



**SARATOGA CENTER FOR THE FAMILY**  
Building stronger families for stronger communities

- 359 Ballston Avenue,  
Saratoga Springs, NY 12866
- p: 518.587.8008  
f: 518.587.8241
- [www.saratogacff.org](http://www.saratogacff.org)

**Katherine Smith**  
*President*

**John Brooks**  
*Vice President*

**David Fragomeni**  
*Treasurer*

**Jennifer Jeram**  
*Secretary*

**Douglas Gerhardt**  
*Immediate Past  
President*

**Ellen Brodie**

**Kelly Goldenberg**

**Greg Grieco**

**Tim Hoefler**

**Erinn Kolligian**

**Michael Patton**

**Lorrie Shilling**

**Mike Venerus**

**Carrie Woerner**

**Rebecca Baldwin**  
*Executive Director*

## **Written Testimony Re: Mental Health Therapy in Schools**

Submitted by Rebecca Baldwin, Executive Director, Saratoga Center for the Family  
January 26, 2022

Saratoga Center for the Family (SCFF) offers mental health services, child advocacy, and child abuse prevention and education on a contract basis in schools, among other ways. Moreover, we do it at a fraction of the cost of hiring personnel in a district.

Unfortunately, due to the Covid-19 pandemic, we have seen a spike in the need for all of these services. It seems to be taking a toll on parents, children, caregivers, teachers and students:

Every day, teachers ask for help in dealing with problems; often they also would like support to facilitate their student's healthy social and emotional development. Yet, despite long-standing and widespread acknowledgement of need, such activities continue to be a supplementary item on a school's agenda. This is not surprising; schools are not in the mental health business. Their mandate is to educate. Thus, they tend to see any activity not directly related to instruction as taking resources away from their primary mission. (Adelman, Howard and Taylor, Linda: Mental Health in Schools and System Restructuring)

To help relieve these stressors on schools, SCFF provides contracted, high-quality licensed professionals who receive salary benefits, training, and professional supervision specifically for mental health care. These therapists help school professionals address most acute mental health concerns, offering accessible services to families. A benefit to both the schools and our trained professionals who have school-aged children is that our therapists follow the same schedule as their own children, offering work/life balance and reducing compassion fatigue for the helpers.

Our therapists help create a model where the school is the "hub" in the community wheel and can be the point of connection for meeting a family's basic needs, prioritizing their child's mental health (which is essential for productivity and learning). Mental health therapy in the school system leads to early intervention for cases of mental health and can help identify and prevent school violence.

Mental health services in schools are vital. When districts received pandemic driven federal funding, most districts immediately identified mental health as a need. Districts reached out to expand and add mental health counselors contracted through SCFF. We partner with districts to employ high-quality professionals for a fraction of the cost to the districts. And that partnership produces better, more efficient outcomes:

Most school health and human service programs (as well as compensatory and special education programs) are developed and function in relative isolation of each other. Available evidence suggests that this produces fragmentation, which, in turn, results in waste and limited efficacy. (Adler & Gardner, 1994; Kahn & Kamerman, 1992; Los Angeles Unified School District, 1995; U.S. General Accounting Office, 1993)

Further:

For both the school and community agencies, mapping and analyzing resources provides a basis for redeploying and improving cost-effectiveness. In some schools, about 40% of the resources are assigned to functions other than regular instruction (Tyack, 1992), but, as yet, little attention has been paid to analyzing and restructuring such resources. Among community agencies, there is acknowledged redundancy stemming from ill-conceived policies and lack of coordination (Hodgkinson, 1989).

These facts do not translate into evidence that there are pools of unneeded personnel; they simply suggest there are resources that can be used in different ways to address unmet needs. Given that additional funding for reform is hard to obtain, such redeployment of resources is the primary answer to the ubiquitous question: Where will we find the funds?" (Adelman, Howard and Taylor, Linda: *Mental Health in Schools and System Restructuring*)

The Saratoga Center for the Family is growing; primarily, because of an increase in services to schools. When given the chance, schools are excited to work with us and, more often than not, recently we've been approached proactively by the school.

According to Behavioral Health and Economics Network, the 2014 Excellence in Mental Health Act, proven solutions include:

1. The establishment of Certified Community Behavioral Health Clinics have shown that when behavioral health is properly funded and can cover the costs of care that they give, they can offer competitive salaries and increase employee satisfaction to retain qualified providers. This demonstration program needs to be extended and expanded;
2. Increasing access to telehealth, removing restrictions on the number of appointments that are reimbursable and allowing for prescribing of needed mental health and addiction medications via telehealth allows for increased access, especially in rural locations, and;
3. Reimbursement rates that match costs of care: When clinics have the basic financial resources needed to cover their costs of care, they can provide more treatment to more individuals. Medicaid and Medicare reimbursement rates often require mental health and addiction providers to provide care at a financial loss.

And what about the kids themselves? There are more students struggling in school, feeling anxious and depressed. Parents and caregivers are feeling overwhelmed and stressed. Many are feeling isolated and alone, with constant worry hanging over their heads.

According to Psychology Today (May 17, 2021):

“Reports of students with suicidal ideation have more than doubled in the past 10 years. According to Education Week, there were 25 instances of school shootings in 2019. And these numbers don't include children who suffer in silence, incidents of bullying, relationship violence, or physical fights between students... After the next reported teen suicide or the next school shooting, everyone will once again turn to their line about needing more school counselors.

Mental health services have long been underfunded and stigma prevents many people, especially our youth, from seeking help. But there is reason to hope the current crisis might help reduce stigma and increase use of telehealth services to deliver care.

The state should act urgently to support people during the crisis by protecting and expanding existing mental health services, increasing outreach and public awareness, and expanding use of telehealth. Now is a chance to fix longstanding gaps and ensure access to quality services for everyone who needs it.

A 2016 report published by the Health Resources and Services Administration (HRSA) identified worker shortages as a key challenge for meeting the nationwide demand for behavioral health services. There are over 123 million Americans living in designated Mental Health Professional Shortage Areas (HPSAs) and it would take nearly 6,000 additional practitioners to meet the needs. One in five adults experiences a mental health condition each year, but only 40 percent receive services. More than 19 million Americans struggle with substance use disorders but only 11 percent receive treatment. (Behavioral Health and Economics Network).

With all of this, we hope to show you the desperate need for behavioral health workers in our school systems as it impacts the delivery of needed services to young people with mental illness. We urge you to support the Excellence in Mental Health and Addiction Treatment Expansion Act, “which would expand the program to 11 states and extend the life of the original eight states to include an additional year.”(Behavioral Health and Economics Network). We urge support at the state and federal levels of student loan forgiveness programs, like the National Health Service Corps, for mental health professionals who choose to practice in a HPSA.

Every day, teachers ask for help in dealing with problems; often they also would like support to facilitate their student’s healthy social and emotional development. Yet, despite long-standing and widespread acknowledgement of need, such activities continue to be a supplementary item on a school’s agenda. This is not surprising; schools are not in the mental health business. Their mandate is to educate. Thus, they tend to see any activity not directly related to instruction as taking resources away from their primary mission. (Adelman, Howard and Taylor, Linda: Mental Health in Schools and System Restructuring)

Although schools are not in the mental health business, it is evident that schools must address mental health and psychosocial concerns; this is what we, at Saratoga Center for the Family, are doing as best we can.