



Joan Englund
Executive Director
jenglund@mhac.org
Office: 216.441.1111
4500 Euclid Avenue
Cleveland, OH 44115

**Ohio Senate
Finance Committee
Amended Sub. H.B. 110
Joan Englund
Mental Health & Addiction Advocacy Coalition
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Chairman Dolan, Vice Chair Gavarone, Ranking Minority Member Sykes, and committee members, my name is Joan Englund, and I am the Executive Director of the Mental Health & Addiction Advocacy Coalition (MHAC). Thank you for the opportunity to provide written testimony on Amended. Sub. H.B. 110 as it relates to services and supports for people with mental illness and substance use disorders.

The MHAC is a statewide policy organization engaged in local policy work in the 13 counties in our Northeast and Southwest Ohio Hubs, and state level policy work. With over 120 member organizations located around the state, our diverse membership reflects the breadth of organizations that see the impact of untreated behavioral health disorders every day. In addition to mental health and addiction services providers and ADAMH boards, our members include major medical institutions, for-profit businesses, faith-based groups, and courts, among others.

With the COVID-19 pandemic causing the onset of new incidences of behavioral health disorders and relapse or exacerbation of existing behavioral health conditions, the MHAC and its members strongly believe that providing adequate levels of funding for behavioral health is especially critical at this time.

Ohioans' behavioral health relies on support from public policies and funding across many state agencies. The following highlights several important priorities the MHAC supports that are specifically aimed at helping Ohioans with mental health and substance use disorders, along with a number of concerns regarding Amended Sub. H.B. 110.

Student Wellness and Success funding can transform students' chances for achieving their greatest potential through the "whole child" approach to wellness. This philosophy envisions an environment where every student is healthy, safe, engaged, supported, and challenged, setting the stage for long-term wellbeing and success. Funding for this initiative began in the current

biennium, and there is more opportunity for growth in terms of connecting children with services.

We applaud the House of Representatives for their effort to propose an updated school funding formula as part of Amended Sub. H.B. 110. However, we are concerned by the approach of combining the Student Wellness and Success Funds (SWSF) with the Economic Disadvantage Funds into the Disadvantaged Pupil Impact Aid (DPIA) fund for several reasons.

- Overall, funding is reduced. The proposed DPIA fund is appropriated at \$620 million, whereas, the SWSF and Economic Disadvantage Funds are each currently funded at \$400 million (\$800 combined). The net loss is \$180 million.
- The proposed DPIA fund relies on the Governor's proposed appropriation for SWSF funds but distributes funds solely on the number of low-income students identified in each school and the number of students receiving free and reduced lunch. Whereas the current and proposed SWSF provides a base funding allocation to each school plus an additional per student payment tiered by quartile based on a federal poverty index. Most schools will LOSE funding in this area.
- While unintended, this approach stigmatizes social-emotional development, mental health, and prevention as limited to low-income students and families. This changes the conversation from every student to only disadvantaged students.
- Gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools.
- The Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee use to support activities or initiatives as defined under SWSF.

We urge the Senate to restore R.C 3317.26 Student Wellness and Success Funds authorization language and funding to the Governor's as introduced version. Further consideration can be given to including SWSF in the funding formula provided it is a restricted line item that retains the as introduced funding, requirements for partnerships with community providers, and defined accountability for use of funds.

Amended Sub. H.B 110 also incorporates very concerning changes to who is appointed, the number, and the way that Governing Board Members are appointed to local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards. **The MHAC is opposed to the proposed removal of the categorical appointments in ORC 340.02(C).** These appointments, representing individuals with lived experience with mental illness and substance use disorders, family members, and professionals in the field provide essential input to the Governing Board decisions made on behalf of local communities.

The proposed changes to ORC 340.02 in Amended Sub. H.B. 110 are not informed by the needs of communities throughout Ohio and would limit the community input provided as ADAMH

Boards make decisions about the local system of mental health and addiction services. At a time when we are seeing an increased demand for care, we should not be decreasing the community participation in how decisions are being made on behalf of taxpayers and the public. **We recommend the proposed changes to ORC 340.02(C) be removed from the biennial budget bill.**

Ohio's behavioral health workforce needs support. There is a severe shortage of behavioral health professionals and a need to ensure more racial diversity, as well as cultural and linguistic competency. **We support the investments in this area and urge an additional investment of \$5 million to provide critically needed support.** Funding that allows providers to offer tuition assistance, loan repayments, and other incentives would help attract and retain qualified individuals in the behavioral health field.

Early intervention and prevention efforts can prevent illness, change the trajectory of potentially debilitating diseases, and save lives. Wise investments in these key areas will bear fruit now, and well into the future.

We are pleased with the plans to invest funding for **Multi-System Youth** to keep families together and provide care to children with the most complex needs before out-of-home placement, custody relinquishment, or entrance into the juvenile justice system occurs. We support investing in the implementation of a Child and Adolescent Behavioral Health Center of Excellence to expand the continuum of care and build service capacity to serve Ohio's highest need children and youth.

This budget also recognizes the fact that some **adults with severe and persistent mental illness are involved with multiple systems.** By dedicating funding to assist these individuals, like the targeted efforts focused on youth, stakeholders can begin to address ways to holistically assist Ohioans with complex lives.

We also strongly support funding for **crisis services and crisis infrastructure.** These services offer two critical supports: they intervene with individuals experiencing a behavioral health crisis, and they have the opportunity to provide connection to long-term supports and services that will help to prevent another behavioral health crisis in the future. Crisis services reduce the likelihood that individuals will utilize emergency departments or enter the criminal justice system, lessening the financial burden on these systems and helping people remain in the community while receiving the supports they need.

The investment in **equity** is a critical step toward addressing racial inequity in behavioral health. The MHAC encourages an additional investment in this area in order to improve health outcomes for Ohioans who are Black, Indigenous, and People of Color.

Finally, Investments in **housing** that provides supportive and recovery services will help ensure more individuals with behavioral health disorders have access to a place to call home. We know that having a stable living environment can help an individual stay in treatment and achieve recovery, while reducing the use of costly systems.

Please keep the mental health and wellness of Ohioans at the forefront of your priorities as we continue to face the effects from the pandemic collectively. We can positively impact the trajectory of a behavioral health surge by investing in behavioral health across state agencies.

Thank you for the opportunity to provide written testimony. The MHAC and its members look forward to continuing our work with you to ensure all Ohioans receive the behavioral health care and supports they need.