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Testimony in Support of Increased Access to Mental Health Services for Oregon Students

To Chair Neron, Vice Chairs Dobson, McIntire and Members of the House Education Committee,

Thank you for the opportunity to testify in support of **HB 2577** on Wednesday, February 5, 2025. During the course of the hearing, there were several questions posed by Committee members and some information communicated to the committee by other conferees that I wanted to offer a response. Please consider this as supplemental testimony for the good of the Committee.

How many students have been served by Hazel Health?

Hazel Health is currently available to over 5 million students across 244 districts nationwide. School districts implementing Hazel consistently see rolling referral rates varying from 3–8% percent. In fully ramped districts, this translates to Hazel closing 20–50% of the mental healthcare access gap (i.e., 20–50% of students with an unmet mental health need¹ are referred to Hazel for services at no cost to their family.)

Sixty to 70% of referred students begin treatment with Hazel. Of students who access Hazel's care, 80% complete the recommended course of treatment — making them 3x less likely to drop out early compared to traditional community mental health settings.²

¹Of the estimated 1 in 5 children with a diagnosable mental health need, only 20% access mental healthcare ([CDC](#)).

²6 in 10 children who access care in traditional community mental health settings drop out of treatment early ([University of Maryland School of Medicine](#))

How does Hazel Health work alongside school-based health clinics?

Hazel Health therapists work in **partnership with school-based mental health teams** (e.g., school counselors, psychologists, and social workers) to coordinate care, ensure appropriate intervention levels, and facilitate referrals when higher levels of care are needed.

Additionally, Hazel serves as a **bridge to community-based providers**, supporting students who require ongoing or specialized mental health services beyond what school-based telehealth can provide. We collaborate with local mental health agencies, primary care providers, and community behavioral health organizations to ensure **seamless continuity of care**.

By integrating **clinical oversight, validated assessments, school collaboration, and care coordination**, Hazel Health guarantees that all telehealth mental health providers deliver **safe, effective, and appropriately scoped** care that empowers students to thrive.

Does Hazel Health cause an additional burden on school health and community providers?

School-centered teletherapy is a powerful strategy for **expanding school health and community provider capacity and reducing burden**. Because therapists can live across the state where they are licensed or be cross-licensed, Hazel can expand access to highly qualified providers across Oregon. Hazel can deliver care for students across an acuity of need and is a great match for most students. Because of this and our deep partnership with school teams, school staff can focus on students who benefit from in-person care, while Hazel provides care for those who can experience the same outcome from a therapy model. This model helps reduce waitlists for care across the community.

What is our cost/payment structure? Will school districts have to pay additional money?

Hazel Health offers **unmatched value** compared to competitors, providing **unlimited access to care** for a **flat per-student fee** rather than restrictive, time-based billing models. Our **billing structure** includes:

- **\$15 per student per year**: Covers **unlimited service hours**, ensuring no student is denied care due to budget constraints. Unlike competitors, Hazel does not cap service hours or the number of students served.
- **Insurance Billing**: Hazel bills health plans to ensure sustainability and reduce costs for sponsoring entities, such as the state of Oregon in this case; the **platform fee covers all non-reimbursed services**, including care for uninsured students.
- **No-Cost Access for Families**: The platform fee eliminates student financial barriers, ensuring no family is responsible for a co-pay.

Do students see the same clinician for their course of treatment, or do they get someone new every time?

For their initial assessment, Hazel leverages clinically licensed therapists who specialize in assessing students to develop a personalized care program that matches the students to the appropriate therapist based on each student's background and acuity. After their intake appointment and assessment, students see the same therapist until they have achieved the desired outcome. Understanding that therapeutic alignment is a key factor in student success in therapy, Hazel focuses on student's needs, and individual factors, when assigning therapists, as well as can adjust a provider when requested.

What acuity is Hazel Health appropriate, and when/how do you refer to a community provider for higher acuity needs?

Hazel Health's HEART™ program delivers **highly effective, evidence-based mental health care** using a **tiered approach** tailored to each student's unique needs across a range of acuity. Our licensed therapists employ Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Solution-Focused Brief Therapy (SFBT) to support students struggling with anxiety, trauma, depression, emotional regulation, substance use, and other mental health challenges. A student's care is individualized to their needs, based on caregiver input on the student's goals, and focused on symptom and/or behavioral improvements. Treatment plan goals are created at intake to determine the needs of students, and program length is determined based on intake information. Program length may be adjusted based on the student's progress throughout services.

Hazel leverages industry-standard screeners and clinical expertise to determine if a student may benefit from in-person care or a particular specialty. In those cases, we act as a bridge to help stabilize students and ensure students get support until they are able to receive services from a community provider. While Hazel can support students from mild to severe, student safety is prioritized when making care decisions.

Tiered, Individualized Care Approach

1. **Mild to Moderate Needs** (Stress, Adjustment Issues, Academic Pressure)
 - **Primary Approach:** SFBT & Motivational Interviewing
 - **Focus:** Enhancing strengths, goal-setting, and problem-solving
 - **Duration/Frequency:** Typically 6–12 sessions, weekly 50-minute sessions
 - **Progress Monitoring:** PSC-17, GAD-7, PHQ-9, student-reported outcomes, therapist assessment
2. **Moderate to Severe Needs** (Anxiety, Depression, Trauma, Suicidal Ideation)
 - **Primary Approach:** CBT (using trauma-focused CBT techniques as warranted), Coping Skills Training, Emotion Regulation
 - **Focus:** Addressing thought-emotion-behavior connections, developing coping mechanisms, symptom reduction
 - **Duration/Frequency:** 12+ sessions, adjusted based on progress
 - **Progress Monitoring:** Symptom tracking via PHQ-9/GAD-7, mid-treatment review
3. **Crisis Intervention & High-Risk Cases** (Self-Harm, Suicidal Risk, Severe Trauma)
 - **Primary Approach:** Crisis Stabilization, Safety Planning
 - **Focus:** Immediate risk assessment, safety planning, crisis response
 - **Duration/Frequency:** Intensive short-term support with referrals for long-term care
 - **Progress Monitoring:** Continuous risk assessment, collaboration with school and family

What is the HEART protocol, and how is it different from social-emotional skills training, which is already available to Oregon students?

HEART™ clinicians utilize solution-focused, evidence-based treatment, primarily utilizing a combination of Cognitive-Behavioral Therapy (CBT) techniques and principles alongside tenets of Motivational Interviewing and Solution-Focused Brief Therapy (SFBT) as determined by the student's reasons for entering therapy. There is a significant body of scientific literature demonstrating the

efficacy of CBT, CBT for children and adolescents, Trauma-Focused CBT, and SFBT (citations available upon request). As described below, our HEART™ program has led to important benefits for students as measured by a third-party analysis.

CBT, Motivational Interviewing, and SFBT focus on reducing mental health symptoms and improving functioning in school, at home, and with peers. CBT guides students through sessions linking thoughts to emotions and how this interplay of thoughts and emotions affects one's behavior. CBT also addresses coping skills, good decision-making, identification of emotions, emotion management, and resiliency. For example, students learn that every stressful situation is an opportunity to make conscious decisions about how to react. Some choices may make us feel better in the short term but lead to poor long-term consequences, such as disrespecting others or substance use. Other choices (e.g., regulating emotions via breathing techniques) are more difficult initially but lead to long-term success. Established behavioral principles such as positive reinforcement are also used in CBT. Motivational interviewing techniques enhance a student's intrinsic motivation for change by implying and resolving ambivalence to empower the student to make meaningful progress. Therapists incorporate SFBT principles by emphasizing personal goals, individual strengths, and existing capabilities to lead students through solution-generating exercises to achieve small, meaningful steps toward positive changes. HEART™ sessions are proactive and positive, building on the student's strengths.

For students who have experienced Adverse Childhood Events (ACEs) such as experiencing poverty, homelessness, violence, abuse, sexual trauma, neglect, or interactions with the judicial system, HEART™ providers utilize trauma-based therapeutic techniques to enhance a student's sense of safety and agency (for example, trauma-focused CBT). Suicidality is a major concern in every large school district, and Hazel therapists are well-equipped to address suicide and self-harm. Bullying, anger management, and emotional regulation are addressed skillfully using validated strategies. HEART™ providers are adept at creating non-stigmatizing, safe spaces where students can explore their feelings without fear, guilt, or shame.

Is telehealth/teletherapy as efficacious as in-person care?

Hazel Health has developed a clinical approach to school-based mental healthcare that a third-party evaluation team has shown to be extremely equitable and highly effective. The capabilities and strengths of Hazel Health are showcased through [Clemson University's Center for Behavior Analysis which conducted a third-party analysis](#) measuring the impact of Hazel Health's teletherapy program. They found that Hazel Health's school-based teletherapy program significantly reduced symptoms of depression and anxiety in 75% of students. The study is notable for three key reasons:

Sample Size and Make-Up: It is one of the largest studies assessing the clinical efficacy of school-based teletherapy interventions to date, with a sample of 3,500 middle and high school students from 11 states. It is also one of the only studies of its kind with a sample that was racially and ethnically diverse, with roughly 50% of students identifying as people of color.

Clinically Significant Impact: The largest improvements were experienced by students who exhibited more severe symptoms before treatment. And after completing Hazel's treatment protocol, nearly 70% of students in the sample exhibited only minimal to mild symptoms that placed them in the "green zone", which is considered below the clinical threshold for a depressive or anxiety disorder.

Equitable Impact: The clinical impact of the program was equitable across racial and ethnic groups and genders. Unlike other interventions that have demonstrated impact primarily in white populations, this study found that non-white students in Hazel's program experienced similarly

significant improvements as white participants — with Asian, Black, and Hispanic groups demonstrating the largest average reduction in anxiety & depression assessment scores among all demographic groups.

What is Hazel Health's ownership structure?

Hazel Health Inc., is a Delaware corporation, which acts as a managing agent for three affiliated physician owned professional corporations including Telehealth Services USA PC, Telehealth Services Northeast PC and Telehealth Services South PA. Hazel Health Inc., provides all non-clinical services to the three professional corporations, such as human resources, marketing and sales.

How does parental notification work?

Parental consent and engagement are paramount to Hazel Health's approach to care delivery. We view parents' knowledge of their children as an asset to care. Hazel builds in multiple touchpoints with families before consent and during care delivery. Hazel provides scripting and promoting for school counselors to notify families by phone to notify them they have referred their student for care. Once referred, Hazel's enrollment coordinators will schedule a call with the primary guardian to walk them through the enrollment process and program. Families must opt their children into care and complete a consent form prior to any services being delivered. Families are encouraged to join sessions when clinically appropriate—especially those of younger children. Families receive regular updates on their children's progress throughout their therapy sessions.

What is the age of consent in Oregon?

In Oregon, the age of consent for medical care is 14. Hazel Health strictly follows each school district's specific consent and care delivery protocols, ensuring full alignment with local referral and intervention pathways.