Children's Health Is In Crisis - One Component of Care the Viability and Efficacy of Partial Hospitalization Programs

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Abstract

This paper will review the redistribution of new and existing resources, the associated ever-changing policies, and the shifting mental health focus of public schools in post-pandemic America to aid student mental health resiliency and stability through nontraditional teaching methods and a variety of mental health interventions delivered in a partial hospitalization program that provides a trifecta of services to include education, medication management, and mental health counseling. These services, offered in a nontraditional method, are identified as a Partial Hospitalization Program (PHP) facilitated by an educational entity in contrast to the traditionally managed PHP coordinated by mental health entities. The researchers will discuss a partial hospitalization program facilitated by an educational entity compared to other models of partial hospitalization in the United States and globally as a change agent. The Tuscarora Intermediate Unit #11 used salient points in the history of mental health for students, the various models of partial hospitalization across the United States and the world, educational models for providing services in such programs, their success rates, and the cost-effectiveness of programming to justify and support the need for this study. Additionally, this study compares and contrasts the efficacy of educational outcomes and patient/student satisfaction with nontraditional education-centered PHP vs. a traditional PHP facilitated by non-educational entities.

Overview of Organization

Since May of 1970, Intermediate Units have been providing services to Pennsylvania school districts in a collaborative effort to assist those districts in meeting the educational needs of students, parents, and educators across the Commonwealth. Intermediate Units have strived to provide value-added services that help their constituents mold their students into successful lifelong learners. Intermediate Units have always worked collaboratively with districts to design and implement current and future-ready plans to meet student needs for the year and design systems of success for the upcoming academic years.

Act 102, passed by the State Legislature and signed into law by the governor, creating 29 intermediate units in the Commonwealth of Pennsylvania, became effective July 1, 1971. The Tuscarora Intermediate Unit (TIU) is a regional, rural educational service agency that provides cost-effective, management-efficient programs that meet the needs of the public, non-public, and charter schools in Fulton, Huntingdon, Juniata, and Mifflin Counties. The TIU services roughly 16,000 students encompassing 2,115 rural sq. miles. A variety of emergency providers service the TIU districts. Local police, the PA State Police, and volunteer fire and EMS personnel serve our school districts. Response times in our IU can vary from 10 minutes to an hour due to service agency availability and topography. As a service agency, the Intermediate Unit has no direct line authority over local schools.

In addition to providing requested services, the Intermediate Unit implements programs and services mandated by the Pennsylvania Department of Education, the State Board of Education, the General Assembly, the United States Department of Education, and the United States Congress.

An Intermediate Superintendents' Advisory Council (SAC) composed of the nine district superintendents meets bi-monthly with the Executive Director and staff to discuss programs and services to the school districts.

Nine members of the Tuscarora Intermediate Unit Board of Directors govern the Tuscarora Intermediate Unit, each serving a three-year term. The nine board members represent the nine public school districts and are members of their local school board. The Board of Directors elects the Executive Director to serve as the Chief Executive Officer of the Intermediate Unit.

The Intermediate Unit board, administration, and staff are proud of the services they provide, and they welcome inquiries from the community and recipients of services.

In addition to providing requested services, the Intermediate Unit implements programs and services mandated by the Pennsylvania Department of Education (PDE), the State Board of Education, the General Assembly, the United States Department of Education, and the United States Congress.

Service is the keyword of the intermediate units' purpose and is the driving force for their goals and objectives. Intermediate units partner with local school districts to meet needs determined by various boards, councils, and advisory committees.

Tuscarora Intermediate Unit Description

The TIU supports approximately 16,000 public, charter, and non-public school students from 9 different school districts in our service area's four counties. The TIU 11 has one main office located in rural McVeytown, one satellite office located in Huntingdon, and 11 other sites that provide Head Start, EITA, and Early Intervention. We offer additional services to assist and train over 1,400 teachers. We provide statewide services to the PDE, the Department of Human Services, the Office of Child Development and Early Learning, and other state organizations through competitive bids and contracts. TIU 11 is one of 29

intermediate units in the state of Pennsylvania. TIU 11 must compete with other IUs, universities, and for-profit and not-for-profit businesses for awards to provide contracts for state organizations' services. TIU recognizes that schools in our service area may select a private company to perform most of the services TIU 11 provides or may elect to provide the service themselves. Securing contracts from state organizations whose mission and goals align with our organization's mission and goals enhances our revenue streams.

TIU 11's health, safety, and mental health requirements mirror that of other intermediate units and K-12 educational institutions and include the regulatory requirements of PDE, the Food and Drug Administration (FDA), and the Department of Human Services. All staff are required to have state criminal, FBI and child abuse clearances. Team members with direct contact with children must take a mandated reporting class. As part of our state-mandated comprehensive safe schools plan, we provide a variety of safety and trauma-related mental health training. We also have first aid and CPR-certified staff in all of our buildings.

Other programs provided by the TIU 11 are Early Intervention Programs (EI), Pre-Kindergarten Counts, and Head Start Programs located within 11 separate sites. To date, all the EI and Special Education staff have viewed the active shooter videos, and we have provided them with training on that topic. The EI classroom sites prepare active shooter plans with the partner agencies at their places or as needed. TIU's Executive Director has met with the Head Start and Early Intervention Program directors regarding the requirements of Act 44. Researchers formulated a supplemental needs analysis based on the additional provisions of Act 44. The Head Start/Pre-K Counts sites recently installed outdoor lighting to ensure student/staff safety. Additional federal funding was awarded to two of our more extensive facilities to install a security and camera system within their facility to secure these sites better. Yearly, staff participate in health and safety training as Head Start prescribes. Employee risk assessments also identified the need for additional outdoor lighting and external camera systems at the central TIU 11 office.

The TIU 11 also provides the educational component for an educated youth program. This is further discussed below.

The TIU and several of the TIU's school districts are involved in the school climate initiatives from PDE. TIU 11's Director of Curriculum and Instruction has earned his National School Climate Leadership Certification and has completed the level 2 certification, given by the National School Climate Center. Mr. Timothy Miller, Director of Curriculum, has been working with at least one school in our school districts and charter schools on their climate based on the PDE School Climate Survey. We are starting a network group this year, which will have some focus on anti-bullying programs.

Mission Statement:

TIU:
Connecting people,
Building communities,
Improving lives

Vision Statement:

TIU will be a recognized leader and integral partner in providing innovative, equitable, and accessible opportunities

Core Beliefs:

WE BELIEVE…….

- We aim to serve our schools and communities using resources efficiently and effectively to make decisions based on our mission, the truth, and what is best for all.
- Honesty and integrity are required in all we do.
- Value acknowledging the contributions of all.
- Continuous improvement of self through reflective practices helps advance the mission and vision of the organization.
- A culture that celebrates personal and professional growth allows us to acquire and deploy expert knowledge required for innovation within and outside the organization.

Tuscarora Intermediate Unit #11 has a long history of successfully designing, implementing, and evaluating large-scale initiatives focused on improving teaching and learning in the K-12 arena and early intervention with adult learners and for programs that work with people with disabilities. Highlights of large-scale initiatives are as follows:

● Tuscarora Intermediate Unit #11 administers the Early Intervention Technical Assistance (EITA) program, which provides statewide training and technical assistance on behalf of the Pennsylvania Departments of Human Services and Education, Office of Child Development and Early Learning, Bureau of Early Intervention Services and Family Supports (OCDEL/BEISFS). The primary recipients of the training and technical assistance are the Infant Toddler and Preschool Early Intervention Programs that provide support and services to children birth to school age with developmental delays or disabilities and their families. Early Intervention in Pennsylvania - FAQ. http://pafamiliesinc.org/understanding-systems/early-intervention/early-intervention-in-pennsylvania-faq.
Family members of children in the Early Intervention Program are welcome at training and technical assistance events and may be part of the training team. EITA is part of the Pennsylvania Training and Technical Assistance Network (PaTTAN).
Early Intervention in Pennsylvania - FAQ. http://pafamiliesinc.org/understanding-systems/early-intervention/early-intervention-in-pennsylvania-faq.

This program includes statewide and regional training initiatives developed by analyzing statewide data, including Program verification results, state and federal requirements, and relevant research. OCDEL/BEISFS staff plan initiatives in collaboration. Statewide professional development training is provided across the Commonwealth when necessary to ensure a consistent message from the OCDEL/BEISFS. EITA also provides local training and technical assistance. Early Intervention in Pennsylvania - FAQ. http://pafamiliesinc.org/understanding-systems/early-intervention/early-intervention-in-pennsylvania-faq.

● Tuscarora Intermediate Unit 11 is the administrative arm of the PATTAN Autism Initiative ABA Supports. Collaboration of the Pennsylvania Department of Education/Bureau of Special Education, the Pennsylvania Training and Technical Assistance Network, Pennsylvania school districts, Intermediate Units, and parent organizations provide this large-scale training and technical support. As of the 2017-2018 school year, the effort has provided direct consultation in about 560 classrooms across the Commonwealth. The participating sites are provided consultation through a team of approximately 40 consultants. A wealth of specific training materials, training videos, and organizational materials have been developed and are available through the PATTAN Autism Initiative.

● TIU #11 designed, implemented, and evaluated (2003-2015) the Office of Consulting Systems, which worked effectively and seamlessly with the Office of Developmental Programs (ODP) to develop, deliver, administer, and evaluate professional development including the statewide training for the implementation of the Home and Community Based Information System (HCSIS). Through this partnership, TIU worked with ODP to launch several new initiatives, including the required Supports Coordinator Curriculum, the ODP Academy for Administrative Entities, and the online Medication Administration Training. Recognizing and responding to changing learning styles and costs associated with instructor-led, face-to-face training, OCS supported ODP in transitioning to using current and emerging web-based technology to develop and produce online, interactive training customized to the specific audience.

To support the participation of the professional community in policy and program development, ODP provided opportunities for collaboration and input through various workgroups, conferences, and statewide committees. Utilizing current technology or through in-person facilitation, OCS offered short-term and long-term technical assistance to professionals contributing to strategic planning, decision-making, and product development.

Today, TIU #11 continues to work with ODP to design, implement, and evaluate the Better Together Program, which provides training, general communication, information, outreach, and mentorship to individuals with developmental disabilities and their families and supports the participation of individuals with developmental disabilities and their families in statewide committees and workgroups, training, and conferences.

● TIU #11 holds the Professional Learning Opportunities Project (PLO) grant. For this statewide project, TIU #11 is responsible for coordinating, developing, and delivering high-quality professional learning opportunities to improve instruction quality and provide technical assistance for adult and family literacy education programs through the adult education division.

● In partnership with Montgomery Intermediate Unit, Tuscarora Intermediate Unit facilitated the Early Warning Dashboard for schools. Each IU provided a lead on the project who worked with the PDE Educator Dashboard project manager to support the onboarding of LEAs, adopting the Educator Dashboard EWS/IC system. TIU and MCIU developed scripts to be executed by partner IUs in direct contact with LEAs. The work included:

- Supporting the LEA's loading of Educator Dashboard EWS/IC-specific templates into PIMS.
- Assisting LEAs with data uploads to the Dashboard. Working with LEAs and SIS vendors to upload data into PIMS, report errors to SIS vendors, help LEA data stewards investigate issues, and suggest corrections to help streamline the daily upload.
- Creating and maintaining an FAQ for data loading issues, kept on the SAS Portal.
- Providing technical support and additional training resources to LEAs who adopted the Educator Dashboard EWS/IC.
- Reviewing the LEA Dashboard Validation reports to troubleshoot issues and identify missing/erroneous data.
- Preparing and making refresher training sessions available to LEAs.
- Providing Educator Dashboard EWS/IC Training for LEA School Staff

- Identifying the designated staff member who will receive 'Train the Trainer' training for the Educator Dashboard EWS/IC system. (i.e., Positive Behavior Support and Transition Coordinators)
- Working with the Statewide Rollout team to schedule training sessions with school staff for onboarding LEAs.
- Utilizing the developed training curriculum to perform training of LEA school staff.

● Tuscarora Intermediate Unit 11 administratively supports the PATTAN Autism Initiative ABA Supports. Collaboration of the Pennsylvania Department of Education/Bureau of Special Education, the Pennsylvania Training and Technical Assistance Network, Pennsylvania school districts and Intermediate Units, and parents provide large-scale training and technical support efforts. As of the 2017-2018 school year, the action has provided direct consultation in about 560 classrooms across the Commonwealth. The participating sites are provided consultation through a team of approximately 40 consultants. Each month, participating locations receive up to 14 hours of consultation per month. Outcome data for this effort, including site review data demonstrating the degree to which sites implement evidence-based practices. Additionally, participating locations have compiled pre and post-assessments with students and monitored skill acquisition via systematic skill tracking and graphing. A wealth of specific training materials, training videos, and organizational materials have been developed and are available through the PATTAN Autism Initiative.

Other recent initiatives that TIU #11 focus on improving teaching and learning include:

● Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care Program – TIU, in cooperation with the Pennsylvania Department of Education (PDE) and the Pennsylvania Department of Health (DOH), implements the statewide Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC) Program. TIU #11 works with PDE, DOH, and partners to identify and increase the capacity of professional developers and consultants who serve ECEs, children, and families in children's nutrition and physical activity through the development and sharing of training and resources. TIU provides technical support to early childhood education (ECE) centers in nutrition and physical activity policy development, enhancement, documentation, and reporting.

● Ready Rosie Partnership – TIU #11, through a partnership with Ready Rosie, uses video modeling & mobile technology to build partnerships between families & educators to promote school readiness. Using peer-to-peer modeling & two-way communication, Ready Rosie empowers parents to support their child's learning and schools to scale their family engagement efforts. Ready Rosie leverages the power of video modeling, family engagement workshops, professional development opportunities, and mobile technology to build powerful partnerships between families and educators, resulting in ready families, schools, and children. As part of this partnership, TIU #11 staff have:

- Co-authored family engagement workshops on various parenting education topics, including literacy, math, social-emotional development, parent leadership, and school readiness.
- Provided feedback and suggestions on peer modeling videos, including developmental appropriateness, cultural relevance, and replicable strategies.
- Facilitated pilot studies on family engagement workshops.
- Reviewed and provided feedback on professional development modules for educators.

- Traveled nationally to provide face-to-face professional development of Ready Rosie implementation with fidelity, training on the performance of family engagement workshops, and other professional development for Head Start and school districts.
- Provided ongoing coaching for Ready Rosie client.
- Represented Ready Rosie at conferences and in meetings with partners.
- Pursued and created new national partnerships and innovative additions to the Ready Rosie parenting curriculum.
- Worked closely with the University of Pittsburgh to create and implement a short and long-term national evaluation to demonstrate ready efficacy and outcomes.
- Provided subject matter expertise on Family Literacy and Family Engagement for the Ready Rosie team.
- Co-authored and created an on-demand distance learning PD module for Ready Rosie
- Teaching Strategies Gold Login - my.teachingstrategies.com.

  https://ejobscircular.com/teaching-strategies-gold-login/

● PLS 3rd Learning – TIU #11 worked 40 hours per week for sixteen months to provide training; subject matter expertise related to follow-up and support for participants in the SAS leadership institute; and SAS portal development and training, including the data dashboard, report cards, and related initiatives. TIU #11 also liaised between PLS 3rd Learning and the Pennsylvania Department of Education.

Buzz Words Due to Covid

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 USC 247d) in response to COVID-19. Proclamation 9994—Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak | The American Presidency Project. https://www.presidency.ucsb.edu/documents/proclamation-9994-declaring-national-emergency-concerning-the-novel-coronavirus-disease.

On Friday, March 13, 2020, the President of the United States declared a National Emergency concerning the Novel Coronavirus Disease Outbreak. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration under section 319F-3 of the Public Health Service Act (42 USC 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced the COVID-19 outbreak as a pandemic, as infection rates continue to rise in many locations worldwide and across the United States. Education in Pennsylvania hiccupped that day. Proclamation 9994—Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID–19) Outbreak | The American Presidency Project. https://www.presidency.ucsb.edu/documents/proclamation-9994-declaring-national-emergency-concerning-the-novel-coronavirus-disease.

The governor declared that students would only report physically to school until further notice. For one year, the school districts had to do business as usual with no students in the classrooms. Everyone was virtual. Buzzwords became a norm. Here are a few:

Value added

Data-driven

Researched based

Performance-based

Accountability

Standards

Trauma

(SEL) Social Emotional Learning

(WHO) World Health Organization

Flatten the Curve

Social Distancing

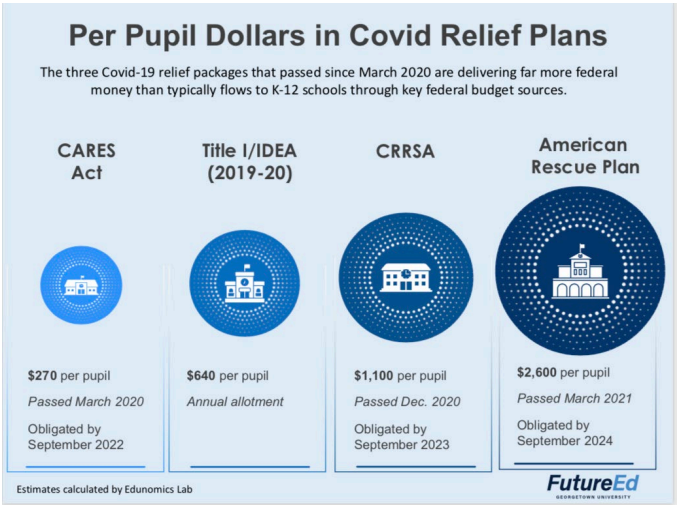
Quarantine

Herd Immunity

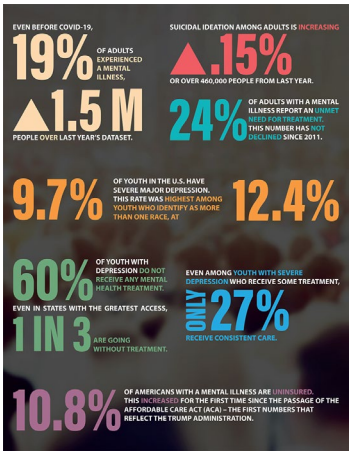
Why doing this

As a result of the pandemic, virtual education and working parents led to increased mental health needs among students. A rise in severe diagnoses, concerns, and abuse in homes accompanied the increase. The Centers for Disease Control and Prevention reported that young people experiencing sadness, hopelessness, and suicidal thoughts rose sharply. In response to this crisis, states, cities, and school districts are using COVID-19 relief dollars and their funds to launch mental health programs for students and teachers. Many schools are creating programs to improve students' emotional well-being and connection to their schools and communities. The funding for these programs comes from federal pandemic relief grants, with some states and cities adding their own money. The US Secretary of Education, Miguel Cardona, stated that schools have lacked the resources to hire enough school-based mental health providers. Educators are put in a difficult position as they are often the first to notice when a student suffers academically or due to mental health challenges. The Bipartisan Safer Communities Act helps schools address student mental health needs by providing funding to recruit, prepare, hire, and train qualified school-based mental health providers, including for underserved communities and students from low-income backgrounds and in rural areas. The Department of Education is committed to addressing the nation's mental health crisis by providing more resources and support to help schools address students' mental health needs. The influx of funds included awards totaling nearly $1 billion to help schools in high-need districts provide safe and supportive learning environments and directing more than $2 billion to hire more school psychologists, counselors, and other mental health professionals in K-12 schools. With the help of these funds, as of July, compared with the pre-pandemic period, the number of school social workers is up 54%, and the number of school counselors is up 22%." (https://www.ed.gov/news/press-releases/hundreds-millions-dollars-funds-increase-number-school-based-mental-health-providers-schools-provided-through-bipartisan-safer-communities-act)

Department Opens Application Period for Hundreds of Millions of Dollars in Funds. https://www.thefactsnewspaper.com/post/department-opens-application-period-for-hundreds-of-millions-of-dollars-in-funds.



Salient points in the history of mental health for students
https://mhanational.org/issues/state-mental-health-america



Adolescence is a crucial and exceptional time for individuals aged 10-19, as it is a period of significant physical, emotional, and social changes. Exposure to poverty, abuse, or violence during this period can make adolescents susceptible to mental health issues.

Therefore, safeguarding adolescents from adversity, endorsing socio-emotional learning and psychological well-being, and ensuring access to mental health care is vital for their well-being and health during adolescence and adulthood. Globally, an estimated 1 in 7 (14%) 10-19 year-olds experience mental health issues, yet these remain mostly unidentified and untreated.

Adolescents with mental health conditions are especially prone to social exclusion, discrimination, and stigma, which can impact their readiness to seek help, academic performance, risk-taking behavior, physical health, and human rights. Numerous factors can influence mental health, and the greater the

exposure to risk factors, the more significant the potential impact on mental health. Stressors during adolescence may include exposure to adversity, conformity pressures, and identity exploration.

The media and gender norms can exacerbate the difference between an adolescent's lived experience and their perceptions or aspirations for their future. The quality of home life and peer relationships, as well as violence (especially sexual violence and bullying), harsh parenting, and severe socioeconomic problems, are all recognized risk factors for mental health. Certain adolescents face a greater risk of mental health issues due to their living circumstances, stigma, discrimination, or exclusion, or a lack of access to quality support and services.

These groups include adolescents living in humanitarian and fragile settings; those with chronic illnesses, autism spectrum disorder, intellectual disabilities, or other neurological conditions; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other marginalized groups. https://mhanational.org/issues/state-mental-health-america

Key facts

- **Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group.**
- **Depression, anxiety and behavioral disorders are among the leading causes of illness and disability among adolescents.**
- **Suicide is the fourth leading cause of death among 15-29 year-olds.**
- **The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.**

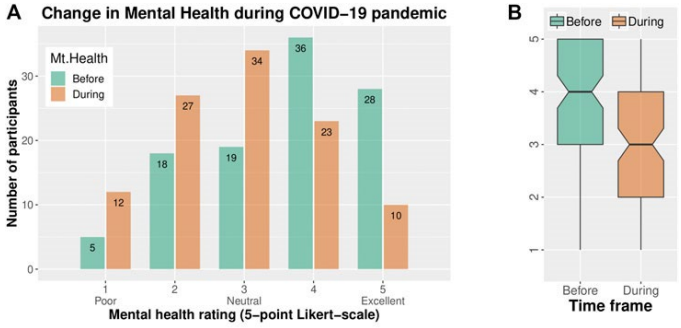
Covid 19's impact on teens mental health

According to a survey conducted by the American Psychological Association (APA), 81% of Gen Z teenagers (ages 13-17) have experienced more intense stress during the COVID-19 pandemic. ….., which took a survey-based approach and used robust statistical analyses, identified key stressors among a group of high school students in the Midwest region of the United States. The survey included 15 explanatory variables specific to high schoolers, four factors for pre-existing conditions, and seven dependent variables for mental health estimators in order to determine changes in mental wellbeing during the pandemic. The results, which were based on a sample size of 107, showed good consistency in estimators with a Cronbach's α score of 0.78. Additionally, the results indicated statistically significant ($t = 0.636$, $p \ll 0.001$) degradation in mental health. Correlation analysis revealed that online learning ($\beta 1 = -0.96$, $p = 0.004$) had the most influence on mental health degradation, with some race-based differences. However, exercise time had a positive effect on mental health, helping to reduce mental health degradation ($\beta 3 = -0.153$, $p = 0.037$). Factors such as gender, homework time, school time, pre-existing mental health issues, and therapy did not have a significant influence on mental health degradation. Freeform feedback analysis identified three recurring themes: increased stress due to homework (13.2%), social isolation or lack of social interactions (8.5%), and lack of support for mental wellbeing (12.3%).

T-Test for Degradation in Mental Health

The research study survey aimed to assess whether students had experienced any decline in their mental health. According to the results, 24 out of 31 White students (77.4%), 37 out of 69 Asian students (53.6%), 2 out of 2 Hispanic/Latino students (100%), and 1 out of 2 Black participants (50%) reported

some form of mental health decline. Figure 4 depicts a comparison of the mental health ratings reported by participants before and during the COVID-19 pandemic. The boxplots in Figure 4B show a comparison of the distributions of mental health status. A paired two-sample t-test was conducted to compare the mental health of participants before and during the pandemic (see Table 1). The Shapiro-Wilk normality test was used to verify that the change in mental health was normally distributed, which is a prerequisite for the t-test ($W = 0.944$, p-value = 0.00025). The t-test showed a statistically significant degradation in mental health of 0.636 ($p \ll 0.001$). Of the 64 participants who reported a decline in their mental health during the pandemic, 70% (45) were enrolled in online schooling. The proportion of males and females reporting a decline in mental health was 28% (18) and 70% (45), respectively. Out of the 64 participants, 24 were White and 37 were Asian. Nine participants who reported a decline in mental health followed therapy, while six participants who did not report a decline in mental health followed therapy. https://mhanational.org/issues/state-mental-health-america



Histogram Box plots

Multiple statistical analyses clearly showed degradation in mental health of students pursuing online schooling. Several recent articles suggest that this degradation can be attributed to a feeling of social isolation, loss of social structure in the form of friends or clubs (85% of students reported being in a club or student organizations), and family issues (Zhang et al., 2020). Although, our questionnaire did not specifically solicit factors impacting mental health, 45.8% of the participants provided freeform comments. Reviewing the freeform feedback identified three recurring themes in the feedback. First, 14 participants (13.2%) indicated that stress caused by homework as being an influential factor and suggested coordination between instructors to spread the workload. Second, nine participants (8.5%) reported social isolation or lack of social interactions as being a factor. Third, 13 participants (12.3%) suggest increasing community support and social interactions through flexible times or during short breaks during school time could improve mental wellbeing. https://mhanational.org/issues/state-mental-health-america

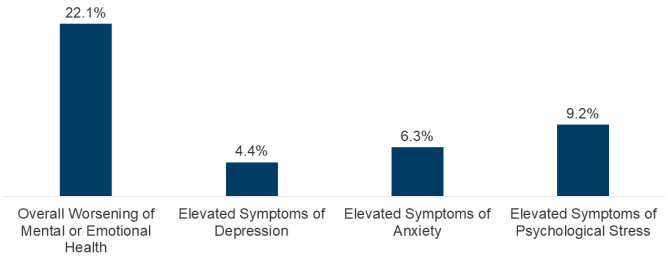
Post covid 19 syndrome mental health

DATA

Since Covid

Figure 3

Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October-November 2020



SOURCE: Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: http://dx.doi.org/10.15585/mmwr.mm7011a1

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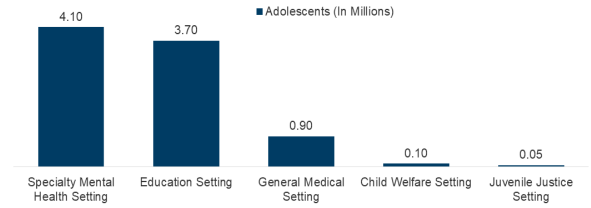
Figure 6

Sources of Mental Health Services Among Adolescents (Ages 12-17) in the Past Year



NOTES: Education setting refers to students who "talked with a school social worker, psychologist, or counselor about an emotional or behavioral problem; participated in a program for students with emotional or behavioral problems while in a regular school; or attended a school for students with emotional or behavioral problems".

SOURCE: Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm

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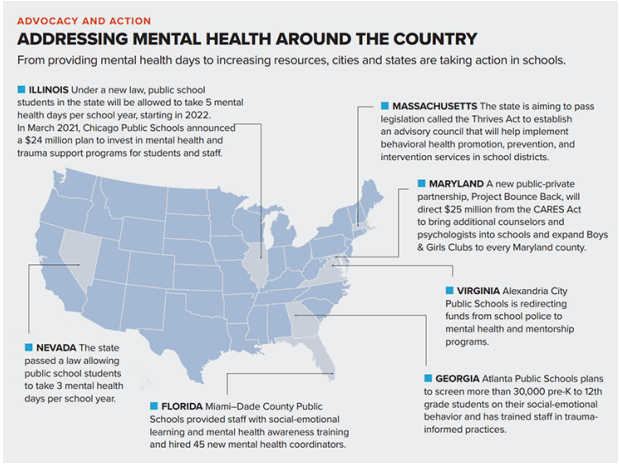
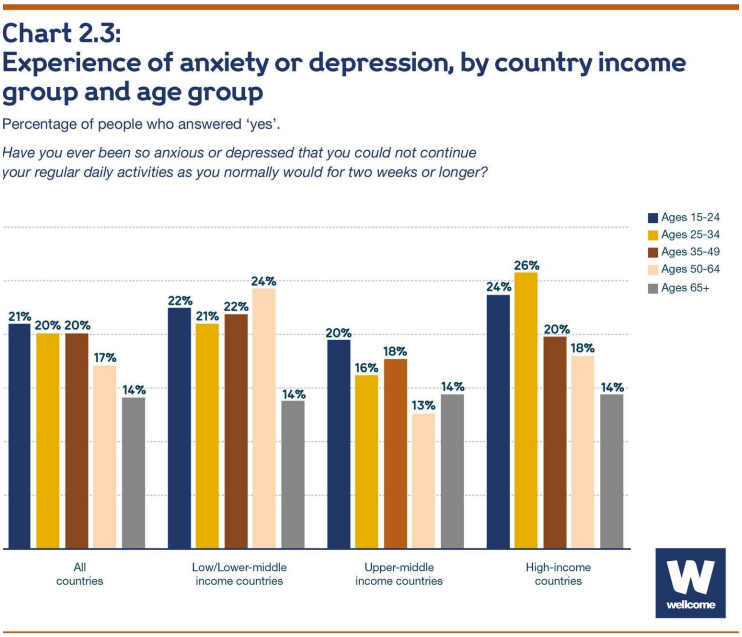
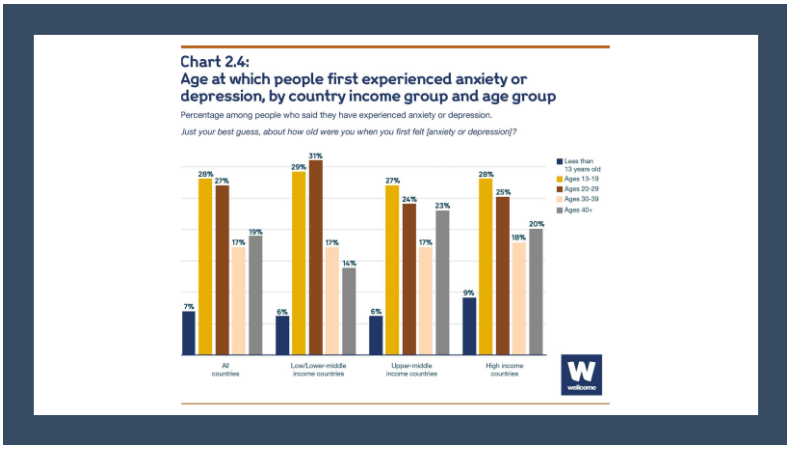
United States Data



Global Data





https://mhanational.org/issues/state-mental-health-america

Types of mental health Services for students

levels of care:

Inpatient Treatment

- Inpatient treatment helps those who are living with mental illnesses and is exceptionally beneficial. Due to mental illness being prevalent, the demand for treatment has increased exponentially. During inpatient care, a person resides within the treatment facility, which is often a comfortable, home-like setting.

Outpatient Treatment

- Outpatient treatment requires less time than inpatient mental health treatment. When it comes to intensive outpatient program treatment, some patients will enter this stage of therapy after inpatient treatment. In comparison, others will complete a partial hospital program (PHP) and still require more treatment. On the other hand, an intensive outpatient program (IOP) only requires roughly three hours per day of treatment, allowing more freedom for a client's personal life.

- Individual therapy is a form of mental health treatment for patients who discuss their reflections and thoughts with a psychotherapist. One-on-one mental health therapy for a mental disorder focuses on the patient's needs.

- Group therapy is a counseling session between a licensed therapist and two or more patients. Usually, a therapy group consists of more than five but less than 20 people. In most cases, other people are going through similar situations. Therefore, speaking about one's mental condition in a group with similar experiences can help people feel less alone.

Other Therapies

- Family therapy is a form of mental health counseling focusing on building and sustaining healthy family relationships. Each family member seeks to understand and work together to solve problems. Individuals who attend family therapy also learn how to express their needs to one another and support each other.

- Cognitive-behavioral therapy (CBT) is a form of clinical mental health counseling that teaches patients how to change their negative thoughts, emotions, and behaviors into positive ones. Many therapies use CBT, a common form of mental health counseling, as a basis.

- Dialectical behavioral therapy (DBT) is a clinical mental health counseling method focusing mainly on accepting and changing harmful and negative thoughts, emotions, and behaviors. This type of therapy is a form of CBT geared explicitly toward treating symptoms of BPD. However, DBT helps people with similar symptoms develop better coping and social skills.

- Holistic healing treats the whole person in treatment rather than just the disorder. This treatment focuses on the mental, emotional, physical, and spiritual issues within their mind, body, and soul.

- Meditation is a holistic mental health therapy practice where patients focus and calm their minds. There are several meditation practices, like guided meditation, when people focus on mental images that comfort them.

- The best way to describe art therapy is to think about making art to enhance a mindset. While mental health counseling is crucial for mental health treatment, combining art therapy can provide many therapeutic benefits.

- Music therapy has quickly grown due to the demand for holistic mental disorder treatment. Expressive arts therapy can improve many mental conditions dramatically. It can also help improve a patient's overall quality of life. Residential Mental Health Treatment - Los Angeles, CA | Montare. https://montarebehavioralhealth.com/mental-health-treatment-los-angeles/.

Levels of Care

- Residential
- PHP
    - Twenty hours a week of medical and clinical support for those needing high support but not 24-hour supervision.
- IOP
    - 8-12 weeks of group therapy sessions, individual counseling, life skills classes, and support groups. A virtual IOP option is for teens with transportation or health concerns that may impact attending inpatient treatment.
- General Outpatient

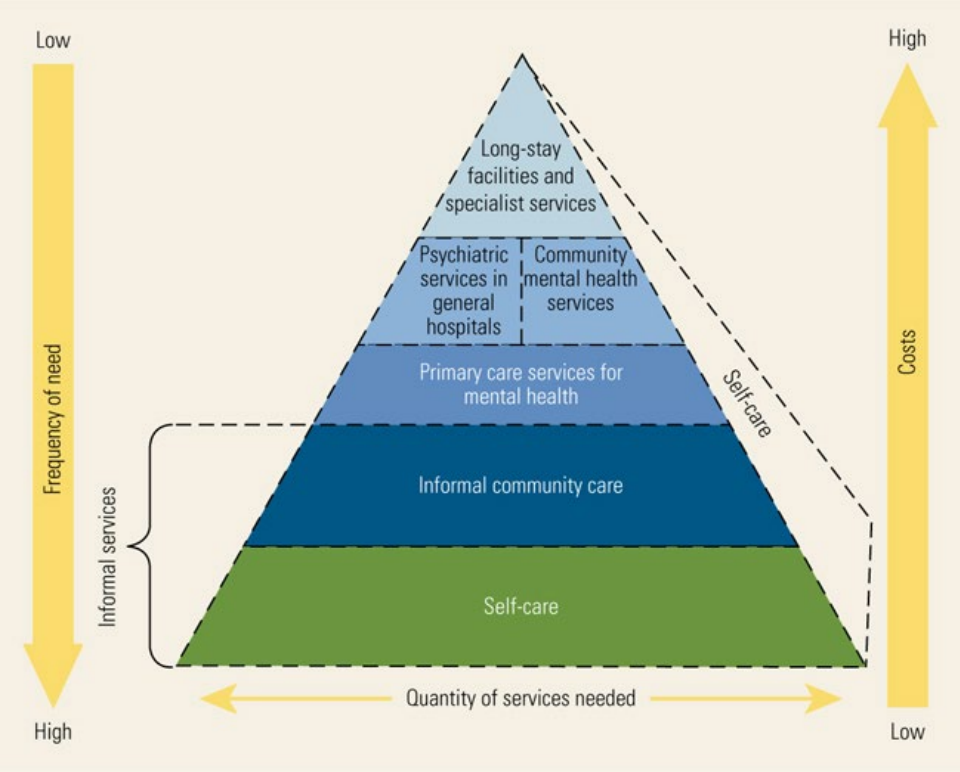


Figure 11.1World Health Organization Service Organization Pyramid for an Optimal Mix of Services for Mental Health

Reprinted from *Mental Health Policy and Service Guidance Package*, World Health Organization (WHO), "Organization of Services for Mental health," page 34, WHO 2003a.

WHAT IS A PARTIAL HOSPITALIZATION PROGRAM

The National Association of Private Psychiatric Hospitals (NAPPH) recently joined with the American Association for Partial Hospitalization (AAPH) to provide mental health professionals with a clear, industry-supported definition of psychiatric partial hospitalization, an option on the continuum of care used by clinicians to treat mental illnesses. In 1988, Congress approved a major benefit change for the Title XVIII Medicare program by including reimbursement for partial hospital programs that meet a strict definition and provide treatment services. As defined by Congress, partial hospitalization means an outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse or full hospitalization. NAPPH and AAPH endorse that definition and the service components, and they offer a model for other insurers or employers considering the addition of this highly specialized program to healthcare benefit plans. A hospital usually furnishes partial hospital programs as a distinct and organized intensive ambulatory treatment service of less than 24-hour daily care. Partial hospitalization is not a substitute for inpatient care. For some patients, the availability of partial hospitalization may shorten the length of stay of full hospitalization or serve as a transition from inpatient to outpatient care. It may allow some patients to avoid hospitalization. Placement in a partial hospital program is a clinical decision that can be made only by a physician thoroughly knowledgeable about the patient's illness, history, environment, and support system. (Definition of partial hospitalization. The National Association of Private Psychiatric Hospitals and the American Association for Partial Hospitalization. Psychiatr Hosp. 1990 Spring;21(2):89-90. PMID: 10106610.)

Wikipedia defines it as " **Partial hospitalization**, also known as **PHP** (partial hospitalization program), a program used to treat mental illness and substance abuse. In partial hospitalization, the patient resides at home but commutes to a treatment center up to seven days a week. Partial hospitalization focuses on the individual's overall treatment to avert or reduce inpatient hospitalization.

Partial hospitalization - Wikipedia. https://en.wikipedia.org/wiki/Partial_hospitalization.

Partial hospitalization programs in the United States can be in either a hospital setting or by a free-standing community mental health center (CMHC).

Treatment during a typical day may include group therapy, psych-educational groups, skill building, individual therapy, and psychopharmacological assessments and check-ins." (Wikipedia contributors. (2023, February 8). Partial hospitalization. In Wikipedia, The Free Encyclopedia. Retrieved 11:54, June 6, 2023, from https://en.wikipedia.org/w/index.php?title=Partial_hospitalization&oldid=1138221679)

HOW DOES A PHP DIFFER FROM AN INCARCERATED YOUTH FACILITY?

- Corrections Education
- Tuscarora Intermediate Unit is the educational component provider for two of the state's programs for adjudicated youths: Trough Creek Youth Forestry Camp #3 and South Mountain Secure Treatment Unit.

Two Different Facilities

- The mission of Youth Forestry Camp #3 School is to support positive change in delinquent youth behavior through a multi-program approach in an open, safe environment and to provide programs that meet the needs of juvenile offenders, address the issue of victims, and service and

protect the community.

- Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/Youth Forestry Camp

- (YFC) #3, in Trough Creek State Park, Huntingdon County, 50 miles south of State College, Pennsylvania. YFC #3 supports positive change in delinquent youth behavior through a multi-program approach in a safe and open environment. Principles of Balanced and Restorative Justice programming is provided for delinquent youth by involving them in Community Service programs that develop competencies, address the needs of victims, and serve and protect the community. Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/

- B-Dorm Residential program is approximately six months and offers group therapy, individual counseling, physical exercise, activity, and various forums for competency development. Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/

- The mission of South Mountain Secure Treatment Unit School is to provide educational opportunities that will enable students to become responsible and productive in a diverse society and will support positive change in delinquent behavior. Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/

- South Mountain Secure Treatment Unit, on the grounds of the South Mountain Restoration Center near Caledonia State Park and Chambersburg. It is a secure treatment program for male juvenile offenders ages 13-20. The offenders have a wide range of behavioral problems, learning disabilities, and significant emotional, physical, or sexual abuse issues in their background. The program also treats sex offenders who have engaged in deviant sexual behaviors.

Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/

- A high level of structure, security, and supervision is essential to maintain order and create a climate conducive to the treatment and education of the residents. An effective behavior management program operates with a selective therapeutic approach for each resident. While internalized change is the ultimate goal of any treatment program, SMSTU recognizes that, in the absence of motivation to change, compliance with program norms is essential to maintain order. It prepares the way for internal change in residents. Corrections Education - TIU Website. https://www.tiu11.org/corrections-education/

Youth Non-Acute Partial Hospitalization

The TIU #11 understands that youth partial hospitalization programs treat adolescents and children grades 6 through 12 as either alternatives to out-of-home placements or as more intensive treatment programs than are afforded by outpatient settings. TIU #11 will use a model that will allow youth partial hospitalization programs to treat children/adolescents grades 6 through 12 when clinically appropriate.

This partial hospitalization unit shall be separate from the Tuscarora Intermediate Unit #11. As are some of our other programs across the state, it will be an identifiable organizational unit with its director, supervisor, and staffing pattern separately identified through an organizational chart. When the unit is a portion of a larger organizational structure, the director or supervisor shall identify and his responsibilities clearly defined
. A written description of all the services provided by the unit shall be on file and available to the Office of Mental Health and Substance Abuse Services (OMHSAS). OMHSAS approves any significant changes in the organizational structure or services.

The Tuscarora Intermediate Unit #11 has developed a close relationship with the psychiatric inpatient service of UPMC Western Psychiatric Hospital of Pittsburgh, PA. This partnership obtained after an extensive search of local agencies yielded a need for more viable providers to provide on-site psychiatric services. The TIU will continue searching for a closer provider to contract for on-site services, hoping that telepsychiatry will
no longer be needed. Cen-Clear has been contacted as of January 2020 to discuss potential psychiatric time for this partial program. A written statement on the availability of these services shall be maintained on file at the facility and available to our students.

This partial hospitalization program shall also assure linkages with other appropriate treatment and rehabilitative services, including emergency services, educational services, and vocational rehabilitation programs. A written statement documenting such linkages is on file at the facility.

The TIU #11 Partial Hospitalization Program shall participate in the overall systems of care as defined in the Juniata Valley Behavioral and Developmental Services (JVBDS) plan. A letter of agreement with the county program will specify the relationship of the partial program with the county program case management system. It shall include its application for a certificate of compliance.

Furthermore, TIU #11 will document the need in the proposed service area to expand the non-acute partial Hospitalization services. JVBDS County authorities shall review this documentation and make a recommendation to the Department. There is an understanding by TIU #11 that the Department may deny approval of such expansion because of inadequate justification.

Philosophy

There is a growing unmet need for mental health services for children and youth. According to the U.S. Department of Health and Human Services, one in five children and adolescents experience mental health problems during their school years.
Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are rising, particularly among youth.

Unfortunately, estimates of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services. Nearly two-thirds of those who get help do so only in school.

TIU #11's primary target area for services includes schools in Huntingdon County:
Juniata Valley (Huntingdon) – 800 students
Huntingdon Area (Huntingdon) – 2,000 students (has 1 CSBBH team to serve Standing Stone Elementary School)
Mt. Union (Huntingdon) – 1,500 students (has 1 CSBBH team to serve Kistler and
Shirley Twp. Elementary schools as well as the Junior/Senior High School)
Southern Huntingdon – 1,300 students (has 1 CSBBH team to serve Spring Farms
Elementary School)

Risk factors for these schools include high poverty and single-parent homes. According to the 2019-2020 Building Data Reports for Free and Reduced lunches, Huntingdon County has the highest % of free and reduced lunches with 58.05%. Broken down by District, Huntingdon has a 48.62 % Free and Reduced Lunch percentage, Juniata Valley has a 44.25% Free and Reduced Lunch percentage, Mount
Union has an 85.40% Free and Reduced Lunch percentage, and Southern Huntingdon has a 46.96% Free and Reduced Lunch percentage. The highest percentage is Mifflin County schools with 54.35% F&R.

Juniata County has 43.67% Free and Reduced lunch count, and Fulton County has 45.40% Free and Reduced Lunch percentage. The breakdown for the Fulton County Schools consists of Central Fulton with 47.07% Free
and Reduced Lunch percentage, Forbes Road with 51.09% Free and Reduced Lunch percentage, and Southern Fulton with 38.05%.

In a 2016 survey of service needs, Superintendents identified availability of providers (85% or 6/8) and distance to services (71% or 5/8) as barriers they encountered when trying to secure mental health services in their districts. In a January 2020 survey asking the same questions, 50% of the Superintendents identified a partial placement program with medical management, and 50% identified wrap-around services as a need in our Intermediate Unit area. 25% of Superintendents identified sending ten students out of the District for placement, and 75% identified sending five students to a placement outside of their District. 75% of the Superintendents identified the availability of providers as a barrier, and 25% identified cost as a barrier. One Superintendent stated, " We currently transport our students approximately 45 miles to an out-of-district location for mental health placements." Another stated, "We do not have a school counselor in the elementary school. Many children would benefit from having a mental health staff to listen to their worries, concerns, and fears." There needs to be more available direct services in this rural community.

Secondary Target:
Mifflin County School District – 5,000 students
Juniata County School District – 3,000 students (has 1 CSBBH team to East Juniata Elementary)
(Tussey Mountain and Tyrone school districts also cover portions of HMJ counties & served by IU8.
TIU #11 also includes several districts in Fulton County, for which Community Care is not the behavioral health managed care organization (BH-MCO).

This 6th - 12th grade program offers short-term intensive treatment for adolescents with severe emotional and behavioral problems. The partial program will be housed in the Huntingdon Area School District Middle School, easily separated from the main population. The building houses 6-8 grades. Our area will house 6-12 safely. The space affords areas separated by scheduling and supervision. We have emails from the Superintendent and Administration of support for the program and an agreement on space sharing. (Attachment A). We can and will have the formal letter of support when required.

The program has a school component and prepares the adolescents to return to their regular school. This school program would consist of 3 hours of educational programming per day, and sample schedules will be attached to this description. The educators will possess a Pennsylvania Certificate for Instructional I or II in assigned certification areas or related certification, Special Education certification, and at least three years of teaching experience preferred.

According to the Education Law Center's report titled Educating Children In Partial Hospital Programs: It is Time for Change, " there is not an adequate statutory and regulatory scheme that spells out such basic requirements as how much education these children are to receive, which district is programmatically responsible for serving these children, and how regular and special education services are to be funded." The Tuscarora Intermediate Unit, in conjunction with the student's home school district, will oversee and provide both regular and special education teachers. As an educational system, the Tuscarora Intermediate Unit will take responsibility for the educational components of the TIU #11 Youth Non-Acute PHP.

Another concerning finding is that PHPs need to offer students opportunities to integrate with youth in regular academic education or extracurricular activities, typically due to the barrier of the location of the

PHP and home school district. In this PHP model, the program is school-based. It will allow youth the most substantial opportunities for integration and to participate in a much wider variety of academic and extracurricular options. The students will integrate into regular classrooms,
as assured in the letter of the building usage agreement. Youth in PHPs are entitled to the same quality education programs they would receive in their home school districts, and their teachers should have the required certification (as stated in the previous section). Seatwork should never be a substitute for teacher instruction. The parents and home school district will be involved in weekly reporting of the student's progress. They will be engaged in the planning process of integration back to the home district as this is vital to each student's success in transferring the skills they have learned in PHP. Program hours are Monday through Friday from 9 a.m. to 3 p.m. during the school year and from 9 a.m. to 1 p.m. during the summer. Treatment services include group therapy for social, behavioral, and emotional rehabilitation; individual and family therapy; medication management; discharge and aftercare planning; and educational programming during the school year. The therapeutic groups address social skills, family issues, stress and anger management, coping skills, and symptom and medication management.

The program's philosophy is that individuals can learn to cope effectively with symptoms and stressors. The TIU #11 Partial Hospital Program serves adolescents who need intensive short-term treatment to address non-acute psychiatric difficulties. The program prevents inpatient psychiatric hospitalization or re-hospitalizations, diverts from other out-of-home placements such as Residential Treatment and Host Home Services, and helps individuals transition back to their life in the community.

Treatment begins with a comprehensive evaluation. An individualized treatment plan drives how each patient receives a therapist and a psychiatrist. Our treatment philosophy is comprehensive, patient-centered care focused on crisis resolution.

Goal, Objective, and Outcomes
Goals:
As Title 55 Chapter. 5210 Partial Hospitalization regulations state, " The goal of partial hospitalization is to increase patient functioning. The service treats clients with chronic or non-acute mental disorders who require active treatment."

One goal of the TIU #11 Partial Hospital Program is to reduce the need for inpatient psychiatric hospitalization whenever possible while supporting mental health recovery.
Our goal across all levels of care is to give our youngsters and teenagers the tools to lead a healthy lifestyle when they choose to. We will work to make them whole again and provide them with the coping skills they need most. We will help them reintegrate into their families, schools, and society.

Another goal is for individuals to increase and maintain their current level of functioning through participation in a comprehensive day treatment program. The program's treatment philosophy holds that individuals can direct positive life changes.

Treatment goals include:

- Stabilizing non-acute psychiatric symptoms through medication management, psychoeducation, and increased healthy coping skills if clinically appropriate. Some youth will be stepping down from Inpatient Mental Health Hospitals and transitioning into their home, school, and community, so stabilizing the non-acute psychiatric symptoms is vital and will be written individually for every youth.

● Helping each youth to learn and practice how to manage his or her illness. This philosophy is built on the work of Pat Deegan's Common Ground Program and focuses on engaging and partnering with the youth to design their path to recovery and treatment.

● Helping each youth return to optimal functioning through the various therapeutic groups that will be individualized to support each youth's unique treatment goals.

● Reduce the need for inpatient hospitalization through various treatment modalities such as Cognitive Behavioral Therapy, trauma-focused CBT, and art therapy techniques.

● Provide a stabilizing therapeutic environment through a trauma-informed lens. The TIU #11 PHP understands that our youth face many adverse childhood experiences that impact how an individual functions. It is a goal to provide psychoeducation, as clinically appropriate, regarding trauma.

Objectives:
As Title 55 Chapter. 5210 Partial Hospitalization regulations state, "Objectives include (1) The diversion of patients from non-acute psychiatric inpatient units or to shorten the length of stay. (2) Crisis stabilization and treatment of chronically ill patients currently in treatment who require more intensive service for some time than is provided in outpatient or aftercare programs. (3) The return to the community of intermediate or long-term patients."

This partial hospitalization offers a less restrictive alternative to children, teens, and their families when inpatient treatment may not be appropriate. This program can also serve as an intermediate step for youths leaving an inpatient hospitalization as they prepare to return to school and the community.

Another Program Objective is that the program will treat patients whose psychiatric conditions are too severe to be managed in outpatient therapy alone and who might otherwise require inpatient treatment.

The primary goals of patient treatment are to increase coping skills and stabilize symptoms by addressing life management skills and exploring cognitive and behavioral changes. Progress toward these goals helps in the
development of independent and healthy lifestyles.

Expected Outcomes:
Some expected outcomes and goals from group and individual therapy sessions:

● Increase the opportunities for Huntingdon, Mifflin, and Juniata Counties in the continuum of care model.
● Provide opportunities for psychoeducation of trauma-informed practices and therapy modalities.
● Decrease the number of students being referred to residential facilities.
● Learn about their illness and best treatment options.
● Learn practical skills to manage problematic behaviors and painful feelings that inhibit progress.
● Improve self-assessment skills to anticipate problems and learn healthy alternatives.
● Improve interpersonal functioning.
● Establishing an environment where clients help, support, and, when necessary, confront one another.
● Introducing structure and discipline into the often chaotic lives patients may have.
● Patients are provided with individual and group sessions that include evidence-based approaches decided by the trained and licensed staff.

- Utilize the Ohio Scale-Youth, Parent, and Clinician versions and the Strength and Difficulties Questionnaire in a pre/post-test manner to track the changes in symptoms and level of functioning to determine the effectiveness of interventions applied.

Everyone, from the clinicians to office staff, will be trauma-informed trained. Training promotes safety and security for those accessing our services. The trauma-informed lens impacts various settings, including residential treatment, juvenile justice, drug and alcohol treatment, school and community-based programs, partial hospitals, domestic violence, and homeless shelters.

Creating security and building healthy relationships in an organization is not a textbook or manualized protocol but an organic process that happens over time to move an organization toward creating a trauma-informed culture. A trauma-informed organization recognizes the inherent vulnerability of all human beings to the effects of trauma and organizes system-wide interventions aimed at mitigating the adverse effects of adversity and stress manifested in the clients served and the organization itself.

The TIU #11 PHP will utilize the resources available through the BHARP Trauma Initiative. Staff will be trained, over time, in the following:

1. Trauma 101 focuses on trauma definitions, types of trauma, causes of trauma, symptoms, and effects of trauma; re-traumatization and how to avoid it; Adverse Childhood Experiences research; the neuroscience of trauma and resilience; links between trauma and social, emotional, and physical health; what is needed to heal from trauma; secondary/vicarious trauma and self-care for professionals; and lastly the principles of trauma-informed care and becoming a trauma-informed organization.

2. QPR focuses on knowing and understanding the warning signs of a suicide crisis and how to respond through the format of Question, Persuade, and Refer.

3. Trauma-Informed Teaching has components of Trauma 101 but also focuses on classroom practices and interventions to be used in the educational setting to produce a trauma-informed classroom and school, developed through PaTTAN, the Pennsylvania Training and Technical Assistance Network.

4. Trauma-Focused Cognitive Behavioral Therapy (according to tfcbt.org) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. TF-CBT resolves many emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences.

5. BHARP Trauma Institute ongoing training opportunities

Why is ours different?

The Tuscarora Intermediate Unit #11's Partial Hospitalization Program, facilitated by an educational entity rather than a mental health entity, took seven years to become licensed.

Trifecta of services

The model of the TIU PHP focuses on Education, Medication management, and Mental health counseling. Of the nine school districts represented in the IU and with students in the partial, six districts said that the education of their students and medication management were the top priorities for their students to whom they would prefer. In the past, partials in our area needed to focus on the education

process, and the students fell further and further behind, sometimes causing relapse and reoccurrence of symptoms.

We understand that the school district is paying for an educational component, and it is necessary in Pennsylvania to be part of the program. It is a large part of our licensing.

We want our focus on reintegrating into the regular educational setting, academic growth, and curbing mental health needs.

Research question 1

- What is the educational level of the students coming to the Tuscarora Intermediate Unit #11's Partial Hospitalization Program?

Research Question 2

- What are the mental health diagnoses the students are coming with?

The most common diagnoses are major depressive disorder, severe post-traumatic stress disorder, and attention deficit disorder combined type. Other common diagnoses are bipolar disorder and generalized or social anxiety disorder. Common medications are antidepressant SSRIs such as Prozac, Zoloft, Lexapro, and Celexa, sometimes combined with off-label use antianxiety medications such as guanfacine, clonidine, and hydroxyzine. ADHD meds include Adderall and Vyvanse. Depending on the severity, medication gets layered with mood stabilizers and antipsychotics such as Lamictal, Abilify, Trileptal, and Seroquel. Measurements such as PHQ9, GAD7, PLC-C abbreviated form for symptom measurement, and AIMS for side effects for mood stabilizers and antipsychotics found online and used. The top issues continued to be self-harm and suicidal thoughts and urges. Most referrals are from inpatient hospitals and then school districts. We have 11 enrolled. Thirty-four enrolled since Jan 2022. Twenty were discharged successfully 7 AMA- refused to come back, quit at summertime, or just stopped coming and did not return calls; 5 administratively discharged to include assault or police charges of some sort, would not engage or participate in treatment after 90 days of attempted engagement; 1-transferred to a closer PHP; 1-transferred to alt ed; 1- transferred to a higher level of care such as an RTF (residential treatment facility).

Research question 3

- Research Question 3 examined the satisfaction of parents, students, and district personnel in the Tuscarora Intermediate Unit #11's partial hospitalization program compared to a traditional PHP or other mental health placement. The number of responses for overall satisfaction had a mean score of .8. The number of responses for parent satisfaction had a mean score of .8. The number of responses for school administrator satisfaction had a mean score of .75. The number of responses for the php school overall satisfaction was with a mean score of .6. The number of responses for the traditional school parent satisfaction was with a mean score of .6. A paired sample t-test between satisfaction of the php school and the traditional PHP schools showed a standard deviation of for overall satisfaction, a standard deviation of for the PHP parent and traditional MH Facility parent satisfaction, and a standard deviation of administrators for both sample groups. Consequently, the null hypothesis for our php satisfaction and traditional mental health facilities satisfaction was because there was. The null hypothesis of our php parents and traditional mental health facility parents was because there was a statistically significant difference.

Research Question 4

- Research Question 4 examined the retention rate of those students involved in the Tuscarora intermediate unit #11's PHP compared to traditional Mental Health Facilities that used the same curriculum. The number of respondents was. The mean score for the TIU PHP retention rate was. The mean score for traditional school student retention rate was. A paired sample t-test showed a standard deviation for TIU PHP students and a standard deviation for traditional mental health facility students. However, it showed a significant difference in student retention rates for the iu php or traditional schools using DBT. Consequently, the null hypothesis was because there was a statistically significant difference (t =) in the retention rate area for either setting.

We have yet to have a student referred back to us. CASSP and school districts have reported significant transitions to their specialized classrooms, such as Laurel Life or Alpha programs, with some kids staying in that setting or transitioning from there to regular ed. There have been 0 reports of hospitalizations on our kids after discharge or AMAs per school districts and CASSP.

In conclusion, the Tuscarora Intermediate Unit #11's Partial Hospitalization Program (TIU PHP) is crucial in providing a less restrictive and highly effective alternative for children, teens, and their families when inpatient treatment may not be the most suitable option. The program aims to offer crisis stabilization, treatment for chronically ill patients, and a pathway for returning to the community.

The program's objectives align with Title 55 Chapter 5210 Partial Hospitalization regulations, emphasizing diverting patients from non-acute psychiatric inpatient units and crisis stabilization. It also addresses the critical need for educational support, medication management, and mental health counseling. By focusing on education, medication management, and mental health support, TIU PHP strives to create a holistic approach to treatment that fosters reintegration into regular educational settings and promotes academic growth while addressing mental health needs.

Furthermore, TIU PHP is dedicated to becoming a trauma-informed organization, recognizing the profound impact of trauma on individuals and the importance of addressing it system-wide. The extensive training provided to staff reflects this commitment, ensuring a safe and secure environment for those accessing the services

The program's research questions underscore its dedication to continuous improvement and evidence-based practices. Results indicate a significant impact on student retention rates, satisfaction among parents, students, and district personnel, and a substantial reduction in hospitalizations and disengagement post-discharge. These outcomes highlight the program's success in making a positive difference in the lives of the individuals it serves.

In summary, the Tuscarora Intermediate Unit #11's Partial Hospitalization Program is a model of excellence, demonstrating its effectiveness in providing comprehensive care, promoting education, and creating a trauma-informed culture. Through its unwavering commitment to its objectives and ongoing research, TIU PHP continues to profoundly impact the well-being and prospects of the children and teens it serves, ultimately helping them achieve independent and healthy lifestyles.

References

Abramson, A. (2022, January 1. *Children's mental health is in crisis As pandemic stressors continue, kids' mental health needs to be addressed in schools*. https://www.apa.org/monitor/2022/01/special-childrens-mental-health

Congressional Research Service. (2022. February10). **FEMA's Role in the COVID-19 Federal Pandemic Response** https://crsreports.congress.gov . R47048

https://blog.bonsecours.com/news/coronavirus-covid-19-buzzword-definitions/

https://www.edweek.org/leadership/10-buzzwords-educators-never-want-to-hear-again/2022/09

https://www.future-ed.org/what-congressional-covid-funding-means-for-k-12-schools

https://mhanational.org/issues/state-mental-health-america

MHA Mental Health America (2020) *The State of Mental Health in America.* Mental Health America. https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf

Mental Health Policy and Service Guidance Package, World Health Organization (WHO), "Organization of Services for Mental health," page 34, WHO 2003a.

Panchal N. , Kamal R., Cox C. , Garfield R. , and Chidambaram P., (2021, May) **Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic. https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/**

Quinn, D. (2022, December15). *Mental Health Partial Hospitalization Programs: 16 Important Facts to Know about PHP.* *https://www.sandstonecare.com/blog/mental-health-partial-hospitalization-programs/*

US Department of Education. 2022 October. *Hundreds of Millions of Dollars in Funds to Increase the Number of School-Based Mental Health Providers in Schools Provided Through the Bipartisan Safer Communities Act.* https://www.ed.gov/news/press-releases/hundreds-millions-dollars-funds-increase-number-school-based-mental-health-providers-schools-provided-through-bipartisan-safer-communities-act

Welcome Global Monitor. Gallup. (2020). *The role of science in mental health.* *https://cms.wellcome.org/sites/default/files/2021-10/wellcome-global-monitor-mental-health.pdf*