The Ohio Council
Of Behavioral Health & Family Services Providers

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Senate Finance Subcommittee on Primary and Secondary Education
Teresa Lampl, Interim Chief Executive Officer
House Bill 166 Testimony (SFY 2020-2021 Biennial Budget)
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Chairman Terhar, Vice Chair Lehner, Ranking Member Fedor and members of the Senate Finance Subcommittee on Primary and Secondary Education, thank-you for the opportunity to share testimony on the education provisions of House Bill 166 – the biennial budget bill. My name is Teresa Lampl and I am the Interim Chief Executive Officer of the Ohio Council of Behavioral Health & Family Services Providers. We are a trade and advocacy organization representing over 150 private businesses that deliver mental health, addiction treatment and prevention, and family services to children, families, and adults statewide.

Today's children are tomorrow's parents, community leaders, workforce, and the key to our state's economic success. Now is the time to make needed investments to help our children gain the social-emotional skills necessary to be successful in school, in their families, and in life.

We are highly supportive of the budget provisions that make investments in prevention services and creates dedicated funds for student wellness and success. The partnership between the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and Ohio Department of Education (ODE) will support implementation of policies and practices that address the environmental contributors to mental illness and addiction, as well as develop and deploy targeted evidence-based prevention programs. The investment in prevention and early intervention is critical to achieving long-term gains by promoting resiliency, and early identification and treatment for mental health and substance use disorders; thus, avoiding the harmful consequences students, families, and communities face when these conditions go untreated.

School-based behavioral health services are effective interventions to prevent and treat mental, emotional, and behavioral disorders in children. This is critical because over half of all behavioral health conditions begin before age 14. Healthy students can pay attention, learn and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) and toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, be absent from school, and are at greater risk for substance abuse disorders, and suicide – over time, they face chronic health conditions, lower educational attainment and reduced income level.

Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students

to self-refer for treatment and encouraging parents to seek treatment for their children. Relying on partnerships with community behavioral health providers also offers opportunities for continuity of care when students or their families need services outside of the school day.

Ohio has an existing, solid infrastructure in place that can be scaled to support greater access to school-based behavioral health services including prevention, early intervention, and treatment services to meet the needs of our students, families and communities. The Ohio Council conducted a survey of our membership to identify the breadth of school-based behavioral health services available in communities today. Fifty-five behavioral health provider organizations responded. The summary report of this survey accompanies my submitted testimony.

In this sample of 55 behavioral health provider organizations, we found that, **today, almost half of all Ohio districts and school buildings have access to behavioral health services through school-community behavioral health provider partnerships.**

These 55 organizations deliver prevention, consultation and/or treatment services in 406 school districts and touch the lives of students in 1,760 school buildings. Fifty five percent of these community provider organizations offer a full range of behavioral health prevention, consultation, and treatment service to schools. Available services offered at each school varies by building, school district, and the school-community provider relationship. The survey also collected information on the evidenced-based practices, curriculum, and interventions in use. We found that schools and providers are tailoring and targeting a wide variety of evidence-based interventions to meet the student and school-community needs.

The additional investment of $675 million in this budget through ODE to support student wellness and success will allow schools to expend these successful partnerships with community behavioral health providers and engage in new partnerships. This funding is critical to building new prevention, consultation, and early intervention services that are not typically covered by health insurance – public or private. We know this investment will yield positive returns immediately – and well into the future.

Thank you for considering my testimony. I am happy to answer any questions you have.

2019 School-Based Behavioral Health Services Summary Report

The Ohio Council
Of Behavioral Health & Family Services Providers

Summary of Findings

School-based behavioral health services are effective interventions to prevent and treat mental, emotional, and behavioral disorders in children. This is critical because over half of all behavioral health conditions begin before age 14. Healthy students can pay attention, learn and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) or toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, be absent from school, and are at greater risk for substance abuse disorders, and suicide – over time, they face chronic health conditions, lower educational attainment and reduced income level.

Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed. Schools have recognized the needs of our children require collaboration and partnership to help them succeed academically, socially, developmentally, and in home and community life. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children.

In February 2017 the Ohio Council released a report, *School Based Behavioral Health Services Summary*, that demonstrated Ohio has an existing solid infrastructure in place to support and expand access to school-based behavioral health services. At that time, 36 community behavioral health provider organizations voluntarily reported delivering school-based behavioral health services in more than 200 school districts and over 1160 school buildings across Ohio. These 1160 buildings comprise one-third of Ohio school buildings.

Today, almost half of all Ohio districts and school buildings have access to behavioral health services through school-community behavioral health provider partnerships.

In 2019, the Ohio Council updated our membership survey to understand how school-based behavioral health services have changed. This time, 55 community behavioral health provider organizations voluntarily responded to our survey. We found that these 55 organizations deliver prevention, consultation and/or treatment services in 406 school districts and touch the lives of students in 1,760 school buildings. 55% of these community provider organizations offer a full range of behavioral health prevention, consultation, and treatment service to schools. These results demonstrate that school-community provider partnerships have increased to meet the needs of our students and school communities. It clearly demonstrates that Ohio has an existing, solid infrastructure in place that can be scaled to support greater access to school-based behavioral health services including prevention, early intervention, and treatment services to meet the needs of our students, families, and communities.

Available services offered at each school building varies by building, school district, and school-community provider relationship. However, most partnerships are deploying evidence-based programs, curricula, or interventions. Eighty-percent of survey participants reported offering prevention programs, including 75 different universal, targeted and selected prevention programs or curriculum. The most common prevention programs being offered include Botvin Life Skills, Signs of Suicide, and Too Good for Drugs. On the treatment side, 85% of survey providers reported they are providing treatment services

in schools. Individual counseling, diagnostic assessment, crisis services, group counseling and CPST or Therapeutic Behavioral Services (TBS) are the most available treatment services. Similarly, providers identified 55 evidence-based treatment interventions being offered in schools. The most common treatment interventions included cognitive behavioral therapy (CBT), motivational interviewing (MI), trauma-focused CBT, and dialectical behavioral therapy (DBT). Our summary includes a full listing of the evidence-based programs, curricular, or interventions identified by providers as being used in schools.

Building, sustaining, and ultimately expanding school-based behavioral health services requires a financially sustainable reimbursement model. We asked community behavioral health providers to identify the payer source for school-based services being provided in our schools today. As expected, treatment services are generally reimbursed through Medicaid and commercial insurance, with 81% of treatment providers billing Medicaid and 45% also billing commercial insurance when permitted or acceptable under school policy. Two programs reported use of the Medicaid School Program. Funding for prevention and consultation services are generally funded through ADAMH Boards, grants or foundation funding, and/or through school contract or MOU for purchase of services or positions. Payment for prevention and consultation services is variable year to year and tied to availability of local resources or grant funds. The lack of dedicated and consistent funding for prevention and consultation impacts long term planning and limits sustainability.

To recap, Ohio schools and community behavioral health providers have increased the availability of behavioral health services in the past two years so that half of all districts and school buildings have access to prevention, consultation, and/or treatment services. Building on the existing infrastructure, we must develop and expand school-based behavioral health services leveraging school and community partnerships by:

- Providing a stable funding source for prevention, consultation, and early intervention services in schools and timely referrals to community treatment services;
- Expanding partnerships between schools and community behavioral health organizations to provide mental health and addiction services, deliver prevention programming and increase coordination of care through regular communication between schools, families, and behavioral health providers;
- Increasing school-based screening efforts to identify youth with mental health and substance abuse needs and provide them with the resources they need as required by the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA);
- Targeting prevention programs to youth who have risk factors, such as ADHD, anxiety and depression, and have a family history of mental illness or substance use disorders.
- Providing education to families, schools, and providers on federal insurance parity to support access to treatment services in schools for children with mental, emotional, and behavioral conditions.

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THE NUMBERS SPEAK: SCHOOL-COMMUNITY BEHAVIORAL HEALTH PROVIDER PARTNERSHIPS

Community Behavioral Health Centers (CBHC) Responding: 55

Number of School Districts, Charter Schools & ESCs Served: 406

Number of School Buildings with School-Based BH Services: 1,760

- Elementary: 760
- MS: 465
- HS: 447
- ESC/Other: 88

Types of Services Available in Schools (n=55 CBHCs)

- 30 CBHCs reported offer prevention, consultation, and treatment services in school-based programs, depending on the need or request of the school district or building.

- 45 CBHCs offer PREVENTION services through their school-based school partnerships.
  - 38 offer universal interventions, 25 offer selected interventions, and 23 offer targeted interventions.
  - 18 organizations offer all three levels of prevention services in school settings.

- 46 CBHCs offer CONSULTATION services to schools.
  - 44 organizations reported offering student-specific consultation. 39 offer consultation to teachers and 33 reported offering classroom level consultation.

- 47 CBHCs offer TREATMENT Services in school settings.
  - Individual Counseling, Assessment, CPST/TBS, Crisis Services and Group Counseling were the most frequently reported available treatment services.

Top 3 most frequently reported Evidence Based Practices (EBP) used in school-based programs:

- PREVENTION (all three levels): Botvin Life Skills, Signs of Suicide (SOS), Too Good for Drugs

- TREATMENT: Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Trauma-Focused CBT, Dialectical Behavioral Therapy (DBT)

- PBIS Models: PAX Good Behavior Game, Zones of Regulation

Funding for School-Based Behavioral Health Services:

- 41 CBHC reported payment for treatment services using the community BH Medicaid program while 2 reported using the Medicaid School program.
- 21 provider organizations reported billing commercial insurance.
- 40 organizations reported using ADAMH Board funds to pay for school based BH services.
- 26 CBHCs reported relying on grant or foundation funding for services delivered in schools.
- 25 provider organizations reported having a school contract or MOU to a specified number of hours or personnel.