



Proponent Testimony on Senate Bill 100
Senate Health Committee
May 19, 2021

Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to give testimony on this very important Senate Bill 100. I also want to thank Senator Manning for sponsoring this bill.

I am Thomas Stuber and I present today as the President of the Ohio Alliance of Recovery Providers (OARP), an organization of 40 of the largest addiction treatment and prevention agencies throughout Ohio. OARP endorses this legislation and the development of programs that support student wellness founded in the Ohio's Whole Child Framework that aspires to create an environment where every student is healthy, safe, engaged, supported, and challenged. This provides a blueprint to meet these whole child needs which are foundational to a child's intellectual and social development and necessary for students to fully engage in learning and school leading to success in life. I am also President of The LCADA Way, the largest behavioral health agency specializing in Substance Use Disorder Treatment and Prevention in Lorain, Medina, and Erie Counties. The LCADA Way is currently in over 30 schools representing 13 school districts providing either prevention services, counseling services, or both.

According to the Centers for Disease Control (CDC) suicide is the second leading cause of death for ages 10-24.

- Suicide is the second leading cause of death for ages 12-18.
- More Teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease, COMBINED.
- Each day in our nation, there are an average of over 3,703 suicide attempts by young people grades 9-12. If 7th and 8th graders are included, this would be significantly higher.
- Four out of five teens who attempt suicide have given clear warning signs. This would give an opportunity to intervene.
- 18.8% of high school students seriously consider attempting suicide (24% of females and 13% of males). Approximately half proceeded to attempt suicide.

- All of the above numbers are from 2019, prior to the pandemic. We know the situation is worse today. Emergency department mental health visits for 5-11 year olds increased 24% in 2020 over 2019, and 12-17 year olds emergency department visits increased 31%.
- Suicide is preventable. We know that suicide is the result of heightening emotional pain and the child not seeing any possible solutions. Intervening in a timely way will give the child hope and an avenue to begin to relieve the pain.

This bill will address critical areas that will significantly bridge the issues outlined above:

1. It will ensure that resources will be available to the child in the moment that the child is in need. While the bill supports contacting the parent, and efforts should be made immediately via whatever mechanism has been outlined by the parent in the emergency contact form, the parent is not always immediately responsive. Care and support must never be delayed when a child is at the level of distress that would indicate potential for self-harm.
2. This bill provides that a licensed clinician is available to intervene during a child's crisis. This ensures that a skilled clinician is providing care within their scope of practice.
3. We strongly recommend that the Educational Services Centers work in partnership and contract with community provider organizations to ensure that the clinician delivering care is skilled in working with an at-risk child and not simply a generalist. It will also ensure that clinicians are receiving supervision according to Ohio Revised Code 4757-23-01 and the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board Standards of Care. According to a recent Ohio Council of Behavioral Health and Family Service Providers survey, it was identified that provider organizations are already in 73% of the schools in Ohio through partnerships. The appropriated funding can be used to increase service availability to 100% of the schools. By partnering with community services providers, the clinicians will be available to assist children and families for much more than the school day and the school year. One clinician cannot possibly service an entire ESC which in many cases covers multiple school districts and, in some cases, multiple counties.

Thank You for the opportunity to present. I welcome any questions.

Thank You.

Thomas Stuber
President