



Introduction



EXECUTIVE SUMMARY

SUPPORTING CHILDREN’S BEHAVIORAL HEALTH IN THE LEARNING ENVIRONMENT

In response to the acute need for more and better services to meet children’s behavioral health and social-emotional learning (SEL) needs, this report identifies preliminary policy opportunities and implications related to Ohio’s current behavioral health delivery systems, including the growing use of wraparound health and education services designed to support at-risk children in school and other settings.

Ohio’s child-serving systems and schools are seeing children present with more complex behavioral health needs, often at younger ages than in the past. Stressful, if not traumatic, experiences associated with the coronavirus pandemic only exacerbate the problem.

In Ohio, there is a significant mismatch between growing patient needs and system capacity, which includes questions about the adequacy of related state investments in children’s behavioral health and SEL. This situation is reflective of national trends that show increasing levels of need for pediatric behavioral health services and problems accessing needed services.

- 17% of youth 6-17 experience a mental health disorder, but only 51% of those youth actually receive treatment in a given year.
- From 2007 to 2018, the suicide rate for those age 10 to 24 increased 60% and is now the second leading cause of death for this group.
- The American Academy of Child and Adolescent Psychiatry estimates that for every 100,000 Ohio children, there are just 11 psychiatrists, and labels Ohio as one of 41 states with a “severe shortage.”¹
- In Ohio, these challenges are compounded by the state’s relatively low rankings with regard to population health issues, including pediatric health and diseases of despair, such as drug addiction.

At the heart of these behavioral health and social-emotional learning issues is the two-pronged challenge of moving expeditiously to build urgently needed behavioral health service capacity while creating a more accessible, patient-centric system of care that better connects patients with health care professionals.

¹ <https://www.dispatch.com/news/20200301/psychiatrist-shortage--limits-nationwide-childrens-quos-behavioral-health-program>



CONSIDERATIONS FOR POLICY DESIGN & IMPLEMENTATION

The report identifies five contextually relevant issues that relate directly to successfully analyzing, developing and advancing reforms in Ohio children’s behavioral health and SEL policies and programs.

1. Ohio’s budget format makes it difficult to quantify and baseline children’s program investments and determine policy intent.
2. Outside of educational and institutional settings, Ohio spends very little on behavioral health services for children and youth who are not Medicaid eligible.
3. The degree to which a child’s health needs are met depends to a great extent on where they live.
4. State and federal funding for these issues is complex and uncertain at this time.
5. There is a need for focused, sustained leadership to support policy implementation.

BEHAVIORAL HEALTH POLICY OPPORTUNITIES

In Ohio, there are 16 behavioral health related programs across six state agencies. Overall, these funds may be used for the provision of direct services, including, but not limited to, employing counselors, group therapy, clinical care, psychiatric hospitalization, and school readiness.

1. Create a State of Ohio Children’s Budget.
2. Address essential workforce needs in order to build a more robust behavioral health system for children and youth.
3. Support and expand early childhood mental health consultants.
4. Dedicate a children’s behavioral health line item at OhioMHAS.
5. Identify and advance best practices relative to addressing trauma-related children’s needs.
6. Allocate resources to better serve students with disabilities.
7. Maintain the Multi-System Youth and Innovation Fund and associated technical assistance.
8. Support OhioRISE and related child-centered, disease management initiatives within Ohio’s Medicaid program.
9. Stand up a statewide system of crisis response and stabilization for children and youth.

SOCIAL-EMOTIONAL LEARNING POLICY OPPORTUNITIES

SEL is the process through which people acquire the knowledge, skills and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, show empathy, and work successfully with others. SEL includes: self-awareness, self-management, social awareness, responsible decision-making and relationship skills. In total, there are six SEL-only state programs, all funded by the Ohio Department of Education, and focus primarily on supporting educators in the school system with curriculum and professional development, instructional strategies, and implementation coaching.

1. Enhance Student Wellness and Success Funds (SWSF).
2. Measure SEL implementation and pilot efficacy studies.
3. Expand services to help students transition from remote learning back into the classroom.
4. Support parents, families and guardians regarding whole-child development and their role in their child’s learning and growth.

NEXT STEPS: POLICY ACTION ITEMS AND OPPORTUNITIES IN FY 2022-2023

Achieving results in a children’s policy and program environment that is not fully known or predictable requires strategic thinking and a focus on what is both doable and worth doing in creating a whole child centered behavioral health system and related SEL programming.

Outlined below are policy priorities for consideration, further discussion and action, including advocacy within the context of the current FY 2020-2023 biennial budget bill process.

1. Enhance Student Wellness and Success Fund.
2. Advance OhioRISE Medicaid reform.
3. Prioritize and support a crisis intervention and stabilization model systemwide.
4. Bring greater strategic focus to children’s behavioral health management.
5. Create Children’s Behavioral Health Policy and Implementation Workgroup.
6. Support implementation of a behavioral health needs assessment for students with chronic absenteeism issues.
7. Ensure multi-agency initiatives to advance SEL and ensure behavioral health supports are aligned with Ohio’s Whole Child Framework.
8. Utilize a data-based decision-making model to drive behavioral health system improvement.

COMMITMENT

A central question explored in this report is what the state’s role is and should be in improving behavioral, emotional and mental health services and outcomes for children. The answer, at least in part, is to create the conditions for success by creating opportunities for providers, setting standards, ensuring transparency, promoting cost effectiveness and efficiency in service delivery, and monitoring program efficacy and related outcomes to ensure all children from all communities have access to high quality services.

The Children’s Defense Fund-Ohio, Ohio Children’s Hospital Association and Ohio Excels are committed to working with the state, other non-profit and private sector partners to move this work forward. It will take all of us working together to fulfill our obligation to Ohio’s children and ensure their growing behavioral health and social emotional needs are met.