



**Ohio Children's Alliance**  
*Leading change for child and family service providers*

May 11, 2023

### **Ohio Children's Alliance Proponent Testimony Sub HB 33**

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to offer testimony on Substitute House Bill 33, the proposed state budget bill for fiscal years 2024-2025.

My name is Sarah LaTourette and I am the Chief Advocacy Officer for 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, 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 10<sup>th</sup> 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

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2022 had to **stop taking referrals** altogether, and **over 2/3 instituted a three-month waiting period**.

Our agencies are facing unprecedented labor market challenges as behavioral health care positions are compensated well below those for similar positions with similar education and licensure requirements. In addition, turnover rates increased to almost 40% in 2022 across the community behavioral health industry and are above 50% for larger organizations and those in urban settings.

**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.

As we highlighted 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.

Many children in our state wake up with significant mental illness every day but are not connected to a counselor or any formal mental health support. There simply aren't enough

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professionals in the field to meet their needs. Continued investment and infrastructure are needed to ensure healthy children and a healthy future for Ohio.

We support the Department of Medicaid's budget proposal increasing Medicaid rates for Community Behavioral Health Providers by 10% and sincerely thank the Ohio House for further increasing funding for BH direct care workers.

However, given the magnitude of the children's behavioral health crisis, **we respectfully ask that the Senate invest an additional \$143 Million (all funds) in Medicaid community behavioral health services rates** to stabilize and strengthen the community-based behavioral health workforce and incentivize more Ohioans to pursue careers in the community behavioral health field.

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 pace with inflation and other economic factors would strengthen all of the other great work that the state, counties, and community-based agencies are doing to encourage Ohioans to enter the behavioral health field.

Thank you for the opportunity to testify on HB 33. Please feel free to contact me with any questions.

Thank you.

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