



**House Education Committee
Informational Meeting
Mental Health in Schools
January 18, 2024, at 10am, 523 Irvis**

- 10:00am Call to Order
Committee Member Introductions
Opening Remarks
- 10:10am **Panel 1: Mental Health Professional Shortages/Higher Education Initiatives**

Dr. Robin Hojnoski, PhD, Professor of School Psychology
Associate Dean for Graduate Studies- College of Education, Lehigh University

PA Mental Health Education Learning Program in Schools (PA HELPS)
***Written Testimony Provided by PHEAA*
- 11:00am **Panel 2: Community Based Mental Health Services**

Mr. Jim Sharp, MS, Director, Mental Health Services
BH Division Rehabilitation & Community Providers Association (RCPA)

Ms. Melissa Gates, Government Relations Manager **
County Commissioners Association of PA (CCAP)

Ms. AnnMarie McDowell, President, and CEO
CORA Services, Inc.
- 12:00pm Closing Remarks/Adjournment

All times are approximate and include time for questions.

For a copy of today's testimony, please click on the QR Code below:



**Testimony from
Robin Hojnoski, PhD
Professor of School Psychology
Associate Dean for Graduate Studies
College of Education
Lehigh University
Bethlehem PA**

Thank you to Chairs Schweyer and Topper and members of the Education Committee for allowing me to speak with you today. My name is Robin Hojnoski and I am a Professor of School Psychology and Associate Dean for Graduate Studies with the College of Education at Lehigh University in Bethlehem PA.

Supporting mental and behavioral health and well-being is a critical focus in improving outcomes for children and youth. About one in five US students exhibit clinically significant symptoms of one or more mental health disorders, including anxiety, depression, attention-deficit/hyperactivity disorder, autism spectrum disorders, and conduct problems. These disorders can lead to impairment in children's social relationships with peers and adults as well as lower academic achievement. Overall, mental health challenges affect students' ability to succeed in school and can result in elevated risk for school drop-out, the consequences of which extend beyond the school setting.

We are at a critical juncture in taking action to address the social-emotional and mental health needs of children and youth. Experiences related to the COVID-19 pandemic have led the US Surgeon General and several national professional associations (e.g., American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry) to declare a national emergency in child and adolescent mental health. Mental health challenges are being seen as early as preschool and without intervention, these may become chronic and require intensive, ongoing support. Fortunately, prevention and intervention can reduce the severity of mental health symptoms and promote improved social, psychological, and academic functioning.

Given the amount of time that children and youth spend in educational settings, both daily and across their educational careers, schools offer a unique opportunity for early identification, prevention, and intervention efforts. National studies have shown that the primary setting for mental health intervention in the US is in schools; that is, children and youth are more likely to receive mental health support in school than in community settings such as clinics or health care organizations. Moreover, school-based initiatives reduce some of the barriers that youth and families experience in accessing mental health care. This is especially true for families from culturally and linguistically diverse backgrounds. Further, school-based mental health supports offer an alternative to more punitive and exclusionary discipline measures that tend to disproportionately affect students of color and students with disabilities. Finally, school-based initiatives address the "whole-child"; a social-emotional focus can be integrated with academics to improve outcomes in both domains. As stated by the National Association of School Psychologists, comprehensive school mental and behavioral health services support the mission and purpose of schools, which is learning.

Unfortunately, there is a significant gap between the number of youth who require mental health and behavioral support and the number of children and adolescents who receive intervention, largely due to the lack of trained professionals in school settings to address the growing need. According to the US Department of Education, “personnel shortages are among the leading factors that limit schools' ability to effectively provide mental health services to students.” In our state, the ratio of school psychologists is 1038:1, well above the recommended 500:1, according to 2021-2022 data from the National Association of School Psychologists. Similarly, 2021-2022 data indicate the state school counselor to student ratio is 343:1 compared to the recommended 250:1. Staffing shortages are exacerbated by increased stress and burnout among educators. According to the Rand Corporation, educators continue to report worse well-being than the general population of working adults and approximately 23% of educators surveyed reported they were likely to leave their job at the end of the school year. Supporting the well being of educators is essential to promoting positive outcomes for students.

In the College of Education at Lehigh University, we provide graduate level (Master’s and doctoral) training to aspiring education and mental health professionals. A core mission is to prepare highly effective professionals and conduct high impact research to enhance services for youth in preK-12 school settings. We center evidence-based practices, such as instruction based on the Science of Reading and Positive Behavioral Intervention and Supports, or PBIS, into our programs to promote the development of educational professionals who are well trained to meet the academic and mental health and behavioral needs of individuals in school settings. Our training programs also typically include supervised experiential components, supporting the development of skills as well as knowledge and preparing educators, such as school psychologists, school counselors, general and special education teachers, and principals, to implement systems-level efforts to support student success.

The Centennial School at the College of Education provides a model for the evidence-based approach to education that we infuse in our curriculum. Centennial is nationally recognized for its effective educational practices and is viewed as a leader in service provision for students with challenging behaviors, including students with emotion/behavior disorders and autism. As a lab school, a goal of the school is to prepare high quality special education teachers to enter the workforce while modeling best practices in academic learning and mental health and behavioral support for students with challenging behaviors. Educators who complete their training with the Centennial school have gone on to lead similar evidence-based initiatives in public school districts across Pennsylvania and nationally.

The College of Education is actively working to build a pipeline of future educators that will help to address the increasing need for mental and behavioral health services. We have recently expanded our programming to include part-time and online options in critical areas, such as applied behavior analysis and mental health counseling. Further, in line with the US Department of Education’s focus on eliminating the teacher shortage, the College of Education provides high- quality and affordable pathways into education that incorporate significant clinical experience. For example, Dr. Kristi Morin and her colleagues in Special Education developed PACE, an online master’s and certification in special education to individuals who are currently working in schools with emergency certification. Data suggest that teacher shortages and other staffing challenges have disproportionately affected high-need schools, students who are

multilingual learners and those with disabilities. PACE has enrolled a number of individuals working in high-need school districts in the Lehigh Valley and the College of Education is currently working to secure the long-term sustainability of these types of educator training initiatives for trainees across the commonwealth.

Research from the Institute for Education Sciences of the US Department of Education suggests that a racially and ethnically diverse educational workforce leads to social, emotional, and academic benefits for all students. Yet, the demographics of educators do not currently reflect the students they serve. For example, practitioners in school psychology and school counseling differ significantly from student populations, highlighting an area of need in the professional pipeline. At the College of Education, we are also working to diversify the educational workforce by developing partnerships with Historically Black Colleges and Universities in the tri-state region. These partnerships will increase access to graduate education and contribute to a professional workforce that better reflects the demographics of the students we serve and is essential to fostering student success for all students and particularly for those with marginalized identities.

In addition to graduate training for pre-service educational professionals, including school counselors and psychologists and special educators, the College of Education provides opportunities for in-service educators to expand their skills in promoting mental and behavioral health in schools. In the summer of 2020, we launched the Social Emotional and Behavioral Well-being Certificate, an online program that provides pre-service and in-service professionals with critical knowledge and skills to address mental and behavioral health needs in school settings. This program was the first of its kind in the Lehigh Valley and leads to an endorsement from the Pennsylvania Department of Education. It immediately garnered significant interest and continues to have strong enrollment from educators across school districts in the region. Given the success of this program, we have expanded course offerings to include a focus on adult social emotional wellbeing and plan to continue to offer additional courses that will enhance skills and knowledge to address the increasing mental health and behavioral needs of students and educators.

Finally, faculty at the College of Education engage in research to practice collaborations to ensure that we are addressing the needs of schools and communities and advancing knowledge that is useful to improving outcomes for individuals. For example, my colleague, Dr. Lia Sandilos and the Derry Township School District have partnered around the district's social emotional learning initiative for students and teachers with a focus on using data for school improvement. These collaborative efforts are informing school efforts to improve school climate for both students and educators. Dr. Sandilos also has a federal grant proposal under review with the Institute of Education Sciences to continue her work on a teacher well-being measure that could inform recruitment and retention of teachers. Research supports the importance of teacher well-being and the critical influence of teacher-student relationships on student success, and her work is contributing significantly to our understanding and support of teacher well-being.

In sum, the College of Education at Lehigh University is working on several fronts to address the need for school-based mental and behavioral health services. Through effective training of educational and mental health professionals, model programs such as the Centennial School, and high-impact research collaborations, we are leading efforts to increase the number of educators

who are prepared to meet the needs of children and adolescents in school settings and to promote positive learning and social emotional outcomes for all students. I want to thank the Education Committee for your past and ongoing support of school mental health initiatives as well as support for professional and graduate training in this critical area.

House Education Committee Hearing
PHEAA Testimony
January 17-18, 2024

Chairman Schweyer, Chairman Topper, and members of the House Education Committee, thank you for the opportunity to provide written testimony regarding our administration and servicing of the Pennsylvania Mental Health Education Learning Program in Schools (PA HELPS).

As an agency firmly rooted and dedicated to providing affordable higher education for Pennsylvania students and families, our team at PHEAA is truly honored to contribute to this new and vital initiative for our Commonwealth.

Authorized under Act 55 of 2022 as the School-Based Mental Health Internship Grant Program, PA HELPS will provide a stipend to support school-based mental health professionals who must complete an internship before receiving their credentials.

PHEAA assumes the responsibility of administering the funding of PA HELPS, ensuring support for qualifying interns who are fulfilling Educational Specialist Preparation Program requirements at a Pennsylvania postsecondary institution. The funds are awarded and disbursed to the Pennsylvania Local Education Agency (LEA), where the intern successfully completes their internship.

To be eligible for a stipend, an intern must be a Pennsylvania resident enrolled in an Educational Specialist Preparation Program approved by the Pennsylvania Department of Education (PDE) that leads to educator certification as a school nurse, school psychologist, school counselor, or school social worker. The internship must be at an LEA that has been approved for participation in PA HELPS. Stipend recipients must agree to work in an LEA in Pennsylvania for a minimum of 3 years following completion of the respective Educational Specialist Preparation Program.

Recipients may be eligible to receive two awards. The award during the internship is paid to the LEA. The LEA must use those funds to compensate the intern for their work during the internship. There is also a commitment award that the recipient may be eligible for after working 3 years at a Pennsylvania LEA in their field. That award would be paid to the recipient. The award amounts by field are provided below.

Field	Award During Internship	Commitment Award
School Psychologist	\$25,000	\$5,000
School Nurse	\$2,500	\$5,000
School Counselor	\$10,000	\$5,000
School Social Worker	\$10,000	\$5,000

An interest survey began in spring 2023 and the application process for the 2023-24 award year began in August 2023. Initial stand up of the program required creation, completion, and processing of LEA and intern applications, along with agreements for the LEA to complete. As of January 10, 2024, \$160,000.00 in awards have been disbursed to LEAs.

The application process for the 2024-25 award opened at the end of December 2023, allowing LEAs and interns more time to complete this process.

PHEAA remains committed to advancing higher education and professional development in Pennsylvania. PA HELPS serves as a testament to this commitment and we are proud to contribute to the success of the program.

This initiative is designed to not only advance the professional growth of mental health professionals in Pennsylvania, but also to address the urgent need for mental health support within our educational environments. Additionally, by encouraging students to secure employment and certifications within LEAs, we make a substantial investment in the well-being of our state's educational institutions.

We welcome any inquiries or requests for additional information from the esteemed members and look forward to further collaboration in pursuit of educational and mental health support across Pennsylvania.



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

House Education Committee

**Hearing Testimony – Community-Based Mental Health Services and School-Based Partnerships
to Treatment Access**

Jim Sharp

**Director, Mental Health Services, Behavioral Health Division
Rehabilitation and Community Providers Association**

Thursday, January 18, 2024

Good morning to the Chairs and members of the committee. My name is Jim Sharp, and I am here representing the Rehabilitation and Community Providers Association (RCPA), a statewide association representing nearly 400 providers of health and human services across the Commonwealth, and our member organizations serve well over 1 million Pennsylvanians annually. RCPA is among the largest and most diverse state health and human services trade associations in the nation. RCPA members offer mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, criminal and juvenile justice, medical and pediatric rehabilitation, and physical disabilities and aging services, across all settings and levels of care.

I have been with RCPA for 5 years and have spent more than 30 years in the child welfare, juvenile justice, and children's behavioral health system developing programming, policy, and practice to ensure access and treatment to Pennsylvania's most vulnerable population. I have worked at the county level as Chief Probation Officer for the Family Court of Philadelphia, as well as director of several community and school-based mental health programs over the years.

I want to express my appreciation to the committees for holding this joint hearing. I applaud the committees' efforts to further advance our mental health systems, including initiatives pertaining to school-based mental health.

Building upon Governor Wolf's legacy investment of \$100 million for school-based mental health services in his final budget, Governor Shapiro as well has committed \$100 million dollars a year over the next 4 years. This in addition to this year's \$100 million in ARPA funds. These significant dollars will provide the building blocks in creating one part of a sustainable mental health continuum of care. For that to happen, there are several considerations. With the first and foremost being that the school districts partner with the community-based mental health providers to build a system of services delivered by the most qualified, most highly trained, certified and licensed staff in the state. Second, the utilization and flexibility of these funds to be utilized by the schools to meet the diverse needs of the students and communities. And lastly, RCPA and many others agree that the distribution formula and allocation of the funds directly distributed to school districts through a grant process has proven effective in delivering these funds in an equitable and efficient manner. We support this process moving forward.

These outlined strategies would build on the existing relationships between the schools and the community provider network for partnership and collaboration in planning, developing, and implementing the delivery of quality treatment and service. We must avoid the scenario whereby we build a “secondary” mental health system in the school, and one in the community, as there is not the time, expertise, or workforce that could accommodate or sustain two separate service delivery entities.

As it relates to this, there are many proponents supporting the idea of putting a social worker in every school, and while in practice this may seem like a thoughtful alternative, I urge decision makers to consider that for a district to hire one social worker, the following will occur:

- Up to 40% of every dollar will go to benefits, fringe, retirement, etc.
- A social worker in the school builds infrastructure, not service to students in need.
- These positions do not work year round, leaving students unattended during the summer months.
- No history of long-term funding to guarantee jobs.
- The current clinical workforce could not support two mental health systems – one in the school and the other in the community – the competing systems would cannibalize themselves.

I will add that the school-based mental health funding is just one piece of the addressing the mental health nexus; and that is our County-Based Mental Health system. In this year’s budget, there will be an investment of \$20 million in the county mental health funding; the first increase in more than a decade. Despite this initial “down payment” by the administration, it is projected that there is a need for a billion-dollar investment to bring this system, on the brink of collapse, to a level which can fully support the community mental health system. While this committee has a designated focus on education, the awareness and understanding of this critical need impacts vulnerable Pennsylvanians everywhere.

In closing, RCPA offers the following recommendations for school-based & county-based mental health funding, with the understanding that we seek equity in the funding arena for both. There can no longer be choosing one over the other:

- The need to coordinate community-based and school-based mental health services is the key to building a sustainable footprint of mental health in our schools.
- Through collaboration and planning, these entities can plan, design, and implement strategies that meet the needs of their student’s population and community.
- Invest funding into rebuilding the Student Assistance Programs in the schools. They are mandated and yet underutilized and outdated. This is the first line of defense to addressing student mental health.
- Create a system that supports the continuity of care for children and families where they live and attend school.
- Build mental health programming; not mental health infrastructure.
- Dedicate funds to training school staff on adolescent behavioral health through mental health first aid and youth/teen mental health first aid.
- The investment in our county-based mental health system has to happen now and we fully support the counties’ request for this budget year.



**TESTIMONY ON
STUDENT MENTAL HEALTH ISSUES**

Presented to the House Education Committee

By
Melissa Gates, Government Relations Manager

January 18, 2024

Good morning and thank you for the opportunity to submit testimony today. On behalf of the County Commissioners Association of Pennsylvania (CCAP), representing all 67 counties in the commonwealth, I am here today to speak to the role counties play in the community-based mental health system and the need to improve coordination of services as the commonwealth looks at investing critical funding for school-based mental health services.

Community-based mental health services—such as community residential programs, family-based support, outpatient care and crisis intervention—are critical to the well-being of our constituents and our communities and funding levels for county mental health services have direct impacts on whether these important community and family supports will be available. In all, county human services providers are obligated to deliver a variety of services within their communities that include ensuring responsible program planning, fiscal management and monitoring of mental health, intellectual disability and autism services. Within the realm of mental health and intellectual disabilities, counties provide facility and community-based service options for individuals with intellectual disabilities, autism and mental illness, including employment options, individualized care approaches and resources for families; early intervention services to children from birth to age three to reduce and aid developmental delays; programs and services designed to keep people in their home communities with their natural support systems; and assist individuals and their families in accessing the care they need through the Behavioral HealthChoices program, and more.

Pennsylvania counties recognize that children's mental health has become an increasing concern, not just here in Pennsylvania, but across the country. In recent years, numerous reports indicate that an increasing number of children are experiencing mental health issues, particularly coming out of the COVID-19 pandemic. Across Pennsylvania, children have access to mental health services from a number of sources, including county mental health programs, existing schools-based programs, and health plans. However, their access to these critical services is limited to the availability of programs in the community and school settings, which are being dangerously impacted by a number of factors, including workforce shortages and severe underfunding of the community-based mental health system going back nearly two decades.

In response to the growing need for children's mental health services, Governor Shapiro made school-based mental health services a key tenet of his FY 2023-2024 budget proposal, aiming to invest \$100 million targeting school-based services. For counties, the investment in the county mental health base funds and the broader community system was not equal. As you know, county mental health base funds are funds counties rely on to provide critical programs such as student assistance programs in schools, respite, hotlines, prevention, housing, community education and outreach, employment supports and other programs that are not covered under other insurance plans. In FY 2023-2024, counties, in response to the Governor's budget proposal and recommendations of the Behavioral Health Commission (BHC), called for a substantial increase of \$250 million in mental health collectively, splitting the amount between counties, schools and the one-time programs captured in the BHC report. In the enacted state budget for FY 2023-2024, counties received a nominal increase of \$20 million to be shared across all 67 counties, well short of the \$1.2 billion needed just to support the current needs across

Pennsylvania. Counties have referred to the \$20 million increase in county mental health base funds that was achieved in the FY 2023-2024 state budget as a down payment on needed investments in the system. However, that \$20 million, while appreciated, represented only about a three percent increase – not nearly reflective of the impact of 15 years without any increases, including a significant cut ten years ago, nor the increased need that we see each and every day.

Counties believe the drastic increase in children with complex behavioral health needs can be partially attributed to drastic cuts and underfunding of our community-based mental health system. Life has gotten tougher, and the needs of individuals and families have grown more severe and complex. Without adequate support, our mental health system has crumbled and the social services safety net, comprised of programs and services that mental health base dollars pay for, is deteriorating. Critical investments in the community-based system as a whole will alleviate strains on our partners throughout the system, who are feeling the effects of not only the post-pandemic-related care needs, but also the compounding results of long-term underfunding of the mental health base in our commonwealth. With proper funding and coordination to ensure the community-based supports are available to complement any in-school programs, Pennsylvania will be able to move closer to a comprehensive continuum of mental health services that can meet the ever-growing needs of our families and communities.

In the past several state budget cycles, there have been significant investments made in school-based mental health, providing hundreds of millions of dollars in funding to address school-aged behavioral health and safety issues. The recently passed Act 34 of 2023 was no different, authorizing \$100 million dedicated to school based mental health utilizing one-time federal funding through the American Rescue Plan Act of 2021 (ARPA). While counties agree we must be investing in the behavioral health needs of our children and youth, funding increases for our mental health system must target supporting the broader community-based service spectrum rather than separate silos. Additionally, one-time funding to any part of the system compromises the ability to create sustainable programming that can be built out and provide for a long-term plan for mental health services in the commonwealth.

Community-based mental health services that counties provide are the backbone to the mental health system in the commonwealth in which all other programming stems from and can build off of. If state leaders are seeking to invest funding in schools separate from the broader community-based system, there must be a focus on coordination between counties and school districts to ensure we are meeting the needs of children and families in our communities. Failing to coordinate among the various community partners will not provide Pennsylvania's youth with the holistic mental health services before, during, or after the bell rings, nor will it reach those who do not interact with the traditional educational setting. We must be prepared to support our children and youth on an ongoing basis, not just with one-time funds, and to do so by building a comprehensive system that addresses their needs that occur both inside and outside of the classroom. Thus, a significant investment in Pennsylvania's community mental health system, through the county mental health base, has become even more critical for the next fiscal year and beyond. To this end, counties are calling for in the FY 2024-2025 budget \$250 million in funding specifically dedicated to county mental health base funds to address the needs of the

system and our communities. This is in addition to any other designated pots of funding for mental health related programs as the base serves as the foundation for mental health service provision in this commonwealth in which all other programming can be built off of. Furthermore, increasing coordination between counties and schools will ensure the system of care is built and supports children and families where they are with the services they need to have lasting and meaningful impacts, regardless of where the funding is dedicated in the budget.

Counties have noted that focusing resources solely on the schools has had the effect of undermining the entire mental health system. There are a limited number of providers to do this work, and with resources available only from the schools, there are few providers left in the community system to take referrals outside the school system. Many counties are worried about the times when children are not within the four walls of the school, whether it be during summer break or the holiday seasons, when children will continue to need services even while schools are not open. Further, children with mental health needs often go home to families with needs that cannot be met by piecemeal investing in different parts of the system. Increased funding is best leveraged with a coordinated, rather than a piecemeal, approach, and we must break down the barriers to this critical coordination. Collaboration and coordination among community-based stakeholders and schools is necessary to improve student mental health. In order for efforts to be sustainable, there needs to be collaboration and buy-in at every level of leadership, from the state down to the counties and school districts and individual school buildings.

This coordination is challenging work for many reasons, particularly so here in Pennsylvania given we have 67 counties and 500 public school districts operating independently of one another. In other words, a Pennsylvania county may have to work with many as 43 districts, as is the case in Allegheny County or only one district, as is the case in a county like Sullivan County. Irrespective of whether it is a larger urban county, or a smaller rural county, leadership, staff, and providers can often have different points of view, different priorities and even the language used can be different. This makes commitment to working together and across the systems so important and requires patience, flexibility and creativity.

However, some counties have reported positive relationships with their respective school districts. For example, according to Montgomery County officials, the County's Office of Mental Health/Developmental Disabilities and Early Intervention currently maintains strong collaborative relationships with each of the 22 school districts in the county. The county's relationships with their districts were strengthened by their work with their Single-County Authority team and through their braided Student Assistance Program and Prevention service offerings. Through regular meetings they were able to build greater awareness between school and community-based services (school-based outpatient, crisis system, emergency room triage, mobile crisis, etc.). They have also noted that their goal is to continue to make that connection to supports and services that go beyond the school day/year for a full continuum of care that focuses on children and families.

In order to rebuild and sustain the mental health system here in Pennsylvania, we must break down the barriers that exist and provide the necessary support for the whole system to better serve Pennsylvanians. Supporting the community-based system and school-based services does not have to be an "either-or" proposition. Counties stand ready to be part of the solution along with stakeholders in the communities we serve and provide children and families the services necessary to support them when they need them most. Our message has been clear- to bifurcate the community mental health services and school-based services by devoting more resources to one element without increasing support for the broader system and not encouraging better coordination will have a negative impact on the broader community-based mental health system and ultimately affect the very people who rely on these critical services, children and families across the commonwealth.

The time is now to make the necessary investments in the whole mental health system and fix our broken mental health system in Pennsylvania. We look forward to working with all stakeholders, state leaders, school districts, and providers, to rebuild our community-based mental health system and to break down barriers to achieving better coordination going forward on behalf of the children and families who rely on these services.

Thank you for your consideration of these remarks. I would be happy to answer any questions committee members may have.

AnnMarie McDowell, President and CEO of CORA Services – a Child and Family Serving Organization

Since its initiation in 1971, CORA Services, Inc. has had one clear focus – to intervene as early as possible with a family’s concerns ensuring that parents/caregivers of children and young people have the necessary tools, resources and services available to ensure that their children can reach their fullest potential at home, school and in their communities.

To do this well, CORA gathers and trains teams of dedicated staff well-versed and experienced in ALL of the services that impact the major domains in child development – cognitive, social, emotional, physical, relational and linguistic. CORA’s care methodology is and has always been to partner with school and community systems that already exist and strengthen the gaps in the service delivery of those systems. CORA’s reach is wide but only as deep as necessary for advocacy and system enhancement, supplementing, not supplanting, the work that others do.

CORA manages more than 50 contracts for a wide range of supportive services that include but are not limited to:

- Student Assistance Program (SAP) Assessment, Resource Access and Case Management in 110 sites covering every Philadelphia school system
- Community Based Schools site-specific concentrated case management
- School and Community-Based Licensed Intensive Behavioral Health Services Provider – Individual, Group and ABA (Applied Behavioral Analysis)
- IEP Related Services (Psych Ed, Vision, OT, SLP, PT, Hearing) in over 50 charter schools
- Act 89 Auxiliary Services (Psych Ed, OT, SLP, Counseling, Math/Reading) in 75 non-public schools
- Collaborative DHS Truancy Case Management in 47 schools
- After School/Out of School Time Provider; City funded and 21st CCLC in 11 school sites
- Licensed Drug and Alcohol Treatment
- Alcohol and Other Drug (AOD) Early Intervention Services provider – groups and individual services in school and agency sites
- Licensed Early Childhood Programs – PreK Counts and PHL Pre-K Funded
- Early Intervention Services Provider (SLP, OT, and Special Instruction) for 3-5 year old children
- Mental Health Intervention Counseling for children and young people under the age of 18 – insurance neutral and no diagnosis necessary
- AOD and Violence Prevention Education in schools and after school programs
- Adolescent and young parenting education/service supports
- Peer Mediation school training

CORA personnel work directly in partnership with over 250 schools, serving 20,000 young people annually throughout Philadelphia, in 88% of City zip codes.

Consideration Points

While the need for increasing MH/BH services for school-aged clients is evident as society emerges from the pandemic more challenged and with fewer supports and resources, the equally great urgency is to coordinate and improve access to services diminished over time in more productive and efficient ways for clients, providers and funders. As we wisely consider increasing the level of Mental Health Services across the Commonwealth it will be essential to think through what these 16-18 month funds should and can deliver.

- 1) Since the pandemic, the increase in Mental Health needs among our youth and adults has exacerbated the capacity of an already challenged system to sustain enough professionals to meet the former and now new higher demand. Releasing these funds to school districts to hire directly from the same applicant pool as community providers would only aggravate the shortage in expertise and service availability, especially in less populated, less-resourced parts of the Commonwealth. *Districts must wisely consider the development and expansion of partnerships that already exist rather than create redundancies and greater personnel shortages.*

We MUST avoid having schools use a staffing model that would require competing for a depleted pool of qualified staff or extensive, costly retraining of existing school staff whose primary focus is education.

External provider staff are already credentialed, trained in school models and supervised in the delivery of school based mental health treatment and INTERVENTION services. Provider staff are more connected to community resources as part of addressing SDOH on regular basis as part of family-oriented services. Providers are also more likely to be cross-trained in trauma-informed and substance use services as well when addressing family and community impact on client needs.

- 2) The funds being released are one-time disbursements. *The use of these ARPA-generated funds MUST be used in a way that provides input and outcomes that can be built upon in future funding.* It will be important for the partnerships in place through these systems to measure outcomes that move the needle towards the *permanent improvement of service delivery*, expediting families' abilities to receive appropriate and essential services in a timely manner

Placing a social worker/case manager in every school across the Commonwealth will not produce the results or outcomes we will need unless there are enough case managers in every school to maintain smaller caseloads. At times, it can take a highly competent and skilled case manager up to six or nine months to get a family off a waiting list and into the correct care.

While continuing the administration's initiative for MH service funding in schools, these newly awarded ARPA funds are time-limited and must be assured timely sustainability funding to be successful for children, families and schools alike to fulfill their promise and legacy.

- 3) There are extremely good systems across the Commonwealth that have research-based infrastructures upon which this project should capitalize. The Student Assistance Program (SAP) is one of these systems. Trained SAP clinicians provide an extensive need and strengths assessment which results in a deep understanding of the challenges a young person may be facing. Based on that assessment, a plan that includes school and home/community is developed. When SAP is at its best, case managers are assigned post-assessment to connect the family to recommended real-time services within or beyond the school, depending on need/desire. This role should come directly from a strong and competent community-based provider who knows the neighborhoods and communities surrounding where children attend school and where they live.

SAP has been designed to be a proven link among school, home and community and remains a great infrastructure upon which to base new services. SAP has successfully demonstrated outcomes and further developing SAP could produce the data necessary to assist in targeting future funding beyond these ARPA funds, e.g., produced a more rapid approach to connecting families to services, increased resource mapping in the neighborhoods surrounding schools and participant homes, yielded solid data regarding the risk factors and protective factors youth experience by geography and community, tracked access efforts made and completed as well as barriers to connections, all of which are essential elements of a meaningful service system.

The original precepts of SAP's resource access system form a model infrastructure for initiating services. The lifeblood of that system launched forty-five years ago should be revisited, updated for current needs and incorporated into any school-based mental health model.

- 4) *Cultural competency* also plays a key role in this service delivery as a qualified community-based provider ensures diverse linguistic and cultural considerations are incorporated into proper service delivery as a natural course of action to improve inclusivity and increase trust in acceptance of/participation in services.
- 5) *Intervention Services* are also essential as we consider the behavioral and mental health of young people. Available resources should *reach beyond traditional treatment services and include preclinical, insurance neutral intervention services with less stigma and higher acceptance by many families.* Intervention is introduced earlier in a family's service need, begins with need assessments, does not require diagnosis and can be provided by a wide range of social service and educational professionals. The Intervention Level of Care is associated with reduced service costs, greater appeal than treatment due to less stigma and a wider range of programs and options for families, flexibility in place of service and as an option for diverting families and resources away from more expensive, disruptive out-of-home/school care.

- 6) SB services should coordinate with community and provider-based services to offer families the *person-first and collaborative planning opportunity so crucial to successful service impact*. Service options should also include real-time connections to services, those professional and informal, organic resources in client neighborhoods/communities, to benefit from and develop family connection to those trusted allies. Barriers to that type of access must be addressed in meaningful, personalized ways that produce results for families and systems alike.
- 7) *Be aware of the silos that exist among funding sources and the impact that has on a caregiver's ability to access the right level of care for their young person*. Access to limited resources is constricted by need and availability and spirit-crushing waiting periods when desired services are available or when services are not available for families due to economic, insurance and specific eligibilities. Having insurance neutral access in a coordinated system that addresses barriers and helps parents act in the best interests of their own families as advocates and clients is an essential element here. As we connect to families outside of the school system, we must consider that *insurance-neutrality is critical so that all children obtain equal access to care*.

In addition, as we consider silos in systems, it is important to remember that the education department is focused on improving a student/young person opportunity for success in advancing academically. Although a diagnosis will carry from one system to the other, the mental health/behavioral plan differs from a plan a School Psychologist will produce for the sake of a child's IEP. As a Provider of both of these services, staffed with both areas of expertise, we need to recognize the goals of the system do not always fully align which can create confusion for families, particularly those caregivers of younger children (early intervention and young school-aged). We must improve the alignment of these systems if we are to offer the best service to our caregivers.

The mission of the PA Department of Education is to ensure that every learner has access to a world-class education system that academically prepares children and adults to succeed as productive citizens. The missions of the Departments of Health and Human Services are to assist Pennsylvanians in leading safe, healthy, and productive lives through equitable, trauma-informed, and outcome-focused services while being an accountable steward of commonwealth resources.

These systems have similar end goals but very different ways of reaching those goals. The silos that exist as a result of this variance often leaves family falling through the cracks of the systems. Community Based Providers are designed to fill in this gap and do so with great care and expertise.

CORA's Innovative Strategy to Meeting Current Needs

The changes in the needs of our children and young people and the demands on their lives since COVID have had a major impact on the work of direct service staff in schools and in our community settings. As an organization, we have determined that we CANNOT continue to provide services in a "business as usual mode" in this new environment. We have watched caregivers, young people, and school systems struggling desperately to identify services in a more rapid and streamlined manner with minimal resources. We have witnessed good and trusted organizations or departments within organizations closing due to lack of staffing and increasing inability to draw down revenues in a timely and efficient manner. And we have seen desired and needed services move further beyond a family's reach.

The administration at CORA understands that it is time to transform the way we deliver services and from this need we have developed the concept of a **Family Navigation Center (FNC)** and have raised limited funds to launch a one-year pilot program. This innovative center will improve access to care by serving and supporting caregivers of youth (ages 3-21 years) with educational barriers, behavioral changes, or addiction indicators through the myriad paths to service that they must now traverse. FNC navigators will assist discouraged and uncertain families "stay the course" until obtaining the needed support.

The desired outcome of the Family Navigation Center is to get caregivers quickly to the services needed for their children. Although a simple goal, families face new and increasing challenges such as inadequate insurance coverage, language/cultural barriers, lack of integrated care with educational institutions, and precipitously long waitlists. At the FNC, the intake staff will identify the presenting challenge with the caregiver and assign the case

to an expert who will meet with the family, further assess the needs, and develop an action plan with the family. Navigators will then support the family through the process of obtaining the services needed, navigating the many behavioral health, educational, addiction support, early childhood/intervention, immigration systems that exist in the City. When faced with a service waiting list, navigators will keep families engaged through intermediary care support plans.

This model of care DOES NOT currently exist in the Commonwealth. Family navigation systems are common within already existing structured systems where a family is known already such as physical health care. However, navigation strategies designed for a caregiver to receive earlier intervention by choice, before the crisis or longer term challenge worsens, through a system that assesses and streamlines how to support needs across systems do not exist.

Now is the time as we invest in the future of student mental health in PA, for investing also in infrastructure like family navigation that holistically support the child and their caregiver in the school, home and community. Additional treatment and intervention supports will help resolve unreasonable waiting periods in the long run, but in the foreseeable future we must invest in action necessary to keep caregivers and young people engaged and supported during the transition period between problem identification and assessment and the next level of care. This model will combine the best of SAP and strong case management supports. It will not have a timeline on how long a family can be served. It will gather data about the most pressing needs by school and zip code and community, and what needs are most able to be met and what needs go unmet due to limited resources. It will also be a referring resource for the schools in the area served.

Investing in structures like this will greatly impact the future delivery of care. It will provide grassroots data regarding what our communities need and what is required of future investments. It supplements all the work that is being done by health and human services, the education system, and the behavioral health system. It represents the best of intervention strategies and it fills the gaps that families often face. Implementing and piloting services like this will give the Commonwealth what is needed to consider future funding.

Most importantly, it will keep families engaged once hope is offered.

Final Remarks

As a long-standing staple in the Philadelphia community, serving over 250 schools across the city and serving more than 20,000 young people and their families annually in 88% of the city's zip codes, CORA's team of over 500 thanks you for the opportunity to present to you what we are witnessing among our families, in the schools and in the community. *We plead that you continue to make mental health a priority not only in this administration but in administrations of the future.* And consider investing now in something that will provide the information we, the people and leadership of this great Commonwealth, need to target our funding in the upcoming years. This is the wisest investment of these one-time funds and there are simple, effective, and efficient ways of making this happen through capitalizing on investing in systems in place that can gather ground level data while supporting the people who have put us in our leadership positions because they believe in us.

Thank you.