

**Teresa Lampl, LISW-S, Chief Executive Officer**  
**Testimony on Am.Sub.H.B. 110 – Student Wellness and Success Funds**

**Senate Primary & Secondary Education Committee**  
**May 5, 2021**

Chairman Brenner, Vice Chair Blessing, Ranking Member Fedor and members of the Senate Primary & Secondary Education Committee, thank you for the opportunity to offer testimony on Amended Substitute House Bill 110, the proposed budget for state fiscal years 2022-2023 and specifically, the proposed changes to the Student Wellness and Success Funds. I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy organization that represents 160 private businesses that deliver community and school-based prevention, addiction treatment, mental health, and family services throughout Ohio. Today, I am also representing the Coalition of Healthy Communities, which is comprised of 16 statewide organizations that advocate on behalf of Ohioans from all walks of life who need access to mental health and addiction services.

Social emotional development has been identified as essential for student academic achievement and preparing students for success beyond high school by meeting the whole needs of the student. When Governor DeWine and the General Assembly authorized the Student Wellness and Success Fund (SWSF) in the SFY 2020-2021 state budget, it signaled a new commitment to Ohio's children, families, and schools by investing in the developmental needs of every student, every school, every family, and every community. We ask that you maintain this commitment and continue this critically important dedicated funding for SWSF programs in this biennial budget. Every school received funding to prioritize developing 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 of every student, which are necessary for students to fully engage in learning and school leading to success in life.

School-based behavioral health services are proven, effective interventions to prevent and treat mental, emotional, and behavioral disorders in children and partnerships with schools have grown thanks to the SWSF. This is critical because over half of all behavioral health conditions begin before age 14 regardless of family income. Healthy students can pay attention, learn and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) or toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, be absent from school, and are at greater risk for substance abuse disorders, and suicide – over time, they face chronic health conditions, lower educational attainment and reduced income level.

All students and schools benefit from access to universal prevention services. Schools have utilized the SWSFs to bolster access to mental health and prevention services, physical health services, family and youth engagement initiatives, mentoring programs, and supports for youth that are engaged in child welfare services or experiencing homelessness. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children. School and community behavioral health partnerships have increased because of the SWSF and provide access to services beyond the school day and school year.

In the Ohio Department of Education's 2019-2020 Student Wellness and Success Survey Data Report<sup>1</sup>, of the 914 schools responding, 66% of schools reported implementing or planning a mental health initiative, 34% physical health initiative, 29% mentoring programs, and 27% each offered community liaison programs and family and student engagement. The report also found that schools reported that more than one-third of initiatives (36%) were reported as being "new" and nearly one-third (32.7%) "expanded."

**As Ohio students and schools respond to the increased emotional distress, anxiety, depression and substance misuse resulting from the COVID pandemic coupled with the continuing drug overdose epidemic, now is exactly the time to sustain and increase access to services defined under SWSF.**

We applaud the House of Representatives for its effort to propose an updated school funding formula as part of Am.Sub.HB 110. We are by no means educational funding experts and appreciate the complexity of issues and intricacies of proposed solutions. However, we are concerned by the approach of combining the Student Wellness and Success Funds with the Economically Disadvantage funds into the Disadvantaged Pupil Impact Aid (DPIA) fund for several reasons.

1. **Overall, funding is reduced.** The proposed DPIA fund is appropriated at \$620 million, whereas the SWSF and Economic Disadvantage Pupil fund are each currently funded at \$400 million (\$800 combined). Net loss= \$180 million.
2. The proposed DPIA fund relies on the Governor's proposed appropriation for SWSF funds but distributes funds solely on the number of low-income students identified in each school and the number of students receiving free and reduced lunch. Whereas the SWSF provides a base funding allocation to each school plus an additional per student payment tiered by quartile based on a federal poverty index. Most schools will LOSE funding in this area.
3. While unintended, this approach stigmatizes social-emotional development, mental health, and prevention as limited to low-income students and families. Changing the conversation from every student to only disadvantaged students.
4. Gains made through universal prevention, expanded access to mental health consultation and services, and family engagement will now compete with resources to support reduced class sizes, reading intervention, public pre-school for four-year-old children, and security and (physical plant) safety, among other things. This dilutes and supplants SWSF activities likely resulting in lost access to prevention and mental health services in schools.
5. The Base Cost Funding Formula includes Social/Emotional/Security/Life Support as one of several factors captured within the Instructional and Student Supports category (15% of Base Cost). However, this is simply a formula used to develop the base cost. The unrestricted nature of the base funding does not guarantee support for activities or initiatives as defined under SWSF.

Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed. The Ohio Council has surveyed members to gather data on school-based services and partnerships since 2017. **In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state.** In four years, the number of buildings receiving services more than

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<sup>1</sup> Ohio Department of Education, Student Wellness and Success Data Report, December 2020. Retrieved from: <http://education.ohio.gov/getattachment/Topics/Student-Supports/Student-Wellness-and-Success/Student-Wellness-Report.pdf.aspx?lang=en-US>

doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio.

Despite the myriad of disruptions created by the COVID-19 pandemic, **community behavioral health providers offered services to students in an additional 224 buildings across the state, representing a 9% increase from the previous year.** The continued growth is indication of the strong partnerships that community behavioral health organizations have developed with school districts over the past four years. 80% of community providers reported being involved in general planning activities with school partners and two-thirds are organizational members of the school district's planning team. These partnerships are in the best interest of the students, the community, and schools because they allow access to services that are not always available otherwise and extend beyond the traditional school day and school year.

**We recommend restoring R.C 3317.26 Student Wellness and Success authorization language and funding to the Governor's as introduced version.** Further consideration can be given to including SWSF in the funding formula provided it is a restricted line item that retains the as introduced requirements for partnerships with community providers and defined accountability for use of funds.

In closing, we believe ***today's children are tomorrow's parents, workforce, and the key to Ohio's economic success.*** In this budget, you have an opportunity and responsibility to sustain and build on the investments made with the Student Wellness and Success Funds. To ensure every school has the resources to create an environment where every student is healthy, safe, engaged, supported, and challenged so they may succeed in life and learning. Together, schools, families and community partners can provide the conditions essential for children to learn, thrive and achieve their greatest potential. Please restore the Student Wellness and Success funds.

Thank you for the opportunity to testify today. I am available to answer questions.

## Overview

The Ohio Council of Behavioral Health and Family Services Providers has surveyed members to gather data on school-based services and partnerships since 2017. In the past four years, the prevalence of providers in school-settings has increased significantly. In 2017, 36 community behavioral health provider organizations reported delivering school-based behavioral health services in more than 200 school districts and over 1,160 school buildings across Ohio. At the time that number represented approximately one-third of Ohio's school buildings. **In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state.** In four years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio.

### Growth in School-Based Services

**Community behavioral health providers offered services to students in an additional 224 buildings across the state, representing a 9% increase from the previous year.** This is despite disruptions and a myriad of school schedules resulting from the global pandemic. The continued growth is indication of the strong partnerships that community behavioral health organizations have developed with school districts over the past four years. **80% of community providers reported being involved in general planning activities with school partners and two-thirds are organizational members of the school district's planning team.** These partnerships are in the best interest of the students, the community, and schools because they allow access to services that are not always available otherwise and extend beyond the traditional school day and school year.

### Behavioral Health Workforce Shortage

The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country and in all settings amidst an opiate epidemic and during a time of unprecedented suicides. The global pandemic has only increased the demand for behavioral healthcare treatment. Additionally, the pandemic has impacted community providers school-staffing as schools were providing virtual learning or hybrid options for a significant portion of the last year. Of the 76 organizations who responded to the survey, 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams. Although school partnerships are extremely important and valuable, schools are also one of the top competitors in hiring behavioral health workforce. Based on survey responses, 43% of organizations reported schools as one of their top competitors for staff with salary and schedule being the top reasons school-based staff leave community-based behavioral health organizations. Separately, almost 40% of provider organizations reported schools directly recruited and hired staff from their organizations.

### Student Wellness and Success Funds

Ohio has historically supported school-based behavioral health services, including through budget investments like the Student Wellness and Success funding. According to the December 2020 Ohio Department of Education [Student Wellness and Success Fund Survey Data Report](#), school districts reported mental health services as the most popular use of these funds and 404 school districts reported partnering with community-based mental health providers. Based on provider report in our survey, there was a 55% increase in the number of organizations providing services in schools directly

attributed to these funds. The Student Wellness and Success funding is an important investment to help the continued growth of behavioral health services in schools. Providing school-based behavioral health services has been shown to reduce barriers to accessing services and create safer school environments. Additionally, students are more likely to seek services voluntarily when services are available in school.

### **School-Community Based Provider Partnership Data**

Community Behavioral Health Centers (CBHC) Responding: 76

Number of School Districts, ESCs, Alternative, Private, & Charter Schools Served: 710

Number of School Buildings with School-Based BH Services: 2,827

- Elementary: 1,269
- MS: 743
- HS: 672
- ESC/Other: 143

### Types of Services Available in Schools

- 61 CBHCs reported offering ALL LEVELS of services (prevention, consultation, and treatment) in school-based programs. Services provided are customized based on the needs of the building.
- 73 CBHCs offer PREVENTION services through their school-based school partnerships.
  - 57 offer universal interventions, 50 offer staff support, 48 offer selected interventions, 43 offer parent support, 41 offer targeted interventions and 20 offer peer support services.
- 68 CBHCs offer CONSULTATION services to schools.
  - 64 organizations reported offering student-specific consultation. 60 offer consultation to teachers, and 55 reported offering classroom level consultation.
- 67 CBHCs offer TREATMENT Services in school settings.
  - Individual Counseling, Assessment, CPST/TBS, and Crisis Services were again the most frequently reported treatment services.
- 68 CBHCs COLLABORATE with the schools in a variety of planning endeavors.
  - 61 organizations are involved in general planning, 60 organizations are involved in planning to engage families in their behavioral health needs, 57 organizations are involved in planning the social and emotional learning strategies for students, and 50 organizations are members of the school districts' planning team.

### Funding for School-Based Behavioral Health Services:

- 63 organizations reported payment for treatment services using the community BH Medicaid program and 4 reported using the Medicaid School program.
- 38 provider organizations reported billing commercial insurance.
- 61 organizations reported using ADAMH Board funds to pay for school based BH services.
- 36 organizations reported relying on grant or foundation funding for services delivered in schools.
- 53 provider organizations reported having a school contract or MOU for a specified number of hours or personnel.
- 31 organizations reported Student Wellness and Success Funds were used to pay for school-based services.

### Workforce shortage

- 29 organizations reported a total of 84.6 FTEs have been hired by schools or ESCs in their service area.
- 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams.

### **Recommendations for Sustaining and Growing School-Based Services**

Ohio schools and community behavioral health providers have continued to increase the availability of behavioral health services in schools over the past four years. Continuing to build on the existing infrastructure through partnerships with community-based providers and expanding services in schools is the most effective way to provide prevention and treatment services to Ohio's youth. Given the increased demand for services caused by the pandemic, we must further expand school-based behavioral health services, leveraging school and community partnerships by:

- Providing a stable funding source specifically for prevention, consultation, early intervention, and treatment services in schools and timely referrals to community treatment services.
- Implementing the ODE Whole Child Framework to further expanding partnerships between schools and community behavioral health organizations to support social-emotional development, routinely offer prevention programming, provide mental health and addiction services, and increase coordination of care through regular communication between schools, families, and behavioral health providers.
- Investing in the community-behavioral health workforce by establishing funding for tuition reimbursement and/or loan forgiveness programs.
- Increasing school-based screening efforts to identify youth with mental health and substance abuse needs and provide them with the resources they need as required by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA).
- Targeting prevention programs to youth who have risk factors, such as ADHD, anxiety, and depression, and have a family history of mental illness or substance use disorders.
- Providing education to families, schools, and providers on federal insurance parity to support access to treatment services in schools for children with mental, emotional, and behavioral conditions.



**To: Members of the Ohio Senate**  
**From: Coalition for Healthy Communities**  
**Date: May 3, 2021**  
**RE: Am.Sub.HB 110 - Restore Student Wellness and Success Funds**

Social emotional development has been identified as essential for student academic achievement and preparing students for success beyond high school by meeting the whole needs of the student. A key benefit of the Student Wellness and Success Funds (SWSF) has been a focus on meeting the developmental needs of every student, every school, every family, and every community. Every school received funding to prioritize developing 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.

Specifically, we know half of all mental illness begins before age 14 and mental illness and addiction cross every socioeconomic level. All students benefit from access to universal prevention services. Schools have utilized the SWSFs to bolster access to mental health and prevention services, physical health services, family and youth engagement initiatives, mentoring programs, and supports for youth that are engaged in child welfare services or experiencing homelessness. School-based behavioral health services reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children. School and community behavioral health partnerships have increased because of the SWSF and provide access to services beyond the school day and school year.

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Thank you for considering our request.

***Members of the Coalition for Healthy Communities***

Buckeye Art Therapy Association  
 Mental Health & Addiction Advocacy Coalition  
 Mental Health America of Ohio  
 National Alliance on Mental Illness of Ohio  
 Ohio Association of County Behavioral Health Authorities  
 Ohio Children's Alliance  
 Ohio Citizen Advocates for Addiction Recovery  
 Ohio Council for Behavioral Health & Family Services Providers  
 Ohio Counseling Association  
 Ohio Disability Rights Law and Policy Center, Inc.  
 Ohio Psychiatric Physicians Association  
 Ohio Psychological Association  
 Ohio Suicide Prevention Foundation  
 Prevention Action Alliance  
 Treatment Advocacy Center  
 Universal Health Care Action Network of Ohio