



Testimony of the New York City Department of Education
on School-Based Mental Health Services

Before the New York City Council Committees on Education and Mental Health,
Mental Retardation, Alcoholism, Drug Abuse and Disability

May 1, 2012

Kathleen Grimm, Deputy Chancellor, Division of Operations

Good morning Chair Jackson and Chair Koppell and members of the Education and Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Committees here today. My name is Kathleen Grimm and I am Deputy Chancellor of the Division of Operations at the New York City Department of Education (DOE), which includes the Office of School Health (OSH). I am joined by Roger Platt, M.D., Chief Executive of OSH; Scott Bloom, Director of School Mental Health Services, OSH; Elayna Konstan, Chief Executive of the Office of School and Youth Development (OYSD) and Lily Tom, Assistant Commissioner, Bureau of Children, Youth, and Families, Department of Health and Mental Hygiene (DOHMH). Thank you for opportunity to discuss general education mental health services and programs in our schools.

The Office of School Health (OSH), a joint program of the DOE and DOHMH, was created to support the emotional health and academic growth of all students through a comprehensive offering of integrated supports and services.

In NYC, the mental health needs of children are significant. DOHMH Children's Community Health Survey (2009) indicates that at least 9% of 6-12 year-olds have received a mental health diagnosis. Further, according to the 2011 Youth Risk Behavior Survey (YRBS) of City public high school students, over a quarter (27%) reported persistent feelings of sadness and hopelessness, and one out of every thirteen (8%) reported having made a suicide attempt at least once during the past 12 months.

School-based mental health services have been an integral part of the City's school health program for decades. Schools are uniquely positioned to identify children with emotional difficulties and psychological stress, and to support families in obtaining the help these students need. It is well-established that students are more likely to seek help when school-based mental health services are conveniently available where and when children need them. Students and parents trust faculty and staff and know the school facilities. This familiarity also helps dispel the stigma that frequently accompanies those seeking help for mental health problems. Also, students and parents don't need to miss school or work.

Since 2003, we have developed a number of programs to enhance mental health services in schools. Some are geared towards prevention, others are geared toward intervention. Taken together, we are now providing a consistent level of services that makes the most of existing resources.



One of OSYD's responsibilities is to help schools support the social-emotional well-being of all students, recognizing the importance of this aspect of their development in achieving academic success. Students have different needs and strengths, and not all students require formal mental health treatment. School leaders and staff support students' pro-social behaviors and provide intervention at various points and levels within the school. Guidance counselors, social workers, Substance Abuse Prevention and Intervention Specialists (SAPIS) and other school support staff work with students on an on-going basis to help students deal with challenging situations and make better choices. In addition, emotional and mental health lessons are part of the DOE's recommended health education curriculum at all grade levels.

For those at-risk for more significant mental health challenges we offer more target interventions such as: substance and alcohol abuse counseling, grief counseling, stress management, anger management. This work is often done by partnering with community based organizations (CBOs), which provide counseling services by licensed clinical social workers.

For those students that need even more intensive treatment, including students who exhibit at-risk behavior and/or experience trauma and crisis, additional targeted intervention and support are required. That's where OSH comes in.

OSH manages and coordinates mental health services at approximately 600 schools through a combination of mental health services provided in onsite mental health programs, School-Based Health Centers (SBHC), as well as school-linked services, where a CBO provider collaborates with a school for referrals, screenings, crisis interventions, and other supports that a school can not do on its own. These services support the schools' ability to identify those students who may have mental health issues and refer them to the appropriate resource either internally or externally. These programs and services are supported from multiple funding streams, including City and State funding, Medicaid, and other third party insurance. I would to thank Speaker Quinn and the many members of City Council for their investment in the construction of several SBHCs.

There are currently over 450 schools that offer onsite mental health treatment in partnership with area hospitals and community-based mental health providers. Of these schools, 216 have mental health programs, which are licensed and overseen by the New York State Office of Mental Health (OMH). These clinics are typically staffed by licensed social workers, psychologists or psychiatrists from a community-based mental health organization or hospital. SBHCs also provide onsite mental health services in addition to a range of primary care services and are also licensed by the State and similarly staffed. There are currently 101 SBHCs that provide full or partial mental health services to 239 schools.

The school-based mental health programs, and a majority of our SBHCs, provide a wide range of mental health services in schools, including identification of high risk students with behavioral and emotional needs, therapy (individual, family and group), crisis and psychiatric assessments, case management, school community outreach and 24 hour crisis coverage for those students in treatment. For direct treatment, providers bill Medicaid, Managed Medicaid, or Third Party



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Insurance. Many of the providers also have funding through their agency or organization. In addition, the New York City Health and Hospitals Corporation (HHC) provides school-based mental health services in partnership with DOHMH and staff from City hospitals at six schools.

A key element of our work is providing professional development for teachers and other school-based staff. Students are typically referred for mental health services by school-based staff. This training enables school-based staff to better identify when a student's behavior may require clinical attention and mental health services.

We also have a few smaller, but very worthwhile programs and partnerships. For example, the Screening The At-Risk Student (STARS) pilot program currently provides school nurses and physicians at 38 middle schools with training to assist in identifying youth with previously undiagnosed depression or existing depression who are at risk for suicide or other harmful behaviors.

In collaboration with DOHMH and OMH, OSH is participating in the New York State Promise Zones for Urban Education pilot program. In this program 17 middle schools in the Bronx have formed partnerships with local mental health agencies to provide crisis intervention, consultations, parent workshops and teacher trainings and to open channels for collaborative community partnerships for entire the school community around academic achievement, dropout prevention, positive school culture and school safety. Five of these schools employ a Mobil Response Team (MRT) model.

In response to school staff referrals, the MRT conducts student assessments and links students to mental health and other social services, as needed. MRT staff, which includes two licensed social workers and a family advocate, conduct outreach, training and consultation to build the capacity of school staff and families to recognize and respond to mental health problems. MRT staff also respond directly to crises and/or support school staff in the management of crises. This year, with funding from DOHMH, we expanded the MRT to two additional clusters in Brooklyn.

Finally, in November 2011, NYC launched a web portal for teens' services which includes information, resources, and access to help. The portal, www.nyc.gov/TEEN, incorporates mental health content featuring digital stories of teens struggling with depression, suicidal thoughts and other mental health issues and how they sought help. The goal is to promote help-seeking by reducing social stigma and normalizing the process. The website also leverages content from other City agencies that serve teens, provides information about programs, services, and resources in New York City. The Mental Health Association of NYC continues to operate the city's LifeNet information and referral hotline and this resource is on the NYC Teen site.

In the end, the DOE is committed to meeting the educational needs of our young people, as well as addressing and supporting the pro-social and mental health needs of our students. There remain several several significant challenges to expanding mental health services in schools namely available resources and the shortage of child and adolescent mental health providers.



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While we are proud of the progress we have made and the services we provide, we recognize we still have much more work to do ensure our students have access to mental health services. We look forward to continuing our work with City Council on this important issue, and with that, I am happy to take your questions.

**Testimony Before The New York City Council Committee on Education
and Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse,
and Disability Services**

May 1, 2012

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Introduction

Legal Services NYC is the largest non-profit provider of free civil legal services in New York City. We are dedicated to expanding the rights of low-income New Yorkers in areas such as housing, family, consumer, domestic violence, foreclosure, immigration, disability and education. With offices in all five boroughs, our work is designed to improve the lives of our diverse client populations through a holistic combination of individual legal advocacy and social work support, group action, policy work and community outreach.

Through our local offices, Legal Services NYC assists hundreds of families every year with disability and education matters. Over 80% of our student clients are children of color and/or immigrants, ranging in age from 3 to 21. Our Education and Disability

advocates assist New York City public school students and their families in a range of areas including disability accommodations, special education, student discipline, transportation, school transfers and academic intervention issues. We also mentor and partner with students in various law-schools and law-school programs including the Suspension Representation Project. We train and assist community-based organizations, pro bono attorneys and elected officials. We participate in a number of coalitions including the Dignity in Schools Campaign.

We thank the Council for organizing this important oversight hearing and for inviting us to participate and testify about two significant and related issues disproportionately affecting low-income children of color and immigrants in the NYC public schools: the inappropriate and illegal use of emergency medical services and imposition of so-called psychiatric suspensions in situations that have no medical urgency. We urge the Council to support the proposals discussed herein including increased resources for school-based mental health services, training for school-staff in crisis intervention and de-escalation techniques, amendment of the Student Safety Act to requiring public information and reporting by the Fire Department and DOE on EMS and psychiatric exclusions, and creation of more consistent and constructive policies and practices for dealing with disruptive behavior in schools.

Scope of the Problem

In our work with school-aged children and their families, we see day-to-day examples of the need for improved mental health services and positive behavioral supports and interventions in New York City Schools. We believe that much can be

done to change and improve policies and practices concerning childhood behavior and mental health issues in school. We are here today to discuss two disturbing practices, both of which stigmatize children and do little to address underlying mental health issues, if any even exist: (1) the “EMS”ing of public school students—the forced removal of children from school via ambulance or emergency services for non-suicidal behavior; and (2) the increasing use of inappropriate “psychiatric suspensions”—forcing parents to keep children from school until they obtain psychiatric clearance.

Over-utilization of emergency medical services is not a new problem. For years, our advocates have dealt with inappropriate use of hospital emergency services for issues ranging from undiagnosed learning disabilities to kindergarten tantrums.¹ Parents contacting our offices typically describe situations where their minor children are removed by emergency medical services for childhood behavior or misbehavior which does not rise to the level of a medical emergency. After enduring the ordeal of forced removal by emergency services and consultation or evaluation at a hospital, the vast majority of children are released the same day and deemed fit to return to school.² Many hospital staff have expressed frustration to Legal Services NYC staff about why schools resort to such extreme measures.

We have also seen a disturbing trend in which NYC schools use stigmatizing medical interventions with children whose needs are best served through less extreme alternatives such as school-based services. For example, more New York City school

¹ In 2004, the New York Times ran an article noting school officials’ inappropriate use of hospital emergency rooms to deal with “everything from student behavior problems to undiagnosed learning disabilities.” Hospitals say City schools Use them as a Cure-All, New York Times, May 18, 2004.

² This problem was highlighted in a recent article in the New York Times entitled Keeping Students’ Mental Health Care Out of the E.R., April 6, 2012.

administrators are instructing parents not to bring their children to school until they have obtained a psychological or psychiatric clearance letter. Based on client stories reported to us, demands for clearance letters generally follow from some claimed non-suicidal behavioral issue, purported instance of misbehavior or a perception that the child has a disability or mental health issue or needs to be on medication.

The practice of removing and banning students from school until such time as the parent can obtain the requisite clearance letter insisted upon by the school, amounts to an illegal psychiatric suspension. Students may lose days or weeks of school while their parents attempt to find an appropriate doctor or professional qualified to assess their child and provide documentation satisfactory to the school. When a school has concerns for the child's mental health or medical or emotional well-being, far more effective means can be used to assist parents in helping their children, including referrals for special education, at risk counseling and information about available community resources.

The inappropriate use of emergency medical services and compulsory medical clearance letters for purported disruptive behavior or perceived disabilities also violates a wide range of New York State education laws and regulations ranging from the compulsory attendance laws³ to due process laws concerning the legal removal of students⁴ as well as local Chancellor's regulations.⁵ In addition, these practices frequently violate federal laws such as the Individuals with Disabilities Education Improvement Act (IDEIA)⁶ which governs special education practices and Section 504 of

³ NY State Education Law § 3205.

⁴ NY Education Law § 3214; 8 NYCRR §100.2.

⁵ Chancellor's Regulation A-443.

⁶ 20 U.S.C § 1400, *et seq.*

the Rehabilitation Act of 1973⁷, which protects individuals with a broader range of disabilities.

The cost of misusing emergency medical services is high for the City, schools, children and families involved. Monetary costs may include hospital fees and ambulance transport fees⁸, expenses associated with school personnel dispatched to accompany children to the hospital, ACS expenses, lost wages, transportation costs and other expenses. In addition to the monetary costs, inappropriate EMSing and exclusion exacts a heavy toll in terms of the trauma inflicted on the children and families involved. This often causes or deepens a chasm of distrust between potentially at risk students and the school community, damages trust between emergency medical services responders and potentially at risk students, and adversely affects the education of the children involved due to disruption and lost instructional time.

Like the problems associated with misuse of restraint and oversubscription to zero tolerance practices like suspension, the frequent and unnecessary resort to EMS and psychiatric or psychological clearance letters illustrates that many schools are ill equipped to respond to disruptive students, lack resources to properly assess students who are presenting with disruptive behavior, lack training in de-escalation techniques and practices and lack familiarity with or connections to resources in the community to meet the mental health needs of students.

Based upon what we see and hear from families and health professionals, the practice of overusing emergency medical services and forcing parents to obtain clearance

⁷ 29 U.S.C § 794.

⁸ The following cost breakdown reflects the costs incurred by one of our clients when their daughter was sent to the ER by her middle school: Hospital ER charges: \$775.00 and EMS Ambulance Services: \$525.00 for a total of \$1300.00.

letters as a condition of attending school occurs throughout the city, but seems more prevalent in low-income communities where many students and their families already experience significant trauma on a daily basis.

In order to shed further light on the problem and review it, we have made attempts to obtain more formal data, most of which should already be collected or otherwise documented but which is not publicly reported. For example, the Department of Education's Online Occurrence Reporting System (OORS) allows for input of information regarding whether emergency medical services were contacted in a given situation. While it is unclear if schools are regularly and properly documenting such information, at least some data is collected and recorded. FOIL requests by Legal Services NYC – Bronx and Queens Legal Services to the Department of Education, the Fire Department, and the Office of Mental Health have gone largely unanswered. Gathering this information is necessary in order to have meaningful discussion about the problem and how to better address it.

Solutions

The practice by school officials of utilizing EMS services or medical clearance letters to address disruptive student behavior is a costly and ineffective. The Department of Education and charter schools must utilize research based methods to address disruptive behaviors before they reach a point of crisis.

An important first step to minimizing the use of emergency medical services and medical clearance letters is to determine the extent of the practice. The Department of Education (DOE), the Fire Department of New York (FDNY) and the Department of Health and Mental Health (DOHMH) must make public the data regarding these

practices. Specifically, the DOE must collect and make public the total number of students sent by each public school to a hospital emergency room and the reason for the request for emergency medical services. Likewise the FDNY must publicize the total number of calls for emergency medical services to a school location. Lastly the DOHMH must collect information from all NYC hospital emergency rooms and mental health providers where a student was referred for a medical clearance letter. Only with data can policy makers be able to quantify the depth of the practice and craft appropriate public policy to address it.

Secondly, the DOE and charter schools must utilize research based approaches to addressing disruptive student behaviors. The use of EMS and medical clearance letters is nothing more than another stop on the “Schools to Prison Pipeline” and what one emergency room doctor coined a “psychiatric suspension”. This practice is rooted in the discredited notion that disruptive behaviors can be modified through the removal and/or suspension of the disruptive student.⁹ Mental health professionals discourage these punitive approaches, which do little to address the underlying needs of the student.

Evidence based approaches have been shown to be effective in reducing disruptive student behaviors and these approaches include: positive behavior interventions and supports (PBIS); Safe Responsive Schools (SRS) and Restorative Practices.¹⁰ Although many of these approaches are already utilized in some form in many public schools in New York City, the DOE has not adopted a policy requiring all NYC public schools to utilize these methods. Instead, the DOE fails to even encourage

⁹ American Psychological Association Zero Tolerance Task Force, “Are Zero Tolerance Policies Effective in the Schools?”, *American Psychologist*, Vol. 63, No. 9, 852–862, (December 2008).

¹⁰ Skiba, R., and Rausch, M. K., “School Disciplinary Systems: Alternatives to Suspension and Expulsion”, *Children’s Needs III: Development, Prevention, and Intervention*, (Bear & Minke, editors), National Association of School Psychologists, (2006).

the use of these in their policies. While the New York City Discipline Code and Chancellor's Regulation A-443 provides for "guidance interventions," their overall thrust reflects an emphasis on removals and suspensions as a disciplinary response to disruptive students. The DOE should implement a policy requiring all NYC public schools to adopt approaches like PBIS, SRS and Restorative Practices to address and minimize disruptive behaviors.

The nonprofit organization Turnaround for Children utilizes such a whole school approach to address disruptive student behaviors. Working in a school over a three-year period, Turnaround provides extensive professional development for teachers and leaders in instructional and behavioral strategies, sets up behavioral and academic intervention systems for the highest-need students, and supports principals in working on key school leadership issues. Additionally, Turnaround helps schools establish effective partnerships with community-based mental health providers and other child-serving agencies. Anecdotally, schools that have worked with Turnaround appear to make fewer calls to EMS.¹¹

In addition to the above whole school approaches, the following specific recommendations would greatly assist in reducing the rate of 911 calls.

- DOE and NYS Education Department should issue new policy and guidelines prohibiting the use of EMS services and medical clearance letters to exclude students from school for solely disruptive behaviors.
- The DOE should increase resources to public schools that serve low income communities¹² so these schools are able to

¹¹ See enclosed New York Daily News Op-Ed by Dr. Pamela Cantor, Executive Director of Turnaround for Children, Dec. 19, 2011.

¹² It is our belief that once the data is collected it will likely show schools in low income neighborhoods have higher rates of EMS usage. Such a correlation already exists with regards to suspension rates. The

- Establish onsite school based mental health services;
- Develop crisis response teams in schools that are staffed with properly trained professionals;
- Provide training and professional development in these areas to all staff:
 - de-escalation techniques;
 - pre-crisis identification and assessment of at risk students who present, or are likely to present with disruptive behaviors;
 - evidence based interventions for disruptive students with IEP's.

Legislative Proposals

The following are proposals for legislation that may help stop the misuse of emergency medical services by the public schools.

The New York City Council should consider amending the Student Safety Act to require New York City DOE and FDNY to make annual reports on the usage of EMS services by all New York City public schools and charter schools.

The New York City Council should consider amending the Administrative Code to require school nurses or a qualified school health professional to be trained in crisis intervention, and de-escalation techniques. In addition, school nurses or school health professionals should also be consulted prior to a referral to EMS.

On the state level, New York City Council members can support the following proposed legislation: A8343-2011, (sponsored by Assemblymember Catherine Nolan, co-sponsored by Assemblymember Inez Baron; referred to education 6/14/2011) would

Bronx is the borough with the highest rate of poverty among the five boroughs and has the highest suspension rates. In 2009-2010, there were 72,345 suspensions in New York City public schools. That includes 55,956 Principal's suspensions (1-5 days) and 16,389 Superintendent's suspensions (6 days - 1 year). Students in the Bronx are suspended more often than students in any other borough. (There are 8.63 suspensions per 100 students in the Bronx as compared with 7.30 suspensions per 100 students citywide.) See, <http://schools.nyc.gov/Accountability/data/default.htm>; *Education Interrupted: The Growing Use of Suspensions In New York City's Public Schools* (2011).

prohibit the use of handcuffs on children younger than ten years old; and A7994-2011 (S3214-a), (sponsored in the Assembly by Assemblymember Barron, co-sponsored by Assemblymembers Schimel, Abinanti, Stevenson, Meng, and Nolan; referred to education 5/25/2011) would prohibit the use of handcuffs on students with disabilities.

Legal Services NYC Client Stories

Legal Services NYC has encountered numerous cases over the last few years involving students who have been sent to the emergency room by their public school or were told they required a medical clearance letter before they could return to school. Below are but a few client stories which reflect the extent and scope of the problem.

- Queens Legal Services (QLS) is working with a six-year-old child who has been told on two occasions by schools officials that he had to have a psychological clearance letter. In addition, he has been sent to the emergency room twice by school officials and suspended on two other occasions. Both suspensions were dismissed by the suspension hearing office and he had been cleared to return to school each time he was sent to the ER or seen by mental health professionals. Doctors, therapists and hospital workers are at a loss as to why the school has resorted to such extreme measures. Surprisingly, school officials have never suggested that the parent seek 504 accommodations (such as a paraprofessional) or referred the student for evaluations for possible special education services.

The family on its own initiated the special education evaluation process and is pursuing a transfer. Despite promises by DOE officials that a transfer has been granted, no placement has been offered. The child and his parent have experienced trauma and emotional distress; the student has lost instructional time and the family has incurred hospital, ambulance and other monetary costs including lost wages by the parent.

- South Brooklyn Legal Services (SBLS) represents a five year old boy in kindergarten. Although he was identified as a child with a disability and had an Individual Education Plan (IEP), the school inappropriately contacted the Emergency Medical Services (EMS) five times from September to November for what the school alleged was disruptive behavior. The behavior, for which the school sought EMS intervention, was typical behavior for a child with autism, not behavior which required emergency medical assistance. The five year old boy was sent to the emergency psychiatric ward on four of these occasions. Each time he was discharged home immediately by hospital staff.

The parent notified school officials that her child was being receiving outpatient mental health services and had undergone reevaluations to determine if any other special education services were necessary. Further, the school advised the parent that her child could not remain in school unless she sat in class with her child claiming that the school did not have the resources to address the child's needs without the parent or relative providing such assistance. The mother was afraid to leave the child, as she feared they would call EMS again, so she and her sister would take turns sitting with him in class.

As a result of the inappropriate use of EMS, the child and his parent have suffered immensely, both emotionally and financially. Unfortunately, due to the inappropriate actions of the school, the child has not been in school for several months. SBLS is working with the parent to find an appropriate educational placement for the child so that he can return to school.

- Queens Legal Services (QLS) represented a 12-year-old child middle school student who was EMSed several times. On one occasion he was sent to the ER because he was non responsive to school personnel. The second time because he was agitated and provoked and punched a door. Both times, the parent received bills for the hospital and ambulance transport. The school alternated between suspending the child and EMSing him. School officials made no secret of the fact they wanted him out of their school. The school eventually brought an impartial hearing to place him in an interim alternative educational setting (IAES) claiming that he was a danger to the school environment. QLS represented the family at the hearing and prevailed proving that an IAES was not appropriate for the student. QLS also assisted the family in getting the student who is learning disabled placed in a specialized non-public school.
- Currently Legal Services NYC -- Bronx (LSNYC-Bx) is representing a 15 year old student attending the 7th grade. The student moved to the Bronx recently from another state. She had received Section 504 services and special education services at her prior schools. The parent presented this information to DOE officials but the student was not immediately evaluated. The student struggled without the special education services and was unable to meet the promotion criteria for the 7th grade. Being significantly older than her 7th grade classmates, the student experienced significant teasing and bullying.

Early this school year officials at her middle school called Emergency Medical Services claiming the student was suicidal after she stated that she was depressed and unhappy about her school situation. Upon being notified by school officials, the student's parent arrived at the school before EMS personnel but she was refused access to her daughter. The parent was given little to no information about why her daughter needed to go to the emergency room. When the parent stated that she was refusing the EMS services, she was told by school officials that her daughter had to go to the ER. At the hospital the student was evaluated for any suicidal risk and none was found and was discharged without treatment because none was necessary. Beside incurring a significant financial cost, the parent and student had to confront the stigma of the allegation of a mental illness.

Currently, LSNYC – Bronx is working with the family to ensure the student who has severe academic delays receives appropriate special education services. In addition, LSNYC-Bronx has brought an impartial hearing to secure compensatory services to address the special education violations committed by school officials. The parent believes the visit to the hospital ER did not improve her daughter's education nor did it spur any urgency in her daughter's school to provide her appropriate educational services and programs.



**Department of
Education**

Dennis M. Walcott, Chancellor

Michael Best
General Counsel

March 23, 2012

Via Facsimile & U.S. Mail

Nancy Bedard, Esq.
South Brooklyn Legal Services
105 Court Street, 3rd Floor
Brooklyn, New York 11201

Re: D [REDACTED]

Dear Ms. Bedard:

I write on behalf of the New York City Department of Education ("DOE") in response to your letter dated February 8, 2012, addressed to Principal Linda Singer. In your letter, you claim that Ms. [REDACTED] son, D [REDACTED] was sent by Emergency Medical Services (EMS) to Kings County Hospital at least five times since the start of 2011-2012 school year for being difficult. In addition, you claim that school personnel have told Ms. [REDACTED] that she or another member of the family must sit with D [REDACTED] at school, or he cannot attend school. The DOE categorically rejects these assertions.

D [REDACTED] is a five-year-old child who is scheduled to receive special education services. Jo Ann Catalano was selected as D [REDACTED] 1:1 paraprofessional. D [REDACTED] second paraprofessional was Joanna Rivera. Both of the paraprofessionals have been injured by D [REDACTED]. D [REDACTED] is autistic and has low frustration tolerance and tantrums several times through the day. Occasionally, D [REDACTED] behavior cannot be controlled by the PS 255 staff alone and EMS have been contacted.

On five occasions, D [REDACTED] became uncontrollable and EMS was contacted by the school. Those dates were: 1) September 27, 2011; 2) October 6, 2011; 3) October 12, 2011; 4) October 26, 2012; and 5) November 9, 2012. Ms. [REDACTED] traveled with D [REDACTED] on first, third and fifth trip to Coney Island Hospital. On the second trip, D [REDACTED] aunt traveled with him to the hospital. Only on the fourth EMS call did Ms. E [REDACTED] object to EMS transporting her son to the hospital and so he was not. If Ms. E [REDACTED] objected to her son being transported to the hospital, it was always within her right to speak to EMS workers.

Ms. E [REDACTED] would often arrive at PS 255 late and explain that D [REDACTED] was having a bad morning. PS 255 staff would then permit Ms. E [REDACTED] to sit with D [REDACTED] and his 1:1 paraprofessional in the classroom in order to assist with his transition. At no time was Ms. E [REDACTED] forced to remain with D [REDACTED], but rather this opportunity was extended to her as a courtesy. Due to D [REDACTED] repeated disruptions, PS 255 staff communicated to Ms. E [REDACTED] that they recommended he be evaluated by the Committee on Special Education (CSE), since his academic placement was unable to meet his academic, social, and emotional needs. Ms. E [REDACTED] refused to have her son evaluated by the CSE.

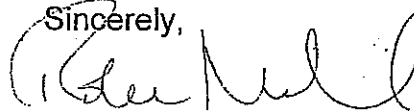
In November 2011, Ms. E [REDACTED] contracted with an outside evaluator at the Kings County Hospital Center. On January 12, 2012, an evaluation was faxed to PS 255 from Dr. Stephanie Erickson, at the Kings County Developmental Evaluation Clinic who evaluated D [REDACTED]. Dr. Erickson placed D [REDACTED] on the Autism Spectrum. According to Dr. Erickson, D [REDACTED] "continues to experience difficulty with transitions, inappropriate emotional responses in social situations and poor social communication." Dr. Erickson agreed that D [REDACTED] should be referred to the CSE for placement in a small structured classroom for children on the Autism Spectrum. Dr. Erickson also recommended that D [REDACTED] have a psychiatric evaluation to determine if medication could help decrease his anxiety and reduce his temper tantrums and violent outbursts.

In response to the allegation that the DOE did not have a proper behavior plan for D [REDACTED], it should be noted that the development of a behavior intervention plan, requires that the parent be included in the designing of that plan. Ms. E [REDACTED] refused to let PS 255 modify anything on D [REDACTED]'s IEP. Ms. E [REDACTED] made clear to the school on November 7, 2011 that she did not trust the school and did not want the school to alter anything on D [REDACTED]'s IEP.

On February 17, 2012, Ms. E [REDACTED] discharged her son D [REDACTED] from P.S. 255 on the basis that he was under six years old. Ms. E [REDACTED] further stated that it was her desire to travel. The location of Ms. E [REDACTED] and D [REDACTED] are unknown at this time.

I hope that my letter is responsive to your request. If you wish to contact me, my telephone number is (718) 390-1433 or my email address is Rmerril@schools.nyc.gov.

Sincerely,



Robin Merrill
Senior Counsel

February 8, 2012

Linda L. Singer, Principal
P.S. 255 Barbara Reing School
1866 East 17th Street
Brooklyn, NY 11229

VIA MAIL AND FAX: 718 627-0626

RE: [REDACTED]
DOB: [REDACTED]

Dear Principal Singer,

I am writing on behalf of Ms. [REDACTED] and her son [REDACTED]. As you are aware, he is a student at your school in the kindergarten grade. According to his mother, [REDACTED] has been sent by Emergency Medical Services (EMS) to Kings County Hospital at your school's request at least five times since the start of the 2011-2012 school year. Further, school personnel have told his mother that she or another member of the family must sit with him at school, or he cannot attend school.

Effective immediately, P.S. 255 is directed to cease and desist in enforcing its policy of barring [REDACTED] from school absent his mother and or another member of the family being present, and to cease and desist in contacting EMS when [REDACTED] is experiencing behavior the school deems difficult. This is an inappropriate use of EMS and is causing trauma for [REDACTED] and his mother. [REDACTED] must be allowed to attend P.S. 255 without being accompanied by his parent, and not be unnecessarily sent by EMS to the hospital without justified or reasonable medical cause. Reasonable accommodations must be in place including but not limited to the following:

- a. The immediate assignment of a one-to-one behavior management paraprofessional to [REDACTED] for the duration of the school day.
- b. The proper development and use of a behavior plan that includes and allows [REDACTED] opportunities to engage in activities in class to avoid serious escalation.

As you may be aware, excluding [REDACTED] from participating in school for a disabling condition violates Section 504 of the Rehabilitation Act of 1973, New York State and New York City Human Rights Laws, the Americans with Disabilities Act, and the Equal Protection Clause of the 14th Amendment to the United States Constitution. My client has authorized me to take all necessary actions, including appropriate legal remedies, to ensure [REDACTED]'s right to a public education is protected.

Thank you for your anticipated cooperation with respect to this matter. You can contact me at 718-237-5568 or nbedard@sbbs.org if you have any questions or concerns.

Regards,

Nancy Bedard,
Staff Attorney

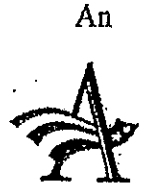
cc: Dennis Walcott, Schools Chancellor
Hon. Robert Jackson, New York City Council



Leonardo da Vinci Intermediate School 61 Q

Joseph J. Lisa, Principal

98-50 50 Avenue
Corona, New York 11368
Voice: 718-760-3233
Fax: 718-760-5220



AMERICA'S
CHOICE
SCHOOL

Assistant Principals

Jerry Brito
Beth M. Garelick
Laura La Sala
Jennifer Miller
Evelyn Veloz
William H. Voges

[REDACTED], 2011

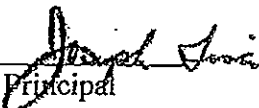
Emergency – Child Psychiatry
Walk- In Clinic
City Hospital at Elmhurst
79-01 Broadway
Elmhurst, NY 11373


To Whom It May Concern:

This letter will introduce [REDACTED] for
evaluation.

Please evaluate this youngster, refer [REDACTED] for counseling and advise as to when [REDACTED] may return to school.

Sincerely,


Joseph J. Lisa, Principal


William Rohan, Guidance Counselor



SOUTH BRONX CLASSICAL CHARTER SCHOOL

LESTER S. LONG
EXECUTIVE DIRECTOR

977 FOX STREET
BRONX, NEW YORK 10459
(718) 860-4340
(718) 860-4125 FAX

Dear Ms. [REDACTED]

[REDACTED] will be suspended, indefinitely, for attempting to poke a Dr. Bolling in eye with a pencil and for kicking Ms. Friedland, running away from South Bronx Classical staff. In addition, [REDACTED] pulled off his shoes and threw them at Ms. Friedland (Social Worker), vehemently refusing to sit down, follow directions or listen.

In the past two weeks, [REDACTED]'s behavior has become increasingly unmanageable and dangerous. He has snatched pencil from teacher, displayed extreme defiance: refusing to sit down, running around cafeteria, making howling noises during instruction and making it impossible for other scholars to learn.

In order for [REDACTED] to return to South Bronx Classical Charter School, he must receive the psychiatric treatment, scheduled for December 2, 2011 and we should also get a clearance, in writing, from his outside Psychiatrist, stating that the treatment program is sufficient enough for this school setting.

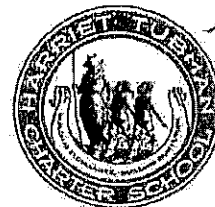
Ms. Friedland is also researching outside, Day Treatment programs, to assist you in this process. Ms. Falkquay will provide you with additional classroom work for the time that he is on suspension.

Sincerely,


Darlene Jackson
Dean of Students



HARRIET TUBMAN CHARTER SCHOOL
3565 THIRD AVE, BRONX NY 10456
PHONE: (718)537-9912 FAX: (718)537-9858



*File
Copy*

Cleveland Person, *Principal*

Pinaiota Constantine, *Elementary Academy Director*
Malik Small, *Junior Academy Director*

October 3, 2011

Re: [REDACTED] - K Grade

To Whom It May Concern:

The above named child has experienced an outburst in school today. The child shut down and began yelling and throwing chairs. She yelled out multiple times "Nobody cares about me!" She attempted to run out of the classroom and out of the school building. The child was crying uncontrollable, cornered herself on the floor, and sheltered herself with chairs.

Therefore, the above named child needs a psychological clearance, as well as a neurological and behavioral assessment upon returning back to school.

If you have any questions or concerns, please do not hesitate to contact me.

Regards,

Ms. Medina

School Counselor

Pinaiota Constantine
Elementary Academy Director

Cleveland Person
Principal

FDNY/EMS
500 BI-COUNTY BOULEVARD
SUITE 150 T
FARMINGDALE NY 11735



CALL TOLL FREE 1-(877) 814-4615

JANUARY 5, 2012

1000583 01 AT 0.365 **AUTO T4 0 4010 10451-501379

|||||

85100-5905565

RECEIVED

JAN 11 2012

C/O NELSON MAR
LEGAL SERVICES NYC BRONX
579 COURTLANDT AVENUE
BRONX NY 10451-5013

Legal Services NYC - Bronx
579 Courtlandt Avenue
Bronx, NY 10451



Make all checks or money orders payable to :

FIRE DEPARTMENT, CITY OF NY

Mail all payments or correspondence in the envelope provided to :

FDNY/EMS
GENERAL POST OFFICE
P.O. BOX 27137
NEW YORK NY 10087-7137

Account Number:	75812978		
Treatment Date:	10/20/11-10/20/11		
File Number:	85100-5905565		
Service From:	250 E 156 ST		
Service To:	FULTON DIV BX LEB HOSP CT		
Item(s) Charged:	515.00 BLS		
Total Charges	10.50 MILEAGE	2	
	525.50		
	372.30 PAYMENTS		
Total Amount Due:	153.20		

JANUARY 5, 2012

Emergency Ambulance Service Care was provided by the New York City Fire Department on the date and location indicated above. You have failed to respond to our previous request for payment or information. THIS IS A SERIOUS MATTER. If you fail to contact us within 30 days, your account will be subject to referral to a collection agency.

MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO: NEW YORK CITY FIRE DEPARTMENT and include your file number on the check or money order. CREDIT CARDS are also accepted. DO NOT SEND CASH. Mail all payments or correspondence to the address listed on the back of this letter.

If you are covered by MEDICARE, MEDICAID or PRIVATE INSURANCE, do not send payment. IN ORDER FOR US TO SUBMIT A CLAIM TO YOUR INSURANCE CARRIER, YOU MUST READ AND SIGN THE ASSIGNMENT AND RELEASE AUTHORIZATION LOCATED ON THE BACK OF THIS LETTER. Your bill will then be forwarded to the appropriate agency or carrier for payment.

SEE REVERSE SIDE

If you are uninsured, or have exhausted your insurance benefits and qualify under the Federal Guidelines for aid, you may be eligible for Financial Assistance regardless of your immigration status. Please use the above Toll Free phone number to inquire about our Charity Care Guidelines.



BRONX-LEBANON HOSPITAL CENTER
23 Friends Lane, Newtown, PA 18940-1803



1 Patient Name [REDACTED]		
2 Service Date(s) From / Through 10/20/11	3 Statement Date 12/26/11	Page 1

4 This is the current insurance information on file
Please review and make corrections on the back of this form

Insurance Name	Policy #
1.	
2.	
3.	
4.	

5. If paying by CREDIT CARD, please complete this section

Visa	MasterCard	Amex	Discover
Card # _____			
Exp. Date ____ / ____		AMT AUTHORIZED \$ _____	
Signature _____			

6 CHECK / M.O.
AMOUNT ENCLOSED
\$ _____



000117 0.5390 AV 0.340

8
TRO0001

BRONX LEBANON HOSPITAL
1276 FULTON AVENUE, 8TH FLR
BRONX, NY 10456-3402

9 Account Number	10 Previous Balance	11 Charges	12 Est. Ins. Coverage	13 Payments / Adj's	14 Amt. Due from Pt.
[REDACTED]	775.00				775.00

To ensure proper credit to your account, detach top section and return with your payment

For Inquiries please call: (718) 466-7245

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Date	Page
[REDACTED]	[REDACTED]	10/20/11	12/26/11	1
19 Date(s)	20 Description	21 Charges	22 Est. Ins. Coverage	23 Payments / Adj's
11/26/11	PREVIOUS BALANCE BALANCE DUE	775.00 775.00		
24 Previous Balance	775.00	Column Totals:		

Due By

25 Amount Due From Patient:

775.00

Contract Amount Due:

775.00

You may be eligible to participate in The BronxCare Community Healthcare Benefits Program, which provides discounted medical services. You may apply or seek additional information by calling "The BronxCare Office of Charity Care and Financial Aid" at 1-718-901-6271.

Usted podría ser elegible para participar en el BronxCare Community Healthcare Benefits Program (Programa de Beneficios de Salud para la Comunidad de BronxCare), el cual provee servicios médicos con descuentos. Usted puede hacer una solicitud o solicitar información adicional llamando a "The BronxCare Office of Charity Care and Financial Aid" (Oficina de Atención de Caridad y Ayuda Financiera de BronxCare) por el número 1-718-901-6271.

BRXL8-NY 111227-00135-0001

CHARGES ARE UNPAID FOR YOUR OUTPATIENT SERVICES.
PLEASE REMIT OR CALL (718) 466-7245 FOR A
PAYMENT SCHEDULE IF NEEDED. FOR ANY INS. MEDICARE
MEDICAID PLEASE USE REVERSE SIDE TO SUPPLY INFO

See reverse side for explanation of statement and important information on your patient rights.



TESTIMONY OF
THE UNITED FEDERATION OF TEACHERS

BEFORE THE
NEW YORK CITY COUNCIL
COMMITTEES ON EDUCATION & MENTAL HEALTH

REGARDING MENTAL HEALTH SERVICES
IN NEW YORK CITY PUBLIC SCHOOLS

MAY 1, 2012

Good afternoon Chairman Jackson, Chairman Koppell and members of these two committees. My name is Lila Ezra and I am here representing the United Federation of Teachers on this critical topic. I was a guidance counselor and a school social worker in New York City public schools, and now I am the UFT's Director of Clinical Counseling and Victim Support. I want to commend you for taking on today's topic, and thank you for this opportunity to testify.

Mental health is critical to a child's learning and emotional growth. UFT-represented mental health professionals – social workers, psychologists and guidance counselors – work hard every day to care for students and provide them with the help and support they need. But sadly, due to personnel shortages, severely overextended caseloads and misuse of resources, the majority of New York City public school students who are in need of mental health services do not get them. The Department of Education needs to do a better job of prioritizing and providing these programs and services.

Every child who walks through our doors – all 1.1 million of them – need support and guidance throughout their academic careers. The sad fact of the matter is we have lost hundreds of mental health professionals since 2008: 8% of counselors, 6% of psychologists and 11% of social workers. The demand for their time and services is overwhelming.

Kids deal with the same emotions, including things like anxiety and depression, that most adults do from time to time. Maybe they're feeling upset and withdrawn because of a bad test score or a fight with a friend. Maybe they are being bullied or they're self-conscious about their weight. Problems like these don't sound like much, but in a child's life, those feelings and emotions can be overwhelming and downright destructive.

Growing up today isn't easy, and for many, just having a friend who they can talk to and can give them comfort and advice can help get them through tough times. Guidance counselors are trained to do just that. By tracking students from year to year, getting to know them and working with them as they move from grade to grade, counselors can see the warning signs like tardiness, defiant behavior and acting out, or sliding academics, and address the issue early.

For some kids, the challenges can be much more difficult. A substantial number of children suffer from serious or severe behavioral or emotional problems. They may have parents who are divorcing, or maybe they are mourning the loss of a close family member. They may be facing peer pressure over drugs, pre-marital sex or joining a gang. Some are battling serious illnesses or injuries. Some have parents who abuse them or have a parent serving time in jail. Youth suicides are on the rise, particularly among girls, which have seen a 76% increase according to the Centers for Disease Control and Prevention.

Spend some time in our schools, and you will quickly see that many children are often dealing with very grown-up things. For these kids, the help and support they receive from social workers and psychologists can literally save their lives. Working intensively with students, these professionals can help children regain control over their lives and channel their emotions in positive ways.

Mental health services should be ongoing and prevalent throughout the school system, but the sad reality is they aren't. For example, elementary schools are not mandated to have guidance counselors, meaning that thousands upon thousands of kids may not even speak with or be monitored by a counselor until they enter 6th grade – halfway through their school years. That's just wrong. Every elementary school should have at least one mandated guidance counselor.

What's more, caseloads of existing guidance counselors are beyond ridiculous – some schools have counselor-to-student ratios of hundreds to one. The same is true for social workers and psychologists, many of whom will tell you that they simply do not have the time or resources to give every student what he or she needs. In the case of psychologists, they are now covering for the work that education evaluators used to do before those positions were eliminated – testing children who are being recommended for special education – rather than the critical counseling work they should be doing. It's a serious misuse of staff that needs to be addressed.

Student behavioral issues place a serious strain on classroom teachers. Personal issues often manifest themselves in the form of acting out, if for no other reason than kids don't know how to otherwise call attention to their problems. Ideally, a teacher should be able to call upon a mental health professional who could tackle the problem immediately, but that's often not the case.

In addition, regulations do not allow teachers to hug or restrain students who are out of control – that is considered improper touching, corporal punishment or abuse. As a result, schools sometimes have no choice but to call 911 to deal with a child. Having more mental health services in the schools would probably negate the need for many of those calls.

I recently returned from a fact-finding trip to Cincinnati, Ohio, where the district has implemented an amazing community schools model that has completely changed the fabric of their school system. Like New York City, many Cincinnati public schools have student populations challenged by severe poverty and language barriers. And like New York City,

Cincinnati schools see kids come through their doors with undiagnosed medical and mental issues. Some have never visited a dentist.

But in Cincinnati, they have successfully integrated many different wraparound services, including medical clinics and mental health professionals, into their buildings. Students and their families have access and services right at their fingertips, courtesy of Cincinnati's Department of Health, which bills through Medicaid so the clinics don't cost the schools a thing. Other community-based partners are also brought in to provide additional programs and supports.

Teachers we spoke to raved about their ability to get students the help and services they need by literally walking them down the hall. Administrators talked about how the clinics and other services, seamlessly integrated into their buildings, allow them to address the needs of the whole child. Parents were grateful to have happy, healthy kids that they knew were being cared for.

It's that type of creative thinking about how best to address mental health issues that we need here in New York City. Expanding and enhancing mental health services in our schools should be a top priority of this administration. That means more counselors, psychologists and social workers, and smaller caseloads. That also means incorporating wraparound services, including clinics, into school buildings.

Teachers are aware of their students' mental and emotional health; they see the warning signs. We need to give them the preventive and intervention resources to address the issues they spot. Likewise, expanding access to mental health services for our public school students is an often overlooked but essential component of ensuring that children reach their full potential. When children and their families have access to programs and services, schools have happy and healthy children in their classrooms.

The UFT thanks Council members Jackson and Koppell and the other members of these committees for spotlighting these important issues. We look forward to working in partnership with the City Council to expand critical mental health services and look forward to continuing the dialogue about implementing the community school model. I also want to thank the Council for its support of our BRAVE anti-bullying hotline, an initiative we put together this year with funding from our members' dues. Bullying is a huge concern, and with additional resources, we can help more students in need.

###

SBHC	Campus	DBN	School Name	Grade Level	Health Center	Mental Health (SBHC)	Mental Health provided by other
1	Francis Scott Key Campus	13K412	Brooklyn Community High School of Community Arts and Media	High	Bedford-Stuyvesant Family Health Center		
	Francis Scott Key Campus	13K596	Knowledge And Power Preparatory Academy	Middle	Bedford-Stuyvesant Family Health Center		
	Francis Scott Key Campus	13K616	Brooklyn High School for Leadership and Community	High	Bedford-Stuyvesant Family Health Center		
	Francis Scott Key Campus	75K369	Coy L Cox School ANNEX	Middle	Bedford-Stuyvesant Family Health Center	No	No
1		13K054	PS 054 Samuel C Barnes	Elementary	Bedford-Stuyvesant Family Health Center	No	No
1		13K256	PS 256 Benjamin Banneker	Elementary	Bedford-Stuyvesant Family Health Center	No	No
1	George E Wibican Campus	16K309	George E. Wibican	Elementary	Bedford-Stuyvesant Family Health Center		
	George E Wibican Campus	84K712	Excellence Girls Charter School	Elementary	Bedford-Stuyvesant Family Health Center	No	No
1		02M051	PS 051 Elias Howe	Elementary	Bellevue Hospital	Yes	No
1	Norman Thomas Campus	02M620	Norman Thomas High School	High	Bellevue Hospital		
	Norman Thomas Campus	02M432	Murray Hill Academy	High	Bellevue Hospital		
	Norman Thomas Campus	02M427	Manhattan Academy for Arts and Language	High	Bellevue Hospital		
	Norman Thomas Campus	02M500	Unity Center for Urban Technologies	High	Bellevue Hospital	Yes	No
1		13K670	Benjamin Banneker Academy	High	Brooklyn Plaza Medical Center	No	No
1	Thomas Jefferson Campus	19K502	FDNY High School For Fire And Life Safety	High	Brownsville Multi-Service Family Health		
	Thomas Jefferson Campus	19K504	High School For Civil Rights	High	Brownsville Multi-Service Family Health		
	Thomas Jefferson Campus	19K507	The Performing Arts And Technology High School	High	Brownsville Multi-Service Family Health		
	Thomas Jefferson Campus	19K510	World Academy For Total Community Health	High	Brownsville Multi-Service Family Health	Yes	No
1	PS 50 Vito Marcantonio Campus	04M050	PS 050 Vito Marcantonio	Elementary	Children's Aid Society		
	PS 50 Vito Marcantonio Campus	84M337	New York City Center for Autism Charter School	K-8	Children's Aid Society	Yes	No
1	IS 218 Campus	06M218	IS 218 Salome Urena	Middle	Children's Aid Society		

	IS 218 Campus	06M293	City College Academy Of The Arts	Secondary	Children's Aid Society		
	IS 218 Campus	06M322	Middle School 322	Middle	Children's Aid Society	Yes	No
1	IS 90 Mirabal Sisters Campus	06M319	MS 319 - Maria Teresa Mirabal	Middle	Children's Aid Society		
	IS 90 Mirabal Sisters Campus	06M324	MS 324 - Patria Mirabal	Middle	Children's Aid Society	Yes	No
1		06M005	PS 005 Ellen Lurie	Elementary	Children's Aid Society	No	No
1		06M008	PS 008 Luis Belliard	Elementary	Children's Aid Society	Yes	No
1		04M112	PS 112 Jose Celso Barbosa	Elementary	East Harlem Council For Human Services	Yes	No
1	PS 007 Samuel Stern Campus	04M007	PS 007 Samuel Stern	Elementary	East Harlem Council For Human Services	Yes	No
	PS 007 Samuel Stern Campus	04M406	Global Technology Preparatory	Elementary	East Harlem Council For Human Services	Yes	No
1		04M155	PS 155 William Paca	Elementary	East Harlem Council For Human Services	Yes	No
1	JHS 166 Gershwin Campus	19K166	JHS 166 George Gershwin	Middle	East New York Diagnostic & Treatment Center	No	No
	JHS 166 Gershwin Campus	84K359	UFT Charter School Annex	Middle	East New York Diagnostic & Treatment Center	No	No
1	JHS 302 Campus	19K302	JHS 302 Rafael Cordero Y Molina	Middle	East New York Diagnostic & Treatment Center	No	No
	JHS 302 Campus	84K774	Achievement First Charter School	K-1	East New York Diagnostic & Treatment Center	No	No
1		30Q450	Long Island City High School	High	Elmhurst Hospital Center	Yes	No
1		30Q145	IS 145 Joseph Pulitzer	Middle	Elmhurst Hospital Center	Yes	No
1	PS 192 Campus	06M192	PS 192 Jacob H Schiff	Elementary	Heritage Health Care Center		St Lukes Roosevelt Hospital
	PS 192 Campus	06M325	PS 325	Elementary	Heritage Health Care Center	No	
1	JHS 162 Campus	07X162	JHS 162 Lola Rodriguez De Tio	Middle	Hunts Point Multi-Service Centers		
	JHS 162 Campus	84X393	Green Dot New York Charter School	High	Hunts Point Multi-Service Centers		
	JHS 162 Campus	07X500	Hostos-Lincoln Academy of Science (Annex)	High	Hunts Point Multi-Service Centers	No	No
1	Washington Irving Campus	02M460	Washington Irving High School	High	Institute for Family Health		
	Washington Irving Campus	02M399	The High School for Language and Diplomacy	High	Institute for Family Health		

	Washington Irving Campus	02M374	Gramercy Arts High School		High	Institute for Family Health		
	Washington Irving Campus	02M438	International High School at Union Square		High	Institute for Family Health	Yes	No
1		04M057	James Weldon Johnson		K-8	Institute for Family Health at North General Hospital	No	No
1		27Q155	PS 155		Elementary	Jamaica Hospital Medical Center	Yes	No
1		27Q223	PS 223 Lyndon B Johnson		Elementary	Jamaica Hospital Medical Center	Yes	No
1	Campus Magnet Educational Campus	29Q492	Math Science Research, and Technology Magnet High School		High	Jamaica Hospital Medical Center		
	Campus Magnet Educational Campus	29Q494	Law, Government, and Community Service High School		High	Jamaica Hospital Medical Center		
	Campus Magnet Educational Campus	29Q496	Business, Computer Applications and Entrepreneurship HS		High	Jamaica Hospital Medical Center		
	Campus Magnet Educational Campus	29Q498	Humanities & Arts Magnet High School		High	Jamaica Hospital Medical Center	Yes	No
1	Franklin K Lane Campus	19K420	Franklin K Lane High School		High	Long Island Jewish Medical Center		
	Franklin K Lane Campus	19K583	Multicultural High School		High	Long Island Jewish Medical Center		
	Franklin K Lane Campus	19K618	Academy of Innovative Technology		High	Long Island Jewish Medical Center		
	Franklin K Lane Campus	19K639	Brooklyn Lab School		High	Long Island Jewish Medical Center		
	Franklin K Lane Campus	19K659	Cypress Hills Collegiate Preparatory School		High	Long Island Jewish Medical Center	Yes	No
1	Far Rockaway Campus	27Q260	Frederick Douglass Academy VI High School		High	Long Island Jewish Medical Center		
	Far Rockaway Campus	27Q282	Knowledge And Power Preparatory Academy VI		Middle	Long Island Jewish Medical Center		
	Far Rockaway Campus	27Q302	Queens High School for Information, Research, and Technology		High	Long Island Jewish Medical Center		
	Far Rockaway Campus	27Q309	Academy of Medical Technology, A College Board School		Secondary	Long Island Jewish Medical Center	Yes	No
1	IS 53 Brian Piccolo Campus	27Q053	IS 053 Brian Piccolo		Middle	Long Island Jewish Medical Center		
	IS 53 Brian Piccolo Campus	27Q319	Village Academy		Middle	Long Island Jewish Medical Center	Yes	No
1	PS 307 Campus	13K307	PS 307 Daniel Hale Williams		Elementary	Lutheran Family Health Centers/Lutheran Medical Center		
	PS 307 Campus	13K313	Satellite West Middle School		Middle	Lutheran Family Health Centers/Lutheran Medical Center	Yes	No
1	JHS 136 Campus	15K136	IS 136 Charles O Dewey		Middle	Lutheran Family Health Centers/Lutheran Medical Center		

	JHS 136 Campus	15K021	Sunset Park Prep	Middle	Lutheran Family Health Centers/ Lutheran Medical Center	No	No
1		15K001	PS 001 The Bergen	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1		15K010	Magnet School of Math, Science and Design Technology	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1	PS 15 Campus	15K015	PS 015 Patrick F. Daly	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center		
	PS 15 Campus	84K651	PAVE Academy Charter School	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1		15K024	PS 024	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1		15K088	IS 088 Peter Rouget	Middle	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	Psychiatric Centers, Inc.
1		15K094	PS 094 The Henry Longfellow	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	No	No
1		15K169	PS 169 Sunset Park	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1		15K172	PS 172 Beacon School Of Excellence	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1	Erasmus Campus	17K382	Career Exploration: A College Board School	Secondary	Lutheran Family Health Centers/ Lutheran Medical Center		
	Erasmus Campus	17K408	Academy Of Hospitality And Tourism At Erasmus	High	Lutheran Family Health Centers/ Lutheran Medical Center		
	Erasmus Campus	17K537	High School For Youth And Community Development	High	Lutheran Family Health Centers/ Lutheran Medical Center		
	Erasmus Campus	17K539	High School For Service & Learning	High	Lutheran Family Health Centers/ Lutheran Medical Center		
	Erasmus Campus	17K543	Science, Tech. & Research HS	High	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	Safe Horizon
1	503/506 Campus	20K503	School For Discovery And Exploration	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center		
	503/506 Campus	20K506	School Of Journalism And Technology	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1		20K220	JHS 220 John J Pershing	Middle	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	Center of Brooklyn Inc.
1		13K282	PS 282 Park Slope	Elementary	Lutheran Family Health Centers/ Lutheran Medical Center	No	Safe Horizon
1	Sunset Park HS Campus	15K667	Sunset Park High School	High	Lutheran Family Health Centers/ Lutheran Medical Center		
	Sunset Park HS Campus	84K707	Brooklyn Prospect Charter School	Middle	Lutheran Family Health Centers/ Lutheran Medical Center	Yes	No
1	South Bronx High School Campus	07X473	Mott Haven Village Prep High School	High	Montefiore Medical Center		
	South Bronx High School Campus	07X495	University Heights Secondary School	Secondary	Montefiore Medical Center	Yes	No

1	GES 55 Campus	09X055	PS 055 Benjamin Franklin	Elementary	Montefiore Medical Center		
	GES 55 Campus	09X128	Mott Hall 3	Middle	Montefiore Medical Center	Yes	No
1		09X028	PS 028 Mount Hope	Elementary	Montefiore Medical Center	Yes	No
1	Theodore Roosevelt Campus	10X243	West Bronx Academy For The Future	Secondary	Montefiore Medical Center		
	Theodore Roosevelt Campus	10X434	Belmont Preparatory High School	High	Montefiore Medical Center		
	Theodore Roosevelt Campus	10X437	Fordham High School For The Arts	High	Montefiore Medical Center		
	Theodore Roosevelt Campus	10X438	Fordham Leadership Academy for Business and Technology	High	Montefiore Medical Center		
	Theodore Roosevelt Campus	10X439	Bronx High School for Law and Community Service	High	Montefiore Medical Center		
	Theodore Roosevelt Campus	10X374	Knowledge and Power Preparatory Academy International	High	Montefiore Medical Center	Yes	No
1	Walton Campus	10X268	Kingsbridge International High School	High	Montefiore Medical Center		
	Walton Campus	10X342	International School For Liberal Arts	Secondary	Montefiore Medical Center		
	Walton Campus	10X433	High School for Teaching & the Professions	High	Montefiore Medical Center		
	Walton Campus	10X442	Bronx High School of Music	High	Montefiore Medical Center		
	Walton Campus	10X549	Discovery High School	High	Montefiore Medical Center	Yes	No
1		10X008	PS 008 Isaac Varian	Elementary	Montefiore Medical Center	Yes	No
1		10X045	JHS 045 Thomas C. Giordano	Middle	Montefiore Medical Center	Yes	No
1		10X085	PS 085 Great Expectations	Elementary	Montefiore Medical Center	Yes	VNS and Communitlife
1	PS 95 Campus	10X095	PS 095 Sheila Mencher	Elementary	Montefiore Medical Center		
	PS 95 Campus	10X344	Ampark Neighborhood	Elementary	Montefiore Medical Center	Yes	No
1		10X440	Dewitt Clinton High School	High	Montefiore Medical Center	Yes	No
1	Evander Childs High School Campus	11X253	Bronx High School for Writing & Communication Arts	High	Montefiore Medical Center		
	Evander Childs High School Campus	11X265	Bronx Lab School	High	Montefiore Medical Center		
	Evander Childs High School Campus	11X275	High School of Computers and Technology	High	Montefiore Medical Center		

	Evander Childs High School Campus	11X290	Bronx Academy of Health Careers	High	Montefiore Medical Center		
	Evander Childs High School Campus	11X644	High School for Contemporary Arts	High	Montefiore Medical Center		
	Evander Childs High School Campus	11X645	Bronx Aerospace High School	High	Montefiore Medical Center	Yes	FECS
1		11X105	PS 105 Sen Abraham Bernstein	Elementary	Montefiore Medical Center	Yes	No
1	216/217 Campus	12X217	IS 217 School Of Performing Arts	Middle	Montefiore Medical Center		
	216/217 Campus	12X384	Entrada Academy	Middle	Montefiore Medical Center		
	216/217 Campus	84X346	South Bronx Classical Charter School	Elementary	Montefiore Medical Center	Yes	Bronx Lebanon Hospital
1	Bronx Regional Campus	12X480	Bronx Regional High School	High	Montefiore Medical Center		
	Bronx Regional Campus	12X446	Alturo A. Schomburg Satellite Academy Bronx	High	Montefiore Medical Center	Yes	No
1	Herbert H. Lehman HS Campus	08X405	Herbert H. Lehman High School	High	Montefiore Medical Center		
	Herbert H. Lehman HS Campus	08X293	Renaissance High School of Musical Theater and Technology	High	Montefiore Medical Center	Yes	No
1	John Philip Sousa Campus	11X142	JHS 142 John Philip Sousa	Middle	Montefiore Medical Center		
	John Philip Sousa Campus	11X529	One World MS at Edenwald	Middle	Montefiore Medical Center		
	John Philip Sousa Campus	11X532	Baychester Middle School	Middle	Montefiore Medical Center	Yes	No
1	William Howard Taft Campus	09X227	Bronx Expeditionary Learning High School	High	Montefiore Medical Center		
	William Howard Taft Campus	09X239	The Urban Assembly Academy for History and Citizenship for Young Men	High	Montefiore Medical Center		
	William Howard Taft Campus	09X329	Dreamyard Preparatory School	High	Montefiore Medical Center		
	William Howard Taft Campus	09X412	Bronx High School Of Business	High	Montefiore Medical Center		
	William Howard Taft Campus	09X413	Bronx High School Of Medical Science	Secondary	Montefiore Medical Center		
	William Howard Taft Campus	09X414	J. Levin High School for Media & Communications	High	Montefiore Medical Center	Yes	No
1		09X064	PS 064 Pura Belpre	Elementary	Montefiore Medical Center	Yes	No
1	Mott Haven Educational Campus	07X547	New Explorers H.S.	High	Montefiore Medical Center		
	Mott Haven Educational Campus	07X548	Urban Assembly School for Careers in Sp	High	Montefiore Medical Center		

	Mott Haven Educational Campus	07X527	Bronx Leadership Academy/H High School	High	Montefiore Medical Center		
	Mott Haven Educational Campus	84X704	KIPP Academy Elementary School	Elementary	Montefiore Medical Center		
	Mott Haven Educational Campus	75X188	PS 188	Elementary	Montefiore Medical Center	Yes	No
1	Longwood Campus	08X530	Banana Kelly High School	High	Morris Heights Health Center		
	Longwood Campus	08X332	Holcombe L. Rucker School of Community	High	Morris Heights Health Center	Yes	No
1	CIS 303 Campus	09X232	IS 232	Middle	Morris Heights Health Center		The Astor Home for Children
	CIS 303 Campus	09X303	IS 303 Leadership and Community Service	Middle	Morris Heights Health Center		
	CIS 303 Campus	09X365	Academy for Language and Technology	High	Morris Heights Health Center	Yes	
1	PS 90 George Meany Campus	09X443	The Family School	Elementary	Morris Heights Health Center		
	PS 90 George Meany Campus	09X457	Sheridan Academy For Young Leaders	Elementary	Morris Heights Health Center	Yes	No
1		09X126	PS 126 Dr Marjorie H Dunbar	Elementary	Morris Heights Health Center	Yes	No
1	CES 306 Campus	10X306	PS 306	Elementary	Morris Heights Health Center		
	CES 306 Campus	10X331	The Bronx School Of Science Inquiry And Investigation	Middle	Morris Heights Health Center	Yes	No
1	MS 390 Campus	10X390	MS 390	Middle	Morris Heights Health Center		The Astor Home for Children
	MS 390 Campus	10X396	PS 396	Elementary	Morris Heights Health Center	Yes	
1	MS 399 Campus	10X363	Academy for Personal Leadership and Excellence	Middle	Morris Heights Health Center		
	MS 399 Campus	10X459	East Fordham Academy for the Arts	Middle	Morris Heights Health Center	Yes	No
1	Health Opportunities Campus	07X670	Health Opportunities High School	High	Morris Heights Health Center		
	Health Opportunities Campus	07X427	Community School for Social Justice	High	Morris Heights Health Center	Yes	No
1	Harry S Truman Campus	11X249	Bronx Health Sciences High School	High	Morris Heights Health Center		
	Harry S Truman Campus	11X455	Harry S Truman High School	High	Morris Heights Health Center	Yes	No
1	Albert V. Tuitt Campus	11X514	The Bronxwood Preparatory Academy	High	Morris Heights Health Center		
	Albert V. Tuitt Campus	11X270	Academy for Scholarship and Entrepreneurship	Secondary	Morris Heights Health Center		
	Albert V. Tuitt Campus	11X513	New World High School	High	Morris Heights Health Center		

	Albert V. Tullit Campus	75X754	Jeffrey M. Rapoport School for Career Development	High	Morris Heights Health Center	Yes	No
1		08X125	JHS 125 Henry Hudson	Middle	Morrisania NFCC	No	No
1	IS 22 Campus	09X022	JHS 022 Jordan L. Mott	Middle	Morrisania NFCC		
	IS 22 Campus	09X323	Bronx Writing Academy	Middle	Morrisania NFCC	No	No
1		09X073	PS 073 Bronx	Elementary	Morrisania NFCC	No	No
1		09X117	I.S.117 Joseph H Wade	Middle	Morrisania NFCC	No	VNS and Communitlife
1	Bayard Rustin Campus	02M313	James Baldwin School	High	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M440	Bayard Rustin Educational Complex	High	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M605	Humanities Preparatory Academy	High	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M392	Manhattan Business Academy	High	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M419	Landmark High School	High	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M422	Quest to Learn	Middle	Mt. Sinai Hospital		
	Bayard Rustin Campus	02M437	Hudson High School of Learning and Technologies	High	Mt. Sinai Hospital	Yes	Hudson Guild
	Julia Richman Campus	02M225	Ella Baker (Emergency services only)	PK-8	Mt. Sinai Hospital		
1	Julia Richman Campus	02M449	Vanguard High School	High	Mt. Sinai Hospital		
	Julia Richman Campus	02M459	Manhattan International High School	High	Mt. Sinai Hospital		
	Julia Richman Campus	02M519	Talent Unlimited	High	Mt. Sinai Hospital		
	Julia Richman Campus	02M565	Urban Academy Lab High School	High	Mt. Sinai Hospital	Yes	No
1	IS 117 Campus	04M012	TAG Young Scholars	K-8	Mt. Sinai Hospital		
	IS 117 Campus	04M372	Esperanza Preparatory Academy	Middle	Mt. Sinai Hospital		
	IS 117 Campus	04M381	Global Neighborhood Secondary School	Middle	Mt. Sinai Hospital	Yes	No
1	Manhattan Center Campus	04M435	Manhattan Center for Science and Mathematics	High	Mt. Sinai Hospital		
	Manhattan Center Campus	04M825	Isaac Newton Middle School for Math and Science	Middle	Mt. Sinai Hospital	Yes	No

1	PS 83/BBMS Campus	04M083	PS 083 Luis Munoz Rivera	Elementary	Mt. Sinai Hospital		
	PS 83/BBMS Campus	04M182	The Bilingual Bicultural School	Elementary	Mt. Sinai Hospital	Yes	No
1	PS 38 Roberto Clemente Campus	04M038	PS 38 Roberto Clemente	Elementary	Mt. Sinai Hospital		
	PS 38 Roberto Clemente Campus	84M382	Dream Charter School	Elementary	Mt. Sinai Hospital	Yes	No
1		04M108	PS 108 Assemblyman Angelo Del Toro	Elementary	Mt. Sinai Hospital	Yes	No
1	Percy Ellis Sutton Educational Complex	05M302	Kappa IV	Middle	New York Presbyterian Hospital		
	Percy Ellis Sutton Educational Complex	05M304	Mott Hall High School	High	New York Presbyterian Hospital		
	Percy Ellis Sutton Educational Complex	05M685	Bread & Roses Integrated High School	High	New York Presbyterian Hospital	Yes	No
1		05M670	Thurgood Marshall Academy	High	New York Presbyterian Hospital	Yes	No
1	George Washington Campus	06M462	High School for Business & Finance	High	New York Presbyterian Hospital		
	George Washington Campus	06M463	High School for Media & Communications	High	New York Presbyterian Hospital		
	George Washington Campus	06M467	High School for Law & Public Service	High	New York Presbyterian Hospital		
	George Washington Campus	06M468	High School for Health Careers & Science	High	New York Presbyterian Hospital	Yes	No
1	IS 143 Campus	06M143	JHS 143 Eleanor Roosevelt	Middle	New York Presbyterian Hospital		
	IS 143 Campus	06M346	Community Health Academy of The Heights + annex	Secondary	New York Presbyterian Hospital		
	IS 143 Campus	06M348	Washington Heights Expeditionary Learning School	Secondary	New York Presbyterian Hospital	Yes	No
1	Edward W. Stitt Campus (formally IS 164 Campus)	06M326	Writers Today & Leaders Tomorrow	Middle	New York Presbyterian Hospital		
	Edward W. Stitt Campus (formally IS 164 Campus)	06M328	Manhattan Middle School For Scientific Inquiry	Middle	New York Presbyterian Hospital	Yes	No
1	JHS 52 Inwood Campus	06M052	JHS 052 Inwood	Middle	New York Presbyterian Hospital		
	JHS 52 Inwood Campus	06M423	High School for Excellence and Innovation	High	New York Presbyterian Hospital	Yes	No
1		84M284	Harlem Children's Zone/ Promise Academy Charter School	Middle	New York Presbyterian Hospital	Yes	No
1	John F Kennedy Campus	10X213	Bronx Engineering and Technology Academy	High	New York Presbyterian Hospital		
	John F Kennedy Campus	10X284	Bronx School of Law and Finance	High	New York Presbyterian Hospital		

	John F Kennedy Campus	10X546	Bronx Theatre High School	High	New York Presbyterian Hospital	
	John F Kennedy Campus	10X477	Marble High School for International Studies	High	New York Presbyterian Hospital	
	John F Kennedy Campus	10X397	English Language Learners & International Support Prep Academy	High	New York Presbyterian Hospital	
	John F Kennedy Campus	10X475	John F Kennedy High School	High	New York Presbyterian Hospital	
	John F Kennedy Campus	84X539	New Visions Charter High School for Advanced Math and Science	High	New York Presbyterian Hospital	
	John F Kennedy Campus	84X553	New Visions Charter High School for Humanities	High	New York Presbyterian Hospital	No
1		28Q086	PS 086 Queens	Elementary	Queens Hospital Network	No
1	Springfield Gardens Campus	29Q283	Preparatory Academy for Writers: A College	Secondary	Queens Hospital Network	
	Springfield Gardens Campus	29Q248	Queens Preparatory Academy	High	Queens Hospital Network	
	Springfield Gardens Campus	29Q272	George Washington Carver High School for	High	Queens Hospital Network	
	Springfield Gardens Campus	29Q265	Excelsior Preparatory High School	High	Queens Hospital Network	Child Center of NY
1	Adam Clayton Powell Campus	05M410	The Urban Assembly Institute for New Technologies	Middle	Renaissance Health Care Network	
	Adam Clayton Powell Campus	05M286	Renaissance Health Care Network Military Leadership	Middle	Renaissance Health Care Network	Community & St Lukes Roosevelt Hospital
	Adam Clayton Powell Campus	05M367	Academy for Social Action: A College Board School	Secondary	Renaissance Health Care Network	
	Adam Clayton Powell Campus	05M369	Urban Assembly School for the Performing Arts	Secondary	Renaissance Health Care Network	No
1		05M030	PS 030 Hernandez/Hughes	Elementary	Renaissance Health Care Network	No
1		05M046	PS 046 Arthur Tappan	Elementary	Renaissance Health Care Network	Presbyterian Hospital
1		05M161	PS 161 Pedro Albizu Campos	Elementary	Renaissance Health Care Network	CIS Counseling Center
1	PS 194 Campus	05M194	PS 194 Countee Cullen	Elementary	Renaissance Health Care Network	
	PS 194 Campus	84M709	Harlem Village Academy Charter School	Middle	Renaissance Health Care Network	
	PS 194 Campus	84M384	Harlem Success Academy 2 Charter School Annex	Elementary	Renaissance Health Care Network	No
1	PS 197 Russum Campus	05M197	PS 197 John B Russum	Elementary	Renaissance Health Care Network	
	PS 197 Russum Campus	84M350	Democracy Prep Charter School Annex	Secondary	Renaissance Health Care Network	No

1		05M200	PS 200 James M Smith		Elementary	Renaissance Health Care Network	No	No
1		05M499	Frederick Douglas Secondary Academy		Secondary	Renaissance Health Care Network	No	No
1	George Wingate Campus	17K531	The School For Human Rights		Secondary	Research Foundation of SUNY		
	George Wingate Campus	17K533	School For Democracy And Leaders		Secondary	Research Foundation of SUNY		
	George Wingate Campus	17K544	International Arts Business High School		High	Research Foundation of SUNY		
	George Wingate Campus	17K546	High School for Public Service Heroes Of Tomorrow		High	Research Foundation of SUNY	Yes	Safe Horizon
1	Roberto Clemente Campus	19K013	PS 013 Roberto Clemente		Elementary	Research Foundation of SUNY		Institute for Community Living
	Roberto Clemente Campus	84K358	Achievement First East New York Charter School		Elementary	Research Foundation of SUNY	No	
1	MS 142 Stranahan Campus	15K146	PS 146		Elementary	Research Foundation of SUNY at LICH		No
	MS 142 Stranahan Campus	15K448	Brooklyn School For Collaborative Studies		Secondary	Research Foundation of SUNY at LICH	Yes	No
1	MS 293 Global Studies Campus	15K429	School For Global Studies(D15)		Secondary	Research Foundation of SUNY at LICH		No
	MS 293 Global Studies Campus	15K497	School For International Studies		Secondary	Research Foundation of SUNY at LICH	Yes	No
1		15K038	PS 038 The Pacific		Elementary	Research Foundation of SUNY at LICH	Yes	Psychiatric Centers, Inc.
1		15K051	JHS 051 William Alexander		Middle	Research Foundation of SUNY at LICH	Yes	No
1	PS 64 Campus	01M064	PS 064 Robert Simon		Elementary	Ryan-NENA Com. Health C.		
	PS 64 Campus	01M364	Earth School		Elementary	Ryan-NENA Com. Health C.		The Educational Alliance
	PS 64 Campus	01M839	Tompkins Square MS Extension		Middle	Ryan-NENA Com. Health C.	No	Center and Jewish Board of
1	The Island School Campus	01M188	PS 188 The Island School		K-8	Ryan-NENA Com. Health C.	No	Center and Jewish Board of
	The Island School Campus	84M330	Girls Prep Charter School		K-4	Ryan-NENA Com. Health C.	No	Center and Jewish Board of
1	Martin Luther King Jr. Campus	03M299	The School For Arts, Imagination, and Inquiry		High	St. Luke's Roosevelt Hospital Center		
	Martin Luther King Jr. Campus	03M307	The Urban Assembly School For Media Studies		High	St. Luke's Roosevelt Hospital Center		
	Martin Luther King Jr. Campus	03M492	High School for Law, Advocacy and Community Justice		High	St. Luke's Roosevelt Hospital Center		
	Martin Luther King Jr. Campus	03M494	High School for Arts and Technology		High	St. Luke's Roosevelt Hospital Center		

	Martin Luther King Jr. Campus	03M541	Manhattan/Hunter Science High School	High	St. Luke's Roosevelt Hospital Center	Yes	Jewish Board of Family & Children's Services
	Martin Luther King Jr. Campus	03M283	Manhattan Theatre Lab	High	St. Luke's Roosevelt Hospital Center		
1	Louis Brandeis Campus	03M470	Louis D. Brandeis High School	High	St. Luke's Roosevelt Hospital Center		
	Louis Brandeis Campus	03M402	The Urban Assembly School for Green Careers	High	St. Luke's Roosevelt Hospital Center		
	Louis Brandeis Campus	03M403	The Global Learning Collaborative	High	St. Luke's Roosevelt Hospital Center		
	Louis Brandeis Campus	03M404	Innovation Diploma Plus	High	St. Luke's Roosevelt Hospital Center		
	Louis Brandeis Campus	03M417	Frank McCourt High School	High	St. Luke's Roosevelt Hospital Center	Yes	No
1		06M540	A Philip Randolph Campus	High	St. Luke's Roosevelt Hospital Center	Yes	No
1		31R440	New Dorp HS	High	Staten Island University Hospital	Yes	Family & Children's
1	333/335 Campus	08X333	PS 333 The Museum School	Elementary	Urban Health Plan		South Bronx Mental Health Council Inc.
	333/335 Campus	08X335	New School #2 @ PS 60	Elementary	Urban Health Plan	No	Mental Health Council Inc.
1		08X048	PS 048 Joseph R Drake	Elementary	Urban Health Plan	No	Mental Health Council Inc.
1		08X075	PS 075	Elementary	Urban Health Plan	No	Mental Health Council Inc.
1	Hunts Point Campus	08X424	Hunts Point School	Middle	Urban Health Plan	No	No
	Hunts Point Campus	84X345	Hyde Leadership Charter School	K-8	Urban Health Plan	No	No
1		08X650	Jane Addams High School for Academic Careers	High	Urban Health Plan	No	No
1		07X161	PS 161 Ponce De Leon	Elementary	Urban Health Plan		
1		02M011	PS 011 William T Harris	Elementary	William F. Ryan Com. Health C.	No	No
1		03M054	JHS 054 Booker T. Washington	Middle	William F. Ryan Com. Health C.	Yes	Roosevelt Hospital
1		03M505	Edward A. Reynolds West Side High School	High	William F. Ryan Com. Health C.	Yes	No
1	Grand Street Campus	14K478	HS Of Enterprise And Tech	High	Woodhull Med. & Mental Health C.		
	Grand Street Campus	14K477	High School Of Legal Studies	High	Woodhull Med. & Mental Health C.		
	Grand Street Campus	14K474	Progress High School	High	Woodhull Med. & Mental Health C.	Yes	No

1	IS 49 Campus	14K454	Green School: An Academy For Environmental Careers	High	Woodhull Med. & Mental Health C.	Interborough Development and Consultation Center
	IS 49 Campus	14K586	Lyons Community School	Secondary	Woodhull Med. & Mental Health C.	
	IS 49 Campus	14K614	Young Women's Leadership School of Brooklyn	Middle	Woodhull Med. & Mental Health C.	



Rosa M. Gil, DSW
President/CEO

TESTIMONY PRESENTED BY

**ROSA M. GIL, DSW
PRESIDENT/CEO
COMUNILIFE, INC.**

**PUBLIC HEARING SPONSORED BY NYC COUNCIL COMMITTEE MENTAL
HEALTH, MENTAL RETARDATION AND ALCOHOLISM SERVICES
MAY 1, 2012**

Good morning. I want to thank Council Member Oliver Koppel, Chair of the Mental Health Committee for holding this public hearing jointly with Council Member Gail Brewer. We also recognize all Council Members that serve in these Committees.

My name is Dr. Rosa Gil, Founder, President and CEO of Comunilife, a Human Service Agency founded in 1989 that provides Culturally-Competent Mental Health, Social Services and Supportive/Affordable Housing for Persons Living with Mental Illness and HIV/AIDS. Each year, more than 2,500 New Yorkers benefit from our programs in Queens, Bronx, Brooklyn and Manhattan. Ninety five (95%) are Hispanic or African American; roughly half are Spanish speaking. Comunilife is known for pioneering the *Multicultural Relational Approach for Diverse Populations™*. In essence, our programs are informed both by best clinical practice approaches and by the personal/cultural values and preferences of the people that we serve. As a result, those programs are maximally acceptable, user-friendly, and effective in working with diverse populations.

I am grateful for the opportunity to testify on Suicide among Latina high school students a major public mental health challenge for New York City.

The Problem

Latina high school students in the nation have staggeringly high rates of suicide attempts , 11% according to the *Centers for Disease Control (CDD) National Youth Risk Behavior survey, 2009*. New York City is the epicenter of the epidemic with alarming rates, almost 15% of Latina high school students attempted suicide. In Brooklyn the rate was close to 22% - almost double that of two years ago and it is the highest rate of all communities in the USA. Staten Island, with a suicide attempt rate of almost 17%, is the second highest. The rates for Latina girls in New York City are far higher than those of any group of teens. Although a previous suicide attempt is the strongest risk factor for completed suicide, Latina adolescents have lower utilization of mental health services than other teens within the same year that they attempted suicide.

A number of inter-related stressors contribute to this crisis such as “acculturation stress”; family conflicts; socio-economic conditions: hostile environment; discrimination; physical or sexual abuse; and psychological struggles.

The Response

In response to this rapidly growing epidemic, in 2008 Comunilife created its *Life Is Precious™* suicide prevention program for Latina adolescents, first launched in the Bronx with grant from New York Community Trust. In 2009, the program expanded to Brooklyn with the support of Congresswoman Nydia Velazquez.

Life Is Precious™ is a Culturally Competent, Family and Community Center, Mental Health and Youth Development Program that addresses the combined social/cultural, family and psychological stressors that put Latina girls at higher risk of suicide. The model and its clinical interventions validate the girls and their families’ culture, honor their strengths, and address their deepest concerns.

Life Is Precious™ is designed as a drop-in after-school program, operating out of centers in the Bronx and Brooklyn that has served 100 Latina girls, ages 12-17, who are in psychiatric care for depression, suicidal ideation/attempt at Comunilife’s Vida Mental Health Clinic in the Bronx, Woodhull Hospital in Brooklyn and other mental health clinics in both Boroughs. A few adolescents and their parents living in Queens attended the Bronx Center; however the travel time was too much for them. *Life Is Precious™* offers a range of wrap-around, enjoyable activities that engage the teens and parents. There are daily scheduled program hours for discussion groups, educational activities, homework assistance, computer time, weight reduction and healthy eating, creative art therapy and case management. Parents are offered case management, dominos and “tertulia” (discussions groups), crisis intervention and “cultural broker” interventions.

The programs' results for the last three years show: a reduction in suicide behaviors and hospitalization; increased compliance with medication and psychotherapy appointments in mental health clinics; improved academic performance and behaviors; and improvement in mother/daughter relationship.

The effectiveness of *Life Is Precious*[™] is determined by the model that incorporates Latino cultural values and norms into clinical interventions and services are provided by bilingual/bicultural mental health providers.

This program is very different from most of the established psychiatric services that lack culturally competency in the assessment and treatment of mental illness, insufficient bilingual/bicultural mental health providers, long waiting list for intake and other appointments and low utilization by Latino patients.

Regretfully, Hispanic mental health services in New York City have been closed in the last decade. The mental health delivery system in New York City does not have sufficient culturally competent outpatient psychiatric services capacity to meet the needs of Latina adolescents and their families.

In the area of prevention, three years ago the NYC Department of Health and Mental Hygiene sponsored a public awareness and education campaign to prevent suicide among Latina adolescents. This was a good first step; however the campaign had insufficient resources resulting in limited time and scope and also lacking involvement from the Latino community. We are not aware of the campaign's results nevertheless Comunilife qualitative survey on suicide of Latina adolescents in the Bronx revealed that Latino parents and adolescents were not aware of the campaign nor suicide and crisis hotlines. Public awareness and education campaigns to the Latino community must be launched with the confidence that there is sufficient capacity of culturally and linguistically competent psychiatric services, "hot lines and crisis services" to address the emotional health of Latina adolescents and their families.

Recommendations

Based on the existing research findings and our experience in implementing *Life Is Precious*[™] we would like to suggest the following recommendations to prevent suicide among Latina adolescents. *First* and foremost, it is critical that the City increase capacity of Culturally Competent Mental Health services to meet the neglected needs of Latina adolescents and their families. *Second*, Mental Health providers should be required to include patients' cultural context in psychiatric evaluations and treatment plans. *Third*, Mental Health Clinics should be required to offer family therapy as one of the treatment interventions given the centrality of the family in the Latino culture. *Fourth*, support of research is essential to further understand suicide among Latina adolescents and to help develop evidenced based clinical practices normed with Latina adolescents and families, including community defined best practices, (as has already begun through a collaboration with the Center of Excellence for Cultural Competence at Columbia University). Research findings and recommendations are critical to the development and implementation of mental health policies to address the needs of the Latino community.

I thank you again for the opportunity to share Comunilife experience in responding to this crisis in the Latino community.

Mobile Response Team

Supplemental Mental Health Services for Middle Schools

Mobile Response Team (MRT) is a new model of supplemental mental health support being piloted in Brooklyn starting in 2012. MRT is joint project of the New York City Department of Education and the New York City Department of Health and Mental Hygiene. Interborough has two MRTs, each serving five Brooklyn middle schools.

The purpose of MRT is to:

- enhance the capacity of middle school staff to identify and refer students with mental health problems;
- increase the number of students receiving community-based mental health programs,
- de-escalate mental health-related crises;
- reduce the number of 911 calls and emergency room utilizations due to behavioral or mental health reasons;
- increase school attendance; and
- decrease the number of referrals to special education due to behavioral problems.

MRT consists of Team Leader (Licensed Clinical Social Worker), Social Worker (Licensed Master Social Worker) and a Family Advocate. Each team serves five middle schools. The Team:

- assesses students who are referred to them by teachers and staff;
- makes referrals to community based agencies;
- works with families to facilitate and promote the connection with referral agencies;
- conducts workshops for parents and teachers on mental health and the impact mental health can have on education and other areas of development ;
- provides skilled classroom observations to supply feedback to students, teachers and parents;
- assists with barriers (e.g. inadequate housing, lack of access to medication, parents' mental health or substance abuse issues) in the home that can be impacting a student's mental health and success in school; and
- works with student-teacher pairings to help the student succeed in classroom.

As this is a brand-new program (staff started in February, 2012), Interborough is currently in the process of integrating MRT into the schools. Staff are providing trainings to teachers, developing a resource manual of referrals and attending PTA meetings to be introduced to parents. Despite the newness of the model, MRT has already received 160 referrals for assessment in just three months. Staff are currently conducting the mental health assessments and will make referrals as needed. MRT does not provide therapy but will provide consistent, on-going follow-up with students and their families to ensure they are following through with the referrals.

MRT Schools in Brooklyn

One Team Serves:

17K334 Middle School for Academic and Social Excellence

17K484 Ronald Edmonds Learning Center II

19K166 George Gershwin

19K202 Ernest S. Jenkyns

19K306 Ethan Allen

One Team Serves:

19K174 Dumont

23K184 Newport

19K302 Rafael Cordero Y Molina

19K218 James P Sinott

23K634 General D. Chappie James Middle School of Science

Interborough Developmental and Consultation Center School-Based Mental Health Program

"Mental health services are an absolute necessity for many of the children we serve in this high needs community and currently schools do not have the budget to provide all the necessary services¹"

Interborough Developmental and Consultation Center is a 38-year old non-profit New York State licensed mental health agency with four sites (Flatbush, Canarsie, Crown Heights, Williamsburg) in Brooklyn, NY.

In 2007 Interborough received a five year New York State Office of Mental Health (OMH) Grant to implement **screening, therapy and intervention services in Brooklyn schools**. The program started in three schools and quickly expanded due to the positive impact on the students being served, as well as on the school personnel who rely on Interborough therapists as a resource.

Interborough is now in 19 public schools (one elementary school (grades k-5), three middle schools (grade 6-8) eleven high schools, three middle/high schools (grade 6-12), and one elementary/middle school(grade k-8)) throughout Brooklyn providing individual therapy to 300 students and screening up to 1,000 students for mental health needs annually.

A typical day for a school-based therapist will include five to seven therapy sessions with students; consultations with teachers, school social workers, guidance counselors, parent coordinator and others needing assistance with students; crisis response to mental health situations; and meeting with parents of students they are treating or of those students who need therapy.

While most mental health therapeutic services can be self-sustaining due to third-party payors (private insurance, Medicaid, managed care), school-based mental health programs cannot since school is not in session all year and there are multiple weeks of vacation, test taking and preparation. Also, not all the services the therapists provide to the schools are billable, such as the consultations.

¹ Quotes throughout this document are principals' responses to the open-ended questions on the survey.

Schools Interborough is currently in and number of days therapists are available on-site.

Campus (Bold); Schools	Number of days therapist is on-site	Grades	Student Pop.
Tilden Campus	2.6 therapists:		
It Takes A Village	3 days	9th-12th	386
Cultural Academy for the Arts and Sciences	5 days	9th-12th	303
Kurt Hahn	5 days	9th-12th	292
Winthrop Campus	3 days (whole campus)		
Arts and Media Prep Academy		9th-12th	274
Middle School of Marketing and Legal Studies		6th-8th	355
East Flatbush Community Research School		6th-8th	276
Canarsie Campus	5 days (whole campus)		
Urban Action Academy		9th-12th	302
High School for Medical Professions		9th-12th	457
High School for Innovation in Advertising & Media		9th-12th	305
Meyer Levin School for Performing Arts	5 days	6th-8th	937
IS 49 William J Gaynor Campus	5 days (1.6 therapists)		
Lyons Community School		6th-8th	527
Green School		9th-12th	380
Young Women's Leadership School of Brooklyn		6th-9th	247
Adams Street Campus	3 days		
Urban Assembly School for Law and Justice		9th-12th	451
Urban Assembly Institute for Math and Science for Young Women		6th-11th	460
Waters Edge			
Urban Assembly High School of Music and Art	4 days	9th-12th	411
Brooklyn International High School	5 days	9th-12th	359
Clinton Hill	2 days (schs. share bldg.)		
PS 20/ Clinton Hill School		PreK-5th	332
Urban Assembly Academy of Arts and Letters		K,1, 6th-8th	423

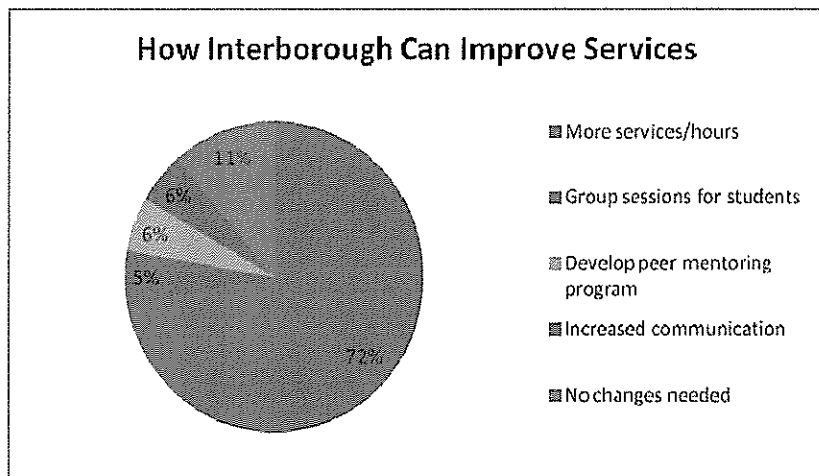
2012 School-Based Program Evaluation Results

"[Without Interborough] Many students would not get help. We see this in the case of students who have threatened self-harm. While the parents were in denial, Interborough was able to help quickly, and convince the parents that there is indeed an issue that needs to be addressed."

Principal Survey

- On March 16th Interborough distributed surveys to the 19 principals in schools served
- As of April 27th, 100% of principals responded
- Principals provided narrative comments in addition to their Likert-scale ratings

Principals were asked
"How can Interborough
improve its services?"
**Seventy percent indicated
they simply wanted more
therapist time for their
students.**



When asked "What would happen to these children if Interborough weren't there?" almost **two-thirds said the children would go without services.**

"Children would not get any help from other providers as they do not exist."

"In our past experience, without an organization like Interborough actually physically inside our campus, the families most at-risk will not get the services they require."

This would directly impact the students' ability to stay and succeed in school:

"Many of these children would likely stop coming to school – or would act out in such a way that would push them into disciplinary situations."

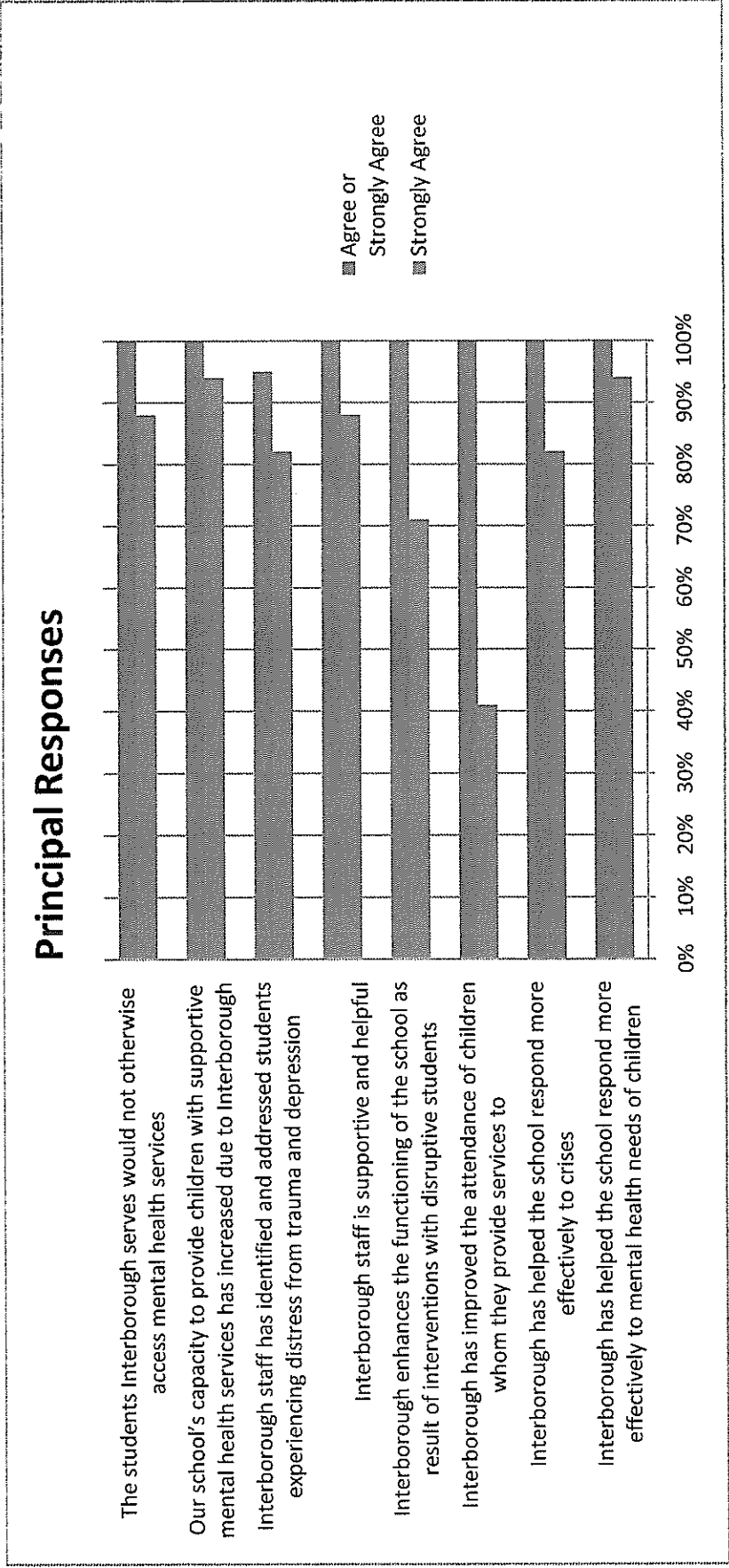
"If Interborough were not with us, these students may cut school or spend much more time suspended."

Impacting the school environment:

"More fights, more violence, more drama and more children who, at this late stage of the game in high school, attempt to function without the coping strategies they are going to need."

"It would cause us to be in a state of emergency, quite frankly."

Principals were asked to respond to eight statements with “Strongly agree”, “Agree”, “Disagree”, or “Strongly Disagree.” Below are the percentage of principals who said “strongly agree” for each, and percentage that said “strongly agree” or “agree”.



Principals commented on how their schools and budgets currently lack the capacity to serve their students with mental health needs:

"The counselor-to-student ratio is unrealistic and oftentimes schools have only one counselor who is responsible for every student's emotional wellbeing, as well as programming and mandated services."

"Currently, our school guidance staff are overwhelmed by the number of at-risk and IEP-mandated counseling students. Their capacity to serve students and their families – to address serious mental health and family issues - is extremely limited."

"We cannot service all of our students' needs with the staff we have."

"We have students that have needs that we are not able to meet. These students have high counseling needs and our guidance counselors are not always able to give them the time that they need to process"

However, having Interborough present helps them spread their budgets further:

"We have been able to double our efforts in early intervention and crisis support for our neediest students because of the Interborough support at our school."

Interborough staff do not just provide therapy, but also support to the parents, teachers and school personnel. The staff have become part of the school response:

"Having Interborough present in the building is conducive for parent-student conferences and intervention planning."

"Our onsite therapist uses many different strategies to address individual student needs, as well as enhance our current systems that support our neediest students in the school building."

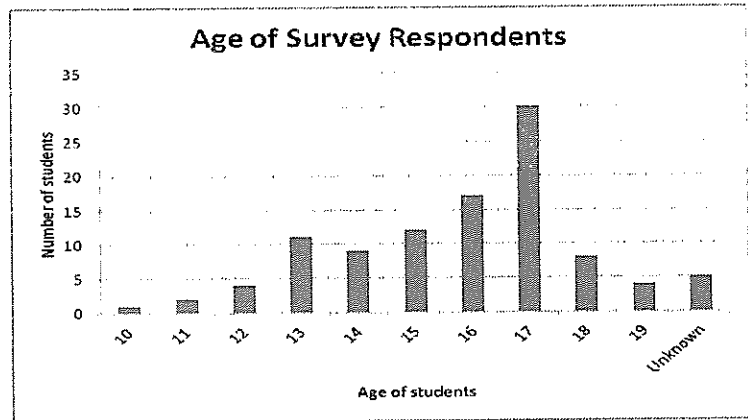
"We have a very close working relationship with our Interborough service provider. She provides both ongoing counseling services as well as crisis intervention that our over taxed guidance counselor cannot alone provide."

"(therapist) from Interborough has become an integral part of our staff. Our students have a deep respect and trust for him, and he helps our students to build resilience and coping skills for today's challenges. Our staff has accepted him as a part of our support system for children."

"Parents and teachers often need support in their effort to provide a system of support that meets each child's individual needs. Having Interborough on site fills a much needed void. Our onsite therapist has integrated beautifully and effectively into our community and the results are evident."

Client Satisfaction Survey

- All students served at the schools January 1 – 31, 2012 were given anonymous questionnaires about their opinions and satisfaction with Interborough services
- To maintain anonymity students reported only their gender and age.
- 103 students completed the surveys



Students responded to a series of questions with “yes” “somewhat” or “no”. Below are the combined responses for “yes” or “somewhat”.

- ✓ 100% of respondents indicated their therapists listened to them
- ✓ 100% of respondents said that their therapists understood their problems
- ✓ 98% said they can talk about how they are feeling since seeing their therapists
- ✓ 98% said they are better able to solve their problems since seeing their therapists
- ✓ 96% indicated they had fewer conflicts with peers since seeing their therapists
- ✓ 96% said they were doing better in school since therapy started
- ✓ 95% feel better about themselves since they started being seen

Thirty percent of students also wrote in spontaneous comments. Highlight of these include:

“I love her. She is the best therapist.”

“My therapist helps me to realize that stuff I was doing reflects back on me in ways that I am repeating family mistakes, which I don’t want to do.”

“Since the beginning of my treatment I feel like I’ve matured and I feel better equipped to make decisions.”

“Ever since these sessions I have more confidence in myself...I don’t like holding anything in. I enjoy talking to her about anything and everything. She is amazing.”

Immigrant Populations

After the 2010 earthquake in Haiti, many children were sent to Brooklyn by their families to escape the devastation. Some of them enrolled in It Takes a Village where Interborough has services. As a result Interborough was on-site and ready with a Creole-speaking therapist to provide support to these teens.

Brooklyn International School admits only students who have been in the country less than three years. The children there are predominantly from the Caribbean, South America, Africa and Asia. In ten other schools the majority of clients are Caribbean American and Haitian. Most of these students are first or second generation immigrants.

In the words of the Brooklyn International School Principal:

"If Interborough were not there, many, and I do mean many, students would not get the help that they need. Our drop-out rate would increase, our course pass rate would drop. I believe that Interborough has prevented students from harming themselves and gotten them on track to a productive, healthful life.

As I answered each question, I realized I needed to let you know just how essential Interborough is to The Brooklyn International High School: The services Interborough provides are an extremely necessary, integral part of our school. Because they are located on-site, we are better able to provide mental health services to our students. Many of these **students would not have access to these services** – their parents often work long hours or two jobs and are unable to take them to a clinic.

In addition, our students and their families are **new arrivals to the U.S.**, are English language learners, as are their parents, and negotiating the paperwork, information, locale, and other basics are extremely challenging. The stressful demands of **living in poverty often become a barrier to consistent follow up for our families.** Thus, having the Provider on-site provides a routine, structured way to follow up and ensure our students are getting the care they need.

Our Interborough Mental Health Care Provider has identified students in crisis and in need. **The Provider assists in triangulating appropriate information between the school, medical services, and further mental health services,** as needed. Because it is a tightly run team, we are able to better follow up on our students. These students and their families are new arrivals to the United States and are learning a new language and as a result, the stressors on the families are increased exponentially.

Interborough is a tremendous necessity for the families and our school. Interborough has assisted our students in learning how to channel their thoughts and feelings in a positive direction. **I have seen aggressive students learn coping mechanisms; students with high absentee rates return to school and continue on to graduation; students who are isolated have become more involved in class and in our extracurricular activities."**

New York City School-Based Mental Health Committee
Federation for Mental Health, Mental Retardation & Alcoholism Services
Charles Soulé PhD, Co-Chair
May 1, 2012

Testimony submitted to the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services, and the New York City Council Committee on Education

Re: Oversight: School-Based Mental Health Services

Good morning --- I represent the NYC School-Based Mental Health Committee, an advisory body to the NYC DOHMH. We appreciate this opportunity to address both Council committees regarding existing onsite mental health services & the continuing gaps in care for NYC school children & teens.

Need. As committee staff have noted, school-based mental health services are a vital component in extending scarce mental health resources to NYC children, youth, and families:

- First let me note that the negative consequences of untreated or under-treated mental health problems are severe for both the children & teens involved, *as well as for their peers* in the same classrooms & schools --- **academic failure, school drop-out, disruptive classroom & school behavior, potential harm to self or others, substance abuse, teen pregnancy, & juvenile justice involvement.** The instructional time & learning lost to under-served student mental health needs are enormous.
- Non-school-based resources for child mental health are very limited --- the Children's Services Committee to which we report has done child & teen mental health capacity studies that consistently show *only one licensed community clinic treatment slot for every 3-4 children & teens with need.* The majority of kids who need these services do not get them elsewhere.
- In urgent or emergent situations, *schools without school-based or school-linked mental health services must refer students to hospital ER's for psychiatric evaluation.* Such referrals numbered 868 citywide in the 2008-09 school year. Surveys of providers have shown that the great majority of these children & teens are not hospitalized, but referred out to the same greatly over-stretched community clinics cited above.
- School-based & school-linked mental health programs date back to the mid-1980's, but served fewer than 10% of NYC public schools until recent years. Post-9/11 there was a major expansion of public funding for child & teen mental health in NYC and school-based services grew to serve approximately a third of all NYC public schools. Even with this program expansion, *two thirds of NYC*

public schools have no onsite or closely linked mental health resource, other than routine referrals into very crowded & under-resourced community clinics.

- Given the ongoing budget constraints, school-based mental health programs are again at-risk. Due to public funding cuts, the current 2011-12 school year is the 1st year in several in which *there are actually fewer schools with services --- roughly 10% fewer than in the prior school year (2010-11)*. Further cuts next year are very likely unless we see a new infusion of funding.

Funding Issues. Let me address why these programs cannot effectively function without direct funding other than Medicaid & other 3rd-party payor reimbursement:

- Mental health evaluation & treatment services are reimbursable, if a child or teen & family have coverage that will pay school-based services. *Despite expansion of coverage, many still do not have coverage*, either because a child is uninsured or their managed care provider does not contract with the agency providing school-based services. *Many programs however remain committed to providing school-based care regardless of ability to pay.*
- To be effective, *school-based mental health services require much that is either not reimbursed or non-reimbursable: crisis intervention, consultation & training to school staff, positive classroom & school climate interventions, prevention, outreach & education services to children, teens, families & the school community.*
- Consequently, Medicaid & other 3rd-party reimbursement cover less than the full cost of providing these services --- *most agencies run a deficit of approximately 30%.*
- Both NYC & NYS have made repeated efforts over the years to address school-based mental health funding needs: *deficit funding* (now largely non-existent); *direct grant funding* of new programs (dedicated funding now largely withdrawn & folded into other reimbursement mechanisms); *NYC DOE vendor contracts* for school-based mental health services (the payment mechanism or PQS is now established, *but without dedicated funds*, other than principal's discretionary funds & some previous ARRA funding).

Requests for NYC Action:

- Increased funding for **training of NYC DOE staff** re the early recognition of students with unmet mental health needs, effective strategies to engage those students & families, and effective advocacy & linkage into the care they need.
- In the absence of funding for comprehensive school-based mental health services, funding for more school-based crisis intervention services --- currently NYC DOE is piloting a **Mobile Response Team** model that serves five linked schools per

team, with scheduled onsite service one day/week in each school, crisis intervention five days/week, case management & referral out to other services, and prevention, education & outreach activities. *Three such teams currently exist, serving fifteen schools --- they should be expanded to cover many other schools with no current services.*

- Funding for a **systematic evaluation** of existing school-based mental health services in NYC, and the effectiveness of these programs --- *do they reduce referrals to other child-serving systems* (ER's, special education, juvenile justice) and *do they increase academic & social development* in the children, teens & schools they serve? Several existing providers have pilot program evaluation data *that show very positive school achievement & behavior outcomes for the students served*, but such studies need to be replicated systematically on a large scale, to justify the additional funding of these services.
- If effective models can be shown on a large scale, we would ask that NYC establish permanent funding lines to support expansion of school-based mental health programs to every NYC public school.

Thank you again for your time & attention to this issue. We look forward to further dialogue & action. For further questions or information, I can be reached at crs9002@nyp.org or 646-271-9089.

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Co-Chair
New York City School-Based Mental Health Committee
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646-271-9089 cell



Testimony of
Jane Lima-Negron, MSW
Executive Director
New York State Coalition for School-Based Health Centers

Before the
New York City Council
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse
& Disability Services; and
Committee on Education

Regarding
School-based Mental Health

Tuesday, May 01, 2012

Good morning, my name is Jane Lima-Negron and I am the Executive Director for New York State Coalition for School-Based Health Centers (the Coalition). The Coalition is a membership organization that represents over 200 school-based health centers (SBHCs) in New York State and advocates to ensure all children and youth have access to high quality comprehensive health care. I would like to thank the members of the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services, and the Committee on Education for your ongoing efforts to address the issue of mental health needs of our city's youth.

As you know, challenges to accessible health care for children are a harsh reality in the New York City. The scarcity of mental health services for New York City children is a matter of urgency and great concern. The need for more children's mental health services is increasing with 1 of every 5 children having a diagnosable mental, emotional or behavioral disorder (Citizen's Committee for Children of New York City, 2010). Without adequate treatment, these types of disorders will prevent children and teens from getting the health care and education they need to keep them in school and lead happy productive lives.

What are School-Based Health Centers?

- Located on-site in elementary and secondary schools, school-based health centers play an important role in overcoming disparities in access to mental health services as well as addressing barriers to student learning.
- School-based health centers provide a wide array of services to children and adolescents including diagnosis and management of chronic diseases, routine health screenings, and acute illnesses, physical exams, immunizations, routine health screenings, counseling, and major health promotion and disease prevention programs to combat obesity, sexually transmitted diseases, drug and alcohol use and adolescent pregnancy.
- In New York State, the centers are operated by hospitals, community health centers or diagnostic & treatment centers. Any student in a school where a health center is located may register to use the center. Students under age 18 provide a signed consent form from a parent or legal guardian to register. Services are available at no cost to students and health insurance is not required. The centers are typically staffed by Nurse Practitioners or Physician Assistants, Physicians, Psychologists, Licensed Social Workers, Dental Professionals, Health Educators or Community Health Workers. There are 126

school-based health centers located in the five boroughs of New York City and they serve thousands of children.

How do School-Based Health Centers address children's mental health needs?

- As front-line providers, school-based health center staff are routinely called upon to help students with problems such as suicide ideation, depression, abuse, family violence and bullying. Providing mental health services in school-based health centers eliminates barriers that delay needed care; delays can result in avoidable hospitalizations and risks to the child. There is a growing body of evidence that SBHCs are able to provide very effective and accessible mental health services:
 - Students who received mental health services in SBHCs showed declines in depression and improvement in self-concept. (*Weist, Paskewitz, Warner, 1996*)
 - Visits by adolescents were **21 times more likely** to be initiated for mental health reasons at SBHCs than at Community Health Network Facilities. (*Juszczak, Melinkovich and Kaplan, 2003*)
 - Students in schools with SBHCs were more likely to report seeing social workers and counselors. (*Santelli, Kouzis, Newcomer, 1996*)
 - Fewer students attending SBHCs reported considering suicide. (*Kisker and Brown, 1996*)
 - Adolescents with access to a SBHC were **10 times more likely** to make a mental health or substance abuse visit. (*Kaplan, Calonge, Guernsey and Hanrahan, 1998*)
- School-based Health Centers are a proven model of care that bridges these gaps. They provide a point of access for kids who do not feel comfortable going to any other source of care for services and information such as mental health counseling, concerns about body weight, drug and alcohol use, and reproductive health issues. Their close proximity to the students enables them to develop the trust of kids and parents who may be reluctant to see a doctor, nurse or social worker because of language barriers, cultural differences or citizenship status. In addition, their location on site in the schools promotes better adherence to medical regimens and eliminates transportation problems that can interfere with the delivery of needed services.
- The mission- and State mandate- of SBHCs is provide free, open access to health and mental health care. No child is ever turned away. Unfortunately, the reimbursement mechanisms do not adequately support the maintenance and expansion of school-based health centers to meet the growing needs of the children and adolescents in our communities.

- Third party insurance payors do not recognize school-based health providers and do not cover the expenses of school-based services. Mental health services in SBHCs are reimbursable by Medicaid but the reimbursements covers less than the full cost of providing these services leaving them vulnerable to budget cuts.
- New York City leads the nation with 126 SBHCs. They provide us with a tremendous opportunity to address the mental health needs of City students. Unfortunately, present funding levels for most City SBHCs are insufficient to provide critically needed mental health staff.

Recommendations to expand mental health services in School-Based Health Centers:

- Increased funding to support full time mental health services in all of the City's middle and high schools with SBHCs. The funding would be allocated entirely for the purpose of hiring one full time clinical social worker or psychologist, a mental health supervisor for 2 hours per week and a child psychiatrist for 2 hours per week. The cost per site is \$100,000, which can be allotted subject to each SBHC that applies for this funding being able to satisfy the City that it has the professional resources and capacity to utilize it effectively.
- Increased funding to cover non-reimbursable services conducted by school-based health center staff such as consultation & training to school staff, crisis intervention, outreach and education services to school community members including children, adolescents, and their families.
- Funding for demonstration projects to analyze the impact of school-based mental health services on NYC schools and children.
- Establishing a permanent funding line for support and expansion of school-based mental health services to every NYC public school.

Conclusion

In closing, the Coalition would like to thank the members of the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services, and the New York City Council Committee on Education support of School-based Health Centers and in providing accessible care for the neediest children in New York City. We are looking forward to working with the City Council to keep school-based mental health services within the reach of every child who needs them.



The Mental Health Association of New York City

Oversight: School-Based Mental Health Services

Honorable G. Oliver Koppell, Chair
The Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services

Honorable Robert Jackson, Chair
The Committee on Education

Testimony by
Kathryn Salisbury, PhD
Vice President of Programs
MHA-NYC

May 1, 2012

Mental Health Association of New York City, Inc.
50 Broadway, 19th Floor • New York, NY 10004
(212) 254-0333

Good morning. Thank you Chairs Koppell and Jackson and distinguished members of the Council for the opportunity to speak today about improved coordination and increased accessibility of school based mental health services. My name is Kathryn Salisbury, and I am Vice President of Programs at the Mental Health Association of New York City (MHA-NYC). MHA of NYC has been a major voice for the cause of mental health for over 40 years. We have a unique three part mission of advocacy, community education, and direct services and are committed to finding cross-system solutions that promote the social and emotional development of children and youth. Schools, mental health professionals and primary care providers are natural partners. The time has long past when can myopically focus on only the small percentage of children in need of mental health services who receive care in stand alone mental health programs.

20% of children and adolescents in the United States have a diagnosable mental health problem. Unfortunately, the vast majority (75%) of children with mental health needs do not get critical mental health services. The consequence of this is seen everyday in our schools where children with untreated mental health problems are less likely to learn and in our emergency rooms where children are sent from schools in staggering numbers when they engage in disruptive behavior.

You may recall the NY Times article about Gabriel, a second grader at PS 67 in the Bronx who after an outburst in school was transported by EMS to the emergency room , interviewed by a psychiatrist , and cleared to return to school the next day. This happened several more times that year. This experience is not only unnecessary in most cases but traumatic for the child and family, not to mention expensive for the public. The base EMS cost of \$515/call doesn't include hospital or Medicaid costs, NYPD costs.

DOE's Online Occurance Reporting System tracked nearly 900 EMS calls from schools for suicide ideation alone and the numbers have been rising. The number of EMS referrals for behavior issues is in all likelihood much greater. And unfortunately, like Gabriel, few of the children are able to successfully engage with outpatient referrals they may receive.

Fortunately NYC has made some strides in recent years in advancing mental health services in schools, which are worth noting. Through the Office of School Health (OSH), there are approximately 80 school-based mental health clinics (SBMHCs) and 130 school-based health centers (SBHCs) citywide that provide on-site service – including preventive and crisis interventions – to elementary, intermediate and high school students. SBMHCs provide children experiencing, or at risk of developing, social/emotional difficulties with the mental health services they need and enable teachers to focus on teaching rather than behavior management. We need to make sure that these programs have the capacity to provide quality same day mental health evaluations for students in crisis and to provide evidence based treatment for the children and youth who receive services there.

OSH also places nurses in approximately 90% of NYC DOE sites each year. The nurses are able to provide clinical care, health education, counseling and prevention to the city's schoolchildren. Through the "Screening the At Risk Student (STARS)" program, school nurses are able to screen youth for depression and sadness as a preventive measure for children at risk of harming themselves in specific elementary and intermediate schools.

DOE has also initiated a Mobile Response Team model that serves clusters of geographically close schools. Currently three teams operate, serving 15 schools.

Finally, The United Federation of Teachers (UFT) and MHA-NYC have recently launched a new anti-bullying initiative – Be Brave Anti-Bullying Hotline & Campaign – offering students counseling by mental health professionals for incidents both inside and outside the classroom (e.g. supportive listening, crisis intervention, suicide risk assessments and advice on crisis de-escalation).

Despite these advances, we still face significant challenges. To further advance needed mental health services for children and youth, we urge the NYC Council to consider the following proposals:

- ***Enhance training and support for school staff*** (administration, nurses, teachers, etc.). Training and support of school officials to enhance the accurate identification and management of students will help to avoid unnecessary, more costly ER visits. De-escalation techniques are particularly important to prevent lower level situations from requiring higher level interventions.
- ***Expand school based mental health services:*** Mental health services on-site will allow for early identification, screening, assessment, and delivery of state-of-the-art treatment. In addition, children and teens who indicate a risk to self or others in school will be able to receive same-day evaluation by competent mental health staff on-site, which will be less traumatic and more effective than sending children to the ER.

- ***Increase collaboration between school based and community based programs.***

We need to make sure that children who receive mental health care in schools have the same level access to community based services like mental health case management and waiver services that children who receive care in clinics do.

School based services need community partners.

- ***Improve public education:*** Education about mental health in public schools is needed to overcome stigma, which is a significant impediment to engagement. Education would help to increase understanding about mental health issues, promote early identification, and connect children and their families to needed resources.

We also urge the City Council to gather data about the use of psychiatric ERs to deal with children in emotional crisis including the number of children and teens referred citywide by schools; patterns of referral by neighborhood, school, and referral reason; outcomes achieved; and costs of psychiatric evaluation vs. community based models. In addition, we ask that you collaborate with DOE to review and clarify relevant DOE regulations around suicide prevention and intervention.

School based mental health services can be an effective first line of support for children and youth.

Once again, thank you for the opportunity to testify today. Please feel free to call on us for any assistance regarding this or other behavioral health issues.

St. Luke's Roosevelt Hospital Center School Based Health Clinics

Medical Director: Nelly Boggio, MD (Pediatrician)

Mental Health Director: Ulrick Vieux, MD (Psychiatrist)

May 1st, 2012

Testimony submitted to the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services, and the New York City Council Committee on Education

Re: School Based Mental Health Services

St. Luke's Roosevelt Hospital Center has three SBHCs: A. Philip Randolph Campus HS, Louis D Brandeis Campus High School, and Martin Luther King, Jr. Campus High School. Recognizing the importance of Mental Health services to our student population led the clinics to be under the direction of the Child and Family Institute (CFI) in the Department of Psychiatry at St. Luke's Roosevelt. We still provide comprehensive medical care but we have strongly felt for so many years the need for stronger – more comprehensive Mental Health services.

Many of the students come from such dysfunctional homes that they do not have education as a priority. We meet students who have been victims of physical and sexual abuse, dating violence, bullying and stalking, substance users, and those who have intimate knowledge of having multiple family members incarcerated. These students are depressed, angry, overtly hostile at times, or feeling terrorized and unsafe – even in school. The poor judgment they constantly exhibit is a by-product of their environment and lack of life experience. Watching these students tread water to stay afloat without the cognitive tools and emotional support they need is sometimes like watching a beached whale. The struggle sometimes seems futile to them.

For many years we have realized this disparity in our provision of comprehensive health services. Now under the direction of CFI and with the integration of out-patient Psychiatric services in the SBHCs we are beginning to address the needs at the tip of the iceberg. We started at Martin Luther King, Jr HS (MLK) to try to build a Mental Health Model that we could then expand to our other clinics. The reason for starting at MLK, was because the physical space allowed for multiple medical and mental health providers to be present. There are 2 exam rooms and 2 mental health offices. Presently we have 2 Social Workers, 1 Psychologist, a Social Work intern, three Psychiatry fellows and one supervising Psychiatrist who spend one to several sessions / week at the clinic. We provide crisis intervention, consultation / training to school staff, group, individual, and family therapy. We also provide a unique art therapy program called *CARING* to students in one of the schools – Art, Imagination, and Inquiry. Over the past year, we have seen a 30% increase in patient referrals to our mental health providers

by either the medical or school staff. In response to this increase, we will be adding one more Psychologist to our staff in September 2012.

Presently, our clinic at MLK is being threatened to be downsized. One of our Mental Health offices, our rest area for students, and our Medical Office Assistant's space is being taken away so the space can be incorporated into a library that is being relocated to the front of the school building. That will leave the clinic with only one office to be shared by 9 mental health providers this September. The use of the Mental Health office with the size and the windows it presently has - has functioned wonderfully for different types of therapies

- from meetings with families (so no one feels claustrophobic),
- to treating trauma victims and teaching them relaxation exercises,
- to treating anxiety / depression where it is helpful to have natural light so students are able to refocus and regulate themselves, and
- working on energy therapy – where students are asked to engage in physical activity so they can feel the impact of being active.

In this Mental Health office with the windows – the temperature is a bit lower so doing these physical activities is tolerable – even during the summer.

The need for the library to appear welcoming, be aesthetically pleasing, and to have as much light as possible are important to the design of the library. It is also important to have a reading area. Unfortunately, the extension of that reading area into the clinic space provides an area in the library where students are not in the direct line of supervision, therefore providing an unsafe space for students.

Finally, we received a federal grant to improve the appearance and services of the clinic. The grant will allow us to acquire an Electronic Medical Record system, do some minor renovation to allow the placement of 2 study carrels for students. Students will use these study carrels to view computerized health education material in their preferred language and to be able to input their health data so it becomes part of the EMR. The extension of the library into the clinic area will not allow for this grant to be fulfilled. It will also take away areas that are needed to adhere to the SBHC guidelines.

Personally, I love libraries. I spent much of my time growing up in the 100 Street library – here in Manhattan. I do know how important that library was in my life. But I also know that without mental health services, students' ability to read and their reading comprehension will be negatively impacted. They will be distracted from attaining their educational goals without the mental health interventions they desperately need and want.

Thank you for your time and attention. For further questions or information, I or Dr. Vieux can be reached at nboggio@chpnet.org or uvieux@chpnet.org, respectively.

Nelly Boggio, MD
Medical Director SBHCs
917-569-2944

The Samaritans ...because we all need someone to lean on

Testimony By

**Fiodhna O'Grady
Director of Operations
The Samaritans of New York**

Tuesday, May 1, 2012

**Oversight:
School-Based Mental Health Services**

by

**The Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services
jointly with the Committee on Education**

My name is Fiodhna O'Grady, Director of Operations at Samaritans of New York, the community-based organization devoted to suicide prevention. Thank you to all the members of the Committees on Mental Health and Education for addressing the issue of School-Based Mental Health Services today and for inviting Samaritans to provide our perspective on ways, working together, we can improve our responses to at-risk students in NYC public schools.

Thanks to the City Council's increased efforts to advance suicide prevention in NYC, suicide is no longer the blind spot it was on the City's public health agenda 10 years ago. Your ongoing support for Samaritans 24-hour suicide prevention hotline is one example of your devotion to this cause.

As the first CBO to provide suicide prevention professional development to NYC public school staff beginning over 25 years ago, we also applaud the NYC Department of Education's significant strides in promoting and implementing suicide prevention awareness and policies.

Yet, in spite of these first efforts, as the DOE Chancellor's Regulations on suicide state, "the number of suicides and attempted suicides amongst school-age youth has increased by alarming rates in recent years." This statement should come as no surprise considering the Youth Risk Behavior Survey (YRBS) that consistently documents the increased levels of risk of students.

Findings in line with former-NYS Office of Mental Health Medical Director Dr. Lloyd Sederer (2007) that "rates of depression in NYC public schools have been detected by the YRBS to be as high as one in three students," and those of the American Psychiatric Association that state "over half of all *young people* who suffer from depression will eventually attempt suicide at least once and more than 7% will die."

For close to 20 years, I have personally worked with DOE guidance counselor, social work and other student support personnel staff in addressing their needs tied to responding to students at-risk for suicide. The stories I hear, incidents that are reported and problems they face are constantly increasing.

What Samaritans has learned in 50-plus years of providing suicide prevention and education services throughout the world is that a broad-based public health model approach works best.

Provide initiatives, programs and services that are integrated, and provide linkages built on community, clinical and academic collaborations. Yes, put more mental health professionals in the schools, there is no question. But also address the need

for broad-based education and training. And increase collaborative efforts, including utilizing community groups experienced serving specific populations and integrating resources with research into both best and promising practices.

An example of this is Samaritans' NYS OMH funded "NYC Guide to Suicide Prevention, Planning and Resources" which you have in your packet. This Guide will be distributed for free by Samaritans to schools and organizations that work with at-risk populations.

Another example is Samaritans free suicide prevention professional development workshops funded by member line items like the one we presented yesterday at Lincoln Medical Center in the Bronx which trained close to 220 DOE student support personnel from over 150 Bronx schools or sites.

But to gain a better understanding of some of the key challenges our schools deal with in responding to distressed and suicidal students, I want to introduce Samaritans Executive Director, Alan Ross.

The Samaritans of New York
Statistics, NYC by Borough, Centers for Disease Control,
High School Youth Risk Behavior Survey (latest data)

Attempted Suicide One Or More Times (during the 12 months before the survey)			
New York City, High School Youth Risk Behavior Survey, 2009			
Race	Sex	Total (%)	Female (%) Male (%)
Total		9.9 (9.0–10.9) 9,469†	10.7 (9.4–12.2) 5,140 9.0 (7.9–10.3) 4,326
AI/AN‡		14.6 (9.3–22.3) 121	N/A 67 N/A 54
Asian§		6.9 (5.6–8.4) 1,012	6.9 (4.8–9.7) 548 6.9 (4.9–9.7) 463
Black§		9.9 (8.5–11.4) 2,533	10.2 (8.5–12.2) 1,380 9.5 (7.4–12.2) 1,153
Hispanic		12.4 (10.7–14.2) 3,896	14.7 (12.0–18.0) 2,141 9.5 (7.6–11.7) 1,755
NHOPI		19.2 (9.4–35.1) 123	N/A 68 N/A 55
White§		5.5 (4.4–6.9) 1,180	6.2 (4.8–7.9) 657 4.6 (3.0–7.1) 523
Multiple Race§		11.7 (7.3–18.2) 199	15.7 (9.1–25.9) 111 N/A 88

BY BOROUGH:

Attempted Suicide One Or More Times (during the 12 months before the survey)			
Brooklyn, NY, High School Youth Risk Behavior Survey, 2009			
Race	Sex	Total (%)	Female (%) Male (%)
Total		11.4 (9.4–13.7) 1,946†	11.9 (9.5–14.9) 1,028 10.7 (7.8–14.4) 916
AI/AN‡		N/A 25	N/A 16 N/A 9
Asian§		9.9 (8.1–12.0) 177	N/A 92 N/A 85
Black§		11.6 (9.5–14.2) 854	10.6 (8.4–13.4) 447 12.6 (9.0–17.3) 407
Hispanic		16.6 (13.1–20.8) 649	21.6 (16.3–28.1) 347 10.1 (3.7–24.8) 302
NHOPI		N/A 19	N/A 9 N/A 10
White§		N/A 92	N/A 59 N/A 33
Multiple Race§		N/A 39	N/A 23 N/A 16

The Samaritans of New York
Statistics, NYC by Borough, Centers for Disease Control,
High School Youth Risk Behavior Survey (latest data)

Attempted Suicide One Or More Times
(during the 12 months before the survey)

Bronx, NY, High School Youth Risk Behavior Survey, 2009

Sex	Total (%)	Female (%)	Male (%)
Race			
Total	10.3 (8.8–12.0) 2,215†	11.4 (8.9–14.6) 1,147	9.0 (7.1–11.4) 1,068
AI/AN‡	N/A 21	N/A 11	N/A 10
Asian§	5.8 (1.6–19.1) 133	N/A 59	N/A 74
Black§	8.5 (6.2–11.6) 526	9.0 (6.6–12.3) 300	7.9 (4.3–14.0) 226
Hispanic	12.0 (10.0–14.3) 1,290	15.3 (11.5–20.0) 670	8.3 (6.1–11.2) 620
NHOPI	N/A 25	N/A 13	N/A 12
White§	N/A 89	N/A 34	N/A 55
Multiple Race§	N/A 35	N/A 22	N/A 13

Attempted Suicide One Or More Times
(during the 12 months before the survey)

Manhattan, NY, High School Youth Risk Behavior Survey, 2009

Sex	Total (%)	Female (%)	Male (%)
Race			
Total	9.0 (6.2–12.9) 2,127†	9.4 (6.0–14.3) 1,237	8.5 (6.0–11.7) 890
AI/AN‡	N/A 18	N/A 10	N/A 8
Asian§	5.7 (3.4–9.6) 169	N/A 82	N/A 87
Black§	6.7 (3.7–11.7) 609	8.1 (4.1–15.3) 361	4.2 (1.5–11.1) 248
Hispanic	10.8 (6.6–17.3) 1,049	11.7 (6.2–20.9) 630	9.5 (6.3–14.2) 419
NHOPI	N/A 18	N/A 14	N/A 4
White§	5.8 (2.7–12.1) 147	N/A 73	N/A 74
Multiple Race§	N/A 56	N/A 37	N/A 19

The Samaritans of New York
Statistics, NYC by Borough, Centers for Disease Control,
High School Youth Risk Behavior Survey (latest data)

Attempted Suicide One Or More Times (during the 12 months before the survey)			
Queens, NY, High School Youth Risk Behavior Survey, 2009			
Sex	Total (%)	Female (%)	Male (%)
Race			
Total	9.0 (7.9–10.4) 1,891†	10.1 (8.0–12.8) 1,015	7.8 (6.4–9.5) 876
AI/AN‡	N/A 49	N/A 25	N/A 24
Asian§	6.1 (4.2–8.9) 408	6.5 (3.6–11.2) 238	5.7 (2.5–12.6) 170
Black§	10.2 (7.6–13.6) 415	12.5 (8.1–19.0) 206	8.1 (5.5–11.6) 209
Hispanic	11.1 (9.2–13.3) 597	12.2 (8.6–17.1) 311	10.0 (7.6–13.1) 286
NHOPI	N/A 49	N/A 26	N/A 23
White§	6.2 (4.1–9.4) 231	7.4 (4.7–11.5) 147	N/A 84
Multiple Race§	N/A 40	N/A 19	N/A 21

Attempted Suicide One Or More Times (during the 12 months before the survey)			
Staten Island, NY, High School Youth Risk Behavior Survey, 2009			
Sex	Total (%)	Female (%)	Male (%)
Race			
Total	9.1 (7.4–11.1) 1,290†	10.1 (7.6–13.4) 713	8.0 (5.6–11.5) 576
AI/AN‡	N/A 8	N/A 5	N/A 3
Asian§	3.4 (1.2–9.3) 125	N/A 77	N/A 47
Black§	11.6 (6.0–21.2) 129	N/A 66	N/A 63
Hispanic	14.1 (9.5–20.3) 311	16.5 (10.5–25.0) 183	11.1 (6.5–18.3) 128
NHOPI	N/A 12	N/A 6	N/A 6
White§	6.9 (4.8–9.7) 621	6.9 (4.7–10.1) 344	6.9 (3.9–11.8) 277
Multiple Race§	N/A 29	N/A 10	N/A 19

NYC Guide to Suicide Prevention, Services and Resources

This guide was produced by
The Samaritans of New York with funding
from the New York State Office of Mental Health

**The Samaritans
Suicide Prevention Hotline
(212) 673-3000**

**24 hours/7 days a week
community-based, completely confidential
*Always there when you need someone to talk to...***

NYC Guide to Suicide Prevention, Services and Resources

The Purpose of This Guide

Responding to people who are depressed, in crisis and possibly suicidal frequently makes those responsible for their care feel uncomfortable and inadequate, often believing that they do not have the knowledge, tools and resources to be effective.

This is something the Samaritans of New York, the community-based organization that operates NYC's 24-hour suicide prevention hotline, has observed first-hand working with over 30,000 lay and professional caregivers through our public education program and from collaborations with hundreds of non-profit agencies, government officials and policy analysts over the past 25 years.

The NYC Guide to Suicide Prevention, Services and Resources is designed to address the needs of those who provide care to people who are in distress or at-risk for suicide or who have lost a loved one to suicide by providing them with key linkages to resources, tools, research and support services.

The Audience for the Guide

This Guide can be used by everyone who provides personal or professional care, support or treatment to individuals who are depressed, in distress, are experiencing trauma or some form of mental illness. This includes family members, friends and colleagues as well as social workers, psychologists, case managers, guidance counselors and emergency response staff working in community, academic, recreational or clinical settings. It can also be used by those who are experiencing depression or suicidal feelings themselves.

How to Use This Guide

Scan the pages of this booklet first to get a *feel* for its contents then use the Guide in accordance with your immediate needs and the role you are providing. Possibilities include:

- for a comprehensive overview of the primary components of suicide prevention
- for developing specific guidelines and a plan for trying to help someone in crisis
- for guidance and information on how to access effective resources and support services
- for expert feedback, training and technical support in addressing specific issues.

Suicide As a Public Health Problem

Suicide, the 10th leading cause of death in the US, is a public health problem that touches people of every age, race, economic background, culture and sexual identity and can have lasting effects that impact individuals, families and communities as well. People experience depressive and/or suicidal feelings for countless and complex reasons, some of them identifiable or able to be diagnosed, others tied to less specific social, environmental, familial and genetic factors.

Talk of suicide makes most people uncomfortable. A fact that leads to many of the misconceptions we have about helping people who are suicidal which, in turn, often negatively impacts our ability to respond; the most significant myth being that talking about suicide might give someone the idea (it does not). Other misconceptions that interfere in helping people in crisis include a belief that people who are suicidal *just want attention* and if someone is determined to kill themselves, *there is nothing anyone can do about it*.

Suicide Can Be Prevented

The good news is that, frequently, suicide can be prevented. In fact, as many as 70% of the people who attempt suicide *do something* to let others know before they act.

Suicide prevention is not about death and dying but life and living and exploring options, helping people who are depressed and in crisis to get through their difficult times, providing them with additional coping tools, access to resources and treatment and letting them know they are not alone.

(212) 673-3000

24 hours a day
7 days a week

THE SAMARITANS OF NEW YORK

Free, non-judgmental emotional support for those
who are overwhelmed, depressed, in crisis or suicidal.
Community-based. Completely confidential.

A Look At Statistics and Trends of At-Risk Populations

Overview Suicide leads to over 36,000 deaths annually in the US, causing as many fatalities as homicide and AIDS combined. As many as 90% of the people who die from suicide have a diagnosable mental health problem, though less than one-third seek treatment. Depression affects nearly 10% of adults in a given year and an estimated 4% will have suicidal thoughts.

Over 5,000,000 Americans have attempted suicide, with women attempting three times more frequently than men but men being four times more likely to die. In fact, 75% of all suicides in the US are committed by men, the largest percentage from elderly and older middle-age men.

Anyone can experience the depressive, stressful or traumatic feelings that can lead to suicide, no matter what their education, economic or social standing or personal relationships. Nowhere is this seen more strongly than in NYC whose rich cultural diversity leads to more populations that are high risk for suicide being in one place than anywhere in the world.

This includes but is not limited to students at our 26 colleges, our large GLBTQ community, the large number of older adults, chronic sick and mentally ill, those with alcohol and substance abuse problems, the unemployed, homeless, immigrants, victims of violence, sexual abuse and bullying, returning veterans, Asians and Latinas and others.

Incidence Suicide is the 3rd leading cause of death of teenagers, 2nd of college students, 2nd of males 25-34, 4th of males 35-54, 3rd of women 15-24, 4th of women 25-44, etc. Suicide rates for men rise with age, most significantly after 65; for women, rates peak between 45-54, and after age 75.

Though the elderly make up 13% of the population, they represent 18% of the suicides. Among older adults who commit suicide, 20% visited a primary care physician the same day as their suicide, 40% within a week. Many of those who are depressed don't realize they have depression.

A previous attempt is the leading indicator of suicide risk, with alcohol and substance abuse a factor in about 30% of all suicides; 7% of individuals with alcohol dependence will die by suicide. Ready access to lethal means increases suicide risk in individuals with depression. Suicide risk can be exacerbated after discharge from an inpatient or residential setting for those at significant risk.

New York City About 6% of NYC adults report clinically significant emotional distress with highest rates seen in women, Hispanics, those with low incomes and chronic diseases like asthma and diabetes. Over 50% of NYC suicides are committed by males age 25-54. About 30% of NYC's public high school students experience depression annually, 10% report a suicide attempt, 3% an attempt that required medical care. Recent trends show increases in attempts by young Latinas and African-Americans and older Asian-American females.

In the Workplace A minimum of 7% of full-time workers battle depression. A strong relationship exists between unemployment, the economy and suicide, with unemployed individuals having between two and four times the suicide rate of those employed. Economic strain and personal financial crises have been documented as precipitating events in individual deaths by suicide.

Suicide Survivors Over 5,000,000 Americans have lost a loved one to suicide, with research suggesting that each loss directly impacts at least six people; meaning that close to 600 individuals become a *suicide survivor* every day.

Overview and Statistics References and Resources

The primary sources of information and statistics for this section include but are not limited to: American Foundation for Suicide Prevention www.afsp.org • Centers for Disease Control and Prevention www.cdc.gov • American Association of Suicidology www.suicidology.org • Suicide Prevention Resource Center www.sprc.org • Suicide Awareness Voices of Education www.save.org • A Public Health Strategy for Suicide Prevention, Saving Lives, Vol. 1: www.omh.ny.gov/omhweb/savinglives

The Samaritans of New York wishes to thank New York State Office of Mental Health Commissioner Michael Hogan, Suicide Prevention Initiative Director Melanie Puorto, NYS OMH NYC Field Office Director Anita Appel and Downstate Suicide Prevention Coordinator Silvia Gillotti for their ongoing support and funding for this project as well as our friends on the *New York City Task Force for Suicide Prevention* and the many experts who offered their time and services. Samaritans Director of Marketing and Strategic Planning, Adrienne Rumble, was the Project Manager of this Guide with support from Samaritans staff.

To contact Samaritans of New York: (212) 673-3661 (education program) or education@samaritansnyc.org

Responding to Someone Who is Depressed or in Crisis

Whether you are a family member, friend or health professional, it is always beneficial to have a plan in mind before attempting to help an individual who is depressed or in distress. Though crisis response and public health experts may use different approaches when responding to someone in distress, most of these approaches consist of the following steps:

- create a safe environment
- establish rapport and trust
- identify warning signs, risk and protective factors
- assess and determine suicide risk
- explore available resources
- decide best course of action
- provide ongoing support

Create a Safe Environment

Do your best to provide the person you are responding to with an environment that is quiet, private and where you will not be interrupted; where he or she can receive your undivided attention and focus without distractions from other people, phone calls or activities.

Establish Rapport and Trust

Demonstrate your concern by engaging the person in a conversation, listening carefully to what he/she is saying without immediately expressing your own opinion. The focus should be on what the person is thinking and feeling. The more comfortable a person feels with us, the more we can learn about their situation and state of mind and the greater the likelihood they will seek support and allow us to help.

Identify Warning Signs, Risk and Protective Factors

Recognize the circumstances and environments that can increase an individual's risk for suicide; the behaviors and states of mind that are warning signs of depression; and the behaviors, environments and relationships that reduce that person's risk. This will help us to develop a clearer picture of the individual's current situation.

RISK FACTORS Some of the issues tied to background, history, environment and/or circumstances that increase the risk potential for suicide:

- previous self-destructive or suicidal behavior
- any type of loss of parent or loved one
- social isolation and/or alienation
- barriers to accessing health care/treatment
- cultural/religious beliefs supporting suicide
- loss of job, income, unemployment, benefits
- personal/family history of suicide, psychiatric disorder
- alcohol or other form of substance abuse
- history of trauma, abuse, violence or neglect
- easy access to lethal means (especially guns)
- unwillingness to access help due to stigma
- problems tied to sexual identity and relationships

WARNING SIGNS Some of the affects, behaviors and actions that are often related to an individual experiencing depression and/or suicide ideation:

- a sudden worsening of school performance
- a heightened fixation with death or violence
- difficulty in adjusting to gender identity
- extreme alcohol and/or substance abuse
- impulsive and/or risk-taking behavior
- announcing a plan to kill him or herself
- statements like: 'I wish I was dead,' 'No one will miss me when I'm gone' or 'I think I'll just disappear.'
- changes in eating and sleeping habits
- violent mood swings, changes in personality
- being a victim of bullying, sexual abuse, violence
- recent or ongoing impulsive and aggressive acts
- self-destructive and violent behavior towards others
- obtaining a weapon or other lethal means
- sudden giving away of prized possessions
- talking or writing about suicide or death

PROTECTIVE FACTORS Some of the key behaviors, environments and relationships that reduce the likelihood of suicide and enhance resilience:

- supportive and caring family and friends
- access to medical and mental health care
- restricted access to lethal methods of suicide
- connectedness to community, school, organizations
- learned skills and behaviors (e.g., problem-solving, conflict resolution, anger management, etc.)
- access to immediate and ongoing support and care
- cultural and religious beliefs that discourage suicide

Assess and Determine Suicide Risk

There are different methods and tools that can be easily accessed and utilized to determine the extent of an individual's depressive feelings and/or thoughts tied to suicide. These include depression screening tools that can measure the "severity" of an individual's depression, risk assessment models that can measure the individual's "intent" to attempt suicide, *degree of risk*, *capability* to attempt or how much he or she has *visualized* the act (like the assessment tool shown below).

In the context of what you have seen, heard and know about the individual you are responding to, determine answers to the following questions:

- Is the person expressing thoughts about suicide or has he or she done so in the recent past?
- Does the person have a plan in place to attempt suicide and the means available to do so?
- Has the person set a specific time to act on his or her plan and when is it?
- Has the person ever attempted suicide in the past or had a family member that did so?

Explore Available Resources

Utilizing professional, familial, spiritual and other resources increases the family member, friend or health professional's ability to maintain ongoing support for the person in distress and increases the effectiveness of the response. Resources may include referrals for ongoing clinical care, immediately accessible crisis response services like hotlines and mobile crisis units, support groups, education and information, technical support, etc.

Decide Best Course of Action

Using what you have learned from talking to the person you are responding to—his/her warning signs, risk and protective factors, his/her state of mind and level of suicide risk—and the resources and other supports that are available, decide what else you need to learn or who you need to talk to in order to respond effectively. Of most importance, if the person is significantly depressed or has thoughts of suicide, identify and remove all access to lethal means (including guns, controlled substances or any materials that could be used to harm oneself).

Provide Ongoing Support

Responding to a person who is in distress or suicidal is often an ongoing process that requires a consistent level of followup, support and utilization of resources. For the benefit of the person you are helping as well as yourself, *do not go it alone*. Implement a multi-faceted team approach consisting of family, health professionals, members of the community, colleagues, etc. to ensure the best results and prevent caregiver stress and burnout.

Prevention References and Resources

The references below provide more in-depth information on the topics covered in this section. There are other sources of information and references in this guide that address these and similar topics, and a separate section, "Resources to Access for Help and Support" for programs and services to help people who are depressed, in distress or suicidal.

Samaritans 'I Can Help!' Suicide Awareness & Prevention for Caregivers & Service Providers This booklet offers a comprehensive approach to helping people in distress, including establishing rapport, understanding myths and misconceptions, active listening tools, etc. www.samaritansnyc.org/files/icanhelppreventionbooklet.pdf

Detecting & Treating Depression in Adults NYC DOHMH provides tools for recognizing depression, assessing suicide risk (includes PHQ-2 & PHQ-9 depression screening questionnaires), information about medication, managing suicidal patients and treatment options. www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf

Safety Planning Guide Explains goals, methods and design involved in developing a safety plan of coping strategies and sources of support for patients who have been deemed high risk for suicide. Accompanied by a safety plan template. www.sprc.org/for-providers/primary-care-tool-kit-tools (click "Safety Planning Guide" and "Patient Safety Plan Template")

Risk and Protective Factors for Suicide Discusses the interactive relationship between risk and protective factors. Separates risk factors into biopsychosocial, environmental and social-cultural, to provide a cross-section of perspectives in assessing risk. www.sprc.org/library/srisk.pdf

Columbia-Suicide Severity Rating Scale (C-SSRS) Frequently used in clinical practice to assess suicidality in adolescents and adults. Assesses behavior, ideation, lethality and severity; and distinguishes between suicidal occurrences and non-suicidal self-injury. Multiple versions/languages. www.cssrs.columbia.edu

The Role of Clinical Social Workers and Mental Health Counselors in Preventing Suicide This guide for treating those who are depressed and suicidal contains several detailed references for assessment models and measures. www.sprc.org/for-providers/outpatient-mental-health-resources (click the Customized Info Sheet)

Postvention and Suicide Survivors

Postvention refers to the responses, activities and strategies utilized after a death from suicide to provide care, support and safety to those touched directly or indirectly by this traumatic loss.

The goal of postvention is to ease or reduce the effects of that loss and the grieving process for those impacted, to increase their “protective factors” and support network and to encourage resilience and use of coping tools (e.g., engaging family members and/or spiritual support, maintaining involvement in current activities, utilizing resources like hotlines and counseling).

Experiencing a Suicide Loss

The term “suicide survivor” refers to people who have lost a loved one to suicide. Survivors experience the same emotions (anxiety, despair, anger, denial, shock, isolation, etc.) and major life-changing circumstances that most people experience when they lose someone they love or are close to, but frequently these emotions and states of mind are much more acute and longer-lasting.

Suicide survivors face factors that are unique to this type of loss; most importantly, the fact that those who lose a loved one to suicide are, often, denied the familial and social support so necessary to the healing component of the bereavement process. And, survivors are at higher risk for suicide themselves.

The impact of a suicide loss can be so dramatic that a survivor may experience symptoms and behaviors that are usually associated with post-traumatic stress. The loss may also exacerbate an already existing physical or mental illness, especially depression and mood and anxiety disorders; and undermine an individual’s sobriety or trigger an increase in or return to self-destructive behavior.

The Impact of Stigma

Due to stigma and the many misconceptions people have about suicide, survivors often experience intense feelings of guilt and shame, sometimes actually being blamed (or blaming themselves) for not being able to prevent the death; stemming from the belief that, somehow, they should have seen the signs and been able to do something to prevent it.

Adding to that pain and increasing their isolation is the belief that those who lose a loved one to suicide do not want to talk about it when, like any traumatic loss, the opposite is true. Survivors often report being denied the comfort and solace from family and friends that the bereaved normally receive at funerals and memorial services due to many people’s discomfort with the subject and fears tied to addressing it.

Those Needing Postvention Support

Though every individual touched by the loss from suicide is significant, extra attention should be placed on those who are most vulnerable, have experienced other dramatic losses, traumas or mental illness or were closely related in some manner to the deceased.

Obviously family members, close friends and colleagues, loved ones and others who have had a personal relationship with the person who died fit this category but so do caregivers, teachers, coaches, guidance counselors, therapists, clergy, members of law enforcement and others who may have known the individual.

Postvention should begin as soon as possible. Though peer and public health experts vary in their focus and emphasis, most of their postvention responses try to maintain a balance of:

- addressing the issue directly while establishing a safe, protective environment
- clearly focused messaging while monitoring communications and social media
- carefully planning and managing tributes and events while watching for those ‘at-risk’
- helping to normalize the situation while expanding support networks/access to resources
- engaging all members of the community—parents, teachers, students, mental health professionals, clergy, funeral directors, etc.—in the planning and implementation.

Developing Postvention Responses

Since news about the suicide will spread rapidly through word of mouth, e-mail and the media, responses should begin in as timely a manner as possible. Postvention can take place on many levels—among individuals, family, group, team and class members, professional and support staff, etc., throughout the school, organization or workplace, and in the community at-large.

As 9/11 has taught us, an individual does not have to be directly or personally connected to a traumatic event to be deeply impacted and/or overwhelmed by the emotions that result from a tragedy. So it is with suicide.

The following highlight some of the key issues to consider when developing a postvention plan:

Messaging and Social Networking—clear communication to all those touched by it, acknowledging the loss and its impact as well as the fact that there is a plan in place, steps are being taken and support is available must be disseminated. All messaging—especially through social networking—should be monitored for sensationalism, misinformation and the possibility of it revealing others who are at risk.

Spontaneous Tributes and Shrines—respecting the need for those touched by the death to express their grief must be balanced with monitoring and managing spontaneous tributes to the person who died to prevent the glamorizing of the suicide act or the implication that, by taking his or her own life, the individual gained a level of fame or notoriety they had not been able to achieve previously.

Identifying Those At-Risk—observe and gather feedback on individuals that appear to be impacted most strongly by the death, especially those who were closest to the deceased, who identified with him or her and those who have been exposed to or experienced some previous form of trauma or mental illness.

Contagion and Copycats—when a suicide occurs it may, under some circumstances, influence or encourage other members of that community to act on their own suicidal impulses, especially if they are already at risk or have some previous experience with trauma or mental illness. Teenagers and young adults are most likely to be impacted by the contagion or copycat phenomenon.

Media Reporting—working with the media and others who disseminate information is important to prevent graphic depiction of the suicide through pictures or detailed descriptions of the means the person used to commit suicide as well as stories that seek to make the listener/reader identify with the deceased or portray the death as inevitable or the result of a heroic or courageous act.

Caregivers and Clinicians—though often overlooked, research suggests that caregivers' response to the loss of someone they have been working with or caring for to suicide is very similar to family and loved ones. In addition to the personal impact, the caregiver faces questions of confidence, competence, professional responsibility, blame (from self and others) and career status.

Medical Examiner and Law Enforcement—the police and medical examiner are required by law to respond to a death as a potential crime scene (no matter how obvious it is to those at the site) until all the necessary procedures have been followed and eyewitness statements taken. Understanding their roles and responsibilities will prevent a painful situation from getting worse and help gain cooperation and sensitivity.

Postvention Resources and Research

The resources, research and books listed on this and the following page provide additional and more in-depth information, guidelines, training, etc. to assist those with the responsibility of implementing effective postvention responses and/or responding to those who have lost loved ones to suicide.

SPRC Customized Information: Survivors

An introduction intended to develop sensitivity and understanding that will assist friends, family and providers in responding to suicide survivors. www.sprc.org/basics/roles-suicide-prevention (click Survivors)

Media Guidelines for Reporting on Suicide

This website provides an overview of topics tied to messaging, reporting, social networking, information dissemination, etc., utilizing some of the world's key suicide prevention experts. Especially helpful is the section entitled: Recommendations For Reporting on Suicide. www.reportingonsuicide.org

SPRC Library Postvention Resources

A detailed list of clinical studies, research and articles focusing on a wide variety of postvention topics, caregiver support, tips for professionals, recommendations for clergy, etc. www.sprc.org/library_resources/listing/search (under Programmatic Issues, click Postvention and Crisis Response)

AFSP Survivor Outreach Program Provides trained volunteers that will meet in-person with newly-bereaved survivors and their families. Survivors can request an outreach visit by contacting the NYC Survivor Outreach Program Coordinator, Meredith Henning, 718-388-8649 www.afsp.org/outreachprogram

After a Suicide: A Toolkit for Schools

Developed by AFSP and SPRC, the toolkit includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials in an accessible format applicable to diverse populations and communities.
www.afsp.org/files/Surviving/toolkit.pdf

CONNECT Suicide Postvention Training

Designed to reduce risk and promote healing following a suicide and provide specific knowledge and skill development for various professions who might be involved in suicide response. Free training provided by NYS OMH. Contact the Suicide Prevention Center of NY: www.preventsuicideNY.org or email: preventsuicideOMH@omh.ny.gov

Principles for Providing Postvention Responses

A comprehensive summary of the major elements involved in Postvention, including responding to survivors, risk factors, contagion, implementing a plan. www.communities.qld.gov.au/communityservices/community-support/suicide-prevention

After A Suicide Recommendations for Religious Services and Other Public Memorial Observances. www.sprc.org/library/aftersuicide.pdf

Memorial Activities at School A List of 'Do's and 'Don'ts', National Assn of School Psychologists. www.nasponline.org/resources/crisis_safety/memorialdo_donot.pdf

Media Contagion and Suicide Among the Young

Gould et. al, American Behavioral Scientist, 2003. Article educates the media about ways to present suicide that encourage help-seeking behavior. www.iasp.info/resources/detail/media-contagion-and-suicide-among-the-young-1197.htm

After A Suicide, A Postvention Primer for Providers

A good overview with topics including: suicide and mental illness, misconceptions, what not to say, response of law enforcement at the scene, etc. http://lilegard.tripod.com/After_a_Suicide.pdf

AAS Clinician-Survivor Task Force Provides support and education to mental health professionals to assist them in responding to their personal and professional loss resulting from the suicide of a patient/client. http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm

SOS Handbook for Survivors of Suicide A self-help tool for survivors providing an overview of the process, what to expect, challenges faced, grief, anger, acceptance, etc. www.suicidology.org

My Son... My Son, A Guide to Healing After Death, Loss or Suicide, Iris Bolton, Bolton Press Atlanta, 1983. A moving and enlightening book providing insight and perspective into the survivor experience.

No Time to Say Goodbye: Surviving the Suicide of a Loved One, Carla Fine, Doubleday Publishing, NYC, 1999. A touching, informative and invaluable guide to help suicide survivors cope with their loss.

Suicide Survivor Support Groups

The following list provides information on free support groups for those who have lost a loved one to suicide and seek solace and a safe and supportive environment as they cope with their loss. It is suggested that a support group should be but one component of a survivor's care and ongoing healing process.

Survivors After Suicide Bethany Lutheran Church, 233 Westcott Blvd, Staten Island, 6:30 pm, all ages/all suicide losses, peer facilitated, 3rd Tuesday/monthly, Susan Holden 718-273-6776

M'kom Shalom: A Place of Peace for Jewish Survivors of a Close One's Suicide NY Jewish Healing Center, 135 West 50th St., 6th floor, Manhattan, 7-8:30 pm people of all faiths welcomed, professional facilitated, Wednesdays/monthly, Rabbi Simkha Y. Weintraub 212-632-4770 (call before attending)

Parents Who Lost Children To Suicide 611 Broadway, Suite 415, Manhattan, 6:30-8 pm, for parents/all ages peer/professional facilitated 3rd Thursday/monthly Marcia Gelman Resnick 212-842-1460 (call before attending)

Long Island (Queens) Survivors of Suicide Temple Tikvah, 3315 Hillside Ave., Queens/LI, non-religious/all welcome, 7:30-9:30 pm, peer/professional facilitated, 2nd Wednesday/monthly, Bill & Beverly Feigelman, 718-380-8205

'Safe Place' Suicide Survivor Support Group Samaritans of New York, age 18+ plus/all suicide losses, 1st Wed/Upper West Side, 3rd Tuesday/Downtown, peer/professional facilitated, 7-9 pm, for info. on dates and meetings call 212-673-3041 or www.samaritansnyc.org

Sibling Support Group 1140 Broadway, Suite 803, Manhattan, 7-8:30 pm, for those who lost a sibling, 2nd Tuesday/monthly, peer-to-peer facilitated, Stephanie Kraut stephaniekraut@gmail.com, Kimberly Fodor kimberlyfodor@gmail.com

Other bereavement groups There are other groups that are designed to respond to losses from any cause that a suicide survivor might choose to attend that can be found through Internet searches or calling 311.

A Caring Hand, The Billy Esposito Foundation Bereavement Program, bereavement tied to all causes of death, for children ages 4-18 and their caregivers, in Manhattan. 212-229-2273 www.acaringhand.org

The Compassionate Friends, for those who have suffered the death of a child or friend, various groups available in Manhattan, Brooklyn, Queens and Staten Island. Call national hotline for specific information. 877-969-0010

Training, Screening and other Educational Tools

The following training programs, depression screening and other educational tools are available for free to qualified individuals. To participate in or utilize these trainings or tools you must contact the names or organizations listed below and follow their instructions.

NYS OFFICE OF MENTAL HEALTH PROGRAMS

ASIST (Applied Suicide Intervention Skills Training)

A two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent immediate risk of suicide.

SafeTALK: Suicide Alertness for Everyone A two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and describes how to connect them to suicide first aid resources.

QPR – Question, Persuade, Refer Teaches people how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Can be learned in the Gatekeeper course in as little as one hour.

To learn more or schedule an ASIST, SafeTALK or QPR training, go to the Suicide Prevention Center of New York: www.preventsuicideNY.org or email: preventsuicideOMH@omh.ny.gov

Kognito: At-Risk for High School Educators

One-hour online, interactive gatekeeper training simulation designed to prepare high school staff/teachers to recognize indicators of psychological distress and approach an at-risk student for referral to appropriate support service.
www.preventsuicideNY.org/Kognito.html

NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI)

NAMI offers multi-week courses for individuals with a mental illness, their parents, caregivers:

Family-to-Family—for family caregivers of someone living with a severe mental illness

Peer-to-Peer—for people with a mental illness to help establish and maintain health and recovery

Basics—for parents and caregivers of children and adolescents with a mental illness

Wellness—techniques to help people cope with stress and improve wellbeing.

Learn more at: www.naminycmetro.org/Education/NAMISignatureCourses/tabid/75/Default.aspx

OTHER PROGRAMS

Focus on Integrated Treatment Self-paced, online learning tool for agency staff on integrated treatment for people with co-occurring disorders; utilizes videos, consumer interviews, quizzes, etc. [For OMH licensed and OASAS certified programs only]
www.practiceinnovations.org (click on CPI Initiatives)

SPRC Training Institute Provides online and class curricula designed to build capacity for suicide prevention programs and initiatives, including self-paced courses and webinars (also see the Customized Information Series for specific issues and topics).
www.sprc.org/training-institute

The Trevor Project: Lifeguard Workshop Presented by trained facilitators for youth and professional audiences in NYC school and community settings. Addresses sexual orientation, gender identity, impact of language, suicide risk, etc. Program helps teens develop prevention skills, with short film that generates discussion. www.thetrevorproject.org/LWP

NYC Department of Health & Mental Hygiene:

Depression Initiative Materials for providers to aid in detecting and treating depression in adults, screening tools for depression, anxiety and suicide (PHQ & GAD-7), and patient handouts. Available in multiple languages. www.nyc.gov/html/doh/html/dmh/dmh-depression-initiative.shtml

Ullifeline Anonymous and confidential online resource for college students with information to help themselves or a friend; self-assessment tool and a direct link to New York State college counseling centers. www.ullifeline.org

TeenScreen Free, confidential mental health screening program focusing on youth provides free depression screening tool for schools and community programs, screening kits and support for primary care physicians, screening training tools and webinars.
www.teenscreen.org

Samaritans Suicide Prevention Training Bi-monthly workshops for lay and professional caregivers based on the communications skills, non-judgmental behavior and practices utilized by volunteers on Samaritans 24-hour suicide prevention hotline. Send inquiry to: education@samaritansnyc.org

Consultants and Technical Support

The following is a list of local clinicians, program directors, researchers and other subject matter experts who are available to provide free consultations, technical assistance and/or training tied to effective suicide prevention, specific-high-risk populations and other topics that would be of benefit to those non-profits and government agencies that respond to, treat and serve individuals at-risk for or impacted by suicide.

Children and Young Adults Suicide Risk Screening and Assessment, Chris Lucas, Associate Professor, Psychiatry, NYU School of Medicine, consults on depressed, at-risk or suicidal children and young adults (212) 998-4775 chris.lucas@nyu.edu (contact by e-mail)

Adult Protective Services Program, Alan Ferster, Director, Community Affairs, Adult Protective Services, consults and presents on services provided to physically and/or mentally impaired adults who are at risk for harm (i.e., eviction prevention, financial management, etc.) in NYC (212) 630-1918 ferstera@hra.nyc.gov

Child/Adolescent Depressive Disorders, Non-Suicidal Self-Injury, Treatment for Adolescent Suicidal Behavior, Alexandra DeGeorge, Clinical Assistant Professor of Child & Adolescent Psychiatry, NYU Child Study Center, treatment options for children and adolescents at-risk for depressive disorders and suicide, dialectic behavior theory (212) 263-2755 alexandra.degeorge@nyumc.org

Hispanic Treatment and Cultural Competency, Roberto Lewis-Fernandez, Director, NYS Center of Excellence for Cultural Competence and Hispanic Treatment Program, NYS Psychiatric Institute, consults on clinical cases involving individuals with suicidal ideation or behavior (212) 543-5416 rlewis@nyspi.columbia.edu (contact by e-mail)

LGBT Services and Programs, Andres Hoyos, Director of Center Wellness, The Lesbian, Gay, Bisexual and Transgender Community Center, consults on service delivery, research, program development and other issues impacting members of the LGBT community (646) 556-9298 ahoyos@gaycenter.org

Veterans Mental Health and Treatment, Christie Jackson, Director, PTSD Clinic, Department of Veterans Affairs, New York Harbor Healthcare System, consults on veteran mental health, suicide risk assessments, evaluation and treatment (212) 686-7500 x7598 Christie.Jackson@va.gov (contact by e-mail)

Mental Health and Substance Abuse Information & Referrals, Juanito Vargas, Director of LifeNet Operations, Mental Health Association of NYC, consults and presents on service delivery and programs for at-risk populations (212) 614-5744 jvargas@mhaofnyc.org

Elder Abuse and Psychosocial Health for Older Adults and Their Caregivers, Risa Breckman, Director, Social Work Programs, Deputy Director, Weill Cornell Medical College's Division of Geriatrics and Gerontology, NYC Elder Abuse Center, consults on promoting and securing psychosocial health in older adults, identifying and assessing for elder abuse (212) 746-1674 rbreckm@med.cornell.edu

Disaster and Trauma Impact on First Responders, Friends and Families, Claire Cammarata, Clinical Director, NYC FDNY Counseling Services Unit, training, resources and skills development tied to vulnerability, depression, substance abuse and other issues for populations touched by these problems (212) 570-1693 claire.cammarata@yahoo.com

Responding to Runaway, Homeless and Disenfranchised Youth, Martin Glenn, Assistant Director, Clinical Services, Safe Horizon Streetwork Project, referrals and advice on how to work with these populations, including gangs, prostitution, trafficking, substance abuse, LGBTQ youth (646) 214-3812 Mglenn@safehorizon.org

NYS Office of Mental Health Suicide Prevention Resources, Silvia Gillotti, OMH Downstate Suicide Prevention Coordinator, training and other information, how to access and utilize OMH resources, training programs and other suicide prevention, intervention, postvention information (212) 330-6361 silvia.gillotti@omh.ny.gov (contact by e-mail)

Asian Community Suicide Prevention Planning and Programs, Peter Yee, Assistant Executive Director for Behavioral Health Services, Hamilton Madison House, NYC Coalition for Asian-American Mental Health, for training, research, information, multi-cultures (Chinese, Japanese, Korean, Vietnamese, Cambodian, etc.), all ages, families, immigrants (212) 720-4522 peter@hmhonline.org

Community Clinic, Hospital Programs and Services, Joyce Wale, Senior Assistant VP for Behavioral Health, NYC Health and Hospitals Corporation, consults on services and treatment programs available to New Yorkers through the NYC public hospital system (212) 788-3465 joyce.wale@nychhc.org

Suicide Prevention 'Safety Planning' Program Development, Barbara Stanley, Director, Suicide Intervention Center, NYS Psychiatric Institute, consults on safety planning—developing a pre-determined list of coping strategies to help lower an individual's suicide risk (212) 543-5918 bhs2@columbia.edu

Suicide Prevention Research and Methodology, Jill Harkavy-Friedman, Senior Director of Research & Prevention, American Foundation for Suicide Prevention, consults in research design and understanding research findings in literature (212) 363-3500 x2039 JharkavyFriedman@afsp.org

Postvention—Aftermath of Suicide and Traumatic Loss, Maureen Underwood, Clinical Director, Society for the Prevention of Teen Suicide, service delivery in youth suicide prevention, school-based postvention (732) 996-0056 maureenunderwood@aol.com

Suicide Awareness and Prevention, Public Education, Training & Practices, Alan Ross, Executive Director, Samaritans of New York, consult and technical support, prevention information, lay and professional training, program development, resources (212) 673-3661 education@samaritansnyc.org

Sources of Research and Suicide Prevention Education

The following resources provide some of the most comprehensive, in-depth and up-to-date information available on suicide prevention research, statistics, trends, at-risk populations, clinical studies, evidence-based programs for both the public and health professionals.

Suicide Prevention Resource Center (SPRC)

This federally funded center is a national library that collects and distributes suicide information and research (from prevention to postvention planning), initiatives, program evaluations and a search function on topics such as: high-risk populations, evidence-based programs, best practices and clinical articles. www.sprc.org

Substance Abuse & Mental Health Services Administration (SAMHSA)

Articles and free publications on broad-array of mental health and substance use topics for professionals and the public (conditions and disorders, treatment, screening, health promotion, planning, cultural competence, etc.). <http://store.samhsa.gov>

Centers for Disease Control & Prevention (CDC)

Broad cross-section of suicide prevention related information including statistics, populations, risk groups, strategies, programs, clinical research and scientific information, journal and professional articles, resources, podcasts, etc. www.cdc.gov/ViolencePrevention/suicide

National Institute of Mental Health (NIMH)

Broad cross-section of information on anxiety disorders, depression, suicide, PTSD, eating disorders, etc. including signs, symptoms, statistics, treatment, clinical trials, FAQ, fact sheets by age, gender and population. www.nimh.nih.gov/health

NYS OMH Suicide Prevention Initiative

NY State provides consulting, presentations, train-the-trainer workshops, support for community coalitions, access to data, research and resources. www.omh.ny.gov/omhweb/suicide_prevention

Suicide Prevention Center of New York

NY State Office of Mental Health's suicide prevention center website provides an overview of suicide prevention information, including warning signs, local prevention and postvention programs and initiatives and upcoming training programs across New York. www.preventsuicideNY.org

UCLA: School Mental Health Project

Information, training aids, resources on topics that include violence prevention, child abuse/neglect, children of substance abuse, bullying, bereavement, cultural competence, etc. Listserv allows school providers to ask and share information and technical assistance. <http://smhp.psych.ucla.edu>

National Alliance on Mental Illness (NAMI)

National advocacy organization dedicated to improving the lives of individuals and families affected by mental illness. Website provides review of literature and research, listings of support groups for consumers and their families, and topics and resources for those directly impacted by mental illness, including feedback and perspective from NAMI consumer volunteers. www.nami.org

National Council for Suicide Prevention

The website of the national organization of the major suicide prevention non-profits in the US devoted to advancing the field of suicide prevention practices, service delivery and research as well as public health policies and legislation. www.ncsponline.org

National Strategy for Suicide Prevention

Presents a national strategic prevention framework for action and guides development of services and programs to reduce deaths due to suicide. <http://store.samhsa.gov/product/SMA01-3517>

Resources to Access for Help and Support

The following list consists of crisis response services, community-based non-profits, government agencies, consumer groups and other organizations that provide support, care or treatment. The information is based on that provided by those listed and has been confirmed at the time of this printing.

Immediate Assistance

911

for immediate emergency response. Accesses police, fire, EMS or ambulance resulting in dispatch of necessary services to the site of an emergency.

Samaritans 24-Hour Suicide Prevention Hotline

free, completely confidential emotional support for those who are overwhelmed, depressed or suicidal and need someone to talk to. Every call follows Samaritans non-judgmental communications model and assesses individual for suicide risk. 212-673-3000, 24/7 www.samaritansnyc.org

LifeNet

free, confidential, multi-lingual crisis prevention, mental health and substance abuse information; referrals to mental health professionals; and assistance in accessing mobile crisis units. 1-800-LIFENET, English, 24/7 1-877-AYUDESE, Spanish, 24/7 1-877-990-8585, Asian, 24/7 212-982-5284 (TTY), 24/7 www.800lifenet.org

Mobile Crisis Teams (MCT)

MCT's serve any person who is experiencing or is at risk of a psychological crisis and requires mental health intervention and follow-up support to overcome resistance to treatment. Teams provide assessments, crisis intervention, supportive counseling, referrals, linkage to community mental health services for ongoing treatment. Website provides info. to contact directly. Free, confidential. www.nyc.gov/html/doh/html/cis/cis_mct.shtml

Poison Control Center Hotline

free, confidential, emergency service staffed by registered pharmacists and nurses certified in poison information. 212-POISONS (764-7667), 24/7 212-689-9014 (TDD), 24/7 www.nyc.gov/html/doh/html/poison/poison.shtml

Veterans Crisis Line

free, confidential hotline provides support to veterans in crisis and their families; staffed by caring responders, many of whom are veterans themselves;

website provides online chat support and lists NYC VA centers, clinics and suicide prevention coordinators.

1-800-273-8255, press #1, 24/7 www.veteranscrisisline.net

Nineline Hotline (Covenant House)

free, confidential hotline for youth and their caregivers for crisis counseling. Counselors utilize a database of 30,000 social service and child welfare agencies, allowing callers to be connected with immediate help.

1-800-999-9999, M-Su, 4-8pm www.covenanthouse.org/homeless-youth-programs/nineline-crisis-hotline

Crisis Nursery at New York Foundling

a temporary safe haven for children between the ages of 0-10 (slightly older, if siblings) 24/7 and is the only service of its kind in NYC. Stay may be extended to 21 days under circumstances like: mother's stay in substance abuse rehab or extended hospital stay for illness, etc. 1-888-435-7553, 24/7 www.nyfoundling.org/crisis-nursery

24-Hour Parent Helpline

preventative and mental health referrals or respite services for parents who fear they will harm their children, who are suicidal, have a runaway or acting-out child, are the victims of domestic violence or any situation that impacts their children's safety; free service. 1-888-435-7553, 24/7 www.nyfoundling.org/crisis-nursery

Bereavement and Support

Compassionate Friends

free support groups and online support forums for bereaved family members (parents, grandparents, adult siblings) after the death of a child of any age. 1-877-969-0010, M-F, 9-5 (CST) www.compassionatefriends.org

A Caring Hand, The Billy Esposito Foundation Bereavement Center

free bereavement services for children and teenagers ages 3-18 and their primary caregivers including 10-wk peer group for children, teens and caregivers; grief and bereavement consultation for professionals, schools and businesses. 212-229-CARE (2273) www.acaringhand.org

Friends In Deed

free weekly groups offer emotional and spiritual support for anyone with a diagnosis of HIV/AIDS, cancer or other life-threatening physical illness, their family, friends and caregivers; and those dealing with grief and bereavement. 212-925-2009 www.friendsindeed.org

Calvary Hospital Bereavement Services

free support groups for adults, teenagers and children (6-11) grieving the death of a loved one due to illness, accidents, violence or any other cause. Groups for spouses/partners, parents who lost an adult child, adults who lost a parent, parents of murdered children, etc. Pre-registration required. English & adult Spanish group available. Meetings in the Bronx and Brooklyn. 718-518-2125 www.calvaryhospital.org

Samaritans Safe Place Suicide Survivor Support Groups

free, confidential support groups for people (ages 18 and older) who have lost a loved one to suicide. 212-673-3041 www.samaritansnyc.org

CancerCare

free support for people with cancer, their loved ones, caregivers and the bereaved; provides support groups, counseling, financial assistance, etc. Staffed by oncology social workers. 1-800-813-HOPE (4673), M-Th 9-7, F 9-5 www.cancercare.org

Mental Health and Health Services

National Alliance on Mental Illness of New York City

support groups for those with mental illness ages 18+ and family members, friends, caregivers. Confidential helpline provides support, community resources. 212-684-3264, M-Th 12-7, F 12-6 www.namincymetro.org

Mood Disorders Support Groups

weekly Manhattan-based support groups for people with bipolar disorder and depression as well as their family and friends. 212-533-6374 www.mdsg.org/support-groups.php

GMHC

provides HIV/AIDS prevention, care and advocacy services for youth, men and women (HIV+ and negative). Mental health, harm reduction and substance use programs include counseling, support groups, a helpline, testing, family support, syringe access, legal assistance, nutrition, living skills and job training, art, massage and physical therapy.
212-367-1000 www.gmhc.org

NYC HIV Services Directory

(NYC Ryan White Part A) lists support services for individuals living with HIV/AIDS including those who are uninsured or underinsured; includes mental health, substance abuse, supportive counseling, medical case management, outpatient medical care, home care, legal services.
212-788-5075 www.ryanwhitenyc.org

NYC Free Clinic

comprehensive free health care clinic for ages 18+ provides health, mental health, social services, women's health, reproductive care; serves patients regardless of socio-economic, immigration or health status. 212-206-5200
<http://nycfreeclinic.med.nyu.edu>

Comunilife

services for individuals with mental illnesses and/or HIV/AIDS include mental health clinics and housing programs serving diverse communities. Vida Guidance Center (Bronx) provides mental health services to children, teenagers and adults; Life is Precious suicide prevention program serves young Latinas.
718-364-7700 www.comunilife.org

New York Coalition for Asian American Mental Health

suicide prevention and mental health resources (for children, youth, elderly, bereaved, etc.) and service directory listing programs and private practice providers serving Asian community.
www.asianmentalhealth.org

Hamilton Madison House

individual and group counseling for Chinese, Japanese, Korean and Southeast Asian clients, continuing day services, substance abuse and recovery, supported housing, etc.; serves citywide, programs located in Manhattan and Queens.
212-349-3724 www.hmhonline.org

The Postpartum Resource Center of NY

free helpline providing referrals. Website lists resources including NYC support groups, therapists and programs focused on postpartum depression.
1-855-631-0001 (English & Spanish)
www.postpartumny.org

Center for Independence of the Disabled

free services for people with disabilities include benefits counseling, housing assistance, transition services for youth, employment-related assistance, health care access. Referrals, training for providers, workshops for consumers.
212-674-2300 (Manhattan)
646-442-1512 (Queens)
www.cidny.org

AHRC NYC

services for individuals with intellectual and developmental disabilities (autism spectrum disorder, traumatic brain injury, individuals who are medically fragile, etc.). Counseling, family therapy, support groups, day programs, substance abuse treatment and caregiver respite services.
212-780-4491, M-F, 9-5 www.ahrcnyc.org

HospiceLink

information about local hospice and palliative care programs; also provides callers the opportunity to share their concerns and fears related to terminal illness and bereavement.
1-800-331-1620, M-F 9-4:30
www.hospiceworld.org

Lighthouse International

support services for individuals with vision loss, especially tied to anxiety, fear and depression that often accompany vision loss.
212-821-9200 www.lighthouse.org

Comprehensive Programs and Services**Health & Hospitals Corporation (HHC) Office of Behavioral Health**

all HHC facilities offer behavioral health services including mental health and chemical dependency services; website lists hospitals and services in all five boroughs. 212-442-0352, M-F 9-5
www.nyc.gov/html/hhc/html/services/behavioral-health.shtml

Catholic Charities

services for children, youth and families; includes individual, couple and family counseling service to help with anxiety, depression, troubling behaviors, life changes, trauma, relationship issues. Bilingual, information and referral.
1-888-744-7900
www.catholiccharitiesny.org

Jewish Board of Family and Children's Services

network of community-based mental health and social services for children, adults and families; includes counseling and domestic violence services.
212-582-9100 www.jbfc.org

The Institute for Family Health

primary medical care, mental health, HIV/AIDS treatment, social work, women's health, homeless services, diabetes and dental care, and free clinics in Manhattan and the Bronx for the uninsured. Mental health program offers completely confidential counseling for children, adolescents, adults, families. Accepts all patients regardless of ability to pay. (see website for clinic phone numbers)
www.institute2000.org

Center for Urban Community Services

free, confidential services include benefits and legal assistance, financial counseling, short-term counseling, referrals for domestic violence, mental illness, substance use and other matters affecting the individual or family; serves individuals who are homeless, formerly homeless, low-income, living with a mental illness or other special needs.
212-801-3300 www.cucs.org

F.E.G.S Health & Human Services System

services include support for children and adults experiencing depression, family conflict, self-esteem, parenting and relationship issues, etc.; includes outpatient clinics, psychiatric rehabilitation, family support. Many services are multilingual.
212-524-1780 www.fegs.org

Coalition for the Homeless

programs for homeless men, women and children include crisis intervention, housing, youth services and job training.
212-776-2000
www.coalitionforthehomeless.org

Osborne Association

services for currently and formerly incarcerated individuals and their families/loved ones; counseling, transitional services, case management, child/youth support programs, etc. Family Resource Center & Hotline provide families/friends of people in prison with info., referrals, counseling, support groups during and after incarceration.
718-707-2600 (Bronx), 718-637-6560 (Brooklyn) www.osborneny.org

New York Legal Assistance Group

free civil legal services for low income seniors, victims of domestic violence, immigrants, at-risk youth, people with a disability, chronic or serious illness; includes legal services tied to entitlements, foreclosure prevention, patients in medical settings, immigrant protection; training for health/social work staff; sites in all five boroughs.
212-613-5000 www.nylag.org

Children and Youth

Child Abuse & Neglect State Central Register

call the Register to report suspected cases of child abuse or neglect in NY State. It relays information from the call to the local Child Protective Service for investigation and identifies if there are prior child abuse or maltreatment reports.

1-800-342-3720, 24/7 (for the public)
1-800-635-1522, 24/7 (for mandated reporters)

1-800-638-5163 (TDD), 24/7

NYC Administration for Children's Services (ACS), Office of Safety First
a special hotline for mandated reporters such as City agencies, schools, nonprofits, hospitals and childcare providers to answer questions and address ongoing concerns related to open child protective investigations; can also provide immediate support, assistance and guidance in responding to abused children. There is also an ACS Office of Advocacy that can assist community members such as parents, grandparents, foster parents, etc.
718-542-7233 (Office of Safety First)
212-676-9241 (Office of Advocacy)
www.nyc.gov/html/acs/html/child_safety/ombudsman.shtml

NYU Child Study Center

evaluation, therapy and specialized treatments for children and adolescents with psychiatric and learning disorders (anxiety, mood, ADHD, autism, sexual identity, eating disorders, etc.); website provides tips on seeking professional help for children, how disorders present in youth, symptoms tied to mania, depression, etc., A-Z disorder guide, mental health provider directory, medication guide, etc.

212-263-6622

www.aboutourkids.org

Children's Aid Society

multiple community programs including foster care, pregnancy prevention, family support, health and counseling, juvenile justice; clinics provide bilingual mental health services for children and families including counseling, group therapy, referrals, etc.

212-949-4800

www.childrensaidsociety.org

The Door

free services for youth aged 12-21, with programs including college advisement, tutoring, counseling, English for non-English speakers, GED assistance, health and dental, services for youth in foster care, legal and immigration, LGBTQ programs, jobs and internship programs, sexual health and birth control, etc.

212-941-9090

www.door.org

Resources for Children with Special Needs

serves families and children with all special needs. Provides referrals and support to help parents and professionals access services to ensure children are provided the opportunity to develop their full potential; free and confidential.

212-677-4650, M-F 9-5

www.resourcesnyc.org

Streetwork Project (Safe Horizon)

free services for children and youth up to age 24 include legal, medical and psychiatric services, help in obtaining identification, housing, hot meals, showers, clothing and the opportunity to socialize in a safe, non-judgmental and supportive setting.

Harlem Drop-In Center

212-695-2220, M-Su 9-9

Lower East Side Drop-In Center

646-602-6404, M, T, Th, F 2-7

www.safehorizon.org/streetwork

Transition Year Project

online resource to help parents and students focus on emotional health before, during and after the college transition (especially for young people who are already dealing with some form of depression and/or need continuity of mental health services); provides information to identify, address and manage the treatment of emotional problems, stress, depression, etc.

www.transitionyear.org

Uline

anonymous, confidential online resource for college students with information to help themselves or a friend who may be experiencing depression or suicide ideation; provides a self-assessment depression screening tool and direct link to college counseling centers in New York as well as across the country.

www.ulifeline.org

Older Adults

CornellCARES

website with services for the elderly, especially mental health. Includes tools, info. and resources to make geriatric mental health and psychosocial assessments and interventions. Includes NYC Medicare Mental Health Provider Directory with over 1,000 providers, patient handouts (cognitive/emotional issues, end-of-life care, grief, loss), ask questions of a geriatric psychiatrist.
www.cornellcares.com

NY Presbyterian Hospital HealthOutreach

free program for adults 60 or older including health lectures, workshops, counseling, support groups, social events, help finding a physician, insurance assistance and assistance for caregivers. Support services include counseling, support groups and follow-up referral to handle depression, stress, isolation, etc. Caregivers service offers needs assessment, recommendations/referrals and evaluation of care options.

212-932-5844

www.nypgeriatrics.org

Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)

services for LGBT older adults include clinical and social services program (individual and group counseling, case management); community services (discussion groups, education programs, social activities); program for caregivers and care recipients.

212-741-2247 www.sageusa.org

Substance Abuse

Addiction Hotline

referrals for alcoholism, drug abuse and/or problem gambling throughout New York State. 1-877-846-7369, 24/7
www.oasas.ny.gov

Phoenix House, Substance Abuse Services Program

supports individuals and families affected by substance abuse and dependency. Prevention, early intervention, treatment and recovery support services include treatment for substance abusers with mental health issues, programs for mothers with children, assessment and evaluation, detox, outpatient and residential programs, after-school and day programs for teenagers, case management, women's services, etc.
1-800-DRUG-HELP (378-4435)
www.phoenixhouse.org/locations/new-york

LGBTQ

The Trevor Lifeline

free, confidential crisis and suicide prevention lifeline for LGBTQ youth offers someone to listen without judgment; "Ask Trevor" is an online resource for young people with questions surrounding sexual orientation and gender identity. Lifeline: 1-866-488-7386, 24/7 www.thetrevorproject.org

Hetrick-Martin Institute

services for LGBTQ youth 12-24 and their families include after-school services (arts, health and wellness, job readiness, career exploration) and supportive services (individual and family counseling, meals, help finding housing, referrals). 212-674-2400 www.hmi.org

The LGBT Community Center

mental health and wellness programs (counseling, education, prevention and bereavement services), youth enrichment, family support, resources and community groups. 646-556-9300 www.gaycenter.org

NYC Anti-Violence Project

serves LGBTQ and HIV-affected communities. Offers free and confidential support to victims of bias violence, sexual assault, domestic violence, pick-up crimes, police misconduct and HIV-related violence; provides counseling, advocacy and referrals. Hotline: 212-714-1141, 24/7 (English & Spanish) www.avp.org

Uniformed Services

FDNY Counseling Services Unit

provides mental health evaluations, direct treatment and referrals to all Fire, EMS and civilian employees; includes individual, couple and family counseling; support groups; substance abuse day treatment; treatment and referrals. Free and confidential. 212-570-1693, 24/7 www.nyc.gov/html/fdny/html/units/csu

Police Organization Providing Peer Assistance (POPPA)

nonprofit agency provides free, confidential peer support to NYC police officers (current and retired) experiencing personal or professional problems such as trauma, stress, depression, alcohol abuse, family problems; can refer to mental health professionals. 1-888-COPS-COP (267-7267), 24/7 www.poppanewyork.org

Victim-Related Services

Safe Horizon

programs/services devoted to sexual abuse, rape, domestic violence, sexual assault, loss of loved one to homicide, physical assault/street crime, human trafficking, elder abuse; includes free and confidential hotlines, domestic violence emergency shelters, transitional housing, counseling center (sliding scale, Medicaid accepted). www.safehorizon.org

Domestic Violence Hotline

(including elder abuse) 1-800-621-4673, 24/7

Rape, Sexual Assault and Incest Hotline

212-227-3000, 24/7

Adult Protective Services, NYC Human Resources Administration

case management program that arranges for services and support for physically and/or mentally impaired adults (18 and older) who are at risk of harm and are unable to manage their own resources, carry out daily living activities, or protect self from abuse, neglect, exploitation or other hazardous situations without assistance from others. 212-630-1853 (numbers by borough on website) www.nyc.gov/html/hra/html/directory/adult.shtml

Domestic and Sexual Violence Hotline (New York State)

citywide referrals for victims of domestic violence and sexual assault to agencies offering shelter, counseling, support groups, etc.; confidential 1-800-942-6906, English, 24/7 1-800-942-6908, Spanish, 24/7 1-800-818-0656 (TTY), English 1-800-780-7660 (TTY), Spanish www.nyscadv.org/hotline

New York Asian Women's Center

support programs and shelter services for women and their children affected by domestic violence and abuse include confidential hotline (info. and referrals, emergency shelter connection, safety planning, etc.); services for children who have witnessed or experienced abuse (free counseling, art therapy, support groups, case management, etc.); survivors of human trafficking (free counseling, emergency shelter, case management, etc.). Hotline: 1-888-888-7702, 24/7 (English & Asian languages) www.nyawc.org

Survivors of Incest Anonymous

lists self help, 12-step support groups in NYC-Tri-State area for people 18 years or older that are survivors of child sexual abuse. www.sianewyork.org

Veterans

Veterans Administration

services in all five boroughs at clinics, medical and community living centers. Services include mental health (for PTSD, military sexual trauma, TBI, substance abuse treatment, etc.), readjustment counseling, homeless assistance, geriatric care, caregiver support, pastoral care, hospice and palliative care, women's health, etc. (see website for locations, clinics and services). 212-686-7500 (Manhattan) 718-836-6600 (Brooklyn) 718-584-9000 (Bronx) www.nynj.va.gov

Samaritan Village Veterans Program

residential treatment program for veterans dealing with substance abuse and who may have co-existing mental health issues (PTSD, combat trauma, mood disorders, etc.); men's program in NYC; women's program in Ellenville, NY. Also provides residential and outpatient treatment, homeless services, methadone-to-abstinence programs, etc. for veterans and non-veterans as well. 718-657-6195 www.samvill.org/pages/programs.php

Military OneSource

free service for active duty, Guard and Reserve (regardless of activation status) and their families; includes face-to-face counseling, and telephone and online consultations that help with short-term adjustment issues, work life topics and emotional well-being issues such as work and home relationship issues, grief, loss, and adjustment to situational stressors. 1-800-342-9647, 24/7 www.MilitaryOneSource.com

Veterans Resource Center (NAMI)

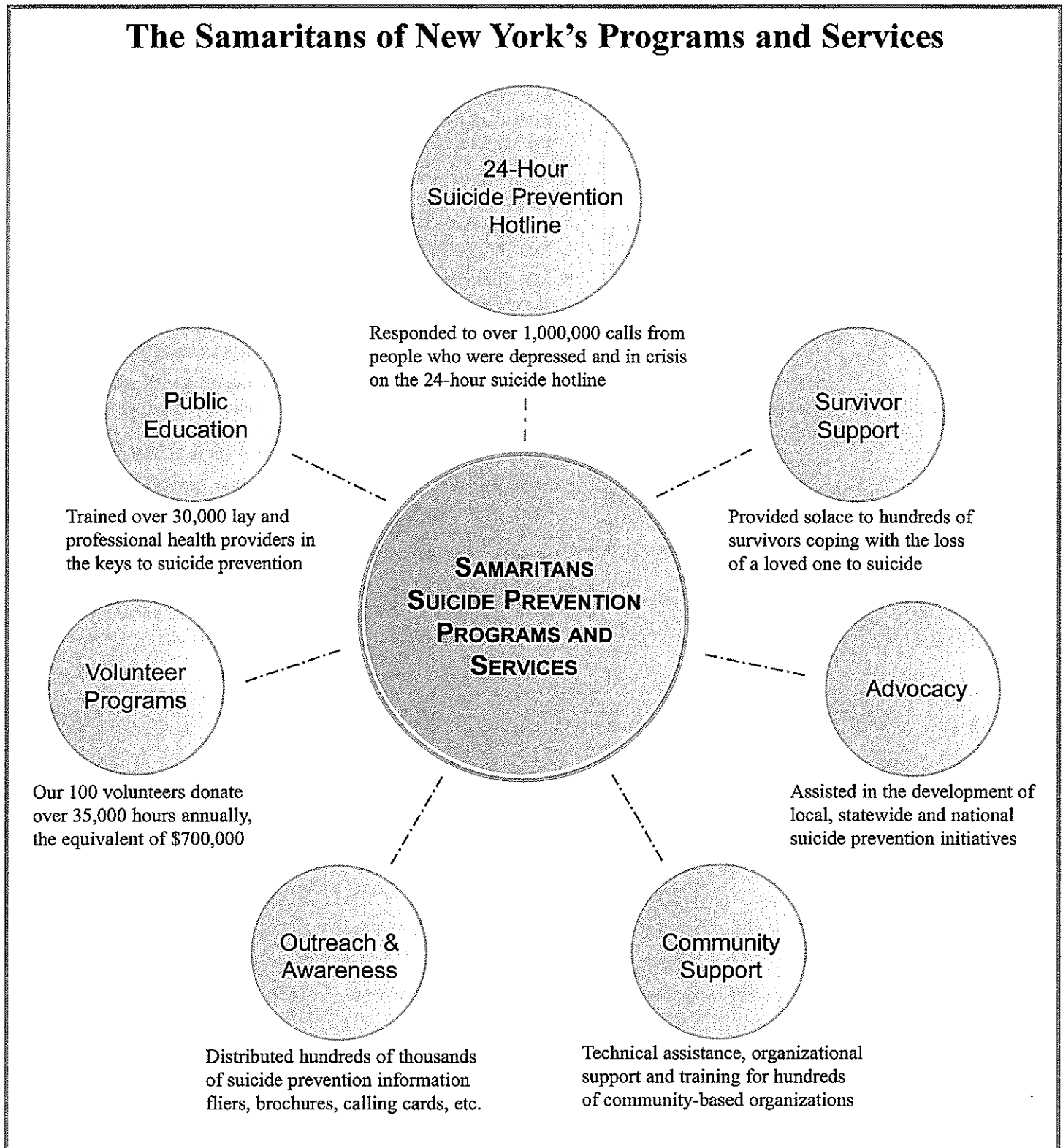
website with resources for veterans and active duty military personnel, their families and advocates tied to mental illness, PTSD, homelessness, traumatic brain injury (TBI), VA benefits, etc.; online discussion forum for veterans provides support and information. www.nami.org/template.cfm?section=Veterans_Resources

To access this Guide online or to view periodic updates, go to:
www.samaritansnyc.org

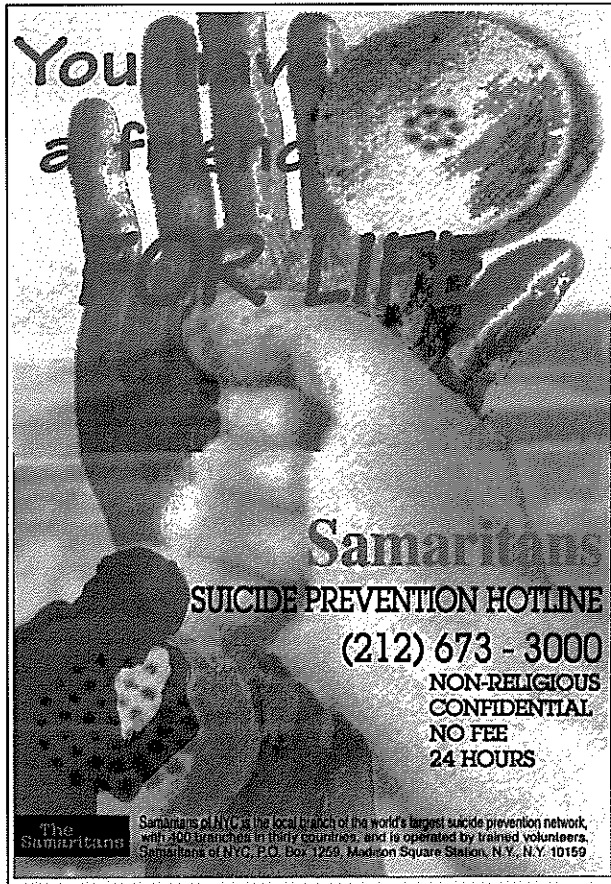
Samaritans In The Community

Established in 1983, the non-religious Samaritans of New York operates New York City's only comprehensive suicide prevention center including the volunteer-staffed 24-hour crisis hotline, public education and awareness program, suicide survivor support groups, contract services and technical assistance, community advocacy, consultations and 1-877-SUICIDE Prevention Infoline.

The Samaritans of New York's Programs and Services



Services Provided by the Samaritans 24-hour Suicide Prevention Hotline



The services provided by the caring, professionally trained volunteers on the Samaritans of New York's 24-hour suicide prevention hotline include but are not limited to:

1. A confidential 24-hour emotional support service that is free and immediately accessible to people dealing with everything from a bad day to a broken heart to a traumatic loss or some debilitating illness.
2. A 24-hour back-up for school guidance counselors, social workers, psychologists, therapists and other caregivers who work with "at risk" populations and need a service that will provide their clients with an immediate response when they are not available.
3. A 24-hour support for teachers, guidance counselors, social workers, therapists, etc. who are in need of someone *they* can talk to and consult with concerning appropriate responses to their students, clients and patients around issues of crisis and suicidal behavior.
4. A 24-hour "direct-contact" referral for mental health agencies trying to match their clients' needs with available services (especially when the needs are immediate and short-term or the "matching" process may take hours or, even, days and the client is in crisis *now*).
5. A 24-hour source of suicide prevention information and crisis response strategies available to the professional community as well as the children, parents, friends and colleagues of those who are in crisis or experiencing depression and/or some form of mental illness.
6. A 24-hour suicide prevention service available to other emergency services (NYPD, EMS, LIFENET, etc.) and those hotlines that serve a specific population (Alzheimer's, AIDS, homeless, victims, etc.).

Why Do People Call the Samaritans Suicide Prevention Hotline?

From Samaritans over 50 years of experience in our 400 crisis centers in 40 countries around the world, it is our belief that the primary reasons people call our suicide prevention hotlines and seek emotional support from our caring, empathetic volunteers include:

they are depressed, overwhelmed and isolated and don't know where to turn for help or comfort

they have something they are afraid to tell anyone or are ashamed of and need a safe place to talk about it

they cannot afford outside help or professional treatment or are not willing to devote the necessary personal resources

they do not trust or have had unsatisfactory experiences with family, friends, clergy, doctors and mental health professionals

they feel they just need to touch base with someone who will listen to them and take them seriously to get through the day

they have given up or dropped out of treatment and/or therapy but are now panicking and do not know what to do

they are recently released from a hospital or other program and are having trouble coping with the daily act of living their life

they have a history of emotional problems, mental illness and/or suicidal behavior and are on the verge of attempting suicide

they have lost a loved one to suicide and are consumed by anger, guilt and shame and have no one they can talk to about it

they have a friend, family member, client or colleague who is suicidal and need feedback and guidance on how to respond.

The Samaritans ...because we all need someone to lean on

Testimony By

**Alan Ross
Executive Director
The Samaritans of New York**

Tuesday, May 1, 2012

**Oversight:
School-Based Mental Health Services**

by

**The Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services
jointly with the Committee on Education**

My name is Alan Ross. I am Executive Director of the Samaritans of New York and I want to thank the Committees on Mental Health and Education for giving Samaritans the opportunity to provide input regarding Oversight of School-Based Mental Health Services.

I began providing suicide prevention training to NYC Department of Education guidance counselors, social workers and teachers—one school at a time—back in 1988. And though Samaritans focus is on preventing suicide, we were working (and continue to work) with frontline student support personnel that respond to students dealing with alcohol and substance abuse, child abuse, sexual assault, neglect, domestic violence, gender identity issues, mood disorders and every kind of problem and behavior imaginable.

Twenty-five years and 30,000 trainees later, I see a mostly hard-working and dedicated frontline staff that has a difficult time keeping up with those aspects of their jobs that require them to respond to and provide ongoing care and support to students who are having emotional problems or are experiencing some form of mental illness.

In fact, surveys of school-based mental health professionals that Samaritans periodically conducts at our DOE professional development trainings consistently find participants rating themselves *very low* to *medium* in their level of confidence in responding to those at risk and their knowledge of warning signs and risk factors tied to depression. Guidance counselors and social workers express (as recently as yesterday) feeling overwhelmed, inadequate or are afraid of saying *the wrong thing*.

Samaritans believes that addressing these fears and sense of inadequacy should be a major goal for the DOE as it continues its work to improve mental health care in our public schools as well as dedicating itself to overcoming the many myths, misconceptions and continuing stigma that still exists among many people--no matter what their education or experience--tied to mental health problems, depression and suicide. Most notably, approaching an individual with a mental disorder as if they have a problem that can be solved as opposed to a state of mind that is going to require ongoing support and care.

These are some of the primary goals of the US Surgeon General and SAMHSA (as stated in the soon-to-be-released revision of the National Strategy on Suicide Prevention), the NYS Office of Mental Health and public health advocates, policy analysts and community-based organizations on a national, state and citywide level; and they should be for the NYC DOE.

Having mental health professionals in school clinics is a positive step forward and it should help de-stigmatize a student seeking help for emotional problems. But there should also be a parallel goal of *mandating reality-based mental health, crisis response and suicide prevention trainings* throughout our schools, similar to that tied to Child Abuse and Neglect.

And, we suggest that there should be some form of school-wide (for students, parents and all school personnel) mental health awareness campaigns, too, educating every member of the school community of the key elements of mental wellness and how to respond to someone in distress or emotional crisis.

Schools perform fire drills so that every one in school knows what to do if there is a fire or other emergency; we should be requiring mental health drills so that everyone knows what to do when they are dealing with a person in crisis; an emotional fire, if you will.

Samaritans continues to work collaboratively with the NYC DOE as it strives to improve and increase its effectiveness in responding to mental health issues and will reach hundreds of student support personnel in every borough this year.

We also have the capacity to provide related professional development education and training to over 1,200 DOE guidance counselors, social workers, SAPIS counselors, those working with students in temporary housing from nearly 800 elementary, middle and high schools throughout the five boroughs in one year for a DOE initiative entitled "A Comprehensive Approach to Responding to Students At-Risk for Suicide by Professional Support Staff in the NYC Public School System," should funds become available.

We remain dedicated to this cause and look forward to working with the City Council and NYC DOE in the future.

Thank you.



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

Office of Youth Development
Child Abuse & Neglect Prevention Program
52 Chambers Street Room 218, New York, NY 10007
Phone: 212-374-0805 Fax: 212-374-5751

December 23, 2010

Mr. Alan Ross
Executive Director
The Samaritans of New York
PO Box 1259, Madison Square Station
New York, NY 10159

Mr. Alan Ross,

As I get ready to leave the New York City Department of Education and my service to children of the City of New York, I must pause to say Thank you! After 32 years in education, with over 24 years at the central office as the Director of the Office of Student Advocacy and Citywide Coordinator for Child Abuse and Neglect Prevention, I just want to go on record saying how important and intrinsic the suicide prevention work of the Samaritans of New York has been to the public schools system.

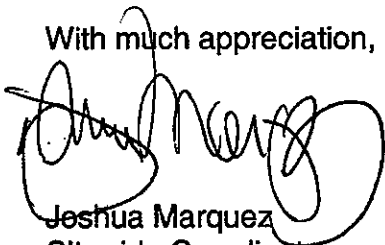
The reality is that the Samaritans of New York is responsible for the advancement of suicide prevention at the DOE and for making it a priority for ongoing professional development and training. For more than 20 years you have been on the forefront of suicide prevention and have provided suicide awareness, prevention and preparedness training on-site at hundreds of our individual schools and through larger conferences and workshops. At these different trainings you have provided the much needed insight and guidance to our guidance counselors, social workers, psychologists, attendance teachers, alcohol and substance abuse counselors, etc. The Samaritan has helped and continues to help advance our student support personnel's ability to respond to and intervene with students who are struggling with social emotional problems, violence, self-destructive behavior and suicide ideation.

It is not an exaggeration, not an embellishment to say that your work has helped saved the lives NYC students and prevented difficult situations with at risk youth from escalating. I am particularly thankful for your work in providing our frontline staff with a sense of self-assurance and comfort that is so necessary for the performing their daily responsibilities of caring for the social emotional and mental health needs of our at risk students. The Samaritans have been a major force helping to demystifying suicide.

All this great work, I should note, has been accomplished through funding and grants that Samaritans secured for the purpose of making the NYC public schools a safer and more responsive environment for students in need. With all the cutbacks in the DOE, and in services in NYC, the Samaritan has been the only constant for school officials in this area. The Samaritan of New York has taken the responsibility of building capacity at its own initiative with funding that didn't exist at the time and often at your own expense.

On behalf of the DOE and our 1.1 million students, I want to thank you for your unheralded contribution to the students of NYC and know that you will continue this all-important work.

With much appreciation,

A handwritten signature in black ink, appearing to read 'Joshua Marquez', written over a circular stamp or seal.

Joshua Marquez
Citywide Coordinator
Child Abuse and Neglect Prevention Program

Training Outcomes from the Samaritans of New York Suicide Awareness and Prevention Programme among Community- and School-Based Staff

Tanisha R. Clark, Monica M. Matthieu*, Alan Ross, and Kerry L. Knox

Tanisha R. Clark has a BA from Spelman College in Atlanta, Georgia, majoring in psychology, and was an NIMH undergraduate research fellow through Atlanta University Center NIMH–Career Opportunities in Research (AUC NIMH–COR). Ms Clark served as a Research Assistant at the Center for Mental Health Services Research at the George Warren Brown School of Social Work, Washington University in St Louis and the Department of Veterans Affairs Medical Center in St Louis, Missouri, as part of her summer research experience for AUC NIMH–COR. Monica M. Matthieu, Ph.D., LCSW, is a Research Assistant Professor at the George Warren Brown School of Social Work, Washington University in St Louis, and a Research Social Worker at the Department of Veterans Affairs Medical Center in St Louis, Missouri. Alan Ross, M.A., is the Executive Director of the Samaritans of New York, Inc., New York, NY. Kerry L. Knox, Ph.D., is an Associate Professor in the Department of Psychiatry, University of Rochester Medical Center in Rochester, NY.

*Correspondence to Monica M. Matthieu, Ph.D., LCSW, George Warren Brown School of Social Work, Washington University in St Louis, One Brookings Drive, Campus Box 1196, St Louis, MO 63130–4899, USA. E-mail: mmatthieu@wustl.edu

Abstract

The Samaritans of New York public education suicide awareness and prevention programme is designed to train lay and professional staff on effective suicide prevention practices and how to 'befriend' a person in crisis. However, little is known about the individual-level characteristics of staff who attend these trainings. Community- and school-based staff ($N = 365$) completed pre- and post-training measures of self-efficacy regarding their knowledge about suicide and suicide prevention and their ability to intervene with individuals at risk for suicide. Results indicate increased self-efficacy after suicide prevention training ($M = 3.7$, $SD = 0.6$) than before ($M = 3.3$, $SD = 0.7$) ($t = -13.24$, $p < 0.05$). Trainees with higher levels of education and previous contact with suicidal individuals were significantly more likely to indicate gains in self-efficacy after training.

Keywords: Suicide, suicide prevention, training, evaluation, Samaritans

Accepted: January 2010

New York City Council Public Hearing, May 1, 2012
Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability
Services and Education Committees

Testimony of Wendy Brennan, Executive Director
National Alliance on Mental Illness of New York City, Inc. (NAMI-NYC Metro)

Good morning. My name is Wendy Brennan and I'm the executive director of the National Alliance on Mental Illness of New York City (NAMI-NYC Metro). I would like to thank the Mental Health and the Education Committees for jointly sponsoring today's hearing on school-based mental health services.

NAMI-NYC Metro was established more than 30 years ago as a support, education, and advocacy organization for people whose lives are impacted by mental illness. We provide peer-led mental health services for mental health consumers and their family members. Last year, we reached close to 4,500 families of children, adolescents, and transition-age youth 18-24 impacted by mental illness.

Nationally, one in 10 children have a serious emotional disturbance, and more children suffer from psychiatric illness than from autism, leukemia, and HIV/AIDS combined. But fewer than 50 percent of children with a serious mental health diagnosis get treatment. This is a serious public health issue. The challenge before us, particularly in the schools, is to reduce the stigma surrounding mental illness and to improve the way the school system engages with children and families struggling with mental illness.

The story I am about to share about Lourdes (which is not her real name) and her Mom is unfortunately not an isolated incident. By the time Lourdes was nine years old, she had been diagnosed with bipolar disorder. Her Mom understood that Lourdes had trouble controlling her emotions. When Lourdes got angry, she would run around and harass the other children at school. One day, the teacher felt she couldn't handle Lourdes' behavior. Her solution was to take the nine-year-old outside the building and leave her alone on the steps. The teacher then called Mom to come pick up Lourdes. Mom was in Riverdale at the time working as caretaker for an elderly woman. Lourdes' school was in Far Rockaway. It is likely that Lourdes was waiting outside alone for several hours before her Mom was able to come pick her up.

Too often, we hear from parents that their children with mental illness are mistreated, locked in cupboards, and even taken away in handcuffs. More often than not, families are blamed for causing the illness; too often threats about notifying the Administration for Children's Services (ACS) are made, most often when parents refuse to give their children psychotropic medication. Rarely is anyone available to help families understand their child's illness, the available treatments and medications, and to how to access the services.

We believe that only a cultural change in the school system can help reduce the stigma surrounding mental illness and get families the care and treatments available to them. Last week, the New York State legislature introduced a mental health education bill that would help ensure greater integration of mental health teaching in public schools. We support this legislation and urge the New York City Council to support it as well.

Teaching our children that the distinction between physical and mental health is an arbitrary one is an important step in eliminating stigma.

Just as importantly, teachers, guidance counselors, parent coordinators and even school bus drivers must become more knowledgeable about mental illness and understand the impact these illnesses have on children and families.

Currently, NAMI-NYC Metro works with the Administration of Children's Services to train frontline child welfare workers about children's mental health. Through the evidence-based, six-week NAMI Basics class, ACS staff are learning to understand that bad behaviors are not willful but are symptoms of the illness; that it is possible to improve communications skills with a sick child and that good communications skills can help to de-escalate challenging behaviors; that mental illnesses are biological in nature; and that parents are most often not to blame.

Through this effort, trained parents and caregivers are beginning to change the culture at ACS and are improving the ways in which families challenged by mental illness are served.

Working together, all child-serving systems have an opportunity to rethink the way they approach and manage mental illness in the families they serve.

Thank you for allowing me to testify today.



New York State

Memo of Support

To: Senate Mental Health and Developmental Disabilities Committee Members
From: National Alliance on Mental Illness, New York State (NAMI-NYS)
Re: Senate Bill-S.7030 (MacDonald) An act to amend the education law, in relation to including instruction in mental health within health education in schools
Date: April 30, 2012

The National Alliance on Mental Illness-New York State (NAMI-NYS) strongly endorses Senate Bill S.7030, which would amend the existing public school health curriculum to incorporate mental health education. Mental health is an integral part of our overall health and this must be recognized in law.

In New York, more than 300,000 children are living with a serious mental health condition, and 50 percent of students with untreated psychiatric disorders drop out of school. Education, early intervention and prevention are keys to minimizing the effects of mental illnesses and ensuring that all of New York's children receive a proper education.

It is vital that New York's education system does a better job of creating a true understanding of mental illness and mental health issues. Proper mental health is crucial to overall well-being, which is why it is necessary that mental health education is incorporated into our schools. Administrators, teachers and students must be given the tools to identify the potential warning signs of mental illnesses which are prevalent in children and adolescents. Educating young people about mental health will enable them to recognize indicators in themselves and others, and teach them to seek help.

It often takes years from the first sign of the symptoms of mental illness before individuals seek treatment. Education about the facts of mental health and de-stigmatizing mental illness will result in earlier intervention with the potential for more successful outcomes.

The integration of mental health education is long overdue, and we are extremely grateful to Senator McDonald for introducing this important bill. Appropriate mental health education will lead to our children getting the proper support they need to gain an understanding of mental illness.



Memo of Support

To: Assembly Education Committee

From: National Alliance on Mental Illness, New York State (NAMI-NYS)

Re: Assembly Bill-A.09880 (Nolan) An act to amend the education law, in relation to including instruction in mental health within health education in schools

Date: April 30, 2012

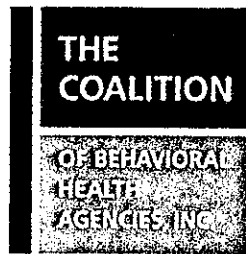
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The integration of mental health education is long overdue, and we are extremely grateful to Assemblywoman Nolan for introducing this important bill. Appropriate mental health education will lead to our children getting the proper support they need to gain an understanding of mental illness.



Testimony on the Oversight: School-Based Mental Health Services

Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability
Services

Hon. G. Oliver Koppell, Chair

Committee on Education

Hon. Robert Jackson, Chair

May 1, 2012

INTRODUCTION

Chairperson Koppell, Chairperson Jackson, distinguished members of the Committees, thank you for affording us the opportunity to testify before you today on the Oversight of School-Based Mental Health Services. My name is Heather R. Mermel, and I am the Director of City and Federal Policy and Advocacy of The Coalition of Behavioral Health Agencies (The Coalition).

PREVALENCE OF MENTAL HEALTH DISORDERS AMONG CHILDREN AND ADOLESCENTS

In 2010, 1 in 5 children in the United States had a mental health disorder, most commonly attention deficit hyperactivity disorder (ADHD)¹. Some other common mental health problems were behavior disorders, anxiety and depression². Symptoms of anxiety disorders can emerge as early as 6 years old, behavioral disorders by 11 years old, mood disorders by 13 years old and substance use disorders by age 15³. Data from the 2009 National Youth Risk Behavior Survey (NYRBS) found that 13.8% of students had seriously considered attempting suicide and 6.3% of students had attempted suicide one or more times during the 12 months before the survey⁴. Research has clearly shown that a substantial number of children and adolescents suffer from serious emotional and/or behavioral problems.

NEED FOR SCHOOL-BASED MENTAL HEALTH SERVICES

Mental health is a critical component of children's learning. Undiagnosed and untreated mental health problems can disrupt daily life at school, result in school failure and lead to long-term

adult mental health problems. Unfortunately, the majority of children and adolescents who have a mental health disorder do not receive treatment. Only 32.2 % of children with anxiety disorders⁵ and 37.7% of youth with depression receive treatment for their disorder⁶. Furthermore, untreated mental health issues, that would have been responsive to early intervention, end up requiring a more intensive intervention or lead to life-long problems. Many of the NYC public schools do not have the resources, both financial and staff, necessary to address the mental health needs of their students. Due to the lack of mental health services, schools call 911 to deal with children who exhibit emotional and/or behavioral disorders. This results in the inappropriate use of hospital emergency rooms to evaluate “low risk” children and re-traumatizing them.

CURRENT SCHOOL-BASED MENTAL HEALTH SERVICES IN NYC PUBLIC SCHOOLS

Currently, only a small percentage of NYC Public Schools have school-based mental health programs. As of January 4, 2012 the NYC Department of Education reported that mental health programs were located in only 260 out of the 1,700 NYC public schools⁷.

School-based mental health programs offer a full range of comprehensive mental health services to children, families and school DOE staff. For example, school-based mental health programs provide assessments and evaluations, individual, group and family therapy/sessions, service coordination, case management, crisis intervention, classroom observation, participation in school based committee or interdisciplinary team meetings, consultation with teachers, trainings to school staff and parent outreach and workshops.

FINANCING OF SCHOOL-BASED MENTAL HEALTH SERVICES

The majority of school-based mental health programs operate with a deficit. This is due to many factors. For example, many of the services are inadequately or not reimbursed by health insurance, including Medicaid (e.g. crisis services for children who are not already admitted to the clinic, consultation with teachers on children who mental health clinics have not yet received parental consent to treat, parent outreach, workshops/trainings for school staff, case management and referrals). Some mental health programs have difficulty collecting health insurance information and collecting reimbursement. The Department of Education has instituted a policy that prohibits school-based mental health programs from collecting co-payments and obtaining reimbursement on school property. As a result, programs absorb the cost of providing mental health services not only to children who are uninsured but also to those who have health insurance through companies that are not in contract with the service provider. School-based mental health services cannot be supported solely on fee-for-service Medicaid. Because of the inadequate financing, some school-based mental health programs have had to close.

BENEFITS OF SCHOOL-BASED MENTAL HEALTH SERVICES

Since children spend most of their day at school, school-based mental health services are an excellent opportunity for early intervention with children and families. Furthermore, they provide services where and when children need them in familiar settings and in a consistent basis. These services are a cost-effective way to provide the proper level of care to children where they spend most of their day. In addition, they provide services to those children whose parents may not be able to bring them for traditional outpatient clinic services. School-based mental health services can have a beneficial impact on academic performance, classroom order, and attendance and suspension rates. Furthermore, studies have shown that early diagnosis and treatment can decrease the burden of mental health disorders later on in life.

RECOMMENDATIONS

School-based mental health services are a promising approach for children who exhibit emotional and behavioral problems. The Coalition recommends the following:

- The expansion of mental health services through improved funding (e.g. combination of fee-for-service Medicaid and tax-levy or grant dollars);
- The Administration and City Council designate dollars for school-based mental health services;
- Employ training initiatives and demonstration projects to support the implementation of evidence-based practices;
- Provide funding for wellness initiatives that support the integration of health and mental health. There are unexplored connections in service delivery between health, nutrition, ADHD and classroom performance;
- Provide a comprehensive training for all DOE principals and school staff on the following: (1) how to recognize the signs of those children who are suffering with mental health and behavioral problems, (2) how to handle students with social and emotional issues, (3) the importance and benefits of school-based mental health services, (4) the scope of school-based mental health programs, and (5) the roles and responsibilities of the mental health clinicians in the schools;
- Promote a policy that would deter schools from the regular use of emergency services for psychiatric or behavioral crises;
- Remove the barriers for re-entry to the school, uniformly across all schools, for children who have gone to the Emergency Department for psychiatric or behavioral crises (e.g. the requirement that children receive a psychiatric evaluation in order to return to school);

- Educate the DOE administration and faculty about the stigma associated with receiving mental health services; which is one of the biggest barriers programs face in getting parental permission to provide services. For example, improve communication and education to parents on the signs of mental illness and benefits of receiving mental health treatment;
- The New York City Department of Health and Mental Hygiene (DOHMH), Department of Education (DOE) and the New York State Office of Mental Health (OMH) must work together in a formal way to address current issues and come up with recommendations on the following:
 - review the regulatory and financial barriers to providing mental health services in school settings and make the necessary changes that will improve the delivery of services (e.g. definition of “after hours” for school-based services in OMH Part 599 regulations, barriers to obtaining health insurance information and collecting reimbursement, adequate reimbursement rates)
 - Improve the assessment tools DOE staff use for high risk situations
 - Improve the collaboration between school DOE staff and clinicians and the coordination of services (e.g. when and how many times during a day or week the child is pulled out of the classroom for specialized and/or mental health services);
- The New York City Department of Education should institute a policy regarding the use of school space after hours so that mental health services can be offered to children and families in the hours that work best (e.g. early evening, especially for working parents);
- The New York City Department of Education should rescind its policy that imposes a fee for mental health providers to use the space after hours and on the weekends;
- The New York City Department of Education should allocate funding to pay for school-based mental health services when insurance reimbursement is either inadequate or unavailable;
- Knowing that changes are coming in the delivery of services for children with IEP’s, it is critical that mental health services be included in the new plan;
- The City and State should allocate dollars to pay for the services and interventions that school based mental health programs provide that are inadequately reimbursed or not reimbursable.

CONCLUSION

On behalf of the 120 community-based behavioral health agencies that we represent throughout New York City and beyond, The Coalition respectfully urges the Council to help ensure that mental health services are available to every New York City public school student.

About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 120 non-profit behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City, Westchester County and surrounding areas.

Founded in 1972, the mission of the Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including the fragile elderly, people who are homeless, those who struggle with AIDS and other co-morbid health conditions, violence and other special needs. Coalition members help people with mental illness and addiction disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.

¹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at: <http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>. Accessed on April 17, 2012.

² MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US); [updated 2012 April 20]. Child Mental Health; [updated 2012 April 11; reviewed 2012 March 20; cited 2012 April 22]. Available from: <http://www.nlm.nih.gov/medlineplus/childmentalhealth.html>

³ Merikangas KR, He J, Burstein M, et al. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study–Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010;49(10):980–989.

⁴ Centers for Disease Control and Prevention. 2009 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on April 22, 2012.

⁵ Merikangas KR, He JP, Brody D, Fisher PW, Bourdon K, Koretz DS. Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*. 2010, 125(1):75-81

⁶ National Institute of Mental Health. Use of Mental Health Services and Treatment Among Children. Available at: <http://www.nimh.nih.gov/statistics/1NHANES.shtml>. Accessed on April 26, 2012.

⁷ NYC Department of Education. List of Mental Health Program Locations (as of January 4, 2012). Available at: <http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm>. Accessed on April 22, 2012.

**Testimony to be delivered to the New York City Council's Education and Mental Health,
Mental Retardation, Alcoholism, Drug Abuse, and Disability Services Committees' Joint
Oversight Hearing Re: School-Based Mental Health Services**

**New York Lawyers for the Public Interest
May 1, 2012**

Good Morning. Thank you for this opportunity to comment on School-Based Mental Health Services.

My name is Keren Farkas. I am a staff attorney at New York Lawyers for the Public Interest (NYLPI). NYLPI contracts with the New York State Commission on Quality Care and Advocacy for People with Disabilities to provide federally mandated Protection and Advocacy services to individuals with disabilities throughout New York City. We advocate on behalf of thousands of individuals with disabilities on a wide variety of issues, and have a significant special education practice. We provide direct legal services and technical assistance to parents/guardians of children with disabilities, conduct parent trainings, and work collaboratively with parents and advocacy organizations on issues of special education reform. In this capacity, NYLPI is well situated to comment on school-based mental health services in New York City.

Each year, we see hundreds of cases where the New York City school system fails to provide children with the services and supports they require to address their disabilities. Deprived of the appropriate services, some students begin to act out or experience a worsening or pre-existing problem behaviors. Yet, despite the obvious need for services, in the City's public and charter schools we have seen that:

- functional behavioral assessments and behavior intervention plans are too rarely employed effectively or taken seriously;
- punitive discipline is over-used, and positive behavioral interventions and restorative practices are not appropriately implemented or considered at all;
- counseling services are not offered consistently or integrated with the student's classroom education or outside providers;
- students with classifications of "Emotional Disturbance" are disproportionately placed in self-contained classrooms and segregated schools where, to parents and advocates, it is questionable whether the focus is on appropriate educational instruction or behavior management; and
- schools rely on police or security-guards to monitor the hallways and address a range of student misconduct, rather than having and making use of individuals licensed and trained to appropriately assess, respond to, and de-escalate crises.

A harmful and inappropriate consequence of this lack of focus and training on crisis management and positive therapeutic interventions is school staff misusing EMS services when a child exhibits problematic behavior.

While NYLPI recognizes that there may be some situations where immediate medical or psychiatric assessment is needed and calling EMS can be an appropriate response, we are here today because we have seen that schools are too frequently referring students to EMS where school discipline is the issue, not medical or mental health treatment. Students are unnecessarily losing class time and often days of school because, following the call to EMS, school staff bars the student from returning pending a “clearance” letter from a psychiatrist confirming the student is not a danger to self or others.

The impact of misusing EMS goes beyond the harm to the student, as their parents are also significantly affected. We are aware of the following areas of concerns:

- Children are being sent to be assessed for medical treatment without the consent and support of their parent. While schools do commonly contact parents and let them know they are calling 911, parents are rarely offered a choice in the matter. When parents are presented with an option, it is generally only either to pick up their child from school right away, which may be unfeasible or a significant hardship for a working parent, or to acquiesce in the school’s decision to call EMS.
- Also, the school’s unilateral decision to call EMS imposes significant costs on the parent. Emergency rooms are the most expensive setting to deliver care and assess a problem. This means that, not only parents but also the public health system experience higher costs when schools refer students to EMS inappropriately. Given that students referred to the ER are frequently discharged as soon as they are assessed, it is also an unnecessary cost.

For these reasons, it is clear that a school’s decision to refer a student to EMS—rather than create and employ a range of responses to crises—cannot be taken lightly.

In summary, we share the concern of the other special education advocacy and legal organizations here today regarding this practice. The resort to the use of EMS is not only a problem in itself, it is also symptomatic of the Department of Education’s failure to have the programs and resources in place to appropriately and positively address the needs of students with disabilities and students with behavioral and emotional needs. We applaud the City Council for holding a hearing on this matter, and look forward to working with you towards improving practices.

Thank you for this opportunity to speak to you today. I would be happy to answer any questions you may have.



Advocates for Children of New York

Protecting every child's right to learn

Testimony to be delivered to the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services and the Committee on Education

Re: School-Based Mental Health Services

By Avni Bhatia, Advocates for Children of New York
May 1, 2012

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My name is Avni Bhatia. I am a staff attorney and Skadden Fellow at Advocates for Children of New York where I focus on helping students with emotional and behavioral challenges get the support they need to stay and succeed in school. I am also a member of Dignity in Schools New York, 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.

Through my casework at Advocates for Children, I have seen again and again the negative consequences that the city-wide shortage of school-based mental health services has on schools and their students. Just last week, a sixth-grade boy in a school in Manhattan put his head on his desk during the state math exam, frustrated that he was unable to answer a question. School staff responded by asking him to leave the testing room. Believing he was going to fail the test if he left the room, the student became upset and refused to leave. In response, school staff removed the child and locked him by himself into a room called the "Responsibility Room," where



he became increasingly agitated and began to cry and throw furniture. The Principal entered the room and began taking pictures of the incident on her cell phone.

Eventually, the student tipped a bookcase onto his own foot, spraining it. In the ensuing chaos, the Principal was injured as well. Had the school been able to address the student's initial outburst in the testing room by referring him to the office of a mental health professional rather than isolating him in a locked room, these injuries never would have occurred. The student is now facing a possible long-term suspension from school.

In another case, a school in Queens called EMS twice in five weeks to hospitalize a six-year-old girl with ADHD who was acting out. Both times, the school called 911 because there was no one at the school who could effectively manage the child's behavior, which included tantruming and crying. Both times, the student was physically restrained by EMS staff, brought in an ambulance to the hospital, and then immediately discharged after a quick examination by a psychiatrist who determined she was not a danger to herself or others. Had the school been equipped with mental health services, there would have been no need to put this six-year-old through the trauma of being ambulated to a psychiatric hospital, not once but twice.

Some of you may remember Joseph Anderson, a seven-year-old student who made headlines last spring after he was handcuffed by police in response to a tantrum about Easter eggs. Joseph now attends a state-funded private school staffed with dedicated mental health service providers who meet with Joseph regularly and are on



hand to respond to crisis situations, which have occasionally arisen. Overall, he is thriving in his new environment and has made tremendous social and emotional gains throughout this school year.

These examples point to the dire need for the expansion of school-based mental health services for New York City's children. Each and every day, the severe shortage of school-based mental health services in New York leads to unnecessary exclusions, suspensions, handcuffing, arrests, and calls to EMS—responses that are traumatic for children and do nothing to eliminate problem behavior. Research shows that following exclusion from the classroom, problem behavior typically recurs, posing continuing challenges for students, teachers, and schools. School-based mental health services have the potential to get to the root of the problematic behavior, and to do so in a positive, constructive manner. Furthermore, in light of the DOE's special education reform, requiring all schools to meet the needs of students with disabilities within their current school buildings, mental health services are necessary to help students with behavioral disabilities stay and succeed in their current schools. An investment in such services would not only help students and improve the safety of schools, but would save money by reducing costly ambulance rides, suspension hearings, and state-funded private school placements.

Advocates for Children and Dignity in Schools New York urge the City Council to take steps to ensure that the funding necessary for the expansion of school-



based mental health services is allocated, so that cases such as the ones I described today cease to occur. Thank you for the opportunity to testify.



The Children's Aid Society

www.childrensaidsociety.org

**Testimony of Maria Astudillo, Director of Mental Health Services, The Children's Aid Society
Prepared for the Oversight Hearing on School-Based Mental Health Services
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services and the
Committee on Education, New York City Council
May 1, 2012**

Good morning. My name is Maria Astudillo and I am the Director of Mental Health Services at The Children's Aid Society (CAS). I'd like to thank Chair Koppell and the Committee on Mental Health and Chair Jackson and the Committee on Education for the opportunity to testify regarding school-based mental health services.

As one of the nation's largest and oldest community-based organizations, The Children's Aid Society (CAS) helps children in poverty to succeed and thrive. We do this by providing comprehensive supports to children and their families in targeted high-needs New York City neighborhoods. Today, CAS touches the lives of more than 70,000 children and families each year. Our network of community centers, community schools, and health clinics is organized into service hubs concentrated in the South Bronx, Harlem, Washington Heights and Northern Staten Island. Citywide we offer more than 100 programs in 45 sites, where we provide education and youth development services, foster care and preventive services, after-school, weekend and summer enrichment, early childhood programs, teen pregnancy prevention, comprehensive health services (including medical, mental health and dental), legal services, and programs for disconnected youth, including programs for young people who have been incarcerated or are at high risk of incarceration.

Every day, we see the cruel and unrelenting impact of the current economic reality on the children and families that we exist to serve. Today, one in three children in New York City – and two in three public school children – live in poverty. Demand for ALL of our services has increased. Demand for mental health services has increased significantly. In fact, principals and teachers consistently say that their biggest area of need is mental health services for students. We must invest in significantly more high-quality mental health services for young people in the places where they spend a significant amount of time – in school. School-based mental health services are good for kids and are cost-effective.

For example, school-based health centers (SBHC) – and school-based mental health services specifically – prevent unnecessary emergency room visits. The New York Times recently illustrated this through an article that profiled Gabriel, a young boy who has been unnecessarily sent to the emergency room for psychiatric evaluations on multiple occasions due to behavioral outbursts in school. With the right resources, these outbursts could and should have been handled in Gabriel's school. Every year, thousands of children are sent to the ER unnecessarily, when instead they could be cared for and learning in school. Faced with a shortage of resources, educators are increasingly calling 911 when children act out, resulting not only in costly emergency room visits, but a failure to treat the underlying behavioral disorder.

And it's the wrong response. Less than three percent of students sent to the emergency room are admitted into a hospital. Most are sent home and told to return to school the next day. Instead of receiving any sort of treatment for the root problem, the student misses a day of school. Often, parents are required to miss work, losing income and imperiling their jobs. In addition, often students are discharged with a referral to a community clinic, which often have long waitlists and are not equipped to do the kind of necessary follow-up to ensure young people are receiving the kind of treatment they need.

School-based mental health services are delivered by professionals in a caring and accessible environment. And they have proven to be incredibly effective. Students receiving mental health services in school show significant declines in depression, improvements in behavior and overall mental health and increased academic performance. They also save money – comprehensive preventive care is less expensive than emergency room care or the future complications caused by untreated mental health conditions.

At the Children's Aid Society, we currently operate five comprehensive school-based health centers in NYC and provide school-based mental health services at six schools. In total, we serve nearly 33,000 students during the school-year for medical, mental health and dental services. Seventy percent of our referrals are due to disruptive behaviors at home and/or school that significantly impact academic and social functioning. Of the 33,000 students that we have seen in our school-based health clinics, because of declining resources, we have only seen approximately 300 students with 2,500 visits for mental health services so far this academic year. Last academic year we saw a total of 550 students with a total of 5,600 visits.

Consider 13-year-old Lisa¹, referred to a Children's Aid Society SBHC by her primary caregiver – her grandmother. Lisa was prone to anxiety, poor peer relationships and depressive episodes. Her father passed away when she was two-years-old, her mother was not in her life and she suffered severe abuse from her uncle as a small child. Rather than being sent to an emergency room, our SBHC assessed her needs and provided treatment to address her symptoms of anxiety and depressive mood as well as her traumatic past using an evidence-based model proven to be effective in treating trauma. Following her therapy sessions, she has been able to develop positive, trusting relationships, improve her grades and graduate to high school.

Unfortunately, success stories like Lisa's are few and far between for most of the one in five children with a diagnosable mental, emotional or behavioral disorder, or the one in ten children who suffer from a serious emotional disturbance. Only 317 of New York City's 1,700 schools provide mental health services, and the number has been declining in the past several years due to budget cuts. At the same time, principals and teachers identify mental health services as one of their biggest areas of need.

School-based mental health services increase accessibility for children and youth to critical mental health services and reduce stigma around these services. For example, we call our school-based health centers "wellness centers." All of our wellness centers exist in the context of a Children's Aid community school, where we provide expanded learning opportunities, parent and community engagement activities and services that reduce barriers to learning, such as the services we provide in our wellness centers.

Our wellness centers include medical, mental health and/or dental services and are staffed by culturally competent professionals. We have found that integrating medical and mental health services in particular makes young people and their families much more likely to comfortably access services. Particularly for adolescents, who are often not ready to talk with their parents right away about issues in their lives, school-based mental health centers provide a safe place where students can initially seek help. In addition, school-based health centers remove the financial barrier that so many families face with community providers not connected to schools. Families also face significant waitlists when seeking services from community providers; for bilingual services, waitlists are even longer. Currently, we have a total of 30 children waiting for services and we are in the process of assessing 30 more.

However, the demand far outweighs the supply in schools. At Children's Aid, we have lost significant funding over the last number of years. As of June 30th of this year, we will have closed four school-based mental health clinics in the past two years and children and families are suffering because of it. Instead of disinvesting in

¹ Name has been changed to protect the identity of the child.

school-based mental health, the Department of Education and the Department of Health must invest more money for mental health services in our schools. These services aren't just nice; they're necessary – and ultimately, they will save us money in the future. Investing earlier in preventive screening and early treatment save significant dollars in the future on ER visits and crisis management.

Recommendations:

- Invest in preventive screening in schools that already have some mental health services available. Preventive screening is a first, critical step to identifying students in need. We currently have a grant from OMH to conduct early recognition and screening. However if more children are identified, we need to invest resources in treating them.
- Integrate mental health professionals into the life and breath of the school – social workers can and should be working with teachers in classrooms and using evidence-based treatment models to work with children. If children are experiencing trauma or stress, this needs to be addressed as soon as possible. Schools must be flexible to allow children to access services when they need it, even if it is during a core subject area.
- Use a neighborhood-based strategy to leverage resources in neighborhoods of particular need. We all know the neighborhoods most in need in NYC – these are neighborhoods with the highest poverty rates, the highest chronic absence rates, the highest asthma rates and the lowest performing schools. We must focus high-quality resources in these places through a coordinated place-based strategy, such as community schools.
- The City should push the State to develop a comprehensive vision for mental health services for children – school-based strategies must be an integral part of that vision.

Developing and supporting comprehensive mental health services in schools significantly increase the likelihood that children and adolescents who need services will actually receive them. The Children's Aid Society is your partner in working to preserve and expand critical programs and services for the children and families who need them the most. If every school had a SBHC, then many more children could get on with the very important business of learning. Thank you for the opportunity to testify today.



Testimony of
Jennifer March-Joly
Executive Director, Citizens' Committee for Children of New York, Inc.

Before the
New York City Council Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability and the Education Committee

Oversight Hearing:
School Based Mental Health Services

May 1, 2012

Good afternoon. My name is Jennifer March-Joly, and I am the Executive Director of Citizens' Committee for Children of New York, Inc. (CCC). CCC is a 68-year old privately supported, independent, multi-issue child advocacy organization, dedicated to ensuring that every child is healthy, housed, educated and safe. CCC does not accept or receive public resources, nor do we provide direct services, or represent a sector or workforce. For 68 years, CCC has undertaken public policy research, community education and advocacy to draw attention to the needs of children, youth and families so that we can advance budget, legislative, and policy priorities that are cost-effective and produce better outcomes for New York's youngest residents.

I would like to thank Chairman Koppell and Chairman Jackson and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services and the Committee on Education for the opportunity to testify on school-based mental health services.

As you may know, strong student academic performance is associated with children's ability to attend school regularly, stay on task, and feel comfortable in their school setting. Furthermore, children's social and emotional health issues can affect not only how they relate to family members, and their ability to make friends, but also how well they perform in school. In short, the sooner mental health needs are identified and appropriate interventions initiated, the better off children are – socially, emotionally, and educationally.

In New York City, according to national prevalence estimates, approximately 20% of school age children have mental health needs that require professional attention.¹ That is 1 in 5 or 268,743 school age children.² Furthermore, if one were to focus exclusively on the number of New York City children with serious emotional disturbance (SED), one would identify 1 in 10 or 134,372 school age children.³ In sum, a great number of school age children have mental health needs.

While school-based mental health clinics have been an innovative part of the fabric of New York City's public school system for nearly twenty years, clinical services are not widely available throughout the school system. Rather, there are over 1,500 schools that make up the public school system and approximately 80 school-based mental health clinics.⁴ Adding to this challenging situation,

¹ *New York City's Children and Mental Health: Prevalence and Gap Analysis of Treatment Slot Capacity*. CCC on behalf of NYC Citywide Children's Committee and NYC Early Childhood Mental Health Strategic Workgroup. January 2012. www.cccnewyork.org/publications/NYCChildrenMHRReport.pdf

² Ibid.

³ Ibid.

⁴ www.nyc.gov. Office of School Health. There are approximately 80 school-based mental health clinics and 130 school-based health clinics. School-based mental health clinics focus exclusively on screening, assessment and treatment of mental health needs, while school-based health clinics are focused primarily on the health needs of students, and some health clinics are also able to provide mental health counseling through licensed social workers.

CCC's recent report on children's mental health prevalence and gap analysis of treatment slot capacity,⁵ documents a shortage of children's mental health treatment capacity on the community level. In the boroughs where there was sufficient data to calculate the gap between treatment needs and treatment slot capacity, we found that community based Article 31 clinics had the capacity to reach only 12 percent of the school age population in need.⁶ Citywide prevalence estimates and our gap analysis confirm what is generally understood on the ground - that the need for children's mental health treatment is great, while the supply of children's mental health treatment slots is insufficient.

Because CCC has a long standing commitment to ensuring that the mental health needs of children are met as early as possible and that services are readily available in normative settings where children can be easily reached, in 2009, we began a qualitatively examination of initiatives were underway that identify, assess, and treat children's mental health needs at the elementary school level. While we anticipate releasing our report later this month, preliminary findings are relevant to today's hearing as they confirm: there is a need for school based mental health treatment; student's with mental health needs greatly benefit from school-based services; and the presence of school-based mental health services has a positive impact on school environment and school staff.

Specifically, CCC's data (gathered from confidential interviews with school principals and school-based clinicians) revealed the following:

- Surveyed principals (with and without school based clinical services) believed that there were children in their schools who had mental health issues that impeded their learning, but also disrupted the learning of other school children.
- Surveyed clinicians reported that attention deficit disorder and disruptive disorder were the most common and most critical diagnoses of the children seen in their clinics. These diagnoses were described as most likely to interfere with a child's ability to function in school, socially and at home.
- Surveyed clinicians identified significant social emotional stressors related family stability, such as severe economic stress and parental divorce or separation, as the most common stressors to interfere with a child's ability to learn.

⁵ Ibid

⁶ Ibid. Our analysis identified the gap between children's treatment needs and treatment slot capacity in Brooklyn, the Bronx, and Staten Island. Despite our interest in calculating the gap between need and treatment slot capacity in Queens and Manhattan as well; we were unable to do so because data on treatment slot capacity was incomplete.

- Surveyed principals (that benefited from school-based clinics) as well as surveyed clinicians reported that the barriers to engaging children in treatment are typically external to the child, such as parental concern about stigma.
- Surveyed clinicians and principals also agreed that key barriers to providing services in the schools were space constraints and competing school demands. For example, in schools with clinics, treatment was scheduled during academic and non-academic class periods throughout the school day, but specific concerns were expressed about limited access to school-based treatment during after-school, on weekends, holidays or during the summer months.
- Surveyed clinicians also underscored the financial challenges of service provision on school grounds including: the requirement that clinics serve every child in need of treatment irrespective of insurance coverage or reimbursement for services; the inability to accept co-payments on school grounds; and that best practice such as classroom observation, inclusion of clinical staff in school meetings regarding a child's behavior, or provision of training to school staff are not reimbursed by health insurance, including Medicaid, nor supported by school resources. In turn, school-based clinics run significant deficits and neither state nor local resources sufficiently offset these losses.
- Surveyed clinicians and principals consistently identified a moderate to significant beneficial impact of school-based clinical services on student attendance, grades and the overall school environment.

In sum, because significant numbers of school age children present mental health needs and schools provide a convenient, normative setting through which to reach children, CCC is hopeful that the New York City Council, the City's Department of Education and Department of Health and Mental Hygiene as well as the State's Department of Health and Office of Mental Health, will work together to find ways in which to expand access to school based mental health treatment.

Specifically, CCC urges collaborative efforts to:

- Prioritize the expansion school-based mental health services, starting with targeted expansion in the highest need communities of the City and the elementary grades in particular.
- Identify opportunities to increase and fund training and education for principals, school staff, parents, and students on the identification of mental health needs and the importance of treatment.

- Identify ways to overcome physical plant and financial barriers that impact school principals' ability to bring clinics on to school grounds.
- Identify ways to overcome the financial barriers that impact the school-based clinic's ability to better serve children – including creating reimbursement mechanisms for classroom observation, the inclusion of clinicians in school meetings on student behavior, and the treatment of uninsured or underinsured children.

In sum, CCC believes that school-based mental health programs play a vital role in addressing behavioral and emotional difficulties that would otherwise interfere with children's academic readiness and motivation to learn. We believe that providing children with school-based mental health services not only helps to improve the academic potential of students but also enables teachers to focus on teaching rather than behavior management.

I want to thank the Chairman Koppel and Chairman Jackson, and the members of both committees for holding this important hearing. CCC stands ready to work with you to support and expand the presence of school-based mental health services in New York City's public schools.

Thank you for this opportunity to testify.

SBMH	MRT	Promise Zone	STARS	Mental Health Screen	School-Linked Services	District	BC	SN	School Name	Primary Address	SBMH Agency *and no "1" indicates MH Services supplied by provider w/o A 31 license # Indicates special project (see below for key)	Clinic + Agency *Clinic Plus licensed treatment site	SBHC Provider	SBHC_MH *Part Time MH	School type	Enrollment
1						15	K001	K001	PS 001 The Bergen	309 47 St. Brooklyn, NY 11220	Lutheran Medical Center	1	Lutheran Medical Center	3 days a weeks psychiatrist, 3 days a	Elementary	951
1						13	K009	K009	PS 009 TEUNIS G BERGEN	80 Underhill Ave Brooklyn, NY 11238	Woodhull Hospital	1			Elementary	536
1						19	K013	K013	PS 013 THE ROBERTO CLEMENTE SCHOOL	557 Pennsylvania Ave Brooklyn, NY 11207	Institute for Community Living	1	Downstate (Research Foundation, SUNY- H)	None	Elementary	613
1						15	K015	K015	PS 015 PATRICK F. DALY	71 Sullivan Street Brooklyn, NY 11231	Lutheran Medical Center	1	Lutheran Medical Center	2 days a week 2 LCSW	Elementary	397
1				1		13	K020	K020	PS 20	225 ADELPHI STREET, BROOKLYN, NY 11205			Interborough Developmental and Consultation Center		Elementary	350
1						15	K024	K024	PS 024	427 38TH Street Brooklyn, NY 11232	Lutheran Medical Center	1	Lutheran Medical Center	4 days a week 2 LCSW	Elementary	804
1						17	K061	K061	M S 061 GLADSTONE H ATWELL	400 Empire Blvd Brooklyn, NY 11225	Brooklyn Center for Psychotherapy	1			Intermediate	1005
1						18		K068	IS 068 Isaac Bildersee	956 East 82nd Street, Brooklyn NY 11236			Park Slope Center for Mental Health		Middle	1105
1						14	K071	K071	Juan Morel	215 Heyward Street Brooklyn, NY 11206			Puerto Rican Family Inst.		Intermediate	931
1						15	K088	K088	JHS 088 PETER ROUGET	544 7TH Avenue Brooklyn, NY 11215	Lutheran Medical Center	1	Lutheran Medical Center	4 days a week 2 LCSW	Intermediate	942
1						21	K090	K090	PS. 90	2840 West 12th Street Brooklyn, NY 11224	Astro Care	1			Elementary	508

					inked				School Name	Primary Address	SBMH Agency * and no "1" Indicates MH Services supplied by provider w/o A.31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Item	
1						17	K091	K091	PS 091 THE ALBANY AVE. SCHOOL	532 Albany Avenue Brooklyn, NY 11203	Brooklyn Center for Psychotherapy	1					Elementary	764	
1						21	K096	K096	IS. 96	99 Avenue P. Brooklyn, NY 11204	Astro Care	1					Intermediate	999	
1						18	K114	K114	Ryder Elementary	1077 REMSEN AVENUE, BROOKLYN, NY 11236	Kings County	1					Elementary	850	
1						14	K126	K126	JHS 126, John Ericsson Jr. HS	424 Leonard Street Brooklyn, NY 11222			Park Slope Center for Mental Health*	1			Intermediate	678	
1						15	K136	K136	IS 136 CHARLES O DEWEY	4004 4TH Avenue Brooklyn, NY 11232	Lutheran Medical Center	1			Lutheran Medical Center	None	Intermediate	484	
1								K138	P.S. 138	960 Prospect Place, Brooklyn NY 11213	Interfaith Medical Center (Center for Mental health)	1					Intermediate	942	
1						32	K162	K162	IS 162 The Willoughby	1390 Willoughby Avenue Brooklyn, NY 11237			Park Slope Center for Mental Health*	1			Intermediate	779	
	1					19	K166	K166	JHS 166 GEORGE GERSHWIN	800 Van Siclen Avenue Brooklyn, NY 11207					East NY Diagnostic & Treatment Ctr		Intermediate	666	
1						17	K167	K167	PS 167 THE PARKWAY	1025 Eastern PKWY Brooklyn, NY 11213	Brooklyn Center for Psychotherapy	1					Elementary	571	
1						15	K169	K169	PS 169 SUNSET PARK	4305 7TH Avenue Brooklyn, NY 11232	Lutheran Medical Center	1			Lutheran Medical Center	2 days a week 2 LCSW	*	Elementary	1073
1						15	K172	K172	PS 172 BEACON SCH OF EXCELLEN	825 4TH Avenue Brooklyn, NY 11232	Lutheran Medical Center	1			Lutheran Medical Center	3 days a week 2 LCSW	*	Elementary	536
	1					19	K174	K174	PS. 174 Dumont	574 Duimont Avenue, Brooklyn, NY 11207	Interborough						Elementary		

					inked				School Name	Primary Address	SBMH Agency * and no " 1" Indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH		School type	liment
	1		1			23	K184	K184	PS.184 Newport	273 Newport Street, Brooklyn, NY 11212	Interborough							Intermediate	
	1		1			19	K202	K202	PS 202 Earnest S. Jenkyns	982 Hegeman Avenue, Brooklyn, NY 11208	Interborough							Elementary	
	1		1			19	K218	K218	JR. 218 Jamees P. Sinnott	370 Fountain Avenue, Brooklyn, NY 11208	Interborough							Jr. High	
pendin g						20	K220	K220	JHS 220 JOHN J PERSHING	4812 9 Avenue Brooklyn, NY 11220	Lutheran Medical Center	pending	The Guidance Center of Brooklyn	1	Lutheran Medical Center	Part time LCSW	*	Intermediate	1307
1						21	K225	K225	PS 225	1075 Ocean View Avenue Brooklyn, NY 11235	Astro Care	1						Elementary	907
1						15	K230	K230	P.S. 230 Doris L. Cohen	1 ALBEMARLE ROAD, BROOKLYN, NY 11218			Park Slope Center for Mental Health	1				Elemetary	1278
1						18	K233	K233	PS 233 LANGSTON HUGHES	9301 AVENUE B Brooklyn, NY 11236	Brooklyn Center for Psychotherapy	1						Elementary	766
1						18	K244	K244	PS 244 RICHARD R. GREEN	5404 Tilden Avenue Brooklyn, NY 11203	Brooklyn Center for Psychotherapy	1						Elementary	1014
1						17	K246	K246	PS 246 Walt Whitman	72 VERONICA PLACE, BROOKLYN, NY 11226	Brooklyn Center for Psychotherapy	1						Middle	655
1						19	260	K260	P.S. 260 Breuckelen	875 WILLIAMS AVENUE , BROOKLYN NY , 11207	Institute for Community Living	1						Elementary	363
1						16	K324	K267	MS 267 MATH, SCIENCE & TECH.	800 Gates Avenue Brooklyn, NY 11221	Interfaith Medical Center (Behavioral Health)	1						Intermediate	470
1						13	K282	K282	PS 282 PARK SLOPE	180 6TH Avenue Brooklyn, NY 11217	Lutheran Medical Center	1			Lutheran Medical Center	None		Elementary	665

					inked				School Name	Primary Address	SBMH Agency * and no "1" Indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	iment
1				1		18		K285	IS 285 Meyer Levin	5909 Beverly Road, Brooklyn NY 11203			Interborough Developmental and Consultation Center	1			Middle	1030
	1					19	K302	K302	JHS 302 RAFAEL CORDERO	350 Linwood Street Brooklyn, NY 11208					East NY Diagnostic & Treatment Ctr		Intermediate	1119
	1		1			19	K306	K306	PS. 306 Ethan Allen	970 Vermont Avenue, Brooklyn, NY 11207							Middle	
1							K308	K308	PS 308 Clara Cardwell	616 QUINCY STREET BROOKLYN NY, 11221			St. Vincents Services	1			Elementary/Mi ddle	731
1						19	K190	K311	ESSENCE SCHOOL	590 Sheffield Avenue Brooklyn, NY 11207	Institute for Community Living	1					Intermediate	223
					1			K325			ICL							
1						23	K327	K327	PS 327 DR. ROSE B. ENGLISH	111 Bristol Street Brooklyn, NY 11212	Brooklyn Center for Psychotherapy	1					Elementary	736
			1			19	K328	K328	PS. 328 Phyllis Wheatley	330 ALABAMA AVENUE, BROOKLYN, NY 11207							Middle K-8	
1						21	K329	K329	PS 329	2929 West 30th Street Brooklyn, NY 11224	Astro Care	1					Elementary	565
	1		1			17	K334	K334	Middle School for Academic and Social Excellence	1224 Park Place, Brooklyn, NY 11213							Middle	
1						16	K335	K335	PS 335 Granville T. Woods	130 Rochester Avenue, Brooklyn, NY 11213	Interfaith Medical Center (Behavioral Health)	1					Elementary	429
1						21		K337	International High School at Lafayette	2630 BENSON AVENUE Brooklyn NY 11214			Guidance Center of Brooklyn	1			High	334

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC MH	School type	iment
1						19	K345	K345	P.S. 345 Patrolman Robert Bolden	111 BERRIMAN STREET , BROOKLYN NY , 11208	Institute for Community Living	1					Elementary	724
1				1		13		K350	Urban Assembly School of Music & Arts	49 Flatbush Avenue Extension, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1			High	376
1						32	K480	K403	Academy for Environmental Leadership	400 Irving Avenue Brooklyn, NY 11237			Park Slope Center for Mental Health	1			High	373
1				1				K415	K415	Samuel Tilden High School	5800 Tilden Ave Brooklyn, NY 11203			Interborough Developmental and Consultation Center	1		High	881
1						15	K293	K429	SCHOOL FOR GLOBAL STUDIES(D15)	284 Baltic Street Brooklyn, NY 11201	St. Vincents Services	1			Long Island College Hospital		Intermediate	642
1				1		13		K439	Brooklyn International School	49 Flatbush Avenue Extension, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1			High	339
1				1		14	K049	K454	Green School: An Academy for Environmental Careers	223 Graham Avenue Brooklyn, NY 11206			Interborough Developmental and Consultation Center	1	Woodhull Hospital		High	202
1				1		16	K455	K455	Boys and Girls High School	1700 FULTON STREET BROOKLYN, NY 11213			Interborough Developmental and Consultation Center	1			High	
1						15	K460	K464	K 464, Secondary School for Research	237 7th Avenue Brooklyn, NY 11215			Park Slope Center for Mental Health	1			Intermediate	467
1				1		13		K483	The Urban Assembly School for Law and Justice	283 Adams Street, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1			High/SE	446
	1		1			17	K484	K484	Ronald Edmonds Learning Center II	430 Howard Ave; Brooklyn, NY 11233							Jr. High	
1				1		13	K492	K492	Urban Assembly Academy of Arts and Letters	225 ADELPHI STREET, BROOKLYN, NY 11205			Interborough Developmental and Consultation Center	1			Middle	308

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1						23		K493	Brooklyn Collegiate	2021 BERGEN STREET Brooklyn, NY 11233			Interborough Developmental and Consultation Center	1					Middle/High	546
1				1		18	K500	K500	HS 500, Canarsie High School	1600 Rockaway Parkway Brooklyn, NY 11236			Interborough Development and Consultation Center	1					High	2240
1				1		13		K527	Urban Assembly Institute of Math and Science for Young Women	283 Adams Street, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1					Intermediate	242
1						32	K480	K549	Bushwick High School for Social Justice	400 Irving Avenue Brooklyn, NY 11237			Park Slope Center for Mental Health	1					High	418
1				1		18		K563	It Takes a Village Academy	5800 Tilden Ave, Brooklyn NY 11203			Interborough Developmental and Consultation Center	1					High	201
1						32	K564	K564	Bushwick Community High School	231 PALMETTO STREET , BROOKLYN NY , 11221			Park Slope Center for Mental Health	1					High	
1				1		18		K569	Kurt Hahn Expeditionary Learning School	5800 Tilden Ave, Brooklyn NY 11203			Interborough Developmental and Consultation Center	1					High, SE	150
1						13	K571	K571	MS 571 TEUNIS G BERGEN	80 Underhill Ave Brooklyn, NY 11238	Woodhull Hospital	1							Middle	205
1				1		18		K581	East Flatbush Community Research School	905 Winthrop Street, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1					Middle	155
1				1		14		K586	Lyons Community High School	223 Graham Avenue Brooklyn, NY 11206			Interborough Developmental and Consultation Center	1					Intermediate/High	330
1						17	K391	K587	MIDDLE SCHOOL FOR THE ARTS	790 East New York Avenue Brooklyn, NY 11203	Brooklyn Center for Psychotherapy	1							Intermediate	451
1				1		18		K589	Arts & Media Preparatory Academy	905 Winthrop Street, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1					High/SE	144

					Inked				School Name	Primary Address	SBMH Agency *and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Enrollment
1				1		18		K598	Middle School of Marketing and Legal Studies	905 Winthrop Street, Brooklyn NY 11201			Interborough Developmental and Consultation Center	1			Middle	182
1						20		K609	Urban Assembly School for Criminal Justice	4200 16 Avenue, Brooklyn NY 11204			Interborough Developmental and Consultation Center	1			Middle	146
1				1		14		K614	Young Women's Leadership School of Brooklyn	223 Graham Avenue Brooklyn, NY 11206			Interborough Developmental and Consultation Center	1			Middle/SE	67
1				1		18		K617	High School for Innovation in Advertising and Media	1600 Rockaway Parkway Brooklyn, NY 11236			Interborough Developmental and Consultation Center	1			High/SE	81
1				1		18		K629	Cultural Academy for the Arts and Sciences	5800 Tilden Ave, Brooklyn NY 11203			Interborough Developmental and Consultation Center	1			High/SE	84
1				1		18		K633	High School for Medical Professions	1600 Rockaway Parkway Brooklyn, NY 11236			Interborough Developmental and Consultation Center	1			High/SE	112
	1		1			23	K634	K634	General D. Chappie James Middle School of Science	76 Riverdale Avenue, Brooklyn, NY 11212							Middle	
1						16		K636	Young Scholars Academy for Discovery and Exploration	280 Hart Street, Brooklyn NY 11206	University Settlement	1					Elementary	231
1				1		18		K642	Urban Action Academy	1600 Rockaway Parkway Brooklyn, NY 11236			Interborough Developmental and Consultation Center	1			High/SE	109
					1			K659			ICL							
					1		k677	K677	East New York Elementary School of Excellence	605 SHEPHERD AVENUE, Brooklyn, NY 11208	ICL						Elementary	
1						16		K688	Brooklyn Academy of Global Finance	125 Stuyvesant Avenue, Brooklyn NY 11221			Park Slope Center for Mental Health	1			9/SE	101

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1						6	M004	M004	PS 004 DUKE ELLINGTON	500 West 160TH Street New York, NY 10032			New York Presbyterian Hospital	1				Elementary	699
				1		6	M005	M005	PS 005 ELLEN LURIE	3703 Tenth Avenue New York, NY 10034					Children's Aid Society	None		Elementary	924
				1		6	M008	M008	PS 008 LUIS BELLIARD	465 W. 167TH Street New York, NY 10032					Children's Aid Society	1 full time MH counselor and 1 part		Elementary	666
1						4		M013	JHS 13 Jackie Robinson	1573 MADISON AVENUE, New York NY 10029	Northside	1						Middle	309
1						1	M015	M015	PS 015 ROBERTO CLEMENTE	333 EAST 4 Street New York, NY 10009			Jewish Board of Family Child Services	1				Elementary	251
1						1	M020	M020	PS 020 ANNA SILVER	166 Essex Street New York, NY 10002			The Education Alliance*	1				Elementary	655
1						1	M034	M034	PS 34, Franklin D. Roosevelt	730 East 12th Street New York, NY 10009			The Educational Alliance*	1				Elementary	415
1						2	M041	M041	PS 041 GREENWICH VILLAGE	116 WEST 11 STREET New York, NY 10011			Jewish Board of Family Child Services	1				Elementary	744
1				1		4	M045	M045	MS 45, John S. Roberts	2351 First Avenue New York, NY 10035			Mt. Sinai Medical Center	1				Intermediate	633
1						5	M046	M046	PS 46 Arthur Tappan	2987 8th Ave New York, NY 10039			New York Presbyterian Hospital	1	Harlem Hospital			Elementary	817
1						6		M048	Ps 048 Michael J Buczek	4360 Broadway, New York, NY 10033			New York Presbyterian Hospital	1				Elementary	553

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1						3	M054	M054	JHS 54, Booker T. Washington Middle School	103 W. 107th Street New York, NY 10025			St. Luke's/Roosevelt Hospital	1	William F. Ryan CHC	1 full time MH counselor (to be hired)	Intermediate	960
1						1	M063	M063	PS63 William McKinley	121 East 3rd Street, NYC, NY 10009	Hudson Guild	1					Elementary	200
1						1	M064	M064	PS 064 ROBERT SIMON	600 EAST 6 STREET New York, NY 10009			The Education Alliance*	1	Ryan NENA Comm Health Care	None	Elementary	292
1						1	M188	M094	PS 94M	442 EAST HOUSTON STRE New York, NY 10002ET			Jewish Board of Family Child Services	1			Elementary	230
1						2	M111	M111	PS 111 ADOLPH S OCHS	440 WEST 53 STREET New York, NY 10019			Jewish Board of Family Child Services	1			Elementary	567
1						2	M116	M116	PS 116 MARY LINDLEY MURRAY	210 EAST 33 STREET New York, NY 10016			Jewish Board of Family Child Services	1			Elementary	725
1						5		M123	PS 123 Mhalia Jackson	301 W 140 Street, New York, NY 10030			Graham-Windom	1			Elementary	548
			1			5	M125	M125	P.S. 125 Ralph Bunche	425 WEST 123 STREET, Manhattan, NY 10027							Elementary	
1						2	M126	M126	PS 126 JACOB AUGUST RIIS	80 CATHERINE STREET New York, NY 10038	Jewish Board of Family & Children's Services	1					Elementary	713
1						6	M128	M128	PS 128 AUDUBON	560 WEST 169 STREET New York, NY 10032			New York Presbyterian Hospital	1			Elementary	894
			1			5	M129	M129	P.S. 129 John H. Finley	425 W. 130th Street							Elementary	
1						2	M130	M130	PS 130 HERNANDO DESOTO	143 BAXTER STREET New York, NY 10013			Jewish Board of Family Child Services	1			Elementary	1100

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1						2	M131	M131	MS 131	100 HESTER STREET MANHATTAN NYC 10002			Jewish Board of Family Child Services	1				Middle	
1						6	M132	M132	PS 132 JUAN PABLO DUARTE	185 WADSWORTH AVENUE New York, NY 10033	New York Presbyterian Hospital	1						Elementary	976
1						1	M140	M140	PS 140, Nathan Strauss	123 Ridge Street New York, NY 10002			The Educational Alliance**	1				Elementary	486
1						1	M142	M142	PS 142 AMALIA CASTRO	100 ATTORNEY STREET New York, NY 10002			The Education Alliance*	1				Elementary	439
1						3	M145	M145	PS 145, The Bloomingdale School	150 West 105 Street New York, NY 10025			New York Presbyterian Hospital	1				Elementary	570
1						4	M146	M146	PS 146 ANN M SHORT	421 EAST 106 STREET New York, NY 10029	International Center for the Disabled	1						Elementary	506
1						6	M152	M152	PS 152 DYCKMAN VALLEY	93 NAGLE AVENUE New York, NY 10040			New York Presbyterian Hospital	1				Elementary	1093
1						5	M161	M161	PS 161 PEDRO ALBIZU CAMPOS	499 WEST 133 STREET New York, NY 10027	Northside	1			Renaissance Health Care Network			Elementary	894
1						2	M167	M167	J.H.S. 167 Robert F. Wagner	220 EAST 76 STREET, MANHATTAN, NY 10021	Jewish Board of Family & Children's Services	1						Middle	1200
1						6	M173	M173	PS 173	306 FORT WASHINGTON AVE New York, NY 10033			New York Presbyterian Hospital	1				Elementary	871
1						3	M185	M185	PS 185 JOHN M.LANGSTON	20 WEST 112 STREET New York, NY 10026	Children's Aid Society	1						Elementary	315
1						6	M187	M187	PS 187, Hudson Cliffs	349 Cabrini Blvd. New York, NY 10040			New York Presbyterian Hospital	1				Elementary	373

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1						1	M188	M188	PS 188 THE ISLAND SCHOOL	442 EAST HOUSTON STREET New York, NY 10002			Jewish Board of Family Child Services	1	Ryan NENA Comm Health Care	None		Elementary	424
1						6		M189	PS 189	2580 Amsterdam Ave, New York NY 10040			New York Presbyterian Hospital	1				Elimentary	1090
1						6	M192	M192	PS 192 JACOB H SCHIFF	500 WEST 138 STREET New York, NY 10031			St. Luke's/Roosevelt Hospital	1	Heritage Health Care Cetner			Elementary	542
			1			4	M206	M206	P.S. 206 Jose Celso Barbosa	508 EAST 120 STREET, Manhattan, NY 10035								Elementary	
1				1		6	M218	M218	IS 218 SALOME UKENA	4600 BROADWAY New York, NY 10040			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH	*	Intermediate	587
1						3	M144	M242	PS242M G. P. BROWN COMP. SCHL.	134 WEST 122 STREET New York, NY 10027	Children's Aid Society	1						Elementary	280
1				1		3	M490	M283	Manhattan Theatre Lab High School	122 Amsterdam Avenue New York, NY 10023			St. Luke's/Roosevelt	1	St. Luke's/Roosevelt			High	245
1					1	5	M043	M286	IS 286, Renaissance Military & Leadership Academy	509 W. 129 Street New York, NY 10027	Communlife* IMGH#		St. Luke's/Roosevelt Hospital	1	Renaissance Health Care Network			Intermediate	260
1						2		M288	Food and Finance	525 West 50th Street, New York, NY 10019	Jewish Board of Family & Children's Services	1						High	437
1			1			1	M056	M292	Henry Street School for International Studies	220 HENRY STREET New York, NY 10002	Jewish Board of Family & Children's Services	1						Intermediate	427
1						6	M218	M293	M 293, City College Academy of the Arts	4600 Broadway New York, NY 10040			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH		Intermediate	157
1						2		M296	HS for Hospitality and Business Management	525 West 50th Street, New York, NY 10019	Jewish Board of Family & Children's Services	1						High	376

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1				1		3	M490	M299	High School for Arts Imagination and Inquiry (Campus school: M283, M299,	122 Amsterdam Avenue New York, NY 10023	Jewish Board of Family & Children's Services	pending	St. Luke's/Roosevelt	1	St. Luke's/Roosevelt Hospital		High	200
1						2		M300	Urban Assembly School of Design and Construction	525 West 50th Street, New York, NY 10019	Jewish Board of Family & Children's Services	1					High/SE	373
1						2		M303	Facing History High School	525 West 50th Street, New York, NY 10019	Jewish Board of Family & Children's Services	1					High	426
1				1		3	M490	M307	The Urban Assmebly School for Media Studies (Campus school: M283, M299,	122 Amsterdam Avenue New York, NY 10023			St. Luke's/Roosevelt	1	St. Luke's/Roosevelt Hospital		High	282
1						2	M440	M313	James Baldwin School	351 West 18 Street New York, NY 10011		1	Hudson Guild		Mt. Sinai Medical Center	Full time MH counselor and full time MH	High	203
1				1		6	M090	M319	MS 319, Maria Teresa (Campus School: M319, M321, M324)	21 Jumel Place New York, NY 10032			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH	Intermediate	462
1				1		6	M090	M321	MS 321, Minerva (Campus School: M319, M321, M324	21 Jumel Place New York, NY 10032			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH	Intermediate	392
1				1		6	M218	M322	MS 322	4600 Broadway New York, NY 10040			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH	Intermediate	558
1				1		6	M090	M324	MS 324, Patria Mirabal (Campus School: M319, M321, M324	21 Jumel Place New York, NY 10032			Children's Aid Society	1	Children's Aid Society	Full time staff including 1 MH	Intermediate	423
1				1		1	M056	M332	PS 332, University Neighborhood Middle School	220 Henry Street New York, NY 10002			The Educational Alliance**	1			Intermediate	252
1						5	M336	M336	KIPP Infinity Charter School	STREET, MANHATTAN, NY 10027	Northside	1					Middle/Hs	tba
1						2		M400	High School for Environmental Studies	444 W 56th Street, New York NY 10019			Jewish Board of Family Child Services	1			High School	1420

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					1	5		M410	Urban Assembly Institute for New Technologies	509 W. 129th Street, New York NY 10027	Communlife* IMGH#				Middle	
1						2	M475	M420	HEALTH PROF & HUMAN SVCS	345 EAST 15 STREET New York, NY 10003	Jewish Board of Family & Children's Services	1			High	1404
1						4	M435	M435	MANHATTAN CENTER- SCIENCE&MATH	260 PLEASANT AVENUE / 143 EAST 116 New York, NY 10029		Mt. Sinai Medical Center	1	Mt. Sinai Medical Center	Full time MH counselor and full time MH	High 1475
1						2	M873	M439	MANHATTAN VILLAGE ACADEMY HS	43 WEST 22ND STREET New York, NY 10010	Jewish Board of Family & Children's Services	1			High	389
1						2	M477	M475	STUYVESANT HS	345 CHAMBERS STREET New York, NY 10282	Jewish Board of Family & Children's Services	1			High	3014
1						2	M833	M489	M 489, High School of Economics and Finance	100 Trinity Place New York, NY 10006		Jewish Board of Family Child Services	1		High	729
1				1		3	M490	M492	M 492, HS for Law, Advocacy & Commun. Justice (Campus school:	122 Amsterdam Avenue New York, NY 10023		St. Luke's/Roosevelt Hospital	1	St. Luke's/Roosevelt Hospital	High	432
1				1		3	M490	M494	M 494, HS of Arts & Technology (Campus school: M283, M299, M307, M492, M494,	122 Amsterdam Avenue New York, NY 10023		St. Luke's/Roosevelt Hospital	1	St. Luke's/Roosevelt Hospital	High	473
1				1		3	M490	M541	M 541, Manhattan/Hunter Science HS	122 Amsterdam Avenue New York, NY 10023		St. Luke's/Roosevelt Hospital	1	St. Luke's/Roosevelt Hospital	High	403
1						2		M542	Manhattan Bridges	525 West 50th Street, New York, NY 10019	Jewish Board of Family & Children's Services	1			High	523
1				1		6	M826	M552	M 552 Gregorio Luperon HS	516-20 West 181st Street New York, NY 10033		Children's Aid Society	1		High	403
1						2	M920	M570	Satellite Academy High School	120 West 30th Street, New York 10001	*IPTAR Clinical Center	1		3 part time therapists, 4 days a week total	High	774

					linked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Enrollment
1						2	M625	M625	M 625, High School of Graphic Communication Arts	439 West 49th Street New York, NY 10019			Jewish Board of Family Child Services	1			High	1641
1						4	M435	M825	Isaac Newton Junior High School for Science and Math	280 Pleasant Avenue New York, NY 10029			Mt. Sinai Medical Center	1			Intermediate	357
1						1	M064	M839	PS 839, Tompkins Square Middle School Extension	600 East 6th Street New York, NY 10009			The Educational Alliance*	1	Ryan NENA Comm Health Care	None	Intermediate	335
1							M171	M964	Central Park East II		*IPTAR Clinical Center	1				4 Therapists, 4 days a week total	Elementary	196
1				1		24	Q005	Q005	IS 5, The Walter H. Crowley Intermediate School	50-40 Jacobus Street Elmhurst, NY 11372			Mental Health Providers of Western Queens*	1			Intermediate	1560
1				1		24	Q012	Q012	PS 012, James B. Colgate	42-00 72nd Street Woodside, NY 11377			Mental Health Providers of Western Queens*	1			Elementary	1194
1						27		Q042	PS 042 R. Vernam	488 Beach 66 Street, Queens NY 11692	LI Jewish Medical Center Schneider Children's	1					Elementary/Mi ddle School	771
1						27		Q043	PS. 43	160 BEACH 29 STREET, QUEENS, NY 11691			Child Center of NY	1			Elementary/Mi ddle School	1237
				1		27	Q045	Q045	P.S. 045 Clarence Witherspoon	126-28 150 STREET, Queens, NY 11436							Elementary	
				1		24	Q073	Q073	I.S. 73 - The Frank Sansivieri Intermediate School	70-02 54 AVENUE, Queens, NY 11378							Intermediate	
1						30	Q076	Q076	PS 076 WILLIAM HALLET	36-36 10 STREET Long Island City, NY 11106	Steinway Child and Family Services	1					Elementary	683

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Element
				1		24		Q102	P.S. 102 Bayview	55-24 VAN HORN STREET, Queens, NY 11373	Provider of Western Queens							
1						27	Q105	Q105	PS 105 THE BAY SCHOOL	420 BEACH 51 STREET Far Rockaway, NY 11691	LI Jewish Medical Center Schneider Children's	1					Elementary	858
1				1		30	Q111	Q111	PS 111, The Jacob Blackwell	37-15 13th Street Long Island City, NY 11101			Mental Health Providers of Western Queens*	1			Elementary	386
1						30	Q126	Q126	Albert Shanker School for Visual and Performing Arts	31-51 21 STREET Long Island City, NY 11106	Steinway Child and Family Services	1					Intermediate	729
				1		29	Q136	Q136	P.S. 136 Roy Wilkins	201-15 115 AVENUE, Queens, NY 11412							Elementary	
				1		27	Q137	Q137	America's School of Heroes	109-15 98th Street							Middle	
1						30	Q145	Q145	IS 145, Joseph Pulitzer	33-34 80th Street Jackson Heights, NY 11372	Elmhurst Hospital	1			Elmhurst Hospital	2 full time MH counselors, 1 full time	Intermediate	1986
				1		29	Q147	Q147	PS/MS 147 Ronald McNair	218-01 116 AVENUE, Queens, NY 11411							Elementary	
1				1		30		Q151	PS 151 Mary Carter	50-05 31 AVENUE Queens, NY 11377			Mental Health Providers of Western Queens*	1			Elementary	602
1						25	Q154	Q154	PS 154 QUEENS	75-02 162 STREET Flushing, NY 11366	Queens Hospital	1					Elementary	665
1						28	Q160	Q160	PS 160 WALTER FRANCIS BISHOP	109-59 INWOOD STREET Jamaica, NY 11435	Queens Hospital	1					Elementary	757
1				1		30	Q166	Q166	PS.166 Henry Gradstein	33-09 35 AVENUE, Queens, NY 11106			Mental Health Providers of Western Queens*	1			Elementary	1093

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A-31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Enrollment
1						25	Q185	Q185	JHS 185 Edward Bleeker	147-26 25th Street Flushing, NY 11354			Child Center of NY	1			Intermediate	802
1						27	Q197	Q197	PS 197 THE OCEAN SCHOOL	8-25 HICKSVILLE RD Far Rockaway, NY 11691	LI Jewish Medical Center Schneider Children's	1					Elementary	525
1						30	Q204	Q204	IS 204 Oliver W Holmes	36-41 28th Street Queens, NY 11106	Steinway Child and Family Services	1					Intermediate	870
			1			26	Q213	Q213	P.S. 213 The Carl Ullman School	231-02 67 AVENUE, Queens, NY 11364							Elementary	
			1			29	Q327	Q327	EAGLE ACADEMY FOR YOUNG MEN III	132-55 RIDGEDALE STREET, Queens, NY 11413							Jr. High	
1						25	Q460	Q460	FLUSHING HS	35-01 UNION STREET Flushing, NY 11354			Child Center of NY	1			High	2438
				1		30		Q502	Information Technology High School	21-16 44TH ROAD, Queens, NY 11101			Mental Health Providers of Western Queens				High	
1				1		28	Q896	Q896	Young Women's Leadership Academy	150-91 87 ROAD, Queens, NY 11432			Mental Health Providers of Western Queens	1			High	
1			1			31	R002	R002	IS 002 GEORGE L EGBERT	333 MIDLAND AVENUE Staten Island, NY 10306			Staten Island Mental Health Society	1			Intermediate	983
1						31	R011	R011	PS 011 THOMAS DONGAN	50 JEFFERSON STREET Staten Island, NY 10304	Staten Island Mental Health Society, Inc	1					Elementary	291
1						31	R013	R013	PS 013 M L LINDENMEYER	191 VERMONT AVENUE Staten Island, NY 10305	Staten Island Mental Health Society, Inc	1					Elementary	750

					nked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Element
1						31	R014	R014	PS 014 CORNELIUS VANDERBILT	100 TOMPKINS AVENUE Staten Island, NY 10304	Staten Island Mental Health Society, Inc	1					Elementary	601
1						31	R016	R016	PS 016 JOHN J DRISCOLL	80 MONROE AVENUE Staten Island, NY 10301	Staten Island Mental Health Society, Inc	1					Elementary	1038
1						31	R022	R022	PS 022 GRANITEVILLE	1860 FOREST AVENUE Staten Island, NY 10303	Staten Island Mental Health Society, Inc	1					Elementary	1181
1			1			31	R027	R027	IS 027 ANNING S PRALL	11 CLOVE LAKE PLACE Staten Island, NY 10310			Staten Island Mental Health Society	1			Intermediate	941
1						31	R044	R044	PS 044 THOMAS C BROWN	80 MAPLE PARKWAY Staten Island, NY 10303			Staten Island Mental Health Society	1			Elementary	867
1						31	R049	R049	IS 49 Berta A Dreyfus	101 Warren Street Staten Island, NY 10304			Staten Island Mental Health Society	1			Intermediate	1041
1						31	R057	R057	PS 057 HUBERT H HUMPHREY	140 PALMA DRIVE Staten Island, NY 10304	Staten Island Mental Health Society, Inc	1					Elementary	642
1			1			31	R061	R061	IS 061 WILLIAM A MORRIS	445 CASTLETON AVENUE Staten Island, NY 10301	Staten Island Mental Health Society, Inc	1					Intermediate	1317
1						31	R435	R440	New Dorp High School	465 New Dorp Lane Staten Island, NY 10306			Jewish Board of Family and Children's Services*	1	Staten Island University Hospital	1 full time MH counselor	High	2162
1						31	R450	R450	Curtis High School	105 Hamilton Ave Staten Island, NY 10301			Staten Island Mental Health Society	1			High	2717
			1			10		X003	P.S. 3 Raul Julia Micro Society	2100 LAFONTAINE AVENUE, Bronx, NY 10457	Astor Child Guidance						Middle	

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31	Clinic + Agency *Clinic Plus licensed	SBHC Provider	SBHC_MH	School type	Element
1						10	X007	X007	PS 007 KINGSBRIDGE	3201 KINGSBRIDGE AVENUE Bronx, NY 10463	Jewish Board of Family & Children's Services	1			Elementary	631
1						10	X008	X008	PS 008 ISSAC VARIAN	3010 BRIGGS AVENUE Bronx, NY 10458	Montefiore Medical Center	1	Montefiore Medical Center		Elementary	1156
1		1	1		1	1	X018	X018	PS 018 John Peter Zenger	502 Morris Ave Bronx, NY 10451	Visting Nurse Service TVC AND Communlife*	1			Elementary	518
1						10	X020	X020	PS/MS 20, PO George J. Werden III	3050 Webster Avenue Bronx, NY 10467			Riverdale Mental Health Association*	1	Elementary	1255
1						7	X025	X025	PS 025 BILINGUAL SCHOOL	811 EAST 149 STREET Bronx, NY 10455	South Bronx Mental Health Council, Inc.	1			Elementary	576
				1		7		X031	P.S./M.S. 031 The William Lloyd Garrison	250 EAST 156 STREET, Bronx, NY 10451	Astor Child Guidance				Middle	
1						10	X032	X032	PS 032 BELMONT	690 EAST 183 STREET Bronx, NY 10458	St. Barnabas Hospital	1			Elementary	837
	1		1					X041	P.S. 041 Gun Hill Road	3352 OLINVILLE AVENUE, Bronx, NY 10467	VNS MH				Elementary	
		1				10		X046	PS 46 Edgar Allen Poe	279 E 196 Street, Bronx NY 10458	Communlife* IMGH#				Elementary	1256
1						8	X048	X048	PS 048 JOSEPH R DRAKE	1290 SPOFFORD AVENUE Bronx, NY 10474	South Bronx Mental Health Council, Inc.	1	Urban Health Plan	None	Elementary	1033
			1			12	X057	X057	PS.57 Cresent	2111 CROTONA AVENUE, Bronx, NY 10457					Elementary	
1						10	X059	X059	PS 059 THE COMM SCHOOL OF TEC	2185 BATHGATE AVENUE Bronx, NY 10457	St. Barnabas Hospital	1			Elementary	550

					nk				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31	Clinic + Agency *Clinic Plus licensed	SBHC Provider	SBHC_MH	School type	Enrollment
1						7	X065	X065	PS 65 Mother Hale Academy	677 EAST 141 STREET, BRONX, NY 10454	VNS MH	1			Elementary	450
			1			12	X066	X066	School of Higher Expectations	1001 JENNINGS STREET, Bronx, NY 10460						
1						12	X067	X067	PS 067 MOHEGAN SCHOOL	2024 MOHEGAN AVENUE Bronx, NY 10460		Bronx Lebanon Hospital	1		Elementary	828
	1					8		X7072	P.S. 072 Dr. William Dorney	2951 DEWEY AVENUE, Bronx, NY 10465	VNS MH				Elementary	
1						8	X075	X075	PS 075	984 FAILE STREET Bronx, NY 10459	South Bronx Mental Health Council, Inc.	1	Urban Health Plan	None	Elementary	782
1						11		X078	PS. 78	1400 NEEDHAM AVENUE, Bronx, NY 10469	Astor Child Guidance	1			Elementary	
1						10	X080	X080	MS 80 The Mosholu Parkway	149 E. Mosholu Pkwy. Bronx, NY 10467		Riverdale Mental Health Association*	1		Intermediate	738
1		1				10	X085	X085	PS 085 GREAT EXPECTATIONS	2400 MARION AVENUE Bronx, NY 10458	Fordham Treamont	1	Montefiore Medical Center		Elementary	1134
1						12		X92	P.S. 092 Bronx JR. 98 Herman Ridder	700 EAST 179 STREET, Bronx, NY 10457		Bronx Lebanon Hospital	1		Elementary	
1						12	X098	X098		1619 BOSTON ROAD Bronx, NY 10460	Children's Aid Society	1			Intermediate	432
	1					8		X100	P.S. 100 Isaac Clason	800 TAYLOR AVENUE, Bronx, NY 10473	VNS MH				Elementary	
		1				9	X117	X117	IS 117 Joseph H. Wade	1865 Morris Avenue Bronx, NY 10453	VNS And Communlife* IMGH#	1	Morrisana Diagnostic and Treatment Center	None	Intermediate	1061

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Enrollment
1		1	1	1		10	X118	X118	JS 118, William W. Niles	577 East 179th Street Bronx, NY 10457			The Astor Home for Children*	1			Intermediate	1217
	1					8		X119	P.S. 111 Seton Falls	3740 BAYCHESTER AVENUE, Bronx, NY 10466	VNS MH						Elementary	
	1					8		X123	James Kieran (IS 123)	1025 MORRISON AVENUE Bronx, NY 10472	VNS						Middle	559
1						9	X126	X126	PS 126 Dr Marjorie H Dunbar	175 WEST 166 STREET Bronx, NY 10452	Morris Heights Health Center	1		Morris Heights Health Center			Elementary	808
1		1				8	X130	X130	PS 130 Abram Stevens Hewitt	750 Prospect Ave Bronx, NY 10455	Visting Nurse Service AND Communlife* IMGH#	1					Elementary	647
1						11	X142	X142	JHS 142 JOHN PHILIP SOUSA	3750 BAYCHESTER AVENUE Bronx, NY 10466	Montefiore Medical Center	1		Montefiore Medical Center	1 full time MH counselor		Intermediate	1070
			1			9	X145	X145	JHS 145 Arturo Toscaninni	1000 Teller Avenue Bronx, NY 10456							Intermediate	500
1				1		8		X146	P.S. 146 Edward Collins	968 CAULDWELL AVENUE, Bronx, NY 10456	Astor Child Guidance						Intermediate	
								X162	X162	JHS 162 Lola Rodrquez de Tio IS. 190 E.S.M.T	600 Saint Ann's Ave Bronx, NY 10455						Jr. High	
1						12	X190	X190		1550 Crotona Park East, Bronx, NY 10460	Children's Aid Society	1					Middle	229
1						10	X205	X205	PS 205 FIORELLO LAGUARDIA	2475 SOUTHERN BLVD Bronx, NY 10458	St. Barnabas Hospital	1					Elementary	971
1						10	X475	X213	Bronx Engineering & Tech Academy	99 Terrace View Ave. Bronx, NY 10463			Riverdale Mental Health Association	1			High	270

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31	Clinic + Agency *Clinic Plus licensed	SBHC Provider	SBHC_MH	School type	liment
1						12	X116	X216	BUS. SCHL. ENTREPREN. STUDIES	977 FOX STREET Bronx, NY 10459		Bronx Lebanon Hospital	Montefiore Medical Center		Intermediate	455
			1			10	X225	X225	Theatre Arts production Company School	2225 Webster Avenue Bronx, NY 10457					Intermediate	503
1						10	X143	X237	X 237, The Marie Curie High School for Nursing, Medicine & Allied Health	120 W. 231 Street Bronx, NY 10463		Riverdale Mental Health Association*	1		Intermediate	393
1				1		11	X425	X253	Bronx High School for Writing and Communication Arts	800 East Gun Hill Road Bronx, NY 10467		FEGS	1	Montefiore Medical Center	High	425
1				1		11	X425	X265	X 265, Bronx Lab School	800 East Gun Hill Road Bronx, NY 10467		FEGS	1	Montefiore Medical Center	High	308
1				1		12	X269	X269	Bronx Studeio School for Writers and Artists	1180 Tinton Avenue Bronx, NY 10456		FEGS	1		Middle	200
				1		12	X273	X273	Frederick Douglass Academy V.Middle School	2111 CROTONA AVENUE, Bronx, NY 10457					Middle	
1				1		11	X425	X275	High School of Computers and Technology	800 East Gun Hill Road Bronx, NY 10467		FEGS	1	Montefiore Medical Center	High	308
			1			10		X279	P.S. 279 Captain Manuel Rivera, Jr.	2100 WALTON AVENUE, Bronx, NY 10453					Elementary- Middle	
1						10	X475	X284	Bronx School of Law and Finance (Campus school: X213, X284, X475,	99 Terrace View Ave. Bronx, NY 10463		Riverdale Mental Health Association	1		High	366
			1	1				X286	Fannie Lou Hammer		Communlife* IMGH#				Middle	
1				1		11	X425	X290	Bronx Academy of Health Careers	800 East Gun Hill Road Bronx, NY 10467		FEGS	1	Montefiore Medical Center	High	383

					inked				School Name	Primary Address	SBMH Agency * and no "1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed		SBHC Provider	SBHC_MH	School type	Enrollment
				1				X296	South Bronx Academy for Applied Media	778 FOREST AVENUE, Bronx, NY 10456	Astor Child Guidance						Middle	
1				1		9	X147	X313	IS 313 School of Leadership Development	1600 Webster Avenue Bronx, NY 10457			The Astor Home for Children	1			Intermediate	428
		1	1			9	X145	X325	Urban Science Academy	1000 Teller Avenue Bronx, NY 10456							Intermediate	480
				1				X328	New Millennium Business Academy, MS 328	1000 Teller Avenue, Bronx, NY 10467							Middle	260
1						10	X306	X331	The Bronx School of Science Inquiry and Investigation	40 West Tremont Avenue Bronx, NY 10453	Morris Heights Health Center	1			Morris Heights Health Center		Intermediate	509
1						8	X060	X333	PS 60 NEW SCHOOL #1	888 REVEREND JAMES POLITE AVENUE Bronx, NY 10459	South Bronx Mental Health Council, Inc.	1			Urban Health Plan	None	elementary	450
1						8	X060	X335	New School 335 @ PS 60	888 REVEREND JAMES POLITE AVENUE Bronx, NY 10459	South Bronx Mental Health Council, Inc.	1			Urban Health Plan	None	Intermediate	233
1				1		8		X366	Urban Assembly Academy for Civic Engagement	650 Hollywood Ave, Bronx NY 10465			FECS	1			Middle	253
		1	1			7		X385	Performance School	750 Concourse Village W, Bronx NY 10451	Communlife* IMGH#						Elementary	589
			1			84	X389	X389	Bronx Global Learning Institute for Girls Charter School	750 Concourse Village W, Bronx NY 10451							Elementary	
1				1		10	X026	X390	MS 390	1930 ANDREWS AVENUE Bronx, NY 10453			The Astor Home for Children*	1	Morris Heights Health Center		Intermediate	570
1		1	1	1		10	X137	X391	MS 391	2225 Webster Avenue Bronx, NY 10457			The Astor Home for Children*	1			Intermediate	790

					inked				School Name	Primary Address	SBMH Agency * and no " 1" indicates MH Services supplied by provider w/o A 31		Clinic + Agency *Clinic Plus licensed	SBHC Provider	SBHC_MH		School type	Enrollment
1						10		X397	ELLIS Prep Academy	99 Terrace View Ave. Bronx, NY 10463			Riverdale Mental Health Association*	1			High (9,10)	84
1						10	X115	X399	MS 399 Elizabeth Barrett Browning School	120 EAST 184 STREET Bronx, NY 10468	Morris Heights Health Center	1		Morris Heights Health Center			Intermediate	754
1						11	X455	X455	X 455, Harry S. Truman High School	750 Baychester Avenue Bronx, NY 10475	Morris Heights Health Center	1	Bronx Lebanon Hospital				High	2660
1						10	X475	X477	Marble Hill High School for International Studies (Campus school:	99 Terrace View Ave. Bronx, NY 10463			Riverdale Mental Health Association*	1			High	417
1						11	X529	X529	One World Middle School at Edenwald	3750 BAYCHESTER AVENUE	Montefiore Medical Center	1					Middle	
1						11	X532	X532	Baychester Middle School	3750 BAYCHESTER AVENUE	Montefiore Medical Center	1					Middle	
1				1		11	X425	X544	X 544, High School of Contemporary Arts	800 East Gun Hill Road Bronx, NY 10467			FECS	1	Montefiore Medical Center		High	392
1				1		11	X425	X545	Bronx Aerospace High School	800 East Gun Hill Road Bronx, NY 10467			FECS	1	Montefiore Medical Center		High	363
1						10	X475	X546	Bronx Theatre High School	99 Terrace View Ave. Bronx, NY 10463			Riverdale Mental Health Association	1			High	361
		1				8		X560	Bronx Academy High School	1440 STORY AVENUE, Bronx, NY 10473							High	
1						7		X754	JM Rapport School Career Development	470 Jackson Avenue Bronx, NY 10455	VNS	1					High	617
216	15	12	38	60	6							95		121				

					Inked				School Name	Primary Address	SBMH Agency * and no " 1" indicates MH Services supplied by provider w/o A 31	Clinic + Agency *Clinic Plus licensed	SBHC Provider	SBHC_MH	School type	Element
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180 campus for 216 schools for SBMH program.

School Based Mental Health Program (SBMH) - Licenced by OMH; on-site mental health treatment and services for the students and families attending the school.

Mobile Response Team (MRT) - Mental Health provider offers support services to one cluster of 5 schools such as: consultations, crisis interventions, case management, workshops and professional development for teachers and families

Screening the At Risk Student (STARS) - Pilot program where middle school nurses screen students for depression and suicide and refer to appropriate resource either in school or outside community if needed.

Promise Zone: OMH funded pilot woking with 17 schools in the Bronx to achieve goals of: student engagement, academic achievement, dropout prevention, social and emotional competence, positive school culture and school safety. These 17 schools in NYC have formalized partnerships with mental health, child-serving state and local agencies to decrease disruptive behaviors, easy access to key state and local resources, enhance school supports and climate with prevention strategies.

Early Recognition and Screening in Schools: mental health screening) : Mental Health proviiders are partnering with schools to provide Evidence Based Screens for emotional problems and suicidal ideation in schools.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Balarinwa Okezie

Address: 600 Concord Avenue

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DR Rose Gil

Address: CommLife Inc.

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elizabeth Owens

Address: _____

I represent: Families on the Move of NY, Inc.

Address: 358 St. Marks Place S.I.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 5/1/12

(PLEASE PRINT)

Name: NELLY BOGGIO, MD

Address: _____

I represent: ST. LUKE'S ROOSEVELT HOSP CTR.

Address: 1111 AMSTERDAM AVE NY NY 10025

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DR ROSA GIL, COMMUNILIFE, INC

Address: 214 West 29th St

I represent: New York New York

Address: 10014

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/11

(PLEASE PRINT)

Name: Dr. Scott Bloom

Address: Mental Health Services

I represent: Office of School Health

Address: DOE Bldg

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/11

(PLEASE PRINT)

Name: Klayna Konstant

Address: ICE, DEVD

I represent: DOE

Address: DOE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/11

(PLEASE PRINT)

Name: Kathleen O'Connell

Address: Deputy Chancellor

I represent: Division of Operations

Address: DOF

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/11

(PLEASE PRINT)

Name: Roger Platt

Address: CEO Office of School

I represent: Health, DOE / DOTM

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: LILY TOM (PLEASE PRINT)

Address: ASSISTANT COMMISSIONER

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/12

(PLEASE PRINT)

Name: Tara Foster

Address: _____

I represent: Queens Legal Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/12

(PLEASE PRINT)

Name: Nelson Mar, Esq.

Address: _____

I represent: Legal Services NYC-Bronx

Address: 579 Courtlandt Ave

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: ~~4/1~~ 5/1/12

(PLEASE PRINT)

Name: Avni Bhatia

Address: _____

I represent: Advocates For children

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Wendy Brenna

Address: 505 8th AVENUE

I represent: NAMI-NYC (MOTFC)

Address: SUMC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ELLEN McHOTT

Address: 185 MARINE AVE 2E 11209

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kathryn Salisbury

Address: 50 Broadway

I represent: Mental Health Association of NYC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Randi Herman, 1st V.P.

Address: 16 Court St.

I represent: CSA Council of School Supv. & Admin.

Address: 16 Court St. Brooklyn NY 11241

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jane Lima-Negron

Address: _____

I represent: NYS Coalition for School-based Health

Address: 3380 Reservoir Oval Bronx NY 10467 Centers

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MARIA ASTUDILLO

Address: 150 EAST 45 Street NY

I represent: children's Aid Society.

Address: same as above.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: May 1, 2012

(PLEASE PRINT)

Name: Johanne Siegel

Address: 887 East New York Ave.

I represent: Interborough and Sch-Based Mental Health Comm.

Address: 887 East New York Ave

Brooklyn N.Y.

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/12

(PLEASE PRINT)

Name: Charles Soule

Address: 20 W. 86th St., #1A 10024

I represent: NYC Sch-Based MH Comm.

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/12

(PLEASE PRINT)

Name: Heather mermel

Address: 441 E 90 Broad St 8th NY NY 10004

I represent: the coalition of behavioral Health Agencies

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: May 1, 2012

(PLEASE PRINT)

Name: FIONHUA O'GRADY

Address: PO BOX 1259 Mad Sq. St.

I represent: THE SAMARITANS SUICIDE PREVENTION

Address: PO BOX 1259 Mad Sq. St. NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: May 1, 2012

(PLEASE PRINT)

Name: ALAN ROSS

Address: PO BOX 1259 Mad Sq. Station

I represent: THE SAMARITANS SUICIDE PREVENTION

Address: PO BOX 1259 Mad Sq. St. NYC

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/2012

(PLEASE PRINT)

Name: Sonya Turner

Address: _____

I represent: Legal Services NYC Bronx

Address: 579 Courtlandt Ave. Bx NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/1/2012

(PLEASE PRINT)

Name: Nelson Mar, Legal Services NYC-Bronx

Address: 579 Courtlandt Ave. Bronx NY

I represent: Legal Services NYC-Bronx

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lila Ezra, LCSW

Address: Executive Director

I represent: The UFT Member Assist

Address: Program

52 Broadway

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Keren Farkas

Address: _____

I represent: New York Lawyers for the Pub

Address: 151 W. 30th Street Infect

NY, NY 1001

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tara Foster

Address: 42-15 Green Street, 9th Flr

I represent: Long Island City NY 11101

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: May 1, 2012

(PLEASE PRINT)

Name: JENNIFER MARCH-JOLY

Address: _____

I represent: CITIZENS' Committee for Children

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

Name: DR. ROSA Gil (PLEASE PRINT)

Address: _____

I represent: CommuniLife Inc.

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆