



Community-Based Mental Health Services and School-Based Partnerships for Treatment Access

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Over the last three years, Governor Shapiro has allocated nearly \$400 million to student mental health and school safety. The governor is once again proposing a \$100M investment for the 2026/27 budget.

The use of these school-based mental health funds has gone to a variety of programs meant to address student mental health. A recent report released by the Pennsylvania Commission for Crime and Delinquency, the gatekeeper of these funds, outlined how school districts have utilized the grants over the last several years. From a systemic perspective, the majority of the funding went for ongoing treatment services for children in the schools; a sound investment in ensuring the delivery of care. The second area of expenditure for school districts, though, has been to hire social workers and professional counselors from the small pool of clinical staff that serves our communities, essentially consuming one mental health system for another.

The unintended consequences have been the inability to build upon the existing partnerships and programs between school districts and the community-based mental health providers' system of care. Without these partnerships, care is not always delivered by the most qualified staff, and can also cause disruption to services for children and families in the summer months.

RCPA and many others agree that these funds provide a key component of the mental health landscape. However, a more defined strategic blueprint for the allocation and eventual provision of treatment services that expands on the existing community-based mental health system is needed.

The following strategies will build the required partnership and collaboration in planning, developing, and implementing the delivery of quality treatment and service, so that a "secondary" mental health system in the school is not created.

- Coordinate community-based and school-based mental health services as the key to building a sustainable footprint of mental health in our schools.
- Form a coalition of key stakeholders, including PDE, OMHSAS, HealthChoices partners, counties, and providers to construct a continuum of care that ensures quality service and sustainable funding pathways.
- Collaborate, in order that these entities can plan, design, and implement strategies that meet the needs of their students' population and communities.
- Invest funding into rebuilding the mandated Student Assistance Programs (SAP) in the schools through meaningful partnerships with the districts, counties, and providers. SAP serves as the first line of defense to addressing student mental health.
- Dedicate funds to training school staff on adolescent behavioral health through mental health first aid and youth/teen mental health first aid.
- Build mental health programming; not mental health infrastructure.