



Testimony of the Pennsylvania Association of Intermediate Units

Hearing of the House Education Committee on Mental Health in Schools

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Chairman Schweyer, Chairman Topper, and members of the House Education Committee, my name is Dr. Christopher Wolfel, Executive Director of Colonial Intermediate Unit 20 (CIU20). I am here today representing intermediate units statewide through the Pennsylvania Association of Intermediate Units (PAIU). Thank you for the opportunity to testify on the critical issue of mental health as it pertains to schools and students in Pennsylvania, and how our 29 intermediate units (IUs) can and do assist in efforts to provide mental health supports to students and schools across the commonwealth.

CIU20 is one of the 29 regional educational service agencies in Pennsylvania. The system of intermediate units, created by the General Assembly in 1971, was originally designed to play a critical role in supporting public and private schools across the commonwealth, as well as assisting the Pennsylvania Department of Education's (PDE) efforts to provide a thorough and efficient system of education. In the 53 years since then, intermediate units have transformed from a system that predominantly served children with disabilities and provided instructional materials for schools to an ever-evolving, complex system that provides a broad range of services, such as special education, early intervention and early childhood education, behavioral and mental health services, virtual learning opportunities, technology infrastructure, workforce development programs, professional learning, transportation, curriculum development, joint purchasing, health care consortiums, human resource and business office support, alternative education, and a host of other programs and services.

Intermediate units have become so adept at meeting the needs of students, educators, and schools that today some people erroneously identify intermediate units as private vendors, which of course we are not. Intermediate units are governmental agencies designed by the General Assembly to be a critical part of the education system, and to provide expertise and economies of scale on both the instructional and operational sides of schools.

While using CIU20 as an example, it's important to note that IUs continually strive to meet the needs of their local schools, and each is unique. Over the last 20 years, CIU20 has established a strong continuum of behavioral health services for our public, charter, and nonpublic schools. Earlier in my

career at CIU20, I directly supervised a school-based partial hospitalization program. Through my work and passion for addressing mental health needs in the community, I have witnessed the growing demand for comprehensive mental health services and strive to show how my IU and IUs across the state offer solutions to this ever-growing need. I will focus my comments today on the array of services IUs statewide provide to address mental health challenges and how we work with schools to provide critical services and programs that support students' needs.

Intermediate Unit Mental Health Services

Over the past 12 years, the demand for mental health services has steadily increased, and the last four years have further intensified this trend, affecting students of all ages. To meet this growing need, intermediate units understand the importance of creating safe and healthy environments for students to learn. In addition, we have seen the importance of making available and providing school-based behavioral health services, so students have full access to these services during the school day. Furthermore, this ensures students are meeting with behavioral health professionals and limits any other challenges and barriers that often prevent students from attending their appointments.

IUs support the behavioral, emotional, and mental health needs of individual students and schools by delivering a range of services including:

- **Interagency Collaboration** with state and local social service agencies to address the complex social and mental health needs of students;
- **Student Assistance Programs** for students with substance abuse problems;
- **Psychological Evaluations** conducted by IU mental health professionals to determine needed services for students;
- **Intensive Behavioral Health Services (IBHS)** offering short-term treatment focused on addressing the behavioral and emotional needs of children and adolescents, which can occur in the school, home, and/or community;
- **Individual and Group Counseling** offering individual and group therapy to students through the expertise of Licensed Social Workers and/or Licensed Professional Counselors;
- **School-based Outpatient Clinics** offering individual, group or family therapy and psychiatric services during school and/or after school;
- **Partial Hospitalization Programs** to provide students with access to intensive mental health therapy and ongoing school instruction;
- **Alternative Education Programs** to address disruptive behaviors so that students can safely return to their regular classrooms;
- **Emotional Support Programs** providing special education services including social emotional learning, social skills instruction, mental health services, replacement behaviors, restorative practices, and academic instruction.

As an example of this, CIU20 operates Colonial Academy on behalf of its 13 member school districts. The program provides educational/treatment-oriented alternative placement for identified

at-risk children, serving alternative education, emotional support, life skills support, autism and partial hospitalization students.

Students at Colonial Academy experience academic and vocational study, character development, individual and group counseling, family support group counseling, crisis intervention and positive community experiences. Colonial Academy programs are designed to successfully return students to their home schools, enter the employment world, and become a positive impact on their community. Through the array of programs housed in this one robust school facility, we meet students where they are and provide emotional and other supports that help them realize success that may not have been possible in their home school setting.

CIU20 is not alone in our expansion of programs and services to support our schools' mental health needs, as IUs statewide are confronting similar challenges in supporting the mental health challenges today's students and families face. Like CIU20, several IUs currently provide and/or are expanding mental health services and programs to ensure schools in their region have access to a comprehensive continuum of support. Creating a comprehensive model requires all possible entities to collaborate in planning, development, and ongoing provision of mental health services, including the client, the family, the school, the IU, county Mental Health/Early Intervention/Developmental Programs, the Office of Children Youth and Families, Juvenile Probation, Drug and Alcohol Treatment Agencies, and any other public or private providers.

Despite these efforts, schools and IUs face a growing number of students needing mental health support and their needs have become both more acute and more complex. Additionally, as schools and IUs face unprecedented personnel shortages, so does the mental health profession. Even when our school entities create and deliver a full continuum of behavioral health services, the increased needs of our students has strained our already limited staff resources. For example, the escalation of risk and threat assessments has strained our available staff. To expand, the rise in truancy has necessitated the creation of a specialized program, incorporating licensed clinicians to evaluate and treat students struggling with significant anxiety and school-refusal behaviors.

To exemplify the scope of supports at one of the 29 IUs, CIU20 provides the following programs and the number of students served in school year 2022-2023:

- 20 School-based Partial Hospitalization classrooms - 230 students served*
- 29 Therapeutic Emotional Support classrooms - 334 students served*
- 12 Outpatient Clinics - 337 students served*
- Intensive Behavioral Health Services - 92 students served*
- Services to over 60 clients for Behavioral Health Related Services*
- Colonial Academy (Alternative Education School) classrooms consisting of: 4 AEDY, 2 Alternative Education (non-AEDY), 15 Emotional Support, 1 Life Skills, 2 Autistic Support and 5 Partial Hospitalization included in PHP above) - 425 students served**
- Educational Services at Northampton County Juvenile Detention Center*
- School Attendance and Improvement Services - Employee 9 School Attendance Improvement Consultants - 1,554 students*

*Data 1/31/2023; **2022-2023 School Year, End of the year data

Despite the full continuum of services offered, we work within the unfortunate confines of limited funding to address these critical needs. Even though mental health has been identified as an area of extreme need both internal and external to our schools, it is always challenging to find appropriate funding and timely access to available funding earmarked for these needs. Offering Tier 3 intensive services is extremely expensive. For example, during the 2022-23 school year, CIU20 provided Intensive Behavioral Health Services to 92 clients in all school districts in Northampton and Monroe counties with an expenditure of \$2,701,175 to provide this service.

Addressing Mental Health through Legislation

We appreciate the state's recognition of this rising need by allocating \$100 million in the budget for school-based mental health last year. Additionally, IUs are named in Act 33 of 2023 as the pass-through administrator for nonpublic school mental health grants. Intermediate units are honored to be a trusted state partner in our continued support of nonpublic schools, and we thank the General Assembly for assuring that the final provisions of the School Safety and Mental Health grants passed into law in December included a 5% indirect cost for the expenditures IUs will incur to administer these grants on behalf of nonpublic schools. We look forward to working quickly to apply for grants for our own IUs and to administer dollars granted to nonpublic schools so that students may begin to benefit from this critical investment.

In addition to increasing flexible funding for school-based mental health, we appreciate the House Education Committee's commitment to improving students' mental health legislatively. In the CIU20 region alone, based on the Preliminary 2023 Pennsylvania Youth Survey (PAYS) data from Monroe County, the overall mental health of our students is concerning and pursuing legislative supports to improve our students' mental health is a step in the right direction.

- Students who reported their overall mental health is not good
 - 21% of students in 6th grade
 - 28% of students in 8th grade
 - 35% of students in 10th grade
 - 37% of students in 12th grade
- Students who reported they have felt depressed or sad most days in the past 12 months
 - 40% of students in 6th grade
 - 40% of students in 8th grade
 - 43% of students in 10th grade
 - 37% of students in 12th grade
- Students who reported sometimes they think life is not worth it
 - 27% of students in 6th grade
 - 27% of students in 8th grade
 - 24% of students in 10th grade
 - 25% of students in 12th grade

- Students who reported they think they are no good at all
40% of students in 6th grade
39% of students in 8th grade
37% of students in 10th grade
35% of students in 12th grade
- Students who reported they are inclined to think that they are a failure
26% of students in 6th grade
26% of students in 8th grade
25% of students in 10th grade
22% of students in 12th grade
- Students who reported they seriously considered attempting suicide in the past 12 months
15% of students in 6th grade
19% of students in 8th grade
19% of students in 10th grade
19% of students in 12th grade
- Students who reported they made a plan about how they would attempt suicide
14% of students in 6th grade
16% of students in 8th grade
15% of students in 10th grade
14% of students in 12th grade
- Students who reported they did actually attempt suicide in the past 12 months
6% of students in 6th grade
8% of students in 8th grade
7% of students in 10th grade
7% of students in 12th grade

The Preliminary 2023 PAYS data in Monroe County is a sample of data from one region, however, I am sure you will find data that is similarly dire in other regions across the state. Just last month, we had a student in our Colonial Academy building that attempted suicide at school. That student is currently under the care of medical professionals to support their mental health and safety. In addition, earlier this week, we actively responded to a call through the Safe2Say Something program for a student who shared information on social media that they were considering intentional self-harm. That student's peers contacted Safe2Say and through quick action by the school team and the local authorities, the student is safe and currently under medical care to support their mental health. I share this story not only to express the reality of our children's mental health, but also to show how Safe2Say is saving lives.

The reality is that our students' mental health is not improving. Intentional self-harm is the second leading cause of death for children ages 10-14 and third leading cause of death for children ages 15-

19 per Center for Disease Control and Prevention (CDC). In addition, in 2022 suicide rates for children has been the highest in years and is up 62% from 2007 to 2021.

As a school community, it is critical that we work together to ensure our students are safe and to improve their mental wellbeing. To achieve this goal and to create the most effective systems of care, collaboration among families, school staff, community providers, the Department of Education, the Department of Human Services and legislators is necessary.

Specifically regarding the four bills scheduled for consideration tomorrow, I share the following:

House Bill 1665 would have the most direct and tangible impact on IU operations and services since we are a "school entity" under the bill. HB 1665 would require school entities "to develop and implement a written comprehensive school counseling plan..." This bill reads as a well-intentioned way to focus school staff and school counselor efforts on activities that could make a difference in students' mental health on a daily basis. It also seems to provide a framework that could be complex to implement across schools, but with a regional mindset, many of our IUs across the state may be well-positioned to assist with coordination and implementation that could ease the burden of the changes on school districts. It seems, however, that the bill would make significant changes to the demands on school counselors' already limited time and schools' limited resources. With this, I would suggest that the bill could be strengthened by assuring it is coupled with appropriately flexible funds and ample time for IUs and schools to implement well-constructed programs and plans.

House Bill 1367 is directly related to athletes, coaches, and families of the athletes. While we see value in this approach related to athletics, we know that student mental health challenges are far more pervasive. Any action to inform and educate school staff, families, and students that increases awareness of mental health is an important protective measure to ensure our students are emotionally and physically healthy. All students and families in our school communities could benefit from this support as a proactive action to improving mental health.

In regard to House Bill 1519, it is important to acknowledge the importance of taking care of our mental health as you would for your physical health. Currently, our schools are required to follow the compulsory attendance requirements and truancy laws establishing an attendance policy. The current system allows for a lawful absence to be provided with a written excuse from the parent. However, if those absences become excessive, a School Attendance Improvement Conference must be conducted. In addition, if the student is receiving treatment by a mental health professional, an absence to receive care would be excused with a note from the professional. As we continue to increase our mental health services in schools, it is important to consider that when a student in need of mental health support, *attending* school may be in their best interest to receive critical supportive services. If a student is feeling sad, depressed, or disconnected, it is important to connect them with caring adults and peers, in addition to services provided by a professional. While we do not oppose taking time off to rest due to mental health, we also need to ensure connecting the family and students to care and resources.

Lastly, House Bill 1553 provides for displaying the suicide prevention hotline telephone number on student identification cards and displaying information throughout the school. Based on the data provided earlier in this testimony from a national, statewide, regional, and personal perspective, the more we can do to promote resources and supports to our students that are having feelings of intentional self-harm the better. Many of our schools have taken great efforts to increase suicide awareness and provide resources to school staff, students and families. This bill provides another way to bolster the overall safety of our children.

Overall, it is imperative that the state recognizes the urgency of these issues and takes necessary steps to address the growing demand for mental health services in our schools. We appeal to the committee to consider the importance of flexible funding, increased resources, and continued opportunities for collaboration among all the involved entities. Creating a system of care and a continuum of school-based services is necessary to ensure the wellbeing and academic success of all our students. As schools continue to increase mental health services, we need to continue to create a multi-tiered system of support. Tier 1 and Tier 2 services need to be continually developed and enhanced in our schools to support our children proactively. Once students need Tier 3 services, the most intensive in nature, treatment challenges increase. The services are very specialized and there is a shortage of mental health professionals trained in this treatment, similar to the shortage we have been experiencing with educators. These services are also extremely expensive. Therefore, we need to continue to be proactive in addressing these mental health issues early.

As you are aware, schools and intermediate units across the commonwealth have vastly varying levels of resources available to meet their needs for educating students and providing appropriate supports. Some intermediate units may have the resources to go beyond what we have done, and others simply do not, but still continue to prioritize the critical role they play in service provision for schools, educators, and students. Anything the legislature can do in partnership with intermediate units to provide additional funding, remove barriers that inhibit our ability to address these important needs, and work together to craft a stronger environment for Pennsylvania's students to learn, grow and thrive is appreciated. We stand ready to assist with the crafting of programs and legislative language.

Thank you again for the opportunity to testify today and we look forward to working together to improve the state of mental health in Pennsylvania's schools through the IU system. I would be happy to answer any questions.