The Ohio Council
Of Behavioral Health & Family Services Providers

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House Finance, Subcommittee on Primary and Secondary Education
Testimony on HB 33 (SFY 2024-2025) Operating Budget
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Chair Richardson, Ranking Member Isaacsohn, and members of the House Finance, Subcommittee on Primary and Secondary Education, thank you for the opportunity to offer testimony on House Bill 33, I am Teresa Lampl, Chief Executive Officer of The Ohio Council of Behavioral Health & Family Services Providers. The Ohio Council is a statewide trade and advocacy organization representing over 165 private businesses delivering community-based prevention, substance us, mental health and family services throughout Ohio. Our member organization care for individuals and families across the lifespan by offering person-centered services and supports that help them achieve health wellness and recovery.

Governor Mike DeWine's leadership and bold vision for Ohio's community mental health and substance use disorder system of care is unparalleled. His administration's commitment to fulfilling promises of the past by partnering with lawmakers to support high quality, accessible and effective behavioral health care across Ohio is appreciated. The community behavioral health investment in HB 33 will pay dividends far into the future. Your commitment is needed to invest in the health and economic wellbeing of Ohio's children, families, and communities so they have the tools to succeed and ability to thrive.

The mental health needs of our youth is the public health crisis of a generation. In 2021, the US Surgeon General's Advisory, "Protecting Youth Mental Health" noted that, "The challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effects these challenges are having on their mental health is devastating." The report goes on to say that "Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable."

We know that 50% of all lifetime mental illness begins by age 14, and 75% by age 24.[i] In 2021, more than 40% of high school students felt so sad or hopeless that they could not engage in regular activities for at least two weeks during the previous year.[ii] Similarly, 57% of high school girls and 29% of boys reported symptoms consisted with major depression.[iii] And, in 2020, suicide was the 2nd leading cause of death among children aged 10-14 and 3rd leading cause of death among those aged 15-24 – both in Ohio and Nationally.[iv]

Additionally, a 2021 survey of parents conducted by Nationwide Children's Hospital *On Our Sleeves study*[v] found 53% of working parents have missed work at least one day a month to care for their child's mental health, and that their work performance was impacted by their child's needs. It's also important to note that socioeconomically disadvantaged children and adolescents are 2x to 3x more likely to develop mental health conditions than peers with higher socioeconomic status.[vi]

We also know that the presence of mental health issues directly impacts student learning and academic success. Children with higher Adverse Childhood Experiences (ACE) exposure were less likely to be engaged in school and more likely to repeat a grade and Higher ACE scores are significant in predicting grades, school

achievement & drug abuse.[vii] Students aged 6-17 with mental, emotional, or behavioral concerns are 3x more likely to repeat a grade.[viii] High school students with significant symptoms of depression are more than twice as likely to drop out compared to their peers.[ix] And, in 2022, student mental health was identified as the #1 concern of school board members nationwide.[x]

School-based behavioral health services leverage existing partnerships between school and community behavioral health providers to maximize workforce, overcome barriers to accessing care, and promote healthy school environments. It promotes the whole child framework, which is a collaborative approach to learning and wellness focusing on helping students be healthy, safe, supported, challenged, and engaged. Partnering with schools, community behavioral health providers offer a range of services including prevention, early intervention, consultation, treatment, and crisis de-escalation and behavioral management support services. These partnerships also support families with accessing care outside of the school day and school year. As introduced, HB 33 proposes to continue student wellness and success funding as part of the Fair School Funding formula, would add greater safeguards to ensure funds are meeting the health and behavioral health needs of students, and would include bring more transparency reporting on use of funds to meet these critical needs.

As proposed in HB 33, these student wellness and success resources will support greater access to school-based health and behavioral health services, which are critically important for learning and preparing students to achieve their potential. While Ohio Council members have been engaged and providing services in schools for many years, the student wellness and success funding has expanded this opportunity to collaborate and contract with their school-district partners. A 2022 survey of Ohio Council members indicated that community behavioral health organizations are providing services in 73% of Ohio school buildings. Specifically, our data shows that 75 provider organizations are in 2,896 school buildings located in 553 school districts, charter schools, and ESCs. Our survey data also indicates that schools are expanding onsite prevention and/or treatment services, as well as immediate access to crisis de-escalation and behavior management services from community behavioral health organizations. These funds have also supported consultation and training for educators and school administrators in response to the increased needs of our students resulting from the COVID-19 pandemic. Cleary, this funding is making a difference and should be maintained.

I encourage you to continue to support the investment of student wellness and success funds in the Ohio Department of Education's budget. And, I ask you to support the important safeguards included in HB 33 as introduced that enhances collaboration with community behavioral health partners, set guardrails that prioritize using funds for physical and mental health services, and increases transparency on how these funds are used to meet student, family, and community needs.

Together, we can effectively prevent and treat the mental health needs our children and families are experiencing. As I have stated many times before, today's children are tomorrow's adults, parents, community leaders, workforce, and the key to our state's economic success.

Thank you for your time and consideration today. I am happy to answer any questions.

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[ii] Centers for Disease Control and Prevention. (2023) Youth Risk Behavior Survey: Data Summary & Trends Report, 2011-2021. National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Available at https://cdc.gov/healthyyouth.

[iii] Centers for Disease Control and Prevention. (2023) Youth Risk Behavior Survey: Data Summary & Trends Report, 2011-2021. National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Available at https://cdc.gov/healthyyouth.

[iv] National Institute of Mental Health. (2020). Cause of death in the United States for select age groups. *National Institute for Mental Health.* www.nimh.nih.gov/health/statistics/suicide.

[v] The Great Collide: The Impact of Children's Mental Health on the Workforce. (2022). *On Our Sleeves.* Available at https://onoursleeves.org.

[vi] Reiss, F. (2013). Socioeconomic Inequalities and Mental Health Problems in Children and Adolescents: A Systemic Review. *Social Science & Medicine* (1982), 90, 24-31. https://doi.org/10.1016/j.socscimed.2013.04.026.

[vii] Bower, C., Baldwin, S. (2017). Poverty, Stress and Academic Performance: ACE Scores and the WSCC Model in an Urban District. *SSRN Electronic Journal*. Available at https://ssrn.com/abstract=3055140.

[viii] Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH) data query. *Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)*. Available at www.childhealthdata.org/browse/survey/results?q=7839&r=1&g=812.

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[x] Majlessi, S. (2023). Teen Mental Health First Aid: School Board Members Survey (Sept 30 – Oct 17, 2022). *The National Council on Mental Wellbeing*. Available at https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/01/23.01.19_teen-MHFA-School-Board-Member-Survey.pdf