



**Interested Party Testimony on House Bill 33
House Finance Committee
March 29, 2023**

Chairman Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee, thank you for the opportunity to offer comments on House Bill 33, the main operating budget. My name is Thomas Stuber, I am the President and Chief Legislative Officer for The LCADA Way (based in Lorain and Cuyahoga counties), but today I come to you representing the Ohio Alliance of Recovery Providers (OARP) for which I serve as President.

OARP is a statewide organization made up of forty-three addiction treatment providers, certified by the Ohio Department of Mental Health and Addiction Services, whose members work together as a system to help clients move from active addiction to productive citizenship. Our members organizations work to increase access to treatment and develop a recovery-oriented system of care for all Ohioans. Through our professional networking and idea sharing, we have created a collective knowledge of best practices for optimal care and share this information with state and national legislators. At the end of my testimony, you will see a map showing where our members operate throughout the state.

Today, I would like to touch of a few parts of HB 33 and let you know where our members stand.

PROPONENT – Ohio Chemical Dependency Professionals Board Requested Funding Increase:

OARP supports the Ohio Chemical Dependency Professionals Board’s request for increased funding in the amount of \$112,000 in fiscal year 2024 and \$97,000 in fiscal year 2025. This will allow them to hire additional staff to ensure that the Board can provide consumer protection through the enforcement of ethical standards.

PROPONENT – Ohio Department of Mental Health and Addiction Services’ Budget:

OARP supports the Ohio Department of Mental Health and Addiction Services’ (OhioMHAS) budget as it was introduced, and we are thankful for Director Lori Criss’ leadership through the last few years. The community behavioral health field has faced increased demand for services with increased staff turnover. This workforce crisis has been exacerbated by both the opioid epidemic (which has only intensified) and the COVID-19 pandemic. More than ever, Ohio needs a robust, reliable, and accessible behavioral health system. OARP has collaborated with OhioMHAS to create workforce development pathways such as scholarships, internships, paid credentialing, and paid apprenticeships to attract individuals to the behavioral health field, and we are grateful to you in the legislature for appropriating funds in HB 45 last year to help accomplish these goals.

As you heard several weeks ago when Director Criss testified before you, OhioMHAS spent much of 2022 convening the Chapter 340 Review Stakeholder Workgroup which sought to identify code sections in need of review or modernization, define specific challenges, and explore recommended solutions through a transparent and public process. Chapter 340 is the section of the Ohio Revised Code addressing alcohol, drug addiction, and mental health services. We are proud of the collaboration between all the stakeholders who participated, and we are excited to read the final report which is forthcoming. **We ask that the legislature not make any changes to Chapter 340 before that final report is released.**

INTERESTED PARTY – Increase Medicaid Community Behavioral Health Services:

I want to be very clear – OARP supports Governor Mike DeWine and the Department of Medicaid for the historic investments included in this budget: \$220 million (a 10% increase) over the biennium for behavioral health services; \$30 million for mental health peer recovery support services; and \$130.1 million (a 6% increase) for inpatient services at psychiatric hospitals and acute psychiatric units. They listened to providers and recognized how critically we need help. However, the reason I am here today is to tell you that more funding is necessary, and we very much need your help.

Complicating our ability to recruit and retain qualified staff is a lack of adequate funding. Without adequate funding, we cannot treat the number of Ohioans coming to us for services. Many residential treatment providers are operating at 50%-75% capacity because they are unable to attract sufficient staff to expand care. The 10% increase proposed in HB 33 for behavioral health services is nothing short of imperative, but it will only cover the inflationary increases that providers have seen the last few years. More is needed so we may increase salaries for our employees and compete with market-wide wage growth.

OARP respectfully requests your support of amendment HC0294 to increase funding for Medicaid community behavioral health services by an additional \$220 million over the biennium. A 20% increase to these vital services will incentivize more workers to pursue careers in the community behavioral health system, retain and invest in the staff we currently have, and most importantly, it will allow providers to care for all those who need our services.

Thank you for your time today and allowing me to speak on behalf of the Ohio Alliance of Recovery Providers. Again, please take a look at the next page to see where our members operate, and I have also included a copy of HC0294 for your review. I am happy to answer any questions you may have for me.

Where does OARP operate?

1. Addiction Services Council
2. Alvis
3. Catalyst Life Services
4. Center for Addiction Treatment
5. CommQuest Services
6. CHC Addiction Services
7. Compass Family and Community Services
8. CompDrug
9. Coshocton Behavioral Services
10. The Counseling Center Inc.
11. The Crossroads Center
12. Family Recovery Center
13. Family Recovery Services
14. First Step Home
15. Guernsey Health Choices
16. Health Recovery Services
17. Hitchcock Center for Women
18. House of Hope
19. Interval Brotherhood Home
20. Lake-Geauga Recovery Centers
21. The LCADA Way
22. McKinley Hall
23. Meridian HealthCare
24. Morgan Behavioral Health Choices
25. Muskingum Behavioral Health
26. Neil Kennedy Recovery Clinic
27. New Direction
28. The Nord Center
29. Ohio TASC Association
30. Oriana House
31. Perry Behavioral Health Choices Inc.
32. Pickaway Area Recovery Services Inc.
33. Pike County Recovery Council
34. The Prospect House
35. The Recovery Center
36. Recovery Resources
37. Recovery Services of NW Ohio
38. Recovery/Prevention Resources of Delaware & Morrow Counties
39. Sojourner Recovery Services
40. Stella Maris
41. Talbert House
42. Thrive Peer Recovery Services
43. Urban Ounce of Prevention Services

With forty-three providers, OARP operates over 200 facilities across the state. Services include assessment, sub-acute detox, medication assisted treatment, non-intensive and intensive outpatient, partial hospitalization and residential treatment, individual and family counseling, peer mentoring, drug screening, wellness and case management, prevention, gambling treatment, and recovery housing.



_____ moved to amend as follows:

1 In line 124791, delete "\$5,303,860,397 \$5,920,730,724" and
2 insert "\$5,334,275,397 \$5,952,124,724"

3 In line 124792, delete "\$14,219,027,179 \$15,172,082,581"
4 and insert "\$14,298,612,179 \$15,250,688,581"

5 In line 124793, delete "\$19,522,887,576 \$21,092,813,305"
6 and insert "\$19,632,887,576 \$21,202,813,305"

7 In line 124796, add \$30,415,000 to fiscal year 2024 and
8 \$31,394,000 to fiscal year 2025

9 In line 124797, add \$79,585,000 to fiscal year 2024 and
10 \$78,606,000 to fiscal year 2025

11 In line 124798, add \$110,000,000 to each fiscal year

12 In line 124824, add \$110,000,000 to each fiscal year

13 After line 125049, insert:

14 "(D) Of the foregoing appropriation item 651525, Medicaid
15 Health Care Services, \$110,000,000 in each fiscal year shall be
16 used for the purposes of establishing payment rates in
17 accordance with this section."

18 The motion was _____ agreed to.

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SYNOPSIS

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Department of Medicaid

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Sections 333.10 and 333.140

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Increases GRF line item 651525, Medicaid Health Care

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Services, by \$110,000,000 in each fiscal year (\$30,415,000 state

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share in FY 2024 and \$31,394,000 state share in FY 2025).

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Earmarks the increase to fund Medicaid payment rates for

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community behavioral health services.