



Advocates for Children of New York

Protecting every child's right to learn since 1971

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

Re: Accessing Mental Health Services for NYC Youth

November 9, 2022

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My name is Rohini Singh, and I am Assistant 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 Behavioral 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. 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 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. Moreover, according to the School-Based Health Alliance, of students who successfully engage in mental health



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treatment, over 70% initiated services through school.¹ Data also indicate that school-based mental health services reduce disparities in access to behavioral health care.²

However, too often when NYC students are struggling, they are unable to access effective, or even any, behavioral and mental health supports in school. New York City's approach to addressing the social-emotional needs of students in schools has been fragmented and woefully deficient. While the City funded some social-emotional initiatives in schools over the last few years, many of these programs do not address the immediate needs of school communities and are piecemeal. An August 2022 audit by the Office of the State Comptroller, *Mental Health Education, Supports, and Services in Schools*, found that nearly 40% of the DOE's 1,524 schools did not have one of the six mental health programs the DOE claims to offer in NYC schools.³ To date, the DOE has failed to do a comprehensive mapping of all the behavioral and mental health services, supports, and programs inside the NYC school system so the public is not aware of where to access these services and where critical gaps in services exist. In order to improve access to mental health services to NYC youth, the DOE must make public a mapping of behavioral and mental health services in schools and expand access to school-based mental health services to students equitably and comprehensively.

Without comprehensive supports, students in crisis are met with punitive, 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.⁴ 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. While the number of child in crisis interventions decreased to 2,386 in 2021-2022, the number of mitigations, where police or school safety agents intervened in an incident but then the student was released to the school, jumped from 5,102 incidents in the 2018-2019 school year to 8,223 in the 2021-2022 school year. Through our work assisting individual students and families, we know the traumatic impact of NYPD intervention, EMS transport, and unnecessary hospitalization on students,

¹ Howard, Caren, *Mental Health and DEI*, National Association of Secondary School Principals, Advocacy Agenda: November 2022, <https://www.nassp.org/publication/principal-leadership/volume-22-2021-2022/principal-leadership-november-2022/advocacy-agenda-november-2022/>.

² *Id.*

³ Office of the State Comptroller, *Mental Health Education, Supports, and Services in Schools* (August 2021), https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf?utm_medium=email&utm_source=govdelivery.

⁴ 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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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.

Here are just a few examples of harmful interventions families and young people have shared with us in 2022:

- We heard from a parent who contacted us about their Black 7-year-old child 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.
- We heard from the parent of a 6-year-old with an Individualized Education Program ("IEP") diagnosed with ADHD and Autism who was called down to her son's school to pick him up early because he was having a difficult 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 would call EMS and police to de-escalate him. The parent emailed us: "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."
- We heard from the parent of a Black 15-year-old son with an IEP who was violently tackled and restrained by NYPD school safety agents after an incident, which was precipitated by a teacher's aide calling the student a racial slur. The incident escalated and the teacher's aide chased the student and hit him over the head multiple times with a walkie-talkie. In addition to contacting the NYPD, the school also contacted EMS and suspended the student from school.
- We also heard from students of the Dignity in Schools Campaign, who have lived experience with unmet mental health needs. They shared their request for—and the lack of availability of—mental health services, restorative justice practices, and other healing-centered practices at their schools.

With new federal funding grants for school-based mental health services through the Bipartisan Safer Communities Act, new guidance from the Centers for Medicare and Medicaid Services on allowable billing to Medicaid for eligible student services,⁵ and new New York State mental health support grants to school districts,⁶ there are more opportunities than ever to invest in transforming

⁵ See note 1.

⁶ NYS Office of Mental Health, Student Mental Health Support Grants to School Districts, <https://omh.ny.gov/omhweb/rfp/2022/support-grants-school-district/index.html>.



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school environments to places that address our students' mental health and behavioral needs and help improve academic outcomes. At the same time, it is critical that the City, DOE, NYC Department of Health and Mental Hygiene, and NYC Health + Hospitals allocate more of their own funding for effective behavioral and mental health services and supports for students, particularly in high-needs schools. What New York City needs to keep students and schools safe is a comprehensive system to ensure that students have access to culturally-responsive direct mental health services, schools receive support to effectively manage student behavior and mental health, and the DOE coordinates internally and across other key agencies to provide this support. It is more urgent than ever that our City invest in practices that support and center the voices of 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 investments and policy changes in FY 2024:

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 23, 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 2023 just when it is starting to get off the ground. We greatly appreciate the Council's advocacy to secure this funding in FY 23 and look forward to continuing to work with you to sustain this initiative.

Ensure available behavioral health services for students in schools are mapped citywide and effectively communicated to all families. While mental health and wellness programs and services are offered at each school and different approaches are used depending on various factors, many parents and students are unsure where to turn when seeking behavioral and mental health services in schools. The DOE should make clear the mental health services available in each school, the populations they are designed to serve, and the processes for accessing them, in readily-available materials to parents, caregivers, and communities both on school websites and in school guides. 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.

Expand and implement school-wide restorative justice practices in all schools. To fulfill their commitment to students, the City must expand and complete the full implementation of school-wide restorative justice practices in all schools. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and



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teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

Pass Int. No. 3-2022 to significantly limit the use of handcuffs on students in emotional crisis and 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 students in 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.