Testimony Presented to the Pennsylvania Basic Education Funding Commission

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The evidence presented in the historic William Penn v Commonwealth litigation demonstrates that the legislature and governor failed to meet the constitutional obligation to provide a thorough and efficient system of funding public education. The judge, a Republican-appointed judge at that, found that the method used to fund education grossly distorts educational opportunity across the state's 500 districts.

Your predecessor, the Basic Education Funding Commission of 2015, considered options and proposed a sound school funding formula for the allocation of new state basic education funds. That formula has helped address the core issue of the lawsuit. However, by applying the formula to only 34% of the funds, the data shows that the state has still failed solve the distortions found in the case.

A Republican House and Senate codified this approach in 2007 when it adopted a multi-year funding model to close the shortfall identified by the 2006 Costing Out Study. Since the legislature abandoned that approach in 2011, there is a significant shortfall, documented through Matt Kelly's research, which urgently needs to be closed. One vehicle for reducing the total amount needed to make that possible is for this Commission to adopt a practice that has enjoyed bipartisan support known as setting adequacy targets for state funding level for each school district.

The 2015 Commission proposed a sound formula that you can use to establish the adequacy targets. I strongly recommend that these targets rely on the current fair funding formula weights because they are sound and do a good job of measuring the relative needs of students and local taxpayer's ability to meet those needs.

Today's hearing is focused on the intersection of school funding and student mental health so that you can consider what the Commonwealth can and should do with respect to school funding to make sure public schools have the resources needed to help students learn while coping with the aftermath of social isolation, grief, and loss from the COVID pandemic, as well as other present-day traumas and adversities associated with opioid abuse, violence, and the pervasive impact of social media.

The scale of mental health suffering among our children is staggering. The Surgeon General's *Protecting Youth Mental Health Report* issued in 2021 found:

- From 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering

attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%.

- Early estimates from the National Center for Health Statistics suggest there were tragically more than 6,600 deaths by suicide among the 10-24 age group in 2020, making suicide the second leading cause of death behind gun violence for children. [i]

In PA, the data is equally troubling and especially confounding. Comparing the data from the PAYS survey from 2021 year for youth living in the 20 counties with the highest spending school districts in the state and those living in the counties with lowest spending districts included in the Level Up Formula (the list of districts is on the last page of this testimony), youth from wealthy and low-wealth communities suffer from nearly the same rates of general anxiety as well as more intensive issues of suicidal thoughts. Specifically in both high-wealth and low-wealth districts the data shows:

- 41% of students reported feeling sad or depressed most of the time.
- Almost 19% of students reported intentionally harming themselves.
- 16% of students planned their suicide and 12% attempted to take their life.

Although students from low-wealth and higher-wealth school districts share these extremely troubling mental health challenges, the data shows a stark difference in the mental health resources between these two types of districts. The top 20 highest-spending districts in the state spend nearly 68% more on student support services than the 20 lowest-spending districts, those currently receiving the Level Up supplement. Specifically, the highest spending districts reporting spending:

- 38% more for school-based psychological services.
- 43% more for school health services.
- 72% more for school nurses.
- 59% more for guidance counselors.

Keep in mind that in these higher spending communities, most students are likely to be privately insured and may have parents who can afford additional support for their students outside of school. Clearly that's in stark contrast with the students in the low-wealth Level Up districts where 77.5% of the students are low-income and likely to be insured by Medicaid and CHIP and, as a result, languish for months or years on long waiting lists for mental health services, or where family budgets are too tight to pay out-of-pocket for behavioral health services, making school-based mental health supports all the more essential.

There are a ' few other telling differences among these two cohorts of school. The lowest-wealth schools educate six times as many students as their higher spending counterparts, the share of Black students is three times higher, and the share of Hispanic students is seven times higher than the students attending the 20 highest spending schools. Thirty-two percent more of

students in the lowest spending Level Up districts are low-income than the students attending the higher wealth schools. Given the demographics of the student population in low-wealth districts, the disparity in student support services for mental health is alarming.

The combination of the pervasiveness of the mental health challenges, the comparative shortage of resources to meet the needs of a much larger share of students who are considerably poorer and more diverse leads to unsurprising, yet unfortunate, outcomes in these schools.

The under-resourced schools have higher levels of reported student incidents and out-of-school suspensions for disruption compared to the highest spending districts.

- Violent incidents are 40% higher.
- Out-of-school suspensions are 75% higher.
- Violence-related out-of-school suspensions are 100% higher.

Please note that the overwhelming share of students with mental health challenges are not causing disruptions; they are suffering and showing up for school hoping that the adults in their schools will reach out and help them.

There is nothing unique about the students attending the lowest spending districts in the state. If they were afforded the same essential school-based supports as their higher wealth counterparts there is every reason to believe that their behaviors would moderate, and they could more readily focus on school work.

Children First has held several symposiums where students told us what they need:

1. Schools need mental health services on site, with skilled professionals that know how to help kids.
2. Schools must be places where mental health first aid is practiced by all adults and students.
3. Schools can be improved by teaching students mental health coping skills so they can learn.
4. Teachers should be trained in mental health basics and brain development so they can reinforce positive coping skills and ensure students are aided in de-escalating their feelings or situations.
5. Counseling/therapeutic services must honor a student's racial and cultural identity and tap all the assets in that student's life to help them mentally heal.
6. Before and after school programs where youth can form relationships with caring adults can boost student mental well- being.
7. Schools can be trauma-informed and trauma-responsive places that meet students where they are and provide safe adults to support them in navigating their mental and emotional wellness.

In these symposiums we heard from students in Oregon, Washington, and Texas who shared extraordinary experiences attending schools where mental health is front and center. The administrators of these schools had resources at their disposal to help students and staff establish school-based mental health practices standards and provide students with mental health supports from competent and caring teachers and mental health professionals. And, fortunately for the students in these states, state revenues, or in the case of Texas, where state taxes on oil and gas are sent directly to school districts, districts have significantly more state-level resources to meet the full range of needs to support student success compared to Pennsylvania.

We also introduced parents and students to the inspiring work of Dr. Shawn Ginwright who you heard from at this hearing. We are a proud partner with the School District, helping to implement the Healing Center Engagement practices. Fortunately, COVID relief funds are making this groundbreaking work with young people possible. Upper Darby is another example of a district, when given the resources, invests in youth mental health because it's so essential to student success. Like Philadelphia, they are spending a portion of COVID relief funds on a district-wide mental health initiative that trains teachers in classroom management practices based on the principles of mental health first aid. They are also embedding school-based access to mental health services in partnership with Lakeside Services, a nationally recognized pioneer in trauma-informed youth mental health practices based only a few miles from here in North Wales.

How telling, and tragic is it that the capacity for these two low-wealth, highly diverse districts to have the resources to give their students the mental health supports needed to enable learning comes from federal relief funds from the worst pandemic in the last 100 years. This research-based work that uses the basics of brain science to help our students is the lifeline that these students need. That research points to robust school mental health programing and services which must be considered an essential cost covered by an adequate Basic Education Funding line-item.

Last week, we participated in a full day of training for 300 school nurses who work in private, charter, and public high schools. These nurses are looking for help meeting the mental health needs of children in their schools.

We don't need new school governance models or new private school options for these students because, sadly, when it comes to kids with mental health challenges, there is ample data to show that these are not the students most charter and private schools want to enroll, and they are the students who are most often counseled out of these schools at the urging of their charter or private school administrators.

This Commission must recommend robust adequacy funding targets for each district and the appropriation needed to fairly reach those targets over three to five years. By doing so, low-

wealth school districts will be able to deliver instruction and mental health services in ways that follow the science and the need and give our students the opportunity and capacity to learn.

Lowest Spending per Student School Districts within the Level Up Subsidy Formula

School District	County
Philadelphia City SD	Philadelphia
Reading SD	Berks
Allentown City SD	Lehigh
York City SD	York
Erie City SD	Erie
Harrisburg City SD	Dauphin
Scranton SD	Lackawanna
Lancaster SD	Lancaster
Chester-Upland SD	Delaware
Upper Darby SD	Delaware
Hazleton Area SD	Luzerne
Wilkes-Barre Area SD	Luzerne
Bethlehem Area SD	Northampton
Lebanon SD	Lebanon
Norristown Area SD	Montgomery
Greater Johnstown SD	Cambria
William Penn SD	Delaware
McKeesport Area SD	Allegheny
Southeast Delco SD	Delaware
Altoona Area SD	Blair

Highest Spending per Student School Districts

School District	County
Upper Merion Area SD	Montgomery
Lewisburg Area SD	Union
Lower Merion SD	Montgomery
Commodore Perry SD	Mercer
Forest Area SD	Forest
Moshannon Valley SD	Clearfield
Upper St. Clair SD	Allegheny
New Hope-Solebury SD	Bucks
Farrell Area SD	Mercer

Smethport Area SD	McKean
Union SD	Clarion
Palisades SD	Bucks
Old Forge SD	Lackawanna
Kutztown Area SD	Berks
Wallenpaupack Area SD	Pike
Cornell SD	Allegheny
Pittsburgh SD	Allegheny
Northern Potter SD	Potter
Pottsgrove SD	Montgomery
Girard SD	Erie

Pennsylvania Youth Survey 2021: Average Share of Responses to Questions on Sleep, Grief, and Other Stressful Events

Sleep, Grief, and Stressful Events	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
On average, sleeping less than 7 hours a night on school nights	37.3%	38.2%
Felt tired or sleepy during the day "every day" or "several times" during the past two weeks	63.7%	64.5%
Has experienced death of a friend or family member in the past year	38.7%	39.0%
Worried about running out of food one or more times in the past year	10.4%	10.0%
Skipped a meal because of family finances one or more times in the past year	5.3%	5.3%

Pennsylvania Youth Survey 2021: Average Share of Responses to Questions on Mental Health Concerns and Suicide Risks

Mental Health Concerns & Suicide Risks	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
Self-harm (e.g. cutting, scraping, burning) in the past 12 months	18.5%	18.7%
Felt depressed or sad MOST days in the past 12 months	41.5%	41.7%
Sometimes I think that life is not worth it	28.6%	28.9%
At times, I think I am no good at all	39.2%	39.7%
All in all, I am inclined to think that I am a failure	26.8%	27.3%
So sad stopped doing usual activities	31.3%	31.6%

Seriously considered suicide	20.2%	19.3%
Planned suicide	16.2%	15.6%
Attempted suicide	12.9%	11.4%
Needed medical treatment for suicide attempt	3.6%	2.3%

Average Student Support Expenditures per Average Daily Membership in Comparison Districts

Expenditure	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
Guidance Services per ADM	$310.88	$495.57
Psychological Services per ADM	$97.92	$134.76
Social Work Services per ADM	$103.42	$74.11
Pupil Health per ADM	$220.21	$315.67
Nursing Services per ADM	$141.55	$243.53
Total Support Services per ADM	$4,801.21	$8,054.09

Student Enrollment In Comparison Districts

Enrollment	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
Average Total Enrollment	13,857	2,794
Average American Indian / Alaskan Native Share	0.1%	0.0%
Average Asian Share	2.6%	3.0%
Average Black or African American Share	33.7%	9.6%
Average Hispanic Share	34.9%	5.6%

Average Multi-racial Share	5.8%	5.3%
Average Native Hawaiian or Other Pacific Islander Share	0.0%	0.0%
Average White Share	22.7%	75.6%
Average Low Income Share	77.5%	45.8%

Average Share of Infractions/Incidents of Comparison Districts

Incident Type	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
Average Total Share of Incidents	7.0%	5.8%
Average Drugs & Alcohol Related Incidents	0.4%	0.3%
Average Weapons Related Incidents	0.3%	0.2%
Average Violence Related Incidents	4.7%	3.4%

Average Share of Out of School (OOS) Suspensions of Comparison Districts

Out of School (OOS) Suspension Type	Top 20 School Districts by Level Up Subsidy	Top 20 School Districts by Total Expenditures per ADM
Average Total Share of OOS Suspensions	5.0%	2.8%
Average Drugs & Alcohol Related OOS Suspensions	0.4%	0.2%
Average Weapons Related OOS Suspensions	0.2%	0.1%
Average Violence Related OOS Suspensions	3.4%	1.7%

[i] Date extracted from the Surgeon General Report, Protecting Youth Mental Health, 2021, data sources: Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance Data Summary & Trends Report: 2009-2019. Retrieved from https://www.cdc.gov/nchhstp/dear colleague/2020/dcl-102320-YRBS-2009-2019-report.html, and. Kalb, L. G., Stapp, E. K., Ballard, E. D., Holingue, C., Keefer, A., & Riley, A. (2019). Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US. Pediatrics, 143(4), e20182192. https://doi.org/10.1542/ peds.2018-2192, and, Curtin, S. C. (2020). State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. National Vital Statistics Reports; vol 69 no 11. Hyattsville, MD: National Center for Health Statistics, and Curtin, S. C., Hedegaard, H., Ahmad, F. B. (2021). Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2020. Vital Statistics Rapid Release; no 16. Hyattsville, MD: National Center for Health Statistics.