

I am Mike Hopkins, President and CEO of the Children's Service Center. CSC – as it is known – is a 159 year-old 501 (c)3 integrated behavioral health organization that, annually, provides services to 10,000 children, adolescents, and adults residing in Northeastern and Central Pennsylvania. CSC and its affiliate, Robinson Counseling Center (RCC), offer programs that are designed to meet the individualized needs of children, adolescents, adults, and their families. The CSC's Assessment, Crisis, and Referral Services are staffed 24-hours a day, seven days a week, by psychiatric professionals for initial assessment and referral. CSC offers 25 programs across a continuum of care from least restrictive to residential treatment.

CSC was founded in 1862 as the Home for Friendless Children, a safe haven for children orphaned by the Civil War. In ensuing years, the "Home's" programs grew and developed making it a nationally renowned shelter and educational center for infants and children. Recognizing that these children were, indeed, not friendless, in 1929 the Home for Friendless Children was renamed the Children's Home which continued to coordinate services for the children of the Wyoming Valley. It was soon recognized that these children needed more than just a shelter; they needed a home that could also meet their clinical needs. In

response, two cottages were built that became the first two psychiatric homes for children in North America. In a reorganization, in 1938, the Children's Service Center was created. During the mid-60s CSC's Director, Dr. Milford E. Barnes worked for the passage of the Pennsylvania MH/MR Act of 1966 making it possible for CSC to become a comprehensive mental health center for children and adolescents. Since that time, CSC has undergone a major expansion of its services, particularly collaborating with schools, families and other community agencies. Presently, CSC offers one of the most comprehensive arrays of services to children and families in the Commonwealth through its 25 programs that cover a continuum of care from least restrictive to residential. In addition to its primary campus in Wilkes-Barre, CSC and its affiliate, Robinson Counseling Center, provide services in Outpatient Clinics in Tunkhannock, Hazleton, and Honesdale, an Autism program in Danville and in 19 School Districts throughout Northeast and Northcentral PA including; Luzerne, Wayne, Northumberland and Schuylkill counties.

Central to its mission to enhance the mental health of children and adolescents and adults, in 2017, CSC and RCC introduced an integrated behavioral health care model that includes on-site physical health care and pharmacy services. In 2021,

CSC will add laboratory services to its integrated health care program. With the addition of the integrated behavioral health care model, CSC now offers a “Medical Home” to its clients – 87% of which are on medical assistance, living at or below the poverty line.

CSC programs that have realized major increases in recent years are school-based services including; Community and School-based Behavioral Health Program (CSBBH); Medication Management, Group Therapy, Substance Use Disorder (SUD) and Individual Counseling. All of these services are currently provided either in the clinics or within the school setting allowing for easier access to services for the children and their families.

CSC employs 113 staff in its CSBBH Program in 19 School Districts throughout the region. In this program, mental health professionals work with students to alleviate emotional and/or behavioral health problems that interfere with their learning and well-being. In addition to the CSBBH staff, CSC also employs dozens of staff who provide clinical and medication management services to youth and families in the school setting.

Since 2018, CSC has participated in two grant-funded programs that are also school-based. Both – School-based Case Worker and School-based Substance Use Disorder (SUD) Prevention and Education Specialist – indicate success in improved school attendance and academics as well as the ability to engage with entire families where addiction is an issue.

Through CSC's School-based programs, professionals provide a one-stop program where children learn to manage their feelings and behaviors. With the addition of medication management, group therapy, case work, and SUD services offered in school, we are able to provide professional services wherever they are needed; in the school, home, or community.

In most cases, placing clinical services in the schools has helped reduce the stigma associated with individuals receiving mental health care. Students above the age of 14 do not need parental consent to receive mental health services. In one of our high school programs, we have seen the numbers of students receiving services in this school grow much faster than anyone expected. Many times, teenagers know what they are experiencing and want to seek guidance from a professional. They may not feel comfortable speaking with their parents about

their challenges but having someone in the school who they can turn too without initially requiring parental support has allowed students to get their needs met in a safe environment. We have seen students refer friends to a school-based clinician because they were helped and they know their friend(s) is struggling. Stigma has been reduced and youth are getting the help they need.

Transportation and employment disruption barriers are removed from parents or care-givers when mental and behavioral health services are brought in to the schools. For example, a parent would need to leave work to transport their child to our clinic for counseling services. They would have to leave work, pick up their child, drive to the clinic, wait for an hour, transport their child back to school and then return to work. If they work 30 minutes from the school and the clinic is 30 minutes from school, the parent will miss 3 hours of work for a 60 minute counseling appointment. Many parents can't afford to lose that much time which leads to many appointments being cancelled. The "show" rate for students receiving services in the schools is much higher thus youth are better able to get their needs met in school based clinical services, while parents are able to reduce the risk of employment disruption.

Increased communication and collaboration with teachers, guidance counselors, and principals is a positive outcome achieved when services are brought in to the schools. There is a direct line of communication for all involved.

The down side for providers of programs in school-based settings is that not all children have insurance that allow them to receive services in a school setting. For example, many private insurance companies do not cover services that are provided outside the clinic -- even when the school is licensed as an outpatient clinic site with the state/provider. And, not all children are currently enrolled with an insurance provider so paying for clinical services becomes a challenge. We see this as a challenge, especially where we have a high transient population of children coming in to the District.

There are times when students do not want other students or faculty to know they are active with counseling. Also, at times and in some Districts, there is a lack of space available for outside counselors/providers to use. Tools/resources need to be transported and are not as available as in an office setting or there may be limits to accessing printers/technology.

While obstacles exist, the challenges are far outweighed by the positive outcomes

we have seen by bringing mental health services in to the schools.

Recommendations

- **Funding for school based behavioral health programs needs to be in line with monies allocated to addressing educational losses during the pandemic.**
- **Funding should be allocated in a way that supports collaboration between Districts and local mental health providers who are trained and licensed to provide clinical services and oversight to youth and their families.**
- **Attention should be paid in the legislation to making it easy for students to receive clinical services in an educational setting.**
- **The legislation should encourage services being offered to the whole family so gains made with the student during the day can continue while in the home setting.**
- **Funds should be dedicated to training school staff on adolescent behavioral health through Mental Health First Aid and Youth/Teen Mental Health First Aid**