



RED OAK

BEHAVIORAL HEALTH

HB718 PROPONENT TESTIMONY

Chair Click, Vice-Chair Mullins, Ranking Member Brewer, and members of the House Community Revitalization Committee, thank you for the opportunity to offer proponent testimony on HB 718.

My name is Ann Robson. I am the Chief Program Officer for Red Oak Behavioral Health in Akron Ohio. Red Oak provides primarily school-based prevention and treatment services to youth and adolescents across 21 school districts in 5 counties (Summit, Start, Medina, Wayne and Cuyahoga). In 2018, Red Oak served just over 3,500 individuals. **In 2023, due to a surge in the demand for mental health care, we served 11,400 - an increase of over 225% in just five years.** I support HB 718 and the expansion of the role of the non-licensed mental health provider to help fill the need of increasing requests for mental health treatment.

Creating the Qualified Mental Health (QMH) credentials addresses Ohio's workforce shortage by creating new pathways into the field of mental health care and expanding the number of available practitioners promoting mental health and wellness throughout Ohio's communities. This entry level credential is complementary to existing behavioral health professional licensure offering non-degree and degree entry level career opportunities and offers multilevel benefits to Ohioans, workers, and businesses.

I would like to take a moment and tell you how the expansion of workforce development opportunities like these helped Red Oak serve more young people in need of treatment. In 2025, Red Oak Behavioral Health partnered with Lorain County Community College to create a comprehensive training curriculum that met the core skills and competencies established in the QMH credential. Red Oak trained 62 non-licensed mental health providers in five core areas including: Practical Core Helping Skills, Ethics in Service Delivery, Integrated Care, Documentation and Communication, and Cultural Competency in Specialized Populations. Our goal was to increase the capacity of those providing care who don't have formal master's level preparation, and ultimately increase the number of youth and adolescents we served by 1,000. We exceeded our goal, serving an additional 1,493 young people in 2025.

Our comprehensive evaluation data showed strong engagement and increases in provider knowledge and skills. Our staff retention rate when we started the program was 63% and it currently stands at 81%.

Safety and Quality

The non-licensed providers who went through the training report greater confidence and competence in delivering mental health treatment to the youth and families they serve. They all received copies of the training materials developed by faculty and independently licensed clinicians; a therapeutic toolkit for service delivery; Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy textbooks; and a DSM-5-TR Pocket Guide for Child and Adolescent Mental Health. While our case managers do not diagnose, our non-licensed providers are familiar with the diagnostic process and treatment methodologies, and are better able to support the treatment plan as the result of their training, improving the overall quality of the care they are equipped to provide.

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Benefit for Families

The youth and families we serve have also benefitted from this advanced training that aligns with the QMH credential. Wait times to begin the therapeutic process have decreased and caseloads are smaller as the result of the increase in workforce, with an increase in access to consistent care and greater frequency of in-depth coordination between school and home. This model allows providers to work closely with youth and families in the school setting, in the home, and in the community.

Efficiency

When a referral for mental health services is made, response time is critical. The current wait time for an appointment with a licensed therapist in Ohio varies by region, but it often exceeds 30 days in a private practice or community mental health setting.

Since expanding our workforce and providing additional training, Red Oak's referrals can be seen for their initial service in less than 72 hours. A licensed therapist completes the Diagnostic Assessment and, based on the diagnosis, is often able to have a QMH provider begin treatment and intervention planning, crisis supports, psychosocial interventions, counseling, evaluation, case management, psychoeducation, care coordination, and prevention services.

Conclusion

HB 718 will allow Ohio to scale initiatives like those developed by Red Oak and LCCC and standardize provider expectations, creating access to timely mental health support that is evidence based, supervised and credentialed. Please consider supporting this advancement that further professionalizes development opportunities and workforce pathways for our mental health providers. Thank you Chair Click for allowing me to give testimony today.

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