Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

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House Bill 512
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Chairwoman Schmidt, Vice Chair Miller, Ranking Member Denson, and members of the Ohio House Families & Aging Committee. Thank you for the opportunity to testify in support of HB 512.

Ohio has the world's best statewide network of children's hospitals – Akron Children's Hospital, Cincinnati Children's, Dayton Children's, Nationwide Children's Hospital, UH/Rainbow Babies & Children's Hospital and ProMedica Russell J. Ebeid Children's Hospital. Several of our institutions are ranked among U.S. News & World Report's best children's hospitals, and all our members are ranked best in class in the nation in various aspects of pediatric care. Ohio is the only state in the nation with a flagship children's hospital within a two-hour drive of every family, including our most rural parts of the state.

Combined, Ohio's children's hospitals have the highest number of pediatric behavioral health inpatient beds in the country. The Cincinnati Children's Hospital College Hill Campus is the largest pediatric behavioral health facility in the country with 100 inpatient beds and 30 residential beds. Nationwide Children's Behavioral Health Pavilion has been ramping up to support 37 inpatient beds along with a Youth Crisis Stabilization Unit, housing another 16 beds. Akron Children's has prioritized expanding access to mental health supports across its service region through the creation of Regional Behavioral Health Centers in Canton, Boardman, and Mansfield. These centers support the 24 inpatient beds at ACH. A new behavioral health center will be opening in Spring of 2025 at Dayton Children's, doubling their inpatient beds to 48 and supporting outpatient services and a crisis center. ProMedica Ebeid Children's just opened their new inpatient pediatric psychiatry unit with 18 beds, doubling the capacity of care for kids in the region. Finally, UH/Rainbow Babies' and Children's is renovating and expanding its Children Adolescent Psychiatry Unit. All of this is thanks to the Ohio General Assembly directing American Rescue Plan Act funds to specifically support pediatric behavioral health. Thank you.

In spite of this footprint Ohio's children's hospitals have to support children's behavioral health, the demand for higher levels of treatment exceeds the current capacity. We are in the midst of a pediatric behavioral health crisis which, unfortunately, will not be resolved overnight. A complicated piece in this puzzle is the placement crisis for certain youth. While the total number of these kids is small, their needs are significant and require a number of systems and high proportion of the workforce to support. In a hospital setting, these youth often complete their medical treatment and remain stuck in an inpatient unit, sometimes for months or even years at a time.

The damage being done does not only fall on the kids without access to appropriate placement options. The placement crisis means the inpatient behavioral health beds within children's hospitals across the state are not

able to be effectively utilized by those who need them. Every day, dozens of youth sit in emergency rooms or on med-surge units, waiting for a bed to open up in an inpatient unit. These kids are not able to receive treatment while they wait. One study by a member hospital showed extended stay patients in their behavioral health unit resulted in 250 kids not being able to be seen during the course of a single year.

Our workforce is acutely impacted by this placement crisis. Kids stuck in a hospital setting can become aggressive and injure staff. In these instances, children's hospitals regularly have 4 clinicians caring for one patient, needing to close down other beds due to staffing capacity. The behavioral health workforce turnover rate averages at 42%. This is unsustainable and puts an enormous strain on the existing workforce.

We have been working closely with the Ohio Department of Children & Youth, additional state agencies, and other entities supporting youth to address the placement crisis. DCY has led a working group for close to a year to identify the population and work collectively in creating both short and long term solutions. HB 512 can continue this important work, supporting a multi-system approach that promotes collaboration amongst state agencies. We believe the Ohio Department of Medicaid also plays a key role in the conversation given its current role in supporting this population. In order for HB 512 to be successful, we believe part of the work needs to support a rapid assessment and enrollment path into the appropriate lead state agency to coordinate placement and care. DCY is already leaning into this pilot and we applaud the speed in which they have begun to address long-term congregate care cases. Ideally, the work within HB 512 would include the goal of using family-based crisis intervention strategies and wrap-around approaches to return the child back to their foster home or previous placement, when possible. This cannot be achieved without a workforce that is trauma informed, evidence-based, with an appropriately staffed interdiscplinary program to safely provide care for these youth.

Our community partners are crucial to building an integrated system of care. HB 512 could be used to better identify existing placement options in Ohio, providing the workgroup with the needs assessment to determine strategic solutions in accessing care. We all know loved ones who have struggled with getting timely access to care when their child is struggling. HB 512 is an important step to address a complex population and we look forward to working with the General Assembly to improve their care. Thank you.