

**Testimony submitted to the House Health Committee
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee: thank you for the opportunity to testify today in opposition to House Bill 172.

My name is Dawnya Underwood, and I am the Executive Director of The Centers' H.O.P.E. Campus in Cleveland. Since 2001, I have spent my career partnering with community-based organizations and federal, state, and local governments to support vulnerable people, focusing on justice, empowerment, and community well-being.

At The Centers' H.O.P.E. Campus, we serve young people—primarily those in county custody—who have experienced significant trauma, placement instability, and high mental health needs. Our mission is to provide healing, safety, and stability at moments when these youth urgently need support.

I want to be very clear at the outset: We strongly support guardian involvement in a young person's mental health care whenever it is appropriate and safe. But House Bill 172, as written, removes a critical tool that protects vulnerable youth and helps clinicians meet their immediate needs.

1. The Bill Eliminates a Safety Net for Youth

Under current Ohio law, youth 14 and older can access up to six short-term mental health sessions without guardian consent. These are non-medication sessions intended to offer support when a young person is not yet ready—or not yet safe—to involve a parent or legal custodian.

Repealing this provision removes a narrow but essential safety net for teens who:

- fear involving a parent or custodian because of past trauma,
- are unsure how their guardian will respond,
- or simply need a confidential space to process what they're experiencing.

At The Centers' H.O.P.E. Campus, the legal custodian for most of our youth is the Cuyahoga County Division of Children and Family Services. We do not experience delays getting consent for residential treatment—we receive those consents at intake. But even with that structure, this safety net still matters. Young people in custody often have complicated relationships with adults and systems. Knowing they can speak to a clinician privately for a short time in a safe environment increases their willingness to seek help early and earnestly. Without this option, many will simply choose not to speak up at all.

2. The Bill Creates Operational Bottlenecks and Could Delay Timely Support

While we receive global treatment consent from DCFS at admission, HB 172 goes further. It could require specific guardian approval every time a youth begins any outpatient-level mental health service, even in residential settings.

In practice, this means caseworkers may need to be contacted more frequently for routine clinical activities—activities that currently occur immediately, such as:

- crisis-informed de-escalation,
- early-stage rapport building,

- trauma screening,
- or brief therapeutic conversations to stabilize a youth after a conflict or emotional trigger.

County agencies do exceptional work, but they are already stretched thin. Requiring repeated, situation-specific consent could slow down services in ways that interfere with crisis response and continuation of care.

In a residential setting, delays of even an hour can be significant. Youth in crisis often need to talk to someone right away. Adding new administrative layers risks disrupting that timely intervention.

3. The Bill Risks Eroding Trust Between Youth and Clinicians

Youth in county custody come to us with deeply fractured relationships—with adults, with institutions, and sometimes with themselves. Trust is not built quickly, and confidentiality is central to building that trust.

If HB 172 mandates that their guardian must be informed of and must authorize every counseling engagement, many teens will be less honest, share less of what is troubling them, or refuse therapy altogether. This is especially true for youth who fear judgment, punishment, or misunderstanding from the adult who has custody of them—even when that custodian is a county agency.

When a young person believes that everything they say will automatically be reported back to a caseworker, they often choose silence. That silence increases the risk of self-harm, aggression, runaway behavior, and other trauma-driven responses.

4. HB 172 Prioritizes Procedural Authority Over Youth Well-Being

Ultimately, our concern is that the bill places procedural control above the immediate mental health needs of vulnerable youth. Parental and guardian involvement is important. But so is allowing a young person to speak with a trained professional during moments of fear, stress, or emotional crisis—especially when they are unsure about involving a guardian right away.

The current law strikes a balance: it allows youth to receive short-term support, while still requiring guardian consent for ongoing treatment. HB 172 removes that balance.

Conclusion

For the youth we serve—young people with complex trauma histories and limited support systems—the ability to privately access short-term, non-medication mental health services can be lifesaving.

I respectfully urge this Committee to reject House Bill 172 or amend it to preserve the existing minor-consent protections for youth 14 and older in residential settings. Maintaining this safety net will help ensure timely care, preserve trust, and support better treatment outcomes for Ohio's most vulnerable young people.

Thank you for your time and your commitment to children's well-being. I'm happy to answer any questions.