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Senate Bill 126
Sponsor Testimony
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health Committee, thank you for allowing me to be here to testify on Senate Bill 126, a piece of legislation geared towards strengthening mental health resources in the State of Ohio.

There are two key components to this bill:

- The first portion appropriates \$5 million of GRF over FY 2020 and 2021 to each Educational Service Center (ESC) on a basis of \$1.62 per student to support the employment of social workers, mental health professionals, and behavioral health professionals at the ESCs.
- The second portion changes language in existing code to allow mental health professionals- under certain circumstances- to administer crisis assessments to a minor without parent/guardian consent.

*I would like to take the time to make the committee aware that a sub-bill is currently being drafted by LSC to update the fiscal year language, and to add **school counselors** to the list of approved professionals to be hired under the ESC appropriation.

This General Assembly, we spent more on children's initiatives and wraparound services than any other budget before, so some of you may be wondering, why spend more on these types of services? The Governor's budget allocated \$675 million to wraparound services and another \$18 million for K-12 preventative programs.

This bill works differently than the budget appropriations. In the budget, districts that choose to use wraparound services (Student Wellness and Success Funds), are required to utilize a community partner to implement the services (such as a local ADAMHS board). While these partnerships are beneficial, the budget does not strictly require that the funds be used for mental health expansion, in some cases, schools may use the funds for physical health purposes. So, while some schools may be seeking out community partners that strengthen mental health services, other schools may explore different avenues, like partnering with a YMCA to improve physical wellbeing.

Additionally, in the case that a school had been pursuing mental health expansion efforts prior to the appropriation, they will be permitted to shift their entire SWSF appropriation towards purposes

unrelated to mental health (buildings, maintenance, supplies). While these resources will ultimately be used, the way in which a school uses the appropriation is more open-ended under the budget appropriation. Thus, it is not guaranteed that the SWSF funds will go towards the expansion of mental health services.

The \$18 million allocated to K-12 initiatives to the Department of Mental Health and Addiction Services must be used by local alcohol, drug and mental health boards to partner with local school districts on K-12 prevention education initiatives. While prevention education is valuable, it is not equivalent to direct services provided by mental health representatives. The appropriations we hope to make possible under Senate Bill 126 will be used strictly for mental health resources, such as hiring a social worker, behavioral therapist, mental health counselor, or any other licensed mental health professional. This will ensure that a mental health representative will be available in some capacity, even for the schools who cannot currently afford to pay a full or part-time employee.

The second component of this bill was brought up by the former Director of Lorain County Board of Mental Health. The bill will authorize a mental health professional to provide a crisis assessment to a minor without parent/guardian consent under specific circumstances. Current law states that children 14 and older may undergo a crisis assessment without parent/guardian consent- this leaves out children 13 and under. During a time of crisis, when an assessment would be beneficial to the minor's wellbeing, a parent or guardian is often unreachable. This bill seeks to expand current law to allow mental health professionals to administer an assessment to students under 14 without the consent of parent or guardian.

This shift in language will permit a mental health professional to administer a crisis assessment to a student under the age of 14 if both of the following are true:

- 1) The professional believes that the minor is suicidal, or has received information from an adult supervising the minor that the minor is allegedly suicidal.
- 2) The parent or guardian is not available to provide consent.

After performing the crisis assessment, the mental health professional must make a good faith effort to notify the parent or guardian within a reasonable time frame that a crisis assessment was administered to the student.

This component of the bill will allow mental health specialists to provide care during a critical moment when immediate attention is required. Taking the mental health of our young children seriously is imperative, and increasing access to resources to these initiatives will result in a safer and healthier environment for young people.

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health committee, thank you for allowing me to testify on Senate Bill 126. I appreciate your time and welcome any questions you may have.