



**Senate Primary and Secondary Education Committee**  
**HB 110 – Interested Party Testimony**  
**May 6, 2021**  
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Chairperson Senator Brenner, Vice Chair Senator Blessing, Ranking Member Senator Fedor, and members of the Senate Primary and Secondary Education Committee, thank you for the opportunity to testify on House Bill 110. I am here today discuss HB 110's budget provisions in support of whole child wellbeing.

Born out of the civil rights movement, with more than four decades of advocacy behind us, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness. We recognize that every child contributes to the vibrancy and success of our communities and are therefore driven to ensure every child and young person has equitable opportunities to gain the social, economic, cultural and political capital they need to flourish into adulthood and give back to their communities.

We have a saying, that children do not come in pieces, and neither should our policy and budget decisions when it comes to their overall wellbeing. We are committed to advocating for the prioritization of the whole child in the FY22-23 Ohio budget, which includes ensuring adequate investments in the systems they rely on and the communities they call home.

The budget is a moral document that is a reflection of our priorities as a state, and we must do right by our youngest Ohioans – the future of Ohio. We must ensure our budget invests in and protects essential programs our children need to recover from this traumatic year, live in dignity, and thrive.

In the past year, we've read numerous articles and heard from a variety of experts about the concern of learning loss, or unfinished learning, chronic absenteeism, trauma, economic instability, inaccessible broadband, etc. CDF-Ohio partnered with the Ohio Parent Teacher Association to learn about what parents want for their children as they return to face-to-face instruction.

We learned a great deal from our parents, most importantly, that they prioritize the following:

- Behavioral and mental health
- Well-check on basic needs of children and families
- Greater access to technology



- Personalized instruction/smaller teacher to pupil ratio
- Socialization

This is important, because we know from the research that when children are emotionally healthy and have their basic needs met, they are better prepared to learn. According to Child Trends, even prior to the pandemic, nationally [one in five children had a diagnosed mental health disorder](#).<sup>1</sup> Further, the report shared the following:

“While research on the pandemic’s effects on mental health is still in the early stages, current evidence shows a surge in anxiety and depression among children and adolescents since the pandemic began, including among young people of color and among lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ) youth. In addition, almost half of all parents report experiencing higher levels of stress during COVID-19, which increases their children’s risk for experiencing family adversity (e.g., child abuse and neglect, domestic violence) and related mental health problems.”

Last month, Children’s Defense Fund-Ohio in partnership with the Mental Health & Addiction Advocacy Coalition released a first of its kind report on Children’s Behavioral Health in Ohio. In this research we found the following:

- Ohio ranks 46th in the nation for children having three or more ACEs. Minorities are at much higher risk of ACEs than their White peers. 51% of Hispanic children and 61% of Black children have had an adverse childhood experience, compared to 40% of their White peers.<sup>2</sup>
- Globally, 50% of all lifetime cases of mental illness begin by age 14.<sup>3</sup>
- Nationally, a higher percentage of children and adolescents 12 to 17 years old had a drug use disorder in the past year (3.6%) than adults over 26 years old (2.3%).<sup>4</sup>

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<sup>1</sup> Child Trends. (2021). A National Agenda for Children’s Mental Health. [A National Agenda for Children’s Mental Health - Child Trends](#)

<sup>2</sup> . Sacks, Vanessa and Murphey, David. “The prevalence of adverse childhood experiences, nationally, by state, and by race.”

<sup>3</sup> Kessler, Ronald C. et al. “Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization’s World Mental Health Survey Initiative.” World psychiatry: official journal of the World Psychiatric Association (WPA) vol. 6,3 (2007): 168-76, [www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/).

<sup>4</sup> Substance Abuse and Mental Health Services Administration. “Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health.” Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2020, [www.samhsa.gov/data/](http://www.samhsa.gov/data/). Accessed 5 April 2021.



- Nationally, an estimated 50-75% percent of youth encountering the juvenile justice system meet criteria for a mental health disorder and 40-80% of incarcerated juveniles have at least one diagnosable mental health disorder.<sup>5</sup>
- In Ohio, rates of teen suicide have spiked 46% over the last four years.<sup>6</sup>
- Although Ohio ranked 13th in access to mental health care for youth, more than half of children who experienced major depression did not receive mental health services and only 33% received consistent treatment.

These disorders can be especially devastating to young people, impacting current health and school success and contributing to serious lifelong consequences impacting their families and their communities.

Based on research, recommendations from teachers, and parents, we know that the Student Wellness and Success Funds are critical to child wellbeing – not only during this pandemic, but in the long-term. For these reasons, we applaud the Governor’s executive budget increased investments in Student Wellness and Success Funding to school districts by \$100 million per fiscal year to meet increased child mental and behavioral health needs.

These are critical investments in whole child wellbeing – especially for our most vulnerable – that must be protected. The House passed budget included these funds; however, they were rolled into the Fair School Funding Plan as part of the phased in implementation. Though CDF-Ohio is supportive of the Fair School Funding Plan and its implementation, we also recognize the importance of the Student Wellness and Success Funding and protecting those investments.

As an organization, we recommend on the following be considered and included in HB 110:

- **Ensure Student Wellness and Success Funds are protected in this budget and used for their intended purpose.**
- **Keep the SWSF separate from the school funding formula.**
- **Prioritize child mental and behavioral health needs.**
- **Prioritizing community partnerships.** Further, mental and behavioral needs are significant among children – especially right now to be used to leverage our community partnerships to address these immediate needs and ongoing issues by actively assessing student needs in mental and behavioral health through partnerships with local ADAMH’s boards.

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<sup>5</sup> Underwood, L. and Washington, A. “Mental illness and juvenile offenders.” International Journal of Environmental Research and Public Health, 2016, 13(2), 228. doi: 10.3390/ijerph13020228.

<sup>6</sup> America’s Health Rankings 2019, Ohio [www.americashealthrankings.org/explore/annual/measure/Suicide/population/suicide\\_15-24/state/OH](http://www.americashealthrankings.org/explore/annual/measure/Suicide/population/suicide_15-24/state/OH).



- **Leverage community partnerships** ensure children have a medical home in their communities and that their access to health care is continuous and not disrupted by school closures, breaks or hours.
- **Use tools such as the Ohio Youth Experience Surveys (OHYES) to gauge local needs and progress made in key areas.** We urge you to prioritize whole child wellbeing as the budget process continues, for the future of our children and the future of Ohio.

I appreciate having the opportunity to provide testimony today. Thank you.