



Brian Stroh, MD
Senate Health Committee
Testimony on Am. Sub. HB 33 (SFY 2024-25 Operating Budget)
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Good morning Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and Senators. I am Brian Stroh, the CEO and Medical Director of Netcare, a nonprofit community mental health center in Columbus' Franklinton neighborhood. We are now a 52-year-old organization, and I have been with Netcare for about 17 of those years, with two of them in my current role. We provide services to those in a behavioral health crisis – whether by our local hotline or a 988 call, text, or chat, and whether in-person in one of our buildings or via one of our four services that respond to patients where they work or live. We also operate one of Ohio's six forensic centers, which answer specific legal questions about defendants' behavioral health history and status for courts across an 11-county catchment area. I am a psychiatrist and today make my comments through the lens of both a nonprofit behavioral health CEO and a physician. I want to thank you in advance for a few minutes of your time.

The upcoming biennium is coming at an essentially unprecedented time in our field. Coming out of three years of a pandemic which dramatically interrupted all types of healthcare -- behavioral healthcare among them -- would alone have had the sector in rough enough shape. Throughout healthcare, providers and patients now find themselves in catch-up mode. Those of us working in mental health and substance use arenas are no exception to that, given that most of what we treat are chronic conditions that require consistent long-term treatment.

What is substantially compounding that, though, are historic behavioral health workforce challenges occurring at exactly the same time. While state-and ADAMH-funded agencies have always struggled to provide pay and benefits even somewhat approaching that available to those who work in other parts of our system, the disparity is now larger than ever. Frankly, if pay equity at the breadth and depth it existed at up to a few years ago were the only issue, I am a little embarrassed to tell you that probably wouldn't be here talking to you today.

The real concern is that that rapidly-widening pay equity is being heightened several-fold by huge staffing shortages. There simply aren't enough staff available to any part of the BH system – whether non-profit, state-operated, or for-profit. This, predictably, enters providers of all tax statuses into an arms race of sorts as we attempt to hire. The sheer shortage of qualified staff makes it a zero-sum game in which my organization's increasingly rare hire means another provider is now short a staff member. This scenario leaves

providers, patients, and families alike without access to basic tenets of behavioral health treatment – medication management, case management, individual and group psychotherapy, nursing services, and so on.

I have to say that I and others in my space were substantially heartened to hear the Governor say that the behavioral health system isn't broken so much as not fully built. I echo that wholeheartedly, and am truly hopeful that the workforce initiatives he announced do what is intended in expanding the pool of appropriately educated and licensed workers, and therefore continuing the buildout of the community mental health system.

That said, that will all be for naught if providers are unable to pay those newly-minted clinicians, to say nothing of our current staff, what the economy demands. Today's learners are well aware of what post-secondary education is costing them, and make pointed calculations regarding future earning potential when they select a college major. Currently, for someone wanting to work in publicly-funded behavioral health, the math simply doesn't work. Incurring tens of thousands in college debt to go into social work or counseling doesn't make sense when our starting wages only marginally support basic living expenses, much less loan repayment in anything short of decades. Similarly, for staff who don't require a college degree, the amount of stress incurred in entry-level behavioral health jobs is well beyond that incurred in jobs that pay better to start, and in which pay escalates much more rapidly than our funding models allow for.

My specific asks of you today are two-fold. First, I respectfully ask that the Senate increase Medicaid reimbursement rates to support behavioral health services in Ohio and the workforce that delivers these services. I appreciate the rate increases included in Governor DeWine's proposed budget along with the modest increase added by the Ohio House for direct care staff, and encourage the Senate to support additional investments to expand behavioral health services so providers can recruit and retain a stable workforce. We must address our sector's state of affairs in a systemic manner that accounts for both our current crisis and the anticipated explosive growth that both our region and our state are expecting. Secondly, I respectfully ask that the Senate restore the funding levels of the Department of Mental Health and Addiction Services (OhioMHAS) budget to the Governor's proposed budget levels. It is critically important that any and all investments and support for the state's behavioral healthcare system and workforce continue. These investments will help stabilize the system and ensure that Ohio is a leader in the nationwide mental health and substance use challenges that are felt in all of our communities.

Again, I thank you for your time today and am happy to answer any questions.