

2025 School-Based Behavioral Health Services Survey Highlights

EXECUTIVE SUMMARY

At a time when youth mental health concerns remain alarmingly high¹, the *2025 School-Based Behavioral Health Services Report* shows encouraging progress: partnerships between Ohio schools and community behavioral health centers (CBHCs) have grown by nearly 232% since 2016, with services now being delivered in over 3,850 school buildings across 692 districts, charter schools, and ESCs. School-based behavioral health (SBBH) partnerships are proven to improve mental wellness and academic performance by providing critical access to care, including prevention, crisis support, and treatment.^{2,3} Importantly, SBBH programs are grounded in collaboration and evidence. 100% of providers utilize evidence-based curricula, and nearly 90% deliver services directly to parents and families, ensuring students are supported across both home and school settings. Despite this progress, significant challenges persist. Workforce shortages, salary-driven attrition, and insufficient funding for non-clinical services continue to limit students' access and strain provider capacity. To ensure every student receives the care they need to thrive, this report calls for targeted investment in Ohio's SBBH workforce, sustainable funding streams, and infrastructure improvements. Such investments will improve health outcomes while strengthening Ohio's economy by promoting a healthy, productive workforce.⁴

DATA HIGHLIGHTS FROM THE 2024-2025 ACADEMIC YEAR

SCHOOL-COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) PARTNERSHIPS

- Partnerships exist in 3,850 school buildings (+7.1% from 2024) across 692 school districts & charters schools (+6.6%).
- 97.7% provide clinical/treatment services; 83.5% offer prevention services; 58.5% deliver crisis intervention services.
- 97.5% of CBHCs engage in collaborative practices, like school planning teams or school curricula development.

SCHOOL-BASED BEHAVIORAL HEALTH (SBBH) SERVICES

- Family Engagement: 89.6% of providers are engaging families to address social, emotional, and behavioral needs.
- Most Requested Service: Individual or Group Counseling (62%)
- Most Needed Service: Crisis De-Escalation & Behavior Management (79%).
- CBHC-led After-School Programs: 35.4%, bridging critical divide during students' most at-risk time of day.⁵
- Providing Behavioral Health Services directly to School Staff: 81.5%.
- 92.7% of agencies have telehealth capabilities in non-school settings, yet only 48.8% of SBBH programs use telehealth in their SBBH programs, citing challenges with wi-fi, school firewalls, and computer equipment as common barriers.

WORKFORCE CHALLENGES

- Reporting Hardship with SBBH Workforce: 79.8%, with 1-in-4 indicating challenges worsened over last year.
- Total Full-Time SBBH Staff Vacancies: 253 FTEs, a 32.4% decrease compared to the same time last year.
- Full-Time SBBH Staff Recruited Away by School District: 73 FTEs, a significant 64.2% decrease from last year, likely due to changes in availability of COVID-era revenues dropping off school district budgets.
- Top Barriers to SBBH Services: Shortage of professionals (72.5%) and difficulty finding space to deliver services (62.5%).

FUNDING CHALLENGES & OPPORTUNITIES

- Top reason SBBH Staff Left Position in Past Year: Salary (90%, up 4.7% from 2024).
- Primary Payor for SBBH Services: Community BH Medicaid – covering an aggregate median of 60% of total program costs.
- Percent of CBHCs Receiving Some Funds from School Districts: 71.6%, a notable 6.1% increase compared to 2024, likely attributable to positive policy changes related to the use of Student Wellness & Success Funds.
- CBHCs Receiving No Funds from Schools: 1-in-4, highlighting an opportunity for revenue to support SBBH services.
- There continues to be no widespread, sustainable funding stream to cover either prevention or school consultation services, leaving significant gaps in revenue that contribute to wage disparities for SBBH providers.

RECOMMENDATIONS

To ensure students have the support they need to thrive, it is critical that we continue to invest in the expansion of school-based behavioral health (SBBH) services. Ohio policymakers can support the expansion of SBBH services by 1) Strengthening workforce recruitment & retention; 2) Increasing access to sustainable funding streams, including for prevention and consultation, 3) Improving the infrastructure for in-school delivery of telehealth; and 4) expanding students' access to screening and early intervention.

¹ Centers for Disease Control and Prevention. (2024). Youth Risk Behavior Survey Data Summary & Trends Report. Retrieved from <https://www.cdc.gov/yrbbs/dstr/>.

² Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at <https://cdc.gov/violenceprevention/pdf/preventingACES.pdf>.

³ Centers for Disease Control and Prevention. (2023). What Works In Schools: Quality Health Education. Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/healthyyouth/whatworks/index.htm>.

⁴ Kuklinski, M.R., Oesterle, S., Briney, J.S., & Hawkins, J.D. (2021). Long-term Impacts and Benefit-Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline. *Prevention Science: The Official Journal of the Society for Prevention Research*, 22(4), 452-463. <https://doi.org/10.1007/s11221-021-01218-7>.

⁵ Police Chief Magazine. (n.d.). After school: The prime time for juvenile crime. Retrieved from <https://www.policechiefmagazine.org/after-school-prime-time-juvenile-crime>.