff struggle, causing chronic stress and learning disruption. Teachers are crying out for help; only half of public schools report that they can effectively provide mental health services to their students in need. The Student Wellness and Success fund is a more important tool than ever in providing kids, teachers, and schools with the means to meet the mental health needs of their classrooms.

educate | advocate | innovate | connect

The SFY 24-25 budget process provides a critical opportunity to infuse targeted behavioral health funding into schools for students as well as training for teachers and school leaders. We strongly support protecting this funding.

We also support the safeguards included in HB 33 as introduced, which will ensure the funding is utilized for its intended purposes, including community mental health agency input, and give legislators greater insights as to how the money is being used. Specifically, we support the language instituting:

1. Enhanced community partner requirements;
2. Guardrails on the funding to make physical and behavioral health are prioritized;
3. A mandated evaluation of the impact of student wellness and success funds on student measures including school climate, attendance, discipline, and academic achievement; and
4. Authority for ODE to issue corrective action plans and withhold payment to schools not utilizing the money as required.

We have every confidence that this funding, with the safeguards in place, will be well-utilized and well-received by families, schools, communities, and behavioral health agencies. And, ultimately, it will make a significant impact on the students who need it the most.

As community-based child welfare and behavioral health agencies attest, they are experiencing referrals at an unprecedented while staff and treatment options are not keeping pace.

We believe that HB 33 infuses much-needed support into the Health and Human Services sector for Ohio's complex-needs youth. We commend the Administration and legislature's sustained commitment to expanding supports for children in child welfare and prioritizing behavioral health services through investment in prevention, research, and a strong workforce.

As the Senate assesses this budget bill, we ask that you consider strengthening it by:

1. Fully funding the Bridges Program, which is not only required to operate by state law, but provides an immeasurable return on investment for Ohio youth.

educate | advocate | innovate | connect

2. Removing language that would take local hiring decisions away from local child welfare agencies.
3. Adding investment to Medicaid rates for Community Behavioral Health providers that makes our field competitive with others vying for the same staff.
4. Creating a taskforce to review the problems and solutions associated with the placement crisis, helping us to put an end to this tragic circumstance
5. Protecting Student Wellness and Success fund dollars and increased accountability measures.

Thank you all again for your time today. I am happy to answer any questions you may have.

Mark Mecum
CEO
Ohio Children's Alliance
Mark.Mecum@ohiochildrensalliance.org

References

<https://assets.aecf.org/m/databook/aecf-2022kidscountdatabook-embargoed.pdf>
https://cdfohio.org/wp-content/uploads/sites/6/2021/04/2021-Exec_Summary_FINAL-version-4.14.2021.pdf
https://www.nationwidechildrens.org/newsroom/news-releases/2022/02/oos_the-great-collide
<https://www.pcsao.org/news/151>
<https://www.fostercarecapacity.com/states/ohio>
<https://www.ohiochildrensalliance.org/post/ohio-children-s-alliance-announces-release-of-workforce-report>

educate | advocate | innovate | connect