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Written Testimony on House Bill 96 – State Operating Budget (FYs 2026-2027)
House Finance Committee
April 3, 2025

Chair Stewart, Ranking Member Sweeney, and committee members, thank you for the opportunity to testify on the substitute version of House Bill 96, the state operating budget bill for state fiscal years 2026-2027.

I am submitting this testimony today on behalf of the Mental Health & Addiction Advocacy Coalition (MHAC). The MHAC is a membership organization with over 130 members statewide, comprised of mental health and substance use disorder providers, ADAMH boards, schools, hospitals, courts, food and housing programs, managed care organizations, clubhouse programs, faith-based organizations, and other entities. We are uniquely positioned, with a diverse membership base that encompasses a broad perspective on behavioral health issues facing Ohioans today, at both the state and local levels.

The MHAC is also a member of the Coalition for Healthy Communities (CHC), a behavioral health advocacy collaborative of behavioral-health related statewide organizations. The MHAC supports the unified advocacy agenda that the CHC has developed.

The General Assembly and the Governor have emphasized the need for Ohioans to have access to high-quality, coordinated mental health and substance use disorder services and supports over the last several years. Thank you for your support for funding services and programs to support the continuum of care for individuals with mental health and substance use disorders across our state. Investments in behavioral health priorities are investments in healthy Ohioans, communities, and the state's economy.

House Bill 96 furthers that investment in many ways; however, the MHAC would also like to highlight a few areas of concern in the House's substitute version of the bill.

Behavioral Health Workforce

Ohio ranks 25th in the nation for mental health workforce availability, with a ratio of 330 individuals needing care to 1 mental health care provider.¹ Of Ohio's 88 counties, 75 (85%) are designated Mental Health Professional Shortage areas, with a provider ratio of less than 30,000 to 1.² Bolstering the behavioral health workforce is essential to healthy, working Ohioans and a thriving state economy.

The MHAC supports bold investments to build the behavioral health workforce Ohioans need. We support investments in recruitment strategies, such as services in our high schools and vocational programs, to provide our youth with behavioral health career pathway exploration through experiential learning. We also support investments that provide adult learners with scholarships,

¹ 2024 *State of Mental Health in America*, <https://mhanational.org/the-state-of-mental-health-in-america/>

² "For mental health, the population to provider ratio must be at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community)." <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

paid internships, and expanded career pathways, including additional entry-level credentials with clear pathways for career advancement. Finally, offering employees manageable workloads at professional wages commensurate with their education, professional development, and career advancement support workforce retention.

Specifically, the MHAC also supports the following amendments to bolster the behavioral health workforce, which were not included in the substitute bill:

1. **Amendment #HC_136_0817** to create entry-level credential pathways to complement existing professional licensure.
2. **Amendment # HC_136_0604** to support workforce initiatives through the Ohio Department of Behavioral Health's continuum of care line with a \$10 million increase over the biennium.

Medicaid

The MHAC is grateful that the as-introduced budget bill sustains Medicaid provider rate increases from House Bill 33 in the previous General Assembly. While this funding level has helped Ohio gain some ground in wages for behavioral health workers, if we do not expand the investment, we risk losing additional ground for individuals needing care and the workforce needed to serve them.

The MHAC joins with others in the behavioral health community in requesting an amendment (**Amendment # HC_136_0438**) providing a 5% increase to Medicaid reimbursement rates in the as-introduced version of House Bill 96 over the biennium to advance sustainable improvements in the workforce and the necessary supports and services to ensure healthy, working adults and families.

The sub-bill also retained "trigger" language, which would cut Medicaid expansion in Ohio if federal assistance for the program drops below 90%. The MHAC has deep concerns with retaining this language and its effect, not only on the health and well-being of Ohio's residents and families, but also on our health systems, workforce, and overall economy.

Crisis Services

We have heard testimony stating that this budget will close the gap in crisis care and ensure that all Ohioans have access to crisis services. The MHAC applauds the investments in crisis services and requests that the state fulfill its promises to fund crisis centers across the state and the services they provide.

The MHAC appreciates the appropriations included to sustain the 988 Suicide and Crisis Lifeline and the life-saving services this Lifeline provides.

The MHAC further requests that the General Assembly protect the adult-use cannabis tax dollars, maintaining the commitment to the tax revenue distribution model as passed by the voters, directing 25% of the funds to prevention, substance use treatment, and recovery supports.

Children and Youth

Childhood mental health conditions are associated with an increased risk of chronic physical health conditions (e.g., diabetes, heart disease), continuing mental health problems, and worse employment outcomes as adults. The legislature has made significant investments in Ohio's children, such as Student Wellness and Success funds through the Department of Education and Workforce. The substitute bill removed measures that would keep schools accountable for the use of those funds. We recognize the importance of balancing administrative burdens on schools and accountability; however, we support measures that ensure the funds are used toward their intended purposes.

Ohio's Older Adults

As Director McElroy from the Department of Aging discussed in her testimony before this committee, Ohio is a rapidly aging state, with one in six of our residents aged 65 and over and the 6th highest aging population in the nation. People over the age of 65 are at high risk of depression, anxiety, and suicide.

As part of the services needed for Ohio's aging population, the MHAC was grateful to see the inclusion of a \$2 million increase to Adult Protective Services funding to address increasing rates of abuse, neglect, and exploitation of Ohio's older adults.

Mr. Chairman, members of the committee, thank you for your time today and your service to Ohio's citizens through your work here. The MHAC looks forward to engaging with you and the General Assembly throughout the budget process to advance funding and policies that will best serve the individuals in need of services and supports. Bolstering the behavioral health of Ohio's citizens is an investment in healthy communities, a strong economy, and a solid foundation for Ohio's future.

The Mental Health & Addiction Advocacy Coalition (MHAC) fosters education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities.

For more information, please visit <https://mhaadvocacy.org>.