



**Interested Party Testimony- Senate Health Committee
HB 96 — FY26-27 State Operating Budget
May 13, 2025**

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee — Thank you for the opportunity to provide testimony on House Bill 96. My name is Tonya Fulwider, and I serve as the Executive Director of Mental Health America of Ohio.

Mental Health America of Ohio was founded in 1956 as an affiliate of Mental Health America, the nation’s leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all Americans.

We work in close collaboration with many partners across the state—including the Ohio Department of Mental Health and Addiction Services—and, as members of Ohio’s behavioral health collaborative, the Coalition for Healthy Communities. We support the proposed budget by the Department, as we believe it aligns with our organization’s priorities and the state’s broader mental health goals.

Today, we aim to highlight three critical areas that require focused investment: perinatal (or maternal) mental health, strengthening our behavioral health workforce, and the vital role of Peer Recovery Supporters in the care continuum. We believe that prioritizing these areas is key to building a healthier Ohio, where every individual has access to the behavioral health resources they need.

Depression and other mental health conditions are the most common complications of pregnancy and childbirth. Mental health conditions – including suicide and overdose – are the leading cause of death for pregnant and new mothers in Ohio and have been since 2008. These are preventable deaths. The implications of untreated perinatal mental health challenges extend far beyond the immediate well-being of mothers; they affect the long-term health and development of children as well. By investing in robust mental health support during this critical period, we not only enhance the emotional well-being of mothers but also foster healthier outcomes for families, laying a strong foundation for our children's future.

Addressing these challenges requires a cohesive and integrated approach, and the Ohio Perinatal Mental Health Task Force exemplifies this model. This statewide, multidisciplinary coalition is dedicated to improving the perinatal mental health system by advancing policies and practices that comprehensively support pregnant and parenting individuals facing mental health and substance use challenges. Drawing on the expertise of OB/GYNs, social workers, behavioral health providers, community health workers, and others—including individuals with lived experience—the task force is committed to positioning Ohio as a leader in perinatal mental health education, access, and treatment.

It is also essential to recognize that pregnant and new mothers face unique barriers to accessing mental health care—barriers that can leave them especially vulnerable during a critical period of their lives. Peer-led programs have demonstrated remarkable success in connecting mothers with life-saving mental health and substance use care. Given their proven effectiveness and cost-efficiency, continued and enhanced support for these initiatives is essential to ensure that pregnant and new mothers have access to the care they need.

This leads me to our next priority: Peer Recovery Supporters (PRS). Peers are uniquely qualified to provide an important factor in an individual's path to recovery. That factor is *hope*. When someone struggling gets support from someone who has been there – who has walked in their shoes and is now succeeding and thriving – it can be incredibly motivating. Peers help people feel seen, heard, and understood without judgment - all protective factors that keep individuals engaged in treatment.

Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities. PRS are an essential component of recovery-focused systems and are key across all settings and stages of recovery.

Last, I would like to discuss our work in the behavioral health workforce. We recognize that Ohio's behavioral health workforce is under significant stress, with frontline staff facing unmanageable workloads and burnout and organizations dealing with high levels of turnover.

To ensure quality care for those in need, we must create a better working environment for these dedicated professionals. By addressing workforce challenges, such as supporting realistic workloads, increasing compensation, and providing opportunities for professional growth, we can help reduce turnover and ensure that our behavioral health system remains strong and effective in serving the people of Ohio.

MHAOhio has been helping behavioral health agencies across Ohio identify and address their unique workforce challenges for almost a decade. Through this work we've come to deeply understand the most significant issues facing the behavioral health workforce, many of which are systemic. Since 2017, we have surveyed and conducted focus groups with over 16,000 employees, representing more than 25,500 workers. Through this work, we've learned that:

- The strain of understaffed teams places an additional burden on committed, high-performing staff, leading to burnout and reduced morale.
- Unrealistic productivity requirements and high caseloads further exacerbate the issue, resulting in diminished quality of care for clients.
- 71% of employees feel low pay directly impacts their job satisfaction and turnover intention.
- The lack of time to process secondary trauma creates additional overwhelm for staff.
- Supervisors, who are vital to an agency's health, are often not adequately trained or supported. Many still manage their own caseloads.

We must continue supporting the behavioral health workforce to ensure they have the resources and environment to provide quality care and prevent burnout.

For these reasons, we respectfully urge the General Assembly to prioritize perinatal mental health services, strengthen our behavioral health workforce, and recognize the vital role of Peer Recovery Supporters in the care continuum in the upcoming state budget, ensuring that every new family across Ohio has the support and resources needed to thrive. We always welcome the opportunity for further discussions.

Thank you for the opportunity to testify. I am happy to answer any questions.

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