

House Democratic Policy Committee  
Public Hearing on Mental Health Services in Schools  
March 3, 2021

The following testimony is submitted on behalf of The Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS). PACA MH/DS is a statewide association representing all county behavioral health and developmental disability programs, behavioral health managed care oversight agencies and county operated managed care programs throughout the Commonwealth.

Physicians and educators have long recognized that mental illness is a disease that can impact students in a variety of ways, including suicidal thoughts, depression and anxiety.

We also know and understand much more clearly that adverse experiences at home such as abuse or neglect can have a tremendous impact on students in the classroom. If a parent is absent or incarcerated, for instance, their children might need additional mental health support.

Growing numbers of students have family members impacted by the current COVID-19 pandemic as well as the opioid crisis and many are facing housing or food insecurities. There are any number of factors that can impact students and their ability to learn and thrive.

Against this backdrop, it is critically important that parents and students are aware that help is available for their children and family in many schools throughout our Commonwealth. Under the innovative statewide Medicaid Behavioral HealthChoices (BHC) program, county and school leaders are helping families address a myriad of challenges.

One example from the central region of the state, through the Capital Area Behavioral Health Collaborative, there are currently 239 satellite mental health outpatient clinics in schools throughout Cumberland, Dauphin, Lancaster, Lebanon and Perry counties. In 2019, 4,620 students enrolled in the Medicaid BHC program received counseling by a licensed clinician in one of these satellite mental health programs. The age of students who received this treatment is telling:

Ages 0-5: 155

Ages 6-12: 2,731

Ages 13-17: 1,734

During 2019 in just the five counties mentioned above, over \$24 million was dedicated to a variety of school based mental health services. This effort would not be possible without the BHC program, which was created more than 20 years ago and has continued to evolve over the years to address consumers' needs.

Under BHC, each county has the opportunity to manage the Medicaid BHC program as the primary contractor or to work with other counties and form collaborative partnerships. Counties

have the ability to identify what innovative approaches can best meet the unique needs of their communities, including the local educational systems.

The BHC contract allows counties to “reinvest” a portion of the capped savings that they may realize through sound management and efficiencies. Reinvestment funds can be used to start up in-plan services, fund social determinants of health and to create additional innovative, cost-effective supplemental programs to further meet local needs. These programs and services are developed in partnership with consumers, providers, Behavioral Health MCOs, and the Office of Mental Health and Substance Abuse Services, which approves and monitors all of these initiatives. Some counties have used these funds to start their school based Mental Health Programs.

Making these resources available in schools makes perfect sense for several compelling reasons, starting with the obvious fact that typically we know where these young people are every Monday – Friday. This is a captive audience. The pandemic has impacted this to a degree but the school-based approach still applies even virtually.

In addition, we know from our experience that parents seeking help for their children and families are sometimes more comfortable going into a school building than an outpatient clinic. Our society has come a long way in accepting that mental health challenges are pervasive, yet we need to recognize that some families, and young people especially, can be fearful of the stigma that unfortunately still can be associated with mental health challenges and receiving help. By offering these services in the school, this barrier can be removed. These programs also offer resources to teachers and other school personnel as well, which improves the overall environment for everyone.

We also know that families live close to their schools, so these services are more accessible and are able to address issues more quickly. Consider a family, for instance, being able to drive to their local school for counseling, rather than having to make the drive to an unfamiliar setting in another city or town.

Parents should be encouraged to ask their school leaders and find out if these services are available in their children’s school building or in their district.

PACA MH/DS appreciates the invitation to provide comments on this very important issue. The association looks forward to working with the Committee as you continue to explore ways in which to improve the lives of our younger population.