



A driving force for health equity

Submitted via electronic mail

Monday, May 17, 2021

RE: Interested Party Testimony in Support of School-based Behavioral Health, including via Telehealth

Chair Dolan, Ranking Member Sykes, and members of the Senate Finance Committee, on behalf of OCHIN, **I appreciate the opportunity to provide comments in support the Student Wellness and Success Funds that expand access to school-based behavioral health services, including via telehealth.** This language was included in House Bill 110, but removed in the Substitute House Bill. We would advocate for the provision to allow school districts to partner with local organizations, such as Community Health Centers, for certain initiatives including mental health and physical health care services, to be included in the Amended Substitute Bill.

Through the General Assembly's support in the last state budget, there has been an expansion in school-based health centers providing much needed services to Ohio children. The proposed funding is a critical step towards continuing and expanding care for students and communities. It will help us close the health care gap we see today, which is also projected to grow unless interventions and services are made more accessible and available to students in the community. The COVID-19 public health emergency has had a negative effect on children's mental health.¹ **School-based health centers are essential to ensure students have access to the care they need, both in person and via telehealth.**

OCHIN is a national health IT nonprofit that supports a health information and innovation network committed to improving the integration and delivery of health care services across a wide variety of practices, including school-based clinics. OCHIN advances data-driven research and evidence-based best practices that expand access to high-quality, affordable health care to all communities. **In Ohio, OCHIN network members completed 423,458 patient encounters in 2020 and 24% were via telehealth.**

OCHIN NETWORK AND SCHOOL-BASED HEALTH VISITS

In 2020, OCHIN's Ohio network members conducted 14,601 school-based health visits, of which 1,853 were via telehealth. Nationwide, OCHIN's network of members, including those in Ohio conducted 81,500 school-based health center appointments, where 69,000 were in-person and 12,500 were conducted via telehealth.

Notably, 18,800 of such visits were for behavioral or mental health services and the majority, 16,000, of these were in-person visits. Of concern, there was a decline in school-based health visits since the onset of the COVID-19 public health emergency. While telehealth visits substituted for in-person services during the public health emergency, the number of visits for behavioral and mental health services remains lower than before the COVID-19 public health emergency.

¹ Lee J. Mental health effects of school closures during COVID-19. *Lancet Child Adolesc Health* 2020;4:421; and, Patrick SW, Henkhaus LE, Zickafoose JS, et al. Well-being of parents and children during the COVID-19 pandemic: a national survey. *Pediatrics* 2020;146:e2020016824.

THE IMPACT OF COVID-19 ON MENTAL HEALTH OF CHILDREN

The Centers for Disease Control and Prevention (CDC) recently released data indicating that the proportion of emergency department (ED) visits related to mental health crises has increased markedly for young children and adolescents since the COVID-19 public health emergency started. From March through October 2020, the share of mental health-related hospital emergency department visits rose 24% for children ages 5 to 11, and 31% among adolescents ages 12 to 17, when compared to the same period in 2019.² In addition, a [survey by Mental Health America](#) in September 2020 found:

- The number of young people searching for help with mental health is increasing, and, throughout the COVID-19 pandemic, youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.³
- Rates of suicidal ideation are highest among youth.⁴
- In September 2020, over half of youth ages 11 to 17 reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks.⁵

Children’s mental health during public health emergencies can have both short-term and long-term consequences to their overall health and well-being.⁶

ACCESS BARRIERS PRIOR TO COVID-19

Even prior to the COVID-19 public health emergency, it was challenging for many families to get mental and behavioral health care for their children if they lacked access to school-based clinics and telehealth.⁷ Nationally, nearly 1 in 5 children have a mental, emotional, or behavioral disorder.⁸ Children with these disorders benefit from early diagnosis and treatment. Unfortunately, only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider.⁹ Clinician shortages remain intractable. As a result, parents and children must travel long distances or wait for extended periods of time to access care if they do not have the option of school-based clinic services and telehealth options. Further, school-based clinics improve the quality of care in lower cost of between \$40 and \$969 per visit.¹⁰

School-based clinics improve access to treatment and referral services for children and adolescents with identified behavioral health conditions through telehealth, especially those living in rural and other underserved areas. In rural communities, about 70% of children and adolescents identified with a

² Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680.

³ <https://mhanational.org/issues/state-mental-health-america>

⁴ Id.

⁵ Id.

⁶ Substance Abuse and Mental Health Services Administration. Disaster technical assistance center supplemental research bulletin: behavioral health conditions in children and youth exposed to natural disasters (2018) [Link](#)

⁷ www.cdc.gov/childrensmentalhealth/access.html

⁸ National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. E. O’Connell, T. Boat, & K. E. Warner Eds. Washington, DC. The National Academic Press.

⁹ Martini R, Hilt R, Marx L, et al.; for the American Academy of Child and Adolescent Psychiatry. Best principles for integration of child psychiatry into the pediatric health home. [Link](#)

¹⁰ www.thecommunityguide.org/sites/default/files/publications/he-ajpm-ecrev-sbhc.pdf

psychiatric disorder never receive treatment.¹¹ A telehealth model for providing integrated mental health services in a school-based health clinic has the potential to increase access to specialized care for the most vulnerable youths.

SOLUTION TO SCALE: SCHOOL-BASED CLINICS, TELEHEALTH, & BEHAVIORAL HEALTH

In response to the COVID-19 public health emergency and associated mental health impact, the CDC has concluded:

- Ensuring availability of, and access to, developmentally appropriate mental health services for children outside the in-person ED setting will be important as communities adjust mitigation strategies.¹²
- Implementation of technology-based, remote mental health services and prevention activities to enhance healthy coping and resilience in children might effectively support their well-being throughout COVID-19 response and recovery periods.¹³

We ask for your consideration to allow districts to work with Community Health Centers for initiatives including mental health and physical health care services, especially as the state grapples with both the challenges of COVID-19 and the growing mental health public health emergency among children. Thank you for your consideration.

Sincerely,



Jennifer Stoll
Executive Vice President
Government Relations and Public Affairs

cc: Members, Senate Finance Committee

¹¹ Pradhan T, Six-Workman EA, Law KB. An Innovative Approach to Care: Integrating Mental Health Services Through Telemedicine in Rural School-Based Health Centers. *Psychiatr Serv.* 2019 Mar 1;70(3):239-242. doi: 10.1176/appi.ps.201800252. Epub 2018 Dec 17. PMID: 30554561.

¹² Dolan MA, Fein JA; Committee on Pediatric Emergency Medicine. Pediatric and adolescent mental health emergencies in the emergency medical services system. *Pediatrics* 2011;127:e1356–66.

¹³ Golberstein E, Wen H, Miller BF. Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatr* 2020;174:819–20; and Gurwitch RH, Salem H, Nelson MM, Comer JS. Leveraging parent-child interaction therapy and telehealth capacities to address the unique needs of young children during the COVID-19 public health crisis. *Psychol Trauma* 2020;12(S1):S82–4.