



Advocates for Children of New York

Protecting every child's right to learn since 1971

Testimony to be delivered to the
New York City Council Committee on Mental Health, Disabilities and Addiction

RE: The State of New York City's Mental Health and
Plans to Address the Mental Health Crisis

February 25, 2022

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My name is Dawn Yuster, and I am the Director of Advocates for Children of New York's ("AFC's") School Justice Project. For 50 years, Advocates for Children has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. We speak out for students whose needs are often overlooked, such as students with disabilities, students with mental health needs, students involved in the juvenile or criminal legal system, students from immigrant families, and students who are homeless or in foster care. AFC is also a member of Dignity in Schools Campaign-New York ("DSC-NY"), a coalition of youth, parents, educators, and advocates dedicated to shifting the culture of New York City schools away from punishment and exclusion and towards positive approaches to discipline and safety, and the Campaign for Effective Behavior Supports in Schools, a coalition that supports increasing student access to mental health services, improving staff training, and creating systemic policies to end the New York City Department of Education's ("DOE's") reliance on punitive, exclusionary practices like the use of Emergency Medical Services ("EMS"), police intervention, and student suspensions to respond to students in behavioral crisis or students with significant mental health needs.

We are here today to discuss the youth mental health crisis and urgent need for a comprehensive system to ensure that our young people have access to and receive behavioral and mental health supports in schools. The past two years have presented unprecedented challenges that have uniquely impacted the mental health and wellbeing of our students. As highlighted in a recent U.S. Surgeon General's Advisory, the pandemic has exacerbated youth mental health needs that existed before the pandemic and spurred a national youth mental health crisis. We have seen dramatically increased rates of psychological distress among children and youth. Many young people in our City experienced unimaginable trauma and loss and are struggling with the return to in-person learning this year. For students to thrive in school, they must feel safe and supported by their school communities, and our



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schools must be places that are healing-centered, where students and families experience physical, psychological, and emotional safety.

Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all. However, too often when students are struggling, they are met with exclusionary school discipline and policing practices that only further traumatize them and perpetuate the school-to-prison pipeline, disproportionately harming Black and Brown students and students with disabilities. As outlined in AFC's June 2021 report (attached), *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social Emotional Supports for Students in Police-Free Schools*, in the 2018-2019 school year alone, the NYPD reported 3,544 "child in crisis interventions" in which a student displayed signs of emotional distress, was removed from school by a police or school safety officer, and was sent to a hospital for a psychological evaluation.¹ Of these students, 47% were Black despite Black students accounting for only 25% of the total NYC public school population. Moreover, during these transports, some students as young as 5 were handcuffed. Through our work assisting individual students and families, we know the traumatic impact of NYPD intervention, EMS transport, and unnecessary hospitalization on students, families, and school staff. Furthermore, these responses do nothing to address the root causes of student behavior, reduce time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the juvenile/criminal legal system.

Just this month, a parent contacted me about her 6-year-old son with an Individualized Education Program ("IEP") diagnosed with ADHD and Autism. The parent was called down to her son's school to pick him up early because he was having a really bad day. The school counselor advised her that if her son continued to "lash out at staff" and she is unavailable to pick him up, they will call EMS and police to de-escalate him. The parent told me: "I was extremely concerned with this comment because my son is a 6-year-old African-American male and I do not want him to have this type of dramatic and traumatizing experience." Last week, we were contacted about another student, a 7-year-old with Autism whose school called the police when the little girl was crying, throwing pencils, and then biting the principal who did not know how to de-escalate the child's behavior. The child was transported to the hospital by EMS without the parent with her and without even notifying the parent until the child arrived at the hospital.

Schools need key resources to transform school environments, address our students' mental health and behavioral needs, and help improve academic outcomes. New York City's approach to addressing the social-emotional needs of students in schools has been fragmented and woefully deficient. Even with the hiring of 500 new school social workers, NYPD school safety agents outnumber DOE social workers by more than 1,000. In addition, while the City funded some social-

¹ Advocates for Children of New York, *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools* (June 2021), https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf.



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emotional initiatives in schools over the last year, many of these programs do not address the immediate needs of school communities and are piecemeal. What New York City needs to keep students and schools safe is a comprehensive system to ensure that students are receiving direct mental health services, schools are receiving support to effectively manage student behavior and mental health, and the DOE is coordinating within key parts of the agency and across other key agencies to provide this support. It is more urgent than ever that our City invest in practices that support young people and divest from practices that criminalize them.

To this end, we urge the City to work towards creating a comprehensive, integrated system of mental health and behavioral health supports for students by making the following budget investments in Fiscal Year 2023:

- **Baseline \$5 million for the Mental Health Continuum, a model for integrating a range of direct services and developing stronger partnerships between schools and hospital-based mental health clinics so the DOE, Health + Hospitals, and the Department of Health and Mental Hygiene can provide more effective and efficient supports to students with significant mental health needs in high-needs schools.** In FY 22, the City allocated \$5 million for the Mental Health Continuum for only one year so, unless extended, the funding for this critical initiative will expire in June 2022 just when it will get off the ground.
- **Double the number of school-based mental health clinics so that more students have access to timely, ongoing mental health care at school.**
- **Fund the citywide expansion and implementation of school-wide restorative justice practices. We recommend investing \$118 million in FY 2023, increasing to \$225 million by FY 2028.**
- **Expand inclusive school programs for students with emotional, behavioral, or mental health disabilities.**

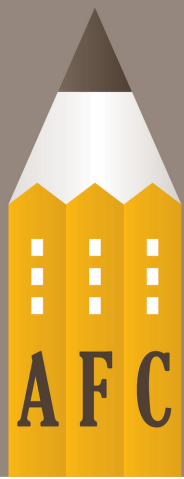
In addition, we urge the City Council to pass Int. No. 3-2022 to significantly limit the use of handcuffs on students in emotional crisis and to strengthen the bill by making a few key amendments, including deleting the provisions related to NYPD training because law enforcement should not respond to students in emotional crisis. This bill is a crucial step to ensuring that our young people in crisis are met with a trauma-informed and healing response, not with the threat of law enforcement and handcuffs. We hope this bill will drastically reduce law enforcement involvement when students are experiencing emotional crises by regulating police response to students in emotional crisis; requiring documentation of steps used to de-escalate an incident before law enforcement is involved; emphasizing that trained clinical school staff must be the first responders to students in emotional crisis; and significantly limiting the use of handcuffs on



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students in emotional crisis. While we strongly support Int. No 3-2022, we have been calling on the City to shift funding from the NYPD to support for students and, therefore, want to be explicit that we are not advocating for additional funding to be allocated to train law enforcement officers to respond to students in emotional crisis, including the training specified in the bill. Instead, this City's limited resources must be invested in more support for students so that schools do not rely on law enforcement when a student is experiencing an emotional crisis. Students need schools where they face social workers, behavioral specialists, and restorative justice practitioners, instead of school safety agents and police officers, and where they receive mental health supports and services instead of handcuffs.

Thank you very much for the opportunity to testify today. We look forward to working with members of this Committee to ensure that all students receive the behavioral and mental health support they need to be able to learn and succeed in healing-centered schools. I would be happy to answer any questions.



Data Brief

Advocates for Children of New York
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JUNE 2021

POLICE RESPONSE TO STUDENTS IN EMOTIONAL CRISIS

A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools

During the past four school years, police responded to a total 12,050 incidents in which a student in emotional distress was removed from class and transported to the hospital for psychological evaluation—what the New York City Police Department (NYPD) terms a “child in crisis” intervention.¹ Almost half of these interventions (5,831, or 48.4%) involved children between the ages of 4 and 12. In nearly one out of every ten interventions, the NYPD’s response to an apparent school-based mental health crisis involved putting handcuffs (i.e., metal or Velcro restraints) on the child.

This brief explores data on NYPD child in crisis interventions that occurred in New York City public schools between July 1, 2016 and June 30, 2020, with a particular focus on the 2018-19 and 2019-20 school years. It is an update to our November 2017 report, [Children in Crisis](#), which examined NYPD data on such interventions during the 2016-17 school year, the first full year for which data were publicly available. Data from subsequent years show that the number of child in crisis interventions has only increased. Many City schools continue to lack the resources and appropriately trained staff to support their students’ emotional, behavioral, and mental health needs; instead, they rely heavily on law enforcement to respond to students in emotional crisis. Mirroring broader trends in policing, a disproportionate number of child in crisis interventions involve Black students, students with disabilities in New York City Department of Education (DOE) District 75 special education schools, and students attending schools located in low-income communities of color. Black students and students in District 75 are not only dramatically over-represented in these incidents; they are also more likely than their peers to be handcuffed when removed from school.

These patterns reflect where the City has chosen to invest resources: at present, law enforcement personnel—NYPD School Safety Agents (SSAs)—outnumber DOE social workers by a factor of more than three to one.² While overall student enrollment has held relatively steady for the past

two decades, the number of SSAs employed by the City has increased by approximately 65%—from 3,200 unarmed officers to over 5,300—since 1998, when the School Safety Division was first transferred to the NYPD.³

The COVID-19 pandemic has further increased the urgency of changing course and responding to students in crisis with compassion and support instead of with handcuffs. When schools fully reopen for in-person learning, many students will return still struggling to cope with the illness or death of a loved one, the economic aftershocks of the pandemic, or the emotional and psychological impact of months of social isolation—challenges that will inevitably show up in the classroom. At the same time, systemic racism and police brutality—whether experienced personally or vicariously—has significant psychological and academic costs for students of color,⁴ who in recent months have been exposed to numerous police shootings in Black and Brown communities, including the killings of youth their own age.

It is critical that our schools not compound the individual and collective trauma young people have already experienced by treating their emotional and behavioral health needs as a matter for law enforcement. Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all, bolstering the need to provide mental health support to children in school.⁵ The City must remove police from schools, end the practice of involving law enforcement when responding to students in emotional crisis, stop calling Emergency Medical Services (EMS) to take students to the hospital emergency room when medically unnecessary, and end the practice of handcuffing children in emotional crisis. Furthermore, the City must leverage the influx of state and federal funding to invest in a comprehensive system that ensures all schools can effectively support students' behavioral, emotional, and mental health needs. Our recommendations are described in more detail below.

KEY FINDINGS

- » During the first three quarters of the 2019-20 school year—the months prior to the closure of school buildings due to COVID-19—the number of child in crisis interventions was approximately 24% higher than the equivalent time period in 2016-17.
- » More than one out of every three (36.7%) students in emotional crisis handcuffed between July 2018 and March 2020 was a Black boy, even though Black boys comprised just 13% of enrollment. Black girls were handcuffed at twice the rate of White girls.
- » Of the children between the ages of 4 and 12 who experienced a child in crisis intervention during the 2018-19 and 2019-20 school years, more than half (51.8%) were Black.
- » At least 9.1% of all child in crisis interventions during the 2018-19 and 2019-20 school years occurred in District 75 special education schools, even though District 75 enrolled only 2.3% of City students. More than one out of every five (21.3%) students handcuffed while in crisis was a student with a disability in District 75.
- » In 297 instances between July 2016 and March 2020, the NYPD handcuffed a student who was age 12 or younger, including three 5-year-olds, seven 6-year-olds, and 23 7-year-olds.
- » Nearly a third (32.7%) of all child in crisis interventions during the last four school years occurred in just ten of the City's 77 police precincts—eight of which are in the Bronx—even though schools in those precincts enrolled less than a fifth of City students.

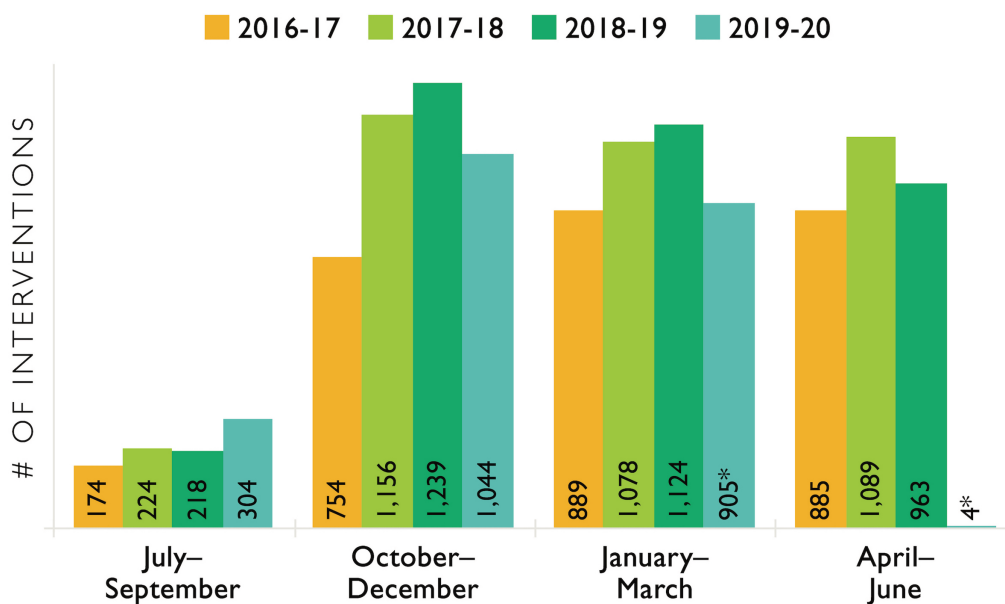
FINDINGS

The 12,050 child in crisis interventions that occurred between July 2016 and June 2020 represented 30.8% of *all* NYPD interventions in New York City public schools during these four years.⁶ Following our initial data brief, which documented 2,702 child in crisis interventions during the 2016-17 school year, the number of such NYPD interventions rose to 3,547 in 2017-18 and remained at that level the following year, with 3,544 incidents reported in 2018-19. Prior to school buildings closing in March 2020 due to the COVID-19 pandemic, the number of child in crisis interventions was trending downward, relative to the two preceding years, but was nevertheless on track to surpass the 2016-17 count. The NYPD reported 2,253 child in crisis interventions between July 1, 2019 and March 31, 2020, compared to 2,581 interventions during that time period the prior school year and 1,817 interventions between July 2016 and March 2017 (see Figure 1).

FIGURE 1

Child in crisis interventions by quarter

The total number of NYPD child in crisis interventions during the first three quarters of the 2019-20 school year was approximately 24% higher than the equivalent time period in 2016-17, though it represented a 12.7% decline relative to the first three quarters of 2018-19 and an 8.3% decline from 2017-18.



* School buildings were closed from March 16, 2020 through the end of the 2019-20 school year due to COVID-19. The total for the third quarter of the 2019-20 school year is therefore not precisely comparable to the same three-month period in prior years, as it was cut short by approximately two weeks. The four interventions reported between April and June 2020—when students were not physically attending school at all—likely involved children of essential workers enrolled at Regional Enrichment Centers (RECs).

SOURCE: NYPD Student Safety Act Reports by precinct, <https://www1.nyc.gov/site/nypd/stats/reports-analysis/school-safety.page>.

The NYPD used handcuffs (i.e., metal or Velcro restraints) on students in emotional crisis a total of 1,180 times between July 2016 and March 2020 (9.8% of all child in crisis interventions during this time period). Of students who were handcuffed while in crisis, one in four (297, or 25.2%) was 12 or younger, including three 5-year-olds, seven 6-year-olds, and 23 7-year-olds.⁷

The rate at which the NYPD uses restraints on students in emotional crisis has declined since our initial report: 9.1% of all child in crisis interventions that occurred between July 2018 and March 2020 involved restraints, compared to 12.2% of interventions in the 2016-17 school year. However, as the NYPD also intervened more frequently in student mental health crises after 2016-17, the total number of students handcuffed each year has not changed substantially even as the rate has fallen. In the first three quarters of the 2019-20 school year, the NYPD used handcuffs 224 times, compared to 214 times during the corresponding months in 2018-19 and 235 times between July 2016 and March 2017.

Of the 1,180 child in crisis incidents between 2016 and 2020 in which handcuffs were used, 54% involved SSAs, while 45% of the time, the student was handcuffed by an armed police officer.⁸ The City does not report which member of law enforcement—an SSA or a police officer—responded to a student mental health crisis in incidents where the student was *not* handcuffed, making it impossible to know the extent to which the majority of child in crisis interventions are carried out by SSAs versus police officers. While SSAs are designated as peace officers under the law and do not carry guns, they have similar duties, roles, training, and appearances to police officers, as they make arrests, issue summonses, carry and use handcuffs made of metal or Velcro, wear law enforcement uniforms, and get trained at the New York City Police Academy.⁹ The City also is not required to report information about the circumstances leading up to an NYPD intervention, such as whether trained members of the school’s Crisis Team tried evidence-based de-escalation strategies and contacted the student’s parent, whether the officer intervened on their own or was asked to do so by DOE staff, or, if the latter, the role of the school staff member who requested the intervention (e.g., teacher, principal).

Child in crisis interventions by race and gender

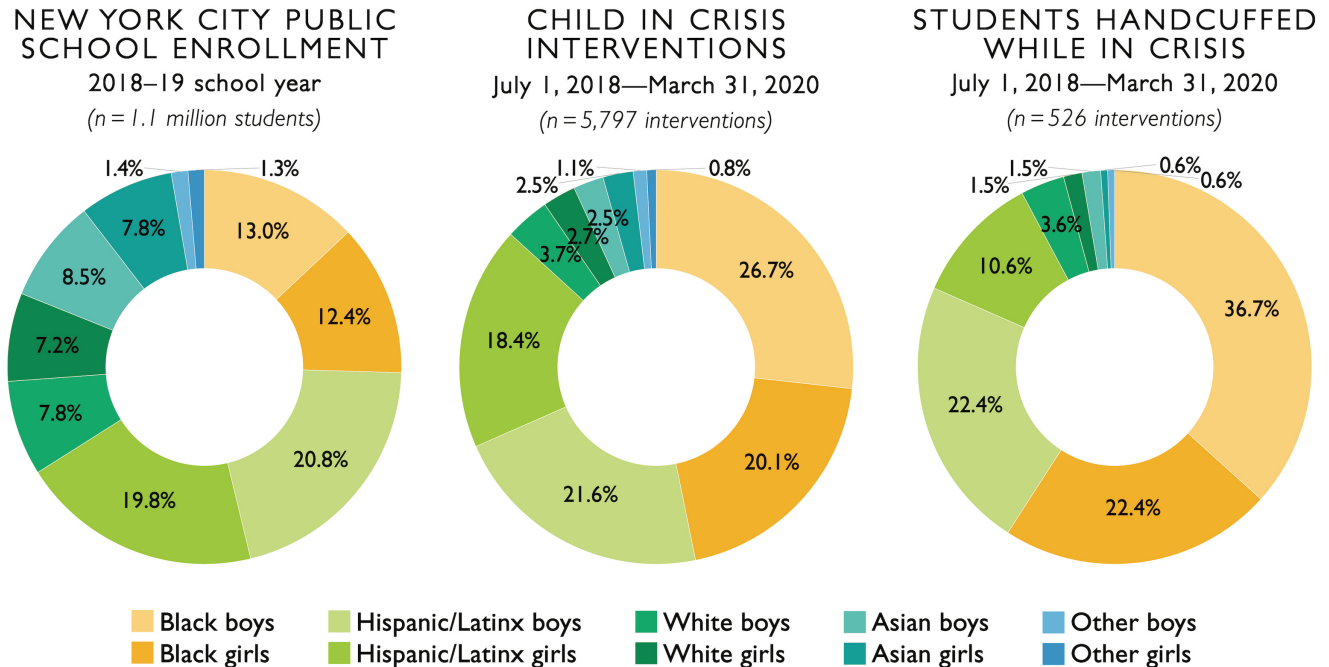
Black students—and especially Black boys—are dramatically over-represented in the population of students for whom a mental health crisis at school leads to an interaction with the police and removal to the hospital. In the 2018-19 and 2019-20 school years, more than a quarter (26.7%) of child in crisis interventions involved Black boys, who were only 13% of the public school population; Black girls comprised 12.4% of enrollment but 20.1% of those subject to child in crisis interventions (see Figure 2). Of the children between the ages of 4 and 12 who experienced a child in crisis intervention between July 2018 and March 2020, more than half (51.8%) were Black.

The disparities by race are even more unsettling with respect to the NYPD’s use of handcuffs during these interventions. During this two-year period, more than one out of every three (36.7%) students handcuffed while in emotional crisis was a Black boy, while more than one in five (22.4%) was a Black girl. Hispanic/Latinx boys were also slightly over-represented, making up 20.8% of enrollment but 22.4% of those handcuffed in these incidents. (Hispanic/Latinx girls were under-represented, relative to overall enrollment). Together, Black and Latinx youth—who are roughly two-thirds of the student population—accounted for 92% of the students in emotional crisis on whom the NYPD used handcuffs.

FIGURE 2

Child in crisis interventions by race and gender (2018-19 and 2019-20)

Students involved in NYPD child in crisis interventions—and especially those who are handcuffed while in emotional crisis—are disproportionately Black.



“Asian” includes students whose race was reported by NYPD as “Asian/Pacific Islander” or “East Indian;” “Hispanic/Latinx” includes students whose race was reported by NYPD as “Black Hispanic” or “White Hispanic;” and the “Other” category includes students NYPD identified as “Arabic” or “American Indian,” along with students of unknown race.

SOURCE: Enrollment data cross-tabulated by race and gender was obtained from the DOE via a 2020 Freedom of Information Law (FOIL) request. Data on child in crisis interventions is from the NYPD Student Safety Act Reports by precinct.

There has been some very modest progress towards reducing racial disproportionality since our initial report: in 2016-17, approximately half (49.6%) of all child in crisis interventions involved Black students, a percentage that dropped to 46.8% for the two most recent school years; while Black students accounted for 59.1% of all students handcuffed in the 2018-19 and 2019-20 school years, they were 61.8% of those handcuffed in 2016-17. Even so, addressing such extreme racial disparities at a glacial pace is far from cause for celebration; the consistency with which, year after year, Black children’s behavioral, emotional, and mental health needs are treated as a police matter should be a clear signal that the City cannot rely on half-measures or minor reforms.

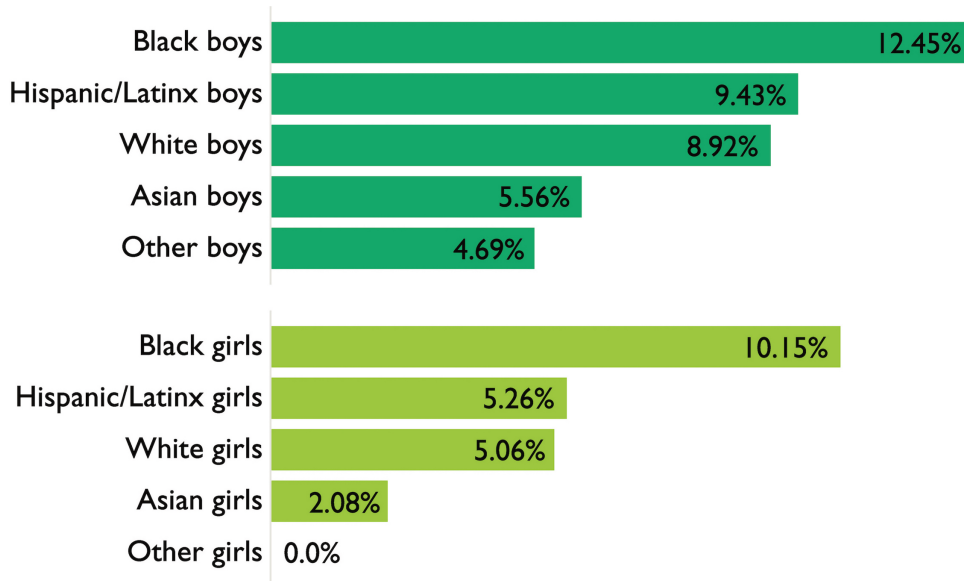
Finally, the NYPD also continued to handcuff Black students at notably higher rates than their peers.¹⁰ Between July 2018 and March 2020, Black boys in emotional crisis were handcuffed 12.5% of the time, while White boys subject to the same type of intervention were handcuffed 8.9% of the time and Asian boys 5.6% of the time; Black girls were handcuffed at twice the rate of White girls (10.15% versus 5.06%) and 4.9 times as often as Asian girls (see Figure 3). While egregious, these numbers nevertheless represent some improvement since 2016-17, when 15.9% of Black boys and

14.2% of Black girls were handcuffed. Still, all 33 children between the ages of 5 and 7 who were handcuffed during the past four years were students of color; 17 were Black boys, 8 were Black girls, and 8 were Hispanic/Latinx boys.

FIGURE 3

Handcuffing rates by race and gender (2018-19 and 2019-20)

When the NYPD responds to a student in emotional crisis, they are more likely to use metal or Velcro handcuffs when the student is Black.



Child in crisis interventions by disability status

While the Student Safety Act requires data on police interventions to be disaggregated by student disability status “where practicable,”¹¹ the NYPD does not report this information, making it impossible to determine the exact proportion of child in crisis interventions that involved students with Individualized Education Programs (IEPs). However, in addition to reporting quarterly data on child in crisis interventions by police precinct, the NYPD is required to produce separate reports disaggregating interventions by school building,¹² and these school-level reports show that District 75 schools—schools at which *all* students have significant disabilities—comprise a disproportionate share of the schools where police intervene when students are in emotional crisis:

- » Between July 2018 and March 2020, at least 9.1% of all child in crisis interventions and 21.3% of interventions involving the use of handcuffs occurred in District 75 special education schools, even though District 75 enrolled only 2.3% of New York City students.¹³
- » During the entire four-year period examined in this brief, there was roughly one child in crisis intervention for every 98 students in District 75, as compared to a rate of about one intervention for every 402 students in schools outside of District 75.
- » Citywide, the three schools reporting the highest total number of NYPD child in crisis interventions between 2016 and 2020 were all District 75 schools: J.M. Rapport School for

Career Development in the Bronx (127 interventions, 70 of which used handcuffs), I.S./P.S. 25 South Richmond High School on Staten Island (95 interventions, 22 of which used handcuffs), and Queens Transition Center (84 interventions, 19 of which used handcuffs).¹⁴ By comparison, our analysis of the available data indicates that at least 260 City schools, which together enrolled roughly 148,000 students each year, had *no* child in crisis interventions at any point between July 2016 and June 2020.¹⁵

The alarming regularity with which some District 75 schools employ a law enforcement response to student mental health crises is deeply concerning, especially given that these particular schools are *expressly designed* to serve students who have significant disabilities and require more specialized support than can be provided in a community school. By the very premise of their existence, District 75 schools—restrictive placements in which students with very high needs are largely isolated from their peers without disabilities—should be better equipped than nearly all other City schools to provide intensive behavioral and mental health supports to students who need them in order to be successful in the classroom. Yet the data suggest that the opposite may be true for at least some of the schools: District 75 schools segregate students with disabilities while some of them simultaneously rely on the NYPD, rather than special educators or mental health clinicians, to manage those students’ emotional and behavioral needs. By failing to provide some students in District 75 schools with needed emotional and behavioral supports through the IEP process, the DOE may well be failing to provide these students with a free appropriate public education (FAPE), in violation of their rights under the Individuals with Disabilities Education Act (IDEA).¹⁶

This is particularly significant in light of the fact that the majority of students whose IEPs recommend a District 75 placement have a classification of autism, emotional disturbance (ED),¹⁷ or intellectual disability—and Black students and students from low-income families are disproportionately likely to be assigned the latter two classifications.¹⁸ One result is that the 26,000 students served by District 75 are in no way representative of the larger student population, but are instead disproportionately Black, male, and economically disadvantaged. In 2019-20, for example, 34.9% of students in District 75 were Black, compared to 24.9% of all City students and 27.0% of all DOE students with IEPs; 86.7% of students in District 75 were eligible for free/reduced-priced lunch or Human Resources Administration (HRA) benefits, compared to 72.6% of all City students and 82.0% of all DOE students with IEPs; and 73.5% of students in District 75 were boys, compared to 51.4% of all City students and 66.1% of all DOE students with IEPs. In other words, the data suggest that low-income Black students with emotional and behavioral disabilities are disproportionately referred to some District 75 schools where they are segregated from their peers, heavily policed, and may not be receiving the therapeutic supports and services they need to learn, in violation of their rights under federal law.

Child in crisis interventions by police precinct

During the last four school years, the rate of child in crisis interventions varied widely across New York City neighborhoods, as did the frequency with which the NYPD handcuffed students in emotional crisis. Between 2016 and 2020, law enforcement intervened in student mental health crises at significantly higher rates, relative to total enrollment,¹⁹ at schools in the Bronx, central and eastern Brooklyn, midtown Manhattan and the East Village, and southeast Queens, as compared to

schools elsewhere in the five boroughs. As a result, students attending school in different parts of the City have wildly disparate experiences. For example:

- » In the 48th precinct in the heart of the Bronx, the NYPD intervened in more than 500 incidents between 2016 and 2020, a rate of approximately one intervention for every 152 students who attended schools located in the precinct, which encompasses the neighborhoods of Belmont, East Tremont, and West Farms. In contrast, the 68th precinct, which covers Bay Ridge and Dyker Heights in Brooklyn and has an overall student population similar in size to that of the 48th, reported only 41 child in crisis interventions, about one for every 1,975 students.
- » There were 444 child in crisis interventions in the 40th precinct (Mott Haven, Melrose, and Port Morris in the south Bronx) over the past four years, about one for every 221 students. In almost a quarter of those interventions (108, or 24.3%), the student was handcuffed. In fact, the NYPD handcuffed more students in emotional crisis in the 40th precinct than in any other precinct in the City during each of the 2016-17, 2017-18, 2018-19, and 2019-20 school years. In contrast, in the 109th precinct—which encompasses the neighborhoods of Flushing, Whitestone, and College Point in northeast Queens and is roughly the same size as the 40th—there were 122 child in crisis interventions during this time period (about one for every 800 students), and zero students were handcuffed.

Overall, nearly a third of all child in crisis interventions (3,936, or 32.7%) during the last four school years occurred in just ten of the City's 77 police precincts,²⁰ even though schools located in those precincts enrolled less than a fifth (an estimated 18.8%) of the City's students. Of the ten precincts with the most child in crisis interventions, eight are in the Bronx; the other two encompass Brownsville and East New York in Brooklyn (see Figure 4). The neighborhoods reporting the highest numbers of interventions are also remarkably consistent from year to year:

- » The 42nd precinct (Morrisania) reported more child in crisis interventions than any other precinct in the City three out of the past four school years, and the second-highest total the remaining year.
- » The 48th precinct (Belmont, East Tremont, and West Farms in the central Bronx) had the most interventions of any precinct in 2017-18 and the second- or third-highest total in each of the other three years.
- » The 40th precinct (Mott Haven and Melrose), 44th precinct (the southwest Bronx, including Highbridge and Concourse), 52nd precinct (Norwood and Bedford Park), and 75th precinct (East New York) were all among the eight precincts with the most child in crisis interventions in each of the past four years.

Similarly, almost half of all interventions involving the use of handcuffs (583, or 49.4%) took place in one of just 15 precincts, even though less than a quarter (an estimated 23.2%) of students attended school in those precincts. Ten precincts were responsible for well over a third (453, or 38.4%) of all such incidents; they include five Bronx precincts, part of midtown Manhattan, Bedford-Stuyvesant and East New York in Brooklyn, southeastern Jamaica in Queens, and part of the South Shore of Staten Island (see Figure 5). Together, just two Bronx precincts—the 42nd and the 48th, an area encompassing Morrisania, East Tremont, Belmont, and West Farms—restrained more children between the ages of 5 and 12 (39 of the 297 interventions in which a child under 13 was handcuffed, or 13.1%) than all sixteen precincts in Queens combined (which reported 31 such incidents).

FIGURE 4

Precincts reporting the highest number of child in crisis interventions (2016-17 to 2019-20)

The ten precincts with the most NYPD child in crisis interventions accounted for 32.7% of all such incidents Citywide between 2016-17 and 2019-20, even though schools in those precincts enrolled less than a fifth of City students.

1. 42nd (Morrisania and Claremont in the Bronx)
2. 48th (Belmont, East Tremont, and West Farms in the Bronx)
3. 40th (Mott Haven, Melrose, and Port Morris in the Bronx)
4. 44th (Southwest Bronx, including Highbridge and Concourse)
5. 75th (East New York and Cypress Hills in Brooklyn)
6. 52nd (Norwood and Bedford Park in the Bronx)
7. 73rd (Brownsville and Ocean Hill in Brooklyn)
8. 45th (Co-op City, Throgs Neck, Schuylerville, and the northeast Bronx)
9. 47th (Woodlawn, Wakefield, Williamsbridge, and Baychester in the Bronx)
10. 46th (Fordham, Morris Heights, University Heights, and Mount Hope in the Bronx)

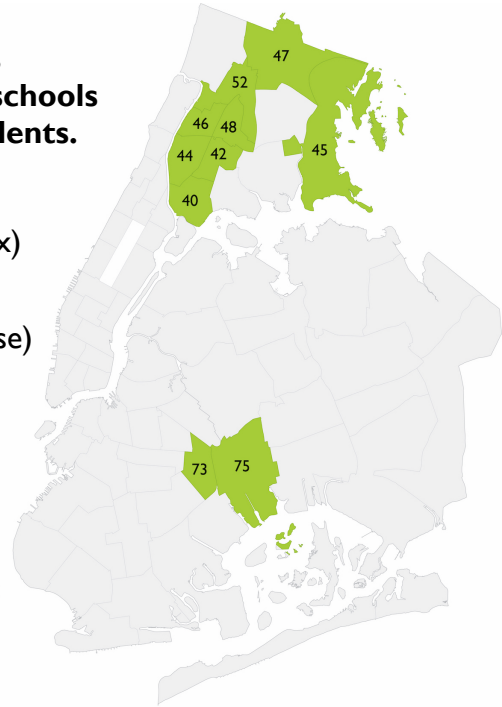
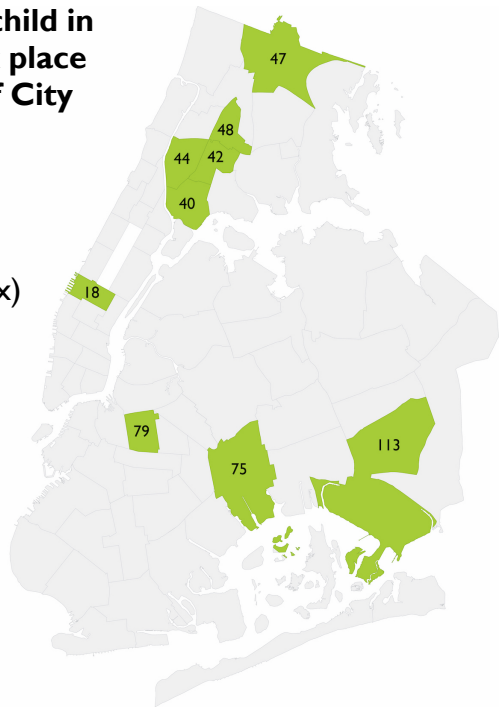


FIGURE 5

Precincts in which the NYPD handcuffed the most students in crisis (2016-17 to 2019-20)

During the past four school years, 38.4% of all NYPD child in crisis interventions involving the use of handcuffs took place in one of ten precincts, even though only about 17% of City students attended schools located in those precincts.

1. 40th (Mott Haven, Melrose, and Port Morris in the Bronx)
2. 42nd (Morrisania and Claremont in the Bronx)
3. 48th (Belmont, East Tremont, and West Farms in the Bronx)
4. 113th (St. Albans, South Jamaica, and southeast Queens)
5. 18th (Midtown North in Manhattan); 75th (East New York and Cypress Hills in Brooklyn); 122nd (South Beach, Oakwood, and New Dorp on Staten Island) [TIE]
8. 44th (Southwest Bronx, including Highbridge and Concourse); 47th (Woodlawn, Wakefield, Williamsbridge, and Baychester in the Bronx) [TIE]
10. 79th (Bedford-Stuyvesant in Brooklyn)



RECOMMENDATIONS

The frequency with which children face law enforcement when experiencing emotional crises at school, and the substantially disparate impact of these interventions on Black students and students with disabilities in District 75 schools, signals a crisis that necessitates reform with all deliberate speed. Being removed from class by police, potentially even handcuffed, and sent to the hospital emergency room is traumatic for a student and does nothing to address the root cause of their emotional distress, while also decreasing time in class learning.²¹ Now, the pandemic has created and exacerbated social-emotional challenges for all members of the school community; as students return to school buildings to learn in person, it is more critical than ever that the DOE implement public health alternatives to police interventions and 911 calls. Students should be supported by educators, behavior specialists, and mental health staff with the knowledge, training, and skills necessary to meet students' emotional and behavioral needs. While it is notable that the City has launched new initiatives focused on social-emotional learning and support, these separate initiatives do not provide a comprehensive, integrated system of school-wide, multi-tiered behavioral and mental health supports and services that will promote well-being and equity for all students and school staff.²² The City must transform its response to children's behavior and social-emotional needs by eliminating police in schools and abandoning punishment-based strategies in favor of supportive, healing-centered models.

Collectively, the following recommendations will help prevent crises from occurring and ensure schools respond in a trauma-informed, developmentally appropriate manner when they do. Moreover, these recommendations outline a preventative framework that increases the capacity of the DOE to provide every student access to effective mental and behavioral health support in their school, initially targeting schools with the highest need. To implement these recommendations—many of which are also recommended in the New York City Council's response to the Fiscal Year 2022 Preliminary Budget²³—the City should tap into the billions of dollars in COVID-19 relief funding it is poised to receive, as well as the \$450 million currently slated for law enforcement in schools.²⁴

End the criminalization of students in emotional crisis.

Stop involving law enforcement in response to students in emotional crisis.

Police are not mental or behavioral health professionals and should not respond to students' social-emotional, behavioral, or mental health needs. Not only is the NYPD ill-equipped for this role, but police interventions can in and of themselves have negative effects on adolescent mental health, heightening emotional and psychological distress and resulting in feelings of social stigma.²⁵ The City has already recognized that police are not appropriate first responders when adults are in emotional crisis, moving toward pairing emergency medical technicians with social workers instead of police.²⁶ A child facing a mental health crisis in school deserves no less.

End the practice of handcuffing students in emotional crisis by passing Int. No. 2188-2020, pending in the New York City Council, and signing it into law.

This bill regulates the NYPD's response to children in emotional crisis within public schools and imposes significant limitations on the NYPD's ability to handcuff children in emotional crisis.²⁷

End the practice of calling 911, the police, or Emergency Medical Services (EMS) to take students to the hospital emergency room when medically unnecessary.

This practice disproportionately impacts Black students and students with disabilities and acts as a form of school removal, decreasing student instructional time, increasing disconnectedness from school, and fracturing relationships between students and staff.

Eliminate all police and police infrastructure from schools citywide and create safe, nurturing, and inclusive schools for all students.

There is no conclusive evidence that the presence of police in schools improves student safety or prevents violence—but there *is* research indicating that school policing practices harm some students.²⁸ Our findings on children in crisis bolster the case for New York City to reimagine the school safety role, not simply transfer School Safety Agents (SSAs) from the NYPD to the DOE, and certainly not use \$20 million to hire 475 new SSAs as the City had planned.²⁹ Re-purposing SSA funding to pay for restorative justice staff and clinically trained mental health staff who can provide direct services to students is a critical step to creating a safe and supportive school environment for all.

Clarify school staff roles and responsibilities related to students in emotional crisis.

Revise and monitor implementation of Chancellor’s Regulation A-411, the DOE’s policy related to students in emotional crisis.

Chancellor’s Regulation A-411 requires schools to establish a crisis intervention plan that identifies school staff trained to de-escalate students in behavioral crises and to call 911 only as a last resort. However, thousands of students in emotional crisis continue to face police interventions each year. The Regulation should be revised to clarify school staff roles and responsibilities, including detail as to when and how schools should use the DOE’s existing resources, such as School Response Clinicians,³⁰ instead of calling 911; what type and amount of training members of the school crisis intervention team need to receive; and how the school will communicate its crisis intervention plan to all staff.

Increase mental and behavioral health supports, services, and programs to prevent crises and appropriately address the needs of all students.

Fund more clinically-trained mental health staff in schools or in organizations partnered with schools, targeting schools with the highest need.

The National Association of Social Workers recommends a ratio of one school social worker to each school building serving up to 250 general education students, or a ratio of 1:250 students, and a lower ratio, such as 1:50 students, when services are provided to students with intensive needs.³¹ Yet 290,000 New York City students attend a school without a full-time social worker, and overall, there is only about one social worker for every 621 students enrolled in DOE public schools.³² By contrast, every school has at least one School Safety Agent, and some have several of them. While the City is taking an important step in its proposal to add 500 school social workers in 2021-22,³³

in order to reach the ratio of 1 social worker to 250 students, the DOE needs to create a multi-year plan to add more than 2,220 social workers. The City must increase its investment in mental health staff housed within schools and through partnerships with community-based organizations with expertise in providing direct services to support students, such as social workers, behavior specialists, and trauma-informed de-escalation staff, and provide them with ongoing supervision, training, and opportunities to coach instructional staff in effective behavior supports and interventions. To promote equity, the City should partner with local educational institutions to create pipelines for diverse community members to fill these roles.

Fund school-wide, evidence-based practices that promote healing-centered schools, including restorative practices.

It is imperative that students and families see school as a place of physical, psychological, and emotional safety—somewhere they are supported and valued, not somewhere they experience trauma. A school that is healing-centered ensures all of its operations, policies, and practices align to emphasize students' social-emotional well-being and to remove punitive responses to behavior.³⁴ Healing-centered educational practices have been proven to produce positive outcomes for students, staff, and parents.³⁵ Restorative practices are a type of healing-centered practice that builds and heals relationships, teaches positive behaviors, and holds students accountable for their actions; adoption of restorative practices is correlated with improved academic outcomes, school climate, and staff-student relationships.³⁶ The Executive Budget includes an increase of only \$12 million for restorative justice, far less than the \$53 million recommended by the City Council or the \$118.5 million needed for expansion to 500 high schools in FY 2022 and the \$225 million needed for full implementation citywide, as the Mayor pledged to do, by FY 2027.³⁷ The DOE must fully invest in restorative practices so that all schools have access to this effective model.

Invest in an integrated system of targeted and intensive supports and services for students with significant mental health needs, such as through the Mental Health Continuum.

The [Mental Health Continuum](#) model, recommended by the Mayor's Leadership Team on School Climate and Discipline,³⁸ the City Council,³⁹ 41 organizations,⁴⁰ and the City Comptroller,⁴¹ consists of school partnerships with hospital-based mental health clinics; a call-in center to advise school staff about students in crisis; mobile response teams with mental health professionals who respond to students in crisis; direct mental health services for students; School-Based Mental Health Clinicians; and whole-school training in Collaborative Problem Solving, an evidence-based, skill-building approach to effectively respond to students' needs.⁴² While not necessary in every school, a continuum of integrated and intensive services to meet the needs of students with significant mental health challenges should be targeted to the schools and neighborhoods with the highest rates of NYPD child in crisis interventions and other indications of high need, such as arrests, summonses, suspensions, and chronic absenteeism.

Staff the Borough Offices, beginning with the Bronx, and District 75 with additional behavior specialists to provide direct support to schools struggling to address student behavior.

Currently each Borough Office has only one behavior specialist to support every school in their portfolio, and their role is often limited to providing trainings or general advice. Many schools would benefit from access to additional behavior specialists who can provide hands-on support and

coaching on behavior supports for students. Behavior specialists should also regularly train and coach school staff to conduct effective Functional Behavior Assessments (FBAs) to help school staff understand a student's individualized behavioral needs and to create effective Behavioral Intervention Plans (BIPs) to help staff identify and implement necessary support for students whose behavior impedes their learning, and monitor implementation of the BIPs.⁴³ For schools with high rates of child in crisis interventions and other behavior-related incidents, behavior specialists should provide onsite coaching for school staff by reviewing schools' responses to incidents immediately after they occur and providing input and specific strategies to address student behavior, as well as ongoing training and supports on a school-wide behavior strategy.⁴⁴ When teachers and staff are aware of a student's behavioral and mental health needs and are trained to intervene effectively, emotional crises can be prevented and managed within the classroom without the need for outside intervention, leading to increases in academic engagement and better outcomes for students.⁴⁵

Expand school program options for students with emotional, behavioral, or mental health disabilities.

While New York City has created effective specialized programs in inclusive school settings to support students with autism (e.g., ASD Nest), similar specialized programs do not exist for students with emotional, behavioral, or mental health disabilities. Expanding programming options could reduce referrals to District 75 schools and provide targeted, inclusive support to the more than 9,700 students with an "Emotional Disturbance" (ED) disability classification on their Individualized Education Programs (IEPs),⁴⁶ as well as to many students with other disability classifications who struggle with their current special education services because their emotional and behavioral needs remain unmet.

The City should adopt and implement the NYU ASD Nest Support Project's cost-effective proposal for an evidence-based, whole-school inclusion model to support these students.⁴⁷ If the model proves effective, the City should invest in funding a long-term plan to systematically scale up the program in schools serving low-income Black students, who are disproportionately affected by child in crisis interventions. In the proposed model, four students with emotional disabilities would be placed in small Integrated Co-Teaching (ICT) classes with two trained teachers, one of whom is a special educator, alongside students without IEPs. They would receive frequent individual and small-group therapy from a trained clinical social worker using cognitive behavioral intervention strategies.⁴⁸ The social worker would also work collaboratively with teachers and parents to infuse trauma-informed practices across all settings. A university partner with knowledge of trauma-informed care and therapeutic practices, as well as evidence-based practices used in the ASD Nest program, would collaborate with the DOE to develop the school-wide model and provide clinical training and onsite support to school staff. All school staff would receive training to produce a school-wide culture where students and families feel connected, supported, and safe and are able to build resiliency, practice self-regulation, and achieve emotional and academic growth.

Continue to invest in expanding the number of Community Schools.

Community Schools can help address systemic racial, socioeconomic, and other barriers by ensuring that all students and their families have access to cohesively integrated supports and resources in the areas of health and wellness, academics, youth development, and family engagement. Social workers and school-based mental health clinics provide direct mental health services to students, among other wrap-around services. An independent study of the New York City Community Schools Initiative found that graduation rates and student achievement were significantly higher, and

chronic absenteeism and disciplinary incidents were significantly lower, in Community Schools, as compared to demographically similar schools not participating in the initiative.⁴⁹ The City is taking a positive step by proposing to increase the number of Community Schools from 266 to 406 in the coming years.⁵⁰ However, the proposed funding for the first phase of expansion (27 schools in Fiscal Year 22)⁵¹ falls short of what is needed by \$2.2 million. The City should ensure that the proposed Community Schools expansion is fully funded in this year's budget and that the funding is sustained going forward.

Ensure mental health services available at each New York City public school are effectively communicated to families.

The DOE website contains a [spreadsheet](#) listing mental health services offered at each school (e.g., school health or mental health clinics, partnerships with community-based organizations or hospital-based clinics, school mental health clinicians, school response clinicians).⁵² To improve the accessibility of these mental health services, the DOE should clearly and conspicuously post information about each school's mental health services on the individual school webpages on the DOE's website along with contact information for a point person who can connect the family to the services. In addition, information about each school's mental health services should be listed on school applications and school guidebooks to help parents make educated decisions about schools for their children. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.

NOTES

¹ The NYPD defines a “child in crisis” as “A student who is displaying signs of emotional distress who must be removed to the hospital for psychological evaluation.” N.Y.C. Police Department, *NYPD Student Safety Act Report Definitions* (2021), https://www1.nyc.gov/assets/nypd/downloads/pdf/school_safety/student-safety-act-report-definitions.pdf.

² N.Y.C. Dep’t of Educ., *Report on Guidance Counselors Pursuant to Local Law 56 of 2014* (Feb. 15, 2021), <https://infohub.nyced.org/reports/government-reports/guidance-counselor-reporting>.

³ Charlotte Pope, Children’s Defense Fund-New York, “Unthinkable:” *A History of Policing in New York City Public Schools & the Path toward Police-Free Schools* (Oct. 2019), <https://www.cdfny.org/wp-content/uploads/sites/3/2019/10/CDF-NY-Report-History-of-Policing-in-NYC-Public-Schools.pdf>; The City of N.Y., *Mayor’s Management Report – Fiscal 1999 Summary Volume* (Sept. 1999), https://www1.nyc.gov/assets/operations/downloads/pdf/mmr/0999_summary.pdf.

⁴ For example, exposure to local police killings has been linked to higher physiological stress levels for Black boys as well as increased absenteeism, lower GPA, and decreased likelihood of graduation among Black and Hispanic high schoolers. Desmond Ang, *The Effects of Police Violence on Inner-City Students*, 136 Q. J. of Econ. 1, 115–168 (Sept. 9, 2020), https://scholar.harvard.edu/files/ang/files/policeviolence_ang.pdf; Christopher Browning et al., *Exposure to police-related deaths and physiological stress among urban black youth*, 125 *Psychoneuroendocrinology* (Mar. 2021), <https://doi.org/10.1016/j.psyneuen.2020.104884>.

⁵ Linda Juszcak et al., *Use of health and mental health services by adolescents across multiple delivery sites*, 32 J. of Adolescent Health 6, 108–118 (June 1, 2003), [https://doi.org/10.1016/s1054-139x\(03\)00073-9](https://doi.org/10.1016/s1054-139x(03)00073-9); see also Mir M. Ali et al., *Utilization of mental health services in educational setting by adolescents in the United States*, 89 J. of Sch. Health 5, 393–401 (March 18, 2019), <https://doi.org/10.1111/josh.12753> (finding that adolescents from low-income households and students of color are more likely to access mental health services in an educational setting only, as opposed to in a combination of school and non-school settings or only outside of school).

⁶ The most common type of intervention reported by the NYPD is “mitigated,” meaning SSAs or police responded to an incident but released the student back to school staff rather than taking further action; together, child in crisis interventions and mitigations comprised just over 74% of the more than 39,000 NYPD interventions in public schools between 2016 and 2020. In other words, the majority of NYPD interventions in schools have nothing to do with law enforcement.

⁷ The NYPD reports on the number of *interventions*, not the number of *students* involved in those interventions; a given student may have had multiple emotional crises that led to an interaction with police (i.e., there were not necessarily 23 unique 7-year-old children who were handcuffed; it is possible that there were 22 7-year-olds, 21 of whom were handcuffed a single time and one who was handcuffed twice). For simplicity’s sake, in this paper we occasionally refer to “students who were handcuffed” rather than “interventions in which the student was handcuffed.”

⁸ The remaining 1% of incidents involved a member of the Uniformed Task Force (the armed officers assigned to the School Safety Division) or were reported as “non-NYPD.”

⁹ N.Y. Crim. Proc. Law § 2.10.

¹⁰ For each demographic subgroup, rates reflect the number of incidents in which the student was handcuffed divided by the total number of interventions (e.g., handcuffs were used in 118 of the 1,163 interventions involving Black girls).

¹¹ N.Y.C. Council Pub. L. No. Int. 0730-2015A (N.Y. 2015), <http://bit.ly/0730-2015>.

¹² Many school buildings are home to more than one school, while some schools are split across multiple physical sites.

¹³ It is possible that the percentage of interventions involving students in District 75 placements was even higher, as our calculations only include interventions that could be definitively tied to District 75 schools (i.e., the NYPD reported the name of the specific school or site). Many District 75 schools are co-located with one or more non-District 75 schools, and in instances in which the NYPD reported interventions using the *building* name, rather than the individual *school* name, it is impossible to know whether the student in crisis was enrolled in the District 75 school or another school in the building. It is also unclear whether the NYPD is assigning students in District 75 inclusion programs to the District 75 school providing special education support or to the affiliated general education school; we suspect that, in at least some instances, the latter may be the case. For example, the NYPD reported an unusually high number of child in crisis interventions at Beacon High School, as compared to demographically similar high schools—but one notable difference between Beacon and many of the City’s other academically competitive high schools enrolling disproportionately few Black and Latinx students is that Beacon is home to a District 75 inclusion program (P335M Manhattan High School @ Beacon).

¹⁴ School-wide totals include interventions across all school sites. For example, the number for South Richmond High School includes interventions the NYPD reported as occurring at P25 South Richmond, P25 Annex Arthur Kill Road, and PS/IS 25 North Shore Annex.

¹⁵ This estimate only includes schools that opened prior to the start of the 2016-17 school year and have four years of enrollment data. In addition, as the NYPD's reports use a mix of both *building* names and individual *school* names, locations reported by the NYPD cannot always be matched to specific schools in DOE records, making it challenging to determine the exact number of child in crisis interventions that occurred at many schools; the true number of schools with zero child in crisis interventions may therefore be higher.

¹⁶ When a student's behavior impedes their learning or the learning of others, the IEP Team must include in the IEP positive behavioral interventions and supports, and other strategies to address that behavior, when necessary to provide a FAPE. 34 C.F.R. § 300.324; see also U.S. Dep't of Educ. Office of Special Educ. Programs, *Dear Colleague Letter: Supporting Behavior of Students with Disabilities* (Aug. 2016), <https://www2.ed.gov/policy/gen/guid/school-discipline/files/dcl-on-pbis-in-ieps--08-01-2016.pdf> (clarifying that failure to consider and provide needed behavioral supports through the IEP process is likely to result in a child not receiving a meaningful educational benefit or FAPE). If a student with a disability has a 504 Plan pursuant to Section 504 of the Rehabilitation Act of 1973 and needs behavior or mental health supports in school, a school district's failure to provide such supports could violate the student's right to receive a FAPE. 34 C.F.R. § 104.33.

¹⁷ We find the name of the disability classification "emotional disturbance" inaccurate, stigmatizing, and a barrier to inclusion. It is written into the IDEA and state special education law; we appreciate that the New York State Education Department is discussing replacing the name in New York, as other states have done. See N.Y. State Educ. Dep't, *The Univ. of the State of N.Y., Letter to P-12 Educ. Comm., Special Education Disability Classification "Emotional Disturbance"* (Jan. 20, 2020), <https://www.regents.nysed.gov/common/regents/files/120p12d1.pdf>.

¹⁸ Cheri Fancsali, Research Alliance for New York City Schools, *Special Education in New York City: Understanding the Landscape* (2019), <https://steinhardt.nyu.edu/research-alliance/research/publications/special-education-new-york-city>; see also N.Y.C. Dep't of Educ., *School-Age Special Education Data Report – SY 2019-20* (Nov. 2, 2020), <https://infohub.nyced.org/reports/government-reports/special-education-reports> (showing that 8.8% of all Black students with disabilities attending DOE schools and 5.4% of all students with IEPs eligible for free/reduced-price lunch had an ED classification in 2019-20, compared to 3.0% of White students with disabilities and 2.8% of students not eligible for the school lunch program).

¹⁹ Total enrollment in each precinct was estimated using school-level enrollment data from the New York City Department of Education (DOE) Demographic Snapshots for the 2016-17, 2017-18, 2018-19, and 2019-20 school years. Enrollment is a point-in-time count, rather than a year-long total, and thus does not capture students who first enrolled (or who transferred out) after October 31 of each year. Students attending schools located across multiple sites (e.g., many District 75 schools and District 79 programs) were assigned to the precinct associated with the school's primary address, as the DOE does not report site-specific enrollment on the Demographic Snapshot. Precinct enrollment totals also do not account for Alternate Learning Centers (ALCs), programs for middle and high school students serving suspensions outside their home school; around 55 child in crisis interventions took place at ALCs during this four-year period, but students do not necessarily attend an ALC located in the same precinct as their school. Given these limitations, intervention rates are *rough estimates* intended to illustrate the disparities between neighborhoods while accounting for the fact that some precincts have far more schools, and/or much larger schools, located within their boundaries than others.

²⁰ There is one precinct—that which covers Central Park—in which no students attend school; all other precincts in New York City are home to at least four schools.

²¹ See, e.g., Elizabeth A. Shaver & Janet R. Decker, *Handcuffing A Third Grader? Interactions Between School Resource Officers and Students with Disabilities*, 2017 Utah L. Rev. 229 (2017); Elsa Haag, *Who Protects Whom: Federal Law As A Floor, Not A Ceiling, to Protect Students from Inappropriate Use of Force by School Resource Officers*, 16 Duke J. Const. L. & Pub. Pol'y Sidebar 187 (2021); see also Melanie Asmar, *Handcuffed in Denver in Fifth Grade: 'Whenever I Shut My Eyes I Saw The Cuffs,'* Chalkbeat Colorado (May 30, 2019), <https://co.chalkbeat.org/2019/5/30/21108333/handcuffed-in-denver-in-the-fifth-grade-when-ever-i-shut-my-eyes-i-saw-the-cuffs>.

²² The National Center for School Mental Health, Center for Health Care in Schools and the School-Based Health Alliance recommend that school districts create comprehensive school mental health systems to "provide a full array of tiered supports and services that promote a positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use." National Center for School Mental Health, *Foundations of School Mental Health*, <http://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/> (last visited May 20, 2021); see also Sharon Hoover et al., *Advancing Comprehensive School Mental Health: Guidance From the Field*, Baltimore, MD: National Center for School Mental Health, University of Maryland School of Medicine

(2019), http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Bainum/Advancing-CSMHS_September-2019.pdf.

²³ The New York City Council recommends that the Fiscal Year 2022 Executive Budget add the following social, emotional, and mental health investments in schools: \$110M to ensure that every public school has at least one full-time social worker and one full-time guidance counselor; \$15M to develop a Mental Health Continuum to address the needs of students with significant mental health challenges in school; \$53.3M to expand restorative justice practices; and \$190M to create 400 additional community schools. N.Y.C. Council, *Response to the Fiscal 2022 Preliminary Budget and Fiscal 2021 Preliminary Mayor's Management Report* (Apr. 7, 2021), <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2021/04/Fiscal-2022-Preliminary-Budget-Response.pdf>.

²⁴ The City of N.Y., *Executive Budget Fiscal Year 2022, Message of the Mayor* (Apr. 26, 2021), <https://www1.nyc.gov/assets/omb/downloads/pdf/mm4-21.pdf>.

²⁵ See, e.g., Dylan B. Jackson et al., *Police Stops Among At-Risk Youth: Repercussions for Mental Health*, 65 J. of Adolescent Health 5 (2019), <https://doi.org/10.1016/j.jadohealth.2019.05.027>.

²⁶ Ariama C. Long, *More Mental Health Services to Come to New York City, says de Blasio*, amNY (Apr. 28, 2021), <https://www.amny.com/news/more-mental-health-services-says-de-blasio/>.

²⁷ The bill's lead sponsor and champion, Council Member Diana Ayala, introduced the bill on December 17, 2020 and provided a statement on the bill at the hearing on February 28, 2021. N.Y.C. Council, Int. No. 2188-2020, Police Department's Response to students in emotional crisis in public schools (Feb. 28, 2021), <https://bit.ly/2188-2020>.

²⁸ See, e.g., Aaron Kupchik, ACLU of Pennsylvania, *School Policing: What the Research Shows* (August 2020), <https://www.endzerotolerance.org/impact-of-school-policing>; see also Emily K. Weisburst, *Patrolling Public Schools: The Impact of Funding for School Police on Student Discipline and Long-term Education Outcomes*, 38 J. of Pol'y Analysis and Mgmt. 2, 338–365 (Oct. 2018), <https://doi.org/10.1002/pam.22116>; Center for Popular Democracy et al., *Arrested Learning: A survey of youth experiences of police and security at school* (Apr. 2021), <https://www.youthmandate.com/arrested-learning>; Ctr. for Law & Social Pol'y (CLASP), *Youth Mobile Response Services: An Investment to Decriminalize Mental Health* (Apr. 2021), <https://www.clasp.org/publications/report/brief/youth-mobile-response-services-investment-decriminalize-mental-health>; The Advancement Project, *We Came to Learn* (2018), <https://advancementproject.org/wecametolearn/>; ACLU, *Bullies in Blue: Origins and Consequences of School Policing* (Apr. 2017), <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/bullies-blue>.

²⁹ Jillian Jorgensen, *Student Activists Ask Mayor Not to Hire More NYPD School Safety Agents*, Spectrum News NY1 (Apr. 24, 2021), <https://www.nyl.com/nyc/all-boroughs/education/2021/04/24/student-activists-ask-mayor-not-to-hire-more-nypd-school-safety-agents>; Jillian Jorgensen, *Plan to Hire NYPD School Safety Agents Reignites Controversy Over Police in Schools*, Spectrum News NY1 (Feb. 22, 2021), <https://www.nyl.com/nyc/all-boroughs/news/2021/02/23/possible-hiring-of-new-nypd-school-safety-agents-reignites-controversy-over-police-in-schools>.

³⁰ The City's new School Response Clinicians program, comprised of licensed social workers who aim to support students facing crises Citywide, has the potential to provide much-needed support to schools, but will need to be monitored to determine its effectiveness. N.Y.C. Mayor's Off. of ThriveNYC, *School Response Clinicians (SRCs)* (Feb. 28, 2020), <https://thrivenyc.cityofnewyork.us/program/school-response-clinicians-srccs>.

³¹ Nat'l Ass'n of Social Workers, *NASW Standards for School Social Work Services* (2012), <https://www.socialworkers.org/LinkClick.aspx?fileticket=1Ze4-9-Os7E%3D&portalid=0>.

³² N.Y.C. Dep't of Educ., *Report on Guidance Counselors Pursuant to Local Law 56 of 2014* (Feb. 15, 2021), <https://infohub.nyced.org/reports/government-reports/guidance-counselor-reporting>.

³³ The City of N.Y., *Executive Budget Fiscal Year 2022, Message of the Mayor* (Apr. 26, 2021), <https://www1.nyc.gov/assets/omb/downloads/pdf/mm4-21.pdf>.

³⁴ In their *Community Roadmap to Bringing Healing-Centered Schools to the Bronx*, the Bronx Healing-Centered Schools Working Group—a coalition of Bronx parents, students, mental health providers, and advocates—outlines specific steps individual schools can take to become healing-centered. Bronx Healing-Centered Schools Working Group, *Community Roadmap to Bring Healing-Centered Schools to the Bronx* (2020), <https://www.legalservicesnyc.org/what-we-do/practice-areas-and-projects/access-to-education/community-roadmap-to-healing-centered-schools>.

³⁵ For example, the Schenectady City Schools District uses a suspension diversion program to identify the root cause of student behavior and provide interventions and trauma-informed treatment to address the mental health needs of students. More than half (78) of the 141 students who participated in diversion in the 2016-17 school year completed their intervention program. 95 percent of the students who completed the diversion program did not have another serious

behavior incident. See Schenectady City Schools, *Developing Trauma-Sensitive Schools* (2018), http://www.schenectady.k12.ny.us/News/what_s_new/our_work_to_develop_trauma_sensitive_schools.

³⁶ Researchers studying 804 public middle and high schools in New York City in the 2012 and 2013 school years found that restorative practices and other positive approaches can greatly improve overall school climate, student-staff relationships, and student outcomes. Lama Hassoun Ayoub et al., Center for Court Innovation, *School Discipline, Safety, and Climate: A Comprehensive Study in New York City* (2019), <https://www.courtinnovation.org/school-discipline>.

³⁷ The City of N.Y., Mayor de Blasio, First Lady McCray, Chancellor Carranza Announce Major Expansion of Social-Emotional Learning and Restorative Justice Across All City Schools (June 20, 2019), <https://www1.nyc.gov/office-of-the-mayor/news/314-19/mayor-de-blasio-first-lady-mccray-chancellor-carranza-major-expansion-of#0>.

³⁸ N.Y.C. Dep't of Educ., *Maintaining the Momentum: A Plan for Safety and Fairness in Schools* (July 2016), https://www1.nyc.gov/assets/scit/downloads/pdf/SCLT_Report_7-21-16.pdf.

³⁹ In Fiscal Years 2020 and 2022, the City Council has recommended investing \$15 million to develop a Mental Health Continuum in 100 high-need schools. N.Y.C. Council *supra* note 23 at 15; N.Y.C. Council, *Response to the Fiscal Year 2020 Preliminary Budget and Fiscal Year 2019 Preliminary Management Report*, 34 (Apr. 9, 2019), https://council.nyc.gov/budget/wp-content/uploads/sites/54/2019/04/Fiscal-2020-Preliminary-Budget-Response_FINAL-1.pdf.

⁴⁰ Advocates for Children of New York, *AFC Calls for Funding a Mental Health Continuum for Students with Significant Mental Health Needs* (Apr. 17, 2020), <https://www.advocatesforchildren.org/node/1520>.

⁴¹ New York City Comptroller, *Safe and Supportive Schools: A Plan to Improve School Climate and Safety in NYC* (June 18, 2018), <https://comptroller.nyc.gov/reports/safe-and-supportive-schools-a-plan-to-improve-school-climate-and-safety-in-nyc/>.

⁴² Ctr. for Law & Social Pol'y (CLASP), *supra* note 28 (recommending mobile response of mental health professionals as an alternative to law enforcement and part of a continuum of services for rapidly responding to youth experiencing a traumatic event or mental health crisis).

⁴³ FBAs and BIPs are required for students with IEPs, in some instances, and can be recommended for students with and without disabilities. 20 U.S.C.A. § 1414; 8 N.Y.C.R.R. § 200.2. FBAs and BIPs are also listed as possible supports and interventions for students with and without disabilities who are accused of certain behaviors in New York City's discipline code. N.Y.C. Dep't of Educ., *Citywide Behavioral Expectations to Support Student Learning* (Sept. 2019), <https://www.schools.nyc.gov/docs/default-source/default-document-library/discipline-code-kindergarten-grade-5-english>.

⁴⁴ Ramapo for Children works with schools to provide onsite coaching on behavior supports. See Ramapo for Children, <https://ramapoforchildren.org/services-programs/training/coaching/>.

⁴⁵ "Interventions, school-wide and individual, that use proactive, preventative approaches, address the underlying cause or purpose of the behavior, and reinforce positive behaviors, have been associated with increases in academic engagement, academic achievement, and reductions in suspensions and school dropouts." U.S. Dep't of Educ., *School Climate and Discipline* (last updated Jan. 4, 2017), <https://www2.ed.gov/policy/gen/guid/school-discipline/index.html#suspension-101>.

⁴⁶ N.Y.C. Dep't of Educ., *School-Age Special Education Data Report – SY 2019-20* (Nov. 2, 2020), <https://infohub.nyc.gov/reports/government-reports/special-education-reports>.

⁴⁷ ASD Nest Support Project, New York Community Trust Grant #P19-001148L, *Toward Effective Inclusion for Students with Emotional Disturbance Classification* (Sept. 2020), <https://www.nycommunitytrust.org/newsroom/grantmaking/>.

⁴⁸ Examples include Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back. See *id.*; see also The Nat'l Child Traumatic Stress Network, *Cognitive Behavioral Intervention for Trauma in Schools Training Guidelines* (Feb. 2016), https://www.nctsn.org/sites/default/files/interventions/cbits_training_guidelines.pdf.

⁴⁹ William R. Johnston et al., *What Is the Impact of the New York City Community Schools Initiative?*, City of New York (2020), https://www.rand.org/pubs/research_briefs/RB10107.html.

⁵⁰ See N.Y.C. Off. of Mgmt. and Budget, *Financial Plan Summary*, 11 (Apr. 26, 2021), <https://www1.nyc.gov/assets/omb/downloads/pdf/sum4-21.pdf>.

⁵¹ See Citizens' Comm. for Children of N.Y., *Testimony to the New York City Council Education Committee on the Preliminary Budget for Fiscal Year 2022* (Mar. 23, 2021), <https://s3.amazonaws.com/media.cccnewyork.org/2021/03/3.23-City-Council-Education-Committee-FY22-Preliminary-Budget-Hearing-CCCNy-Written-Testimony.pdf>.

⁵² N.Y.C. Dep't of Educ., *Mental Health*, <https://www.schools.nyc.gov/school-life/health-and-wellness/mental-health> (last visited Apr. 8, 2021).

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Since 1971, Advocates for Children of New York has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds who are at greatest risk for failure or discrimination in school because of their poverty, disability, race, ethnicity, immigrant or English Language Learner status, sexual orientation, gender identity, homelessness, or involvement in the foster care or juvenile justice systems. AFC uses four integrated strategies: free advice and legal representation for families of students; free trainings and workshops for parents, communities, and educators and other professionals to equip them to advocate on behalf of students; policy advocacy to effect change in the education system and improve education outcomes; and impact litigation to protect the right to quality education and compel needed reform.

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