



# Ohio Children's Alliance

*Leading change for child and family service providers*

**Ohio House Health Committee**  
**Sarah LaTourette, Chief Advocacy Officer**  
**Ohio Children's Alliance**  
**November 19, 2025**

## **Ohio Children's Alliance Opposition Testimony on HB 172**

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to offer testimony in opposition to HB 172. My name is Sarah LaTourette, and I'm the Chief Advocacy Officer for the Ohio Children's Alliance. The Alliance is Ohio's oldest statewide advocacy organization for child and family services. For over fifty years, we have brought together community agencies and stakeholders from across the state to improve how Ohio cares for children, youth, and families, with a special focus on behavioral health and child welfare. The community agencies that we partner with serve some of the most vulnerable and complex young people in Ohio—children and adolescents facing significant behavioral health challenges, often in the context of family stress, trauma, or instability. Ohio has become a leader in youth behavioral health crisis response, thanks in large part to the support and investment from the General Assembly and Administration. Your commitment to funding and sustaining innovative programs like 988 and Mobile Response and Stabilization Services (MRSS) means that youth and families across the state can access help quickly—often within an hour—no matter where they live. Timely access to the right care not only saves lives, but also reduces long-term costs for families and the state.

Family involvement is foundational to effective behavioral health care. Behavioral health provider agencies know that parents and guardians are essential partners in a child's treatment. They help implement care plans, advocate for their children, and provide the love and stability that every child needs to heal and grow. Behavioral health provider agencies prioritize engaging families at every step, and ongoing treatment simply cannot succeed without their partnership.

However, there are rare but critical moments when, despite every effort, it is not possible to immediately reach a parent or legal guardian. For example, when a child experiences a behavioral health crisis at school, a school-based clinician must respond without delay. In most cases, parents are reached and involved right away. But there are occasions when a parent cannot be reached in time, and the child's safety or well-being depends on immediate intervention. In these moments, the ability for a clinician to begin stabilizing care—while continuing to reach out to the family—is essential.

As of September 2024, there were 14,364 Ohio children in foster care, with the level of acuity and need for behavioral health services increasing. Additional youth with children services involvement reside in unlicensed kinship care settings, such as with grandparents, aunts and uncles, or trusted family friends who lack legal guardianship to make consent decisions. In some cases, a parent may be unavailable due to circumstances like incarceration, which can also create delays in obtaining consent. None of these situations are common, but they can make it difficult to quickly establish parental consent to treat symptoms and crises when they arise. Allowing limited treatment helps stabilize children in emergencies and work toward getting consent for longer-term treatment when necessary.

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It is important to emphasize that this authority is not a substitute for parental involvement, nor is it used to sidestep families. Providers consistently seek to involve families at the earliest possible moment, and ongoing treatment requires their partnership. The use of this statute is rare, but do not confuse being rare with being unnecessary. In those rare instances, it is absolutely vital—sometimes life-saving.

We understand and appreciate the sponsor's intent to ensure that parents are involved as much as possible in their child's care, and we wholeheartedly agree with this sentiment. While we are opposed to HB 172 as written, providers remain committed to engaging families in children's behavioral health treatment. If it would be helpful, our organization is glad to help connect committee members with behavioral health providers in your communities who can share more about crisis care and the important work being done every day.

Thank you for the opportunity to testify, and for your ongoing support of Ohio's children, families, and the providers who serve them. I am happy to answer any questions.

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