**Testimony before the Ohio Senate Committee on Health, Human Services and Medicaid**

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Good afternoon, Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Committee. Thank you for the opportunity to testify as an interested party regarding SB 126, legislation designed to address the need for mental health crisis supports for minors.

My name is Megan Kleidon, and I am the President and CEO of Red Oak Behavioral Health, headquartered in Akron, Ohio. Red Oak is one of the largest providers of school-based behavioral health services in the state and an active member of the Mental Health & Addiction Advocacy Coalition. When combined with our outpatient mental health services for children and families, our staff of 150 professionals serves over 4,500 people each year across three Northeast Ohio counties. We pride ourselves on providing behavioral health services that “meet you where you are” – both clinically and physically – and our community partnerships and integrated approach to service delivery allow us to connect individuals and families to the resources and supports they need to build a better life and a brighter future.

I will use my remarks today to share information for your consideration regarding both:

* Provision of crisis services to minors under 14 years of age without parental consent and
* Provision of up to $5 million for educational service centers to hire social workers, mental health professionals, or behavioral health professionals

**Provision of Crisis Services to Minors under 14 Years of Age Without Parental Consent**

According to the November 2019 report released by the Ohio Department of Health, suicide is now the leading cause of death for Ohio's children between the ages of 10 and 14. Current law already allows minors ages 14 and older to receive a crisis assessment without parental consent, but this amendment would allow for crisis assessment of a minor *under the age of 14* without parental consent if he/she is deemed to be an imminent harm to self or others and the minor’s guardian cannot be reached. Additional mental health services could then be provided to the minor for up to six sessions or 30 days (whichever comes first).

In 1998, Red Oak embarked on an innovative local partnership with Akron Public Schools to provide mental health counseling onsite for students at risk for suspension/expulsion due to the behaviors associated with their mental illness. What began as a small pilot with a few schools in just one district quickly grew, and today we have mental health treatment staff embedded bell-to-bell in 87 school buildings across fourteen districts. We agree that timely access to mental health care (including crisis assessment) by a trained professional is paramount to effectively addressing the rise in suicides within our state. In fact, we have built

our entire community mental health center around this very philosophy. We also understand the importance of family engagement, and believe every effort must be made to ensure a parent or guardian is involved in the decision making process when the health and well-being of their child is on the line.

So far this school year, in just ***one*** ***middle school*** where we provide embedded mental health treatment services, there have been **454 documented threats of suicide** by students, including a suicide pact made by 7 young girls we found armed with pills and prepared to seal their fate in the school bathroom. This is an epidemic for our young people. Having licensed mental health staff embedded in these buildings allows us to serve as first responders in these situations, triaging and assessing for risk of harm instead of placing this burden on our school staff and administrators or inundating and overwhelming our local emergency rooms. As an extension of a student’s school team and part of their everyday school environment, students have built trusted relationships with our staff, drastically improving our ability to intervene successfully and get students into care. Which leads me to the second key impact of this bill.

**Provision of Funding to Educational Service Centers to Hire Mental Health Staff**

While we at Red Oak strongly support the increase in mental health resources and supports for our young people, we do not believe creating a new infrastructure of mental health professionals in our educational service centers is the answer. According the U.S. Department of Health and Human Services, one in five children will experience a mental health problem during their school years. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise nationwide, and **an estimated 60% of students do not receive the treatment they need** due to stigma or lack of access to services. **Of those who do get help, nearly 66% do so only in school.** Research shows that embedded school-based mental health supports that provide a full continuum of care, including social–emotional learning, prevention and wellness programming, treatment, resiliency and recovery supports, and positive connections between students and adults, are essential to helping keep kids safe and healthy.

Given the current workforce shortage we are already faced with in behavioral health, **we simply cannot afford to have additional licensed therapists pulled out of the existing infrastructure and into yet another separate system.** School-based mental health professionals currently employed within the community mental health system:

1. Are already trained to provide crisis assessments and ideally positioned to continue providing ongoing mental health services to students when needed
2. Are certified by the Ohio Department of Mental Health and Addiction Services
3. Receive ongoing supervision and training from other licensed clinicians, ensuring critical oversight and higher quality care delivery
4. Document these services within an existing electronic medical record (and outside of the educational system)
5. Are equipped to bill insurance for these services when appropriate, and
6. Are typically employed by agencies that provide additional mental health services, including psychiatry, which improves the continuity of care and reduces a key access barrier faced by many families.

These are critical advantages not only for the children and families in need of services, but also for a state that aims to increase efficiencies, reduce costs, and ensure long-term sustainability of these critical mental health supports.

For the first time in our agency’s 57-year history, we at Red Oak are witnessing the impact of what happens when the state invests in the community mental health system. The Wellness and Student Success funds allocated to schools at the start of this fiscal year were earmarked to support the provision of wraparound supports and services to youth and families, including mental health prevention, intervention, and recovery supports. Many of our school district partners have decided to leverage those dollars to expand their partnership with us, providing additional mental health services to kids and families in need. Districts like Woodridge have invested in Universal Screening tools to help identify students who need mental health supports *before* they become suicidal. Tallmadge and Norton have invested in 1:1 mentoring services for those at-risk students, provided by adult mentors who are trained in QPR (Question, Persuade, Refer) and Youth Mental Health First Aid – two evidence-based programs designed to train lay-people to identify students contemplating harm to themselves or others and get them linked to a provider who can help. And Barberton has invested in what they hope will become a model program for the country - an entire continuum of school-based mental health care, including mental health supports for parents and guardians, training and support for teachers and school staff, universal screening, embedded social-emotional learning programs, onsite crisis support and mental health treatment, care coordination, recovery supports, and targeted mental health interventions for at-risk youth.

I applaud you for not only recognizing the need for additional mental health supports for our children, but also the exceptional existing community resources that are equipped to help schools meet those needs. We have invested a great deal of precious resources – treasure, time, and talent – into creating the collaborations and systems that make this work possible, and look forward to their continued expansion. Thank you for this opportunity to testify today regarding the impact of SB 126. I look forward to any questions you may have at this time.