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Senate Finance Committee
Testimony on HB 96 (SFY 2026-27 Operating Budget)
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Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee thank you for the opportunity to offer testimony on House Bill 96, Governor Mike DeWine's executive budget proposal for state fiscal years 2026-2027.

I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy association representing over 175 private businesses that provide community-based prevention, substance use, mental health, recovery, and family services throughout Ohio. Our member organizations employ nearly 40,000 people and provide services to approximately 2.5 million Ohioans. Our members are nationally accredited and state certified organizations that strive to offer high-quality services in every community.

Today, more Ohioans of all ages need mental health and substance use treatment services – yet most have difficulty accessing care due to the lack of available providers. Waiting times in many communities are too often the norm rather than exception. Current data finds that 1 in 4 Americans reported mental health or substance use need, and 53% of high school girls and 27% of high school boys experience symptoms consistent with major depression. A 2021 survey of parents conducted by Nationwide Children's Hospital found 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. Caregiving for a person with a serious mental health disability requires on average, 32 hours per week – essentially a full-time job. And, tragically while Ohio made marked progress this past year, Ohio remains a top state for opioid overdose deaths.

Further, the economic toll of untreated mental health and addiction is staggering, with wide-ranging effects on labor market outcomes, productivity, and overall economic growth. Untreated mental health issues lead to higher rates of absenteeism, decreased productivity, reduced participation in the workforce, and unemployment. Each year, the U.S. forfeits nearly \$300 billion from its GDP from costs associated with untreated mental health and substance use disorders. This translates to an annual cost for employers in the U.S. per employee of over \$2,800 more in healthcare expenses, an additional \$4,700 in missed workdays, and approximately \$5,700 annually to employee turnover. As Ohio seeks to attract new businesses and build our economy, investment in community behavioral healthcare is essential to have a healthy, productive workforce.

Recognizing these challenges, the Ohio Council applauds Governor DeWine for his leadership and bold vision for Ohio's community behavioral health system. Throughout his tenure, Governor DeWine's message has been clear – his administration intends to fulfill promises of the past by

partnering with lawmakers to develop and sustain a high-quality, accessible and effective behavioral health system. I also want to thank the Ohio General Assembly for its efforts in recent years to strengthen and expand access to behavioral health services. These investments have been critical to support our workforce and development of a full continuum of integrated care for all Ohioans.

The important policy initiatives and key funding investments included in HB 96 that sustain resources for the community behavioral health system; expand the crisis infrastructure and integrated care; pursue data and technological innovation; and enhance prevention and school-based services, will pay dividends far into the future. No doubt, these investments are critical drivers for the economic vitality of Ohio and contribute to having a world-class workforce necessary to attract new businesses and jobs.

Investing in mental health and substance use care is sound public policy and wise economic strategy. Every \$1 spent on access to behavioral health treatment leads to a \$4 return on investment in improved health and productivity. Upstream investments in prevention and early intervention yield even greater returns, as every \$602 invested in these efforts to support youth results in an average \$7,754 cost savings, per person by the time they reach age 23. Expanded access to care grows workforce participation by up to 42%, which would in turn, increase U.S. economic outputs by \$53 billion each year – creating a positive feedback loop that both fuels economic growth and reduces public spending on governmental assistance programs

With respect to HB 96, the state operating budget, I would like to highlight certain areas that specifically address Ohio Council priority areas and offer a few recommendations.

Department of Medicaid Behavioral Health Rate Increases

The Ohio Council enthusiastically supports the Department of Medicaid’s budget proposal and appreciates the resources included in HB 96 that sustain the home and community-based services (HCBS) rate increases from the last budget bill. The behavioral health system of care still faces significant workforce challenges, and we are grateful for this recognition and investment in Ohio’s behavioral health services. These important provider rate increases are steps in the right direction during this challenging and volatile labor market – yet, unfortunately, more must be done to stabilize our behavioral health workforce and begin to recruit and retain talent necessary to meet the demand for services.

As you may know, the behavioral health workforce encompasses a wide range of disciplines and educational levels, providing prevention, treatment, and recovery services for mental health and substance use disorders. The 2024 Ohio Council Compensation and Benefits Survey revealed that in 2024, organizations increased salaries across front-line provider types by 6.5%-9.8%; made market rate salary adjustments and sustained robust fringe benefits despite inflationary cost pressures. While this enabled salary increases, the labor market value accelerated at a faster pace for most positions, and particularly for licensed practitioners. Meaning, salaries in community behavioral health care positions, with a couple of exceptions, remain well below those for similar positions with similar education and licensure requirements in other health care sectors and service sectors. In fact, current job openings offer, on average 23.4% higher wages compared to the 2024 median salaries of a cross section of community behavioral health positions posted on Indeed.com. Turnover rates increased to 41% in 2024 across the community behavioral health industry. This is a 4% increase from 2022 and a 10% increase from 2020. Organizations in suburban areas and in

Southwest Ohio had higher turnover rates at 46%, respectively. In short, your investment was critical, but more is needed to sustain, attract, and retain the community behavioral health workforce in today's accelerating labor market while building the workforce needed for the future.

Accordingly, we respectfully ask for your support to maintain, and if possible, modestly increase funding for Medicaid community behavioral health services, which will strengthen the behavioral health workforce and incentivize careers in community behavioral healthcare. It cannot be forgotten that Medicaid is the primary pathway for Ohioans to access behavioral healthcare.

OhioRISE (Resilience through Integrated Systems and Excellence)

The Ohio Council supports the ongoing efforts of OhioRISE, a specialized Medicaid managed care program for youth with complex behavioral health and multisystem needs. Today, OhioRISE assists in addressing the needs of over 42,000 youth across all 88 counties who could be better served in their homes rather than in out-of-home care. While I understand there is more work to do to fully implement the program, outcomes are improving for these kids and families. I encourage this committee to support the OhioRISE program – it is sound policy and a wise investment.

Ohio Department of Mental Health and Addiction Services

The Ohio Council applauds the Department of Mental Health and Addiction Services (OhioMHAS) for its efforts to develop and strengthen the community behavioral health system of care, and we generally support the direction the department is moving toward in HB 96. The Ohio Council enthusiastically supports the language seeking to implement the certified community behavioral health centers (CCBHC) whole-person, integrated model of care in Ohio, and investment in universal prevention and early intervention. We also support the resources aimed at expanding access to medications in jail settings, enhanced community forensic services, and efforts to ease access to the state hospital system for civil patients. Specifically, we support restoration of criminal justice funds and the proposed Pretrial Behavioral Health Intervention pilot program that would engage individuals in a treatment response rather than a criminal justice response and likely free up treatment capacity in our state hospital systems.

Further, The Ohio Council strongly supports the expansion of 988 and the crisis infrastructure with mobile response and stabilization services (MRSS) for youth and new mobile services for adults. However, I want to bring to the committee's attention the need for additional funding for the 988 Suicide and Crisis Lifeline. The House reduced the executive budget proposal funding for 988 by a significant amount – down to \$20 million each fiscal year, which is below current operational costs. Calls to 988 increase month-over-month and an actuarial study commissioned by OhioMHAS anticipates a 29% increase in call volume in SFY 26 and 27. 988 is demonstrating it is saving lives, helping people solve problems without needing further intervention beyond the call, and connecting individuals to behavioral health care rather than an emergency room or jail.

Accordingly, we strongly urge support for an **amendment (SC_136_1170)** to increase the appropriation of funds for 988 to \$30, 363,505 in SFY 26 and \$31, 558,942 in SFY 27 to support service capacity demands.

We are also largely supportive of the department's proposals to create the various state block grants to deliver flexible funding to communities and procurement of a statewide electronic health

record. While these initiatives are intriguing, we are seeking additional information and clarity with respect to the effect on providers and, most importantly, the people seeking our services.

With respect to the behavioral health workforce, the Ohio Council appreciates the department's continued prioritization of this need. We agree with Director Cornyn that building the behavioral health workforce is essential, and that Ohio faces severe and worsening shortages despite recent efforts and investments. Simply put, there are more people needing care than those available to provide care. Valuing our workforce for the lifesaving and lifechanging behavioral health interventions they provide requires both opportunities for training, education, and career development, but also must include economic value through higher wages commensurate with offerings in similar settings in the labor market. Due to the historic low pay in the industry, strategies such as tuition reimbursement, paid internships, loan forgiveness as well as recruitment and retention bonuses are effective. We encourage greater funding to support these strategies.

Ohio Chemical Dependency Professionals Board

The Ohio Council supports the governance transition of peer recovery supporters from OhioMHAS to the Ohio Chemical Dependency Professionals Board (OCDPB). This transition recognizes the value of peer support in engaging and sustaining recovery and elevates the professionalism of these essential workers. The OCDPB has the established infrastructure and experience in managing and administering multiple certifications, licenses, and endorsements. As this Board has expanded over time, regulating prevention, gambling, and now, substance use and mental health peer providers, we would recommend modernizing the name to "Ohio Behavioral Health Professionals Board."

Qualified Mental Health Credentials

I also want to share that we, along with a host of other stakeholders, are pursuing an **amendment (SC_136_0735)** that would establish an entry-level qualified mental health credential, based on the existing SUD entry-level credential. This credential is complementary to existing behavioral health professional pathways and fills a gap by creating both non-degree and degree entry level career opportunities. As discussed, the OCDPB would be a logical structure to support the qualified mental health specialist credential – as it is designed in a manner consistent with its SUD counterpart.

Conclusion

Investing in mental health and substance use care is sound public policy and wise economic strategy. I am confident the investments mentioned today will help ensure Ohio has a healthy, productive workforce that can help attract businesses and jobs that grow our economy so every child can reach their full potential, and families can flourish as they strive to reach their dreams.

Thank you for your time and consideration and the opportunity to offer this written testimony.