



House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Childhood Mental Health

**York College Center for Community Engagement – York, PA
March 28, 2019**

AGENDA

- 10:00 a.m. Welcome and Opening Remarks
- 10:10 a.m. Matt Bahn, Member, Oasis House
- 10:20 a.m. Panel from School District of the City of York
- Dr. Linda Brown, Assistant Superintendent of Special Education
 - Laura Bloss, Special Education Social Worker
 - Dr. Kristin Shillingsford, Occupational Therapist
 - Paul Andriukaitis, Special Education Social Worker
 - Victoria Valdez, Special Education Social Worker
 - Danielle Brown, Principal of McKinley K-8
- 11:00 a.m. Panel Two:
- Dr. Michelle Merkle, Education Consultant
 - Dr. Adrienne Johnson, Family Medicine Specialist, Security Family Medicine
 - Aly Cunningham, Technology Integrator, York Suburban School District
- 11:40 a.m. Closing Remarks



The School District of the City of York

The Office of Special Education

March 28, 2019

Testimony Supporting the Need for Mental Health Services

The Pennsylvania House Democratic Policy Committee



Supporting Testimony to Expand and Enhance Mental Health Services in the School District of the City of York

Mental health is directly related to children's learning and development. It encompasses or intersects with interpersonal relationships, social-emotional skills, behavior, learning, academic motivation, certain disabilities, mental illness (e.g., depression or bipolar disorder), crisis prevention and response, school safety and substance abuse. Each of these issues affects not only the success and well-being of the individual student but also the school climate and outcomes for all students. (Overview, n.d.)

Summary

The School District of the City of York has identified the need for additional and more easily accessible mental health services. These services would be made available to students and their families living in our community through a district-based mental health accessibility center and enhancement of current school-based services. This resource would offer more accessible and comprehensive mental health and community support services to all students compared to what is currently being offered within the district. These community provider services might include case management, child welfare, mental health, and *medical assistance* (MA) support and linkage. Operating such a resource would provide a central location within the school district and is significant since most of our students end their secondary education at the high school. The addition of this central location and enhancement of the existing school-based outpatient services would allow the School District of the City of York to provide improved comprehensive mental health services that will support and integrate the academic experience for our students and their families.

Introduction

The School District of the City of York is a large, urban, public school district serving the city of York in York county, Pennsylvania. The district encompasses approximately five square miles. The present population in the city of York is 43,992 residents. The educational attainment levels for graduating students age 25 years old and over were 76.0% who graduated from high school and 10.7% who attended post-secondary institutions and graduated with a bachelor's degree. In comparison to York county, 88.3% students graduating from high school and 22.5% attended post-secondary institutions and graduated with a bachelor's degree. (Towncharts, n.d.)

In 2017, the city's residents' per capita income was \$15,958, while the county per capita income was \$30,178. (Census, n.d.) According to 2016-2017 student data, almost 70% of students live below the federal poverty level as shown by their eligibility for the federal free or reduced price school meal programs. Presently, 100% of students who attend the district receive free or reduced lunch. (Demographics, 2016)

School District of the City of York 's Theory of Action

If...

Principals lead school-wide efforts to support teacher collaboration and increase students' readiness to learn; and

Teachers work together to provide instruction that is aligned with standards, consistent with the district's scope and sequence, and differentiated to meet individual student needs; and

Other school staff contribute to a school environment that fosters effective teaching and learning; and

Central office staff work together to support school principals by setting clear expectations, providing needed resources in a timely manner, tracking and reporting on progress toward goals and facilitating communication with all stakeholders; and

Students attend school prepared to engage in purposeful learning; and

Families are engaged in supporting their students' learning

Then...

Student learning will increase and all York City students will continuously graduate prepared for college and careers (Annual Report, 2016).

Needs/Problems

As a district identified as being in financial recovery, the School District of the City of York has historically relied upon interagency collaboration and the support of outside service providers to meet the complex mental and behavioral health needs of students. Despite these collaborative efforts, data indicates that students still display a significant amount of behaviors and/or manifestations of untreated mental health concerns which leads to removal from school via suspensions and/or placement into highly restrictive settings. The behaviors manifested by student's unmet mental health needs also impact the overall environment and safety of the district and community. It has been shown there remains *persistent gaps in availability of mental health services especially for poor children of color and those with greatest need*. (Atkins, n.d.) As such, *schools are obligated to provide mental health services*. (Atkins, n.d.) While efforts to revamp the district's discipline policy and school-wide Positive Behavior Supports (PBS) are underway to address some of these concerns, the impact of poverty and socio-economic status, as well as the abundance of children living in single parent homes continues to impede the academic and vocational outcomes for students.

There are many factors that prohibit a student's ability to access mental health treatment. These barriers include:

- Limited access to psychiatric services in county (often months to a year wait for an initial appointment).
- Inadequate insurance coverage. Some services are denied through private insurance. Although any student with a mental health diagnosis is eligible for Medical Assistance (MA), the shortage of available psychiatric services prevents students from obtaining a mental health diagnosis. Educational staff, with the exception of licensed social workers and/or clinical psychologists, are not permitted to diagnose mental health disorders in youth. This creates situations where students with a high level of need are without mental health services while waiting for evaluations by outside providers.
- Inconsistent parental involvement and follow-through with mental health recommendations. Poverty, socio-economic status, transience, single parent homes, and individual mental health needs all lead to decreased involvement by parents. State mandated regulations from Pennsylvania's Department of Human Services (DHS) require parent consent and at least some level of parent participation for many of the services overseen by York county's Department of Human Services for students under 14 years of age.
- Community and cultural stigma. There are stigmas associated with receiving mental health treatment which can be a barrier to parents seeking services for themselves and their children.

- Limited access to transportation. Due to the socio-economic status of many families, reliable and available transportation is often a significant barrier to seeking treatment even though there are locations within walking distance of the city limits.
- Timeliness of service. There are often long waitlists and/or agencies often do not have available staff to fill positions even when students are authorized by the local Managed Care Organization (MCO) for a particular service.
- Lack of meaningful and predictable communication. Communication with providers can be a barrier to creating a seamless and thoughtful transition for our students when they attend a Partial Hospitalization Program (PHP), Residential Treatment Facility (RTF), or other placements, especially when they are being discharged with a plan to return to the district.
- Inadequate discharge plans from community providers. Lack of available resources and funding for innovative services often limit aftercare treatment options for students when they are being discharged from placement. Even when students are being discharged unsuccessfully, discharge plans are provided late and without therapeutic recommendations to mitigate the same reasons that initiated the referral for service.
- Abrupt discharges of students from community providers. Due to limitations of insurance coverage, inconsistent parental participation and follow-through, as well as the high level of disruptive behaviors displayed by students who attend out-of-district placements, they often return to the school setting without adequate transition planning and coordination of care. Students are frequently discharged due to behaviors that are reportedly unmanageable by trained professionals within the more restrictive setting. These same students inevitably return to the district with few or no mental health services in place.
- Language and cultural barriers. There is currently an inadequate amount of bilingual mental health service providers to meet the large hispanic population. The group of English Language Learners (ELL) in the district has increased by 30% according to 2013 statistics.

There are serious behavior concerns within the school community that are negatively impacting student learning and overall school climate. Expanding mental health services would play a vital role in addressing these concerns by providing easily accessible on-site services for identified youth as well as the possibility to provide on-site consultation for faculty and other supporting staff.

According to information contained in discipline referrals mined from the district student database, student behavioral issues most frequently identified by staff working:

- Student lack of respect for peers and authority
- Student insubordination
- Students cutting classes (individual classes, multiple classes, and entire days of school)
- Directed profanity
- Defiance to authority
- Fighting / physical and verbal altercation
- Inappropriate use of electronic devices
- Bullying and other harassment – peer to peer
- Work avoidance
- Classroom disruptions
- Poor behavior decision making
- Issues that arise due to gang affiliation and neighborhood conflicts
- Lack of parental supports
- Serious incidents (Demographics, 2016)

Not meeting the sometimes overwhelming mental health needs demonstrated in the district has significantly and negatively impacted on the student's ability to learn. But more importantly, student test scores have an impact on all educators employed by the school district especially when considering the new evaluation system is based upon student test scores accompanied with evidence of academic growth. With the advent of state accountability systems described in the Every Student Succeeds Act (ESSA), considerations must be made toward improving school climate and safety now that ESSA has gone into effect in the 2017 - 2018 school year. While these mitigating factors are both complex and interrelated, we have to treat the whole student and focus on mental health in order increase achievement.

The district must move forward and address the mental health concerns in a compelling, strategic, and deliberate manner so that students are prepared to meet the federal and state mandated academic demands. The School District of the City of York is currently entering its fourth year in recovery and has a plan of revised goals and objectives that must be reached in order to regain autonomy and independence as a premier educational institution. Student achievement also impacts the community and the depth and quality of its future workforce. The predominant goal is to prepare students to be hardworking citizens who contribute meaningfully to their local community and more largely, to society as a whole.

Summary

According to the research associated with the Mental Health in Schools Act (H. 1211, 2015), if the student's mental and emotional needs are not met, improvements in academic performance will not be achieved. When students experience mental health problems, they often

struggle to attend school, have difficulty completing assignments, and have more frequent conflicts with peers and adults. (Skalski, A. K. and Smith, M. J., 2006).

Treating the whole student by more easily and efficiently meeting their social and emotional needs creates more opportunities to develop untapped potential to reach or exceed academic demands. Improved results in high-stakes testing scores will prove the success of this vision as the district continues to work on developing and implementing new and innovative strategies for students to achieve proficient and advanced standing.

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Childhood Mental Health and its Impact on Children/Students

1. Point of view as an employee in an urban school district

There are many positives about working in an urban district. Our students get the benefit and enrichment of diversity. Our students are fantastic about accepting and embracing everyone from all races, genders religion and sexual orientation. Our district generally has culturally competent staff and a genuine love and pride for our students. There is several staff, including myself that are alumni. The best part about our particular district is the awareness of the needs and our efforts to employ supports to address them. Our district has 13 social workers where there are some districts that still do not have any. However, there are challenges that come along with it as well. We are a title one school with a 100 percent poverty rate. Poverty has its own sets of adversities. Some of those challenges are access to treatment, transportation, and higher crime rate, parents who are working two to three jobs to keep the lights on, food insufficiency and housing instability.

2. Discuss how your district delivers interventions for childhood mental health through you

I am employed through the district as a licensed social worker. My role looks different daily based on the needs of the students and the building, but it is always to be a servant for not only our students, but also their families and those that support them. Some of the ways I accomplish this is by offering individual supportive counseling. I do have a case load that I see on a consistent basis and others who are seen as needed. Supportive counseling varies from student to student, but a large number of students are seen for depressive symptoms, anxiety and grief and loss. Historically, I have done groups, but am not running one at the moment. As a social worker I also serve as a liaison between the school, families and the community as a whole to assist with service connection and delivery for our students. I assist our families with connecting to medical assistance and navigating the mental health system. The district also utilizes social work as a tool to engage our parents. Part of that engagement is education on mental health awareness and suicide prevention. Social workers are also responsible to conduct risk screeners at the discretion of administration to evaluate any threats of harm. Frequently, screeners are conducted when there is a concern of a child's ability to keep themselves or someone around them safe. Lastly, I also participate in the York County Mental Health Alliance and Aavidum. The York County Mental Health Alliance is county wide. Each district sends a representative from the school as well as a group of students to come together to learn, educate and advocate for mental health county wide. The purpose is to learn from one another and take what we learn back to our buildings, district and community! Last year, the students even planned a 5K event to raise awareness for Mental Health and held a community resource fair with mental health providers. One of the ways our group carries that out is through a group called Aavidum. Aavidum is Latin for "I got your back". It is a safe place for students to share,

Victoria Valdez
School Social Worker/William Penn High School
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students
raise awareness, fight stigma, and keep the conversation going! We feel that suicide prevention is all of our responsibility and it starts with us!

3. Any perspective of what children in urban environments face that may be unique

As stated earlier we have a hundred percent poverty rate and many of our students are struggling financially in their homes as a result of that. Not to mention the emotional impact that poverty has on not only our students, but the entire family structure as a whole. In our particular community we have experienced a lot of gun violence leading to trauma, and grief and loss. I see students on a consistent basis, particularly our young men who have low hope and lack of vision because they are uncertain if they will live to see adult hood. Lastly, our districts like many other urban districts have a negative perception of us. In our white and suburban counterpart areas if something happens it appears to be a short blurb on the news and quickly swept under the rug, where as our negatives are highlighted consistently on the front page for weeks at a time meanwhile all of the good work we do usually goes unrecognized. In the high school our students are old enough to have access and awareness to this information. They can see the slander of social media and impacts their perception and self-esteem.

4. What makes these interventions important during childhood?

Research shows that this is the stage where our children learn and develop. This is the time that their brains are taking in their experiences, relationships and knowledge or lack thereof to mold them. This is the time they are learning about themselves and the world around them. It is a time for them to learn who they will be to themselves and others. So, this is also the time that we need to intervene. Preventative care is always best, but many of our students do not have the luxuries of two parent, two income, and households in safe neighborhoods. In our district the school is very much a part of the village that is responsible for raising the students.

5. Your perspective on funding school districts to provide these interventions

My recommendation would be to continue to serve the whole child. To continue to look at the social and emotional needs of our students and put the money there, not just in programs that are reactive, but also preventative as well. When students have access to social workers who run groups on social skills and self-esteem or access to Pre K or yoga and meditation it complements the academic instruction well. When our students are full, fed, and happy and whole they can better focus on math and science.

Dr. Kristin Shillingsford
Occupational Therapist
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

Thank you for the opportunity to express my opinion on the delivery of mental health services in an urban school district. I am currently employed as the district's only full time occupational therapist. Occupational therapy is directed at functional participation in meaningful activities of daily living skills, needed for participation in the academic setting despite limitations or delays in physical or mental performance. As part of my training, we explore prevention and treatment of physical and mental health issues. I currently manage the treatment of over 100 students in the special education program and participate or consult on countless others in the School District of the City of York.

As part of an urban school district, we see the aftermath of trauma on a daily basis. The concepts of trauma and trans- generational trauma are not new however with the advances in technology; we are able to understand with increasing accuracy, the impact on the developing brain. When exposed to repeated traumatic events, noticeable differences are seen the brains limbic systems. The limbic system is part of the reward centers, active in the fight or flight reaction and needed for higher order thinking. And these changes are not limited to the person experiencing the trauma. This can impact the survivors' offspring as well.

The human brain is hardwired to seek safety when it feels threatened or conversely, prepare for battle. Regardless if the threat is physical, emotional or directed towards those we love, the reaction is the same. Short intense periods of stress can be handled, however when these children are exposed to these types of trauma regularly, maladaptive behaviors ensue. When certain patterns are repeated, they become hardwired into the brain thereby repeating patterns that are not necessarily appropriate or effective in eliminating the perceived or real threat. By placing students with developing brains in stress filled, traumatic situations repeatedly, hyper arousal or maladaptive behaviors become automatic and leads to an overall breakdown in the integration of brain function. From homelessness, to transiency to physical and domestic abuse

Dr. Kristin Shillingsford
Occupational Therapist
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

to assault and homicides in the streets, these children in urban school districts are exposed to trauma at alarming rates, far surpassing what the human brain was meant to tolerate. As part of a trans-disciplinary team, we at the school district of the City of York are committed to developing and providing treatment and programming that addresses prevention, screening and healing for student's that have been exposed to trauma.

My role as part of the trans-disciplinary team is to support prevention initiatives to offset the profound impact of trauma our children experience on a daily basis. As part of a holistic treatment approach, teaching children self-regulation skills is vital to one's emotional intelligence teaching a child, with a still developing brain to self-regulate, can have a profound impact in their overall development. We can use our senses to calm, be more alert, and to be in tune with the world around us.

While cognitive, exposure, pharmacological and EMDR therapies are all valuable in treating patients exposed to trauma, the immediate concern is calming the student once the student has become over aroused, upset or agitated.

The staff and I at McKinley K8 School developed the Bear Cub Den, which allows students that are over agitated or upset to retreat to an area that allows them to practice these self-regulation skills and help them achieve an optimum level of function needed to learn.

We used programs such as yoga and self-meditation to support self-calming and reflection.

However, these programs are in jeopardy due to space and funding issues.

You may ask why it is important for school districts to spend valuable resources on topics such as mental health in the schools. What we know is the brain continues to evolve and grow until approximately the age of 25. The brain is known for its resiliency and neuroplasticity. With early intervention, we have a better chance of limiting the effects of mental health issues in our communities.

Dr. Kristin Shillingsford
Occupational Therapist
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

1 out of every 5 children has symptoms that meet the diagnosis for mental health disorders

80% of those children go untreated

50% of mental health disorders begin before a child turns 14

75% begins before the person turns 24.

Issues such as ADHD, anxiety disorders and oppositional defiance impact a student's ability to learn and engage in the school environment. These students are more likely to have discipline issues which interrupt other student's learning. They are frequently suspended or expelled due to behavioral issues. These students are more likely to fall behind and/ or drop out which often leads to prison or jail time. As reported by Child Mind Institute in 2016, expulsion in prekindergarten is 89% higher when students don't have access to on site psychiatric care. Their report also suggests student suspended are twice as likely to have to repeat a grade and three times as likely to have contact with the law.

We are here today, asking you to help support us in funding a full spectrum of care for our most fragile citizens. Students in our district need support to learn self-regulation skills, screening to identify children most at risk and a full team to intervene in mental health issues early to break the cycle of mental health and trauma in our communities.

Laura Bloss
School Social Worker
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

Mental Health awareness is imperative in the world we live in today. We can no longer act like it doesn't exist, especially within our schools. I am a school social worker in the Special Education Department at the City of York School District. One of my areas of focus is assisting my students and their families with mental health concerns. This is often helping them to navigate community resources that allow them to access a continuum of mental health services.

The School District of the City of York is working to be proactive in regards to mental health supports being easily accessible within our schools. One example is the addition of several social workers which now affords each building with their own social worker. This provides more students and their families with direct social work services. Our School District has employed more School Social Workers than any other district in Central Pennsylvania. Social workers can now intervene during a crisis within the school, assist our families, and provide mental health support through groups and meeting with students individually. The district has also formed partnerships with community agencies to ensure we can meet the needs of our students and their families. We have School Based Counseling services through PA Counseling, Communities in Schools, Behavior Specialist through Martin Memorial Library, and Community School Based Behavioral Health (CSBBH) services through Pressley Ridge at three of our school buildings. We also have partnership with Supporting Positive Environment for Children (SPEC) that works with the schools to implement Positive Behavior Intervention and Supports program (PBIS). We have a lot of great initiatives that address childhood mental health but unfortunately, we still have barriers that limit comprehensive and ongoing treatment for our students.

Laura Bloss
School Social Worker
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

There are several precipitating factors that we must consider when addressing a struggling student. As a school team we look at every aspect of a student and their family. Factors that often impede their ability to learn include mental health concerns, undiagnosed medical conditions, and barriers to consistent and safe housing and/or other traumatic events that have negatively impacted their lives. We also have to look at the whole family unit not just our student because many of our parents are experiencing their own issues mental illness. As a social worker who has to talk to families about the difficult issues; the most important part of my job is to build a trusting relationship with my students and their families. By building those relationships I am able to positively impact treatment to address those barriers and help students find success in the learning environment. I am able to attend medical and/or behavioral health appointments with our families and be an advocate for them and our schools. Many of our families face daily challenges just meeting the basic needs for themselves and their children. For example, I have several families that have chronic issues with homelessness and instability in their inner personal relationships. As a result they can miss appointments causing a disruption in the mental health treatment of their children.

With all of this being said there are many layers to childhood mental health and the impact it has on our children, families, and our schools. It is imperative that we find a way to make treatment easier and more accessible for our students and their families. For example, there are such a limited number of adolescent psychiatrists in our area. Families can wait months before they are able to obtain an appointment. In a perfect world to address the needs of our students and their family's we would have sites within our schools that would not only be able to provide medical

Laura Bloss
School Social Worker
School District of the City of York
March 28, 2019

Childhood Mental Health and its Impact on Children/Students

treatment but Psychiatric care as well. The trusting relationships that we work so hard to establish could be beneficial in helping families seek and obtain the necessary supports to ensure their student's overall success. By helping a student in all aspects not just providing them an education ultimately allows a student to be present and receive the education being offered.

In closing, I recently attended a conference that focused on the needs of students who receive special education services. I had the pleasure of hearing a presenter discuss mental health and effective intervention services. They shared a slide from a NPR story that stated, "In Schools, Mental health should be everyone's job". This statement spoke to my passion for helping my students find success. It provided another perspective that we truly need to create awareness and educate everyone within our schools and community on the importance and impact of childhood mental illness. Childhood mental illness is not an issue that we can ignore as previously stated. It is in my view everyday as I encourage and support students to push through the barriers that impede their success. I will not stop until every student is able to reach their full potential by eliminating those barriers one by one.

Testimony from Paul Andriukaitis, LSW, HSV: *Childhood mental health and its impact on children/students*

1. Give testimony from your specialty point of view.

As a social worker working in special education at the School District of the City of York, I have seen and experienced urgency for our students receiving consistent and deliberate mental health services. Students come to the district or are already being served in the district with a history of either no services or a string of unsuccessful discharges from previous attempts at implementing services. This contributes to students feeling alone, isolated, and misunderstood. These feelings associated with self-concept negatively impact their ability to achieve and overcome obstacles related to learning, maintaining meaningful relationships, planning for post-secondary vocation, and preparing for a successful transition from adolescence to adulthood. As social workers, we work to build resiliency and confidence in our students to at least try to succeed despite sometimes limited and over-worked tools.

2. Point of view as an employee in an urban school district.

As an employee in an urban district, the community and familial factors of poverty, crime, domestic violence, drug use, homelessness, transiency, and inconsistent parent involvement are well-known characteristics in this setting and demographic. This district, as do many districts in similar circumstances, continually strive to overcome some of these deficiencies and equip our students with critical thinking and problem solving skills to get around or avoid these barriers that have a history of preventing students from succeeding both before and after graduation.

3. Discuss how your district delivers interventions for childhood mental health through you.

As a social worker working in special education, I deliver whole-group instruction incorporating a social-emotional learning agenda, conduct risk-screenings, complete comprehensive psychosocial assessments, crisis de-escalation, individual sessions, and the monitor and collaborate with existing mental health services already being provided in the district through several community providers.

4. Any perspective of what children in urban environments face that may be unique.

The uniqueness in urban environments is the volume at which these problems occur. We can address individual students, even several students, with general success. But when there is a volume of students, dozens at each school, who are experiencing these traits common to urban areas, staff resources become thin and divided. In order to succeed in this arena, our students require individual attention and oversight.

5. What makes these interventions important during childhood?

While the first five years are especially crucial for physical, intellectual, and social-emotional development, ages six through 14 years determine how and in what ways a child emerging personality will manifests based on the experience they go through. This may impact on whether or not a student successfully graduates and at least attempts post-graduate vocational goals.

6. Your perspective on funding school districts to provide these interventions?

Funding sources are typically through grants and partnerships with community providers that link with MA funded services. School districts reach out and extend themselves to propose these partnerships and search for grants that might meet the individual needs of students while supporting the district's overall educational mission. Some of these efforts have been successful however; others have resulted in failure due to limited oversight, staff turnover, or an agency mission and mode of operation that doesn't necessarily align with an educational perspective.

Dr. Linda C. Brown
Assistant Superintendent of Special Education
York City School District
March 28, 2018

Childhood Mental Health and its Impact on Children/Students

As the Assistant Superintendent of Special Education for the York City School district there are multiple factors that impact the academic, physical, and mental health of our students and families. As my fellow colleagues will testify, there is an urgent and increasing concern to meet the mental health needs of our students.

One of the most significant research studies conducted in 1995, the “Adverse Childhood Experiences Study (ACES)” was a research study conducted by the American Health Maintenance Organization Kaiser Permanente and the Centers for Disease Control and Prevention. According to Dr. Nadine Burke Harris (The Deepest Well, 2018) research has shown that childhood adversity can tip a child’s developmental trajectory and affect physiology. She goes on to say that childhood adversity changes biological systems and lasts a lifetime. According to the study done by the researchers there are 10 types of childhood trauma measured in the ACE Study. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. My team presenting here tonight from various discipline can attest to the multiple needs of our students who have experience trauma starting as early as pre-kindergarten and also students moving to our district from other states hit by natural disasters, such as Puerto Rico.

Good mental health is critical to children’s success in school and life. Research demonstrates that students who receive social-emotional and mental health support achieve better academically. School climate, classroom behavior, on-task learning, and students’ sense of connectedness and well-being all improve as well. According to the National Council for Behavioral Health (2017), mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral health and the ability to cope with life’s challenges. Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency.

There is a growing and unmet need for mental health services for children and youth. According to recent research from the U.S. Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth.

Schools are an ideal place to provide mental health services for students. Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. In our district, we have increased the number school counselors, social workers, and behavioral specialist to address the rising mental health needs of our students. However, there continues to be a gap in the number of students who can access psychiatric, out-patient, and medical services particularly, for our bi-lingual families.

Dr. Linda C. Brown
Assistant Superintendent of Special Education
York City School District
March 28, 2018

Childhood Mental Health and its Impact on Children/Students

School mental health services support the mission and purpose of our schools; which is learning. Increased access to mental health services and supports in schools is vital to improving the physical and psychological well-being of our students and schools, as well as academic performance and problem-solving skills. School mental health supports that integrate social-emotional learning, mental wellness, resilience, and positive connections between students and adults are essential to creating a positive school culture.

Providing a continuum of school mental health services is critical to effectively address students' needs. It is the vision of our district to provide comprehensive mental health services through our current multitier system of supports (MTSS) with district and community mental health professionals. MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.

It is the desire of this writer to demonstrate that our school district and other districts in Pennsylvania have a critical need to create awareness and address the growing mental health concerns of our students. A student's environment, disability, access to services, zip code, or funding should not determine their pathway to success for the future. My colleagues and I urgently request your support.

Angela D. Wetzel
Speech and Language Pathologist
York City School District
March 28, 2018

Childhood Mental Health and its Impact on Children/Students

As a speech and language pathologist for the York City School district for 17 years, I have seen the mental health crisis grow larger and larger year after year. When I was asked to put my testimony and thoughts into writing, it forced me to stop and look at the bigger picture.

I am one of 8 speech therapists that serve the district. My home building has been McKinley School for all 17 years. I have grown to know not only the children, but their families and ultimately the community in which they live. I have students whose parent's unaddressed mental health is now adversely affecting their daily living activities. If I look back, many of those parents were my former students or students that attended York City School District for their educational career. In 2016, NPR presented a two part series on what they titled, "The Silent Epidemic: The Mental Health Crisis in Our Schools." I recently listened to the two part series to gain a better perspective on the "Silent Crisis." I came to one conclusion, the epidemic may be silent in a lot of places, but here in the School District of the City of York it has NEVER been silent but rather ever present.

York City School District educates the whole child. Therefore, some of the tier one strategies presented through the PBIS daily lesson plans can be used during my small group therapy lessons. These lessons are usually thirty minutes long one time per week with three to four children in my office. My role as a speech and language therapist is the one for which I am paid to do in this district, however; it is not the only hat I wear because of the various trauma and mental health needs of our children.

Our children that we serve experience trauma not only in their homes but also in their community on a daily basis. Transgenerational trauma exists because of perpetual violence, neglect, lack of transportation, and overall poverty of our families in this community. Relationships are difficult to build with our families due to the transient nature of our single parent households...households that barely make ends meet by working multiple jobs to put food on the table. Yet as a community, on top of all of that we expect them to be a teacher by night, a twenty four hour disciplinarian, attend appointments to maintain their child's overall good health, and then possible mental health evaluations. There is not enough time in the day for those things let alone be able to take care of their own healthcare needs. So the broken system continues to cycle. Our school policies that are passed often do not include all children's needs especially the ones that our community faces day in and day out.

The time for intervention and training is now. Social emotional skills are learned at a young age. We as a community of teachers need to explicitly teach self-awareness skills, self-management skills, and problem solving skills on a daily basis beginning at the pre-k level. Each of these three areas can be broken down into smaller lessons that are taught daily at every grade level. According to CASEL, Collaborative for Academic, Social, and Emotional Learning, there is significant research that shows that purposefully teaching these skills will increase attendance, engagement, and achievement. It will decrease discipline referrals, bullying incidents, and mental health referrals. Students who graduate and

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March 28, 2018

Childhood Mental Health and its Impact on Children/Students

possess these social emotional skills are highly desired by prospective employers and are more likely to keep and advance in a single career choice according an article published on the Link Between SEL and 21st Century Employment. They also state that for every dollar spent on evidence based SEL strategies taught with fidelity, there is an 11 to 1 return in savings from costs not incurred for intervention.

The funding is needed in the following areas: training for all staff on trauma informed care and how trauma affects achievement, training for parents on the effects of trauma and untreated mental health issues/concerns, promoting and establishing community partnerships that enable better access to mental health services, access to an onsite psychiatrist, and an interconnected system framework that incorporates all for the benefit of our families and ultimately our community.

One thing that I employ you to do is to really take a deeper look into the policies that are passed by the legislature. These policies need to be reflective of students, families, and teachers of TODAY. Many routines, ineffective practices, and school systems that are in place do not provide for the extensive needs of our children that we serve. Therefore, I call you to action to make the necessary changes within our current broken system in order to help us fulfill our mission of educating the whole child by providing and engaging and challenging learning environment, to ensure each student receives a premier education. Before this can happen, the mental health epidemic in our schools must be addressed.

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

Dr. Michele Merkle, Education Consultant

Good morning and on behalf of this panel of three, thank you for the opportunity to provide testimony on a topic of critical importance - childhood mental health. I have had the privilege of serving as an educator for more than 30 years. I have experience teaching students age 6 and every grade through and including high school, college and graduate studies. I have had the privilege of serving as a school counselor, principal, and a superintendent. I can say with absolute confidence that if we were to survey educators across the Commonwealth, the very large majority would cite student mental health as the biggest problem facing educators today.

I and my colleagues have watched the needs of our students grow exponentially in recent years. The number of children struggling with mental health issues is increasing as is the intensity of those issues and the age of onset is getting younger and younger. Indeed, it is now quite typical to see at least several students in every classroom, beginning in kindergarten, struggling with a mental health issue. Simultaneously, we are seeing a decline in the emotional intelligence and resilience of children. With an increase in mental health struggles, and a concurrent decrease in resiliency, we are experiencing more and more tragic results. It was after learning about a second York County suicide of very young teenagers within a few weeks of each other this past fall, that I said, "I cannot sit still without doing something."

Mental health issues are absolutely on the rise. The United States Surgeon General states that 20% of children have a diagnosable mental illness. That means in a class of 30 students, 6 will have a diagnosable mental illness. That does not include the children that have mental health issues that do not meet the diagnosable levels. We know that children are not simply outgrowing these problems. Many children lack the emotional intelligence to manage these issues in their lives. They are less capable of recognizing and managing their own emotions and the emotions of others which, from a practical sense, makes it difficult for them to understand social interactions, to seek assistance, or to manage conflict. With a lack of resilience, children need additional resources to help them navigate such challenges. Without such assistance, children simply live with these illnesses. Left unresolved, childhood mental health problems grow into much larger problems with which we as a society struggle to manage.

There is an extensive body of research that identifies mental health issues as a critical problem in childhood development. There is clear evidence of the negative impact on emotional, intellectual, and even physical development in children who struggle with mental health. By knowing the number of Adverse Childhood Experiences a child endures, we can accurately predict the likelihood of that child struggling with all sorts of developmental issues. Childhood mental health issues are directly linked to school truancy and dropouts, bullying, substance abuse, and suicide. They grow into adult problems such as unemployment, poverty, homelessness, crime, violence and many more societal burdens.

**PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2**

Allow me to focus on just one of these larger issues - suicide. Suicide is the second leading cause of death among those 15-24 years old. PA's suicide rate is notably higher than the national average. Despite all of the resources we have applied to suicide awareness, education, and intervention, the suicide rate in PA increased by 34 percent from 1999 to 2016. Every four hours, a PA resident dies by suicide. We know that childhood depression is the leading cause of teen suicide. We must do more to treat the childhood issues that eventually lead to suicide and provide children with the skills to manage these issues.

Educators are struggling to manage the impact of mental health issues in their classrooms and teachers are the first to acknowledge that they fall well short of meeting the mental health needs of these children. Parents struggle to do the same. Despite all of the knowledge, resources, and interventions, we are failing our children.

We know that our continued failure to effectively meet the needs of our children will only result in the continued growth of our larger societal problems.

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

Mrs. Aly Cunningham, Technology Integrator, York Suburban School District

My experience working with young people facing mental health challenges includes both professional and personal perspectives.

Professionally, I have taught in a public high school for 20 years. In the last few years, I have also served as an instructional technology coach in primary, intermediate, middle and high school buildings. This has given me the privilege of working with teachers and students from kindergarten through 12th grade. I can attest to the ever-increasing need for student mental health care. Many students have shared with me that they are struggling with anxiety and depression. A significant number of my students over the last few years have missed school due to a psychiatric crisis followed by an inpatient stay. In my experience, such things used to be rare; now, they are common.

And then there is my personal experience. Over the course of the last seven years, I have journeyed through the labyrinth of the pediatric mental health system as a mother. Out of respect for my son's privacy, I will not share particular details of his journey. Suffice it to say that out of painful necessity, I have walked the walk, parenting my child through outpatient, brief treatment, family-based treatment, partial hospitalizations, and inpatient stays. I know the toll this battle takes on the family. I have felt the shame of wondering what I had done wrong that might have caused the issues. In fact, everyone in my family has experienced the mental health stigma in some form or another. That stigma has at times been a significant barrier to effective management of mental illness for my son.

Please allow me to quickly describe what happens when a young person reaches the crisis level and requires immediate psychiatric care. A young person in extreme distress arrives at a crisis center or hospital emergency room, accompanied by an overwhelmed and frightened parent. Following an information-gathering process, the crisis team determines if the child requires hospitalization to assure safety. If the answer is yes, the family then waits as a patient care coordinator calls the limited number of inpatient facilities to find an open bed. Inpatient facilities for youth are not local. Parents will travel anywhere from 30 minutes to over two hours to visit their child and meet with the care team during the duration of the stay. The process takes many harrowing hours, and it's not at all uncommon for the family to claw through more than 24 hours of sleepless distress before the child is safely delivered to the inpatient facility. This is only the opening act; the true work is just beginning. Nothing will be "solved" during the hospital stay. Yes, there will be meetings, new medications, contracts for safety and post-discharge plans, but for the child and family, this is simply the end of the immediate crisis.

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

It is the next part that I want to emphasize, and I will speak from my immediate personal experience. In our first crisis experience, school was the furthest thing from our minds. I vividly remember walking out of the dismal facility, leaving my 12-year-old in the care of strangers. The immediate threat had passed, but I had no idea what came next. I went home and waited for guidance from others who knew more than I did. I only vaguely remember speaking with a school guidance counselor the next day. I got the vague impression that everything would be taken care of -- welcome news to me as I wanted only some sleep and a little time to process what had just happened. I simply trusted that things would work out.

They did, sort of. I say "sort of" because we ultimately got through it, but not without learning hard lessons. And I must point out what to me has been obvious: Among all the other families facing a similar crisis, we were incredibly lucky. I am employed and insured, so I haven't had intense financial worry as we have been presented with various treatment options. I am educated, so I know how to access services and find answers. Finally, I am blessed with a strong support system. When rough times have hit, I have never had to walk alone. I possess one more advantage that has given us resilience in the face of our ordeals. I am a teacher, so I understood what happens when a child misses school and then returns to a pile of incomplete assignments. Over the years, I had received the emails from the guidance office about various students in my classes -- requests to send work for an absence of undetermined length. I had sent assignment lists and materials, and I must admit that prior to my experience as the mom of a child in crisis, I assumed the student would receive the work and stay on pace academically. I had to experience it to recognize the flaws in our system:

- Following a crisis, all things school-related move in slow motion. At some point after the child has been admitted, a school coordinator associated with the facility and the regional intermediate unit will reach out to the school to request work. The guidance counselor then sends out an email requesting work from teachers. By the time the student receives assignments from teachers, several days have passed. Weekends slow things down even more. Hospital personnel are addressing the immediate mental health crisis; all other concerns are secondary.
- The student is not equipped to do much work. A mental health crisis is all-consuming. Algebra and Shakespeare just don't seem too important at the time. Some facilities severely restrict access to computers (and in many cases, for good reason). Teachers often do not realize this, and they compound the problem by sending work that requires access to the Internet.
- An academically-motivated student is likely to feel defeated when the work arrives. They question, "How am I going to catch up? How will this affect my future?"
- An academically-struggling student will also feel defeated. If school was already hard, how much harder is it when "school" means a list of assignments and little guidance to complete them?

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

- The parent has tremendous influence, but most parents do not know this is the case. School personnel rightly strive to maintain privacy for the family. In my role as a teacher, I knew how little the guidance office could share with me about a student in crisis. Teachers generally receive very little information beyond a request for work. Armed with this awareness, I took active steps to involve my child's teachers as partners in recovery. I reached out directly. I knew that when my kiddo returned to school, those teachers would be my eyes and ears. If something caused them concern, I wanted to be informed. I also knew that if they understood what had happened, they would be able to guide my child with realistic expectations for catching up.

Because of my insider knowledge, I got better at handling successive crises. I even moved my family into the district where I teach, and that enabled me to identify targeted interventions such as the structuring of a gradual return to classes, giving my child time to catch up and meet with teachers in our academic learning center. I cannot stress how important it was that I had insider knowledge of how schools respond to mental health needs. Without that knowledge, I am convinced the outcome may have been darkly different.

So what can we do about this? First, we can pursue a research-backed communication and response algorithm. For now, each school and district sets their own protocol for responding to a child suffering with poor mental health. We lack swift, respectful, and parent-empowering strategies to face crisis as a team. Each parent must discover gaps in the system on their own; each student must navigate their own balance of school and mental health care. It is a chaotic and scatter-shot response to trauma.

I have watched too many students fail to regain academic footing, too many turn to substance abuse and self-harm as destructive coping strategies, and too many reaching a level of despair that prevents true recovery. A mental health crisis is unbelievably time-consuming, academically crushing, and exorbitantly expensive. A coordinated school response could alleviate much struggle. How much better could we meet student and family needs if we trained teachers to better understand what happens when a student faces a mental health struggle? How much better could we serve our children and their families if the system itself responded in a cohesive, guiding way? How could we chip away at the stigma? How can we streamline communication with parents, health providers, teachers, guidance counselors, and the affected student? An effective response reduces stress and speeds recovery.

As a parent and educator, is my hope that gatherings like this one will lead to programs and policies that meaningfully alleviate the struggles among our increasingly beleaguered youth.

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

Dr. Adrienne Johnson, Family Medicine Specialist, Security Family Medicine

I speak to you today from the perspective of a primary physician. You might be expecting me to lament the influence of insurance on access to healthcare (and it is lamentable), or to trumpet the battle cry of Physician Burnout (shortage of providers!), but alas. I must disappoint you. I am here to talk about children.

Physicians are often the first point of clinical contact for suffering children. Daily stomach aches or headaches, severe anxiety associated with separation from the parent, difficulty concentrating or acting out, mood disorders, chronic pain, and developmental issues are presented to the physician. In the setting of the private outpatient office, urgent care, or the emergency department, children's concerns nearly always represent an intersection of physical and emotional health. The treating physician must be constantly evaluating the presenting symptoms for their root cause, as in fact some physical symptoms are specifically suggestive of personal turmoil.

If the physician is not well acquainted with the child, does not know the family and any psychosocial concerns, has not the training, or is limited by time the child may receive only the most superficial assessment and the easiest physical intervention of the moment. Referrals to mental health professionals, when appropriate, are generally difficult to procure, occur remotely from the presenting issue, and frequently incur excessive out of pocket expenses. Additionally, a true assessment of a child in dis-ease frequently requires establishing rapport well beyond what is required for a healthy child visit, contact over time and with the input of others including parents, teachers, coaches, faith leaders, counselors, and school officials, and application of clinical practices that address both physical and emotional needs.

Let us take an example. A 7 year old child presents to the office with nausea, attended by a caregiver. The child is significantly underweight, speaks very little, and has bruising on the shins. The adult states that the child sleeps very poorly and frequently has nightmares. The child was brought in today for "acting out" in school. On exam, the child's pupils are very dilated, the heart is racing, palms are sweating, and a closed, defensive posture is maintained. The child refuses to answer any questions posed by the physician, and when the physician proposes the adult leave the room to be questioned privately, the child panics. There is crying, hyperventilating, and the child intermittently clings to the adult and is attempting to flee the exam room. Further history taking and examination are impossible.

What our child is experiencing is a flight reaction. Flight reaction occurs primarily in the limbic system — the deepest and oldest part of the brain, responsible for our very survival— and circumvents the frontal cortex, or rational, reasoning mind. Panic, withdrawal, and loss of physical control are all manifestations of the flight reaction. Resilience is the ability to recover balance between the neurology of flight and the neurology of problem solving. Emotional intelligence, on the other hand, describes the ability to assess, interpret, understand, and empathize with feelings, and to adapt our behavior based on that process, thus improving the

PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2

overall outcome. People with emotional intelligence can identify needs, navigate social conflict more deftly, and ask for help.

The achievement and maintenance of resilience and emotional intelligence translates to improved personal insight, self regulation, coping skills and agency. These in turn lead to better outcomes from biopsychosocial stressors, and reduction in such crises as truancy, pregnancy, drug addiction, legal engagement, and suicide.

The concepts of emotional intelligence and resilience were at one time thought to be inherent to an individual; that is to say predetermined and fixed. Resilience/emotional intelligence will afford the child a better chance at management of, and recovery from, physical and emotional hardships. Recent research clearly indicates that we are subject to the phenomenon of neuroplasticity. To understand this concept, picture the brain as jungle. A complex and impenetrable maze of roots and vines (neural connections), the jungle is subject to the creation and maintenance of trails, or neural pathways — which translate to attitudes, beliefs, and behaviors — through repetitious travel down a given circuit. To wit, resilience/emotional intelligence can be learned. Much like a path through the jungle, it must be travelled, or practiced, to be maintained.

Many pilot programs across the country show that developmentally appropriate early education in resilience/emotional intelligence and early multidisciplinary interventions from the child's home, school, health care, and other meaningful environments reduce target outcomes such as those previously mentioned. These programs prove that high yield can result from low cost.

**PA House Democratic Policy Committee
Public Hearing Testimony
March 28, 2019
Panel 2**

CLOSING

As a panel of three, we urge you to consider the creation of a task force that will:

1. gather and summarize the existing research on childhood mental health, emotional intelligence, and resilience and the impact of these issues on child development; and
2. gather a descriptive list of existing effective, research-based, outcome oriented interventions, strategies, and programs that address childhood mental health, and/or help to develop emotional intelligence and/or resilience; and
3. develop a research-based communication and response algorithm; and
4. develop recommendations for actionable items with measurable outcomes to address the mental health needs of children; and
5. develop recommendations to refocus administrative effort from reducing liability, which is a fear based approach to increasing resilience, which is a future based approach.

In closing, we ask you:

How much longer can we afford to fail to adequately address the crisis that is childhood mental health?