



November 19, 2025

Wingspan Care Group Opponent Testimony on HB 172

Chairwoman Schmidt and members of the House Health Subcommittee, thank you for the opportunity to offer testimony on House Bill 172, Prohibit mental health service to minors without parental consent.

Hello, my name is Leigh Hall, and I am General Counsel for the Wingspan Care Group based in Northeast Ohio. Wingspan is an OhioRISE Care Management Entity (CME) for youth with complex behavioral health and multisystem needs and the parent company of Applewood and Bellefaire, two large community mental health providers with histories dating back to the 1800s that provide a broad continuum of child welfare and behavioral healthcare services to more than 30,000 children, youth, and their families annually. I am here today to ask you not to revoke ORC 5122.04: “Outpatient services for minors without knowledge or consent of parent or guardian” because this decision will hurt our ability to get timely services to children who are in immediate need of intervention, including children in crisis.

We understand the name of this statute could create concern about it being used to sidestep parental consent.

This is not at all how it is used.

It is used to begin services when a child is in immediate need, including in crisis, and we are unable to get consent from a parent. This happens most often when a child is in crisis and not at home.

Our organizations have been involved in crisis work for decades. In fact, we were one of the state’s original MRSS pilot teams. Mobile Response and Stabilization Services (MRSS) provides immediate support to children experiencing a behavioral health crisis impacting their ability to function within their family, school, or community.

We sometimes receive MRSS calls for children who are not with their parents. We are required to respond within 60 minutes. Most of the time we get parental consent before reaching the child. On rare occasions we are unable to reach a parent. In those rare cases we get consent from the child to start services – but we do not stop trying to get parental consent. There is no way to resolve a crisis without including the family. We always get parental consent.

While rare, there are times children in need of services do not have a legal guardian. They are often living with non-custodial family members in response to the recent loss of a parent. The loss is driving the immediate need for services. We have used this statute to allow the child to consent to services while we help the adult taking care of the child resolve the custody issue.

Simply put, this statute is not used where parental consent can be obtained. Most behavioral health diagnoses require more than six sessions or thirty days to resolve, making broad reliance on this statute unreasonable. It is used in rare circumstances. But in those rare circumstances its use is critical – potentially lifesaving. This is why I ask you not to revoke it.

Thank you and I would be happy to answer any questions you may have.

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