

# **Testimony for Joint Hearing of PA House Children and Youth and House Education Committee on Mental Health Needs of Public School Students**

**8/25/2021**

Good morning Chairman Delozier, Chairman Sonney, other committee members, guests and staff.

Thank you for this opportunity and the invitation. My name is Ruth Ann Koss and I am the Manager of Child and Adolescent Services for the Allegheny County Department of Human Services, Office of Behavioral Health. I directly supervise our school-based liaisons and education specialists. These positions work directly with every school district in Allegheny County. They are available for technical assistance, consultation, and support to school administration, teachers, children and families.

I would like to focus my comments on three key areas of our approach to mental health services for public school children: 1) data-sharing to create greater efficiency in service delivery; 2) targeting of mental health services to kids who need them most; and 3) challenges we still face as a county in offering mental health services to public school children.

## **Data-Sharing for Better Service Delivery**

At Allegheny County DHS, over time we have worked to create a system of prevention, treatment and support services to directly address the mental health needs of the county's public school students. With 43 school districts providing education to over 180,000 students in the county, we have a large number of kids who need access to services.

To create greater efficiencies for offering services where they are needed most, we have developed data-sharing agreements with 16 districts so far, allowing a crucial data exchange between the Department and the school districts. The exchange is done through a secure file transfer which enables school districts to know in real time the percentage of youth who are involved with any DHS supported service. In exchange, Allegheny County DHS receives academic outcome and attendance records, which helps us identify students who may need services or supports. Our Office of Behavioral Health analyzes the data and produces reports to school districts. The report examines academic performance, child welfare involvement, homelessness, juvenile delinquency, and truancy. This allows us to identify family needs and target resources to those areas.

Data compiled across social service providing systems within the county also helps to inform school districts of the professional development needs of their staff. School districts are able to see an overview of the involvement of their student population in child and family serving systems and provide training accordingly to district staff members.

Data-sharing agreements enhance communication between the school districts and the Department to ensure schools and families have access to the resources they need. But these data-share agreements only exist because of the positive and trusting relationships we have built up with districts over the years. Next, I will turn to the role our school-based liaisons have had in getting the right prevention and treatment services to public school children.

### **Getting Services to Kids Who Need Them Most**

Since 1999, our Office of Behavioral Health has provided school-based liaisons for site-based consultation to districts and to assist educators with navigating the mental health system. We have a team of five liaisons total, each of whom is assigned to a grouping of school districts. From data sharing, they can identify trends and work with the district's administrators and principals to raise awareness as well as target mental health and other social services to meet the needs of the school districts they serve. They also work with schools and provider agencies to establish school-based mental health services into the academic environment and help mitigate any problems which may arise in the provision of these services.

The school-based liaisons bring county resources to the community through participation in school and community sponsored activities and information fairs. Additionally, school staff frequently refer families and students directly to the liaisons to assist when a family prefers not to talk to school staff about mental health or social services needs. Liaisons expedite services, make connections to resources and services, discuss appropriate treatment options and provide other support services within the continuum of care. They are an essential tool in making sure kids get the mental health services they need at the right time.

In addition to these coordinating activities, school-based liaisons participate in the Student Assistance Program (SAP), a prevention program which has been in operation in Allegheny County since 1984. It has the collaborative goal of developing a safe and drug free environment for mental health and wellness in schools. SAP addresses barriers to learning and is offered by nine provider agencies that operate in every high school and middle school in Allegheny County plus some elementary schools. Our school-based liaisons serve as our SAP coordinators and monitor the development and maintenance of SAP programming. A team of Education Specialists, supported by DHS, is also available to support families and schools in the development of appropriate Individualized Education Plans (IEPs). Prevention services for substance use is also offered to schools which request this service. School districts have repeatedly shared that there is great value in the SAP work of the liaisons. For the 2019-2020 school year alone, over 3,600 students received SAP services.

In addition to the work of our school-based liaisons and SAP programming, and in conjunction with our provider partners, Allegheny County also offers a variety of school-based treatment options for public school children.

- Through six school-based partial hospital programs for youth whose mental health needs require a higher degree of intervention, youth receive services similar to those of an inpatient unit for part of their day.
- Ten teams operating in seven school districts through four provider agencies operate through the Community and School-Based Behavioral Health teams (CSBBH), which are not school based, but can provide services in a school, in a home, or the community, in this innovative model that creates an accountable clinical home for children's behavioral health care. CSBBH teams provide services that span the home, school, and community and are available at any time. The provider and school partner work with the family to create a treatment plan that meets the child's needs. Components include crisis intervention, individual therapy, family therapy and service coordination services. For the 2019-2020 school year, CSBBH teams provided services for 276 children.
- Sixteen provider agencies offer school-based outpatient services, a keystone to providing mental health services to schools, to nearly every school district and school building in the County.
- To respond to mental health related crises, the Department has developed a provider to have a crisis response specialty team devoted to children and adolescents. Two staff members are designated to collaborate with school districts to ensure the districts are familiar with the function and the scope of the service. In addition, there are five D&A prevention providers who work within the schools to provide drug & alcohol awareness and prevention to those districts whom request the service.
- Educational Service Coordination is a pilot project with an administrative service coordinator assigned to a school building to help support and link any child in that building with a mental health assessment and treatment. Our Educational Service Coordinators were able to assist 119 students during the 2019-2020 school year.

### **Challenges for Mental Health Service Delivery in Public Schools**

Although Allegheny County DHS has worked diligently to create a system to identify the needs for school age children in a timely manner and then connect them to appropriate and high-quality services, we still face many challenges to service delivery including adequate funding, staff attrition, and parental approval for services. Here are more details on the challenges we face for mental health service delivery in public schools.

While research in behavioral health has identified early intervention as the key to effective prevention and treatment of mental health, and the state has mandated provision of early intervention services from kindergarten to Grade 12, counties currently receive no funds for elementary Student Assistance Programs.

Service payment rates impacts staffing. Medicaid reimbursement for outpatient services often cannot compete with commercial insurance rates, and this often leads to staff

attrition in our programs. Staff turnover can lead to inconsistent treatment for kids who need it most.

Several challenges also face service providers and schools when it comes to parental approval and involvement in the treatment process. For youth with commercial insurance, there's often difficulty in collecting co-payments in the school setting since parents are not present. Intake for services must occur in the licensed setting per regulation, not in the home, and it can be difficult for parents to get to the clinic or school for an intake. It is also difficult to include parents in treatment if they work or do not have adequate access to transportation or child care. When parents are not present, it poses challenges of obtaining signatures on encounter forms and treatment plans. This often causes providers to be out of compliance with regulatory and licensing requirements, which can be a further impediment to providing effective services.

State law, specifically the Mental Health Procedures Act, allows for a youth 14 and over to sign for their own treatment without parents' knowledge or consent. Yet, the federal Family Educational Rights and Privacy Act does not allow a youth to be pulled from classroom instruction for services without a parent's consent. Clarity or regulatory correction to this discrepancy would help remove a barrier to effective treatment for school-age children.

I want to thank both the Children and Youth and Education Committees for giving me the opportunity to discuss our mental health services for public school children as well as some of the challenges we face as a County. I am happy to answer any questions Committee members may have.