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Good morning. My name is Dr. Andy Kind-Rubin, and I am a child clinical and community psychologist. I live with my wife in Doylestown, PA, Bucks County where we raised our four now adult daughters. Over the past 23 years I have served as the Chief Clinical Officer at Child Guidance Resource Centers. Child Guidance is a 65 year old community behavioral health center serving children, youth, adults and families. Child Guidance employs approximately 500 individuals, the largest number being master's level clinicians, and serves approximately 9000 clients each year. Child Guidance or CGRC provides services in Delaware, Philadelphia, Chester and Montgomery counties through a vast array of programs. We provide outpatient services such as individual, family and group therapy, psychiatric and psychological evaluations, and medication management in a variety of different settings including clinics, school buildings and a CHOP pediatric practice. We offer various community-based services which means that the treatment is provided in the client's home, school or neighborhood. These programs include Intensive Behavioral Health Services or IBHS; Family Based Services; and Blended Case Management. We offer several services specific to children with an Autism diagnosis including our year-round, intensive outpatient program, CREATE. We provide a number of different evidence-based services including Multi-Systemic Therapy, Functional Family Therapy, Parent Child Interaction Therapy, The Incredible Years, Strengthening Families, Toward No Drug Abuse, and Guiding Good Choices. We have a private, K-8, special education school, and also offer a variety of mental health services to different school districts; I will go into this in more detail at a later point. Related to education, we provide truancy prevention and diversion services to all school districts in Montgomery and Delaware counties. A newer initiative in which we have become involved is the Delaware County Youth Mental Health Court. As part of this service, we provide Hi Fidelity Wraparound services and other behavioral health services based upon the needs of the youth and family. Finally, we have some programs geared towards adults, including a socialization program for adults with intellectual disabilities and community residences for adults with serious and pervasive mental illness. Child Guidance has been accredited by the Joint Commission since 1998. It is viewed as a Center of excellence throughout the southeast.

Child Guidance Resource Centers has been involved with the integration of education and mental health services long before I started there. For years we co-ran two alternative schools with the Delaware County Intermediate Unit, Community School for students with social and emotional difficulties in grades kindergarten through 8th grade and The County Alternative School for teens in grades 9 through 12 with social and emotional difficulties. We also ran a therapeutic pre-school for children ages three to five.

Currently, we are involved in three different types of programs that integrate education and behavioral health services. The first I mentioned previously. We run a licensed, private, K-8, special education school for children with social and emotional difficulties. These children are referred and funded by their home school districts when the school district has determined that they can no longer meet the child's educational needs within district. At school, the child receives both educational and mental health services.

The second service is school based programs. In these, the school district contracts with Child Guidance for a variety of different services depending upon the school district's needs. Different school districts in Delaware, Chester and Montgomery counties have contracted with Child Guidance for the past thirty years. Contracted services may include such things as psychiatric services, staff training, one-to-one behavioral supports and individual and group therapy. Some districts have contracted with Child Guidance to staff all of their Emotional Support classes with master's level clinicians and bachelor's level aides to provide the behavioral health components of the classroom including individual and group therapy, consultation with school staff and development and oversight of a behavior support system.

The third service is licensed outpatient offices within school buildings. In this model, the school or school district will approach Child Guidance to open a licensed outpatient office within the school building. Child Guidance will then need to approach the County Office of Behavioral Health and the Managed Care Organization for their approval. Once approval is received, CGRC and the principal will identify the office to be used within the school for outpatient therapy, making sure that it satisfies all regulatory requirements. CGRC will then apply to the state for an outpatient license. The state will come out to approve the site, and if all goes well, licensure is granted. By obtaining licensure, this allows Child Guidance to see children with medical assistance within the school site and be paid. From my perspective, this model is a win-win for everyone. It costs the school nothing aside from the physical space and provides increased access to services for children who need it. As all of you know, there is stigma associated with admitting that your child has a behavioral or emotional problem and seeing a therapist for counseling. Many people would rather turn a blind eye to the problems their child is experiencing than call a community mental health center for assistance. However, it feels a lot different when your child is seeing a counselor at school during the school day. After all, children leave class for a whole variety of reasons, and no one questions why. And for Child Guidance, this model expands our reach to children throughout the southeast who need help and promotes greater coordination with schools and school staff, something essential to optimal treatment of children and youth.

Yes, integrating behavioral health services into the community such as within a school building or a pediatrician's office is a "no brainer" so to speak. It meets children and families "where they are at," in the case of schools, five days a week, increasing access to services for those most in need. It gives providers like us an increased opportunity to educate people about mental illness or emotional and behavioral difficulties, thus reducing the stigma associated with

mental illness and therapy. And, most importantly, it provides us with the opportunity to focus on prevention, on aspects of good mental health, hopefully resulting in a decrease in mental illness and all of the potential difficulties associated with this.

You may be asking, if the integration of education and behavioral health is so important and potentially advantageous, why hasn't it become the norm. Well, in many counties it has. The models may differ, but the goal, to provide mental health services within the school settings, does not. However, there are potential barriers which I will enumerate here.

1. In order for this to be successful the necessary administrators, the building principal, the special education and pupil personnel directors, the guidance counselors, the superintendent, must support this initiative and do what it takes to keep it working and vibrant. Without this, the services will languish and die. As with all systems, there are insiders and outsiders. Without this support we remain as outsiders within the school buildings, subject to arbitrary rules, suspicion and neglect.
2. Related to this is a change of administration. When administrators change so do changes in priorities and budget. Over the years we have had a number of contracts end due to this.
3. Again related to the first point are turf issues. On a number of occasions we have seen guidance counselors resistant to using our services, refusing to make referrals, because they see this as their responsibility or are concerned that we may make their positions unnecessary. As mentioned, without the strong leadership and support of the building principal and the director of pupil services, this attitude can remain and even grow, unchecked by explanations countering these beliefs.
4. The regulations that oversee behavioral health services are completely different than those that guide education. Unfortunately, these at times run counter to each other, that is, expectations that a school district has of us may not be possible, causing misunderstanding and tension.
5. When I talked about the creation of school based outpatient sites, you heard that we needed to get the consent of the County and the MCO. We have had a number of occasions in which the schools have lobbied for these clinics, but the County and MCO have refused, stating that the needs of the students can adequately be met by already existing offices.

As you can see, there are a number of barriers which can stand in the way of these initiatives. They are without question surmountable but require strong leadership and commitment on both sides, and a willingness to compromise and work through barriers as they arise.

I applaud you all for holding this hearing in an effort to learn more about behavioral health services within the education system. I would be remiss though, if I did not emphasize one last point. I have worked in the field for over forty years, and I have never been so concerned and worried about the state of behavioral health services in the state and its ability to meet the needs of children and families as I am now. The behavioral health system in PA, though rich,

has been underfunded for years.  This underfunding has led to a severe shortage in staffing across the commonwealth of behavioral health staff at all levels.  Why?  Because at the rates at which services are reimbursed, providers are forced to pay low salaries, salaries that a family of three cannot live on.  What we have then are individuals with master's degrees asked to perform very difficult work, helping clients with complex and traumatic problems, often in people's homes and in the evenings, for less than a living wage.  No wonder we have fewer and fewer individuals who elect to go into the field.  Prior to COVID there were significant cracks in the system.  Then comes COVID, and the needs become far greater. Suicidal ideation and behavior, depression and anxiety, have all increased significantly, yet the system in place to meet these needs has diminished, leading to far greater difficulty accessing services for those in need.  We have all been touched by mental illness or substance abuse, either through friends, family members, neighbors or personally.  Now is the time to step up and support the PA behavioral system through legislation and funding.  For I guarantee you, an investment in accessible, available behavioral healthcare, both community and clinic based, is an investment in our future and the economic, social, and community health of our state.