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Since its initiation in 1971, CORA Services, Inc. has had one clear focus – to intervene as early as possible with a family's concerns ensuring that parents/caregivers of children and young people have the necessary tools, resources and services available to ensure that their children can reach their fullest potential at home, school and in their communities.

To do this well, CORA gathers and trains teams of dedicated staff well-versed and experienced in ALL of the services that impact the major domains in child development – cognitive, social, emotional, physical, relational and linguistic. CORA's care methodology is and has always been to partner with school and community systems that already exist and strengthen the gaps in the service delivery of those systems. CORA's reach is wide but only as deep as necessary for advocacy and system enhancement, supplementing, not supplanting, the work that others do.

CORA manages more than 50 contracts for a wide range of supportive services that include but are not limited to:

- Student Assistance Program (SAP) Assessment, Resource Access and Case Management in 110 sites covering every Philadelphia school system
- Community Based Schools site-specific concentrated case management
- School and Community-Based Licensed Intensive Behavioral Health Services Provider – Individual, Group and ABA (Applied Behavioral Analysis)
- IEP Related Services (Psych Ed, Vision, OT, SLP, PT, Hearing) in over 50 charter schools
- Act 89 Auxiliary Services (Psych Ed, OT, SLP, Counseling, Math/Reading) in 75 non-public schools
- Collaborative DHS Truancy Case Management in 47 schools
- After School/Out of School Time Provider; City funded and 21st CCLC in 11 school sites
- Licensed Drug and Alcohol Treatment
- Alcohol and Other Drug (AOD) Early Intervention Services provider – groups and individual services in school and agency sites
- Licensed Early Childhood Programs – PreK Counts and PHL Pre-K Funded
- Early Intervention Services Provider (SLP, OT, and Special Instruction) for 3-5 year old children
- Mental Health Intervention Counseling for children and young people under the age of 18 – insurance neutral and no diagnosis necessary
- AOD and Violence Prevention Education in schools and after school programs
- Adolescent and young parenting education/service supports
- Peer Mediation school training

CORA personnel work directly in partnership with over 250 schools, serving 20,000 young people annually throughout Philadelphia, in 88% of City zip codes.

Consideration Points

While the need for increasing MH/BH services for school-aged clients is evident as society emerges from the pandemic more challenged and with fewer supports and resources, the equally great urgency is to coordinate and improve access to services diminished over time in more productive and efficient ways for clients, providers and funders. As we wisely consider increasing the level of Mental Health Services across the Commonwealth it will be essential to think through what these 16-18 month funds should and can deliver.

- 1) Since the pandemic, the increase in Mental Health needs among our youth and adults has exacerbated the capacity of an already challenged system to sustain enough professionals to meet the former and now new higher demand. Releasing these funds to school districts to hire directly from the same applicant pool as community providers would only aggravate the shortage in expertise and service availability, especially in less populated, less-resourced parts of the Commonwealth. *Districts must wisely consider the development and expansion of partnerships that already exist rather than create redundancies and greater personnel shortages.*

We MUST avoid having schools use a staffing model that would require competing for a depleted pool of qualified staff or extensive, costly retraining of existing school staff whose primary focus is education.

External provider staff are already credentialled, trained in school models and supervised in the delivery of school based mental health treatment and INTERVENTION services. Provider staff are more connected to community resources as part of addressing SDOH on regular basis as part of family-oriented services. Providers are also more likely to be cross-trained in trauma-informed and substance use services as well when addressing family and community impact on client needs.

- 2) The funds being released are one-time disbursements. *The use of these ARPA-generated funds MUST be used in a way that provides input and outcomes that can be built upon in future funding.* It will be important for the partnerships in place through these systems to measure outcomes that move the needle towards the *permanent improvement of service delivery*, expediting families' abilities to receive appropriate and essential services in a timely manner

Placing a social worker/case manager in every school across the Commonwealth will not produce the results or outcomes we will need unless there are enough case managers in every school to maintain smaller caseloads. At times, it can take a highly competent and skilled case manager up to six or nine months to get a family off a waiting list and into the correct care.

While continuing the administration's initiative for MH service funding in schools, these newly awarded ARPA funds are time-limited and must be assured timely sustainability funding to be successful for children, families and schools alike to fulfill their promise and legacy.

- 3) There are extremely good systems across the Commonwealth that have research-based infrastructures upon which this project should capitalize. The Student Assistance Program (SAP) is one of these systems. Trained SAP clinicians provide an extensive need and strengths assessment which results in a deep understanding of the challenges a young person may be facing. Based on that assessment, a plan that includes school and home/community is developed. When SAP is at its best, case managers are assigned post-assessment to connect the family to recommended real-time services within or beyond the school, depending on need/desire. This role should come directly from a strong and competent community-based provider who knows the neighborhoods and communities surrounding where children attend school and where they live.

SAP has been designed to be a proven link among school, home and community and remains a great infrastructure upon which to base new services. SAP has successfully demonstrated outcomes and further developing SAP could produce the data necessary to assist in targeting future funding beyond these ARPA funds, e.g., produced a more rapid approach to connecting families to services, increased resource mapping in the neighborhoods surrounding schools and participant homes, yielded solid data regarding the risk factors and protective factors youth experience by geography and community, tracked access efforts made and completed as well as barriers to connections, all of which are essential elements of a meaningful service system.

The original precepts of SAP's resource access system form a model infrastructure for initiating services. The lifeblood of that system launched forty-five years ago should be revisited, updated for current needs and incorporated into any school-based mental health model.

- 4) *Cultural competency* also plays a key role in this service delivery as a qualified community-based provider ensures diverse linguistic and cultural considerations are incorporated into proper service delivery as a natural course of action to improve inclusivity and increase trust in acceptance of/participation in services.
- 5) *Intervention Services* are also essential as we consider the behavioral and mental health of young people. Available resources should *reach beyond traditional treatment services and include preclinical, insurance neutral intervention services with less stigma and higher acceptance by many families.* Intervention is introduced earlier in a family's service need, begins with need assessments, does not require diagnosis and can be provided by a wide range of social service and educational professionals. The Intervention Level of Care is associated with reduced service costs, greater appeal than treatment due to less stigma and a wider range of programs and options for families, flexibility in place of service and as an option for diverting families and resources away from more expensive, disruptive out-of-home/school care.

- 6) SB services should coordinate with community and provider-based services to offer families the *person-first and collaborative planning opportunity so crucial to successful service impact*. Service options should also include real-time connections to services, those professional and informal, organic resources in client neighborhoods/communities, to benefit from and develop family connection to those trusted allies. Barriers to that type of access must be addressed in meaningful, personalized ways that produce results for families and systems alike.
- 7) *Be aware of the silos that exist among funding sources and the impact that has on a caregiver's ability to access the right level of care for their young person*. Access to limited resources is constricted by need and availability and spirit-crushing waiting periods when desired services are available or when services are not available for families due to economic, insurance and specific eligibilities. Having insurance neutral access in a coordinated system that addresses barriers and helps parents act in the best interests of their own families as advocates and clients is an essential element here. As we connect to families outside of the school system, we must consider that *insurance-neutrality is critical so that all children obtain equal access to care*.

In addition, as we consider silos in systems, it is important to remember that the education department is focused on improving a student/young person opportunity for success in advancing academically. Although a diagnosis will carry from one system to the other, the mental health/behavioral plan differs from a plan a School Psychologist will produce for the sake of a child's IEP. As a Provider of both of these services, staffed with both areas of expertise, we need to recognize the goals of the system do not always fully align which can create confusion for families, particularly those caregivers of younger children (early intervention and young school-aged). We must improve the alignment of these systems if we are to offer the best service to our caregivers.

The mission of the PA Department of Education is to ensure that every learner has access to a world-class education system that academically prepares children and adults to succeed as productive citizens. The missions of the Departments of Health and Human Services are to assist Pennsylvanians in leading safe, healthy, and productive lives through equitable, trauma-informed, and outcome-focused services while being an accountable steward of commonwealth resources.

These systems have similar end goals but very different ways of reaching those goals. The silos that exist as a result of this variance often leaves family falling through the cracks of the systems. Community Based Providers are designed to fill in this gap and do so with great care and expertise.

CORA's Innovative Strategy to Meeting Current Needs

The changes in the needs of our children and young people and the demands on their lives since COVID have had a major impact on the work of direct service staff in schools and in our community settings. As an organization, we have determined that we CANNOT continue to provide services in a "business as usual mode" in this new environment. We have watched caregivers, young people, and school systems struggling desperately to identify services in a more rapid and streamlined manner with minimal resources. We have witnessed good and trusted organizations or departments within organizations closing due to lack of staffing and increasing inability to draw down revenues in a timely and efficient manner. And we have seen desired and needed services move further beyond a family's reach.

The administration at CORA understands that it is time to transform the way we deliver services and from this need we have developed the concept of a **Family Navigation Center (FNC)** and have raised limited funds to launch a one-year pilot program. This innovative center will improve access to care by serving and supporting caregivers of youth (ages 3-21 years) with educational barriers, behavioral changes, or addiction indicators through the myriad paths to service that they must now traverse. FNC navigators will assist discouraged and uncertain families "stay the course" until obtaining the needed support.

The desired outcome of the Family Navigation Center is to get caregivers quickly to the services needed for their children. Although a simple goal, families face new and increasing challenges such as inadequate insurance coverage, language/cultural barriers, lack of integrated care with educational institutions, and precipitously long waitlists. At the FNC, the intake staff will identify the presenting challenge with the caregiver and assign the case

to an expert who will meet with the family, further assess the needs, and develop an action plan with the family. Navigators will then support the family through the process of obtaining the services needed, navigating the many behavioral health, educational, addiction support, early childhood/intervention, immigration systems that exist in the City. When faced with a service waiting list, navigators will keep families engaged through intermediary care support plans.

This model of care DOES NOT currently exist in the Commonwealth. Family navigation systems are common within already existing structured systems where a family is known already such as physical health care. However, navigation strategies designed for a caregiver to receive earlier intervention by choice, before the crisis or longer term challenge worsens, through a system that assesses and streamlines how to support needs across systems do not exist.

Now is the time as we invest in the future of student mental health in PA, for investing also in infrastructure like family navigation that holistically support the child and their caregiver in the school, home and community. Additional treatment and intervention supports will help resolve unreasonable waiting periods in the long run, but in the foreseeable future we must invest in action necessary to keep caregivers and young people engaged and supported during the transition period between problem identification and assessment and the next level of care. This model will combine the best of SAP and strong case management supports. It will not have a timeline on how long a family can be served. It will gather data about the most pressing needs by school and zip code and community, and what needs are most able to be met and what needs go unmet due to limited resources. It will also be a referring resource for the schools in the area served.

Investing in structures like this will greatly impact the future delivery of care. It will provide grassroots data regarding what our communities need and what is required of future investments. It supplements all the work that is being done by health and human services, the education system, and the behavioral health system. It represents the best of intervention strategies and it fills the gaps that families often face. Implementing and piloting services like this will give the Commonwealth what is needed to consider future funding.

Most importantly, it will keep families engaged once hope is offered.

Final Remarks

As a long-standing staple in the Philadelphia community, serving over 250 schools across the city and serving more than 20,000 young people and their families annually in 88% of the city's zip codes, CORA's team of over 500 thanks you for the opportunity to present to you what we are witnessing among our families, in the schools and in the community. *We plead that you continue to make mental health a priority not only in this administration but in administrations of the future.* And consider investing now in something that will provide the information we, the people and leadership of this great Commonwealth, need to target our funding in the upcoming years. This is the wisest investment of these one-time funds and there are simple, effective, and efficient ways of making this happen through capitalizing on investing in systems in place that can gather ground level data while supporting the people who have put us in our leadership positions because they believe in us.

Thank you.