



**TESTIMONY ON
STUDENT MENTAL HEALTH ISSUES**

Presented to the House Education Committee

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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