



**Testimony for**  
**Julie Cousler Emig, Executive Director, Pennsylvania School-Based Health Alliance**  
**House Education and Human Services Committees**  
**Joint Hearing on Mental Health Services Provided to Pennsylvania's Secondary Students**  
**Monday, May 24, 2021**

Thank you for allowing me to submit testimony on behalf of the Education and Human Services' committees joint hearing. My written testimony focuses on how school-based health centers are critical to improving mental health services among Pennsylvania's secondary students.

Mental and emotional health is perhaps the greatest concern for our youth as we emerge from the height of the pandemic. It will likely become our greatest barometer of health equity as we assess how many youth in need actually receive the services. I hope that Pennsylvania will use this challenge as an opportunity to prioritize mental health for the commonwealth's youngest citizens.

In normal times school-based health center operators found that youths who receive mental health referrals very rarely follow up. For example, Education Plus Health in Philadelphia who performed universal mental health screening to 1,505 urban youth last school year found that just 17% had received services at follow up despite referral and connection to the school's mental health liaison. There are a number of reasons that youth from disadvantaged households do not receive the mental or physical health care that they need, including access, transportation, stigma, and more.

School-based health centers (SBHCs) have been proven over and over again to be the most effective means to reach all youth in need for mental health services, particularly low-income youth, and an ability to virtually eliminate all access barriers to care. The national [School-Based Health Alliance](#) provides a compendium of the research from the last three decades, research that has led more than twenty (20) states to provide dedicated funding and state support for school-based health centers. Consider the data:

- In studies of SBHC service utilization, mental health counseling has been repeatedly identified as the leading reason for visits by students.<sup>1</sup>
- One 1998 study found that adolescents who had access to SBHCs were ten times more likely to make a mental health or substance abuse visit than those without access to an SBHC.<sup>2</sup>
- In one study, inner-city students were 21 times more likely to make mental health visits to SBHCs than to community health centers.<sup>3</sup>
- A national survey of SBHCs found the following mental health and counseling services are provided at SBHCs where mental health professionals are included as center staff: crisis intervention, mental health assessment, grief and loss therapy, substance use therapy, mediation, and others.

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<sup>1</sup> Strozer J, Juszczak, L, Ammerman A. 2007-2008 National School-Based Health Care Census. Washington, DC: National Assembly on School-Based Health Care;2010.

<sup>2</sup> Kaplan D, Calonge B, Guernsey B, Hanrahan M. Managed Care and School-based Health Centers: Use of Health Services. *Archives of Pediatric and Adolescent Medicine*. 1998;152:25-33.

<sup>3</sup> Juszczak L, Melinkovich P, Kaplan D. Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites. *Journal of Adolescent Health*. Jun 2003;32(6 Suppl):108-118. 5.



- SBHCs offer high quality mental health care by using an integrated strategy for addressing health and mental health issues. Several studies have shown that the barriers experienced in traditional mental health settings—stigma, non-compliance, inadequate access—are overcome in school-based settings. 2-4
- One study found that students served by SBHCs had fewer discipline problems, course failures, and school absences. 5

The 26 school-based health centers across Pennsylvania represent the fabric of the safety net for poor youth in the state. They all provide some form of mental health and rate the issue as their greatest area in need of capacity building. Symptoms of mental health distress present to the health centers in physical manifestations of symptoms. Physical and mental health well-being are inextricably intertwined. School-based health centers are a powerful tool to advance health and education equity. Dozens of studies demonstrate decreased absenteeism, decreased hospital visits and Medicaid expenditures, improved grades, and more among students and schools with school-based health centers.

As the Pennsylvania School-Based Health Alliance works with the Medicaid Managed Care Organizations to develop a value-based care model for enhanced reimbursement for the sustainability of school-based health centers in Pennsylvania based on Medicaid dollars saved and health outcomes improved, Pennsylvania should use \$2.85 million of the federal American Rescue Plan (ARP) Act dollars to invest in these low-income communities and sustain the 26 existing school-based health centers as schools work to fully reopen, creating the framework for evaluation of this investment to quantify the impact.

The Pennsylvania School-Based Health Alliance has shared this request with every legislator in Pennsylvania. There is broad support from the senators and representatives who understand the implications in supporting this highly effective model and the students it currently serves at this critical juncture, while enabling an evaluation of the model that so many other states embraced years ago.

There is no question that as Pennsylvania emerges from the pandemic, physical and mental services are going to be critical and there needs to more services available, especially for our most vulnerable students. In order for children to do well academically, they must be healthy. Pennsylvania must invest in school-based health centers now.

Thank you again for allowing me to submit written testimony. Please reach out with any questions.

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<sup>4</sup> Anglin TM, Naylor KE, Kaplan DW. Comprehensive School Based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services. *Pediatrics*. 1996;97(3):318-330.

<sup>5</sup> Jennings J, Pearson G, Harris M. Implementing and Maintaining School-Based Mental Health Services in a Large, Urban School District. *Journal of School Health*. May 2000;70(5):201-205.

# School-Based Health Centers in Pennsylvania

## Advancing Health Equity in Pennsylvania

### What are School-Based Health Centers?

School-Based Health Centers (SBHCs) represent a shared commitment by schools and health care organizations to improve health care access for the nation's underserved communities. They provide primary care, and often behavioral health, oral health, and other wellness supports, in a setting that is familiar to youth – their schools. Data show that SBHCs serve as a critical health care access point for youth, overcoming traditional barriers to health care access, including cost, transportation and continuity of care.<sup>1</sup> SBHCs lead to improved school performance, grade promotion, and high school completion, as well as improved health outcomes.<sup>2</sup>

### How are School-Based Centers Funded?

Currently SBHCs in Title 1 schools are funded by Medicaid reimbursement, but reimbursement rates are insufficient and the model is not sustainable on Medicaid reimbursement alone. Pennsylvania used to benefit from many more SBHCs, but over the years many centers have closed because of lack of adequate funding.

### Why are School-Based Health Centers Important for Pennsylvania?

According to the Robert Wood Johnson Foundation, health equity “means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” School-based health centers are a powerful tool for Pennsylvania to advance health equity for a strong and prosperous Commonwealth.

#### 2020-2021 Pennsylvania School-Based Health Centers at a Glance

# of Schools with SBHCs	26
# of Cities served	8
# of Students served	16,000

Organization	Schools	City	Students enrolled
Wright Center for Community Health	West Intermediate Scranton School	Scranton	729
Hamilton Health Center	Downey Elementary School, Foose Elementary School	Harrisburg	408, 447
Lancaster General	Washington Elementary, J.P. McCaskey High School	Lancaster	5143
Family First	Hannah Penn Middle School	York	578
Community HealthNet	Girard High School	Girard (Erie)	577
Keystone Health	Chambersburg Area Senior High School	Chambersburg	535
Saint James School	Saint James School	Philadelphia	100
Education Plus Health	Memphis Street Academy School, La Salle Academy, Belmont Charter School, Belmont High School, People for People Charter School, Inquiry Charter School, Vaux High School, Deep Roots Charter School, CB High School, Stetson Middle School, Building 21 High School	Philadelphia	5,000
Dr. Bennett L. Johnson, Jr. Sayre Health Center	Sayre Health Center	Philadelphia	
Greater Philadelphia Health Action	Universal Audenried Charter School, Universal Alcorn Charter School, Universal Vare Charter School, Universal Daroff Charter School, Cristo Rey High	Philadelphia	2,200

<sup>1</sup> Love H, Schlit J, Soleimanpour S, Panchal N, Behr C. (2019). Twenty years of school-based health care growth and expansion. *Health Affairs*; 38(5): 755-764.

<sup>2</sup> Maslowsky J, Capell JW, Moberg DP, Brown RL. (2017). Universal school-based screening, brief intervention and referral to treatment to reduce and prevent alcohol, marijuana, tobacco, and other drug use: Process and feasibility. *Substance Abuse: Research and Treatment*; 11:1-10.