

**Chair Romanchuk, Ranking Member West, Representatives Kelly, Lipps, and Roemer,** thank you for the opportunity to testify on HB 166, the state operating budget and the important investments in mental health. My name is Susan Graham, I am the Director of Education Liaisons with Child Focus, Inc. in Southern, Ohio. We serve 20,000 children and adults annually in mental health services, Head Start, early learning and foster care. I oversee school mental health in 72 school buildings in Clermont, Brown and Hamilton Counties, including some of the largest schools in the state of Ohio. We have been partnering with schools for over 25 years in the regular education, special education, alternative school and day treatment settings. Of the 72 school buildings we serve, 100% of schools want & need more mental health services than we currently provide.

I am going to give you a synopsis of the past month because I think it speaks to the urgency and critical role that mental health plays in schools.

Four weeks ago, a High School in the Greater Cincinnati area experienced the death of a high school student by suicide. The community was crushed. Only 1 week later, when the community was in the depths of their grief, another student at the same high school died by suicide. This community has experienced so much turmoil. The impact to the family, the student body and the greater community is absolutely devastated.

Just 4 miles away and 8 days ago, a young woman in one of the affluent communities we serve told her mother how concerned she was for a friend who was showing signs of suicidal thinking through social media. Her mother responded immediately and this 9<sup>th</sup> grade boy was saved in the moments before his planned suicide attempt. Just one day later, a young man from the same school received a "good bye" text from his ex-girlfriend. He immediately got in his car to go to her home while on the phone dialing 911. She had ingested pills and was in the process of ingesting more when help arrived.

In these two more recent stories we have students who were heroes. Both of these heroes have experienced the SOS: Signs of Suicide program, an evidence-based program. In the SOS Program, students are educated on the warning signs for suicide and depression and are encouraged to ACT by engaging trusted adults who can help. Both of these heroes saved precious lives of teens that were just moments away from being taken and devastating their families and the community.

**Prevention-** Please support the K-12 prevention education initiatives proposed funding in the current budget to support evidenced based prevention curricula. Prevention programming is not a reimbursable service through insurance and therefore not widely accessible. Without consistent funding streams, communities lack resources to provide suicide prevention and substance use education. This proposed funding would allow communities to work together through a collaborative approach to address local needs.

**MH Treatment by agency staff vs school-employed MH staff-** Prevention services promote mental wellness, enhance self-esteem, teach inter-personal skills, help youth cope with stress and make meaningful contributions to their community. However, some individuals will always require a higher level of care to address mental illness and trauma.

Treatment services in schools is widely effective yet our program models are highly unaffordable. Families struggle to pay their mental health copay or meet their high deductibles. There are gaps in commercial insurance and Medicaid for mental health. For example, private insurance does not cover certain services (TBS, PSR, CPST) while Medicaid does, creating access issues for children.

Reimbursement rates must be addressed. Hospitals make 2-3 times the reimbursement as community mental health agencies for the same service. Medicaid rates are generally considered low, but commercial insurance rates are even worse when billing for treatment. Commercial insurance reimburses at anywhere between 61-73% of Medicaid.

Schools are experts in educating youth, yet they are beginning to hire their own mental health staff as a knee jerk reaction to our inadequate health care system. Mental Health agencies offer an integrated continuum of care. Schools do not. We are available 24/7, on the evenings, weekends, holidays and summers and this is critical because mental health needs do not confine themselves to the school day. School staff providing treatment creates a conflict of interest when students are also receiving special education services. Agencies have a wide range of relationships in the community if they become involved with juvenile court, require medication services, or engage with Job & Family services or foster care. We can provide teacher consultation, psychiatry, crisis and in-home appointments, triage,

clinical supervision, training and other services support to our clients beyond the scope of the education system. The needs of our youth are changing and providing supports in the school setting reduces some of the barriers to treatment by reaching youth in their natural environment and eliminating the need for transportation. However, providing this through the systems in place is most effective.

We need to address the financial coverage issues and build our partnerships so that mental health services are provided by the agencies that are designed to do so. And mental health needs to be provided in EVERY school EQUALLY.

**Staffing emergency-** Finally, to provide the needed capacity in every school we must address our workforce crisis. Mental health providers are in high demand. Agencies are competing with hospitals and managed care organizations for quality counselors. Agency salaries are often so low that staff themselves qualify for assistance and if we can increase the reimbursement rates, perhaps salaries could increase.

We have mental health staff with master's degrees graduating with anywhere from \$30-100K in school loans. Take for example a borrower who graduates with \$37,000 in student loan debt with a 6.8% interest rate. In order to pay back the loans in 10 years, a monthly loan payment of \$425.80 will need to be paid. Once the funds are paid back, the student will have paid more than \$14,000 in interest. This monthly payment of \$425.80 for 10 years is exasperating with an annual salary of \$40,000 or even less. Add to this the stress, high level of responsibility and burnout potential in these jobs and you can see why hiring is such an issue. Promoting and incentivizing in the mental health field is critical. University-level interest to generate more Community Mental Health staff is also needed.

I shared 2 recent stories of hope and 2 stories that have brought tragedy to Southwest Ohio. I am pleading to you Chair Romanchuk, Ranking Member West, Representatives Kelly, Lipps and Roemer to support several things in the budget:

1. Funding for prevention services in our schools so we can continue to save lives and build into our youth so that they can develop into productive and self-sufficient citizens.
2. To support school and agency partnerships so that agency staff can expertly provide mental health treatment services and access all levels of care through agency supports in a school setting.
3. To support workforce development by promoting and incentivizing the field of mental health.

These initiatives will save lives and grow our communities.

In our testimony packet we included a list of schools, a description of services, service outcomes and letters of support written by a parent and school district. I hope you will review these documents.

Thank you for allowing me to testify and I look forward to any questions you may have at this time.

## Types of Services

- ◇ Community Psychiatric Support Treatment (CPST)
- ◇ Therapy
- ◇ Prevention Services

## Services

Community Mental Health Services are provided in the school setting to meet students in an environment that is natural, minimizing the stigma associated with mental health service and to minimize the barrier of transportation that often prevents youth from receiving the services they need. The services are designed to promote positive mental health, provide early identification of psychological and social problems to reduce non-cognitive barriers to learning, and reduce the risk factors associated with school failure. Specialists work with students to develop effective coping skills, reduce problem behavior and achieve school success. Services may also be provided in the home, office or community setting when indicated.

## Types of Services

Providers determine the need, level and type of service that is most appropriate for an individual through their initial contact with a student and the referral source.

### Community Psychiatric Supportive Treatment (CPST)

The purpose of this service is to provide goal oriented and individualized services for each person served. CPST services are focused on helping individuals succeed in the community; to identify and access needed services; and to help them show improvement in school, work, or family and make contributions within the community. Guardian participation is required.

### Therapy

Individual and group services are provided by licensed therapists in the school setting. These services are provided to students with intensive needs, focused on helping students manage behavioral and emotional issues interfering with their learning. Participation from guardians is required and services will continue through the summer.

## Prevention

Providers collaborate with building level teams to assess the prevention needs in each school building. Prevention services are designed to reduce the incidence, prevalence or severity of mental or emotional issues. Prevention services may address topics such as: adjustment issues, bullying prevention, peer pressure, self-esteem, stress management or suicide prevention.

## Billing for Services

Services provided can be billed to Medicaid, private insurance or directly to the family.

# Child Focus, Inc.

Community Mental Health

Schools Served	
Amelia Elementary School	Mariemont High School
Anderson Elementary School	Marr Cook Primary School
Anderson High School	McCormick Elementary School
Ayer Elementary School	Meadowview Elementary School
Batavia Elementary School	Merwin Elementary School
Batavia Middle School	Milford Jr High School
Batavia High School	Milford High School
Bethel Primary School	Milford Success Academy
Bethel Elementary School	Monroe Elementary School
Bethel Middle School	Mulberry Elementary School
Bethel High School	Nagel Middle School
Bick Primary School	New Richmond Elementary School
Boyd E. Smith Elementary School	New Richmond Middle School
Brantner Elementary School	New Richmond High School
Clermont Northeastern Elementary School	Pattison Elementary School
Clermont Northeastern Middle School	Rising Stars Academy at Vine
Clermont Northeastern High School	Rising Stars Academy at Carthage
Clough Pike Elementary School	RULH Elementary School
Charles L. Seipelt Elementary School	RULH Middle School
Fayetteville Elementary School	RULH High School
Fayetteville Middle School	Seipelt Elementary School
Fayetteville High School	Sherwood Elementary
Felicity Elementary School	Smith Elementary School
Felicity Middle School	Spaulding Elementary School
Felicity High School	Summerside Elementary School
Goshen Middle School	Summit Elementary
Goshen High School	Terrace Park Elementary School
Grant Career Center	Turpin High School
Hill Intermediate School	West Clermont Middle School
Holly Hill Elementary School	West Clermont SoComm Program
Kilgour Elementary School	West Clermont Tri-B Program
Live Oaks Vocational School	Williamsburg Elementary School
Locust Corner Elementary School	Williamsburg Middle School
Maddux Elementary School	Williamsburg High School
Mariemont Elementary School	Willowville Elementary School
Mariemont Junior High School	Withamsville-Tobasco Elementary School

**For more information, please contact Susan Graham, M.Ed, LPC  
at 513-752-1555 or [sgraham@child-focus.org](mailto:sgraham@child-focus.org).**

Funding sources include: Clermont County Mental Health and Recovery Board, Medicaid, private insurance and fees, The Page Ann Hayden Foundation and schools.



# 2017



# 2018

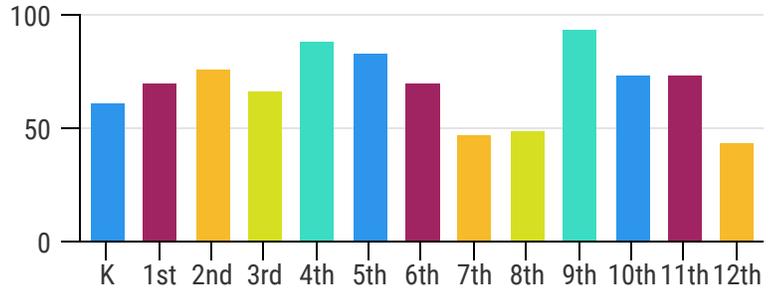


## SCHOOL BASED PREVENTION SERVICES

### STUDENTS SERVED



### STUDENTS PER GRADE



### PRODUCTIVITY AND TIMELINESS

## EFFICIENCY

74% of staff providing prevention in schools achieved 94% of their utilization expectation through May.

84% of school staff surveyed reported that services began in a timely manner.

Prevention provided in schools and funded by Clermont County Mental Health and Recovery Board Levy dollars totaled **\$400,460**

"The services are **INVALUABLE** in difficult times. Staff do a great job of keeping me informed of student progress and challenges that may affect the student in class."

- Middle School Counselor

### EFFECTIVENESS

## PROGRESS TOWARD GOALS



48%

Almost half of the student served in prevention indicated progress toward goals. An additional 43% of students indicated that symptom severity remained the same.

99%

Almost all school staff reported that services helped students be more successful in school.

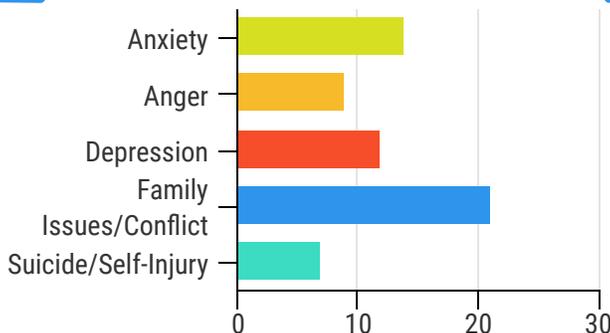
100%

All school staff who completed surveys agreed that students learned skills in services that they demonstrated in the classroom.

"Students have many mental health needs and the extra support from Child Focus gives students increased opportunities for success."

- High School Principal

### PRESENTING PROBLEMS



### REFERRALS MADE

School based services allow for easy access and early identification of problems. Brief interventions to prevent further symptom development and referral to services are a valuable function of Prevention.



193 Referred to CPST



106 Referred to Therapy



376 No Further Referrals



## WEST CLERMONT LOCAL SCHOOL DISTRICT

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Natasha L. Adams – Superintendent  
Kelly Sininger - Treasurer

April 7, 2019

Representative Mark J. Romanchuk  
District 2  
77 S. High Street  
11th Floor  
Columbus, Ohio 43215

Dear Representative Romanchuk,

The social emotional needs of our students continues to grow each day. There are many theories of why the needs are increasing such as a 24-7 interconnected world and higher academic and social expectations. It is important to that we do not blame schools, families, government and society that students' mental health is fragile but come together to offer solutions to help our young people build protective factors, resiliency, and the ability to ask for help when needed. Schools cannot do this work alone.

At West Clermont Local School District, we have benefitted from a 40-year relationship with Child Focus. Hundreds of our students access a Qualified Mental Health Specialist (QMHS) and/or a therapist through Child Focus on a regular basis. Child Focus also provides parent education opportunities and professional development for our staff. It has been my experience that the social emotional programming that Child Focus provides is heavily reliant on grants, foundations, local organizations/businesses, and other agency resources. It is my hope that increased funds will be available to provide more flexible preventive programming to lower the number of students needing Tier 2 and Tier 3 supports in schools.

We have full time QMHS support at our middle school and high school, but we do not have full time help at our eight elementary schools. More state funding and increased reimbursement rates could lead to more providers at the school level. These providers through organizations such as Child Focus could offer their expertise and provide access to a continuum of supports. The QMHS and others could provide preventative programming to students, staff, and parents where many feel the most comfortable which is at their elementary school. The mental health professionals could become part of the school based team that helps build protective factors within our students.

School districts could build a highly structured and effective plan with partners such as Child Focus. A real issue to implementing the plan is the lack of qualified candidates entering the field. An important piece of the mental health puzzle is developing a workforce pipeline of passionate and highly educated caregivers. The relatively low pay and stressful works leads to many qualified individuals choosing other types of work.

The Ohio Department of Education has brought much attention to the social emotional needs of our students with the new strategic plan and content standards. West Clermont is poised to take advantage of the great work by ODE but needs experts in mental health to collaborate with us with appropriate resources to implement the strategic plan and standards. Access to prevention funds, workforce development (including ongoing self-care), and the increase in school based supports would assist school districts address the growing mental health needs of our students.

Sincerely,

Michael Overbey  
Assistant Superintendent  
West Clermont Local School District

May 23, 2018

Debbie Hayden  
Page Ann Hayden Foundation  
P.O. Box 536  
Amelia, Ohio 45102

Dear Debbie,

My name is [REDACTED] and I am the mother of [REDACTED] who has been blessed to receive counseling at Anderson High School through your grant to Child Focus, Inc. The excellent care he has received from his therapist, Allison Price, has been a lifeline to him, as well as to me, for several reasons and I can't imagine where we would be without help this year, his senior year.

First of all, to be able to find a therapist who specializes in the issues which teenagers face is difficult. With the Child Focus program, I felt confident that [REDACTED] therapist was not only in touch with the challenges a high school student faces, but she was kind to my son and she was kind to me too. I felt so good about her that I could let go so that they could build a relationship. The burden of finding the right program and the right therapist in an urgent situation was taken away from me. I can't express to you my profound gratitude.

When my son was born, it became apparent that he had learning delays. He was a beautiful baby, but he made absolutely no sounds at all. Although he had a bundle of testing and early intervention at CCHMC with OT, PT and speech therapy, he did not have a clear diagnosis. His first language was sign language and finally we had a breakthrough and after the age of 2, he began to talk.

In elementary school, when it was time to read, he exhibited the signs of dyslexia, writing backwards and having reading difficulties. We read together every night as prescribed by the Reading Recovery team at Maddux Elementary and finally by 5<sup>th</sup> grade, he was catching up.

One thing that never changed is that communication, therefore making friends, was difficult for my son. In high school, if you do not have a high GPA or are the very top of your extracurricular interest these days, you are discounted as a human being by some peers and some adults and you begin to accept yourself as a failure. This is a constant reminder to students who simply have a lower GPA, which might be the best GPA they can achieve. If you add to that the fact that you are quiet or shy or not popular, it can be devastating. [REDACTED] thought if he worked hard, he would be rewarded with opportunity and friendship and this was not the case. This year, [REDACTED] was deeply hurt by coaches, and he hit rock bottom. So much depended on the approval of these coaches to him, it destroyed him. Being his mom, I felt the pain just as deeply.

[REDACTED] asked me to help him to become a worthy person and help him understand this pain, and by the grace of God, that is when I heard about the Child Focus program at Anderson. He could not understand why he was not good enough to be a friend or team member. Allison has been working with [REDACTED] since the end of football season. Step by step, since then, he started to improve and understand that what he has gone through has given him great character. Allison has given him some tools to help him reach

outside of himself and try to make friends. Since fall, he was accepted at NKU, risked several portfolio reviews, lead a fund raiser for the Epilepsy Foundation's summer camp program, worked with the principal to have a zero gravity chair purchased for his teacher with Epilepsy, performed in the honor choir and even joined a new sport, Track and Field. These personal victories are bigger than trophies and more valuable than scholarships that are awarded by typical criteria. They are the result of love, faith, a greater truth, imagination and good counseling from the best people such as you in our community.

Another thing that has been so incredibly important is that having a safe place to meet with his therapist at school, helped to reduce the stigma associated with receiving therapy. My son did not feel in the least bit embarrassed or ashamed to be receiving help at school. He looked forward to talking to Allison.

And although I could go on forever in this letter to you, the fact that these services are almost free is yet another gift. We are a middle class family and have had our share of financial challenges due to a changing business environment for my husband and myself and some serious medical illnesses my husband faced. Being able to have counseling for my son through this program is an answer to a prayer.

I would like to thank you and all of those you worked with to develop this school-based program that has helped my son and other children. You are geniuses, visionaries and compassionate souls. You have given a good person, my son, a chance.

And I want to say, that although I do not know the circumstances for which you created this memorial to your daughter, Page, it is an unbelievable tribute of beauty and love. I am so grateful. I can't keep the tears from falling.

My deepest gratitude,

[REDACTED]  
[REDACTED]

PS: My cell phone is [REDACTED] and my home address is [REDACTED] Cincinnati, OH [REDACTED] in case you ever would like to talk or write. Take care.