



House Education Committee

Hearing Testimony – Community-Based Mental Health Services and School-Based Partnerships to Treatment Access

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Good morning to the Chairs and members of the committee. My name is Jim Sharp, and I am here representing the Rehabilitation and Community Providers Association (RCPA), a statewide association representing nearly 400 providers of health and human services across the Commonwealth, and our member organizations serve well over 1 million Pennsylvanians annually. RCPA is among the largest and most diverse state health and human services trade associations in the nation. RCPA members offer mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, criminal and juvenile justice, medical and pediatric rehabilitation, and physical disabilities and aging services, across all settings and levels of care.

I have been with RCPA for 5 years and have spent more than 30 years in the child welfare, juvenile justice, and children's behavioral health system developing programming, policy, and practice to ensure access and treatment to Pennsylvania's most vulnerable population. I have worked at the county level as Chief Probation Officer for the Family Court of Philadelphia, as well as director of several community and school-based mental health programs over the years.

I want to express my appreciation to the committees for holding this joint hearing. I applaud the committees' efforts to further advance our mental health systems, including initiatives pertaining to school-based mental health.

Building upon Governor Wolf's legacy investment of \$100 million for school-based mental health services in his final budget, Governor Shapiro as well has committed \$100 million dollars a year over the next 4 years. This in addition to this year's \$100 million in ARPA funds. These significant dollars will provide the building blocks in creating one part of a sustainable mental health continuum of care. For that to happen, there are several considerations. With the first and foremost being that the school districts partner with the community-based mental health providers to build a system of services delivered by the most qualified, most highly trained, certified and licensed staff in the state. Second, the utilization and flexibility of these funds to be utilized by the schools to meet the diverse needs of the students and communities. And lastly, RCPA and many others agree that the distribution formula and allocation of the funds directly distributed to school districts through a grant process has proven effective in delivering these funds in an equitable and efficient manner. We support this process moving forward.

These outlined strategies would build on the existing relationships between the schools and the community provider network for partnership and collaboration in planning, developing, and implementing the delivery of quality treatment and service. We must avoid the scenario whereby we build a “secondary” mental health system in the school, and one in the community, as there is not the time, expertise, or workforce that could accommodate or sustain two separate service delivery entities.

As it relates to this, there are many proponents supporting the idea of putting a social worker in every school, and while in practice this may seem like a thoughtful alternative, I urge decision makers to consider that for a district to hire one social worker, the following will occur:

- Up to 40% of every dollar will go to benefits, fringe, retirement, etc.
- A social worker in the school builds infrastructure, not service to students in need.
- These positions do not work year round, leaving students unattended during the summer months.
- No history of long-term funding to guarantee jobs.
- The current clinical workforce could not support two mental health systems – one in the school and the other in the community – the competing systems would cannibalize themselves.

I will add that the school-based mental health funding is just one piece of the addressing the mental health nexus; and that is our County-Based Mental Health system. In this year’s budget, there will be an investment of \$20 million in the county mental health funding; the first increase in more than a decade. Despite this initial “down payment” by the administration, it is projected that there is a need for a billion-dollar investment to bring this system, on the brink of collapse, to a level which can fully support the community mental health system. While this committee has a designated focus on education, the awareness and understanding of this critical need impacts vulnerable Pennsylvanians everywhere.

In closing, RCPA offers the following recommendations for school-based & county-based mental health funding, with the understanding that we seek equity in the funding arena for both. There can no longer be choosing one over the other:

- The need to coordinate community-based and school-based mental health services is the key to building a sustainable footprint of mental health in our schools.
- Through collaboration and planning, these entities can plan, design, and implement strategies that meet the needs of their student’s population and community.
- Invest funding into rebuilding the Student Assistance Programs in the schools. They are mandated and yet underutilized and outdated. This is the first line of defense to addressing student mental health.
- Create a system that supports the continuity of care for children and families where they live and attend school.
- Build mental health programming; not mental health infrastructure.
- Dedicate funds to training school staff on adolescent behavioral health through mental health first aid and youth/teen mental health first aid.
- The investment in our county-based mental health system has to happen now and we fully support the counties’ request for this budget year.