



**House Education Committee  
Informational Hearing  
Mental Health in Schools  
January 17, 2024, at 10 am  
523 Irvis**

**10:00am.** Call to Order  
Committee Member Introductions  
Opening Remarks

**10:10am.**

**Panel 1: Overview of Existing School Based Mental Health Services and Grants**

Dr. Dana Milakovic, PsyD, NCSP  
Mental Wellness and Trauma Specialist  
PA Department of Education (PDE)

Mr. Michael Pennington, Executive Director  
PA Commission on Crime & Delinquency (PCCD)

**10:45am.**

**Innovative Services/Resources provided by Mental Health Professional/School Entities**

**Panel 2: School Mental Health Professionals**

Ms. Angelina Romano, MSW, LSW  
Certified School Social Worker, South Middleton SD  
President, School Social Worker Section, PSEA Department of Pupil Services

Dr. Adam Oldham, LPC, NCSC  
Nationally Certified School Counselor, Big Spring High School,  
President, School Counselor Section, PSEA Department of Pupil Services

Dr. David J. Lillenstein, NCSP  
Nationally Certified School Psychologist, Derry Township School District  
President, School Psychologist Section, PSEA Department of Pupil Services

Ms. Rebecca Kilfoy, APRN, NCSN  
Nationally Certified School Nurse, Owen J. Roberts School District,  
Vice President, School Nurse Section, PSEA Department of Pupil Services

Dr. Yvette Ingram, PhD., LAT, ATC \*\*  
Pennsylvania Athletic Trainers Society

**11:20**

**Panel 3: School Entities**

Dr Harrison Bailey, Principal, Liberty High School, Bethlehem School District  
PA Principals Association

Dr. Lisa Greenawalt, Executive Director, Lehigh Career and Technical Institute  
President-Elect, PA Association of Career and Technical Administrators (PACTA)

Dr. Sherri Smith, Executive Director  
PA Association of School Administrators (PASA)

Mr. Kevin Busher, Chief Advocacy Officer  
PA School Board Association (PSBA)

Dr. Chris Wolfel, Executive Director, Colonial Intermediate Unit 20  
PA Association of Intermediate Units (PAIU)

**2:00pm.**

**Panel 1: National Solutions on School Mental Health Issues**

Ms. Ashley Wallace, Associate Director \*\*  
Education Program, National Conference of State Legislators (NCSL)

Ms. Sarah Broome, Schmidt, Innovation Fellow \*\*  
Inseparable

Dr. Anne Clark, CEO  
PA Coalition of Public Charter Schools (PCPCS)

**2:40pm.**

**Panel 2: Trauma Informed Education**

Dr. Jayme Banks PsyD, MBA \*\*

Deputy Chief of Prevention, Intervention and Trauma, The SD of Philadelphia

Dr. Joan Evelyn Duvall-Flynn Ed. D., Chair \*\*

Trauma Informed Education Coalition (TIEC)

Ms. Ashi Singh, Director, Community Resilience \*\*

United Way of the Greater Lehigh Valley

Lead Backbone Staff, Resilient Lehigh Valley

**4:00pm** Closing Remarks/Adjournment

*All times are approximate and include time for questions.*

Additional Testimony Submitted:

Office of Mental Health and Substance Abuse Services (OMHSAS)

PA Department of Human Services (DHS)

\*\*Joining Virtually

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





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF EDUCATION

**House Education Committee**  
**Hearing on School-Based Mental Health**  
**January 17, 2024**

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Good morning, Chairman Schweyer, Chairman Topper, and members of the House Education Committee.

My name is Dr. Dana Milakovic, and I am the mental wellness and trauma specialist at the Pennsylvania Department of Education (PDE). I have prior experience as a school psychologist and appreciate being invited to provide both perspectives in today's hearing and conversation.

Mental health encompasses emotional, psychological, and social well-being. Positive mental health, particularly in K-12 students, has significant impacts on a child's ability to reach developmental milestones, and to achieve future personal, academic, and career success. When a student experiences poor mental health, they are more likely to miss school, drop out, engage in risky behavior, and use illicit substances. However, school-age children spend nearly half of each year in school, which means schools are uniquely positioned to assist students by fostering supportive learning environments where students feel safe both physically and psychologically. This has always been important but has become even more crucial in the aftermath of the pandemic.

In December 2023, the Centers for Disease Control and Prevention published a report entitled "Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders." which highlights how mental health issues are worsening among adolescents. In 2021, 42% of high school students reported feeling so sad or helpless for at least two weeks in the past year that they couldn't participate in regular activities, and 22% reported seriously considering suicide. Educational leaders and teachers report stress at a level approximately two times higher than the average among other career sectors.

It is our responsibility, as mental health professionals, educators, and policymakers, to do everything within our power to help every student. We know that a focus on creating positive learning spaces where staff, families, and students feel a sense of belonging is a key element to fostering safe environments. Research consistently demonstrates that chronic stress negatively affects brain development and changes the trajectory of learning and social development; however, it also shows that positive relationships with adults can mitigate those developmental changes and increase resiliency.

When schools prioritize supportive learning environments, students have fewer mental health needs, and can form stronger connections with adults who can help them and serve as referral points for external mental health support when they are struggling. It is with this focus that the



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Department has taken several critical actions to help schools support students experiencing mental health issues.

- PDE encourages schools to partner with local organizations to ensure that proper supports are in place to address mental health issues and provide resources to students and families. Schools may take the approach of partnering with outside agencies to provide individual outpatient therapy in school. Partnerships can also include social-emotional learning programming, group sessions based on building and student need, violence prevention programming, and substance use awareness.
- In partnership with intermediate units throughout Pennsylvania and the Pennsylvania Training and Technical Assistance Network (PaTTAN), PDE offers the Accelerated Learning Through an Integrated System of Support resource bank, which offers strategies to help school leaders create positive, supportive school environments. This toolkit provides current research, models, and best practice resources for school leaders to access and develop comprehensive plans to address the social, emotional, and mental health needs of our students and staff.
- PDE offers two comprehensive mental health PA Inspired Leadership courses for continuing professional education credit and a series of trauma-informed modules available on the Standards Aligned System portal at no cost to educators.
- Beginning with school year 2022-23, all school employees must receive at least three hours of school safety training per year, with at least two hours in situational awareness, trauma-informed approaches, behavioral health awareness, suicide and bullying awareness, and substance use awareness.
- By July 2025, all educator preparation programs in Pennsylvania must include a three-credit course that includes trauma-informed approaches, suicide, bullying, and substance use awareness.
- All 29 intermediate units have Social Emotional Wellness leads, which PDE funds through a Statewide System of Support for schools statewide. Social and Emotional Wellness leads are trained on comprehensive mental health and assist schools with integrating mental health and trauma informed practices into their policies, procedures, and daily practices.
- PDE received \$5 million in the 2023-24 budget to support pathways to certification for school-based mental health professions. The budget also allocated \$5 million to the Pennsylvania Higher Education Assistance Agency (PHEAA) for the PA HELPS Grant Program to continue supporting school-based mental health professionals during their internships. This funding will eliminate barriers, provide additional support, and encourage individuals to enter the mental healthcare profession in school settings. The Pennsylvania Commission on Crime and Delinquency received \$100 million to distribute



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school mental health grants to school districts, Intermediate Units, charter schools, regional charter schools, career and technical schools, and cyber charter schools.

Research consistently shows that the development of a supportive learning environment, where student connections are at the core of social-emotional well-being, enhances resilience in youth and leads to better outcomes in their personal and academic lives. Establishing a positive school climate benefits all students and staff but has the greatest impact on students who need it the most, whether we are fully aware of their needs or not.

We look forward to continuing to work with the General Assembly, schools, and communities to ensure young people are supported in all aspects of their lives. Thank you again for the opportunity to speak today. I am happy to answer any questions you may have.

## **House Education Committee Public Hearing on Mental Health in Schools**

Wednesday, January 17, 2024 at 10 AM

### **Written testimony of Michael Pennington, Executive Director Pennsylvania Commission on Crime and Delinquency (PCCD)**

Good morning, Chairman Schweyer, Chairman Topper, and distinguished members of the House Education Committee. My name is Michael Pennington, and I serve as Executive Director of the Pennsylvania Commission on Crime and Delinquency, also known as PCCD. I greatly appreciate the opportunity to be here today to highlight the critical work being done by PCCD to help address the growing mental and behavioral health needs of Pennsylvania's youth.

As you may know, PCCD serves as Pennsylvania's justice planning and policymaking agency. We administer a wide range – and growing number – of programs, funding streams, and initiatives aligned with the agency's mission, which is to enhance the quality, coordination, and planning within the criminal and juvenile justice systems, to facilitate the delivery of services to victims of crime, and to increase the safety of our communities.

PCCD has supported efforts to make communities safer for all Pennsylvanians for 45 years and ensuring that youth feel safe and supported in school is among our top priorities. Today, I am going to speak specifically to the impacts of the School Mental Health & Safety and Security grant program and the Pennsylvania Youth Survey (PAYS), both of which are administered by PCCD.

#### **School Safety and Security Grants Program**

The School Safety and Security Grants Program was originally established in 2018 to provide funding for school entities of the Commonwealth to support the safety of students, staff and visitors. This grant program is administered by PCCD's School Safety and Security Committee (SSSC), and expanded with the passage of Act 55 of 2022 and, most recently, Act 33 of 2023, to provide funding for mental health personnel and services, resources, training, and supports for schools.

Since 2018, PCCD has administered more than half a billion dollars in state and federal funds through the School Safety and Security Grant Program to eligible school entities throughout the Commonwealth to support a wide array of school safety needs.<sup>1</sup> This includes \$180 million appropriated to PCCD since FY22-23 through the non-competitive School Mental Health Grants Program, which provided at least \$100,000 in funds to all school districts and at least \$70,000 for charter schools (brick-and-mortar, cyber, regional), area career and technical schools (CTCs), and Intermediate Units (IUs). PCCD recently opened the latest round of FY23-24 School Mental Health Grants for eligible school entities on January 10, 2024, made possible through the enactment of this year's budget and enabling School Code legislation (Act 33).



Section 1315.1-B of the PA Public School Code provides for school mental health grants for the 2023-24 school year and outlines a wide array of eligible programs and activities<sup>2</sup> designed to address student behavioral health needs. These include, but are not limited to, the following:

- Costs associated with training and compensation of certified school counselors, licensed professional counselors, licensed social workers, licensed clinical social workers and school psychologists, as well as mental health staff and expanding contracts with mental health providers.
- Coordinating and integrating local mental health services for students and school employees, expanding telemedicine delivery of school-based mental health services and providing online programs, educational materials, and applications to offer supplemental mental health services to students (e.g., peer support, etc.).
- Staff training programs in the use of positive behavior supports, de-escalation techniques, crisis response, trauma-informed approaches, identifying the signs and signals of mental health concerns, and best practices for seeking appropriate mental health assistance.
- Development and implementation of violence prevention programs and curricula, including mental health early intervention, self-care, bullying, and suicide awareness and prevention.
- Administration of evidence-based screenings for adverse childhood experiences (ACEs) and provision of trauma-informed counseling services to students.
- Trauma-informed approaches to education to increase student and school employee access to quality trauma support services and behavioral health case and other programs/initiatives.
- School-based threat assessment and management.

As with FY22-23 funding, by statute, school entities must use FY23-24 School Mental Health Grants to address any gaps they have related to the Committee's established Behavioral Health Baseline Criteria Standards, which are designed to help guide school entities' decisions about behavioral health needs. School entities must demonstrate they have met the most basic, foundational 'Level 1' elements (or plan to use grant funding to meet gaps) before they can use grant funds to support activities associated with more advanced criteria at Levels 2 and 3. PCCD has developed enhanced guidance providing examples of how school entities can use grant funding to address gaps at each level, as well as an interactive Self-Assessment Checklist Tool allowing school entities to compare the baseline criteria standards with their own unique policies, practices, and procedures. These resources are available to view and download on PCCD's website.

We thank the General Assembly and Governor Shapiro for continuing to make critical investments into this valuable program. We know that these investments will need to be sustained in order to fully address the immediate and long-term needs of our kids, schools, and communities. That was a message that came through loud and clear from a survey of school mental health initiatives that found that the number one and number two needs of schools,

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<sup>2</sup> Per 24 P.S. §13-1315.1-B, funds can be used to support the following items or activities included in 24 P.S. §13-1306-B(j)(6, 10, 15, 17, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30).



respectively, was more funding for additional staff/contracted professionals as well as for expanding mental health programs and services.

Act 55 of 2022 added Section 1305.1 B to the PA Public School Code, requiring PCCD's School Safety and Security Committee to develop and distribute a new survey instrument to measure mental health services in school entities. This five-question survey was added as part of the School Mental Health & Safety and Security Grant application and participants included school districts, charter schools, career and technical centers, and intermediate units.

Some key take-aways from this survey<sup>3</sup> include:

- Nearly all (91%) of school entities report offering mental health education programming of some sort in the classroom.
- Over 80% have adopted mental or behavioral health curriculum to shape instruction or programming.
- Nearly all school entities (91%) report offering training or professional development to assist in recognizing/assisting students with MH needs.
- Vast majority of school entities cited funding to hire/contract staff as the number one priority issue to improve mental health education programming and curricula.

This survey, in addition to the Pennsylvania Youth Survey, has assisted us in collecting valuable data which we analyze and use to highlight needs and fill gaps in funding across Pennsylvania communities.

### **Pennsylvania Youth Survey**

Since 1989, the Commonwealth has conducted a survey of school students in the 6th, 8th, 10th and 12th grades to learn about their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs, and violence. PAYS is sponsored and conducted every two years by PCCD in partnership with the Pennsylvania Departments of Education and Drug and Alcohol Programs.

The data gathered in PAYS serve two primary needs. First, the results provide school administrators, state agency directors, legislators and others with critical information concerning the changes in patterns of the use and abuse of these harmful substances and other concerning behaviors. Second, the survey assesses risk factors that are related to these behaviors and the protective factors that help guard against them. This information allows community leaders, including school administrators, to direct prevention resources to areas where they are likely to have the greatest impact.

In 2023, 392 out of the 500 Pennsylvania school districts participated in PAYS, as well as 62 other school entities including charter, private, career and technical training schools and one Intermediate Unit.

While we do not yet have data from the 2023 PAYS administration, data from the most recent administration of the PAYS in 2021 shows more than four in 10 students statewide

reported feeling sad or depressed most days. Rates of self-harm, including suicidal ideation and attempted suicide, have also increased to alarming levels. At every grade level, the percentage of students reporting they had seriously considered, planned, and/or attempted suicide increased, with increases particularly pronounced among students in younger grades (e.g., 6th and 8th grades). In 2021, nearly one in five students said they seriously considered suicide, and 10.9% had attempted suicide at least once in the past year.

Those troubling statistics have been a call to action for state and local leaders alike and PAYS serves as a mechanism for ensuring the programs, services, and interventions put in place are making a difference for young people. PAYS is the voice of our students, the only statewide data that comes directly from them, and it serves as an invaluable resource that can help guide our priorities and policies to meet their needs and to help build their resiliency.

Keeping Pennsylvania youth safe and healthy is a top priority of the Shapiro-Davis Administration. This is exemplified by the Governor's Behavioral Health Council, on which I have the honor to serve and represent PCCD.

Our kids can't learn if they don't feel safe within the walls of their school. As a long-time supporter of evidence-based prevention initiatives, we also know that investments in our youth pay dividends for making Pennsylvania a safer, better place for all.

We look forward to continuing this critical work in partnership with our colleagues in the room here today and across the Commonwealth.

Thank you again for the opportunity to present this testimony.

**Testimony of Ms. Angelina Romano, MSW, LSW  
K-12 School Social Worker**

**President - School Social Worker/ Home and School Visitor Section, PSEA Department of Pupil Services  
Board member - Pennsylvania Association of School Social Work Professionals (PASSWP)**

Good morning, Chairs Schweyer and Topper, and members of the House Education Committee. Thank you for the opportunity to speak with you today about the presenting issue of mental health in Pennsylvania's school systems.

My name is Angelina Romano. I am a full-time school social worker, a part-time mental health outpatient therapist and a passionate advocate for advancing access to quality professional social work services for Pennsylvania's children and families. I am the sole school social worker catering to the needs of 2,200 students in the South Middleton School District in Cumberland County. Under provisions set forth by the federal McKinney-Vento Act and Every Student Succeeds Act, I also function as my district's mandated homeless liaison and foster care point of contact. I've been a first hand witness to the hardships of our most vulnerable students, and have observed how economic distress, social problems and systemic gaps in social services play out in individuals' lives. I'm before you today to narrate how the role of school social workers nurtures the well-being of students and families within our educational system.

I am a third year school social worker, but the foundation to my social work career started many years ago in public child welfare where I worked as an intake caseworker at a county child protective agency investigating allegations of child abuse and assessing families experiencing at-risk circumstances. I've since held other full-time and part-time positions in drug and alcohol, mental health and juvenile justice programming. For the last 16 months, I've worked part-time at a private practice, providing one-to-one outpatient mental health therapy to adolescents and adults. I entered the world of education, not explicitly trained in its intricacies, but trained in systems improvement and helping individuals overcome social and emotional problems. Though one of the least lucrative roles I've ever held - school social work best positions me to implement lasting, systemic and supportive changes in my community.

**Who is a Social Worker?**

It is essential to define the professional identity of a social worker in Pennsylvania. A phrase often assumed to be synonymous with any helping professional, "Social Worker" is a legally protected title under Act 68 of 2008. Individuals must have a degree conferred and accredited by the Council of Social Work Education. An individual who violates Act 68 of 2008 can be fined \$1000 per month for each violation by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors. This level of accountability is important to consumer protection - as it signifies to the general public that the professional holding the position of a "Social Worker" is educated appropriately in the key tenets of Social Work values, ethics and practice behaviors.

**What do Social Workers do?**

Social workers are trained to intervene, assess and support marginalized populations. With education specific to both sociological theories and psychological training, social workers enhance the well-being and quality of life for

individuals, families, groups, and communities. Social workers address and alleviate social issues and disparities by providing support, advocacy, and interventions. They work in diverse settings, including healthcare, schools, government agencies, non-profit organizations, and private practice. Social workers utilize a range of skills and methodologies to help people navigate complex situations, access resources, and develop positive coping mechanisms. They may engage in direct practice, such as counseling and therapy or they focus on macro-level activities such as policy development, community organizing, and social justice advocacy.

### **Who is a School Social Worker?**

Current school social work credentialing in Pennsylvania requires a master's degree in social work, licensure from the Bureau Professional and Occupational Affairs, and an educational specialist certificate from PDE. The PDE School Social Work Educational Specialist Certificate was introduced in 2021. School social workers must have their PDE certification by August 1st, 2026. Emergency certifications can be sought by any existing Licensed Social Worker (LSW) or Licensed Clinical Social Worker (LCSW) as these professionals already hold a Master's degree in social work and a state license to practice social work. LSWs and LCSWs seeking emergency certification can be hired by an LEA, enroll in a school social work certificate program and consider their work as field experience.

### **What does a School Social Worker do?**

With the passing of the first version of the federal Individuals with Disabilities Education Act, school social work services became codified into special education law in 1975. Many school social workers still function with this original intent - they provide direct "social work services" as a related service to students with disabilities by providing counseling services. School social workers also function broadly, supporting an entire district's adherence to federal laws related to serving homeless and foster youth. The school social worker is a key component of the evidence-based Multi-Tiered Systems of Support, providing universal support such as school-wide anti-bullying initiatives, targeted support such as facilitating psycho-educational groups related to anxiety and depression and intensive interventions such as counseling, home visiting and more. Most importantly, school personnel are often the first to notice subtle changes in our students, and school social workers are uniquely positioned to build trust with students and intervene quickly at the first signs of trouble.

Social work education equips professionals with versatile skills, enabling them to serve in a generalist capacity, linking marginalized populations to their needs, and providing one-on-one clinical mental health care. Like our school nurse colleagues, social workers are uniquely positioned due to our training not being exclusive to education. Our expertise lends itself to systems-level understanding, allowing us to advise and support families, students, administrators, and colleagues regarding the impact of various systems on education. We act as liaisons, guiding families through challenges related to homelessness, juvenile justice, domestic violence, child welfare, mental health, and substance use and other social issues plaguing our children.

### **Social Work, Mental Health and Education**

Addressing mental health in the school system goes beyond providing therapeutic services. Developing a serious mental illness is dependent on many factors - trauma, emotional functioning and genetic predispositions. Decreased school and community connectivity, increased social issues, poverty, domestic violence, bullying, substance use, exposure to the criminal justice, child welfare and juvenile justice systems all impact the healthy development of a child into adolescence. School social workers promote the mental health and wellness of all students by helping to offset the risk factors associated with social problems. Promoting mental wellness occurs

each time a social worker helps an unaccompanied youth secure vital records, secures transportation to/from soccer practice after the family is displaced to a shelter, faxes a food stamps application, drives a student to their vision appointment or secures household cleaning supplies for a family. Many of the former, are federally mandated of schools under provisions of the McKinney-Vento Act<sup>1</sup>. PDE guidance placed social workers into a number of systems and supports through publishings related anti-bullying programming, Student Assistance Programming, Threat Assessment Teams, Risk Assessment Teams, Data Teams, Child Study Teams and IEP teams. As an active participant in many district wide initiatives, school social workers provide a different lens to assess children and their circumstances, considering their involvement with systems at large.

Regarding clinical mental health services, clinical social workers are one of the largest groups of psychotherapists in the United States<sup>2</sup> treating mental illness. All Licensed Social Workers in Pennsylvania are trained and credentialed from their time of licensing to conduct psychotherapy, and several commercial insurance companies will reimburse for clinical work conducted by an LSW. However, provisions of Act 76 of 2018<sup>3</sup> do not allow LSWs to practice independently in the private practice setting. An LSW must practice under the supervision of an LCSW (or a mix of supervision by an LCSW, a Licensed Clinical Psychologist or a Psychiatrist) for a total of 3,000 hours over two years and take an additional exam before they are granted their own LCSW license. Mental health and behavioral health services provided by an LCSW are reimbursable through medicare, medicaid and all commercial insurances. LCSWs are credentialed to assess and diagnose mental health disorders.<sup>4</sup> Some social workers provide therapeutic services in the school setting to special education students and to general education students with parental consent.

### **Social Work Services: a Related Service for Special Education**

School social workers providing direct counseling services are trained and credentialed to provide the support for students who have Individual Education Plans under IDEA.<sup>5</sup> Services can be offered through targeted interventions of students who have similar needs such as facilitating a psychoeducational group for students struggling with executive functioning that need to develop time management and organization skills to be successful in school. Services can also be provided one on one where a social worker can counsel a student regarding peer conflict, emotional dysregulation and coping with anxiety, for example.

Sec. 300.34 (c) (14) of IDEA states that Social work services in schools includes—

- (i) Preparing a social or developmental history on a child with a disability;
- (ii) Group and individual counseling with the child and family;
- (iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- (iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- (v) Assisting in developing positive behavioral intervention strategies.

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<sup>1</sup> [Local Homeless Education Liaisons: Understanding Their Role](#)

<sup>2</sup> [What is Clinical Social Work?](#)

<sup>3</sup> [Act 76 of 2018](#)

<sup>4</sup> [Act 76 of 2018](#)

<sup>6</sup> [Sec. 300.34 Related services - Individuals with Disabilities Education Act](#)

## Social Workers: Promoting Wellness Among Vulnerable Populations

The teachings of Abraham Maslow, a psychological theorist examined the framework for human motivation as a hierarchy of needs. Maslow asserts that until physiological needs are met and a feeling of physical safety is achieved, a human cannot feel the most basic form of belongingness to a social group, and further cannot develop cognitively or achieve self-actualization.<sup>6</sup> This is a lens we must consider as we assess student needs.



### Maslow's hierarchy of needs

In 2017, 30,264 students were identified as homeless across Pennsylvania.<sup>7</sup> The most recent data set from the 21-22 school year reports a staggering 33% increase in just 5 years for a total of 40,003<sup>8</sup> homeless students identified in Pennsylvania public schools. Some parts of the Commonwealth have seen exasperated figures, for example, in Cumberland County where the number of homeless students rose 20% in the most recent school year. For further context, there were 20,490 Pennsylvanian children in foster care<sup>9</sup> in 2021 - served by an entire system of multidisciplinary professionals. Pennsylvania has nearly twice the number of homeless children than we have children in foster care - and yet their risk factors remain similar while the resources are nowhere near comparative.

When a student's basic needs are not met, their academic functioning will suffer and their mental health will suffer. Recent bed shortages in juvenile justice facilities<sup>10</sup>, an affordable housing crisis<sup>11</sup>, an ongoing opiate epidemic<sup>12</sup> and youth mental health crisis<sup>13</sup> reflect the over burdening of many systems. Pennsylvania students cannot wait for problems inherent to the child welfare system, the juvenile justice system, a systemic economic issue, or the opioid epidemic to resolve. Our children are displaced by aging landlords selling their homes to real estate hedge funds, resulting in their eviction when their rent is raised month after month. Our children are displaced when their remaining parent dies of an overdose. Our children are displaced when one parent is incarcerated for domestic violence against the other, and in the absence of income, fall victim to predatory housing practices when they're told by a landlord that if they "just leave the property" that they'll be spared the infamy of eviction on their record. Our children are displaced when their unapproving parent discovers their same sex attraction. No matter the cause - housing instability for any student leaves them at higher risk for social problems. The US Surgeon General warns the public that some youth are of particularly high risk regarding mental health: Those involved in the child welfare system, the juvenile justice system, those who are homeless and those who are runaways.

<sup>6</sup> Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.

<sup>7</sup> [2017-18 PDE ECYEH Homeless Report](#)

<sup>8</sup> [2021-22 PDE ECYEH Homeless Report](#)

<sup>9</sup> [2022 PA: State of Child Welfare](#)

<sup>10</sup> [PCCD Report Pennsylvania Secure Detention Bed Gap Analysis](#)

<sup>11</sup> [Housing Affordability in PA](#)

<sup>12</sup> [2022 Attorney General Fentanyl Report](#)

<sup>13</sup> [US Surgeon General Advisory: Youth Mental Health](#)

Stuck in a truly between a gap in services, families who live in hotels or become doubled up with a relative meet the federal U.S. Department of Education definition of homelessness but they do not meet the federal Housing and Urban Development definition of homelessness<sup>14</sup>. Only the latter can access expedited housing assistance through federal funding at local housing authorities. A family living in a hotel they are paying for is not “homeless enough” to access the services often needed to get permanent housing. In Cumberland County, the cheapest rooms will start at \$1600 per month, a bill so high that most families are stuck perpetually in a single hotel room with their children.

Outside of homelessness, foster care, adjudications of dependency and delinquency - often, other high risk families are known to us. When a family reaches out because their LIHEAP was denied and the oil wasn't delivered to a 1<sup>st</sup> grade students' mobile home, the school social worker can drop off a space heater, help appeal the denial and apply for other local resources to alleviate the issue. Without school social work, the student may go days or weeks with poor sleep due to the cold temperatures in the house and a domino effect occurs: the students' academics slip, their behaviors increase, the lack of a working water heater results in hygiene issues and with mounting concerns, the classroom teacher makes a ChildLine referral. A child welfare caseworker is dispatched to find out that realistically the family needs a short-term heat source and a referral to the local church to get them through the winter months. This results in yet another burdensome assessment for our already taxed child welfare system, a delayed intervention for an at-risk student, and the possibility of a fractured school-family relationship when the family feels they were inappropriately reported to an agency that primarily functions to address child abuse.

This narrative highlights an important piece of the work school social workers do. School social work represents the only certified profession on this panel that is explicitly called upon to conduct home visiting as a practice behavior of our jobs. Last year, I conducted over 240 home visits to the families in my district, meeting children and parents where they are in their most comfortable environment. I bring resources to my families, coordinating mobile food pantries in low-income housing parking lots, or simply being the friendly face that delivers the excess of donated vegetables at the hotel or the trailer park. Being a school employee, I am able to quickly build rapport and trust with a family. I conduct visits sometimes by myself and sometimes with other stakeholders, or I help bridge the gap to a needed intervention by earning a family's trust and introducing them to the resource they truly need for meaningful change – perhaps an immigration attorney, a drug and alcohol professional, a food pantry or to the wider mental health system.

### **Multi-Tiered System of Support**

Beyond physical needs and direct special education services, school social workers engage in evidenced based practices to promote the mental health and well-being of all students. Social workers play a vital role in implementing Positive Behavioral Interventions and Supports (PBIS) within the broader framework of a Multi-Tiered System of Supports (MTSS) in a school setting. PBIS, an evidence-based approach, aims to create a positive and inclusive school culture by reinforcing desired behaviors. MTSS, a comprehensive system, integrates academic and behavioral supports to address the diverse needs of students across different intensity levels. In the context of PBIS, social workers actively contribute to establishing a positive school climate by nurturing a supportive environment.

Collaborating with educators, administrators, and fellow support staff, they develop and execute strategies that promote positive behaviors and address the underlying social and emotional needs of students. Focusing

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<sup>14</sup> HHS Definitions of Homelessness for Federal Program Serving Children, Youth, and Families

particularly on at-risk students, social workers operating within the MTSS framework identify those requiring extra support due to factors like poverty, trauma, or mental health challenges. Through assessments, they gain insights into individual needs and collaborate with teachers to tailor interventions in line with PBIS principles. These interventions encompass targeted social-emotional learning programs, counseling services, and personalized behavior plans.

Social workers also play a crucial role in preventing and early identifying behavioral challenges among at-risk students. By closely working with teachers and leveraging their mental health expertise, social workers contribute to creating early intervention strategies that curb the escalation of behavioral issues. Within the MTSS, social workers frequently engage in Tier 2 and Tier 3 interventions, providing more focused and intensive support for at-risk students. This involvement may include conducting small-group counseling sessions, formulating personalized behavior plans, and coordinating with external community resources to address complex needs. Moreover, social workers actively contribute to the overall MTSS by participating in data-driven decision-making. They analyze behavioral data, identify trends, assess the efficacy of interventions, and make informed adjustments to better support at-risk students. This collaborative and systematic approach aids in establishing a more inclusive, responsive, and effective school environment, fostering the well-being and success of all students, with special attention to those facing heightened risk factors.

### **Private Practice versus Public Service**

Despite our passion for public service, it's crucial to acknowledge the financial disparities between public education and the private sector when discussing student services personnel. School nurses, school counselors, school psychologists and school social workers are not pigeonholed to education. Although not a requirement for their school employment, school counselors and school psychologists often hold the needed credentials to pursue their BPOA clinical licenses.

A school social worker, already holding a mental health license by default, will earn between 2-3x their salary by transitioning to a full-time role in a private mental health practice. This is a fact I've experienced working in the private practice field where a 53-minute therapy session provided by a Licensed Clinical Social Worker is reimbursed by Medicare at \$141<sup>15</sup> – commercial insurance rates are comparable. The prerequisite for school social work, a Master's degree and social work license, is met by nearly 20,000 Licensed Social Workers and Licensed Clinical Social Workers in Pennsylvania, as reported by the BPOA. The Council on Social Work Education notes that 1,118 MSW degrees<sup>16</sup> were conferred in 2022 in PA, indicating a robust pipeline of social work professionals, but a lack of financial incentive to enter the field of school social work. I am privileged to be able to pursue my passion of school social work, but if my husband and I decide to start a family, I will need to leave the field of school social work to pursue employment that can provide for the rising cost of living, especially related to childcare and housing. The National Association of Social Workers<sup>17</sup> and School Social Work Association of America<sup>18</sup> both endorse a ratio of 1 social worker to every 250 students for generalist social work support. A higher ratio of 1 social worker to every 50 students is suggested when a social worker is providing support to students with intensive needs. Current ratios of students to school social workers in Pennsylvania is 1:3,416.<sup>19</sup>

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<sup>15</sup> [Medicare Fee Guide](#)

<sup>16</sup> Council on Social Work Education. (2024). Pennsylvania MSW degrees conferred. Alexandria, VA: Hussein, Amml.

<sup>17</sup> [NASW School Practice Standards](#)

<sup>18</sup> [SSWAA Ratio Resolution Statement](#)

<sup>19</sup> [2022 Hopeful Futures - Student Services Ratios](#)



## **Workforce Issues**

It is crucial to emphasize the prioritization of school-employed mental health professionals over the hiring of contracted providers who may not always possess the same level of credentials. School-employed professionals establish enduring relationships within the community and with students, fostering trust and stability. In contrast, contracted providers, subject to the mobility dictated by their employers, may lack the consistency necessary for cultivating lasting connections. The transient nature of contracted providers negatively impacts students, hindering the development of trust crucial for effective mental health support. Furthermore, relying on grant monies as a primary funding source for these services proves to be unsustainable and introduces uncertainties, creating a potential gap in mental health support for students.

I urge the committee to prioritize standardized basic education funding that prioritizes the long-term financial support of student services professionals. This approach ensures reliable mental health support for students, free from the red tape often associated with agency providers, creating a consistent environment for the well-being of our students.

In conclusion, the invaluable contributions of school social workers extend far beyond the classroom, reaching into the intricate webs of systems that impact our students' lives and contributing either indirectly to their mental wellness through generalist social work support, development of and adherence to systemic interventions (MTSS, PBIS, SAP and more) or dir

## **Solutions**

To support continued mental wellness of Pennsylvania's students, I urge the committee to make considerations:

### **1. Expand loan forgiveness & scholarship opportunities**

My school district is identified within the Low Income LEA directory published by FASFA. My colleagues teaching in the classroom, serving the exact same students I do, are eligible for loan cancellation for up to 17,500 with 5 successful years. This programming, coined "Teacher Loan Forgiveness"<sup>20</sup>, doesn't offer any support to those of us in student services. I am on the same contract as teachers, I am paid the same as a teacher but I'm unable to access the same loan forgiveness opportunities.

### **2. Advocate for district hired student services personnel**

Our testimony reflects the nuances and differences in our roles - and while I'm a major advocate for school social work specifically, I recognize that sharing the case planning for our at-risk youth and spreading their support among positive and influential adults is the key to their success. Please encourage the current use of grant funding to specifically hire district employed student services personnel.

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<sup>20</sup> [Teacher Loan Forgiveness | Federal Student Aid](#)

**Testimony of Dr. Adam Oldham, LPC, NCSC  
High School Counselor, Big Spring School District  
President, School Counselor Section, PSEA Department of Pupil Services**

Chairman Schweyer, Chairman Topper, members of the committee – thank you for hosting this hearing on mental health in our schools, and for the opportunity to speak with you today.

My name is Dr. Adam Oldham, and I am a full-time high school counselor at the Big Spring High School in Cumberland County. I am also the President of the School Counselor Section at PSEA, President of the Capital Area School Counselors Association, and Board Director of the Pennsylvania School Counselors Association. I am also a Licensed Professional Counselor and a Nationally Certified School Counselor. I come to you today as one of over 5,000 school counselors who work across Pennsylvania in our public-school districts, our cyber/charter schools, our career and technical schools, and our Intermediate Units who serve our nonpublic schools.

**Student Mental Health is a Crisis**

In 2021, the US Surgeon General released a public health advisory on youth mental health saying – “The challenges today’s generation of young people face are unprecedented and uniquely hard to navigate. **And the effect these challenges have had on their mental health is devastating.**”<sup>1</sup>

Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder.<sup>2</sup>

In 2016, of the 7.7 million children with treatable mental health disorder, **about half did not receive adequate treatment.**<sup>3</sup>

As we saw in the 10 years prior to the COVID-19 pandemic, mental health among students overall continues to worsen, with **more than 40% of high school students feeling so sad or hopeless** that they could not engage in their regular activities for at least two weeks during the previous year—a possible indication of the experience of depressive symptoms. We also saw significant increases in the percentage of youth who **seriously considered suicide, made a suicide plan, and attempted suicide.**<sup>4</sup>

During last year’s budget address, Governor Shapiro highlighted the needs from the mouths of Pennsylvania students themselves, saying<sup>5</sup>:

*Since we launched the [Safe2Say Something] program five years ago, we’ve received over 100,000 tips – but most of the tips weren’t about violence. **75 percent are from kids reaching out with mental health issues for themselves and their friends.***

*I’ve been to their schools. I’ve asked these students what they need – and they’re very clear. **Students want someone who can help them.***

<sup>1</sup> US Surgeon General (2021). *Protecting youth mental health: The US surgeon general’s advisory.*

<sup>2</sup> Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., Crosby, A. E., Visser, S. N., Schieve, L. A., Parks, S. E., Hall, J. E., Brody, D., Simile, C. M., Thompson, W. W., Baio, J., Avenevoli, S., Kogan, M. D., Huang, L. N., & Centers for Disease Control and Prevention (CDC) (2013). Mental health surveillance among children--United States, 2005-2011. *MMWR. Morbidity and Mortality Weekly Report Supplements*, 62(2), 1–35.

<sup>3</sup> Whitney, D.G. & Peterson, M. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389-391. doi:10.1001/jamapediatrics.2018.5399

<sup>4</sup> CDC (2023). Youth risk behavior survey: Data summary & trends report [2011-2021].

<sup>5</sup> Governor Shapiro’s Budget Address (2023). <https://www.governor.pa.gov/newsroom/governor-shapiros-2023-budget-address-as-prepared/>

School counselors are developmental experts uniquely trained to meet the needs of all students across the Pre-K-12 continuum<sup>6</sup>. We are school-employed, certified student services professionals who deliver mental health services that promote holistic health, wellness, and optimal development for all students. We provide instruction to enhance awareness of mental health, as well as services to address academic, career and social/emotional development. We provide short-term counseling interventions to individuals and groups and facilitate referrals to community resources for long-term support.<sup>7</sup> **School counselors do these things with the intent of removing barriers to learning and helping the student fully engage in their educational experience.**

School counselors are a critical part of Pennsylvania’s vision to help all students translate their unique strengths, interests, and aspirations into tangible college and career plans and choices. However, many school counselors are stretched thin, juggling many responsibilities and significant caseloads, and are often isolated in their work.<sup>8</sup> In light of the intense needs of our students, and of the impact that school counselors have to address these needs, I would like to provide several recommendations to the committee to help guarantee all students have meaningful and equitable access to the school counseling services we know lead to better student outcomes<sup>9</sup>.

**Recommendation 1: Ensure school counselors are able to deliver services to students by passing the Pennsylvania School Counseling Services Act (House Bill 1665).**

Across the United States, school counseling services are generally guaranteed to students through one of two state practices – requiring school districts to outline comprehensive school counseling programs, or establishing specific staff-to student or building ratios. Some states adopt both approaches.

**Pennsylvania is the only state in America that does neither of these things.**

As the only state yet to take action on school counseling services for our students, we can think of no better or more timely reform than guaranteeing all Pennsylvania students have access to comprehensive school counseling programs.

School counselors in Pennsylvania are often confronted with the reality that their role is not well understood by school leaders and the general population. We must not only provide services to students, but we must simultaneously

## School Counselors in American Schools

School counseling services in schools are commonplace across the United States. The two primary ways states incorporate school counseling services into schools are (1) requiring districts to develop comprehensive school counseling programs and (2) mandating school counselor positions in school buildings.



**37 states**

Comprehensive school counseling programs required in public school districts



**31 states**

School counselors required in public school districts



**49 states**

Pennsylvania is the ONLY state that does not require comprehensive school counseling programs or mandated school counseling positions in schools.



<sup>6</sup> PDE (2014). The framework for elementary and secondary school counselor preparation program guidelines.

<sup>7</sup> ASCA (2020). Position statement: The school counselor and student mental health.

<sup>8</sup> PDE (2019). Every student succeeds act, Pennsylvania consolidated state plan.

<sup>9</sup> ASCA (2019). *Measuring the impact of school counselor ratios on student outcomes.*

educate and advocate in our schools and communities about our roles and areas of expertise. Because the needs of our students are so great, and because in many schools the number of students assigned to school counselor's caseload is so high, the capacity to educate and advocate may be limited, and this is most likely to happen in the schools and communities that need school counseling services the most.<sup>10</sup>

The Pennsylvania School Counseling Services Act is a necessary solution because too many school counselors, who are uniquely trained in human development and mental health, **are unable to deliver this expertise to their students.**

The reason for this is **a lack of concrete parameters and definitions** for what school counseling services are supposed to be in our schools, which leads to inconsistent and inequitable service delivery and even availability.

This means in one school, school counselors have nothing to do with student scheduling, while in another school they are almost exclusively responsible for building master schedules. In one school, school counselors are able to meet individually with every student on their caseload multiple times a year, while in another school the office gets shut down during state testing season.

This is NOT because school counselors are not trained or able to deliver the support students need, or that evidence-based best practices don't exist. **It is because there is limited accountability to ensuring school counselors are able to do so.** School counselors are often pulled into non-counseling activities, serving as a "utility player" at the expense of being able to do our actual work.

We have highly trained student mental health professionals working in our schools who are counting test booklets for state testing, serving as data clerks to upload information into spreadsheets and computer systems, monitoring hallways and lunchrooms, and being used as substitute teachers – all while our students are consumed with mental health needs.

The Pennsylvania School Counseling Services Act would establish a guideline that **at least 80% of a school counselor's time be used for delivering services to students**, which aligns with best practice and the national standard set by the American School Counselor Association<sup>11</sup>. It would also require all school districts to create a written, public-facing overview of their K-12 school counseling program, which promotes awareness of these services for students and families and creates stability in the services a school delivers.

The Pennsylvania School Counseling Services Act will provide clarity for students and families as to the services they can expect to receive from their school counselors, to school districts who are seeking to support their students effectively, and to taxpayers who can see their money fund efficient student support services that align with best practices, no matter their zip code or socioeconomic status.

With minimal, if any, fiscal impact, the Pennsylvania School Counseling Services Act would bring Pennsylvania into the 21<sup>st</sup> century and improve the quality of support our students receive from their school counselors.

I will also note that this bill is supported by PSEA, and a joint letter with the Pennsylvania School Counselors Association (PSCA) was sent to leadership in the General Assembly last spring. I am also attaching it in my written testimony.

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<sup>10</sup> PSCA (2023). PA School Counselor Staffing Report.

<sup>11</sup> ASCA (2019). *ASCA national model: A framework for school counseling programs*.

**Recommendation 2: Provide all students adequate access to school counselors and other certified student services professionals with appropriate caseload sizes.**

Almost one year ago, the Commonwealth Court of Pennsylvania found the existing system of school funding unconstitutional, and highlighted school counselors and other student services staff as evidence of the unconstitutional inequity in our schools<sup>12</sup>:

*The Court heard extensive credible testimony from educational professionals and experts as to **how other professional staff... such as [school] counselors...help students succeed. There was evidence that low-income students often require more support, so an adequate number of counselors is needed to meet those needs.***

*While it is true that there was testimony that several of the districts have **some of these personnel, there was also testimony that it was the bare minimum required by law, of an insufficient quantity to actually meet student needs.***

This need has been recognized for many years, though feedback collected by the Pennsylvania School Safety Task Force<sup>13</sup>, be Pennsylvania Attorney General's office<sup>14,15</sup>, and by the Governor himself<sup>16</sup>. Just last week, the Basic Education Funding Commission issued its final report, recommending that **Pennsylvania ensures students have access to adequate and appropriate mental health services**<sup>17</sup>.

While the number of school counselors has slowly increased over the last several years, **SY 22-23 was the first year that Pennsylvania schools had more school counselors than they did in 2010**. In comparing school district school counselor staffing, school counselors in low-wealth school districts have significantly higher caseloads and serve a higher proportion of students from diverse backgrounds<sup>18</sup>. **Our most vulnerable students are the most likely to lack meaningful access – or any access – to school counselors.**

Almost half of the school districts in Pennsylvania have school counselors assigned to multiple buildings, which impacts over a quarter of a million students<sup>19</sup>. In practice, this means a school counselor might be assigned to two elementary schools, and only be physically present in each two or three days a week. This puts increased demand on the school counselor to be able to establish relationships not only with multiple groups of students, but multiple sets of staff, administration, parents, and communities. In some cases, a school counselor may be called from one building to go to another in the event of a crisis, or a crisis may be handled by another school employee who may not have the same qualifications and training as a school counselor.

<sup>12</sup> Commonwealth Court of Pennsylvania (2023). Memorandum Opinion. *William Penn SD et al. v PA Department of Education et al.*

<sup>13</sup> PA Office of the Auditor General (2018). PA School Safety Task Force Report.

<sup>14</sup> PA Office of the Attorney General (2022). Special report on student mental health.

<sup>15</sup> PA Office of the Attorney General (2022). Brief for the petitioners as amicus curiae.

<sup>16</sup> PA Office of the Governor (2023). Press release: Governor Josh Shapiro highlights plans to invest in mental health support for Pennsylvania students in visit to Greensburg high school.

<sup>17</sup> Basic Education Funding Commission (2023). Report #2.

<sup>18</sup> PSCA (2023). PA School Counselor Staffing Report.

<sup>19</sup> Ibid.

The American School Counselor Association recommends a student to school counselor ratio of 250 to 1. In Pennsylvania, the median ratio is 353 to 1. Half of all Pennsylvania school buildings have ratios higher than 350 to 1, with 1 of every 10 buildings having ratios of 500 or more students to a single school counselor<sup>20</sup>.

With the anticipation that the Commonwealth will be providing a robust investment in our public school system, we hope that some of these funds will be targeted specifically for ensuring **all students have access to a school counselor**.

As it stands now, despite students from low-wealth and higher-wealth school districts sharing similar levels of mental health challenges, the top 20 highest-spending districts in the state spend nearly 68% more on student support services than the 20 lowest-spending districts on student services - including 59% more for school counseling services<sup>21</sup>.

The scope of services that school districts provide has become more complex in the last several years, and while school counselors have adapted as flexibly as they can, their capacity to work effectively with students has been limited by two key barriers – minimal definition of the scope of services they are providing to students, and the need for reasonable student caseloads.

By passing the Pennsylvania School Counseling Services Act and providing the sustainable funding to hire school counselors, we can ensure all students have access to the evidence-based supports that school counselors deliver.

**Recommendation 3: Reduce the financial barriers to entering the student services professions.**

I want to thank the General Assembly and the Governor for their commitment to improving the educator pipeline. The challenges of the teacher shortage apply similarly to student services professionals like us. The PA HELPS program<sup>22</sup> provides stipends for school counselors and other student services professionals in training while we do our clinical work, similar to student teaching for teachers.

I would encourage investments in other programs that remove financial barriers as well, such as investing in future professionals up front through scholarship programs like the Nelly-Bly Scholarship from a few years ago<sup>23</sup>, and in loan forgiveness to keep current professionals weighing the decision to leave the school setting for private practice in our schools.

**Recommendation 4: Establish a Bureau or Office of Student/Pupil Services at the Pennsylvania Department of Education to facilitate access to and quality of student services across the Commonwealth.**

We are incredibly grateful that the Pennsylvania Department of Education hired a School Counselor Advisor in 2023. This positions PDE well to support districts as they implement their school counseling programs when the Pennsylvania School Counseling Services Act is passed.

While this has been a valuable addition to our professional support across the Commonwealth, we still need more focused, coordinated leadership for student services in Pennsylvania. A cursory glance at other states shows

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<sup>20</sup> Ibid.

<sup>21</sup> Cooper, D. (2023). Testimony presented to the Pennsylvania basic education funding commission [Children First].

<sup>22</sup> <https://www.pheaa.org/partner-access/schools/PA-HELPS/>

<sup>23</sup> <https://www.phillyvoice.com/pennsylvania-scholarship-affordable-college-plan-nellie-bly-governor-wolf/>

significantly more state-directed coordination of services provided by school counselors, school psychologists, school nurses, and school social workers than Pennsylvania has. As a result, the variation of what these services look like from district to district can be quite dramatic.

With the needs of our students as intense and pervasive as they are, having a focused group of professionals to support our schools with their programming and services would be greatly appreciated.

### **Conclusion**

When you think about the kinds of mindsets school counselors work to cultivate in students through their programs, one that comes to mind is the idea that “just because you can, doesn’t mean you should.” For school counselors in Pennsylvania, the dilemma created by role confusion and unmanageable caseloads is too often “just because you should, doesn’t mean you *can*.”

Now, more than ever, our students need the kinds of screening, intervention, prevention, individual planning, and support that comprehensive school counseling programs, delivered by certified school counselors, can provide.

Pennsylvania is primed to join the rest of the nation with a solid infrastructure of over 5,000 school counselors in almost every school across the Commonwealth already.

Thank you for the opportunity to participate in this discussion today. I look forward to working with the committee to address this and other important education reform needs in our schools across the Commonwealth.

### Appendix A: State Action Impacting the Work and Role of School Counselors

School counselors are often on the front lines of interpreting and implementing state education policy, as they work at a nexus point between students and the education systems that surround them. This is a brief overview of recent state policy/legislative action and how these actions intersect with the work of school counselors.

School districts are required to “prepare a written plan for the implementation of a comprehensive and integrated K-12 program of the student services based on the needs of its students.”<sup>24</sup> Student services as defined in the PA Code “may include guidance counseling,”<sup>25</sup> but the definition stops short of guaranteeing these services to students.

This definition is written this way on purpose – the State Board of Education stated in 2005 that previous regulation regarding pupil personnel services was “too detailed and prescriptive for today’s educational environment” and “limit(ed) the flexibility of school entities in the design of a comprehensive system of student support services.”<sup>26</sup> The Board stated:

*By consolidating the regulations into the student services section (Chapter 12), previously addressed in Chapter 7, schools would be provided additional flexibility to deliver a comprehensive program of student services to their students. Depending upon implementation on the local level, this might lead to improving the scope and quality of services provided to students while also providing cost savings.<sup>27</sup>*

In light of the fact that Pennsylvania is the only state in America whose students are not guaranteed school counselors or school counseling programs, we wish to examine “the scope of services provided to students” in the years following this change in policy.

Regarding student **academic development**, Pennsylvania students have been subject to numerous and substantial changes to their courses of study in this time. We adopted new academic standards – Career Education and Work Standards<sup>28</sup> in 2006, Common Core standards<sup>29</sup> in 2010, and the subsequent state-specific PA Common Core Standards<sup>30</sup> in 2014.

Pennsylvania eliminated the high school PSSA exams and replaced them with end-of-course Keystone Exams, which started as a measure of student readiness for graduation and work, and which evolved into a statewide requirement for graduation.<sup>31</sup>

Most recently, Act 158 of 2018 requires school districts to monitor student completion of one of five High School Statewide Graduation Pathways, with several of these pathways involving the collection of a portfolio of evidence

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<sup>24</sup> 22 Pa Code Chapter 12.41

<sup>25</sup> 22 PA Code Chapter 12.16

<sup>26</sup> 35 Pa.B. 6510

<sup>27</sup> 35 Pa.B. 6510

<sup>28</sup> 36 Pa.B. 3528

<sup>29</sup> 40 Pa.B. 5903

<sup>30</sup> 44 Pa.B. 1131

<sup>31</sup> 40 Pa.B. 240



demonstrating readiness for graduation.<sup>32</sup> As with the previous Keystone requirements for graduation,<sup>33</sup> the implementation of this new framework had been postponed until finally going into effect for the class of 2023.<sup>34</sup>

School counselors actively monitor student achievement and progress toward graduation requirements. We often manage these processes, especially as relates to academic planning and course selection, and we must remain knowledgeable about any changes in policy so we can provide meaningful and accurate advisement to students and families.

At the same time, school counselors are often responsible for test administration activities in our schools, which commonly disrupts our availability to students during testing seasons. There was a time when in my own district, our high school counseling office had to post a sign on our office door notifying students we were unavailable except in the case of an emergency, as we were proctoring and administering state tests and College Board exams, the entire month of May.

Regarding student **career development**, Pennsylvania indicated in its state plan for the Every Student Succeeds Act (ESSA) that K-12 Career Readiness would be one of its federal School Quality and Student Success indicators, which included Career Ready Benchmarks as part of the Future Ready PA Index, each school district's public facing school progress report.<sup>35</sup>

This aligned with regulation requiring school districts to have a written plan for vocational guidance on file "for the development and implementation of a comprehensive, sequential program of guidance services for kindergarten through 12th grade," referred to as a K-12 Guidance Plan, or more colloquially as a "Chapter 339 Plan."<sup>36</sup>

For many years, school counselors across the state have participated in trainings developed through the Department of Education, led by a former school counselor and career development champion Mike Thompson. Mike and his team developed a toolkit<sup>37</sup> and training model that has been implemented in almost every school district across the state. While Mike tragically passed away last year, Pennsylvania is indebted to his relentless advocacy for students and their career development. He often said that "career development is not one more thing on the plate for schools to do – it IS the plate." He also reminded us all that "career development is one of the best mental health interventions a school can provide to children."

School counselors have been key leaders for schools in the development and implementation of student career portfolios, containing the collection of required student career artifacts aligned with both the Career Education and Work Standards and the PA Career Ready Skills<sup>38 39</sup>. This process links directly to the Career Readiness Indicators on the Future Ready PA Index, and school counselors now manage these processes for many of our schools across Pennsylvania.

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<sup>32</sup> Act 158 of 2018 (P.L. 1146)

<sup>33</sup> Act 1 of 2016, Act 55 of 2017, Act 39 of 2018

<sup>34</sup> Act 136 of 2020

<sup>35</sup> Every Student Succeeds Act, Pennsylvania Consolidated State Plan

<sup>36</sup> 22 Pa Code Chapter 339.31

<sup>37</sup> PDE (2011). Tools for Developing a Comprehensive K-12 Guidance & Counseling Plan

<sup>38</sup> PDE (2019). Career Readiness...ESSA Accountability: Guidelines for Evidence Collection, Monitoring, and Reporting

<sup>39</sup> and PDE (2018). The Pennsylvania Career Ready Skills: An Introduction

Regarding **social, emotional, and mental health and development**, Pennsylvania has taken legislative action to recognize these needs in our schools. We required the adoption of suicide awareness and prevention policies.<sup>40</sup> Significant updates were made to Pennsylvania's child abuse reporting laws in 2015.<sup>41</sup> Laws regarding student attendance, an additional federal indicator of School Quality and Student Success, were updated to require earlier intervention in student truancy, Student Attendance Improvement Plans (SAIPs), and to change the compulsory age of school attendance.<sup>42</sup>

School safety and security priorities and the subsequent trauma-informed approaches became required components of school programming, including the rollout of the Safe2Say Something anonymous reporting app in 2019.<sup>43</sup> As referenced earlier, since this program began, the top concerns reported each year have been mental and behavioral health concerns.<sup>44</sup>

With so many important areas of state-mandated student engagement and support connected to the work of school counselors, it is vital that school districts ensure school counselors are able to balance these tasks effectively and efficiently. The Pennsylvania School Counseling Services Act would ensure school districts articulate how school counselors support these required services through a comprehensive school counseling program.

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<sup>40</sup> Act 71 of 2014 (P.L. 779)

<sup>41</sup> <https://archive.triblive.com/news/pennsylvania-enacts-modernized-child-abuse-laws-after-sandusky-scandal/>

<sup>42</sup> Act 138 of 2016, Act 139 of 2019

<sup>43</sup> Act 44 of 2018, Act 18 of 2019

<sup>44</sup> Department of the Attorney General (2019, 2020). Safe2Say Something Annual Reports

**Appendix B: Joint PSEA-PSCA Letter Supporting PA School Counseling Services Act****REQUEST TO SUPPORT THE PA SCHOOL COUNSELING SERVICES ACT**

(HOUSE BILL 662 - now 1665)

Dear Chairman Schweyer,

Today, the Pennsylvania School Counselors Association (PSCA) and the Pennsylvania State Education Association (PSEA) are writing to ask for your support on House Bill 662, the Pennsylvania School Counseling Services Act, which was introduced in the House this spring.

Pennsylvania is the only state in America that does not require school districts to outline comprehensive school counseling programs or require school counselor staffing in schools. As a result, Pennsylvania school counselors not only provide services to students and families in real time, but must simultaneously educate and advocate in their schools and communities about their roles and areas of expertise. This means many school counselors are unable to work effectively and efficiently with their students, and the types of services provided can look vastly different from one school district to another all across Pennsylvania.

While school counselors have provided responsive services for students in crisis for many years, the need for proactive, preventative, and educational programming and support specific to mental health and social-emotional learning has been magnified by the “increased pressure on their mental health that previous generations have not experienced, from youth gun violence to bullying and isolation on social media” (PA OAG, Special Report on Student Mental Health Pennsylvania Office of Attorney General, 2022) and the disruptions and the aftermath of a global pandemic, as shown by data from the CDC, Pennsylvania Youth Survey, and the National Center for Education Statistics:

- More than 40% of high school students report feeling so sad or hopeless that they could not engage in their regular activities for at least two weeks during the previous year (CDC, Youth Risk Behavior Survey, 2023).
- Nearly 70% of Pennsylvania students reported moderate or high levels of depression. One in four students report feeling like a failure. **One in five students report seriously considering suicide** (PA Youth Survey, 2021).
- 70% of public schools reported an increase in the percentage of their students seeking mental health services at school since the start of the COVID-19 pandemic, and roughly 76% of schools also reported an increase in staff voicing concerns about their students exhibiting symptoms such as depression, anxiety, and trauma. Yet, 88% of public schools did not strongly agree that they could effectively provide mental health services to all students in need due to an insufficient number of and inadequate access to mental health professionals, as well as inadequate funding (NCES, 2022).

House Bill 662 – the Pennsylvania School Counseling Services Act – will provide clarity for students and families as to the services they can expect to receive from their school counselors, to school districts who are seeking to support their students effectively in the aftermath of a global pandemic, and to taxpayers who can see their money fund efficient student support services that align with best practices, no matter their zip code or socioeconomic status. This Act would ensure schools are optimizing the services school counselors are trained and ready to deliver.

With almost 5,000 school counselors currently working in Pennsylvania schools, maximizing the impact of these school mental health professionals is paramount to meet the needs of the student mental health crisis.

Sincerely,



**Emilia Peiffer**  
*Executive Director*  
Pennsylvania School  
Counselors Association



**Rich Askey**  
*President*  
Pennsylvania State Education  
Association

Pennsylvania House of Representatives – Education Committee Hearing: Mental Health in Schools  
January 17, 2024

**Testimony of Dr David Lillenstein, NSCP  
Derry Township School District  
President, School Psychologist Section, PSEA Department of Pupil Services**

Good morning Chairman Schweyer, Chairman Topper, and committee members. Thank you for the opportunity to speak today about mental health in Pennsylvania.

I am Dr. David Lillenstein, a school psychologist with the Derry Township School District in Hershey. I am also the Section President for school psychologists who are members of PSEA, the Pennsylvania Delegate to the National Association of School Psychologists, and Past President and Board member of the Association of School Psychologists of Pennsylvania. I am speaking with you this morning on behalf of over 1,500 Pennsylvania school psychologists and also 1.7 million students in Pennsylvania.

In Pennsylvania, school psychologists work in public and private schools, IUs, and charter schools. School psychologists support students' ability to learn and teachers' ability to teach. We bring extensive training and expertise in learning, mental health, and behavior to remove educational barriers to learning and help students succeed academically, socially, behaviorally, and emotionally. School psychologists bring this expertise into the school environment, which is a natural setting where students can receive mental and behavioral health supports with limited stigma and financial barriers.

School psychologists provide direct academic, behavioral, and emotional support interventions to students; consult with teachers, families, and other mental health, special education, and pupil services professionals to design and improve support strategies; work with school administrators to improve school-wide practices and policies; and collaborate with community providers to coordinate needed services. We help schools successfully improve academic achievement, promote positive behavior and mental health, and create safe and supportive learning environments for all.

The recommended ratio is 1 school psychologist for every 500 students, and in Pennsylvania the current ratio is 1 to 1400. Pennsylvania is currently experiencing shortages of school psychologists across the Commonwealth and many districts this year have been unable to fill open positions. There is such a high demand for the services a school psychologist can provide, both with special education and mental health, that many districts are actively seeking to hire additional school psychologists. With too few school psychologists, activities are primarily reactive in nature. With more school psychologists and better ratios, there is more time for prevention activities that can reduce bullying, build student resilience, increase prosocial skills, and develop acceptable coping strategies.

Much money has been spent in PA in recent years on building stronger barriers to make our buildings more physically secure. While this may make for a more secure educational space physically, it does little to nothing to address the emotional security and challenges within our schools regarding

belonging, well-being, social, emotional and behavior concerns with which our students and our teachers struggle.

Increased staffing will promote increased opportunities for supervision, monitoring, and connectedness with students and their families. In addition, increased mental health staffing will allow for threat assessments and interventions to address student wellness and safety.

All students face problems from time to time related to learning, social relationships, making difficult decisions, or managing emotions such as feeling depressed, anxious, worried, or isolated. School psychologists can help students, families, schools, and members of the community understand and resolve both long-term chronic problems and short-term issues that students may face. We stand ready to help students, whether it's helping them through a life stressor or helping them access special education services. We are a highly skilled and ready resource in the effort to ensure that all children and youth thrive in school, at home, and in life.

Let's not allow the barriers above that we *can* control, such as limited financial support for the training of school psychologists and unnecessary special education mandates, to be added to the barriers that students face at home and school. We need to address the variables that we can directly control that may increase student access to help from school psychologists.

With your help, we can improve access to school psychology services. With your help, we can remove or modify some of the barriers to students and educators getting help. For example, IDEA provides states with some flexibility to delineate timelines to complete an initial evaluation for a disability as part of an IEP. Pennsylvania has decided that evaluations must be completed in 60 "calendar days", while other states have decided on "school days" or "school days of which the student is in attendance". It seems there is a pathway for states to have different timelines, and school psychologists have long advocated for the need for more flexibility. Following a calendar day timeline stresses already overburdened staff during times of school breaks such as fall, winter, or summer break when time ticks away, yet students are not available for assessments or interventions.

Another barrier to providing services to students is that Pennsylvania requires new or potentially unnecessary or redundant evaluations for students. For example, students in other states may be identified for special education using the early intervention disability of developmental delay, but in PA that disability is no longer an option when a student enters kindergarten, and oftentimes LEAs must conduct a new evaluation to change a disability when an early intervention evaluation may have just been completed. Similarly, when students move to PA from another state, PDE requires that students must be re-evaluated to determine whether they meet the criteria for a disability in PA, even though they are entitled to an IEP in PA when they move in with one and even though they may have just recently been evaluated in another state.

With your help, we can increase the number of school psychologists in the training pipeline through programs such as loan forgiveness, tuition reimbursement, and continuing to fund stipends for school

psychology internships in exchange for working in Pennsylvania schools after graduation (PA HELPS). With your help, we can maintain the amount of funding for training programs for school psychology or maybe even increase support for training and preparation so that universities can expand or increase training programs and mentoring opportunities for school psychologists. With your help, we can improve access to mental health services for students throughout this Commonwealth. Without a doubt this investment will pay dividends in our communities for years to come

Thank you for your time and attention to these important issues.

**Testimony of Rebecca Kilfoy, APRN, NCSN**  
**Owen J. Roberts School District**  
**Vice President, School Nurse Section, PSEA Department of Pupil Services**

Good morning. My name is Rebecca Kilfoy, and I am here today as a full-time Nationally Certified School Nurse, Vice President of the Pennsylvania State Education Association School Nurse Section, and an active member of the National Association of School Nurses.

I feel so fortunate to be here to deliver testimony as a school nurse from the Owen J. Roberts School District, where I serve grades K-6. I am grateful to work in a district where I am recognized as an essential and appreciated member of the school-based mental health team. I am also speaking for the school nurses across the state. I have been a school nurse for 10 years, and an advanced practice nurse and medical director prior to that. I find my position as a school nurse to be the most rewarding position I have held. I will provide my experiences supporting student mental health and provide feedback from my peers. I will address the successes we are having post-pandemic and discuss the challenges we face. I will offer ideas for solutions and ask for your help.

**Certified School Nurse Role**

**A Certified School Nurse should be required in EVERY building.** School Nurses in Pennsylvania are registered nurses who are also certified by the PA Department of Education. Requiring certification assures that the school nurse is educated in all areas of school health. School nurses who are certified, and not just pulled from a healthcare setting and placed in our schools, will have an awareness of the developmental stages a child goes through. This enables the nurse to identify if there are delays or gaps in this development. The certification education provides nurses an understanding of how disability, chronic illness, and social/emotional/mental illness can affect a child's ability to be physically present in school and ready to learn.

In addition, certification provides nurses with an understanding of the legal mandates related to IDEA, FERPA, and student confidentiality, as well as other legal mandates regarding the nurse's specific roles and responsibilities in schools. PDE certification prepares school nurses to function effectively on interdisciplinary, crisis intervention, and individual education planning teams. The ability and confidence to work autonomously but also collaboratively with all members of the school community is essential to a successful school nurse practice. We are called on time and again to assist with behavioral issues in classrooms; we are asked to call home and have difficult conversations about behavior as it relates to medications, illness, or mental health conditions. We are in the buildings as an essential resource and part of the team so teachers can focus on instruction. Just last week, I spent 30 minutes on the phone with a parent who was not sending lunch for his first grader. The teacher was concerned that the student was not eating. While talking with the parent, I was able to identify food scarcity issues in the home and referred them to our food services department to set up free and reduced meals. As the only



pupil services professionals with a mandated student caseload, the school nurse's office is a vital entry point for assisting students in obtaining appropriate referrals and access to community resources. This is especially true for our "frequent visitors," children who frequently present in the school nurse's office with somatic (physical) complaints, like a stomachache or headache.

Perhaps most importantly, the students in my school recognize me as a trusted and caring adult that they can come to in times of need because they know my office is a safe and supportive place. I am a consistent and prominent adult in their school and the greater community. I visit their classrooms, teaching lessons about how their bodies react to stress and providing them with skills to manage it. I visit recess to throw or kick a ball to connect and build relationships with students, particularly my 5th and 6th-graders. I hold a nature club each year and demonstrate how nature can help us to connect with other beings and calm our minds. We know connectedness plays a vital role in protecting mental health. Our school nurses not only function as a medical resource but are able to connect how students' emotions can present as somatic symptoms. We offer expertise that is an essential part to the school team, helping our students' physical as well as mental wellbeing.

I can recall a recent experience. It was 8:30 in the morning, and I was just getting settled in my office, and one of my 4th grade frequent visitors came in right off the bus. They were crying and scared. When I asked them what the matter was, they replied, "I can hear voices in my head telling me to hurt myself. Can you help me?" I did a quick assessment to be sure they had not already hurt themselves then used reassuring words to calm the student's anxiety. We did some deep breathing, a skill the student had practiced with me on previous visits to my office, which calmed the student enough to allow me a moment to seek additional support. Our school counselor and principal were off-site at a meeting. Our school psychologist was also off-site in an IEP meeting at another school. I reached our crisis interventionist at the high school, and she directed me how to care for the student until she could get to my school, 30 minutes away. After contacting the parents, the student was referred to our local crisis center for evaluation.

**A significant challenge that I frequently hear from school nurses across the state is inadequate school-based mental health (SBMH) staffing.** SBMH care teams manage mental and behavioral health support in their schools, addressing student needs ranging from stress management, safety planning, substance use, suicide prevention, crisis intervention, and coping skills. These are skills in the school nurse toolkit. I'm grateful I was available to support the student in crisis that morning. I'm grateful the student trusted me enough to come to me for help. Unfortunately, many school nurses and other pupil services personnel across the state are assigned multiple buildings and unmanageable caseloads, which creates a dangerous situation for students struggling with a multitude of physical and emotional issues.

School nurse-to-student ratios in Pennsylvania are 1:1500, a legal mandate written in the School Code nearly 60 years ago. Children's needs have certainly changed over the last 60 years. Even since I started my career as a school nurse, my caseload has become increasingly complex, and acuity has increased exponentially. The current 1:1500 ratio is inadequate to meet students' needs. Data from the Centers for Disease Control and Prevention shows that more than 40 percent of school-aged children in the

United States have at least one chronic health condition — asthma, diabetes, epilepsy, obesity, and food allergies.

School nurses are more than band-aids and ice packs and they are needed in every building. In my school building alone, I have had years where I treated three children with diabetes, 30 food allergies, 50 children with asthma, and 4 cases of epilepsy. Additionally, young people are experiencing the mental health effects tied to the COVID-19 pandemic. We care for symptoms of anxiety on a daily basis. We are the first responders in the buildings, and sometimes the only medical professional to which students have access. I shudder to think what I would do in the event of a school shooting, but I will tell you what I would do. I would run to the injured and try to save their lives. That is what a school nurse does. We are provided *Stop the Bleed* training and given bags with thousands of gauze pads, twenty tourniquets, and clot powders. It is disheartening to think we may need them in mass quantities. We need to do a better job of preventing, identifying, and treating the mental illness that is rooted in such tragic events. Let's move to a proactive stance rather than reactive. That starts with having a full complement of school-based mental health professionals with clearly defined roles.

**Another challenge I frequently hear from school nurses is inadequate communication and coordination between SBMH stakeholders, parents, and community providers.** The school nurse is vital for supporting a child with mental illness, yet many schools do not utilize them to their fullest potential. Schools typically work in silos. They are compartmentalized and do not function in a systems-level way. In reviewing mental health strategic plans and MTSS programs across the state, many do not include school nursing. When school nurses are connected to these support systems, the results can be impactful to students' long-term success. When school nurses are not included in these efforts, there is a significant gap in the care that students are provided. There is a potentially devastating result as well. For example, if a school nurse is not aware of a newly started antipsychotic medication or antidepressant, and the student reports to the office exhibiting side effects or reactions, how is the nurse to know how to respond? I call home and the parent replies "Oh, I didn't think to tell you." Oftentimes these conversations uncover medication non-compliance due to side effects, misunderstanding of how the medication works or should be taken, inability to get the medications, especially considering the ADD medication shortages, and no plan to correct. School nurses are a resource to expedite and ensure proper use of these very important medications. Additionally, if we are made aware of therapeutic interventions and psychiatric care plans after hospitalizations, we are able to support students in a more impactful way.

Mental health is a family issue as well. These children are in our care for 6.5 hours a day and then return home. Many of our students are living below the poverty level, in single parent homes, exposed to drugs, violence and abuse. I have heard of a case of a mother who was creating a medical condition for her daughter so she could use the medication prescribed for her daughter. I do not solely blame this mother. She is a product of the gaps and failures in our systems. She had tried to get help and could not find services that she could afford. We hear this time and again. Community providers are not available or only available during the school day. Many do not accept insurance, self-pay only. Parents cannot leave work and the students should not be pulled from school. We need the staff to provide the services

in school so students can succeed. Community services must be increased with an emphasis on after school and weekend programming. Family support needs to be available from both the community and primary care providers and also the schools. We need the staff and resources to support family programming. Insurers need to include mental health coverage for children and adults. I do not have a precise solution for these challenges, but it is clear we need to improve access to and coordination among the various systems of support.

The school nurse has a tremendous amount of knowledge, both textually and anecdotally, as it relates to students and families and the potential to work with the other SBMH providers. School nurses are most successful when the other SBMH care team members, principals, and superintendents engage with them and understand their roles (NASN 2023). Nurses who are engaged and feel heard and seen are nurses that stay in their positions. School nurses build the capacity to deploy multi-tiered systems of support (MTSS) that are responsive to students' needs, including:

- Providing direct care including coaching, counseling, and medication management
- Supporting emergency preparedness and crisis response
- Managing referrals and care coordination with school-based and community providers
- Conducting screening to identify student needs

Although the need for more school nurses is clear, I would be remiss not to mention the school nurse pipeline. Unfortunately, we are not attracting enough nurses to work in schools, mainly because they are guaranteed a significant pay cut compared to other practice settings and the school employee retirement benefit is not as attractive as it once was. I am concerned about retaining the seasoned school nurses that we have, with so many feeling overwhelmed by immense caseloads, underutilized in vital care coordination, or undervalued as professionals. **Please focus on policies and investments in staffing recruitment and retention. Scholarships, loan forgiveness, tuition reimbursement, paid internships, and competitive compensation are all great solutions to make school-based employment more attractive.**

### Success stories

I have heard from school nurses around the state and the great work they are doing to promote health and wellness in their school communities. School nurses are collaborating with school counselors and other pupil services professionals to develop programming focused on social and emotional skill building. Outside mental health agencies are starting to recognize the need to include schools in their programming and outreach, increasing the use of their services. School nurses are developing their own programs to help assist the students waiting to be seen in the community. It is important for schools to maintain the autonomy to design and implement programs that meet the unique needs of the local school community.

I personally started an Emotion Management Program in my school prior to the pandemic. Collaborating with my school counselor, we determined that my frequent visitors were not receiving the care they needed, and just kept coming back. I was seeing 75-90 students a day in my office—that is one child every 4-5 minutes—for everything from headache to sore throat, dry mouth, and shaky arms.

Think for a moment about what it feels like to be under stress. Imagine you were me, presenting to a standing committee for the first time. My head may be foggy; my heart is most definitely beating a lot harder and faster than usual, my mouth and throat may be dry, my stomach may have been upset most of the drive in from Chester Springs, and my hands and legs may be shaky. Am I sick or just under stress? Are these kids sick or just experiencing anxiousness, worry, fear, frustration, nervousness? So, I set to work. I visit classrooms now every year and as needed to teach students and staff about stress and how our big emotions can affect the way our bodies feel. I describe how the cavemen once needed to be able to fight or flee in the face of danger. Their bodies have developed to manage this acute stress. We are no longer living in caves surrounded by sabretooth tigers, but our bodies are primed and ready for fight or flight, and in extreme cases, freeze, not just acutely, but chronically. I demonstrate and practice deep breathing with them, my number one most prescribed way to calm our bodies. It is Nurse Becky's prescription for each of them "written" on their hand. The lesson involves tracing each finger with each inhalation and exhalation. Think about it: taking 5 deep, meaningful, and mindful breaths, activating the vagus nerve, creates a physiological change in your body. The vagus and the autonomic nervous systems slow down the heart rate and this downregulation produces a conscious feeling of calm. I have a calm corner in my office that students can request to use at any time during the school day. They are given about 5 minutes to use the tools available to them or ask for assistance from me. Once they have visited a few times, they are independent and caring for themselves.

After a time, my office visits are now down to a more manageable 20-30 a day. I am now able to focus time on those who are truly sick and injured, as well as those who need skills reinforcement. **My school counselor just last week told me her requests for visits are down, which she attributes to the work we have done to teach the preventative skills rather than just treat the symptom.** She is now able to focus more of her time on those with the most severe needs.

I shared this program with the National Association of School Nurses and they helped me in developing a webinar for nurses across the country. I have provided professional development to schools as far away as Alaska and as close as Chester County. School nurses recognize the importance of providing this care. We can speak to the physiological changes chill skills create in our bodies which gives the lessons credibility. When the students visit our offices, we treat them in a more meaningful way.

In closing, School nurses are vital to improving the educational experience for children and families, ensuring proper management of chronic disease and disabilities, and promoting overall health and wellness. Like most roles in the nursing profession, this job has its hurdles and difficulties, but it can also be incredibly fulfilling and rewarding. My favorite time of year is National School Nurses Day in May when I receive thank you notes from students, staff and families. I keep them from year to year and go back to them when I am having a tough day. A school nurse can make a significant difference in the lives

of not only the children they care for, but also children's families, the school employees and the community as a whole.

Thank you.



The mission of the **PA Principals Association** is to ensure a quality education for every child by comprehensively supporting the educational leaders of our schools.

Good morning Chairman Schweyer, Chairman Topper, and distinguished members of the House Education Committee. My name is Dr. Harrison Bailey, III. I serve as Principal of Liberty High School, a large, urban high-need school in the Bethlehem Area School District. I am also a member of the Pennsylvania Principals Association. In 2021, I was named Principal of the Year for the state of Pennsylvania, in affiliation with the National Association of Secondary School Principals. The PA Principals Association represents nearly 3,000 elementary and secondary school principals, assistant principals, and other school leaders who serve in public and private schools throughout the Commonwealth. On behalf of our members, staff, and students across the Commonwealth, I thank the committee for providing me with this opportunity. I would like to share my thoughts and experiences working to meet the overwhelming mental health needs of the students I have been called to serve.

Medical research informs us that trauma & toxic stress frequently have both an emotional and physiological impact on our brains and bodies. There are direct correlations between untreated exposure to toxic stress and long-term disease, ie. the big four killers (cancer, heart disease, stroke, & diabetes). Our children are unquestionably more susceptible to the negative impacts of this condition. As Maslow's Hierarchy tells us, failure to provide for the emotional safety of children results in an unstable youth with physiological barriers to learning and lifelong success.

In 2022, the National Association of Secondary School Principals published their *Survey of America's School Leaders and High School Students*. Developed and administered by an independent research firm, this online survey polled a nationally representative sample of 1,000 principals and assistant/vice principals in middle and high school and 1,000 8–12th-grade students enrolled in school for the 2021–22 school year. The findings revealed

that 74% of students needed help with their mental or emotional health. Of those who reported needing help, only 46% sought assistance and only 53% did, indeed, receive help. Of the students surveyed, 64% indicated mental health and self-care are valued at their school. When school leaders and students were asked what areas they felt were critically in need of funding, both groups ranked the addition of School Health Staff and the Reduction of Violence as their top areas of need.

The mental health crisis our schools are facing has reached epidemic levels. Although the pandemic certainly accelerated the negative impact on our youth, it truly just uncovered the already destitute conditions of mental health deserts that previously existed across our state. Our schools have become the hubs for community services and we are currently far from able to meet the needs of our students, especially those related to mental health. Over my 28 years in education, I have never heard such a consistent plea for assistance across educational leaders. Our kids are hurting and we need to help them.

Fortunately, after considerable collaboration and focused resources, Liberty High School has found a process that is putting a dent in this crisis. Through five critical steps, we have moved toward being a School of Wellness. First, every 9th-grade student receives mindfulness training to help them cope with the stressors of life and focus mentally. In addition, we begin each period of the day with an announced two-minute pause. This is done to allow our students time to refocus from the prior class and apply their mindfulness techniques. Second, we have developed a tiered assessment and service assignment process. This increases our ability to place students in the appropriate level of service while decreasing the frequency of overloading providers. Third, we purposefully infuse mental health curriculum into our Health classes to promote an understanding of social and emotional challenges. Fourth, we have provided considerable professional development to our entire staff on understanding trauma, toxic stress, and social-emotional learning. Finally and most importantly, our school has developed one of the Commonwealth's few school-based multi-tiered wellness centers for students. This

program marries a highly effective referral process with an array of impactful school-based services. These services include: a well-designed physical space, four individual and sixteen group counseling options, a peace room, occupational therapy, psychiatric care, social work-related supports, and a dedicated person to oversee the center. This was established through a multitude of partnerships with local universities, community organizations, school district investment, and numerous government grants. Over the prior two school years, we were able to provide mental health services for approximately 440 of the 730 students referred. When these students were surveyed about the services they received, 88 percent stated they made a difference in their lives, 95 percent felt the person they met with cared about them, and 82 percent said they were more hopeful about their future.

A recent example of a student who benefitted from the services we provided was Maria. This student and her father met with me due to engaging in a fight. During the meeting, Maria revealed that she lost control and attacked another student out of anger. Fighting through tears, she described the traumatic impact of her mother suffering from mental illness and homelessness. Maria turned to me in the middle of the meeting and asked for help to deal with her anger. Our students realize their situations and are asking for support. Fortunately, this was early in the school year and our therapists had an available spot. She was in individual therapy within a week and her physical aggression has significantly improved.

Unfortunately, I have had to tell many of our "Marias" later in the year that we have exhausted our available services and they will need to get through this some other way. This is exactly where we are and have been for many years. For example, earlier this year we had a student in crisis exhibiting some acute self-harm behaviors. His mother took him to the emergency room and he was admitted for observation over a weekend. He was released and his mother came to us to connect him with therapeutic services. When his guidance counselor asked about connecting him to services at the hospital where he was treated, she was told it would be a six-month wait. Our schools



are the only “game in town” for most of our families and we don’t have the resources we need.

Due to the ending of the ESSER grants and our school no longer receiving ATSI funds, we were unable to fund two of our four therapists this school year. As a result, we are now operating without two therapists. This is causing a significant number of our students in need of individual counseling to be placed on a waiting list and into group therapy settings when appropriate. We know that when Wellness Centers like ours are effectively funded and staffed they make a significant contribution to improving the quality of mental health in both our schools and the overall community. This is the true key to keeping our schools and communities healthy and safe.

In addition to the need for funding, mental health service providers have become very scarce across our state. As a result, the few school districts with available funds are struggling to find qualified therapists to do this essential work. If we hope to establish the wellness center model across our great Commonwealth, we will need to find ways to bolster the professional ranks of mental health workers.

In conclusion, I want to thank the Committee for considering legislation that brings attention to the dire need for remedies to the mental health crisis our students face every day. HB1367, HB1519, HB1553, and HB1665 all address issues and recommend solutions that target this crisis. I would also plead with you to not stop there. There is no one solution to this crisis. I would encourage you to go even further by proposing increased funding for wellness centers and additional mental health workers in every school, the adoption of curricula and programs to address the specific needs of our students, and other efforts that provide both proactive and reactive measures to meet the needs of each student every day.

For a more in-depth look at the great things happening at Liberty High School, view the video at this link: <https://vimeo.com/900244840/529a27d910?share=copy>



# **Pennsylvania Association of School Administrators**

## **Testimony to the House Education Committee**

**Wednesday, January 17, 2024**

### **Mental Health**

**Sherri Smith**

**Executive Director, PASA**

Good morning Chairman Schweyer, Chairman Topper, and members of the House Education Committee. I am Dr. Sherri Smith, Executive Director of the Pennsylvania Association of School Administrators. Thank you for hosting this informational hearing on the issue of student mental health and inviting PASA to speak on behalf of more than 970 PASA members including 590 who are sitting school superintendents, assistant superintendents and executive directors. The current state of mental health wellness of our students is a concern of all of us and one that we all need to work on in tandem if we are going to provide appropriate levels of services and overcome this concern. As a state, we appreciate the legislative funding and support we have received over the past few years, however, there are still many concerns that need to be addressed to ensure our children are receiving the services they need in a timely and effective manner. PASA provides this testimony to not only emphasize the need for continued improvements in our systems to address this crisis but also to bring potential strategies to assist our schools and communities in developing a collaborative and comprehensive approach.

Mental health issues are affecting all our schools- rural, urban, and suburban. The difficulty of managing mental health issues is that in many cases, it is co-mingled with other difficult society basic care issues such as hunger, homelessness, drug and alcohol abuse, and neglect. Untreated mental health wellness often leads to depression and anger, school truancy, physical aggression, drug and alcohol abuse, and thoughts of self-harm. To add to the complexity of this issue, there are many students and their parents who are in denial of their own mental health concerns and refuse any form of support or treatment. All these issues compound into a very difficult issue to overcome – one however, that we need to resolve as untreated mental health concerns of our students only lead to increased emotional, mental, and physical health concerns for themselves, their families, and the broader community.

According to the U.S. Department of Health and Human Services in 2021<sup>1</sup>, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, 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. Unfortunately, many children and youth do not receive the help they need, and disparities in access to care exist among low-income communities and minoritized youth. Among the 3.8 million adolescents ages 12–17 who reported a major depressive episode in the past year, nearly 60% did not receive any treatment, according to a 2019 report by the Substance Abuse and Mental Health Services Administration. Of the adolescents who do get help, nearly two-thirds do so only in school.

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<sup>1</sup> National Association of School Psychologists. (2021). Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists [handout]. Author.

Insufficient and ineffective support of students with mental health challenges has a direct impact on their ability to achieve academic success. It can also lead to drug and alcohol abuse, aggression, and truancy from school. To implement a comprehensive program of support, there needs to be a continuum of services that can only be accomplished by a team approach with county and other community programs. Schools are not able to manage these concerns alone.

Over the past few years, schools across the Commonwealth have focused on increasing and enhancing their in-school programs and services. With the addition of Mental Health funding, schools have expanded their programs and services based on their local needs.

Schools have also focused on building stronger working relationships with their community and county services. These partnerships are necessary to provide a full continuum of services for students. The success of these coordinated partnerships with community partners is dependent on resources available in the community and their willingness to partner with schools. There are both success stories as well as concerning stories from our school leaders depending on where they are located in the state.

For instance, here are some statements provided by Superintendents when asked the questions “How are MH services being delivered?” and “Is there a coordination of efforts in your region/community?”

- (Bucks County) We have a coordinated approach in support of the subacute, school-based partial program we operate; the I.U. has a good relationship with county mental health (MH) and there is regular coordination, collaboration, and discussion on a micro and macro level (for ex., County MH team rep at two county-wide SW meetings a year; ongoing collaboration with interagency coordinator); in short, there has been a definite increase in collaborative efforts over the past five plus years.
- (Northumberland County) We are in year one of implementing a comprehensive behavioral/mental health Multi-Tier Systems of Support (MTSS) system across all buildings in our district (elementary, MS, HS). There is continuity of our system across all three buildings. Each building has a dedicated guidance counselor and social worker. Additionally, we also have a social worker who is dedicated to serving students with IEPs. Operating within a three-tiered MTSS system, we are using evidence-based interventions and meeting regularly to ensure fidelity and consistency. In terms of coordination with our region/community, we have a strong collaborative relationship with Northumberland County Behavioral Health and work with their CASSP coordinator, when necessary, to assist families in receiving outside services.
- (Mifflin County) MH services in our district are mostly provided by district employees, specifically licensed social workers and school-based therapists. Our school counselors and school psychologists assist, as well. While we try to coordinate with our local MH providers, our community is sorely lacking in mental health providers. The ones that we do have are limited with staff and there are still pretty long waiting lists for our students and families to access these services. Many times, our local CYFS and other agencies refer families back to the school to see what assistance we can provide. Our SAP program has also helped connect students with services.
- (York County) Through our Student Assistant Program (SAP) we work with the York County MHIDD office to coordinate mental health services. We refer to CASSP to coordinate services which include access to mental health services. We have an in-house social worker and school counselors to assist families and make referrals to community programs and private providers. We have an MOU with PCBH to provide school-based outpatient counseling. We work with
  - NAMI to provide peer support group services- PAUSE.

- Valley Youth House to provide life skills training.
- ELECT program to provide support to expectant teenage parents.
- Highmark Caring Place to provide peer support groups for grief.
- York County Communities that Care to provide- Strengthening Families Program, Family Group Decision Making

In some regions of the state, our schools are not as fortunate in the coordination and availability of out-of-school services and agencies, which has a direct impact on their ability to provide needed services for their students. For instance, one Superintendent reported “The system is so broken. What made it worse was when the county folks lost their staffing. There is a need for case management -for instance, if students need partial hospitalization, there is a current 6-12 month waiting period. Compounding issues are created by waiting for services, the schools are trying to maintain the students in the schools without the support. Many of these students are so aggressive.”

Coordination of mental health efforts varies widely across regions and communities. In some regions, as in the examples above, there is a concerted effort to integrate mental health services with primary care, education, and community resources. This coordination of efforts by the school, county, and other community resources is needed in all regions of the state. There are many levels of support needed by students based on their individual circumstances – some of these needs can be met by school-provided services and therapies, however, there are many more intensive services that are more appropriately provided by county or other health and community agencies.

### **What obstacles are your schools facing in providing these services?**

Although there have been great strides to provide mental health services in our public schools, there are continued obstacles that need to be addressed. PASA received the following responses to this question:

- **System Overwhelmed:** The existing mental health system is overwhelmed due to the high demand for services. There is a need for more providers and services. The lack of available staff and providers, as well as turnover of staff, are challenges that lead to longer wait times for students seeking help and may compromise the quality and accessibility of mental health care.
- **Finding Qualified Staff:** Recruiting and retaining qualified mental health professionals, such as psychologists, social workers, and counselors, is a major challenge. The demand for these professionals often exceeds the available supply, leading to shortages in many areas and an inability to provide the needed services. Low salaries for mental health professionals are also a barrier.
- **Community Provider availability to provide services.**
  - This causes long waitlist times for services. *“Families regularly report that out-patient providers have long wait lists and they are unable to access services.”*
  - Lack of choice or flexibility. *“The main issue in our county is that we cannot partner with who we want.”*
  - Many of these services are not local, therefore families are not able to easily access these services. *“There are no community options available to our families without a roughly 30-minute travel time.”*
  - Effective collaboration and coordination of services *“The county only permits us to use \_\_\_\_\_ services which prohibits private insurance kiddos from receiving services due to the company’s inability to provide the properly certified counselors/ social workers.”* *“Some community services do not want to engage and provide student mental health supports in the district setting.”*

- **Inconsistent and Sustainable Funding:** Schools often struggle with securing consistent and adequate funding to sustain mental health programs. Budget constraints can limit the scope and effectiveness of mental health services, hindering schools' ability to meet the diverse needs of their students. The financial burden of hiring mental health professionals often falls on individual schools which results in disparities, with schools in wealthier areas having more resources for mental health services compared to those in economically disadvantaged regions.
- Refusal of parents and/or students to consent to services and/or lack of follow through with services.
- Cumbersome and lack of Student Insurance qualifications and coverage.
- Needed building space to offer additional programs.
- **Overcoming Stereotypes:** There is still a stigma and misinformation surrounding mental health within communities. Overcoming these barriers requires education and awareness campaigns to change attitudes and perceptions, fostering a more supportive environment for mental health services.
- Lack of consistency across regions of the commonwealth that provide a systematic approach to mental health services. Effective mental health care requires coordination and collaboration among various stakeholders, including educational institutions, law enforcement, healthcare providers, and community organizations.
- More focus is needed on promoting proactive approaches, such as prevention and early intervention strategies to contribute to a more comprehensive and effective mental health system. Right now, the system is focused more on reactive than proactive.

Overall, addressing these obstacles requires a multifaceted and collaborative effort involving educators, mental health professionals, policymakers, and communities. It's crucial to continue advocating for increased awareness, sustainable funding (for both schools and county services), and systemic improvements to create a more supportive and comprehensive mental health infrastructure within and outside of schools.

#### Innovative School Programs/Services

Schools across the commonwealth have implemented many new and expanded services to address the mental health concerns of their students and staff. A few programs that have been shared with PASA are the following.

- (MidWestern IU Region) The Butler Collaborative for Families is a coalition of nonprofits, the county, nonprofits, service providers, and the school district meet monthly and work to remove barriers and connect children and their families to services they need. A lot more details can be found on the website: Home | butlercollaborative (butlerfamilies.com)
- (Carbon Lehigh IU Region) – Programs provided: Two new positions Family Development Specialists funded through St. Luke's/United Way (ie. Transportation, truancy issues, etc.); Aavidum: "I've Got Your Back"; Students supporting students; Mental Health Symposium; Strengthening Families Program (Valley Youth House); Mental Health Task Force

- (Chester County IU Region). The IU provides Youth Mental Health First Aid and Teen Mental Health First Aid training to all schools in Chester County. They also provide Question, Persuade, Respond (QPR) training, which is a suicide prevention program. This year, on track to train more than 3,000 professionals and high school students. Also, partners with the Chester County Suicide Prevention Task Force and Chester County government to provide community events and training to increase awareness of mental health and the resources available to support individuals and communities in need.

The Chester County Consortium for Mental Health and Optimal Development, led by the Chester County IU and the University of Pennsylvania (UPenn) Graduate School of Education (GSE) is comprised of educators from school districts across the region and liaisons from the UPenn GSE team. The consortium is a multiyear effort to develop strategic mental health plans in schools. Through mentorship from the UPenn team and workshops led by experts in the field, participants collaborate with professionals leading the way in mental health awareness and literacy.

- (Appalachia IU Region) Proactive MTSS Framework: We have, like many schools, invested in a Multi-Tiered System of Support (MTSS) framework as a proactive measure that focuses on preventing issues before they escalate. This approach typically involves different tiers of support, including universal interventions for all students, targeted interventions for those at risk, and intensive interventions for students with specific needs. Implementing such a framework can contribute to a more comprehensive and systematic approach to mental health within schools.
- (Colonial IU Region) Our framework utilizes an integrated Child Study Team/SAP Team process to identify students in need of referrals for Behavioral Health Screenings. Each school has a dedicated team and a dedicated schedule of regular meetings. Our process for identifying students in need of behavioral health services and our process for delivering the services works very nicely.

As gleaned from these examples, a common theme of success is the development of a comprehensive approach to serve the mental health needs of our students. Schools have proactively moved toward instituting mental health interventions in schools. A success model includes the following components – an overall school environment where students feel safe and have a sense of belonging, universal screening techniques, proactive brief intervention of counseling, in-school outpatient therapy, and wrap-around services with county and/or other out-of-school agencies. Out-of-school-day outpatient services are equally important to improve support to the families and to provide social services coordination (housing, food, clothing, adult mental health needs, healthcare, etc.)

Schools cannot manage the current level of mental health concerns alone. It takes a community effort in partnership with the schools to develop a comprehensive continuum of services for our students, as most times, providing services directly to students without the collaborative efforts of the family, yields fewer effective outcomes.

#### Summary Recommendations for Support:

- Increased and sustainable funding for both schools and county services as both are needed to provide comprehensive wraparound services to students and families.
- Assist in addressing the mental health professionals shortage. Salary and benefits need to be reviewed as these are difficult jobs and we need to incentivize and retain our current professionals. The lack of individuals certified also creates a competitive environment between counties and schools for the same individuals.
- Assist in addressing the shortage of qualified mental health providers and agencies in all regions of the state. Many parts of our state lack available outside-of-school resources to support students and families.
- Coordination of services between out-of-school and in-school services needs to be addressed for all regions of the state so there is not an overlap of services provided, but coordinated services focused on

the same outcomes. There needs to be an analysis of the availability of intensive services and needed inpatient services. There are long wait times for students in need of intensive services – this creates an unsafe environment and undue stressor on the student, family, and school to try and “maintain” a student in crisis.

We appreciate the House Education Committee providing PASA the opportunity to provide these thoughts on student mental health programs and services. We welcome further collaboration to engage in other creative thinking and discussion to strengthen our efforts across the Commonwealth.



**TESTIMONY OF THE**

**PENNSYLVANIA SCHOOL BOARDS ASSOCIATION**

**BEFORE THE HOUSE EDUCATION COMMITTEE ON SCHOOL MENTAL HEALTH**

**JANUARY 17, 2024**

**KEVIN BUSER**

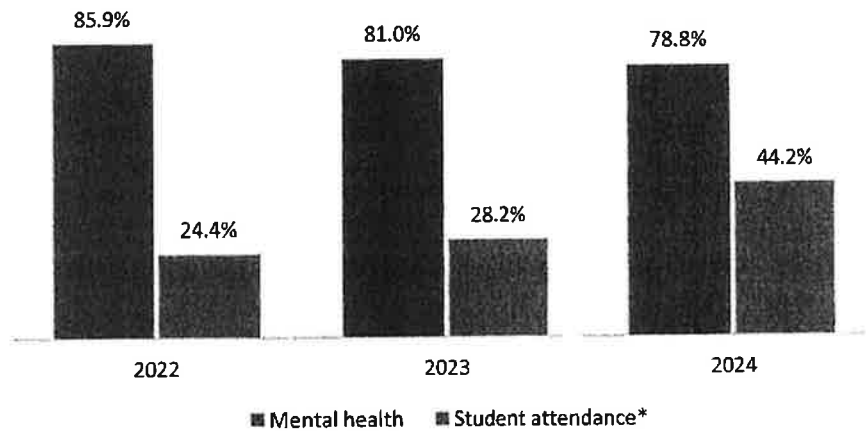
**PSBA CHIEF ADVOCACY OFFICER**



Even before the COVID-19 pandemic changed the world, there was a sense that students had growing mental health needs. In 2014, schools were required to develop policies to identify and address potentially suicidal behavior. In 2018, the Safe2Say Something line was established to report potentially harmful or unsafe situations involving students. Also in 2018, the school safety and security grant program, which allowed schools to apply for grant funding to help address mental health issues such as securing counseling services for students, was established.

However, the pandemic exacerbated the existing issues related to student mental health and shone a light on the prevalence and scope of the problem. Since 2022, PSBA has been surveying school leaders about student mental health issues in its annual State of Education report. In each of the last three years, student mental health issues have been, by far, the biggest reported instructional challenge facing school leaders.

### Biggest Instructional Challenges



\* Student attendance was the next most commonly reported instructional challenge.

In the most recent State of Education report, school leaders were asked to identify the percentage of students in their school district with mental health needs. Nearly half of the survey respondents stated that 60% or more of their students have a mental health need. Although we do not have pre-pandemic survey results to compare these responses to, this clearly demonstrates the scope of the problem.



## **Testimony of the Pennsylvania Association of Intermediate Units**

### **Hearing of the House Education Committee on Mental Health in Schools**

Christopher S. Wolfel, Ed.D.  
Executive Director  
Colonial Intermediate Unit 20

January 17, 2024

Chairman Schweyer, Chairman Topper, and members of the House Education Committee, my name is Dr. Christopher Wolfel, Executive Director of Colonial Intermediate Unit 20 (CIU20). I am here today representing intermediate units statewide through the Pennsylvania Association of Intermediate Units (PAIU). Thank you for the opportunity to testify on the critical issue of mental health as it pertains to schools and students in Pennsylvania, and how our 29 intermediate units (IUs) can and do assist in efforts to provide mental health supports to students and schools across the commonwealth.

CIU20 is one of the 29 regional educational service agencies in Pennsylvania. The system of intermediate units, created by the General Assembly in 1971, was originally designed to play a critical role in supporting public and private schools across the commonwealth, as well as assisting the Pennsylvania Department of Education's (PDE) efforts to provide a thorough and efficient system of education. In the 53 years since then, intermediate units have transformed from a system that predominantly served children with disabilities and provided instructional materials for schools to an ever-evolving, complex system that provides a broad range of services, such as special education, early intervention and early childhood education, behavioral and mental health services, virtual learning opportunities, technology infrastructure, workforce development programs, professional learning, transportation, curriculum development, joint purchasing, health care consortiums, human resource and business office support, alternative education, and a host of other programs and services.

Intermediate units have become so adept at meeting the needs of students, educators, and schools that today some people erroneously identify intermediate units as private vendors, which of course we are not. Intermediate units are governmental agencies designed by the General Assembly to be a critical part of the education system, and to provide expertise and economies of scale on both the instructional and operational sides of schools.

While using CIU20 as an example, it's important to note that IUs continually strive to meet the needs of their local schools, and each is unique. Over the last 20 years, CIU20 has established a strong continuum of behavioral health services for our public, charter, and nonpublic schools. Earlier in my

career at CIU20, I directly supervised a school-based partial hospitalization program. Through my work and passion for addressing mental health needs in the community, I have witnessed the growing demand for comprehensive mental health services and strive to show how my IU and IUs across the state offer solutions to this ever-growing need. I will focus my comments today on the array of services IUs statewide provide to address mental health challenges and how we work with schools to provide critical services and programs that support students' needs.

### **Intermediate Unit Mental Health Services**

Over the past 12 years, the demand for mental health services has steadily increased, and the last four years have further intensified this trend, affecting students of all ages. To meet this growing need, intermediate units understand the importance of creating safe and healthy environments for students to learn. In addition, we have seen the importance of making available and providing school-based behavioral health services, so students have full access to these services during the school day. Furthermore, this ensures students are meeting with behavioral health professionals and limits any other challenges and barriers that often prevent students from attending their appointments.

IUs support the behavioral, emotional, and mental health needs of individual students and schools by delivering a range of services including:

- **Interagency Collaboration** with state and local social service agencies to address the complex social and mental health needs of students;
- **Student Assistance Programs** for students with substance abuse problems;
- **Psychological Evaluations** conducted by IU mental health professionals to determine needed services for students;
- **Intensive Behavioral Health Services (IBHS)** offering short-term treatment focused on addressing the behavioral and emotional needs of children and adolescents, which can occur in the school, home, and/or community;
- **Individual and Group Counseling** offering individual and group therapy to students through the expertise of Licensed Social Workers and/or Licensed Professional Counselors;
- **School-based Outpatient Clinics** offering individual, group or family therapy and psychiatric services during school and/or after school;
- **Partial Hospitalization Programs** to provide students with access to intensive mental health therapy and ongoing school instruction;
- **Alternative Education Programs** to address disruptive behaviors so that students can safely return to their regular classrooms;
- **Emotional Support Programs** providing special education services including social emotional learning, social skills instruction, mental health services, replacement behaviors, restorative practices, and academic instruction.

As an example of this, CIU20 operates Colonial Academy on behalf of its 13 member school districts. The program provides educational/treatment-oriented alternative placement for identified

at-risk children, serving alternative education, emotional support, life skills support, autism and partial hospitalization students.

Students at Colonial Academy experience academic and vocational study, character development, individual and group counseling, family support group counseling, crisis intervention and positive community experiences. Colonial Academy programs are designed to successfully return students to their home schools, enter the employment world, and become a positive impact on their community. Through the array of programs housed in this one robust school facility, we meet students where they are and provide emotional and other supports that help them realize success that may not have been possible in their home school setting.

CIU20 is not alone in our expansion of programs and services to support our schools' mental health needs, as IUs statewide are confronting similar challenges in supporting the mental health challenges today's students and families face. Like CIU20, several IUs currently provide and/or are expanding mental health services and programs to ensure schools in their region have access to a comprehensive continuum of support. Creating a comprehensive model requires all possible entities to collaborate in planning, development, and ongoing provision of mental health services, including the client, the family, the school, the IU, county Mental Health/Early Intervention/Developmental Programs, the Office of Children Youth and Families, Juvenile Probation, Drug and Alcohol Treatment Agencies, and any other public or private providers.

Despite these efforts, schools and IUs face a growing number of students needing mental health support and their needs have become both more acute and more complex. Additionally, as schools and IUs face unprecedented personnel shortages, so does the mental health profession. Even when our school entities create and deliver a full continuum of behavioral health services, the increased needs of our students has strained our already limited staff resources. For example, the escalation of risk and threat assessments has strained our available staff. To expand, the rise in truancy has necessitated the creation of a specialized program, incorporating licensed clinicians to evaluate and treat students struggling with significant anxiety and school-refusal behaviors.

To exemplify the scope of supports at one of the 29 IUs, CIU20 provides the following programs and the number of students served in school year 2022-2023:

- 20 School-based Partial Hospitalization classrooms - 230 students served\*
- 29 Therapeutic Emotional Support classrooms - 334 students served\*
- 12 Outpatient Clinics - 337 students served\*
- Intensive Behavioral Health Services - 92 students served\*
- Services to over 60 clients for Behavioral Health Related Services\*
- Colonial Academy (Alternative Education School) classrooms consisting of: 4 AEDY, 2 Alternative Education (non-AEDY), 15 Emotional Support, 1 Life Skills, 2 Autistic Support and 5 Partial Hospitalization included in PHP above) - 425 students served\*\*
- Educational Services at Northampton County Juvenile Detention Center\*
- School Attendance and Improvement Services - Employee 9 School Attendance Improvement Consultants - 1,554 students\*

\*Data 1/31/2023; \*\*2022-2023 School Year, End of the year data

Despite the full continuum of services offered, we work within the unfortunate confines of limited funding to address these critical needs. Even though mental health has been identified as an area of extreme need both internal and external to our schools, it is always challenging to find appropriate funding and timely access to available funding earmarked for these needs. Offering Tier 3 intensive services is extremely expensive. For example, during the 2022-23 school year, CIU20 provided Intensive Behavioral Health Services to 92 clients in all school districts in Northampton and Monroe counties with an expenditure of \$2,701,175 to provide this service.

### **Addressing Mental Health through Legislation**

We appreciate the state's recognition of this rising need by allocating \$100 million in the budget for school-based mental health last year. Additionally, IUs are named in Act 33 of 2023 as the pass-through administrator for nonpublic school mental health grants. Intermediate units are honored to be a trusted state partner in our continued support of nonpublic schools, and we thank the General Assembly for assuring that the final provisions of the School Safety and Mental Health grants passed into law in December included a 5% indirect cost for the expenditures IUs will incur to administer these grants on behalf of nonpublic schools. We look forward to working quickly to apply for grants for our own IUs and to administer dollars granted to nonpublic schools so that students may begin to benefit from this critical investment.

In addition to increasing flexible funding for school-based mental health, we appreciate the House Education Committee's commitment to improving students' mental health legislatively. In the CIU20 region alone, based on the Preliminary 2023 Pennsylvania Youth Survey (PAYS) data from Monroe County, the overall mental health of our students is concerning and pursuing legislative supports to improve our students' mental health is a step in the right direction.

- Students who reported their overall mental health is not good
  - 21% of students in 6th grade
  - 28% of students in 8th grade
  - 35% of students in 10th grade
  - 37% of students in 12th grade
  
- Students who reported they have felt depressed or sad most days in the past 12 months
  - 40% of students in 6th grade
  - 40% of students in 8th grade
  - 43% of students in 10th grade
  - 37% of students in 12th grade
  
- Students who reported sometimes they think life is not worth it
  - 27% of students in 6th grade
  - 27% of students in 8th grade
  - 24% of students in 10th grade
  - 25% of students in 12th grade

- Students who reported they think they are no good at all
  - 40% of students in 6th grade
  - 39% of students in 8th grade
  - 37% of students in 10th grade
  - 35% of students in 12th grade
- Students who reported they are inclined to think that they are a failure
  - 26% of students in 6th grade
  - 26% of students in 8th grade
  - 25% of students in 10th grade
  - 22% of students in 12th grade
- Students who reported they seriously considered attempting suicide in the past 12 months
  - 15% of students in 6th grade
  - 19% of students in 8th grade
  - 19% of students in 10th grade
  - 19% of students in 12th grade
- Students who reported they made a plan about how they would attempt suicide
  - 14% of students in 6th grade
  - 16% of students in 8th grade
  - 15% of students in 10th grade
  - 14% of students in 12th grade
- Students who reported they did actually attempt suicide in the past 12 months
  - 6% of students in 6th grade
  - 8% of students in 8th grade
  - 7% of students in 10th grade
  - 7% of students in 12th grade

The Preliminary 2023 PAYS data in Monroe County is a sample of data from one region, however, I am sure you will find data that is similarly dire in other regions across the state. Just last month, we had a student in our Colonial Academy building that attempted suicide at school. That student is currently under the care of medical professionals to support their mental health and safety. In addition, earlier this week, we actively responded to a call through the Safe2Say Something program for a student who shared information on social media that they were considering intentional self-harm. That student's peers contacted Safe2Say and through quick action by the school team and the local authorities, the student is safe and currently under medical care to support their mental health. I share this story not only to express the reality of our children's mental health, but also to show how Safe2Say is saving lives.

The reality is that our students' mental health is not improving. Intentional self-harm is the second leading cause of death for children ages 10-14 and third leading cause of death for children ages 15-

19 per Center for Disease Control and Prevention (CDC). In addition, in 2022 suicide rates for children has been the highest in years and is up 62% from 2007 to 2021.

As a school community, it is critical that we work together to ensure our students are safe and to improve their mental wellbeing. To achieve this goal and to create the most effective systems of care, collaboration among families, school staff, community providers, the Department of Education, the Department of Human Services and legislators is necessary.

Specifically regarding the four bills scheduled for consideration tomorrow, I share the following:

House Bill 1665 would have the most direct and tangible impact on IU operations and services since we are a "school entity" under the bill. HB 1665 would require school entities "to develop and implement a written comprehensive school counseling plan..." This bill reads as a well-intentioned way to focus school staff and school counselor efforts on activities that could make a difference in students' mental health on a daily basis. It also seems to provide a framework that could be complex to implement across schools, but with a regional mindset, many of our IUs across the state may be well-positioned to assist with coordination and implementation that could ease the burden of the changes on school districts. It seems, however, that the bill would make significant changes to the demands on school counselors' already limited time and schools' limited resources. With this, I would suggest that the bill could be strengthened by assuring it is coupled with appropriately flexible funds and ample time for IUs and schools to implement well-constructed programs and plans.

House Bill 1367 is directly related to athletes, coaches, and families of the athletes. While we see value in this approach related to athletics, we know that student mental health challenges are far more pervasive. Any action to inform and educate school staff, families, and students that increases awareness of mental health is an important protective measure to ensure our students are emotionally and physically healthy. All students and families in our school communities could benefit from this support as a proactive action to improving mental health.

In regard to House Bill 1519, it is important to acknowledge the importance of taking care of our mental health as you would for your physical health. Currently, our schools are required to follow the compulsory attendance requirements and truancy laws establishing an attendance policy. The current system allows for a lawful absence to be provided with a written excuse from the parent. However, if those absences become excessive, a School Attendance Improvement Conference must be conducted. In addition, if the student is receiving treatment by a mental health professional, an absence to receive care would be excused with a note from the professional. As we continue to increase our mental health services in schools, it is important to consider that when a student in need of mental health support, *attending* school may be in their best interest to receive critical supportive services. If a student is feeling sad, depressed, or disconnected, it is important to connect them with caring adults and peers, in addition to services provided by a professional. While we do not oppose taking time off to rest due to mental health, we also need to ensure connecting the family and students to care and resources.

Lastly, House Bill 1553 provides for displaying the suicide prevention hotline telephone number on student identification cards and displaying information throughout the school. Based on the data provided earlier in this testimony from a national, statewide, regional, and personal perspective, the more we can do to promote resources and supports to our students that are having feelings of intentional self-harm the better. Many of our schools have taken great efforts to increase suicide awareness and provide resources to school staff, students and families. This bill provides another way to bolster the overall safety of our children.

Overall, it is imperative that the state recognizes the urgency of these issues and takes necessary steps to address the growing demand for mental health services in our schools. We appeal to the committee to consider the importance of flexible funding, increased resources, and continued opportunities for collaboration among all the involved entities. Creating a system of care and a continuum of school-based services is necessary to ensure the wellbeing and academic success of all our students. As schools continue to increase mental health services, we need to continue to create a multi-tiered system of support. Tier 1 and Tier 2 services need to be continually developed and enhanced in our schools to support our children proactively. Once students need Tier 3 services, the most intensive in nature, treatment challenges increase. The services are very specialized and there is a shortage of mental health professionals trained in this treatment, similar to the shortage we have been experiencing with educators. These services are also extremely expensive. Therefore, we need to continue to be proactive in addressing these mental health issues early.

As you are aware, schools and intermediate units across the commonwealth have vastly varying levels of resources available to meet their needs for educating students and providing appropriate supports. Some intermediate units may have the resources to go beyond what we have done, and others simply do not, but still continue to prioritize the critical role they play in service provision for schools, educators, and students. Anything the legislature can do in partnership with intermediate units to provide additional funding, remove barriers that inhibit our ability to address these important needs, and work together to craft a stronger environment for Pennsylvania's students to learn, grow and thrive is appreciated. We stand ready to assist with the crafting of programs and legislative language.

Thank you again for the opportunity to testify today and we look forward to working together to improve the state of mental health in Pennsylvania's schools through the IU system. I would be happy to answer any questions.





Student Mental Health Legislative Trends

*Pennsylvania House Education Committee Hearing on  
Mental Health in Schools*

Ashley Wallace, Associate Director  
Education Program, NCSL

January 17, 2024

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# Trends in Student Mental Health Legislation



- **Mental Health Professional Staffing Ratios**
- **School Telehealth Services**
- **Mental Health-Related Absences**
- **Staff Training & Professional Development**
- **Suicide Prevention Programs & Services**
- **Mental Health Screening in Schools**
- **Mental Health & Wellness Curricula**



# Mental Health Professional Staffing Ratios



**Virginia H.B. 1508**  
(Enacted 2020)

Requires a 1:325 School Counselor Ratio in K-12

**Maryland H.B. 844**  
(Enacted 2019)

Requires LEA's to Report on Strategies to Improve their School Psychologist Ratios

**Delaware H.B. 100 & H.B. 300**  
(Enacted 2021/ 2022)

Requires K-8 Schools to Reach 1:250 School Counselor Ratios and 1:700 School Psychologist Ratios



# Telehealth Services for Students



**Georgia H.B. 307**  
(Enacted 2021)

Expands the definition of originating site - to, among other places, school.



**Maryland H.B. 34**  
(Enacted 2021)

Authorizes a health care practitioner at a school-based health center to provide services through telehealth.



**Florida H.B. 5101**  
(Enacted 2023)

Requires each school district to implement a mental health program that includes, among other provisions, contracts or agreements with community behavioral health providers to provide services at schools, including via telehealth.



**Massachusetts H.B. 4002**  
(Enacted 2021)

Funding to create a telebehavioral health pilot program for schools.

# Mental Health-Related Absenteeism

**Nevada S.B. 249**  
(Enacted 2021)

States a Qualified Mental/ Behavioral Health Professional's Note Can Excuse a Student Aged 7-18.

**Kentucky H.B. 44**  
(Enacted 2022)

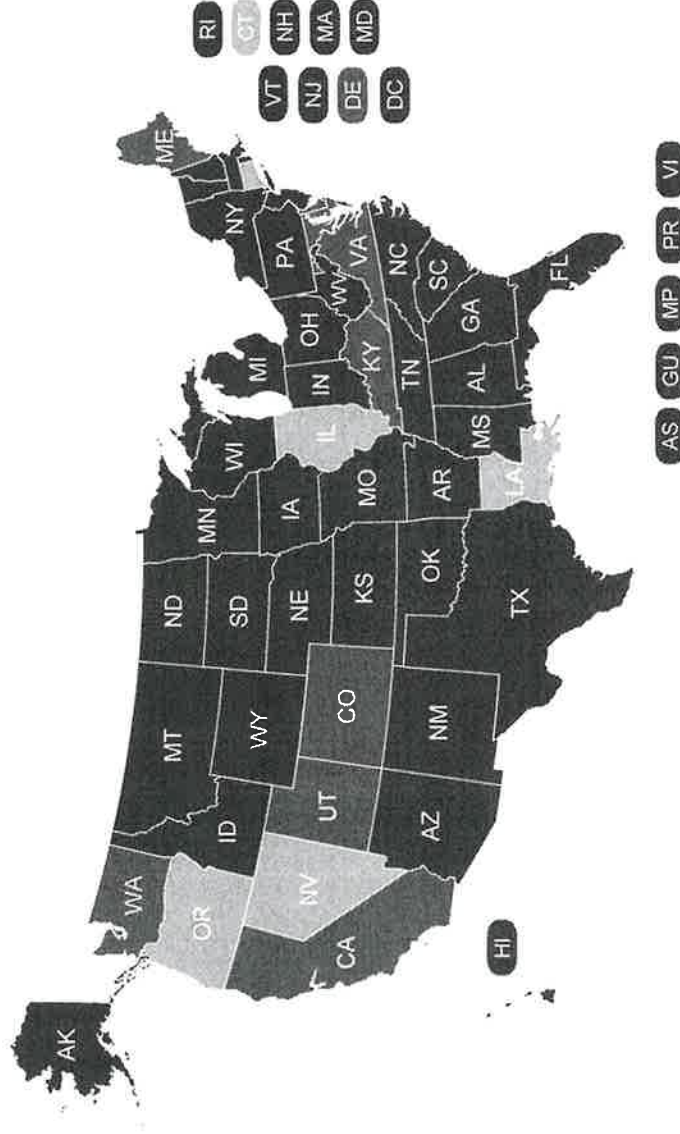
Requires School District's Attendance Policy to Include SMH or Behavioral Health Provisions

**Illinois S.B. 1577**  
(Enacted 2021)

Allows up to 5 Mental Health Days/year, but Parent Must Call and State Mental Health as the Reason for Absence.

**Delaware H.B. 3**  
(Enacted 2023)

Includes Mental and Behavioral Health Needs as Excusable Absences



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## Feel free to reach us at:

**Ashley Wallace**

[Ashley.Wallace@NCSL.org](mailto:Ashley.Wallace@NCSL.org)

*(For Education Questions)*

**Tammy Jo Hill**

[TammyJo.Hill@NCSL.org](mailto:TammyJo.Hill@NCSL.org)

*(For Telehealth Questions)*

**Charlie Severance-Medaris**

[Charlie.Severance@NCSL.org](mailto:Charlie.Severance@NCSL.org)

*(For Suicide Prevention Questions)*









## Suicide Prevention & Awareness Training for Schools



### Louisiana H.B. 353 (Enacted 2023)

Allows up to **3 mental health absences/school year**,

Provides **required instruction** on mental health

Provides programs on **suicide prevention** and substance abuse prevention

Requires the state Department of Education to develop and administer a **pilot program** for implementing certain **screenings**,

Requires the **registration of school health centers** with the office of public health.

### Washington H.B. 1134 (Enacted 2023)

Requires development and dissemination of informational materials and a social media campaign relating to the 988-crisis hotline, including appropriate information for students at K-12 schools.

# Suicide Prevention Programs & Services

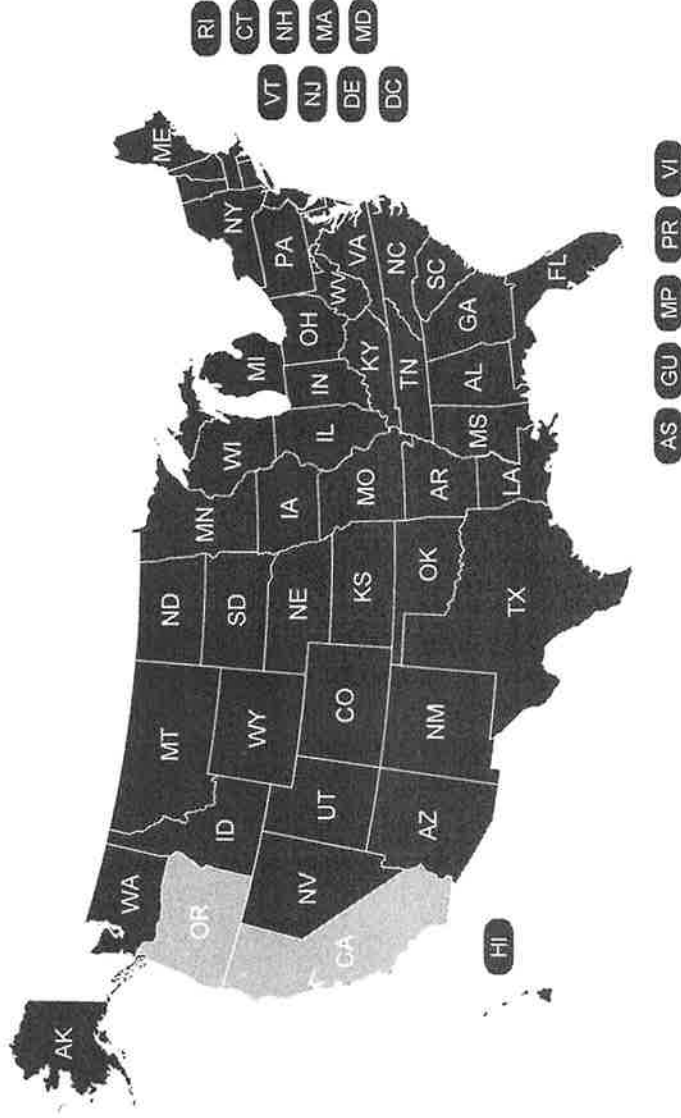


**California A.B. 1767**  
(Enacted 2019)

Requires Adoption of  
Suicide Prevention  
Plans for Grades 1-6

**Oregon S.B. 52**  
(Enacted 2019)

Requires Districts to  
Develop a Comprehensive  
Plan on Suicide Prevention,  
Intervention, and Healing



# Mental Health Screening & Services

**Utah H.B. 323**  
(Enacted 2020)

Allows for the Implementation of Evidence-Based Mental Health Screening Program

**Iowa S.B. 2261**  
(Enacted 2020)

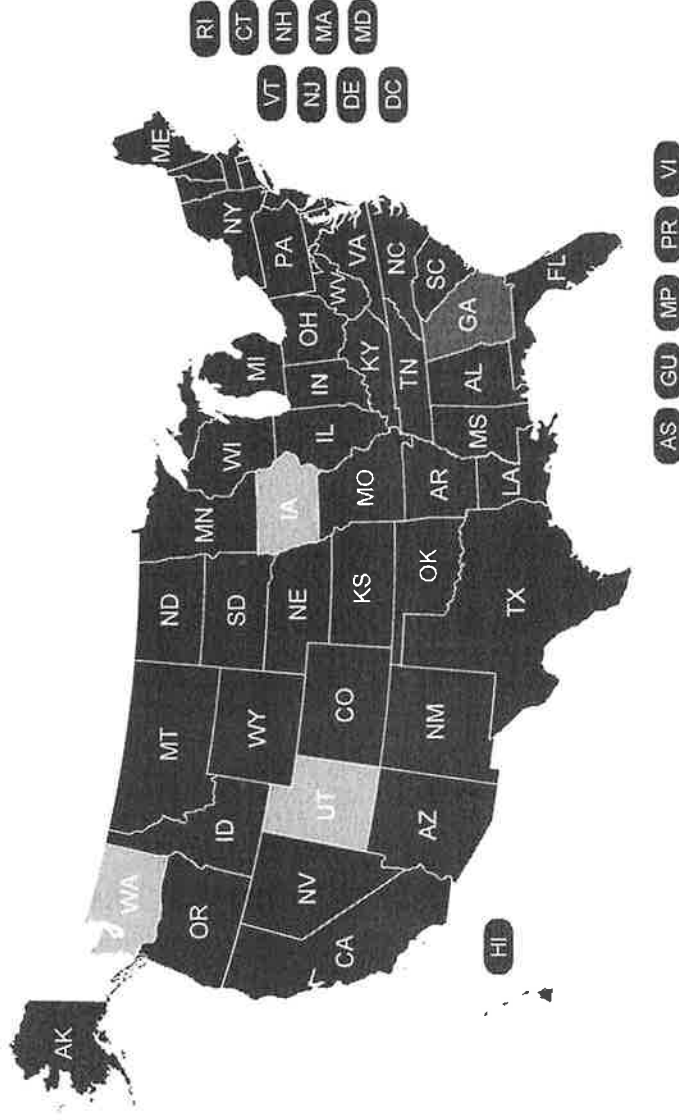
Provides Telehealth Behavioral Health Services on School Grounds

**Washington S.B. 5030**  
(Enacted 2021)

Requires the Development of Comprehensive School Counseling Program

**Georgia H.B. 1005**  
(Failed 2022)

Requires Local School Systems to Conduct Suicide Screenings on Students Ages 8-18





# Workgroups, Pilot Programs, & Commissions



**Hawaii S.R. 45**  
(Enacted 2021)

Convenes a Working Group to Create a Statewide School Policy around Suicide

**New Jersey A.B. 660**  
(Failed 2022)

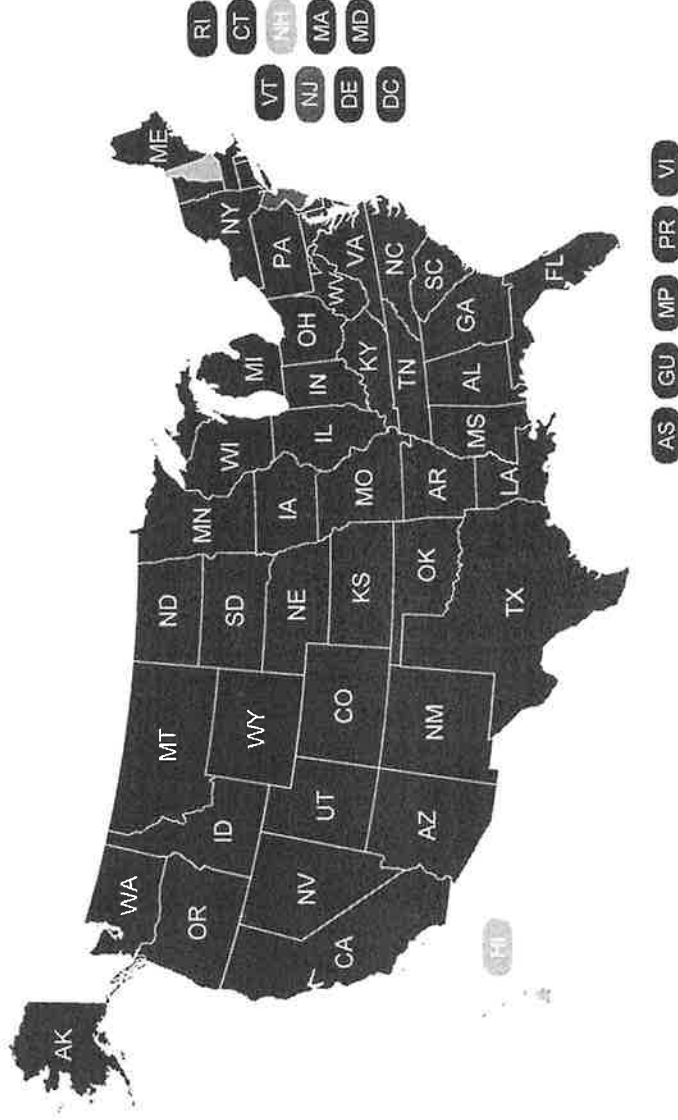
Establishes a Pilot Program to create SMH Assistance Programs in Selected School Districts

**New Hampshire H.B. 131**  
(Enacted 2019)

Develops a Commission to Develop and Promote Mental/Behavioral Health Wellness Programs

**New Jersey A.B. 3331**  
(Failed 2022)

Establishes a Student Mental Health Task Force



## NCSL Research Request

### Follow-up to Pennsylvania House Education Hearing on Student Mental Health

January 17, 2024

#### NCSL Staff Contacts:

Ashley Wallace, [Ashley.wallace@ncsl.org](mailto:Ashley.wallace@ncsl.org) (Education Program)

Tammy Hill, [TammyJo.Hill@ncsl.org](mailto:TammyJo.Hill@ncsl.org) (Health Program)

**1)-Student Mental Health Policies and Outcomes Data-**At the January 17, 2023 House Education Hearing on Student Mental Health, one question that arose was how states are assessing whether the student mental health policies are having an impact. Below is further research, resources and bill summaries related to this question.

#### Research on school counselor and psychologists and student outcomes

*A number of research studies have been conducted on the impact of school counselors on development, student outcomes and school climate. Below are outside resources.*

American School Counselor Association (ASCA)

- ASCA's [compilation](#) of research studies
- ASCA [one-pager](#), Impact of School Counselor-to-Student Ratios on Student Outcomes

#### March 2023 Texas study, Staffing Schools to Support the Classroom: Examining Student-to-School-Counselor Ratios and Academic Student Outcomes in Texas, Brown and Knight

*Study's Conclusion: "The findings of this study demonstrate that student-to-school-counselor ratios in the state of Texas are correlated with student outcomes, in particular academic achievement and graduation outcomes. Taking into consideration the various school and environmental influences (e.g., socioeconomic status, ethnicity, and limited school resources) students encounter, the number of school counselors per student must be viewed as an important component in the debate concerning means to improve student outcomes, particularly in Texas."*

Researchers also state " To provide a sense of how the context in Texas differs from that of other states, [Figure 1](#) shows the student-to-school-counselor ratios for each state and that state's child poverty rate, averaged over the most recent 5 years. Texas has slightly higher child poverty rates and larger student-to-school-counselor ratios than many other states; however, the state is not a significant outlier on either metric. Because Texas is a racially and economically diverse state with a wide array of rural, suburban, and urban settings, our findings generalize to many other state contexts."

[SAMHSA Issue Brief on Mental Health and Student Achievement](#)

#### School Climate Surveys and Social-Emotional Learning Outcomes Research

## **Panorama Education Research**

Panorama Education is one of the companies working with some states and districts to utilize student data and help them match up with interventions and track their effectiveness on student behavior and wellbeing, academic achievement and absenteeism. They also conduct student, staff and parent surveys on school climate, well-being and whether or not policies are having the intended impact. Below is some of their resources around what the research says about connections between school climate, mental health supports and social-emotional skill building and outcomes such as a reduction in chronic absenteeism. Below is also a link to school climate surveys that can be used to assess policy effectiveness.

- [SEL & ABCs of Student Success](#)
- [Climate & SEL & Chronic Absenteeism](#)
- [Well-Being Survey](#)
  - [Validity & Reliability Report](#)

## **Bill Examples:**

- A few legislatures have asked for *effectiveness* of programs or systems to be looked at, here are a couple examples and follow-up reports.
  - **Maryland**, HB 1136 (2019) [Task Force to Study the Frederick County Public School System's Elementary](#)
    - December 2019, [Report published](#) – Page 3 provides information for next steps
  - **Texas**, HB 906 (2019) [Collaborative Task Force on Public School Mental Health Services](#)
    - [Year 1 Report](#) – Page 4 highlights key findings and page 4-5 provides short-term and long-term recommendations.
    - [Additional information and current work](#)

In the attached PowerPoint presentation, there is a slide with bill examples of student mental health task force bills to examine data, match policies and interventions to student needs and assess effectiveness. Other states have passed school climate legislation or early warning system legislation. I am happy to follow up with examples of these bills, if interested.

## **Health Impacts**

The resources above focus on the education impacts of student mental health. From the perspective of health impacts of student mental health and trauma, my colleagues in NCSL's Health Program have these resources to share:

- Those with the health lens often look at prevention or intervention for things that are leading to mental health challenges. This could include understanding how [ACEs](#) or [trauma-informed care](#) influences mental health later on.

2.)-**MH Professionals Staffing Shortage** -At last week's hearing the issue of balancing requiring expanded staffing ratios in light of the staffing challenges to fill those positions came up. I



mentioned that Delaware took a 3 yr-phased approach to its student to mental health professional ratio requirement, in order to give some time to fill positions. That bill is [HB. 100](#) (enacted 2021)

I also mentioned that some states are looking into recruitment and retention strategies (especially for school psychologists), including taking a look at neighboring states' requirements and compensation and expanding who can provide mental health services in schools.

#### Bill Examples:

- [FL HB 5101](#): Requires each school district to implement a mental health program that includes, among other provisions, contracts or agreements with community behavioral health providers to provide services at schools, including via telehealth.
- [Kentucky SB 1](#): Provides options for school districts to provide school-based mental health counselors. The counselors may provide services through a collaboration with regional mental health day treatment program and similar facilities, organizations or programs. There is an emphasis on utilizing a trauma-informed approach.
- [MD HB34](#): Authorizes a health care practitioner at a school-based health center to provide services through telehealth, including primary care, preventive care, behavioral health services and others.
- [LD 247](#) (Enacted 2019) Maine's Act to Increase the Amount of Time School Counselors and Social Workers Spend Providing Students Direct and Indirect Counseling

**Other Resources** on the challenge of the school mental health professional shortage and strategies some are taking to address it:

- This [Education Week article](#), summarizes some of the bills aimed at strengthening the pipeline for school mental health professionals.
- American Psychological Association Jan. 2024 article, [There's a Strong Push for More School Psychologists](#)
  - The above APA article cites Stephanie Schmitz's study, ["Increasing School-Based Mental Health Services with a "Grow Your Own" School Psychology Programs](#)
- One way states and districts are studying school employee recruitment and retention, including school mental health professionals, is assessing workplace conditions and worker satisfaction through surveys. [Impact KY](#) is one example of this type of survey.

Please note that NCSL takes no position on state legislation or laws mentioned in linked material, nor does NCSL endorse any third-party publications; resources are cited for informational purposes only.

# inseparable

409 7<sup>th</sup> St Northwest, Suite 305  
Washington, D.C. 20004  
January 16, 2024

House Education Committee  
Pennsylvania House of Representatives  
Room 523, Irvis Office Building  
450 Commonwealth Ave.  
Harrisburg, PA 17120

Via electronic submission

RE: A National Perspective on School Mental Health Services

Dear Chair Schweyer, Minority Chair Topper, and Members of the Committee:

Thank you, Chair Schweyer and Minority Chair Topper, for hosting this important hearing on school mental health. Inseparable, a mental health advocacy organization founded on the belief that the health of our minds is inseparable from the health of our bodies, is honored to contribute by providing a national perspective on building and sustaining mental health services to support generations of students.

Inseparable commends the General Assembly for having established the Safe2Say Something program in the Attorney General's office, which has provided a unique and invaluable window into student mental well-being since its launch in 2019. Suicide and self-harm, bullying and cyber-bullying, and other mental health challenges represent a significant portion of the over 26,000 contacts from students in the 2021-2022 school year alone, highlighting the need for enhancing school mental health resources.

When youth experience mental health challenges, it can affect their academic performance, their relationships with their teachers, parents, friends and family, and even their health and safety.<sup>1</sup> Fortunately, prevention and early intervention work. Research shows that the earlier a person gets effective mental health treatment, the better the outcomes. Yet, in Pennsylvania, over half (54.6%) of youth ages 12-17 who have depression did not receive treatment in the prior year.

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<sup>1</sup> Neufeld SAS, Jones PB, Goodyer IM. Child and adolescent mental health services: longitudinal data sheds light on current policy for psychological interventions in the community. J Public Ment Health. 2017;16(3):96-99. Access at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868550/>.

One of the best ways to help youth is to provide mental health supports where they are—in school. Pennsylvania is notable for its significant investments in school mental health and, importantly, for the work of this committee to create a policy framework that will help ensure that the Commonwealth’s investments are impactful, coordinated, and sustainable. In support of these goals, Inseparable would like to share the following recommendations, gleaned from our work across the country, to facilitate a strong foundation for advancing effective school mental health services.

### **Promoting best practices**

With a plethora of programs and vendors for school mental health services, it can be challenging for school officials to make informed choices on interventions and practices, let alone to receive appropriate training and coaching, that support family and community partnerships, and develop the capacity to meet wide-ranging student mental health needs, especially given workforce shortages. A promising solution is creating a **deployable state education agency-based team** that serves as a central hub offering cost-effective coordination and support for diverse needs, including for small and rural school districts.

#### *Case study:*

- Maryland’s School Mental Health Response Program (MD-SMHRP) includes a School Mental Health Response Team that is available to school and district leaders for both on-site and virtual consultation and support. The team provides resources and advice on effective interventions, offers consultation from mental health experts to assist school staff with complex student needs, maintains a learning community to enhance knowledge and skills, and provides training in a range of topics that span promoting educator well-being, using data to monitor progress, and implementing best practices for trauma-informed mental health screening.

#### *Recommendation:*

We urge the committee to consider establishing a centralized school mental health response team program that provides expert support for school mental health programs and for developing staff capacity. We further recommend that a response team’s role includes coordinating with other child and family-serving agencies and community providers.

### **Developing a workforce pipeline**

Despite high demand for school mental health services, there is a dearth of professionals to fill positions and support students across the country. Multiple states are taking active steps to recruit, train, and retain school mental health professionals with **workforce pipeline programs**.

#### *Case studies:*

- A rural Midwest state has mimicked the Virginia Child Welfare Stipend Program, to prepare behavioral health professionals-in-training to work with youth in schools. The program provides training, internships, and a \$10,000 stipend per academic year with a work payback requirement. The school mental health workforce program is housed

within a university and provides internships in high-needs schools, on-the-job coaching, a learning community of peers, and expert clinical supervision, all of which lower barriers to entry for diverse students and increase success.

*Recommendation:*

We recommend that Pennsylvania use its considerable higher education capacity to build a school mental health workforce pipeline program that lowers barriers to entry, promotes a diverse workforce, and supports students throughout their required supervision and facilitates successful placements. We further recommend that Pennsylvania join interstate compacts for counselors and social workers and lower barriers to getting credentialed or licensed by providing stipends to cover the cost of exams and renewal fees for behavioral health professionals who work in underserved areas.

**Leveraging federal funding**

To provide more sustainable funding, twenty-five states leverage federal funds by covering school-based services and providers for all Medicaid-enrolled students, not just students with Individualized Education Plans, or IEPs.<sup>i</sup> Unlike typical Medicaid programs, **school Medicaid programs** do not require new state general funds. Instead, existing (already funded) school services may serve as the state Medicaid match, or contribution, and draw down federal dollars that help sustain and expand school-based services.

*Case studies:*

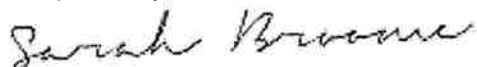
- Louisiana initially extended Medicaid to school nurses, and the significant infusion of federal funds (35% increase in federal revenue) prompted the state to extend to school behavioral health services<sup>ii</sup>
- North Carolina allows districts to access Medicaid reimbursement and saw a 35% increase year-over-year in Medicaid reimbursements with no financial outlay for the state Medicaid agency<sup>iii</sup>

*Recommendation:*

We urge Pennsylvania to create greater sustainability by extending Medicaid coverage of school-based services to all Medicaid-enrolled students, particularly in light of new federal flexibilities issued in May of 2023 and the launch of a new CMS technical assistance center for Medicaid school-based services.

In closing, Inseparable would like to reiterate our gratitude to the House Education Committee for its work to ensure that school mental health services provide hope and support to students, school staff, and families across the state.

Respectfully,



Sarah Broome, Schmidt Innovation Fellow

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<sup>i</sup> Healthy Students, Promising Futures. Map: School Medicaid Programs. <https://healthystudentspromisingfutures.org/map-school-medicaid-programs/#0>

<sup>ii</sup> Healthy Students, Promising Futures. Financial Impact of Expanding School Medicaid Programs. (May 2022).

<sup>iii</sup> *ibid.*

Dr. Anne Clark  
7112 Swamp Hollow Lane  
Dallastown, PA 17313  
a.clark@pacharters.org  
717-818-7680

January 16, 2024

House Education Committee Hearings  
Mental Health in Schools  
January 17-18, 2024  
Room 523 Irvis Office Building  
Harrisburg, PA

The Commonwealth of Pennsylvania recognizes that children need more today than ever before. We lose our high-performing students to low expectations, quiet children to loud classrooms, and disruptive students to suspension. We lose our teachers to unrealistic testing expectations, limited tools, knowledge, and support for their professional growth.

I am writing to express my heartfelt testimony regarding the exceptional holistic approach to children adopted by Charter School, a model deeply rooted in Maslow's Hierarchy of Needs. As an educator, parent, and advocate for quality education, I have witnessed firsthand the transformative impact this approach has had on the well-being and development of students across the Commonwealth in our charter schools.

Maslow's Hierarchy of Needs provides a fundamental framework that recognizes individuals' diverse and interconnected needs of children. Charter Schools have embraced this philosophy by creating a nurturing environment that prioritizes fulfilling children's needs, which include physiological needs(food, air, water, shelter, and clothes), safety needs(personal security, employment, resources, health, and property), love and belonging (friendship, family, and sense of connection), esteem(respect, self-esteem, status, recognition, strength, and freedom), and self-actualization(desire to become the most one can be).

Charter School goes beyond conventional educational practices by recognizing the importance of social connections and a sense of belonging in students' lives. The School encourages positive relationships among students, teachers, and parents by fostering a community-oriented environment. From their conception, charter schools have had diverse students needing innovative approaches to ensure students' success in all areas, including academically, behaviorally, and socially/emotionally. Remember, "You can't teach them until you reach them."

Childhood aces, or Adverse Childhood Experiences, refer to traumatic events or circumstances children may encounter during their formative years. These experiences can include abuse, neglect, household dysfunction, or other stressful events that may have a lasting impact on a child's physical and mental health. Childhood Aces have been extensively studied, and research suggests a strong correlation between the number of adverse experiences and a range of negative outcomes later in life, such as mental health issues, substance abuse, and chronic diseases. Recognizing and addressing childhood aces is crucial for promoting healthy development and breaking the cycle of adversity that can persist across generations. It underscores the importance of creating supportive environments for children to thrive emotionally and physically.

Due to various factors, teacher preparation programs must often adequately equip educators for today's classrooms. One key challenge is the rapidly evolving education landscape, driven by technological advancements, changes in student demographics, and developing teaching methodologies. Many teacher preparation programs need help to keep pace with these dynamic shifts, leading to a misalignment between the skills teachers acquire during their training and the demands of contemporary classrooms. Additionally, there is growing recognition that practical classroom experience is as crucial as theoretical knowledge, and some programs may need more hands-on training opportunities. Furthermore, the emphasis on standardized testing and compliance requirements can overshadow the development of critical skills such as adaptability, cultural competence, and effective communication, leaving teachers ill-prepared to address the diverse needs of today's students.

In the last two years, I have visited 70 of our charter schools, and I want to share a few examples of schools that are getting it right for our children. Charter Schools Processes and Programs based on Maslow's Hierarchy of Needs:

**Students Physiological Needs Met through:**



**Lincoln Charter School York, Pennsylvania:**

Lincoln Charter Schools in York, PA, are renowned for their commitment to providing students with a well-rounded education, and this dedication extends to their food service programs. LCS participates in all feeding programs, including CEP (Community Eligibility Program), breakfast and lunch program, fresh fruit program, and At-Risk site serving snacks and dinner. Recognizing the importance of nutrition in students' overall well-being and academic performance, Lincoln Charter Schools have implemented comprehensive and nutritious food services utilizing the MyPlate and 4H curricula. LCS Wellness program goes beyond healthy eating to include two recesses daily, partnership in building Hope Street Learning Lab, and community activism by participating in National Walk to School Day and National Bike to School Day. Importance of communal meals and healthy eating habits. Through their food service initiatives, Lincoln Charter Schools aims to create an educational atmosphere that nurtures academic excellence and their student's overall health and wellness. LCS fed over 500 individual students on the first school day of the pandemic when every other School in York was closed down. LCS took food service on the road during the pandemic, feeding their students in the city and county.

**Charter Schools Offer:**

Breakfast in Classroom

Second Chance Breakfast

Lunch

Snack

Dinner Programs

Bookbag Feeding Program for Weekends

Mobile feeding Programs

Clothing Closets for Uniforms and Leisurewear

Allow students to take regular water and toilet breaks if in person.

Provide breaks for food - and offer nutritious snacking options.

Ensure adequate lighting and ventilation.

Monitor temperature so that students do not feel too hot or cold.

**Safety and Security:****Executive Education Academy Charter School Allentown, Pennsylvania**

Executive Education Academy Charter School holds morning and afternoon student meetings to foster a dynamic and engaging learning environment. These meetings serve as valuable forums for students to come together, discuss important matters, and receive updates on school activities. During the morning meetings, students can kickstart their day with announcements, inspirational messages, and pertinent information that sets the tone for a productive learning experience. In the afternoon meetings, students can reflect on their day, share achievements, and collaborate on projects. These gatherings contribute to effective communication within the school community and promote unity and shared purpose among Executive Education Academy Charter School students.

### **Life Male STEAM Academy Charter School, Pittsburgh, Pennsylvania**

The LIFE Male STEAM Academy SMART® Student Health and Wellness Clinic is a vital component of the academy's commitment to fostering the overall well-being of its students. This state-of-the-art clinic is designed to provide comprehensive healthcare services, ensuring students can access high-quality medical care and support. The acronym SMART® reflects the clinic's focus on Student Medical Access, Resources, and Treatment, emphasizing its dedication to addressing the diverse health needs of male students in the fields of Science, Technology, Engineering, Arts, and Mathematics (STEAM). Staffed by qualified healthcare professionals, the clinic offers medical treatments and promotes preventive care and wellness programs, contributing to the holistic development of students within the academy. The LIFE Male STEAM Academy SMART Student Health and Wellness Clinic is crucial in creating a supportive and thriving educational environment focusing on physical and mental health.

### **Charter Schools Offer:**

Staffed trained and assigned to students' arrival, looking for any signs of trauma

Grade-level morning and afternoon meetings.

Parent Surveys

Advanced security systems allow the building to be locked down from the outside and inside out. They allow community use of the building evenings and weekends while securing all classrooms safely.

Local community members staff behavioral support teams.

Wellness Centers treat the whole family.

Health screenings include dental, eye, and health.

Enact well-defined routines in your classes.

Set forth well-defined rules and procedures and **communicate them to the students.**

Follow the rules and routines **consistently.**

Cultivate an environment that allows for healthy discussion and non-judgmental conversation.

Monitor the environment of your class to identify and prevent bullying.

### **Love and Belonging:**

#### **Bear Creek Community Charter School, Bear Creek, Pennsylvania**

Bear Creek Community Charter School in Bear Creek, Pennsylvania, prioritizes and values parent engagement as a crucial component of the overall educational experience. The School recognizes that parental involvement is vital to a student's academic success and personal development. To foster strong connections between parents and the school community, Bear Creek Community Charter School regularly organizes events, workshops, and meetings to encourage parents to participate actively in their children's education. Whether through parent-teacher conferences, volunteer opportunities, or informational sessions, the School strives to create an inclusive and supportive environment where parents feel empowered and informed. By promoting open communication and collaboration between educators and parents, Bear Creek Community Charter School aims to enhance each student's educational journey and strengthen the sense of community within the School.

#### **Global Leadership Academy Charter School, Philadelphia, Pennsylvania**

Global Leadership Academy Charter School in Philadelphia, Pennsylvania, offers enriching worldwide trips to its students, fostering a global perspective and cultural awareness. These international excursions are transformative experiences, allowing students to explore diverse cultures, histories, and landscapes beyond their local surroundings. Whether engaging with historical landmarks, participating in community service projects, or immersing themselves in the traditions of different countries, these trips aim to broaden students' horizons and instill a sense of global citizenship. The School's commitment to international education goes beyond the classroom, as these trips become integral in shaping well-rounded individuals prepared to navigate an interconnected world.

### **Charter Schools Offer:**

Uniforms

Family and community events at the School.

There is an open-door policy for all parents.

Home visits

Phone calls home

After School Clubs

Establish ground rules about being respectful towards one another.

Create a sense of teamwork by engaging students in team-building and bonding activities.

Encourage group work and other inclusive learning techniques.

Make conscious seating arrangements and groups. Place students where they can be best supported and aided.

### **Self-Esteem:**

#### **Seven Generation Charter School, Allentown, Pennsylvania**

Seven Generation Charter School in Allentown, Pennsylvania, strongly emphasizes fostering student self-esteem as an integral part of their educational philosophy.

The School recognizes that a positive self-image is crucial for academic success and personal development. Through innovative teaching methods, mentorship programs, and a supportive learning environment, Seven Generation Charter School actively instills confidence and self-worth in its students. By nurturing individual strengths and providing opportunities for self-expression, the School aims to empower students to navigate challenges with resilience and develop a lifelong love for learning. This focus on student self-esteem aligns with the School's commitment to holistic education, ensuring that students excel academically and emerge as confident and well-rounded individuals prepared for the future.

#### **Provident Charter School, Pittsburgh, Pennsylvania**

Provident Charter School, located in Pittsburgh, Pennsylvania, is committed to providing comprehensive academic support to its students. Recognizing the diverse learning needs of its student body, the School employs a range of educational strategies to ensure academic success. The dedicated faculty at Provident Charter School implements individualized support programs, including tutoring sessions, peer mentoring, and after-school programs. These initiatives aim to reinforce classroom learning, address specific academic challenges, and foster a positive and inclusive learning environment. Provident Charter School strives to empower its students with

the skills and knowledge needed for future success in their academic endeavors by offering tailored academic support.

**Charter Schools Offer:**

Core Values

Student Support Services

Guidance Counselor

Social Workers

EL Support

Special Education

MTSS

Counselors

Show your students that their efforts and hard work are noticed and appreciated. Provide powerful affirmative feedback.

Create opportunities for students to share positive feedback with their peers.

Encourage students to participate in competitions, extracurricular activities, and events.

**Self-Actualization:**

**Penn Hills Charter School of Entrepreneurship, Pittsburgh, Pennsylvania**

Penn Hills Charter School of Entrepreneurship, located in Pittsburgh, Pennsylvania, is renowned for its innovative approach to education with a strong emphasis on fostering entrepreneurial skills among its students. The School's entrepreneurial system is designed to instill a mindset of creativity, problem-solving, and initiative from an early age. Students are exposed to real-world scenarios, allowing them to develop business acumen and a keen understanding of the entrepreneurial process. The curriculum integrates practical experiences, such as creating and managing projects, which empowers students to think critically and develop the skills necessary for success in the ever-evolving landscape of entrepreneurship. Penn Hills Charter School of Entrepreneurship stands as a beacon for cultivating a new generation of forward-thinking individuals prepared to navigate the challenges of the business world with confidence and resilience.

**City High Charter School**

Twenty years ago, we researched cutting-edge schools across the country to find the perfect mix of best practices with one goal: to graduate students ready for life. Our curriculum for grades 9-12 is rigorous and relevant to the modern world. Furthermore, career-mapping, workforce skills literacy and mentored internships ensure our students graduate tech-savvy, college and career ready. Today, this unique educational model continues to prove itself. With free\* laptops, year-round classes, a low student/teacher ratio, and focus on college and career readiness, City High averages a 94% graduation rate – across all demographic groups.

**Charter Schools Offer:**

Students Specific Area of Study

Students feel the Joy of Learning

Students can be All You Can Be

Students are achieving goals set by their schools in partnership with the students.

Joint Values among students, staff, and parents.

Students Feeling Peaceful and Safe at School

Students having friends in School

Students are making a positive difference in their community.

Students Experience joy, happiness, and love regularly.

Students Developing a Strong Sense Of Self-Acceptance

Peer Coaching

Leadership Oppurnitiues

**House Education Committee Hearing  
Student Mental Health Hearings**

**Testimony of Dr. Jayme Banks PsyD, MBA  
School District of Philadelphia  
January 16, 2024**

Majority Chair Schweyer and Minority Chair Topper and All the Members of the House Education Committee, my name is Dr. Jayme Banks and it is my honor to be here today to talk about trauma informed education.

As Deputy Chief of Prevention, Intervention, and Trauma it's my responsibility to continue to build resources, supports, and tools that are available to schools, staff and students to address student mental health and trauma needs in the School District of Philadelphia.

The increase in mental health needs is evident nationally, in our city and in Philadelphia. Like School District's across the country, we certainly know that our students and staff have suffered very real trauma during the pandemic and that has only continued post-pandemic and especially with the increase in gun violence experienced in Philadelphia.

According to a recent report developed in partnership with the District and the CDC, the percentage of students who reported that they felt sad or hopeless for long periods of time increased from 31.4% in 2017 to 44.6% in 2021, and the percentage of students who did not feel close to people at their school increased from 35.5% in 2019 to 46.9% in 2021.

Pennsylvania's Safe2Say hotline, which provides students a confidential call for help when they are at risk of bullying, self-harm, drug use, or committing suicide also saw *an increase in calls*.

Prior to March 2020, 17% of tips received by the hotline for the 2019-20 school year were deemed a "life safety matter," meaning a student's immediate physical well-being or safety is at risk.

During the remaining months of the 2019-20 school year, 37% of tips were life safety matters, demonstrating the mental strain the pandemic put on students.

*This was especially true in Philadelphia.* While statewide the hotline saw an 18% increase in tips relating to personal safety from school years 2018-19 to 2019-20, Philadelphia saw a 62% increase over the same period.

We know that trauma and mental health needs impact learning and behavior, that's why focusing on expanding mental health and wellness support in our schools is **critical**.

A student's mental health needs can be a barrier to their academic achievement and their ability to thrive beyond our schools.

Simply put, we cannot teach our students if we are not addressing their emotional and mental health needs.

Given this, we have continued to increase the number of mental health supports in schools over the past couple of years and have been working with great partners to meet the need.

In February of 2023, we kicked off a new partnership with Kooth, an online mental health and well-being platform designed to provide access to personalized, digital mental health and well-being resources. Since then, **3000** Philadelphia students have accessed the online counseling, used the peer-to-peer support features, shared the digital resources, and more.

In partnership with the Department of Behavioral Health and Intellectual disAbilities (DBHIDS) and Community Behavioral Health (CBH), we have implemented Intensive Behavioral Health Services (IBHS), where there is a behavioral health provider assigned to every school in our district. The District and CBH continue to work together on this partnership with the goal that these mental health providers become more than a partner to each school and become an integral part of the fabric of the school community.

Over the past year, we have introduced Healing Centered Engagement, a non-clinical trauma-informed approach to supporting youth and families. We have trained over 150 of our staff and over the summer, we offered 75 students the opportunity to attend a week at Camp Akili, an experience that aims to address community trauma and build stronger schools and communities.

Beyond the partnerships, we are also increasing staffing, interventions, and training within our schools.



Every year, we continue to increase the number of school counselors in our district. We currently have 441 counselors, which is a significant increase to the 275 counselors that we had in 2020-2021. In addition to counselor support, we continue to add additional mental health programs. An example of this is the The Support Team For Educational Partnership – what we call STEP. This program started 5 years ago, it was in 21 schools and now it is in 53 schools. These teams consist of 2 Master-level clinicians, a case manager, and a family peer specialist.

We have held training sessions for counselors and STEP staff on working with students with anxiety and trauma. Also trained staff on evidenced-based small group interventions for Trauma, Anxiety, and Depression.

We also cannot discuss the mental health of the district community without mentioning the impact of gun violence in Philadelphia. We have lost student life and students have been injured due to this violence.

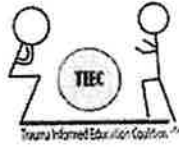
I oversee a team of hardworking staff called the Prevention & Intervention Liaisons that are responsible for supporting schools and leading the school response when these tragedies occur.

These programs are so important for our students.

One student told me in the camp that we held last summer that all he needs is to be in the presence of adults that will truly listen to him and have safe spaces ( physically and mentally) where he can be a kid.

We must continue to increase access to caring adults, safe spaces, and strong programming for our youth. This can only be accomplished by consistent funding that we do not have to question if it will be renewed yearly.

Thank you.



## **TRAUMA INFORMED EDUCATION COALITION (TIEC)**

**Teach - Innovate - Educate - Consult**

**132 FOX VALLEY LANE - GLEN MILLS, PA 19342**

**WWW.TRAUMAINSCHOOL.ORG \*\*\*\*\* INFO@TRAUMAINSCHOOL.ORG**

Testimony Before Pennsylvania the House Education Committee

January 17, 2024

Chairman Schweyer, Chairman Topper, and honorable members of the Committee, I am Dr. Joan Evelyn Duvall-Flynn. I am here to represent the Trauma Informed Education Coalition (TIEC). Our organization thanks you for this opportunity to share the observations and understandings on mental health issues as they impact the education of Pennsylvania's young.

The Trauma Informed Education Coalition is a grassroots group comprised of educators from both basic and higher education, school counselors, licensed social workers, attorneys, clergy, parents, and education advocates who are committed to advancing a strength based, resilient society. Our work is to equip communities to recognize the impact of psycho-social, emotional, and neuropsychological trauma through developing trauma informed trainings and practices which can implement across a variety of disciplines/fields.

Today our remarks will focus on three areas: what is mental health, structures of mental health essential to education settings, what is needed for school systems to support the mental health of students.

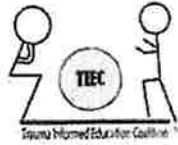
### **MENTAL HEALTH**

According to the World Health Organization,

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

The Center for Disease Control and Prevention explains, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices, CDC stresses that “Mental health is important at every stage of life, from childhood and adolescence through adulthood.”

The Department of Human and Health Services acknowledges that 25% of United States workers are dealing with a child that has a mental health or behavioral issue. At the same time, there is a severe shortage of mental health professionals. Over one-third of Americans live in areas where there is a shortage of trained behavioral-health providers. The need for our schools to have the



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Teach - Innovate - Educate - Consult

132 FOX VALLEY LANE - GLEN MILLS, PA 19342

[WWW.TRAUMAINXSCHOOL.ORG](http://WWW.TRAUMAINXSCHOOL.ORG) \*\*\*\*\* [INFO@TRAUMAINXSCHOOL.ORG](mailto:INFO@TRAUMAINXSCHOOL.ORG)

wherewithal to participate in addressing this social reality is clear and is of great importance to the welfare of Pennsylvania and the country.

### **STRUCTURES OF MENTAL HEALTH ESSENTIAL TO SCHOOL SUCCESS:**

There are capacities that a child needs prior to entering the required system of education to perform well in the academic setting. Based on the work of Dr. Bruce Perry, leading researcher in the field of brain science, there are six core strengths that we need to develop beginning in infancy.

**Attachment**, which is the capacity to form and maintain healthy emotional bonds with another person. This core strength is the cornerstone of all the others.

**Self-regulation**, which is the ability to notice and control primary urges such as hunger and sleep, as well as feelings such as frustration, anger, and fear. To put a moment between an impulse and an action is an essential skill. It is a learned strength that helps a child physiologically and emotionally.

**Affiliation**, which is the capacity to join others and contribute to a group. This strength springs from our ability to form attachments and allows us to form and maintain relationships. We are biologically designed to live, play, grow, and work in groups.

**Attunement**, which is the capacity to recognize the needs, interests, strengths, and values of others. Infants begin life self-absorbed, and slowly develop awareness—the ability to see beyond themselves, and to sense and categorize the other people in their world. The ability to be attuned, to read and respond to the needs of others, is an essential element of human communication.

**Tolerance**, which is the capacity to understand and accept how others are different from you. This core strength builds upon the strength -awareness: once aware, how do you respond to the differences you observe?. Children tend to affiliate based on similarities—in age, interests, families, or cultures. But they also learn to reach out and be more sensitive to others by watching how the adults in their lives relate to others.

**Respect**, which is appreciating the worth in yourself and in others. Respect grows from the foundation of the other five strengths. An aware, tolerant child with good affiliation, attachment, and self-regulation strengths acquires respect naturally. The development of respect is a lifelong process, yet its roots are in childhood.



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In a perfect world, all children would be born into families where they are safe, with sufficient food, shelter, and clothing; where they are nurtured and learn to love, trust, develop these six core strengths and enter school whole and well.

It is important for this committee, given your immense capacity to impact every child and family in Pennsylvania through the legislation you pass, to have an accurate and well-informed knowledge and understanding about the realities of the context in which education is carried out. As a major social institution, school is a complicated and complex aggregate of people from which educators seek to create an ordered community. This is complicated by the reality that the individuals (both the youth served and the adults delivering services) come with varying levels of developed core strengths.

At the same time, these same individuals display tremendous variation along a continuum of emotional, psychological, and social well-being. Across all strata of social-economic groups and ethnicities, members of every school community come with clinical mental health conditions. Our classrooms represent a population that includes both youth and adults that carry with them such conditions as: Anxiety Disorder, Mood Disorder, Substance Abuse Disorder, Schizophrenia, Major Depressive Disorder, Obsessive-Compulsive Disorder, Bipolar Disorder, Eating Disorder, Dissociative Disorder, Personality Disorder, Neurodevelopmental Disorders, Sleep Disorders, and Neurocognitive Disorder, to name a representative list.

In addition, traumatizing experiences not only impede many children's foundational core strength development but can also contribute to the development of symptoms that are misinterpreted as and often misdiagnosed as clinical mental health conditions. Such experiences include but are not limited to:

- Abuse (sexual, physical, psychological)
- Neglect
- Dysfunctional home environments
- Dysfunctional social environments
- Death of a loved one
- Natural disasters
- Serious illness
- Accidents
- Life-threatening accidents or illnesses
- Violence in school or the community



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- Bullying
- Domestic violence (witnessing or experiencing)
- Acts of terror
- Public health crises such as COVID-19

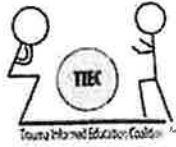
Sitting in classrooms all over this Commonwealth are students across the grade levels who are experiencing deep fear, loneliness, difficulty regulating their emotions, hypervigilance, a sense of helplessness, toxic shame, dissociation, depression, and suicidal ideation. There is a correlation between these experiences and school truancy. Truancy is identified as an indicator for trauma. Hence, it is a tangible indication of the widespread trauma carried by children across Pennsylvania and indeed the nation.

Given the presence of the multitude stressors inherent to today's society, all children need a circle of support within which to develop resilience and to stabilize and regulate their emotions. Teachers are trained and licensed to deliver instruction and develop human potential. Unless specially trained as such, they are not therapists. Their appropriate role in the fostering of mental health for their students is to recognize signs of struggle in students, to contribute to the resilience of students by forging genuine positive relationships, and to refer students to the identified school resources for evaluation and proper accommodations.

For children to benefit from the billions of dollars invested in an organized system of education and flourish under skilled educators, there have to be additional mental health resources that support their capacity to handle stress, relate to others in socially appropriate ways, and make healthy choices.

### **TIEC OBSERVATIONS RELEVANT TO THE MENTAL HEALTH CONCERNS OF THIS COMMITTEE:**

TIEC has addressed the issue of trauma as an impediment to school performance for twelve years. We have conducted in person and virtual workshops on the science of trauma and its related human and social impact. We have held webinar events and conducted statewide surveys to learn how well Pennsylvania's schools were becoming trauma informed. In addition, TIEC coalition member, Dr. Heather Bickley, in her dissertation research explored school district use of PCCD's grant opportunities that would facilitate development of trauma informed resources. Findings revealed the low number of districts that apply for these funds. In the presence of a



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traumatized society, we have discovered the slow progress toward having trauma informed schools in Pennsylvania.

In conclusion, based on our work with educators, students, parents, advocates, and other education stakeholders; it is with deep respect for the responsibilities that rest on the shoulders of this committee, TIEC shares the following recommendations pertaining to the Mental Health concerns currently impinging upon the Commonwealth's education entities. We fully recognize and understand the challenges presented with these recommendations due to shortages in the professions required to address the mental health needs of not only Pennsylvania, but the entire nation.

1. There is a need to increase the professional development requirement for trauma training for school boards, teachers, administrators, and support staff. This is based on discussions with school teachers, district leaders across Pennsylvania and with education advocates.
2. There is a need to greatly increase the number of school counselors whose time is specifically dedicated to the provision of services such as grief groups, social skills groups, school skills groups, and personal counseling support.
3. There is a need to increase school social workers who can assist with mental health concerns, behavioral concerns, positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual and group counseling/therapy.
4. There is a need to increase the number of school psychologists to not only work with mental health needs, but the needs of diverse learners as well as fostering safe school cultures and performing diagnostic student assessments.
5. There is a need to explore the use of "Truancy Youth Courts" as a diversionary program to the punitive, retraumatizing current approaches to truancy. This process has the potential not only to connect youth to the services that address the issues that cause truancy, but to greatly decrease the school to prison pipeline.
6. There is a need for the House Committee to look into the reasons for and impediments to school district applications for state grant resources such as the PCCD grants.



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7. It is important that members of the general assembly – imperative that the House and Senate Education Committees receive in- depth and thorough trauma training so that their work leads to effective legislation.

Thank you for this opportunity to speak before the committee. TIEC is committed to support your efforts in this area and stands ready to work with you. I am happy to respond to any questions the committee may have resulting from today's remarks.

References will be attached to our more comprehensive written testimony that will include additional relevant information and links.

**Testimony for House Education Committee Hearings  
Trauma Informed Education**

**Provided by: Ashi Singh, Director of Community Resilience,  
United Way of the Greater Lehigh Valley  
and Lead Backbone Staff for Resilient Lehigh Valley**

Good afternoon, members of the committee. My name is Ashi Singh, and I am the Director of Community Resilience at the United Way of the Greater Lehigh Valley, and lead staff for Resilient Lehigh Valley. The United Way of the Greater Lehigh Valley, which serves Lehigh, Northampton, and Carbon Counties, is a 501c3 philanthropic organization that is committed to improving school outcomes for at risk youth, ensuring older adults are safe and supported, struggling families have food security and basic safety net systems are strong.

In 2015, our United Way staff began to understand the impact that childhood trauma or Adverse Childhood Experiences have in our community schools and the lack of trauma awareness amongst our school staff and leadership. We know that about one half of all U.S. adults will experience at least one traumatic event in their lives and more than two thirds of children have reported experiencing at least 1 traumatic event by age 16. In response to this need, Resilient Lehigh Valley was born with the sole purpose of raising awareness of the impact of trauma and toxic stress on our students, families and school staff and training educators on a trauma informed school model. We quickly realized that to promote healing, break cycles of family and community trauma, and achieve improved outcomes in education, health, and social services, we needed to promote trauma informed and culturally responsive practices across all sectors and systems in our community.

Resilient Lehigh Valley is dedicated to promoting youth resilience in the Lehigh Valley through creating trauma informed, and culturally responsive systems by 1) raising community awareness of trauma and ACEs, 2) providing trainings on trauma informed and culturally responsive practices, 3) encouraging schools and organizations to adopt a trauma informed approach, 4) increasing collaboration and resource sharing between agencies, 5) advocating for funding and legislation to promote trauma informed care.

One such program that Resilient Lehigh Valley has launched and supported within the Lehigh Valley is Handle With Care. Handle With Care is a program that increases communication between law enforcement and schools to better support students exposed to trauma. Through the Handle With Care program, when school age children are on the scene where police officers are called – whether it's a bad car accident, a domestic dispute call, or as witnesses of violence – the officer will send the child's school a Handle With Care notice to let the school know that the child may need some extra care and attention the next day in school. That may mean delaying a test, taking a nap in the nurse's office, seeing the school counselor or meeting with a behavioral health counselor. 682 students were supported through Handle With Care communication between law enforcement and schools, which is an 18% increase from the previous year. Funds to pilot the Handle With Care program came from a Pennsylvania Commission on Crime and Delinquency grant. Resilient Lehigh Valley built the Handle With Care referral process for law enforcement into the state's Safe 2 Say Something system, so it could easily be replicated across



other Pennsylvania counties. We also created Handle With Care training materials for both law enforcement and educators, including video trainings and practical tip sheets, which are available on our Resilient Lehigh Valley website for any other community to utilize.

On behalf of the United Way of the Greater Lehigh Valley and Resilient Lehigh Valley, I would like to thank the committee for allowing me the opportunity to provide testimony and emphasize our support for statewide legislation that advances trauma-informed approaches in schools and in the community as well as the statewide expansion of the Handle with Care program.

Sincerely,

Ashi Singh  
Director, Community Resilience  
United Way of the Greater Lehigh Valley  
1110 American Parkway NE, Suite F-120  
Allentown, PA 18109

**Testimony on Mental Health and Wellness Services and Programs in Schools**

**Office of Mental Health and Substance Abuse Services**

**House Education Committee Informational Meeting  
January 17-18, 2024**



**pennsylvania**  
**DEPARTMENT OF HUMAN SERVICES**

The Office of Mental Health and Substance Abuse Services (OMHSAS) within the Department of Human Services (DHS) is appreciative of the opportunity to provide this written testimony to the House Education Committee to be considered along with the testimony it will receive in the hearing on January 17-18, 2024, on the subject of 'Mental Health in Schools.' Our testimony will outline our work and affirm our commitment to providing mental health and wellness services and programs within schools. We believe it is essential that OMHSAS, county mental health/intellectual disability (MH/ID) offices, behavioral health managed care organizations (BH-MCOs), primary contractors (PCs), and behavioral health providers partner with the Department of Education and individual school districts to ensure that we are effectively coordinating to meet mental health needs of all students in schools.

Pennsylvania has several mental health supports available to individual children through the Medical Assistance (MA) program. These supports were developed to meet children and their family's mental health needs in their homes, schools, and communities. Within the past ten years, school-based behavioral health (SBBH) programs such as Positive Behavioral Intervention and Supports (PBIS) and the Pennsylvania Network for Student Assistance Services were developed and implemented by the BH-MCOs in collaboration with school districts, county, and state partners. The SBBH programs have positive outcome data and have been well received by students, their families, and the schools -- as indicated by an increase in service requests.

Investing in established programs with demonstrated successes and the ability to be expanded, such as PBIS, is critical to supporting student mental health. The popularity of the SBBH programs, combined with staffing shortages across the human service field, often results in schools using student mental health grant funding to offer SBBH staff an opportunity to work directly for the school. Staff leaving the employ of a provider-run SBBH program to work directly for the school further exacerbates staffing challenges for SBBH programs and can limit access to other members of the community outside of the hiring school district as the staff is now only serving one specific district. When SBBH programs are understaffed, wait times for services are increased.

School districts are not alone in supporting youth mental health; establishing partnerships with mental health providers can expand support available to schools. County mental health agencies are eager to work with school districts to facilitate partnerships with primary contractors, BH-MCOs, and area providers. DHS advises school districts to establish relationships with the appropriate county mental health office and BH-MCO to build mental health services programming unique to their students' needs, such as psychiatric outpatient services and intensive behavioral health services (IBHS), which include individual services, group services, and applied behavior analysis (ABA) services. Family-based mental health services (FBMHS) and mental health targeted case management may also be delivered at school. IBHS and FBMHS also deliver treatment in the home setting, so the child's care is consistent in the home and school — allowing for greater coordination.

The following data is provided by PerformCare, one of the five BH-MCOs serving Pennsylvania, showcasing how services are delivered in schools.

- 21.6% of Behavioral HealthChoices (an MA managed care program) funding was spent in the school setting.
- \$21.2 million was spent on actual treatment services in a one-year period.
- Each of the 48 school districts covered by PerformCare have students who received some BH-MCO-funded mental health services.

OMHSAS, in collaboration with counties, BH-MCOs, and other state agencies, supports mental health programming in Pennsylvania schools in several specific ways that include identifying risks through the Student Assistance Program, preventing youth suicide, building positive school culture, and serving students in crisis.

### **Identifying Potential Risks Through the Student Assistance Program (SAP)**

Pennsylvania's Student Assistance Program (SAP) is a partnership supported by OMHSAS, the Pennsylvania Department of Education (PDE), and the Department of Drug and Alcohol Programs (DDAP). SAP started more than 30 years ago, and leadership from all three agencies oversees SAP implementation. The established process involves school SAP teams partnering with behavioral health "liaisons" from community agencies to screen or assess students when there is concern that a student may have an underlying mental health or drug and alcohol concern. SAP liaisons are knowledgeable about the range of services, supports, and resources available within a county and support school teams through consultation and by providing recommendations for student support in school and the community. OMHSAS provides funding to each county to support MH liaison services and funds five SAP Regional Coordinators who work at the regional level to provide support to schools and SAP teams. Additional funding would allow school districts to consistently increase the number of SAP MH liaisons providing services to schools and reach more children and families.

### **Preventing Youth Suicide**

Through the federal Garrett Lee Smith (GLS) Youth Suicide Prevention grants, OMHSAS provides funding and project management to schools related to suicide prevention and awareness. Although the school-focused grant was completed in 2019, a new grant was received that is currently focused on implementing suicide prevention activities at the county level, which includes working with school districts. Through the GLS grants, schools have been supported in implementing the Behavioral Health Works Mental Health Screening tool, holding suicide prevention awareness events, and receiving ongoing technical assistance for suicide risk management.

### **Building Positive School Culture**

In coordination with the Pennsylvania System of Care Partnership, OMHSAS has utilized federal funds to support Youth MOVE PA by implementing the evidence-based youth resiliency model, Sources of Strength, in collaboration with interested school districts. Sources of Strength is a program that trains student peer leaders and adult allies to intentionally build a school culture

that enhances protective factors. Enhancing protective factors has proven to reduce substance use disorders, suicidality, bullying, and other harmful dynamics within a school. In fact, research published in several journals, including the American Journal of Public Health, has identified increased help-seeking behavior and reduced substance use within schools that have implemented Sources of Strength with fidelity to the model. Currently, funding for Sources of Strength allows this model to be piloted in a small number of school districts, and OMHSAS is working to make this model sustainable and more readily available.

In addition to the model mentioned above, OMHSAS has funded the Pennsylvania chapter of the National Alliance on Mental Illness (NAMI), NAMI Keystone, to pilot crisis training for youth-focused public safety and school personnel. CIT for Youth empowers school resource officers, juvenile probation officers, and school personnel with additional skills when responding to youth who may be experiencing a behavioral health crisis. This training is increasingly relevant for schools as many districts are increasing the use of school resource officers and is intended to connect with existing Crisis Intervention Team (CIT) programs across the commonwealth.

### **Serving Students in Crisis**

Students experiencing a behavioral health crisis in school are a priority and require cross-system collaboration with key players such as the Office of the Attorney General's Safe2Say program, PDE, OMHSAS, 988 call centers, and local crisis response to ensure they are getting the care and support they need and deserve. OMHSAS is focused on instituting national best practice guidance in responding to children's crises and ensuring our behavioral health crisis response system is well-positioned to support children and their families in the least restrictive way possible. OMHSAS has recently created a position dedicated to developing this work and looks forward to improving the crisis response system for children and all Pennsylvanians.

In conclusion, OMHSAS would like to thank you for the opportunity to provide written testimony to the committee. School-Based Mental Health is essential to the youth and families of Pennsylvania, and our office is committed to supporting these efforts.